

WPUSD Active Employee Rate Sheet 2018-2019 (effective 7/1/18)

PLEASE CIRCLE SELECTED
MONTHLY PREMIUM BELOW

SUTTER HEALTH PLUS (see map for coverage areas)

HMO (Office \$20 / Rx \$10/\$30/\$60)

MONTHLY PREMIUM

Employee only	\$	795.39
Employee plus spouse	\$	1,590.84
Employee plus child/children	\$	1,209.09
Employee plus family	\$	1,869.35

High Deductible Mid HMO (\$1,500 single deductible/\$3,000 family deductible)

Employee only	\$	567.64
Employee plus spouse	\$	1,132.06
Employee plus child/children	\$	861.18
Employee plus family	\$	1,329.68

High Deductible HMO (\$2,500 single deductible/\$5,000 family deductible)

Employee only	\$	502.91
Employee plus spouse	\$	1,002.61
Employee plus child/children	\$	762.80
Employee plus family	\$	1,177.57

WESTERN HEALTH ADVANTAGE (see map for coverage areas)

HMO (Office \$20 / Rx \$10/\$30/\$50)

MONTHLY PREMIUM

Employee only	\$	717.86
Employee plus spouse	\$	1,435.72
Employee plus child/children	\$	1,091.15
Employee plus family	\$	1,686.98

Western Health Advantage High Deductible Mid HMO (\$1,800 single ded./\$3,600 family ded.)

Employee only	\$	537.60
Employee plus spouse	\$	1,071.97
Employee plus child/children	\$	813.13
Employee plus family	\$	1,251.58

Western Health Advantage High Deductible HMO (\$2,800 single ded./\$5,600 family ded.)

Employee only	\$	462.77
Employee plus spouse	\$	922.27
Employee plus child/children	\$	699.31
Employee plus family	\$	1,075.54

KAISER

HMO (Office \$10/Rx\$10/\$25)

MONTHLY PREMIUM

Employee only	\$	905.03
Employee plus spouse	\$	1,810.06
Employee plus child/children	\$	1,375.66
Employee plus family	\$	2,126.83

Kaiser High Deductible (\$2,000 single deductible/\$4,000 family deductible)

Employee only	\$	545.45
Employee plus spouse	\$	1,087.64
Employee plus child/children	\$	827.39
Employee plus family	\$	1,277.41

DELTA DENTAL

MONTHLY PREMIUM

Employee only	\$	125.75
Employee plus spouse	\$	125.75
Employee plus child/children	\$	125.75
Employee plus family	\$	125.75

VISION SERVICE PLAN (VSP)

MONTHLY PREMIUM

Employee only	\$	20.80
Employee plus spouse	\$	20.80
Employee plus child/children	\$	20.80
Employee plus family	\$	20.80

WPUSD Active Employee Rate Sheet 2018-2019 (effective 7/1/18)

PLEASE CIRCLE SELECTED
MONTHLY PREMIUM BELOW

BLUE SHIELD (only if living outside Kaiser, Sutter Health and Western Health service areas)

Trio HMO (\$1,500 single deductible/\$3,000 family deductible)

MONTHLY PREMIUM

Employee only	\$	720.64
Employee plus spouse	\$	1,441.24
Employee plus child/children	\$	1,102.54
Employee plus family	\$	1,693.46

PPO Savings 2700 (\$2,700 single deductible/\$5,200 family deductible)

Employee only	\$	641.43
Employee plus spouse	\$	1,281.56
Employee plus child/children	\$	980.70
Employee plus family	\$	1,505.61

PPO Savings 4000 (\$4,000 single deductible/\$8,000 family deductible)

Employee only	\$	587.69
Employee plus spouse	\$	1,172.13
Employee plus child/children	\$	897.44
Employee plus family	\$	1,376.69

DELTA DENTAL

MONTHLY PREMIUM

Employee only	\$	125.75
Employee plus spouse	\$	125.75
Employee plus child/children	\$	125.75
Employee plus family	\$	125.75

VISION SERVICE PLAN (VSP)

MONTHLY PREMIUM

Employee only	\$	20.80
Employee plus spouse	\$	20.80
Employee plus child/children	\$	20.80
Employee plus family	\$	20.80