

## WPUSD Active Employee Rate Sheet 2020-2021 (effective 7/1/20)

Must be at least 50% or 20 hours per week to be eligible. District contributions are prorated by FTE/daily hours for those employees working less than 1 FTE or less than 8 hours per day. Full-time cap is \$1,201.99 per month. Prorated cap examples: If 80% FTE, \$1201.99 x 80% = \$961.59. If 5.66 hours per day, \$150.24 x 5.66 hours = \$850.41 monthly. If hourly, but not working each day, daily hours are averaged over 5 days. Total medical, dental and/or vision minus cap = employee out of pocket, if applicable.

### **SUTTER HEALTH PLUS (see map for coverage areas)**

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

**MONTHLY PREMIUM**

Employee only	\$	843.00
Employee plus spouse	\$	1,685.00
Employee plus child/children	\$	1,281.00
Employee plus family	\$	1,980.00

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

Employee only	\$	601.00
Employee plus spouse	\$	1,199.00
Employee plus child/children	\$	912.00
Employee plus family	\$	1,408.00

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

Employee only	\$	532.00
Employee plus spouse	\$	1,062.00
Employee plus child/children	\$	808.00
Employee plus family	\$	1,247.00

### **WESTERN HEALTH ADVANTAGE (see map for coverage areas)**

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

**MONTHLY PREMIUM**

Employee only	\$	770.00
Employee plus spouse	\$	1,539.00
Employee plus child/children	\$	1,170.00
Employee plus family	\$	1,808.00

**WHA High Deductible Mid HMO (\$1,800 single ded./\$3,600 family ded.)**

Employee only	\$	580.00
Employee plus spouse	\$	1,156.00
Employee plus child/children	\$	877.00
Employee plus family	\$	1,350.00

**WHA High Deductible HMO (\$2,800 single ded./\$5,600 family ded.)**

Employee only	\$	492.00
Employee plus spouse	\$	981.00
Employee plus child/children	\$	744.00
Employee plus family	\$	1,144.00

### **KAISER**

**HMO (Office \$20/Rx\$10/\$25)**

**MONTHLY PREMIUM**

Employee only	\$	814.00
Employee plus spouse	\$	1,628.00
Employee plus child/children	\$	1,238.00
Employee plus family	\$	1,913.00

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

Employee only	\$	565.00
Employee plus spouse	\$	1,127.00
Employee plus child/children	\$	858.00
Employee plus family	\$	1,324.00

### **DELTA DENTAL (all dependents covered under composite rate)**

**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) (all dependents covered under composite rate)**

**MONTHLY PREMIUM**

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

Employee plus family	\$	20.80
----------------------	----	-------

**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	\$	723.00
Employee plus spouse	\$	1,446.00
Employee plus child/children	\$	1,106.00
Employee plus family	\$	1,699.00

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

Employee only	\$	661.00
Employee plus spouse	\$	1,321.00
Employee plus child/children	\$	1,011.00
Employee plus family	\$	1,552.00

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

Employee only	\$	606.00
Employee plus spouse	\$	1,208.00
Employee plus child/children	\$	925.00
Employee plus family	\$	1,419.00