

WPUSD Active Employee Rate Sheet 2021-2022 (effective 7/1/21)

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 \$25 / Rx \$10/\$30/\$60)		MONTHLY PREMIUM
Employee only	\$	854.00
Employee plus spouse	\$	1,707.00
Employee plus child/children	\$	1,297.00
Employee plus family	\$	2,006.00
High Deductible Mid HMO (\$1,500 single deductible/\$3,000 family deductible)		
Employee only	\$	615.00
Employee plus spouse	\$	1,226.00
Employee plus child/children	\$	932.00
Employee plus family	\$	1,440.00
High Deductible HMO (\$2,500 single deductible/\$5,000 family deductible)		
Employee only	\$	545.00
Employee plus spouse	\$	1,086.00
Employee plus child/children	\$	826.00
Employee plus family	\$	1,275.00

WESTERN HEALTH ADVANTAGE (see map for coverage areas)

HMO (Office \$25 / Rx \$10/\$30/\$50)		MONTHLY PREMIUM
Employee only	\$	758.00
Employee plus spouse	\$	1,515.00
Employee plus child/children	\$	1,152.00
Employee plus family	\$	1,780.00
WHA High Deductible Mid HMO (\$1,800 single ded./\$3,600 family ded.)		
Employee only	\$	574.00
Employee plus spouse	\$	1,145.00
Employee plus child/children	\$	868.00
Employee plus family	\$	1,337.00
WHA High Deductible HMO (\$2,800 single ded./\$5,600 family ded.)		
Employee only	\$	487.00
Employee plus spouse	\$	972.00
Employee plus child/children	\$	737.00
Employee plus family	\$	1,133.00

KAISER

HMO (Office \$25/Rx\$10/\$25)		MONTHLY PREMIUM
Employee only	\$	879.00
Employee plus spouse	\$	1,758.00
Employee plus child/children	\$	1,336.00
Employee plus family	\$	2,065.00
Kaiser High Deductible (\$2,000 single deductible/\$4,000 family deductible)		
Employee only	\$	617.00
Employee plus spouse	\$	1,230.00
Employee plus child/children	\$	936.00
Employee plus family	\$	1,445.00

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

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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	\$	756.00
Employee plus spouse	\$	1,512.00
Employee plus child/children	\$	1,156.00
Employee plus family	\$	1,776.00

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

Employee only	\$	691.00
Employee plus spouse	\$	1,382.00
Employee plus child/children	\$	1,057.00
Employee plus family	\$	1,623.00

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

Employee only	\$	633.00
Employee plus spouse	\$	1,264.00
Employee plus child/children	\$	967.00
Employee plus family	\$	1,484.00

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