

**OPEN ENROLLMENT**  
**Medical Plans and Premiums**  
 EFFECTIVE 11/1/23-10/31/24

<p><b><u>WHA HMO HIGH</u></b>  <b><u>Premier 40 HMO</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$837.50</p> <p><input type="checkbox"/> Employee + Spouse        \$1,675.01</p> <p><input type="checkbox"/> Employee + Child(ren)        \$1,507.50</p> <p><input type="checkbox"/> Family        \$2,512.51</p>	<p><b><u>WHA HMO MID</u></b>  <b><u>Advantage 40 HMO</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$638.86</p> <p><input type="checkbox"/> Employee + Spouse        \$1,277.68</p> <p><input type="checkbox"/> Employee + Child(ren)        \$1,149.93</p> <p><input type="checkbox"/> Family        \$1,916.54</p>	<p><b><u>WHA HMO LOW</u></b>  <b><u>Western 20 HMO</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$613.38</p> <p><input type="checkbox"/> Employee + Spouse        \$1,226.76</p> <p><input type="checkbox"/> Employee + Child(ren)        \$1,104.10</p> <p><input type="checkbox"/> Family        \$1,840.15</p>
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<p><b><u>KAISER HIGH</u></b>  <b><u>Trad HMO #1161</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$888.09</p> <p><input type="checkbox"/> Employee + Spouse        \$1,776.17</p> <p><input type="checkbox"/> Employee + Child(ren)        \$1,598.55</p> <p><input type="checkbox"/> Family        \$2,664.26</p>	<p><b><u>KAISER MID</u></b>  <b><u>DHMO XD #6217</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$733.60</p> <p><input type="checkbox"/> Employee + Spouse        \$1,467.19</p> <p><input type="checkbox"/> Employee + Child(ren)        \$1,320.48</p> <p><input type="checkbox"/> Family        \$2,200.79</p>	<p><b><u>KAISER LOW</u></b>  <b><u>DHMO HO #6362</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$668.48</p> <p><input type="checkbox"/> Employee + Spouse        \$1,336.97</p> <p><input type="checkbox"/> Employee + Child(ren)        \$1,203.27</p> <p><input type="checkbox"/> Family        \$2,005.45</p>
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<p><b><u>DELTA DENTAL</u></b>  <b><u>\$2,000 Per Year</u></b></p> <p><input type="checkbox"/> Employee or Family        \$120.00</p> <p><input type="checkbox"/> Decline/Cancel</p>	<p><b><u>Vision Service Plan</u></b>  <b><u>(VSP)</u></b></p> <p><input type="checkbox"/> Employee or Family        \$30.14</p> <p><input type="checkbox"/> Decline/Cancel</p>	<p><b><u>Sun Life Financial</u></b>  <b><u>LIFE INSURANCE (\$25,000)</u></b>  <b><u>YEA MANDATORY</u></b></p> <p><input type="checkbox"/> Employee ONLY        \$6.50</p> <p><input type="checkbox"/> Decline/Cancel</p>
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