

OPEN ENROLLMENT
Medical Plans and Premiums
 EFFECTIVE 11/1/24-10/31/25

WHA HMO HIGH
Premier 40 HMO

- Employee ONLY
\$900.22
- Employee + Spouse
\$1,800.46
- Employee + Child(ren)
\$1,620.40
- Family
\$2,700.68

WHA HMO MID
Advantage 40 HMO

- Employee ONLY
\$686.71
- Employee + Spouse
\$1,373.37
- Employee + Child(ren)
\$1,236.05
- Family
\$2,060.08

WHA HMO LOW
Western 20 HMO

- Employee ONLY
\$659.32
- Employee + Spouse
\$1,318.64
- Employee + Child(ren)
\$1,186.79
- Family
\$1,977.96

KAISER HIGH
Trad HMO #1161

- Employee ONLY
\$1,040.29
- Employee + Spouse
\$2,080.57
- Employee + Child(ren)
\$1,872.51
- Family
\$3,120.86

KAISER MID
DHMO XD #6217

- Employee ONLY
\$812.01
- Employee + Spouse
\$1,624.01
- Employee + Child(ren)
\$1,461.61
- Family
\$2,436.02

KAISER LOW
DHMO HO #6362

- Employee ONLY
\$725.56
- Employee + Spouse
\$1,451.13
- Employee + Child(ren)
\$1,306.02
- Family
\$2,176.69

DELTA DENTAL
\$2,000 Per Year

- Employee or Family
\$120.00
- Decline/Cancel

Vision Service Plan
(VSP)

- Employee or Family
\$30.14
- Decline/Cancel

Sun Life Financial
LIFE INSURANCE (\$25,000)

- YEA MANDATORY**
- Employee ONLY
\$6.50
 - Decline/Cancel