

YOUR COST FOR HEALTH COVERAGE

Your monthly payroll deductions for health, dental and vision coverage are shown in the tables below:

Anthem \$3,000 HDHP HSA Deductible Plan (includes health, dental (preventive or comprehensive), and vision coverage)

Coverage Tier	Total Monthly Premium		WCPS Monthly Contribution	Employee Monthly Contribution	
	Preventive	Comprehensive		Preventive	Comprehensive
Dental Plan					
Employee Only	\$559	\$578	\$578	\$0	\$0
Employee & Child	\$1,035	\$1,068	\$997	\$40	\$71
Employee & Spouse	\$1,035	\$1,068	\$807	\$230	\$261
Employee & Children	\$1,511	\$1,560	\$1,489	\$25	\$71
Family	\$1,511	\$1,560	\$1,151	\$363	\$409
Dual Emp & Spouse	\$1,035	\$1,068	\$1,068	\$0	\$0
Dual Family	\$1,511	\$1,560	\$1,560	\$0	\$0

Anthem \$1,000 Deductible Plan (includes health, dental (preventive or comprehensive), and vision coverage)

Coverage Tier	Total Monthly Premium		WCPS Monthly Contribution	Employee Monthly Contribution	
	Preventive	Comprehensive		Preventive	Comprehensive
Dental Plan					
Employee Only	\$668	\$686	\$635	\$34	\$51
Employee & Child	\$1,236	\$1,269	\$1,109	\$129	\$160
Employee & Spouse	\$1,236	\$1,269	\$865	\$373	\$404
Employee & Children	\$1,803	\$1,852	\$1,692	\$114	\$160
Family	\$1,803	\$1,852	\$1,226	\$580	\$626
Dual Emp & Spouse	\$1,236	\$1,269	\$1,269	\$0	\$0
Dual Family	\$1,803	\$1,852	\$1,833	\$0	\$19

Anthem \$250 Deductible Plan (includes health, dental (preventive or comprehensive), and vision coverage)

Coverage Tier	Total Monthly Premium		WCPS Monthly Contribution	Employee Monthly Contribution	
	Preventive	Comprehensive		Preventive	Comprehensive
Dental Plan					
Employee Only	\$773	\$791	\$642	\$132	\$149
Employee & Child	\$1,430	\$1,463	\$1,013	\$419	\$450
Employee & Spouse	\$1,430	\$1,463	\$851	\$581	\$612
Family	\$2,087	\$2,136	\$1,064	\$1,026	\$1,072
Dual Emp & Spouse	\$1,430	\$1,463	\$1,463	\$0	\$0
Dual Family	\$2,087	\$2,136	\$1,685	\$0	\$451