

YOUR COST FOR COVERAGE: **WITH PREVENTIVE DENTAL**

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

Anthem \$250 Deductible Plan (includes health, preventive dental, and vision coverage)			
Coverage Tier	Total Monthly Premium	WCPS Monthly Contribution	Employee Monthly Contribution
Employee Only	\$834	\$692	\$142
Employee & Child	\$1,543	\$1,091	\$452
Employee & Spouse	\$1,543	\$916	\$627
Family	\$2,252	\$1,145	\$1,107
Dual Emp & Spouse	\$1,543	\$1,543	\$0
Dual Family	\$2,252	\$2,252	\$0

Anthem \$1,000 Deductible Plan (includes health, preventive dental, and vision coverage)			
Coverage Tier	Total Monthly Premium	WCPS Monthly Contribution	Employee Monthly Contribution
Employee Only	\$721	\$684	\$37
Employee & Child	\$1,334	\$1,211	\$123
Employee & Spouse	\$1,334	\$932	\$402
Employee & Children	\$1,945	\$1,806	\$139
Family	\$1,945	\$1,319	\$626
Dual Emp & Spouse	\$1,334	\$1,334	\$0
Dual Family	\$1,945	\$1,945	\$0

Anthem \$3,200 HDHP HSA Deductible Plan (includes health, preventive dental, and vision coverage)			
Coverage Tier	Total Monthly Premium	WCPS Monthly Contribution	Employee Monthly Contribution
Employee Only	\$603	\$603	\$0
Employee & Child	\$1,117	\$1,090	\$27
Employee & Spouse	\$1,117	\$869	\$248
Employee & Children	\$1,630	\$1,587	\$43
Family	\$1,630	\$1,238	\$392
Dual Emp & Spouse	\$1,117	\$1,117	\$0
Dual Family	\$1,630	\$1,630	\$0

YOUR COST FOR COVERAGE: **WITH COMPREHENSIVE DENTAL**

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

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

Coverage Tier	Total Monthly Premium	WCPS Monthly Contribution	Employee Monthly Contribution
Employee Only	\$853	\$692	\$161
Employee & Child	\$1,579	\$1,093	\$486
Employee & Spouse	\$1,579	\$919	\$660
Family	\$2,305	\$1,148	\$1,157
Dual Emp & Spouse	\$1,579	\$1,579	\$0
Dual Family	\$2,305	\$1,818	\$487

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

Coverage Tier	Total Monthly Premium	WCPS Monthly Contribution	Employee Monthly Contribution
Employee Only	\$740	\$685	\$55
Employee & Child	\$1,369	\$1,196	\$173
Employee & Spouse	\$1,369	\$933	\$436
Employee & Children	\$1,998	\$1,825	\$173
Family	\$1,998	\$1,323	\$675
Dual Emp & Spouse	\$1,369	\$1,369	\$0
Dual Family	\$1,998	\$1,978	\$21

Anthem \$3,200 HDHP HSA Deductible Plan (includes health, comprehensive dental, and vision coverage)

Coverage Tier	Total Monthly Premium	WCPS Monthly Contribution	Employee Monthly Contribution
Employee Only	\$624	\$624	\$0
Employee & Child	\$1,152	\$1,075	\$77
Employee & Spouse	\$1,152	\$870	\$282
Employee & Children	\$1,683	\$1,606	\$77
Family	\$1,683	\$1,242	\$441
Dual Emp & Spouse	\$1,152	\$1,152	\$0
Dual Family	\$1,683	\$1,683	\$0