



Wright District Benefit Sheet  
District Health and Welfare Plans

TO:

FROM:Christine Chavez, Payroll/Benefits

Site:

Medical Caps  
Employee Only \$ 738.00  
Employee + 1 \$ 1,268.00  
Employee + Family \$ 1,599.00

\*If changing plans, coverage change effective 10/1/23

How do you want your deductions?		DISTRICT PAID		DISTRICT AMOUNT	EMPLOYEE AMOUNT	MONTHLY HSA DISTRICT AMOUNT		Domestic Partner Fair Value (Prorated by)	Inflated amounts to cover summer per month
Pre-tax	Post-tax								
Medical Plans		2023-24 Rates (Cap)	By FTE	100.00%	0.00%				
<b>EPO PREMIER 100% coinsurance</b>									
Member Only	\$ 890.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 152.00				\$ 182.40
Member + 1 Depend.	\$ 1,531.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 263.00		\$ 641.00		\$ 315.60
Family (3 or more)	\$ 1,931.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 332.00		\$ 1,041.00		\$ 398.40
<b>EPO PRIME 90% coinsurance</b>									
Member Only	\$ 870.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 132.00				\$ 158.40
Member + 1 Depend.	\$ 1,496.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 228.00		\$ 626.00		\$ 273.60
Family (3 or more)	\$ 1,888.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 289.00		\$ 1,018.00		\$ 346.80
<b>EPO SAVER 80% coinsurance</b>									
Member Only	\$ 825.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 87.00				\$ 104.40
Member + 1 Depend.	\$ 1,419.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 151.00		\$ 594.00		\$ 181.20
Family (3 or more)	\$ 1,790.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 191.00		\$ 965.00		\$ 229.20
<b>HSA account. (HSA holders can choose to save up to \$3,550 for an individual and \$7,100 Family) *Other retrictions apply*</b>									
<b>EPO-HSA 80% coinsurance</b>									
Member Only	\$ 557.00	\$ 738.00	\$ 738.00	\$ 557.00	\$ -	\$ 181.00			\$ -
Member + 1 Depend.	\$ 958.00	1,268.00	\$ 1,268.00	\$ 958.00	\$ -	\$ 310.00	\$ 401.00		\$ -
Family (3 or more)	\$ 1,209.00	1,599.00	\$ 1,599.00	\$ 1,209.00	\$ -	\$ 390.00	\$ 652.00		\$ -
<b>PPO 2B 100% coinsurance</b>									
Member Only	\$ 1,218.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 480.00				\$ 576.00
Member + 1 Depend.	\$ 2,095.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 827.00		\$ 877.00		\$ 992.40
Family (3 or more)	\$ 2,643.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 1,044.00		\$ 1,425.00		\$ 1,252.80
<b>PPO 3B 100% coinsurance</b>									
Member Only	\$ 1,182.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 444.00				\$ 532.80
Member + 1 Depend.	\$ 2,033.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 765.00		\$ 851.00		\$ 918.00
Family (3 or more)	\$ 2,565.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 966.00		\$ 1,383.00		\$ 1,159.20
<b>PPO 4B 90% coinsurance</b>									
Member Only	\$ 1,135.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 397.00				\$ 476.40
Member + 1 Depend.	\$ 1,952.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 684.00		\$ 817.00		\$ 820.80
Family (3 or more)	\$ 2,463.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 864.00		\$ 1,328.00		\$ 1,036.80
<b>PPO Wellness 1C 90% coinsurance</b>									
Member Only	\$ 1,059.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 321.00				\$ 385.20
Member + 1 Depend.	\$ 1,821.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 553.00		\$ 762.00		\$ 663.60
Family (3 or more)	\$ 2,298.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 699.00		\$ 1,239.00		\$ 838.80
<b>*HDHP1 qualifies for an HSA account. (HSA holders can choose to save up to \$3,550 for an individual and \$7,100 Family) *Other retrictions apply*</b>									
<b>HDHP 1 90% coinsurance</b>									
Member Only	\$ 711.00	\$ 738.00	\$ 738.00	\$ 711.00	\$ -	\$ 27.00			\$ -
Member + 1 Depend.	\$ 1,223.00	1,268.00	\$ 1,268.00	\$ 1,223.00	\$ -	\$ 45.00	\$ 512.00		\$ -
Family (3 or more)	\$ 1,543.00	1,599.00	\$ 1,599.00	\$ 1,543.00	\$ -	\$ 56.00	\$ 832.00		\$ -
<b>Bronze Plan 70 % coinsurance</b>									
Member Only	\$ 588.00	\$ 738.00	\$ 738.00	\$ 588.00	\$ -				\$ -
Member + 1 Depend.	\$ 1,012.00	1,268.00	\$ 1,268.00	\$ 1,012.00	\$ -		\$ 424.00		\$ -
Family (3 or more)	\$ 1,275.00	1,599.00	\$ 1,599.00	\$ 1,275.00	\$ -		\$ 687.00		\$ -
<b>*HSA qualifies for an HSA account. (HSA holders can choose to save up to \$3,550 for an individual and \$7,100 Family) *Other retrictions apply*</b>									
<b>Kaiser HSA Coinsurance Not applicable</b>									
Member Only	\$ 756.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 18.00				\$ 21.60
Member + 1 Depend.	\$ 1,299.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 31.00		\$ 543.00		\$ 37.20
Family (3 or more)	\$ 1,615.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 16.00		\$ 859.00		\$ 19.20
<b>Kaiser Plan 2 100 % coinsurance</b>									
Member Only	\$ 1,209.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 471.00				\$ 565.20
Member + 1 Depend.	\$ 2,078.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 810.00		\$ 869.00		\$ 972.00
Family (3 or more)	\$ 2,620.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 1,021.00		\$ 1,411.00		\$ 1,225.20
<b>Kaiser Plan 3 100 % coinsurance</b>									
Member Only	\$ 1,193.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 455.00				\$ 546.00
Member + 1 Depend.	\$ 2,051.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 783.00		\$ 858.00		\$ 939.60
Family (3 or more)	\$ 2,586.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 987.00		\$ 1,393.00		\$ 1,184.40
<b>Kaiser Wellness 100 % coinsurance</b>									
Member Only	\$ 953.00	\$ 738.00	\$ 738.00	\$ 738.00	\$ 215.00				\$ 258.00
Member + 1 Depend.	\$ 1,638.00	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 370.00		\$ 685.00		\$ 444.00
Family (3 or more)	\$ 2,066.00	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 467.00		\$ 1,113.00		\$ 560.40
<b>Kaiser Wellness -Chiro 100 % coinsurance</b>									
Member Only	\$ 959.16	\$ 738.00	\$ 738.00	\$ 738.00	\$ 221.16				\$ 265.39
Member + 1 Depend.	\$ 1,650.31	1,268.00	\$ 1,268.00	\$ 1,268.00	\$ 382.31		\$ 691.15		\$ 458.77
Family (3 or more)	\$ 2,083.84	1,599.00	\$ 1,599.00	\$ 1,599.00	\$ 484.84		\$ 1,124.68		\$ 581.81
<b>Dental Plan</b>									
Member Only	\$ 59.89			\$ 59.89	\$ -				\$ -
Member + 1 Depend.	\$ 108.47			\$ 108.47	\$ -		\$ 48.58		\$ -
Family (3 or more)	\$ 155.94			\$ 155.94	\$ -		\$ 96.05		\$ -
<b>Vision Service Plan</b>									
Composite Rate	\$ 24.94			\$ 24.94	\$ -				\$ -

Monthly deduction amounts are inflated to cover summer months. 12 months divided by 10.

Health benefits will start the 1st of the month following hire date.

\*Deductible plan qualifies for an HSA account. (HSA holders can choose to save up to \$3,550 for an individual and \$7,100 family, including District contribution )

The annual "catch- up" contribution amount for individuals age 55 or older will remain \$1,000.

The employer value of the selected healthcare for a domestic partner is considered taxable to the employee under IRS rules for federal, state and local taxes; it is included as

Upon termination benefits will end the last day of the month that employment ends.

Employee Signature

Date