






Westminster Public Schools

Insurance Premiums January 1, 2020 – December 31, 2020

INSURANCE	2020 TOTAL MONTHLY PREMIUMS	MONTHLY DISTRICT CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION
DELTA DENTAL PPO			
			
Employee Only	\$35.86	\$35.86	\$0.00
Employee + One*	\$67.06	\$35.86	\$31.20
Employee + Family*	\$123.40	\$35.86	\$87.54
VISION (VOLUNTARY)			
			
Employee Only	\$9.16	\$9.16	\$0.00
Employee + Spouse*	\$18.32	\$9.16	\$9.16
Employee + Child(ren)	\$19.61	\$9.16	\$10.45
Family*	\$30.76	\$9.16	\$21.60
KAISER ALTERNATE			
 Additional Choice Deductible Coinsurance POS Plan			
Employee Only	\$750.00	\$610.00	\$140.00
Employee + Spouse*	\$1,499.99	\$610.00	\$889.99
Employee + Child(ren)	\$1,312.49	\$610.00	\$702.49
Family*	\$2,317.49	\$610.00	\$1,707.49
KAISER HIGH HMO Plan 220			
Employee Only	\$688.00	\$610.00	\$78.00
Employee + Spouse*	\$1,376.01	\$610.00	\$766.01
Employee + Child(ren)	\$1,204.01	\$610.00	\$594.01
Family*	\$2,125.93	\$610.00	\$1,515.93
KAISER LOW HMO Plan 230			
Employee Only	\$646.76	\$610.00	\$36.76
Employee + Spouse*	\$1,293.52	\$825.00	\$468.52
Employee + Child(ren)	\$1,131.82	\$825.00	\$306.82
Family*	\$1,998.47	\$825.00	\$1,173.47
KAISER DHMO Plan 500			
Employee Only	\$582.69	\$582.69	\$0.00
Employee + Spouse*	\$1,165.40	\$825.00	\$340.40
Employee + Child(ren)	\$1,019.72	\$825.00	\$194.72
Family*	\$1,800.53	\$825.00	\$975.53

* If an employee and spouse are both employed by the district, the district will pay a maximum of \$1,220.00 on all ACDC, HMO High, & HMO Low Employee Only plans. The district will pay a maximum of \$1,650.00 for HMO Low Employee+Spouse, Child(ren) & Family and all DHMO plans and \$71.72 for Dental.

For additional questions or information on this event, please contact:

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