

OPEN ENROLLMENT
Medical Plans and Premiums
EFFECTIVE 11/1/25-10/31/26

WHA HMO HIGH
Premier 40 HMO

- ☐ Employee ONLY
\$941.61
- ☐ Employee + Spouse
\$1,883.25
- ☐ Employee + Child(ren)
\$1,694.91
- ☐ Family
\$2,824.86

WHA HMO MID
Advantage 40 HMO

- ☐ Employee ONLY
\$718.29
- ☐ Employee + Spouse
\$1,436.52
- ☐ Employee + Child(ren)
\$1,292.88
- ☐ Family
\$2,154.80

WHA HMO LOW
Western 20 HMO

- ☐ Employee ONLY
\$689.64
- ☐ Employee + Spouse
\$1,379.27
- ☐ Employee + Child(ren)
\$1,241.36
- ☐ Family
\$2,068.91

KAISER HIGH
Trad HMO #1161

- ☐ Employee ONLY
\$1,107.75
- ☐ Employee + Spouse
\$2,215.51
- ☐ Employee + Child(ren)
\$1,993.96
- ☐ Family
\$3,323.26

KAISER MID
DHMO XD #6217

- ☐ Employee ONLY
\$855.32
- ☐ Employee + Spouse
\$1,710.63
- ☐ Employee + Child(ren)
\$1,539.57
- ☐ Family
\$2,565.95

KAISER LOW
DHMO HO #6362

- ☐ Employee ONLY
\$773.21
- ☐ Employee + Spouse
\$1,546.41
- ☐ Employee + Child(ren)
\$1,391.77
- ☐ Family
\$2,319.62

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