

**WEST COUNTY TRANSPORTATION AGENCY
MONTHLY HEALTH INSURANCE RATES 2023-24**

10 MONTH EMPLOYEES

Rates effective October 1, 2023 - September 30, 2024

* Based on 12 monthly payments

PLAN	SINGLE	DOUBLE	FAMILY
CVT BRONZE	\$ 588.00	\$ 1,012.00	\$ 1,275.00
PPO PLAN 2A	\$ 1,224.00	\$ 2,105.00	\$ 2,656.00
PPO PLAN 5C	\$ 1,111.00	\$ 1,911.00	\$ 2,411.00
PPO PLAN 8B	\$ 945.00	\$ 1,625.00	\$ 2,050.00
PPO PLAN 10D	\$ 684.00	\$ 1,177.00	\$ 1,485.00
WELLNESS PPO 1C	\$ 1,059.00	\$ 1,821.00	\$ 2,298.00
KAISER 3 W/ CHIRO	\$ 1,199.16	\$ 2,063.31	\$ 2,603.84
KAISER 7 W/ CHIRO	\$ 1,133.16	\$ 1,950.31	\$ 2,460.84
KAISER 8 W/ CHIRO	\$ 988.16	\$ 1,698.31	\$ 2,143.84
KAISER WELLNESS	\$ 953.00	\$ 1,638.00	\$ 2,066.00
KAISER WELL W/CHIRO	\$ 959.16	\$ 1,650.31	\$ 2,083.84
VSP (VISION)	\$ 10.02	\$ 18.62	\$ 28.68
DELTA DENTAL PPO	\$ 54.42	\$ 98.57	\$ 141.70
LIFE (Composite)	\$ 5.20		

10 Month Employee Portion Over Benefit Cap of: \$1,367.58

*Based on 10 monthly deductions September thru May.

PLAN	Single	Single with vision	Single with dental	Single with dental and vision/life	Double/life	Double with vision/life	Double with dental/life	Double with dental and vision/life	Family/life	Family with vision/life	Family with dental/life	Family with dental and vision/life
	CVT BRONZE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 58.94
PPO PLAN 2A	\$ -	\$ -	\$ -	\$ -	\$ 891.14	\$ 913.49	\$ 1,009.43	\$ 1,031.77	\$ 1,552.34	\$ 1,586.76	\$ 1,722.38	\$ 1,756.80
PPO PLAN 5C	\$ -	\$ -	\$ -	\$ -	\$ 658.34	\$ 680.69	\$ 776.63	\$ 798.97	\$ 1,258.34	\$ 1,292.76	\$ 1,422.14	\$ 1,462.80
PPO PLAN 8B	\$ -	\$ -	\$ -	\$ -	\$ 315.14	\$ 337.49	\$ 433.43	\$ 455.77	\$ 825.14	\$ 859.56	\$ 995.18	\$ 1,029.60
PPO PLAN 10D	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 147.14	\$ 181.56	\$ 310.94	\$ 351.60
WELLNESS PPO 1C	\$ -	\$ -	\$ -	\$ -	\$ 550.34	\$ 572.69	\$ 668.63	\$ 690.97	\$ 1,122.74	\$ 1,157.16	\$ 1,292.78	\$ 1,327.20
KAISER 3 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 841.12	\$ 863.46	\$ 959.40	\$ 981.74	\$ 1,489.75	\$ 1,524.17	\$ 1,653.55	\$ 1,694.21
KAISER 7 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 705.52	\$ 727.86	\$ 823.80	\$ 846.14	\$ 1,318.15	\$ 1,352.57	\$ 1,488.19	\$ 1,522.61
KAISER 8 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 403.12	\$ 425.46	\$ 521.40	\$ 543.74	\$ 937.75	\$ 972.17	\$ 1,101.55	\$ 1,142.21
KAISER WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ 330.74	\$ 353.09	\$ 449.03	\$ 471.37	\$ 844.34	\$ 878.76	\$ 1,014.38	\$ 1,048.80
KAISER WELL W/CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 345.52	\$ 367.86	\$ 463.80	\$ 486.14	\$ 865.75	\$ 900.17	\$ 1,029.55	\$ 1,070.21

The deduction amount (employee portion) is per month for any employee whose current year contract is 5 or more hours per day.

The examples above assume single, double or family for ALL insurances based on the health insurance choice. Cost could be different based on other scenarios that are not shown.

Rates effective October 1, 2022 - September 30, 2023

Previous Year

PLAN	SINGLE	DOUBLE	FAMILY
CVT BRONZE	\$ 559.00	\$ 961.00	\$ 1,213.00
PPO PLAN 2A	\$ 1,162.00	\$ 1,999.00	\$ 2,522.00
PPO PLAN 5C	\$ 1,055.00	\$ 1,814.00	\$ 2,289.00
PPO PLAN 8B	\$ 898.00	\$ 1,545.00	\$ 1,949.00
PPO PLAN 10D	\$ 649.00	\$ 1,116.00	\$ 1,409.00
WELLNESS PPO 1C	\$ 1,006.00	\$ 1,730.00	\$ 2,183.00
KAISER 3 W/ CHIRO	\$ 1,133.16	\$ 1,949.31	\$ 2,459.84
KAISER 7 W/ CHIRO	\$ 1,070.16	\$ 1,842.31	\$ 2,324.84
KAISER 8 W/ CHIRO	\$ 933.16	\$ 1,604.31	\$ 2,025.84
KAISER WELLNESS	\$ 900.00	\$ 1,547.00	\$ 1,951.00
VSP (VISION)	\$ 906.16	\$ 1,559.31	\$ 1,968.84
DELTA DENTAL PPO	\$ 10.02	\$ 18.62	\$ 28.68
LIFE (Composite)	\$ 54.42	\$ 98.57	\$ 141.70
	\$ 5.30		

**WEST COUNTY TRANSPORTATION AGENCY
MONTHLY HEALTH INSURANCE RATES 2023-24**

11 MONTH EMPLOYEES

Rates effective October 1, 2023 - September 30, 2024

PLAN	SINGLE	DOUBLE	FAMILY
CVT BRONZE	\$ 588.00	\$ 1,012.00	\$ 1,275.00
PPO PLAN 2A	\$ 1,224.00	\$ 2,105.00	\$ 2,656.00
PPO PLAN 5C	\$ 1,111.00	\$ 1,911.00	\$ 2,411.00
PPO PLAN 8B	\$ 945.00	\$ 1,625.00	\$ 2,050.00
PPO PLAN 10D	\$ 684.00	\$ 1,177.00	\$ 1,485.00
WELLNESS PPO 1C	\$ 1,059.00	\$ 1,821.00	\$ 2,298.00
KAISER 3 W/ CHIRO	\$ 1,199.16	\$ 2,063.31	\$ 2,603.84
KAISER 7 W/ CHIRO	\$ 1,133.16	\$ 1,950.31	\$ 2,460.84
KAISER 8 W/ CHIRO	\$ 988.16	\$ 1,698.31	\$ 2,143.84
KAISER WELLNESS	\$ 953.00	\$ 1,638.00	\$ 2,066.00
KAISER WELL W/ CHIRO	\$ 959.16	\$ 1,650.31	\$ 2,083.84
VSP (VISION)	\$ 10.02	\$ 18.62	\$ 28.68
DELTA DENTAL PPO	\$ 54.42	\$ 98.57	\$ 141.70
LIFE (Composite)	\$ 5.20		

11 Month Employee Portion Over Benefit Cap of: \$1,538.53

***Based on 11 monthly deductions September thru June.**

PLAN	Single	Single with vision	Single with dental	Single with dental and vision/life	Double/life	Double with vision/life	Double with dental/life	Double with dental and vision/life	Family/life	Family with vision/life	Family with dental/life	Family with dental and vision/life
CVT BRONZE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PPO PLAN 2A	\$ -	\$ -	\$ -	\$ -	\$ 623.64	\$ 643.95	\$ 643.95	\$ 664.27	\$ 1,224.73	\$ 1,256.02	\$ 1,256.02	\$ 1,287.31
PPO PLAN 5C	\$ -	\$ -	\$ -	\$ -	\$ 412.00	\$ 432.32	\$ 432.32	\$ 452.63	\$ 957.46	\$ 988.75	\$ 988.75	\$ 1,020.03
PPO PLAN 8B	\$ -	\$ -	\$ -	\$ -	\$ 100.00	\$ 120.32	\$ 120.32	\$ 140.63	\$ 563.64	\$ 594.93	\$ 594.93	\$ 626.21
PPO PLAN 10D	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9.85
WELLNESS PPO 1C	\$ -	\$ -	\$ -	\$ -	\$ 313.82	\$ 334.13	\$ 334.13	\$ 354.45	\$ 834.19	\$ 865.47	\$ 865.47	\$ 896.76
KAISER 3 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 578.16	\$ 598.47	\$ 598.47	\$ 618.79	\$ 1,167.83	\$ 1,199.12	\$ 1,199.12	\$ 1,230.40
KAISER 7 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 454.89	\$ 475.20	\$ 475.20	\$ 495.51	\$ 1,011.83	\$ 1,043.12	\$ 1,043.12	\$ 1,074.40
KAISER 8 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 179.98	\$ 200.29	\$ 200.29	\$ 220.60	\$ 666.01	\$ 697.30	\$ 697.30	\$ 728.59
KAISER WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ 114.19	\$ 134.50	\$ 134.50	\$ 154.81	\$ 581.09	\$ 612.38	\$ 612.38	\$ 643.67
KAISER WELL W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 127.61	\$ 147.93	\$ 147.93	\$ 168.24	\$ 600.56	\$ 631.84	\$ 631.84	\$ 663.13

The deduction amount (employee portion) is per month for any employee whose current year contract is 5 or more hours per day.

The examples above assume single, double or family for ALL insurances based on the health insurance choice. Cost could be different based on other scenarios that are not shown.

Rates effective October 1, 2022 - September 30, 2023

Previous Year

PLAN	SINGLE	DOUBLE	FAMILY
CVT BRONZE	\$ 559.00	\$ 961.00	\$ 1,213.00
PPO PLAN 2A	\$ 1,162.00	\$ 1,999.00	\$ 2,522.00
PPO PLAN 5C	\$ 1,055.00	\$ 1,814.00	\$ 2,289.00
PPO PLAN 8B	\$ 898.00	\$ 1,545.00	\$ 1,949.00
PPO PLAN 10D	\$ 649.00	\$ 1,116.00	\$ 1,409.00
WELLNESS PPO 1C	\$ 1,006.00	\$ 1,730.00	\$ 2,183.00
KAISER 3 W/ CHIRO	\$ 1,133.16	\$ 1,949.31	\$ 2,459.84
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VSP (VISION)	\$ 906.16	\$ 1,559.31	\$ 1,968.84
DELTA DENTAL PPO	\$ 10.02	\$ 18.62	\$ 28.68
LIFE (Composite)	\$ 54.42	\$ 98.57	\$ 141.70
	\$ 5.30		

**WEST COUNTY TRANSPORTATION AGENCY
MONTHLY HEALTH INSURANCE RATES 2023-24**

12 MONTH EMPLOYEES

Rates effective October 1, 2023 - September 30, 2024

PLAN	SINGLE	DOUBLE	FAMILY
CVT BRONZE	\$ 588.00	\$ 1,012.00	\$ 1,275.00
PPO PLAN 2A	\$ 1,224.00	\$ 2,105.00	\$ 2,656.00
PPO PLAN 5C	\$ 1,111.00	\$ 1,911.00	\$ 2,411.00
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KAISER WELL W/ CHIRO	\$ 959.16	\$ 1,650.31	\$ 2,083.84
VSP (VISION)	\$ 10.02	\$ 18.62	\$ 28.68
DELTA DENTAL PPO	\$ 54.42	\$ 98.57	\$ 141.70
LIFE (Composite)	\$ 5.20		

12 Month Employee Portion Over Benefit Cap of: \$1,709.48

PLAN	Single	Single with vision	Single with dental	Single with dental and vision/life	Double/Life	Double with vision/life	Double with dental/life	Double with dental and vision/life	Family/life	Family with vision/life	Family with dental/life	Family with dental and vision/life
CVT BRONZE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PPO PLAN 2A	\$ -	\$ -	\$ -	\$ -	\$ 400.72	\$ 419.34	\$ 499.29	\$ 517.91	\$ 951.72	\$ 980.40	\$ 1,093.42	\$ 1,122.10
PPO PLAN 5C	\$ -	\$ -	\$ -	\$ -	\$ 206.72	\$ 225.34	\$ 305.29	\$ 323.91	\$ 706.72	\$ 735.40	\$ 848.42	\$ 877.10
PPO PLAN 8B	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19.29	\$ 37.91	\$ 345.72	\$ 374.40	\$ 487.42	\$ 516.10
PPO PLAN 10D	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WELLNESS PPO 1C	\$ -	\$ -	\$ -	\$ -	\$ 116.72	\$ 135.34	\$ 215.29	\$ 233.91	\$ 593.72	\$ 622.40	\$ 735.42	\$ 764.10
KAISER 3 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 359.03	\$ 377.65	\$ 457.60	\$ 476.22	\$ 899.56	\$ 928.24	\$ 1,041.26	\$ 1,069.94
KAISER 7 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ 246.03	\$ 264.65	\$ 344.60	\$ 363.22	\$ 756.56	\$ 785.24	\$ 898.26	\$ 926.94
KAISER 8 W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12.65	\$ 92.60	\$ 111.22	\$ 439.56	\$ 468.24	\$ 581.26	\$ 609.94
KAISER WELLNESS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32.29	\$ 50.91	\$ 361.72	\$ 390.40	\$ 503.42	\$ 532.10
KAISER WELL W/ CHIRO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44.60	\$ 63.22	\$ 379.56	\$ 408.24	\$ 521.26	\$ 549.94

The deduction amount (employee portion) is per month for any employee whose current year contract is 5 or more hours per day.

The examples above assume single, double or family for ALL insurances based on the health insurance choice. Cost could be different based on other scenarios that are not shown.

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