

# West Ada School District

January 1, 2025 - December 31, 2025

Medical - Regence Blue Shield of Idaho				
	Full-Time Administrator, Certified, and Classified Employees (30 - 40 hours per week) West Ada Contributes - \$1,019.00			
	Part-Time Classified Employee (20 - 29.9 hours per week) West Ada Contributes - \$815.20			
Tier	Total Premium	Full Time	Part Time	COBRA (includes 2% Admin Fee)
Employee Only	\$924.10	\$35.00	\$238.00	\$942.58
Employee + Spouse	\$1,843.50	\$400.00	\$603.80	\$1,880.37
Employee + Child(ren)	\$1,262.20	\$142.00	\$345.80	\$1,287.44
Family	\$2,232.70	\$569.00	\$772.80	\$2,277.35

\*Includes EAP

Dental-Delta Dental				
Tier	Total Premium	Employer	Employee	COBRA
Employee Only	\$41.88	\$41.88	\$0.00	\$42.72
Employee + One	\$84.77	\$41.88	\$42.89	\$86.47
Employee + 2 or More	\$144.56	\$41.88	\$102.68	\$147.45
Rates guaranteed through 12/31/25				

\*Employer contributing EE amount of Delta Dental to all Dental plans. Rates could change based on hours worked.

Dental-Willamette Dental				
Tier	Total Premium	Employer	Employee	COBRA
Employee Only	\$60.59	\$41.88	\$18.71	\$61.80
Employee + One	\$118.13	\$41.88	\$76.25	\$120.49
Employee + 2 or More	\$212.10	\$41.88	\$170.22	\$216.34
Rates guaranteed through 12/31/25				

\*Employer contributing EE amount of Delta Dental to all Dental plans. Rates could change based on hours worked.

Vision- United Heritage				
Tier	Total Premium	Employer	Employee	COBRA
Employee Only	\$5.92	\$0.00	\$5.92	\$6.04
Employee + Spouse	\$11.83	\$0.00	\$11.83	\$12.07
Employee + Child	\$12.67	\$0.00	\$12.67	\$12.92
Employee+Children	\$12.67	\$0.00	\$12.67	\$12.92
Employee+Spouse+Child	\$20.26	\$0.00	\$20.26	\$20.67
Family	\$20.26	\$0.00	\$20.26	\$20.67