

2026 Open Enrollment: November 7 – November 17, 2025

Certified Employees

- This is your opportunity to enroll in Anthem Health Insurance, change your coverage, or obtain information about Health Insurance.
- Coverage is available to all teachers working at least 0.5 FTE.
- Changes to coverage become effective January 1, 2026. Any payroll deduction changes become effective on December 5, 2025.
- Plans with ** mean that both spouses are eligible employees (**teachers**) of WLCSC

| <u>Anthem PLAN A</u> <u>Traditional PPO</u> | Monthly Premium | WLCSC Monthly | Employee Monthly | Employee Per Pay |
|--|-----------------|---------------|------------------|------------------|
| EE: Employee Only | \$1,210.30 | \$1,149.79 | \$60.52 | \$30.26 |
| EE+SP: Employee/Spouse | \$2,545.19 | \$1,617.47 | \$927.72 | \$463.86 |
| EE+CH: Employee/Children | \$2,181.14 | \$1,617.31 | \$563.82 | \$281.91 |
| FAM: Employee Family | \$3,028.97 | \$1,616.87 | \$1,412.11 | \$706.05 |
| **EE+SP: Employee/Spouse | \$2,545.19 | \$2,426.07 | \$119.11 | \$59.56 |
| **FAM: Employee/Family | \$3,028.97 | \$2,425.30 | \$603.67 | \$301.84 |

| <u>Anthem PLAN B</u> <u>High Deductible</u> <u>With HSA</u> | Monthly Premium | WLCSC Monthly | Employee Monthly | Employee Per Pay |
|--|-----------------|---------------|------------------|------------------|
| EE: Employee Only | \$897.78 | \$852.89 | \$44.89 | \$22.44 |
| EE+SP: Employee /Spouse | \$1,888.03 | \$1,199.84 | \$688.19 | \$344.09 |
| EE+CH: Employee/Children | \$1,617.96 | \$1,199.72 | \$418.24 | \$209.12 |
| FAM: Employee Family | \$2,246.90 | \$1,199.39 | \$1,047.50 | \$523.75 |
| **EE+SP: Employee/Spouse | \$1,888.04 | \$1,799.68 | \$88.36 | \$44.18 |
| **FAM: Employee/Family | \$2,246.90 | \$1,799.09 | \$447.81 | \$223.90 |

**For more detailed information about deductibles, Out of Pocket, RX Co-Pays, etc.
log into the Steele Benefit Portal**

<https://steele.benselect.com/enroll/login.aspx?ReturnUrl=%2fenroll>

2026 Open Enrollment: November 7 – November 17, 2025

Certified Employees

- This is your opportunity to enroll in, change your coverage, or obtain information about Anthem Vision and/or Anthem Dental Insurance.
- Coverage is available to all teachers working at least 0.5 FTE.
- Changes to coverage become effective January 1, 2026. Any payroll deduction changes become effective on December 5, 2025.

| <u>Anthem Dental</u> | Monthly Premium | WLCSC Monthly | Employee Monthly | Employee Per Pay |
|-----------------------------|-----------------|---------------|------------------|------------------|
| EE: Employee Only | \$28.80 | \$17.21 | \$11.59 | \$5.80 |
| EE+SP: Employee/Spouse | \$56.70 | \$33.63 | \$23.07 | \$11.54 |
| EE+CH: Employee/Children | \$79.07 | \$34.45 | \$44.62 | \$22.31 |
| FAM: Employee Family | \$118.24 | \$58.55 | \$59.69 | \$29.84 |

| <u>Anthem Vision</u> | Annual Premium | WLCSC Annual | Employee Annual |
|--------------------------------|----------------|--------------|-----------------|
| EE: Employee Only | \$76.56 | \$75.56 | \$1.00 |
| EE+FAM: Employee/dependents | \$183.60 | \$182.60 | \$1.00 |

** Payment for Vision premium will be deducted in full the first pay in January.

**For more detailed information about deductibles, Out of Pocket, RX Co-Pays, etc.
log into the Steele Benefit Portal
<https://steele.benselect.com/enroll/login.aspx?ReturnUrl=%2fenroll>**