



Open Enrollment Effective Date  
Report Type  
Printed Date  
District Name  
Group Number  
Renewal Increase

9/1/2025  
2025 Renewal Rates  
6/12/2025  
Wesclin CUSD 3  
35.9%

		Current Rate Effective 9/1/2024	Renewal Rate Effective 9/1/2025	Renewal COBRA Rate Effective 9/1/2025
		A	A	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	\$1,304	\$1,772	\$1,808
	Employee + Spouse	\$2,692	\$3,658	\$3,732
	Employee + Child or Children	\$2,601	\$3,535	\$3,605
	Family	\$2,897	\$3,937	\$4,016
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	\$1,388	\$1,886	\$1,924
	Child or Children - No Employee	\$1,297	\$1,763	\$1,798
	Spouse & Child or Children - No Employee	\$1,593	\$2,165	\$2,208
		B	B	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	\$1,185	\$1,610	\$1,643
	Employee + Spouse	\$2,432	\$3,305	\$3,371
	Employee + Child or Children	\$2,344	\$3,185	\$3,249
	Family	\$2,616	\$3,555	\$3,626
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	\$1,247	\$1,695	\$1,729
	Child or Children - No Employee	\$1,159	\$1,575	\$1,607
	Spouse & Child or Children - No Employee	\$1,431	\$1,945	\$1,984
		C	C	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	\$1,016	\$1,381	\$1,408
	Employee + Spouse	\$2,109	\$2,866	\$2,923
	Employee + Child or Children	\$2,037	\$2,768	\$2,824
	Family	\$2,266	\$3,079	\$3,141
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	\$1,093	\$1,485	\$1,515
	Child or Children - No Employee	\$1,021	\$1,388	\$1,415
	Spouse & Child or Children - No Employee	\$1,250	\$1,699	\$1,733
		D	D	
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee	\$867	\$1,178	\$1,202
	Employee + Spouse	\$1,782	\$2,422	\$2,470
	Employee + Child or Children	\$1,751	\$2,380	\$2,427
	Family	\$1,921	\$2,611	\$2,663
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee	\$915	\$1,243	\$1,268
	Child or Children - No Employee	\$884	\$1,201	\$1,225
	Spouse & Child or Children - No Employee	\$1,054	\$1,432	\$1,461
Health Premiums for Active Employees (excluding Basic Life) and Retirees	Employee			
	Employee + Spouse			
	Employee + Child or Children			
	Family			
Health Premiums for Surviving Dependents and Partial COBRA	Spouse Only - No Employee			
	Child or Children - No Employee			
	Spouse & Child or Children - No Employee			