



WASHINGTON UNIFIED SCHOOL DISTRICT
 CERTIFICATED BENEFIT RATES
 EFFECTIVE JANUARY 2025- DECEMBER 2025



MONTHLY
(10 Pay)

DISTRICT PAYS
(10 Pay)

EMPLOYEE PAYS
(10 Pay)

HEALTH PLAN

KAISER - HMO			
EMPLOYEE	\$1,106.21	\$984.44	\$121.77
W/1 DEPENDENT	\$2,212.43	\$1,381.65	\$830.78
FAMILY RATE	\$3,130.58	\$1,381.65	\$1,748.93
KAISER - HDHP			
EMPLOYEE	\$886.36	\$886.36	\$0.00
W/1 DEPENDENT	\$1,772.71	\$1,381.65	\$391.06
FAMILY RATE	\$2,508.38	\$1,381.65	\$1,126.73
KAISER - DHMO			
EMPLOYEE	\$990.72	\$984.44	\$6.28
W/1 DEPENDENT	\$1,981.44	\$1,381.65	\$599.79
FAMILY RATE	\$2,803.74	\$1,381.65	\$1,422.09
WESTERN HEALTH - HMO			
EMPLOYEE	\$942.76	\$942.76	\$0.00
W/1 DEPENDENT	\$1,875.70	\$1,381.65	\$494.05
FAMILY RATE	\$2,650.02	\$1,381.65	\$1,268.37
***WESTERN HEALTH - 0/40/30%			
EMPLOYEE	\$837.24	\$837.24	\$0.00
W/1 DEPENDENT	\$1,665.75	\$1,381.65	\$284.10
FAMILY RATE	\$2,353.42	\$1,381.65	\$971.77
WESTERN HEALTH - HSA			
EMPLOYEE	\$690.91	\$690.91	\$0.00
W/1 DEPENDENT	\$1,374.62	\$1,374.62	\$0.00
FAMILY RATE	\$1,942.10	\$1,381.65	\$560.45
***SUTTER HEALTH PLUS			
EMPLOYEE	\$871.20	\$871.20	\$0.00
W/1 DEPENDENT	\$1,742.50	\$1,381.65	\$360.85
FAMILY RATE	\$2,465.80	\$1,381.65	\$1,084.15
UNITED HEALTH CARE - PPO			
EMPLOYEE	\$1,862.63	\$984.44	\$878.19
W/1 DEPENDENT	\$3,725.29	\$1,381.65	\$2,343.64
FAMILY RATE	\$4,843.96	\$1,381.65	\$3,462.31
DELTA DENTAL			
EMPLOYEE	\$64.58	\$80.00	\$0.00
W/1 DEPENDENT	\$116.24	\$80.00	\$36.24
FAMILY RATE	\$167.92	\$80.00	\$87.92
SUPERIOR VISION - BASIC			
EMPLOYEE	\$5.32	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$10.35	**Inc. above	*depends on medical selection
FAMILY RATE	\$16.36	**Inc. above	*depends on medical selection
SUPERIOR VISION - BUY UP			
EMPLOYEE	\$8.46	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$16.45	**Inc. above	*depends on medical selection
FAMILY RATE	\$28.84	**Inc. above	*depends on medical selection

DEDUCTIONS ARE TENTHLY AND DEDUCTED AUGUST THROUGH MAY.

* Employee cost for vision coverage is dependent on medical benefit selection. Any leftover amount after district contribution to medical benefit will be applies to vision coverage.

** The cap for Medical and Vision is combined for a total of \$1,381.65 a month for Employee +1/Employee + Family.

** The cap for Medical and Vision is combined for a total of \$984.44 a month for Employee Only.

*** New Medical plan.