

**WASHINGTON UNIFIED SCHOOL DISTRICT
CERTIFICATED BENEFIT RATES
EFFECTIVE JANUARY 2019 THROUGH DECEMBER 2019**

	<u>MONTHLY</u> (10 Pay)	<u>DISTRICT PAYS</u> (10 Pay)	<u>EMPLOYEE PAYS</u> (10 Pay)
<u>HEALTH PLAN</u>			
<u>KAISER-HMO</u>			
EMPLOYEE	\$727.53	\$726.28	\$1.25
W/ 1 DEPENDENT	\$1,455.06	\$1,133.32	\$321.74
FAMILY RATE	\$2,058.92	\$1,133.32	\$925.60
<u>KAISER-HDHP/HSA</u>			
EMPLOYEE	\$585.43	\$726.28	\$0.00
W/ 1 DEPENDENT	\$1,170.87	\$1,133.32	\$37.55
FAMILY RATE	\$1,656.77	\$1,133.32	\$523.45
<u>BLUE SHIELD-HMO TRIO</u>			
EMPLOYEE	\$799.83	\$726.28	\$73.55
W/ 1 DEPENDENT	\$1,759.62	\$1,133.32	\$626.30
FAMILY RATE	\$2,279.50	\$1,133.32	\$1,146.18
<u>BLUE SHIELD-HMO-ACCESS</u>			
EMPLOYEE	\$1,171.56	\$726.28	\$445.28
W/ 1 DEPENDENT	\$2,577.44	\$1,133.32	\$1,444.12
FAMILY RATE	\$3,338.96	\$1,133.32	\$2,205.64
<u>DELTA DENTAL</u>			
EMPLOYEE	\$75.02	\$68.79	\$6.23
W/ 1 DEPENDENT	\$135.04	\$68.79	\$66.25
FAMILY RATE	\$195.06	\$68.79	\$126.27
<u>SUPERIOR VISION-BASIC</u>			
EMPLOYEE	\$4.95	inc. above*	\$4.95
W/ 1 DEPENDENT	\$9.63	inc. above*	\$9.63
FAMILY RATE	\$16.93	inc. above*	\$16.93
<u>SUPERIOR VISION-BUY UP</u>			
EMPLOYEE	\$7.83	inc. above*	\$7.83
W/ 1 DEPENDENT	\$15.22	inc. above*	\$15.22
FAMILY RATE	\$26.68	inc. above*	\$26.68

PREMIUMS 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 applied to vision coverage.