

**WASHINGTON UNIFIED SCHOOL DISTRICT  
CERTIFICATED BENEFIT RATES  
EFFECTIVE JANUARY 2018 THROUGH DECEMBER 2018**

<u>HEALTH PLAN</u>	<u>MONTHLY</u> (10 Pay)	<u>DISTRICT PAYS</u> (10 Pay)	<u>EMPLOYEE PAYS</u> (10 Pay)
<b>KAISER-HMO</b>			
EMPLOYEE	\$683.24	\$726.28	<b>\$0.00</b>
W/ 1 DEPENDENT	\$1,366.47	\$1,133.32	<b>\$233.15</b>
FAMILY RATE	\$1,933.56	\$1,133.32	<b>\$800.24</b>
<b>KAISER-HDHP/HSA</b>			
EMPLOYEE	\$549.79	\$726.28	<b>\$0.00</b>
W/ 1 DEPENDENT	\$1,099.57	\$1,133.32	<b>\$0.00</b>
FAMILY RATE	\$1,555.90	\$1,133.32	<b>\$422.58</b>
<b>BLUE SHIELD-HMO TRIO</b>			
EMPLOYEE	\$754.41	\$726.28	<b>\$28.13</b>
W/ 1 DEPENDENT	\$1,659.70	\$1,133.32	<b>\$526.38</b>
FAMILY RATE	\$2,150.07	\$1,133.32	<b>\$1,016.75</b>
<b>BLUE SHIELD-HMO-ACCESS</b>			
EMPLOYEE	\$1,055.27	\$726.28	<b>\$328.99</b>
W/ 1 DEPENDENT	\$2,321.59	\$1,133.32	<b>\$1,188.27</b>
FAMILY RATE	\$3,007.52	\$1,133.32	<b>\$1,874.20</b>
<b>DELTA DENTAL</b>			
EMPLOYEE	\$75.02	\$68.79	<b>\$6.23</b>
W/ 1 DEPENDENT	\$135.04	\$68.79	<b>\$66.25</b>
FAMILY RATE	\$195.06	\$68.79	<b>\$126.27</b>
<b>SUPERIOR VISION-BASIC</b>			
EMPLOYEE	\$4.95	inc. above*	<b>\$4.95</b>
W/ 1 DEPENDENT	\$9.63	inc. above*	<b>\$9.63</b>
FAMILY RATE	\$16.93	inc. above*	<b>\$16.93</b>
<b>SUPERIOR VISION-BUY UP</b>			
EMPLOYEE	\$7.83	inc. above*	<b>\$7.83</b>
W/ 1 DEPENDENT	\$15.22	inc. above*	<b>\$15.22</b>
FAMILY RATE	\$26.68	inc. above*	<b>\$26.68</b>

**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 (up to \$726.28/mo employee only and \$1,133.32/mo employee + 1 or more) will be applied to vision coverage.