

**WASHINGTON UNIFIED SCHOOL DISTRICT
CLASSIFIED BENEFIT RATES
EFFECTIVE JANUARY 2018 - DECEMBER 2018**

	<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	\$798.53	\$1,101.92	\$0.00
W/ 1 DEPENDENT	\$1,597.06	\$1,101.92	\$495.14
FAMILY RATE	\$2,259.84	\$1,101.92	\$1,157.92
<u>WESTERN HEALTH- HMO</u>			
EMPLOYEE	\$818.47	\$1,101.92	\$0.00
W/ 1 DEPENDENT	\$1,628.40	\$1,101.92	\$526.48
FAMILY RATE	\$2,300.65	\$1,101.92	\$1,198.73
<u>WHA-HDHP (HSA COMPATABLE)</u>			
EMPLOYEE	\$607.87	\$1,101.92	\$0.00
W/ 1 DEPENDENT	\$1,206.87	\$1,101.92	\$104.95
FAMILY RATE	\$1,704.06	\$1,101.92	\$602.14
<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

EMPLOYEE PORTION IS BASED ON AN 8 HOUR DAY. EMPLOYEES WORKING LESS WILL PAY THE AMOUNTS ABOVE PLUS THEIR PRORATED AMOUNT.

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 (up to \$1,101.92/month) will be applied to vision coverage.