

District Contribution
for Medical/Vision is
\$1,101.92/Month

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

District Contribution
for Dental is
\$68.79/Month

Monthly Total Cost:

KAISER -HMO		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$798.53	\$1,597.06	\$2,259.84

WESTERN HEALTH- HMO		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$818.47	\$1,628.40	\$2,300.65

Monthly Employee Cost-Kaiser HMO:

Hours/Day	% FTE
8	100%
7.75	96.875%
7.5	93.75%
7.25	90.625%
7	87.5%
6.75	84.375%
6.5	81.25%
6.25	78.125%
6	75%
5.75	71.875%
5.5	68.75%
5.25	65.63%
5	62.5%
4.75	59.375%
4.5	56.25%
4.25	53.125%
4	50%
3.75	46.875%
3.5	43.75%
3.25	40.625%
3	37.5%

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$0.00	\$495.14	\$1,157.92
\$0.00	\$529.58	\$1,192.36
\$0.00	\$564.01	\$1,226.79
\$0.00	\$598.45	\$1,261.23
\$0.00	\$632.88	\$1,295.66
\$0.00	\$667.32	\$1,330.10
\$0.00	\$701.75	\$1,364.53
\$0.00	\$736.19	\$1,398.97
\$0.00	\$770.62	\$1,433.40
\$6.52	\$805.06	\$1,467.84
\$40.96	\$839.49	\$1,502.27
\$75.40	\$873.93	\$1,536.71
\$109.83	\$908.36	\$1,571.14
\$144.27	\$942.80	\$1,605.58
\$178.70	\$977.23	\$1,640.01
\$213.14	\$1,011.67	\$1,674.45
\$247.57	\$1,046.10	\$1,708.88
\$282.01	\$1,080.54	\$1,743.32
\$316.44	\$1,114.97	\$1,777.75
\$350.88	\$1,149.41	\$1,812.19
\$385.31	\$1,183.84	\$1,846.62

Monthly Employee Cost-WHA HMO:

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$0.00	\$526.48	\$1,198.73
\$0.00	\$560.92	\$1,233.17
\$0.00	\$595.35	\$1,267.60
\$0.00	\$629.79	\$1,302.04
\$0.00	\$664.22	\$1,336.47
\$0.00	\$698.66	\$1,370.91
\$0.00	\$733.09	\$1,405.34
\$0.00	\$767.53	\$1,439.78
\$0.00	\$801.96	\$1,474.21
\$26.46	\$836.40	\$1,508.65
\$60.90	\$870.83	\$1,543.08
\$95.34	\$905.27	\$1,577.52
\$129.77	\$939.70	\$1,611.95
\$164.21	\$974.14	\$1,646.39
\$198.64	\$1,008.57	\$1,680.82
\$233.08	\$1,043.01	\$1,715.26
\$267.51	\$1,077.44	\$1,749.69
\$301.95	\$1,111.88	\$1,784.13
\$336.38	\$1,146.31	\$1,818.56
\$370.82	\$1,180.75	\$1,853.00
\$405.25	\$1,215.18	\$1,887.43

Monthly Total Cost:

WHA-HDHP (HSA COMPATABLE)		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$607.87	\$1,206.87	\$1,704.06

DELTA DENTAL		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$75.02	\$135.04	\$195.06

Monthly Employee Cost-WHA-HDHP:

Hours/Day	% FTE
8	100%
7.75	96.875%
7.5	93.75%
7.25	90.625%
7	87.5%
6.75	84.375%
6.5	81.25%
6.25	78.125%
6	75%
5.75	71.875%
5.5	68.75%
5.25	65.63%
5	62.5%
4.75	59.375%
4.5	56.25%
4.25	53.125%
4	50%
3.75	46.875%
3.5	43.75%
3.25	40.625%
3	37.5%

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$0.00	\$104.95	\$602.14
\$0.00	\$139.39	\$636.58
\$0.00	\$173.82	\$671.01
\$0.00	\$208.26	\$705.45
\$0.00	\$242.69	\$739.88
\$0.00	\$277.13	\$774.32
\$0.00	\$311.56	\$808.75
\$0.00	\$346.00	\$843.19
\$0.00	\$380.43	\$877.62
\$0.00	\$414.87	\$912.06
\$0.00	\$449.30	\$946.49
\$0.00	\$483.74	\$980.93
\$0.00	\$518.17	\$1,015.36
\$0.00	\$552.61	\$1,049.80
-\$11.96	\$587.04	\$1,084.23
\$22.48	\$621.48	\$1,118.67
\$56.91	\$655.91	\$1,153.10
\$91.34	\$690.35	\$1,187.54
\$125.78	\$724.78	\$1,221.97
\$160.22	\$759.22	\$1,256.41
\$194.65	\$793.65	\$1,290.84

Monthly Employee Cost-Delta Dental:

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$6.23	\$66.25	\$126.27
\$8.38	\$68.40	\$128.42
\$10.53	\$70.55	\$130.57
\$12.68	\$72.70	\$132.72
\$14.83	\$74.85	\$134.87
\$16.98	\$77.00	\$137.02
\$19.13	\$79.15	\$139.17
\$21.28	\$81.30	\$141.32
\$23.43	\$83.45	\$143.47
\$25.58	\$85.60	\$145.62
\$27.73	\$87.75	\$147.77
\$29.88	\$87.75	\$147.77
\$32.03	\$92.05	\$152.07
\$34.18	\$94.20	\$154.22
\$36.33	\$96.35	\$156.37
\$38.48	\$98.50	\$158.52
\$40.63	\$100.65	\$160.67
\$42.77	\$102.79	\$162.81
\$44.92	\$104.94	\$164.96
\$47.07	\$107.09	\$167.11
\$49.22	\$109.24	\$169.26

Monthly Total Cost:

SUPERIOR VISION-BASIC		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$4.95	\$9.63	\$16.93

SUPERIOR VISION-BUY UP/ENHANCED		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$7.83	\$15.22	\$26.68

*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.

Employees working 6+ hours who elect *Kaiser HMO-employee only* coverage will pay \$0 for vision coverage

Employees working 6+ hours who elect *WHA HMO-employee only* coverage will pay \$0 for vision coverage

Employees working 4.5+ hours who elect *WHA HDHP-employee only* coverage will pay \$0 for vision coverage

Deductions are taken out 10 times per year, August through May