



**WASHINGTON UNIFIED SCHOOL DISTRICT
CERTIFICATED BENEFIT RATES
EFFECTIVE JANUARY 2023- DECEMBER 2023**



MONTHLY
(10 Pay)

DISTRICT PAYS
(10 Pay)

EMPLOYEE PAYS
(10 Pay)

HEALTH PLAN

KAISER – HMO			
EMPLOYEE	\$772.37	\$772.37	\$0.00
W/1 DEPENDENT	\$1,544.75	\$1,181.65	\$363.10
FAMILY RATE	\$2,185.81	\$1,181.65	\$1,004.16
KAISER – HDHP			
EMPLOYEE	\$621.51	\$621.51	\$0.00
W/1 DEPENDENT	\$1,243.02	\$1,181.65	\$61.37
FAMILY RATE	\$1,758.87	\$1,181.65	\$577.22
WESTERN HEALTH – HMO			
EMPLOYEE	\$788.28	\$784.44	\$3.84
W/1 DEPENDENT	\$1,568.35	\$1,181.65	\$386.70
FAMILY RATE	\$2,215.80	\$1,181.65	\$1,034.15
WESTERN HEALTH – HSA			
EMPLOYEE	\$578.87	\$578.87	\$0.00
W/1 DEPENDENT	\$1,151.70	\$1,151.70	\$0.00
FAMILY RATE	\$1,627.16	\$1,181.65	\$445.51
UNITED HEALTH CARE – PPO			
EMPLOYEE	\$1,391.83	\$784.44	\$607.39
W/1 DEPENDENT	\$2,783.69	\$1,181.65	\$1,602.04
FAMILY RATE	\$3,619.60	\$1,181.65	\$2,437.95
DELTA DENTAL			
EMPLOYEE	\$69.02	\$80.00	\$0.00
W/1 DEPENDENT	\$124.24	\$80.00	\$44.24
FAMILY RATE	\$179.46	\$80.00	\$99.46
SUPERIOR VISION – BASIC			
EMPLOYEE	\$4.95	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$9.63	**Inc. above	*depends on medical selection
FAMILY RATE	\$16.93	**Inc. above	*depends on medical selection
SUPERIOR VISION – BUY UP			
EMPLOYEE	\$7.83	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$15.22	**Inc. above	*depends on medical selection
FAMILY RATE	\$26.68	**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 \$1,181.65 a month for Employee +1/Employee + Family.

** The cap for Medical and Vision is combined for a total of \$784.44 a month for Employee Only.