



**WASHINGTON UNIFIED SCHOOL DISTRICT
CERTIFICATED BENEFIT RATES
EFFECTIVE JANUARY 2022- DECEMBER 2022**



MONTHLY
(10 Pay)

DISTRICT PAYS
(10 Pay)

EMPLOYEE PAYS
(10 Pay)

HEALTH PLAN

KAISER – HMO			
EMPLOYEE	\$813.02	\$744.44	\$68.58
W/1 DEPENDENT	\$1,626.05	\$1,161.65	\$464.40
FAMILY RATE	\$2,300.86	\$1,161.65	\$1,139.21
KAISER – HDHP			
EMPLOYEE	\$654.22	\$744.44	\$0.00
W/1 DEPENDENT	\$1,308.44	\$1,161.65	\$146.79
FAMILY RATE	\$1,851.44	\$1,161.65	\$689.79
WESTERN HEALTH – HMO			
EMPLOYEE	\$758.64	\$744.44	\$14.20
W/1 DEPENDENT	\$1,509.37	\$1,161.65	\$347.72
FAMILY RATE	\$2,132.48	\$1,161.65	\$970.83
WESTERN HEALTH - HSA			
EMPLOYEE	\$577.21	\$744.44	\$0.00
W/1 DEPENDENT	\$1,148.41	\$1,161.65	\$0.00
FAMILY RATE	\$1,622.48	\$1,161.65	\$460.83
UNITED HEALTH CARE - PPO			
EMPLOYEE	\$1,347.50	\$744.44	\$603.06
W/1 DEPENDENT	\$2,695.02	\$1,161.65	\$1,533.37
FAMILY RATE	\$3,504.30	\$1,161.65	\$2,342.65
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 \$1,161.65 a month for Employee +1/Employee + Family.

** The cap for Medical and Vision is combined for a total of \$744.44 a month for Employee Only.