

**WASHINGTON UNIFIED SCHOOL DISTRICT
CLASSIFIED BENEFIT RATES
EFFECTIVE JANUARY 2019 - DECEMBER 2019**

	<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	\$850.30	\$1,101.92	\$0.00
W/ 1 DEPENDENT	\$1,700.60	\$1,101.92	\$598.68
FAMILY RATE	\$2,406.35	\$1,101.92	\$1,304.43
<u>WESTERN HEALTH- HMO</u>			
EMPLOYEE	\$877.15	\$1,101.92	\$0.00
W/ 1 DEPENDENT	\$1,745.15	\$1,101.92	\$643.23
FAMILY RATE	\$2,465.59	\$1,101.92	\$1,363.67
<u>WHA-HDHP (HSA COMPATABLE)</u>			
EMPLOYEE	\$651.46	\$1,101.92	\$0.00
W/ 1 DEPENDENT	\$1,293.40	\$1,101.92	\$191.48
FAMILY RATE	\$1,826.23	\$1,101.92	\$724.31
<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*	\$0.00
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*	\$0.00
W/ 1 DEPENDENT	\$15.22	inc. above*	\$15.22
FAMILY RATE	\$26.68	inc. above*	\$26.68

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 applied to vision coverage.

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