

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

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

District Contribution for
Dental is
\$68.79/Month

Monthly Total Cost:

KAISER -HMO		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$850.30	\$1,700.60	\$2,406.35

WESTERN HEALTH- HMO		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$877.15	\$1,745.15	\$2,465.59

Monthly Employee Cost-Kaiser HMO:

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$0.00	\$598.68	\$1,304.43
\$0.00	\$633.12	\$1,338.87
\$0.00	\$667.55	\$1,373.30
\$0.00	\$701.99	\$1,407.74
\$0.00	\$736.42	\$1,442.17
\$0.00	\$770.86	\$1,476.61
\$0.00	\$805.29	\$1,511.04
\$0.00	\$839.73	\$1,545.48
\$23.86	\$874.16	\$1,579.91
\$58.29	\$908.60	\$1,614.35
\$92.73	\$943.03	\$1,648.78
\$127.11	\$977.41	\$1,683.16
\$161.60	\$1011.90	\$1,717.65
\$196.04	\$1046.34	\$1,752.09
\$230.47	\$1080.77	\$1,786.52
\$264.91	\$1,115.21	\$1,820.96
\$299.34	\$1,149.64	\$1,855.39
\$333.78	\$1,184.08	\$1,889.83
\$368.21	\$1,218.51	\$1,924.26
\$402.65	\$1,252.95	\$1,958.70
\$437.08	\$1,287.38	\$1,993.13

Monthly Employee Cost-WHA HMO:

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$0.00	\$643.23	\$1,363.67
\$0.00	\$677.67	\$1,398.11
\$0.00	\$712.10	\$1,432.54
\$0.00	\$746.54	\$1,466.98
\$0.00	\$780.97	\$1,501.41
\$0.00	\$815.41	\$1,535.85
\$0.00	\$849.84	\$1,570.28
\$16.28	\$884.28	\$1,604.72
\$50.71	\$918.71	\$1,639.15
\$85.14	\$953.15	\$1,673.59
\$60.90	\$870.83	\$1,543.08
\$153.96	\$1021.96	\$1,742.40
\$188.45	\$1056.45	\$1,776.89
\$222.89	\$1090.89	\$1,811.33
\$257.32	\$1,125.32	\$1,845.76
\$291.76	\$1,159.76	\$1,880.20
\$326.19	\$1,194.19	\$1,914.63
\$360.63	\$1,228.63	\$1,949.07
\$395.06	\$1,263.06	\$1,983.50
\$429.50	\$1,297.50	\$2,017.94
\$463.93	\$1,331.93	\$2,052.37

Monthly Total Cost:

WHA-HDHP (HSA COMPATABLE)		
EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$651.46	\$1,293.40	\$1,826.23

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

Monthly Employee Cost-WHA-HDHP:

EMPLOYEE	W/ 1 DEPENDENT	FAMILY RATE
\$0.00	\$191.48	\$724.31
\$0.00	\$225.92	\$758.75
\$0.00	\$260.35	\$793.18
\$0.00	\$294.79	\$827.62
\$0.00	\$329.22	\$862.05
\$0.00	\$363.66	\$896.49
\$0.00	\$398.09	\$930.92
\$0.00	\$432.53	\$965.36
\$0.00	\$466.96	\$999.79
\$0.00	\$501.40	\$1034.23
\$0.00	\$535.83	\$1068.66
\$0.00	\$570.21	\$1103.04
\$0.00	\$604.70	\$1,137.53
\$0.00	\$639.14	\$1,171.97
\$0.00	\$673.57	\$1,206.40
\$66.07	\$708.01	\$1,240.84
\$100.50	\$742.44	\$1,275.27
\$134.94	\$776.88	\$1,309.71
\$169.37	\$811.31	\$1,344.14
\$203.81	\$845.75	\$1,378.58
\$238.24	\$880.18	\$1,413.01

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.

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