Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2026

Classified Employees

Rates listed are monthly rates

	Western Health Advantage Monthly Premium Cost			Kaiser Permanente Monthly Premium Cost		
	High Option	Low Option #1	Low Option #2	High Option	Low Option #1	Low Option #2
Employee	$1,107.49	$900.90	$814.15	$981.68	$903.01	$789.32
Employee + One	$1,821.44	$1,481.67	$1,338.99	$1,619.77	$1,489.97	$1,302.38
Employee + Family	$2,425.56	$1,973.08	$1,783.12	$2,159.70	$1,986.62	$1,736.50

	Sutter Health Plus High Plan Monthly Premium Cost
Employee	$1,194
Employee + One	$1,970
Employee + Family	$2,626.50

	Delta Dental Incentive Monthly Premium Cost	Delta Dental Alternative Monthly Premium Cost
Employee	$67.23	$61.99
Employee + One	$127.75	$117.79
Employee + Family	$194.98	$179.79

	VSP Classic Monthly Premium Cost	VSP Enhanced Monthly Premium Cost
Employee	$6.78	$8.24
Employee + One	$13.54	$16.45
Employee + Family	$20.28	$24.64

WOODLAND JOINT UNIFIED SCHOOL DISTRICT MAY CONTRIBUTE UP TO $780 PER MONTH FOR INDIVIDUAL COVERAGE OR UP TO $950 PER MONTH FOR FAMILY COVERAGE FOR 12 MONTH EMPLOYEES (BASED ON 100% FTE - FULL TIME EMPLOYMENT), WHICH CAN BE APPLIED TOWARDS MEDICAL, DENTAL, AND/OR VISION RATES. EMPLOYEES WORKING LESS THAN 100% FTE WILL RECEIVE A PRORATED CONTRIBUTION BASED ON THE % OF FTE WORKED. STAFF ASSIGNED LESS THAN (7) HOURS SHALL BE PRO-RATED ON THE FOLLOWING BASIS:

5-6.99 HOURS - 90%, 0-4.99 HOURS – 0%

***MARRIED/COMBINED STAFF WILL EACH RECEIVE INDIVIDUAL CONTRIBUTION**

Additional plan information is available on the WJUSD website at https://www.wjusd.org/Departments/Business/Benefits/index.html or at the district office located at 435 Sixth Street, Woodland CA 95695