

WASHINGTON UNIFIED SCHOOL DISTRICT
CLASSIFIED BENEFIT RATES
EFFECTIVE JANUARY 2025 – DECEMBER 2025

	Anthem Select HMO	Anthem Traditional HMO	United Health SignatureValue Alliance	Blue Shield Access+ HMO	Blue Shield Trio HMO
Employee	1,507.98	1,800.48	1,421.50	1,404.20	1,361.75
EE+1	3,015.96	3,600.96	2,842.99	2,808.41	2,723.50
EE+Fam	3,920.75	4,681.25	3,695.89	3,650.93	3,540.54

	Kaiser Permanente	United Health SignatureValue Harmony	PERS Platinum PPO	PERS Gold PPO	Western Health Advantage HMO
Employee	1,335.48	1,206.02	1,771.32	1,216.44	1,097.12
EE+1	2,670.96	2,412.05	3,542.64	2,432.88	2,194.25
EE+Fam	3,472.25	3,135.66	4,605.43	3,162.74	2,852.52

District Cap		
Hours	Medical Contribution	Dental Contribution
8	1,380.00	80.00
7.75	1,336.88	77.50
7.5	1,293.75	75.00
7.25	1,250.63	72.50
7	1,207.50	70.00
6.75	1,164.38	67.50
6.5	1,121.25	65.00
6.25	1,104.00	64.00
6	1,104.00	64.00
5.75	991.88	57.50
5.5	948.75	55.00
5.25	905.63	52.50
5	862.50	50.00
4.75	819.38	47.50
4.5	776.25	45.00
4.25	733.13	42.50
4	690.00	40.00
3.75	646.88	37.50
3.5	603.75	35.00
3.25	560.63	32.50
3	517.50	30.00

To calculate your cost take total medical premium cost, subtract the medical contribution based on your contracted hours. That will equal the cost for medical premiums deducted 10 month out of the year August-May.

Example: Kaiser Permanente Employee Only Premium for a 6 hour employee.

\$1,335.48 – \$1,104.00 = \$231.48 is the monthly premium.

Medical Plan Rate →	–
Contribution →	_____
Monthly Premium →	

*Employee cost for vision coverage is dependent on medical benefit selection. Any leftover amount after district contribution to medical benefit (up to 1,360 based on your contracted hours will be applied to vision coverage).

**To calculate your cost take total dental premium cost, subtract the dental contribution based on your contracted hours. That will equal the cost for dental premiums deducted 10 month out of the year August-May.

	Dental and Vision full premiums		
	Delta Dental	Superior Vision Basic	Superior Vision Buy Up
Employee	64.58	5.32	8.46
EE+1	116.24	10.35	16.45
EE+Fam	167.92	16.36	28.84

Dental Plan Rate →	–
Contribution →	_____
Monthly Premium →	

*District Contribution Change Effective 7/1/2024