



WASHINGTON UNIFIED SCHOOL DISTRICT
CERTIFICATED BENEFIT RATES
EFFECTIVE JANUARY 2026– DECEMBER 2026



HEALTH PLAN	MONTHLY	DISTRICT PAYS	EMPLOYEE PAYS
	(10 Pay)	(10 Pay)	(10 Pay)
KAISER – HMO			
EMPLOYEE	\$ 1,105.00	\$ 984.44	\$ 120.56
W/1 DEPENDENT	\$ 2,186.00	\$ 1,381.65	\$ 804.35
FAMILY RATE	\$ 3,083.00	\$ 1,381.65	\$ 1,701.35
KAISER – DHMO			
EMPLOYEE	\$ 1,007.00	\$ 984.44	\$ 22.56
W/1 DEPENDENT	\$ 1,991.00	\$ 1,381.65	\$ 609.35
FAMILY RATE	\$ 2,807.00	\$ 1,381.65	\$ 1,425.35
KAISER - HDHP			
EMPLOYEE	\$ 910.00	\$ 910.00	\$ 0.00
W/1 DEPENDENT	\$ 1,793.00	\$ 1,381.65	\$ 411.35
FAMILY RATE	\$ 2,527.00	\$ 1,381.65	\$ 1,145.35
WESTERN HEALTH – HMO			
EMPLOYEE	\$ 973.00	\$ 973.00	\$ 0.00
W/1 DEPENDENT	\$ 1,937.00	\$ 1,381.65	\$ 555.35
FAMILY RATE	\$ 2,736.00	\$ 1,381.65	\$ 1,354.35
WESTERN HEALTH – HDHP			
EMPLOYEE	\$ 714.00	\$ 714.00	\$ 0.00
W/1 DEPENDENT	\$ 1,420.00	\$ 1,381.65	\$ 38.35
FAMILY RATE	\$ 2,006.00	\$ 1,381.65	\$ 624.35
UHC SV ALLIANCE			
EMPLOYEE	\$ 1,125.00	\$ 984.44	\$ 140.56
W/1 DEPENDENT	\$ 2,250.00	\$ 1,374.62	\$ 868.35
FAMILY RATE	\$ 3,183.60	\$ 1,381.65	\$ 1,801.95
UHC SV ALLIANCE JOURNEY			
EMPLOYEE	\$ 892.00	\$ 892.00	\$ 0.00
W/1 DEPENDENT	\$ 1,785.00	\$ 1,381.65	\$ 403.35
FAMILY RATE	\$ 2,526.00	\$ 1,381.65	\$ 1,144.35
UMR SELECT + PPO			
EMPLOYEE	\$ 2,012.00	\$ 984.44	\$ 1,027.56
W/1 DEPENDENT	\$ 4,023.96	\$ 1,381.65	\$ 2,642.31
FAMILY RATE	\$ 5,232.00	\$ 1,381.65	\$ 3,850.35
DELTA DENTAL			
EMPLOYEE	\$ 64.58	\$ 64.58	\$ 0.00
W/1 DEPENDENT	\$ 116.24	\$ 80.00	\$ 36.24
FAMILY RATE	\$ 167.92	\$ 80.00	\$ 87.92
SUPERIOR VISION – BASIC			
EMPLOYEE	\$ 5.32	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$ 10.35	**Inc. above	*depends on medical selection
FAMILY RATE	\$ 16.36	**Inc. above	*depends on medical selection
SUPERIOR VISION – BUY UP			
EMPLOYEE	\$8.46	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$16.45	**Inc. above	*depends on medical selection
FAMILY RATE	\$28.84	**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 \$1,381.65 a month for Employee +1/Employee + Family.

** The cap for Medical and Vision is combined for a total of \$984.44 a month for Employee Only.

*** New Medical plan offered for 2025.