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

HEALTH PLAN	MONTHLY (12 Pay)	DISTRICT PAYS (12 Pay)	EMPLOYEE PAYS (12 Pay)
KAISER – HMO			
EMPLOYEE	$ 920.83	$ 920.83	$ 0.00
W/1 DEPENDENT	$ 1,821.67	$ 1,821.67	$ 0.00
FAMILY RATE	$ 2,569.17	$ 2,569.17	$ 0.00
KAISER – DHMO			
EMPLOYEE	$ 839.17	$ 839.17	$ 0.00
W/1 DEPENDENT	$ 1,659.17	$ 1,659.17	$ 0.00
FAMILY RATE	$ 2,339.17	$ 2,339.17	$ 0.00
KAISER - HDHP			
EMPLOYEE	$ 758.33	$ 758.33	$ 0.00
W/1 DEPENDENT	$ 1,494.17	$ 1,494.17	$ 0.00
FAMILY RATE	$ 2,105.83	$ 2,105.83	$ 0.00
WESTERN HEALTH – HMO			
EMPLOYEE	$ 810.83	$ 810.83	$ 0.00
W/1 DEPENDENT	$ 1,614.17	$ 1,614.17	$ 0.00
FAMILY RATE	$ 2,280.00	$ 2,280.00	$ 0.00
WESTERN HEALTH – HDHP			
EMPLOYEE	$ 595.00	$ 595.00	$ 0.00
W/1 DEPENDENT	$ 1,183.33	$ 1,183.33	$ 0.00
FAMILY RATE	$ 1,671.67	$ 1,671.67	$ 0.00
UHC SV ALLIANCE			
EMPLOYEE	$ 937.50	$ 920.83	$ 16.67
W/1 DEPENDENT	$ 1,875.00	$ 1,821.67	$ 53.33
FAMILY RATE	$ 2,653.00	$ 2,569.17	$ 83.83
UHC SV ALLIANCE JOURNEY			
EMPLOYEE	$ 743.33	$ 743.33	$ 0.00
W/1 DEPENDENT	$ 1,487.50	$ 1,487.50	$ 0.00
FAMILY RATE	$ 2,105.00	$ 2,105.00	$ 0.00
UMR SELECT + PPO			
100EMPLOYEE	$ 1,676.67	$ 920.83	$ 755.84
W/1 DEPENDENT	$ 3,353.30	$ 1,821.67	$ 1,531.63
FAMILY RATE	$ 4,360.00	$ 2,569.17	$ 1,790.83
DELTA DENTAL			
EMPLOYEE	$ 63.69	$ 63.69	$ 0.00
W/1 DEPENDENT	$ 114.65	$ 66.67	$ 47.98
FAMILY RATE	$ 165.59	$ 66.67	$ 98.92
SUPERIOR VISION – BASIC			
EMPLOYEE	$ 4.43	**Inc. above	*depends on medical selection
W/1 DEPENDENT	$ 8.63	**Inc. above	*depends on medical selection
FAMILY RATE	$ 13.63	**Inc. above	*depends on medical selection
SUPERIOR VISION – BUY UP			
EMPLOYEE	$ 7.05	**Inc. above	*depends on medical selection
W/1 DEPENDENT	$13.71	**Inc. above	*depends on medical selection
FAMILY RATE	$24.03	**Inc. above	*depends on medical selection

ALL DEDUCTIONS ARE MONTHLY.

* 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 $920.83 a month for Employee Only.

** The cap for Medical and Vision is combined for a total of $1,821.67 a month for Employee +1.

** The cap for Medical and Vision is combined for a total of $2,569.17 a month for Employee +Family.