

WASHINGTON UNIFIED SCHOOL DISTRICT
CLASSIFIED RETIREES 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	1,256.65	1,500.40	1,184.58	1,170.17	1,134.79
EE+1	2,513.30	3,000.80	2,369.16	2,340.34	2,269.58
EE+Fam	3,267.29	3,901.04	3,079.91	3,042.44	2,950.45

	Kaiser Permanente	United Health SignatureValue Harmony	PERS Platinum PPO	PERS Gold PPO	Western Health Advantage HMO
Employee	1,112.90	1,005.02	1,476.10	1,013.70	914.27
EE+1	2,225.80	2,010.04	2,952.20	2,027.40	1,828.54
EE+Fam	2,893.54	2,613.05	3,837.86	2,635.62	2,377.10

District Cap		
Hours	Medical 12thly District Reimb	Dental 10thly
8	1,133.33	80.00
7.75	1,097.91	77.50
7.5	1,062.50	75.00
7.25	1,027.08	72.50
7	991.66	70.00
6.75	956.25	67.50
6.5	920.83	65.00
6.25	906.66	64.00
6	906.66	64.00
5.75	814.58	57.50
5.5	779.16	55.00
5.25	743.75	52.50
5	708.33	50.00
4.75	672.91	47.50
4.5	637.50	45.00
4.25	602.08	42.50
4	566.67	40.00
3.75	531.25	37.50
3.5	495.83	35.00
3.25	460.42	32.50
3	425.00	80.00

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. A full medical premium will deducted from CalPERS check and District Paid retirees will be reimbursed every 3 months via paper check from WUSD.

Example: PERS Platinum Employee Only Premium for an 8 hour employee \$1,476.10 will be deducted from your CalPERS check. \$1,133.33 will be reimbursed by the district.

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 1,133.33 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 10thly			
	Delta Dental	Superior Vision Basic	Superior Vision Buy Up
Employee	76.43	5.32	8.46
EE+1	137.58	10.35	16.45
EE+Fam	198.71	16.36	28.84

Dental Plan Rate →	—
Contribution →	_____
Monthly Premium →	