

# WASHINGTON UNIFIED SCHOOL DISTRICT

## CLASSIFIED BENEFIT RATES

### EFFECTIVE JANUARY 2027 – DECEMBER 2027

| Anthem Select HMO | Anthem Traditional HMO | Blue Shield Access+ HMO | Blue Shield Trio HMO | Western Health Advantage HMO |
|-------------------|------------------------|-------------------------|----------------------|------------------------------|
|-------------------|------------------------|-------------------------|----------------------|------------------------------|

|          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
| Employee | 1,783.73 | 2,079.02 | 1,774.94 | 1,443.08 | 1,236.96 |
| EE+1     | 3,567.46 | 4,158.05 | 3,549.89 | 2,886.17 | 2,473.92 |
| EE+Fam   | 4,637.69 | 5,405.46 | 4,614.85 | 3,752.02 | 3,216.10 |

| Kaiser Permanente | Sutter Health Plan | PERS Platinum PPO | PERS Gold PPO |  |
|-------------------|--------------------|-------------------|---------------|--|
|-------------------|--------------------|-------------------|---------------|--|

|          |          |          |          |          |  |
|----------|----------|----------|----------|----------|--|
| Employee | 1,425.16 | 1,356.80 | 2,134.34 | 1,458.20 |  |
| EE+1     | 2,850.31 | 2,713.61 | 4,268.69 | 2,916.41 |  |
| EE+Fam   | 3,705.41 | 3,527.69 | 5,549.29 | 3,791.33 |  |

| District Cap* |                      |                     |
|---------------|----------------------|---------------------|
| Hours         | Medical Contribution | Dental Contribution |
| 8             | 1,630.00             | 80.00               |
| 7.75          | 1,579.06             | 77.50               |
| 7.5           | 1,528.13             | 75.00               |
| 7.25          | 1,477.19             | 72.50               |
| 7             | 1,426.25             | 70.00               |
| 6.75          | 1,375.31             | 67.50               |
| 6.5           | 1,324.38             | 65.00               |
| 6.25          | 1,304.00             | 64.00               |
| 6             | 1,304.00             | 64.00               |
| 5.75          | 1,171.56             | 57.50               |
| 5.5           | 1,120.63             | 55.00               |
| 5.25          | 1,069.69             | 52.50               |
| 5             | 1,018.75             | 50.00               |
| 4.75          | 967.81               | 47.50               |
| 4.5           | 916.88               | 45.00               |
| 4.25          | 865.94               | 42.50               |
| 4             | 815.00               | 40.00               |
| 3.75          | 764.06               | 37.50               |
| 3.5           | 713.13               | 35.00               |
| 3.25          | 662.19               | 32.50               |
| 3             | 611.25               | 30.00               |

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

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

\$1,425.16 – \$1,304.00 = \$121.16 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 the district's contribution to medical benefits, up to \$1,380 based on your contracted hours, will be applied to vision coverage.

\*\*To calculate your cost, take the 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 | TBD          | TBD                   | TBD                    |
| EE+1     | TBD          | TBD                   | TBD                    |
| EE+Fam   | TBD          | TBD                   | TBD                    |

Dental & Vision Rates will be available at a later date.

|                    |       |
|--------------------|-------|
| Dental Plan Rate → | –     |
| Contribution →     | _____ |
| Monthly Premium →  |       |

\*District Contribution Change Effective 7/1/2026