WASHINGTON UNIFIED SCHOOL DISTRICT
CLASSIFIED RETIREES BENEFIT RATES
EFFECTIVE JANUARY 2026 – DECEMBER 2026

	Anthem Select HMO	Anthem Traditional HMO	United Health SignatureValue Alliance	Blue Shield Access+ HMO	Blue Shield Trio HMO
Employee	1,336.29	1,612.08	1,290.06	1,301.95	1,166.58
EE+1	2,672.58	3,224.16	2,580.12	2,603.90	2,333.16
EE+Fam	3,474.35	4,191.41	3,354.16	3,385.07	3,033.11

	Kaiser Permanente	United Health SignatureValue Harmony	PERS Platinum PPO	PERS Gold PPO	Western Health Advantage HMO
Employee	1,168.86	1,133.09	1,670.14	1,120.58	969.58
EE+1	2,337.72	2,266.18	3,340.28	2,241.16	1,939.16
EE+Fam	3,039.04	2,946.03	4,342.36	2,913.51	2,520.91

District Cap		
Hours	Medical monthly District Reimbursement	Dental monthly District Reimbursement
8	1,150.00	66.67
7.75	1,114.07	64.58
7.5	1,078.13	62.50
7.25	1,042.19	60.42
7	1,006.25	58.33
6.75	970.32	56.25
6.5	934.38	54.17
6.25	920.00	53.33
6	920.00	53.33
5.75	826.57	47.92
5.5	790.63	45.83
5.25	754.69	43.75
5	718.75	41.67
4.75	682.82	39.58
4.5	646.88	37.50
4.25	610.94	35.42
4	575.00	33.33
3.75	539.07	31.25
3.5	503.13	29.17
3.25	467.19	27.08
3	431.25	25.00

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 $1,670.14 will be deducted from your CalPERS check monthly.

$1,133.33 will be reimbursed by the district for three months.

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 the total dental premium cost, subtract the dental contribution based on your contracted hours. That will equal the cost for dental premiums per month.

	Dental and Vision full monthly premiums		
	Delta Dental	Superior Vision Basic	Superior Vision Buy Up
Employee	63.69	4.43	7.05
EE+1	115.48	8.63	13.71
EE+Fam	165.59	13.63	24.03

Dental Plan Rate →	_
Contribution →	_____
Monthly Premium →	