

WASHINGTON UNIFIED SCHOOL DISTRICT

CLASSIFIED BENEFIT RATES

EFFECTIVE JANUARY 2026 – DECEMBER 2026

Anthem Select HMO	Anthem Traditional HMO	UnitedHealth SignatureValue Alliance	Blue Shield Access+ HMO	Blue Shield Trio HMO
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Employee	1,603.55	1,934.50	1,548.07	1,562.34	1,399.90
EE+1	3,207.10	3,868.99	3,096.14	3,124.68	2,799.79
EE+Fam	4,169.22	5,029.69	4,024.99	4,062.08	3,639.73

Kaiser Permanente	UnitedHealth SignatureValue Harmony	PERS Platinum PPO	PERS Gold PPO	Western Health Advantage HMO
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Employee	1,402.63	1,359.71	2,004.17	1,344.70	1,163.50
EE+1	2,805.26	2,719.42	4,008.34	2,689.39	2,326.99
EE+Fam	3,646.85	3,535.24	5,210.83	3,496.21	3,025.09

District Cap*		
Hours	Medical Contribution	Dental Contribution
8	1,380.00	80.00
7.75	1,336.94	77.50
7.5	1,293.75	75.00
7.25	1,250.69	72.50
7	1,207.50	70.00
6.75	1,164.44	67.50
6.5	1,121.25	65.00
6.25	1,104.00	64.00
6	1,104.00	64.00
5.75	991.94	57.50
5.5	948.75	55.00
5.25	905.69	52.50
5	862.50	50.00
4.75	819.44	47.50
4.5	776.25	45.00
4.25	733.19	42.50
4	690.00	40.00
3.75	646.94	37.50
3.5	603.75	35.00
3.25	560.69	32.50
3	517.50	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.

\$1,402.63 – \$1,088.00 = \$314.63 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 \$1,360 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	64.58	5.32	8.46
EE+1	116.24	10.35	16.45
EE+Fam	167.92	16.36	28.84

Dental Plan Rate →	–
Contribution →	_____
Monthly Premium →	

*District Contribution Change Effective 7/1/2025