



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



<u>HEALTH PLAN</u>	<u>MONTHLY</u> (10 Pay)	<u>DISTRICT PAYS</u> (10 Pay)	<u>EMPLOYEE PAYS</u> (10 Pay)
<b>KAISER – HMO</b>			
EMPLOYEE	\$ 1,105.00	\$ 984.44	\$ 120.56
W/1 DEPENDENT	\$ 2,186.00	\$ 1,381.65	\$ 804.35
FAMILY RATE	\$ 3,083.00	\$ 1,381.65	\$ 1,701.35
<b>KAISER – DHMO</b>			
EMPLOYEE	\$ 1,007.00	\$ 984.44	\$ 22.56
W/1 DEPENDENT	\$ 1,991.00	\$ 1,381.65	\$ 609.35
FAMILY RATE	\$ 2,807.00	\$ 1,381.65	\$ 1,425.35
<b>KAISER - HDHP</b>			
EMPLOYEE	\$ 910.00	\$ 910.00	\$ 0.00
W/1 DEPENDENT	\$ 1,793.00	\$ 1,381.65	\$ 411.35
FAMILY RATE	\$ 2,527.00	\$ 1,381.65	\$ 1,145.35
<b>WESTERN HEALTH – HMO</b>			
EMPLOYEE	\$ 973.00	\$ 973.00	\$ 0.00
W/1 DEPENDENT	\$ 1,937.00	\$ 1,381.65	\$ 555.35
FAMILY RATE	\$ 2,736.00	\$ 1,381.65	\$ 1,354.35
<b>WESTERN HEALTH – HDHP</b>			
EMPLOYEE	\$ 714.00	\$ 714.00	\$ 0.00
W/1 DEPENDENT	\$ 1,420.00	\$ 1,381.65	\$ 38.35
FAMILY RATE	\$ 2,006.00	\$ 1,381.65	\$ 624.35
<b>UHC SV ALLIANCE</b>			
EMPLOYEE	\$ 1,125.00	\$ 984.44	\$ 140.56
W/1 DEPENDENT	\$ 2,250.00	\$ 1,381.65	\$ 868.35
FAMILY RATE	\$ 3,183.60	\$ 1,381.65	\$ 1,801.95
<b>UHC SV ALLIANCE JOURNEY</b>			
EMPLOYEE	\$ 892.00	\$ 892.00	\$ 0.00
W/1 DEPENDENT	\$ 1,785.00	\$ 1,381.65	\$ 403.35
FAMILY RATE	\$ 2,526.00	\$ 1,381.65	\$ 1,144.35
<b>UMR SELECT + PPO</b>			
EMPLOYEE	\$ 2,012.00	\$ 984.44	\$ 1,027.56
W/1 DEPENDENT	\$ 4,023.96	\$ 1,381.65	\$ 2,642.31
FAMILY RATE	\$ 5,232.00	\$ 1,381.65	\$ 3,850.35
<b>DELTA DENTAL</b>			
EMPLOYEE	\$ 64.58	\$ 64.58	\$ 0.00
W/1 DEPENDENT	\$ 116.24	\$ 80.00	\$ 36.24
FAMILY RATE	\$ 167.92	\$ 80.00	\$ 87.92
<b>SUPERIOR VISION – BASIC</b>			
EMPLOYEE	\$ 5.32	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$ 10.35	**Inc. above	*depends on medical selection
FAMILY RATE	\$ 16.36	**Inc. above	*depends on medical selection
<b>SUPERIOR VISION – BUY UP</b>			
EMPLOYEE	\$8.46	**Inc. above	*depends on medical selection
W/1 DEPENDENT	\$16.45	**Inc. above	*depends on medical selection
FAMILY RATE	\$28.84	**Inc. above	*depends on medical selection

DEDUCTIONS ARE TENTHLY AND DEDUCTED AUGUST THROUGH MAY.

\* 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 \$1,381.65 a month for Employee +1/Employee + Family.

\*\* The cap for Medical and Vision is combined for a total of \$984.44 a month for Employee Only.

\*\*\* New Medical plan offered for 2025.