Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2026

Certificated Employees

Rates listed are monthly rates

	Western Health Advantage Monthly Premium Cost			Kaiser Permanente Monthly Premium Cost		
	High Option	Low Option #1	Low Option #2	High Option	Low Option #1	Low Option #2 w or w/o banking
Employee	$1,204.22	$902.67	$829.26	$1,181.54	$911.01	$889.19
Employee + One	$1,979.83	$1,483.06	$1,361.97	$1,949.54	$1,503.17	$1,467.16
Employee + Family	$2,636.23	$1,974.24	$1,812.78	$2,599.39	$2,004.22	$1,956.22

	Sutter Health Plus High Plan Monthly Premium Cost
Employee	$1,393.10
Employee + One	$2,301.30
Employee + Family	$3,068.40

	Delta Dental Incentive Monthly Premium Cost	Delta Dental Alternative Monthly Premium Cost
Employee	$67.23	$61.99
Employee + One	$127.75	$117.79
Employee + Family	$194.98	$179.79

	VSP Classic Monthly Premium Cost	VSP Enhanced Monthly Premium Cost
Employee	$6.78	$8.24
Employee + One	$13.54	$16.45
Employee + Family	$20.28	$24.64

WOODLAND JOINT UNIFIED SCHOOL DISTRICT MAY CONTRIBUTE UP TO $830.00 PER MONTH FOR INDIVIDUAL COVERAGE OR UP TO $1,000.00 PER MONTH FOR FAMILY COVERAGE FOR 12 MONTH EMPLOYEES (BASED ON 100% FTE - FULL TIME EMPLOYMENT) WHICH CAN BE APPLIED TOWARDS MEDICAL, DENTAL, AND/OR VISION RATES. EMPLOYEES WORKING LESS THAN 100% FTE WILL RECEIVE A PRORATED CONTRIBUTION BASED ON THE % OF FTE WORKED.

***MARRIED/COMBINED STAFF WILL EACH RECEIVE INDIVIDUAL CONTRIBUTION**

Additional plan an information is available on the WJUSD website at https://www.wjusd.org/Departments/Business/Benefits/index.html or at the district office located at 435 Sixth Street, Woodland CA 95695