



Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2023

Classified 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
Employee	\$851.37	\$692.56	\$625.87	\$813.37	\$747.86	\$653.70
Employee + One	\$1,400.21	\$1,139.01	\$1,029.34	\$1,342.07	\$1,233.96	\$1,078.60
Employee + Family	\$1,864.62	\$1,516.78	\$1,370.75	\$1,789.42	\$1,645.28	\$1,438.13
	Sutter Health Plus High Plan Monthly Premium Cost					
Employee	\$883.90					
Employee + One	\$1,458.50					
Employee + Family	\$1,944.90					
	Delta Dental Incentive Monthly Premium Cost		Delta Dental Alternative Monthly Premium Cost			
Employee	\$60.05		\$55.37			
Employee + One	\$114.10		\$105.21			
Employee + Family	\$174.15		\$160.58			
	EyeMed Classic Monthly Premium Cost (MES has merged with EyeMed)			EyeMed Enhanced Monthly Premium Cost (MES has merged with EyeMed)		
Employee	\$5.80			\$12.01		
Employee + One	\$11.58			\$23.97		
Employee + Family	\$17.37			\$35.91		

WOODLAND JOINT UNIFIED SCHOOL DISTRICT MAY CONTRIBUTE UP TO \$780 PER MONTH FOR INDIVIDUAL COVERAGE OR UP TO \$950 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. STAFF ASSIGNED LESS THAN (7) HOURS SHALL BE PRO-RATED ON THE FOLLOWING BASIS:

5-6.99 HOURS - 90%, 0-4.99 HOURS – 0%

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

Additional plan 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