

Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2023

Administrators, Management, Confidential 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	HSA HDHP
Employee	\$851.37	\$692.56	\$625.87	\$813.37	\$747.86	\$653.70	\$742.03
Employee + One	\$1,400.21	\$1,139.01	\$1,029.34	\$1,342.07	\$1,233.96	\$1,078.60	\$1,224.35
Employee +	\$1,864.62	\$1,516.78	\$1,370.75	\$1,789.42	\$1,645.28	\$1,438.13	\$1,632.47
				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			
		MES Classic Monthly F (MES has merged wit			2		
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 MAY 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. ALL UNUSED CONTRIBUTIONS WILL BE APPLIED TO PAYROLL AS CASH-IN LIEU.

*EMPLOYEES OPTING FOR CASH-IN-LIEU WILL RECEIVE THE INDIVIDUAL CONTRIBUTION, INCLUDING THOSE ONLY ENROLLING IN DENTAL AND/OR VISION

*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 5695