



# Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2024

## 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 /HDHP
Employee	\$1,035.54	\$776.23	\$713.10	\$1,103.40	\$850.63	\$830.26
Employee + One	\$1,702.51	\$1,275.33	\$1,171.19	\$1,820.60	\$1,403.55	\$1,369.93
Employee + Family	\$2,266.97	\$1,697.70	\$1,558.86	\$2,427.47	\$1,871.39	\$1,826.57
	Sutter Health Plus High Plan Monthly Premium Cost					
Employee	\$1,180.40					
Employee + One	\$1,949					
Employee + Family	\$2,598.10					
	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			
	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 \$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.**

**\*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