



Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2023

Certificated Early Retirees

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	\$971.22	\$728.02	\$668.81	\$978.90	\$754.49	\$742.03
Employee + One	\$1,596.77	\$1,196.12	\$1,098.45	\$1,615.18	\$1,244.90	\$1,224.35
Employee + Family	\$2,126.17	\$1,592.25	\$1,462.04	\$2,153.57	\$1,659.87	\$1,632.47
	Sutter Health Plus High Plan Monthly Premium Cost					
Employee	\$1,028.60					
Employee + One	\$1,699.20					
Employee + Family	\$2,266.00					
	Delta Dental Incentive Monthly Premium Cost		Delta Dental Alternative Monthly Premium Cost			
Employee	\$61.91		\$55.37			
Employee + One	\$117.63		\$105.21			
Employee + Family	\$179.54		\$160.58			
	EyeMed Classic Monthly Premium Cost (MES has merged with EyeMed)			EyeMed Enhanced Monthly Premium (MES has merged with EyeMed) Cost		
Employee	\$5.80			\$12.01		
Employee + One	\$11.58			\$23.97		
Employee + Family	\$17.37			\$35.91		

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