



Woodland Joint Unified School District

Benefit Rate Sheet Effective 1/1/2024

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	\$956.88	\$778.39	\$703.43	\$916.78	\$843.16	\$737
Employee + One	\$1,573.74	\$1,280.17	\$1,156.90	\$1,512.68	\$1,391.21	\$1,216.05
Employee + Family	\$2,095.70	\$1,704.75	\$1,540.63	\$2,016.91	\$1,854.95	\$1,621.40
	Sutter Health Plus High Plan Monthly Premium Cost					
Employee	\$1,014.20					
Employee + One	\$1,672.50					
Employee + Family	\$2,229.30					
	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. 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