

**ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT  
2023/24 RSEA FINAL MEDICAL RATES**

**Rate Calculation as of 7/1/2023**

**2023/24 RSEA Health Cap = \$1,075/month or \$12,900/year**

<b>Sutter Health Options</b>					
<b>Sutter Health Plus \$25 Copay HMO*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>HMO Plan - <i>RSEA</i></b>	<b>SHHMO</b>	<b>\$904</b>	<b>\$1,806</b>	<b>\$1,373</b>	<b>\$2,123</b>
Annual premium cost of full-time employee**		\$0	\$8,772	\$3,576	\$12,576
Monthly (12/year) premium cost of full-time employee**		\$0	\$731	\$298	\$1,048
<b>Sutter Health High Ded HMO w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$1,500/\$3,000 HMO w/HSA - <i>RSEA</i></b>	<b>SHMID</b>	<b>\$676</b>	<b>\$1,348</b>	<b>\$1,024</b>	<b>\$1,583</b>
Annual premium cost of full-time employee**		\$0	\$3,276	\$0	\$6,096
Monthly (12/year) premium cost of full-time employee**		\$0	\$273	\$0	\$508
<b>Sutter Health High Ded HMO w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$2,500/\$5,000 HMO w/HSA - <i>RSEA</i></b>	<b>SHHDP</b>	<b>\$599</b>	<b>\$1,194</b>	<b>\$907</b>	<b>\$1,402</b>
Annual premium cost of full-time employee**		\$0	\$1,428	\$0	\$3,924
Monthly (12/year) premium cost of full-time employee**		\$0	\$119	\$0	\$327

<b>Western Health Advantage Options</b>					
<b>Western Health Advantage \$25 Copay HMO*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>HMO Advantage - <i>RSEA</i></b>	<b>WHHMO</b>	<b>\$780</b>	<b>\$1,559</b>	<b>\$1,185</b>	<b>\$1,832</b>
Annual premium cost of full-time employee**		\$0	\$5,808	\$1,320	\$9,084
Monthly (12/year) premium cost of full-time employee**		\$0	\$484	\$110	\$757
<b>Western Health Advantage High Ded w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$1,800/\$3,600 HMO w/HSA - <i>RSEA</i></b>	<b>WHMID</b>	<b>\$579</b>	<b>\$1,156</b>	<b>\$879</b>	<b>\$1,357</b>
Annual premium cost of full-time employee**		\$0	\$972	\$0	\$3,384
Monthly (12/year) premium cost of full-time employee**		\$0	\$81	\$0	\$282
<b>Western Health Advantage High Ded w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$2,800/\$5,600 HMO w/HSA - <i>RSEA</i></b>	<b>WHHDP</b>	<b>\$503</b>	<b>\$1,003</b>	<b>\$763</b>	<b>\$1,178</b>
Annual premium cost of full-time employee**		\$0	\$0	\$0	\$1,236
Monthly (12/year) premium cost of full-time employee**		\$0	\$0	\$0	\$103

<b>Kaiser Health Options</b>					
<b>Kaiser HMO Plan - \$25 Copay</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>Basic plus Optical &amp; Chiropractic - <i>RSEA</i></b>	<b>600559E</b>	<b>\$943</b>	<b>\$1,886</b>	<b>\$1,434</b>	<b>\$2,216</b>
Annual premium cost of full-time employee**		\$0	\$9,732	\$4,308	\$13,692
Monthly (12/year) premium cost of full-time employee**		\$0	\$811	\$359	\$1,141
<b>Kaiser High Ded HMO w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$2,000/\$4,000 HMO w/HSA - <i>RSEA</i></b>	<b>2214B</b>	<b>\$668</b>	<b>\$1,332</b>	<b>\$1,013</b>	<b>\$1,565</b>
Annual premium cost of full-time employee**		\$0	\$3,084	\$0	\$5,880
Monthly (12/year) premium cost of full-time employee**		\$0	\$257	\$0	\$490
<b>Kaiser High Ded HMO w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$3,000/\$6,000 HMO w/HSA - <i>RSEA</i></b>	<b>7771B</b>	<b>\$575</b>	<b>\$1,146</b>	<b>\$872</b>	<b>\$1,346</b>
Annual premium cost of full-time employee**		\$0	\$852	\$0	\$3,252
Monthly (12/year) premium cost of full-time employee**		\$0	\$71	\$0	\$271

\*The Kaiser HMO plan is the only plan that includes vision coverage. For all other plans, an employee may elect to purchase employee only vision coverage through VSP for an additional **\$9.10/month**.

\*\*The District will contribute **\$1,075** per month toward employee health insurance premiums for full-time employees; amount is pro-rated for part-time employees. This equates to an annual health cap of **\$12,900**.

\*\*\*All District employees who elect a district medical plan are entitled to **Delta Dental** coverage for their family at \$0 cost to the employee.