

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
2023/24 Support Services FINAL MEDICAL RATES
Rate Calculation as of 7/1/2023

2023/24 Support Services Health Cap = \$875/month or \$10,500/year

Sutter Health Options					
Sutter Health Plus \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan	SHHMO	\$904	\$1,806	\$1,373	\$2,123
Annual premium cost of full-time employee**		\$348	\$11,172	\$5,976	\$14,976
Monthly (12/year) premium cost of full-time employee**		\$29	\$931	\$498	\$1,248
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA	SHMID	\$676	\$1,348	\$1,024	\$1,583
Annual premium cost of full-time employee**		\$0	\$5,676	\$1,788	\$8,496
Monthly (12/year) premium cost of full-time employee**		\$0	\$473	\$149	\$708
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA	SHHDP	\$599	\$1,194	\$907	\$1,402
Annual premium cost of full-time employee**		\$0	\$3,828	\$384	\$6,324
Monthly (12/year) premium cost of full-time employee**		\$0	\$319	\$32	\$527

Western Health Advantage Options					
Western Health Advantage \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage	WHHMO	\$780	\$1,559	\$1,185	\$1,832
Annual premium cost of full-time employee**		\$0	\$8,208	\$3,720	\$11,484
Monthly (12/year) premium cost of full-time employee**		\$0	\$684	\$310	\$957
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA	WHMID	\$579	\$1,156	\$879	\$1,357
Annual premium cost of full-time employee**		\$0	\$3,372	\$48	\$5,784
Monthly (12/year) premium cost of full-time employee**		\$0	\$281	\$4	\$482
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA	WHHDP	\$503	\$1,003	\$763	\$1,178
Annual premium cost of full-time employee**		\$0	\$1,536	\$0	\$3,636
Monthly (12/year) premium cost of full-time employee**		\$0	\$128	\$0	\$303

Kaiser Health Options					
Kaiser HMO Plan - \$25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic	600559E	\$943	\$1,886	\$1,434	\$2,216
Annual premium cost of full-time employee**		\$816	\$12,132	\$6,708	\$16,092
Monthly (12/year) premium cost of full-time employee**		\$68	\$1,011	\$559	\$1,341
Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,000/\$4,000 HMO w/HSA	2214B	\$668	\$1,332	\$1,013	\$1,565
Annual premium cost of full-time employee**		\$0	\$5,484	\$1,656	\$8,280
Monthly (12/year) premium cost of full-time employee**		\$0	\$457	\$138	\$690
Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$3,000/\$6,000 HMO w/HSA	7771B	\$575	\$1,146	\$872	\$1,346
Annual premium cost of full-time employee**		\$0	\$3,252	\$0	\$5,652
Monthly (12/year) premium cost of full-time employee**		\$0	\$271	\$0	\$471

*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 **\$875 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 **\$10,500**.

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