

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

Rate Calculation as of 7/1/2023

2023/24 Confidential Health Cap = \$900/month or \$10,800/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**		\$48	\$10,872	\$5,676	\$14,676
Monthly (12/year) premium cost of full-time employee**		\$4	\$906	\$473	\$1,223
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	\$5,376	\$1,488	\$8,196
Monthly (12/year) premium cost of full-time employee**		\$0	\$448	\$124	\$683
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	\$3,528	\$84	\$6,024
Monthly (12/year) premium cost of full-time employee**		\$0	\$294	\$7	\$502

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	\$7,908	\$3,420	\$11,184
Monthly (12/year) premium cost of full-time employee**		\$0	\$659	\$285	\$932
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	\$3,072	\$0	\$5,484
Monthly (12/year) premium cost of full-time employee**		\$0	\$256	\$0	\$457
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	\$1,236	\$0	\$3,336
Monthly (12/year) premium cost of full-time employee**		\$0	\$103	\$0	\$278

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**		\$516	\$11,832	\$6,408	\$15,792
Monthly (12/year) premium cost of full-time employee**		\$43	\$986	\$534	\$1,316
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	\$5,184	\$1,356	\$7,980
Monthly (12/year) premium cost of full-time employee**		\$0	\$432	\$113	\$665
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	\$2,952	\$0	\$5,352
Monthly (12/year) premium cost of full-time employee**		\$0	\$246	\$0	\$446

*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 **\$900 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 **\$10,800**.

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