

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

Rate Calculation as of 7/1/2023

2023/24 CSEA Health Cap = \$950/month or \$11,400/year

Sutter Health Options					
Sutter Health Plus \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - CSEA	SHHMO	\$904	\$1,806	\$1,373	\$2,123
Annual premium cost of full-time employee**		\$0	\$10,272	\$5,076	\$14,076
Monthly (12/year) premium cost of full-time employee**		\$0	\$856	\$423	\$1,173
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - CSEA	SHMID	\$676	\$1,348	\$1,024	\$1,583
Annual premium cost of full-time employee**		\$0	\$4,776	\$888	\$7,596
Monthly (12/year) premium cost of full-time employee**		\$0	\$398	\$74	\$633
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - CSEA	SHHDP	\$599	\$1,194	\$907	\$1,402
Annual premium cost of full-time employee**		\$0	\$2,928	\$0	\$5,424
Monthly (12/year) premium cost of full-time employee**		\$0	\$244	\$0	\$452

Western Health Advantage Options					
Western Health Advantage \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - CSEA	WHHMO	\$780	\$1,559	\$1,185	\$1,832
Annual premium cost of full-time employee**		\$0	\$7,308	\$2,820	\$10,584
Monthly (12/year) premium cost of full-time employee**		\$0	\$609	\$235	\$882
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - CSEA	WHMID	\$579	\$1,156	\$879	\$1,357
Annual premium cost of full-time employee**		\$0	\$2,472	\$0	\$4,884
Monthly (12/year) premium cost of full-time employee**		\$0	\$206	\$0	\$407
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - CSEA	WHHDP	\$503	\$1,003	\$763	\$1,178
Annual premium cost of full-time employee**		\$0	\$636	\$0	\$2,736
Monthly (12/year) premium cost of full-time employee**		\$0	\$53	\$0	\$228

Kaiser Health Options					
Kaiser HMO Plan - \$25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - CSEA	600559E	\$943	\$1,886	\$1,434	\$2,216
Annual premium cost of full-time employee**		\$0	\$11,232	\$5,808	\$15,192
Monthly (12/year) premium cost of full-time employee**		\$0	\$936	\$484	\$1,266
Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,000/\$4,000 HMO w/HSA - CSEA	2214B	\$668	\$1,332	\$1,013	\$1,565
Annual premium cost of full-time employee**		\$0	\$4,584	\$756	\$7,380
Monthly (12/year) premium cost of full-time employee**		\$0	\$382	\$63	\$615
Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$3,000/\$6,000 HMO w/HSA - CSEA	7771B	\$575	\$1,146	\$872	\$1,346
Annual premium cost of full-time employee**		\$0	\$2,352	\$0	\$4,752
Monthly (12/year) premium cost of full-time employee**		\$0	\$196	\$0	\$396

*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 **\$950 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 **\$11,400**.

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