

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

2022/23 RSEA FINAL MEDICAL RATES

Rate Calculation as of 7/1/2022

2022/23 RSEA Health Cap = \$1,000/month or \$12,000/year

Sutter Health Options					
Sutter Health Plus \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - RSEA	SHHMO	\$892	\$1,784	\$1,356	\$2,097
Annual premium cost of full-time employee**		\$0	\$9,408	\$4,272	\$13,164
Monthly (12/year) premium cost of full-time employee**		\$0	\$784	\$356	\$1,097
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - RSEA	SHMID	\$640	\$1,275	\$969	\$1,497
Annual premium cost of full-time employee**		\$0	\$3,300	\$0	\$5,964
Monthly (12/year) premium cost of full-time employee**		\$0	\$275	\$0	\$497
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - RSEA	SHHDP	\$567	\$1,130	\$859	\$1,326
Annual premium cost of full-time employee**		\$0	\$1,560	\$0	\$3,912
Monthly (12/year) premium cost of full-time employee**		\$0	\$130	\$0	\$326

Western Health Advantage Options					
Western Health Advantage \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - RSEA	WHHMO	\$761	\$1,521	\$1,156	\$1,787
Annual premium cost of full-time employee**		\$0	\$6,252	\$1,872	\$9,444
Monthly (12/year) premium cost of full-time employee**		\$0	\$521	\$156	\$787
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - RSEA	WHMID	\$576	\$1,149	\$871	\$1,342
Annual premium cost of full-time employee**		\$0	\$1,788	\$0	\$4,104
Monthly (12/year) premium cost of full-time employee**		\$0	\$149	\$0	\$342
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - RSEA	WHHDP	\$489	\$975	\$739	\$1,137
Annual premium cost of full-time employee**		\$0	\$0	\$0	\$1,644
Monthly (12/year) premium cost of full-time employee**		\$0	\$0	\$0	\$137

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - RSEA	2214B	\$618	\$1,233	\$938	\$1,448
Annual premium cost of full-time employee**		\$0	\$2,796	\$0	\$5,376
Monthly (12/year) premium cost of full-time employee**		\$0	\$233	\$0	\$448
Kaiser HMO Plan - \$25 Copay \$10 Generic Rx / \$25 Brand Rx	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - RSEA	600559E	\$891	\$1,782	\$1,354	\$2,094
Annual premium cost of full-time employee**		\$0	\$9,384	\$4,248	\$13,128
Monthly (12/year) premium cost of full-time employee**		\$0	\$782	\$354	\$1,094

*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 **\$1,000 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 **\$12,000**.

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