

**ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
2020/21 Admin/Cabinet FINAL MEDICAL RATES
Rate Calculation as of 7/1/2020**

2020/21 Admin/Cabinet Health Cap = \$719/month or \$8,628/year

Sutter Health Options					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - Admin/Cabinet	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$1,488	\$11,592	\$6,744	\$15,132
Monthly (12/year) premium cost of full-time employee**		\$124	\$966	\$562	\$1,261
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - Admin/Cabinet	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$5,760	\$2,316	\$8,268
Monthly (12/year) premium cost of full-time employee**		\$0	\$480	\$193	\$689
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - Admin/Cabinet	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$4,116	\$1,068	\$6,336
Monthly (12/year) premium cost of full-time employee**		\$0	\$343	\$89	\$528

Western Health Advantage Options					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - Admin/Cabinet	WHHMO	\$770	\$1,539	\$1,170	\$1,808
Annual premium cost of full-time employee**		\$612	\$9,840	\$5,412	\$13,068
Monthly (12/year) premium cost of full-time employee**		\$51	\$820	\$451	\$1,089
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - Admin/Cabinet	WHMID	\$580	\$1,156	\$877	\$1,350
Annual premium cost of full-time employee**		\$0	\$5,244	\$1,896	\$7,572
Monthly (12/year) premium cost of full-time employee**		\$0	\$437	\$158	\$631
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - Admin/Cabinet	WHHDP	\$492	\$981	\$744	\$1,144
Annual premium cost of full-time employee**		\$0	\$3,144	\$300	\$5,100
Monthly (12/year) premium cost of full-time employee**		\$0	\$262	\$25	\$425

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - Admin/Cabinet	2214B	\$565	\$1,127	\$858	\$1,324
Annual premium cost of full-time employee**		\$0	\$4,896	\$1,668	\$7,260
Monthly (12/year) premium cost of full-time employee**		\$0	\$408	\$139	\$605
Kaiser HMO Plan - \$20 Copay \$10 Generic Rx / \$25 Brand Rx	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical - Admin/Cabinet	600559E	\$823	\$1,645	\$1,250	\$1,932
Annual premium cost of full-time employee**		\$1,248	\$11,112	\$6,372	\$14,556
Monthly (12/year) premium cost of full-time employee**		\$104	\$926	\$531	\$1,213

*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 **\$719 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 **\$8,628**.

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