

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

2020/21 Support Services Health Cap = \$744/month or \$8,928/year

Sutter Health Options					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - <i>Support Services</i>	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$1,188	\$11,292	\$6,444	\$14,832
Monthly (12/year) premium cost of full-time employee**		\$99	\$941	\$537	\$1,236
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - <i>Support Services</i>	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$5,460	\$2,016	\$7,968
Monthly (12/year) premium cost of full-time employee**		\$0	\$455	\$168	\$664
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - <i>Support Services</i>	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$3,816	\$768	\$6,036
Monthly (12/year) premium cost of full-time employee**		\$0	\$318	\$64	\$503

Western Health Advantage Options					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - <i>Support Services</i>	WHHMO	\$770	\$1,539	\$1,170	\$1,808
Annual premium cost of full-time employee**		\$312	\$9,540	\$5,112	\$12,768
Monthly (12/year) premium cost of full-time employee**		\$26	\$795	\$426	\$1,064
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - <i>Support Services</i>	WHMID	\$580	\$1,156	\$877	\$1,350
Annual premium cost of full-time employee**		\$0	\$4,944	\$1,596	\$7,272
Monthly (12/year) premium cost of full-time employee**		\$0	\$412	\$133	\$606
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - <i>Support Services</i>	WHHDP	\$492	\$981	\$744	\$1,144
Annual premium cost of full-time employee**		\$0	\$2,844	\$0	\$4,800
Monthly (12/year) premium cost of full-time employee**		\$0	\$237	\$0	\$400

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - <i>Support Services</i>	2214B	\$565	\$1,127	\$858	\$1,324
Annual premium cost of full-time employee**		\$0	\$4,596	\$1,368	\$6,960
Monthly (12/year) premium cost of full-time employee**		\$0	\$383	\$114	\$580
Kaiser HMO Plan - \$20 Copay \$10 Generic Rx / \$25 Brand Rx	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - <i>Support Services</i>	600559E	\$823	\$1,645	\$1,250	\$1,932
Annual premium cost of full-time employee**		\$948	\$10,812	\$6,072	\$14,256
Monthly (12/year) premium cost of full-time employee**		\$79	\$901	\$506	\$1,188

*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 **\$744 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 **\$8,928**.

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