

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

**2020/21 Classified Manager Health Cap = \$769/month or \$9,228/year**

<b>Sutter Health Options</b>					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>HMO Plan - <i>Classified Manager</i></b>	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$888	\$10,992	\$6,144	\$14,532
Monthly (12/year) premium cost of full-time employee**		\$74	\$916	\$512	\$1,211
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>\$1,500/\$3,000 HMO w/HSA - <i>Classified Manager</i></b>	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$5,160	\$1,716	\$7,668
Monthly (12/year) premium cost of full-time employee**		\$0	\$430	\$143	\$639
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>\$2,500/\$5,000 HMO w/HSA - <i>Classified Manager</i></b>	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$3,516	\$468	\$5,736
Monthly (12/year) premium cost of full-time employee**		\$0	\$293	\$39	\$478

<b>Western Health Advantage Options</b>					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>HMO Advantage - <i>Classified Manager</i></b>	WHHMO	\$770	\$1,539	\$1,170	\$1,808
Annual premium cost of full-time employee**		\$12	\$9,240	\$4,812	\$12,468
Monthly (12/year) premium cost of full-time employee**		\$1	\$770	\$401	\$1,039
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>\$1,800/\$3,600 HMO w/HSA - <i>Classified Manager</i></b>	WHMID	\$580	\$1,156	\$877	\$1,350
Annual premium cost of full-time employee**		\$0	\$4,644	\$1,296	\$6,972
Monthly (12/year) premium cost of full-time employee**		\$0	\$387	\$108	\$581
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>\$2,800/\$5,600 HMO w/HSA - <i>Classified Manager</i></b>	WHHDP	\$492	\$981	\$744	\$1,144
Annual premium cost of full-time employee**		\$0	\$2,544	\$0	\$4,500
Monthly (12/year) premium cost of full-time employee**		\$0	\$212	\$0	\$375

<b>Kaiser Health Options</b>					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>Basic (\$2,000/\$4,000) - <i>Classified Manager</i></b>	2214B	\$565	\$1,127	\$858	\$1,324
Annual premium cost of full-time employee**		\$0	\$4,296	\$1,068	\$6,660
Monthly (12/year) premium cost of full-time employee**		\$0	\$358	\$89	\$555
Kaiser HMO Plan - \$20 Copay \$10 Generic Rx / \$25 Brand Rx	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<b>Basic plus Optical &amp; Chiropractic - <i>Classified Manager</i></b>	600559E	\$823	\$1,645	\$1,250	\$1,932
Annual premium cost of full-time employee**		\$648	\$10,512	\$5,772	\$13,956
Monthly (12/year) premium cost of full-time employee**		\$54	\$876	\$481	\$1,163

\*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 **\$769** 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 **\$9,228**.

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