

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

2020/21 Confidential Health Cap = \$794/month or \$9,528/year

| Sutter Health Options | | | | | |
|--|----------|---------------|-------------------|---------------------|-------------------|
| Sutter Health Plus HMO* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| HMO Plan - Confidential | SHHMO | \$843 | \$1,685 | \$1,281 | \$1,980 |
| Annual premium cost of full-time employee** | | \$588 | \$10,692 | \$5,844 | \$14,232 |
| Monthly (12/year) premium cost of full-time employee** | | \$49 | \$891 | \$487 | \$1,186 |
| Sutter Health High Ded HMO w/HSA* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| \$1,500/\$3,000 HMO w/HSA - Confidential | SHMID | \$601 | \$1,199 | \$912 | \$1,408 |
| Annual premium cost of full-time employee** | | \$0 | \$4,860 | \$1,416 | \$7,368 |
| Monthly (12/year) premium cost of full-time employee** | | \$0 | \$405 | \$118 | \$614 |
| Sutter Health High Ded HMO w/HSA* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| \$2,500/\$5,000 HMO w/HSA - Confidential | SHHDP | \$532 | \$1,062 | \$808 | \$1,247 |
| Annual premium cost of full-time employee** | | \$0 | \$3,216 | \$168 | \$5,436 |
| Monthly (12/year) premium cost of full-time employee** | | \$0 | \$268 | \$14 | \$453 |

| Western Health Advantage Options | | | | | |
|--|----------|---------------|-------------------|---------------------|-------------------|
| Western Health Advantage HMO* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| HMO Advantage - Confidential | WHHMO | \$770 | \$1,539 | \$1,170 | \$1,808 |
| Annual premium cost of full-time employee** | | \$0 | \$8,940 | \$4,512 | \$12,168 |
| Monthly (12/year) premium cost of full-time employee** | | \$0 | \$745 | \$376 | \$1,014 |
| Western Health Advantage High Ded w/HSA* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| \$1,800/\$3,600 HMO w/HSA - Confidential | WHMID | \$580 | \$1,156 | \$877 | \$1,350 |
| Annual premium cost of full-time employee** | | \$0 | \$4,344 | \$996 | \$6,672 |
| Monthly (12/year) premium cost of full-time employee** | | \$0 | \$362 | \$83 | \$556 |
| Western Health Advantage High Ded w/HSA* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| \$2,800/\$5,600 HMO w/HSA - Confidential | WHHDP | \$492 | \$981 | \$744 | \$1,144 |
| Annual premium cost of full-time employee** | | \$0 | \$2,244 | \$0 | \$4,200 |
| Monthly (12/year) premium cost of full-time employee** | | \$0 | \$187 | \$0 | \$350 |

| Kaiser Health Options | | | | | |
|---|----------|---------------|-------------------|---------------------|-------------------|
| Kaiser High Ded Plan w/HSA* | SIG Code | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
| Basic (\$2,000/\$4,000) - Confidential | 2214B | \$565 | \$1,127 | \$858 | \$1,324 |
| Annual premium cost of full-time employee** | | \$0 | \$3,996 | \$768 | \$6,360 |
| Monthly (12/year) premium cost of full-time employee** | | \$0 | \$333 | \$64 | \$530 |
| 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 - Confidential | 600559E | \$823 | \$1,645 | \$1,250 | \$1,932 |
| Annual premium cost of full-time employee** | | \$348 | \$10,212 | \$5,472 | \$13,656 |
| Monthly (12/year) premium cost of full-time employee** | | \$29 | \$851 | \$456 | \$1,138 |

*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 **\$794 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 **\$9,528**.

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