

**ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
2022/23 Support Services FINAL MEDICAL RATES
Rate Calculation as of 7/1/2022**

2022/23 Support Services Health Cap = \$800/month or \$9,600/year

Sutter Health Options					
Sutter Health Plus \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - Support Services	SHHMO	\$892	\$1,784	\$1,356	\$2,097
Annual premium cost of full-time employee**		\$1,104	\$11,808	\$6,672	\$15,564
Monthly (12/year) premium cost of full-time employee**		\$92	\$984	\$556	\$1,297
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - Support Services	SHMID	\$640	\$1,275	\$969	\$1,497
Annual premium cost of full-time employee**		\$0	\$5,700	\$2,028	\$8,364
Monthly (12/year) premium cost of full-time employee**		\$0	\$475	\$169	\$697
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - Support Services	SHHDP	\$567	\$1,130	\$859	\$1,326
Annual premium cost of full-time employee**		\$0	\$3,960	\$708	\$6,312
Monthly (12/year) premium cost of full-time employee**		\$0	\$330	\$59	\$526

Western Health Advantage Options					
Western Health Advantage \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - Support Services	WHHMO	\$761	\$1,521	\$1,156	\$1,787
Annual premium cost of full-time employee**		\$0	\$8,652	\$4,272	\$11,844
Monthly (12/year) premium cost of full-time employee**		\$0	\$721	\$356	\$987
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - Support Services	WHMID	\$576	\$1,149	\$871	\$1,342
Annual premium cost of full-time employee**		\$0	\$4,188	\$852	\$6,504
Monthly (12/year) premium cost of full-time employee**		\$0	\$349	\$71	\$542
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - Support Services	WHHDP	\$489	\$975	\$739	\$1,137
Annual premium cost of full-time employee**		\$0	\$2,100	\$0	\$4,044
Monthly (12/year) premium cost of full-time employee**		\$0	\$175	\$0	\$337

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - Support Services	2214B	\$618	\$1,233	\$938	\$1,448
Annual premium cost of full-time employee**		\$0	\$5,196	\$1,656	\$7,776
Monthly (12/year) premium cost of full-time employee**		\$0	\$433	\$138	\$648
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 - Support Services	600559E	\$891	\$1,782	\$1,354	\$2,094
Annual premium cost of full-time employee**		\$1,092	\$11,784	\$6,648	\$15,528
Monthly (12/year) premium cost of full-time employee**		\$91	\$982	\$554	\$1,294

*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 **\$800 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 **\$9,600**.

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