

**ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT  
2020/21 CSEA FINAL MEDICAL RATES**

**Rate Calculation as of 7/1/2020**

**2020/21 CSEA Health Cap = \$858/month or \$10,296/year**

<b>Sutter Health Options</b>					
<b>Sutter Health Plus HMO*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>HMO Plan - CSEA</b>	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$0	\$9,924	\$5,076	\$13,464
Monthly (12/year) premium cost of full-time employee**		\$0	\$827	\$423	\$1,122
<b>Sutter Health High Ded HMO w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$1,500/\$3,000 HMO w/HSA - CSEA</b>	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$4,092	\$648	\$6,600
Monthly (12/year) premium cost of full-time employee**		\$0	\$341	\$54	\$550
<b>Sutter Health High Ded HMO w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$2,500/\$5,000 HMO w/HSA - CSEA</b>	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$2,448	\$0	\$4,668
Monthly (12/year) premium cost of full-time employee**		\$0	\$204	\$0	\$389

<b>Western Health Advantage Options</b>					
<b>Western Health Advantage HMO*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>HMO Advantage - CSEA</b>	WHHMO	\$770	\$1,539	\$1,170	\$1,808
Annual premium cost of full-time employee**		\$0	\$8,172	\$3,744	\$11,400
Monthly (12/year) premium cost of full-time employee**		\$0	\$681	\$312	\$950
<b>Western Health Advantage High Ded w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$1,800/\$3,600 HMO w/HSA - CSEA</b>	WHMID	\$580	\$1,156	\$877	\$1,350
Annual premium cost of full-time employee**		\$0	\$3,576	\$228	\$5,904
Monthly (12/year) premium cost of full-time employee**		\$0	\$298	\$19	\$492
<b>Western Health Advantage High Ded w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>\$2,800/\$5,600 HMO w/HSA - CSEA</b>	WHHDP	\$492	\$981	\$744	\$1,144
Annual premium cost of full-time employee**		\$0	\$1,476	\$0	\$3,432
Monthly (12/year) premium cost of full-time employee**		\$0	\$123	\$0	\$286

<b>Kaiser Health Options</b>					
<b>Kaiser High Ded Plan w/HSA*</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>Basic (\$2,000/\$4,000) - CSEA</b>	2214B	\$565	\$1,127	\$858	\$1,324
Annual premium cost of full-time employee**		\$0	\$3,228	\$0	\$5,592
Monthly (12/year) premium cost of full-time employee**		\$0	\$269	\$0	\$466
<b>Kaiser HMO Plan - \$20 Copay \$10 Generic Rx / \$25 Brand Rx</b>	<b>SIG Code</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Employee + Family</b>
<b>Basic plus Optical &amp; Chiropractic - CSEA</b>	600559E	\$823	\$1,645	\$1,250	\$1,932
Annual premium cost of full-time employee**		\$0	\$9,444	\$4,704	\$12,888
Monthly (12/year) premium cost of full-time employee**		\$0	\$787	\$392	\$1,074

\*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 **\$858** 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 **\$10,296**.

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