

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

2022/23 CSEA Health Cap = \$888/month or \$10,656/year

Sutter Health Options					
Sutter Health Plus \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - CSEA	SHHMO	\$892	\$1,784	\$1,356	\$2,097
Annual premium cost of full-time employee**		\$48	\$10,752	\$5,616	\$14,508
Monthly (12/year) premium cost of full-time employee**		\$4	\$896	\$468	\$1,209
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - CSEA	SHMID	\$640	\$1,275	\$969	\$1,497
Annual premium cost of full-time employee**		\$0	\$4,644	\$972	\$7,308
Monthly (12/year) premium cost of full-time employee**		\$0	\$387	\$81	\$609
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - CSEA	SHHDP	\$567	\$1,130	\$859	\$1,326
Annual premium cost of full-time employee**		\$0	\$2,904	\$0	\$5,256
Monthly (12/year) premium cost of full-time employee**		\$0	\$242	\$0	\$438

Western Health Advantage Options					
Western Health Advantage \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - CSEA	WHHMO	\$761	\$1,521	\$1,156	\$1,787
Annual premium cost of full-time employee**		\$0	\$7,596	\$3,216	\$10,788
Monthly (12/year) premium cost of full-time employee**		\$0	\$633	\$268	\$899
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - CSEA	WHMID	\$576	\$1,149	\$871	\$1,342
Annual premium cost of full-time employee**		\$0	\$3,132	\$0	\$5,448
Monthly (12/year) premium cost of full-time employee**		\$0	\$261	\$0	\$454
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - CSEA	WHHDP	\$489	\$975	\$739	\$1,137
Annual premium cost of full-time employee**		\$0	\$1,044	\$0	\$2,988
Monthly (12/year) premium cost of full-time employee**		\$0	\$87	\$0	\$249

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - CSEA	2214B	\$618	\$1,233	\$938	\$1,448
Annual premium cost of full-time employee**		\$0	\$4,140	\$600	\$6,720
Monthly (12/year) premium cost of full-time employee**		\$0	\$345	\$50	\$560
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 - CSEA	600559E	\$891	\$1,782	\$1,354	\$2,094
Annual premium cost of full-time employee**		\$36	\$10,728	\$5,592	\$14,472
Monthly (12/year) premium cost of full-time employee**		\$3	\$894	\$466	\$1,206

*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 **\$888 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 **\$10,656**.

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