

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

2022/23 Confidential Health Cap = \$900/month or \$10,800/year

Sutter Health Options					
Sutter Health Plus \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - Confidential	SHHMO	\$892	\$1,784	\$1,356	\$2,097
Annual premium cost of full-time employee**		\$0	\$10,608	\$5,472	\$14,364
Monthly (12/year) premium cost of full-time employee**		\$0	\$884	\$456	\$1,197
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	\$640	\$1,275	\$969	\$1,497
Annual premium cost of full-time employee**		\$0	\$4,500	\$828	\$7,164
Monthly (12/year) premium cost of full-time employee**		\$0	\$375	\$69	\$597
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	\$567	\$1,130	\$859	\$1,326
Annual premium cost of full-time employee**		\$0	\$2,760	\$0	\$5,112
Monthly (12/year) premium cost of full-time employee**		\$0	\$230	\$0	\$426

Western Health Advantage Options					
Western Health Advantage \$25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - Confidential	WHHMO	\$761	\$1,521	\$1,156	\$1,787
Annual premium cost of full-time employee**		\$0	\$7,452	\$3,072	\$10,644
Monthly (12/year) premium cost of full-time employee**		\$0	\$621	\$256	\$887
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	\$576	\$1,149	\$871	\$1,342
Annual premium cost of full-time employee**		\$0	\$2,988	\$0	\$5,304
Monthly (12/year) premium cost of full-time employee**		\$0	\$249	\$0	\$442
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	\$489	\$975	\$739	\$1,137
Annual premium cost of full-time employee**		\$0	\$900	\$0	\$2,844
Monthly (12/year) premium cost of full-time employee**		\$0	\$75	\$0	\$237

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	\$618	\$1,233	\$938	\$1,448
Annual premium cost of full-time employee**		\$0	\$3,996	\$456	\$6,576
Monthly (12/year) premium cost of full-time employee**		\$0	\$333	\$38	\$548
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 - Confidential	600559E	\$891	\$1,782	\$1,354	\$2,094
Annual premium cost of full-time employee**		\$0	\$10,584	\$5,448	\$14,328
Monthly (12/year) premium cost of full-time employee**		\$0	\$882	\$454	\$1,194

*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 **\$900 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 **\$10,800**.

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