

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

Rate Calculation as of 7/1/2020

2020/21 RSEA Health Cap = \$920/month or \$11,040/year

Sutter Health Options					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - RSEA	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$0	\$9,180	\$4,332	\$12,720
Monthly (12/year) premium cost of full-time employee**		\$0	\$765	\$361	\$1,060
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - RSEA	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$3,348	\$0	\$5,856
Monthly (12/year) premium cost of full-time employee**		\$0	\$279	\$0	\$488
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - RSEA	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$1,704	\$0	\$3,924
Monthly (12/year) premium cost of full-time employee**		\$0	\$142	\$0	\$327

Western Health Advantage Options					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - RSEA	WHHMO	\$770	\$1,539	\$1,170	\$1,808
Annual premium cost of full-time employee**		\$0	\$7,428	\$3,000	\$10,656
Monthly (12/year) premium cost of full-time employee**		\$0	\$619	\$250	\$888
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - RSEA	WHMID	\$580	\$1,156	\$877	\$1,350
Annual premium cost of full-time employee**		\$0	\$2,832	\$0	\$5,160
Monthly (12/year) premium cost of full-time employee**		\$0	\$236	\$0	\$430
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - RSEA	WHHDP	\$492	\$981	\$744	\$1,144
Annual premium cost of full-time employee**		\$0	\$732	\$0	\$2,688
Monthly (12/year) premium cost of full-time employee**		\$0	\$61	\$0	\$224

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - RSEA	2214B	\$565	\$1,127	\$858	\$1,324
Annual premium cost of full-time employee**		\$0	\$2,484	\$0	\$4,848
Monthly (12/year) premium cost of full-time employee**		\$0	\$207	\$0	\$404
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 - RSEA	600559E	\$823	\$1,645	\$1,250	\$1,932
Annual premium cost of full-time employee**		\$0	\$8,700	\$3,960	\$12,144
Monthly (12/year) premium cost of full-time employee**		\$0	\$725	\$330	\$1,012

*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 **\$920 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 **\$11,040**.

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