

**ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
2019/20 Admin/Cabinet FINAL MEDICAL RATES
Rate Calculation as of 7/1/2019**

2019/20 Admin/Cabinet Health Cap = \$619/month or \$7,428/year

Sutter Health Options					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - Admin/Cabinet	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$2,688	\$12,792	\$7,944	\$16,332
Monthly (12/year) premium cost of full-time employee**		\$224	\$1,066	\$662	\$1,361
Sutter Health High Ded HMO w/HSA*					
\$1,500/\$3,000 HMO w/HSA - Admin/Cabinet	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - Admin/Cabinet	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$6,960	\$3,516	\$9,468
Monthly (12/year) premium cost of full-time employee**		\$0	\$580	\$293	\$789
Sutter Health High Ded HMO w/HSA*					
\$2,500/\$5,000 HMO w/HSA - Admin/Cabinet	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - Admin/Cabinet	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$5,316	\$2,268	\$7,536
Monthly (12/year) premium cost of full-time employee**		\$0	\$443	\$189	\$628

Western Health Advantage Options					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - Admin/Cabinet	WHHMO	\$748	\$1,495	\$1,136	\$1,757
Annual premium cost of full-time employee**		\$1,548	\$10,512	\$6,204	\$13,656
Monthly (12/year) premium cost of full-time employee**		\$129	\$876	\$517	\$1,138
Western Health Advantage High Ded w/HSA*					
\$1,800/\$3,600 HMO w/HSA - Admin/Cabinet	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - Admin/Cabinet	WHMID	\$564	\$1,126	\$854	\$1,314
Annual premium cost of full-time employee**		\$0	\$6,084	\$2,820	\$8,340
Monthly (12/year) premium cost of full-time employee**		\$0	\$507	\$235	\$695
Western Health Advantage High Ded w/HSA*					
\$2,800/\$5,600 HMO w/HSA - Admin/Cabinet	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - Admin/Cabinet	WHHDP	\$480	\$957	\$725	\$1,116
Annual premium cost of full-time employee**		\$0	\$4,056	\$1,272	\$5,964
Monthly (12/year) premium cost of full-time employee**		\$0	\$338	\$106	\$497

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - Admin/Cabinet	2214B	\$576	\$1,148	\$873	\$1,348
Annual premium cost of full-time employee**		\$0	\$6,348	\$3,048	\$8,748
Monthly (12/year) premium cost of full-time employee**		\$0	\$529	\$254	\$729
Kaiser HMO Plan - \$20 Copay \$10 Generic Rx / \$25 Brand Rx					
Basic plus Optical - Admin/Cabinet	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical - Admin/Cabinet	600559E	\$838	\$1,675	\$1,273	\$1,968
Annual premium cost of full-time employee**		\$2,628	\$12,672	\$7,848	\$16,188
Monthly (12/year) premium cost of full-time employee**		\$219	\$1,056	\$654	\$1,349

*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 **\$619 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 **\$7,428**.

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