

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

**2019/20 Classified Manager Health Cap = \$669/month or \$8,028/year**

<b>Sutter Health Options</b>					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - <b>Classified Manager</b>	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$2,088	\$12,192	\$7,344	\$15,732
Monthly (12/year) premium cost of full-time employee**		\$174	\$1,016	\$612	\$1,311
<b>Sutter Health High Ded HMO w/HSA*</b>					
\$1,500/\$3,000 HMO w/HSA - <b>Classified Manager</b>	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - <b>Classified Manager</b>	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$6,360	\$2,916	\$8,868
Monthly (12/year) premium cost of full-time employee**		\$0	\$530	\$243	\$739
<b>Sutter Health High Ded HMO w/HSA*</b>					
\$2,500/\$5,000 HMO w/HSA - <b>Classified Manager</b>	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - <b>Classified Manager</b>	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$4,716	\$1,668	\$6,936
Monthly (12/year) premium cost of full-time employee**		\$0	\$393	\$139	\$578

<b>Western Health Advantage Options</b>					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - <b>Classified Manager</b>	WHHMO	\$748	\$1,495	\$1,136	\$1,757
Annual premium cost of full-time employee**		\$948	\$9,912	\$5,604	\$13,056
Monthly (12/year) premium cost of full-time employee**		\$79	\$826	\$467	\$1,088
<b>Western Health Advantage High Ded w/HSA*</b>					
\$1,800/\$3,600 HMO w/HSA - <b>Classified Manager</b>	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - <b>Classified Manager</b>	WHMID	\$564	\$1,126	\$854	\$1,314
Annual premium cost of full-time employee**		\$0	\$5,484	\$2,220	\$7,740
Monthly (12/year) premium cost of full-time employee**		\$0	\$457	\$185	\$645
<b>Western Health Advantage High Ded w/HSA*</b>					
\$2,800/\$5,600 HMO w/HSA - <b>Classified Manager</b>	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - <b>Classified Manager</b>	WHHDP	\$480	\$957	\$725	\$1,116
Annual premium cost of full-time employee**		\$0	\$3,456	\$672	\$5,364
Monthly (12/year) premium cost of full-time employee**		\$0	\$288	\$56	\$447

<b>Kaiser Health Options</b>					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - <b>Classified Manager</b>	2214B	\$576	\$1,148	\$873	\$1,348
Annual premium cost of full-time employee**		\$0	\$5,748	\$2,448	\$8,148
Monthly (12/year) premium cost of full-time employee**		\$0	\$479	\$204	\$679
<b>Kaiser HMO Plan - \$20 Copay \$10 Generic Rx / \$25 Brand Rx</b>					
Basic plus Optical & Chiropractic - <b>Classified Manager</b>	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - <b>Classified Manager</b>	600559E	\$838	\$1,675	\$1,273	\$1,968
Annual premium cost of full-time employee**		\$2,028	\$12,072	\$7,248	\$15,588
Monthly (12/year) premium cost of full-time employee**		\$169	\$1,006	\$604	\$1,299

\*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 **\$669** 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 **\$8,028**.

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