

ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

2019/20 CSEA FINAL MEDICAL RATES

Rate Calculation as of 7/1/2019

2019/20 CSEA Health Cap = \$833/month or \$9,996/year

Sutter Health Options					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - CSEA	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$120	\$10,224	\$5,376	\$13,764
Monthly (12/year) premium cost of full-time employee**		\$10	\$852	\$448	\$1,147
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	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$4,392	\$948	\$6,900
Monthly (12/year) premium cost of full-time employee**		\$0	\$366	\$79	\$575
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	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$2,748	\$0	\$4,968
Monthly (12/year) premium cost of full-time employee**		\$0	\$229	\$0	\$414

Western Health Advantage Options					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - CSEA	WHHMO	\$748	\$1,495	\$1,136	\$1,757
Annual premium cost of full-time employee**		\$0	\$7,944	\$3,636	\$11,088
Monthly (12/year) premium cost of full-time employee**		\$0	\$662	\$303	\$924
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	\$564	\$1,126	\$854	\$1,314
Annual premium cost of full-time employee**		\$0	\$3,516	\$252	\$5,772
Monthly (12/year) premium cost of full-time employee**		\$0	\$293	\$21	\$481
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	\$480	\$957	\$725	\$1,116
Annual premium cost of full-time employee**		\$0	\$1,488	\$0	\$3,396
Monthly (12/year) premium cost of full-time employee**		\$0	\$124	\$0	\$283

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	\$576	\$1,148	\$873	\$1,348
Annual premium cost of full-time employee**		\$0	\$3,780	\$480	\$6,180
Monthly (12/year) premium cost of full-time employee**		\$0	\$315	\$40	\$515
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 - CSEA	600559E	\$838	\$1,675	\$1,273	\$1,968
Annual premium cost of full-time employee**		\$60	\$10,104	\$5,280	\$13,620
Monthly (12/year) premium cost of full-time employee**		\$5	\$842	\$440	\$1,135

*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 **\$833 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 **\$9,996**.

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