

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

**2019/20 Confidential Health Cap = \$769/month or \$9,228/year**

<b>Sutter Health Options</b>					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - <b>Confidential</b>	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$888	\$10,992	\$6,144	\$14,532
Monthly (12/year) premium cost of full-time employee**		\$74	\$916	\$512	\$1,211
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - <b>Confidential</b>	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$5,160	\$1,716	\$7,668
Monthly (12/year) premium cost of full-time employee**		\$0	\$430	\$143	\$639
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - <b>Confidential</b>	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$3,516	\$468	\$5,736
Monthly (12/year) premium cost of full-time employee**		\$0	\$293	\$39	\$478

<b>Western Health Advantage Options</b>					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - <b>Confidential</b>	WHHMO	\$748	\$1,495	\$1,136	\$1,757
Annual premium cost of full-time employee**		\$0	\$8,712	\$4,404	\$11,856
Monthly (12/year) premium cost of full-time employee**		\$0	\$726	\$367	\$988
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - <b>Confidential</b>	WHMID	\$564	\$1,126	\$854	\$1,314
Annual premium cost of full-time employee**		\$0	\$4,284	\$1,020	\$6,540
Monthly (12/year) premium cost of full-time employee**		\$0	\$357	\$85	\$545
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - <b>Confidential</b>	WHHDP	\$480	\$957	\$725	\$1,116
Annual premium cost of full-time employee**		\$0	\$2,256	\$0	\$4,164
Monthly (12/year) premium cost of full-time employee**		\$0	\$188	\$0	\$347

<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>Confidential</b>	2214B	\$576	\$1,148	\$873	\$1,348
Annual premium cost of full-time employee**		\$0	\$4,548	\$1,248	\$6,948
Monthly (12/year) premium cost of full-time employee**		\$0	\$379	\$104	\$579
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 - <b>Confidential</b>	600559E	\$838	\$1,675	\$1,273	\$1,968
Annual premium cost of full-time employee**		\$828	\$10,872	\$6,048	\$14,388
Monthly (12/year) premium cost of full-time employee**		\$69	\$906	\$504	\$1,199

\*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 **\$769** 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 **\$9,228**.

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