

# ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

## 2019/20 RSEA FINAL MEDICAL RATES

### Rate Calculation as of 7/1/2019

**2019/20 RSEA Health Cap = \$900/month or \$10,800/year**

<b>Sutter Health Options</b>					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - <b>RSEA</b>	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$0	\$9,420	\$4,572	\$12,960
Monthly (12/year) premium cost of full-time employee**		\$0	\$785	\$381	\$1,080
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>RSEA</b>	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$3,588	\$144	\$6,096
Monthly (12/year) premium cost of full-time employee**		\$0	\$299	\$12	\$508
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>RSEA</b>	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$1,944	\$0	\$4,164
Monthly (12/year) premium cost of full-time employee**		\$0	\$162	\$0	\$347

<b>Western Health Advantage Options</b>					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - <b>RSEA</b>	WHHMO	\$748	\$1,495	\$1,136	\$1,757
Annual premium cost of full-time employee**		\$0	\$7,140	\$2,832	\$10,284
Monthly (12/year) premium cost of full-time employee**		\$0	\$595	\$236	\$857
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>RSEA</b>	WHMID	\$564	\$1,126	\$854	\$1,314
Annual premium cost of full-time employee**		\$0	\$2,712	\$0	\$4,968
Monthly (12/year) premium cost of full-time employee**		\$0	\$226	\$0	\$414
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>RSEA</b>	WHHDP	\$480	\$957	\$725	\$1,116
Annual premium cost of full-time employee**		\$0	\$684	\$0	\$2,592
Monthly (12/year) premium cost of full-time employee**		\$0	\$57	\$0	\$216

<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>RSEA</b>	2214B	\$576	\$1,148	\$873	\$1,348
Annual premium cost of full-time employee**		\$0	\$2,976	\$0	\$5,376
Monthly (12/year) premium cost of full-time employee**		\$0	\$248	\$0	\$448
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>RSEA</b>	600559E	\$838	\$1,675	\$1,273	\$1,968
Annual premium cost of full-time employee**		\$0	\$9,300	\$4,476	\$12,816
Monthly (12/year) premium cost of full-time employee**		\$0	\$775	\$373	\$1,068

\*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 **\$900** 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 **\$10,800**.

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