

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

2019/20 Support Services Health Cap = \$719/month or \$8,628/year

Sutter Health Options					
Sutter Health Plus HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan - Support Services	SHHMO	\$843	\$1,685	\$1,281	\$1,980
Annual premium cost of full-time employee**		\$1,488	\$11,592	\$6,744	\$15,132
Monthly (12/year) premium cost of full-time employee**		\$124	\$966	\$562	\$1,261
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,500/\$3,000 HMO w/HSA - Support Services	SHMID	\$601	\$1,199	\$912	\$1,408
Annual premium cost of full-time employee**		\$0	\$5,760	\$2,316	\$8,268
Monthly (12/year) premium cost of full-time employee**		\$0	\$480	\$193	\$689
Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,500/\$5,000 HMO w/HSA - Support Services	SHHDP	\$532	\$1,062	\$808	\$1,247
Annual premium cost of full-time employee**		\$0	\$4,116	\$1,068	\$6,336
Monthly (12/year) premium cost of full-time employee**		\$0	\$343	\$89	\$528

Western Health Advantage Options					
Western Health Advantage HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage - Support Services	WHHMO	\$748	\$1,495	\$1,136	\$1,757
Annual premium cost of full-time employee**		\$348	\$9,312	\$5,004	\$12,456
Monthly (12/year) premium cost of full-time employee**		\$29	\$776	\$417	\$1,038
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$1,800/\$3,600 HMO w/HSA - Support Services	WHMID	\$564	\$1,126	\$854	\$1,314
Annual premium cost of full-time employee**		\$0	\$4,884	\$1,620	\$7,140
Monthly (12/year) premium cost of full-time employee**		\$0	\$407	\$135	\$595
Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$2,800/\$5,600 HMO w/HSA - Support Services	WHHDP	\$480	\$957	\$725	\$1,116
Annual premium cost of full-time employee**		\$0	\$2,856	\$72	\$4,764
Monthly (12/year) premium cost of full-time employee**		\$0	\$238	\$6	\$397

Kaiser Health Options					
Kaiser High Ded Plan w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic (\$2,000/\$4,000) - Support Services	2214B	\$576	\$1,148	\$873	\$1,348
Annual premium cost of full-time employee**		\$0	\$5,148	\$1,848	\$7,548
Monthly (12/year) premium cost of full-time employee**		\$0	\$429	\$154	\$629
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 - Support Services	600559E	\$838	\$1,675	\$1,273	\$1,968
Annual premium cost of full-time employee**		\$1,428	\$11,472	\$6,648	\$14,988
Monthly (12/year) premium cost of full-time employee**		\$119	\$956	\$554	\$1,249

*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 **\$719 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 **\$8,628**.

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