ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
2025/26 CSEA FINAL MEDICAL RATES
Rate Calculation as of 7/1/2025

2025/26 CSEA Health Cap = $950/month or $11,400/year

Kaiser Permanente

Kaiser HMO Plan - $25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - *CSEA*	600559E	$1,152	$2,303	$1,750	$2,706
Annual premium cost of full-time employee**		$2,424	$16,236	$9,600	$21,072
Monthly (12/year) premium cost of full-time employee**		$202	$1,353	$800	$1,756

Kaiser DHMO Plan	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO plus Optical & Chiropractic - *CSEA*	608056E	$1,052	$2,104	$1,599	$2,472
Annual premium cost of full-time employee**		$1,224	$13,848	$7,788	$18,264
Monthly (12/year) premium cost of full-time employee**		$102	$1,154	$649	$1,522

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,000/$4,000 HMO w/HSA - *CSEA*	602214B	$827	$1,654	$1,257	$1,944
Annual premium cost of full-time employee**		$0	$8,448	$3,684	$11,928
Monthly (12/year) premium cost of full-time employee**		$0	$704	$307	$994

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$3,000/$6,000 HMO w/HSA - *CSEA*	607771B	$709	$1,418	$1,078	$1,666
Annual premium cost of full-time employee**		$0	$5,616	$1,536	$8,592
Monthly (12/year) premium cost of full-time employee**		$0	$468	$128	$716

Sutter Health Plan

Sutter Health Plan $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan plus Chiropractic - *CSEA*	SHHMO	$1,074	$2,147	$1,631	$2,522
Annual premium cost of full-time employee**		$1,488	$14,364	$8,172	$18,864
Monthly (12/year) premium cost of full-time employee**		$124	$1,197	$681	$1,572

Sutter Health Plan Peak 1000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic - *CSEA*	SDHMO	$860	$1,718	$1,305	$2,018
Annual premium cost of full-time employee**		$0	$9,216	$4,260	$12,816
Monthly (12/year) premium cost of full-time employee**		$0	$768	$355	$1,068

Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,650/$3,300 HMO w/HSA - *CSEA*	SHMID	$801	$1,601	$1,216	$1,880
Annual premium cost of full-time employee**		$0	$7,812	$3,192	$11,160
Monthly (12/year) premium cost of full-time employee**		$0	$651	$266	$930

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	$710	$1,418	$1,077	$1,665
Annual premium cost of full-time employee**		$0	$5,616	$1,524	$8,580
Monthly (12/year) premium cost of full-time employee**		$0	$468	$127	$715

Western Health Advantage

Western Health Advantage $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage plus Chiropractic - *CSEA*	WHHMO	$938	$1,876	$1,426	$2,204
Annual premium cost of full-time employee**		$0	$11,112	$5,712	$15,048
Monthly (12/year) premium cost of full-time employee**		$0	$926	$476	$1,254

Western Health Advantage DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic - *CSEA*	WDHMO	$716	$1,432	$1,089	$1,683
Annual premium cost of full-time employee**		$0	$5,784	$1,668	$8,796
Monthly (12/year) premium cost of full-time employee**		$0	$482	$139	$733

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	$685	$1,369	$1,040	$1,608
Annual premium cost of full-time employee**		$0	$5,028	$1,080	$7,896
Monthly (12/year) premium cost of full-time employee**		$0	$419	$90	$658

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	$594	$1,188	$903	$1,396
Annual premium cost of full-time employee**		$0	$2,856	$0	$5,352
Monthly (12/year) premium cost of full-time employee**		$0	$238	$0	$446

*The Kaiser $25 Copay & DHMO plans are the only plans that include 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 **$950 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 **$11,400.**

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