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

2025/26 RSEA Health Cap = $1,125/month or $13,500/year

Kaiser Permanente

Kaiser HMO Plan - $25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - *RSEA*	600559E	$1,152	$2,303	$1,750	$2,706
Annual premium cost of full-time employee**		$324	$14,136	$7,500	$18,972
Monthly (12/year) premium cost of full-time employee**		$27	$1,178	$625	$1,581

Kaiser DHMO Plan	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO plus Optical & Chiropractic - *RSEA*	608056E	$1,052	$2,104	$1,599	$2,472
Annual premium cost of full-time employee**		$0	$11,748	$5,688	$16,164
Monthly (12/year) premium cost of full-time employee**		$0	$979	$474	$1,347

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,000/$4,000 HMO w/HSA - *RSEA*	602214B	$827	$1,654	$1,257	$1,944
Annual premium cost of full-time employee**		$0	$6,348	$1,584	$9,828
Monthly (12/year) premium cost of full-time employee**		$0	$529	$132	$819

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$3,000/$6,000 HMO w/HSA - *RSEA*	607771B	$709	$1,418	$1,078	$1,666
Annual premium cost of full-time employee**		$0	$3,516	$0	$6,492
Monthly (12/year) premium cost of full-time employee**		$0	$293	$0	$541

Sutter Health Plan

Sutter Health Plan $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan plus Chiropractic - *RSEA*	SHHMO	$1,074	$2,147	$1,631	$2,522
Annual premium cost of full-time employee**		$0	$12,264	$6,072	$16,764
Monthly (12/year) premium cost of full-time employee**		$0	$1,022	$506	$1,397

Sutter Health Plan Peak 1000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic - *RSEA*	SDHMO	$860	$1,718	$1,305	$2,018
Annual premium cost of full-time employee**		$0	$7,116	$2,160	$10,716
Monthly (12/year) premium cost of full-time employee**		$0	$593	$180	$893

Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,650/$3,300 HMO w/HSA - *RSEA*	SHMID	$801	$1,601	$1,216	$1,880
Annual premium cost of full-time employee**		$0	$5,712	$1,092	$9,060
Monthly (12/year) premium cost of full-time employee**		$0	$476	$91	$755

Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,500/$5,000 HMO w/HSA - *RSEA*	SHHDP	$710	$1,418	$1,077	$1,665
Annual premium cost of full-time employee**		$0	$3,516	$0	$6,480
Monthly (12/year) premium cost of full-time employee**		$0	$293	$0	$540

Western Health Advantage

Western Health Advantage $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage plus Chiropractic - *RSEA*	WHHMO	$938	$1,876	$1,426	$2,204
Annual premium cost of full-time employee**		$0	$9,012	$3,612	$12,948
Monthly (12/year) premium cost of full-time employee**		$0	$751	$301	$1,079

Western Health Advantage DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic - *RSEA*	WDHMO	$716	$1,432	$1,089	$1,683
Annual premium cost of full-time employee**		$0	$3,684	$0	$6,696
Monthly (12/year) premium cost of full-time employee**		$0	$307	$0	$558

Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,800/$3,600 HMO w/HSA - *RSEA*	WHMID	$685	$1,369	$1,040	$1,608
Annual premium cost of full-time employee**		$0	$2,928	$0	$5,796
Monthly (12/year) premium cost of full-time employee**		$0	$244	$0	$483

Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,800/$5,600 HMO w/HSA - *RSEA*	WHHDP	$594	$1,188	$903	$1,396
Annual premium cost of full-time employee**		$0	$756	$0	$3,252
Monthly (12/year) premium cost of full-time employee**		$0	$63	$0	$271

*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 **$1,125 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 **$13,500.**

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