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

2025/26 Classified Manager Health Cap = $900/month or $10,800/year

Kaiser Permanente

Kaiser HMO Plan - $25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic	600559E	$1,152	$2,303	$1,750	$2,706
Annual premium cost of full-time employee**		$3,024	$16,836	$10,200	$21,672
Monthly (12/year) premium cost of full-time employee**		$252	$1,403	$850	$1,806

Kaiser DHMO Plan	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO plus Optical & Chiropractic	608056E	$1,052	$2,104	$1,599	$2,472
Annual premium cost of full-time employee**		$1,824	$14,448	$8,388	$18,864
Monthly (12/year) premium cost of full-time employee**		$152	$1,204	$699	$1,572

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,000/$4,000 HMO w/HSA	602214B	$827	$1,654	$1,257	$1,944
Annual premium cost of full-time employee**		$0	$9,048	$4,284	$12,528
Monthly (12/year) premium cost of full-time employee**		$0	$754	$357	$1,044

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$3,000/$6,000 HMO w/HSA	607771B	$709	$1,418	$1,078	$1,666
Annual premium cost of full-time employee**		$0	$6,216	$2,136	$9,192
Monthly (12/year) premium cost of full-time employee**		$0	$518	$178	$766

Sutter Health Plan

Sutter Health Plan $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan plus Chiropractic	SHHMO	$1,074	$2,147	$1,631	$2,522
Annual premium cost of full-time employee**		$2,088	$14,964	$8,772	$19,464
Monthly (12/year) premium cost of full-time employee**		$174	$1,247	$731	$1,622

Sutter Health Plan Peak 1000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic	SDHMO	$860	$1,718	$1,305	$2,018
Annual premium cost of full-time employee**		$0	$9,816	$4,860	$13,416
Monthly (12/year) premium cost of full-time employee**		$0	$818	$405	$1,118

Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,650/$3,300 HMO w/HSA	SHMID	$801	$1,601	$1,216	$1,880
Annual premium cost of full-time employee**		$0	$8,412	$3,792	$11,760
Monthly (12/year) premium cost of full-time employee**		$0	$701	$316	$980

Sutter Health High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,500/$5,000 HMO w/HSA	SHHDP	$710	$1,418	$1,077	$1,665
Annual premium cost of full-time employee**		$0	$6,216	$2,124	$9,180
Monthly (12/year) premium cost of full-time employee**		$0	$518	$177	$765

Western Health Advantage

Western Health Advantage $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage plus Chiropractic	WHHMO	$938	$1,876	$1,426	$2,204
Annual premium cost of full-time employee**		$456	$11,712	$6,312	$15,648
Monthly (12/year) premium cost of full-time employee**		$38	$976	$526	$1,304

Western Health Advantage DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic	WDHMO	$716	$1,432	$1,089	$1,683
Annual premium cost of full-time employee**		$0	$6,384	$2,268	$9,396
Monthly (12/year) premium cost of full-time employee**		$0	$532	$189	$783

Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,800/$3,600 HMO w/HSA	WHMID	$685	$1,369	$1,040	$1,608
Annual premium cost of full-time employee**		$0	$5,628	$1,680	$8,496
Monthly (12/year) premium cost of full-time employee**		$0	$469	$140	$708

Western Health Advantage High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,800/$5,600 HMO w/HSA	WHHDP	$594	$1,188	$903	$1,396
Annual premium cost of full-time employee**		$0	$3,456	$36	$5,952
Monthly (12/year) premium cost of full-time employee**		$0	$288	$3	$496

*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 **$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 medical plan are entitled to **Delta Dental** coverage for their family at $0 cost to the employee.