ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
2026/27 Support Services FINAL MEDICAL RATES
Rate Calculation as of 7/1/2026

2026/27 Support Services Health Cap = $1,000/month or $12,000/year

Kaiser Permanente

Kaiser HMO Plan - $25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic	KPHMO-O	$1,283	$2,566	$1,951	$3,015
Annual premium cost of full-time employee**		$3,396	$18,792	$11,412	$24,180
Monthly (12/year) premium cost of full-time employee**		$283	$1,566	$951	$2,015

Kaiser $1,000 DHMO	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO plus Optical & Chiropractic	KPDHMO-O	$1,173	$2,345	$1,782	$2,755
Annual premium cost of full-time employee**		$2,076	$16,140	$9,384	$21,060
Monthly (12/year) premium cost of full-time employee**		$173	$1,345	$782	$1,755

Kaiser Mid High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,000/$4,000 HMO w/HSA	KPMID	$922	$1,844	$1,402	$2,167
Annual premium cost of full-time employee**		$0	$10,128	$4,824	$14,004
Monthly (12/year) premium cost of full-time employee**		$0	$844	$402	$1,167

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$3,000/$6,000 HMO w/HSA	KPHDP	$790	$1,580	$1,201	$1,857
Annual premium cost of full-time employee**		$0	$6,960	$2,412	$10,284
Monthly (12/year) premium cost of full-time employee**		$0	$580	$201	$857

Sutter Health Plan

Sutter Health Plan $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Plan plus Chiropractic	SHHMO	$1,265	$2,529	$1,921	$2,972
Annual premium cost of full-time employee**		$3,180	$18,348	$11,052	$23,664
Monthly (12/year) premium cost of full-time employee**		$265	$1,529	$921	$1,972

Sutter Health Plan $1,000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic	SHDHMO	$1,011	$2,022	$1,536	$2,376
Annual premium cost of full-time employee**		$132	$12,264	$6,432	$16,512
Monthly (12/year) premium cost of full-time employee**		$11	$1,022	$536	$1,376

Sutter Health Mid High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,750/$3,500 HMO w/HSA	SHMID	$944	$1,887	$1,433	$2,216
Annual premium cost of full-time employee**		$0	$10,644	$5,196	$14,592
Monthly (12/year) premium cost of full-time employee**		$0	$887	$433	$1,216

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	$836	$1,671	$1,269	$1,962
Annual premium cost of full-time employee**		$0	$8,052	$3,228	$11,544
Monthly (12/year) premium cost of full-time employee**		$0	$671	$269	$962

Western Health Advantage

Western Health Adv $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage plus Chiropractic	WHHMO	$1,010	$2,020	$1,536	$2,374
Annual premium cost of full-time employee**		$120	$12,240	$6,432	$16,488
Monthly (12/year) premium cost of full-time employee**		$10	$1,020	$536	$1,374

Western Health Adv $1,000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic	WHDHMO	$777	$1,554	$1,181	$1,826
Annual premium cost of full-time employee**		$0	$6,648	$2,172	$9,912
Monthly (12/year) premium cost of full-time employee**		$0	$554	$181	$826

Western Health Adv Mid High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$1,800/$3,600 HMO w/HSA	WHMID	$738	$1,475	$1,121	$1,733
Annual premium cost of full-time employee**		$0	$5,700	$1,452	$8,796
Monthly (12/year) premium cost of full-time employee**		$0	$475	$121	$733

Western Health Adv High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,800/$5,600 HMO w/HSA	WHHDP	$640	$1,280	$973	$1,504
Annual premium cost of full-time employee**		$0	$3,360	$0	$6,048
Monthly (12/year) premium cost of full-time employee**		$0	$280	$0	$504

*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 **$1,000 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 **$12,000.**

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