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

2026/27 RSEA Health Cap = $1,175/month or $14,100/year

Kaiser Permanente

Kaiser HMO Plan - $25 Copay	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic plus Optical & Chiropractic - *RSEA*	KPHMO-O	$1,283	$2,566	$1,951	$3,015
Annual premium cost of full-time employee**		$1,296	$16,692	$9,312	$22,080
Monthly (12/year) premium cost of full-time employee**		$108	$1,391	$776	$1,840

Kaiser $1,000 DHMO	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO plus Optical & Chiropractic - *RSEA*	KPDHMO-O	$1,173	$2,345	$1,782	$2,755
Annual premium cost of full-time employee**		$0	$14,040	$7,284	$18,960
Monthly (12/year) premium cost of full-time employee**		$0	$1,170	$607	$1,580

Kaiser Mid High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,000/$4,000 HMO w/HSA - *RSEA*	KPMID	$922	$1,844	$1,402	$2,167
Annual premium cost of full-time employee**		$0	$8,028	$2,724	$11,904
Monthly (12/year) premium cost of full-time employee**		$0	$669	$227	$992

Kaiser High Ded HMO w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$3,000/$6,000 HMO w/HSA - *RSEA*	KPHDP	$790	$1,580	$1,201	$1,857
Annual premium cost of full-time employee**		$0	$4,860	$312	$8,184
Monthly (12/year) premium cost of full-time employee**		$0	$405	$26	$682

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	$1,265	$2,529	$1,921	$2,972
Annual premium cost of full-time employee**		$1,080	$16,248	$8,952	$21,564
Monthly (12/year) premium cost of full-time employee**		$90	$1,354	$746	$1,797

Sutter Health Plan $1,000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic - *RSEA*	SHDHMO	$1,011	$2,022	$1,536	$2,376
Annual premium cost of full-time employee**		$0	$10,164	$4,332	$14,412
Monthly (12/year) premium cost of full-time employee**		$0	$847	$361	$1,201

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 - *RSEA*	SHMID	$944	$1,887	$1,433	$2,216
Annual premium cost of full-time employee**		$0	$8,544	$3,096	$12,492
Monthly (12/year) premium cost of full-time employee**		$0	$712	$258	$1,041

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	$836	$1,671	$1,269	$1,962
Annual premium cost of full-time employee**		$0	$5,952	$1,128	$9,444
Monthly (12/year) premium cost of full-time employee**		$0	$496	$94	$787

Western Health Advantage

Western Health Adv $25 Copay HMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
HMO Advantage plus Chiropractic - *RSEA*	WHHMO	$1,010	$2,020	$1,536	$2,374
Annual premium cost of full-time employee**		$0	$10,140	$4,332	$14,388
Monthly (12/year) premium cost of full-time employee**		$0	$845	$361	$1,199

Western Health Adv $1,000 DHMO*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
DHMO Plan plus Chiropractic - *RSEA*	WHDHMO	$777	$1,554	$1,181	$1,826
Annual premium cost of full-time employee**		$0	$4,548	$72	$7,812
Monthly (12/year) premium cost of full-time employee**		$0	$379	$6	$651

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 - *RSEA*	WHMID	$738	$1,475	$1,121	$1,733
Annual premium cost of full-time employee**		$0	$3,600	$0	$6,696
Monthly (12/year) premium cost of full-time employee**		$0	$300	$0	$558

Western Health Adv High Ded w/HSA*	SIG Code	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
$2,800/$5,600 HMO w/HSA - *RSEA*	WHHDP	$640	$1,280	$973	$1,504
Annual premium cost of full-time employee**		$0	$1,260	$0	$3,948
Monthly (12/year) premium cost of full-time employee**		$0	$105	$0	$329

*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 **$1,175 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 **$14,100.**

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

4/22/2026