# ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT
# 2026-27 EARLY Retiree Medical Rates as of 7/1/2026

## *Kaiser - Early Retirees (under 65)*

| | SIG code | HMO $25 w/Opt & chiro KPHMO-O | $1000 DHMO w/Opt & chiro KPDHMO-O | Mid HD HMO* 2000/4000 Ded KPMID | HD HMO* 3000/6000 Ded KPHDP |
|---|---|---|---|---|---|
| **Retiree Under 65 - No Medicare** | | | | | |
| Retiree Only | RE | $1,604 | $1,465 | $1,153 | $988 |
| Retiree + Spouse (under 65) | RS | $3,207 | $2,930 | $2,305 | $1,975 |
| Retiree + Child(ren) | RCH | $2,437 | $2,227 | $1,752 | $1,501 |
| Retiree + Spouse (under 65) + Child(ren) | RFAM | $3,768 | $3,443 | $2,708 | $2,321 |
| Retiree + Spouse (over 65 with Med) | REMS | $1,929 | N/A | $1,474 | $1,309 |

## *Sutter Health Plan - Early Retirees (under 65)*

| | SIG code | HMO $25 w/Chiro SHHMO | $1000 DHMO w/Chiro SHDHMO | Mid HD HMO* 1750/3500 Ded SHMID | HD HMO* 2500/5000 Ded SHHDP |
|---|---|---|---|---|---|
| **Retiree Under 65 - No Medicare** | | | | | |
| Retiree Only | RE | $1,580 | $1,244 | $1,179 | $1,045 |
| Retiree + Spouse (under 65) | RS | $3,159 | $2,487 | $2,357 | $2,089 |
| Retiree + Child(ren) | RCH | $2,401 | $1,890 | $1,791 | $1,588 |
| Retiree + Spouse (under 65) + Child(ren) | RFAM | $3,712 | $2,922 | $2,769 | $2,454 |

## *Western Health Advantage - Early Retirees (under 65)*

| | SIG code | HMO $25 w/Chiro WHHMO | $1000 DHMO w/Chiro WHDHMO | Mid HD HMO* 1800/3600 Ded WHMID | HD HMO* 2800/5600 Ded WHHDP |
|---|---|---|---|---|---|
| **Retiree Under 65 - No Medicare** | | | | | |
| Retiree Only | RE | $1,263 | $964 | $922 | $800 |
| Retiree + Spouse (under 65) | RS | $2,525 | $1,928 | $1,843 | $1,599 |
| Retiree + Child(ren) | RCH | $1,919 | $1,466 | $1,401 | $1,215 |
| Retiree + Spouse (under 65) + Child(ren) | RFAM | $2,967 | $2,266 | $2,165 | $1,879 |

*Sutter Health & WHA HMO's are available to residents of Sacramento, Yolo, and portions of Placer & El Dorado Counties.*
*Please contact RJUHSD for a complete zip code list.*

## *Blue Shield - Out of Area - Early Retirees (under 65)*

| | SIG code | Trio HMO w/chiro BSHMO | Mid HD PPO* 2700/5200 Ded BSMID | HD PPO* 4400/8800 Ded BSHDP |
|---|---|---|---|---|
| **Retiree Under 65 - No Medicare** | | | | |
| Retiree Only | RE | $2,067 | $1,635 | $1,477 |
| Retiree + Spouse (under 65) | RS | $4,133 | $3,275 | $2,954 |
| Retiree + Child(ren) | RCH | $3,162 | $2,505 | $2,260 |
| Retiree + Spouse (under 65) + Child(ren) | RFAM | $4,856 | $3,849 | $3,471 |

*(CA only)*

** HSA Compatible High Deductible Plans*

## *Dental & Vision*

| | SIG code | Delta Dental | Vision Service Plan (VSP) |
|---|---|---|---|
| Retiree Only | VSB00 | | $9.10 |
| Retiree + Family | DEL1A | $113.50 | |