

JEFFERSON UNION HIGH SCHOOL DISTRICT  
Administrative Offices

**MEDICAL PLANS  
EMPLOYEE CONTRIBUTION AS OF JANUARY 1, 2022  
ACTIVE EMPLOYEES**

**Kaiser - Continuing Plan - High Plan**

Rates effective January 1, 2022

Plan 1 - \$20 Copay / 0% Hospital Inpatient  
No Deductible  
Limited Vision Coverage  
With Chiropractic Care

	12 monthly premium	12 mo. Employer contribution	12 mo. Employee contribution	10 mo. Employee contribution	9 mo. Employee contribution
Single	\$776.40	\$668.47	\$107.93	\$129.52	\$143.91
Two Party	\$1,552.81	\$1,244.19	\$308.62	\$370.34	\$411.49
Family Coverage	\$2,197.21	\$1,722.03	\$475.18	\$570.22	\$633.57

**Kaiser - Continuing Plan - Low Plan**

Rates effective January 1, 2022

Plan 2- \$40 Copay / 30% Hospital Inpatient  
\$3,000 Individual/\$6,000 Family Deductible  
No Vision Coverage

	12 monthly premium	12 mo. Employer contribution	12 mo. Employee contribution	10 mo. Employee contribution	9 mo. Employee contribution
Single	\$601.67	\$601.67	\$0.00	\$0.00	\$0.00
Two Party	\$1,203.34	\$1,203.34	\$0.00	\$0.00	\$0.00
Family	\$1,702.72	\$1,659.06	\$43.66	\$52.39	\$58.21

updated 10-13-21  
Pending Board Approval

## MEDICAL PLANS - PAGE 2

### United Health Care PPO

Rates effective January 1, 2022

Plan 3 - \$25 Copay / 20% Hospital Inpatient  
\$650 Individual/\$1300 Family Deductible  
No Vision Coverage

	12 monthly premium	12 mo. Employer contribution	12 mo. Employee contribution	10 mo. Employee contribution	9 mo. Employee contribution
Single	\$1,033.87	\$719.09	\$314.78	\$377.74	\$419.71
Two Party	\$2,066.66	\$1,344.63	\$722.03	\$866.44	\$962.71
Family Coverage	\$2,686.76	\$1,846.43	\$840.33	\$1,008.40	\$1,120.44

### United Health Care (No Sutter) HMO

Rates effective January 1, 2022

Plan 4 - \$20 Copay / 0% Hospital Inpatient (\$500 Copay)  
No Deductible  
No Vision Coverage

	12 monthly premium	12 mo. Employer contribution	12 mo. Employee contribution	10 mo. Employee contribution	9 mo. Employee contribution
Single	\$844.91	\$601.31	\$243.60	\$292.32	\$324.80
Two Party	\$1,745.20	\$1,168.44	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,482.60	\$1,722.03	\$760.57	\$912.68	\$1,014.09

### Sutter Health Network HMO

Rates effective January 1, 2022

Plan 5 - \$20 Copay / 0% Hospital Inpatient (\$250 Copay)  
No Deductible  
No Vision Coverage

	12 monthly premium	12 mo. Employer contribution	12 mo. Employee contribution	10 mo. Employee contribution	9 mo. Employee contribution
Single	\$851.90	\$608.30	\$243.60	\$292.32	\$324.80
Two Party	\$1,704.00	\$1,127.24	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,411.40	\$1,722.03	\$689.37	\$827.24	\$919.16