

JEFFERSON UNION HIGH SCHOOL DISTRICT
Administrative Offices

**MEDICAL PLANS
EMPLOYEE CONTRIBUTION AS OF JANUARY 1, 2021
ACTIVE EMPLOYEES**

Kaiser - Continuing Plan - High Plan

Rates effective January 1, 2021

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	\$768.71	\$660.78	\$107.93	\$129.52	\$143.91
Two Party	\$1,537.42	\$1,228.80	\$308.62	\$370.34	\$411.49
Family Coverage	\$2,175.46	\$1,700.28	\$475.18	\$570.22	\$633.57

Kaiser - Continuing Plan - Low Plan

Rates effective January 1, 2021

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	\$595.71	\$595.71	\$0.00	\$0.00	\$0.00
Two Party	\$1,191.42	\$1,191.42	\$0.00	\$0.00	\$0.00
Family	\$1,685.87	\$1,642.21	\$43.66	\$52.39	\$58.21

updated 12-18-20

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United Health Care PPO - NEW Plan

Rates effective January 1, 2021

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	\$955.00	\$711.40	\$243.60	\$292.32	\$324.80
Two Party	\$1,906.00	\$1,329.24	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,477.00	\$1,824.68	\$652.32	\$782.78	\$869.76

United Health Care (No Sutter) HMO - NEW Plan

Rates effective January 1, 2021

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	\$781.00	\$537.40	\$243.60	\$292.32	\$324.80
Two Party	\$1,610.00	\$1,033.24	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,290.00	\$1,637.68	\$652.32	\$782.78	\$869.76

Sutter Health Network HMO - NEW Plan

Rates effective January 1, 2021

Plan 4 - \$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	\$814.00	\$570.40	\$243.60	\$292.32	\$324.80
Two Party	\$1,625.00	\$1,048.24	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,299.00	\$1,646.68	\$652.32	\$782.78	\$869.76