

JEFFERSON UNION HIGH SCHOOL DISTRICT
Administrative Offices

MEDICAL PLANS
EMPLOYEE CONTRIBUTION AS OF JANUARY 1, 2023
ACTIVE EMPLOYEES

Kaiser - Continuing Plan - High Plan

Rates effective January 1, 2023

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	\$797.36	\$689.43	\$107.93	\$129.52	\$143.91
Two Party	\$1,594.74	\$1,286.12	\$308.62	\$370.34	\$411.49
Family Coverage	\$2,256.53	\$1,781.35	\$475.18	\$570.22	\$633.57

Kaiser - Continuing Plan - Low Plan

Rates effective January 1, 2023

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	\$617.92	\$617.92	\$0.00	\$0.00	\$0.00
Two Party	\$1,235.83	\$1,235.83	\$0.00	\$0.00	\$0.00
Family	\$1,748.69	\$1,705.03	\$43.66	\$52.39	\$58.21

updated 10-7-2022
Pending Board Approval

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United Health Care PPO

Rates effective January 1, 2023

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	\$1,067.88	\$753.10	\$314.78	\$377.74	\$419.71
Two Party	\$2,134.65	\$1,412.62	\$722.03	\$866.44	\$962.71
Family Coverage	\$2,775.15	\$1,934.82	\$840.33	\$1,008.40	\$1,120.44

United Health Care (No Sutter) HMO

Rates effective January 1, 2023

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	\$879.79	\$636.19	\$243.60	\$292.32	\$324.80
Two Party	\$1,817.24	\$1,240.48	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,585.08	\$1,824.51	\$760.57	\$912.68	\$1,014.09

Sutter Health Network HMO

Rates effective January 1, 2023

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	\$886.51	\$642.91	\$243.60	\$292.32	\$324.80
Two Party	\$1,772.92	\$1,196.16	\$576.76	\$692.11	\$769.01
Family Coverage	\$2,508.98	\$1,819.61	\$689.37	\$827.24	\$919.16

updated 10-7-2022
Pending Board Approval