

JEFFERSON UNION HIGH SCHOOL DISTRICT
Administrative Offices

MEDICAL PLANS
EMPLOYEE CONTRIBUTION AS OF JANUARY 1, 2024
ACTIVE EMPLOYEES

Kaiser - New Plan - High Plan w/ decrements

Rates effective January 1, 2024

Plan 1 - \$20 Copay / \$250 per Admittance 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	\$915.89	\$807.96	\$107.93	\$129.52	\$143.91
Two Party	\$1,831.79	\$1,523.17	\$308.62	\$370.34	\$411.49
Family Coverage	\$2,591.98	\$2,116.80	\$475.18	\$570.22	\$633.57

Kaiser - Continuing Plan - Low Plan

Rates effective January 1, 2024

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	\$729.58	\$729.58	\$0.00	\$0.00	\$0.00
Two Party	\$1,459.14	\$1,459.14	\$0.00	\$0.00	\$0.00
Family	\$2,064.68	\$2,021.02	\$43.66	\$52.39	\$58.21

updated October 23, 2023
Pending Board Approval

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United Health Care PPO

Rates effective January 1, 2024

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	\$1,260.10	\$913.28	\$346.82	\$416.18	\$462.43
Two Party	\$2,518.89	\$1,732.82	\$786.07	\$943.28	\$1,048.09
Family Coverage	\$3,274.68	\$2,351.10	\$923.58	\$1,108.30	\$1,231.44

United Health Care (No Sutter) HMO

Rates effective January 1, 2024

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	\$1,038.15	\$794.55	\$243.60	\$292.32	\$324.80
Two Party	\$2,144.34	\$1,526.79	\$617.55	\$741.06	\$823.40
Family Coverage	\$3,050.39	\$2,212.27	\$838.12	\$1,005.74	\$1,117.49

Sutter Health Network HMO

Rates effective January 1, 2024

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	\$1,061.15	\$809.76	\$251.39	\$301.67	\$335.19
Two Party	\$2,122.19	\$1,526.79	\$595.40	\$714.48	\$793.87
Family Coverage	\$3,003.25	\$2,195.96	\$807.29	\$968.75	\$1,076.39

updated October 23, 2023
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