

Roseville City School District 2023-2024 Rates

Rates are based on full time status, Certificated = 100%, & Classified = 35+ hours/week.
If you are less than full time see rate sheets for Percentage Employees.

High Deductible Medical with Vision

In order to be eligible for vision
you must be enrolled in a
medical plan

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	VSBOO-C
Group #	W2800	W1800	HD14	HD16	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 1,003.00	\$ 1,156.00	\$ 1,194.00	\$ 1,348.00	\$ 1,146.00	\$ 1,332.00	
Employee & Children-TxxxOA	\$ 763.00	\$ 879.00	\$ 907.00	\$ 1,024.00	\$ 872.00	\$ 1,013.00	
Family - TxxxSA	\$ 1,178.00	\$ 1,357.00	\$ 1,402.00	\$ 1,583.00	\$ 1,346.00	\$ 1,565.00	

Yearly Cost of Medical Plan with Vision						
Employee Only	\$ 6,145.20	\$ 7,057.20	\$ 7,297.20	\$ 8,221.20	\$ 7,009.20	\$ 8,125.20
Employee & Spouse	\$ 12,145.20	\$ 13,981.20	\$ 14,437.20	\$ 16,285.20	\$ 13,861.20	\$ 16,093.20
Employee & Children	\$ 9,265.20	\$ 10,657.20	\$ 10,993.20	\$ 12,397.20	\$ 10,573.20	\$ 12,265.20
Family	\$ 14,245.20	\$ 16,393.20	\$ 16,933.20	\$ 19,105.20	\$ 16,261.20	\$ 18,889.20

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 15.82	\$ -	\$ 6.22
Employee & Spouse	\$ 408.22	\$ 591.82	\$ 637.42	\$ 822.22	\$ 579.82	\$ 803.02
Employee & Children	\$ 120.22	\$ 259.42	\$ 293.02	\$ 433.42	\$ 251.02	\$ 420.22
Family	\$ 618.22	\$ 833.02	\$ 887.02	\$ 1,104.22	\$ 819.82	\$ 1,082.62

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 14.38	\$ -	\$ 5.65
Employee & Spouse	\$ 371.11	\$ 538.02	\$ 579.47	\$ 747.47	\$ 527.11	\$ 730.02
Employee & Children	\$ 109.29	\$ 235.84	\$ 266.38	\$ 394.02	\$ 228.20	\$ 382.02
Family	\$ 562.02	\$ 757.29	\$ 806.38	\$ 1,003.84	\$ 745.29	\$ 984.20

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 13.18	\$ -	\$ 5.18
Employee & Spouse	\$ 340.18	\$ 493.18	\$ 531.18	\$ 685.18	\$ 483.18	\$ 669.18
Employee & Children	\$ 100.18	\$ 216.18	\$ 244.18	\$ 361.18	\$ 209.18	\$ 350.18
Family	\$ 515.18	\$ 694.18	\$ 739.18	\$ 920.18	\$ 683.18	\$ 902.18

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,063.00
Annual SIG Waive Fee	full time employee waiving health benefits	\$3,600.00
SIG Hartford Life Insurance	enrolled in a health plan	1x's annual salary
The Standard Income Protection (Disability Insurance)	working: CE-40%+ ; CL-15hr/wk+	75% of income

**Medical benefits are only available to employees working:
Classified = 20 hours/week or more**