

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.

Medical with Vision

	Western Health Advantage HMO Premier 25	Sutter Health HMO 25	Kaiser (inc vsn/chir) 25/10 HMO	In order to be eligible for vision you must be enrolled in a medical plan VSP
SIG ID	WHHMO	SHHMO	HMO 25 OV	VSBO0-C
Group #	PR25	ML41	600559E	N/A
Monthly Rates				Employee ONLY
Employee Only-Txxx00	\$ 780.00	\$ 904.00	\$ 943.00	\$ 9.10
Employee & Spouse-TxxxS0	\$ 1,559.00	\$ 1,806.00	\$ 1,886.00	
Employee & Children-Txxx0A	\$ 1,185.00	\$ 1,373.00	\$ 1,434.00	
Family - TxxxSA	\$ 1,832.00	\$ 2,123.00	\$ 2,216.00	

Total Yearly Cost of Medical Plan with Vision			
Employee Only	\$ 9,469.20	\$ 10,957.20	\$ 11,316.00
Employee & Spouse	\$ 18,817.20	\$ 21,781.20	\$ 22,632.00
Employee & Children	\$ 14,329.20	\$ 16,585.20	\$ 17,208.00
Family	\$ 22,093.20	\$ 25,585.20	\$ 26,592.00

Monthly Cost to Employees Over the Cap			
12 Pay			
Employee Only	\$ -	\$ 62.77	\$ 92.67
Employee & Spouse	\$ 717.77	\$ 964.77	\$ 1,035.67
Employee & Children	\$ 343.77	\$ 531.77	\$ 583.67
Family	\$ 990.77	\$ 1,281.77	\$ 1,365.67

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>MGT/CNF Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$10,204.00
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:
50% or more**