

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	VSP
SIG ID	WHHMO	SHHMO	0559E	VSB00-C
Group #	PR25	ML41	600559	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	

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

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			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 53.93	\$ 189.20	\$ 221.82
Employee & Spouse	\$ 903.75	\$ 1,173.20	\$ 1,250.55
Employee & Children	\$ 495.75	\$ 700.84	\$ 757.45
Family	\$ 1,201.56	\$ 1,519.02	\$ 1,610.55

12 Pay			
Employee Only	\$ 49.43	\$ 173.43	\$ 203.33
Employee & Spouse	\$ 828.43	\$ 1,075.43	\$ 1,146.33
Employee & Children	\$ 454.43	\$ 642.43	\$ 694.33
Family	\$ 1,101.43	\$ 1,392.43	\$ 1,476.33

District Paid Premiums	Eligibility	RTA Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
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:
Certificated = 50% or more**