

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 ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	607771 \$3000/\$6000	602214 \$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							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Employee & Spouse	\$ 297.20	\$ 464.11	\$ 505.56	\$ 673.56	\$ 453.20	\$ 656.11	
Employee & Children	\$ 35.38	\$ 161.93	\$ 192.47	\$ 320.11	\$ 154.29	\$ 308.11	
Family	\$ 488.11	\$ 683.38	\$ 732.47	\$ 929.93	\$ 671.38	\$ 910.29	

12 Pay							
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Employee & Spouse	\$ 272.43	\$ 425.43	\$ 463.43	\$ 617.43	\$ 415.43	\$ 601.43	
Employee & Children	\$ 32.43	\$ 148.43	\$ 176.43	\$ 293.43	\$ 141.43	\$ 282.43	
Family	\$ 447.43	\$ 626.43	\$ 671.43	\$ 852.43	\$ 615.43	\$ 834.43	

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
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**