

## Roseville City School District 2024-2025 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 \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000	VSB00-C
Group #	W2800	W1800	HD32	HD33	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 1,089.00	\$ 1,255.00	\$ 1,334.00	\$ 1,506.00	\$ 1,317.00	\$ 1,536.00	
Employee & Children-TxxxOA	\$ 829.00	\$ 954.00	\$ 1,014.00	\$ 1,144.00	\$ 1,002.00	\$ 1,168.00	
Family - TxxxSA	\$ 1,279.00	\$ 1,474.00	\$ 1,566.00	\$ 1,768.00	\$ 1,547.00	\$ 1,805.00	

Yearly Cost of Medical Plan with Vision							
Employee Only	\$ 6,661.20	\$ 7,657.20	\$ 8,137.20	\$ 9,169.20	\$ 8,029.20	\$ 9,349.20	
Employee & Spouse	\$ 13,177.20	\$ 15,169.20	\$ 16,117.20	\$ 18,181.20	\$ 15,913.20	\$ 18,541.20	
Employee & Children	\$ 10,057.20	\$ 11,557.20	\$ 12,277.20	\$ 13,837.20	\$ 12,133.20	\$ 14,125.20	
Family	\$ 15,457.20	\$ 17,797.20	\$ 18,901.20	\$ 21,325.20	\$ 18,673.20	\$ 21,769.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ -	\$ 100.62	\$ -	\$ 118.62	
Employee & Spouse	\$ 501.42	\$ 700.62	\$ 795.42	\$ 1,001.82	\$ 775.02	\$ 1,037.82	
Employee & Children	\$ 189.42	\$ 339.42	\$ 411.42	\$ 567.42	\$ 397.02	\$ 596.22	
Family	\$ 729.42	\$ 963.42	\$ 1,073.82	\$ 1,316.22	\$ 1,051.02	\$ 1,360.62	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ -	\$ 91.47	\$ -	\$ 107.84	
Employee & Spouse	\$ 455.84	\$ 636.93	\$ 723.11	\$ 910.75	\$ 704.56	\$ 943.47	
Employee & Children	\$ 172.20	\$ 308.56	\$ 374.02	\$ 515.84	\$ 360.93	\$ 542.02	
Family	\$ 663.11	\$ 875.84	\$ 976.20	\$ 1,196.56	\$ 955.47	\$ 1,236.93	

12 Pay							
Employee Only	\$ -	\$ -	\$ -	\$ 83.85	\$ -	\$ 98.85	
Employee & Spouse	\$ 417.85	\$ 583.85	\$ 662.85	\$ 834.85	\$ 645.85	\$ 864.85	
Employee & Children	\$ 157.85	\$ 282.85	\$ 342.85	\$ 472.85	\$ 330.85	\$ 496.85	
Family	\$ 607.85	\$ 802.85	\$ 894.85	\$ 1,096.85	\$ 875.85	\$ 1,133.85	

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,163.00
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