

Roseville City School District 2021-2022 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 Only

	Western Health Advantage		Sutter Health Plus		Basic Kaiser
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000
Group #	W2800	W1800	HD14	HD16	602214B
Monthly Rates					
Employee Only-Txxx00	\$ 487.00	\$ 574.00	\$ 545.00	\$ 615.00	\$ 617.00
Employee & Spouse - TxxxSO	\$ 972.00	\$ 1,145.00	\$ 1,086.00	\$ 1,226.00	\$ 1,230.00
Employee & Children-TxxxOA	\$ 737.00	\$ 868.00	\$ 826.00	\$ 932.00	\$ 936.00
Family - TxxxSA	\$ 1,133.00	\$ 1,337.00	\$ 1,275.00	\$ 1,440.00	\$ 1,445.00

Yearly Cost of Medical Plan Only					
Employee Only	\$ 5,844.00	\$ 6,888.00	\$ 6,540.00	\$ 7,380.00	\$ 7,404.00
Employee & Spouse	\$ 11,664.00	\$ 13,740.00	\$ 13,032.00	\$ 14,712.00	\$ 14,760.00
Employee & Children	\$ 8,844.00	\$ 10,416.00	\$ 9,912.00	\$ 11,184.00	\$ 11,232.00
Family	\$ 13,596.00	\$ 16,044.00	\$ 15,300.00	\$ 17,280.00	\$ 17,340.00

Monthly Medical Cost to Employees Over the Cap					
10 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ 19.30	\$ 21.70
Employee & Spouse	\$ 447.70	\$ 655.30	\$ 584.50	\$ 752.50	\$ 757.30
Employee & Children	\$ 165.70	\$ 322.90	\$ 272.50	\$ 399.70	\$ 404.50
Family	\$ 640.90	\$ 885.70	\$ 811.30	\$ 1,009.30	\$ 1,015.30

11 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ 17.55	\$ 19.73
Employee & Spouse	\$ 407.00	\$ 595.73	\$ 531.36	\$ 684.09	\$ 688.45
Employee & Children	\$ 150.64	\$ 293.55	\$ 247.73	\$ 363.36	\$ 367.73
Family	\$ 582.64	\$ 805.18	\$ 737.55	\$ 917.55	\$ 923.00

12 Pay					
Employee Only	\$ -	\$ -	\$ -	\$ 16.08	\$ 18.08
Employee & Spouse	\$ 373.08	\$ 546.08	\$ 487.08	\$ 627.08	\$ 631.08
Employee & Children	\$ 138.08	\$ 269.08	\$ 227.08	\$ 333.08	\$ 337.08
Family	\$ 534.08	\$ 738.08	\$ 676.08	\$ 841.08	\$ 846.08

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>Value</u>
Annual Health Insurance Cap	enrolled in a health plan	\$7,187.00
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 & Classified = 20 hours/week or more**