

Roseville City School District 2018-2019 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	\$ 462.77	\$ 537.60	\$ 502.91	\$ 567.64	\$ 545.45
Employee & Spouse - TxxxSO	\$ 922.27	\$ 1,071.97	\$ 1,002.61	\$ 1,132.06	\$ 1,087.64
Employee & Children-TxxxOA	\$ 699.31	\$ 813.13	\$ 762.80	\$ 861.18	\$ 827.39
Family - TxxxSA	\$ 1,075.54	\$ 1,251.58	\$ 1,177.57	\$ 1,329.68	\$ 1,277.41

Yearly Cost of Medical Plan Only					
Employee Only	\$ 5,553.24	\$ 6,451.20	\$ 6,034.92	\$ 6,811.68	\$ 6,545.40
Employee & Spouse	\$ 11,067.24	\$ 12,863.64	\$ 12,031.32	\$ 13,584.72	\$ 13,051.68
Employee & Children	\$ 8,391.72	\$ 9,757.56	\$ 9,153.60	\$ 10,334.16	\$ 9,928.68
Family	\$ 12,906.48	\$ 15,018.96	\$ 14,130.84	\$ 15,956.16	\$ 15,328.92

Monthly Medical Cost to Employees Over the Cap					
10 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 388.02	\$ 567.66	\$ 484.43	\$ 639.77	\$ 586.47
Employee & Children	\$ 120.47	\$ 257.06	\$ 196.66	\$ 314.72	\$ 274.17
Family	\$ 571.95	\$ 783.20	\$ 694.38	\$ 876.92	\$ 814.19

11 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 352.75	\$ 516.06	\$ 440.39	\$ 581.61	\$ 533.15
Employee & Children	\$ 109.52	\$ 233.69	\$ 178.78	\$ 286.11	\$ 249.24
Family	\$ 519.95	\$ 712.00	\$ 631.26	\$ 797.20	\$ 740.17

12 Pay					
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 323.35	\$ 473.05	\$ 403.69	\$ 533.14	\$ 488.72
Employee & Children	\$ 100.39	\$ 214.21	\$ 163.88	\$ 262.26	\$ 228.47
Family	\$ 476.62	\$ 652.66	\$ 578.65	\$ 730.76	\$ 678.49

<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**