

# 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 with Dental and Vision

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

	Western Health Advantage		Sutter Health Plus		Basic Kaiser	Delta Dental	VSP
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000	DEL2A-C	VSB00-C
Group #	W2800	W1800	HD14	HD16	602214B	7005-0038	N/A
Monthly Rates							
Employee Only-Txxx00	\$ 487.00	\$ 574.00	\$ 545.00	\$ 615.00	\$ 617.00	\$ 101.00	\$ 9.10
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 with Dental and Vision					
Employee Only	\$ 7,165.20	\$ 8,209.20	\$ 7,861.20	\$ 8,701.20	\$ 8,725.20
Employee & Spouse	\$ 12,985.20	\$ 15,061.20	\$ 14,353.20	\$ 16,033.20	\$ 16,081.20
Employee & Children	\$ 10,165.20	\$ 11,737.20	\$ 11,233.20	\$ 12,505.20	\$ 12,553.20
Family	\$ 14,917.20	\$ 17,365.20	\$ 16,621.20	\$ 18,601.20	\$ 18,661.20

Monthly Medical Cost to Employees Over the Cap					
10 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ 102.22	\$ 67.42	\$ 151.42	\$ 153.82
Employee & Spouse	\$ 579.82	\$ 787.42	\$ 716.62	\$ 884.62	\$ 889.42
Employee & Children	\$ 297.82	\$ 455.02	\$ 404.62	\$ 531.82	\$ 536.62
Family	\$ 773.02	\$ 1,017.82	\$ 943.42	\$ 1,141.42	\$ 1,147.42

11 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ 92.93	\$ 61.29	\$ 137.65	\$ 139.84
Employee & Spouse	\$ 527.11	\$ 715.84	\$ 651.47	\$ 804.20	\$ 808.56
Employee & Children	\$ 270.75	\$ 413.65	\$ 367.84	\$ 483.47	\$ 487.84
Family	\$ 702.75	\$ 925.29	\$ 857.65	\$ 1,037.65	\$ 1,043.11

12 Pay					
Employee Only	\$ -	\$ 85.18	\$ 56.18	\$ 126.18	\$ 128.18
Employee & Spouse	\$ 483.18	\$ 656.18	\$ 597.18	\$ 737.18	\$ 741.18
Employee & Children	\$ 248.18	\$ 379.18	\$ 337.18	\$ 443.18	\$ 447.18
Family	\$ 644.18	\$ 848.18	\$ 786.18	\$ 951.18	\$ 956.18

District Paid Premiums	Eligibility	Value
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**

Formula for \$0 premium =IF((B21-E40)/12<0,0,(B21-E40)/12)