

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 Vision

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

	Western Health Advantage		Sutter Health Plus		Basic Kaiser	VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000	VSBOO-C
Group #	W2800	W1800	HD14	HD16	602214B	N/A
Monthly Rates						
Employee Only-Txxx00	\$ 487.00	\$ 574.00	\$ 545.00	\$ 615.00	\$ 617.00	\$ 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 Vision					
Employee Only	\$ 5,953.20	\$ 6,997.20	\$ 6,649.20	\$ 7,489.20	\$ 7,513.20
Employee & Spouse	\$ 11,773.20	\$ 13,849.20	\$ 13,141.20	\$ 14,821.20	\$ 14,869.20
Employee & Children	\$ 8,953.20	\$ 10,525.20	\$ 10,021.20	\$ 11,293.20	\$ 11,341.20
Family	\$ 13,705.20	\$ 16,153.20	\$ 15,409.20	\$ 17,389.20	\$ 17,449.20

Monthly Medical Cost to Employees Over the Cap					
10 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ 30.22	\$ 32.62
Employee & Spouse	\$ 458.62	\$ 666.22	\$ 595.42	\$ 763.42	\$ 768.22
Employee & Children	\$ 176.62	\$ 333.82	\$ 283.42	\$ 410.62	\$ 415.42
Family	\$ 651.82	\$ 896.62	\$ 822.22	\$ 1,020.22	\$ 1,026.22

11 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ 27.47	\$ 29.65
Employee & Spouse	\$ 416.93	\$ 605.65	\$ 541.29	\$ 694.02	\$ 698.38
Employee & Children	\$ 160.56	\$ 303.47	\$ 257.65	\$ 373.29	\$ 377.65
Family	\$ 592.56	\$ 815.11	\$ 747.47	\$ 927.47	\$ 932.93

12 Pay					
Employee Only	\$ -	\$ -	\$ -	\$ 25.18	\$ 27.18
Employee & Spouse	\$ 382.18	\$ 555.18	\$ 496.18	\$ 636.18	\$ 640.18
Employee & Children	\$ 147.18	\$ 278.18	\$ 236.18	\$ 342.18	\$ 346.18
Family	\$ 543.18	\$ 747.18	\$ 685.18	\$ 850.18	\$ 855.18

<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