

# 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 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	\$ 462.77	\$ 537.60	\$ 502.91	\$ 567.64	\$ 545.45	\$ 9.10
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 with Vision					
Employee Only	\$ 5,662.44	\$ 6,560.40	\$ 6,144.12	\$ 6,920.88	\$ 6,654.60
Employee & Spouse	\$ 11,176.44	\$ 12,972.84	\$ 12,140.52	\$ 13,693.92	\$ 13,160.88
Employee & Children	\$ 8,500.92	\$ 9,866.76	\$ 9,262.80	\$ 10,443.36	\$ 10,037.88
Family	\$ 13,015.68	\$ 15,128.16	\$ 14,240.04	\$ 16,065.36	\$ 15,438.12

Monthly Medical Cost to Employees Over the Cap					
10 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 398.94	\$ 578.58	\$ 495.35	\$ 650.69	\$ 597.39
Employee & Children	\$ 131.39	\$ 267.98	\$ 207.58	\$ 325.64	\$ 285.09
Family	\$ 582.87	\$ 794.12	\$ 705.30	\$ 887.84	\$ 825.11

11 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 362.68	\$ 525.99	\$ 450.32	\$ 591.54	\$ 543.08
Employee & Children	\$ 119.45	\$ 243.61	\$ 188.71	\$ 296.03	\$ 259.17
Family	\$ 529.88	\$ 721.92	\$ 641.19	\$ 807.12	\$ 750.10

12 Pay					
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 332.45	\$ 482.15	\$ 412.79	\$ 542.24	\$ 497.82
Employee & Children	\$ 109.49	\$ 223.31	\$ 172.98	\$ 271.36	\$ 237.57
Family	\$ 485.72	\$ 661.76	\$ 587.75	\$ 739.86	\$ 687.59

<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