

Roseville City School District 2023-2024 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		Kaiser Permanente		VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	VSBOO-C
Group #	W2800	W1800	HD14	HD16	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 1,003.00	\$ 1,156.00	\$ 1,194.00	\$ 1,348.00	\$ 1,146.00	\$ 1,332.00	
Employee & Children-TxxxOA	\$ 763.00	\$ 879.00	\$ 907.00	\$ 1,024.00	\$ 872.00	\$ 1,013.00	
Family - TxxxSA	\$ 1,178.00	\$ 1,357.00	\$ 1,402.00	\$ 1,583.00	\$ 1,346.00	\$ 1,565.00	

Yearly Cost of Medical Plan with Vision						
Employee Only	\$ 6,145.20	\$ 7,057.20	\$ 7,297.20	\$ 8,221.20	\$ 7,009.20	\$ 8,125.20
Employee & Spouse	\$ 12,145.20	\$ 13,981.20	\$ 14,437.20	\$ 16,285.20	\$ 13,861.20	\$ 16,093.20
Employee & Children	\$ 9,265.20	\$ 10,657.20	\$ 10,993.20	\$ 12,397.20	\$ 10,573.20	\$ 12,265.20
Family	\$ 14,245.20	\$ 16,393.20	\$ 16,933.20	\$ 19,105.20	\$ 16,261.20	\$ 18,889.20

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 35.82	\$ -	\$ 26.22
Employee & Spouse	\$ 428.22	\$ 611.82	\$ 657.42	\$ 842.22	\$ 599.82	\$ 823.02
Employee & Children	\$ 140.22	\$ 279.42	\$ 313.02	\$ 453.42	\$ 271.02	\$ 440.22
Family	\$ 638.22	\$ 853.02	\$ 907.02	\$ 1,124.22	\$ 839.82	\$ 1,102.62

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 32.56	\$ -	\$ 23.84
Employee & Spouse	\$ 389.29	\$ 556.20	\$ 597.65	\$ 765.65	\$ 545.29	\$ 748.20
Employee & Children	\$ 127.47	\$ 254.02	\$ 284.56	\$ 412.20	\$ 246.38	\$ 400.20
Family	\$ 580.20	\$ 775.47	\$ 824.56	\$ 1,022.02	\$ 763.47	\$ 1,002.38

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 29.85	\$ -	\$ 21.85
Employee & Spouse	\$ 356.85	\$ 509.85	\$ 547.85	\$ 701.85	\$ 499.85	\$ 685.85
Employee & Children	\$ 116.85	\$ 232.85	\$ 260.85	\$ 377.85	\$ 225.85	\$ 366.85
Family	\$ 531.85	\$ 710.85	\$ 755.85	\$ 936.85	\$ 699.85	\$ 918.85

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$7,863.00
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:
Classified = 20 hours/week or more**