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.

Medical Only

	We	stern Health				
	Advantage		Sutter Health		Kaiser (inc vision)	
		НМО		НМО		20/10 HMO
SIG ID	WHHMO		SHHMO		0559E	
Group #		PR20	ML41		600559	
Monthly Rates						
Employee Only-Txxx00	\$	758.00	\$	854.00	\$	888.00
Employee & Spouse-TxxxS0	\$	1,515.00	\$	1,707.00	\$	1,775.00
Employee & Children-Txxx0A	\$	1,152.00	\$	1,297.00	\$	1,349.00
Family - TxxxSA	\$	1,780.00	\$	2,006.00	\$	2,086.00

Total Yearly Cost of Medical Plan Only						
Employee Only	\$	9,096.00	\$	10,248.00	\$	10,656.00
Employee & Spouse	\$	18,180.00	\$	20,484.00	\$	21,300.00
Employee & Children	\$	13,824.00	\$	15,564.00	\$	16,188.00
Family	\$	21,360.00	\$	24,072.00	\$	25,032.00

Monthly Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$	190.90	\$	306.10	\$	346.90
Employee & Spouse	\$	1,099.30	\$	1,329.70	\$	1,411.30
Employee & Children	\$	663.70	\$	837.70	\$	900.10
Family	\$	1,417.30	\$	1,688.50	\$	1,784.50

11 Pay (includes employees receiving summer savings)						
Employee Only	\$	173.55	\$	278.27	\$	315.36
Employee & Spouse	\$	999.36	\$	1,208.82	\$	1,283.00
Employee & Children	\$	603.36	\$	761.55	\$	818.27
Family	\$	1,288.45	\$	1,535.00	\$	1,622.27

12 Pay			
Employee Only	\$ 159.08	\$ 255.08	\$ 289.08
Employee & Spouse	\$ 916.08	\$ 1,108.08	\$ 1,176.08
Employee & Children	\$ 553.08	\$ 698.08	\$ 750.08
Family	\$ 1,181.08	\$ 1,407.08	\$ 1,487.08

District Paid Premiums	<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