

Roseville City School District 2019-2020 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

| | Western Health Advantage HMO | Sutter Health HMO | Kaiser (inc vision) 20/10 HMO |
|----------------------------|------------------------------------|----------------------|----------------------------------|
| SIG ID | WHHMO | SHHMO | 0559E |
| Group # | PR20 | ML41 | 600559 |
| Monthly Rates | | | |
| Employee Only-Txxx00 | \$ 770.00 | \$ 843.00 | \$ 823.00 |
| Employee & Spouse-TxxxS0 | \$ 1,539.00 | \$ 1,685.00 | \$ 1,645.00 |
| Employee & Children-Txxx0A | \$ 1,170.00 | \$ 1,281.00 | \$ 1,250.00 |
| Family - TxxxSA | \$ 1,808.00 | \$ 1,980.00 | \$ 1,932.00 |

| Total Yearly Cost of Medical Plan Only | | | |
|--|--------------|--------------|--------------|
| Employee Only | \$ 9,240.00 | \$ 10,116.00 | \$ 9,876.00 |
| Employee & Spouse | \$ 18,468.00 | \$ 20,220.00 | \$ 19,740.00 |
| Employee & Children | \$ 14,040.00 | \$ 15,372.00 | \$ 15,000.00 |
| Family | \$ 21,696.00 | \$ 23,760.00 | \$ 23,184.00 |

| Monthly Cost to Employees Over the Cap | | | |
|--|-------------|-------------|-------------|
| 10 Pay (includes employees receiving summer savings) | | | |
| Employee Only | \$ 205.30 | \$ 292.90 | \$ 268.90 |
| Employee & Spouse | \$ 1,128.10 | \$ 1,303.30 | \$ 1,255.30 |
| Employee & Children | \$ 685.30 | \$ 818.50 | \$ 781.30 |
| Family | \$ 1,450.90 | \$ 1,657.30 | \$ 1,599.70 |

| 11 Pay (includes employees receiving summer savings) | | | |
|--|-------------|-------------|-------------|
| Employee Only | \$ 186.64 | \$ 266.27 | \$ 244.45 |
| Employee & Spouse | \$ 1,025.55 | \$ 1,184.82 | \$ 1,141.18 |
| Employee & Children | \$ 623.00 | \$ 744.09 | \$ 710.27 |
| Family | \$ 1,319.00 | \$ 1,506.64 | \$ 1,454.27 |

| 12 Pay | | | |
|---------------------|-------------|-------------|-------------|
| Employee Only | \$ 171.08 | \$ 244.08 | \$ 224.08 |
| Employee & Spouse | \$ 940.08 | \$ 1,086.08 | \$ 1,046.08 |
| Employee & Children | \$ 571.08 | \$ 682.08 | \$ 651.08 |
| Family | \$ 1,209.08 | \$ 1,381.08 | \$ 1,333.08 |

| 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**