

**Roseville City School District
2020-2021 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

SIG	Western Health Advantage		Sutter Health Plus		Basic Kaiser	VSP
	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	\$ 492.00	\$ 580.00	\$ 532.00	\$ 601.00	\$ 565.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 981.00	\$ 1,156.00	\$ 1,062.00	\$ 1,199.00	\$ 1,127.00	
Employee & Children-TxxxOA	\$ 744.00	\$ 877.00	\$ 808.00	\$ 912.00	\$ 858.00	
Family - TxxxSA	\$ 1,144.00	\$ 1,350.00	\$ 1,247.00	\$ 1,408.00	\$ 1,324.00	

Yearly Cost of Medical Plan with Vision						
Employee Only	\$ 6,013.20	\$ 7,069.20	\$ 6,493.20	\$ 7,321.20	\$ 6,889.20	
Employee & Spouse	\$ 11,881.20	\$ 13,981.20	\$ 12,853.20	\$ 14,497.20	\$ 13,633.20	
Employee & Children	\$ 9,037.20	\$ 10,633.20	\$ 9,805.20	\$ 11,053.20	\$ 10,405.20	
Family	\$ 13,837.20	\$ 16,309.20	\$ 15,073.20	\$ 17,005.20	\$ 15,997.20	

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 13.42	\$ -	
Employee & Spouse	\$ 469.42	\$ 679.42	\$ 566.62	\$ 731.02	\$ 644.62	
Employee & Children	\$ 185.02	\$ 344.62	\$ 261.82	\$ 386.62	\$ 321.82	
Family	\$ 665.02	\$ 912.22	\$ 788.62	\$ 981.82	\$ 881.02	

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 12.20	\$ -	
Employee & Spouse	\$ 426.75	\$ 617.65	\$ 515.11	\$ 664.56	\$ 586.02	
Employee & Children	\$ 168.20	\$ 313.29	\$ 238.02	\$ 351.47	\$ 292.56	
Family	\$ 604.56	\$ 829.29	\$ 716.93	\$ 892.56	\$ 800.93	

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 11.18	\$ -	
Employee & Spouse	\$ 391.18	\$ 566.18	\$ 472.18	\$ 609.18	\$ 537.18	
Employee & Children	\$ 154.18	\$ 287.18	\$ 218.18	\$ 322.18	\$ 268.18	
Family	\$ 554.18	\$ 760.18	\$ 657.18	\$ 818.18	\$ 734.18	

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**