

**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 Dental and Vision

In order to be eligible for dental or vision
you must be enrolled in a medical plan

SIG ID	Western Health Advantage		Sutter Health Plus		Basic Kaiser	Delta Dental	VSP
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000	DEL2A-C	VSB00-C
Group #	W2800	W1800	HD14	HD16	602214B	7005-0038	N/A
Monthly Rates							
Employee Only-Txxx00	\$ 492.00	\$ 580.00	\$ 532.00	\$ 601.00	\$ 565.00	\$ 101.00	\$ 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 Dental and Vision						
Employee Only	\$ 7,225.20	\$ 8,281.20	\$ 7,705.20	\$ 8,533.20	\$ 8,101.20	
Employee & Spouse	\$ 13,093.20	\$ 15,193.20	\$ 14,065.20	\$ 15,709.20	\$ 14,845.20	
Employee & Children	\$ 10,249.20	\$ 11,845.20	\$ 11,017.20	\$ 12,265.20	\$ 11,617.20	
Family	\$ 15,049.20	\$ 17,521.20	\$ 16,285.20	\$ 18,217.20	\$ 17,209.20	

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ 3.82	\$ 109.42	\$ 51.82	\$ 134.62	\$ 91.42	
Employee & Spouse	\$ 590.62	\$ 800.62	\$ 687.82	\$ 852.22	\$ 765.82	
Employee & Children	\$ 306.22	\$ 465.82	\$ 383.02	\$ 507.82	\$ 443.02	
Family	\$ 786.22	\$ 1,033.42	\$ 909.82	\$ 1,103.02	\$ 1,002.22	

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ 3.47	\$ 99.47	\$ 47.11	\$ 122.38	\$ 83.11	
Employee & Spouse	\$ 536.93	\$ 727.84	\$ 625.29	\$ 774.75	\$ 696.20	
Employee & Children	\$ 278.38	\$ 423.47	\$ 348.20	\$ 461.65	\$ 402.75	
Family	\$ 714.75	\$ 939.47	\$ 827.11	\$ 1,002.75	\$ 911.11	

12 Pay						
Employee Only	\$ 3.18	\$ 91.18	\$ 43.18	\$ 112.18	\$ 76.18	
Employee & Spouse	\$ 492.18	\$ 667.18	\$ 573.18	\$ 710.18	\$ 638.18	
Employee & Children	\$ 255.18	\$ 388.18	\$ 319.18	\$ 423.18	\$ 369.18	
Family	\$ 655.18	\$ 861.18	\$ 758.18	\$ 919.18	\$ 835.18	

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**

Formula for \$0 premium =IF((B21-E40)/12<0,0,(B21-E40)/12)