

**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 Only**

	Western Health Advantage		Sutter Health Plus		Basic Kaiser
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000
Group #	W2800	W1800	HD14	HD16	602214B
<b>Monthly Rates</b>					
Employee Only-Txxx00	\$ 492.00	\$ 580.00	\$ 532.00	\$ 601.00	\$ 565.00
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

<b>Yearly Cost of Medical Plan Only</b>					
Employee Only	\$ 5,904.00	\$ 6,960.00	\$ 6,384.00	\$ 7,212.00	\$ 6,780.00
Employee & Spouse	\$ 11,772.00	\$ 13,872.00	\$ 12,744.00	\$ 14,388.00	\$ 13,524.00
Employee & Children	\$ 8,928.00	\$ 10,524.00	\$ 9,696.00	\$ 10,944.00	\$ 10,296.00
Family	\$ 13,728.00	\$ 16,200.00	\$ 14,964.00	\$ 16,896.00	\$ 15,888.00

<b>Monthly Medical Cost to Employees Over the Cap</b>					
<b>10 Pay (includes employees receiving summer savings)</b>					
Employee Only	\$ -	\$ -	\$ -	\$ 2.50	\$ -
Employee & Spouse	\$ 458.50	\$ 668.50	\$ 555.70	\$ 720.10	\$ 633.70
Employee & Children	\$ 174.10	\$ 333.70	\$ 250.90	\$ 375.70	\$ 310.90
Family	\$ 654.10	\$ 901.30	\$ 777.70	\$ 970.90	\$ 870.10

<b>11 Pay (includes employees receiving summer savings)</b>					
Employee Only	\$ -	\$ -	\$ -	\$ 2.27	\$ -
Employee & Spouse	\$ 416.82	\$ 607.73	\$ 505.18	\$ 654.64	\$ 576.09
Employee & Children	\$ 158.27	\$ 303.36	\$ 228.09	\$ 341.55	\$ 282.64
Family	\$ 594.64	\$ 819.36	\$ 707.00	\$ 882.64	\$ 791.00

<b>12 Pay</b>					
Employee Only	\$ -	\$ -	\$ -	\$ 2.08	\$ -
Employee & Spouse	\$ 382.08	\$ 557.08	\$ 463.08	\$ 600.08	\$ 528.08
Employee & Children	\$ 145.08	\$ 278.08	\$ 209.08	\$ 313.08	\$ 259.08
Family	\$ 545.08	\$ 751.08	\$ 648.08	\$ 809.08	\$ 725.08

<u>District Paid Premiums</u>	<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

**Medical benefits are only available to employees working:  
Certificated = 50% or more & Classified = 20 hours/week or more**