

Roseville City School District 2017-2018 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 11 month percentage.

High Deductible Medical with Dental and Vision

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

| | Western Health Advantage | | Sutter Health Plus | | Basic Kaiser | Delta Dental | VSP |
|----------------------------|--------------------------|------------------------|------------------------|------------------------|-------------------------|--------------|---------|
| SIG ID | WHHDP \$2800/\$5600 | WHMID \$1800/\$3600 | SHHDP \$2500/\$5000 | SHMID \$1500/\$3000 | 602214 \$2000/\$4000 | DEL2A-C | VSB00-C |
| Group # | W2800 | W1800 | HD04 | HD06 | 602214B | 7005-0038 | N/A |
| Monthly Rates | | | | | | | |
| Employee Only-Txxx00 | \$ 443.00 | \$ 525.00 | \$ 463.00 | \$ 523.00 | \$ 511.00 | \$ 96.25 | \$ 8.90 |
| Employee & Spouse - TxxxSO | \$ 886.00 | \$ 1,050.00 | \$ 926.00 | \$ 1,046.00 | \$ 1,022.00 | | |
| Employee & Children-TxxxOA | \$ 673.00 | \$ 797.00 | \$ 705.00 | \$ 796.00 | \$ 778.00 | | |
| Family - TxxxSA | \$ 1,035.00 | \$ 1,227.00 | \$ 1,089.00 | \$ 1,229.00 | \$ 1,201.00 | | |

| Yearly Cost of Medical Plan with Dental and Vision | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| Employee Only | \$ 6,577.80 | \$ 7,561.80 | \$ 6,817.80 | \$ 7,537.80 | \$ 7,393.80 |
| Employee & Spouse | \$ 11,893.80 | \$ 13,861.80 | \$ 12,373.80 | \$ 13,813.80 | \$ 13,525.80 |
| Employee & Children | \$ 9,337.80 | \$ 10,825.80 | \$ 9,721.80 | \$ 10,813.80 | \$ 10,597.80 |
| Family | \$ 13,681.80 | \$ 15,985.80 | \$ 14,329.80 | \$ 16,009.80 | \$ 15,673.80 |

| Monthly Medical Cost to Employees Over the Cap | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|
| 11 Pay (includes employees receiving summer savings) | | | | | |
| Employee Only | \$ - | \$ 34.07 | \$ - | \$ 31.89 | \$ 18.80 |
| Employee & Spouse | \$ 427.89 | \$ 606.80 | \$ 471.53 | \$ 602.44 | \$ 576.25 |
| Employee & Children | \$ 195.53 | \$ 330.80 | \$ 230.44 | \$ 329.71 | \$ 310.07 |
| Family | \$ 590.44 | \$ 799.89 | \$ 649.35 | \$ 802.07 | \$ 771.53 |

| | | | | | |
|---------------------|-----------|-----------|-----------|-----------|-----------|
| 12 Pay | | | | | |
| Employee Only | \$ - | \$ 31.23 | \$ - | \$ 29.23 | \$ 17.23 |
| Employee & Spouse | \$ 392.23 | \$ 556.23 | \$ 432.23 | \$ 552.23 | \$ 528.23 |
| Employee & Children | \$ 179.23 | \$ 303.23 | \$ 211.23 | \$ 302.23 | \$ 284.23 |
| Family | \$ 541.23 | \$ 733.23 | \$ 595.23 | \$ 735.23 | \$ 707.23 |

| <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**

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