

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.

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	\$ 694.00	\$ 738.00	\$ 777.00
Employee & Spouse-TxxxS0	\$ 1,388.00	\$ 1,476.00	\$ 1,554.00
Employee & Children-Txxx0A	\$ 1,054.00	\$ 1,121.00	\$ 1,181.00
Family - TxxxSA	\$ 1,630.00	\$ 1,733.00	\$ 1,825.00

Total Yearly Cost of Medical Plan Only			
Employee Only	\$ 8,328.00	\$ 8,856.00	\$ 9,324.00
Employee & Spouse	\$ 16,656.00	\$ 17,712.00	\$ 18,648.00
Employee & Children	\$ 12,648.00	\$ 13,452.00	\$ 14,172.00
Family	\$ 19,560.00	\$ 20,796.00	\$ 21,900.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 103.73	\$ 151.73	\$ 194.27
Employee & Spouse	\$ 860.82	\$ 956.82	\$ 1,041.91
Employee & Children	\$ 496.45	\$ 569.55	\$ 635.00
Family	\$ 1,124.82	\$ 1,237.18	\$ 1,337.55

12 Pay			
Employee Only	\$ 95.08	\$ 139.08	\$ 178.08
Employee & Spouse	\$ 789.08	\$ 877.08	\$ 955.08
Employee & Children	\$ 455.08	\$ 522.08	\$ 582.08
Family	\$ 1,031.08	\$ 1,134.08	\$ 1,226.08

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**