

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 with Dental and Vision

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 20/10 HMO	In order to be eligible for dental or vision you must be enrolled in a medical plan	
SIG ID	WHHMO	SHHMO	0559E	Delta Dental DEL2A-C	VSP VSB00-C
Group #	PR20	ML41	600559	7005-0038	N/A
Monthly Rates					
Employee Only-Txxx00	\$ 694.00	\$ 738.00	\$ 777.00	\$ 96.25	\$ 8.90
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 with Dental and Vision			
Employee Only	\$ 9,589.80	\$ 10,117.80	\$ 10,479.00
Employee & Spouse	\$ 17,917.80	\$ 18,973.80	\$ 19,803.00
Employee & Children	\$ 13,909.80	\$ 14,713.80	\$ 15,327.00
Family	\$ 20,821.80	\$ 22,057.80	\$ 23,055.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 218.44	\$ 266.44	\$ 299.27
Employee & Spouse	\$ 975.53	\$ 1,071.53	\$ 1,146.91
Employee & Children	\$ 611.16	\$ 684.25	\$ 740.00
Family	\$ 1,239.53	\$ 1,351.89	\$ 1,442.55

12 Pay			
Employee Only	\$ 200.23	\$ 244.23	\$ 274.33
Employee & Spouse	\$ 894.23	\$ 982.23	\$ 1,051.33
Employee & Children	\$ 560.23	\$ 627.23	\$ 678.33
Family	\$ 1,136.23	\$ 1,239.23	\$ 1,322.33

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**