

## 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 Vision

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 20/10 HMO	VSP
	In order to be eligible for vision you must be enrolled in a medical plan			
SIG ID	WHHMO	SHHMO	0559E	VSB00-C
Group #	PR20	ML41	600559	N/A
Monthly Rates				
Employee Only-Txxx00	\$ 694.00	\$ 738.00	\$ 777.00	\$ 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 Vision			
Employee Only	\$ 8,434.80	\$ 8,962.80	\$ 9,324.00
Employee & Spouse	\$ 16,762.80	\$ 17,818.80	\$ 18,648.00
Employee & Children	\$ 12,754.80	\$ 13,558.80	\$ 14,172.00
Family	\$ 19,666.80	\$ 20,902.80	\$ 21,900.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 113.44	\$ 161.44	\$ 194.27
Employee & Spouse	\$ 870.53	\$ 966.53	\$ 1,041.91
Employee & Children	\$ 506.16	\$ 579.25	\$ 635.00
Family	\$ 1,134.53	\$ 1,246.89	\$ 1,337.55

12 Pay			
Employee Only	\$ 103.98	\$ 147.98	\$ 178.08
Employee & Spouse	\$ 797.98	\$ 885.98	\$ 955.08
Employee & Children	\$ 463.98	\$ 530.98	\$ 582.08
Family	\$ 1,039.98	\$ 1,142.98	\$ 1,226.08

<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**