

Roseville City School District 2022-2023 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.

Medical Only

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 25/10 HMO
SIG ID	WHHMO	SHHMO	0559E
Group #	PR20	ML41	600559
Monthly Rates			
Employee Only-Txxx00	\$ 761.00	\$ 892.00	\$ 891.00
Employee & Spouse-TxxxS0	\$ 1,521.00	\$ 1,784.00	\$ 1,782.00
Employee & Children-Txxx0A	\$ 1,156.00	\$ 1,356.00	\$ 1,354.00
Family - TxxxSA	\$ 1,787.00	\$ 2,097.00	\$ 2,094.00

Total Yearly Cost of Medical Plan Only			
Employee Only	\$ 9,132.00	\$ 10,704.00	\$ 10,692.00
Employee & Spouse	\$ 18,252.00	\$ 21,408.00	\$ 21,384.00
Employee & Children	\$ 13,872.00	\$ 16,272.00	\$ 16,248.00
Family	\$ 21,444.00	\$ 25,164.00	\$ 25,128.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 115.36	\$ 258.27	\$ 257.18
Employee & Spouse	\$ 944.45	\$ 1,231.36	\$ 1,229.18
Employee & Children	\$ 546.27	\$ 764.45	\$ 762.27
Family	\$ 1,234.64	\$ 1,572.82	\$ 1,569.55

12 Pay			
Employee Only	\$ 105.75	\$ 236.75	\$ 235.75
Employee & Spouse	\$ 865.75	\$ 1,128.75	\$ 1,126.75
Employee & Children	\$ 500.75	\$ 700.75	\$ 698.75
Family	\$ 1,131.75	\$ 1,441.75	\$ 1,438.75

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$7,863.00
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:
Classified = 20 hours/week or more**