

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 with Dental and Vision

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 25/10 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				Family	Employee ONLY
Employee Only-Txxx00	\$ 761.00	\$ 892.00	\$ 891.00	\$ 101.00	\$ 9.10
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 with Dental and Vision			
Employee Only	\$ 10,453.20	\$ 12,025.20	\$ 11,904.00
Employee & Spouse	\$ 19,573.20	\$ 22,729.20	\$ 22,596.00
Employee & Children	\$ 15,193.20	\$ 17,593.20	\$ 17,460.00
Family	\$ 22,765.20	\$ 26,485.20	\$ 26,340.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 22.65	\$ 165.56	\$ 154.55
Employee & Spouse	\$ 851.75	\$ 1,138.65	\$ 1,126.55
Employee & Children	\$ 453.56	\$ 671.75	\$ 659.64
Family	\$ 1,141.93	\$ 1,480.11	\$ 1,466.91

12 Pay			
Employee Only	\$ 20.77	\$ 151.77	\$ 141.67
Employee & Spouse	\$ 780.77	\$ 1,043.77	\$ 1,032.67
Employee & Children	\$ 415.77	\$ 615.77	\$ 604.67
Family	\$ 1,046.77	\$ 1,356.77	\$ 1,344.67

District Paid Premiums	Eligibility	MGT/CNF Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$10,204.00
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:
50% or more**