

## 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.

### High Deductible Medical with Dental and Vision

In order to be eligible for dental or vision  
you must be enrolled in a medical plan

	Western Health Advantage		Sutter Health Plus		Basic Kaiser	Delta Dental	VSP
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000	DEL2A-C	VSB00-C
Group #	W2800	W1800	HD14	HD16	602214B	7005-0038	N/A
Monthly Rates						Family	Employee ONLY
Employee Only-Txxx00	\$ 489.00	\$ 576.00	\$ 567.00	\$ 640.00	\$ 618.00	\$ 101.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 975.00	\$ 1,149.00	\$ 1,130.00	\$ 1,275.00	\$ 1,233.00		
Employee & Children-TxxxOA	\$ 739.00	\$ 871.00	\$ 859.00	\$ 969.00	\$ 938.00		
Family - TxxxSA	\$ 1,137.00	\$ 1,342.00	\$ 1,326.00	\$ 1,497.00	\$ 1,448.00		

Yearly Cost of Medical Plan with Dental and Vision						
Employee Only	\$ 7,189.20	\$ 8,233.20	\$ 8,125.20	\$ 9,001.20	\$ 8,737.20	
Employee & Spouse	\$ 13,021.20	\$ 15,109.20	\$ 14,881.20	\$ 16,621.20	\$ 16,117.20	
Employee & Children	\$ 10,189.20	\$ 11,773.20	\$ 11,629.20	\$ 12,949.20	\$ 12,577.20	
Family	\$ 14,965.20	\$ 17,425.20	\$ 17,233.20	\$ 19,285.20	\$ 18,697.20	

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -	
Employee & Spouse	\$ 256.11	\$ 445.93	\$ 425.20	\$ 583.38	\$ 537.56	
Employee & Children	\$ -	\$ 142.65	\$ 129.56	\$ 249.56	\$ 215.75	
Family	\$ 432.84	\$ 656.47	\$ 639.02	\$ 825.56	\$ 772.11	

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -	
Employee & Spouse	\$ 234.77	\$ 408.77	\$ 389.77	\$ 534.77	\$ 492.77	
Employee & Children	\$ -	\$ 130.77	\$ 118.77	\$ 228.77	\$ 197.77	
Family	\$ 396.77	\$ 601.77	\$ 585.77	\$ 756.77	\$ 707.77	

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**