

## 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
<b>Monthly Rates</b>			
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

<b>Total Yearly Cost of Medical Plan Only</b>			
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

<b>Monthly Cost to Employees Over the Cap</b>			
<b>11 Pay (includes employees receiving summer savings)</b>			
Employee Only	\$ -	\$ 45.45	\$ 44.36
Employee & Spouse	\$ 731.64	\$ 1,018.55	\$ 1,016.36
Employee & Children	\$ 333.45	\$ 551.64	\$ 549.45
Family	\$ 1,021.82	\$ 1,360.00	\$ 1,356.73

<b>12 Pay</b>			
Employee Only	\$ -	\$ 41.67	\$ 40.67
Employee & Spouse	\$ 670.67	\$ 933.67	\$ 931.67
Employee & Children	\$ 305.67	\$ 505.67	\$ 503.67
Family	\$ 936.67	\$ 1,246.67	\$ 1,243.67

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**