

## 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 Vision

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 25/10 HMO	VSP
	WHHMO	SHHMO	0559E	VSB00-C
	PR20	ML41	600559	N/A
Monthly Rates				Employee ONLY
Employee Only-Txxx00	\$ 761.00	\$ 892.00	\$ 891.00	\$ 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	

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

Total Yearly Cost of Medical Plan with Vision			
Employee Only	\$ 9,241.20	\$ 10,813.20	\$ 10,692.00
Employee & Spouse	\$ 18,361.20	\$ 21,517.20	\$ 21,384.00
Employee & Children	\$ 13,981.20	\$ 16,381.20	\$ 16,248.00
Family	\$ 21,553.20	\$ 25,273.20	\$ 25,128.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ -	\$ 55.38	\$ 44.36
Employee & Spouse	\$ 741.56	\$ 1,028.47	\$ 1,016.36
Employee & Children	\$ 343.38	\$ 561.56	\$ 549.45
Family	\$ 1,031.75	\$ 1,369.93	\$ 1,356.73

12 Pay			
Employee Only	\$ -	\$ 50.77	\$ 40.67
Employee & Spouse	\$ 679.77	\$ 942.77	\$ 931.67
Employee & Children	\$ 314.77	\$ 514.77	\$ 503.67
Family	\$ 945.77	\$ 1,255.77	\$ 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**