

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	\$ 23.27	\$ 166.18	\$ 165.09
Employee & Spouse	\$ 852.36	\$ 1,139.27	\$ 1,137.09
Employee & Children	\$ 454.18	\$ 672.36	\$ 670.18
Family	\$ 1,142.55	\$ 1,480.73	\$ 1,477.45

12 Pay			
Employee Only	\$ 21.33	\$ 152.33	\$ 151.33
Employee & Spouse	\$ 781.33	\$ 1,044.33	\$ 1,042.33
Employee & Children	\$ 416.33	\$ 616.33	\$ 614.33
Family	\$ 1,047.33	\$ 1,357.33	\$ 1,354.33

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
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:
Certificated = 50% or more**