

Roseville City School District 2024-2025 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 Vision

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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000	VSBO0-C
Group #	W2800	W1800	HD32	HD33	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 1,089.00	\$ 1,255.00	\$ 1,334.00	\$ 1,506.00	\$ 1,317.00	\$ 1,536.00	
Employee & Children-TxxxOA	\$ 829.00	\$ 954.00	\$ 1,014.00	\$ 1,144.00	\$ 1,002.00	\$ 1,168.00	
Family - TxxxSA	\$ 1,279.00	\$ 1,474.00	\$ 1,566.00	\$ 1,768.00	\$ 1,547.00	\$ 1,805.00	

Yearly Cost of Medical Plan with Vision							
Employee Only	\$ 6,661.20	\$ 7,657.20	\$ 8,137.20	\$ 9,169.20	\$ 8,029.20	\$ 9,349.20	
Employee & Spouse	\$ 13,177.20	\$ 15,169.20	\$ 16,117.20	\$ 18,181.20	\$ 15,913.20	\$ 18,541.20	
Employee & Children	\$ 10,057.20	\$ 11,557.20	\$ 12,277.20	\$ 13,837.20	\$ 12,133.20	\$ 14,125.20	
Family	\$ 15,457.20	\$ 17,797.20	\$ 18,901.20	\$ 21,325.20	\$ 18,673.20	\$ 21,769.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ 7.42	\$ 110.62	\$ -	\$ 128.62	
Employee & Spouse	\$ 511.42	\$ 710.62	\$ 805.42	\$ 1,011.82	\$ 785.02	\$ 1,047.82	
Employee & Children	\$ 199.42	\$ 349.42	\$ 421.42	\$ 577.42	\$ 407.02	\$ 606.22	
Family	\$ 739.42	\$ 973.42	\$ 1,083.82	\$ 1,326.22	\$ 1,061.02	\$ 1,370.62	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ 6.75	\$ 100.56	\$ -	\$ 116.93	
Employee & Spouse	\$ 464.93	\$ 646.02	\$ 732.20	\$ 919.84	\$ 713.65	\$ 952.56	
Employee & Children	\$ 181.29	\$ 317.65	\$ 383.11	\$ 524.93	\$ 370.02	\$ 551.11	
Family	\$ 672.20	\$ 884.93	\$ 985.29	\$ 1,205.65	\$ 964.56	\$ 1,246.02	

12 Pay							
Employee Only	\$ -	\$ -	\$ 6.18	\$ 92.18	\$ -	\$ 107.18	
Employee & Spouse	\$ 426.18	\$ 592.18	\$ 671.18	\$ 843.18	\$ 654.18	\$ 873.18	
Employee & Children	\$ 166.18	\$ 291.18	\$ 351.18	\$ 481.18	\$ 339.18	\$ 505.18	
Family	\$ 616.18	\$ 811.18	\$ 903.18	\$ 1,105.18	\$ 884.18	\$ 1,142.18	

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,063.00
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