

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 Only

SIG	Western Health Advantage		Sutter Health Plus		Kaiser Permanente	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000
Group #	W2800	W1800	HD32	HD33	607771B	602214B
Monthly Rates						
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00
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 Only						
Employee Only	\$ 6,552.00	\$ 7,548.00	\$ 8,028.00	\$ 9,060.00	\$ 7,920.00	\$ 9,240.00
Employee & Spouse	\$ 13,068.00	\$ 15,060.00	\$ 16,008.00	\$ 18,072.00	\$ 15,804.00	\$ 18,432.00
Employee & Children	\$ 9,948.00	\$ 11,448.00	\$ 12,168.00	\$ 13,728.00	\$ 12,024.00	\$ 14,016.00
Family	\$ 15,348.00	\$ 17,688.00	\$ 18,792.00	\$ 21,216.00	\$ 18,564.00	\$ 21,660.00

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 99.70	\$ -	\$ 117.70
Employee & Spouse	\$ 500.50	\$ 699.70	\$ 794.50	\$ 1,000.90	\$ 774.10	\$ 1,036.90
Employee & Children	\$ 188.50	\$ 338.50	\$ 410.50	\$ 566.50	\$ 396.10	\$ 595.30
Family	\$ 728.50	\$ 962.50	\$ 1,072.90	\$ 1,315.30	\$ 1,050.10	\$ 1,359.70

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 90.64	\$ -	\$ 107.00
Employee & Spouse	\$ 455.00	\$ 636.09	\$ 722.27	\$ 909.91	\$ 703.73	\$ 942.64
Employee & Children	\$ 171.36	\$ 307.73	\$ 373.18	\$ 515.00	\$ 360.09	\$ 541.18
Family	\$ 662.27	\$ 875.00	\$ 975.36	\$ 1,195.73	\$ 954.64	\$ 1,236.09

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 83.08	\$ -	\$ 98.08
Employee & Spouse	\$ 417.08	\$ 583.08	\$ 662.08	\$ 834.08	\$ 645.08	\$ 864.08
Employee & Children	\$ 157.08	\$ 282.08	\$ 342.08	\$ 472.08	\$ 330.08	\$ 496.08
Family	\$ 607.08	\$ 802.08	\$ 894.08	\$ 1,096.08	\$ 875.08	\$ 1,133.08

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
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**