

Roseville City School District 2023-2024 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 Dental

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

SIG ID	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD14	HD16	607771B	602214B	7005-0038
Monthly Rates	Family						
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 1,003.00	\$ 1,156.00	\$ 1,194.00	\$ 1,348.00	\$ 1,146.00	\$ 1,332.00	
Employee & Children-TxxxOA	\$ 763.00	\$ 879.00	\$ 907.00	\$ 1,024.00	\$ 872.00	\$ 1,013.00	
Family - TxxxSA	\$ 1,178.00	\$ 1,357.00	\$ 1,402.00	\$ 1,583.00	\$ 1,346.00	\$ 1,565.00	

Yearly Cost of Medical Plan with Dental							
Employee Only	\$ 7,248.00	\$ 8,160.00	\$ 8,400.00	\$ 9,324.00	\$ 8,112.00	\$ 9,228.00	
Employee & Spouse	\$ 13,248.00	\$ 15,084.00	\$ 15,540.00	\$ 17,388.00	\$ 14,964.00	\$ 17,196.00	
Employee & Children	\$ 10,368.00	\$ 11,760.00	\$ 12,096.00	\$ 13,500.00	\$ 11,676.00	\$ 13,368.00	
Family	\$ 15,348.00	\$ 17,496.00	\$ 18,036.00	\$ 20,208.00	\$ 17,364.00	\$ 19,992.00	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 9.70	\$ 33.70	\$ 126.10	\$ 4.90	\$ 116.50	
Employee & Spouse	\$ 518.50	\$ 702.10	\$ 747.70	\$ 932.50	\$ 690.10	\$ 913.30	
Employee & Children	\$ 230.50	\$ 369.70	\$ 403.30	\$ 543.70	\$ 361.30	\$ 530.50	
Family	\$ 728.50	\$ 943.30	\$ 997.30	\$ 1,214.50	\$ 930.10	\$ 1,192.90	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 8.82	\$ 30.64	\$ 114.64	\$ 4.45	\$ 105.91	
Employee & Spouse	\$ 471.36	\$ 638.27	\$ 679.73	\$ 847.73	\$ 627.36	\$ 830.27	
Employee & Children	\$ 209.55	\$ 336.09	\$ 366.64	\$ 494.27	\$ 328.45	\$ 482.27	
Family	\$ 662.27	\$ 857.55	\$ 906.64	\$ 1,104.09	\$ 845.55	\$ 1,084.45	

12 Pay							
Employee Only	\$ -	\$ 8.08	\$ 28.08	\$ 105.08	\$ 4.08	\$ 97.08	
Employee & Spouse	\$ 432.08	\$ 585.08	\$ 623.08	\$ 777.08	\$ 575.08	\$ 761.08	
Employee & Children	\$ 192.08	\$ 308.08	\$ 336.08	\$ 453.08	\$ 301.08	\$ 442.08	
Family	\$ 607.08	\$ 786.08	\$ 831.08	\$ 1,012.08	\$ 775.08	\$ 994.08	

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:
Classified = 20 hours/week or more**