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.

Medical with Dental and Vision

		stern Health Advantage	Sutter Health Kaiser (inc vsn/chir)			In order to be eligible for dental or vision you must be enrolled in a medical plan				
	нм	O Premier 25		HMO 25		25/10 HMO	Delta Dental		VSP	
SIG ID	WHHMO		SHHMO		HMO 25 OV		DEL2A-C		VSB00-C	
Group #		PR25		ML41		600559E	7005-0038		N/A	
Monthly Rates							ŀ	Family	Emple	oyee ONLY
Employee Only-Txxx00	\$	780.00	\$	904.00	\$	943.00	\$	101.00	\$	9.10
Employee & Spouse-TxxxS0	\$	1,559.00	\$	1,806.00	\$	1,886.00				
Employee & Children-Txxx0A	\$	1,185.00	\$	1,373.00	\$	1,434.00				
Family - TxxxSA	\$	1,832.00	\$	2,123.00	\$	2,216.00				

Total Yearly Cost of Medical Plan with Dental and Vision							
Employee Only	\$	10,681.20	\$	12,169.20	\$	12,528.00	
Employee & Spouse	\$	20,029.20	\$	22,993.20	\$	23,844.00	
Employee & Children	\$	15,541.20	\$	17,797.20	\$	18,420.00	
Family	\$	23,305.20	\$	26,797.20	\$	27,804.00	

Monthly Cost to Employees Over the Cap								
10 Pay (includes employees receiving summer savings)								
Employee Only	\$	261.82	\$	410.62	\$	446.50		
Employee & Spouse	\$	1,196.62	\$	1,493.02	\$	1,578.10		
Employee & Children	\$	747.82	\$	973.42	\$	1,035.70		
Family	\$	1,524.22	\$	1,873.42	\$	1,974.10		
11 Pay (includes employees receiving summer savings)								
Employee Only	\$	238.02	\$	373.29	\$	405.91		
Employee & Spouse	\$	1,087.84	\$	1,357.29	\$	1,434.64		
Employee & Children	\$	679.84	\$	884.93	\$	941.55		
Family	\$	1,385.65	\$	1,703.11	\$	1,794.64		
12 Pay								
Employee Only	\$	218.18	\$	342.18	\$	372.08		
Employee & Spouse	\$	997.18	\$	1,244.18	\$	1,315.08		
Employee & Children	\$	623.18	\$	811.18	\$	863.08		
Family	\$	1,270.18	\$	1,561.18	\$	1,645.08		

District Paid Premiums	<u>Eligibility</u>	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