

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 and Vision

In order to be eligible
you must be enrolled

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 and Vision							
Employee Only	\$ 7,357.20	\$ 8,269.20	\$ 8,509.20	\$ 9,433.20	\$ 8,221.20	\$ 9,337.20	
Employee & Spouse	\$ 13,357.20	\$ 15,193.20	\$ 15,649.20	\$ 17,497.20	\$ 15,073.20	\$ 17,305.20	
Employee & Children	\$ 10,477.20	\$ 11,869.20	\$ 12,205.20	\$ 13,609.20	\$ 11,785.20	\$ 13,477.20	
Family	\$ 15,457.20	\$ 17,605.20	\$ 18,145.20	\$ 20,317.20	\$ 17,473.20	\$ 20,101.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 20.62	\$ 44.62	\$ 137.02	\$ 15.82	\$ 127.42	
Employee & Spouse	\$ 529.42	\$ 713.02	\$ 758.62	\$ 943.42	\$ 701.02	\$ 924.22	
Employee & Children	\$ 241.42	\$ 380.62	\$ 414.22	\$ 554.62	\$ 372.22	\$ 541.42	
Family	\$ 739.42	\$ 954.22	\$ 1,008.22	\$ 1,225.42	\$ 941.02	\$ 1,203.82	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 18.75	\$ 40.56	\$ 124.56	\$ 14.38	\$ 115.84	
Employee & Spouse	\$ 481.29	\$ 648.20	\$ 689.65	\$ 857.65	\$ 637.29	\$ 840.20	
Employee & Children	\$ 219.47	\$ 346.02	\$ 376.56	\$ 504.20	\$ 338.38	\$ 492.20	
Family	\$ 672.20	\$ 867.47	\$ 916.56	\$ 1,114.02	\$ 855.47	\$ 1,094.38	

12 Pay							
Employee Only	\$ -	\$ 17.18	\$ 37.18	\$ 114.18	\$ 13.18	\$ 106.18	
Employee & Spouse	\$ 441.18	\$ 594.18	\$ 632.18	\$ 786.18	\$ 584.18	\$ 770.18	
Employee & Children	\$ 201.18	\$ 317.18	\$ 345.18	\$ 462.18	\$ 310.18	\$ 451.18	
Family	\$ 616.18	\$ 795.18	\$ 840.18	\$ 1,021.18	\$ 784.18	\$ 1,003.18	

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:
Classified = 20 hours/week or more**