

## 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 Only

	Western Health Advantage HMO Premier 25	Sutter Health HMO 25	Kaiser (inc vsn/chir) 25/10 HMO
SIG ID	WHHMO	SHHMO	HMO 25 OV
Group #	PR25	ML41	600559E
Monthly Rates			
Employee Only-Txxx00	\$ 780.00	\$ 904.00	\$ 943.00
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 Only			
Employee Only	\$ 9,360.00	\$ 10,848.00	\$ 11,316.00
Employee & Spouse	\$ 18,708.00	\$ 21,672.00	\$ 22,632.00
Employee & Children	\$ 14,220.00	\$ 16,476.00	\$ 17,208.00
Family	\$ 21,984.00	\$ 25,476.00	\$ 26,592.00

Monthly Cost to Employees Over the Cap			
12 Pay			
Employee Only	\$ -	\$ 53.67	\$ 92.67
Employee & Spouse	\$ 708.67	\$ 955.67	\$ 1,035.67
Employee & Children	\$ 334.67	\$ 522.67	\$ 583.67
Family	\$ 981.67	\$ 1,272.67	\$ 1,365.67

District Paid Premiums	Eligibility	MGT/CNF Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$10,204.00
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:  
50% or more**