

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

	Western Health Advantage HMO Premier 25	Sutter Health HMO 25	Kaiser (inc vsn/chir) 25/10 HMO	Delta Dental
SIG ID	WHHMO	SHHMO	HMO 25 OV	DEL2A-C
Group #	PR25	ML41	600559E	7005-0038
Monthly Rates				Family
Employee Only-Txxx00	\$ 780.00	\$ 904.00	\$ 943.00	\$ 101.00
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	

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

Total Yearly Cost of Medical Plan with Dental			
Employee Only	\$ 10,572.00	\$ 12,060.00	\$ 12,528.00
Employee & Spouse	\$ 19,920.00	\$ 22,884.00	\$ 23,844.00
Employee & Children	\$ 15,432.00	\$ 17,688.00	\$ 18,420.00
Family	\$ 23,196.00	\$ 26,688.00	\$ 27,804.00

Monthly Cost to Employees Over the Cap			
12 Pay			
Employee Only	\$ 30.67	\$ 154.67	\$ 193.67
Employee & Spouse	\$ 809.67	\$ 1,056.67	\$ 1,136.67
Employee & Children	\$ 435.67	\$ 623.67	\$ 684.67
Family	\$ 1,082.67	\$ 1,373.67	\$ 1,466.67

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