

# 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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente	
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	KPHDP \$3000/\$6000	KPMID \$2000/\$4000
Group #	W2800	W1800	HD14	HD16	607771B	602214B
<b>Monthly Rates</b>						
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00
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						
<b>12 Pay</b>						
Employee Only	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Employee & Spouse	\$ 253.67	\$ 406.67	\$ 444.67	\$ 598.67	\$ 396.67	\$ 582.67
Employee & Children	\$ 14.91	\$ 129.67	\$ 157.67	\$ 274.67	\$ 122.67	\$ 263.67
Family	\$ 428.67	\$ 607.67	\$ 652.67	\$ 833.67	\$ 596.67	\$ 815.67

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>MGT/CNF Value</u>
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**

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

Delta Dental	
DEL2A-C	
7005-0038	
Family	
\$	101.00