

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

	Western Health Advantage HMO Premier 25	Sutter Health HMO 25	Kaiser (inc vsn/chir) 25/10 HMO	In order to be eligible for dental or vision you must be enrolled in a medical plan	
				Delta Dental	VSP
SIG ID	WHHMO	SHHMO	HMO 25 OV	DEL2A-C	VSB00-C
Group #	PR25	ML41	600559E	7005-0038	N/A
Monthly Rates				Family	Employee 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

12 Pay			
Employee Only	\$ 39.77	\$ 163.77	\$ 193.67
Employee & Spouse	\$ 818.77	\$ 1,065.77	\$ 1,136.67
Employee & Children	\$ 444.77	\$ 632.77	\$ 684.67
Family	\$ 1,091.77	\$ 1,382.77	\$ 1,466.67

<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**