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 Only

	Western Health Advantage			Sutter Health Plus					Kaiser Permanente			
	WHHDP		WHMID		SHHDP		SHMID		KPHDP		KPMID	
SIG	;	\$2800/\$5600		\$1800/\$3600		\$2500/\$5000		\$1500/\$3000		\$3000/\$6000		\$2000/\$4000
Group #		W2800		W1800		HD14		HD16	607771B		602214B	
Monthly Rates												
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 Only											
Employee Only	\$	6,036.00	\$	6,948.00	\$	7,188.00	\$	8,112.00	\$	6,900.00	\$ 8,016.00
Employee & Spouse	\$	12,036.00	\$	13,872.00	\$	14,328.00	\$	16,176.00	\$	13,752.00	\$ 15,984.00
Employee & Children	\$	9,156.00	\$	10,548.00	\$	10,884.00	\$	12,288.00	\$	10,464.00	\$ 12,156.00
Family	\$	14,136.00	\$	16,284.00	\$	16,824.00	\$	18,996.00	\$	16,152.00	\$ 18,780.00

Monthly Medical Cost to Employees Over the Cap											
12 Pay											
Employee Only	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -
Employee & Spouse	\$	152.67	\$	305.67	\$	343.67	\$	497.67	\$	295.67	\$ 481.67
Employee & Children	\$	-	\$	28.67	\$	56.67	\$	173.67	\$	21.67	\$ 162.67
Family	\$	327.67	\$	506.67	\$	551.67	\$	732.67	\$	495.67	\$ 714.67

District Paid Premiums	<u>Eligibility</u>	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