

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	0559E
Group #	PR25	ML41	600559
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			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 44.00	\$ 179.27	\$ 221.82
Employee & Spouse	\$ 893.82	\$ 1,163.27	\$ 1,250.55
Employee & Children	\$ 485.82	\$ 690.91	\$ 757.45
Family	\$ 1,191.64	\$ 1,509.09	\$ 1,610.55

12 Pay			
Employee Only	\$ 40.33	\$ 164.33	\$ 203.33
Employee & Spouse	\$ 819.33	\$ 1,066.33	\$ 1,146.33
Employee & Children	\$ 445.33	\$ 633.33	\$ 694.33
Family	\$ 1,092.33	\$ 1,383.33	\$ 1,476.33

District Paid Premiums	Eligibility	RTA Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
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:
Certificated = 50% or more**