

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
	WHHMO	SHHMO	0559E	DEL2A-C
	PR25	ML41	600559	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			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 154.18	\$ 289.45	\$ 332.00
Employee & Spouse	\$ 1,004.00	\$ 1,273.45	\$ 1,360.73
Employee & Children	\$ 596.00	\$ 801.09	\$ 867.64
Family	\$ 1,301.82	\$ 1,619.27	\$ 1,720.73

12 Pay			
Employee Only	\$ 141.33	\$ 265.33	\$ 304.33
Employee & Spouse	\$ 920.33	\$ 1,167.33	\$ 1,247.33
Employee & Children	\$ 546.33	\$ 734.33	\$ 795.33
Family	\$ 1,193.33	\$ 1,484.33	\$ 1,577.33

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**