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

		stern Health						n order to be eligible for dental or v		
	Advantage		Sutter Health		Kaiser (inc vsn/chir)		you must be enrolled in a medical plan			
	НМ	O Premier 25		HMO 25		25/10 HMO	D	elta Dental		VSP
SIG ID		WHHMO		SHHMO		0559E		DEL2A-C	٧	SB00-C
Group #	PR25		ML41		600559E		7	7005-0038	N/A	
Monthly Rates								Family	Emp	loyee 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

Monthly Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$	164.11	\$	299.38	\$	332.00	
Employee & Spouse	\$	1,013.93	\$	1,283.38	\$	1,360.73	
Employee & Children	\$	605.93	\$	811.02	\$	867.64	
Family	\$	1,311.75	\$	1,629.20	\$	1,720.73	
12 Pav							

12 Pay			
Employee Only	\$ 150.43	\$ 274.43	\$ 304.33
Employee & Spouse	\$ 929.43	\$ 1,176.43	\$ 1,247.33
Employee & Children	\$ 555.43	\$ 743.43	\$ 795.33
Family	\$ 1,202.43	\$ 1,493.43	\$ 1,577.33

District Paid Premiums	<u>Eligibility</u>	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