

# 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 with Dental and Vision

In order to be eligible for dental or vision  
you must be enrolled in a medical plan

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental	VSP
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	607771 \$3000/\$6000	602214 \$2000/\$4000	DEL2A-C	VSB00-C
Group #	W2800	W1800	HD25	HD26	607771B	602214B	7005-0038	N/A
Monthly Rates							Family	Employee ONLY
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00	\$ 101.00	\$ 9.10
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 with Dental and Vision							
Employee Only	\$ 7,357.20	\$ 8,269.20	\$ 8,509.20	\$ 9,433.20	\$ 8,221.20	\$ 9,337.20	
Employee & Spouse	\$ 13,357.20	\$ 15,193.20	\$ 15,649.20	\$ 17,497.20	\$ 15,073.20	\$ 17,305.20	
Employee & Children	\$ 10,477.20	\$ 11,869.20	\$ 12,205.20	\$ 13,609.20	\$ 11,785.20	\$ 13,477.20	
Family	\$ 15,457.20	\$ 17,605.20	\$ 18,145.20	\$ 20,317.20	\$ 17,473.20	\$ 20,101.20	

Monthly Medical Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ -	\$ 50.65	\$ -	\$ 41.93	
Employee & Spouse	\$ 407.38	\$ 574.29	\$ 615.75	\$ 783.75	\$ 563.38	\$ 766.29	
Employee & Children	\$ 145.56	\$ 272.11	\$ 302.65	\$ 430.29	\$ 264.47	\$ 418.29	
Family	\$ 598.29	\$ 793.56	\$ 842.65	\$ 1,040.11	\$ 781.56	\$ 1,020.47	

12 Pay							
Employee Only	\$ -	\$ -	\$ -	\$ 46.43	\$ -	\$ 38.43	
Employee & Spouse	\$ 373.43	\$ 526.43	\$ 564.43	\$ 718.43	\$ 516.43	\$ 702.43	
Employee & Children	\$ 133.43	\$ 249.43	\$ 277.43	\$ 394.43	\$ 242.43	\$ 383.43	
Family	\$ 548.43	\$ 727.43	\$ 772.43	\$ 953.43	\$ 716.43	\$ 935.43	

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**