

## 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       |                         |
|----------------------------|--------------------------|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| SIG ID                     | WHHDP<br>\$2800/\$5600   | WHMID<br>\$1800/\$3600 | SHHDP<br>\$2500/\$5000 | SHMID<br>\$1500/\$3000 | 607771<br>\$3000/\$6000 | 602214<br>\$2000/\$4000 |
| Group #                    | W2800                    | W1800                  | HD14                   | HD16                   | 607771B                 | 602214B                 |
| <b>Monthly Rates</b>       |                          |                        |                        |                        |                         |                         |
| 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             |

| <b>Yearly Cost of Medical Plan Only</b> |              |              |              |              |              |              |
|---|--------------|--------------|--------------|--------------|--------------|--------------|
| 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 |

| <b>Monthly Medical Cost to Employees Over the Cap</b>       |           |           |           |           |           |           |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>11 Pay (includes employees receiving summer savings)</b> |           |           |           |           |           |           |
| Employee Only   | \$ -      | \$ -      | \$ -      | \$ -      | \$ -      | \$ -      |
| Employee & Spouse   | \$ 287.27 | \$ 454.18 | \$ 495.64 | \$ 663.64 | \$ 443.27 | \$ 646.18 |
| Employee & Children   | \$ 25.45  | \$ 152.00 | \$ 182.55 | \$ 310.18 | \$ 144.36 | \$ 298.18 |
| Family  | \$ 478.18 | \$ 673.45 | \$ 722.55 | \$ 920.00 | \$ 661.45 | \$ 900.36 |

| <b>12 Pay</b>       |           |           |           |           |           |           |
|---------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Employee Only       | \$ -      | \$ -      | \$ -      | \$ -      | \$ -      | \$ -      |
| Employee & Spouse   | \$ 263.33 | \$ 416.33 | \$ 454.33 | \$ 608.33 | \$ 406.33 | \$ 592.33 |
| Employee & Children | \$ 23.33  | \$ 139.33 | \$ 167.33 | \$ 284.33 | \$ 132.33 | \$ 273.33 |
| Family              | \$ 438.33 | \$ 617.33 | \$ 662.33 | \$ 843.33 | \$ 606.33 | \$ 825.33 |

| <u>District Paid Premiums</u>                         | <u>Eligibility</u>                         | <u>RTA Value</u>   |
|---|--|--------------------|
| 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**