

Roseville City School District 2024-2025 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

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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD32	HD33	607771B	602214B	7005-0038
Monthly Rates							Family
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 1,089.00	\$ 1,255.00	\$ 1,334.00	\$ 1,506.00	\$ 1,317.00	\$ 1,536.00	
Employee & Children-TxxxOA	\$ 829.00	\$ 954.00	\$ 1,014.00	\$ 1,144.00	\$ 1,002.00	\$ 1,168.00	
Family - TxxxSA	\$ 1,279.00	\$ 1,474.00	\$ 1,566.00	\$ 1,768.00	\$ 1,547.00	\$ 1,805.00	

Yearly Cost of Medical Plan with Dental						
Employee Only	\$ 7,764.00	\$ 8,760.00	\$ 9,240.00	\$ 10,272.00	\$ 9,132.00	\$ 10,452.00
Employee & Spouse	\$ 14,280.00	\$ 16,272.00	\$ 17,220.00	\$ 19,284.00	\$ 17,016.00	\$ 19,644.00
Employee & Children	\$ 11,160.00	\$ 12,660.00	\$ 13,380.00	\$ 14,940.00	\$ 13,236.00	\$ 15,228.00
Family	\$ 16,560.00	\$ 18,900.00	\$ 20,004.00	\$ 22,428.00	\$ 19,776.00	\$ 22,872.00

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 69.70	\$ 117.70	\$ 220.90	\$ 106.90	\$ 238.90
Employee & Spouse	\$ 621.70	\$ 820.90	\$ 915.70	\$ 1,122.10	\$ 895.30	\$ 1,158.10
Employee & Children	\$ 309.70	\$ 459.70	\$ 531.70	\$ 687.70	\$ 517.30	\$ 716.50
Family	\$ 849.70	\$ 1,083.70	\$ 1,194.10	\$ 1,436.50	\$ 1,171.30	\$ 1,480.90

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 63.36	\$ 107.00	\$ 200.82	\$ 97.18	\$ 217.18
Employee & Spouse	\$ 565.18	\$ 746.27	\$ 832.45	\$ 1,020.09	\$ 813.91	\$ 1,052.82
Employee & Children	\$ 281.55	\$ 417.91	\$ 483.36	\$ 625.18	\$ 470.27	\$ 651.36
Family	\$ 772.45	\$ 985.18	\$ 1,085.55	\$ 1,305.91	\$ 1,064.82	\$ 1,346.27

12 Pay						
Employee Only	\$ -	\$ 58.08	\$ 98.08	\$ 184.08	\$ 89.08	\$ 199.08
Employee & Spouse	\$ 518.08	\$ 684.08	\$ 763.08	\$ 935.08	\$ 746.08	\$ 965.08
Employee & Children	\$ 258.08	\$ 383.08	\$ 443.08	\$ 573.08	\$ 431.08	\$ 597.08
Family	\$ 708.08	\$ 903.08	\$ 995.08	\$ 1,197.08	\$ 976.08	\$ 1,234.08

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,063.00
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