

## 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	\$ -	\$ 59.70	\$ 107.70	\$ 210.90	\$ 96.90	\$ 228.90	
Employee & Spouse	\$ 611.70	\$ 810.90	\$ 905.70	\$ 1,112.10	\$ 885.30	\$ 1,148.10	
Employee & Children	\$ 299.70	\$ 449.70	\$ 521.70	\$ 677.70	\$ 507.30	\$ 706.50	
Family	\$ 839.70	\$ 1,073.70	\$ 1,184.10	\$ 1,426.50	\$ 1,161.30	\$ 1,470.90	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 54.27	\$ 97.91	\$ 191.73	\$ 88.09	\$ 208.09	
Employee & Spouse	\$ 556.09	\$ 737.18	\$ 823.36	\$ 1,011.00	\$ 804.82	\$ 1,043.73	
Employee & Children	\$ 272.45	\$ 408.82	\$ 474.27	\$ 616.09	\$ 461.18	\$ 642.27	
Family	\$ 763.36	\$ 976.09	\$ 1,076.45	\$ 1,296.82	\$ 1,055.73	\$ 1,337.18	

12 Pay							
Employee Only	\$ -	\$ 49.75	\$ 89.75	\$ 175.75	\$ 80.75	\$ 190.75	
Employee & Spouse	\$ 509.75	\$ 675.75	\$ 754.75	\$ 926.75	\$ 737.75	\$ 956.75	
Employee & Children	\$ 249.75	\$ 374.75	\$ 434.75	\$ 564.75	\$ 422.75	\$ 588.75	
Family	\$ 699.75	\$ 894.75	\$ 986.75	\$ 1,188.75	\$ 967.75	\$ 1,225.75	

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,163.00
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**