

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.

Medical with Dental

	Western Health Advantage HMO	Western Health Advantage DHMO 1000	Sutter Health HMO	Sutter Health DHMO 1000	Kaiser (inc vision) 25/10 HMO	Kaiser (inc vision) DHMO 1000	In order to be eligible for dental you must be enrolled in a medical plan Delta Dental
SIG ID	WHHMO	WDHMO	SHHMO	SDHMO	0559E	8056E	DEL2A-C
Group #	25/10	1000/20	ML41	ML86	600559E	608056E	7005-0038
Monthly Rates							Family
Employee Only-Txxx00	\$ 858.00	\$ 646.00	\$ 1,008.00	\$ 807.00	\$ 1,088.00	\$ 976.00	\$ 101.00
Employee & Spouse-TxxxS0	\$ 1,716.00	\$ 1,292.00	\$ 2,016.00	\$ 1,613.00	\$ 2,176.00	\$ 1,951.00	
Employee & Children-Txxx0A	\$ 1,304.00	\$ 982.00	\$ 1,532.00	\$ 1,226.00	\$ 1,654.00	\$ 1,483.00	
Family - TxxxSA	\$ 2,016.00	\$ 1,518.00	\$ 2,370.00	\$ 1,896.00	\$ 2,557.00	\$ 2,293.00	

Total Yearly Cost of Medical Plan with Dental							
Employee Only	\$ 11,508.00	\$ 8,964.00	\$ 13,308.00	\$ 10,896.00	\$ 14,268.00	\$ 12,924.00	
Employee & Spouse	\$ 21,804.00	\$ 16,716.00	\$ 25,404.00	\$ 20,568.00	\$ 27,324.00	\$ 24,624.00	
Employee & Children	\$ 16,860.00	\$ 12,996.00	\$ 19,596.00	\$ 15,924.00	\$ 21,060.00	\$ 19,008.00	
Family	\$ 25,404.00	\$ 19,428.00	\$ 29,652.00	\$ 23,964.00	\$ 31,896.00	\$ 28,728.00	

Monthly Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ 334.50	\$ 80.10	\$ 514.50	\$ 273.30	\$ 610.50	\$ 476.10	
Employee & Spouse	\$ 1,364.10	\$ 855.30	\$ 1,724.10	\$ 1,240.50	\$ 1,916.10	\$ 1,646.10	
Employee & Children	\$ 869.70	\$ 483.30	\$ 1,143.30	\$ 776.10	\$ 1,289.70	\$ 1,084.50	
Family	\$ 1,724.10	\$ 1,126.50	\$ 2,148.90	\$ 1,580.10	\$ 2,373.30	\$ 2,056.50	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 304.09	\$ 72.82	\$ 467.73	\$ 248.45	\$ 555.00	\$ 432.82	
Employee & Spouse	\$ 1,240.09	\$ 777.55	\$ 1,567.36	\$ 1,127.73	\$ 1,741.91	\$ 1,496.45	
Employee & Children	\$ 790.64	\$ 439.36	\$ 1,039.36	\$ 705.55	\$ 1,172.45	\$ 985.91	
Family	\$ 1,567.36	\$ 1,024.09	\$ 1,953.55	\$ 1,436.45	\$ 2,157.55	\$ 1,869.55	

12 Pay							
Employee Only	\$ 278.75	\$ 66.75	\$ 428.75	\$ 227.75	\$ 508.75	\$ 396.75	
Employee & Spouse	\$ 1,136.75	\$ 712.75	\$ 1,436.75	\$ 1,033.75	\$ 1,596.75	\$ 1,371.75	
Employee & Children	\$ 724.75	\$ 402.75	\$ 952.75	\$ 646.75	\$ 1,074.75	\$ 903.75	
Family	\$ 1,436.75	\$ 938.75	\$ 1,790.75	\$ 1,316.75	\$ 1,977.75	\$ 1,713.75	

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**