## 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 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	
	WHHDP			WHMID	SHHDP			SHMID		607771		602214		DEL2A-C	VSB00-C
SIG ID	\$2800/\$5600		\$1800/\$3600		\$2500/\$5000		\$1600/\$3200		\$3000/\$6000		\$2000/\$4000				
Group #	W2800		W1800		HD32		HD33		607771B		602214B		7005-0038		N/A
Monthly Rates														Family	Employee ONLY
Employee Only-Txxx00	\$	546.00	\$	629.00	\$	669.00	\$	755.00	\$	660.00	\$	770.00	\$	101.00	\$ 9.10
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 and Vision											
Employee Only	\$	7,873.20	\$	8,869.20	\$	9,349.20	\$	10,381.20	\$	9,241.20	\$ 10,561.20
Employee & Spouse	\$	14,389.20	\$	16,381.20	\$	17,329.20	\$	19,393.20	\$	17,125.20	\$ 19,753.20
Employee & Children	\$	11,269.20	\$	12,769.20	\$	13,489.20	\$	15,049.20	\$	13,345.20	\$ 15,337.20
Family	\$	16,669.20	\$	19,009.20	\$	20,113.20	\$	22,537.20	\$	19,885.20	\$ 22,981.20

Monthly Medical Cost to Employees Over the Cap											
12 Pay											
Employee Only	\$	-	\$	-	\$		\$	14.77	\$	-	\$ 29.77
Employee & Spouse	\$	348.77	\$	514.77	\$	593.77	\$	765.77	\$	576.77	\$ 795.77
Employee & Children	\$	88.77	\$	213.77	\$	273.77	\$	403.77	\$	261.77	\$ 427.77
Family	\$	538.77	\$	733.77	\$	825.77	\$	1,027.77	\$	806.77	\$ 1,064.77

District Paid Premiums	Eligibility	MGT/CNF Value
Annual Health Insurance Cap - Management / Confidential	enrolled in a health plan	\$10,204.00
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