## 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 | Only |
|------|------------|---------|------|
|------|------------|---------|------|

|                            | Western Health Advantage |          |                  |          | Sutter Health Plus |          |               |          | Kaiser Permanente |          |        |               |
|----------------------------|--------------------------|----------|------------------|----------|--------------------|----------|---------------|----------|-------------------|----------|--------|---------------|
|                            | WHHDP                    |          | WHMID            |          | SHHDP              |          | SHMID         |          | 607771            |          | 602214 |               |
| SIG                        | \$2800/\$5600            |          | \$1800/\$3600    |          | \$2500/\$5000      |          | \$1600/\$3200 |          | \$3000/\$6000     |          |        | \$2000/\$4000 |
| Group #                    | W2800                    |          | W2800 W1800 HD32 |          | HD33               |          | 607771B       |          | 602214B           |          |        |               |
| Monthly Rates              |                          |          |                  |          |                    |          |               |          |                   |          |        |               |
| Employee Only-Txxx00       | \$                       | 546.00   | \$               | 629.00   | \$                 | 669.00   | \$            | 755.00   | \$                | 660.00   | \$     | 770.00        |
| 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 Only |    |           |    |           |    |           |    |           |    |           |                 |
|----------------------------------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|-----------------|
| Employee Only                    | \$ | 6,552.00  | \$ | 7,548.00  | \$ | 8,028.00  | \$ | 9,060.00  | \$ | 7,920.00  | \$<br>9,240.00  |
| Employee & Spouse                | \$ | 13,068.00 | \$ | 15,060.00 | \$ | 16,008.00 | \$ | 18,072.00 | \$ | 15,804.00 | \$<br>18,432.00 |
| Employee & Children              | \$ | 9,948.00  | \$ | 11,448.00 | \$ | 12,168.00 | \$ | 13,728.00 | \$ | 12,024.00 | \$<br>14,016.00 |
| Family                           | \$ | 15,348.00 | \$ | 17,688.00 | \$ | 18,792.00 | \$ | 21,216.00 | \$ | 18,564.00 | \$<br>21,660.00 |

| Monthly Medical Cost to Employees Over the Cap |    |        |    |        |    |        |    |        |    |        |              |
|--|----|--------|----|--------|----|--------|----|--------|----|--------|--------------|
| 12 Pay   |    |        |    |        |    |        |    |        |    |        |              |
| Employee Only                                  | \$ | -      | \$ | -      | \$ | -      | \$ | -      | \$ | -      | \$<br>-      |
| Employee & Spouse                              | \$ | 238.67 | \$ | 404.67 | \$ | 483.67 | \$ | 655.67 | \$ | 466.67 | \$<br>685.67 |
| Employee & Children                            | \$ | -      | \$ | 103.67 | \$ | 163.67 | \$ | 293.67 | \$ | 151.67 | \$<br>317.67 |
| Family   | \$ | 428.67 | \$ | 623.67 | \$ | 715.67 | \$ | 917.67 | \$ | 696.67 | \$<br>954.67 |

| 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      |

Medical benefits are only available to employees working: Certificated = 50% or more