## 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**

	W	estern Health	W	estern Health										order to be eligible for I you must be enrolled in	
		Advantage Advantage		Advantage	Sutter Health			Sutter Health	Ka	aiser (inc vision)	Ka	iser (inc vision)	a medical plan		
		НМО		DHMO 1000		НМО		DHMO 1000		25/10 HMO		DHMO 1000		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											
12 Pay											
Employee Only	\$	108.67	\$		\$	258.67	\$	57.67	\$	338.67	\$ 226.67
Employee & Spouse	\$	966.67	\$	542.67	\$	1,266.67	\$	863.67	\$	1,426.67	\$ 1,201.67
Employee & Children	\$	554.67	\$	232.67	\$	782.67	\$	476.67	\$	904.67	\$ 733.67
Family	\$	1,266.67	\$	768.67	\$	1,620.67	\$	1,146.67	\$	1,807.67	\$ 1,543.67

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