

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							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ 33.09	\$ 126.91	\$ 23.27	\$ 143.27	
Employee & Spouse	\$ 491.27	\$ 672.36	\$ 758.55	\$ 946.18	\$ 740.00	\$ 978.91	
Employee & Children	\$ 207.64	\$ 344.00	\$ 409.45	\$ 551.27	\$ 396.36	\$ 577.45	
Family	\$ 698.55	\$ 911.27	\$ 1,011.64	\$ 1,232.00	\$ 990.91	\$ 1,272.36	

12 Pay							
Employee Only	\$ -	\$ -	\$ 30.33	\$ 116.33	\$ 21.33	\$ 131.33	
Employee & Spouse	\$ 450.33	\$ 616.33	\$ 695.33	\$ 867.33	\$ 678.33	\$ 897.33	
Employee & Children	\$ 190.33	\$ 315.33	\$ 375.33	\$ 505.33	\$ 363.33	\$ 529.33	
Family	\$ 640.33	\$ 835.33	\$ 927.33	\$ 1,129.33	\$ 908.33	\$ 1,166.33	

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
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**