

## 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
<b>Monthly Rates</b>							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							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 239.27	\$ 8.00	\$ 402.91	\$ 183.64	\$ 490.18	\$ 368.00	
Employee & Spouse	\$ 1,175.27	\$ 712.73	\$ 1,502.55	\$ 1,062.91	\$ 1,677.09	\$ 1,431.64	
Employee & Children	\$ 725.82	\$ 374.55	\$ 974.55	\$ 640.73	\$ 1,107.64	\$ 921.09	
Family	\$ 1,502.55	\$ 959.27	\$ 1,888.73	\$ 1,371.64	\$ 2,092.73	\$ 1,804.73	

12 Pay							
Employee Only	\$ 219.33	\$ 7.33	\$ 369.33	\$ 168.33	\$ 449.33	\$ 337.33	
Employee & Spouse	\$ 1,077.33	\$ 653.33	\$ 1,377.33	\$ 974.33	\$ 1,537.33	\$ 1,312.33	
Employee & Children	\$ 665.33	\$ 343.33	\$ 893.33	\$ 587.33	\$ 1,015.33	\$ 844.33	
Family	\$ 1,377.33	\$ 879.33	\$ 1,731.33	\$ 1,257.33	\$ 1,918.33	\$ 1,654.33	

District Paid Premiums	Eligibility	RTA Value
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**

