

## Roseville City School District 2021-2022 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		Basic Kaiser	Delta Dental
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	602214 \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD14	HD16	602214B	7005-0038
Monthly Rates						
Employee Only-Txxx00	\$ 487.00	\$ 574.00	\$ 545.00	\$ 615.00	\$ 617.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 972.00	\$ 1,145.00	\$ 1,086.00	\$ 1,226.00	\$ 1,230.00	
Employee & Children-TxxxOA	\$ 737.00	\$ 868.00	\$ 826.00	\$ 932.00	\$ 936.00	
Family - TxxxSA	\$ 1,133.00	\$ 1,337.00	\$ 1,275.00	\$ 1,440.00	\$ 1,445.00	

Yearly Cost of Medical Plan with Dental						
Employee Only	\$ 7,056.00	\$ 8,100.00	\$ 7,752.00	\$ 8,592.00	\$ 8,616.00	
Employee & Spouse	\$ 12,876.00	\$ 14,952.00	\$ 14,244.00	\$ 15,924.00	\$ 15,972.00	
Employee & Children	\$ 10,056.00	\$ 11,628.00	\$ 11,124.00	\$ 12,396.00	\$ 12,444.00	
Family	\$ 14,808.00	\$ 17,256.00	\$ 16,512.00	\$ 18,492.00	\$ 18,552.00	

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 91.30	\$ 56.50	\$ 140.50	\$ 142.90	
Employee & Spouse	\$ 568.90	\$ 776.50	\$ 705.70	\$ 873.70	\$ 878.50	
Employee & Children	\$ 286.90	\$ 444.10	\$ 393.70	\$ 520.90	\$ 525.70	
Family	\$ 762.10	\$ 1,006.90	\$ 932.50	\$ 1,130.50	\$ 1,136.50	

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 83.00	\$ 51.36	\$ 127.73	\$ 129.91	
Employee & Spouse	\$ 517.18	\$ 705.91	\$ 641.55	\$ 794.27	\$ 798.64	
Employee & Children	\$ 260.82	\$ 403.73	\$ 357.91	\$ 473.55	\$ 477.91	
Family	\$ 692.82	\$ 915.36	\$ 847.73	\$ 1,027.73	\$ 1,033.18	

12 Pay						
Employee Only	\$ -	\$ 76.08	\$ 47.08	\$ 117.08	\$ 119.08	
Employee & Spouse	\$ 474.08	\$ 647.08	\$ 588.08	\$ 728.08	\$ 732.08	
Employee & Children	\$ 239.08	\$ 370.08	\$ 328.08	\$ 434.08	\$ 438.08	
Family	\$ 635.08	\$ 839.08	\$ 777.08	\$ 942.08	\$ 947.08	

District Paid Premiums	Eligibility	Value
Annual Health Insurance Cap	enrolled in a health plan	\$7,187.00
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 & Classified = 20 hours/week or more