

Roseville City School District 2018-2019 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	\$ 462.77	\$ 537.60	\$ 502.91	\$ 567.64	\$ 545.45	\$ 101.00
Employee & Spouse - TxxxSO	\$ 922.27	\$ 1,071.97	\$ 1,002.61	\$ 1,132.06	\$ 1,087.64	
Employee & Children-TxxxOA	\$ 699.31	\$ 813.13	\$ 762.80	\$ 861.18	\$ 827.39	
Family - TxxxSA	\$ 1,075.54	\$ 1,251.58	\$ 1,177.57	\$ 1,329.68	\$ 1,277.41	

Yearly Cost of Medical Plan with Dental					
Employee Only	\$ 6,765.24	\$ 7,663.20	\$ 7,246.92	\$ 8,023.68	\$ 7,757.40
Employee & Spouse	\$ 12,279.24	\$ 14,075.64	\$ 13,243.32	\$ 14,796.72	\$ 14,263.68
Employee & Children	\$ 9,603.72	\$ 10,969.56	\$ 10,365.60	\$ 11,546.16	\$ 11,140.68
Family	\$ 14,118.48	\$ 16,230.96	\$ 15,342.84	\$ 17,168.16	\$ 16,540.92

Monthly Medical Cost to Employees Over the Cap					
10 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ 47.62	\$ 5.99	\$ 83.67	\$ 57.04
Employee & Spouse	\$ 509.22	\$ 688.86	\$ 605.63	\$ 760.97	\$ 707.67
Employee & Children	\$ 241.67	\$ 378.26	\$ 317.86	\$ 435.92	\$ 395.37
Family	\$ 693.15	\$ 904.40	\$ 815.58	\$ 998.12	\$ 935.39

11 Pay (includes employees receiving summer savings)					
Employee Only	\$ -	\$ 43.29	\$ 5.45	\$ 76.06	\$ 51.85
Employee & Spouse	\$ 462.93	\$ 626.24	\$ 550.57	\$ 691.79	\$ 643.33
Employee & Children	\$ 219.70	\$ 343.87	\$ 288.96	\$ 396.29	\$ 359.43
Family	\$ 630.13	\$ 822.18	\$ 741.44	\$ 907.38	\$ 850.36

12 Pay					
Employee Only	\$ -	\$ 39.68	\$ 4.99	\$ 69.72	\$ 47.53
Employee & Spouse	\$ 424.35	\$ 574.05	\$ 504.69	\$ 634.14	\$ 589.72
Employee & Children	\$ 201.39	\$ 315.21	\$ 264.88	\$ 363.26	\$ 329.47
Family	\$ 577.62	\$ 753.66	\$ 679.65	\$ 831.76	\$ 779.49

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