

Roseville City School District 2022-2023 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

SIG ID	Western Health Advantage		Sutter Health Plus		Basic Kaiser	Delta Dental
	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						Family
Employee Only-Txxx00	\$ 489.00	\$ 576.00	\$ 567.00	\$ 640.00	\$ 618.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 975.00	\$ 1,149.00	\$ 1,130.00	\$ 1,275.00	\$ 1,233.00	
Employee & Children-TxxxOA	\$ 739.00	\$ 871.00	\$ 859.00	\$ 969.00	\$ 938.00	
Family - TxxxSA	\$ 1,137.00	\$ 1,342.00	\$ 1,326.00	\$ 1,497.00	\$ 1,448.00	

Yearly Cost of Medical Plan with Dental						
Employee Only	\$ 7,080.00	\$ 8,124.00	\$ 8,016.00	\$ 8,892.00	\$ 8,628.00	
Employee & Spouse	\$ 12,912.00	\$ 15,000.00	\$ 14,772.00	\$ 16,512.00	\$ 16,008.00	
Employee & Children	\$ 10,080.00	\$ 11,664.00	\$ 11,520.00	\$ 12,840.00	\$ 12,468.00	
Family	\$ 14,856.00	\$ 17,316.00	\$ 17,124.00	\$ 19,176.00	\$ 18,588.00	

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 23.73	\$ 13.91	\$ 93.55	\$ 69.55	
Employee & Spouse	\$ 459.00	\$ 648.82	\$ 628.09	\$ 786.27	\$ 740.45	
Employee & Children	\$ 201.55	\$ 345.55	\$ 332.45	\$ 452.45	\$ 418.64	
Family	\$ 635.73	\$ 859.36	\$ 841.91	\$ 1,028.45	\$ 975.00	

12 Pay						
Employee Only	\$ -	\$ 21.75	\$ 12.75	\$ 85.75	\$ 63.75	
Employee & Spouse	\$ 420.75	\$ 594.75	\$ 575.75	\$ 720.75	\$ 678.75	
Employee & Children	\$ 184.75	\$ 316.75	\$ 304.75	\$ 414.75	\$ 383.75	
Family	\$ 582.75	\$ 787.75	\$ 771.75	\$ 942.75	\$ 893.75	

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$7,863.00
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:
Classified = 20 hours/week or more**