

**Roseville City School District  
2023-2024 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 and Vision**

In order to be eligible  
you must be enrolled

SIG ID	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD14	HD16	607771B	602214B	7005-0038
<b>Monthly Rates</b>							Family
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 1,003.00	\$ 1,156.00	\$ 1,194.00	\$ 1,348.00	\$ 1,146.00	\$ 1,332.00	
Employee & Children-TxxxOA	\$ 763.00	\$ 879.00	\$ 907.00	\$ 1,024.00	\$ 872.00	\$ 1,013.00	
Family - TxxxSA	\$ 1,178.00	\$ 1,357.00	\$ 1,402.00	\$ 1,583.00	\$ 1,346.00	\$ 1,565.00	

Yearly Cost of Medical Plan with Dental and Vision							
Employee Only	\$ 7,357.20	\$ 8,269.20	\$ 8,509.20	\$ 9,433.20	\$ 8,221.20	\$ 9,337.20	
Employee & Spouse	\$ 13,357.20	\$ 15,193.20	\$ 15,649.20	\$ 17,497.20	\$ 15,073.20	\$ 17,305.20	
Employee & Children	\$ 10,477.20	\$ 11,869.20	\$ 12,205.20	\$ 13,609.20	\$ 11,785.20	\$ 13,477.20	
Family	\$ 15,457.20	\$ 17,605.20	\$ 18,145.20	\$ 20,317.20	\$ 17,473.20	\$ 20,101.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 40.62	\$ 64.62	\$ 157.02	\$ 35.82	\$ 147.42	
Employee & Spouse	\$ 549.42	\$ 733.02	\$ 778.62	\$ 963.42	\$ 721.02	\$ 944.22	
Employee & Children	\$ 261.42	\$ 400.62	\$ 434.22	\$ 574.62	\$ 392.22	\$ 561.42	
Family	\$ 759.42	\$ 974.22	\$ 1,028.22	\$ 1,245.42	\$ 961.02	\$ 1,223.82	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 36.93	\$ 58.75	\$ 142.75	\$ 32.56	\$ 134.02	
Employee & Spouse	\$ 499.47	\$ 666.38	\$ 707.84	\$ 875.84	\$ 655.47	\$ 858.38	
Employee & Children	\$ 237.65	\$ 364.20	\$ 394.75	\$ 522.38	\$ 356.56	\$ 510.38	
Family	\$ 690.38	\$ 885.65	\$ 934.75	\$ 1,132.20	\$ 873.65	\$ 1,112.56	

12 Pay							
Employee Only	\$ -	\$ 33.85	\$ 53.85	\$ 130.85	\$ 29.85	\$ 122.85	
Employee & Spouse	\$ 457.85	\$ 610.85	\$ 648.85	\$ 802.85	\$ 600.85	\$ 786.85	
Employee & Children	\$ 217.85	\$ 333.85	\$ 361.85	\$ 478.85	\$ 326.85	\$ 467.85	
Family	\$ 632.85	\$ 811.85	\$ 856.85	\$ 1,037.85	\$ 800.85	\$ 1,019.85	

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**