

## 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 Only

SIG	Western Health Advantage		Sutter Health Plus		Kaiser Permanente	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	KPHDP \$3000/\$6000	KPMID \$2000/\$4000
Group #	W2800	W1800	HD14	HD16	607771B	602214B
<b>Monthly Rates</b>						
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00
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

<b>Yearly Cost of Medical Plan Only</b>						
Employee Only	\$ 6,036.00	\$ 6,948.00	\$ 7,188.00	\$ 8,112.00	\$ 6,900.00	\$ 8,016.00
Employee & Spouse	\$ 12,036.00	\$ 13,872.00	\$ 14,328.00	\$ 16,176.00	\$ 13,752.00	\$ 15,984.00
Employee & Children	\$ 9,156.00	\$ 10,548.00	\$ 10,884.00	\$ 12,288.00	\$ 10,464.00	\$ 12,156.00
Family	\$ 14,136.00	\$ 16,284.00	\$ 16,824.00	\$ 18,996.00	\$ 16,152.00	\$ 18,780.00

<b>Monthly Medical Cost to Employees Over the Cap</b>						
<b>10 Pay (includes employees receiving summer savings)</b>						
Employee Only	\$ -	\$ -	\$ -	\$ 24.90	\$ -	\$ 15.30
Employee & Spouse	\$ 417.30	\$ 600.90	\$ 646.50	\$ 831.30	\$ 588.90	\$ 812.10
Employee & Children	\$ 129.30	\$ 268.50	\$ 302.10	\$ 442.50	\$ 260.10	\$ 429.30
Family	\$ 627.30	\$ 842.10	\$ 896.10	\$ 1,113.30	\$ 828.90	\$ 1,091.70

<b>11 Pay (includes employees receiving summer savings)</b>						
Employee Only	\$ -	\$ -	\$ -	\$ 22.64	\$ -	\$ 13.91
Employee & Spouse	\$ 379.36	\$ 546.27	\$ 587.73	\$ 755.73	\$ 535.36	\$ 738.27
Employee & Children	\$ 117.55	\$ 244.09	\$ 274.64	\$ 402.27	\$ 236.45	\$ 390.27
Family	\$ 570.27	\$ 765.55	\$ 814.64	\$ 1,012.09	\$ 753.55	\$ 992.45

<b>12 Pay</b>						
Employee Only	\$ -	\$ -	\$ -	\$ 20.75	\$ -	\$ 12.75
Employee & Spouse	\$ 347.75	\$ 500.75	\$ 538.75	\$ 692.75	\$ 490.75	\$ 676.75
Employee & Children	\$ 107.75	\$ 223.75	\$ 251.75	\$ 368.75	\$ 216.75	\$ 357.75
Family	\$ 522.75	\$ 701.75	\$ 746.75	\$ 927.75	\$ 690.75	\$ 909.75

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
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**