

Roseville City School District 2020-2021 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	\$ 492.00	\$ 580.00	\$ 532.00	\$ 601.00	\$ 565.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 981.00	\$ 1,156.00	\$ 1,062.00	\$ 1,199.00	\$ 1,127.00	
Employee & Children-TxxxOA	\$ 744.00	\$ 877.00	\$ 808.00	\$ 912.00	\$ 858.00	
Family - TxxxSA	\$ 1,144.00	\$ 1,350.00	\$ 1,247.00	\$ 1,408.00	\$ 1,324.00	

Yearly Cost of Medical Plan with Dental						
Employee Only	\$ 7,116.00	\$ 8,172.00	\$ 7,596.00	\$ 8,424.00	\$ 7,992.00	
Employee & Spouse	\$ 12,984.00	\$ 15,084.00	\$ 13,956.00	\$ 15,600.00	\$ 14,736.00	
Employee & Children	\$ 10,140.00	\$ 11,736.00	\$ 10,908.00	\$ 12,156.00	\$ 11,508.00	
Family	\$ 14,940.00	\$ 17,412.00	\$ 16,176.00	\$ 18,108.00	\$ 17,100.00	

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 98.50	\$ 40.90	\$ 123.70	\$ 80.50	
Employee & Spouse	\$ 579.70	\$ 789.70	\$ 676.90	\$ 841.30	\$ 754.90	
Employee & Children	\$ 295.30	\$ 454.90	\$ 372.10	\$ 496.90	\$ 432.10	
Family	\$ 775.30	\$ 1,022.50	\$ 898.90	\$ 1,092.10	\$ 991.30	

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 89.55	\$ 37.18	\$ 112.45	\$ 73.18	
Employee & Spouse	\$ 527.00	\$ 717.91	\$ 615.36	\$ 764.82	\$ 686.27	
Employee & Children	\$ 268.45	\$ 413.55	\$ 338.27	\$ 451.73	\$ 392.82	
Family	\$ 704.82	\$ 929.55	\$ 817.18	\$ 992.82	\$ 901.18	

12 Pay						
Employee Only	\$ -	\$ 82.08	\$ 34.08	\$ 103.08	\$ 67.08	
Employee & Spouse	\$ 483.08	\$ 658.08	\$ 564.08	\$ 701.08	\$ 629.08	
Employee & Children	\$ 246.08	\$ 379.08	\$ 310.08	\$ 414.08	\$ 360.08	
Family	\$ 646.08	\$ 852.08	\$ 749.08	\$ 910.08	\$ 826.08	

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**