Roseville City School District 2017-2018 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 11 month percentage.

High Deductible Medical with Dental

In order to be eligible for dental you must be enrolled in a medical plan

	Western Health Advantage					Sutter He	Plus	Basic Kaiser		Delta Dental			
	WHHDP		WHMID			SHHDP		SHMID		602214		DEL2A-C	
SIG ID	\$2800/\$5600		\$1800/\$3600		\$2500/\$5000		\$1500/\$3000		\$2000/\$4000				
Group #		W2800		W1800		HD04		HD06		602214B		7005-0038	
Monthly Rates													
Employee Only-Txxx00	\$	443.00	\$	525.00	\$	463.00	\$	523.00	\$	511.00	\$	96.25	
Employee & Spouse - TxxxSO	\$	886.00	\$	1,050.00	\$	926.00	\$	1,046.00	\$	1,022.00			
Employee & Children-TxxxOA	\$	673.00	\$	797.00	\$	705.00	\$	796.00	\$	778.00			
Family - TxxxSA	\$	1,035.00	\$	1,227.00	\$	1,089.00	\$	1,229.00	\$	1,201.00			

Yearly Cost of Medical Plan with Dental									
Employee Only	\$	6,471.00	\$	7,455.00	\$	6,711.00	\$	7,431.00	\$ 7,287.00
Employee & Spouse	\$	11,787.00	\$	13,755.00	\$	12,267.00	\$	13,707.00	\$ 13,419.00
Employee & Children	\$	9,231.00	\$	10,719.00	\$	9,615.00	\$	10,707.00	\$ 10,491.00
Family	\$	13,575.00	\$	15,879.00	\$	14,223.00	\$	15,903.00	\$ 15,567.00

Monthly Medical Cost to Employees Over the Cap									
11 Pay (includes employees receiving summer savings)									
Employee Only	\$	-	\$	24.36	\$		\$	22.18	\$ 9.09
Employee & Spouse	\$	418.18	\$	597.09	\$	461.82	\$	592.73	\$ 566.55
Employee & Children	\$	185.82	\$	321.09	\$	220.73	\$	320.00	\$ 300.36
Family	\$	580.73	\$	790.18	\$	639.64	\$	792.36	\$ 761.82

12 Pay					
Employee Only	\$ -	\$ 22.33	\$	\$ 20.33	\$ 8.33
Employee & Spouse	\$ 383.33	\$ 547.33	\$ 423.33	\$ 543.33	\$ 519.33
Employee & Children	\$ 170.33	\$ 294.33	\$ 202.33	\$ 293.33	\$ 275.33
Family	\$ 532.33	\$ 724.33	\$ 586.33	\$ 726.33	\$ 698.33

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