

## 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.

### Medical with Dental

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 20/10 HMO	In order to be eligible for dental you must be enrolled in a medical plan Delta Dental
SIG ID	WHHMO	SHHMO	0559E	DEL2A-C
Group #	PR20	ML41	600559	7005-0038
Monthly Rates				
Employee Only-Txxx00	\$ 694.00	\$ 738.00	\$ 777.00	\$ 96.25
Employee & Spouse-TxxxS0	\$ 1,388.00	\$ 1,476.00	\$ 1,554.00	
Employee & Children-Txxx0A	\$ 1,054.00	\$ 1,121.00	\$ 1,181.00	
Family - TxxxSA	\$ 1,630.00	\$ 1,733.00	\$ 1,825.00	

Total Yearly Cost of Medical Plan with Dental			
Employee Only	\$ 9,483.00	\$ 10,011.00	\$ 10,479.00
Employee & Spouse	\$ 17,811.00	\$ 18,867.00	\$ 19,803.00
Employee & Children	\$ 13,803.00	\$ 14,607.00	\$ 15,327.00
Family	\$ 20,715.00	\$ 21,951.00	\$ 23,055.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 208.73	\$ 256.73	\$ 299.27
Employee & Spouse	\$ 965.82	\$ 1,061.82	\$ 1,146.91
Employee & Children	\$ 601.45	\$ 674.55	\$ 740.00
Family	\$ 1,229.82	\$ 1,342.18	\$ 1,442.55

12 Pay			
Employee Only	\$ 191.33	\$ 235.33	\$ 274.33
Employee & Spouse	\$ 885.33	\$ 973.33	\$ 1,051.33
Employee & Children	\$ 551.33	\$ 618.33	\$ 678.33
Family	\$ 1,127.33	\$ 1,230.33	\$ 1,322.33

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**