Roseville City School District 2022-2023 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		
	WHHDP		WHMID		SHHDP		SHMID		602214			DEL2A-C	
SIG ID	\$2800/\$5600		\$1800/\$3600		\$2500/\$5000		\$1500/\$3000		\$2000/\$4000				
Group #		W2800	W1800		HD14		HD16			602214B	7005-0038		
Monthly Rates												Family	
Employee Only-Txxx00	\$	489.00	\$	576.00	\$	567.00	\$	640.00	\$	618.00	\$	101.00	
Employee & Spouse - TxxxSO	\$	975.00	\$	1,149.00	\$	1,130.00	\$	1,275.00	\$	1,233.00			
Employee & Children-TxxxOA	\$	739.00	\$	871.00	\$	859.00	\$	969.00	\$	938.00			
Family - TxxxSA	\$	1,137.00	\$	1,342.00	\$	1,326.00	\$	1,497.00	\$	1,448.00			

Yearly Cost of Medical Plan with Dental									
Employee Only	\$	7,080.00	\$	8,124.00	\$	8,016.00	\$	8,892.00	\$ 8,628.00
Employee & Spouse	\$	12,912.00	\$	15,000.00	\$	14,772.00	\$	16,512.00	\$ 16,008.00
Employee & Children	\$	10,080.00	\$	11,664.00	\$	11,520.00	\$	12,840.00	\$ 12,468.00
Family	\$	14,856.00	\$	17,316.00	\$	17,124.00	\$	19,176.00	\$ 18,588.00

Monthly Medical Cost to Employees Over the Cap									
11 Pay (includes employees receiving summer savings)									
Employee Only	\$		\$		\$	-	\$	-	\$ -
Employee & Spouse	\$	246.18	\$	436.00	\$	415.27	\$	573.45	\$ 527.64
Employee & Children	\$	-	\$	132.73	\$	119.64	\$	239.64	\$ 205.82
Family	\$	422.91	\$	646.55	\$	629.09	\$	815.64	\$ 762.18
12 Pay									
Employee Only	\$	-	\$		\$	-	\$	-	\$ -

12 Pay					
Employee Only	\$	\$	\$ -	\$ -	\$ -
Employee & Spouse	\$ 225.67	\$ 399.67	\$ 380.67	\$ 525.67	\$ 483.67
Employee & Children	\$ -	\$ 121.67	\$ 109.67	\$ 219.67	\$ 188.67
Family	\$ 387.67	\$ 592.67	\$ 576.67	\$ 747.67	\$ 698.67

District Paid Premiums	<u>Eligibility</u>	MGT/CNF Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$10,204.00
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