

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.

Medical with Dental

	Western Health Advantage HMO	Sutter Health HMO	Kaiser (inc vision) 25/10 HMO	Delta Dental
SIG ID	WHHMO	SHHMO	0559E	DEL2A-C
Group #	PR20	ML41	600559	7005-0038
Monthly Rates				Family
Employee Only-Txxx00	\$ 761.00	\$ 892.00	\$ 891.00	\$ 101.00
Employee & Spouse-TxxxS0	\$ 1,521.00	\$ 1,784.00	\$ 1,782.00	
Employee & Children-Txxx0A	\$ 1,156.00	\$ 1,356.00	\$ 1,354.00	
Family - TxxxSA	\$ 1,787.00	\$ 2,097.00	\$ 2,094.00	

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

Total Yearly Cost of Medical Plan with Dental			
Employee Only	\$ 10,344.00	\$ 11,916.00	\$ 11,904.00
Employee & Spouse	\$ 19,464.00	\$ 22,620.00	\$ 22,596.00
Employee & Children	\$ 15,084.00	\$ 17,484.00	\$ 17,460.00
Family	\$ 22,656.00	\$ 26,376.00	\$ 26,340.00

Monthly Cost to Employees Over the Cap			
11 Pay (includes employees receiving summer savings)			
Employee Only	\$ 12.73	\$ 155.64	\$ 154.55
Employee & Spouse	\$ 841.82	\$ 1,128.73	\$ 1,126.55
Employee & Children	\$ 443.64	\$ 661.82	\$ 659.64
Family	\$ 1,132.00	\$ 1,470.18	\$ 1,466.91

12 Pay			
Employee Only	\$ 11.67	\$ 142.67	\$ 141.67
Employee & Spouse	\$ 771.67	\$ 1,034.67	\$ 1,032.67
Employee & Children	\$ 406.67	\$ 606.67	\$ 604.67
Family	\$ 1,037.67	\$ 1,347.67	\$ 1,344.67

District Paid Premiums	Eligibility	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

**Medical benefits are only available to employees working:
50% or more**