

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 | \$ 133.45 | \$ 276.36 | \$ 275.27 |
| Employee & Spouse | \$ 962.55 | \$ 1,249.45 | \$ 1,247.27 |
| Employee & Children | \$ 564.36 | \$ 782.55 | \$ 780.36 |
| Family | \$ 1,252.73 | \$ 1,590.91 | \$ 1,587.64 |

| 12 Pay | | | |
|---------------------|-------------|-------------|-------------|
| Employee Only | \$ 122.33 | \$ 253.33 | \$ 252.33 |
| Employee & Spouse | \$ 882.33 | \$ 1,145.33 | \$ 1,143.33 |
| Employee & Children | \$ 517.33 | \$ 717.33 | \$ 715.33 |
| Family | \$ 1,148.33 | \$ 1,458.33 | \$ 1,455.33 |

| District Paid Premiums | Eligibility | RTA Value |
|---|--|--------------------|
| Annual Health Insurance Cap - RTA | enrolled in a health plan | \$8,876.00 |
| 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**