

## Roseville City School District 2023-2024 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		Kaiser Permanente		Delta Dental
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1500/\$3000	607771 \$3000/\$6000	602214 \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD14	HD16	607771B	602214B	7005-0038
Monthly Rates							Family
Employee Only-Txxx00	\$ 503.00	\$ 579.00	\$ 599.00	\$ 676.00	\$ 575.00	\$ 668.00	\$ 101.00
Employee & Spouse - TxxxSO	\$ 1,003.00	\$ 1,156.00	\$ 1,194.00	\$ 1,348.00	\$ 1,146.00	\$ 1,332.00	
Employee & Children-TxxxOA	\$ 763.00	\$ 879.00	\$ 907.00	\$ 1,024.00	\$ 872.00	\$ 1,013.00	
Family - TxxxSA	\$ 1,178.00	\$ 1,357.00	\$ 1,402.00	\$ 1,583.00	\$ 1,346.00	\$ 1,565.00	

Yearly Cost of Medical Plan with Dental						
Employee Only	\$ 7,248.00	\$ 8,160.00	\$ 8,400.00	\$ 9,324.00	\$ 8,112.00	\$ 9,228.00
Employee & Spouse	\$ 13,248.00	\$ 15,084.00	\$ 15,540.00	\$ 17,388.00	\$ 14,964.00	\$ 17,196.00
Employee & Children	\$ 10,368.00	\$ 11,760.00	\$ 12,096.00	\$ 13,500.00	\$ 11,676.00	\$ 13,368.00
Family	\$ 15,348.00	\$ 17,496.00	\$ 18,036.00	\$ 20,208.00	\$ 17,364.00	\$ 19,992.00

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 40.73	\$ -	\$ 32.00
Employee & Spouse	\$ 397.45	\$ 564.36	\$ 605.82	\$ 773.82	\$ 553.45	\$ 756.36
Employee & Children	\$ 135.64	\$ 262.18	\$ 292.73	\$ 420.36	\$ 254.55	\$ 408.36
Family	\$ 588.36	\$ 783.64	\$ 832.73	\$ 1,030.18	\$ 771.64	\$ 1,010.55

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 37.33	\$ -	\$ 29.33
Employee & Spouse	\$ 364.33	\$ 517.33	\$ 555.33	\$ 709.33	\$ 507.33	\$ 693.33
Employee & Children	\$ 124.33	\$ 240.33	\$ 268.33	\$ 385.33	\$ 233.33	\$ 374.33
Family	\$ 539.33	\$ 718.33	\$ 763.33	\$ 944.33	\$ 707.33	\$ 926.33

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