Roseville City School District 2024-2025 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

	W	estern Health	We	estern Health			In order to be eligible for dental you must be enrolled in								
	Advantage		age Advantage		Sutter Health			Sutter Health		iser (inc vision)	Ka	iser (inc vision)	uenta	a medical plan	
		НМО	DHMO 1000		НМО		DHMO 1000		25/10 HMO		DHMO 1000		Delta Dental		
SIG ID		WHHMO		WDHMO		SHHMO		SDHMO		0559E		8056E		DEL2A-C	
Group #		25/10	1000/20		ML41		ML86		600559E		608056E		7005-0038		
Monthly Rates														Family	
Employee Only-Txxx00	\$	858.00	\$	646.00	\$	1,008.00	\$	807.00	\$	1,088.00	\$	976.00	\$	101.00	
Employee & Spouse-TxxxS0	\$	1,716.00	\$	1,292.00	\$	2,016.00	\$	1,613.00	\$	2,176.00	\$	1,951.00			
Employee & Children-Txxx0A	\$	1,304.00	\$	982.00	\$	1,532.00	\$	1,226.00	\$	1,654.00	\$	1,483.00			
Family - TxxxSA	\$	2,016.00	\$	1,518.00	\$	2,370.00	\$	1,896.00	\$	2,557.00	\$	2,293.00			

Total Yearly Cost of Medical Plan with Dental										
Employee Only	\$	11,508.00	\$	8,964.00	\$	13,308.00	\$	10,896.00	\$ 14,268.00	\$ 12,924.00
Employee & Spouse	\$	21,804.00	\$	16,716.00	\$	25,404.00	\$	20,568.00	\$ 27,324.00	\$ 24,624.00
Employee & Children	\$	16,860.00	\$	12,996.00	\$	19,596.00	\$	15,924.00	\$ 21,060.00	\$ 19,008.00
Family	\$	25,404.00	\$	19,428.00	\$	29,652.00	\$	23,964.00	\$ 31,896.00	\$ 28,728.00

Monthly Cost to Employees Over the Cap										
12 Pay										
Employee Only	\$	107.83	\$	-	\$	257.83	\$	56.83	\$ 337.83	\$ 225.83
Employee & Spouse	\$	965.83	\$	541.83	\$	1,265.83	\$	862.83	\$ 1,425.83	\$ 1,200.83
Employee & Children	\$	553.83	\$	231.83	\$	781.83	\$	475.83	\$ 903.83	\$ 732.83
Family	\$	1,265.83	\$	767.83	\$	1,619.83	\$	1,145.83	\$ 1,806.83	\$ 1,542.83

<u>District Paid Premiums</u>	<u>Eligibility</u>	MGT/CNF Value
Annual Health Insurance Cap - Management / Confidential	enrolled in a health plan	\$10,214.00
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