## 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										order to be eligible for
		Advantage	Advantage		Sutter Health		Sutter Health		Ka	aiser (inc vision)	Ka	niser (inc vision)	dental you must be enrolled 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	\$	100.33	\$		\$	250.33	\$	49.33	\$	330.33	\$ 218.33
Employee & Spouse	\$	958.33	\$	534.33	\$	1,258.33	\$	855.33	\$	1,418.33	\$ 1,193.33
Employee & Children	\$	546.33	\$	224.33	\$	774.33	\$	468.33	\$	896.33	\$ 725.33
Family	\$	1,258.33	\$	760.33	\$	1,612.33	\$	1,138.33	\$	1,799.33	\$ 1,535.33

District Paid Premiums	<u>Eligibility</u>	MGT/CNF Value
Annual Health Insurance Cap - Management / Confidential	enrolled in a health plan	\$10,304.00
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