

## 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 and Vision

	Western Health Advantage HMO	Western Health Advantage DHMO 1000	Sutter Health HMO	Sutter Health DHMO 1000	Kaiser (inc vision) 25/10 HMO	Kaiser (inc vision) DHMO 1000	In order to be eligible for dental or vision you must be enrolled in a medical plan	
SIG ID	WHHMO	WDHMO	SHHMO	SDHMO	0559E	8056E	Delta Dental	VSP
Group #	25/10	1000/20	ML41	ML86	600559E	608056E	7005-0038	N/A
<b>Monthly Rates</b>							Family	Employee ONLY
Employee Only-Txxx00	\$ 858.00	\$ 646.00	\$ 1,008.00	\$ 807.00	\$ 1,088.00	\$ 976.00	\$ 101.00	\$ 9.10
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 and Vision							
Employee Only	\$ 11,617.20	\$ 9,073.20	\$ 13,417.20	\$ 11,005.20	\$ 14,268.00	\$ 12,924.00	
Employee & Spouse	\$ 21,913.20	\$ 16,825.20	\$ 25,513.20	\$ 20,677.20	\$ 27,324.00	\$ 24,624.00	
Employee & Children	\$ 16,969.20	\$ 13,105.20	\$ 19,705.20	\$ 16,033.20	\$ 21,060.00	\$ 19,008.00	
Family	\$ 25,513.20	\$ 19,537.20	\$ 29,761.20	\$ 24,073.20	\$ 31,896.00	\$ 28,728.00	

Monthly Cost to Employees Over the Cap							
<b>12 Pay</b>							
Employee Only	\$ 109.43	\$ -	\$ 259.43	\$ 58.43	\$ 330.33	\$ 218.33	
Employee & Spouse	\$ 967.43	\$ 543.43	\$ 1,267.43	\$ 864.43	\$ 1,418.33	\$ 1,193.33	
Employee & Children	\$ 555.43	\$ 233.43	\$ 783.43	\$ 477.43	\$ 896.33	\$ 725.33	
Family	\$ 1,267.43	\$ 769.43	\$ 1,621.43	\$ 1,147.43	\$ 1,799.33	\$ 1,535.33	

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>MGT/CNF Value</u>
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

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