

## 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.

### High Deductible Medical with Dental and Vision

In order to be eligible for dental or vision  
you must be enrolled in a medical plan

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental	VSP
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000	DEL2A-C	VSB00-C
Group #	W2800	W1800	HD32	HD33	607771B	602214B	7005-0038	N/A
Monthly Rates							Family	Employee ONLY
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00	\$ 101.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 1,089.00	\$ 1,255.00	\$ 1,334.00	\$ 1,506.00	\$ 1,317.00	\$ 1,536.00		
Employee & Children-TxxxOA	\$ 829.00	\$ 954.00	\$ 1,014.00	\$ 1,144.00	\$ 1,002.00	\$ 1,168.00		
Family - TxxxSA	\$ 1,279.00	\$ 1,474.00	\$ 1,566.00	\$ 1,768.00	\$ 1,547.00	\$ 1,805.00		

Yearly Cost of Medical Plan with Dental and Vision							
Employee Only	\$ 7,873.20	\$ 8,869.20	\$ 9,349.20	\$ 10,381.20	\$ 9,241.20	\$ 10,561.20	
Employee & Spouse	\$ 14,389.20	\$ 16,381.20	\$ 17,329.20	\$ 19,393.20	\$ 17,125.20	\$ 19,753.20	
Employee & Children	\$ 11,269.20	\$ 12,769.20	\$ 13,489.20	\$ 15,049.20	\$ 13,345.20	\$ 15,337.20	
Family	\$ 16,669.20	\$ 19,009.20	\$ 20,113.20	\$ 22,537.20	\$ 19,885.20	\$ 22,981.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 80.62	\$ 128.62	\$ 231.82	\$ 117.82	\$ 249.82	
Employee & Spouse	\$ 632.62	\$ 831.82	\$ 926.62	\$ 1,133.02	\$ 906.22	\$ 1,169.02	
Employee & Children	\$ 320.62	\$ 470.62	\$ 542.62	\$ 698.62	\$ 528.22	\$ 727.42	
Family	\$ 860.62	\$ 1,094.62	\$ 1,205.02	\$ 1,447.42	\$ 1,182.22	\$ 1,491.82	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ 73.29	\$ 116.93	\$ 210.75	\$ 107.11	\$ 227.11	
Employee & Spouse	\$ 575.11	\$ 756.20	\$ 842.38	\$ 1,030.02	\$ 823.84	\$ 1,062.75	
Employee & Children	\$ 291.47	\$ 427.84	\$ 493.29	\$ 635.11	\$ 480.20	\$ 661.29	
Family	\$ 782.38	\$ 995.11	\$ 1,095.47	\$ 1,315.84	\$ 1,074.75	\$ 1,356.20	

12 Pay							
Employee Only	\$ -	\$ 67.18	\$ 107.18	\$ 193.18	\$ 98.18	\$ 208.18	
Employee & Spouse	\$ 527.18	\$ 693.18	\$ 772.18	\$ 944.18	\$ 755.18	\$ 974.18	
Employee & Children	\$ 267.18	\$ 392.18	\$ 452.18	\$ 582.18	\$ 440.18	\$ 606.18	
Family	\$ 717.18	\$ 912.18	\$ 1,004.18	\$ 1,206.18	\$ 985.18	\$ 1,243.18	

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,063.00
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**