

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 Only

SIG	Western Health Advantage		Sutter Health Plus		Kaiser Permanente	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000
Group #	W2800	W1800	HD32	HD33	607771B	602214B
Monthly Rates						
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00
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 Only						
Employee Only	\$ 6,552.00	\$ 7,548.00	\$ 8,028.00	\$ 9,060.00	\$ 7,920.00	\$ 9,240.00
Employee & Spouse	\$ 13,068.00	\$ 15,060.00	\$ 16,008.00	\$ 18,072.00	\$ 15,804.00	\$ 18,432.00
Employee & Children	\$ 9,948.00	\$ 11,448.00	\$ 12,168.00	\$ 13,728.00	\$ 12,024.00	\$ 14,016.00
Family	\$ 15,348.00	\$ 17,688.00	\$ 18,792.00	\$ 21,216.00	\$ 18,564.00	\$ 21,660.00

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 16.73	\$ -	\$ 33.09
Employee & Spouse	\$ 381.09	\$ 562.18	\$ 648.36	\$ 836.00	\$ 629.82	\$ 868.73
Employee & Children	\$ 97.45	\$ 233.82	\$ 299.27	\$ 441.09	\$ 286.18	\$ 467.27
Family	\$ 588.36	\$ 801.09	\$ 901.45	\$ 1,121.82	\$ 880.73	\$ 1,162.18

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 15.33	\$ -	\$ 30.33
Employee & Spouse	\$ 349.33	\$ 515.33	\$ 594.33	\$ 766.33	\$ 577.33	\$ 796.33
Employee & Children	\$ 89.33	\$ 214.33	\$ 274.33	\$ 404.33	\$ 262.33	\$ 428.33
Family	\$ 539.33	\$ 734.33	\$ 826.33	\$ 1,028.33	\$ 807.33	\$ 1,065.33

<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**