

Roseville City School District 2026-2027 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 Delta Dental

| SIG ID | Western Health Advantage | | Sutter Health Plan | | Kaiser Permanente | | Delta |
|---------------------------------------|--------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-------------------|
| | WHHDP \$2800/\$5600 | WHMID \$1800/\$3600 | SHHDP \$2500/\$5000 | SHMID \$1750/\$3500 | KPHDP \$3000/\$6000 | KPMID \$2000/\$4000 | DEL2A-C Family |
| Monthly Rates | | | | | | | |
| Employee Only - EE | \$ 640.00 | \$ 738.00 | \$ 836.00 | \$ 944.00 | \$ 790.00 | \$ 922.00 | \$ 101.00 |
| EE & Spouse/Doemstic Partner - ES/EDP | \$ 1,280.00 | \$ 1,475.00 | \$ 1,671.00 | \$ 1,887.00 | \$ 1,580.00 | \$ 1,844.00 | |
| Employee & Children - ECH | \$ 973.00 | \$ 1,121.00 | \$ 1,269.00 | \$ 1,433.00 | \$ 1,201.00 | \$ 1,402.00 | |
| Family - FAM | \$ 1,504.00 | \$ 1,733.00 | \$ 1,962.00 | \$ 2,216.00 | \$ 1,857.00 | \$ 2,167.00 | |

| Yearly Cost of Medical Plan with Dental | | | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--|
| Employee Only | \$ 8,892.00 | \$ 10,068.00 | \$ 11,244.00 | \$ 12,540.00 | \$ 10,692.00 | \$ 12,276.00 | |
| Employee & Spouse/Domestic Partner | \$ 16,572.00 | \$ 18,912.00 | \$ 21,264.00 | \$ 23,856.00 | \$ 20,172.00 | \$ 23,340.00 | |
| Employee & Children | \$ 12,888.00 | \$ 14,664.00 | \$ 16,440.00 | \$ 18,408.00 | \$ 15,624.00 | \$ 18,036.00 | |
| Family | \$ 19,260.00 | \$ 22,008.00 | \$ 24,756.00 | \$ 27,804.00 | \$ 23,496.00 | \$ 27,216.00 | |

| Monthly Medical Cost to Employees Over the Cap | | | | | | | |
|--|-----------|-----------|-------------|-------------|-------------|-------------|--|
| 12 Pay | | | | | | | |
| Employee Only | \$ - | \$ - | \$ 86.67 | \$ 194.67 | \$ 40.67 | \$ 172.67 | |
| Employee & Spouse/Domestic Partner | \$ 530.67 | \$ 725.67 | \$ 921.67 | \$ 1,137.67 | \$ 830.67 | \$ 1,094.67 | |
| Employee & Children | \$ 223.67 | \$ 371.67 | \$ 519.67 | \$ 683.67 | \$ 451.67 | \$ 652.67 | |
| Family | \$ 754.67 | \$ 983.67 | \$ 1,212.67 | \$ 1,466.67 | \$ 1,107.67 | \$ 1,417.67 | |

| <u>District Paid Premiums</u> | <u>Eligibility</u> | <u>Confidential</u> |
|---|--|---------------------|
| Annual Health Insurance Cap - Confidential | enrolled in a health plan | \$10,204.00 |
| Annual SIG Waive Fee | full time employee waiving health benefits | \$2,700.00 |
| 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**