Roseville City School District 2025-2026 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

| | Western Health Advantage | | | Sutter Health Plus | | | | Kaiser Permanente | | | | |
|----------------------------|--------------------------|---------------|-------|--------------------|-------|---------------|-------|-------------------|---------|---------------|---------|---------------|
| | WHHDP | | WHMID | | SHHDP | | SHMID | | 607771 | | 602214 | |
| SIG | | \$2800/\$5600 | | \$1800/\$3600 | | \$2500/\$5000 | | \$1650/\$3300 | | \$3000/\$6000 | | \$2000/\$4000 |
| Group # | W2800 | | W1800 | | HD46 | | HD47 | | 607771B | | 602214B | |
| Monthly Rates | | | | | | | | | | | | |
| Employee Only-Txxx00 | \$ | 594.00 | \$ | 685.00 | \$ | 710.00 | \$ | 801.00 | \$ | 709.00 | \$ | 827.00 |
| Employee & Spouse - TxxxSO | \$ | 1,188.00 | \$ | 1,369.00 | \$ | 1,418.00 | \$ | 1,601.00 | \$ | 1,418.00 | \$ | 1,654.00 |
| Employee & Children-TxxxOA | \$ | 903.00 | \$ | 1,040.00 | \$ | 1,077.00 | \$ | 1,216.00 | \$ | 1,078.00 | \$ | 1,257.00 |
| Family - TxxxSA | \$ | 1,396.00 | \$ | 1,608.00 | \$ | 1,665.00 | \$ | 1,880.00 | \$ | 1,666.00 | \$ | 1,944.00 |

| Yearly Cost of Medical Plan Only | | | | | | | | | | | | |
|----------------------------------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|
| Employee Only | \$ | 7,128.00 | \$ | 8,220.00 | \$ | 8,520.00 | \$ | 9,612.00 | \$ | 8,508.00 | \$ | 9,924.00 |
| Employee & Spouse | \$ | 14,256.00 | \$ | 16,428.00 | \$ | 17,016.00 | \$ | 19,212.00 | \$ | 17,016.00 | \$ | 19,848.00 |
| Employee & Children | \$ | 10,836.00 | \$ | 12,480.00 | \$ | 12,924.00 | \$ | 14,592.00 | \$ | 12,936.00 | \$ | 15,084.00 |
| Family | \$ | 16,752.00 | \$ | 19,296.00 | \$ | 19,980.00 | \$ | 22,560.00 | \$ | 19,992.00 | \$ | 23,328.00 |

| Monthly Medical Cost to Employees Over the Cap | | | | | | | | | | | |
|--|----|--------|----|--------|----|--------|----|----------|----|--------|----------------|
| 12 Pay | | | | | | | | | | | |
| Employee Only | \$ | - | \$ | | \$ | - | \$ | | \$ | - | \$ |
| Employee & Spouse | \$ | 337.67 | \$ | 518.67 | \$ | 567.67 | \$ | 750.67 | \$ | 567.67 | \$ 803.67 |
| Employee & Children | \$ | 52.67 | \$ | 189.67 | \$ | 226.67 | \$ | 365.67 | \$ | 227.67 | \$ 406.67 |
| Family | \$ | 545.67 | \$ | 757.67 | \$ | 814.67 | \$ | 1,029.67 | \$ | 815.67 | \$ 1,093.67 |

| District Paid Premiums | <u>Eligibility</u> | <u>Confidental</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 |