

## 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.

### Medical with Vision

|                            | Western Health<br>Advantage<br>HMO | Western Health<br>Advantage<br>DHMO 1000 | Sutter Health<br>HMO | Sutter Health<br>DHMO 1000 | Kaiser (inc vision)<br>25/10 HMO | Kaiser (inc vision)<br>DHMO 1000 | In order to be eligible for<br>vision you must be enrolled in<br>a medical plan<br>VSP |
|----------------------------|------------------------------------|--|----------------------|----------------------------|----------------------------------|----------------------------------|--|
| SIG ID                     | WHHMO                              | WDHMO                                    | SHHMO                | SDHMO                      | 0559E                            | 8056E                            | VSB00-C  |
| Group #                    | 25/10                              | 1000/20                                  | ML41                 | LG09                       | 600559E                          | 608056E                          | N/A  |
| Monthly Rates              |                                    |  |                      |                            |                                  |                                  | Employee ONLY  |
| Employee Only-Txxx00       | \$ 938.00                          | \$ 716.00                                | \$ 1,074.00          | \$ 860.00                  | \$ 1,152.00                      | \$ 1,052.00                      | \$ 9.10  |
| Employee & Spouse-TxxxS0   | \$ 1,876.00                        | \$ 1,432.00                              | \$ 2,147.00          | \$ 1,718.00                | \$ 2,303.00                      | \$ 2,104.00                      |  |
| Employee & Children-Txxx0A | \$ 1,426.00                        | \$ 1,089.00                              | \$ 1,631.00          | \$ 1,305.00                | \$ 1,750.00                      | \$ 1,599.00                      |  |
| Family - TxxxSA            | \$ 2,204.00                        | \$ 1,683.00                              | \$ 2,522.00          | \$ 2,018.00                | \$ 2,706.00                      | \$ 2,472.00                      |  |

| Total Yearly Cost of Medical Plan with Vision |              |              |              |              |              |              |  |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--|
| Employee Only                                 | \$ 11,365.20 | \$ 8,701.20  | \$ 12,997.20 | \$ 10,429.20 | \$ 13,933.20 | \$ 12,733.20 |  |
| Employee & Spouse                             | \$ 22,621.20 | \$ 17,293.20 | \$ 25,873.20 | \$ 20,725.20 | \$ 27,745.20 | \$ 25,357.20 |  |
| Employee & Children                           | \$ 17,221.20 | \$ 13,177.20 | \$ 19,681.20 | \$ 15,769.20 | \$ 21,109.20 | \$ 19,297.20 |  |
| Family  | \$ 26,557.20 | \$ 20,305.20 | \$ 30,373.20 | \$ 24,325.20 | \$ 32,581.20 | \$ 29,773.20 |  |

| Monthly Cost to Employees Over the Cap |             |           |             |             |             |             |  |
|--|-------------|-----------|-------------|-------------|-------------|-------------|--|
| 12 Pay                                 |             |           |             |             |             |             |  |
| Employee Only                          | \$ 96.77    | \$ -      | \$ 232.77   | \$ 18.77    | \$ 310.77   | \$ 210.77   |  |
| Employee & Spouse                      | \$ 1,034.77 | \$ 590.77 | \$ 1,305.77 | \$ 876.77   | \$ 1,461.77 | \$ 1,262.77 |  |
| Employee & Children                    | \$ 584.77   | \$ 247.77 | \$ 789.77   | \$ 463.77   | \$ 908.77   | \$ 757.77   |  |
| Family                                 | \$ 1,362.77 | \$ 841.77 | \$ 1,680.77 | \$ 1,176.77 | \$ 1,864.77 | \$ 1,630.77 |  |

| District Paid Premiums                                | Eligibility                                | Confidential       |
|---|--|--------------------|
| 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**