

ROSEVILLE CITY SCHOOL DISTRICT
2026-2027 RATES for Percentage Employees
10 Pay (includes employees receiving summer savings)

Medical Only

		Classified Employee					
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
		50.00%	56.25%	62.50%	68.75%	75.00%	81.25%
WHA HMO	Emp only	\$ 803.85	\$ 752.83	\$ 701.81	\$ 650.79	\$ 599.78	\$ 548.76
	Emp + Sp	\$ 2,015.85	\$ 1,964.83	\$ 1,913.81	\$ 1,862.79	\$ 1,811.78	\$ 1,760.76
	Emp + Child	\$ 1,435.05	\$ 1,384.03	\$ 1,333.01	\$ 1,281.99	\$ 1,230.98	\$ 1,179.96
	Family	\$ 2,440.65	\$ 2,389.63	\$ 2,338.61	\$ 2,287.59	\$ 2,236.58	\$ 2,185.56
WHA DHMO	Emp only	\$ 524.25	\$ 473.23	\$ 422.21	\$ 371.19	\$ 320.18	\$ 269.16
	Emp + Sp	\$ 1,456.65	\$ 1,405.63	\$ 1,354.61	\$ 1,303.59	\$ 1,252.58	\$ 1,201.56
	Emp + Child	\$ 1,009.05	\$ 958.03	\$ 907.01	\$ 855.99	\$ 804.98	\$ 753.96
	Family	\$ 1,783.05	\$ 1,732.03	\$ 1,681.01	\$ 1,629.99	\$ 1,578.98	\$ 1,527.96
SHP HMO	Emp only	\$ 1,109.85	\$ 1,058.83	\$ 1,007.81	\$ 956.79	\$ 905.78	\$ 854.76
	Emp + Sp	\$ 2,626.65	\$ 2,575.63	\$ 2,524.61	\$ 2,473.59	\$ 2,422.58	\$ 2,371.56
	Emp + Child	\$ 1,897.05	\$ 1,846.03	\$ 1,795.01	\$ 1,743.99	\$ 1,692.98	\$ 1,641.96
	Family	\$ 3,158.25	\$ 3,107.23	\$ 3,056.21	\$ 3,005.19	\$ 2,954.18	\$ 2,903.16
SHP DHMO	Emp only	\$ 805.05	\$ 754.03	\$ 703.01	\$ 651.99	\$ 600.98	\$ 549.96
	Emp + Sp	\$ 2,018.25	\$ 1,967.23	\$ 1,916.21	\$ 1,865.19	\$ 1,814.18	\$ 1,763.16
	Emp + Child	\$ 1,435.05	\$ 1,384.03	\$ 1,333.01	\$ 1,281.99	\$ 1,230.98	\$ 1,179.96
	Family	\$ 2,443.05	\$ 2,392.03	\$ 2,341.01	\$ 2,289.99	\$ 2,238.98	\$ 2,187.96
Kaiser Traditional HMO	Emp only	\$ 1,131.45	\$ 1,080.43	\$ 1,029.41	\$ 978.39	\$ 927.38	\$ 876.36
	Emp + Sp	\$ 2,671.05	\$ 2,620.03	\$ 2,569.01	\$ 2,517.99	\$ 2,466.98	\$ 2,415.96
	Emp + Child	\$ 1,933.05	\$ 1,882.03	\$ 1,831.01	\$ 1,779.99	\$ 1,728.98	\$ 1,677.96
	Family	\$ 3,209.85	\$ 3,158.83	\$ 3,107.81	\$ 3,056.79	\$ 3,005.78	\$ 2,954.76
Kaiser DHMO	Emp only	\$ 999.45	\$ 948.43	\$ 897.41	\$ 846.39	\$ 795.38	\$ 744.36
	Emp + Sp	\$ 2,405.85	\$ 2,354.83	\$ 2,303.81	\$ 2,252.79	\$ 2,201.78	\$ 2,150.76
	Emp + Child	\$ 1,730.25	\$ 1,679.23	\$ 1,628.21	\$ 1,577.19	\$ 1,526.18	\$ 1,475.16
	Family	\$ 2,897.85	\$ 2,846.83	\$ 2,795.81	\$ 2,744.79	\$ 2,693.78	\$ 2,642.76

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Medical Only

High Deductible							
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
		50.00%	56.25%	62.50%	68.75%	75.00%	81.25%
WHA HD \$2,800/ \$5,600	Emp only	\$ 359.85	\$ 308.83	\$ 257.81	\$ 206.79	\$ 155.78	\$ 104.76
	Emp + Sp	\$ 1,127.85	\$ 1,076.83	\$ 1,025.81	\$ 974.79	\$ 923.78	\$ 872.76
	Emp + Child	\$ 759.45	\$ 708.43	\$ 657.41	\$ 606.39	\$ 555.38	\$ 504.36
	Family	\$ 1,396.65	\$ 1,345.63	\$ 1,294.61	\$ 1,243.59	\$ 1,192.58	\$ 1,141.56
WHA MID \$1,800/ \$3,600	Emp only	\$ 477.45	\$ 426.43	\$ 375.41	\$ 324.39	\$ 273.38	\$ 222.36
	Emp + Sp	\$ 1,361.85	\$ 1,310.83	\$ 1,259.81	\$ 1,208.79	\$ 1,157.78	\$ 1,106.76
	Emp + Child	\$ 937.05	\$ 886.03	\$ 835.01	\$ 783.99	\$ 732.98	\$ 681.96
	Family	\$ 1,671.45	\$ 1,620.43	\$ 1,569.41	\$ 1,518.39	\$ 1,467.38	\$ 1,416.36
SHP HD \$2,500/ \$5,000	Emp only	\$ 595.05	\$ 544.03	\$ 493.01	\$ 441.99	\$ 390.98	\$ 339.96
	Emp + Sp	\$ 1,597.05	\$ 1,546.03	\$ 1,495.01	\$ 1,443.99	\$ 1,392.98	\$ 1,341.96
	Emp + Child	\$ 1,114.65	\$ 1,063.63	\$ 1,012.61	\$ 961.59	\$ 910.58	\$ 859.56
	Family	\$ 1,946.25	\$ 1,895.23	\$ 1,844.21	\$ 1,793.19	\$ 1,742.18	\$ 1,691.16
SHP MID \$1,750/ \$3,500	Emp only	\$ 724.65	\$ 673.63	\$ 622.61	\$ 571.59	\$ 520.58	\$ 469.56
	Emp + Sp	\$ 1,856.25	\$ 1,805.23	\$ 1,754.21	\$ 1,703.19	\$ 1,652.18	\$ 1,601.16
	Emp + Child	\$ 1,311.45	\$ 1,260.43	\$ 1,209.41	\$ 1,158.39	\$ 1,107.38	\$ 1,056.36
	Family	\$ 2,251.05	\$ 2,200.03	\$ 2,149.01	\$ 2,097.99	\$ 2,046.98	\$ 1,995.96
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 539.85	\$ 488.83	\$ 437.81	\$ 386.79	\$ 335.78	\$ 284.76
	Emp + Sp	\$ 1,487.85	\$ 1,436.83	\$ 1,385.81	\$ 1,334.79	\$ 1,283.78	\$ 1,232.76
	Emp + Child	\$ 1,033.05	\$ 982.03	\$ 931.01	\$ 879.99	\$ 828.98	\$ 777.96
	Family	\$ 1,820.25	\$ 1,769.23	\$ 1,718.21	\$ 1,667.19	\$ 1,616.18	\$ 1,565.16
Kaiser MID \$2,000/ \$4,000	Emp only	\$ 698.25	\$ 647.23	\$ 596.21	\$ 545.19	\$ 494.18	\$ 443.16
	Emp + Sp	\$ 1,804.65	\$ 1,753.63	\$ 1,702.61	\$ 1,651.59	\$ 1,600.58	\$ 1,549.56
	Emp + Child	\$ 1,274.25	\$ 1,223.23	\$ 1,172.21	\$ 1,121.19	\$ 1,070.18	\$ 1,019.16
	Family	\$ 2,192.25	\$ 2,141.23	\$ 2,090.21	\$ 2,039.19	\$ 1,988.18	\$ 1,937.16

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,163.00 %prorated
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**