

ROSEVILLE CITY SCHOOL DISTRICT
2025-2026 RATES for Percentage Employees
10 Pay (includes employees receiving summer savings)

Medical with Dental

In order to be eligible for dental you must be enrolled in a medical plan

		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	\$ 838.65	\$ 787.63	\$ 736.61	\$ 685.59	\$ 634.58	\$ 583.56
	Emp + Sp	\$ 1,964.25	\$ 1,913.23	\$ 1,862.21	\$ 1,811.19	\$ 1,760.18	\$ 1,709.16
	Emp + Child	\$ 1,424.25	\$ 1,373.23	\$ 1,322.21	\$ 1,271.19	\$ 1,220.18	\$ 1,169.16
	Family	\$ 2,357.85	\$ 2,306.83	\$ 2,255.81	\$ 2,204.79	\$ 2,153.78	\$ 2,102.76
WHA DHMO	Emp only	\$ 572.25	\$ 521.23	\$ 470.21	\$ 419.19	\$ 368.18	\$ 317.16
	Emp + Sp	\$ 1,431.45	\$ 1,380.43	\$ 1,329.41	\$ 1,278.39	\$ 1,227.38	\$ 1,176.36
	Emp + Child	\$ 1,019.85	\$ 968.83	\$ 917.81	\$ 866.79	\$ 815.78	\$ 764.76
	Family	\$ 1,732.65	\$ 1,681.63	\$ 1,630.61	\$ 1,579.59	\$ 1,528.58	\$ 1,477.56
SHP HMO	Emp only	\$ 1,001.85	\$ 950.83	\$ 899.81	\$ 848.79	\$ 797.78	\$ 746.76
	Emp + Sp	\$ 2,289.45	\$ 2,238.43	\$ 2,187.41	\$ 2,136.39	\$ 2,085.38	\$ 2,034.36
	Emp + Child	\$ 1,670.25	\$ 1,619.23	\$ 1,568.21	\$ 1,517.19	\$ 1,466.18	\$ 1,415.16
	Family	\$ 2,739.45	\$ 2,688.43	\$ 2,637.41	\$ 2,586.39	\$ 2,535.38	\$ 2,484.36
SHP DHMO	Emp only	\$ 745.05	\$ 694.03	\$ 643.01	\$ 591.99	\$ 540.98	\$ 489.96
	Emp + Sp	\$ 1,774.65	\$ 1,723.63	\$ 1,672.61	\$ 1,621.59	\$ 1,570.58	\$ 1,519.56
	Emp + Child	\$ 1,279.05	\$ 1,228.03	\$ 1,177.01	\$ 1,125.99	\$ 1,074.98	\$ 1,023.96
	Family	\$ 2,134.65	\$ 2,083.63	\$ 2,032.61	\$ 1,981.59	\$ 1,930.58	\$ 1,879.56
Kaiser 25/10 HMO	Emp only	\$ 1,095.45	\$ 1,044.43	\$ 993.41	\$ 942.39	\$ 891.38	\$ 840.36
	Emp + Sp	\$ 2,476.65	\$ 2,425.63	\$ 2,374.61	\$ 2,323.59	\$ 2,272.58	\$ 2,221.56
	Emp + Child	\$ 1,813.05	\$ 1,762.03	\$ 1,711.01	\$ 1,659.99	\$ 1,608.98	\$ 1,557.96
	Family	\$ 2,960.25	\$ 2,909.23	\$ 2,858.21	\$ 2,807.19	\$ 2,756.18	\$ 2,705.16
Kaiser DHMO	Emp only	\$ 975.45	\$ 924.43	\$ 873.41	\$ 822.39	\$ 771.38	\$ 720.36
	Emp + Sp	\$ 2,237.85	\$ 2,186.83	\$ 2,135.81	\$ 2,084.79	\$ 2,033.78	\$ 1,982.76
	Emp + Child	\$ 1,631.85	\$ 1,580.83	\$ 1,529.81	\$ 1,478.79	\$ 1,427.78	\$ 1,376.76
	Family	\$ 2,679.45	\$ 2,628.43	\$ 2,577.41	\$ 2,526.39	\$ 2,475.38	\$ 2,424.36

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		High Deductible					
Plan	Tier	4 hrs 50.00%	4.5 hrs 56.25%	5 hrs 62.50%	5.5 hrs 68.75%	6 hrs 75.00%	6.5 hrs 81.25%
WHA HD \$2,800/ \$5,600	Emp only	\$ 425.85	\$ 374.83	\$ 323.81	\$ 272.79	\$ 221.78	\$ 170.76
	Emp + Sp	\$ 1,138.65	\$ 1,087.63	\$ 1,036.61	\$ 985.59	\$ 934.58	\$ 883.56
	Emp + Child Family	\$ 796.65 \$ 1,388.25	\$ 745.63 \$ 1,337.23	\$ 694.61 \$ 1,286.21	\$ 643.59 \$ 1,235.19	\$ 592.58 \$ 1,184.18	\$ 541.56 \$ 1,133.16
WHA HDM \$1,800/ \$3,600	Emp only	\$ 535.05	\$ 484.03	\$ 433.01	\$ 381.99	\$ 330.98	\$ 279.96
	Emp + Sp	\$ 1,355.85	\$ 1,304.83	\$ 1,253.81	\$ 1,202.79	\$ 1,151.78	\$ 1,100.76
	Emp + Child Family	\$ 961.05 \$ 1,642.65	\$ 910.03 \$ 1,591.63	\$ 859.01 \$ 1,540.61	\$ 807.99 \$ 1,489.59	\$ 756.98 \$ 1,438.58	\$ 705.96 \$ 1,387.56
SHP HD \$2,500/ \$5,000	Emp only	\$ 565.05	\$ 514.03	\$ 463.01	\$ 411.99	\$ 360.98	\$ 309.96
	Emp + Sp	\$ 1,414.65	\$ 1,363.63	\$ 1,312.61	\$ 1,261.59	\$ 1,210.58	\$ 1,159.56
	Emp + Child Family	\$ 1,005.45 \$ 1,711.05	\$ 954.43 \$ 1,660.03	\$ 903.41 \$ 1,609.01	\$ 852.39 \$ 1,557.99	\$ 801.38 \$ 1,506.98	\$ 750.36 \$ 1,455.96
SHP HDM \$1,650/ \$3,300	Emp only	\$ 674.25	\$ 623.23	\$ 572.21	\$ 521.19	\$ 470.18	\$ 419.16
	Emp + Sp	\$ 1,634.25	\$ 1,583.23	\$ 1,532.21	\$ 1,481.19	\$ 1,430.18	\$ 1,379.16
	Emp + Child Family	\$ 1,172.25 \$ 1,969.05	\$ 1,121.23 \$ 1,918.03	\$ 1,070.21 \$ 1,867.01	\$ 1,019.19 \$ 1,815.99	\$ 968.18 \$ 1,764.98	\$ 917.16 \$ 1,713.96
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 563.85	\$ 512.83	\$ 461.81	\$ 410.79	\$ 359.78	\$ 308.76
	Emp + Sp	\$ 1,414.65	\$ 1,363.63	\$ 1,312.61	\$ 1,261.59	\$ 1,210.58	\$ 1,159.56
	Emp + Child Family	\$ 1,006.65 \$ 1,712.25	\$ 955.63 \$ 1,661.23	\$ 904.61 \$ 1,610.21	\$ 853.59 \$ 1,559.19	\$ 802.58 \$ 1,508.18	\$ 751.56 \$ 1,457.16
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 705.45	\$ 654.43	\$ 603.41	\$ 552.39	\$ 501.38	\$ 450.36
	Emp + Sp	\$ 1,697.85	\$ 1,646.83	\$ 1,595.81	\$ 1,544.79	\$ 1,493.78	\$ 1,442.76
	Emp + Child Family	\$ 1,221.45 \$ 2,045.85	\$ 1,170.43 \$ 1,994.83	\$ 1,119.41 \$ 1,943.81	\$ 1,068.39 \$ 1,892.79	\$ 1,017.38 \$ 1,841.78	\$ 966.36 \$ 1,790.76

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**