

**ROSEVILLE CITY SCHOOL DISTRICT
2025-2026 RATES for Percentage Employees**

11 Pay (includes employees receiving summer savings)

Medical with Dental and Vision

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

		Classified Employee					
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 HMO	Emp only	\$ 772.34	\$ 725.96	\$ 679.58	\$ 633.19	\$ 586.81	\$ 540.43
	Emp + Sp	\$ 1,795.61	\$ 1,749.23	\$ 1,702.85	\$ 1,656.47	\$ 1,610.09	\$ 1,563.71
	Emp + Child	\$ 1,304.70	\$ 1,258.32	\$ 1,211.94	\$ 1,165.56	\$ 1,119.18	\$ 1,072.80
	Family	\$ 2,153.43	\$ 2,107.05	\$ 2,060.67	\$ 2,014.29	\$ 1,967.90	\$ 1,921.52
WHA DHMO	Emp only	\$ 530.15	\$ 483.77	\$ 437.39	\$ 391.01	\$ 344.63	\$ 298.25
	Emp + Sp	\$ 1,311.25	\$ 1,264.86	\$ 1,218.48	\$ 1,172.10	\$ 1,125.72	\$ 1,079.34
	Emp + Child	\$ 937.06	\$ 890.68	\$ 844.30	\$ 797.92	\$ 751.54	\$ 705.16
	Family	\$ 1,585.06	\$ 1,538.68	\$ 1,492.30	\$ 1,445.92	\$ 1,399.54	\$ 1,353.16
SHP HMO	Emp only	\$ 920.70	\$ 874.32	\$ 827.94	\$ 781.56	\$ 735.18	\$ 688.80
	Emp + Sp	\$ 2,091.25	\$ 2,044.86	\$ 1,998.48	\$ 1,952.10	\$ 1,905.72	\$ 1,859.34
	Emp + Child	\$ 1,528.34	\$ 1,481.96	\$ 1,435.58	\$ 1,389.19	\$ 1,342.81	\$ 1,296.43
	Family	\$ 2,500.34	\$ 2,453.96	\$ 2,407.58	\$ 2,361.19	\$ 2,314.81	\$ 2,268.43
SHP DHMO	Emp only	\$ 687.25	\$ 640.86	\$ 594.48	\$ 548.10	\$ 501.72	\$ 455.34
	Emp + Sp	\$ 1,623.25	\$ 1,576.86	\$ 1,530.48	\$ 1,484.10	\$ 1,437.72	\$ 1,391.34
	Emp + Child	\$ 1,172.70	\$ 1,126.32	\$ 1,079.94	\$ 1,033.56	\$ 987.18	\$ 940.80
	Family	\$ 1,950.52	\$ 1,904.14	\$ 1,857.76	\$ 1,811.38	\$ 1,765.00	\$ 1,718.61
Kaiser 25/10 HMO	Emp only	\$ 995.86	\$ 949.48	\$ 903.10	\$ 856.72	\$ 810.34	\$ 763.96
	Emp + Sp	\$ 2,251.50	\$ 2,205.12	\$ 2,158.74	\$ 2,112.36	\$ 2,065.98	\$ 2,019.60
	Emp + Child	\$ 1,648.23	\$ 1,601.85	\$ 1,555.47	\$ 1,509.09	\$ 1,462.70	\$ 1,416.32
	Family	\$ 2,691.14	\$ 2,644.76	\$ 2,598.38	\$ 2,551.99	\$ 2,505.61	\$ 2,459.23
Kaiser DHMO	Emp only	\$ 886.77	\$ 840.39	\$ 794.01	\$ 747.63	\$ 701.25	\$ 654.87
	Emp + Sp	\$ 2,034.41	\$ 1,988.03	\$ 1,941.65	\$ 1,895.27	\$ 1,848.89	\$ 1,802.51
	Emp + Child	\$ 1,483.50	\$ 1,437.12	\$ 1,390.74	\$ 1,344.36	\$ 1,297.98	\$ 1,251.60
	Family	\$ 2,435.86	\$ 2,389.48	\$ 2,343.10	\$ 2,296.72	\$ 2,250.34	\$ 2,203.96

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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	\$ 397.06	\$ 350.68	\$ 304.30	\$ 257.92	\$ 211.54	\$ 165.16
	Emp + Sp	\$ 1,045.06	\$ 998.68	\$ 952.30	\$ 905.92	\$ 859.54	\$ 813.16
	Emp + Child	\$ 734.15	\$ 687.77	\$ 641.39	\$ 595.01	\$ 548.63	\$ 502.25
	Family	\$ 1,271.97	\$ 1,225.59	\$ 1,179.21	\$ 1,132.83	\$ 1,086.45	\$ 1,040.07
WHA HDM \$1,800/ \$3,600	Emp only	\$ 496.34	\$ 449.96	\$ 403.58	\$ 357.19	\$ 310.81	\$ 264.43
	Emp + Sp	\$ 1,242.52	\$ 1,196.14	\$ 1,149.76	\$ 1,103.38	\$ 1,057.00	\$ 1,010.61
	Emp + Child	\$ 883.61	\$ 837.23	\$ 790.85	\$ 744.47	\$ 698.09	\$ 651.71
	Family	\$ 1,503.25	\$ 1,456.86	\$ 1,410.48	\$ 1,364.10	\$ 1,317.72	\$ 1,271.34
SHP HD \$2,500/ \$5,000	Emp only	\$ 523.61	\$ 477.23	\$ 430.85	\$ 384.47	\$ 338.09	\$ 291.71
	Emp + Sp	\$ 1,295.97	\$ 1,249.59	\$ 1,203.21	\$ 1,156.83	\$ 1,110.45	\$ 1,064.07
	Emp + Child	\$ 923.97	\$ 877.59	\$ 831.21	\$ 784.83	\$ 738.45	\$ 692.07
	Family	\$ 1,565.43	\$ 1,519.05	\$ 1,472.67	\$ 1,426.29	\$ 1,379.90	\$ 1,333.52
SHP HDM \$1,650/ \$3,300	Emp only	\$ 622.88	\$ 576.50	\$ 530.12	\$ 483.74	\$ 437.36	\$ 390.98
	Emp + Sp	\$ 1,495.61	\$ 1,449.23	\$ 1,402.85	\$ 1,356.47	\$ 1,310.09	\$ 1,263.71
	Emp + Child	\$ 1,075.61	\$ 1,029.23	\$ 982.85	\$ 936.47	\$ 890.09	\$ 843.71
	Family	\$ 1,799.97	\$ 1,753.59	\$ 1,707.21	\$ 1,660.83	\$ 1,614.45	\$ 1,568.07
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 522.52	\$ 476.14	\$ 429.76	\$ 383.38	\$ 337.00	\$ 290.61
	Emp + Sp	\$ 1,295.97	\$ 1,249.59	\$ 1,203.21	\$ 1,156.83	\$ 1,110.45	\$ 1,064.07
	Emp + Child	\$ 925.06	\$ 878.68	\$ 832.30	\$ 785.92	\$ 739.54	\$ 693.16
	Family	\$ 1,566.52	\$ 1,520.14	\$ 1,473.76	\$ 1,427.38	\$ 1,381.00	\$ 1,334.61
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 651.25	\$ 604.86	\$ 558.48	\$ 512.10	\$ 465.72	\$ 419.34
	Emp + Sp	\$ 1,553.43	\$ 1,507.05	\$ 1,460.67	\$ 1,414.29	\$ 1,367.90	\$ 1,321.52
	Emp + Child	\$ 1,120.34	\$ 1,073.96	\$ 1,027.58	\$ 981.19	\$ 934.81	\$ 888.43
	Family	\$ 1,869.79	\$ 1,823.41	\$ 1,777.03	\$ 1,730.65	\$ 1,684.27	\$ 1,637.89

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**