

**Roseville City School District  
2026-2027 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 Personify Dental and Vision**

	Western Health Advantage Traditional HMO	Western Health Advantage DHMO 1000	Sutter Health Traditional HMO	Sutter Health DHMO 1000	Kaiser (inc vision) Traditional HMO	Kaiser (inc vision) DHMO 1000	Personify	VSP
SIG ID	WHHMO	WDHMO	SHHMO	SDHMO	KPHMO-O	KPDHMO-O	PERID	VSB00-C
<b>Monthly Rates</b>							Family	Employee ONLY
Employee Only - EE	\$ 1,010.00	\$ 777.00	\$ 1,265.00	\$ 1,011.00	\$ 1,283.00	\$ 1,173.00	\$ 150.00	\$ 9.10
EE & Spouse/Domestic Partner - ES/EDP	\$ 2,020.00	\$ 1,554.00	\$ 2,529.00	\$ 2,022.00	\$ 2,566.00	\$ 2,345.00		
Employee & Children - ECH	\$ 1,536.00	\$ 1,181.00	\$ 1,921.00	\$ 1,536.00	\$ 1,951.00	\$ 1,782.00		
Family - FAM	\$ 2,374.00	\$ 1,826.00	\$ 2,972.00	\$ 2,376.00	\$ 3,015.00	\$ 2,755.00		

Total Yearly Cost of Medical Plan with Dental and Vision							
Employee Only	\$ 14,029.20	\$ 11,233.20	\$ 17,089.20	\$ 14,041.20	\$ 17,196.00	\$ 15,876.00	
EE & Spouse/Domestic Partner	\$ 26,149.20	\$ 20,557.20	\$ 32,257.20	\$ 26,173.20	\$ 32,592.00	\$ 29,940.00	
Employee & Children	\$ 20,341.20	\$ 16,081.20	\$ 24,961.20	\$ 20,341.20	\$ 25,212.00	\$ 23,184.00	
Family	\$ 30,397.20	\$ 23,821.20	\$ 37,573.20	\$ 30,421.20	\$ 37,980.00	\$ 34,860.00	

Monthly Cost to Employees Over the Cap							
<b>10 Pay (includes employees receiving summer savings)</b>							
Employee Only	\$ 586.62	\$ 307.02	\$ 892.62	\$ 587.82	\$ 903.30	\$ 771.30	
EE & Spouse/Domestic Partner	\$ 1,798.62	\$ 1,239.42	\$ 2,409.42	\$ 1,801.02	\$ 2,442.90	\$ 2,177.70	
Employee & Children	\$ 1,217.82	\$ 791.82	\$ 1,679.82	\$ 1,217.82	\$ 1,704.90	\$ 1,502.10	
Family	\$ 2,223.42	\$ 1,565.82	\$ 2,941.02	\$ 2,225.82	\$ 2,981.70	\$ 2,669.70	

<b>11 Pay (includes employees receiving summer savings)</b>							
Employee Only	\$ 533.29	\$ 279.11	\$ 811.47	\$ 534.38	\$ 821.18	\$ 701.18	
EE & Spouse/Domestic Partner	\$ 1,635.11	\$ 1,126.75	\$ 2,190.38	\$ 1,637.29	\$ 2,220.82	\$ 1,979.73	
Employee & Children	\$ 1,107.11	\$ 719.84	\$ 1,527.11	\$ 1,107.11	\$ 1,549.91	\$ 1,365.55	
Family	\$ 2,021.29	\$ 1,423.47	\$ 2,673.65	\$ 2,023.47	\$ 2,710.64	\$ 2,427.00	

<b>12 Pay</b>							
Employee Only	\$ 488.85	\$ 255.85	\$ 743.85	\$ 489.85	\$ 752.75	\$ 642.75	
EE & Spouse/Domestic Partner	\$ 1,498.85	\$ 1,032.85	\$ 2,007.85	\$ 1,500.85	\$ 2,035.75	\$ 1,814.75	
Employee & Children	\$ 1,014.85	\$ 659.85	\$ 1,399.85	\$ 1,014.85	\$ 1,420.75	\$ 1,251.75	
Family	\$ 1,852.85	\$ 1,304.85	\$ 2,450.85	\$ 1,854.85	\$ 2,484.75	\$ 2,224.75	

**District Paid Premiums**

Annual Health Insurance Cap - CSEA
Annual SIG Waive Fee
SIG Hartford Life Insurance
The Standard Income Protection (Disability Insurance)

**Eligibility**

enrolled in a health plan
full time employee waiving health benefits
enrolled in a health plan
working: CE-40%+ ; CL-15hr/wk+

**CSEA Value**

\$8,163.00
\$2,700.00
1x's annual salary
75% of income

**Medical benefits are only available to employees working:  
Certificated = 50% or more**