

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.

High Deductible Medical with Delta Dental and Vision

SIG ID	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Delta	VSP	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	DEL2A-C	VSB00-C	
Monthly Rates								Family	Employee ONLY
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 101.00	\$ 9.10	
EE & Spouse/Domestic Partner - ES/EDP	\$ 1,280.00	\$ 1,475.00	\$ 1,671.00	\$ 1,887.00	\$ 1,580.00	\$ 1,844.00			
Employee & Children - ECH	\$ 973.00	\$ 1,121.00	\$ 1,269.00	\$ 1,433.00	\$ 1,201.00	\$ 1,402.00			
Family - FAM	\$ 1,504.00	\$ 1,733.00	\$ 1,962.00	\$ 2,216.00	\$ 1,857.00	\$ 2,167.00			

Yearly Cost of Medical Plan with Dental and Vision							
Employee Only	\$ 9,001.20	\$ 10,177.20	\$ 11,353.20	\$ 12,649.20	\$ 10,801.20	\$ 12,385.20	
EE & Spouse/Domestic Partner	\$ 16,681.20	\$ 19,021.20	\$ 21,373.20	\$ 23,965.20	\$ 20,281.20	\$ 23,449.20	
Employee & Children	\$ 12,997.20	\$ 14,773.20	\$ 16,549.20	\$ 18,517.20	\$ 15,733.20	\$ 18,145.20	
Family	\$ 19,369.20	\$ 22,117.20	\$ 24,865.20	\$ 27,913.20	\$ 23,605.20	\$ 27,325.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ 83.82	\$ 201.42	\$ 319.02	\$ 448.62	\$ 263.82	\$ 422.22	
EE & Spouse/Domestic Partner	\$ 851.82	\$ 1,085.82	\$ 1,321.02	\$ 1,580.22	\$ 1,211.82	\$ 1,528.62	
Employee & Children	\$ 483.42	\$ 661.02	\$ 838.62	\$ 1,035.42	\$ 757.02	\$ 998.22	
Family	\$ 1,120.62	\$ 1,395.42	\$ 1,670.22	\$ 1,975.02	\$ 1,544.22	\$ 1,916.22	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 76.20	\$ 183.11	\$ 290.02	\$ 407.84	\$ 239.84	\$ 383.84	
EE & Spouse/Domestic Partner	\$ 774.38	\$ 987.11	\$ 1,200.93	\$ 1,436.56	\$ 1,101.65	\$ 1,389.65	
Employee & Children	\$ 439.47	\$ 600.93	\$ 762.38	\$ 941.29	\$ 688.20	\$ 907.47	
Family	\$ 1,018.75	\$ 1,268.56	\$ 1,518.38	\$ 1,795.47	\$ 1,403.84	\$ 1,742.02	

12 Pay							
Employee Only	\$ 69.85	\$ 167.85	\$ 265.85	\$ 373.85	\$ 219.85	\$ 351.85	
EE & Spouse/Domestic Partner	\$ 709.85	\$ 904.85	\$ 1,100.85	\$ 1,316.85	\$ 1,009.85	\$ 1,273.85	
Employee & Children	\$ 402.85	\$ 550.85	\$ 698.85	\$ 862.85	\$ 630.85	\$ 831.85	
Family	\$ 933.85	\$ 1,162.85	\$ 1,391.85	\$ 1,645.85	\$ 1,286.85	\$ 1,596.85	

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