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

	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Delta
SIG ID	WHHDP $2800/$5600	WHMID $1800/$3600	SHHDP $2500/$5000	SHMID $1750/$3500	KPHDP $3000/$6000	KPMID $2000/$4000	DEL2A-C
Monthly Rates							Family
Employee Only - EE	$ 640.00	$ 738.00	$ 836.00	$ 944.00	$ 790.00	$ 922.00	$ 101.00
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						
Employee Only	$ 8,892.00	$ 10,068.00	$ 11,244.00	$ 12,540.00	$ 10,692.00	$ 12,276.00
EE & Spouse/Domestic Partner	$ 16,572.00	$ 18,912.00	$ 21,264.00	$ 23,856.00	$ 20,172.00	$ 23,340.00
Employee & Children	$ 12,888.00	$ 14,664.00	$ 16,440.00	$ 18,408.00	$ 15,624.00	$ 18,036.00
Family	$ 19,260.00	$ 22,008.00	$ 24,756.00	$ 27,804.00	$ 23,496.00	$ 27,216.00

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	$ 72.90	$ 190.50	$ 308.10	$ 437.70	$ 252.90	$ 411.30
EE & Spouse/Domestic Partner	$ 840.90	$ 1,074.90	$ 1,310.10	$ 1,569.30	$ 1,200.90	$ 1,517.70
Employee & Children	$ 472.50	$ 650.10	$ 827.70	$ 1,024.50	$ 746.10	$ 987.30
Family	$ 1,109.70	$ 1,384.50	$ 1,659.30	$ 1,964.10	$ 1,533.30	$ 1,905.30
11 Pay (includes employees receiving summer savings)						
Employee Only	$ 66.27	$ 173.18	$ 280.09	$ 397.91	$ 229.91	$ 373.91
EE & Spouse/Domestic Partner	$ 764.45	$ 977.18	$ 1,191.00	$ 1,426.64	$ 1,091.73	$ 1,379.73
Employee & Children	$ 429.55	$ 591.00	$ 752.45	$ 931.36	$ 678.27	$ 897.55
Family	$ 1,008.82	$ 1,258.64	$ 1,508.45	$ 1,785.55	$ 1,393.91	$ 1,732.09
12 Pay						
Employee Only	$ 60.75	$ 158.75	$ 256.75	$ 364.75	$ 210.75	$ 342.75
EE & Spouse/Domestic Partner	$ 700.75	$ 895.75	$ 1,091.75	$ 1,307.75	$ 1,000.75	$ 1,264.75
Employee & Children	$ 393.75	$ 541.75	$ 689.75	$ 853.75	$ 621.75	$ 822.75
Family	$ 924.75	$ 1,153.75	$ 1,382.75	$ 1,636.75	$ 1,277.75	$ 1,587.75

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