

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 Only

SIG	Western Health Advantage		Sutter Health Plan		Kaiser Permanente	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000
Monthly Rates						
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00
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 Only						
Employee Only	\$ 7,680.00	\$ 8,856.00	\$ 10,032.00	\$ 11,328.00	\$ 9,480.00	\$ 11,064.00
EE & Spouse/Domestic Partner	\$ 15,360.00	\$ 17,700.00	\$ 20,052.00	\$ 22,644.00	\$ 18,960.00	\$ 22,128.00
Employee & Children	\$ 11,676.00	\$ 13,452.00	\$ 15,228.00	\$ 17,196.00	\$ 14,412.00	\$ 16,824.00
Family	\$ 18,048.00	\$ 20,796.00	\$ 23,544.00	\$ 26,592.00	\$ 22,284.00	\$ 26,004.00

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 69.30	\$ 186.90	\$ 316.50	\$ 131.70	\$ 290.10
EE & Spouse/Domestic Partner	\$ 719.70	\$ 953.70	\$ 1,188.90	\$ 1,448.10	\$ 1,079.70	\$ 1,396.50
Employee & Children	\$ 351.30	\$ 528.90	\$ 706.50	\$ 903.30	\$ 624.90	\$ 866.10
Family	\$ 988.50	\$ 1,263.30	\$ 1,538.10	\$ 1,842.90	\$ 1,412.10	\$ 1,784.10

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 63.00	\$ 169.91	\$ 287.73	\$ 119.73	\$ 263.73
EE & Spouse/Domestic Partner	\$ 654.27	\$ 867.00	\$ 1,080.82	\$ 1,316.45	\$ 981.55	\$ 1,269.55
Employee & Children	\$ 319.36	\$ 480.82	\$ 642.27	\$ 821.18	\$ 568.09	\$ 787.36
Family	\$ 898.64	\$ 1,148.45	\$ 1,398.27	\$ 1,675.36	\$ 1,283.73	\$ 1,621.91

12 Pay						
Employee Only	\$ -	\$ 57.75	\$ 155.75	\$ 263.75	\$ 109.75	\$ 241.75
EE & Spouse/Domestic Partner	\$ 599.75	\$ 794.75	\$ 990.75	\$ 1,206.75	\$ 899.75	\$ 1,163.75
Employee & Children	\$ 292.75	\$ 440.75	\$ 588.75	\$ 752.75	\$ 520.75	\$ 721.75
Family	\$ 823.75	\$ 1,052.75	\$ 1,281.75	\$ 1,535.75	\$ 1,176.75	\$ 1,486.75

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**