

**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 Personify Dental

SIG ID	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Personify
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	PERID Family
Monthly Rates							
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 150.00
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	\$ 9,480.00	\$ 10,656.00	\$ 11,832.00	\$ 13,128.00	\$ 11,280.00	\$ 12,864.00	
EE & Spouse/Domestic Partner	\$ 17,160.00	\$ 19,500.00	\$ 21,852.00	\$ 24,444.00	\$ 20,760.00	\$ 23,928.00	
Employee & Children	\$ 13,476.00	\$ 15,252.00	\$ 17,028.00	\$ 18,996.00	\$ 16,212.00	\$ 18,624.00	
Family	\$ 19,848.00	\$ 22,596.00	\$ 25,344.00	\$ 28,392.00	\$ 24,084.00	\$ 27,804.00	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ 131.70	\$ 249.30	\$ 366.90	\$ 496.50	\$ 311.70	\$ 470.10	
EE & Spouse/Domestic Partner	\$ 899.70	\$ 1,133.70	\$ 1,368.90	\$ 1,628.10	\$ 1,259.70	\$ 1,576.50	
Employee & Children	\$ 531.30	\$ 708.90	\$ 886.50	\$ 1,083.30	\$ 804.90	\$ 1,046.10	
Family	\$ 1,168.50	\$ 1,443.30	\$ 1,718.10	\$ 2,022.90	\$ 1,592.10	\$ 1,964.10	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 119.73	\$ 226.64	\$ 333.55	\$ 451.36	\$ 283.36	\$ 427.36	
EE & Spouse/Domestic Partner	\$ 817.91	\$ 1,030.64	\$ 1,244.45	\$ 1,480.09	\$ 1,145.18	\$ 1,433.18	
Employee & Children	\$ 483.00	\$ 644.45	\$ 805.91	\$ 984.82	\$ 731.73	\$ 951.00	
Family	\$ 1,062.27	\$ 1,312.09	\$ 1,561.91	\$ 1,839.00	\$ 1,447.36	\$ 1,785.55	

12 Pay							
Employee Only	\$ 109.75	\$ 207.75	\$ 305.75	\$ 413.75	\$ 259.75	\$ 391.75	
EE & Spouse/Domestic Partner	\$ 749.75	\$ 944.75	\$ 1,140.75	\$ 1,356.75	\$ 1,049.75	\$ 1,313.75	
Employee & Children	\$ 442.75	\$ 590.75	\$ 738.75	\$ 902.75	\$ 670.75	\$ 871.75	
Family	\$ 973.75	\$ 1,202.75	\$ 1,431.75	\$ 1,685.75	\$ 1,326.75	\$ 1,636.75	

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**