

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 Vision

SIG	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		VSP
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	VSB00-C
Monthly Rates							Employee ONLY
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 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 Vision						
Employee Only	\$ 7,789.20	\$ 8,965.20	\$ 10,141.20	\$ 11,437.20	\$ 9,589.20	\$ 11,173.20
EE & Spouse/Domestic Partner	\$ 15,469.20	\$ 17,809.20	\$ 20,161.20	\$ 22,753.20	\$ 19,069.20	\$ 22,237.20
Employee & Children	\$ 11,785.20	\$ 13,561.20	\$ 15,337.20	\$ 17,305.20	\$ 14,521.20	\$ 16,933.20
Family	\$ 18,157.20	\$ 20,905.20	\$ 23,653.20	\$ 26,701.20	\$ 22,393.20	\$ 26,113.20

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 80.22	\$ 197.82	\$ 327.42	\$ 142.62	\$ 301.02
EE & Spouse/Domestic Partner	\$ 730.62	\$ 964.62	\$ 1,199.82	\$ 1,459.02	\$ 1,090.62	\$ 1,407.42
Employee & Children	\$ 362.22	\$ 539.82	\$ 717.42	\$ 914.22	\$ 635.82	\$ 877.02
Family	\$ 999.42	\$ 1,274.22	\$ 1,549.02	\$ 1,853.82	\$ 1,423.02	\$ 1,795.02

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 72.93	\$ 179.84	\$ 297.65	\$ 129.65	\$ 273.65
EE & Spouse/Domestic Partner	\$ 664.20	\$ 876.93	\$ 1,090.75	\$ 1,326.38	\$ 991.47	\$ 1,279.47
Employee & Children	\$ 329.29	\$ 490.75	\$ 652.20	\$ 831.11	\$ 578.02	\$ 797.29
Family	\$ 908.56	\$ 1,158.38	\$ 1,408.20	\$ 1,685.29	\$ 1,293.65	\$ 1,631.84

12 Pay						
Employee Only	\$ -	\$ 66.85	\$ 164.85	\$ 272.85	\$ 118.85	\$ 250.85
EE & Spouse/Domestic Partner	\$ 608.85	\$ 803.85	\$ 999.85	\$ 1,215.85	\$ 908.85	\$ 1,172.85
Employee & Children	\$ 301.85	\$ 449.85	\$ 597.85	\$ 761.85	\$ 529.85	\$ 730.85
Family	\$ 832.85	\$ 1,061.85	\$ 1,290.85	\$ 1,544.85	\$ 1,185.85	\$ 1,495.85

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**