

# Roseville City School District 2025-2026 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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente	
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1650/\$3300	607771 \$3000/\$6000	602214 \$2000/\$4000
Group #	W2800	W1800	HD46	HD47	607771B	602214B
Monthly Rates						
Employee Only-Txxx00	\$ 594.00	\$ 685.00	\$ 710.00	\$ 801.00	\$ 709.00	\$ 827.00
Employee & Spouse - TxxxSO	\$ 1,188.00	\$ 1,369.00	\$ 1,418.00	\$ 1,601.00	\$ 1,418.00	\$ 1,654.00
Employee & Children-TxxxOA	\$ 903.00	\$ 1,040.00	\$ 1,077.00	\$ 1,216.00	\$ 1,078.00	\$ 1,257.00
Family - TxxxSA	\$ 1,396.00	\$ 1,608.00	\$ 1,665.00	\$ 1,880.00	\$ 1,666.00	\$ 1,944.00

Yearly Cost of Medical Plan Only						
Employee Only	\$ 7,128.00	\$ 8,220.00	\$ 8,520.00	\$ 9,612.00	\$ 8,508.00	\$ 9,924.00
Employee & Spouse	\$ 14,256.00	\$ 16,428.00	\$ 17,016.00	\$ 19,212.00	\$ 17,016.00	\$ 19,848.00
Employee & Children	\$ 10,836.00	\$ 12,480.00	\$ 12,924.00	\$ 14,592.00	\$ 12,936.00	\$ 15,084.00
Family	\$ 16,752.00	\$ 19,296.00	\$ 19,980.00	\$ 22,560.00	\$ 19,992.00	\$ 23,328.00

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 5.70	\$ 35.70	\$ 144.90	\$ 34.50	\$ 176.10
Employee & Spouse	\$ 609.30	\$ 826.50	\$ 885.30	\$ 1,104.90	\$ 885.30	\$ 1,168.50
Employee & Children	\$ 267.30	\$ 431.70	\$ 476.10	\$ 642.90	\$ 477.30	\$ 692.10
Family	\$ 858.90	\$ 1,113.30	\$ 1,181.70	\$ 1,439.70	\$ 1,182.90	\$ 1,516.50

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 5.18	\$ 32.45	\$ 131.73	\$ 31.36	\$ 160.09
Employee & Spouse	\$ 553.91	\$ 751.36	\$ 804.82	\$ 1,004.45	\$ 804.82	\$ 1,062.27
Employee & Children	\$ 243.00	\$ 392.45	\$ 432.82	\$ 584.45	\$ 433.91	\$ 629.18
Family	\$ 780.82	\$ 1,012.09	\$ 1,074.27	\$ 1,308.82	\$ 1,075.36	\$ 1,378.64

12 Pay						
Employee Only	\$ -	\$ 4.75	\$ 29.75	\$ 120.75	\$ 28.75	\$ 146.75
Employee & Spouse	\$ 507.75	\$ 688.75	\$ 737.75	\$ 920.75	\$ 737.75	\$ 973.75
Employee & Children	\$ 222.75	\$ 359.75	\$ 396.75	\$ 535.75	\$ 397.75	\$ 576.75
Family	\$ 715.75	\$ 927.75	\$ 984.75	\$ 1,199.75	\$ 985.75	\$ 1,263.75

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**