

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 with Dental

In order to be eligible for
dental you must be enrolled
in a medical plan

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1650/\$3300	607771 \$3000/\$6000	602214 \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD46	HD47	607771B	602214B	7005-0038
Monthly Rates							Family
Employee Only-Txxx00	\$ 594.00	\$ 685.00	\$ 710.00	\$ 801.00	\$ 709.00	\$ 827.00	\$ 101.00
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 with Dental						
Employee Only	\$ 8,340.00	\$ 9,432.00	\$ 9,732.00	\$ 10,824.00	\$ 9,720.00	\$ 11,136.00
Employee & Spouse	\$ 15,468.00	\$ 17,640.00	\$ 18,228.00	\$ 20,424.00	\$ 18,228.00	\$ 21,060.00
Employee & Children	\$ 12,048.00	\$ 13,692.00	\$ 14,136.00	\$ 15,804.00	\$ 14,148.00	\$ 16,296.00
Family	\$ 17,964.00	\$ 20,508.00	\$ 21,192.00	\$ 23,772.00	\$ 21,204.00	\$ 24,540.00

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ 17.70	\$ 126.90	\$ 156.90	\$ 266.10	\$ 155.70	\$ 297.30
Employee & Spouse	\$ 730.50	\$ 947.70	\$ 1,006.50	\$ 1,226.10	\$ 1,006.50	\$ 1,289.70
Employee & Children	\$ 388.50	\$ 552.90	\$ 597.30	\$ 764.10	\$ 598.50	\$ 813.30
Family	\$ 980.10	\$ 1,234.50	\$ 1,302.90	\$ 1,560.90	\$ 1,304.10	\$ 1,637.70

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ 16.09	\$ 115.36	\$ 142.64	\$ 241.91	\$ 141.55	\$ 270.27
Employee & Spouse	\$ 664.09	\$ 861.55	\$ 915.00	\$ 1,114.64	\$ 915.00	\$ 1,172.45
Employee & Children	\$ 353.18	\$ 502.64	\$ 543.00	\$ 694.64	\$ 544.09	\$ 739.36
Family	\$ 891.00	\$ 1,122.27	\$ 1,184.45	\$ 1,419.00	\$ 1,185.55	\$ 1,488.82

12 Pay						
Employee Only	\$ 14.75	\$ 105.75	\$ 130.75	\$ 221.75	\$ 129.75	\$ 247.75
Employee & Spouse	\$ 608.75	\$ 789.75	\$ 838.75	\$ 1,021.75	\$ 838.75	\$ 1,074.75
Employee & Children	\$ 323.75	\$ 460.75	\$ 497.75	\$ 636.75	\$ 498.75	\$ 677.75
Family	\$ 816.75	\$ 1,028.75	\$ 1,085.75	\$ 1,300.75	\$ 1,086.75	\$ 1,364.75

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