

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 Vision

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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1650/\$3300	607771 \$3000/\$6000	602214 \$2000/\$4000	VS000-C
Group #	W2800	W1800	HD46	HD47	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 594.00	\$ 685.00	\$ 710.00	\$ 801.00	\$ 709.00	\$ 827.00	\$ 9.10
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 Vision						
Employee Only	\$ 7,237.20	\$ 8,329.20	\$ 8,629.20	\$ 9,721.20	\$ 8,617.20	\$ 10,033.20
Employee & Spouse	\$ 14,365.20	\$ 16,537.20	\$ 17,125.20	\$ 19,321.20	\$ 17,125.20	\$ 19,957.20
Employee & Children	\$ 10,945.20	\$ 12,589.20	\$ 13,033.20	\$ 14,701.20	\$ 13,045.20	\$ 15,193.20
Family	\$ 16,861.20	\$ 19,405.20	\$ 20,089.20	\$ 22,669.20	\$ 20,101.20	\$ 23,437.20

Monthly Medical Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 16.62	\$ 46.62	\$ 155.82	\$ 45.42	\$ 187.02
Employee & Spouse	\$ 620.22	\$ 837.42	\$ 896.22	\$ 1,115.82	\$ 896.22	\$ 1,179.42
Employee & Children	\$ 278.22	\$ 442.62	\$ 487.02	\$ 653.82	\$ 488.22	\$ 703.02
Family	\$ 869.82	\$ 1,124.22	\$ 1,192.62	\$ 1,450.62	\$ 1,193.82	\$ 1,527.42

11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 15.11	\$ 42.38	\$ 141.65	\$ 41.29	\$ 170.02
Employee & Spouse	\$ 563.84	\$ 761.29	\$ 814.75	\$ 1,014.38	\$ 814.75	\$ 1,072.20
Employee & Children	\$ 252.93	\$ 402.38	\$ 442.75	\$ 594.38	\$ 443.84	\$ 639.11
Family	\$ 790.75	\$ 1,022.02	\$ 1,084.20	\$ 1,318.75	\$ 1,085.29	\$ 1,388.56

12 Pay						
Employee Only	\$ -	\$ 13.85	\$ 38.85	\$ 129.85	\$ 37.85	\$ 155.85
Employee & Spouse	\$ 516.85	\$ 697.85	\$ 746.85	\$ 929.85	\$ 746.85	\$ 982.85
Employee & Children	\$ 231.85	\$ 368.85	\$ 405.85	\$ 544.85	\$ 406.85	\$ 585.85
Family	\$ 724.85	\$ 936.85	\$ 993.85	\$ 1,208.85	\$ 994.85	\$ 1,272.85

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