

**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 and Vision**

SIG ID	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Personify	VSP
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	PERID	VS00-C
<b>Monthly Rates</b>							Family	Employee ONLY
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 150.00	\$ 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 Dental and Vision							
Employee Only	\$ 9,589.20	\$ 10,765.20	\$ 11,941.20	\$ 13,237.20	\$ 11,389.20	\$ 12,973.20	
EE & Spouse/Domestic Partner	\$ 17,269.20	\$ 19,609.20	\$ 21,961.20	\$ 24,553.20	\$ 20,869.20	\$ 24,037.20	
Employee & Children	\$ 13,585.20	\$ 15,361.20	\$ 17,137.20	\$ 19,105.20	\$ 16,321.20	\$ 18,733.20	
Family	\$ 19,957.20	\$ 22,705.20	\$ 25,453.20	\$ 28,501.20	\$ 24,193.20	\$ 27,913.20	

Monthly Medical Cost to Employees Over the Cap							
10 Pay (includes employees receiving summer savings)							
Employee Only	\$ 142.62	\$ 260.22	\$ 377.82	\$ 507.42	\$ 322.62	\$ 481.02	
EE & Spouse/Domestic Partner	\$ 910.62	\$ 1,144.62	\$ 1,379.82	\$ 1,639.02	\$ 1,270.62	\$ 1,587.42	
Employee & Children	\$ 542.22	\$ 719.82	\$ 897.42	\$ 1,094.22	\$ 815.82	\$ 1,057.02	
Family	\$ 1,179.42	\$ 1,454.22	\$ 1,729.02	\$ 2,033.82	\$ 1,603.02	\$ 1,975.02	

11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 129.65	\$ 236.56	\$ 343.47	\$ 461.29	\$ 293.29	\$ 437.29	
EE & Spouse/Domestic Partner	\$ 827.84	\$ 1,040.56	\$ 1,254.38	\$ 1,490.02	\$ 1,155.11	\$ 1,443.11	
Employee & Children	\$ 492.93	\$ 654.38	\$ 815.84	\$ 994.75	\$ 741.65	\$ 960.93	
Family	\$ 1,072.20	\$ 1,322.02	\$ 1,571.84	\$ 1,848.93	\$ 1,457.29	\$ 1,795.47	

12 Pay							
Employee Only	\$ 118.85	\$ 216.85	\$ 314.85	\$ 422.85	\$ 268.85	\$ 400.85	
EE & Spouse/Domestic Partner	\$ 758.85	\$ 953.85	\$ 1,149.85	\$ 1,365.85	\$ 1,058.85	\$ 1,322.85	
Employee & Children	\$ 451.85	\$ 599.85	\$ 747.85	\$ 911.85	\$ 679.85	\$ 880.85	
Family	\$ 982.85	\$ 1,211.85	\$ 1,440.85	\$ 1,694.85	\$ 1,335.85	\$ 1,645.85	

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**

Formula for \$0 premium =IF((B21-E40)/12<0,0,(B21-E40)/12)