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.

Medical with Dental and Vision

	We	estern Health	W	estern Health									In c	order to be eligible	e for dental o	or vision
		Advantage	Advantage			Sutter Health		Sutter Health		Kaiser (inc vision)		iser (inc vision)	yc	ou must be enrolle	ed in a medic	cal plan
		нмо	DHMO 1000		нмо		DHMO 1000		25/10 HMO		DHMO 1000		_	Delta Dental	VSI	Р
SIG ID		WHHMO		WDHMO		SHHMO		SDHMO		0559E	8056E			DEL2A-C	VSB00-C	
Group #		25/10		1000/20		ML41		LG09		600559E		608056E	7005-0038		N/A	
Monthly Rates														Family	Employee	e ONLY
Employee Only-Txxx00	\$	938.00	\$	716.00	\$	1,074.00	\$	860.00	\$	1,152.00	\$	1,052.00	\$	101.00	\$	9.10
Employee & Spouse-TxxxS0	\$	1,876.00	\$	1,432.00	\$	2,147.00	\$	1,718.00	\$	2,303.00	\$	2,104.00				
Employee & Children-Txxx0A	\$	1,426.00	\$	1,089.00	\$	1,631.00	\$	1,305.00	\$	1,750.00	\$	1,599.00				
Family - TxxxSA	\$	2,204.00	\$	1,683.00	\$	2,522.00	\$	2,018.00	\$	2,706.00	\$	2,472.00				

Total Yearly Cost of Medical Plan with Dental and Vision											
Employee Only	\$	12,577.20	\$	9,913.20	\$	14,209.20	\$	11,641.20	\$	15,036.00	\$ 13,836.00
Employee & Spouse	\$	23,833.20	\$	18,505.20	\$	27,085.20	\$	21,937.20	\$	28,848.00	\$ 26,460.00
Employee & Children	\$	18,433.20	\$	14,389.20	\$	20,893.20	\$	16,981.20	\$	22,212.00	\$ 20,400.00
Family	\$	27,769.20	\$	21,517.20	\$	31,585.20	\$	25,537.20	\$	33,684.00	\$ 30,876.00

Monthly Cost to Employees Over the Cap												
10 Pay (includes employees receiving summer savings)												
Employee Only	\$	441.42	\$	175.02	\$	604.62	\$	347.82	\$	687.30	\$	567.30
Employee & Spouse	\$	1,567.02	\$	1,034.22	\$	1,892.22	\$	1,377.42	\$	2,068.50	\$	1,829.70
Employee & Children	\$	1,027.02	\$	622.62	\$	1,273.02	\$	881.82	\$	1,404.90	\$	1,223.70
Family	\$	1,960.62	\$	1,335.42	\$	2,342.22	\$	1,737.42	\$	2,552.10	\$	2,271.30

11 Pay (includes employees receiving summer savings)													
Employee Only	\$	401.29	\$	159.11	\$	549.65	\$	316.20	\$	624.82	\$	515.73	
Employee & Spouse	\$	1,424.56	\$	940.20	\$	1,720.20	\$	1,252.20	\$	1,880.45	\$	1,663.36	
Employee & Children	\$	933.65	\$	566.02	\$	1,157.29	\$	801.65	\$	1,277.18	\$	1,112.45	
Family	\$	1,782.38	\$	1,214.02	\$	2,129.29	\$	1,579.47	\$	2,320.09	\$	2,064.82	
12 Pay													
Employee Only	\$	367.85	\$	145.85	\$	503.85	\$	289.85	\$	572.75	\$	472.75	

Employee Only	\$ 367.85	\$ 145.85	\$ 503.85	\$ 289.85	\$ 572.75	\$ 472.75
Employee & Spouse	\$ 1,305.85	\$ 861.85	\$ 1,576.85	\$ 1,147.85	\$ 1,723.75	\$ 1,524.75
Employee & Children	\$ 855.85	\$ 518.85	\$ 1,060.85	\$ 734.85	\$ 1,170.75	\$ 1,019.75
Family	\$ 1,633.85	\$ 1,112.85	\$ 1,951.85	\$ 1,447.85	\$ 2,126.75	\$ 1,892.75

District Paid Premiums	<u>Eligibility</u>	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