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.

Medical with Personify Dental

	Western Health Advantage Traditional HMO	Western Health Advantage DHMO 1000	Sutter Health Traditional HMO	Sutter Health DHMO 1000	Kaiser (inc vision) Traditional HMO	Kaiser (inc vision) DHMO 1000	Personify
SIG ID	**WHHMO**	**WDHMO**	**SHHMO**	**SDHMO**	**KPHMO-O**	**KPDHMO-O**	**PERID**
Monthly Rates							Family
Employee Only - EE	$ 1,010.00	$ 777.00	$ 1,265.00	$ 1,011.00	$ 1,283.00	$ 1,173.00	$ 150.00
EE & Spouse/Domestic Partner - ES/EDP	$ 2,020.00	$ 1,554.00	$ 2,529.00	$ 2,022.00	$ 2,566.00	$ 2,345.00	
Employee & Children - ECH	$ 1,536.00	$ 1,181.00	$ 1,921.00	$ 1,536.00	$ 1,951.00	$ 1,782.00	
Family - FAM	$ 2,374.00	$ 1,826.00	$ 2,972.00	$ 2,376.00	$ 3,015.00	$ 2,755.00	

Total Yearly Cost of Medical Plan with Dental						
Employee Only	$ 13,920.00	$ 11,124.00	$ 16,980.00	$ 13,932.00	$ 17,196.00	$ 15,876.00
EE & Spouse/Domestic Partner	$ 26,040.00	$ 20,448.00	$ 32,148.00	$ 26,064.00	$ 32,592.00	$ 29,940.00
Employee & Children	$ 20,232.00	$ 15,972.00	$ 24,852.00	$ 20,232.00	$ 25,212.00	$ 23,184.00
Family	$ 30,288.00	$ 23,712.00	$ 37,464.00	$ 30,312.00	$ 37,980.00	$ 34,860.00

Monthly Cost to Employees Over the Cap						
10 Pay (includes employees receiving summer savings)						
Employee Only	$ 575.70	$ 296.10	$ 881.70	$ 576.90	$ 903.30	$ 771.30
EE & Spouse/Domestic Partner	$ 1,787.70	$ 1,228.50	$ 2,398.50	$ 1,790.10	$ 2,442.90	$ 2,177.70
Employee & Children	$ 1,206.90	$ 780.90	$ 1,668.90	$ 1,206.90	$ 1,704.90	$ 1,502.10
Family	$ 2,212.50	$ 1,554.90	$ 2,930.10	$ 2,214.90	$ 2,981.70	$ 2,669.70
11 Pay (includes employees receiving summer savings)						
Employee Only	$ 523.36	$ 269.18	$ 801.55	$ 524.45	$ 821.18	$ 701.18
EE & Spouse/Domestic Partner	$ 1,625.18	$ 1,116.82	$ 2,180.45	$ 1,627.36	$ 2,220.82	$ 1,979.73
Employee & Children	$ 1,097.18	$ 709.91	$ 1,517.18	$ 1,097.18	$ 1,549.91	$ 1,365.55
Family	$ 2,011.36	$ 1,413.55	$ 2,663.73	$ 2,013.55	$ 2,710.64	$ 2,427.00
12 Pay						
Employee Only	$ 479.75	$ 246.75	$ 734.75	$ 480.75	$ 752.75	$ 642.75
EE & Spouse/Domestic Partner	$ 1,489.75	$ 1,023.75	$ 1,998.75	$ 1,491.75	$ 2,035.75	$ 1,814.75
Employee & Children	$ 1,005.75	$ 650.75	$ 1,390.75	$ 1,005.75	$ 1,420.75	$ 1,251.75
Family	$ 1,843.75	$ 1,295.75	$ 2,441.75	$ 1,845.75	$ 2,484.75	$ 2,224.75

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