

Roseville City School District 2026-2027 Rates

Rates are based on full time status, Certificated = 100%, & Classified = 35+ hours/week.

Dental and Vision Only

	Delta Dental	Personify	VSP
SIG ID	DEL2A-C	PERID	VSB00-C
Monthly Rates	Family	Family	Employee ONLY
Employee Only - EE			\$ 9.10
Family - FAM	\$ 101.00	\$ 150.00	

Total Yearly Cost of Dental and Vision	Delta Dental	Personify Dental	VSP	Delta & VSP	Personify & VSP
Employee Only			\$ 109.20		
Family	\$ 1,212.00	\$ 1,800.00	\$ -		
Combined				\$ 1,321.20	\$ 1,909.20

Monthly Cost to Employees Over the Cap					
12 Pay					
Employee Only			\$ -		
Family	\$ -	\$ -			
Combined				\$ -	\$ -

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>All Bargaining Units</u>
Annual Health Insurance Cap - CSEA	enrolled in a health plan	
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

**Health Benefits are only available to employees working:
FTE = 50% or more**