

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 and Vision

SIG ID	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	VSP	
	WHHMO	WHDHMO	SHHMO	SHDHMO	KPHMO-O	KPDHMO-O	PERID	VSB00-C	
Monthly Rates								Family	Employee ONLY
Employee Only - EE	\$ 1,010.00	\$ 777.00	\$ 1,265.00	\$ 1,011.00	\$ 1,283.00	\$ 1,173.00	\$ 150.00	\$ 9.10	
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 and Vision							
Employee Only	\$ 14,029.20	\$ 11,233.20	\$ 17,089.20	\$ 14,041.20	\$ 17,196.00	\$ 15,876.00	
Employee & Spouse/Domestic Partner	\$ 26,149.20	\$ 20,557.20	\$ 32,257.20	\$ 26,173.20	\$ 32,592.00	\$ 29,940.00	
Employee & Children	\$ 20,341.20	\$ 16,081.20	\$ 24,961.20	\$ 20,341.20	\$ 25,212.00	\$ 23,184.00	
Family	\$ 30,397.20	\$ 23,821.20	\$ 37,573.20	\$ 30,421.20	\$ 37,980.00	\$ 34,860.00	

Monthly Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 468.47	\$ 214.29	\$ 746.65	\$ 469.56	\$ 756.36	\$ 636.36	
Employee & Spouse/Domestic Partner	\$ 1,570.29	\$ 1,061.93	\$ 2,125.56	\$ 1,572.47	\$ 2,156.00	\$ 1,914.91	
Employee & Children	\$ 1,042.29	\$ 655.02	\$ 1,462.29	\$ 1,042.29	\$ 1,485.09	\$ 1,300.73	
Family	\$ 1,956.47	\$ 1,358.65	\$ 2,608.84	\$ 1,958.65	\$ 2,645.82	\$ 2,362.18	

12 Pay							
Employee Only	\$ 429.43	\$ 196.43	\$ 684.43	\$ 430.43	\$ 693.33	\$ 583.33	
Employee & Spouse/Domestic Partner	\$ 1,439.43	\$ 973.43	\$ 1,948.43	\$ 1,441.43	\$ 1,976.33	\$ 1,755.33	
Employee & Children	\$ 955.43	\$ 600.43	\$ 1,340.43	\$ 955.43	\$ 1,361.33	\$ 1,192.33	
Family	\$ 1,793.43	\$ 1,245.43	\$ 2,391.43	\$ 1,795.43	\$ 2,425.33	\$ 2,165.33	

District Paid Premiums	Eligibility	RTA Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
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**