

## 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 Delta Dental and Vision

SIG ID	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Delta Dental	VSP	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	DEL2A-C	VSB00-C	
<b>Monthly Rates</b>								Family	Employee ONLY
Employee Only- EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 101.00	\$ 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	\$ 9,001.20	\$ 10,177.20	\$ 11,353.20	\$ 12,649.20	\$ 10,801.20	\$ 12,385.20	
Employee & Spouse/Domestic Partner	\$ 16,681.20	\$ 19,021.20	\$ 21,373.20	\$ 23,965.20	\$ 20,281.20	\$ 23,449.20	
Employee & Children	\$ 12,997.20	\$ 14,773.20	\$ 16,549.20	\$ 18,517.20	\$ 15,733.20	\$ 18,145.20	
Family	\$ 19,369.20	\$ 22,117.20	\$ 24,865.20	\$ 27,913.20	\$ 23,605.20	\$ 27,325.20	

Monthly Medical Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 11.38	\$ 118.29	\$ 225.20	\$ 343.02	\$ 175.02	\$ 319.02	
Employee & Spouse/Domestic Partner	\$ 709.56	\$ 922.29	\$ 1,136.11	\$ 1,371.75	\$ 1,036.84	\$ 1,324.84	
Employee & Children	\$ 374.65	\$ 536.11	\$ 697.56	\$ 876.47	\$ 623.38	\$ 842.65	
Family	\$ 953.93	\$ 1,203.75	\$ 1,453.56	\$ 1,730.65	\$ 1,339.02	\$ 1,677.20	

12 Pay							
Employee Only	\$ 10.43	\$ 108.43	\$ 206.43	\$ 314.43	\$ 160.43	\$ 292.43	
Employee & Spouse/Domestic Partner	\$ 650.43	\$ 845.43	\$ 1,041.43	\$ 1,257.43	\$ 950.43	\$ 1,214.43	
Employee & Children	\$ 343.43	\$ 491.43	\$ 639.43	\$ 803.43	\$ 571.43	\$ 772.43	
Family	\$ 874.43	\$ 1,103.43	\$ 1,332.43	\$ 1,586.43	\$ 1,227.43	\$ 1,537.43	

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**