

**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**

SIG ID	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Delta Dental
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	DEL2A-C
<b>Monthly Rates</b>							Family
Employee Only- EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 101.00
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							
Employee Only	\$ 8,892.00	\$ 10,068.00	\$ 11,244.00	\$ 12,540.00	\$ 10,692.00	\$ 12,276.00	
Employee & Spouse/Domestic Partner	\$ 16,572.00	\$ 18,912.00	\$ 21,264.00	\$ 23,856.00	\$ 20,172.00	\$ 23,340.00	
Employee & Children	\$ 12,888.00	\$ 14,664.00	\$ 16,440.00	\$ 18,408.00	\$ 15,624.00	\$ 18,036.00	
Family	\$ 19,260.00	\$ 22,008.00	\$ 24,756.00	\$ 27,804.00	\$ 23,496.00	\$ 27,216.00	

Monthly Medical Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ 1.45	\$ 108.36	\$ 215.27	\$ 333.09	\$ 165.09	\$ 309.09	
Employee & Spouse/Domestic Partner	\$ 699.64	\$ 912.36	\$ 1,126.18	\$ 1,361.82	\$ 1,026.91	\$ 1,314.91	
Employee & Children	\$ 364.73	\$ 526.18	\$ 687.64	\$ 866.55	\$ 613.45	\$ 832.73	
Family	\$ 944.00	\$ 1,193.82	\$ 1,443.64	\$ 1,720.73	\$ 1,329.09	\$ 1,667.27	

12 Pay							
Employee Only	\$ 1.33	\$ 99.33	\$ 197.33	\$ 305.33	\$ 151.33	\$ 283.33	
Employee & Spouse/Domestic Partner	\$ 641.33	\$ 836.33	\$ 1,032.33	\$ 1,248.33	\$ 941.33	\$ 1,205.33	
Employee & Children	\$ 334.33	\$ 482.33	\$ 630.33	\$ 794.33	\$ 562.33	\$ 763.33	
Family	\$ 865.33	\$ 1,094.33	\$ 1,323.33	\$ 1,577.33	\$ 1,218.33	\$ 1,528.33	

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
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**