

## 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 Only

SIG	Western Health Advantage		Sutter Health Plan		Kaiser Permanente	
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000
<b>Monthly Rates</b>						
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00
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

<b>Yearly Cost of Medical Plan Only</b>						
Employee Only	\$ 7,680.00	\$ 8,856.00	\$ 10,032.00	\$ 11,328.00	\$ 9,480.00	\$ 11,064.00
Employee & Spouse/Domestic Partner	\$ 15,360.00	\$ 17,700.00	\$ 20,052.00	\$ 22,644.00	\$ 18,960.00	\$ 22,128.00
Employee & Children	\$ 11,676.00	\$ 13,452.00	\$ 15,228.00	\$ 17,196.00	\$ 14,412.00	\$ 16,824.00
Family	\$ 18,048.00	\$ 20,796.00	\$ 23,544.00	\$ 26,592.00	\$ 22,284.00	\$ 26,004.00

<b>Monthly Medical Cost to Employees Over the Cap</b>						
<b>11 Pay (includes employees receiving summer savings)</b>						
Employee Only	\$ -	\$ -	\$ 105.09	\$ 222.91	\$ 54.91	\$ 198.91
Employee & Spouse/Domestic Partner	\$ 589.45	\$ 802.18	\$ 1,016.00	\$ 1,251.64	\$ 916.73	\$ 1,204.73
Employee & Children	\$ 254.55	\$ 416.00	\$ 577.45	\$ 756.36	\$ 503.27	\$ 722.55
Family	\$ 833.82	\$ 1,083.64	\$ 1,333.45	\$ 1,610.55	\$ 1,218.91	\$ 1,557.09

<b>12 Pay</b>						
Employee Only	\$ -	\$ -	\$ 96.33	\$ 204.33	\$ 50.33	\$ 182.33
Employee & Spouse/Domestic Partner	\$ 540.33	\$ 735.33	\$ 931.33	\$ 1,147.33	\$ 840.33	\$ 1,104.33
Employee & Children	\$ 233.33	\$ 381.33	\$ 529.33	\$ 693.33	\$ 461.33	\$ 662.33
Family	\$ 764.33	\$ 993.33	\$ 1,222.33	\$ 1,476.33	\$ 1,117.33	\$ 1,427.33

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