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 Personify Dental

	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		Personify
SIG ID	WHHDP $2800/$5600	WHMID $1800/$3600	SHHDP $2500/$5000	SHMID $1750/$3500	KPHDP $3000/$6000	KPMID $2000/$4000	PERID
Monthly Rates							Family
Employee Only - EE	$ 640.00	$ 738.00	$ 836.00	$ 944.00	$ 790.00	$ 922.00	$ 150.00
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	$ 9,480.00	$ 10,656.00	$ 11,832.00	$ 13,128.00	$ 11,280.00	$ 12,864.00
Employee & Spouse/Domestic Partner	$ 17,160.00	$ 19,500.00	$ 21,852.00	$ 24,444.00	$ 20,760.00	$ 23,928.00
Employee & Children	$ 13,476.00	$ 15,252.00	$ 17,028.00	$ 18,996.00	$ 16,212.00	$ 18,624.00
Family	$ 19,848.00	$ 22,596.00	$ 25,344.00	$ 28,392.00	$ 24,084.00	$ 27,804.00

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	$ 54.91	$ 161.82	$ 268.73	$ 386.55	$ 218.55	$ 362.55
Employee & Spouse/Domestic Partner	$ 753.09	$ 965.82	$ 1,179.64	$ 1,415.27	$ 1,080.36	$ 1,368.36
Employee & Children	$ 418.18	$ 579.64	$ 741.09	$ 920.00	$ 666.91	$ 886.18
Family	$ 997.45	$ 1,247.27	$ 1,497.09	$ 1,774.18	$ 1,382.55	$ 1,720.73
12 Pay						
Employee Only	$ 50.33	$ 148.33	$ 246.33	$ 354.33	$ 200.33	$ 332.33
Employee & Spouse/Domestic Partner	$ 690.33	$ 885.33	$ 1,081.33	$ 1,297.33	$ 990.33	$ 1,254.33
Employee & Children	$ 383.33	$ 531.33	$ 679.33	$ 843.33	$ 611.33	$ 812.33
Family	$ 914.33	$ 1,143.33	$ 1,372.33	$ 1,626.33	$ 1,267.33	$ 1,577.33

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