

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 Vision

SIG	Western Health Advantage		Sutter Health Plan		Kaiser Permanente		VSP
	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1750/\$3500	KPHDP \$3000/\$6000	KPMID \$2000/\$4000	VSB00-C
Monthly Rates							Employee ONLY
Employee Only - EE	\$ 640.00	\$ 738.00	\$ 836.00	\$ 944.00	\$ 790.00	\$ 922.00	\$ 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 Vision						
Employee Only	\$ 7,789.20	\$ 8,965.20	\$ 10,141.20	\$ 11,437.20	\$ 9,589.20	\$ 11,173.20
Employee & Spouse/Domestic Partner	\$ 15,469.20	\$ 17,809.20	\$ 20,161.20	\$ 22,753.20	\$ 19,069.20	\$ 22,237.20
Employee & Children	\$ 11,785.20	\$ 13,561.20	\$ 15,337.20	\$ 17,305.20	\$ 14,521.20	\$ 16,933.20
Family	\$ 18,157.20	\$ 20,905.20	\$ 23,653.20	\$ 26,701.20	\$ 22,393.20	\$ 26,113.20

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 8.11	\$ 115.02	\$ 232.84	\$ 64.84	\$ 208.84
Employee & Spouse/Domestic Partner	\$ 599.38	\$ 812.11	\$ 1,025.93	\$ 1,261.56	\$ 926.65	\$ 1,214.65
Employee & Children	\$ 264.47	\$ 425.93	\$ 587.38	\$ 766.29	\$ 513.20	\$ 732.47
Family	\$ 843.75	\$ 1,093.56	\$ 1,343.38	\$ 1,620.47	\$ 1,228.84	\$ 1,567.02

12 Pay						
Employee Only	\$ -	\$ 7.43	\$ 105.43	\$ 213.43	\$ 59.43	\$ 191.43
Employee & Spouse/Domestic Partner	\$ 549.43	\$ 744.43	\$ 940.43	\$ 1,156.43	\$ 849.43	\$ 1,113.43
Employee & Children	\$ 242.43	\$ 390.43	\$ 538.43	\$ 702.43	\$ 470.43	\$ 671.43
Family	\$ 773.43	\$ 1,002.43	\$ 1,231.43	\$ 1,485.43	\$ 1,126.43	\$ 1,436.43

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**