

Roseville City School District 2025-2026 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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente	
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1650/\$3300	607771 \$3000/\$6000	602214 \$2000/\$4000
Group #	W2800	W1800	HD46	HD47	607771B	602214B
Monthly Rates						
Employee Only-Txxx00	\$ 594.00	\$ 685.00	\$ 710.00	\$ 801.00	\$ 709.00	\$ 827.00
Employee & Spouse - TxxxSO	\$ 1,188.00	\$ 1,369.00	\$ 1,418.00	\$ 1,601.00	\$ 1,418.00	\$ 1,654.00
Employee & Children-TxxxOA	\$ 903.00	\$ 1,040.00	\$ 1,077.00	\$ 1,216.00	\$ 1,078.00	\$ 1,257.00
Family - TxxxSA	\$ 1,396.00	\$ 1,608.00	\$ 1,665.00	\$ 1,880.00	\$ 1,666.00	\$ 1,944.00

Yearly Cost of Medical Plan Only						
Employee Only	\$ 7,128.00	\$ 8,220.00	\$ 8,520.00	\$ 9,612.00	\$ 8,508.00	\$ 9,924.00
Employee & Spouse	\$ 14,256.00	\$ 16,428.00	\$ 17,016.00	\$ 19,212.00	\$ 17,016.00	\$ 19,848.00
Employee & Children	\$ 10,836.00	\$ 12,480.00	\$ 12,924.00	\$ 14,592.00	\$ 12,936.00	\$ 15,084.00
Family	\$ 16,752.00	\$ 19,296.00	\$ 19,980.00	\$ 22,560.00	\$ 19,992.00	\$ 23,328.00

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 66.91	\$ -	\$ 95.27
Employee & Spouse	\$ 489.09	\$ 686.55	\$ 740.00	\$ 939.64	\$ 740.00	\$ 997.45
Employee & Children	\$ 178.18	\$ 327.64	\$ 368.00	\$ 519.64	\$ 369.09	\$ 564.36
Family	\$ 716.00	\$ 947.27	\$ 1,009.45	\$ 1,244.00	\$ 1,010.55	\$ 1,313.82

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 61.33	\$ -	\$ 87.33
Employee & Spouse	\$ 448.33	\$ 629.33	\$ 678.33	\$ 861.33	\$ 678.33	\$ 914.33
Employee & Children	\$ 163.33	\$ 300.33	\$ 337.33	\$ 476.33	\$ 338.33	\$ 517.33
Family	\$ 656.33	\$ 868.33	\$ 925.33	\$ 1,140.33	\$ 926.33	\$ 1,204.33

<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**