

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 with Dental

In order to be eligible for
dental you must be enrolled in
a medical plan

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		Delta Dental
SIG ID	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1650/\$3300	607771 \$3000/\$6000	602214 \$2000/\$4000	DEL2A-C
Group #	W2800	W1800	HD46	HD47	607771B	602214B	7005-0038
Monthly Rates							Family
Employee Only-Txxx00	\$ 594.00	\$ 685.00	\$ 710.00	\$ 801.00	\$ 709.00	\$ 827.00	\$ 101.00
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 with Dental						
Employee Only	\$ 8,340.00	\$ 9,432.00	\$ 9,732.00	\$ 10,824.00	\$ 9,720.00	\$ 11,136.00
Employee & Spouse	\$ 15,468.00	\$ 17,640.00	\$ 18,228.00	\$ 20,424.00	\$ 18,228.00	\$ 21,060.00
Employee & Children	\$ 12,048.00	\$ 13,692.00	\$ 14,136.00	\$ 15,804.00	\$ 14,148.00	\$ 16,296.00
Family	\$ 17,964.00	\$ 20,508.00	\$ 21,192.00	\$ 23,772.00	\$ 21,204.00	\$ 24,540.00

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ 50.55	\$ 77.82	\$ 177.09	\$ 76.73	\$ 205.45
Employee & Spouse	\$ 599.27	\$ 796.73	\$ 850.18	\$ 1,049.82	\$ 850.18	\$ 1,107.64
Employee & Children	\$ 288.36	\$ 437.82	\$ 478.18	\$ 629.82	\$ 479.27	\$ 674.55
Family	\$ 826.18	\$ 1,057.45	\$ 1,119.64	\$ 1,354.18	\$ 1,120.73	\$ 1,424.00

12 Pay						
Employee Only	\$ -	\$ 46.33	\$ 71.33	\$ 162.33	\$ 70.33	\$ 188.33
Employee & Spouse	\$ 549.33	\$ 730.33	\$ 779.33	\$ 962.33	\$ 779.33	\$ 1,015.33
Employee & Children	\$ 264.33	\$ 401.33	\$ 438.33	\$ 577.33	\$ 439.33	\$ 618.33
Family	\$ 757.33	\$ 969.33	\$ 1,026.33	\$ 1,241.33	\$ 1,027.33	\$ 1,305.33

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