

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 Vision

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

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1650/\$3300	607771 \$3000/\$6000	602214 \$2000/\$4000	VS00-C
Group #	W2800	W1800	HD46	HD47	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 594.00	\$ 685.00	\$ 710.00	\$ 801.00	\$ 709.00	\$ 827.00	\$ 9.10
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 Vision						
Employee Only	\$ 7,237.20	\$ 8,329.20	\$ 8,629.20	\$ 9,721.20	\$ 8,617.20	\$ 10,033.20
Employee & Spouse	\$ 14,365.20	\$ 16,537.20	\$ 17,125.20	\$ 19,321.20	\$ 17,125.20	\$ 19,957.20
Employee & Children	\$ 10,945.20	\$ 12,589.20	\$ 13,033.20	\$ 14,701.20	\$ 13,045.20	\$ 15,193.20
Family	\$ 16,861.20	\$ 19,405.20	\$ 20,089.20	\$ 22,669.20	\$ 20,101.20	\$ 23,437.20

Monthly Medical Cost to Employees Over the Cap						
11 Pay (includes employees receiving summer savings)						
Employee Only	\$ -	\$ -	\$ -	\$ 76.84	\$ -	\$ 105.20
Employee & Spouse	\$ 499.02	\$ 696.47	\$ 749.93	\$ 949.56	\$ 749.93	\$ 1,007.38
Employee & Children	\$ 188.11	\$ 337.56	\$ 377.93	\$ 529.56	\$ 379.02	\$ 574.29
Family	\$ 725.93	\$ 957.20	\$ 1,019.38	\$ 1,253.93	\$ 1,020.47	\$ 1,323.75

12 Pay						
Employee Only	\$ -	\$ -	\$ -	\$ 70.43	\$ -	\$ 96.43
Employee & Spouse	\$ 457.43	\$ 638.43	\$ 687.43	\$ 870.43	\$ 687.43	\$ 923.43
Employee & Children	\$ 172.43	\$ 309.43	\$ 346.43	\$ 485.43	\$ 347.43	\$ 526.43
Family	\$ 665.43	\$ 877.43	\$ 934.43	\$ 1,149.43	\$ 935.43	\$ 1,213.43

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