

# 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.

### Medical Only

	Western Health Advantage HMO	Western Health Advantage DHMO 1000	Sutter Health HMO	Sutter Health DHMO 1000	Kaiser (inc vision) 25/10 HMO	Kaiser (inc vision) DHMO 1000
SIG ID	WHHMO	WDHMO	SHHMO	SDHMO	0559E	8056E
Group #	25/10	1000/20	ML41	LG09	600559E	608056E
<b>Monthly Rates</b>						
Employee Only-Txxx00	\$ 938.00	\$ 716.00	\$ 1,074.00	\$ 860.00	\$ 1,152.00	\$ 1,052.00
Employee & Spouse-TxxxS0	\$ 1,876.00	\$ 1,432.00	\$ 2,147.00	\$ 1,718.00	\$ 2,303.00	\$ 2,104.00
Employee & Children-Txxx0A	\$ 1,426.00	\$ 1,089.00	\$ 1,631.00	\$ 1,305.00	\$ 1,750.00	\$ 1,599.00
Family - TxxxSA	\$ 2,204.00	\$ 1,683.00	\$ 2,522.00	\$ 2,018.00	\$ 2,706.00	\$ 2,472.00

<b>Total Yearly Cost of Medical Plan Only</b>						
Employee Only	\$ 11,256.00	\$ 8,592.00	\$ 12,888.00	\$ 10,320.00	\$ 13,824.00	\$ 12,624.00
Employee & Spouse	\$ 22,512.00	\$ 17,184.00	\$ 25,764.00	\$ 20,616.00	\$ 27,636.00	\$ 25,248.00
Employee & Children	\$ 17,112.00	\$ 13,068.00	\$ 19,572.00	\$ 15,660.00	\$ 21,000.00	\$ 19,188.00
Family	\$ 26,448.00	\$ 20,196.00	\$ 30,264.00	\$ 24,216.00	\$ 32,472.00	\$ 29,664.00

<b>Monthly Cost to Employees Over the Cap</b>						
<b>11 Pay (includes employees receiving summer savings)</b>						
Employee Only	\$ 216.36	\$ -	\$ 364.73	\$ 131.27	\$ 449.82	\$ 340.73
Employee & Spouse	\$ 1,239.64	\$ 755.27	\$ 1,535.27	\$ 1,067.27	\$ 1,705.45	\$ 1,488.36
Employee & Children	\$ 748.73	\$ 381.09	\$ 972.36	\$ 616.73	\$ 1,102.18	\$ 937.45
Family	\$ 1,597.45	\$ 1,029.09	\$ 1,944.36	\$ 1,394.55	\$ 2,145.09	\$ 1,889.82

<b>12 Pay</b>						
Employee Only	\$ 198.33	\$ -	\$ 334.33	\$ 120.33	\$ 412.33	\$ 312.33
Employee & Spouse	\$ 1,136.33	\$ 692.33	\$ 1,407.33	\$ 978.33	\$ 1,563.33	\$ 1,364.33
Employee & Children	\$ 686.33	\$ 349.33	\$ 891.33	\$ 565.33	\$ 1,010.33	\$ 859.33
Family	\$ 1,464.33	\$ 943.33	\$ 1,782.33	\$ 1,278.33	\$ 1,966.33	\$ 1,732.33

<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**