

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 with Dental and Vision

| | 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 | In order to be eligible for dental or vision you must be enrolled in a medical plan | |
|----------------------------|------------------------------------|--|----------------------|----------------------------|----------------------------------|----------------------------------|--|---------------|
| SIG ID | WHHMO | WDHMO | SHHMO | SDHMO | 0559E | 8056E | Delta Dental | VSP |
| Group # | 25/10 | 1000/20 | ML41 | LG09 | 600559E | 608056E | 7005-0038 | N/A |
| Monthly Rates | | | | | | | Family | Employee ONLY |
| Employee Only-Txxx00 | \$ 938.00 | \$ 716.00 | \$ 1,074.00 | \$ 860.00 | \$ 1,152.00 | \$ 1,052.00 | \$ 101.00 | \$ 9.10 |
| 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 | | |

| Total Yearly Cost of Medical Plan with Dental and Vision | | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--|
| Employee Only | \$ 12,577.20 | \$ 9,913.20 | \$ 14,209.20 | \$ 11,641.20 | \$ 15,036.00 | \$ 13,836.00 | |
| Employee & Spouse | \$ 23,833.20 | \$ 18,505.20 | \$ 27,085.20 | \$ 21,937.20 | \$ 28,848.00 | \$ 26,460.00 | |
| Employee & Children | \$ 18,433.20 | \$ 14,389.20 | \$ 20,893.20 | \$ 16,981.20 | \$ 22,212.00 | \$ 20,400.00 | |
| Family | \$ 27,769.20 | \$ 21,517.20 | \$ 31,585.20 | \$ 25,537.20 | \$ 33,684.00 | \$ 30,876.00 | |

| Monthly Cost to Employees Over the Cap | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|--|
| 11 Pay (includes employees receiving summer savings) | | | | | | | |
| Employee Only | \$ 336.47 | \$ 94.29 | \$ 484.84 | \$ 251.38 | \$ 560.00 | \$ 450.91 | |
| Employee & Spouse | \$ 1,359.75 | \$ 875.38 | \$ 1,655.38 | \$ 1,187.38 | \$ 1,815.64 | \$ 1,598.55 | |
| Employee & Children | \$ 868.84 | \$ 501.20 | \$ 1,092.47 | \$ 736.84 | \$ 1,212.36 | \$ 1,047.64 | |
| Family | \$ 1,717.56 | \$ 1,149.20 | \$ 2,064.47 | \$ 1,514.65 | \$ 2,255.27 | \$ 2,000.00 | |

| 12 Pay | | | | | | | |
|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|--|
| Employee Only | \$ 308.43 | \$ 86.43 | \$ 444.43 | \$ 230.43 | \$ 513.33 | \$ 413.33 | |
| Employee & Spouse | \$ 1,246.43 | \$ 802.43 | \$ 1,517.43 | \$ 1,088.43 | \$ 1,664.33 | \$ 1,465.33 | |
| Employee & Children | \$ 796.43 | \$ 459.43 | \$ 1,001.43 | \$ 675.43 | \$ 1,111.33 | \$ 960.33 | |
| Family | \$ 1,574.43 | \$ 1,053.43 | \$ 1,892.43 | \$ 1,388.43 | \$ 2,067.33 | \$ 1,833.33 | |

| 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**