

**Roseville City School District
2026-2027 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 Vision

| | Western Health Advantage Traditional HMO | Western Health Advantage DHMO 1000 | Sutter Health Traditional HMO | Sutter Health DHMO 1000 | Kaiser (inc vision) Traditional HMO | Kaiser (inc vision) DHMO 1000 | VSP |
|---------------------------------------|--|--|----------------------------------|----------------------------|--|----------------------------------|----------------------|
| SIG ID | WHHMO | WHDHMO | SHHMO | SHDHMO | KPHMO-O | KPDHMO-O | VSB00-C |
| Monthly Rates | | | | | | | Employee ONLY |
| Employee Only - EE | \$ 1,010.00 | \$ 777.00 | \$ 1,265.00 | \$ 1,011.00 | \$ 1,283.00 | \$ 1,173.00 | \$ 9.10 |
| EE & Spouse/Domestic Partner - ES/EDP | \$ 2,020.00 | \$ 1,554.00 | \$ 2,529.00 | \$ 2,022.00 | \$ 2,566.00 | \$ 2,345.00 | |
| Employee & Children - ECH | \$ 1,536.00 | \$ 1,181.00 | \$ 1,921.00 | \$ 1,536.00 | \$ 1,951.00 | \$ 1,782.00 | |
| Family - FAM | \$ 2,374.00 | \$ 1,826.00 | \$ 2,972.00 | \$ 2,376.00 | \$ 3,015.00 | \$ 2,755.00 | |

| Total Yearly Cost of Medical Plan with Vision | | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--|
| Employee Only | \$ 12,229.20 | \$ 9,433.20 | \$ 15,289.20 | \$ 12,241.20 | \$ 15,505.20 | \$ 14,185.20 | |
| Employee & Spouse/Domestic Partner | \$ 24,349.20 | \$ 18,757.20 | \$ 30,457.20 | \$ 24,373.20 | \$ 30,901.20 | \$ 28,249.20 | |
| Employee & Children | \$ 18,541.20 | \$ 14,281.20 | \$ 23,161.20 | \$ 18,541.20 | \$ 23,521.20 | \$ 21,493.20 | |
| Family | \$ 28,597.20 | \$ 22,021.20 | \$ 35,773.20 | \$ 28,621.20 | \$ 36,289.20 | \$ 33,169.20 | |

| Monthly Cost to Employees Over the Cap | | | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|--|
| 11 Pay (includes employees receiving summer savings) | | | | | | | |
| Employee Only | \$ 304.84 | \$ 50.65 | \$ 583.02 | \$ 305.93 | \$ 602.65 | \$ 482.65 | |
| Employee & Spouse/Domestic Partner | \$ 1,406.65 | \$ 898.29 | \$ 1,961.93 | \$ 1,408.84 | \$ 2,002.29 | \$ 1,761.20 | |
| Employee & Children | \$ 878.65 | \$ 491.38 | \$ 1,298.65 | \$ 878.65 | \$ 1,331.38 | \$ 1,147.02 | |
| Family | \$ 1,792.84 | \$ 1,195.02 | \$ 2,445.20 | \$ 1,795.02 | \$ 2,492.11 | \$ 2,208.47 | |

| | | | | | | | |
|------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|--|
| 12 Pay | | | | | | | |
| Employee Only | \$ 279.43 | \$ 46.43 | \$ 534.43 | \$ 280.43 | \$ 552.43 | \$ 442.43 | |
| Employee & Spouse/Domestic Partner | \$ 1,289.43 | \$ 823.43 | \$ 1,798.43 | \$ 1,291.43 | \$ 1,835.43 | \$ 1,614.43 | |
| Employee & Children | \$ 805.43 | \$ 450.43 | \$ 1,190.43 | \$ 805.43 | \$ 1,220.43 | \$ 1,051.43 | |
| Family | \$ 1,643.43 | \$ 1,095.43 | \$ 2,241.43 | \$ 1,645.43 | \$ 2,284.43 | \$ 2,024.43 | |

| 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**