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 Only

	Western Health Advantage			Sutter Health Plus					Kaiser Permanente			
	WHHDP		WHMID		SHHDP		SHMID		607771		602214	
SIG	\$	2800/\$5600		\$1800/\$3600		\$2500/\$5000		\$1650/\$3300		\$3000/\$6000		\$2000/\$4000
Group #		W2800		W1800		HD46		HD47	607771B			602214B
Monthly Rates												
Employee Only-Txxx00	\$	594.00	\$	685.00	\$	710.00	\$	801.00	\$	709.00	\$	827.00
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 Only												
Employee Only	\$	7,128.00	\$	8,220.00	\$	8,520.00	\$	9,612.00	\$	8,508.00	\$	9,924.00
Employee & Spouse	\$	14,256.00	\$	16,428.00	\$	17,016.00	\$	19,212.00	\$	17,016.00	\$	19,848.00
Employee & Children	\$	10,836.00	\$	12,480.00	\$	12,924.00	\$	14,592.00	\$	12,936.00	\$	15,084.00
Family	\$	16,752.00	\$	19,296.00	\$	19,980.00	\$	22,560.00	\$	19,992.00	\$	23,328.00

Monthly Medical Cost to Employees Over the Cap											
12 Pay											
Employee Only	\$	-	\$		\$		\$	-	\$	-	\$
Employee & Spouse	\$	329.33	\$	510.33	\$	559.33	\$	742.33	\$	559.33	\$ 795.33
Employee & Children	\$	44.33	\$	181.33	\$	218.33	\$	357.33	\$	219.33	\$ 398.33
Family	\$	537.33	\$	749.33	\$	806.33	\$	1,021.33	\$	807.33	\$ 1,085.33

District Paid Premiums	<u>Eligibility</u>	Management
Annual Health Insurance Cap - Management	enrolled in a health plan	\$10,304.00
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