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 Dental and Vision

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

	Western Health Advantage			Sutter Health Plus				Kaiser Permanente					Delta Dental	٧	'SP	
	WHHDP		WHMID		SHHDP		SHMID		607771		602214		DEL2A-C		VSE	300-C
SIG ID	,	\$2800/\$5600		\$1800/\$3600	:	\$2500/\$5000		\$1650/\$3300		\$3000/\$6000		\$2000/\$4000				
Group #		W2800		W1800		HD46		HD47		607771B		602214B		7005-0038	N	I/A
Monthly Rates														Family	Employ	ee ONLY
Employee Only-Txxx00	\$	594.00	\$	685.00	\$	710.00	\$	801.00	\$	709.00	\$	827.00	\$	101.00	\$	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 Dental and Vision											
Employee Only	\$	8,449.20	\$	9,541.20	\$	9,841.20	\$	10,933.20	\$	9,829.20	\$ 11,245.20
Employee & Spouse	\$	15,577.20	\$	17,749.20	\$	18,337.20	\$	20,533.20	\$	18,337.20	\$ 21,169.20
Employee & Children	\$	12,157.20	\$	13,801.20	\$	14,245.20	\$	15,913.20	\$	14,257.20	\$ 16,405.20
Family	\$	18,073.20	\$	20,617.20	\$	21,301.20	\$	23,881.20	\$	21,313.20	\$ 24,649.20

Monthly Medical Cost to Employees Over the Cap											
12 Pay											
Employee Only	\$		\$		\$		\$	52.43	\$		\$ 78.43
Employee & Spouse	\$	439.43	\$	620.43	\$	669.43	\$	852.43	\$	669.43	\$ 905.43
Employee & Children	\$	154.43	\$	291.43	\$	328.43	\$	467.43	\$	329.43	\$ 508.43
Family	\$	647.43	\$	859.43	\$	916.43	\$	1,131.43	\$	917.43	\$ 1,195.43

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