

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

| | 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 you must be enrolled in a medical plan Delta Dental |
|----------------------------|------------------------------------|------------------------------------------|----------------------|----------------------------|----------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------|
| SIG ID | WHHMO | WDHMO | SHHMO | SDHMO | 0559E | 8056E | DEL2A-C |
| Group # | 25/10 | 1000/20 | ML41 | LG09 | 600559E | 608056E | 7005-0038 |
| Monthly Rates | | | | | | | Family |
| Employee Only-Txxx00 | \$ 938.00 | \$ 716.00 | \$ 1,074.00 | \$ 860.00 | \$ 1,152.00 | \$ 1,052.00 | \$ 101.00 |
| 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 | |

| Total Yearly Cost of Medical Plan with Dental | | | | | | |
|-----------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Employee Only | \$ 12,468.00 | \$ 9,804.00 | \$ 14,100.00 | \$ 11,532.00 | \$ 15,036.00 | \$ 13,836.00 |
| Employee & Spouse | \$ 23,724.00 | \$ 18,396.00 | \$ 26,976.00 | \$ 21,828.00 | \$ 28,848.00 | \$ 26,460.00 |
| Employee & Children | \$ 18,324.00 | \$ 14,280.00 | \$ 20,784.00 | \$ 16,872.00 | \$ 22,212.00 | \$ 20,400.00 |
| Family | \$ 27,660.00 | \$ 21,408.00 | \$ 31,476.00 | \$ 25,428.00 | \$ 33,684.00 | \$ 30,876.00 |

| Monthly Cost to Employees Over the Cap | | | | | | |
|----------------------------------------|-------------|-----------|-------------|-------------|-------------|-------------|
| 12 Pay | | | | | | |
| Employee Only | \$ 180.33 | \$ - | \$ 316.33 | \$ 102.33 | \$ 394.33 | \$ 294.33 |
| Employee & Spouse | \$ 1,118.33 | \$ 674.33 | \$ 1,389.33 | \$ 960.33 | \$ 1,545.33 | \$ 1,346.33 |
| Employee & Children | \$ 668.33 | \$ 331.33 | \$ 873.33 | \$ 547.33 | \$ 992.33 | \$ 841.33 |
| Family | \$ 1,446.33 | \$ 925.33 | \$ 1,764.33 | \$ 1,260.33 | \$ 1,948.33 | \$ 1,714.33 |

| District Paid Premiums | Eligibility | 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 |

**Medical benefits are only available to employees working:
Certificated = 50% or more**