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

	Wes	stern Health	W	estern Health									In order to be eligible for dental or vision you			
	1	Advantage	Advantage		Sutter Health		Sutter Health		Kaiser (inc vision)		Ka	iser (inc vision)	must be enrolled in a medical plan			
		НМО	DHMO 1000		НМО		DHMO 1000		25/10 HMO		DHMO 1000			Delta Dental	VS	P
SIG ID		WHHMO	WDHMO		SHHMO		SDHMO			0559E		8056E		DEL2A-C	VSB0	0-C
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											
12 Pay											
Employee Only	\$	189.43	\$	-	\$	325.43	\$	111.43	\$	394.33	\$ 294.33
Employee & Spouse	\$	1,127.43	\$	683.43	\$	1,398.43	\$	969.43	\$	1,545.33	\$ 1,346.33
Employee & Children	\$	677.43	\$	340.43	\$	882.43	\$	556.43	\$	992.33	\$ 841.33
Family	\$	1,455.43	\$	934.43	\$	1,773.43	\$	1,269.43	\$	1,948.33	\$ 1,714.33

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>Management</u>
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