

ROSEVILLE CITY SCHOOL DISTRICT
2024-2025 RATES for Percentage Employees
10 Pay (includes employees receiving summer savings)

Medical with Dental

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

		Classified Employee					
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
		50.00%	56.25%	62.50%	68.75%	75.00%	81.25%
WHA HMO	Emp only	\$ 747.65	\$ 697.26	\$ 646.86	\$ 596.47	\$ 546.08	\$ 495.68
	Emp + Sp	\$ 1,777.25	\$ 1,726.86	\$ 1,676.46	\$ 1,626.07	\$ 1,575.68	\$ 1,525.28
	Emp + Child	\$ 1,282.85	\$ 1,232.46	\$ 1,182.06	\$ 1,131.67	\$ 1,081.28	\$ 1,030.88
	Family	\$ 2,137.25	\$ 2,086.86	\$ 2,036.46	\$ 1,986.07	\$ 1,935.68	\$ 1,885.28
WHA DHMO	Emp only	\$ 493.25	\$ 442.86	\$ 392.46	\$ 342.07	\$ 291.68	\$ 241.28
	Emp + Sp	\$ 1,268.45	\$ 1,218.06	\$ 1,167.66	\$ 1,117.27	\$ 1,066.88	\$ 1,016.48
	Emp + Child	\$ 896.45	\$ 846.06	\$ 795.66	\$ 745.27	\$ 694.88	\$ 644.48
	Family	\$ 1,539.65	\$ 1,489.26	\$ 1,438.86	\$ 1,388.47	\$ 1,338.08	\$ 1,287.68
SHP HMO	Emp only	\$ 927.65	\$ 877.26	\$ 826.86	\$ 776.47	\$ 726.08	\$ 675.68
	Emp + Sp	\$ 2,137.25	\$ 2,086.86	\$ 2,036.46	\$ 1,986.07	\$ 1,935.68	\$ 1,885.28
	Emp + Child	\$ 1,556.45	\$ 1,506.06	\$ 1,455.66	\$ 1,405.27	\$ 1,354.88	\$ 1,304.48
	Family	\$ 2,562.05	\$ 2,511.66	\$ 2,461.26	\$ 2,410.87	\$ 2,360.48	\$ 2,310.08
SHP DHMO	Emp only	\$ 686.45	\$ 636.06	\$ 585.66	\$ 535.27	\$ 484.88	\$ 434.48
	Emp + Sp	\$ 1,653.65	\$ 1,603.26	\$ 1,552.86	\$ 1,502.47	\$ 1,452.08	\$ 1,401.68
	Emp + Child	\$ 1,189.25	\$ 1,138.86	\$ 1,088.46	\$ 1,038.07	\$ 987.68	\$ 937.28
	Family	\$ 1,993.25	\$ 1,942.86	\$ 1,892.46	\$ 1,842.07	\$ 1,791.68	\$ 1,741.28
Kaiser 25/10 HMO	Emp only	\$ 1,023.65	\$ 973.26	\$ 922.86	\$ 872.47	\$ 822.08	\$ 771.68
	Emp + Sp	\$ 2,329.25	\$ 2,278.86	\$ 2,228.46	\$ 2,178.07	\$ 2,127.68	\$ 2,077.28
	Emp + Child	\$ 1,702.85	\$ 1,652.46	\$ 1,602.06	\$ 1,551.67	\$ 1,501.28	\$ 1,450.88
	Family	\$ 2,786.45	\$ 2,736.06	\$ 2,685.66	\$ 2,635.27	\$ 2,584.88	\$ 2,534.48
Kaiser DHMO	Emp only	\$ 889.25	\$ 838.86	\$ 788.46	\$ 738.07	\$ 687.68	\$ 637.28
	Emp + Sp	\$ 2,059.25	\$ 2,008.86	\$ 1,958.46	\$ 1,908.07	\$ 1,857.68	\$ 1,807.28
	Emp + Child	\$ 1,497.65	\$ 1,447.26	\$ 1,396.86	\$ 1,346.47	\$ 1,296.08	\$ 1,245.68
	Family	\$ 2,469.65	\$ 2,419.26	\$ 2,368.86	\$ 2,318.47	\$ 2,268.08	\$ 2,217.68

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High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 373.25	\$ 322.86	\$ 272.46	\$ 222.07	\$ 171.68	\$ 121.28
	Emp + Sp	\$ 1,024.85	\$ 974.46	\$ 924.06	\$ 873.67	\$ 823.28	\$ 772.88
	Emp + Child	\$ 712.85	\$ 662.46	\$ 612.06	\$ 561.67	\$ 511.28	\$ 460.88
	Family	\$ 1,252.85	\$ 1,202.46	\$ 1,152.06	\$ 1,101.67	\$ 1,051.28	\$ 1,000.88
WHA HDM \$1,800/ \$3,600	Emp only	\$ 472.85	\$ 422.46	\$ 372.06	\$ 321.67	\$ 271.28	\$ 220.88
	Emp + Sp	\$ 1,224.05	\$ 1,173.66	\$ 1,123.26	\$ 1,072.87	\$ 1,022.48	\$ 972.08
	Emp + Child	\$ 862.85	\$ 812.46	\$ 762.06	\$ 711.67	\$ 661.28	\$ 610.88
	Family	\$ 1,486.85	\$ 1,436.46	\$ 1,386.06	\$ 1,335.67	\$ 1,285.28	\$ 1,234.88
SHP HD \$2,500/ \$5,000	Emp only	\$ 520.85	\$ 470.46	\$ 420.06	\$ 369.67	\$ 319.28	\$ 268.88
	Emp + Sp	\$ 1,318.85	\$ 1,268.46	\$ 1,218.06	\$ 1,167.67	\$ 1,117.28	\$ 1,066.88
	Emp + Child	\$ 934.85	\$ 884.46	\$ 834.06	\$ 783.67	\$ 733.28	\$ 682.88
	Family	\$ 1,597.25	\$ 1,546.86	\$ 1,496.46	\$ 1,446.07	\$ 1,395.68	\$ 1,345.28
SHP HDM \$1,500/ \$3,000	Emp only	\$ 624.05	\$ 573.66	\$ 523.26	\$ 472.87	\$ 422.48	\$ 372.08
	Emp + Sp	\$ 1,525.25	\$ 1,474.86	\$ 1,424.46	\$ 1,374.07	\$ 1,323.68	\$ 1,273.28
	Emp + Child	\$ 1,090.85	\$ 1,040.46	\$ 990.06	\$ 939.67	\$ 889.28	\$ 838.88
	Family	\$ 1,839.65	\$ 1,789.26	\$ 1,738.86	\$ 1,688.47	\$ 1,638.08	\$ 1,587.68
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 510.05	\$ 459.66	\$ 409.26	\$ 358.87	\$ 308.48	\$ 258.08
	Emp + Sp	\$ 1,298.45	\$ 1,248.06	\$ 1,197.66	\$ 1,147.27	\$ 1,096.88	\$ 1,046.48
	Emp + Child	\$ 920.45	\$ 870.06	\$ 819.66	\$ 769.27	\$ 718.88	\$ 668.48
	Family	\$ 1,574.45	\$ 1,524.06	\$ 1,473.66	\$ 1,423.27	\$ 1,372.88	\$ 1,322.48
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 642.05	\$ 591.66	\$ 541.26	\$ 490.87	\$ 440.48	\$ 390.08
	Emp + Sp	\$ 1,561.25	\$ 1,510.86	\$ 1,460.46	\$ 1,410.07	\$ 1,359.68	\$ 1,309.28
	Emp + Child	\$ 1,119.65	\$ 1,069.26	\$ 1,018.86	\$ 968.47	\$ 918.08	\$ 867.68
	Family	\$ 1,884.05	\$ 1,833.66	\$ 1,783.26	\$ 1,732.87	\$ 1,682.48	\$ 1,632.08

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,063.00 %prorated
Annual SIG Waive Fee	full time employee waiving health benefits	\$3,600.00
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**