ROSEVILLE CITY SCHOOL DISTRICT 2024-2025 RATES for Percentage Employees

11 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	l Tier	<u>4 hrs</u> 50.00%	4.5 hrs 56.25%	<u>5 hrs</u> 62.50%	<u>5.5 hrs</u> 68.75%	<u>6 hrs</u> 75.00%	6.5 hrs 81.25%
WHA	Emp only	\$ 679.68	\$ 633.87	\$ 588.06	\$ 542.24	\$ 496.43	\$ 450.62
НМО	Emp + Sp	\$1,615.68	\$1,569.87	\$1,524.06	\$1,478.24	\$1,432.43	\$1,386.62
	Emp + Child	\$1,166.23	\$1,120.41	\$1,074.60	\$1,028.79	\$ 982.98	\$ 937.16
	Family	\$1,942.95	\$1,897.14	\$1,851.33	\$1,805.52	\$1,759.70	\$1,713.89
WHA	Emp only	\$ 448.41	\$ 402.60	\$ 356.78	\$ 310.97	\$ 265.16	\$ 219.35
DHMO	Emp + Sp	\$1,153.14	\$1,107.32	\$1,061.51	\$1,015.70	\$ 969.89	\$ 924.07
	Emp + Child	\$ 814.95	\$ 769.14	\$ 723.33	\$ 677.52	\$ 631.70	\$ 585.89
	Family	\$1,399.68	\$1,353.87	\$1,308.06	\$1,262.24	\$1,216.43	\$1,170.62
SHP	Emp only	\$ 843.32	\$ 797.51	\$ 751.69	\$ 705.88	\$ 660.07	\$ 614.26
НМО	Emp + Sp	\$1,942.95	\$1,897.14	\$1,851.33	\$1,805.52	\$1,759.70	\$1,713.89
	Emp + Child	\$1,414.95	\$1,369.14	\$1,323.33	\$1,277.52	\$1,231.70	\$1,185.89
	Family	\$2,329.14	\$2,283.32	\$2,237.51	\$2,191.70	\$2,145.89	\$2,100.07
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SHP	Emp only	\$ 624.05	\$ 578.23	\$ 532.42	\$ 486.61	\$ 440.80	\$ 394.98
DHMO	Emp + Sp	\$1,503.32	\$1,457.51	\$1,411.69	\$1,365.88	\$1,320.07	\$1,274.26
	Emp + Child	\$1,081.14	\$1,035.32	\$ 989.51	\$ 943.70	\$ 897.89	\$ 852.07
	Family	\$1,812.05	\$1,766.23	\$1,720.42	\$1,674.61	\$1,628.80	\$1,582.98
Kaiser	Emp only	\$ 930.59	\$ 884.78	\$ 838.97	\$ 793.15	\$ 747.34	\$ 701.53
25/10	Emp + Sp	\$2,117.50	\$2,071.69	\$2,025.88	\$1,980.06	\$1,934.25	\$1,888.44
HMO	Emp + Child	\$1,548.05	\$1.502.23	\$1,456.42	\$1,410.61	\$1,364.80	\$1,318.98
	Family	\$2,533.14	\$2,487.32	\$2,441.51	\$2,395.70	\$2,349.89	\$2,304.07
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Kaiser	Emp only	\$ 808.41	\$ 762.60	\$ 716.78	\$ 670.97	\$ 625.16	\$ 579.35
DHMO	Emp + Sp	\$1,872.05	\$1,826.23	\$1,780.42	\$1,734.61	\$1,688.80	\$1,642.98
	Emp + Child	\$1,361.50	\$1,315.69	\$1,269.88	\$1,224.06	\$1,178.25	\$1,132.44
	Family	\$2,245.14	\$2,199.32	\$2,153.51	\$2,107.70	\$2,061.89	\$2,016.07

ROSEVILLE CITY SCHOOL DISTRICT 2024-2025 RATES for Percentage Employees

11 Pay (includes employees receiving summer savings)

Medical with Dental

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

High Deductible							
WHA	Emp only	\$ 339.32	\$ 293.51	\$ 247.69	\$ 201.88	\$ 156.07	\$ 110.26
HD	Emp + Sp	\$ 931.68	\$ 885.87	\$ 840.06	\$ 794.24	\$ 748.43	\$ 702.62
\$2,800/	Emp + Child	\$ 648.05	\$ 602.23	\$ 556.42	\$ 510.61	\$ 464.80	\$ 418.98
\$5,600	Family	\$1,138.95	\$1,093.14	\$1,047.33	\$1,001.52	\$ 955.70	\$ 909.89
WHA	Emp only	\$ 429.86	\$ 384.05	\$ 338.24	\$ 292.43	\$ 246.61	\$ 200.80
HDM	Emp + Sp	\$1,112.77	\$1,066.96	\$1,021.15	\$ 975.34	\$ 929.52	\$ 883.71
\$1,800/	Emp + Child	\$ 784.41	\$ 738.60	\$ 692.78	\$ 646.97	\$ 601.16	\$ 555.35
\$3,600	Family	\$1,351.68	\$1,305.87	\$1,260.06	\$1,214.24	\$1,168.43	\$1,122.62
SHP	Emp only	\$ 473.50	\$ 427.69	\$ 381.88	\$ 336.06	\$ 290.25	\$ 244.44
HD	Emp + Sp	\$1,198.95	\$1,153.14	\$1,107.33	\$1,061.52	\$1,015.70	\$ 969.89
\$2,500/	Emp + Child	\$ 849.86	\$ 804.05	\$ 758.24	\$ 712.43	\$ 666.61	\$ 620.80
\$5,000	Family	\$1,452.05	\$1,406.23	\$1,360.42	\$1,314.61	\$1,268.80	\$1,222.98
SHP	Emp only	\$ 567.32	\$ 521.51	\$ 475.69	\$ 429.88	\$ 384.07	\$ 338.26
HDM	Emp + Sp	\$1,386.59	\$1,340.78	\$1,294.97	\$1,249.15	\$1,203.34	\$1,157.53
\$1,500/	Emp + Child	\$ 991.68	\$ 945.87	\$ 900.06	\$ 854.24	\$ 808.43	\$ 762.62
\$3,000	Family	\$1,672.41	\$1,626.60	\$1,580.78	\$1,534.97	\$1,489.16	\$1,443.35
Kaiser	Emp only	\$ 463.68	\$ 417.87	\$ 372.06	\$ 326.24	\$ 280.43	\$ 234.62
HDM	Emp + Sp	\$1,180.41	\$1,134.60	\$1,088.78	\$1,042.97	\$ 997.16	\$ 951.35
\$3,000/	Emp + Child	\$ 836.77	\$ 790.96	\$ 745.15	\$ 699.34	\$ 653.52	\$ 607.71
\$6,000	Family	\$1,431.32	\$1,385.51	\$1,339.69	\$1,293.88	\$1,248.07	\$1,202.26
Kaiser	Emp only	\$ 583.68	\$ 537.87	\$ 492.06	\$ 446.24	\$ 400.43	\$ 354.62
Basic	Emp + Sp	\$1,419.32	\$1,373.51	\$1,327.69	\$1,281.88	\$1,236.07	\$1,190.26
\$2,000/	Emp + Child	\$1,017.86	\$ 972.05	\$ 926.24	\$ 880.43	\$ 834.61	\$ 788.80
\$4,000	Family	\$1,712.77	\$1,666.96	\$1,621.15	\$1,575.34	\$1,529.52	\$1,483.71

<u>District Paid Premiums</u>	<u>Eligibility</u>	CSEA Value
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