

**ROSEVILLE CITY SCHOOL DISTRICT
2024-2025 RATES for Percentage Employees**

10 Pay (includes employees receiving summer savings)

Medical with Dental and Vision

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

		Classified Employee					
Plan	Tier	4 hrs 50.00%	4.5 hrs 56.25%	5 hrs 62.50%	5.5 hrs 68.75%	6 hrs 75.00%	6.5 hrs 81.25%
WHA HMO	Emp only	\$ 758.57	\$ 708.18	\$ 657.78	\$ 607.39	\$ 557.00	\$ 506.60
	Emp + Sp	\$ 1,788.17	\$ 1,737.78	\$ 1,687.38	\$ 1,636.99	\$ 1,586.60	\$ 1,536.20
	Emp + Child	\$ 1,293.77	\$ 1,243.38	\$ 1,192.98	\$ 1,142.59	\$ 1,092.20	\$ 1,041.80
	Family	\$ 2,148.17	\$ 2,097.78	\$ 2,047.38	\$ 1,996.99	\$ 1,946.60	\$ 1,896.20
WHA DHMO	Emp only	\$ 504.17	\$ 453.78	\$ 403.38	\$ 352.99	\$ 302.60	\$ 252.20
	Emp + Sp	\$ 1,279.37	\$ 1,228.98	\$ 1,178.58	\$ 1,128.19	\$ 1,077.80	\$ 1,027.40
	Emp + Child	\$ 907.37	\$ 856.98	\$ 806.58	\$ 756.19	\$ 705.80	\$ 655.40
	Family	\$ 1,550.57	\$ 1,500.18	\$ 1,449.78	\$ 1,399.39	\$ 1,349.00	\$ 1,298.60
SHP HMO	Emp only	\$ 938.57	\$ 888.18	\$ 837.78	\$ 787.39	\$ 737.00	\$ 686.60
	Emp + Sp	\$ 2,148.17	\$ 2,097.78	\$ 2,047.38	\$ 1,996.99	\$ 1,946.60	\$ 1,896.20
	Emp + Child	\$ 1,567.37	\$ 1,516.98	\$ 1,466.58	\$ 1,416.19	\$ 1,365.80	\$ 1,315.40
	Family	\$ 2,572.97	\$ 2,522.58	\$ 2,472.18	\$ 2,421.79	\$ 2,371.40	\$ 2,321.00
SHP DHMO	Emp only	\$ 697.37	\$ 646.98	\$ 596.58	\$ 546.19	\$ 495.80	\$ 445.40
	Emp + Sp	\$ 1,664.57	\$ 1,614.18	\$ 1,563.78	\$ 1,513.39	\$ 1,463.00	\$ 1,412.60
	Emp + Child	\$ 1,200.17	\$ 1,149.78	\$ 1,099.38	\$ 1,048.99	\$ 998.60	\$ 948.20
	Family	\$ 2,004.17	\$ 1,953.78	\$ 1,903.38	\$ 1,852.99	\$ 1,802.60	\$ 1,752.20
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

ROSEVILLE CITY SCHOOL DISTRICT 2024-2025 RATES for Percentage Employees

10 Pay (includes employees receiving summer savings)

Medical with Dental and Vision

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

High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 384.17	\$ 333.78	\$ 283.38	\$ 232.99	\$ 182.60	\$ 132.20
	Emp + Sp	\$ 1,035.77	\$ 985.38	\$ 934.98	\$ 884.59	\$ 834.20	\$ 783.80
	Emp + Child	\$ 723.77	\$ 673.38	\$ 622.98	\$ 572.59	\$ 522.20	\$ 471.80
	Family	\$ 1,263.77	\$ 1,213.38	\$ 1,162.98	\$ 1,112.59	\$ 1,062.20	\$ 1,011.80
WHA HDM \$1,800/ \$3,600	Emp only	\$ 483.77	\$ 433.38	\$ 382.98	\$ 332.59	\$ 282.20	\$ 231.80
	Emp + Sp	\$ 1,234.97	\$ 1,184.58	\$ 1,134.18	\$ 1,083.79	\$ 1,033.40	\$ 983.00
	Emp + Child	\$ 873.77	\$ 823.38	\$ 772.98	\$ 722.59	\$ 672.20	\$ 621.80
	Family	\$ 1,497.77	\$ 1,447.38	\$ 1,396.98	\$ 1,346.59	\$ 1,296.20	\$ 1,245.80
SHP HD \$2,500/ \$5,000	Emp only	\$ 531.77	\$ 481.38	\$ 430.98	\$ 380.59	\$ 330.20	\$ 279.80
	Emp + Sp	\$ 1,329.77	\$ 1,279.38	\$ 1,228.98	\$ 1,178.59	\$ 1,128.20	\$ 1,077.80
	Emp + Child	\$ 945.77	\$ 895.38	\$ 844.98	\$ 794.59	\$ 744.20	\$ 693.80
	Family	\$ 1,608.17	\$ 1,557.78	\$ 1,507.38	\$ 1,456.99	\$ 1,406.60	\$ 1,356.20
SHP HDM \$1,500/ \$3,000	Emp only	\$ 634.97	\$ 584.58	\$ 534.18	\$ 483.79	\$ 433.40	\$ 383.00
	Emp + Sp	\$ 1,536.17	\$ 1,485.78	\$ 1,435.38	\$ 1,384.99	\$ 1,334.60	\$ 1,284.20
	Emp + Child	\$ 1,101.77	\$ 1,051.38	\$ 1,000.98	\$ 950.59	\$ 900.20	\$ 849.80
	Family	\$ 1,850.57	\$ 1,800.18	\$ 1,749.78	\$ 1,699.39	\$ 1,649.00	\$ 1,598.60
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 520.97	\$ 470.58	\$ 420.18	\$ 369.79	\$ 319.40	\$ 269.00
	Emp + Sp	\$ 1,309.37	\$ 1,258.98	\$ 1,208.58	\$ 1,158.19	\$ 1,107.80	\$ 1,057.40
	Emp + Child	\$ 931.37	\$ 880.98	\$ 830.58	\$ 780.19	\$ 729.80	\$ 679.40
	Family	\$ 1,585.37	\$ 1,534.98	\$ 1,484.58	\$ 1,434.19	\$ 1,383.80	\$ 1,333.40
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 652.97	\$ 602.58	\$ 552.18	\$ 501.79	\$ 451.40	\$ 401.00
	Emp + Sp	\$ 1,572.17	\$ 1,521.78	\$ 1,471.38	\$ 1,420.99	\$ 1,370.60	\$ 1,320.20
	Emp + Child	\$ 1,130.57	\$ 1,080.18	\$ 1,029.78	\$ 979.39	\$ 929.00	\$ 878.60
	Family	\$ 1,894.97	\$ 1,844.58	\$ 1,794.18	\$ 1,743.79	\$ 1,693.40	\$ 1,643.00

District Paid Premiums	Eligibility	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**