

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

11 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

		Certificated Employee				
Plan	Tier	50%	60%	70%	80%	90%
WHA HMO	Emp only	\$ 652.65	\$ 571.96	\$ 491.27	\$ 410.58	\$ 329.89
	Emp + Sp	\$ 1,588.65	\$ 1,507.96	\$ 1,427.27	\$ 1,346.58	\$ 1,265.89
	Emp + Child	\$ 1,139.20	\$ 1,058.51	\$ 977.82	\$ 897.13	\$ 816.44
	Family	\$ 1,915.93	\$ 1,835.24	\$ 1,754.55	\$ 1,673.85	\$ 1,593.16
WHA DHMO	Emp only	\$ 421.38	\$ 340.69	\$ 260.00	\$ 179.31	\$ 98.62
	Emp + Sp	\$ 1,126.11	\$ 1,045.42	\$ 964.73	\$ 884.04	\$ 803.35
	Emp + Child	\$ 787.93	\$ 707.24	\$ 626.55	\$ 545.85	\$ 465.16
	Family	\$ 1,372.65	\$ 1,291.96	\$ 1,211.27	\$ 1,130.58	\$ 1,049.89
SHP HMO	Emp only	\$ 816.29	\$ 735.60	\$ 654.91	\$ 574.22	\$ 493.53
	Emp + Sp	\$ 1,915.93	\$ 1,835.24	\$ 1,754.55	\$ 1,673.85	\$ 1,593.16
	Emp + Child	\$ 1,387.93	\$ 1,307.24	\$ 1,226.55	\$ 1,145.85	\$ 1,065.16
	Family	\$ 2,302.11	\$ 2,221.42	\$ 2,140.73	\$ 2,060.04	\$ 1,979.35
SHP DHMO	Emp only	\$ 597.02	\$ 516.33	\$ 435.64	\$ 354.95	\$ 274.25
	Emp + Sp	\$ 1,476.29	\$ 1,395.60	\$ 1,314.91	\$ 1,234.22	\$ 1,153.53
	Emp + Child	\$ 1,054.11	\$ 973.42	\$ 892.73	\$ 812.04	\$ 731.35
	Family	\$ 1,785.02	\$ 1,704.33	\$ 1,623.64	\$ 1,542.95	\$ 1,462.25
Kaiser 25/10 HMO	Emp only	\$ 893.64	\$ 812.95	\$ 732.25	\$ 651.56	\$ 570.87
	Emp + Sp	\$ 2,080.55	\$ 1,999.85	\$ 1,919.16	\$ 1,838.47	\$ 1,757.78
	Emp + Child	\$ 1,511.09	\$ 1,430.40	\$ 1,349.71	\$ 1,269.02	\$ 1,188.33
	Family	\$ 2,496.18	\$ 2,415.49	\$ 2,334.80	\$ 2,254.11	\$ 2,173.42
Kaiser DHMO	Emp only	\$ 771.45	\$ 690.76	\$ 610.07	\$ 529.38	\$ 448.69
	Emp + Sp	\$ 1,835.09	\$ 1,754.40	\$ 1,673.71	\$ 1,593.02	\$ 1,512.33
	Emp + Child	\$ 1,324.55	\$ 1,243.85	\$ 1,163.16	\$ 1,082.47	\$ 1,001.78
	Family	\$ 2,208.18	\$ 2,127.49	\$ 2,046.80	\$ 1,966.11	\$ 1,885.42

ROSEVILLE CITY SCHOOL DISTRICT 2024-2025 RATES for Percentage Employees

11 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	\$ 312.29	\$ 231.60	\$ 150.91	\$ 70.22	\$ (10.47)
	Emp + Sp	\$ 904.65	\$ 823.96	\$ 743.27	\$ 662.58	\$ 581.89
	Emp + Child	\$ 621.02	\$ 540.33	\$ 459.64	\$ 378.95	\$ 298.25
	Family	\$ 1,111.93	\$ 1,031.24	\$ 950.55	\$ 869.85	\$ 789.16
WHA HDM \$1,800/ \$3,600	Emp only	\$ 402.84	\$ 322.15	\$ 241.45	\$ 160.76	\$ 80.07
	Emp + Sp	\$ 1,085.75	\$ 1,005.05	\$ 924.36	\$ 843.67	\$ 762.98
	Emp + Child	\$ 757.38	\$ 676.69	\$ 596.00	\$ 515.31	\$ 434.62
	Family	\$ 1,324.65	\$ 1,243.96	\$ 1,163.27	\$ 1,082.58	\$ 1,001.89
SHP HD \$2,500/ \$5,000	Emp only	\$ 446.47	\$ 365.78	\$ 285.09	\$ 204.40	\$ 123.71
	Emp + Sp	\$ 1,171.93	\$ 1,091.24	\$ 1,010.55	\$ 929.85	\$ 849.16
	Emp + Child	\$ 822.84	\$ 742.15	\$ 661.45	\$ 580.76	\$ 500.07
	Family	\$ 1,425.02	\$ 1,344.33	\$ 1,263.64	\$ 1,182.95	\$ 1,102.25
SHP HDM \$1,500/ \$3,000	Emp only	\$ 540.29	\$ 459.60	\$ 378.91	\$ 298.22	\$ 217.53
	Emp + Sp	\$ 1,359.56	\$ 1,278.87	\$ 1,198.18	\$ 1,117.49	\$ 1,036.80
	Emp + Child	\$ 964.65	\$ 883.96	\$ 803.27	\$ 722.58	\$ 641.89
	Family	\$ 1,645.38	\$ 1,564.69	\$ 1,484.00	\$ 1,403.31	\$ 1,322.62
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 436.65	\$ 355.96	\$ 275.27	\$ 194.58	\$ 113.89
	Emp + Sp	\$ 1,153.38	\$ 1,072.69	\$ 992.00	\$ 911.31	\$ 830.62
	Emp + Child	\$ 809.75	\$ 729.05	\$ 648.36	\$ 567.67	\$ 486.98
	Family	\$ 1,404.29	\$ 1,323.60	\$ 1,242.91	\$ 1,162.22	\$ 1,081.53
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 556.65	\$ 475.96	\$ 395.27	\$ 314.58	\$ 233.89
	Emp + Sp	\$ 1,392.29	\$ 1,311.60	\$ 1,230.91	\$ 1,150.22	\$ 1,069.53
	Emp + Child	\$ 990.84	\$ 910.15	\$ 829.45	\$ 748.76	\$ 668.07
	Family	\$ 1,685.75	\$ 1,605.05	\$ 1,524.36	\$ 1,443.67	\$ 1,362.98

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00 %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**