ROSEVILLE CITY SCHOOL DISTRICT

2020-2021 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						Certificated Employee				
Plan	**Tier**	**4 hrs**	**4.5 hrs**	**5 hrs**	**5.5 hrs**	**6 hrs**	**6.5 hrs**	**50%**	**60%**	**70%**	**80%**	**90%**
WHA	Emp only	$ 685.85	$ 640.93	$ 596.01	$ 551.09	$ 506.18	$ 461.26	$ 685.85	$ 613.98	$ 542.11	$ 470.24	$ 398.37
HMO	Emp + Sp	$ 1,608.65	$ 1,563.73	$ 1,518.81	$ 1,473.89	$ 1,428.98	$ 1,384.06	$ 1,608.65	$ 1,536.78	$ 1,464.91	$ 1,393.04	$ 1,321.17
	Emp + Child	$ 1,165.85	$ 1,120.93	$ 1,076.01	$ 1,031.09	$ 986.18	$ 941.26	$ 1,165.85	$ 1,093.98	$ 1,022.11	$ 950.24	$ 878.37
	Family	$ 1,931.45	$ 1,886.53	$ 1,841.61	$ 1,796.69	$ 1,751.78	$ 1,706.86	$ 1,931.45	$ 1,859.58	$ 1,787.71	$ 1,715.84	$ 1,643.97
SHP	Emp only	$ 773.45	$ 728.53	$ 683.61	$ 638.69	$ 593.78	$ 548.86	$ 773.45	$ 701.58	$ 629.71	$ 557.84	$ 485.97
HMO	Emp + Sp	$ 1,783.85	$ 1,738.93	$ 1,694.01	$ 1,649.09	$ 1,604.18	$ 1,559.26	$ 1,783.85	$ 1,711.98	$ 1,640.11	$ 1,568.24	$ 1,496.37
	Emp + Child	$ 1,299.05	$ 1,254.13	$ 1,209.21	$ 1,164.29	$ 1,119.38	$ 1,074.46	$ 1,299.05	$ 1,227.18	$ 1,155.31	$ 1,083.44	$ 1,011.57
	Family	$ 2,137.85	$ 2,092.93	$ 2,048.01	$ 2,003.09	$ 1,958.18	$ 1,913.26	$ 2,137.85	$ 2,065.98	$ 1,994.11	$ 1,922.24	$ 1,850.37
Kaiser	Emp only	$ 749.45	$ 704.53	$ 659.61	$ 614.69	$ 569.78	$ 524.86	$ 749.45	$ 677.58	$ 605.71	$ 533.84	$ 461.97
20/10	Emp + Sp	$ 1,735.85	$ 1,690.93	$ 1,646.01	$ 1,601.09	$ 1,556.18	$ 1,511.26	$ 1,735.85	$ 1,663.98	$ 1,592.11	$ 1,520.24	$ 1,448.37
HMO	Emp + Child	$ 1,261.85	$ 1,216.93	$ 1,172.01	$ 1,127.09	$ 1,082.18	$ 1,037.26	$ 1,261.85	$ 1,189.98	$ 1,118.11	$ 1,046.24	$ 974.37
	Family	$ 2,080.25	$ 2,035.33	$ 1,990.41	$ 1,945.49	$ 1,900.58	$ 1,855.66	$ 2,080.25	$ 2,008.38	$ 1,936.51	$ 1,864.64	$ 1,792.77
		High Deductible										
WHA	Emp only	$ 352.25	$ 307.33	$ 262.41	$ 217.49	$ 172.58	$ 127.66	$ 352.25	$ 280.38	$ 208.51	$ 136.64	$ 64.77
HD	Emp + Sp	$ 939.05	$ 894.13	$ 849.21	$ 804.29	$ 759.38	$ 714.46	$ 939.05	$ 867.18	$ 795.31	$ 723.44	$ 651.57
$2,800/	Emp + Child	$ 654.65	$ 609.73	$ 564.81	$ 519.89	$ 474.98	$ 430.06	$ 654.65	$ 582.78	$ 510.91	$ 439.04	$ 367.17
$5,600	Family	$ 1,134.65	$ 1,089.73	$ 1,044.81	$ 999.89	$ 954.98	$ 910.06	$ 1,134.65	$ 1,062.78	$ 990.91	$ 919.04	$ 847.17
WHA	Emp only	$ 457.85	$ 412.93	$ 368.01	$ 323.09	$ 278.18	$ 233.26	$ 457.85	$ 385.98	$ 314.11	$ 242.24	$ 170.37
HDM	Emp + Sp	$ 1,149.05	$ 1,104.13	$ 1,059.21	$ 1,014.29	$ 969.38	$ 924.46	$ 1,149.05	$ 1,077.18	$ 1,005.31	$ 933.44	$ 861.57
$1,800/	Emp + Child	$ 814.25	$ 769.33	$ 724.41	$ 679.49	$ 634.58	$ 589.66	$ 814.25	$ 742.38	$ 670.51	$ 598.64	$ 526.77
$3,600	Family	$ 1,381.85	$ 1,336.93	$ 1,292.01	$ 1,247.09	$ 1,202.18	$ 1,157.26	$ 1,381.85	$ 1,309.98	$ 1,238.11	$ 1,166.24	$ 1,094.37
SHP	Emp only	$ 400.25	$ 355.33	$ 310.41	$ 265.49	$ 220.58	$ 175.66	$ 400.25	$ 328.38	$ 256.51	$ 184.64	$ 112.77
HD	Emp + Sp	$ 1,036.25	$ 991.33	$ 946.41	$ 901.49	$ 856.58	$ 811.66	$ 1,036.25	$ 964.38	$ 892.51	$ 820.64	$ 748.77
$2,500/	Emp + Child	$ 731.45	$ 686.53	$ 641.61	$ 596.69	$ 551.78	$ 506.86	$ 731.45	$ 659.58	$ 587.71	$ 515.84	$ 443.97
$5,000	Family	$ 1,258.25	$ 1,213.33	$ 1,168.41	$ 1,123.49	$ 1,078.58	$ 1,033.66	$ 1,258.25	$ 1,186.38	$ 1,114.51	$ 1,042.64	$ 970.77
SHP	Emp only	$ 483.05	$ 438.13	$ 393.21	$ 348.29	$ 303.38	$ 258.46	$ 483.05	$ 411.18	$ 339.31	$ 267.44	$ 195.57
HDM	Emp + Sp	$ 1,200.65	$ 1,155.73	$ 1,110.81	$ 1,065.89	$ 1,020.98	$ 976.06	$ 1,200.65	$ 1,128.78	$ 1,056.91	$ 985.04	$ 913.17
$1,500/	Emp + Child	$ 856.25	$ 811.33	$ 766.41	$ 721.49	$ 676.58	$ 631.66	$ 856.25	$ 784.38	$ 712.51	$ 640.64	$ 568.77

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		Classified Employee							Certificated Employee				
Plan	**Tier**	**4 hrs**	**4.5 hrs**	**5 hrs**	**5.5 hrs**	**6 hrs**	**6.5 hrs**		**50%**	**60%**	**70%**	**80%**	**90%**
$3,000	Family	$ 1,451.45	$ 1,406.53	$ 1,361.61	$ 1,316.69	$ 1,271.78	$ 1,226.86		$ 1,451.45	$ 1,379.58	$ 1,307.71	$ 1,235.84	$ 1,163.97
Kaiser	Emp only	$ 439.85	$ 394.93	$ 350.01	$ 305.09	$ 260.18	$ 215.26		$ 439.85	$ 367.98	$ 296.11	$ 224.24	$ 152.37
$2,000/	Emp + Sp	$ 1,114.25	$ 1,069.33	$ 1,024.41	$ 979.49	$ 934.58	$ 889.66		$ 1,114.25	$ 1,042.38	$ 970.51	$ 898.64	$ 826.77
$4,000	Emp + Child	$ 791.45	$ 746.53	$ 701.61	$ 656.69	$ 611.78	$ 566.86		$ 791.45	$ 719.58	$ 647.71	$ 575.84	$ 503.97
	Family	$ 1,350.65	$ 1,305.73	$ 1,260.81	$ 1,215.89	$ 1,170.98	$ 1,126.06		$ 1,350.65	$ 1,278.78	$ 1,206.91	$ 1,135.04	$ 1,063.17

District Paid Premiums	**Eligibility**	**Value**
Annual Health Insurance Cap	enrolled in a health plan	$7,187.00 %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