

ROSEVILLE CITY SCHOOL DISTRICT
2023-2024 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	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
WHA HMO	Emp only	\$ 674.97	\$ 625.83	\$ 576.68	\$ 527.54	\$ 478.40	\$ 429.25
	Emp + Sp	\$ 1,609.77	\$ 1,560.63	\$ 1,511.48	\$ 1,462.34	\$ 1,413.20	\$ 1,364.05
	Emp + Child	\$ 1,160.97	\$ 1,111.83	\$ 1,062.68	\$ 1,013.54	\$ 964.40	\$ 915.25
	Family	\$ 1,937.37	\$ 1,888.23	\$ 1,839.08	\$ 1,789.94	\$ 1,740.80	\$ 1,691.65
SHP HMO	Emp only	\$ 823.77	\$ 774.63	\$ 725.48	\$ 676.34	\$ 627.20	\$ 578.05
	Emp + Sp	\$ 1,906.17	\$ 1,857.03	\$ 1,807.88	\$ 1,758.74	\$ 1,709.60	\$ 1,660.45
	Emp + Child	\$ 1,386.57	\$ 1,337.43	\$ 1,288.28	\$ 1,239.14	\$ 1,190.00	\$ 1,140.85
	Family	\$ 2,286.57	\$ 2,237.43	\$ 2,188.28	\$ 2,139.14	\$ 2,090.00	\$ 2,040.85
Kaiser 25/10 HMO	Emp only	\$ 859.65	\$ 810.51	\$ 761.36	\$ 712.22	\$ 663.08	\$ 613.93
	Emp + Sp	\$ 1,991.25	\$ 1,942.11	\$ 1,892.96	\$ 1,843.82	\$ 1,794.68	\$ 1,745.53
	Emp + Child	\$ 1,448.85	\$ 1,399.71	\$ 1,350.56	\$ 1,301.42	\$ 1,252.28	\$ 1,203.13
	Family	\$ 2,387.25	\$ 2,338.11	\$ 2,288.96	\$ 2,239.82	\$ 2,190.68	\$ 2,141.53

High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 342.57	\$ 293.43	\$ 244.28	\$ 195.14	\$ 146.00	\$ 96.85
	Emp + Sp	\$ 942.57	\$ 893.43	\$ 844.28	\$ 795.14	\$ 746.00	\$ 696.85
	Emp + Child	\$ 654.57	\$ 605.43	\$ 556.28	\$ 507.14	\$ 458.00	\$ 408.85
	Family	\$ 1,152.57	\$ 1,103.43	\$ 1,054.28	\$ 1,005.14	\$ 956.00	\$ 906.85
WHA HDM \$1,800/ \$3,600	Emp only	\$ 433.77	\$ 384.63	\$ 335.48	\$ 286.34	\$ 237.20	\$ 188.05
	Emp + Sp	\$ 1,126.17	\$ 1,077.03	\$ 1,027.88	\$ 978.74	\$ 929.60	\$ 880.45
	Emp + Child	\$ 793.77	\$ 744.63	\$ 695.48	\$ 646.34	\$ 597.20	\$ 548.05
	Family	\$ 1,367.37	\$ 1,318.23	\$ 1,269.08	\$ 1,219.94	\$ 1,170.80	\$ 1,121.65
SHP HD \$2,500/ \$5,000	Emp only	\$ 457.77	\$ 408.63	\$ 359.48	\$ 310.34	\$ 261.20	\$ 212.05
	Emp + Sp	\$ 1,171.77	\$ 1,122.63	\$ 1,073.48	\$ 1,024.34	\$ 975.20	\$ 926.05
	Emp + Child	\$ 827.37	\$ 778.23	\$ 729.08	\$ 679.94	\$ 630.80	\$ 581.65
	Family	\$ 1,421.37	\$ 1,372.23	\$ 1,323.08	\$ 1,273.94	\$ 1,224.80	\$ 1,175.65

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SHP	Emp only	\$ 550.17	\$ 501.03	\$ 451.88	\$ 402.74	\$ 353.60	\$ 304.45
HDM	Emp + Sp	\$ 1,356.57	\$ 1,307.43	\$ 1,258.28	\$ 1,209.14	\$ 1,160.00	\$ 1,110.85
\$1,500/ \$3,000	Emp + Child	\$ 967.77	\$ 918.63	\$ 869.48	\$ 820.34	\$ 771.20	\$ 722.05
	Family	\$ 1,638.57	\$ 1,589.43	\$ 1,540.28	\$ 1,491.14	\$ 1,442.00	\$ 1,392.85
Kaiser	Emp only	\$ 428.97	\$ 379.83	\$ 330.68	\$ 281.54	\$ 232.40	\$ 183.25
HDP	Emp + Sp	\$ 1,114.17	\$ 1,065.03	\$ 1,015.88	\$ 966.74	\$ 917.60	\$ 868.45
\$3,000/ \$6,000	Emp + Child	\$ 785.37	\$ 736.23	\$ 687.08	\$ 637.94	\$ 588.80	\$ 539.65
	Family	\$ 1,354.17	\$ 1,305.03	\$ 1,255.88	\$ 1,206.74	\$ 1,157.60	\$ 1,108.45
Kaiser	Emp only	\$ 540.57	\$ 491.43	\$ 442.28	\$ 393.14	\$ 344.00	\$ 294.85
MID	Emp + Sp	\$ 1,337.37	\$ 1,288.23	\$ 1,239.08	\$ 1,189.94	\$ 1,140.80	\$ 1,091.65
\$2,000/ \$4,000	Emp + Child	\$ 954.57	\$ 905.43	\$ 856.28	\$ 807.14	\$ 758.00	\$ 708.85
	Family	\$ 1,616.97	\$ 1,567.83	\$ 1,518.68	\$ 1,469.54	\$ 1,420.40	\$ 1,371.25

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$7,863.00 %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:
Classified = 20 hours/week or more**