

ROSEVILLE CITY SCHOOL DISTRICT
2020-2021 RATES for Percentage Employees
11 Pay (includes employees receiving summer savings)

Medical with Vision

In order to be eligible for vision 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 HMO	Emp only	\$ 523.25	\$ 482.41	\$ 441.58	\$ 400.74	\$ 359.90	\$ 319.07	\$ 523.25	\$ 457.91	\$ 392.57	\$ 327.24	\$ 261.90
	Emp + Sp	\$ 1,362.15	\$ 1,321.32	\$ 1,280.48	\$ 1,239.65	\$ 1,198.81	\$ 1,157.98	\$ 1,362.15	\$ 1,296.82	\$ 1,231.48	\$ 1,166.15	\$ 1,100.81
	Emp + Child	\$ 959.61	\$ 918.77	\$ 877.94	\$ 837.10	\$ 796.27	\$ 755.43	\$ 959.61	\$ 894.27	\$ 828.94	\$ 763.60	\$ 698.26
	Family	\$ 1,655.61	\$ 1,614.77	\$ 1,573.94	\$ 1,533.10	\$ 1,492.27	\$ 1,451.43	\$ 1,655.61	\$ 1,590.27	\$ 1,524.94	\$ 1,459.60	\$ 1,394.26
SHP HMO	Emp only	\$ 602.88	\$ 562.05	\$ 521.21	\$ 480.38	\$ 439.54	\$ 398.71	\$ 602.88	\$ 537.55	\$ 472.21	\$ 406.87	\$ 341.54
	Emp + Sp	\$ 1,521.43	\$ 1,480.59	\$ 1,439.76	\$ 1,398.92	\$ 1,358.09	\$ 1,317.25	\$ 1,521.43	\$ 1,456.09	\$ 1,390.75	\$ 1,325.42	\$ 1,260.08
	Emp + Child	\$ 1,080.70	\$ 1,039.86	\$ 999.03	\$ 958.19	\$ 917.36	\$ 876.52	\$ 1,080.70	\$ 1,015.36	\$ 950.03	\$ 884.69	\$ 819.35
	Family	\$ 1,843.25	\$ 1,802.41	\$ 1,761.58	\$ 1,720.74	\$ 1,679.90	\$ 1,639.07	\$ 1,843.25	\$ 1,777.91	\$ 1,712.57	\$ 1,647.24	\$ 1,581.90
Kaiser 20/10 HMO	Emp only	\$ 571.14	\$ 530.30	\$ 489.47	\$ 448.63	\$ 407.80	\$ 366.96	\$ 571.14	\$ 505.80	\$ 440.46	\$ 375.13	\$ 309.79
	Emp + Sp	\$ 1,467.86	\$ 1,427.03	\$ 1,386.19	\$ 1,345.36	\$ 1,304.52	\$ 1,263.69	\$ 1,467.86	\$ 1,402.53	\$ 1,337.19	\$ 1,271.85	\$ 1,206.52
	Emp + Child	\$ 1,036.95	\$ 996.12	\$ 955.28	\$ 914.45	\$ 873.61	\$ 832.78	\$ 1,036.95	\$ 971.62	\$ 906.28	\$ 840.95	\$ 775.61
	Family	\$ 1,780.95	\$ 1,740.12	\$ 1,699.28	\$ 1,658.45	\$ 1,617.61	\$ 1,576.78	\$ 1,780.95	\$ 1,715.62	\$ 1,650.28	\$ 1,584.95	\$ 1,519.61

High Deductible

WHA HD \$2,800/ \$5,600	Emp only	\$ 219.97	\$ 179.14	\$ 138.30	\$ 97.47	\$ 56.63	\$ 15.80	\$ 219.97	\$ 154.64	\$ 89.30	\$ 23.96	\$ -
	Emp + Sp	\$ 753.43	\$ 712.59	\$ 671.76	\$ 630.92	\$ 590.09	\$ 549.25	\$ 753.43	\$ 688.09	\$ 622.75	\$ 557.42	\$ 492.08
	Emp + Child	\$ 494.88	\$ 454.05	\$ 413.21	\$ 372.38	\$ 331.54	\$ 290.71	\$ 494.88	\$ 429.55	\$ 364.21	\$ 298.87	\$ 233.54
	Family	\$ 931.25	\$ 890.41	\$ 849.58	\$ 808.74	\$ 767.90	\$ 727.07	\$ 931.25	\$ 865.91	\$ 800.57	\$ 735.24	\$ 669.90
WHA HDM \$1,800/ \$3,600	Emp only	\$ 315.97	\$ 275.14	\$ 234.30	\$ 193.47	\$ 152.63	\$ 111.80	\$ 315.97	\$ 250.64	\$ 185.30	\$ 119.96	\$ 54.63
	Emp + Sp	\$ 944.34	\$ 903.50	\$ 862.67	\$ 821.83	\$ 781.00	\$ 740.16	\$ 944.34	\$ 879.00	\$ 813.66	\$ 748.33	\$ 682.99
	Emp + Child	\$ 639.97	\$ 599.14	\$ 558.30	\$ 517.47	\$ 476.63	\$ 435.80	\$ 639.97	\$ 574.64	\$ 509.30	\$ 443.96	\$ 378.63
	Family	\$ 1,155.97	\$ 1,115.14	\$ 1,074.30	\$ 1,033.47	\$ 992.63	\$ 951.80	\$ 1,155.97	\$ 1,090.64	\$ 1,025.30	\$ 959.96	\$ 894.63
SHP HD \$2,500/ \$5,000	Emp only	\$ 263.61	\$ 222.77	\$ 181.94	\$ 141.10	\$ 100.27	\$ 59.43	\$ 263.61	\$ 198.27	\$ 132.94	\$ 67.60	\$ 2.26
	Emp + Sp	\$ 841.79	\$ 800.96	\$ 760.12	\$ 719.29	\$ 678.45	\$ 637.61	\$ 841.79	\$ 776.45	\$ 711.12	\$ 645.78	\$ 580.45
	Emp + Child	\$ 564.70	\$ 523.86	\$ 483.03	\$ 442.19	\$ 401.36	\$ 360.52	\$ 564.70	\$ 499.36	\$ 434.03	\$ 368.69	\$ 303.35
	Family	\$ 1,043.61	\$ 1,002.77	\$ 961.94	\$ 921.10	\$ 880.27	\$ 839.43	\$ 1,043.61	\$ 978.27	\$ 912.94	\$ 847.60	\$ 782.26
SHP HDM \$1,500/	Emp only	\$ 338.88	\$ 298.05	\$ 257.21	\$ 216.38	\$ 175.54	\$ 134.71	\$ 338.88	\$ 273.55	\$ 208.21	\$ 142.87	\$ 77.54
	Emp + Sp	\$ 991.25	\$ 950.41	\$ 909.58	\$ 868.74	\$ 827.90	\$ 787.07	\$ 991.25	\$ 925.91	\$ 860.57	\$ 795.24	\$ 729.90
	Emp + Child	\$ 678.15	\$ 637.32	\$ 596.48	\$ 555.65	\$ 514.81	\$ 473.98	\$ 678.15	\$ 612.82	\$ 547.48	\$ 482.15	\$ 416.81

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Plan	Tier	Classified Employee						Certificated Employee				
		4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs	50%	60%	70%	80%	90%
\$3,000	Family	\$ 1,219.25	\$ 1,178.41	\$ 1,137.58	\$ 1,096.74	\$ 1,055.90	\$ 1,015.07	\$ 1,219.25	\$ 1,153.91	\$ 1,088.57	\$ 1,023.24	\$ 957.90
Kaiser	Emp only	\$ 299.61	\$ 258.77	\$ 217.94	\$ 177.10	\$ 136.27	\$ 95.43	\$ 299.61	\$ 234.27	\$ 168.94	\$ 103.60	\$ 38.26
\$2,000/	Emp + Sp	\$ 912.70	\$ 871.86	\$ 831.03	\$ 790.19	\$ 749.36	\$ 708.52	\$ 912.70	\$ 847.36	\$ 782.03	\$ 716.69	\$ 651.35
\$4,000	Emp + Child	\$ 619.25	\$ 578.41	\$ 537.58	\$ 496.74	\$ 455.90	\$ 415.07	\$ 619.25	\$ 553.91	\$ 488.57	\$ 423.24	\$ 357.90
	Family	\$ 1,127.61	\$ 1,086.77	\$ 1,045.94	\$ 1,005.10	\$ 964.27	\$ 923.43	\$ 1,127.61	\$ 1,062.27	\$ 996.94	\$ 931.60	\$ 866.26

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