

**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

<b>Classified Employee</b>							
<b>Plan</b>	<b>Tier</b>	<b>4 hrs</b>	<b>4.5 hrs</b>	<b>5 hrs</b>	<b>5.5 hrs</b>	<b>6 hrs</b>	<b>6.5 hrs</b>
<b>WHA HMO</b>	Emp only	\$ 664.97	\$ 614.58	\$ 564.18	\$ 513.79	\$ 463.40	\$ 413.00
	Emp + Sp	\$ 1,599.77	\$ 1,549.38	\$ 1,498.98	\$ 1,448.59	\$ 1,398.20	\$ 1,347.80
	Emp + Child	\$ 1,150.97	\$ 1,100.58	\$ 1,050.18	\$ 999.79	\$ 949.40	\$ 899.00
	Family	\$ 1,927.37	\$ 1,876.98	\$ 1,826.58	\$ 1,776.19	\$ 1,725.80	\$ 1,675.40
<b>SHP HMO</b>	Emp only	\$ 813.77	\$ 763.38	\$ 712.98	\$ 662.59	\$ 612.20	\$ 561.80
	Emp + Sp	\$ 1,896.17	\$ 1,845.78	\$ 1,795.38	\$ 1,744.99	\$ 1,694.60	\$ 1,644.20
	Emp + Child	\$ 1,376.57	\$ 1,326.18	\$ 1,275.78	\$ 1,225.39	\$ 1,175.00	\$ 1,124.60
	Family	\$ 2,276.57	\$ 2,226.18	\$ 2,175.78	\$ 2,125.39	\$ 2,075.00	\$ 2,024.60
<b>Kaiser 25/10 HMO</b>	Emp only	\$ 849.65	\$ 799.26	\$ 748.86	\$ 698.47	\$ 648.08	\$ 597.68
	Emp + Sp	\$ 1,981.25	\$ 1,930.86	\$ 1,880.46	\$ 1,830.07	\$ 1,779.68	\$ 1,729.28
	Emp + Child	\$ 1,438.85	\$ 1,388.46	\$ 1,338.06	\$ 1,287.67	\$ 1,237.28	\$ 1,186.88
	Family	\$ 2,377.25	\$ 2,326.86	\$ 2,276.46	\$ 2,226.07	\$ 2,175.68	\$ 2,125.28
<b>High Deductible</b>							
<b>WHA HD</b> \$2,800/ \$5,600	Emp only	\$ 332.57	\$ 282.18	\$ 231.78	\$ 181.39	\$ 131.00	\$ 80.60
	Emp + Sp	\$ 932.57	\$ 882.18	\$ 831.78	\$ 781.39	\$ 731.00	\$ 680.60
	Emp + Child	\$ 644.57	\$ 594.18	\$ 543.78	\$ 493.39	\$ 443.00	\$ 392.60
	Family	\$ 1,142.57	\$ 1,092.18	\$ 1,041.78	\$ 991.39	\$ 941.00	\$ 890.60
<b>WHA HDM</b> \$1,800/ \$3,600	Emp only	\$ 423.77	\$ 373.38	\$ 322.98	\$ 272.59	\$ 222.20	\$ 171.80
	Emp + Sp	\$ 1,116.17	\$ 1,065.78	\$ 1,015.38	\$ 964.99	\$ 914.60	\$ 864.20
	Emp + Child	\$ 783.77	\$ 733.38	\$ 682.98	\$ 632.59	\$ 582.20	\$ 531.80
	Family	\$ 1,357.37	\$ 1,306.98	\$ 1,256.58	\$ 1,206.19	\$ 1,155.80	\$ 1,105.40
<b>SHP HD</b> \$2,500/ \$5,000	Emp only	\$ 447.77	\$ 397.38	\$ 346.98	\$ 296.59	\$ 246.20	\$ 195.80
	Emp + Sp	\$ 1,161.77	\$ 1,111.38	\$ 1,060.98	\$ 1,010.59	\$ 960.20	\$ 909.80
	Emp + Child	\$ 817.37	\$ 766.98	\$ 716.58	\$ 666.19	\$ 615.80	\$ 565.40
	Family	\$ 1,411.37	\$ 1,360.98	\$ 1,310.58	\$ 1,260.19	\$ 1,209.80	\$ 1,159.40

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Classified Employee							
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
<b>SHP</b>	Emp only	\$ 540.17	\$ 489.78	\$ 439.38	\$ 388.99	\$ 338.60	\$ 288.20
<b>HDM</b>	Emp + Sp	\$ 1,346.57	\$ 1,296.18	\$ 1,245.78	\$ 1,195.39	\$ 1,145.00	\$ 1,094.60
\$1,500/ \$3,000	Emp + Child	\$ 957.77	\$ 907.38	\$ 856.98	\$ 806.59	\$ 756.20	\$ 705.80
	Family	\$ 1,628.57	\$ 1,578.18	\$ 1,527.78	\$ 1,477.39	\$ 1,427.00	\$ 1,376.60
<b>Kaiser</b>	Emp only	\$ 418.97	\$ 368.58	\$ 318.18	\$ 267.79	\$ 217.40	\$ 167.00
<b>HDP</b>	Emp + Sp	\$ 1,104.17	\$ 1,053.78	\$ 1,003.38	\$ 952.99	\$ 902.60	\$ 852.20
\$3,000/ \$6,000	Emp + Child	\$ 775.37	\$ 724.98	\$ 674.58	\$ 624.19	\$ 573.80	\$ 523.40
	Family	\$ 1,344.17	\$ 1,293.78	\$ 1,243.38	\$ 1,192.99	\$ 1,142.60	\$ 1,092.20
<b>Kaiser</b>	Emp only	\$ 530.57	\$ 480.18	\$ 429.78	\$ 379.39	\$ 329.00	\$ 278.60
<b>MID</b>	Emp + Sp	\$ 1,327.37	\$ 1,276.98	\$ 1,226.58	\$ 1,176.19	\$ 1,125.80	\$ 1,075.40
\$2,000/ \$4,000	Emp + Child	\$ 944.57	\$ 894.18	\$ 843.78	\$ 793.39	\$ 743.00	\$ 692.60
	Family	\$ 1,606.97	\$ 1,556.58	\$ 1,506.18	\$ 1,455.79	\$ 1,405.40	\$ 1,355.00

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
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:  
Classified = 20 hours/week or more**