

**ROSEVILLE CITY SCHOOL DISTRICT**  
**2023-2024 RATES for Percentage Employees**  
**10 Pay** (includes employees receiving summer savings)

**Medical with Vision**

In order to be eligible for vision you must be enrolled in a medical plan

<b>Classified Employee</b>							
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
<b>WHA HMO</b>	Emp only	\$ 543.77	\$ 493.38	\$ 442.98	\$ 392.59	\$ 342.20	\$ 291.80
	Emp + Sp	\$ 1,478.57	\$ 1,428.18	\$ 1,377.78	\$ 1,327.39	\$ 1,277.00	\$ 1,226.60
	Emp + Child	\$ 1,029.77	\$ 979.38	\$ 928.98	\$ 878.59	\$ 828.20	\$ 777.80
	Family	\$ 1,806.17	\$ 1,755.78	\$ 1,705.38	\$ 1,654.99	\$ 1,604.60	\$ 1,554.20
<b>SHP HMO</b>	Emp only	\$ 692.57	\$ 642.18	\$ 591.78	\$ 541.39	\$ 491.00	\$ 440.60
	Emp + Sp	\$ 1,774.97	\$ 1,724.58	\$ 1,674.18	\$ 1,623.79	\$ 1,573.40	\$ 1,523.00
	Emp + Child	\$ 1,255.37	\$ 1,204.98	\$ 1,154.58	\$ 1,104.19	\$ 1,053.80	\$ 1,003.40
	Family	\$ 2,155.37	\$ 2,104.98	\$ 2,054.58	\$ 2,004.19	\$ 1,953.80	\$ 1,903.40
<b>Kaiser 25/10 HMO</b>	Emp only	\$ 728.45	\$ 678.06	\$ 627.66	\$ 577.27	\$ 526.88	\$ 476.48
	Emp + Sp	\$ 1,860.05	\$ 1,809.66	\$ 1,759.26	\$ 1,708.87	\$ 1,658.48	\$ 1,608.08
	Emp + Child	\$ 1,317.65	\$ 1,267.26	\$ 1,216.86	\$ 1,166.47	\$ 1,116.08	\$ 1,065.68
	Family	\$ 2,256.05	\$ 2,205.66	\$ 2,155.26	\$ 2,104.87	\$ 2,054.48	\$ 2,004.08

<b>High Deductible</b>							
<b>WHA HD</b> \$2,800/ \$5,600	Emp only	\$ 211.37	\$ 160.98	\$ 110.58	\$ 60.19	\$ 9.80	\$ -
	Emp + Sp	\$ 811.37	\$ 760.98	\$ 710.58	\$ 660.19	\$ 609.80	\$ 559.40
	Emp + Child	\$ 523.37	\$ 472.98	\$ 422.58	\$ 372.19	\$ 321.80	\$ 271.40
	Family	\$ 1,021.37	\$ 970.98	\$ 920.58	\$ 870.19	\$ 819.80	\$ 769.40
<b>WHA HDM</b> \$1,800/ \$3,600	Emp only	\$ 302.57	\$ 252.18	\$ 201.78	\$ 151.39	\$ 101.00	\$ 50.60
	Emp + Sp	\$ 994.97	\$ 944.58	\$ 894.18	\$ 843.79	\$ 793.40	\$ 743.00
	Emp + Child	\$ 662.57	\$ 612.18	\$ 561.78	\$ 511.39	\$ 461.00	\$ 410.60
	Family	\$ 1,236.17	\$ 1,185.78	\$ 1,135.38	\$ 1,084.99	\$ 1,034.60	\$ 984.20
<b>SHP HD</b> \$2,500/ \$5,000	Emp only	\$ 326.57	\$ 276.18	\$ 225.78	\$ 175.39	\$ 125.00	\$ 74.60
	Emp + Sp	\$ 1,040.57	\$ 990.18	\$ 939.78	\$ 889.39	\$ 839.00	\$ 788.60
	Emp + Child	\$ 696.17	\$ 645.78	\$ 595.38	\$ 544.99	\$ 494.60	\$ 444.20
	Family	\$ 1,290.17	\$ 1,239.78	\$ 1,189.38	\$ 1,138.99	\$ 1,088.60	\$ 1,038.20

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<b>SHP</b>	Emp only	\$ 418.97	\$ 368.58	\$ 318.18	\$ 267.79	\$ 217.40	\$ 167.00
<b>HDM</b>	Emp + Sp	\$ 1,225.37	\$ 1,174.98	\$ 1,124.58	\$ 1,074.19	\$ 1,023.80	\$ 973.40
\$1,500/ \$3,000	Emp + Child	\$ 836.57	\$ 786.18	\$ 735.78	\$ 685.39	\$ 635.00	\$ 584.60
	Family	\$ 1,507.37	\$ 1,456.98	\$ 1,406.58	\$ 1,356.19	\$ 1,305.80	\$ 1,255.40
<b>Kaiser</b>	Emp only	\$ 297.77	\$ 247.38	\$ 196.98	\$ 146.59	\$ 96.20	\$ 45.80
<b>HDP</b>	Emp + Sp	\$ 982.97	\$ 932.58	\$ 882.18	\$ 831.79	\$ 781.40	\$ 731.00
\$3,000/ \$6,000	Emp + Child	\$ 654.17	\$ 603.78	\$ 553.38	\$ 502.99	\$ 452.60	\$ 402.20
	Family	\$ 1,222.97	\$ 1,172.58	\$ 1,122.18	\$ 1,071.79	\$ 1,021.40	\$ 971.00
<b>Kaiser</b>	Emp only	\$ 409.37	\$ 358.98	\$ 308.58	\$ 258.19	\$ 207.80	\$ 157.40
<b>MID</b>	Emp + Sp	\$ 1,206.17	\$ 1,155.78	\$ 1,105.38	\$ 1,054.99	\$ 1,004.60	\$ 954.20
\$2,000/ \$4,000	Emp + Child	\$ 823.37	\$ 772.98	\$ 722.58	\$ 672.19	\$ 621.80	\$ 571.40
	Family	\$ 1,485.77	\$ 1,435.38	\$ 1,384.98	\$ 1,334.59	\$ 1,284.20	\$ 1,233.80

<b>District Paid Premiums</b>	<b>Eligibility</b>	<b>CSEA Value</b>
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**