ROSEVILLE CITY SCHOOL DISTRICT

2023-2024 RATES for Percentage Employees

11 Pay (includes employees receiving summer savings)

Medical with Dental

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

Certificated Employee

	np only np + Sp	\$ 557.64	\$ 476.95	\$ 396.25	\$ 315.56	A 00407
	np + Sp	¢ 4 407 45		Ψ 530.25	\$ 315.50	\$ 234.87
HMO Em		\$1,407.45	\$1,326.76	\$ 1,246.07	\$1,165.38	\$1,084.69
Em	np + Child	\$ 999.45	\$ 918.76	\$ 838.07	\$ 757.38	\$ 676.69
Fa	mily	\$1,705.27	\$1,624.58	\$1,543.89	\$1,463.20	\$ 1,382.51
SHP Em	np only	\$ 692.91	\$ 612.22	\$ 531.53	\$ 450.84	\$ 370.15
HMO Em	np + Sp	\$1,676.91	\$1,596.22	\$ 1,515.53	\$1,434.84	\$ 1,354.15
Em	np + Child	\$1,204.55	\$1,123.85	\$1,043.16	\$ 962.47	\$ 881.78
Fa	mily	\$2,022.73	\$1,942.04	\$ 1,861.35	\$1,780.65	\$ 1,699.96
Kaiser Em	np only	\$ 735.45	\$ 654.76	\$ 574.07	\$ 493.38	\$ 412.69
25/10 Em	np + Sp	\$1,764.18	\$1,683.49	\$ 1,602.80	\$1,522.11	\$1,441.42
HMO Em	np + Child	\$1,271.09	\$1,190.40	\$1,109.71	\$1,029.02	\$ 948.33
Fa	mily	\$2,124.18	\$2,043.49	\$1,962.80	\$1,882.11	\$ 1,801.42

High Deductible

				,					
WHA	Emp only	\$	255.45	\$	174.76	\$	94.07	\$ 13.38	\$ -
HD	Emp + Sp	\$	800.91	\$	720.22	\$	639.53	\$ 558.84	\$ 478.15
\$2,800/	Emp + Child	\$	539.09	\$	458.40	\$	377.71	\$ 297.02	\$ 216.33
\$5,600	Family	\$	991.82	\$	911.13	\$	830.44	\$ 749.75	\$ 669.05
WHA	Emp only	\$	338.36	\$	257.67	\$	176.98	\$ 96.29	\$ 15.60
HDM	Emp + Sp	\$	967.82	\$	887.13	\$	806.44	\$ 725.75	\$ 645.05
\$1,800/	Emp + Child	\$	665.64	\$	584.95	\$	504.25	\$ 423.56	\$ 342.87
\$3,600	Family	\$1	,187.09	\$1	,106.40	\$1	1,025.71	\$ 945.02	\$ 864.33
SHP	Emp only	\$	360.18	\$	279.49	\$	198.80	\$ 118.11	\$ 37.42
HD	Emp + Sp	\$ 1	,009.27	\$	928.58	\$	847.89	\$ 767.20	\$ 686.51
\$2,500/	Emp + Child	\$	696.18	\$	615.49	\$	534.80	\$ 454.11	\$ 373.42
\$5,000	Family	\$ 1	,236.18	\$ 1	,155.49	\$1	,074.80	\$ 994.11	\$ 913.42

ROSEVILLE CITY SCHOOL DISTRICT

2023-2024 RATES for Percentage Employees

11 Pay (includes employees receiving summer savings)

Medical with Dental

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Certificated Employee

Plan	Tier	50%	60%	70%	80%	90%
WHA	Emp only	\$ 557.64	\$ 476.95	\$ 396.25	\$ 315.56	\$ 234.87
SHP	Emp only	\$ 444.18	\$ 363.49	\$ 282.80	\$ 202.11	\$ 121.42
HDM	Emp + Sp	\$1,177.27	\$1,096.58	\$1,015.89	\$ 935.20	\$ 854.51
\$1,500/	Emp + Child	\$ 823.82	\$ 743.13	\$ 662.44	\$ 581.75	\$ 501.05
\$3,000	Family	\$1,433.64	\$1,352.95	\$1,272.25	\$1,191.56	\$ 1,110.87
Kaiser	Emp only	\$ 334.00	\$ 253.31	\$ 172.62	\$ 91.93	\$ 11.24
\$3000/	Emp + Sp	\$ 956.91	\$ 876.22	\$ 795.53	\$ 714.84	\$ 634.15
\$6,000	Emp + Child	\$ 658.00	\$ 577.31	\$ 496.62	\$ 415.93	\$ 335.24
	Family	\$1,175.09	\$1,094.40	\$1,013.71	\$ 933.02	\$ 852.33
Kaiser	Emp only	\$ 435.45	\$ 354.76	\$ 274.07	\$ 193.38	\$ 112.69
\$2,000/	Emp + Sp	\$1,159.82	\$1,079.13	\$ 998.44	\$ 917.75	\$ 837.05
\$4,000	Emp + Child	\$ 811.82	\$ 731.13	\$ 650.44	\$ 569.75	\$ 489.05
	Family	\$1,414.00	\$1,333.31	\$1,252.62	\$1,171.93	\$1,091.24

District Paid Premiums	<u>Eligibility</u>	RTA Value		
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00 %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		