ROSEVILLE CITY SCHOOL DISTRICT

2023-2024 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

Certificated Employee

Plan	Tier	50%	60%	70%	80%	90%
WHA	Emp only	$ 457.38	$ 376.69	$ 296.00	$ 215.31	$ 134.62
HMO	Emp + Sp	$ 1,307.20	$ 1,226.51	$ 1,145.82	$ 1,065.13	$ 984.44
	Emp + Child	$ 899.20	$ 818.51	$ 737.82	$ 657.13	$ 576.44
	Family	$ 1,605.02	$ 1,524.33	$ 1,443.64	$ 1,362.95	$ 1,282.25
SHP	Emp only	$ 592.65	$ 511.96	$ 431.27	$ 350.58	$ 269.89
HMO	Emp + Sp	$ 1,576.65	$ 1,495.96	$ 1,415.27	$ 1,334.58	$ 1,253.89
	Emp + Child	$ 1,104.29	$ 1,023.60	$ 942.91	$ 862.22	$ 781.53
	Family	$ 1,922.47	$ 1,841.78	$ 1,761.09	$ 1,680.40	$ 1,599.71
Kaiser	Emp only	$ 625.27	$ 544.58	$ 463.89	$ 383.20	$ 302.51
25/10	Emp + Sp	$ 1,654.00	$ 1,573.31	$ 1,492.62	$ 1,411.93	$ 1,331.24
HMO	Emp + Child	$ 1,160.91	$ 1,080.22	$ 999.53	$ 918.84	$ 838.15
	Family	$ 2,014.00	$ 1,933.31	$ 1,852.62	$ 1,771.93	$ 1,691.24
High Deductible						
WHA	Emp only	$ 155.20	$ 74.51	$ -	$ -	$ -
HD	Emp + Sp	$ 700.65	$ 619.96	$ 539.27	$ 458.58	$ 377.89
$2,800/	Emp + Child	$ 438.84	$ 358.15	$ 277.45	$ 196.76	$ 116.07
$5,600	Family	$ 891.56	$ 810.87	$ 730.18	$ 649.49	$ 568.80
WHA	Emp only	$ 238.11	$ 157.42	$ 76.73	$ -	$ -
HDM	Emp + Sp	$ 867.56	$ 786.87	$ 706.18	$ 625.49	$ 544.80
$1,800/	Emp + Child	$ 565.38	$ 484.69	$ 404.00	$ 323.31	$ 242.62
$3,600	Family	$ 1,086.84	$ 1,006.15	$ 925.45	$ 844.76	$ 764.07
SHP	Emp only	$ 259.93	$ 179.24	$ 98.55	$ 17.85	$ -
HD	Emp + Sp	$ 1,077.02	$ 996.33	$ 915.64	$ 834.95	$ 754.25
$2,500/	Emp + Child	$ 723.56	$ 642.87	$ 562.18	$ 481.49	$ 400.80
$5,000	Family	$ 1,333.38	$ 1,252.69	$ 1,172.00	$ 1,091.31	$ 1,010.62

ROSEVILLE CITY SCHOOL DISTRICT

2023-2024 RATES for Percentage Employees

11 Pay (includes employees receiving summer savings)

Medical with Vision

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Certificated Employee

SHP	Emp only	$ 343.93	$ 263.24	$ 182.55	$ 101.85	$ 21.16
HDM	Emp + Sp	$ 1,077.02	$ 996.33	$ 915.64	$ 834.95	$ 754.25
$1,500/	Emp + Child	$ 723.56	$ 642.87	$ 562.18	$ 481.49	$ 400.80
$3,000	Family	$ 1,333.38	$ 1,252.69	$ 1,172.00	$ 1,091.31	$ 1,010.62
Kaiser	Emp only	$ 233.75	$ 153.05	$ 72.36	$ (8.33)	$ -
$3000/	Emp + Sp	$ 856.65	$ 775.96	$ 695.27	$ 614.58	$ 533.89
$6,000	Emp + Child	$ 557.75	$ 477.05	$ 396.36	$ 315.67	$ 234.98
	Family	$ 1,074.84	$ 994.15	$ 913.45	$ 832.76	$ 752.07
Kaiser	Emp only	$ 335.20	$ 254.51	$ 173.82	$ 93.13	$ 12.44
$2,000/	Emp + Sp	$ 1,059.56	$ 978.87	$ 898.18	$ 817.49	$ 736.80
$4,000	Emp + Child	$ 711.56	$ 630.87	$ 550.18	$ 469.49	$ 388.80
	Family	$ 1,313.75	$ 1,233.05	$ 1,152.36	$ 1,071.67	$ 990.98

District Paid Premiums	Eligibility	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

Medical benefits are only available to employees working:
Certificated = 50% or more