

ROSEVILLE CITY SCHOOL DISTRICT
2024-2025 RATES for Percentage Employees
10 Pay (includes employees receiving summer savings)

Medical Only

Classified Employee

Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
		50.00%	56.25%	62.50%	68.75%	75.00%	81.25%
WHA HMO	Emp only	\$ 621.45	\$ 570.43	\$ 519.41	\$ 468.39	\$ 417.38	\$ 366.36
	Emp + Sp	\$ 1,651.05	\$ 1,600.03	\$ 1,549.01	\$ 1,497.99	\$ 1,446.98	\$ 1,395.96
	Emp + Child	\$ 1,156.65	\$ 1,105.63	\$ 1,054.61	\$ 1,003.59	\$ 952.58	\$ 901.56
	Family	\$ 2,011.05	\$ 1,960.03	\$ 1,909.01	\$ 1,857.99	\$ 1,806.98	\$ 1,755.96
WHA DHMO	Emp only	\$ 367.05	\$ 316.03	\$ 265.01	\$ 213.99	\$ 162.98	\$ 111.96
	Emp + Sp	\$ 1,142.25	\$ 1,091.23	\$ 1,040.21	\$ 989.19	\$ 938.18	\$ 887.16
	Emp + Child	\$ 770.25	\$ 719.23	\$ 668.21	\$ 617.19	\$ 566.18	\$ 515.16
	Family	\$ 1,413.45	\$ 1,362.43	\$ 1,311.41	\$ 1,260.39	\$ 1,209.38	\$ 1,158.36
SHP HMO	Emp only	\$ 801.45	\$ 750.43	\$ 699.41	\$ 648.39	\$ 597.38	\$ 546.36
	Emp + Sp	\$ 2,011.05	\$ 1,960.03	\$ 1,909.01	\$ 1,857.99	\$ 1,806.98	\$ 1,755.96
	Emp + Child	\$ 1,430.25	\$ 1,379.23	\$ 1,328.21	\$ 1,277.19	\$ 1,226.18	\$ 1,175.16
	Family	\$ 2,435.85	\$ 2,384.83	\$ 2,333.81	\$ 2,282.79	\$ 2,231.78	\$ 2,180.76
SHP DHMO	Emp only	\$ 560.25	\$ 509.23	\$ 458.21	\$ 407.19	\$ 356.18	\$ 305.16
	Emp + Sp	\$ 1,527.45	\$ 1,476.43	\$ 1,425.41	\$ 1,374.39	\$ 1,323.38	\$ 1,272.36
	Emp + Child	\$ 1,063.05	\$ 1,012.03	\$ 961.01	\$ 909.99	\$ 858.98	\$ 807.96
	Family	\$ 1,867.05	\$ 1,816.03	\$ 1,765.01	\$ 1,713.99	\$ 1,662.98	\$ 1,611.96
Kaiser 25/10 HMO	Emp only	\$ 897.45	\$ 846.43	\$ 795.41	\$ 744.39	\$ 693.38	\$ 642.36
	Emp + Sp	\$ 2,203.05	\$ 2,152.03	\$ 2,101.01	\$ 2,049.99	\$ 1,998.98	\$ 1,947.96
	Emp + Child	\$ 1,576.65	\$ 1,525.63	\$ 1,474.61	\$ 1,423.59	\$ 1,372.58	\$ 1,321.56
	Family	\$ 2,660.25	\$ 2,609.23	\$ 2,558.21	\$ 2,507.19	\$ 2,456.18	\$ 2,405.16
Kaiser DHMO	Emp only	\$ 763.05	\$ 712.03	\$ 661.01	\$ 609.99	\$ 558.98	\$ 507.96
	Emp + Sp	\$ 1,933.05	\$ 1,882.03	\$ 1,831.01	\$ 1,779.99	\$ 1,728.98	\$ 1,677.96
	Emp + Child	\$ 1,371.45	\$ 1,320.43	\$ 1,269.41	\$ 1,218.39	\$ 1,167.38	\$ 1,116.36
	Family	\$ 2,343.45	\$ 2,292.43	\$ 2,241.41	\$ 2,190.39	\$ 2,139.38	\$ 2,088.36

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Medical Only

High Deductible							
WHA	Emp only	\$ 247.05	\$ 196.03	\$ 145.01	\$ 93.99	\$ 42.98	\$ -
HD	Emp + Sp	\$ 898.65	\$ 847.63	\$ 796.61	\$ 745.59	\$ 694.58	\$ 643.56
\$2,800/ \$5,600	Emp + Child	\$ 586.65	\$ 535.63	\$ 484.61	\$ 433.59	\$ 382.58	\$ 331.56
	Family	\$ 1,126.65	\$ 1,075.63	\$ 1,024.61	\$ 973.59	\$ 922.58	\$ 871.56
WHA	Emp only	\$ 346.65	\$ 295.63	\$ 244.61	\$ 193.59	\$ 142.58	\$ 91.56
HDM	Emp + Sp	\$ 1,097.85	\$ 1,046.83	\$ 995.81	\$ 944.79	\$ 893.78	\$ 842.76
\$1,800/ \$3,600	Emp + Child	\$ 736.65	\$ 685.63	\$ 634.61	\$ 583.59	\$ 532.58	\$ 481.56
	Family	\$ 1,360.65	\$ 1,309.63	\$ 1,258.61	\$ 1,207.59	\$ 1,156.58	\$ 1,105.56
SHP	Emp only	\$ 394.65	\$ 343.63	\$ 292.61	\$ 241.59	\$ 190.58	\$ 139.56
HD	Emp + Sp	\$ 1,192.65	\$ 1,141.63	\$ 1,090.61	\$ 1,039.59	\$ 988.58	\$ 937.56
\$2,500/ \$5,000	Emp + Child	\$ 808.65	\$ 757.63	\$ 706.61	\$ 655.59	\$ 604.58	\$ 553.56
	Family	\$ 1,471.05	\$ 1,420.03	\$ 1,369.01	\$ 1,317.99	\$ 1,266.98	\$ 1,215.96
SHP	Emp only	\$ 497.85	\$ 446.83	\$ 395.81	\$ 344.79	\$ 293.78	\$ 242.76
HDM	Emp + Sp	\$ 1,399.05	\$ 1,348.03	\$ 1,297.01	\$ 1,245.99	\$ 1,194.98	\$ 1,143.96
\$1,500/ \$3,000	Emp + Child	\$ 964.65	\$ 913.63	\$ 862.61	\$ 811.59	\$ 760.58	\$ 709.56
	Family	\$ 1,713.45	\$ 1,662.43	\$ 1,611.41	\$ 1,560.39	\$ 1,509.38	\$ 1,458.36
Kaiser	Emp only	\$ 383.85	\$ 332.83	\$ 281.81	\$ 230.79	\$ 179.78	\$ 128.76
HDM	Emp + Sp	\$ 1,172.25	\$ 1,121.23	\$ 1,070.21	\$ 1,019.19	\$ 968.18	\$ 917.16
\$3,000/ \$6,000	Emp + Child	\$ 794.25	\$ 743.23	\$ 692.21	\$ 641.19	\$ 590.18	\$ 539.16
	Family	\$ 1,448.25	\$ 1,397.23	\$ 1,346.21	\$ 1,295.19	\$ 1,244.18	\$ 1,193.16
Kaiser	Emp only	\$ 515.85	\$ 464.83	\$ 413.81	\$ 362.79	\$ 311.78	\$ 260.76
Basic	Emp + Sp	\$ 1,435.05	\$ 1,384.03	\$ 1,333.01	\$ 1,281.99	\$ 1,230.98	\$ 1,179.96
\$2,000/ \$4,000	Emp + Child	\$ 993.45	\$ 942.43	\$ 891.41	\$ 840.39	\$ 789.38	\$ 738.36
	Family	\$ 1,757.85	\$ 1,706.83	\$ 1,655.81	\$ 1,604.79	\$ 1,553.78	\$ 1,502.76

District Paid Premiums	Eligibility	CSEA Value
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,163.00 %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**