

ROSEVILLE CITY SCHOOL DISTRICT
2024-2025 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

		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	\$ 637.37	\$ 586.98	\$ 536.58	\$ 486.19	\$ 435.80	\$ 385.40
	Emp + Sp	\$ 1,666.97	\$ 1,616.58	\$ 1,566.18	\$ 1,515.79	\$ 1,465.40	\$ 1,415.00
	Emp + Child	\$ 1,172.57	\$ 1,122.18	\$ 1,071.78	\$ 1,021.39	\$ 971.00	\$ 920.60
	Family	\$ 2,026.97	\$ 1,976.58	\$ 1,926.18	\$ 1,875.79	\$ 1,825.40	\$ 1,775.00
WHA DHMO	Emp only	\$ 382.97	\$ 332.58	\$ 282.18	\$ 231.79	\$ 181.40	\$ 131.00
	Emp + Sp	\$ 1,158.17	\$ 1,107.78	\$ 1,057.38	\$ 1,006.99	\$ 956.60	\$ 906.20
	Emp + Child	\$ 786.17	\$ 735.78	\$ 685.38	\$ 634.99	\$ 584.60	\$ 534.20
	Family	\$ 1,429.37	\$ 1,378.98	\$ 1,328.58	\$ 1,278.19	\$ 1,227.80	\$ 1,177.40
SHP HMO	Emp only	\$ 817.37	\$ 766.98	\$ 716.58	\$ 666.19	\$ 615.80	\$ 565.40
	Emp + Sp	\$ 2,026.97	\$ 1,976.58	\$ 1,926.18	\$ 1,875.79	\$ 1,825.40	\$ 1,775.00
	Emp + Child	\$ 1,446.17	\$ 1,395.78	\$ 1,345.38	\$ 1,294.99	\$ 1,244.60	\$ 1,194.20
	Family	\$ 2,451.77	\$ 2,401.38	\$ 2,350.98	\$ 2,300.59	\$ 2,250.20	\$ 2,199.80
SHP DHMO	Emp only	\$ 576.17	\$ 525.78	\$ 475.38	\$ 424.99	\$ 374.60	\$ 324.20
	Emp + Sp	\$ 1,543.37	\$ 1,492.98	\$ 1,442.58	\$ 1,392.19	\$ 1,341.80	\$ 1,291.40
	Emp + Child	\$ 1,078.97	\$ 1,028.58	\$ 978.18	\$ 927.79	\$ 877.40	\$ 827.00
	Family	\$ 1,882.97	\$ 1,832.58	\$ 1,782.18	\$ 1,731.79	\$ 1,681.40	\$ 1,631.00
Kaiser 25/10 HMO	Emp only	\$ 913.37	\$ 862.98	\$ 812.58	\$ 762.19	\$ 711.80	\$ 661.40
	Emp + Sp	\$ 2,218.97	\$ 2,168.58	\$ 2,118.18	\$ 2,067.79	\$ 2,017.40	\$ 1,967.00
	Emp + Child	\$ 1,592.57	\$ 1,542.18	\$ 1,491.78	\$ 1,441.39	\$ 1,391.00	\$ 1,340.60
	Family	\$ 2,676.17	\$ 2,625.78	\$ 2,575.38	\$ 2,524.99	\$ 2,474.60	\$ 2,424.20
Kaiser DHMO	Emp only	\$ 778.97	\$ 728.58	\$ 678.18	\$ 627.79	\$ 577.40	\$ 527.00
	Emp + Sp	\$ 1,948.97	\$ 1,898.58	\$ 1,848.18	\$ 1,797.79	\$ 1,747.40	\$ 1,697.00
	Emp + Child	\$ 1,387.37	\$ 1,336.98	\$ 1,286.58	\$ 1,236.19	\$ 1,185.80	\$ 1,135.40
	Family	\$ 2,359.37	\$ 2,308.98	\$ 2,258.58	\$ 2,208.19	\$ 2,157.80	\$ 2,107.40

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High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 262.97	\$ 212.58	\$ 162.18	\$ 111.79	\$ 61.40	\$ 11.00
	Emp + Sp	\$ 914.57	\$ 864.18	\$ 813.78	\$ 763.39	\$ 713.00	\$ 662.60
	Emp + Child	\$ 602.57	\$ 552.18	\$ 501.78	\$ 451.39	\$ 401.00	\$ 350.60
	Family	\$ 1,142.57	\$ 1,092.18	\$ 1,041.78	\$ 991.39	\$ 941.00	\$ 890.60
WHA HDM \$1,800/ \$3,600	Emp only	\$ 362.57	\$ 312.18	\$ 261.78	\$ 211.39	\$ 161.00	\$ 110.60
	Emp + Sp	\$ 1,113.77	\$ 1,063.38	\$ 1,012.98	\$ 962.59	\$ 912.20	\$ 861.80
	Emp + Child	\$ 752.57	\$ 702.18	\$ 651.78	\$ 601.39	\$ 551.00	\$ 500.60
	Family	\$ 1,376.57	\$ 1,326.18	\$ 1,275.78	\$ 1,225.39	\$ 1,175.00	\$ 1,124.60
SHP HD \$2,500/ \$5,000	Emp only	\$ 410.57	\$ 360.18	\$ 309.78	\$ 259.39	\$ 209.00	\$ 158.60
	Emp + Sp	\$ 1,208.57	\$ 1,158.18	\$ 1,107.78	\$ 1,057.39	\$ 1,007.00	\$ 956.60
	Emp + Child	\$ 824.57	\$ 774.18	\$ 723.78	\$ 673.39	\$ 623.00	\$ 572.60
	Family	\$ 1,486.97	\$ 1,436.58	\$ 1,386.18	\$ 1,335.79	\$ 1,285.40	\$ 1,235.00
SHP HDM \$1,500/ \$3,000	Emp only	\$ 513.77	\$ 463.38	\$ 412.98	\$ 362.59	\$ 312.20	\$ 261.80
	Emp + Sp	\$ 1,414.97	\$ 1,364.58	\$ 1,314.18	\$ 1,263.79	\$ 1,213.40	\$ 1,163.00
	Emp + Child	\$ 980.57	\$ 930.18	\$ 879.78	\$ 829.39	\$ 779.00	\$ 728.60
	Family	\$ 1,729.37	\$ 1,678.98	\$ 1,628.58	\$ 1,578.19	\$ 1,527.80	\$ 1,477.40
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 399.77	\$ 349.38	\$ 298.98	\$ 248.59	\$ 198.20	\$ 147.80
	Emp + Sp	\$ 1,188.17	\$ 1,137.78	\$ 1,087.38	\$ 1,036.99	\$ 986.60	\$ 936.20
	Emp + Child	\$ 810.17	\$ 759.78	\$ 709.38	\$ 658.99	\$ 608.60	\$ 558.20
	Family	\$ 1,464.17	\$ 1,413.78	\$ 1,363.38	\$ 1,312.99	\$ 1,262.60	\$ 1,212.20
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 531.77	\$ 481.38	\$ 430.98	\$ 380.59	\$ 330.20	\$ 279.80
	Emp + Sp	\$ 1,450.97	\$ 1,400.58	\$ 1,350.18	\$ 1,299.79	\$ 1,249.40	\$ 1,199.00
	Emp + Child	\$ 1,009.37	\$ 958.98	\$ 908.58	\$ 858.19	\$ 807.80	\$ 757.40
	Family	\$ 1,773.77	\$ 1,723.38	\$ 1,672.98	\$ 1,622.59	\$ 1,572.20	\$ 1,521.80

<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:
Certificated = 50% or more**