

**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%
<b>WHA HMO</b>	Emp only	\$ 632.37	\$ 581.35	\$ 530.33	\$ 479.31	\$ 428.30	\$ 377.28
	Emp + Sp	\$ 1,661.97	\$ 1,610.95	\$ 1,559.93	\$ 1,508.91	\$ 1,457.90	\$ 1,406.88
	Emp + Child	\$ 1,167.57	\$ 1,116.55	\$ 1,065.53	\$ 1,014.51	\$ 963.50	\$ 912.48
	Family	\$ 2,021.97	\$ 1,970.95	\$ 1,919.93	\$ 1,868.91	\$ 1,817.90	\$ 1,766.88
<b>WHA DHMO</b>	Emp only	\$ 377.97	\$ 326.95	\$ 275.93	\$ 224.91	\$ 173.90	\$ 122.88
	Emp + Sp	\$ 1,153.17	\$ 1,102.15	\$ 1,051.13	\$ 1,000.11	\$ 949.10	\$ 898.08
	Emp + Child	\$ 781.17	\$ 730.15	\$ 679.13	\$ 628.11	\$ 577.10	\$ 526.08
	Family	\$ 1,424.37	\$ 1,373.35	\$ 1,322.33	\$ 1,271.31	\$ 1,220.30	\$ 1,169.28
<b>SHP HMO</b>	Emp only	\$ 812.37	\$ 761.35	\$ 710.33	\$ 659.31	\$ 608.30	\$ 557.28
	Emp + Sp	\$ 2,021.97	\$ 1,970.95	\$ 1,919.93	\$ 1,868.91	\$ 1,817.90	\$ 1,766.88
	Emp + Child	\$ 1,441.17	\$ 1,390.15	\$ 1,339.13	\$ 1,288.11	\$ 1,237.10	\$ 1,186.08
	Family	\$ 2,446.77	\$ 2,395.75	\$ 2,344.73	\$ 2,293.71	\$ 2,242.70	\$ 2,191.68
<b>SHP DHMO</b>	Emp only	\$ 571.17	\$ 520.15	\$ 469.13	\$ 418.11	\$ 367.10	\$ 316.08
	Emp + Sp	\$ 1,538.37	\$ 1,487.35	\$ 1,436.33	\$ 1,385.31	\$ 1,334.30	\$ 1,283.28
	Emp + Child	\$ 1,073.97	\$ 1,022.95	\$ 971.93	\$ 920.91	\$ 869.90	\$ 818.88
	Family	\$ 1,877.97	\$ 1,826.95	\$ 1,775.93	\$ 1,724.91	\$ 1,673.90	\$ 1,622.88
<b>Kaiser 25/10 HMO</b>	Emp only	\$ 908.37	\$ 857.35	\$ 806.33	\$ 755.31	\$ 704.30	\$ 653.28
	Emp + Sp	\$ 2,213.97	\$ 2,162.95	\$ 2,111.93	\$ 2,060.91	\$ 2,009.90	\$ 1,958.88
	Emp + Child	\$ 1,587.57	\$ 1,536.55	\$ 1,485.53	\$ 1,434.51	\$ 1,383.50	\$ 1,332.48
	Family	\$ 2,671.17	\$ 2,620.15	\$ 2,569.13	\$ 2,518.11	\$ 2,467.10	\$ 2,416.08
<b>Kaiser DHMO</b>	Emp only	\$ 773.97	\$ 722.95	\$ 671.93	\$ 620.91	\$ 569.90	\$ 518.88
	Emp + Sp	\$ 1,943.97	\$ 1,892.95	\$ 1,841.93	\$ 1,790.91	\$ 1,739.90	\$ 1,688.88
	Emp + Child	\$ 1,382.37	\$ 1,331.35	\$ 1,280.33	\$ 1,229.31	\$ 1,178.30	\$ 1,127.28
	Family	\$ 2,354.37	\$ 2,303.35	\$ 2,252.33	\$ 2,201.31	\$ 2,150.30	\$ 2,099.28

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High Deductible							
<b>WHA</b> <b>HD</b> \$2,800/ \$5,600	Emp only	\$ 257.97	\$ 206.95	\$ 155.93	\$ 104.91	\$ 53.90	\$ 2.88
	Emp + Sp	\$ 909.57	\$ 858.55	\$ 807.53	\$ 756.51	\$ 705.50	\$ 654.48
	Emp + Child	\$ 597.57	\$ 546.55	\$ 495.53	\$ 444.51	\$ 393.50	\$ 342.48
	Family	\$ 1,137.57	\$ 1,086.55	\$ 1,035.53	\$ 984.51	\$ 933.50	\$ 882.48
<b>WHA</b> <b>HDM</b> \$1,800/ \$3,600	Emp only	\$ 357.57	\$ 306.55	\$ 255.53	\$ 204.51	\$ 153.50	\$ 102.48
	Emp + Sp	\$ 1,108.77	\$ 1,057.75	\$ 1,006.73	\$ 955.71	\$ 904.70	\$ 853.68
	Emp + Child	\$ 747.57	\$ 696.55	\$ 645.53	\$ 594.51	\$ 543.50	\$ 492.48
	Family	\$ 1,371.57	\$ 1,320.55	\$ 1,269.53	\$ 1,218.51	\$ 1,167.50	\$ 1,116.48
<b>SHP</b> <b>HD</b> \$2,500/ \$5,000	Emp only	\$ 405.57	\$ 354.55	\$ 303.53	\$ 252.51	\$ 201.50	\$ 150.48
	Emp + Sp	\$ 1,203.57	\$ 1,152.55	\$ 1,101.53	\$ 1,050.51	\$ 999.50	\$ 948.48
	Emp + Child	\$ 819.57	\$ 768.55	\$ 717.53	\$ 666.51	\$ 615.50	\$ 564.48
	Family	\$ 1,481.97	\$ 1,430.95	\$ 1,379.93	\$ 1,328.91	\$ 1,277.90	\$ 1,226.88
<b>SHP</b> <b>HDM</b> \$1,500/ \$3,000	Emp only	\$ 508.77	\$ 457.75	\$ 406.73	\$ 355.71	\$ 304.70	\$ 253.68
	Emp + Sp	\$ 1,409.97	\$ 1,358.95	\$ 1,307.93	\$ 1,256.91	\$ 1,205.90	\$ 1,154.88
	Emp + Child	\$ 975.57	\$ 924.55	\$ 873.53	\$ 822.51	\$ 771.50	\$ 720.48
	Family	\$ 1,724.37	\$ 1,673.35	\$ 1,622.33	\$ 1,571.31	\$ 1,520.30	\$ 1,469.28
<b>Kaiser</b> <b>HDM</b> \$3,000/ \$6,000	Emp only	\$ 394.77	\$ 343.75	\$ 292.73	\$ 241.71	\$ 190.70	\$ 139.68
	Emp + Sp	\$ 1,183.17	\$ 1,132.15	\$ 1,081.13	\$ 1,030.11	\$ 979.10	\$ 928.08
	Emp + Child	\$ 805.17	\$ 754.15	\$ 703.13	\$ 652.11	\$ 601.10	\$ 550.08
	Family	\$ 1,459.17	\$ 1,408.15	\$ 1,357.13	\$ 1,306.11	\$ 1,255.10	\$ 1,204.08
<b>Kaiser</b> <b>Basic</b> \$2,000/ \$4,000	Emp only	\$ 526.77	\$ 475.75	\$ 424.73	\$ 373.71	\$ 322.70	\$ 271.68
	Emp + Sp	\$ 1,445.97	\$ 1,394.95	\$ 1,343.93	\$ 1,292.91	\$ 1,241.90	\$ 1,190.88
	Emp + Child	\$ 1,004.37	\$ 953.35	\$ 902.33	\$ 851.31	\$ 800.30	\$ 749.28
	Family	\$ 1,768.77	\$ 1,717.75	\$ 1,666.73	\$ 1,615.71	\$ 1,564.70	\$ 1,513.68

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