

**ROSEVILLE CITY SCHOOL DISTRICT
2024-2025 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

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	\$ 675.14	\$ 628.76	\$ 582.38	\$ 535.99	\$ 489.61	\$ 443.23
	Emp + Sp	\$ 1,611.14	\$ 1,564.76	\$ 1,518.38	\$ 1,471.99	\$ 1,425.61	\$ 1,379.23
	Emp + Child	\$ 1,161.68	\$ 1,115.30	\$ 1,068.92	\$ 1,022.54	\$ 976.16	\$ 929.78
	Family	\$ 1,938.41	\$ 1,892.03	\$ 1,845.65	\$ 1,799.27	\$ 1,752.89	\$ 1,706.51
WHA DHMO	Emp only	\$ 443.86	\$ 397.48	\$ 351.10	\$ 304.72	\$ 258.34	\$ 211.96
	Emp + Sp	\$ 1,148.59	\$ 1,102.21	\$ 1,055.83	\$ 1,009.45	\$ 963.07	\$ 916.69
	Emp + Child	\$ 810.41	\$ 764.03	\$ 717.65	\$ 671.27	\$ 624.89	\$ 578.51
	Family	\$ 1,395.14	\$ 1,348.76	\$ 1,302.38	\$ 1,255.99	\$ 1,209.61	\$ 1,163.23
SHP HMO	Emp only	\$ 838.77	\$ 792.39	\$ 746.01	\$ 699.63	\$ 653.25	\$ 606.87
	Emp + Sp	\$ 1,938.41	\$ 1,892.03	\$ 1,845.65	\$ 1,799.27	\$ 1,752.89	\$ 1,706.51
	Emp + Child	\$ 1,410.41	\$ 1,364.03	\$ 1,317.65	\$ 1,271.27	\$ 1,224.89	\$ 1,178.51
	Family	\$ 2,324.59	\$ 2,278.21	\$ 2,231.83	\$ 2,185.45	\$ 2,139.07	\$ 2,092.69
SHP DHMO	Emp only	\$ 619.50	\$ 573.12	\$ 526.74	\$ 480.36	\$ 433.98	\$ 387.60
	Emp + Sp	\$ 1,498.77	\$ 1,452.39	\$ 1,406.01	\$ 1,359.63	\$ 1,313.25	\$ 1,266.87
	Emp + Child	\$ 1,076.59	\$ 1,030.21	\$ 983.83	\$ 937.45	\$ 891.07	\$ 844.69
	Family	\$ 1,807.50	\$ 1,761.12	\$ 1,714.74	\$ 1,668.36	\$ 1,621.98	\$ 1,575.60
Kaiser 25/10 HMO	Emp only	\$ 926.05	\$ 879.66	\$ 833.28	\$ 786.90	\$ 740.52	\$ 694.14
	Emp + Sp	\$ 2,112.95	\$ 2,066.57	\$ 2,020.19	\$ 1,973.81	\$ 1,927.43	\$ 1,881.05
	Emp + Child	\$ 1,543.50	\$ 1,497.12	\$ 1,450.74	\$ 1,404.36	\$ 1,357.98	\$ 1,311.60
	Family	\$ 2,528.59	\$ 2,482.21	\$ 2,435.83	\$ 2,389.45	\$ 2,343.07	\$ 2,296.69
Kaiser DHMO	Emp only	\$ 803.86	\$ 757.48	\$ 711.10	\$ 664.72	\$ 618.34	\$ 571.96
	Emp + Sp	\$ 1,867.50	\$ 1,821.12	\$ 1,774.74	\$ 1,728.36	\$ 1,681.98	\$ 1,635.60
	Emp + Child	\$ 1,356.95	\$ 1,310.57	\$ 1,264.19	\$ 1,217.81	\$ 1,171.43	\$ 1,125.05
	Family	\$ 2,240.59	\$ 2,194.21	\$ 2,147.83	\$ 2,101.45	\$ 2,055.07	\$ 2,008.69

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High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 334.77	\$ 288.39	\$ 242.01	\$ 195.63	\$ 149.25	\$ 102.87
	Emp + Sp	\$ 927.14	\$ 880.76	\$ 834.38	\$ 787.99	\$ 741.61	\$ 695.23
	Emp + Child	\$ 643.50	\$ 597.12	\$ 550.74	\$ 504.36	\$ 457.98	\$ 411.60
	Family	\$ 1,134.41	\$ 1,088.03	\$ 1,041.65	\$ 995.27	\$ 948.89	\$ 902.51
WHA HDM \$1,800/ \$3,600	Emp only	\$ 425.32	\$ 378.94	\$ 332.56	\$ 286.18	\$ 239.80	\$ 193.41
	Emp + Sp	\$ 1,108.23	\$ 1,061.85	\$ 1,015.47	\$ 969.09	\$ 922.70	\$ 876.32
	Emp + Child	\$ 779.86	\$ 733.48	\$ 687.10	\$ 640.72	\$ 594.34	\$ 547.96
	Family	\$ 1,347.14	\$ 1,300.76	\$ 1,254.38	\$ 1,207.99	\$ 1,161.61	\$ 1,115.23
SHP HD \$2,500/ \$5,000	Emp only	\$ 468.95	\$ 422.57	\$ 376.19	\$ 329.81	\$ 283.43	\$ 237.05
	Emp + Sp	\$ 1,194.41	\$ 1,148.03	\$ 1,101.65	\$ 1,055.27	\$ 1,008.89	\$ 962.51
	Emp + Child	\$ 845.32	\$ 798.94	\$ 752.56	\$ 706.18	\$ 659.80	\$ 613.41
	Family	\$ 1,447.50	\$ 1,401.12	\$ 1,354.74	\$ 1,308.36	\$ 1,261.98	\$ 1,215.60
SHP HDM \$1,500/ \$3,000	Emp only	\$ 562.77	\$ 516.39	\$ 470.01	\$ 423.63	\$ 377.25	\$ 330.87
	Emp + Sp	\$ 1,382.05	\$ 1,335.66	\$ 1,289.28	\$ 1,242.90	\$ 1,196.52	\$ 1,150.14
	Emp + Child	\$ 987.14	\$ 940.76	\$ 894.38	\$ 847.99	\$ 801.61	\$ 755.23
	Family	\$ 1,667.86	\$ 1,621.48	\$ 1,575.10	\$ 1,528.72	\$ 1,482.34	\$ 1,435.96
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 459.14	\$ 412.76	\$ 366.38	\$ 319.99	\$ 273.61	\$ 227.23
	Emp + Sp	\$ 1,175.86	\$ 1,129.48	\$ 1,083.10	\$ 1,036.72	\$ 990.34	\$ 943.96
	Emp + Child	\$ 832.23	\$ 785.85	\$ 739.47	\$ 693.09	\$ 646.70	\$ 600.32
	Family	\$ 1,426.77	\$ 1,380.39	\$ 1,334.01	\$ 1,287.63	\$ 1,241.25	\$ 1,194.87
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 579.14	\$ 532.76	\$ 486.38	\$ 439.99	\$ 393.61	\$ 347.23
	Emp + Sp	\$ 1,414.77	\$ 1,368.39	\$ 1,322.01	\$ 1,275.63	\$ 1,229.25	\$ 1,182.87
	Emp + Child	\$ 1,013.32	\$ 966.94	\$ 920.56	\$ 874.18	\$ 827.80	\$ 781.41
	Family	\$ 1,708.23	\$ 1,661.85	\$ 1,615.47	\$ 1,569.09	\$ 1,522.70	\$ 1,476.32

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