

**ROSEVILLE CITY SCHOOL DISTRICT  
2024-2025 RATES for Percentage Employees**

**11 Pay** (includes employees receiving summer savings)

**Medical with Dental and Vision**

In order to be eligible for dental or 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	\$ 685.06	\$ 638.68	\$ 592.30	\$ 545.92	\$ 499.54	\$ 453.16
	Emp + Sp	\$ 1,621.06	\$ 1,574.68	\$ 1,528.30	\$ 1,481.92	\$ 1,435.54	\$ 1,389.16
	Emp + Child	\$ 1,171.61	\$ 1,125.23	\$ 1,078.85	\$ 1,032.47	\$ 986.09	\$ 939.71
	Family	\$ 1,948.34	\$ 1,901.96	\$ 1,855.58	\$ 1,809.19	\$ 1,762.81	\$ 1,716.43
<b>WHA DHMO</b>	Emp only	\$ 453.79	\$ 407.41	\$ 361.03	\$ 314.65	\$ 268.27	\$ 221.89
	Emp + Sp	\$ 1,158.52	\$ 1,112.14	\$ 1,065.76	\$ 1,019.38	\$ 973.00	\$ 926.61
	Emp + Child	\$ 820.34	\$ 773.96	\$ 727.58	\$ 681.19	\$ 634.81	\$ 588.43
	Family	\$ 1,405.06	\$ 1,358.68	\$ 1,312.30	\$ 1,265.92	\$ 1,219.54	\$ 1,173.16
<b>SHP HMO</b>	Emp only	\$ 848.70	\$ 802.32	\$ 755.94	\$ 709.56	\$ 663.18	\$ 616.80
	Emp + Sp	\$ 1,948.34	\$ 1,901.96	\$ 1,855.58	\$ 1,809.19	\$ 1,762.81	\$ 1,716.43
	Emp + Child	\$ 1,420.34	\$ 1,373.96	\$ 1,327.58	\$ 1,281.19	\$ 1,234.81	\$ 1,188.43
	Family	\$ 2,334.52	\$ 2,288.14	\$ 2,241.76	\$ 2,195.38	\$ 2,149.00	\$ 2,102.61
<b>SHP DHMO</b>	Emp only	\$ 629.43	\$ 583.05	\$ 536.67	\$ 490.29	\$ 443.90	\$ 397.52
	Emp + Sp	\$ 1,508.70	\$ 1,462.32	\$ 1,415.94	\$ 1,369.56	\$ 1,323.18	\$ 1,276.80
	Emp + Child	\$ 1,086.52	\$ 1,040.14	\$ 993.76	\$ 947.38	\$ 901.00	\$ 854.61
	Family	\$ 1,817.43	\$ 1,771.05	\$ 1,724.67	\$ 1,678.29	\$ 1,631.90	\$ 1,585.52
<b>Kaiser 25/10 HMO</b>	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
<b>Kaiser DHMO</b>	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

# ROSEVILLE CITY SCHOOL DISTRICT

## 2024-2025 RATES for Percentage Employees

**11 Pay** (includes employees receiving summer savings)

### Medical with Dental and Vision

In order to be eligible for dental or vision you must be enrolled in a medical plan

High Deductible							
<b>WHA HD</b> \$2,800/ \$5,600	Emp only	\$ 344.70	\$ 298.32	\$ 251.94	\$ 205.56	\$ 159.18	\$ 112.80
	Emp + Sp	\$ 937.06	\$ 890.68	\$ 844.30	\$ 797.92	\$ 751.54	\$ 705.16
	Emp + Child	\$ 653.43	\$ 607.05	\$ 560.67	\$ 514.29	\$ 467.90	\$ 421.52
	Family	\$ 1,144.34	\$ 1,097.96	\$ 1,051.58	\$ 1,005.19	\$ 958.81	\$ 912.43
<b>WHA HDM</b> \$1,800/ \$3,600	Emp only	\$ 435.25	\$ 388.86	\$ 342.48	\$ 296.10	\$ 249.72	\$ 203.34
	Emp + Sp	\$ 1,118.15	\$ 1,071.77	\$ 1,025.39	\$ 979.01	\$ 932.63	\$ 886.25
	Emp + Child	\$ 789.79	\$ 743.41	\$ 697.03	\$ 650.65	\$ 604.27	\$ 557.89
	Family	\$ 1,357.06	\$ 1,310.68	\$ 1,264.30	\$ 1,217.92	\$ 1,171.54	\$ 1,125.16
<b>SHP HD</b> \$2,500/ \$5,000	Emp only	\$ 478.88	\$ 432.50	\$ 386.12	\$ 339.74	\$ 293.36	\$ 246.98
	Emp + Sp	\$ 1,204.34	\$ 1,157.96	\$ 1,111.58	\$ 1,065.19	\$ 1,018.81	\$ 972.43
	Emp + Child	\$ 855.25	\$ 808.86	\$ 762.48	\$ 716.10	\$ 669.72	\$ 623.34
	Family	\$ 1,457.43	\$ 1,411.05	\$ 1,364.67	\$ 1,318.29	\$ 1,271.90	\$ 1,225.52
<b>SHP HDM</b> \$1,500/ \$3,000	Emp only	\$ 572.70	\$ 526.32	\$ 479.94	\$ 433.56	\$ 387.18	\$ 340.80
	Emp + Sp	\$ 1,391.97	\$ 1,345.59	\$ 1,299.21	\$ 1,252.83	\$ 1,206.45	\$ 1,160.07
	Emp + Child	\$ 997.06	\$ 950.68	\$ 904.30	\$ 857.92	\$ 811.54	\$ 765.16
	Family	\$ 1,677.79	\$ 1,631.41	\$ 1,585.03	\$ 1,538.65	\$ 1,492.27	\$ 1,445.89
<b>Kaiser HDM</b> \$3,000/ \$6,000	Emp only	\$ 469.06	\$ 422.68	\$ 376.30	\$ 329.92	\$ 283.54	\$ 237.16
	Emp + Sp	\$ 1,185.79	\$ 1,139.41	\$ 1,093.03	\$ 1,046.65	\$ 1,000.27	\$ 953.89
	Emp + Child	\$ 842.15	\$ 795.77	\$ 749.39	\$ 703.01	\$ 656.63	\$ 610.25
	Family	\$ 1,436.70	\$ 1,390.32	\$ 1,343.94	\$ 1,297.56	\$ 1,251.18	\$ 1,204.80
<b>Kaiser Basic</b> \$2,000/ \$4,000	Emp only	\$ 589.06	\$ 542.68	\$ 496.30	\$ 449.92	\$ 403.54	\$ 357.16
	Emp + Sp	\$ 1,424.70	\$ 1,378.32	\$ 1,331.94	\$ 1,285.56	\$ 1,239.18	\$ 1,192.80
	Emp + Child	\$ 1,023.25	\$ 976.86	\$ 930.48	\$ 884.10	\$ 837.72	\$ 791.34
	Family	\$ 1,718.15	\$ 1,671.77	\$ 1,625.39	\$ 1,579.01	\$ 1,532.63	\$ 1,486.25

<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**