

ROSEVILLE CITY SCHOOL DISTRICT
2024-2025 RATES for Percentage Employees
11 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	\$ 579.43	\$ 533.61	\$ 487.80	\$ 441.99	\$ 396.18	\$ 350.36
	Emp + Sp	\$ 1,515.43	\$ 1,469.61	\$ 1,423.80	\$ 1,377.99	\$ 1,332.18	\$ 1,286.36
	Emp + Child	\$ 1,065.97	\$ 1,020.16	\$ 974.35	\$ 928.54	\$ 882.72	\$ 836.91
	Family	\$ 1,842.70	\$ 1,796.89	\$ 1,751.08	\$ 1,705.26	\$ 1,659.45	\$ 1,613.64
WHA DHMO	Emp only	\$ 348.15	\$ 302.34	\$ 256.53	\$ 210.72	\$ 164.90	\$ 119.09
	Emp + Sp	\$ 1,052.88	\$ 1,007.07	\$ 961.26	\$ 915.44	\$ 869.63	\$ 823.82
	Emp + Child	\$ 714.70	\$ 668.89	\$ 623.08	\$ 577.26	\$ 531.45	\$ 485.64
	Family	\$ 1,299.43	\$ 1,253.61	\$ 1,207.80	\$ 1,161.99	\$ 1,116.18	\$ 1,070.36
SHP HMO	Emp only	\$ 743.06	\$ 697.25	\$ 651.44	\$ 605.63	\$ 559.81	\$ 514.00
	Emp + Sp	\$ 1,842.70	\$ 1,796.89	\$ 1,751.08	\$ 1,705.26	\$ 1,659.45	\$ 1,613.64
	Emp + Child	\$ 1,314.70	\$ 1,268.89	\$ 1,223.08	\$ 1,177.26	\$ 1,131.45	\$ 1,085.64
	Family	\$ 2,228.88	\$ 2,183.07	\$ 2,137.26	\$ 2,091.44	\$ 2,045.63	\$ 1,999.82
SHP DHMO	Emp only	\$ 523.79	\$ 477.98	\$ 432.17	\$ 386.35	\$ 340.54	\$ 294.73
	Emp + Sp	\$ 1,403.06	\$ 1,357.25	\$ 1,311.44	\$ 1,265.63	\$ 1,219.81	\$ 1,174.00
	Emp + Child	\$ 980.88	\$ 935.07	\$ 889.26	\$ 843.44	\$ 797.63	\$ 751.82
	Family	\$ 1,711.79	\$ 1,665.98	\$ 1,620.17	\$ 1,574.35	\$ 1,528.54	\$ 1,482.73
Kaiser 25/10 HMO	Emp only	\$ 830.34	\$ 784.52	\$ 738.71	\$ 692.90	\$ 647.09	\$ 601.27
	Emp + Sp	\$ 2,017.25	\$ 1,971.43	\$ 1,925.62	\$ 1,879.81	\$ 1,834.00	\$ 1,788.18
	Emp + Child	\$ 1,447.79	\$ 1,401.98	\$ 1,356.17	\$ 1,310.35	\$ 1,264.54	\$ 1,218.73
	Family	\$ 2,432.88	\$ 2,387.07	\$ 2,341.26	\$ 2,295.44	\$ 2,249.63	\$ 2,203.82
Kaiser DHMO	Emp only	\$ 708.15	\$ 662.34	\$ 616.53	\$ 570.72	\$ 524.90	\$ 479.09
	Emp + Sp	\$ 1,771.79	\$ 1,725.98	\$ 1,680.17	\$ 1,634.35	\$ 1,588.54	\$ 1,542.73
	Emp + Child	\$ 1,261.25	\$ 1,215.43	\$ 1,169.62	\$ 1,123.81	\$ 1,078.00	\$ 1,032.18
	Family	\$ 2,144.88	\$ 2,099.07	\$ 2,053.26	\$ 2,007.44	\$ 1,961.63	\$ 1,915.82

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High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 239.06	\$ 193.25	\$ 147.44	\$ 101.63	\$ 55.81	\$ 10.00
	Emp + Sp	\$ 831.43	\$ 785.61	\$ 739.80	\$ 693.99	\$ 648.18	\$ 602.36
	Emp + Child	\$ 547.79	\$ 501.98	\$ 456.17	\$ 410.35	\$ 364.54	\$ 318.73
	Family	\$ 1,038.70	\$ 992.89	\$ 947.08	\$ 901.26	\$ 855.45	\$ 809.64
WHA HDM \$1,800/ \$3,600	Emp only	\$ 329.61	\$ 283.80	\$ 237.98	\$ 192.17	\$ 146.36	\$ 100.55
	Emp + Sp	\$ 1,012.52	\$ 966.71	\$ 920.89	\$ 875.08	\$ 829.27	\$ 783.46
	Emp + Child	\$ 684.15	\$ 638.34	\$ 592.53	\$ 546.72	\$ 500.90	\$ 455.09
	Family	\$ 1,251.43	\$ 1,205.61	\$ 1,159.80	\$ 1,113.99	\$ 1,068.18	\$ 1,022.36
SHP HD \$2,500/ \$5,000	Emp only	\$ 373.25	\$ 327.43	\$ 281.62	\$ 235.81	\$ 190.00	\$ 144.18
	Emp + Sp	\$ 1,098.70	\$ 1,052.89	\$ 1,007.08	\$ 961.26	\$ 915.45	\$ 869.64
	Emp + Child	\$ 749.61	\$ 703.80	\$ 657.98	\$ 612.17	\$ 566.36	\$ 520.55
	Family	\$ 1,351.79	\$ 1,305.98	\$ 1,260.17	\$ 1,214.35	\$ 1,168.54	\$ 1,122.73
SHP HDM \$1,500/ \$3,000	Emp only	\$ 467.06	\$ 421.25	\$ 375.44	\$ 329.63	\$ 283.81	\$ 238.00
	Emp + Sp	\$ 1,286.34	\$ 1,240.52	\$ 1,194.71	\$ 1,148.90	\$ 1,103.09	\$ 1,057.27
	Emp + Child	\$ 891.43	\$ 845.61	\$ 799.80	\$ 753.99	\$ 708.18	\$ 662.36
	Family	\$ 1,572.15	\$ 1,526.34	\$ 1,480.53	\$ 1,434.72	\$ 1,388.90	\$ 1,343.09
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 363.43	\$ 317.61	\$ 271.80	\$ 225.99	\$ 180.18	\$ 134.36
	Emp + Sp	\$ 1,080.15	\$ 1,034.34	\$ 988.53	\$ 942.72	\$ 896.90	\$ 851.09
	Emp + Child	\$ 736.52	\$ 690.71	\$ 644.89	\$ 599.08	\$ 553.27	\$ 507.46
	Family	\$ 1,331.06	\$ 1,285.25	\$ 1,239.44	\$ 1,193.63	\$ 1,147.81	\$ 1,102.00
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 483.43	\$ 437.61	\$ 391.80	\$ 345.99	\$ 300.18	\$ 254.36
	Emp + Sp	\$ 1,319.06	\$ 1,273.25	\$ 1,227.44	\$ 1,181.63	\$ 1,135.81	\$ 1,090.00
	Emp + Child	\$ 917.61	\$ 871.80	\$ 825.98	\$ 780.17	\$ 734.36	\$ 688.55
	Family	\$ 1,612.52	\$ 1,566.71	\$ 1,520.89	\$ 1,475.08	\$ 1,429.27	\$ 1,383.46

District Paid Premiums	Eligibility	CSEA Value
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**