

**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	\$ 574.88	\$ 528.50	\$ 482.12	\$ 435.74	\$ 389.36	\$ 342.98
	Emp + Sp	\$ 1,510.88	\$ 1,464.50	\$ 1,418.12	\$ 1,371.74	\$ 1,325.36	\$ 1,278.98
	Emp + Child	\$ 1,061.43	\$ 1,015.05	\$ 968.67	\$ 922.29	\$ 875.90	\$ 829.52
	Family	\$ 1,838.15	\$ 1,791.77	\$ 1,745.39	\$ 1,699.01	\$ 1,652.63	\$ 1,606.25
WHA DHMO	Emp only	\$ 343.61	\$ 297.23	\$ 250.85	\$ 204.47	\$ 158.09	\$ 111.71
	Emp + Sp	\$ 1,048.34	\$ 1,001.96	\$ 955.58	\$ 909.19	\$ 862.81	\$ 816.43
	Emp + Child	\$ 710.15	\$ 663.77	\$ 617.39	\$ 571.01	\$ 524.63	\$ 478.25
	Family	\$ 1,294.88	\$ 1,248.50	\$ 1,202.12	\$ 1,155.74	\$ 1,109.36	\$ 1,062.98
SHP HMO	Emp only	\$ 738.52	\$ 692.14	\$ 645.76	\$ 599.38	\$ 553.00	\$ 506.61
	Emp + Sp	\$ 1,838.15	\$ 1,791.77	\$ 1,745.39	\$ 1,699.01	\$ 1,652.63	\$ 1,606.25
	Emp + Child	\$ 1,310.15	\$ 1,263.77	\$ 1,217.39	\$ 1,171.01	\$ 1,124.63	\$ 1,078.25
	Family	\$ 2,224.34	\$ 2,177.96	\$ 2,131.58	\$ 2,085.19	\$ 2,038.81	\$ 1,992.43
SHP DHMO	Emp only	\$ 519.25	\$ 472.86	\$ 426.48	\$ 380.10	\$ 333.72	\$ 287.34
	Emp + Sp	\$ 1,398.52	\$ 1,352.14	\$ 1,305.76	\$ 1,259.38	\$ 1,213.00	\$ 1,166.61
	Emp + Child	\$ 976.34	\$ 929.96	\$ 883.58	\$ 837.19	\$ 790.81	\$ 744.43
	Family	\$ 1,707.25	\$ 1,660.86	\$ 1,614.48	\$ 1,568.10	\$ 1,521.72	\$ 1,475.34
Kaiser 25/10 HMO	Emp only	\$ 825.79	\$ 779.41	\$ 733.03	\$ 686.65	\$ 640.27	\$ 593.89
	Emp + Sp	\$ 2,012.70	\$ 1,966.32	\$ 1,919.94	\$ 1,873.56	\$ 1,827.18	\$ 1,780.80
	Emp + Child	\$ 1,443.25	\$ 1,396.86	\$ 1,350.48	\$ 1,304.10	\$ 1,257.72	\$ 1,211.34
	Family	\$ 2,428.34	\$ 2,381.96	\$ 2,335.58	\$ 2,289.19	\$ 2,242.81	\$ 2,196.43
Kaiser DHMO	Emp only	\$ 703.61	\$ 657.23	\$ 610.85	\$ 564.47	\$ 518.09	\$ 471.71
	Emp + Sp	\$ 1,767.25	\$ 1,720.86	\$ 1,674.48	\$ 1,628.10	\$ 1,581.72	\$ 1,535.34
	Emp + Child	\$ 1,256.70	\$ 1,210.32	\$ 1,163.94	\$ 1,117.56	\$ 1,071.18	\$ 1,024.80
	Family	\$ 2,140.34	\$ 2,093.96	\$ 2,047.58	\$ 2,001.19	\$ 1,954.81	\$ 1,908.43

ROSEVILLE CITY SCHOOL DISTRICT

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High Deductible							
WHA HD	Emp only	\$ 234.52	\$ 188.14	\$ 141.76	\$ 95.38	\$ 49.00	\$ 2.61
	Emp + Sp	\$ 826.88	\$ 780.50	\$ 734.12	\$ 687.74	\$ 641.36	\$ 594.98
\$2,800/ \$5,600	Emp + Child	\$ 543.25	\$ 496.86	\$ 450.48	\$ 404.10	\$ 357.72	\$ 311.34
	Family	\$ 1,034.15	\$ 987.77	\$ 941.39	\$ 895.01	\$ 848.63	\$ 802.25
WHA HDM	Emp only	\$ 325.06	\$ 278.68	\$ 232.30	\$ 185.92	\$ 139.54	\$ 93.16
	Emp + Sp	\$ 1,007.97	\$ 961.59	\$ 915.21	\$ 868.83	\$ 822.45	\$ 776.07
\$1,800/ \$3,600	Emp + Child	\$ 679.61	\$ 633.23	\$ 586.85	\$ 540.47	\$ 494.09	\$ 447.71
	Family	\$ 1,246.88	\$ 1,200.50	\$ 1,154.12	\$ 1,107.74	\$ 1,061.36	\$ 1,014.98
SHP HD	Emp only	\$ 368.70	\$ 322.32	\$ 275.94	\$ 229.56	\$ 183.18	\$ 136.80
	Emp + Sp	\$ 1,094.15	\$ 1,047.77	\$ 1,001.39	\$ 955.01	\$ 908.63	\$ 862.25
\$2,500/ \$5,000	Emp + Child	\$ 745.06	\$ 698.68	\$ 652.30	\$ 605.92	\$ 559.54	\$ 513.16
	Family	\$ 1,347.25	\$ 1,300.86	\$ 1,254.48	\$ 1,208.10	\$ 1,161.72	\$ 1,115.34
SHP HDM	Emp only	\$ 462.52	\$ 416.14	\$ 369.76	\$ 323.38	\$ 277.00	\$ 230.61
	Emp + Sp	\$ 1,281.79	\$ 1,235.41	\$ 1,189.03	\$ 1,142.65	\$ 1,096.27	\$ 1,049.89
\$1,500/ \$3,000	Emp + Child	\$ 886.88	\$ 840.50	\$ 794.12	\$ 747.74	\$ 701.36	\$ 654.98
	Family	\$ 1,567.61	\$ 1,521.23	\$ 1,474.85	\$ 1,428.47	\$ 1,382.09	\$ 1,335.71
Kaiser HDM	Emp only	\$ 358.88	\$ 312.50	\$ 266.12	\$ 219.74	\$ 173.36	\$ 126.98
	Emp + Sp	\$ 1,075.61	\$ 1,029.23	\$ 982.85	\$ 936.47	\$ 890.09	\$ 843.71
\$3,000/ \$6,000	Emp + Child	\$ 731.97	\$ 685.59	\$ 639.21	\$ 592.83	\$ 546.45	\$ 500.07
	Family	\$ 1,326.52	\$ 1,280.14	\$ 1,233.76	\$ 1,187.38	\$ 1,141.00	\$ 1,094.61
Kaiser Basic	Emp only	\$ 478.88	\$ 432.50	\$ 386.12	\$ 339.74	\$ 293.36	\$ 246.98
	Emp + Sp	\$ 1,314.52	\$ 1,268.14	\$ 1,221.76	\$ 1,175.38	\$ 1,129.00	\$ 1,082.61
\$2,000/ \$4,000	Emp + Child	\$ 913.06	\$ 866.68	\$ 820.30	\$ 773.92	\$ 727.54	\$ 681.16
	Family	\$ 1,607.97	\$ 1,561.59	\$ 1,515.21	\$ 1,468.83	\$ 1,422.45	\$ 1,376.07

<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**