

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

		Certificated Employee				
Plan	Tier	50%	60%	70%	80%	90%
WHA HMO	Emp only	\$ 542.47	\$ 461.78	\$ 381.09	\$ 300.40	\$ 219.71
	Emp + Sp	\$ 1,478.47	\$ 1,397.78	\$ 1,317.09	\$ 1,236.40	\$ 1,155.71
	Emp + Child	\$ 1,029.02	\$ 948.33	\$ 867.64	\$ 786.95	\$ 706.25
	Family	\$ 1,805.75	\$ 1,725.05	\$ 1,644.36	\$ 1,563.67	\$ 1,482.98
WHA DHMO	Emp only	\$ 311.20	\$ 230.51	\$ 149.82	\$ 69.13	\$ -
	Emp + Sp	\$ 1,015.93	\$ 935.24	\$ 854.55	\$ 773.85	\$ 693.16
	Emp + Child	\$ 677.75	\$ 597.05	\$ 516.36	\$ 435.67	\$ 354.98
	Family	\$ 1,262.47	\$ 1,181.78	\$ 1,101.09	\$ 1,020.40	\$ 939.71
SHP HMO	Emp only	\$ 706.11	\$ 625.42	\$ 544.73	\$ 464.04	\$ 383.35
	Emp + Sp	\$ 1,805.75	\$ 1,725.05	\$ 1,644.36	\$ 1,563.67	\$ 1,482.98
	Emp + Child	\$ 1,277.75	\$ 1,197.05	\$ 1,116.36	\$ 1,035.67	\$ 954.98
	Family	\$ 2,191.93	\$ 2,111.24	\$ 2,030.55	\$ 1,949.85	\$ 1,869.16
SHP DHMO	Emp only	\$ 486.84	\$ 406.15	\$ 325.45	\$ 244.76	\$ 164.07
	Emp + Sp	\$ 1,366.11	\$ 1,285.42	\$ 1,204.73	\$ 1,124.04	\$ 1,043.35
	Emp + Child	\$ 943.93	\$ 863.24	\$ 782.55	\$ 701.85	\$ 621.16
	Family	\$ 1,674.84	\$ 1,594.15	\$ 1,513.45	\$ 1,432.76	\$ 1,352.07
Kaiser 25/10 HMO	Emp only	\$ 793.38	\$ 712.69	\$ 632.00	\$ 551.31	\$ 470.62
	Emp + Sp	\$ 1,980.29	\$ 1,899.60	\$ 1,818.91	\$ 1,738.22	\$ 1,657.53
	Emp + Child	\$ 1,410.84	\$ 1,330.15	\$ 1,249.45	\$ 1,168.76	\$ 1,088.07
	Family	\$ 2,395.93	\$ 2,315.24	\$ 2,234.55	\$ 2,153.85	\$ 2,073.16
Kaiser DHMO	Emp only	\$ 671.20	\$ 590.51	\$ 509.82	\$ 429.13	\$ 348.44
	Emp + Sp	\$ 1,734.84	\$ 1,654.15	\$ 1,573.45	\$ 1,492.76	\$ 1,412.07
	Emp + Child	\$ 1,224.29	\$ 1,143.60	\$ 1,062.91	\$ 982.22	\$ 901.53
	Family	\$ 2,107.93	\$ 2,027.24	\$ 1,946.55	\$ 1,865.85	\$ 1,785.16

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High Deductible						
WHA HD \$2,800/ \$5,600	Emp only	\$ 202.11	\$ 121.42	\$ 40.73	\$ -	\$ -
	Emp + Sp	\$ 794.47	\$ 713.78	\$ 633.09	\$ 552.40	\$ 471.71
	Emp + Child	\$ 510.84	\$ 430.15	\$ 349.45	\$ 268.76	\$ 188.07
	Family	\$ 1,001.75	\$ 921.05	\$ 840.36	\$ 759.67	\$ 678.98
WHA HDM \$1,800/ \$3,600	Emp only	\$ 292.65	\$ 211.96	\$ 131.27	\$ 50.58	\$ -
	Emp + Sp	\$ 975.56	\$ 894.87	\$ 814.18	\$ 733.49	\$ 652.80
	Emp + Child	\$ 647.20	\$ 566.51	\$ 485.82	\$ 405.13	\$ 324.44
	Family	\$ 1,214.47	\$ 1,133.78	\$ 1,053.09	\$ 972.40	\$ 891.71
SHP HD \$2,500/ \$5,000	Emp only	\$ 336.29	\$ 255.60	\$ 174.91	\$ 94.22	\$ 13.53
	Emp + Sp	\$ 1,061.75	\$ 981.05	\$ 900.36	\$ 819.67	\$ 738.98
	Emp + Child	\$ 712.65	\$ 631.96	\$ 551.27	\$ 470.58	\$ 389.89
	Family	\$ 1,314.84	\$ 1,234.15	\$ 1,153.45	\$ 1,072.76	\$ 992.07
SHP HDM \$1,500/ \$3,000	Emp only	\$ 430.11	\$ 349.42	\$ 268.73	\$ 188.04	\$ 107.35
	Emp + Sp	\$ 1,249.38	\$ 1,168.69	\$ 1,088.00	\$ 1,007.31	\$ 926.62
	Emp + Child	\$ 854.47	\$ 773.78	\$ 693.09	\$ 612.40	\$ 531.71
	Family	\$ 1,535.20	\$ 1,454.51	\$ 1,373.82	\$ 1,293.13	\$ 1,212.44
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 326.47	\$ 245.78	\$ 165.09	\$ 84.40	\$ 3.71
	Emp + Sp	\$ 1,043.20	\$ 962.51	\$ 881.82	\$ 801.13	\$ 720.44
	Emp + Child	\$ 699.56	\$ 618.87	\$ 538.18	\$ 457.49	\$ 376.80
	Family	\$ 1,294.11	\$ 1,213.42	\$ 1,132.73	\$ 1,052.04	\$ 971.35
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 446.47	\$ 365.78	\$ 285.09	\$ 204.40	\$ 123.71
	Emp + Sp	\$ 1,282.11	\$ 1,201.42	\$ 1,120.73	\$ 1,040.04	\$ 959.35
	Emp + Child	\$ 880.65	\$ 799.96	\$ 719.27	\$ 638.58	\$ 557.89
	Family	\$ 1,575.56	\$ 1,494.87	\$ 1,414.18	\$ 1,333.49	\$ 1,252.80

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00 %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**