

ROSEVILLE CITY SCHOOL DISTRICT
2021-2022 RATES for Percentage Employees
10 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								Certificated Employee				
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs	50%	60%	70%	80%	90%
WHA HMO	Emp only	\$ 561.17	\$ 516.25	\$ 471.33	\$ 426.41	\$ 381.50	\$ 336.58	\$ 561.17	\$ 489.30	\$ 417.43	\$ 345.56	\$ 273.69
	Emp + Sp	\$ 1,469.57	\$ 1,424.65	\$ 1,379.73	\$ 1,334.81	\$ 1,289.90	\$ 1,244.98	\$ 1,469.57	\$ 1,397.70	\$ 1,325.83	\$ 1,253.96	\$ 1,182.09
	Emp + Child	\$ 1,033.97	\$ 989.05	\$ 944.13	\$ 899.21	\$ 854.30	\$ 809.38	\$ 1,033.97	\$ 962.10	\$ 890.23	\$ 818.36	\$ 746.49
	Family	\$ 1,787.57	\$ 1,742.65	\$ 1,697.73	\$ 1,652.81	\$ 1,607.90	\$ 1,562.98	\$ 1,787.57	\$ 1,715.70	\$ 1,643.83	\$ 1,571.96	\$ 1,500.09
SHP HMO	Emp only	\$ 676.37	\$ 631.45	\$ 586.53	\$ 541.61	\$ 496.70	\$ 451.78	\$ 676.37	\$ 604.50	\$ 532.63	\$ 460.76	\$ 388.89
	Emp + Sp	\$ 1,699.97	\$ 1,655.05	\$ 1,610.13	\$ 1,565.21	\$ 1,520.30	\$ 1,475.38	\$ 1,699.97	\$ 1,628.10	\$ 1,556.23	\$ 1,484.36	\$ 1,412.49
	Emp + Child	\$ 1,207.97	\$ 1,163.05	\$ 1,118.13	\$ 1,073.21	\$ 1,028.30	\$ 983.38	\$ 1,207.97	\$ 1,136.10	\$ 1,064.23	\$ 992.36	\$ 920.49
	Family	\$ 2,058.77	\$ 2,013.85	\$ 1,968.93	\$ 1,924.01	\$ 1,879.10	\$ 1,834.18	\$ 2,058.77	\$ 1,986.90	\$ 1,915.03	\$ 1,843.16	\$ 1,771.29
Kaiser 20/10 HMO	Emp only	\$ 706.25	\$ 661.33	\$ 616.41	\$ 571.49	\$ 526.58	\$ 481.66	\$ 706.25	\$ 634.38	\$ 562.51	\$ 490.64	\$ 418.77
	Emp + Sp	\$ 1,770.65	\$ 1,725.73	\$ 1,680.81	\$ 1,635.89	\$ 1,590.98	\$ 1,546.06	\$ 1,770.65	\$ 1,698.78	\$ 1,626.91	\$ 1,555.04	\$ 1,483.17
	Emp + Child	\$ 1,259.45	\$ 1,214.53	\$ 1,169.61	\$ 1,124.69	\$ 1,079.78	\$ 1,034.86	\$ 1,259.45	\$ 1,187.58	\$ 1,115.71	\$ 1,043.84	\$ 971.97
	Family	\$ 2,143.85	\$ 2,098.93	\$ 2,054.01	\$ 2,009.09	\$ 1,964.18	\$ 1,919.26	\$ 2,143.85	\$ 2,071.98	\$ 2,000.11	\$ 1,928.24	\$ 1,856.37
High Deductible												
WHA HD \$2,800/ \$5,600	Emp only	\$ 235.97	\$ 191.05	\$ 146.13	\$ 101.21	\$ 56.30	\$ 11.38	\$ 235.97	\$ 164.10	\$ 92.23	\$ 20.36	\$ -
	Emp + Sp	\$ 817.97	\$ 773.05	\$ 728.13	\$ 683.21	\$ 638.30	\$ 593.38	\$ 817.97	\$ 746.10	\$ 674.23	\$ 602.36	\$ 530.49
	Emp + Child	\$ 535.97	\$ 491.05	\$ 446.13	\$ 401.21	\$ 356.30	\$ 311.38	\$ 535.97	\$ 464.10	\$ 392.23	\$ 320.36	\$ 248.49
	Family	\$ 1,011.17	\$ 966.25	\$ 921.33	\$ 876.41	\$ 831.50	\$ 786.58	\$ 1,011.17	\$ 939.30	\$ 867.43	\$ 795.56	\$ 723.69
WHA HDM \$1,800/ \$3,600	Emp only	\$ 340.37	\$ 295.45	\$ 250.53	\$ 205.61	\$ 160.70	\$ 115.78	\$ 340.37	\$ 268.50	\$ 196.63	\$ 124.76	\$ 52.89
	Emp + Sp	\$ 1,025.57	\$ 980.65	\$ 935.73	\$ 890.81	\$ 845.90	\$ 800.98	\$ 1,025.57	\$ 953.70	\$ 881.83	\$ 809.96	\$ 738.09
	Emp + Child	\$ 693.17	\$ 648.25	\$ 603.33	\$ 558.41	\$ 513.50	\$ 468.58	\$ 693.17	\$ 621.30	\$ 549.43	\$ 477.56	\$ 405.69
	Family	\$ 1,255.97	\$ 1,211.05	\$ 1,166.13	\$ 1,121.21	\$ 1,076.30	\$ 1,031.38	\$ 1,255.97	\$ 1,184.10	\$ 1,112.23	\$ 1,040.36	\$ 968.49
SHP HD \$2,500/ \$5,000	Emp only	\$ 305.57	\$ 260.65	\$ 215.73	\$ 170.81	\$ 125.90	\$ 80.98	\$ 305.57	\$ 233.70	\$ 161.83	\$ 89.96	\$ 18.09
	Emp + Sp	\$ 954.77	\$ 909.85	\$ 864.93	\$ 820.01	\$ 775.10	\$ 730.18	\$ 954.77	\$ 882.90	\$ 811.03	\$ 739.16	\$ 667.29
	Emp + Child	\$ 642.77	\$ 597.85	\$ 552.93	\$ 508.01	\$ 463.10	\$ 418.18	\$ 642.77	\$ 570.90	\$ 499.03	\$ 427.16	\$ 355.29
	Family	\$ 1,181.57	\$ 1,136.65	\$ 1,091.73	\$ 1,046.81	\$ 1,001.90	\$ 956.98	\$ 1,181.57	\$ 1,109.70	\$ 1,037.83	\$ 965.96	\$ 894.09

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Plan	Tier	Classified Employee							Certificated Employee				
		4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs		50%	60%	70%	80%	90%
SHP	Emp only	\$ 389.57	\$ 344.65	\$ 299.73	\$ 254.81	\$ 209.90	\$ 164.98		\$ 389.57	\$ 317.70	\$ 245.83	\$ 173.96	\$ 102.09
HDM	Emp + Sp	\$ 1,122.77	\$ 1,077.85	\$ 1,032.93	\$ 988.01	\$ 943.10	\$ 898.18		\$ 1,122.77	\$ 1,050.90	\$ 979.03	\$ 907.16	\$ 835.29
\$1,500/ \$3,000	Emp + Child	\$ 769.97	\$ 725.05	\$ 680.13	\$ 635.21	\$ 590.30	\$ 545.38		\$ 769.97	\$ 698.10	\$ 626.23	\$ 554.36	\$ 482.49
	Family	\$ 1,379.57	\$ 1,334.65	\$ 1,289.73	\$ 1,244.81	\$ 1,199.90	\$ 1,154.98		\$ 1,379.57	\$ 1,307.70	\$ 1,235.83	\$ 1,163.96	\$ 1,092.09
Kaiser \$2,000/ \$4,000	Emp only	\$ 391.97	\$ 347.05	\$ 302.13	\$ 257.21	\$ 212.30	\$ 167.38		\$ 391.97	\$ 320.10	\$ 248.23	\$ 176.36	\$ 104.49
	Emp + Sp	\$ 1,127.57	\$ 1,082.65	\$ 1,037.73	\$ 992.81	\$ 947.90	\$ 902.98		\$ 1,127.57	\$ 1,055.70	\$ 983.83	\$ 911.96	\$ 840.09
	Emp + Child	\$ 774.77	\$ 729.85	\$ 684.93	\$ 640.01	\$ 595.10	\$ 550.18		\$ 774.77	\$ 702.90	\$ 631.03	\$ 559.16	\$ 487.29
	Family	\$ 1,385.57	\$ 1,340.65	\$ 1,295.73	\$ 1,250.81	\$ 1,205.90	\$ 1,160.98		\$ 1,385.57	\$ 1,313.70	\$ 1,241.83	\$ 1,169.96	\$ 1,098.09

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>Value</u>
Annual Health Insurance Cap	enrolled in a health plan	\$7,187.00 %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