ROSEVILLE CITY SCHOOL DISTRICT

2018-2019 RATES for Percentage Employees

10 Pay (includes employees receiving summer savings)

Medical with Dental

In order to be eligible for dental 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	Emp only	$ 623.28	$ 578.36	$ 533.44	$ 488.53	$ 443.61	$ 398.69	$ 623.28	$ 551.41	$ 479.54	$ 407.67	$ 335.80
HMO	Emp + Sp	$ 1,484.71	$ 1,439.80	$ 1,394.88	$ 1,349.96	$ 1,305.04	$ 1,260.12	$ 1,484.71	$ 1,412.84	$ 1,340.97	$ 1,269.10	$ 1,197.23
	Emp + Child	$ 1,071.23	$ 1,026.31	$ 981.39	$ 936.47	$ 891.56	$ 846.64	$ 1,071.23	$ 999.36	$ 927.49	$ 855.62	$ 783.75
	Family	$ 1,786.23	$ 1,741.31	$ 1,696.39	$ 1,651.47	$ 1,606.55	$ 1,561.63	$ 1,786.23	$ 1,714.36	$ 1,642.49	$ 1,570.62	$ 1,498.75
SHP	Emp only	$ 716.32	$ 671.40	$ 626.48	$ 581.56	$ 536.64	$ 491.72	$ 716.32	$ 644.45	$ 572.58	$ 500.71	$ 428.84
HMO	Emp + Sp	$ 1,670.86	$ 1,625.94	$ 1,581.02	$ 1,536.10	$ 1,491.18	$ 1,446.26	$ 1,670.86	$ 1,598.99	$ 1,527.12	$ 1,455.25	$ 1,383.38
	Emp + Child	$ 1,212.76	$ 1,167.84	$ 1,122.92	$ 1,078.00	$ 1,033.08	$ 988.16	$ 1,212.76	$ 1,140.89	$ 1,069.02	$ 997.15	$ 925.28
	Family	$ 2,005.07	$ 1,960.15	$ 1,915.23	$ 1,870.31	$ 1,825.40	$ 1,780.48	$ 2,005.07	$ 1,933.20	$ 1,861.33	$ 1,789.46	$ 1,717.59
Kaiser	Emp only	$ 713.47	$ 668.56	$ 623.64	$ 578.72	$ 533.80	$ 488.88	$ 713.47	$ 641.60	$ 569.73	$ 497.86	$ 425.99
20/10	Emp + Sp	$ 1,665.10	$ 1,620.18	$ 1,575.26	$ 1,530.34	$ 1,485.42	$ 1,440.50	$ 1,665.10	$ 1,593.23	$ 1,521.36	$ 1,449.49	$ 1,377.62
HMO	Emp + Child	$ 1,208.33	$ 1,163.41	$ 1,118.49	$ 1,073.57	$ 1,028.66	$ 983.74	$ 1,208.33	$ 1,136.46	$ 1,064.59	$ 992.72	$ 920.85
	Family	$ 1,998.17	$ 1,953.25	$ 1,908.33	$ 1,863.41	$ 1,818.50	$ 1,773.58	$ 1,998.17	$ 1,926.30	$ 1,854.43	$ 1,782.56	$ 1,710.69
High Deductible												
WHA	Emp only	$ 317.17	$ 272.26	$ 227.34	$ 182.42	$ 137.50	$ 92.58	$ 317.17	$ 245.30	$ 173.43	$ 101.56	$ 29.69
HD	Emp + Sp	$ 868.57	$ 823.66	$ 778.74	$ 733.82	$ 688.90	$ 643.98	$ 868.57	$ 796.70	$ 724.83	$ 652.96	$ 581.09
$2,800/	Emp + Child	$ 601.02	$ 556.10	$ 511.18	$ 466.27	$ 421.35	$ 376.43	$ 601.02	$ 529.15	$ 457.28	$ 385.41	$ 313.54
$5,600	Family	$ 1,052.50	$ 1,007.58	$ 962.66	$ 917.74	$ 872.82	$ 827.90	$ 1,052.50	$ 980.63	$ 908.76	$ 836.89	$ 765.02
WHA	Emp only	$ 406.97	$ 362.05	$ 317.13	$ 272.21	$ 227.30	$ 182.38	$ 406.97	$ 335.10	$ 263.23	$ 191.36	$ 119.49
HDM	Emp + Sp	$ 1,048.21	$ 1,003.30	$ 958.38	$ 913.46	$ 868.54	$ 823.62	$ 1,048.21	$ 976.34	$ 904.47	$ 832.60	$ 760.73
$1,800/	Emp + Child	$ 737.61	$ 692.69	$ 647.77	$ 602.85	$ 557.93	$ 513.01	$ 737.61	$ 665.74	$ 593.87	$ 522.00	$ 450.13
$3,600	Family	$ 1,263.75	$ 1,218.83	$ 1,173.91	$ 1,128.99	$ 1,084.07	$ 1,039.15	$ 1,263.75	$ 1,191.88	$ 1,120.01	$ 1,048.14	$ 976.27
SHP	Emp only	$ 365.34	$ 320.42	$ 275.50	$ 230.59	$ 185.67	$ 140.75	$ 365.34	$ 293.47	$ 221.60	$ 149.73	$ 77.86
HD	Emp + Sp	$ 964.98	$ 920.06	$ 875.14	$ 830.23	$ 785.31	$ 740.39	$ 964.98	$ 893.11	$ 821.24	$ 749.37	$ 677.50
$2,500/	Emp + Child	$ 677.21	$ 632.29	$ 587.37	$ 542.45	$ 497.54	$ 452.62	$ 677.21	$ 605.34	$ 533.47	$ 461.60	$ 389.73
$5,000	Family	$ 1,174.93	$ 1,130.02	$ 1,085.10	$ 1,040.18	$ 995.26	$ 950.34	$ 1,174.93	$ 1,103.06	$ 1,031.19	$ 959.32	$ 887.45

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		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%**
SHP	Emp only	$ 443.02	$ 398.10	$ 353.18	$ 308.26	$ 263.34	$ 218.42	$ 443.02	$ 371.15	$ 299.28	$ 227.41	$ 155.54
HDM	Emp + Sp	$ 1,120.32	$ 1,075.40	$ 1,030.48	$ 985.57	$ 940.65	$ 895.73	$ 1,120.32	$ 1,048.45	$ 976.58	$ 904.71	$ 832.84
$1,500/	Emp + Child	$ 795.27	$ 750.35	$ 705.43	$ 660.51	$ 615.59	$ 570.67	$ 795.27	$ 723.40	$ 651.53	$ 579.66	$ 507.79
$3,000	Family	$ 1,357.47	$ 1,312.55	$ 1,267.63	$ 1,222.71	$ 1,177.79	$ 1,132.87	$ 1,357.47	$ 1,285.60	$ 1,213.73	$ 1,141.86	$ 1,069.99
Kaiser	Emp only	$ 416.39	$ 371.47	$ 326.55	$ 281.63	$ 236.72	$ 191.80	$ 416.39	$ 344.52	$ 272.65	$ 200.78	$ 128.91
$2,000/	Emp + Sp	$ 1,067.02	$ 1,022.10	$ 977.18	$ 932.26	$ 887.34	$ 842.42	$ 1,067.02	$ 995.15	$ 923.28	$ 851.41	$ 779.54
$4,000	Emp + Child	$ 754.72	$ 709.80	$ 664.88	$ 619.96	$ 575.04	$ 530.12	$ 754.72	$ 682.85	$ 610.98	$ 539.11	$ 467.24
	Family	$ 1,294.74	$ 1,249.82	$ 1,204.90	$ 1,159.99	$ 1,115.07	$ 1,070.15	$ 1,294.74	$ 1,222.87	$ 1,151.00	$ 1,079.13	$ 1,007.26

District Paid Premiums	**Eligibility**	**Value**
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