

ROSEVILLE CITY SCHOOL DISTRICT
2018-2019 RATES for Percentage Employees
11 Pay (includes employees receiving summer savings)

Medical with Dental

In order to be eligible for dental you must be enrolled in a medical plan

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%
WHA	Emp only	\$ 566.62	\$ 525.78	\$ 484.95	\$ 444.11	\$ 403.28	\$ 362.44		\$ 566.62	\$ 501.28	\$ 435.95	\$ 370.61	\$ 305.27
HMO	Emp + Sp	\$ 1,349.74	\$ 1,308.90	\$ 1,268.07	\$ 1,227.23	\$ 1,186.40	\$ 1,145.56		\$ 1,349.74	\$ 1,284.40	\$ 1,219.07	\$ 1,153.73	\$ 1,088.39
	Emp + Child	\$ 973.85	\$ 933.01	\$ 892.18	\$ 851.34	\$ 810.50	\$ 769.67		\$ 973.85	\$ 908.51	\$ 843.17	\$ 777.84	\$ 712.50
	Family	\$ 1,623.84	\$ 1,583.01	\$ 1,542.17	\$ 1,501.34	\$ 1,460.50	\$ 1,419.67		\$ 1,623.84	\$ 1,558.51	\$ 1,493.17	\$ 1,427.83	\$ 1,362.50
SHP	Emp only	\$ 651.20	\$ 610.36	\$ 569.53	\$ 528.69	\$ 487.86	\$ 447.02		\$ 651.20	\$ 585.86	\$ 520.53	\$ 455.19	\$ 389.85
HMO	Emp + Sp	\$ 1,518.96	\$ 1,478.13	\$ 1,437.29	\$ 1,396.46	\$ 1,355.62	\$ 1,314.79		\$ 1,518.96	\$ 1,453.63	\$ 1,388.29	\$ 1,322.95	\$ 1,257.62
	Emp + Child	\$ 1,102.51	\$ 1,061.67	\$ 1,020.84	\$ 980.00	\$ 939.17	\$ 898.33		\$ 1,102.51	\$ 1,037.17	\$ 971.83	\$ 906.50	\$ 841.16
	Family	\$ 1,822.79	\$ 1,781.96	\$ 1,741.12	\$ 1,700.29	\$ 1,659.45	\$ 1,618.61		\$ 1,822.79	\$ 1,757.45	\$ 1,692.12	\$ 1,626.78	\$ 1,561.45
Kaiser	Emp only	\$ 648.61	\$ 607.78	\$ 566.94	\$ 526.11	\$ 485.27	\$ 444.44		\$ 648.61	\$ 583.28	\$ 517.94	\$ 452.60	\$ 387.27
20/10	Emp + Sp	\$ 1,513.73	\$ 1,472.89	\$ 1,432.06	\$ 1,391.22	\$ 1,350.38	\$ 1,309.55		\$ 1,513.73	\$ 1,448.39	\$ 1,383.05	\$ 1,317.72	\$ 1,252.38
HMO	Emp + Child	\$ 1,098.48	\$ 1,057.65	\$ 1,016.81	\$ 975.98	\$ 935.14	\$ 894.31		\$ 1,098.48	\$ 1,033.15	\$ 967.81	\$ 902.47	\$ 837.14
	Family	\$ 1,816.52	\$ 1,775.68	\$ 1,734.85	\$ 1,694.01	\$ 1,653.18	\$ 1,612.34		\$ 1,816.52	\$ 1,751.18	\$ 1,685.85	\$ 1,620.51	\$ 1,555.17
High Deductible													
WHA	Emp only	\$ 288.34	\$ 247.50	\$ 206.67	\$ 165.83	\$ 125.00	\$ 84.16		\$ 288.34	\$ 223.00	\$ 157.67	\$ 92.33	\$ 26.99
HD	Emp + Sp	\$ 789.61	\$ 748.78	\$ 707.94	\$ 667.11	\$ 626.27	\$ 585.44		\$ 789.61	\$ 724.28	\$ 658.94	\$ 593.60	\$ 528.27
\$2,800/ \$5,600	Emp + Child	\$ 546.38	\$ 505.55	\$ 464.71	\$ 423.88	\$ 383.04	\$ 342.21		\$ 546.38	\$ 481.05	\$ 415.71	\$ 350.37	\$ 285.04
	Family	\$ 956.82	\$ 915.98	\$ 875.15	\$ 834.31	\$ 793.48	\$ 752.64		\$ 956.82	\$ 891.48	\$ 826.14	\$ 760.81	\$ 695.47
WHA	Emp only	\$ 369.97	\$ 329.14	\$ 288.30	\$ 247.47	\$ 206.63	\$ 165.80		\$ 369.97	\$ 304.64	\$ 239.30	\$ 173.96	\$ 108.63
HDM	Emp + Sp	\$ 952.92	\$ 912.09	\$ 871.25	\$ 830.42	\$ 789.58	\$ 748.75		\$ 952.92	\$ 887.59	\$ 822.25	\$ 756.91	\$ 691.58
\$1,800/ \$3,600	Emp + Child	\$ 670.55	\$ 629.72	\$ 588.88	\$ 548.05	\$ 507.21	\$ 466.37		\$ 670.55	\$ 605.21	\$ 539.88	\$ 474.54	\$ 409.21
	Family	\$ 1,148.86	\$ 1,108.02	\$ 1,067.19	\$ 1,026.35	\$ 985.52	\$ 944.68		\$ 1,148.86	\$ 1,083.52	\$ 1,018.19	\$ 952.85	\$ 887.51
SHP	Emp only	\$ 332.13	\$ 291.29	\$ 250.46	\$ 209.62	\$ 168.79	\$ 127.95		\$ 332.13	\$ 266.79	\$ 201.46	\$ 136.12	\$ 70.78
HD	Emp + Sp	\$ 877.26	\$ 836.42	\$ 795.59	\$ 754.75	\$ 713.92	\$ 673.08		\$ 877.26	\$ 811.92	\$ 746.58	\$ 681.25	\$ 615.91
\$2,500/ \$5,000	Emp + Child	\$ 615.65	\$ 574.81	\$ 533.98	\$ 493.14	\$ 452.30	\$ 411.47		\$ 615.65	\$ 550.31	\$ 484.97	\$ 419.64	\$ 354.30
	Family	\$ 1,068.12	\$ 1,027.29	\$ 986.45	\$ 945.62	\$ 904.78	\$ 863.95		\$ 1,068.12	\$ 1,002.79	\$ 937.45	\$ 872.11	\$ 806.78

ROSEVILLE CITY SCHOOL DISTRICT
2018-2019 RATES for Percentage Employees
11 Pay (includes employees receiving summer savings)

Medical with Dental

In order to be eligible for dental you must be enrolled in a medical plan

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	\$ 402.74	\$ 361.91	\$ 321.07	\$ 280.24	\$ 239.40	\$ 198.57	\$ 402.74	\$ 337.41	\$ 272.07	\$ 206.73	\$ 141.40
HDM	Emp + Sp	\$ 1,018.47	\$ 977.64	\$ 936.80	\$ 895.97	\$ 855.13	\$ 814.30	\$ 1,018.47	\$ 953.14	\$ 887.80	\$ 822.47	\$ 757.13
\$1,500/ \$3,000	Emp + Child	\$ 722.97	\$ 682.13	\$ 641.30	\$ 600.46	\$ 559.63	\$ 518.79	\$ 722.97	\$ 657.63	\$ 592.30	\$ 526.96	\$ 461.62
	Family	\$ 1,234.06	\$ 1,193.22	\$ 1,152.39	\$ 1,111.55	\$ 1,070.72	\$ 1,029.88	\$ 1,234.06	\$ 1,168.72	\$ 1,103.39	\$ 1,038.05	\$ 972.71
Kaiser	Emp only	\$ 378.54	\$ 337.70	\$ 296.87	\$ 256.03	\$ 215.20	\$ 174.36	\$ 378.54	\$ 313.20	\$ 247.86	\$ 182.53	\$ 117.19
\$2,000/ \$4,000	Emp + Sp	\$ 970.02	\$ 929.18	\$ 888.35	\$ 847.51	\$ 806.68	\$ 765.84	\$ 970.02	\$ 904.68	\$ 839.34	\$ 774.01	\$ 708.67
	Emp + Child	\$ 686.11	\$ 645.27	\$ 604.44	\$ 563.60	\$ 522.77	\$ 481.93	\$ 686.11	\$ 620.77	\$ 555.43	\$ 490.10	\$ 424.76
	Family	\$ 1,177.04	\$ 1,136.20	\$ 1,095.37	\$ 1,054.53	\$ 1,013.70	\$ 972.86	\$ 1,177.04	\$ 1,111.70	\$ 1,046.37	\$ 981.03	\$ 915.69

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