

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

Medical with Dental and Vision

In order to be eligible for dental or vision 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	\$ 576.55	\$ 535.71	\$ 494.88	\$ 454.04	\$ 413.21	\$ 372.37		\$ 576.55	\$ 511.21	\$ 445.87	\$ 380.54	\$ 315.20
HMO	Emp + Sp	\$ 1,359.67	\$ 1,318.83	\$ 1,278.00	\$ 1,237.16	\$ 1,196.33	\$ 1,155.49		\$ 1,359.67	\$ 1,294.33	\$ 1,228.99	\$ 1,163.66	\$ 1,098.32
	Emp + Child	\$ 983.77	\$ 942.94	\$ 902.10	\$ 861.27	\$ 820.43	\$ 779.60		\$ 983.77	\$ 918.44	\$ 853.10	\$ 787.76	\$ 722.43
	Family	\$ 1,633.77	\$ 1,592.93	\$ 1,552.10	\$ 1,511.26	\$ 1,470.43	\$ 1,429.59		\$ 1,633.77	\$ 1,568.43	\$ 1,503.10	\$ 1,437.76	\$ 1,372.42
SHP	Emp only	\$ 661.13	\$ 620.29	\$ 579.46	\$ 538.62	\$ 497.78	\$ 456.95		\$ 661.13	\$ 595.79	\$ 530.45	\$ 465.12	\$ 399.78
HMO	Emp + Sp	\$ 1,528.89	\$ 1,488.05	\$ 1,447.22	\$ 1,406.38	\$ 1,365.55	\$ 1,324.71		\$ 1,528.89	\$ 1,463.55	\$ 1,398.22	\$ 1,332.88	\$ 1,267.54
	Emp + Child	\$ 1,112.43	\$ 1,071.60	\$ 1,030.76	\$ 989.93	\$ 949.09	\$ 908.26		\$ 1,112.43	\$ 1,047.10	\$ 981.76	\$ 916.43	\$ 851.09
	Family	\$ 1,832.72	\$ 1,791.88	\$ 1,751.05	\$ 1,710.21	\$ 1,669.38	\$ 1,628.54		\$ 1,832.72	\$ 1,767.38	\$ 1,702.05	\$ 1,636.71	\$ 1,571.37
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	\$ 298.27	\$ 257.43	\$ 216.60	\$ 175.76	\$ 134.93	\$ 94.09		\$ 298.27	\$ 232.93	\$ 167.59	\$ 102.26	\$ 36.92
HD	Emp + Sp	\$ 799.54	\$ 758.70	\$ 717.87	\$ 677.03	\$ 636.20	\$ 595.36		\$ 799.54	\$ 734.20	\$ 668.87	\$ 603.53	\$ 538.19
\$2,800/ \$5,600	Emp + Child	\$ 556.31	\$ 515.48	\$ 474.64	\$ 433.81	\$ 392.97	\$ 352.13		\$ 556.31	\$ 490.97	\$ 425.64	\$ 360.30	\$ 294.97
	Family	\$ 966.74	\$ 925.91	\$ 885.07	\$ 844.24	\$ 803.40	\$ 762.57		\$ 966.74	\$ 901.41	\$ 836.07	\$ 770.73	\$ 705.40
WHA	Emp only	\$ 379.90	\$ 339.06	\$ 298.23	\$ 257.39	\$ 216.56	\$ 175.72		\$ 379.90	\$ 314.56	\$ 249.23	\$ 183.89	\$ 118.55
HDM	Emp + Sp	\$ 962.85	\$ 922.01	\$ 881.18	\$ 840.34	\$ 799.51	\$ 758.67		\$ 962.85	\$ 897.51	\$ 832.18	\$ 766.84	\$ 701.50
\$1,800/ \$3,600	Emp + Child	\$ 680.48	\$ 639.64	\$ 598.81	\$ 557.97	\$ 517.14	\$ 476.30		\$ 680.48	\$ 615.14	\$ 549.81	\$ 484.47	\$ 419.13
	Family	\$ 1,158.79	\$ 1,117.95	\$ 1,077.12	\$ 1,036.28	\$ 995.45	\$ 954.61		\$ 1,158.79	\$ 1,093.45	\$ 1,028.11	\$ 962.78	\$ 897.44
SHP	Emp only	\$ 342.06	\$ 301.22	\$ 260.39	\$ 219.55	\$ 178.72	\$ 137.88		\$ 342.06	\$ 276.72	\$ 211.38	\$ 146.05	\$ 80.71
HD	Emp + Sp	\$ 887.18	\$ 846.35	\$ 805.51	\$ 764.68	\$ 723.84	\$ 683.01		\$ 887.18	\$ 821.85	\$ 756.51	\$ 691.17	\$ 625.84
\$2,500/ \$5,000	Emp + Child	\$ 625.57	\$ 584.74	\$ 543.90	\$ 503.07	\$ 462.23	\$ 421.40		\$ 625.57	\$ 560.24	\$ 494.90	\$ 429.56	\$ 364.23
	Family	\$ 1,078.05	\$ 1,037.21	\$ 996.38	\$ 955.54	\$ 914.71	\$ 873.87		\$ 1,078.05	\$ 1,012.71	\$ 947.38	\$ 882.04	\$ 816.70

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

Medical with Dental and Vision

In order to be eligible for dental or vision 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	\$ 412.67	\$ 371.84	\$ 331.00	\$ 290.17	\$ 249.33	\$ 208.49	\$ 412.67	\$ 347.33	\$ 282.00	\$ 216.66	\$ 151.33
HDM	Emp + Sp	\$ 1,028.40	\$ 987.57	\$ 946.73	\$ 905.90	\$ 865.06	\$ 824.23	\$ 1,028.40	\$ 963.07	\$ 897.73	\$ 832.39	\$ 767.06
\$1,500/ \$3,000	Emp + Child	\$ 732.90	\$ 692.06	\$ 651.23	\$ 610.39	\$ 569.56	\$ 528.72	\$ 732.90	\$ 667.56	\$ 602.22	\$ 536.89	\$ 471.55
	Family	\$ 1,243.99	\$ 1,203.15	\$ 1,162.32	\$ 1,121.48	\$ 1,080.65	\$ 1,039.81	\$ 1,243.99	\$ 1,178.65	\$ 1,113.31	\$ 1,047.98	\$ 982.64
Kaiser \$2,000/ \$4,000	Emp only	\$ 388.46	\$ 347.63	\$ 306.79	\$ 265.96	\$ 225.12	\$ 184.29	\$ 388.46	\$ 323.13	\$ 257.79	\$ 192.45	\$ 127.12
	Emp + Sp	\$ 979.94	\$ 939.11	\$ 898.27	\$ 857.44	\$ 816.60	\$ 775.77	\$ 979.94	\$ 914.61	\$ 849.27	\$ 783.93	\$ 718.60
	Emp + Child	\$ 696.03	\$ 655.20	\$ 614.36	\$ 573.53	\$ 532.69	\$ 491.86	\$ 696.03	\$ 630.70	\$ 565.36	\$ 500.03	\$ 434.69
	Family	\$ 1,186.97	\$ 1,146.13	\$ 1,105.30	\$ 1,064.46	\$ 1,023.62	\$ 982.79	\$ 1,186.97	\$ 1,121.63	\$ 1,056.29	\$ 990.96	\$ 925.62

<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

**Medical benefits are only available to employees working:
Certificated = 50% or more & Classified = 20 hours/week or more**