

ROSEVILLE CITY SCHOOL DISTRICT
2025-2026 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					
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
		50.00%	56.25%	62.50%	68.75%	75.00%	81.25%
WHA HMO	Emp only	\$ 728.37	\$ 677.35	\$ 626.33	\$ 575.31	\$ 524.30	\$ 473.28
	Emp + Sp	\$ 1,853.97	\$ 1,802.95	\$ 1,751.93	\$ 1,700.91	\$ 1,649.90	\$ 1,598.88
	Emp + Child	\$ 1,313.97	\$ 1,262.95	\$ 1,211.93	\$ 1,160.91	\$ 1,109.90	\$ 1,058.88
	Family	\$ 2,247.57	\$ 2,196.55	\$ 2,145.53	\$ 2,094.51	\$ 2,043.50	\$ 1,992.48
WHA DHMO	Emp only	\$ 461.97	\$ 410.95	\$ 359.93	\$ 308.91	\$ 257.90	\$ 206.88
	Emp + Sp	\$ 1,321.17	\$ 1,270.15	\$ 1,219.13	\$ 1,168.11	\$ 1,117.10	\$ 1,066.08
	Emp + Child	\$ 909.57	\$ 858.55	\$ 807.53	\$ 756.51	\$ 705.50	\$ 654.48
	Family	\$ 1,622.37	\$ 1,571.35	\$ 1,520.33	\$ 1,469.31	\$ 1,418.30	\$ 1,367.28
SHP HMO	Emp only	\$ 891.57	\$ 840.55	\$ 789.53	\$ 738.51	\$ 687.50	\$ 636.48
	Emp + Sp	\$ 2,179.17	\$ 2,128.15	\$ 2,077.13	\$ 2,026.11	\$ 1,975.10	\$ 1,924.08
	Emp + Child	\$ 1,559.97	\$ 1,508.95	\$ 1,457.93	\$ 1,406.91	\$ 1,355.90	\$ 1,304.88
	Family	\$ 2,629.17	\$ 2,578.15	\$ 2,527.13	\$ 2,476.11	\$ 2,425.10	\$ 2,374.08
SHP DHMO	Emp only	\$ 634.77	\$ 583.75	\$ 532.73	\$ 481.71	\$ 430.70	\$ 379.68
	Emp + Sp	\$ 1,664.37	\$ 1,613.35	\$ 1,562.33	\$ 1,511.31	\$ 1,460.30	\$ 1,409.28
	Emp + Child	\$ 1,168.77	\$ 1,117.75	\$ 1,066.73	\$ 1,015.71	\$ 964.70	\$ 913.68
	Family	\$ 2,024.37	\$ 1,973.35	\$ 1,922.33	\$ 1,871.31	\$ 1,820.30	\$ 1,769.28
Kaiser 25/10 HMO	Emp only	\$ 985.17	\$ 934.15	\$ 883.13	\$ 832.11	\$ 781.10	\$ 730.08
	Emp + Sp	\$ 2,366.37	\$ 2,315.35	\$ 2,264.33	\$ 2,213.31	\$ 2,162.30	\$ 2,111.28
	Emp + Child	\$ 1,702.77	\$ 1,651.75	\$ 1,600.73	\$ 1,549.71	\$ 1,498.70	\$ 1,447.68
	Family	\$ 2,849.97	\$ 2,798.95	\$ 2,747.93	\$ 2,696.91	\$ 2,645.90	\$ 2,594.88
Kaiser DHMO	Emp only	\$ 865.17	\$ 814.15	\$ 763.13	\$ 712.11	\$ 661.10	\$ 610.08
	Emp + Sp	\$ 2,127.57	\$ 2,076.55	\$ 2,025.53	\$ 1,974.51	\$ 1,923.50	\$ 1,872.48
	Emp + Child	\$ 1,521.57	\$ 1,470.55	\$ 1,419.53	\$ 1,368.51	\$ 1,317.50	\$ 1,266.48
	Family	\$ 2,569.17	\$ 2,518.15	\$ 2,467.13	\$ 2,416.11	\$ 2,365.10	\$ 2,314.08

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High Deductible							
Plan	Tier	4 hrs 50.00%	4.5 hrs 56.25%	5 hrs 62.50%	5.5 hrs 68.75%	6 hrs 75.00%	6.5 hrs 81.25%
WHA HD \$2,800/ \$5,600	Emp only	\$ 315.57	\$ 264.55	\$ 213.53	\$ 162.51	\$ 111.50	\$ 60.48
	Emp + Sp	\$ 1,028.37	\$ 977.35	\$ 926.33	\$ 875.31	\$ 824.30	\$ 773.28
	Emp + Child Family	\$ 686.37 \$ 1,277.97	\$ 635.35 \$ 1,226.95	\$ 584.33 \$ 1,175.93	\$ 533.31 \$ 1,124.91	\$ 482.30 \$ 1,073.90	\$ 431.28 \$ 1,022.88
WHA HDM \$1,800/ \$3,600	Emp only	\$ 424.77	\$ 373.75	\$ 322.73	\$ 271.71	\$ 220.70	\$ 169.68
	Emp + Sp	\$ 1,245.57	\$ 1,194.55	\$ 1,143.53	\$ 1,092.51	\$ 1,041.50	\$ 990.48
	Emp + Child Family	\$ 850.77 \$ 1,532.37	\$ 799.75 \$ 1,481.35	\$ 748.73 \$ 1,430.33	\$ 697.71 \$ 1,379.31	\$ 646.70 \$ 1,328.30	\$ 595.68 \$ 1,277.28
SHP HD \$2,500/ \$5,000	Emp only	\$ 454.77	\$ 403.75	\$ 352.73	\$ 301.71	\$ 250.70	\$ 199.68
	Emp + Sp	\$ 1,304.37	\$ 1,253.35	\$ 1,202.33	\$ 1,151.31	\$ 1,100.30	\$ 1,049.28
	Emp + Child Family	\$ 895.17 \$ 1,600.77	\$ 844.15 \$ 1,549.75	\$ 793.13 \$ 1,498.73	\$ 742.11 \$ 1,447.71	\$ 691.10 \$ 1,396.70	\$ 640.08 \$ 1,345.68
SHP HDM \$1,650/ \$3,300	Emp only	\$ 563.97	\$ 512.95	\$ 461.93	\$ 410.91	\$ 359.90	\$ 308.88
	Emp + Sp	\$ 1,523.97	\$ 1,472.95	\$ 1,421.93	\$ 1,370.91	\$ 1,319.90	\$ 1,268.88
	Emp + Child Family	\$ 1,061.97 \$ 1,858.77	\$ 1,010.95 \$ 1,807.75	\$ 959.93 \$ 1,756.73	\$ 908.91 \$ 1,705.71	\$ 857.90 \$ 1,654.70	\$ 806.88 \$ 1,603.68
Kaiser HDM \$3,000/ \$6,000	Emp only	\$ 453.57	\$ 402.55	\$ 351.53	\$ 300.51	\$ 249.50	\$ 198.48
	Emp + Sp	\$ 1,304.37	\$ 1,253.35	\$ 1,202.33	\$ 1,151.31	\$ 1,100.30	\$ 1,049.28
	Emp + Child Family	\$ 896.37 \$ 1,601.97	\$ 845.35 \$ 1,550.95	\$ 794.33 \$ 1,499.93	\$ 743.31 \$ 1,448.91	\$ 692.30 \$ 1,397.90	\$ 641.28 \$ 1,346.88
Kaiser Basic \$2,000/ \$4,000	Emp only	\$ 595.17	\$ 544.15	\$ 493.13	\$ 442.11	\$ 391.10	\$ 340.08
	Emp + Sp	\$ 1,587.57	\$ 1,536.55	\$ 1,485.53	\$ 1,434.51	\$ 1,383.50	\$ 1,332.48
	Emp + Child Family	\$ 1,111.17 \$ 1,935.57	\$ 1,060.15 \$ 1,884.55	\$ 1,009.13 \$ 1,833.53	\$ 958.11 \$ 1,782.51	\$ 907.10 \$ 1,731.50	\$ 856.08 \$ 1,680.48

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>CSEA Value</u>
Annual Health Insurance Cap - CSEA	enrolled in a health plan	\$8,163.00 %prorated
Annual SIG Waive Fee	full time employee waiving health benefits	\$2,700.00
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**