

ROSEVILLE CITY SCHOOL DISTRICT
2017-2018 RATES for 11 Month Percentage
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 HMO	Emp only	\$ 535.41	\$ 494.57	\$ 453.74	\$ 412.90	\$ 372.07	\$ 331.23	\$ 535.41	\$ 470.07	\$ 404.74	\$ 339.40	\$ 274.06
	Emp + Sp	\$ 1,292.50	\$ 1,251.66	\$ 1,210.83	\$ 1,169.99	\$ 1,129.16	\$ 1,088.32	\$ 1,292.50	\$ 1,227.16	\$ 1,161.83	\$ 1,096.49	\$ 1,031.15
	Emp + Child	\$ 928.14	\$ 887.30	\$ 846.47	\$ 805.63	\$ 764.80	\$ 723.96	\$ 928.14	\$ 862.80	\$ 797.46	\$ 732.13	\$ 666.79
	Family	\$ 1,556.50	\$ 1,515.66	\$ 1,474.83	\$ 1,433.99	\$ 1,393.16	\$ 1,352.32	\$ 1,556.50	\$ 1,491.16	\$ 1,425.83	\$ 1,360.49	\$ 1,295.15
SHP HMO	Emp only	\$ 583.41	\$ 542.57	\$ 501.74	\$ 460.90	\$ 420.07	\$ 379.23	\$ 583.41	\$ 518.07	\$ 452.74	\$ 387.40	\$ 322.06
	Emp + Sp	\$ 1,388.50	\$ 1,347.66	\$ 1,306.83	\$ 1,265.99	\$ 1,225.16	\$ 1,184.32	\$ 1,388.50	\$ 1,323.16	\$ 1,257.83	\$ 1,192.49	\$ 1,127.15
	Emp + Child	\$ 1,001.23	\$ 960.39	\$ 919.56	\$ 878.72	\$ 837.89	\$ 797.05	\$ 1,001.23	\$ 935.89	\$ 870.55	\$ 805.22	\$ 739.88
	Family	\$ 1,668.86	\$ 1,628.03	\$ 1,587.19	\$ 1,546.36	\$ 1,505.52	\$ 1,464.69	\$ 1,668.86	\$ 1,603.53	\$ 1,538.19	\$ 1,472.85	\$ 1,407.52
Kaiser 20/10 HMO	Emp only	\$ 625.95	\$ 585.12	\$ 544.28	\$ 503.45	\$ 462.61	\$ 421.78	\$ 625.95	\$ 560.62	\$ 495.28	\$ 429.95	\$ 364.61
	Emp + Sp	\$ 1,473.59	\$ 1,432.76	\$ 1,391.92	\$ 1,351.09	\$ 1,310.25	\$ 1,269.41	\$ 1,473.59	\$ 1,408.25	\$ 1,342.92	\$ 1,277.58	\$ 1,212.25
	Emp + Child	\$ 1,066.68	\$ 1,025.85	\$ 985.01	\$ 944.18	\$ 903.34	\$ 862.51	\$ 1,066.68	\$ 1,001.35	\$ 936.01	\$ 870.67	\$ 805.34
	Family	\$ 1,769.23	\$ 1,728.39	\$ 1,687.56	\$ 1,646.72	\$ 1,605.89	\$ 1,565.05	\$ 1,769.23	\$ 1,703.89	\$ 1,638.55	\$ 1,573.22	\$ 1,507.88
High Deductible												
WHA HD \$2,800/ \$5,600	Emp only	\$ 261.59	\$ 220.76	\$ 179.92	\$ 139.09	\$ 98.25	\$ 57.41	\$ 261.59	\$ 196.25	\$ 130.92	\$ 65.58	\$ 0.25
	Emp + Sp	\$ 744.86	\$ 704.03	\$ 663.19	\$ 622.36	\$ 581.52	\$ 540.69	\$ 744.86	\$ 679.53	\$ 614.19	\$ 548.85	\$ 483.52
	Emp + Child	\$ 512.50	\$ 471.66	\$ 430.83	\$ 389.99	\$ 349.16	\$ 308.32	\$ 512.50	\$ 447.16	\$ 381.83	\$ 316.49	\$ 251.15
	Family	\$ 907.41	\$ 866.57	\$ 825.74	\$ 784.90	\$ 744.07	\$ 703.23	\$ 907.41	\$ 842.07	\$ 776.74	\$ 711.40	\$ 646.06
WHA HDM \$1,800/ \$3,600	Emp only	\$ 351.05	\$ 310.21	\$ 269.38	\$ 228.54	\$ 187.70	\$ 146.87	\$ 351.05	\$ 285.71	\$ 220.37	\$ 155.04	\$ 89.70
	Emp + Sp	\$ 923.77	\$ 882.94	\$ 842.10	\$ 801.27	\$ 760.43	\$ 719.60	\$ 923.77	\$ 858.44	\$ 793.10	\$ 727.76	\$ 662.43
	Emp + Child	\$ 647.77	\$ 606.94	\$ 566.10	\$ 525.27	\$ 484.43	\$ 443.60	\$ 647.77	\$ 582.44	\$ 517.10	\$ 451.76	\$ 386.43
	Family	\$ 1,116.86	\$ 1,076.03	\$ 1,035.19	\$ 994.36	\$ 953.52	\$ 912.69	\$ 1,116.86	\$ 1,051.53	\$ 986.19	\$ 920.85	\$ 855.52
SHP HD \$2,500/ \$5,000	Emp only	\$ 283.41	\$ 242.57	\$ 201.74	\$ 160.90	\$ 120.07	\$ 79.23	\$ 283.41	\$ 218.07	\$ 152.74	\$ 87.40	\$ 22.06
	Emp + Sp	\$ 788.50	\$ 747.66	\$ 706.83	\$ 665.99	\$ 625.16	\$ 584.32	\$ 788.50	\$ 723.16	\$ 657.83	\$ 592.49	\$ 527.15
	Emp + Child	\$ 547.41	\$ 506.57	\$ 465.74	\$ 424.90	\$ 384.07	\$ 343.23	\$ 547.41	\$ 482.07	\$ 416.74	\$ 351.40	\$ 286.06
	Family	\$ 966.32	\$ 925.48	\$ 884.65	\$ 843.81	\$ 802.98	\$ 762.14	\$ 966.32	\$ 900.98	\$ 835.65	\$ 770.31	\$ 704.97

ROSEVILLE CITY SCHOOL DISTRICT
2017-2018 RATES for 11 Month Percentage
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	\$ 348.86	\$ 308.03	\$ 267.19	\$ 226.36	\$ 185.52	\$ 144.69	\$ 348.86	\$ 283.53	\$ 218.19	\$ 152.85	\$ 87.52
HDM	Emp + Sp	\$ 919.41	\$ 878.57	\$ 837.74	\$ 796.90	\$ 756.07	\$ 715.23	\$ 919.41	\$ 854.07	\$ 788.74	\$ 723.40	\$ 658.06
\$1,500/	Emp + Child	\$ 646.68	\$ 605.85	\$ 565.01	\$ 524.18	\$ 483.34	\$ 442.51	\$ 646.68	\$ 581.35	\$ 516.01	\$ 450.67	\$ 385.34
\$3,000	Family	\$ 1,119.05	\$ 1,078.21	\$ 1,037.38	\$ 996.54	\$ 955.70	\$ 914.87	\$ 1,119.05	\$ 1,053.71	\$ 988.37	\$ 923.04	\$ 857.70
Kaiser	Emp only	\$ 335.77	\$ 294.94	\$ 254.10	\$ 213.27	\$ 172.43	\$ 131.60	\$ 335.77	\$ 270.44	\$ 205.10	\$ 139.76	\$ 74.43
\$2,000/	Emp + Sp	\$ 893.23	\$ 852.39	\$ 811.56	\$ 770.72	\$ 729.89	\$ 689.05	\$ 893.23	\$ 827.89	\$ 762.55	\$ 697.22	\$ 631.88
\$4,000	Emp + Child	\$ 627.05	\$ 586.21	\$ 545.38	\$ 504.54	\$ 463.70	\$ 422.87	\$ 627.05	\$ 561.71	\$ 496.37	\$ 431.04	\$ 365.70
	Family	\$ 1,088.50	\$ 1,047.66	\$ 1,006.83	\$ 965.99	\$ 925.16	\$ 884.32	\$ 1,088.50	\$ 1,023.16	\$ 957.83	\$ 892.49	\$ 827.15

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