ROSEVILLE CITY SCHOOL DISTRICT

2017-2018 RATES for 11 Month Percentage

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

		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	$ 545.12	$ 504.28	$ 463.45	$ 422.61	$ 381.78	$ 340.94	$ 545.12	$ 479.78	$ 414.45	$ 349.11	$ 283.77
HMO	Emp + Sp	$ 1,302.21	$ 1,261.37	$ 1,220.54	$ 1,179.70	$ 1,138.87	$ 1,098.03	$ 1,302.21	$ 1,236.87	$ 1,171.54	$ 1,106.20	$ 1,040.86
	Emp + Child	$ 937.85	$ 897.01	$ 856.18	$ 815.34	$ 774.50	$ 733.67	$ 937.85	$ 872.51	$ 807.17	$ 741.84	$ 676.50
	Family	$ 1,566.21	$ 1,525.37	$ 1,484.54	$ 1,443.70	$ 1,402.87	$ 1,362.03	$ 1,566.21	$ 1,500.87	$ 1,435.54	$ 1,370.20	$ 1,304.86
SHP	Emp only	$ 593.12	$ 552.28	$ 511.45	$ 470.61	$ 429.78	$ 388.94	$ 593.12	$ 527.78	$ 462.45	$ 397.11	$ 331.77
HMO	Emp + Sp	$ 1,398.21	$ 1,357.37	$ 1,316.54	$ 1,275.70	$ 1,234.87	$ 1,194.03	$ 1,398.21	$ 1,332.87	$ 1,267.54	$ 1,202.20	$ 1,136.86
	Emp + Child	$ 1,010.94	$ 970.10	$ 929.27	$ 888.43	$ 847.60	$ 806.76	$ 1,010.94	$ 945.60	$ 880.26	$ 814.93	$ 749.59
	Family	$ 1,678.57	$ 1,637.74	$ 1,596.90	$ 1,556.07	$ 1,515.23	$ 1,474.40	$ 1,678.57	$ 1,613.24	$ 1,547.90	$ 1,482.56	$ 1,417.23
Kaiser	Emp only	$ 625.95	$ 585.12	$ 544.28	$ 503.45	$ 462.61	$ 421.78	$ 625.95	$ 560.62	$ 495.28	$ 429.95	$ 364.61
20/10	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
HMO	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	Emp only	$ 271.30	$ 230.46	$ 189.63	$ 148.79	$ 107.96	$ 67.12	$ 271.30	$ 205.96	$ 140.63	$ 75.29	$ 9.95
HD	Emp + Sp	$ 754.57	$ 713.74	$ 672.90	$ 632.07	$ 591.23	$ 550.40	$ 754.57	$ 689.24	$ 623.90	$ 558.56	$ 493.23
$2,800/	Emp + Child	$ 522.21	$ 481.37	$ 440.54	$ 399.70	$ 358.87	$ 318.03	$ 522.21	$ 456.87	$ 391.54	$ 326.20	$ 260.86
$5,600	Family	$ 917.12	$ 876.28	$ 835.45	$ 794.61	$ 753.78	$ 712.94	$ 917.12	$ 851.78	$ 786.45	$ 721.11	$ 655.77
WHA	Emp only	$ 360.75	$ 319.92	$ 279.08	$ 238.25	$ 197.41	$ 156.58	$ 360.75	$ 295.42	$ 230.08	$ 164.75	$ 99.41
HDM	Emp + Sp	$ 933.48	$ 892.65	$ 851.81	$ 810.98	$ 770.14	$ 729.31	$ 933.48	$ 868.15	$ 802.81	$ 737.47	$ 672.14
$1,800/	Emp + Child	$ 657.48	$ 616.65	$ 575.81	$ 534.98	$ 494.14	$ 453.31	$ 657.48	$ 592.15	$ 526.81	$ 461.47	$ 396.14
$3,600	Family	$ 1,126.57	$ 1,085.74	$ 1,044.90	$ 1,004.07	$ 963.23	$ 922.40	$ 1,126.57	$ 1,061.24	$ 995.90	$ 930.56	$ 865.23
SHP	Emp only	$ 293.12	$ 252.28	$ 211.45	$ 170.61	$ 129.78	$ 88.94	$ 293.12	$ 227.78	$ 162.45	$ 97.11	$ 31.77
HD	Emp + Sp	$ 798.21	$ 757.37	$ 716.54	$ 675.70	$ 634.87	$ 594.03	$ 798.21	$ 732.87	$ 667.54	$ 602.20	$ 536.86
$2,500/	Emp + Child	$ 557.12	$ 516.28	$ 475.45	$ 434.61	$ 393.78	$ 352.94	$ 557.12	$ 491.78	$ 426.45	$ 361.11	$ 295.77
$5,000	Family	$ 976.03	$ 935.19	$ 894.36	$ 853.52	$ 812.69	$ 771.85	$ 976.03	$ 910.69	$ 845.35	$ 780.02	$ 714.68

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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	$ 358.57	$ 317.74	$ 276.90	$ 236.07	$ 195.23	$ 154.40	$ 358.57	$ 293.24	$ 227.90	$ 162.56	$ 97.23
HDM	Emp + Sp	$ 929.12	$ 888.28	$ 847.45	$ 806.61	$ 765.78	$ 724.94	$ 929.12	$ 863.78	$ 798.45	$ 733.11	$ 667.77
$1,500/	Emp + Child	$ 656.39	$ 615.56	$ 574.72	$ 533.89	$ 493.05	$ 452.21	$ 656.39	$ 591.05	$ 525.72	$ 460.38	$ 395.05
$3,000	Family	$ 1,128.75	$ 1,087.92	$ 1,047.08	$ 1,006.25	$ 965.41	$ 924.58	$ 1,128.75	$ 1,063.42	$ 998.08	$ 932.75	$ 867.41
Kaiser	Emp only	$ 345.48	$ 304.65	$ 263.81	$ 222.98	$ 182.14	$ 141.31	$ 345.48	$ 280.15	$ 214.81	$ 149.47	$ 84.14
$2,000/	Emp + Sp	$ 902.94	$ 862.10	$ 821.27	$ 780.43	$ 739.60	$ 698.76	$ 902.94	$ 837.60	$ 772.26	$ 706.93	$ 641.59
$4,000	Emp + Child	$ 636.75	$ 595.92	$ 555.08	$ 514.25	$ 473.41	$ 432.58	$ 636.75	$ 571.42	$ 506.08	$ 440.75	$ 375.41
	Family	$ 1,098.21	$ 1,057.37	$ 1,016.54	$ 975.70	$ 934.87	$ 894.03	$ 1,098.21	$ 1,032.87	$ 967.54	$ 902.20	$ 836.86

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	

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