

ROSEVILLE CITY SCHOOL DISTRICT
2022-2023 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

Classified Employee							
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
WHA HMO	Emp only	\$ 592.88	\$ 548.21	\$ 503.53	\$ 458.85	\$ 414.18	\$ 369.50
	Emp + Sp	\$ 1,421.97	\$ 1,377.30	\$ 1,332.62	\$ 1,287.94	\$ 1,243.27	\$ 1,198.59
	Emp + Child	\$ 1,023.79	\$ 979.11	\$ 934.44	\$ 889.76	\$ 845.09	\$ 800.41
	Family	\$ 1,712.15	\$ 1,667.48	\$ 1,622.80	\$ 1,578.13	\$ 1,533.45	\$ 1,488.77
SHP HMO	Emp only	\$ 735.79	\$ 691.11	\$ 646.44	\$ 601.76	\$ 557.09	\$ 512.41
	Emp + Sp	\$ 1,708.88	\$ 1,664.21	\$ 1,619.53	\$ 1,574.85	\$ 1,530.18	\$ 1,485.50
	Emp + Child	\$ 1,241.97	\$ 1,197.30	\$ 1,152.62	\$ 1,107.94	\$ 1,063.27	\$ 1,018.59
	Family	\$ 2,050.34	\$ 2,005.66	\$ 1,960.98	\$ 1,916.31	\$ 1,871.63	\$ 1,826.96
Kaiser 25/10 HMO	Emp only	\$ 724.77	\$ 680.10	\$ 635.42	\$ 590.74	\$ 546.07	\$ 501.39
	Emp + Sp	\$ 1,696.77	\$ 1,652.10	\$ 1,607.42	\$ 1,562.74	\$ 1,518.07	\$ 1,473.39
	Emp + Child	\$ 1,229.86	\$ 1,185.19	\$ 1,140.51	\$ 1,095.84	\$ 1,051.16	\$ 1,006.48
	Family	\$ 2,037.14	\$ 1,992.46	\$ 1,947.78	\$ 1,903.11	\$ 1,858.43	\$ 1,813.76
High Deductible							
WHA HD \$2,800/ \$5,600	Emp only	\$ 296.15	\$ 251.48	\$ 206.80	\$ 162.13	\$ 117.45	\$ 72.77
	Emp + Sp	\$ 826.34	\$ 781.66	\$ 736.98	\$ 692.31	\$ 647.63	\$ 602.96
	Emp + Child	\$ 568.88	\$ 524.21	\$ 479.53	\$ 434.85	\$ 390.18	\$ 345.50
	Family	\$ 1,003.06	\$ 958.39	\$ 913.71	\$ 869.04	\$ 824.36	\$ 779.68
WHA HDM \$1,800/ \$3,600	Emp only	\$ 391.06	\$ 346.39	\$ 301.71	\$ 257.04	\$ 212.36	\$ 167.68
	Emp + Sp	\$ 1,016.15	\$ 971.48	\$ 926.80	\$ 882.13	\$ 837.45	\$ 792.77
	Emp + Child	\$ 712.88	\$ 668.21	\$ 623.53	\$ 578.85	\$ 534.18	\$ 489.50
	Family	\$ 1,226.70	\$ 1,182.02	\$ 1,137.35	\$ 1,092.67	\$ 1,048.00	\$ 1,003.32
SHP HD \$2,500/ \$5,000	Emp only	\$ 290.34	\$ 245.66	\$ 200.98	\$ 156.31	\$ 111.63	\$ 66.96
	Emp + Sp	\$ 995.43	\$ 950.75	\$ 906.08	\$ 861.40	\$ 816.72	\$ 772.05
	Emp + Child	\$ 699.79	\$ 655.11	\$ 610.44	\$ 565.76	\$ 521.09	\$ 476.41
	Family	\$ 1,209.25	\$ 1,164.57	\$ 1,119.89	\$ 1,075.22	\$ 1,030.54	\$ 985.86

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Classified Employee							
Plan	Tier	4 hrs	4.5 hrs	5 hrs	5.5 hrs	6 hrs	6.5 hrs
SHP	Emp only	\$ 460.88	\$ 416.21	\$ 371.53	\$ 326.85	\$ 282.18	\$ 237.50
HDM	Emp + Sp	\$ 1,153.61	\$ 1,108.93	\$ 1,064.26	\$ 1,019.58	\$ 974.90	\$ 930.23
\$1,500/ \$3,000	Emp + Child	\$ 819.79	\$ 775.11	\$ 730.44	\$ 685.76	\$ 641.09	\$ 596.41
	Family	\$ 1,395.79	\$ 1,351.11	\$ 1,306.44	\$ 1,261.76	\$ 1,217.09	\$ 1,172.41
Kaiser	Emp only	\$ 436.88	\$ 392.21	\$ 347.53	\$ 302.85	\$ 258.18	\$ 213.50
\$2,000/ \$4,000	Emp + Sp	\$ 1,107.79	\$ 1,063.11	\$ 1,018.44	\$ 973.76	\$ 929.09	\$ 884.41
	Emp + Child	\$ 785.97	\$ 741.30	\$ 696.62	\$ 651.94	\$ 607.27	\$ 562.59
	Family	\$ 1,342.34	\$ 1,297.66	\$ 1,252.98	\$ 1,208.31	\$ 1,163.63	\$ 1,118.96

District Paid Premiums

Annual Health Insurance Cap - CSEA
 Annual SIG Waive Fee
 SIG Hartford Life Insurance
 The Standard Income Protection (Disability Insurance)

Eligibility

enrolled in a health plan
 full time employee waiving health benefits
 enrolled in a health plan
 working: CE-40%+ ; CL-15hr/wk+

CSEA Value

\$7,863.00 %prorated
 \$3,600.00
 1x's annual salary
 75% of income

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