

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

Management / Confidential Employee

Plan	Tier	50%	60%	70%	80%	90%
WHA HMO	Emp only	\$ 486.47	\$ 393.71	\$ 300.95	\$ 208.18	\$ 115.42
	Emp + Sp	\$ 1,315.56	\$ 1,222.80	\$ 1,130.04	\$ 1,037.27	\$ 944.51
	Emp + Child	\$ 917.38	\$ 824.62	\$ 731.85	\$ 639.09	\$ 546.33
	Family	\$ 1,605.75	\$ 1,512.98	\$ 1,420.22	\$ 1,327.45	\$ 1,234.69
SHP HMO	Emp only	\$ 629.38	\$ 536.62	\$ 443.85	\$ 351.09	\$ 258.33
	Emp + Sp	\$ 1,602.47	\$ 1,509.71	\$ 1,416.95	\$ 1,324.18	\$ 1,231.42
	Emp + Child	\$ 1,135.56	\$ 1,042.80	\$ 950.04	\$ 857.27	\$ 764.51
	Family	\$ 1,943.93	\$ 1,851.16	\$ 1,758.40	\$ 1,665.64	\$ 1,572.87
Kaiser 25/10 HMO	Emp only	\$ 618.36	\$ 525.60	\$ 432.84	\$ 340.07	\$ 247.31
	Emp + Sp	\$ 1,590.36	\$ 1,497.60	\$ 1,404.84	\$ 1,312.07	\$ 1,219.31
	Emp + Child	\$ 1,123.45	\$ 1,030.69	\$ 937.93	\$ 845.16	\$ 752.40
	Family	\$ 1,930.73	\$ 1,837.96	\$ 1,745.20	\$ 1,652.44	\$ 1,559.67

High Deductible

WHA HD \$2,800/ \$5,600	Emp only	\$ 189.75	\$ 96.98	\$ 4.22	\$ -	\$ -
	Emp + Sp	\$ 719.93	\$ 627.16	\$ 534.40	\$ 441.64	\$ 348.87
	Emp + Child	\$ 462.47	\$ 369.71	\$ 276.95	\$ 184.18	\$ 91.42
	Family	\$ 896.65	\$ 803.89	\$ 711.13	\$ 618.36	\$ 525.60
WHA HDM \$1,800/ \$3,600	Emp only	\$ 284.65	\$ 191.89	\$ 99.13	\$ 6.36	\$ -
	Emp + Sp	\$ 909.75	\$ 816.98	\$ 724.22	\$ 631.45	\$ 538.69
	Emp + Child	\$ 606.47	\$ 513.71	\$ 420.95	\$ 328.18	\$ 235.42
	Family	\$ 1,120.29	\$ 1,027.53	\$ 934.76	\$ 842.00	\$ 749.24
SHP HD \$2,500/ \$5,000	Emp only	\$ 183.93	\$ 91.16	\$ -	\$ -	\$ -
	Emp + Sp	\$ 889.02	\$ 796.25	\$ 703.49	\$ 610.73	\$ 517.96
	Emp + Child	\$ 593.38	\$ 500.62	\$ 407.85	\$ 315.09	\$ 222.33
	Family	\$ 1,102.84	\$ 1,010.07	\$ 917.31	\$ 824.55	\$ 731.78

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Plan	Tier	50%	60%	70%	80%	90%
SHP	Emp only	\$ 354.47	\$ 261.71	\$ 168.95	\$ 76.18	\$ -
HDM	Emp + Sp	\$ 1,047.20	\$ 954.44	\$ 861.67	\$ 768.91	\$ 676.15
\$1,500/ \$3,000	Emp + Child	\$ 713.38	\$ 620.62	\$ 527.85	\$ 435.09	\$ 342.33
	Family	\$ 1,289.38	\$ 1,196.62	\$ 1,103.85	\$ 1,011.09	\$ 918.33
Kaiser	Emp only	\$ 330.47	\$ 237.71	\$ 144.95	\$ 52.18	\$ -
\$2,000/ \$4,000	Emp + Sp	\$ 1,001.38	\$ 908.62	\$ 815.85	\$ 723.09	\$ 630.33
	Emp + Child	\$ 679.56	\$ 586.80	\$ 494.04	\$ 401.27	\$ 308.51
	Family	\$ 1,235.93	\$ 1,143.16	\$ 1,050.40	\$ 957.64	\$ 864.87

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>MGT/CNF Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$10,204.00 %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:
50% or more**