

ROSEVILLE CITY SCHOOL DISTRICT
2022-2023 RATES for Percentage Employees
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

Management / Confidential Employee

Plan	Tier	50%	60%	70%	80%	90%
WHA	Emp only	\$ 476.55	\$ 383.78	\$ 291.02	\$ 198.25	\$ 105.49
	HMO					
	Emp + Sp	\$ 1,305.64	\$ 1,212.87	\$ 1,120.11	\$ 1,027.35	\$ 934.58
	Emp + Child	\$ 907.45	\$ 814.69	\$ 721.93	\$ 629.16	\$ 536.40
	Family	\$ 1,595.82	\$ 1,503.05	\$ 1,410.29	\$ 1,317.53	\$ 1,224.76
SHP	Emp only	\$ 619.45	\$ 526.69	\$ 433.93	\$ 341.16	\$ 248.40
	HMO					
	Emp + Sp	\$ 1,592.55	\$ 1,499.78	\$ 1,407.02	\$ 1,314.25	\$ 1,221.49
	Emp + Child	\$ 1,125.64	\$ 1,032.87	\$ 940.11	\$ 847.35	\$ 754.58
	Family	\$ 1,934.00	\$ 1,841.24	\$ 1,748.47	\$ 1,655.71	\$ 1,562.95
Kaiser	Emp only	\$ 618.36	\$ 525.60	\$ 432.84	\$ 340.07	\$ 247.31
	25/10					
	Emp + Sp	\$ 1,590.36	\$ 1,497.60	\$ 1,404.84	\$ 1,312.07	\$ 1,219.31
	HMO					
	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	Emp only	\$ 179.82	\$ 87.05	\$ -	\$ -	\$ -
HD	Emp + Sp	\$ 710.00	\$ 617.24	\$ 524.47	\$ 431.71	\$ 338.95
\$2,800/ \$5,600	Emp + Child	\$ 452.55	\$ 359.78	\$ 267.02	\$ 174.25	\$ 81.49
	Family	\$ 886.73	\$ 793.96	\$ 701.20	\$ 608.44	\$ 515.67
WHA	Emp only	\$ 274.73	\$ 181.96	\$ 89.20	\$ -	\$ -
	HDM					
	Emp + Sp	\$ 899.82	\$ 807.05	\$ 714.29	\$ 621.53	\$ 528.76
\$1,800/ \$3,600	Emp + Child	\$ 596.55	\$ 503.78	\$ 411.02	\$ 318.25	\$ 225.49
	Family	\$ 1,110.36	\$ 1,017.60	\$ 924.84	\$ 832.07	\$ 739.31
SHP	Emp only	\$ 264.91	\$ 172.15	\$ 79.38	\$ -	\$ -
	HD					
	Emp + Sp	\$ 879.09	\$ 786.33	\$ 693.56	\$ 600.80	\$ 508.04
\$2,500/ \$5,000	Emp + Child	\$ 583.45	\$ 490.69	\$ 397.93	\$ 305.16	\$ 212.40
	Family	\$ 1,092.91	\$ 1,000.15	\$ 907.38	\$ 814.62	\$ 721.85

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Plan	Tier	50%	60%	70%	80%	90%
WHA	Emp only	\$ 476.55	\$ 383.78	\$ 291.02	\$ 198.25	\$ 105.49
SHP	Emp only	\$ 344.55	\$ 251.78	\$ 159.02	\$ 66.25	\$ -
HDM	Emp + Sp	\$ 1,037.27	\$ 944.51	\$ 851.75	\$ 758.98	\$ 666.22
\$1,500/	Emp + Child	\$ 669.64	\$ 576.87	\$ 484.11	\$ 391.35	\$ 298.58
\$3,000	Family	\$ 1,226.00	\$ 1,133.24	\$ 1,040.47	\$ 947.71	\$ 854.95
Kaiser	Emp only	\$ 320.55	\$ 227.78	\$ 135.02	\$ 42.25	\$ -
\$2,000/	Emp + Sp	\$ 991.45	\$ 898.69	\$ 805.93	\$ 713.16	\$ 620.40
\$4,000	Emp + Child	\$ 669.64	\$ 576.87	\$ 484.11	\$ 391.35	\$ 298.58
	Family	\$ 1,226.00	\$ 1,133.24	\$ 1,040.47	\$ 947.71	\$ 854.95

District Paid Premiums	Eligibility	MGT/CNF Value
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**