

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

Certificated Employee

Plan	Tier	50%	60%	70%	80%	90%
WHA HMO	Emp only	\$ 536.91	\$ 456.22	\$ 375.53	\$ 294.84	\$ 214.15
	Emp + Sp	\$ 1,366.00	\$ 1,285.31	\$ 1,204.62	\$ 1,123.93	\$ 1,043.24
	Emp + Child	\$ 967.82	\$ 887.13	\$ 806.44	\$ 725.75	\$ 645.05
	Family	\$ 1,656.18	\$ 1,575.49	\$ 1,494.80	\$ 1,414.11	\$ 1,333.42
SHP HMO	Emp only	\$ 679.82	\$ 599.13	\$ 518.44	\$ 437.75	\$ 357.05
	Emp + Sp	\$ 1,652.91	\$ 1,572.22	\$ 1,491.53	\$ 1,410.84	\$ 1,330.15
	Emp + Child	\$ 1,186.00	\$ 1,105.31	\$ 1,024.62	\$ 943.93	\$ 863.24
	Family	\$ 1,994.36	\$ 1,913.67	\$ 1,832.98	\$ 1,752.29	\$ 1,671.60
Kaiser 25/10 HMO	Emp only	\$ 678.73	\$ 598.04	\$ 517.35	\$ 436.65	\$ 355.96
	Emp + Sp	\$ 1,650.73	\$ 1,570.04	\$ 1,489.35	\$ 1,408.65	\$ 1,327.96
	Emp + Child	\$ 1,183.82	\$ 1,103.13	\$ 1,022.44	\$ 941.75	\$ 861.05
	Family	\$ 1,991.09	\$ 1,910.40	\$ 1,829.71	\$ 1,749.02	\$ 1,668.33

High Deductible

WHA HD \$2,800/ \$5,600	Emp only	\$ 240.18	\$ 159.49	\$ 78.80	\$ -	\$ -
	Emp + Sp	\$ 770.36	\$ 689.67	\$ 608.98	\$ 528.29	\$ 447.60
	Emp + Child	\$ 512.91	\$ 432.22	\$ 351.53	\$ 270.84	\$ 190.15
	Family	\$ 947.09	\$ 866.40	\$ 785.71	\$ 705.02	\$ 624.33
WHA HDM \$1,800/ \$3,600	Emp only	\$ 335.09	\$ 254.40	\$ 173.71	\$ 93.02	\$ 12.33
	Emp + Sp	\$ 960.18	\$ 879.49	\$ 798.80	\$ 718.11	\$ 637.42
	Emp + Child	\$ 656.91	\$ 576.22	\$ 495.53	\$ 414.84	\$ 334.15
	Family	\$ 1,170.73	\$ 1,090.04	\$ 1,009.35	\$ 928.65	\$ 847.96
SHP HD \$2,500/ \$5,000	Emp only	\$ 325.27	\$ 244.58	\$ 163.89	\$ 83.20	\$ 2.51
	Emp + Sp	\$ 939.45	\$ 858.76	\$ 778.07	\$ 697.38	\$ 616.69
	Emp + Child	\$ 643.82	\$ 563.13	\$ 482.44	\$ 401.75	\$ 321.05
	Family	\$ 1,153.27	\$ 1,072.58	\$ 991.89	\$ 911.20	\$ 830.51

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WHA	Emp only	\$ 536.91	\$ 456.22	\$ 375.53	\$ 294.84	\$ 214.15
SHP	Emp only	\$ 404.91	\$ 324.22	\$ 243.53	\$ 162.84	\$ 82.15
HDM	Emp + Sp	\$ 1,097.64	\$ 1,016.95	\$ 936.25	\$ 855.56	\$ 774.87
\$1,500/	Emp + Child	\$ 730.00	\$ 649.31	\$ 568.62	\$ 487.93	\$ 407.24
\$3,000	Family	\$ 1,286.36	\$ 1,205.67	\$ 1,124.98	\$ 1,044.29	\$ 963.60
Kaiser	Emp only	\$ 380.91	\$ 300.22	\$ 219.53	\$ 138.84	\$ 58.15
\$2,000/	Emp + Sp	\$ 1,051.82	\$ 971.13	\$ 890.44	\$ 809.75	\$ 729.05
\$4,000	Emp + Child	\$ 730.00	\$ 649.31	\$ 568.62	\$ 487.93	\$ 407.24
	Family	\$ 1,286.36	\$ 1,205.67	\$ 1,124.98	\$ 1,044.29	\$ 963.60

District Paid Premiums	Eligibility	RTA Value
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00 %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