ROSEVILLE CITY SCHOOL DISTRICT

2022-2023 RATES for Percentage Employees

11 Pay (includes employees receiving summer savings)

Medical with Vision

In order to be eligible for vision you must be enrolled in a medical plan

Certificated Employee

Plan	Tier	50%	60%	70%	80%	90%
WHA	Emp only	\$ 436.64	\$ 355.95	\$ 275.25	\$ 194.56	\$ 113.87
HMO	Emp + Sp	\$1,265.75	\$1,185.05	\$1,104.36	\$1,023.67	\$ 942.98
	Emp + Child	\$ 867.56	\$ 786.87	\$ 706.18	\$ 625.49	\$ 544.80
	Family	\$ 1,555.93	\$1,475.24	\$1,394.55	\$1,313.85	\$ 1,233.16
SHP	Emp only	\$ 579.56	\$ 498.87	\$ 418.18	\$ 337.49	\$ 256.80
HMO	Emp + Sp	\$1,552.65	\$1,471.96	\$1,391.27	\$1,310.58	\$1,229.89
	Emp + Child	\$1,085.75	\$1,005.05	\$ 924.36	\$ 843.67	\$ 762.98
	Family	\$1,894.11	\$1,813.42	\$1,732.73	\$1,652.04	\$ 1,571.35
Kaiser	Emp only	\$ 568.55	\$ 487.85	\$ 407.16	\$ 326.47	\$ 245.78
25/10	Emp + Sp	\$ 1,540.55	\$1,459.85	\$1,379.16	\$1,298.47	\$1,217.78
HMO	Emp + Child	\$1,073.64	\$ 992.95	\$ 912.25	\$ 831.56	\$ 750.87
	Family	\$1,880.91	\$1,800.22	\$1,719.53	\$1,638.84	\$ 1,558.15

Hiak	Dod	uctible	
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WHA	Emp only	\$	139.93	\$ 59.24	\$ -	\$ -	\$ -
HD	Emp + Sp	\$	670.11	\$ 589.42	\$ 508.73	\$ 428.04	\$ 347.35
\$2,800/	Emp + Child	\$	412.65	\$ 331.96	\$ 251.27	\$ 170.58	\$ 89.89
\$5,600	Family	\$	846.84	\$ 766.15	\$ 685.45	\$ 604.76	\$ 524.07
WHA	Emp only	\$	234.84	\$ 154.15	\$ 73.45	\$ -	\$ -
HDM	Emp + Sp	\$	859.93	\$ 779.24	\$ 698.55	\$ 617.85	\$ 537.16
\$1,800/	Emp + Child	\$	556.65	\$ 475.96	\$ 395.27	\$ 314.58	\$ 233.89
\$3,600	Family	\$ 1	,070.47	\$ 989.78	\$ 909.09	\$ 828.40	\$ 747.71
SHP	Emp only	\$	225.02	\$ 144.33	\$ 63.64	\$ -	\$ -
HD	Emp + Sp	\$	839.20	\$ 758.51	\$ 677.82	\$ 597.13	\$ 516.44
\$2,500/	Emp + Child	\$	543.56	\$ 462.87	\$ 382.18	\$ 301.49	\$ 220.80
\$5,000	Family	\$ 1	,053.02	\$ 972.33	\$ 891.64	\$ 810.95	\$ 730.25

ROSEVILLE CITY SCHOOL DISTRICT

2022-2023 RATES for Percentage Employees

11 Pay (includes employees receiving summer savings)

Medical with Vision

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Certificated Employee

SHP	Emp only	\$	304.65	\$	223.96	\$	143.27	\$ 62.58	\$ -
HDM	Emp + Sp	\$	997.38	\$	916.69	\$	836.00	\$ 755.31	\$ 674.62
\$1,500/	Emp + Child	\$	663.56	\$	582.87	\$	502.18	\$ 421.49	\$ 340.80
\$3,000	Family	\$ 1	,239.56	\$ 1	,158.87	\$1	,078.18	\$ 997.49	\$ 916.80
Kaiser	Emp only	\$	280.65	\$	199.96	\$	119.27	\$ 38.58	\$ -
\$2,000/	Emp + Sp	\$	951.56	\$	870.87	\$	790.18	\$ 709.49	\$ 628.80
\$4,000	Emp + Child	\$	629.75	\$	549.05	\$	468.36	\$ 387.67	\$ 306.98
	Family	\$1	,186.11	\$ 1	,105.42	\$ 1	,024.73	\$ 944.04	\$ 863.35

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