

ROCKLIN UNIFIED SCHOOL DISTRICT

SIG - Schools Insurance Group Rates for August 1, 2022 to June 30, 2023

CSEA, NON-REPRESENTED and CONFIDENTIAL

OUT OF AREA

\$672 Cap per month for full-time employees. Part-time employees (50% or more) receive a cap in proportion to their contract percentage. Please review plan summaries before selecting a medical plan.

Plan	Coverage Level	Medical	Dental Comp	Vision Comp	TOTAL	Employee Cost/Month			
						M/D/V	M/D	M/V	M
Blue Shield of CA TRIO HMO 15	Employee only	\$1,009.00	\$125.75	\$22.70	\$1,157.45	\$485.45	\$462.75	\$359.70	\$337.00
	EE + Spouse	\$2,018.00	\$125.75	\$22.70	\$2,166.45	\$1,494.45	\$1,471.75	\$1,368.70	\$1,346.00
	EE + Children	\$1,544.00	\$125.75	\$22.70	\$1,692.45	\$1,020.45	\$997.75	\$894.70	\$872.00
	EE + Family	\$2,371.00	\$125.75	\$22.70	\$2,519.45	\$1,847.45	\$1,824.75	\$1,721.70	\$1,699.00
Blue Shield of CA PPO Savings w/HSA (\$2700/\$2800/\$5200)	Employee only	\$792.00	\$125.75	\$22.70	\$940.45	\$268.45	\$245.75	\$142.70	\$120.00
	EE + Spouse	\$1,583.00	\$125.75	\$22.70	\$1,731.45	\$1,059.45	\$1,036.75	\$933.70	\$911.00
	EE + Children	\$1,211.00	\$125.75	\$22.70	\$1,359.45	\$687.45	\$664.75	\$561.70	\$539.00
	EE + Family	\$1,860.00	\$125.75	\$22.70	\$2,008.45	\$1,336.45	\$1,313.75	\$1,210.70	\$1,188.00
Blue Shield of CA PPO Savings w/HSA (\$4000/\$4000/\$8000)	Employee only	\$726.00	\$125.75	\$22.70	\$874.45	\$202.45	\$179.75	\$76.70	\$54.00
	EE + Spouse	\$1,453.00	\$125.75	\$22.70	\$1,601.45	\$929.45	\$906.75	\$803.70	\$781.00
	EE + Children	\$1,110.00	\$125.75	\$22.70	\$1,258.45	\$586.45	\$563.75	\$460.70	\$438.00
	EE + Family	\$1,703.00	\$125.75	\$22.70	\$1,851.45	\$1,179.45	\$1,156.75	\$1,053.70	\$1,031.00

If "Employee Cost/Month" column is a negative amount, this is the amount that RUSD will contribute to the employees HSA account if eligible, up to the maximum annual IRS contribution limit