

**ROCKLIN UNIFIED SCHOOL DISTRICT**  
**SIG - Schools Insurance Group Rates for August 1, 2022 to June 30, 2023**  
**CSEA, NON-REPRESENTED, and CONFIDENTIAL**

\$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
<b>Kaiser Plan W/Chiro</b> (\$25 co-pay)	Employee only	\$882.00	\$125.75	\$22.70	\$1,030.45	\$358.45	\$335.75	\$232.70	\$210.00
	EE + Spouse	\$1,764.00	\$125.75	\$22.70	\$1,912.45	\$1,240.45	\$1,217.75	\$1,114.70	\$1,092.00
	EE + Children	\$1,341.00	\$125.75	\$22.70	\$1,489.45	\$817.45	\$794.75	\$691.70	\$669.00
	EE + Family	\$2,073.00	\$125.75	\$22.70	\$2,221.45	\$1,549.45	\$1,526.75	\$1,423.70	\$1,401.00
<b>Kaiser Plan High Deductible</b> With HSA (\$2000/\$2800/\$4000)	Employee only	\$618.00	\$125.75	\$22.70	\$766.45	\$94.45	\$71.75	(\$31.30)	(\$54.00)
	EE + Spouse	\$1,233.00	\$125.75	\$22.70	\$1,381.45	\$709.45	\$686.75	\$583.70	\$561.00
	EE + Children	\$938.00	\$125.75	\$22.70	\$1,086.45	\$414.45	\$391.75	\$288.70	\$266.00
	EE + Family	\$1,448.00	\$125.75	\$22.70	\$1,596.45	\$924.45	\$901.75	\$798.70	\$776.00
<b>Western Health Advantage</b> HMO 25 OV	Employee only	\$761.00	\$125.75	\$22.70	\$909.45	\$237.45	\$214.75	\$111.70	\$89.00
	EE + Spouse	\$1,521.00	\$125.75	\$22.70	\$1,669.45	\$997.45	\$974.75	\$871.70	\$849.00
	EE + Children	\$1,156.00	\$125.75	\$22.70	\$1,304.45	\$632.45	\$609.75	\$506.70	\$484.00
	EE + Family	\$1,787.00	\$125.75	\$22.70	\$1,935.45	\$1,263.45	\$1,240.75	\$1,137.70	\$1,115.00
<b>WHA High Deductible</b> With HSA (\$1800/\$2800/\$3600)	Employee only	\$576.00	\$125.75	\$22.70	\$724.45	\$52.45	\$29.75	(\$73.30)	(\$96.00)
	EE + Spouse	\$1,149.00	\$125.75	\$22.70	\$1,297.45	\$625.45	\$602.75	\$499.70	\$477.00
	EE + Children	\$871.00	\$125.75	\$22.70	\$1,019.45	\$347.45	\$324.75	\$221.70	\$199.00
	EE + Family	\$1,342.00	\$125.75	\$22.70	\$1,490.45	\$818.45	\$795.75	\$692.70	\$670.00
<b>WHA High Deductible</b> With HSA (\$2800/\$2800/\$5600)	Employee only	\$489.00	\$125.75	\$22.70	\$637.45	(\$34.55)	(\$57.25)	(\$160.30)	(\$183.00)
	EE + Spouse	\$975.00	\$125.75	\$22.70	\$1,123.45	\$451.45	\$428.75	\$325.70	\$303.00
	EE + Children	\$739.00	\$125.75	\$22.70	\$887.45	\$215.45	\$192.75	\$89.70	\$67.00
	EE + Family	\$1,137.00	\$125.75	\$22.70	\$1,285.45	\$613.45	\$590.75	\$487.70	\$465.00
<b>Sutter Health Plus</b> HMO 25 OV	Employee only	\$892.00	\$125.75	\$22.70	\$1,040.45	\$368.45	\$345.75	\$242.70	\$220.00
	EE + Spouse	\$1,784.00	\$125.75	\$22.70	\$1,932.45	\$1,260.45	\$1,237.75	\$1,134.70	\$1,112.00
	EE + Children	\$1,356.00	\$125.75	\$22.70	\$1,504.45	\$832.45	\$809.75	\$706.70	\$684.00
	EE + Family	\$2,097.00	\$125.75	\$22.70	\$2,245.45	\$1,573.45	\$1,550.75	\$1,447.70	\$1,425.00
<b>SHP High Deductible</b> With HSA (\$1500/\$2800/\$3000)	Employee only	\$640.00	\$125.75	\$22.70	\$788.45	\$116.45	\$93.75	(\$9.30)	(\$32.00)
	EE + Spouse	\$1,275.00	\$125.75	\$22.70	\$1,423.45	\$751.45	\$728.75	\$625.70	\$603.00
	EE + Children	\$969.00	\$125.75	\$22.70	\$1,117.45	\$445.45	\$422.75	\$319.70	\$297.00
	EE + Family	\$1,497.00	\$125.75	\$22.70	\$1,645.45	\$973.45	\$950.75	\$847.70	\$825.00
<b>SHP High Deductible</b> With HSA (\$2500/\$2800/\$5000)	Employee only	\$567.00	\$125.75	\$22.70	\$715.45	\$43.45	\$20.75	(\$82.30)	(\$105.00)
	EE + Spouse	\$1,130.00	\$125.75	\$22.70	\$1,278.45	\$606.45	\$583.75	\$480.70	\$458.00
	EE + Children	\$859.00	\$125.75	\$22.70	\$1,007.45	\$335.45	\$312.75	\$209.70	\$187.00
	EE + Family	\$1,326.00	\$125.75	\$22.70	\$1,474.45	\$802.45	\$779.75	\$676.70	\$654.00

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