

ROCKLIN UNIFIED SCHOOL DISTRICT
SIG - Schools Insurance Group Rates for August 1, 2022 to June 30, 2023
RAPA/Superintendents

\$702 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
Kaiser Plan W/Chiro (\$25 co-pay)	Employee only	\$882.00	\$125.75	\$22.70	\$1,030.45	\$328.45	\$305.75	\$202.70	\$180.00
	EE + Spouse	\$1,764.00	\$125.75	\$22.70	\$1,912.45	\$1,210.45	\$1,187.75	\$1,084.70	\$1,062.00
	EE + Children	\$1,341.00	\$125.75	\$22.70	\$1,489.45	\$787.45	\$764.75	\$661.70	\$639.00
	EE + Family	\$2,073.00	\$125.75	\$22.70	\$2,221.45	\$1,519.45	\$1,496.75	\$1,393.70	\$1,371.00
Kaiser Plan High Deductible With HSA (\$2000/\$2800/\$4000)	Employee only	\$618.00	\$125.75	\$22.70	\$766.45	\$64.45	\$41.75	(\$61.30)	(\$84.00)
	EE + Spouse	\$1,233.00	\$125.75	\$22.70	\$1,381.45	\$679.45	\$656.75	\$553.70	\$531.00
	EE + Children	\$938.00	\$125.75	\$22.70	\$1,086.45	\$384.45	\$361.75	\$258.70	\$236.00
	EE + Family	\$1,448.00	\$125.75	\$22.70	\$1,596.45	\$894.45	\$871.75	\$768.70	\$746.00
Western Health Advantage HMO 25 OV	Employee only	\$761.00	\$125.75	\$22.70	\$909.45	\$207.45	\$184.75	\$81.70	\$0.00
	EE + Spouse	\$1,521.00	\$125.75	\$22.70	\$1,669.45	\$967.45	\$944.75	\$841.70	\$819.00
	EE + Children	\$1,156.00	\$125.75	\$22.70	\$1,304.45	\$602.45	\$579.75	\$476.70	\$454.00
	EE + Family	\$1,787.00	\$125.75	\$22.70	\$1,935.45	\$1,233.45	\$1,210.75	\$1,107.70	\$1,085.00
WHA High Deductible With HSA (\$1800/\$2800/\$3600)	Employee only	\$576.00	\$125.75	\$22.70	\$724.45	\$22.45	(\$0.25)	(\$103.30)	(\$126.00)
	EE + Spouse	\$1,149.00	\$125.75	\$22.70	\$1,297.45	\$595.45	\$572.75	\$469.70	\$447.00
	EE + Children	\$871.00	\$125.75	\$22.70	\$1,019.45	\$317.45	\$294.75	\$191.70	\$169.00
	EE + Family	\$1,342.00	\$125.75	\$22.70	\$1,490.45	\$788.45	\$765.75	\$662.70	\$640.00
WHA High Deductible With HSA (\$2800/\$2800/\$5600)	Employee only	\$489.00	\$125.75	\$22.70	\$637.45	(\$64.55)	(\$87.25)	(\$190.30)	(\$213.00)
	EE + Spouse	\$975.00	\$125.75	\$22.70	\$1,123.45	\$421.45	\$398.75	\$295.70	\$273.00
	EE + Children	\$739.00	\$125.75	\$22.70	\$887.45	\$185.45	\$162.75	\$59.70	\$37.00
	EE + Family	\$1,137.00	\$125.75	\$22.70	\$1,285.45	\$583.45	\$560.75	\$457.70	\$435.00
Sutter Health Plus HMO 25 OV	Employee only	\$892.00	\$125.75	\$22.70	\$1,040.45	\$338.45	\$315.75	\$212.70	\$190.00
	EE + Spouse	\$1,784.00	\$125.75	\$22.70	\$1,932.45	\$1,230.45	\$1,207.75	\$1,104.70	\$1,082.00
	EE + Children	\$1,356.00	\$125.75	\$22.70	\$1,504.45	\$802.45	\$779.75	\$676.70	\$654.00
	EE + Family	\$2,097.00	\$125.75	\$22.70	\$2,245.45	\$1,543.45	\$1,520.75	\$1,417.70	\$1,395.00
SHP High Deductible With HSA (\$1500/\$2800/\$3000)	Employee only	\$640.00	\$125.75	\$22.70	\$788.45	\$86.45	\$63.75	(\$39.30)	(\$62.00)
	EE + Spouse	\$1,275.00	\$125.75	\$22.70	\$1,423.45	\$721.45	\$698.75	\$595.70	\$573.00
	EE + Children	\$969.00	\$125.75	\$22.70	\$1,117.45	\$415.45	\$392.75	\$289.70	\$267.00
	EE + Family	\$1,497.00	\$125.75	\$22.70	\$1,645.45	\$943.45	\$920.75	\$817.70	\$795.00
SHP High Deductible With HSA (\$2500/\$2800/\$5000)	Employee only	\$567.00	\$125.75	\$22.70	\$715.45	\$13.45	(\$9.25)	(\$112.30)	(\$135.00)
	EE + Spouse	\$1,130.00	\$125.75	\$22.70	\$1,278.45	\$576.45	\$553.75	\$450.70	\$428.00
	EE + Children	\$859.00	\$125.75	\$22.70	\$1,007.45	\$305.45	\$282.75	\$179.70	\$157.00
	EE + Family	\$1,326.00	\$125.75	\$22.70	\$1,474.45	\$772.45	\$749.75	\$646.70	\$624.00

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