ROCKLIN UNIFIED SCHOOL DISTRICT

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

\$900 Cap per month for full-time employees. Employee pays Life Insurance unless plan falls under the cap. 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	Medical	Dental	Vision	Life	TOTAL	Employee Cost/Month			
	Level		Comp	Comp	EE only		M/D/V/L	M/D/L	M/V/L	M/L
Kaiser Plan	Employee only	\$882.00	\$99.00	\$22.70	\$7.00	\$1,010.70	\$110.70	\$88.00	\$11.70	\$0.00
W/Chiro	EE + Spouse	\$1,764.00	\$99.00	\$22.70	\$7.00	\$1,892.70	\$992.70	\$970.00	\$893.70	\$871.00
(\$25 co-pay)	EE + Children	\$1,341.00	\$99.00	\$22.70	\$7.00	\$1,469.70	\$569.70	\$547.00	\$470.70	\$448.00
	EE + Family	\$2,073.00	\$99.00	\$22.70	\$7.00	\$2,201.70	\$1,301.70	\$1,279.00	\$1,202.70	\$1,180.00
Kaiser Plan	Employee only	\$618.00	\$99.00	\$22.70	\$7.00	\$746.70	(\$153.30)	(\$176.00)	(\$252.30)	(\$275.00)
High Deductible	EE + Spouse	\$1,233.00	\$99.00	\$22.70	\$7.00	\$1,361.70	\$461.70	\$439.00	\$362.70	\$340.00
With HSA	EE + Children	\$938.00	\$99.00	\$22.70	\$7.00	\$1,066.70	\$166.70	\$144.00	\$67.70	\$45.00
(\$2000/\$2800/\$4000)	EE + Family	\$1,448.00	\$99.00	\$22.70	\$7.00	\$1,576.70	\$676.70	\$654.00	\$577.70	\$555.00
Western Health	Employee only	\$761.00	\$99.00	\$22.70	\$7.00	\$889.70	\$0.00	\$0.00	\$0.00	\$0.00
Advantage	EE + Spouse	\$1,521.00	\$99.00	\$22.70	\$7.00	\$1,649.70	\$749.70	\$727.00	\$650.70	\$628.00
HMO 25 OV	EE + Children	\$1,156.00	\$99.00	\$22.70	\$7.00	\$1,284.70	\$384.70	\$362.00	\$285.70	\$263.00
	EE + Family	\$1,787.00	\$99.00	\$22.70	\$7.00	\$1,915.70	\$1,015.70	\$993.00	\$916.70	\$894.00
WHA	Employee only	\$576.00	\$99.00	\$22.70	\$7.00	\$704.70	(\$195.30)	(\$218.00)	(\$294.30)	(\$317.00)
High Deductible	EE + Spouse	\$1,149.00	\$99.00	\$22.70	\$7.00	\$1,277.70	\$377.70	\$355.00	\$278.70	\$256.00
With HSA	EE + Children	\$871.00	\$99.00	\$22.70	\$7.00	\$999.70	\$99.70	\$77.00	\$0.70	(\$22.00)
(\$1800/\$2800/\$3600)	EE + Family	\$1,342.00	\$99.00	\$22.70	\$7.00	\$1,470.70	\$570.70	\$548.00	\$471.70	\$449.00
WHA	Employee only	\$489.00	\$99.00	\$22.70	\$7.00	\$617.70	(\$282.30)	(\$305.00)	(\$381.30)	(\$404.00)
High Deductible	EE + Spouse	\$975.00	\$99.00	\$22.70	\$7.00	\$1,103.70	\$203.70	\$181.00	\$104.70	\$82.00
With HSA	EE + Children	\$739.00	\$99.00	\$22.70	\$7.00	\$867.70	(\$32.30)	(\$55.00)	(\$131.30)	(\$154.00)
(\$2800/\$2800/\$5600)	EE + Family	\$1,137.00	\$99.00	\$22.70	\$7.00	\$1,265.70	\$365.70	\$343.00	\$266.70	\$244.00
Sutter Health	Employee only	\$892.00	\$99.00	\$22.70	\$7.00	\$1,020.70	\$120.70	\$98.00	\$21.70	\$0.00
Plus	EE + Spouse	\$1,784.00	\$99.00	\$22.70	\$7.00	\$1,912.70	\$1,012.70	\$990.00	\$913.70	\$891.00
HMO 25 OV	EE + Children	\$1,356.00	\$99.00	\$22.70	\$7.00	\$1,484.70	\$584.70	\$562.00	\$485.70	\$463.00
	EE + Family	\$2,097.00	\$99.00	\$22.70	\$7.00	\$2,225.70	\$1,325.70	\$1,303.00	\$1,226.70	\$1,204.00
SHP	Employee only	\$640.00	\$99.00	\$22.70	\$7.00	\$768.70	(\$131.30)	(\$154.00)	(\$230.30)	(\$253.00)
High Deductible	EE + Spouse	\$1,275.00	\$99.00	\$22.70	\$7.00	\$1,403.70	\$503.70	\$481.00	\$404.70	\$382.00
With HSA	EE + Children	\$969.00	\$99.00	\$22.70	\$7.00	\$1,097.70	\$197.70	\$175.00	\$98.70	\$76.00
(\$1500/\$2800/\$3000)	EE + Family	\$1,497.00	\$99.00	\$22.70	\$7.00	\$1,625.70	\$725.70	\$703.00	\$626.70	\$604.00
SHP	Employee only	\$567.00	\$99.00	\$22.70	\$7.00	\$695.70	(\$204.30)	(\$227.00)	(\$303.30)	(\$326.00)
High Deductible	EE + Spouse	\$1,130.00	\$99.00	\$22.70	\$7.00	\$1,258.70	\$358.70	\$336.00	\$259.70	\$237.00
With HSA	EE + Children	\$859.00	\$99.00	\$22.70	\$7.00	\$987.70	\$87.70	\$65.00	(\$11.30)	(\$34.00)
(\$2500/\$2800/\$5000)	EE + Family	\$1,326.00	\$99.00	\$22.70	\$7.00	\$1,454.70	\$554.70	\$532.00	\$455.70	\$433.00