

ROCKLIN UNIFIED SCHOOL DISTRICT
SIG - Schools Insurance Group Rates for July 1, 2023 to June 30, 2024
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
Kaiser Plan W/Chiro (\$25 co-pay)	Employee only	\$935.00	\$125.75	\$22.70	\$1,083.45	\$411.45	\$388.75	\$285.70	\$263.00
	EE + Spouse	\$1,869.00	\$125.75	\$22.70	\$2,017.45	\$1,345.45	\$1,322.75	\$1,219.70	\$1,197.00
	EE + Children	\$1,420.00	\$125.75	\$22.70	\$1,568.45	\$896.45	\$873.75	\$770.70	\$748.00
	EE + Family	\$2,195.00	\$125.75	\$22.70	\$2,343.45	\$1,671.45	\$1,648.75	\$1,545.70	\$1,523.00
Kaiser Plan High Deductible With HSA (\$2000/\$3000/\$4000)	Employee only	\$668.00	\$125.75	\$22.70	\$816.45	\$144.45	\$121.75	\$18.70	(\$4.00)
	EE + Spouse	\$1,332.00	\$125.75	\$22.70	\$1,480.45	\$808.45	\$785.75	\$682.70	\$660.00
	EE + Children	\$1,013.00	\$125.75	\$22.70	\$1,161.45	\$489.45	\$466.75	\$363.70	\$341.00
	EE + Family	\$1,565.00	\$125.75	\$22.70	\$1,713.45	\$1,041.45	\$1,018.75	\$915.70	\$893.00
Kaiser Plan High Deductible With HSA (\$3000/\$3000/\$6000)	Employee only	\$575.00	\$125.75	\$22.70	\$723.45	\$51.45	\$28.75	(\$74.30)	(\$97.00)
	EE + Spouse	\$1,146.00	\$125.75	\$22.70	\$1,294.45	\$622.45	\$599.75	\$496.70	\$474.00
	EE + Children	\$872.00	\$125.75	\$22.70	\$1,020.45	\$348.45	\$325.75	\$222.70	\$200.00
	EE + Family	\$1,346.00	\$125.75	\$22.70	\$1,494.45	\$822.45	\$799.75	\$696.70	\$674.00
Western Health Advantage HMO 25 OV	Employee only	\$780.00	\$125.75	\$22.70	\$928.45	\$256.45	\$233.75	\$130.70	\$108.00
	EE + Spouse	\$1,559.00	\$125.75	\$22.70	\$1,707.45	\$1,035.45	\$1,012.75	\$909.70	\$887.00
	EE + Children	\$1,185.00	\$125.75	\$22.70	\$1,333.45	\$661.45	\$638.75	\$535.70	\$513.00
	EE + Family	\$1,832.00	\$125.75	\$22.70	\$1,980.45	\$1,308.45	\$1,285.75	\$1,182.70	\$1,160.00
WHA High Deductible With HSA (\$1800/\$3000/\$3600)	Employee only	\$579.00	\$125.75	\$22.70	\$727.45	\$55.45	\$32.75	(\$70.30)	(\$93.00)
	EE + Spouse	\$1,156.00	\$125.75	\$22.70	\$1,304.45	\$632.45	\$609.75	\$506.70	\$484.00
	EE + Children	\$879.00	\$125.75	\$22.70	\$1,027.45	\$355.45	\$332.75	\$229.70	\$207.00
	EE + Family	\$1,357.00	\$125.75	\$22.70	\$1,505.45	\$833.45	\$810.75	\$707.70	\$685.00
WHA High Deductible With HSA (\$2800/\$3000/\$5600)	Employee only	\$503.00	\$125.75	\$22.70	\$651.45	(\$20.55)	(\$43.25)	(\$146.30)	(\$169.00)
	EE + Spouse	\$1,003.00	\$125.75	\$22.70	\$1,151.45	\$479.45	\$456.75	\$353.70	\$331.00
	EE + Children	\$763.00	\$125.75	\$22.70	\$911.45	\$239.45	\$216.75	\$113.70	\$91.00
	EE + Family	\$1,178.00	\$125.75	\$22.70	\$1,326.45	\$654.45	\$631.75	\$528.70	\$506.00
Sutter Health Plus HMO 25 OV	Employee only	\$904.00	\$125.75	\$22.70	\$1,052.45	\$380.45	\$357.75	\$254.70	\$232.00
	EE + Spouse	\$1,806.00	\$125.75	\$22.70	\$1,954.45	\$1,282.45	\$1,259.75	\$1,156.70	\$1,134.00
	EE + Children	\$1,373.00	\$125.75	\$22.70	\$1,521.45	\$849.45	\$826.75	\$723.70	\$701.00
	EE + Family	\$2,123.00	\$125.75	\$22.70	\$2,271.45	\$1,599.45	\$1,576.75	\$1,473.70	\$1,451.00
SHP High Deductible With HSA (\$1500/\$3000/\$3000)	Employee only	\$676.00	\$125.75	\$22.70	\$824.45	\$152.45	\$129.75	\$26.70	\$4.00
	EE + Spouse	\$1,348.00	\$125.75	\$22.70	\$1,496.45	\$824.45	\$801.75	\$698.70	\$676.00
	EE + Children	\$1,024.00	\$125.75	\$22.70	\$1,172.45	\$500.45	\$477.75	\$374.70	\$352.00
	EE + Family	\$1,583.00	\$125.75	\$22.70	\$1,731.45	\$1,059.45	\$1,036.75	\$933.70	\$911.00
SHP High Deductible With HSA (\$2500/\$3000/\$5000)	Employee only	\$599.00	\$125.75	\$22.70	\$747.45	\$75.45	\$52.75	(\$50.30)	(\$73.00)
	EE + Spouse	\$1,194.00	\$125.75	\$22.70	\$1,342.45	\$670.45	\$647.75	\$544.70	\$522.00
	EE + Children	\$907.00	\$125.75	\$22.70	\$1,055.45	\$383.45	\$360.75	\$257.70	\$235.00
	EE + Family	\$1,402.00	\$125.75	\$22.70	\$1,550.45	\$878.45	\$855.75	\$752.70	\$730.00

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