

ROCKLIN UNIFIED SCHOOL DISTRICT
SIG - Schools Insurance Group Rates for August 1, 2023 to June 30, 2024
RTPA

\$919 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 Level	Medical	Dental Comp	Vision Comp	Life EE only	TOTAL	Employee Cost/Month			
							M/D/V/L	M/D/L	M/V/L	M/L
Kaiser Plan W/Chiro (\$25 co-pay)	Employee only	\$935.00	\$99.00	\$22.70	\$7.00	\$1,063.70	\$144.70	\$122.00	\$45.70	\$23.00
	EE + Spouse	\$1,869.00	\$99.00	\$22.70	\$7.00	\$1,997.70	\$1,078.70	\$1,056.00	\$979.70	\$957.00
	EE + Children	\$1,420.00	\$99.00	\$22.70	\$7.00	\$1,548.70	\$629.70	\$607.00	\$530.70	\$508.00
	EE + Family	\$2,195.00	\$99.00	\$22.70	\$7.00	\$2,323.70	\$1,404.70	\$1,382.00	\$1,305.70	\$1,283.00
Kaiser Plan High Deductible With HSA (\$2000/\$3000/\$4000)	Employee only	\$668.00	\$99.00	\$22.70	\$7.00	\$796.70	(\$122.30)	(\$145.00)	(\$221.30)	(\$244.00)
	EE + Spouse	\$1,332.00	\$99.00	\$22.70	\$7.00	\$1,460.70	\$541.70	\$519.00	\$442.70	\$420.00
	EE + Children	\$1,013.00	\$99.00	\$22.70	\$7.00	\$1,141.70	\$222.70	\$200.00	\$123.70	\$101.00
	EE + Family	\$1,565.00	\$99.00	\$22.70	\$7.00	\$1,693.70	\$774.70	\$752.00	\$675.70	\$653.00
Kaiser Plan High Deductible With HSA (\$3000/\$3000/\$6000)	Employee only	\$575.00	\$99.00	\$22.70	\$7.00	\$703.70	(\$215.30)	(\$238.00)	(\$314.30)	(\$337.00)
	EE + Spouse	\$1,146.00	\$99.00	\$22.70	\$7.00	\$1,274.70	\$355.70	\$333.00	\$256.70	\$234.00
	EE + Children	\$872.00	\$99.00	\$22.70	\$7.00	\$1,000.70	\$81.70	\$59.00	(\$17.30)	(\$40.00)
	EE + Family	\$1,346.00	\$99.00	\$22.70	\$7.00	\$1,474.70	\$555.70	\$533.00	\$456.70	\$434.00
Western Health Advantage HMO 25 OV	Employee only	\$780.00	\$99.00	\$22.70	\$7.00	\$908.70	\$0.00	\$0.00	\$0.00	\$0.00
	EE + Spouse	\$1,559.00	\$99.00	\$22.70	\$7.00	\$1,687.70	\$768.70	\$746.00	\$669.70	\$647.00
	EE + Children	\$1,185.00	\$99.00	\$22.70	\$7.00	\$1,313.70	\$394.70	\$372.00	\$295.70	\$273.00
	EE + Family	\$1,832.00	\$99.00	\$22.70	\$7.00	\$1,960.70	\$1,041.70	\$1,019.00	\$942.70	\$920.00
WHA High Deductible With HSA (\$1800/\$3000/\$3600)	Employee only	\$579.00	\$99.00	\$22.70	\$7.00	\$707.70	(\$211.30)	(\$234.00)	(\$310.30)	(\$333.00)
	EE + Spouse	\$1,156.00	\$99.00	\$22.70	\$7.00	\$1,284.70	\$365.70	\$343.00	\$266.70	\$244.00
	EE + Children	\$879.00	\$99.00	\$22.70	\$7.00	\$1,007.70	\$88.70	\$66.00	(\$10.30)	(\$33.00)
	EE + Family	\$1,357.00	\$99.00	\$22.70	\$7.00	\$1,485.70	\$566.70	\$544.00	\$467.70	\$445.00
WHA High Deductible With HSA (\$2800/\$3000/\$5600)	Employee only	\$503.00	\$99.00	\$22.70	\$7.00	\$631.70	(\$287.30)	(\$310.00)	(\$386.30)	(\$409.00)
	EE + Spouse	\$1,003.00	\$99.00	\$22.70	\$7.00	\$1,131.70	\$212.70	\$190.00	\$113.70	\$91.00
	EE + Children	\$763.00	\$99.00	\$22.70	\$7.00	\$891.70	(\$27.30)	(\$50.00)	(\$126.30)	(\$149.00)
	EE + Family	\$1,178.00	\$99.00	\$22.70	\$7.00	\$1,306.70	\$387.70	\$365.00	\$288.70	\$266.00
Sutter Health Plus HMO 25 OV	Employee only	\$904.00	\$99.00	\$22.70	\$7.00	\$1,032.70	\$113.70	\$91.00	\$14.70	\$0.00
	EE + Spouse	\$1,806.00	\$99.00	\$22.70	\$7.00	\$1,934.70	\$1,015.70	\$993.00	\$916.70	\$894.00
	EE + Children	\$1,373.00	\$99.00	\$22.70	\$7.00	\$1,501.70	\$582.70	\$560.00	\$483.70	\$461.00
	EE + Family	\$2,123.00	\$99.00	\$22.70	\$7.00	\$2,251.70	\$1,332.70	\$1,310.00	\$1,233.70	\$1,211.00
SHP High Deductible With HSA (\$1500/\$3000/\$3000)	Employee only	\$676.00	\$99.00	\$22.70	\$7.00	\$804.70	(\$114.30)	(\$137.00)	(\$213.30)	(\$236.00)
	EE + Spouse	\$1,348.00	\$99.00	\$22.70	\$7.00	\$1,476.70	\$557.70	\$535.00	\$458.70	\$436.00
	EE + Children	\$1,024.00	\$99.00	\$22.70	\$7.00	\$1,152.70	\$233.70	\$211.00	\$134.70	\$112.00
	EE + Family	\$1,583.00	\$99.00	\$22.70	\$7.00	\$1,711.70	\$792.70	\$770.00	\$693.70	\$671.00
SHP High Deductible With HSA (\$2500/\$3000/\$5000)	Employee only	\$599.00	\$99.00	\$22.70	\$7.00	\$727.70	(\$191.30)	(\$214.00)	(\$290.30)	(\$313.00)
	EE + Spouse	\$1,194.00	\$99.00	\$22.70	\$7.00	\$1,322.70	\$403.70	\$381.00	\$304.70	\$282.00
	EE + Children	\$907.00	\$99.00	\$22.70	\$7.00	\$1,035.70	\$116.70	\$94.00	\$17.70	(\$5.00)
	EE + Family	\$1,402.00	\$99.00	\$22.70	\$7.00	\$1,530.70	\$611.70	\$589.00	\$512.70	\$490.00

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