

ROCKLIN UNIFIED SCHOOL DISTRICT

SIG - Schools Insurance Group Rates for July 1, 2023 to June 30, 2024

CSEA, NON-REPRESENTED and CONFIDENTIAL

OUT OF AREA

\$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
Blue Shield of CA TRIO HMO 15	Employee only	\$915.00	\$125.75	\$22.70	\$1,063.45	\$391.45	\$368.75	\$265.70	\$243.00
	EE + Spouse	\$1,830.00	\$125.75	\$22.70	\$1,978.45	\$1,306.45	\$1,283.75	\$1,180.70	\$1,158.00
	EE + Children	\$1,400.00	\$125.75	\$22.70	\$1,548.45	\$876.45	\$853.75	\$750.70	\$728.00
	EE + Family	\$2,150.00	\$125.75	\$22.70	\$2,298.45	\$1,626.45	\$1,603.75	\$1,500.70	\$1,478.00
Blue Shield of CA PPO Savings w/HSA (\$2700/\$3000/\$5200)	Employee only	\$777.00	\$125.75	\$22.70	\$925.45	\$253.45	\$230.75	\$127.70	\$105.00
	EE + Spouse	\$1,553.00	\$125.75	\$22.70	\$1,701.45	\$1,029.45	\$1,006.75	\$903.70	\$881.00
	EE + Children	\$1,188.00	\$125.75	\$22.70	\$1,336.45	\$664.45	\$641.75	\$538.70	\$516.00
	EE + Family	\$1,825.00	\$125.75	\$22.70	\$1,973.45	\$1,301.45	\$1,278.75	\$1,175.70	\$1,153.00
Blue Shield of CA PPO Savings w/HSA (\$4400/\$4400/\$8800)	Employee only	\$699.00	\$125.75	\$22.70	\$847.45	\$175.45	\$152.75	\$49.70	\$27.00
	EE + Spouse	\$1,395.00	\$125.75	\$22.70	\$1,543.45	\$871.45	\$848.75	\$745.70	\$723.00
	EE + Children	\$1,068.00	\$125.75	\$22.70	\$1,216.45	\$544.45	\$521.75	\$418.70	\$396.00
	EE + Family	\$1,638.00	\$125.75	\$22.70	\$1,786.45	\$1,114.45	\$1,091.75	\$988.70	\$966.00

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