

ROCKLIN UNIFIED SCHOOL DISTRICT

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

RAPA/Superintendents

OUT OF AREA

\$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
Blue Shield of CA TRIO HMO	Employee only	\$915.00	\$125.75	\$22.70	\$1,063.45	\$361.45	\$338.75	\$235.70	\$213.00
	EE + Spouse	\$1,830.00	\$125.75	\$22.70	\$1,978.45	\$1,276.45	\$1,253.75	\$1,150.70	\$1,128.00
	EE + Children	\$1,400.00	\$125.75	\$22.70	\$1,548.45	\$846.45	\$823.75	\$720.70	\$698.00
	EE + Family	\$2,150.00	\$125.75	\$22.70	\$2,298.45	\$1,596.45	\$1,573.75	\$1,470.70	\$1,448.00
Blue Shield of CA PPO Savings w/HSA (\$2700/\$3000/\$5200)	Employee only	\$777.00	\$125.75	\$22.70	\$925.45	\$223.45	\$200.75	\$97.70	\$75.00
	EE + Spouse	\$1,553.00	\$125.75	\$22.70	\$1,701.45	\$999.45	\$976.75	\$873.70	\$851.00
	EE + Children	\$1,188.00	\$125.75	\$22.70	\$1,336.45	\$634.45	\$611.75	\$508.70	\$486.00
	EE + Family	\$1,825.00	\$125.75	\$22.70	\$1,973.45	\$1,271.45	\$1,248.75	\$1,145.70	\$1,123.00
Blue Shield of CA PPO Savings w/HSA (\$4400/\$4400/\$8800)	Employee only	\$699.00	\$125.75	\$22.70	\$847.45	\$145.45	\$122.75	\$19.70	(\$3.00)
	EE + Spouse	\$1,395.00	\$125.75	\$22.70	\$1,543.45	\$841.45	\$818.75	\$715.70	\$693.00
	EE + Children	\$1,068.00	\$125.75	\$22.70	\$1,216.45	\$514.45	\$491.75	\$388.70	\$366.00
	EE + Family	\$1,638.00	\$125.75	\$22.70	\$1,786.45	\$1,084.45	\$1,061.75	\$958.70	\$936.00

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