

# ROCKLIN UNIFIED SCHOOL DISTRICT

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

## RAPA/Superintendents

\$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
<b>Kaiser Plan W/Chiro</b> (\$25 co-pay)	Employee only	\$935.00	\$125.75	\$22.70	\$1,083.45	\$381.45	\$358.75	\$255.70	\$233.00
	EE + Spouse	\$1,869.00	\$125.75	\$22.70	\$2,017.45	\$1,315.45	\$1,292.75	\$1,189.70	\$1,167.00
	EE + Children	\$1,420.00	\$125.75	\$22.70	\$1,568.45	\$866.45	\$843.75	\$740.70	\$718.00
	EE + Family	\$2,195.00	\$125.75	\$22.70	\$2,343.45	\$1,641.45	\$1,618.75	\$1,515.70	\$1,493.00
<b>Kaiser Plan High Deductible</b> With HSA (\$2000/\$3000/\$4000)	Employee only	\$668.00	\$125.75	\$22.70	\$816.45	\$114.45	\$91.75	(\$11.30)	(\$34.00)
	EE + Spouse	\$1,332.00	\$125.75	\$22.70	\$1,480.45	\$778.45	\$755.75	\$652.70	\$630.00
	EE + Children	\$1,013.00	\$125.75	\$22.70	\$1,161.45	\$459.45	\$436.75	\$333.70	\$311.00
	EE + Family	\$1,565.00	\$125.75	\$22.70	\$1,713.45	\$1,011.45	\$988.75	\$885.70	\$863.00
<b>Kaiser Plan High Deductible</b> With HSA (\$3000/\$3000/\$6000)	Employee only	\$575.00	\$125.75	\$22.70	\$723.45	\$21.45	(\$1.25)	(\$104.30)	(\$127.00)
	EE + Spouse	\$1,146.00	\$125.75	\$22.70	\$1,294.45	\$592.45	\$569.75	\$466.70	\$444.00
	EE + Children	\$872.00	\$125.75	\$22.70	\$1,020.45	\$318.45	\$295.75	\$192.70	\$170.00
	EE + Family	\$1,346.00	\$125.75	\$22.70	\$1,494.45	\$792.45	\$769.75	\$666.70	\$644.00
<b>Western Health Advantage</b> HMO 25 OV	Employee only	\$780.00	\$125.75	\$22.70	\$928.45	\$226.45	\$203.75	\$100.70	\$0.00
	EE + Spouse	\$1,559.00	\$125.75	\$22.70	\$1,707.45	\$1,005.45	\$982.75	\$879.70	\$857.00
	EE + Children	\$1,185.00	\$125.75	\$22.70	\$1,333.45	\$631.45	\$608.75	\$505.70	\$483.00
	EE + Family	\$1,832.00	\$125.75	\$22.70	\$1,980.45	\$1,278.45	\$1,255.75	\$1,152.70	\$1,130.00
<b>WHA High Deductible</b> With HSA (\$1800/\$3000/\$3600)	Employee only	\$579.00	\$125.75	\$22.70	\$727.45	\$25.45	\$2.75	(\$100.30)	(\$123.00)
	EE + Spouse	\$1,156.00	\$125.75	\$22.70	\$1,304.45	\$602.45	\$579.75	\$476.70	\$454.00
	EE + Children	\$879.00	\$125.75	\$22.70	\$1,027.45	\$325.45	\$302.75	\$199.70	\$177.00
	EE + Family	\$1,357.00	\$125.75	\$22.70	\$1,505.45	\$803.45	\$780.75	\$677.70	\$655.00
<b>WHA High Deductible</b> With HSA (\$2800/\$3000/\$5600)	Employee only	\$503.00	\$125.75	\$22.70	\$651.45	(\$50.55)	(\$73.25)	(\$176.30)	(\$199.00)
	EE + Spouse	\$1,003.00	\$125.75	\$22.70	\$1,151.45	\$449.45	\$426.75	\$323.70	\$301.00
	EE + Children	\$763.00	\$125.75	\$22.70	\$911.45	\$209.45	\$186.75	\$83.70	\$61.00
	EE + Family	\$1,178.00	\$125.75	\$22.70	\$1,326.45	\$624.45	\$601.75	\$498.70	\$476.00
<b>Sutter Health Plus</b> HMO 25 OV	Employee only	\$904.00	\$125.75	\$22.70	\$1,052.45	\$350.45	\$327.75	\$224.70	\$202.00
	EE + Spouse	\$1,806.00	\$125.75	\$22.70	\$1,954.45	\$1,252.45	\$1,229.75	\$1,126.70	\$1,104.00
	EE + Children	\$1,373.00	\$125.75	\$22.70	\$1,521.45	\$819.45	\$796.75	\$693.70	\$671.00
	EE + Family	\$2,123.00	\$125.75	\$22.70	\$2,271.45	\$1,569.45	\$1,546.75	\$1,443.70	\$1,421.00
<b>SHP High Deductible</b> With HSA (\$1500/\$3000/\$3000)	Employee only	\$676.00	\$125.75	\$22.70	\$824.45	\$122.45	\$99.75	(\$3.30)	(\$26.00)
	EE + Spouse	\$1,348.00	\$125.75	\$22.70	\$1,496.45	\$794.45	\$771.75	\$668.70	\$646.00
	EE + Children	\$1,024.00	\$125.75	\$22.70	\$1,172.45	\$470.45	\$447.75	\$344.70	\$322.00
	EE + Family	\$1,583.00	\$125.75	\$22.70	\$1,731.45	\$1,029.45	\$1,006.75	\$903.70	\$881.00
<b>SHP High Deductible</b> With HSA (\$2500/\$3000/\$5000)	Employee only	\$599.00	\$125.75	\$22.70	\$747.45	\$45.45	\$22.75	(\$80.30)	(\$103.00)
	EE + Spouse	\$1,194.00	\$125.75	\$22.70	\$1,342.45	\$640.45	\$617.75	\$514.70	\$492.00
	EE + Children	\$907.00	\$125.75	\$22.70	\$1,055.45	\$353.45	\$330.75	\$227.70	\$205.00
	EE + Family	\$1,402.00	\$125.75	\$22.70	\$1,550.45	\$848.45	\$825.75	\$722.70	\$700.00

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