

# ROCKLIN UNIFIED SCHOOL DISTRICT

## SIG - Schools Insurance Group Rates for July 1, 2024 to June 30, 2025

Part-time employees (50% or more and less than 100%) receive a cap in proportion to their contract percentage. For example, prorated benefit cap for a 10 MO Employee working .75 FTE (6hrs/day) would be \$504 per month. Please review plan summaries before selecting a medical plan. If the Employee Cost/Month falls below the appropriate benefit cap, this is the amount that RUSD will contribute to the employee's HSA account if eligible, up to the maximum annual IRS contribution limit. To determine your monthly premium please refer to the tables at the bottom of the page.

Bargaining Unit	Full-Time Benefit Cap	Prorated Benefit Cap (FTE * Ben Cap)
RTPA	\$ 919.00	\$
CSEA, NON-REP, CONF	\$ 672.00	\$
RAPA, SUPT	\$ 702.00	\$

### Monthly Plan Premiums

Medical Plans	Employee only	Employee + Spouse	Employee + Children	Employee + Family
<b>Kaiser</b>				
Kaiser HMO w/Chiro	\$ 1,078.00	\$ 2,156.00	\$ 1,639.00	\$ 2,533.00
Kaiser DHMO \$1000 w/Chiro	\$ 968.00	\$ 1,936.00	\$ 1,471.00	\$ 2,275.00
Kaiser HD w/HSA (\$2000/\$3200/\$4000)	\$ 770.00	\$ 1,536.00	\$ 1,168.00	\$ 1,805.00
Kaiser HD w/HSA (\$3000/\$3200/\$6000)	\$ 660.00	\$ 1,317.00	\$ 1,002.00	\$ 1,547.00
<b>Sutter Health Plus</b>				
Sutter Health Plus HMO w/Chiro	\$ 1,008.00	\$ 2,016.00	\$ 1,532.00	\$ 2,370.00
Sutter Health Plus DHMO \$1000 w/Chiro	\$ 807.00	\$ 1,613.00	\$ 1,226.00	\$ 1,896.00
Sutter Health Plus HD w/HSA (\$1600/\$3200/\$3200)	\$ 755.00	\$ 1,506.00	\$ 1,144.00	\$ 1,768.00
Sutter Health Plus HD w/HSA (\$2500/\$3200/\$5000)	\$ 669.00	\$ 1,334.00	\$ 1,014.00	\$ 1,566.00
<b>Western Health Advantage</b>				
Western Health Advantage HMO w/Chiro	\$ 858.00	\$ 1,716.00	\$ 1,304.00	\$ 2,016.00
Western Health Advantage DHMO \$1000 w/Chiro	\$ 646.00	\$ 1,292.00	\$ 982.00	\$ 1,518.00
Western Health Advantage HD w/HSA (\$1800/\$3200/\$3600)	\$ 629.00	\$ 1,255.00	\$ 954.00	\$ 1,474.00
Western Health Advantage HD w/HSA (\$2800/\$3200/\$5600)	\$ 546.00	\$ 1,089.00	\$ 829.00	\$ 1,279.00

<b>Delta Dental - RTPA</b>	\$ 99.00	\$ 99.00	\$ 99.00	\$ 99.00
<b>Delta Dental - RAPA, SUPT, CSEA, NON-REP, CONF</b>	\$ 125.75	\$ 125.75	\$ 125.75	\$ 125.75

<b>VSP Vision Plan</b>	\$ 22.70	\$ 22.70	\$ 22.70	\$ 22.70
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<b>Life Insurance \$50K - RTPA</b>	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
<b>Life Insurance \$30K - CSEA, NON-REP, CONF (District Paid)</b>	\$ -	\$ -	\$ -	\$ -
<b>Life Insurance \$100K - RAPA, SUPT (District Paid)</b>	\$ -	\$ -	\$ -	\$ -

### 10 MO & 10.5 MO (paid 11 paychecks) Classified Employee Cost/Month

Medical Plan	\$
Dental Plan	\$
Vision Plan	\$
Life Ins. (District Paid)	\$
<b>Total Plan Cost</b>	\$
Less Benefit Cap	\$
<b>Total Monthly Cost</b>	\$
Additional Adjusted Amt (Total Monthly Cost/11)	\$
<b>Adjusted Monthly Cost</b>	\$

### 11 MO & 12 MO Employee Cost/Month

Medical Plan	\$
Dental Plan	\$
Vision Plan	\$
Life Ins. (Mandatory)	\$
<b>Total Plan Cost</b>	\$
Less Benefit Cap	\$
<b>Total Monthly Cost</b>	\$