

ROCKLIN UNIFIED SCHOOL DISTRICT

SIG - Schools Insurance Group Rates for July 1, 2026 to July 31, 2026

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 (must have medical through the district), 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, NONREP	\$ 703.00	\$
CONF	\$ 672.00	\$
RAPA, SUPT	\$ 702.00	\$

Monthly Plan Premiums

Medical Plans	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Blue Shield of California				
Blue Shield of CA Trio w/Chiro HMO	\$ 1,653.00	\$ 3,305.00	\$ 2,528.00	\$ 3,883.00
Blue Shield of CA PPO Savings w/HSA (\$2700/\$3400/\$5200)	\$ 1,308.00	\$ 2,620.00	\$ 2,004.00	\$ 3,079.00
Blue Shield of CA PPO Savings w/HSA (\$4400/\$4400/\$8800)	\$ 1,182.00	\$ 2,363.00	\$ 1,808.00	\$ 2,777.00

Delta Dental - RTPA	\$ 99.00	\$ 99.00	\$ 99.00	\$ 99.00
Delta Dental - RAPA, SUPT, CSEA, NONREP, CONF	\$ 125.75	\$ 125.75	\$ 125.75	\$ 125.75
Personify Indemnity - ALL BARGAINING UNITS	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00

VSP Vision Plan	\$ 22.70	\$ 22.70	\$ 22.70	\$ 22.70
------------------------	----------	----------	----------	----------

Life Insurance \$50K - RTPA	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
Life Insurance \$30K - CSEA, NONREP, CONF (District Paid)	\$ -	\$ -	\$ -	\$ -
Life Insurance \$100K - RAPA, SUPT (District Paid)	\$ -	\$ -	\$ -	\$ -

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

Medical Plan	\$
Dental Plan	\$
Vision Plan	\$
Life Ins.	\$
Total Plan Cost	\$
Less Benefit Cap	\$
Total Monthly Cost	\$
Additional Adjusted Amount (Total Monthly Cost/11)	\$
Adjusted Monthly Cost	\$

11 MO & 12 MO Employee Cost/Month

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