

**ROCKLIN ACADEMY FAMILY OF SCHOOLS
BENEFIT PLANS AND RATES
JANUARY 1 - DECEMBER 31, 2019**

MONTHLY PLAN PREMIUM						EMPLOYER H.S.A DEPOSIT	EMPLOYEE COST PER MONTH				DENTAL BUY UP OPTION (ADDITIONAL COST)
PLAN	COVERAGE LEVEL	BENEFIT MONTHLY ALLOWANCE (UP TO)	MEDICAL	DENTAL BASE OPTION	VISION	Deducted from Benefit Allowance	MEDICAL DENTAL VISION	MEDICAL DENTAL	MEDICAL VISION	MEDICAL ONLY	
Kaiser H.S.A. 2000	Employee Only	\$600	\$419.47	\$38.84	\$8.46	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.79
	EE + Spouse	\$750	\$922.84	\$75.39	\$15.23	\$250.00	\$513.46	\$498.23	\$438.07	\$422.84	\$38.42
	EE + Child(ren)	\$750	\$838.95	\$103.07	\$14.91	\$250.00	\$456.93	\$442.02	\$353.86	\$338.95	\$52.54
	EE + Family	\$900	\$1,258.42	\$153.73	\$21.83	\$250.00	\$783.98	\$762.15	\$630.25	\$608.42	\$78.35
Kaiser HMO \$30/\$500	Employee Only	\$600	\$568.26	\$38.84	\$8.46	n/a	\$15.56	\$7.10	\$0.00	\$0.00	\$19.79
	EE + Spouse	\$750	\$1,250.18	\$75.39	\$15.23	n/a	\$590.80	\$575.57	\$515.41	\$500.18	\$38.42
	EE + Child(ren)	\$750	\$1,136.52	\$103.07	\$14.91	n/a	\$504.50	\$489.59	\$401.43	\$386.52	\$52.54
	EE + Family	\$900	\$1,704.78	\$153.73	\$21.83	n/a	\$980.34	\$958.51	\$826.61	\$804.78	\$78.35
Sutter Health Plus HMO	Employee Only	\$600	\$673.62	\$38.84	\$8.46	n/a	\$120.92	\$112.46	\$82.08	\$73.62	\$19.79
	EE + Spouse	\$750	\$1,481.88	\$75.39	\$15.23	n/a	\$822.50	\$807.27	\$747.11	\$731.88	\$38.42
	EE + Child(ren)	\$750	\$1,347.15	\$103.07	\$14.91	n/a	\$715.13	\$700.22	\$612.06	\$597.15	\$52.54
	EE + Family	\$900	\$2,020.84	\$153.73	\$21.83	n/a	\$1,296.40	\$1,274.57	\$1,142.67	\$1,120.84	\$78.35
Western Health Advantage H.S.A. 1800	Employee Only	\$600	\$506.75	\$38.84	\$8.46	\$125.00	\$79.05	\$70.59	\$40.21	\$31.75	\$19.79
	EE + Spouse	\$750	\$1,013.50	\$75.39	\$15.23	\$250.00	\$604.12	\$588.89	\$528.73	\$513.50	\$38.42
	EE + Child(ren)	\$750	\$912.15	\$103.07	\$14.91	\$250.00	\$530.13	\$515.22	\$427.06	\$412.15	\$52.54
	EE + Family	\$900	\$1,520.25	\$153.73	\$21.83	\$250.00	\$1,045.81	\$1,023.98	\$892.08	\$870.25	\$78.35
Western Health Advantage HMO Advantage 420-J	Employee Only	\$600	\$598.96	\$38.84	\$8.46	n/a	\$46.26	\$37.80	\$7.42	\$0.00	\$19.79
	EE + Spouse	\$750	\$1,197.92	\$75.39	\$15.23	n/a	\$538.54	\$523.31	\$463.15	\$447.92	\$38.42
	EE + Child(ren)	\$750	\$1,078.12	\$103.07	\$14.91	n/a	\$446.10	\$431.19	\$343.03	\$328.12	\$52.54
	EE + Family	\$900	\$1,796.88	\$153.73	\$21.83	n/a	\$1,072.44	\$1,050.61	\$918.71	\$896.88	\$78.35

MONTHLY BENEFIT ALLOWANCE

\$600 Employee Only
 \$750 EE + Spouse or Child(ren)
 \$900 Family