

Natomas Unified School District
2021 Benefit Selection Sheet/Section 125
 Monthly Rates Effective **1/01/21 - 12/31/21**
 Natomas Teachers Association (Certificated)

PRINT NAME: _____ EMPLOYEE REF # _____ EFFECTIVE DATE: _____

Full Time Employees (EE) shall be entitled to the full amount of the employer contributions as shown below (NUSD Contribution) based on the coverage selected. **Part-time employees who are eligible for benefits will receive a pro-rated amount per month according to FTE.** For more information review district contribution list on the reverse. New employees must enroll in a medical plan within 30 days after the hire date.

FULL TIME EMPLOYEES	EE ONLY Selection	EE + ONE Selection	FAMILY Selection
ANTHEM HMO SELECT	\$925.60	\$1,851.20	\$2,406.56
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$270.24	\$1,081.35	\$1,283.58
ANTHEM HMO TRADITIONAL	\$1,307.86	\$2,615.72	\$3,400.44
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$652.50	\$1,845.87	\$2,277.46
BLUE SHIELD CA	\$1,170.08	\$2,340.16	\$3,042.21
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$514.72	\$1,570.31	\$1,919.23
BLUE SHIELD TRIO	\$880.50	\$1,761.00	\$2,289.30
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$225.14	\$991.15	\$1,166.32
HEALTH NET SMARTCARE	\$1,120.21	\$2,240.42	\$2,912.55
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$464.85	\$1,470.57	\$1,789.57
KAISER	\$813.64	\$1,627.28	\$2,115.46
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$158.28	\$857.43	\$992.48
UNITED HEALTHCARE	\$941.17	\$1,882.34	\$2,447.04
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$285.81	\$1,112.49	\$1,324.06
WESTERN HEALTH ADVANTAGE	\$757.02	\$1,514.04	\$1,968.25
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$101.66	\$744.19	\$845.27
PERS CHOICE	\$935.84	\$1,871.68	\$2,433.18
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$280.48	\$1,101.83	\$1,310.20
PERS SELECT	\$566.67	\$1,133.34	\$1,473.34
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	(88.69)	\$363.49	\$350.36
PERS CARE	\$1,294.69	\$2,589.38	\$3,366.19
NUSD Contribution	\$655.36	\$769.85	\$1,122.98
EE CONTRIBUTION	\$639.33	\$1,819.53	\$2,243.21
If medical is waived, Dental and Vision is paid by the District, except in the case where an employee chooses PER Select EE Only coverage.			
DENTAL	\$55.53	\$105.51	\$161.04
DENTAL with Orthodontics	\$57.20	108.68	\$165.87
VISION	\$18.55	\$18.55	\$18.55
PROOF OF DEPENDENT(S)/VERIFICATION	MONTHLY EMPLOYEE DEDUCTION CALCULATION		
To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)	Enter the Number of months Contracted (10, 11 or 12) and the Premium Amounts selected in the spaces below to calculate your monthly payroll deduction(s)		
AUTHORIZATION	Contract Months 10, 11 or 12 Medical Plan Premium + _____ Dental + _____ Vision + _____ Total Monthly Premium = _____ NUSD Monthly Contribution - _____ EE Monthly Contribution = _____ EE Summer Premium Amt + _____ Total Monthly Deductions = _____		
<input type="checkbox"/> I am waiving my medical benefits	OR		
<input type="checkbox"/> I authorize NUSD to deduct the employee contribution expense(s) for benefits selected above from my paycheck. This authorization shall remain in effect until I notify the District in writing regarding any changes of my status.			
Signature: _____			
Date: _____			
If the EE contribution is negative, no payroll deduction will be made			