

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

**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.

SECTION 1: FULL TIME EMPLOYEES	EE ONLY <i>Selection</i>	EE + Spouse <i>Selection</i>	EE + Child(ren) <i>Selection</i>	Family <i>Selection</i>
KAISER TRADITIONAL	\$719.52	\$1,510.98	\$1,295.14	\$1,906.71
NUSD Contribution	\$665.36 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$1,132.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$54.16</b>	<b>\$731.13</b>	<b>\$515.29</b>	<b>\$773.73</b>
KAISER LOW (HMO)	\$670.25	\$1,407.51	\$1,206.45	\$1,776.15
NUSD Contribution	\$665.36 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$1,132.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$4.89</b>	<b>\$627.66</b>	<b>\$426.60</b>	<b>\$643.17</b>
WESTERN HEALTH HMO	\$757.06	\$1,593.26	\$1,365.69	\$2,008.63
NUSD Contribution	\$665.36 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$1,132.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$91.70</b>	<b>\$813.41</b>	<b>\$585.84</b>	<b>\$875.65</b>
WESTERN HEALTH LOW	\$718.11	\$1,511.28	\$1,295.43	\$1,905.29
NUSD Contribution	\$665.36 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$779.85 <input type="checkbox"/>	\$1,132.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$52.75</b>	<b>\$731.43</b>	<b>\$515.58</b>	<b>\$772.31</b>
<b>If medical is waived, Dental and Vision is paid by the District.</b>				
	<b>EE ONLY</b>	<b>EE + Spouse</b>	<b>EE + 1 Child</b>	<b>Family (3 or more)</b>
<b>DENTAL</b>	\$55.53 <input type="checkbox"/>	\$105.51 <input type="checkbox"/>	\$105.51 <input type="checkbox"/>	\$161.04 <input type="checkbox"/>
<i>DENTAL with Orthodontics</i>	\$57.20	\$108.68	\$108.68	\$165.87
<b>VSP</b>	\$18.55	\$18.55	\$18.55	\$18.55

SECTION 2: PART TIME EMPLOYEES	PRO-RATED CALCULATION																																								
<p>Part-time employees who are eligible for benefits will receive a pro-rated contribution amount per month according to FTE. Below are some examples of how a part time employee would calculate the NUSD contribution. List is not all inclusive of all potential hours worked per day. <b>The example below includes NUSD contribution for Employee Only.</b></p> <p><b>EXAMPLE ONLY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(A)</th> <th style="text-align: center;">(B) = (A) divided by 8 hours</th> <th style="text-align: center;">(C)</th> <th style="text-align: center;">(D) = (B) multiplied by (C)</th> </tr> <tr> <th style="text-align: center;">Number of Hours worked per day</th> <th style="text-align: center;">% Full Time Equivalent</th> <th style="text-align: center;">Full Time NUSD Contribution (EE only)</th> <th style="text-align: center;">Part-time pro-rated NUSD contribution (EE only)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">4</td><td style="text-align: center;">50%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 332.68</td></tr> <tr><td style="text-align: center;">4.5</td><td style="text-align: center;">56%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 374.27</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">63%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 415.85</td></tr> <tr><td style="text-align: center;">5.5</td><td style="text-align: center;">69%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 457.44</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">75%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 499.02</td></tr> <tr><td style="text-align: center;">6.5</td><td style="text-align: center;">81%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 540.61</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">88%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 582.19</td></tr> <tr><td style="text-align: center;">7.5</td><td style="text-align: center;">94%</td><td style="text-align: right;">\$ 665.36</td><td style="text-align: right;">\$ 623.78</td></tr> </tbody> </table>	(A)	(B) = (A) divided by 8 hours	(C)	(D) = (B) multiplied by (C)	Number of Hours worked per day	% Full Time Equivalent	Full Time NUSD Contribution (EE only)	Part-time pro-rated NUSD contribution (EE only)	4	50%	\$ 665.36	\$ 332.68	4.5	56%	\$ 665.36	\$ 374.27	5	63%	\$ 665.36	\$ 415.85	5.5	69%	\$ 665.36	\$ 457.44	6	75%	\$ 665.36	\$ 499.02	6.5	81%	\$ 665.36	\$ 540.61	7	88%	\$ 665.36	\$ 582.19	7.5	94%	\$ 665.36	\$ 623.78	<p>Part time employees may use this work space to calculate the monthly district contribution applicable to their assigned hours.</p> <p># of hrs worked = _____ (A)</p> <p>(A) divided by 8 = _____ (B)</p> <p>FT NUSD Contribution (from reverse side) = _____ (C)</p> <p>Pro-rated NUSD contribution = _____ (D)</p> <p style="text-align: right;"><b>Amount is automatically copied to NUSD Monthly Contribution below</b></p>
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PROOF OF DEPENDENT(S)/VERIFICATION	MONTHLY EMPLOYEE DEDUCTION CALCULATION
<p><b>To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)</b></p>	<p>Enter the Number of months contracted (10, 11, or 12) and the Premium Amounts selected in the spaces below to calculate your monthly payroll deductions.</p> <p><b>Contract Months 10, 11, 12</b></p> <p style="text-align: right;"><b>Medical Plan Premium</b> + _____</p> <p style="text-align: right;"><b>Dental</b> + _____</p> <p style="text-align: right;"><b>Vision</b> + _____</p> <p style="text-align: right;"><b>Total Monthly Premium</b> = _____</p> <p style="text-align: right;"><b>NUSD Monthly Contribution</b> - _____</p> <p style="text-align: right;"><b>EE Monthly Contribution</b> = _____</p> <p style="text-align: right;"><b>EE Summer Premium Amt</b> + _____</p> <p style="text-align: right;"><b>Total Monthly Deductions</b> = _____</p> <p style="text-align: center;"><b>If the EE contribution is negative, no payroll deduction will be made</b></p>
<p><b>AUTHORIZATION</b></p> <p><input type="checkbox"/> I am waiving my medical benefits</p> <p style="text-align: center;">OR</p> <p><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.</p> <p>Signature: _____ Date: _____</p>	