

Natomas Unified School District
2022 Benefit Selection Sheet/Section 125
Monthly Rates Effective 1/01/22- 12/31/22
Management, Confidential, Unrepresented, and Charter Employees

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	Selection	EE + Spouse	Selection	EE + Child(ren)	Selection	Family	Selection
KAISER TRADITIONAL		\$742.75		\$1,559.75		\$1,336.94		\$1,968.26	
NUSD Contribution		\$655.36	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$1,122.98	<input type="checkbox"/>
EE CONTRIBUTION		\$87.39		\$789.90		\$567.09		\$845.28	
KAISER LOW (HMO)		\$691.89		\$1,452.94		\$1,245.39		\$1,833.47	
NUSD Contribution		\$655.36	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$1,122.98	<input type="checkbox"/>
EE CONTRIBUTION		\$36.53		\$683.09		\$475.54		\$710.49	
WESTERN HEALTH HMO		\$743.34		\$1,564.39		\$1,340.94		\$1,972.22	
NUSD Contribution		\$655.36	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$1,122.98	<input type="checkbox"/>
EE CONTRIBUTION		\$87.98		\$794.54		\$571.09		\$849.24	
WESTERN HEALTH LOW		\$735.82		\$1,548.57		\$1,327.37		\$1,952.28	
NUSD Contribution		\$655.36	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$769.85	<input type="checkbox"/>	\$1,122.98	<input type="checkbox"/>
EE CONTRIBUTION		\$80.46		\$778.72		\$557.52		\$829.30	
If medical is waived, Dental and Vision is paid by the District.									
		EE ONLY		EE + Spouse		EE + 1 Child		Family (3 or more)	
DENTAL			<input type="checkbox"/>	\$105.51	<input type="checkbox"/>	\$105.51	<input type="checkbox"/>	\$161.04	<input type="checkbox"/>
<i>DENTAL with Orthodontics</i>		\$55.53	<input type="checkbox"/>	108.68	<input type="checkbox"/>	\$108.68	<input type="checkbox"/>	\$165.87	<input type="checkbox"/>
VSP		\$18.55	<input type="checkbox"/>	\$18.55	<input type="checkbox"/>	\$18.55	<input type="checkbox"/>	\$18.55	<input type="checkbox"/>

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. The example below includes NUSD contribution for Employee Only.</p>				<p>Part time employees may use this work space to calculate the monthly district contribution applicable to their assigned hours.</p>	
EXAMPLE ONLY					
(A)	(B) = (A) divided by 8 hours	(C)	(D) = (B) multiplied by (C)	# of hrs worked	= _____ (A)
Number of Hours worked per day	% Full Time Equivalent	Full Time NUSD Contribution (EE only)	Part-time pro-rated NUSD contribution (EE only)	(A) divided by 8	= _____ (B)
4	50%	\$ 655.36	\$ 327.68	FT NUSD Contribution (from reverse side)	= _____ (C)
4.5	56%	\$ 655.36	\$ 368.64	Pro-rated NUSD contribution	= _____ (D)
5	63%	\$ 655.36	\$ 409.60		
5.5	69%	\$ 655.36	\$ 450.56		
6	75%	\$ 655.36	\$ 491.52		
6.5	81%	\$ 655.36	\$ 532.48		
7	88%	\$ 655.36	\$ 573.44		
7.5	94%	\$ 655.36	\$ 614.40		

Amount is automatically copied to NUSD Monthly Contribution below

PROOF OF DEPENDENT(S)/VERIFICATION	MONTHLY EMPLOYEE DEDUCTION CALCULATION
<p style="color: red; text-align: center;">To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)</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>AUTHORIZATION</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>	<p>Contract Months 10, 11, 12</p> <p>Medical Plan Premium + _____</p> <p>Dental + _____</p> <p>Vision + _____</p> <p>Total Monthly Premium = _____</p> <p>NUSD Monthly Contribution - _____</p> <p>EE Monthly Contribution = _____</p> <p>EE Summer Premium Amt + _____</p> <p>Total Monthly Deductions = _____</p> <p style="color: red; text-align: center;">If the EE contribution is negative, no payroll deduction will be made</p>