

Natomas Unified School District
2024 Benefit Selection Sheet/Section 125 Monthly Rates Effective 1/1/24- 12/31/24
Natomas Teachers Association (NTA Bargaining Unit)

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.
 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		\$1,138.86		\$2,277.72		\$2,961.04																												
	NUSD Contribution	\$855.36		\$1,069.85		\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$283.50		\$1,207.87		\$1,438.06																												
ANTHEM HMO TRADITIONAL		\$1,339.70		\$2,679.40		\$3,483.22																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$484.34		\$1,609.55		\$1,960.24																												
BLUE SHIELD ACCESS +		\$1,076.84		\$2,153.68		\$2,799.78																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$221.48		\$1,083.83		\$1,276.80																												
BLUE SHIELD TRIO		\$946.84		\$1,893.68		\$2,461.78																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$91.48		\$823.83		\$938.80																												
KAISER		\$1,021.41		\$2,042.82		\$2,655.67																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$166.05		\$972.97		\$1,132.69																												
UNITED HEALTHCARE ALLIANCE		\$1,091.13		\$2,182.26		\$2,836.94																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$235.77		\$1,112.41		\$1,313.96																												
WESTERN HEALTH ADVANTAGE		\$807.23		\$1,614.46		\$2,098.80																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$-48.13*		\$544.61		\$575.82																												
PERS PLATINUM		\$1,314.27		\$2,628.54		\$3,417.10																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	**EE CONTRIBUTION	\$458.91		\$1,558.69		\$1,894.12																												
PERS GOLD		\$914.82		\$1,829.64		\$2,378.53																												
	NUSD Contribution	\$855.36	<input type="checkbox"/>	\$1,069.85	<input type="checkbox"/>	\$1,522.98	<input type="checkbox"/>																											
	EE CONTRIBUTION	\$59.46		\$759.79		\$855.55																												
DENTAL		\$55.53		\$105.51		\$161.04																												
DENTAL with Orthodontics		\$57.20		108.68		\$165.87																												
VISION		\$18.55		\$18.55		\$18.55																												
If Medical is waived- Dental and vision are paid by the District for all levels of coverage <i>*no refunds for left over employer contributions, they can be used toward dental or vision premiums</i>			To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)			MONTHLY EMPLOYEE DEDUCTION CALCULATION BELOW 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 <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 <table> <tr> <td>Contract Months 10, 11 or 12</td> <td></td> <td></td> </tr> <tr> <td>Medical Plan Premium</td> <td>+</td> <td>_____</td> </tr> <tr> <td>Dental</td> <td>+</td> <td>_____</td> </tr> <tr> <td>Vision</td> <td>+</td> <td>_____</td> </tr> <tr> <td>Total Monthly Premium</td> <td>=</td> <td>_____</td> </tr> <tr> <td>NUSD Monthly Contribution</td> <td>-</td> <td>_____</td> </tr> <tr> <td>EE Monthly Contribution</td> <td>=</td> <td>_____</td> </tr> <tr> <td>EE Summer Premium Amt</td> <td>+</td> <td>_____</td> </tr> <tr> <td>Total Monthly Deductions</td> <td>=</td> <td>_____</td> </tr> </table>				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	=	_____
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