Natomas Unified School District

2024 Benefit Selection Sheet/Section 125 Monthly Rates Effective 1/01/24 - 12/31/24

California School Employees Association

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| PRINT NAME: | | | | YEE REF # | | | EFFECTIVE DATE: | |
| Full Time Employees (EE) shall be | | | | | | | | |
| coverage selected. Part-time (le | | | | | | ill receive | a pro-rated amount p | er month |
| according to FTE. New employe | | | | days afte | er the hire date. | | | |
| If medical is waived, Dental and | d Vision is paid | d by the I | District. | | | | | |
| SECTION 1: FULL TIME EMPLOYEES | | | | | | | | |
| KAISER TRADITIONAL (HMO) | | Selection | EE + Spouse \$1,997.86 | | EE + Child(ren) \$1,712.45 | Selection | Family \$2,521.11 | Selection |
| NUSD Contribution | \$951.36 \$915.36 | | \$1,229.85 | _ | \$1,229.85 | | \$1,782.98 | |
| EE CONTRIBUTION | \$36.00 | | \$768.01 | | \$482.60 | | \$738.13 | |
| KAISER LOW (HMO) | \$877.22 | | \$1,842.16 | | \$1,578.99 | | \$2,324.63 | |
| NUSD Contribution | \$915.36 | | \$1,229.85 | | \$1,229.85 | | \$1,782.98 | |
| EE CONTRIBUTION | \$-38.14* | | \$612.31 | | \$349.14 | | \$541.65 | |
| WESTERN HEALTH HMO | ¢906.3E | | ¢1 607 00 | | ¢1 4E4 61 | | \$2,120,40 | |
| NUSD Contribution | \$806.35 \$915.36 | | \$1,697.00 \$1,229.85 | | \$1,454.61 \$1,229.85 | | \$2,139.40 \$1,782.98 | |
| EE CONTRIBUTION | \$-109.01* | | \$467.15 | | \$224.76 | _ | \$356.42 | |
| NACCES DATE 1 COM | 6776.00 | | Å1 C25 04 | | 44 404 46 | | 42.054.22 | |
| WESTERN HEALTH LOW NUSD Contribution | \$776.89 \$915.36 | | \$1,635.01 \$ 1,229.85 | | \$1,401.46 \$1,229.85 | | \$2,061.23 \$1,782.98 | |
| EE CONTRIBUTION | \$-138.47* | | \$405.16 | | \$171.61 | | \$278.25 | |
| | Ş-136.47 | | | | 7272.02 | | 71.0.10 | |
| SUTTER PLUS (ML84 HMO) | \$810.30 | | \$1,701.80 | | \$1,458.90 | | \$2,148.00 | |
| NUSD Contribution | \$915.36 | | \$1,229.85 | 5 | \$1,229.85 | | \$1,782.98 | |
| EE CONTRIBUTION | \$-105.06* | | \$471.95 | | \$229.05 | | \$365.02 | |
| | | | | | | | | • |
| SUTTER PLUS (ML79 HMO LOW) | \$750.80 | | \$1,576.90 | | \$1,351.80 | | \$1,990.30 | |
| NUSD Contribution | \$915.36 | | \$1,229.85 | | \$1,229.85 | | \$1,782.98 | |
| EE CONTRIBUTION | \$-164.56* | | \$347.05 | | \$121.95 | | \$207.32 | |
| *Leftover Employer | Contributions | s can be | used to help offset | cost of c | ental and vision | plans | | |
| | | | | | | | **** | |
| DENTAL | \$55.53 | | \$105.5 | 1 | \$105.5 | | \$161.04 | |
| DENTAL with Orthodontics FF Only | | | FF + Snouse | | | | | |
| DENTAL with Orthodontics EE Only VSP | \$57.20 | | EE + Spouse \$108.6 | 8 | 1 Child \$108.6 | | (3 or more) \$165.87 | |
| • | \$57.20 \$18.55 | | \$108.6 \$18.5 | | 6400 6 | | (3 or more) \$165.87 \$18.55 | |
| • | \$57.20 | | \$106.0 | | 1 Child \$108.6 | | \$18.55 | |
| VSP SECTION 2: PART TIME EMPLOYEES | \$18.55 | receive a | \$18.5 | 5 | 1 Child \$108.66 \$18.5 | 5 | \$18.55 | ULATION |
| VSP | \$18.55 | | \$18.5. | 5 amount pe | 1 Child \$108.60 \$18.50 r month according to | 5 FTE. | \$18.55 PRO-RATED CALC Part time employees may us | ULATION e this work space |
| VSP SECTION 2: PART TIME EMPLOYEES Part-time employees who are eligible | \$18.55 e for benefits will part time employe | ee would c | \$18.5 pro-rated contribution a alculate the NUSD cont | 5 amount pe ribution. L | 1 Child \$108.60 \$18.50 or month according to list is not all inclusive | FTE. | \$18.55 | ULATION e this work space |
| VSP SECTION 2: PART TIME EMPLOYEES Part-time employees who are eligible Below are some examples of how a potential hours worked per day. The | \$18.55 e for benefits will part time employe | ee would d includes N | \$18.5 pro-rated contribution a alculate the NUSD cont | amount pe ribution. L | 1 Child \$108.60 \$18.50 or month according to list is not all inclusive | FTE. of all | \$18.55 PRO-RATED CALC Part time employees may us to calculate the monthly dist | ULATION e this work space |
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