Natomas Unified School District
2024 Benefit Selection Sheet/Section 125
Monthly Rates Effective **1/01/24 - 12/31/24**
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 (less than 8 hours per day) 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.

If medical is waived, Dental and Vision is paid by the District.

SECTION 1: FULL TIME EMPLOYEES

	EE ONLY	Selection	EE + Spouse	Selection	EE + Child(ren)	Selection	Family	Selection
KAISER TRADITIONAL (HMO)	$951.36		$1,997.86		$1,712.45		$2,521.11	
NUSD Contribution	$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	$806.35		$1,697.00		$1,454.61		$2,139.40	
NUSD Contribution	$915.36		$1,229.85	☐	$1,229.85	☐	$1,782.98	
EE CONTRIBUTION	**$-109.01***		**$467.15**		**$224.76**		**$356.42**	
WESTERN HEALTH LOW	$776.89		$1,635.01		$1,401.46		$2,061.23	
NUSD Contribution	$915.36		$1,229.85		$1,229.85	☐	$1,782.98	
EE CONTRIBUTION	**$-138.47***		**$405.16**		**$171.61**		**$278.25**	
SUTTER PLUS (ML84 HMO)	$810.30		$1,701.80		$1,458.90		$2,148.00	
NUSD Contribution	$915.36		$1,229.85		$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 can be used to help offset cost of dental and vision plans

DENTAL	EE Only	$55.53	EE + Spouse	$105.51	EE + 1 Child	$105.51
DENTAL with Orthodontics		$57.20		$108.68		$108.68
VSP		$18.55		$18.55		$18.55

Family (3 or more)	$161.04
	$165.87
	$18.55

SECTION 2: PART TIME EMPLOYEES

Part-time employees who are eligible for benefits will receive a pro-rated contribution amount per month according to FTE. Below are some <u>examples</u> 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.** **EXAMPLE ONLY**

(A) Number of Hours worked per day	(B) = (A) divided by 8 hours % Full Time Equivalent	(C) Full Time NUSD Contribution (EE only)	(D) = (B) multiplied by (C) Part-time pro-rated NUSD contribution (EE only)
4	50%	$ 915.36	$ 457.68
5	63%	$ 915.36	$ 576.68
6	75%	$ 915.36	$ 686.52
7	88%	$ 915.36	$ 805.52

PRO-RATED CALCULATION

Part time employees may use this work space to calculate the monthly district contribution applicable to their assigned hours.

# of hrs worked	=	(A)
(A) divided by 8		(B)
FT NUSD Contribution	_____	
Pro-rated NUSD contribution	= _____	(C)
	= _____	(D)

Amount is automatically copied to NUSD Monthly Contribution below

PROOF OF DEPENDENT(S)/VERIFICATION

To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)

AUTHORIZATION

☐ I am waiving my medical benefits

OR

☐ 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: _____

MONTHLY EMPLOYEE DEDUCTION CALCULATION

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.

Contract Months 10, 11, 12

Medical Plan Premium	+	_____
Dental	+	_____
Vision	+	_____
Total Monthly Premium	=	_____
NUSD Monthly Contribution	-	_____
EE Monthly Contribution	=	_____
EE Summer Premium Amt	+	_____
Total Monthly Deductions	=	_____

If the EE contribution is negative, no payroll deduction will be made