

**Natomas Unified School District**  
**2023 Benefit Selection Sheet/Section 125 Monthly**  
**Rates Effective 1/1/23- 12/31/23**  
**Natomas Teachers Association (Certificated)**

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 <i>Selection</i>	EE + ONE <i>Selection</i>	FAMILY <i>Selection</i>
ANTHEM HMO SELECT	\$1,128.83	\$2,257.66	\$2,934.96
NUSD Contribution	\$805.36	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$323.47</b>	<b>\$1,287.81</b>	<b>\$1,561.98</b>
ANTHEM HMO TRADITIONAL	\$1,210.71	\$2,421.42	\$3,147.85
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$405.35</b>	<b>\$1,451.57</b>	<b>\$1,774.87</b>
BLUE SHIELD ACCESS +	\$1,035.21	\$2,070.42	\$2,691.55
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$229.85</b>	<b>\$1,100.57</b>	<b>\$1,318.57</b>
BLUE SHIELD TRIO	\$888.94	\$1,777.88	\$2,311.24
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$ 83.58</b>	<b>\$808.03</b>	<b>\$938.26</b>
HEALTH NET SMARTCARE	\$1,174.50	\$2,349.00	\$3,053.70
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$369.14</b>	<b>\$1,379.15</b>	<b>\$1,680.72</b>
KAISER	\$913.74	\$1,827.48	\$2,375.72
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$108.38</b>	<b>\$857.63</b>	<b>\$1,002.74</b>
UNITED HEALTHCARE	\$1,044.07	\$2,088.14	\$2,714.58
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$238.71</b>	<b>\$1,118.29</b>	<b>\$1,341.60</b>
WESTERN HEALTH ADVANTAGE	\$760.17	\$1,520.34	\$1,976.44
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>**EE CONTRIBUTION</b>	<b>\$ -45.19*</b>	<b>\$550.49</b>	<b>\$603.46</b>
PERS PLATINUM	\$1,200.12	\$2,400.24	\$3,120.31
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>EE CONTRIBUTION</b>	<b>\$394.76</b>	<b>\$1,430.39</b>	<b>\$1,747.33</b>
PERS GOLD	\$825.61	\$1,651.22	\$2,146.59
NUSD Contribution	\$805.36 <input type="checkbox"/>	\$969.85 <input type="checkbox"/>	\$1,372.98 <input type="checkbox"/>
<b>**EE CONTRIBUTION</b>	<b>\$ 20.25</b>	<b>\$681.37</b>	<b>\$773.61</b>
<b>If Medical is waived- Dental and vision are paid by the District</b>		<b>*Leftover Employer Contributions can be used to help offset Dental and Vision plans</b>	
DENTAL	\$55.53 <input type="checkbox"/>	\$105.51 <input type="checkbox"/>	\$161.04 <input type="checkbox"/>
DENTAL with Orthodontics	\$57.20	108.68	\$165.87
VISION	\$18.55 <input type="checkbox"/>	\$18.55	\$18.55
<b>PROOF OF DEPENDENT(S)/VERIFICATION</b>		<b>MONTHLY EMPLOYEE DEDUCTION CALCULATION</b>	
To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)		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)	
<b>AUTHORIZATION</b>		Contract Months 10, 11 or 12	
<input type="checkbox"/> I am waiving my medical benefits		Medical Plan Premium + _____	
OR		Dental + _____	
<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.		Vision + _____	
		Total Monthly Premium = _____	
		NUSD Monthly Contribution - _____	
		EE Monthly Contribution = _____	
		EE Summer Premium Amt + _____	
		Total Monthly Deductions = _____	
Signature: _____			
Date: _____			
		If the EE contribution is negative, no payroll deduction will be made	