

Natomas Unified School District
2023 Benefit Selection Sheet/Section 125
Monthly Rates Effective 1/01/23- 12/31/23
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.**
 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	\$767.40			\$1,611.54		\$1,381.32		\$2,033.62	
NUSD Contribution	\$805.36	<input type="checkbox"/>		\$969.85	<input type="checkbox"/>	\$969.85		\$1,372.98	<input type="checkbox"/>
EE CONTRIBUTION	-\$37.96*			\$641.69		\$411.47		\$660.64	
KAISER LOW (HMO)	\$714.85			\$1,501.18		\$1,286.72		\$1,894.35	
NUSD Contribution	\$805.36	<input type="checkbox"/>		\$969.85	<input type="checkbox"/>	\$969.85	<input type="checkbox"/>	\$1,372.98	<input type="checkbox"/>
EE CONTRIBUTION	-\$90.51*			\$531.33		\$316.87		\$521.37	
WESTERN HEALTH HMO	\$766.70			\$1,613.56		\$1,383.08		\$2,034.19	
NUSD Contribution	\$805.36	<input type="checkbox"/>		\$969.85	<input type="checkbox"/>	\$969.85	<input type="checkbox"/>	\$1,372.98	<input type="checkbox"/>
EE CONTRIBUTION	-\$38.66*			\$643.71		\$413.23		\$661.21	
WESTERN HEALTH LOW	\$738.54			\$1,554.29		\$1,332.28		\$1,959.48	
NUSD Contribution	\$805.36	<input type="checkbox"/>		\$969.85	<input type="checkbox"/>	\$969.85	<input type="checkbox"/>	\$1,372.98	<input type="checkbox"/>
EE CONTRIBUTION	-\$66.82*			\$584.44		\$362.43		\$586.50	
If medical is waived, Dental and Vision is paid by the District.									
DENTAL	EE ONLY	<input type="checkbox"/>		EE + Spouse	<input type="checkbox"/>	EE + 1 Child	<input type="checkbox"/>	Family (3 or more)	<input type="checkbox"/>
	\$55.53	<input type="checkbox"/>		\$105.51	<input type="checkbox"/>	\$105.51	<input type="checkbox"/>	\$161.04	<input type="checkbox"/>
<i>DENTAL with Orthodontics</i>	\$57.20	<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"/>
<small>*Leftover Employer Contributions can be used to help offset Dental and Vision plans</small>									

SECTION 2: PART TIME EMPLOYEES				PRO-RATED CALCULATION	
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.				Part time employees may use this work space to calculate the monthly district contribution applicable to their assigned hours.	
EXAMPLE ONLY				# of hrs worked = _____ (A) (A) divided by 8 = _____ (B) FT NUSD Contribution (from side) = _____ (C) Pro-rated NUSD contribution = _____ (D)	
(A)	(B) = (A) divided by 8 hours	(C)	(D) = (B) multiplied by (C)		
Number of Hours worked per day	% Full Time Equivalent	Full Time NUSD Contribution (EE only)	Part-time pro-rated NUSD contribution (EE only)		
4	50%	\$ 805.36	\$ 402.68		
4.5	56%	\$ 805.36	\$ 451.00		
5	63%	\$ 805.36	\$ 507.38		
5.5	69%	\$ 805.36	\$ 555.70		
6	75%	\$ 805.36	\$ 604.02		
6.5	81%	\$ 805.36	\$ 652.34		
7	88%	\$ 805.36	\$ 708.72		
7.5	94%	\$ 805.36	\$ 757.04		
				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