

**Natomas Unified School District**  
**2022 Benefit Selection Sheet/Section 125 Monthly**  
**Rates Effective 1/01/22 - 12/31/22**  
**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 employees who are eligible for benefits will receive a pro-rated amount per month according to FTE.** For more information review district contribution list on the reverse. New employees must enroll in a medical plan within 30 days after the hire date.

SECTION 1: FULL TIME EMPLOYEES				
	EE ONLY <i>Selection</i>	EE + Spouse <i>Selection</i>	EE + Child(ren) <i>Selection</i>	Family <i>Selection</i>
KAISER TRADITIONAL	\$742.75	\$1,559.75	\$1,336.94	\$1,968.26
NUSD Contribution	\$665.36	\$779.85	\$779.85	\$1,132.98
<b>EE CONTRIBUTION</b>	<b>\$77.39</b>	<b>\$779.90</b>	<b>\$557.09</b>	<b>\$835.28</b>
KAISER LOW (HMO)	\$691.89	\$1,452.94	\$1,245.39	\$1,833.47
NUSD Contribution	\$665.36	\$779.85	\$779.85	\$1,132.98
<b>EE CONTRIBUTION</b>	<b>\$26.43</b>	<b>\$673.09</b>	<b>\$465.54</b>	<b>\$700.49</b>
WESTERN HEALTH HMO	\$743.34	\$1,564.39	\$1,340.94	\$1,972.22
NUSD Contribution	\$665.36	\$779.85	\$779.85	\$1,132.98
<b>EE CONTRIBUTION</b>	<b>\$77.98</b>	<b>\$784.54</b>	<b>\$561.09</b>	<b>\$839.24</b>
WESTERN HEALTH LOW	\$735.82	\$1,548.57	\$1,327.37	\$1,952.28
NUSD Contribution	\$665.36	\$779.85	\$779.85	\$1,132.98
<b>EE CONTRIBUTION</b>	<b>\$70.46</b>	<b>\$768.72</b>	<b>\$547.52</b>	<b>\$819.30</b>
<b>If medical is waived, Dental and Vision is paid by the District.</b>				
	EE ONLY	EE + Spouse	EE + 1 Child	Family (3 or more)
DENTAL	\$55.53	\$105.51	\$105.51	\$161.04
DENTAL with Orthodontics	\$57.20	\$108.68	\$108.68	\$165.87
VSP	\$18.55	\$18.55	\$18.55	\$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 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.**

**EXAMPLE ONLY**

(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%	\$ 665.36	\$ 332.68
4.5	56%	\$ 665.36	\$ 374.27
5	63%	\$ 665.36	\$ 415.85
5.5	69%	\$ 665.36	\$ 457.44
6	75%	\$ 665.36	\$ 499.02
6.5	81%	\$ 665.36	\$ 540.61
7	88%	\$ 665.36	\$ 582.19
7.5	94%	\$ 665.36	\$ 623.78

**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 (from reverse side) = \_\_\_\_\_ (C)  
 Pro-rated NUSD contribution = \_\_\_\_\_ (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**