



NEWPORT-MESA UNIFIED SCHOOL DISTRICT
ACTIVE EMPLOYEE PAYROLL DEDUCTION TABLE
RATES EFFECTIVE OCTOBER 1, 2022

Rates and Plans subject to change each Open Enrollment
Board Approved September 13, 2022

* Employee's enrolled in medical, dental and/or vision are charged an over cap contribution(s) (OCAP*) plus any applicable provider premium deductions
No OCAP is charged if ALL Health Benefits are declined

BENEFIT FTE	.8775 - 1.00	.7775 - .8774	.6775 - .7774	.5775 - .6774	.5 - .5774
HOURS	35.1 - 40.0	31.1 - 35.0	27.1 - 31.0	23.1 - 27.0	20.0 - 23.0

OCAP Deductions

OCAP 1	All Enrollments	9.27	8.11	7.18	6.26	5.33
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OCAP 1 will be pro-rated by FTE for Part-time employees enrolled in Medical, Dental and/or Vision. Max OCAP 1 part time rates shown above.

Declining Medical, and Enrolling in Dental and/or Vision - Pay OCAP 1 only

OCAP 2 - Medical Kaiser HMO & Cigna Select HMO Enrollments / add to OCAP 1 shown above for Total OCAP deduction

OCAP 3 - Medical Cigna Network HMO Enrollments / add to OCAP 1 shown above for Total OCAP deduction

OCAP 4 - Medical Cigna Open Access Plus (OAP) Enrollments / add to OCAP 1 shown above for Total OCAP deduction

	OCAP 1	Kaiser HMO & Cigna Select HMO OCAPs		Cigna Network HMO OCAPs		Cigna OAP OCAPs	
		OCAP 2	TOTAL	OCAP 3	TOTAL	OCAP 4	TOTAL
<i>Total OCAP examples using Benefit FTE of 1</i>							
Single	9.27	15.73	25.00	25.73	35.00	221.73	231.00
Two-Party	9.27	60.73	70.00	90.73	100.00	463.73	473.00
Family	9.27	105.73	115.00	155.73	165.00	682.73	692.00

»Add your OCAP(s) rate above to applicable provider premiums below for your **TOTAL MONTHLY PAYROLL DEDUCTION(s)**

HOURS	35.1 - 40.0	31.1 - 35.0	27.1 - 31.0	23.1 - 27.0	20.0 - 23.0
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MEDICAL OPTIONS

KAISER PERMANENTE (HMO)						
Single		0.00	50.43	93.66	136.88	180.12
Two-Party		0.00	104.40	193.88	283.37	372.85
Family		0.00	151.30	280.99	410.68	540.36
CIGNA SELECT (HMO)						
Single		0.00	65.75	122.12	178.48	234.84
Two-Party		0.00	136.11	252.78	369.45	486.12
Family		0.00	197.27	366.35	535.44	704.52
CIGNA NETWORK (HMO)						
Single		0.00	77.01	143.01	209.02	275.03
Two-Party		0.00	159.41	296.04	432.68	569.31
Family		0.00	231.02	429.05	627.07	825.09
CIGNA OPEN ACCESS PLUS (OAP)						
Single		0.00	88.56	164.48	240.39	316.30
Two-Party		0.00	183.07	339.98	496.90	653.82
Family		0.00	265.20	492.52	719.84	947.16

VISION OPTIONS

VISION SERVICE PLAN						
Single		0.00	0.77	1.42	2.08	2.74
Two-Party		0.00	1.38	2.55	3.75	4.93
Family		0.00	1.92	3.56	5.20	6.85

DENTAL OPTIONS

CIGNA DENTAL CARE HMO						
Single		0.00	2.38	4.42	6.46	8.50
Two-Party		0.00	4.00	7.43	10.86	14.30
Family		0.00	6.89	12.80	18.71	24.62
CIGNA DENTAL PPO						
Single		16.37	19.64	22.92	26.19	29.47
Two-Party		30.06	36.07	42.08	48.09	54.10
Family		43.74	52.48	61.23	69.99	78.72

ADDITIONAL PLANS AT NO COST TO EMPLOYEE - No OCAP contributions

METLIFE BASIC LIFE PLUS AD&D						
Part-Time (25K)		0.00	0.00	0.00	0.00	0.00
Full-Time (50K)		0.00	0.00	0.00	0.00	0.00
CIGNA (EAP) for all Employees						
Employee Assistance Program		0.00	0.00	0.00	0.00	0.00

Rates are shown and deducted 10thly- Verify your Paystub

*Find OCAP (Over the Cap) Information at: www.nmusd.us/benefits Health Benefits Information