

## **NTA Certificated and NEWMA Management Employee Benefits Rates**

*Medical Rates Effective 01/01/2023 through 12/31/2023*

The district does NOT offer monetary contributions towards certificated (NTA) or management (NEWMA) benefits. Dependent children are eligible to be covered until their 26th birthday for all plans offered. ***Benefit providers require copies of marriage and/or birth certificates for all dependents to be included with enrollment forms.***

Coverage is year-round. Certificated (NTA) employees' regular coverage is based on their work year (September through August) and their premiums are prorated because they are considered less than 12-month employees (even if they have opted for 12 checks).

Regular coverage for Management (NEWMA) employees' runs from August through July, for less than 12-month employees.

***PLEASE NOTE: THE PREMIUMS LISTED BELOW ARE BASED ON 12-MONTH DEDUCTIONS; ON THE SECOND PAGE ARE THE PREMIUMS FOR 11-MONTH DEDUCTIONS, OTHER WORK PERIODS WILL BE PRORATED ACCORDINGLY.***

**MEDICAL COVERAGE-** Employees wanting medical insurance may purchase one of the CalPERS plan options below. Some of the listed medical plans are limited by zip code; please check on-line at [www.CalPERS.ca.gov](http://www.CalPERS.ca.gov) to verify the plan options available based on your address.

*The new CalPERS premiums are effective January 1<sup>st</sup> 2023, and the increased deductions will be reflected on your December pay warrant.*

**DENTAL COVERAGE-** All full-time employees are required to participate in the district's dental plan; employees less than full-time may decline to participate in the dental plan. Delta Dental is an incentive group plan starting coverage at 70% during the first year and increasing by 10% each year thereafter until you reach 100%.

**VISION COVERAGE\*\***—*Vision coverage is currently only available for management NEWMA employees and participation is mandatory. If you are looking for a health plan that includes vision coverage, you will want to review Kaiser's coverage options to see if it is included.*

Plans offered		Monthly Premiums (12-month Rate)		
	<i>Benefit Plan</i>	<b>Employee</b>	<b>Emp + 1</b>	<b>Family</b>
<b>HMO</b>	Anthem HMO Select	\$1,128.83	\$2,257.66	\$2,934.96
	Anthem HMO Traditional	\$1,210.71	\$2,421.42	\$3,147.85
	Blue Shield Access+ HMO	\$1,035.21	\$2,070.42	\$2,691.55
	HealthNet SmartCare	\$1,174.50	\$2,349.00	\$3,053.70
	Kaiser (CA)	\$913.74	\$1,827.48	\$2,375.72
<b>PPO</b>	PERS Platinum	\$1,200.12	\$2,400.24	\$3,120.31
	PERS Gold	\$825.61	\$1,651.22	\$2,146.59
	PORAC	\$825.00	\$1,875.00	\$2,300.00
<b>Dental</b>	Delta Dental (Group #7901-3381)	\$45.55	\$82.51	\$118.61
<b>Vision</b>	<b>VSP - Plan C (Group #009-03178)**</b>	<b>N/A</b>	<b>N/A</b>	<b>\$36.18</b>
<b>**</b>	<i>Please note --- VSP Vision Coverage is available to NEWMA employees Only</i>			
<i>Premiums are deducted monthly. Coverage Period = July through June</i>				
<i>If you are an 11-Month Newma Employee Please Reference Payment Schedule in Chart #1</i>				

Plans offered		Monthly Premiums (11-month Rate)		
	Benefit Plan	Employee	Emp + 1	Family
HMO	Anthem HMO Select	\$1,231.45	\$2,462.90	\$3,201.77
	Anthem HMO Traditional	\$1,320.77	\$2,641.55	\$3,434.02
	Blue Sheild Access+ HMO	\$1,129.87	\$2,258.64	\$2,936.24
	HealthNet SmartCare	\$1,281.27	\$2,562.55	\$3,331.31
	Kaiser (CA)	\$996.81	\$1,993.61	\$2,591.69
PPO	PERS Platinum	\$1,309.22	\$2,618.44	\$3,403.97
	PERS Gold	\$900.67	\$1,801.33	\$2,341.73
	PORAC	\$900.00	\$2,045.45	\$2,509.09
Dental	Delta Dental (Group #7901-3381)	\$49.69	\$90.01	\$129.39
<p><b><i>*There are no premium deductions from summer checks (Summer Arrears Pay Cycle 12 checks). Coverage Period = September through August</i></b></p>				

Plan coverages are subject to change; please refer to CalPERS or CVT for details.

**\*\*Delta Dental & d VSP do not issue member cards.**

Please have your provider use the group number and/or your social security number to verify eligibility and billing purposes.