

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

*Medical Rates Effective 01/01/2024 through 12/31/2024*

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 and 10-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> 2024, 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	\$1,138.86	\$2,277.72	\$2,961.04
	Anthem HMO Traditional	\$1,339.70	\$2,679.40	\$3,483.22
	Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78
	UnitedHealthcare Signature Value Alliance	\$1,091.13	\$2,182.26	\$2,836.94
	Kaiser (CA)	\$1,021.41	\$2,042.82	\$2,655.67
<b>PPO</b>	PERS Platinum	\$1,314.27	\$2,628.54	\$3,417.10
	PERS Gold	\$914.82	\$1,829.64	\$2,378.53
	PORAC	\$931.00	\$2,117.00	\$2,651.00
<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 If you are an 11-Month NEWMA Employee Please Reference Payment Schedule in Chart #2</i>				

Plans Offered		Monthly Premiums (11-month Rate)		
	Benefit Plan	Employee	Emp + 1	Family
HMO	Anthem HMO Select	\$1,242.39	\$2,484.79	\$3,230.23
	Anthem HMO Traditional	\$1,461.49	\$2,922.98	\$3,799.88
	Blue Shield Access+ HMO	\$1,174.73	\$2,349.47	\$3,054.31
	UnitedHealthcare SignatureValue Alliance	\$1,190.32	\$2,380.65	\$3,094.84
	Kaiser (CA)	\$1,114.27	\$2,228.53	\$2,897.09
PPO	PERS Platinum	\$1,433.75	\$2,867.50	\$3,727.75
	PERS Gold	\$997.99	\$1,995.97	\$2,594.76
	PORAC	\$1,015.64	\$2,309.45	\$2,892.00
Dental	Delta Dental (Group #7901-3381)	\$49.69	\$90.01	\$129.39
<p><b>*There are no premium deductions from summer checks (Summer Arrears Pay Cycle 12 checks).</b>  <b>Coverage Period = September through August</b></p>				

Plans Offered		Monthly Premiums (10-month Rate)		
	Benefit Plan	Employee	Emp + 1	Family
HMO	Anthem HMO Select	\$1,366.63	\$2,733.26	\$3,553.25
	Anthem HMO Traditional	\$1,607.64	\$3,215.28	\$4,179.86
	Blue Shield Access+ HMO	\$1,292.21	\$2,584.42	\$3,359.74
	UnitedHealthcare SignatureValue Alliance	\$1,309.36	\$2,618.71	\$3,404.33
	Kaiser (CA)	\$1,225.69	\$2,451.38	\$3,186.80
PPO	PERS Platinum	\$1,577.12	\$3,154.25	\$4,100.52
	PERS Gold	\$1,097.78	\$2,195.57	\$2,854.24
	PORAC	\$1,117.20	\$2,540.40	\$3,181.20
Dental	Delta Dental (Group #7901-3381)	\$54.66	\$99.01	\$142.33
<p><b>*There are no premium deductions from summer checks (Summer Arrears Pay Cycle 12 checks).</b>  <b>Coverage Period = September through August</b></p>				

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

**\*\*Delta Dental & 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.