



**NEWPORT-MESA UNIFIED SCHOOL DISTRICT  
ACTIVE EMPLOYEE PAYROLL DEDUCTION TABLE  
RATES EFFECTIVE OCTOBER 1, 2024**

Rates and Plans subject to change each Open Enrollment

**Pending Board Approval**

\* 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**

<b>OCAP 1</b>	<b>All Enrollments</b>	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	35.73	45.00	271.73	281.00
Two-Party	9.27	60.73	70.00	110.73	120.00	533.73	543.00
Family	9.27	105.73	115.00	185.73	195.00	772.73	782.00

»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	60.31	112.00	163.69	215.38
Two-Party	0.00	124.83	231.83	338.83	445.83
Family	0.00	180.92	335.99	491.06	646.14

**CIGNA SELECT (HMO)**

Single	0.00	76.29	141.67	207.06	272.45
Two-Party	0.00	157.91	293.26	428.62	563.97
Family	0.00	228.86	425.02	621.19	817.36

**CIGNA NETWORK (HMO)**

Single	0.00	89.34	165.92	242.50	319.07
Two-Party	0.00	184.94	343.45	501.97	660.49
Family	0.00	268.02	497.76	727.49	957.23

**CIGNA OPEN ACCESS PLUS (OAP)**

Single	0.00	102.75	190.82	278.89	366.96
Two-Party	0.00	212.39	394.44	576.49	758.54
Family	0.00	307.68	571.41	835.14	1,098.87

**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	2.42	4.49	6.56	8.64
Two-Party	0.00	4.06	7.55	11.03	14.52
Family	0.00	7.00	13.00	19.00	25.00

**CIGNA DENTAL PPO**

Single	18.56	22.27	25.98	29.69	33.40
Two-Party	34.07	40.88	47.69	54.51	61.32
Family	49.58	59.49	69.41	79.33	89.24

**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
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**Rates are shown and deducted 10thly- Verify your Paystub**

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