

Natomas Unified School District  
**2025 Benefit Selection Sheet/Section 125**  
 Monthly Rates Effective **1/01/25- 12/31/25**  
 Management, Confidential, Unrepresented, and Charter Employees

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 (less than 8 hours per day) employees who are eligible for benefits will receive a pro-rated amount per month according to FTE.** New employees must enroll in a medical plan within **30 days** after the hire date.

**If medical is waived, Dental and Vision is paid by the District.**

SECTION 1: FULL TIME EMPLOYEES		EE ONLY Selection	EE + Spouse Selection	EE + Child(ren) Selection	Family Selection
KAISER TRADITIONAL (HMO)	\$1,046.50	\$2,197.64	\$1,883.70	\$2,773.22	
NUSD Contribution	\$915.36	\$1,229.85 <input type="checkbox"/>	\$1,229.85	\$1,782.98 <input type="checkbox"/>	
<b>EE CONTRIBUTION</b>	<b>\$131.14</b>	<b>\$967.79</b>	<b>\$653.85</b>	<b>\$990.24</b>	
KAISER LOW (HMO)	\$964.92	\$2,026.33	\$1,736.86	\$2,557.04	
NUSD Contribution	\$915.36	\$1,229.85 <input type="checkbox"/>	\$1,229.85 <input type="checkbox"/>	\$1,782.98 <input type="checkbox"/>	
<b>EE CONTRIBUTION</b>	<b>\$49.56</b>	<b>\$796.48</b>	<b>\$507.01</b>	<b>\$774.06</b>	
WESTERN HEALTH HMO	\$872.31	\$1,835.82	\$1,573.60	\$2,314.41	
NUSD Contribution	\$915.36	\$1,229.85 <input type="checkbox"/>	\$1,229.85 <input type="checkbox"/>	\$1,782.98	
<b>EE CONTRIBUTION</b>	<b>\$-43.05*</b>	<b>\$605.97</b>	<b>\$343.75</b>	<b>\$531.43</b>	
WESTERN HEALTH LOW	\$842.55	\$1,773.19	\$1,519.92	\$2,235.45	
NUSD Contribution	\$915.36	\$1,229.85	\$1,229.85 <input type="checkbox"/>	\$1,782.98	
<b>EE CONTRIBUTION</b>	<b>\$-72.81*</b>	<b>\$543.34</b>	<b>\$290.07</b>	<b>\$452.47</b>	
SUTTER PLUS (ML84 HMO)	\$839.10	\$1,762.30	\$1,510.90	\$2,224.60	
NUSD Contribution	\$915.36	\$1,229.85	\$1,229.85	\$1,782.98	
<b>EE CONTRIBUTION</b>	<b>\$-76.26*</b>	<b>\$532.45</b>	<b>\$281.05</b>	<b>\$441.62</b>	
SUTTER PLUS (ML79 HMO)	\$777.30	\$1,632.60	\$1,399.70	\$2,060.80	
NUSD Contribution	\$915.36	\$1,229.85	\$1,229.85	\$1,782.98	
<b>EE CONTRIBUTION</b>	<b>\$-138.06*</b>	<b>\$402.75</b>	<b>\$169.85</b>	<b>\$277.82</b>	
<b>*Leftover Employer Contributions can be used to help offset the cost of dental and vision plans</b>					
DENTAL	\$51.75	\$98.33	EE + 1 Child \$98.33	Family \$150.08	
DENTAL with Orthodontics	EE Only \$53.31	EE + Spouse \$101.28	EE + 1 Child \$101.28	Family (3 or more) \$154.58	
VSP	\$16.48	\$16.48	\$16.48	\$16.48	

SECTION 2: PART TIME EMPLOYEES				PRO-RATED CALCULATION	
Part-time employees who are eligible for benefits will receive a pro-rated contribution amount per month according to FTE. Below are some <u>examples</u> of how a part time employee would calculate the NUSD contribution. List is not all inclusive of all potential hours worked per day. <b>The example below includes NUSD contribution for Employee Only. EXAMPLE ONLY</b>				Part time employees may use this work space to calculate the monthly district contribution applicable to their assigned hours.	
(A)	(B) = (A) divided by 8 hours	(C)	(D) = (B) multiplied by (C)	# of hrs worked	= (A)
Number of Hours worked per day	% Full Time Equivalent	Full Time NUSD Contribution (EE only)	Part-time pro-rated NUSD contribution (EE only)	(A) divided by 8	= (B)
4	50%	\$ 915.36	\$ 457.68	FT NUSD Contribution	= (C)
5	63%	\$ 915.36	\$ 576.68	Pro-rated NUSD contribution	= (D)
6	75%	\$ 915.36	\$ 686.52		
7	88%	\$ 915.36	\$ 805.52		
				<b>Amount is automatically copied to NUSD Monthly Contribution below</b>	

**PROOF OF DEPENDENT(S)/VERIFICATION**

**To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license)**

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**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	+	_____
<b>Total Monthly Premium</b>	=	_____
<b>NUSD Monthly Contribution</b>	-	_____
<b>EE Monthly Contribution</b>	=	_____
<b>EE Summer Premium Amt</b>	+	_____
<b>Total Monthly Deductions</b>	=	_____

**If the EE contribution is negative, no payroll deduction will be made**