

Natomas Unified School District
2025 Benefit Selection Sheet/Section 125
Monthly Rates Effective 1/01/25 - 12/31/25
Natomas Teachers Association (Certificated)

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 employees who are eligible for benefits will receive a pro-rated amount per month according to FTE.** For more information review district contribution list on the reverse. New employees must enroll in a medical plan within 30 days after the hire date.

| FULL TIME EMPLOYEES | EE ONLY | Selection | EE + ONE | Selection | FAMILY | Selection |
|--|--|-----------|-------------------|-----------|-------------------|-----------|
| ANTHEM HMO SELECT | \$1,256.65 | | \$2,513.30 | | \$3,267.29 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$401.29 | | \$1,443.45 | | \$1,744.31 | |
| ANTHEM HMO TRADITIONAL | \$1,500.40 | | \$3,000.80 | | \$3,901.04 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$645.04 | | \$1,930.95 | | \$2,378.06 | |
| BLUE SHIELD ACCESS+ | \$1,170.17 | | \$2,340.34 | | \$3,042.44 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$314.81 | | \$1,270.49 | | \$1,519.46 | |
| BLUE SHIELD TRIO | \$1,134.79 | | \$2,269.58 | | \$2,950.45 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$279.43 | | \$1,199.73 | | \$1,427.47 | |
| KAISER | \$1,112.90 | | \$2,225.80 | | \$2,893.54 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$257.54 | | \$1,155.95 | | \$1,370.56 | |
| UNITED HEALTHCARE Alliance | \$1,184.58 | | \$2,369.16 | | \$3,079.91 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$329.22 | | \$1,299.31 | | \$1,556.93 | |
| UNITED HEALTHCARE Harmony | \$1,005.02 | | \$2,010.04 | | \$2,613.05 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$149.66 | | \$940.19 | | \$1,090.07 | |
| WESTERN HEALTH ADVANTAGE | \$914.27 | | \$1,828.54 | | \$2,377.10 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$58.91 | | \$758.69 | | \$854.12 | |
| PERS PLATINUM | \$1,476.10 | | \$2,952.20 | | \$3,837.86 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$620.74 | | \$1,882.35 | | \$2,314.88 | |
| PERS GOLD | \$1,013.70 | | \$2,027.40 | | \$2,635.62 | |
| NUSD Contribution | \$855.36 | q | \$1,069.85 | q | \$1,522.98 | q |
| EE CONTRIBUTION | \$158.34 | | \$957.55 | | \$1,112.64 | |
| If medical is waived, Dental and Vision is paid by the District. | | | | | | |
| DENTAL | \$51.75 | q | \$98.33 | q | \$150.08 | q |
| DENTAL with Orthodontics | \$53.31 | q | \$101.28 | q | \$154.58 | q |
| VISION | \$16.48 | q | \$16.48 | q | \$16.48 | q |
| PROOF OF DEPENDENT(S)/VERIFICATION | MONTHLY EMPLOYEE DEDUCTION CALCULATION | | | | | |
| To enroll dependents, you MUST submit proper documentation (birth certificate, marriage license) | Enter the Number of months Contracted (10, 11 or 12) and the Premium Amounts selected in the spaces below to calculate your monthly payroll deduction(s) | | | | | |
| AUTHORIZATION | Contract Months 10, 11 or 12 _____ | | | | | |
| q I am waiving my medical benefits | Medical Plan Premium + _____ | | | | | |
| OR | Dental + _____ | | | | | |
| q 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. | Vision + _____ | | | | | |
| | Total Monthly Premium = _____ | | | | | |
| | NUSD Monthly Contribution - _____ | | | | | |
| | EE Monthly Contribution = _____ | | | | | |
| | EE Summer Premium Amt + _____ | | | | | |
| | Total Monthly Deductions = _____ | | | | | |
| Signature: _____ | _____ | | | | | |
| Date: _____ | _____ | | | | | |
| If the EE contribution is negative, no payroll deduction will be made | | | | | | |