

**Natomas Unified School District**  
**2025 Benefit Selection Sheet/Section 125**  
**Monthly Rates Effective 1/01/25 - 12/31/25**  
**California School Employees Association**

(Classified)

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>\$774.05</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	\$1762.30	\$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 LOW)	\$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 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**

Part-time employees who are eligible for benefits will receive a pro-rated contribution amount per month according to FTE. Below are some examples of how a part time employee would calculate the NUSD contribution. List is not all inclusive of all potential hours worked per day. **The example below includes NUSD contribution for Employee Only. EXAMPLE ONLY**

**PRO-RATED CALCULATION**

Part time employees may use this work space to calculate the monthly district contribution applicable to their assigned hours.

# of hrs worked	=	(A)
(A) divided by 8	=	(B)
FT NUSD Contribution	=	(C)
Pro-rated NUSD contribution	=	(D)

**Amount is automatically copied to NUSD Monthly Contribution below**

(A)	(B) = (A) divided by 8 hours	(C)	(D) = (B) multiplied by (C)
Number of Hours worked per day	% Full Time Equivalent	Full Time NUSD Contribution (EE only)	Part-time pro-rated NUSD contribution (EE only)
4	50%	\$ 915.36	\$ 457.68
5	63%	\$ 915.36	\$ 576.68
6	75%	\$ 915.36	\$ 686.52
7	88%	\$ 915.36	\$ 805.52

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

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

**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**