Newport-Mesa Unified School District

NEWPORT-MESA UNIFIED SCHOOL DISTRICT

ACTIVE EMPLOYEE PAYROLL DEDUCTION TABLE

RATES EFFECTIVE OCTOBER 1, 2025

Bargaining Units: CSEA, NMSA, NMAA

Pending Negotiations and 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						
OCAP 1	**All Enrollments**	9.27	8.11	7.18	6.26	5.33

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

		Kaiser HMO & Cigna Select HMO OCAPs		Cigna Network HMO OCAPs		Cigna OAP OCAPs	
Total OCAP examples using Benefit FTE of 1	OCAP 1	OCAP 2	TOTAL	OCAP 3	TOTAL	OCAP 4	TOTAL
Single	9.27	15.73	**25.00**	35.73	**45.00**	351.73	**361.00**
Two-Party	9.27	60.73	**70.00**	110.73	**120.00**	633.73	**643.00**
Family	9.27	105.73	**115.00**	185.73	**195.00**	892.73	**902.00**

»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
MEDICAL OPTIONS						
KAISER PERMANENTE (HMO)						
	Single	0.00	64.94	120.60	176.26	231.92
	Two-Party	0.00	134.42	249.63	364.85	480.06
	Family	0.00	194.81	361.79	528.77	695.75
CIGNA SELECT (HMO)						
	Single	0.00	84.90	157.67	230.44	303.22
	Two-Party	0.00	175.74	326.38	477.02	627.66
	Family	0.00	254.70	473.02	691.34	909.66
CIGNA NETWORK (HMO)						
	Single	0.00	99.43	184.66	269.88	355.10
	Two-Party	0.00	205.82	382.24	558.66	735.08
	Family	0.00	298.29	553.97	809.65	1065.33
CIGNA OPEN ACCESS PLUS (OAP)						
	Single	0.00	114.35	212.37	310.39	408.41
	Two-Party	0.00	236.38	438.99	641.59	844.20
	Family	0.00	342.43	635.94	929.46	1,222.97
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

Rates are shown and deducted 10thly- Verify your Paystub

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