Natomas Unified School District
2026 Benefit Selection Sheet
Monthly Rates Effective July 1, 2026 - December 31, 2026
NP3 Charter Employees

EMPLOYEE NAME: _____ **EMPLOYEE ID #:** _____ **EFFECTIVE DATE:** _____

Full-time employees are eligible for the full monthly NP3 Charter contribution based on the coverage selected. Part-time employees who work more than four (4) hours but less than eight (8) hours are eligible for a prorated monthly contribution based on their full-time equivalent (FTE). See Section 2 for details on calculating the NP3 Charter contribution. *New employees must enroll in benefits within thirty (30) days of their hire date.*

****If medical coverage is waived, NP3 Charter will pay 100% of dental and vision premiums.****

SECTION 1: FULL-TIME EMPLOYEES	EE-Only	Selection	EE + Spouse	Selection	EE + Child(ren)	Selection	Family	Selection
KAISER TRADITIONAL (HMO)	$1,118.98		$2,349.86		$2,014.17		$2,965.30	
Charter Contribution	$993.53	☐	$1,987.06	☐	$1,987.06	☐	$2,583.18	☐
EE CONTRIBUTION	**$125.45**		**$362.80**		**$27.11**		**$382.12**	
KAISER LOW (HMO)	$1,055.75		$2,217.08		$1,900.35		$2,797.74	
Charter Contribution	$993.53	☐	$1,987.06	☐	$1,987.06	☐	$2,583.18	☐
EE CONTRIBUTION	**$62.22**		**$230.02**		**$0***		**$214.56**	
WESTERN HEALTH HMO	$959.24		$2,018.77		$1,730.41		$2,545.06	
Charter Contribution	$993.53	☐	$1,987.06	☐	$1,987.06	☐	$2,583.18	☐
EE CONTRIBUTION	**$0***		**$31.71**		**$0***		**$0***	
WESTERN HEALTH LOW	$927.30		$1,951.55		$1,672.80		$2,460.31	
Charter Contribution	$993.53	☐	$1,987.06	☐	$1,987.06	☐	$2,583.18	☐
EE CONTRIBUTION	**$0***		**$0***		**$0***		**$0***	
SUTTER PLUS (LG18 HMO)	$915.30		$1,922.30		$1,648.00		$2,426.40	
Charter Contribution	$993.53	☐	$1,987.06	☐	$1,987.06	☐	$2,583.18	☐
EE CONTRIBUTION	**$0***		**$0***		**$0***		**$0***	
SUTTER PLUS (LG19 HMO)	$847.60		$1,780.20		$1,526.20		$2,247.00	
Charter Contribution	$993.53	☐	$1,987.06	☐	$1,987.06	☐	$2,583.18	☐
EE CONTRIBUTION	**$0***		**$0***		**$0***		**$0***	

Any unused Charter contribution remaining after medical coverage is selected will be applied toward dental and/or vision coverage.

DENTAL		$60.14	☐		$114.27	☐		$114.27	☐
DENTAL with Orthodontia	**EE-Only**	$61.95	☐	**EE + Spouse**	$117.70	☐	**EE + Child(ren)**	$117.70	☐
VSP		$17.02	☐		$17.02	☐		$17.02	☐

							Family	$174.41	☐
							(3 or more)	$179.64	☐
								$17.02	☐

SECTION 2: PART-TIME EMPLOYEES

Part-time employees who are eligible for benefits will receive a prorated monthly Charter contribution based on their FTE. The examples below illustrate how the contributions are calculated for part-time employees electing employee-only coverage. *This list is not all-inclusive and is provided for reference purposes only.* ***Actual contributions will vary based on FTE.***

(A)	(B) = (A) divided by 8 hours	(C)	(D) = (B) multiplied by (C)
Number of Hours Worked per Day	**% Full-Time Equivalent (FTE)**	**Full-Time Charter Contribution (EE-Only)**	**Part-Time Pro-Rated Charter Contribution (EE-Only)**
4	50%	$ 993.53	$ 496.77
5	62.5%	$ 993.53	$ 620.96
6	75%	$ 993.53	$ 745.15
7	87.5%	$ 993.53	$ 869.34

PRORATED CALCULATION

Part-time employees may use this worksheet to calculate the monthly Charter contribution based on their work hours per day.

Employee Work Hours/Day = (A)

Full-Time Hours/Day = 8 (B)

Full Charter Contribution (C)

= Prorated Charter Contribution = $ 0.00 (D)

The prorated monthly Charter contribution will automatically populate the Charter monthly contribution field below.

PROOF OF DEPENDENT(S) ELIGIBILITY

If enrolling dependent(s), employees must provide documentation verifying dependent eligibility (e.g., birth certificate or marriage license).

AUTHORIZATION

☐ *I am waiving all benefit plans: medical, dental, and vision.*

☐ *I am waiving medical coverage only.*

☐ *I authorize Charter to deduct the employee contribution(s) from my paycheck for the benefit plans I selected above. This authorization will remain in effect until I revoke it in writing or upon a qualifying change in status.*

Signature: _____ *Date:* _____

MONTHLY EMPLOYEE DEDUCTION CALCULATION

Enter the number of working months (10, 11, or 12) and the premium(s) for each plan selected in the spaces below to calculate your monthly payroll deductions.

Working Months: 10, 11, 12		
Medical Plan Premium	+	
Dental	+	
Vision	+	
Total Monthly Premium	=	0.00
Charter Monthly Contribution	-	0.00
EE Monthly Contribution	=	0.00
EE Summer Contribution (if applicable)	+	0.00
Total EE Payroll Deduction	=	0.00

If the employee contribution is negative, no payroll deduction will occur.

All employee contributions are deducted on a pretax basis in accordance with Section 125 of the Internal Revenue Code.