Newport-Mesa Unified School District

NEWPORT-MESA UNIFIED SCHOOL DISTRICT

ACTIVE EMPLOYEE PAYROLL DEDUCTION TABLE

RATES EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026

Bargaining Units: CSEA, NMSA, NMAA

Rates Effective October 1, 2026 - September 30, 2027 - TBD 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	69.51	129.09	188.67	248.24
	Two-Party	0.00	143.88	267.21	390.54	513.86
	Family	0.00	208.52	387.26	566.00	744.73
CIGNA SELECT (HMO)						
	Single	0.00	92.04	170.93	249.82	328.71
	Two-Party	0.00	190.52	353.83	517.13	680.43
	Family	0.00	276.12	512.80	749.47	986.15
CIGNA NETWORK (HMO)						
	Single	0.00	107.79	200.18	292.57	384.94
	Two-Party	0.00	223.12	414.37	605.61	796.86
	Family	0.00	323.36	600.53	877.70	1154.87
CIGNA OPEN ACCESS PLUS (OAP)						
	Single	0.00	123.97	230.22	336.48	442.74
	Two-Party	0.00	256.25	475.89	695.53	915.17
	Family	0.00	371.22	689.41	1007.60	1,325.78
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	17.65	21.18	24.70	28.23	31.76
	Two-Party	32.40	38.88	45.35	51.84	58.31
	Family	47.15	56.57	66.00	75.44	84.86
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 more information at: www.nmusd.us/benefits

*CSEA - The rates above reflect the tentative agreement to maintain the 2025-2026 OCAP rates and are pending member ratification and Board approval.

*NMAA, NMSA - The rates above are based on the 2025-2026 OCAP rates and are subject to change. Current year rates have not yet been finalized and may differ.