

NTA Certificated and NEWMA Management Employee Benefits

Rates Effective 01/01/2026 through 12/31/2026

The district does not offer any monetary contributions towards certificated (NTA) or management benefits. Dependent children are eligible to be covered until their 26th birthday for both medical and dental plans offered. **CalPERS & CVT require copies of marriage and/or birth certificates for all dependents to be attached to enrollment forms.**

Coverage is year round. Certificated (NTA) employees' coverage runs from September to August; Management employees' coverage runs from August through July. The exception is employees making changes during Open Enrollment which then take effect in January.

DENTAL COVERAGE*--All full-time employees are required to participate in the district's dental plan; employees less than full time may decline to participate in the dental plan. Delta Dental is an incentive group plan starting coverage at 70% during the first year and increasing by 10% each year thereafter until you reach 100%.

MEDICAL COVERAGE*--Employees wanting medical insurance may purchase one of the CalPERS plan options below. Some of the listed medical plans are limited by zip code; please check on-line at www.CalPERS.ca.gov to verify the plan options available based on your address. **These new CalPERS premium are effective January 1st and the increased deductions will be reflected on your December pay warrant.**

VISION COVERAGE*—*Vision coverage is currently only available for management employees and participation is mandatory. If you are looking for a health plan that includes vision coverage, you will want to review Kaiser's coverage options to see if it is included.*

NTA - Certificated Staff // 11-Month Employees		Monthly Premiums*		
	Benefit Plan	Employee	Emp + 1	Family
Dental	Delta Dental (Group #7901-3381)	\$52.17	\$94.51	\$135.85
HMO	Anthem HMO Select	\$1,457.77	\$2,915.54	\$3,790.20
	Anthem HMO Traditional	\$1,758.63	\$3,517.27	\$4,572.45
	Blue Shield Access+	\$1,420.31	\$2,840.62	\$3,692.80
	United Healthcare Signature Value Alliance	\$1,407.34	\$2,814.68	\$3,659.08
	Kaiser (CA)	\$1,275.12	\$2,550.24	\$3,315.32
PPO	PERS Platinum	\$1,821.97	\$3,643.94	\$4,737.12
	PERS Gold	\$1,222.45	\$2,444.90	\$3,178.37
*There are no premium deductions from summer checks. The deductions for benefits are based on 11 checks. Coverage Period = September through August				
Management// 12-Month Employees		Monthly Premiums		
	Benefit Plan	Employee	Emp + 1	Family
Dental	Delta Dental (Group #7901-3381)	\$47.83	\$86.63	\$124.53
Vision	VSP - Plan C (Group #009-03178)	\$14.10	\$29.70	\$42.40
**	Please note --- VSP Vision Coverage is available NEWMA employees Only			
HMO	Anthem HMO Select	\$1,336.29	\$2,672.58	\$3,474.35
	Anthem HMO Traditional	\$1,612.08	\$3,224.16	\$4,191.41
	Blue Shield Access+	\$1,301.95	\$2,603.90	\$3,385.07

	United Healthcare Signature Value Alliance	\$1,290.06	\$2,580.12	\$3,354.16
	Kaiser (CA)	\$1,168.86	\$2,337.72	\$3,039.04
PPO	PERS Platinum	\$1,670.14	\$3,340.28	\$4,342.36
	PERS Gold	\$1,120.58	\$2,241.16	\$2,913.51
<i>Premiums are deducted monthly. Coverage Period = August through July</i> <i>If you are a 11-Month Management Employee Please Reference Payment Schedule in Chart #1</i>				

Plan coverages are subject to change; refer to CalPers or CVT for details // **Delta Dental & VSP do not issue member cards. Please have your provider use the group number and/or your social security number to verify eligibility and billing purposes.

Update from previous years. You now have the option to pick a plan that more aligns to your needs.