

## **NTA Certificated and NEWMA Management Employee Benefits**

**Rates Effective 01/01/2020 through 12/31/2020**

The district does not offer any monetary contributions towards certificated (NTA) or management (NEWMA) 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 October to September; Management (NEWMA) employees' coverage runs from August through July. The exception is employees making changes during Open Enrollment which then take effect in January. **The monthly rate is NOT higher for 10-month employees. There are no premiums deducted from elective summer arrears checks.**

**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](http://www.CalPERS.ca.gov) to verify the plan options available based on your address. **These new CalPERS premium are effective January 1<sup>st</sup> and the increased deductions will be reflected on your December pay warrant.**

**VISION COVERAGE\***--Vision coverage is currently only available for management NEWMA 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.

<b>NTA - Certificated Staff // 10-Month Employees</b>		<b>Monthly Premiums*</b>		
	<b>Benefit Plan</b>	<b>Employee</b>	<b>Emp + 1</b>	<b>Family</b>
<b>Dental</b>	Delta Dental (Group #7901-3381)	\$58.94	\$106.78	\$153.49
<b>HMO</b>	Anthem HMO Select	\$1,042.78	\$2,085.55	\$2,711.22
	Anthem HMO Traditional	\$1,421.81	\$2,843.62	\$3,696.70
	Blue Shield Access+	\$1,353.32	\$2,706.65	\$3,518.64
	HealthNet SmartCare	\$1,200.62	\$2,401.25	\$3,121.62
	Kaiser (CA)	\$922.19	\$1,844.38	\$2,397.68
<b>PPO</b>	PERS Choice	\$1,033.42	\$2,066.83	\$2,686.88
	PERS Select	\$624.35	\$1,248.70	\$1,623.30
	PERS Care	\$1,359.77	\$2,719.54	\$3,535.39
	PORAC	\$928.80	\$2,038.80	\$2,638.80
<b>*There are no premium deductions from summer checks (Summer Arrears Pay Cycle 12 checks). Coverage Period = October through September</b>				
<b>NEWMA // 12-Month Employees</b>		<b>Monthly Premiums</b>		
	<b>Benefit Plan</b>	<b>Employee</b>	<b>Emp + 1</b>	<b>Family</b>
<b>Dental</b>	Delta Dental (Group #7901-3381)	\$49.12	\$88.98	\$127.91
<b>Vision</b>	VSP - Plan C (Group #009-03178)	N/A	N/A	\$36.18
<b>**</b>	<b>Please note --- VSP Vision Coverage is available NEWMA employees Only</b>			
<b>HMO</b>	Anthem HMO Select	\$868.98	\$1,737.96	\$2,259.35
	Anthem HMO Traditional	\$1,184.84	\$2,369.68	\$3,080.58
	Blue Shield Access+	\$1,127.77	\$2,255.54	\$2,932.20
	HealthNet SmartCare	\$1,000.52	\$2,001.04	\$2,601.35
	Kaiser (CA)	\$768.49	\$1,536.98	\$1,998.07
<b>PPO</b>	PERS Choice	\$861.18	\$1,722.36	\$2,239.07
	PERS Select	\$520.29	\$1,040.58	\$1,352.75
	PERS Care	\$1,133.14	\$2,266.28	\$2,946.16
	PORAC	\$774.00	\$1,699.00	\$2,199.00
<b>Premiums are deducted monthly. Coverage Period = July through June If you are a 10-Month Newma Employee Please Reference Payment Schedule Above</b>				

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.