

NEWMAN-CROWS LANDING UNIFIED SCHOOL DISTRICT

All eligible employees receive an insurance cap in the following amounts to go toward the purchase of Dental/Vision and Health coverage:

\$700/Month (Certificated Teachers)

\$804.17/Month (Classified Employees)

\$1,636.49/Month (Administrators, Confidential/Management employees)

Administrators and Confidential/Management employees have the choice of opting out of health insurance coverage and receive cash-in-lieu. Each month the employee will receive the Classified monthly cap of \$804.17, less the cost of his/her Dental/Vision premiums.

The Dental & Vision insurance premiums are deducted from the insurance cap first. All eligible employees **must enroll in Dental and Vision coverage** but may opt out of Health insurance coverage. The remaining balance of the cap is available to be applied toward the Health insurance premium. If the insurance premium exceeds the cap, the balance will be deducted from the employee's paycheck. This deduction is pre-tax.

Dental/Vision/Health Plans:

Health – (See CalPERS pamphlet for benefits and insurance providers.)

CalPERS 2023 Regional Health Premiums (Actives and Annuityants)

Effective Date: January 1, 2023

Region 1

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba

Basic Monthly Premiums (B)

Plan	Subscriber	Plan Code	Party Code	Party Rate	Subscriber & 1 Dependent	Plan Code	Party Code	Party Rate	Subscriber & 2+ Dependents	Plan Code	Party Code	Party Rate
Anthem Blue Cross Select HMO	1,128.83	506	1	1	2,257.66	506	2	2	2,934.96	506	3	3
Anthem Blue Cross Traditional HMO	1,210.71	509	1	1	2,421.42	509	2	2	3,147.85	509	3	3
Blue Shield Access+ HMO	1,035.21	525	1	1	2,070.42	525	2	2	2,691.55	525	3	3
Blue Shield Trio HMO*	888.94	451	1	1	1,777.88	451	2	2	2,311.24	451	3	3
Kaiser Permanente	913.74	533	1	1	1,827.48	533	2	2	2,375.72	533	3	3
PERS Gold	825.61	613	1	1	1,651.22	613	2	2	2,146.59	613	3	3
PERS Platinum	1,200.12	601	1	1	2,400.24	601	2	2	3,120.31	601	3	3

Dental/Vision premium rates: offered through CVT

	<u>Single</u>	<u>Employee + 1</u>	<u>Family</u>	<u>Composite Rate</u>
Dental	\$41.48	\$75.13	\$108.00	\$84.22 (Admin/Mgt only)
Vision	<u>\$11.52</u>	<u>\$21.39</u>	<u>\$32.95</u>	
TOTAL:	\$53.00	\$96.52	\$140.95	

Delta Dental (incentive plan) **Group # 7901-0701**

70%(Yr 1), 80%(Yr 2), 90%(Yr 3), 100%(Yr 4)

No card received. A card can be printed through your MyCVT.org account.

Any questions about dental coverage, you can call (866) 499-3001 – Delta Dental school plans.

VSP (Vision Service Plan) - **Group #0900039AS**

No card received. Your eye care office will handle the insurance with VSP online.

You can visit VSP.com or MyCvt.org to check your annual exam and eligibility status.

A packet containing benefits/coverage information for Dental/Vision will be sent to the employee's home address by California's Valued Trust upon receipt of enrollment form.

Health Insurance ID cards/benefits/coverage will be sent to employees by the insurance provider.

If you have any questions, please feel free to email Mayra Hernandez (MHernandez@NCLUSD.K12.CA.US) or Cristina Martell (CMartell@NCLUSD.K12.CA.US)