



**2018-2019 Health and Welfare – Open Enrollment  
Nevada Joint Union High School District**

**ACTIVE EMPLOYEES**

**DISTRICT CONTRIBUTIONS**

**Certificated Employees**

	<b>Employee Only</b>	<b>&amp; Spouse</b>	<b>&amp; Children</b>	<b>&amp; Family</b>
1.0 FTE 100%	\$778.00	\$1,110.00	\$969.00	\$1,194.00
4/5 FTE 80%	\$622.40	\$888.00	\$775.20	\$955.20
3/5 FTE 60%	\$466.80	\$666.00	\$581.40	\$716.40

**Classified Employees**

**Certificated & Classified Management, Confidential & Supervisory Employees**

	<b>Employee Only</b>	<b>&amp; Spouse</b>	<b>&amp; Children</b>	<b>&amp; Family</b>
7 + hours 100% 1.0 FTE	\$659.00	\$910.00	\$799.00	\$974.00
4/5 FTE 80%	\$527.20	\$728.00	\$639.20	\$779.20
6 to 6.99 hours 75%	\$494.25	\$682.50	\$599.25	\$730.50
5 to 5.99 hours 62.5%	\$411.88	\$568.75	\$499.38	\$608.75
3/5 FTE 60%	\$395.40	\$546.00	\$479.40	\$584.40
4 to 4.99 hours 50%	\$329.50	\$455.00	\$399.50	\$487.00

**MEDICAL PLAN CHOICES**

**Blue Shield PPO - \*Health Savings Account Compatible**

	<b>Employee Only</b>	<b>&amp; Spouse</b>	<b>&amp; Children</b>	<b>&amp; Family</b>
<b>Bronze Plan</b>	\$477.00	\$954.00	\$730.00	\$1,126.00
<b>Wellness Plan</b>	\$855.00	\$1,710.00	\$1,308.00	\$2,018.00
<b>HDHP 1*</b>	\$577.00	\$1,154.00	\$883.00	\$1,362.00
<b>HDHP 2*</b>	\$518.00	\$1,036.00	\$793.00	\$1,222.00
<b>PPO 1 – RX-A</b>	\$1,036.00	\$2,072.00	\$1,585.00	\$2,445.00
<b>PPO 8 – RX-C</b>	\$755.00	\$1,510.00	\$1,155.00	\$1,782.00
<b>PPO 10 – RX-D</b>	\$556.00	\$1,112.00	\$851.00	\$1,312.00

**Blue Shield HMO**

	<b>Employee Only</b>	<b>&amp; Spouse</b>	<b>&amp; Children</b>	<b>&amp; Family</b>
<b>HMO 1</b>	\$1,004.00	\$1,994.00	\$1,529.00	\$2,350.00
<b>HMO 2</b>	\$948.00	\$1,882.00	\$1,443.00	\$2,218.00
<b>HMO 3</b>	\$886.00	\$1,758.00	\$1,348.00	\$2,072.00

**Kaiser Permanente (Must reside in approved area) - \*Health Savings Account Compatible**

	<b>Employee Only</b>	<b>&amp; Spouse</b>	<b>&amp; Children</b>	<b>&amp; Family</b>
<b>Kaiser 3 w/chiro</b>	\$867.16	\$1,732.83	\$1,318.53	\$2,038.84
<b>Kaiser 3</b>	\$861.00	\$1,720.00	\$1,308.00	\$2,021.00
<b>Kaiser 7</b>	\$832.00	\$1,663.00	\$1,264.00	\$1,954.00
<b>Kaiser Wellness</b>	\$838.00	\$1,676.00	\$1,274.00	\$1,969.00
<b>Kaiser HSA*</b>	\$625.00	\$1,248.00	\$949.00	\$1,466.00

**DENTAL – VISION – Group Term Life Plans**

		<b>Composite Rate</b>
<b>Delta Dental</b>	Basic Incentive Plan, \$2,000 per calendar year Maximum Ortho 50/50 Adult & Child(ren) \$1,000	\$130.90
<b>VSP – Vision Plan</b>	Plan B, \$7.50 exam deductible	\$19.80
<b>Met Life Classified</b>	Basic Life Coverage \$40,000	\$4.56
<b>Met Life Certificated/Management/Confidential</b>	Basic Life Coverage \$70,000	\$7.98

**Examples of Employee Only choosing HDHP 1 with Dental, Vision and Life:**

<b>Certificated Employee Plan Cost Estimator</b>					
<b>HDHP 1 Plan Cost</b>	<b>Life Insurance</b>	<b>Dental</b>	<b>Vision</b>	<b>Less District Cap</b>	<b>Monthly Cost for Employee or District HSA Contribution</b>
\$577.00	\$7.98	\$130.90	\$19.80	<b>(\$778.00)</b>	<b>(\$42.32) HSA</b>

<b>Classified/Certificated &amp; Classified Management/Supervisory &amp; Confidential Employee Plan Cost Estimator</b>					
<b>HDHP 1 Plan Cost</b>	<b>Life Insurance</b>	<b>Dental</b>	<b>Vision</b>	<b>Less District Cap</b>	<b>Monthly Cost for Employee or District HSA Contribution</b>
\$577.00	\$4.56/\$7.98	\$130.90	\$19.80	<b>(\$659.00)</b>	<b>\$73.26/\$76.68</b>