



**2019-2020 Health and Welfare – Open Enrollment
Nevada Joint Union High School District**

ACTIVE EMPLOYEES

DISTRICT CONTRIBUTIONS

Certificated Employees

	Employee Only	& Spouse	& Children	& Family
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

	Employee Only	& Spouse	& Children	& Family
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

	Employee Only	& Spouse	& Children	& Family
Bronze Plan	\$487.00	\$974.00	\$745.00	\$1,150.00
Wellness Plan	\$872.00	\$1,744.00	\$1,334.00	\$2,058.00
HDHP 1*	\$589.00	\$1,178.00	\$901.00	\$1,390.00
HDHP 2*	\$530.00	\$1,060.00	\$810.00	\$1,251.00
PPO 1 – RX-A	\$1,058.00	\$2,116.00	\$1,619.00	\$2,497.00
PPO 8 – RX-C	\$771.00	\$1,542.00	\$1,180.00	\$1,820.00
PPO 10 – RX-D	\$564.00	\$1,128.00	\$863.00	\$1,331.00

Blue Shield HMO

	Employee Only	& Spouse	& Children	& Family
HMO 1	\$1,082.00	\$2,150.00	\$1,649.00	\$2,534.00
HMO 2	\$1,022.00	\$2,029.00	\$1,556.00	\$2,392.00
HMO 3	\$955.00	\$1,896.00	\$1,453.00	\$2,234.00

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

	Employee Only	& Spouse	& Children	& Family
Kaiser 3 w/chiro	\$921.16	\$1,841.83	\$1,400.53	\$2,165.84
Kaiser 3	\$915.00	\$1,829.00	\$1,390.00	\$2,148.00
Kaiser 7	\$883.00	\$1,765.00	\$1,342.00	\$2,074.00
Kaiser Wellness	\$891.00	\$1,779.00	\$1,353.00	\$2,091.00
Kaiser HSA*	\$664.00	\$1,327.00	\$1,009.00	\$1,559.00

DENTAL – VISION – Group Term Life Plans

		Composite Rate
Delta Dental	Basic Incentive Plan, \$2,000 per calendar year Maximum Ortho 50/50 Adult & Child(ren) \$1,000	\$126.46
VSP – Vision Plan	Plan B, \$7.50 exam deductible	\$19.62
Met Life Classified	Basic Life Coverage \$40,000	\$4.56
Met Life Certificated/Management/Confidential	Basic Life Coverage \$70,000	\$7.98

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

Certificated Employee Plan Cost Estimator					
HDHP 1 Plan Cost	Life Insurance	Dental	Vision	Less District Cap	Monthly Cost for Employee or District HSA Contribution
\$589.00	\$7.98	\$126.46	\$19.62	(\$778.00)	(\$34.94) HSA

Classified/Certificated & Classified Management/Supervisory & Confidential Employee Plan Cost Estimator					
HDHP 1 Plan Cost	Life Insurance	Dental	Vision	Less District Cap	Monthly Cost for Employee or District HSA Contribution
\$589.00	\$4.56/\$7.98	\$126.46	\$19.62	(\$659.00)	\$80.64/\$84.06