**2021-2022 Health and Welfare – Open Enrollment**

**Nevada Joint Union High School District**

**ACTIVE EMPLOYEES**

**DISTRICT CONTRIBUTIONS**

**Effective 7/1/2021**

**Certificated & Classified Employees**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Employee Only** | **& Spouse** | **& Children** | **& Family** |
| 1. FTE 100%   7 + hours 100% | $856.00 | $1,221.00 | $1,066.00 | $1,314.00 |
| 4/5 FTE 80% | $684.80 | $976.80 | $852.80 | $1,051.20 |
| 6 to 6.99  hours 75% | $642.00 | $915.75 | $799.50 | $985.50 |
| 5 to 5.99  hours 62.5% | $535.00 | $763.13 | $666.25 | $821.25 |
| 3/5 FTE 60% | $513.60 | $732.60 | $639.60 | $788.40 |
| 4 to 4.99  hours 50% | $428.00 | $610.50 | $533.00 | $657.00 |

**MEDICAL PLAN CHOICES – Rates effective 10/1/2021 – 9/30/2022**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Employee Only** | **& Spouse** | **& Children** | **& Family** |
| **Bronze Plan** | $528.00 | $1,056.00 | $807.00 | $1,246.00 |
| **Wellness Plan** | $948.00 | $1,896.00 | $1,450.00 | $2,237.00 |
| **HDHP 1\*** | $640.00 | $1,280.00 | $980.00 | $1,510.00 |
| **HDHP 2\*** | $576.00 | $1,152.00 | $882.00 | $1,360.00 |
| **PPO 1 – RX-A** | $1,150.00 | $2,300.00 | $1,760.00 | $2,714.00 |
| **PPO 8 – RX-C** | $837.00 | $1,674.00 | $1,280.00 | $1,975.00 |
| **PPO 10 – RX-D** | $613.00 | $1,226.00 | $938.00 | $1,447.00 |

**Blue Shield HMO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Employee Only** | **& Spouse** | **& Children** | **& Family** |
| **HMO 1** | $1,148.00 | $2,266.00 | $1,741.00 | $2,667.00 |
| **HMO 2** | $1,101.00 | $2,172.00 | $1,669.00 | $2,556.00 |
| **HMO 3** | $1,042.00 | $2,053.00 | $1,579.00 | $2,416.00 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Employee Only** | **& Spouse** | **& Children** | **& Family** |
| **Kaiser 3 w/chiro** | $1,069.16 | $2,136.83 | $1,625.53 | $2,512.84 |
| **Kaiser 3** | $1,063.00 | $2,124.00 | $1,615.00 | $2,495.00 |
| **Kaiser 7** | $1,026.00 | $2,050.00 | $1,559.00 | $2,409.00 |
| **Kaiser Wellness** | $949.00 | $1,895.00 | $1,441.00 | $2,227.00 |
| **Kaiser HSA\*** | $708.00 | $1,414.00 | $1,075.00 | $1,661.00 |

**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 | $123.44 |
| **VSP – Vision Plan** | Plan B, $7.50 exam deductible | $18.69 |
| **Met Life**  **Classified** | Basic Life Coverage $40,000 | $4.24 |
| **Met Life Certificated/Management/**  **Confidential** | Basic Life Coverage $70,000 | $7.42 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certificated/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** |
| $640.00 | $7.42 | $123.44 | $18.69 | **($856.00)** | **($66.45) HSA** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Classified Employee Plan Cost Estimator** | | | | | |
| **HDHP 1 Plan Cost** | **Life Insurance** | **Dental** | **Vision** | **Less District Cap** | **Monthly Cost for Employee or District HSA Contribution** |
| $640.00 | $4.24 | $123.44 | $18.69 | **($856.00)** | **($69.63) HSA** |