

NOVATO UNIFIED SCHOOL DISTRICT
Medical Benefit Plan
2023 - 2024 CERTIFICATED 12 monthly payments

PROVIDER	FTE	TOTAL PREMIUM	EMPLOYEE CONTRIBUTION	NUSD CONTRIBUTION	# OF MONTHS
KAISER HMO: Traditional (\$15 Office Visit / \$250 Hospital / No Deductible)					
Employee Only	1.0	\$ 799.36	\$ 209.29	\$ 590.07	12
Employee Only + 1	1.0	\$ 1,718.62	\$ 731.89	\$ 986.73	12
Employee Only + 2 or more	1.0	\$ 2,358.10	\$ 1,197.63	\$ 1,160.47	12
Employee Only	0.8	\$ 799.36	\$ 327.30	\$ 472.06	12
Employee Only + 1	0.8	\$ 1,718.62	\$ 929.24	\$ 789.38	12
Employee Only + 2 or more	0.8	\$ 2,358.10	\$ 1,429.72	\$ 928.38	12
Employee Only	0.7	\$ 799.36	\$ 386.31	\$ 413.05	12
Employee Only + 1	0.7	\$ 1,718.62	\$ 1,027.91	\$ 690.71	12
Employee Only + 2 or more	0.7	\$ 2,358.10	\$ 1,545.77	\$ 812.33	12
Employee Only	0.6	\$ 799.36	\$ 445.32	\$ 354.04	12
Employee Only + 1	0.6	\$ 1,718.62	\$ 1,126.58	\$ 592.04	12
Employee Only + 2 or more	0.6	\$ 2,358.10	\$ 1,661.82	\$ 696.28	12
Employee Only	0.5	\$ 799.36	\$ 504.33	\$ 295.03	12
Employee Only + 1	0.5	\$ 1,718.62	\$ 1,225.26	\$ 493.36	12
Employee Only + 2 or more	0.5	\$ 2,358.10	\$ 1,777.87	\$ 580.23	12

KAISER HMO VALUE PLAN: (\$20 Office Visit / 20% Hospital After \$500/\$1000 Deductible)					
Employee Only	1.0	\$ 734.87	\$ 144.80	\$ 590.07	12
Employee Only + 1	1.0	\$ 1,579.98	\$ 593.25	\$ 986.73	12
Employee Only + 2 or more	1.0	\$ 2,167.88	\$ 1,007.41	\$ 1,160.47	12
Employee Only	0.8	\$ 734.87	\$ 262.81	\$ 472.06	12
Employee Only + 1	0.8	\$ 1,579.98	\$ 790.60	\$ 789.38	12
Employee Only + 2 or more	0.8	\$ 2,167.88	\$ 1,239.50	\$ 928.38	12
Employee Only	0.7	\$ 734.87	\$ 321.82	\$ 413.05	12
Employee Only + 1	0.7	\$ 1,579.98	\$ 889.27	\$ 690.71	12
Employee Only + 2 or more	0.7	\$ 2,167.88	\$ 1,355.55	\$ 812.33	12
Employee Only	0.6	\$ 734.87	\$ 380.83	\$ 354.04	12
Employee Only + 1	0.6	\$ 1,579.98	\$ 987.94	\$ 592.04	12
Employee Only + 2 or more	0.6	\$ 2,167.88	\$ 1,471.60	\$ 696.28	12
Employee Only	0.5	\$ 734.87	\$ 439.84	\$ 295.03	12
Employee Only + 1	0.5	\$ 1,579.98	\$ 1,086.62	\$ 493.36	12
Employee Only + 2 or more	0.5	\$ 2,167.88	\$ 1,587.65	\$ 580.23	12

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PROVIDER	FTE	TOTAL PREMIUM	EMPLOYEE CONTRIBUTION	NUSD CONTRIBUTION	# OF MONTHS
KAISER DEDUCTIBLE PLAN: HSA - Health Savings Account (\$20 Office Visit / \$1500/\$3000 Deductible)					
Employee Only	1.0	\$ 624.26	\$ 34.19	\$ 590.07	12
Employee Only + 1	1.0	\$ 1,342.16	\$ 355.43	\$ 986.73	12
Employee Only + 2 or more	1.0	\$ 1,841.57	\$ 681.10	\$ 1,160.47	12
Employee Only	0.8	\$ 624.26	\$ 152.20	\$ 472.06	12
Employee Only + 1	0.8	\$ 1,342.16	\$ 552.78	\$ 789.38	12
Employee Only + 2 or more	0.8	\$ 1,841.57	\$ 913.19	\$ 928.38	12
Employee Only	0.7	\$ 624.26	\$ 211.21	\$ 413.05	12
Employee Only + 1	0.7	\$ 1,342.16	\$ 651.45	\$ 690.71	12
Employee Only + 2 or more	0.7	\$ 1,841.57	\$ 1,029.24	\$ 812.33	12
Employee Only	0.6	\$ 624.26	\$ 270.22	\$ 354.04	12
Employee Only + 1	0.6	\$ 1,342.16	\$ 750.12	\$ 592.04	12
Employee Only + 2 or more	0.6	\$ 1,841.57	\$ 1,145.29	\$ 696.28	12
Employee Only	0.5	\$ 624.26	\$ 329.22	\$ 295.04	12
Employee Only + 1	0.5	\$ 1,342.16	\$ 848.79	\$ 493.37	12
Employee Only + 2 or more	0.5	\$ 1,841.57	\$ 1,261.33	\$ 580.24	12

DENTAL					
Employee Only	0.5-1.0	\$ 143.56	\$ -	\$ 143.56	12
Employee Only + 1	0.5-1.0	\$ 143.56	\$ -	\$ 143.56	12
Employee Only + 2 or more	0.5-1.0	\$ 143.56	\$ -	\$ 143.56	12

VISION					
Employee Only	0.5-1.0	\$ 15.87	\$ -	\$ 15.87	12
Employee Only + 1	0.5-1.0	\$ 15.87	\$ -	\$ 15.87	12
Employee Only + 2 or more	0.5-1.0	\$ 15.87	\$ -	\$ 15.87	12