NOVATO UNIFIED SCHOOL DISTRICT

Medical Benefit Plan Rates

2024 - 2025 CLASSIFIED Monthly Payments

PROVIDER	FTE		TOTAL PREMIUM	EMPLOYEE CONTRIBUTION	NUSD CONTRIBUTION	# OF MONTHS
KAISER HMO: Traditional ($15 Office Visit / $250 Hospital / No Deductible)						
Employee Only	0.75 - 1.0		$ 835.56	$ 152.56	$ 683.00	12
Employee Only + 1	0.75 - 1.0		$ 1,796.44	$ 641.44	$ 1,155.00	12
Employee Only + 2 or more	0.75 - 1.0		$ 2,464.89	$ 1,099.89	$ 1,365.00	12
Employee Only	0.5	FTE	$ 835.56	$ 494.06	$ 341.50	12
Employee Only + 1	0.5	0.5 thru	$ 1,796.44	$ 1,218.94	$ 577.50	12
Employee Only + 2 or more	0.5	.074	$ 2,464.89	$ 1,782.39	$ 682.50	12
KAISER HMO VALUE PLAN: ($20 Office Visit / 20% Hospital After $500/$1000 Deductible)						
Employee Only	0.75 - 1.0		$ 768.15	$ 85.15	$ 683.00	12
Employee Only + 1	0.75 - 1.0		$ 1,651.52	$ 496.52	$ 1,155.00	12
Employee Only + 2 or more	0.75 - 1.0		$ 2,266.04	$ 901.04	$ 1,365.00	12
Employee Only	0.5	FTE	$ 768.15	$ 426.65	$ 341.50	12
Employee Only + 1	0.5	0.5 thru	$ 1,651.52	$ 1,074.02	$ 577.50	12
Employee Only + 2 or more	0.5	.074	$ 2,266.04	$ 1,583.54	$ 682.50	12
KAISER DEDUCTIBLE PLAN: HSA - Health Savings Account ($20 Office Visit / $1600/$3200 Deductible)						
Employee Only	0.75 - 1.0		$ 647.63	$ -	$ 647.63	12
Employee Only + 1	0.75 - 1.0		$ 1,392.41	$ 237.41	$ 1,155.00	12
Employee Only + 2 or more	0.75 - 1.0		$ 1,910.52	$ 545.52	$ 1,365.00	12
Employee Only	0.5	FTE	$ 647.63	$ 306.13	$ 341.50	12
Employee Only + 1	0.5	0.5 thru	$ 1,392.41	$ 814.91	$ 577.50	12
Employee Only + 2 or more	0.5	.074	$ 1,910.52	$ 1,228.02	$ 682.50	12
DENTAL						
Employee Only	0.5-1.0		$ 129.20	$ -	$ 129.20	12
Employee Only + 1	0.5-1.0		$ 129.20	$ -	$ 129.20	12
Employee Only + 2 or more	0.5-1.0		$ 129.20	$ -	$ 129.20	12
VISION						
Employee Only	0.5-1.0		$ 22.38	$ -	$ 22.38	12
Employee Only + 1	0.5-1.0		$ 22.38	$ -	$ 22.38	12
Employee Only + 2 or more	0.5-1.0		$ 22.38	$ -	$ 22.38	12