FRINGE BENEFITS

OPTUM®

Health Savings Accounts

American Fidelity

Dependent Care FSA

PRE-TAX
Group Insurance Brokers

Joint Power Association (JPA)

Santa Clara County Schools Insurance Group (SCCSIG)
https://www.sccsig.org/

Insurance Broker: Willis Towers Watson
Fringe Benefits Enrollment

• Workterra.net Benefits Online Registration and Enrollment deadline
• American Fidelity (AFA): Optional enrollment for IRC125 Unreimbursed Medical and Dependent Care Expenses
• Wellness Programs-Wellness Everyday
• Health Savings Account (HSA)
HEALTH, DENTAL AND VISION ENROLLMENT

• Not an automatic enrollment

• Online registration and enrollment:  
  [WORKTERRA](https://www.workterra.net)  
  > E-mail notification from  Administrator@ebsbenefits.com

• Same website to update your demographic with carriers  
• Benefits Rates and Summaries – under Forms and Library

• Additional Resources:  [https://www.musd.org/payroll-and-benefits.html](https://www.musd.org/payroll-and-benefits.html)
Locate PCP and ten-digit PCP code to enter in workterra: www.uhc.com

**UHC SIGNATURE VALUE - FULL NETWORK – HIGHER PREMIUMS**
- High Plan (Co-pay) – HMO Signature Value
- Mid Plan Deductible, 90% / 10% co-insurance
- Low Plan Deductible, 70% / 30% co-insurance

**UHC SIGNATURE ADVANTAGE - LIMITED NETWORK – LOWER PREMIUMS**
- High Plan (Co-pay) – HMO
- Mid Plan Deductible, 90% / 10% co-insurance
- Low Plan Deductible, 70% / 30% co-insurance

**UHC PPO SELECT PLUS DEDUCTIBLE - WITH OPTIONAL HEALTH SAVINGS ACCOUNT (HSA):**
- Yearly (tax calendar year) deductible changes every January
- HSA-piece – optional (separate enrollment from the IRS IRC125 Unreimbursed Medical):
  - To cover UHC PPO medical out of pocket up to the yearly deductible amount
KAISER PERMANENTE**

Plan Types:
• High Plan (Co-pay) - 038160-0210
• Mid Plan Deductible, 90% / 10% co-insurance: 038160-0232
• Low Plan Deductible, 70% / 30% co-insurance: 038160-0331

** If you are a current Kaiser member (moving from one district to Milpitas, without lapse in coverage) you will keep that same card with the same member number regardless of employer. You will not receive a brand new member number and/or card.
DENTAL AND VISION

Delta Dental PPO Premium group: #7102-11190
• www.deltadentalins.com (in-network providers)
• Enrolled family members (legal spouse/children) MUST use employee’s SSN when obtaining dental services
• starts @ 70% coverage Incentive Level Coverage
• each enrolled member must get at least one cleaning per calendar year to earn his/her 10% increase incentive level of coverage the following year, 10% per year to until he/she reaches the 100% maximum benefits

Vision Service Plan (VSP) High group: #2931179A
• www.vsp.com (in-network providers)
# Matrix Insurance Table Medical (Full-Time)

<table>
<thead>
<tr>
<th>PLAN TYPES</th>
<th>NO. COVERED</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E (C minus D = E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE 01/01/2020: UNITED HEALTH CARE (UHC), SIGNATURE VALUE, TRADITIONAL HMO HIGH PLAN - FULL NETWORK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit co-pay: $30; Inpatient Hospital: $750</td>
<td>Employee Only</td>
<td>1,045.59</td>
<td>971.00</td>
<td></td>
<td>74.59</td>
</tr>
<tr>
<td>Rx Co-pay: Generic: $10</td>
<td>Employee+1</td>
<td>2,091.18</td>
<td>971.00</td>
<td></td>
<td>1,120.18</td>
</tr>
<tr>
<td>Rx Co-pay: Formulary Brand: $25; Non-Formulary Brand:$40</td>
<td>Family (3+members)</td>
<td>2,959.02</td>
<td>971.00</td>
<td></td>
<td>1,988.02</td>
</tr>
</tbody>
</table>

| KAISER PERMANENTE TRADITIONAL HMO HIGH, CO-PAYMENT PLAN |                             |                       |              |                        |                  |
| Office visit: $20; Inpatient Hospital: $500; Chiropractic co-pay:$10 (ded waived) limited to 20 visits per calendar year | Employee Only | 710.19              | 710.19       |                        |                  |
| Rx Co-pay: generic $10                             | Employee+1  | 1,420.38              | 971.00       |                        | 449.38           |
| Rx Co-pay: Brand Formulary: $25                    | Family (3+members) | 2,009.84              | 971.00       |                        | 1,038.84         |

Full-time = will have monthly premium contribution plus (+) summer share premium (for the months that you don’t earn, which are June and July)
Part-time = prorated monthly premiums + summer share premium (for the months that you don’t earn, which are June and July)
# Matrix Insurance Table Dental and Vision (Full-time)

<table>
<thead>
<tr>
<th>PLAN TYPES</th>
<th>NO. COVERED</th>
<th>B (MONTHLY PREMIUMS)</th>
<th>C (EMPLOYER MONTHLY CONTRIBUTION)</th>
<th>E (C minus D = E)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DELTA DENTAL PPO PREMIUM PLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Allowance: $3,200 (in-network) / $3,000 (out-of-network)</td>
<td>Employee Only</td>
<td>64.72</td>
<td>64.72</td>
<td>-</td>
</tr>
<tr>
<td>Cleanings: 3 per year; Implants: 50%</td>
<td>Employee+1</td>
<td>129.43</td>
<td>129.43</td>
<td>-</td>
</tr>
<tr>
<td>Child/Adult Ortho: 50%, $2000 maximum</td>
<td>Family (3+members)</td>
<td>218.81</td>
<td>218.81</td>
<td>-</td>
</tr>
<tr>
<td><strong>VISION SERVICE (VSP) HIGH PLAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-pay: $15 every 12 months Exam (in-network), up to $45 (out-of-network)</td>
<td>Employee Only</td>
<td>8.53</td>
<td>8.53</td>
<td>-</td>
</tr>
<tr>
<td>Frames: Every 24 months; co-pay combined with exam, up to $130 allowance; 20% discount over the allowed amount</td>
<td>Employee+1</td>
<td>17.05</td>
<td>17.05</td>
<td>-</td>
</tr>
<tr>
<td>Lenses: Every 12 months; Contact Lenses: $0 co-pay, up to $130 allowance/ up to $105 (out-of-network)</td>
<td>Family (3+members)</td>
<td>32.21</td>
<td>32.21</td>
<td>-</td>
</tr>
</tbody>
</table>

*Full-time = will have monthly premium contribution plus (+) summer share premium (for the months that you don’t earn, which are June and July)*

*Part-time = prorated monthly premiums + summer share premium (for the months that you don’t earn, which are June and July)*
Summer Share Monthly Premium Contributions (Full-time FTE)

• Example (monthly):
  • Jane’s Kaiser two-party premium is $1,420.38 - $971 district contribution = **$449.48** (employee contribution per month)
  • $449.38 x 2 months (June - July) = $898.76 total summer share (estimated)
  • $898.76 ÷ 10 months = $179.76 per month for summer share (estimated)
  • $449.38 + $179.76 = **$629.14** total employee contribution per month from August through May deducted from your normal paychecks)

• Pays premiums for June & July
• June and July – non paid months
• Take approximately 1/10 of your total summer contribution each month during the school year
• If rates increase, summer share will be adjusted accordingly
Summer Share Monthly Premium Contributions (part-time)

- **Example (monthly):**
  - John’s medical two-party premium is $1,420.38. His FTE is 0.50%
  - $971.00 (maximum medical district contribution) x 0.50% (FTE) = $485.50 (district contribution towards your medical)
  - $1,420.38 - $485.50 = $934.88 (employee contribution for medical)
  - same formula calculation for Dental & Vision
  - See rate sheet for full-time employee contribution

- **June and July – non paid months**
- **Medical, Dental, and Vision** MUSD contribution is pro-rated.
- **WAIVE medical?** MUSD will pays premiums for Dental & Vision
- **Proof of coverage is required during a qualifying event and if you waive during initial eligibility (new hire)**
- **FTE = Full-Time Equivalent**
Dependent Benefits Verification requirement

Eligible Family Members: legal spouse/child(ren)

Proof requirements:

• Current tax (front page reflecting spouse’s name) & marriage license
• State registry (domestic partnership certificate)
• Immigration documents
• Birth certificate (children)
• Up to age 26
  - medical & dental (ends the end of the month they turn 26)
  - vision (cancels on child’s 26th birthday)
• Court Docs - Legal Guardianship/Adoption
• Overage Child Dependent (with disability) Physician’s note is required per carrier

• MUST upload these documents at https://www.workterra.net
Qualifying Events (QE)

Complete enrollment within 30 days of hire, eligibility and/or qualifying event date

- Marriage – Marriage License
- Divorce – divorce Decree
- Domestic Partnership – Certificate of Domestic Partnership in California is required
- Birth – Birth Certificate
- Adoption/Guardianship – legal court documents
- Current IRS tax form
- Loss of Coverage – provide proof of prior coverage
- Gain Coverage – provide proof of new coverage

Update your beneficiaries every time a life-changing event occurs
EMPLOYEE ASSISTANCE PROGRAM (EAP)

Effective 05/01/2020

Through Santa Clara County Schools District (SCCSIG)

• Employee or extended family member (live in the same household)
• Contact Optum EAP: 866-374-6061 / liveandworkwell.com
• Unlimited access to masters-level specialists 24/7/365
• Skilled in solution-focused consultation and motivational interviewing
• Immediate access to help, or referral for a face-to-face clinical consultation
• Referral to attorney, financial planner, mediation specialist, or other benefit provider
WELLNESS PROGRAM

• Santa Clara County Schools Insurance Group (SCCSIG)
• Virtual challenges:
  • [https://www.cafewell.com/](https://www.cafewell.com/) (until 12/31/20)
• Rewards = must be enrolled in the medical
• Onsite Fitness Classes = free to all MUSD employees
Open Enrollment (OE) Fringe Benefits

• Every November
• Change is effective January 1\textsuperscript{st} of the following year
• Switch medical plan (from Kaiser to UHC or vice versa)
• Add legal dependents (Spouse and children) who are not currently enrolled
• Memos regarding OE changes in premiums and/or coverage are distributed in October
• You are NOT allowed to switch plans outside OE month unless there is a Qualifying Event
UHC HEALTH SAVINGS ACCOUNT (HSA)

- Must be enrolled under the UHC PPO Deductible plan
- Separate enrollment from PPO medical enrollment
- Separate from the IRS IRC125 Flexible spending and Dependent Care account (USE IT OR LOSE IT PLAN)
- Must open your own savings account through OPTUM Bank
- You own the account
- You can take with you when you resign from MUSD
- Through Payroll Voluntary deductions based on 10 month per calendar tax year
IRS Section 125 (Pre-tax, Optional)

- Virtual appointments
- Unreimbursed Medical expense (separate/different from Health Savings Account HSA)
- Dependent Day Care Expense reimbursement (child care/day care)
- Once signed up, you cannot cancel (IRS rule) based on calendar tax year
- USE IT OR LOSE IT!
- Does NOT carry over the following calendar year
- MUST RENEW EVERY YEAR BEFORE (not an automatic enrollment) during IRC125 OE month
- Contact American Fidelity Rep
  - Oma Haidarzada: Oma.Haidarzada@americanfidelity.com
  - Dave Hume: Dave.Hume@americanfidelity.com
State Disability Insurance (SDI)

Milpitas USD **DOES NOT** participate in **State Disability Insurance Program**

- **You do not have disability benefits** – cannot submit disability claim to the state
- Option to enroll (through payroll voluntary deductions)
- American Fidelity: [https://americanfidelity.com/](https://americanfidelity.com/)
- Pacific Educator: [https://www.peinsurance.com/](https://www.peinsurance.com/)
- CTA (Teachers only) The Standard:
  - [https://www.ctamemberbenefits.org/Insurance](https://www.ctamemberbenefits.org/Insurance)

**IMPORTANT**
BENEFITS ELIGIBILITY AND COVERAGE PERIOD

- Based on 10 month contract from Sep – June
- Coverage starts from Sept 1\textsuperscript{st}
  - Begins Sept 1\textsuperscript{st}
  - Ends June 30\textsuperscript{th} (if you are not coming back the following school year)
  - Ends June 30\textsuperscript{th} (if unpaid leave the following school year)
  - Ends at the end of the same resignation/leave month (if resign during the year (not June)
    - Resign
COBRA (Consolidated Omnibus Budget Reconciliation Act) Continuation

Gives employees the right to **self-pay premiums** and keep the group health insurance that they would otherwise lose after they:

- Reduce work hours/quit/lose job
- Eligible to continue up to 18 months
- If resigning during school year, your benefits will be terminated at the end of the same month of resignation date.
- If you are not returning the next school year, your benefits will be terminated effective June 30\(^{th}\) retroactively (even if you submit resignation after June 30\(^{th}\))
- Optional – not an automatic enrollment
Payroll & Benefits Main contact:
408-635-2600 x6012 | payroll@musd.org
Website: https://www.musd.org/payroll-and-benefits.html

- Sherry Ames x6027 (payroll salary and voluntary deductions): SAmes@musd.org
- Uyen Dao x6021 (Employment verification and timesheet): UDao@musd.org
- Ria Feldman x6026 (Health, Dental, and Vision Benefits): Rfeldman@musd.org
- Lilia Cortes x6025 (Business Services Manager): LCortes@musd.org