



MILPITAS UNIFIED SCHOOL DISTRICT
 January 1, 2019 to December 31, 2019

CSEA CLASSIFIED (LESS THAN < .50% FTE) / MTA CE (LESS THAN <.50% FTE) / REGULAR SUBSTITUTES

AFFORDABLE CARE ACT (ACA) QUALIFIED HEALTH PLAN FOR ELIGIBLE EMPLOYEE (MUST WORK AN AVERAGE 130 HOURS PER MONTH)

PLAN TYPES	NO. COVERED	MONTHLY PREMIUMS	EMPLOYER MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	GROUP NUMBERS
Kaiser Deductible HMO Low Plan (70%/30%)					
Office visit:\$40; Inpatient Hospital Co-insurance: 30%	Employee	504.52	-	504.52	CERT/CL/MGMT: 038160-0333 AD ED: 038160-0314
Annual Deductible: \$3000/\$6000; OOP Maximum: \$6000/\$12000; Co-insurance: 30%	Employee+1	1,009.04	-	1,009.04	
Rx Co-pay: Generic: \$10; Brand Formulary: \$45 (effective 01/01/2019) Formulary co-pay increased from \$30 to \$45	Family	1,427.79	-	1,427.79	

BENEFITS ELIGIBILITY: Must work an average 130 hours per month

Initial Eligibility: January 1, 2019

Initial Eligibility Open Enrollment month: November, effective January 1, 2019

MUST REQUALIFY EVERY YEAR TO BE ELIGIBLE FOR COVERAGE THE FOLLOWING JAN 1ST

Normal Eligibility after the initial period: Every January 1st of the calendar year; OPEN ENROLLMENT MONTH: NOVEMBER

Self-Pay Premiums will be deducted from Payroll check (Forms to deduct premium must be completed)

Eligible employee who do not earn pay check during pay period must remit a check, payable to MUSD, due the 1st of the month of coverage

Failure to remit payment to MUSD by the 1st or the 10th of the same month of coverage will result in termination of your coverage without notice effective the 1st of the same

Qualifying Event (Marriage, CA State Registration, Child Birth, Adoption). You are eligible to add legal dependents within 30 days of Qualifying Event or during Open

Contact the Payroll Benefits office at 408-635-2600 x6026 or rfeldman@musd.org if you have any questions.