MTA CTA ADULT EDUCATION TEACHERS  
(WITH 24.5+/-.8666%+ PERMANENT WORK HOURS PER WEEK) ****

January 1, 2020 to December 31, 2020

<table>
<thead>
<tr>
<th>PLAN TYPES</th>
<th>NO. COVERED</th>
<th>MONTHLY PREMIUMS</th>
<th>EMPLOYER MONTHLY CONTRIBUTION *****</th>
<th>EMPLOYEE MONTHLY CONTRIBUTION *****</th>
<th>GROUP NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider~</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit Co-pay: $20; Inpatient Hospital: $500</td>
<td>Employee</td>
<td>768.01</td>
<td>768.01</td>
<td>-</td>
<td>HIGH PLAN CO-PAY 038160-0310</td>
</tr>
<tr>
<td>Rx Co-pay: generic $10</td>
<td>Employee+1</td>
<td>1,536.02</td>
<td>971.00</td>
<td>565.02</td>
<td></td>
</tr>
<tr>
<td>Rx Co-pay: Brand Formulary: $25</td>
<td>Family (member of 3+)</td>
<td>2,173.47</td>
<td>971.00</td>
<td>1,202.47</td>
<td></td>
</tr>
<tr>
<td><strong>Kaiser Permanente Deductible HMO Mid Plan With Delta Dental Rider~</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit: $20; Annual Deductible: $500/$1000; OOP Maximum: $3000/$6000; Co-insurance: 10%</td>
<td>Employee</td>
<td>732.97</td>
<td>732.97</td>
<td>-</td>
<td>DHMO MID PLAN 038160-0313</td>
</tr>
<tr>
<td>Rx Co-pay: Generic: $10</td>
<td>Employee+1</td>
<td>1,465.93</td>
<td>971.00</td>
<td>494.93</td>
<td></td>
</tr>
<tr>
<td>Rx Co-pay: Brand Formulary: $30</td>
<td>Family (member of 3+)</td>
<td>2,074.30</td>
<td>971.00</td>
<td>1,103.30</td>
<td></td>
</tr>
<tr>
<td><strong>Kaiser Permanente Deductible HMO Low Plan With Delta Dental Rider~</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit:$40; Annual Deductible: $3000/$6000; OOP Maximum: $6000/$12000; Co-insurance: 30%</td>
<td>Employee</td>
<td>617.05</td>
<td>617.05</td>
<td>-</td>
<td>DHMO LOW PLAN 038160-0312 ACA : 038160-0134</td>
</tr>
<tr>
<td>Rx Co-pay: Generic: $10</td>
<td>Employee+1</td>
<td>1,234.09</td>
<td>971.00</td>
<td>263.09</td>
<td></td>
</tr>
<tr>
<td>Rx Co-pay: Brand Formulary: $30</td>
<td>Family (member of 3+)</td>
<td>1,746.24</td>
<td>971.00</td>
<td>775.24</td>
<td></td>
</tr>
<tr>
<td>~ DELTA DENTAL RIDER IS THROUGH KAISER MEDICAL PLAN DIRECTLY, NOT THROUGH DELTA DENTAL ~</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VISION SERVICE (VSP) HIGH PLAN</strong></td>
<td></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</td>
<td>8.53</td>
<td>8.53</td>
<td>-</td>
<td>2931234A</td>
</tr>
<tr>
<td>Frames: Every 24 months: co-pay combined with exam, up to $130 allowance; 20% discount over the allowance amount</td>
<td>Employee+1</td>
<td>17.05</td>
<td>17.05</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Lenses: Every 12 months; Contact Lenses: $0 co-pay, up to $100 allowance/ up to $105 (out-of-network)</td>
<td>Family (member of 3+)</td>
<td>32.21</td>
<td>32.21</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

BENEFITS ELIGIBILITY: (WITH 24.5+/-.8666% PERMANENT WORK HOURS PER WEEK) ****

Certificated Adult Ed Staff Benefits Package: Kaiser Permanente with Delta Dental Rider (combined, special contract, and not a separate Kaiser and Delta Dental coverage) and separate Vision Service Plan (VSP). This is a special contract which has been established specifically for Adult Ed Certificated Staff. *****

Employees with monthly premium contributions will also have summer share contributions. These contributions apply towards the summer months' benefits when you don't earn normal paychecks (June to July and/or June to August). Summer Share is for less than (<) 12 month employees.*****

***** District's and part-time permanent employees' monthly premium contributions are pro-rated based on part-time FTE. *****

Rate sheets and explanation of Benefits and Summaries are available at MUSD Payroll and Benefits website: https://www.musd.org/payroll-and-benefits.html and at https://www.workterra.net

Employees who waive MUSD benefits must provide proof of coverage.

Per carriers' agreement: If you waive MUSD medical benefits within 30 days of your eligibility, you must wait during Open Enrollment month that same year you were hired to enroll OR within 30 days of a qualifying event.

Per carriers' and SCCSIG's agreement: If you waive MUSD dental and vision benefits within 30 days of your eligibility, you must wait during Open Enrollment month that same year you were hired to enroll, within 30 days of a qualifying event, and/or 3 years after your initial eligibility. Dental and Vision plans Open Enrollment plan is every 3 years, unless you have a qualifying event.

Per carriers' requirements: If adding family members onto MUSD benefits, you must complete the audit and provide legal documents (marriage certificate, Declaration of Domestic Partnership, birth certificates, court documents for legal adoption, etc.). Without documents, family members will not be enrolled onto the plans.

As an employee of MUSD, you are responsible in understanding your benefits prior to obtaining health, dental, and vision services.

Contact Payroll and Benefits @ Payroll@musd.org if you have any questions.

*See back page for details*
This Open Enrollment, SCCSIG requires that ALL employees who wish to keep/add/enroll Spouse/Child(ren) MUST complete the Benefits Dependent Eligibility Audit form. Therefore, each employees with any family members enrolled through MUSD’s must upload legal documents onto https://www.workterra.net between 10/01/2019-11/30/2019, no extensions, no exceptions. Failure to complete the audit will result in termination of your family member’s benefits.

**MEDICAL BENEFITS CALENDAR YEAR 2020:** The District will pay the Medical cap up to $971.00 (***) per month for each full-time (30 hours per week) employee’s medical insurance. **For a part-time employee (81.66%+ FTE), medical cap is pro-rated by FTE.**

- Kaiser Permanente with Delta Dental Rider, register at www.kp.org. If you had previous Kaiser coverage you may or may not be issued a new card as the same medical record number is used regardless of employer.

**VISION SERVICE PLAN (VSP) HIGH PLAN BENEFITS #2931234A:** ($15 co-pay), well eye examination and lens or contact lens every 12 months and frames every 24 months. If drop or decline your coverage, you cannot re-enroll unless you have involuntarily loss similar group coverage within the last 30 days. Proof of prior coverage is required. Carrier does not issue card. Register at www.vsp.com to print insurance card and also to search for in-network providers. If you waive your initial eligibility (new hire, increase in FTE to .50%+), then, you must wait within 30 days of a qualifying event or three years from your initial eligibility to enroll on the plan.

**Benefits effective date:** Start the 1st of the following month after official start date (Ex. your official start date was Aug 14th, then, benefits starts Sep 1st)

**Benefits Termination date:** if resign during the school year (Ex. resign Sep 2nd was your last official work day), benefits will be terminated the end of that same resignation month. If resign end of school year, benefits will be terminated June 30th even if resignation was received after June 30th. If you do not work at all the beginning of the following school year, your benefits and contract would end June 30th. Your benefits will be terminated retroactively effective end of June 30th.

**Note:** The employee’s monthly premium contributions for medical, dental, and/or vision plans will be deducted from his/her normal paychecks. Deductions for normal months will include normal monthly premium contributions plus summer share (future June, July and August) portion for less than 12 month employees.

**Evidence of Coverage (EOC):** It is your responsibility to review your benefits coverage prior to obtaining services for medical, dental, or vision plans.

**Qualifying Events (QE):**
- **Birth**
- **Death**
- **Marriage**
- **Domestic partnership registration or divorce:**

**Online Benefits Enrollment – Employee Self-Service:** https://www.workterra.net

**ADD Spouse, employee must provide:**
- Current IRS tax form and Marriage License
- California Certificate of Domestic Partnership. "A California domestic partnership is a legal relationship available to all same-sex couples, and to those opposite-sex couples where at least one party is age 62 or older." Also, I.R.S. requires the cost of this additional coverage to be added to the taxable income of the employee for each year.

**DROP Spouse due to divorce/legal separation, employee will be allowed to drop Ex-spouse/D. Partner with court documents specifying that he/she is no longer legally responsible for ex-spouse's medical, dental and vision.**

**DROP Spouse/Child(ren) due to gaining Medical Coverage: must complete within 30 days**

**ADD Child(ren), employee must provide:**
- Birth Certificate; Guardianship or Adoption, employee must provide Court Documents.

**OVER-AGE DEPENDENT CHILDREN** will be dropped from the medical and dental at the end of the month of their 26th birthday. Overage dependent will be dropped from the vision plan when they turn 26 (same day).

**CHANGES IN BENEFITS:**
- **ADD/ DROP Spouse/Child(ren):**
- **ADD Domestic Partner:**
- **ADD**:
- **DROP Spouse/Child(ren)**
- **ADD**
- **ADD Domestic Partner,, employee must provide**
- **ADD**
- **DROP Spouse/Child(ren) due to gaining Medical Coverage:**
- **ADD Child(ren), employee must provide Child(ren) birth certificates, court documents, adoption certificate, court documents for divorce or separation.

**MEDICAL BENEFITS AVAILABLE TO ALL SAME-SEX COUPLES, AND TO THOSE OPPOSITE-SEX COUPLES WHERE AT LEAST ONE PARTY IS AGE 62 OR OLDER." Also, I.R.S. requires the cost of this additional coverage to be added to the taxable income of the employee for each year.**

**Cafeteria Plan (I.C. 125) Employees Must Enroll Every Year During the Open Enrollment Period:**

**Flexible Benefit Plan – Medical Premium Only:**
- Allows you to pay with pre-tax dollars for your share of medical, dental, and/or vision premiums.

**Flexible Spending Account Plan – Dependent Care Reimbursement:**
- Allows you to designate a certain amount of your taxable income on a pre-tax basis to pay for out-of-pocket dependent care expenses. The availability of funds will be based on moneys accrued through payroll deductions.