


CERTIFICATED (MTA/CTA) / CLASSIFIED (CSEA) / MANAGEMENT (MMA)
MONTHLY PREMIUMS (REQ'D. 50%+FTE *****)

January 1, 2021 to December 31, 2021

A	B	C	D	E (C minus D = E)	F
 PLAN TYPES	NO. COVERED	MONTHLY PREMIUMS	EMPLOYER MONTHLY CONTRIBUTION *****	EMPLOYEE MONTHLY CONTRIBUTION *****	GROUP #
UNITED HEALTHCARE (UHC), SIGNATURE VALUE, TRADITIONAL HMO HIGH PLAN - FULL NETWORK					
Office visit co-pay: \$30; Inpatient Hospital: \$750	Employee Only	1,115.49	971.00	144.49	HMO HIGH PLAN MTA CERT #252199 CSEA #252198??
Rx Co-pay: Generic: \$10	Employee+1	2,230.98	971.00	1,259.98	
Rx Co-pay: Formulary Brand: \$25; Non-Formulary Brand:\$40	Family (3+members)	3,156.84	971.00	2,185.84	
UNITED HEALTHCARE (UHC), SIGNATURE VALUE, HMO MID PLAN - FULL NETWORK					
Office visit co-pay: \$30 (ded waived); Inpatient Hospital Co-insurance: 10% (after deductible)	Employee Only	980.06	971.00	9.06	DHMO MID PLAN MTA CERT #252211 CSEA #252210
Annual Deductible: \$250/\$500 (Ind/Fam); OOP Maximum: \$2500/\$5000 (Ind/Fam)	Employee+1	1,960.12	971.00	989.12	
Rx Co-pay: Generic: \$10; Formulary Brand: \$30, Non-formulary Brand: \$50	Family (3+members)	2,773.58	971.00	1,802.58	
UNITED HEALTHCARE (UHC), SIGNATURE VALUE, HMO LOW PLAN - FULL NETWORK					
Office visit co-pay: \$40 (ded waived); Inpatient Hospital Co-insurance: 30% (after deductible)	Employee Only	925.51	925.51	-	DHMO LOW PLAN MTA CERT #252221 CSEA #252220
Annual Deductible: \$500/\$1000 (Ind/Fam); OOP Maximum: \$5000/\$10000 (Ind/Fam)	Employee+1	1,851.01	971.00	880.01	
Rx Co-pay: Generic: \$10; Formulary Brand: \$30; Non-Formulary Brand: \$50	Family (3+members)	2,619.18	971.00	1,648.18	
UNITED HEALTH CARE (UHC), SIGNATURE VALUE ADVANTAGE CANOPY, TRADITIONAL HMO HIGH PLAN - LIMITED NETWORK					
Office visit co-pay: \$30; Inpatient Hospital: \$750	Employee Only	994.50	971.00	23.50	HMO HIGH PLAN MTA CERT #252192 CSEA #2522191
Rx Co-pay: Generic: \$10	Employee+1	1,989.00	971.00	1,018.00	
Rx Co-pay: Formulary Brand: \$25; Non-Formulary Brand:\$40	Family (3+members)	2,814.43	971.00	1,843.43	
UNITED HEALTHCARE (UHC), SIGNATURE VALUE ADVANTAGE CANOPY, HMO MID PLAN - LIMITED NETWORK					
Office visit co-pay: \$30 (ded waived); Inpatient Hospital Co-insurance: 10% (after deductible)	Employee Only	868.46	868.46	-	DHMO MID PLAN MTA CERT #252206 CSEA #252205
Annual Deductible: \$250/\$500 (Ind/Fam); OOP Maximum: \$2500/\$5000 (Ind/Fam)	Employee+1	1,736.92	971.00	765.92	
Rx Co-pay: Generic: \$10; Formulary Brand: \$30, Non-formulary Brand: \$50	Family (3+members)	2,457.74	971.00	1,486.74	
UNITED HEALTHCARE (UHC), SIGNATURE VALUE ADVANTAGE CANOPY, HMO LOW PLAN - LIMITED NETWORK					
Office visit co-pay: \$40 (ded waived); Inpatient Hospital Co-insurance: 30% (after deductible)	Employee Only	819.54	819.54	-	DHMO LOW PLAN MTA CERT #252216 CSEA #252215
Annual Deductible: \$500/\$1000 (Ind/Fam); OOP Maximum: \$5000/\$10000 (Ind/Fam)	Employee+1	1,639.08	971.00	668.08	
Rx Co-pay: Generic: \$10; Formulary Brand: \$30; Non-Formulary Brand: \$50	Family (3+members)	2,319.30	971.00	1,348.30	
PPO UNITED HEALTHCARE (UHC) MODIFIED HSA, SELECT PLUS, WITH OPTIONAL HEALTH SAVINGS ACCOUNT (HSA) DEDUCTIBLE PLAN					
Office visit co-pay: \$0 after ded	Employee Only	1,062.68	971.00	91.68	PPO DEDUCTIBLE MTA CERT/CSEA/MGMT #918667
In-network Annual Deductible: \$2800/\$5600 (Ind/Fam); OOP Maximum: \$2800/\$5600 (Ind/Fam)	Employee+1	2,231.63	971.00	1,260.63	
In-network Rx Co-pay: Generic: \$10 after ded; Formulary Brand: \$30 after ded; Non-Formulary Brand: \$50 after ded	Family (3+members)	3,209.29	971.00	2,238.29	
KAISER PERMANENTE TRADITIONAL HMO HIGH, CO-PAYMENT					
Office visit: \$20; Inpatient Hospital: \$500; Chiropractic co-pay:\$10 (ded waived) limited to 20 visits per calendar year	Employee Only	714.01	714.01	-	HMO HIGH PLAN CERT 038160-0210 CLASS 038160-0510 MGMT 038160
Rx Co-pay: generic \$10	Employee+1	1,428.01	971.00	457.01	
Rx Co-pay: Brand Formulary: \$25	Family (3+members)	2,020.64	971.00	1,049.64	
KAISER PERMANENTE HMO MID DEDUCTIBLE PLAN, 90%/10% COINSURANCE					
Office visit: \$20; Annual Deductible: \$500/\$1000; OOP Maximum: \$3000/\$6000; Co-insurance: 10%	Employee Only	679.29	679.29	-	DHMO - MID PLAN CERT 038160-0232 CLASS 038160-0233 MGMT 038160
Rx Co-pay: Generic: \$10; Chiropractic co-pay:\$10 (ded waived) limited to 20 visits per calendar year	Employee+1	1,358.57	971.00	387.57	
Rx Co-pay: Brand Formulary: \$30	Family (3+members)	1,922.38	971.00	951.38	
KAISER PERMANENTE HMO LOW DEDUCTIBLE PLAN, 70%/30% COINSURANCE					
Office visit:\$40; Annual Deductible: \$3000/\$6000; OOP Maximum: \$6000/\$12000; Co-insurance: 30%	Employee Only	569.61	569.61	-	DHMO - LOW PLAN CERT 038160-0331 CLASS 038160-0332
Rx Co-pay: Generic: \$10; Chiropractic co-pay:\$10 (ded waived) limited to 20 visits per calendar year	Employee+1	1,139.21	971.00	168.21	
Rx Co-pay: Brand Formulary: \$30	Family (3+members)	1,611.99	971.00	640.99	
DELTA DENTAL PPO PREMIUM PLAN					
Annual Maximum Allowance: \$3,200 (in-network) / \$3,000 (out-of-network)	Employee Only	64.72	64.72	-	07102-11190
Cleanings: 3 per year; Implants: 50%	Employee+1	129.43	129.43	-	
Child/Adult Ortho: 50%, \$2000 maximum	Family (3+members)	218.81	218.81	-	
VISION SERVICE (VSP) HIGH PLAN					
Co-pay: \$15 every 12 months Exam (in-network), up to \$45 (out-of-network)	Employee Only	8.53	8.53	-	2931234A
Frames: Every 24 months; co-pay combined with exam, up to \$130 allowance; 20% discount over the allowed amount	Employee+1	17.05	17.05	-	
Lenses: Every 12 months; Contact Lenses: \$0 co-pay, up to \$130 allowance/ up to \$105 (out-of-network)	Family (3+members)	32.21	32.21	-	
Blue Shield Life Insurance: For CSEA Classified Employee Only, \$10,000, >.50%+ FTE					
	Employee Only	1.70	1.70	\$ -	038034-002

***** Employees with monthly premium contributions will 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 (11, 10.5, and 9.5 month).*****

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

Matrix 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> (Forms and Library)

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 30 day qualifying event.

Per carriers' requirements: If adding family members onto MUSD benefits, you must complete the audit and provide legal documents (marriage certificated, 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 Ria Feldman @ Rfeldman@musd.org if you have any questions.

See back page for details

MILPITAS UNIFIED SCHOOL DISTRICT
MTA CERTIFICATED / CSEA CLASSIFIED / MMA MANAGEMENT (MMA) EMPLOYEE BENEFITS PERMANENT .50%+ FTE (*****)

This Open Enrollment, SCSIG requires that ALL employees who wish to keep/add/enroll Spouse/Child(ren) MUST complete the Benefits Dependent Eligibility Audit form. Therefore, each employee 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 exceptions, no extensions. Failure to complete the audit will result in termination of your family member's benefits.

MEDICAL BENEFITS: The District will pay the Medical cap up to \$971.00 (****) per month for each full-time (1.0 FTE) employee's medical insurance. ***** For a part-time employee (0.50+ FTE), medical cap is pro-rated by FTE.

Register at: UHC @ www.uhc.com & KP @ www.kp.org:

DELTA DENTAL PPO PREMIUM PLAN BENEFITS #7102-11190: Annual maximum allowance of **\$3,200** (for each Enrollee for in-network PPO provider); **\$3,000** (for each Enrollee for out of network PPO provider) per family member, plus a one-time maximum of **\$2,000** orthodontic coverage for each dependent child and Adult. Progressive rate per calendar year: first year 70/30%, second year 80/20%, third year 90/10%, and fourth year 100%, as long as each member visits the dentist once per calendar year. If decline or drop your dental benefits, you cannot re-enroll unless you have loss similar group coverage within the last 30 days. Proof of prior coverage is required. Carrier does not issue card. Register at www.deltadentalins.com to search for in-network providers and sign up for e-statement. **If waive initial eligibility (new hire or Increase in FTE to .50%+), then, you must wait within 30 days of a qualifying event or during Open Enrollment month three years after your initial eligibility.**

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 decline or drop 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 onto the plan.**

CSEA Classified Employee Only working .50%+ permanently:

Blue Shield of California Life Insurance Policy Employee Only coverage: CSEA Classified employee benefit group: \$10,000 policy; District-paid premium, no monthly premium cost to active .50%+FTE permanent employees on active paid status.

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

(*****) **Part-time employees** If an employee enrolls in the District's medical plan, the District contribution will be pro-rated for all plans the employee chooses to enroll. If an employee waives medical, the District will pay for the full premiums for dental and/or vision plans if enrolled in these plans.

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 months 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

- o **Open Enrollment (OE) Self-service:** <https://www.workterra.net>, Customer Service (888) 327-2770 Monday through Friday 8am to 5pm Pacific time.
 - o he Benefits Open Enrollment (OE) period is from October 1st through November 15th (*no extensions, no exceptions*).
- o **Dependent Benefits Eligibility and Audit Schedule:**
Employees who choose to add/change eligible family members for the first time must upload legal documents (Marriage Certificate, Declaration of Domestic Partnership, and Birth Certificates/Court Documents, etc.) onto the district's online benefits enrollment system.
- o **Qualifying Events (QE) - birth, death, marriage, domestic partnership registration, or divorce:** It is the EMPLOYEE'S RESPONSIBILITY to inform the Benefits Office within 30 days of any QE by completing the Change in Enrollment online at www.workterra.net. The employee is responsible for all premiums and any service fees incurred by your spouse and/or child(ren) from the time that they were no longer eligible for benefits.
- o **Monthly Benefit Changes in Enrollment** (add or drop spouse/children), legal documents and/or proof of coverage must be uploaded online at www.workterra.net. **You must complete the change in enrollment within 30 days of a Qualifying Event.**
 - o If change in enrollment was completed between the 1st and 10th of that month, change is effective the 1st of that same month. For example, if you completed the change between October 1st and October 10th, then change is effective Oct 1st (October paycheck).
 - o If change in enrollment was completed between the October 11th and October 31st of that month, then the change will be effective the 1st of the following month. For example, if you completed the change between October 11th and October 31st, then the change will be effective Nov 1st (November paycheck). Adjustments in your paycheck will be entered accordingly.
- o **DECLINING MEDICAL COVERAGE**
- o If an employee declines medical benefits from MUSD, he/she is required to provide proof of medical coverage from elsewhere in accordance with the Affordable Care Act (ACA), and must upload proof onto the district's online enrollment system at www.workterra.net. Failure to provide proof of coverage will result in automatic enrollment in the Kaiser Low deductible (70%/30% co-insurance) plan. Part-time employees may be charged a pro-rated premium if enrolled in the Kaiser Low deductible (70%/30% co-insurance) plan.

CAFETERIA PLAN (I.R.C. 125) EMPLOYEES MUST ENROLL EVERY YEAR DURING THE OPEN ENROLLMENT PERIOD: VERY IMPORTANT RULES WHEN SIGNING UP FOR PRE-TAX DOLLARS: Your set up pre-tax dollars for the calendar cannot be cancelled during the year. Pre-tax dollars are deducted from your January to December paychecks. Make sure you are completely aware of the amount you're signing up for before signing the agreement. You will not be allowed to make changes after the enrollment has been processed.

FLEXIBLE BENEFIT PLAN – MEDICAL PREMIUM ONLY

- o 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:

- o 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.

*Milpitas USD's IRC125 plan does NOT roll the following year. It's a "Use It or Lose It" plan based on the IRS tax calendar year. You MUST spend and submit all of pre-tax Dependent Day Care and Unreimbursed Medical expenses within the same tax calendar year that you signed up for. For example, if you signed up for the tax calendar year 2021, you must use all the pre-tax money from January 01, 2021 to December 31, 2021 tax calendar year. You have until March 31, 2022 to submit expenses from the 2021 tax calendar year. There will be no exceptions after this period.