### Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider~

<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>Office visit Co-pay: $20; Inpatient Hospital: $500</td>
<td>Employee</td>
<td>772.59</td>
<td>772.59</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>1,545.16</td>
<td>971.00</td>
<td>574.16</td>
<td></td>
</tr>
<tr>
<td>Rx Co-pay: Brand Formulary: $25</td>
<td>Family (member of 3+)</td>
<td>2,186.40</td>
<td>971.00</td>
<td>1,215.40</td>
<td></td>
</tr>
</tbody>
</table>

### Kaiser Permanente Deductible HMO Mid Plan With Delta Dental Rider~

<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>Office visit: $20; Annual Deductible: $500/$1000; OOP Maximum: $3000/$6000; Co-insurance: 10%</td>
<td>Employee</td>
<td>737.96</td>
<td>737.96</td>
<td>-</td>
<td>DHMO MID PLAN 038160-0313</td>
</tr>
<tr>
<td>Rx Co-pay: Generic: $10</td>
<td>Employee+1</td>
<td>1,475.89</td>
<td>971.00</td>
<td>504.89</td>
<td></td>
</tr>
<tr>
<td>Rx Co-pay: Brand Formulary: $30</td>
<td>Family (member of 3+)</td>
<td>2,088.40</td>
<td>971.00</td>
<td>1,117.40</td>
<td></td>
</tr>
</tbody>
</table>

### Kaiser Permanente Deductible HMO Low Plan With Delta Dental Rider~

<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>Office visit:$40; Annual Deductible: $3000/$6000; OOP Maximum: $6000/$12000; Co-insurance: 30%</td>
<td>Employee</td>
<td>621.73</td>
<td>621.73</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>1,243.46</td>
<td>971.00</td>
<td>272.46</td>
<td></td>
</tr>
<tr>
<td>Rx Co-pay: Brand Formulary: $30</td>
<td>Family (member of 3+)</td>
<td>1,759.49</td>
<td>971.00</td>
<td>788.49</td>
<td></td>
</tr>
</tbody>
</table>

### VISION SERVICE (VSP) HIGH PLAN - ELIGIBLE EFFECTIVE 06/01/2016)

| Co-pay: Every 12 months Exam (in-network), up to $45 (out-of-network) | Employee | 8.53 | 8.53 | - | 2931234A |
| Frames: Every 24 months; co-pay combined with exam, up to $130 allowance; 20% discount over the allowance 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 (member of 3+) | 32.21 | 32.21 | - | |

**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 Certified 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 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 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](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:** The District will pay the Medical cap up to $971.00 (** Note: per month for each full-time (30 hours per week) employee's medical insurance.**

**Note:** 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](http://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 decline or drop your coverage, you cannot re-enroll unless you have involuntarily lose similar group coverage within the last 30 days. Proof of prior coverage required. Carrier does not issue card. Register at [www.vsp.com](http://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.

**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 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.

---

**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 of QE by completing the Change in Enrollment at [https://www.workterra.net](http://www.workterra.net). You are liable for all premiums and any service fees incurred if you fail to drop an ineligible spouse or child(ren) starting from the time he/she/they were no longer eligible for benefits coverage.

- **ONLINE BENEFITS ENROLLMENT - EMPLOYEE SELF-SERVICE.** [https://www.workterra.net](http://www.workterra.net)

- **ADD Spouse, employee must provide current IRS tax form and Marriage License**

- **ADD Domestic Partner, employee must provide California Certificate of Domestic Partnership.** "A [California domestic partnership](https://www.workterra.net) 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."

- **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)) request, employee must complete request at [https://www.workterra.net](http://www.workterra.net) by the end of the month to be effective the 1st of the following month (ex. if request was received on Sep 30th, change is effective Oct 1st, then, adjustment will reflect in employee's end of Oct paycheck) OR if request was received by the 10th of the current month, then, change is effective that date of that same month (ex. if request was received on Sep 10th, change is effective Sept 1st, then, adjustment will reflect in employee's end of Sep pay check).

- **Open Enrollment (OE) changes, forms and required documents must be received on or before November 30th. OE changes are effective January 1st of the following year.**

- **WAIVE MEDICAL COVERAGE?** If employee declines medical benefits from MUSD, he/she is required to provide proof of medical coverage (MUST UPLOAD PROOF at [https://www.workterra.net](http://www.workterra.net) in accordance with the Affordable Health Care (ACA)). Failure to provide proof will result in automatic enrollment in the Kaiser Low plan, and Employee may be charged monthly premiums.

---

**CAFETERIA PLAN (L.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**

- 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.
This Open Enrollment, SSCSIT 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: 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 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.

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: 29th day of the month. If resign during the school year (Ex. resign Sep 29th 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

- Open Enrollment (OE) Self-service - https://www.workterra.net, Customer Service (888) 327-2770 M onday through Friday 8am to 5pm Pacific time.

- Benefits Effective 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.

- 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.

- 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.

- DECLINING MEDICAL COVERAGE

- 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
- 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.

*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 M 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.