

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



Effective January 1, 2023

A  PLAN TYPES	B  NO. COVERED	C  MONTHLY PREMIUMS	D  EMPLOYER MONTHLY CONTRIBUTION *****	E (C minus D = E)  EMPLOYEE MONTHLY CONTRIBUTION *****	F  GROUP NUMBERS
<b>Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider~</b>					
Office visit Co-pay: \$20; Inpatient Hospital: \$500 Rx Co-pay: generic \$10 Rx Co-pay: Brand Formulary: \$25	Employee	883.82	883.82	-	HIGH PLAN CO-PAY 038160-0310
	Employee+1	1,767.63	1,271.00	496.63	
	Family (member of 3+)	2,501.19	1,271.00	1,230.19	
<b>Kaiser Permanente Deductible HMO Mid Plan With Delta Dental Rider~</b>					
Office visit: \$20; Annual Deductible: \$500/\$1000; OOP Maximum: \$3000/\$6000; Co-insurance: 10% Rx Co-pay: Generic: \$10 Rx Co-pay: Brand Formulary: \$30	Employee	845.11	845.11	-	DHMO MID PLAN 038160-0313
	Employee+1	1,690.22	1,271.00	419.22	
	Family (member of 3+)	2,391.66	1,271.00	1,120.66	
<b>Kaiser Permanente Deductible HMO Low Plan With Delta Dental Rider~</b>					
Office visit:\$40; Annual Deductible: \$3000/\$6000; OOP Maximum: \$6000/\$12000; Co-insurance: 30% Rx Co-pay: Generic: \$10 Rx Co-pay: Brand Formulary: \$30	Employee	710.64	710.64	-	DHMO LOW PLAN 038160-0312 ACA : 038160-0134
	Employee+1	1,421.29	1,271.00	150.29	
	Family (member of 3+)	2,011.12	1,271.00	740.12	
<b>~ DELTA DENTAL RIDER IS THROUGH KAISER MEDICAL PLAN DIRECTLY, NOT THROUGH DELTA DENTAL ~</b>					
Exam: Twice per year; NO ORTHODONTIC COVERAGE; Annual Deductible: \$25 individual / \$75 family; Annual maximum Allowable Coverage: \$1,000 individual					<b>#9871-3299 Plan E FFS 1000</b>
<b>VISION SERVICE (VSP) HIGH PLAN - ELIGIBLE EFFECTIVE 06/01/2016)</b>					
Co-pay: \$15 Every 12 months Exam (in-network), up to \$45 (out-of-network) Frames: Every 24 months; co-pay combined with exam, up to \$130 allowance; 20% discount over the allowance Lenses: Every 12 months; Contact Lenses: \$0 co-pay, up to \$130 allowance/ up to \$105 (out-of-network)	Employee	<b>7.68</b>	<b>7.68</b>	-	3106124A
	Employee+1	<b>15.35</b>	<b>15.35</b>	-	
	Family (member of 3+)	<b>28.99</b>	<b>28.99</b>	-	

**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 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**

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\*\*\* District's contribution will be pro-rated for part-time employees.

\*\*\* Part - time Employee: Employee's contribution will be the difference between the district's pro-rated contribution (according to employee's FTE or working hours) and the actual monthly premium (Single, Two-Party, or Family). **SEE THE FOLLOWING PART-TIME, PRO-RATED, SAMPLE CALCULATION OF MONTHLY EMPLOYER/EMPLOYEE CONTRIBUTIONS.**

**Example of part-time employee pro-rated benefits, based on 81.67% FTE (24.5 hrs per wee): 24.50 HOURS DIVIDED BY 30 HOURS = % FTE**

**District Medical cap up to: \$1,271 (100% employee); pro-rated (81.67% = 24.50 hrs/week) → 1,271.00 → 81.67%**

PLAN TYPES	NO. COVERED	MONTHLY	EMPLOYER	EMPLOYEE
Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider~	Employee Only	883.82	1,038.03	- **
Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider~	Employee+1	1,767.63	1,038.03	729.60
Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider~	Employee+ family	2,501.19	1,038.03	1,463.16
Kaiser Permanente Deductible HMO Mid Plan With Delta Dental Rider~	Employee Only	845.11	1,038.03	- **
Kaiser Permanente Deductible HMO Mid Plan With Delta Dental Rider~	Employee+1	1,690.22	1,038.03	652.19
Kaiser Permanente Deductible HMO Mid Plan With Delta Dental Rider~	Employee+ family	2,391.66	1,038.03	1,353.63
Kaiser Permanente Deductible HMO Low Plan With Delta Dental Rider~	Employee Only	710.64	1,038.03	- **
Kaiser Permanente Deductible HMO Low Plan With Delta Dental Rider~	Employee+1	1,421.29	1,038.03	383.26
Kaiser Permanente Deductible HMO Low Plan With Delta Dental Rider~	Employee+ family	2,011.12	1,038.03	973.09
VISION SERVICE (VSP) HIGH PLAN - ELIGIBLE EFFECTIVE 06/01/2016)	Employee Only	7.68	6.27	1.41
VISION SERVICE (VSP) HIGH PLAN - ELIGIBLE EFFECTIVE 06/01/2016)	Employee+1	15.35	12.54	2.81
VISION SERVICE (VSP) HIGH PLAN - ELIGIBLE EFFECTIVE 06/01/2016)	Employee+ family	28.99	23.68	5.31

**Employee Summer Share Contribution (months that you do NOT earn normal pay). Summer share will be applied towards your summer months benefits contribution (10 month July-  
Employee Monthly Contribution x 3 months (June-August) divided by the number of months from when benefit contributions begin.**

** Employee's normal monthly	**	-
**June (future month)		-
**July (future month)		-
**August (future month)		-
July-August total:		-
divided by the # of months left in year (Sep-May = 9 months):	÷	9.0
Total summer share per month:		-
Employee's grand total (normal + summer share)		-