



Employee Benefits

Questions? Please contact Charlotte Clark, Benefits Specialist: charlotte.clark@mmuUSD.org
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Benefit Summaries FY 25-26

[Licensed Employees](#)

[Non-Licensed Employees](#)

Benefit Summaries FY 26-27

[Licensed Employees](#)

[Non-Licensed Employees](#)

Enrollment Forms

[BCBS Enrollment Form](#)

[HRA Enrollment Form](#)

[HSA Enrollment Form](#)

[HSA Contribution Change Form](#)

[FSA/DCA Enrollment Form](#)

[Delta Dental Enrollment Form](#)

[Life Insurance Enrollment Form](#)

[Life & LTD Insurance Enrollment Form](#)

[Life Insurance Beneficiary Change Form](#)

[VMERS Enrollment Form](#)

[Empower 403 B Enrollment Form](#)

[Empower 457 B Enrollment Form](#)

Other Forms

[Health Insurance Decline Form](#)
[Declaration of Health Care Coverage](#)

Plan Documents

BCBS Summary of Benefits & Coverage

Licensed

[Platinum](#)

[Gold](#)

[Gold CDHP](#)

[Silver CDHP](#)

Non-Licensed

[Platinum](#)

[Gold](#)

[Gold CDHP](#)

[Silver CDHP](#)

[Benefits Description Platinum & Gold](#)

[Benefits Description Gold CDHP & Silver CDHP](#)

[VEHI Benefit Guide](#)

Northeast Delta Dental

[Outline of Coverage](#)

[Certificate of Coverage](#)

[Vision Discount](#)

Life Insurance

[Licensed Plan Description](#)

[Non-Licensed Plan Description](#)

Long Term Disability

[Certificate of Insurance](#)

Healthy Dollars

[Employee Plan Details](#)

Retirement

[Retirement Savings Options](#)

[VSTRS Plan Guide](#)

[VMERS Plan Guide](#)

Required Notices

[HIPPA- Notice of Privacy Practices](#)

[Medicare Part D Creditable Coverage Notice](#)

[COBRA General Notice](#)

[CHIP Notice](#)