

PERALTA COMMUNITY COLLEGE DISTRICT

Part-Time Hourly Faculty

Benefits Open Enrollment

SPRING 2026

Enrollment Period

February 9 – March 6, 2026

Coverage: March 1 – August 31, 2026

CRITICAL NOTICE

Re-enrollment is REQUIRED by March 6, 2026

Re-enrollment is NOT automatic

Even if you are keeping your current coverage, you **MUST** submit the Eligibility Affidavit form.

Failure to re-enroll will result in loss of coverage.

Benefits Office

333 East 8th Street, Oakland, CA 94606

(510) 466-7229

benefits@peralta.edu | www.peralta.edu/benefits

Table of Contents

Quick Start Guide	1
Important Dates & Deadlines	1
Eligibility Requirements	2-3
How to Enroll	4
Medical Plan Options & Employee Rates	5
Medical Plan Highlights (Anthem PPO, Kaiser)	6-7
Dental Plan Options & Employee Rates	8-9
Dental Plan Highlights	9
Vision Plan Highlights	9-10
BenefitBridge Enrollment Instructions	11-17
Flexible Spending Accounts (FSA)	18
Contact Information & Resources	19

ADDITIONAL RESOURCES

The following forms are available separately and may be required to complete your enrollment:

Eligibility Affidavit/Enrollment Forms
Other Benefits Enrollment Acknowledgement
Dependent Documentation Checklist
FSA Enrollment Forms (Navia Benefits)

These forms are available:

- Attached to the Open Enrollment email
- Online at peralta.edu/benefits > Part-time Faculty
- By request from benefits@peralta.edu or (510) 466-7229

Quick Start Guide

Step	Action
1	Verify Your Eligibility Check your Spring 2026 term workload in Campus Solutions
2	Review Your Options Compare medical, dental, and FSA plan options in this packet
3	Gather Your Documents • Eligibility Affidavit/Enrollment Form • Term Workload from Campus Solutions • Dependent verification documents (if applicable)
4	Submit Your Enrollment See "How to Enroll" section for submission options
5	Submit by Deadline Complete enrollment by March 6, 2026

Important Dates & Deadlines

Date	Event
February 9, 2026	Open enrollment begins
March 6, 2026	FINAL DEADLINE – Enrollment must be completed
March 1, 2026	Coverage begins
August 31, 2026	Coverage ends
March, April, May 2026	PAYROLL DEDUCTION SCHEDULE Your premium will be deducted over 3 paychecks: <ul style="list-style-type: none"> • March 2026 paycheck = March + April premium • April 2026 paycheck = May + June premium • May 2026 paycheck = July + August premium Each deduction covers 2 months of coverage

Eligibility Requirements

Who is Eligible?

You may be eligible for benefits if you meet ALL of the following criteria:

- ✓ Currently employed as a temporary, part-time faculty member with PCCD
- ✓ Have a Spring 2026 teaching assignment
- ✓ NOT receiving medical insurance premiums paid by another Community College District
- ✓ Meet the workload requirements listed below

Workload Requirements

Assignment of 40% or Greater	Assignment Less Than 40%
<p>Requirements:</p> <ul style="list-style-type: none">• Total Term FTE equals or exceeds 40% <p>Benefits:</p> <p>Kaiser & Anthem enrollees pay contributions EQUAL to full-time faculty</p>	<p>Requirements:</p> <ul style="list-style-type: none">• Total Term FTE Workload is less than 40%• Must have completed FOUR semesters in the immediately preceding FOUR years <p>Cost Sharing:</p> <p>Employee pays a higher share of premiums (see rate tables)</p>

How to Verify Your Spring 2026 Workload

Your Total Term FTE% determines both your eligibility and your employee contribution amounts.

To Find Your Workload:

1. Log into Campus Solutions
2. Navigate to: Term Workload
3. Select term: Spring 2026 (Term 1262)
4. Look for 'Total Term FTE%' in the upper right corner (see example below)

IMPORTANT: Save or screenshot this page - you'll need to upload it during enrollment

Example: Campus Solutions Term Workload Screen

Term Workload

ID

Workload Definition
Find | View All
First
 Last

Academic Institution PCCD1 Peralta Community College Dist

Term 1262 2026 Spring

Instructor Assignment Class TTMP T-Temporary/Adjunct

Calculate Workload **Assigned FTE %** 67.00

Limit Workload **Instructor Multiplier %** 100

Workload Assignment		Job Code
Description	Subject	Catalog Nbr
Section	Class Nbr	Comb Sects ID
Assign Type	Work Load	App Load
		Assignment FTE %
		<input checked="" type="checkbox"/>

How to Enroll

Choose Your Enrollment Path

Path 1: Keeping Your Current Coverage (No Changes)

If you want to keep your current coverage exactly as-is (same plans, same dependents):

Step 1: Complete the Eligibility Affidavit/Enrollment Form

Step 2: Submit it using ONE of these methods:

Option A: Upload via BenefitBridge (Recommended)

Use the "Upload a Document" feature in BenefitBridge to submit only your Eligibility Affidavit form without going through the full enrollment process.

- Go to www.BenefitBridge.com/peralta
- Click on "Upload a Document" > Upload your form

Option B: Email

- Email it to benefits@peralta.edu

Option C: Mail or In-Person

- Deliver to: Peralta Benefits Office
333 E 8th ST, Oakland, CA 94606

Submit by March 6, 2026

Path 2: New Enrollees OR Current Enrollees Making Changes

If you are enrolling for the first time OR changing coverage/adding or removing dependents:

Step 1: Gather Required Documents

- ✓ Eligibility Affidavit/Enrollment Form
- ✓ Other Benefits Enrollment Acknowledgement Form
- ✓ Spring 2026 Term Workload report from Campus Solutions
- ✓ Dependent verification documents

Step 2: Enroll via BenefitBridge

- **Go to www.BenefitBridge.com/peralta**
- Create username and password (if first-time user)
- Click on "**Make Changes to My Benefits**" to begin the process
- Select your benefit elections
- Upload all required forms and documents

Submit by March 6, 2026

Medical Plan Rates

Coverage Period: March 1 – August 31, 2026 | Payroll Deductions: March, April, May 2026

Medical plan rates below are for eligible PT Faculty with a Spring 2026 term workload of 40% or greater.

Coverage Tier	Kaiser (SISC) Traditional Plan	Anthem PPO (SISC) Plan 100-A	Anthem PPO (SISC) Plan 80-E
Employee Only	Six months of coverage paid in three installments		
1 st Installment: March	No Contribution	\$664.80	\$550.00
2 nd Installment: April	No Contribution	\$664.80	\$550.00
3 rd Installment: May	No Contribution	\$664.80	\$550.00
Employee Plus One			
1 st Installment: March	No Contribution	\$1,309.20	\$1,079.60
2 nd Installment: April	No Contribution	\$1,309.20	\$1,079.60
3 rd Installment: May	No Contribution	\$1,309.20	\$1,079.60
Employee Plus Two or More			
1 st Installment: March	No Contribution	\$1,847.20	\$1,519.60
2 nd Installment: April	No Contribution	\$1,847.20	\$1,519.60
3 rd Installment: May	No Contribution	\$1,847.20	\$1,519.60

Medical plan rates below are for eligible PT Faculty with a Spring 2026 term workload of less than 40%.

Employee Only			
1 st Installment: March	\$1,053.00	\$2,271.00	\$1,697.00
2 nd Installment: April	\$1,053.00	\$2,271.00	\$1,697.00
3 rd Installment: May	\$1,053.00	\$2,271.00	\$1,697.00
Employee Plus One			
1 st Installment: March	\$2,065.00	\$4,481.00	\$3,333.00
2 nd Installment: April	\$2,065.00	\$4,481.00	\$3,333.00
3 rd Installment: May	\$2,065.00	\$4,481.00	\$3,333.00
Employee Plus Two or More			
1 st Installment: March	\$2,908.00	\$6,328.00	\$4,690.00
2 nd Installment: April	\$2,908.00	\$6,328.00	\$4,690.00
3 rd Installment: May	\$2,908.00	\$6,328.00	\$4,690.00

Dental plan rates below are for all eligible PT Faculty with a Spring 2026 term workload.

Coverage Tier	Delta Dental PPO Dental Plan	United HealthCare DMO Dental Plan	
Employee Only			
1 st Installment: March	\$117.86	\$63.82	
2 nd Installment: April	\$117.86	\$63.82	
3 rd Installment: May	\$117.86	\$63.82	
Employee Plus One			
1 st Installment: March	\$200.36	\$102.08	
2 nd Installment: April	\$200.36	\$102.08	
3 rd Installment: May	\$200.36	\$102.08	
Employee Plus Two or More			
1 st Installment: March	\$306.42	\$155.54	
2 nd Installment: April	\$306.42	\$155.54	
3 rd Installment: May	\$306.42	\$155.54	

SISC Medical Plan Highlights: Anthem PPO

	Anthem PPO 1 - 100-A \$10; Rx 5-20		Anthem PPO 2 - 80-E \$20; Rx 5-20	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible¹				
Individual	None		\$300	
Family	None		\$600	
Embedded/Aggregate ²	N/A		Embedded	
Calendar Year Out-of-Pocket Max¹				
Individual	\$1,000	No limit	\$1,000	No limit
Family	\$3,000		\$3,000	
Embedded/Aggregate ²	Embedded		Embedded	
Office Visit - Primary Care	\$0 copay visits 1-3, then \$10 copay	Member pays difference	\$0 copay visits 1-3, then \$20 copay	Member pays difference
Office Visit - Specialist	\$10 copay		\$20 copay	
LiveHealth Online				
Primary Care	No charge		No charge	
Specialist	\$10 copay per visit		\$20 copay per visit	
Preventive Services	No charge	Not covered	No charge	Not covered
Chiropractic	No charge	Not covered	20% after deductible	No charge
Lab and X-ray				
CT, MRI, PET scans ⁴	No charge	Member pays all billed amounts exceeding \$800 per test ⁴	20% after deductible	Member pays all billed amounts exceeding \$800 per test ⁴
Other lab and x-ray tests	No charge	Not covered	20% after deductible	Not covered
Urgent Care	\$10 copay	Member pays difference	\$20 copay	Member pays difference
Emergency Room	\$100 copay (waived if admitted)		\$100 copay + 20% after deductible (waived if admitted)	
Inpatient Hospitalization	No charge	All billed amounts exceeding \$600 per day ⁴	20% after deductible	All billed amounts exceeding \$600 per day ⁴

Outpatient Hospitalization	No charge	All billed amounts exceeding \$350 per day ⁴	20% after deductible	All billed amounts exceeding \$350 per day ⁴
Prescription Drugs⁵				
Calendar Year Deductible	None		None	
Out-of-Pocket Maximum (Individual/Family)	\$1,500 / \$2,500		\$1,500 / \$2,500	
Retail 30-Day Supply (Network Pharmacy) - Generic	\$5 copay		\$5 copay	
Retail 30-Day Supply (Network Pharmacy) - Brand	\$20 copay		\$20 copay	
Mail Order 90-Day Supply (Costco) - Generic	\$0 copay		\$0 copay	
Mail Order 90-Day Supply (Costco) - Brand	\$50 copay		\$50 copay	

Medical Plan Highlights: Kaiser HMO

Kaiser is an HMO (Health Maintenance Organization) with in-network only coverage. All care must be received through Kaiser facilities and providers.

Part-time faculty with workload $\geq 40\%$ pay the same premiums as full-time faculty. Part-time faculty with workload $< 40\%$ pay higher premiums but receive the same plan benefits.

Benefit	Kaiser HMO \$10 Copay - In-Network Only
Calendar Year Deductible¹ Individual Family Embedded/Aggregate ²	None Embedded
Calendar Year Out-of-Pocket Maximum¹ Individual Family Embedded/Aggregate ³	\$1,500 Individual \$3,000 Family Embedded
Office Visit - Primary Care	\$10 copay
Office Visit - Specialist	\$10 copay
Eyeglasses or Contacts (every 24 months)	\$150 allowance
Preventive Services	No charge
Chiropractic	Not covered
Lab and X-ray	No charge
Urgent Care	\$10 copay
Emergency Room (waived if admitted)	\$100 copay
Inpatient Hospitalization	No charge
Outpatient Surgery	\$10 per procedure
PRESCRIPTION DRUGS	
Calendar Year Deductible	None
Out-of-Pocket Maximum	Combined with Medical
Retail 30-Day Supply - Generic	\$10 per prescription
Retail 30-Day Supply - Brand	\$10 per prescription
Retail 30-Day Supply - Specialty	\$10 per prescription
Mail Order 100-Day Supply - Generic	\$10 per prescription
Mail Order 100-Day Supply - Brand	\$10 per prescription
Mail Order 100-Day Supply - Specialty	\$10 per prescription

¹Deductibles and out-of-pocket maximums accumulate on a calendar year basis.

²An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.

³An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum. All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.

Dental Plan Highlights

	UHC DHMO In-Network	Delta Dental PPO In-Network	Delta Dental PPO Out-of-Network ¹
Annual Deductible	None	None	None
Annual Plan Maximum	Unlimited	\$1,600	\$1,500
Waiting Period	None	None	None
Diagnostic & Preventive	No charge (see fee schedule)	No charge ²	No charge ²
Basic Services (Fillings, Root Canals, Periodontics)	No charge (see fee schedule)	No charge ²	No charge ²
Major Services	No charge (see fee schedule)	No charge ²	No charge ²
Orthodontia (Adults & Children up to age 26)	Copay varies (see fee schedule)	50% coinsurance	50% coinsurance
Ortho Lifetime Max	Unlimited	\$1,000	\$1,000 (combined with in-network)

¹Out-of-network benefits are based on Usual and Customary Fee Schedule.

²Plan maximums apply.

Vision Plan Highlights

Vision benefits are included automatically when you enroll in a medical plan. No additional cost.

	UHC Vision (Anthem Enrollees)		Kaiser Vision (Kaiser Enrollees)*
	In-Network	Out-of-Network	In-Network Only
Exams Benefit	\$10 copay	Up to \$40	Plan pays 100%
Exams Frequency	Once every 12 months	In-network limitations apply	Once every 24 months
Materials	Plan pays 100%	See schedule below	Up to \$150 towards frames, lenses, or contacts (not more than once every 24 months)

Eyeglass Lenses - Single Vision Lens	Plan pays 100% of basic lens	Up to \$40	See Materials above
Bifocal Lens	Plan pays 100% of basic lens	Up to \$60	See Materials above
Trifocal Lens	Plan pays 100% of basic lens	Up to \$90	See Materials above
Lenses Frequency	Once every 12 months	In-network limitations apply	Once every 24 months
Frames Benefit	Up to \$120	Up to \$45	See Materials above
Frames Frequency	Once every 12 months	In-network limitations apply	Once every 24 months
Contacts (Elective)**	Up to \$150	Up to \$150	See Materials above
Contacts Frequency	Once every 12 months	Once every 12 months	Once every 12 months

**Only available to employees who elected a Kaiser HMO medical plan. In addition to your medical benefits, you have access to vision benefits through Kaiser.*

***In lieu of glasses.*

Note: Vision coverage is determined by your medical plan choice. Kaiser medical enrollees receive Kaiser Vision. Anthem medical enrollees receive UHC Vision.

BenefitBridge Enrollment Instructions

How you use BenefitBridge depends on your enrollment path:

PATH 1 (Keeping current coverage, no changes): Use Quick Upload

PATH 2 (New enrollee or making changes): Use Full Enrollment Process

QUICK UPLOAD (Keeping Current Coverage)

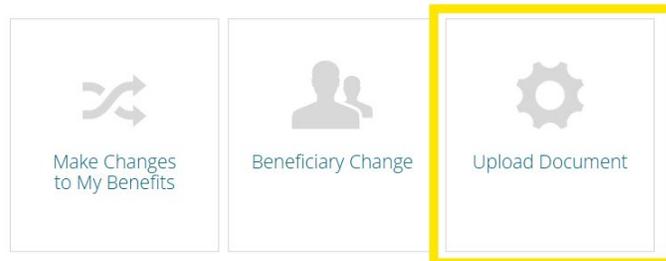
If you're keeping your current coverage with no changes:

Step 1: Access BenefitBridge

Go to: www.benefitbridge.com/peralta

- **First-time users:** Create account with your Peralta email
- **Returning users:** Log in with existing credentials
- **Forgot password?** Click 'Forgot username/Password?'

Step 2: Click “Upload a Document”



Step 3: Upload your completed Eligibility Affidavit/Enrollment Form

When you click the Upload Document button, the description will automatically populate.

Note: Once you click on Add a Document, the top options will reset because the system registers the document as ready for the next step: Submit.

UPLOAD DOCUMENTS

Please select the document to upload ?

2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf.

Please provide the description of the document

2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf

Please select the document type

OTHER

APPLIES TO	RELATION	SELECT
	EMPLOYEE	<input checked="" type="radio"/>

*Note: Please add document to employee record if a dependent is not shown on the list.

Cancel

Screen after clicking on "Add Document":

Add Document Cancel

FILE NAME	DESCRIPTION	ACTION
2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf	2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf	DELETE

Submit

FULL ENROLLMENT PROCESS

(New Enrollees or Making Changes) If you are enrolling for the first time OR changing coverage/ adding or removing dependents, follow these steps:

Before You Begin - Have These Ready:

- Eligibility Affidavit/Enrollment Form
- Other Benefits Acknowledgement Form
- Campus Solutions Workload Screenshot (Spring 2026, Term 1262)
- Dependent Documentation

Step 1: Access BenefitBridge

Go to: www.benefitbridge.com/peralta

- **First-time users:** Create account with your Peralta email
- **Returning users:** Log in with existing credentials
- **Forgot password?** Click 'Forgot username/Password?'





Make Changes to My Benefits



Beneficiary Change



Upload Document

Step 2: Specify Your Life Event

Click 'Make Changes to My Benefits' and enter the following:

Life Event Type:	Select 'Other'
Life Event Date:	Enter: February 8, 2026
Description:	Type: PT Faculty Spring 2026 OE

SPECIFY YOUR LIFE EVENT

* Indicates required fields

*1. Which Life Event applies to your situation?

- | | | |
|--|--|--|
| <input type="radio"/> Administrative Correction | <input type="radio"/> Birth / Adoption | <input type="radio"/> Death |
| <input type="radio"/> Deceased | <input type="radio"/> Dependent Gain / Loss of Coverage due to Employment Change | <input type="radio"/> Dependent Loss of Coverage |
| <input type="radio"/> Divorce / Dissolution / Annulment / Separation | <input type="radio"/> Domestic Partnership | <input type="radio"/> Dependent Permanently Disabled |
| <input type="radio"/> Flexible Spending Account | <input type="radio"/> Gain / Loss of Eligibility for Medicaid or MinnesotaCare | <input type="radio"/> Employee Position Change |
| <input type="radio"/> IRS Dependent Status | <input type="radio"/> Legal Separation or Divorce | <input type="radio"/> Ineligible Dependent |
| <input type="radio"/> Loss of Dependent Child Status | <input type="radio"/> Loss of Eligibility for Employer-Sponsored Coverage | <input type="radio"/> Life Insurance upgrade only |
| <input type="radio"/> Medicare Eligible Life Event | <input type="radio"/> New Hire | <input checked="" type="radio"/> Other |
| <input type="radio"/> Promotion | <input type="radio"/> Retiree - District Pay Ends | <input type="radio"/> Spouse Gains/Loses Coverage |

*2. What was the date of your Life Event?

*3. Please describe your Life Event

4. Please provide documentation of your Life Event. 

[Instructions to Add Documents](#)

Note: 2/8/26 is the standard life event date for the Spring 2026 Part-time Faculty Open Enrollment.

Step 3: Upload Required Documents

Click 'Upload Document' and upload each of the following:

- 1. Eligibility Affidavit/Enrollment Form
- 2. Other Benefits Acknowledgement Form
- 3. Campus Solutions Workload Screenshot
- 4. Dependent Documentation (if applicable)

How to Get Your Campus Solutions Workload Screenshot:

- 1. Log in to Campus Solutions
- 2. Navigate to: Term Workload
- 3. Select: Spring 2026 (Term 1262)
- 4. Save or screenshot the page showing your 'Total Term FTE%'
- 5. Upload this screenshot to BenefitBridge

Step 4: Make Your Benefit Selections

Review plan options and select your coverage:

- **Medical:** Choose Kaiser, Anthem PPO 100-A, or Anthem PPO 80-E
- **Coverage Tier:** Employee Only, Employee + 1, or Employee + 2 or More
- **Dental (Optional):** Choose Delta Dental PPO or UHC DHMO
- **Vision:** Included automatically with your medical plan

Step 5: Review and Submit

Before submitting, verify the following:

- All required documents uploaded
- Plan selections are correct
- Coverage tier matches your needs
- Dependents are correctly listed (if applicable)
- Click 'Submit' to complete enrollment

Flexible Spending Accounts (FSA)

Save money on healthcare and dependent care expenses with pre-tax dollars.

What is an FSA?

A Flexible Spending Account (FSA) lets you set aside pre-tax money to pay for eligible out-of-pocket medical and dependent care expenses. You save money because FSA contributions are not subject to federal or state income taxes.

Plan Year & Contribution Limits

FSA Plan Year: October 1, 2025 – September 30, 2026

Healthcare FSA Maximum: \$3,300

Dependent Care FSA Maximum: \$5,000 per household

Commuter Benefits: \$325 per month (transit and parking)

Payroll Deductions

Your FSA election will be deducted evenly from 6 paychecks:

- March 2026, April 2026, May 2026, October 2026, November 2026, December 2026

How to Enroll

FSA enrollment is separate from medical/dental enrollment.

STEP 1: Download the FSA enrollment form from the PCCD Benefits website.

STEP 2: Submit the completed form by March 6, 2026 (choose ONE):

- Upload via BenefitBridge: Click "Upload a Document"
- Email to: benefits@peralta.edu
- Mail or deliver in-person to Benefits Office

Important FSA Rules

Healthcare & Dependent Care FSA: You cannot change your election after the plan starts unless you have a qualified life event.

Commuter Benefits: You can change your monthly deduction amount. Submit change requests by the 10th of the month for the following month.

Use Your Navia Benefit Card: Access funds easily at eligible expenses. See the full list at www.naviabenefits.com

Questions? Contact Navia Benefits: (800) 669-3539 or www.naviabenefits.com

Need Help?

<p>BenefitBridge Technical Support</p> <p>For login help, navigation, and technical questions</p> <p>(800) 814-1862 Monday – Friday 8:00 AM – 5:00 PM</p>	<p>Peralta Benefits Office</p> <p>For eligibility, plan selection, and benefit questions</p> <p>(510) 466-7229 benefits@peralta.edu</p>
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Contact Information & Resources

Provider	Website	Group Number	Phone
SISC Kaiser HMO	www.kp.com/sisc	606394	800-464-4000
SISC Anthem PPO	www.anthem.com/ca/sisc	40965	See ID Card
SISC Navitus health Solutions Rx	www.navitus.com/	ANT	844-268-9789
Delta Dental PPO	www.deltadentalins.com	938	800-765-6003
UHC Dental DHMO	www.myuhcdental.com	729309	800-999-3367
United Healthcare Vision	www.myuhcvision.com/	754439	
Anthem Employee Assistance Program (via SISC) *All part-time faculty enrolled in either SISC Kaiser or SISC medical plans only	www.anthemeap.com/	SISC	800-999-7222 Available 24/7
Navia Benefits (FSA/Commuter)	www.naviabenefits.com	YGT	800-669-3539
U.S. OMNI & TSACG Compliance Services(formerly TSACG) 403(b) & 457(b) Plans	www.tsacg.com	N/A	888-796-3786
BenefitBridge Technical Support Only	www.benefitbridge.com/Peralta	N/A	800-430-7999

Additional Resources

For plan details, provider directories, and benefits information, visit:

www.peralta.edu/benefits