



**Peralta Community
College District**



BERKELEY CITY COLLEGE

1974

TRANSFORMING LIVES



Laney College



Open Enrollment Announcement Part-Time Hourly Faculty Benefits Fall 2025

Begins August 19, 2025

Ends September 23, 2025

Enrollment is optional and voluntary if eligible

Re-enrollment is required every Spring & Fall Semester

Benefits Office

333 East 8th Street Oakland, CA 94606

Website: www.peralta.edu/part-time/hourly-faculty-open-enrollment

Email: benefits@peralta.edu

Telephone: 510.466.7229



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**Attend a virtual Part-Time Faculty Open Enrollment Benefits Orientation
via Zoom on August 29, 2025, 10-11am & September 9, 2025, 3-4pm.**

Invite Link: <https://peralta-edu.zoom.us/j/83683408054>

Meeting ID: 836 8340 8054

Dial: +1 669 444 9171 (US Toll)

****Other times are available by appointment. Call (510) 466-7229 or
email benefits@peralta.edu**

**If you have any questions about medical and dental benefit plan features,
you are encouraged too either:**

- Visit the plan websites, contact vendors directly
- Attend a virtual Zoom meeting

Re-enroll or enroll between August 19, 2025 & September 23, 2025

Coverage period begins September 1, 2025, and ends February 28, 2026

Re-enrollment is required by September 23, 2025 and is not automatic.

This notice is being sent to part time, hourly faculty who may have a Fall 2025 teaching assignment with Peralta. You may be eligible for participation in the District's medical, dental and flexible benefits plan enrollment. "The Benefit Eligibility & Payment Highlights" outlines the eligibility criteria for the District's group insurance and flexible spending plans for which you may be eligible. FSA information and enrollment forms can also be found in this announcement. Cost of coverage is determined by your collective bargaining agreement, the coverage level, and plan selected. Kaiser & Anthem enrollees now pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Refer to the "Benefit Eligibility & Payment Highlights" section of this announcement and section C.

Current Enrollees with no changes to current elections:

Employees who wish to continue current elections/coverage without any changes simply complete the eligibility affidavit/Enrollment Form and email it back to benefits@peralta.edu or mail it back to the address on the form on or before September 23, 2025. No need to re-enroll via Benefit Bridge or submit supporting documentation.

New Enrollees or Current Enrollees making changes to coverage or dependents:

Log into the BenefitBridge Portal to enroll or review medical and dental plan enrollment options at www.BenefitBridge.com/peralta . You will need to create a user ID and password, then:

Upload Eligibility Affidavit/Enrollment Form and the Other Benefits Enrollment Acknowledgement Form

Upload supporting documentation if you are adding a dependent to your coverage.

Forms are available on BenefitBridge when you register and log-in

Enrollments are processed only if supporting documents are received before the September 23, 2025 deadline (No exceptions).

HELP IS HERE! - Call 800 814-1862 Monday – Friday 8:00 am – 5:00 pm



Benefit Eligibility

Term Assignment Percentage	Assignment 40% or greater	Assignment Less than 40%
Re-Enrollment Required Each Academic Semester if eligible	Yes	Yes
<p>Eligibility Requirements</p> <p>(Eligibility requirements can be found in the Human Resources website under the menu tab link below)</p> <p>✓ Collective Bargaining Agreements</p>	<ul style="list-style-type: none"> ➤ Be currently employed as a temporary, part- time faculty member with the PCCD. ➤ A Part-time faculty member, multidistrict part-time faculty member, or their dependents whose premiums for medical insurance are paid for by an employer other than a community college district are not eligible to participate in this program. ➤ Have a Total Term FTE which equals or exceeds 40% of an FTE. 	<ul style="list-style-type: none"> ➤ Be currently employed as a temporary, part-time faculty member with the PCCD. ➤ A Part-time faculty member, multidistrict part-time faculty member, or their dependents whose premiums for medical insurance are paid for by an employer other than a community college district are not eligible to participate in this program. ➤ Have a Total Term FTE Workload which is less than 40% of an FTE. ➤ To be eligible, part-time faculty members must have completed four (4) semesters in the immediately preceding four (4) years.



Payment Highlights Fall 2025

Payment Schedule (Three months)	October , November & December
Medical & Dental Coverage Duration Flexible Spending Accounts Plan Year	September 1 – February 28 October 1 – September 30
Payment Method	<ul style="list-style-type: none"> Through payroll deduction. Other payment arrangements are considered on a case-by-case basis for medical and dental premiums only. Please contact the PCCD Benefits Office for additional information. Benefits@peralta.edu
Who Can Enroll?	Employee and eligible dependents as set forth by the benefit programs.
Forms & Documents REQUIRED to Complete Enrollment and Comply with Regulations-unless designated as optional	<ul style="list-style-type: none"> ✓ Eligibility Affidavit/Enrollment Form ✓ Applicable Spring/Fall Term Workload from Campus Solutions. ✓ Provide required eligibility checklist documents. Dependents cannot be added without the required documents listed in SISC's Eligibility Documentation Checklist. ✓ Applicable flexible spending account forms.
Employee Medical Cost Sharing	<ul style="list-style-type: none"> Kaiser & Anthem enrollees now pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Refer to Assembly Bill 190 Part Time Faculty Medical Insurance Program If your assignment is less than 40% there will be cost sharing if you have satisfied the collective bargaining agreement eligibility for coverage.
Dental Enrollment	<ul style="list-style-type: none"> There is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental
For contacts, additional details, limitations, exclusions, and out-of- network coverage, please refer to the Benefits Office website.	<ul style="list-style-type: none"> http://web.peralta.edu/benefits/



Medical & Dental Monthly Premiums

All rates effective 10/1/2025

Coverage Tier	Delta Dental PPO Rates	United HealthCare Dental Rates
Employee Only	\$ 58.93	\$ 31.91
Employee plus one	\$100.18	\$ 51.04
Employee plus two or more	\$153.21	\$ 77.77

Coverage Tier	SISC - Kaiser Traditional Plan	SISC - Anthem PPO Plan 100-A	SISC - Anthem PPO Plan 80-E
Employee Only	\$1,053.00	\$1,662.00	\$1,375.00
Employee plus one	\$2,065.00	\$3,273.00	\$2,699.00
Employee plus two or more	\$2,908.00	\$4,618.00	\$3,799.00

Note: The rates above includes both employee and employer contributions, which represents the total monthly premium. See eligibility affidavit for employee contributions.



Dental Plan Highlights

UnitedHealthcare DHMO	Delta Dental DPPO	
In-Network	In-Network	Premier Network & 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 contract for fee schedule)	No Charge ²	No Charge ²
Basic Services Fillings Root Canals Periodontics	No Charge (see contract for fee schedule)	No Charge ²	No Charge ²
Major Services	No Charge (see contract for fee schedule)	No Charge ²	No Charge ²
Orthodontia Adults Children (up to age 26)	Copay varies (see contract for fee schedule)	50% Coinsurance	50% Coinsurance
Ortho Lifetime Max	Unlimited	\$1,000	\$1,000 (combined with in-network)

Please note that when you go out-of-network, your benefits are based on a Usual and Customary Fee Schedule. Plan maximums apply



SISC Medical Plan Highlights

	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 Family Embedded/Aggregate ²	None None N/A		\$300 \$600 Embedded	
Calendar Year Out-of-Pocket Maximum¹ Individual Family Embedded/Aggregate ³	\$1,000 \$3,000 Embedded	No limit	\$1,000 \$3,000 Embedded	No limit
Office Visit Primary Care Specialist	\$0 copay per visit for visits 1-3, then \$10 copay per additional visit \$10 copay per visit	Member pays difference between max allowed and actual charges	\$0 copay per visit for visits 1-3, then \$20 copay per additional visit \$20 copay per visit	Member pays difference between max allowed and actual charges
LiveHealth Online Primary Care Specialist	No charge \$10 copay per visit		No charge \$20 copay per visit	
Preventive Services	No charge	Not covered	No charge	Not covered
Chiropractic	No charge	Not covered	20% after deductible	Not covered
Lab and X-ray CT, MRI, PET scans Other lab and x-ray tests	No charge No charge	Member pays all billed amounts exceeding \$800 per test ⁴ Not covered	20% after deductible 20% after deductible	Member pays all billed amounts exceeding \$800 per test ⁴ Not covered



Continued Medical Plan Highlights

	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

Urgent Care	\$10 copay	Member pays difference between max allowed and actual charges	\$20 copay	Member pays difference between max allowed and actual charges
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	
Brand	\$20 copay		\$20 copay	
Mail Order - 90 Day Supply (Costco)				
Generic	\$0 copay		\$0 copay	
Brand	\$50 copay		\$50 copay	



Continued Medical Plan Highlights

	Kaiser HMO - \$10 Copay (Managers & PFTs)	Kaiser HMO - \$15 Copay (Local 39, 1021 & Confidential)
	In-Network Only	In-Network Only

Calendar Year Deductible¹ Individual Family Embedded/Aggregate ²	None Embedded	None Embedded
Calendar Year Out-of-Pocket Maximum¹ Individual Family Embedded/Aggregate ³	\$1,500 \$3,000 Embedded	\$1,500 \$3,000 Embedded
Office Visit Primary Care Specialist	\$10 copay \$10 copay	\$15 copay \$15 copay
Eyeglasses or Contacts Once every 24 months	\$150 allowance	\$150 allowance
Preventive Services	No Charge	No Charge
Chiropractic	Not Covered	Not Covered
Lab and X-ray	No Charge	No Charge
Urgent Care	\$10 copay	\$15 copay



Continued Medical Plan Highlights

	Kaiser HMO - \$10 Copay (Managers & PFTs)	Kaiser HMO - \$15 Copay (Local 39, 1021 & Confidential)
	In-Network Only	In-Network Only

Emergency Room (waived if admitted)	\$100 copay	\$100 copay
Inpatient Hospitalization	No Charge	No Charge
Outpatient Surgery	\$10 per procedure	\$15 per procedure
PRESCRIPTION DRUGS		
Calendar Year Deductible	None	None
Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Retail- 30 Day Supply		
Generic	\$10 /prescription	\$5 /prescription
Brand	\$10 / prescription	\$20 / prescription
Specialty	\$10 / prescription	\$20 / prescription
Mail Order- 100 Day Supply		
Generic	\$10 /prescription	\$10 /prescription
Brand	\$10 / prescription	\$40 / prescription
Specialty	\$10 / prescription	Not covered

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.



Vision Plan Highlights (Bundled with Medical Plans Only)

Anthem PPO Plans Only				Kaiser HMO Vision Plan*
UHC Union Vision Plan – Local 39		UHC Union Vision Plan – 1021, Confidential, Managers & PFT		
In-Network	Out-of-Network	In-Network	Out-of-Network	
				In-Network Only

Exams					
Benefit	\$15 copay	Up to \$40	\$10 copay	Up to \$40	Plan pays 100%
Frequency	Once every 12 months	In-network limitations apply	Once every 12 months	In-network limitations apply	Once every 24 months
Materials	Plan pays 100%	See schedule below	Plan pays 100%	See schedule below	Up to \$150 towards the purchase price of any or all of the following, not more than once every 24 months
Eyeglass Lenses					
Single Vision Lens	Plan pays 100% of basic lens	Up to \$40	Plan pays 100% of basic lens	Up to \$40	See Materials above
Bifocal Lens	Plan pays 100% of basic lens	Up to \$60	Plan pays 100% of basic lens	Up to \$60	See Materials above
Trifocal Lens	Plan pays 100% of basic lens	Up to \$90	Plan pays 100% of basic lens	Up to \$90	See Materials above
Frequency	Once every 12 months	In-network limitations apply	Once every 12 months	In-network limitations apply	Once every 24 months



Continue Vision Plan Highlights (Bundled with Medical Plans Only)

Anthem PPO Plans Only				Kaiser HMO Vision Plan*
UHC Union Vision Plan – Local 39		UHC Union Vision Plan – 1021, Confidential, Managers & PFT		
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only

Frames Benefit	Up to \$120	Up to \$45	Up to \$120	Up to \$45	See Materials above
Frequency	Once every 12 months	In-network limitations apply	Once every 12 months	In-network limitations apply	Once every 24 months
Contacts (Elective)** Benefit	Up to \$150	Up to \$150	Up to \$150	Up to \$150	See Materials above
Frequency	Once every 12 months	Once every 12 months	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.



PERALTA COMMUNITY COLLEGE DISTRICT PLAN CONTACTS

Insurance & Carrier Contact Information

Carrier	Website	Group Number	Phone Number
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
United Healthcare 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 24/7
Navia Benefits Solutions (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

For all questions related to your benefits, please contact Peralta Benefits Office at 510-466-7229, Mon – Fri, 8:30 AM – 5:00 PM, PST, or email benefits@peralta.edu.



- **Your next steps if you are a new enrollee or continuing enrollee making changes to coverage or dependents.**

BenefitBridge 2025 Online Benefits Enrollment

Peralta Community College District Online Benefits Enrollment is easy with BenefitBridge!

Need Help?

For all questions related to your benefits, please contact your employer's benefits administrator. For BenefitBridge technical assistance *only*, please contact BenefitBridge Customer Care at 800.814.1862; Mon – Fri, 8:00 AM – 5:00 PM, PST or email benefitbridge@keenan.com.

► Here's what you can do on BenefitBridge:

- View Current Plan Year Benefits
- Compare Plan Options
- Enroll in Benefits
- Resource Center: Health Insurance Basics, Medicare, Glossary, Media Resources
- Add or Remove Dependents/Beneficiaries
- Message Center
- Update My Account Info
- Available 24/7 via the Internet

Registration and Login

Already have login credentials?

1. Login to BenefitBridge at www.benefitbridge.com/peralta
2. Forgot Username or Password? Click on “**Forgot username/Password?**”
3. Please add or update your email address to receive an email confirmation of your enrollment approval.

Enrolling in Benefits

Access your enrollment via the “Make Changes to My Benefits” button

For BenefitBridge technical assistance only, please contact BenefitBridge Customer Care at 800.814.1862
Monday - Friday, 8:00 AM - 5:00 PM, PST
or email benefitbridge@keenan.com.



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 |
| <input type="radio"/> Student Status | | |

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

08/18/2025



Enter this date

*3. Please describe your Life Event

Part-time Faculty Open Enrollment

Enter this description

4. Please provide documentation of your Life Event. ?

Upload Document

Instructions to Add Documents

Upload required forms & Documents
See below.

Continue

If I want to consider enrolling, where do I start?
Login in here: www.BenefitBridge.com/peralta

Have these documents before you log in. Upload the following:

- 1) Eligibility Affidavit/Enrollment Form Fall 2025
- 2) Other Benefit Enrollment Acknowledgement Form
- 3) Dependent Verification/Documentation (if applicable)



Instructor Term Workload Sample For Illustrative Purpose Only

Your personal instructor assignment can be found on Campus Solutions

Upload to BenefitBridge as part of your enrollment process

Term Workload

ID

Workload Definition Find | View All First 1 of 47 Last

Academic Institution	PCCD1	Peralta Community College Dist	Total Term FTE%	66.67
Term	1254	2025 Fall		
Instructor Assignment Class	TTMP	T-Temporary/Adjunct		
Calculate Workload	<input checked="" type="checkbox"/>	Assigned FTE %	67.00	
Limit Workload	<input checked="" type="checkbox"/>	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 %
							20.00	<input checked="" type="checkbox"/>	66.67

IF TOTAL TERM FTE % IS:

40.00% OR GREATER, PERALTA PAYS 100% OF THE KAISER PREMIUM

LESS THAN 40%, PERALTA PAYS 50%

FOR ALL OTHER PLANS, SEE THE ELIGIBILITY AFFIDAVIT FOR EMPLOYER/EMPLOYEE MONTHLY CONTRIBUTIONS.



Section D: REQUIRED WEB FORMS & DOCUMENTS LINKS

To streamline the process please use the “Adobe Acrobat Sign” form links to the right.

Note: Once you have completed the form and accepted, the system will ask you for an email (see below).

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "Fall 2025 Part-Time Faculty New Enrollment or Making Changes - PCCD Required Forms" until you've confirmed.

Please only use your **Peralta email address** as a confirmation email request will be sent. Then open the confirmation email and click on the “**Confirm my email address**” section shown below to complete the process. **If not completed the form will not be received by the Benefits Office and no action will be taken.** Once confirmed a copy will be emailed back to you.



Powered by
Adobe
Acrobat Sign

Thank you for signing Fall 2025 Part-Time Faculty New Enrollment or Making Changes - PCCD Required Forms. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

[Confirm my email address](#)

After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of Fall 2025 Part-Time Faculty New Enrollment or Making Changes - PCCD Required Forms as a PDF.

- ✓ [Fall 2025 Part-Time Faculty Re-enroll no changes - PCCD Eligibility Affidavit Form](#)
- ✓ [Fall 2025 Part-Time Faculty New Enrollment or Making Changes - PCCD Required Forms](#)
- ✓ [BenefitBridge Registration/Login Instructions](#)
- ✓ [Required Dependent Verification/Documentation Checklist](#)
- ✓ [FSA Enrollment Form \(Plan Year 10/1/2025-9/30/2026\)](#)
- ✓ [Commuter accounts enrollment Form \(Plan Year 10/1/2025-9/30/2026\)](#)

Need more information about plans selections?

Click here: [Part-Time/Hourly Faculty Open Enrollment](#)



Flexible Spending Account (FSA) Open Enrollment

FSA Open Enrollment for Part-time hourly Faculty August 19, 2025 – September 23, 2025

Coverage effective September 1, 2025, through February 28, 2026

It's that time of the year again to enroll/re-enroll in a Flexible Spending Account (Health Care, Day Care &/or Commuter). **The plan year is from October 1, 2025, through September 30, 2026.**

Note: FSA HealthCare and Daycare accounts first point of eligibility is during the Fall open enrollment for the plan year. If you forgo enrolling in any Fall semester you would not be eligible to enroll the following Spring semester unless you have a qualifying event.

The maximum amounts that you can contribute to this short plan year are:

- **\$3,300.00** for healthcare/medical FSA
- **\$5,000.00** (per household) for dependent care FSA
- Commuter benefits (transit and parking) currently each **\$325.00**.

Your election amount will be evenly deducted pre-tax from 6 pay checks: October 2025, November 2025, December 2025, March 2026, April 2026 and May 2026.



What is a Flexible Spending Account (FSA)?

An FSA is a personal expense account that works with your District health plans, allowing you to set aside a portion of your salary pre-tax to pay for qualified medical and dependent care expenses. The dollars you set aside can pay for eligible expenses for you and eligible dependents.

How does it work?

Healthcare FSA: You cannot change your election amount after the plan starts unless you have a qualified change in status.

Dependent Care FSA: You can change your elections if you have a qualified change in status, there is a significant cost change or a change in coverage.

Commuter Benefit: For the Commuter Benefits Accounts, the participants may change their deduction amount as often as monthly. Change requests forms (attached) must be submitted to the Benefits Office on or before the 10th calendar day of the month and will be effective the 1st of the following month.

Access your funds – you can use your Navia Benefit Card to pay for your qualified expenses. You can see a more comprehensive list on our website at:

<https://www.naviabenefits.com/participants/resources/expenses/?benefit=health-care-fsa>

How to enroll?

Submit FSA and Commuter enrollment forms using the links below and email to: benefits@peralta.edu.

Please indicate your employee ID rather than your SSN.

- ✓ [FSA Enrollment Form \(Plan Year 10/1/2025-9/30/2026\)](#)
- ✓ [Commuter accounts enrollment Form \(Plan Year 10/1/2025-9/30/2026\)](#)



Question & Answers

