

Peralta Benefits Office

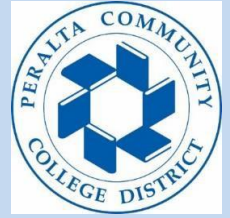
333 East 8th Street

Oakland, CA 94606

Websites: [web.peralta.edu/benefits/](http://web.peralta.edu/benefits/)

Email: [benefits@peralta.edu](mailto:benefits@peralta.edu) Telephone:

510.466.7229



## **Part-Time Hourly Faculty Special Open Enrollment Announcement for Fall 2022**

*Open enrollment began on October 14, 2022 and will end on November 14, 2022*

### **RE-ENROLLMENT IS REQUIRED TO MAINTAIN COVERAGE**

*Re-enrollment is required by November 14, 2022 and is not automatic.*

This notice is being sent to part time, hourly faculty who may have a Fall 2022 teaching assignment with Peralta. You may be eligible for participation in the District's SISC medical plan. "The Benefit Eligibility & Payment Highlights" outlines the eligibility criteria for the District group insurance plans for which you may be eligible.

### **Enrollment is optional and voluntary.**

Re-enroll or enroll between October 14, 2022 & November 14, 2022

Coverage period begins January 1, 2023 and ends February 28, 2023

### **Current and New Enrollees:**

Eligible Employees who wish to continue or enroll in a SISC medical plan **must** complete and return the following to the Benefits Office on or before November 14, 2022:

- Applicable SISC Anthem PPO or Kaiser Traditional enrollment form  
*District Medical plan coverage will end last day of covered expenses December 31, 2022 for all employees currently enrolled. To continue coverage effective January 1, 2023 you must enroll and provide the applicable enrollment forms and documents.*
- Eligibility Affidavit/Enrollment Form
- Provide required dependent eligibility documents. Dependents cannot be added without the required documents listed in SISC's Eligibility Documentation Checklist, even if they are already covered.
- BenefitBridge will not be used for this enrollment period.

### **Changes to Employee Cost Sharing:**

- SISC Kaiser & SISC Anthem PPO enrollees now have cost sharing for both medical plans for eligible employees with a Fall 2022 assignment that is 40% or greater. If your assignment is less than 40% there will be cost sharing if you have satisfied the collective bargaining agreement look-back rule. See Benefit Eligibility & Payment Highlights.

If you have any questions about SISC medical plan features, you are encouraged to either:

- Visit the plan websites or contact vendors directly, or
- Attend a virtual meeting that Peralta CCD and SISC invites you to attend. Virtual OE meetings are being held on the following dates:

**October 24, 2022, from 12 pm to 1 pm** <https://peralta-edu.zoom.us/j/86315980089>

**November 7, 2022, from 2 pm to 3 pm** <https://peralta-edu.zoom.us/j/82039793973>

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

# Current Enrollees with no changes to current elections

## Peralta Community College Eligibility Affidavit/Enrollment Form

Please mail the form to the PCC District- Benefits Office 333 E. 8<sup>th</sup> Street Oakland, CA 94606, on or before the close of Open Enrollment, November 14, 2022. **No need to enroll via BenefitBridge for this open enrolment period.** Re-enrollment and enrollment is required by November 14, 2022, and is not automatic. Coverage period begins January 1, 2023 and ends February 28, 2023. To maintain coverage without interruption, re-enroll by November 14, 2022 (**no exceptions**). Enrollment is optional and voluntary.

**Section A: Personal Information** \* This form is to be completed in addition to the applicable SISC Anthem PPO and Kaiser Enrollment Forms.

|  |                         |                                |               |
|--|-------------------------|--------------------------------|---------------|
| Employee's Name (Last, First, Middle Initial) - please print |                         | Employee Identification Number |               |
| Street Address - please print                                |                         | City                           | State         |
|  |                         |                                | Zip Code      |
| Telephone Number (home)                                      | Telephone Number (work) |                                | Email Address |

Check here if the above reflects any new / updated contact information.

### Section B: Affidavit of Eligibility

☐

- I am currently employed by PCCD as any hourly faculty member.
- I understand by signing the **Assignment 40% or greater statement** below I am acknowledging that I have a Fall 2022 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Fall 2022 Workload to this form from **Campus Solution**)
- I understand by signing the **Assignment Less than 40% statement** below I am acknowledging that I have a Fall 2022 assignment less than 40%. (refer to the Instructor Assignment Roster — the Fall 2022 Workload to this form from **Campus Solution**)
- I do not have access to group medical insurance where all or part of the premium is paid through some source other than personal funds or a Community College District.
- I agree to notify the District in writing within 30 days of the following:
  - My change of address
  - Change of my marital status resulting in adding or deleting a spouse or domestic partner
  - Change to my eligible dependents status such as adding a newborn, or adopted child
  - Change to my ineligible dependents status such as deleting an overage dependent
  - Naming ineligible dependents may result in repaying SISC premium or claim costs
  - If adding a domestic partner, I must submit a California State Registration of Domestic Partnership and will be subject to imputed income.
  - If adding a spouse, then I am exempt from imputed income at the state and federal levels.
  - Failure to notify the District of change in dependent status may result in actions stated in item (5:e) above
  - Enrollment subject to post enrollment audit
  - I agree to pay premiums based on my plan elections

**Assignment 40% or greater:** I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for the payroll rate Share/Cost of the SISC Kaiser and SISC Anthem PPO premiums for the coverage I am enrolling in (January 1, 2023 thru February 28, 2023). Deduction will occur for 1 pay period: December 2022. I understand that if I waive coverage or do not enroll in coverage, I can enroll at a later date if there is a QUALIFYING EVENT as permitted and defined by HIPAA governances.

My signature below certifies that the statements made in section B: 1-5 are true and correct.

\_\_\_\_\_ (Please sign and date)

**Assignment Less than 40% statement:** I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for the payroll rate Share/Cost of the SISC Kaiser and SISC Anthem PPO premiums for the coverage I am enrolling in (January 1, 2023 thru February 28, 2023). Deduction will occur for 1 pay period: December 2022. I understand that if I waive coverage or do not enroll in coverage, I can enroll at a later date if there is a QUALIFYING EVENT as permitted and defined by HIPAA governances.

My signature below certifies that the statements made in section B: 1-5 are true and correct.

\_\_\_\_\_ (Please sign and date)

### Section C: Benefit Options & Monthly Share/Cost

| All Eligible Employees | MonthlyShare: 2 months of coverage paid in 1 installment<br>SISC Kaiser Traditional Plan: Monthly Rate (mo)/Payroll Rate (pr) |                               | Monthly Share: 2 months of coverage paid in 1 installment<br>SISC Anthem PPO Plan: Monthly Rate (mo)/Payroll Rate (pr) |                               |
|------------------------|---|-------------------------------|--|-------------------------------|
|                        | Employee Pays   |                               | Employee Pays  |                               |
| Single                 | Peralta Pays  | \$ 418.50/mo.; \$ 837.00/pr   | Peralta Pays   | \$ 948.50/mo.; \$ 1897.00/pr  |
|                        | Total Cost  | \$ 418.50/mo.; \$ 837.00/pr   | Total Cost   | \$ 418.50/mo.; \$ 837.00/pr   |
|                        |   | \$ 837.00/mo.; \$ 1674.00/pr  |  | \$ 1367.00/mo.; \$ 2734.00/pr |
| Two Party              | Peralta Pays  | \$ 820.00/mo.; \$ 1640.00/pr  | Peralta Pays   | \$ 1867.00/mo.; \$ 3734.00/pr |
|                        | Total Cost  | \$ 820.00/mo.; \$ 1640.00/pr  | Total Cost   | \$ 820.00/mo.; \$ 1640.00/pr  |
|                        |   | \$ 1640.00/mo.; \$ 3280.00/pr |  | \$ 2687.00/mo.; \$ 5374.00/pr |
| Three Party            | Peralta Pays  | \$ 1154.50/mo.; \$ 2309.00/pr | Peralta Pays   | \$ 2634.50/mo.; \$ 5269.00/pr |
|                        | Total Cost  | \$ 1154.50/mo.; \$ 2309.00/pr | Total Cost   | \$ 1154.50/mo.; \$ 2309.00/pr |
|                        |   | \$ 2309.00/mo.; \$ 4618.00/pr |  | \$ 3789.00/mo.; \$ 7578.00/pr |

**Benefit Eligibility & Payment Highlights**  
**40% or greater assignment and Less than 40% Assignment**  
**Fall 2022**

|  |  |   |
|--|--|---|
| <b>Term Assignment Percentage</b>  | <b>Assignment 40% or greater</b>   | <b>Assignment Less than 40%</b>   |
| <b>Re-Enrollment Required Each Academic Semester</b>   | Yes  | Yes   |
| <b>Eligibility Requirements</b>  | <ol style="list-style-type: none"> <li>1. Be currently employed as a temporary, part-time faculty member with the PCCD.</li> <li>2. Not be eligible for other group coverage (paid for by another employer).</li> <li>3. Have a Total Term FTE which <u>equals or exceeds</u> 40% of an FTE.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Be currently employed as a temporary, part-time faculty member with the PCCD.</li> <li>2. Not be eligible for other group coverage (paid for by another employer).</li> <li>3. Have a Total Term FTE Workload which is <u>less than</u> 40% of an FTE.</li> <li>4. To be eligible, part-time faculty members must have completed four (4) semesters in the immediately preceding four (4) years.</li> </ol> |
| <b>Payment Schedule (one month)</b>  | December 2022  |   |
| <b>Coverage Duration (2 months)</b>  | January 1, 2023 – February 28, 2023  |   |
| <b>Payment Method</b>  | Through payroll deduction. Personal check in cases where benefit election cost exceeds anticipated earnings. Other payment arrangements are considered on a case by case basis. Please contact the PCCD Benefits Office for additional information.  |   |
| <b>Who Can Enroll?</b>   | Employee and eligible dependents as set forth by the benefit programs.   |   |
| <b>Forms &amp; Documents REQUIRED to Complete Enrollment and Comply with Regulations-unless designated as optional</b> | <ol style="list-style-type: none"> <li>1. Applicable SISC Anthem PPO or SISC Kaiser enrollment form</li> <li>2. Eligibility Affidavit/Enrollment Form</li> <li>3. Provide required dependent eligibility documents. Dependents cannot be added without the required documents listed in SISC's Eligibility Documentation Checklist even if they are already covered.</li> </ol>  |   |
| <b>Options of Medical Plans Available, Cost Sharing &amp; Resources</b>  | <p>➤ SISC Kaiser Plan</p> <p>Kaiser Customer Service      Toll-Free 800-464-4000    Website: <a href="http://www.kp.org">www.kp.org</a></p> <p>➤ SISC Anthem PPO Plan</p> <p>Anthem Blue Cross<br/>Customer Service<br/>(Medical and Behavioral Health)    Toll-Free 800-825-5541    Website: <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a></p> <p>Navitus Health Solutions      Toll-Free 866-333-2757    Website: <a href="http://www.navitus.com">www.navitus.com</a></p> <p><b>Changes to Employee Cost Sharing:</b></p> <ul style="list-style-type: none"> <li>• Kaiser &amp; Anthem enrollees now have cost sharing for both medical plans for eligible employees with a Fall 2022 assignment that is 40% or greater. If your assignment is less than 40% there will be cost sharing if you have satisfied the collective bargaining agreement look back rule.</li> </ul> |   |
| <b>Dental Enrollment</b>   | <b>Not for this SISC Special Enrollment period</b> , otherwise yes, however there is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.  |   |
| <b>Enrollment &amp; Documentation Deadline</b>   | <b><u>November 14, 2022</u></b>  |   |

## ELIGIBILITY DOCUMENTATION CHECKLIST

The following verification documents are required to enroll a subscriber or dependent in health benefit plans. SISC requires the Social Security Numbers for all members to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

| Dependent Type   | Required Documentation   |
|--|--|
| Spouse   | <ul style="list-style-type: none"> <li>Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out).</li> <li>For newly married couples where prior year tax return is not available a marriage certificate will be accepted.</li> </ul>   |
| Domestic Partner   | <ul style="list-style-type: none"> <li>Certificate of Registered Domestic Partnership issued by the State of California (Enrolling a Domestic Partner may cause the employer contribution to become taxable).</li> </ul>   |
| Children, Stepchildren, and/or Adopted Children up to age 26                 | <ul style="list-style-type: none"> <li>Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB)</li> <li>Legal Adoption Documentation</li> </ul>   |
| Legal Guardianship up to age 18  | <ul style="list-style-type: none"> <li>Legal U.S. Court Documentation establishing Guardianship</li> </ul>   |
| Disabled Dependents over age 26 (requires enrollment in a SISC medical plan) | <p><b>Anthem Blue Cross (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>Completed Anthem Disabled Dependent Certification Form</li> </ul> <p><b>Blue Shield (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>Completed Declaration of Disability for Overage Dependent Child</li> </ul> <p><b>Kaiser (All items listed below are required)</b></p> <ul style="list-style-type: none"> <li>Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</li> <li>Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out)</li> <li>Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage.</li> <li>Completed Disabled Dependent Enrollment Application</li> <li>Most recent Kaiser Certification notice (if available)</li> </ul> |
| Retirees and/or Dependents on a Retiree Plan Age 65 or Over                  | <ul style="list-style-type: none"> <li>Proof of enrollment in Medicare Part A &amp; Part B (copy of current Medicare card or Medicare enrollment confirmation letter showing effective dates of Part A and Part B)</li> </ul>  |



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 37 Last

Academic Institution PCCD1 Peralta Community College Dist

Term **1224** **Fall 2022**

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 % |
|-------------|---------|-------------|---------|-----------|---------------|-------------|-----------|-------------------------------------|------------------|
| COUNSELORS  | ZZCON   | 2           | L7L     | 25194     |               | Non Instr   | 20.00     | <input checked="" type="checkbox"/> | 66.67            |

If Total Term FTE% is:  
>40.00=Peralta pays ½ for Kaiser medical premium  
<40.00=Peralta pays 0 for medical premium