OPEN ENROLLMENT DEADLINE EXTENDED
TO JUNE 10, 2015

Open enrollment is the annual opportunity for eligible employees/retirees to:

- Change or enroll in medical and/or dental plans
- Add or delete a dependent to the group insurance plan

The Peralta Community College District proudly offers a competitive and comprehensive core of work-life benefits that may increase your total compensation for current active employees by 40% or more. Current benefits for full-time employees include:

- Medical, prescription drug and vision coverage
- Delta Dental PPO dental coverage or United HealthCare DMO dental coverage
- Life insurance of 150% of your annual pay up to a $100,000 maximum benefit (amounts over 50,000 are subject to imputed income per IRS requirement)
- Long-term Disability coverage, Employee Assistance Program
- Voluntary participation in a tax-deferred 403(b) and/or 457(b) plans

If you are benefit-eligible and do nothing...
- If you are currently enrolled in our group plans and do nothing, then your medical, dental and vision plan enrollment will continue at your current coverage level and at the rates in effect on July 1, 2015.

To effect a change, if you are...
- an active employee, submit your enrollment changes on BenefitBridge; or visit the District Benefits Office online at http://web.peralta.edu/benefits/
- a retired employee or cobra participant, then submit your enrollment change on the Universal Benefit Enrollment Form.

New for Open Enrollment 2015
We are pleased to announce the new voluntary vision plan through VSP. This plan is to be used as a stand-alone benefit (not coordinated with any other vision plan).

If you are benefit eligible, enclosed with this announcement are the following VSP documents which are also online:

1. Your Benefits Summary with rates & Frequently Asked Questions
2. More Choice and Convenience
3. Protect Your Vision with VSP
4. Enrollment Form, due by June 10, 2015
Opportunity to Make Elective Deferrals to the Peralta Community College District 403(b) Plan

This is to notify you that if you are a Peralta Community College District employee, you are eligible to make a pre-tax elective deferral from your salary to the 403(b) Plan (the “Plan”).

To make an elective contribution to the Plan, you must submit a Salary Reduction Agreement to the Plan’s Third Party Administrator, MidAmerica Administrative & Retirement Solutions, Inc. You may make, change, or stop such an election to contribute as often as you wish, and it will be effective on the date indicated on the Salary Reduction Agreement or the next payroll date after it is approved by MidAmerica.

Such elective contributions are subject to applicable Internal Revenue Code limits and the terms of the Plan. The contributions may be suspended for 6 months following a distribution to you from the Plan if you take a financial hardship withdrawal.

You can submit a Salary Reduction Agreement via the 403(b)/457 Participant Website at https://fe2.midamerica.biz/login.aspx. Step-by-step participant website instructions are available at the following link: https://www.midamerica.biz/wp-content/uploads/2012/04/Participant-Website-Instructions.pdf (Salary Reduction Agreement information can be found on page 6).

If you are a new participant, you will need to submit a Salary Reduction Agreement via hardcopy for your initial election. For a copy of the Salary Reduction Agreement or a summary of the Plan—or if you have any other questions—please contact MidAmerica Administrative & Retirement Solutions, Inc. at (866) 873-4240 or visit the website at https://www.midamerica.biz/forms/participants/.

This Notice is to provide general information regarding availability of the Plan. You should consult with your own financial, tax, or legal advisor as to whether you should contribute to the Plan. Should there be any difference between the information in this Notice and the Plan, the terms of the Plan will control. The information in this Notice is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code or promoting, marketing, or recommending to any transaction or matter addressed herein.

Reminder: Kaiser Medical Expense Reimbursement Plan Claim Forms Due

The District reimburses active and post 2004 retirees for prescription expenses incurred over $5.00 per prescription when using the Kaiser mail order program. The District also reimburses pre 2004 retirees for prescription drug expenses incurred over $1.00 per prescription when using either mail order or retail pharmacy services.

Upcoming Key Dates for 2015

- 06/30/15 - Deadline for submitting the Kaiser Reimbursement Form (next deadline 12/31/15)
- 07/01/15 - New coverage rates become effective for changes made during the annual open enrollment window
- 11/1-11/30/2015 - Flexible Benefits Enrollment window for calendar year 2016 coverage.

Peralta District Benefits partners thank you for attending the 2015 Benefits Fair

Over 200 employees, retirees and guests attended workshops and asked questions of our business partners:

In Memoriam

The Peralta family offers condolences to members of our extended community who have passed on. This partial list includes names of active and retirees brought to the attention of the Benefits Office during the last few months:

David Lauer  |  William Box  |  Martena Wilson  |  Eugene Osegueda
How do I locate a VSP Provider? You may call VSP at (800) 877-7195 or you may visit the website at http://www.vsp.com/.

What is my copay for an eye exam / materials? $10 copay for exams and $25 copay for materials. Refer to the summary above.

How often can I get an eye exam? Once every 12 months.

How often can I replace my lenses and frames? Once every 12 months. If you select a frame valued at more than the plan’s allowance, you will receive a 20% discount on the amount over your retail allowance.

What if I want to purchase a second pair (complete) of glasses? If you want to purchase an additional complete pair of glasses, you will receive a 20% discount off the VSP doctor’s usual and customary fees. You will receive this discount when you order materials (lenses and frames) within 12 months, from the same doctor who completed the last exam.

Are contact lenses covered? Yes. In place of lenses and frames, there is a contact lens allowance (up to $130 for network providers and up to $105 for non-network providers).
VISION SERVICE PLAN FREQUENTY ASKED QUESTIONS (continued)

Can I visit any eye doctor or only certain ones? You and your family members can visit any doctor you wish, any time you need care.

What are the advantages to going to a network doctor? You will usually save on out-of-pocket expenses, plus you will be eligible for discounts on cosmetic extras for lenses, additional pairs of glasses and doctors’ contact lens professional services. What's more, Vision Service Plan (VSP) network doctors have been carefully selected and are committed to providing patients with high-quality care.

What is meant by “service frequency”? Service frequencies indicate when you will be eligible again for an exam or materials. These are based on the last date you received an exam or materials. When you are choosing eyewear, you can select either glasses or contacts. You will not receive coverage for both at the same time.

Is there any limit to how many times I can take advantage of network discounts? No. VSP providers’ discounts on cosmetic extras, additional glasses and contact lens services can be used as many times as you’d like, anytime during the 12 month period following your covered eye exam. To obtain the discounts, however, you must return to the same provider who performed the initial exam.

Although many network frames are covered in full, what if I prefer a style that isn’t? When you visit a network provider, your plan’s retail frame allowance will cover most frames in full. If you select a frame which costs more than the retail allowance, the plan will cover 20% of the amount above the allowance. You must pay the rest. Note that non-network frame benefits are limited to a separate allowance.

Am I entitled to the same benefits for elective contact lenses as medically necessary contact lenses? The plan provides generous benefits towards both medically necessary and elective contact lenses regardless if you visit a network or non-network doctor. All medically necessary contact benefits, however, require pre-authorization from VSP. In most cases, medically necessary contacts are prescribed by a network doctor and covered in full. If prescribed by a non-network doctor, benefits are based on The Schedule of Benefit Allowances. Elective contact lenses prescribed by a network/non-network provider will be covered up to a specified allowance (includes contact lens materials and professional services). Refer to your Summary Plan Description for specific allowance information.

When I visit a doctor, are there any claim forms to fill out? No claim forms are needed for either network or non-network care. However, evidence of payment is required for non-network benefits. In order to be sure you include all information necessary to process your claim, you may want to sign on to the VSP website and access VSP’s online Out-of-Network Reimbursement Form.

Is Laser Surgery Covered? Laser surgery is not a covered benefit. VSP provides access to a network of laser surgery centers where employees and their dependents can obtain vision laser surgery at a discounted fee. The average savings is 15% off of the center’s usual price, or 5% off of the center’s best promotional price, whichever is a better deal.

What are the voluntary VSP Vision premium rates? The premium rates for employee only are $9.83 per month; employee + 1 are $15.28 per month and employee + family are $24.23 per month. Premiums are deducted on a pre-tax basis.

GET AN EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS

Choose a style from one of these brands and $20 will automatically be applied to your purchase when you use your benefits.

Featured frame brands include: Airlok® • Altair® • Anne Klein • bebe® Calvin Klein Collection
Calvin Klein • Chloé • Diane von Furstenberg • Dragon • Flexon® • Genesis • G-STAR RAW
JOE Joseph Abboud® • Joseph Abboud® • Karl Lagerfeld • Kilter® • Lacoste • MarchonNYC®
Nautica • Nike • Nine West • Otis & Piper® • Revo® • Salvatore Ferragamo • Sean John
Sight for Students® • Skaga • Sunlight® • Tommy Bahama • Valentino • X Games

Available only to VSP members with applicable plan benefits. Frame brands subject to change. Expires 12/31/16.
Protect your vision with VSP.

Get the best in eyecare and eyewear with Peralta Community College District and VSP® Vision Care.

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we’re the only national not-for-profit vision care company, you can trust that we’ll always put your wellness first.

You’ll like what you see with VSP.
- **Value and Savings.** You’ll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You’ll get the best care from a VSP provider including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It’s easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.
- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who’s right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There’s no ID card necessary. If you’d like a card as a reference, you can print one on vsp.com.

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear
From classic styles to the latest designer frames, you’ll find hundreds of options. Choose from featured frame brands like Anne Klein, bebé®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more*. Visit vsp.com to find a VSP provider who carries these brands.

Enroll in VSP today. You’ll be glad you did.
Contact us. 800.877.7195
vsp.com
Finding the right eyecare provider for you is important to your eye health and overall wellness. That's why you can choose to see a VSP doctor, retail chain provider, or any other provider.

You'll enjoy convenience, service, and savings with a VSP doctor. Most offer evening and weekend hours, and with a VSP doctor you'll get the most out of your benefit, including a WellVision Exam® and other services to ensure the health of your eyes. You'll also receive additional discounts on overages and non-covered services. Plus, your satisfaction is guaranteed with a VSP doctor.

**Using your VSP benefit is easy.**

Whether you choose to see a VSP doctor, retail chain provider, or any other provider, using your vision coverage is simple and convenient.

- Find an eyecare provider who's right for you. To find a VSP doctor or a retail chain provider, visit vsp.com or call 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage and how it differs depending on the provider you see.
- At your appointment, tell them you have VSP. There's no ID card necessary.

That's it. VSP will handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate.

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage with VSP Doctors</th>
<th>Coverage with Participating Retail Chain Providers</th>
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<tbody>
<tr>
<td>Eye Exam</td>
<td>Fully covered after a $10 copay</td>
<td>Fully covered after a $10 copay</td>
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<tr>
<td>Prescription Glasses</td>
<td>$25 copay</td>
<td>$25 copay</td>
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<tr>
<td>Frame</td>
<td>$130 allowance</td>
<td>$70 allowance at Costco</td>
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<td></td>
<td>20% discount on amount over your allowance</td>
<td>$130 allowance, plus 20% discount on amount over your allowance at participating retail providers other than Costco</td>
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<td></td>
<td>Extra $20 on featured brands like bebe®, ck Calvin Klein, Flexon, Lacoste, Nike, Nine West and more. Those will be covered in full up to the retail allowance of $150</td>
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<tr>
<td>Lenses</td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Single vision, lined bifocal, and lined trifocal lenses for dependent children</td>
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<td>Polycarbonate lenses for dependent children</td>
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<tr>
<td>Lens Options</td>
<td>Average 20% - 25% off</td>
<td>Check with Costco for VSP member pricing</td>
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<td>20% 20% off at participating retail providers other than Costco</td>
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<tr>
<td>Contacts (Instead of glasses)</td>
<td>Up to $80 copay for your contact lens exam (fitting and evaluation)</td>
<td>Up to $60 copay for your contact lens exam (fitting and evaluation)</td>
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<td>$130 allowance for contacts lenses</td>
<td>$130 allowance for contacts lenses</td>
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<tr>
<td>Extra Savings and Discounts</td>
<td>Available through VSP doctors only</td>
<td>20% off of complete pairs of additional glasses at participating retail providers other than Costco</td>
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Peralta Community College District Initial Enrollment Form
Group Number 30057893

If you are eligible and do not enroll under this open enrollment period ending June 10, 2015 you can enroll during the next annual open enrollment or qualifying event (example: marriage, new employment, change of employment).

Employee last name, first name, middle initial: ____________________________

Employee ID: ____________________________ Social Security Number: ____________________________

District Affiliation (circle one): 1021 / Local 39 / Management / Confidential / PFT

Effective Date: **July 1, 2015**

Payroll effective Date for Local 1021/Local 39/Management/Confidential: July 31, 2015

Payroll effective date for PFT: August 31, 2015 (Deductions for July and August will be deducted)

Date of birth (month/date/year): ____________________________  Gender:  o male  o female

Type of coverage selected:

☐ employee only – monthly pretax deduction is: $9.83

☐ employee and one dependent – monthly pretax deduction is: $15.28

☐ employee and family – monthly pre-tax deduction is: $24.23

* Dependent Relationship: S=spouse, C=child, D=disabled child, T=student

<table>
<thead>
<tr>
<th>dependent last name</th>
<th>dependent first name</th>
<th>gender</th>
<th>* Dependent Relationship</th>
<th>date of birth mm/dd/yyyy</th>
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I agree to pay the premium affiliated with the coverage level that I have selected. I am subject to post payroll audit of premiums. This coverage is voluntary and will end once I no longer meet the eligibility requirements. I can cancel this plan at the next annual open enrollment or when I experience an ERISA defined qualifying event (example: marriage, change of employment status from full time to part time). I have read the Your VSP Vision Benefits Summary.

Employee Signature: ____________________________

Please return this form to benefits@peralta.edu by June 10 to effect coverage July 1, 2015.