IT’S OPEN ENROLLMENT TIME!

Open Enrollment is the Annual Opportunity for Employees & Retirees to:

- Change or enroll in medical and/or dental plans.
- Enroll / re-enroll in the flexible benefits plan for 2012.
- Add a dependent not currently enrolled on the group insurance plans.

The Peralta Community College District proudly offers a competitive and comprehensive core of work-life benefits that may increase your total compensation by 40% or more. Premiums are fully paid for full-time, regular employees and their eligible dependents. The District contributes a prorated amount to the monthly premiums for regular employees working less than full-time based on the employee’s FTE. The employee working less than full-time is expected to cover the remainder of the premium. Benefits include:

- Medical, prescription drug & vision coverage through a choice of District provided carriers.
- Delta Dental PPO Dental plan or United HealthCare DMO Dental plan.
- Life insurance of 150% of your annual pay up to a $100,000 benefit.
- Long-Term Disability coverage.
- Employee Assistance Program (EAP)
- Voluntary participation in a tax-deferred 403(b) and 457 plans.

If you do nothing, your medical, dental and vision plan enrollment will continue into the 2012 plan year with your current coverage levels. To effect a change, complete and submit the following forms NO LATER THAN October 31, 2011:

- Universal Enrollment Form (to change medical or dental plans or add eligible dependents)
- Flexible Benefits Plan Enrollment Forms

NEW FOR THIS YEAR—Not just your ordinary open enrollment!

- Change in Employee Assistance Plan (EAP) Provider, Managed Health Management (MHN) - career counseling now a feature of our plan. Effective September 1, 2011 we have a new EAP provider. Eligible employees can receive your EAP services from MHN. Call MHN anytime for help with a wide range of emotional health, family and work issues, including: marriage, relationship and family problems, domestic violence, alcohol & drug dependency, stress & anxiety, depression, grief and loss. MHN provides three ways they deliver clinical support, face to face, telephonic consultations, and web/video consultations. When you call MHN, free interpretation services are available in over 170 languages. Call toll-free, 24 hours a day, seven days a week: (800)535-4985 or visit the website at https://members.mhn.com (company code: peralta). Stop by the MHN table during the annual benefits fair.

- Cigna is offering guarantee issue in the amount of up to $50,000 in life insurance for eligible employees who apply for additional voluntary life insurance at the employee’s cost.

Special Updates to Retirees

- Special Workshop for Retirees. Receive personal guidance as you navigate the Medicare application and enrollment process.
- The Peralta Foundation is sponsoring a free workshop on estate planning within the Peralta Community. Come hear about wills, trusts, healthcare directives and more!

EFFECTIVE SEPTEMBER 1, 2011

- Cover dependents to attainment of age 26 regardless of residency, student status, marital status, or financial dependency (unless other employment based coverage is available other than a group health plan of a parent.)
- Pre-existing exclusions are eliminated for eligible members under age 19.

Inside This Issue:

- Benefit Plan Information . . . . . 2 – 10
- 2012 Benefit Rates . . . . . . . . 3
- Annual Required Notices . . . . . 10–13
- Important Reference Numbers . . . 15
- Special Updates to Retirees . . . . . 17-20

GET TESTED!

Attend the Annual Benefits Fair

Thursday, October 6th

11:00am to 2:00pm

Free Screenings from Hills Physicians Group!

The Benefits Office supports over 2,500 active and retired employees and their eligible dependents. To improve the quality of our services, we are encouraging the use of District resources and technologies to improve our quality and delivery of services to you.

District Resources

Peralta Benefits Office: 333 East 8th Street, Oakland, CA 94606

Websites:
peralta.pswbenefits.net
peraltaretirees.pswbenefits.net
peralta.cc.ca.us

Email: benefits@peralta.edu

Phone Numbers: 510.466.7229; 510.587.7838

PSW Benefit Resources: 877.866.2623

Attention retirees not currently enrolled in Medicare A & B.
Come attend the special workshop where we provide personal assistance in continuing your Peralta group insurance benefits!

Avoid coverage interruption, act now!
Medicare/Social Security & Kaiser Senior Advantage & CoreSource representatives will be on hand.

Thursday, October 6, 10am @ PCCD District Office

BENEFITS FAIR!
Thursday, October 6th
11am-2pm
September 1, 2011

A benefit eligible employee is determined by the respective union’s Collective Bargaining Agreement (CBA). For management and confidential employees, eligibility is generally extended to regular, full time employees who are scheduled to work at least 20 hours per week. Submit forms within 30 days from date of hire or eligibility.

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Information on Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Medical Plan (Health Maintenance organization ~ HMO); <a href="http://www.kp.org">www.kp.org</a></td>
<td>Kaiser provides medical care through participating doctors at Kaiser facilities. The plan emphasizes preventive care and provides most services and supplies at little to no cost to you. The plan includes coverage for prescription drugs and optical services obtained at a Kaiser facility. The District plan allows for a $10 co-pay for most services.</td>
</tr>
<tr>
<td>CoreSource Medical Plan (Preferred Provider Organization ~ PPO); <a href="http://www.coresource.com">www.coresource.com</a></td>
<td>CoreSource is the administrator of the medical services received through the Anthem Blue Cross network (California residents) or PHCS network (non-California residents). To access Anthem Blue Cross providers, go to <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> (if you are a California resident and traveling outside the State of California, access contracting providers from <a href="http://www.bluecares.com">www.bluecares.com</a>). To access PHCS providers, go to <a href="http://www.phcs.com">www.phcs.com</a>. This network provides coverage throughout the United States. The PPO provides coverage for routine and major medical services received through network providers. Most office visits are available after a $10 co-pay per visit. Pharmacy benefits can be accessed through CVS / Caremark. <a href="http://www.caremark.com">www.caremark.com</a>. Co-pays range from $10 to $15 per prescription for a 30 day supply. Vision benefits can be accessed through UnitedHealthcare Vision. <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>. Participants can receive benefits through the Spectera network of providers and can receive out of network benefits within the plan guidelines. Office visit co-pays are $10 for examinations.</td>
</tr>
<tr>
<td>Delta Dental Plan (Preferred Provider Organization ~ PPO); <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
<td>Delta Dental pays 100% for most services, including preventive care, fillings, extractions, crowns, periodontics, and root canal work. Bridges and dentures are covered at 50%. The plan pays up to $1,500 per person per calendar year. Orthodontia coverage is available for dependent children up to age 26. It is paid at 50% up to a calendar year maximum of $1,000 per person.</td>
</tr>
<tr>
<td>UnitedHealthCare Dental Plan (Dental Maintenance Organization ~ DMO); <a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>United HealthCare Dental pays 100% for most services. In addition to routine cleanings, examinations and x-rays, this plan has an added feature of child AND adult orthodontia. Plan surcharge for orthodontia is $2,250 when using a United HealthCare DMO dentist. Flexible Benefits Plan &amp; Pre-Tax Commuting Reimbursement; <a href="http://www.pensiondynamics.com">www.pensiondynamics.com</a> Medical and/or Dependent Care Expense (IRS Section 125): Eligible employees can set aside tax free dollars for out of pocket medical expenses or dependent day care expenses. First, set the money aside from each paycheck, then submit receipts to recover tax free dollars. Check with a tax professional to learn if this option is feasible to your personal situation. Pre-Tax Commuting Expense (IRS Section 132): If public transportation is used to get to and / or from work, this account can be used to reimburse specified expenses with pre-tax dollars.</td>
</tr>
<tr>
<td>ING</td>
<td>Long Term Disability Insurance; <a href="http://www.ing.com">www.ing.com</a> If a covered disability prevents you from working for more than 90 calendar days, the District’s Long Term Disability plan, through ING, pays a monthly benefit of up to 60% of your base monthly earnings, up to a $5,000 per month maximum benefit. Benefits are payable while disabled (after all payable sick leave and other available leaves have been exhausted), within certain time limits specified in the policy. PCCD employees do not pay into State Disability Insurance.</td>
</tr>
<tr>
<td>ING</td>
<td>Basic Term Life and Accident (AD&amp;D) Insurance; <a href="http://www.ing.com">www.ing.com</a> The District provides, at no cost to the employee, a life insurance benefit through ING equal to 150% of your base salary (subject to a $100,000 maximum benefit) for employees, $1,000 for spouses, and $100 for each dependent (birth to age 6 months) or $500 for each dependent (from age 6 months to 22 years). The plan includes an amount equal to the life insurance benefit in the case of accidental death, or a percentage of that amount for accidental loss of sight or limb(s). Life insurance terminates when the employee reaches age 66 unless the employee is still actively employed. The plan can be converted to an individual plan at the retiree's expense.</td>
</tr>
<tr>
<td>Voluntary Term Life Insurance; <a href="http://www.cigna.com">www.cigna.com</a> You may apply for additional (voluntary) insurance up to $500,000 for you, your spouse and unmarried dependent children. Coverage is guaranteed if you are a new hire and you apply within 31 days of becoming a benefit eligible employee. Late enrollees will be subject to full evidence of good health.</td>
<td></td>
</tr>
</tbody>
</table>
Active employee cost for group insurance plan participation is determined by classification and appointment. Full-time employees receive full District contribution towards the insurance premium cost.

<table>
<thead>
<tr>
<th>Group Insurance Plans</th>
<th>Single</th>
<th>Two Party</th>
<th>Three or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser</td>
<td>$560.93</td>
<td>$1,121.86</td>
<td>$1,587.43</td>
</tr>
<tr>
<td>(rate in effect through July 31, 2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CoreSource</td>
<td>$624.86</td>
<td>$1,396.10</td>
<td>$2,097.39</td>
</tr>
<tr>
<td>(rate in effect through July 31, 2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>$70.60</td>
<td>$120.03</td>
<td>$183.58</td>
</tr>
<tr>
<td>(rate in effect through July 31, 2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United HealthCare Dental</td>
<td>$27.46</td>
<td>$43.93</td>
<td>$66.94</td>
</tr>
<tr>
<td>(rate in effect through August 31, 2012)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The District’s contribution for other benefit-eligible employees (classified and confidential) is based on the assigned FTE for the position. These rates are the basis of COBRA continuation benefit rates.

Retiree and survivor premium rates are based on Medicare coordination, coverage level and retirement date.

Coverage generally ends on the last day of the month of active employment or pay status leave protections may affect the duration of employer-paid benefits.

<table>
<thead>
<tr>
<th>Other PCCD Benefit Costs</th>
<th>Employee Cost</th>
<th>Employer Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life &amp; AD&amp;D</td>
<td>$0.000</td>
<td>$.221 / $1,000 of salary</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>$0.000</td>
<td>$.17 / $100 of salary</td>
</tr>
<tr>
<td>Dependent Life Insurance</td>
<td>$0.000</td>
<td>$.350 per dependent unit</td>
</tr>
<tr>
<td>Employee Assistance Plan</td>
<td>$0.000</td>
<td>$2.24 per family unit</td>
</tr>
<tr>
<td>State Teacher Retirement System (mandatory retirement plan)</td>
<td>Contribution based as a percentage of salary</td>
<td></td>
</tr>
<tr>
<td>10 Month Academic Appointment</td>
<td>9.600</td>
<td>8.250</td>
</tr>
<tr>
<td>11 Month Academic Appointment</td>
<td>8.727</td>
<td>8.250</td>
</tr>
<tr>
<td>12 Month Academic Appointment</td>
<td>8.000</td>
<td>8.250</td>
</tr>
<tr>
<td>Cash Balance Plan (retirement plan for part-time faculty)</td>
<td>4.000</td>
<td>4.000</td>
</tr>
<tr>
<td>Public Employees Retirement System (PERS)</td>
<td>7.000</td>
<td>11.03</td>
</tr>
<tr>
<td>Accumulation Program for Part-time and Limited Service Employees (APPLE); managed by Mid-America</td>
<td>3.750</td>
<td>3.750</td>
</tr>
<tr>
<td>Social Security (for first $106,800 in PCCD wages)</td>
<td>6.200</td>
<td>6.200</td>
</tr>
<tr>
<td>Medicare</td>
<td>1.450</td>
<td>1.450</td>
</tr>
</tbody>
</table>
Frequently Asked Questions
Tax-deferred planning, cash-in-lieu of benefits, changes of address, eligible dependents & more

September 1, 2011

1. **Q:** I have heard about the 403(b) & 457 plans. What does the District offer?

   **A:** Since August 2009, the District offers financial planning through ZUK Financial Services. You are invited to make a personal appointment to review your retirement plan with a non-commissioned professional who is familiar with:
   - Tax deferred savings plans
   - STRS & PERS
   - Social Security as income in your financial plan

   A variety of tax deferred savings options are available through the District. Call 800.660.6291 to schedule your personal appointment with Christine Ingoldsby, Peralta District Representative. You may also visit their website at [www.zukfinancial.com](http://www.zukfinancial.com).

2. **Q:** Cash-in-lieu of benefits ~ What are they?

   **A:** Employees now have the opportunity to decline medical and dental coverage through Peralta Community College District and receive $30 per month in-lieu of medical and dental insurance with PCCD. To be eligible the Benefits office must receive written proof of other comparable group medical and dental insurance. Medicare, COBRA and Individual Health Plans do NOT qualify as other medical insurance coverage.

   To enroll in the cash-in-lieu benefit:
   1. Obtain written proof of current health care coverage. The required proof is a letter verifying insurance and a copy of the plan Evidence of Coverage (EOC) or Summary Plan Description (SPD); and
   2. Submit the written proof to the Benefits Office; and
   3. Complete and submit the Waiver of Medical and Dental Insurance Form; and
   4. Agree to notify the district within 30 days of loss of coverage under the other plan

   This waiver option is unavailable to retirees or surviving spouses

3. **Q:** How do I change my address with my medical or dental plan?

   **A:** Change of Address forms are available on the Peralta website at [www.peralta.edu/addresschange](http://www.peralta.edu/addresschange) or you may pick up a form in the Office of Human Resources. The forms are available in either Word or PDF format. After completing the form, you may return it in one of three ways.
   1. Drop it off at the front desk in Human Resources at the District Administrative Center; or
   2. Fax it to Human Resources at (510) 466-7280 or (510) 466-7397; or
   3. Mail it to The Peralta Colleges, Human Resources, Attention: Address Changes, 333 East Eighth Street, Oakland, CA 94606.

   Once your address change is processed, the Benefits Office will then update your address with the medical and dental vendors.

4. **Q:** What determines my eligibility for medical and dental benefits as an active employee?

   **A:** Benefit eligibility is determined by the contract and the number of hours you are expected to work in a permanent or temporary assignment. Full-Time Equivalency (FTE) determines the range of benefits for which the employee is eligible. To be eligible for 100% of the District cost for medical and dental insurance, the employee should have a 1.0 FTE as assigned by the department. See Benefit Eligibility Matrix.

5. **Q:** Who is eligible as a dependent under my benefit plans? (Refer to Dependent Eligibility matrix for documentation requirements. The matrix included with the to the Universal Benefit Enrollment Form.)

   **A:** Your eligible dependents are as follows:
   1. Your spouse;
   2. Your domestic partner (please check with the benefits administrator, as you may be required to complete an affidavit of domestic partnership); and
   3. Your dependent children up to age 26 (including adopted children, and children of your spouse or domestic partner). Coverage is available as long as there is no other employment-based insurance available to the dependent other than the group health plan of a parent.
1. Q: What events qualify me (and/or my dependents) for COBRA?

A. Here are the general provisions which will qualify you and/or your eligible dependents for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA):

<table>
<thead>
<tr>
<th>18-Month Qualifying Events*</th>
<th>36-Month Qualifying Events*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Voluntary Termination</td>
<td>• Death of employee</td>
</tr>
<tr>
<td>• Involuntary Termination</td>
<td>• Employee’s Medicare</td>
</tr>
<tr>
<td>(excluding gross misconduct)</td>
<td>entitlement</td>
</tr>
<tr>
<td>• Reduction of work hours</td>
<td>• Divorce of legal separation</td>
</tr>
<tr>
<td></td>
<td>• Dependent child ceasing to be a dependent</td>
</tr>
</tbody>
</table>

When you experience one of the qualifying events listed above, your employer has 14 days to notify the COBRA administrator of your qualifying event*. Within 30 days of the notification, the COBRA administrator will send you and/or your eligible dependents (now referred to as “qualified beneficiaries”) a COBRA Qualifying Event Notice. Each qualified beneficiary has 60 days from the later of: a) the date of the qualifying event, or b) the date of receipt of the COBRA Qualifying Event Notice, to elect COBRA continuation coverage.

*Your employer is responsible for knowing all of the above-mentioned qualifying events EXCEPT for divorce or legal separation and dependent child ceasing to be a dependent (and sometimes the death of the employee when the employee has already experienced a COBRA qualifying event). You are responsible for notifying Peralta of these two events [three events] within 60 days or any COBRA rights will be forfeited and you may be subject to premiums paid by the district for ineligible dependents.

2. Q: What happens to my coverage if I get married, have a child or adopt a child?

A. If you experience any of the following events, you have a special enrollment right under the Health Insurance Portability & Accountability Act (HIPAA). You are entitled to elect or change your benefit plans with no late entrant penalties. You must notify the benefits administrator within 30 days of the event.

- • Marriage, divorce or legal separation
- • Birth, adoption or placement for adoption
- • Moving outside of an HMO service area
- • Loss of other group coverage

Furthermore, if you are an employee who is eligible for coverage but not enrolled, you shall be eligible to enroll for coverage within 60 days after (a) becoming ineligible for coverage under a Medicaid, Children’s Health Insurance Plan (CHIP); or (b) being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan. Employers that sponsor group health plans must notify employees of any premium assistance that is available to them under a Medicaid or CHIP plan with respect to coverage under the plan.

3. Q: Domestic Partners & Imputed Income ~ If I add a domestic partner to the coverage, how is my paycheck affected?

A: You can add a domestic partner to your medical and dental insurance. However, the IRS requires that you be taxed on the value of the premium attributable to the domestic partner. In other words, your gross taxable income is increased by the amount of the insurance premium paid on behalf of the domestic partner. Still confusing? Here is an example of imputed income for an employee coverage of a domestic partner on the Kaiser HMO plan:

<table>
<thead>
<tr>
<th>Two party premium</th>
<th>Single party premium</th>
<th>Amount of imputed income added to monthly gross</th>
<th>Amount added to W-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,121.86</td>
<td>$560.93</td>
<td>$560.93</td>
<td>$6,731.16</td>
</tr>
</tbody>
</table>

4. Q: What happens if I claim an ineligible dependent on my benefits?

A: If the District, its representatives or benefit carriers suffer any loss or pay any claims because of a false statement contained in any benefit enrollment / change forms or your failure to notify the District of the termination or change of any dependent status (i.e. divorce, termination of domestic partnership, over-age dependent, legal separation, Peralta may bring a civil action to recover its losses, including reasonable attorney fees.
## Medical Plan Highlights

### CoreSource PPO Plan

<table>
<thead>
<tr>
<th>Plan</th>
<th>Network</th>
<th>Non-Network</th>
<th>Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible: (deductibles cross accumulate)</td>
<td>$100 per person; 3 times individual deductible per family</td>
<td>$300 per person; $900 per family</td>
<td>None</td>
</tr>
<tr>
<td>Out of Pocket Maximum:</td>
<td>$1,000 per person; $3,000 per family</td>
<td>$1,500 per person; $3,000 per family</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum Benefit:</td>
<td>Unlimited</td>
<td>Not applicable</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Pre-Existing Condition Limitation:</td>
<td>6 months if enrolling when first eligible or 18 months if enrolling anytime thereafter. Limitation may be reduced by prior Creditable Coverage. No pre-existing condition limitations for anyone under the age of 19</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Network:</td>
<td>California residents access Anthem Blue Cross (<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>); Non-California residents access PHCS (<a href="http://www.phcs.com">www.phcs.com</a>)</td>
<td>Not applicable</td>
<td>Kaiser (<a href="http://www.kp.org">www.kp.org</a>)</td>
</tr>
<tr>
<td>Physician Office Visits:</td>
<td>$10 co-pay (deductible waived)</td>
<td>80% of usual and customary fees, after calendar year deductible</td>
<td>$10 co-pay</td>
</tr>
<tr>
<td>Diagnostic Testing, X-Rays and Laboratory:</td>
<td>100% of negotiated rates, after calendar year deductible</td>
<td>80% of usual and customary fees, after calendar year deductible</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient Hospitalization:</td>
<td>100% of negotiated rates, after calendar year deductible</td>
<td>80% of usual and customary fees, after calendar year deductible</td>
<td>100%</td>
</tr>
<tr>
<td>Pre-Certification of Inpatient Services:</td>
<td>Required. Penalty is 25% reduction of benefits. Does not apply to maternity or emergency visits.</td>
<td>Required. Penalty is 100% reduction of benefits. Does not apply to maternity or emergency visits.</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Visits:</td>
<td>$35 co-pay (deductible waived). Co-pay will be waived if admitted to the hospital.</td>
<td>$35 co-pay. Co-pay will be waived if admitted to the hospital.</td>
<td></td>
</tr>
<tr>
<td>Out of Area Benefits:</td>
<td>If no contracting providers are within 30 miles of your residence, providers are considered in-network. Call CoreSource about water and/or mountain barriers.</td>
<td>Limited to life threatening emergency treatment only.</td>
<td></td>
</tr>
<tr>
<td>Prescription Coverage:</td>
<td>Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a $10 co-pay for generic prescription or a $15 co-pay for a brand name prescription. Mail order is covered up to a 90 day supply at a $5 co-pay for either generic or brand name prescriptions. Retail Pharmacy Note ~ if a brand name drug is prescribed and there is no generic equivalent, then the member will ONLY pay the generic co-pay.</td>
<td>Retail and mail order is covered up to a 100 day supply at a $10 co-pay for generic formulary or a $15 co-pay for a brand name formulary.</td>
<td></td>
</tr>
</tbody>
</table>

---

### Kaiser HMO Plan

To learn more about your benefits, please visit your Benefits Information Center (BIC) website at: [www.peralta.pswbenefits.net](http://www.peralta.pswbenefits.net)
## Dental Plan Highlights

### Delta Dental PPO Dental Plan

- **Network:** Delta Dental
  - [www.deltadentalins.com](http://www.deltadentalins.com)
  - PPO Dental Plan

### United HealthCare DMO Dental Plan

- **Network:** United HealthCare Dental
  - [www.myuhc.com](http://www.myuhc.com)
  - DMO Dental Plan (HMO like plan)

---

### Out of Network:

- **Delta Dental:** Okay, but is limited to Delta Dental’s usual & customary fees
- **United HealthCare:** Not permitted. Must use United HealthCare Dental dentists ONLY.

### Deductible:

- **Both Plans:** None

### Diagnostic & Preventative Services:

- **Delta Dental:** 100% of negotiated rate
  - **Non-Network:** 100% of usual & customary fees; (balance billing may occur)

- **United HealthCare:** 100% of United HealthCare fees
  - **Non-Network:** No coverage available

### Basic Services:

- **Delta Dental:** 100% of negotiated rate
  - **Non-Network:** 100% of usual & customary fees; (balance billing may occur)

- **United HealthCare:** 100% of United HealthCare fees
  - **Non-Network:** No coverage available

### Crowns, Jackets, Other Cast Restorations:

- **Delta Dental:** 100% of negotiated rate
  - **Non-Network:** 100% of usual & customary fees; (balance billing may occur)

- **United HealthCare:** 100% of United HealthCare fees
  - **Non-Network:** No coverage available

### Prosthodontic Services:

- **Delta Dental:** 50% of negotiated rate
  - **Non-Network:** 50% of usual & customary fees; (balance billing may occur)

- **United HealthCare:** 100% of United HealthCare fees
  - **Non-Network:** No coverage available

### Calendar Year Maximum (Per Person):

- **Delta Dental:** $1,500

- **United HealthCare:** Unlimited

---

### Orthodontia Services:

- **Delta Dental:**
  - Dependent children only to age 19;
  - **Network:** 50% of negotiated rate
  - **Non-Network:** 50% of usual & customary fees
  - Benefits limited to a separate $1,000 per person per calendar year maximum

- **United HealthCare:**
  - 100% of United HealthCare fees not to exceed $2,250 in patient co-pays.
  - Benefits available to children and adults.

---

**Check out your Benefits Information Center (BIC)**

To learn more about your benefits, please visit your Benefits Information Center (BIC) website at: [www.peralta.pswbenefits.net](http://www.peralta.pswbenefits.net)
## Benefits Matrix

**September 1, 2011**

<table>
<thead>
<tr>
<th>PeopleSoft Benefit Program Coding</th>
<th>Benefit Classification as Defined by Benefit Program Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRB—Full Time 39, 1021, Management, Confidential PRA—Peralta Certified Administrators</td>
</tr>
</tbody>
</table>

### Designations to appear on paychecks
- PRB
- PFF/PTC
- PAB
- TCB

### Workers’ Compensation
- PRB
- PFF/PTC
- PAB
- TCB

### Medical *(refer to Monthly Premium & Contribution Table for explanation on costs)*
- PRB
- PFF/PTC
- PAB
- TCB

### Dental
- PRB
- PFF/PTC
- PAB
- TCB

### Employee Assistance Program
- PRB
- PFF/PTC
- PAB
- TCB

### Flexible Benefits 125, 132
- PRB
- PFF/PTC
- PAB
- TCB

### Pre-Tax Parking
- PRB
- PFF/PTC
- PAB
- TCB

### Pre-Tax Transportation
- PRB
- PFF/PTC
- PAB
- TCB

### Tax Deferred Annuities—403(b)
- PRB
- PFF/PTC
- PAB
- TCB

### Tax Deferred Annuities—457
- PRB
- PFF/PTC
- PAB
- TCB

### Defined Benefit Plans—401(a) STRS
- PRB
- PFF/PTC
- PAB
- TCB

### Defined Benefit Plans—401(a) PERS
- PRB
- PFF/PTC
- PAB
- TCB

### Cash Balance
- PRB
- PFF/PTC
- PAB
- TCB

### Apple
- PRB
- PFF/PTC
- PAB
- TCB

### Employer-Paid Term Life
- PRB
- PFF/PTC
- PAB
- TCB

### Employer-Paid Long-Term Disability
- PRB
- PFF/PTC
- PAB
- TCB

### Union Dues / Fees
- PRB
- PFF/PTC
- PAB
- TCB

### Kaiser Reimbursement Program for Mail Order Prescriptions

- **Eligibility:** Active and post 07/01/04 retired members of unions, PFT, 1021, 39; confidential and management employees
- **Frequency of Reimbursement:** Semi Annually (July and January)
- **Documentation Guidelines:** Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)

### Medicare Part B Reimbursement Program

- **Eligibility:** Retirees & spouses (or domestic partner) over age 65 and paying for Medicare Part B
- **Frequency of Reimbursement:** Quarterly (April, July, October and January)
- **Documentation Guidelines:** Annual and periodic verification of monthly premium amount, based on retiree’s payment method to Center for Medicare and Medicaid Services (CMS)

### Kaiser Office Visits & Prescription Drug Co-Pays (Including Mail Order Prescription Drug Co-Pays)

- **Eligibility:** Pre July 1, 2004 retirees
- **Frequency of Reimbursement:** Semi-Annually (July and January)
- **Documentation Guidelines:** Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)
Benefits for All Active Employees

September 1, 2011

WORKERS’ COMPENSATION INSURANCE
All District employees are automatically covered by workers’ compensation benefits. If an employee is injured while on the job and if the claim is accepted by the District’s workers’ compensation claims administrator, the benefits include coverage for medical and rehabilitation expenses associated with the injury. The District provides full salary for the first 60 days under the Peralta Industrial Leave policy. Our claims are administered through York Insurance Services Group. Medical services are rendered through the Medical Provider Network with many providers and specialists in the area.

RETIREMENT PLANS (PERS, APPLE, STRS, Cash Balance)
Refer to plan booklets for other information on the benefits of retirement plan participation. In addition to retirement income, each plan may offer other pre-retirement planning opportunities (long-term care, home loan programs and more).

Depending on your position and your appointment, you participate in either the Public Employees’ Retirement System (PERS), the State Teachers’ Retirement System (STPS) or the APPLE Plan. Inquire with Human Resources or each respective retirement plan system regarding plan membership.

The employee contributes 7% of salary and this contribution is tax-deferred. The District currently contributes 11.03% of salary to the members’ PERS retirement fund.

Employees who are part time, seasonal or temporary may be eligible for the Accumulation Program for Part-time and Limited Service Employees (APPLE). Your mandatory contribution is 3.75% of eligible salary; the District contributes 3.75% of your eligible salary to this plan.

The contribution rate is based on the academic term (10, 11 or 12 month) assigned to the faculty member and is tax deferred. The District currently contributes 8.25% of the member’s annual salary to the STRS fund (refer to the Monthly Contribution Table enclosed).

Part time educators may be eligible for participation in the defined benefit plan Cash Balance Benefit Program. Both the employee and employer contribute 4% of salary to this retirement fund.

VOLUNTARY 403(B) & 457 PLANS
Tax Shelter Programs & Personal Financial Planning
Under Section 403(b) of the Internal Revenue Code and Section 17512 of the California Revenue and Taxation Code, Peralta employees may participate in the District’s tax shelter programs. We also offer tax-deferred saving opportunities through the 457 Plan. Maximize your tax savings and minimize your tax liability through these plans! Meet with your personal financial planner or tax-preparer to review how these benefits fit into your future planning.

LABOR UNIONS
Unions/Associations
These unions and associations represent the employees in contract negotiations with the District concerning issues such as salary, benefits, hiring practices, working conditions, etc.

Monthly dues:

- The affiliation for faculty employees is with the Peralta Federation of Teachers (www.pft1603.org)
  - Regular/Contract/Accelerated Faculty: 0.01570 of any gross salary (plus approved AFT/CFT pass-throughs)
  - Hourly Part-time Faculty:
    - $17.34 for each month of employment for three (3) equated hours or less (plus approved AFT/CFT pass-throughs)
    - $30.05 for more than three (3) equated hours (plus approved AFT/CFT pass-throughs)
  - Local 1021 of the Service Employee International Union (www.seiu1021.org)
    - 1.75% of base salary
    - 1.10% of base salary for temporary employees
  - International Union of Operating Engineers, Local 39 of the AFL-CIO (www.local39.org)
    - Monthly dues are twice the hourly rate plus $7.25.
September 1, 2011

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duty, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice has been in effect since April 13, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION & EMPLOYEE RIGHTS

Access: You have the right to look at or get copies of your health information, if any exists in any offices, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you $1.00, for each page and $15.00, per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions & Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file you complaint with the U.S. Department of Health and Human Services. Contact: Privacy Officer: Jennifer Seibert 510-466-7229, Address: 333 East 8th Street, Oakland, CA 94606.
Important Notice from PCCD About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PCCD and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. PCCD has determined that the prescription drug coverage offered by Kaiser and CoreSource are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Highlights of the 2011 Medicare Prescription Drug benefit:
Minimal monthly premium (varies depending on the plan you choose)
- $310 annual deductible
- Medicare will cover 75% of the drug cost up to $2,840.00 (annually)
- Any costs between the $2,840.00 and $4,550.00 are paid for by employee or retiree
- When an employee drug bill exceed $4,550.00, Medicare will cover 95% of any costs above that ceiling

Medicare, Kaiser and Caremark Comparison for PCCD Retirees

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Medicare Part D</th>
<th>Kaiser</th>
<th>Caremark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-pay</td>
<td>25%</td>
<td>$1 - $15*</td>
<td>$1</td>
</tr>
<tr>
<td>Deductible</td>
<td>$310</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

*Co-pays are based on formulary determination and whether or not mail order is used.
*The District reimburses co-pays in accordance prevailing Collective Bargaining Agreements.

As you can see, your existing coverage is on average at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

When Can You Join A Medicare Drug Plan?

Although your District-sponsored plans are better than the federal Medicare D Plan, we are required to inform you that you can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15th through Dec. 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.
What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current PCCD coverage will be affected (with the exception of the Kaiser Senior Advantage plan). If you elect Medicare Part D and are enrolled on the Kaiser Senior Advantage plan, your coverage under the District WILL be canceled and coverage may not be reinstated until the next open enrollment period. If you do decide to join a Medicare drug plan and drop your current PCCD coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PCCD and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

For further information call the PCCD Benefits Office at 510.466.7229. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PCCD changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2011
Name of Entity/Sender: PCCD District Benefits Office
Phone Number: 510-466-7229
Your Rights Under the Women’s Health and Cancer Rights Act

All covered family members must read this notice summarizing your rights under the Women’s Health and Cancer Rights Act.

**What is the Women’s Health and Cancer Rights Act?**
The Women’s Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA applies only to those group health plans and health insurers that cover benefits for mastectomies; it does not require health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**NOTE:** State laws may broaden federal WHCRA rights. Please read your Summary Plan Description, contact human resources, or contact our benefits broker, PSW Benefit Resources at 1-877-866-2623, for complete details on your plan benefits.

More information about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: 1-866-444-3272.

**Notification of Pre-Existing Condition Limitation**

A group health plan makes coverage effective on the first of the month following your initial date of hire and on each open enrollment period following. Open enrollment generally occurs in February and August of each calendar year for adjunct employees and in October of each year for all other employees.

The District’s self-funded plan administered by CoreSource plan imposes a 6-month maximum pre-existing condition exclusion (18 months for late enrollees) and uses a 6-month look back period. As part of the enrollment application materials, the plan provides the following statement:

This plan imposes a pre-existing condition exclusion for all eligible participants age 19 and over. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment recommended or received within a 6-month period. Generally, this 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 6 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior creditable coverage. Most prior health coverage is creditable and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 6 months (18 months if you are late enrollee) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to:

Jennifer Seibert, District Benefits Coordinator
Peralta Community College District
333 East 8th Street, Oakland, CA 94606
Phone number: 510. 466.7229
Email: jseibert@peralta.edu
### Comparison of Governmental 457 Plans to 403(b) Plans

<table>
<thead>
<tr>
<th>Features</th>
<th>Governmental 457 Plans</th>
<th>403(b) Plans</th>
</tr>
</thead>
</table>
| Contribution Limits & Coordination of Limits  | • $16,500 maximum contribution plus catch-up options  
• 457 limits no longer reduced by 403(b) contributions | • $16,500 maximum contribution plus catch-up options  
• 403(b) limits no longer reduced by 457 contributions |
| Early Withdrawal Penalty Tax                  | None - (normal income tax only) | 10% early withdrawal penalty tax may apply under age 59 1/2, plus normal income tax |
| Employer Control                              | Employer responsible for administration | Employer control is limited and most administration handled by issuers and custodians |
| Eligibility Rules                             | No discrimination rules apply - employer defines and limits eligibility | Discrimination rules apply - deferrals available to all eligible employees (contributing > $200/year) |
| Age 50 Catch-Up Option                        | Total of $5,500 for all 457 plans of same employer (not available if special catch-up option used) | Total of $5,500 for all retirement plans of same employer (other than 457), even if special catch-up option used |
| Special Catch-Up Option                       | Three years prior to normal retirement age allows the lesser of:  
• Two times current year’s normal contribution limit; or  
• Underutilized limits from past years. | Fifteen years of service option increases limit by the lesser of:  
• $3,000;  
• $15,000 less additional limit used in past years; or  
• Excess of $5,000 times years of service less past elective deferrals. |
| Purchase Transfer to SRS Service             | Available              | Available    |
| Distribution Restrictions                     | Funds cannot be distributed until:  
• Age 70 1/2;  
• Disability;  
• Severance from employment;  
• Death; or  
• Unforeseeable emergency. | Funds cannot be distributed until:  
• Age 59 1/2;  
• Disability;  
• Severance from employment;  
• Death; or  
• Financial hardship. |
| Portability of Plan Funds After Qualifying Event | Funds can be rolled over to:  
• Another Governmental 457;  
• 403(b) TSA;  
• IRA (Traditional, SEP, SAR-SEP); and  
• 401(a) Plan (Pension, Profit Sharing, 401(k), STRS). | Funds can be rolled over to:  
• Another 403(b);  
• Governmental 457;  
• IRA (Traditional, SEP, SAR-SEP); and  
• 401(a) Plan (Pension, Profit Sharing, 401(k), STRS). |
| Hardship Distributions                        | Contributions and earnings may be distributed to extent required for an unforeseeable emergency beyond control of participant, such as:  
• Medical care;  
• Casualty loss; or  
• Payments needed to prevent eviction from foreclosure on home. | Contributions (but not earnings) may be distributed to extent required for a financial hardship even if foreseeable and voluntary, such as:  
• Medical care;  
• Payments needed to prevent eviction from or foreclosure on home;  
• Payment of tuition; or  
• Purchase of a home. |
| Loans                                         | Permitted, with loans from all qualified plans limited to the lesser of:  
• $50,000; or  
• One half of vested benefits (or $10,000, if greater), | Permitted, with loans from all qualified plans limited to the lesser of:  
• $50,000; or  
• One half of vested benefits (or $10,000, if greater), |
| Required Minimum Distribution                 | RMD rules apply at age 70 1/2 or later, severance from service, and also after death | RMD rules apply at age 70 1/2 or later, severance from service, and also after death |

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1195 Park Avenue, Suite 205  
Emeryville, CA 94608  
800-660-6291

22956 El Toro Rd.  
Lake Forest, CA 92630  
888-488-8480

www.zukfinancial.com

Securities and Advisory services offered through National Planning Corporation (NPC), Member FINRA/SIPC, a Registered Investment Adviser. Zuk Financial Group and NPC are separate and unrelated companies.

Fall 2011 Open Enrollment Announcement 14
## Important References and Resources

### Insurance & Carrier Contact Information

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Website</th>
<th>Group No.</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoreSource Medical PPO Plan</td>
<td><a href="http://www.coresource.com">www.coresource.com</a></td>
<td>4138</td>
<td>866.280.4120</td>
</tr>
<tr>
<td>Caremark Prescription Plan</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
<td>CS2200</td>
<td>866.644.7527</td>
</tr>
<tr>
<td>United Healthcare Vision Plan</td>
<td><a href="http://www.myuhcvision.com">www.myuhcvision.com</a></td>
<td>4138</td>
<td>800.638.3120</td>
</tr>
<tr>
<td>Kaiser Permanente HMO Plan</td>
<td><a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a></td>
<td>65</td>
<td>800.464.4000</td>
</tr>
<tr>
<td>Delta PPO Dental Plan</td>
<td><a href="http://www.deltadentalina.com">www.deltadentalina.com</a></td>
<td>938</td>
<td>800.765.6003</td>
</tr>
<tr>
<td>United Healthcare DMO Dental Plan</td>
<td><a href="http://www.myuhcdental.com">www.myuhcdental.com</a></td>
<td>Various</td>
<td>800.999.3367</td>
</tr>
<tr>
<td>Pension Dynamics Flexible Benefit Plans</td>
<td><a href="http://www.pensiondynamics.com">www.pensiondynamics.com</a></td>
<td></td>
<td>925.956.0505</td>
</tr>
<tr>
<td>MHN Employee Assistance Plan</td>
<td><a href="http://www.mhn.com">www.mhn.com</a></td>
<td>2112</td>
<td>800.535.4985</td>
</tr>
<tr>
<td>ING Life/AD&amp;D/LTD Plans</td>
<td><a href="http://www.ing-usacom">www.ing-usacom</a></td>
<td>67094-4</td>
<td>800.955.7736</td>
</tr>
<tr>
<td>CIGNA Voluntary Life Plan</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
<td>VT3249</td>
<td>800.732.1603</td>
</tr>
<tr>
<td>ZUK Financial Group</td>
<td><a href="http://www.zukfinancial.com">www.zukfinancial.com</a></td>
<td></td>
<td>888.488.8480</td>
</tr>
<tr>
<td>Great American Plan Administrators 403(b) &amp; 457 Administration</td>
<td><a href="http://www.gaplandata.com">www.gaplandata.com</a></td>
<td></td>
<td>800.695.1471</td>
</tr>
<tr>
<td>Accumulation Program for Part Time and Limited Service Employees - Apple</td>
<td><a href="http://www.pensiondynamics.com">www.pensiondynamics.com</a></td>
<td></td>
<td>800.430.7999</td>
</tr>
</tbody>
</table>

### Benefits of Belonging to Peralta Community College District

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hour Fitness</td>
<td><a href="http://www.24hourfitness.com">www.24hourfitness.com</a></td>
<td>818.808.1300 x5563</td>
</tr>
<tr>
<td>Club One</td>
<td><a href="http://www.clubone.com">www.clubone.com</a></td>
<td>510.895.1010</td>
</tr>
<tr>
<td>American Family Life Assurance Company of Columbus (AFLAC)</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
<td>510.764.9853 x702</td>
</tr>
<tr>
<td>Colonial</td>
<td></td>
<td>800.858.0355</td>
</tr>
<tr>
<td>First United Services Credit Union</td>
<td><a href="http://www.1stuscu.org">www.1stuscu.org</a></td>
<td>800.649.0193</td>
</tr>
<tr>
<td>Alameda Municipal Credit Union</td>
<td><a href="http://www.alamedacu.org">www.alamedacu.org</a></td>
<td>510.523.1514</td>
</tr>
<tr>
<td>Provident Central Credit Union</td>
<td><a href="http://www.providencetcu.org">www.providencetcu.org</a></td>
<td>800.632.4600</td>
</tr>
<tr>
<td>PERS</td>
<td><a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a></td>
<td>888.225.7377</td>
</tr>
<tr>
<td>STRS</td>
<td><a href="http://www.calstrs.com">www.calstrs.com</a></td>
<td>800.228.5453</td>
</tr>
<tr>
<td>PFT/AFT</td>
<td><a href="http://www.aft.org">www.aft.org</a></td>
<td>202.879.4400</td>
</tr>
<tr>
<td>Local 1021</td>
<td><a href="http://www.unionplus.org">www.unionplus.org</a></td>
<td>800.472.2005</td>
</tr>
<tr>
<td>Engineers 39</td>
<td><a href="http://www.unionplus.org">www.unionplus.org</a></td>
<td>800.472.2005</td>
</tr>
<tr>
<td>PSW Benefit Resources (Benefits Broker)</td>
<td><a href="http://www.pswbenefits.com">www.pswbenefits.com</a></td>
<td>877.866.2623</td>
</tr>
<tr>
<td>Benefits Office (use this number to report an employee or retiree death and for other benefit related issues)</td>
<td><a href="mailto:benefits@peralta.edu">benefits@peralta.edu</a></td>
<td>510.587.7838</td>
</tr>
</tbody>
</table>
Additional Voluntary Benefits

Credit Unions
The District has established relationships with the following credit unions. Credit unions offer banking-like services for the benefit of its members. District employees may arrange to have payroll deductions automatically sent to credit unions affiliated with Peralta.

First United Services Credit Union
Alameda Municipal Credit Union
Provident Central Credit Union

Savings Bonds
District employees may arrange to purchase U. S. Savings Bonds, Series EE. Contact the Payroll Office for more information.

Legal Plan
The Pre-Paid Legal Service plan offers a variety of legal protection services in the areas of: will preparation, identity theft protection, landlord/tenant disputes, divorce, adoption and more! PCCD offers the convenience of payroll deduction. If you elect to enroll in this program, the monthly premium ranges from $15.95 to $30.90. Contact the Benefits Office or Pre-Paid Legal for membership information, 888.206.2978.

Colonial Life
Choosing the right benefits at the right time of your life can be critical. That’s why Colonial Life is committed to making benefits count by helping people better understand their options. Our personal insurance products offer choices to help you better protect yourself and your family members from life’s unexpected turns.

AFLAC-American Family Life Assurance Company of Columbus
Insurance and income replacement products are available to our employees. Products offered by AFLAC include the Personal Accident Indemnity Plan, Personal Cancer Indemnity Plan and more! Take advantage of the convenience of payroll deduction to participate in this plan. Benefits received under AFLAC are in addition to other employer-paid benefits through ING long-term disability program or Kaiser and CoreSource medical plans administered through Peralta. Contact District Representative Gilbert Beanum, gilbert.beanum@us.aflac.com or call 510.764.9853 x777 for more information.

October 2011

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>COME TO THE BENEFITS FAIR &amp; BRING A FRIEND</td>
<td></td>
<td></td>
<td>2:00-3:00 Benefit Orientation</td>
<td></td>
<td>11:00 - 2:00 Health Fair</td>
<td></td>
</tr>
<tr>
<td>Active employees, retirees, caregivers are welcome!</td>
<td></td>
<td></td>
<td></td>
<td>2:00-3:00 Benefit Orientation</td>
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<td></td>
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</tbody>
</table>

Health/Benefits Fair will be at the Peralta District Benefits Office
333 Eighth Street, Oakland CA 94606
Free giveaways, raffle prizes, food, information and more!
**Retiree Information**

**Benefits for PCCD Retirees**

Retirees who are eligible for PERS or STRS retirement benefits upon separation from the District may be eligible for:

1. Life-time medical insurance at District cost, eligibility is based on hire date, retirement date and/or PCCD union affiliation

2. Reimbursement of Medicare A & B premiums

3. Life insurance continues until age 66, conversion is available at the retiree’s expense

4. Membership in the Peralta Retiree Organization

**Peralta Retiree Organization** (PRO) is an organization open to membership to all Peralta retirees. PRO was formed in 2004 to provide assistance and representation to and for retirees in matters relating to retirement and to sponsor activities for the general welfare of its members. PRO distributes a periodic newsletter which keeps its membership informed on a variety of District events and activities. Visit the PRO website for more information: [www.peraltaretirees.org](http://www.peraltaretirees.org).

**Dental Coverage upon Separation or Retirement from Peralta Service - Here are some options!**

<table>
<thead>
<tr>
<th>Plan/ Regulation</th>
<th>COBRA Regulation (Rates will change on renewal)</th>
<th>Kaiser Permanente Senior Advantage Plan</th>
<th>Assembly Bill 528 Regulation (for Cal STRS retirees)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is eligible?</strong></td>
<td>Anyone losing group dental coverage through termination of employment or retirement</td>
<td>A retiree or dependent who is enrolled in the traditional Kaiser and elects to join the Kaiser Senior Advantage Plan</td>
<td>Academicians who are retiring from STRS covered employment with PCCD</td>
</tr>
<tr>
<td><strong>Who pays the cost?</strong></td>
<td>Employee/former employee</td>
<td>PCCD (if retiree is enrolled on Kaiser Senior Advantage Plan)</td>
<td>Retiree</td>
</tr>
<tr>
<td><strong>Duration? How long will coverage last?</strong></td>
<td>As long as payments are made, generally for up to 18 months, other extensions may be possible</td>
<td>For duration of enrollment in the Kaiser Senior Advantage Plan with PCCD</td>
<td>As long as payments are made by the 10th of each current coverage month</td>
</tr>
<tr>
<td><strong>Election window</strong></td>
<td>Must elect within 60 days of separation/retirement or termination</td>
<td>Generally within 30 days of reaching Medicare entitlement</td>
<td>Must elect within 60 days upon separation from service, or after exhaustion of COBRA or Cal COBRA (no late entry)</td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>Delta Dental Premier or United Health Care Dental</td>
<td>DeltaCare, a PMI product, limited network</td>
<td>Delta Dental Premier</td>
</tr>
<tr>
<td><strong>How to elect?</strong></td>
<td>Complete COBRA election form; make payments</td>
<td>Complete Kaiser Senior Advantage Form</td>
<td>Complete election form; make payments</td>
</tr>
<tr>
<td><strong>Group number</strong></td>
<td>938 (Delta Dental) / 04N6328 (UHC)</td>
<td>65</td>
<td>7226</td>
</tr>
<tr>
<td><strong>Single</strong></td>
<td>UHC: $26.82 / Delta: $66.76</td>
<td>No additional cost to retiree</td>
<td>$86.65</td>
</tr>
<tr>
<td><strong>2 party</strong></td>
<td>UHC: $42.90 / Delta: $115.23</td>
<td></td>
<td>$161.35</td>
</tr>
<tr>
<td><strong>3 party</strong></td>
<td>UHC: $65.37 / Delta: $176.24</td>
<td></td>
<td>$199.86</td>
</tr>
<tr>
<td><strong>Sliding scale benefits?</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Year 1: 70%; Year 2: 80%; Year 3: 90%; Year 4: 100%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Where can you obtain more information?</strong></td>
<td>Combined Evidence of Coverage &amp; Disclosure Form</td>
<td>DeltaCare Dental HMO Program</td>
<td>Carrier Summary</td>
</tr>
<tr>
<td><strong>Website location</strong></td>
<td><a href="http://www.peraltaretirees.pswbenefits.net">www.peraltaretirees.pswbenefits.net</a></td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Duration of Post Employment District-Paid Medical Benefits are Based Upon the Employee’s Most Recent Hire Date.

DURATION OF BENEFITS
How long do medical benefits last after retirement?

<table>
<thead>
<tr>
<th>If hire date is:</th>
<th>Duration of District-Paid Benefits for Employee &amp; Eligible Dependents</th>
<th>What Happens at Age 65?</th>
<th>Medicare Premium Reimbursement Program</th>
<th>District Guidance</th>
</tr>
</thead>
</table>
| June 30, 2004 or prior | District-paid benefits continue for the duration of the employee’s (retiree’s) life for both employee and eligible dependents | Employee and eligible dependent(s) apply for Medicare and retain PCCD group coverage 1) If on CoreSource, provide CoreSource card and Medicare card at each point of service 2) If on Kaiser, enroll in Kaiser Senior Advantage | The District will reimburse Medicare premiums paid Medicare premiums are income indexed and vary by each participant’s individual circumstance | Collective Bargaining Agreements:  
SEIU 1021 (formerly 790)  
Peralta Federation of Teachers (PFT)  
Stationary Engineers (39)  
Board Policy |
| July 1, 2004 or later | District benefits continue until the employee (retiree) reaches age 65 | No current wrap around plan in place through Peralta. | Not applicable | |

OTHER MEDICAL PLAN FEATURES*

<table>
<thead>
<tr>
<th>If retirement date is:</th>
<th>Office Co-pays</th>
<th>Prescription Drugs Obtained at the Pharmacy</th>
<th>Deductible</th>
<th>District-Paid Vision Coverage</th>
<th>District-Paid Dental Insurance</th>
</tr>
</thead>
</table>
| June 30, 2004 or prior | CoreSource: $0  
Kaiser: $0 | CoreSource: $1  
Kaiser: $5 | CoreSource: $0  
Kaiser: $0 | CoreSource: None  
Kaiser: Available | CoreSource: None  
Kaiser: Available with Senior Advantage only |
| July 1, 2004 or later | CoreSource: $10  
Kaiser: $10 | CoreSource: $10 - $15  
Kaiser: $10 - $15 | CoreSource: $100 per person per calendar year  
(family maximum of three individual deductibles per calendar year)  
Kaiser: $0 | CoreSource: Available  
Kaiser: Available | CoreSource: None  
Kaiser: Yes with Senior Advantage only |

*See the Summary Plan Description for specific plan details.

FREQUENTLY ASKED QUESTIONS

1. What determines rates?
Benefit rates for the surviving spouse of a Peralta retiree are based on medical plan enrollment and the Medicare coordination of the insured at the time of the retiree’s death.

2. Can surviving spouses change benefit plans?
Yes, the surviving spouse retains the opportunity to change medical plans during the annual open enrollment window.

3. To whom are monthly premiums paid?

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Premiums are paid to</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoreSource</td>
<td>CoreSource</td>
<td>COBRA Unit #4138 P.O. Box 83301 Lancaster, PA 17608-3301</td>
</tr>
<tr>
<td>Kaiser</td>
<td>Benefit Dynamics</td>
<td>2300 Contra Costa Boulevard, Suite 400 Pleasant Hill, CA 94523</td>
</tr>
<tr>
<td>United Health Care (UBC) Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delta Dental (Plans 938 &amp; AB 528)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. What is Benefit Dynamics?
Benefit Dynamics is the third-party administrator for the District’s Medicare reimbursement plan, COBRA administration and Flexible Benefit plans under IRS codes 105, 125 and 132.

5. Are survivors eligible for the Medicare B reimbursement program?
Yes, if they coordinate their coverage with a Peralta group plan, pay premiums and provide documentation of the premiums paid, then the survivor continues to be eligible for the program (only if they are the spouse of the pre-2004 retiree).

6. Are survivors eligible for the Kaiser mail order reimbursement program?
Yes, reimbursement will be made on a semi-annual basis for eligible expenses.

7. Does Peralta pay premiums for surviving spouses of Peralta retirees?
No.
Below are some of the most frequently asked questions of active and retired employees who seek guidance on Medicare enrollment. Different Medicare/eligibility rules apply for disabled and end-stage renal disease*.

<table>
<thead>
<tr>
<th>Kaiser Permanente Senior Advantage, CoreSource and Medicare General Guidance for Medicare Coordination with Peralta Group Benefits Frequently Asked Questions (contact the additional resources below regarding your unique circumstances)</th>
<th>Active</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. When should I enroll with Kaiser Senior Advantage?</strong></td>
<td>Members can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.</td>
<td>Upon enrollment in Medicare</td>
</tr>
<tr>
<td><strong>2. When should dependents enroll in Kaiser Senior Advantage?</strong></td>
<td>Spouses of active employees can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.</td>
<td>Spouses of retirees should enroll in Senior Advantage by age 65.</td>
</tr>
<tr>
<td><strong>3. Who do I contact to enroll with Kaiser Senior Advantage?</strong></td>
<td></td>
<td>Contact Kaiser at 1-800-747-2189</td>
</tr>
<tr>
<td><strong>5. What are the benefits for the retiree who enrolls in the Kaiser Senior Advantage (dental)?</strong></td>
<td>Not applicable.</td>
<td>The Kaiser Senior Advantage plan supplements the Medicare plan and includes dental, vision and hearing aid benefits.</td>
</tr>
<tr>
<td><strong>6. When should I enroll with Medicare?</strong></td>
<td>Members can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.</td>
<td>Three (3) months prior to your 65th birthday, or during the Medicare General Enrollment period of January 1 - March 31</td>
</tr>
<tr>
<td><strong>7. To whom are Medicare premiums paid?</strong></td>
<td>Medicare premiums are normally deducted from Social Security checks or can be paid quarterly to Social Security. Please note: Active employees can defer Part B until retirement.</td>
<td>Medicare premiums are normally deducted from Social Security checks or can be paid quarterly to Social Security.</td>
</tr>
<tr>
<td><strong>8. Who is eligible for reimbursement of Medicare Premiums?</strong></td>
<td>Not eligible.</td>
<td>Retirees paying into Medicare.</td>
</tr>
<tr>
<td><strong>9. Who do I contact to enroll with Medicare?</strong></td>
<td></td>
<td>Contact Social Security 1-800-772-1213</td>
</tr>
<tr>
<td><strong>10. Is there a late entrant penalty with Medicare?</strong></td>
<td>There is no late enrollment penalty for Part B if a member is actively covered under a group plan as a Peralta employee. Members can defer Part B of Medicare until retirement as long as the retiree applies for Medicare within three (3) months of loss of group coverage as an active employee.</td>
<td>If you do not enroll in Medicare upon turning age 65 you may be subject to a 10% penalty for each 12 month period not enrolled in Medicare.</td>
</tr>
<tr>
<td><strong>11. What if I am on CoreSource? When should I apply for Medicare B?</strong></td>
<td>Defer until retirement or loss of group coverage as an active employee.</td>
<td>Three (3) months prior to your 65th birthday, or during the Medicare General Enrollment period of January 1 - March 31</td>
</tr>
<tr>
<td><strong>12. If I am on CoreSource as a retiree or survivor, will I receive denial under Medicare?</strong></td>
<td>Not applicable.</td>
<td>No.</td>
</tr>
</tbody>
</table>

**Additional Resources (also see page 16):**
- Social Security 1-800-772-1213 www.socialsecurity.gov
- Medicare 1-800-MEDICARE www.medicare.gov
- Kaiser Senior Advantage 1-800-747-2189 www.kp.org
- Benefit Dynamics 1-925-956-0505 www.pensiondynamics.com

*Members who are disabled or diagnosed with End Stage Renal Disease should contact Medicare directly for information on Medicare enrollment and coordination of benefits with the Peralta group plan.
PRE-RETIREMENT CHECKLIST

Within 90 days of Retirement
☐ Contact PERS or STRS for counseling and guidance.
☐ Contact Social Security and/or Medicare to inquire about income or medical options.

Within 60 days
☐ Complete COBRA Election Notice to continue dental or flexible benefit plan participation beyond your effective retirement date.

Within 30 days of Retirement
☐ Inform your department (use guidance in the Collective Bargaining Agreement)
☐ Complete Universal Benefit Enrollment Form in order to:
  • Confirm your insurance coverage for you and your eligible dependents as a PCCD retiree.
  • Update your beneficiary on file.
☐ Schedule personal appointment with Benefits Office. Bring:
  • Copy of recent paycheck
  • Resignation letter
  • Universal Benefit Enrollment form

POST-RETIREMENT CHECKLIST

Semi-Annually
☐ Retirees and eligible dependents should submit the Kaiser Reimbursement Form. 
  Reimbursements are processed each July and January.

Annually
☐ Inform the district agent (Benefit Dynamics) of any changes to your Medicare premium or within 30 days of your premium change.

Within 30 days
☐ Notify the District of your change of address.

Survivors Checklist

☐ 2. Consider enrolling in medical insurance within 60 days of retiree’s death.
☐ 3. Pay premiums on a monthly basis.
   ☐ Submit Kaiser Co-pay reimbursement form.
   ☐ Send annual Medicare premium verification.

CHECK OUT YOUR BENEFITS INFORMATION CENTER (BIC)!
To learn more about your welfare benefits, visit your Benefit Information Center (BIC) website:
www.peralta.pswbenefits.net or www.peralta retirees.pswbenefits.net

September 1, 2011