



August 1, 2008

Published by the PCCD Benefits Office



ADJUNCT BENEFITS OPEN ENROLLMENT ANNOUNCEMENT FOR THE FALL OF 2008

SPECIAL POINTS OF INTEREST:

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

> Websites: [www.peralta.edu/
apps.comm.asp?§1=95](http://www.peralta.edu/apps.comm.asp?§1=95);
www.peralta.pswbenefits.net

> Email: benefits@peralta.edu

> Phone Numbers:
510.466.7229; 510.587.7838

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8. Eligibility Affidavit
9. Adjunct or Part-Time Faculty Benefit Checklist
10. Notification of Pre-Existing Condition Exclusion
11. Application of Pre-Existing Condition Exclusion



**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.

Mandatory Re-enrollment for Continued or Initial Benefit Enrollment

- Current Enrollees ~ Coverage due to end on August 31, 2008. Re-enrollment required by Monday, September 15, 2008.
- New Enrollees ~ Enroll by Monday, September 15, 2008 or within 30 days of loss of other group coverage.



RE-ENROLLMENT IS REQUIRED TO ENSURE THAT ALL COMPLIANCE FORMS ARE ON RECORD WITH PCCD!

You may be eligible for participation in the District's medical, dental and flexible benefits plan enrollment. The Benefit Eligibility & Payment Highlights which outlines the eligibility criteria for the District Group Insurance Plans for which you may be eligible. This memo is being sent to all active adjunct and part-time faculty.

In order to initiate **OR** continue your enrollment, you must complete the following:

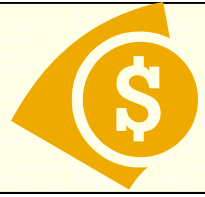
- Determine** if you meet the enrollment criteria based upon your Fall 2008 instruction load ~ refer to the Benefit Eligibility & Payment Highlights enclosed for guidance.
- Complete and return the following forms by SEPTEMBER 15, 2008:**
 - Eligibility Affidavit
 - Peralta Community College District Benefit Checklist (required by PFT Article 22 C-7)
 - Adjunct Universal Enrollment Form
 - Application of Pre-Existing Condition Exclusion (CoreSource Enrollees Only)
 - Flexible Benefits Plan Enrollment Forms (including Pre-Tax Commuter Forms)

Note: No appointment is required to drop off forms. Drop-in office hours are Tuesday from 2:00 pm to 4:00 pm or by appointment. All forms stated above **MUST** be returned in order to be enrolled on the applicable plans (no exceptions). Enrollment forms for the tax deferred 403(b) plan participation and the legal plan are NOT subject to the September 15, 2008 deadline. Enrollment forms for these plans can be returned at any time.

If you have any questions about benefit plan features, you are encouraged to either: a) visit the plan websites as noted on the enclosed Benefits Overview—Reference Information; or b) attend a 15 minute forms processing session on the Professional Development Day, Tuesday August 19, 2008 at 10:00 am or Thursday, September 11, 2008 at 10:00 am and again at 3:30 pm (or by appointment).



Benefit Eligibility & Payment Highlights
50% / 50% Medical Plan
100% Medical Plan



August 1, 2008

Plan	50% / 50%	100%
Governance	California Assembly Bill 420 California Education Code 87860–87868	Article 22 of the PFT Contract
Re-Enrollment Required Each Academic Semester	Yes, no exceptions will be granted	
Plan Description	The 50% / 50% medical plan allows the District to contribute 50% of the group insurance premium for medical coverage (the coverage is extended to eligible dependents). The eligible faculty member is responsible for payment of the remaining 50% of the monthly premium through payroll deduction.	The District makes no contribution towards coverage. The faculty member receives the benefit of a group rate.
Eligibility Requirements	<ol style="list-style-type: none"> 1. Be a current employee as a temporary part time faculty member with the PCCD. 2. Be ineligible for other group coverage (paid for by another employer). 3. Have a teaching assignment which equals or exceeds 40% of an FTE. 	<ol style="list-style-type: none"> 1. Be a current employee as a temporary part time faculty member with the PCCD. 2. Be ineligible for other group coverage (paid for by another employer). 3. Have a teaching assignment which is less than 40% of an FTE.
Payment Schedule	October, November, and December of 2008	
Coverage Duration	September 2008 through February 2009	
Payment Method	Through payroll deduction. Personal check in cases where benefit election cost exceeds anticipated earnings. Other payment arrangements are considered on a case by case basis. Please contact the Benefits Office for additional information.	
Who Can Enroll?	Employee and eligible dependents as set forth by the benefit programs.	
Forms REQUIRED to Complete Enrollment and Comply with Regulations	Eligibility Affidavit Peralta Community College District Benefit Checklist Adjunct Universal Enrollment Form Application of Pre-Existing Condition Exclusion (CoreSource Enrollees Only) Flexible Benefits Plan Enrollment Forms (& Pre-Tax Commuter Forms)	
Options of Medical Plans Available	CoreSource PPO Plan (network through Anthem Blue Cross of California) Kaiser	
Dental Enrollment Possible?	Yes, however there is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.	
Forms Deadline	Monday, September 15, 2008	










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Overview of Benefits Fall 2008

August 1, 2008

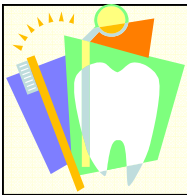
A benefit eligible employee is determined by the respective union's Collective Bargaining Agreement (CBA). For management and confidential employees, eligibility is generally extended to regular, full time employees who are scheduled to work at least 20 hours per week. Forms **MUST** be submitted within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

Vendor	Information on Vendors
	<p>Kaiser Medical Plan (Health Maintenance organization ~ HMO); www.kp.org 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 copay for most services.</p>
	<p>CoreSource Medical Plan (Preferred Provider Organization ~ PPO); www.coresource.com CoreSource is the administer 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 www.anthem.com/ca (if you are a California resident and traveling outside the State of California, access contracting providers from www.bluecares.com). To access PHCS providers, go to www.phcs.com. 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 copay per visit.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="284 989 446 1052" style="border: 1px solid black; padding: 2px;">  </div> <div data-bbox="495 989 1429 1052"> <p>Pharmacy benefits can be accessed through CVS / Caremark. www.caremark.com. Copays range from \$10 to \$15 per prescription for a 30 day supply.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="284 1108 456 1171" style="border: 1px solid black; padding: 2px;">  </div> <div data-bbox="495 1108 1516 1203"> <p>Vision benefits can be accessed through Spectera; www.spectera.com. Participants can receive benefits through the Spectera network of providers and can receive out of network benefits within the plan guidelines. Office visit copays are \$10 for examinations.</p> </div> </div>
	<p>Delta Dental Plan (Preferred Provider Organization ~ PPO); www.deltadentalins.com 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 19. It is paid at 50% up to a calendar year maximum of \$1,000 per person.</p>
	<p>United HealthCare Dental Plan (Dental Maintenance Organization ~ DMO); www.myuhc.com 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.</p>
	<p>Flexible Benefits Plan & Pre-Tax Commuting Reimbursement; www.pensiondynamics.com 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.</p>



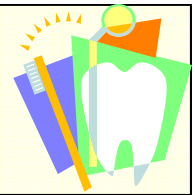
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Dental Plan Highlights

Delta Dental PPO Dental Plan United HealthCare DMO Dental Plan



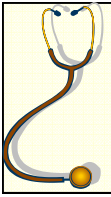
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Plan	Delta Dental	United HealthCare
Network:	Delta Dental www.deltadentalins.com PPO Dental Plan	United HealthCare Dental www.myuhc.com DMO Dental Plan (HMO like plan)
Out of Network:	Okay, but is limited to Delta Dental's usual & customary fees	Not permitted. Must use United HealthCare Dental dentists ONLY.
Deductible:	None	None
Diagnostic & Preventative Services: (oral examinations, cleanings, x-rays)	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Basic Services: (extractions, biopsies, fillings, root canals, sealants, gum treatment) ~ <i>both plans charge the patient if asked for resin or porcelain on molars, or if asked for a higher level metal than what is considered dentally appropriate.</i>	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Crowns, Jackets, Other Cast Restorations ~ <i>both plans charge the patient if asked for resin or porcelain on molars, or if asked for a higher level metal than what is considered dentally appropriate.</i>	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Prosthetic Services: (bridges, partial and full dentures)	Network: 50% of negotiated rate Non-Network: 50% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Calendar Year Maximum (Per Person):	\$1,500	Unlimited
Orthodontia Services:	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	100% of United HealthCare fees not to exceed \$2,250 in patient copays. Benefits available to children and adults .

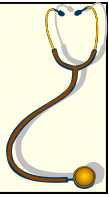


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**Medical Plan Highlights
CoreSource Medical PPO Plan
Kaiser Medical HMO Plan**



August 1, 2008

CORESOURCE PPO PLAN

KAISER HMO PLAN

Plan	Network	Non-Network	Network
Calendar Year Deductible: <small>(deductibles cross accumulate)</small>	\$100 per person; 3 times individual deductible per family		None
Out of Pocket Maximum:	\$300 per person; \$900 per family	\$1,000 per person; \$3,000 per family	\$1,500 per person; \$3,000 per family
Lifetime Maximum Benefit:	\$5,000,000		Unlimited
Pre-Existing Condition Limitation:	6 months if enrolling when first eligible or 18 months if enrolling anytime thereafter. Limitation may be reduced by prior Creditable Coverage.		None
Network:	California residents access Anthem Blue Cross (www.anthem.com/ca); Non-California residents access PHCS (www.phcs.com)	Not applicable	Kaiser www.kp.org
Physician Office Visits:	\$10 copay (deductible waived)	80% of usual and customary fees, after calendar year deductible	\$10 copay
Diagnostic Testing, X-Rays and Laboratory:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100%
Inpatient Hospitalization:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100%
Pre-Certification of Inpatient Services:	Required. Penalty is 25% reduction of benefits. Does not apply to maternity or emergency visits.		Required. Penalty is 100% reduction of benefits. Does not apply to maternity or emergency visits.
Emergency Room Visits:	\$35 copay (deductible waived). Copay will be waived if admitted to the hospital.		\$35 copay. Copay will be waived if admitted to the hospital.
Out of Area Benefits:	If no contracting providers are within 30 miles of your residence, providers are considered in-network. Call CoreSource about water and/or mountain barriers.		Limited to life threatening emergency treatment only.
Vision Plan:	See Spectera brochure for schedule of Network and Non-Network vision benefits		Vision exam covered under medical plan. Materials benefit limited to \$175 allowance per 24 month period
Prescription Coverage:	Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 copay for generic prescription or a \$15 copay for a brand name prescription. Mail order is covered up to a 90 day supply at a \$5 copay 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 copay.		Retail and mail order is covered up to a 100 day supply at a \$10 copay for generic formulary or a \$15 copay for a brand name formulary.



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Benefits Matrix—Fall 2008

August 1, 2008

Benefits Matrix	Benefit Classification as Defined by Benefit Program Assignment			
PeopleSoft Benefit Program Coding	PRB—Full Time 39, 1021, Management, Confidential	PFF—Contract Faculty	PAB—Adjunct Hourly	TCB—Temporary Classified Benefits
Designations to appear on paychecks	PRB	PFF	PAB	TCB
Workers Compensation	●	●	●	●
Medical *(refer to Benefits Eligibility & Payment Highlights for explanation on costs)	●	●	● *	
Dental	●	●	● (District does not make contributions)	
Employee Assistance Program	●	●		
Flexible Benefits 125, 132	●	●	●	●
Pre-Tax Parking	●	●	●	●
Pre-Tax Transportation	●	●	●	●
Tax Deferred annuities—403(b)	●	●	●	●
Tax Deferred Annuities—457(b)	●	●	●	●
Defined Benefit Plans—401(a) STRS	●	●	●	
Defined Benefit Plans—401(a) PERS		●		
Cash Balance			●	
Apple				●
Term Life	●	●		
Long Term Disability	●	●		
Union Dues / Fees	●	●	●	●

Benefits Premium Formula	Formula: (50% / 50%)		
<i>Note, if you are not eligible for District contribution, you may be eligible to pay the full amount.</i>	1) Take the monthly rate (ex. 446.01) 2) Multiply the number of months of coverage (6 months ~ Sept., Oct., Nov., Dec., Jan. and Feb.) (ex. 446.01 * 6 = \$2676.06) 3) Divide by the number of pay periods (3 months ~ Oct., Nov. and Dec.) (ex. 2676.06 / 3 = 892.02) 4) Divide by 2 if eligible for the 50% / 50% plan. (ex. 892.02 / 2 = 446.01)		
Group Insurance Plans (Monthly Rate)	Single	Two Party	Three or More
Kaiser <i>(rate in effect through 08/31/09)</i>	\$446.01	\$892.02	\$1,262.20
CoreSource <i>(rate in effect through 08/31/09)</i>	\$525.09	\$1,173.19	\$1,762.51
Delta Dental <i>(rate in effect through 08/31/09)</i>	\$60.67	\$103.14	\$157.75
United HealthCare Dental <i>(rate in effect through 08/31/09)</i>	\$23.84	\$38.15	\$58.41

KAISER REIMBURSEMENT PROGRAM FOR MAIL ORDER PRESCRIPTONS

Eligibility:	Active Members of Unions, PFT, 1021, 39
Frequency of Reimbursement:	Semi Annually (July and January)
Documentation Guidelines:	Complete Reimbursement Form and Supply Receipts

Benefits for All Active Employees

August 1, 2008

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 Southern California Risk Management Associates, Inc. Medical services are rendered through the *Medical Provider Network* with many providers and specialists in the area.

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).

RETIREMENT PLANS (PERS, APPLE, STRS, Cash Balance)

Depending on your position and your appointment, you participate in either the Public Employees' Retirement System (PERS), the State Teachers' Retirement System (STRS) 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 9.116% 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 (see the Monthly Contribution Table which follows).

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(B) 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 now administered through Envoy Plan Services (envoyplanservices.com). We also offer tax-deferred saving opportunities through the 457(b) Plan which is also serviced by Envoy. Maximize your tax savings and minimize your tax liability through these plans!

LABOR UNIONS ~ (www.pft1603.org)

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. The affiliation for faculty employees is with the Peralta Federation of Teachers.

Monthly dues:

- Regular/Contract/Accelerated Faculty: 0.01469 of any gross salary (plus approved AFT/CFT pass-throughs)
- Hourly Part-time Faculty:
 - \$16.38 for each month of employment for three (3) equated hours or less (plus approved AFT/CFT pass-throughs)
 - \$28.04 for more than three (3) equated hours (plus approved AFT/CFT pass-throughs)
- United Public Employees, Local 1021 of the Service Employee International Union (www.seiu1021.org)
 - Monthly dues are 1.80% of base salary; 1.70% 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 \$4.25.

Protected Health Information

Please review this document carefully. The privacy of your health information is important to us!

August 1, 2008

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 \$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 your complaint with the U.S. Department of Health and Human Services. Contact: Privacy Officer: Karen Ulrich (510) 466 7265, Address: 333 East 8th Street, Oakland, CA 94606.

**Peralta Community College
Eligibility Affidavit
50% / 50% and 100% Plan
Fall 2008**

RETURN THIS FORM TO THE BENEFITS OFFICE NO LATER THAN MONDAY, SEPTEMBER 15, 2008. INCOMPLETE OR FORMS RECEIVED AFTER THIS DATE WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU.

Section A: Personal Information

Employee's Name (Last, First, Middle Initial) - please print	Social Security Number	Date of Birth
Street Address - please print	City	State
Telephone Number (home)	Telephone Number (work)	Email Address

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

Section B: Affidavit of Eligibility

Please answer Yes or No to questions 1, 2, and 3. Initial next to your response.

1. Are you currently employed by PCCD as any hourly faculty member? Yes No _____ (your initials here)
2. Do you have a fall assignment of 40% or greater? Yes No _____ (your initials here)
(refer to the Instructor Assignment Roster—**attach the Instructor Assignment roster to this form**)
3. Do you have other access to group medical insurance where all or part of the premium is paid through some source other than personal funds or a Community College District? Yes No _____ (your initials here)

Section C: Benefit Options - Circle your Choices and Attach an Adjunct Universal Enrollment Form.

Coverage 50% / 50% Plan	Your 50% / 50% Monthly Share Employee pays 6 months in 3 installments	Your 50% /50% Monthly Share Em- ployee pays 3 months, PCCD pays 3 months
	<u>Kaiser</u>	<u>CoreSource</u>
Single	\$223.00	\$262.54
Two Party	\$446.01	\$586.59
Three Party	\$631.10	\$881.25

Coverage 100% Plan	Your 100% Monthly Share Employee makes 3 installments for 6 months of coverage	Your 100% Monthly Share Employee makes 3 installments for 6 months of coverage
	<u>Kaiser</u>	<u>CoreSource</u>
Single	\$446.01	\$525.09
Two Party	\$892.02	\$1,173.19
Three Party	\$1,262.20	\$1,762.51

Coverage Employee makes 3 installments for 6 months of coverage	Delta Dental PPO Dental Plan You pay full monthly premium	United HealthCare DMO Dental Plan You pay full monthly premium
Single	\$60.67	\$23.84
Two Party	\$103.14	\$38.15
Three Party	\$157.75	\$58.41

I understand that if I waive coverage or do not enroll in coverage, I can enroll at a later date if there is a QUALIFYING EVENT as permitted and defined by HIPAA governances.

Section D: Payroll Deduction Authorization

50% / 50% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the **above-referenced CIRCLED** amounts from my monthly paycheck to pay for 50% of the medical premium cost and 100% of the dental premiums for the amount of coverage I have selected. Deductions will occur for the 3 pay periods October, November and December 2008.

_____ (please sign and date)

OR

100% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the **above-referenced CIRCLED** amounts from my monthly paycheck to pay for 100% of the medical and or dental premium cost for the amount of coverage I have selected. Deductions will occur for the 3 pay periods October, November and December 2008. I do not qualify for the District contribution and agree to pay 100% of the above-referenced circled premium. _____ (please sign and date)

Section E: Complete and Attach Required Forms: Adjunct Faculty Benefit Checklist & Universal Enrollment Form Checklist are attached to this Affidavit. _____ (initial here)

**Adjunct or Part time Faculty Benefit Checklist
Fall 2008**

This form MUST accompany all enrollment forms. Visit our website for valuable enrollment literature and information at www.peralta.edu

Information Received	Initial here if you need hard copies of literature	Date Provided to Employee
Benefit Summaries and Plan Specific Documents		
1. CoreSource Medical PPO Plan		
2. Kaiser Medical HMO and Vision Plan		
3. Plan Highlights		
4. CoreSource Pre-Existing Condition Affidavit		
5. CoreSource Summary Plan Description		
6. Caremark Prescription Drug Benefits (CoreSource)		
7. Caremark Mail Order Prescription Form (CoreSource)		
8. Spectera Vision Care Benefits		
9. Delta Dental PPO and United HealthCare DMO Dental Comparison		
10. Delta Dental PPO Overview		
11. United HealthCare Dental Material (summary, provider list)		
12. Flexible Benefit Medical & Dependent Care Reimbursement Plan Overview (deductions occur in October, November and December 2008)		
13. Transportation & Parking Flexible Benefit Plan Overview		
14. Prepaid Legal Plan Overview (Voluntary Plan)		
15. Retirement Plan Highlights (plan 403(b))		
16. Disability Income / 24 Hour Family Accident Insurance / Term Life Insurance—JC Insurance		
THE FOLLOWING ITEMS MUST BE RETURNED WITHIN 30 DAYS FROM DATE OF HIRE, START DATE, OR QUALIFYING EVENT, WHICHEVER OCCURS LATER		
17. Universal Benefit Enrollment Form		
18. Application of Pre-Existing Condition Exclusion		
19. Eligibility Affidavit		
20. Flexible Benefits Plan Enrollment		
21. Pre-Tax Commuting Enrollment		
THE FOLLOWING FORMS CAN BE RETURNED AT ANY TIME		
22. Pre-Paid Legal Enrollment Form		
23. Salary Reduction Agreement Form		

Waiver and Acknowledgement

I have read and understand my options. If I enroll in a group insurance plan, I agree to notify the District within 30 days of a QUALIFYING EVENT. (A QUALIFYING EVENT occurs when there is a loss of other group coverage as defined by HIPAA). The employee is responsible for notifying the PCCD Office within 30 days of the loss of other group coverage in order to enroll in a PCCD insurance plan. If I do not enroll now, I understand that I may enroll at a later date subject to open enrollment provisions and pre-existing condition requirements. I also understand that my premiums are pre-tax and I will notify the District if I prefer after tax deductions. I understand that this enrollment form is applicable to the Fall of 2008 semester only and that I MUST re-enroll to re-establish eligibility each semester.

_____ (Signature)

_____ (Date)

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 for adjunct employees and in October of each year for all other employees.

The 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. 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: 510 587.7868
Email: jseibert@peralta.edu

Application of Pre-Existing Condition Exclusion

Submit this form with the Universal Enrollment Form

Employee and/or Dependent Name(s): _____

Hire date: _____

First eligible to enroll date: _____

Definition of Pre-Existing Condition: 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.

As required under Federal law, we advised you and your eligible dependent(s) of contractual pre-existing condition exclusions under the self-funded plan (currently administered by CoreSource) offered by Peralta Community College District. Submit any evidence of prior coverage along with your Universal Enrollment form and within 30 days of coverage effective date. PCCD will only accept the Certificate of Creditable Coverage as issued from your prior insurer. Ask your former group insurance administrator for this Certificate. Your prior insurer is required to provide it upon request. PCCD will assist you acquiring this document from the prior carrier or employer should you so request, in writing.

Your pre-existing condition exclusion period may be reduced by prior creditable coverage as defined by the law. As of this date, you have:

- Submitted the Certificate of creditable coverage and have satisfied the pre-existing conditions limitation period in full. Evidence is attached.
Not submitted any evidence of prior creditable coverage. Therefore, the full limitation period applies.
Submitted certification of prior creditable coverage. This totals _____ days/months for all persons to whom this notice applies. This time can be used to offset the pre-existing condition exclusion period of our plan. Therefore, you will only be subject to _____ days/months of limitation for pre-existing conditions from your date of hire (this includes any applicable waiting period).

You have the legal right to submit further certification of prior waiting periods and creditable coverage as it becomes available. If you disagree with the findings of this notice, please submit your disagreement, in writing to:

Jennifer Seibert
District Benefits Coordinator
Peralta Community College District
333 East 8th Street,
Oakland, CA 94606
Phone number: 510 587-7868
Email: jseibert@peralta.edu

Note: Should your claims be denied in whole or in part by the insurance company based on the application of a pre-existing conditions limitation in excess of that stated above, contact Human Resources for assistance in resubmitting your claim.

I understand that I am enrolling in the self-funded plan and I have been asked to provide a certificate of creditable coverage.

Employee Signature

Date

Employer Signature

Date