



# PERALTA BENEFITS – EVERYONE

Published by the PCCD Benefits Office



August 1, 2010

## ADJUNCT BENEFITS OPEN ENROLLMENT ANNOUNCEMENT FOR THE FALL 2010 Changes Effective September 1, 2010

### Peralta Benefits Office

333 East 8th Street  
Oakland, CA 94606

### Websites:

[www.peralta.edu](http://www.peralta.edu)  
[www.peralta.pswbenefits.net](http://www.peralta.pswbenefits.net)

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

Ph. #: 510.466.7229

510.587.7838

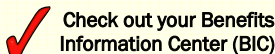
877.866.2623

(PSW Benefit Resources)

**Available Downloads on**  
[www.peralta.pswbenefits.net](http://www.peralta.pswbenefits.net):

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**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).

**NEW** - Download from *PROMT* your **Total Term FTE%** to verify your Fall eligibility.

### Mandatory Re-enrollment for Continued or Initial Benefit Enrollment for Coverage September 1, 2010–February 28, 2011

This notice is being sent to all adjuncts on record as of July 15, 2010. However, receipt of this announcement is not an indication of any teaching assignment for Fall 2010.



Current Enrollees ~ Coverage is due to end on Tuesday, August 31, 2010. Re-enrollment required by **Friday, September 17, 2010**.

New Enrollees ~ Enroll by **Friday, September 17, 2010** 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 on record as of July 15, 2010.

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

### EMPLOYEE CHECKLIST

*(check off as you go to confirm all necessary steps are completed)*

**Determine** if you meet the enrollment criteria based upon your Fall 2010 instruction load ~ refer to "The Benefit Eligibility & Payment Highlights" and the Letter of Assignment from the Campus Office of Instruction or **Term Workload** - Total Term FTE %.

**Complete** and return the following forms by **Friday, September 17, 2010**.

- Peralta Community College District Benefit Checklist (required by PFT Article 22 C-7)
- Eligibility Affidavit and Instructor **Term Workload** (if electing medical coverage)
- Adjunct Universal Benefit Enrollment Form
- Application of Pre-Existing Condition Exclusion
- Flexible Benefits Plan Enrollment Forms (including Pre-Tax Commuter Forms)

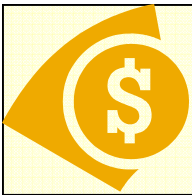
Note: No appointment is required to drop off forms. Drop-in office hours are Tuesdays from 2:00 pm to 4:00 pm. All forms stated above **MUST** be returned **TOGETHER** in order to affect an enrollment for the applicable plans (no exceptions). Enrollment forms for the tax deferred 403 (b) and 457 plans and/or the Prepaid Legal plan are NOT subject to the **September 17, 2010** 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:

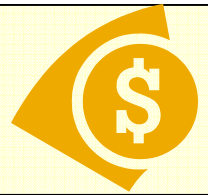
- A) Visit the plan websites or contact vendors directly - [www.peralta.pswbenefits.net](http://www.peralta.pswbenefits.net)
- B) Attend the Adjunct Open Enrollment Benefits Workshop on **Wednesday, August 18, 2010** from 2:00–3:00pm in the District Office Board Room; or
- C) Attend a 15-minute forms processing session on **Wednesday, September 15, 2010** at 10:00 am or 3:30 pm in the Benefits Office.

Forms are available online at [www.peralta.pswbenefits.net](http://www.peralta.pswbenefits.net)

Enrollment forms are available online or at the PFT Office: 500 5th Avenue, Oakland CA 94606  
and the PCCD Benefits Office: 333 East 8th Street Oakland, CA 94606



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



**August 1, 2010**

Plan	50% / 50%	100%
<b>Governance / Guidance</b>	California Assembly Bill 420 California Education Code 87860–87868	
<b>Re-Enrollment Required Each Academic Semester</b>	Yes	
<b>Plan Description</b>	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 the PCCD group rate.
<b>Eligibility Requirements</b>	<ol style="list-style-type: none"> <li>1. Be a current employee as a temporary part time faculty member with the PCCD.</li> <li>2. Be ineligible for other group coverage (paid for by another employer).</li> <li>3. Have a Total Term FTE which <b>equals or exceeds</b> 40% of an FTE.</li> </ol>	<ol style="list-style-type: none"> <li>1. Be a current employee as a temporary part time faculty member with the PCCD.</li> <li>2. Be ineligible for other group coverage (paid for by another employer).</li> <li>3. Have a Term which is <b>less than</b> 40% of an FTE.</li> </ol>
<b>Payment Schedule (3 months)</b>	October, November, December 2010	
<b>Coverage Duration (6 months)</b>	September 1, 2010–February 28, 2011	
<b>Payment Method</b>	Through payroll deduction. Personal check in cases where benefit election cost exceeds anticipated earnings. Other payment arrangements are considered on a case by case basis. Please contact the PCCD Benefits Office for additional information.	
<b>Who Can Enroll?</b>	Employee and eligible dependents as set forth by the benefit programs.	
<b>Forms REQUIRED to Complete Enrollment and Comply with Regulations</b>	<ol style="list-style-type: none"> <li>1) Peralta Community College District Benefit Checklist</li> <li>2) Eligibility Affidavit (including Instructor Term Workload)</li> <li>3) Adjunct Universal Enrollment Form</li> <li>4) Application of Pre-Existing Condition Exclusion</li> <li>5) Flexible Benefits Plan Enrollment Forms (&amp; Pre-Tax Commuter Forms) ~ <i>optional</i></li> <li>6) Pre-Tax Commuter Forms ~ <i>optional</i></li> </ol>	
<b>Options of Medical Plans Available</b>	<ul style="list-style-type: none"> <li>•CoreSource PPO Plan (network through Anthem Blue Cross of California – Prudent Buyer PPO)</li> <li>•Kaiser</li> </ul>	
<b>Dental Enrollment Possible?</b>	Yes, however there is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.	
<b>Forms Deadline</b>	<b>Friday, September 17, 2010</b>	



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

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**To determine FTE%, from PROMT:**

- Navigate to “Instructor Term Workload - Total Term FTE%”
- View “Total Term FTE%” field
- Submit with enrollment forms

## Overview of Benefits Fall 2010

**August 1, 2010**

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><b>Kaiser Medical Plan (Health Maintenance organization ~ HMO); <a href="http://www.kp.org">www.kp.org</a></b>            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><b>CoreSource Medical Plan (Preferred Provider Organization ~ PPO); <a href="http://www.coresource.com">www.coresource.com</a></b>            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 <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 copay per visit.</p> <p> <b>Pharmacy benefits can be accessed through CVS / Caremark. <a href="http://www.caremark.com">www.caremark.com</a>.</b>            Copays range from \$10 to \$15 per prescription for a 30 day supply.</p> <p> <b>Vision benefits can be accessed through Spectera; <a href="http://www.spectera.com">www.spectera.com</a>.</b> 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>
	<p><b>Delta Dental Plan (Preferred Provider Organization ~ PPO); <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></b>            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><b>United HealthCare Dental Plan (Dental Maintenance Organization ~ DMO); <a href="http://www.myuhc.com">www.myuhc.com</a></b>            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><b>Flexible Benefits Plan &amp; Pre-Tax Commuting Reimbursement; <a href="http://www.pensiondynamics.com">www.pensiondynamics.com</a></b>            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>

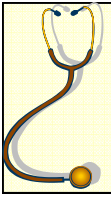
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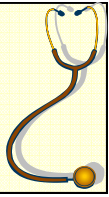


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**Medical Plan Highlights  
CoreSource Medical PPO Plan  
Kaiser Medical HMO Plan**



**August 1, 2010**

**CORESOURCE PPO PLAN**

**KAISER HMO PLAN**

Plan	Network	Non-Network	Network
<b>Calendar Year Deductible:</b> <small>(deductibles cross accumulate)</small>	\$100 per person; 3 times individual deductible per family		None
<b>Out of Pocket Maximum:</b>	\$300 per person; \$900 per family	\$1,000 per person; \$3,000 per family	\$1,500 per person; \$3,000 per family
<b>Lifetime Maximum Benefit:</b>	\$5,000,000		Unlimited
<b>Pre-Existing Condition Limitation:</b>	6 months if enrolling when first eligible or 18 months if enrolling anytime thereafter. Limitation may be reduced by prior Creditable Coverage.		None
<b>Network:</b>	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> )	Not applicable	Kaiser <a href="http://www.kp.org">www.kp.org</a>
<b>Physician Office Visits:</b>	\$10 copay (deductible waived)	80% of usual and customary fees, after calendar year deductible	\$10 copay
<b>Diagnostic Testing, X-Rays and Laboratory:</b>	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100%
<b>Inpatient Hospitalization:</b>	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100%
<b>Pre-Certification of Inpatient Services:</b>	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.
<b>Emergency Room Visits:</b>	\$35 copay (deductible waived). Copay will be waived if admitted to the hospital.		\$35 copay. Copay will be waived if admitted to the hospital.
<b>Out of Area Benefits:</b>	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.
<b>Vision Plan:</b>	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
<b>Prescription Coverage:</b>	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.

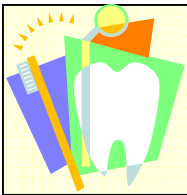


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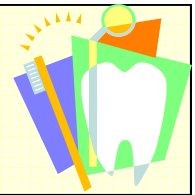
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## Dental Plan Highlights

### Delta Dental PPO Dental Plan United HealthCare DMO Dental Plan



August 1, 2010

Plan	Delta Dental	United HealthCare
<b>Network:</b>	Delta Dental <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> PPO Dental Plan	United HealthCare Dental <a href="http://www.myuhc.com">www.myuhc.com</a> DMO Dental Plan (HMO like plan)
<b>Out of Network:</b>	Okay, but is limited to Delta Dental's usual & customary fees	Not permitted. Must use United HealthCare Dental dentists ONLY.
<b>Deductible:</b>	None	None
<b>Diagnostic &amp; Preventative Services:</b> (oral examinations, cleanings, x-rays)	<b>Network:</b> 100% of negotiated rate <b>Non-Network:</b> 100% of usual & customary fees; (balance billing may occur)	<b>Network:</b> 100% of United HealthCare fees <b>Non-Network:</b> No coverage available
<b>Basic Services:</b> (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>	<b>Network:</b> 100% of negotiated rate <b>Non-Network:</b> 100% of usual & customary fees; (balance billing may occur)	<b>Network:</b> 100% of United HealthCare fees <b>Non-Network:</b> No coverage available
<b>Crowns, Jackets, Other Cast Restorations</b> ~ <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>	<b>Network:</b> 100% of negotiated rate <b>Non-Network:</b> 100% of usual & customary fees; (balance billing may occur)	<b>Network:</b> 100% of United HealthCare fees <b>Non-Network:</b> No coverage available
<b>Prosthodontic Services:</b> (bridges, partial and full dentures)	<b>Network:</b> 50% of negotiated rate <b>Non-Network:</b> 50% of usual & customary fees; (balance billing may occur)	<b>Network:</b> 100% of United HealthCare fees <b>Non-Network:</b> No coverage available
<b>Calendar Year Maximum (Per Person):</b>	\$1,500	Unlimited
<b>Orthodontia Services:</b>	Dependent <b>children only</b> to age 19; <b>Network:</b> 50% of negotiated rate <b>Non-Network:</b> 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 <b>children and adults.</b>



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#### To determine FTE%, from PROMT:

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## Benefits Matrix—Fall 2010

**August 1, 2010**

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 (District paid)	●	●		
Long Term Disability (District paid)	●	●		
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. 560.93) 2) Multiply the number of months of coverage (6 months ~ September, October, November, December, January, February) (ex. 560.93 * 6 = \$3365.58) 3) Divide by the number of pay periods (3 months ~ October, November, December) (ex. \$3365.58 / 3 = \$1121.86) 4) Divide by 2 if eligible for the 50% / 50% plan. (ex. \$1121.86 / 2 = \$560.93)		
Group Insurance Plans (Monthly Rate)	Single	Two Party	Three or More
Kaiser <i>(rate in effect through 08/31/11)</i>	\$560.93	\$1121.86	\$1587.43
CoreSource <i>(rate in effect through 08/31/11)</i>	\$666.42	\$1488.96	\$2236.90
Delta Dental <i>(rate in effect through 08/31/11)</i>	\$66.45	\$112.97	\$172.78
United HealthCare Dental <i>(rate in effect through 08/31/11)</i>	\$26.29	\$42.06	\$64.09

### KAISER REIMBURSEMENT PROGRAM FOR MAIL ORDER PRESCRIPTONS

<b>Eligibility:</b>	Active members of Unions, PFT, 1021, 39, confidential & management employees
<b>Frequency of Reimbursement:</b>	Semi Annually (July and January)
<b>Documentation Guidelines:</b>	Complete Reimbursement Form and Supply Receipts (download form at <a href="http://www.peralta.pswbenefits.net">www.peralta.pswbenefits.net</a> under the Medical / Kaiser HMO link)

## Benefits for All Active Employees

**August 1, 2010**

### **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 10.707% 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 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 Great American Plan Administrators. We also offer tax-deferred saving opportunities through the 457 Plan which is also serviced by Great American Plan Administrators. Maximize your tax savings and minimize your tax liability through these plans! Visit the PCCD website ([www.peralta.edu](http://www.peralta.edu)) to download forms and check investment options.

### **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:**

- Peralta Federation of Teachers ([www.pft1603.org](http://www.pft1603.org))
- Regular/Contract/Accelerated Faculty: 0.01650 of any gross salary (plus approved AFT/CFT pass-throughs)
- Hourly Part-time Faculty:
  - \$17.22 for each month of employment for three (3) equated hours or less (plus approved AFT/CFT pass-throughs)
  - \$29.82 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](http://www.seiu1021.org))
  - Monthly dues are 1.80% of base salary; 1.80% for temporary employees.
- International Union of Operating Engineers, Local 39 of the AFL-CIO ([www.local39.org](http://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, 2010

### 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: Jennifer Seibert (510) 587-7868, Address: 333 East 8<sup>th</sup> Street, Oakland, CA 94606.



## GENERAL NOTICE OF COBRA CONTINUATION RIGHTS

### Introduction

You are receiving this notice because you have recently become covered under **Peralta Community College District** Health Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, called the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is: **Jennifer Seibert, District Benefits Coordinator, Peralta Community College District, 333 East 8<sup>th</sup> Street, Oakland CA 94606, (510) 587-7868**

### COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than gross misconduct

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies; or
- Your spouse's hours of employment are reduced; or
- Your spouse's employment ends for any reason other than his or her gross misconduct; or
- Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent – employee dies; or
- The parent – employee's hours of employment are reduced; or
- The parent – employee's employment ends for any reason other than his or her gross misconduct; or
- The parent – employee becomes enrolled in Medicare (Part A, Part B, or both); or
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event within 30 days following the date coverage ends.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to: **Jennifer Seibert, District Benefits Coordinator, Peralta Community College District, 333 East 8<sup>th</sup> Street, Oakland CA 94606, (510) 587-7868**

In addition, the employee or family member must notify **Peralta Community College District** within 30 days, of the birth to or placement for adoption of a child of an individual receiving continuation coverage. The child born to or placed for adoption is also eligible for coverage. If desired, the parent who is currently a qualified beneficiary may change coverage status from individual coverage to family coverage to add the new child.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is temporary continuation coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B or both) your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation will last up to 36 months.

When the qualifying event is the end of employment or reduction of work hours, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended. *(continued on next page)*

## GENERAL NOTICE OF COBRA CONTINUATION RIGHTS (continued)

### **Disability Extension of 18-Month Period of Continuation Coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of the COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator is notified of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to **Peralta Community College District**

### **Second Qualifying Event Extension of 18-Month Period of Continuation Coverage**

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when the child stops being eligible under the Plan as a dependent child.

*In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to **Peralta Community College District**.*

### **California Only: Notice to All Terminating Employees Regarding Medi-Cal & HIV/AIDS**

The California Department of Health Services will pay health insurance premiums for certain persons who are losing employment and have a high cost medical condition. In order to qualify for the Health Insurance Premium Payment (HIPP) Program, you must meet ALL of the following conditions:

- You must currently be on Medi-Cal.
- Your Medi-Cal Share of Cost, if any, must be of \$200.00 or less.
- You must have an expensive medical condition. The average monthly savings to Medi-Cal from your health insurance must be at least twice the monthly insurance premiums. If you have a Medi-Cal Share of Cost, that amount will be subtracted from your monthly health care costs to determine if paying the premiums is cost effective.
- You must have a current health insurance policy, COBRA continuation policy, or a conversion policy in effect or available at the time of application.
- Your health insurance policy must cover your high cost medical condition.
- Your application must be completed and returned in time for the State of California to process your application and pay your premium.
- Your health insurance policy must not be issued through the California Major Risk Medical Insurance Board.
- You must not be enrolled in a Medi-Cal related prepaid health plan, County Health Initiative, Geographic Managed Care Program, or the county Medical Services Program (CMSP).

NOTE: If an absent parent has been ordered by the court to provide your health insurance, you will not be eligible for the HIPP Program. For more information you may call this toll free number (800) 951-5294.

### **Persons Disabled with HIV/AIDS**

Under the Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE), persons unable to work because of disability due to HIV/AIDS and who are losing their private health insurance may qualify for the Health Insurance Premium Payment (CARE/HIPP) program for up to 12 months if they meet the following criteria:

- Have applied for Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), State Disability Insurance (SDI), or other disability programs;
- Are currently covered by a health insurance plan (COBRA, individual or group), which includes outpatient prescription drug coverage, and HIV related treatment services;
- Are not currently on the AIDS Drug Assistance Program (ADAP);
- Have a total monthly income of no more than 250% of the current federal poverty level and;
- Will be eligible for the Medi-Cal HIPP Program within 12 months.

For additional information on CARE/HIPP, please call the No. Cal AIDS Hotline at (800) 367-2437 (English/Spanish) or the So. Cal AIDS Hotline at (800) 922-2437 (English) and (800) 922-2438 (Multi-Language).

### **SPECIAL EXTENSION PROVISION**

Health Plans issued in California must allow individuals who have exhausted their 18-month COBRA continuation period (or 29 months, in the case of disability), to continue on the group policy for up to an additional 18 months (or an additional 7 months in the case of disability). In order to exercise the coverage continuation rights under the law, an election to purchase the extended coverage must be made in writing by the COBRA participant to the carrier, no later than 30 calendar days prior to the end of the 18-month COBRA continuation period.

### **IF YOU HAVE QUESTIONS**

If you have questions about your COBRA continuation coverage, you should contact **Jennifer Seibert, District Benefits Coordinator, Peralta Community College District, 333 East 8<sup>th</sup> Street, Oakland CA 94606, (510) 587-7868** or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and district EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Notification of Pre-Existing Condition Limitation and  
Medical Plan Updates in Compliance with Federal Parity and Addiction Equity Act.**

**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 8<sup>th</sup> Street  
Oakland, CA 94606  
Phone number: 510.587.7868  
Email: [jseibert@peralta.edu](mailto:jseibert@peralta.edu)

**Medical Plan Updates in Compliance with Federal Parity and Addiction Equity Act.**



All of Peralta's health plans have been updated to comply with the Federal Health Parity and Addiction Equity Act. This legislation (applies to employers with 50 or more employees) requires medical plans renewing on or after October 3, 2009 that currently offer mental health and substance abuse benefits to cover these benefits as "any other condition." All visit limitations and benefit maximums on the Kaiser and CoreSource medical plans have been removed to mirror coverage as "any other condition."

# INSTRUCTOR TERM WORKLOAD SAMPLE: FOR ILLUSTRATIVE PURPOSES ONLY

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Home

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## Term Workload

ID: 0001234

**Workload Definition** Find | View All First 1 of 6

Academic Institution: PCCD1 Peralta Community College Dist **Total Term FTE%**

Term: 1102 2010 Spring 37.34

Instructor Assignment Class: TTMP T-Temporary/Adjunct

Calculate Workload:  Assigned FTE %: 67.00

Limit Workload:  Instructor Multiplier %: 100

Workload Assignment Job Code

Description	Subject	Catalog Nbr	Section	Class Nbr	Comb Sects ID	Assign Type	Work Load	App Load	Assignment FTE %
Class name/description...						Lecture	4.00	<input checked="" type="checkbox"/>	26.67
Class name/description...						Lab	2.00	<input checked="" type="checkbox"/>	10.67
Class name/description...						NON-NO LD		<input type="checkbox"/>	

Save Return to Search Notify

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Determines your eligibility for PCCD ER Contributions