



PERALTA BENEFITS – EVERYONE



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Adjunct Benefits Open Enrollment Announcement Spring 2008

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Inside this issue:

- *Benefit Eligibility Matrix*
- *Reimbursement Programs*
- *Medical Plan Comparison*
- *Dental Plan Comparison*

Mandatory Re-enrollment for continued or initial benefit enrollment

- *Current Coverage due to end on February 28, 2008*
- *Re-enrollment required by Friday, February 15, 2008*
- *New enrollees – enroll by Friday, February 28, 2008 or within 30 days of loss of coverage under another plan.*

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 benefit plans enrollment! Enclosed with this memo is 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.

1. In order to initiate or continue your enrollment:
 - a. **Determine** if you meet the enrollment criteria based on your Spring 2008 instruction load - refer to the *Benefit Eligibility & Payment Highlights* enclosure for guidance.
 - b. **Complete and return the following forms by Friday, February 15, 2008***; these forms are included/or attached to this memo:
 1. Eligibility Affidavit
 2. Peralta Community College District Benefit Checklist (required by PFT Article 22 C-7)
 3. Adjunct Universal Enrollment Form
 4. Flexible Benefits Plan enrollment forms
- *No appointment required to drop off forms. Drop-in office hours are Tuesday 2 – 4 or by appointment. Enrollment forms for the tax deferred 403(b) plan participation and the legal plan are not subject to the February 15, 2008 deadline; enrollment forms for these plans can be returned at any time.*
2. 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*
 - b. Attend a 15-minute forms processing session on:
 - Wednesday, February 6, 2008 at 10:00am or 3:30pm
 - Thursday, February 14, 2008 at 9.00am



Benefit Eligibility & Payment Highlights
50/50 MEDICAL PLAN
100% MEDICAL PLAN
Spring 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	
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. 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 Peralta Community College District 2. Be ineligible for other 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 Peralta Community College District 2. Be ineligible for other coverage paid for by another employer.
Payment Duration	March, April, May 2008 (3 months)	
Coverage Duration	March, April, May, June, July, August, 2008 (6 months)	
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 based – contact the Benefits Office	
Who Can Enroll	Employee and eligible dependents	
Forms REQUIRED to Complete Enrollment and Comply with Regulations	<ol style="list-style-type: none"> 1. Universal Benefit Re-enrollment form & Payroll Deduction Agreement 2. Eligibility Affidavit 3. Benefits Checklist 	
Options of Medical Plans Available	CoreSource Kaiser	
Dental Enrollment Possible?	Yes, however, there is no District contribution. Choose between Delta Dental and United HealthCare Dental	
Forms Deadline	Friday, February 15, 2008	



OVERVIEW OF BENEFITS

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 regularly scheduled to work at least 20 hours/week. See "Frequently Asked Questions" for additional information. Forms should be submitted within 31 days of hire or eligibility.

MEDICAL PRESCRIPTION & VISION PLANS

The District offers two (2) medical plans; Kaiser and CoreSource. Refer to the Kaiser or CoreSource benefit certificate for complete definitions of covered expenses.



Kaiser Plan (Health Maintenance Organization-HMO)

Kaiser provides medical care through participating doctors at Kaiser facilities. The plan emphasizes preventive care, and provides most services and supplies at little or 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.



CoreSource Plan (Preferred Provider Organization-PPO)

CoreSource is the administrator of the medical services received through the Blue Cross Network. This network provides coverage throughout the United States. The PPO provides coverage for routine and major medical services received through network providers. Most office copays are \$10:



- Use Caremark for the prescriptions benefits which can be obtained at contracted pharmacies at the plan copays ranging from \$10-\$15 per prescription.



- Use **Spectera** for vision care benefits (exam, frames and lenses). Participants can receive benefits through the Spectera network of providers and can receive out-of-network benefits within the plan guidelines. Office copays are \$10 for examinations.

DENTAL, FLEXIBLE BENEFITS AND PRE-TAX COMMUTING PLANS

The District offers two dental plans, Delta Dental and United Health Care Dental. Refer to the dental information for definitions of covered expenses. Read the Plan literature carefully, before enrolling in either plan.



Delta Dental pays 100% for most services, including preventative 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 for basic and major care. Orthodontia for dependent children is paid at 50% up to a calendar year maximum of \$1,000.



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 Dentist.



Flexible Benefits Plan & Pre-tax Commuting Reimbursement

Medical and/or Dependent Care Expense (IRS 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. **Pre-tax Commuting Expense (IRS 132):** If public transportation is used to get to and from work, this account can be used to reimburse expenses with the pre-tax dollars.



2008

DELTA DENTAL AND UNITED HEALTHCARE DENTAL PLAN HIGHLIGHTS

The District offers the choice between two (2) dental plans for active, benefit-eligible employees. The comparison below may help you understand the coverage and how to better use your benefits.

DENTAL PLAN COMPARISON	DELTA DENTAL	UNITED HEALTH CARE DENTAL	COMMENTS
NETWORK	Delta Dental	United HealthCare Dental ONLY	
OUT-OF-NETWORK	OK, but limited to Delta fees only (balance billing possible)	Not OK - must use United HealthCare Dental dentists ONLY	Delta Dental is like a PPO dental plan, whereas United HealthCare Dental is like an HMO dental plan
CALENDAR YEAR MAXIMUM BENEFIT	\$1,500	No maximum	
DEDUCTIBLE <u>Diagnostic and Preventative Services:</u> examples include oral examinations, cleanings, X-rays	None 100% of Delta Dental fees	None 100% of United HealthCare Dental fees	
<u>Basic Services:</u> examples include oral surgery (extractions), tissue removal (biopsies) fillings, root canals, periodontal (gum) treatment, sealants	100% of Delta Dental fees	100% of United HealthCare Dental fees	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
<u>Crowns, Jackets, Other Cast Restorations:</u>	100% of Delta Dental fees	100% of United HealthCare Dental fees	
<u>Prosthetic Services:</u> examples include bridges, partial and full dentures	50% of Delta Dentist's fees	100% of United HealthCare Dental fees	
<u>Orthodontic Services - CHILDREN (to age 19):</u>	50% of Delta Dentist's fees to a calendar year maximum of \$1,000	100% of United HealthCare Dental fees not to exceed \$2,250 - age 10 and up	
<u>Orthodontic Services - ADULTS:</u>	None	100% of United HealthCare Dental fees not to exceed \$2,250	



The District offers a choice between two (2) comprehensive medical insurance plans for active, benefit-eligible employees. The comparison below may help you understand the coverage and how to better use your benefits.

	Self-funded PPO Plan, Administered by CoreSource		Kaiser HMO
	In Network Attributes	Out-of-Network Attributes	
Calendar Year Deductible (deductibles cross-accumulate)	\$100 per individual; 3 times individual for family	\$100 per individual; 3 times individual for family	None
Out-of-Pocket Maximum	\$300 per individual; \$900 maximum for family	\$1,000 per individual; \$3,000 maximum for family	\$1,500 per individual, \$3,000 maximum for family
Lifetime Benefit Maximum	\$5,000,000 combined for In-Network and Out-of-Network		Unlimited
Primary Care Physician	None required	None required	Optional
Network	Blue Cross	Not applicable	Kaiser providers and facilities
Doctor's Office Visits	\$10 copay, deductible waived	80% of usual & customary fees, after deductible	\$10 copay
Surgery, Anesthesia, Laboratory, X-rays, Other Diagnostic Testing, Therapies	Plan pays 100%, after deductible	Plan pays 80% of usual & customary fees, after deductible	No charge
Routine and Preventative Services, All Ages, Includes Immunizations	\$10 copay for office visits, all else is at 100%, deductible is waived (\$250 annual maximum benefit for adult routine exams)	Plan pays 80% of usual & customary fees, after deductible (\$250 annual maximum benefit for adult routine exams)	\$10 copay per visit, all else is at 100%
Inpatient Hospitalization	Plan pays 100%, after deductible	Plan pays 80% of usual & customary fees, after deductible	No charge
Pre-Certification of Inpatient Hospitalization	Required. Penalty is a 25% reduction in benefits. Does not apply to maternities and true emergencies	Required. Penalty is a 25% reduction in benefits. Does not apply to maternities and true emergencies	Required. Penalty is 100% for failure to pre-certify.
Outpatient Hospital & Urgent Care	Plan pays 100%, after deductible	Plan pays 80% of usual & customary fees, after deductible	\$10 copay
Emergency Room Visits	\$35 copay, waived if admitted	\$35 copay, waived if admitted	\$35 copay, waived if admitted
Mental Health Treatment	Inpatient: pays at 100%, after deductible, up to 30 days per calendar year (combined with Substance Abuse treatment) Outpatient: \$10 copay per visit up to 50 visits per calendar year (combined with Substance Abuse benefits)	Inpatient: pays at 80%, after deductible, up to 30 days per calendar year (combined with Substance Abuse treatment) Outpatient: pays at 80% of usual & customary fees, after deductible, up to 50 visits per calendar year (combined with Substance Abuse benefits)	Inpatient: pays 100% up to 45 days per calendar year Outpatient: \$10 copay up to 20 visits per calendar year
	Self-funded PPO Plan, Administered by CoreSource		Kaiser HMO
	In Network Attributes	Out-of-Network Attributes	
Substance Abuse Treatment	Inpatient: pays at 100%, after deductible, up to 30 days per calendar year (combined with Mental Health treatment) Outpatient: \$10 copay per visit up to 50 visits per calendar year (combined with Substance Abuse treatment)	Inpatient: pays at 80% of usual & customary fees, after deductible, up to 30 days per calendar year (combined with Mental Health treatment) Outpatient: pays at 80% of usual & customary fees, after deductible, up to 50 visits per calendar year (combined with Substance Abuse treatment)	Inpatient: 100% for detoxification services only Outpatient: \$10 copay Transitional residential recovery: pays 100% after a \$100 copay per admission, up to 60 days per calendar year, not to exceed 120 days in any five (5) year period
"Out of Area" Benefits	If no providers within 30 miles, providers are considered in-network. Call CoreSource about water/mountain barriers.		Limited to life threatening emergency treatment only
Vision Plan - Spectera	See Spectera brochure for schedule of In-network & Out-of-Network vision benefits		Discount program at Kaiser facilities
Prescription Drug Coverage* Caremark	Retail: up to 30-day supply \$10 Generic copay \$15 Brand copay* Mail order: up to 90 day supply \$5 copay generic or brand* *If a brand name drug is prescribed and there is no generic equivalent, then member will pay the generic copay	Must use contracting pharmacies	Retail: up to 100-day supply \$10 Generic copay \$15 Brand copay Mail order: up to 100 day supply \$10 copay generic \$15 copay brand

*Refer to the *Benefit Eligibility & Payment Highlights* for more explanation about benefit costs

**The District makes no contribution to the dental plan

BENEFITS MATRIX	Benefit Classification as defined by Benefit Program Assignment			
	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	•	•	*	
Dental	•	•	**	
Employee Assistance Program	•	•		
Flexible Benefits 125,132	•	•	•	•
Parking	•	•	•	•
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				•
Life	•	•		
Long-Term Disability	•	•		
Union dues/fees	•	•	•	•

BENEFITS PREMIUMS FORMULA	Formula		
	1. Take the monthly rate 2. Multiply the number of months of coverage (6) March, April, May, June, July, August 3. Divide by number of pay periods (3) March, April, May If you are not eligible for the District contribution, you may be eligible to pay the full amount.		
	Monthly Rate		
Group Insurance Plans	Single	Two-party	Three or more
Kaiser (rate in effect through 8/31/08)	406.20	812.40	1149.55
CoreSource (rate in effective through 8/31/08)	506.35	1131.32	1699.61
Delta Dental (rate in effect through 8/31/08)	60.97	103.65	158.52
United Health Care Dental (rate in effect through 8/31/08)	23.84	38.15	58.41

*These rates are the basis for COBRA continuation benefit rates.

KAISER REIMBURSEMENT PROGRAM FOR MAIL ORDER PRESCRIPTIONS	
Kaiser Mail Order Prescriptions only	
Eligibility	Active Members of Unions, PFT, 1021, 39
Frequency of Reimbursement	Semi-annual July, January
Documentation Guidelines	Complete Reimbursement Form, and supply receipts

BENEFITS FOR ALL ACTIVE EMPLOYEES

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

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.

(website: <http://www.pft1603.org>)

Monthly dues:

Regular/Contract/Accelerated Faculty:

- 0.01431 of any gross salary
(plus approved AFT/CFT pass-throughs)

Hourly Part-time Faculty:

- \$15.80 for each month of employment for three (3) equated hours or less
(plus approved AFT/CFT pass-throughs)
- \$26.88 for more than three (3) equated hours
(plus approved AFT/CFT pass-throughs)

United Public Employees, Local 1021 of the Service Employee International Union

(website: <http://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

(website: <http://www.local39.org>)

- Monthly dues are twice the hourly rate plus \$4.25.

PROTECTED HEALTH INFORMATION

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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 AND 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.