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You are receiving this update as part of the notification requirements prescribed by recent legislation.

CHIPRA 2009 background

President Obama has signed Legislation H.R. 2 which is the Children's Health Insurance Program Reauthorization Act of 2009.

It is the purpose of this act to provide dependable and stable funding for children's health insurance under Titles XXI and XIX of the Social Security Act in order to enroll all six million uninsured children who are eligible but not enrolled for coverage today through such titles.

If you would like to know additional information about H.R. 2, please click <http://www.govtrack.us/congress/bills/111/2&tab=summary>

PCCD Resources

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Benefits Spotlight: American Recovery and Reinvestment Act of 2009



- Children's Health Insurance Program Reauthorization (CHIPRA 2009)
- Pre-Tax Commuting / Parking Benefit

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) New Benefit Enrollment Right Effective April 1, 2009

CHIPRA requires employer/plan sponsors to offer a new special enrollment rights to those employees and/or dependent children who:

- Either lose coverage under a Medicaid or State Plan (California's Medi-Cal), or
- Become eligible for group health premium assistance under a Medicaid plan.

The plan must allow employees who experience one of above special enrollment rights **60 days** to request enrollment in a group health plan. All other special enrollment rights will continue to require a 30 day request for enrollment in a group health plan (example, birth, marriage, adoption, etc). Page 2 of this Spotlight is the Summary of Material Modification which we are required to provide to current participants of our group medical and dental plans.

When do you take action? If benefit enrollment for you or one of your benefit-eligible dependents requires special enrollment rights as outlined above, notify us **within 60 days** of losing coverage if you intend to enroll in a Peralta Community College District benefits plan. You will need to complete the Universal Benefit Enrollment form and submit it to the PCCD Benefits Office within **60 days** of the qualifying event.

Our group insurance plan contracts will include this special provision upon the next revision of our group contracts which will be available online no later than August 1, 2009.

Pre-Tax Commuting / Parking Benefit

The Pre-Tax Commuting / Parking benefit monthly maximum reimbursement has increased from \$120 per month to \$230 per month. Your participation in the Pre-Tax Commuting / Parking benefit is: 1) completely voluntary; 2) sponsored by your employee dollars on a pre-tax basis; 3) subject to other conditions as described under IRS Code 132; and 4) subject to monthly payroll deadlines.

When do you take action? Complete and submit enrollment form if you would like to begin or increase your contribution to these plans. Visit the Peralta Benefits website at www.peralta.pswbenefits.net. You will find the Summary Program Description, Enrollment Form and Claim Form for the pre-tax commuting & parking benefit plan.

CHECK OUT YOUR BENEFITS INFORMATION CENTER (BIC)!

To learn more about your insurance benefits, as well as other District-sponsored benefit plans, please visit your Benefit Information Center (BIC) website: www.peralta.pswbenefits.net or www.peralta retirees.pswbenefits.net

SUMMARY OF MATERIAL MODIFICATION

1. Effective Date: April 1, 2009
2. As of the Effective Date, PERALTA COMMUNITY COLLEGE DISTRICT has amended its group health plan as follows:

Special Open Enrollment Rights for Certain Individuals

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and your dependents in one of the health care options offered by the Plan Sponsor, provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you otherwise decline to enroll, you may be required to wait until the group's next open enrollment to do so. You also may be subject to additional limitations on the coverage available at that time. Furthermore, if you are an employee who is eligible for coverage but not enrolled, you shall be eligible to enroll for coverage within 60 days after (a) becoming ineligible for coverage under a Medicaid, Children's Health Insurance Plan (CHIP); or (b) being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan. Employers that sponsor group health plans must notify employees of any premium assistance that is available to them under a Medicaid or CHIP plan with respect to coverage under the plan.

To request special enrollment or obtain more information contact Jennifer Seibert in your Benefits Office.

All other Plan provisions remain unchanged so long as they are consistent with this change.