



Benefits Office Newsletter

September 2006

New Benefit Resources

The Benefits Office supports over 1800 active and retired employees and their eligible dependents. We are encouraging the use of the many District resources and technologies available to you.

Peralta Benefits Main Website:

[http://www.peralta.edu/apps/comm.asp?\\$1=95](http://www.peralta.edu/apps/comm.asp?$1=95)

Peralta Benefits email:

benefits@peralta.edu

Benefits Office phone number:

510-587-7838

HIGHLIGHTS OF THIS ISSUE:

Announcement of the 2006-2007 re-enrollment

Cover

Delta Dental and Pacific Union Plan features & comparison (p.5)

Kaiser and CoreSource plan features and comparison (p.6)

Cash in-lieu of benefits – what is it? (p.3)

Workers Compensation Pre-designating a physician (p.4)

403(b) & 457(b) Plans-What does the District offer? (p.11)

Required Notices:

- Medicare D Required Notice (p 10)
- Women’s Health & Cancer Rights Act (p.7)

Annual Open Enrollment Mandatory Re-enrollment

The Peralta Community College District will hold its annual open enrollment for all benefit-eligible active and retired employees and surviving spouses from:

September 1 – October 20, 2006

During this window, employees are required to

1. Complete re-enrollment forms to ensure continuity of coverage in 2007.
2. Submit completed forms by Friday, October 20, 2006.

The District is requiring re-enrollment in order to:

1. Ensure that those who are eligible and entitled to benefits are accurately enrolled and reflected on District electronic records.
2. Update vendor records for those who are ineligible for coverage.

Special note regarding listing ineligible dependents: District Board policy 3.86 states that civil action may be brought against employees who make false statements or who fail to notify the District of changes in any dependent status. Board Policy 3.86-9/22/92 (also see page 2- “Who is eligible as a dependent under my benefit plan(s)?”

During re-enrollment eligible employees may also

- Change medical and/or dental plans
- Add eligible dependents
- Waive participation in our group insurance plans in exchange for \$30 month (active employees only).

Forms are included with hardcopy mailings of the Benefits Office Newsletter and can be found on the website:

<http://www.peralta.pswbenefits.net/>



Q. Who is eligible as a dependent under my benefit plan(s)?

A. Your eligible dependents are as follows:

1. Your spouse
2. Your domestic partner (please check with the benefits administrator, as you may be required to complete an affidavit of domestic partnership.)
3. Your dependent children (including adopted children, and children of your spouse or domestic partner)

Q. What events qualify me (and/or my dependents) for COBRA?

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

18-Month Qualifying Events*

- Voluntary Termination
- Involuntary Termination (excluding gross misconduct)
- Reduction of work hours

36-Month Qualifying Events*

- Death of employee
- Employee's Medicare entitlement
- Divorce of legal separation
- Dependent child ceasing to be a dependent

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

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

Q. What if I miss the deadline for submitting the re-enrollment form?

A. The intent of the re-enrollment project is to ensure that those who are eligible receive the coverage to which they are entitled. Forms received after the deadline will be processed upon receipt and as soon as is reasonable. We apologize in advance for any administrative inconvenience experienced for forms not received by October 22. The Benefits Office will acknowledge all complete and incomplete forms received.

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

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

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





BENEFITS FAIR SCHEDULE

COLLEGE OF ALAMEDA

OCTOBER 2 (MONDAY)

STUDENT LOUNGE BLDG F

9 - 11

BERKELEY CITY COLLEGE

OCTOBER 3 (TUESDAY)

LOCATION TBD

9-11

MERRITT

OCTOBER 3 (TUESDAY)

GYMNASIUM

1 - 3

LANEY

OCTOBER 4 (WEDNESDAY)

STUDENT CENTER -3RD FLOOR

12 - 2

District

October 4 (Wednesday)

Board Room

3 - 5

Cash-in-Lieu

New for 2007!

Active employees now have the opportunity to decline medical and dental coverage through Peralta Community College District and receive \$30 per month in lieu of medical and dental insurance.

To be eligible, the Benefits Office must receive written proof of other comparable group medical and dental insurance. Other medical insurance coverage cannot be Medicare, COBRA or a plan purchased as an individual.

To enroll in the cash-in-lieu benefit

1. Obtain written proof of current health care coverage. The required proof is a letter verifying insurance and a copy of the plans evidence of coverage or summary plan description.
2. Submit the written proof to the Benefits Office.

Invitees include District Benefits Vendors:

Kaiser

CoreSource

Blue Cross

Spectera

Medco

Delta Dental

United Healthcare (Pacific Union Dental)

The Hartford

Peralta Retirees Organization

Union Leadership:

39, 790, PFT

**Benefits Office representatives will be available to answer questions.
 Enter your name for a drawing for exciting gifts provided by our vendors
 During the campus visits, Benefits Office staff will be present to address**

Workers Compensation Medical Provider Network: WellComp MPN



California Law requires your employer to provide and pay for medical treatment if you are injured at work. The Peralta Community College District is pleased to provide this medical care through a Workers' Compensation Medical Provider Network – **WellComp MPN**.

Your medical treatment for a work-related injury or illness will be provided through the WellComp Medical Provider Network if your injury or illness occurred on or after November 1, 2005.

Initially, medical treatment must be obtained at one of the following occupational medical clinics:

Concenta Occupational Medical Clinic
384 West Embarcadero
Oakland, CA 94607
(510) 465-9565

Emeryville Occ Clinic
6001 Shellmound
Emeryville, CA 94608
(510) 653-5200

In the event of a life threatening emergency, you should call 911 or go to the nearest emergency room.

If you still need treatment following your initial evaluation, you may be treated by a WellComp network physician of your choice, or be referred to an appropriate specialist within the WellComp network.

You may contact the WellComp Patient Services Department directly via phone at (800) 544-8150 or through the WellComp web-site: www.wellcomp.net.

Personal Physician Pre-Designation

You still have the option of treating with your personal physician if you have properly notified the Peralta Community College District, Office of Risk Management of your desire to treat with your personal physician **prior to your injury or illness** and your personal physician agrees to treat you for work-related conditions. To provide proper notice, you and your treating physician must complete and sign the PCCD Personal Physician Pre-Designation form and return it to the Office of Risk Management.

Workers' Compensation Claim Forms

Employee Claim Forms

- Medical Incident Report form, if you do not require medical treatment
- Employee' Claim for Workers' Compensation Benefits – if you are injured on the job and need to obtain medical treatment

Supervisor Forms

- Supervisor' Report of Employee Injury

All Workers' Compensation forms, including claim procedures, the WellComp pamphlet, Personal Physician Predesignation form, Medical Incident Report, and Employee and Supervisor claim forms are located on the District web site at District/General Counsel/Risk Management/All Risk Management Forms.

MORE QUESTIONS AND ANSWERS

Q: Didn't CoreSource go away effective 9/1/06

A: No, CoreSource did not go away, The District contract with medical Networks (Interplan and Private Health Care Systems) ended. We substituted the provider networks effective September 1.

Q Is the re-enrollment now being required every year? Will we have to re-enroll every year?

A: Some employers require re-enrollment each year to ensure that the benefit records on file are current and correct. Peralta has not required annual re-enrollment. While we do not anticipate a re-enrollment for subsequent plan years, this year's process will ensure that our records are current for eligible employees and we are able to provide our benefit vendors with correct information.

Q: Where can I go to find Blue Cross participating providers?

A: If you reside in the state of California, you may access providers by visiting www.bluecrossca.com (Prudent Buyer Network) or by calling CoreSource at 866-280-4120. If you are traveling outside California (or reside outside of California), you may access providers by visiting www.bluecares.com or by calling CoreSource at 866-280-4120.

Q: Where can I go to find Kaiser participating providers?

A: You can access Kaiser participating providers at www.kp.org or by calling Kaiser at 800-464-4000. Did you know that you can also schedule office visits at www.kp.org or order refills on your medications ... check it out!!!!



2007 Delta Dental and Pacific Union Dental Plan Highlights

The District offers the choice between 2 dental plans for active, benefit-eligible employees. The comparison below may help you understand the coverage and how to better use your benefits (this summary is for illustration purposes only. For a complete listing of benefits, limitations and/or exclusions, refer to the master plan documents).

Dental Plan Comparison	DELTA DENTAL	PACIFIC UNION DENTAL	COMMENTS
NETWORK	Delta Dental	Pacific Union Dental ONLY	
OUT-OF-NETWORK	OK, but limited to Delta fees only (balance billing possible)	Not OK - must use Pacific Union Dental dentists ONLY	Delta Dental is like a PPO plan whereas Pacific Union Dental is like an HMO plan
MAXIMUM ANNUAL BENEFIT	\$1,500	No maximum	
DEDUCTIBLE	None	None	
<u>Diagnostic and Preventative Services:</u> examples include oral examinations, cleanings, X-rays	100% of Delta Dental fees	100% of Pacific Union Dental fees	
<u>Basic Services:</u> examples include oral surgery (extractions), tissue removal (biopsies) fillings, root canals, periodontic (gum) treatment, sealants	100% of Delta Dental fees	100% of Pacific Union 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 Pacific Union Dental fees	
<u>Prosthodontic Services:</u> examples include bridges, partial and full dentures	50% of Delta Dentist's fees to an annual-calendar year maximum of \$1,000	100% of Pacific Union Dental fees	
<u>Orthodontic Services - CHILDREN:</u>	50% of Delta Dentist's fees to a calendar year maximum of \$1,000	One time surcharge of \$2,250 for a full-banded 2 year case (\$750 down payment, thereafter \$150 per month for the next 10 months); plus an additional charge of no more than \$350 for start up fees and \$150 for one set of retainers	
<u>Orthodontic Services - ADULTS:</u>	NONE	See above	

The District offers a choice between 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. (this summary is for illustration purposes only. For a complete listing of benefits, limitations and/or exclusions, refer to the master plan documents).

	Self-funded PPO Plan, Administered by CoreSource		Kaiser HMO
	Network Services	Non-Network Services	Network Services
Annual Deductible	\$100 per person Three separate deductible per family maximum		None
Out-of-Pocket Maximum	\$300 per individual; \$900 maximum for family	\$1,000 per individual; \$3,000 maximum for family	\$1,000 per individual \$3,000 maximum for family
Lifetime benefit maximum	\$5,000,000		Unlimited
Primary Care/Gatekeeper	None required	None required	Optional
Network	Blue Cross	Not applicable	Kaiser
Doctor's Office Visits	\$10 copay, deductible waived	20% of usual & customary fees after deductible	\$10 copay
Diagnostic Services and Supplies	\$0 copay, after deductible	20% of usual & customary fees after deductible	\$0 copay
Adult Routine and preventive services, includes immunizations	\$10 copay, deductible waived; limited to a maximum benefit of \$250 per calendar year	20% of usual & customary fees after deductible; limited to a maximum benefit of \$250 per calendar year	\$10 copay
Child preventive services	\$10 copay, deductible waived (to age 19 only)	Not covered	\$10 copay
Inpatient hospitalization	100%, after deductible	20% of usual & customary fees after deductible	\$0 copay
Pre-certification of Inpatient hospitalization	Required	Required	Required
Emergency Room visits	\$35 copay, deductible waived (copay waived if admitted)	\$35 copay + amounts above the usual & customary charges, deductible waived (copay waived if admitted)	\$35 copay (copay waived if admitted)
"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 Network & Non-Network vision benefits		Eye exams at \$10 copay; \$175 allowance for hardware once every 24 months
Prescription Drug Coverage – Medco	Retail: up to 30-day supply \$10 Generic co-pay \$15 Brand co-pay Mail order: up to 90 day supply \$5 co-pay generic or brand If no generic equivalent for a brand drug, generic co-pay applies	Must use participating pharmacies	Retail: up to 100-day supply \$10 Generic co-pay \$15 Brand co-pay Mail order: up to 100 day supply \$10 co-pay generic \$15 co-pay brand If no generic equivalent for a brand drug, generic co-pay applies
Benefit-eligible employee contribution	No Cost to employee for the cost of employee coverage, spouse/domestic partner coverage or for dependent children to age 25.		



MEDICARE - PART D FACTSHEET

October 2006

Beginning January 1, 2006 Medicare Part D will be available to all individuals eligible for both Medicare Part A and B. Medicare Part D is designed to offer Medicare-eligible individuals the opportunity to purchase coverage for prescription drugs.

Employers with a health care plan that provides retirees with prescription drug coverage will be affected by Medicare Part D if the plan covers someone who may become eligible to enroll in Medicare as a result of age, disability or end-stage renal disease.

Highlights of the benefit:

- \$38.00 monthly premium to Medicare
- \$250 annual deductible
- Medicare will cover 75% of the drug cost up to \$2,250.00 (annually)
- Any costs between the \$2,250.00 and \$5,100.00 are paid for by employee or retiree
- When an employee drug bill exceed \$5,100.00, Medicare will cover 95% of any costs above that ceiling

Medicare, Kaiser and Medco Comparison for PCCD Retirees

	Medicare Part D	Kaiser	Medco (through CoreSource medical coverage)
Copay	25%	\$1 - \$15*	\$1
Deductible	\$250	None	None

*Co-pays are based on formulary determination and whether or not mail order is used.

*The District reimburses copays in accordance prevailing Collective Bargaining Agreements

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

If you are currently a Medicare-eligible employee covered by either CoreSource or Kaiser and you inadvertently enroll in Medicare Part D, legislation will require automatic de-enrollment from Kaiser Permanent Senior Advantage Plan.



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.

The District offers two 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 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 **Medco** for the prescriptions benefits which can be obtained at most local 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 co-pays are \$10 for examinations.



The Delta Dental Plan pays 100% of the cost 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 year for basic and major care. Orthodontia for dependent children is paid at 50% up to an annual maximum of \$1,000. We are adding **Pacific Union Dental** is an optional dental plan to Delta Dental. In addition to routine cleanings, examinations and X-rays, this plan has an added feature of adult orthodontia. Read the Plan literature carefully, before enrolling in either plan.

Long-Term Disability Insurance

If a covered disability prevents you from working for more than 90 calendar days, the District's long-term disability plan, through The Hartford, pays a monthly benefit of up to 60% of basic monthly earnings, up to a maximum of \$5,000 per month. Benefits are payable while disabled (after all payable sick leave and other available leaves have been exhausted), within certain time limits specified in the policy. PCCD employees do not pay into state disability insurance.



Basic Life Insurance and Accident (AD&D) Insurance

The District provides, at no cost to the employee, a life insurance benefit through The Hartford equal to 150% of base salary (subject to a \$100,000 maximum) for employees, \$1,000 for spouses, \$100 for each dependent (from birth to age 6 months) and \$500 for each dependent (from age 6 months to age 23 years). The plan includes an amount equal to the life insurance benefits in the case of accidental death, or a percentage of that amount for accidental loss of sight or limb. Life insurance terminates when the employee reaches age 66 unless the employee is still actively employed. This plan can be converted to an individual plan at the retiree's expense.

Voluntary Term Life Insurance

You may apply for additional insurance in increments of \$10,000 to a maximum benefit of \$500,000. If you are a timely enrollee, amounts over \$10,000 are subject to evidence of insurability and underwriting approval. Spousal and dependent child(ren) coverage is also available. Coverage is guaranteed if you are a new hire and you apply within 31 days of becoming a benefit-eligible employee.



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 set aside.





Employee Assistance Program Through Blue Cross of California, the District is providing a confidential, 24-hour assistance for employees, family members, and household members to handle the wide range of personal and workplace problems of everyday living including emotional concerns, alcohol and drug abuse, relationship and family issues. Up to 7 face-to-face sessions with a local, licensed clinician will be arranged per problem to help you or your family member. In some cases, individuals may be referred to another resource for additional assistance. Professional consultation for legal and financial issues is also available as well as website access to a full range of information by going to www.bluecrossca.com/youreap, using the password Peralta. This site offers a variety of helpful resources including links, self-assessment tools, and legal forms. Confidential counseling services can be accessed by calling 1-800-999-7222; available 24 hours/7 days a week. EAP services are extended by the District at no out-of-pocket cost.

Monthly Premium and Contribution Table for active employees Separate rates apply to retirees based on Medicare coordination

	<ul style="list-style-type: none"> Employee cost for group insurance plan participation is determined by classification and appointment. Full-time employees receive full District contribution toward the insurance premium cost. 		
	PCCD Cost * Coverage Level		
Group Insurance Plans	Single	Two-party	Three or more
Kaiser (rate in effect through 8/31/07)	\$389.44	\$778.88	\$1,102.11
CoreSource (rate in effective through 8/31/07)	\$500.33	\$1,117.88	\$1,679.42
Delta (rate in effect through 09/30/07)	\$59.01	\$100.31	\$153.42
Pacific Union Dental (rate in effect through 09/30/07)	\$23.84	\$38.50	\$58.41
<ul style="list-style-type: none"> The District's contribution for other benefit-eligible employees (classified and confidential) is based on the assigned FTE for the position. These rates are the basis of COBRA continuation benefit rates. 			
Other PCCD Benefit Costs			
	Employee Cost	Employer Cost	
Life Insurance and LTD			
Life & ADD	0.000	.315/\$1000 of salary	
LTD	0.000	.325/\$100 of salary	
Dependent Life Insurance Rate	0.000	.350/dependent	
Employee Assistance Program	0.000	\$2.50/family	
Mandatory Retirement Plans	Contribution as a percent of salary		
STRS (State Teacher Retirement System)			
10-month academic appointment	9.600	8.250	
11-month academic appointment	8.727	8.250	
12-month academic appointment	8.000	8.250	
Cash Balance Plan-retirement plan for part-time faculty	4.000	4.000	
PERS (Public Employees Retirement System)	7.000	9.116	
APPLE Accumulation Program for Part time and Limited Service Employees (Managed by MidAmerica)	3.750	3.750	
Social Security (For first \$90,000 in PCCD wages)	6.200	6.200	
Medicare	1.450	1.450	

Your Rights Under the Women's Health and Cancer Rights Act

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

What is the Women's Health and Cancer Rights Act?

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

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

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

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

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

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

For all active employees

Workers' Compensation Insurance

Worker's Comp

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. SCRMA). 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!

Depending on your position and your appointment, you participate in either the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS) or the APPLE Plan.

Retirement Plans

Membership in PERS is mandatory for classified employees. 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.

PERS APPLE STRS Cash Balance

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.

Membership in STRS is mandatory for full-time faculty employees. 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 the 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!

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.
Contact the PFT Office for more specific dues information. In general full-time dues/fees :
Regular/Contract/Accelerated Faculty, 0.01391* of any gross salary plus approved AFT/CFT pass-throughs,
Hourly Part-time Faculty,
**\$ for each month of employment for 3 equated hours or less or
for each month of employment for more than 3 equated hours, plus approved AFT/CFT pass-throughs*
- United Public Employees, Local 790 of the Service Employee International Union
Monthly dues are 1.80% of base salary; 1.70% for temporary employees.
- International Union of Operating Engineers, Local 39 of the AFL-CIO
Monthly dues are the twice the hourly rate plus \$4.25.

Labor Unions

Peralta Community College District
Benefits Office
333 East 8th Street
Oakland, CA 94606
(510) 587-7838
Email your comments to: benefits@peralta.edu

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 you complaint with the U.S. Department of Health and Human Services. Contact: Privacy Officer: Karen Ulrich, Employee Relations Director -Telephone: 510-466-7252; Fax: 510-587-7874; E-mail: kulrich@peralta.edu; Address: 333 East 8th Street, Oakland, CA 94606.

Important References and Resources

Employees who complete and return a re-enrollment form will receive a laminated pocket reference card with the following customer service numbers and websites::

- Coresource Medical PPO Plan** (www.coresource.com). 866.280.4120
- Blue Cross Network (www.bluecares.com). 866.280.4120
- Medco Prescription Plan (www.medco.com). 800.818.0093
- Spectera Vision Plan (www.spectera.com). 800.638.3120
- Kaiser Permanente HMO Plan** (www.kp.org) 800.464.4000
- Delta PPO Dental Plan** (www.deltadentalca.com). 800.765.6003
- UnitedHealthcare DMO Dental Plan** (www.myuhcdental.com) 800.999.3367
- Pension Dynamics Flexible Benefit Plans.** 925.956.0505
(www.pensiondynamics.com)
- Blue Cross Employee Assistance Plan.** 800.999.7222
(www.bluecrossca.com/youreap)
- Hartford Life/AD&D/LTD Plans** (www.hartfordlife.com) 800.572.9047
- Cigna Voluntary Life Plan** (www.cigna.com) 800.732.1603
- STRS** (www.calstrs.com) 800.228.5453
- PERS** (www.calpers.ca.gov) 800.352.2238
- Envoy Plan Services** (403(b) & 457(b) Administration). 800.248.8858
(www.envoyplanservices.com)
- *To report an employee or retiree death and for other issues, email:
benefits@peralta.edu or call. 510.587.7838

Reimbursement Programs

The District Offers several internally-managed reimbursement programs. The eligibility criteria and schedule follows:

	Kaiser Mail Order Prescriptions	Kaiser Office Visits & Prescription Co-pays Mail Order Prescription Co-pay
Eligibility	Active Members of Unions: PFT, 790, 39	Pre July 1, 2004 retirees
Frequency of Reimbursement	Semi-annual July, January	
Documentation Guidelines	Complete: Reimbursement Form Supply receipts	

More on Voluntary Benefits

Credit Unions

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

- First United Services Credit Union
- Alameda Municipal Credit Union
- California Federation of Teachers' Credit Union
- Provident Central Credit Union.

Savings Bonds

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

Legal Plan

The Pre-paid Legal Service plan offers a variety of legal protection services in the area of will preparation, identify theft protection, landlord/tenant disputes, divorce adoption and more! PCCD offers the convenience of payroll deduction. Based on your election, the monthly premium ranges from \$15.95 to \$30.90. Contact the Benefits Office or Pre-paid Legal for membership information, 888-206-2978.

Retiree Information

Benefits for PCCD Retirees

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

- Life-time medical insurance at District cost, eligibility is based on hire date, retirement date and/or PCCD union affiliation.
- Life insurance continues until age 66, conversion is available at the retiree's expense.
- Membership in the Peralta Retiree Organization.

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

District Holidays

Independence Day
Admission Day
Labor Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day
Holiday Closure - Pending Board Action
New Year's Eve
New Year's Day
Martin Luther King, Jr.
Lincoln Birthday Observation
Washington Birthday Observation
Malcolm X Birthday
Memorial Day



**ELECTION OF CASH IN-LIEU OF
PARTICIPATION IN GROUP MEDICAL AND DENTAL INSURANCE
8/06**

I hereby authorize Peralta Community College District to cancel my group medical and dental insurance and provide **monthly payments of \$30** in-lieu of participation in Peralta Community College District's group medical and dental plans.

I affirm that I am covered by another medical and dental plan and have attached verification of my coverage offered through:

_____ (Name of Medical Carrier)

_____ (Name of Dental Carrier)

I understand this verification must be on letterhead of the employer providing my insurance that states I am currently covered and must have the plan's Evidence of Coverage/Summary Plan Description attached. I understand that Peralta Community College District reserves the right to verify this coverage.

I understand that my other medical and dental insurance must be primary to Medicare for myself and my family if either I or any of my family members are eligible for Medicare.

I understand I cannot opt for cash if my only other medical insurance is Medicare, Medicaid, COBRA or an individual plan.

I understand that under no circumstances will the cash benefit be made retroactive.

I understand that by exercising the election to receive this monthly payment, my current medical and dental insurance through Peralta Community College District will be canceled and I will receive no benefits or payments from any Peralta Community College District group medical or dental insurance.

I understand that if I wish to enroll in any of Peralta Community College District's group medical or dental plans at a later date, I will be subject to that plan's enrollment rules.

Name (please print)	Signature	Date
Social Security Number	Date of Birth	

Benefits Office Approval Date:
Payroll Effective Date: