

BenefitBridge - Logging in is as easy as 1-2-3



2016 Online Benefits Enrollment

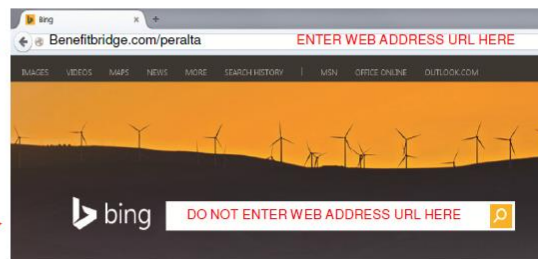
Peralta Community College District Online Benefits Enrollment is easy with *BenefitBridge*!

- View current plan year benefits
- Compare plan options
- Enroll in benefits
- Verify and update dependents and beneficiaries
- Available 24/7 via the Internet

Registration and Login

- Already have login credentials? Login to **BenefitBridge** at benefitbridge.com/peralta
- Forgot your username or password? Click on “Forgot Username/Password?”
- Please add or update your email address to receive an email confirmation of your enrollment approval.
- Need to create login credentials?

- In the **address bar**, type benefitbridge.com/peralta
(**Not** in the Bing, Google, Yahoo search engine field)
- Click the **Enter** key, then follow the instructions below to register:



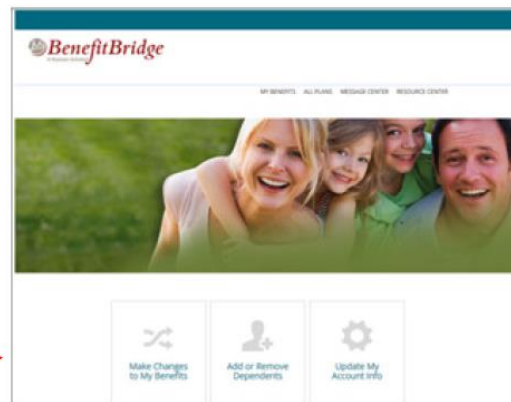
STEP 1 → Select “Register” to Create an Account

STEP 2 → Create a Username and Password

STEP 3 → Select “Continue” to access BenefitBridge

Enrolling in Benefits

Access your enrollment via the **Make Changes to My Benefits** button



Need Help?

Contact BenefitBridge Support at 800.814.1862; Mon – Fri, 8:00 AM – 5:00 PM, PST or email benefitbridge@keenan.com.

Enrolling is as easy as 1-2-3

SPECIFY YOUR LIFE EVENT

* Indicates required fields

*1. Which Life Event applies to your situation?

- | | | |
|--|--|---|
| <input type="radio"/> Birth / Adoption | <input type="radio"/> Deceased | <input type="radio"/> Dependent Loss of Coverage |
| <input type="radio"/> Dependent Permanently Disabled | <input type="radio"/> Divorce / Dissolution / Annulment / Separation | <input type="radio"/> Domestic Partnership |
| <input type="radio"/> IRS Dependent Status | <input type="radio"/> Marriage | <input type="radio"/> Ineligible Dependent |
| <input checked="" type="radio"/> Other | <input type="radio"/> Promotion | <input type="radio"/> New Hire |
| <input type="radio"/> Spouse Gains/Loses Coverage | <input type="radio"/> Student Status | <input type="radio"/> Retiree - District Pay Ends |

*2. What was the date of your Life Event?

02/01/17



*3. Please describe your Life Event

PT Faculty Open Enrollment

4. Please provide documents

Upload Document

5. Please provide the date

Add Document

Have these documents before you log in. Upload the following:

1. Eligibility Affidavit Spring 2017
2. Term workload from Prompt
3. Enrollment Acknowledgement
4. Dependent Verification (if applicable)

If you are unable to upload your documents, to complete your enrollment:

- skip steps 4 and 5,
- continue entering your elections through the Benefit Bridge portal and
- bring in your documents before 03 03 17

Cancel

Continue

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

UPLOAD THIS COMPLETED FORM TO THE BENEFITBRIDGE ONLINE SECURE PORTAL, NO LATER THAN **March 3, 2017** INCOMPLETE OR FORMS RECEIVED AFTER THIS DATE WILL BE PROCESSED IN ACCORDANCE WITH QUALIFYING EVENTS AS DEFINED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) OF 1974. COMPLETE YOUR ENROLLMENT WITHIN 30 DAYS OF A QUALIFYING EVENT (SUCH AS LOSS OF COVERAGE UNDER ANOTHER GROUP PLAN) In accordance with the PFT 2012 – 2015 Successor Agreement, effective Fall 2014, the Part Time Community College Faculty Health Insurance Program, as defined by the California Education Code Section 87863 and referred to as the “50/50 Medical Plan” shall only apply to and provide the Kaiser Plan. The 100% buy-in plan for part time faculty set forth in Article 22.G will still be available to all hourly faculty, continuing past practice with the 100% buy-in. Enrollment into the Self-Funded (PPO Lite or PPO Traditional) plans is available at 100% of the cost.

Section A: Personal Information

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

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

Section B: Affidavit of Eligibility

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

1. Are you currently employed by PCCD as any hourly faculty member? Yes No _____(your initials here)
2. Do you have a SPRING 2017 assignment of 40% or greater? Yes No _____(your initials here)
(refer to the Instructor Assignment Roster – attach/upload the SPRING 2017 Workload to this form from **prompt**)
3. Do you have other access to group medical insurance where all or part of the premium is paid through some source other than personal funds or a Community College District? Yes No _____(your initials here)

Section C: Benefit Options—Circle your Choices

Coverage 50%/50% Plan	Your 50%/50% Monthly Share: 6 months of coverage paid in 3 installments <u>Kaiser</u> Monthly Rate/Payroll Rate	Coverage 100% Plan	Your 100% Monthly Share: 6 months of coverage paid in 3 installments <u>Kaiser</u> Monthly Rate/Payroll Rate	Your 100% Monthly Share: 6 months of coverage paid in 3 installments <u>Self-Funded PPO Monthly Rate/Payroll Rate</u>
Single	\$342.21/mo.; \$684.42/pr (payroll)	Single	\$684.42/mo.; \$1,368.84/pr	Trad: \$895.87/mo.; \$1,791.74/pr Lite: \$716.64/mo.; \$1,433.28/pr
Two Party	\$684.43/mo.; \$1,368.85/pr	Two Party	\$1368.85/mo.; \$2,737.70/pr	Trad:\$2,001.59/mo.; \$4,003.18/pr Lite: \$1,601.15/mo.; \$3,202.30/pr
Three Party	\$968.46/mo.; \$1,936.92/pr	Three Party	\$1936.92/mo.; \$3873.84/pr	Trad:\$3,007.04/mo.; \$6,014.08/pr Lite: \$2,405.47/mo.; \$4,810.94/pr

Coverage Employee makes 3 installments for 6 months of coverage	Delta Dental PPO plus Premier Dental Plan You pay full monthly premium	United HealthCare DMO Dental Plan You pay full monthly premium
Single	\$64.69	\$30.39
Two Party	\$109.97	\$48.61
Three Party	\$168.19	\$74.07

Section D: Payroll Deduction Authorization

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

50% / 50% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the above-referenced CIRCLED amounts from my monthly paycheck to pay for 50% of the medical premium cost and 100% of the dental premiums for the amount of coverage I have selected. Deductions will occur for the 3 pay periods: March 2017, April 2017, and May 2017.

_____ (Please sign and date)

OR

100% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the above-referenced CIRCLED amounts from my monthly paycheck to pay for 100% of the medical and or dental premium cost for the amount of coverage I have selected. Deductions will occur for the 3 pay periods March 2017, April 2017, and May 2017. I do not qualify for the District contribution and agree to pay 100% of the above-referenced circled premium.

_____ (Please sign and date)

Section E: Complete and Attach/Upload Required Forms to the Affidavit: I have uploaded the following forms to this Affidavit:

() SPRING 2017 Term Workload Assignment –required () Supporting Documentation for dependents, if electing coverage.



Other Benefit Enrollment Acknowledgements Upload to BenefitBridge as part of your enrollment process

I agree to notify the District in writing within 30 days of the following:

1. My change of address
2. Change of my marital status resulting in adding or deleting a spouse or domestic partner
3. Change to my eligible dependents status such as adding a newborn, or adopted child
4. Change to my ineligible dependents status such as deleting an overage dependent
5. Naming ineligible dependents may result in repaying District premium or claim costs
6. If adding a domestic partner, I may not be subject to imputed California state income tax per tax regulations if I submit a California State Registration of Domestic Partnership.
7. If adding a spouse, then I am exempt from imputed income at the state and federal levels.
8. Failure to notify the District of change in dependent status may result in actions stated in item #5 above
9. Enrollment subject to post enrollment audit
10. I agree to pay premiums based on my plan election

I also acknowledge that in accordance with Peralta Community College District Board Policy, civil action may be brought against employees who make false statements or fail to notify the District of change in dependent status.

I agree to pay premium directly from my Peralta Community College District pay. If there are insufficient earnings, I will pay for benefits by personal check within the first 10 days of the coverage month or face cancellation of coverage for non-[payment of premium. I understand that I am subject to post-enrollment premium payments audits and may owe for unpaid premiums at the end of the enrollment period. I am subject to imputed income if enrolling a domestic partner.

If I am a part-time hourly faculty member at the time of enrollment, then, in accordance with the PFT 2012-2015 Successor Agreement, effective Fall 2014, the Part Time Community College Faculty Health Insurance Program, as defined by the California Education Code Section 87863 and referred to as the "50/50 Medical Plan" shall only apply to and provider the Kaiser Plan. The 100% buy-in plan for part time faculty set forth in Article 22.G will still be available to all hourly faculty, continuing past practice with the 100% buy0-in. Enrollment into the Self-funded (PPO Lite or PPO Traditional) plans is available at 100% of the cost. I understand that re-enrollment for future semesters is not automatic and that I need to resubmit each semester for which I am eligible.

Signature:

Print Name:

Date:

PERALTA BENEFITS EVERYONE!



FAQ - Benefits and What to Expect After Enrollment

When will my coverage become effective?

If you are a new employee or have had a HIPAA qualifying event your coverage will become effective the first day of the month following your date of hire or the first day of the month following your qualifying event.

When will I receive my ID card?

You must download your Delta Dental ID card from the Delta Dental website. Your Kaiser, CoreSource and United Health Care Dental ID card will be issued within 7 to 10 business days from when your enrollment has been completed and verified by the Benefits Office on BenefitBridge.

- **Kaiser Permanente** – 7-10 days from when the enrollment process has been completed
- **CoreSource/CVS** – 7-10 days from when your enrollment has been completed via our secure website BenefitBridge.com/Peralta
- **Delta** – Download online at www.deltadental.com
- **UHC** – Download online at www.uhc.com
- **VSP** – Download online at www.vsp.com

How do I independently verify my enrollment and coverage?

To verify your enrollment and applicable coverage for you and your eligible dependents

- Call the insurance carrier
- Visit the website of the carrier you have selected

What Is an HMO? (Kaiser)

A health maintenance organization (HMO) is a type of managed care organization (MCO) that provides a form of health care coverage that is fulfilled through hospitals, doctors, and other providers with which the HMO has a contract. Unlike traditional Indemnity Insurance, an HMO covers only care rendered by those doctors and other professionals who have agreed to treat patients in accordance with the HMO's guidelines and restrictions in exchange for a steady stream of customers.

What is a PPO (Self-Funded Plan)?

A PPO is a group of hospitals and physicians that contract on a fee-for-service basis with insurance companies to provide comprehensive medical service. If you have a PPO, your out-of-pocket costs may be lower in a PPO than in a non-PPO plan.

What Is a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your organization's health plan makes any payment for health care services rendered. For example, a plan participant with a \$100 deductible would be required to pay the first \$100, in total, of any claims during a plan year.

What is Coinsurance?

Coinsurance is a provision in your health plan that describes the percentage of a medical bill that you must pay and that which the health plan must pay.

What is Out-Of-Pocket Maximum?

The maximum amount (deductible and coinsurance) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket maximum is reached the plan will cover eligible expenses at 100%.

What Is an Explanation of Benefits (EOB)?

An EOB is a description your insurance carrier sends to you explaining the health care benefits that you received and the services for which your health care provider has requested payment.

What is Utilization Management (UM)?

UM is the process of reviewing the appropriateness and the quality of care provided to patients. UM may occur before (pre-certification), during (concurrent) or after (retrospective) medical services are rendered. For example, your health plan may require you to seek prior authorization from your utilization management company before admitting you to a hospital for non-emergency care. This would be an example of pre-certification. Your medical care provider and a medical professional at the UM company will discuss what is the best course of treatment for you before care is delivered. UM reduces unnecessary hospitalizations, treatment and costs.

I have a problem with my claim, who do I call?

You should call the insurance carrier first. You will find the number on the back of your ID card. If they do not resolve your problem, then call Peralta Benefits Office at:

Phone number: (510)466.7229 or
Email: benefits@peralta.edu.

PAYCHECK CONTRIBUTIONS

If you have a question regarding payroll medical, dental or flexible spending deductions, contact the Peralta Benefits Office at (510) 466.7229 or email: benefits@peralta.edu.

Instructor Term Workload Sample For Illustrative Purposes Only

Your personal instructor assignment can be found on **PROMT Upload to BenefitBridge as part of your enrollment process**

ORACLE

Menu

Search:

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- Instructor/Advisor Information
 - Instructor Schedule
 - Instructor Term Workload**
 - Instructor/Advisor Table
 - Instructor Assignment Class
 - Assignment Type

SC Community College Data

Term Workload

_____ ID: _____

Workload Definition Find | View All First 1 of 24 Last

Academic Institution: PCCD1 Peralta Community College Dist **Total Term FTE%** 48.00

Term: 1164 **2017 Spring**

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 %
						Lecture	4.00	<input checked="" type="checkbox"/>	26.67
						Lab	4.00	<input checked="" type="checkbox"/>	21.33
						OFP-Hourly	1.00	<input checked="" type="checkbox"/>	

If Total Term FTE% is:
 >40.00=Peralta pays ½ for Kaiser medical premium
 <40.00=Peralta pays 0 for medical premium