

Current Enrollees with no changes to current elections

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

If you are re-enrolling with no changes to plan eligibility, coverage or dependents, **only complete this form** and email it back to benefits@peralta.edu or bring it in to the PCC District Benefits Office on or before the close of Open Enrollment, September 20, 2018. **No need to enroll via BenefitBridge**. Re-enrollment is required by September 20, 2018 and is not automatic. Coverage period begins September 1, 2018 and ends February 28, 2019. To maintain coverage without interruption, re-enroll by September 20, 2018 (no exceptions). Enrollment is optional and voluntary.

Section A: Personal Information

Employee's Name (Last, First, Middle Initial) - please print			Employee Identification Number
Street Address - please print	City	State	Zip Code
Telephone Number (home)	Telephone Number (work)	Email Address	

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

Section B: Affidavit of Eligibility

1. I am currently employed by PCCD as any hourly faculty member.
2. I understand by signing the **50% / 50% plan** statement below I am acknowledging that I have a FALL 2018 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Fall 2018 Workload to this form from *prompt*)
3. I understand by signing the **100% plan** statement below I am acknowledging that I have a FALL 2018 assignment. (refer to the Instructor Assignment Roster — the Fall 2018 Workload to this form from *prompt*)
4. I do not have 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.

50% / 50% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for 50% of the Kaiser medical premium cost and 100% of the dental premium cost for the coverage I am **currently enrolled in**. Deductions will occur for the 3 pay periods: October 2018, November 2018, and December 2018. 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.

My signature below certifies that the statements made in section B: 1-4 are true and correct.

_____ (Please sign and date)

100% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for 100% of the medical and or dental premium cost for for the coverage I am **currently enrolled in**. Deductions will occur for the 3 pay periods October 2018, November 2018, and December 2018. I do not qualify for the District contribution and agree to pay 100% of the premiums. 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.

My signature below certifies that the statements made in section B: 1-4 are true and correct.

_____ (Please sign and date)

Section C: Benefit Options & Monthly Share/Cost

Coverage 50%/50% Plan	Your 50%/50% Monthly Share: 6 months of coverage paid in 3 installments <u>Kaiser: Monthly Rate/Payroll Rate</u>	Coverage 100% Plan	Your 100% Monthly Share: 6 months of coverage paid in 3 installments <u>Kaiser: Monthly Rate/Payroll Rate</u>	Your 100% Monthly Share: 6 months of coverage paid in 3 installments <u>Self-Funded PPO: Monthly Rate/Payroll Rate</u>
Single	\$318.28/mo.; \$636.56/pr	Single	\$636.56/mo.; \$1273.12/pr	Trad: \$1,339.33/mo.; \$2,678.66/pr Lite: \$1071.38/mo.; \$2142.76/pr
Two Party	\$636.56/mo.; \$1273.12/pr	Two Party	\$1,273.12/mo.; \$2,546.24/pr	Trad: \$2992.38/mo.; \$5984.76/pr Lite: \$2393.72/mo.; \$4787.44/pr
Three Party	\$900.73/mo.; \$1801.46/pr	Three Party	\$1,801.46/mo.; \$3602.92/pr	Trad: \$4495.53/mo.; \$8991.06/pr Lite: \$3596.18/mo.; \$7192.36/pr
Coverage Employee makes 3 installments for 6 months of coverage	Delta Dental PPO plus Premier Dental Plan You pay full monthly premium <u>Monthly Rate/Payroll Rate</u>	United HealthCare DMO Dental Plan You pay full monthly premium <u>Monthly Rate/Payroll Rate</u>		
Single	\$64.69/mo.; \$129.38/pr	\$31.91/mo.; \$63.82/pr		
Two Party	\$109.97/mo.; \$219.94/pr	\$51.04/mo.; \$102.08/pr		
Three Party	\$168.19/mo.; \$336.38/pr	\$77.77/mo.; \$155.54/pr		

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.