

Peralta Benefits Office
333 East 8th Street
Oakland, CA 94606

Websites: web.peralta.edu/benefits/
Email: benefits@peralta.edu Telephone:
510.466.7229



Part-Time Hourly Faculty Benefits Open Enrollment Announcement Fall 2020

Open enrollment begins on August 19, 2020 ends on September 21, 2020

RE-ENROLLMENT IS REQUIRED

Re-enrollment is required by September 21, 2020 and is not automatic.

This notice is being sent to part time, hourly faculty who may have a Fall 2020 teaching assignment with Peralta. You may be eligible for participation in the District's medical, dental and flexible benefits plan enrollment. "The Benefit Eligibility & Payment Highlights" outlines the eligibility criteria for the District group insurance plans for which you may be eligible. Cost of coverage is determined by your collective bargaining agreement, the coverage level, and plan selected.

Enrollment is optional and voluntary.

Re-enroll or enroll between August 19, 2020 & September 21, 2020
Coverage period begins September 1, 2020 and ends February 28, 2021.

Current Enrollees with no changes to current elections:

Employees who wish to continue current elections/coverage without any changes simply complete the eligibility affidavit/Enrollment Form and email it back to benefits@peralta.edu on or before September 21, 2020. No need to re-enroll via BenefitBridge or submit supporting documentation.

New Enrollees or Current Enrollees making changes to coverage or dependents:

Log into the [BenefitBridge Portal](http://www.BenefitBridge.com/peralta) to enroll or review medical and dental plan enrollment options at www.BenefitBridge.com/peralta. You will need to create a user id and password, then:

- Upload Eligibility Affidavit/Enrollment Form and the Other Benefits Enrollment Acknowledgement Form**
- Upload supporting documentation if you are adding a dependent to your coverage.**
 - Forms are available on BenefitBridge when you register and log-in
 - Enrollments are processed only if supporting documents are received before the September 21, 2020 deadline (**No exceptions**).

HELP IS HERE! - Call 800 814-1862 Monday – Friday 8:00 am – 5:00 pm

If you have any questions about medical and dental benefit plan features, you are encouraged to either:

- Visit the plan websites or contact vendors directly, or
- Attend a virtual Part-Time Faculty Open Enrollment Benefits Orientation via Zoom on *August 25, 2020 & September 15, 2020 from 3-4pm.* <https://cccconfer.zoom.us/j/97978274013> Meeting ID: **979 7827 4013** or Dial: +1 669 900 6833 (US Toll)

**Other times are available by appointment. Call (510) 466-7229 or email benefits@peralta.edu

"If I want to consider enrolling, then where do I start?" – Login in here: www.BenefitBridge.com/peralta

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 mail it to in to the PCC District- Benefits Office 333 E. 8th Street Oakland, CA 94606, on or before the close of Open Enrollment, September 21, 2020. **No need to enroll via BenefitBridge.** Re- enrollment is required by September 21, 2020 and is not automatic. Coverage period begins September 1, 2020 and ends February 28, 2021. To maintain coverage without interruption, re-enroll by September 21, 2020 (**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 2020 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Fall 2020 Workload to this form from **prompt**)
3. I understand by signing the **100% plan** statement below I am acknowledging that I have a Fall 2020 assignment. (refer to the Instructor Assignment Roster — the Fall 2020 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 2020, November 2020, and December 2020. 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 the coverage I am **currently enrolled in**. Deductions will occur for the 3 pay periods October 2020, November 2020, and December 2020. I do not qualify for the District contribution and agree to pay 100% of the premium. 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	\$382.16/mo.; \$764.32/pr	Single	\$764.32/mo.; \$1528.64/pr	Trad: \$1805.94/mo.; \$3611.88/pr Lite: \$1444.65/mo.; \$2889.30/pr
Two Party	\$764.32/mo.; \$1528.63/pr	Two Party	\$1528.63/mo.; \$3057.26/pr	Trad: \$4034.90/mo.; \$8069.80/pr Lite: \$3227.68/mo.; \$6455.36/pr
Three Party	\$1081.50/mo.; \$2163.01/pr	Three Party	\$2163.01/mo.; \$4326.02/pr	Trad: \$6061.75/mo.; \$12123.50/pr Lite: \$4849.06/mo.; \$9698.12/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.

YOUR NEXT STEPS IF YOU ARE A NEW ENROLLEE OR CONTINUING ENROLLEE MAKING CHANGES TO COVERAGE OR DEPENDENTS

More information about the benefits coverage can be found in the 2020-2021 Employee Benefits Guide (<http://web.peralta.edu/benefits/>).

Benefit Eligibility & Payment Highlights
50% / 50% Medical Plan and 100% Medical Plan
Fall 2020



Plan	50% / 50%	100%
Governance / Guidance	California Assembly Bill 420 California Education Code 87860—87868	Peralta Federation of Teachers (PFT) Collective Bargaining Agreement-Article 22.G
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 towards coverage. The faculty member receives the benefit of the PCCD group rate.
Eligibility Requirements	<ol style="list-style-type: none"> 1. Be currently employed as a temporary, part-time faculty member with the PCCD. 2. Not be eligible for other group coverage (paid for by another employer). 3. Have a Total Term FTE which <u>equals or exceeds</u> 40% of an FTE. 	<ol style="list-style-type: none"> 1 Be currently employed as a temporary, part-time faculty member with the PCCD. 2. Not be eligible for other group coverage (paid for by another employer). 3. Have a Total Term FTE Workload which is <u>less than</u> 40% of an FTE. 4. To be eligible, part-time faculty members must have completed four (4) semesters in the immediately preceding four (4) years.
Payment Schedule (3 months)	October, November & December 2020	
Coverage Duration (6 months)	September 1, 2020 – February 28, 2021	
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 basis. Please contact the PCCD Benefits Office for additional information.	
Who Can Enroll?	Employee and eligible dependents as set forth by the benefit programs.	
Forms REQUIRED to Complete Enrollment and Comply with Regulations-unless designated as optional	<ol style="list-style-type: none"> 1. Eligibility Affidavit/Enrollment Form and the Other Benefit Enrollment Acknowledgements Form (upload to BenefitBridge during your online enrollment for new and current enrollees making changes to coverage or dependents) 2. Flexible Benefits Plan Enrollment Forms & Pre-Tax Commuter Forms ~ voluntary and optional (send to the Benefits Office) 3. Eligibility Affidavit/Enrollment Form (Enrollees continuing with no changes, email to: benefits@peralta.edu) 	
Options of Medical Plans Available	<input type="checkbox"/> Kaiser Self-Funded Lite PPO Plan (network through Anthem Blue Cross of California — Prudent Buyer PPO & benefits –in general- NO out-of-network are available, unless there is an emergency) <input type="checkbox"/> Self-Funded Traditional PPO Plan (network through Anthem Blue Cross of California — Prudent Buyer PPO & benefits out-of-network are available)	
Dental Enrollment Possible?	Yes, however there is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.	
Enrollment & Documentation Deadline	<u>September 21, 2020</u>	

Medical Plan Highlights
Peralta Medical PPO Plans / Kaiser Medical HMO Plan
Monthly Base Rate
Fall 2020

Coverage Level	Peralta PPO "Traditional" Plan		Peralta PPO "Lite" Plan	Kaiser HMO Plan
Single Rate	\$1805.94		\$1444.65	\$764.32
Two Party Rate	\$4034.90		\$3227.68	\$1528.63
Family Rate	\$6061.75		\$4849.06	\$2163.01
Plan	Peralta PPO "Traditional" In-Network	Peralta PPO "Traditional" Out-of-Network	Peralta PPO "Lite" In-Network ONLY	Kaiser HMO In-Network ONLY
Calendar Year Deductible: (deductibles cross accumulate)	\$100 per person; 3 times individual deductible per family			None
Out of Pocket Maximum:	\$300 per person; \$900 per family	\$1,000 per person; \$3,000 per family	\$300 per person; \$900 per family	\$1,500 per person; \$3,000 per family
Lifetime Maximum Benefit:	Unlimited			Unlimited
Pre-Existing Condition	None			None
Network:	Access Anthem Blue Cross (www.anthem.com/ca)	Not applicable	Access Anthem Blue Cross (www.anthem.com/ca)	Kaiser (www.kp.com)
Physician Office Visits:	\$10 co-pay (deductible waived)	80% of usual and customary fees, after calendar year deductible	\$10 co-pay (deductible waived)	\$10 co-pay
Diagnostic Testing, X-Rays and Laboratory:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100% of negotiated rates, after calendar year deductible	100%
Inpatient Hospitalization:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100% of negotiated rates, after calendar year deductible	100%
Pre-Certification of Inpatient Services:	Required. Penalty is 25% reduction of benefits. Does not apply to maternity or emergency visits.			Required. Penalty is 100% reduction of benefits. Does not apply to maternity or emergency visits.
Emergency Room Visits:	\$35 co-pay (deductible waived). Co-pay will be waived if admitted to the hospital.			\$35 co-pay. Co-pay will be waived if admitted to the hospital.
Out of Area Benefits:	If no contracting providers are within 30 miles of your residence, providers are considered in-network. Call CoreSource about water and/or mountain barriers.			Limited to life threatening emergency treatment only.
Vision Plan:	See UnitedHealthcare Vision brochure for schedule of Network and Non-Network vision benefits (www.myuhcvision.com)			Vision exam covered under medical plan. Materials benefit limited to \$175 allowance per 24 month period.
Prescription Coverage:	Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 co-pay for generic prescription or a \$15 co-pay for a brand name prescription. Mail order is covered up to a 90 day supply at a \$5 co-pay for either generic or brand name prescriptions. Retail Pharmacy Note ~ if a brand name drug is prescribed and there is no generic equivalent, then the member will ONLY pay the generic co-pay.			Retail and mail order is covered up to a 100 day supply at a \$10 co-pay for generic formulary or a \$15 co-pay for a brand name formulary.

Dental Plan Highlights
Delta Dental plus Premier PPO Dental Plan – United Healthcare DMO Dental Plan
EMPLOYEE MONTHLY COSTS – Fall 2020

Dental Monthly Employee Contribution	Delta Dental plus Premier Rates	United HealthCare Dental Rates
Single Rate	\$64.69	\$31.91
Two Party Rate	\$109.97	\$51.04
Family Rate	\$168.19	\$77.77
Plan	Delta Dental Plus Premier Plan	United HealthCare
Network:	Delta Dental plus Premier Plan www.deltadentalins.com Delta PPO Select: Find a dentist Select: Delta Dental PPO	United HealthCare Dental www.myuhc.com DMO Dental Plan (HMO plan) Select: "Locate dentist" Select: "dbp of California Pacific Union Dental"
Out of Network:	Okay, but is limited to Delta Dental's usual & customary fees	Not permitted. Must use United HealthCare Dental dentists ONLY.
Deductible:	None	None
Diagnostic & Preventative Services: (oral examinations, cleanings, x-rays)	<u>Network:</u> 100% of negotiated rate <u>Non-Network:</u> 100% of usual & customary fees; (balance billing may occur)	<u>Network:</u> 100% of United HealthCare fees <u>Non-Network:</u> No coverage available
Basic Services: (extractions, biopsies, fillings, root canals, sealants, gum treatment) ~ <i>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.</i>	<u>Network:</u> 100% of negotiated rate <u>Non-Network:</u> 100% of usual & customary fees; (balance billing may occur)	<u>Network:</u> 100% of United HealthCare fees <u>Non-Network:</u> No coverage available
Crowns, Jackets, Other Cast Restorations ~ <i>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.</i>	<u>Network:</u> 100% of negotiated rate <u>Non-Network:</u> 100% of usual & customary fees; (balance billing may occur)	<u>Network:</u> 100% of United HealthCare fees <u>Non-Network:</u> No coverage available
Prosthetic Services: (bridges, partial and full dentures)	<u>Network:</u> 50% of negotiated rate <u>Non-Network:</u> 50% of usual & customary fees; (balance billing may occur)	<u>Network:</u> 100% of United HealthCare fees <u>Non-Network:</u> No coverage available
Calendar Year Maximum (Per Person):	\$1,600 (PPO plus Premier) / \$1,500 (Premier)	Unlimited
Orthodontia Services:	Dependent <u>children only</u> to age 19; <u>Network:</u> 50% of negotiated rate <u>Non-Network:</u> 50% of usual & customary fees Benefits limited to a separate \$1,000 per person per calendar year maximum	100% of United HealthCare fees not to exceed \$2,250 in patient copays. Benefits available to <u>children and adults.</u>



To learn more about your benefits, please visit www.BenefitBridge.com/peralta

BenefitBridge 2020 Online Benefits Enrollment

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

Need Help?

For all questions related to your benefits, please contact your employer's benefits administrator. For BenefitBridge technical assistance *only*, please contact BenefitBridge Customer Care at 800.814.1862; Mon – Fri, 8:00 AM – 5:00 PM, PST or email benefitbridge@keenan.com.

Here's what you can do on BenefitBridge:

- View Current Plan Year Benefits
- Compare Plan Options
- Enroll in Benefits
- Resource Center: Health Insurance Basics, Medicare, Glossary, Media Resources
- Add or Remove Dependents/Beneficiaries
- Message Center
- Update My Account Info
- Available 24/7 via the Internet

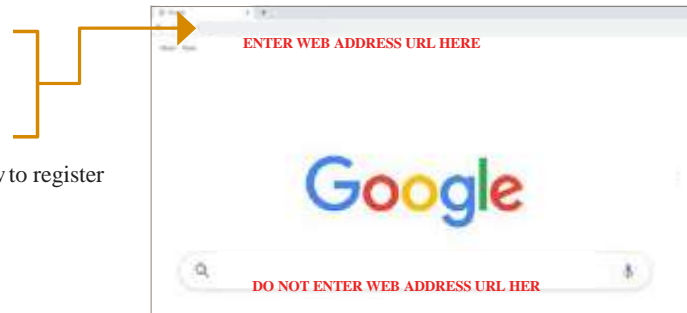
Registration and Login

Already have login credentials?

1. Login to **BenefitBridge** at www.benefitbridge.com/peralta
2. Forgot your Username or Password? Click on **“Forgot Username/Password?”**
3. Please add or update your email address to receive an email confirmation of your enrollment approval.

Need to create login credentials?

1. In the **address bar**, type www.benefitbridge.com/peralta
(Not in the Bing, Google, Yahoo search engine field)
2. 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



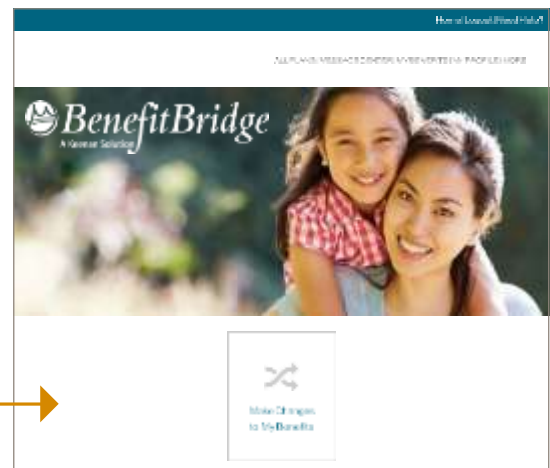
Enrolling in Benefits

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

For BenefitBridge technical assistance only, please contact BenefitBridge Customer Care at

800.814.1862

Monday - Friday, 8:00 AM - 5:00 PM, PST
or email benefitbridge@keenan.com.



After a successful log in, please follow the instruction below depending on your life event

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?

08/19/2020  Enter this date for Fall 2020 Open Enrollment

*3. Please describe your Life Event

PT Faculty Open Enrollment  Enter this description for Fall 2020 Open Enrollment

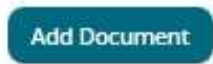
4. Please provide documents



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

1. Eligibility Affidavit/Enrollment Form Fall 2020
2. Dependent Verification/Documentation (if applicable)
3. Other Benefit Enrollment Acknowledgement form

5. Please provide the date



New Enrollees & Continuing Enrollees making changes

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

New enrollees & continuing enrollees making changes are required to enroll/re-enroll by September 21, 2020 and is not automatic. Coverage period begins September 1, 2020 and ends February 28, 2021. To maintain coverage without interruption, re-enroll by September 21, 2020 (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 2020 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Fall 2020 Workload to this form from *prompt*)
3. I understand by signing the **100% plan** statement below I am acknowledging that I have a Fall 2020 assignment. (refer to the Instructor Assignment Roster — the Fall 2020 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 according to my online enrollment for all coverages selected effective September 1, 2020 from my monthly paycheck to pay for 50% of the Kaiser medical premium cost and 100% of the dental premium cost. Deductions will occur for the 3 pay periods: October 2020, November 2020, and December 2020. 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 according to my online enrollment for all coverages selected effective September 1, 2020 from my monthly paycheck to pay for 100% of the medical and or dental premium cost. Deductions will occur for the 3 pay periods : October 2020, November 2020, and December 2020. I do not qualify for the District contribution and agree to pay 100% of all premium costs for selected coverages. 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)

Complete section D after reviewing section C.

Section C: Benefit Options & Monthly Share/Cost

Coverage 50%/50% Plan	Your 50%/50% Monthly Share: 6 months of coverage paid in 3 installments Kaiser: Monthly Rate/Payroll Rate	Coverage 100% Plan	Your 100% Monthly Share: 6 months of coverage paid in 3 installments Kaiser: Monthly Rate/Payroll Rate	Your 100% Monthly Share: 6 months of coverage paid in 3 installments Self-Funded PPO: Monthly Rate/Payroll Rate
Single	\$382.16/mo.; \$764.32/pr	Single	\$764.32/mo.; \$1464.08/pr	Trad: \$1805.94/mo.; \$3611.88/pr Lite: \$1444.65/mo.; \$2889.30/pr
Two Party	\$764.32/mo.; \$1528.63/pr	Two Party	\$1528.63/mo.; \$3057.26/pr	Trad: \$4034.90/mo.; \$8069.80/pr Lite: \$3227.68/mo.; \$6455.36/pr
Three Party	\$1081.51/mo.; \$2163.01/pr	Three Party	\$2163.01/mo.; \$4326.02/pr	Trad: \$6061.75/mo.; \$12123.50/pr Lite: \$4849.06/mo.; \$9698.12/pr
	Coverage Employee makes 3 installments for 6 months of coverage	Delta Dental PPO plus Premier Dental Plan You pay full monthly	United HealthCare DMO Dental Plan You pay full monthly	
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

Section D: Required Forms

New Enrollees & Continuing Enrollees making changes to coverage or dependents ~ Follow the BenefitBridge *Logging in is as easy as 1-2-3* & Specify your life event instructions found in the Part-Time & Hourly Faculty Fall Open Enrollment newsletter. Enroll between August 19, 2020 and September 21, 2020, or within 30 days of involuntary loss of other group coverage. Coverage period begins September 1, 2020 and ends February 28, 2021.

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% buy-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:

**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

Search:

- My Favorites
- Peralta Custom
- Self Service
- Workforce Administration
- Benefits
- Payroll for North America
- Curriculum Management
 - Course Catalog
 - Schedule of Classes
 - Enrollment Requirements
 - Combined Sections
 - Facility and Event Information
 - Class Roster
 - Instructor/Advisor Information
 - Instructor Schedule
 - Instructor Term Workload**
 - Instructor/Advisor Table
 - Instructor Assignment Class
 - Assignment Type
- SC Community College Data
- Set Up HRMS
- Set Up SACR
- Worklist
- Reporting Tools
- PeopleTools
- Peralta SA Custom
- My Preferences
- My Feeds

Term Workload

ID: _____

Workload Definition				Find View All	First 1 of 34 Last				
Academic Institution:	PCCD1	Peralta Community College Dist	Total Term FTE%	96.67					
Term:	1204	2020 Fall							
Instructor Assignment Class:	TTMP	T-Temporary/Adjunct							
Calculate Workload:	<input checked="" type="checkbox"/>	Assigned FTE %:	67.00						
Limit Workload:	<input checked="" type="checkbox"/>	Instructor Multiplier %:	100						
Workload Assignment									
Description	Subject	Catalog Nbr	Section	Class Nbr	Comb Sects ID	Assign Type	Work Load	App Load	Assignment FTE %
						Lecture	6.00	<input checked="" type="checkbox"/>	40.00
						Lecture	4.00	<input checked="" type="checkbox"/>	26.67
						NON-NO LD		<input type="checkbox"/>	
						NON-NO LD		<input type="checkbox"/>	
						OFF-Hourly	2.00	<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