

## **Part-Time Hourly Faculty Benefits Open Enrollment Announcement Fall 2023**

*Open enrollment begins on August 18, 2023 ends on September 21, 2023*

### **RE-ENROLLMENT IS REQUIRED**

*Re-enrollment is required by September 21, 2023 and is not automatic. Please read below.*

This notice is being sent to part time, hourly faculty who may have a Fall 2023 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. **New!** Kaiser & Anthem enrollees now pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Refer to the "Benefit Eligibility & Payment Highlights" section of this announcement and section C.

**Enrollment is optional and voluntary.**

**Re-enroll or enroll between August 18, 2023 & September 21, 2023**  
**Coverage period begins September 1, 2023 and ends February 29, 2023**

### **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](mailto:benefits@peralta.edu) on or before September 21, 2023. 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](https://www.BenefitBridge.com/peralta) to enroll or review medical and dental plan enrollment options at [www.BenefitBridge.com/peralta](https://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, 2023 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 23, 2023 & September 12, 2023 from 3-4pm.* <https://peralta-edu.zoom.us/j/85162878537> Meeting ID: 851 6287 8537 or Dial: +1 669 444 9171 (US Toll)

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

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

## Peralta Community College Eligibility Affidavit/Enrollment Form - Assignment 40% or Greater

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](mailto:benefits@peralta.edu) or mail it to the PCC District Benefits Office 333 E. 8<sup>th</sup> Street Oakland, CA 94606, on or before the close of Open Enrollment, September 21, 2023 (**No need to enroll via BenefitBridge**). **Re-enrollment is required by September 21, 2023 and is not automatic.**

**New Enrollees & Continuing Enrollees making changes must follow the online enrollment instructions and complete the enrollment process via BenefitBridge.** Enrollment is required by September 21, 2023 and is not automatic. Coverage period begins September 1, 2023 and ends February 29, 2024. To maintain coverage without interruption, re-enroll by September 21, 2023 (**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

### Section B: Affidavit of Eligibility ☐ Check here if the above reflects any new / updated contact information.

1. I am currently employed by PCCD as any hourly faculty member.
2. I understand by signing the **Assignment 40% or greater statement** below I am acknowledging that I have a Fall 2023 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Fall 2023 Workload to this form from **Campus Solution**)
3. I understand my dependents and I are not eligible for medical coverage if premiums for medical insurance are paid by an employer other than a Community College District.
4. **Assignment 40% or greater:** I hereby authorize Peralta Community College District Payroll Department to deduct my employee contributions in section C from my monthly paycheck to pay for coverage I am **enrolled** in. **Deductions will occur for the 3 pay periods: October 2023, November 2023, and December 2023 with each pay period totaling two months premiums. Coverage period begins September 1, 2023 and ends February 29, 2024.** 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: 1,2, 3 &4 are correct.**

\_\_\_\_\_ (Please sign and date)

### Assembly Bill 190 Part Time Faculty Medical Insurance Program

Kaiser & Anthem enrollees now pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Refer to the "Benefit Eligibility & Payment Highlights" section of this announcement and section C below. Amounts in section C are the employee share after the employer contributions.

### Section C: Benefit Options & Monthly Payroll Rate **Coverage period begins September 1, 2023 and ends February 29, 2024**

Medical Coverage Tier	<u>Kaiser (SISC) Traditional Plan</u> Payroll Rate: 6 months of coverage paid in 3 installments	<u>Anthem PPO (SISC) Plan 100-A</u> Payroll Rate: 6 months of coverage paid in 3 installments	<u>Anthem PPO (SISC) Plan 80-E</u> Payroll Rate: 6 months of coverage paid in 3 installments
<b>Employee Only</b>	October 2023 No Contribution November 2023 No Contribution December 2023 No Contribution	October 2023 \$ 561.80 November 2023 \$ 576.80 December 2023 \$ 576.80	October 2023 \$ 465.60 November 2023 \$ 478.00 December 2023 \$ 478.00
<b>Employee Plus one</b>	October 2023 No Contribution November 2023 No Contribution December 2023 No Contribution	October 2023 \$ 1104.80 November 2023 \$ 1134.80 December 2023 \$ 1134.80	October 2023 \$ 912.40 November 2023 \$ 937.20 December 2023 \$ 937.20
<b>Employee Plus Two or More</b>	October 2023 No Contribution November 2023 No Contribution December 2023 No Contribution	October 2023 \$ 1557.80 November 2023 \$ 1600.00 December 2023 \$ 1600.00	October 2023 \$ 1283.60 November 2023 \$ 1318.40 December 2023 \$ 1318.40
Dental Coverage Tier & Payroll month	<u>Delta Dental PPO plus Premier Dental Plan</u> You pay full monthly premium Payroll Rate: 6 months of coverage paid in 3 installments	<u>United HealthCare DMO Dental Plan</u> You pay full monthly premium Payroll Rate: 6 months of coverage paid in 3 installments	
<b>Employee Only</b>	October 2023 \$ 120.36 November 2023 \$ 117.86 December 2023 \$ 117.86	October 2023 \$ 63.82 November 2023 \$ 63.82 December 2023 \$ 63.82	
<b>Employee Plus one</b>	October 2023 \$ 204.61 November 2023 \$ 200.36 December 2023 \$ 200.36	October 2023 \$ 102.08 November 2023 \$ 102.08 December 2023 \$ 102.08	
<b>Employee Plus Two or More</b>	October 2023 \$ 312.92 November 2023 \$ 306.42 December 2023 \$ 306.42	October 2023 \$ 155.54 November 2023 \$ 155.54 December 2023 \$ 155.54	

## Peralta Community College Eligibility Affidavit/Enrollment Form - Assignment is less than 40%

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](mailto:benefits@peralta.edu) or mail it to the PCC District Benefits Office 333 E. 8<sup>th</sup> Street Oakland, CA 94606, on or before the close of Open Enrollment, September 21, 2023 (**No need to enroll via BenefitBridge**). **Re-enrollment is required by September 21, 2023 and is not automatic.**

**New Enrollees & Continuing Enrollees making changes must follow the online enrollment instructions and complete the enrollment process via BenefitBridge.** Enrollment is required by September 21, 2023 and is not automatic. Coverage period begins September 1, 2023 and ends February 29, 2024. To maintain coverage without interruption, re-enroll by September 21, 2023 (**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

### Section B: Affidavit of Eligibility

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

1. I am currently employed by PCCD as any hourly faculty member.
2. I understand by signing the **Assignment Less than 40% statement** below I am acknowledging that I have a Fall 2023 assignment of less than 40%. (refer to the Instructor Assignment Roster — the Fall 2023 Workload to this form from **Campus Solution**)
3. I understand my dependents and I are not eligible for medical coverage if premiums for medical insurance are paid by an employer other than a Community College District.
4. **Assignment Less than 40% statement:** I hereby authorize Peralta Community College District Payroll Department to deduct my employee contributions in section C from my monthly paycheck to pay for coverage I am **enrolled** in. **Deductions will occur for the 3 pay periods: October 2023, November 2023, and December 2023 with each pay period totaling two months premiums. Coverage period begins September 1, 2023 and ends February 29, 2024.** 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: 1,2, 3 &4 are correct.**

\_\_\_\_\_ (Please sign and date)

**Note:** Peralta will fund 50% of the Kiaser premium for each coverage tier towards your Kiaser or Anthem premiums. Refer to the “Benefit Eligibility & Payment Highlights” section of this announcement and section C below. Amounts in section C are the employee share after the employer contributions.

### Section C: Benefit Options & Monthly Payroll Rate **Coverage period begins September 1, 2023 and ends February 29, 2024**

Medical Coverage Tier	<b>Kaiser (SISC) Traditional Plan</b> Payroll Rate: 6 months of coverage paid in 3 installments	<b>Anthem PPO (SISC) Plan 100-A</b> Payroll Rate: 6 months of coverage paid in 3 installments	<b>Anthem PPO (SISC) Plan 80-E</b> Payroll Rate: 6 months of coverage paid in 3 installments
<b>Employee Only</b>	October 2023 \$ 865.00 November 2023 \$ 893.00 December 2023 \$ 893.00	October 2023 \$ 1944.00 November 2023 \$ 1991.00 December 2023 \$ 1991.00	October 2023 \$ 1463.00 November 2023 \$ 1497.00 December 2023 \$ 1497.00
<b>Employee Plus one</b>	October 2023 \$ 1695.50 November 2023 \$ 1751.00 December 2023 \$ 1751.00	October 2023 \$ 3828.50 November 2023 \$ 3923.00 December 2023 \$ 3923.00	October 2023 \$ 2866.50 November 2023 \$ 2935.00 December 2023 \$ 2935.00
<b>Employee Plus Two or More</b>	October 2023 \$ 2387.00 November 2023 \$ 2465.00 December 2023 \$ 2465.00	October 2023 \$ 5402.00 November 2023 \$ 5535.00 December 2023 \$ 5535.00	October 2023 \$ 4031.00 November 2023 \$ 4127.00 December 2023 \$ 4127.00
Dental Coverage Tier & Payroll month	<b>Delta Dental PPO plus Premier Dental Plan</b> You pay full monthly premium Payroll Rate: 6 months of coverage paid in 3 installments	<b>United HealthCare DMO Dental Plan</b> You pay full monthly premium Payroll Rate: 6 months of coverage paid in 3 installments	
<b>Employee Only</b>	October 2023 \$ 120.36 November 2023 \$ 117.86 December 2023 \$ 117.86	October 2023 \$ 63.82 November 2023 \$ 63.82 December 2023 \$ 63.82	
<b>Employee Plus one</b>	October 2023 \$ 204.61 November 2023 \$ 200.36 December 2023 \$ 200.36	October 2023 \$ 102.08 November 2023 \$ 102.08 December 2023 \$ 102.08	
<b>Employee Plus Two or More</b>	October 2023 \$ 312.92 November 2023 \$ 306.42 December 2023 \$ 306.42	October 2023 \$ 155.54 November 2023 \$ 155.54 December 2023 \$ 155.54	

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 2023 Open Enrollment . Enroll between August 18, 2023 and September 21, 2023, or within 30 days of involuntary loss of other group coverage. Coverage period begins September 1, 2023 and ends February 29, 2024.

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 and we may as for additional information.
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 payment verification and may owe for unpaid premiums at the end of the enrollment period. I am subject to imputed income if enrolling a domestic partner.

I understand that re-enrollment for future Spring and Fall semesters is not automatic and that I need to resubmit each semester for which I am eligible.

<i>Signature:</i>
<i>Print Name:</i>
<i>Date:</i>

**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 2023-2024 Employee Benefits Guide (<http://web.peralta.edu/benefits/>).

**Benefit Eligibility & Payment Highlights  
Fall 2023**



Term Assignment Percentage	Assignment 40% or greater	Assignment Less than 40%
Re-Enrollment Required Each Academic Semester	Yes	Yes
Eligibility Requirements	<ul style="list-style-type: none"> <li>➤ Be currently employed as a temporary, part-time faculty member with the PCCD.</li> <li>➤ A Part-time faculty member, multidistrict part-time faculty member, or their dependents whose premiums for medical insurance are paid for by an employer other than a community college district are not eligible to participate in this program.</li> <li>➤ Have a Total Term FTE which <b><u>equals or exceeds</u></b> 40% of an FTE.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Be currently employed as a temporary, part-time faculty member with the PCCD.</li> <li>➤ A Part-time faculty member, multidistrict part-time faculty member, or their dependents whose premiums for medical insurance are paid for by an employer other than a community college district are not eligible to participate in this program.</li> <li>➤ Have a Total Term FTE Workload which is <b><u>less than</u></b> 40% of an FTE.</li> <li>➤ To be eligible, part-time faculty members must have completed four (4) semesters in the immediately preceding four (4) years.</li> </ul>
Payment Schedule (Three months)	October 2023, November 2023 & December 2023	
Coverage Duration (Six months)	September 1, 2023 – February 29, 2024	
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. <a href="mailto:Benefits@peralta.edu">Benefits@peralta.edu</a>	
Who Can Enroll?	Employee and eligible dependents as set forth by the benefit programs.	
Forms & Documents REQUIRED to Complete Enrollment and Comply with Regulations-unless designated as optional	<ol style="list-style-type: none"> <li>1. Eligibility Affidavit/Enrollment Form</li> <li>2. Applicable Spring/Fall Term Workload from Campus Solutions</li> <li>3. Provide required eligibility checklist documents. Dependents cannot be added without the required documents listed in SISC's Eligibility Documentation Checklist.</li> </ol>	
Options of Medical Plans Available, Cost Sharing & Resources	<ul style="list-style-type: none"> <li>➤ <b>SISC Kaiser Plan</b> Kaiser Customer Service Toll-Free 800-464-4000 Website: <a href="http://www.kp.org">www.kp.org</a></li> <li>➤ <b>SISC Anthem Plans</b> <ul style="list-style-type: none"> <li>○ SISC Anthem PPO - Anthem PPO (SISC) Plan 100-A</li> <li>○ SISC Anthem PPO 2 - Anthem PPO (SISC) Plan 80-E</li> </ul> </li> </ul> <p>Anthem Blue Cross Customer Service (Medical and Behavioral Health) Toll-Free 800-825-5541 Website: <a href="http://www.anthem.com/ca/sisc">www.anthem.com/ca/sisc</a></p> <p>Navitus Health Solutions Toll-Free 866-333-2757 Website: <a href="http://www.navitus.com">www.navitus.com</a></p> <p><input type="checkbox"/> <b>Changes to Employee Cost Sharing:</b></p> <ul style="list-style-type: none"> <li>• Kaiser &amp; Anthem enrollees now pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Refer to Assembly Bill 190 Part Time Faculty Medical Insurance Program</li> <li>• If your assignment is less than 40% there will be cost sharing if you have satisfied the collective bargaining agreement eligibility for coverage.</li> </ul>	
Dental Enrollment	There is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.	
Enrollment & Documentation Deadline	<b><u>September 21, 2023</u></b>	

**Medical Plan Highlights**  
**SISC Anthem PPO Plans / SISC Kaiser Medical HMO**  
**Plan Monthly Base Rates**  
**Fall 2023**

Coverage Tier	Kaiser (SISC) Traditional Plan	SISC Anthem PPO Anthem PPO(SISC) Plan 100-A	SISC Anthem PPO 2 Anthem PPO (SISC) Plan 80-E
Employee Only	Rate Effective 7/1/2022: \$ 837.00 Rate Effective 10/1/2023: \$ 893.00	Rate Effective 7/1/2022: \$ 1367.00 Rate Effective 10/1/2023: \$ 1442.00	Rate Effective 7/1/2022: \$ 1133.00 Rate Effective 10/1/2023: \$ 1195.00
Employee plus one	Rate Effective 7/1/2022: \$ 1640.00 Rate Effective 10/1/2023: \$ 1751.00	Rate Effective 7/1/2022: \$ 2687.00 Rate Effective 10/1/2023: \$ 2837.00	Rate Effective 7/1/2022: \$ 2219.00 Rate Effective 10/1/2023: \$ 2343.00
Employee plus one or more	Rate Effective 7/1/2022: \$ 2309.00 Rate Effective 10/1/2023: \$ 2465.00	Rate Effective 7/1/2022: \$ 3789.00 Rate Effective 10/1/2023: \$ 4000.00	Rate Effective 7/1/2022: \$ 3122.00 Rate Effective 10/1/2023: \$ 3296.00

*Note: The rates above includes both employee and employer contributions, which represents the total monthly premium.*

PLAN NAME	Kaiser HMO (SISC) \$10 Copay	Anthem PPO (SISC) Plan 100-A \$10, Rx \$5/20	Anthem PPO (SISC) Plan 80-E \$20, Rx \$5/20
Individual/Family Deductibles	\$0 / \$0	\$0 / \$0	\$300 / \$600
Individual/Family Calendar Out-of-Pocket Max (includes medical co-pays, deductibles and co-insurance)	\$1,500 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000

**PROFESSIONAL SERVICES**

Office Visit co-pay	\$10	\$10 (waived for visits 1-3)	\$20 (waived for visits 1-3; ded waived)
Urgent Care co-pay	\$10	\$10	\$20 (ded waived)
Specialists/Consultants co-pay	\$10	\$10	\$20 (ded waived)
Prenatal, postnatal office visit co-pay	\$0	\$10	\$20 (ded waived)
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	20%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	20%
Infertility (diagnosis/treatment of causes of infertility)	Covered <sup>1</sup>	Covered - restrictions may apply	Covered - restrictions may apply
Preventive Care Services (includes physical exams & screenings)	\$0	\$0	\$0 (ded waived)

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit co-pay (waived if admitted)	\$100	\$100	\$100 + 20%
Inpatient Hospital co-pay	\$0	0%	20%
Outpatient Hospital co-pay	\$10	0% - benefit limits may apply	20% - benefit limits may apply
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	\$10	0%	20%
Surgery, Outpatient (performed in a Hospital)	\$10	0% - benefit limits may apply	20% - benefit limits may apply

**MENTAL HEALTH SERVICES & SUBSTANCE ABUSE**

**TREATMENT**

INPATIENT CARE: Facility based care (preauthorization required)	\$0	0%	20%
OUTPATIENT CARE: Facility based care (preauthorization required)	Ind: \$10   Group: \$5	0%	20%

**OTHER SERVICES**

Acupuncture - Limits apply	\$10 (30 visits/year, combined)	0% (12 visits/year)	20% (12 visits/year)
Ambulance (Ground or Air)	\$50	\$100	\$100 + 20%
Chiropractic - Limits apply	\$10 (30 visits/year, combined)	0% - pre-auth. after 5 <sup>th</sup> visit	20% - pre-auth. after 5 <sup>th</sup> visit
Durable Medical Equipment (DME)	\$0	\$0	20%
Physical and Occupational Therapy - Limits apply	\$10	\$0	20%
Vision Allowance	\$150	Enrolled in UHC Vision	Enrolled in UHC Vision
Vision Exam	\$0	Enrolled in UHC Vision	Enrolled in UHC Vision

**PRESCRIPTION DRUG PLANS**

Provider Network	Kaiser	Navitus	Navitus
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	\$1,500 / \$2,500	\$1,500 / \$2,500
Tier/Generic 1 co-pay/days supply	\$10 (100-day supply)	\$5 (30-day supply)	\$5 (30-day supply)
Tier 2/Brand co-pay/days supply	\$10 (100-day supply)	\$20 (30-day supply)	\$20 (30-day supply)
Mail Order (Generic-Brand co-pay/days supply)	\$10 / \$10 (100-day supply)	\$0 / \$50 (90-day supply)	\$0 / \$50 (90-day supply)

<sup>1</sup> The Cost Share you would pay if the Services were to treat any other condition

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet.



Dental Plan Highlights Delta Dental plus Premier PPO Dental Plan – United Healthcare DMO Dental Plan EMPLOYEE <b>MONTHLY</b> COSTS – Fall 2023		
Coverage Tier	Delta Dental PPO Rates	United HealthCare Dental Rates
Employee Only	Rate Effective 7/1/2022: \$ 61.43 Rate Effective 10/1/2023: \$ 58.93	Rate Effective 7/1/2022: \$ 31.91 Rate Effective 10/1/2023: \$ 31.91
Employee plus one	Rate Effective 7/1/2022: \$104.43 Rate Effective 10/1/2023: \$100.18	Rate Effective 7/1/2022: \$ 51.04 Rate Effective 10/1/2023: \$ 51.04
Employee plus one or more	Rate Effective 7/1/2022: \$159.71 Rate Effective 10/1/2023: \$153.21	Rate Effective 7/1/2022: \$ 77.77 Rate Effective 10/1/2023: \$ 77.77
Plan	Delta Dental PPO Plan	United HealthCare
Network:	Delta Dental PPO Plan <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> Delta PPO  Select: Find a dentist Select: Delta Dental PPO	United HealthCare Dental <a href="http://www.myuhc.com">www.myuhc.com</a> 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
Prosthodontic 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](http://www.BenefitBridge.com/peralta)

# BenefitBridge 2023 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](mailto: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

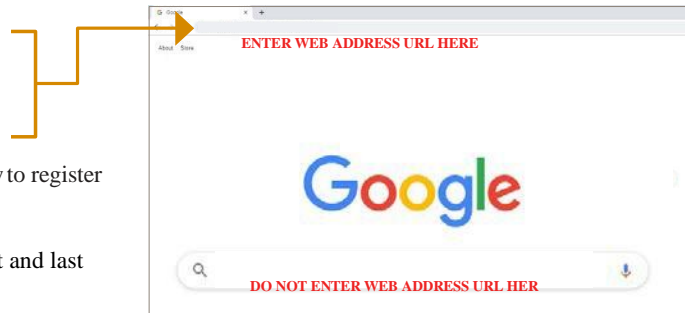
### Registration and Login

#### Already have login credentials?

1. Login to **BenefitBridge** at [www.benefitbridge.com/peralta](http://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](http://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**  
You will need to create an account using your first and last names as they appear on your payroll statement.
  - **STEP 2:** Create a **Username** and **Password**
  - **STEP 3:** Select a picture, as instructed
  - **STEP 3:** Select **"Continue"** to access BenefitBridge



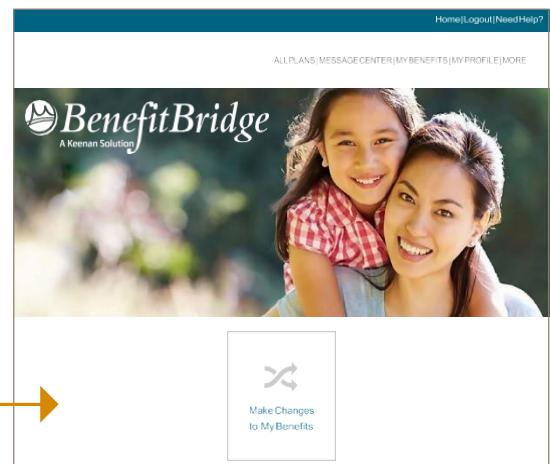
### Enrolling in Benefits

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](mailto: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?

08/17/2023

Enter this date for Fall 2023 Open Enrollment

\*3. Please describe your Life Event

PT Faculty Fall 2023 O E

Enter this description for Fall 2022 Open Enrollment

4. Please provide documents

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

 Upload Document

1. Eligibility Affidavit/Enrollment Form Fall 2023
2. Dependent Verification/Documentation (if applicable)
3. Other Benefit Enrollment Acknowledgement form

5. Please provide the date

Add Document

Cancel

Continue

## Instructor Term Workload Sample For Illustrative Purpose Only

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

### Term Workload

ID

**Workload Definition**
Find | View All
First 1 of 40 Last

Academic Institution PCCD1 Peralta Community College Dist

Term 1234 2023 Fall

Instructor Assignment Class TTMP T-Temporary/Adjunct

Calculate Workload ☒

Limit Workload ☒

**Total Term FTE%**

26.67

Assigned FTE % 67.00

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
						OFF-Hourly	1.00	<input checked="" type="checkbox"/>	