

## **Part-Time Hourly Faculty Benefits Open Enrollment Announcement Fall 2024**

*Open enrollment begins August 19, 2024, ends on September 23, 2024*

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

*Re-enrollment is required by September 23, 2024 and is not automatic. Please read below.*

This notice is being sent to part time, hourly faculty who may have a Fall 2024 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's group insurance and flexible spending plans for which you may be eligible. FSA information and enrollment forms can also be found in this announcement. Cost of coverage is determined by your collective bargaining agreement, the coverage level, and plan selected. 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 19, 2024 & September 23, 2024**  
**Coverage period begins September 1, 2024 and ends February 28, 2025**

### **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 23, 2024. No need to re-enroll via Benefit Bridge 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 23, 2024 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, contact vendors directly, or
- Attend a virtual Part-Time Faculty Open Enrollment Benefits Orientation via Zoom on *August 27, 2024, 10-11am & September 10, 2024, 3-4pm*. Invite Link <https://peralta-edu.zoom.us/j/4604168780> Meeting ID: 460 416 8780 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, 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 23, 2024 (**No need to enroll via BenefitBridge**). **Re-enrollment is required by September 23, 2024 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 23, 2024, and is not automatic. Coverage period begins September 1, 2024, and ends February 28, 2025. To maintain coverage without interruption, re-enroll by September 23, 2024 (**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 2024 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Fall 2024 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 2024, November 2024, and December 2024 with each pay period totaling two months premiums. Coverage period begins September 1, 2024, and ends February 28, 2025.** 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, 2024 and ends February 28, 2025

Medical Coverage Tier	Kaiser (SISC) Traditional Plan Payroll Rate: 6 months of coverage paid in 3 installments	Anthem PPO (SISC) Plan 100-A Payroll Rate: 6 months of coverage paid in 3 installments	Anthem PPO (SISC) Plan 80-E Payroll Rate: 6 months of coverage paid in 3 installments
<b>Employee Only</b>			
1 <sup>st</sup> Installment	October 2024 No Contribution	October 2024 \$ 593.60	October 2024 \$ 491.60
2 <sup>nd</sup> Installment	November 2024 No Contribution	November 2024 \$ 610.40	November 2024 \$ 505.20
3 <sup>rd</sup> Installment	December 2024 No Contribution	December 2024 \$ 610.40	December 2024 \$ 505.20
<b>Employee Plus one</b>			
1 <sup>st</sup> Installment	October 2024 No Contribution	October 2024 \$ 1168.20	October 2024 \$ 964.10
2 <sup>nd</sup> Installment	November 2024 No Contribution	November 2024 \$ 1201.60	November 2024 \$ 991.20
3 <sup>rd</sup> Installment	December 2024 No Contribution	December 2024 \$ 1201.60	December 2024 \$ 991.20
<b>Employee Plus Two or More</b>			
1 <sup>st</sup> Installment	October 2024 No Contribution	October 2024 \$ 1647.60	October 2024 \$ 1357.00
2 <sup>nd</sup> Installment	November 2024 No Contribution	November 2024 \$ 1695.20	November 2024 \$ 1395.60
3 <sup>rd</sup> Installment	December 2024 No Contribution	December 2024 \$ 1695.20	December 2024 \$ 1395.60
Dental Coverage Tier & Payroll month	Delta Dental PPO plus Premier Dental Plan You pay full monthly premium Payroll Rate: 6 months of coverage paid in 3 installments	United HealthCare DMO Dental Plan You pay full monthly premium Payroll Rate: 6 months of coverage paid in 3 installments	
<b>Employee Only</b>			
1 <sup>st</sup> Installment	October 2024 \$ 117.86	October 2024 \$ 63.82	
2 <sup>nd</sup> Installment	November 2024 \$ 117.86	November 2024 \$ 63.82	
3 <sup>rd</sup> Installment	December 2024 \$ 117.86	December 2024 \$ 63.82	
<b>Employee Plus one</b>			
1 <sup>st</sup> Installment	October 2024 \$ 200.36	October 2024 \$ 102.08	
2 <sup>nd</sup> Installment	November 2024 \$ 200.36	November 2024 \$ 102.08	
3 <sup>rd</sup> Installment	December 2024 \$ 200.36	December 2024 \$ 102.08	
<b>Employee Plus Two or More</b>			
1 <sup>st</sup> Installment	October 2024 \$ 306.42	October 2024 \$ 155.54	
2 <sup>nd</sup> Installment	November 2024 \$ 306.42	November 2024 \$ 155.54	
3 <sup>rd</sup> Installment	December 2024 \$ 306.42	December 2024 \$ 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 23, 2024 (**No need to enroll via BenefitBridge**). **Re-enrollment is required by September 23, 2024 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 23, 2024 and is not automatic. Coverage period begins September 1, 2024 and ends February 28, 2025. To maintain coverage without interruption, re-enroll by September 23, 2024 (**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 2024 assignment of less than 40%. (refer to the Instructor Assignment Roster — the Fall 2024 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 2024, November 2024, and December 2024 with each pay period totaling two months premiums. Coverage period begins September 1, 2024 and ends February 28, 2025.** 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 Kaiser premium for each coverage tier towards your Kaiser 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, 2024 and ends February 28, 2025

Medical Coverage Tier	Kaiser (SISC) Traditional Plan Payroll Rate: 6 months of coverage paid in 3 installments	Anthem PPO (SISC) Plan 100-A Payroll Rate: 6 months of coverage paid in 3 installments	Anthem PPO (SISC) Plan 80-E Payroll Rate: 6 months of coverage paid in 3 installments
<b>Employee Only</b>	October 2024    \$ 935.00 November 2024    \$ 977.00 December 2024    \$ 977.00	October 2024    \$ 2033.00 November 2024    \$ 2047.00 December 2024    \$ 2047.00	October 2024    \$ 1523.00 November 2024    \$ 1549.00 December 2024    \$ 1549.00
<b>Employee Plus one</b>	October 2024    \$ 1832.50 November 2024    \$ 1914.00 December 2024    \$ 1914.00	October 2024    \$ 4008.00 November 2024    \$ 4094.00 December 2024    \$ 4094.00	October 2024    \$ 2988.00 November 2024    \$ 3042.00 December 2024    \$ 3042.00
<b>Employee Plus Two or More</b>	October 2024    \$ 2580.00 November 2024    \$ 2695.00 December 2024    \$ 2695.00	October 2024    \$ 5658.00 November 2024    \$ 5781.00 December 2024    \$ 5781.00	October 2024    \$ 4205.00 November 2024    \$ 4283.00 December 2024    \$ 4283.00
<b>Dental Coverage Tier &amp; Payroll month</b>	<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 2024    \$ 117.86 November 2024    \$ 117.86 December 2024    \$ 117.86		October 2024    \$ 63.82 November 2024    \$ 63.82 December 2024    \$ 63.82
<b>Employee Plus one</b>	October 2024    \$ 200.36 November 2024    \$ 200.36 December 2024    \$ 200.36		October 2024    \$ 102.08 November 2024    \$ 102.08 December 2024    \$ 102.08
<b>Employee Plus Two or More</b>	October 2024    \$ 306.42 November 2024    \$ 306.42 December 2024    \$ 306.42		October 2024    \$ 155.54 November 2024    \$ 155.54 December 2024    \$ 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 2024 Open Enrollment. Enroll between August 19, 2024 and September 23, 2024 or within 30 days of involuntary loss of other group coverage. Coverage period begins September 1, 2024 and ends February 28, 2025.

**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 ask 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**

**Benefit Eligibility & Payment Highlights  
Fall 2024**



Term Assignment Percentage	Assignment 40% or greater	Assignment Less than 40%
<b>Re-Enrollment Required Each Academic Semester</b>	Yes	Yes
<b>Eligibility Requirements</b>	<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 <b>not eligible</b> to participate in this program.</li> <li>➤ Have a Total Term FTE which <b>equals or exceeds</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>less than</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>
<b>Payment Schedule (Three months)</b>	October 2024, November 2024 & December 2024	
<b>Medical &amp; Dental Coverage Duration Flexible Spending Accounts Plan Year</b>	September 1, 2024 – February 28, 2025 October 1, 2024 – September 30, 2025	
<b>Payment Method</b>	Through payroll deduction. Other payment arrangements are considered on a case-by-case basis for medical and dental premiums only. Please contact the PCCD Benefits Office for additional information. <a href="mailto:Benefits@peralta.edu">Benefits@peralta.edu</a>	
<b>Who Can Enroll?</b>	Employee and eligible dependents as set forth by the benefit programs.	
<b>Forms &amp; Documents REQUIRED to Complete Enrollment and Comply with Regulations-unless designated as optional</b>	<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> <li>4. Applicable flexible spending account forms</li> </ol>	
<b>Changes to Employee Medical Cost Sharing</b>	<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>	
<b>Dental Enrollment</b>	There is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.	
<b>For contacts, additional details, limitations, exclusions, and out-of-network coverage, please refer to the Benefits Office website.</b>	<a href="http://web.peralta.edu/benefits/">http://web.peralta.edu/benefits/</a>	
<b>Enrollment &amp; Documentation Deadline</b>	<b>September 23, 2024</b>	

**Medical Plan Highlights**  
**SISC Anthem PPO Plans / SISC Kaiser Medical HMO**  
**Plan Monthly Base Rates**  
**Fall 2024**

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 10/1/2024: \$ 977.00	Rate Effective 10/1/2024: \$ 1526.00	Rate Effective 10/1/2024: \$ 1263.00
Employee plus one	Rate Effective 10/1/2024: \$ 1914.00	Rate Effective 10/1/2024: \$ 3004.00	Rate Effective 10/1/2024: \$ 2478.00
Employee plus two or more	Rate Effective 10/1/2024: \$ 2695.00	Rate Effective 10/1/2024: \$ 4238.00	Rate Effective 10/1/2024: \$ 3489.00

*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 **MONTHLY** COSTS – Fall 2024

Coverage Tier	Delta Dental PPO Rates	United HealthCare Dental Rates
Employee Only	Rate Effective 10/1/2024: \$ 58.93	Rate Effective 10/1/2024: \$ 31.91
Employee plus one	Rate Effective 10/1/2024: \$100.18	Rate Effective 10/1/2024: \$ 51.04
Employee plus two or more	Rate Effective 10/1/2024: \$153.21	Rate Effective 10/1/2024: \$ 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) ~ 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>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 ~ 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>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](http://www.BenefitBridge.com/peralta)

# BenefitBridge 2024 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

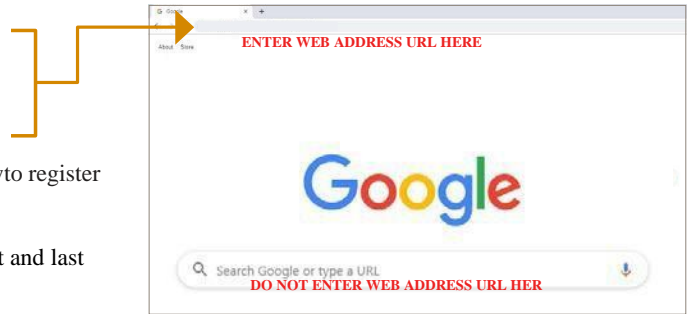
## Registration and Login

### 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



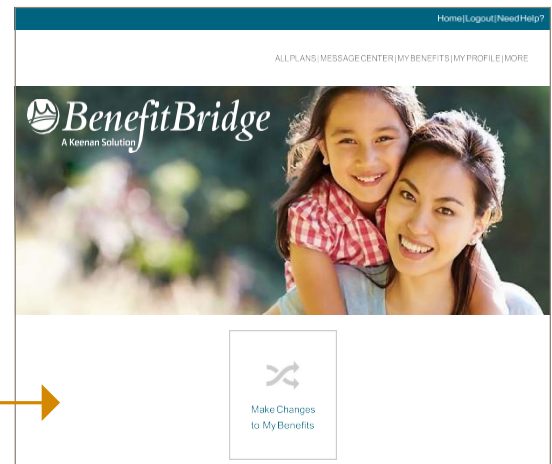
## Enrolling in Benefits

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?

Enter this date for Fall 2024 Open Enrollment

\*3. Please describe your Life Event

Enter this description for Fall 2024 Open Enrollment

4. Please provide documents

- Have these documents before you log in. Upload the following:
1. Eligibility Affidavit/Enrollment Form Fall 2024
  2. Dependent Verification/Documentation (if applicable)
  3. Other Benefit Enrollment Acknowledgement form

5. Please provide the details

## Benefits Office

### Flexible Spending Account (FSA) Open Enrollment

#### **FSA Open Enrollment for Part-time hourly Faculty** **August 19, 2024 – September 23, 2024, for changes effective** **October 1, 2024 through September 30, 2025.**

It's that time of the year again to enroll/re-enroll in a Flexible Spending Account (Health Care, Day Care &/or Commuter). **The plan year is from October 1, 2024 through September 30, 2025.**

The maximum amounts that you can contribute to this short plan year are:

- **\$3,200.00** for healthcare/medical FSA
- **\$5,000.00** (per household) for dependent care FSA
- Commuter benefits (transit and parking) currently each **\$360.00**.

Deductions will be taken out of your paycheck - Your election amount will be evenly deducted pre-tax from 6 pay checks: October 2024, November 2024, December 2024, March 2025, April 2025, and May 2025.

#### What is a Flexible Spending Account (FSA)?

An FSA is a personal expense account that works with your District health plans, allowing you to set aside a portion of your salary pre-tax to pay for qualified medical and dependent care expenses. The dollars you set aside can pay for eligible expenses for you and eligible dependents.

#### HOW DOES IT WORK?

- **Healthcare FSA:** You cannot change your election amount after the plan starts unless you have a qualified change in status.
- **Dependent Care FSA:** You can change your elections if you have a qualified change in status, there is a significant cost change or a change in coverage.
- **Commuter Benefit – For the Commuter Benefits Accounts, the participants may change their deduction amount as often as monthly.** Change requests forms (attached) must be submitted to the Benefits Office on or before the 10th calendar day of the month and will be effective the 1st of the following month.
- **Access your funds** – you can use your Navia Benefit Card to pay for your qualified expenses. You can see a more comprehensive list on our website at: <https://www.naviabenefits.com/participants/resources/expenses/?benefit=health-care-fsa>.

#### How to Enroll

Please submit FSA and Commuter enrollment forms via email to: [benefits@peralta.edu](mailto:benefits@peralta.edu). Please indicate your employee ID rather than your SSN.

#### For Assistance

For employee eligibility and plan questions, please contact the District, Benefits Office at 510-466-7229 or email [benefits@peralta.edu](mailto:benefits@peralta.edu)

**Peralta Community College District – Flexible Spending Arrangement Enrollment Form**

Plan Year: 10/1/2024 – 09/30/2025 with Grace Period through 12/15/2025

Last Day to Submit Claims: 12/29/2025



**Employee Information** – Please write legibly to ensure proper enrollment

<b>Last Name, First Name</b>			<b>SSN / Employee ID #</b>	
<b>Home Address</b> (Street, City, State, Zip Code)				
<b>Date of Birth</b> (MM/DD/YYYY)	<b>Phone Number</b>	<b>Email Address</b>		<b>Effective Date</b> (If outside of open enrollment)
Department: <input type="checkbox"/> ADM <input type="checkbox"/> BTS <input type="checkbox"/> P10 <input type="checkbox"/> P11 <input type="checkbox"/> P12 <input type="checkbox"/> PCA <input type="checkbox"/> PCT <input type="checkbox"/> RCL				

**Benefit Election**

Section 125 Benefit	Yes/No	Annual Election	# of Paychecks	Paycheck Deduction
<b>Health Care FSA</b> Maximum of \$3200 per plan year	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12 or _____	\$ _____
<b>Day Care FSA</b> Maximum of \$5000 per plan year (or \$2,500 if you're married and filing taxes separately)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12 or _____	\$ _____
<b>Premium Conversion</b> The group insurance premiums you pay through your paycheck are automatically deducted pre-tax. Premium contributions toward domestic partner coverage will be deducted post-tax unless they qualify as a tax dependent.				Automatic

**Debit Card & Direct Deposit**

<b>Navia Debit Card</b> – You may use the card to pay for expenses directly from the funds in your Health Care FSA and/or Day Care FSA. There is no cost for the initial card. The cards are valid for 3 year periods; if you've previously received the card then it will be reloaded with your new election. You must provide a valid email address to use the card.	Automatic
<b>Direct Deposit</b> – Reimbursements are electronically deposited into your bank account. If you've previously signed up for direct deposit with Navia your information will remain on file and you do not need to complete this section.	<input type="checkbox"/> Yes <input type="checkbox"/> Checking      Routing # _____ <input type="checkbox"/> No <input type="checkbox"/> Savings        Account # _____

**Signature**

This election form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new election are on account of and consistent with federal regulations. I understand that Health FSA reimbursements will be available only for qualifying medical care expenses for myself, spouse, and dependents. I also understand that Day Care reimbursements will be available only for qualifying day care expenses. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Employer on demand for any liability it may incur for failure to withhold federal, state or local income tax or Social Security tax from any reimbursement I receive of a non-qualifying expense, up to the amount of additional tax actually owed by me. I understand the benefits and I have read the reverse page. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.	
<input type="checkbox"/> <b>YES</b> , the above benefits have been explained to me and I elect to participate as indicated	
<input type="checkbox"/> <b>NO</b> , the above benefits have been explained to me and I decline participation	
<b>Employee Signature</b>	<b>Date</b>
X	

**Completed Enrollment Forms must be returned to Peralta CCD Benefits Office**

**333 East 8th Street, Oakland CA 94606**

*Please see the reverse side for important information regarding the above benefits*

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**Additional Information**

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- **Premium Conversion**
  - If the enrollment status is marked as 'AUTOMATIC', you must notify your employer in writing to decline enrollment in this benefit. Premium Conversion is subject to the change in status rules and is considered an election equal to the amount of your premium deductions.
- **Health Care Flexible Spending Arrangement ("Health Care FSA")**
  - Reimbursement will only be available for qualifying medical care expenses as set forth in the Plan Document and Section 213 of the Internal Revenue Code. It is your responsibility to check the eligibility of an expense prior to enrollment.
  - Group Medical Plan Premiums cannot be reimbursed through the Health Care FSA and will be deducted pre-tax through the Premium Conversion Plan. Therefore, do not include the cost of premiums in your FSA annual election amount.
- **Day Care Flexible Spending Arrangement ("Day Care FSA")**
  - Reimbursement will be available only for qualifying day care expenses as described in the Internal Revenue Code Section 129, the Plan document and the Summary Plan Description.
  - Participation in a Day Care FSA will require you to complete tax form 2441 when filing federal taxes. If your plan includes a Grace Period any amounts carried forward or forfeited during a taxable year should be entered in Line 13 of Form 2441. If you or your spouse is a full-time student, please consult IRS Publication 503.
  - If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$5,000 calendar year limit mandated by the IRS.
- **Use-It or Lose-It**
  - You must claim all elected funds by the end of the run-out period. Money left in the plan after the end of the run-out period cannot be refunded to you; this is referred to as the Use-it or Lose-it rule.

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**Grace Period**

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- The grace period allows you to incur expenses against the prior plan year for 2 ½ months after the plan year ends. Expenses incurred after the end of the Grace Period are not eligible for reimbursement.

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**Claim Runout Period**

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- The claim runout period allows you to submit claims after the end of the plan year. Claims received after this period will be denied.

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**Lost Checks and Reissues**

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- Lost or stale dated FSA checks can be reissued 10 business days after the original check date. There is a \$25.00 check reissue fee. The check reissue request will require at least one business day to process.
- Any fees associated with presenting a canceled check will be deducted from your FSA as well as the face value of the check.

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**Direct Deposit**

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- All electronic funds transfers (EFT) will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- Returned items due to incorrect banking information will be assessed a \$10.00 fee that will be deducted from your FSA balance.

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**Deductions**

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- FSA deductions will be deducted from your paycheck evenly throughout the plan year. You must indicate an annual election and a per paycheck deduction on your enrollment form. If you enroll in the plan after open enrollment then please divide your annual election by the remaining deductions in the plan year.

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**Change in Status**

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- All elections set forth are considered irrevocable for the entire plan year unless there is a qualifying change in status. Please consult the plan document or summary plan description for a list of qualifying events.
- In the event of a change in status the change in election must be necessitated by and consistent with the change in status and the change must be acceptable under IRS Regulations.

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**Eligibility**

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- Independent contractors and self-employed individuals are not eligible to participate in the Plan. Self-employed individuals include: Sole Proprietors of their own business; General Partners in a general partnership and General Partners in a limited partnership; Limited Partners of partnerships with guaranteed payments; more than 2% Shareholders of an S corporation as well as the spouse, children, parents and grandparents of a more than 2% Shareholder; and non-employee Members of an LLC. It is your responsibility to determine your eligibility.
- Expenses must be incurred during the plan year and while you are an active participant in the plan. Any expense incurred prior to your effective date or after your termination date cannot be reimbursed.

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**Debit Card**

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- If you elect to use the card, please keep in mind that you may still need to submit supporting documentation to verify that a charge is eligible. You will be notified via email if you have a charge that requires documentation. You can check your account online to view any outstanding charges or contact customer service.
- If you use the card for an ineligible expense or do not substantiate a charge within 120 days of receiving the first request for substantiation your card may be temporarily suspended to prevent further use. The IRS provides the participant with 2 methods for correcting an ineligible or unsubstantiated charge: a) repay the plan for the amount of the expense, or b) request the substitution or offset of future out of pocket expenses. If neither option "a" nor "b" is successful, the final option illustrated by the IRS permits the employer to deduct the ineligible expense from the participant's wages or other compensation consistent with federal and state law.
- You will receive one card by default, but you can request additional cards.

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**Electronic Disclosure Notice**

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- By providing your email address you consent to receive email communications from Navia, agents, and subcontractors regarding the Plan.
- If you no longer wish to receive information electronically, you may withdraw consent at any time at no cost. To withdraw consent, please contact Navia.
- You have a right to receive a paper version of an electronically furnished document at no cost.
- To access documents you must have Adobe Reader. A link to download this software will be provided with all electronic documents provided.
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**Peralta Community College District – Transit & Parking Reimbursement Arrangement Enrollment Form**

Plan Year: 10/1/2024 – 09/30/2025

Last Day to Submit Claims: 12/31/2025

**Employee Information** – Please write legibly to ensure proper enrollment

Last Name, First Name -----		SSN / Employee ID # -----
Home Address (Street, City, State, Zip Code) -----		Email Address -----
Date of Birth (MM/DD/YYYY) -----	Phone Number -----	Effective Date (If outside open enrollment)

**Benefit Elections**

Section 132 Benefit	Yes/No	Annual Election	# of Paychecks	Paycheck Deduction
<b>Parking Reimbursement</b> Maximum of \$360.00 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12	\$ _____
<b>Transit Reimbursement</b> Maximum of \$360.00 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12	\$ _____

**Direct Deposit**

Reimbursements are electronically deposited into your bank account. If you've previously signed up for direct deposit with Navia your information will remain on file and you do not need to complete this section.	<input type="checkbox"/> Yes	<input type="checkbox"/> Checking	Routing # _____
	<input type="checkbox"/> No	<input type="checkbox"/> Savings	Account # _____

**Signature**

I understand that the rules of IRC Section 132 allow me to use part of my salary on a pre-tax basis to purchase one or more of the qualified benefits. I hereby elect to participate in my employer's Section 132 Parking/Transit Fringe Benefits Plan as indicated above. This election form will remain in effect and cannot be revoked or changed during the coverage period, unless the revocation and new election are on account of and consistent with federal regulations. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.

**YES**, the above benefits have been explained to me and I elect to participate as indicated

**NO**, the above benefits have been explained to me and I decline participation

Employee Signature	Date
X	

**Completed Enrollment Forms must be returned to Peralta CCD Benefits Office**

**333 East 8th Street, Oakland CA 94606**

*Please see the reverse side for important information regarding the above benefits*

## 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

Workload Definition		ID	Find   View All		First 41 of 42 ▶ Last				
Academic Institution PCCD1		Peralta Community College Dist	<b>Total Term FTE%</b>						
Term 1244		2024 Fall	26.67						
Instructor Assignment Class TTMP		T-Temporary/Adjunct							
Calculate Workload		Assigned FTE %	67.00						
Limit Workload		Instructor Multiplier %	100						
Workload Assignment	Job Code								
Desc	Subject	Catalog Nbr	Section Nbr	Class	Comb Secs	Assign Type	Work Load	App Load	Assignment FTE %
						Lecture	4.00		26.67

#### If Total Term FTE% is:

- <40.00=Peralta pays 50% for Kaiser medical premium
- >40.00=Peralta pays 100% for Kaiser medical premium