

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 Spring 2023

Open enrollment begins on February 1, 2023 ends on February 28, 2023

RE-ENROLLMENT IS REQUIRED

Re-enrollment is required by February 28, 2023 and is not automatic.

This notice is being sent to part time, hourly faculty who may have a Spring 2023 teaching assignment with Peralta. You may be eligible for participation in the District's SISC 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.

Enrollment is optional and voluntary.

Re-enroll or enroll between February 1, 2023 & February 28, 2023

Coverage period begins March 1, 2023 and ends August 31, 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 on or before February 28, 2023.

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

Eligible Employees who wish to enroll in a SISC medical plan or dental plan **must** complete and return the following to the Benefits Office on or before February 28, 2023:

- [Applicable SISC medical enrollment form](#)**
 - *Forms attached.*
- Eligibility Affidavit/Enrollment Form***
- Other Benefits Enrollment Acknowledgement Form.***
- Please contact the Benefits Office for assistance with enrolling in a dental plan.***
- Applicable Spring/Fall Term Workload from Campus Solutions***
- Supporting documentation if you are adding a dependent to your coverage.***
 - Enrollments are processed only if all required forms and supporting documents are received on or before the February 28, 2023 deadline (**No exceptions**).

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

- Visit the plan websites, contact vendors directly, visit <https://www.peralta.edu/benefits> , or
- Attend a virtual Part-Time Faculty Open Enrollment Benefits Orientation via Zoom on *February 7, 2023 & February 22, 2023 at noon*. Zoom link: <https://peralta-edu.zoom.us/j/89503426687> Meeting ID: 895 0342 6687 or Dial: +1 669 444 9171 (US Toll)

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

Current Enrollees with no changes to current elections

Peralta Community College Eligibility Affidavit/Enrollment Form

Please, email completed form to benefits@peralta.edu on or before the close of Open Enrollment, February 28, 2023. ***No need to enroll via BenefitBridge for this open enrollment period.*** Re-enrollment and enrollment is required by February 28, 2023, and is not automatic. Coverage period begins March 1, 2023 and ends August 31, 2023. To maintain coverage without interruption, re-enroll by February 28, 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	

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

Section B: Affidavit of Eligibility

- I am currently employed by PCCD as any hourly faculty member.
- I understand by signing the **Assignment 40% or greater statement** below I am acknowledging that I have a Spring 2023 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Spring 2023 Workload to this form from *Campus Solution*)
- I understand by signing the **Assignment Less than 40% statement** below I am acknowledging that I have a Spring 2023 assignment less than 40%. (refer to the Instructor Assignment Roster — the Spring 2023 Workload to this form from *Campus Solution*)
- 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.

Assignment 40% or greater: I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for the payroll rate Share/Cost of the coverage I am **enrolled** in. Deductions will occur for the 3 pay periods: March 2023, April 2023, and May 2023. 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 & 4 are true and correct.

_____ (Please sign and date)

Assignment Less than 40% statement: I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for the payroll rate Share/Cost of the coverage I am **enrolled** in. Deductions will occur for the 3 pay periods: March 2023, April 2023, and May 2023. 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, 3 & 4 are true and correct.

_____ (Please sign and date)

Section C: Benefit Options & Monthly Share/Cost

All Eligible Employees	MonthlyShare: 6 months of coverage paid in 3 installments SISC Kaiser Traditional Plan: Monthly Rate (mo)/Payroll Rate (pr)	All Eligible Employees	MonthlyShare: 6 months of coverage paid in 3 installments Anthem PPO (SISC) Plan 100-A: Monthly Rate (mo)/Payroll Rate (pr)	MonthlyShare: 6 months of coverage paid in 3 installments Anthem PPO 2 (SISC) Plan 80-E: Monthly Rate (mo)/Payroll Rate (pr)
Employee Only Employee Pays Peralta Pays Total Cost	\$ 418.50/mo.; \$ 837.00/pr \$ 418.50/mo.; \$ 837.00/pr \$ 837.00/mo.; \$ 1674.00/pr	Employee Only Employee Pays Peralta Pays Total Cost	\$ 948.50/mo.; \$ 1897.00/pr \$ 418.50/mo.; \$ 837.00/pr \$ 1367.00/mo.; \$ 2734.00/pr	\$ 714.50/mo.; \$ 1429.00/pr \$ 418.50/mo.; \$ 837.00/pr \$ 1133.00/mo.; \$ 2266.00/pr
Two Party Employee Pays Peralta Pays Total Cost	\$ 820.00/mo.; \$ 1640.00/pr \$ 820.00/mo.; \$ 1640.00/pr \$ 1640.00/mo.; \$ 3280.00/pr	Two Party Employee Pays Peralta Pays Total Cost	\$ 1867.00/mo.; \$ 3734.00/pr \$ 820.00/mo.; \$ 1640.00/pr \$ 2687.00/mo.; \$ 5374.00/pr	\$ 1399.00/mo.; \$ 2798.00/pr \$ 820.00/mo.; \$ 1640.00/pr \$ 2219.00/mo.; \$ 4438.00/pr
Three or more Employee Pays Peralta Pays Total Cost	\$ 1154.50/mo.; \$ 2309.00/pr \$ 1154.50/mo.; \$ 2309.00/pr \$ 2309.00/mo.; \$ 4618.00/pr	Three or more Employee Pays Peralta Pays Total Cost	\$ 2634.50/mo.; \$ 5269.00/pr \$ 1154.50/mo.; \$ 2309.00/pr \$ 3789.00/mo.; \$ 7578.00/pr	\$ 1967.50/mo.; \$ 3935.00/pr \$ 1154.50/mo.; \$ 2309.00/pr \$ 3122.00/mo.; \$ 6244.00/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>		
Employee Only	\$61.43/mo.; \$122.86/pr	\$31.91/mo.; \$63.82/pr		
Two Party	\$104.43/mo.; \$208.86/pr	\$51.04/mo.; \$102.08/pr		
Three or more	\$159.71/mo.; \$319.42/pr	\$77.77/mo.; \$155.54/pr		

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

**Benefit Eligibility & Payment Highlights
40% or greater assignment and Less than 40% Assignment
Spring 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"> ➤ Be currently employed as a temporary, part-time faculty member with the PCCD. ➤ Not be eligible for other group coverage (paid for by another employer). ➤ Have a Total Term FTE which <u>equals or exceeds</u> 40% of an FTE. 	<ul style="list-style-type: none"> ➤ Be currently employed as a temporary, part-time faculty member with the PCCD. ➤ Not be eligible for other group coverage (paid for by another employer). ➤ Have a Total Term FTE Workload which is <u>less than</u> 40% of an FTE. ➤ To be eligible, part-time faculty members must have completed four (4) semesters in the immediately preceding four (4) years.
Payment Schedule (Three months)	March 2023, April 2023 & May 2023	
Coverage Duration (Six months)	March 1, 2023 – August 31, 2023	
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 & Documents REQUIRED to Complete Enrollment and Comply with Regulations-unless designated as optional	<ol style="list-style-type: none"> 1. Applicable SISC medical enrollment form - Forms attached. 2. Eligibility Affidavit/Enrollment Form 3. Applicable Spring/Fall Term Workload from Campus Solutions 4. Provide required eligibility checklist documents. Dependents cannot be added without the required documents listed in SISC’s Eligibility Documentation Checklist. 	
Options of Medical Plans Available, Cost Sharing & Resources	<ul style="list-style-type: none"> ➤ SISC Kaiser Plan Kaiser Customer Service Toll-Free 800-464-4000 Website: www.kp.org ➤ SISC Anthem Plans <ul style="list-style-type: none"> ○ SISC Anthem PPO ○ SISC Anthem PPO 2 <p>Anthem Blue Cross Customer Service (Medical and Behavioral Health) Toll-Free 800-825-5541 Website: www.anthem.com/ca/sisc</p> <p>Navitus Health Solutions Toll-Free 866-333-2757 Website: www.navitus.com</p> <p>Changes to Employee Cost Sharing:</p> <ul style="list-style-type: none"> ● Kaiser & Anthem enrollees now have cost sharing for both medical plans for eligible employees with a Spring 2023 assignment that is 40% or greater. If your assignment is less than 40% there will be cost sharing if you have satisfied the collective bargaining agreement eligibility for coverage. 	
Dental Enrollment	There is no District contribution. Coverage available through Delta Dental PPO or United HealthCare DMO Dental.	
Enrollment & Documentation Deadline	<u>February 28, 2023</u>	

Dental Plan Highlights
Delta Dental plus Premier PPO Dental Plan – United Healthcare DMO Dental Plan
EMPLOYEE MONTHLY COSTS – Spring 2022

Dental Monthly Employee Contribution	Delta Dental plus Premier Rates	United HealthCare Dental Rates
Single Rate	\$61.43	\$31.91
Two Party Rate	\$104.43	\$51.04
Family Rate	\$159.71	\$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



Peralta - Effective January 1, 2023 (Kaiser \$10, Anthem PPO: 100-A)

Peralta - Effective March 1, 2023 (Anthem PPO 2: 80-E)

PLAN NAME	Certificated & Management	Certificated, Management, & Classified	Certificated, Management, & Classified
	Kaiser HMO (SiSC) \$10 Copay	Anthem PPO (SiSC) Plan 100-A \$10, Rx \$5/20	Anthem PPO 2 (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)
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 ¹	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 th visit	20% - pre-auth. after 5 th visit
Durable Medical Equipment (DME)	\$0	\$0	20%
Physical and Occupational Therapy - Limits apply	\$10	\$0	20%

PRESCRIPTION DRUG PLANS

Provider Network	Kaiser	Anthem	Anthem
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)

¹ 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.

ELIGIBILITY DOCUMENTATION CHECKLIST

The following verification documents are required to enroll a subscriber or dependent in health benefit plans. SISC requires the Social Security Numbers for all members to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

Dependent Type	Required Documentation
Spouse	<ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). • For newly married couples where prior year tax return is not available a marriage certificate will be accepted.
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by the State of California (Enrolling a Domestic Partner may cause the employer contribution to become taxable).
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) • Legal Adoption Documentation
Legal Guardianship up to age 18	<ul style="list-style-type: none"> • Legal U.S. Court Documentation establishing Guardianship
Disabled Dependents over age 26 (requires enrollment in a SISC medical plan)	<p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage. • Completed Anthem Disabled Dependent Certification Form <p>Blue Shield (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage. • Completed Declaration of Disability for Overage Dependent Child <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage under the employee/retiree's plan. There can be no break in coverage. • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available)
Retirees and/or Dependents on a Retiree Plan Age 65 or Over	<ul style="list-style-type: none"> • Proof of enrollment in Medicare Part A & Part B (copy of current Medicare card or Medicare enrollment confirmation letter showing effective dates of Part A and Part B)

Instructor Term Workload Sample For

Illustrative Purpose Only

Your personal instructor assignment can be found on **Campus Solutions**

Term Workload

ID

Workload Definition Find: View All First 1 of 37 Last

Academic Institution PCCD1 Peralta Community College Dist

Term 1232 2023 Spring

Instructor Assignment Class TTMP T-Temporary/Adjunct

Calculate Workload

Limit Workload

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 %
COUNSELORS	ZZCON	2	L7L	25194		Non Instr	20.00	<input checked="" type="checkbox"/>	66.67

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

New Enrollees & Continuing Enrollees making changes

Peralta Community College Eligibility Affidavit/Enrollment Form

New enrollees & continuing enrollees making changes are required to enroll/re-enroll by February 28, 2023 and is not automatic. Coverage period begins March 1, 2023 and ends August 31, 2023. To maintain coverage without interruption, re-enroll by February 28, 2023 (no exceptions). Enrollment is optional and voluntary.

*** This form is to be completed in addition to the applicable SISC medical enrollment form & page 9 of this announcement.**

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 **Assignment 40% or greater statement** below I am acknowledging that I have a Spring 2023 assignment of 40% or greater. (refer to the Instructor Assignment Roster — the Spring 2023 Workload to this form from **Campus Solution**)
3. I understand by signing the **Assignment Less than 40% statement** below I am acknowledging that I have a Spring 2023 assignment less than 40%. (refer to the Instructor Assignment Roster — the Spring 2023 Workload to this form from **Campus Solution**)
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.

Assignment 40% or greater: I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for the payroll rate Share/Cost of the coverage I am enrolling in. Deductions will occur for the 3 pay periods: March 2023, April 2023, and May 2023. 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 & 4 are true and correct.

_____ (Please sign and date)

Assignment Less than 40% statement: I hereby authorize Peralta Community College District Payroll Department to deduct the amounts in section C from my monthly paycheck to pay for the payroll rate Share/Cost of the coverage I am enrolling in. Deductions will occur for the 3 pay periods: March 2023, April 2023, and May 2023. 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, 3 & 4 are true and correct.

_____ (Please sign and date)

COMPLETE SECTION D AFTER REVIEWING SECTION C

Section C: Benefit Options & Monthly Share/Cost

All Eligible Employees	MonthlyShare: 6 months of coverage paid in 3 installments SISC Kaiser Traditional Plan: Monthly Rate (mo)/Payroll Rate (pr)	All Eligible Employees	MonthlyShare: 6 months of coverage paid in 3 installments Anthem PPO (SISC) Plan 100-A: Monthly Rate (mo)/Payroll Rate (pr)	MonthlyShare: 6 months of coverage paid in 3 installments Anthem PPO 2 (SISC) Plan 80-E: Monthly Rate (mo)/Payroll Rate (pr)
Employee Only Employee Pays Peralta Pays Total Cost	\$ 418.50/mo.; \$ 837.00/pr \$ 418.50/mo.; \$ 837.00/pr \$ 837.00/mo.; \$ 1674.00/pr	Employee Only Employee Pays Peralta Pays Total Cost	\$ 948.50/mo.; \$ 1897.00/pr \$ 418.50/mo.; \$ 837.00/pr \$ 1367.00/mo.; \$ 2734.00/pr	\$ 714.50/mo.; \$ 1429.00/pr \$ 418.50/mo.; \$ 837.00/pr \$ 1133.00/mo.; \$ 2266.00/pr
Two Party Employee Pays Peralta Pays Total Cost	\$ 820.00/mo.; \$ 1640.00/pr \$ 820.00/mo.; \$ 1640.00/pr \$ 1640.00/mo.; \$ 3280.00/pr	Two Party Employee Pays Peralta Pays Total Cost	\$ 1867.00/mo.; \$ 3734.00/pr \$ 820.00/mo.; \$ 1640.00/pr \$ 2687.00/mo.; \$ 5374.00/pr	\$ 1399.00/mo.; \$ 2798.00/pr \$ 820.00/mo.; \$ 1640.00/pr \$ 2219.00/mo.; \$ 4438.00/pr
Three or more Employee Pays Peralta Pays Total Cost	\$ 1154.50/mo.; \$ 2309.00/pr \$ 1154.50/mo.; \$ 2309.00/pr \$ 2309.00/mo.; \$ 4618.00/pr	Three or more Employee Pays Peralta Pays Total Cost	\$ 2634.50/mo.; \$ 5269.00/pr \$ 1154.50/mo.; \$ 2309.00/pr \$ 3789.00/mo.; \$ 7578.00/pr	\$ 1967.50/mo.; \$ 3935.00/pr \$ 1154.50/mo.; \$ 2309.00/pr \$ 3122.00/mo.; \$ 6244.00/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>		
Employee Only	\$61.43/mo.; \$122.86/pr	\$31.91/mo.; \$63.82/pr		
Two Party	\$104.43/mo.; \$208.86/pr	\$51.04/mo.; \$102.08/pr		
Three or more	\$159.71/mo.; \$319.42/pr	\$77.77/mo.; \$155.54/pr		

Section D: Required Form

Other Benefit Enrollment Acknowledgements

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

Failure to notify the District of a change in dependent status, or naming ineligible dependents may result in repaying District/SISC premiums or claim costs.

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 based on my plan election. 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 will be subject to Federal imputed income if enrolling a domestic partner.

Enrollment subject to post enrollment audit.

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

Forms and documents can be submitted as follows:

Secure upload link: <https://forms.office.com/r/gmcwCjhmKS>
Mail to: Peralta CCD Benefits Office 333 E.8th Street, Oakland, CA 94606
Walk-in: Peralta CCD Benefits Office M-F, 8:30 am - 4:30 pm
Fax: (510) 587-7865

Peralta Benefits Office
333 East 8th Street Oakland, CA 94606
Websites: web.peralta.edu/benefits/
Email: benefits@peralta.edu
Telephone:510.466.7229