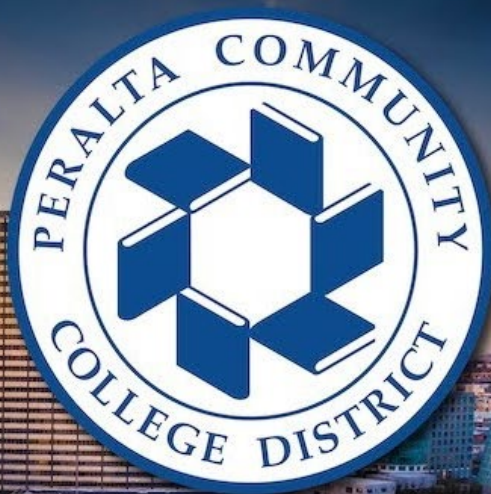


2025-2026

Peralta Community College District

Retiree Employee Benefits Guide

BENEFITS EFFECTIVE OCTOBER 1, 2025 – SEPTEMBER 30, 2026



Passion. Purpose. Possibilities.

CONTENTS



MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices document on the [Peralta Benefits page](#) more details.

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ENROLLMENT

Peralta Community College District supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.



Open Enrollment is a once-a-year opportunity to review your benefit choices, change plans, and add or drop dependents. After Open Enrollment ends, you cannot change your benefit elections until the next Open Enrollment, unless you experience an eligible life event.

Peralta Community College District proudly offers competitive and comprehensive benefits. Current benefits for retirees include:

- Medical, prescription drug and dental coverage (if applicable).

To enroll or make changes

- If you are Retired, on COBRA, or a surviving spouse of a Peralta employee, please contact the Peralta Benefits Office benefits@peralta.edu or by phone at (510) 466-7229 to report a life event or make changes to your benefits.

IMPORTANT NOTE:

This guide is a summary overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents including your benefit summaries and summary plan descriptions (SPDs) or visit peralta.edu/benefits for more information. The plan documents determine how all benefits are paid.

WHO'S ELIGIBLE FOR BENEFITS?



Retirees

You are eligible if you were a full-time employee hired prior to 7/1/2004.

Eligible Dependents

- Your spouse (the person who you are legally married to under state law, including a same- sex spouse).
- Your domestic partner
 - Any premiums for your domestic partner paid for by Peralta Community College District are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Your children (including your domestic partner's children):
 - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Children up to age 18 of whom you have legal guardianship of.
- Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

For additional information, please refer to the plan documents for each benefit.

Who Is Not Eligible?

Members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.

When Can You Enroll?

Open enrollment for SISC members with dependents who are not Medicare eligible, and members enrolled in a KPSA plan, is generally held in May for an October 1 effective date.

Open enrollment for COBRA, Direct Bill members and Retirees enrolled in a Retiree First Plan is generally held in October for a January 1 effective date.

Please contact the Peralta Benefits Office for detailed plan information.

CHANGING YOUR BENEFITS

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Changes to Medical plans can only be made during Open Enrollment, or if you experience a Qualifying Life Event. If you are enrolled in a SISC plan (Kaiser, Kaiser Senior Advantage, or Anthem), please contact the Benefits Office for the applicable forms. Forms may be emailed or mailed upon request.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 31 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 31 days after the event.

Dependent Verification

Making changes to dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans.

Please review the Eligibility Documentation Checklist [here](#) as you will be required to provide proof of eligibility documentation within 31 days of eligibility.

If you do not supply the proper documentation to make changes to dependents within the 31-day period, you will not be able to add the dependent(s) until the next open enrollment period.

RETIREE INFORMATION

Retirees who are eligible for PERS or STRS retirement benefits upon separation from the District may be eligible for:

1. Continued medical insurance based on hire date, retirement date and/or PCCD union affiliation.
2. Reimbursement of Medicare A, B & D premiums.
3. Life Insurance continues until age 66, conversion is available at the retiree's expense.
4. Membership in the Peralta Retiree Organization

Peralta Retiree Organization (PRO) is an organization open to membership by all Peralta retirees. PRO was formed in 2004 to provide assistance and representation to and for retirees in matters relating to retirement, and to sponsor activities for the general welfare of its members. PRO distributes a periodic newsletter which keeps its membership informed on a variety of District events and activities. Visit the PRO website for more information: www.peraltaretirees.org.

Dental Coverage upon Separation or Retirement from Peralta Service – Here are some options!

Criteria	Plan/Regulation		
	COBRA Regulation (Rates will change on renewal)	Kaiser Permanente Senior Advantage Plan	Assembly Bill 528 Regulation (for Cal STRS Retirees)
Who is eligible?	Anyone losing group dental coverage through termination of employment or retirement	A retiree or dependent who is enrollment in the traditional Kaiser and elects to join the Kaiser Senior Advantage Plan	Academics who are retiring from STRS covered employment with PCCD
Who pays the cost?	Employee/former employee	PCCD (if retiree is enrolled on Kaiser Senior Advantage Plan)	Retiree
Duration? How long will coverage last?	As long as payments are made, generally for up to 18 months, other extensions may be possible	For duration of enrollment in the Kaiser Senior Advantage Plan with PCCD	As long as payments are made by the 10th of each current coverage month
Election window	must elect within 60 days of separation/retirement or termination	Generally, within 30 days of reaching Medicare entitlement	Must elect within 60 days upon separation from service, or after exhaustion of COBRA or Cal-COBA (no late entry)
Network	Delta Dental Premier or United Health Care Dental	DeltaCare, a PMI product, limited network	Delta Dental Premier
How to elect?	Complete COBRA election form; make payments	Complete Kaiser Senior Advantage Form	Complete election form; make payments
Group number	938 (Delta Dental) / 04N6328 (UHC)	65	11504-0002
Single	UHC \$31.91 / Delta: \$59.75	No additional cost to retiree	\$107.99
2 Party	UHC \$51.04 / Delta: \$101.57		\$201.09
3 Party	UHC \$77.77 / Delta: \$155.35		\$249.08
Sliding scale benefits?	No	No	Yes: Year 1: 70%; Year 2: 80%; Year 3: 90%; Year 4: 100%
Where can you obtain more information?	Combined Evidence of Coverage & Disclosure Form	DeltaCare Dental HMO Program	Carrier Summary
Website location	www.benefitbridge.com/peralta		www.deltadentalins.com

SURVIVING SPOUSE OF RETIREES

FREQUENTLY ASKED QUESTIONS

1. **What determines the surviving spouse's monthly premium?** The monthly premium for the surviving spouse of a Peralta retiree is based on medical plan enrollment and the Medicare coordination of the insured at the time of the retiree's death.
2. **Can surviving spouses change benefit plans?** Yes, the surviving spouse retains the opportunity to change medical plans during the annual open enrollment window.
3. **To whom are monthly premiums paid?**

Carrier	Premiums are paid to
SISC Medical Plans (Anthem and Kaiser)	Navia Benefits PO Box 53250 Bellevue, WA 98015 Fax: 425-451-7002
Retiree First Plans (Anthem MAPD and United American)	
United Health Care (UHC) Dental	
Delta Dental (Plans 938 & AB 528)	

4. **Who is Navia?** Navia is the third-party administrator for the District's
 - Medicare Premium Reimbursement Plan
 - Medical and Prescription Reimbursement plans
 - COBRA and Direct Bill benefits
 - Retiree HRA for Medical & Prescription Drugs (SISC Kaiser & SISC Medical Plans)
5. **Are survivors eligible for the Medicare Reimbursement program?** Yes, only Survivors of lifetime members are eligible for reimbursement (Hired before 07/01/2004).
6. **Are survivors eligible for the Retiree HRA for Medical & Prescription Drugs (SISC Kaiser & SISC Medical Plans reimbursement program)?** Yes, only Survivors of lifetime members are eligible for reimbursement (Hired before 07/01/2004).
7. **Does Peralta pay medical premiums for surviving spouses of Peralta retirees?** No.

MEDICARE ENROLLMENT FAQs

	If you are Active:	If you are retired from Peralta and remain on a Peralta-Sponsored Group Plan:
1. When should I enroll with Kaiser Senior Advantage?	Member can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.	Upon enrollment in Medicare.
2. When should dependents enroll in Kaiser Senior Advantage?	Spouses of active employees can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.	Spouses of retirees should enroll in Senior Advantage by age 65
3. Who do I contact to enroll with Kaiser Senior Advantage?	Contact Benefit Office	
4. Does Kaiser assess a penalty for late Kaiser Senior Advantage enrollment?	No; if active employee not required to enroll in Kaiser Senior Advantage	No
5. What are the benefits for the retiree who enrolls in the Kaiser Senior Advantage (dental)?	Not Applicable	Peralta currently bundles Delta Care (DHMO)
6. When should I enroll with Medicare?	Members can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.	Three (3) months prior to your 65th birthday, or during the Medicare General Enrollment period of January 1 - March 31. Upon retirement, you are required to be enrolled in Medicare A & B by the 1 st of the following month.
7. To who are Medicare premiums paid?	Active employees can defer Part B until retirement.	Medicare premiums are normally deducted from Social Security checks or can be paid directly to Social Security.
8. Who is eligible for reimbursement of Medicare premiums?	Not Eligible.	Lifetime retirees paying into Medicare and eligible dependents.
9. Who do I contact to enroll with Medicare?	Contact Social Security 800-772-1213	
10. Is there a late entrant penalty with Medicare?	There is no late enrollment penalty for Part B if a member is actively covered under a group plan as a Peralta employee. Members can defer Part B of Medicare until retirement as long as the retiree applies for Medicare within three (3) months of loss of group coverage as an active employee.	If you do not enroll in Medicare upon turning age 65 you may be subject to a 10% penalty for each 12 month period not enrolled in Medicare.
11. What if I am on our SISC Anthem PPO Plan? When should I apply for Medicare B?	Defer until retirement or loss of group coverage as an active employee	Three (3) months prior to your 65th birthday, or during the Medicare General Enrollment period of January 1 - March 31

*Members who are disabled or diagnosed with End State Renal Disease should contact Medicare directly for information on coordination of benefits with the Peralta group plan.

ADDITIONAL RESOURCES

Social Security	800-772-1213	www.ssa.gov
Medicare	800-MEDICARE	www.medicare.gov
Kaiser Senior Advantage	800-747-2189	www.kp.org
Retiree First	855-460-7312	https://retireefirst.com/PeraltaCCD/
Navia	877-920-9675	www.naviabenefits.com

RETIREMENT READINESS CHECKLIST

PRE-RETIREMENT CHECKLIST

Within 90-days of Retirement-for counseling and guidance:

- Contact California Public Employees Retirement System (CalPERS) about annuity benefits
- Contact California State Teachers Retirement System (CalSTRS) about annuity benefits
- Contact Social Security about income options
- Contact Medicare to inquire about medical options and the enrollment process

30-days prior to retirement:

- Inform your department (use guidance in the Collective Bargaining Agreement).
- Please contact the Benefits Office to complete the applicable form(s) in order to:
 - Confirm your insurance coverage for you and your eligible dependents as a PCCD retiree
 - Update your beneficiary on file
- After you have submitted your notice, you may schedule an Exit Interview with Human Resources and a Retirement Appointment with the Benefits Office 10 days thereafter, please bring the following items to your appointment:
 - Copy of recent paycheck
 - Copy of the submitted resignation letter
 - Completed forms and documents for the continuation of medical benefits, if eligible
 - Collective Bargaining Agreement

Within 60-days (after retirement)

- Complete the COBRA Election Notice to continue the benefits beyond retirement effective date

POST-RETIREMENT CHECKLIST

HRA Medical & Prescription Reimbursements

- Retirees and eligible dependents should submit eligible expense no later than 1 year after the date of service to Navia Benefits Solutions. Call 866.857.1996

Annually

- Inform the district's agent (Navia) of your Medicare premium amount for reimbursement

Within 30-days

- Notify the District of your change of address
- Notify the District of addition of dependent (new spouse, child)
- Inform the district's agent of change in Medicare Premium amount

Survivor's Checklist

- Notify the Benefits Office no later than 31 days of the retiree's death. Call 510.466.7229
- Consider enrolling in medical insurance within 60-days of retiree's death
- Pay premiums on a monthly basis
- Submit Kaiser co-pay reimbursement form, if applicable send annual Medicare premium verification

MEDICAL AND PRESCRIPTION REIMBURSEMENTS

Navia is managing Health reimbursements for eligible retirees on a SISC medical plan starting April 1, 2024.

Please ensure that Navia and the District Benefits Office have your updated address and phone number.

- Starting April 1, 2024, you will no longer submit Health reimbursement forms to the District Benefits Office.
- Navia will also continue Medicare A, B and D premium reimbursements once a month.
- **What is needed for Navia Benefit Solutions to process my claim?**
Navia will need an Explanation of Benefits (EOB)/receipt from your Primary Insurance Carrier detailing the patient's name, date of service, type of cost and the applicable deductible/coinsurance/copayment information.

The claim must be considered by the Primary Insurance Carrier before Navia can process and consider the claim.

- **How can I submit my claims to Navia?**
Navia has several methods of submission for claims available.
Need Assistance? Call 559-256-1320 or Toll-Free 866-777-1320 or email at sps@naviabenefits.com
Fax – 559.475.5780
Mail – Navia Benefits Solutions, P.O. Box 5809 Fresno, CA 93755
Email* – spsclaims@naviabenefits.com
- **What is a Health Reimbursement Arrangement (HRA) plan?**
A Health Reimbursement Arrangement is a plan that is funded by the District. You and your eligible dependents may be reimbursed for qualifying medical expenses up to the amount shown on your Schedule of Benefits. HRAs are a tax-free benefit.
- **Who can I reach out to if I have questions about my claims or plan benefits?**
Navia's Scheduled Plan Services (SPS) team of experts are committed to addressing all your inquiries.

RESOURCE DOCUMENTS



[2025 -2026 Annual
Compliance Notices](#)



[2025 – 2026
Benefits Matrix](#)



[2025 – 2026 Plan
Contacts](#)



[2025-2-26 KPSA
Retiree
Contribution Rates](#)



[2025 - 2026
Anthem Retiree
Contribution Rates](#)

