

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 2025

Open enrollment begins February 6, 2025, and ends on March 10, 2025

RE-ENROLLMENT IS REQUIRED

Re-enrollment is required by March 10, 2025, and is not automatic.

Please read below.

This notice is being sent to part time, hourly faculty who may have a **Spring 2025** 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 February 6, 2025 and March 10, 2025
Coverage period begins March 1, 2025 and ends August 31, 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 on or before March 10, 2025. 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](http://www.BenefitBridge.com/peralta) to enroll or review medical and dental plan enrollment options at www.BenefitBridge.com/peralta. You will need to create a user ID and password, then:

- Upload Eligibility Affidavit/Enrollment Form and the Other Benefits Enrollment Acknowledgement Form***
- Upload supporting documentation if you are adding a dependent to your coverage.***
 - Forms are available on BenefitBridge when you register and log-in
 - Enrollments are processed only if supporting documents are received before the March 10, 2025, 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 *February 18, 2025, 10-11am & February 28, 2025, 3-4pm*. Invite Link <https://peralta-edu.zoom.us/j/83683408054> Meeting ID: 836 8340 8054 or Dial: +1 669 444 9171 (US Toll)**Other times are available by appointment. Call (510) 466-7229 or email benefits@peralta.edu

"If I want to consider enrolling, where do I start?" – Login in here: 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 or mail it to the PCC District Benefits Office 333 E. 8th Street Oakland, CA 94606, on or before the close of Open Enrollment, March 10, 2025 (**No need to enroll via BenefitBridge**). **Re-enrollment is required by March 10, 2025 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 March 10, 2025, and is not automatic. Coverage period begins March 1, 2025, and ends August 31, 2025. To maintain coverage without interruption, re-enroll by March 10, 2025 (**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 Spring 2025 assignment of 40% or greater. (refer to the Instructor Assignment Roster — **the Spring 2025 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: March 2025, April 2025, and May 2025 with each pay period totaling two months premiums. Coverage period begins March 1, 2025 and ends August 31, 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 March 1, 2025 and ends August 31, 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			
Employee Only	March 2025	No Contribution	March 2025	\$ 610.40	March 2025	\$ 505.20	April 2025	\$ 505.20	May 2025	\$ 505.20
1 st Installment	April 2025	No Contribution	April 2025	\$ 610.40	April 2025	\$ 505.20	May 2025	\$ 505.20		
2 nd Installment	May 2025	No Contribution	May 2025	\$ 610.40	May 2025	\$ 505.20				
3 rd Installment										
Employee Plus one	March 2025	No Contribution	March 2025	\$ 1201.60	March 2025	\$ 991.20	April 2025	\$ 991.20	May 2025	\$ 991.20
1 st Installment	April 2025	No Contribution	April 2025	\$ 1201.60	April 2025	\$ 991.20	May 2025	\$ 991.20		
2 nd Installment	May 2025	No Contribution	May 2025	\$ 1201.60	May 2025	\$ 991.20				
3 rd Installment										
Employee Plus Two or More	March 2025	No Contribution	March 2025	\$ 1695.20	March 2025	\$ 1395.60	April 2025	\$ 1395.60	May 2025	\$ 1395.60
1 st Installment	April 2025	No Contribution	April 2025	\$ 1695.20	April 2025	\$ 1395.60	May 2025	\$ 1395.60		
2 nd Installment	May 2025	No Contribution	May 2025	\$ 1695.20	May 2025	\$ 1395.60				
3 rd Installment										
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					
Employee Only	March 2025	\$ 117.86	March 2025	\$ 63.82	April 2025	\$ 63.82	April 2025	\$ 63.82	May 2025	\$ 63.82
1 st Installment	April 2025	\$ 117.86	April 2025	\$ 63.82	May 2025	\$ 63.82				
2 nd Installment	May 2025	\$ 117.86	May 2025	\$ 63.82						
3 rd Installment										
Employee Plus one	March 2025	\$ 200.36	March 2025	\$ 102.08	April 2025	\$ 102.08	April 2025	\$ 102.08	May 2025	\$ 102.08
1 st Installment	April 2025	\$ 200.36	April 2025	\$ 102.08	May 2025	\$ 102.08				
2 nd Installment	May 2025	\$ 200.36	May 2025	\$ 102.08						
3 rd Installment										
Employee Plus Two or More	March 2025	\$ 306.42	March 2025	\$ 155.54	April 2025	\$ 155.54	April 2025	\$ 155.54	May 2025	\$ 155.54
1 st Installment	April 2025	\$ 306.42	April 2025	\$ 155.54	May 2025	\$ 155.54				
2 nd Installment	May 2025	\$ 306.42	May 2025	\$ 155.54						
3 rd Installment										

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 or mail it to the PCC District Benefits Office 333 E. 8th Street Oakland, CA 94606, on or before the close of Open Enrollment, March 10, 2025 (**No need to enroll via BenefitBridge**). **Re-enrollment is required by March 10, 2025 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 March 10, 2025 and is not automatic. Coverage period begins March 1, 2025 and ends August 31, 2025. To maintain coverage without interruption, re-enroll by March 10, 2025 (**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 Spring 2025 assignment of less than 40%. (refer to the Instructor Assignment Roster — the Spring 2025 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: March 2025, April 2025, and May 2025 with each pay period totaling two months premiums. Coverage period begins March 1, 2025 and ends August 31, 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 March 1, 2025 and ends August 31, 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
Employee Only	March 2025 \$ 977.00 April 2025 \$ 977.00 May 2025 \$ 977.00	March 2025 \$ 2047.00 April 2025 \$ 2047.00 May 2025 \$ 2047.00	March 2025 \$ 1549.00 April 2025 \$ 1549.00 May 2025 \$ 1549.00
Employee Plus one	March 2025 \$ 1914.00 April 2025 \$ 1914.00 May 2025 \$ 1914.00	March 2025 \$ 4094.00 April 2025 \$ 4094.00 May 2025 \$ 4094.00	March 2025 \$ 3042.00 April 2025 \$ 3042.00 May 2025 \$ 3042.00
Employee Plus Two or More	March 2025 \$ 2695.00 April 2025 \$ 2695.00 May 2025 \$ 2695.00	March 2025 \$ 5781.00 April 2025 \$ 5781.00 May 2025 \$ 5781.00	March 2025 \$ 4283.00 April 2025 \$ 4283.00 May 2025 \$ 4283.00
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
Employee Only	March 2025 \$ 117.86 April 2025 \$ 117.86 May 2025 \$ 117.86	March 2025 \$ 63.82 April 2025 \$ 63.82 May 2025 \$ 63.82	
Employee Plus one	March 2025 \$ 200.36 April 2025 \$ 200.36 May 2025 \$ 200.36	March 2025 \$ 102.08 April 2025 \$ 102.08 May 2025 \$ 102.08	
Employee Plus Two or More	March 2025 \$ 306.42 April 2025 \$ 306.42 May 2025 \$ 306.42	March 2025 \$ 155.54 April 2025 \$ 155.54 May 2025 \$ 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 Spring 2025 Open Enrollment. **Enroll between February 6, 2025 and March 10, 2025** or within 30 days of involuntary loss of other group coverage. Coverage period begins March 1, 2025 and ends August 31, 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 as for additional information.
10. I agree to pay premiums based on my plan election

I also acknowledge that in accordance with Peralta Community College District Board Policy, civil action may be brought against employees who make false statements or fail to notify the District of change in dependent status.

I agree to pay premium directly from my Peralta Community College District pay. If there are insufficient earnings, I will pay for benefits by personal check within the first 10 days of the coverage month or face cancellation of coverage for non-payment of premium. I understand that I am subject to post-enrollment premium payment verification and may owe for unpaid premiums at the end of the enrollment period. I am subject to imputed income if enrolling a domestic partner.

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

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

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

Benefit Eligibility & Payment Highlights
Spring 2025



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. ➤ 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. ➤ Have a Total Term FTE which equals or exceeds 40% of an FTE. 	<ul style="list-style-type: none"> ➤ Be currently employed as a temporary, part-time faculty member with the PCCD. ➤ 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. ➤ Have a Total Term FTE Workload which is less than 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 2025, April 2025 & May 2025	
Medical & Dental Coverage Duration Flexible Spending Accounts Plan Year	March 1, 2025 – August 31, 2025 October 1, 2024 – September 30, 2025	
Payment Method	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. Benefits@peralta.edu	
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. Eligibility Affidavit/Enrollment Form 2. Applicable Spring/Fall Term Workload from Campus Solutions 3. Provide required eligibility checklist documents. Dependents cannot be added without the required documents listed in SISC's Eligibility Documentation Checklist. 4. Applicable flexible spending account forms 	
Changes to Employee Medical Cost Sharing	<ul style="list-style-type: none"> ➤ Kaiser & 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 ➤ 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.	
For contacts, additional details, limitations, exclusions, and out-of-network coverage, please refer to the Benefits Office website.	http://web.peralta.edu/benefits/	
Enrollment & Documentation Deadline	March 10, 2025	

Medical Plan Highlights
SISC Anthem PPO Plans / SISC Kaiser Medical HMO
Plan Monthly Base Rates
Spring 2025

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 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%
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)

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

Note: This is a brief benefits 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 – SPRING 2025

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 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) ~ 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 children and adults.



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

BenefitBridge 2025 Online Benefits Enrollment

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

Need Help?

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

Here's what you can do on BenefitBridge:

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

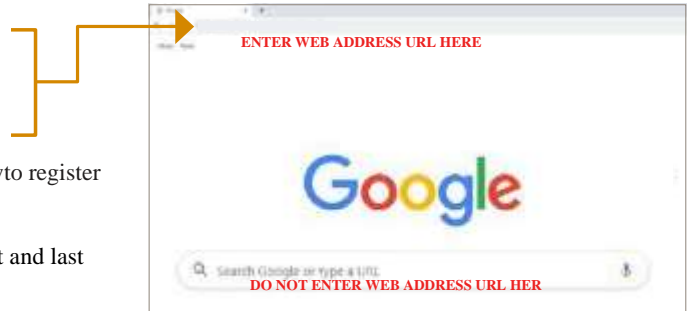
Registration and Login

Already have login credentials?

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

Need to create login credentials?

1. In the **address bar**, type www.benefitbridge.com/peralta
(Not in the Bing, Google, Yahoo search engine field)
2. Click the **Enter** key, then follow the instructions below to register
 - **STEP 1:** Select **“Register”** to **Create an Account**
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



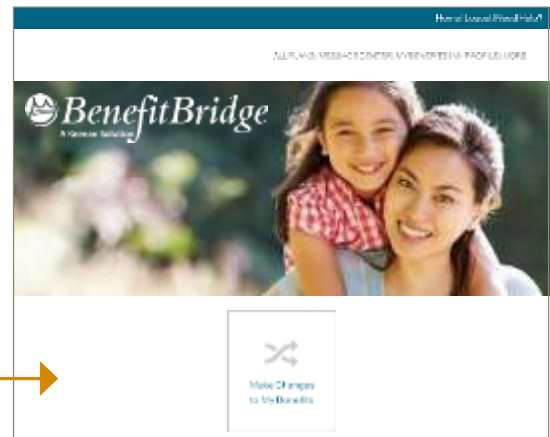
Enrolling in Benefits

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.



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 Spring 2025 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 Spring 2025
2. Dependent Verification/Documentation (if applicable)
3. Other Benefit Enrollment Acknowledgement form

5. Please provide the date





Campus Solutions

Term Workload

ID

Workload Definition Find | View All First 1 of 45 Last

Academic Institution	PCCD1	Peralta Community College Dist	Total Term FTE%	
Term	1252	2025 Spring	66.67	
Instructor Assignment Class	TTMP	T-Temporary/Adjunct		
Calculate Workload	<input checked="" type="checkbox"/>	Assigned FTE %	67.00	
Limit Workload	<input checked="" type="checkbox"/>	Instructor Multiplier %	100	

Workload Assignment		Job Code							
Description	Subject	Catalog Nbr	Section	Class Nbr	Comb Sects ID	Assign Type	Work Load	App Load	Assignment FTE %
							20.00	<input checked="" type="checkbox"/>	66.67

*Instructor Term Workload Sample
For Illustrative Purposes Only*

Your personal instructor assignment can be found by signing into Campus Solutions Upload to BenefitBridge as part of your enrollment process

Flexible Spending Account (FSA) Open Enrollment

FSA Open Enrollment for Part-time hourly Faculty **February 6, 2025 – March 10, 2025, for coverage effective** **March 1, 2025 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.**

Note: If you were eligible and did not enroll in the FSA HealthCare and Daycare accounts during the Fall 2024 open enrollment period you will not be eligible to enroll during Spring 2025 open enrollment unless you have a qualifying event.

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 3 pay checks: 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. 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

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

Last Name, First Name		SSN / Employee ID #	
Home Address (Street, City, State, Zip Code)			
Date of Birth (MM/DD/YYYY)	Phone Number	Email Address	Effective Date (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
Health Care FSA Maximum of \$3200 per plan year	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12 or _____	\$ _____
Day Care FSA 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 _____	\$ _____
Premium Conversion 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

Navia Debit Card – 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
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

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.

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

Additional Information

- **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.

Grace Period

- 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.

Claim Runout Period

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

Lost Checks and Reissues

- 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.

Direct Deposit

- 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.

Deductions

- 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.

Change in Status

- 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.

Eligibility

- 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.

Debit Card

- 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.

Electronic Disclosure Notice

- 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.
-

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
Parking Reimbursement Maximum of \$360.00 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12	\$ _____
Transit Reimbursement 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

Additional Information for Parking Account

- The maximum reimbursement possible for any month of service cannot exceed the current monthly limit established by the IRS. Amounts exceeding the IRS monthly limit will not be reimbursed and shall not carry forward for reimbursement in future months.
- Parking expenses deducted and paid directly from your paycheck cannot be reimbursed under this account.

Additional Information for Transit Account

- The maximum reimbursement possible for any month of service cannot exceed the current monthly limit established by the IRS. Amounts exceeding the IRS monthly limit will not be reimbursed and shall not carry forward for reimbursement in future months.
- Transit expenses deducted and paid directly from your paycheck cannot be reimbursed under this account.

Direct Deposit

- 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.
- The first reimbursement of the plan year or a reimbursement processed after making changes to your bank account information will be issued as a live check to verify bank information.
- Returned items due to incorrect banking information will be assessed a \$10.00 fee that will be deducted from the corresponding account balance.

Deductions

- Elections are irrevocable during the coverage period. Changes must be made on a prospective basis and will go in effect as of the following coverage period. Example: Bill drives to work. During open enrollment in July Bill elects \$3,180 (\$265 x 12 months) for parking for the calendar year. In December Bill's wife buys him a bike. On January 5th Bill changes his election to account for his new method of transportation and reduced need for parking. His election is irrevocable during the coverage period (month of January) and will be effective as of February.

Eligibility

- Individuals who are partners, sole proprietors, or independent contractors are not eligible to participate in the Plan. In addition, under section 1372(a), 2-percent shareholders of S corporations are treated as partners for fringe benefit purposes. Thus, an individual who is both a 2-percent shareholder of an S corporation and a common law employee of that S corporation is not considered an employee for purposes of section 132(f) and, therefore, also not eligible to participate in the plan. It is your responsibility to determine your eligibility. Additionally ineligible employees include leased, temporary, contract worker, independent contractor, temporary employee or casual employee.

Rollover

- In the event your account balances "roll over" into the following plan year, rollover of account balances will occur 30 days after the claim runout period. Rollover amounts will be deposited into the account in addition to any normal deductions.
- In the event your account balances do not "roll over" funds remaining in the account after the plan year and claims runout period will be forfeited to the plan.

Electronic Disclosure Notice

- By providing your email address you consent to receive email communications 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 Benefit Solutions or login to your account online.
- 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.

Multi-district Part- Time Faculty Reimbursement Procedures

January 28, 2025

Part-time Community College Faculty Health Insurance Program

Peralta Community College District offers part-time faculty health insurance based on the collective bargaining agreement. Part-time faculty who have multi-district teaching assignments at two or more community college districts equal to or greater than **40%** of a full-time assignment will be eligible for the program.

Program Definition:

- Part-Time Faculty are those with assignments equal to or greater than 40 percent of a full-time assignment.
- Multidistrict part-time faculty are those with total teaching assignments at two or more community college districts equal to or greater than 40 percent of a full-time assignment over the last year.
- Part-time faculty, multidistrict part-time faculty and their dependents are eligible to participate in this program. (Note: Faculty or their dependents whose premiums for health insurance are paid by an employer other than a community college district are not eligible to participate in the program.)
- Limits individual premiums (i.e. employee contributions) paid by part time faculty to no more than the actual individual premium (employee contribution) paid by full-time faculty in that district.
- Offers health insurance coverage, through a reimbursement plan, to all eligible multidistrict part-time faculty equivalent to 40% Full-time faculty medical premiums.
- Districts can reimburse multidistrict part-time faculty who individually purchase health insurance benefits, up to a proportionate share of the district's most commonly subscribed family coverage plan or individual plan.

How do I apply for health insurance reimbursement?

1. Submit application for reimbursement.
2. Certify that you teach a 40% combined load at two or more districts by submitting your classroom assignment(s) for the applicable semester fall or spring. Please submit your teaching assignment from each District verifying your teaching load for the semester you are applying for reimbursement. Verifications are due by December 1st for Fall semester and by June 1st for spring semester.
3. Reimbursements will be issued after the semester ends and you have submitted verification of your class assignment that equals 40% FTE or more.
4. No other employer or agency other than a community college district is paying for your health insurance.
5. Application must be submitted at the end of semester.

The required documentation includes the following:

1. Proof of medical insurance plan enrollment, premium amount, and payment for medical insurance that was in effect during applicable semester
2. Proof of teaching load taught during applicable semester.
3. The application form and required documents must be submitted no later than December 1st of fall semester within the last year or by June 1st for spring semester within the last year.

NOTE: Information on how to submit the application will be distributed by March 2025.