



PERALTA BENEFITS – EVERYONE

Published by the PCCD Benefits Office

April 28, 2014

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ANNUAL BENEFITS FAIR



MONDAY - MAY 12, 2014
11:00 am – 2:00 pm
Come and bring a friend.
Weigh in for our weight
loss competition!

Inside this issue:

- FAQs, pages 10-11
- Dental Announcement 12-13
- Required Annual Distribution of Medicare Notice, pages 14 - 15
- Retiree Information pages, pages 16-20

Health Care Reform 2014:

- Effective September 1, 2014, group health plans may no longer impose any pre-existing condition exclusions on any covered Individual, regardless of their age.
- Group health plans may not require a waiting period of more than 90 days (or 60 days in California). Peralta's waiting period does not exceed 30 days.

Flex Enrollment: November 1, 2014 – November 30, 2014 for the plan year January 1, 2015 through December 31, 2015

OPEN ENROLLMENT BEGINS MAY 1, AND ENDS MAY 31, 2014; ATTEND BENEFITS FAIR ON MONDAY, MAY 12, 2014

Open Enrollment is the annual opportunity for eligible employees/retirees to:

- Change or enroll in medical and/or dental plans
- Add a dependent to the group insurance plan

The Peralta Community College District proudly offers a competitive and comprehensive core of work-life benefits that may increase your total compensation for current active employees by 40% or more. Current benefits for full-time employees include:

- Medical, prescription drug and vision coverage
- Delta Dental PPO dental coverage or United HealthCare DMO dental coverage
- Life insurance of 150% of your annual pay up to a \$100,000 maximum benefit
- Long-term Disability coverage, Employee Assistance Program
- Voluntary participation in a tax-deferred 403(b) and 457 plans

If you are benefit-eligible and do nothing...

If you are currently enrolled in our group plans and do nothing, then your medical, dental and vision plan enrollment will continue at your current coverage level and at the rates in effect on July 1, 2014 based on your District affiliation.

To effect a change...

Complete the Universal Benefit Enrollment Form and submit to the District Benefits Office no later than **May 31, 2014**. You may submit via e-scan to: benefits@peralta.edu

Open Enrollment Highlight 2014 – Announcing a Third Dental Plan

For employees, Delta Dental PPO plus Premier available July 1, 2014* (Your choice between Delta Dental products are based upon your District affiliation).

In response to requests for an affordable dental plan with an increased annual maximum benefit, the District has partnered with Delta Dental to introduce the Delta Dental PPO plus Premier plan. In addition to UnitedHealthCare Dental and the Delta Dental Premier plan, now with the addition of the new Delta Dental PPO plus Premier plan the District is partnered with three dental plans. Your plan enrollment, as well as COBRA continuation, options are based on District affiliation.

Comparison between our Delta Dental plans

	Delta Premier (Current)	Delta Dental PPO Plus Premier (Available 7/1/14)
Annual Plan limit (more benefits)	\$1,600	\$1,600 (if you utilize PPO providers; otherwise \$1,600 for all other providers)
Number of California dentists (more dentists)	23,461	+14,926 Some of these dentists are dually signed in both the PPO network and the Premier network
Renewal Change	-3.3% Decrease from 2013-2014 rates	-11.3% Decrease from 2013-2014 rates

Coverage Level	UnitedHealthcare Dental effective 07/01/2014	Delta Dental PPO Plus Premier becomes available 07/1/14	Delta Dental Premier rates effective 07/1/14 for existing plan
Single	\$0.00	\$37.85	\$43.76
Two party	\$0.00	\$67.11	\$77.13
Three or more	\$0.00	\$102.90	\$118.22

Please refer to our Frequently Asked Questions Insert accompanying this Newsletter.












Special Note for Retirees

Retirees on Kaiser Senior Advantage Plan have dental insurance through the DeltaCare USA network affiliated with the Kaiser Senior Advantage Plan. Call the Benefits Office at 510.466.7229 or the carrier at 800-422-4234 for more information. AARP also offers options. Contact them directly at 866-290-2939.

Benefits Overview

Effective 7/1/14

(as of May 2014)

Vendor	Information on Vendors
	<p>Kaiser Medical Plan (Health Maintenance Organization - HMO); www.kp.org</p> <p>All employees except Local 39 employees</p> <ul style="list-style-type: none"> Kaiser provides medical care through participating doctors at Kaiser facilities. The plan emphasizes preventive care and provides most services and supplies at little to no cost to you. The plan includes coverage for prescription drugs and optical services obtained at a Kaiser facility. The District plan allows for a \$10 co-pay for most services. Pharmacy benefits Retail and mail order is covered up to a 100 day supply at a \$10 co-pay for generic formulary or a \$15 co-pay for a brand name formulary. <p>Local 39 employees only</p> <ul style="list-style-type: none"> Kaiser provides medical care through participating doctors at Kaiser facilities. The plan emphasizes preventive care and provides most services and supplies at little to no cost to you. The plan includes coverage for prescription drugs and optical services obtained at a Kaiser facility. The District plan allows for a \$15 co-pay for most services. Pharmacy benefits Retail up to 30 day supply at a \$10 generic or \$20 for brand name formulary prescription. Mail order is covered up to a 100 day supply at a \$20 co-pay for generic formulary or a \$30 co-pay for a brand name formulary.
   	<p>Peralta PPO Medical Plans (Preferred Provider Organization - PPO), administered by CoreSource; www.mycoresource.com</p> <p>All employees except Local 39 employees</p> <ul style="list-style-type: none"> CoreSource is the administrator of the medical services received through the Anthem Blue Cross network. To access Anthem Blue Cross providers, go to www.anthem.com/ca. The PPO provides coverage for routine and major medical services received through network providers. Most office visits are available after a \$10 co-pay per visit. Pharmacy benefits can be accessed through CVS / Caremark. www.caremark.com Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 co-pay for generic prescription or a \$15 co-pay for a brand name prescription. Mail order is covered up to a 90 day supply at a \$5 co-pay for either generic or brand name prescriptions. Vision benefits for ALL Peralta PPO Plans can be accessed through United Healthcare Vision. www.uhvision.com. Participants can receive benefits through the United Healthcare Vision network of providers and can receive out of network benefits within the plan guidelines. Office visit co-pays are \$10 for examinations. <p>Local 39 employees only</p> <ul style="list-style-type: none"> CoreSource is the administrator of the medical services received through the Anthem Blue Cross network. To access Anthem Blue Cross providers, go to www.anthem.com/ca. The PPO provides coverage for routine and major medical services received through network providers. Most office visits are available after a \$15 co-pay per visit. Pharmacy benefits can be accessed through CVS / Caremark. www.caremark.com. Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 co-pay for generic prescription or a \$20 co-pay for a brand name prescription. Mail order is covered up to a 100 day supply at a \$20 co-pay for generic prescription or \$30 co-pay for brand name prescription. Vision benefits for ALL Peralta PPO Plans can be accessed through United Healthcare Vision. www.uhvision.com. Participants can receive benefits through the United Healthcare Vision network of providers and can receive out of network benefits within the plan guidelines. Office visit co-pays are \$10 for examinations.
	<p>*Delta Dental Premier plus PPO (\$1,600 plan limit) www.deltadentalins.com *Delta Dental Premier; (\$1,600 plan limit) www.deltadentalins.com</p> <p>Delta Dental pays 100% for most services, including preventive care, fillings, extractions, crowns, periodontics, and root canal work. Bridges and dentures are covered at 50%. The plan pays up to \$1,500 (or \$1,600) per person per calendar year*. Orthodontia coverage is available for dependent children up to age 26. *The Delta Dental product is based on your District affiliation. The \$1,600 calendar year maximum is based upon utilization of Delta Dental PPO providers. All other providers will have the \$1,500 calendar year maximum.</p>
	<p>United HealthCare Dental Plan (Dental Maintenance Organization - DMO); www.myuhcdental.com</p> <p>United HealthCare Dental pays 100% for most services. In addition to routine cleanings, examinations and x-rays, this plan has an added feature of child AND adult orthodontia. Plan surcharge for orthodontia is \$2,250 when using a United HealthCare DMO dentist.</p>
	<p>Flexible Benefits Plan & Pre-Tax Commuting Reimbursement; www.pensiondynamics.com</p> <p>Medical and/or Dependent Care Expense (IRS Section 125): Eligible employees can set aside tax free dollars for out of pocket medical expenses or dependent day care expenses. First, set the money aside from each paycheck, then submit receipts to recover tax free dollars. Check with a tax professional to learn if this option is feasible to your personal situation. Pre-Tax Commuting Expense (IRS Section 132): If public transportation is used to get to and / or from work, this account can be used to reimburse specified expenses with pre-tax dollars.</p>
	<p>Long Term Disability Insurance; www.ing.com</p> <p>If a covered disability prevents you from working for more than 90 calendar days, the District's Long Term Disability plan, through ING, pays a monthly benefit of up to 60% of your base monthly earnings, up to a \$5,000 per month maximum benefit. Benefits are payable while disabled (after all payable sick leave and other available leaves have been exhausted), within certain time limits specified in the policy. PCCD employees do not pay into State Disability Insurance.</p>
	<p>Basic Term Life and Accident (AD&D) Insurance; www.ing.com</p> <p>The District provides, at no cost to the employee, a life insurance benefit through ING equal to 150% of your base salary (subject to a \$100,000 maximum benefit) for employees, \$1,000 for spouses, and \$100 for each dependent (birth to age 6 months) or \$500 for each dependent (from age 6 months to 22 years). The plan includes an amount equal to the life insurance benefit in the case of accidental death, or a percentage of that amount for accidental loss of sight or limb(s). Life insurance terminates when the employee reaches age 66 unless the employee is still actively employed. The plan can be converted to an individual plan at the retiree's expense.</p>
	<p>Voluntary Term Life Insurance; www.cigna.com</p> <p>You may apply for additional (voluntary) insurance up to \$500,000 for you, your spouse and unmarried dependent children. Coverage is guaranteed if you are a new hire and you apply within 31 days of becoming a benefit eligible employee. Late enrollees will be subject to full evidence of good health.</p>

Medical Plan Highlights
Peralta Medical PPO Plans
Kaiser Medical HMO Plan
Effective July 1, 2014 for all active groups (except Local 39)

Plan	Peralta PPO 'Traditional' In-Network	Peralta PPO 'Traditional' Out-of-Network	Peralta PPO 'Lite' In-Network ONLY	Kaiser HMO In-Network ONLY
Calendar Year Deductible: (deductibles cross accumulate)	\$100 per person; 3 times individual deductible per family			None
Out of Pocket Maximum:	\$300 per person; \$900 per family	\$1,000 per person; \$3,000 per family	\$300 per person; \$900 per family	\$1,500 per person; \$3,000 per family
Lifetime Maximum Benefit:	Unlimited			Unlimited
Pre-Existing Condition	6 months if enrolling when first eligible or 18 months if enrolling anytime thereafter. Limitation may be reduced by prior Creditable Coverage. No pre-existing condition limitations for anyone under the age of 19			None
Network:	Access Anthem Blue Cross (www.anthem.com/ca)	Not applicable	Access Anthem Blue Cross (www.anthem.com/ca)	Kaiser (www.kp.org)
Physician Office Visits:	\$10 co-pay (deductible waived)	80% of usual and customary fees, after calendar year deductible	\$10 co-pay (deductible waived)	\$10 co-pay
Diagnostic Testing, X-Rays and Laboratory:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100% of negotiated rates, after calendar year deductible	100%
Inpatient Hospitalization:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100% of negotiated rates, after calendar year deductible	100%
Pre-Certification of Inpatient Services:	Required. Penalty is 25% reduction of benefits. Does not apply to maternity or emergency visits.			Required. Penalty is 100% reduction of benefits. Does not apply to maternity or emergency visits.
Emergency Room Visits:	\$35 co-pay (deductible waived). Co-pay will be waived if admitted to the hospital.			\$35 co-pay. Co-pay will be waived if admitted to the hospital.
Out of Area Benefits:	If no contracting providers are within 30 miles of your residence, providers are considered in-network. Call CoreSource about water and/or mountain barriers.			Limited to life threatening emergency treatment only.
Vision Plan:	See United Healthcare Vision brochure for schedule of Network and non-Network vision benefits (www.myuhcvision.com)			Vision exam covered under medical plan. Materials benefit limited to \$175 allowance per 24 month period.
Prescription Coverage:	Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 co-pay for generic prescription or a \$15 co-pay for a brand name prescription. Mail order is covered up to a 90 day supply at a \$5 co-pay for either generic or brand name prescriptions. Retail Pharmacy Note - if a brand name drug is prescribed and there is no generic equivalent, then the member will ONLY pay the generic co-pay.			Retail and mail order is covered up to a 100 day supply at a \$10 co-pay for generic formulary or a \$15 co-pay for a brand name formulary.
Check out your Benefits Information Center (BIC) -- to learn more about your benefits, please visit your Benefits Information Center (BIC) website at: www.peralta.psvbenefits.net .				

Medical Plan Highlights
Peralta Medical PPO Plans, Kaiser Medical HMO Plan
Effective July 1, 2014 (for Local 39 only)

Plan	Peralta PPO "Traditional" In-Network	Peralta PPO "Traditional" Out-of-Network	Peralta PPO "Lite" In-Network ONLY	Kaiser HMO In-Network ONLY
Calendar Year Deductible: (deductibles cross accumulate)	\$100 per person; 3 times individual deductible per family			None
Out of Pocket Maximum:	\$300 per person; \$900 per family	\$1,000 per person; \$3,000 per family	\$300 per person; \$900 per family	\$1,500 per person; \$3,000 per family
Lifetime Maximum Benefit:	Unlimited			Unlimited
Pre-Existing Condition	6 months if enrolling when first eligible or 18 months if enrolling anytime thereafter. Limitation may be reduced by prior Creditable Coverage. No pre-existing condition limitations for anyone under the age of 19			None
Network:	Access Anthem Blue Cross (www.anthem.com/ca)	Not applicable	Access Anthem Blue Cross (www.anthem.com/ca)	Kaiser (www.ko.org)
Physician Office Visits:	\$15 co-pay (deductible waived)	80% of usual and customary fees, after calendar year deductible	\$15 co-pay (deductible waived)	\$15 co-pay
Diagnostic Testing, X-Rays and Laboratory:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100% of negotiated rates, after calendar year deductible	100%
Inpatient Hospitalization:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100% of negotiated rates, after calendar year deductible	100%
Pre-Certification of Inpatient Services:	Required. Penalty is 25% reduction of benefits. Does not apply to maternity or emergency visits.			Required. Penalty is 100% reduction of benefits. Does not apply to maternity or emergency visits.
Emergency Room Visits:	\$35 co-pay (deductible waived). Co-pay will be waived if admitted to the hospital.			\$35 co-pay. Co-pay will be waived if admitted to the hospital.
Out of Area Benefits:	If no contracting providers are within 30 miles of your residence, providers are considered in-network. Call CoreSource about water and/or mountain barriers.			Limited to life threatening emergency treatment only.
Vision Plan:	See UnitedHealthcare Vision brochure for schedule of Network and non-Network vision benefits (www.myuhcvision.com)			Vision exam covered under medical plan. Materials benefit limited to \$175 allowance per 24 month period.
Prescription Coverage:	Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 co-pay for generic prescription or a \$20 co-pay for a brand name prescription. Mail order is covered up to a 100 day supply at a \$20 co-pay for either generic or \$30 brand name prescriptions. Retail Pharmacy Note - if a brand name drug is prescribed and there is no generic equivalent, then the member will ONLY pay the generic co-pay.			Retail up to 30 day supply at a \$10 generic or \$20 for brand name formulary prescription. Mail order is covered up to a 100 day supply at a \$20 co-pay for generic formulary or a \$40 co-pay for a brand name formulary.
Check out your Benefits Information Center (BIC) -- to learn more about your benefits, please visit your Benefits Information Center (BIC) website at: www.peralta.pswbenefits.net .				

Dental Plan Highlights
Delta Dental Premier Plan – Delta Dental PPO Dental Plan – United Healthcare DMO Dental Plan
Effective July 1, 2014

Plan	Delta Dental Premier / Delta Dental Plus Premier	United HealthCare
Network:	<p style="text-align: center;">Delta Dental www.deltadentalins.com Delta Premier / Delta Dental plus Premier</p> <p>Select: Find a dentist Select: Delta Dental Premier (for Delta Premier plan) or Delta Dental PPO for the Delta Dental plus Premier plan</p>	<p style="text-align: center;">United HealthCare Dental www.myuhcdental.com DMO Dental Plan (HMO plan)</p> <p>Select: "Find a Dentist" Select: "CA DIRECT COMPENSATION PACIFIC UNION"</p>
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)	Network: 100% of negotiated rate non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees non-Network: 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.	Network: 100% of negotiated rate non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees non-Network: 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.	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Prosthetic Services: (bridges, partial and full dentures)	Network: 50% of negotiated rate Non-Network: 50% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Calendar Year Maximum (Per Person):	\$1,500 Delta Dental Premier \$1,600 Delta Dental plus Premier* *must access PPO providers for \$1,600 benefit; otherwise maximum will be \$1,500	Unlimited
Orthodontia Services:	Dependent children only to age 19; Network: 50% of negotiated rate Non-Network: 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 co-pays. Benefits available to children and adults

Benefits Matrix and District Affiliation

Benefit Matrix	Benefit Classification as Defined by Benefit Program Assignment			
PeopleSoft Benefit Program Coding	PRB-Full Time 39, 1021, Management, Confidential PRA – Peralta Certificated Administrators	PFF – Contract Faculty PTC – Temporary Contract Faculty	PAB – Adjunct Hourly	TCB – Temporary Classified Benefits
Worker's Compensation	o	o	o	o
Medical *(refer to Monthly Premium & Contribution Table for explanation on costs)	o	o	o *	
Dental	o	o	o (District does not make contributions)	
Employee Assistance Program	o	o		
Flexible Benefits 125, 129	o	o	o	o
Pre-Tax Parking 132	o	o	o	o
Pre-Tax Transportation 132	o	o	o	o
Tax Deferred Annuities – 403 (b)	o	o	o	o
Tax Deferred Annuities – 457	o	o	o	o
Defined Benefit Plans – 401(a) STRS		o	o	
Defined Benefit Plans – 401(a) PERS	o			
Cash Balance			o	
Apple				o
Employer-Paid Term Life	o	o		
Employer-Paid Long-Term Disability	o	o		
Union Dues / Fees	o	o	o	o

Check out your Benefits Information Center (BIC)

To learn more about your benefits, please visit your Benefits Information Center (BIC) website at: www.peralta.pswbenefits.net

Benefits for All Active Employees

WORKERS' COMPENSATION INSURANCE

All District employees are automatically covered by workers' compensation benefits. If an employee is injured while on the job and if the claim is accepted by the District's workers' compensation claims administrator, the benefits include coverage for medical expenses associated with the injury. The District provides full salary for the first 60 days, under the Peralta Industrial Leave policy. Our claims are administered through York. Medical services are rendered through the WellComp medical network with many providers and specialists in the area.

RETIREMENT PLANS (PERS, APPLE, STRS, Cash Balance)

Depending on your position and your appointment, you participate in either the Public Employees' Retirement System (PERS), the State Teachers' Retirement System (STRS) or the APPLE Plan. Inquire with Human Resources or each respective retirement plan system regarding plan membership

The District currently contributes **11.442%** of salary to the members' PERS retirement fund.

CalPers Classic members hired on or before December 31, 2012 contribute 7% of reportable compensation.

CalPers New members hired on or after January 1, 2013 contribute 6% of reportable compensation.

A new member includes an individual who becomes a member of a public retirement system for the first time on or after January 1, 2013, and who was not a member of another public retirement system prior to that date, and who is not subject to reciprocity with another public retirement system.

Employees who are part time, seasonal or temporary may be eligible for the Accumulation Program for Part-time and Limited Service Employees (APPLE). Your mandatory contribution is 3.75% of eligible salary; the District contributes 3.75% of your eligible salary to this plan.

The contribution rate is based on the academic term (10-, 11- or 12- month) assigned to the faculty member and is tax deferred. The District currently contributes 8.25% of the member's annual salary to the STRS fund (refer to the Monthly Contribution Table.

Part time educators may be eligible for participation in the defined benefit plan Cash Balance Benefit Program. Both the employee and employer contribute 4% of salary to this retirement fund.

Refer to plan booklets for other information on the benefits of retirement plan participation. In addition to retirement income, each plan may offer other pre-retirement planning opportunities (long-term care, home loan programs and more).

VOLUNTARY 403(b) & 457 PLANS

Tax Shelter Programs & Personal Financial Planning

Under Section 403(b) of the Internal Revenue Code and Section 17512 of the California Revenue and Taxation Code, Peralta employees may participate in the District's tax shelter programs. We also offer tax-deferred savings opportunities through the 457 plan. Maximize your tax savings and minimize your tax liability through these plans! Meet with your personal financial planner or tax-preparer to review how these benefits fit into your future planning. Other resources include:

- ZUK Financial Services: Christine Ingoldsby. She can be reached at 800.660.6291; or
- Teacher's Pension & Insurance Services 800 .474 1134.

LABOR UNIONS

Unions/Associations

These unions and associations represent the employees in contract negotiations with the District concerning issues such as salary, benefits, hiring practices, working conditions, etc.)

Monthly dues as of May 2014:

- Peralta Federation of Teachers (www.pft1603.org)
- Regular/Contract/Accelerated Faculty: 0.01600 of any gross salary (plus approved AFT/CFT pass-throughs)
- Hourly Part-time Faculty:
 - \$17.89 for each month of employment for three (3) equated hours or less (plus approved AFT/CFT pass-throughs)
 - \$31.13 for more than three (3) equated hours (plus approved AFT/CFT pass-throughs)
- Local 1021 of the service Employee International Union (www.seiu1021.org)
 - 1.74% of base salary
 - 1.07% of base salary for temporary employees.
- International Union of Operating Engineers, Local 39 of the AFL-CIO (www.local39.org)
 - Monthly dues are twice the hourly rate plus \$13.00.

Reimbursement Programs

KAISER REIMBURSEMENT PROGRAM FOR MAIL ORDER PRESCRIPTONS

Eligibility:	Active and post 07/01/04 retired members of unions, PFT, 1021, 39; confidential and management employees
Frequency of Reimbursement:	Semi Annually (July and January)
Documentation Guidelines:	Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)

MEDICARE PART A and/or PART B REIMBURSEMENT PROGRAM

Eligibility:	Retirees & spouses (or domestic partner) over age 65 and paying for Medicare Part A and/or Part B
Frequency of Reimbursement:	Monthly – subject to the timing of our receipt of your documentation.
Documentation Guidelines:	Annual and periodic verification of monthly premium amount, based on retiree's payment method to Center for Medicare and Medicaid Services (CMS)

KAISER OFFICE VISITS & PRESCRIPTION DRUG CO-PAYS (INCLUDING MAIL ORDER PRESCRIPTION DRUG CO-PAYS)

Eligibility:	Pre July 1, 2004 retirees
Frequency of Reimbursement:	Semi-Annually (July and January)
Documentation Guidelines:	Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)

KAISER REIMBURSEMENT PROGRAM FOR MAIL ORDER BRAND NAME PRESCRIPTONS

Eligibility:	Active and post July 1, 2012 Local 39 retirees / employees
Frequency of Reimbursement:	Semi Annually (July and January)
Documentation Guidelines:	Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)

Credit Unions

The District has established relationships with the following credit unions. Credit unions offer banking-like services for the benefit of its members. District employees may arrange to have payroll deductions automatically sent to credit unions affiliated with Peralta.

First United Services Credit Union
Alameda Municipal Credit Union
Provident Central Credit Union

Colonial Life

Choosing the right benefits at the right time of your life can be critical. That's why Colonial Life is committed to making benefits count by helping people better understand their options. Our personal insurance products offer choices to help you better protect yourself and your family members from life's unexpected turns. Contact Public Sector Manager, Fernando Lopez, Public Sector Manager at 415.243.4425 for more information.

AFLAC-American Family Life Assurance Company of Columbus

Insurance and income replacement products are available to our employees. Products offered by AFLAC include the Personal Accident Indemnity Plan, Personal Cancer Indemnity Plan and more! Take advantage of the convenience of payroll deduction to participate in this plan. Benefits received under AFLAC are in addition to other employer-paid benefits through the Hartford Long-term disability program or Kaiser and Self-Funded medical plans administered through Peralta. Contact Regional Sales Coordinator, Justin Reynolds, at 925.338.1899.

Insurance Carrier Mobile Apps



Did you know that some of our insurance carriers have mobile apps or mobile versions of their websites? These allow you to use your smartphone or handheld device to quickly and conveniently access information such as coverage details, carrier contact information, provider searches and more! See the table below for details.



Carrier	Mobile App?	*Supported Platforms	Mobile Website?	Highlights
Kaiser HMO	Yes	Apple iOS, Android	Yes	Email your doctor's office, refill most prescriptions, view past visits and most test results, schedule or cancel routine appointments. Mobile Website: http://m.kp.org
CoreSource (Self-Funded PPO Plan TPA)	No	N/A	No	There are no mobile offerings at this time, but CoreSource has recently launched a brand new member website with access to claims, EOBs and other helpful information. Standard Website: http://www.mycourcesource.com
Anthem Blue Cross (Provider Network)	Yes	Apple iOS, Android	Yes	Anthem Blue Cross is the Provider Network for the Self-Funded PPO Plan. You can use your smartphone to Find a Contracted Provider. Select Plan: Use letters KZU. Mobile Website: http://m.anthem.com
United Health Care (Dental & Vision)	Yes	Apple iOS, Android	Yes	Benefits, Provider Search, Digital ID Cards, View Claims information, Account Balances and Deductibles. Mobile Website: http://m.myuhc.com
Delta Dental	Yes	N/A	Yes	Benefits, Provider Search, Digital ID Cards, View Claims information, Account Balances and Deductibles. Mobile Website: http://m.deltadentalins.com
ING (Life & AD&D)	No	N/A	No	No mobile app or mobile website is available for ING Life & AD&D policy information. Please refer to the Benefits Information Center at http://peralta.pswbenefits.net .
CIGNA (Voluntary Life)	Yes	Apple iOS, Android	Yes	Provider directory, Digital ID Cards, View Claims, Drug Search and Account Balances. Mobile Website: http://m.cigna.com
Aflac (Supplemental)	No	N/A	Yes	Decision tools, Policy Holder Information. Mobile Website: http://m.aflac.com
MHN (EAP)	No	N/A	No	No mobile app or mobile website is available for the MHN Employee Assistance Program. Please refer to their standard website version at http://members.mhn.com .

*Download Mobile Apps from the Apple iTunes App Store or Google Play (Android devices).

Frequently Asked Questions

Q1. How can I obtain a list of all in-network providers?

A: Locating in-network providers is easy by accessing the website.

Anthem Blue Cross

- www.anthem.com/ca
- Click on "Find a doctor"
- Answer the questions and click on "search" Refer to page 2 for a screen shot.
- Print your list by clicking on the print button at the top of the page
- Or call 1.866.280.4120

Q2: How can I be sure that a provider is in the Anthem Blue Cross PPO Network? If I call a provider here in the Bay Area, and they say that they are a part of the Anthem Blue Cross Network, is that enough? Or do I need to call CoreSource? Or Anthem Blue Cross? Or Check a website.

A: You will need to call Anthem Blue Cross and confirm with the doctor that the doctor is a contracted provider at each point of service. (See FAQ 1).

Q3: If I enroll in the PPO "Traditional" Plan and pay premiums while employed, do I continue to pay that premium after I retire?

A: Yes. Currently CoreSource is our billing agent. The billing process is reviewed during the retirement appointment with the District's Benefits Office. Rates change each July 1, generally, you will be notified of new rates within 60 days of a premium change.

Q4: Cash - in - lieu of benefits -- What are they?

A: Effective July 1, 2012, District contract & regular benefit eligible employees now have the opportunity to decline Peralta medical and dental coverage and receive \$225 per month in-lieu of medical insurance and \$25 per month in lieu of dental insurance with PGCD. To be eligible, the Benefits office must receive written proof of other comparable group medical and dental insurance. Medicare, COBRA and Individual Health Plans do NOT qualify as other medical insurance coverage.

To enroll in the cash-in-lieu benefit:

1. Obtain written proof of current group health care coverage. The required proof is a letter verifying insurance and a copy of the plan's Evidence of Coverage (EOC) or Summary Plan Description (SPD); and
2. Submit the written proof to the Benefits Office; and
3. Complete and submit the Waiver of Medical and Dental Insurance Form; and
4. Agree to notify the district within 30 days of loss of coverage under the other plan.

Q5: What happens to my coverage if I get married, have a child or adopt a child?

A: If you experience any of the following events, you have a special enrollment right under the Health Insurance Portability & Accountability Act (HIPAA). You are entitled to elect or change your benefit plans with no late entrant penalties. You must notify the benefits administrator within 30 days of the event by completing a Universal Benefit Enrollment Form.

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Moving outside of an HMO service area
- Loss of other group coverage

Furthermore, if you are an employee who is eligible for coverage but not enrolled, you shall be eligible to enroll for coverage within 60 days after (a) becoming ineligible for coverage under a Medicaid, Children's Health Insurance Plan (CHIP); or (b) being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan. Employers that sponsor group health plans must notify employees of any premium assistance that is available to them under a Medicaid or CHIP plan with respect to coverage under the plan.

Q6: What happens if I claim an ineligible dependent on my benefits?

A: If the District, its representatives or benefit carriers suffer any loss or pay any claims because of a false statement contained in any benefit enrollment / change forms or your failure to notify the District of the termination or change of any dependent status (i.e. divorce, termination of domestic partnership, over-age dependent, legal separation), Peralta may bring a civil action to recover its losses, including reasonable attorney fees.

Q7: Who is eligible as a dependent under my benefit plans?

A: Your eligible dependents are as follows:

1. Your spouse;
2. Your domestic partner (please check with the Benefits Administrator, as you may be required to complete an affidavit of domestic partnership); and
3. Your dependent children up to age 26 (including adopted children, and children of your spouse or domestic partner).

Q8: Can I switch medical plans when I get married?

A: Yes, you may switch medical plans when you get married. Marriage is an official change in status by the IRS and allows you to enroll for the first time, add or drop dependents or change your plan elections altogether. These changes must be done within 30 days of your marriage (qualifying event).

Q9: What is a Qualifying Event?

A: Benefit plans can be affected by life event changes, some of which qualify as an official change in status by the IRS. Examples of some qualifying events include, but are not limited to, the following:

1. Change in legal marital status – marriage, divorce, legal separation, annulment, or death of a spouse
2. Change in number of dependents – birth, death, adoption, placement for adoption, award of legal guardianship
3. Change in employment status of the employee's spouse or employee's dependent – switching from part-time to full-time employment status or from full-time to part-time, termination or commencement of employment, a strike or lockout, commencement of or return from an unpaid leave of absence which results in employee/dependent becoming ineligible for coverage
4. Dependent satisfies or ceases to satisfy eligibility requirement – marriage of a dependent

Q10: What if there is an error on my paycheck?

A: From time-to-time paycheck deductions are incorrect due to timing of employee changes relative to the payroll deadline. Currently, when matters are brought to the attention of the Benefits Office, we log the customer service issue and track the issue to closure.

Q11: Will my premiums be taken out on a pre-tax basis automatically?

A: Yes. Deductions will be taken on a pre-tax basis unless you instruct us to deduct on an after-tax basis.

Q12: If I elect and enroll in a benefit plan for which premiums are required, am I paying for benefits in advance or arrears?

A: Employee contributions are taken in arrears. This means that you pay for your coverage at the end of the month within which the coverage was received.

Q13: Domestic Partners & Imputed Income-If I add a domestic partner to the coverage, how is my pay check affected?

A: You can add a domestic partner to your medical and dental insurance. However, the IRS requires that you be taxed on the value of the premium attributable to the domestic partner. In other words, your gross taxable income is increased by the amount of the insurance premium paid on behalf of the domestic partner. Still confusing? Here is an example of imputed income for an employee coverage of a domestic partner on the Kaiser HMO plan:

Taxation	Two party monthly premium	Single party monthly premium	Amount of imputed income added to monthly gross
Federal	\$1,367.53	\$683.77	\$683.76
California State *	\$1,367.53	\$683.77	\$0 *
California State **	\$1,367.53	\$683.77	\$683.76 **

(* w/California State Registration of Domestic Partnership form on file with Peralta Community College District)

(** w/out California State Registration of Domestic Partnership form on file with Peralta Community College District)

Q14: How do I change my address with my medical or dental plan?

A: Change of Address forms are available on the Peralta website at <http://web.peralta.edu/hr/hr-documents-forms/>. The form is available in either Word or PDF format. After completing the form, you may return it in one of three ways.

1. Drop it off at the front desk in Human Resources at the District Administrative Center; or
2. Fax it to Human Resources at 510.466.7280 or 510.466.7397; or
3. Mail it to The Peralta Colleges, Human Resources, Attention: Address Changes, 333 East 8th Street, Oakland, CA 94606.

Q15: How do I enroll into group medical and dental insurance with Peralta?

A: Complete and submit a Universal Benefit Enrollment/Change form directly to the Peralta District Benefits Office at: 333 East 8th Street, Oakland, CA 94606.

PERALTA BENEFITS - EVERYONE

Published by the PCCD Benefits Office



Introducing Delta Dental PPO plus Premier available July 1, 2014
 In response to requests for a Delta Dental plan with a higher maximum annual limit,
 we are partnering with Delta Dental to deliver

Delta Dental PPO plus Premier*

(Your choice of Delta Dental products are based upon your District affiliation).

Two networks – Same Coverage

This plan features:

- *An increased calendar year limit from \$1,500 to \$1,600 if you utilize "PPO providers"; otherwise, annual maximum is \$1,500 for all other Premier providers
- Reduction to the monthly premium cost to employees
- Expanded network choice (PPO network or Premier Network)

More Dentists! More Benefits!

	Delta Premier (Current)	Delta Dental PPO plus Premier (Available 7/1/14)
Annual Plan limit (more benefits)	\$1,500	\$1,600 (if you utilize PPO providers); otherwise \$1,500 for all other providers
Number of California dentists (more dentists)	23,461	+14,926 Some of these dentists are dually aligned in both the PPO network and the Premier network
Renewal Change	-3.3% Decrease from 2013-2014 rates	-11.3% Decrease from 2013-2014 rates

FAQ 1: What's In It for me?

The **Delta Dental PPO plus Premier** plan provides enrollees with an unmatched dual Network advantage by allowing the use of both the PPO and the Premier networks.

The **Delta Dental PPO plus Premier** network offers the lowest contracted fees and the greatest opportunities for enrollees to save when visiting network dentists. Enrollees can also still utilize services from Premier network providers. This provides additional cost protections for enrollees because these dentists agree to accept Delta Dental's determination of fees as payment in full.

FAQ 2: How do I know if my current Delta Dental provider is in the PPO plus Premier plan network? You can easily search:

- Visit the website by going to: www.deltadentalins.com and click on "Find a Dentist." You can search for your provider through the Delta Dental PPO network for the highest level of benefits (\$1,600 annual maximum benefit).
- Contact Delta Dental Member Services at 800-765-6003 to verify which network your provider is in.
- Ask your current service provider their network affiliation.

FAQ 3: What are the new monthly contribution rates effective 7/1/14?

Coverage Level	UnitedHealthcare Dental effective 07/01/2014	Delta Dental PPO plus Premier becomes available 07/1/14	Delta Dental Premier rates effective 07/1/14 for existing plan
Single	\$0.00	\$37.85	\$43.75
Two party	\$0.00	\$67.11	\$77.13
Three or more	\$0.00	\$102.90	\$118.22

FAQ 4: The District has three unions. Can one union elect to remain in the Delta Dental Premier plan with the \$1,500 annual limit?

Yes. Each Collective Bargaining Unit retains individual election rights. Here are a few considerations and implications to the subgroup which remains with the Premier Plan while the other group(s) elect to partner with the *Delta Dental PPO plus Premier plan*.

- The unit will not receive the additional \$100 in benefits; annual benefits will remain \$1,500 (additional \$100 benefit can only be accessed by utilizing PPO providers)
- The unit will be subject to its own utilization rating in subsequent years
- The unit can elect to participate in the Delta Dental PPO plus Premier plan in subsequent renewal years

FAQ 5: How does using the Delta Dental Premier and the Delta Dental PPO plus Premier affect unit premiums?

Each unit's rates are based on claims experience. PPO dentist fees are lower than Delta Dental Premier fees for the same scope of services and this is factored into the rating for the unit.

FAQ 6: Can my family and I mix and match services received by Delta Dental PPO plus Premier and Delta Premier providers?

Yes. The *Delta Dental PPO plus Premier* plan offers freedom of choice. If one family member receives services from a PPO provider, another may receive services from a Premier provider.

For example, if you prefer to stay with your Premier dentist, you will retain the Premier maximum benefit of \$1,500. If at a later point during the year, you require service, then you can apply the additional \$100 to services rendered by a PPO dentist.

FAQ 7: If I have already exhausted my calendar year limit under the Premier plan for 2014, and if my union opts for the PPO plus Premier with an increased limit, then when can I take advantage of the increase?

You can take advantage of the additional \$100 as of the start of the new plan year on 7/1/14 if you access care from a PPO provider.

**Attend the Benefits Fair on Monday, 5/12/14
11am-2pm at the District
Delta Dental and UnitedHealthcare Dental Representatives
will be available for questions**



Medicare—Part D Fact Sheet and Annual Notification

Please review this document carefully.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you are retired from Peralta employment, receive prescription drug coverage through the District as a retiree or dependent thereof, and participate in a Medicare drug plan outside of your Peralta group insurance plan, your current PCCD coverage may be affected.

- If you elect Kaiser Senior Advantage, you are automatically signed up for Medicare Part D at the time of your enrollment. All Medicare benefits are assigned to Kaiser when you enroll in Kaiser Senior Advantage. It is possible that you will be responsible for a monthly Medicare Part D premium payment. A small group, fewer than 5% of all people with Medicare, may pay a monthly premium for Medicare Part D coverage based upon their income. This includes Part D coverage you receive from a Medicare Advantage Plan that includes drug coverage. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most-recent tax return information provided to Social Security by the IRS) is above a certain limit, you'll pay an extra amount in addition to your plan premium. Usually, the extra amount is deducted from your Social Security check. If not, then the responsibility to make this payment is yours. In accordance with Medicare regulations, Kaiser will terminate the prescription drug benefit affiliated with Kaiser Senior Advantage if the Medicare D premium is not paid.
- If you are enrolled in the PCCD, Self-Funded Plan, and elect to sign up for Medicare Part D, your prescription coverage under the District WILL be canceled. If you do decide to join a Medicare drug plan and drop your current PCCD prescription coverage, be aware that you and your dependents will be unable to get this coverage back until the next open enrollment period.

The District does not reimburse the Medicare D premium tax paid by "Higher Income Beneficiaries" as defined by the Social Security Administration. Criteria for the tax assessment can be found in the publication SSA Publication 05-10536 Medicare Premiums: Rules for Higher Income Beneficiaries. <http://www.ssa.gov/pubs/10536.html#a0=-1>

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PCCD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

For further information call the PCCD Benefits Office at 510.466.7229. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PCCD changes. You also may request a copy of this notice at any time.

For More Information About Medicare Premiums:

Given the complexity of each individual's circumstances, contact Medicare directly regarding the accuracy of the tax amount or the timing or the method of your payments to the Medicare A, B & D programs.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1.800.MEDICARE 1.800.633.4227. TTY users should call 1.877.486.2048.

If you have limited income and resources, help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213. TTY users should call 1.800.325.0778.

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: April 28, 2014 -- Name of Entity/Sender: PCCD District Benefits Office--Phone Number: 510.466.7229

Medicare—Part D Fact Sheet and Annual Notification
Please review this document carefully.

**Important Notice from PCCD About
Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PCCD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PCCD has determined that the prescription drug coverage offered by Kaiser and CoreSource are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Highlights of the 2014 Medicare Prescription Drug benefit:

- Minimal monthly premium (varies depending on the plan you choose)
- \$310 annual deductible in 2014.
- \$2,850 initial coverage limit in 2014.
- \$4,550 out-of-pocket threshold in 2014.
- In 2014, Part D enrollees will continue to receive a 52.5% discount on the total cost of brand name drugs while in the donut hole. Enrollees will pay a maximum of 72% copay on generic drugs while in the coverage gap.
- Please see the table below for an illustration of how Part D coverage works (from the 2014 Medicare & You Handbook) :

Monthly premium- Ms. Smith pays a monthly premium throughout the 2014 plan year			
1. Yearly Deductible	2. Copayment or coinsurance (what you pay at the pharmacy)	3. Coverage gap	4. Catastrophic coverage
Ms. Smith pays the first \$310 of her drug costs before her plan starts to pay its share.	Ms. Smith pays a copayment, and her plan pays its share for each covered drug until their combined amount (plus the deductible) reaches \$2,850	Once Ms. Smith and her plan have spent \$2,850 for covered drugs, she's in the coverage gap. In 2014, she pays 47.5% of the plan's cost for her covered brand-name prescription drugs and 72% of the plan's cost for covered generic drugs. What she pays (and the discount paid by the drug company) counts as out-of-pocket spending, and helps her get out of the coverage gap.	Once Ms. Smith has spent \$4,550 out-of-pocket for the year, her coverage gap ends. Now she only pays a small coinsurance or copayment for each covered drug until the end of the year.

Medicare, Kaiser and Caremark Comparison for PCCD Retirees

Benefits	Medicare Part D	Kaiser	Caremark (through CoreSource medical coverage)
Co-pay	25%	\$1 - \$15*	\$1 - \$15*
Deductible	\$310	None	None

*Co-pays are based on formulary determination and whether or not mail order is used.

*The District reimburses co-pays in accordance prevailing Collective Bargaining Agreements.

As you can see, your existing coverage is on average at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

When Can You Join A Medicare Drug Plan?

Although your District-sponsored plans are better than the federal Medicare D Plan, we are required to inform you that you can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15th through Dec. 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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 District affiliation.
2. Reimbursement of Medicare A & B 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 to 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!

Plan/ Regulation			
Criteria	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 enrolled in the traditional Kaiser and elects to join the Kaiser Senior Advantage Plan	Academicians 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 COBRA (no late entry)
Network	Delta Dental Premier; Delta Dental PPO 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	7226
Single	UHC: \$28.17 / Delta: \$72.79 / Delta Plus: \$66.77	No additional cost to retiree	105.54
2 party	UHC: \$45.07 / Delta: \$123.74 / Delta Plus \$113.52		196.51
3 party	UHC: \$68.67 / Delta \$189.26 / Delta Plus \$173.63		243.42
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.peraltaretirees.psybenefits.net		www.deltadentalins.com

Duration of Post Employment District-Paid Medical Benefits are Based Upon the Employee's Most Recent Hire Date.

DURATION OF BENEFITS
How long do medical benefits last after retirement?

If hire date is:	Duration of District-Paid Benefits for Employee & Eligible Dependents	What Happens at Age 65?	Medicare Premium Reimbursement Program	District Guidance
June 30, 2004 or prior	District-paid benefits continue for the duration of the employee's (retiree's) life for both employee and eligible dependents	Employee and eligible dependent(s) apply for Medicare and retain PCCD group coverage 1) If on Our Self-Funded PPO Plan, provide Our Self-Funded PPO Plan card and Medicare card at each point of service 2) If on Kaiser, enroll in Kaiser Senior Advantage	The District will reimburse Medicare premiums paid Medicare premiums are income indexed and vary by each participant's individual circumstance	Collective Bargaining Agreements: •SEIU 1021 (formerly 790) •Peralta Federation of Teachers (PFT) •Stationary Engineers (39) Board Policy
July 1, 2004 and after	District benefits continue until the employee (retiree) reaches age 65	No current wrap-around plan in place through Peralta.	Not applicable	

OTHER MEDICAL PLAN FEATURES*

If retirement date is:	Office Co-pays	Prescription Drugs Obtained at a Retail Pharmacy	Deductible	District-Paid Vision Coverage	District-Paid Dental Insurance
June 30, 2004 or prior	Self-Funded PPO Traditional Plan: \$0 Kaiser: \$0	Self-Funded PPO Traditional Plan: \$1 Kaiser: \$5	Self-Funded PPO Traditional Plan: \$0 Kaiser: \$0	Self-Funded PPO Traditional Plan: None Kaiser: Available	Self-Funded PPO Traditional Plan: None Kaiser: Available with Senior Advantage only
Between July 1, 2004 and June 30, 2012	Self-Funded PPO Traditional Plan: \$10 Kaiser: \$10	Self-Funded PPO Traditional Plan: \$10 - \$15 Kaiser: \$10 - \$15	Self-Funded PPO Traditional Plan: \$100 per person per calendar year (family maximum of three individual deductibles per calendar year) Kaiser: \$0	Self-Funded PPO Traditional Plan: United Health Care Kaiser: Available	Self-Funded PPO Traditional Plan: None Kaiser: Yes with Senior Advantage only
July 1, 2012 and after- We now offer three medical plan options: 1. PPO Traditional with in- and out-of-network benefits 2. PPO Lite with in-network benefits only 3. Kaiser HMO Plan	Self-Funded PPO Plan: Traditional: \$10 Lite: \$10 Kaiser: \$10 <u>For Local 39</u> PPO Traditional: \$15 PPO Lite: \$15 Kaiser: \$15	Self-Funded PPO Plan: Traditional: \$10 - \$15 Lite: \$10 - \$15 Kaiser: \$10 - \$15 <u>For Local 39</u> PPO Traditional: \$10-\$20 PPO Lite: \$10-\$20 Kaiser: \$10-\$20	Self-Funded PPO Plan: \$100 per person per calendar year (family maximum of three individual deductibles per calendar year) Kaiser: \$0 <u>For Local 39</u> Same as for all others	Self-Funded PPO Plan: United Health Care Kaiser: Available through Kaiser <u>For Local 39</u> Same as for all others	Self-Funded PPO Plan: None Kaiser: Yes with Senior Advantage only <u>For Local 39</u> Same as for all others

*See the Summary Plan Description for specific plan details.

Post-retirement monthly premium costs are determined by:

- District affiliation
- Medical plan enrollment
- Coverage level

Post employment enrollment into the Self Funded PPO Traditional Plan requires monthly payment of premiums.

Post employment enrollment into the Self Funded PPO Lite Plan and/or Kaiser Plan do(es) not require monthly premiums.

SURVIVING SPOUSE 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 who are monthly premiums paid?

Carrier	Premiums are paid to	Address
Our Self-Funded PPO Plan	CoreSource (as our third-party administrator for our self-funded plan)	COBRA Unit #4138 P.O. Box 83301 Lancaster, PA 17608-3301 866.280.4120
Kaiser	Benefit Dynamics	2300 Contra Costa Boulevard, Suite 400 Pleasant Hill, CA 94523 925.956.0505
United Health Care (UBC) Dental		
Delta Dental (Plans 938 & AB 528)		

4. What is Benefit Dynamics?

Benefit Dynamics is the third-party administrator for the District's

- Medicare Premium Reimbursement Plan
- COBRA benefits
- Flexible benefit plans under IRS codes 105, 125 and 132

5. Are survivors eligible for the Medicare A & B reimbursement program?

Yes, if they coordinate their coverage with a Peralta group plan, pay premiums and provide documentation of the premiums paid, then the survivor continues to be eligible for the program.

6. Are survivors eligible for the Kaiser mail-order reimbursement program?

Yes, reimbursement will be made on a semi-annual basis for eligible expenses.

7. Does Peralta pay premiums for surviving spouses of Peralta retirees?

No.

Below are some of the most frequently asked questions of active and retired employees who seek guidance on Medicare enrollment. Different Medicare/eligibility rules apply for disabled and end-stage renal disease*.

Kaiser Permanente Senior Advantage, Our Self-Funded PPO Plan and Medicare General Guidance for Medicare Coordination with Peralta Group Benefits Frequently Asked Questions (contact the additional resources below regarding your unique circumstances)		
	Active	Retired
1. When should I enroll with Kaiser Senior Advantage?	Members 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 Kaiser at 1-800-747-2189	
4. Does Kaiser assess a penalty for late Kaiser Senior Advantage enrollment?	No.	
5. What are the benefits for the retiree who enrolls in the Kaiser Senior Advantage (dental)?	Not applicable.	The Kaiser Senior Advantage plan supplements the Medicare plan and includes dental, vision and hearing aid benefits.
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
7. To who are Medicare premiums paid?	Medicare premiums are normally deducted from Social Security checks or can be paid quarterly to Social Security. Please note: Active employees can defer Part B until retirement.	Medicare premiums are normally deducted from Social Security checks or can be paid quarterly to Social Security.
8. Who is eligible for reimbursement of Medicare premiums?	Not eligible.	Retirees paying into Medicare.
9. Who do I contact to enroll with Medicare?	Contact Social Security 1-800-772-1213	
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 Self-Funded 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
12. If I am on Our Self-Funded PPO Plan as a retiree or survivor, will I receive dental under Medicare?	Not applicable.	No.
Additional Resources – Social Security 1-800-772-1213 www.socialsecurity.gov – Medicare 1-800-MEDICARE www.medicare.gov – Kaiser Senior Advantage 1-800-747-2189 www.kp.org – Benefit Dynamics 1-925-956-0505 www.pensiondynamics.com		

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

PERALTA BENEFITS – EVERYONE

Published by the PCCD Benefits Office



April 28, 2014



Benefits Spotlight

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

Within 60 days (after retirement)

- Complete COBRA Election Notice to continue the following benefits beyond retirement effective date:
 - o Dental coverage
 - o Flexible benefit plan participation under Medical and/or dependent Care Reimbursement Account IRS Code 125
 - o Employee Assistance Program

Within 30 days of Retirement

- Inform your department (use guidance in the Collective Bargaining Agreement)
- Complete Universal Benefit Enrollment Form in order to:
 - Confirm your insurance coverage for you and your eligible dependents as a PCCD retiree
 - Update your beneficiary on file
- Schedule personal appointment with Benefits Office. You will be asked to submit a copy of your notice. Bring:
 - Copy of recent paycheck
 - Copy of the submitted resignation letter
 - Universal Benefit Enrollment form
 - Collective Bargaining Agreement

POST-RETIREMENT CHECKLIST

Semi-Annually

- Retirees and eligible dependents should submit the Kaiser Reimbursement Form
Reimbursements are processed each July and January

Annually

- Inform the district's agent (Benefit Dynamics) of your Medicare premium

Within 30 days

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

Survivors Checklist

- 1. Notify Benefits Office of retiree's death. Call 510.587.7838 option 5
- 2. Consider enrolling in medical insurance within 60 days of retiree's death
- 3. Pay premiums on a monthly basis
 - o Submit Kaiser co-pay reimbursement form, if applicable send annual Medicare premium verification



CHECK OUT YOUR BENEFITS INFORMATION CENTER (BIC)

To learn more about your welfare benefits, visit your Benefit Information Center (BIC) website:

www.peralta.pswbenefits.net or www.peralta retirees.pswbenefits.net