

Benefits Fringe Committee Meeting Agenda December 5, 2013

1. Outreach efforts-Save the Dates, PCCD Benefits
 1. Employee Empowerment
 2. Open Enrollments
 3. Fringe Benefits Committee
2. Affordable Care Act Update, PSW Benefit Resources
 1. Current Compliance
 2. On the horizon for 2014
3. Enrollment and Spending Comparison, PCCD Benefits
 1. Budget and Expense Review, PCCD Benefits
4. Budget and Expense Review, PSW Benefit Resources
 1. Dental Enrollment Census (Delta and UHC)
 2. Self-funded claims
 3. UHC Dental Premiums
 4. Monthly ING Medical Individual Excess Risk Experience Report
 5. Monthly ING Stop Loss Analysis
 6. Benefit Information Utilization
5. Dependent Audit, PCCD Benefits
 1. Required Documentation Matrix
 2. Timeline
6. Medicare Campaign 2014, PCCD Benefits
 1. Three year analysis of savings through Kaiser Senior Advantage
 2. Review of non-coordinants
7. Health and Wellness Campaign Development, PCCD Benefits
8. Agenda Items for February Meeting?

12/4/2013

Save the Dates- Outreach

| | |
|---------------------------------------|---|
| <p>January 7,8,9,14,15</p> | <p>Employee Empowerment workshops:</p> <ul style="list-style-type: none"> ■ Creating Positive work environments ■ Tax-deferred planning ■ Hourly faculty open enrollment, voluntary benefits |
| <p>February 5, 2014 9am - 1pm</p> | <p>Medicare Open Enrollment Campaign</p> |
| <p>February 20, 2014</p> | <p>Spring open enrollment for hourly faculty ends</p> |
| <p>January 25-April 30, 2014</p> | <p>Dependent Audit</p> |
| <p>May 1 - 31, 2014</p> | <p>Open enrollment for full-time benefit-eligible employees</p> |
| <p>May 6 - 8, 2014</p> | <p>Benefit Fairs throughout the District at each campus</p> |



Next Meeting Dates

Thursdays in the
District Boardroom
10:00am – 11:30am

February 20, 2014

April 10, 2014

Tentative Schedule

January & February 2014

locations tbd

| Date | Time | Topic | Presenter |
|-----------------------|---|---|---|
| Tuesday, January 7 | 9-10 | Planning your retirement-What happens to your Peralta benefits? | PCCD Benefits |
| | 10-11 | Hourly Faculty Open Enrollment -New Voluntary Benefits | PCCD Benefits & Voluntary Benefits for Hourly Faculty |
| | 11- noon | New York Life | Allen Flemming |
| | noon - 1 | Creating a Positive Attitude | Managed Health Network (EAP) |
| | 1-2 | Creating a Positive Work Environment | Managed Health Network (EAP) |
| | 2-4 | Enhancing wellness through Resilience and work life balance Sutter Live Well for Life | Managed Health Network (EAP) Health Risk Assessments & Health Screenings |
| Wednesday, January 8 | 9-10 | Planning your retirement-What happens to your Peralta benefits? | PCCD Benefits |
| | 10-11 | Hourly Faculty Open Enrollment -New Voluntary Benefits | PCCD Benefits & Voluntary Benefits for Hourly Faculty |
| | 11- noon | New York Life | Allen Flemming |
| | noon - 1 | Creating a Positive Attitude | Managed Health Network (EAP) |
| | 1-2 | Creating a Positive Work Environment | Managed Health Network (EAP) |
| | 2-4 | Enhancing wellness through Resilience and work life balance Sutter Live Well for Life | Managed Health Network (EAP) Health Risk Assessments & Health Screenings |
| Thursday, January 9 | 9-10 | Planning your retirement-What happens to your Peralta benefits? | PCCD Benefits |
| | 10-11 | Hourly Faculty Open Enrollment -New Voluntary Benefits | PCCD Benefits & Voluntary Benefits for Hourly Faculty |
| | 11- noon | New York Life | Allen Flemming |
| | noon - 1 | Creating a Positive Attitude | Managed Health Network (EAP) |
| | 1-2 | Creating a Positive Work Environment | Managed Health Network (EAP) |
| | 2-4 | Enhancing wellness through Resilience and work life balance Sutter Live Well for Life | Managed Health Network (EAP) Health Risk Assessments & Health Screenings |
| Tuesday, January 14 | 10 - 11 | Managing Personal Finance | Managed Health Network (EAP) |
| | 11- noon | Hourly Faculty Open Enrollment - New Voluntary Benefits | PCCD Benefits & Voluntary Benefits for Hourly Faculty |
| | noon - 1 | Planning your retirement-What happens to your Peralta benefits Sutter Live Well for Life | PCCD Benefits Health Risk Assessments & Health Screenings |
| | 1-2 | New Employee Orientation | PCCD Benefits |
| Wednesday, January 15 | 6:00pm | Tax Deferred Planning | Teachers Insurance Planning |
| Wednesday, February 5 | 9-10 | Planning your retirement-What happens to your Peralta benefits? | PCCD Benefits |
| | 10 - 11:30 | Medicare Campaign-What is Medicare? How do I enroll? What's in it for me? | Kaiser Senior Advantage Programs |
| | | When do I enroll in Kaiser Senior advantage | Medicare |
| | | What is Medicare D and should I by an outside plan. | |
| | How can I obtain dental insurance in retirement? What's available through Peralta | | |
| 11-30 - 1 | Sutter Live Well for Life | Health Risk Assessments & Health Screenings | |

12/4/2013



Affordable Care Update, PCCD Benefits and PSW Benefit Resources

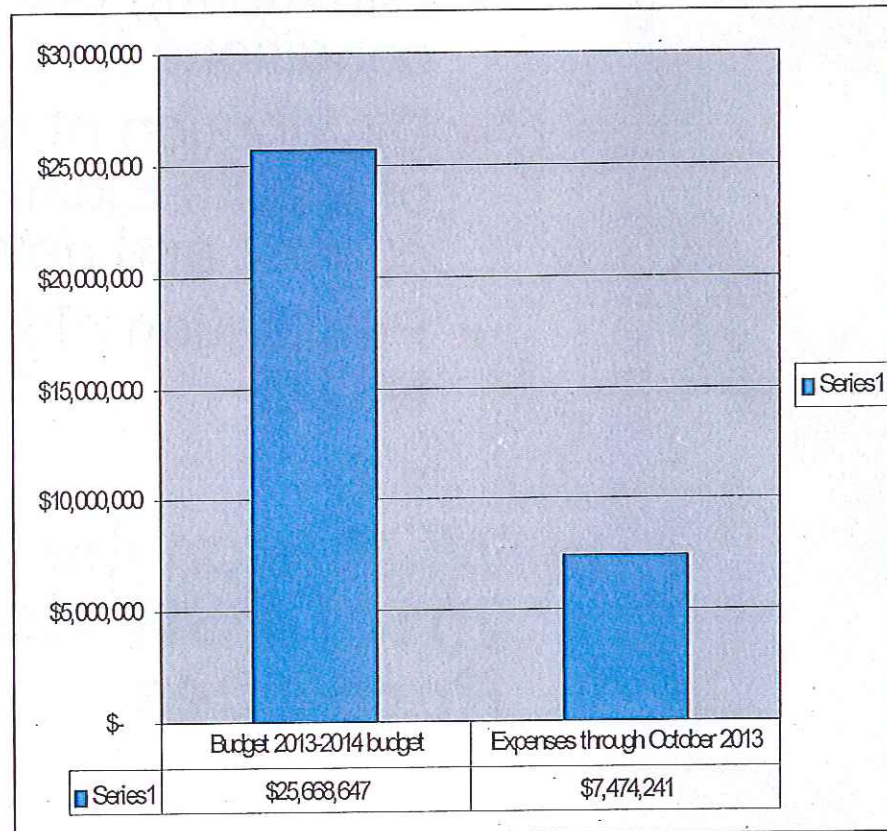
■ Existing compliance- *PCCD Benefits:*

- W-2 reporting for retirees who return to work
- Covering dependents to age 26
- Eliminating pre-existing conditions for newborns
- Distribution of model notice of Health Exchange to current and new employees
- Publication of Meaningful Notice

■ What is on the horizon in 2014? *PSW Benefit Resources*

Expense to Budget Review 2013-2014- PCCD Benefits Office

- 2013-2014 Final Budget (dated September 10, 2013)
- Expenses (restricted and unrestricted) through October 31, 2013
- Medical and dental only
- Active and retirees



December 2013 Benefits Fringe
Committee Meeting



Budget and Expenses Review, PSW Benefit Resources

1. Dental Enrollment
Census as of
November 1, 2013
2. Delta Dental Paid
Claims Report
3. United Health Dental
4. ING Stop Loss
Analysis
5. Excess Risk
Experience
6. Internet activity

Dental Enrollment Census as of 11-1-2013

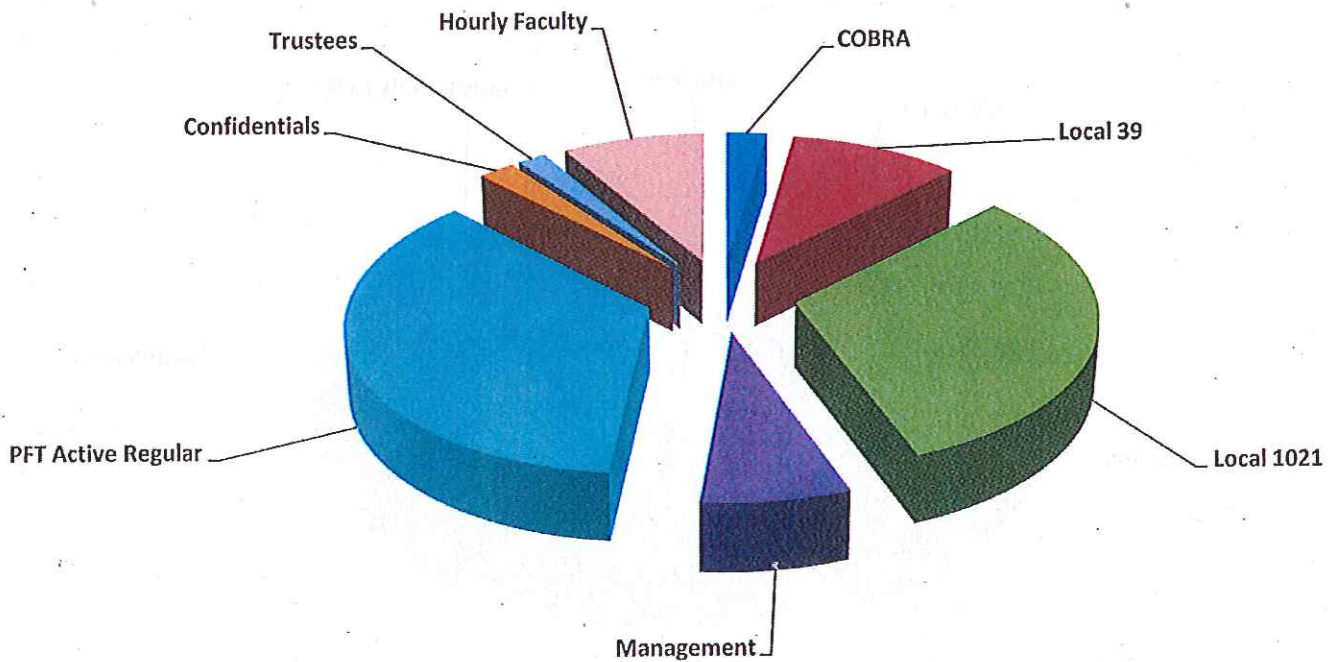
| Delta Dental (Actives) | | | | | | | |
|------------------------|--------------------------------|------------------------------|------------|------------|------------|------------|---------------|
| | | Subscribers (Employees Only) | | | | Dependents | Emp + Dep |
| Division | Division Name | Single | 2 Party | 3 or More | Total | Total | Total Members |
| 506 | Contract - Adjunct PFT Regular | 95 | 74 | 113 | 282 | 354 | 636 |
| 1501 | 100% Adjunct PFT | 29 | 7 | 3 | 39 | 15 | 54 |
| 504 | Local Union 1021 | 101 | 35 | 102 | 238 | 310 | 548 |
| 503 | Local Union 39 | 16 | 19 | 38 | 73 | 116 | 189 |
| 505 | Managers | 19 | 7 | 20 | 46 | 61 | 107 |
| 507 | Confidentials | 4 | 5 | 8 | 17 | 30 | 47 |
| 501 | COBRA | 1 | 4 | 1 | 6 | 6 | 12 |
| 508 | Trustees | 29 | 7 | 2 | 38 | 8 | 46 |
| Grand Totals | | 294 | 158 | 287 | 739 | 900 | 1639 |

| UHC Dental (Actives) | | | | | | | |
|----------------------|--------------------------------|------------------------------|-----------|-----------|-----------|------------|---------------|
| | | Subscribers (Employees Only) | | | | Dependents | Emp + Dep |
| Plan | Division Name | Single | 2 Party | 3 or More | Total | Total | Total Members |
| D0264 | Contract - Adjunct PFT Regular | 2 | 3 | 4 | 9 | 12 | 21 |
| D0264 | 100% Adjunct PFT | 15 | 4 | 1 | 20 | 7 | 27 |
| D0264 | Local Union 1021 | 10 | 4 | 3 | 17 | 13 | 30 |
| D0264 | Local Union 39 | 1 | 1 | 1 | 3 | 4 | 7 |
| D0264 | Managers | 4 | 4 | 3 | 11 | 16 | 27 |
| D0264 | Trustees | 1 | 0 | 0 | 1 | 0 | 1 |
| D0264 | Confidentials | 0 | 1 | 2 | 3 | 7 | 10 |
| Grand Totals | | 33 | 17 | 14 | 64 | 59 | 123 |

Delta Dental Paid Claims (Plan YTD)

| ENR UNIT | DESCRIPTION | TOTAL CLAIMS PAID (PLAN YTD: JUL-OCT 2013) | % |
|----------|--------------------|---|---------|
| 501 | COBRA | \$6,508.00 | 2.39% |
| 503 | Local 39 | \$28,306.35 | 10.41% |
| 504 | Local 1021 | \$85,798.45 | 31.55% |
| 505 | Management | \$19,497.70 | 7.17% |
| 506 | PFT Active Regular | \$98,130.62 | 36.08% |
| 507 | Confidentials | \$5,964.00 | 2.19% |
| 508 | Trustees | \$4,757.37 | 1.75% |
| 1501 | Hourly Faculty | \$23,001.72 | 8.46% |
| Totals: | | \$271,964.21 | 100.00% |

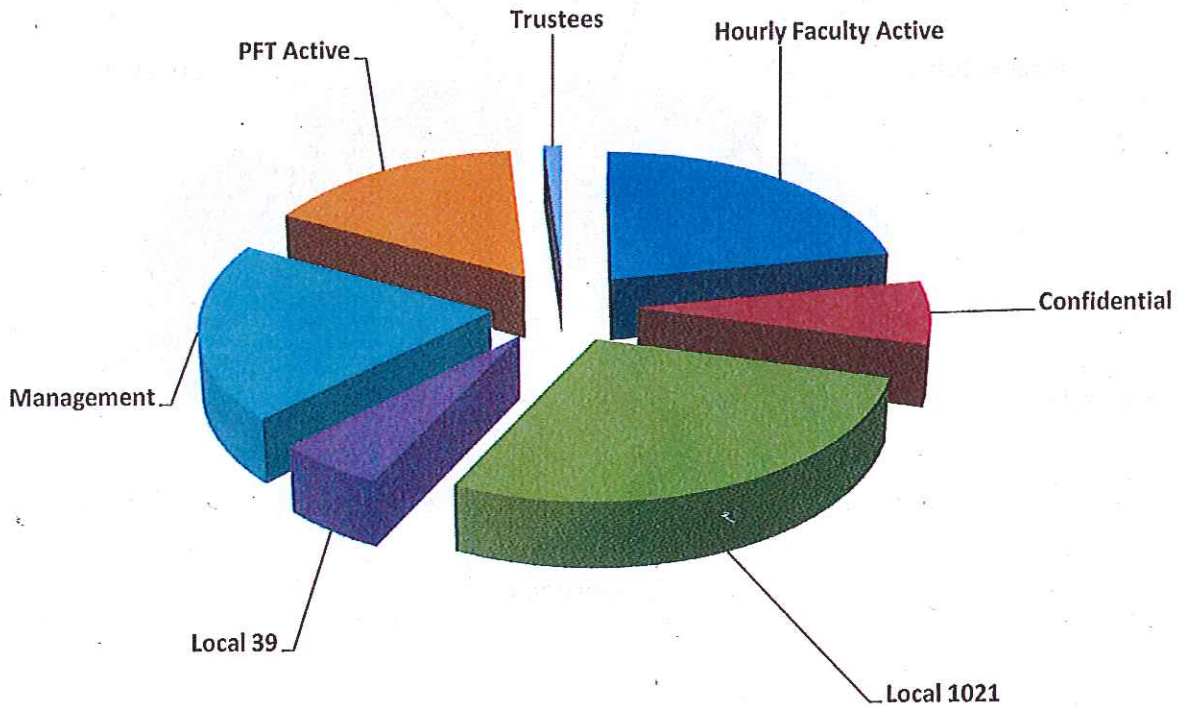
Plan Year to Date Paid Claims by Division



UHC Dental Premiums Paid (Plan YTD)

| DESCRIPTION | AMOUNT PAID (Plan YTD: JUL-NOV 2013) | % |
|---------------------|---|----------------|
| Active Plans | | |
| Hourly Faculty | \$2,716.06 | 22.15% |
| Confidential | \$872.45 | 7.12% |
| Local 1021 | \$3,432.13 | 27.99% |
| Local 39 | \$678.75 | 5.54% |
| Management | \$2,476.87 | 20.20% |
| PFT Active | \$1,949.71 | 15.90% |
| Trustees | \$134.75 | 1.10% |
| Totals: | \$12,260.72 | 100.00% |

UHC Dental Premiums Paid - Plan Year to Date by Division



ING Medical Stop Loss Analysis

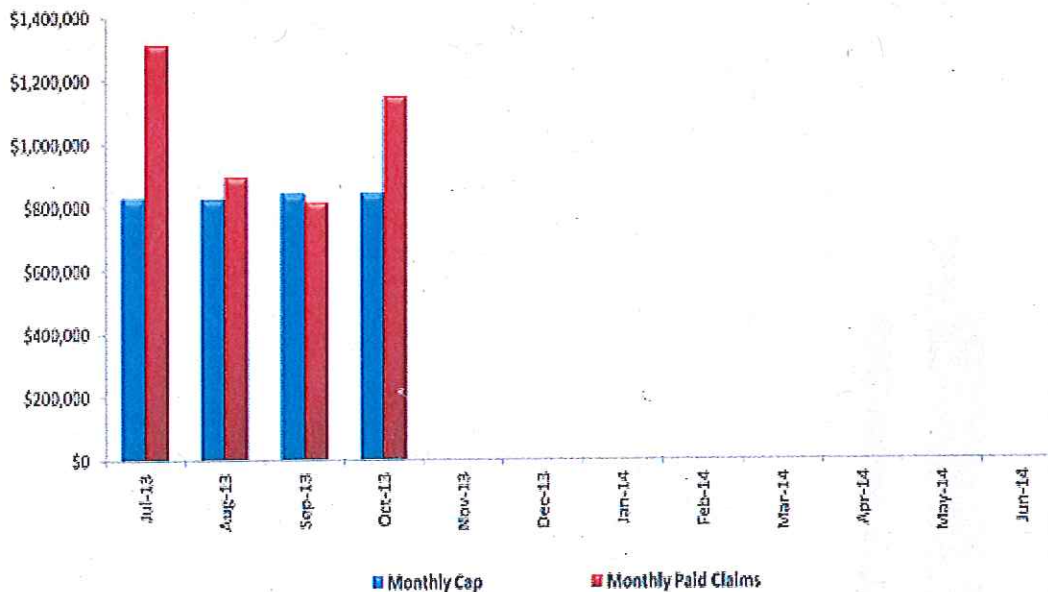
Peralta Community College District
Monthly ING Medical Stop Loss Analysis
For the Period: July 1, 2013 - June 30, 2014



| Month | Monthly Cap | Cumulative Monthly Cap | Monthly Paid Claims | Cumulative Monthly Paid Claims | Monthly Cap Surplus / (Deficit) | Monthly Paid Loss Ratio | Cumulative Monthly Cap Surplus/(Deficit) | Cumulative Paid Loss Ratio | Excluded from Aggregate ⁽¹⁾ | Amount In Excess of Specific |
|--------|-------------|------------------------|---------------------|--------------------------------|---------------------------------|-------------------------|--|----------------------------|--|------------------------------|
| Jul-13 | \$ 826,062 | \$ 826,062 | \$ 1,310,614 | \$ 1,310,614 | \$ (484,753) | 159% | \$ (484,753) | 159% | \$ 918.81 | \$ 151,578.42 |
| Aug-13 | \$ 823,792 | \$ 1,649,854 | \$ 891,385 | \$ 2,202,199 | \$ (67,593) | 108% | \$ (552,346) | 133% | \$ 42.03 | \$ 12,568.83 |
| Sep-13 | \$ 839,678 | \$ 2,489,532 | \$ 812,184 | \$ 3,014,383 | \$ 27,404 | 97% | \$ (524,852) | 121% | \$ 333.80 | \$ 6,378.37 |
| Oct-13 | \$ 839,678 | \$ 3,329,210 | \$ 1,146,571 | \$ 4,160,954 | \$ (306,883) | 137% | \$ (831,745) | 125% | \$ 273.80 | \$ 2,761.48 |
| Nov-13 | | | | | | | | | | |
| Dec-13 | | | | | | | | | | |
| Jan-14 | | | | | | | | | | |
| Feb-14 | | | | | | | | | | |
| Mar-14 | | | | | | | | | | |
| Apr-14 | | | | | | | | | | |
| May-14 | | | | | | | | | | |
| Jun-14 | | | | | | | | | | |

(1) Includes non-contractual expenses, outside aggregate coverage basis, aggregating specific corridor and laser amounts.

\$ 1,568.44 \$ 173,285.10



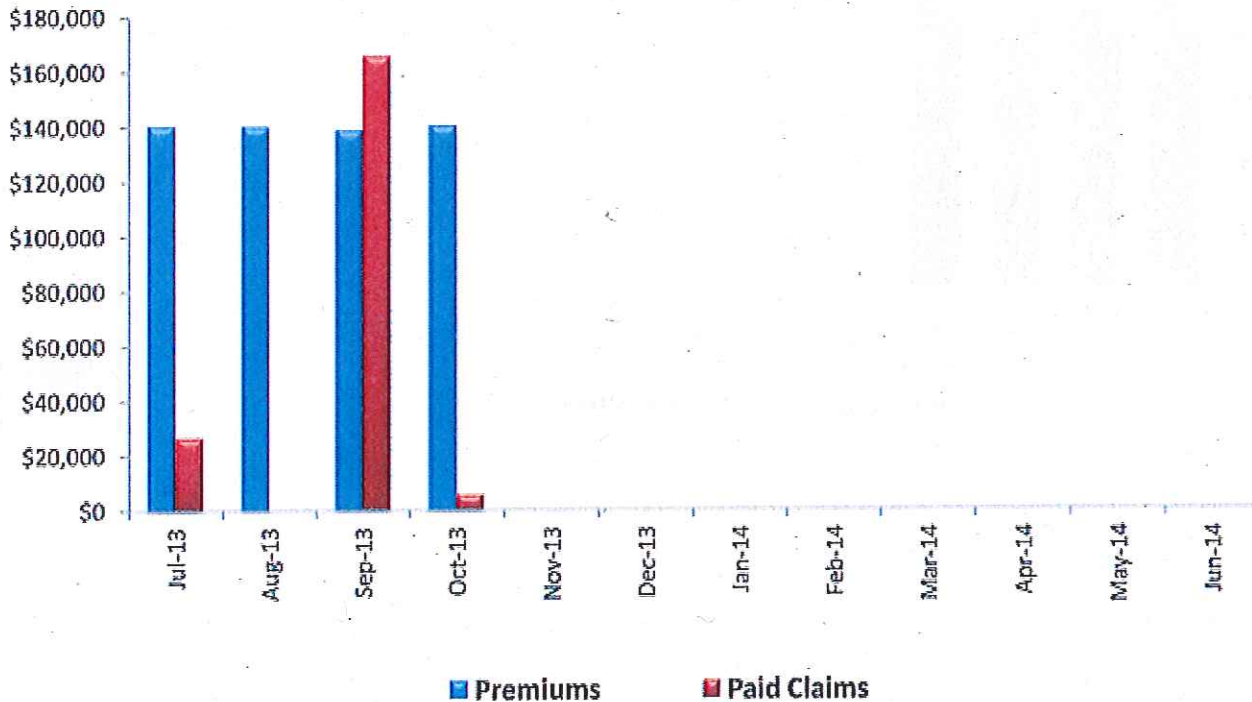
11/15/2013

ING Excess Risk Experience



Peralta Community College District Monthly ING Medical Individual Excess Risk Experience Report For the Period: July 1, 2013 - June 30, 2014

| Month | Individual Excess Risk Premium | Cumulative Individual Excess Risk Premium | Individual Excess Risk Paid Claims | Cumulative Individual Excess Risk Paid Claims | Monthly Individual Excess Risk Loss Ratio | Cumulative Individual Excess Risk Loss Ratio |
|--------|--------------------------------|---|------------------------------------|---|---|--|
| Jul-13 | \$140,038 | \$140,038 | \$26,153 | \$26,153 | 18.68% | 18.68% |
| Aug-13 | \$139,846 | \$279,884 | \$0 | \$26,153 | 0.00% | 9.34% |
| Sep-13 | \$138,499 | \$418,383 | \$165,325 | \$191,478 | 119.37% | 45.77% |
| Oct-13 | \$140,230 | \$558,613 | \$5,198 | \$196,676 | 3.71% | 35.21% |
| Nov-13 | | | | | | |
| Dec-13 | | | | | | |
| Jan-14 | | | | | | |
| Feb-14 | | | | | | |
| Mar-14 | | | | | | |
| Apr-14 | | | | | | |
| May-14 | | | | | | |
| Jun-14 | | | | | | |

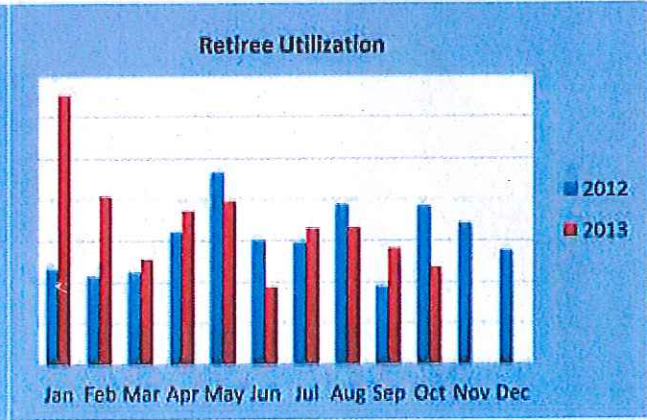
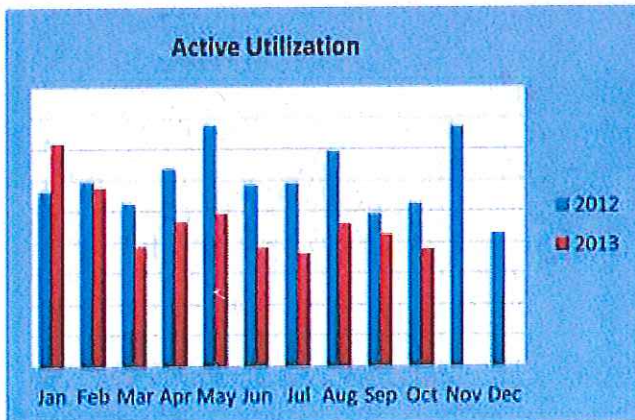


Internet Activity

Peralta Community College District

Monthly Benefits Information Center Utilization Analysis - Active and Retirees

| Active | | | | Retirees | | | |
|---------------------|--------------|---------------------|--------------|---------------------|--------------|---------------------|--------------|
| 2012 | Visits | 2013 | Visits | 2012 | Visits | 2013 | Visits |
| Jan | 561 | Jan | 715 | Jan | 115 | Jan | 325 |
| Feb | 590 | Feb | 572 | Feb | 106 | Feb | 203 |
| Mar | 520 | Mar | 385 | Mar | 111 | Mar | 127 |
| Apr | 632 | Apr | 462 | Apr | 159 | Apr | 185 |
| May | 771 | May | 490 | May | 231 | May | 197 |
| Jun | 582 | Jun | 378 | Jun | 149 | Jun | 93 |
| Jul | 585 | Jul | 361 | Jul | 146 | Jul | 164 |
| Aug | 687 | Aug | 456 | Aug | 193 | Aug | 165 |
| Sep | 487 | Sep | 421 | Sep | 93 | Sep | 139 |
| Oct | 521 | Oct | 374 | Oct | 191 | Oct | 117 |
| Nov | 766 | Nov | | Nov | 170 | Nov | |
| Dec | 423 | Dec | | Dec | 136 | Dec | |
| Total Visits | 7,125 | Total Visits | 4,614 | Total Visits | 1,800 | Total Visits | 1,715 |



Benefit Information Center website address:

www.peralta.pswbenefits.net
www.peraltaretirees.pswbenefits.net



Internet Activity

| Activity | Time | Location | Notes |
|----------|-------|----------|-------|
| 1 | 10:00 | 10:00 | 10:00 |
| 2 | 10:10 | 10:10 | 10:10 |
| 3 | 10:20 | 10:20 | 10:20 |
| 4 | 10:30 | 10:30 | 10:30 |
| 5 | 10:40 | 10:40 | 10:40 |
| 6 | 10:50 | 10:50 | 10:50 |
| 7 | 11:00 | 11:00 | 11:00 |
| 8 | 11:10 | 11:10 | 11:10 |
| 9 | 11:20 | 11:20 | 11:20 |
| 10 | 11:30 | 11:30 | 11:30 |
| 11 | 11:40 | 11:40 | 11:40 |
| 12 | 11:50 | 11:50 | 11:50 |
| 13 | 12:00 | 12:00 | 12:00 |
| 14 | 12:10 | 12:10 | 12:10 |
| 15 | 12:20 | 12:20 | 12:20 |
| 16 | 12:30 | 12:30 | 12:30 |
| 17 | 12:40 | 12:40 | 12:40 |
| 18 | 12:50 | 12:50 | 12:50 |
| 19 | 1:00 | 1:00 | 1:00 |
| 20 | 1:10 | 1:10 | 1:10 |
| 21 | 1:20 | 1:20 | 1:20 |
| 22 | 1:30 | 1:30 | 1:30 |
| 23 | 1:40 | 1:40 | 1:40 |
| 24 | 1:50 | 1:50 | 1:50 |
| 25 | 2:00 | 2:00 | 2:00 |
| 26 | 2:10 | 2:10 | 2:10 |
| 27 | 2:20 | 2:20 | 2:20 |
| 28 | 2:30 | 2:30 | 2:30 |
| 29 | 2:40 | 2:40 | 2:40 |
| 30 | 2:50 | 2:50 | 2:50 |
| 31 | 3:00 | 3:00 | 3:00 |
| 32 | 3:10 | 3:10 | 3:10 |
| 33 | 3:20 | 3:20 | 3:20 |
| 34 | 3:30 | 3:30 | 3:30 |
| 35 | 3:40 | 3:40 | 3:40 |
| 36 | 3:50 | 3:50 | 3:50 |
| 37 | 4:00 | 4:00 | 4:00 |
| 38 | 4:10 | 4:10 | 4:10 |
| 39 | 4:20 | 4:20 | 4:20 |
| 40 | 4:30 | 4:30 | 4:30 |
| 41 | 4:40 | 4:40 | 4:40 |
| 42 | 4:50 | 4:50 | 4:50 |
| 43 | 5:00 | 5:00 | 5:00 |
| 44 | 5:10 | 5:10 | 5:10 |
| 45 | 5:20 | 5:20 | 5:20 |
| 46 | 5:30 | 5:30 | 5:30 |
| 47 | 5:40 | 5:40 | 5:40 |
| 48 | 5:50 | 5:50 | 5:50 |
| 49 | 6:00 | 6:00 | 6:00 |
| 50 | 6:10 | 6:10 | 6:10 |
| 51 | 6:20 | 6:20 | 6:20 |
| 52 | 6:30 | 6:30 | 6:30 |
| 53 | 6:40 | 6:40 | 6:40 |
| 54 | 6:50 | 6:50 | 6:50 |
| 55 | 7:00 | 7:00 | 7:00 |
| 56 | 7:10 | 7:10 | 7:10 |
| 57 | 7:20 | 7:20 | 7:20 |
| 58 | 7:30 | 7:30 | 7:30 |
| 59 | 7:40 | 7:40 | 7:40 |
| 60 | 7:50 | 7:50 | 7:50 |
| 61 | 8:00 | 8:00 | 8:00 |
| 62 | 8:10 | 8:10 | 8:10 |
| 63 | 8:20 | 8:20 | 8:20 |
| 64 | 8:30 | 8:30 | 8:30 |
| 65 | 8:40 | 8:40 | 8:40 |
| 66 | 8:50 | 8:50 | 8:50 |
| 67 | 9:00 | 9:00 | 9:00 |
| 68 | 9:10 | 9:10 | 9:10 |
| 69 | 9:20 | 9:20 | 9:20 |
| 70 | 9:30 | 9:30 | 9:30 |
| 71 | 9:40 | 9:40 | 9:40 |
| 72 | 9:50 | 9:50 | 9:50 |
| 73 | 10:00 | 10:00 | 10:00 |
| 74 | 10:10 | 10:10 | 10:10 |
| 75 | 10:20 | 10:20 | 10:20 |
| 76 | 10:30 | 10:30 | 10:30 |
| 77 | 10:40 | 10:40 | 10:40 |
| 78 | 10:50 | 10:50 | 10:50 |
| 79 | 11:00 | 11:00 | 11:00 |
| 80 | 11:10 | 11:10 | 11:10 |
| 81 | 11:20 | 11:20 | 11:20 |
| 82 | 11:30 | 11:30 | 11:30 |
| 83 | 11:40 | 11:40 | 11:40 |
| 84 | 11:50 | 11:50 | 11:50 |
| 85 | 12:00 | 12:00 | 12:00 |
| 86 | 12:10 | 12:10 | 12:10 |
| 87 | 12:20 | 12:20 | 12:20 |
| 88 | 12:30 | 12:30 | 12:30 |
| 89 | 12:40 | 12:40 | 12:40 |
| 90 | 12:50 | 12:50 | 12:50 |
| 91 | 1:00 | 1:00 | 1:00 |
| 92 | 1:10 | 1:10 | 1:10 |
| 93 | 1:20 | 1:20 | 1:20 |
| 94 | 1:30 | 1:30 | 1:30 |
| 95 | 1:40 | 1:40 | 1:40 |
| 96 | 1:50 | 1:50 | 1:50 |
| 97 | 2:00 | 2:00 | 2:00 |
| 98 | 2:10 | 2:10 | 2:10 |
| 99 | 2:20 | 2:20 | 2:20 |
| 100 | 2:30 | 2:30 | 2:30 |

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Dependent Audit 2014

Background

- The purpose of a dependent audit is to:
 1. purge records or ineligible dependents and
 2. re-validate eligible dependents
- The last dependent audit, as conducted by CoreSource:
 1. occurred in 2010 and
 2. rendered the District \$800k in savings; reduced our OPEB (Other Post Employment Benefits) costs as well
- Considerations
 - Projected Savings \$500,000 – \$930,000
 - National Annual Average Medical Dependent Cost \$4000
 - 4-1 Return on Investment (ROI)
- Timeline
 - January - April
- Partner
 - CoreSource, a Trustmark Company
 - We looked at other options.



Documentation Matrix

Online:

Peralta BIC - Important Forms

<http://www.peralta.pswbenefits.net/ImportantForms/tabid/984/Default.aspx>

Peralta Community College District Required Documentation Matrix

The below matrix outlines the documentation options that you can submit to verify eligibility for each dependent enrolled with health coverage. Please note the following:

- Send photocopies only. **Do not send original documents.**
- Mark out any personal financial information such as income, account balances, and payment amounts.
- Write the Employee's Name on each document.
- Retain a copy of all documentation and completed forms for your records.

Spouse

Please provide the following document to verify Proof of Relationship and Joint Ownership.

- **First Page of Employee's or Spouse's Federal Tax Return**
Photocopy of the first page of the employee or spouse's 2012 - 2013 tax return showing "Married Filing Jointly" or "Married Filing Separately." The spouse's name must be entered on the employee's tax form in the space provided after the "Married Filing Separately" status. *Note: This document satisfies both Proof of Relationship and Proof of Joint Ownership. Please mark out all financial information.*

If you are unable to provide Employee or Spouse's Federal Tax Return, please provide one document from each of the following columns to verify Proof of Relationship and Proof of Joint Ownership

Spouse or Domestic Partner

If unable to provide a Federal Tax Return, please provide one document from each column to verify Proof of Relationship and Proof of Joint Ownership. Visit website www.ftb.ca.gov/individuals/faq/dompart.shtml.

Proof of Relationship Documents

- **Certified Marriage Certificate or License**
Photocopy of certified marriage certificate with appropriate signature and stamp/seal showing on photocopy or legally valid marriage license from appropriate state or local government.
- **Immigration Paperwork**
Photocopy of immigration papers with appropriate signature and stamp showing on photocopy that identifies employee/spouse relationship.
- **Notarized Affidavit of Common Law Marriage**
In cases of state recognized common law marriage, a Notarized Affidavit of Common Law Marriage.
- **Notarized Affidavit of Domestic Partnership**
Notarized Affidavit of Domestic Partnership.

Proof of Joint Ownership Documents

- **Home Ownership**
Photocopy of mortgage statement dated within the past 3 months showing both names as mortgage holders/tenants. *Note: Please mark out all financial information.*
- **Joint Rental Property**
Photocopy of lease or rental agreement dated within the past 12 months showing both names as tenants. *Note: Please mark out all financial information.*
- **Home/Rental Insurance**
Photocopy of homeowner's insurance, renter's insurance, or property tax receipt dated within the past 12 months showing both names as mortgage holders/tenants. *Note: Please mark out all financial information.*
- **Bank Statement**
Photocopy of joint bank account statement dated within the past 3 months showing both names as account holders. *Note: Please mark out all financial information.*

Spouse or Domestic Partner – continued

| Proof of Relationship Documents | Proof of Joint Ownership Documents |
|--|---|
| <ul style="list-style-type: none">• Registration of Domestic Partnership Photocopy of certificate of registration as the employee's domestic partner, if living in a city, county, state, or municipality providing for registration as domestic partner. | <ul style="list-style-type: none">• Credit Card Statement Photocopy of credit card statement dated within the past 3 months showing both names as card holders. <i>Note: Please mark out all financial information.</i>• Automobile Statement Photocopy of automobile title or registration dated within the past 12 months listing both names as co-owners.• Loan Statement Photocopy of a loan agreement dated within the past 12 months showing both names as co-borrowers. <i>Note: Please mark out all financial information</i>• Miscellaneous Bills Photocopy of two different types of current bills dated within the past 3 months showing one of the spouse's names on each bill and the same common mailing address, e.g. telephone bill, electric bill, cable bill. <i>Note: Please mark out all financial information.</i>• Beneficiary Statement Photocopy of designation as the primary beneficiary for life insurance or retirement benefits. <i>Note: Please mark out all financial information.</i>• Driver's License Photocopy of the employee's and spouse's driver's licenses listing a common address. |

**Natural Child, Adopted Child, Step Child, Child of Domestic Partner,
Dependent Child by Custody, Court Order, or Guardianship**

Please provide one document for each child to verify Proof of Relationship.

- **Federal Tax Return**
Photocopy of the first page of the employee's, spouses, or domestic partner's most recent 2011 or 2012 Federal Tax return showing the child listed as an eligible dependent. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support. Please mark out all financial information*
- **Court Certified Divorce Decree**
Photocopy of certified Divorce Decree with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*
- **Certified Legal Guardianship**
Photocopy of certified court ordered legal guardianship document with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*
- **Ordered Health Coverage**
Photocopy of Qualified Medical Child Support Order (QMCSO). *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*
- **Court Ordered Health Coverage**
Photocopy of National Medical Support Notice (NMSN). *Note: This document satisfies both Proof of Relationship and Proof of Principal Support*
- **Court Ordered Health Coverage**
Photocopy of court document with appropriate signature ordering child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*

If you are unable to provide one of the above documents, please proceed to the next page.

**Natural Child, Adopted Child, Step Child, Child of Domestic Partner,
Dependent Child by Custody, Court Order, or Guardianship - continued**

If you are unable to provide one of the documents from the preceding page, you must provide one document from the following to verify eligibility for each dependent child.

Proof of Relationship Documents

- **Certified Birth Certificate**
Photocopy of certified birth certificate with appropriate signature and stamp/seal showing on photocopy that identifies the parent/child relationship with the employee, spouse, or domestic partner
- **Hospital Verification of Birth (Less than 6 months old)**
For children under 6 months old, photocopy of hospital verification of birth that identifies the employee, spouse, or domestic partner as the child's parent
- **Certified Adoption Certificate**
Photocopy of certified court approved adoption document with appropriate signature and stamp/seal showing on photocopy that identifies the employee, spouse, or domestic partner as the child's parent
- **Adoption Agreement**
Photocopy of placement letter/agreement from court or adoption agency that identifies the employee, spouse, or domestic partner as the child's parent
- **Report of Birth Abroad**
Photocopy of report of birth abroad of a citizen of the United States (issued by the State Department with appropriate signature and stamp/seal showing on photocopy) that identifies the employee, spouse, or domestic partner parent/child relationship
- **Immigration Paperwork**
Photocopy of immigration papers with appropriate signature and stamp/seal showing on the photocopy that identifies the parent/child relationship with the employee, spouse, or domestic partner

Note: your dependent child(ren) can be married, but his/her spouse and children will NOT qualify for dependent coverage.

An adult child who has not attained age 26 is NOT eligible for coverage if the child is eligible to enroll in an employer-sponsored health plan other than a group health plan of a parent

The child(ren) must be under the age of 26 unless they have a total and permanent disability that was medically determined prior to the end of the calendar year in which the child attains age 26.

Disabled Adult Child

For disabled dependent children, you must also provide one of the following:

- Photocopy of Social Security disability award letter
- Photocopy of current Social Security disability payment
- Photocopy of signed physician Health Care Statement for Disabled Dependents certifying that the dependent is incapable of self-sustaining employment and dependent upon the employee, spouse, or domestic partner due to a mental and/or physical disability. To request a blank Health Care Statement for Disabled Dependents, contact PSW Benefit Resources at 1-877-866-2623 or technicalservices@pswbenefits.com



Medicare Campaign 2014

■ Background

*Annual opportunity sponsored by:
Kaiser Senior Advantage Programs
Medicare*

The District Benefits Office

Wednesday, February 5, 2014

9 - Noon @ the District and in the Atrium

This is our fifth annual event!

■ Purpose

- Providing retirees and eligible dependents the opportunity to enroll in Medicare Programs A & B on-the-spot and with the assistance of our business partners Kaiser, Medicare and District Staff
 - Otherwise –a valuable opportunity to update retirees
 - Audience: retiree, dependents, caretakers
- Due to privacy policies, we will continue to employ staff to support outreach efforts make outgoing calls mailings and other workshop support. Linda Japzon and Jay Quesada are on board again to support these efforts.

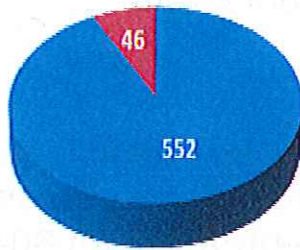
Current Statistics

Peralta Community College District

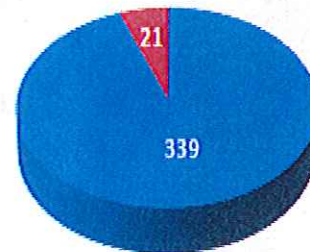
Retirees/Dependents Age 65+ Non-Coordinated with Medicare as of 11-1-2013

| Self Funded PPO | |
|-----------------------------------|-----|
| Total Retiree/Dep Members Age 65+ | 552 |
| Non-Coordinated Members | 46 |

| Kaiser HMO | |
|-----------------------------------|-----|
| Total Retiree/Dep Members Age 65+ | 339 |
| Non-Coordinated Members | 21 |



■ Total Retiree/Dep Members Age 65+
 ■ Non-Coordinated Members

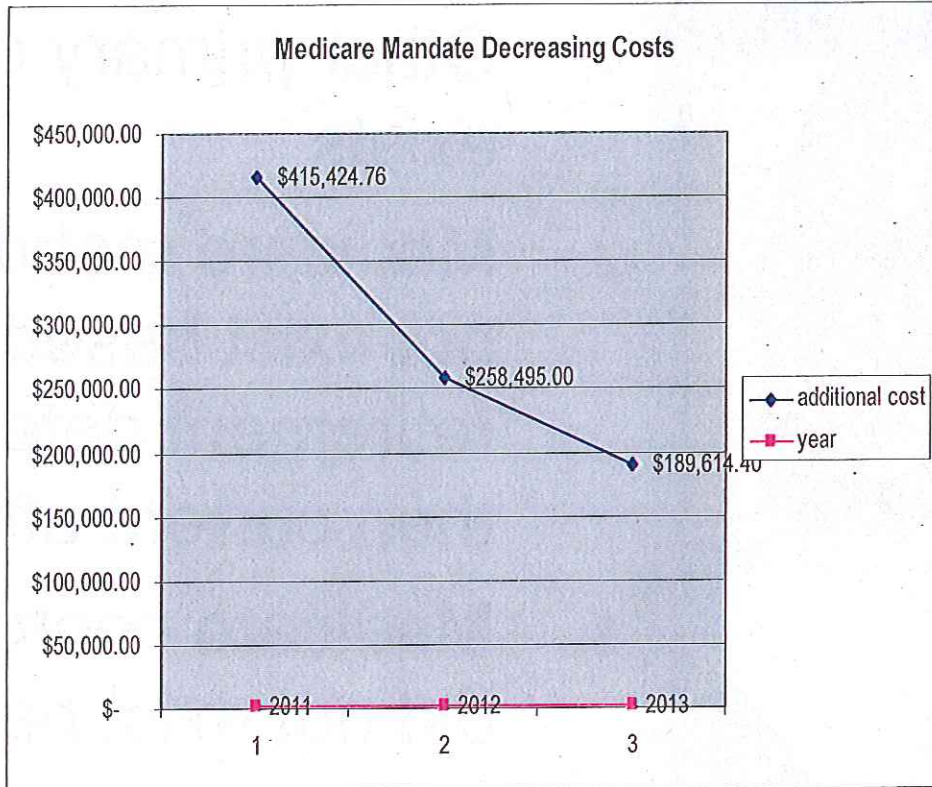


■ Total Retiree/Dep Members Age 65+
 ■ Non-Coordinated Members

Exemptions

1. Other primary coverage exists
2. Medicare mandate did not exist based on retirement date and/or then current affiliation.
3. Medicare coordination did not exist based on
4. Currently enrolls in Kaiser out of area plan.
5. Reside out of the country and therefore ineligible for Medicare enrollment

Medicare Mandate



12/4/2013



Wellness review

- Chronic Conditions
- Sutter as partners

Wellness review of top chronic conditions facing Peralta

Kaiser

1. Chronic Conditions
 2. High Blood Pressure
 3. Asthma related conditions
 4. Diabetes
 5. High Cholesterol
- Self-funded

1. Hypertension
2. Osteoarthritis
3. Diabetes
4. Coronary Artery
5. Asthma

Wellness review

- Based on analysis of
 - Past success with Sutter as partners
 - Review of our chronic conditions
 - Requests from the campus
 - Feedback from this committee
- The District will change its approach and is actively working with our consultant to develop a customized and long—term, integrated wellness plan
 1. Go to campuses, instead of everything a the District
 1. Offer gift cards for those who
 1. Take a health risk assessment (it remains private)
 2. Take tests during our on-site visits to campuses event
 2. Promote a District-wide activity/challenge
 3. Develop support around one community event.
 4. Synergize District resources
 1. Food Matters Program
 2. Provide pedometers to Laney
 3. Sutter Live Well for Life
 4. Kaiser
 5. Integrate social media and technology

12/4/2013

Agenda Item for next meetings ???

