



August 21, 2024

To All Adjunct Faculty:

On behalf of the Human Resources Department, **Welcome to Fall Semester, 2024!**

The District is pleased to offer two optional medical plans with Kaiser Permanente to Associate Faculty who qualify. Plan A is the District's Traditional (existing) Plan, and Plan B is our new Deductible Plan. Enrollment for these plans is available each semester to employees and their eligible dependents. The coverage period for fall semester is **September 1, 2024 through February 28, 2025** (effective dates may vary based on your eligibility). All participants are required to submit a Verification of Eligibility form upon initial enrollment, and each semester after that to continue coverage. An enrollment form is also required upon initial enrollment. Enrollment documents will not be accepted outside of the date span above unless you have a qualifying event under HIPAA or you become eligible for coverage mid-semester (for example if you have only late-start classes or are offered an additional assignment that now qualifies you for coverage). [For more information, click here](#) to navigate to the associate faculty Benefits webpage.

Qualification for both plans is as follows:

- ✓ You must carry at least a .40 (40%) cumulative equivalent load of a minimum full-time faculty assignment (instructional and/or non-instructional).
  - If you have less than a 40% load spring semester, but had more than a 40% load the previous Fall semester (within the same academic year), you are eligible to enroll if your combined load averages 40% each semester. This does not apply fall semesters.
  - If your minimum 40% assignment includes late start classes, you are eligible to enroll effective September 1 as long as at least one active loaded assignment starts at the beginning of the semester and your contract lists the late start classes.
  - If your entire assignment this semester is of late start classes, you are eligible to enroll effective the first of the month after you start working your assignment at 40%.
  - If your load is reduced after September 16, 2024 (voluntarily or involuntarily) below 40%, coverage will end the last day of the month your load is reduced. You may be eligible for continuation coverage under COBRA.
- ✓ You and your covered dependents may not have any other medical coverage and must sign a statement verifying that you have no other coverage.
- ✓ Eligible dependents may be enrolled at 50% cost to the employee. (A copy of the first page your 2023 federal tax return is required to enroll your spouse (marriage certificate if married in 2023/2024); a copy of your State Registry for Domestic Partners is required to enroll your domestic partner; and birth/adoption certificates are required to enroll eligible children. Children may be covered until their 26<sup>th</sup> birthday regardless of their dependent or student status. Disabled children over age 26 may be covered as long as they are your IRS dependent.

**To enroll this semester all required documentation must be in Human Resources on or before 5:00pm, September 16, 2024. LATE FORMS WILL NOT BE ACCEPTED. If eligible, your first day of coverage is September 1, 2024.**

**PLAN A: The District's Traditional Kaiser Plan**

**COST:**

**Kaiser (Traditional) Plan (606364-0030ACN) – Plan A**

The monthly premium:

Plan A Full Monthly Premium				
	Employee Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
Thru 9/30/2024	\$954.00	\$1,994.00	\$1,650.00	\$2,852.00
Effective 10/01/2024	\$1034.00	\$2,161.00	\$1,789.00	\$3,092.00

As of 9.1.2024, the District pays 100% of the monthly employee only cost, and 50% of the dependent cost, as eligible.

If enrolling dependents, your premium (monthly amount less the District's portion) per month to cover them is:

Employee's Portion of Monthly Premium for Plan A				
	Employee Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
Thru 9/30/2024	\$0.00	\$520.00	\$348.00	\$949.00
Effective 10/01/2024	\$0.00	\$563.50	\$377.50	\$1,029.00

Pre-tax deduction to pay for your portion of your dependent's coverage is taken from your October, November, & December 2024, and January '25 paychecks. **You must contact [HR.Benefits@sjeccd.edu](mailto:HR.Benefits@sjeccd.edu) if you will not receive a paycheck in any of these months on or before that month's payday.**

Employee's Monthly Deduction for Plan A				
	Emp Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
October, November & December 2024, and January 2025	\$00.00	\$834.38	\$558.88	\$1,523.50

By enrolling your eligible dependent(s), you are authorizing Payroll to deduct your portion of their premium from your paychecks. This deduction is taken out of pre-taxed dollars. Premium for the six months of coverage (September 1, 2024 through February 28, 2025) is deducted from your four paychecks in October, November & December 2024, and January 2025 paychecks. You must notify Benefits Staff at [HR.Benefits@sjeccd.edu](mailto:HR.Benefits@sjeccd.edu) if you will not receive a paycheck in any of the four months listed above so we can adjust your deduction and eligibility accordingly. If no deduction is taken in a particular month, two deductions may be taken from the next paycheck or the employee may pay by personal check, depending on the circumstances. If your load this semester includes late-start classes, your coverage will not be effective until the first of the month after you begin working at 40%, *unless* you have at least one active loaded assignment at the start of the semester. For spring semesters only: you may be able to enroll if your load averages 40% between the previous fall semester and the current spring semester). Please contact Michelle directly at [michelle.mckay@sjeccd.edu](mailto:michelle.mckay@sjeccd.edu) **during the enrollment window or before** so we can determine your effective date in advance and set up your enrollment window. Late enrollments are not accepted.

**REQUIRED FORMS FOR TRADITIONAL PLAN (606394-0030ACN) – PLAN A:**

California Region Kaiser Permanente Group Enrollment Form **TRADITIONAL PLAN ONLY**  
 Please print or type in black ink only. Make a copy for your records.

TO BE COMPLETED BY EMPLOYER:			
District Name:	San Jose-Evergreen Community College		Hire Date (mm/dd/yyyy)
Medical Group Number:	606394	Enrollment Unit:	0030ACN (P) Effective Enrollment Date (mm/dd/yyyy)

Figure 1 Snippet of correct form to enroll in Traditional Plan (Plan A)

### New Enrollees

If you are NOT **currently** enrolled (from spring 2024) in this **District** plan, you MUST submit the following by 5:00pm, September 16, 2024 to enroll:

- **Kaiser Group “Traditional Plan Only” Enrollment Form**
- **Verification of Eligibility Form**
- **Acceptable Proof of Dependent Eligibility** (if enrolling dependents)

Late forms **will not** be accepted. Your actual signature or an electronic signature is required (Kaiser/SISC will reject any typed signatures).

### Changes - Adding a Dependent

If you are **currently** enrolled in either District plan and now elect to add a dependent, you MUST submit all of the following by 5:00pm, September 16, 2024 to enroll him/her/them.

- **SISC Member Change Form**
- **Verification of Eligibility Form**
- **Proof of Dependent Eligibility**

Late forms **will not** be accepted. Your actual signature or an electronic signature is required (Kaiser/SISC will reject any typed signatures).

### Continuing From Spring '24 with No Changes

If you are currently enrolled in this plan and plan to continue your coverage exactly as it is, you MUST submit a Verification of Eligibility Form by 5:00pm, September 16, 2024 to continue your coverage, if eligible.

- **Verification of Eligibility Form**

Late forms **will not** be accepted. Failure to submit this form by the due date will result in your coverage (and any covered dependent's coverage, if applicable) will end August 31, 2024. There are no exceptions.

Late forms **will not** be accepted.

**PLAN B: The District's Deductible Kaiser Plan**

**COST:**

**Kaiser (Deductible) Plan (606364-0134ACN) – Plan B**

This is a **new** plan eligible associate faculty have been able to enroll in since March 1, 2024.

The monthly premium:

Plan B Full Monthly Premium				
	Employee Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
Thru 9/30/2024	\$831.00	\$1,737.00	\$1,438.00	\$2,485.00
Effective 10/01/2024	\$901.00	\$1,882.00	\$1,558.00	\$2,683.00

As of 9.1.2024, the District pays 100% of the monthly employee only cost, and 50% of the dependent cost, as eligible.

If enrolling dependents, your premium (monthly amount less the District's portion) per month to cover them is:

Employee's Portion of Monthly Premium for Plan B				
	Employee Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
Thru 9/30/2024	\$0.00	\$453.00	\$303.50	\$827.00
Effective 10/01/2024	\$0.00	\$490.50	\$328.50	\$896.00

Pre-tax deduction to pay for your portion of your dependent's coverage is taken from your October, November, & December 2024, and January '25 paychecks. **You must contact [HR.Benefits@sjeccd.edu](mailto:HR.Benefits@sjeccd.edu) if you will not receive a paycheck in any of these months on or before that month's payday.**

Employee's Monthly Deduction for Plan B				
	Emp Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
October, November & December 2024, and January 2025	\$00.00	\$726.38	\$486.50	\$1,326.75

By enrolling your eligible dependent(s), you are authorizing Payroll to deduct your portion of their premium from your paychecks. This deduction is taken out of pre-taxed dollars. Premium for the six months of coverage (September 1, 2024 through February 28, 2025) is deducted from your paychecks in October, November & December 2024, and January 2025. You must notify Benefits Staff at [HR.Benefits@sjeccd.edu](mailto:HR.Benefits@sjeccd.edu) in advance if you will not receive a paycheck in any of the four months listed above so we can adjust your deduction and eligibility accordingly. If no deduction is taken in a particular month, two deductions may be taken from the next paycheck or the employee may pay by personal check, depending on the circumstances. If your load this semester includes late-start classes, your coverage will not be effective until the first of the month after you begin working at 40%, *unless* you have at least one active loaded assignment at the start of the semester. For spring semesters only: you may be able to enroll if your load averages 40% between the previous fall semester and the current spring semester). Please contact Michelle directly at [michelle.mckay@sjeccd.edu](mailto:michelle.mckay@sjeccd.edu) **during the enrollment window or before** so we can determine your effective date in advance and set up your enrollment window. Late enrollments are not accepted.

**REQUIRED FORMS FOR NEW DEDUCTIBLE PLAN (606394-0134ACN) – PLAN B:**

**California Region Kaiser Permanente Group Enrollment Form**  
Please print or type in black ink only. Make a copy for your records.

**DEDUCTIBLE PLAN ONLY**

<b>TO BE COMPLETED BY EMPLOYER:</b>		
District Name: <b>San Jose-Evergreen Community College</b>	Hire Date (mm/dd/yyyy)	
Medical Group Number: <b>606394</b>	Enrollment Unit: <b>0134ACN</b>	Effective Enrollment Date (mm/dd/yyyy)
Complete this section <b>ONLY</b> if dental, vision and/or life insurance is offered through SISC: Delta Dental Group#: <b>N/A</b> Vision Group#: <b>N/A</b> SISC Life Ins Group#: Employee Only <b>N/A</b>		

**Figure 2 Snippet of correct form to enroll in Deductible Plan (Plan B)**

### New Enrollees

If you are not currently enrolled (from spring 2024) in this **District** plan, you MUST submit the following by 5:00pm, September 16, 2024 to enroll:

- **Kaiser Group “Deductible Plan Only” Enrollment Form**
- **Verification of Eligibility Form**
- **Proof of Dependent Eligibility** (if enrolling dependents)

### Switching from Traditional Plan to the Deductible Plan

If you are currently enrolled in the District’s Traditional Plan (Plan A), but wish to switch coverage to this Deductible plan, you MUST submit the following by 5:00pm, September 16, 2024 to switch plans, if eligible.

- **Kaiser Group “Deductible Plan Only” Enrollment Form**
- **Verification of Eligibility Form**
- **Acceptable Proof of Dependent Eligibility** (if enrolling dependents)

Late forms **will not** be accepted. Your actual signature or an electronic signature is required (Kaiser/SISC will reject any typed signatures).

### Changes - Adding a Dependent

If you are **currently** enrolled in either District plan and now wish to add a dependent, you MUST submit all of the following by 5:00pm, September 16, 2024 to enroll him/her/them.

- **SISC Member Change Form**
- **Verification of Eligibility Form**
- **Proof of Dependent Eligibility**

Late forms **will not** be accepted. Your actual signature or an electronic signature is required (Kaiser/SISC will reject any typed signatures).

### Continuing Plan B From Spring '24 - No Changes

If you are currently enrolled in this plan and plan to continue your coverage exactly as it is, you MUST submit a Verification of Eligibility Form by 5:00pm, September 16, 2024 to continue your coverage, if eligible.

- **Verification of Eligibility Form**

*Late forms **will not** be accepted. Failure to submit this form by the due date will result in your coverage (and any covered dependent’s coverage, if applicable) will end August 31, 2024. There are no exceptions.*

Late forms **will not** be accepted.

## ADDITIONAL BENEFITS

### **AnthemEAP**

Enrollees of this Kaiser plan are automatically covered by AnthemEAP, the District's Employee Assistance Plan. AnthemEAP offers confidential counseling services, legal, and financial planning assistance to you, your covered dependents, and anyone living in your household. Many other services and resources are available through this awesome - confidential - plan. All associate faculty may access this plan if the need arises.

### **Flexible Spending Accounts:**

If this is your very first semester teaching/counseling at SJCC or EVC, or if you did not teach in the spring 2024 semester, you may now enroll in a Flexible Spending Account (FSA) for the remainder of 2024. The FSA enrollment form is due no later than 5:00 pm, Monday September 16, 2024. Your full annual election will be deducted from your October, November, and December 2024 paychecks only; however, eligible expenses can be incurred and covered typically as of September 1 through December 31, 2024 as long as your employment continues. This is a use-it-or-lose-it plan so please be sure you will have eligible expenses during your eligibility period. All adjunct faculty may participate each year, regardless of your FTE. **This enrollment period is strictly for new hires or returning faculty who did not work for the District spring semester 2024.** The enrollment period for 2025 plans is at the end of November.

**Workers' Compensation:** All employees may pre-designate a physician for work related injuries/illnesses. These forms and more information are available online by [clicking here](#) ([Pre-Designated Physician Form](#)).

If you have any questions please email [HR.Benefits@sjeccd.edu](mailto:HR.Benefits@sjeccd.edu) or call 408.223.6713. Enrollment forms and Summary of Benefits and Coverage (SBC's) are available online on the [Associate Faculty Benefits Page of the District's website](#).

**ALL FORMS & SUPPORTING DOCUMENTS MUST BE SUBMITTED BY  
5:00pm MONDAY, SEPTEMBER 16, 2024**

~ Your HR Benefits Staff

Michelle McKay, Benefits Coordinator & Diana Ruano, Human Resources Technician

Fall 2024