



February 6, 2025

To All Adjunct Faculty:

On behalf of the Human Resources Department, **Welcome to Spring Semester, 2025!**

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 a Deductible Plan. Enrollment for these plans is available each semester to employees and their eligible dependents. The coverage period for spring semester is **March 1, 2025 through August 30, 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 maintain at least a .40 (40%) cumulative equivalent load of a full-time faculty assignment all semester (instructional and/or non-instructional. NIA's do not count toward eligibility).
 - 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 March 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, your coverage will begin are eligible to enroll effective the first of the month after you start working your assignment at 40%.
 - If your load is reduced after February 14, 2025 (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 (Verification of Eligibility Form)
- ✓ Eligible dependents may be enrolled at 50% cost to the employee. For new enrollees, a copy of the first page your 2023 federal tax return is required to enroll your spouse (marriage certificate only if married in 2024 or 2025); 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 26th birthday regardless of their dependent or student status (court order to age 18). 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, Thursday February 21, 2025. LATE FORMS WILL NOT BE ACCEPTED. If eligible, your first day of coverage is March 1, 2025.

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 9/30/2025	\$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 9/30/2025	\$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 March, April, May & June 2025 paychecks. **You must contact 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
March, April, May, and June 2025	\$00.00	\$844.50	\$566.25	\$1,543.50

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 (March 1, 2025 through August 31, 2025) is deducted from your four paychecks: from March, April, May and June 2025 paychecks. You must notify Benefits Staff at 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 **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 fall 2024) in this **District** plan, you **MUST** submit the following by 5:00pm, February 21, 2025 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 **with Certificate is required** (typed signatures or electronic signatures without the Certificate will be rejected and your enrollment may be delayed or denied).

➤ **Continuing this Plan from Fall ‘24 with No Changes**

If you are currently enrolled in this plan and you wish to continue your coverage exactly as it is, you **MUST** submit a Verification of Eligibility Form by 5:00pm, February 21, 2025 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) ending February 28, 2025. There are no exceptions.

➤ **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, February 20, 2025 to enroll him/her/them.

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

Late forms **will not** be accepted. Your actual signature or an electronic signature **with Certificate is required** (typed signatures or electronic signatures without the Certificate will be rejected and your enrollment may be delayed or denied).

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 9/30/2025	\$901.00	\$1,882.00	\$1,558.00	\$2,693.00

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 9/30/2025	\$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 March, April, May, and June 2025 paychecks. **You must contact 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
March, April, May, and June 2025	\$00.00	\$735.75	\$492.75	\$1,344.00

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 (March 1, 2025 through August 31, 2025) is deducted from your paychecks in March, April, May, and June 2025. You must notify Benefits Staff at 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 will be taken from the next paycheck or the employee must 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 **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

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

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

New Enrollees

If you are not currently enrolled (from fall 2025) in this **District** plan, you **MUST** submit the following by 5:00pm, February 21, 2025 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, February 21, 2025 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 **with Certificate is required** (typed signatures or electronic signatures without the Certificate will be rejected and your enrollment may be delayed or denied).

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, February 21, 2025 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 **with Certificate is required** (typed signatures or electronic signatures without the Certificate will be rejected and your enrollment may be delayed or denied).

Continuing Plan B From Fall ‘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, February 21, 2025 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 February 28, 2025. 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, regardless of load, during the semesters they have an active assignment.

Flexible Spending Accounts:

If this is your very first semester teaching/counseling at SJCC or EVC, or if you did teach fall '24 semester but you didn't have a spring assignment/contract during the 2025 enrollment window, you may now enroll in a Flexible Spending Account (FSA) for the remainder of 2025. The FSA enrollment form is due no later than 5:00 pm, Friday, February 21, 2025. Your full annual election will be deducted from your March, April, May, and June 2025 paychecks only; however, eligible expenses can be incurred and covered typically as of February 1 through December 31, 2025 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 fall semester 2024 or didn't have a spring assignment/contract during the regular enrollment period held in November/December.** The enrollment period for 2026 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 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 FRIDAY, FEBRUARY 21, 2025**

~ Your HR Benefits Staff

Michelle McKay, Benefits Coordinator

Spring '25