



February 7, 2024

To All Adjunct Faculty:

On behalf of the Human Resources Department, **Welcome to spring 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 a new 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, 2024 through August 31, 2024** (effective dates may vary based on your eligibility). All participants are required to submit a Verification of Eligibility form each semester to continue coverage and an Enrollment form for those not currently enrolled. 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 this spring, but had more than a 40% load Fall 2023 semester, you are eligible to enroll if your combined load averages 40% each semester.
 - 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, 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 February 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 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 full cost to the employee. (A copy of the first page your 2022 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 26th birthday regardless of their dependent or student status. Disabled children over age 26 may be enrolled as long as they are your IRS dependent.

To enroll this semester you must sign up between February 7, 2024 and February 21, 2024. LATE FORMS WILL NOT BE ACCEPTED. If eligible, your first day of coverage is March 1, 2024.

PLAN A: The District's Traditional Kaiser Plan

COST:

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

This is the District's existing plan eligible associate faculty have been able to enroll in since October 2018.

The monthly premium through September 30, 2024 is:

Full Monthly Premium			
Employee Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
\$954.00	\$1,994.00	\$1,650.00	\$2,852.00

Of the amounts above, the District will contribute 100% of the monthly employee only cost. Employee is responsible for 100% of their dependent's premium.

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

Employee's Monthly Share				
March, April, May, & June 2024	Emp Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
	\$00.00	\$1,040.00	\$696.00	\$1,898.00

Pre-tax deduction to pay for your dependent's coverage is taken from March, April, May, and June 2024 paychecks. Contact HR.Benefits@sjeccd.edu if you will not receive a paycheck in any of these months.

Employee's Monthly Deduction				
March, April, May, & June 2024	Emp Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
	\$00.00	\$1,560.00	\$1,044.00	\$2,847.00

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, 2024 through August 31, 2024) is deducted from your four paychecks in March, April, May, & June 2024. If enrolling a dependent(s) 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 or your load averages 40% between fall '23 and spring '24. Please contact Michelle directly at michelle.mckay@sjeccd.edu so we can determine your effective date in advance and set up your enrollment window.

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 2023) in this **District** plan, you **MUST** submit the following by 5:00pm, February 21, 2024 to enroll:

- **Kaiser Group “Traditional Plan Only” Enrollment Form**
- **Verification of Eligibility Form**
- **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 this plan and now elect to add a dependent, you **MUST** submit the following by 5:00pm, February 21, 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 Fall '23 with No Changes

If you are currently enrolled in this plan and plan to continue your coverage exactly as it is, you **MUST** submit the following by 5:00pm, February 21, 2024 to continue your coverage, if eligible. Your portion of the premium will be terminated effective 3/1/2024.

- **Verification of Eligibility Form**

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

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 may elect to enroll in effective March 1, 2024.

The monthly premium through September 30, 2024 is:

Full Monthly Premium			
Employee Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
\$831.00	\$1,737.00	\$1,438.00	\$2,485.00

Of the amounts above, the District will contribute 100% of the monthly employee only cost. Employee is responsible for 100% of their dependent's coverage.

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

Employee's Monthly Share				
March, April, May, & June 2024	Emp Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
	\$00.00	\$906.00	\$607.00	\$1,654.00

Pre-tax deduction to pay for dependent's coverage is taken from March, April, May, and June 2024 paychecks. Contact HR.Benefits@sjeccd.edu if you will not receive a paycheck any of these months.

Employee's Monthly Deduction				
March, April, May, & June 2024	Emp Only	Employee + Spouse/Domestic Partner	Emp + Child/Children	Family
	\$00.00	\$1,359.00	\$910.50	\$2,481.00

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, 2024 through August 31, 2024) is deducted from your four paychecks in March, April, May, & June 2024. If enrolling a dependent(s) 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 or your load averages 40% between fall '23 and spring '24. Please contact Michelle directly at michelle.mckay@sjeccd.edu so we can determine your effective date in advance and set up your enrollment window.

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 2023) in a **District** plan, you **MUST** submit the following by 5:00pm, February 21, 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, February 21, 2024 to continue your coverage, if eligible.

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

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

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 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 fall 2023 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, Wednesday, February 21, 2024. Your full annual election will be deducted from your March, April, May, and June 2024 paychecks only; however, eligible expenses can be incurred and covered typically as of February 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 fall semester 2023.**

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@sjccd.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 WEDNESDAY, FEBRUARY 21, 2024**

~ Your HR Benefits Staff

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

Spring 2024