



PERALTA BENEFITS – EVERYONE

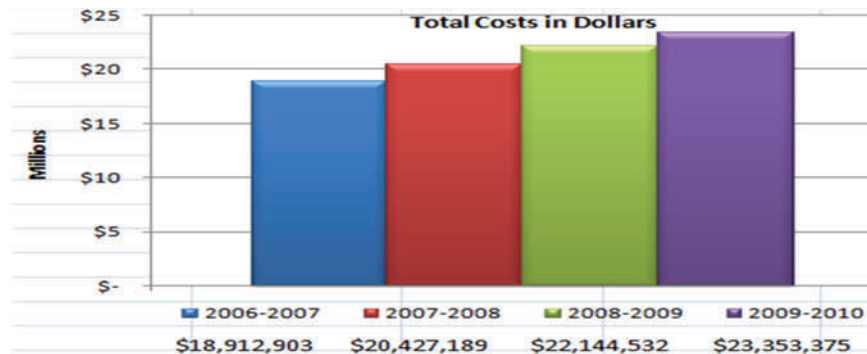
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November/December 2010

Benefits Costs on the Rise!

Our benefits costs (claims and administrative expenses) have increased over the last few years for medical and dental insurance plans. According to the *PCCD 2010-2011 Adopted Budget*, we can expect to spend \$27 million in the maintenance of benefits under the current structure for active and retired employees. Of the \$27 million, \$7 million is being set aside for future benefits of current employees. We also expect an average benefit cost increase of 10% from our providers for the 2011-2012 fiscal year (plan rates change 9/1/11).

Benefit Costs 2006–2010



Benefit-Enrolled Population (10/31/10)			
	Employees	Dependents	TOTAL
CoreSource	826	690	1515
Kaiser	765	633	1398

What's the Buzz? Benefits Fair 2010

Did you:

- Attend the annual benefits fair held on October 7, 2010? Union staff, the Peralta Retiree Organization and other business partners were there to answer questions of over 250 attendees.
- Participate in the dependent audit which saved the district over \$800,000?
- Send one of the 5,000 emails or telephone calls to the PCCD Benefits Office during the year.

Or

Perhaps you:

- Are a retiree who Peralta covers under one of the federal subsidy programs passed through healthcare reform.
- Are one of the 2,900 people covered under a Peralta benefit plan.

Our team of business partners and customer service personnel continue to provide support year round! See you at the next Benefits Fair 2011!



PCCD Benefits Office Staff, Union Representatives, Kaiser, CoreSource, Delta Dental, ZUK Financial Services & others

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(PSW Benefit Resources)

Available Downloads on
www.peralta.pswbenefits.net

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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



Health Care Reform Timeline for Peralta:

January 1, 2011
Over the counter medications will no longer be eligible for reimbursement under the flexible benefits plan under IRS Code 125 unless you have a written prescription for the over the counter medication.

September 1, 2011
Peralta will begin to cover dependents to ages 26 provided that other coverage is unavailable.

Pre-existing exclusions are eliminated for dependent children under age 19.

Other key dates to remember:

January 19, 2011
Professional development day workshops

- Tax-deferred planning
- Estate planning
- Adjunct open enrollment workshops

February 12, 2011
• Open enrollment for adjunct faculty ends

Calendar year 2012
We will report the employer value of benefits on the w-2

Active employee cost for group insurance plan participation is determined by classification and appointment.

Full-time employees receive full District contribution towards the insurance premium cost.

Group Insurance Plans (monthly rates)	Single	Two Party	Three or More
Kaiser (rate in effect through August 31, 2011)	\$560.93	\$1,121.86	\$1,587.43
CoreSource (rate in effect through August 31, 2011)	\$666.42	\$1,488.96	\$2,236.90
Delta Dental (rate in effect through August 31, 2011)	\$66.45	\$112.97	\$172.78
United HealthCare Dental (rate in effect through August 31, 2011)	\$26.29	\$42.06	\$64.09

The District's contribution for other benefit-eligible employees (classified and confidential) is based on the assigned FTE for the position.

These rates are the basis of COBRA continuation benefit rates.

Other PCCD Benefit Costs		
Benefit Plan	Employee Cost	Employer Cost
Basic Life & AD&D	\$0.000	\$.221 / \$1,000 of salary
Long Term Disability	\$.17 / \$100 of salary	N/A
Dependent Life Insurance	\$0.000	\$.350 per dependent unit
Employee Assistance Plan	\$0.000	\$2.24 per family unit
State Teacher Retirement System (mandatory retirement plan)	Contribution based as a percentage of salary	
10 Month Academic Appointment	9.600	8.250
11 Month Academic Appointment	8.727	8.250
12 Month Academic Appointment	8.000	8.250
Cash Balance Plan (retirement plan for part-time faculty)	4.000	4.000
Public Employees Retirement System (PERS)	7.000	10.707
Accumulation Program for Part-time and Limited Service Employees (APPLE); managed by Mid-America	3.750	3.750
Social Security (for first \$106,800 in PCCD wages)	6.200	6.200
Unemployment Insurance	0.00	0.72% up to \$7,000
Workers Compensation Insurance	0.00	1.25% of gross
OPEB-Other Post Employment Benefits	0.00	12.5% of gross
Medicare	1.450	1.450



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CORESOURCE

A Trustmark Company

We are pleased to announce two service enhancements to keep you aware and informed of your medical expenses incurred under our self-funded plan, currently administered by CoreSource.

CoreSource, your benefits administrator, is improving how members of the Peralta Community College District health plan can access and view information about their health-care claims.

1. Consolidated Explanation of Benefits

The first change you will see is an easy-to-understand consolidated family Explanation of Benefits (EOB). Currently, members are mailed an EOB after each visit to a doctor or hospital. The new EOB will display your entire family's claim information, so that it is easier for you to keep track of out-of-pocket expenses.

2. Direct Deposit of claim reimbursements

With the new system, members can be reimbursed for eligible medical claims by direct deposit. CoreSource will send an e-mail alert when a deposit has been made to your account. Information on signing up and the authorization form will be available soon, check the benefits website for more information.

You are encouraged to view your claim history on www.coresource.com.

Special Enrollment Rights Annual Notification

If you are declining enrollment for yourself or your dependents (including your spouse) because of **other** health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment **within 30 days** after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption.

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.

To request special enrollment or obtain more information, contact Peralta Benefits Office at (510)587-7868 or email benefits@peralta.edu

Statement of Rights Under the Newborns' & Mothers' Health Protection Act

Under Federal law, benefits for any hospital length of stay in connection with childbirth for the mother or newborn child may not be limited to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. Federal law does not prohibit the mother's or newborn's attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In addition, Federal law states that carriers may NOT require providers / members to obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Overage Dependent Status (aka Michelle's Law)

This mandate requires an insurance company to continue medical coverage for an overage dependent that is away from school due to a **medical leave of absence**. This mandate requires that a dependent child's coverage can continue for 12 months **or** until the date on which the coverage is scheduled to end according to the terms and conditions of the plan, whichever occurs first. After this time, if the overage dependent is unable to return to school, he or she will need to apply for individual coverage through COBRA, HIPAA or for disabled coverage under the parent/guardian's plan.

An employee is **required** to notify the insurance company **AND** the employer within 30 days before the leave begins if the leave is known about in advance or within 30 days after the start date of an un-planned medical leave of absence. The carrier will also request a signed note from the attending physician stating the medical necessity, the diagnosis code, leave start date (and end date if known) and the physicians name, date and signature.

A Message From Our Broker

PSW Benefit Resources is proud to be your insurance broker! Our capable and innovative Technical Services Division staff is available to answer any benefit-related questions that you may have. If you have questions about a claim, an explanation of benefits (EOB), or navigating your insurance carriers' website, we can help! Here is our toll-free phone and fax numbers and our e-mail address: Telephone: 877.866.2623 Fax: 877.876.5667. Email: technicalservices@pswbenefits.com. PSW Benefit Resources' website offers insurance carrier Internet access, making it easy for you to obtain quick access to your health plan information! Visit us at: www.pswbenefits.com

We look forward to hearing from you.



District Staff check in with medical group during October 2010 Benefits Fair.