

OPEN ENROLLMENT
October 1 - October 31!



BENEFITS FAIR!
Thursday,
October 6th
11am-2pm

September 12, 2011

IT'S OPEN ENROLLMENT TIME!

Open Enrollment is the Annual Opportunity for Employees & Retirees to:

- Change or enroll in medical and/or dental plans.
- Enroll / re-enroll in the flexible benefits plan for 2012.
- Add a dependent not currently enrolled on the group insurance plans.



The Benefits Office supports over 2,500 active and retired employees and their eligible dependents. To improve the quality of our services, we are encouraging the use of District resources and technologies to improve our quality and delivery of services to you.

District Resources

Peralta Benefits Office: 333 East 8th Street, Oakland, CA 94606

Websites:

- peralta.pswbenefits.net
- peraltaretirees.pswbenefits.net
- peralta.cc.ca.us

Email: benefits@peralta.edu

Phone Numbers: 510.466.7229; 510.587.7838

PSW Benefit Resources: 877.866.2623

GET TESTED!
See Page 24
Attend the Annual
Benefits Fair
Thursday, October 6th
11:00am to 2:00pm
Free Screenings from Hills
Physicians Group!

Inside This Issue:

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Are you 65 or older and not yet signed up for Medicare?
Sign up during the Medicare General Enrollment from January 1st through March 31st for an effective date of July 1.

The Peralta Community College District proudly offers a competitive and comprehensive core of work-life benefits that may increase your total compensation by 40% or more. Premiums are fully paid for full-time, regular employees and their eligible dependents. The District contributes a prorated amount to the monthly premiums for regular employees working less than full-time based on the employee's FTE. The employee working less than full-time is expected to cover the remainder of the premium. Benefits include:

- Medical, prescription drug & vision coverage through a choice of District provided carriers.
- Delta Dental PPO Dental plan or United HealthCare DMO Dental plan.
- Life insurance of 150% of your annual pay up to a \$100,000 benefit.
- Long-Term Disability coverage.
- Employee Assistance Program (EAP)
- Voluntary participation in a tax-deferred 403(b) and 457 plans.

If you do nothing, your medical, dental and vision plan enrollment will continue into the 2012 plan year with your current coverage levels. To effect a change, complete and submit the following forms **NO LATER THAN October 31, 2011:**

- Universal Enrollment Form (to change medical or dental plans or add eligible dependents)
- Flexible Benefits Plan Enrollment Forms

NEW FOR THIS YEAR

Change in EAP Provider

Effective September 1, 2011 we have a new EAP provider. You now receive your EAP services from MHN. Call MHN anytime for help with a wide range of emotional health, family and work issues, including: Marriage, relationship and family problems, Domestic violence, alcohol & drug dependency, stress & anxiety, depression, grief and loss. MHN provides three ways they deliver clinical support, face to face, telephonic consultations, and web-video consultations. Work and Life services include telephonic consultations for childcare and eldercare, financial services, legal services, identity theft recovery services, and daily living services. MHN speaks your language! When you call MHN, free interpretation services are available in over 170 languages. Call toll-free, 24 hours a day, seven days a week: (800)535-4985 or visit the website at <https://members.mhn.com> (company code: **peralta**).

EFFECTIVE SEPTEMBER 1, 2011

- Cover dependents to attainment of age 26 regardless of residency, student status, marital status, or financial dependency.
- Pre-existing exclusions are eliminated for eligible members under age 19.






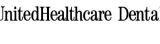




BEGINNING IN 2014

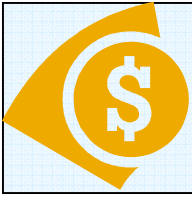
- Pre-existing exclusions go away for all.
- Plan maximums eliminated; currently we have a \$5M cap payable under our self-funded plan.

Overview of Benefits Fall 2011

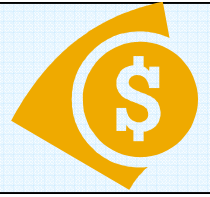
September 12, 2011

A benefit eligible employee is determined by the respective union's Collective Bargaining Agreement (CBA). For management and confidential employees, eligibility is generally extended to regular, full time employees who are scheduled to work at least 20 hours per week. Submit forms within 30 days from date of hire or eligibility.

Vendor	Information on Vendors
	<p>Kaiser Medical Plan (Health Maintenance organization ~ HMO); www.kp.org Kaiser provides medical care through participating doctors at Kaiser facilities. The plan emphasizes preventive care and provides most services and supplies at little to no cost to you. The plan includes coverage for prescription drugs and optical services obtained at a Kaiser facility. The District plan allows for a \$10 co-pay for most services.</p>
	<p>CoreSource Medical Plan (Preferred Provider Organization ~ PPO); www.coresource.com CoreSource is the administer of the medical services received through the Anthem Blue Cross network (California residents) or PHCS network (non-California residents). To access Anthem Blue Cross providers, go to www.anthem.com/ca (if you are a California resident and traveling outside the State of California, access contracting providers from www.bluecares.com). To access PHCS providers, go to www.phcs.com. This network provides coverage throughout the United States. The PPO provides coverage for routine and major medical services received through network providers. Most office visits are available after a \$10 co-pay per visit.</p> <p> Pharmacy benefits can be accessed through CVS / Caremark. www.caremark.com. Co-pays range from \$10 to \$15 per prescription for a 30 day supply.</p> <p> Vision benefits can be accessed through UnitedHealthcare Vision; www.myuhcvision.com. Participants can receive benefits through the Spectera network of providers and can receive out of network benefits within the plan guidelines. Office visit co-pays are \$10 for examinations.</p>
	<p>Delta Dental Plan (Preferred Provider Organization ~ PPO); www.deltadentalins.com Delta Dental pays 100% for most services, including preventive care, fillings, extractions, crowns, periodontics, and root canal work. Bridges and dentures are covered at 50%. The plan pays up to \$1,500 per person per calendar year. Orthodontia coverage is available for dependent children up to age 26. It is paid at 50% up to a calendar year maximum of \$1,000 per person.</p>
	<p>United HealthCare Dental Plan (Dental Maintenance Organization ~ DMO); www.myuhc.com United HealthCare Dental pays 100% for most services. In addition to routine cleanings, examinations and x-rays, this plan has an added feature of child AND adult orthodontia. Plan surcharge for orthodontia is \$2,250 when using a United HealthCare DMO dentist.</p>
	<p>Flexible Benefits Plan & Pre-Tax Commuting Reimbursement; www.pensiondynamics.com Medical and/or Dependent Care Expense (IRS Section 125): Eligible employees can set aside tax free dollars for out of pocket medical expenses or dependent day care expenses. First, set the money aside from each paycheck, then submit receipts to recover tax free dollars. Check with a tax professional to learn if this option is feasible to your personal situation. Pre-Tax Commuting Expense (IRS Section 132): If public transportation is used to get to and / or from work, this account can be used to reimburse specified expenses with pre-tax dollars.</p>
	<p>Long Term Disability Insurance; www.ing.com If a covered disability prevents you from working for more than 90 calendar days, the District's Long Term Disability plan, through ING, pays a monthly benefit of up to 60% of your base monthly earnings, up to a \$5,000 per month maximum benefit. Benefits are payable while disabled (after all payable sick leave and other available leaves have been exhausted), within certain time limits specified in the policy. PCCD employees do not pay into State Disability Insurance.</p>
	<p>Basic Term Life and Accident (AD&D) Insurance; www.ing.com The District provides, at no cost to the employee, a life insurance benefit through ING equal to 150% of your base salary (subject to a \$100,000 maximum benefit) for employees, \$1,000 for spouses, and \$100 for each dependent (birth to age 6 months) or \$500 for each dependent (from age 6 months to 22 years). The plan includes an amount equal to the life insurance benefit in the case of accidental death, or a percentage of that amount for accidental loss of sight or limb(s). Life insurance terminates when the employee reaches age 66 unless the employee is still actively employed. The plan can be converted to an individual plan at the retiree's expense.</p>
	<p>Voluntary Term Life Insurance; www.cigna.com You may apply for additional (voluntary) insurance up to \$500,000 for you, your spouse and unmarried dependent children. Coverage is guaranteed if you are a new hire and you apply within 31 days of becoming a benefit eligible employee. Late enrollees will be subject to full evidence of good health.</p>



Monthly Premium and Contribution Table Fall 2011



September 12, 2011

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 June 30, 2012)	\$560.93	\$1,121.86	\$1,587.43
CoreSource (rate in effect through June 30, 2012)	\$624.86	\$1,396.10	\$2,097.39
Delta Dental (rate in effect through June 30, 2012)	\$70.60	\$120.03	\$183.58
United HealthCare Dental (rate in effect through June 30, 2012)	\$26.95	\$43.11	\$65.69

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	\$0.000	\$.17 / \$100 of salary
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	9.709
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
Medicare	1.450	1.450

Frequently Asked Questions

Tax-deferred planning, cash-in-lieu of benefits, changes of address, eligible dependents & more

September 12, 2011

1. Q: I have heard about the 403(b) & 457 plans. What does the District offer?

A: Since August 2009, the District offers financial planning through ZUK Financial Services.

You are invited to make a personal appointment to review your retirement plan with a non-commissioned professional who is familiar with:

- Tax deferred savings plans
- STRS & PERS
- Social Security as income in your financial plan

A variety of tax deferred savings options are available through the District. Call (510) 597-8900 x105 to schedule your personal appointment with Christine Ingoldsby, Peralta District Representative. You may also visit their website at www.zukfinancial.com.

2. Q: Cash - in - lieu of benefits ~ What are they?

A: Employees now have the opportunity to decline medical and dental coverage through Peralta Community College District and receive \$30 per month in-lieu of medical and dental insurance with PCCD. To be eligible the Benefits office must receive written proof of other comparable group medical and dental insurance. Medicare, COBRA and Individual Health Plans do NOT qualify as other medical insurance coverage.

To enroll in the cash-in-lieu benefit:

1. Obtain written proof of current health care coverage. The required proof is a letter verifying insurance and a copy of the plan Evidence of Coverage (EOC) or Summary Plan Description (SPD); and
2. Submit the written proof to the Benefits Office; and
3. Complete and submit the Waiver of Medical and Dental Insurance Form; and
4. Agree to notify the district within 30 days of loss of coverage under the other plan

This waiver option is unavailable to retirees or surviving spouses

3. Q: How do I change my address with my medical or dental plan?

A: Change of Address forms are available on the Peralta website at www.peralta.edu/addresschange or you may pick up a form in the Office of Human Resources. The forms are available in either Word or PDF format. After completing the form, you may return it in one of three ways.

1. Drop it off at the front desk in Human Resources at the District Administrative Center; or
2. Fax it to Human Resources at (510) 466-7280 or (510) 466-7397; or
3. Mail it to The Peralta Colleges, Human Resources, Attention: Address Changes, 333 East Eighth Street, Oakland, CA 94606.

Once your address change is processed, the Benefits Office will then update your address with the medical and dental vendors.

4. Q: What determines my eligibility for medical and dental benefits as an active employee?

A: Benefit eligibility is determined by the contract and the number of hours you are expected to work in a permanent or temporary assignment. Full-Time Equivalency (FTE) determines the range of benefits for which the employee is eligible. To be eligible for 100% of the District cost for medical and dental insurance, the employee should have a 1.0 FTE as assigned by the department. See Benefit Eligibility Matrix.

5. Q: Who is eligible as a dependent under my benefit plans?

A. Your eligible dependents are as follows:

1. Your spouse;
2. Your domestic partner (please check with the benefits administrator, as you may be required to complete an affidavit of domestic partnership); and
3. Your dependent children up to age 26 (including adopted children, and children of your spouse or domestic partner).

**Frequently Asked Questions
Enrollments, Additions & Changes**
New hires must enroll within 30 days of hire date.
Please review this document carefully.

1. Q: What events qualify me (and/or my dependents) for COBRA?

A. Here are the general provisions which will qualify you and/or your eligible dependents for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA):

18-Month Qualifying Events*

- Voluntary Termination
- Involuntary Termination (excluding gross misconduct)
- Reduction of work hours

36-Month Qualifying Events*

- Death of employee
- Employee's Medicare entitlement
- Divorce or legal separation
- Dependent child ceasing to be a dependent

When you experience one of the qualifying events listed above, your employer has 14 days to notify the COBRA administrator of your qualifying event*. Within 30 days of the notification, the COBRA administrator will send you and/or your eligible dependents (now referred to as "qualified beneficiaries") a COBRA Qualifying Event Notice. Each qualified beneficiary has 60 days from the later of: a) the date of the qualifying event, or b) the date of receipt of the COBRA Qualifying Event Notice, to elect COBRA continuation coverage.

*Your employer is responsible for knowing all of the above-mentioned qualifying events EXCEPT for divorce or legal separation and dependent child ceasing to be a dependent (*and sometimes the death of the employee when the employee has already experienced a COBRA qualifying event*). You are responsible for notifying Peralta of these two events [three events] within 60 days or any COBRA rights will be forfeited and you may be subject to premiums paid by the district for ineligible dependents.

2. Q: What happens to my coverage if I get married, have a child or adopt a child?

A. If you experience any of the following events, you have a special enrollment right under the Health Insurance Portability & Accountability Act (HIPAA). You are entitled to elect or change your benefit plans with no late entrant penalties. You must notify the benefits administrator within 30 days of the event.

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Moving outside of an HMO service area
- Loss of other group coverage

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.

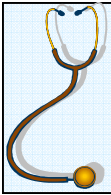
3. Q: Domestic Partners & Imputed Income ~ If I add a domestic partner to the coverage, how is my paycheck affected?

A: You can add a domestic partner to your medical and dental insurance. However, the IRS requires that you be taxed on the value of the premium attributable to the domestic partner. In other words, your gross taxable income is increased by the amount of the insurance premium paid on behalf of the domestic partner. Still confusing? Here is an example of imputed income for an employee coverage of a domestic partner on the Kaiser HMO plan:

Two party premium	Single party premium	Amount of imputed income added to monthly gross	Amount added to W-2
\$1,121.86	\$560.93	\$560.93	\$6,731.16

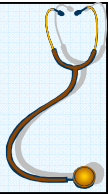
4. Q: What happens if I claim an ineligible dependent on my benefits?

A: If the District, its representatives or benefit carriers suffer any loss or pay any claims because of a false statement contained in any benefit enrollment / change forms or your failure to notify the District of the termination or change of any dependent status (i.e. divorce, termination of domestic partnership, over-age dependent, legal separation), Peralta may bring a civil action to recover its losses, including reasonable attorney fees.



Medical Plan Highlights

CoreSource Medical PPO Plan Kaiser Medical HMO Plan



September 12, 2011

CORESOURCE PPO PLAN

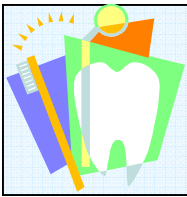
KAISER HMO PLAN

Plan	Network	Non-Network	Network
Calendar Year Deductible: <small>(deductibles cross accumulate)</small>	\$100 per person; 3 times individual deductible per family		None
Out of Pocket Maximum:	\$300 per person; \$900 per family	\$1,000 per person; \$3,000 per family	\$1,500 per person; \$3,000 per family
Lifetime Maximum Benefit:	Unlimited		Unlimited
Pre-Existing Condition Limitation:	6 months if enrolling when first eligible or 18 months if enrolling anytime thereafter. Limitation may be reduced by prior Creditable Coverage. No pre-existing condition limitations for anyone under the age of 19		None
Network:	California residents access Anthem Blue Cross (www.anthem.com/ca); Non-California residents access PHCS (www.phcs.com)	Not applicable	Kaiser www.kp.org
Physician Office Visits:	\$10 co-pay (deductible waived)	80% of usual and customary fees, after calendar year deductible	\$10 co-pay
Diagnostic Testing, X-Rays and Laboratory:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100%
Inpatient Hospitalization:	100% of negotiated rates, after calendar year deductible	80% of usual and customary fees, after calendar year deductible	100%
Pre-Certification of Inpatient Services:	Required. Penalty is 25% reduction of benefits. Does not apply to maternity or emergency visits.		Required. Penalty is 100% reduction of benefits. Does not apply to maternity or emergency visits.
Emergency Room Visits:	\$35 co-pay (deductible waived). Co-pay will be waived if admitted to the hospital.		\$35 co-pay. Co-pay will be waived if admitted to the hospital.
Out of Area Benefits:	If no contracting providers are within 30 miles of your residence, providers are considered in-network. Call CoreSource about water and/or mountain barriers.		Limited to life threatening emergency treatment only.
Vision Plan:	See UnitedHealthcare Vision brochure for schedule of Network and Non-Network vision benefits (www.myuhcvision.com)		Vision exam covered under medical plan. Materials benefit limited to \$175 allowance per 24 month period.
Prescription Coverage:	Must use contracting pharmacy vendors ONLY! Retail is covered up to a 30 day supply at a \$10 co-pay for generic prescription or a \$15 co-pay for a brand name prescription. Mail order is covered up to a 90 day supply at a \$5 co-pay for either generic or brand name prescriptions. Retail Pharmacy Note ~ if a brand name drug is prescribed and there is no generic equivalent, then the member will ONLY pay the generic co-pay.		Retail and mail order is covered up to a 100 day supply at a \$10 co-pay for generic formulary or a \$15 co-pay for a brand name formulary.



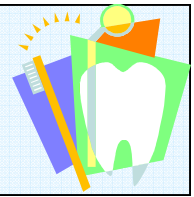
Check out your Benefits Information Center (BIC)

To learn more about your benefits, please visit your Benefits Information Center (BIC) website at: www.peralta.pswbenefits.net.



Dental Plan Highlights

Delta Dental PPO Dental Plan United HealthCare DMO Dental Plan



September 12, 2011

Plan	Delta Dental	United HealthCare
Network:	Delta Dental www.deltadentalins.com PPO Dental Plan	United HealthCare Dental www.myuhc.com DMO Dental Plan (HMO like plan)
Out of Network:	Okay, but is limited to Delta Dental's usual & customary fees	Not permitted. Must use United HealthCare Dental dentists ONLY.
Deductible:	None	None
Diagnostic & Preventative Services: (oral examinations, cleanings, x-rays)	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Basic Services: (extractions, biopsies, fillings, root canals, sealants, gum treatment) ~ <i>both plans charge the patient if asked for resin or porcelain on molars, or if asked for a higher level metal than what is considered dentally appropriate.</i>	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Crowns, Jackets, Other Cast Restorations ~ <i>both plans charge the patient if asked for resin or porcelain on molars, or if asked for a higher level metal than what is considered dentally appropriate.</i>	Network: 100% of negotiated rate Non-Network: 100% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Prosthetic Services: (bridges, partial and full dentures)	Network: 50% of negotiated rate Non-Network: 50% of usual & customary fees; (balance billing may occur)	Network: 100% of United HealthCare fees Non-Network: No coverage available
Calendar Year Maximum (Per Person):	\$1,500	Unlimited
Orthodontia Services:	Dependent children only to age 19; Network: 50% of negotiated rate Non-Network: 50% of usual & customary fees Benefits limited to a separate \$1,000 per person per calendar year maximum	100% of United HealthCare fees not to exceed \$2,250 in patient co-pays. Benefits available to children and adults .



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.

Benefits Matrix

September 12, 2011

Benefits Matrix	Benefit Classification as Defined by Benefit Program Assignment			
PeopleSoft Benefit Program Coding	PRB—Full Time 39, 1021, Management, Confidential	PFF—Contract Faculty	PAB—Adjunct Hourly	TCB—Temporary Classified Benefits
Designations to appear on paychecks	PRB	PFF	PAB	TCB
Workers' Compensation	●	●	●	●
Medical *(refer to Monthly Premium & Contribution Table for explanation on costs)	●	●	● *	
Dental	●	●	● (District does not make contributions)	
Employee Assistance Program	●	●		
Flexible Benefits 125, 132	●	●	●	●
Pre-Tax Parking	●	●	●	●
Pre-Tax Transportation	●	●	●	●
Tax Deferred Annuities—403(b)	●	●	●	●
Tax Deferred Annuities—457	●	●	●	●
Defined Benefit Plans—401(a) STRS		●	●	
Defined Benefit Plans—401(a) PERS	●			
Cash Balance			●	
Apple				●
Employer-Paid Term Life	●	●		
Employer-Paid Long-Term Disability	●	●		
Union Dues / Fees	●	●	●	●



KAISER REIMBURSEMENT PROGRAM FOR MAIL ORDER PRESCRIPTONS

Eligibility:	Active and post 07/01/04 retired members of unions, PFT, 1021, 39; confidential and management employees
Frequency of Reimbursement:	Semi Annually (July and January)
Documentation Guidelines:	Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)

MEDICARE PART B REIMBURSEMENT PROGRAM

Eligibility:	Retirees & spouses (or domestic partner) over age 65 and paying for Medicare Part B
Frequency of Reimbursement:	Quarterly (April, July, October and January)
Documentation Guidelines:	Annual verification of monthly premium amount

KAISER OFFICE VISITS & PRESCRIPTION DRUG CO-PAYS (INCLUDING MAIL ORDER PRESCRIPTION DRUG CO-PAYS)

Eligibility:	Pre July 1, 2004 retirees
Frequency of Reimbursement:	Semi-Annually (July and January)
Documentation Guidelines:	Complete Kaiser Reimbursement Form and supply receipts (download form at www.peralta.pswbenefits.net under the Medical / Kaiser HMO link)

Benefits for All Active Employees

September 12, 2011

WORKERS' COMPENSATION INSURANCE

All District employees are automatically covered by workers' compensation benefits. If an employee is injured while on the job and if the claim is accepted by the District's workers' compensation claims administrator, the benefits include coverage for medical and rehabilitation expenses associated with the injury. The District provides full salary for the first 60 days under the Peralta Industrial Leave policy. Our claims are administered through York Insurance Services Group. Medical services are rendered through the *Medical Provider Network* with many providers and specialists in the area.

RETIREMENT PLANS (PERS, APPLE, STRS, Cash Balance)

Refer to plan booklets for other information on the benefits of retirement plan participation. In addition to retirement income, each plan may offer other pre-retirement planning opportunities (long-term care, home loan programs and more).

Depending on your position and your appointment, you participate in either the Public Employees' Retirement System (PERS), the State Teachers' Retirement System (STRS) or the APPLE Plan. Inquire with Human Resources or each respective retirement plan system regarding plan membership.

The employee contributes 7% of salary and this contribution is tax-deferred. The District currently contributes 10.707% of salary to the members' PERS retirement fund.

Employees who are part time, seasonal or temporary may be eligible for the Accumulation Program for Part-time and Limited Service Employees (APPLE). Your mandatory contribution is 3.75% of eligible salary; the District contributes 3.75% of your eligible salary to this plan.

The contribution rate is based on the academic term (10, 11 or 12 month) assigned to the faculty member and is tax deferred. The District currently contributes 8.25% of the member's annual salary to the STRS fund (refer to the Monthly Contribution Table enclosed).

Part time educators may be eligible for participation in the defined benefit plan Cash Balance Benefit Program. Both the employee and employer contribute 4% of salary to this retirement fund.

VOLUNTARY 403(B) & 457 PLANS

Tax Shelter Programs & Personal Financial Planning

Under Section 403(b) of the Internal Revenue Code and Section 17512 of the California Revenue and Taxation Code, Peralta employees may participate in the District's tax shelter programs now administered through Great American Plan Administrators (gaplandata.com). We also offer tax-deferred saving opportunities through the 457 Plan which is also serviced by Great American Plan Administrators. Maximize your tax savings and minimize your tax liability through these plans!

LABOR UNIONS

Unions/Associations

These unions and associations represent the employees in contract negotiations with the District concerning issues such as salary, benefits, hiring practices, working conditions, etc.

Monthly dues:

- The affiliation for faculty employees is with the Peralta Federation of Teachers (www.pft1603.org)
 - Regular/Contract/Accelerated Faculty: 0.01550 of any gross salary (plus approved AFT/CFT pass-throughs)
 - Hourly Part-time Faculty:
 - \$17.22 for each month of employment for three (3) equated hours or less
(plus approved AFT/CFT pass-throughs)
 - \$29.82 for more than three (3) equated hours (plus approved AFT/CFT pass-throughs)
- Local 1021 of the Service Employee International Union (www.seiu1021.org)
 - 1.80% of base salary
 - 1.70% of base salary for temporary employees
- International Union of Operating Engineers, Local 39 of the AFL-CIO (www.local39.org)
 - Monthly dues are twice the hourly rate plus \$7.25.

Protected Health Information

Please review this document carefully. The privacy of your health information is important to us!

September 12, 2011

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duty, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice has been in effect since April 13, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION & EMPLOYEE RIGHTS

Access: You have the right to look at or get copies of your health information, if any exists in any offices, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00, for each page \$15.00, per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions & Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. Contact: Privacy Officer: Jennifer Seibert 510-587-7868, Address: 333 East 8th Street, Oakland, CA 94606.

Medicare—Part D Fact Sheet and Annual Notification

Please review this document carefully.

September 12, 2011

Important Notice from PCCD About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PCCD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug **coverage is at the end of this notice.**

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PCCD has determined that the prescription drug coverage offered by Kaiser and CoreSource are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Highlights of the Medicare Prescription Drug benefit:

Minimal monthly premium (varies depending on the plan you choose)

- \$310 annual deductible
- Medicare will cover 75% of the drug cost up to \$2,830.00 (annually)
- Any costs between the \$2,830.00 and \$4,550.00 are paid for by employee or retiree
- When an employee drug bill exceed \$4,550.00, Medicare will cover 95% of any costs above that ceiling

Medicare, Kaiser and Caremark Comparison for PCCD Retirees

Benefits	Medicare Part D	Kaiser	Caremark <small>(through CoreSource medical coverage)</small>
Co-pay	25%	\$1 - \$15*	\$1
Deductible	\$310	None	None

*Co-pays are based on formulary determination and whether or not mail order is used.

*The District reimburses co-pays in accordance prevailing Collective Bargaining Agreements.

As you can see, your existing coverage is on average at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

When Can You Join A Medicare Drug Plan?

Although your District-sponsored plans are better than the federal Medicare D Plan, we are required to inform you that you can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15th through Dec. 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

Medicare—Part D Fact Sheet and Annual Notification

Please review this document carefully.

If you decide to join a Medicare drug plan, your current PCCD coverage will be affected (with the exception of the Kaiser Senior Advantage plan). If you elect Medicare Part D and are enrolled on the Kaiser Senior Advantage plan, your coverage under the District WILL be canceled and coverage may not be reinstated until the next open enrollment period. If you do decide to join a Medicare drug plan and drop your current PCCD coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PCCD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

For further information call the PCCD Benefits Office at 510.587.7838. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PCCD changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 15, 2010
Name of Entity/Sender: PCCD District Benefits Office
Phone Number: 510-587-7838

Your Rights Under the Women's Health and Cancer Rights Act

All covered family members must read this notice summarizing your rights under the Women's Health and Cancer Rights Act.

What is the Women's Health and Cancer Rights Act?

The Women's Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA applies only to those group health plans and health insurers that cover benefits for mastectomies; *it does not require* health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTE: State laws may broaden federal WHCRA rights. Please read your Summary Plan Description, contact human resources, or contact our benefits broker, PSW Benefit Resources at 1-877-866-2623, for complete details on your plan benefits.

More information about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: 1-866-444-3272.

Notification of Pre-Existing Condition Limitation

A group health plan makes coverage effective on the first of the month following your initial date of hire and on each **open enrollment period** following. Open enrollment generally occurs in February and August of each calendar for adjunct employees and in October of each year for all other employees.

The District's self-funded plan administered by CoreSource plan imposes a **6-month** maximum pre-existing condition exclusion (18 months for late enrollees) and uses a **6-month** look back period. As part of the enrollment application materials, the plan provides the following statement:

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment recommended or received within a **6-month period**. Generally, this **6-month period** ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 6 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior creditable coverage. Most prior health coverage is creditable and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the **6 months** (18 months if you are late enrollee) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to:

Jennifer Seibert, District Benefits Coordinator
Peralta Community College District
333 East 8th Street, Oakland, CA 94606
Phone number: 510. 587.7868
Email: jseibert@peralta.edu

Frequently Asked Questions Regarding Change to ING

[Q: Do I need to complete a new life insurance beneficiary form?](#)

A. No.

[Q: Why was the change made?](#)

A. This change was made after a bidding process. Based on PCCD demographics, we found that we could retain the same level of coverage by changing to ING. This move will save \$160,000 in premiums paid for our Life/AD&D and LTD plans.

Update on District Compliance with 403(b) Regulations and the 457 Plan

Great American Benefit Administrators (GABA) is the third-party administrator for our plan. GABA's role is to ensure that our plan stays in compliance with IRS Regulations.

Continue to contact your professional financial planner to assist you in making your financial decisions. We will continue to use ZUK Financial Group to deliver employee workshops, education and training in the area of tax-deferred planning. Our District contact for ZUK Financial Group is Christine Ingoldsby:

cingoldsby@zukfinancial.com
Office: 888.488.8480 or
Cell: 760.855.8728
Website: www.zukfinancial.com

COMMON QUESTIONS: HOW DO I....?

...start or stop a contribution?

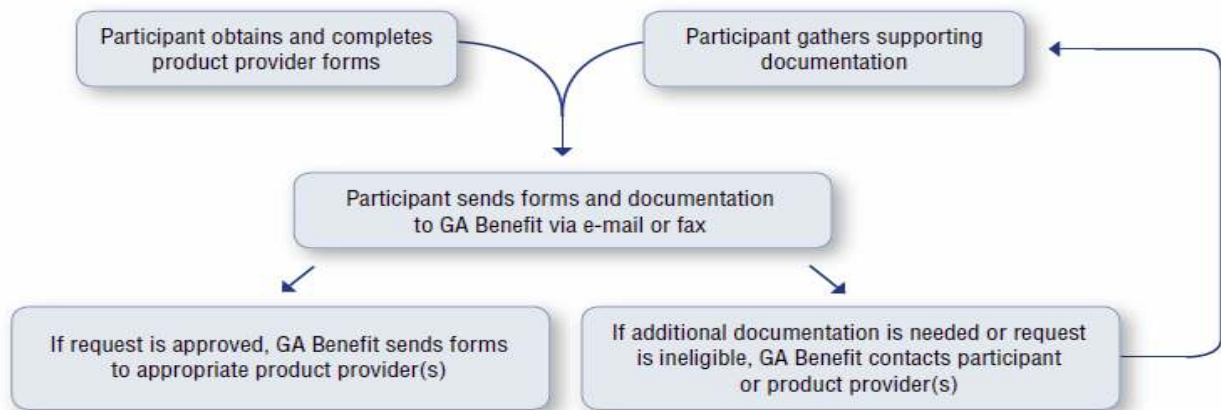
To start, increase, decrease or terminate your contribution amounts, complete and submit a Peralta Salary Reduction Agreement form to the Peralta District Payroll Office.

...find the list of approved invested vendors?

Visit the Peralta website to review the current list of vendors participating in the District's tax-sheltered annuity plan(s).

How to request Distributions/Exchanges/Transfers/Loans

GREATAMERICAN
BENEFIT ADMINISTRATORS



Instructions for requesting a distribution/exchange/transfer/loan from accounts under the plan:

1. Participant contacts their product provider(s) or financial professional for the required product provider forms.
2. Participant gathers supporting documentation.
3. Participant e-mails or faxes the product provider forms and supporting documentation to Plan Administration at Distributions@gaplandata.com or (513) 768.5456.
4. GA Benefit contacts the participant if additional documentation is needed or the request is ineligible per the plan.
5. If the request is approved, GA Benefit sends the forms to the appropriate product provider(s).

For more information on 403(b) or 457(b) plans, please visit www.gabenefitadmin.com.
Contact the Plan Administration team at Distributions@gaplandata.com or by phone at (888) 690.3951.



Comparison of Governmental 457 Plans to 403(b) Plans

Features	Governmental 457 Plans	403(b) Plans
Contribution Limits & Coordination of Contribution Limits	<ul style="list-style-type: none"> • \$16,500 maximum contribution plus catch-up options • 457 limits no longer reduced by 403(b) contributions 	<ul style="list-style-type: none"> • \$16,500 maximum contribution plus catch-up options • 403(b) limits no longer reduced by 457 contributions
Early Withdrawal Penalty Tax	None - (normal income tax only)	10% early withdrawal penalty tax may apply under age 59½, plus normal income tax
Employer Control	Employer responsible for administration	Employer control is limited and most administration handled by issuers and custodians
Eligibility Rules	No discrimination rules apply - employer defines and limits eligibility	Discrimination rules apply - deferrals available to all eligible employees (contributing > \$200/year)
Age 50 Catch-Up Option	Total of \$5,500 for all 457 plans of same employer (not available if special catch-up option used)	Total of \$5,500 for all retirement plans of same employer (other than 457), even if special catch-up option used
Special Catch-Up Option	Three years prior to normal retirement age allows the lesser of: <ul style="list-style-type: none"> • Two times current year's normal contribution limit; or • Underutilized limits from past years. 	Fifteen years of service option increases limit by the lesser of: <ul style="list-style-type: none"> • \$3,000; • \$15,000 less additional limit used in past years; or • Excess of \$5,000 times years of service less past elective deferrals.
Purchase Transfer to SRS Service	Available	Available
Distribution Restrictions	Funds cannot be distributed until: <ul style="list-style-type: none"> • Age 70½; • Severance from employment; • Disability; • Death; or • Unforeseeable emergency. 	Funds cannot be distributed until: <ul style="list-style-type: none"> • Age 59½; • Severance from employment; • Disability; • Death; or • Financial hardship.
Portability of Plan Funds After Qualifying Event	Funds can be rolled over to: <ul style="list-style-type: none"> • Another Governmental 457; • 403(b) TSA; • IRA (Traditional, SEP, SAR-SEP); and • 401(a) Plan (Pension, Profit Sharing, 401(k), STRS). 	Funds can be rolled over to: <ul style="list-style-type: none"> • Another 403(b); • Governmental 457; • IRA (Traditional, SEP, SAR-SEP); and • 401(a) Plan (Pension, Profit Sharing, 401(k), STRS).
Hardship Distributions	Contributions and earnings may be distributed to the extent required for an unforeseeable emergency beyond control of participant, such as: <ul style="list-style-type: none"> • Medical care; • Casualty loss; or • Payments needed to prevent eviction from foreclosure on home. 	Contributions (but not earnings) may be distributed to extent required for a financial hardship even if foreseeable and voluntary, such as: <ul style="list-style-type: none"> • Medical care; • Payments needed to prevent eviction from or foreclosure on home; • Payment of tuition; or • Purchase of a home.
Loans	Permitted, with loans from all qualified plans limited to the lesser of: <ul style="list-style-type: none"> • \$50,000; or • One half of vested benefits (or \$10,000, if greater). 	Permitted, with loans from all qualified plans limited to the lesser of: <ul style="list-style-type: none"> • \$50,000; or • One half of vested benefits (or \$10,000, if greater).
Required Minimum Distribution	RMD rules apply at age 70½ or later, severance from service, and also after death	RMD rules apply at age 70½ or later, severance from service, and also after death

1195 Park Avenue, Suite 205
Emeryville, CA 94608
800-660-6291

22956 El Toro Rd.
Lake Forest, CA 92630
888-488-8480

www.zukfinancial.com

ZUK
FINANCIAL GROUP
The Educated Choice

Securities and Advisory services offered through National Planning Corporation (NPC), Member FINRA/SIPC, a Registered Investment Adviser. Zuk Financial Group and NPC are separate and unrelated companies.

Important References and Resources

Insurance & Carrier Contact Information

CoreSource Medical PPO Plan (www.coresource.com)	Grp. No. 4138	866.280.4120
Caremark Prescription Plan (www.caremark.com)	Grp. No. CS2200	866.644.7527
United Healthcare Vision Plan (www.myuhcvision.com)	Grp. No. 4138	800.638.3120
Kaiser Permanente HMO Plan (www.kaiserpermanente.org)	Grp. No. 65	800.464.4000
Delta PPO Dental Plan (www.deltadentalins.com)	Grp. No. 938	800.765.6003
United Healthcare DMO Dental Plan (www.myuhcdental.com)	Grp. No. Various	800.999.3367
Pension Dynamics Flexible Benefit Plans (www.pensiondynamics.com)	.....	925.956.0505
MHN Employee Assistance Plan (www.mhn.com)	Grp. No. 2112	800.535.4985
ING Life/AD&D/LTD Plans (www.ing-usacom)	Grp. No. 67094-4	800.955.7736
CIGNA Voluntary Life Plan (www.cigna.com)	Grp. No. VTL3249	800.732.1603
ZUK Financial Group (www.zukfinanical.com)	.....	888.488.8480 760.855.8728
Great American Plan Administrators 403(b) & 457 Administration (www.gaplandata.com)	.....	800.695.1471
Accumulation Program for Part Time and Limited Service Employees - Apple (www.midamerica.biz)	.....	800.430.7999

Benefits of Belonging to Peralta Community College District

24 Hour Fitness (www.24hourfitness.com)	Corp #97594	818.808.1300 x5563
Club One (www.clubone.com)	.....	510.895.1010
American Family Life Assurance Company of Columbus (AFLAC) (www.aflac.com)	.....	510.764.9853 x702
MetLife - Long Term Care (www.metlife.com)	.....	800.858.0355
First United Services Credit Union (www.1stuscu.org)	.....	800.649.0193
Alameda Municipal Credit Union (www.alamedacu.org)	.....	510.523.1514
Provident Central Credit Union (www.providentcu.org)	.....	800.632.4600
PERS (www.calpers.ca.gov)	.....	888.225.7377
STRS (www.calstrs.com)	.....	800.228.5453
PFT/AFT (www.aft.org)	.....	202.879.4400
Local 1021 (www.unionplus.org)	.....	800.472.2005
Engineers 39 (www.unionplus.org)	.....	800.472.2005
PSW Benefit Resources (Benefits Broker) (www.pswbenefits.com)	.....	877.866.2623
Benefits Office (use this number to report an employee or retiree death and for other benefit related issues- benefits@peralta.edu)	.....	510.587.7838

Additional Voluntary Benefits

Credit Unions

The District has established relationships with the following credit unions. Credit unions offer banking-like services for the benefit of its members. District employees may arrange to have payroll deductions automatically sent to credit unions affiliated with Peralta.

First United Services Credit Union
Alameda Municipal Credit Union
Provident Central Credit Union

Savings Bonds

District employees may arrange to purchase U. S. Savings Bonds, Series EE. Contact the Payroll Office for more information.

Legal Plan

The Pre-Paid Legal Service plan offers a variety of legal protection services in the areas of: will preparation, identity theft protection, landlord/tenant disputes, divorce, adoption and more! PCCD offers the convenience of payroll deduction. If you elect to enroll in this program, the monthly premium ranges from \$15.95 to \$30.90. Contact the Benefits Office or Pre-Paid Legal for membership information, 888.206.2978.

AFLAC-American Family Life Assurance Company of Columbus

Insurance and income replacement products are available to our employees. Products offered by AFLAC include the Personal Accident Indemnity Plan, Personal Cancer Indemnity Plan and more! Take advantage of the convenience of payroll deduction to participate in this plan. Benefits received under AFLAC are in addition to other employer-paid benefits through the Hartford Long-term disability program or Kaiser and CoreSource medical plans administered through Peralta. Contact District Representative William Eckels, william_eckels@us.aflac.com or call 510.764.9853 x702 for more information.

October 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						Open Enrollment Begins
2	3	4 2:00-3:00 Benefit Orientation	5	6 11:00 -2:00 ★Health Fair Spouses, Families, Retirees & Caregivers Welcome!	7	8
9	10	11 2:00-3:00 Benefit Orientation	12	13	14	15
16	17 CalPERS Workshop (contact 510.466.7386 to schedule)	18	19	20	21	22
23 30	24 31 Open Enrollment Ends	25 2:00-3:00 Benefit Orientation	26	27	28	29

Health/Benefits Fair will be at the Peralta District Benefits Office
333 Eighth Street, Oakland CA 94605
Free giveaways, raffle prizes, food, information and more!



PERALTA BENEFITS – EVERYONE

Published by the PCCD Benefits Office

September 12, 2011



Benefits Spotlight

Checklist & Checkup: Thinking about Retirement or Already Retired? Are you the Survivor of a Peralta Retiree?

PRE-RETIREMENT CHECKLIST

Within 90 days of Retirement

- Contact PERS or STRS for counseling and guidance.
- Contact Social Security and/or Medicare to inquire about income or medical options.

Within 60 days

- Complete COBRA Election Notice to continue dental or flexible benefit plan participation beyond your effective retirement date.

Within 30 days of Retirement

- Inform your department (use guidance in the Collective Bargaining Agreement)
- Complete Universal Enrollment Form in order to:
 - Confirm your insurance coverage for you and your eligible dependents as a PCCD retiree.
 - Update your beneficiary on file.
- Schedule personal appointment with Benefits Office. Bring:
 - Copy of recent paycheck
 - Resignation letter
 - Universal benefit enrollment form

POST-RETIREMENT CHECKLIST

Semi-Annually

- Retirees and eligible dependents should submit the Kaiser Reimbursement Form. Reimbursements are processed each July and January.

Annually

- Inform the district agent (Benefit Dynamics) of any changes to your Medicare Premium or within 30 days of your premium change.

Within 30 days

- Notify the District of your change of address.

Survivors Checklist

- 1. Notify Benefits Office of retiree's death. Call 510.587.7838 option 5.
- 2. Consider enrolling in medical insurance within 60 days of retiree's death.
- 3. Pay premiums on a monthly basis.
 - Submit Kaiser Co-pay reimbursement form.
 - Send annual Medicare premium verification.



CHECK OUT YOUR BENEFITS INFORMATION CENTER (BIC)!

To learn more about your welfare benefits, visit your Benefit Information Center (BIC) website:

www.peralta.pswbenefits.net or www.peraltaretires.pswbenefits.net

Retiree Information

Benefits for PCCD Retirees

Retirees who are eligible for PERS or STRS retirement benefits upon separation from the District may be eligible for:

1. Life-time medical insurance at District cost, eligibility is based on hire date, retirement date and/or PCCD union affiliation
2. Reimbursement of Medicare Premiums
3. Life insurance continues until age 66, conversion is available at the retiree's expense
4. Membership in the Peralta Retiree Organization

Peralta Retiree Organization (PRO) is an organization open to membership for all Peralta retirees. PRO was formed in 2004 to provide assistance and representation to and for retirees in matters relating to retirement, and to sponsor activities for the general welfare of its members. PRO distributes a periodic newsletter which keeps its membership informed on a variety of District events and activities. Visit the PRO website for more information: www.peraltaretirees.org.



Dental Coverage upon Separation or Retirement from Peralta Service - Here are some options!

Plan/ Regulation			
Criteria	COBRA Regulation <small>(Rates will change on renewal)</small>	Kaiser Permanente Senior Advantage Plan	Assembly Bill 528 Regulation
Who is eligible?	Anyone losing group dental coverage through termination of employment or retirement	A retiree or dependent who is enrolled in the traditional Kaiser and elects to join the Kaiser Senior Advantage Plan	Academics who are retiring from STRS covered employment with PCCD
Who pays the cost?	Employee/former employee	PCCD (if retiree is enrolled on Kaiser Senior Advantage Plan)	Retiree
Duration? How long will coverage last?	As long as payments are made, generally for up to 18 months, other extensions may be possible	For duration of enrollment in the Kaiser Senior Advantage Plan with PCCD	As long as payments are made by the 10th of each current coverage month
Election window	Must elect within 60 days of separation/retirement or termination	Generally within 30 days of reaching Medicare entitlement	Must elect within 60 days upon separation from service (no late entry)
Network	Delta Dental Premier or United Health Care Dental	DeltaCare, a PMI product, limited network	Delta Dental Premier
How to elect?	Complete COBRA election form; make payments	Complete Kaiser Senior Advantage Form	Complete election form; make payments
Group number	938 (Delta Dental) / 04N6328 (UHC)	65	7226
Single	UHC: \$26.82 / Delta: \$66.76	No additional cost to retiree	\$86.65
2 party	UHC: \$42.90 / Delta: \$115.23		\$161.35
3 party	UHC: \$65.37 / Delta: \$176.24		\$199.86
Sliding scale benefits?	No	No	Yes Year 1: 70%; Year 2: 80%; Year 3: 90%; Year 4: 100%
Where can you obtain more information?	Combined Evidence of Coverage & Disclosure Form	DeltaCare Dental HMO Program	Carrier Summary
Website location	www.peraltaretirees.pswbenefits.net		www.deltadentalins.com

Duration of Post Employment District-Paid Medical Benefits are Based Upon the Employee's Most Recent Hire Date.

DURATION OF BENEFITS
How long do medical benefits last after retirement?

If hire date is:	Duration of District-Paid Benefits for Employee & Eligible Dependents	What Happens at Age 65?	Medicare Premium Reimbursement Program	District Guidance
June 30, 2004 or prior	District-paid benefits continue for the duration of the employee's (retiree's) life for both employee and eligible dependents	Employee and eligible dependent(s) apply for Medicare and retain PCCD group coverage 1) If on CoreSource, provide CoreSource card and Medicare card at each point of service 2) If on Kaiser, enroll in Kaiser Senior Advantage	The District will reimburse Medicare premiums paid Medicare premiums are income indexed and vary by each participant's individual circumstance	Collective Bargaining Agreements: •SEIU 1021 (formerly 790) •Peralta Federation of Teachers (PFT) •Stationary Engineers (39) Board Policy
July 1, 2004 or later	District benefits continue until the employee (retiree) reaches age 65	No current wrap around plan in place through Peralta.	Not applicable	

OTHER MEDICAL PLAN FEATURES*

If retirement date is:	Office Co-pays	Prescription Drugs Obtained at the Pharmacy	Deductible	District-Paid Vision Coverage	District-Paid Dental Insurance
June 30, 2004 or prior	CoreSource: \$0 Kaiser: \$0	CoreSource: \$1 Kaiser: \$5	CoreSource: \$0 Kaiser: \$0	CoreSource: None Kaiser: Available	CoreSource: None Kaiser: Available with Senior Advantage only
July 1, 2004 or later	CoreSource: \$10 Kaiser: \$10	CoreSource: \$10 - \$15 Kaiser: \$10 - \$15	CoreSource: \$100 per person per calendar year (family maximum of three individual deductibles per calendar year) Kaiser: \$0	CoreSource: Available Kaiser: Available	CoreSource: None Kaiser: Yes with Senior Advantage only

*See the Summary Plan Description for specific plan details.

FREQUENTLY ASKED QUESTIONS

- What determines rates?**
Benefit rates for the surviving spouse of a Peralta retiree are based on medical plan enrollment and the Medicare coordination of the insured at the time of the retiree's death.
- Can surviving spouses change benefit plans?**
Yes, the surviving spouse retains the opportunity to change medical plans during the annual open enrollment window.
- To whom are monthly premiums paid?**

Carrier	Premiums are paid to	Address
CoreSource	CoreSource	COBRA Unit #4138 P.O. Box 83301 Lancaster, PA 17608-3301
Kaiser	Benefit Dynamics	2300 Contra Costa Boulevard, Suite 400 Pleasant Hill, CA 94523
UHC Dental (formerly Pacific Union Dental)		
Delta Dental		

- What is Benefit Dynamics?**
Benefit Dynamics is the third-party administrator for the District's Medicare reimbursement plan, COBRA administration and Flexible Benefit plans under IRS codes 105, 125 and 132.
- Are survivors eligible for the Medicare B reimbursement program?**
Yes, if they coordinate their coverage with a Peralta group plan, pay premiums and provide documentation of the premiums paid, then the survivor continues to be eligible for the program (only if they are the spouse of the pre-2004 retiree).
- Are survivors eligible for the Kaiser mail order reimbursement program?**
Yes, reimbursement will be made on a semi-annual basis for eligible expenses.
- Does Peralta pay premiums for surviving spouses of Peralta retirees?**
No.

Below are some of the most frequently asked questions of active and retired employees who seek guidance on Medicare enrollment. Different Medicare/eligibility rules apply for disabled and end-stage renal disease*.

Kaiser Permanente Senior Advantage, CoreSource and Medicare General Guidance for Medicare Coordination with Peralta Group Benefits Frequently Asked Questions (contact the additional resources below regarding your unique circumstances)		
	Active	Retired
1. When should I enroll with Kaiser Senior Advantage?	Members can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.	Upon enrollment in Medicare
2. When should dependents enroll in Kaiser Senior Advantage?	Spouses of active employees can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.	Spouses of retirees should enroll in Senior Advantage by age 65.
3. Who do I contact to enroll with Kaiser Senior Advantage?	Contact Kaiser at 1-800-747-2189	
4. Does Kaiser assess a penalty for late Kaiser Senior Advantage enrollment?	No.	
5. What are the benefits for the retiree who enrolls in the Kaiser Senior Advantage (dental)?	Not applicable.	The Kaiser Senior Advantage plan supplements the Medicare plan and includes dental, vision and hearing aid benefits.
6. When should I enroll with Medicare?	Members can defer Part B of Medicare until retirement. Different rules apply for disabled and End Stage Renal Disease members.	Three (3) months prior to your 65th birthday, or during the Medicare General Enrollment period of January 1 - March 31
7. To whom are Medicare premiums paid?	Medicare premiums are normally deducted from Social Security checks or can be paid quarterly to Social Security. Please note: Active employees can defer Part B until retirement.	Medicare premiums are normally deducted from Social Security checks or can be paid quarterly to Social Security.
8. Who is eligible for reimbursement of Medicare Premiums?	Not eligible.	Retirees paying into Medicare.
9. Who do I contact to enroll with Medicare?	Contact Social Security 1-800-772-1213	
10. Is there a late entrant penalty with Medicare?	There is no late enrollment penalty for Part B if a member is actively covered under a group plan as a Peralta employee. Members can defer Part B of Medicare until retirement as long as the retiree applies for Medicare within three (3) months of loss of group coverage as an active employee.	If you do not enroll in Medicare upon turning age 65 you may be subject to a 10% penalty for each 12 month period not enrolled in Medicare.
11. What if I am on CoreSource? When should I apply for Medicare B?	Defer until retirement or loss of group coverage as an active employee.	Three (3) months prior to your 65th birthday, or during the Medicare General Enrollment period of January 1 - March 31
12. If I am on CoreSource as a retiree or survivor, will I receive dental under Medicare?	Not applicable.	No.
Additional Resources (also see page 16): Social Security 1-800-772-1213 www.socialsecurity.gov Medicare 1-800-MEDICARE www.medicare.gov Kaiser Senior Advantage 1-800-747-2189 www.kp.org Benefit Dynamics 1-925-956-0505 www.pensiondynamics.com		

*Members who are disabled or diagnosed with End Stage Renal Disease should contact Medicare directly for information on Medicare enrollment and coordination of benefits with the Peralta group plan.

Get Your Tests!

Regular cancer testing can save your life.
Ask your doctor or nurse about these tests.

Be sure to tell your doctor or nurse if you have had any type of cancer or if your mother, father, brother, sister, or children have had cancer.

And to lower your chances of getting cancer and other diseases:



Don't use tobacco. If you do, ask your doctor or nurse about quitting.



Protect yourself from the sun.



Eat plenty of fruits, vegetables, and whole grains and only small amounts of red meat and high-fat dairy products.



Maintain a healthy weight.



Drink less alcohol, if you drink at all.



Get at least 30 minutes of physical activity on five or more days of the week.

Women

21-29 yrs of age:

To check for breast cancer:

- Tell your doctor or nurse right away if you notice any change, such as a lump, in your breasts.
- Have a doctor or nurse examine your breasts every 3 years.

To check for cervical cancer:

(Starting about 3 years after you start having sex but no later than age 21.)

- Get a regular Pap test. Ask your doctor or nurse how often you should have a Pap test. Most women your age have one every 1 to 2 years.

30-39 yrs of age:

To check for breast cancer:

- Tell your doctor or nurse right away if you notice any change, such as a lump, in your breasts. Have a doctor or nurse examine your breasts every 3 years.

To check for cervical cancer:

- Get a regular Pap test. Ask your doctor or nurse how often you should have a Pap test. Most women your age have one every 1 to 2 years. If you have had 3 normal Pap tests in a row, ask your doctor or nurse about having a Pap test every 2 to 3 years.

40-49 yrs of age:

To check for breast cancer:

- Have an x-ray (mammogram) of your breasts every year.
- Have a doctor or nurse examine your breasts every year.
- Tell your doctor or nurse right away if you feel or notice any changes in your breasts, such as a lump.

To check for cervical cancer:

- Get a regular Pap test.
- Ask your doctor or nurse how often you should have a Pap test. Most women have one every 1 to 3 years. If you have three normal Pap tests in a row, ask your doctor or nurse about having a Pap every 2 to 3 years.

50 yrs of age and older:

To check for breast cancer:

- Follow the same steps as explained in ages 40-49.

To check for cervical cancer:

- Follow the same steps as explained in ages 40-49.

To check for colon cancer:

- Get regular colon cancer testing. There are several tests to check for colon cancer. Talk to your doctor or nurse about these tests, how often they are done, and which test is best for you.

Men

40-49 yrs of age:

To check for prostate cancer

Beginning at age 45:

- If you are African American or if your father, brother, or son had prostate cancer before the age of 65, get a Prostate Specific Antigen (PSA) blood test and a rectal exam every year.
- Other men do not have to be tested for prostate cancer at this age.

50 yrs of age and older:

To check for prostate cancer

- Your doctor should offer you a Prostate Specific Antigen (PSA) blood test and a rectal exam every year. Talk to your doctor about prostate cancer and the pros and cons of early detection and treatment to decide if this test is right for you.
- If you are African American or if your father, brother, or son had prostate cancer before age 65, you should be tested.

To check for colon cancer

- Get regular colon cancer testing. There are several tests to check for colon cancer. Talk to your doctor or nurse about these tests, how often they are done, and which test is best for you.



1.800.227.2345 / www.cancer.org

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**PREVENTION
GUIDELINES
FOR ADULTS**



**READY. SET.
THRIVE.**

Visit kp.org/healthyliving for resources to help you live life to the fullest:

- **Start a healthy lifestyle program.** Get a customized plan to help you lose weight, beat stress, improve your eating habits, or quit smoking.
- **Take a class.** Learn how to lower your blood pressure, try out yoga or tai chi, check out a parenting class, and more!
- **Get a healthy discount.** Get discounts on select health club memberships, vitamins and supplements, and educational books and DVDs.
- **Go for a walk.** Walk your way to better health with our 10,000 Steps® Program.*
- **Search our health encyclopedia.** Stay informed with more than 40,000 searchable pages of useful information.
- **Crunch some numbers.** Use our health calculators to check your body mass index, find your target heart rate, and more!

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The doctor is always in.

Manage your health online with kp.org/mydoctor.

Your doctor's home page is your one-stop shop for time-saving resources. Use it 24 hours a day, 7 days a week to:

- E-mail your doctor's office with routine messages.
- View most lab results—many available on the same day.
- Refill prescriptions and have them mailed to your home.
- Request, cancel, or review routine appointments.
- Access online programs to help you prepare for surgery, manage headaches, or make healthy changes.
- Read doctor-recommended health information.

If you don't yet have an active password, just go to kp.org/register. We'll ask you a few questions to verify your identity. Once registered, you can sign on to access all the secure features of kp.org/mydoctor with your unique user ID and password.

Find more tools online:

- Get exactly what you want. Try these shortcuts to learn about the services we offer or the issues you care about:
 - emotional health – kp.org/mindbody
 - fitness – kp.org/fitness
 - nutrition – kp.org/nutrition
 - quitting smoking – kp.org/quitsmoking
 - weight management – kp.org/weight and kp.org/maintainweight

Find all of these and more in the Featured Health Topics section at kp.org/healthyliving.

- **Listen and learn.** Listen to Healthy Living To Go™ Podcasts from Kaiser Permanente by logging on to your physician's home page at kp.org/mydoctor or go to kp.org/listen.

Also, your *Kaiser Permanente Healthwise® Handbook* is full of self-care advice. Need a copy? Purchase one from your local Health Education Center for \$5.

RECOMMENDED LIFESTYLE PRACTICES							
AGE	18+	30	40	50	60	70	80+
Alcohol and drugs	Don't drive after drinking or using drugs. If drinking or using drugs is causing problems for you or someone you know, we can help.						
Diet and nutrition	Enjoy a variety of healthy foods daily. Eat 5 or more servings of fruits and vegetables every day. Choose lean meats, low-fat dairy products, and whole grain foods. Limit foods high in salt, saturated and trans fat, and sugar. Women of childbearing age should take a multivitamin with 0.4 mg of folic acid daily. To prevent osteoporosis, talk to your doctor about calcium and vitamin D supplements.						
Emotional health	Talk to your personal physician or other medical professional to get help if you're depressed, anxious, thinking of suicide, or being threatened, abused, or hurt by someone.						
Exercise	Be physically active for a minimum of 30 minutes daily. Walk the dog, dance, and take the stairs—it all counts!						
Injury prevention	Wear your seat belt every time and buckle up children. Don't keep loaded firearms in the house. Wear a helmet when you are on a bike, motorcycle, skateboard, or skate.						
Midlife choices (for women)				Starting at age 45, talk to your personal physician about options for managing menopausal symptoms and preventing serious medical conditions later in life.			
Sexual practices	Practice safer sex by using condoms to avoid sexually transmitted diseases. Some medications and chemicals in the home or in the workplace can be harmful if you or your partner become pregnant. Plan all pregnancies to reduce risk. Talk to your medical professional about effective birth control (including emergency contraception) if you do not want to become pregnant now.						
Skin protection	Always protect your skin from the sun when outdoors. Wear a hat and sunscreen to reduce your risk of skin cancer.						
Smoking	Don't smoke or use tobacco. If you do, we can help you quit. Don't allow anyone to smoke around you or your child.						

RECOMMENDED SCREENINGS AND IMMUNIZATIONS							
AGE	18+	30	40	50	60	70	80+
Breast cancer (for women)	Have a mammogram every 1 to 2 years.						
Cervical cancer (for women)	Have a Pap test every 3 years starting at age 21, or earlier if sexually active. Beginning at age 30, have a Pap and HPV test every 3 years up to age 65.						
Cholesterol	Cholesterol should be checked every 5 years, more often if its level is higher than normal.						
Colorectal cancer				Have a fecal immunochemical test (FIT) once a year and/or a flexible sigmoidoscopy every 5 years.			
Diabetes	For adults over 45 years of age, get tested every 5 years.						
HIV and other STDs	Get tested for HIV and other STDs if you have had unprotected sex, are pregnant, or have any other reason to think you may be at risk. Have a yearly chlamydia test if you're sexually active and between ages 14 and 25.						
Hypertension	Have your blood pressure checked every 1 to 2 years. An ideal blood pressure is less than 120/80.						
Immunizations	Get a tetanus diphtheria booster shot every 10 years. Get an annual flu shot starting at age 50. Get a pneumonia shot once after age 65.						
Osteoporosis						Talk to your physician about having a bone mineral density (BMD) test at age 65.	
Overweight and obesity	Have your body mass index (BMI) calculated every 1 to 2 years.						
Prostate cancer (for men)				Discuss the prostate-specific antigen (PSA) test and rectal exam with your physician.			

Please note: These recommendations are for generally healthy people. If you have an ongoing health problem, special health needs or risks, or if certain conditions run in your family, your prevention plan may be different.

* 10,000 Steps® is a registered trademark of HealthPartners, Inc.



PERALTA BENEFITS – EVERYONE

Published by the PCCD Benefits Office

2010 OPEN ENROLLMENT BENEFITS FAIR

October 7, 2010 10:00am - 3:00pm

Location - Peralta Community College District 333 East Eight Street, Oakland CA 94606

Open Enrollment is the annual opportunity to enroll or change medical or dental plans, add dependents or enroll/re-enroll in the flexible benefit plan for medical and/or dependent care expenses. Attend the fair, meet the vendors, pick up literature and give-a-ways!

Workshop Topic *for current and future retirees	Location	Time
What Every Survivor and Dependent Should Know About Peralta Benefits* <i>A Checklist Checkup</i> Presented by Benefits Office Staff	District Boardroom	10:00 - 11:00
Principles of Ergonomics for the Office Workstation Come learn how to set up your workspace to minimize risk of injury. This workshop provides tools of both behavior practices and desk set up to help you stay healthy as you perform your job duties Presented by PCCD Risk Management	District Lunchroom	10:30–11:30
Health Care Reform* What is the schedule of health reform initiatives affecting PCCD? How are we fiscally prepared? Presented by Benefits Office Staff, Budget & Finance	District Boardroom	11:00 - 12:00
Tax Deferred Investing 403(b) & 457 Plans <i>New Rules, New Players, New Opportunities;</i> <i>Navigating in the Current Economic Climate</i> <i>Are You Fiscally Fit?</i> Presented by ZUK Financial Services	District Boardroom	12:00 - 1:00
CoreSource Service Enhancements* The range of services is expanding:. Come here about expediting claim payments for yourself, self-service options and other cutting edge services available. Presented by CoreSource Staff	District Boardroom	1:00 - 2:00



Hills Physicians Group offers FREE health screenings, educational handouts, and innovative giveaways at this year's Benefits Fair!

OTHER INVITED GUESTS:

Kaiser & Kaiser Senior Advantage, Delta Dental, Benefit Dynamics, CoreSource, Caremark, Spectera, ING, ZUK Financial Services, Anthem Blue Cross, Club One, Costco, Unions 1021, 39, PFT and the Peralta Retirees Organization.

