



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Human Resources/Benefits Office

7600 Dublin Blvd, 3rd Floor

Dublin, California 94568

Benefits Office: (925) 485-5504 or (925) 485-5505

Fax: (925) 485-5502

DATE: November 1, 2023

TO: CLPCCD Part-time Faculty

FROM: Melinda Trammell, Director, Employee and Labor Relations

SUBJECT: **Open Enrollment – All Forms Due by Monday, December 4, 2023**

The Chabot-Las Positas Community College District (CLPCCD) is pleased to announce open enrollment from November 3 – December 4, 2023 for eligible Part-time Faculty. This open enrollment period allows eligible employees to enroll in medical coverage. Adding or removing eligible dependents may also be accomplished during this period. **Coverage will be effective January 1, 2024.**

We are pleased to offer two plans for consideration. You may enroll into one of the plans listed below:

- Kaiser HMO High \$5 co-pay plan
- Kaiser HMO Low \$20 co-pay plan

The Agreement between the CLPCCD and the CLP Faculty Association provides for medical benefits to qualified Part-time (Adjunct) unit members as specified in Article 20A.6. The CLP Faculty Bargaining Agreement is available on the Human Resource Services website.

The Summary Plans are located at districtazure.clpccd.org/benefits/part-time-open-enrollment.php. Please also review the following information for enrolling into either of the Kaiser HMO Health Plans.

<p>Requirements:</p>	<ul style="list-style-type: none"> • Prior to receiving benefits for the 2023-2024 academic year, you must have worked 40% of an annual full-time equivalent load (12 CAH) or more during the academic year prior to receiving benefits, including any service on a full-time basis and summer session service. <u>Please see your Administrator if you have questions regarding what constitutes a 40% workload in your division.</u> • You must contact your Administrator to determine if you are eligible. Please do not contact the Benefits Office to determine your eligibility. • You must affirm via a signed and notarized Affidavit that you do not have any other access to medical insurance where all or part of the premium is paid through some other source. • The Affidavit must be completed by you and your Administrator, confirming eligibility status.
<p>Enrollment Period:</p>	<ul style="list-style-type: none"> • Open enrollment is from November 3 – December 4, 2023 • Please note that if you are currently eligible and do not enroll at this time, you will not be able to enroll until the next Open Enrollment Period, unless you have a loss of other health coverage. Proof of loss of other coverage must be provided and enrollment must occur within 30 days of coverage loss.
<p>Currently Enrolled:</p>	<ul style="list-style-type: none"> ▪ If you are currently enrolled, you do not need to do anything

<p>To Enroll:</p>	<ul style="list-style-type: none"> • All forms and additional information are available online at districtazure.clpccd.org/benefits/part-time-open-enrollment.php. • Complete the Affidavit. • Present the Affidavit to your Administrator for assignment verification. • Complete the Universal Enrollment Form, confirming your enrollment or any changes, such as adding or removing a dependent. • Send the notarized Affidavit and the completed Universal Enrollment Form to the Benefits Office/CLPCCD District Office by Monday, December 4th. 																																																
<p>Employee's Monthly Share of Kaiser Premium</p>	<ul style="list-style-type: none"> • Payroll deductions for your 8 month of medical coverage (Jan-Aug) will be divided over 6 months, which will begin on your pay for December 31, 2023, and will end with the May 31, 2024 pay period.* • *Due to Premium Rate changes effective July 1, 2024, and given that your 6-month deduction covers January 1, 2024 – August 31, 2024, you will be billed or credited for any differences for June and July 2024 premiums. • Premiums are paid one month in advance, e.g. December deduction pays for January coverage. <p style="text-align: center;"><u>January 1, 2024 – August 31, 2024</u></p>																																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%;">Monthly Premium</th> <th style="width: 15%;">District (10 month) Contribution</th> <th style="width: 15%;">Employee (10 month) Contribution</th> <th style="width: 25%;">Employee Annual Contribution</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">\$5.00 co-pay Plan</td> </tr> <tr> <td>Employee only</td> <td style="text-align: right;">936.92</td> <td style="text-align: right;">624.61</td> <td style="text-align: right;">624.61</td> <td style="text-align: right;">3,747.68</td> </tr> <tr> <td>Employee + 1</td> <td style="text-align: right;">1,873.83</td> <td style="text-align: right;">1,249.22</td> <td style="text-align: right;">1,249.22</td> <td style="text-align: right;">7,495.32</td> </tr> <tr> <td>Employee + 2 or more</td> <td style="text-align: right;">2,810.75</td> <td style="text-align: right;">1,873.83</td> <td style="text-align: right;">1,873.83</td> <td style="text-align: right;">11,243.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">\$20.00 co-pay Plan</td> </tr> <tr> <td>Employee only</td> <td style="text-align: right;">909.79</td> <td style="text-align: right;">606.53</td> <td style="text-align: right;">606.53</td> <td style="text-align: right;">3,639.16</td> </tr> <tr> <td>Employee + 1</td> <td style="text-align: right;">1,819.57</td> <td style="text-align: right;">1,213.05</td> <td style="text-align: right;">1,213.05</td> <td style="text-align: right;">7,278.28</td> </tr> <tr> <td>Employee + 2 or more</td> <td style="text-align: right;">2,729.36</td> <td style="text-align: right;">1,819.57</td> <td style="text-align: right;">1,819.57</td> <td style="text-align: right;">10,917.44</td> </tr> </tbody> </table>					Monthly Premium	District (10 month) Contribution	Employee (10 month) Contribution	Employee Annual Contribution	\$5.00 co-pay Plan					Employee only	936.92	624.61	624.61	3,747.68	Employee + 1	1,873.83	1,249.22	1,249.22	7,495.32	Employee + 2 or more	2,810.75	1,873.83	1,873.83	11,243.00	\$20.00 co-pay Plan					Employee only	909.79	606.53	606.53	3,639.16	Employee + 1	1,819.57	1,213.05	1,213.05	7,278.28	Employee + 2 or more	2,729.36	1,819.57	1,819.57	10,917.44
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<p>Change in Family Status Notification</p>	<p>Carriers require that addition of a dependent due to birth, adoption, marriage or domestic partnership must be made within thirty (30) days from date of occurrence. Addition of dependents not completed within the allowed time will not be eligible for enrollment until your next eligible enrollment period. To add or delete a dependent, you must complete the Universal Enrollment Form located on our website www.clpccd.org/HR/OpenEnrollment2.php</p>																																																
<p>Questions?</p>	<p>Benefits Office Rosalyn Tucker rtucker@clpccd.org (925) 485-5504 Leticia Macias lmacias@clpccd.org (925) 485-5505</p>																																																

As noted above, if you wish to apply for health benefits, all forms and additional information are available online at <http://districtazure.clpccd.org/benefits/part-time-open-enrollment.php>. All completed forms must be received in the Human Resource Benefits Office by Monday, **December 4, 2023**. Thank you.