

September 1, 2021

***CONTINUING ENROLLEES
IN THE ADJUNCT FACULTY MEDICAL BENEFITS
PROGRAM***

Enrollment Period: September 1-30, 2021

The AFA/District Side Letter “Effects of District Emergency Action Due to Coronavirus Pandemic” dated 5/25/2021 states:

Adjunct faculty members who are currently participating in the Adjunct Medical Benefits Program (AMBP) will maintain eligibility for the program during the 2021-2022 academic year, even if the faculty member's load drops below the 40% threshold required by the state-funded program. In order to continue to be eligible to receive medical insurance, adjunct faculty members must have an assignment in the District or be on an approved leave during the Fall 2021 enrollment period.

You must meet the eligibility criteria as listed above and submit the “Continuing Enrollees Declaration of Eligibility Form” to Human Resources by September 30, 2021 to continue your medical insurance.

**** Please note, you must submit the
Continuing Enrollees Declaration of Eligibility Form
to Human Resources by September 30, 2021 or your medical
insurance will end on September 30, 2021.**

As long as you submit the Declaration of Eligibility Form and you’re actively employed and meet the eligibility requirements, the dates of coverage will be October 1, 2021 to March 31, 2022. If you resign your position or retire, then your medical insurance ends at the end of the month that you last worked.

If you have questions, please contact Christie Colón in the Human Resources Department at 707-527-4304 or ccolon@santarosa.edu.

**DECLARATION OF ELIGIBILITY FORM FOR MEDICAL BENEFITS
FOR THOSE CONTINUING MEDICAL BENEFITS
SRJC ADJUNCT FACULTY**

Send this form no later than **September 30, 2021** to:

Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401

OR email ccolon@santarosa.edu

Employee Name

Employee I.D. Number

Check the boxes for 1-4 below. Sign and date at the bottom, to verify that the information you have provided is accurate and correct.

- TRUE or FALSE I am employed by SRJC as an adjunct faculty member and I have an assignment in the District or am on an approved leave during the Fall 2021 semester.
- TRUE or FALSE No portion of my medical benefits premium is paid by any employer, or by any employer of my spouse or domestic partner, or by any businesses owned by myself, spouse or domestic partner, including another California Community College District.
- TRUE or FALSE I do not receive reimbursement for retirement medical benefits or stipends, from any source.
- TRUE or FALSE I do not receive a payment in lieu of medical benefits from another employer, nor does my spouse or domestic partner from any of his/her employers.

NOTE: Answering FALSE to any of the statements above means you are not eligible for this program.

I understand that my medical coverage will remain in effect for as long as I am **eligible** to receive the medical benefits offered by Santa Rosa Junior College, or make another election during an open enrollment period. If you resign your position or retire, then your medical insurance ends at the end of the month that you last worked.

I understand that I am responsible for reporting any change(s) in the eligibility status of myself, or dependents, within 30 days.

I hereby declare under penalty of perjury under the laws of the State of California that: the information and documentation I have provided related to this application for medical benefit coverage (including but not limited to this Declaration Form, copies of birth certificates, marriage certificates, domestic partner certificates, verification of teaching load form) are true and accurate to the best of my knowledge.

I attest by signing below that I have reviewed the information provided on this form and on the supporting documentation and it is to the best of my knowledge and belief true and accurate with no omissions or misstatements.

Signature

Date

OCTOBER 1, 2021 PREMIUMS

ADJUNCT MEDICAL BENEFITS PROGRAM - 50% PREMIUMS

COVERAGE	LEVEL	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUMS
Kaiser HMO	Single	\$357.50	\$357.50	\$715.00
	Double	\$746.00	\$746.00	\$1,492.00
	Family	\$1,035.50	\$1,035.50	\$2,071.00
Kaiser H.S.A	Single	\$285.00	\$285.00	\$570.00
	Double	\$594.00	\$594.00	\$1,188.00
	Family	\$824.00	\$824.00	\$1,648.00
Blue Shield H.S.A	Single	\$320.00	\$320.00	\$640.00
	Double	\$698.50	\$698.50	\$1,397.00
	Family	\$982.50	\$982.50	\$1,965.00
Blue Shield HMO	Single	\$406.50	\$406.50	\$813.00
	Double	\$861.50	\$861.50	\$1,723.00
	Family	\$1,198.50	\$1,198.50	\$2,397.00
Blue Shield PPO	Single	\$454.00	\$454.00	\$908.00
	Double	\$966.00	\$966.00	\$1,932.00
	Family	\$1,345.50	\$1,345.50	\$2,691.00
ANNUAL H.S.A DISTRICT CONTRIBUTIONS FOR ADJUNCT H.S.A. ENROLLEES				
	Single		\$600.00	
	Double/Family		\$900.00	

***NEW ENROLLEES IN THE ADJUNCT FACULTY MEDICAL
BENEFITS PROGRAM***

Eligibility and Enrollment Period: September 1 - 30, 2021

You may be eligible for medical insurance for yourself, your spouse or registered domestic partner and dependent children. This program is part of the benefit package negotiated between the District and the All Faculty Association and may be subject to change and/or cancellation. There are two eligibility/enrollment periods per year.

The current Eligibility and Enrollment Period to enroll in this benefit is during the month of September 2021. The dates of coverage will be October 1, 2021 to March 31, 2022 while you're employed. If you resign your position or retire, then your medical insurance ends at the end of the month that you last worked.

The enclosed materials are provided for you to determine your eligibility to receive this benefit. If you are eligible, please return the documents listed below to Human Resources by September 30, 2021.

Forms required for enrollment:

You must meet the eligibility criteria as listed on the Declaration of Eligibility Form and submit the documents below to Human Resources by September 30, 2021:

- New Enrollees Declaration of Eligibility Form
- Kaiser or Blue Shield enrollment form
- Verification of Teaching Load Form (If you are working at least 40% load at SRJC, you don't need to complete this form. You only need to have your other college complete this form if you have less than a 40% load at SRJC, but are working at least 20% at SRJC and 20% at another California Community College during Fall 2021).
- Dependent documentation per below:

To enroll a spouse:

- Copy of your Marriage Certificate
- Copy of page 1 of your 1040 Federal Tax Return from 2020 that shows Married filing status

To enroll a domestic partner:

- Copy of the certified State of California Certificate of Registration of Domestic Partnership
- Copy of page 1 of both partner's 1040 Federal Tax Returns from 2020

To enroll a child:

- Copy of birth certificates for children up to age 26
- OR, if child is adopted or you are the legal guardian: legal adoption documentation or legal court documentation establishing guardianship

If you have questions, please contact Christie Colón in the Human Resources Department at 707-527-4304 or ccolon@santarosa.edu.

SRJC ADJUNCT FACULTY MEDICAL BENEFITS
SUMMARY OF BENEFITS & ELIGIBILITY REQUIREMENTS
FOR NEW ENROLLEES

Initial Eligibility Requirements

1. Must have a current cumulative load of 40% or greater from all California Community College Districts.
2. Must be a current SRJC adjunct faculty member with a load of 20% or more.
3. Must not have any portion of your medical benefits premium paid by any employer, or by any employer of your spouse or domestic partner, including or by businesses owned by your self, spouse or domestic partner including another California Community College District.
4. Must not receive reimbursement for retirement medical benefits or stipends, from any source.
5. Must not receive a payment in lieu of medical benefits from another employer, nor from any employer of your spouse or domestic partner.

Continuing Eligibility Requirements (for those already enrolled who want to continue their insurance)

1. Must meet eligibility requirements 1 through 5 as described above.
2. If you do not meet eligibility requirement #2 above, you must have a cumulative load from all California Community College Districts of 80% for the current semester and past two terms of instruction (Fall 2021 semester, Spring 2021 semester and Summer 2021 term).

Plan Selection

There are five medical insurance options available for all adjunct faculty and regular employees.
You may choose ONLY ONE of these options:

Option #1: [Kaiser Permanente HMO SRJC Group Plan](#)

Option #2: [Blue Shield HMO SRJC Group Plan](#)

Option #3: [Blue Shield PPO SRJC Group Plan](#)

Option #4: [Kaiser Account Based Health Plan with a Health Savings Account \(HSA\)](#)

Option #5: [Blue Shield Account Based Health Plan with a Health Savings Account \(HSA\)](#)

Should you choose to switch from one SRJC plan to another at a later date, you must do so during the Open Enrollment period, which is held during the month of August each year and your plan change goes into effect October 1.

Plan Payment

- The individual adjunct faculty member is responsible to make a monthly payment amount, which is approximately 50% of the total monthly premium.
- Your premium payment will be deducted from your paycheck. During a coverage period when you do not receive a paycheck, you are responsible for making the premium payments directly to the Accounting Department. The Accounting Department Premium Payment Vouchers are available here: [Payment Voucher](#)
- Failure to pay the adjunct faculty portion of the premium will result in cancellation of this benefit.

Eligibility Period

The current eligibility period is from September 1, 2021 to September 30, 2021.

Dates of Coverage

The dates of coverage for employees who meet the eligibility criteria during the current eligibility period are October 1, 2021 through March 31, 2022.

OCTOBER 1, 2021 PREMIUMS

ADJUNCT MEDICAL BENEFITS PROGRAM - 50% PREMIUMS

COVERAGE	LEVEL	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUMS
Kaiser HMO	Single	\$357.50	\$357.50	\$715.00
	Double	\$746.00	\$746.00	\$1,492.00
	Family	\$1,035.50	\$1,035.50	\$2,071.00
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	Family	\$1,345.50	\$1,345.50	\$2,691.00
ANNUAL H.S.A DISTRICT CONTRIBUTIONS FOR ADJUNCT H.S.A. ENROLLEES				
	Single		\$600.00	
	Double/Family		\$900.00	

**DECLARATION OF ELIGIBILITY FORM FOR MEDICAL BENEFITS
FOR NEW ENROLLEES**

SRJC ADJUNCT FACULTY

Send this form no later than **September 30, 2021 at 5 p.m.** to:

Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401

OR email ccolon@santarosa.edu.

Employee Name

Employee I.D. Number

Check the boxes for 1-5 below; fill in #2 as applicable. Sign and date at the bottom, to verify that the information you have provided is accurate and correct.

1. TRUE or FALSE I have a cumulative assignment of 40% or greater from all California Community College Districts for which I work. At least 20% of your load must be from Santa Rosa Junior College.
List your load from all districts:

Santa Rosa Junior College	
Name of District	Percentage of Assigned Load
Name of District*	Percentage of Assigned Load
Name of District*	Percentage of Assigned Load

*** If you listed other districts here, you must also have those districts complete the "Verification of Teaching Load" form and submit it to SRJC Human Resources by September 30, 2021.**

2. TRUE or FALSE I am employed by SRJC as an adjunct faculty member, with a load of 20% or more.
3. TRUE or FALSE No portion of my medical benefits premium is paid by any employer, or by any employer of my spouse or domestic partner, or by any businesses owned by myself, spouse or domestic partner, including another California Community College District.
4. TRUE or FALSE I do not receive reimbursement for retirement medical benefits or stipends, from any source.
5. TRUE or FALSE I do not receive a payment in lieu of medical benefits from another employer, nor does my spouse or domestic partner from any of his/her employers.

NOTE: Answering FALSE to any of the statements above means you are not eligible for this program.

I understand that the elections I make on the SRJC Adjunct Faculty Medical Benefits Enrollment Request form will remain in effect for as long as I am **eligible** to receive the medical benefits offered by Santa Rosa Junior College, or until I make another election during an open enrollment period. I am enrolling for coverage under the plan option indicated for myself, and those eligible dependents that I have listed, as shown on the Medical Benefits Enrollment Request form. I understand that I am responsible for reporting any change(s) in the eligibility status of myself, or dependents, within 30 days.

I hereby declare under penalty of perjury under the laws of the State of California that: the information and documentation I have provided related to this application for medical benefit coverage (including but not limited to this Declaration Form, copies of birth certificates, marriage certificates, domestic partner certificates, verification of teaching load form) are true and accurate to the best of my knowledge.

I attest by signing below that I have reviewed the information provided on this form and on the supporting documentation and it is to the best of my knowledge and belief true and accurate with no omissions or misstatements.

Signature

Date

Medical plan enrollment form directions:

Kaiser

* Be sure to check “HMO Plan” or “Deductible plan” in Section A on enrollment form

Blue Shield

Blue Shield - HMO

You must select a doctor when enrolling and include the doctor's IPA & PCP numbers on the enrollment form:

IPA is the Doctor Group (i.e. Sutter Group)

PCP is the Primary Care Physician #

Here's how to search on Blue Shield's website for that information and to select a Blue Shield HMO doctor in your area:

[Click here](#)

Click on “Primary Care Physician”

Type in your location

Select Specialty, like “Family Practice”, “Internal Medicine”, etc.

Blue Shield PPO or PPO Account Based Health Plan with a Health Savings Account –

You must write HSA or PPO in the top margin on the enrollment form

To search for a Blue Shield PPO doctor, [click here](#)

Required dependent documents

To enroll a spouse:

- Copy of Marriage Certificate
- Copy of page 1 of your 1040 Federal Tax Return from 2020

To enroll a domestic partner:

- Copy of the State of California Certificate of Registration of Domestic Partnership
- Copy of page 1 of both partner's 1040 Federal Tax Returns from 2020

To enroll a child:

- Copy of birth certificates for children up to age 26
- OR, if child is adopted or you are the legal guardian: legal adoption documentation or legal court documentation establishing guardianship

Kaiser and Blue Shield enrollment forms are attached to the email. Please send your plan enrollment form and dependent documentation to Christie Colón in Human Resources at colon@santarosa.edu.

DATE: _____

 TO: _____
 (Employer, other than Santa Rosa Junior College)

 FROM: _____
 (Employee)

I am an Adjunct Faculty Member at Santa Rosa Junior College. In order to be eligible to receive medical benefits from Santa Rosa Junior College, I must provide proof that I have a cumulative assignment of 40% or greater from all California Community College Districts for which I work. The Santa Rosa Junior College Human Resources Department must have verification from you regarding my assigned load at your college. Please complete this form and return to me as soon as possible. Thank you for your assistance.

Employee Signature: _____

- TO BE COMPLETED BY EMPLOYER (NOT SANTA ROSA JUNIOR COLLEGE) AS INDICATED ABOVE -

This verifies that the employee as indicated above has the following part-time teaching experience at:

 Institution Name / City and State

SEMESTER/QUARTER	% OF ASSIGNED LOAD
Fall 2021	
Summer 2021	
Spring 2021	

Prepared by: _____ Signature: _____

Title: _____ Phone: _____

Date: _____