

September 1, 2018

ANNOUNCEMENT TO ALL ADJUNCT FACULTY MEMBERS
Adjunct Faculty Medical Benefits Program

Enrollment Period October 1, 2018 through March 31, 2019

You may be eligible for a partial payment of a medical benefit premium 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.

The enclosed materials are provided for you to determine your eligibility to receive the benefit. Please read the enclosed materials carefully:

Declaration of Eligibility
Medical Benefits Enrollment Request
Summary of Benefits & Eligibility Requirements

Whether you wish to enroll for the first time or continue your existing coverage, you must enroll or re-enroll by **September 30, 2018**. All eligibility requirements must be met without exception, and all forms must be fully completed and returned according to the instructions.

If you are enrolling in the program for the first time:

- You must meet the eligibility criteria as listed on the Declaration of Eligibility Form.
- You must provide a copy of your most recent tax return (first page only and white out your income), marriage certificate, domestic partner affidavit and birth certificates for all eligible dependents.

If you are continuing in the program:

- You must meet the eligibility criteria as listed on the Declaration of Eligibility Form.

If you meet the eligibility requirements, as described in the "Summary of Benefits & Eligibility Requirements", please complete the "Declaration of Eligibility," "Medical Benefits Enrollment Request" and mail these forms to Human Resources postmarked no later than **September 30, 2018**. You may also deliver your forms to the Human Resources mailbox in Bailey Hall, Santa Rosa Campus, by 5:00 p.m. on **Monday, October 1, 2018**. You will be notified of your benefit status by email confirmation.

As you may know, two high deductible plans have been added to SRJC's available medical plans. If you are enrolling for the first time, you may elect to enroll in an ABHP plan (Account Based Health Plan). Should you choose to switch from either the Kaiser HMO, Blue Shield HMO, or Blue Shield PPO plan to an ABHP plan (Account Based Health Plan), you must do so during the Open Enrollment period which is held during the month of August each year.

Summaries of SRJC medical plans can be reviewed by going to www.santarosa.edu/hr.

- click on Employee Benefits,
- click on Employee Benefits Information,
- scroll down to Adjunct Faculty Medical Benefits.

If you have questions, please contact the Human Resources Department at (707) 524-1624 or smuskar@santarosa.edu.

SRJC ADJUNCT FACULTY: DECLARATION OF ELIGIBILITY

MAIL Declaration of Eligibility with the Enrollment Request, postmarked no later than September 30, 2018 to:
Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401
OR RETURN to Human Resources mailbox in Bailey Hall by 5:00 p.m. October 1, 2018.

Employee's Legibly Printed Name

Employee I.D. Number

Circle your responses to 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 am employed by SRJC as an adjunct faculty member, with a load of 20% or more.
2. TRUE or FALSE I have a cumulative assignment of 40% or greater from all California Community College Districts for which I work.

List the districts from which your current cumulative assignment load is received:

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

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, school enrollment forms) 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

**SRJC ADJUNCT FACULTY
MEDICAL BENEFITS – ENROLLMENT REQUEST**

MAIL Enrollment Request with the Declaration of Eligibility postmarked no later than September 30, 2018 to:
Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401
OR RETURN to Human Resources mailbox in Bailey Hall by 5:00 p.m. October 1, 2018.

Employee's Printed Name Date of Birth

Street Address City State Zip Code

Home Phone Work Phone E-mail address

***** Please list the names of those eligible family members to be covered under your medical plan choice.**

I understand that the dependents that are being enrolled meet SRJC dependent guidelines. Please sign below whether you are enrolling dependents or participating in individual coverage.

Signature

Date

*** Signed under penalty of perjury under the laws of the State California.*

Employees continuing with their current coverage: Please select the coverage you are participating in, 1 through 5 as listed on the following page. Place a check mark in front of the level of coverage you wish to select, and return it along with the Declaration of Eligibility and Enrollment Request forms. These are the only current options available to regular faculty, adjunct faculty and regular employees. **Selecting a new medical provider can only be requested during the annual Open Enrollment Period which will be held in August 2019.**

If you are enrolling in the Program for the first time, you may elect to enroll in options 1 through 5 as listed on the following page. Place a check mark in front of the level of coverage you wish to select, and return it along with the Declaration of Eligibility and Enrollment Request forms.

Options 4 and 5 are high deductible plans. If you choose to enroll in one of these high deductible plans, the District will make a contribution into a health savings account on your behalf in the amounts listed below.

Annual HSA Contributions by the District:

Single: \$600.00
Double: \$900.00
Family \$900.00

For additional information about the plans, please go to the following link.

[Medical Plans](#)

SRJC ADJUNCT FACULTY MEDICAL PLANS

NOTE: Because these are SRJC group plans, you will not be excluded from joining a medical plan for pre-existing conditions.

1. ___ I select the SISC **Kaiser Permanente HMO** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of October 1, 2018 through March 31, 2019.

Check the coverage requested:

___ Single:	100% premium = \$	626.00	Adjunct faculty portion = \$	313.00
___ Double:	100% premium = \$	1,321.00	Adjunct faculty portion = \$	660.50
___ Family:	100% premium = \$	1,835.00	Adjunct faculty portion = \$	917.50

2. ___ I select the SISC **Blue Shield HMO** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of October 1, 2018 through March 31, 2019.

Check the coverage requested:

___ Single:	100% premium = \$	687.00	Adjunct faculty portion = \$	343.50
___ Double:	100% premium = \$	1,454.00	Adjunct faculty portion = \$	727.00
___ Family:	100% premium = \$	2,022.00	Adjunct faculty portion = \$	1,011.00

3. ___ I select the SISC **Blue Shield PPO** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of October 1, 2018 through March 31, 2019.

Check the coverage requested:

___ Single:	100% premium = \$	777.00	Adjunct faculty portion = \$	388.50
___ Double:	100% premium = \$	1,650.00	Adjunct faculty portion = \$	825.00
___ Family:	100% premium = \$	2,300.00	Adjunct faculty portion = \$	1,150.00

4. ___ I select the **Kaiser HSA** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period October 1, 2018 through March 31, 2019.

Check the coverage requested:

___ Single:	100% premium = \$	491.00	Adjunct faculty portion = \$	245.50
___ Double:	100% premium = \$	1,035.00	Adjunct faculty portion = \$	517.50
___ Family:	100% premium = \$	1,437.00	Adjunct faculty portion = \$	718.50

5. ___ I select the **SISC Blue Shield HSA** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of October 1, 2018 through March 31, 2019.

Check the coverage requested:

___ Single:	100% premium = \$	564.00	Adjunct faculty portion = \$	282.00
___ Double:	100% premium = \$	1,230.00	Adjunct faculty portion = \$	615.00
___ Family:	100% premium = \$	1,729.00	Adjunct faculty portion = \$	864.50

*All information will be used exclusively by SRJC to administer the program and will not be disclosed unless required by law.

SRJC ADJUNCT FACULTY MEDICAL BENEFITS SUMMARY OF BENEFITS & ELIGIBILITY REQUIREMENTS

Initial Eligibility Requirements

1. Must be a current SRJC adjunct faculty member with a load of 20% or more.
2. Must have a current cumulative load of 40% or greater from all California Community College Districts.
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

1. Must meet eligibility requirements 1 through 5 as described above.
2. If you do not meet eligibility requirement #2, 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 2018 semester, summer 2018 term and spring 2018 semester).
3. If a plan provider requires additional verification data, you will be notified about what is needed and where to submit it.

Plan Selection

There are five medical insurance options available for all regular faculty, 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 Health Savings (HSA)

Option #5: Blue Shield Health Savings (HSA)

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. Premium Payment Vouchers will be sent electronically at the time of enrollment or re-enrollment in the Program or are available in the Human Resources Department or on the Human Resources home page www.santarosa.edu/hr (forms).
- Failure to pay the adjunct faculty portion of the premium will result in cancellation of this benefit.

Dates of Enrollment

The current enrollment period is from October 1, 2018 through March 31, 2019. When "current enrollment period" is used in the attached documents, it means October 1, 2018 through March 31, 2019.

Dates of Coverage

The dates of coverage for employees who meet the eligibility criteria during the current enrollment period are October 1, 2018 through March 31, 2019.