

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 during the current semester.
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 #1, 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 2020 semester, Summer 2020 and Spring 2020 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, 2020 through September 30, 2020.

Dates of Coverage

The dates of coverage for employees who meet the eligibility criteria during the current eligibility period are October 1, 2020 through March 31, 2021.

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

SRJC ADJUNCT FACULTY

Send this form no later than **September 30, 2020 at 5 p.m.** to:
Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401
OR email ccolon@santarosa.edu.

Employee's Legibly Printed 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. I am employed by SRJC as an adjunct faculty member, with a load of 20% or more.
2. 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*:

<u>Santa Rosa Junior College</u>	You must type your load here:
_____ Name of District	_____ Percentage of Assigned Load * REQUIRED
_____ Name of District*	_____ Percentage of Assigned Load
_____ Name of District*	_____ Percentage of Assigned Load

*** If you listed 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, 2020.**

3. 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. I do not receive reimbursement for retirement medical benefits or stipends, from any source.
5. 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 SELECTION REQUEST FORM
SRJC ADJUNCT FACULTY

Employee's Printed Name

Employee I.D. Number

Please select which medical plan you'd like to enroll in below. Benefit Summaries of these five SRJC medical plans can be found at: <https://hr.santarosa.edu/employee-benefits-information>

Options 4 and 5 are high deductible plans. If you choose to enroll in one of these high deductible plans, the District will contribute into a Health Savings Account (HSA) on your behalf in the amounts listed below:

HSA Single: \$600.00

HSA Double: \$900.00

HSA Family: \$900.00

1. I select the SISC **Kaiser Permanente HMO** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	100% premium = \$714.00	Adjunct 50% faculty portion = \$357.00
Double:	100% premium = 1,489.00	Adjunct 50% faculty portion = \$744.50
Family:	100% premium = \$2,066.00	Adjunct 50% faculty portion = \$1,033.00

2. I select the SISC **Blue Shield HMO** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	100% premium = \$782.00	Adjunct 50% faculty portion = \$391.00
Double:	100% premium = \$1,658.00	Adjunct 50% faculty portion = \$829.00
Family:	100% premium = \$2,310.00	Adjunct 50% faculty portion = \$1,155.00

3. I select the SISC **Blue Shield PPO** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	100% premium = \$875.00	Adjunct 50% faculty portion = \$437.50
Double:	100% premium = \$1,863.00	Adjunct 50% faculty portion = \$931.50
Family:	100% premium = \$2,598.00	Adjunct 50% faculty portion = \$1,299.00

4. I select the **Kaiser HSA** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	100% premium = \$563.00	Adjunct 50% faculty portion = \$281.50
Double:	100% premium = \$1,172.00	Adjunct 50% faculty portion = \$586.00
Family:	100% premium = \$1,626.00	Adjunct 50% faculty portion = \$813.00

5. I select the **SISC Blue Shield HSA** SRJC Group Medical Plan. **Check the coverage requested:**

Single:	100% premium = \$618.00	Adjunct 50% faculty portion = \$309.00
Double:	100% premium = \$1,350.00	Adjunct 50% faculty portion = \$675.00
Family:	100% premium = \$1,898.00	Adjunct 50% faculty portion = \$949.00

I agree to pay the adjunct faculty portion of the plan I selected above, which is 50% of the premium cost on a monthly basis, for the period of October 1, 2020 through March 31, 2021.

Signature

Date

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

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

If you are a new enrollee, please fill out the plan enrollment forms below, include any dependent documentation and submit to HR:

Kaiser

[Click here](#) for the Kaiser enrollment form.

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

Blue Shield

[Click here](#) for the Blue Shield enrollment form.

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 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 that shows Married filing status

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

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