



Published by the PCCD Benefits Office

Benefit Resources

The Benefits Office supports over 3,000 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.

Peralta Benefits email:

benefits@peralta.edu

Benefits Office phone number:

(510) 587-7838

Open Enrollment Hotline:

(510) 466-7229

Benefits Websites:

www.peralta.pswbenefits.net

www.peraltareirees.pswbenefits.net

www.peralta.cc.ca.us

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It's Open Enrollment Time!

Open enrollment is the annual opportunity for employees to:

- Change or enroll in medical and/or dental plans
- Enroll in the flexible benefits plan for 2008
- Add dependents not currently enrolled as a dependent on the group insurance plans

The Peralta Community College District proudly offers a competitive and comprehensive core of work-life benefits that may increase your total compensation by 20% 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, vision, prescription drug coverage with a choice of District-provided carriers
- Delta Dental or United Health Care Dental coverage
- Life insurance of 150% of annual pay up to \$100,000
- Long-term Disability coverage
- Employee Assistance Program (EAP)
- Voluntary participation in a tax-deferred 403(b) 457 plan

If you do nothing, your medical and dental plan enrollment will continue into the 2008 plan year with the current coverage levels. To effect a change, complete and submit a Universal Enrollment form no later than October 31, 2007; changes become effective January 1, 2008.

New for 2008

Effective November 1, 2007, the District will replace the Medco pharmacy network with Caremark, a leading pharmaceutical retailer.

The Private Health Care Systems (PHCS) network will replace Blue Card for non-California resident retirees to simplify claims administration for out of state services.



Benefits Overview for Benefit-Eligible Employees

A benefits-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 regularly scheduled to work at least 20 hours/week. See "Frequently Asked Questions" for additional information. Forms should be submitted within 31 days of hire or eligibility.

The District offers two medical plans, Kaiser and CoreSource. Refer to the Kaiser or CoreSource benefit certificate for complete definitions of covered expenses.

Kaiser Plan (Health Maintenance Organization-HMO)



Kaiser provides medical care through participating doctors at Kaiser facilities. The plan emphasizes preventive care, and provides most services and supplies at little or 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.

CoreSource Plan (Preferred Provider Organization-PPO)



CoreSource is the administrator of the medical services received through the Blue Cross of California network (or Private Health Systems for retirees that are non-California residents). These networks provide coverage throughout the United States. The PPO provides coverage for routine and major-medical services received through network providers. Most office co-pays are \$10:

- **Medco** (through 10/31/07 only) for the prescriptions benefits which can be obtained at most local pharmacies at the plan co-pays ranging from \$5-\$15 per prescription.
- **Caremark** replaces **Medco** for prescription benefits on 11/1/07.
- **Spectera** for vision care benefits (exam, frames and lenses). Participants can receive benefits through the Spectera network of providers and can receive out-of-network benefits within the plan guidelines. Office co-pays are \$10 for examinations.



The **District Dental Plan**, administered by Delta Dental, pays 100% of the cost for most services, including preventative 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 year for basic and major care. Orthodontia for dependent children is paid at 50% up to an annual maximum of \$1,000. United Health Care Dental is an optional dental plan to Delta Dental. In addition to routine cleanings, examinations and X-rays, this plan has an added feature of adult orthodontia. Annual plan limit is \$2,250 when using a United Health Care Dentist. Read the Plan literature carefully before enrolling in either plan.

Long-Term Disability Insurance



If a covered disability prevents you from working for more than 90 calendar days, the District's long-term disability plan, through The Hartford, pays a monthly benefit of up to 60% of basic monthly earnings, up to a maximum of \$5,000 per month. 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.

Basic Life Insurance and Accident (AD&D) Insurance

The District provides, at no cost to the employee, a life insurance benefit through The Hartford equal to 150% of base salary (subject to a \$100,000 maximum) for employees, \$1,000 for spouses, \$100 for each dependent (from birth to age 6 months) and \$500 for each dependent (from age 6 months to age 22 years). The plan includes an amount equal to the life insurance benefits in the case of accidental death, or a percentage of that amount for accidental loss of sight or limb. Life insurance terminates when the employee reaches age 66 unless the employee is still actively employed. This plan can be converted to an individual plan at the retiree's expense.

Voluntary Term Life Insurance



You may apply for additional 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.

Flexible Benefits Plan & Pre-tax Commuting Reimbursement



Medical and/or Dependent Care Expense (IRS 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. **Pre-tax Commuting Expense (IRS 132):** If public transportation is used to get to and from work, this account can be used to reimburse expenses with the pre-tax dollars set aside.



Employee Assistance Program

Through Blue Cross of California, the District is providing a confidential, 24-hour assistance for employees, family members, and household members to handle the wide range of personal and workplace problems of everyday living including emotional concerns, alcohol and drug abuse, relationship and family issues. Up to seven (7) face-to-face sessions with a local, licensed clinician will be arranged per problem to help you or your family member. In some cases, individuals may be referred to another resource for additional assistance. Professional consultation for legal and financial issues is also available, as well as website access to a full range of information by going to www.bluecrossca.com/youreap, using the password: Peralta. This site offers a variety of helpful resources, including links, self-assessment tools, and legal forms. Confidential counseling services can be accessed by calling 1-800-999-7222; available 24 hours/7 days a week. EAP services are extended by the District at no out-of-pocket cost.

Monthly Premium and Contribution Table

Employee cost for group insurance plan participation is determined by classification and appointment.

Full-time employees receive full District contribution toward the insurance premium cost.

PCCD Cost *			
Coverage Level			
Group Insurance Plans	Single	Two-party	Three or more
Kaiser (rate in effect through 8/31/08)	406.20	812.40	1149.55
CoreSource (rate in effective through 8/31/08)	506.35	1131.32	1699.61
Delta Dental (rate in effect through 08/30/08)	60.97	103.65	158.62
United Health Care Dental (rate in effect through 08/31/08)	23.84	38.15	58.41
<ul style="list-style-type: none"> • <i>The District's contribution for other benefit-eligible employees (classified and confidential) is based on the assigned FTE for the position.</i> • <i>These rates are the basis of COBRA continuation benefit rates.</i> 			

Other PCCD Benefit Costs		
	Employee Cost	Employer Cost
Life Insurance and LTD		
Life & ADD	0.000	.315 /\$1000 of salary
LTD	0.000	.325/\$100 of salary
Dependent Life Insurance Rate	0.000	.350 /dependent
Employee Assistance Program	0.000	\$2.33/family
Mandatory Retirement Plans	Contribution as a percent of salary	
STRS (State Teacher Retirement System)		
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
PERS (Public Employees Retirement System)	7.000	9.306
APPLE Accumulation Program for Part time and Limited Service Employees (Managed by MidAmerica)	3.750	3.750
Social Security (For first \$97,500 in PCCD wages for 2007)	6.200	6.200
Medicare	1.450	1.450

Reimbursement Programs

	Medicare B Reimbursements	Kaiser Mail Order Prescriptions	Kaiser Office Visits & Prescription Co-pays Mail Order Prescription Co-pay
Eligibility	Retirees & spouses Over 65 Paying for Medicare B	Active Members of Unions PFT 1021 39	Pre July 1, 2004 retirees
Frequency of Reimbursement	Quarterly April, July, October, January	Semi-annual July, January	Semi-annual July, January
Documentation Guidelines	Annual verification of monthly premium amount	Complete the Kaiser Reimbursement Form Supply receipts	Complete the Kaiser Reimbursement Form Supply receipts

2007 Open Enrollment Benefit Fair Schedule for Peralta Campus Locations

Open Enrollment Time* is Here -

For active Benefit-Eligible Employees & Retirees-Attend the fair, meet the vendors, pick up literature and give-aways! Invited guests:

Kaiser, Kaiser Senior Advantage, Delta Dental, Pension Dynamics, CoreSource, Caremark, Spectera, The Hartford, Keenan Financial Services, Wellpoint/BlueCross, Citibank, 24 Hour Fitness, Costco, Unions 1021, 39, PFT and the Peralta Retirees Organization

Day	Date	Location	Time
Monday	October 8	Berkeley Community College-Atrium Merritt- R Building-Student Union	11:00-1:00 2:30 -4:30
Tuesday	October 9	Laney - 3rd Floor Student Union Bldg District -Lunchroom & Atrium	11:00-1:00 2:00-4:30

Special workshop for retirees including representatives from Medicare, Social Security Administration, 2:00—3:00 Kaiser Senior Advantage, Pension Dynamics-Bring your questions.

Wednesday	October 10	Alameda-Student Union	10:00-1:00
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***Open enrollment is the annual opportunity to enroll or change medical or dental plans, add dependents, or enroll in the flexible benefit plan for medical or dependent care expenses.**



Frequently Asked Questions

Q. I have heard a little about the 403(b) & 457(b) Plans. What does the District offer- what's new?

A. Since January 2006, the District has offered financial planning through Keenan 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 through tax advantage plans,
- STRS & PERS, and
- Social Security as income

A variety of tax-deferred savings options are available through Peralta Community College District employment. Make an appointment to model your financial future. Call 800 343 0694 x4261.

On July 26, 2007, the Internal Revenue Service published final 403(b) Regulations. Enclosed is a summary of these changes for your review. (See page for the complete announcement of changes)

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 or 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(s) evidence of coverage or Summary Plan Description (SPD);
2. Submit the written proof to the Benefits Office;
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.

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 copy 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;
2. Fax it to Human Resources at (510) 466-7280 or (510) 466-7397; or
3. Mail it to The Peralta Colleges, Human Resources, Attn: Lakshmi Kerner, 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 plan vendors.

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

A. Benefits 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 on page 9.

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

A. If the District, its representatives or benefit carriers suffer any loss because of a false statement contained in any benefit enrollment/change forms or failure to notify the District of the termination or change of any dependent status (i.e., divorce, termination of domestic partnership, overage dependent), they may bring a civil action to recover their losses, including reasonable attorney fees.

Q. Who is eligible as a dependent under my benefit plan(s)?

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.)
3. Your dependent children up to age 25 (including adopted children, and children of your spouse or domestic partner)

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

A. The following list of events is 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.*

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

Q. Domestic Partners & Imputed Income-If I add a domestic partner, 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 covering a domestic partner on the Kaiser HMO plan:

Two party premium	Single party premium	Amount of imputed income added monthly gross	Amount added to W-2
812.40	406.20	406.20	4874.40



2008

Delta Dental and United Health Care Dental Plan Highlights

The District offers the choice between two (2) dental plans for active, benefit-eligible employees. The comparison below may help you understand the coverage and how to better use your benefits. Effective April 2007, Pacific Union Dental was acquired by United Health Care Dental.

<i>Dental Plan Comparison</i>	DELTA DENTAL	UNITED HEALTH CARE DENTAL	COMMENTS
OUT-OF-NETWORK	OK, but limited to Delta fees only (balance billing possible)	Not OK - must use United Health Care Dental dentists ONLY	Delta Dental is like a PPO plan whereas United Health Care Dental is like an HMO plan
MAXIMUM ANNUAL BENEFIT	\$1,500	No maximum	
DEDUCTIBLE <u>Diagnostic and Preventative Services:</u> examples include oral examinations, cleanings, X-rays	None 100% of Delta Dental fees	None 100% of United Health Care Dental fees	
<u>Basic Services:</u> examples include oral surgery (extractions), tissue removal (biopsies) fillings, root canals, periodontic (gum) treatment, sealants	100% of Delta Dental fees	100% of United Health Care Dental fees	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
<u>Crowns, Jackets, Other Cast Restorations:</u>	100% of Delta Dental fees	100% of United Health Care Dental fees	
<u>Prosthetic Services:</u> examples include bridges, partial and full dentures	50% of Delta Dentist's fees to an annual-calendar year maximum of \$1,000	100% of United Health Care Dental fees	
<u>Orthodontic Services - CHILDREN:</u>	50% of Delta Dentist's fees to a calendar year maximum of \$1,000 to age 19 only	100% of United Health Care Dental fees not to exceed \$2,250 - age 10 and up	
<u>Orthodontic Services - ADULTS:</u>	NONE	100% of United Health Care Dental fees not to exceed \$2,250	

2008
Self-Funded PPO & Kaiser HMO Plan Highlights

The District offers a choice between two (2) comprehensive medical insurance plans for active, benefits eligible employees. The comparison below may help you understand the coverage and how to better use your benefits.

Benefits	Self-funded PPO Plan, Administered by CoreSource		Kaiser HMO
	In Network Attributes	Out-of-Network Attributes	
Annual Deductible	\$100 per individual \$300 maximum for family		None
Out-of-Pocket Maximum	\$300 per individual \$900 maximum for family	\$1,000 per individual \$3,000 maximum for family	\$1,000 per individual, \$3,000 maximum for family
Lifetime benefit maximum	\$5,000,000 combined for In-Network and Out-of-Network		Unlimited
Primary Care/Gatekeeper	None required	None required	Optional
Network	Blue Cross (Active employees and retired employees residing in the state of California; PHCS for retired employees residing outside the state of California)	Not applicable	Not applicable
Doctor's Office Visits	\$10 co-pay, deductible waived	Plan pays 80% of usual & customary fees after deductible	\$10 co-pay
Surgery, Anesthesia, Laboratory, X-rays, other diagnostic testing, therapies	Plan pays 100% after deductible	Plan pays 80% of usual & customary fees after deductible	No charge
Maternity Care	\$10 co-pay after deductible	Plan pays 80% of usual & customary fees after deductible	\$5 co-pay per visit
Routine and preventative services, all ages, includes immunizations	\$10 co-pay for office calls, all else is at 100%, deductible is waived (\$250 maximum benefit per year)	Plan pays 80% of usual & customary fees after deductible (\$250 maximum benefit per year)	\$10 co-pay per visit
Inpatient hospitalization	Plan pays 100% after deductible	Plan pays 80% of usual & customary fees after deductible	No charge
Pre-certification of Inpatient hospitalization	Required. Penalty is a 25% reduction in benefits. Does not apply to maternities and true emergencies	Required. Penalty is a 25% reduction in benefits. Does not apply to maternities and true emergencies	Required. Penalty is 100% for failure to pre-certify.
Outpatient hospital, urgent care	Plan pays 100% after deductible	Plan pays 80% of usual & customary fees after deductible	\$10 co-pay
Emergency Room visits	\$35 co-pay, waived if admitted		\$35 co-pay, waived if admitted
Mental Health treatment	Inpatient: pays at 100% up to 30 days per year (combined with Substance Abuse treatment) Outpatient: \$10 co-pay per visit after deductible, up to 50 visits per year (combined with Substance Abuse benefits)	Inpatient: pays at 80% up to 30 days per year (combined with Substance Abuse treatment) Outpatient: pays at 80% of usual & customary fees, up to 50 visits per year (combined with Substance Abuse benefits)	Inpatient: 100% up to 45 days per year Outpatient: \$10 co-pay up to 20 visits per year
Substance Abuse Treatment	Inpatient: pays at 100% up to 30 days per year (combined with Mental Health treatment) Outpatient: \$10 co-pay per visit up to 50 visits per year (combined with Substance Abuse treatment)	Inpatient: pays at 80% up to 30 days per year (combined with Mental Health treatment) Outpatient: pays at 80% of usual & customary fees, up to 50 visits per year (combined with Substance Abuse treatment)	Inpatient: 100% for detoxification services only Outpatient: pays in full Transitional residential recovery: 100% after a \$100 co-pay, up to 60 days per year, with a 5-year period maximum of 120 days
"Out-of-Area" benefits	If no providers within 30 miles, providers are considered in-network. Call CoreSource regarding water/mountain barriers.		Limited to life threatening emergency treatment only
Vision Plan - Spectera	See Spectera brochure for schedule of In-network & Out-of-Network vision benefits		Vision benefit available through Kaiser at \$175 plan allowance within a 24 month period
Prescription Drug Coverage – Medco through 10/31/07 Caremark after 11/1/07*	Retail: up to 30-day supply \$10 Generic co-pay \$15 Brand co-pay Mail order: up to 90 day supply \$5 co-pay generic or brand If no generic equivalent for a brand drug, generic co-pay applies	Must use contracting pharmacies	Retail: up to 100-day supply \$10 Generic co-pay \$15 Brand co-pay Mail order: up to 100 day supply \$10 co-pay generic \$15 co-pay brand
Benefits-eligible employee contribution	No Cost to employee for the cost of employee coverage, spouse/domestic partner coverage or for dependent children to age 25		

*Caremark will replace Medco as the prescription service provider effective November 1, 2007. New Cards will be issued to CoreSource/Caremark/Spectera members in October 2007. This change does not affect Kaiser enrollees.

BENEFITS MATRIX

BENEFITS MATRIX	Benefit Classification as defined by Benefit Program Assignment			
	PRB- Full Time 39,1021, Management Confidential	PFF- Contract Faculty	PAB- Adjunct Hourly	TCB- Temporary Classified Benefits
Designations appearing on paychecks	PRB	PFF	PAB	TCB
Workers' Compensation	•	•	•	•
Medical	•	•	*	
Dental	•	•	**	
Employee Assistance Program	•	•		
Flexible Benefits 125,132	•	•	•	•
Parking	•	•	•	•
Transportation	•	•	•	•
Tax-Deferred Annuities -403(b)	•	•	•	•
Tax-Deferred Annuities -457(b)	•	•	•	•
Defined Benefit Plans - 401(a) STRS		•	•	
Defined Benefit Plans - 401(a) PERS	•			
Cash Balance			•	
Apple				•
Life Insurance	•	•		
Long-Term Disability	•	•		
Union dues/fees	•	•	•	•
*Refer to the <i>Monthly Premium & Contribution Table</i> for more explanations about benefit costs.				
**The District makes no contribution to the dental plan.				

**Benefits Fair coming to a campus near you!
Give aways, information & more!**



BENEFITS FOR ALL ACTIVE EMPLOYEES

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 Southern California Risk Management Associates, Inc. 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 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 his or her salary and this contribution is tax-deferred. The District currently contributes 9.116% 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 (see the Monthly Contribution Table which follows).

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 Envoy Plan Services (envoyplanservices.com). We also offer tax-deferred saving opportunities through the 457(b) Plan which is also serviced by Envoy. 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.

The affiliation for faculty employees is with the Peralta Federation of Teachers.

(website: <http://www.pft1603.org>)

Monthly dues:

Regular/Contract/Accelerated Faculty:

- 0.01431 of any gross salary
(plus approved AFT/CFT pass-throughs)

Hourly Part-time Faculty:

- \$15.80 for each month of employment for three (3) equated hours or less
(plus approved AFT/CFT pass-throughs)
- \$26.88 for more than three (3) equated hours
(plus approved AFT/CFT pass-throughs)

United Public Employees, Local 1021 of the Service Employee International Union

(website: <http://www.seiu1021.org>)

- Monthly dues are 1.80% of base salary; 1.70% for temporary employees.

International Union of Operating Engineers, Local 39 of the AFL-CIO

(website: <http://www.local39.org>)

- Monthly dues are twice the hourly rate plus \$4.25.

PROTECTED HEALTH INFORMATION

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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 AND 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: Karen Ulrich (510) 466 7265, Address: 333 East 8th Street, Oakland, CA 94606.



MEDICARE - PART D FACTSHEET

October 2007

Beginning January 1, 2006, Medicare Part D became available to all individuals eligible for both Medicare Parts A and B. Medicare Part D is designed to offer Medicare-eligible individuals the opportunity to purchase coverage for prescription drugs.

Employers with a health care plan that provides retirees with prescription drug coverage will be affected by Medicare Part D if the plan covers someone who may become eligible to enroll in Medicare as a result of age, disability or end-stage renal disease.

Highlights of the benefit:

- Minimal monthly premium (varies depending on the plan you choose)
- \$265 annual deductible
- Medicare will cover 75% of the drug cost up to \$2,400.00 (annually).
- Any costs between the \$2,400.00 and \$5,100.00 are paid for by employee or retiree.
- When an employee drug bill exceeds \$5,100.00, Medicare will cover 95% of any costs above that ceiling.

Medicare, Kaiser and Caremark Comparison for PCCD Retirees

Benefits	Medicare Part D	Kaiser	Caremark (through CoreSource medical coverage)
Co-pay	25%	\$1 - \$15*	\$1
Deductible	\$265	None	None

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

*The District reimburses co-pays in accordance with the 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.

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. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). If you are currently a Medicare-eligible employee covered by either CoreSource or Kaiser, and you inadvertently enrolled in Medicare Part D, legislation will require automatic de-enrollment from Kaiser Permanente Senior Advantage Plan.



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 lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance 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.



IMPORTANT ANNOUNCEMENT ON 403(b) REGULATIONS AFFECTING CURRENT AND FUTURE PARTICIPANTS

The majority of the required changes become effective on January 1, 2009, there are a few changes that have an immediate impact to your 403(b) accounts.

Life Insurance within 403(b) Annuity Accounts:

Beginning September 25, 2007, term and permanent life insurance and endowment contracts, even in incidental amounts, are no longer permitted within a 403(b) annuity account. Annuity contracts written and in place as of September 24, 2007, are grandfathered and can remain in place as long as the contracts meet the 25% incidental rule for life insurance and 50% incidental rule for endowment contracts. Annuity death benefit provisions are still permitted.

Due to this change, there will be revisions to the Salary Reduction Agreement (SRA) form. Beginning September 25, 2007, for any salary reduction request for an annuity product, the broker will also be required to sign and agree that there is no life insurance component of the annuity purchase. The updated SRA form will be on the Envoy website at www.envoyplanservices.com, within the next few days.

Contract Exchanges:

According to the IRS the transfer of 403(b) funds among vendors of the same employer are considered Contract Exchanges. According to the final 403(b) Regulations, exchanges made on or after September 25, 2007, have specific requirements that must be met in order for the exchange to be considered a permitted exchange, with the benefit of a tax free status on the transfer. If the exchange takes place and these new requirements are not met, the exchange would be considered an operational error and would therefore be considered a taxable event for you as the 403(b) participant. These requirements include a written agreement between the vendor and your employer that specific information will be shared including; separation from service, loan provisions and hardship withdrawal provisions.

Procedure Changes:

In order to ensure that all contract exchanges are processed and in compliance with these new regulations, beginning September 25, 2007, **ALL** transfer, rollover and exchange requests must be sent directly to Envoy Plan Services for handling. Envoy's mailing address is: 901 Calle Amanecer, Suite 200 San Clemente, CA 92673. Envoy will be ensuring that any request for transfer will only be permitted for those vendors that have signed a written agreement with the District.

Please remember that if after September 25, 2007, a contract exchange is processed that is not considered a permissible exchange and is not in compliance with current Internal Revenue Service Regulations, the exchange could be considered a taxable event to you as the participant. If this occurs, you will be responsible for any taxes or penalties that may be due.

If you have questions regarding any of the issues addressed here, please contact Envoy Plan Services at 1-800-248-8858.

Important References and Resources

Employees who complete and return a re-enrollment form will receive a laminated pocket reference card with the following customer service numbers and websites:

Coresource Medical PPO Plan (www.coresource.com)	866.280.4120
·Medco Prescription Plan through 10/31/07 (www.medco.com)	800.818.0093
·Caremark Prescription Plan after 11/1/07 (www.caremark.com)	866.644.7527
·Spectera Vision Plan (www.spectera.com).	800.638.3120
Kaiser Permanente HMO Plan (www.kp.org)	800.464.4000
Delta PPO Dental Plan (www.deltadentalca.com).	800.765.6003
UnitedHealthcare DMO Dental Plan (www.myuhcdental.com)	800.999.3367
Pension Dynamics Flexible Benefit Plans	925.956.0505
(www.pensiondynamics.com)	
Blue Cross Employee Assistance Plan	800.999.7222
(www.bluecrossca.com/youreap)	
Hartford Life/AD&D/LTD Plans (www.hartfordlife.com)	800.572.9047
Cigna Voluntary Life Plan (www.cigna.com)	800.732.1603
STRS (www.calstrs.com)	800.228.5453
PERS (www.calpers.ca.gov)	800.352.2238
KEENAN Financial Services -personal financial planning (http://keenan.com/)	800.343.0694x4261
Envoy Plan Services (403(b) & 457(b) Administration).	800.248.8858
(www.envoyplanservices.com)	
*To report an employee or retiree death and for other issues, email: benefits@peralta.edu or call.	510.587.7838

More on 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
- California Federation of Teachers' 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 area of will preparation, identity theft protection, landlord/tenant disputes, divorce, adoption and more! PCCD offers the convenience of payroll deduction. Based on your election, the monthly premium ranges from \$15.95 to \$30.90. Contact the Benefits Office or Pre-paid Legal for membership information, 888-206-2978.



Retiree Information

Retirees are invited to attend a special workshop scheduled to discuss:

Medicare, Peralta & You!

*Panel discussion lead by invited guests:
Medicare Administration, Kaiser Senior Advantage,
Pension Dynamics & PCCD Benefits Office
District Lunchroom-Tuesday, October 10 at 2pm*

Benefits for PCCD Retirees

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

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

Peralta Retiree Organization (PRO)

is an organization of all Peralta retirees which was formed in 2004 to provide assistance and representation to and for retiree whenever necessary 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.

District Holidays

**Independence Day
Admission Day
Labor Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day
Holiday Closure - Pending Board Action
New Year's Eve
New Year's Day
Martin Luther King, Jr.
Lincoln Birthday Observation
Washington Birthday Observation
Malcolm X Birthday
Memorial Day**