

SANTA MONICA COLLEGE



Office of Human Resources

*Procedures and processes used in benefits administration for:
Academic administrators, managers, confidential, classified personnel and faculty*

Santa Monica College
1900 Santa Monica College
310.434.4415

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INTRODUCTION

The Santa Monica Community College District offers a comprehensive health and welfare benefits package to employees who meet eligibility guidelines according to Board Policy, Personnel Commission Merit Rules and applicable Collective Bargaining Agreements with the Classified School Employees Association (CSEA), Faculty Association (FA), and Police Officers Association (POA).

1. OVERVIEW OF EMPLOYER-SPONSORED BENEFITS

1.1 Health Benefits

CalPERS Health Benefits

SMC contracts with CalPERS, *the California Public Employees Retirement System*, for its employer-sponsored health benefits for eligible permanent employees.

Non-PERS Kaiser 1156 Plan (brokered by Alliant Insurance)

SMC contracts with Kaiser directly for its employer-sponsored health benefits for eligible adjunct faculty and certificated administrators whose job titles are “project managers” or “program managers”. Project Managers hold positions that are not permanent appointments, but rather positions that are funded by grants.

1.2 Dental Benefits

Delta Dental (brokered by ASCIP)

For eligible employees, SMC contracts with ASCIP, *Alliance of Schools for Cooperative Insurance Programs, a Joint Powers Authority* for its employer-sponsored dental benefits.

SMC contracts with Delta Dental directly for its employer-sponsored dental benefits for eligible retirees who have exhausted their COBRA benefits and wish to continue purchasing lifetime coverage under Assembly Bill 528 ([AB-528\(7\)](#)). The retiree is responsible for all dental premiums for the AB 528 plan.

1.3 Vision Benefits

Vision Service Plan (brokered by ASCIP)

SMC contracts with ASCIP, *Alliance of Schools for Cooperative Insurance Programs, a Joint Powers Authority*, for its employer-sponsored vision benefits for eligible employees

1.4 Group Life Insurance Benefits

Sun Life (brokered by Alliant Insurance)

SMC contracts with the National Joint Powers Authority for its employer-sponsored life & AD&D insurance benefit for \$50,000 for eligible employees.

1.5 Section 125 Medical Reimbursement and Dependent Day Care Benefits

SMC contracts with American Fidelity Assurance Company for its employer-sponsored Section 125 and Dependent Day Care Plan for eligible employees. SMC adopted the maximum allowable carryover provision of \$500.00 for the Section 125 plan. As of January 1, 2014, the annual pre-tax deferral limits are \$2500 for Medical Reimbursement Plans and \$5000 for Dependent Day Care Benefits. Employees are encouraged to utilize the plan to pre-tax any benefit premiums they are required to make towards their health, dental and vision benefits. All benefits eligible

employees and benefits-eligible adjunct faculty are eligible to enroll. SMC pays no administrative fee for the Section 125 benefit plan administration as long as the college allows representatives to meet one on one with employees to review other voluntary benefit options.

Faculty Association Contract Language

10.11 *Bargaining unit members will be permitted to participate in IRS Code Section 125 plans. Seminars and enrollments shall be conducted by no later than November for the forthcoming year. Times and dates for such seminars and enrollment period shall be convenient for faculty members and shall be approved by the Association. Timely notice will be provided by the District.*

CSEA Contract Language

12.7 *Bargaining unit members will be permitted to participate in IRS Code Section 125 plans beginning on or before October 1, 1993.*

Recommended Scheduling Guidelines for Section 125 Enrollment Dates

- Contact Account Manager in June/July to set-up schedule & reserve rooms via President's Office (HSS301)/Event System (Bundy, all other main campus rooms)
- **1st week of Fall (Aug 28)**
 - District wide E-mail – Generic information regarding American Fidelity visit & attach pamphlet
- **3rd week of Fall**
 - Inter-Office distribution of pamphlet & schedule, send Mid September– Request 3 boxes from AF
 - Mass US Mailing – Flyers w/ scheduled dates per classification (PT-Faculty v All other EE's)

FSA enrollment Dates

- October
 - Weeks 1 – 3 CSEA, CL Mngrs, Confidential, Academic Administrators, BOT, PC, Full-Time Faculty
 - Week 4 PT-Faculty
 - Contact Rep in June/July to set-up schedule & reserve the rooms
 - Provide list of EE & classifications to AF by 3rd week in September

1.6 Voluntary Life, Disability, Cancer and Accident Insurance Benefits

American Fidelity

- **Pre-tax Plans:** Cancer and Accident
- **After-tax Plans:** Life and Disability
- **Deduction Codes:**
 - *Section 125:* medical- **RMR**; dependent-**RDC**
 - Products: Life- **AFL**; Disability- **AFD**; Cancer- **AFC**; Accident- **AFA**

Pacific Educators

Offer same product policies as American Fidelity, but employees should be encouraged to review both plan options to find the plan that is most to their advantage.

SMC provides contact information to American Fidelity and Pacific Educators when employees inquire about supplemental voluntary policies available for purchase.

As of January 2013, a few employees also have policies with other vendors such as JC Insurance and make their payments via payroll deduction. However, due to limited policy information and no marketing materials pertaining to these grandfathered voluntary plans, the Benefits Office no longer provides enrollment or contact information to any vendors other than American Fidelity and Pacific Educators.

The District-wide Benefits Committee is currently reviewing the possibility of expanding the group term life insurance to include voluntary coverage for spouses and other dependents and possibly increasing the benefit amount to something other than \$50,000. As of January 2013, no changes have been made or finalized. Please refer to committee notes for further details.

1.7 Voluntary Tax Sheltered Annuities “TSA”s (i.e. 403b and 457b plans)/Supplemental Retirement

SMC contracts with Tax Deferred Solutions (the TDS Group) to function as the school’s third-party administrator of SMC participants’ 403(b) and 457(b) plans. As our TPA, the TDS Group ensures the District’s compliance with IRS regulations for areas such as the “universal availability” rule, loans, withdrawals, hardships, and preventing excess contributions.

As of 2013 the TDS Group functions as SMC’s “common remitter”, and thereby remits all 403(b) and 457(b) payments on behalf of the district.

A complete listing of the schools nearly 60+ vendors is provided by the TDS Group to SMC employees. Employees are able to research and select vendors by reviewing vendor information www.403bcompare.com.

457(b) Voluntary Plans- 5 Plans

- CalPERS 457(b), administered by Voya
- CalSTRS 457(b), administered by TIAA-CREF
- Industrial Alliance Pacific 457(b)
- Life Insurance Company of the Southwest (LSW) 457(b)
- Security Benefit 457(b)

403(b) Voluntary Plans

- The TDS Group
- www.403bcompare.com

1.8 Mandatory Retirement Plans & Criteria

An employee’s placement in a retirement system will depend on the employee’s position upon hire.

CalSTRS (California State Teachers Retirement System)

In general, permanent Certificated Administrators and permanent full-time faculty are automatically enrolled in the CalSTRS defined benefit program. One exception to this is when the Certificated Administrator or permanent full-time faculty has already been enrolled in CalPERS and elects to stay in CalPERS upon hire at SMC. (This usually happens when an administrator or full-time faculty worked for a California State University employer or began his/her career in another public agency or as a classified employee with another school district.)

CalPERS (California Public Employees Retirement System)

Classified employees who are hired to work on a permanent basis for an assignment of at least 20 hours per week are automatically enrolled in CalPERS. One exception to this is when classified member has already been enrolled in CalSTRS and elects to stay in CalSTRS upon hire at SMC. (This usually happens when a classified employee began his/her career with a California public school district as an instructor or counselor prior to working as a non-instructional, classified employee.) As of January 2013, approximately two classified employees fall into this category.

MetLife 457 Deferred Compensation Alternative Retirement Plan

This plan administered by ASCIP-formerly known as LARISA. The plan is available to all temporary employees and adjunct faculty who elected to enrolled prior to October 1, 2012.

ADJUNCT FACULTY RETIREMENT ELECTION OPTIONS Adjunct faculty are provided with a retirement system election form upon hire by the human resources representative that process the faculty member's new hire paperwork. This election form describes the three retirement options available to faculty member upon hire. While the benefits team is not directly involved with providing faculty members with detailed retirement election information, it is beneficial to be familiar enough with the plans to answer general questions.

Adjunct Faculty Retirement Plan options:

- CalSTRS Defined Benefit
- CalSTRS Cash Balance Defined Contribution Plan (effective July 2007)
- Social Security (effective Fall 2012)

2. EMPLOYEE CLASSIFICATIONS

2.1 Classification and Benefits Eligibility Summary Chart

The following chart lists all employee groups, the district-sponsored benefits for which they are eligible (if they meet eligibility requirements), their payroll cycle, and “bargaining unit” as identified in the HRS payroll system.

Employee Group & Bargaining Unit Codes in HRS	Pay Cycle	Health	Dental	Vision	Life	Retiree Benefits
Classified (CSEA Members) <i>A1- Office Staff</i> <i>A2 -Instructional Assistant, Academic Computing</i> <i>A3 -Operations/Maintenance</i>	E4 Bi-Monthly 10 th , 25 th	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See CBA)
Classified Managers <i>A4- Non-represented managers that supervise non-instructional areas (HR, Payroll, Police Sergeants, Admissions, etc.)</i>	E4 Bi-Monthly 10 th , 25 th	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See Merit Rules)
Confidential Classified <i>A5- Non-represented staff such as Admin. Asst. to Vice President of HR, HR Analyst-Labor Relations</i>	E4 Bi-Monthly 10 th , 25 th	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See Merit Rules)
Police (POA Members) <i>A7- Police officers</i>	E4 Bi-Monthly 10 th 25 th	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See CBA)
Certificated Administrators/ (Academic Administrators) <i>B2-Non-represented administrators such as Deans & VP's that oversee academic areas</i>	C1 Monthly 1 st	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See Board Policy)
Project Managers/ (Program Managers) <i>B2 – Non-represented, non-permanent Program Managers who oversee grant-funded programs such as Workforce Development, TRIO, Pico Partnership</i>	C1 Monthly 1 st	Non- PERS Kaiser 1156 Plan	Delta HMO or PPO	VSP	Sun Life	No
FT Faculty (FA Members) <i>B1- Probationary and Tenured Faculty who have employment contracts with SMC</i>	C1 Monthly 1 st	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See CBA)
Adjunct Faculty (FA Members) <i>B1- Part-time Faculty</i>	C2 Monthly 30 th /31 st	Non- PERS Kaiser 1156 Plan	Delta HMO or PPO	VSP	n/a	No
Board Members <i>A6- Non-Merit</i>	E4 Bi-Monthly 10 th , 25 th	CalPERS	Delta HMO or PPO	VSP	Sun Life	Yes, if vested (See Board Policy)
Personnel Commission Members <i>A6- Non-Merit</i>	E4 Bi-Monthly 10 th , 25 th	CalPERS	Delta HMO or PPO	VSP	Sun Life	No

2.2 Employee Classification Definitions

What this Benefits Procedure Covers:

- Employee Classification Definitions
- Benefits Eligibility Based on Classification

2.2.1 Project Managers

Project Managers are hired based on a limited term employment contract. Due to the fact that Project Manager positions are not permanent, employees in this group are ineligible for CalPERS health benefits.

Eligibility Timeline

Benefits eligibility for this employee group is based on hire date. If the Project Manager works at least 10 days in the month of hire, they are eligible for health coverage as early as the first of the following month. Coverage start date is based on the date health enrollment paperwork is completed and received by the Benefits Office. Coverage is effective the first of the month after paperwork is received as long as the employee enrolls within 60 days of their initial date of hire. If the employee enrolls after 60 days it's considered a late enrollment and coverage is subject to a 90 day waiting period.

Benefits Package

For full-time Project Managers, the benefits package includes 100% District paid single level (Non-PERS) Kaiser 1156 coverage, dental coverage, and single level vision coverage. For part-time Project Managers, the District's contribution to health coverage is pro-rated based on FTE (full-time equivalency).

District Paid \$50,000 life and AD&D insurance through Sun Life Financial is also included while the employee is actively employed with the District. Once the employee terminates employment the benefit ends.

Dependent Coverage

While Project Managers can purchase dependent coverage, the District pays for the employee's coverage only and does not contribute towards dependent health premiums. The only exception is while the District maintains a composite rate for the dental plans, dependents may be added with no additional cost incurred. In this case, the employee would not have to contribute towards the dependent coverage since the cost does not differ between the single, two-party and family level premiums.

Project Managers Benefits into Retirement

Project managers do not receive any retiree health coverage, but the Benefits Office should verify if there is an exception in the employee's contract.

2.2.2 Classified Employees

Non-faculty and non-management positions. Includes full-time and part-time, permanent staff who are 10, 11, or 12 month employees.

Eligibility Timeline

Benefits eligibility for this employee group is based on hire date. If the Classified employee works at least 10 days in the month of hire, they are eligible for health coverage as early as the first of the following month. Coverage start date is based on the date health enrollment paperwork is completed and received by the Benefits Office. Coverage is effective the first of the month after paperwork is received as long as the employee enrolls within 60 days of their initial date of hire. If the employee enrolls after 60 days it's considered a late enrollment and coverage is subject to a 90 day waiting period.

Benefits Package

The benefits package for classified employees includes CalPERS medical, dental, vision, and life/AD&D insurance coverage.

For full-time classified employees (35+ hours per week), the District pay 100% of the premiums for any CalPERS medical plan*, dental and vision coverage for employee plus any eligible dependents. (*Under the District-CSEA contract section 12.3, if a classified employee chooses PERS Care medical plan, the District will only pay up to the second most expensive CalPERS medical plan and the employee will pay the difference in cost. The employee's contributions amount will be taken as a pre-tax payroll deduction from the employee's paycheck).

For part-time classified employees (20-34 hours per week), the District contributes a pro-rated amount towards medical, dental, and/or vision coverage for the employee plus dependent coverage based on the employee's FTE.

District Paid \$50,000 life and AD&D insurance through Sun Life Financial is also included while the employee is actively employed with the District. Once the employee terminates employment the benefit ends.

Classified Employees Opting out of District Coverage

Classified employees who opt out of medical coverage and can provide proof of other medical insurance will receive an annual "cash-in-lieu of benefits". Full-time Classified employees can receive up to \$2,000. Part-time Classified employees will receive a pro-rated "cash-in-lieu" amount based on their FTE. Payment is split in one-half and processed at the end of the Fall and Spring Semesters (Fall Semester- Paid in the month of January and Spring Semester - Paid in the month of July). Full-time and part-time employees may still enroll in dental and vision coverage if they opt out of medical coverage.

Dependent Coverage

For full-time Classified employees (35+ hours per week), the District pays 100% of the premiums for dependent health coverage. For part-time Classified employees (20-34 hours per week), the District contributes a pro-rated amount towards dependent coverage based on the employees FTE. Employees must submit proof of dependency with their enrollment paperwork, such as a marriage license for their spouse and birth certificates for their children.

Part-time Classified Employees Benefit Coverage

For part-time Classified employees (20-34 hours per week) are subject to part-time benefits, unless they were hired period to **September 19, 1977 (section 12.5.1 CSEA contract)**. The District contributes a pro-rated amount towards medical, dental, and/or vision coverage for the employee plus dependent coverage based on the employees FTE. When any combination of plans including medical coverage is elected, part-time classified employees are eligible for the following:

- If a part-time Classified employee chooses to enroll in dental coverage and vision coverage ONLY, the District will 100% of the cost of the employee plus dependent premiums.
- If a part-time Classified employee chooses to enroll in any combination of plans that INCLUDES a medical option, the District will pay 50% of the total premium for a 50% FTE employee (FTE=full-time equivalency), 75% of the total premium for a 75% FTE employee, etc.
 - **Example One:** If an 80% FTE employee enrolls in Medical, Dental and Vision coverage, the employee will be responsible for 20% of the TOTAL cost of medical, dental and vision coverage.
 - **Example Two:** If a 50% FTE employee enrolls in Dental and Vision coverage only, the District pays 100% of the premiums for the employee plus family.
 - **Example Three:** If a 60% FTE employee enrolls in Medical only, the District pays 60% and the employee pays 40% via payroll deduction.
 - **Example Four:** If a 50% FTE employee enrolls in medical, dental and vision coverage, the District pays 50% and the employee pays 50% via payroll deduction.

Classified Employee Retiree Medical Coverage

All full-time and permanent part-time Classified employees of the District who retire from the District receive a minimum contribution towards their monthly CalPERS medical premium of \$805.02 (rate effective 08/01/2014- subject to increase every year in August). Due to the fact that the District does not have a current vesting provision for retiree health coverage with CalPERS, even employees who work for a very short amount of time receive this amount towards health coverage, provided that they're vested in CalPERS and retire directly from Santa Monica Community College District within 120 days after working for the District.

In addition to the minimum contribution towards CalPERS medical premiums, the District provides the following supplemental retiree benefits to qualified retired employees.

Early Retiree Benefits

Classified employees who retire between the ages of 55 and 64 with at least 10 years of service with the District are eligible for fully paid medical, dental and vision coverage for themselves and their eligible dependents until retirees reach age 65. The retiree dental and vision premiums are paid directly to the carriers by the District. For the medical coverage payment, since CalPERS is unable to apply varying eligibility information to different retirees, the District maintains the records that define employee eligibility for additional reimbursement and benefits. For Early Retirees, the set contribution amount of \$805.02 (or the current rate for the year) is paid directly to CalPERS by the District. Any premium amount not covered by the automatic contribution rate will be deducted

from the retired employee's pension check. The District then reimburses each Early Retiree for this health deduction every month around the 1st of the month of coverage.

Per the contract provisions of the CSEA contract, the following terms shall apply to different retired employee groups:

For Classified employees who retired prior to December 1, 2012:

Medical, dental and vision coverage are paid in full by the District until retiree reaches age 65. Once retiree turns 65 and is eligible for Medicare, the District no longer reimburses the retiree for the additional medical deduction taken on his/her retirement warrant and the retiree is offered COBRA coverage for the dental and vision plans. Once Federal and Cal-COBRA coverage expire (after a total of 36 months of coverage), VSP Vision coverage terminates, but the retiree may enroll in the District's lifetime AB Delta Dental plan for a higher monthly premium rate.

For Classified employees who retire after December 1, 2012:

Medical, dental and vision coverage are paid in full until retiree reaches age 65. Once retiree turns 65 and is eligible for Medicare, the District no longer reimburses the retiree for the additional medical deduction taken on his/her retirement warrant. The retiree's dental and vision coverage (including eligible dependent coverage) remains fully paid for life.

2.2.3 Full-Time Faculty

Eligibility Timeline

Benefits eligibility for this employee group is based on hire date. Generally, full-time faculty are either hired at the start of the Fall semester or the start of the Spring semester. Faculty hired in the Fall generally have October 1st as their initial health coverage date and Faculty hired in the Spring generally have March 1st as their initial health coverage date. The coverage effective date is based on official date of hire and when the completed health enrollment paperwork is received by the Benefits Office. Coverage is effective the first of the month after paperwork is received as long as the employee enrolls within 60 days of their initial date of hire. If the employee enrolls after 60 days it's considered a late enrollment and coverage is subject to a 90 day waiting period.

Benefits Package

The District pays 100% of the premium cost for the employee and eligible dependents for CalPERS medical*, Dental, vision, and life/AD&D insurance coverage. (*Under the District-FA contract section 10.2, if a full-time Faculty member chooses PERS Care medical plan, the District will only pay up to the second most expensive CalPERS medical plan and the employee will pay the difference in cost. The employee's contributions amount will be taken as a pre-tax payroll deduction from the employee's paycheck).

District Paid \$50,000 life and AD&D insurance through Sun Life Financial is also included while the employee is actively employed with the District. Once the employee terminates employment the benefit ends.

Full-time Faculty Opting out of District Coverage

Faculty who opt out of medical coverage and can provide proof of outside medical insurance will receive an annual “cash-in-lieu of benefits” amount of \$2,000. Payment is split in one-half and processed at the end of the Fall and Spring Semesters (Fall Semester- Paid in the month of January and Spring Semester - Paid in the month of July). Employees may still enroll in dental and vision coverage if they opt out of the medical coverage.

Dependent Coverage

For full-time Full-time Faculty employees, the District pays 100% of the premiums for eligible dependent health coverage. Employees must submit proof of dependency with their enrollment paperwork, such as a marriage license for their spouse and birth certificates for their children.

Full-Time Faculty – Benefits into Retirement

All full-time Faculty who retire from the District receive a minimum contribution towards their monthly CalPERS medical premium of \$805.02 (rate effective 08/01/2015- subject to increase every year in August).

In addition to the minimum contribution towards CalPERS medical premiums, the District provides the following supplemental retiree benefits to qualified retired employees.

Early Retiree Benefits

Faculty members who retire between the ages of 55 and 64 with at least 10 years of service with the District are eligible for fully paid medical, dental and vision coverage for themselves and their eligible dependents until they reach age 65. The retiree dental and vision premiums are paid directly to the carriers by the District. For the medical coverage payment, since CalPERS is unable to apply varying eligibility information to different retirees, the District maintains the records that define employee eligibility for additional reimbursement and benefits. For Early Retirees, the set contribution amount of \$805.02 (or the current rate for the year) is paid directly to CalPERS by the District.

Any premium amount not covered by the automatic contribution rate will be deducted from the retired employee’s pension check. The District then reimburses each Early Retiree for this health deduction every month around the 1st of the month of coverage.

Per the contract provisions of the District -FA contract section 10.6, the following terms shall apply to different retired employee groups:

For Faculty members who retired prior to January 1, 2013:

Medical, dental and vision coverage are District paid for the retiree and eligible dependents until retiree reaches age 65. Once retiree turns 65 and is eligible for Medicare, the District no longer reimburses the retiree for the additional medical deduction taken on his/her retirement warrant and the retiree is offered COBRA coverage for the dental and vision plans. Once Federal and Cal-COBRA coverage expire (after a total of 36 months of coverage), VSP Vision

coverage terminates, but the retiree may enroll in the District's lifetime AB Delta Dental plan for a higher monthly premium rate.

For Faculty members who retire on or after January 1, 2013:

Medical, dental and vision coverage are District paid in full for the retiree and eligible dependents until January 1, 2024. Medical coverage will continue to be paid by the District **after** January 1, 2024 for "early retirees" until they reach age 65 and attain Medicare eligibility. All faculty members who retire after 01/01/2013 will maintain 100% District paid dental and vision coverage for life.

2.2.4 Classified Confidential Employees

Non-faculty and non-management positions who work in classified "confidential" positions as defined by the Personnel Commission.

Eligibility Timeline

Benefits eligibility for this employee group is based on hire date. If the Classified Confidential employee works at least 10 days in the month of hire, they are eligible for health coverage as early as the first of the following month. Coverage start date is based on the date completed health enrollment paperwork is received by the Benefits Office. Coverage is effective the first of the month after paperwork is received as long as the employee enrolls within 60 days of their initial date of hire. If the employee enrolls after 60 days it's considered a late enrollment and coverage is subject to a 90 day waiting period.

Benefits Package

For Classified confidential employees, the District pays 100% of the premium cost for the employee and eligible dependents for CalPERS medical*, Dental, vision, and life/AD&D insurance coverage. (*Under the Board Policy, if an unrepresented employee chooses PERS Care medical plan, the District will only pay up to the second most expensive CalPERS medical plan and the employee will pay the difference in cost. The employee's contributions amount will be taken as a pre-tax payroll deduction from the employee's paycheck).

District Paid \$50,000 life and AD&D insurance through Sun Life Financial is also included while the employee is actively employed with the District. Once the employee terminates employment the benefit ends.

Dependent Coverage

For full-time employees, the District pays 100% of the premiums for dependent health coverage. Employees must submit proof of dependency with their enrollment paperwork, such as a marriage license for their spouse and birth certificates for their children.

Classified Confidential Employees- Benefits into Retirement

All confidential employees of the District who retire receive a minimum contribution towards their monthly CalPERS health premium of \$805.02 (rate effective 08/01/2015-subject to increase every year in August). Due to the fact that the District does not have

a current vesting provision for retiree health coverage with CalPERS, even employees who work for a very short period of time receive this amount towards health coverage, provided that they're vested in CalPERS and retire directly after working for the District.

In addition to the minimum contribution towards CalPERS medical premiums, the District provides the following supplemental retiree benefits to qualified retired employees.

Early Retiree Benefits Provisions

- **Age:** Between 55-64
- **Years of Service:** 10 or more

Confidential employees that retire under the above circumstances are eligible for the highest level of retiree benefits. The retired employee receives fully paid medical coverage for themselves and their eligible dependents until they reach age 65. At 65, the District continues to contribute a lifetime monthly amount of \$805.02 towards the cost of the retired employee's health premium (applied towards the total health premium for the retiree and any eligible dependent/s on the plan). All retired employees pay the cost of their Medicare part B coverage, along with the cost of an eligible spouse/partner's Medicare Part B coverage.

The retiree will receive lifetime dental and vision coverage for themselves and their eligible dependents.

The retiree dental and vision premiums are paid directly to the carriers by the District. For the medical coverage payment, since CalPERS is unable to apply varying eligibility information to different retirees, the District maintains the records that define retired employee eligibility for additional reimbursement and benefits.

For Early Retirees, the set contribution amount of \$805.02 (or the current rate for the year) is paid directly to CalPERS by the District. Any premium amount not covered by the standard contribution rate will be deducted from the retired employee's pension check. The District then reimburses Early Retirees for this health deduction every month around the 1st of the month (around the same time that the retiree receives his/her pension check from CalPERS/CalSTRS).

**Early Retiree Benefits Provisions
(Additional Board Policy for confidential/management/administrators)**

Eligibility Option 1:

- **Age:** Between 50-54
- **Years of Service:** 10 or more

Eligibility Option 2:

- **Age:** Between 55-64
- **Years of Service:** 5 or more

Confidential employees that retire under the above circumstances are eligible for fully paid medical coverage at the single-level, or up to the maximum of the current District contribution amount (currently \$805.02), whichever is greater. At 65, the District continues to contribute a lifetime monthly amount of \$805.02 towards the cost of the retired employee's health premium (applied towards the total health premium for the retiree and any eligible dependent/s on the plan). All retired employees pay the cost of their Medicare part B coverage, along with the cost of an eligible spouse/partner's Medicare Part B coverage.

The retiree will receive lifetime dental and vision coverage for themselves and their eligible dependents.

The retiree dental and vision premiums are paid directly to the carriers by the District. For the medical coverage payment, since CalPERS is unable to apply varying eligibility information to different retirees, the District maintains the records that define retired employee eligibility for additional reimbursement and benefits. For Early Retirees, the set contribution amount of \$805.02 (or the current rate for the year) is paid directly to CalPERS by the District. Any premium amount not covered by the automatic contribution rate will be deducted from the retired employee's pension check. The District then reimburses Early Retirees for this health deduction every month around the 1st of the month (around the same time that the retiree receives his/her pension check from CalPERS/CalSTRS).

2.2.5 Certificated Administrator or Classified Manager

Certificated Administrator and Classified Manager - Benefits into Retirement

All full-time Certificated Administrators and Classified Managers of the District who retire from the District receive a minimum contribution towards their monthly CalPERS health premium of \$805.02 (rate effective 08/01/2015- subject to increase every year in August). Due to the fact that the District does not have a current vesting provision for retiree health coverage with CalPERS, even employees who work for a very short period of time receive this amount towards health coverage, provided that they're vested in CalPERS and retire directly after working for the District.

In addition to the minimum contribution towards CalPERS medical premiums, the District provides the following supplemental retiree benefits to qualified retired employees.

Early Retiree Benefits Provisions

- **Age:** Between 55-64
- **Years of Service:** 10 or more

Managers and Administrators that retire under the above circumstances are eligible for the highest level of retiree benefits. The retired employee receives fully paid medical coverage for themselves and their eligible dependents until they reach age 65. At 65, the District continues to contribute a lifetime monthly amount of \$805.02 towards the

cost of the retired employee's health premium (applied towards the total health premium for the retiree and any eligible dependent/s on the plan). All retired employees pay the cost of their Medicare part B coverage, along with the cost of an eligible spouse/partner's Medicare Part B coverage.

The retiree will receive lifetime dental and vision coverage for themselves and their eligible dependents.

The retiree dental and vision premiums are paid directly to the carriers by the District. For the medical coverage payment, since CalPERS is unable to apply varying eligibility information to different retirees, the District maintains the records that define retired employee eligibility for additional reimbursement and benefits.

For Early Retirees, the set contribution amount of \$805.02 (or the current rate for the year) is paid directly to CalPERS by the District. Any premium amount not covered by the standard contribution rate will be deducted from the retired employee's pension check. The District then reimburses Early Retirees for this health deduction every month around the 1st of the month (around the same time that the retiree receives his/her pension check from CalPERS/CalSTRS).

**Early Retiree Benefits Provisions
(Additional Board Policy for confidential/management/administrators)**

Eligibility Option 1:

- **Age:** Between 50-54
- **Years of Service:** 10 or more

Eligibility Option 2:

- **Age:** Between 55-64
- **Years of Service:** 5 or more

Managers and Administrators that retire under the above circumstances are eligible for fully paid medical coverage at the single-level, or up to the maximum of the current District contribution amount (currently \$805.02), whichever is greater. At 65, the District continues to contribute a lifetime monthly amount of \$805.02 towards the cost of the retired employee's health premium (applied towards the total health premium for the retiree and any eligible dependent/s on the plan). All retired employees pay the cost of their Medicare part B coverage, along with the cost of an eligible spouse/partner's Medicare Part B coverage.

The retiree will receive lifetime dental and vision coverage for themselves and their eligible dependents.

The retiree dental and vision premiums are paid directly to the carriers by the District. For the medical coverage payment, since CalPERS is unable to apply varying eligibility information to different retirees, the District maintains the records that define retired employee eligibility for additional reimbursement and benefits. For Early Retirees, the set contribution amount of \$805.02 (or the current rate for the year) is paid directly to

CalPERS by the District. Any premium amount not covered by the automatic contribution rate will be deducted from the retired employee's pension check. The District then reimburses Early Retirees for this health deduction every month around the 1st of the month (around the same time that the retiree receives his/her pension check from CalPERS/CalSTRS).

2.2.6 Board of Trustees and Personnel Commission

Eligibility Timeline

Benefits eligibility for this employee group is based on appointment date. If the Trustee or Commissioner is appointed to the position and works at least 10 days in the month of hire, they are eligible for health coverage as early as the first of the following month. Coverage start date is based on the date completed health enrollment paperwork is received by the Benefits Office. Coverage is effective the first of the month after paperwork is received as long as the employee enrolls within 60 days of their initial date of hire. If the employee enrolls after 60 days it's considered a late enrollment and coverage is subject to a 90 day waiting period.

Benefits Package

For Trustees or Commission Members, the District pays 100% of the premium cost for the employee and eligible dependents for CalPERS medical*, Dental, vision, and life/AD&D insurance coverage. (*Under the Board Policy, if an unrepresented employee chooses PERS Care medical plan, the District will only pay up to the second most expensive CalPERS medical plan and the employee will pay the difference in cost. The employee's contributions amount will be taken as a pre-tax payroll deduction from the employee's paycheck). It will be taken as a payroll deduction from the employee's paycheck. Student board members are excluded from this provision. (See Board Policy 1310.)

District Paid \$50,000 life and AD&D insurance through Sun Life Financial is also included while the employee is actively employed with the District. Once the employee terminates employment the benefit ends.

Dependent Coverage

For Trustees or Commission Members, the District pays 100% of the premiums for dependent health coverage. Employees must submit proof of dependency with their enrollment paperwork, such as a marriage license for their spouse and birth certificates for their children.

Board of Trustees and Commission Managers –Benefits into Retirement

Commission Members are not eligible for retiree benefits coverage and only Board Members who meet guidelines outlined in Board Policy 1320 are eligible for coverage upon retirement.

3. ENROLLMENT PROCEDURES

Introduction- What this benefits procedure covers:

- New Hire Benefits for Full-time Employees
- Eligible Dependents
- Mid-Year Changes

3.1 New Hire Benefits Eligibility and Processing

Full-time Employees

Employee Benefits staff are notified of new hire employees who are eligible for health benefits in two main ways.

- The Human Resources Technician will send an e-mail notifying relevant District contacts that the new employee has been processed by the Human Resources Department.
- The minutes from the Board of Trustees meeting will list new hire employees, terminations, changes in assignment, etc. It is important to check the board minutes regularly to ensure the Benefits Department is aware of all changes impacting employee health benefits enrollment and eligibility.
- The minutes can be found by visiting the Board of Trustee's page of the Santa Monica College website at <http://www.smc.edu/ACG/Pages/Trustees-Meeting-Information.aspx>

Once the Benefits Department is aware of a new-hire benefits eligible employee, Benefits Staff shall coordinate a Benefits orientation with the employee soon after their initial start date with the District.

Eligibility Standards and Enrollment Timeline

Full-time Faculty and Classified Employees

- Eligible for 100% District paid CalPERS medical coverage, Dental coverage, and vision coverage.
- District pays 100% of the premiums for any CalPERS medical plan for employee plus all dependents, except for PERSCare (*per FA and CSEA contracts*). If an employee chooses PERSCare, the District will only pay up to the second most expensive CalPERS plan. The remaining amount will be taken as a payroll deduction from the employee's paycheck.

Eligibility period for enrollment

Full-time Faculty, Classified Employees, Confidential Employees, Project Managers, Board of Trustees and Personnel Commissioners are all given the same window of opportunity to enroll in health insurance. Employees from each group are asked to sign a "Notice of Benefits Eligibility" at their Benefits Orientation, which informs them that they are given 60 days from their date of hire to enroll in medical, dental, and vision. After the 60-day window of opportunity closes, the employee's coverage start date shall be subject to a 90-day waiting period (applied by CalPERS automatically once hire date/event date and HBO Received Date fields are supplied in the online enrollment system).

An employee must have at least 10 working days in their month of hire in order to be eligible for benefits the first day of the following month. They also must return their completed benefits enrollment paperwork to the Employee Benefits Department by the end of the month that they are hired

If an employee returns his or her enrollment paperwork within the 60-day window, their coverage shall become effective the 1st of the following month.

If an employee fails to return his or her enrollment paperwork within the 60-day window, the 90-day waiting period is measured by applying 90 days from the date the enrollment paperwork was received by the Benefits Office, plus any additional days until the 1st day of the month that the employee is initially eligible.

Example: An employee turns in her enrollment paperwork 70 calendar days after her hire date and thus is outside the initial 60-day enrollment period. If the employee turns in her paperwork on April 28th, her coverage would not begin until **August 1, 2012** (90+ days after her paperwork is received by the Benefits Office).

New-Hire Enrollment Checklist

- Conduct New Hire Employee Benefits Orientation
- Collect “Notice of Benefits Eligibility” form from employee, but allow employee to turn in health enrollment paperwork at a later date
- Verbally inform employee of the effective start dates of his or her coverage, as determined by the Benefits Office Received date and the number of working days the employee has in the month of hire
- Collect benefits paperwork from employee and ensure all of the following documents are submitted:
 - *CalPERS HBD-12 Enrollment Form*
 - *Delta Dental Dual Enrollment Form*
 - *VSP Vision Enrollment Form*
 - *Sun Life Insurance Beneficiary Form*
 - *Proof of dependency (if adding spouse, children, or other eligible dependents)*
- Enter enrollment data in the HRS system (benefits screen 20)
- Enter health enrollment in MyCalPERS system
- Enter dental enrollment in Delta Dental system
- Enter vision enrollment in VSP system
- Send a Confirmation of Enrollment letter to employee’s home address

3.2 Opting Out of Medical Coverage (FT Faculty and Classified Employees)

Full-time Faculty and full-time/part-time Classified staff are eligible to opt out of coverage upon initial enrollment, or at the Open Enrollment period if they have proof of other outside medical coverage. Please see the “Classification and Eligibility” procedure for more information.

3.3 Mid-Year Changes & Procedures

When an employee experiences a mid-year qualifying event, they are required to notify the benefits staff member of the qualifying event (i.e. marriage, death, birth/adoption of a child, etc.) as soon as possible and no later than 60 days from the event date.

Mid-year Change Procedures Enrollment Checklist

- Employee informs Benefits Staff and completes mid-year change form

- Collect benefits paperwork from employee and ensure all of the following documents are submitted (as applicable)
 - *CalPERS HBD-12 Enrollment Form*
 - *Delta Dental Dual Enrollment Form*
 - *VSP Vision Enrollment Form*
 - *Sun Life Insurance Beneficiary Form*
 - *Proof of dependency (if adding spouse, children, or other eligible dependents)*
- Enter enrollment data in the HRS system (benefits screen 20)
- Enter health enrollment in MyCalPERS system
- Enter dental enrollment in Delta Dental system
- Enter vision enrollment in VSP system
- Send a Confirmation of Enrollment letter to employee's home address

4. ADJUNCT FACULTY BENEFITS PROGRAM AND ENROLLMENT PROCEDURES

The guidelines for Part-Time Faculty health benefits eligibility are outlined in section 10.5 of the Santa Monica College Faculty Association contract.

Eligible part-time faculty may elect ONE (1) of the following FOUR (4) health plan options as their District paid benefit. Apart from the One (1) District paid benefit, part-time faculty, may elect to purchase at his/her own cost, coverage for dependents, or any additional health coverage listed below. All premiums paid by any faculty for the purpose of purchasing health insurance are PRE-TAX.

- **Medical** Non-PERS Kaiser Permanente 1156 coverage- Employee only
- **Dental*** Delta Dental Premier PPO OR Delta Care HMO
- **Vision*** Vision Service Plan (VSP)

*If District paid benefit, coverage level for Dental & Vision insurance is Employee/Two-Party/Family. Proof of dependent eligibility will be required at enrollment.

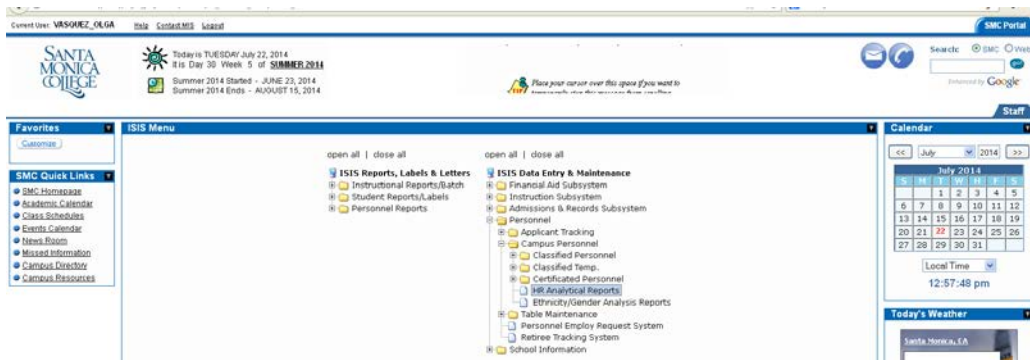
4.1 Eligibility Guidelines

Initial Eligibility: At the time of eligibility review (third week of the Fall and Spring semesters as outlined in the FA agreement), an adjunct faculty member must have worked at least two of the last six semesters and receive and work an assignment of at least five hours a week.

Continuing Eligibility: If an adjunct faculty member previously met this requirement and qualified for benefits, the faculty member must have a teaching assignment of at least three hours a week at the time of the next eligibility review period to continue to be eligible for the adjunct benefits program and continue to enrolled in the plan.

4.2 Preparation

Download the Eligibility Report from ISIS. To access the report click on Personnel, Campus Personnel followed by HR Analytical Reports.



Please click on the Certificated tab and click on PT-FAC_Benefits. Select the appropriate semester and click on GO.



4.2.1 Prepare and distribute generic “Initial” memo email

While waiting to receive this information, prepare a memo that will serve as the district’s “initial notice” regarding benefits eligibility for adjunct faculty, benefits overview and deadlines. When considering deadlines and enrollment form submission dates, be sure to have a “soft” published deadline and a “hard” deadline that permits the benefits representative enough time to enroll new participants, terminate coverage and most important update the HRS payroll system reporting employer contributions and employee deductions.

Once finalized, this memo should be sent to the Faculty Adjunct distribution list by the Dean of Human Resources with a cc to the benefits team and the President of the SMCFA during the first week of the semester. [SEE SAMPLE SPRING & FALL MEMO/ EMAIL]

Fall semester e-mail notification

From: [VASQUEZ_OLGA](#)
To: [VASQUEZ_OLGA](#)
Subject: Please review- initial adjunct faculty benefits notice
Date: Thursday, May 22, 2014 9:07:35 AM

From: MEMARIAN_HEATHER
Sent: Tuesday, August 27, 2013 10:45 AM
To: VASQUEZ_OLGA
Subject: Please review- initial adjunct faculty benefits notice

SUBJECT: Initial Notice: Review of Benefits Eligibility for Fall 2013 Semester

TO: ALL ADJUNCT FACULTY

FROM: HEATHER MEMARIAN, EMPLOYEE BENEFITS (ext. 4205)
 OLGA VASQUEZ, EMPLOYEE BENEFITS (ext. 3513)

During the third week of the semester, the employee benefits team will receive a list of all adjunct faculty members who have taught two of the last six fall or spring semesters and have assignments for the current semester. Based on the report, we will determine your eligibility for benefits and advise you of the determination on or around Thursday, September 12, 2013. Due to a limited payroll processing period during September, we are requesting that new enrollment forms and open enrollment change forms be submitted no later than Friday, September 20, 2013. If you think you meet the qualifications (as outlined below) and would like to enroll for the first time or make a change to your district-paid benefit, please take a moment to review the available plans. Links are provided below.

You may:

- a) Qualify for district benefits for the first time *or*
- b) Continue to meet eligibility requirements *or*
- c) No longer meet eligibility requirements due to lack of qualifying assignment

If we determine that you are eligible for benefits for the first time, you will receive an individualized email notice from us that states you are eligible and provides instructions to enroll in benefits by the applicable deadline. If we determine that you continue to be eligible for benefits, you will receive an individualized email notice from us stating that you continue to be eligible. No further action will be required from you to continue the coverage you already have. If we determine that you are no longer eligible, you will receive a COBRA notice mailed to your home address notifying you of your right to continue coverage and how to enroll in COBRA coverage. Annual Open Enrollment-Making Changes to your District-Paid & Purchased Plans. During this fall's enrollment period, you have the opportunity to make changes to your district-paid and/or purchased benefit. For example, if you currently have Kaiser single-coverage, but wish to change to the Delta Dental PPO plan this is your opportunity to do so. The effective date of your change is **September 1, 2013**.

OVERVIEW OF BENEFITS ELIGIBILITY FOR ADJUNCT FACULTY

In order to initially qualify for your choice of single-party Kaiser medical coverage, a Delta Dental plan, **OR** the Vision

Service plan, the following criteria must be met:

1. You must have been employed by the College during two of the last six fall and spring semesters and have an assignment during the current semester.

2. As of Monday of the third week of the semester, you must have a teaching assignment of

assignment of at least **five** hours per week.

OR

As of Monday of the fifth week of the semester, you must have the equivalent of at least **five** hours per week of a non-teaching assignment.

If you previously qualified and then experience a reduction in hours, you will continue to be eligible for benefits

provided that you have an assignment of at least **three** hours per week.

BENEFIT PLAN HIGHLIGHTS

Option 1: KAISER PERMANENTE HEALTH PLAN**

Kaiser is a health maintenance organization (HMO) with facilities throughout most of Southern California. Employees are required to obtain all medical treatment at Kaiser Facilities. Office visits and prescriptions are \$10 and there is no charge for hospitalization or lab tests.

Most of our instructors reside within the Kaiser Service area; however, for those of you who do not, Kaiser will not allow

you to participate in the plan. If you live outside their service area, In lieu of enrolling in the Kaiser Permanente Health

Plan, you may enroll in one (1) of the dental plans or in the vision plan listed below. The district will pay the entire cost of

coverage for you and your family. You may obtain one or more of the others under the Purchase Program.

Option 2: DELTA DENTAL PREMIER PPO PLAN**

Delta Dental Premier PPO will pay 70% of the covered basic benefits provided to an eligible person during the first

calendar year of his/her eligibility. The portion that Delta Dental will pay increases to 80%, 90% and 100% respectively,

during the second, third and fourth calendar years of the patient's continued eligibility and continued enrollment in the plan

provided he/she has used the program during the previous calendar year. If there is a lapse in coverage/enrollment, the

percentage of coverage by Delta Dental will revert back to 70% and increase during successive plan years respectively.

Option 3: DELTA CARE Dental HMO PLAN**

The Delta Care HMO provides all reasonable and customary dental care (subject to the master contract provisions,

limitation and exclusions) if care is rendered by your selected Delta Care dentist. There is no cost for covered services to

the participating member or eligible dependents except for co-payments on certain procedures.

Option 4: VISION SERVICE PLAN**

VISION SERVICE PLAN provides for one WellVision eye examination, one prescription eyeglass frame (up to \$120 allowance) or Contact Lenses (up to \$105 allowance) per 12-month period. When visiting a VSP provider, you pay a \$10.00 co-payment. If you receive services from a non-VSP provider, you'll receive a lesser benefit. The plan offers extra discounts and savings on additional glasses and sunglasses, contact lens exams (fitting and evaluation) and laser vision

correction.

**Detailed plan brochures for ALL benefit options are available at <http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/Benefits.aspx>

When referencing the Benefits website, please note that the only medical plan option available for adjunct faculty is the Kaiser plan labeled "adjunct faculty and project managers only"

**Santa Monica College- Adjunct Faculty
2013 Premium Rates for Medical, Dental, and Vision
EFFECTIVE January 1, 2013**

PREMIUM RATES

<i>Purchased Benefit</i>	<i>District's Share</i>	<i>Employee's Share</i>
Kaiser –Two Party	\$799.16	\$799.13
Kaiser– Family	\$799.16	\$1,462.61
Delta Dental PPO	\$0	\$161.44
Delta Dental HMO	\$0	\$55.35
VSP –Single Party	\$0	\$17.99
VSP –Two Party	\$0	\$28.84
VSP– Family	\$0	\$40.96

PAYROLL DEDUCTION SCHEDULE

<i>Payroll Deductions</i>	<i>Periods of Coverage</i>
FALL SEMESTER: September-December* <i>September 30, 2013</i> <i>October 31, 2013</i> <i>November 30, 2013</i> <i>December 31, 2013</i>	September 1 st -February 28 th
SPRING SEMESTER: March-June <i>March 31, 2014</i> <i>April 30, 2014</i> <i>May 31, 2014</i> <i>June 30, 2014</i>	March 1 st -August 31 st

PREMIUM RATES, SCHEDULE OF DEDUCTIONS AND CANCELLATION POLICY

It is important to note that rates are *eighthly*. In other words, the total annual premium is divided into eight payments that are scheduled to be deducted from four paychecks during the fall semester and four paychecks during the spring semester. Whether or not you have an assignment during the intersession(s), your coverage will continue and no deductions are scheduled during the winter or summer months. Premium rates are subject to change each plan year. If a deduction is missed due to insufficient earnings, it is still your responsibility to ensure that you continue to pay your share premiums. In the event that a deduction is not taken due to insufficient funds for your coverage, you will receive a courtesy reminder notice from the district. Failure to pay premiums within 21 days of the date of the courtesy notice will result in cancellation of your purchased benefit(s) and you will not be permitted to re-enroll until the next enrollment period.

Heather Memarian
Employee Benefits
Santa Monica College
(310) 434-4205

Spring semester e-mail notification

From: [VASQUEZ_OLGA](#)
To: [VASQUEZ_OLGA](#)
Subject: Notice of Benefits Continuation-Spring 2014
Date: Thursday, May 22, 2014 8:57:12 AM

From: MEMARIAN_HEATHER
Sent: Wednesday, March 05, 2014 9:31 AM
To: MATTHEWS_MONIQUE
Subject: Notice of Benefits Continuation-Spring 2014

TO: Benefits-Eligible Adjunct Faculty Member
FROM: Heather Memarian, Employee Benefits (ext. 4205)
Olga Vasquez, Employee Benefits (ext. 3513)
SUBJECT: Notice of Benefits Continuation-Spring 2014 Semester

Under the provisions of the agreement between the Faculty Association and Santa Monica College, this notice serves as confirmation that you continue to be eligible for your District paid health benefit, as well as any purchased benefits.

You DO NOT need to re-enroll in benefits, or take any action.

Your coverage will remain the same and will continue automatically, unless you should lose eligibility for benefits. Loss of eligibility occurs if you do not have an assignment of at least 3.0 units for a given Fall or Spring semester.

The body of this notice contains information about your District benefits, including definitions of eligible dependents, IRS mid-year qualifying events, premium rates, and the voluntary benefits deduction schedule. It is meant for informational purposes only.

No action is required on your part to maintain your current benefit plan/s. If you are eligible for benefits, but are not yet enrolled, you may do so this semester **no later than March 18, 2014.** Please contact one of the above listed benefits representatives for the appropriate forms and additional information.

Making Changes to your District-Paid & Purchased Plans

With the exception of mid-year qualifying events, as defined by the IRS rules and regulations, mid-year changes are generally not permitted. If you experience a qualifying event such as loss of other coverage, marriage, birth of child, divorce, loss of coverage, it is your responsibility to notify an employee benefits representative within 30 days of the qualifying event in order to make a change to your plan. Your mid-year change must be consistent with the qualifying event.

One exception to this rule is the once a year open enrollment period. During the Fall enrollment period, you have the opportunity to make changes to your district-paid and/or purchased benefit. For example, if you currently have Kaiser single-coverage, but wish to change to the Delta Dental PPO plan, your next opportunity to do so would be the Fall 2013 open enrollment period.

Eligible Dependents*

Eligible dependents include spouses, domestic partners**, and dependent children.

* All dependents enrolled in District health insurance are subject to verification of eligibility.

**In order for a Domestic Partner to be considered an eligible dependent, you must have first

registered with the Secretary of State's office. This law only applies to a) same sex partners or b) if either you or your domestic partner is over the age of 62.

**Santa Monica College-Adjunct Faculty
2014 Premium Rates for Medical, Dental, and Vision**

<i>Benefit Type</i>	<i>District's Share* (Each Paycheck)</i>	<i>Employee's Share* (Each Paycheck)</i>
Kaiser –Employee Only	\$824.72	\$0
Kaiser –Employee Plus 1 Dependent	\$824.72	\$824.68
Kaiser– Employee Plus 2 or more Dependents	\$824.72	\$1,509.21
Delta Dental Premier PPO	\$0	\$167.90
Delta Dental HMO	\$0	\$55.35
VSP –Employee Only	\$0	\$18.71
VSP –Employee Plus 1 Dependent	\$0	\$29.99
VSP– Employee Plus 2 or more Dependents	\$0	\$42.60

For detailed benefit plan summaries and brochures, please visit the SMC [HR/Benefits Webpage](#).

PAYROLL DEDUCTION SCHEDULE

<i>Payroll Deductions</i>	<i>Periods of Coverage</i>
SPRING SEMESTER: March-June <i>March 31, 2014</i> <i>April 30, 2014</i> <i>May 31, 2014</i> <i>June 30, 2014</i>	March 1-August 31
FALL SEMESTER: September-December* <i>September 30, 2014</i> <i>October 31, 2014</i> <i>November 30, 2014</i> <i>December 31, 2014</i>	September 1-February 28

PREMIUM RATES, SCHEDULE OF DEDUCTIONS AND CANCELLATION POLICY

It is important to note that rates are *eighthly*. In other words, the total annual premium is divided into eight payments that are scheduled to be deducted from four paychecks during the fall semester and four paychecks during the spring semester. Whether or not you have an assignment during the intersession(s), your coverage will continue and no deductions are scheduled during the winter or summer months. Premium rates are subject to change each plan year.

If a deduction is missed due to insufficient earnings, it is still your responsibility to ensure that you continue to pay your share of the premiums. In the event that a deduction is not taken due to insufficient funds for your coverage, you will receive a courtesy reminder notice from the district. Failure to pay premiums within 21 days of the date of the courtesy notice will result in cancellation of your purchased benefit(s) and you will not be permitted to re-enroll until the next enrollment period.

4.2.2 Prepare “Eligibility” email memo to be sent to eligible adjunct faculty

The memo includes information regarding benefits program overview and deadline to submit enrollment forms. The benefits team must ensure that the Human Resources website contains instructions, enrollment materials and general information regarding open enrollment.

4.3 Report Review Procedures

4.3.1 Compare Last Semester’s List of Eligible Employees With Current Semester’s Roster

Once the report from ISIS has been generated, copy the data from the new report and paste the columns onto the previous semester’s report. The eligibility memo should be sent no later than 3rd day of the third week of the semester.

By lining up names of the employees from the previous semester side-by- side with the names of the employees from the current semester, this will simplify your review process.

The report will contain all adjunct faculty who have worked at least two of the last six Fall and Spring semesters and have an assignment of at least three hours a week. It is important to remember that not every person who has an assignment of just three hours will qualify. They will only qualify if they have previously met the threshold of five hours to initially qualify and have maintained an assignment of at least three hours a week upon initial qualification.

If someone experienced a gap in their semester to semester employment, they must reach the threshold of an assignment of five hours a week to be re-eligible for enrollment in benefits.

EXAMPLE:

Joseph Smith's history of teaching assignments are the following:

<u>Semester</u>	<u>Assignment Hours</u>
Fall 2011	3
Spring 2012	3
Fall 2012	5
Spring 2013	3
Fall 2013	0
Spring 2014	5

With the above teaching assignment history, we can see that Joseph Smith was initially eligible for district benefits in the Fall 2012 semester. Her eligibility continued through Spring 2013 as he maintained a minimum teaching assignment of 3 hours. With no teaching hours in the Fall 2013, Joseph lost benefits eligibility. In the Spring 2014, Joseph regain benefits eligibility status, by meeting the following 2 provisions: having a minimum assignment of 5 hours AND taught at SMC 2 of the past 6 semesters.

4.3.2 Determine Which Group Employees Fall Into

As you compare the list of employees and the sum of their hours assigned from the prior semester to the current semester, you will code the current semester's employees in the following categories:

- a) Benefit terminations due to lack of assignment
- b) Continuing Coverage
- c) Newly eligible
- d) Continue to be eligible but never previously enrolled

4.4 Notification Procedures

Once the benefits team have determine which employees are eligible for benefits, the team will send out an individual email to each eligible adjunct faculty who is either newly eligible or continues to be eligible for benefits. This email shall contain instructions and deadlines to submit enrollment materials.

If requested, the benefits team will send to a list of eligible adjunct employees who have received the notice of eligibility to the Faculty Association.

4.5 Adjunct Faculty no longer eligible for benefits

Upon review of the report, if it is determined that an adjunct faculty member no longer meets the benefits eligibility requirements to continue health benefits or is no longer employed by the district a COBRA notice will be sent to the adjunct faculty and the appropriate health carriers will be updated to reflect the coverage termination date.

4.6 Newly Eligible Adjunct Faculty Enrollment Processes

Once the health enrollment forms, and if any dependent eligibility documentation are submitted to the benefits team by the eligible adjunct faculty member the following steps below. Also, if employee will purchase additional coverage, premiums will be deducted on a Pre-Tax basis, unless the employee opts-out by completing a *Health Insurance Pre-Tax Waiver* form.

1. Date stamp documents
2. Record enrollment in excel tracking sheet
3. Process health benefits in HRS screen 20 with appropriate coverage dates
4. Process enrollment in appropriate health carrier website
5. Send an email confirmation to employee confirming health plan enrollment/s as follows:
- 6.

From: [VASQUEZ_OLGA](#)
To: [AYBAY_SEDA](#)
Subject: Spring 2014 Health plan Enrollment
Date: Wednesday, March 19, 2014 8:06:57 AM

Dear Seda,

This e-mail serves as confirmation of the district health benefit you elected and have been enrolled in. Your coverage under the Santa Monica Community College group health plan will be retroactively effective **March 1, 2014**.

You are enrolled in the following health plans:

Medical: Kaiser Permanente HMO, Single
Vision: VSP, Two-Party

-

Your medical carrier will mail you your ID cards, which should arrive soon. If for some reason your cards do not arrive in a timely manner, or if you need to access care before you have received them, please call the health plan directly at (800) 464 - 4000.

Please note that VSP does not send any type of ID card or plan information to enrollees. Once you have an appointment with a VSP provider, the provider office will simply look your coverage up in the VSP system by name and other personal identifying information

If you should have any questions, please feel free to contact me at (310) 434-3513.

Sincerely,

4.7 SPECIAL SCENARIOS

4.7.1 Employees Who Are Adjunct and Classified

Employees in multiple job classifications are granted a combination of the benefits offered by the job classifications in order to grant the most comprehensive benefit package available to the employee.

EXAMPLE:

Jane Doh is a 50% classified employee and Part-Time faculty member. As a classified employee, Jane is able to enroll in health benefits and is responsible for 50% of the medical, dental and vision premiums. If Jane opts-out of medical coverage, she is eligible for 100% district paid dental and vision insurance, as well as a the Cash-In-Lieu program if she has proof of medical coverage. Part-time faculty member, Jane, will need to meet the health benefit eligibility requirements to enroll in benefits. In Jane's scenario she has two options:

1. 50% district paid CalPERS Medical, dental and vision
2. Opt-out of CalPERS medical, 100% District paid dental and vision. Wait to meet eligibility requirements under Part-Time faculty guidelines and enroll in 100% district paid Kaiser-employee only medical insurance.

4.7.2 Retirees Who Return to Teach on a Part-Time Basis

There are two types of retired Full-Time Faculty members that return to teach on a part-time basis, they are:

- *Retired Full-Time Faculty eligible for District medical only* - when returning as Part-time faculty are subject to the Part-Time Faculty health benefit eligibility requirements in order to enroll in dental and/or vision insurance.
- *Retired Full-Time Faculty eligible for District paid lifetime benefits* - when returning as Part-Time faculty, are exempt from the Part-Time faculty benefits eligibility requirements as their retiree benefits supersede part-time health benefits options.

5. BENEFITS TERMINATION PROCEDURES & COBRA INFORMATION

5.1 Termination due to Permanent Separation (excluding retirees)

5.1.1 Effective Dates

When an employee separates due to permanent separation (such as resignation), the termination date determines the benefit end date.

EXAMPLE:

John Bee resigns on 5/2/2014, his benefits will terminate on 7/1/2014.

5.1.2 COBRA Notice

Right to COBRA Election notice is sent to former employee/eligible dependents via US Mail no later than 14 days from the COBRA qualifying event date.

5.1.3 Carrier Website Updates

Carrier website updates are processed concurrently with COBRA notice issue date.

5.2 Termination due to Retirement

Prior to retirement, employees are encouraged to meet with a benefits representative to review their benefits into retirement. Retiree benefits are effective on the 1st of the month following 1 month after retiree date.

EXAMPLE:

Jane Doh retires on 5/22/2014. Her Retiree benefits will be effective 7/1/2014.

The Benefits Department will create a profile for all retirees containing information required by the ISIS Retiree Tracking sheet. An employee retiring from the District will find themselves in one of the following two categories below.

- *Qualify only for medical contribution* - If so, employee will need to enroll in COBRA to maintain dental and vision insurance through the District
- *Qualify for lifetime benefits* - If so, employee will maintain same benefits as when actively employed, however the Benefits Department will update the health carrier websites to reflect the appropriate billing group

5.3 COBRA Information

What is COBRA?

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act, which came into law in 1986. COBRA allows an employee and their eligible dependents to remain covered under the employer's group health plan by making direct payments to maintain coverage that would otherwise be lost due to one of the *Qualifying COBRA Events* listed below. Upon being hired

and going through a new hire health benefits orientation, employees are given a letter entitled “Initial Notice of Right to COBRA Coverage.”

5.4 COBRA Information- Who is eligible for COBRA

Who is eligible for COBRA?

- Employee or former employee
- Spouse or former spouse
- Dependent children covered under the plan on the day before the event caused the loss of coverage
- Dependent child that is losing coverage because he/she is no longer a dependent under the plan
- Retiree not eligible for lifetime health, dental and/or vision coverage

5.5 What is a Qualifying Event?

- Termination of employment
- Voluntary resignation from employment
- Reduction in hours of employment
- Divorce or legal separation from covered spouse
- Dissolution of registered domestic partnership
- Death of covered spouse or registered domestic partner
- Dependent child ages out of plan and no longer qualifies as “dependent child”

5.6 What is the maximum COBRA Coverage Period?

COBRA Coverage Period

- 18 months for:
 - Employment termination/ resignation
 - Reduction in hours of employment
 - Failure to return to work after FMLA
- 29 months for disability extension
- 36 months for:
 - Covered dependents upon employee’s death
 - Medicare entitlement / early retirees
 - Divorce/ legal separation from spouse
 - Dissolution of registered domestic partnership
 - Loss of dependent-child status

5.7 What is the cost of COBRA coverage?

Cost of COBRA

The enrollee, or qualified beneficiary, is responsible for the full premium. Premiums are subject to increase annually. Current premiums are listed on the District’s “Premium Rate Sheet.”

- Medical – 102% of the monthly premium
- Dental & Vision – 100% of monthly premium (District does not charge 2% administrative fee)

5.8 What are the reasons for cancellation of COBRA coverage?

Reasons for COBRA Cancellation

- Voluntary cancellation by COBRA enrollee,
- any required premium is not paid in full on time,
- a qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a pre-existing condition of the qualified beneficiary,
- a qualified beneficiary first becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.
- any reason the Plan would terminate coverage of participant or beneficiary not receiving continuation coverage (such as fraud).

5.9 COBRA Information- Process for Enrollment & Tracking

Process for Enrolling & Tracking COBRA

1. Within 14 days of the Qualifying COBRA event, a *Notice of COBRA Election* is sent via US Mail to the affected party.
2. The affected party has 60 days from the date of loss of coverage to enroll in COBRA coverage.
3. Once the *Notice of COBRA Election* has been received by the benefits department, the COBRA enrollee has 45 days to make his/her 1st payment. After that, COBRA payments are due the 1st of the covered month.
4. Add COBRA participant to the “COBRA and AB Tracking” EXCEL spreadsheet
5. Make sure to transfer the COBRA participant to the appropriate Dental & Vision groups:
 - Delta Dental
 1. HMO – 1986-0142
 2. PPO
 1. Terminated Classified/Full-time Faculty EE & Dependents – 7026-7904
 2. HCE – 7026-7905
 3. Full Retiree – 7026-7906
 - VSP vision
 - 0164-0164
6. As COBRA checks are received, update “COBRA and AB Tracking” spreadsheet
7. Twice a month, around the 10th and 25th, remit COBRA checks along with a copy of the Excel Deposit Slip to Pat Green, in Business Services. An e-mail is sent to Pat Green, Ann Le and Deborah Adams with the Excel Deposit Slip attached.
8. *Notice of COBRA Termination* is sent 2 months prior to the COBRA coverage expiration date via US mail to enrollees
 - Only Retirees are eligible for AB dental coverage
 - Dental AB groups are:
 1. HMO – 1986-0142
 2. PPO – 7224-1006

6. OPEN ENROLLMENT PROCEDURES

6.1 American Fidelity Section 125 Medical Reimbursement and Dependent Daycare Plans

6.1.1 Dates

During the month of June, the Benefits Staff should reach out to American Fidelity's account management team to plan a schedule of dates and times during which employees can meet one-on-one with an American Fidelity Representative to discuss their Section 125 plan options and other voluntary benefits.

6.1.2 Room Reservations

Once dates are determined, rooms should be reserved in the reservation system provided by the Events Team. An email notice should also be sent to the Faculty Association regarding the Section 125 dates.

6.1.3 Email and Website Updates

Once dates are released, the benefits staff will draft email communications that will go out to the district regarding open enrollment reminders, applicable deadlines and notify employees of any applicable changes to the plan design or to the district's contribution.

Email notices should go out on a weekly basis and the SMC Benefits website should be updated accordingly as well.

6.2 CalPERS Health Open Enrollment

6.2.1 Dates

During the month of June, CalPERS will release Open Enrollment information for the following plan year. The CalPERS four-week open enrollment period usually takes place between September and October.

6.2.2 Email and Website Updates

Once dates are released, the benefits staff will draft email communications that will go out to the district regarding open enrollment reminders, applicable deadlines and notify employees of any applicable changes to the plan design or to the district's contribution. Email notices should go out on a weekly basis and the SMC Benefits website should be updated accordingly as well.

7. BILLING PROCEDURES AND WARRANT PROCESSING

7.1 Voluntary Benefits – “Report 121”

What is the 121 Report?

After each pay cycle (E4, C1, C2, and H1), a 121 report is generated, reflecting the voluntary deductions made to the different vendors by our employees and/ or the district are contributing too. Each vendor is represented by a GTN number ranging from 001 – 298 in the report.

Where does the 121 Report come from?

LACOE produces 3 copies of the 121, and is received by the Payroll department. The Payroll department will place the 121 report into the HR mailbox. The 3 sets of copies are distributed when processing the Check Request form as follows: 1. Fiscal Services, 2. Vendor & 3. File

What does the Benefits department do with the 121 Report?

1. The benefits department will scan the 121 report beginning with GTN 060 – 298 from the pay cycles C1, C2, E4 and H1. Voluntary deductions from pay cycles E4 and H1 are only made on the check paid on the 10th of the month.
2. After scanning the reports, shred GTN’s 087 – 114. File the remaining 121 according to GTN.
3. GTN 060, 070’s & 086 for the TDS Group and 286 & 293, Kinecta Credit Union must be paid immediately.

121 – Payable Report Chart

The chart lists all of the Voluntary Deduction GTN Vendor codes, Vendor Name, Mailing Address, Account Number, Contact person (if any) and any and Comments about the vendor. The chart is listed numerically by GTN, and grouped by vendor. Dental, Medical and Vision payments are processed separately.

121 Reports – Check Request

The 121 reports can be thought of as individual bills that need to be paid on a monthly basis. Around the 15th of each month, once all of your normal pay cycles and any supplemental cycles have ran, you will need to remit a Check Request to Fiscal Services. Here are the steps:

1. Each voluntary deduction has its own Check Request form which can be found in the file drawer.
2. Gather all of the 121 reports with the same GTN and complete the appropriate Check Request form.
3. Complete the Check Request as follows: Pay Cycle (if it is a supplemental run it will be a number), Total number of employees in each pay cycle, total contributions deducted, Date (Ex. 1/15/13), Earnings For: *Previous Month* (Ex. December 2012), & Comments: *Month Year* payment (Ex. January 2013 payment). At the bottom right corner, add or subtract all of the totals.
4. Photocopy the completed Check Request Form and keep for your records

5. Give Deborah Adams in Fiscal Services the original Check Request form along with 1 set of the supporting 121's (remember there are 3 sets of 121's). She will authorize the payment of the 121.
6. Karen or Tonya in Accounts Payable, will notify you once the checks are ready for pick-up
7. Copy each check, attach to the appropriate 121 set and file accordingly.
1. The original check will be attached to its supporting 121 set and mailed out/ distributed according to the 121 Payable Report Chart.

7.2 CalPERS Early Retiree and Medical Reimbursement Processing

What this Benefits Procedure Covers:

- Early Retiree Eligibility Guidelines
- Contract Changes
- How to update the Retiree Tracking System on ISIS
- How to Process and Reconcile Monthly Early Retiree and Medical Reimbursements

What are "Early Retiree" benefits?

Early Retiree benefits entitle eligible retirees to District paid medical, dental and vision benefits for the retiree and their eligible dependents (if applicable). This coverage is the same as the plans offered to current employees and will continue to be 100% district paid for the retiree and their eligible dependents until the retiree turns 65 years of age.

Eligible Early Retirees are employees who retire with at least 10 years of service with the District and are between the ages of 55 and 64 upon their retirement date. The eligibility guidelines are the same for both Faculty and Classified Staff. Board Policy also states that Classified Managers and Academic Administrators with 5 years of service at age 55-64, or with ten years of service at age 50-54, would receive the larger amount of either the District paid single level medical coverage (up to PERS Choice PPO), or the District medical contribution of \$805.02 (eff. 8/1/2015), as well as District paid dental and vision coverage for the retiree, plus dependents.

Contract Changes

Prior to contract changes with CSEA, POA and the Faculty Association, once Early Retiree benefits expire upon the retiree's eligibility for Medicare at age 65, the retiree's dental and vision coverage would no longer be paid by the District and the retiree would be offered COBRA for a period of 36 months. Subsequent to the exhaustion of COBRA coverage, the retiree would be offered AB Lifetime dental coverage, which is the same dental coverage for a slightly higher monthly premium than offered by the COBRA plan. The vision coverage would terminate without an alternative SMC plan available. Any deduction for CalPERS medical insurance taken on subsequent CalPERS or CalSTRS retirement warrants would no longer be reimbursed by the District.

A retiree's Medicare eligibility at age 65 is determined by Social Security in the following manner: all retirees are eligible for Medicare the 1st of the month in which they will turn 65, unless their birthday is the last day of the month. If the retiree's birthday is the last day of the month, their Medicare enrollment date shall be the 1st of the following month.

EXAMPLE 1: A retiree turns 65 on March 15th. The Medicare enrollment date would be March 1st.

EXAMPLE 2: A retiree turns 65 on December 31st. The Medicare enrollment date would be January 1st.

CSEA Contract Changes

For all classified employees who retire on or after **December 1, 2012:**

- Fully paid lifetime dental and vision coverage for retiree & eligible dependents

Faculty Association Contract Changes

For all Faculty members who retire on or after **January 1, 2013:**

- Fully paid lifetime dental and vision coverage for retiree & dependents
- District paid medical coverage past the age of 65 for retiree & dependents.

The only premium maximum applied shall be the difference between PERS care and the second most expensive CalPERS health plan. All plans besides PERS Care will be 100% paid by the District until **January 1, 2024**. At that point, the District will contribute up to \$805.02 towards retiree medical coverage (rate effective August 1, 2015' subject to increase each August per the bargaining unit agreements).

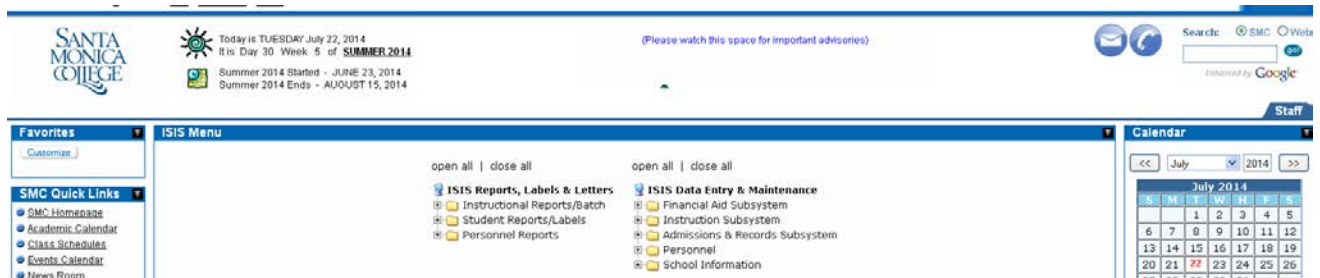
Due to the changes made to retiree benefits by the Faculty Association, the same system for reimbursing medical premiums to Early Retirees will be utilized to reimburse retired Faculty members that fall under the provisions of the new contract.

How to access the Retiree Tracking System:

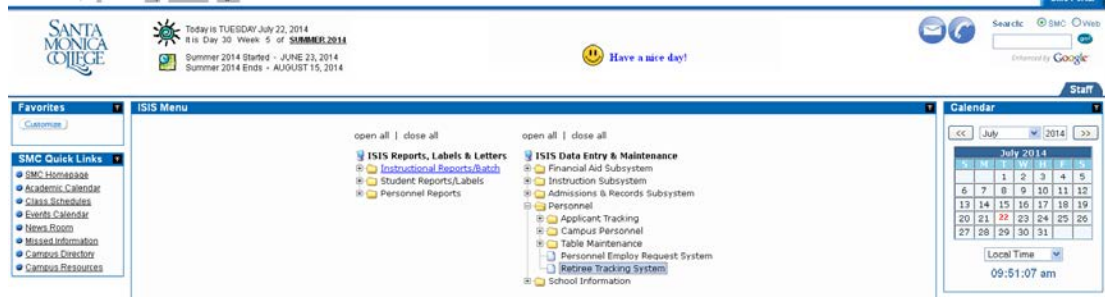
- Log on to ISIS



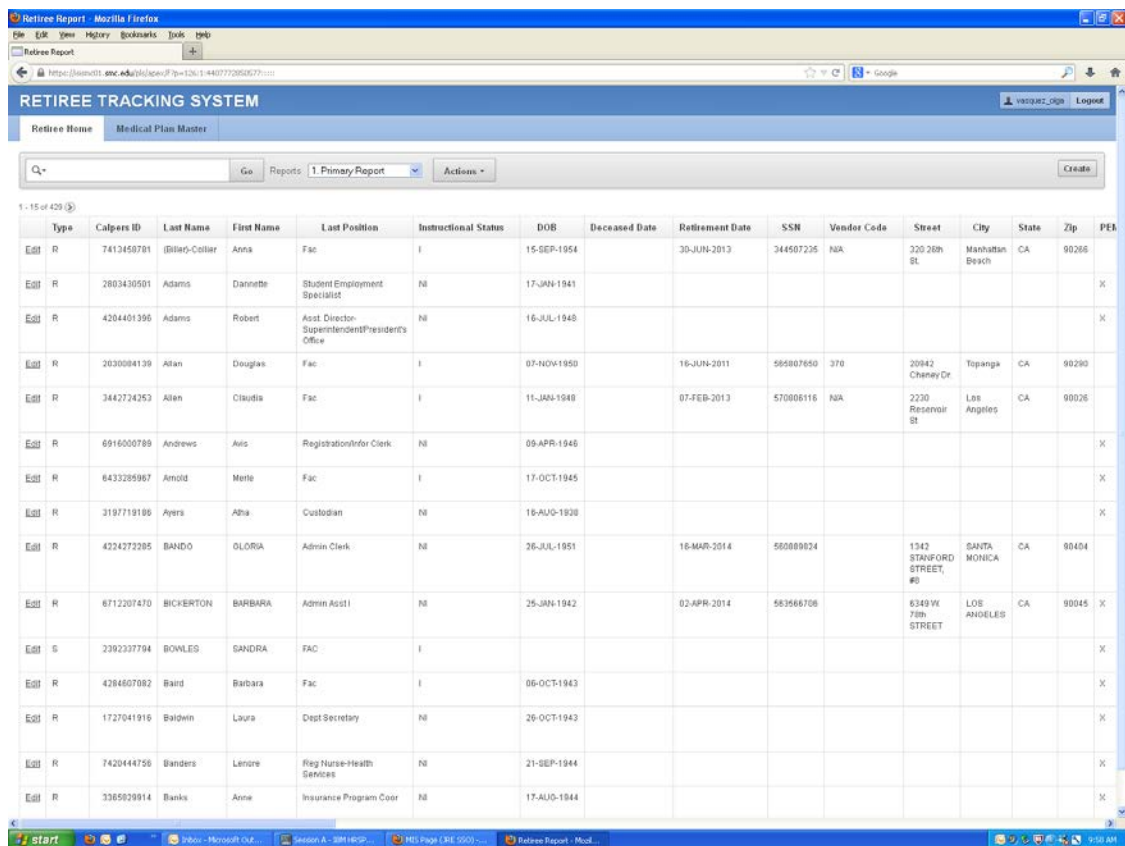
- Click on the Personnel folder



- Click on the Retiree Tracking System



- On the home screen you will notice the Retiree Home tab is highlighted and Report Name is Primary Report listed above.



Adding a new Retiree to the Retiree Tracking Sheet

Follow the steps above and click on Create, this will open a blank retiree profile screen. The categories included on the Retiree Profile are:

The screenshot displays the 'RETIREE TRACKING SYSTEM' interface. At the top, there are tabs for 'Retiree Home' and 'Medical Plan Master'. The main window is titled 'RETIREE / SURVIVOR' and contains several sections:

- General Information:** Includes fields for Calpers ID, Type (dropdown), Last Name, and First Name.
- GENERAL PROFILE:** Contains fields for Last Position, Instructional Status (dropdown), Date of Birth, Deceased Date, Retirement Date, Social Security Number, and Vendor Code. It also includes address fields (Street, City, State, Zip) and checkboxes for PEMHCA, Lifetime DV, and Medical Reimb. There are also fields for DV Exp Date and Med Reimb Exp Date, and a Notes text area.
- MEDICAL PLANS:** Includes fields for Med Plan Code, Medical Plan, Med Premium, Employee Share, Employer Share, Dental Plan, Dental Level, Dental Premium, Vision Plan, Vision Level, and Vision Premium.
- DEPENDENTS:** Includes fields for Dependent #1 and #2, including Name, DOB, Dep Type (dropdown), and Dep End Date.

Retiree / Survivor Profile

- CalPERS ID
- Type (Retiree or Survivor of retiree)
- First Name
- Last Name

General Profile

- Last Position
- Employee Type (Instructional or Non-Instructional)
- Date of Birth
- Retirement Date
- Social Security Number
- Vendor Code (Assigned by Fiscal Services)
- Address
- Check off the eligible benefits the Retiree is eligible for:
 - PEMHCA (District contribution only)
 - Lifetime DV (Dental and Vision)
 - Medical Reimbursement
- DV (Dental/Vision) Expiration Date
- Medical reimbursement Expiration Date
- Notes (if any)

Medical Plans

- Med Plan Code (Plan code listed on CalPERS bill. Use drop down key to select plan code which will populate the plan name and medical premium)
- Employee Share (if any)
- Employer Share (District's contribution towards medical)
- Dental Plan (Delta Dental Premier PPO or Delta Care HMO)
- Dental Plan level (Single, Two-Party, Family)
- Dental Premium
- Vision Plan
- Vision Level (Single, Two-Party, Family)
- Vision Premium

Dependent(s)

- Dependent Name
- Date of Birth
- Dependent Type (Select from drop down key)
- Dependent Expiration Date (typically for children who will age out of plan at age 26)

Too save the retiree profile click on Create to delete the record click on Cancel. Retirees should be added to the Retiree Tracking System once their health coverage is transferred from the active to the retiree division. CalPERS processes this change according to the employee's last day worked.

FOR EXAMPLE: *If a retiree's last day worked is December 30th, the date their coverage will be moved to the retiree division is February 1st.*

The retiree's active coverage continues until the end of the month after their last day worked, plus the entire subsequent month. Sometimes the transfer to retiree coverage is not reflected in the current month's invoice from CalPERS. In these cases, we would process their first reimbursement check the next month with an adjustment.

How to Process and Reconcile Monthly Early Retiree and Medical Reimbursements

The processing of health reimbursement payments for Early Retirees is based on reconciling the data from the CalPERS billing back-up against the data contained in the Retiree Tracking System. To obtain the billing back-up, you must login to the CalPERS online system. Billing back-up for the following month should be available by the 15th of the previous month (i.e. the billing back-up for the December health coverage period would be available by November 15th). Once logged in:

- **Click on the "Reporting Tab"**
- **Click on "Billing and Payments"**

Skip to: Content | Footer | Welcome HEATHER | Help | Contact Us | CalPERS On-Line | Log out December 07, 2012

myCalPERS

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Common Tasks

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Adjustment Reports
Preprocessing Area
File Upload History
Retirement Contract Summary
Search Payroll Errors By Participant
Maintain DA Deductions
Current DA Errors
Unresolved Historical DA Errors

Name: Santa Monica Community College District CalPERS ID: 3334143281

*Required Fields

Create or Edit Report
Method: * [] [Continue]

Work On Existing Payroll Reports View More Actions >>

Program: CalPERS [] [Display]

Schedule Name	Earned Period / Adjustment Date	Status	Report Type	Due Date	Submit Date	Test Report	Rep Nam
	04/01/2012 - 04/30/2012	Pending Release	Payroll - Earned Period	05/30/2012	05/01/2012	No	

[Display]

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Build: v3.3.1 Baseline: 121129_165722_v3.3_Int.8697 UID: 383 Browser: Firefox/11.0

- Click on “Invoice History”
- Click on the link for “View Billing Roster” to download back-up
- Click to “Download Roster”

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myCalPERS

Home Profile Reporting Person Information Education Other Organizations

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Common Tasks

Menu

Billing and Payments
Super Funded Accounts
Payment Accounts

Name: Santa Monica Community College District CalPERS ID: 3334143281

Monthly Statement
Total: \$1,075,493.06 Date Due: 12/10/2012 Balance as of: 12/06/2012

Monthly Billing Summary
Receivable ID: 100000013875371 Coverage Month: December Enrollment Effective: 12/16/2012
[View Billing Roster](#)
as of:

Receivable Details

Total Active - Medical:	\$877,249.54		
Active LIS Credit - Medical:	\$0.00		
Employer Share for Retired - Medical:	\$195,447.47		
Retired LIS Credit - Medical:	\$0.00		
Medicare Reimbursements - Medical:	\$0.00		
Admin Fee - Medical:	\$2,796.05	Total: Medical	\$1,075,493.06
Total Active - Dental:	\$0.00	Total: Dental	\$0.00
Employer Share for Retired - Dental:	\$0.00		
Total Active - Vision:	\$0.00	Total: Vision	\$0.00
Employer share for Retired - Vision:	\$0.00		
		Total: Current Month	\$1,075,493.06
Outstanding Balance-Past Due:	\$0.00		
Assessed Interest on Outstanding Balance-Past Due:	\$0.00	Interest Total:	\$0.00
		Total: With Interest	\$1,075,493.06
Credited Amount - Credits For Overpayment:	\$0.00	Credited Amount	\$0.00
		Total: With Credit	\$1,075,493.06

Payment Details

Total Payment Due	\$1,075,493.06
Total Payment Made	\$1,075,493.06
Total Payment Owed	\$0.00

[View Invoice] [Quick Pay]

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Build: v3.3.1 Baseline: 121129_165722_v3.3_Int.8697 UID: 945 Browser: Firefox/11.0

- To download actual invoice, click the button that says “View Invoice”
- At the top of the page, click on the small box with globe inside and select “View in Excel Options”

Status	CalPERS ID	Name	Medical Group	Retirement System	Plan Name	Plan Code	Payment Type	Premium Amount	Participant Share	Employer Share	LIS Credit	Dependent Status	Dependent CalPERS ID	Dependent Name
Active	6512621465	Abbott,Joy	701 NPERS PERSONNEL COMMISSION	Other	PERS Choice Los Angeles Area	3213	On-going	\$1,314.64	\$0.00	\$1,314.64	\$0.00	Spouse	2329162748	Abbott,Kenneth
Active	6512621465	Abbott,Joy	701 NPERS PERSONNEL COMMISSION	Other	PERS Choice Los Angeles Area	3213	On-going					Dependent Natural Born Child	7940722342	Abbott,Margo
Active	5133229380	Abel,Andrew	090 ALL EMPLOYEES	PERS	Kaiser Permanente California Los Angeles Area	3063	On-going	\$1,210.54	\$0.00	\$1,210.54	\$0.00	Spouse	7452437679	ABEL,TENIKA
Active	5133229380	Abel,Andrew	090 ALL EMPLOYEES	PERS	Kaiser Permanente California Los Angeles Area	3063	On-going					Dependent Natural Born Child	3278911449	FEAGIN,NEHEH
Active	4452448460	Acosta,Dennis	090 ALL EMPLOYEES	PERS	Blue Shield Advantage Los Angeles	1443	On-going	\$1,327.87	\$0.00	\$1,327.87	\$0.00	Dependent Natural Born Child	1659361907	Acosta,D
Active	4452448460	Acosta,Dennis	090 ALL EMPLOYEES	PERS	Blue Shield Advantage Los Angeles	1443	On-going					Dependent Natural Born Child	3560608502	ACOSTA,DANIEL
Active	6090858286	ADAJR-LYNCH,Terin	090 ALL EMPLOYEES	STRS	Kaiser Permanente California Los Angeles Area	3063	On-going	\$1,210.54	\$0.00	\$1,210.54	\$0.00	Dependent Natural Born Child	6229875979	LYNCH,ZACHARY
Active	6090858286	ADAJR-LYNCH,Terin	090 ALL EMPLOYEES	STRS	Kaiser Permanente California Los Angeles Area	3063	On-going					Dependent Natural Born Child	6605501488	Forsyth,Myckinnon
Retired	2803430501	Adams,Dannette	090 ALL EMPLOYEES	PERS	PERSCare Los Angeles Area	3361	On-going	\$432.43	\$0.00	\$432.43	\$0.00			
Active	5541367280	Adams,Deborah	090 ALL EMPLOYEES	PERS	PERS Choice Los Angeles Area	3211	On-going	\$505.63	\$0.00	\$505.63	\$0.00			
Retired	7954945204	Adams,Marie	090 ALL EMPLOYEES	PERS	PERSCare Los Angeles Area	3361	On-going	\$432.43	\$0.00	\$432.43	\$0.00			
Retired	4204401396	Adams,Robert	090 ALL EMPLOYEES	STRS	PERS Choice Bay Area	1062	On-going	\$1,149.30	\$494.26	\$654.04	\$0.00	Spouse	6300912684	Adams,Laura
Active	1533885976	Adler,Eve	090 ALL EMPLOYEES	STRS	PERSCare Los Angeles Area	3263	On-going	\$2,356.61	\$0.00	\$2,356.61	\$0.00	Dependent Natural Born Child	3400490140	Adler,Brian
Active	1533885976	Adler,Eve	090 ALL EMPLOYEES	STRS	PERSCare Los Angeles Area	3263	On-going					Dependent Natural Born Child	4217262673	Adler,Mason
Active	1027218620	Adshade,Thomas	090 ALL EMPLOYEES	PERS	Kaiser Permanente	3061	On-going	\$465.63	\$0.00	\$465.63	\$0.00			

From there, the Excel version of the billing back-up will come up as a temporary file that you can save as “Billing Back-up.” This back-up will be used for both the CalPERS Invoice, the Retiree Medical and Early Retiree/ Medical Reimbursement Processing. The list will include both active and retired employees, so you must sort the information by employment status and separate into one “active employees” excel tab and one “retired employees” excel tab.

NOTE: If you are using Internet Explorer and cannot open the Excel version of the billing back-up, switch your browser to Mozilla.

In the Retiree Tracking System bring up Report:ER Med Reim (Early Retiree Medical Reimbursement). Edit the filter selection to reflect month for which the CalPERS bill is due. For example if the CalPERS bill is for March 2014, the filter data on the Med Reimb Exp Date field should be equal to or greater 01-MAR-2014. This will list the retirees eligible for a medical reimbursement.

RETIREE TRACKING SYSTEM

Retiree Home Medical Plan Master

Q- Go Reports 2. ER Med Reimb Actions

Saved Report = "ER Med Reimb"
 Med Reimb Exp Date >= 01-MAR-14

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	Last Name	First Name	Instructional Status	Vendor Code	Med Plan Code	Med Plan	Med Premium	Employee Share	Employer Share
Edit	(Biller)-Collier	Anna	I	N/A	3211	PERS Choice - LA Basic	\$599.19		\$599.19
Edit	Allan	Douglas	I	370	3063	Kaiser - LA Basic	\$1,408.65	\$857.81	\$750.84
Edit	Allen	Claudia	I	N/A	3161	Kaiser - LA Medicare	\$294.97		\$294.97
Edit	Blumkin	Stuart	I	5971	3261	PERSCare - LA Basic	\$624.59		\$624.59
Edit	Carroll	Ann	I	10249	3314	PERS Choice - LA Combo	\$906.42	\$155.58	\$750.84
Edit	Childress	Cary	I	9471	3291	PERSCare - Out of State Basic	\$736.32		\$736.32
Edit	FRISCH	DENNIS	I		3211	PERS Choice - LA Basic	\$599.19		
Edit	OUNN	KAREN	I		3211	PERS Choice - LA Basic	\$599.19		
Edit	Gold	Linda	I	5798	3261	PERSCare - LA Basic	\$624.59		\$624.59
Edit	Goodfellow	Candycce	I	5809	3344	PERS Choice - Out of State Combo	\$1,013.63	\$262.79	\$750.84
Edit	Green	Terry	I	N/A	3312	PERS Choice - LA Medicare	\$614.46		\$614.46
Edit	HOLMGREN	CHRISTINE	I		3212	PERS Choice - LA Basic	\$1,198.38	\$447.54	\$750.84
Edit	Jones	Robert	I						
Edit	MADISON	RICKEY	I		3061	Kaiser - LA Basic	\$541.79		
Edit	MCCASKILL	CAROLE	I		1442	Blue Shield Access+ LA Basic	\$939.82	\$188.98	\$750.84

Set Screen Reader Mode On

Click on ACTIONS and select DOWNLOAD, the screen below will then appear. Click on CSV to download the report as an excel file.

RETIREE TRACKING SYSTEM

Retiree Home Medical Plan Master

Q- Go Reports 1. Primary Report Actions Create

Download

Choose report download format:

CSV
 HTML
 Email

Cancel

Exp Date >= 01-JUL-14

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Type	Calpers ID	Last Name	First Name	Last Position	Instructional Status	DOB	Deceased Date	Retirement Date	SSN	Vendor Code	Street	City	State	Zip	PEM	
Edit	R	7228906104	Pearcock	Jill	Fac-Eng	NI	07-OCT-1957			570964314	N/A	3551 Padaro	Carpinteria	CA	93013	X

Save the Excel file as "ER Reimbursement Tracking Sheet.Month-Year". Sort the information by last name in ascending order. Copy the Retiree CalPers billing and paste it to the right of the last cell. Hide all columns except the following from the Master Tracking Sheet data:

- Last
- First
- Employee Type
- Plan
- Premium
- ER Cont.
- Reimbursement

Copy and paste each list onto separate payment request tabs that contain the following information:

- The top of the spreadsheet should contain the following information:
 - Early Retiree Reimbursement Sheet
 - Month Year
 - Instructional Retirees: Account Number 01.0-00000.000000-00000-3409-59000000
OR
 - Non-Instructional Retirees: Account Number 01.0-00000.000000-00000-3409-67400000
- The informational fields contained in the spreadsheet should include:
 - Last
 - First
 - Type
 - Instructional or Non-Instructional
 - Vendor Code
 - Premium
 - ER Cont (Employer Contribution) → *This field may be hidden, but must be on the sheet for calculation purposes*
 - Reimbursement

	A	B	C	D	I
1	EARLY RETIREE REIMBURSEMENT SHEET				
2	Reimbursement Month: AUGUST 2014				
3	INSTRUCTIONAL RETIREES: Account Number 01.0-00000.0-00000-00000-3409-5900000				
4					
5	Last Name	First Name	I / NI	Vendor	Monthly Reimbursement
6	Allan	Douglas	I	370	657.81
7	Carroll	Ann	I	10249	155.58
8	Goodfellow	Candyce	I	5809	262.79
9	HOLMGREN	CHRISTINE	I	NEW	447.54
10	Martinez	Luis	I	8810	498.34
11	MCCASKILL	CAROLE	I	NEW	188.98
12	Morgan	Dana	I	320	17.28
13	Shishido	Lynette	I	6144	447.54
14	Sindell	Steven	I	10248	223.13
15	TAKA	GARY	I	10374	657.81
16	Ware	Robert	I	10250	661.96
17	Wyman	Susan	I	1247	201.11
18					
19				TOTAL Inst.	\$ 4,419.87
20					
21					

	A	B	C	D	I
1	EARLY RETIREE REIMBURSEMENT SHEET				
2	Reimbursement Month: AUGUST 2014				
3	NON-Instructional Retirees: Account Number 01.0-00000.0-00000-00000-3409-6740000				
4					
5	Last Name	First Name	I / NI	Vendor	Monthly Reimbursement
6	Brown	Linda	NI	743	201.11
7	Brown	Patricia	NI	5338	201.11
8	Crawford	Leonard	NI	6471	332.74
9	Gettleman	Carl	NI	9055	498.34
10	Gladney	Eddie	NI	7059	262.79
11	Greenberg	Ana	NI	66	201.11
12	Huerta	Lucio	NI	9852	188.98
13	Hugo	Esther	NI	5160	296.56
14	Le	Tri	NI	5382	498.34
15	Marable	Kimberly	NI	10336	332.74
16	Martin	Samuel	NI	8235	332.74
17	Ornelas	Louis	NI	5013	470.93
18	Peterson	Jeffery	NI	8252	332.74
19	Quaile	Robin	NI	1093	155.58
20	RAMOS	ANGELITA	NI	78	155.58
21	Trump	Kurt	NI	5087	661.96
22	Valenzuela	Robert	NI	9204	335.58
23	Weich	Melvin	NI	5370	657.81
24	Wu	Cheng	NI	5878	201.11
25					
26				TOTAL Non-Inst.	\$ 6,317.85
27					

Fiscal Services requests two packets for the Early Retiree Reimbursement Requests, one for Instructional Retirees and one for Non-Instructional Retirees. Each packet should include the following documentation:

- Cover memo listing changes to the group- i.e. expiration of benefits, new retirees
- ER Reimbursement Request Sheet
- Reconciliation sheet
- List of any new retirees, including first name, last name, retirement date, expiration date, birthday and address
- Retiree Billing Back-up

Reimbursement requests should be submitted to Fiscal Services by the 20th of the month. Once the Benefits Department receives the checks, they should be alphabetized, scanned, and mailed out. If a retiree should change his or her address, notification of the new address should be sent via e-mail to Karen Glusman in Fiscal Services.

7.2.1 CalPERS Instructional vs. Non-Instructional Breakdown

Background Information:

The education code requires that community college districts report the funds spent on health benefits for retired employees with job classifications that fall into the category of “instructional.”

Due to this reporting requirement, the retired division of the monthly CalPERS invoice must be reconciled each month to accurately report instructional versus non-instructional premiums and the funds applied to the appropriate accounts for each.

The chart below lists District classifications and indicates whether each position type is instructional or non-instructional in nature. Some faculty positions (i.e. counselors) are actually non-instructional positions, while some classified positions (i.e. instructional assistants) are instructional positions.



	OBJECT-DESCRIPTION	TYPE
1100	INSTRUCTIONAL SALARIES	
	1110-TEACHER-FULL TIME	I
	1120-TEACHER’S SALARY-PART TIME	I
	1170-TEACHER, EXTRA-DUTY ASSIGNMENT	I
	1180-TEACHER, SABBATICAL	I
	1190-TEACHER, RELEASE TIME	I
1200	EDUCATIONAL ADMINISTRATORS	
	1210-SUPERINT/VP/EA TO PRESIDENT	N
	1220-ADMINISTRATOR/AVP/DEAN/ AD	N
	1230-COORDINATOR/DIR/SUP/ASST D	N
	1240-LIBRARIANS	N
	1250-COUNSELOR	N

1260-PHYSICAL AND MENTAL HEALTH	N
1270-OTHER, EXTRA DUTY (Dept Chair)	N
1280-NON-TEACHING-SABATICAL	N
1290-NON-TEACHING RELEASE TIME	N

1300 INSTRUCTIONAL SALARIES

1310-TEACHER, SUMMER SESSION (Contract)	I
1311-TEACHER, WINTER SESSION (Contract)	I
1313-TEACHER, HOURLY REGULAR	I
1315-TEACHER, HOURLY SUMMER (Above 15%)	I
1317-TEACHER, HOURLY WINTER (Above 15%)	I
1323-TEACHER, NONCREDIT HRLY REG	I
1325-TEACHER, NONCREDIT HRLY SUM	I
1327-TEACHER, NONCREDIT HRLY WIN	I
1333-TEACHER, SUB HRLY REGULAR	I
1335-TEACHER, SUB HRLY SUMMER	I
1337-TEACHER, SUB HRLY WINTER	I
1390-TEACHER,SPC ASSIGN SUMMER	I
1391-TEACHER,SPC ASSIGN WINTER	I
1393-TEACHER,SPC ASSIGN HRLY REG	I
1395-TEACHER,SPC ASSIGN HRLY SUMMER	I
1397-TEACHER,SPC ASSIGN HRLY WINTER	I

1400 ACADEMIC NON-TEACHING HOURLY

1440-LIBRARIANS, SUMMER	N
1441-LIBRARIANS, WINTER	N
1443-LIBRARIANS, HOURLY REGULAR	N
1445-LIBRARIANS,HOURLY SUMMER	N
1447-LIBRARIANS,HOURLY WINTER	N
1450-COUNSELORS, SUMMER (Contract)	N

1451-COUNSELORS, WINTER (Contract)	N
1453-COUNSELORS, HOURLY REGULAR	N
1460-PHYS/MENTAL HEALTH –SMMR (Contract)	N
1461-PHYS/MENTAL HEALTH –WINTR (Contract)	N
1463-PHYS/MENTAL HEALTH-HRYL REG	N
1467-PHYS/MENTAL HEALTH-HRLY-WINTR	N
1470-DEPT. CHAIR, EXTRA DUTY	N
1490-NONTEACH,SPEC ASSIGN SUMR	N
1491-NONTEACH,SPEC ASSIGN WINTR	N
1493-NONTEACH,SPEC ASSIGN HRLY REG	N
1495-NONTEACH,SPEC ASSIGN HRLY SUMR	N
1497-NONTEACH,SPEC ASSIGN HRLY WNTR	N
2100 NON-INSTRUCTIONAL SALARY – CLASSIFIED	
2110-ADMINISTRATIVE AND MANAGERIAL	N
2111-SALARIES, BOARD OF TRUSTEES	N
2120-CLERICAL	N
2130-MAINTENANCE	N
2140-CUSTODIANS	N
2150-GARDENERS	N
2160-CAMPUS SECURITY	N
2190-OTHERS	N
2200 INSTRUCTIONAL AIDES	
2210-INSTRUCTIONAL AIDE CLASSIFIED	I
2290-CLASSIFIED SALARIED, INSTRU	I
2300 NON-INSTRUCTIONAL HOURLY	
2323-CLERICAL HOURLY	N
2353-GARDENERS HOURLY	N

2380-PERSONNEL COMMISSIONERS	N
2393-OTHER CLASSIFIED HOURLY	N
2400 CLASSIFIED SALARY INSTRUCTIONAL	
2411-INSTRUCTIONAL ASSISTANT HOURLY	I
2450-COMMUNITY SERVICE SPECIALIST	I
2490-OTHER CLASSIFIED INSTRUCTIONAL	I

How to Reconcile the CalPERS Retiree Division Bill Back-up:

- Run a report in the ISIS Retiree Tracking System of all retired employees enrolled in medical coverage through CalPERS.
- Copy and paste the data alongside the retiree division bill back-up from the current CalPERS invoice. Instructions of how to download this information from the CalPERS website is included in section 7.2.
- Similar to the process outlined in the Early Retiree Reimbursement Procedure section, add an additional column to the right of the entire datasheet and subtract the premium listed in SMC’s records from the ISIS system against the CalPERS billing back-up. Any discrepancies in premiums or notifications of a deceased or cancelled member should be accounted for and the retiree’s profile in the Retiree Tracking System should be updated.
- Once the premiums zero out on both sides of the data, sort the information by “Instructional/Non-Instructional” status and calculate the premium amount for each group.
- Include the back-up information that shows how each group was calculated with the CalPERS invoice/payment request sent to Fiscal Services. The CalPERS bill is due on the 10th of each month for the current month’s premiums.

Examples of past reconciliation spreadsheets can be found in the *CalPERS Billing* folder

7.3 Benefits Reconciliation Procedures

Internal Reconciliation Processes

The Benefits Department strives to reconcile the health, dental and vision billing at least twice annually.

In addition to internal reconciliation processes outlined below, the Accounts Payable Department also reconciles account data and requests information from Benefits to determine any necessary corrections, refunds, etc.

For part-time faculty, reconcile the Kaiser bill, Delta Care, Delta Premier, and Vision Service Plan at the start of the fall semester and the start of the spring semester.

For full-time employees, reconcile the billing once during the summer and again during the month of January, particularly to ensure that all Open Enrollment changes were properly reported and updated in the carrier's systems.

To reconcile the health carrier census data against SMC's payroll records, run a report via the Letters, List and Labels system and compare this information against the health plan census reports.

To run a report via Letters, List and Labels

- Log-in to the system and hover cursor over the "report" section. From the drag down menu, select the "quick report function."
- Select the "PT Kaiser" report to reconcile adjunct faculty benefits OR select the "Benefits Committee Census-All Plans" report for full-time faculty/staff
- Run the report, taking care to remove or add any benefit plan codes that should be included or excluded
- View the report from your C-Drive. It should be saved under the "LLL96" folder and then under the subfolder "Exports."
- Save the report to the T-drive

To run reports via the Kaiser, Delta Dental and VSP systems

Kaiser

- Log-in to your Kaiser account
- From the top menu, select **Billing Functions** and **View Bill**
- Click on the link for **Current health plan dues**
- Scroll to the bottom of the page and click on the link to **Download data to a spreadsheet**

Delta Dental

- Log-in to your Delta Dental account
- From the top menu, click on the **Eligibility Management** tab
- From the left hand side menu, click on the **reports** link
- Click **request report**
- Report will generate a complete list of all Delta Premier and Delta Care HMO divisions, which should be sorted via excel.

VSP

- Log-in to your VSP account
- From the left hand side menu, click on the **Download Eligibility** link
- Click on the Division you would like to pull a report of, select **Active Members** and click on the "**Download**" button

7.4 Cash-in-Lieu of Benefits Processing

Cash-in-lieu of benefits payments are processed twice per year. The payments are scheduled to be made at the end of the fall semester and the end of the spring semester. Employees must renew their declination of medical benefits and submit a copy of their medical card every year during the Open Enrollment period.

Faculty members and classified employees are eligible for \$2,000 per year. This amount is pro-rated based on FTE for part-time classified employees and/or work schedule for faculty members on a reduced schedule. Amounts are also pro-rated based on effective date if the employee is a mid-year new hire, or if the employee opts out of medical coverage or cancels coverage based on a mid-year change. The Benefits Department will use the below guidelines to determine the amount an employee is eligible for when they elect cash-in-lieu of benefits as a new hire employee or as a result of a mid-year change.

Fall/Winter

Coverage period: 08/01-01/31

Payout Dates: 01/01 and 01/10

Spring/Summer

Coverage period: 02/01-07/31

Payout Dates: 07/01 and 07/10

Rounding up or down for partial months:

Terminated employees will receive a full month's credit if their last day worked is the 15th of the month or later. If their last day worked is the 1st through the 14th of the month, the last month they would be credited with for their cash-in-lieu payment would be the month prior to their separation.

Employees who are hired mid-year, or who cancel/opt out of coverage mid-year, shall be credited with the month of their effective date if their effective hire/opt out date is the 1st through the 14th of the month. If it's later in the month than the 14th, then the first month they will be credited with is the following month.

Request for Payment

The request for payment is sent by the Benefits Department via e-mail to the Faculty Payroll Specialist and Classified Payroll Specialist for processing.

Cash-in-Lieu- Classified Employees

Payments are issued on the **01/10/2014** and **07/10/2014** paychecks. The Classified Payroll Specialist may include the payments on the regular check, or may issue the payments as live checks during the months of January and July.

The payment request Excel sheet should include all of the information as shown below. Prior to sending the request to the Payroll Specialist, the Excel sheet should be sent to Accounts Payable to verify each employee's account string.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Ty	FTE	Last	First	Street	City	Stat	Zip Co	Amount	Func	Resourc	Goal	Locati	Objec	Activi
E4	50%	*Bando	Gloria	1342 Stanford St. #8	Santa Monica	CA	90404	\$166.67	01.0	00000.0	00000	00017	3720	6130000
E4	75%	Baumert	William	5305 Knowlton St. Apt. B	Los Angeles	CA	90045	\$750.00	01.0	00000.0	00000	00082	3720	6113000
E4	50%	Davis-Ludlow	Eloisa	9218 S. 3rd Ave	Inglewood	CA	90305	\$500.00	01.0	00000.0	00000	00041	3720	6490000
E4	50%	Demetro	Marcy	1299 Cordova Ave, Apt 307	Pasadena	CA	91106	\$333.33	01.0	00000.0	00000	00029	3720	0800000
E4	100%	Duran	Francine	12536 Everglade Street	Los Angeles	CA	90066	\$1,000.00	01.0	00000.0	00000	00087	3720	6010000
E4	55%	Galloway	Patricia	5723 Canterbury Drive	Culver City	CA	90230	\$550.00	01.0	00000.0	00000	00049	3720	6330000
E4	100%	Gheorghiu	Alice	2804 Kelton Avenue	Los Angeles	CA	90064	\$1,000.00	01.0	00000.0	00000	00024	3720	6780000
E4	50%	Go	Christine	2391 Eaglewood Drive	Chino Hills	CA	91709	\$333.33	01.0	00000.0	00000	00029	3720	0800000
E4	50%	*Hartel	Colin	850 Victor Ave #37	Inglewood	CA	90302	\$333.33	01.0	00000.0	00000	00079	3720	6720000
E4	50%	Henninger	Denise	21040 Parthenia Street, #12	Canoga Park	CA	91304	\$500.00	01.0	00000.0	00000	00029	3720	6420002
E4	50%	Knight	Takisha	13950 Burbank Blvd #5	Sherman Oaks	CA	91401	\$500.00	01.0	00000.0	00000	00072	3720	6113000
E4	100%	Krockel	Caroline	1763 S. Ogden Dr.	Los Angeles	CA	90019	\$1,000.00	01.0	00000.0	00000	00021	3720	6200000
E4	50%	Landa	Jennifer	741 W. 116th Street, Apt A	Hawthorne	CA	90250	\$500.00	01.0	00000.0	00000	00071	3720	7010000
E4	50%	Montgomery	Edgar	P.O. Box 641344	Los Angeles	CA	90064	\$500.00	01.0	00000.0	00000	00072	3720	6113000

Cash-in-Lieu- Faculty

Payments are issued on the **January** and **July** paychecks (December and June accrual period).

A list of the eligible faculty members, as well as the amounts that they are eligible for, should be sent to the Payroll Specialist 2-3 weeks prior to the issue date.

In the body of the e-mail, the list of faculty member names/amounts should be formatted in the following manner:

TYPE	FTE	LAST	FIRST	AMOUNT
C1	100%	Chandler	Frances	\$1,000
C1	100%	Contarsy	Steven	\$1,000
C1	100%	Del Valle	Patricia	\$1,000
C1	60%	Dworsky	Amy	\$600.00
C1	100%	Edinger	Gail C.	\$1,000
C1	100%	Garcia	Claudia	\$1,000
C1	100%	Hsieh	Jennifer	\$1,000
C1	100%	Jahangard	Ebrahim	\$1,000
C1	100%	Kraut	Deborah	\$1,000
C1	100%	Nauli	Sehat	\$1,000

8. Tax Sheltered Annuities (TSA) - 403(b) and 457(b) Retirement Accounts

8.1 Overview

Santa Monica Community College District offers two types of Tax Sheltered Annuities (TSA) a 403(b) and 457(b) to allow employees to contribute pre-tax dollars towards retirement. Employees are able to build their retirement funds and supplement their CalPERS or CalSTRS defined benefit plans or cash balance plans (for some adjunct faculty). Participation in these plans are voluntary. Tax Deferred Solutions (TDS) administers these plans for the District.

The 403(b) and 457(b) plans have an annual contribution limit and employees age 50+ may also contribute an additional catch-up amount. The Internal Revenue Service (IRS) determine the limits annually.

8.2 Eligibility

All employees groups are eligible to participate in the TSAs. Employees can select investment provider available within the District's approved vendor list.

8.3 Enrollment

Step 1: Select a Vendor

Employees need to select an approved vendor for the District which can be found at www.403bcompare.com. Investment information and comparisons are available on the website. Employees can consult with a financial advisor of their choice regarding investment options or choose an investment on their own.

Step 2: Open your 403(b) or 457(b) account

Once the employee has selected a vendor of his/her choice, the employee (or your advisor) will need to contact the vendor directly to open an account. The employee will need to complete enrollment forms with the vendor in order to set-up an account.

Step 3: Complete and Submit a Salary Reduction Agreement (SRA) Form to the plan administrator, Tax Deferred Solutions (TDS)

Once the employee's account is open, the employee will need to return the completed and signed SAA form to TDS via Fax, Email or Mail.

8.4 Changes, Terminations

Employees can make changes or stop contributing towards their 403(b) and 457(b) plans at any time by submitting a SAA form to TDS.

Upon termination of employment, employees are urged to consider transferring from their 403(b) or 457(b) to an individual account, such as an IRA. Taking this action will allow employees to have direct control of their account and not require any oversight by TDS. A letter is mailed to employees regarding this process.

8.5 Common Issues and Resolutions

Employees will submit a SAA form to TDS and not have an open account with a vendor.

Resolution - TDS will send the funds back to the employee with a 1099 form. In some cases the vendor will return the funds to the District. The District will send the funds to TDS to remit back to the employee.

TDS/Vendor will miss apply funds i.e. apply monies to another person's account.

Resolution - TDS will coordinate having the issue corrected between the vendor and employee.

Employees contribution over the IRS limit.

Resolution - TDS will contact SMC and provide instructions on how to correct the employee's account.

9. HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs)

9.1 Overview

The District negotiated a one-time offering of Health Reimbursement Arrangements (HRA) for the following employee groups: Classified Employees, Classified Managers, Academic Administrators, Confidential Employees, Board of Trustees, Personnel Commissioners, and Police Officers. Employees hired after January 1, 2012 are not eligible for this benefit and Faculty members are ineligible.

The HRAs are administered by MidAmerica Administrative & Retirement Solutions, Inc. Eligible employees will need to contact MidAmerica directly to file a claim. Claim forms are available via the SMC HR webpage or at the Office of Human Resources. The funds will be held in a group annuity contract.

9.2 Classified Managers, Confidential Employees, Academic Administrators, Board of Trustees, and Personnel Commissioners – Plan Effective January 1, 2011

The District offered funding to a HRA on January 1, 2011 & January 1, 2012. Employees had to be enrolled in a CalPERS health care plan as of January 1, 2011.

The annual amount of the HRA for the 2011 and 2012 calendar year was as follows:

- 1,000 for a PPO plan for a single employee
- \$2,000 for a PPO plan for a two-party or family
- \$1,000 for any employee with an HMO plan

{Appendix __ Board of Trustees - Establishment of HRA for Boards and Commissions, Academic Manager, Classified Managers & Confidential Employees (09.07.10)}

9.3 Classified Employees (CSEA Unit Members) - Plan Effective January 1, 2012

The District offered a one-time funding effective January 1, 2012. CSEA Unit Members had to be enrolled in a CalPERS health plan, as listed below, as of December 31, 2011.

The one-time breakdown of the HRA options for classified employees with the following health benefits plans are:

- Health Maintenance Organization: \$1,000.00
- PersChoice: \$1,000.00
- PersCare (single person) \$2,000.00
- PersCare (two-party): \$3,000.00
- PersCare (Family – 3 and above): \$4,000.00

Part time employees shall receive pro-rated payment of the applicable benefit equal to the percentage of the part-time employees full time equivalency.

{Appendix __ Board of Trustees - HRA Adoption Agreement for CSEA (11.01.11)}

9.4 Police Officers (POA Unit Members) - Plan Effective January 1, 2013

The District offered a one-time funding effective January 1, 2013. POA Unit Members had to be enrolled in a CalPERS health plan, as listed below, as of December 31, 2012.

The one-time breakdown of the HRA options for police officers with the following health benefits plans are:

- Health Maintenance Organization: \$1,000
- PersChoice: \$1,000
- PersCare (single person) \$2,000
- PersCare (two-party): \$3,000
- PersCare (Family – 3 and above): \$4,000

Part-time employees shall receive pro-rated payment of the applicable benefit equal to the percentage of the part-time employee's full time equivalency.

{Appendix__Board of Trustees - HRA Adoption Agreement for POA (12.04.12)}

9.5 Quarterly Billing Statements

MidAmerica sends the District two billing statements, (1) Benefits Census Statement and (2) Distribution Billing Statement. MidAmerica charges fees for active participants in the plan and a distribution fee for each claim that's processed.

Benefits Census Statement

MidAmerica sends a benefits census statement quarterly. Each Quarter, the District pays \$7.00 per active participant. The statements are sent at the end of the each quarter (1st Qtr-April, 2nd Qtr-July, 3rd Qtr-October, 4th Qtr-January). The statement is paid as billed and sent to Fiscal Services for processing.

The Benefits Census Statement is also reviewed for terminated employees. If employees have terminated, then a termination report is sent to Leslie Paiva at MidAmerica via email (leslie.paiva@midamerica.biz). MidAmerica has a standard form to submit the information (form is located on T:Drive).

Distribution Billing Statement

The District will receive a distribution billing statement quarterly from MidAmerica. This statement will have a list of employees that have submitted a claim to receive the funds from their account. The District is charged a distribution fee of \$5.00 per claim. The statement is paid as billed and sent to Fiscal Services for processing.

10. CLASSIFIED EMPLOYEE WELFARE FUND & FACULTY SUPPLEMENTAL BENEFITS FUND

10.1 CLASSIFIED EMPLOYEE WELFARE FUND

WHO IS ELIGIBLE FOR CLASSIFIED EMPLOYEE WELFARE FUND?

Per Agreement between SMCCD & CSEA-Local 36, Art. 12.15, ratified 10.12.2011 {Appendix_____}

To qualify employees must meet the following criteria:

1. CSEA Unit members who changed health plans during the open enrollment period from October 10, 2011 to November 4, 2011, from a PERSCare Coverage plan to a non-PERSCare health care plan offered by the District and who incurred expenses for health care expenses for the employee or covered dependent that would have been covered by PERSCare and were not covered by the new insurance plan. AND
2. Employees Health Reimbursement Arrangement (HRA) funds provided in Sec. 12.14 of the District-CSEA Collective Bargaining Agreement must be exhausted.

WHAT EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT?

Eligible out-of-pocket medical expenses incurred under a non-PERSCare plan but would have been covered by PERSCare. The District's obligation for reimbursement shall be limited to the amount in the fund. The District provides a Comparison of PERSCare vs. PERChoice Plans chart for eligible benefit services and reimbursement amounts.

WHEN CAN AN EMPLOYEE SUBMIT A CLAIM FOR REIMBURSEMENT?

Claims for reimbursement shall be made at the end of each calendar year and made no later than March 1 of each year starting in 2013 for the 2012 Plan Year. This benefit ends the 2016 Plan Year.

If the claims submitted exceed the amount of money in the fund, the available funds shall be distributed on a pro rata basis. Any decision to deny reimbursement shall be subject to the grievance process of Article 10.

HOW CAN AN EMPLOYEE APPLY FOR A REIMBURSEMENT?

If the employee meets the eligibility requirements, please complete the following steps:

Step 1: Complete Classified Employee Welfare Fund Reimbursement Claim Form.

- Complete the Comparison of PERSCare vs. PERChoice Plans to assist in determining what expenses are eligible for reimbursement.

Step 2: Complete the Classified Employee Welfare Fund Reimbursement Worksheet.

The following documentation must be submitted to substantiate the out-of-pocket expenses and that such expenses were paid. Documentation includes:

1. Explanation of Benefits (EOB) statement from insurance carrier**; AND

- 2. Itemized statement from your provider that indicates the name of provider, patient name, cost, date of service, description of service, and your amount paid to provider **OR** Proof of Payment Receipt – receipt of out-of-pocket expenses you paid to the provider.

Step 3: Submit Claim Form, Comparison Chart, Worksheet and Supporting Documentation to the Office of Human Resources. Claims must be submitted in a timely fashion.

- Claims submitted with postmark or date stamped by the Office of Human Resources within the appropriate claim period shall be accepted for reimbursement consideration.
- Claims submitted before the appropriate claim period shall be returned to claimant.
- Claims submitted after the appropriate claim period shall be denied.

WHEN WILL EMPLOYEES RECEIVE A REIMBURSEMENT?

Claimant will be notified of decision by Office of Human Resources by July 1st following the claim period in which the reimbursement claim was submitted. Notification shall be sent to claimant by email if an email address was submitted on claim form; if no email address was submitted a letter of notification will be sent via US Mail to address on form.

10.2 FACULTY SUPPLEMENTAL BENEFIT PROGRAM

Per Agreement between Santa Monica College Faculty Association and Santa Monica Community College District, Article 10.2 {Appendix____}

WHO IS ELIGIBLE FOR THE FACULTY ASSOCIATION SUPPLEMENTAL BENEFITS FUND?

- Any faculty member who switches coverage from PERSCare to PERSCheck during the 2012 open enrollment period;
- Any faculty member who had PERSCare in 2012 and switches to PERSCheck in a subsequent year;
- Any faculty member who had PERSCheck in 2012;
- Any retired faculty member receiving early retiree supplemental benefits as of January 1, 2013.

WHAT EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT?

Eligible expenses are out-of-pocket medical expenses incurred under PERSCheck but would have been covered by PERSCare. The categories of expenditures are as follows*:

• Chiropractic & Acupuncture Services	• Home Health Care
• Occupational Therapy	• Physical Therapy
• Outpatient Pulmonary Rehabilitation	• Skilled Nursing Care and Rehabilitation Care

****These categories may change in future years as determined by CalPERS.***

Review the Comparison of PERSCare vs. PERSCheck Plans charts for eligible benefit services and reimbursement amounts for both Medicare and Non-Medicare expenses. The District shall be liable only for the amount that would have been incurred had the services been provided under the PERSCare plan and by an in-network PPO provider.

WHAT IS NOT ELIGIBLE FOR REIMBURSEMENT?

- Copayments
- Deductibles
- Out-of-pocket maximums
- Where services are provided by a non-PPO provider, the District shall be liable for only that portion that would have been paid had the service been provided by a PPO provider in the PERS plan.

IS THERE A MAXIMUM REIMBURSEMENT?

The District shall reimburse the faculty member for eligible out-of-pocket expenses in any calendar year in excess of \$250.00; expenses incurred by the faculty member and his/her eligible dependents must result from exceeding a maximum coverage level imposed by PERChoice that is more restrictive than that provided under PERSCare.

HOW CAN FULL-TIME FACULTY GET A REIMBURSEMENT?

Step 1: Employees complete the Faculty Association Supplemental Benefit Reimbursement Claim Form

Complete the Comparison of PERSCare vs. PERChoice Plans to assist in determining what expenses are eligible for reimbursement.

Claim Form must be submitted to the Office of Human Resources no later than one (1) calendar year following the date of service for an eligible faculty member and/or eligible dependents. If a faculty member is incapacitated and unable to file a claim timely, a request for an extension may be granted up to two (2) calendar years following the date of service.

Step 2: Submit Supporting Documentation

The following documentation must be submitted to substantiate the out-of-pocket expenses and that such expenses were paid. Documentation includes:

1. Explanation of Benefits (EOB) statement from insurance carrier; ***AND***
2. Itemized statement from your provider that indicates the name of provider, patient name, cost, date of service, description of service, and your amount paid to provider ***OR*** Proof of Payment Receipt – receipt of out-of-pocket expenses you paid to the provider.

The FA Voluntary Medical Expense Reimbursement Worksheet can assist you with organizing your expenses. **Note:** This form is optional and does not need to be submitted with your claim.

Step 3: Return Claim Form and Supporting Documentation to the Office of Human Resources. WHEN WILL I RECEIVE MY REIMBURSEMENT?

Claimant shall be notified via email of decision by Office of Human Resources. Notification shall be sent to claimant by email if an email address was submitted on claim form. If there is no email address available, notification shall be sent by US Mail to address on claim form.

Payment will be issued by the District to the faculty member and mailed to the address on the claim form.

10.3 PREPARATION AND PROCESSING OF CLAIMS

1. DEADLINES TO SUBMIT CLAIMS:

Classified Employee

2012 Plan Year – April 01, 2013
2013 Plan Year – March 01, 2014
2014 Plan Year – March 01, 2015
2015 Plan Year – March 01, 2016
2016 Plan Year – March 01, 2017

Faculty Association

Claim Form must be submitted to the Office of Human Resources no later than one (1) calendar year following the date of service for an eligible faculty member and/or eligible dependents. If a faculty member is incapacitated and unable to file a claim timely, a request for an extension may be granted up to two (2) calendar years following the date of service.

2. PREPARATION FOR CURRENT CLAIMS PERIOD:

- a) Review CalPERS Summary Plan Highlights documents to create the Comparison of PERSCare vs. PERSChoice Plans charts. Verify any changes in benefit service coverage amount between PERSCare and PERSChoice. Plan Summary can be found on the CalPERS website (www.calpers.ca.gov)
- b) Update the Classified Welfare Fund Documents to reflect the current plan year submission period (Classified Employee Welfare Fund Reimbursement Worksheet and Claim Form). Documents can be found T:Drive...Benefits Folder....Classified Welfare Fund
- c) Meet with both CSEA reps and FA reps to discuss any changes to the benefits plans or changes to the programs. Any changes to the funds will need to be mutually agreed upon between the Union and the District.
- d) Update the Benefits Website Classified Welfare Fund and FA Supplemental Benefit Fund pages. Current form and any changes to the program should be on the website by December.
- e) Classified Welfare Fund- Prepare email communication to be sent to eligible employees. First email should be sent in December

3. IN-TAKE PROCESS OF CLAIMS:

- a) Claims can be submitted By Mail, Email or In-person. Date stamp the claim form. Forward all claims to DESIGNATED HR STAFF for verification.
- b) Verify all documents reflect correct Plan Year
- c) Verify contact information is complete and readable
- d) Verify signature and date are complete
- e) If any portion is not correct, contact claimant by phone and email immediately

Note: Classified Employees can still submit a claim if you have not received your EOBs from the insurance carrier by the deadline date. EOBs should be submitted as soon as possible but no later than June 1st of the claim period.

4. REVIEW EMPLOYEE CLAIM

- a) Complete new worksheet.
- b) List each item being claimed.
- c) Review supporting documentation to determine that each item has correct and complete supporting documentation.
- d) Check Comparison Chart for Plan Year to determine eligibility of item
- e) Input Amount Approved or Denied by SMC. If an expense is denied input a reason for the denial on the worksheet.
- f) Contact the employee, if clarification is needed in order to process claim or if documentation is missing to substantiate the claim.

5. CONTACT EMPLOYEE REGARDING APPROVAL OR DENIAL OF CLAIM

Send an email to the employee to notify them that claim is approved or denied. If Approved, employee will need to agree to the SMC approved amount in writing before it can be submitted to Fiscal Services.

6. COMPLETE HUMAN RESOURCES VERIFICATION OF ELIGIBILITY PORTION OF CLAIM FORM

Claim form requires approval from the VP of Human Resources before being submitted to Fiscal Services.

Classified Employees- Add account string:
01.0-00000.0-00000-00035-3402-6730102 CSEA Employee Welfare Fund

FA Employees - Add account string:
Active employees under SMCFA contract :
01.0-00000.0-00000-00035-3401-6730101 Faculty Supplemental Bene

Retired employees under SMCFA contract :
01.0-00000.0-00000-00035-3410-6730101 FA Supplemental Bene - Retirees

7. SUBMITTING TO FISCAL

- a) Make sure signature/date areas are complete.
- b) Attach copy of Claim Form and Reimbursement Spreadsheet. Make sure all medically related information is removed from spreadsheet.
- c) Complete Outgoing Log.
- d) Input date, name of claimant and amount of reimbursement where appropriate.
- e) Add item to calendar to follow-up 2 weeks later: check for payment in Site Budget Inquiry website.

NOTE: DO NOT SEND ORIGINAL CLAIM FORM OR SUPPORTING DOCUMENTATION TO FISCAL. ALL ORIGINAL DOCUMENTS ARE TO BE KEPT IN HR.

8. TOTAL OF ALL CLAIMS FOR EACH PLAN YEAR

There is a separate spreadsheet for Classified Welfare Fund & FA Supplemental Benefits Fund

- a) If under current amount in Fund, 100% reimbursement of claims can be approved
- b) If over current amount in Fund, pro-rated reimbursement of claims to each claimant based on the amount of the individual claim divided by the total amount claimed for that period
- c) Input payment request on the Tracking Sheet
- d) Each reimbursement request will be listed here in date order received for the plan year.
- e) Input following data
 - i. Date Received
 - ii. Last Name
 - iii. First Name
 - iv. Amount Requested

11. VENDOR CONTRACT RENEWAL

11.1 CalPERS PEMHCA Resolution

The CalPERS PEMHCA Resolution must be drafted in time to be included on the agenda for the board meeting scheduled for the first week of June. Templates for the resolutions, memos, and board agenda items for prior years can be found in the **Benefits** folder under **CalPERS Resolutions**.

The agenda item for the board agenda should read as follows:

RESOLUTION FIXING THE EMPLOYER'S CONTRIBUTION UNDER THE PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT

Requested Action: Adoption

Reviewed by: Sherri Lee-Lewis, Dean, Human Resources

Approved by: Marcia Wade, Vice-President, Human Resources

WHEREAS, (1) Government Code Section 22892(a) provides that a contracting agency under the Public Employees' Medical and Hospital Care Act shall fix the amount of the employer's contribution at an amount not less than the amount required under Section 22892(b)(1) of the Act, and

WHEREAS, (2) SANTA MONICA COLLEGE, hereinafter referred to as Special District is a contracting agency under the Act for participation by members of the Board of Trustees now, therefore be it

RESOLVED, That the employer's contribution for each employee, retiree, or survivor shall be the amount necessary to pay the full cost of his/her enrollment, including the enrollment of his/her family members in a health benefits plan up to a maximum of **\$CURRENT AMOUNT** per month, plus administrative fees and Contingency Reserve Fund Assessments.

Comment: The base medical benefit amount is to be increased annually in accordance with the benefits article in the contract agreements with CSEA and the SMC Faculty Association, and by Board Resolution covering the Special Districts.

- Contact SMC's assigned representative in the Health Contracts Division at CalPERS to ensure that the resolution template has not been changed by CalPERS. This should be done no later than mid-May. Currently, our contact at CalPERS is Laura Eldridge. Her e-mail address is: Laura_Eldridge@CalPERS.CA.GOV.
- Using the resolution templates, change the PEMHCA amount per the formula dictated by the CSEA and FA contracts (5% of the previous year's two-party CalPERS Kaiser HMO plan). A resolution needs to be completed for all three (3) of the SMC employee groups eligible for medical coverage- ALL EMPLOYEES, PERSONNEL COMMISSION, BOARD OF TRUSTEES.
- The (3) resolutions need to be signed by the current Chair of the Board of Trustees, as well as the SMC President. A packet should be prepared that includes the resolutions, a

copy of the language from the CSEA (section 12.2) and FA (section 10.1) contracts, and a memo with directions. This packet should be submitted to the Dean of Human Resources.

- Update the language for the agenda item to be added to the June agenda. E-mail the agenda item to the Dean of Human Resources.
- Once the resolutions are signed by the SMC President and the Board of Trustee Chair, they must be sent to CalPERS to the address indicated on the resolution template. In order for the PEMHCA amount to be updated effective August 1st, the documents must be received by CalPERS during the month of June. It is recommended that the documents be sent via USPS overnight mail.

11.2 ASCIP (Dental and Vision Plan) Renewal

ASCIP brokers the Delta Care HMO, Delta Dental Premier PPO and VSP plans for Santa Monica College. ASCIP generally sends out the new plan rates for the dental and vision plans during the month of August. There is no formal process for the District to renew, aside from confirming via phone or e-mail (sometimes a physical meeting, if necessary) that the District is continuing with the same plans.

Once renewed, Cheryl Jackson or the plan account managers for VSP/Delta Dental will send out the new plan documents (EOCs, etc).

11.3 Alliant (Kaiser 1156 and Sun Life) Renewal

Alliant brokers the Kaiser 1156 medical plan and Sun Life AD&D policy for Santa Monica College. The pool of employees covered by the medical plan includes adjunct faculty members, project managers, and selected temporary employees not eligible for CalPERS health benefits. All benefits eligible employees, except for Adjunct Faculty are eligible for Life and AD&D insurance.

Alliant receives the new rates around the end of September. Before the first week of October, our Alliant Account Manager, Kim Hawk, will reach out to meet with the benefits team regarding the new rates and renewal.

After the renewal is processed, we will receive amended documents for Kaiser and Sun Life, such as the Kaiser EOC booklet and the SBC document.

12. OTHER PROJECTS

12.1 Benefits Committee Participation

Santa Monica Community College District, Faculty Association, and CSEA agreed to create a joint Collegewide Benefits Committee effective January 11, 2005. The committee is comprised of nine voting members and one or more resources person(s). The role of the committee is contain the cost of the District's health benefits program, while maintaining the quality of the benefits available to employees, retirees, and eligible dependents.

A staff member from the Office of Human Resources, Employee Benefits will act as one of the resource persons for the benefits committee. A representative from Employee Benefits will attend the meeting when requested. The type of information that the committee may request includes, but is not limited to, reporting the current cost of the health plans, evaluating and recommending plan options and changes, and obtaining information and quotes from various health care providers.

12.2 Benefits Costs and Headcount Reports

Often times the benefits team will be asked to provide census information regarding headcount, current enrollment, benefit costs per plan, projected retirement expenses, etc.

Benefits Cost Analysis Report

This information is requested by Fiscal Services twice a year in the months of January and July.

To compile this report, you can use the following tools and programs:

- Benefit Cost Analysis Excel Spreadsheet
- Benefit Plans Eligibility or Billing Reports (CalPERS, Kaiser, Delta Dental, & VSP)
- HRS
- Letters, List and Labels (LLL), a program by PC Products
- LABOR, a reporting program by PC Products
- 121 Payroll Reports

Step 1- Employee Benefits Census

Run a "Quick Report" from Letters, List and Labels (LLL) for each benefit plan (M=Medical, D=Dental, V=Vision, and Sun=Life Insurance). For medical, dental and vision use the report "Benefits Committee Census-All Plans". You should have three separate reports (change Ben. Type to M=Medical, D=Dental, & V=Vision). For Life Insurance use the report "Sun Life". All reports will export to excel spreadsheets and will be saved to your computer's hard drive (My Computer... C:Drive... Ill96... Exports).

Step 2- Benefit Carriers Report

For current employee enrollment/eligibility information with each health plan, you can review the current billing statements or run an eligibility report from the carrier's website. The report should include the employee name, plan name, coverage level and benefit cost. These reports are used to compare the enrollment information in HRS (LLL Reports) for accuracy.

Step 3 - Benefit Cost Analysis Excel Spreadsheet

All of the data is entered into the Benefit Cost Analysis excel spreadsheet. The spreadsheet has separate tabs by bargaining units (A1, A2, A3, A4, A5, A6, A7, B1, B2, & B4). On each tabs, you will need to provide the number of employees enrolled in each plan by coverage level, the benefit cost (tenthsly), and any employee deductions/contributions. The spreadsheet has formulas to assist with the calculations.

13. AFFORDABLE CARE ACT (ACA)

13.1 ACA Compliance

The District is complying with the requirement of the Affordable Care Act as set forth under the law on March 23, 2010. There are provisions within the law that affect the plan design within the CalPERS Medical Plans and Non-PERS Kaiser Plan some of these changes are as follows:

- **Extension of Dependent Coverage up to the age 26**
This provision became effective in plan years that began on or after September 23, 2010. For the CalPERS Medical Plans and Non-PERS Kaiser Plan this change was effective January 1, 2011. CalPERS Medical plans and Non-PERS Kaiser Plan will automatically remove dependent children over the age 26 and send notification to the employee/dependent. The dependent child is offered cobra. There is no action for the District to complete.
- **Elimination of Lifetime Limits and Restrictions on Annual limits**
This provision became effective on January 1, 2014. CalPERS Medical Plans and Non-PERS Kaiser Plan can no longer impose lifetime limits on dollar value of benefits for participants and dependents.
- **Prohibition on Rescissions**
CalPERS Medical Plans no longer allow employers to rescind health coverage based on reduction of hours retroactively. A cancellation or discontinuation of coverage has to be a future effective date.
- **Prohibition of Pre-existing Conditions**
This provision became effective in plan years that began on or after September 23, 2010. All group health plans may not impose any pre-existing conditions limitation on children under age 19. For the CalPERS Medical Plans and Non-PERS Kaiser Plan this change was effective January 1, 2011. Plan years beginning on or after January 1, 2014, all group health plans may not impose any pre-existing condition limitation regardless of age.

Below are some the provisions under the law that required an employer action by the District:

- **Waiting Periods**
This provision became effective plan years beginning on or after January 1, 2014, a group health plan cannot impose a waiting period for eligibility exceeding 90 days. The District's waiting period is less than 60 days. As long as the employee is given the option to elect the coverage within 90 days the District is complying with the requirement.
- **IRS W-2 Requirement**
The District is complying with reporting the cost of employer-sponsored health coverage (medical only) on the employee's W-2 form. The first reporting period was the 2012 tax year which was reflected on W-2s issued no than January 31, 2013.
- **New Health Insurance Marketplace Coverage and Your Health Coverage Notification**
Effective October 1, 2013, ACA required employers to distribute information notifying all employees about the new Health Insurance Marketplace (Covered California), as well as employment based health coverage offered by the District. Employees were notified via US

Mail and by District email. All new employees hired after October 1, 2013 are provided this information in their new hire and benefit packets. Also, this information is posted on the HR website under Medical Plans section.

- **Reporting of Minimum Essential Coverage and Employer-Sponsored Coverage**

This provision is effective January 1, 2015. The District is required to report to the IRS that we are providing minimum essential coverage to our full-time employees and provide details about our workforce. The first reporting is due early 2016 and is based on the 2015 plan year. The purpose of these reports is to provide the IRS with information to apply tax penalties to employer who do not offer ACA mandated minimum essential coverage to full-time employees. The IRS will be providing a standard form and reporting method for employer. This information has not been released yet.

13.2 ACA Implementation At Santa Monica Community College District

Below is the information prepared by Bob Myers in September 2013. It covers the following points:

- Employer-paid health insurance for employees and employee's dependents
- Partial Employer-paid health insurance for employees and employee's dependents
- Employees not eligible for health insurance
- Standard Measurement Period
- Stability Period
- Reasonable Method of calculating hours for employees who do not report time worked

1. Santa Monica College Health Insurance

Santa Monica College provides the following health insurance program:

- A. Employer-paid health insurance for the employee and the employee's dependents to the following individuals:
 - i. Full-time Academic Administrators
 - ii. Classified Managers
 - iii. Project Managers
 - iv. Confidential Employees
 - v. Classified Staff who are members of CSEA and work 35 hours or more per week
 - vi. Classified Staff who are members of SMCPOA and work 35 hours or more per week
 - vii. Full-time Faculty

- B. Partial employer-paid health insurance for the employee and the employee's dependents to the following individuals:
 - i. Classified Staff who are members of CSEA and work less than 35 (thirty-five) hours per week, but 20 (twenty) or more hours per week, shall receive a pro-rata share of the amounts which are authorized for a full time employee if they elect to be enrolled in a health, vision, and dental care plan. The pro-ration shall be based on a 40 (forty) hour week. If the employee elects to enroll only in a vision and dental care plan, the District shall pay the full cost of the plan.

- ii. Classified Staff who are members of SMCPOA and work less than 35 (thirty-five) hours per week, but 20 (twenty) or more hours per week, shall receive a pro-rata share of the amounts which are authorized for a full time employee if they elect to be enrolled in a health, vision, and dental care plan. The pro-ration shall be based on a 40 (forty) hour week. If the employee elects to enroll only in a vision and dental care plan, the District shall pay the full cost of the plan.
- C. Employer-paid health insurance for the employee to the following individuals: Part-time faculty who meet the requirements of Section 10.5 of the collective bargaining unit with the Santa Monica College Faculty Association. The health insurance plan is provided by Kaiser and employees may elect dental and vision coverage in lieu of the Kaiser plan.
- D. Santa Monica College does not provide health insurance to the following individuals:
 - i. Limited-term employees
 - ii. Provisional employees
 - iii. Student Workers
 - iv. Interns
 - v. Non-merit employees (e.g., art models, community service workers)
 - vi. Instructors of community service classes
 - vii. Part-time faculty who do not meet the requirements of Section 10.5 noted above.
 - viii. Part-time coaches who do not meet the requirements of Section 10.5 noted above.

The College has reviewed the hours of these employees and they did not meet the definition of a Full-time employee under the Affordable Care Act.

2. Standard Measurement Period.

The College has adopted a standard measurement period of 11 months from January 1 to November 30 and an administrative period of 31 days from December 1 through December 31.

3. Stability Period.

The College has adopted a one-year stability period, from January 1 through December 31 of the year following the Standard Measurement Period.

4. Reasonable Method for Calculating Hours for Employees Who Do Not Report Time Worked to the College.

A. Part-time faculty.

A part-time faculty member shall be deemed a full-time employee if his or her teaching load is $\frac{3}{4}$ or more of the course load for a full-time faculty member.

B. Part-Time Coaches

The California Community College Athletic Association Constitution and By-Laws establishes when practices may start and the number of contests that may occur. (By-Law 3.) The Sports Season Chart is set forth in By-Law 3.11. For sports at Santa Monica College, the number of contests (not counting post-season play) ranges from 9 for men's football to 50 for women's softball. Taking into account practice days, travel to and from games, and game days, no part-time coach receiving a stipend works 1,430 or more hours during the Standard Measurement Period established by the College.

14. APPENDIX

14.1 Contacts for Health Benefits Officer

Benefit Type	Company Name	Administrator's Contact	Contact Numbers/Address Info:
CalPERS Health	PERS Select/Choice/Care <i>Anthem Blue Cross (PPO Plans)</i>	Angelica Roldan	Angelica.Roldan@wellpoint.com
	Anthem Blue Cross <i>Traditional/Select (HMO Plans)</i>	Angelica Roldan	Angelica.Roldan@wellpoint.com
	Blue Shield <i>Access +/-NetValue (HMO Plans)</i>	Norma Vega	(916) 329-4559 Norma.Vega@blueshieldca.com
	HealthNet <i>SaludYMas/SmartCare (HMO Plans)</i>		(888) 926-4921
	Kaiser Permanente <i>(HMO Plan)</i>	Sabrina Krug	(818)568.5091 sabrina.krug@kp.org
	UnitedHeathCare <i>(HMO Plan)</i>	Rosalyn McMullen	(916) 403-0679 Rosalyn.mcmullen@uhc.com
Non-CalPERS Health	Kaiser Permanente (HMO Plan for adjunct faculty & Project Managers)	Mimi Quach	(858) 614-3902 my.p.quach@kp.org
Dental	Delta Dental Premier (PPO)	Peggy Nieto, Delta Dental Account Manager	(562) 403-4008 pnieto@delta.org
	Delta Care (HMO)	Cheryl Jackson (ASCIP Account Manager-for contract renewal and issues)	(562) 404-8029 Jackson@ascip.org
Vision	Vision Service Plan	Valerie Raney (eligibility issues) Kim Boak (account manager)	(800) 852-7600 ext 5258 ValeRa@vsp.com 916.858.5319 Kim.Boak@vsp.com
Tax-Savings Accounts (i.e. 403b, 457)	CalSTRS 457	Kevin Kirkpatrick	(916) 320-3073 KKirkpatrick@CalSTRS.com
	CalPERS 457	Heather Rogers	
	The TDS Group (403b Plan Administration)	Brandy Morris Account Manager	(866) 446-1072 (ext. 6161) bmorris@tdsgroup.org

Defined Benefit Retirement Systems	CalPERS	Brenda Reponte, Glendale Field Office Katrina Rossow Contracts Division Laura Eldridge, Contracts Division	(818) 662 – 4317 Brenda.Reponte@calpers.ca.gov Katrina.Rossow@calpers.ca.gov Laura.Eldridge@calpers.ca.gov
	CalSTRS	Jennifer Helfend	(562) 922-6414 jhelfend@calstrs.com
Life Insurance	SunLife	Sarah Silberberg	(949) 280-4904 Sarah.E.Silberberg@sunlife.com
Group Life Insurance Section 125 Plans (i.e. Medical reimbursement, Dependent Day Care)	American Fidelity	Staci Austin, Account Manager Herlinda Sigala, Billing Department Joni Williams, Flex Administration	(800) 365 9180, ext.332 Staci.Austin@americanfidelity.com (800) 323-3748 Herlinda.Sigala@americanfidelity.com (800) 325-0654, ext. 5694 Joni.Williams@americanfidelity.com
Other Voluntary Benefits (i.e. Term Life, Cancer, Group Disability, Accident Only)	Pacific Educators	Gretchen Brinker Susana Furlong	(800) 722-3365 Gretchen@peinsurance.com Susana@peinsurance.com
Credit Union	Kinecta Federal Credit Union	Felicia Coney Santa Monica Branch	(310) 297-4347 fconey@kinecta.org

14.2 Contacts for Participants

Benefit Type	Company Name	Contact Numbers	Websites & Additional Information
CalPERS Health	PERS Select/Choice/Care Anthem Blue Cross (PPO Plans)	(877) 737-7776 (818) 234-5141 (outside the U.S.) (818) 234-3547(TDD)	http://www.anthem.com/ca/calpers/
	Anthem Blue Cross Traditional/Select (HMO Plans)	(855) 839-4524 TDD (818) 234-3547	http://www.anthem.com/ca/calpershmo/
	Blue Shield Access +/NetValue (HMO Plans)	(800) 334-5847	https://www.blueshieldca.com/bsc/calpers/member/index.jhtml
	HealthNet SaludYMas/SmartCare (HMO Plans)	(888) 926-4921 TDD (888) 926-5003	https://www.healthnet.com/portal/member/content/iwc/mysites/calpers/home.action
	Kaiser Permanente (HMO Plan)	(800) 464-4000	http://my.kp.org/ca/calpers/
	UnitedHealthCare (HMO Plan)	(877) 359-3714 TTY: 711	http://calpers.welcometouhc.com/
Non-CalPERS Health	Kaiser Permanente (HMO Plan for adjunct faculty & Project Managers)	(800) 464-4000 TTY (800) 777-1370	https://healthy.kaiserpermanente.org/html/kaiser/index.shtml
Dental	Delta Dental Premier (PPO)	(800) 765-6003	http://deltadental.com/Public/index.jsp
	Delta Care (HMO)	(800) 422-4234	
Vision	Vision Service Plan	(800) 877-7195	https://www.vsp.com/home.html Vision Service Plan Benefit Highlights
Tax-Savings Accounts (i.e. 403b, 457)	403b Compare		http://www.403compare.com
	CalSTRS 457	(888) 394-2060	http://www.calstrs.com/members/pension2/index.aspx
	CalPERS 457	(800) 260-0659	https://calpers.ingplans.com/eportal/welcome.do
	The TDS Group (403b Plan Administration)	6939 Sunrise Blvd, Ste. 250 Citrus Heights, CA 95610 Phone: (866) 446-1072 Fax: (916) 221-5040	https://www.tdsgroup.org/ Email 1: PlanAdministrator@tdsgroup.org Email 2: info@tdsgroup.org
Defined Benefit Retirement Systems	CalSTRS	(800) 228-5453	http://www.calstrs.com/
	CalPERS	(888) CALPERS or (888) 225-7377	http://www.calpers.com/

Cash Balance Retirement Systems	CalSTRS	(800) 228-5453	http://www.calstrs.com/
Alternative Retirement	MetLife	(800) 560-5001	http://www.metlife.com/
Group Life Insurance	SunLife	(800) SUN-LIFE or (800) 786-5433	http://www.sunlife.com/us
Section 125 Plans (i.e. Medical reimbursement, Dependent Day Care)	American Fidelity	(800) 654-8489	http://www.afadvantage.com/
Voluntary Benefit (i.e. Term Life, Cancer, Group Disability, Accident Only)	American Fidelity	(800) 654-8489	http://www.afadvantage.com/
	Pacific Educators	(800) 722-3365 (CA, NV) (714) 639-0962	http://www.peinsurance.com/
Health Reimbursement Arrangements	MidAmerica Administrative and Retirement Solutions	211 East Main Street, Suite 100 Lakeland, FL 33801 Phone: 800-430-7999 Fax: 863-686-9727	https://www.midamerica.biz/employers/health-care/health-reimbursement-arrangement/
Credit Union	Kinecta Federal Credit Union	(800) 854-9846 (310) 643-5400	http://www.kinecta.org/