

# 2024 Part Time Faculty Medical Plan Options



West Valley - Mission  
Community College District

<b>Plan #1</b> <b>Medical Coverage Offer</b> <b>40%+ load @ WVMCCD</b>	<b>Plan #2</b> <b>Premium Reimbursement</b> <b>40%+ load – Multi-District</b>	<b>Plan #3</b> <b>Premium Reimbursement</b> <b>REP + 6.7% or 40%+</b>
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## ELIGIBILITY

<ul style="list-style-type: none"> <li>Employed at WVMCCD with at least 40% load at census</li> <li>Hourly PT Faculty will have their hours converted to a load</li> <li>Faculty or their dependents whose premiums for health insurance are paid by an employer other than a CA Community College District are <b>not</b> eligible to participate in this program.</li> </ul>	<ul style="list-style-type: none"> <li>Employed with at least 40% load amongst multiple CA Community College Districts</li> <li>Have at least one assignment at WVMCCD</li> <li>Not eligible for Plan 1</li> <li>Faculty or their dependents whose premiums for health insurance are paid by an employer other than a CA Community College District are <b>not</b> eligible to participate in this program.</li> </ul>	<ul style="list-style-type: none"> <li>If you have REP and at least 6.7% load <b>or</b></li> <li>If you had 40%+ load for the previous two semesters and you currently have 40%+ load (employees who qualified under this rule with at least 20% load remain eligible for the current semester)</li> <li>Can be combined with Plan 1 or Plan 2</li> </ul>
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## EMPLOYEE COST OR REIMBURSEMENT

<ul style="list-style-type: none"> <li>Same District contribution amount as full-time employees</li> <li>The District contribution will cover some plans at no cost to employees while other plans will require an employee contribution</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursed for up to proportionate share of commonly subscribed family coverage plan (Kaiser)</li> <li>Cost of dependents included with reimbursement</li> <li>Costs reimbursed by WVMCCD cannot be reimbursed from another reimbursement program</li> </ul> <p style="text-align: center;"><u>Reimbursement Formula</u> <b>A ÷ B</b></p> <p><b>A</b> = total premium paid, up to a maximum*, by qualifying employee</p> <p>* <u>Fall 2023 monthly maximums</u>            \$1,021.41 Employee Only            \$2,042.82 Employee + 1            \$2,655.67 Employee + 2 or more</p> <p><b>B</b> = total number of CA Community College Districts in which the employee works</p>	<ul style="list-style-type: none"> <li>Reimbursed for cost to cover the WVMCCD employee only up to a max of \$2,700.00 per semester</li> <li>Costs reimbursed by WVMCCD cannot be reimbursed from another reimbursement program</li> </ul>
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Plan #1 Medical Coverage Offer 40%+ load @ WVMCCD	Plan #2 Premium Reimbursement 40%+ load – Multi-District	Plan #3 Premium Reimbursement REP + 6.7% or 40%+
<b>PLAN HIGHLIGHTS</b>		
<ul style="list-style-type: none"> <li>Choose from eight different CalPERS medical plans                             <ul style="list-style-type: none"> <li>– 6 HMO plans</li> <li>– 2 PPO plans</li> </ul> </li> <li>Eligible dependents can be enrolled</li> </ul>	<ul style="list-style-type: none"> <li>Must be enrolled at another CA Community College District <b>or</b> in an individually purchased plan</li> <li>WVMCCD provides a reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>WVMCCD provides a reimbursement of health premiums (medical, dental, vision)</li> </ul>
<b>DEADLINES</b>		
<ul style="list-style-type: none"> <li>Fall 2023 Enrollment: <b>October 13, 2023</b></li> <li>Spring 2024 Enrollment: <b>March 29, 2024</b></li> </ul>	<ul style="list-style-type: none"> <li>Fall 2023 Application: <b>First Friday in November</b></li> <li>Spring 2024 Application: <b>First Friday in April</b></li> <li>Documentation must be submitted no later than three weeks prior to the end of the semester</li> </ul>	<ul style="list-style-type: none"> <li>Fall 2023 Application: <b>First Friday in November</b></li> <li>Spring 2024 Application: <b>First Friday in April</b></li> <li>Documentation must be submitted no later than three weeks prior to the end of the semester</li> </ul>
<b>PLAN COVERAGE PERIOD</b>		
<ul style="list-style-type: none"> <li>Fall Enrollment: <b>November through April</b></li> <li>Spring Enrollment: <b>May through October</b></li> </ul>	<ul style="list-style-type: none"> <li>Fall program covers premiums July through December</li> <li>Spring program covers premiums January through June</li> </ul>	<ul style="list-style-type: none"> <li>Fall program covers premiums July through December</li> <li>Spring program covers premiums January through June</li> </ul>
<b>REQUIRED FORMS AND DOCUMENTATION</b>		
<ul style="list-style-type: none"> <li>HBD-12 CalPERS Enrollment Form</li> <li>If enrolling dependents, documents to certify dependent eligibility (e.g., marriage certificate, birth certificate)</li> </ul>	<ul style="list-style-type: none"> <li>Multi-District Application for Reimbursement form</li> <li>Verification of load from other CA community colleges</li> <li>Proof of payment</li> </ul>	<ul style="list-style-type: none"> <li>Benefits Reimbursement Program Application form</li> <li>Proof of payment</li> <li>Proof of insurance coverage</li> </ul>



**Benefits Specialist Contact:**  
**Melissa Duran**  
[melissa.duran@wvm.edu](mailto:melissa.duran@wvm.edu)

**Benefits Webpage**  
[www.wvm.edu/benefits](http://www.wvm.edu/benefits)  
Associate Faculty Benefits