

2024-2025 Part Time Faculty Medical Plan Options



West Valley-Mission
Community College District

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%+

ELIGIBILITY

- Employed at WVMCCD with at least 40% load at census
- Hourly PT Faculty will have their hours converted to a load

- Employed with at least 40% load amongst multiple CA Community College Districts
- Have at least one assignment at WVMCCD
- Not eligible for Plan 1

- If you have REP and at least 6.7% load **or**
- 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)
- Can be combined with Plan 1 or Plan 2

EMPLOYEE COST OR REIMBURSEMENT

- Same District contribution amount as full-time employees
- The District contribution will cover some plans at no cost to employees while other plans will require an employee contribution

- Reimbursed for up to proportionate share of commonly subscribed family coverage plan (Kaiser)
- Cost of dependents included with reimbursement
- Costs reimbursed by WVMCCD cannot be reimbursed from another reimbursement program

- Reimbursed for cost to cover the WVMCCD employee only up to a max of \$2,700.00 per semester
- Costs for a given expense, reimbursed by WVMCCD, cannot be reimbursed more than once

Reimbursement Formula

$$A \div B$$

A = total premium paid, up to a maximum, by qualifying employee

Monthly Maximums	Fall 2024	Spring 2025
Employee Only	\$1,021.41	\$1,112.90
Employee + 1	\$2,042.82	\$2,225.80
Employee + 2 or more	\$2,655.67	\$2,893.54

B = total number of districts in which the employee works

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PLAN HIGHLIGHTS		
<ul style="list-style-type: none"> Choose from eight different CalPERS medical plans <ul style="list-style-type: none"> – 7 HMO plans – 2 PPO plans Eligible dependents can be enrolled 	<ul style="list-style-type: none"> Must be enrolled at another CA Community College District or in an individually purchased plan WVMCCD provides a reimbursement 	<ul style="list-style-type: none"> WVMCCD provides a reimbursement of health premiums (medical, dental, vision)
DEADLINES		
<ul style="list-style-type: none"> Fall 2024 Enrollment: October 11, 2024 Spring 2025 Enrollment: March 28, 2025 	<ul style="list-style-type: none"> Fall 2024 Application: November 1, 2024 Spring 2025 Application: April 4, 2025 Documentation must be submitted no later than three weeks prior to the end of the semester 	<ul style="list-style-type: none"> Fall 2024 Application: November 1, 2024 Spring 2025 Application: April 4, 2025 Documentation must be submitted no later than three weeks prior to the end of the semester
PLAN COVERAGE PERIOD		
<ul style="list-style-type: none"> Fall Enrollment: November through April Spring Enrollment: May through October 	<ul style="list-style-type: none"> Fall program covers premiums July through December Spring program covers premiums January through June 	<ul style="list-style-type: none"> Fall program covers premiums July through December Spring program covers premiums January through June
REQUIRED FORMS AND DOCUMENTATION		
<ul style="list-style-type: none"> HBD-12 CalPERS Enrollment Form If enrolling dependents, documents to certify dependent eligibility (e.g., marriage certificate, birth certificate) 	<ul style="list-style-type: none"> Multi-District Application for Reimbursement form Verification of load from other CA community colleges Proof of payment 	<ul style="list-style-type: none"> Benefits Reimbursement Program Application form Proof of payment Proof of insurance coverage



Contact

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Benefits Webpage

www.wvm.edu/benefits
Associate Faculty Benefits