

2024 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%+
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ELIGIBILITY

<ul style="list-style-type: none"> Employed at WVMCCD with at least 40% load at census Hourly PT Faculty will have their hours converted to a load Faculty or their dependents whose premiums for health insurance are paid by an employer other than a CA Community College District are not eligible to participate in this program. 	<ul style="list-style-type: none"> Employed with at least 40% load amongst multiple CA Community College Districts Have at least one assignment at WVMCCD Not eligible for Plan 1 Faculty or their dependents whose premiums for health insurance are paid by an employer other than a CA Community College District are not eligible to participate in this program. 	<ul style="list-style-type: none"> 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
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EMPLOYEE COST OR REIMBURSEMENT

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 <p style="text-align: center;"><u>Reimbursement Formula</u> A ÷ B</p> <p>A = 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 = total number of CA Community College Districts in which the employee works</p>	<ul style="list-style-type: none"> Reimbursed for cost to cover the WVMCCD employee only up to a max of \$2,700.00 per semester Costs reimbursed by WVMCCD cannot be reimbursed from another reimbursement program
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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"> – 6 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 2023 Enrollment: October 13, 2023 Spring 2024 Enrollment: March 29, 2024 	<ul style="list-style-type: none"> Fall 2023 Application: First Friday in November Spring 2024 Application: First Friday in April Documentation must be submitted no later than three weeks prior to the end of the semester 	<ul style="list-style-type: none"> Fall 2023 Application: First Friday in November Spring 2024 Application: First Friday in April 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](#)