

Associate Faculty Medical Insurance Program 2020/2021

RCCD Associate Faculty have the option of participating in medical insurance with one of our two HMO plans. Enrollment in the Health Net or Kaiser Permanente plans is available bi-annually during the months of September and February with effective dates of October 1 or March 1. Enrollment is contingent upon the participants FALL and SPRING teaching assignment(s). The District will cost share with the employee and will pay for 50% of the monthly premium to insure the employee only. The employee has the option of enrolling eligible dependents; however the employee assumes the full cost to insure their dependents.

REQUIREMENTS and COSTS

Kaiser Permanente – Enrollment is based on longevity, the instructor must have taught 3 out of the last 6 semesters and have a current teaching assignment on record.

| | Employee Cost* | District Cost | Total Premium Cost |
|--------------------------|----------------|---------------|--------------------|
| Employee only | \$ 414.03 | \$ 414.03 | \$ 828.06 |
| Employee + one | \$ 1,242.08 | \$ 414.03 | \$ 1,656.11 |
| Employee + family | \$ 1,929.37 | \$ 414.03 | \$ 2,343.40 |

Health Net – Enrollment is based on the instructor’s teaching load. The instructor must have a minimum of 0.400 FTE for each semester. Substitution hours are not included.

| | Employee Cost* | District Cost | Total Premium Cost |
|-------------------------------|----------------|---------------|--------------------|
| Employee only | \$ 491.73 | \$ 491.73 | \$ 983.46 |
| Employee + 1 adult | \$ 1,514.92 | \$ 491.73 | \$ 2,006.65 |
| Employee + family | \$ 2,418.04 | \$ 491.73 | \$ 2,909.77 |
| Employee + child (ren) | \$ 1,414.58 | \$ 491.73 | \$ 1,906.31 |

*Costs listed are the maximum amounts the employee may be required to pay based on the annual rates established by the insurance carriers, rates are subject to change annually. Effective 1/1/2018, a subsidy provided by the District will be applied to each participant and the subsidy amount per participant may change based on the number of participants enrolled. The amount listed on your paystub is calculated as the normal employee cost less the subsidy amount.

TERMS

- The above listed payment amounts are collected monthly through payroll deductions. The payment cycle is October (4B) – July (1B), skipping the August and September payrolls.
- Coverage continues annually for 12 months, October through September for as long as the eligibility requirement is met.
- You will be asked to submit a personal check for your portion of the premium if your payroll deduction does not occur. Non-payment of premiums is reason for cancellation.
- An offer to continue in the program under the Federal COBRA provisions will be offered if a teaching assignment is not on record.
- The participant may cancel coverage at any time.
- Winter and Summer teaching assignments are not required.

Contact for plan details and enrollment materials:
Edwina Cardenas (951) 222-8136 edwina.cardenas@rccd.edu