

FREQUENTLY ASKED QUESTIONS BY ADJUNCT FACULTY REGARDING ACCESSING THE LACCD HEALTH BENEFITS PROGRAM

An Adjunct or Limited-Term faculty member employed with the District may participate in the LACCD Health Benefits Program by paying the premiums via the Premium-Only Plan (POP) or the Access Only Plan.

Premium-Only Plan (POP)

There are two important features to the POP:

- 1) the POP allows employees to have their insurance premiums deducted from their paycheck BEFORE TAXES; and
- 2) the District contributes towards the cost of the medical premium only.

Who May Enroll?

- An Adjunct or Limited-Term faculty member who has taught 3 semesters out of the previous 8 consecutive semesters with at least a .2 FTE and who teaches a .33 (or higher) FTE load may enroll in the POP.
- An academic temp who does not qualify for District-paid health benefits because their FTE load is less than .5 FTE but their load is at least a .33 FTE may enroll in the POP.

What if I am eligible to enroll in other health insurance through another employer or my spouse's employer?

If you are eligible to enroll in another group health insurance plan, you are not eligible to enroll in the LACCD POP.

What if I become eligible mid-semester?

- You will be able to enroll for the following semester during the appropriate enrollment period.
- All newly eligible Part-time faculty will receive an announcement in June/July of each plan year, along with enrollment forms, to enroll in the fall semester.
- All Part-Time faculty will receive an enrollment packet prior to the District's annual Open Enrollment in November.

How are premiums paid?

Your premium payments will be automatically deducted pre-tax from your paycheck (personal checks are no longer accepted). The District's contribution to your medical coverage for 2007 is \$180 per month of coverage, which equates to \$2,160 annually for those eligible for an entire year of coverage. The District does not contribute towards the dental and vision premiums. Your premium payments are prorated over a 10 month period although your coverage is for 12 months (*as long as you maintain your eligibility throughout the year*).

What if I find that I cannot afford the premiums due after the new Plan Year begins?

POP enrollees will not be permitted to make plan election changes outside of the District's annual Open Enrollment. It is recommended that you carefully consider your plan election options. In the event there are insufficient funds to deduct your monthly premiums, your coverage will terminate immediately and you will be ineligible to re-enroll until the next annual Open Enrollment.

May I make plan enrollment changes mid-year?

Enrollment is for one (1) year as stipulated by IRS. No changes may be made outside of each annual Open Enrollment, except in the case of a "qualified life event."

What is a "qualified life event"?

1. Legal Marital Status: marriage, divorce, death of a spouse, legal separation or annulment.
2. Domestic Partnership: registration of or termination of a domestic partnership with the State of California
3. Number of Dependents: birth, adoption, placement for adoption, or death of a dependent
4. Employment Status of the Participant, Spouse or Dependent: termination or commencement of employment, strike or lockout, commencement or return from an unpaid leave of absence, or a change in worksite
5. Dependent satisfies or ceases to satisfy the eligibility requirements: student status, overage dependent, marriage
6. Residency: a change in place of residence of the Participant, spouse or dependent
7. In the event of a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order, "QMCSO") for a Participant's child or foster child:
 - a. The Plan may change an election to provide coverage for the child if the order requires coverage under the Participant's plan; or
 - b. The Participant shall be permitted to change an election to cancel coverage for the child if the order requires the former spouse to provide coverage for such child, under the individual's plan and such coverage is actually provided.
8. If the participant or the Participant's spouse or dependent is enrolled in health coverage from Employer and becomes entitled to coverage under Part A or Part B or the Title XVIII or the Social Security Act (Medicare) or Title XIX of the Social Security Act (Medicaid). If participant or the Participant's spouse or dependent becomes ineligible for Medicare or Medicaid coverage.

How will the new Plan Year premium rate increases/decreases be handled?

The LACCD Health Insurance Section will recalculate your premiums due based on your Open Enrollment elections for the new plan year. Your payroll deductions will be adjusted (e.g., increased or decreased) accordingly in January of each new plan year. You will receive written notification of the adjustment in your premiums.

Access Only Plan

Faculty members who do not qualify for the POP may gain access to the District's Health Insurance coverage via the Access Only Plan, with no District contribution towards the cost.

Who May Enroll?

If your load with LACCD is .2 FTE and you have taught 3 semesters out of the previous 8 consecutive semesters with at least a .2 FTE, you may enroll in the Access Only Plan and may purchase one or more of the District's plans by paying your premium by personal check.

How are premiums paid?

You must prepay the entire annual premium in two installments, each representing six months of coverage (March – August and September – February), via check, cashier's check, or *electronic fund transfer when it becomes available*.

What if I find that I cannot afford the premiums after the new semester begins?

Enrollees will not be permitted to make plan election changes after submitting their 6-month premium payment. However, cancellations of coverage will be permitted if requested in writing.

How will the new Plan Year premium rate increases/decreases be handled?

The LACCD Health Insurance Section will recalculate your premiums due for the months of January and February of the new plan year based on your Open Enrollment elections. You will be notified in writing of the amount or refund due in December prior to the beginning of the new plan year.

May I make plan enrollment changes mid-year?

Changes may be made during each semester enrollment period. Enrollees may cancel enrollment by submitting a request in writing to the LACCD Health Insurance Section.

How to Enroll in the POP or Access Only Plan

If your teaching load is .33 (or higher) FTE, complete the following 2 forms:

- 1) **Academic Temp Employees Health Benefits Application (LACCD Form C-948)** for POP enrollment; and
- 2) **Part-Time Faculty Enrollment/Change Form** to elect health care coverage.

Note: The POP and Access Only Plan applications have been combined for your convenience. It is recommended you complete both sides of the form. In the event that

you are determined ineligible for the POP, you will have already submitted the necessary paperwork for the Access Only Plan.

Both forms are to be submitted to the LACCD Benefit Service Center at 9500 Topanga Canyon Road, Chatsworth, CA 91311.

Enrollment in the Part-Time Faculty Health Benefits Program must be done while you are eligible (fall or spring semesters only) and have a current teaching assignment. Coverage will be effective upon eligibility verification by the LACCD Health Insurance Section using the District's legacy computer system (SAP). You will be notified of your effective date of coverage prior to the beginning of the new semester.

When do I enroll?

- For SPRING semester, enrollment in the POP or Access Only Plan is permitted during the annual Open Enrollment period held in November of the prior year. Your enrollment is for one (1) complete plan year unless you lose eligibility. Your coverage for the spring semester begins in March and ends in August.
- For FALL semester, enrollment in the POP or Access Only Plan is permitted for newly eligible Part-time faculty. At the end of June, enrollment applications are mailed to academic temps not currently enrolled. The enrollment period begins mid-July and ends mid-August. Your coverage for the fall semester resumes September through February.
- Faculty enrolled in the POP for spring semester and continuing their enrollment during the fall semester will automatically be re-verified for the POP without having to submit a new enrollment form.
- Access Only Plan participants will need to submit a new application each semester.

Where do I get the forms to enroll?

You may ask your Personnel Office for the forms, or obtain the forms via the District's website at <http://www.laccd.edu/health/>, or contact the Benefit Service Center at 800-842-6635.

Eligibility Verification

How will I know if I am eligible for the POP or Access Only Plan?

- After you have applied, you will receive written notification of your eligibility status at your mailing address of record.
- The LACCD Health Insurance Section verifies your eligibility through SAP.
- If your work assignment(s) do not qualify for the POP but your work load is at least .2 FTE, you will be given the option to enroll in the Access Only Plan.
- It is recommended that you complete both sides of the **Academic Temp Employees Health Benefits Application (LACCD form C-948)**, which includes the Access Only Plan enrollment form. Then, if you are not eligible for the POP, you will have already completed the form for the Access Only Plan, and your health benefits enrollment will not be delayed.

What if I receive an ineligibility letter but know I should have enough teaching assignments to qualify for health benefits?

- The written notification you receive will direct you to contact your campus Academic Affairs Office or SPOC (single-point-of-contact).
- The LACCD Health Insurance Section does not have authorization to enter or change work assignments for employees.

What if my campus tells me that I am assigned to teach during the semester but the assignment does not appear in SAP?

- Unless your assignment is entered by your campus into SAP, your eligibility to enroll in the program cannot be verified by the LACCD Health Insurance Section. You will receive a letter prior to the beginning of the semester notifying you that your eligibility could not be verified.
- If your campus indicates to you that they are having a problem in entering your assignment, they should contact the appropriate SAP functional team representative at the District for help in resolving the SAP problem.

What if my work load is reduced after the semester begins?

- If your work load is reduced to less than a .33 FTE but at least a .2 FTE, you are no longer eligible to participate in the POP but will be given the option to continue coverage under the Access Only Plan.
- If your work load is reduced to less than a .2 FTE, your coverage in the District's Health Insurance Program terminates and an offer to elect COBRA coverage will be mailed to your residence.

Open Enrollment

Each year, there is an Open Enrollment period during which you have an opportunity to make changes to your health plans. It is vitally important that you make these decisions carefully because the choices you make will become effective on or after January 1 (or the date LACCD verifies your eligibility, whichever is later) and will continue for the entire plan year.

Will I have to re-enroll in the POP or Access Only Plan during each annual Open Enrollment?

Yes, because of changes in premium rates as well as changes in assignment loads from semester to semester, re-enrollment is required even if you are not making any plan election or plan coverage changes.

How will I get the forms to re-enroll?

A Part-Time Faculty Health Benefits Enrollment Packet will be sent to your mailing address of record each October prior to the start of Open Enrollment. Please carefully review the Highlights Booklet wherein the cost of premiums for each plan is detailed and program guidelines are listed.