## COMPTON COMMUNITY COLLEGE DISTRICT OFFICE OF HUMAN RESOURCES BENEFIT HEALTH PLAN COST 2017-2018

## Administrator/Faculty/Classified

The District's benefits program consists of medical & dental insurance, life & accident insurance and salary continuation insurance. The maximum annual District contribution towards premiums for these benefits is \$12,000. If an employee waives one or more of the benefits, including health insurance and the total premium for all of the benefits he or she does select is less than \$7000, the difference between the total premiums for the selected benefits and \$7000 may be directed to a tax-sheltered annuity (i.e. an approved 403b plan). To be eligible to waive health insurance the employee must, at the time he or she first enrolls in the benefit program or during a subsequent open enrollment period, provide proof that he or she is covered by health insurance that is substantially the same as, or better than, the coverage available through the District. The employee is also required to complete the District Waiver of Coverage form along with forms for CalPERS

2017 Health Plan Summary: <a href="https://www.calpers.ca.gov/docs/forms-publications/2017-health-benefit-summary.pdf">https://www.calpers.ca.gov/docs/forms-publications/2017-health-benefit-summary.pdf</a>

2018 Health Plan Summary: <a href="https://www.calpers.ca.gov/docs/forms-publications/2018-health-benefit-summary.pdf">https://www.calpers.ca.gov/docs/forms-publications/2018-health-benefit-summary.pdf</a>

Plans & Rates: https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates

You will be able to choose from a variety of plans under CalPERS, but plan availability is determined by ZIP code. Members will be able to use either their residential ZIP code, or the district's ZIP code 90221 to qualify for a plan. Members can see which plans and rates are available to them by conducting a ZIP code search on the following webpage:

https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search

Delta Dental Plans and MES Vision					
VENDORS	EMPLOYEE	TWO-PARTY	FAMILY	GROUP NO.	
Delta Dental PPO	\$66.88	\$135.46	\$196.45	0908-1911	
Delta HMO-Plan 10A	\$44.91	Composite	Rate	01691-0106	
MES Vision	\$7.61	\$13.67	\$19.78	25003	

Union Dues: Faculty-\$80.00, Classified-\$70.00 / Full-time faculty and full-time classified is based on \$18,000 or more gross annual earnings.

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Class I:	Part-time (1/2) - \$10,000 -17,999	=\$26.84 (tenthly)
Class II:	Part-time (1/4) - \$ 6,000 - 9,999	=\$13.92 (tenthly)
Class III	Part-time (1/8) - \$ 5,999 - or less	=\$ 7.47 (tenthly)

Note: Faculty/Classified employees, who are within the collective bargaining unit, are required to join the union or pay an equivalent service fee. Dues are subject to change.

FACCC Dues- Full-time faculty-\$21.00 (tenthly) or \$210.00 annually, Part-time faculty-\$7.00 (tenthly) or \$70.00 annually.

If you are currently a member of an employee organization, (i.e., FACCC, ACCCA), your membership will automatically be renewed unless you notify the Office of Human Resources in writing that you no long wish to participate.

If you have any questions, please contact Human Resources at extension 2141, 2142, 2143 or 2144.

Thank you for your cooperation.