



STATE CENTER
COMMUNITY COLLEGE DISTRICT

Employee Benefits Guide for the Part-Time Faculty Health Insurance Pilot Program 2025-2026

Plan Year: October 1, 2025 - September 30, 2026

Revised 7/24/2025

This guide provides information about health benefits available through the Part-Time Faculty Health Insurance Pilot Program with State Center Community College District (SCCCD). Eligible part-time faculty members should use this guide as your go-to source for health benefits for plan year 2025-2026.



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Introduction

Welcome! Effective October 1, 2024 and continuing until September 30, 2026, State Center Community College District (SCCCD or District) will offer a health insurance pilot program for eligible part-time faculty members. Please review the Memorandum of Understanding (MOU) pertaining to the Part-Time Faculty Health Insurance Pilot Program – <https://www.scccd.edu/uploaded-files/documents/departments/human-resources/mou-and-agreement-pt-faculty-health-insurance-5.24.2024-accessible.pdf>.

This guide is intended to assist you with the health plan offerings and should be your go-to guide when you have health benefit-related questions relating to the Part-Time Faculty Health Insurance Pilot Program.

When reviewing plan options, take into consideration where you live, other health plan coverage you may have, your personal preference regarding physician choice, as well as the type of healthcare environment you prefer, so that you may choose the health care plan that is most suitable for you and your eligible family members.

This guide is not intended to be a contract (expressed or implied), nor is it intended to otherwise create any legally enforceable obligation on the part of the SCCC, its agents, or its employees. If there are any inconsistencies between this document and legal plan documents, the plan documents will prevail.

Plan Year

The health insurance plan year is October 1st through September 30th.

Health plan deductibles and out of pocket maximums both run calendar year – from January 1st through December 31st.

BenefitBridge

BenefitBridge is the District's web-based benefits administration portal. It is available to eligible employees to enroll in benefits, review benefit elections, find benefit summaries, benefit plan documents, and benefit resources, as well as complete qualifying life event changes. BenefitBridge can be accessed by visiting <http://www.benefitbridge.com/SSO/SPLogin/statecenterccd> from any computer or mobile device, or through the District's/Campus MyPortal apps catalog.

Frequently Asked Questions

You can find answers to frequently asked questions on page 23. If you have a question that is not answered by this guide, please reach out to us.

Human Resources Benefits Staff

Location:

District Office – 7th floor
1171 Fulton Street
Fresno, CA 93721

Benefits Webpage: www.scccd.edu/employeebenefits

Email: benefits@scccd.edu

Phone: District/Human Resources Main Line: (559) 243-7100

Lisa RochaDanks, Benefits Technician, (Part-Time Faculty Health Insurance Pilot Program and Retirees), (559) 243-7130

Gabriella Roberts, Benefits Technician (Full-Time Employees), (559) 243-7134

Frances Garza, Benefits Coordinator, (559) 243-7133

Eligibility

Employees

Effective October 1, 2024, and continuing until September 30, 2026, the District will offer a pilot program for district sponsored group medical insurance to eligible part-time faculty members and their eligible dependents.

To be eligible for this program, the following criteria has to be met:

- Part-time faculty member will have a 50% of a full-time faculty* assigned load or higher for the Fall semester; **AND**
 - 50% of a full-time faculty assigned load or higher for the Spring semester or
 - 50% average of a full-time assigned load or higher for the Fall and Spring semesters combined.

50% of a full-time faculty assigned load is equivalent to the following:

- Instructional – 7.5 FTEs
- Non-Instruction – 17.5 hours

Part-time benefit eligible employees and health plan effective dates are defined in the Memorandum of Understanding (MOU) pertaining to the Part-Time Faculty Health Insurance Pilot Program - https://www.scccd.edu/_uploaded-files/documents/departments/human-resources/mou-and-agreement-pt-faculty-health-insurance-5.24.2024-accessible.pdf.

Eligible Dependents

Eligible employees may enroll their eligible dependents in the health insurance plan either at time of eligibility, during the enrollment period or with a qualifying life event.

Eligible dependents include:

- Legally married spouse
- Legally Registered Domestic Partner
- Child(ren) – *eligible up to age 26*
Child(ren) includes biological child, stepchild, and child placed under a qualified medical child support order.

Overage Children with a Disability: A child with a disability who is dependent on you may be eligible to continue coverage after turning 26. For more information, please contact the District Human Resources Benefits staff.

Overage Dependents

Dependent children can remain on the health care plan up until they attain age 26, at which time they will receive information on how to continue the health insurance plan at cost, as allowed through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Required Supporting Documents Needed for Proof of Dependent Eligibility

Below is a list of the supporting documentation **required** in order to establish dependent eligibility.

Employees who wish to add their eligible dependents to the health insurance plans - either during the enrollment period, or with a qualifying life event - have 31-days from the event date, including the event date, to complete the enrollment and upload the required supporting dependent documents as listed below in BenefitBridge.

- **Spouse:**
 - Copy of the legal certified marriage certificate.
 - Copy of Prior Year's Federal Tax Form that shows the couple was married (financial information may be blocked out).
 - Copy of the spouse's social security card.
- **Registered Domestic Partner (RDP):**
 - Copy of the Certificate of Registered Domestic Partnership issued by State of California.
 - RDP's social security card.
- **Biological Child(ren):**
 - Copy of legal certified birth certificate(s).
 - Copy of the child's social security card.
- **Stepchild(ren):**
 - Copy of legal certified birth certificate(s) naming the current legally, married spouse or RDP as the child's biological parent.
 - Copy of the child's social security card.
- **Adopted Child(ren):**
 - Copy of the legal birth certificate(s).
 - Copy of the legal adoption documentation.
 - Copy of the child's social security card.
- **Legal guardianship of a child(ren) up to age 18:**
 - Copy of legal certified birth certificate(s).
 - Copy of legal US Court documentation establishing guardianship.
 - Copy of the child's social security card.

It is your responsibility to provide the required documents to establish dependent eligibility. If you fail to submit the necessary documentation within your enrollment period, we will not be able to approve your dependent's enrollment. If you believe you have extenuating circumstances preventing you from obtaining the document and you would like to discuss, contact the District Human Resources Benefits staff early within your enrollment period.

Enrollment and Qualifying Life Events

Enrollment Periods and Benefit Coverage Periods

Enrollment periods are tentatively scheduled for:

- August 11, 2025 to August 29, 2025 (for the coverage period September 1, 2025 through February 28, 2026)
- January 12, 2026 to January 30, 2026 (for the coverage period March 1, 2026 through August 31, 2026)
- August 10, 2026 to August 28, 2026 (for the coverage period September 1, 2026 through September 30, 2026*).

*Based on the current MOU, the pilot program is set to end September 30, 2026

During each enrollment period, eligible employees will be notified of their eligibility, required actions, and the deadlines via their District/campus email address. **Therefore, it is important that you check your District/campus email address regularly!**

Enrollment

- During each enrollment period, eligible employees must either enroll in a health insurance plan or waive coverage by providing proof of other insurance within the designated time frame. All elections must be completed in BenefitBridge, our online benefits enrollment system.
- To **waive** the district sponsored health plan coverage, the employee is required to elect "Waive Coverage" in BenefitBridge **and** upload proof of other medical insurance coverage along with the effective dates of that coverage.
 - Proof of other medical insurance coverage **must** be one of the following:
 - A copy of your medical insurance card verifying you are covered **and** the duration/effective dates of that coverage, **OR**,
 - A letter from your spouse's/registered domestic partner's employer or covered person's employer or health plan verifying you are covered as a subscriber or dependent under the medical coverage and the duration/effective dates of that coverage.
 - Failure to waive coverage properly or to provide acceptable proof of other coverage will result in employee-only coverage under the lowest-cost health plan available. **This may place the employee in a health plan they did not choose or may not prefer** and could result in Coordination of Benefits issues.
- **Eligible employees who do not complete and submit their enrollment elections to either enroll in a health insurance plan or waive coverage in BenefitBridge** within the designated time frame will automatically be enrolled for employee only coverage under the lowest cost health plan for the plan year as per the Memorandum of Understanding (MOU) - <https://www.scccd.edu/uploaded-files/documents/departments/human-resources/mou-and-agreement-pt-faculty-health-insurance-5.24.2024-accessible.pdf>

Changes in Dependent Eligibility/Qualifying Life Events

Eligible employees have 31-days from the qualifying life event date, including the event date, to make changes to dependent enrollment on the health plans. Employees who experience a dependent eligibility change/qualifying life event are responsible to complete the online benefit enrollment changes in BenefitBridge. Employees will be required to elect coverage and upload the required supporting documents to establish eligibility in BenefitBridge within 31-days from the qualifying event date, including the event date.

Failure to complete the online enrollment change request and upload the required supporting documents in BenefitBridge will impact dependent eligibility for health insurance, health care continuation under COBRA, and may result in you incurring liability for health care expenses.

Qualifying events include, but are not limited to:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, registration or dissolution of domestic partnership, and death of a spouse.
- Birth, adoption, placement for adoption, or death of a dependent child.

- Change in employment status, including the start or termination of employment by you, your spouse, or your dependent child.
- Permanent change in work schedule, including a significant increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits.
- Lost eligibility under a prior health plan for reasons other than non-payment of premium or due to fraud or intentional misrepresentation of a material fact.
- Change in an individual's eligibility for Medicare, Medicaid or Children's Health Insurance Program (CHIP) coverage.
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child or dependent foster child.

If you need help to determine what supporting documents are needed, contact the District Human Resources benefits staff via email at benefits@scccd.edu or by phone at (559) 243-7100.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Part-time faculty members who qualify and enroll in a District-sponsored group medical insurance plan who separate from the District or who subsequently fail to qualify, may have the option to continue their District-sponsored medical insurance plan at their own expense as afforded under COBRA legislation. COBRA is a federal law that allows employees (and their families) to continue their employer-sponsored health insurance coverage for a limited time after a qualifying event—such as job loss, reduction in work hours, or other life events. All COBRA plans are administered directly through the District's third-party administrator, P&A Group.

Should you become ineligible under the Part-Time Faculty Health Insurance Pilot Program, the Human Resources benefits staff will send an email notification to your District/campus email address.

Health Benefit Offerings, Costs, and Benefit Coverage Periods

The District will provide District-sponsored group medical insurance plan coverage for eligible part-time faculty employees and their eligible dependents, conditioned upon the provisions of the MOU - [https://www.scccd.edu/ uploaded-files/documents/departments/human-resources/mou-and-agreement-pt-faculty-health-insurance-5.24.2024-accessible.pdf](https://www.scccd.edu/uploaded-files/documents/departments/human-resources/mou-and-agreement-pt-faculty-health-insurance-5.24.2024-accessible.pdf).

The District and employees share in the cost of the health insurance coverage. The District Contribution toward the health insurance plan monthly premium is specified in the MOU. The monthly employee portion of the premium is automatically deducted from your paycheck. Employees can elect to have the employee payroll deduction taken out on a pre-tax basis. The pre-tax election can be selected at time of enrollment in BenefitBridge.

Medical Insurance Plans (Monthly Employee Payroll Deduction)

Plan	Employee Monthly Payroll Deduction
Kaiser High Traditional HMO	\$342.47
Kaiser Low Deductible HMO	\$55.13
Kaiser High Deductible Health Plan HMO (HSA Qualified Plan)	\$0
Kaiser PPO	\$858.21

IMPORTANT: If an eligible, enrolled employee does not receive a paycheck for any month, the District will issue a bill for the employee share of the premium. Failure to pay the required premium will result in termination of coverage.

Coverage Effective Dates

- Fall 2025 - medical insurance will be effective from September 1, 2025 through February 28, 2026
- Spring 2026 - medical insurance will be effective from March 1, 2026 through August 31, 2026
- Fall 2026 - medical insurance will be effective September 1, 2026 - September 30, 2026.*

**Based on the current MOU, the pilot program is set to end September 30, 2026.*



Kaiser Permanente HMO Medical Plans

This matrix is a brief side-by-side summary of the Kaiser High Traditional HMO, Kaiser Low Deductible HMO plan, and Kaiser High Deductible Health Plan (HDHP) (HSA compatible) HMO benefits. You must read the entire Evidence of Coverage (EOC) to understand the details of the coverage. All EOCs can be found in BenefitBridge (<http://www.benefitbridge.com/SSO/SPLogin/statecenterccd>) and on the District Part Time Faculty Health Insurance Pilot Program web page (<https://www.scccd.edu/departments/human-resources/faculty-information/part-time-faculty-health-insurance.html>).

Plan Benefits	Kaiser High HMO	Kaiser Low DHMO	Kaiser HDHP (HSA Plan)
Deductible-Individual	None	\$2,000	\$3,300
Deductible-Family	None	\$4,000	\$6,600
Coinsurance	None	20%	10%
Office Visit Copay	\$25	\$20	10% coinsurance after deductible
Specialist Copay	\$25	\$20	10% coinsurance after deductible
Max Out of Pocket Individual	\$1,500	\$4,000	\$5,300
Max Out of Pocket Family	\$3,000	\$8,000	\$10,600
X-ray and labs	\$10 per encounter	\$10 per encounter after deductible	10% coinsurance after deductible
Advanced Imaging (MRI, CT)	\$50 per procedure	20% up to \$50 per procedure	10% coinsurance after deductible
Outpatient Surgery	\$100 per procedure	20% coinsurance after deductible	10% coinsurance after deductible
Inpatient Hospital (Mental Health)	\$500 copay per admit	20% coinsurance after deductible	10% coinsurance after deductible
Emergency Room	\$100	20% coinsurance after deductible	10% coinsurance after deductible
Ambulance	\$100 per trip	\$150 per trip after deductible	10% coinsurance after deductible
Urgent Care	\$25	\$20	10% coinsurance after deductible
Durable Medical Equipment	No charge	20% coinsurance (deductible does not apply)	10% coinsurance after deductible
Physical, Occupational, and Speech Therapy	\$25 per visit	\$20 per visit after deductible	10% coinsurance after deductible
Prescriptions-Retail			
Rx Max Out of Pocket	N/A	N/A	N/A
Generic/Tier 1	\$10 copay	\$10 copay	\$10 copay after deductible
Preferred Brand/Tier 2	\$30 copay	\$30 copay	\$30 copay after deductible
Non-Preferred Brand/Tier 3	\$30 copay	\$30 copay	\$30 copay after deductible
Specialty	20% coinsurance up to \$150	20% coinsurance up to \$150	30% coinsurance up to \$150 after deductible

Kaiser Permanente HMO Medical Plans

About the Kaiser Permanente HMO Medical Plans

- The Kaiser High Plan is a traditional HMO plan.
- The Kaiser Low Plan is a Deductible HMO plan
- The Kaiser High Deductible Health Plan (HDHP) is a Health Savings Account (HSA) qualified plan.
- All plans use Kaiser Hospitals and facilities.
- There are no out-of-network benefits.
- Members of the District's Kaiser HMO plans are part of the Kaiser Northern Region.
- Members enrolled on the Kaiser HDHP – the deductible applies to prescription drugs.
- Most Kaiser Facilities and Medical Centers offer one-stop service – primary care, specialists, lab tests, x-rays, and pharmacy.
- With Kaiser, your doctor, nurses, and other specialists all work together to keep you healthy. They are connected to each other and to you through your electronic health record. That way, you get personalized care that is right for you.
- Kaiser makes it easy to find a doctor who is right for you, and you are free to change doctors at any time, for any reason.
- If you have a condition like diabetes or heart disease, you are automatically enrolled in a disease management program for personal coaching and support.
- Kaiser offers self-care apps such as Calm, at no additional cost to members.
- Kaiser offers online wellness tools, healthy lifestyle programs, health classes, personal wellness coaching, special rates for members and farmers markets.

Local Kaiser Facilities

- Clovis Medical Offices
2071 E. Herndon Ave., Clovis, CA 93611
- First Street Medical Offices
4785 N. First St., Fresno, CA 93726
- Fresno Medical Center
7300 N. Fresno St., Fresno, CA 93720
- Cedar Avenue Medical Offices
7415 N. Cedar #102, Fresno, CA 93720
- Selma Medical Offices
2651 Highland Ave., Selma, CA 93662
- Oakhurst Medical Offices
40595 Westlake Dr., Oakhurst, CA 93644

Kaiser Health Education Departments

Health Education Departments are available at the Fresno Medical Center, Selma Medical Offices, and the Clovis Medical Offices. Kaiser health classes, program and services range from tobacco cessation classes to weight management to stress relief. Kaiser also offers an online health reference center, DVD and online viewing, community resources and referrals and registered dietician appointments (physician referral only).



Kaiser Permanente HMO Medical Plans

Telemedicine Services

Kaiser offers telemedicine services by e-mail, phone, and video visits.

Cost Estimate Tool

Kaiser members can access a cost estimate calculator for services and benefits through their member portal at www.kp.org.

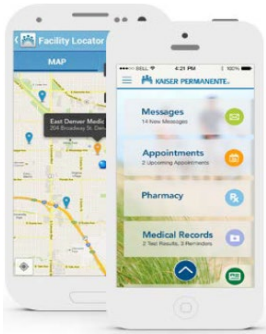
Care Options While Traveling

No matter where you get urgent or emergency care around the world, you can file a claim for reimbursement. And at many locations outside of Kaiser Permanente states, you will only play your copay or coinsurance – no need to file a claim. Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at 951-268-3900 or visit kp.org/travel.

- Cigna PPO (Shared Administration) Network providers
- MinuteClinics®, including pharmacies*
- Concentra clinics*

**Payment experiences vary by plan*

Apps



Kaiser members can access a member portal, www.kp.org, online or through the KP Mobile App.

The member portal and mobile app allows members to schedule appointments, view lab results, email your doctor, view Explanation of Benefits, view bills, and access a wealth of health resources and tools.

Medical ID Cards

All new members to Kaiser will receive a medical ID card issued in his/her name. For newly enrolled members, please allow at least fourteen (14) business days (*from when your enrollment is approved in BenefitBridge*) to receive your medical ID cards.

If a member should lose an ID card, please contact Kaiser Member Services at (800) 464-4000 to request a new one. Members can also log into their Kaiser member portal (www.kp.org) or mobile app to access a virtual ID card.

Kaiser Permanente PPO Medical Plan

About the Kaiser Permanente PPO Medical Plan

With the Kaiser PPO plan you can choose to receive medical care through the Private Healthcare Systems (PHCS) Network in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, or through the Cigna HealthCare PPO Network in all non-Kaiser Permanente states.

Provider directory - kp.org/kpic/ppo or call 1-888-298-7427.

With a PPO plan, it is the members responsibility to ensure they are using in-network providers and services.

You can also see a specialist without a referral.

By using in-network providers, you pay deductibles, coinsurance and copays toward your out-of-pocket maximum.

Nonparticipating Provider

You can choose any licensed physician, hospital, laboratory, or other type of provider; however, you will pay a greater share of the cost.

Prescriptions

KPIC contracts with MedImpact

- MedImpact pharmacies include Walgreens, CVS, Rite Aid, Ralphs, Safeway, Costco, and many more.
- To fill a prescription, show your ID card.
- A generic drug will always be supplied in place of a brand-name drug unless your provider specifically requests the brand.
- Certain drugs have recommended prescribing guidelines, such as step therapy or prior authorization. For more information, call 1-800-788-2949, 24 hours a day, 7 days a week or visit kp.org/pharmacylocator/ppo
- Mail order is offered through Walgreens Home Delivery

Medical ID Cards

All new members to the Kaiser PPO plan will receive a medical ID card. For newly enrolled members, please allow at least fourteen (14) business days (from when your enrolment is approved in BenefitBridge or your effective date) to receive your medical ID cards.

If you do not receive an ID card or need to request a replacement, please call 1-800-788-0710 (TTY 711), Monday through Friday from 7 AM to 7 PM.

Kaiser Permanente PPO Medical Summary

This matrix is a summary of the Kaiser Permanente PPO plan benefits. You must read the entire Evidence of Coverage (EOC) to understand the details of the coverage. All EOCs can be found in BenefitBridge <http://www.benefitbridge.com/SSO/SPLogin/statecenterccd> and on the District Human Resources Part Time Faculty Health Insurance Pilot Program web page (<https://www.scccd.edu/departments/human-resources/faculty-information/part-time-faculty-health-insurance.html>).

Plan Benefits	Kaiser PPO	
	Participating	Non-Participating
	Provider Tier	Provider Tier
	<i>Precertification is required for certain services</i>	
Annual Deductible Individual	\$1,000 Individual	\$2,000 Individual
Annual Deductible Family	\$2,000 Family	\$4,000 Family
Coinsurance	30%	50%
Office Visit/Exam & Specialist	\$35 copay	50%
Telehealth Visits	\$35 copay	50%
Annual Out-of-Pocket Limit Individual	\$4,500 Individual	\$9,000 Individual
Annual Out-of-Pocket Limit Family	\$9,000 Family	\$18,000 Family
Lab Test and Imaging, including X-rays	30%	50%
Outpatient Surgery	\$100 copay then 30% per procedure	\$150 copay then 50% per procedures
Inpatient Hospitalization	\$1,000 copay per admit, then 30%	\$1,500 copay per admit then 50%
Emergency Room (copay waived if admitted)	\$100 copay, then 30%	\$100 copay, then 30%
Urgent Care	30%	50%
Durable medical equipment ⁽¹³⁾	30%	50%
Occupational, physical, respiratory, and speech therapy visits	30%	50%
Prescriptions Retail	MedImpact	Non-Participating
	MedImpact Pharmacies	Non-Participating Pharmacies
Generic drugs (30-day supply)	\$15 copay	Not covered
Brand drugs (30-day supply)	\$40 copay	Not covered
Specialty drugs	30% with \$250 per Rx Max	Not covered

Important Notices

No Surprises Act Notice

Our medical plans are subject to the No Surprises Act, which limits the amount covered persons may have to pay for some out-of-network surprise medical bills. More information about surprise billing requirements included under the No Surprises Act and similar state laws can be found on the medical insurance company's website or the Plan Sponsor's website. Additional information may be found in your Explanation of Benefits for any affected claims.

Newborns' and Mothers' Health Protection Act (NMLHA)

Benefits for pregnancy hospital stay (for delivery) for a mother and her newborn may not be restricted to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section. Also, any utilization review requirements for inpatient hospital admissions will not apply to this minimum length of stay. Early discharge is permitted only if the attending health care provider, in consultation with the mother, decides an earlier discharge is appropriate.

Women's Health and Cancer Rights Act (WHCRA) Annual Notice

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, you should review the Summary Plan Description or call your Plan Administrator at [insert phone number].

Networks/Claims/Appeals

The major medical plans described in this booklet have provider networks with [insert ASO and/or name of carriers]. The listing of provider networks will be available to you automatically and free of charge. A list of network providers can be accessed immediately by using the Internet address found in the Summary of Benefits and Coverage that relates to the Plan. You have a right to appeal denials of claims and a right to a response within a reasonable amount of time. Claims that are not submitted within a reasonable time may be denied. Please review your Summary Plan Description or contact the Plan Administrator for more details.

COBRA Continuation Coverage

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under covered medical, dental, and vision plans (the "Plan"). **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "Qualifying Event." Specific Qualifying Events are listed later in this notice. After a Qualifying Event, COBRA continuation coverage must be offered to each person who is a "Qualified Beneficiary." You, your spouse, and your dependent children could become Qualified Beneficiaries if coverage under the Plan is lost because of the Qualifying Event. Under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a Qualified Beneficiary if you lose coverage under the Plan because of the following Qualifying Events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a Qualified Beneficiary if you lose your coverage under the Plan because of the following Qualifying Events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than their gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or,
- You become divorced or legally separated from your spouse.

Your dependent children will become Qualified Beneficiaries if they lose coverage under the Plan because of the following Qualifying Events:

- The parent-employee dies;
- The parent-employee's employment ends for any reason other than their gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or,

- The child stops being eligible for coverage under the Plan as a “dependent child.”

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been notified of a Qualifying Event:

- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other Qualifying Events (e.g., divorce or legal separation of the employee and spouse, or a dependent child’s losing eligibility for coverage as a dependent child, etc.), you must notify the Plan Administrator within 60 days after the Qualifying Event occurs. You must provide this notice to your employer.

Life insurance, accidental death and dismemberment benefits, and weekly income or long-term disability benefits (if part of the employer’s plan), are not eligible for continuation under COBRA.

NOTICE AND ELECTION PROCEDURES

Each type of notice or election to be provided by a covered employee or a Qualified Beneficiary under this COBRA Continuation Coverage Section must be in writing, must be signed and dated, and must be mailed or hand-delivered to the Plan Administrator, properly addressed, or as otherwise permitted by the COBRA administrator, no later than the date specified in the election form, and properly submitted to the Plan Administrator.

Each notice must include all of the following items: the covered employee’s full name, address, phone number, and Social Security Number; the full name, address, phone number, and Social Security Number of each affected dependent, as well as each dependent’s relationship to the covered employee; a description of the Qualifying Event or disability determination that has occurred; the date the Qualifying Event or disability determination occurred; a copy of the Social Security Administration’s written disability determination, if applicable; and the name of this Plan. The Plan Administrator may establish specific forms that must be used to provide a notice or election.

ELECTION AND ELECTION PERIOD

COBRA continuation coverage may be elected during the period beginning on the date Plan coverage would otherwise terminate due to a Qualifying Event and ending on the later of the following: (1) 60 days after coverage ends due to a Qualifying Event, or (2) 60 days after the notice of the COBRA continuation coverage rights is provided to the Qualified Beneficiary.

If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage rights, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver will be an election of COBRA continuation coverage. However, if a waiver is revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered to be made on the date they are sent to the employer or Plan Administrator.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the Qualified Beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation on behalf of their dependent children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain Qualifying Events, or a second Qualifying Event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

DISABILITY EXTENSION OF THE 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. (See Notice and Election Procedures.)

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If your family experiences another Qualifying Event during the 18 months of COBRA continuation of coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation of coverage, for a maximum of 36 months, if the Plan is properly notified about the second Qualifying Event. This extension may be available to the spouse and any dependent children receiving COBRA continuation of coverage if the employee or former employee dies; becomes entitled to Medicare (Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second Qualifying Event would have caused the spouse or the dependent child to lose coverage under the Plan had the first Qualifying Event not occurred. (See Notice and Election Procedures.)

OTHER OPTIONS BESIDES COBRA CONTINUATION COVERAGE

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

ENROLLMENT IN MEDICARE INSTEAD OF COBRA

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

IF YOU HAVE QUESTIONS

[For ERISA Plans] For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans subject to ERISA, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Address and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit www.healthcare.gov.

[For Government Plans/District Hospitals] The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), has jurisdiction with respect to the COBRA continuation coverage requirements of the Public Health Service Act (PHSA) that apply to state and local government employers, including counties, municipalities, public school districts, and the group health plans that they sponsor (Public Sector COBRA). COBRA can be a daunting and complex area of federal law. If you have any questions or issues regarding Public Sector COBRA, you may contact the Plan Administrator or email HHS at phig@cms.hhs.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

EFFECTIVE DATE OF COVERAGE

COBRA continuation coverage, if elected within the period allowed for such election, is effective retroactively to the date coverage would otherwise have terminated due to the Qualifying Event, and the Qualified Beneficiary will be charged for coverage in this retroactive period.

COST OF CONTINUATION COVERAGE

The cost of COBRA continuation coverage will not exceed 102% of the Plan's full cost of coverage during the same period for similarly situated non-COBRA beneficiaries to whom a Qualifying Event has not occurred. The "full cost" includes any part of the cost which is paid by the employer for non-COBRA beneficiaries.

The initial payment must be made within 45 days after the date of the COBRA election by the Qualified Beneficiary. Payment must cover the period of coverage from the date of the COBRA election retroactive to the date of loss of coverage due to the Qualifying Event (or the date a COBRA waiver was revoked, if applicable). The first and subsequent payments must be submitted and made payable to the Plan Administrator or COBRA Administrator. Payments for successive periods of coverage are due on the first of each month thereafter, with a 30-day grace period allowed for payment. Where an employee organization or any other entity that provides Plan benefits on behalf of the Plan Administrator permits a billing grace period greater than the 30 days stated above, such period shall apply in lieu of the 30 days. Payment is to be made on the date it is sent to the Plan or Plan Administrator.

The Plan will allow the payment for COBRA continuation coverage to be made in monthly installments, but the Plan can also allow for payment at other intervals. The Plan is not obligated to send monthly premium notices.

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>

The Plan will notify the Qualified Beneficiary, in writing, of any termination of COBRA coverage based on the criteria stated in this Section that occurs prior to the end of the Qualified Beneficiary's applicable maximum coverage period. Notice will be given within 30 days of the Plan's decision to terminate.

Such notice shall include the reason that continuation coverage has terminated earlier than the end of the maximum coverage period for such Qualifying Event and the date of termination of continuation coverage.

See the Summary Plan Description or contact the Plan Administrator for more information.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including your spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Special Enrollment Rights Notice

CHANGES TO YOUR HEALTH PLAN ELECTIONS

Once you make your benefits elections, they cannot be changed until the next Open Enrollment. Open Enrollment is held once a year.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if there is a loss of other coverage. However, you must request enrollment no later than 30 days after that other coverage ends.

If you declined coverage while Medicaid or the Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment no later than 60 days after Medicaid or CHIP coverage ends.

If you or your dependents become eligible for Medicaid or CHIP premium assistance, you may be able to enroll yourself and/or your dependents into this plan. However, you must request enrollment no later than 60 days after the determination to remain eligible for such assistance.

If you have a change in family status such as a new dependent resulting from marriage, birth, adoption or placement for adoption, divorce (including legal separation and annulment), death, or Qualified Medical Child Support Order, you may be able to enroll yourself and/or your dependents. However, you must request enrollment no later than 30 days after the marriage, birth, adoption, or placement for adoption or divorce (including legal separation and annulment).

For information about Special Enrollment Rights, please contact:

Contact District Human Resources

Contact Information benefits@scccd.edu or call 559-243-7100

Medicare Part D – Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with State Center Community College District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- State Center Community College District has determined that the prescription drug coverage offered by [Insert Name of Client Medical Plan(s)] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current [State Center Community College District] coverage will not be affected. If you keep this coverage and elect Medicare, the [State Center Community College District] coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current [State Center Community College District] coverage, be aware that you and your dependents will be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with [State Center Community College District] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (i.e., a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed below for further information. **Note:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through [State Center Community College District] changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

REMEMBER

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity / Sender: State Center Community College District

Contact: District Human Resources

Address: 1171 Fulton Street
Fresno, CA 93721

Phone: 559-243-7100

Email: beneifts@scccd.edu

Availability of Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

[State Center Community College District] Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact [insert name, address or telephone number of person to contact].

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

This notice provides you with information about [State Center Community College District] in the event you wish to apply for coverage on the Health Insurance Marketplace. All the information you need from Human Resources is listed in this notice. If you wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, (for California residents only) you can contact KeenanDirect at 855-653-3626 or at www.KeenanDirect.com, or (for everyone) contact the Health Insurance Marketplace directly at www.Healthcare.gov.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget by offering “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away.

Open Enrollment for health insurance coverage through Covered California will begin on November 1, 2023, and end on January 31, 2025. For more information on Open Enrollment and other opportunities to enroll, visit www.coveredca.com or KeenanDirect at 855-653-3626 or www.KeenanDirect.com.

Open Enrollment for most other states begins on November 1 and closes on January 15 of each year. For more information on Open Enrollment and other opportunities to enroll, visit www.healthcare.gov.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer you coverage, offers medical coverage that is not “Affordable,” or does not provide “Minimum Value.” If the lowest cost plan from your employer that would cover you (and not any other members of your family) is more than 8.39% (for 2025) of your household income for the year, then that coverage for you is not Affordable. Affordability for dependent family members is determined separately and is based on the total cost of family coverage. Moreover, if the medical coverage offered covers less than 60% of the benefits costs, then the plan does not provide Minimum Value.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of medical coverage from your employer that is both Affordable and provides Minimum Value, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s medical plan. If you receive premium savings for Marketplace coverage, the IRS may seek reimbursement of those funds.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered medical coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

STATES WITH INDIVIDUAL MANDATE

Taxpayers in CA, DC, MA, NJ, RI, and VT (this list is neither complete nor exhaustive) are reminded that your state imposes an individual mandate penalty (tax) should you, your spouse, and children choose to not have (and keep) medical/rx coverage for each tax year. Please consult your tax advisor for how a non-election for health coverage may affect your tax situation.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

In the event you wish to apply for coverage on the Exchange, all the information you need from Human Resources is listed below. If you are located in California and wish to have someone assist you in the application process or have questions about subsidies that you may be eligible to receive, you can contact KeenanDirect at 855-653-3626 or at www.KeenanDirect.com. The information is numbered to correspond to the Marketplace application.

3. Employer name State Center Community College District	4. Employer Identification Number (EIN) 94-1574802	
5. Employer address 1171 Fulton Street	6. Employer phone number 559-243-7100	
7. City Fresno	8. State CA	9. ZIP code 93721
10. Who can we contact about employee health coverage at this job? District Human Resources Office		
11. Phone number (if different from above)	12. Email address benefits@scccd.edu	

As your employer, we offer coverage that meets the minimum value standard to the employees as described in this Guide. The coverage offered to you meets the minimum value standard and the cost of this coverage to you is intended to be affordable based on employee wages.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877-KIDS-NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>
Phone: 866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHIP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
800-221-3943 | TTY: Colorado relay 711
CHIP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHIP+ Customer Service:
800-359-1991 | TTY: Colorado relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mychohibi.com/>
HIBI Customer Service: 855-692-6442

FLORIDA – Medicaid

Website:
<http://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp/>
Phone: 678-564-1162, press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>

Phone: 800-457-4584 IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 800-257-8563
HIPP Website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 800-792-4884
HIPPA Phone: 800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 877-524-4718
Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 888-342-6207 (Medicaid hotline) or
855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:

https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 800-862-4840 | TTY: Massachusetts relay 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 800-657-3739

MISSOURI – Medicaid

Website: <https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 800-694-3084

Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcftp.nv.gov/>

Medicaid Phone: 800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

HIPP Program Toll-Free Phone: 800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 888-365-3742

OREGON – Medicaid

Websites: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 877-543-7669

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid Phone: 800-432-5924

CHIP Phone: 800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-Free Phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

877-267-2323, Menu Option 4, Ext. 61565

Frequently Asked Questions

This is not an all-inclusive listing of frequently asked questions. For questions not listed here, please contact Lisa RochaDanks, Benefits Technician, at (559) 243-7130 or the District Human Resources benefits staff via email at benefits@scccd.edu or call (559) 243-7100.

Q: How do I know if I am eligible for health insurance under the Part-Time Faculty Health Insurance Pilot Program?

To be eligible for this program, the following criteria has to be met:

- Part-time faculty member will have a 50% of a full-time faculty* assigned load or higher for the Fall semester; AND
 - 50% of a full-time faculty assigned load or higher for the Spring semester, OR
 - 50% average of a full-time assigned load or higher for the Fall and Spring semesters combined.

Q: I have not received any email notifications from the District Human Resources benefits office, but I believe I am eligible. What should I do?

If you have not received any email communications from the Human Resources benefits team during the enrollment period and you believe you meet the eligibility thresholds, contact Lisa RochaDanks, Benefits Technician, at (559) 243-7130 or email benefits@scccd.edu. Enrollment periods occur in August 2025, January 2026, and August 2026.

Q: Can I opt out of/waive the District's health insurance plans?

At time of enrollment, eligible employees can elect to waive coverage and not enroll in a medical plan. To do this, the employee is required to elect "Waive Coverage" in BenefitBridge and upload the supporting documentation - proof of other medical insurance coverage along with the effective dates of that coverage. Proof of other medical insurance coverage must be one of the following:

- A copy of your medical insurance card verifying you are covered and the duration/effective dates of that coverage,
- OR,**
- A letter from your spouse's/registered domestic partner's employer or covered person's employer or health plan verifying you are covered as a subscriber or dependent under the medical coverage and the duration/effective dates of that coverage.

If you are on a medical insurance plan offered through another employer, a spouse/registered domestic partner, or Covered California, please contact that agency to determine if there is anything you may need to do now that you are being offered group medical insurance through your employer, State Center Community College District.

Q: How do I enroll or make changes to my health benefits under the Part-Time Faculty Health Insurance Pilot Program?

All benefit enrollment and elections must be done through your BenefitBridge account.

Q: How do I access BenefitBridge?

Log into your MyPortal account. Once logged in, you can find the BenefitBridge portal under the Apps Catalog. You can also access via the web at <http://www.benefitbridge.com/SSO/SPLogin/statecenterccd>

Frequently Asked Questions

Q: I am having issues logging into BenefitBridge. Who can assist me?

Contact the Human Resources benefits team for assistance via email at benefits@scccd.edu or by calling (559) 243-7100.

Q: I am having technical issues with BenefitBridge. Who can help me?

The BenefitBridge Customer Care team can assist you. The BenefitBridge Customer Care team can be reached by phone at 800-814-1962 Monday – Friday, 8:00 AM – 5:00 PM, PST or by e-mail benefitbridge@keenana.com

Q: If I have other insurance from my spouse/registered domestic partner, what plan should I elect?

The District Human Resources benefits staff cannot provide advice on which plan to choose. However, the Kaiser HMO plans will coordinate benefits with other Kaiser HMO plans. It is very important to note that HMO plans do not coordinate with PPO plans and vice versa. Also, your medical plan with the District will be primary for you. If you have questions regarding coordination of benefits, please contact the District Human Resources benefits staff via e-mail benefits@scccd.edu or by phone at (559) 243-7100.

Q: How do I know if I successfully completed my enrollment in BenefitBridge?

To complete your online enrollment process in BenefitBridge, you will be provided a document page - "Summary of Benefits for the Requested Effective Date..." - which you must digitally sign and submit. Once that is completed, please allow at least five (5) business days for the approval/denial process to be completed in BenefitBridge. Be sure to review your BenefitBridge message center. Your BenefitBridge message center will notify you if further information is needed and/or if your enrollment request is approved/denied. If you are still unsure of your enrollment status, and prior to the 31st day of your enrollment period, please reach out to Lisa RochaDanks, Benefits Technician, at (559) 243-7130 or the District Human Resources benefits staff via email at benefits@scccd.edu or by phone at (559) 243-7100.

Q: What if I do not have copies of the required supporting dependent eligibility documents?

In order to enroll your eligible dependents, you must upload the appropriate supporting documents in BenefitBridge within your 31-day enrollment period. If you should need to order documents, you may do so through the local county recorder's office, hall of records, or the Department of Public Health. Failure to submit the required documentation in BenefitBridge will result in denial of the enrollment request.

Q: What happens if I am eligible and do not take action?

You will be automatically enrolled in the lowest-cost health plan, the Kaiser High Deductible Health Plan. If you have other health insurance coverage, the district-sponsored medical plan may become your primary plan, which could affect your existing coverage or coordination of benefits.

Q: I received a provider bill and have questions, who can I contact?

Contact the provider directly. If you have questions regarding how the insurance processed the claim for services, review your Explanation of Benefits form from the health insurance plan administrator or reach out to the health insurance plan administrator directly.

Q: How long can my dependent child remain on the health plans?

Children are eligible to remain on your medical plan until the end of the month in which they turn age 26. Please see the 'Overage Dependents' section on page 4.

Q: My enrolled dependent has passed away. Do I need to notify anyone?

Yes, please contact the District Human Resources benefits staff at (559) 243-7100.

Frequently Asked Questions

Q: Who at the District can assist me with my benefit-related questions or concerns?

Contact Lisa RochaDanks, Benefits Technician, at (559) 243-7130. You can also email the District Human Resources benefits staff at benefits@sccd.edu or contact us at (559) 243-7100.

Q: Who at the District can assist me with leaves?

For assistance with the Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL), or other leaves available under the bargaining unit agreement, board policy or administrative regulations, please reach out to the District Human Resources department at (559) 243-7100. You will be routed to the appropriate Human Resources Technician who can assist you.

Websites and Contact Information

Member Websites/Portals

	Website
BenefitBridge Benefit Administration Platform	http://www.benefitbridge.com/SSO/SPLogin/statecenterccd
Kaiser Permanente Plan Member Portal	https://healthy.kaiserpermanente.org/
Kaiser Permanente PPO	www.kp.org/kpic/ppo

Customer Service Contact Information

Plan	Phone Number/Email Address
BenefitBridge Customer Service	(800) 814-1862
Kaiser Permanente Medical Plans	(800) 464-4000
SCCCD Human Resources Benefits Staff	<p>Email: benefits@sccd.edu</p> <p>Lisa RochaDanks, Benefits Technician (Part-Time Faculty Health Insurance Pilot Program and Retirees) (559) 243-7130</p> <p>Gabriella Roberts, Benefits Technician (Full-Time Employees) (559) 243-7134</p> <p>Frances Garza, Benefits Coordinator (559) 243-7133</p> <p>District Human Resources Office Main Line (559) 243-7100</p> <p>Part-Time Faculty Health Insurance Pilot Program Webpage: https://www.sccd.edu/departments/human-resources/faculty-information/part-time-faculty-health-insurance.html</p>

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions, contact the District Human Resources Office at (559) 243-7100.