



# GAVILAN COLLEGE

## Human Resources Department

### FAQ for Part-Time Faculty Eligible for Gavilan College District Health Benefits

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#### 1. When is the open enrollment. Can I change my coverage during the semester outside of the enrollment period?

Each medical insurance coverage period is 6 months (February – July for Spring, August – January for Fall)

The deadlines for enrollment are:

**SPRING: January 15<sup>th</sup>**

**FALL: July 15<sup>th</sup>**

Any post census assignment changes (late start classes or late hire faculty) will create an open enrollment period, insurance elections to begin the first day of the month following the hire date.

When a qualifying life event (such as a new birth, or loss of medical insurance coverage) occurs outside of open enrollment, employees have 31 days within the qualifying event date to make changes to their medical insurance coverage enrollment status. Email [HRBenefits@gavilan.edu](mailto:HRBenefits@gavilan.edu) directly to discuss options and form requirements for changing your district medical coverage plan.

If the paperwork (SISC Change Form) is submitted outside of the 31-day window, then the changes will be effective at the next open enrollment. The effective date will be determined by the qualifying event date, to avoid a break in coverage.

#### 2. What enrollment options do I have as a part-time faculty member? What eligibility requirements are there? Are faculty members of multiple California Community College Districts eligible for medical insurance?

There are 2 plan options for qualifying part-time faculty:

Plan 1: **Gavilan District Medical Insurance Plan**

- 40% minimum assigned teaching load during the academic the Spring/Fall semester.
- Premiums are automatically deducted through Payroll (4 payments), reflecting the active teaching months of each semester.
- Insurance Carrier Options:
  - o Anthem Blue Cross (PPO)
  - o Kaiser Permanente
- Insurance Broker: Self-Insured Schools of California (SISC).

Plan 2: **Multidistrict Reimbursement Plan**

- Accumulated assigned workload at two or more California Community College Districts is 40% or greater.



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- Neither individual district assigned workload exceeds 39% at a CCC District that offers medical insurance coverage to part-time faculty.

#### **3. How do I find out my workload percentage?**

Workload percentage is defined in your semester contract. Contact your dean if you need further clarification.

#### **4. How will my workload be measured?**

Human Resources will track your scheduled teaching assignment workload before and during enrollment period as well as periodically throughout the (Spring or Fall) semester's 4 months of active teaching assignment on your behalf. If your teaching assignment drops below the required 40% you will be notified of deactivation of medical insurance coverage and provided with the opportunity to review options to enroll in Plan 2 (Multidistrict Reimbursement) and COBRA.

#### **5. Can I use Gavilan District insurance as a secondary insurance? I currently have medical insurance with Covered California or under as a dependent elsewhere.**

Unfortunately, the part-Time Faculty Benefits program does not allow for co-coordination of benefits for primary and secondary coverage. An employee is ineligible to enroll in Gavilan medical benefits if they currently have medical insurance coverage elsewhere. You may reach out to your current (external) medical insurance provider to discuss deactivation options.

#### **6. Am I eligible for Gavilan District Benefits if I am currently a member of Medicare?**

Coordination of benefits and/or deferring Medicare is necessary before enrolling in alternative medical insurance coverage. The employee **must** talk to Medicare to confirm all restrictions and regulations concerning Medicare enrollment, cancellation, and re-enrollment to avoid penalties. Eligible part-time faculty are instructed to contract Medicare and explain Gavilan is offering an "active group health coverage" and provide the effective start date. Medicare can provide instructions on how to defer Medicare Part B enrollment while actively working. It is the employee's responsibility to discuss the process with Medicare directly to confirm accurate procedural requirements.

#### **7. Does going on leave affect my workload?**

Program eligibility will remain if the assigned teaching load is not affected during the assigned teaching months once enrollment is effective.



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**8. Can I enroll in Kaiser Permanente (HMO) Insurance if I live outside of Santa Clara or Santa Cruz Counties?**

Yes, please remember that includes a commute to the closest Kaiser clinic to avoid out-of-network costs.

**9. How do I search for primary care once enrolled in Gavilan District Medical Insurance?**

Anthem Blue Cross: Anthem Blue Cross - Self-Insured Schools of California Medical Plans  
Kaiser Permanente: Get Care | My Doctor Online (kaiserpermanente.org)

**10. What supporting documentation is required for adding dependents?**

Spouse (one of the following):

- a. Prior year's Federal Tax Form showing the couple was married (financial information may be blocked out).
- b. Marriage Certificate if no tax return record is available.
- c. Certificate of Registered Domestic Partnership.

Child (one of the following):

- a. Legal Birth Certificate or Hospital Birth Certificate.
- b. Legal Adoption Documentation.
- c. Legal Court Documentation establishing Guardianship

**11. What additional benefits are included with Gavilan District Medical Insurance (Plan 1) for eligible part-Time faculty?**

EAP: SISC - Self Insured Schools of California- EAP | Anthem (anthemeap.com)  
1(800)999-7222



SISC Added Value  
Flyer.pdf

**12. What out-of-network coverage is available?**

There is not out-of-network coverage for Anthem Blue Cross or Kaiser Permanente members.

**13. What are the out-of-pocket maximum restrictions?**

The out-of-pocket maximum (OOP Max) can be met by an individual (for example, the \$1000 individual OOP Max) so that they would no longer have out of pocket costs for any in network



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service that apply to the OOP Max, or by the whole family paying the OOP Max together (the \$3000 family OOP Max) with a combination of out of pocket amounts they have each paid, that add up to the total.

So, whether there are 2 family members, or 8 family members, they have to meet the total family OOP Max in order for each family member's plan to pay at 100% for in network services that apply to the OOP max. Basically, for each family member, whichever comes first will trigger that.

If one person reaches their OOP Max, but the family amount hasn't been reached, then only that person who met their OOP Max no longer has OOP costs. However, even if only 3 family members pay enough to add up to the family OOP Max amount, then the entire family gets the benefit of no OOP costs for in network services that apply to the OOP max for that year.

The OOPM is satisfied with in-network and emergency claims only, therefore, if the member has a \$40,000 claim and it is for "eligible" or "covered" in-network or ER charges then the most that member will pay is \$1000 if that is the OOPM.