### COMPTON COMMUNITY COLLEGE DISTRICT



#### OFFICE OF HUMAN RESOURCES BENEFIT HEALTH PLAN COST

## ADMINISTRATORS/FACULTY/CLASSIFIED PROFESSIONALS

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.

## **Important Information**

- 2021 Medical Rates\*
- <u>Health Plans</u>
- <u>CalPERS Member Handbook</u>
- <u>CalSTRS Member Handbook</u>
- <u>Supplemental Insurance Aflac</u>
- Supplemental Insurance Colonial Life
- Supplemental Insurance Section 125 Health & Dependent Care Flexible Spending Accounts (FSA)

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: <a href="https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search">https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/zip-search</a>

Delta Dental Plans and MES Vision				
VENDORS	EMPLOYEE	TWO-PARTY	FAMILY	GROUP NO.
Delta Dental PPO	\$62.11	\$125.81	\$182.47	0908-1911
Delta HMO-Plan 10A	\$44.91	Composite	Rate	01691-0106
VSP Vision	\$12.34	\$22.16	\$32.06	25003

\*Converted to "Tenthly" Rates

# Union Dues:

Faculty-\$100.00, Classified- \$70.00 Note: Faculty/Classified employees, who are within the collective bargaining unit, will be contacted by a union representative 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 2400.

We look forward to serving you and your benefit needs!

Thank you for your cooperation.