

Department of Human Resources

MAILING ADDRESS Kentfield Campus 835 College Avenue Kentfield, CA 94904 LOCATED Indian Valley Campus 1800 Ignacio Blvd. Bldg. 11 2nd floor Novato, CA 94949 (415) 485-9340

Date: August 1, 2024

To: Temporary Credit and Non-Credit Unit Members

From: Ron Owen, Senior Benefits Analyst

Re: Kaiser Health Coverage

Congratulations on your hire with COM. The following describes your options under article 4.2.

Reference: 4.2 Health Coverage: Temporary Credit and Non-Credit Unit Members

4.2 (c) Qualifying temporary credit and noncredit unit members are those who are currently employed part-time, teach twelve 12 credit or noncredit units or more in an academic year, excluding summer term, and who teach at least six (6) credit or noncredit units in the Fall semester (coverage months September to January). The six (6) units in the Fall semester may include a late-start course. If any course is cancelled or the unit member's assignment drops below six (6) units in the Fall or below twelve (12) for the academic year in the Spring, the unit member's District provided coverage will be terminated the first of the month after the course cancellation/reduction in units and the unit member will repay the District for the health coverage strict already provided. The unit member may continue coverage at their own cost under COBRA.

UPM MOU-March 2023: The District Contributes between \$2,100.00 - \$2,600.00 per month towards your medical premium for eligible part-time faculty.

The Monthly Premiums, District and Employee contributions are as follows:

Part-Time Faculty	Renewal Rates Effective 10/01/2024 (monthly)		
	Total	District	Employee
	Premium	Contribution	Contribution
Kaiser Permanente Traditional Plan			
Employee	\$1,199.00	\$1,199.00	\$0.00
Employee + 1	\$2,346.00	\$2,100.00	\$246.00
Family	\$3,301.00	\$2,600.00	\$701.00
Kaiser Permanente Deductible Plan			
Employee	\$1,069.00	\$1,069.00	\$0.00
Employee + 1	\$2,090.00	\$2,090.00	\$0.00
Family	\$2,941.00	\$2,600.00	\$341.00
Blue Shield - 100% Plan A			
Employee	\$1,554.00	\$1,554.00	\$0.00
Employee + 1	\$3,061.00	\$2,100.00	\$961.00
Family	\$4,319.00	\$2,600.00	\$1,719.00
Blue Shield - 80% Plan K			
Employee	\$1,164.00	\$1,164.00	\$0.00
Employee + 1	\$2,290.00	\$2,100.00	\$190.00
Family	\$3,227.00	\$2,600.00	\$627.00

If you are currently enrolled in a Kaiser plan and you have no changes, there is no further action required.

Action: If you are interested in enrolling in either Kaiser or Blue Shield, please send an email to: rowen@marin.edu. I will create your profile in BenefitBridge (our online benefits enrollment platform) and then send you a link when it is ready for you to enroll. Coverage will be effective on the September 1st (deductions begin on the August payroll):

To enroll a Dependent, you will need proof of eligibility for dependents

Required Documentation

The fall semester coverage period is September 1 - January 31. The spring semester coverage period is February 1 - January 31.