

Part-time Health Insurance Allowance FAQ

1. Who qualifies for the part-time health insurance allowance?

Any part-time faculty member who has

- been assigned a cumulative total of at least 12 LHE (i.e., twelve units of assignment) over the previous 12 months, including summer (e.g., 6 in the fall and 6 in the spring, or 6 in the fall, 3 in summer, and 3 in the spring, or any other combination of assignments that adds up to 12 total LHE over the previous 12 months);
- has completed 6 semesters of employment in the District
- has held an assignment during 5 of the previous 6 semesters, not including summer;
- has an assignment equivalent to at least 3 LHE in the semester for which the benefit is requested;

and

- is purchasing health coverage through a voluntary Bronze, Silver, Gold, or Platinum medical plan through Covered California under the Patient Protection and Affordable Care Act, or an equivalent qualified voluntary comprehensive medical or health insurance program;

and

- submits all of the required documentation showing the monthly premium cost of the coverage for the faculty member, and a complete and signed application/affidavit, before the published deadlines each semester to the District Business Office. All forms are due no later than 5 pm on September 10th for the fall semester and February 10th for the spring semester.

2. Who does not qualify?

Anyone who

- does not meet the longevity and assignment level criteria described above;
- has not purchased voluntary comprehensive health insurance;

or

- whose insurance premium is funded by a spouse's/domestic partner's/family member's employer provided or group plan, or anyone whose individual premium is under \$100;

or

- fails to complete and turn in the applications materials and documentation before September 10th, 5:00 pm, for the fall semester, and February 10th, 5:00 pm for the spring semester, to the District Business Office.

3. I'm on Medicare. Can I claim the part-time benefit to offset my cost for my Medicare coverage?

If you meet the longevity and assignment qualifications, and you turn in the required documentation by the deadline, you qualify for a benefit of up to \$250.

4. I'm able to buy insurance through my spouse's/domestic partner's business/group plan? Do I qualify?

If you are paying for your own insurance coverage by buying into a group plan, and your cost is greater than \$99, yes, you do qualify, if you also meet the criteria for longevity and assignment level. You will need to provide proof of enrollment showing the monthly premium cost and sign the affidavit noting the monthly and annual cost of your plan.

If your premium is paid by an employer, or if you pay less than \$100 for coverage, you do not qualify. If your premium is under \$100, the employer is funding a portion of your premium.

5. My insurance is provided through my spouse's/domestic partner's business/group plan, but I have to pay a co-pay for health services; do I qualify?

No. If you're paying only a co-pay for services, then your premium is sponsored by another employer, and you do not qualify.

6. How much is the benefit?

The amount received by individual faculty members depends on the amount they are paying for coverage, according to the following table:

Monthly Cost	Monthly Allowance
\$1 to \$99	\$0
\$100 to \$250	<i>up to \$250</i>
\$251 to \$500	<i>up to \$500</i>
\$501 plus	<i>up to \$750</i>
Medicare Recipients	<i>up to \$250</i>

7. What does "up to" mean in this table?

The amount you receive each month is fixed; it does not vary according to how much you are spending. Normally, each person will receive the maximum amount paid in that category (i.e., those paying between \$100 and \$250 will receive \$250 monthly; those paying between \$251 and \$500 will receive \$500; those paying over \$500 will receive \$750). "Up to" means that the fixed amount (\$250, \$500, or \$750) will be reduced if enough people claim the benefit to push the total cost of the plan over the negotiated amount paid by the District to all beneficiaries.

The total amount of money that the District will distribute each semester is \$384,000. If the cap is not exceeded, each qualified faculty member will receive the maximum amount listed in the table. But if the total amount in a semester distributed by the District will exceed that cap, each faculty member's individual benefit for that semester will be reduced proportionately to an amount necessary to meet the cap. In either case, everyone in each category receives the same amount of money, regardless of the cost of their individual insurance plan premium.

8. Do I have to submit my documentation by the deadline every semester?

Yes.

9. What happens if I give up or lose my insurance?

You must notify the District within ten business days of the end of your coverage, and your benefit will end.

10. What happens if I don't notify the District when my insurance ends?

We would recommend that one not attempt to defraud the District. They have lawyers. The program is subject to random District audits. If they discover that you have been collecting benefits to which you are not entitled, they will move to recoup the money that you have received after your insurance ended.

11. I'm covered by my spouse's/domestic partner's insurance; can I collect the benefit for my dependents?

No, the benefit is intended to offset the cost of comprehensive insurance for the part-time faculty member only, not for dependents.

12. Can I use the benefit to pay for supplemental insurance (e.g., dental, vision)?

No, the part-time health benefit is intended for comprehensive coverage through Covered California, or an equivalent comprehensive health plan.

13. How do I apply for the part-time health benefit?

Submit the application materials one of two possible ways:

1. E-mail complete packet (application/affidavit and supporting documentation) to hrptfinsurance@socccd.edu.
2. Submit complete packet (application/affidavit and supporting documentation) to Human Resources, 3rd Floor Human Services (HS) building, HR Front Desk Room 370.

14. Where do I get the application materials?

If you are eligible for the program because you have met the longevity, average assignment, and current assignment criteria, you should receive an email from the District with the information sheet and affidavit attached. If you believe yourself to be eligible, but did not receive the application materials, or if you have lost them, they are available for download from the Faculty Association website.

15. What do I need to include in my application?

You will need to submit a signed affidavit attesting that the part-time faculty member receiving the health benefit is not eligible for health or medical insurance through the District as a retired full-time faculty member, or is not receiving provided coverage through a family member's medical insurance plan, a provided group plan, or another employer's medical insurance plan;

and

documentation of enrollment in a Bronze, Silver, Gold, or Platinum medical plan provided through Covered California (such as a screen capture or email showing enrollment and coverage dates),

or

documentation of enrollment in an equivalent medical or health insurance plan such as an insurance declaration page reflecting dates of coverage, or a copy of insurance card, front and back, reflecting coverage dates.

and

documentation showing the monthly cost of the insurance premium for the covered individual.

16. What does this Part-time Health Insurance affidavit mean? Do I have to sign it?

You must sign the affidavit to qualify for the part-time health benefit. It means that you are supplying truthful information, under penalty of perjury, regarding your qualifications for the health insurance benefit, and that you are not having insurance provided for you, and that you are paying the amount listed on the affidavit.

17. I didn't get insurance until after the application deadline; can I apply later?

To receive the benefit for a given semester, you must apply by the deadline for that semester. If you have not signed up for a qualifying health or medical insurance plan by the deadline (September 10th, 5:00 pm, for the fall semester, and February 10th, 5:00 pm for the spring semester), you will have to wait to apply the following semester. Your health insurance benefit will not be retroactive.

18. Can the District randomly audit my eligibility to make sure that I still qualify?

Yes.

19. Who do I contact regarding the part-time health insurance benefit program?

You may contact the District representative at hrptfinsurance@socccd.edu, and/or the Faculty Association at facultyassociation@socccd.edu.

20. What do I do if I feel that I have been unjustly denied my benefit?

Please contact the Faculty Association (facultyassociation@socccd.edu) with your concerns. Association Representatives will review your application and advocate on your behalf with the District if your denial of benefits was not justified.

21. What happens if a part-time faculty member switches to a different insurance carrier and/or different tier coverage (Bronze to Gold, for example) during the semester? Would this change in coverage, risk cancellation of the stipend for that semester?

Switching coverage or carriers should have no effect on a faculty member's qualification for the benefit, so long as the premium still falls within the qualifying amounts for the stipend you currently receive.

22. How is the stipend paid out? Will it be added to paychecks, or paid separately?

The benefit stipend is added to the monthly paycheck.

23. Does the summer semester count as part of this part-time faculty health insurance program? Is the benefit paid during the summer term for those who teach in the summer?

The benefit stipend is paid only during the regular academic year, and not during summer.

24. Why is the part-time health benefit program designed in this way?

To explain that, we need to cover some history. Grab a seat, and a beverage. Long, long ago, the District provided a health plan for all part-time faculty members who met the criteria for longevity, average level of assignment, and current assignment, and who applied for coverage. However, the insurance carrier discontinued that coverage, arguing that the only people who made use of the plan were high-risk, and providing health care to those people cost far more than they were receiving in premiums.

After an unsuccessful search for another carrier, the District decided to simply give qualified part-time faculty members who applied for the benefit a monthly payment to cover the cost of insurance up to the maximum amount the District had been paying as a premium—\$150 per month—which they could use to offset the cost of providing their own coverage. In a later contract negotiation, the amount was raised to \$175 monthly.

Then, during contract negotiations in 2015, at almost literally the last moment, the District volunteered that they no longer wanted to track who had applied, and the amount for which they were eligible. According to the District, they spent too many hours verifying documentation, and determining how much to pay each qualified part-time faculty member, and tracking cost and eligibility. Instead, they simply want to pay every part-time faculty member who qualified the \$175 monthly health benefit. At that point, any part-time faculty members who had been employed for 5 of the previous 6 semesters, had been assigned at least 12 LHE during the previous 12 months, and had at least 3 LHE for the current semester automatically received an additional \$175 in their paychecks, regardless of whether or not they needed it for insurance coverage. Because one no longer needed to qualify for the insurance by submitting documentation of coverage, and because the amount paid to individual part-time faculty members no longer depended on how much they were spending, the amount spent by the District on part-time health benefits increased exponentially.

Before the negotiations began for the 2018-2021 contract, the Faculty Association held workshops, collected emails, and conducted a survey to identify important issues facing the faculty for negotiations. The part-time faculty health benefit was identified as important to many of our part-time faculty, but especially to those who were not provided insurance by some other means. It became clear that if the benefit were limited to those really needed it because they did not have any provided insurance coverage, the District could significantly increase the amount it gave to qualified part-time faculty members to purchase insurance. After considerable negotiation, discussion, and adjustment, the District accepted the faculty proposal, and the current part-time health benefit provision was adopted.

In the spring of 2020, through a memorandum of understanding, the plan was revised slightly, making it easier for a larger number of people to qualify, including those who were on Medicare.

With the 2021-2025, the only significant change was that a new tier was added for those individuals who pay over \$500 a month for their premium.

25. What do I do if none of this makes sense to me, or if I have other questions?

If you have any questions about the program, the benefit, or your qualification for the benefit, please email us at facultyassociation@socccd.edu.