

2025-2026 Part Time Faculty Medical Plan Options



West Valley-Mission
Community College District

Plan #1 Medical Coverage Offer 40%+ load @ WVMCCD	Plan #2 Premium Reimbursement 40%+ load – Multi-District	Plan #3 Premium Reimbursement REP + 6.7% or 40%+												
ELIGIBILITY														
<ul style="list-style-type: none"> • Employed at WVMCCD with at least 40% load at census • Hourly PT Faculty will have their hours converted to a load • Attestation that you and any enrolled dependent on your plan is not covered through another employer other than a CA community college 	<ul style="list-style-type: none"> • Employed with at least 40% load amongst multiple CA Community College Districts • Have at least one assignment at WVMCCD • Not eligible for Plan 1 	<ul style="list-style-type: none"> • If you have REP and at least 6.7% load or • If you had 40%+ load for the previous two semesters and you currently have 40%+ load (employees who qualified under this rule with at least 20% load remain eligible for the current semester) • Can be combined with Plan 1 or Plan 2 												
EMPLOYEE COST OR REIMBURSEMENT														
<ul style="list-style-type: none"> • Same District contribution amount as full-time employees • The District contribution will cover some plans at no cost to employees while other plans will require an employee contribution 	<ul style="list-style-type: none"> • Reimbursed for up to proportionate share of commonly subscribed family coverage plan (Kaiser) • Cost of dependents included with reimbursement • Cannot be reimbursed from another reimbursement program <p style="text-align: center;"><u>Reimbursement Formula</u> A ÷ B</p> <p>A = total premium paid, up to a maximum, by qualifying employee</p> <table data-bbox="511 1477 915 1644"> <thead> <tr> <th>Monthly Maximums</th><th>Fall 2025</th><th>Spring 2026</th></tr> </thead> <tbody> <tr> <td>Employee Only</td><td>\$1,112.90</td><td>\$1,168.86</td></tr> <tr> <td>Employee + 1</td><td>\$2,225.80</td><td>\$2,337.72</td></tr> <tr> <td>Employee + 2 or more</td><td>\$2,893.54</td><td>\$3,039.04</td></tr> </tbody> </table> <p>B = total number of districts in which the employee works</p>	Monthly Maximums	Fall 2025	Spring 2026	Employee Only	\$1,112.90	\$1,168.86	Employee + 1	\$2,225.80	\$2,337.72	Employee + 2 or more	\$2,893.54	\$3,039.04	<ul style="list-style-type: none"> • Reimbursed for cost to cover the WVMCCD employee only up to a max of \$2,700.00 per semester • Cannot be reimbursed from another reimbursement program
Monthly Maximums	Fall 2025	Spring 2026												
Employee Only	\$1,112.90	\$1,168.86												
Employee + 1	\$2,225.80	\$2,337.72												
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PLAN HIGHLIGHTS		
<ul style="list-style-type: none"> Choose from eight different CalPERS medical plans <ul style="list-style-type: none"> 7 HMO plans 2 PPO plans Eligible dependents can be enrolled 	<ul style="list-style-type: none"> Must be enrolled at another CA Community College District or in an individually purchased plan WVMCCD provides a reimbursement 	<ul style="list-style-type: none"> WVMCCD provides a reimbursement of health premiums (medical, dental, vision)
DEADLINES		
<ul style="list-style-type: none"> Fall 2025 Enrollment: October 10, 2025 Spring 2026 Enrollment: March 27, 2026 	<ul style="list-style-type: none"> Fall 2025 Application: November 1, 2025 Spring 2026 Application: April 3, 2026 Documentation must be submitted no later than three weeks prior to the end of the semester 	<ul style="list-style-type: none"> Fall 2025 Application: November 1, 2025 Spring 2026 Application: April 3, 2026 Documentation must be submitted no later than three weeks prior to the end of the semester
PLAN COVERAGE PERIOD		
<ul style="list-style-type: none"> Fall Enrollment: November through April Spring Enrollment: May through October 	<ul style="list-style-type: none"> Fall program covers premiums July through December Spring program covers premiums January through June 	<ul style="list-style-type: none"> Fall program covers premiums July through December Spring program covers premiums January through June
REQUIRED FORMS AND DOCUMENTATION		
<ul style="list-style-type: none"> HBD-12 CalPERS Enrollment Form If enrolling dependents, documents to certify dependent eligibility (e.g., marriage certificate, birth certificate) 	<ul style="list-style-type: none"> Multi-District Application for Reimbursement form Verification of load from other CA community colleges Proof of payment 	<ul style="list-style-type: none"> Benefits Reimbursement Program Application form Proof of payment Proof of insurance coverage



Contact

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Benefits Webpage

www.wvm.edu/benefits
[Associate Faculty Benefits](#)