2026-2027 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		
• 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	• Employed with at least 40% load amongst multiple CA Community College Districts • Have at least one assignment at WVMCCD • Not eligible for Plan 1	• 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		
• 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	• 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 Reimbursement Formula **A ÷ B** **A** = total premium paid, up to a maximum, by qualifying employee **Monthly Maximums** / **Fall 2026** / **Spring 2027** Employee Only / $1,168.86 / $1,187.63 Employee + 1 / $2,337.72 / $2,375.26 Employee + 2 or more / $3,039.04 / $3,087.84 **B** = total number of districts in which the employee works	• 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

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PLAN HIGHLIGHTS		
• Choose from eight different CalPERS medical plans – 7 HMO plans – 2 PPO plans • Eligible dependents can be enrolled	• Must be enrolled at another CA Community College District **or** in an individually purchased plan • WVMCCD provides a reimbursement	• WVMCCD provides a reimbursement of health premiums (medical, dental, vision)
DEADLINES		
• Fall 2026 Enrollment: **October 9, 2026** • Spring 2027 Enrollment: **March 26, 2027**	• Fall 2026 Application: **November 1, 2026** • Spring 2027 Application: **April 2, 2027** • Documentation must be submitted no later than three weeks prior to the end of the semester	• Fall 2026 Application: **November 1, 2026** • Spring 2027 Application: **April 2, 2027** • Documentation must be submitted no later than three weeks prior to the end of the semester
PLAN COVERAGE PERIOD		
• Fall Enrollment: **November through April** • Spring Enrollment: **May through October**	• Fall program covers premiums July through December • Spring program covers premiums January through June	• Fall program covers premiums July through December • Spring program covers premiums January through June
REQUIRED FORMS AND DOCUMENTATION		
• HBD-12 CalPERS Enrollment Form • If enrolling dependents, documents to certify dependent eligibility (e.g., marriage certificate, birth certificate)	• Multi-District Application for Reimbursement form • Verification of load from other CA community colleges • Proof of payment	• 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