West Valley College

West Valley-Mission
Community College District

MISSION COLLEGE
SANTA CLARA

PART TIME FACULTY

2026 BENEFITS GUIDE

West Valley-Mission Community College District

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WHAT'S INSIDE

This brochure provides a summary of your benefit options and is designed to help you make your choices and enroll for your coverage. If you have any questions after you enroll, please call the benefit plan providers directly or log on to their Websites. **Please refer to the Contact Information section of this booklet for details.**

BENEFITS ADVOCATE

McGriff
A Marsh & McLennan Agency LLC Company

Benefits Advocate is available to assist you with your benefits-related questions and issues. When there is confusion or concern with your insurance, reach out to Benefits Advocate for assistance. This service is brought to you by McGriff, a Marsh & McLennan Agency LLC Company.

(800) 914-5096

mcg.benefitsadvocate@marshmma.com

Monday – Friday, 8:00 a.m. – 5:00 p.m. Pacific Time
except major holidays

ELIGIBILITY

You are eligible for the Part Time Faculty benefits program if you work a 40% or greater load each Fall/Spring semester defined by West Valley-Mission College Community College District.

Your eligible dependents are defined as:

- Legally married spouses
- Qualified domestic partners
- Children up to age 26
- Parent Child Relationship as defined by CalPERS for the medical plan
- Stepchildren
- Legally adopted children
- Disabled children (approved by CalPERS/no age maximum)
- Children of qualified Domestic Partnerships
- Any child for whom a Qualified Medical Child Support Order that complies with all applicable laws has been issued

Certification of Dependents for Health Plan Coverage

- To enroll your spouse, you must provide a copy of the Marriage Certificate
- To enroll your domestic partner, you must provide:
  a. Signed West Valley-Mission Community College District Affidavit of Domestic Partnership
  b. Copy of the California Declaration of Domestic Partnership filed with the Secretary of State
- To enroll Children, you must provide one of the following:
  a. Copy of Birth Certificate
  b. Copy of Adoption Papers

Before enrolling anyone as your dependent, verify that he or she qualifies under the plan rules. Enrolling an ineligible person as your dependent is a serious offense that will result in disciplinary action, which may include termination of employment.

MEDICAL PLAN OFFERING

Plan #1 - Medical Coverage Offer 40% load at WVMCCD

Eligibility

- You must be employed at WVMCCD with at least 40% greater 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

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

- Choose from eight different CalPERS medical plans:
  - 7 HMO plans
  - 2 PPO plans
- Eligible dependents can be enrolled

- Fall 2026 Enrollment
  - **October 9, 2026**
- Spring 2027 Enrollment
  - **March 26, 2027**

- Fall Enrollment
  - **November through April**
- Spring Enrollment
  - **May through October**

Required Forms and Documentation

- HBD-12 CalPERS Enrollment Form
- If enrolling dependents, documents to certify dependent eligibility (e.g., marriage certificate, birth certificate)

Plan #2 – Premium Reimbursement 40% load – Multi-District

Eligibility

- You must be employed with at least 40% load amongst multiple CA Community College Districts
- Have a least one assignment at WVMCCD
- Not eligible for Plan 1

Employee Cost or Reimbursement

- Reimbursed for up to proportionate share of commonly subscribed family 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

- Must be enrolled at another CA Community College District **or** in an individually purchased plan
- WVMCCD provides a reimbursement

Deadlines

- 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 program covers premiums July through December
- Spring program covers premiums January through June

Required Forms and Documentation

- Multi-District Application for Reimbursement form
- Verification of load from other colleges
- Proof of payment

Plan #3 – Premium Reimbursement REP +6.7% or 40%

Eligibility

- If you have REP and at least 6.7% load or
- If you had a 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

- 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

Plan Highlights

- WVMCCD provides a reimbursement of health premiums (medical, dental, vision)

Deadlines

- 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 program covers premiums July through December
- Spring program covers premiums January through June

Required Forms and Documentation

- Benefits Reimbursement Program Application form
- Proof of payment
- Proof of insurance coverage

CONTRIBUTIONS

Contributions for medical, dental and vision coverage are conveniently deducted from your paycheck on your pay period schedule. These deductions are on a pre-tax basis which gives you a tax savings benefit as your paycheck is taxed on your gross pay minus the contribution.

Review the following to understand how your contribution is calculated.

How much money does the District contribute to my health plan costs?

The District contribution toward your annual benefits is a maximum of the amounts below to be used toward Medical coverage.

$18,596
employee only

$35,247
employee + 1

$45,238
employee + 2 or more

How much money will I contribute to my health plan costs?

Your cost share will depend on the choices you make for your coverage and if you elect to enroll one or more dependents on your plan. If the annual costs of your elections exceeds the annual District contribution listed above, you will be responsible for the difference. The calculated amount will be charged to you per pay period.

Contribution Example

Below is an example based on hypothetical costs for medical.

Employee Only Coverage	
	Annual Costs
ABC Medical	**$19,496**

Contribution Calculation	
Employee Annual Election Costs	**$19,496**
Minus Annual District Contribution	**$18,596**
Annual Difference	**$900**
If paid over 12 months, contribution is:	**$75.00**

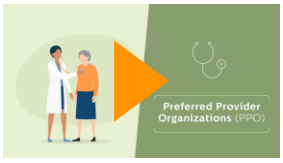
MEDICAL PLANS OVERVIEW

West Valley-Mission Community College District offers you medical plan choices designed to help you get the care you need at a price you can afford. Review the sections below to gain an understanding on the medical plans offered to you through CalPERS. Click on the play button (▶) in the images to watch a short video.

What is an HMO?

A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. In an HMO, you select a primary care physician (PCP) from the network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatments. Each enrolled family member may select a different PCP. Services outside of the HMO network are not covered, except in the case of emergency medical care.

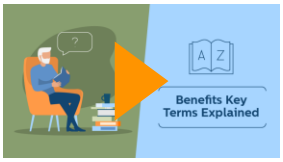
What is a PPO?



A Preferred Provider Organization (PPO) plan gives you the freedom to seek care from a provider of your choice and to see a specialist without a referral. Members in the PERS Gold and PERS Platinum plans will be matched to a Primary Care Physician (PCP). An assigned PCP will not change a member's ability to self-refer to a specialist. A PCP can be changed at any time.

You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who are established as "in-network" providers. The plan pays a percentage of the "maximum allowed amount" and you will not be responsible for any balance-billing for charges above the maximum allowed amount. When you have services that are out-of-network and with non-PPO preferred providers, you will pay higher costs out-of-pocket. You may also be subject to balance-billing as non-contracted providers are not limited to the maximum allowed amount.

What Is Your Cost For Services?



Your HMO and PPO plans will cover your preventive care service 100% when your care is with in-network providers.

Outside of preventive care, you will have a share in the cost of your service. Your share can be in any of these forms:

- **copay** – a flat dollar amount
- **coinsurance** – a percentage of the cost
- **deductible** – an amount to meet before the insurance plan pays for coverage

Your plan also protects you from very costly services by putting a limit on the most you would pay for all covered services in a calendar year. This is called the **out-of-pocket-maximum**.

Whether your use your plan frequently or not at all, you must pay the **premium** to have medical coverage. Your premium is paid through a convenient payroll deduction.

THINGS TO CONSIDER WHEN CHOOSING BETWEEN HMO AND PPO

Can you afford a payroll contribution?

Compare the cost of the HMO and the PPO plans. If you cannot afford a payroll contribution, consider one of the lower premium HMO plans.

Can you afford the deductible?

Compare the deductible that you must meet first for certain services before your insurance will begin to cover. In the PPO – a deductible is required for most services outside of an office visit.

If you already have a doctor you like, does the plan you are considering cover visits with your provider and/or specialist?

If you would like to keep your medical provider/group, you can determine whether your doctor is in-network under an HMO plan, a PPO plan or both.

With CalPERS, the HMO plans have the same coverage for most services. The difference between the HMO plan options is the carrier you choose, the premium cost of that plan and the network of providers. If deciding to enroll with an HMO, carefully review that your provider of choice is in the network with that carrier. **Your search is based on the zip code you enter which can be your home address or your work address.**

Do you have dependents that live in another state?

When dependents live outside the service area, they are only covered for emergency services in an HMO plan. If you have a child in college that resides outside of the HMO service area, the PPO plan will be a solution to consider to ensure coverage for you and all your dependents regardless of where they live in the U.S.

NOTE: With CalPERS, only PERS Platinum PPO has a network outside of CA. The PERS Gold PPO plan only has coverage in CA.

Do you stay close to home, or do you travel a lot?

If you travel frequently and are more likely to need care while away from home, especially if you are living with a chronic condition, or enjoy high-risk hobbies such as certain sports, you may need a PPO to provide the best coverage for your needs.

If you need a lot of specialist care, say you are managing a rare or chronic condition, you may also prefer the ease of choosing specialists and seeing them right away that you get with a PPO plan.

If you mostly get care in your home city or mostly from your family physician, an HMO is more likely to provide the right coverage for you.

CHOOSING A MEDICAL PLAN

CalPERS gives you many plan options to choose from, and it can seem overwhelming. We have created the following steps to help you work through what to consider and how to get to an informed decision.

PLAN AVAILABILITY

Not all plans may be available to you. To find CalPERS health plans available in your area, use the **Health Plan Search by Zip Code** tool. Log in at www.**calpers.ca.gov** and select **Active Members** tab then **Health Benefits** tab and then select **Plans & Rates**. When on this page, find on the right-hand side the **Health Plan Search by Zip Code** tool. You may choose to search by your home address or your work address to view available plans.

PLAN COST

Each insurance carrier charges a "premium" to be enrolled in the plan. The District will contribute towards that premium. If there is a difference, you pay the remainder via a payroll deduction. Below is a simple chart to show you the plan costs in relation to each other. Review the Human Resources website to find exact details.

HMO plans from least cost to most cost. Plans with an asterisk signifies a limited provider network.

Kaiser HMO Traditional → * Sutter Health HMO → * Blue Shield HMO Trio → Blue Shield HMO Access+ → * Anthem HMO Select → Anthem HMO Traditional

PPO plans from least cost to most cost.

PERS PPO Gold → PERS PPO Platinum

PROVIDER SEARCH

Instructions are included at the end of this guide to search for providers in each medical plan. You should conduct a search for your primary care physician, any specialist you wish to see and the preferred hospital that you wish to attend.

HMO plans – When choosing an HMO plan, remember that your assigned physician and any specialist they refer you to must be in-network for your insurance plan to cover.

PPO plans – The CalPERS PPO **Gold** plan is available if you live in California and all your services will be in California. Services outside of California will not be covered. The CalPERS PPO **Platinum** plan has a national network of providers and will cover eligible services in California and outside of California.

PLAN COVERAGE

Plan design, or plan coverage, is simply what the insurance carrier will cover for an eligible expense. This is often shown as your share of the cost for the visit. For all plans, a preventive care visit is at no charge when seeing an in-network provider.

HMO plans – The HMO plan options were designed to have the same coverage for most services.

Your costs are predictable as most services are covered with a flat copay amount.

HMO Plans	In Network Only
Routine Office Visits	You pay $15
Inpatient Hospitalization	You pay $0
Emergency Room Visit	You pay $50
Generic Rx (30-day supply)	You pay $5

PPO plans – The PPO plans offer more freedom to see a provider of your choice, but you typically have more share in the cost of the visit before insurance will cover.

Your costs are not as predictable as you must first meet a deductible for most services then pay a percentage of the cost thereafter.

PERS PPO Gold	In Network	Out of Network
Deductible	$1,000 individual $2,000 family	$2,500 individual $5,000 family
Routine Office Visits	You pay $35	You pay 40% after you have paid the deductible
Inpatient Hospitalization	You pay 20% after you have paid the deductible	
Emergency Room Visit	You pay $50 and 20% after you have paid the deductible	
Generic Rx (30-day supply)	You pay $5	

PERS PPO Platinum	In Network	Out of Network
Deductible	$500 individual $1,000 family	$2,000 individual $4,000 family
Routine Office Visits	You pay $20	You pay 40% after you have paid the deductible (For inpatient hospitalization, you also pay $250 in addition)
Inpatient Hospitalization	You pay $250 and 10% after you have paid the deductible	
Emergency Room Visit	You pay $50 and 10% after you have paid the deductible	
Generic Rx (30-day supply)	You pay $5	

HMO MEDICAL COVERAGE

CalPERS	Anthem Select	Anthem Traditional	Blue Shield Access+	Blue Shield Trio	Kaiser Traditional	Sutter Health [1]
In Network Only						
Annual Deductible	None	None	None	None	None	None
Routine & Specialist Office Visit	$15 copay	$15 copay	$15 copay	$15 copay	$15 copay	$15 copay
Preventive Care Services	No charge	No charge	No charge	No charge	No charge	No charge
Urgent Care Visit	$15 copay	$15 copay	$15 copay	$15 copay	$15 copay	$15 copay
Emergency Room Visit	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay
Diagnostic X Ray / Lab	No charge	No charge	No charge	No charge	No charge	No charge
Durable Medical Equipment	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Hospitalization	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient Facility / Surgery Services	No charge	No charge	No charge	No charge	$15 copay	No charge
Surgery / Anesthesia	No charge	No charge	No charge	No charge	No charge	No charge
Occupational / Physical / Speech Therapy	$15 copay	$15 copay	$15 copay	$15 copay	$15 copay	$15 copay
Acupuncture / Chiropractic	$15 copay 20 combined visits	$15 copay 20 combined visits	$15 copay 20 combined visit	$15 copay 20 combined visit	$15 copay 20 combined visits	$15 copay 20 combined visits
Infertility Testing / Treatment	50% of covered charges	50% of covered charges	50% of covered charges	50% of covered charges	50% of covered charges	50% of covered charges
Max Calendar Year Copay/Coinsurance (excluding pharmacy)	$1,500 ind $3,000 fam	$1,500 ind $3,000 fam	$1,500 ind $3,000 fam	$1,500 ind $3,000 fam	$1,500 ind $3,000 fam	$1,500 ind $3,000 fam
Prescription Drugs (Tier 1 | Tier 2 | Tier 3 | Tier 4)						
30 day supply Retail Pharmacy [2]	$5 | $20 | $50 | NA	$5 | $20 | $50 | NA	$5 | $20 | $50 | $30	$5 | $20 | $50 | $30	$5 | $20 | NA | NA	$5 | $20 | $50 | NA
90 day supply Retail Pharmacy OR Mail Order Pharmacy	$10 | $40 | $100 | NA	$10 | $40 | $100 | $60	$10 | $40 | $100 | $60	$10 | $40 | $100 | NA	$10 | $40 | $100 | NA (Mail order is 31-100 day and Tier 3 is NA)	$10 | $40 | $100 | NA

Above is a snapshot summary. Refer to the plan's Evidence of Coverage (EOC) for the full summary of coverage information.

[1] Sutter Health HMO is only available in these counties: **Placer, Sacramento, San Joaquin, Stanislaus, Solano, Yolo**

[2] Review your plan to ensure if Retail Pharmacy Maintenance Medications require a Home Delivery Opt-Out form to be completed to continue to have prescriptions filled at retail. Plans that do not require Home Delivery for Maintenance Medications may be subject to a higher copay after the 2nd fill.

NOTE: Only plans available in Santa Clara, San Mateo, Alameda, Contra Costa and San Francisco counties are shown. If you live in another county, please use the Health Plan Search by Zip Code tool referred to on page 10 to determine if any other options are available to you.

PPO MEDICAL COVERAGE

CalPERS	PERS Gold		PERS Platinum	
	In Network	Out of Network*	In Network	Out of Network*
Annual Deductible	$1,000 ind [1] $2,000 fam [1]	$2,500 ind $5,000 fam	$500 ind $1,000 fam	$2,000 ind $4,000 fam
Routine & Specialist Office Visit	$35 [2]	40%	$20/$35	40%
Preventive Care Services	No charge	40%	No charge	40%
Urgent Care Visit	$35	40%	$35	40%
Emergency Room Visit	20% + $50 copay per visit		10% + $50 copay per visit	
Diagnostic X Ray / Lab	20%	40%	10%	40%
Durable Medical Equipment	20%	40%	10%	40%
Inpatient Hospitalization	20%	40%	10% + $250 ded per admit	40% + $250 ded per admit
Outpatient Facility / Surgery Services	20%	40%	10%	40%
Surgery / Anesthesia	20%	40%	10%	40%
Occupational / Physical / Speech Therapy	20%	20% occupational 40% all others	10%	10% occupational 40% all others
Acupuncture / Chiropractic	$15 copay 20 combined visits	40%	$15 copay 20 combined visit	40%
Infertility Testing / Treatment	50% of covered charges	50% of covered charges	50% of covered charges	50% of covered charges
Max Calendar Year Coinsurance (excluding pharmacy)	$3,000 ind $6,000 fam	No limit	$2,000 ind $4,000 fam	No limit
Max Calendar Year Out of Pocket (excluding pharmacy)	$7,200 ind $14,400 fam	No limit	$7,200 ind $14,400 fam	No limit
Prescription Drugs (Tier 1 | Tier 2 | Tier 3)				
Retail Pharmacy** (not to exceed 30 day supply)	$5 | $20 | $50		$5 | $20 | $50	
Mail Order Pharmacy** (not to exceed 90 day supply)	$10 | $40 | $100		$10 | $40 | $100	

Above is a snapshot summary. Refer to the plan's Evidence of Coverage (EOC) for the full summary of coverage information.

[1] Incentives available to reduce individual deductible for inpatient care (max. $500) include: getting a biometric screening ($100 credit); receiving a flu shot ($100 credit); getting a non-smoking certification ($100 credit); getting a virtual second opinion ($100 credit); getting a condition care certification ($100 credit); participating in a diabetes prevention program ($100 credit); and getting a screening for anxiety or depression ($100 credit).

[2] Reduced to $10 if enrolled with personal doctor.

* Out-of-network services are based on a strictly limited schedule of allowances. Members must pay charges in excess of those scheduled amounts.

** Review your plan to ensure if Retail Pharmacy Maintenance Medications require a Home Delivery Opt-Out form to be completed to continue to have prescriptions filled at retail. Plans that do not require Home Delivery for Maintenance Medications may be subject to a higher copay after the 2nd fill.

DENTAL HMO COVERAGE

Part Time Faculty employees of West Valley-Mission Community College District can choose to enroll in a DeltaCare HMO dental plan. With a Dental HMO plan, you must choose a primary care dentist in the DeltaCare USA network. Your dentist will provide the care you need or refer you to a specialist. **Be sure that you are referred to a specialist in the HMO network.** If you have care with a provider that is not in the network, you will pay the entire bill as an HMO plan does not cover services out-of-network. For complete coverage details, please refer to the Summary Plan Description (SPD).

NOTE: The DeltaCare Dental plan is only available in California.

DELTA DENTAL®

Key Dental Benefits	DELTACARE DENTAL HMO
	In-Network Only
Deductible (per calendar year)	
Individual | Family	None
Calendar Year Benefit Maximum	
Per Member	Unlimited
Covered Services	
Diagnostic & Preventive	
Exams, X-rays, Cleanings, Sealants	$0 to $10 copay
Basic Services	
Fillings	No charge
Extractions	$0 - $40 copay
Root Canals	$20 - $60 copay
Major Services	
Bridges	$0 - $50 copay
Dentures	$65 - $125 copay
Crowns	$35 - $50 copay
Implants	Not covered
Orthodontia Services	
Child	$1,600 copay
Adult	$1,800 copay

- Pre-treatment estimates are recommended for any services that cost $300 or more.
- Please refer to the DeltaCare HMO plan summary for a complete listing of copays. The plan summary is available on the District website.
- Children age limit for orthodontia under the HMO plan is up to 19. Adult orthodontia on the HMO plan is anyone 19 or older.

RETIREMENT SAVINGS

It is never too early to plan for your retirement and West Valley-Mission Community College District offers you options to help you reach your goals. You may enroll in the 403(b) and/or 457 plans at any time throughout the year. Both are voluntary retirement savings accounts where you may put away money on a tax-advantaged basis. Please note that the annual limits for the 403(b) and 457 are subject to change annually.

Participant UNDER age 50	403(b)	457	Total
2026 annual limits	$24,500	$24,500	$49,000
Participant aged 50 and OVER	**403(b)**	**457**	**Total**
2026 annual limits	$32,500	$32,500	$65,000

ENROLLMENT INSTRUCTIONS

403(b) Steps to Enroll

1. Go to www.altamontclair.org/vendors and in the drop-down menu select *West Valley Mission Community College District* as your employer.
2. A list of vendors who offer 403(b) plans for WVMCCD will populate. This chart will tell you if the vendor offers a pre-tax plan and/or a Roth plan.
3. Select a vendor from the options available and set up a 403(b) account. You can find more data at www.403bcompare.com if you want to further compare the vendors.
4. You may set up your account directly with the vendor or you may enroll through a financial planner or tax consultant.
5. Go to the Payroll section of the District webpage and click on the Forms tab.
6. Complete the 403(b) Before Tax or 403(b) Roth After Tax Salary Reduction/Deduction Authorization and Amendment Form.
7. Return your completed form to the Payroll Department.

Alta Montclair 457 Steps to Enroll

1. Go to www.altamontclair.org/vendors and in the drop-down menu select *West Valley Mission Community College District* as your employer.
2. A list of vendors who offer 457 plans for WVMCCD will populate. Please note that you must scroll down past the 403(b) vendors to find the 457 vendors. This chart will tell you if the vendor offers a pre-tax plan and/or a Roth plan.
3. Select a vendor from the options available and set up a 457 account.
4. You may set up your account directly with the vendor or you may enroll through a financial planner or tax consultant.
5. Go to the Payroll section of the District webpage and click on the Forms tab.
6. Complete the EBS 457 Form and return to Payroll.

CalPERS Voya 457 Steps to Enroll

1. Review information about the CalPERS Voya 457 plan by visiting calpers.voya.com.
2. Go to the Payroll section of the District webpage and click on the Forms tab.
3. Complete and return the 457 Plan Enrollment Form and return it to the Payroll Department.

EMPLOYEE ASSISTANCE PROGRAM

Because unresolved personal issues can affect every aspect of one's life, including work performance, West Valley-Mission Community College District automatically provides you and your family with an Employee Assistance Program (EAP) at no cost to you. Call the EAP at (800) 834-3773 for confidential assistance with nearly any personal matter you may be experiencing. Licensed counselors are available 24 hours a day, 7 days a week, and can provide you with access to face-to-face counseling (up to three sessions per person per event), legal advice, financial consultation, medical advice, dependent care referrals and other community referrals.

CLAREMONT Powered by uprisehealth (800) 834-3773

Counseling Services

- Depression and stress
- Co-worker conflicts
- Grief and loss
- Marital or family issues
- Alcohol/Substance abuse issues

Dependent Care Referral

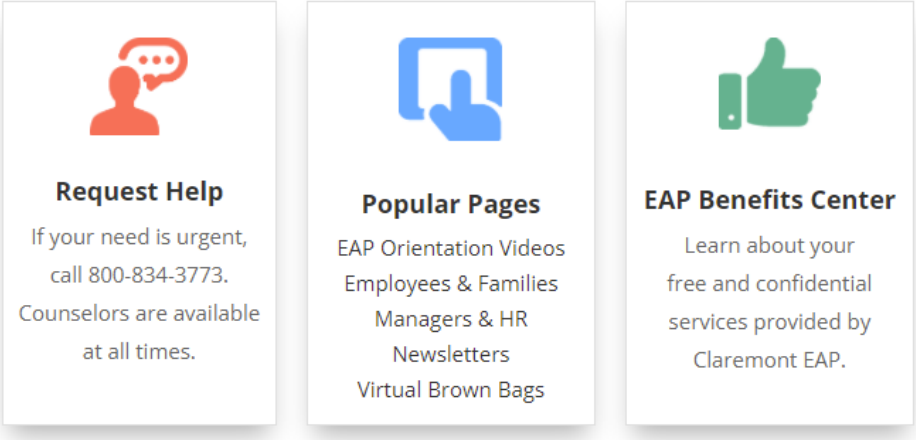
- Referrals to child or elder care providers
- Referrals to home health care providers
- Tips on interviewing and monitoring caregivers
- Relocation and adoption information
- Child/Summer day camp

Financial Consultation

- One 30-60 minute consultation per issue
- One credit report per intake year
- Budgeting
- Retirement planning
- Debt consolidation
- Financial Planning

Legal Consultation

- Simple Will kit
- Divorce and custody
- Small claims or personal injury
- Drunk driving offenses
- Criminal offenses
- Adoption Assistance information



CREDIT UNION

As an employee of West Valley-Mission Community College District, you have access to Mirastar Federal Credit Union (formerly Santa Clara County FCU).

Through this establishment, you have access to free/discounted checking accounts, auto and mortgage loans, credit cards, financial workshops and much more.

For more information see the website and phone information on page 31.

- Competitive loans when you need them.
- FREE financial education and counseling.
- Online and Mobile banking available 24 hours.
- Youth Programs available to help your kids save and learn.
- Multiple branch and ATM locations.
- Scholarships awarded annually to student members.
- Great rates on mortgage and home equity loans.
- Access to discounted sporting events, concerts and more!
- FREE access to car buying services for you to find your dream car.
- Refer an eligible member and get $25.*

*Eligibility and terms apply.

Medical Plans

The CalPERS **Health Plan Search by ZIP Code** tool can show you all the medical plans a provider is participating in. This is a good tool if you are interested in moving between medical plans without having to change providers. The search is based on the zip code you enter which can be your home address or your work address. You may also go to the specific insurance carrier to find a provider. Instructions are listed on this page for the HMO plans and the next page for the PPO plans.

All CalPERS Plans (no account required) – www.calpers.ca.gov

- Choose Active Members > Health Benefit > Plans & Rates
- On right-hand side, click on "Health Plan Search by ZIP Code" and choose "Public Agency/School"
- Click on "Yes" to include your doctor
- Enter your doctor's name
- If found, click on the button of your doctor and continue
- The next page will list all the HMO and PPO plans that your doctor participates in

Medical Plans

Health Maintenance Organizations (HMOs)

Anthem Blue Cross – www.anthem.com/ca/calpers

- On the upper left side of the page click on "Menu"
- On the center of the page click on "Find Care"
- Scroll down and click the link for the plan you would like (**Traditional HMO** or **PERS Select HMO**)
- Once at the next screen, you can then search based on doctor/facility type and location

Blue Shield of CA – www.blueshieldca.com/calpers

- On the upper middle of the page click on "Find a provider" and choose "**Non-Medicare**"
- On the left of the page click on "**Access+ HMO Plan**" or "**Trio HMO Plan**"
- Once at the next screen you can then search based on doctor/facility type and location

Kaiser Permanente – www.kp.org/calpers

- Select "I'm considering joining Kaiser Permanente" or "I'm currently a Kaiser Permanente Member"
- On the lower right-hand side of the next page click on "Doctors & Locations"
- On the next screen select an area from the list of regions
- You can then search based on doctor name/type and location

Sutter Health – www.sutterhealthplan.org/find-provider

- Update your city, address or zip code and click "Search"
- Under filters, slide "Primary Care Provider" to the right to narrow down your search
- There are various other filters, such as medical group and city, to narrow your search further

FIND A PROVIDER

Medical Plans

Preferred Provider Organizations (PPOs)

Blue Shield – PERS Gold, PERS Platinum – https://includedhealth.com/microsite/calpers/

- Contact Included Health to assist you in reviewing if your provider is in the Blue Shield network (855) 633-4436
- Online provider lookup tool: log in through your Included Health account portal

Anthem Blue Cross – PORAC – www.porac.org

- On the home page click on "Insurance & Benefits Trust"
- On the next page scroll down and click on "Health Plans"
- Scroll to the bottom of the next page and click on "Find a Physician"
- Under the "Search as a Guest" section, select medical from the "What type of care you are searching for" drop down list and then search by "What state do you want to search with?"
- Next, select "Medical (Employer-Sponsored)" from the drop-down list of type of plan, and then select "**Blue Cross PPO (Prudent Buyer) – Large Group**" from the drop-down list of plan/network and click continue.
- You can then search based on location and physician type

Dental Plans

Health Maintenance Organization (HMO)

DeltaCare USA – www.deltadentalins.com

- On the left-hand side of the page complete the information under the "Find a Dentist" box
- Choose **DeltaCare USA** under the "Select Network" drop down list and click "Find a Dentist"

IMPORTANT NOTICES

It is important that you review the list of notices below. Where required by law, full versions of the summary notices below along with other plan documents can be found by logging into the District's Benefits page at www.wvm.edu/benefits. If you are unable to access these for any reason, contact Human Resources for a printed copy.

PATIENT PROTECTION NOTICE

Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the medical carrier designates one for you.

HIPAA – SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

MEDICARE PART D: PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HIPAA WELLNESS PROGRAM NOTICE

This is a wellness program notice that is subject to HIPAA's notice requirement regarding reasonable alternative standards to earn a program incentive.

IMPORTANT NOTICES

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

COBRA – FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

ADA WELLNESS PROGRAM NOTICE

To comply with ADA, wellness plans that collect health information or involve medical exams must provide a notice to employees that explains how the information will be used, collected and kept confidential.

GINA WELLNESS PROGRAM NOTICE

Employers are prohibited from requesting or requiring genetic information. By providing this notice, any receipt of genetic information generally will be deemed inadvertent and not a violation of the prohibition.

FAMILY AND MEDICAL LEAVE ACT NOTICE

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for specific family reasons listed in the full notice. An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

GENERAL NOTICE OF USERRA RIGHTS

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

DISCLOSURE TO ENROLEES REGARDING HIPAA OPT-OUT

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed in the full notice for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy.

CONTACT INFORMATION

Benefit	Carrier	Telephone	Address
WVMCCD Benefits Page	n/a	n/a	www.wvm.edu/benefits
CalPERS Medical	n/a	(888) 225 7377	www.calpers.ca.gov
Medical HMO Group No: HTB050HT Traditional Group No: HNB050HS Select	Anthem	(855) 839 4524	www.anthem.com/ca/calpers
Medical HMO Group No: W0051411 Access+ Group No: W0051411 Trio	Blue Shield	(800) 334 5847	www.blueshieldca.com/calpers
Medical HMO Group No: 3	Kaiser	(800) 464 4000	www.kp.org/calpers
Medical HMO Group No: TBD	Sutter Health	(833) 674 2334	www.sutterhealthplan.org/calpers
Medical PPO Group No: W0051411 PERS Gold Group No: W0051411 PERS Platinum	Included Health (in partnership with Blue Shield)	(855) 633 4436	www.includedhealth.com/calpers
Prescription Drugs	CVS Caremark	(833) 291 3649	www.caremark.com/calpers
Dental HMO Group No: 71691	DeltaCare	(800) 422 4237	www.deltadentalins.com
Employee Assistance Program (EAP)	Claremont EAP	(800) 834 3773	www.claremonteap.com
Retirement Pension CalPERS	CalPERS	(888) 225 7377	www.calpers.ca.gov
Retirement Pension CalSTRS	CalSTRS	(888) 394 2060	www.calstrs.com
Retirement Plan 403(b) and 457	Alta Montclair (TPA)	(866) 474 1144	www.altamontclair.org
Retirement Plan 457 CalPERS Voya	Voya Financial	(888) 713 8244	calpers.voya.com
Credit Union	Mirastar Federal Credit Union	(800) 282 6212	www.mirastarfcu.org/

NOTES

Some people are heroes, others take notes

Revised September 2026
Prepared by:

The information in this guide was taken from various summary plan descriptions and benefit information. This summary of benefits is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. Full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail. Carrier contracts are the final benefit determinant. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefit Summary, contact Human Resources.