CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Human Resources/Benefits Office

7600 Dublin Blvd, 3rd Floor
Dublin, California 94568
Benefits Office: (925) 485-5504 or (925) 485-5505
Fax: (925) 485-5502

DATE: June 30, 2026
TO: CLPCCD Part-time Faculty
FROM: Melinda Trammell, Director, Employee and Labor Relations
SUBJECT: **Open Enrollment – All Forms Due by FRIDAY, July 31, 2026 by 5:00 PM**

The Chabot-Las Positas Community College District (CLPCCD) is pleased to announce open enrollment from July 1– July 31, 2026 for eligible Part-time Faculty. This open enrollment period allows eligible employees to enroll in medical coverage. Adding or removing eligible dependents may also be accomplished during this period. **Coverage will be effective September 1, 2026.**

We are pleased to offer five plans for consideration. You may enroll into one of the plans listed below:

- Kaiser HMO High $5 co-pay plan
- Kaiser HMO Low $20 co-pay plan
- Anthem Blue Cross High $15 co-pay plan
- Anthem Blue Cross Low $30 co-pay plan
- Anthem Blue Cross PPO

The Agreement between the CLPCCD and the CLP Faculty Association provides for medical benefits to qualified Part-time (Adjunct) unit members as specified in Article 20A.6. The CLP Faculty Bargaining Agreement is available on the Human Resource Services website.

The Summary Plans are located at clpccd.org/benefits/part-time-open-enrollment.php Please also review the following information for enrolling into either of the Kaiser HMO Health Plans.

Requirements:	• Prior to receiving benefits for the 2026-2027 academic year, you must have **worked 40% of an annual full-time equivalent load (12 CAH) or more during the academic year prior to receiving benefits, including any service on a full-time basis and summer session service.** Please see your Administrator if you have questions regarding what constitutes a 40% workload in your division. • **You must contact your Administrator to determine if you are eligible. Please do not contact the Benefits Office to determine your eligibility.** • The Affidavit must be completed by you and your Administrator, confirming eligibility status.
Multi-District Requirements	• **See attached Form**
Enrollment Period:	• **Open enrollment is from July 1 – July 31, 2026.** • Please note that if you are currently eligible and do not enroll at this time, you will not be able to enroll until the next Open Enrollment Period, unless you have a loss of other health coverage. Proof of loss of other coverage must be provided and enrollment must occur within 30 days of coverage loss.
Currently Enrolled:	• **Continuation of coverage is not automatic.** ▪ Continuing eligibility shall be determined annually for the period September 1 through August 31 based upon the Part-time unit member's assignment during the prior academic year, per Article 20A.6 of the bargaining agreement.

To Enroll:

- **All forms and additional information are available online at** clpccd.org/benefits/part-time-open-enrollment.php.
- Complete the Affidavit.
- Present the Affidavit to your Administrator for assignment verification.
- Complete the Universal Enrollment Form, confirming your enrollment or any changes, such as adding or removing a dependent.
- **Send the Affidavit and the completed Universal Enrollment Form to the Benefits Office/CLPCCD District Office by July 31, 2026.**

Employee's Monthly Share of Premium

- **Monthly deductions for Part-time Faculty are divided over 10 months, beginning with the August 2026 pay period, and ending with the May 2027 pay period**.
- The 10 monthly contributions will cover your benefits from September 1, 2026 to August 31, 2027, with the following exception:
- The last payroll deduction is from your May 2027 pay. Due to Premium Rate changes effective July 1, 2027, and given that your 10 monthly deductions cover September 1, 2026 to August 31, 2027, you will be billed or credited for any differences for the June and July 2027 premiums.

July 1, 2026 to June 30, 2027 Rates

Kaiser $5 co-pay	Monthly Premium	District (10 month) Contribution	Employee (10 month) Contribution	Employee Annual Contribution
Employee only	942.38	892.38	**60.00**	600.00
Employee + 1	1,884.76	1,784.76	**120.00**	1,200.00
Employee + 2 or more	2,827.14	2,677.14	**180.00**	1,800.00
Kaiser $20 co-pay				
Employee only	915.09	895.09	**24.00**	240.00
Employee + 1	1,830.18	1,790.18	**48.00**	480.00
Employee + 2 or more	2,745.27	2,685.27	**72.00**	720.00
Anthem HMO $15 co-pay				
Employee only	1,582.91	1,497.91	**102.00**	1,020.00
Employee + 1	3,163.76	2,993.76	**204.00**	2,040.00
Employee + 2 or more	5,223.16	4,968.16	**306.00**	3,060.00
Anthem HMO $30 co-pay				
Employee only	1,515.49	1,465.49	**60.00**	600.00
Employee + 1	3,028.51	2,928.51	**120.00**	1,200.00
Employee + 2 or more	5,000.77	4,850.77	**180.00**	1,800.00
Anthem PPO				
Employee only	2,932.16	1,582.91	**1,619.16**	16,191.00
Employee + 1	5,865.36	3,163.76	**3,241.92**	32,419.20
Employee + 2 or more	9,677.69	5,223.16	**5,345.44**	53,454.36

Change in Family Status Notification

Carriers require that addition of a dependent due to birth, adoption, marriage or domestic partnership must be made within thirty (30) days from date of occurrence. Addition of dependents not completed within the allowed time will not be eligible for enrollment until your next eligible enrollment period. To add or delete a dependent, you must complete the Universal Enrollment Form located on our website clpccd.org/benefits/part-time-open-enrollment.php

Questions?

Benefits Office

Kira Vu	kvu@clpccd.org	(925) 485-5504
Leticia Macias	lmacias@clpccd.org	(925) 485-5505

As noted above, if you wish to apply for health benefits, all forms and additional information are available online at clpccd.org/benefits/part-time-open-enrollment.php. All completed forms must be received in the Human Resource Benefits Office by July 31, 2026 by 5:00 pm. Thank you.