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## Memorandum

**Date:** August 15, 2025  
**To:** All Part-Time Faculty  
**From:** Jasmin Perales, Human Resources Generalist  
**Subject:** **Annual Fall Open Enrollment for Medical, Dental, and Vision Coverage**

Eligible part-time faculty members may enroll in Kaiser HMO, Anthem EPO, Delta Dental PPO, Delta Care, and the Vision Services Plan (or making changes in their current coverage) during the open enrollment period shown in the table below.

<b>FALL OPEN ENROLLMENT</b>	<b>August 15, 2025 to August 29, 2025</b>
<b>Coverage Period</b>	<b>September 1, 2025 through January 31, 2026</b>
<b>Enrollment Documents Received by</b>	<b>Friday, August 29, 2025</b>
<b>5 Payroll Deductions</b>	<b>September 2025 through January 2026 (5 months)</b>

**NO NEED TO CONFIRM:** If you are making no changes to your insurance plans, you do not need to submit anything to DOHR. Your coverage will simply continue.

### **ELIGIBILITY REQUIREMENTS ARE THE SAME FOR ALL BENEFITS EFFECTIVE JULY 1, 2025**

Part-time faculty members must be employed in the current semester and have been employed for at least one year, and new enrollees in Fall 2025 must have averaged at least 40% of full-time equivalent load for Fall 2024 and Spring 2025 (with Summer 2025 assignments counting as part of the previous Spring). Part-timers who are already enrolled in 4CD Benefits may remain eligible either by having averaged 40% load for the previous two semesters, as described above, or by having at least 40% load in the current semester.

### **Premium Contributions:**

Effective September 1, 2024, the District will contribute 97% of the premium cost for 4CD's Anthem Blue Cross plan or 94% of the premium cost for 4CD's Kaiser HMO plan.

Contributions are shown below in two tiers for **dental coverage only**. Part-time faculty pay the full premium for the Vision Services Plan.

- Average 40-59% load (FTE) - District shall contribute 50% of the premium cost.
- Average 60% load (FTE) and greater - District shall contribute 75% of the premium cost.

If you are currently enrolled but no longer meet eligibility requirements, your benefits will terminate end of day on August 31, 2025. You will receive a COBRA notice by mail from Navia, the District's COBRA administrator, indicating how you can continue coverage through COBRA.

**Enrollment Form:**

Part-time faculty must use the [Universal Benefit Enrollment Form for ADJUNCT](#) to enroll or make changes to existing coverage.

**Note:** *Supporting documentation (e.g. copies of birth certificates for dependent children, copies of marriage license or District Affidavit of Domestic Partnership) are required and must be submitted with the enrollment form before August 29, 2025.*

For new enrollees electing medical coverage, please provide completed and signed **PT Adjunct Medical Benefits Affidavit Form** (attached).

**Deleting Coverage:** The [Deleting Group Health Coverage Form](#) must be used to discontinue coverage.

**Important:** Please review the attached **2025-2026 Part-Time Faculty Cost of Coverage** rate sheet.

**Submit Enrollment/Deleting Coverage Forms and Supporting Documents:** Submit by mail to CCCC, Human Resources Department, 500 Court Street, Martinez, CA 94553, OR, upload your completed form and supporting documents via this [SECURE LINK-CLICK HERE](#).

If you have questions, please email [Benefits@4cd.edu](mailto:Benefits@4cd.edu). We will respond within 48 hours.