GLENDALE
COMMUNITY COLLEGE

Open Enrollment and New Hire Guide
Adjunct Members

2027 Plan Year











2027 Employee Benefits Programs

Glendale Community College is proud to have you as a member of the team! We are grateful to be able to offer a comprehensive and robust employee benefits package to you and your family.

Please take the time to read this booklet for your plan options. We are here to answer any questions you may have!

New Hire Eligibility

All employees that are eligible for benefits will have the opportunity to enroll on the first of the month following the date of qualification. For Adjunct members, this refers to a member whose total teaching assignments at two or more community college districts equals or exceeds 40% of the cumulative equivalent of a minimum full-time teaching assignment.

Due to Affordable Care Act (ACA) reporting, please remember to add your Social Security number and the Social Security numbers of any dependents during your enrollment process.

Glendale College pays for 100% of the premium for employees and dependents Medical coverage.

Once you make your enrollment elections you will not be able to make enrollment changes until the Annual Open Enrollment for March 1 or October 1 unless you have a qualifying event. See below for further details on Open Enrollment and qualifying events.

Annual Open Enrollment

Glendale Community College will hold two open enrollment periods which will provide you another opportunity to review and make changes to your initial new hire benefit elections (i.e., make plan changes from HMO to PPO, add or drop a benefit, add or drop dependents, etc.)

Qualifying Life Event

Outside of your initial eligibility period and annual open enrollment, changes to your insurance coverage can only be made within 30 days of a Qualifying Life Event, which can include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marriage, divorce, or legal separation.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with their current employer.
- Death of spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered changes.

MEDICAL BENEFITS

Blue Shield of California - January 1, 2027



Benefits	Custom Access + HMO Zero Admit	Custom PPO $500 90/70	
	In Network Only	In Network	Out of network
Deductible			
Individual	None	$500	
Family	None	$1,000	
Out of Pocket Max			
Individual	$1,000	$1,500	$3,500
Family	$2,000	$3,000	$7,000
Co-insurance	0%	10%**	30%**
PCP / Teledoc	$10 copayment /No Charge for Teledoc	$20 copayment / No Charge for Virtual Blue	30%** /Virtual Blue not covered out of network
Specialist	$10 copayment/$30 Self-Referral	$20 copayment	30%**
Preventive Care	No Charge	No Charge	30%**
Infertility Services (new Benefit for 2026)	See Plan Summary for Details	See Plan summary for Details	See Plan Summary for Details
Chiropractic	Not Covered	10% (20 visits in and out of network)	30%**
Acupuncture	Not Covered	$20 copayment** (20 visits in and out of network)	30%**
Inpatient Hospital	No Charge	10%**	30%**
Outpatient Facility	$50 copayment	10%**	30%**
Outpatient Surgery/Services	No Charge after above copayments	10%**	30%**
Lab	No Charge	$20 copayment** / $35 copayment hospital**	30%**
X-Ray	No Charge	$20 copayment** / $35 copayment hospital**	30%**
Advanced Radiology	No Charge	10%**	30%**
Urgent Care	$10 copayment	$20 copayment	30%**
Emergency Room	$50 copayment*	$75* + 10%**	$75* + 10%**
Ambulance	$50 copayment	10%**	10%**
Prescription Drugs			
Deductible	None	None	
Generic	$10 copayment	$10 copayment	$10 copayment + 25%
Brand Name	$20 copayment	$15 copayment	$15 copayment + 25%
Non-Formulary	Not Covered	$30 copayment	$30 copayment + 25%
Specialty Drugs	20% up to $200 max.	30% up to $200 max.	$200 copayment + 25%
Mail Order	2x above copayments for a 90-day supply	2x above copayments for a 90-day supply	Not Covered

*Waived if admitted ** After deductible All copayments and deductibles apply toward the out-of-pocket maximums
This is a brief summary of the benefits. Please see the plan outlines and SBC for a more detailed description.
Mail Order Prescriptions will be covered by Amazon effective January 1, 2025, Specialty medications will still be covered through CVS.

MEDICAL BENEFITS
Kaiser Permanente - January 1, 2027



Benefits	HMO $10 / 100% GRANDFATHERED
	In Network Only
Deductible	
Individual	None
Family	None
Out of Pocket Max	
Individual	$1,500
Family	$3,000
Co-insurance	0%
PCP / Telehealth	$10 copayment / No Charge for Telehealth
Specialist	$10 copayment
Preventive Care	$10 copayment
Infertility Services (New Benefit for 2026)	See Plan Summary for Details
Chiropractic	Not Covered
Acupuncture	$10 copayment – physician referral only
Inpatient Hospital	No Charge
Outpatient Facility	$10 copayment
Outpatient Surgery/Services	$10 copayment
Lab	No Charge
X-Ray	No Charge
Advanced Radiology	No Charge
Urgent Care	$10 copayment
Emergency Room	$50 copayment*
Ambulance	$50 copayment
Prescription Drugs	
Deductible	None
Generic	$10 copayment
Brand Name	$20 copayment
Non-Formulary	Not Covered
Specialty Drugs	$20 copayment
Mail Order	2x above copayments for a 100-day supply

*Waived if admitted All copayments and deductibles apply toward the out-of-pocket maximums
This is a brief summary of the benefits. Please see the plan outlines and SBC for a more detailed description

Glendale College pays 100% of the premium for employees and dependents for their medical coverage.

GLOSSARY OF IMPORTANT BENEFIT TERMS

Coinsurance
This is the amount that you pay for services after you have met your deductible. For example, our plan has a $500 Deductible. $1,000 if you are enrolled with family coverage. The coinsurance is 10% for in network and 30% for out of network. If you stay in network, you will pay 10% and the insurance company will pay 90%.

Copayment
The copayment is a flat dollar amount that you pay for services. The insurance company pays the remainder of the cost. On the above plan example, the copayment for office visits is $20 for a Primary Care Physician (PCP) and $20 for a Specialist.

Deductible
The amount you pay for services before the insurance company pays their portion.

Out of Pocket Maximum
This is the most you will pay out of your pocket in any calendar year (January to December). All deductibles, copayments and coinsurance are calculated and applied toward the out-of-pocket maximum.

Premium
Premium is the amount you pay for any of the coverages included in this booklet. In some cases, the premium will be deducted from you check on a pre-tax basis.

Dependent
Dependents consist of spouses, children, domestic partners. Parents and grandparents are not considered dependents for the purposes of insurance.

Open Enrollment
There are two open enrollment periods for Adjunct members. One is in the Spring with an effective date of March 1. The other is in the Fall for an effective date of October 1. As long as you meet the qualifications, these enrollment periods will apply.

RESOURCES AND CONTACTS

Blue Shield of California
www.blueshieldca.com

Group Number……W0051433
HMO & PPO Member Services…….. (888) 256-1915
Access to Care outside of California……(800) 810-2583
Access to Care outside of the USA……(804) 673-1177
Nurse Help Line…… (877) 304-0504
American Specialty Health Plans (Chiropractic and Acupuncture) …… (800) 678-9133
Magellan (Mental Health and Substance Abuse) ……(877) 263-9972
Pharmacy Services…… (888) 256-1915
CVS Mail Order Pharmacy……(866) 346-7200

Kaiser Permanente
www.kp.org

Group Number……102838
Member Services……(800) 464-4000

Gevork Msryan – Employee Benefits Technician – Glendale Community College

Knight Insurance Services – Insurance Broker – Team Manager
Kimbra Fossen
kimbraf@knightins.net
(818) 662-4217