

Spring 2016

LACCD ADJUNCT FACULTY HEALTH BENEFITS BULLETIN

Second Medical Opinion

If you find you disagree with the recommendation(s) of your physician or specialist regarding a treatment or procedure, you may request a second medical opinion relating to that treatment or procedure.

Please note, you should always check your specific Health Plan brochures and plan documents for additional information or contact your health plan Ombudsperson. You may find contact information for your specific health plan via the District's Health Benefits page: www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/Plans-and-Coverage.aspx; or through CalPERS (phone 1-888-225-7377) or via www.Calpers.ca.gov.

Get the Most From Your Visit to your Primary Care Physician

If you plan to see your Primary Care Physician (PCP) about a health problem, you can help yourself and your PCP by doing a little preparation before your visit. It only takes a small effort to gain two big rewards – better control of your health care and the ability to get the most out of your visit with your PCP.

PREPARE BY BEING AWARE

Before your visit, think about what you want to ask or tell your PCP. A day or two before your appointment, ask yourself the following questions. You will want to share the answers with your PCP.

- » What are my symptoms? What brings them on? Does anything I do affect them?
- » When did the problem start? What do I think the cause of the problem is?
- » Have symptoms got better or worse?
- » Am I feeling any pain? Where is it?

Write down your answers to these questions and take your list to your appointment. Remember, what you say to your doctor is confidential. So if your doctor needs to know about your sexual activity or use of tobacco, alcohol or illegal drugs, give the facts. Your PCP needs to know this important information to make a correct diagnosis and give you the best treatment.

BE SURE TO ASK QUESTIONS

Remember, your appointment is not over after your PCP examines you. Think of your visit as a chance to learn more about your health. Here are some questions that you may want to ask your PCP:

- » What is the problem?
- » What caused the problem?
- » When can I expect to feel better, or is it a chronic condition?
- » Can I prevent this problem from happening again? How?
- » What is the plan for my treatment?



Caption: Woman sitting still for photograph.



Caption: Two colleagues reviewing a written report.

How to maximize your Benefits

Are you tired of going to the pharmacy for a refill every thirty days?

CVS/caremark "Maintenance Choice" offers two ways to save on your long-term medications.

Members enrolled in;

- » Anthem Blue Cross: Traditional and Select HMO
- » Anthem EPO Basic
- » Health Net of California: SmartCare and Salud y Mas
- » Sharp Performance Plus
- » UnitedHealthcare Alliance HMO

can choose to receive 90-day prescription supplies either through CVS/caremark Mail Service Pharmacy or by picking them up at your local CVS/pharmacy. You can save up to two thirds of the prescription co-pay cost by ordering a 90-day supply.

MAIL: Check out these three easy ways to request new prescriptions

1. Visit www.caremark.com to order 90-day prescription(s) online. Have your prescription ID card handy. If you haven't registered as a member, it takes just a minute to do so. Click on the "Find Savings and Opportunities."
2. Ask your doctor to e-prescribe a new 90-day prescription to CVS/caremark Mail Service to:

CVS/caremark Mail Service Electronic
NCPDP ID 322038
9501 East Shea Blvd
Scottsdale, AZ 86260
Phone: 1.877.864.7744
3. Or your doctor can fax or call in a 90-day prescription(s) to CVS/caremark Mail Service toll-free at 1.800.378.0323 (by fax) or 1.800.378.5697 (by phone)

RETAIL: Pick up a 90-day supply at a CVS/pharmacy near you

- » Ask your doctor to call in a 90-day prescription(s) to a local CVS/pharmacy
- » Call your local CVS/Pharmacy to provide your prescription card information and arrange for your prescription(s) to be ready for pick up

QUESTIONS: Visit Caremark.com for more information, follow up with your CVS pharmacist or call Caremark toll free at 1.888.769.9030

DUAL COVERAGE AND COORDINATION OF BENEFITS

A Coordination Of Benefits (COB) questionnaire is sent annually in the birth month of member subscribers who have dependents enrolled under their coverage. A COB questionnaire will also be generated when a claim comes in for a member who is over age 65 and does not have a completed Medicare file in the eligibility system. The questionnaire helps to determine who the Primary payer is for any dependent that may also be enrolled in another health plan (including Medicare). Respond to COB inquiries quickly, as you and your dependents policy status will be held in a "research" or pending mode until received. Claims that come in under a policy in this status will receive an Explanation of Benefits (EOB) form asking if there is any other coverage. You can respond to the questionnaire or EOB in writing or by calling CalPERS Customer Service at (877) 737 -7776. The representative will update the policy for all members of the family and forward any pending claims for the appropriate adjustments.

WHAT YOU NEED TO KNOW ABOUT THE NEW IRS FORMS

All employees covered under an LACCD medical insurance policy will receive the "new" IRS 1095-C Form. Give the form to your tax preparer and keep it with your tax records.

The form provides:

- » Proof of medical coverage to help you avoid IRS penalties; and
- » Information that helps IRS determine the correct amount of federal subsidy to help pay for your individual insurance policy

Every January, employees receive IRS Form W-2 from their employers. In early 2017, employees may also receive one or more new IRS forms because of the Affordable Care Act.

Contact the LACCD Health Benefits unit at (888) 428-2980 if you do not receive this form by April or if the form contains incorrect information.

NOTE: Covered California does not apply to Medicare-eligible retirees.

DEPENDENT COVERAGE/EXPANDED COVERAGE

CalPERS health benefits covers all eligible family members including your spouse, domestic partner, and children. Under the ACA's extended dependent coverage, your child is eligible for benefits up to age 26, regardless of marital, student, housing, or employment status. However, your health coverage doesn't extend to your son's or daughter's spouse or children. The payment for extended dependent coverage costs is consistent with premium payments for other dependents.

PARENT-CHILD RELATIONSHIP:

Under the CalPERS Medical Plans (PEMHCA) you may be eligible to provide medical insurance benefits through your LACCD employment if you have an established Parent-Child Relationship or assumed a primary parental role over a child who is not your adopted, step, or recognized natural born child (California Code of Regulations (CCR) Section 599.500 (o)).

CalPERS requires the filing of specific forms (Parent-Child Relationship Affidavit) and requires you to provide specific documentation when enrolling and recertifying a Parent-Child Relationship. CalPERS recently required the filing of a copy of the most recent tax form (first page showing all dependents) and signature of tax filer, to be submitted along with the Affidavit.

A Parent Child Relationship Letter has been sent to all subscribers with PCR dependents, by CalPERS. The letter informs subscribers of the new regulations and includes a copy of the revised Affidavit. We encourage you to respond promptly in order to maintain continued health benefits coverage. For more information, you may visit www.calpers.ca.gov or contact our LACCD Health Benefits Unit at 888.428.2980.

Beginning January 1, 2016, new enrollees and annual re-certifications will require documentation of Parent Child Relationship.

For more information go to www.calpers.ca.gov/docs/circular-letters/2015/600-008-15-attach4.pdf

AMERICAN HEART ASSOCIATION TARGET NUMBERS



Caption: Medical stethoscope on book

It is recommended that individuals keep these critical numbers within these target ranges

Critical Health Marker	Recommended Range	More Information
Blood sugar The amount of sugar (glucose) in the blood	Prediabetes HbA1c (glycosylated hemoglobin) less than 6% Diabetes HbA1c (glycosylated hemoglobin) less than 7%	Blood sugar is also measured by the amount of glycosylated hemoglobin (HbA1c) in your blood. An HbA1c test gives you a picture of your average blood sugar control for the past 2 to 3 months and provides you with a better idea of how well your diabetes treatment plan is working.
Blood pressure The force of blood against the arteries when the heart beats and rests	Less than 130/80 mm Hg	Blood pressure is typically measured by a device that uses the height of a column of mercury (Hg) to reflect the circulating systolic and diastolic pressures. Systolic pressure (top number) is the peak pressure in the arteries, and diastolic pressure (bottom number) is the lowest pressure.
Blood cholesterol A waxy substance produced by the liver	A total cholesterol score of less than 180 mg/dL is considered optimal.	Because cholesterol is unable to dissolve in the blood, it has to be transported to and from the cells by carriers called lipoproteins. Low-density lipoprotein (or LDL) cholesterol, is known as "bad" cholesterol; high-density lipoprotein (or HDL) cholesterol, is known as "good" cholesterol.
Body weight	A body mass index (BMI) of 18.6-24.9 Waistline smaller than 35 inches for women and 40 inches for men	A person's ideal body weight varies by gender, age, height, and frame. Your body mass index (BMI) and waist circumference provide good indicators of whether you are at a healthy weight.

If your critical numbers are not at the target level, work with your health care provider to develop a plan to reach these goals. For more information visit www.heart.org.

BE PROACTIVE "KNOW YOUR NUMBERS"

An annual physical examination and lab tests are incredibly important and instrumental in monitoring important potential health complications related to diabetes, elevated blood pressure, cataracts, early nerve damage, kidney dysfunction, joint damage, as well as indications of heart disease. We strongly encourage you to work with your doctor to get a basic, baseline set of tests that can help you understand more precisely what is going on inside your body, and provide a way of tracking your progress and improvement. Critical health markers include blood sugar, blood pressure, and blood cholesterol plus our favorite, body weight.

Some of the available tests include a Basic Metabolic Panel (BMP) – usually contains 8 tests, all of which are found in the CMP (below); provides information about the current status of a person's kidneys and respiratory system as well as electrolyte and acid/base balance and level of blood glucose; or, a Complete Metabolic Panel (CMP-14), Lipid Panel With Total Cholesterol:HDL Ratio, Thyroid Panel with Thyroid-stimulating Hormone (TSH), Complete Blood Count (CBC) With Differential & Platelets, Kidney Panel, Liver Panel, Glucose, Fluids and Electrolytes, Mineral and Bone.

Your physician can help you determine what specific blood chemistry panel will be best for you and covered by your insurance carrier. Once you undertake the test, please schedule a follow up visit with your physician so he can help you understand the results of your blood chemistry panel, and you and your physician can work together to identify overall wellness strategies focused on you!



Caption: Family of four smiling and laughing as they get ready for picnic

LIFE STATUS CHANGE

What is a Life Status Change?

Enrolling in the District’s health benefit plans requires that you remain in the same plan, and the same coverage level for a full calendar year (January to December) UNLESS you experience a life status change (an IRC§125 requirement). A Qualified Life Event or Life Status Change allows you to make changes mid-year to your benefit coverage elections, such as to enroll or withdraw from the District’s plans, and add or drop dependents from the District’s coverage. Some common life status changes, include but are not limited to all of the following:

- » Adding coverage for a child due to the child’s birth, adoption or placement for adoption, or the child losing eligibility for coverage under another plan,
- » Dropping a child from coverage due to your child ceasing to be eligible for coverage under the District’s plans, or the child gaining eligibility for coverage under another plan such as a student health insurance plan, Medi-Cal or another program ,
- » Adding or dropping a spouse from coverage as a result of marital status change
- » Enrolling yourself and your dependents in the District’s plans if you lose coverage under your spouse or partner’s plan,
- » If you experience any of the events described above, please contact the Health Benefits Unit at (888) 428-2980, no later than 60 days from the occurrence of the family status change. Please also contact the Health Benefits Unit if you would like to learn more about Life Status Changes.

Did you know that you have a time limit in which to submit paperwork when you have a life-changing event that impacts your medical benefits?

Whether you are a new enrollee or simply must add or remove a dependent from your plan, under CalPERS’ 60/90 rule, you must submit paperwork within 60 days of the event in order to have your new or changed benefits effective the first of the month after the change or new assignment.

If you submit your paperwork after 60 days of the life-changing event, then you must wait until the 1st day of the month following a 90-day waiting period after receipt of your paperwork.

If you fail to notify us of the family status change on a timely basis, you will have to wait until the 1st day of the month following a 90-day waiting period for your new or modified benefit elections to become effective,. or, if the next Open Enrollment comes before the 90 days have passed, you may apply for benefits or a change in your benefit election during the Open Enrollment period. Note that new elections or modified elections to benefits made during the Open Enrollment Period will not become effective until January 1st of the new calendar year,

Please note that if you visit your doctor before you receive your medical card, even if the visit takes place on the effective date of your new or changed benefits, you may be required to pay for the services yourself and then submit a claim for a reimbursement to your medical insurance company.



Caption: Three women smiling and laughing at the beach.

PURCHASING ADJUNCT FACULTY RETIREE BENEFITS UNDER AB 528

In 1985, the legislature passed Assembly Bill 528 (AB 528), that gave adjunct faculty and their spouse, the right to purchase District health benefits (medical and dental) once they retire from a public retirement system, such as CalSTRS. This provision is described in the California Education Code §7000. Below please find a summary of why AB 528 may assist you when you transition into retirement.

Why is it important to understand AB 528?

We know that planning and saving for retirement is important; however, understanding your health benefits and rights as you enter retirement is also an area that needs attention.

Why do I have to learn about AB 528 if I will have access to Medicare when I retire?

Sometimes adjunct faculty choose to retire before age 65 (which is usually when an individual becomes eligible for Medicare), AB 528 allows adjunct faculty who have retired from their retirement system the opportunity to purchase from the District medical and dental coverage for themselves and their spouse or partner (whether or not they continue to work for the District), or if they are Medicare eligible, to purchase a District Medicare Supplement Plan.

Why should I be interested in learning about the plans offered by the LA Community College District?

Large group medical plans, such as the ones that our District provides through CalPERS, are not “age-rated”. The premiums a participant pays in the CalPERS group plans tend to be lower because the risk-pool is spread among various age groups and multiple plans.. In many individual non-group plans, including

Covered California plans, older participants are required to pay higher premiums based on their age, their zip code and the tier of coverage they select (single or two-party). Most of the District’s CalPERS health plans also have larger provider networks and multiple plan choices than many individual plans, even if they are offered by the same insurance company (e.g. Blue Cross or United Healthcare). Dental plans offered by the District also provide greater dental benefits without the restrictions to access coverage that are commonly found in individual dental plans.

If I continue to teach after retirement, won’t I still receive the District contribution if I teach the required FTE load?

Probably not. The current Master Benefits Agreement within our Guild contract allows only adjunct faculty, who worked and qualified to receive benefits, every semester for 35 years, to receive a District contribution. However this agreement is subject to future contract negotiations.

When I retire from CalSTRS or PARS, do I need to do anything to continue participating in the District’s health benefits?

Yes, within 30 days of retirement you need to notify the District that you wish to continue to purchase District medical and dental benefits under AB 528.

Do I need to continue working in the District to be eligible to purchase medical and dental benefits?

AB 528 and Education Code 7000 requires the District to make their group medical and/or, dental benefits available to you, for purchase, following retirement. There is no requirement that you continue working for the District post-retirement, in order to purchase this group medical and/or dental coverage. When you are purchasing your benefits under the

provisions of AB 528 or Education Code 7000, you are required to make your premium payment directly to the District. Since benefit premiums are paid to CalPERS by the District, you will need to remit a monthly payment by check payable to the Los Angeles Community College District to pay for your benefits. Your retirement plan may have the ability to deduct these premium payments from your monthly benefit check and mail the payment to the District, however, you may need to check directly with your retirement system. Please remember benefits under AB 528/Education Code 7000 are different than collectively bargained benefits and are managed and paid for differently.

Can my spouse/partner also receive health benefits from the District plans?

Yes, your spouse or partner may also be included with your coverage however a dependent, such as a child may not. Moreover should you, as the former employee, pre-decease your partner or spouse, he/she may continue to purchase coverage from the CalPERS medical plans and the District’s dental plan. Please be aware that a surviving spouse from a marriage entered into after your separation of service (retirement) date, or loss of eligibility date, is not eligible to purchase coverage under AB 528/Education Code 7000. He/she can be covered during your lifetime, under your plan for medical and dental benefits, but is not eligible to purchase this coverage following your passing.

What happens when I become eligible for Medicare?

If you retire from the District prior to age 65 (Medicare eligibility age), you will pay the full cost of premiums in the health plan of your choice. This is known as “basic” coverage. Once you reach Medicare age you will need to enroll in Part A and Part B coverage and then you will be allowed to purchase the District’s CalPERS Supplemental Medicare plans.



WELLNESS CORNER

Caption: Mother laughing with newborn baby.



Company Code: laccd

or call..

1-800-327-0449

24 HOURS/365 DAYS AVAILABILITY

Managed Health Network's (MHN) life management services are an important part of our health and wellness benefits.

Professional Counseling Services:

1. Up to 6 free counseling sessions per issue per calendar year by a licensed mental health provider related to personal, marital, family, relationship, work, alcohol and substance abuse problems
2. Referrals to mental health agencies and non-medical agencies that are beyond the scope of an EAP provider
3. 24-hour crisis hotline, 7 days/week
4. One half-hour consultation with an attorney (either in person or by telephone) per calendar year
5. One financial counseling referral for a consultation with a financial consultant (either in person or by phone) per calendar year.

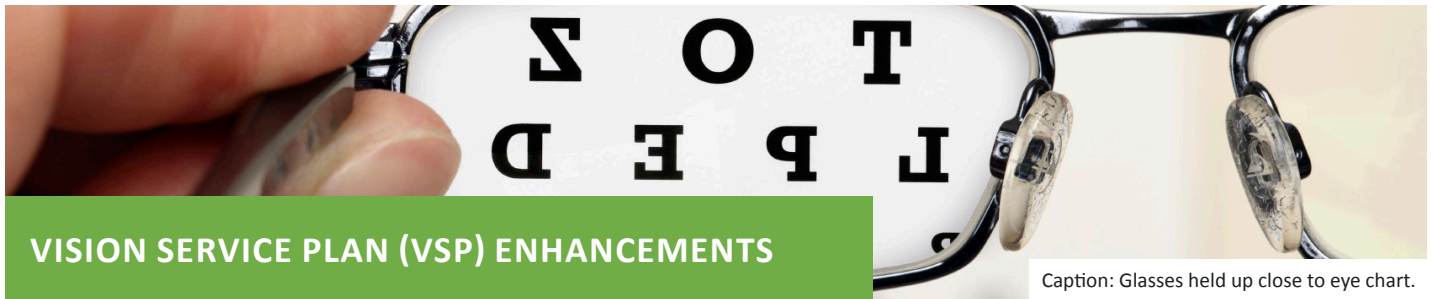
Work/Life Program:

This is telephonic and web-based referral services for:

- » Childcare
- » Eldercare
- » Legal and financial counseling
- » Health and wellness articles
- » Life improvement issues
- » Educational referral
- » Convenience Services
- » And more...

EAP Orientations, Employee Development and Work/Life Solutions Workshops:

EAP orientations and workshops on various employee development, work/life balance and self-improvement topics are offered in group settings. The services are available to all benefited active employees, adjuncts, retirees, their dependents, and members of their households.



Caption: Glasses held up close to eye chart.

VISION SERVICE PLAN (VSP) ENHANCEMENTS

Frame Allowance: Remember, the frame allowance has increased from \$120 to \$150.

You can get an extra \$20 to spend on featured frame brands, like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more!

Visit <https://www.vsp.com/glasses-deals.html?id=0#marchon20> to learn more.

Exclusive Vision Plan Member Extras! More Ways to Save with VSP!

Only VSP members can save more than \$2,500 by taking advantage of exclusive rebates and special offers, including:

- » Rebates on the most popular contact lens brands
- » Copays on preferred lens enhancements
- » Laser vision surgery—up to \$500 savings
- » Nike-authorized prescription sunglasses—average savings of \$325

Visit <https://www.vsp.com/optical-discounts.html> to see more ways you can save.

Hearing Aids

Vision Service Plan (VSP) is pleased to announce that TruHearing® is offering all VSP members and their covered dependents free access (\$108 value) to the TruHearing MemberPlus® Program so you can enjoy big savings on some of the most popular digital hearing aids on the market. TruHearing is a medical organization that offers deep discounts on state-of-the-art digital hearing aids, and contracts for lower costs on professional services from a nationwide network of audiologists and hearing instrument specialists.

TRU HEARING DISCOUNTS: SIMPLE AS 1-2-3

TruHearing Extras!

The TruHearing MemberPlus Program includes:

- » Savings of up to 50% on hearing aids
- » Yearly comprehensive hearing exams for \$75
- » 48 batteries per purchased hearing aid
- » And more!

Taking advantage of the TruHearing discounts is easy. All a VSP member has to do is:

1. Sign up at www.vsp.truhearing.com and choose whether to enroll dependents and guest members as well.
2. Call TruHearing at 877.396.7194 to schedule an appointment.
3. Visit hearing aid center, receive exam, and purchase discounted aids.

That's it! All transactions are between the VSP member and TruHearing. Learn more about this VSP member offer at <http://vsp.truhearing.com/>.

***Savings over national average retail prices vary based on hearing aid model purchased.*

Check your MEDICAL plan coverage for hearing aids and coordinate with the TruHearing discounts to minimize the expenses you will pay to hear better.

YOUR DENTAL PLAN CHOICES

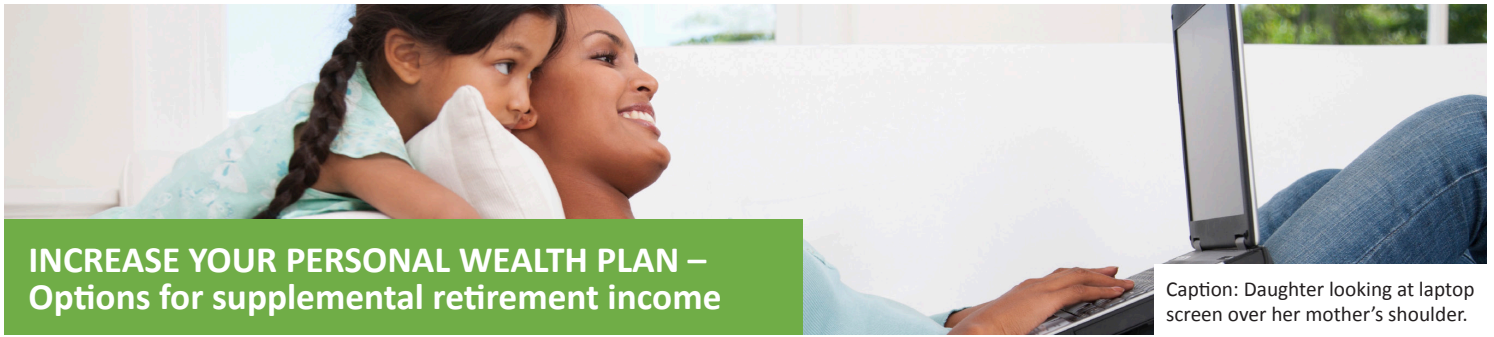
LACCD offers two dental plans: Delta Dental PPO and SafeGuard HMO during Open Enrollment or first 60 days after hire.

DELTA DENTAL PPO DENTAL PLAN gives you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental's PPO "in-network," you have access to the PPO provider's discounted rates and reduce your out-of-pocket costs. Annual maximum allowances are based upon the number of years served.

- 0 to 5 years service --\$1,000
- 5 years plus , but less than 10 years -- \$1,500
- 10 years plus, but less than 15 years -- \$2000
- 15 years plus, but less than 20 years --\$2,500
- 20 or more years of service -- \$3,000

Adjuncts have a maximum of \$1,000 regardless of number of semesters/years of work

SAFEGUARD HMO dentists provide services at little or no cost when you go to a dentist who is a SafeGuard HMO "in-network member." The plan requires all enrolled dependents to select a primary care dentist to coordinate your care. Unlike the Delta Dental PPO, you cannot select out-of-network dentists.



**INCREASE YOUR PERSONAL WEALTH PLAN –
Options for supplemental retirement income**

Caption: Daughter looking at laptop screen over her mother's shoulder.

Are you saving enough?

It's never too early or you are never too young to start saving for your future. You'll likely need to close the gap between your retirement goal and your projected benefit with savings and investments with Tax Deferred Retirement Savings. Eligible employees may save additional money for retirement over and above the contributions made by an employer-mandated retirement plan, such as CalSTRS, by participating in a tax-deferred retirement savings plan, such as a 403(b) or 457(b). Contributions to these plans are made pre-tax, by an election of the employee, and must be made through payroll deduction.

- » The 403(b) is a Tax Savings Annuity plan with numerous providers from whom you can choose to establish an account. Providers for 403(b) and Information about the LACCD's approved providers is available at 403b Compare (www.403bcompare.com) 403b Compare is a web site created and maintained by the California State Teachers' Retirement System.
- » In the L.A. Community College District, the 457(b) is a retirement savings plan available only through TIAA-CREF.
- » The Roth 403(b) Plan while not a tax-deferred plan is also available to eligible employees with numerous providers.

Employees should consult a tax advisor and/or attorney for any tax or legal advice needed. District payroll staff are available to assist with processing the payroll deduction.

- » For assistance with this process, please contact:

Payroll Services, Educational Services Center
Phone: (213) 891-2209

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