



JOINT LABOR MANAGEMENT BENEFITS COMMITTEE ADJUNCT FACULTY



Los Angeles Community College District - Newsletter

FALL 2020

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Open Enrollment Is Here!

This is the one time during the year that you can make healthcare plan changes for you and your family. These changes will be effective January 1, 2021.

Important Highlights:

- Open Enrollment will run from **September 21st through October 16th, 2020**.
- All elections will be effective January 1, 2021 - December 31, 2021.
- Changes and additions cannot be made to your benefits during the 2021 plan year unless you experience a qualifying life event such as marriage, divorce, birth of a child, or change of employment status.
- If you are **currently enrolled and do not wish to make changes, no action is required**; your existing elections will remain in effect for the new calendar year: January 1, 2021 to December 31, 2021.
- If you are adding, dropping or changing coverage for yourself and/or dependents under any plans, you must enroll online (see [page 13](#) for instructions).
- The District offers premium assistance to those adjunct faculty buying into the District's medical plans.
- Eligibility for continuous coverage for an entire calendar year will be based on Spring assignment loads.
- Dental and Vision coverage is also available, regardless of enrollment in the medical
- Find out more on the CARES Act (Resource on [Page 17](#)) and how it has affected your Student Loans ([Page 15](#)).

Open Enrollment 2020

Health Benefits Open Enrollment takes place 9/21/20 to 10/16/20. Be prepared so you can make the best choices for yourself and your dependents! The Open Enrollment Checklist will help you prepare for this important event, which is 100% virtual this year due to our ongoing public health crisis.

Verify and Update Current Health Plan Selection and Enrollments

1. Logon to PERS, review current selections, addresses and dependents.
Log in or create an account here: <https://my.calpers.ca.gov/web/ept/public/systemaccess/eptLogin.html>
Select "Health" tab and then "Health Plan Summary"
2. View link to PERS plans and review plans, updates and changes.
Click here: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>
3. Log into the District portal and update important information such as your warrant address and emergency contacts.
Log in here: <https://myportal.laccd.edu>

Learn About 2021 Health Benefits. Attend Virtual Health Benefit Preview Fairs and be ready to make your Open Enrollment choices

Join us for our webinars, where insurance carriers and District Wellness and Health Benefits staff will provide valuable information:

August 14th, 10AM-Noon – Health Plans for Actives and Adjuncts

August 28th, 10AM-Noon – Health Plans for Retirees and Survivors

September 11th, 10AM-Noon – Dental, Vision and other Benefits – All

Please check the Health Benefits Unit webpage in August for enrollment links by clicking here:

<http://laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx>

Contact Us:

Due to the public health crisis, **the toll-free 888 number is not operational**. For the quickest response to your questions, please send an e-mail to Healthbenefits@email.laccd.edu

You may also leave a message at the numbers below; please choose the number corresponding to the first letter of your last name:

A-I please call 213-891-2382

J-M please call 213-891-2198

N-Z please call 213-891-2023

Important Information about Adjunct Health

Do I Qualify for LACCD Adjunct Health Benefits? If you teach a 0.33 (or higher) Full Time Equivalent (FTE) load during the Fall semester and have taught at least 0.20 FTE for three semesters out of the previous eight semesters, at any combination of LACCD campuses, you qualify to buy into the District's health benefits program via the District Health Plan—Premium Only Plan (POP). You may elect medical, dental, and/or vision coverage. Under this plan, your premium payments will be automatically deducted from your paycheck on a pre-tax basis.

How do I Calculate my Full Time Equivalent (FTE) Load? It is very important that “hours” rather than “course units” be used to calculate FTE. Each semester's assignment hours should be listed on your offer of assignment. Locate the number of Standard Teaching Hours per week for your discipline using the AFT Contract. Take the number of hours you are teaching per week and divide it by the standard hours of your discipline. That quick calculation provides your FTE.

Example 1: History has 15 Standard Teaching Hours and John teaches one 3-hour class; John's FTE is 3 divided by 15 or 0.20 FTE. However, when John teaches two 3-hour classes, then his FTE is 6 divided by 15 or 0.40 FTE.

Example 2: English has 12 Standard Teaching Hours and Keisha teaches one 3-hour class; Keisha's FTE is 3 divided by 12 or 0.25 FTE. However, if Keisha teaches two 3-hour classes, then her FTE is 6 divided by 12 or 0.50 FTE.

Example 3: Dance has 18 Standard Teaching Hours and Martha teaches one 3-hour class; Martha's FTE is 3 divided by 18 or 0.17 FTE. However, if Martha teaches two 3-hour classes, then her FTE is 6 divided by 18 or 0.33 FTE.

If you teach in more than one load area, just add the two FTEs together.

Overview of Enrollment Cycles

Semester Eligibility	Coverage—6 Months	Paychecks—5	Deduction Amount
Fall Assignment	September to February*	September to January	Monthly portion + 1/5 of February
Spring Assignment	March to August	February to June	Monthly portion + 1/5 of August

*Coverage continues into the new year unless one drops coverage during Open Enrollment. In that case, coverage would end with the plan year on December 31st.

Adjunct Plan Rates. All of the District's medical insurance plans (e.g. Kaiser, Anthem, etc.) are administered by the California Public Employees Retirement System (CalPERS). For CalPERS plans, the coverage period in any given year runs from January through December. However, since the last paycheck associated with the Fall assignment is issued in January, the District may extend coverage through January and February of the next year. The coverage costs for January and February of the following year (2021) may have a slight variation due to changes in premium costs and the District contribution. The cost changes will be available by open enrollment Fall 2020 and will be posted on the Health Benefits Unit website at <http://www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx>. Decisions regarding changes or opting out of the program can be made at this time. Therefore, for the Fall semester, the adjunct faculty member has the option of terminating coverage in December 2020 instead of continuing through January 2021. That decision must be made during open enrollment.

Adjunct Faculty Enrollment Cycles

Scenario 1: Member qualifies for first time in the Fall semester.

August 1– 15

Adjunct faculty who gain eligibility for the first time or are re-eligible will be notified by the District that their Fall assignment qualifies them for health benefits effective September 1st. The adjunct faculty member will be allowed to enroll into the health benefit plans mid-year as a result of gaining eligibility for coverage (Qualified Life Event). Health benefits coverage for the Fall semester will run from September through February.

August 1—31

During this period, adjuncts have to turn in a paper application for participation in the health benefits program for the Fall semester (September—February). CalPERS health plan premium rates typically change beginning January of each year. Since the coverage period for the Fall semester includes the months of January and February, LACCD will provide the premium rates for both the remainder of the plan year and the rates for the upcoming year. Each monthly deduction will match the CalPERS monthly premium minus the District's monthly contribution rate (which will also change in the new year).

Should a faculty member decide not to enroll by August 31st, it will be assumed the adjunct has chosen to waive coverage until the next open enrollment period (September-October).

Coverage Period	Premium Deductions	Receives Spring Assignment that is ≥ 0.33	Spring Assignment is <0.33 (No Longer Eligible)
September to February	Five payments (September—January) will be applied toward six months of coverage (September—February)	Automatically continues into the next cycle: March—August. This adjunct is now participating as a Continuing Enrollee	Has option to select COBRA effective March 1st

Scenario 2: Continuing Enrollee currently enrolled in LACCD's Health Benefits Program

If you are currently enrolled and continuing from last Spring OR just enrolled this August for the first time and do not wish to make changes, **NO ACTION IS REQUIRED DURING OPEN ENROLLMENT**. You are considered a **CONTINUING ENROLLEE**. Your existing elections will remain in effect for the new calendar year January 1 to December 31, 2021. Effective January 1, 2021, you will be automatically enrolled again, but at new rates (which may be higher). If you do want to make changes, the SAP ESS Portal (more information on [page 13](#)) is only available during open enrollment.

Coverage Period	Premium Deductions	Receives Fall Assignment that is ≥ 0.33	Receives Fall Assignment <0.33 (No Longer Eligible)
March to August	Five payments (February—June) will be applied toward six months of coverage (March—August)	Automatically continues into the next cycle: September—February	Coverage continues into September-December with the District contribution. Further coverage will be through COBRA or other outside plans.

Adjunct Faculty Enrollment Cycles cont.

Scenario 3: Member qualifies for first time in the Spring semester.

December 1—January 15

Adjunct faculty who gain eligibility (did not participate in the District's health benefits program during the preceding Fall semester) will be notified by the District if their Spring assignment qualifies them for health benefits for the Spring semester. Health benefits coverage for the Spring semester will run from March through August.

January 1—31

During this period, adjuncts have to turn in paper application for participation in health benefits program for Spring semester (March—August).

Coverage Period	Premium Deductions	Receives Fall Assignment that is ≥ 0.33	Fall Assignment is < 0.33
March to August	Five payments (February—June) will be applied toward six months of coverage (March—August)	Automatically continues into the next cycle: September—February	Coverage continues into September-December with the District contribution. Further coverage will be through COBRA or other outside plans.



Additional Open Enrollment Information

How to Enroll—Learn, Decide, Act. Make sure to review the LACCD benefit offerings to make the best decision for you and your family. You must enroll by **October 16th, 2020** to make any benefits changes.

Learn

- Carefully review this newsletter.
- For more detailed information on your District benefits and to learn about the plans that apply to you, visit <http://www.laccd.edu> > Faculty and Staff > Human Resources > Health Benefits > Adjuncts.
- The website is available 24 hours a day. If you have additional coverage questions, we encourage you to call your plan's Member Services (see contact information on [page 23](#)).



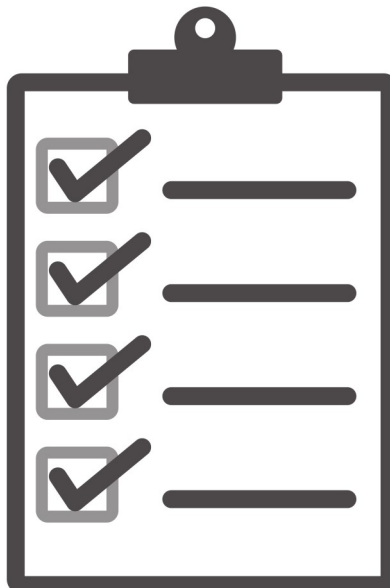
Decide

- Review your choices on the LACCD website for other coverages such as dental, vision, and life. For questions, call the Health Benefits Unit (HBU) at 888-428-2980, email the HBU at HealthBenefits@email.laccd.edu, or mail us at 770 Wilshire Blvd., 6th Floor, Los Angeles, CA 90017.



Act

- Log onto the Open Enrollment Portal (instructions on [page 13](#)) to enroll if you would like to change or update your benefit elections, participate in a Flexible Spending Account, update your dependent information, adjust life insurance beneficiaries, or change your home/ mailing address.



Frequently Asked Questions

What happens if you waive coverage?

If an adjunct waives coverage, they are waiving the right to participate in the program until the next open enrollment (September—October 2021 for plan year starting January 1, 2021). You need to cancel your coverage during open enrollment using the LACCD portal.

Can I enroll in dental or vision plans without enrolling in a medical plan offered by the District?

Yes, if you meet the eligibility requirement for benefits you may enroll in the District's dental or vision plans for yourself and your dependents.

Do adjuncts have to reaffirm their participation in the benefits program during open enrollment?

No, the benefit plan election made during enrollment will remain in effect for the upcoming calendar year. However, adjunct faculty should visit: <http://www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx> to check the new rates and Evidence of Coverage (EOC)—what is covered by a particular plan—for 2021. They may then visit the District SAP ESS Portal during open enrollment (September 9th to October 4th, 2020) if they wish to make any changes to their elections. The SAP ESS Portal is only available during open enrollment.

If adjuncts enrolled in August for coverage in the Fall semester, can coverage extend through January since it would be a different calendar year?

Yes. However, at the time of enrollment, adjuncts will be provided with the rates for premiums for both the current year (2020) and the next calendar year (2021). If you find that the rates for the next year for the plan you selected are too high, then during open enrollment (September 9—October 4) you may make changes that begin January 1, 2021.

Is there a one year commitment to the benefits program if adjuncts come into the health benefits program through a Qualified Life Event?

If adjuncts come into the health benefits program outside of the open enrollment period, their commitment is through the end of the calendar year (December), unless they experience a Qualified Life Event or cease to be eligible for benefits coverage.

If I enroll during open enrollment but do not have eligibility for benefits in the Spring, will I still receive January and February coverage?

Yes, if the adjunct is enrolled in a plan during Open Enrollment but is no longer eligible for benefits in the Spring semester, they will have coverage for January and February only and will be offered COBRA as of March 1.

Where can I find 2020 and 2021 rates and contributions?

To see the rates for the current year (2020) and next calendar year (2021), visit the Health Benefits website at <http://www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/Adjunct-Faculty.aspx>. You can get to this page by visiting www.laccd.edu, click Faculty and Staff > Health Benefits > Adjunct-Faculty, then scroll down and click on the 2020 and 2021 rate sheets.

SPECIAL NOTE REGARDING VISION COVERAGE:

If you are an adjunct assigned an FTE of 0.50 or above, you are ALSO eligible to have District-paid VISION coverage for yourself (free for employee only— you must pay for your dependents). If you drop below 0.50 FTE at any time (but remain above 0.33), then you must continue to pay for your employee-only vision as well which cannot be dropped until the next Open Enrollment.

SPECIAL NOTE REGARDING DENTAL COVERAGE:

If you are an adjunct assigned an FTE of 0.50 or above, you are ALSO eligible to have HALF District-paid DENTAL coverage for yourself (half of individual coverage for employee only—you must pay for your dependents). If you drop below 0.50 FTE at any time (but remain above 0.33), then you must pay the entire premium cost for your employee-only dental as well which cannot be dropped until the next Open Enrollment.

District Health Care Plan Choices

The Los Angeles Community College District provides a variety of healthcare plan options from which you can choose:

CalPERS Medical Plans. Medical care coverage is offered under the CalPERS health plan. The offerings can be found below:

HMO Options

- Anthem HMO Select
- Anthem HMO Traditional
- Blue Shield Access+ HMO
- Blue Shield Trio
- Health Net Salud y Mas
- Health Net SmartCare
- Kaiser HMO
- United Healthcare HMO

PPO Options

- PERS Choice
- PERS Select
- PERSCare

Important Consideration for PPO Plans: The PPO choices differ from each other mainly in their deductible, coinsurance percentage, out-of-pocket maximum, and, in some cases, provider networks. (See the glossary on [page 23](#) for a brief definition of these terms.) To find a physician or hospital, visit www.calpers.gov and go to the “Health Benefit Summary” link on the lower right side of the main page.

Understanding Prescription Drug Tiers—Generic, Preferred Brand, Non-Preferred Brand.

All pharmacies base their prescription drug selections on a list of medicines called a formulary. The prescription formulary specifies particular medications that are approved to be covered under your health plan. The list is typically updated once or twice a year to account for evaluations of efficacy, safety, and cost-effectiveness of both currently-covered medications and new drugs on the market. The formulary indicates which drugs are approved and into which tier they fall.

For example, a drug may be considered a generic drug but may be moved into a higher tier during the plan year. Conversely, a drug that starts in the brand tier may be moved into the generic tier after evaluation. The prescription formulary list is always changing, which may impact the pricing of a drug you are taking.

All drugs will be categorized as either generic, preferred brand, or non-preferred brand. What is the difference?

Generic Drugs are FDA approved bio-equivalents, meaning they have the same active ingredients as brand-name drugs, but may have different inactive ingredients. The FDA expects these generics to work the same way as the original brand drugs because they are generally available in the same dosage strengths and forms. They must also meet FDA standards for quality and purity. **You usually save the most with generic drugs.**

Preferred Brand Drugs are listed on the plan’s formulary (list of preferred prescription drugs). The plan prefers these medications because they are safe and effective alternatives to other brands that may be more expensive.

Non-preferred Brand Drugs are medications that are not included on the plan’s formulary. Non-preferred brand drugs have higher coinsurance than preferred brand drugs. You pay more out of pocket if you use non-preferred drugs than if you opt for generic or preferred brand drugs.

When filling a prescription, the medical provider will automatically provide the generic drug. If you must have the preferred brand, your doctor must submit an appeal to CalPERS. You may contact them at (888) 428-2980 for information on appealing a drug brand.

OptumRx

(Prescription Drug Administrator)*

If you have any trouble with your prescriptions including but not limited to drug shortages, contact OptumRx at the appropriate number below:

Basic Members: 1-855-505-8110

Medicare Part D Members: 1-855-505-8106

*Excludes Blue Shield and Kaiser plans

How to Compare Your Plan Options

Types of Medical Plans with CalPERS The majority of your options will be either a PPO or HMO. Some of the most notable differences between an HMO and PPO include:

⇒ In an HMO you are required to have a Primary Care Physician (PCP) that will manage your care and refer you to any specialists.

⇒ In a PPO, you will have a deductible to meet before the insurance company will start contributing to your medical services (coinsurance). Typically, HMO's do not have a deductible and you will pay a set price for specific services (copay).

Below are definitions of every type of healthcare plan CalPERS offers:

HMO - A Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay co-payments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

PPO - A Preferred Provider Organization (PPO) is similar to a traditional "fee-for-service" plan, but you must use doctors in the PPO provider network or pay higher co-insurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain co-insurance amount and the plan pays the balance up to the allowable amount.

EPO - The Exclusive Provider Organization (EPO) plan offers the same covered services as an HMO plan, but you must seek services from the plans' PPO network of preferred providers. You're not required to select a primary care physician.

Combination Plans - A combination plan means at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

Deductibles and Out-of-Pocket Maximums

A deductible is the amount of money you must spend on services before the carrier will share in the cost of services. An out-of-pocket maximum is the maximum amount of money you will pay in a year. Once you reach your out-of-pocket maximum, the carrier will cover all remaining services you receive during that plan year.

Copay vs. Coinsurance A copay is a set price you will pay for a service. Coinsurance is a percentage you will pay for a service, typically **after** you have met your deductible.

In-Network vs. Out-of-Network An in-network provider has contracted with a carrier, agreeing to the fees set by the carrier. Out-of-network providers have no contract with the carrier and can charge any price for services. As the carrier does not have insight to out-of-network providers pricings, carriers will only cover a percentage of a set price.

Claims Example Below you will find a table that goes through a fictional example of a service provided and the potential savings you could earn by visiting a provider in network. These numbers are purely illustrative and meant to explain how out-of-network costs are calculated and reimbursed. The benefits and costs shown do not correspond with any particular medical plan.

COST FOR IDENTICAL MEDICAL PROCEDURES	In-Network Provider	Out-of-Network Provider
Contracted Cost	\$300	N/A (Does not have a contract with the carrier)
Allowable Amount (Only applies to out-of-network providers)	N/A	\$350 (Approximate cost determined by the carrier)
Billed Cost of Service	\$300	\$500
Covered by Insurance (%)	80%	60%
Covered by Insurance (\$)	\$240	\$210 (60% of allowable amount)
Member Responsibility	\$60	\$290 (40% of allowable amount [\$140] + Cost over allowable amount [\$150])

Dental Plan Choices

Dental Plan Choices. LACCD offers two dental plans—Delta Dental PPO and SafeGuard HMO.

Delta Dental PPO offers you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental’s network, you have access to the PPO provider’s discounted rates which will reduce your out-of-pocket costs.

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

SmileWay Wellness Benefits: Chronic Conditions and Dental Cleanings Gum disease is associated with a number of systemic conditions, and people with certain chronic conditions may benefit from additional periodontal (gum) cleanings and maintenance. That’s why the SmileWay® Wellness Benefits option offers expanded coverage for those diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke. Talk to your Delta Dental representative to learn how to add Delta Dental’s SmileWay Wellness Benefits to your plan!

Delta Dental: (800) 765-6003

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

DPPO or DHMO? The chart below shows some of the most common dental procedures and how they are covered by each plan. This can help you decide which is the right plan for you and your family. Keep in mind, just like the medical out-of-network claims explained on the previous page, the out-of-network coverage on Delta Dental’s DPPO option, is a percentage of a set cost determined by Delta Dental. NOT a percentage of your invoice or bill.

Service	Delta Dental DPPO In-Network and Out-of-Network	SafeGuard/ Metlife DHMO
Office Visit	Covered at 80%	\$0 Copay
Teeth Cleaning	Covered at 80% (4 per year)	\$0 Copay (2 per Year)
Endodontics (Anterior/Bicuspid)	Covered at 80%	\$0 Copay
Periodontic (Gingivectomy)	Covered at 80%	\$0 Copay
Crown (Porcelain to noble metal)	Covered at 80%	\$0-\$50 Copay + Up to \$150 per unit
Crown (full cast metal)	Covered at 80%	\$0 Copay + Up to \$150 per unit
X-rays	Covered at 80%	\$0 Copay
Complete Denture	Covered at 80%	\$0 Copay
Orthodontia	Covered at 50% up to \$2,000 Lifetime	Adult: \$1,400 Child: \$1,300 24 month treatment



Dependent Eligibility— Who Can Be Enrolled?

You can only elect dependent coverage if you have a qualified dependent.

Qualified dependents include:

- Spouse
- Qualified Domestic Partner
- Children up to age 26
- Economically Dependent Children,
- Disabled Children Over Age 26 (See Dependent Exception)

Supporting Documentation—Dependent Verification

CalPERS mandates that LACCD comply with dependent verification documentation for all covered employees. The verification process is detailed as part of the district application. Please see the supporting documents information on the application for health benefits.



Dependent Exception. You may claim your child, step child, domestic partner's child, or economic dependent over the age of 26 as a dependent on your benefits package if they are designated disabled, the disability existed prior to age 26 and continuously since age 26, the child is incapable of self-support because of the disability, AND LACCD has certified that you have assumed that role of the primary care parent. You will need the following documentation:"

1. Member Questionnaire for CalPERS Disabled Dependent Benefits – Self Verification.
2. Medical Report for the CalPERS Disabled Dependent Benefit – Fill in pertinent information (Your information, your dependent's information) and sign to give your physician permission to disclose all facts concerning the disability, and hand over to your physician to complete and fax to CalPERS.
3. Submit birth certificate and social security card if they are not already on file for every child or economic dependent that you wish to add to your plan.
4. Tax records demonstrating that you are claiming your child because he/she is incapable of self-support.

Adopted Child – If your name is not listed as the parent on the birth certificate, please submit a copy of the adoption records.

Step Child or Child of Domestic partner – Marriage/ Partnership relationship with the child's parent must be established.

Economic Dependent – Affidavit for Parent Child Relationship.

Upon certification of eligibility, the dependent's coverage must be continuous and without lapse. You will be periodically required to submit an updated questionnaire and medical report for recertification.

Should you have any questions about documentation requirements, please contact the District's Health Benefits Unit (HBU).

•Email: healthbenefits@email.laccd.edu

•Mail: 770 Wilshire Blvd., 6th Floor, Los Angeles, CA 90017

•Call: 1-888-428-2980

Pet Discount Programs

Pet Assure. Pet Assure is the nation's largest Veterinary Discount Plan. With these services you will be able to save on all in-house medical services—including office visits, shots, X-rays, surgical procedures and dental care. Pet Assure covers every type of pet with absolutely no exclusions or medical underwriting. There are no claim forms, deductibles or periods of waiting for reimbursements.

Additional plan benefits:

- Veterinary Care: 25% savings on all medical services at participating veterinarians
- Retail Savings: 5% to 35% savings on pet products and supplies
- Service Savings: 10% to 35% savings on pet services such as boarding, grooming, and training
- PALS: A unique and highly successful 24/7/365 lost pet recovery service

PETplus. PETplus is a program that includes the ability to save on brand name prescriptions and preventatives. You can shop online or on the PETplus app and shipping is free. This service includes a 24/7 Pet Health Line powered by WhiskerDocs veterinary experts.

How to Enroll in Pet Assure or PETplus single or unlimited plans:

- Review the plan differences by watching the following videos:
Pet Assure— <https://www.youtube.com/watch?v=YkxVW6xsWSk>
PETplus—<https://www.youtube.com/watch?v=mzVc4AdTXQE>
- Check online to see if your veterinarian is in their discount network
- Go to the SAP ESS Portal and enroll.



How to Enroll on the SAP Employee Self Service (ESS) Portal

IMPORTANT: PLEASE READ THE INFORMATION BELOW BEFORE YOU USE THE PORTAL FROM HOME OR AT WORK.

Enrolling in LACCD Benefits. You can enroll in the District benefits by going on to the enrollment system called SAP Employee Self Service (ESS). SAP ESS houses all of the District's benefit information and can help you decide which benefits are right for you and your family. You can access SAP either at work or while at home. Please see instructions to access the SAP ESS Portal below.

Open Enrollment Login

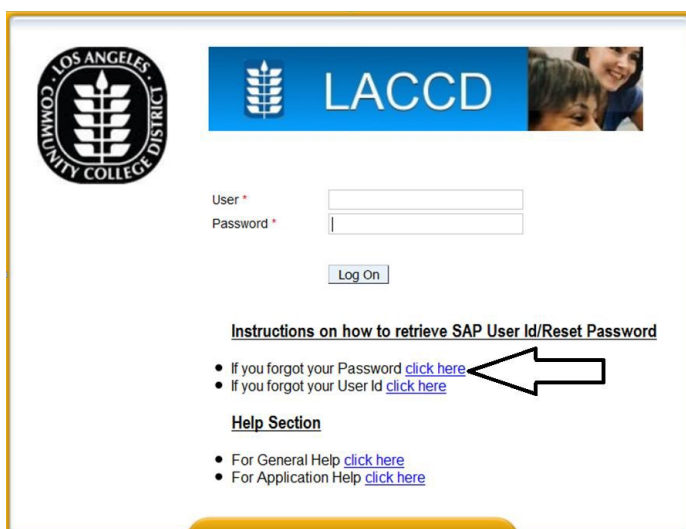
Enrollment Website. To access the Open Enrollment Portal click here: <https://portal.laccd.edu>.

User ID. First 6 letters of your last name, first letter of your first name and middle initial

Example: John M Williams → User ID: williajm

Password. Your password is the same password that you use to log into SAP.

If you don't use SAP, or you don't know your password, all you need to do is click on the "click here" link as shown below. Once you click that link, the system will automatically send you a temporary password to your campus email.



The email will include a link for you to click.

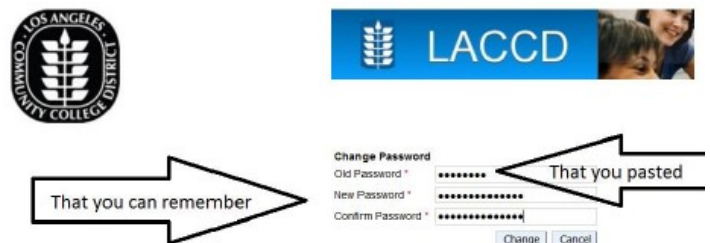
The link will then take you to a page with your new temporary password:



Copy the temporary password and paste it into the login page on the enrollment website.



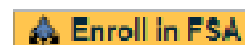
You will then re-paste your copied password and enter a password that is complex, but one you will remember. Then click "change."



Once You've Logged in. We've developed a Health Plan Calculator that you may find beneficial. Many employees do not contribute to the premium. Employees who contribute, or who choose a plan with a contribution, will find this feature useful.



To participate in the FSA. The FSA is located on an external website which means you must click on the following link to access additional information.



Once you're ready to enroll. You will click on the following button to start your Open enrollment process.



Covered California

The Health Insurance Marketplace, operated by Covered California, will be open for enrollment later this year for coverage that will begin in January 2021. The Marketplace allows individuals who do not have access to affordable health insurance to compare the key features of different health plans and then purchase the plan that best meets their needs.

Tax Credits. Covered California is the only place in this state where you can use tax credits offered by the federal government to reduce the cost of your health insurance. Tax credits are available to individuals and families who meet certain income requirements and do not have affordable health insurance available from their employer.

Covered California Details. Open enrollment for January 1, 2021 Covered California coverage does not begin until November 1, 2020. This is AFTER LACCD open enrollment ends. It is important to note that if you purchase coverage through Covered California instead of accepting the health coverage offered by the District, or by your spouse/domestic partner's employer plan, then:

- You will lose the employer contribution the District pays toward your coverage;
- You will not be eligible for any tax credit or subsidy unless the health coverage offered by the District is not affordable (as defined by health care reform) based on your actual income
- You may pay higher taxes, since payments for coverage through Covered California are made on an after-tax basis.

If you meet LACCD eligibility requirements.

If you have 0.33 FTE and have met all other eligibility requirements, coverage under the LACCD Adjunct Health Benefits Plan may be better than coverage available elsewhere. However, if you are not eligible for the District health plans, the medical plans that Covered California offers may be an excellent way to get coverage for you and your family.

To learn more about Covered California visit <http://www.coveredca.com>.



Important Reminders

Public Service Loan

Forgiveness Program

The PSLF Program is a student loan forgiveness program sponsored by the US Department of Education. Most Federal Direct Loans qualify including Direct Subsidized Loans, Direct Unsubsidized Loans, Direct PLUS Loans, and Direct Consolidation Loans.

You must make 120 on time, qualifying monthly payments towards your Direct Loans. Your payments must be made under specific qualifying plans which include: Pay As You Earn, Income-Contingent Repayment, Income-Based Repayment, or Standard Repayment.

Full-time employees at a public service organization are eligible for this program, therefore full-time employees working for LACCD are eligible. Part-time employees may be eligible for the program if they hold concurrent part-time employment with more than one qualifying employer for a combined average of at least 30 hours per week. You do not have to work at the same place for ten years to qualify.

For additional information, to register for the program, and download forms visit <https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service>.

Submit employment verification to:

LACCD

HR Services Unit

770 Wilshire Blvd.

Los Angeles, CA 90017

(213) 891-2221 fax

JohnsoRL3@email.laccd.edu

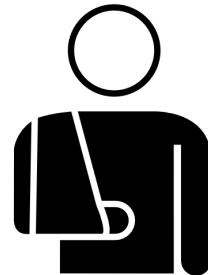
VanginM@email.laccd.edu



CARES Act and Student Loans

On March 27, 2020, the president signed the CARES Act into law, which, among other things, provides broad relief for federal student loan borrowers. **Your payments will automatically stop from March 13, 2020, through Sept. 30, 2020.** During the COVID-19 national emergency, federal student loan borrowers are automatically being placed in an administrative forbearance, which allows you to temporarily stop making your monthly loan payment. This suspension of payments will last until Sept. 30, 2020, but you can still make payments if you choose.

If you have a Direct Loan, were on a qualifying repayment plan prior to the suspension, and work full-time for a qualifying employer during the suspension, then **you will receive credit toward PSLF** for the period of suspension as though you made on-time monthly payments. For more information visit: <https://studentaid.gov/announcements-events/coronavirus>



Worker's Compensation: Pre-Designating a Preferred Physician

Make sure you are covered in case you are injured while at work. If you would prefer to designate a specific physician to be your eligible workers' compensations claims doctor should you need to file a claim, be sure to do so prior to any potential claim for injury. You can find the designation form by going to laccd.edu and selecting Departments > Business Services > Risk Management > Workers Compensation > Forms, and selecting the form at the bottom of the page titled "Statement of Employee's Pre-Designated Physician and Employee Consent Form."

Retirement Resources - Where to Start

You can start preparing for retirement now, no matter your age or current stage in life. Whether you're nearing retirement age, retiring early, or retiring due to disability, it is never too early to start thinking about your future. Stay informed on your path to retirement and make sure you are on the right track with the following resources. Registering and accessing your accounts are the first steps in the right direction.

LACCD's Retirement Resources The District has many resources available on its website to help you understand what is needed in the years before and leading up to retirement. Visit the web address below to view the resources:

<http://laccd.edu/Departments/HumanResources/Pages/Retirement-Information.aspx>

Social Security Administration On the Social Security Administration website you can change your address, manage your benefits and even check your statement, with information regarding your current status. To start, follow these easy steps below:

1. Go to the Social Security Administration website at: www.ssa.gov
2. In the top right corner, select "SIGN IN/UP".
3. On the next page click the box that says "mySocial Security".
4. If you have never logged in before, select "Create New Account". (If you forgot you created an account, the system will remind you and you can go through the appropriate steps to recover your information).
5. Once your account is set up and you are logged in, you can view your Social Security Statement, Benefits & Payments, order a replacement Social Security Card and more!

If you have questions you can call (800) 772-1213, 8:00 am - 5:30 pm, Monday - Friday.



CalPERS The CalPERS website will allow you to access real-time details about your account. You can view your health information, plan for retirement, enroll in educational offerings or schedule appointments. Follow these steps to begin:

1. Go to the CalPERS website at: www.calpers.ca.gov
2. In the top right corner, select "myCalPERS Log In".
3. Log into your existing myCalPERS account or select "Register Now" to create a new account.

Still have questions? Call (888) 225-7377, Monday - Friday, 8:00 am - 5:00 pm.



CalSTRS On the CalSTRS website you can access your Retirement Progress Report, manage beneficiaries, view account balances, complete and submit CalSTRS forms, and much more! Follow the steps below to get started.

1. Go to the CalSTRS website at: www.calstrs.com
2. In the top right corner, select "myCALSTRS Login".
3. Log into your existing account or select "Register Now" to create a new account.
4. If creating a new account, select "Start" to authenticate your account and enter in the personal information on the following page to complete registration.

If you still need further assistance, call (800) 228-5453, Monday - Friday, 8:00 am - 5:00 pm.

COVID-19 and Flu Season Resources

With the recent COVID-19 Pandemic and the seasonal flu season approaching, the JLMBC wanted to provide resources to find vital information. As information is constantly changing and updating, please check these resources for updates throughout the year.

Centers for Disease Control and Preventions (CDC)

COVID-19 (Coronavirus) Homepage:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Symptoms of Coronavirus:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Coronavirus Testing:

<https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html>

Prevent Getting Sick (Coronavirus):

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html>

Influenza (Flu) homepage:

<https://www.cdc.gov/flu/index.htm>

Prevent Seasonal Flu:

<https://www.cdc.gov/flu/prevent/index.html>

Key Facts About Seasonal Flu Vaccine:

<https://www.cdc.gov/flu/prevent/keyfacts.htm>

Cold Versus Flu:

<https://www.cdc.gov/flu/symptoms/coldflu.htm>

California Department of Public Health

COVID-19 homepage:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

Finding a Testing Site (COVID-19) :

<https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>

CalPERS

How We're Addressing Coronavirus (COVID-19)

<https://www.calpers.ca.gov/page/coronavirus>

Coronavirus Aid, Relief, and Economic Security (CARES) Act

CARES Act Summary:

<https://www.congress.gov/bill/116th-congress/senate-bill/3548>

LACCD

COVID-19 Updates:

<https://www.laccd.edu/About/News/Pages/Coronavirus.aspx>

Useful Info For Faculty & Staff:

<https://www.laccd.edu/About/News/Pages/Coronavirus--For-Faculty-and-Staff.aspx>

County of Los Angeles

Free COVID-19 Testing:

<https://covid19.lacounty.gov/testing/>

Ventura County

Coronavirus Information homepage:

<https://www.vcemergency.com/>



Staying Healthy

The Importance of Sleep Article

found at: <https://health.gov/myhealthfinder/topics/everyday-healthy-living/mental-health-and-relationships/get-enough-sleep>

It's important to get enough sleep. Sleep helps keep your mind and body healthy.

How much sleep do I need?

Most adults need 7 to 8 hours of good quality sleep on a regular schedule each night. Make changes to your routine if you can't find enough time to sleep.

Getting enough sleep isn't only about total hours of sleep. It's also important to get good quality sleep on a regular schedule so you feel rested when you wake up.

If you often have trouble sleeping – or if you often still feel tired after sleeping – talk with your doctor.

How much sleep do children need?

Kids need even more sleep than adults.

Teens need 8 to 10 hours of sleep each night.

School-aged children need 9 to 12 hours of sleep each night.

Preschoolers need to sleep between 10 and 13 hours a day (including naps).

Toddlers need to sleep between 11 and 14 hours a day (including naps).

Babies need to sleep between 12 and 16 hours a day (including naps).



Move Your Way The Physical Activity Guide-

lines for Americans provides evidence-based guidance to help Americans maintain or improve their health through physical activity. For more information on this publication visit this page: <https://health.gov/our-work/physical-activity/current-guidelines>

Move Your Way is the promotional campaign to help people live healthier lives through increased physical activity based on these guidelines.

How much activity do you need? At least 150 minutes per week of moderate-intensity aerobic activity is recommended. Additionally, muscle-strengthening activities are recommended 2 days per week. Short on time? Step up your aerobic activity to at least 75 minutes per week of vigorous-intensity activity for the same benefits in half the time.

Moderate-intensity aerobic activity	Muscle-strengthening activity
Anything that gets your heart beating faster counts.	Do activities that make your muscles work harder than usual.

Over time, physical activity can help you live a longer, healthier life. It can help you lower your risk of diseases like type 2 diabetes and some cancers, control your blood pressure, and stay at a healthy weight.

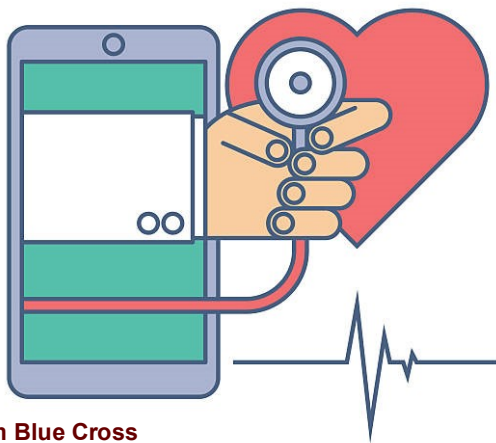
What counts? Whatever gets you moving! Physical activities can be things you have to do anyway, or some that don't even feel like exercise.



You can find tips to get moving and even build a weekly activity plan at <http://www.health.gov/moveyourway/activity-planner>. So make your plan - and then get moving!

Telemedicine

Telemedicine allows health care professionals to evaluate, diagnose and treat patients at a distance using telecommunications technology. This can be especially useful when you are not able to get to your doctor's office but have a non-emergency symptom you would like a professional to assess. Many services can be used for colds, infections, rashes and even filling certain prescriptions. Below you can find what sort of telemedicine services your carrier is providing.



Anthem Blue Cross

Using **LiveHealth Online** from Anthem, you can have a private video visit with a doctor or licensed therapist on your smartphone, tablet or computer. It's easy and convenient to use. Online medical visits using LiveHealth Online are part of your Anthem health plan, and the cost of the visit depends on your benefits, copay and your percentage of the cost. You'll see what you owe before you start a visit, and any cost is charged to your credit card. **Cost: Varies by Plan**

Blue Shield

Blue Shield of California offers **Teladoc** providing access to a national network of U.S. board-certified physicians, licensed in California 24/7 by phone or video. Teladoc doctors can treat many medical conditions including cold and flu symptoms, allergies, bronchitis, respiratory infection, sinus problems and more. To get started set up an account at www.teladoc.com/bsc, provide a medical history and then request a consult. **Cost: \$5 Copay**

Kaiser

Included in your plan at **Kaiser**, you are able to choose where, when and how you get care. You can get 24/7 care advice by calling 1-833-574-2273. You are also able to visit kp.org/get care or use Kaiser's mobile app to schedule a variety of appointments including in-person, phone, and video. Through the same resource you can also email your doctor's office and fill out a questionnaire regarding minor health problems and have a clinician respond, usually within two hours (also known as an E-visit). **Cost: Free**

Health Net

Health Net members will get free 24/7 telephone access to doctors for non-emergency consultations anytime, anywhere. Once you're set up, a **Teladoc** doctor is always just a call or click away! Once you have enrolled with Health Net, you can log in and register at the Teladoc site <https://member.teladoc.com/hn>. **Cost: Free**

United Healthcare

Choose from an **Amwell**, **Doctor on Demand**, or **Teladoc** network provider at myuhc.com or uhc.com/virtual visits on your phone or computer 24/7. Some tips include downloading the apps for the virtual provider above you would like to seek care from, locating your member ID number on your health plan ID card, having a credit card ready to cover any fees and choose a pharmacy that's open in case you are given a prescription. To get started set up your account at myuhc.com. **Cost: Varies, up to \$50**



Advance Care Planning

Getting started

Although it is not always easy, it is important to have conversations about what you value most in life and how you would want to be treated in specific health or medical situations. It is also important to document your wishes. Putting your plan in writing helps those caring for you to accurately remember your wishes so you get the care that you want. One way you can document your wishes is by completing an Advance Health Care Directive (AHCD).

Advance Health Care Directive

The Advance Health Care Directive is a legal document that lets you do the following:

- 1) Designate a health care agent – a person who can voice your health care choices in the event you cannot communicate. This is also known as “durable power of attorney for health care” or “medical durable power of attorney.”
- 2) Provide instructions about your medical care in situations in which you are unable to make your own decisions.
- 3) Express your values, hopes, and priorities

It is important to revisit your life care plan from time to time, and to have an on-going dialogue with loved ones about your priorities.

Change you plan at any time

It is not unusual to want to make changes to your plan. Things change and so might your decisions. In fact, there are 5 life events or circumstances that we recommend using as triggers for you to go back to your Advance Health Care Directive (AHCD) to see if you would like to make any changes.

When to revisit your plan:

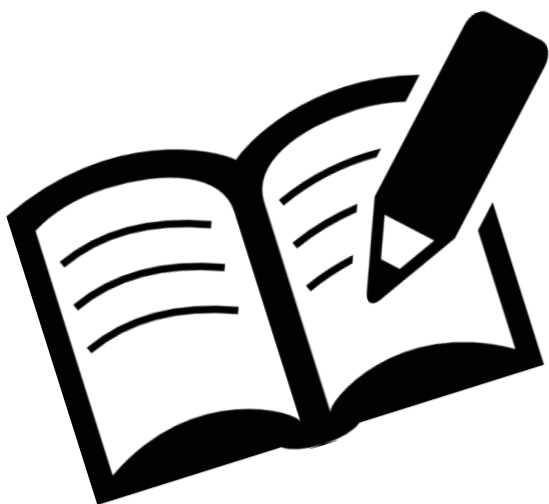
- 1) Decade – when you hit 30, 40, 50, 60, 70, 80, 90+!
- 2) Divorce – maybe your agent has changed. But if you wish to have your current partner serve as your agent even if you divorce, be sure to mark that option on your Advance Health Care Directive.
- 3) Diagnosis – finding out you have a new or worsening health condition.
- 4) Decline in health – maybe you have a health condition that is fairly well managed but over time you are not able to be as independent as you once were.
- 5) Death – the death of a significant person in your life may cause you to have a different or new value that you want reflected in your own advance care plan and AHCD, or, you may need to designate a new agent.

Life Care Planning *(Kaiser Members Only)*

Life Care Planning is Kaiser Permanente’s name for a process also known as advance care planning. Life care planning involves two major choices:

- 1) Selecting someone you trust to make your health care decisions if you are incapable.
- 2) Giving specific instructions about your care in the event of a sudden injury or illness.

These are very important decisions, so it is best to make them after carefully considering your values, beliefs and experiences.



JLMBC at Work

A Year in Review— The JLMBC is constantly working to provide you with the best benefits, wellbeing, and experience while you are with the district, as well as beyond, into retirement. Here are some of the improvements made by the JLMBC on your behalf:

- ⇒ Dental Benefit Evaluation
- ⇒ Gaining influence with decision makers at CalPERS
- ⇒ Improved newsletters
- ⇒ LA Marathon participation
- ⇒ Platinum Award from Kaiser for the Wellness Program
- ⇒ Timely communications
- ⇒ Voluntary Benefits Evaluation

The JLMBC will continue to work for you year after year. If you have questions or concerns you would like to bring to the committee's attention, please contact your JLMBC representative, or the Health Benefit Unit.

Health Benefits Unit Contact Information

- Email: healthbenefits@email.laccd.edu
- Mail: 770 Wilshire Blvd., 6th Floor, Los Angeles, CA 90017
- Call: 1-888-428-2980



Glossary of Health Plan Terms

Open Enrollment. Open Enrollment is your one time during the year to select new plan options for all lines of coverage—medical, dental, vision, and more. Unless you are a new hire or have a Qualified Life Event throughout the year (married, birth of child, etc.) you will not be able to elect or change your coverage until the following Open Enrollment. For this reason, be sure to review all plans carefully, discuss with your family, and choose the right options for you.

Eligible Employee. Each of the following employees and his or her dependents and survivors are eligible to receive benefits and enroll in plans under the Health Benefits Program once the District has verified the dependent or survivor's eligibility under this Agreement:

- Adjunct faculty who teach a 0.33 (or higher) Full Time Equivalent (FTE) load during the Fall semester and have taught at least 0.20 FTE for three semesters out of the previous eight semesters
- Adjunct faculty who have assigned an FTE of 0.50 (or above) are eligible to have District-paid vision coverage for themselves (free employee only—you must pay for dependents)
- Adjunct faculty who have assigned an FTE of 0.50 (or above) are eligible to have half District-paid dental coverage for themselves (half of employee only—you must pay for your dependents)

Deductible. This is the amount you must pay each calendar year (January 1—December 31) before the plan will pay benefits.

Maximum Out-of-Pocket (MOOP). If your share of the medical expenses reaches this amount, you will not have to pay any more coinsurance for the rest of the year. Keep in mind that some expenses, such as your deductible and copayments, can count toward the maximum out-of-pocket. This is also based on a calendar year, which means accumulation towards your maximum will start over on January 1 each year.

Copayment. This is a flat dollar amount you pay for medical services, such as the payment you make for a doctor's office visit.

Coinsurance. This is the percentage of your covered medical expenses you pay after meeting your deductible.

80/20 and 90/10 plans. This is the ratio that the insurance will pay for your PPO coinsurance costs. As an example, if your minor surgery costs an allowable fee of \$1,000, on a PERS Choice and PERS Select plan, the insurance company will pay \$800 (80%) and you will pay \$200 (20%). On the PERSCare plan, the insurance company will pay \$900 (90%) and you will pay \$100 (10%).

Explanation of Benefits (EOB). The EOB lists the service charges on a health care claim, how much your plan pays for and how much you must pay.

- When you go see a PPO network doctor, or have a prescription filled at one of the plan's participating pharmacies, you may pay a flat copayment or coinsurance. If you visit a non-network doctor, your costs will be higher (you pay deductible, plus coinsurance insurance, instead of the flat copayment).
- Your coinsurance and out-of-pocket costs are lower when you go to PPO in-network providers.

Health Insurance Portability and Accountability Act (HIPAA). This is the Federal Privacy law that gives you rights over your health information and sets rules and limits on who looks at and receives your health information. LACCD complies by all HIPAA requirements when handling your information.

Parent-Child Relationship (PCR) PCR is defined in the Public Employees' Medical and Hospital Care ACT (PEMHCA) at section 599.500, subsection (o) as "intentional assumption of parental status, or assumption of parental duties by the employee or annuitant, as certified by the employee or annuitant at the time of enrollment of the child, and annually thereafter up to the age of 26, unless the child is disabled as described in section 599.500, subdivision (p)." (Note: PCRs do not include foster children).

POLST is an approach to improving end-of-life care in the United States, encouraging providers to speak with patients and create specific medical orders to be honored by health care workers during a medical crisis.

Important Contact Information for your Benefits

Medical Plans

CalPERS Health Benefit Program

Contact information: (888) 225-7377

Monday—Friday, 8:00 am—5:00 pm

TTY (for speech and hearing impaired): (916) 795-3240

www.calpers.ca.gov

Vision Plan

VSP

Contact information: (800) 877-7195

P.O. Box 997100

Sacramento, CA 95899-7105

www.vsp.com

Dental Plans

Delta Dental

Contact information: (800) 765-6003

P.O. Box 997330

Sacramento, CA 95899

www.deltadentalins.com

MetLife/SafeGuard

Contact information: (800) 880-1800

P.O. Box 3594

Laguna Hills, CA 92654

www.safeguard.net (plan code: SGC1028)

Employee Assistance Program (EAP)

Managed Health Network (MHN)

Contact information: (800) 327-0449

mhn.advantageengagement.com

Login code: laccd

Other Benefits & COBRA Information

LACCD Health Benefits Unit

Contact information: (888) 428-2980

Monday—Friday, 9:00 am—4:00 pm

770 Wilshire Blvd.,

Los Angeles, CA 90017

<http://www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx>

Optum Rx

Basic Members: 1-855-505-8110

Medicare Part D Members: 1-855-505-8106

Members needing TTY service: please dial 711

https://chp.optumrx.com/rxsol/chp/ContentCalPERS/calpers_index.html

OptumRx administers the prescription drug benefits for those enrolled in PERS Select, PERS Choice, and PERSCare PPO plans, as well as those in Anthem Blue Cross, Health Net, Sharp, and UnitedHealthcare HMO plans.

Pet Discount Programs

PetAssure

Contact information: (888) 789-7387

Monday-Friday: 5:00 am—3:00 pm

www.petassure.com

PETplus

Contact information: (866) 893-0306

M-F: 6am-3pm, Sat.: 6am—2pm, Sun: 6am—12pm

info@petplus.com

www.petplus.com

****PHISHING ALERT—These are the ONLY vendors the district officially contracts with. If you receive communications from any other vendor, please be cautious, as they may NOT be working with the district to offer you the best plans and prices.**

District Contacts

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Programs and Institutional Effectiveness

Carmen V. Lidz, MS

Vice Chancellor /Chief Information Officer

Albert J. Roman, DPA

Vice Chancellor for Human Resources

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Chief Financial Officer/Treasurer

Jeffrey M. Prieto, J.D.

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Los Angeles
Community
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