



# JOINT LABOR MANAGEMENT BENEFITS COMMITTEE RETIREES



Los Angeles Community College District - Newsletter

FALL 2020

## In This Issue

[Page 2:](#) Open Enrollment & Benefit Fair Information

[Page 4:](#) The Right Fit for Retirees

[Page 5:](#) Health Care Plan Choices and How to Compare

[Pages 7:](#) Dental Benefits

[Page 8:](#) Eligibility & Dependent Verification

[Page 9:](#) Pet Discount Programs

[Page 10:](#) COVID-19 and Seasonal Flu Resources

[Page 11:](#) Staying Healthy

[Page 12:](#) Telemedicine

[Page 13:](#) Advance Care Planning

[Page 14:](#) JLMBC at Work

[Page 15:](#) Glossary

[Page 16:](#) Contacts

## Open Enrollment Is Here!

As a retiree, you are still part of the LACCD family. Open enrollment 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.
- Retirees can make changes to their enrollment by filling out paperwork located on the District website: <http://www.laccd.edu/Departments/HumanResources/healthbenefits/Documents/Enrollment-Change-Forms/2015-Retiree-Enrollment-Change-Form.pdf>.
- **For early retirees under the age of 65, The Health Reimbursement Account (HRA) will continue. If you are over the age of 65 and have a balance in your account, you will still receive a card in order to utilize the remaining funds. Your funds will never expire.**
- Prepare for the upcoming flu season with resources available regarding COVID-19 (Coronavirus) and the seasonal flu ([Page 10](#)) as well as more information on telemedicine ([Page 12](#))

**IMPORTANT NOTE:** Members of Medicare Supplement and Advantage plans **will not** have to contribute to the premium. For members of basic or combination plans, rates are currently being analyzed, but some plans **will** require a premium contribution. A letter with specific contributions information will be sent later in August. See [page 5](#) for more details.

# 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 14<sup>th</sup>, 10AM-Noon – Health Plans for Actives and Adjuncts

August 28<sup>th</sup>, 10AM-Noon – Health Plans for Retirees and Survivors

September 11<sup>th</sup>, 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](mailto: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

# 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 > Retirees.
- 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 16](#)).



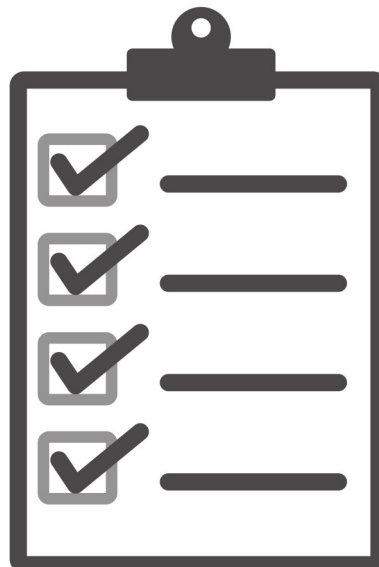
## Decide

- The CalPERS (medical only) open enrollment packet will be mailed by CalPERS in late August to all current employees and retirees. Retirees who are 75% or 100% vested, please do not select any Medical Plan with Dental or Vision offerings. Retirees who are 50% vested may wish to compare the plans and price of Dental and Vision coverages offered through CalPERS with the plan they are purchasing from LACCD.
- Review your choices on the LACCD website for other coverages such as dental and vision. For questions, call the Health Benefits Unit (HBU) at 888-428-2980, email the HBU at [HealthBenefits@email.laccd.edu](mailto:HealthBenefits@email.laccd.edu), or mail us at 770 Wilshire Blvd., 6th Floor, Los Angeles, CA 90017.



## Act

- Log onto the Open Enrollment Portal to enroll. If you would like to change or update your benefit elections, you will need to complete forms and provide them to the HBU.



# The Right Fit for Retirees

As a retiree it can be challenging to make the right healthcare decisions. We want to help you understand your options so you can choose the right benefits for you and your family.

**Early Retirees Under 65.** As an eligible retiree you may enroll yourself and all eligible family members in a health plan within 120 days of your retirement date. The District will pay up to the PERS Choice out of state rate for the coverage type that you choose. See [page 5](#) for more details. Please refer to your plan choices listed in the CalPERS Basic Health Plans Summary.

## Contact information:

- **For questions about medical benefits contact CalPERS at (888)CalPERS or (888-225-7377)**
- **For questions about dental and vision benefits contact the LACCD Health Benefits Unit (HBU) at (888) 428-2980**

**65+ Medicare Eligible Retirees.** CalPERS offers several health plans that supplement your Medicare coverage. Make sure that your doctor accepts Medicare. If your doctor does not take Medicare assignments, your supplement to Medicare will not pay.

**Combination Plan.** If some family members are eligible for Medicare and some are not, all of the CalPERS Medicare health plans have counterparts for people under age 65. If you're eligible for Medicare, but your dependents are not, they will be enrolled in the non-Medicare version of the plan you choose, and vice versa. This means if you are over 65 and enroll in the PERSCare Supplemental Plan, any dependents under age 65 will be enrolled in the PERSCare PPO and you will incur a cost for that enrollment.

## Do not enroll in a separate Medicare Part D

Medicare Part D is prescription drug coverage. Your CalPERS medical plan now automatically enrolls you in CalPERS Medicare Part D as part of their prescription cost savings plan. You never need to enroll/purchase a SEPARATE Medicare Part D plan. If you enroll in a separate Medicare Part D plan, LACCD will not contribute toward the monthly cost of your coverage and reserves the right to cancel your District sponsored medical coverage.

Based on your adjusted gross income you may be required to pay an "Income Related Monthly Adjustment Amount" (IRMAA) for Medicare Part D to the Center for Medicare Services. The amount you pay may change depending on the income or enrollment information received by Medicare from Social Security. You will receive a bill for the COST, but may arrange for automatic payments from your checking or savings account. If you receive a Social Security pension, your IRMAA will be automatically deducted. It will NOT be automatically deducted from your STRS or PERS pension.

For questions call 1-800 MEDICARE (1-800-633-4227).

## CalPERS Medicare plans in 2021

Please plan to attend one of the LACCD Health and Wellness Benefits Fairs to learn more and discuss available coverage with representatives from the available plans in attendance. If you cannot attend, you may contact CalPERS directly at 1-888-225-7377. If you are a CalSTRS retiree, this information affects you as well, as all medical benefits are provided through CalPERS PEMHCA medical program.

# Health Care Plan Choices

The Los Angeles Community College District provides a generous and comprehensive benefits package to help care for you and your family.

## CalPERS Medical Plans for early retirees

**(under age 65).** Medical care coverage is offered through the CalPERS health plans. CalPERS offers you the choice of eleven health care plans for you to choose from and find what best suit your needs, including both HMO and PPO choices. Through negotiations held this year, only three of the below options would result in a contribution, while the other eight require no payment. All choices 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 Health care HMO \*

### PPO Options

- PERS Choice\*
- PERS Select \*
- PERSCare\*\* \*

**\*\* THIS NOTE IS NOT APPLICABLE TO MEMBERS OF MEDICARE SUPPLEMENT OR ADVANTAGE PLANS. IF YOU ELECT ONE OF THE PLANS WITH THIS INDICATION IN THE BOX ABOVE, YOU WILL HAVE TO PAY A PORTION OF THE PREMIUM.**

*\* Retirees over the age of 65 and enrolled in Medicare, may select the supplement or advantage plan that corresponds with the indicated plan above in the box above.*

**Important Consideration for PPO Plans:** The PPO choices differ from each other mainly by their deductible, coinsurance percentage, out-of-pocket maximum and, in some cases, provider networks. (See the glossary on [page 15](#) for a brief definition of these terms.)

## Why do I have to pay for some health plans and not others?

Due to the evolving nature of health care plan designs and the way costs are calculated, a few plans have surpassed the cost threshold the District agreed to pay. PERSCare has always been above that threshold and therefore required a contribution from you to join the basic or combination plan.

## What if I am currently in enrolled in a plan that will require a premium contribution in 2021?

- ⇒ You can remain on these medical plans but you will now have to contribute to the premium.
- ⇒ You can check if your current Primary Care Physician and Specialists are in one of the other networks available. By going to this [webpage](https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates) (https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates) you will be able to navigate each plan's site to find a provider or see if yours is in their network.
- ⇒ If your provider is not in any of these networks but you do not wish to pay the monthly contribution, you may need to find a new health care provider within the network you wish to enroll.

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

A **formulary** specifies medications that are covered under your health plan and at what tier.

**Generic Drugs** = Same active ingredients as brand drugs, FDA approved, usually less expensive

**Preferred Brand Drugs** = Included on the formulary

**Non-preferred Brand Drugs** = Not included on the formulary, more expensive

If a provider wants to prescribe generic but you must have the preferred brand, your doctor can submit an appeal to CalPERS. You may contact them at (888) 428-2980 for more information.

### 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.

**Claim 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
<b>Contracted Cost</b>	\$300	N/A (Does not have a contract with the carrier)
<b>Allowable Amount (Only applies to out-of-network providers)</b>	N/A	\$350 (Approximate cost determined by the carrier)
<b>Billed Cost of Service</b>	\$300	\$500
<b>Covered by Insurance (%)</b>	80%	60%
<b>Covered by Insurance (\$)</b>	\$240	\$210 (60% of allowable amount)
<b>Member Responsibility</b>	<b>\$60</b>	<b>\$290</b> (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.

**Maximum allowances are based on the number of years served as an LACCD employee:**

Less than 5 years	\$1,000
5 plus, but less than 10 years	\$1,500
10 plus, but less than 15 years	\$2,000
15 plus, but less than 20 years	\$2,500
20 or more years	\$3,000

**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 Smile-Way Wellness Benefits to your plan!

**Delta Dental:** (800) 765-6003

**SafeGuard Dental HMO (MetLife)** On this plan, dentists provide services at little or no cost when you go to a dentist who is a SafeGuard Dental 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 ONLY In-Network
Office Visit	Covered at 80%	\$0 Copay
Teeth Cleaning	Covered at 80% (4 per year)	\$0 Copay (2 per Year)
Endodontics (Anterior/	Covered at 80%	\$0 Copay
Periodontics (Gingivectomy)	Covered at 80%	\$0 Copay
Crown (Porcelain to noble metal)	Covered at 80%	\$0-\$50 Copay + Up to \$150 per
Crown (full cast metal)	Covered at 80%	\$0 Copay + Up to \$150 per unit
X-rays	Covered at 80%	\$0 Copay
Complete	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](mailto: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=YkxWw6xsWSk>  
PETplus—<https://www.youtube.com/watch?v=mzVc4AdTXQE>
- Check online to see if your veterinarian is in their discount network: [www.petassure.com](http://www.petassure.com)
- Contact the Health Benefits Unit:

Email: [healthbenefits@email.laccd.edu](mailto:healthbenefits@email.laccd.edu)

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

Call: 1-888-428-2980



# 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

Guidelines 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.

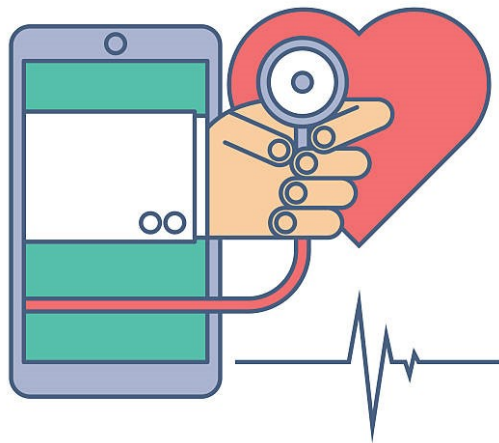
**What counts?** Whatever gets you moving! Physical activities can be things you have to do anyway, or some that don't even feel like exercise.



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](http://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](http://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](http://myuhc.com) or [uhc.com/virtual visits](http://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.co](http://myuhc.co). **Cost: Varies, up to \$50**



# Advance Care Planning

## Getting started

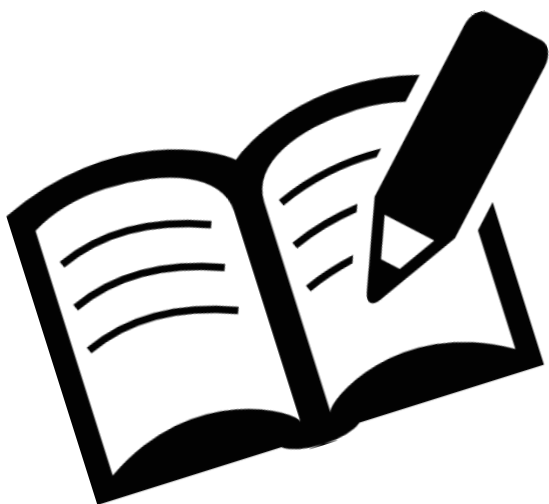
Although it is not always easy, it is important to have conversations about what you value most in life and how you would want to be treated in specific health or medical situations. It is also important to document your wishes. Putting your plan in writing helps those caring for you to accurately remember 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 your 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](mailto: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 Status Change 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 employee's dependent's or survivor's eligibility under this Agreement:

- Every member of a classified bargaining unit employed at least half time as either a probationary or regular classified employee
- Every faculty member who is employed at least half time in one or more monthly rate assignments. "Limited term" academic appointments must have a duration of at least a semester
- Every member of the administrators' bargaining unit who is employed at least half time

**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 PERSCoChoice and PERSCoSelect plan, the insurance company will pay \$800 (80%) and you will pay \$200 (20%). On the PERSCoCare 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: PCR does not relate to natural born, step, or adopted 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](http://www.calpers.ca.gov)

## Vision Plan

### VSP

Contact information: (800) 877-7195

P.O. Box 997100

Sacramento, CA 95899-7105

[www.vsp.com](http://www.vsp.com)

## Dental Plans

### Delta Dental

Contact information: (800) 765-6003

P.O. Box 997330

Sacramento, CA 95899

[www.deltadentalins.com](http://www.deltadentalins.com)

### MetLife/SafeGuard

Contact information: (800) 880-1800

P.O. Box 3594

Laguna Hills, CA 92654

[www.safeguard.net](http://www.safeguard.net) (plan code: SGC1028)

## Employee Assistance Program (EAP)

### Managed Health Network (MHN)

Contact information: (800) 327-0449

[mhn.advantageengagement.com](http://mhn.advantageengagement.com)

Login code: laccd

## HRA Account (HRA)

### WageWorks

Website: [myspendingaccount.wageworks.com](http://myspendingaccount.wageworks.com)

Contact information: (800)-964-6165

## 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/rxsoll/chp/ContentCalPERS/calpers\\_index.html](https://chp.optumrx.com/rxsoll/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](http://www.petassure.com)

### PETplus

Contact information: (866) 893-0306

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

[info@petplus.com](mailto:info@petplus.com)

[www.petplus.com](http://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

## JOINT LABOR/MANAGEMENT BENEFITS COMMITTEE

### VOTING MEMBERS

**William Elarton-Selig**

Chair, JLMBC  
ElartoWD@lattc.edu

**Pamela Atkinson**

President of Retiree Chapter  
AFT, Local 1521A

**James Bradley**

President  
SEIU Local 99  
bradlejj@lasc.edu

**Bruce Hicks**

President  
SEIU Local 721  
hicksbr@wlac.edu

**Suleman Ishaque**

President  
AFT College Staff Guild, Local 1521A  
sishaque@aft1521a.org

**Matthew Jordan**

President, LACCD Administrator's Unit  
Represented by Teamsters Local 911  
jordanmt@lavc.edu

**Dr. Otto Lee**

President  
Los Angeles Harbor College  
leow@lahc.edu

**Ernesto Medrano**

LA/OC Building & Construction Trades  
Council  
emedrano@laocbuildingtrades.org

**Joanne Waddell**

President  
L.A. College Faculty Guild  
AFT, Local 1521  
jwaddell@aft1521.org

### ALTERNATES

**Kathleen J Becket**

SEIU Local 99  
beckekj@lacitycollege.edu

**Dr. Celena Burkhardt**

Teamsters Local 911  
alcalac@wlac.edu

**Steven Butcher**

Office Manager AFT 1521A  
sbuthcher@aft1521a.org

**Mercedes Gutierrez**

Director of HR, Administration  
guitermc4@email.laccd.edu

**Mary Jo Apigo**

Teamsters Local 911  
apigomj@wlac.edu

**Priscilla Lopez**

Teamsters Local 911  
lopezpa@lahc.edu

### BOARD OF TRUSTEES

**Andra Hoffman**

President

**Steven F. Veres**

Vice President

**Gabriel Buelna, Ph.D.**

Second Vice President

**Mike Fong**

**Ernest H. Moreno**

**Scott J. Svonkin**

**David Vela**

**Elias Geronimo**

Student Trustee

### DISTRICT ADMINISTRATION

**Francisco C. Rodriguez, Ph.D.**

Chancellor

**Melinda A. Nish, Ed.D.**

Interim Deputy Chancellor

**Ryan M. Cornner, Ed.D.**

Vice Chancellor of Educational  
Programs and Institutional Effectiveness

**Carmen V. Lidz, MS**

Vice Chancellor /Chief Information Officer

**Albert J. Roman, DPA**

Vice Chancellor for Human Resources

**Jeanette L. Gordon,**

Chief Financial Officer/Treasurer

**Jeffrey M. Prieto, J.D.**

General Counsel

**Rueben C. Smith, D.C.Sc.**

Chief Facilities Executive

### RESOURCES TO THE JL MBC

**Isabel Alejandro, LACCD (IT)**

alejani@email.laccd.edu

**Hazel Alonzo, AFT1521A,**

halonzo@aft1521a.org

**Leo Costantino, Risk Manager, LACCD**

costanl@email.laccd.edu

**Laurie Green, Retiree**

glsgreen1@aol.com

**Sharon Hendricks, Retirement Liaison**

sharonaft1521@gmail.com

**Leon Marzillier, President Emeritus**

1521, lmarzillier@aft1521.org

**Claudette McClenney, Retiree, SEIU**

Local 721,  
claudette.mcclenney@gmail.com

**Leila Menzies, Retiree, Management**

Association, leilamenzies@aol.com

**Valencia Moffet, Director of Business**

Services, moffetvm@email.laccd.edu

**Fern Reisner, Retiree, AFT 1521A,**

fmreisner@gmail.com

**Kenneth Taira, AFT Adjunct Issues**

tairakm@wlac.edu

**Katrelia C. Walker, ESC HR**

walkerkc@email.laccd.edu







Los Angeles  
Community  
College  
District