



# JOINT LABOR MANAGEMENT BENEFITS COMMITTEE RETIREES



Los Angeles Community College District - Newsletter

FALL 2021

## 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, 2022**.

### Important Highlights:

- Open Enrollment will run from **September 20th through October 15th, 2021**.
- All elections will be effective January 1, 2022 - December 31, 2022.
- Changes and additions cannot be made to your benefits during the 2022 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, 2022 to December 31, 2022.
- 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](#))

### 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 2021

Health Benefits Open Enrollment takes place 9/20/21 to 10/15/21. 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 2022 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 15th, 2021** 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](#)).



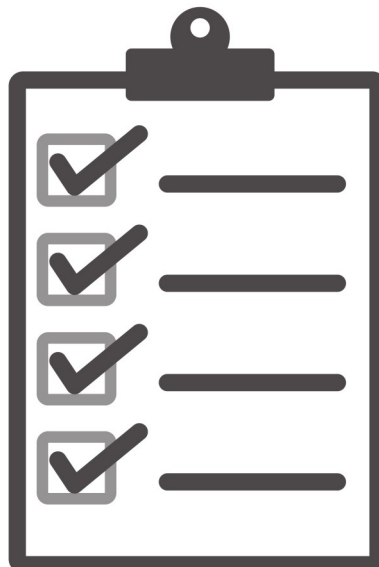
## Decide

- 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, email the Health Benefits Unit (HBU) at [HealthBenefits@email.laccd.edu](mailto:HealthBenefits@email.laccd.edu).



## 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 [HealthBenefits@email.laccd.edu](mailto:HealthBenefits@email.laccd.edu)**

**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 2022

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 2022?

- ⇒ 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
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	<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 SmileWay 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.



**Vision - Computer Glasses** Effective January 1, 2021, the District made it easier for you to access glasses to assist with Computer Vision Syndrome, through your VSP vision coverage.

Nearly 60% of adults report experiencing symptoms of digital eye strain, also known as Computer Vision Syndrome. People spending two or more continuous hours at a computer or using a digital screen device every day are most at risk for this.

Many people aren’t aware they’re experiencing Computer Vision Syndrome (CVS), which may include one or more of the following symptoms:

- Neck and shoulder pain
- Headaches
- Fatigue
- Irritate eyes
- Blurred or double vision
- Loss of focus

Ask your VSP® network doctor about eyewear specifically designed to reduce the impact of using digital devices, with features such as anti-reflective and blue light-filtering capabilities.

**VSP:** vsp.com / (800) 877-7195

## YOUR VSP COMPUTER VISIONCARE PLAN™ COVERAGE WITH A VSP NETWORK DOCTOR

Eye Exam	<ul style="list-style-type: none"> <li>• An annual, fully covered comprehensive WellVision exam<sup>3</sup></li> <li>• Exam specifically designed to detect eye health and vision issues caused by regular computer and digital device use</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>• Frames and lenses fully covered up to your retail allowance</li> <li>• Up to 20% savings on the amount above your retail frame allowance</li> <li>• Savings on additional pairs of prescription glasses</li> </ul>

# 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)



# Pet Discount Programs

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**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=YkxWv6xsWSk>  
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



# Medicare Part B District Reimbursement

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## Medicare Part B Reimbursement

Information coming soon.

# CDC Fully Vaccinated Guidelines

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Will be updated for June meeting.

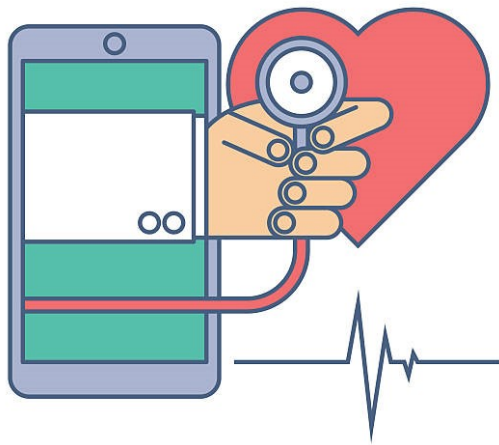
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

As of April 2nd, guideline topics include:

- What you can and cannot do after being fully vaccinated
- What you can start to do
- What you should keep doing
- What we know and what we're still learning

# 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/getcare](http://kp.org/getcare) 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](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**



# Mental Wellness

**Emotional Wellness Toolkit** For more information and examples of how to improve your emotional health, the article can be found at: <https://www.nih.gov/health-information/emotional-wellness-toolkit>

How you feel can affect your ability to carry out everyday activities, your relationships, and your overall mental health. How you react to your experiences and feelings can change over time. Emotional wellness is the ability to successfully handle life's stresses and adapt to change and difficult times. Flip each card below for checklists on how to improve your health in each area. Click on the images to read articles about each topic. You can also print the checklists separately or all together to share with others or as a reminder to yourself.

## 6 strategies for improving your emotional health

### 1. Brighten your outlook

People who are emotionally well, experts say, have fewer negative emotions and are able to bounce back from difficulties faster. This quality is called resilience. Another sign of emotional wellness is being able to hold onto positive emotions longer and appreciate the good times.



### 2. Reduce Stress

Everyone feels stressed from time to time. Stress can give you a rush of energy when it's needed most. But if stress lasts a long time—a condition known as chronic stress—those “high-alert” changes become harmful rather than helpful. Learning healthy ways to cope with stress can also boost your resilience.

### 3. Get quality sleep

To fit in everything we want to do in our day, we often sacrifice sleep. But sleep affects both mental and physical health. It's vital to your well-being. When you're tired, you can't function at your best. Sleep helps you think more clearly, have quicker reflexes and focus better. Take steps to make sure you regularly get a good night's sleep.

### 4. Cope with loss

When someone you love dies, your world changes. There is no right or wrong way to mourn. Although the death of a loved one can feel overwhelming, most people can make it through the grieving process with the support of family and friends. Learn healthy ways to help you through difficult times.



### 5. Strengthen social connections

Social connections might help protect health and lengthen life. Scientists are finding that our links to others can have powerful effects on our health—both emotionally and physically. Whether with romantic partners, family, friends, neighbors, or others, social connections can influence our biology and well-being.

### 6. Be mindful

The concept of mindfulness is simple. This ancient practice is about being completely aware of what's happening in the present—of all that's going on inside and all that's happening around you. It means not living your life on “autopilot.” Becoming a more mindful person requires commitment and practice. Here are some tips to help you get started.

#### Need to talk to someone?

Through the District's EAP services you can talk with a mental health professional confidentially and without charge!

Contact your EAP now at...  
(800) 327-0449; TTY 711  
- OR -

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

Login code: laccc

# Avoiding Phishing Scams

You may receive unsolicited emails from vendors offering to help you "calculate the amount of the retirement benefit you will receive from CalPERS or CalSTRS." You may obtain this information directly by registering with CalPERS or CalSTRS and creating a personal account following the instructions on the next page.

Once you register and obtain your retirement benefit information, treat your log in ID, password and retirement information as you would other personal information. Do not share this information with individuals who have sent you an unsolicited email. Only share it with a trusted financial advisor that you are already doing business with.

**How to Avoid Scams** Adapted from the article found here: <https://www.consumer.ftc.gov/articles/how-avoid-scam>

## Four Signs That It's a Scam

1. Scammers PRETEND to be from an organization you know.
2. Scammers say there's a PROBLEM or a PRIZE.
3. Scammers PRESSURE you to act immediately.
4. Scammers tell you to PAY in a specific way.

## What You Can Do to Avoid a Scam

**Block unwanted calls and text messages.** Take steps to block unwanted calls and to filter unwanted text messages.

**Don't give your personal or financial information in response to a request that you didn't expect.** Legitimate organizations won't call, email, or text to ask for your personal information, like your Social Security, bank account, or credit card numbers.

If you get an email or text message from a company you do business with and you think it's real, it's *still best not to click on any links*. Instead, contact them using a website you know is trustworthy. Or look up their phone number. Don't call a number they gave you or the number from your caller ID.

**Resist the pressure to act immediately.** Legitimate businesses will give you time to make a decision. Anyone who pressures you to pay or give them your personal information is a scammer.

**Know how scammers tell you to pay.** Never pay someone who insists you pay with a gift card or by using a money transfer service. And never deposit a check and send money back to someone.

**Stop and talk to someone you trust.** Before you do anything else, tell someone — a friend, a family member, a neighbor — what happened. Talking about it could help you realize it's a scam.



# JLMBC at Work

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**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:

- ⇒ Newsletters
- ⇒ Open Enrollment Survey
- ⇒ Improved Communications
- ⇒ Virtual Health Fairs
- ⇒ HRA and FSA Coordination Discussions
- ⇒ Voted to allow your FSA funds to rollover without forfeitures as allowed by the Consolidated Appropriations Act
- ⇒ Medicare Part B Reimbursement
- ⇒ Retirement Preparation Presentations
- ⇒ Computer Glasses Benefit Improvement

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)



# Glossary of Health Plan Terms

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**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 PERSSelect 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: 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)

### ASIFlex

Website: [asiflex.com](http://asiflex.com)

Contact information: (800) 659-3035

M-F: 5:00 am—5:00 pm, Sat: 7:00 am—11:00 am

## Other Benefits & COBRA Information

### LACCD Health Benefits Unit

Contact information: [HealthBenefits@email.laccd.edu](mailto:HealthBenefits@email.laccd.edu)

<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](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](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**  
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**TBD**  
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**Matthew Jordan**  
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### BOARD OF TRUSTEES

**Steven F. Veres**  
President

**Gabriel Buelna, Ph.D.**  
1st Vice President

**David Vela**  
2nd Vice President

**Mike Fong**

**Nichelle Henderson**

**Andra Hoffman**

**Ernest H. Moreno**

**Elias Geronimo**  
Student Trustee

### DISTRICT ADMINISTRATION

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

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

**Ryan M. Cornner, Ed.D.**  
Vice Chancellor of Educational  
Programs and Institutional Effectiveness

**Mercedes C. Gutierrez, Ed.D.**  
Interim Vice Chancellor for Human Resources

**Carmen V. Lidz, MS**  
Vice Chancellor / Chief Information Officer

**Jeanette L. Gordon**  
Chief Financial Officer/Treasurer

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

**Rueben C. Smith, D.C.Sc.**  
Vice Chancellor / Chief Facilities Executive

## RESOURCES TO THE JLMBC

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**Leila Menzies**, Retiree, Management  
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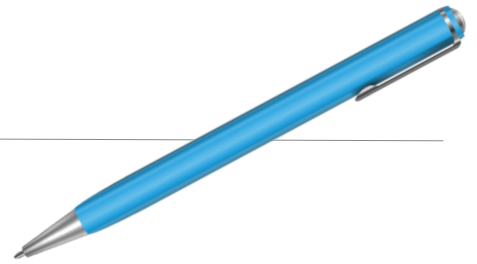
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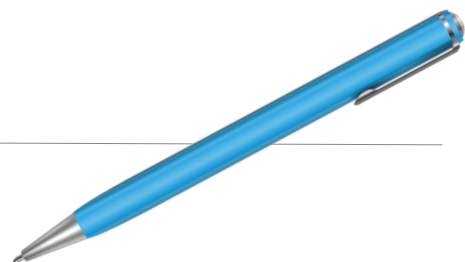
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# Notes



# Notes



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Los Angeles  
Community  
College  
District