



JOINT LABOR MANAGEMENT BENEFITS COMMITTEE RETIREES



Los Angeles Community College District - Newsletter

FALL 2022

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, 2023.

Important Open Enrollment Highlights

- Open Enrollment will run from **September 19th through October 14th, 2022**.
- All healthcare elections will be effective January 1, 2023 - December 31, 2023.
- Changes and additions cannot be made to your benefits during the 2023 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, 2023 to December 31, 2023. If you want to make a different medical selection than the automatic rollover mentioned here, you may log on to the SAP Employee Self Service Portal to make an election during the open enrollment period or by following the steps below.
- Retirees can make medical changes to their enrollment by filling out paperwork located on the District website: <http://www.laccd.edu> --> Faculty and Staff --> Human Resources --> Health Benefits --> Forms
⇒ CalPERS Health Plan Enrollment for Retirees form (medical changes)
- For your convenience, the Dental and Vision change form has been included on [page 7](#)

COVID-19 UPDATES

For the latest news and updates on the District's Procedures and Protocols around the Coronavirus (COVID-19) please visit: <https://www.laccd.edu/About/News/Pages/Coronavirus.aspx>

Mental Health Spotlight

Now more than ever, it is important to prioritize your mental health. Understand and find examples of self-care on [page 10](#).

If you feel like you want to reach out and talk to someone about life, health, family, work, or money, EAP is always there for you. Find more information on [page 11](#).

In This Issue

[Page 1: Open Enrollment Information](#)

[Page 2: The Right Fit for Retirees](#)

[Page 3: Medicare Part B Reimbursement](#)

[Page 4: Health Care Plan Choices](#)

[Page 5: How to Compare Plan Options](#)

[Page 6: Dental & Vision Benefits](#)

[Page 7: Dental and Vision Change Form](#)

[Page 8: Dependent Eligibility](#)

[Page 9: Pet Discount Programs](#)

[Page 10: Self Care, Mental Health, EAP](#)

[Page 12: Telemedicine](#)

[Page 13: Avoiding Phishing Scams](#)

[Page 14: JLMBC at Work](#)

[Page 15: Glossary and Contacts](#)

Health Benefits Unit Email:
healthbenefits@email.laccd.edu

Open Enrollment 2022

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 14th, 2022** to make any benefits changes.

VERIFY Your Plan

CalPERS is contracted to administer health benefits. Consequently, although your pension may be administered by CalSTRS, your health benefits are administered by CalPERS. We encourage all adjunct to create a CalPERS Account to review current selections, address, and dependent information.

Log in or create an account at my.calpers.ca.gov



Learn Changes

CalPERS frequently updates their plans by adding, removing, consolidating plans. In addition, the increase and contract plan service areas. You may see if there are changes to your plan by going to [calpers.ca.gov](https://www.calpers.ca.gov) > Active Members > Health Benefits > Plans & Rates or the following link: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/annual-health-plan-changes>

In addition, you can attend Open Enrollment Workshops to engage with CalPERS representatives and representatives for the LACCD Health Benefits Unit.



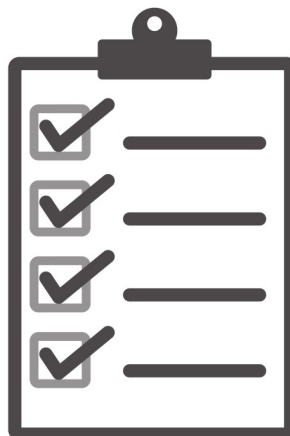
Decide

If you are an adjunct faculty member who is 65 or older, and you are retired and receiving a pension from CalSTRS, you may find our retiree medical plan suitable. This is a newly advertised benefit. The CalPERS retiree plans often come with Dental and Vision that may be cheaper than our current Dental and Vision. Ask about plan affiliated Dental/Vision at the Open Enrollment Workshops.



Act

If you are 65 and retired you can work with HBU Staff to get enrolled into Medical through CalPERS, with the option to enroll in a medical plan *with* dental and/or vision included. You may also choose to Enroll in Dental and Vision through LACCD by providing a paper application for Dental/Vision.



Contact

For the quickest response to your questions, please send an email to HealthBenefits@email.laccd.edu

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 Anthem Blue Cross Traditional Region 1 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

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 2023 You may contact CalPERS directly at 1-888-225-7377 with any questions. If you are a CalSTRS retiree, this information affects you as well, as all medical benefits are provided through CalPERS PEMHCA medical program. The table below shows the changes for the 2023 Medicare plans.

Health Plan	Changes
Anthem Blue Cross Medicare Preferred	Copays for acupuncture and chiropractic services to \$10 (down from \$15)
Kaiser Permanente Senior Advantage	Expansion into Monterey County (approval pending) New Senior Advantage \$0 Copay Plan offering the same network and coverage areas as the existing Kaiser Permanente Senior Advantage plan. Quarterly \$70 over the counter (OTC) allowance for OTC medications, vitamins and supplements, and other certain mobility
Western Health Advantage Medicare	New supplemental benefit: Meal delivery following hospital stay of up

Medicare Part B Reimbursement

The District has agreed to reimburse the Medicare Part B premium. See more details below and how to submit your reimbursement. Survivors must use their late spouse/domestic partner demographics to create an online account. Contact ASIFlex with any questions.

Master Benefits Article (MBA) III. G. 4.

To the extent allowed by law, benefits provided under the District's Health Benefits Program shall be secondary to the benefits provided to a retiree or their dependents or survivors under Medicare. Furthermore, as a condition of continued enrollment in any hospital or medical plan available under the Health Benefits Program, each retiree and every eligible dependent and survivor aged 65 and older must (unless exempted from this requirement under Board Rule 101701.16C) apply for and obtain coverage under Part A (Hospital benefits) - either paid or premium free - and Part B (medical benefits) of Medicare. The district shall pay the Part A Medicare premium, if required, and the Part B Medicare premiums. It shall be the sole responsibility of the employee or survivor to provide the district with verification of enrollment in Medicare. The District shall acknowledge receipt of verification of Medicare enrollment upon a retiree's request. The retiree shall submit evidence of Medicare premium payments annually and will be reimbursed once per year for the costs.

Submission:

1. The District will be accepting reimbursement requests for retirees' Medicare B premiums for the year 2022 beginning January 1st, 2023, through March 31, 2023.
2. The District's FSA/HRA vendor, ASIFlex, manages the reimbursement process. If you have an existing HRA account with ASIFlex, you do not need to do anything currently. If you exhausted your HRA prior to retirement and no longer have an active HRA, you will need to set up a username, password, and security image with ASIFlex:
Go to www.asiflex.com, click on "Employee Login" and then "Create an Account"
3. Eligible retirees and spouses as covered in the Master Benefits Agreement (MBA) III. B. – G. Surviving spouses may also be covered if they are still receiving retirement benefits under a CalPERS or CalSTRS retirement system as an annuitant and are receiving Medical Plan coverage under an LACCD covered plan.

Documentation:

For Medicare part B reimbursement retirees do not have to submit proof of payment. You need to submit your copy of the "Notice of Medical Insurance Enrollment and Premium Deduction" or "Proof of Income" letter from the Department of Health and Human Services (HHS)," or your [their] SSA-1099 statement for reimbursement, (**only one is required**).

1. The "Notice of Medical Insurance Enrollment and Premium Deduction" from the Social Security Administration is sent annually, in December. Don't lose this document. It shows the amount you will be paying for your Medicare premiums in the upcoming year. You need to save this document until the following January and use it to file your claim. If you failed to keep the document in 2021 start now in requesting a copy for submission of you 2022 claim.
2. The SSA-1099 statement is a tax document sent each year from the Social Security Administration usually in January.
3. The "Proof of Income Letter" can be obtained by contacting the Department of Health and Human Services.
4. You can contact Social Security and request a copy of these documents by phone at 800-772 1213 or online at <https://www.ssa.gov/myaccount/proof-of-benefits.html>. You may find it faster to contact your local SSA office for this information.
5. Claims can be made online through your ASI account detail, by fax or by mail. If claims are made by fax or US mail you must get a claim form from the ASI website to submit along with one of the above items. You can download the claim forms at www.asiflex.com under "Resources" and then "Forms" and then "Claim Forms". You will use the "HRA Claim Form".

Eligibility:

Eligibility and amounts for the Medicare reimbursement follows the same vesting schedule as the District's vesting for contributions to retiree health care premiums. Except for those who earned vesting under older vesting rules, if you retired with less than 10 years of District service, you are not eligible to receive a reimbursement.

Payments:

In 2023 and going forward, ASIFlex will accept reimbursement requests between January 1st and March 31st for the previous plan year premiums. Reimbursement checks will be processed within 2 weeks of all applicable documentation being received by ASIFlex.

Prior Years, or After the Deadline

Reimbursement of earlier years' premiums is not permitted. You may submit a request for reimbursement only for the prior year's premiums paid, not for premiums paid more than one year earlier. You must submit reimbursement requests by the deadline of March 31 of the following year. Late requests cannot be honored.

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 fourteen health care plans for you to choose from and find what best suit your needs, including both HMO and PPO choices.

HMO Options

- Anthem HMO Select
- Anthem HMO Traditional
- Blue Shield Access+
- Blue Shield Trio
- Health Net Salud y Más
- Health Net SmartCare
- Kaiser Permanente
- Kaiser Out of State
- Sharp
- UnitedHealthcare Alliance
- UnitedHealthcare Harmony
- Western Health Advantage

PPO Options

- PERS Platinum
- PERS Gold

Considerations 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.)

Important Reminders for 2023

- You will receive Correspondence from CalPERS in mid-December notifying you of 2023 changes. **Open your mail and review those changes.**
- You will receive new health plan ID cards if you change your health plan or enroll for the first time, in mid-December.
- If you are a STRS member, your CalPERS Health Benefits enrollment creates a profile in CalPERS. You are encouraged to access your CalPERS profile to review your plan, dependents, and address information retiree).
- If you change health plans, do not use your previous health plan after December 31, 2022

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 formulary indicates which drugs are approved and into which tier they fall.

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

Preferred Brand Drugs = Brand name drugs that are included on the formulary

Non-preferred Brand Drugs = Not included on the formulary and therefore 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	\$60	\$290 (40% of allowable amount [\$140] + Cost over allowable amount [\$150])

Dental and Vision Plans

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.

Delta Dental: (800) 765-6003

Access Dental Services Away From Home

If you have a dental emergency while you’re traveling, Delta Dental makes it easy for you to access services.

Request Reimbursement

Here’s how to request reimbursement for out-of-network dental care. Reimbursement may not cover the entire treatment cost. See your plan booklet for details.

1. Ask the dental office for a detailed receipt or billing statement, including: Amount paid (in original currency); services provided and teeth treated; name and address of dentist; date of service.
2. Submit a claim: log in to your account at deltadentalins.com and click Log in. Select claims & visits in left hand corner. Click how to file a claim. Complete form and submit detailed receipt. For non-English documents, provide translation or patient statement in English.

Need Help?

If you have questions about emergency coverage, contact Customer Service.

Online: Go to deltadentalins.com and click Contact us.

By Telephone: **888-335-8227**

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 The District has 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/Shoulder Pain
- Headaches
- Fatigue
- Blurred/Double Vision
- Irritated Eyes
- 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">• An annual, fully covered comprehensive WellVision exam³• Exam specifically designed to detect eye health and vision issues caused by regular computer and digital device use
Eyewear	<ul style="list-style-type: none">• Frames and lenses fully covered up to your retail allowance• Up to 20% savings on the amount above your retail frame allowance• Savings on additional pairs of prescription glasses



Dental and Vision ONLY Change Form



LOS ANGELES COMMUNITY COLLEGE DISTRICT

ENROLLMENT/CHANGE FORM

DENTAL & VISION ONLY

RETIREES/ SURVIVORS

1. Personal Information				
Last	First	MI	Social Security Number	Date of Birth
Street Address (no P.O. Boxes)			Home Phone	Cell Phone
City	State	Zip	Email Address	

2. Reason for Completing This Form
<input type="checkbox"/> Open Enrollment
<input type="checkbox"/> Name/Address Change
<input type="checkbox"/> Change in Dependent Coverage

3. Dental Plan	4. Vision Plan
<input type="checkbox"/> Delta Dental PPO	<input type="checkbox"/> Vision Service Plan
<input type="checkbox"/> MetLife Dental HMO (formerly Safeguard)	

5. Dependent Enrollment Information

Please complete the following section for each person you are enrolling, other than yourself. If you are enrolling more than two children, please list their names and information on a separate page. Sign, date, and attach that page to this form.

Enrollee	Add	Delete	Name (Last on top line, First, MI)	Gender	Birth Date	Soc. Security #
Spouse/ Dom Partner	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Vision				
Child/ Economic Dependent	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Vision				

In order to enroll or change your plan, you must:

X _____
Signature
Date

- Additional instructions:**
- Adding dependents: Attach copies of 1) the social security card for all dependents. We allow a 90 day grace period for the card and number of newborns, and 2) A birth certificate (children), marriage certificate or domestic partner registration (spouse/dom partner). Domestic Partner is a registered same-sex partner or a registered inter-gender partner is one or bother persons in the relationship is over 62.
 - If you are deleting dependents, attach PHOTOCOPIES of dissolution of marriage or domestic partnership. If you have questions as to which documents are needed for verification, contact the Health Benefits Unit by email at healthbenefits@email.laccd.edu.
 - Send this form and the attached PHOTOCOPIES of verification documents using one of the following methods:

<u>US Mail</u>	<u>Secure Fax</u>	<u>Email</u>
LACCD Health Benefits Unit	Health Benefits Unit	healthbenefits@email.laccd.edu
770 Wilshire Blvd., 6th Floor	(213) 891-2008	
Los Angeles, CA 90017		

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

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=YkxWv6xsWSk>
PETplus—<https://www.youtube.com/watch?v=mzVc4AdTXQE>
- Check online to see if your veterinarian is in their discount network: www.petassure.com
- Contact the Health Benefits Unit:

Email: healthbenefits@email.laccd.edu

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

Call: 1-888-428-2980



Mental Wellness

Self-Care is not Selfish Self-care is essential for good health and wellbeing. Far from being selfish, self-care can help you to be a healthier, happier person, at home and at work.

The many benefits of self-care

Self-care encompasses a wide range of activities and lifestyle changes. It can be as simple as spending 5 minutes a day journaling or going for a walk in a green space. Alternatively, it can also be as extensive as adopting a completely new set of behaviors to help manage a chronic condition.

The beneficial effects of self-care have been demonstrated by extensive research, which has found self-care to improve well-being while lowering morbidity and mortality. As mental stress continues to rise across the western world, self-care is becoming even more imperative as a method for improving mental health and wellness.

Self-care is especially important for individuals with chronic conditions. It is a key method for improving health outcomes, especially through long-term behavioral changes such as diet management and stress relief.

Barriers to self-care

While the benefits of self-care are extensive, there are still barriers to the adoption of self-care habits for many individuals. Financial worries, economic hardships, health issues, and inequality can all influence self-care.

Some important factors that influence individuals' ability to engage in self-care include:

- Difficulty deciding when to adopt new self-care activities
- Struggles in maintaining healthy behavior change
- Knowledge gaps around what to change and when to seek help
- Attachment to unhealthy habits
- Low motivation to change

What unites these factors is a lack of knowledge and guidance when it comes to adopting self-care habits. Without resources for managing and promoting self-care practices, many people struggle to make meaningful lifestyle changes in their lives.

Full article and additional resources: <https://wellbeing.lifeworks.com/blog/self-care-is-not-selfish/>

Examples of Self-Care Here are some tips to help you get started with self-care:

- **Get regular exercise.** Just 30 minutes of walking every day can help boost your mood and improve your health. Small amounts of exercise add up, so don't be discouraged if you can't do 30 minutes at one time.
- **Eat healthy, regular meals and stay hydrated.** A balanced diet and plenty of water can improve your energy and focus throughout the day. Also, limit caffeinated beverages such as soft drinks or coffee.
- **Make sleep a priority.** Stick to a schedule, and make sure you're getting enough sleep. Blue light from devices and screens can make it harder to fall asleep, so reduce blue light exposure from your phone or computer before bedtime.
- **Try a relaxing activity.** Explore relaxation or wellness programs or apps, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy activities you enjoy such as journaling.
- **Set goals and priorities.** Decide what must get done now and what can wait. Learn to say "no" to new tasks if you start to feel like you're taking on too much. Try to be mindful of what you have accomplished at the end of the day, not what you have been unable to do.
- **Practice gratitude.** Remind yourself daily of things you are grateful for. Be specific. Write them down at night, or replay them in your mind.
- **Focus on positivity.** Identify and challenge your negative and unhelpful thoughts.
- **Stay connected.** Reach out to your friends or family members who can provide emotional support and practical help.



Full article and additional resources: <https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health>

EAP: Get the Help You Need



LifeWorks isn't just an app – it's an innovative wellbeing solution in an easy-to-use **online platform and app** with all the tools you need to be healthy and happy. LifeWorks makes it easier to access a confidential employee assistance program (EAP) and your workplace community. **Take a minute and join today!**

Why you should join LifeWorks

1. Feel supported 24/7, 365 days a year with a confidential support service for all of life's stresses, whether you're expecting a baby, going through a divorce, feeling lonely or feeling overwhelmed at work.
2. Choose Snackable Wellbeing topics from leading experts you're most interested in improving.
3. Stay connected with what's happening across the organization.

Get started using LifeWorks online

Download the app or visit laccd.lifeworks.com on a web browser.

Enter: **your LACCD email address**

Click **“Next”** and you will be redirected to the single sign on.

Support for your immediate family members!

Under “Profile”, invite up to five dependents to join you on the LifeWorks platform!

For technical support, visit help.lifeworks.com, and submit a request.

Contact your EAP any time, 24/7

1-800-581-1485

- OR -

laccd.lifeworks.com

- OR -

Download the LifeWorks App

LifeWorks offers support with mental, financial, physical and emotional wellbeing

Life	Family	Health	Work	Money
Retirement	Parenting	Mental Health	Time Management	Savings
Midlife	Couples	Addictions	Career Development	Investing
Student Life	Separation/Divorce	Fitness	Work relationships	Budgeting
Legal	Older relatives	Managing Stress	Work Stress	Manage Debt
Relationships	Adoption	Nutrition	Managing People	Home buying
Disabilities	Death/Loss	Sleep	Shift Work	Renting
Crisis	Child Care	Smoking Cessation	Coping with Change	Estate Planning
Personal Issues	Education	Alternative Health	Communication	Bankruptcy

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: \$0 Copay**

Kaiser

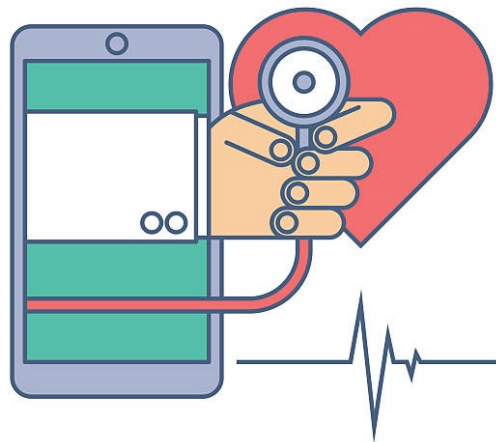
Included in your plan at **Kaiser**, you are able to choose where, when and how you get care. You can get 24/7 care advice by calling 1-833-574-2273. You are also able to visit kp.org/getcare or use Kaiser's mobile app to schedule a variety of appointments including in-person, phone, and video. Through 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**



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

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:

- ⇒ Fall and Spring Newsletters
- ⇒ Communicated Important Changes
- ⇒ Medicare Part B Reimbursement Process
- ⇒ Explored Delta Dental Enhancements
- ⇒ Discussed Voluntary Benefits Consolidation
- ⇒ Computer Glasses Vision Enhancement Made Permanent

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



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 PERS Gold plan, the insurance company will pay \$800 (80%) and you will pay \$200 (20%). On the PERS Platinum 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

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)

LifeWorks

Contact information: (800) 581-1485
[Lifeworks.com](http://lifeworks.com)

HRA Account (HRA)

ASIFlex

Website: 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
<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

JOINT LABOR/MANAGEMENT BENEFITS COMMITTEE

VOTING MEMBERS

William Elarton-Selig
Chair, JLMBC
ElartoWD@lattc.edu

James Bradley
President
SEIU Local 99
bradlejj@lasc.edu

Bruce Hicks
President
SEIU Local 721
hicksbr@wlac.edu

Hazel Alonzo
AFT College Staff Guild, Local 1521A
halonzo@aft1521a.org

Mary Jo Apigo, Ed. D.
President, LACCD Administrator's Unit
Represented by Teamsters Local 911
aougimj@wlac.edu

Chad Boggio
LA/OC Building & Construction Trades
Council
boggio@laocbuildingtrades.org

Arthur James McKeever, Ph.D.
President
L.A. College Faculty Guild
AFT, Local 1521
mckeevaj@piercecollege.edu

Armida O. Ornelas
Interim President
Los Angeles Mission College
ornelao@lamission.edu

ALTERNATES

Jo-Ann Haywood
AFT 1521A
jhaywood@aft1521a.org

Kathleen J Becket
SEIU Local 99
becketsk@lacitycollege.edu

Celena Burkhardt, Ed.D.
Teamsters Local 911
alcalac@wlac.edu

BOARD OF TRUSTEES

Gabriel Buelna, Ph.D.
President

David Vela
1st Vice President

Nichelle Henderson
2nd Vice President

Andra Hoffman

Ernest H. Moreno

Steve Veres

Kelsey lino

Kenneth Alan Callahan
Student Trustee

DISTRICT ADMINISTRATION

Francisco C. Rodriguez, Ph.D.
Chancellor

Melinda A. Nish, Ed.D.
Deputy Chancellor

Nicole Albo-Lopez, Ed.D.
Interim Vice Chancellor of Educational
Programs and Institutional Effectiveness

Vacant
Vice Chancellor for Human Resources

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

Jeanette L. Gordon
Vice Chancellor / Chief Financial Officer /
Treasurer

Maribel Medina
General Counsel

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

RESOURCES TO THE JLMBC

Isabel Alejandro, Retiree, Management
Association, alejani0788@yahoo.com

Pamela Atkinson, Retiree, AFT 1521A

Andy Duran, LACCD (IT),
durana@email.laccd.edu

Laurie Green, Retiree,
glsgreen1@aol.com

Sharon Hendricks, Retirement Liaison,
sharonaft1521@gmail.com

Leon Marzillier, President Emeritus
Chapter AFT1521,
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, President of Retiree Chapter
AFT 1521A, fmreisner@gmail.com

Katrelia C. Walker, ESC HR,
walkerkc@email.laccd.edu



Los Angeles
Community
College
District