



# Retiree Benefits

## Newsletter



Fall 2014

### Attend a Benefits Workshop or CalPERS Webinar

LACCD will host workshops to present information on the benefit plans for employees at the times and locations listed below. The East LA session will be video archived for later playback after the September 25 live event. (The archived video link will be found on the LACCD Health Benefits website under **Retirees: Open Enrollment**.)

#### Benefits Workshops:

Thursday, September 18  
11 a.m. – 2 p.m.

L.A. Valley College – Monarch Hill

Thursday, September 25

11 a.m. – 2 p.m.

East LA College – Recital Hall

Wednesday, October 1

11 a.m. – 2 p.m.

L.A. Harbor College – Seahawk Center

#### 2015 CalPERS Webinar

The 2015 Webinar on Health Plan Design, Rate, and Benefit Changes for plan year 2015 will be available to view online anytime in early September. Members may go to [www.calpers.ca.gov](http://www.calpers.ca.gov) and select the “Watch Videos and Web Events” shortcut. Next, select “Videos”, then “Health Benefits” to find **Presenting the 2015 CalPERS Health Plans**.

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### Learn, Decide, Act

#### LACCD OPEN ENROLLMENT: SEPT. 15— OCT. 10, 2014

The time to reconsider your benefit choices and enroll for next year is fast approaching. Be sure to follow these steps to ensure you make informed enrollment decisions.

#### Learn

- Start by carefully reviewing this newsletter.
- For more detailed information on your District benefits, visit [www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx](http://www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx) 24 hours a day. Be sure to click on your eligible group (retirees) in order to learn about the plans that apply to you.
- If you have coverage questions, we encourage you to call your plan’s Member Services (see contact information on page 7).

#### Decide

- The CalPERS (medical only) open enrollment packet was sent in late August to all retirees. If you make changes to your medical plans, please email us at [do-sap-benefits-health@email.laccd.edu](mailto:do-sap-benefits-health@email.laccd.edu) or mail to us at 770 Wilshire Blvd., Los Angeles, CA 90017.
- Review on the LACCD website your choices for dental plans and what is covered on vision.

#### Act

- Enroll for dental or vision from September 15 through October 10, 2014 using the 2015 enrollment form (see page 7).

### What do I need to do?

#### PLEASE NOTE THE FOLLOWING:

- You do not need to respond to the CalPERS enrollment mailing unless you’re making changes to your medical plans or dependents.
- We do need your email address on file. Please send a note to Reyna Gonzalez at [rgonzalez@aft1521.org](mailto:rgonzalez@aft1521.org).
- If you wish to make changes to your dental or vision, you must contact LACCD Health Benefits Unit at (888) 428-2980.

## ABOUT HEALTH CARE REFORM

**The District is in compliance with the Health Care Reform Affordable Care Act (HCR/ACA) and continues to provide you with affordable and comprehensive coverage to meet your health care needs. As a retiree, you do not need to do anything relating to HCR/ACA, and you are not responsible for purchasing additional coverage through Covered California, the state's insurance exchange.**

The Health Care Reform Affordable Care Act (HCR/ACA) was signed into law by President Obama on March 23, 2010. The law required several provisions to be implemented, including:

- Essential health benefits, such as preventive care and immunizations
- No annual limits on essential health benefits
- Dependent children may be covered for health, vision and dental benefits to age 26
- Individual mandates that require most Americans to have health insurance or pay a penalty
- New Health Insurance Marketplace (Covered California)

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

## NOTIFY LACCD OF ALL PLAN AND ADDRESS CHANGES

The LACCD Health Benefits Unit needs to know about all changes you make with CalPERS Medical (whether you add a dependent, change your address, or simply change your medical plan). CalPERS handles only your medical changes.

LACCD is your contact point for dental and vision changes. To make changes in dental or vision plans, or to inform us about changes you have made in regards to your medical plan, please contact:

**LACCD Health Benefits Unit  
770 Wilshire Blvd., 6th floor  
Los Angeles, CA 90017  
Phone: (888) 428-2980  
Fax: (213) 891-2008**

## IMPORTANT INFORMATION FOR 2015

- Reference pricing is ONLY for Anthem Blue Cross PPO plans. This allows retirees to be savvy consumers to compare out-of-pocket costs for many services (urgent but elective surgeries, as an example). Since our basic PPO plans for retirees under age 65 require a co-insurance amount of 20% for each service, it is important to shop for not only good surgeons, but hospitals with more reasonable costs.
- There is a **new website** where Anthem Blue Cross PPO consumers can sign up for CalPERS | Compare which will allow you to explore reference pricing on line. Please register at: [www.calperscompare.com](http://www.calperscompare.com) and click on the "Get Started Now" button on the upper right corner.
- *Just a reminder, at this time, the only retirees that are eligible for CalPERS | Compare are those that are still on the Anthem Blue Cross basic PPO plan. (Medicare and HMO are not currently eligible).*
- Maximum-Out-Of-Pocket (MOOP) costs have been set by the Affordable Care Act as \$6,600/\$13,200 for individual/family for medical and pharmacy benefits COMBINED.
- The MOOP is the most you could pay in a coverage period (usually one year) for your share of the cost of covered services with participating providers in your PPO plan—presently \$3,000/\$6,000. But there was no MOOP for out-of-network providers and now there is!
- There is an addition of a MOOP limit on pharmaceuticals to be ACA compliant for HMO plans. HMO members previously had a \$1,500/\$3,000 limit on medical and no limit on the cost sharing they are subject to for pharmacy benefits. A cost sharing limit of \$5,100/\$10,200 now applies to pharmacy benefits.
- CalPERS annual open enrollment period runs September 15 – October 10, 2014.

## EARLY RETIREES UNDER AGE 65 YOUR CalPERS MEDICAL PLAN CHOICES

The Los Angeles Community College District provides a generous and comprehensive benefits package to help you care for yourself and for your family. Health care coverage is offered under the CalPERS health plans. Retirees under age 65 will be able to choose from the medical choices listed below.

### Your HMO Choices

The following HMO choices are available to you:

- Anthem HMO Select
- Anthem HMO Traditional
- Blue Shield Access+ HMO
- Health Net Salud y Más
- Health Net SmartCare
- Kaiser HMO
- UnitedHealthcare
- Blue Shield NetValue HMO, which offers the same benefits as the Blue Shield Access + HMO but requires members to use providers in a smaller network of medical groups.

### Your PPO Choices

- PERS Choice (which is an 80/20 plan—see definition on page 6)
- PERS Select (which is also an 80/20 plan—but one that requires members to use a smaller network of medical doctors)
- PERSCare (Note: The cost of this coverage for full-time actives, retirees under age 65 or retirees age 65 and over who do not have Medicare A and B, and are not in Medicare Supplement plans, is not fully paid by the District.)
- For PERSCare, if the retiree and all dependents on the plan are age 65 and over with Medicare A & B, the District will pay the full premium. If you have turned age 65 already, consider changing during this annual open enrollment to the PERSCare (which is a 90/10 plan—see definition on page 6).

## DEPENDENT ELIGIBILITY VERIFICATION PROJECT BEGINS IN DECEMBER

We know health care coverage is important to you and your family. To help control costs, CalPERS is conducting a project to ensure dependents enrolled in our health benefits program meet eligibility guidelines so that only eligible dependents are covered. Therefore, it is important to validate that your dependents meet CalPERS eligibility criteria and that you make necessary enrollment changes in a timely manner.

CalPERS has contracted with **HMS Employer Solutions** to manage this project and you will receive letters directly from them between December 1, 2014 to January 20, 2015. There is a separate and concurrent on-going annual process of re-certification of the parent-child relationship for any individual acting in lieu of the natural or adopted parent. CalPERS will alert you before the one-year anniversary that coverage must be re-certified with the Parent-Child Relationship.

### Important Consideration for PPO Plans

The PPO choices differ from each other mainly in their deductible, coinsurance percentage, out-of-pocket maximum and, in some cases, provider networks. (See the glossary on page 6 for a brief definition of these terms.) To find a plan physician or hospital, visit <http://www.calpers.ca.gov> and type in "Our Health Plans Online" in the search box.

- If you're a retiree under age 65, the District will pay up to the negotiated cap on the full cost of HMO or PERS Choice PPO coverage for you and your eligible dependents.
- If you are a retiree under age 65, the premium for the PERSCare plan is higher and you pay the difference between Choice and Care rates. For example, a single person will pay an additional \$63.91 per month for the 90/10 plan.

ALL changes to plans and dependents for dental and vision are done directly with LACCD Health Benefits Unit. You must complete the 2015 health benefits application (see page 7). For more information, please call (888) 428-2980.

## YOUR DENTAL PLAN CHOICES

LACCD offers two dental plans: Delta Dental PPO and SafeGuard HMO.

■ **Delta Dental PPO dental plan** gives you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental's PPO network, you have access to the PPO provider's discounted rates and reduce your out-of-pocket costs. Retiree maximums are based upon their number of years served at the time of retirement:

- 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

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

## YOUR VISION PLAN

LACCD offers vision coverage through VSP Vision Care (VSP), the nation's largest provider of eye care coverage. You can choose between VSP preferred providers and out-of-network providers, but keep in mind when you use VSP preferred providers, you can choose from thousands of doctors across the country and receive higher level of benefits. Also, when you go to a VSP provider, you have the added convenience of a lower payment at the time of service and no claim forms to fill out.

You can find a VSP provider by going to [www.vsp.com](http://www.vsp.com) or by calling (800) 877-7195. Your provider will be able to access your membership information and bill you accordingly.

VSP also now offers all LACCD retirees and their covered dependents free access (a \$108 value) to the TruHearing MemberPlus Program so you can enjoy big discounts on some of the most popular digital hearing aids on the market. Your medical plans may also offer coverage—please check your coverage there too to maximize your savings.

## YOUR HRA BENEFIT

(Available to Early Retirees only. Note: After age 65 if you still have balances you are eligible to continue to use the balances.)

An HRA is a benefit plan that reimburses eligible early retirees for qualified out-of-pocket expenses with tax-free dollars. From January 1, 2010 through December 31, 2014 the District added \$1,500 to your HRA each year. Any continuation of the HRA past this December is unknown, but is under discussion. Money in your HRA can be used to pay for qualified health expenses (deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, and contact lenses). You can also use your HRA to pay for long-term care insurance. Unused balances may be carried over from year to year up to IRS limits.

All eligible early retirees receive an upload of another \$1,500 on your HRA debit card in January from our plan administrator, ADP. This card works much like a debit card except all expenses must be validated after swiping. You use the card to pay for eligible health care expenses at the doctor's office, pharmacy, or other retail establishments, including dental and vision. (The debit card draws from your health care FSA automatically once the HRA is used up.) The HRA is funded entirely with employer contributions. This means the District funds your HRA and you are not allowed to contribute your own money.



## PLAN CHOICES FOR MEDICARE-ELIGIBLE RETIREES



### EARLY RETIREES UNDER 65

As an eligible retiree you may enroll yourself and all eligible family members in a health plan within 60 days of your retirement date. 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 LACCD Health Benefits Unit at (888) 428-2980.**

### 65+ MEDICARE ELIGIBLE RETIREES

If you're a Medicare-eligible retiree, the District will pay up to the negotiated cap. CalPERS offers several health plans that supplement your Medicare coverage. The primary payer is Medicare, and the CalPERS supplemental plan would be the secondary payer. The CalPERS supplemental plan will pay for benefits that are defined as covered services under Medicare and may not be the same as what was covered by the CalPERS plans when you were an active full time regular employee.

#### **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. To avoid this cost, you should enroll in the PERSChoice Medicare Supplement until you and all your dependents are age 65 and have both Medicare A and B.

#### **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 a CalPERS Medicare D as part of their prescription cost savings plan. You never need to enroll/purchase a SEPARATE Medicare 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 D to the Center for Medicare Service. 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).

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

## RETIREE WELLNESS CORNER

### Managed Health Network (MHN), our New EAP Provider

EAP services are available to all retirees, their dependents and/or anyone living in their households AT NO COST TO YOU!

As of July 2014, LACCD provides you with an Employee Assistance Program (EAP) in partnership with Managed Health Network (MHN) to offer support, guidance and work/life resources. Services include Personal/Professional Life Balance Counseling, Emotional Wellness Coaching, Stress Management, Health & Wellness Training, Marital/Relationship Counseling, Family Counseling, Legal & Financial Counseling, and more!

#### **What can the EAP do for me?**

A customer service representative from MHN will confidentially consult with you over the telephone and help you find solutions and resources to meet your personal challenges. Some services may require an authorization, but MHN's services include:

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

The EAP offers telephonic and web-based referral services for:

- Childcare and eldercare
- Legal and financial counseling
- Health and wellness and life improvement issues
- Educational referrals
- Workplace advice...and more!

*(continued on page 6)*



## WELLNESS CORNER (continued from page 5)

### How Do I Obtain an Authorization?

If you are currently receiving sessions please check with your provider to confirm if they are in the MHN network. If they are **not** they need to contact MHN.\* MHN will work with your provider but it does take time, so talk to your provider soon. The Aetna authorizations for EAP services received prior to July 1, 2014 will be valid until all authorized sessions have exhausted. You must contact MHN to obtain any new authorization for EAP sessions.

24/7 access is available at 1-800-327-0449 or online at [mhn.advantageengagement.com](http://mhn.advantageengagement.com)  
**Login: laccd, Password: employee**  
For more information, contact Katreli Walker, Districtwide EAP Coordinator, at (213) 891-2040.

\*Providers can join the MHN Network by visiting [www.mhn.com](http://www.mhn.com), select the Provider Site then the provider Portal where they can complete an online application by clicking on the *Join Our Network* link in the upper right corner of the page.

## PET BENEFITS

### Pet Assure Veterinary Discount Card—\$8 a month or \$96/year covers ALL pets in your household

Pet Assure is the nation's largest Veterinary Discount Plan. For \$8 a month, you will 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 waiting for reimbursements. Members enjoy unlimited discount usage.

- **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

### Want to Know if Your Family Vet Honors Pet Assure?

For a list of participating veterinarians in your area, go to [www.petassure.com](http://www.petassure.com) or call Pet Assure at 877-FIND-VET (346-3838).

### How to Enroll in Pet Assure

- Go to [www.petassure.com](http://www.petassure.com)
- Or call 888-789-PETS (7387) and give them your promo code: LACCDR

## Glossary of Health Plan Terms

**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 PERSChoice and PERSSelect plan the insurance company will pay \$800 and you will pay \$200 (80/20); on the PERSCare plan, the insurance company will pay \$900 and you will pay \$100 (90/10).

**Deductible** — This is the amount you must pay each calendar year before the plan will pay benefits. The plan will pay those benefits subject to a deductible.

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

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

**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, do not count toward the out-of-pocket maximum.

**Explanation of Benefits**— An Explanation of Benefits (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 to see a PPO network doctor or have a prescription filled at one of the plan's participating pharmacies, you will pay a flat copayment and nothing else. If you visit a non-network doctor your costs will be higher (you pay deductible plus coinsurance instead of the flat copayment).

■ Your coinsurance and out-of-pocket costs are lower when you go to PPO network providers.

**HIPAA (Health Insurance Portability and Accountability Act)** — 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.

# HOW TO ENROLL



## LOS ANGELES COMMUNITY COLLEGE DISTRICT 2015 ENROLLMENT/CHANGE FORM FOR 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. Retiree Contact Person – Someone who will always be able to contact you

Last	First	MI	Home Phone	Cell Phone
Address			relationship	
City	State	Zip	Email Address	

### 3. Reason for Completing This Form

- Open Enrollment  
 Name/Address Change  
 Change in Dependent Coverage

### 4. Dental Plan

<input type="checkbox"/> Delta Dental PPO	<input type="checkbox"/> Coverage Type
<input type="checkbox"/> MetLife Dental HMO (formerly Safeguard)	<input type="checkbox"/> Retiree/Survivor only
	<input type="checkbox"/> Retiree/Survivor + one
	<input type="checkbox"/> Retiree/Survivor + Family

### 5. Vision Plan

<input type="checkbox"/> Vision Service Plan	<input type="checkbox"/> Coverage Type
	<input type="checkbox"/> Retiree/Survivor only
	<input type="checkbox"/> Retiree/Survivor + one
	<input type="checkbox"/> Retiree/Survivor + Family

### 6. Dependent Enrollment Information

Please complete the following section for each person you are enrolling, including 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				

### 7. How to Submit this Enrollment/Change Form

**To enroll in the LACCD DENTAL and/or VISION PLAN, add dependent children to age 26, or change plans, you MUST:**

- Complete *and* Sign this form.
- If you are adding dependents, attach PHOTOCOPIES 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 both 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 telephone at (888) 428-2980 or via email at [do-sap-benefits-health@email.laccd.edu](mailto:do-sap-benefits-health@email.laccd.edu).
- Send this form and the attached PHOTOCOPIES of verification documents using one of the following methods:  

<i>US Mail</i>	<i>Secure Fax</i>	<i>Email</i>
LACCD Health Benefits Unit 770 Wilshire Blvd., 6th Floor Los Angeles, CA 90017	Health Benefits Unit (213) 891-2008	Use address in #3

*initial* I understand that the elections I make on this form will remain as long as I am eligible or until I make another election during annual enrollment. I am enrolling for myself and those eligible dependents that I have listed in Part 6 of this form for coverage under the plan(s) I have selected.

*initial* I understand that I am responsible for reporting any change(s) in the eligibility status of my dependents within 60 days. Further, if I fail to report status changes within 60 days, I understand that I could be liable for retroactive premium payments in excess of the amount of my plan if I had reported the change in time, and I further understand that I could be liable for medical expenses incurred by the ineligible party.

*initial* I understand that missing documentation will result in a delay in processing that will leave me and/or my dependents without coverage until all information is submitted, and I further understand that my benefits become effective *after* I submit all documents to complete the enrollment process.

X

Signature

Date

## CONTACT INFORMATION

### MEDICAL PLANS

#### CalPERS Health Benefit Program

(888) 225-7377  
 Monday—Friday, 8:00 a.m.— 5:00 p.m.  
 TTY (916) 795-3240  
 (for speech and hearing impaired)  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

### DENTAL PLANS

#### Delta Dental

P.O. Box 997330, Sacramento, CA 95899  
 (800) 765-6003  
[www.deltadentalins.com](http://www.deltadentalins.com)

#### SafeGuard

P.O. Box 3594, Laguna Hills, CA 92654  
 (800) 880-1800  
[www.safeguard.net](http://www.safeguard.net) (plan code: 0150-d)

### VISION PLAN

#### VSP

P.O. Box 997100  
 Sacramento, CA 95899-7105  
 (800) 877-7195  
[www.vsp.com](http://www.vsp.com)

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

#### Managed Health Network (MHN)

(800) 327-0449 or online at  
[mhn.advantageengagement.com](http://mhn.advantageengagement.com)  
 login code: laccd  
 password: eap

### FLEXIBLE SPENDING ACCOUNTS (HRA BALANCES)

#### ADP Benefits Solutions

P.O. Box 34700  
 Louisville, KY 40232  
 (800) 964-6165  
<https://myspendingaccount.shps.com>

### OTHER BENEFITS & COBRA INFORMATION

#### LACCD Health Benefits Unit

770 Wilshire Blvd.  
 Los Angeles, CA 90017  
 (888) 428-2980  
 Monday—Friday, 9:00 a.m.— 4:00 p.m.  
[www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx](http://www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx)



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Los Angeles, CA 90017

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## JOINT LABOR/MANAGEMENT BENEFITS COMMITTEE

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**Galen Bullock**

*SEIU Local 721*

**Velma J. Butler**

*President*

*AFT College Staff Guild, Local 1521A*

**Marvin Martinez**

*President, East Los Angeles*

**Dr. Annie G. Reed**

*Teamsters Local 911*

**Diva Sanchez**

*SEIU Local 99*

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### ALTERNATES

**Dorothy Bates, AFT College Staff Guild**

**James Bradley, SEIU Local 99**

**Allison Jones, Teamsters Local 911**

**Dr. Armida Ornelas, AFT Faculty Guild**

**Ken Takeda, Admin. Representative**

**Leila Menzies, 2<sup>nd</sup> Admin. Representative**

### DISTRICT ADMINISTRATION

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*General Counsel*

**James D. O'Reilly**

*Chief Facilities Executive*

### RESOURCES TO THE JLMBC

**Nancy Carson, Retiree**

**Phyllis Eckler, Adjunct**

**Barbara Harmon, Retiree**

**Ethel McClatchey, Retiree**

**Amy Roberts, Adjunct**

**Katrelia Walker, District HR**