



JOINT LABOR MANAGEMENT BENEFITS COMMITTEE ACTIVE



Los Angeles Community College District - Newsletter

FALL 2020

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Open Enrollment Is Here!

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

Important Highlights:

- Open Enrollment will run from **September 21st through October 16th, 2020**.
- All elections will be effective January 1, 2021 - December 31, 2021.
- Changes and additions cannot be made to your benefits during the 2021 plan year, unless you experience a qualifying life event such as marriage, divorce, birth of a child, or change of employment status.
- If you are **currently enrolled and do not wish to make changes, no action is required**; your existing elections will remain in effect for the new calendar year: January 1, 2021 to December 31, 2021.
- If you are adding, dropping or changing coverage for yourself and/or dependents under any plans, you must enroll online (see [page 7](#) for instructions).
- Prepare for the upcoming flu season with resources available regarding COVID-19 (Coronavirus) and the seasonal flu ([Page 13](#)) as well as more information on telemedicine ([Page 15](#))
- The Health Reimbursement Account (HRA) will continue for full time employees! There is no employee action necessary to activate this benefit ([Page 8](#)).
- Find out more on the CARES Act (Resource on [Page 13](#)) and how it has affected your Spending Accounts ([Page 8](#)) and Student Loans ([Page 11](#)).

IMPORTANT NOTE: For medical plan options, rates are currently being analyzed, but some plans *will* require a premium contribution. A letter with specific contributions information will be sent later in August.
See [page 4](#) for more details.

Open Enrollment 2020

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

Verify and Update Current Health Plan Selection and Enrollments

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

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

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

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

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

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

Please check the Health Benefits Unit webpage in August for enrollment links by clicking here: <http://laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx>

Contact Us:

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

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

A-I please call 213-891-2382

J-M please call 213-891-2198

N-Z please call 213-891-2023

Open Enrollment & Benefits Fair Information

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

Learn

- Carefully review this newsletter.
- For more detailed information on your District benefits and to learn about the plans that apply to you, visit <http://www.laccd.edu> > Faculty and Staff > Human Resources > Health Benefits > Actives.
- This 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 19](#).)



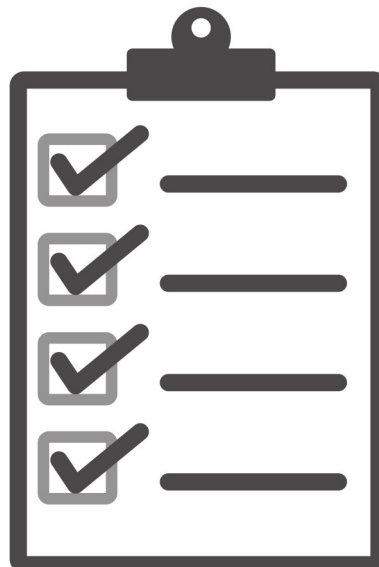
Decide

- The CalPERS (medical only) open enrollment packet will be mailed by CalPERS in late August to all current employees and non-Medicare eligible retirees.
- Review your choices on the LACCD website for other coverages such as dental, vision, and life. For questions, contact the Health Benefits Unit (HBU) by calling 888-428-2980, emailing HealthBenefits@email.laccd.edu, or mail to 770 Wilshire Blvd., 6th Floor, Los Angeles, CA 90017.



Act

- Log onto the Open Enrollment Portal (see instructions on [page 10](#)) if you would like to change or update your benefit elections, participate in a Flexible Spending Account, update your dependent information, adjust life insurance beneficiaries, or change your home/ mailing address.



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. Active employees and retirees under age 65 may choose from the plans on this page.

CalPERS Medical Plans. Medical care coverage is offered through the CalPERS health plans. CalPERS offers eleven health care plans for you to choose from and find what best suits your needs, including both HMO and PPO choices. Through negotiations held this year, only three of the below options would result in a deduction from your paycheck, while the other eight require no deduction. 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 Healthcare HMO

PPO Options

- PERS Choice
- PERS Select
- PERSCare **

**** IF YOU ELECT ONE OF THE PLANS WITH THIS INDICATION IN THE BOX ABOVE, YOU WILL HAVE TO PAY A PORTION OF THE PREMIUM VIA A PACHECK DEDUCTION.**

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 further explanations on [page 5](#).)

Why will 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 enroll.

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

- ⇒ You can remain on these medical plans but you will now have to contribute to the premium.
- ⇒ You can check if your current Primary Care Physician and Specialists are in one of the other networks available. By going to this [webpage](#) 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	\$60	\$290 (40% of allowable amount [\$140] + Cost over allowable amount [\$150])

Dental Plan Choices

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

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

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.

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

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



Dependent Eligibility—Who Can Be Enrolled?

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

Qualified dependents include:

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

Supporting Documentation—Dependent Verification

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



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

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

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

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

Economic Dependent – Affidavit for Parent Child Relationship.

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

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

•Email: healthbenefits@email.laccd.edu

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

•Call: 1-888-428-2980

How to effectively use your Flexible Spending Account (FSA)

Health Reimbursement Account (HRA)

For 2021, the district will continue to give full time employees \$1,500 through the HRA, to help cover the costs of your qualified medical expenses.

Flexible Spending Accounts A Flexible Spending Account is a benefit plan that allows eligible employees to direct funds to spending accounts from their payroll before taxes are deducted.

Health Care FSA The Health Care FSA can be used for health care expenses such as medical, dental, and vision. This account has a \$2,750 contribution maximum for 2020 and allows you to pay for the same type of expenses that you use your HRA to pay (i.e. deductibles, copays, coinsurance, orthodontia, prescriptions, contacts, and more).

Rollover feature: You can roll over up to \$500 in unused contributions into a new plan year. The \$500 rollover amount does not affect a participant's maximum election for the new year, so you can elect up to \$2,750 into your Health Care FSA in addition to the amount you roll over from the prior year.

In order to qualify for the rollover feature of the Health Care FSA, a participant must be actively employed through the last day of the Health Care FSA plan year (12/31).

Dependent Care FSA The Dependent Care FSA can be used for child-care or care of an adult who has been declared disabled. There is a \$5,000 maximum, which allows you to pay for expenses that are necessary to work (i.e. a parent who pays for daycare or a spouse who may need adult care).

Use it or Lose it Please remember that the FSA plans have a "use it or lose it" feature, which means that any balance over \$500 will be forfeited if unused at the end of the plan year (through 12/31).

Eligible employees can choose to enroll in both the Health Care FSA and Dependent Care FSA. Learn more about your FSA options at www.laccd.edu. Click "Faculty and Staff" on the top tab, then on "Health Benefits" on the left. Once on the Health Benefits page, click on "Active Employee," then "FSA."

Coordination of the HRA and Health Care FSA:

When you have eligible expenses, you must use your HRA before any money can be withdrawn from your FSA. If you have both accounts, here is what you should do:

1. Estimate your annual expenses.
2. If you expect to spend less than your HRA balance (\$1,500, plus prior year balance), **do not** contribute to a Health Care FSA.
3. If you expect to spend more than your HRA balance, then it is a good idea to contribute to a Health Care FSA for more tax savings.
4. You may use your HRA debit card or submit itemized receipts directly to WageWorks, in order to pay for eligible expenses. Once your accumulated HRA balance is exhausted, funds will be withdrawn from your Health Care FSA.
 - A. To **submit claims** through the WageWorks site or to **find out your balance** you must go to this website address: myspendingaccount.wageworks.com. Searching for "WageWorks" online *will not* take you to the correct site.
5. For dental or vision reimbursements, you can expect requests for itemized receipts. These doctor's offices have a number of non-qualified procedures so they often require substantiation.

If you plan carefully, the two accounts are easy to use together and you can drastically reduce your out-of-pocket health care costs!

Example of HRA & FSA Coordination

An LACCD employee has \$500 in their HRA and chooses to contribute \$1,000 to their FSA. During the year, the employee goes to the hospital and is charged \$750 for the visit. This employee must first use the \$500 left in their HRA. Once the \$500 from the HRA is used, the employee can then use \$250 from their FSA to pay for their visit.

CARES Act and Spending Accounts The Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") allows for health account funds, such as HRAs and FSAs, to be used for over-the-counter medications without a prescription, as well as menstrual products. This was back dated to be effective for all purchases starting 1/1/2020. To find more information visit <https://www.healthequity.com/cares/>

Additional Benefit Options

All active full-time employees are automatically covered by the basic life insurance and basic accidental death and dismemberment (AD&D) insurance plans paid for by LACCD. If you are increasing your life insurance with the voluntary life coverage, please note that you are required to submit a statement of health, which can be downloaded from the District website at <http://laccd.edu/Departments/HumanResources/healthbenefits/Documents/LifeInsurance/Cigna-Application.pdf>

Additional Voluntary Benefits

Voluntary Life Insurance You may purchase voluntary life insurance coverage for yourself. Optional life insurance is available in \$10,000 increments, up to a maximum benefit of five times your annual earnings, or \$500,000, whichever is less. If you chose not to enroll when you were first eligible for coverage, but then chose to enroll in subsequent years, you will be required to provide a statement of health for medical underwriting before the additional coverage will be approved. You pay the full cost of this coverage through post-tax payroll deductions.

Coverage for your Family If you purchase voluntary life insurance for yourself, you may also purchase coverage for your spouse/domestic partner and your dependent children.

- Spouse/Domestic Partner—Coverage is available in \$5,000 increments, up to a maximum benefit of 50% of your voluntary life insurance amount.
- Children—You may purchase \$1,000, \$5,000, or \$10,000 worth of coverage for your dependent children. (The benefit amount is \$100 for children less than six months old.)



Pet Assure. Pet Assure is the nation's largest Veterinary Discount Plan. For a single pet, the cost is \$8/month. For unlimited pets, the cost is \$11/month. 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 is available for every type of pet, with absolutely no exclusions or medical underwriting. There are no claim forms, deductibles or periods of waiting for reimbursements.

Discount 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](#) and [PETplus](#).
- Check online to see if your veterinarian is in their discount network.
- Go to the SAP ESS Portal and enroll.

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

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

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

Open Enrollment Login

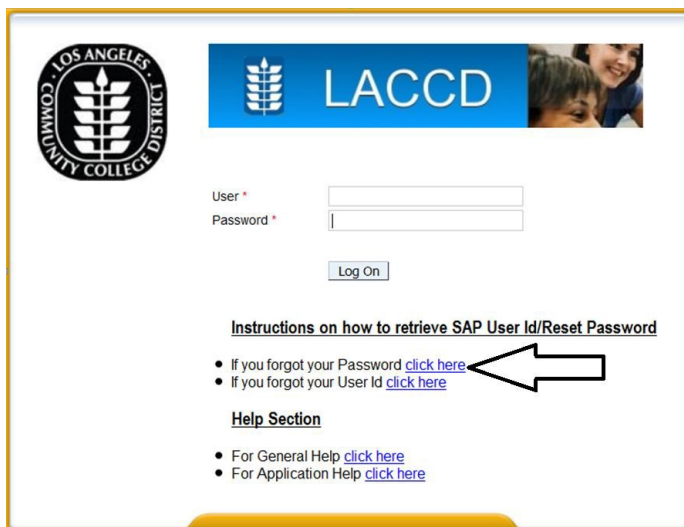
Enrollment Website. To access the Open Enrollment Portal click here: <https://portal.laccd.edu>.

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

Example: John M Williams → User ID: willajm

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

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



The email will include a link for you to click.

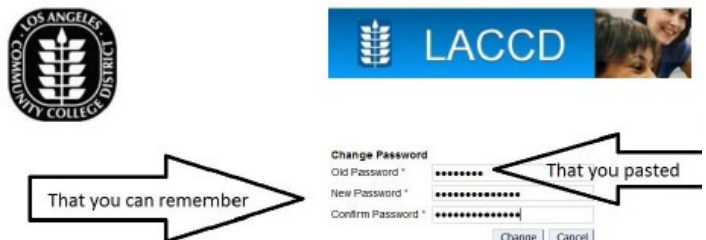
The link will then take you to a page with your new temporary password:



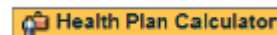
Copy the temporary password and paste it into the login page on the enrollment website.



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



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



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



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



Important Reminders

Public Service Loan

Forgiveness Program

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

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

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

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

Submit employment verification to:

LACCD

HR Services Unit

770 Wilshire Blvd.

Los Angeles, CA 90017

(213) 891-2221 fax

JohnsoRL3@email.laccd.edu

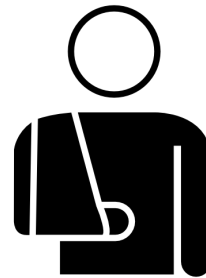
VanginM@email.laccd.edu



CARES Act and Student Loans

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

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



Worker's Compensation: Pre-Designating a Preferred Physician

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

Retirement Resources - Where to Start

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

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

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

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

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

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



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

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

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



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

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

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

COVID-19 and Flu Season Resources

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

Centers for Disease Control and Preventions (CDC)

COVID-19 (Coronavirus) Homepage:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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

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

Prevent Getting Sick (Coronavirus):
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html>

Influenza (Flu) homepage:
<https://www.cdc.gov/flu/index.htm>

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

Key Facts About Seasonal Flu Vaccine:
<https://www.cdc.gov/flu/prevent/keyfacts.htm>

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

California Department of Public Health

COVID-19 homepage:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

Finding a Testing Site (COVID-19) :
<https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>

CalPERS

How We're Addressing Coronavirus (COVID-19)
<https://www.calpers.ca.gov/page/coronavirus>

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

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

LACCD

COVID-19 Updates:
<https://www.laccd.edu/About/News/Pages/Coronavirus.aspx>

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

County of Los Angeles

Free COVID-19 Testing:
<https://covid19.lacounty.gov/testing/>

Ventura County

Coronavirus Information homepage:
<https://www.vcemergency.com/>



Staying Healthy

The Importance of Sleep Article

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

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

How much sleep do I need?

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

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

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

How much sleep do children need?

- Kids need even more sleep than adults.
- Teens need 8 to 10 hours of sleep each night.
- School-aged children need 9 to 12 hours of sleep each night.
- Preschoolers need to sleep between 10 and 13 hours a day (including naps).
- Toddlers need to sleep between 11 and 14 hours a day (including naps).
- Babies need to sleep between 12 and 16 hours a day (including naps).



Move Your Way The Physical Activity

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

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

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

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

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

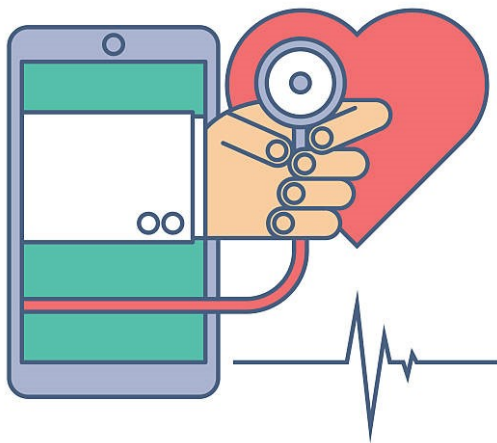
What counts? Whatever gets you moving! Physical activities can be things you have to do anyway, or some that don't even feel like exercise.



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

Telemedicine

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



Anthem Blue Cross

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

Blue Shield

Blue Shield of California offers **Teladoc** providing access to a national network of U.S. board-certified physicians, licensed in California 24/7 by phone or video. Teladoc doctors can treat many medical conditions including cold and flu symptoms, allergies, bronchitis, respiratory infection, sinus problems and more. To get started set up an account at www.teladoc.com/bsc, 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 or use Kaiser's mobile app to schedule a variety of appointments including in-person, phone, and video. Through the same resource you can also email your doctor's office and fill out a questionnaire regarding minor health problems and have a clinician respond, usually within two hours (also known as an E-visit). **Cost: Free**

Health Net

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

United Healthcare

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



Advance Care Planning

CIGNA

Cigna offers a full-service financial wellness program. My Secure Advantage™ can help support the financial health of your household, at no additional cost to you.

My Secure Advantage (MSA) Money Coaching

You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching. Individuals and couples can work with a designated Money Coach for 30 days, paid for by Cigna.

Your Money Coach can help you handle a wide range of financial challenges, including but not limited to: Basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.

Through an easy-to-use online portal, you can communicate with your Coach, view educational webinars and access a library of financial tools, forms and tips.

After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month. Even if you do not participate in Money Coaching, you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- Education on how to avoid identity theft
- Consultation with a Fraud Resolution Specialist
- Fraud resolution kit that provides the right documents to use and steps to follow.
- Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents.
- Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents
- 25% discount off standard fixed or hourly attorney's fees.

Call 888.724.2262, Monday - Friday
from 9:00 am to 11:00 pm EST
(6:00 am to 8:00 pm PST) to speak
with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit cigna.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

Life Care Planning (Kaiser Members Only)

Life Care Planning is Kaiser Permanente's name for advance care planning. Life care planning involves two major choices:

1) Selecting someone you trust to make your health care decisions if you are incapable.

2) Giving specific instructions about your care in the event of a sudden injury or illness.

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

Getting started

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

Advance Health Care Directive

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

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

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

You can change your Life Care Plan at any time

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

When to revisit your plan:

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

JLMBC at Work

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

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

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

Health Benefits Unit Contact Information

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



Glossary of Health Plan Terms

Open Enrollment. Open Enrollment is your one time during the year to select new plan options for all lines of coverage—medical, dental, vision, and more. Unless you are a new hire or have a Qualified 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 dependent or survivor's eligibility under this Agreement:

- Every member of a classified bargaining who is 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 toward 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 covered medical expenses you pay after meeting your deductible.

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

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

- When you go see a PPO network doctor or have a prescription filled at one of the plan's participating pharmacies, you may pay a flat copayment or coinsurance. If you visit a non-network doctor, your costs will be higher (you pay deductible plus coinsurance 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)

Managed Health Network (MHN)

Contact information: (800) 327-0449
mhn.advantageengagement.com
Login code: laccd

FSA / HRA Accounts

WageWorks

Website: myspendingaccount.wageworks.com
Contact information: (800)-964-6165

Other Benefits & COBRA Information

LACCD Health Benefits Unit

Contact information: (888) 428-2980
Monday—Friday, 9:00 am—4:00 pm
770 Wilshire Blvd.,
Los Angeles, CA 90017
<http://www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx>

OptumRx

Basic Members: 1-855-505-8110
Medicare Part D Members: 1-855-505-8106
Members needing TTY service: please dial 711
https://chp.optumrx.com/rxsol/chp/ContentCalPERS/calpers_index.html
OptumRx administers the prescription drug benefits for those enrolled in PERS Select, PERS Choice, and PERSCare PPO plans, as well as those in Anthem Blue Cross, Health Net, Sharp, and UnitedHealthcare HMO plans.

Pet Discount Programs

PetAssure

Contact information: (888) 789-7387
Monday-Friday: 5:00 am—3:00 pm
www.petassure.com

PETplus

Contact information: (866) 893-0306
M-F: 6am-3pm, Sat.: 6am—2pm, Sun: 6am—12pm
info@petplus.com
www.petplus.com

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

District Contacts

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Interim Deputy Chancellor

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Programs and Institutional Effectiveness

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

Albert J. Roman, DPA
Vice Chancellor for Human Resources

Jeanette L. Gordon,
Chief Financial Officer/Treasurer

Jeffrey M. Prieto, J.D.
General Counsel

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Los Angeles
Community
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