

Health Benefits

Newsletter



Fall 2010 • Volume 3, Issue 9

Attend a CalPERS Workshop Near You!

CalPERS will host three workshops for LACCD employees at the three dates and locations listed below. Hear presentations from CalPERS representatives and get answers to your benefits questions.

- Thursday, Sept. 9, Noon – 2 p.m.
LA Valley College
5800 Fulton Ave., Valley Glen 91401
(818) 947-2600
- Thursday, Sept. 23, Noon – 2 p.m.
LA Southwest College
1600 West Imperial Highway
Los Angeles 90047-4899
(323) 241-5321
- Thursday, Oct. 7, Noon – 2 p.m.
LA Trade Tech
400 West Washington Blvd.
Los Angeles 90015
(213) 763-7000

To attend a workshop, you will need to register on the CalPERS website at www.healthfairregistration.com. You will need to type in your agency code (**Note: Please provide.**) and your zip code.

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Learn, Decide, Act

LACCD OPEN ENROLLMENT: SEPTEMBER 13 – OCTOBER 8, 2010

The time to reconsider your benefit choices and make new elections for 2011 is fast approaching. Open enrollment for employees, retirees, and eligible part-time faculty will be held from September 13 through October 8, 2010. This newsletter reviews the benefit changes for 2011 and gives you an overview of all your benefit choices.

Before you enroll, 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, please visit www.laccd.edu/health 24 hours a day. Be sure to click on your eligible group (active employees, part-time faculty, retirees) in order to learn about the plans that apply to you.
- If you have questions, we encourage you to call your plan's Member Services.

Decide

- Watch for your CalPERS open enrollment packet at the end of August. It will provide additional information on your health benefit changes and choices; identify your current health plan and confirm your covered family members.
- Review all of your benefit choices and choose the coverage you want to elect.

Act

- **Enroll from September 13 through October 8, 2010, using LACCD's Employee Self-Service (ESS) portal.**

What if I don't want to change my choices?

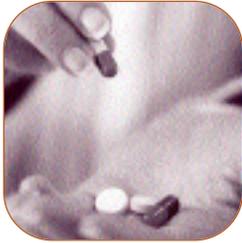
If you are a full-time active employee, you do not need to enroll if you do not want to change your benefit elections, dependent information, life insurance beneficiaries, or address. You must enroll if you want to make any changes or if you want to participate in a Flexible Spending Account.

WHAT'S CHANGING FOR 2011?

For 2011, CalPERS is making several changes to your medical benefits in response to new federal health care reform requirements and in order to help contain rising health care costs.

How will health care reform affect my benefits?

The following changes are the result of the new federal health care reform law passed in March of this year:



- **Dependent eligibility expanded.** You may cover your dependents in a CalPERS Health Plan up to age 26, **whether or not** they are students, married, or live with you.
- **No lifetime limits.** Also under the new federal law, lifetime limits on the amount of benefits the plans will pay have been eliminated.
- **Over-the-counter medications.** Currently, over-the-counter drugs such as pain relievers and cold remedies are reimbursable expenses under the Health Reimbursement Account (HRA) and the Health Care Flexible Spending Account (FSA), which means you can pay for these expenses with tax-free dollars. However, under health care reform, you will not be able to use these accounts for these expenses. This may affect the amount you decide to contribute to an FSA account during open enrollment for 2011.

How will my medical and pharmacy benefits change in 2011?

Medical benefit changes. The following changes are designed to encourage you to use cost-efficient facilities:

- Under the PPO and HMO plans, you will pay an additional \$250 copay per admission for bariatric surgery if you do not use a Center of Expertise.
- Under the PPO plans, a new purchasing program will encourage the use of hospitals that cap the cost of hip and knee replacements.
- Under the Blue Shield HMO, if you use an outpatient hospital instead of a lower-cost ambulatory surgery center, you will pay a \$250 copay for upper and lower endoscopy, spinal injections and cataract surgery.
- Under the PPO plans only, the copay for specialist (SCP) office visits will increase from \$20 to \$30 per visit.

Pharmacy changes. The following changes will affect your prescription drug benefits:

- The copay for non-preferred brand prescription drugs will **not** apply to the \$1,000 limit on out-of-pocket mail order costs. This means when you fill prescriptions with non-preferred brand drugs, you will always pay the \$45 (retail) or \$75 (mail order) copayment for these drugs. So it's a good idea to ask your doctor or pharmacist if a generic equivalent is available.
- The partial copay waiver for non-formulary brand drugs will increase. If you qualify for this waiver, your retail non-formulary brand copay will go up from \$30 to \$40; the mail order copay will increase from \$45 to \$70.
- A prescription drug will not be covered if an over-the-counter alternative can be substituted.
- You will be required to pay 50% coinsurance for certain discretionary drugs (such as for erectile dysfunction).
- For Kaiser HMO members, you will receive up to a 30-day supply for prescription drugs purchased at a retail location. The copayment for mail order drugs will increase to \$10 for generic drugs and \$30 for brand name drugs; you receive up to a 100-day supply for mail order drugs.

YOUR LACCD BENEFITS PROGRAM

The information on this page applies to:

Active Employees

Retirees under 65

The Los Angeles Community College District provides a generous and comprehensive benefits package to help you care for yourself and for your family. Following is an overview of the programs available to you.

Your CalPERS Health Plan Choices

Under the CalPERS health plan, active employees and retirees under age 65 will be able to choose from the medical plans shown in the chart below.

Your HMO Choices. CalPERS also offers the Blue Shield NetValue HMO, which requires members to use providers in a smaller network of medical groups. The plan is designed to provide savings for employees who pay for their own medical plan coverage. Because the District is covering the full cost of the Blue Shield Access+ HMO – which has the same benefits but a larger provider network – we have not included the NetValue HMO plan in this chart.

Your PPO Choices. The PERS Choice and PERSCare PPOs differ from each other mainly in their deductible, coinsurance percentage, and out-of-pocket maximum. (See the glossary on page 4 for a brief definition of these terms.)

CalPERS Health Plan

	Blue Shield Access+ HMO	Kaiser HMO	PERS Choice PPO		PERSCare PPO	
	HMO Network Only	Kaiser Network Only	Anthem PPO Network	Out of Network	Anthem PPO Network	Out of Network
Deductible	None	None	\$500/person; \$1,000/family		\$500/person; \$1,000/family	
Out-of-Pocket Maximum	\$1,500/person; \$3,000/family	\$1,500/person; \$3,000/family	\$3,000/person; \$6,000/family	N/A	\$2,000/person; \$4,000/family	
Coinsurance	N/A	N/A	20%	40%	10%	40%
Office Visits	\$15/visit	\$15/visit	\$20/visit (PCP); \$30/visit (SCP)	40%	\$20/visit (PCP); \$30/visit (SCP)	40%
Preventive Care	Covered in full	Covered in full	Covered in full	40%	Covered in full	40%
Prescription Drugs						
▪ Retail	Generic: \$5; Brand: \$15 Non-formulary: \$45 Up to a 30-day supply	Generic: \$5; Brand: \$15 Up to a 30-day supply for most drugs	Generic: \$5; Brand: \$15 Non-formulary: \$45 Up to a 30-day supply		Generic: \$5; Brand: \$15 Non-formulary: \$45 Up to a 30-day supply	
▪ Mail Order	Generic: \$10; Brand: \$25 Non-formulary: \$75 Up to a 90-day supply	Generic: \$10; Brand: \$30 Up to a 100-day supply for most drugs	Generic: \$10; Brand: \$25 Non-formulary: \$75 Up to a 90-day supply		Generic: \$10; Brand: \$25 Non-formulary: \$75 Up to a 90-day supply	

Important PPO Consideration

If you're an active employee or a retiree under age 65, the District will pay the full cost of HMO or PERS Choice PPO coverage for you and your eligible dependents. However, CalPERS requires us to also offer the PERSCare plan, but consider the following before choosing this plan:

- The premium for the PERSCare plan is higher than the premium for the PERS Choice plan. The District will pay only up to the cost of the PERS Choice plan, which means if you select the PERSCare plan, then you must pay the additional premium cost, which would be \$3,493.08 per year for single coverage.
- If you select the PERSCare plan you could save \$1,000 in out-of-pocket costs, but the additional premium will cost you more than you would save in out-of-pocket costs.

ELIGIBLE PART-TIME FACULTY MEMBERS MUST ENROLL EVERY YEAR

If you're an eligible part-time faculty member, you **must** re-enroll for benefits during each open enrollment period. Your benefits coverage will not continue unless you actively enroll.

Your eligibility for health benefits – medical, dental, vision, and EAP – is verified through the District's employee database. Eligibility is based on how many semesters you have taught for LACCD and how many hours you're scheduled to teach during the current semester. Details on eligibility and enrollment can be found at www.aft1521.org.

Paying for Coverage

The District will contribute \$200 per month (\$2,400 annually) to the cost of your medical coverage. You will pay your share of the medical plan premium – as well as the full cost of any dental or vision coverage you elect – through automatic before-tax payroll deductions. Please refer to the chart below to determine your 2011 premiums.

2011 Premium Rates: Part-Time Faculty

	Employee Only	Employee + 1	Family
Medical Plans – Los Angeles			
Blue Shield Access+ HMO	\$	\$	\$
Blue Shield NetValue HMO	\$	\$	\$
Kaiser Permanente HMO	\$	\$	\$
PERS Choice PPO	\$	\$	\$
PERS Select PPO	\$	\$	\$
PERSCare PPO	\$	\$	\$
Medical Plans – Other Southern California			
Blue Shield Access+ HMO	\$	\$	\$
Blue Shield NetValue HMO	\$	\$	\$
Kaiser Permanente HMO	\$	\$	\$
PERS Choice PPO	\$	\$	\$
PERS Select PPO	\$	\$	\$
PERSCare PPO	\$	\$	\$
Dental Plans			
Delta Dental PPO	\$	\$	\$
SafeGuard HMO	\$	\$	\$
Vision Plan			
Vision Service Plan	\$	\$	\$

NOTE: The rates above are tenths, for 12 months of coverage. The medical plan rates reflect the District's 2011 medical plan contribution of \$200 per month (\$2,400 annually); the District does not contribute toward the dental or vision plan premiums.

Glossary of Health Plan Terms

Deductible – This is the amount you must pay each calendar year before the plan will pay benefits.

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.

Out-of-Pocket Maximum – 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.

- 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.

PLAN CHOICES FOR MEDICARE-ELIGIBLE RETIREES

The information on this page applies to:

Medicare-eligible Retirees

If you're a Medicare-eligible retiree, the District will pay the full cost of your premium for all three of the CalPERS health plans available to you:

- Blue Shield Access+ HMO
- Kaiser HMO (Kaiser Senior Advantage plan)
- PERSCare Supplemental Plan (a PPO).

If you enroll in the PERSCare Supplemental Plan, you will need to make sure that your provider accepts Medicare assignment in order to minimize your out-of-pocket costs.

Coordination with Medicare

These plans work with your Medicare coverage to provide you with comprehensive health care with little out-of-pocket cost. As a result, LACCD's Board of Trustees requires all eligible retirees, dependents, and survivors age 65 or older to enroll in Medicare Parts A and B. If you do not enroll in Medicare Parts A and B, your District-sponsored health benefits will end.

- **Medicare Part A** is hospital insurance that helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care, and hospice care.
- **Medicare Part B** is medical insurance that helps pay for doctors' services, outpatient hospital care, and many other medical services and supplies that are not covered by Part A.

Do NOT enroll in Medicare Part D

Medicare Part D is prescription drug coverage. Since you get prescription drug coverage through your CalPERS medical plan, you do **not** need Medicare Part D coverage. If you enroll in Medicare Part D, LACCD will not contribute toward the monthly cost of your coverage and reserves the right to cancel your district-sponsored medical coverage.

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.



Dental benefits are available to:

Active Employees

Retirees

Part-time Faculty

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. You have three options when choosing a dentist under the Delta Dental PPO:

- 1. Delta Dental PPO** dentists belong to the Delta Dental network and have agreed to charge plan members significantly reduced rates offering your best value!
- 2. Delta Dental Premier** dentists belong to Delta Dental's national network and have agreed to accept Delta

Dental's approved fee as payment in full. Your share of the cost (if any) will be based on the approved fee.

3. Out-of-network dentists do not offer discounted rates to Delta Dental plan members. If you select an out-of-network dentist, the plan will only pay benefits up to Delta Dental's approved fee leaving you to pay the difference.

SafeGuard HMO provides 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 dental plan, you cannot select out-of-network dentists.

Note: The calendar year maximum benefit is based on years of service for full-time employees, as described in the chart to the right. The annual maximum benefit for part-time faculty members is \$1,000, regardless of service.



	SafeGuard HMO Dental Plan	Delta Dental PPO Plan
Calendar Year Deductible	None	None
Calendar Year Maximum Benefit	Unlimited	Your maximum benefit is based on how long you have worked for LACCD: <ul style="list-style-type: none"> • Less than 5 years of service = \$1,000 • 5 years of service, but less than 10 = \$1,500 • 10 years of service, but less than 15 = \$2,000 • 15 years of service, but less than 20 = \$2,500 • 20 or more years of service = \$3,000
Covered Services	What You Pay	
Diagnostic & Preventive Services (includes oral exams, cleanings once every 6 months, X-rays, fluoride treatments, and space maintainers)	No charge for most services*	20%
Basic Services (includes fillings, extractions, root canals, oral surgery, and periodontic treatment)	No charge for most services*	20%
Prosthodontics (includes crowns, bridgework, and dentures)	No charge for most services*	20%
Orthodontia	Children under age 19: \$1,300 Adults: \$1,400	50% Lifetime maximum orthodontia benefit = \$2,000/person

*Please contact SafeGuard to see a schedule of benefits and any copayments that may apply.

Vision benefits are available to:

Active Employees

Retirees

Part-time Faculty

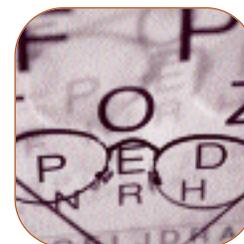
YOUR VISION PLAN

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 the advantages of using VSP preferred providers:

- By using a VSP preferred provider 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.

- If you decide to go to an out-of-network provider, you will have to pay your entire bill up front, and then file a claim with VSP. Out-of-network services will be reimbursed up to the allowances stated in the chart below.
- You can find a VSP provider by going to www.vsp.com or by calling (800) 877-7195. Your provider will be able to access your membership information and bill you accordingly.

	VSP Network Provider	Computer VisionCare Supplemental Benefits	Out-of-Network Provider
Copayments			
▪ Exam & prescription glasses	\$10	\$10	None
▪ Contact lenses	None	None	None
Examination	Covered in full		Plan reimburses up to \$45
Prescription Lenses			
▪ Single vision	Covered in full, including anti-reflective coating	Covered in full	Plan reimburses up to \$45
▪ Lined bifocal			Plan reimburses up to \$65
▪ Lined trifocal			Plan reimburses up to \$85
▪ Lenticular			Plan reimburses up to \$125
Frame	Covered in full up to \$120*	Covered in full up to \$105*	Plan reimburses up to \$47
Contact Lenses (instead of glasses)**			
▪ Elective	Covered in full up to \$150	N/A	Plan reimburses up to \$150
▪ Medically necessary	Covered in full	N/A	Plan reimburses up to \$210
Covered Services	Examinations: once every 12 months; Lenses: once every 12 months Frame: once every 24 months; Contact Lenses: once every 12 months		



* If the frame you choose costs more than the allowance, you will receive a discount on your out-of-pocket costs. The amount of the discount varies, but averages between 30% and 40% of the additional cost.

** Contact lenses are available once every 12 months in lieu of all other lens and frame benefits. When you get the contact lenses, you will not be eligible for lenses or a frame for 12 months.

HRA and FSA benefits
are available to:

Active Employees

YOUR HRA AND FSA BENEFITS

As an active employee, the District gives you access to two types of accounts that allow you to save money by paying for eligible expenses on a pre-tax basis. The two accounts are the Health Reimbursement Account and the Flexible Spending Account. Here's an overview of each plan.

Health Reimbursement Account (HRA)

An HRA is a benefit plan that reimburses eligible employees for qualified out-of-pocket expenses with tax-free dollars. Each year, the District adds \$1,500 to your HRA. 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.

How It Works

You will receive an HRA debit card from SHPS, our HRA administrator. This card will work like a regular debit card when you use it to pay for eligible health care expenses at the doctor's office, pharmacy, or other retail establishment. (The debit card conveniently draws from your 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.

Highlights of HRA

- It is important to remember before the Health Care FSA can be used, HRA funds must be used up. This means in order to avoid forfeiting any of your FSA contributions, you must carefully determine the amount you should withhold from your salary to contribute to your Health Care FSA.
- Unlike the FSA, any unused funds in the HRA will carry over to the next calendar year. This money can be used as an active or retired District employee.

Important Note: Starting January 1, 2011, over-the-counter medications, such as pain relievers and cold remedies, will no longer be reimbursable expenses through the HRA and the FSA, unless they are prescribed by a physician.



Flexible Spending Accounts (FSA)

An FSA is a benefit plan that allows eligible employees to withhold funds from their payroll before taxes are deducted. You use these funds toward health care and/or dependent care expenses. The benefit of an FSA is that you can set funds aside on a pre-tax basis, which saves you money on eligible expenses.

There are two types of FSAs: Health Care and Dependent Care.

- **Health Care FSA** allows you to pay for the same types of expenses that you use your HRA to pay (such as deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, and contact lenses).
- **Dependent Care FSA** is used to pay for child-care or care of an adult who has been declared disabled. These expenses must be necessary to allow the eligible employee to work (e.g. a single parent who pays for day care or a babysitter; or spouse/domestic partner who must pay for adult day care).

An eligible employee can choose both the Health Care FSA and the Dependent Care FSA if needed. You can learn more about Health Care and Dependent Care FSAs, as well as eligible expenses at www.laccd.edu/health.

Please remember that in order to receive reimbursement for your expenses, you must submit your receipts to SHPS within three months of the following calendar year.

FSA Contributions

- Minimum annual contribution toward a FSA: \$300
- Maximum annual contribution toward a FSA: \$5,000

FSA Highlights

- It is important to remember that any unused funds in your FSA will be forfeited and will not be carried over into the next calendar year.
- You must re-enroll in your FSA if you want to continue during the next calendar year.

How the HRA and FSA Work Together

When you have eligible expenses, you must use your HRA before any money can be withdrawn from your FSA. So, if you want to use both accounts, here's what you need to do:

1. Estimate your annual expenses.
2. If you expect to spend less than your HRA balance (\$1,500 + your rollover amount), do not contribute to your Health Care FSA.
3. If you expect to spend more than your HRA balance, then it's a good idea to contribute to your FSA.
4. Use your debit card to pay for eligible expenses. Once your HRA balance is used up, it will automatically draw from your Health Care FSA.

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

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

DENTAL PLANS

Delta Dental

P.O. Box 997330, Sacramento, CA 95899

(800) 765-6003

www.deltadentalins.com

SafeGuard

P.O. Box 3594, Laguna Hills, CA 92654

(800) 880-1800

www.safeguard.net (plan code 0150-D)

VISION PLAN

VSP

P.O. Box 997100

Sacramento, CA 95899-7105

(800) 877-7195

www.vsp.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Horizon Health

(800) 342-8111

www.horizoncarelink.com

login code: laccd password: eap

FLEXIBLE SPENDING ACCOUNTS (FSAs)

SHPS, Inc.

11405 Bluegrass Pkwy.

Louisville, KY 40299

(800) 678-6684

www.myshps.com

TERM LIFE AND AD&D INSURANCE LACCD

770 Wilshire Blvd.

Los Angeles, CA 90017

(888) 428-2980

www.laccd.edu/health

MetLife

National Service Center

P.O. Box 2517, Aurora, IL 60507-2517

(877) ASK-MET7

www.metlife.com

OTHER BENEFITS & COBRA INFORMATION

LACCD Health Benefits Call Center

770 Wilshire Blvd.

Los Angeles, CA 90017

(888) 428-2980

Monday–Friday, 9:00 a.m. – 4:00 p.m.

www.laccd.edu/health

Life and Accident
Insurance benefits are
available to:

Active Employees

YOUR LIFE AND ACCIDENT INSURANCE BENEFITS

All active full-time employees are automatically covered by the basic life insurance and basic accidental death and dismemberment (AD&D) insurance plans. LACCD pays the full cost of these plans, which are insured by MetLife. Here is your basic employee coverage:

- **Basic life insurance** – If you die while covered by the plan, your beneficiary will receive a basic life insurance benefit of \$50,000.
- **Basic AD&D insurance** – If you die as a result of a covered accident, your beneficiary will receive an additional \$50,000. Benefits are also payable for certain severe injuries suffered in an accident.

Voluntary Life Insurance

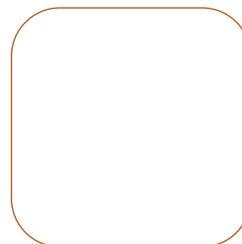
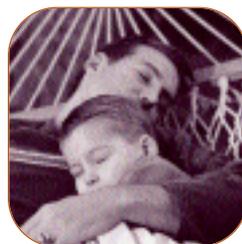
In addition, you may purchase voluntary life insurance coverage for you and your family. Optional life insurance is available in \$10,000 increments, up to a maximum benefit of five times your annual earnings, or \$500,000, whichever is less.

If you choose to purchase more than \$120,000 worth of coverage, you will be required to give MetLife satisfactory evidence of good health before the coverage over that amount will take effect. You pay the full cost of this coverage through after-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.)



Employee Assistance Program

The employee assistance program (EAP) provides confidential counseling through outside professionals to help you manage stress and resolve personal issues. The EAP, administered by Horizon Health, is provided by LACCD at no cost to you to help you with a variety of issues, such as:

- Emotional well-being
- Marriage and family issues
- Child/elder care referrals
- Stress/anxiety
- Grief counseling
- Depression
- Alcohol/drug abuse
- Workplace conflict
- Legal assistance
- Educational referrals
- Financial counseling

How It Works

For 24-hour EAP help, call
(800) 342-8111.

HOW TO ENROLL ON THE ESS PORTAL

Log on to the ESS Portal

- 1 From a computer connected to the District Intranet, launch your Internet browser.
- 2 Go to www.laccd.edu (home page), and click the Faculty & Staff Resources link at the top of the page, then click on the Intranet link on the lower left-hand side.
- 3 Enter your 9-digit User ID as follows:
 - a. If your employee number is 6 digits long, then your User ID is P00 (two zeros) + your employee number, **or**
 - b. If your employee number is 7 digits long, then your User ID is P0 (one zero) + your employee number.
- 4 Enter your portal password:
 - a. If you already have an SAP account, your password will be the same as your SAP password.
 - b. If you do not have an SAP account, you can create a password while you are at the portal, using this formula:
 - Your 2-digit birth month (e.g., June = 06) +
 - The first letter of your last name +
 - The last 4 digits of your Social Security number.

Note: If your password has expired in the last 60 days, you will need to follow the instructions above for first time users. You cannot use the first 7 characters of your old password.

Start Your Annual Enrollment

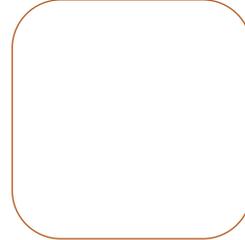
Once you're in the ESS portal, get started by clicking the **Start Your Annual Enrollment** button. You will be guided through a series of six steps.

At the end of the enrollment process, active full-time employees will have an opportunity to enroll in an FSA for 2011.

If You Do Not Have Intranet Access

If you do not have intranet access, you can get enrollment assistance at the following locations:

(Note: We recommend that a list of the enrollment assistance sites be included here.)



Meet Your LACCD Health Benefits Call Center

For questions about your benefits and help with enrollment, call the LACCD Health Benefits Call Center at (888) 428-2980 from 9:00 a.m. to 4:00 p.m., Monday through Friday.

Thinking about retirement? The LACCD Health Benefits Call Center is the place to call.

The Call Center staff is ready and willing to help! Here are your representatives:

Photo of Reps



**JOINT LABOR-MANAGEMENT
BENEFITS COMMITTEE**

770 Wilshire Boulevard
Los Angeles, CA 90017

1st Class PRSRT
U.S. Postage
PAID
San Dimas, CA
Permit No. 104



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