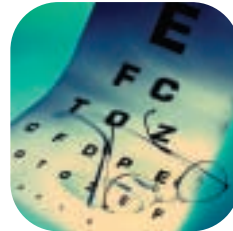


The LACCD Joint Labor/Management
Benefits Committee presents

Benefits

Highlights
Booklet



ACTIVE EMPLOYEES

Open Enrollment 2010
October 1 – October 31, 2009

IMPORTANT CONTACT INFORMATION

Medical Plan

CalPERS Health Benefit Program

(888) 225-7377

TTY (916) 795-3240

(for speech and hearing impaired)

www.calpers.ca.gov

Be sure to tell the call center representative that your health plan will be effective January 1, 2010.

Dental Plans

Delta Dental

P.O. Box 997330

Sacramento, CA 95899-7330

(800) 765-6003

www.deltadentalins.com

SafeGuard

P.O. Box 3594

Laguna Hills, CA 92654

(800) 880-1800

www.safeguard.net

(plan code SGC1028)

Vision Plan

VSP

P.O. Box 997100

Sacramento, CA 95899-7105

(800) 877-7195

www.vsp.com

Health Reimbursement Accounts (HRAs) and Flexible Spending Accounts (FSAs)

SHPS, Inc.

11405 Bluegrass Pkwy.

Louisville, KY 40299

(800) 678-6684

www.myshps.com

Employee Assistance Program (EAP)

Horizon Health

(800) 342-8111

www.horizoncarelink.com

login code: laccd

password: eap

Term Life and AD&D Insurance

LACCD

770 Wilshire Blvd.

Los Angeles, CA 90017

(213) 891-2200

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

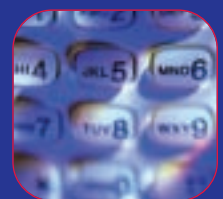
LACCD Health Benefits Call Center

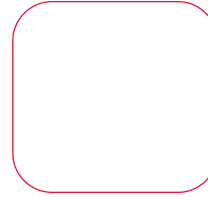
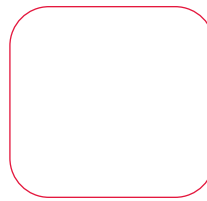
770 Wilshire Blvd., 6th Floor

Los Angeles, CA 90017

(888) 428-2980

www.laccd.edu/health





Your LACCD Benefits Program

The Los Angeles Community College District is proud to provide a generous and comprehensive package of benefits to help you take care of yourself and your family.

LACCD pays the full cost of CalPERS medical coverage (under the Access+ HMO, Kaiser Permanente HMO, or the PERS Choice PPO plan), as well as dental, vision, and EAP coverage for you and your eligible dependents. You also receive a District-paid health reimbursement account (HRA) and life and accidental death and dismemberment insurance. As a value-added benefit, you may buy additional life insurance coverage and/or enroll in a flexible spending account (FSA).

For more information about your District benefits—including eligibility information and a summary of your legal rights under the plans — please visit www.laccd.edu/health.

This summary describes the key features of the benefits available to active full-time employees and their eligible dependents. It is only intended to provide the highlights of your benefits; see your Evidence of Coverage or plan document for full details. If any conflict ever arises between this summary and the actual Evidence of Coverage or other plan document, the terms of the plan document will govern in all cases. LACCD reserves the right to change, modify, or terminate the benefit plans at any time. This summary is not a contract for purposes of employment or payment of benefits.

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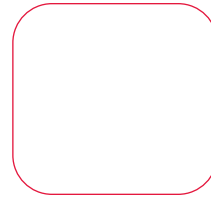
MEDICAL PLANS

Under the CalPERS Health Benefit Program, you can choose from the following Basic health plans:

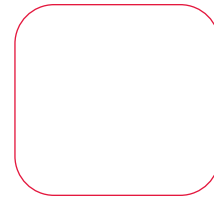
- Blue Shield Access+ HMO
- Kaiser Permanente HMO
- PERS Choice PPO
- PERSCare PPO

For more information about the CalPERS medical plans, go to www.laccd.edu/health or www.aft1521.org for links to two valuable CalPERS publications:

- **The Health Program Guide**, which provides a wealth of information about eligibility, plan service areas, and issues affecting members who are retiring or retired.
- **The Health Benefits Summary**, which provides detailed information about each plan's benefits.



DENTAL PLANS



LACCD offers you the choice of two dental plans:

- Delta Dental PPO dental plan
- SafeGuard HMO dental plan

Delta Dental PPO

Like a medical PPO, this plan gives you the option of going to any licensed provider you choose. If you go to a dentist who is a member of Delta Dental's PPO network, you can take advantage of the PPO provider's discounted rates and reduce your out-of-pocket costs. Whenever you need dental care, you have three options, as shown below.

- 1. Delta Dental PPO dentists** — PPO dentists are a select group of dentists within the Delta Dental network, and they have agreed to charge plan members significantly reduced rates.
- 2. Delta Dental Premier dentists** — These dentists belong to Delta Dental's extensive national network. Premier dentists accept Delta Dental's approved fee as payment in full, and your share of the cost (if any) will be based on the approved fee. This means they won't "balance bill" you for charges that Delta Dental doesn't cover.
- 3. Out-of-network dentists** — These dentists do not offer discounted rates to Delta Dental plan members. If you go to an out-of-network dentist, the plan will only pay benefits up to Delta Dental's approved fee. If your out-of-network dentist charges you more than the approved fee, you will have to pay the difference between that charge and the approved fee.



Let's Do the Math

Suppose you need a root canal, which the plan covers at 80%. Let's also assume that Delta Dental's approved fee for the root canal is \$500.* Here's an example of what you might pay for this service with each kind of dentist.

Delta Dental PPO Dentists. These dentists' fees have been set by Delta Dental, so their charge for this service is probably lower than the approved fee. Let's say your PPO dentist charges \$400 for a root canal.

- You would pay 20% of \$400, or \$80.

Delta Dental Premier Dentists. These dentists have agreed to accept Delta Dental's approved fee. This means they won't charge a Delta Dental member more than \$500 for this service, no matter what they might charge their non-Delta Dental patients.

- You would pay 20% of \$500, or \$100.

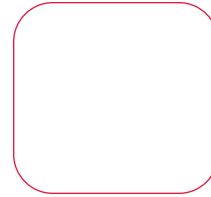
Out-of-Network Dentists. These dentists are not under contract with Delta Dental, so they are free to charge whatever they want. Let's say your out-of-network dentist charges \$700 for a root canal—Delta Dental's benefits will still be based on the approved fee of \$500. You will be responsible for the entire portion of the bill that exceeds Delta Dental's approved fee.

- You would pay 20% of \$500 (\$100), plus the \$200 above the approved fee, for a total of \$300.

As you can see, a Delta Dental dentist (either Delta Dental PPO or Delta Dental Premier) is always your best bet—but you can save the most by going to a Delta Dental PPO dentist. Also, there are no claim forms to fill out when you go to a Delta Dental dentist. If you go to an out-of-network dentist, your dentist may ask you to pay the entire cost up front, then submit a claim to Delta Dental to be reimbursed for the covered portion of your bill.

* The prices in this example do not reflect the actual costs for the procedure. Costs vary based on location and type of procedure performed. See your Evidence of Coverage for more information.

Remember, when you make an appointment with a Delta Dental dentist, be sure to ask if he or she is a Delta Dental PPO dentist — there is a difference!



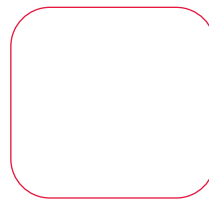
Safeguard HMO Plan

This plan provides services at little or no cost to you when you go to a dentist who is a member of the Safeguard HMO network. Similar to a medical HMO, the HMO dental plan requires you (and each of your enrolled dependents) to select a primary care dentist to coordinate your care. Out-of-network treatment is not an option.

The chart below shows the key benefits under your dental plans. Please refer to your Evidence of Coverage (available at www.laccd.edu/health) for complete information on the plan's benefits, limitations, and exclusions.

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	20%
Basic Services (includes fillings, extractions, root canals, oral surgery, and periodontic treatment)	No charge	20%
Prosthodontics (includes crowns, bridgework, and dentures)	No charge	20%
Orthodontia	Children under age 19: \$1,300 Adults: \$1,400	50% Lifetime maximum orthodontia benefit = \$2,000/person

VISION PLAN



LACCD offers vision coverage through Vision Service Plan (VSP), the nation's largest provider of eye care coverage.

Under the vision plan, you can choose between network and out-of-network providers. You will receive a higher level of benefits, and enjoy greater convenience, if you go to a provider in the VSP network. VSP contracts with thousands of doctors across the country, so you should have no problem finding a network provider near you. There are no claim forms to fill out when you go to a VSP network provider.

If you decide to go to an out-of-network provider, you will have to pay your entire bill up front, then file a claim with VSP. You will be reimbursed for your out-of-network services up to the allowances shown in the chart below.

Supplemental Computer VisionCare Benefits (formerly know as VDT)

LACCD offers supplemental vision care benefits for active employees who work on a computer. If you qualify for these benefits, you will receive a computer vision eye exam to detect vision-related problems that can occur due to computer use. A separate pair of computer glasses may also be prescribed, if necessary. Applications for the Computer VisionCare benefits are available at www.laccd.edu/health. The application must be signed by your supervisor. Your Computer VisionCare benefits will be effective the first of the month after LACCD receives your approved application. This benefit is available only through a VSP network provider.

	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		



In addition, VSP members can receive a number of lens options (such as scratch-resistant coating and an additional pair of glasses) at a discounted price when using a VSP network provider. VSP has also arranged for members to receive PRK, LASIK, and custom LASIK using wavefront technology through contracted laser centers. Discounts vary by location (but average 15%). Contact VSP for details.

*If the frame you choose costs more than the allowance, you will receive a 20% discount on your out-of-pocket costs.

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

HRA_s AND FSA_s

Health Reimbursement Accounts (HRAs)

To help you cover any increased out-of-pocket expenses under the new medical plans, the District will give each benefitted active employee a \$1,500 HRA — regardless of which plan you choose. The District funds your HRA; you are not allowed to contribute your own money.

You can use the money in your HRA to pay for all qualified health expenses, such as deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, contact lenses, and over-the-counter medications. You can also use your HRA money to pay for long-term care insurance.

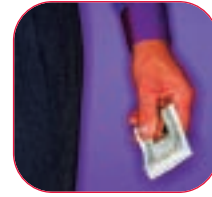
You will receive an HRA debit card from SHPS, our HRA administrator. This card will work like a regular debit card when you use it to pay for eligible health care expenses at a doctor's office, pharmacy, or other retail establishment. Be sure to keep your debit card receipts in case you need to show proof of your expenses to SHPS.

You will have access to the entire \$1,500 at the beginning of the calendar year. Any money left in your HRA at the end of the year will roll over to the next year. That money will be yours to use as an active or retired District employee.

How the HRA and Health Care FSA Work Together

Now that you have an HRA, your 2010 health care expenses will be reimbursed from your HRA before they are paid from your health care FSA. This means you must spend all of the money in your HRA before you can use your health care FSA money. Keep in mind that FSA funds must be spent on expenses incurred during that calendar year, or they will be forfeited—they do not roll over to the following year, the way HRA funds do.

Only enroll in a health care FSA if you are certain that next year's out-of-pocket health care expenses for you and your dependents will be more than \$1,500. If you do not spend all of your HRA money, you will lose the money in your health care FSA.



Flexible Spending Accounts (FSAs)

FSAs allow you to set aside some of your pay on a before-tax basis to pay for certain health care or dependent care expenses. As you incur eligible out-of-pocket expenses, you can reimburse yourself with money from your FSA.

Because FSAs can give you a significant tax advantage, they must be administered according to specific Internal Revenue Service rules.

- **You must spend the money you put aside on expenses incurred during the 2010 plan year.** You will forfeit any money in your FSA accounts that is not used to pay eligible expenses incurred between January 1 and December 31, 2010. You will have until March 31, 2011 to submit claims to SHPS.
- **Your FSA contributions will be in effect the entire plan year (January 1 – December 31).** You may only change your FSA contributions if you have a qualified life status change, such as marriage, divorce, or the birth of a child.
- **If you are currently enrolled in an FSA and wish to continue during the next plan year, you must re-enroll during open enrollment.**
- **If you contribute to a dependent care FSA, that FSA will not be affected by the HRA.**



How to Enroll in an FSA

After determining how much you want to set aside, you're ready to enroll on the SHPS Web site. There is no paper enrollment.

- 1 Go to www.myshps.com between October 1 and October 31, 2009.
- 2 Click on the *Participants/Members* link.
- 3 Enter your last name, Social Security Number, and password (your password will be your date of birth, in MMDDYYYY format, until you change it).

- 4 Follow the instructions for enrolling in the Los Angeles Community College District's FSAs.
- 5 Print a copy of your enrollment election or request to receive your confirmation via e-mail.

When you enroll using the ESS portal, you will have the option of connecting to the SHPS Web site after you have printed out your confirmation statement and clicked on *Finish*.

An Overview of the Flexible Spending Accounts

	Health Care FSA	Dependent Care FSA
How Much You Can Contribute Each Plan Year (January 1 - December 31)	Up to \$5,000	Up to \$5,000, depending on your marital and tax-filing status
Who Can Incur Eligible Expenses	Your FSA covers you, your legal spouse, and your dependent children – even if you do not cover them under any health care plans.	<ul style="list-style-type: none"> ■ Your children age 12 or younger who live with you as a claimed dependent on your federal income tax return ■ Anyone over age 12 whom you claim as a dependent on your federal tax return – including your spouse or elderly parent – who needs care due to a physical or mental disability
	You may not use your FSA to pay expenses incurred by your domestic partner (or your domestic partner's child) unless that person qualifies as a "tax dependent" under Internal Revenue Code Section 152. A person generally would qualify as a tax dependent if you provide more than 50% of that person's support; the person lives with you for the entire calendar year; the person is a U.S. citizen or resident; and the person's relationship with you does not violate any local laws. Consult your tax adviser regarding your domestic partner's tax status.	
Examples of Eligible Expenses A complete list of eligible expenses is provided in IRS Publications 502 and 503, available at www.irs.gov	Your share of medical, prescription, dental, and vision care expenses, such as: <ul style="list-style-type: none"> ■ Deductible, copayments, and coinsurance ■ Orthodontia ■ Prescription eyeglasses and sunglasses, contact lenses, and lens solution ■ Laser eye surgery ■ Nonprescription medications and drugs, such as pain relievers, antacids, and allergy and cold medicines 	Child day care or elder care so that you – and your spouse, if you are married – can work <ul style="list-style-type: none"> ■ Dependent care provided inside or outside your home ■ Care at licensed pre-school facilities, nursery schools, day camps (not overnight camps), or day care centers for dependent adults or children ■ Before- and after-school care ■ A portion of a housekeeper's services that includes providing care for your eligible dependent
Examples of Ineligible Expenses	<ul style="list-style-type: none"> ■ Services that are not medically necessary (like cosmetic surgery) ■ Nonprescription products used for general health (like vitamins, diet supplements, or toothpaste) ■ Expense that will be reimbursed by another source 	<ul style="list-style-type: none"> ■ Food, clothing, education (including kindergarten and higher grades) ■ Payments to your spouse, parent, or dependent child under age 19 ■ Care provided during nonworking hours
Reimbursement for Your Expenses	You can be reimbursed up to the full amount of the annual health care FSA contribution you elected – even if all of the money has not yet been deposited into your account.	You will be reimbursed up to the current account balance; future reimbursements are available as additional money is deposited to your account.
Claim Filing Deadline	March 31 for expenses you incur during the preceding plan year	

LIFE AND ACCIDENT INSURANCE

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.

Basic Life Insurance

If you die while covered under the basic life insurance plan, your beneficiary will receive your basic life insurance benefit of \$50,000.

Basic AD&D Insurance

This plan pays an additional benefit, equal to your basic life insurance amount (\$50,000), if you die as a result of a covered accident. Benefits are also payable if you suffer certain severe injuries in an accident, including loss of a limb, loss of sight, or paralysis.

Voluntary Life Insurance

Additional coverage for you. You may purchase optional life insurance in \$10,000 increments, up to a maximum benefit of five times your annual earnings or \$500,000, whichever is less. You may purchase up to \$120,000 worth of coverage without answering any medical questions. If you choose to purchase more than \$120,000 in voluntary life insurance, you will be required to give MetLife satisfactory evidence of good health before the coverage over that amount will become effective. You will pay the full cost of your voluntary life insurance 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. You will pay the full cost of your family members' coverage through after-tax payroll deductions.

- **Spouse/domestic partner.** You may purchase coverage 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. For children who are less than six months old, the benefit amount is \$100. A single premium is charged for child coverage regardless of how many children you have.

Designating a beneficiary. Your beneficiary is the person you name to receive benefits under these plans if you pass away. To be certain your loved ones are taken care of in the event of an unforeseen loss, it's important that you name a beneficiary when you enroll for benefits. Your beneficiary does not have to be your dependent; you may designate anyone you choose (including charitable organizations). Also, if you have a change in your family situation, such as marriage or divorce, don't forget to think about whether it affects who you want as your beneficiary.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyone needs help now and then. Whether it's a difficult situation affecting your home life or stress interfering with your work, the employee assistance program (EAP) is there for you and all members of your household 24 hours a day. The EAP is provided by LACCD at no cost to you and is administered by Horizon Health.

The EAP provides strictly confidential counseling through outside professionals to help you manage stress and resolve personal issues. The EAP can help you with:

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



Call the EAP at the number shown below whenever you need help. Your call will be handled confidentially by a professional counselor, who will either work with you over the phone or arrange an appointment for you to have an in-person session. The EAP will cover up to five free face-to-face counseling sessions for each issue per year.

For 24-Hour EAP Help, Call (800) 342-8111





Joint Labor/Management Benefits Committee

Dr. Susan Aminoff

Chair, JLMBC

Dr. Sue Carleo

*Management Representative
President, Los Angeles Valley College*

Velma J. Butler

*President
AFT College Staff Guild, Local 1521A*

Joaquin Flores

SEIU Local 99

Royston Thomas

Teamsters Local 911

Galen Bullock

SEIU Local 721

Ted Strinz

Building & Construction, Trade Council

Carolyn Widener

L.A. College Faculty Guild

District Resources to the JLMBC

Dawn Bastin

Director, LACCD Business Services

Katrelia C. Walker

Human Resources

Retiree Resources to the JLMBC

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Interim Chancellor

Dr. Adriana D. Barrera

Deputy Chancellor

Jeanette Gordon

Treasurer

Camille A. Goulet

General Counsel

OUR MISSION

The mission of the Joint Labor/Management Benefits Committee is to select and review the District's health benefit plans and providers to contain costs while maintaining the quality of the benefits available to employees. The cooperation between representatives of labor and management has resulted in the ability of our employees to enjoy an outstanding benefits program.