

# Welcome to **Open Enrollment** 2010



Open enrollment for active full-time employees and eligible part-time faculty will take place from October 1 through October 31, 2009.

Because LACCD is joining the CalPERS Health Benefit Program for 2010, **ALL EMPLOYEES MUST GO ONLINE AND ENROLL THIS YEAR!**

## Questions about your benefits?

Check out [www.laccd.edu/health](http://www.laccd.edu/health) 24 hours a day, or call the LACCD Health Benefits Call Center at (888) 428-2980 from 9:00 a.m. to 4:00 p.m., Monday through Friday.

You can also contact CalPERS directly at (888) 225-7377 or [www.calpersca.gov](http://www.calpersca.gov). *Be sure to tell the call center representative that your health plan will be effective on January 1, 2010.*

## What's New

**LACCD has made some important changes to your benefits for 2010. Here's everything you need to know to get ready for open enrollment.**

### New Medical Plans

LACCD will partner with CalPERS in 2010 to provide medical plan coverage to District employees and retirees. This move will help keep the District's health insurance program financially sound during hard economic times, while preserving what's best about our benefits. Your new medical plans are discussed on the following pages.

### Health Reimbursement Accounts (HRAs)

To help you with your out-of-pocket health care expenses, the District is giving active employees and early retirees fully funded HRAs. See page 3 for details.

*Your dental, vision, and life insurance benefits will not change. The District will continue to administer these plans.*

### Online Enrollment

All active employees and currently enrolled part-time faculty members must enroll during open enrollment to select new medical plan coverage. If you do not select coverage, you will be automatically enrolled in the CalPERS Blue Shield Access+ HMO plan.

You will enroll using LACCD's Employee Self-Service (ESS) portal. The ESS portal will be accessible only through the intranet (the District's internal network). You can get to the portal from your work computer, as long as it's connected to the intranet. If you don't use a computer as part of your job, see the back page for a list of campus locations where you can enroll using

computers connected to the District's intranet. You cannot access the portal from your home computer at this time.



# Your New Medical Plans

## CalPERS Plans

CalPERS offers its nearly 1.3 million members a broad selection of HMO and PPO medical plans. Your options are briefly discussed in this guide; you will find detailed information about the benefits program and plans in the CalPERS Health Program Guide and the CalPERS Health Benefits Summary, both available at [www.laccd.edu/health](http://www.laccd.edu/health) or [www.aft1521.org](http://www.aft1521.org).

**Active Employees.** The District will pay the full cost of the Access+ HMO, Kaiser Permanente HMO, or PERS Choice PPO coverage for you and your eligible dependents.

**Part-Time Faculty Members.** If you qualify for health benefits, the District will contribute to the cost of your medical coverage. You will pay your share of the premium through before-tax payroll deductions (the Premium Only Plan).

### Not All CalPERS Plans Are Right for All LACCD Employees!

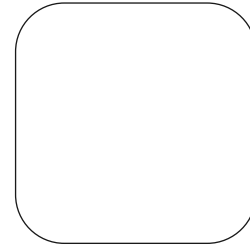
CalPERS requires us to offer all of their Basic medical plans. The three plans below are comparable to our current plans, making them a good choice for active employees.

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

**Other CalPERS Plans.** CalPERS offers two plans that require members to use a smaller provider network in exchange for lower premiums:

- › Blue Shield Net Value HMO
- › PERS Select PPO

These plans offer no advantage to active employees, since the plans the District pays for have the same benefits and a larger provider network. **But part-time faculty members, who contribute toward the cost of their coverage, might find the Blue Shield Net Value HMO or the PERS Select PPO to be the good options.**



CalPERS also offers the PERSCare PPO plan, which pays a higher level of benefits than the PERS Choice PPO plan. The PERSCare PPO is too expensive to be offered as a free plan option; if you wish to enroll in this plan, you will have to pay a portion of the premium. ***The PERSCare plan is not a good deal for District employees. For single coverage, your total 2010 premium cost would be \$3,835.68, which is far more than the plan could save you in out-of-pocket costs.***

## How the HMOs Work

A health maintenance organization (HMO) is a network of doctors and health care facilities that closely manage your medical care to control your out-of-pocket costs. There are no deductibles to pay and no claim forms to fill out. You'll make a small copayment for certain services, like routine visits to your doctor; other services, such as hospitalization, are covered at no charge to you.

**Blue Shield Access+ HMO.** If you enroll in the Blue Shield Access+ HMO plan, you (and each enrolled family member) will choose a Personal Physician who is part of the HMO provider network. Your Personal Physician will coordinate all of your health care. You may also self-refer to certain specialists for a higher copayment through the Access+*Specialist* option.

**Kaiser Permanente.** If you enroll in the Kaiser HMO, you must go to Kaiser health care facilities whenever you need medical care.

# Your New Medical Plans

## How the PPOs Work

A preferred provider organization (PPO) is a network of doctors and health care facilities that provide services to plan members at special discounted rates. The PERS Choice PPO uses the Anthem Blue Cross Prudent Buyer network, which is one of the largest medical networks in the state.

You can go directly to any doctor you like within the PPO network, including specialists. You do not have to select a personal physician, as you do with an HMO. You also have the option of going to a doctor or health care facility that does not belong to the PPO network, but your out-of-pocket expenses will be higher if you do.

**Inside the PPO Network.** When you go to a provider within the PPO network, your coinsurance is lower, and there is a limit on your annual out-of-pocket expenses. You will pay only a copayment for physician office visits and prescription drugs. There are no claim forms to fill out when you go to a network provider.

**Outside the PPO Network.** If you go to a doctor or health care facility that does not belong to the PPO network, your coinsurance will be higher, and there will be no limit on your out-of-pocket expenses. When you receive services from an out-of-network provider, the plan pays benefits based on what Anthem Blue Cross considers the “customary and reasonable” (C&R) charge for a particular service in your area. If your doctor charges more than the C&R amount covered by the plan, you will have to pay the difference. Also, if you go to an out-of-network provider, you will have to pay the provider directly for the full cost of your care. You will then submit a claim to Anthem Blue Cross to be reimbursed for the covered portion of your bill.

The key benefits under the different CalPERS plans are highlighted in the chart on pages 4-5. For more details, please see the CalPERS Health Benefit Summary and each plan’s Evidence of Coverage booklet.

## Glossary of Health Plan Terms

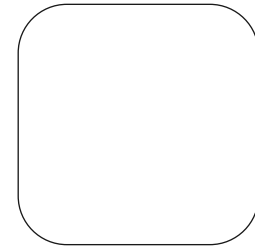
If you are currently enrolled in the Blue Shield PPO, you are no doubt familiar with these plan features — but they will be more important to you under the new PPOs.

**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.

**Maximum Calendar Year Copay** — 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 maximum calendar year copay.

The deductible and coinsurance do not apply to network physician office visits or prescription drugs. When you go to a PPO network doctor or fill your prescription at one of the plan’s participating pharmacies, you will pay a flat copayment and nothing else.



# CalPERS Basic Medical Plan Benefits



| Blue Shield Access+ HMO  |   |
|--|---|
| <b>Where You Go for Care</b>   | All care must be coordinated by your Personal Physician       |
| <b>Calendar Year Deductible</b>  | None  |
| <b>Maximum Calendar Year Copay</b>   | \$1,500/person; \$3,000/family                                |
| <b>Lifetime Maximum Benefit</b>  | Unlimited   |
| Covered Services   | What You Pay  |
| <b>Physician Office Visits</b>   | \$15 per visit  |
| <b>Preventive Care</b> (includes period health exams and well-woman exams) | No charge   |
| <b>Well-Baby Care</b>  | No charge   |
| <b>Maternity Care</b><br>(including pre-natal and post-natal care visits)  | No charge   |
| <b>Inpatient Hospital Services</b>   | No charge   |
| <b>Outpatient Surgery</b>  | \$15 per procedure  |
| <b>Emergency Room Services</b>   | \$50 per visit (waived if admitted directly to the hospital)  |
| <b>Physical, Occupational, or Speech Therapy</b>                           | \$15 per visit  |
| <b>Chiropractic Care</b>   | Not covered (alternate care discounts of 25% or more)         |
| <b>Acupuncture</b>   | Not covered (alternate care discounts of 25% or more)         |
| <b>Durable Medical Equipment</b>   | No charge   |
| <b>Hearing Aids</b>  | No charge   |
| <b>Home Health Care</b>  | No charge   |
| <b>Skilled Nursing Facility</b>  | No charge (up to 100 days per benefit period)                 |
| <b>Substance Abuse Treatment</b>   |   |
| • Inpatient Care   | Not covered   |
| • Outpatient care  | Not covered   |
| <b>Prescription Drugs</b>  |   |
| • Participating Network Pharmacy<br>(up to a 30-day supply)                | Generic: \$5<br>Brand formulary: \$15<br>Non-formulary: \$45  |
| • Mail-Order Drug Service<br>(up to a 90-day supply)                       | Generic: \$10<br>Brand formulary: \$25<br>Non-formulary: \$75 |

| <b>Kaiser Permanente HMO</b>   | <b>PERS Choice PPO</b>   |                                  | <b>PERSCare PPO</b>   |                                  |
|--|--|----------------------------------|---|----------------------------------|
|  | <b>PPO Network</b>   | <b>Out of Network</b>            | <b>PPO Network</b>  | <b>Out of Network</b>            |
| All care must be received at a Kaiser health care facility             | Any provider in the Anthem Blue Cross PPO network  | Any licensed provider you choose | Any provider in the Anthem Blue Cross PPO network                                       | Any licensed provider you choose |
| None   | \$500/person; \$1,000/family   |                                  | \$500/person; \$1,000/family  |                                  |
| \$1,500/person; \$3,000/family   | \$3,000/person<br>\$6,000/family   | N/A                              | \$2,000/person<br>\$4,000/family  | N/A                              |
| Unlimited  | \$2,000,000/person   |                                  | \$2,000,000/person  |                                  |
| <b>What You Pay</b>  |  |                                  |   |                                  |
| \$15 per visit   | \$20   | 40%                              | \$20  | 40%                              |
| No charge  | No charge  | 40%                              | No charge   | 40%                              |
| No charge  | No charge  | 40%                              | No charge   | 40%                              |
| No charge  |  |                                  |   |                                  |
| No charge  | 20%  | 40%                              | 10%   | 40%                              |
| \$15 per procedure   | 20%  | 40%                              | 10%   | 40%                              |
| \$50 per visit (waived if admitted directly to the hospital)           | \$50 per visit (waived if admitted directly to hospital)   |                                  | \$50 per visit (waived if admitted directly to hospital)                                |                                  |
| \$15 per visit   | 20%<br>(combined maximum benefit of \$3,500/calendar year for physical and occupational therapy) | 40%                              | 10%   | 20%                              |
| Not covered (discounts available up to 25% off)                        | 20%<br>(combined maximum benefit of 15 visits/calendar year for chiropractic and acupuncture)    | 40%                              | 10%   | 40%                              |
| \$15 (when medically necessary; discounts available up to 25% off)     | 20%<br>(combined maximum benefit of 15 visits/calendar year for chiropractic and acupuncture)    | 40%                              | 10%   | 40%                              |
| No charge  | 20%<br>(up to \$6,000 calendar year maximum)   | 40%                              | 10%<br>(pre-certification required for equipment priced at \$1,000 or more)             | 40%                              |
| \$1,000 allowance every 36 months for both ears                        | 20%<br>(\$1,000 allowance every 36 months for both ears)   |                                  | 20%<br>(\$1,000 allowance every 36 months for both ears)                                |                                  |
| No charge  | 20%<br>(up to \$6,000 calendar year maximum)   | 40%                              | 10%<br>(up to 100 visits/calendar year)   | 40%                              |
| No charge (up to 100 days per benefit period)                          | No charge  | No charge                        | No charge   | No charge                        |
| No charge  | 20%  | 40%                              | 10%   | 40%                              |
| \$15 per visit for individual therapy; \$5 per visit for group therapy | 20%  | 40%                              | 10%   | 40%                              |
| Generic: \$5<br>Brand formulary: \$15                                  | Generic: \$5<br>Brand formulary: \$15<br>Non-formulary: \$45                                     |                                  | Generic: \$5<br>Brand formulary: \$15<br>Non-formulary: \$45<br>(up to a 34-day supply) |                                  |
| Generic: \$10<br>Brand formulary: \$30<br>(up to a 100-day supply)     | Generic: \$10<br>Brand formulary: \$25<br>Non-formulary: \$75                                    |                                  | Generic: \$10<br>Brand formulary: \$25<br>Non-formulary: \$75                           |                                  |

# Health Reimbursement Accounts (HRAs)



## Your HRA

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 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.

**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.**

## Flexible Spending Accounts (FSAs)

The District offers two flexible spending accounts (FSAs), which allow active employees to pay certain health care and dependent care expenses with before-tax dollars.

- > **Health Care FSA.** You may put up to \$5,000 per calendar year in this FSA to cover eligible health care expenses for yourself and your dependents. *Since you will have a District-paid HRA to use for your health care expenses, you might not need to enroll in a health care FSA for 2010 (see below).*
- > **Dependent Care FSA.** You can use the dependent care FSA to pay for child day care or elder care if you — *and* your spouse, if you are married — are unable to take care of your dependent during work hours.

The health care and dependent care FSAs are completely separate accounts. You cannot use the money in your health care FSA to pay dependent care expenses, and vice versa. If you participate in a dependent care FSA, that FSA will not be affected by your HRA.

## 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. *That 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.



# How to Enroll on the ESS Portal

**REMEMBER, you must go online during open enrollment to select your health insurance coverage!**

## Logging in to the ESS Portal

- 1 From a computer connected to the District intranet, **launch your Internet browser**, such as Internet Explorer.
- 2 **Go to [www.laccd.edu](http://www.laccd.edu)**. Click on the Faculty & Staff Resources link at the top of the page, then click on the *Intranet (District Network Only)* link on the lower left-hand side.
- 3 **Enter your User ID**. Your User ID will have 9 digits.
  - > If your employee number is **6 digits long**, then your User ID is P00 [two zeros] + your employee number.
  - > If your employee number is **7 digits long**, then your User ID is P0 [one zero] + your employee number.
- 4 **Enter your password**.
  - > **If you already have an SAP account**, your password will be the same as your SAP password.
  - > **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 + the first initial of your last name + the last 4 digits of your Social Security number.  
  
**Example:** Jennifer Black was born in March, and her Social Security number ends with 6789. Her password would be: **03B6789**.

**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.

The ESS portal has a number of useful features to support active full-time employees throughout the year. For example, you can view your paycheck stubs and work schedule online.

## Navigating Through the ESS Portal

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:

- Step 1** gives you an overview of your current benefits. Please review this screen carefully to make sure everything is correct.
- Step 2** allows you to update your dependent information, if necessary.
- Step 3** allows you to change your health plan elections.
- Step 4** shows your current life insurance information and gives you the opportunity to purchase additional life insurance coverage. You must enter your beneficiary designations. Remember to review your designations carefully before exiting the portal.
- Step 5** lets you preview any changes you have made before submitting your elections.
- Step 6** confirms your benefit elections and completes the process. Remember to print a copy of your confirmation statement for your records.

At the end of the enrollment process, active full-time employees will have an opportunity to enroll in an FSA for 2010. ***Do not enroll in a health care FSA unless you are certain that you and your dependents will have more than \$1,500 in out-of-pocket health care expenses in 2010.***

If you have any difficulty accessing the portal, call your LAN Administrator for assistance.

# Open Enrollment Sites – October 1-31, 2009

**If you do not have access to the intranet from your work computer, come to one of the special enrollment sites listed to the right. Enrollment assistance will be available at each location.**

Please note that the online enrollment system will be unavailable on the following dates (due to payroll processing):

> **October 13**

> **October 28**

The portal will open later than usual on the following dates:

> **October 9**

Open from 10:00 a.m.

> **October 12**

Open from 10:00 a.m.

> **October 26**

Open from 11:00 a.m.

> **October 27**

Open from 11:00 a.m.

| Location          | Days and Hours  | Online Enrollment Site                          |
|-------------------|---|---|
| City College      | Monday–Friday 8:30 a.m.–5:30 p.m.                               | Teaching Learning Center, LRC                   |
| District Office   | Monday–Friday 9:00 a.m.–1:00 p.m.                               | Board Room                                      |
| East L.A. College | Monday–Thursday 9:30 a.m.–8:00 p.m.                             | Faculty Support Center                          |
| Harbor College    | Monday–Friday 9:00 a.m.–4:00 p.m.                               | Administration Building Room 209F               |
| Mission College   | Monday–Friday 9:00 a.m.–12:00 p.m. and 1:00 p.m.–4:00 p.m.      | Administration Services                         |
| Pierce College    | Monday–Friday 8:00 a.m.–4:30 p.m.                               | HR Building No. 1050 and Faculty Support Center |
| Southwest College | Monday–Friday 8:00 a.m.–8:00 p.m.                               | Star Room, 4th floor Cox Building               |
| Trade Tech        | Monday–Thursday 8:30 a.m.–6:30 p.m.<br>Friday 8:30 a.m.–1:00 pm | L265  |
| Valley College    | Dates and hours to be determined                                | Professional Development Center                 |
| West College      | Monday–Friday 8:00 a.m.–4:00 p.m.                               | Personnel Office                                |

