

The LACCD Joint Labor/Management  
Benefits Committee presents

# Benefits

Highlights  
Booklet



## PART-TIME FACULTY MEMBERS

Open Enrollment 2010  
October 1 – October 31, 2009



**You MUST re-enroll  
during the open  
enrollment period to  
participate in the LACCD  
health insurance plans!**

# 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](http://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](http://www.deltadentalins.com)

### SafeGuard

P.O. Box 3594

Laguna Hills, CA 92654

(800) 880-1800

[www.safeguard.net](http://www.safeguard.net)

(plan code SGC1028)

## Vision Plan

### VSP

P.O. Box 997100

Sacramento, CA 95899-7105

(800) 877-7195

[www.vsp.com](http://www.vsp.com)

## Employee Assistance Program (EAP)

### Horizon Health

(800) 342-8111

[www.horizoncarelink.com](http://www.horizoncarelink.com)

login code: laccd

password: eap

## Other Benefits & COBRA Information

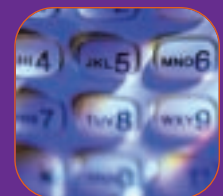
### LACCD Health Benefits Call Center

770 Wilshire Blvd., 6th Floor

Los Angeles, CA 90017

(888) 428-2980

[www.laccd.edu/health](http://www.laccd.edu/health)



This summary describes the key features of the benefits available to retirees and survivors. 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 payment of benefits.

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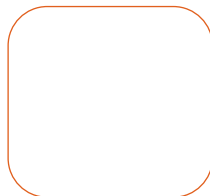
## LACCD's Part-Time Faculty Health Benefits Program

The Los Angeles Community College District is proud to make comprehensive medical, dental, vision, and EAP benefits available to eligible part-time faculty members.

Your eligibility for benefits depends on how many semesters you have taught for LACCD and how many hours you're scheduled to teach during the current semester.

You are eligible for benefit if you are assigned to teach a .33 (or higher) FTE load in the upcoming semester *and* you are not eligible for coverage under another group health insurance plan (through another employer or your spouse's employer). You must have completed a .2 FTE or higher part-time faculty position in the District during at least three of the previous eight consecutive Spring or Fall semesters.

The Access-Only Plan is no longer available. Part-time faculty members with a teaching load of less than a .33 FTE are not eligible for health benefits.



### 2010 Premium Rates

	Employee Only	Employee + 1	Family
<b>Medical Plans - Los Angeles</b>			
Blue Shield Access+ HMO	\$ 269.63	\$ 779.26	\$1,085.03
Blue Shield NetValue HMO	\$ 201.67	\$ 643.34	\$ 908.35
Kaiser Permanente HMO	\$ 255.80	\$ 751.61	\$1,049.09
PERS Choice PPO	\$ 302.89	\$ 845.78	\$ 1,171.52
PERS Select PPO	\$ 266.82	\$ 773.64	\$1,077.73
PERSCare PPO	\$ 686.46	\$ 1,612.92	\$2,168.80
<b>Medical Plans - Other Southern California</b>			
Blue Shield Access+ HMO	\$ 342.35	\$ 924.70	\$1,274.10
Blue Shield NetValue HMO	\$ 264.71	\$ 769.42	\$1,072.24
Kaiser Permanente HMO	\$ 305.99	\$ 851.98	\$ 1,179.56
PERS Choice PPO	\$ 327.40	\$ 894.79	\$1,235.23
PERS Select PPO	\$ 289.69	\$ 819.38	\$ 1,137.20
PERSCare PPO	\$ 728.27	\$1,696.54	\$2,277.49
<b>Dental Plans</b>			
Delta Dental PPO	\$ 57.91	\$ 115.86	\$ 163.26
SafeGuard HMO	\$ 23.95	\$ 45.49	\$ 57.46
<b>Vision Plan</b>			
Vision Service Plan	\$ 12.90	\$ 18.70	\$ 21.86

**NOTE:** The rates above are tenths, for 12 months of coverage. The medical plan rates reflect the District's 2010 medical plan contribution of \$200 per month (\$2,400 annually); the District does not contribute toward the dental or vision plan premiums.

### Paying for Your Coverage

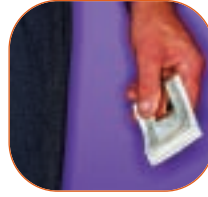
The District will contribute \$200 per month (\$2,400 annually) to the cost of your medical coverage. You will pay your share of the medical plan premium — as well as the full cost of any dental or vision coverage you elect — through automatic before-tax payroll deductions. Your payments will be deducted from your paycheck as follows:

Payroll Deductions	Period of Coverage
February 2010 – June 2010	March 1, 2010 – August 31, 2010
September 2010 – January 2011	September 1, 2010 – February 28, 2011

Your 2010 premium rates are shown on page 1. Please note that the rates are based on your ZIP Code. Generally, the Los Angeles premiums apply to Los Angeles, San Bernardino, and Ventura Counties; the other Southern California premiums apply to Riverside, Orange, San Diego, and Santa Barbara Counties. You may choose your health plan based on either your home or work ZIP Code. Contact CalPERS at (888) 225-7377 if you have any questions.

### Enrollment

You must enroll while you are eligible (Spring or Fall semester only) and have a current teaching assignment. Your coverage will become effective after your eligibility is verified. You will be notified of your effective date of coverage.



**Spring Semester.** Enrollment for Spring 2010 will take place from October 1 through October 31, 2009. Your coverage for the Spring semester begins in March and ends in August. Currently enrolled faculty members will see their plans and premiums change January 1 as the District enters the CalPERS Health Benefit Program.

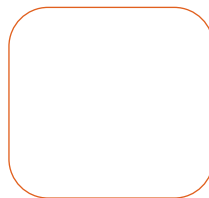
**Fall Semester.** Only newly eligible faculty members may enroll in the fall. The enrollment period begins mid-July and ends mid-August. Coverage for the Fall semester begins in September and ends in February.

You may cancel or change your coverage only at the start of each plan year on January 1, unless you have a “qualified life event” as defined by the IRS.

### Verifying Your Teaching Load

Your eligibility for health benefits is verified only through the District’s employee database. Before the start of each semester, the District will notify you by e-mail of your eligibility status. Please contact your campus Academic Affairs Office or SPOC (single point of contact) if you have any questions about your teaching assignment or FTE load.

**ALL part-time faculty members must re-enroll for benefits during each open enrollment period.**



# MEDICAL PLANS

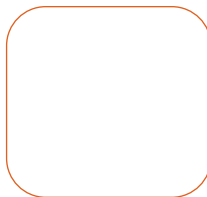
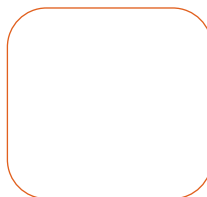
Under the CalPERS Health Benefit Program, you can choose from the following Basic health plans:

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

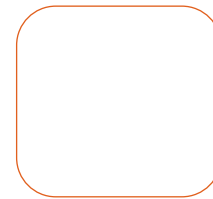


For more information about the CalPERS medical plans, go to [www.laccd.edu/health](http://www.laccd.edu/health) or [www.aft1521.org](http://www.aft1521.org) for links to two valuable CalPERS publications:

- **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.

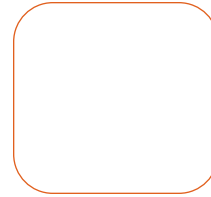
**Out-of-Network Dentists.** These dentists are not under contract with Delta Dental, so they are free to charge whatever they want. Let's say your out-of-network dentist charges \$700 for a root canal—Delta Dental's benefits will still be based on the approved fee of \$500. You will be responsible for 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](http://www.laccd.edu/health)) for complete information on the plan's benefits, limitations, and exclusions.



	SafeGuard HMO Dental Plan	Delta Dental PPO Plan
<b>Calendar Year Deductible</b>	None	None
<b>Calendar Year Maximum Benefit</b>	Unlimited	Your maximum benefit is based on how long you have worked for LACCD: <ul style="list-style-type: none"> <li>• Less than 5 years of service = \$1,000</li> <li>• 5 years of service, but less than 10 = \$1,500</li> <li>• 10 years of service, but less than 15 = \$2,000</li> <li>• 15 years of service, but less than 20 = \$2,500</li> <li>• 20 or more years of service = \$3,000</li> </ul>
<b>Covered Services</b>	<b>What You Pay</b>	
<b>Diagnostic &amp; Preventive Services</b> (includes oral exams and cleanings 4 times per year, X-rays, fluoride treatments, and space maintainers)	No charge for most services; \$45 copayment for third and fourth cleanings	20%
<b>Basic Services</b> (includes fillings, extractions, root canals, oral surgery, and periodontic treatment)	No charge	20%
<b>Prosthodontics</b> (includes crowns, bridgework, and dentures)	No charge	20%
<b>Orthodontia</b>	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.

	VSP Network Provider	Out-of-Network Provider
<b>Copayments</b> ▪ Office visits	\$10	None
<b>Examination</b>	Covered in full	Plan reimburses up to \$45
<b>Prescription Lenses</b> ▪ Single vision ▪ Lined bifocal ▪ Lined trifocal ▪ Lenticular	Covered in full, including anti-reflective coating	Plan reimburses up to \$45 Plan reimburses up to \$65 Plan reimburses up to \$85 Plan reimburses up to \$125
<b>Frame</b>	Covered in full up to \$120*	Plan reimburses up to \$47
<b>Contact Lenses (instead of glasses)**</b> ▪ Elective ▪ Medically necessary	Covered in full up to \$150 Covered in full	Plan reimburses up to \$150 Plan reimburses up to \$210
<b>Covered Services</b>	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 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.



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.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyone needs help now and then. If a difficult situation is affecting your quality of life, 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**





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### **Carolyn Widener**

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*Director, LACCD Business Services*

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*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.