

The LACCD Joint Labor/Management  
Benefits Committee presents



# Benefits



Highlights  
Booklet



RETIREES/SURVIVORS

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](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)

## Medicare Information

### Medicare

(800) 633-4227

[www.medicare.gov](http://www.medicare.gov)— see the publication *Medicare and You*

## Social Security Administration

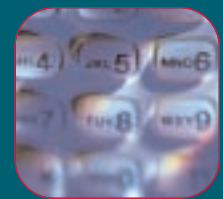
(800) 772-1213

[www.ssa.gov/pubs/10043.html](http://www.ssa.gov/pubs/10043.html)

## CalSTRS

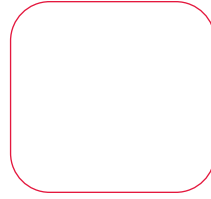
(800) 228-5453

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



## Table of Contents

Medical Plans.....	2
Dental Plans.....	4
Delta Dental PPO Plan .....	4
Safeguard HMO Plan .....	5
Vision Plan .....	6
Employee Assistance Program (EAP).....	6



## Your LACCD Health Benefits Program

The Los Angeles Community College District is proud to provide generous and comprehensive medical, dental, vision, and EAP benefits to eligible retirees, dependents, and survivors.

### Medicare Coverage

**LACCD's Board of Trustees requires all eligible retirees, dependents, and survivors age 65 or older to enroll in Medicare Parts A and B. Failure to do so will result in termination of your District-sponsored health benefits.**

- **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. You (and your Medicare-eligible dependents) must enroll in Part A if you are eligible for premium-free coverage (as determined by the Social Security Administration) or are eligible for coverage under a plan—such as the CalSTRS Medicare Premium Payment Program—that pays your Part A premium at no cost to you. (More information about this program is available from CalSTRS; see the contact information on the previous page.)
- **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. All Medicare-eligible retirees and dependents must enroll in Part B. You are responsible for paying your Part B monthly premiums.

### Medicare Part D

**You should NOT enroll in a Medicare Part D plan.**

You will get your prescription drug coverage through your CalPERS medical plan, so you do not need Medicare Part D coverage. If you enroll in Medicare Part D, LACCD will **not** contribute toward the monthly cost and also reserves the right to cancel your District-sponsored medical coverage. In addition, you may be required to reimburse the District for lost retiree drug subsidy payments from the federal government.

If you enroll in the Kaiser Senior Advantage medical plan, you will automatically be enrolled in Medicare Part D and assign your benefits to Kaiser. This enrollment will be done for you when you join the Kaiser plan, and you will **not** be required to pay the monthly premium. Do not sign up for a Medicare Part D plan on your own. Please note that if you decide to switch from the Kaiser plan to one of the Blue Shield plans, it will take up to 30 days for Medicare to disenroll you from Medicare Part D coverage.

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.



# MEDICAL PLANS

## How Your Medicare Eligibility Affects Your Choice of Plans

The CalPERS medical plans available to you depend on your age, your eligibility for Medicare, and where you live. If you are enrolling dependents, you must also consider their age, to make sure that you enroll in a plan that is appropriate for everyone.

Please pay careful attention to the scenario below that applies to you.

### If You Are an Early Retiree...

If you **are not eligible for Medicare**, you may enroll in any of the **Basic health plans** described in the CalPERS Health Benefit Summary — but we strongly recommend that early retirees choose one of these three plans:

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

### Why These Plans Are the Best Choice for Early Retirees.

Most public employees and retirees have to pay at least some of the cost of their coverage; therefore, CalPERS offers a selection of plans to fit different budgets. But several of these plans are not a good deal for you.

- Two of the plans you'll see in the CalPERS materials — the Blue Shield NetValue HMO and the PERS Select PPO — require members to choose from a smaller provider network in exchange for lower premiums. The District is covering the full cost of the Access+ HMO and PERS Choice PPO, which have the same benefits and a larger provider network, so there is no reason for you to enroll in a plan with a more restricted network.



- The PERSCare PPO is not offered as a free plan option for retirees who are not enrolled in Medicare. 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 retirees. 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.**

### If You Are a Medicare-Eligible Retiree...

If you **are eligible** for Medicare, you may enroll in any of the **Medicare health plans** described in the CalPERS Health Benefit Summary. These plans will work more closely with your Medicare coverage than your LACCD medical plans did.

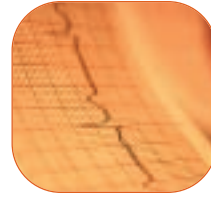
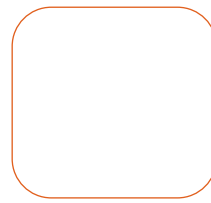
- If you enroll in one of the HMO plans, you will pay only the applicable copayments when you use the HMO's network of providers. All care must be coordinated by your primary care physician.
- If you enroll in one of the PPO Supplement to Medicare plans, your provider will bill Medicare for most services. If your providers participate in Medicare, the CalPERS health plan will pay most bills for Medicare-approved services. **If you go to a provider who does not accept Medicare payments, you will have to pay a larger portion of your health care bills. To minimize your out-of-pocket costs, be sure to ask your providers if they accept Medicare direct payment.**



### If Some of the People in Your Family Are Eligible for Medicare and Some Are Not...

All of the CalPERS Medicare health plans have Basic counterparts for people under age 65, and vice-versa.

- **If you are not eligible for Medicare but your dependent is,** he or she will be enrolled in the Medicare version of the plan you choose. For example, if you are not Medicare-eligible and choose the PERS Choice PPO plan, your spouse who is eligible for Medicare will be enrolled in the PERS Choice Supplement to Medicare Plan.
- **If you are eligible for Medicare but your dependents are not,** they will be enrolled in the non-Medicare version of the plan you choose. For example, if you are Medicare-eligible and choose the Kaiser Permanente Senior Advantage plan, your dependents who are not eligible for Medicare will be enrolled in the regular Kaiser Permanente HMO plan.
- Keep in mind that the HMO plans are not available in all locations, so if you have a dependent who does not live with you — for instance, a child attending college in another state — make sure that coverage is available in his or her area.
- If you elect the PERSCare Supplement to Medicare Plan, your dependents who are not Medicare-eligible will be enrolled in the Basic PERSCare PPO plan — and you will have to pay a portion of their premium. If you prefer a PPO plan and do not want to pay for your dependents' coverage, consider enrolling in the PERS Choice Supplement to Medicare Plan.



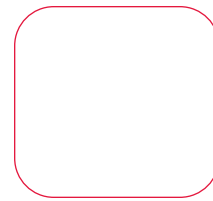
Under the CalPERS Health Benefit Program, you can choose from the following Basic health plans:

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

For more information about your medical plan options, see the CalPERS 2010 Health Program Guide and 2010 Health Benefits Summary.



# 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.

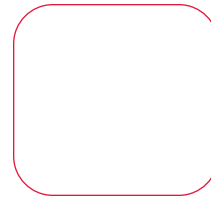
**Out-of-Network Dentists.** These dentists are not under contract with Delta Dental, so they are free to charge whatever they want. Let's say your out-of-network dentist charges \$700 for a root canal—Delta Dental's benefits will still be based on the approved fee of \$500. You will be responsible for 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, cleanings, X-rays, fluoride treatments, and space maintainers)	No charge	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>		
▪ Exam & prescription glasses	\$10	None
▪ Contact lenses	None	None
<b>Examination</b>	Covered in full	Plan reimburses up to \$45
<b>Prescription Lenses</b>		
▪ Single vision	Covered in full, including anti-reflective coating	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
<b>Frame</b>	Covered in full up to \$120*	Plan reimburses up to \$47
<b>Contact Lenses (instead of glasses)**</b>		
▪ Elective	Covered in full up to \$150	Plan reimburses up to \$150
▪ Medically necessary	Covered in full	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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*Management Representative  
President, Los Angeles Valley College*

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*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*

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*Director, LACCD Business Services*

#### **Katrelia C. Walker**

*Human Resources*

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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.