

Welcome to Annual Enrollment 2009



Annual enrollment for active full-time employees will take place from November 3 through November 26, 2008. This is your opportunity to make changes to your benefits or sign up for a flexible spending account (FSA) for the 2009 plan year.

Because of the changes to your dental plans, **ALL EMPLOYEES MUST GO ONLINE AND ENROLL THIS YEAR!** See "What's New" for details.

Online enrollment is easy... see the back page for instructions!

Questions about your benefits?

Check out 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.

What's New

LACCD has made some important changes to your benefits for 2009. Here's everything you need to know to get ready for annual enrollment.

Online Enrollment

Because of the changes to our dental plan options for 2009 (see below), **all employees must enroll** during annual enrollment to select your dental coverage and confirm all other benefits elections. If you do not select a dental plan, you will automatically be enrolled in the Safeguard HMO dental plan.

As you did last year, all active employees 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 page 2 for a list of enrollment sites where you can enroll using computers connected to the District's intranet. You cannot access the portal from your home computer at this time.

Enhanced Dental Plans

Many of you have told us you'd like to see some upgrades in your dental coverage, such as broader provider networks and more covered services. LACCD listened to what you said, and we are pleased to announce major improvements to our dental plan offerings for 2009:

- ▶ A new Delta Dental PPO plan will replace the Blue Cross Choice plan. Delta Dental is the largest and most experienced dental benefits carrier in the country, serving over 51 million people with a wide network of dentists.
- ▶ The Safeguard Dental HMO plan has been enhanced to provide you with more robust benefits—the plan now covers many restorative and prosthodontic services (such as dentures) at no cost to you.

Your New PPO Dental Plan. Under the Delta Dental PPO, you can visit any dentist you choose—but 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. Your benefits under the new Delta Dental plan will be largely the same as they were under the PPO level of the Blue Cross Choice plan. (continued on page 2)

Enhanced Dental Plans (continued from page 1)

Your New HMO Dental Plan. The Safeguard HMO dental plan has been redesigned to reduce your out-of-pocket costs by offering a number of dental services at no charge:

- › Crowns and pontics (the part of a bridge or denture that replaces the missing tooth) are covered in full—including porcelain.
- › Root canals are covered in full.
- › Dentures are covered in full.
- › Orthodontia for adults is now a covered benefit (for a \$1,400 copayment).

See page 5 for a side-by-side comparison of your new dental plan benefits.

New Medical Plan Copayments

While LACCD still offers very generous medical benefits, like many organizations, we are faced with the issue of increased health care costs. In order to keep the medical plans affordable—and to allow the District to continue to pay the full cost of your coverage—we have had to increase some of our copayments for 2009:

- › **Kaiser Permanente HMO** — The copayment for physician office visits will increase from \$5 to \$10 per visit; the copayment for emergency room visits will increase from \$5 to \$50 (waived if admitted to the hospital).

- › **Blue Shield Spectrum PPO** — The copayment for physician office visits will increase from \$10 to \$15. In addition, there will be a \$50 copayment for emergency room visits (waived if admitted to the hospital).

- › **Blue Shield HMO** — Coverage remains affordable with no changes to the plan.

Enhanced Kaiser Benefit

Kaiser will now cover durable medical equipment (DME) at 100%. DME is medical equipment that is prescribed by your doctor for use in the home, such as walkers, wheelchairs, and hospital beds. Blue Shield will continue to cover DME at 100%.

A Greener Annual Enrollment

Once again, LACCD is making an effort to reduce the amount of paper communications we produce for annual enrollment. We are also working with a printer that practices green printing and was awarded the coveted FSC certification by the Forest Stewardship Council.

All the plan information you need—including your 2009 benefits highlights booklet and a summary of your rights under the benefit plans—is available online at www.laccd.edu/health, where you can access it 24 hours a day.

Annual Enrollment Sites – November 3-26, 2008

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.

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

- › November 11
- › November 12
- › November 20
- › November 21
- › November 24

Campus	Dates and Time	Online Enrollment Site
City College	Mon.–Fri. 8:30 a.m.–5:30 p.m.	Teaching Learning Center, LRC
District Office	Mon.–Fri. 9:00 a.m.–1:00 p.m.	Health Benefits Call Center 6th Floor
East L.A. College	Open 7 days a week, 24 hours	Faculty Support Center
Harbor College	Mon.–Fri. 9:00 a.m.–2:30 p.m.	Administration Building
Mission College	Mon.–Fri. 10:00 a.m.–12:00 p.m. and 1:00 p.m.–3:00 p.m.	Administration Services
Pierce College	Mon.–Fri. 8:00 a.m.–4:30 p.m.	HR building No. 1050 and Faculty Support Center
Southwest College	Mon.–Fri. 8:00 a.m.–8:00 p.m.	Star Room, 4th floor Cox Building
Trade Tech	Mon.–Thurs. 8:30 a.m.–6:30 p.m. Friday 8:30 a.m.–1:00 pm	L265
Valley College	Mon.–Fri. 8:00 a.m.–8:00 p.m.	Computer Lab
West College	November 5, 13, 17, 25 9:00 a.m.–4:00 p.m.	B-6 Training Room

LACCD Medical Plan Benefits

Flexible Spending Accounts— the Before-Tax Advantage

FSA's help you save money by using tax-free dollars to pay for certain out-of-pocket health care and dependent care expenses. Add up what you spend each year for health care expenses that are not covered by the benefits program. Consider any special expenses you'll have in the year ahead, such as LASIK surgery or orthodontia. Then look at your predictable dependent care expenses. This is money you're going to spend anyway—think how much farther it will go if you don't have to pay taxes on it.

Remember, if you currently participate in an FSA, you must re-enroll to continue participating in 2009. If you're not already taking advantage of the tax savings available with a health care or dependent care FSA, consider enrolling now. For more information, go to www.myshps.com.



*These limits and benefit maximums do not apply to severe mental illness or serious emotional disturbances of children. Please see your Evidence of Coverage for more information.

**Out-of-network benefits will be based on Blue Shield's allowable amount; you will be responsible for any charges above the allowable amount.

This chart shows only the highlights of your benefits. Please see your Evidence of Coverage (available at www.laccd.edu/health) for complete information on each plan's benefits, limitations, and exclusions.

Kaiser Permanente HMO	
Kaiser Network Only	
Where You Go for Care	All care must be received at a Kaiser health care facility
Calendar Year Deductible	None
Calendar Copayment Maximum	\$1,500/person; \$3,000/family
Lifetime Maximum Benefit	Unlimited
Covered Services	What You Pay
Physician Office Visits	\$10 per visit
Preventive Care (includes routine physicals and well-woman exams)	\$10 per visit
Well-Child Care (includes routine exams and immunizations)	No copayment
Maternity (pre- and post-natal office visits)	No charge for pre-natal visits and first post-natal visit; \$10 copayment for subsequent post-natal visits
Inpatient Hospital Services	No copayment
Outpatient Surgery	\$10 per procedure
Emergency Room Services	\$50 per visit (waived if admitted directly to the hospital)
Physical, Occupational, or Speech Therapy	\$10 per visit
Chiropractic Care	Not covered
Acupuncture	Not covered
Durable Medical Equipment	No copayment
Hearing Aids	No copayment; limited to \$500 allowance every 36 months
Home Health Care	No copayment; limited to 100 2-hour visits per calendar year
Skilled Nursing Facility	No copayment; limited to 100 days per calendar year
Mental Health Services*	
• Inpatient Care	No copayment; limited to 45 days per calendar year
• Outpatient Care	\$10 copayment/private visit; \$5 copayment/group visit No limit on visits
Substance Abuse Services	
• Inpatient Care	No copayment for detoxification only; \$100 copayment per admission for transitional residential recovery services (up to 60 days per calendar year)
• Outpatient care	\$10 copayment/private visit; \$5 copayment/group visit No limit on visits
Prescription Drugs	
• Participating Network Pharmacy	Up to a 100-day supply Generic: \$5; Brand-name formulary: \$15
• Mail-Order Drug Service	Up to a 100-day supply Generic: \$5; Brand-name formulary: \$15

Blue Shield Access+ HMO	Blue Shield Spectrum PPO	
Blue Shield Network Only	PPO Network	Out of Network**
All care must be coordinated by your primary care physician	You may go to any provider in the Blue Shield PPO Network	You may go to any provider you choose
None	\$200/person; \$600/family	
\$500/person; \$1,500/family	None	\$1,000/person; \$3,000/family
Unlimited	\$6,000,000 per person	
What You Pay		
\$5 per visit	\$15 per visit	20% after deductible
No copayment	No copayment	20% after deductible
No copayment	No copayment	20% after deductible
No copayment	No copayment after deductible	20% after deductible
No copayment	No copayment after deductible	20% after deductible
No copayment	No copayment after deductible	20% after deductible
No copayment	\$50 per visit (waived if admitted directly to the hospital)	
\$5 per visit	No copayment after deductible	20% after deductible
\$10 per visit; limited to 30 visits per calendar year (combined with acupuncture)	No copayment after deductible	20% after deductible
	Benefit limited to 24 combined visits per calendar year	
\$10 per visit; limited to 30 visits per calendar year (combined with chiropractic care)	No copayment after deductible	20% after deductible
	Benefit limited to 24 combined visits per calendar year	
No copayment; benefit limited to \$2,000 per calendar year	No copayment	20% after deductible
	Benefit limited to \$2,000 per calendar year	
20%; benefit limited to \$2,000 every 24 months	20% after deductible; benefit limited to \$2,000 every 24 months	
\$5 per visit; limited to 100 visits per calendar year	No copayment after deductible (prior authorization required); benefit limited to 100 combined visits per calendar year	
No copayment; limited to 100 days per calendar year	No copayment after deductible	No copayment after deductible in a freestanding facility (prior authorization required)
	Benefit limited to 100 combined visits per calendar year	
No copayment	No copayment after deductible	20% after deductible
\$25 per visit for non-severe conditions; limited to 20 visits per calendar year (combined with outpatient substance abuse care) \$5 per visit for severe conditions; no limit on visits	\$25 per visit for non-severe conditions; \$10 per visit for severe conditions (no limit on visits)	20% after deductible; no limit on visits for severe conditions
	Benefit for outpatient non-severe mental health care limited to 20 visits per calendar year (combined with outpatient substance abuse visits)	
No copayment for detoxification only; \$50 per day for additional inpatient care and \$25 per day for partial hospitalization/day treatment (at a U.S. Behavior Health network facility)	Detoxification: no copayment after deductible; other inpatient care: 10% after deductible	20% after deductible
	Hospital benefit limited to 30 days per calendar year	
\$25 per visit; limited to 20 visits per calendar year (combined with non-severe mental health visits)	\$25 per visit	20% after deductible
	Benefit for outpatient substance abuse care limited to 20 visits per calendar year (combined with outpatient non-severe mental health visits)	
Up to a 30-day supply Generic: \$5; Brand-name formulary: \$15; Non-formulary: \$35; Home self-injectables: \$30	Up to a 30-day supply Generic: \$5; Brand-name formulary: \$15; Non-formulary: \$35; Home self-injectables: \$30	Regular copayment plus 25% of the reasonable charge (as determined by Blue Shield) and any amounts exceeding the reasonable charge
Up to a 90-day supply Generic: \$5; Brand-name formulary: \$15; Non-formulary: \$35	Up to a 90-day supply Generic: \$5; Brand-name formulary: \$15; Non-formulary: \$35	Not covered

LACCD Dental Plan Benefits

Delta Dental PPO Plan

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. *Delta Dental PPO dentists are your best value!*
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 their cost and the approved fee.

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.



An Important Note about the Dental Plan Changes...

Beginning January 1, 2009, you will no longer have the option of switching back and forth between the PPO and HMO dental plans. Whichever dental plan you elect during annual enrollment will be your dental plan for the entire year.

	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: • 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

How to Enroll on the ESS Portal

Remember, you must go online during annual enrollment to select your dental coverage and confirm all other benefits elections!

Logging In

1. From a computer connected to the District intranet, **launch your Internet browser**, such as Internet Explorer.
2. **Go to 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're 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**.

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

Navigating Through the 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 you 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 out a copy of your confirmation statement for your records.

At the end of the enrollment process, you will have an opportunity to enroll in an FSA for 2009.

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

