Los Angeles Community College District



FALL 2015

Attend a Health and Wellness Benefits Fair or CalPERS Webinar

LACCD will host Health and Wellness Benefit fairs to present information on the benefit plans for employees at the times and locations listed below.

Benefits Fairs:

- » Friday, September 18th
 12:00 p.m. 2:00 p.m.
 L.A. City College Student Union
- Thursday, September 24th
 12:00 p.m. 2:00 p.m.
 L.A. Valley College Monarch Hall
- Tuesday, September 29th 12:00 p.m. – 2:00 p.m.South West College

2016 CalPERS Webinar

The 2016 Webinar on Health Plan Design, Rate, and Benefit Changes for plan year 2016 will be available to view online anytime in early September. Members may go to www.calpers.ca.gov and select the "Watch Videos and Web Events" shortcut. Next, select "Videos", then "Health Benefits" to find Presenting the 2016 CalPERS Health Plans

ACTIVE EMPLOYEES HEALTH BENEFITS BULLETIN

Learn, Decide, Act

LACCD OPEN ENROLLMENT: SEPT. 14 — OCT. 9, 2015

The time to reconsider your benefit choices and enroll for next year is fast approaching. Be sure to follow these steps to ensure you make informed enrollment decisions.

Learn

- » Start by carefully reviewing this newsletter.
- » For more detailed information on your District benefits, visit: <u>WWW.LACCD.</u> <u>EDU</u>, then click on "Faculty and Staff" tab at the top of the page.
- » Once the Faculty and Staff page comes up, on the left hand side of the page, click, "Health Benefits".
- » The web site is available 24 hours a day. Be sure to click on your eligible group (retirees) in order to learn about the plans that apply to you.
- » If you have coverage questions, we encourage you to call your plan's Member Services (see contact information on page 7).

Decide

- » The CalPERS (medical only) open enrollment packet was sent in late August to all retirees. If you make changes to your medical plans, please email us at do-sap-benefits-health@email.laccd.edu or mail us at 770 Wilshire Blvd. 6th Floor, Los Angeles, CA 90017.
- » Review on the LACCD website your choices for dental plans and what is covered on vision. For questions call the Health Benefits Unit at 1-888-428-2980 or email the HBU at do-sap-benefits-health@ email.laccd.edu, or mail us at 770 Wilshire Blvd. 6th Floor, Los Angeles, CA 90017.

Act

» Enroll for dental or vision from September 14 through October 9, 2016 using the 2016 enrollment form (see page 7).

What do I need to do?

FULL-TIME ACTIVE EMPLOYEES — Log onto the Open Enrollment Portal, instructions on page 6, If you would like to change or update your benefit elections, participate in a Flexible Spending Account, update your dependent information, life insurance beneficiaries, or change your home address or mailing address.



CalPERS MEDICAL PLAN CHOICES

The Los Angeles Community College District provides a generous and comprehensive benefits package to help you care for yourself and for your family. Medical care coverage is offered under the CalPERS health plans. Active employees and retirees under age 65 may choose from the medical choices listed below.

Your HMO Choices

The following HMO choices are available:

- » Anthem HMO Select
- » Anthem HMO Traditional
- » Blue Shield Access+ HMO Blue Shield Net Value
- » Health Net Salud y Mas
- » Health Net SmartCare
- » Kaiser HMO
- » UnitedHealthcare
- » Blue Shield NetValue HMO, which offers the same benefits as the Blue Shield Access + HMO but requires members to use providers in a smaller network of medical groups.

Your PPO Choices

- » PERS Choice
- » PERS Select
- » PERSCare (Note: The cost of this coverage for full-time actives is not fully paid by the District.)

Important Consideration for PPO Plans: The PPO choices differ from each other mainly in their deductible, coinsurance percentage, out-of-pocket maximum and, in some cases, provider networks. (See the glossary on page 3 for a brief definition of these terms.) To find a plan physician or hospital, visit www.calpers.gov and go to "Health Benefit Summary" link on lower right side of main page.

- » If you're an active employee or a retiree under age 65, the District will pay the full cost of HMO or PERS Choice PPO coverage for you and your eligible dependents.
- The premium for the PERSCare plan is higher and LACCD does not pay all the premium and the premium is higher than last year. For example, a single person will pay approximately an additional \$109.82 per month for the 90/10 plan.

IMPORTANT INFORMATION FOR 2016

- » Reference pricing is ONLY for Anthem Blue Cross PPO plans. This allows retirees to be savvy consumers to compare out-of-pocket costs for many services (urgent but elective surgeries as an example). Since our basic PPO plans for retirees under age 65 require a co-insurance amount of 20% for each service, it is important to shop for not only good surgeons, but hospitals with more reasonable costs.
- » There is a new website where Anthem Blue Cross PPO consumers can sign up for CalPERS | Compare which will allow you to explore reference pricing on line. Please register at: www.calperscompare.com and click on the "Get Started Now" button on the upper right corner.

Just a reminder, at this time, the only retirees that are eligible for CalPERS | Compare are those that are still on the Anthem Blue Cross basic PPO plan. (Medicare and HMO are not currently eligible).

MOOP: the Maximum Out of Pocket (MOOP) applies to medical plans and integrated dental and vision plans. LACCD does not provide integrated dental and vision plans (we purchase separate dental through Delta and Safeguard) and separate vision plan (VSP Discount plan), therefore the MOOP will only apply to the CalPERS PEMHCA Medical plans and related pharmacy.

Note: Kaiser medical plan through CalPERS PEMHCA, provides a limited vision benefit, and the Kaiser vision benefit is integrated within the Kaiser Medical Plan, and therefore MOOP will apply to Kaiser medical and vision benefits, along with the Kaiser pharmacy benefits, under the Kaiser Medical Plan Maximum out of Pocket – under CalPERS plans there are MOOPS for medical and separate for pharmacy.

For 2015 – to include all deductibles, copayments, and co-insurance

The MOOP: for individual is \$4,600; for Family is \$9,200 for all medical

The MOOP: for individual is \$2,000; for Family is \$4,000 for pharmacy

The combined MOOP (medical and pharmacy) for Individual is \$6,600; and for Family it is \$13,200

MOOP are annual maximums, and apply during the plan year (January 1, 2015 through December 31, 2015).

FYI: The Departments of Health and Human Services (HHS), Labor (DOL) and Treasury through the Internal Revenue Service (IRS) are tasked with adjustments to the ACA and MOOP. The LACCD awaits any new developments, guidance, and regulatory announcements regarding any potential changes to the Maximum Out of Pocket in 2016 and beyond.

HEALTH CARE REFORM UPDATE

The District is in compliance with the Health Care Reform Affordable Care Act (HCR/ACA) and continues to provide you with affordable and comprehensive coverage to meet your health care needs. As a retiree, you do not need to do anything relating to HCR/ACA, and you are not responsible for purchasing additional coverage through Covered California, the state's insurance exchange.

The Health Care Reform Affordable Care Act (HCR/ACA) was signed into law by President Obama on March 23, 2010. The law required several provisions to be implemented including:

- » Essential health benefits, such as preventive care and immunizations
- » No annual limits on essential health benefits
- » Dependent children may be covered for health, vision and dental benefits until age 26.
- » Individual mandates that require most Americans to have health insurance or pay a penalty
- » New Health Insurance Marketplace (Covered California)

NOTE: Covered California does not apply to Medicare-eligible retirees.

YOUR DENTAL PLAN CHOICES

LACCD offers two dental plans: Delta Dental PPO and SafeGuard HMO.

» Delta Dental PPO dental plan gives you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental's PPO network, you have access to the PPO provider's discounted rates and reduce your out-of-pocket costs. Maximum allowances are based upon the number of years served. (Adjuncts have a maximum of \$1,000 regardless of number of semesters/ years of work):

• Less than 5 years	\$1,000
• 5 plus, but less than 10 years	\$1,500
• 10 plus, but less than 15 years	\$2,000
• 15 plus, but less than 20 years	\$2,500
• 20 or more years	\$3,000

» SafeGuard HMO dentists provide services at little or no cost when you go to a dentist who is a SafeGuard HMO network member. The plan requires all enrolled dependents to select a primary care dentist to coordinate your care. Unlike the Delta Dental PPO, you cannot select out-of-network dentists.



A CLOSE LOOK AT YOUR VISION PLAN:

including Hearing program

LACCD offers vision coverage through VSP Vision Care (VSP), the nation's largest provider of eye care coverage. You can choose between VSP preferred providers and out-of-network providers, but keep in mind when you use VSP preferred providers, you can choose from thousands of doctors across the country and receive higher level of benefits. Also, when you go to a VSP provider, you have the added convenience of a lower payment at the time of service and no claim forms to fill out.

You can find a VSP provider by going to www.vsp.com or by calling (800) 877-7195. Your provider will be able to access your membership information and bill you accordingly.

VSP also now offers all LACCD retirees and their covered dependents free access (a \$108 value) to the hearing option, TruHearing MemberPlus Program, so you can enjoy big discounts on some of the most popular digital hearing aids on the market. Your medical plans may also offer coverage—please check your coverage there too to maximize your savings.

DEPENDENT ELIGIBILITY VERIFICATION

We know health care coverage is important to you and your family. To help control costs, CalPERS recently completed its Dependent Eligibility Verification project. The District has submitted verification documentation as required by CalPERS. CalPERS has directed all employers in the medical program to continue to require verification documentation from its covered employees and retirees.

In the event that you need to modify or alter any coverage, you will be requested to supply appropriate documentation to CalPERS and to the District, which consists of the following:

Supporting Documentation – Dependent Verification

The following list will help you identify the required documents for each eligible dependent.

Current spouse

A copy of your marriage certificate and social security card AND one of the following:

- 1. A copy of the front page of your 2014 federal or state tax return confirming this dependent is your spouse OR
- A document dated within the last 60 days showing current relationship status, such as a recurring household bill or statement of account.

The document must list your name, your spouse's name, the date and your mailing address.

Current registered domestic partner

A copy of your Declaration of Domestic Partnership and social security card AND one of the following:

- 1. A copy of the front page of your 2014 state tax return OR
- A document dated within the last 60 days showing current relationship status, such as a recurring household bill or statement of account.

The document must list your name, your partner's name, the date and your mailing address.

Natural, adopted, step or domestic partner's children up to age 26

- A copy of the child's birth certificate (or hospital birth record) or adoption certificate naming you or your spouse as the child's parent and social security card OR
- A copy of the court order naming you or your spouse as the child's legal guardian and social security card.

Note: For a stepchild, you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.

Children up to age 26, if the employer has certified that the employee has assumed a parent-child relationship* and is the primary care parent

- A copy of the front page of your 2014 federal or state tax return confirming this dependent and social security card OR
- A copy of the court order naming you or your spouse as the child's legal guardian and social security card OR
- Day care receipts or school records which indicate the child resides at your current mailing address and social security card.
- * A parent-child relationship is establishing a relationship with a child who is not your natural born, adopted, or step child. This is commonly done through legal guardianship or a foster relationship. Once the child has been in your care for a year—one tax cycle—you must provide tax forms to demonstrate financial relationship. Foster children are not eligible in their first year with you due to being eligible for other state funded coverage. However, after a tax-noted relationship has been confirmed, you may add your foster child during the next enrollment period.

Please Note: There is a separate and concurrent on-going annual process of re-certification of the parent-child relationship for any individual acting in lieu of the natural or adopted parent. CalPERS will alert you before the one-year anniversary that coverage must be re-certified with the Parent-Child Relationship.

HOW THE HRA AND FSA WORK TOGETHER

When you have eligible expenses, you must use your HRA before any money can be withdrawn from your FSA. So, if you want to use both accounts, here's what you need to do:

- 1. Estimate your annual expenses.
- 2. If you expect to spend less than your HRA balance (\$1,500 + your prior years' balance), do not contribute to your Health Care FSA.
- 3. If you expect to spend more than your HRA balance, then it's a good idea to contribute to your FSA.
- Use your debit card to pay for eligible expenses. Once your accumulated HRA balance is exhausted, accumulated funds will be withdrawn from your Health Care FSA.

If you plan carefully, the two accounts are easy to use together and you can drastically reduce your out-of-pocket health care costs!





Health Reimbursement Account (HRA)

An HRA is a benefit plan that reimburses eligible active employees for qualified out-of-pocket expenses with tax-free dollars. Money in your HRA can be used to pay for qualified health expenses (deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, and contact lenses). You can also use your HRA to pay for long-term care insurance. Unused balances may be carried over from year to year up to IRS limits. From January 1,2010 through Dec 31, 2016 the District added \$1,500 to your HRA each year. Any continuation of new HRA beyond December 31, 2016 is unknown, but is under discussion.

You will receive an HRA card that works much like a debit card except all expenses must be validated after swiping. You use the card to pay for eligible health care expenses at the doctor's office, pharmacy, or other retail establishments, including dental and vision. (The debit card draws from your health care FSA automatically once the HRA is used up.) The HRA is funded entirely with employer contributions. This means the District funds your HRA and you are not allowed to contribute your own money.

Flexible Spending Accounts (FSA)

A Flexible Spending Account is a benefit plan that allows eligible employees to withhold funds from their payroll before taxes are deducted. These funds are deducted on a tenthly basis. The benefit of an FSA is that you can set funds aside on a pre-tax basis, which saves you money on eligible expenses.

There are two types of FSAs: a Health Care Account and a Dependent Care Account. Both accounts function separately.

» Health Care FSA, with a \$2,500 contribution maximum, allows you to pay for the same types of expenses that you use your HRA to pay (such as deductibles, coinsurance, copayments, orthodontia, prescription eyeglasses and sunglasses, and contact lenses). Dependent Care FSA, with a \$5,000 contribution maximum, is used to pay for child-care or care of an adult who has been declared disabled. Expenses must be necessary to allow the eligible employee to work (e.g. a single parent who pays for day care or a babysitter or spouse who must pay for adult day care).

An eligible employee can choose both the Health Care FSA and Dependent Care FSA if needed. You can learn more about Health Care and Dependent Care FSAs, as well as eligible expenses at www.laccd.edu.

LACCD has amended its health FSA plan to allow the rollover of \$500 in unused contributions at the end of the calendar year (2015) into a new plan year (2016). The \$500 rollover amount does not affect a participant's maximum election for the new year (2016), meaning that you may elect to contribute the full amount allowed by LACCD into your health FSA account, in addition to the amount you roll over from the prior year.. Also, if you do not choose to reenroll in the Health FSA for the next plan year but you have an unused balance in your Health FSA at the end of the calendar year, the amount left over not to exceed \$500 will automatically be carried over to the next plan year. You will be able to use these funds for eligible expenses in the new plan year without having to make payroll contributions into the Health FSA account.

In order to qualify for the rollover feature of the health FSA plan, a participant must be actively employed through the last day of the health FSA plan year (12/31/2015).

Please remember that health FSA plans have a "use it or lose it" feature where balances in the health FSA account at the end of a plan year will be forfeited if they are not used. The forfeiture provision will still apply to amounts remaining in the health FSA account at the end of the plan year that exceed \$500. For additional information on the Health FSA plan and the rollover feature please refer to the Health Benefits web page: www.laccd.edu, click on "Faculty and Staff" on the top tab; then on the left, click on "Health Benefits". Once on the 'Health Benefits" page, click on "Active Employee", then click on "FSA"."

YOUR OTHER INSURANCE BENEFITS

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. Here is your basic employee coverage:

- » Basic life insurance If you die while covered by the plan, your beneficiary will receive a basic life insurance benefit of \$50,000.
- » Basic AD&D insurance If you die as a result of a covered accident, your beneficiary will receive an additional \$50,000. Benefits are also payable for certain severe injuries suffered in an accident.

Voluntary Life Insurance

In addition, you may purchase voluntary life insurance coverage for you and your family. Optional life insurance is available in \$10,000 increments, up to a maximum benefit of five times your annual earnings, or \$500,000, whichever is less. After your initial eligibility, if you enroll for the first time or choose to increase your coverage, you will be required to give satisfactory evidence of good health before the coverage over that amount will take effect. You pay the full cost of this 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.

- » Spouse/domestic partner Coverage is available 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. (The benefit amount is \$100 for children less than six months old.)



Transamerica—Whole Life with Long Term Care

The Transamerica whole life insurance benefit provides you with additional coverage during prime working years, but more importantly, it's coverage that can follow you into retirement. This multifaceted benefit plan accumulates cash value, includes a terminal illness benefit, and a long term care benefit. You can borrow from the cash value or use it to elect a reduced paid-up policy with no more premiums due. This is a one time opportunity to sign up with no physical exam or medical questions answered, for employees up to \$100,000 and spouses up to a maximum of \$15,000. Benefit counselors will advise you on-line during open enrollment. More information on how to sign up is coming soon.

PET ASSURE

Pet Assure is the nation's largest Veterinary Discount Plan. For \$8 a month, you will save on all in-house medical services—including office visits, shots, X-rays, surgical procedures and dental care. Pet Assure covers every type of pet with absolutely no exclusions

or medical underwriting. There are no claim forms, deductibles or waiting for reimbursements. Members enjoy unlimited discount usage.

- » Veterinary Care: 25% savings on all medical services at participating veterinarians
- » Retail Savings: 5% to 35% savings on pet products and supplies
- » Service Savings: 10% to 35% savings on pet services such as boarding, grooming and training.
- » PALS: A unique and highly successful 24/7/365 lost pet recovery service

How to Enroll in Pet Assure

Go to www.petassure.com

- » Check online to see if your veterinary is in their discount network
 - Go to SAP ESS Portal and enroll

Glossary of Health Plan Terms

80/20 and **90/10** plans — This is the ratio that the insurance will pay for your PPO coinsurance costs. As an example, if your minor surgery costs an allowable fee of \$1000, on a PERSChoice and PERSSelect plan the insurance company will pay \$800 and you will pay \$200 (80/20); on the PERSCare plan, the insurance company will pay \$900 and you will pay \$100 (90/10).

Deductible — This is the amount you must pay each calendar year before the plan will pay benefits. The plan will pay those benefits subject to a deductible.

Coinsurance — This is the percentage of your covered medical expenses you pay after meeting your deductible.

Copayment — This is a flat dollar amount you pay for medical services, such as the payment you make for a doctor's office visit.

Maximum-Out-of-Pocket (MOOP) — 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 out-of-pocket maximum.

Explanation of Benefits— An Explanation of Benefits (EOB) lists the service charges on a health care claim, how much your plan pays for and how much you must pay.

- When you go to see a PPO network doctor or have a prescription filled at one of the plan's participating pharmacies, you will pay a flat copayment and nothing else. If you visit a non-network doctor your costs will be higher (you pay deductible plus coinsurance instead of the flat copayment).
- Your coinsurance and out-of-pocket costs are lower when you go to PPO network providers.

HIPAA (Health Insurance Portability and Accountability Act) — This is the Federal Privacy law that gives you rights over your health information and sets rules and limits on who looks at and receives your health information.



HOW TO ENROLL ON THE SAP ESS PORTAL

Log on to the SAP ESS Portal

- 1. From a computer connected to the District Intranet, launch your Internet browser.
- 2. Go to www.laccd.edu (home page), and click 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 and click on the SAP ESS Portal (NEW) link on the top right side.
- 3. Enter your User ID. The SAP ESS User ID has been changed to a name-based account that uses the local part of your email address. For example, if your email is Smithj@email.laccd.edu, Smithj, which is the local part of your email address, is your SAP ESS User ID.
- 4. Enter your portal password:
- a. If you already have an SAP ESS Portal account, your password will be the same as your SAP ESS password.
- b. If you have an SAP ESS Portal account, you can use a temporary password to access the system using this formula:
- » Your 2-digit birth month (e.g., June = 06) +
- » The first letter of your last name +
- » The last 4 digits of your Social Security number.

Note: Because the District SAP ESS system changes passwords by AUTOMATICALLY expiring them every 60 days, you will need to follow the instructions indicated above in #4b.

Start Your Annual Enrollment

Once you're in the SAP ESS Portal, get started by clicking the Start Your Annual Enrollment button. You will be guided through a series of six steps.

At the end of the enrollment process, active full-time employees will have an opportunity to enroll in an FSA for 2016.

WELLNESS, BETTER THAN EVER!

Your Health Matters!

Your Joint Labor-Management Benefits Committee (JLMBC) has formed a Wellness Taskforce to develop a strategic plan, and identify and recommend a series of wellness programs and/or pilots that will (1) promote health awareness and prevention to all District employees at each worksite and (2) educate, encourage and help support the LACCD employee population prevent or reverse acute or chronic illnesses and diseases through proper nutrition, daily exercise and behavior modification resources.

The taskforce met during the summer months to frame a comprehensive and holistic approach toward advancing the Board of Trustees' and Wellness Coalition's commitment to wellness. Drawing upon the expertise of its members and from the experiences and efforts of the Chairperson of the LACCD Coalition for Wellness (Velma Butler), the Total Wellness Program Coordinator and Risk Manager of the Division of Human Resources, and the District's Health Benefits Wellness Consultant, important health and wellness-focused intiatives were identified and are planned to be unveiled in the ensuing fiscal year.

A review of the prior work of the Wellness Coalition was accomplished to validate the targeted health promotion strategies and to identify new possibilities available through technology advancement, research, and health and behavior modification resources. So look for a more robust Wellness Program as WELLNESS BECOMES BETTER THAN EVER at LACCD!



IMPORTANT CONTACT INFORMATION FOR YOUR BENEFITS

MEDICAL PLANS

CalPERS Health Benefit Program

(888) 225-7377

Monday—Friday, 8:00 a.m. - 5:00 p.m.

TTY (916) 795-3240

(for speech and hearing impaired)

www.calpers.ca.gov

DENTAL PLANS
Delta Dental

P.O. Box 997330, Sacramento, CA 95899

(800) 765-6003

www.deltadentalins.com

SafeGuard

P.O. Box 3594, Laguna Hills, CA 92654

(800) 880-1800

www.safeguard.net (plan code: 0150-d)

VISION PLAN

VSP

P.O. Box 997100

Sacramento, CA 95899-7105

(800) 877-7195

www.vsp.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Managed Health Network (MHN)

(800) 327-0449

or online at mhn.advantageengagement.com

login code: laccd password: employee

FLEXIBLE SPENDING ACCOUNTS (HRA balances)

ADP Benefits Solutions

P.O. Box 34700 Louisville, KY 40232

(800) 964-6165

https://myspendingaccount.shps.com

OTHER BENEFITS & COBRA INFORMATION

LACCD Health Benefits Unit

770 Wilshire Blvd.

Los Angeles, CA 90017

(888) 428-2980

Monday—Friday, 9:00 a.m.— 4:00 p.m.

www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx

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