Annual Enrollment Update: Part-Time Faculty

There were 116 new participants added during the annual enrollment period for part-time faculty members earlier this year. If you enrolled for health benefits during this period, your coverage became effective March 1.

If you are a continuing participant, you may have noticed an increase in your premium in January due to the annual adjustment in the insurance companies’ pricing. These new premium amounts will be in effect throughout 2008. For a detailed explanation of the premium adjustment increase in January 2008, please call the LACCD Health Insurance Section at (213) 891-2200.

Planning to Retire? Here’s What You Need to Know

If the end of this academic year marks the start of your retirement, here are some important things you need to know to make sure you and your eligible dependents continue to receive health insurance coverage from LACCD.

Qualification
To qualify for retiree medical benefits, you must:
- Resign from the District.
- Retire from the District one day after your resignation.
- Have met the vesting requirements spelled out in your collective bargaining rules. To find out if you’re vested, call the LACCD Health Insurance Section at (213) 891-2200.

Enrollment
Submit the following documents to the LACCD Health Insurance Section at 770 Wilshire Blvd., Los Angeles, CA, 90017. Your coverage will terminate if documents are not received by the first day of the month following your resignation.
- Application for Retiree Health Benefits.
- Copy of the award letter from the retirement system to confirm your retirement status.
- Copy of the Medicare card for premium-free Part A and Part B (for employees and dependents age 65 or older).
- Kaiser Permanente Senior Advantage Election Form (for current Kaiser enrollees age 65 or older).

Mandatory Medicare Enrollment
All retirees, survivors, and dependents age 65 or older must enroll in Medicare. (You and your dependents don’t have to enroll in Medicare as long as you’re an active employee, regardless of your age.) For detailed enrollment information, refer to the “LACCD Group Health Plan for Retiring Employees Program Summary” available at www.laccd.edu/health. For information about Medicare, visit www.medicare.gov.

Questions?
If you have questions regarding retiree health benefits, contact the Health Insurance Section at (213) 891-2200, or visit www.laccd.edu/health.
SWITCH TO A GENERIC DRUG AND GET THE FIRST MONTH FREE!

Would you like to receive a free 30-day supply of your monthly medication and save up to $30 on each prescription refill? If you’re a Blue Shield member who takes certain brand-name drugs, you might be getting a special offer like this in the mail.

Blue Shield is leading the generic drug awareness effort with an outreach to patients who use popular brand-name drugs like Lipitor, Crestor, Nexium, Ambien, and Lunesta. If you currently take one of these drugs, Blue Shield may contact you and your doctor to let you know about cost-effective generic alternatives.

If you and your doctor decide that a generic alternative would be appropriate for you, you can use the coupon enclosed with your letter to get a free month’s supply. Best of all, your copayment for generic drugs is only $5, whether you’re getting a 30-day supply at the pharmacy or a 90-day supply through the mail-order program.

If you have any questions about generic drugs, please call Blue Shield Pharmacy Services at (800) 535-9481.

HOW WELL DO YOU KNOW YOUR HEALTH CARE PLANS?

Take this short quiz to see how well you understand your health benefits. Some of the answers might surprise you! (Answers are on the back cover.)

1. What is your deductible under the Kaiser or Blue Shield HMO plans?
   a. $150/person
   b. $250/person
   c. $500/person
   d. There is no deductible

2. The employee assistance program (EAP) provides 24-hour confidential counseling for issues such as:
   a. Stress and anxiety
   b. Child care and elder care referrals
   c. Alcohol or drug abuse
   d. Legal or financial matters
   e. All of the above

3. Under the VSP vision plan, how often are eye exams covered?
   a. Every six months
   b. Every 12 months
   c. Every 18 months
   d. Every 24 months

4. The main differences between HMO and PPO plans are the amount of flexibility you have in choosing a provider and how much you spend on out-of-pocket health care expenses.
   a. True
   b. False

5. What is your copayment for generic drugs under any of the medical plans?
   a. $35
   b. $25
   c. $15
   d. $5

6. Under the Blue Cross Choice dental plan, you can switch between the Dental Net HMO and the Prudent Buyer PPO plan
   a. Only during annual enrollment
   b. Only if you have a life event such as marriage, divorce, or addition of a child
   c. Monthly
   d. Quarterly

7. A formulary is
   a. A laboratory where drugs are manufactured
   b. A list of an insurance company’s preferred brand-name drugs
   c. A list of an insurance company’s preferred generic drugs
   d. A prescription for medication

8. If you go to a doctor outside of the PPO network, you have to pay the full cost of your medical care up front, then submit a claim to Blue Shield.
   a. True
   b. False
UNDERSTANDING YOUR EXPLANATION OF BENEFITS

After you receive care under the medical or dental PPO plan, you’ll receive an explanation of benefits (EOB) from the insurance company. The EOB shows you what the plan will cover for each service, as well as your share of the cost (if any).

Your EOB also shows the difference between the amount a provider bills for a service and the amount the plan will pay. This is valuable information—it lets you see just how much you save by going to a PPO network provider!

Remember, the EOB is not a bill. You’ll receive a separate bill from your provider for any charges you’re responsible for paying.

To help you understand your EOB, we’ve included samples from the Blue Shield medical plan and the Blue Cross dental plan, along with explanations of key areas.

Blue Shield – Sample Medical Plan EOB

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Type of Service and Procedure Number</th>
<th>Amount Billed</th>
<th>Amount Allowed</th>
<th>Amount We Paid</th>
<th>Non Covered</th>
<th>Deductible</th>
<th>Copayment/ Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/08/04</td>
<td>Outpt Laboratory 80053</td>
<td>35.00</td>
<td>35.00</td>
<td>35.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>05/10/04</td>
<td>Office Medical 84436</td>
<td>14.00</td>
<td>9.50</td>
<td>0.00</td>
<td>0.00</td>
<td>9.50</td>
<td></td>
</tr>
<tr>
<td>05/10/04 - 05/13/04</td>
<td>Home Med Equip L3800RR</td>
<td>32.00</td>
<td>32.00</td>
<td>32.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>05/14/04</td>
<td>Physiotherapy 97440</td>
<td>14.00</td>
<td>9.00</td>
<td>0.00</td>
<td>0.00</td>
<td>9.00</td>
<td></td>
</tr>
</tbody>
</table>

Claims Total: 128.00

1. 128.00
2. 112.25
3. 74.00
4. 0.00
5. 38.25

If you have questions about your EOB, please contact Blue Shield at (800) 443-5005.

Blue Cross – Sample Dental Plan EOB

<table>
<thead>
<tr>
<th>Service Date(s)</th>
<th>Type of Service</th>
<th>Total Billed</th>
<th>Amount Not Allowed</th>
<th>Patient Savings</th>
<th>Applied to Deductible</th>
<th>Coinsurance Copayment Amount</th>
<th>Claims Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total This Claim

Member’s Medical Deductible Applied to Date:

If you have questions about your EOB, please contact Blue Cross at (800) 627-0004.

1. The amount Blue Cross paid to your dental provider.
2. The amount you have to pay. The provider will send you a separate billing statement.
3. When you go to a network provider, you don’t have to pay any charges above the allowed expense covered by the plan. If you go to an out-of-network provider, the plan will only pay benefits up to the amount allowed by Blue Cross. If the out-of-pocket provider charges more than the amount covered by the plan, you will have to pay the difference.
4. The full amount charged by your dental provider.
5. Network providers have agreed to accept Blue Cross’s allowed amount as payment in full. They won’t bill you for charges that Blue Cross doesn’t cover—no matter what they charge their other patients.
6. The amount you saved by using a participating network provider.
7. Your share of the charges after your deductible is met.
Important Contact Information

**MEDICAL PLANS**

**Blue Shield**
P.O. Box 272540
Chico, CA 95927-2540
(800) 443-5005
www.blueshieldca.com

U.S. Behavioral Health Plan
(mental health services administrator)
(877) 263-8827
www.unitedbehavioralhealth.com

**Kaiser Permanente**
(800) 464-4000
www.kp.org

**DENTAL PLANS**

**Blue Cross**
P.O. Box 9201
Oxnard, CA 93031
(800) 627-0004
www.bluecrossca.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)**

**Horizon Health**
(800) 342-8111
www.horizoncarelink.com
login code: laccd
password: eap

**TERM LIFE AND AD&D INSURANCE**

**LACCD**
770 Wilshire Blvd.
Los Angeles, CA 90017
(213) 891-2200
www.laccd.edu/health

**MetLife**
National Service Center
P.O. Box 2517
Aurora, IL 60507-2517
(877) ASK-MET7
www.metlife.com

**FLEXIBLE SPENDING ACCOUNTS**

**SHPS, Inc.**
11405 Bluegrass Pkwy.
Louisville, KY 40299
(800) 678-6684
www.myshps.com

**OTHER BENEFITS & COBRA INFORMATION**

**Benefit Service Center**
9500 Topanga Canyon Blvd.
Chatsworth, CA 91311
(800) 842-6635
services@bscinc.com

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Answers to Quiz
1. d; 2. e; 3. b; 4. a; 5. d; 6. c; 7. b; 8. a