Attend a Benefits Workshop or CalPERS Webinar

LACCD will host workshops to present information on the benefit plans for employees at the times and locations listed below. All three sessions are available via live webcast and one session will be video archived for later playback. (URLs will be sent via email to the District all email lists a few days before the event.) For details on the medical plans CalPERS offers, you can attend a prerecorded Health Plan Webinar at any time.

Benefits Workshops:
Thursday, September 19
11 a.m. – 2 p.m.
Mission College

Wednesday, September 25
11 a.m. – 2 p.m.
East LA College, Recital Hall

Wednesday, October 2
11 a.m. – 2 p.m.
Harbor College, Seahawk Center

2014 CalPERS Webinar
The 2014 Webinar on Health Plan Design, Rate, and Benefit Changes is available to view online anytime by logging on to the CalPERS website at http://www.calpers.ca.gov/eip-docs/employer/cirltrs/2013/600-044-13.pdf

Learn, Decide, Act
LACCD OPEN ENROLLMENT: SEPTEMBER 16—OCTOBER 11, 2013

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 www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx 24 hours a day. Be sure to click on your eligible group (active employees, adjunct faculty, or 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 open enrollment packet will be sent in late August to all active and adjunct members. Review the information carefully. If you are keeping your present plans do not return the forms.
- Review on the LACCD website your choices for dental plans and what is covered on vision.

Act
- Enroll from September 16 through October 11, 2013 using LACCD’s Employee Self-Service (SAP ESS) Portal (see page 7).

What do I need to do?
- **FULL-TIME ACTIVE EMPLOYEES** — You do not need to enroll unless you want to change your benefit elections, participate in a Flexible Spending Account, or update your dependent information, life insurance beneficiaries, or address or warrant recipient designation (for where to send the last paycheck of deceased employee).
- **ADJUNCT FACULTY** — If you do not cancel your health benefits plan during annual open enrollment, you will automatically stay in the same plan unless you lose eligibility. You will not be able to drop the plan until after you have been in it for another full calendar year, January 1 – December 31, 2014.

What’s inside
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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.

The Health Care Reform Affordable Care Act (HCR/ACA) was signed into law by President Obama on March 23, 2010. The law requires several new provisions to be implemented January 1, 2014. These provisions, some of which the District has already implemented, include:

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

**About the Individual Mandate**

Effective January 1, 2014, the individual mandate requires legal U.S. residents to buy a minimum level of health insurance coverage or pay a penalty for each month of non-compliance. The penalty equals the greater of $95 per adult and $47.50 per child (up to $285 per family), or 1% of your family income. The penalty will increase significantly in 2015 and 2016. Some people will be exempt from the mandate and penalty due to religious, financial or other reasons, while others may be given financial assistance to help pay the cost of their coverage.

In 2014, you will have to submit a form with your federal income tax return proving that you have insurance. If you are covered by a District medical plan, you will receive a certificate from your medical plan that indicates you have the minimum coverage.

**FOR ACTIVE EMPLOYEES:**

**NO NEED TO PURCHASE HEALTH INSURANCE**

As an active employee, you do not need to do anything relating to HCR/ACA, and you are not responsible for purchasing additional coverage through Covered California.

Before October 1, 2013, you will receive a “Notice of Health Insurance Options” informing you that you have the option to purchase health insurance through the Health Insurance Marketplace, “Covered California.” It’s important to note that if you purchase coverage through Covered California, instead of accepting the health coverage offered by the District, or by your spouse/domestic partner’s employer, then:

- You will lose the employer contribution the District pays toward your coverage;
- You would not likely be eligible for any tax credit or subsidy, since the District’s medical plans meet or exceed minimum ACA standards for coverage and affordability; and
- You may pay higher taxes, since payments for coverage through the Marketplace are made on an after-tax basis.

To learn more about Covered California visit [http://www.coveredca.com](http://www.coveredca.com)

**DEFENSE OF MARRIAGE ACT (DOMA)**

On June 26, 2013, the United States Supreme Court struck down the portion of the Defense of Marriage Act (DOMA) that barred same-sex married couples from recognition as “spouses.” CalPERS is offering a one-time exception opportunity to enroll in health coverage. Enrollment is limited to employees and retirees who married during the period in 2008 when California first issued same-sex marriage licenses but who chose not to enroll their spouse and dependent children.

The one-time exception also applies to members who married a same-sex spouse in another state where same-sex marriage was legal prior to June 26, 2013. The enrollment period is effective immediately and continues through December 31, 2013.
The Los Angeles Community College District provides a generous and comprehensive benefits package to help you care for yourself and for your family. Health care coverage is offered under the CalPERS health plans. Active employees and retirees under age 65 will be able to choose from the medical choices listed below.

**Your HMO Choices**
The following HMO choices are available to you:
- Anthem HMO Select
- Anthem HMO Traditional
- Blue Shield Access+ HMO
- Health Net Salud y Más
- 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 6 for a brief definition of these terms.) To find a plan physician or hospital, visit http://www.calpers.ca.gov and type in “Our Health Plans Online” in the search box.

- 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. For example, a single person will pay an additional $25.40 per month for the 90/10 plan.

**DEPENDENT ELIGIBILITY VERIFICATION PROJECT BEGINS IN DEC.**

We know health care coverage is important to you and your family. To help control costs, CalPERS is conducting a project to ensure dependents enrolled in our health benefits program meet eligibility guidelines so that only eligible dependents are covered. Therefore, it is important to validate that your dependents meet CalPERS eligibility criteria and that you make necessary enrollment changes in a timely manner.

CalPERS has contracted with HMS Employer Solutions to manage this project and you will receive letters from them starting in the spring semester. 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 and sent to the LACCD with the necessary verification documentation.
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. Adjuncts have a $1,500 allowance under Delta Dental.

- **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.

### YOUR VISION PLAN

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.

### GLOSSARY OF HEALTH PLAN TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>This is the percentage of your covered medical expenses you pay after meeting your deductible.</td>
</tr>
<tr>
<td><strong>Copayment</strong></td>
<td>This is a flat dollar amount you pay for medical services, such as the payment you make for a doctor’s office visit.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Explanation of Benefits</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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).</td>
</tr>
<tr>
<td></td>
<td>Your coinsurance and out-of-pocket costs are lower when you go to PPO network providers.</td>
</tr>
<tr>
<td><strong>HIPAA</strong> (Health Insurance Portability and Accountability Act)**</td>
<td>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.</td>
</tr>
</tbody>
</table>
**YOUR HRA AND FSA BENEFITS**

**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. Each year, the District adds $1,500 to your HRA. 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.

All eligible employees receive an upload of another $1,500 on your HRA debit card in January from our plan administrator, ADP. This card 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.

### 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.
4. 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!

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**WELLNESS CORNER**

**AETNA RESOURCES FOR LIVING (EAP)**

(FORMERLY HORIZON HEALTH EAP)

EAP services are available to all benefited active employees, their dependents and/or anyone living in their households. LACCD provides an Employee Assistance Program (EAP) in partnership with Aetna Resources for Living to offer support, guidance and work/life resources. Services include Personal/Professional Life Balance Counseling, Emotional Wellness Coaching, Stress Management, Health & Wellness Training, Marital/Relationship Counseling, Family Counseling, Legal & Financial Counseling, and more AT NO COST TO YOU!

**What can the EAP do for me?**

A master’s level Member Advocate from Aetna Resources for Living will confidentially consult with you over the telephone and help you find solutions and resources to meet your personal challenges. Services include:

- Up to six (6) free counseling sessions per issue per calendar year by a licensed mental health provider related to personal, marital, family, relationship, work, alcohol and substance abuse problems
- Referrals to mental health agencies and non-medical agencies that are beyond the scope of an EAP provider
- 24-hour crisis hotline, 7 days/week
- One half-hour consultation with an attorney (either in person or by telephone) per calendar year
- One financial counseling referral for a consultation with a financial consultant (either in person or by phone) per calendar year

The EAP offers telephonic and web-based referral services for:

- Childcare and eldercare
- Legal and financial counseling
- Health and wellness and life improvement issues
- Educational referrals
- Workplace advice...and more!

24/7 access is available at 1-800-342-8111 or online at www.mylifevalues.com. Login: laccd, Password: eap. For more information, contact Katrelia Walker, Districtwide EAP Coordinator, at (213) 891-2040.
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.)

**Other Valuable Voluntary Benefits Through Payroll Deductions**

**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. No physical exam or medical questions are required for employees up to $100,000 and spouses up to a maximum of $15,000. Benefit counselors will be on site to meet with you during specified times during open enrollment. More information on how to sign up 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
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 2014.

**Eligible Adjunct Faculty Members**

Your eligibility for health benefits — medical, dental, vision, and EAP — is based on how many semesters you have taught for LACCD and how many hours you’re scheduled to teach during the current semester. To confirm your eligibility, call the LACCD Health Benefits Unit at (888) 428-2980 or go to the faculty website at [www.aft1521.org](http://www.aft1521.org).

**Paying for Coverage**

The District will pay $1,524 per semester towards the cost of your medical coverage. Any cost above the District contribution is the responsibility of the employee in addition to the full cost of any dental or vision coverage you elect — through automatic before-tax payroll deductions. To see your 2014 premiums, go to [www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx](http://www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx).
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Chair, JLMBC

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