



JOINT LABOR MANAGEMENT BENEFITS COMMITTEE

RETIREE



Los Angeles Community College District – Newsletter

FALL 2024

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Open Enrollment Is Here!

As a retiree, you are still part of the LACCD family. Open enrollment is the one time during the year that you can make healthcare plan changes for you and your family. These changes will be effective January 1, 2025.

Important Open Enrollment Highlights

- **Open Enrollment** takes place each fall. 2024 Open Enrollment will take place from September 16 to October 11. Changes made during 2024 **Open Enrollment will take effect January 1, 2025.**
- All healthcare elections will be effective January 1, 2025 – December 31, 2025.
- Changes and additions cannot be made to your benefits during the 2025 plan year, unless you experience a qualifying life event such as marriage, divorce, birth of a child, or change of employment status.
- If you are **currently enrolled and do not wish to make changes, no action is required.** Your existing elections will remain in effect for the new calendar year: January 1, 2025 to December 31, 2025. If you want to make a different medical selection than the automatic rollover mentioned here, you may log on to the CalPERS Portal to make an election during the open enrollment.

⇒ CalPERS Health Plan Enrollment for Retirees form (dental and vision changes)

Mental Health Spotlight

Now more than ever, it is important to prioritize your mental health. Understand and find examples of self-care on [page 17](#).

If you feel like you want to reach out and talk to someone about life, health, family, work, or money, EAP is always there for you. Find more information on [page 18](#).

Medical PPO Carrier Change

Please note that this year CalPERS is changing the medical carrier for the PPO Gold and PPO Platinum plan. The carrier will be changing from Anthem Blue Cross to Blue Shield of California. See [page 4](#) for additional information or visit <https://www.brainshark.com/gallagher/vu?pi=zIzZTXCcszjIBz0>.

Health Benefits Unit Email:
healthbenefits@email.laccd.edu



LOS ANGELES COMMUNITY COLLEGE DISTRICT
CITY / EAST / HARBOR / MISSION / PIERCE / SOUTHWEST / TRADE-TECHNICAL / VALLEY / WEST

OPEN ENROLLMENT

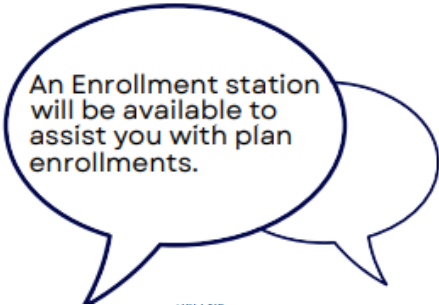
2024 Open Enrollment Health Fairs Coming Soon

Open Enrollment Period is from September 16 - October 11

This is your yearly chance to assess your current enrollment and choose the most suitable options for you and your family. After reviewing your plan choices, you can add, modify, or remove benefits which will take effect on January 1, 2025. If you are not making changes your benefits will automatically roll over to 2025. If you are enrolled in a HealthCare FSA or Dependent Care FSA you must actively re-enroll to continue with your plan.



Treat yourself to a taco hosted by



Online Sessions		
Groups	Date	Location
Adjunct Faculty	6-Sep	Zoom
Retirees	27-Sep	Zoom
Actives	4-Oct	Zoom
Actives/Adjuncts/Retirees	11-Oct	Zoom
In Person		
Colleges	Date	Location
City	18-Sep	Student Union MPR
Trade	19-Sep	Culinary Arts 106A Auditorium Foyer
East	24-Sep	G3
Pierce	25-Sep	Building 600
Valley	26-Sep	Monarch Hall
Mission	1-Oct	Arroyo Room
Harbor	2-Oct	Tech 110
Southwest	3-Oct	Sotce MPR
West	8-Oct	Fine Arts Gallery
District	10-Oct	Board Room

If you require accommodation for a disability to attend any of the district wide Health & Wellness Fairs please reach out to Katreli Walker at walkerkc@laccd.edu a minimum of 5 business days before the event.

Open Enrollment 2024

Prepare for Enrollment—Learn, Decide, Act. Make sure to review the LACCD benefit offerings to make the best decision for you and your family. See the “Act” box below for information on how to make changes to your Medical, Dental or Vision plans. You must enroll by October 11, 2024 to make any benefits changes.

VERIFY Your Plan

CalPERS is contracted to administer health benefits. Consequently, although your pension may be administered by CalSTRS, your health benefits are administered by CalPERS. We encourage all retirees to create a CalPERS Account to review current selections, address, and dependent information.

Log in or create an account at my.calpers.ca.gov



Learn Changes

CalPERS frequently updates their plans by adding, removing, consolidating plans. You may see if there are changes to your plan by going to [calpers.ca.gov](https://www.calpers.ca.gov) > Retirees > Health & Medicare > Plans & Rates > Annual Health Plan Changes or Medicare plans found at the following link: <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates/annual-health-plan-changes>

In addition, you can attend Open Enrollment Workshops to engage with CalPERS representatives and representatives for the LACCD Health Benefits Unit.



Note

You may see or hear an advertisement asking you if you'd like to enroll in dental and vision through CalPERS. This coverage is separate from the district's dental and vision coverage and you do not have to enroll in it. If you are an LACCD employee that is 100% or 75% vested, your LACCD benefits package already includes dental and vision. CalPERS offers enhanced plans that include dental and vision. CalPERS will bill you for the Dental/Vision enhancements. LACCD Dental/Vision is separate. If you are 50% vested or not vested, you are eligible to buy into LACCD's plans at 50% or paying the full cost for those who are not vested. However, you may wish to investigate the CalPERS Dental/Vision enhancements to determine if they are suitable to your needs in regards to price and/or services offered.



Act

If you wish to make changes to your Medical plan, enroll through your CalPERS website account profile. If you wish to update your Dental and Vision, submit the application included in this newsletter to the Health Benefits Unit using one of the methods on the newsletter.



Contact

For the quickest response to your questions, please send an email to HealthBenefits@email.laccd.edu

How To Change Your Address

Los Angeles Community College District strongly encourages all members to take a moment and review their current address and contact information to ensure it is accurate and up to date. It is essential for individuals to keep this information current, as it enables the district to effectively communicate important updates, news, and benefits being offered. By maintaining accurate contact details, members can stay well informed about the various resources, services, and opportunities available to them. Therefore, we kindly request all members to promptly update their information if it is not currently accurate, ensuring they do not miss out on any valuable information provided by the district.

STEP 1

Prepare **ONE** of the following documentations.

1. Driver License or State ID
OR
2. Letter from financial institution with new address

STEP 2

Fill out the Retiree Change Address form on **page 5** and mail to

LACCD Health Benefits Unit
770 Wilshire Boulevard
Los Angeles, CA 90017

STEP 3

Submit form and wait **7 business days** for address change with the Health Benefits Unit.

Medical Carrier Change

CalPERS will be changing the medical carrier for the PERS Platinum and PERS Gold plans from Anthem Blue Cross to Blue Shield of California. While the plan designs will remain essentially the same, it is important to note that there will be a change in the network (available list) of providers. Anthem Blue Cross and Blue Shield of California have similar networks, but there will be some doctors or healthcare facilities that are in one network and not the other. This means that you may need to select a new primary care physician. On the other hand, there may be providers in the Blue Shield of California network that were not previously in the Anthem Blue Cross network, allowing you to visit them at in-network pricing. As you select your medical plans this year, we encourage you to reach out to Blue Shield of California to ensure that your current providers are in network, enabling you to make the most informed decision. You may contact CalPERS directly at 888.225.7377 with any questions about medical benefits and plan changes.

Frequently Asked Questions

- **Why are we switching?** Each year, CalPERS evaluates the carriers they partner with to ensure they are offering top tier benefits. This year, in an effort to maintain the same great benefits with the same low cost share, CalPERS has decided to switch the carrier for the PPO plans from Anthem Blue Cross to Blue Shield of CA.
- **Are the office visits, copays or deductibles changing?** No. Your cost share will remain the same because the plan's benefits are not changing. The only change will be to the network of providers. Although Anthem Blue Cross and Blue Shield of CA have very similar networks, it would be wise to check that your current providers are still considered in-network with Blue Shield of CA. Seeing an in-network provider allows for the best pricing.
- **Are there any changes to my premium/payroll deductions?** No
- **Do I have to re-select my PERS (Platinum/Gold) medical plan during Open Enrollment or will it just roll over into the Blue Shield Network?** No, if you are happy with your current plan and do not wish to change it, no further action is needed on your part. If you do wish to change your medical plan, log on to my.calpers.ca.gov.
- **I'm in the middle of a catastrophic treatment. What happens if my provider is not there?** The new medical carrier, Blue Shield of CA, will allow for Transition of Care. If you are in the middle of catastrophic treatment and your provider becomes out-of-network with Blue Shield of CA, you may continue care with your current provider for up to 90 days. Blue Shield of CA will cover catastrophic treatment claims as in-network during this 90 day period. This will allow you time to search for a new provider that is considered in-network with Blue Shield of CA.

How to Compare Your Plan Options

Types of Medical Plans with CalPERS

The majority of your options will be either a PPO or HMO. Some of the most notable differences between an HMO and PPO include:

- ⇒ **In an HMO** you are required to have a Primary Care Physician (PCP) that will manage your care and refer you to any specialists.
- ⇒ **In a PPO**, you may have a deductible to meet before the insurance company will start contributing to your medical services (coinsurance). Typically, HMO's do not have a deductible and you will pay a set price for specific services (copay).

Below are definitions of every type of healthcare plan CalPERS offers:

HMO – A Health Maintenance Organization (HMO) plan provides healthcare from specific doctors and hospitals under contract with the plan. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

PPO – A Preferred Provider Organization (PPO) is similar to a traditional “fee-for-service” plan, but you must use doctors in the PPO provider network or pay higher coinsurance (percentage of charges). You must usually meet an annual deductible before some benefits apply. You're responsible for a certain coinsurance amount and the plan pays the balance up to the allowable amount.

EPO – The Exclusive Provider Organization (EPO) plan offers the same covered services as an HMO plan, but you must seek services from the plans' PPO network of preferred providers. You're not required to select a primary care physician.

Combination Plans – A combination plan means at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

Deductibles and Out-of-Pocket Maximums

A deductible is the amount of money you must spend on services before the carrier will share in the cost of services. An out-of-pocket maximum is the maximum amount of money you will pay in a year. Once you reach your out-of-pocket maximum, the carrier will cover all remaining services you receive during that plan year.

Copay vs. Coinsurance

A copay is a set price you will pay for a service. Coinsurance is a percentage you will pay for a service, typically after you have met your deductible.

In-Network vs. Out-of-Network

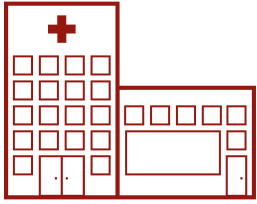
An in-network provider has contracted with a carrier, agreeing to the fees set by the carrier. Out-of-network providers have no contract with the carrier and can charge any price for services. As the carrier does not have insight to out-of-network providers pricings, carriers will only cover a percentage of a set price.

Claim Example Below you will find a table that goes through a fictional example of a service provided and the potential savings you could earn by visiting a provider in network. These numbers are purely illustrative and meant to explain how out-of-network costs are calculated and reimbursed. The benefits and costs shown do not correspond with any particular medical plan.

COST FOR IDENTICAL MEDICAL PROCEDURES	In-Network Provider	Out-of-Network Provider
Contracted Cost	\$300	N/A (Does not have a contract with the carrier)
Allowable Amount (Only applies to out-of-network providers)	N/A	\$350 (Approximate cost determined by the carrier)
Billed Cost of Service	\$300	\$500
Covered by Insurance (%)	80%	60%
Covered by Insurance (\$)	\$240	\$210 (60% of allowable amount)
Member Responsibility	\$60	\$290 (40% of allowable amount [\$140] + Cost over allowable amount [\$150])

Medicare: Important Things to Know at Any Age

What are the parts of Medicare?



Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home healthcare



Part B (Medical Insurance)

Helps cover:

- Services from doctors and other healthcare providers
- Outpatient care
- Home healthcare
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many prevention services (like screenings, shots or vaccines, and yearly “Wellness” visits)



Part D (Drug Coverage)

Medicare Part D can be a stand-alone plan, but as offered by CalPERS drug coverage is included in an existing health plan. In general, these pharmacy plans are comparable or better than those offered by Medicare Part D stand-alone plans.

Medicare Advantage and Supplement Plans Offered by LACCD (through CalPERS)

Medicare Advantage plans (also known as Medicare Part C) are offered by private insurance companies as an alternative to Original Medicare (Part A and Part B). These plans provide all the benefits of Original Medicare and often include additional coverage such as prescription drugs, dental, vision, and hearing services. There are multiple options from CalPERS for Medicare Advantage plans, each with its own set of features and differences.

LACCD Options

1. Health Maintenance Organization (HMO) Plans: HMO plans typically require you to choose a primary care physician (PCP) who will coordinate your healthcare. In most cases, you need a referral from your PCP to see a specialist. HMO plans usually have a network of doctors and hospitals, and you may be required to receive care within this network, except in emergencies.
 - a. Kaiser Permanente Senior Advantage Summit (HMO)
 - b. Kaiser Permanente Senior Advantage Summit with Dental (HMO)*
2. Preferred Provider Organization (PPO) Plans: PPO plans offer more flexibility in choosing healthcare providers. You can see any doctor or specialist without a referral, but you'll generally pay less if you use providers within the plan's network. PPO plans also cover out-of-network care, but at a higher cost.
 - a. UnitedHealthcare Group Medicare Advantage (PPO)
 - b. UnitedHealthcare Group Medicare Advantage with Dental/Vision (PPO)

*Not required to purchase: LACCD Retirees are provided Dental and Vision coverage as a District benefit.

Medicare Supplement plans (also known as Medigap) are a private form of medical insurance that covers out-of-pocket costs not covered by Original Medicare, such as deductibles, copayments, and coinsurance. For example, if Medicare pays a healthcare provider 80% of its Medicare approved charge for the covered service, the Supplement Plan will pay the remaining 20%. With a Medicare Supplement Plan, you can go to any doctor in the U.S. that accepts Medicare. It's important to know that when you select a Supplement plan you retain original Medicare Parts A & B. The availability of these plans may vary depending on your location.

- a. PERS Gold Medicare (PPO) Supplement
- b. PERS Platinum (PPO) Supplement

When choosing a Medicare Advantage or Supplement plan, consider plan features such as size of provider network, any geographical limits to the network, copayments, coinsurance, procedures that require prior authorization, your specific healthcare needs, and your preferred providers. Generally, you can only make changes to your plan during the annual Fall CalPERS Open Enrollment Period. It is important to note that if you choose a Medicare Advantage Plan, you will no longer have access to Original Medicare Parts A & B, the process to transition back to Parts A & B and a Medicare Supplement plan is not automatic and could require that you undergo medical underwriting by Medicare and is in no way a guarantee that you can return.

Combination Plans

If you are an early retiree (retiring before age 65), you and your dependents will remain enrolled in the basic health plans. Once you or your spouse turns 65, you will fall into the combination plans, as the 65 year old will be in the CalPERS retirement healthcare plan and those under 65 will still be in the basic healthcare plans. After retiring at 65, you will move to the Medicare plans offered by CalPERS.

Additional Healthcare Plan Choices

The Los Angeles Community College District provides a generous and comprehensive benefits package to help care for you and your family.

CalPERS Plan Options

CalPERS Basic Plans for early retirees (under age 65)

HMO Options

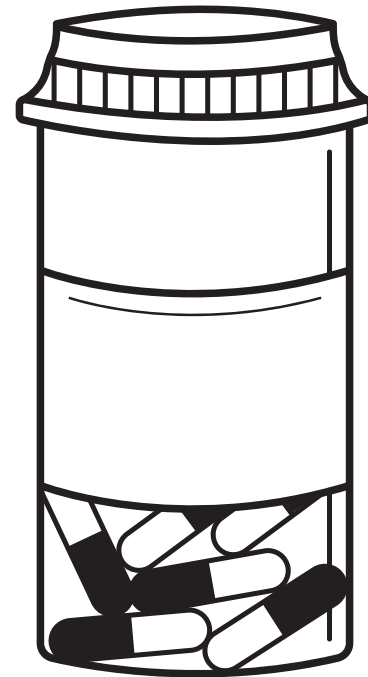
- Anthem HMO Select
- Anthem HMO Traditional
- Blue Shield Access+
- Blue Shield Trio
- Health Net Salud y Más
- Kaiser Permanente
- Kaiser Out of State
- Sharp Performance Plus
- UnitedHealthcare Signature Value Alliance
- UnitedHealthcare Signature Harmony Alliance
- Western Health Advantage

PPO Options

- PERS Platinum
- PERS Gold

Important Reminders for 2025

- You will receive correspondence from CalPERS in mid-December notifying you of 2025 changes. **Open your mail and review those changes.**
- You will receive new health plans ID cards if you change your health plan or enroll for the first time, in mid-December.
- If you are a STRS member, your CalPERS Health Benefits enrollment creates a profile in CalPERS. You are encouraged to access your CalPERS profile to review your plan, dependents, and address information.
- If you change health plans, do not use your previous health plan after December 31, 2024.



Understanding Prescription Drug Tiers

All pharmacies base their prescription drug selections on a list of medicines called a **formulary**. The prescription formulary specifies particular medications that are approved to be covered under your health plan. The formulary indicates which drugs are approved and into which tier they fall.

Generic Drugs = Same active ingredients as brand drugs, FDA approved, and usually less expensive

Preferred Brand Drugs = Brand name drugs that are included on the formulary

Non-preferred Brand Drugs = Not included on the formulary and therefore more expensive

If a provider wants to prescribe generic but you must have the preferred brand, your doctor can submit an appeal to CalPERS. You may contact them at 888.428.2980 for more information.

OptumRx (Prescription Drug Administrator)*

If you have any trouble with your prescriptions including but not limited to drug shortages, contact OptumRx at the appropriate number below:

Basic Members: 855.505.8110

Medicare Part D Members: 855.505.8106

*Excludes Blue Shield and Kaiser plans

Medicare: Coordination of Benefits

Tell Medicare if your other health or drug coverage changes

Call the **800.633.4227** and let the Benefits Coordination & Recovery Center (BCRC) know:

- Your name
- The name and address of your plan
- Your policy number
- The date coverage was added, changed, or stopped, and why

Also, tell your doctor and other healthcare providers about your health or drug coverage changes the next time you get care.

Remember these important facts

- The insurance that pays first (primary payer) pays up to the limits of its coverage.
- The one that pays second (secondary payer) only pays if there are costs the first payer didn't cover.
- The secondary payer (which could be Medicare) might not pay all of the uncovered costs.
- If Medicare is the primary payer and your employer is the secondary payer, your Medicare Part B (Medical Insurance) will pay first before your employer insurance will pay for Part B services.

Tell your insurance company or employer benefits administrator about changes

Tell your insurance company if you or your spouse's current work status changes, or if your Medicare coverage changes. Tell your employer benefits administrator if you have changes to your health insurance coverage. Insurance companies are required to tell Medicare about insurance coverage they offer people with Medicare to help coordinate benefits.

Your insurance company or your employer may ask you for your name, date of birth, gender, and Medicare Number (located on your red, white, and blue Medicare card) so they can give updates to Medicare about your other insurance. It's appropriate to give this personal information to your insurance company or employer to coordinate benefits. Giving this information timely will help make sure your claims are paid correctly.

If you have questions about Medicare, contact Medicare at **800.633.4227**.

If you have questions specific to the coordination of benefits, contact **855.798.2627**.

More information is also available at [Medicare.gov/supple-ments-other-insurance/how-medicare-works-with-other-insurance](https://www.medicare.gov/supple-ments-other-insurance/how-medicare-works-with-other-insurance).

Know who pays first

If you have retiree insurance (insurance from former employment)...	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees...	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has fewer than 20 employees...	Medicare pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has <u>100 or more employees</u> .	Your group health plan pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has <u>less than 100 employees</u> .	Medicare pays first.
If you have group health plan coverage based on your or a family member's current employment, and you're eligible for Medicare because of End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)...	Your group health plan will pay first for the first 30 months after you become eligible to join Medicare. Medicare will pay first after this 30-month period.

If you are enrolled in an LACCD Medicare advantage plan and have no other benefits, you can disregard this page.

Medicare Part B Reimbursement

The District has agreed to reimburse the Medicare Part B premium. See more details below on how to submit your reimbursement. Survivors must use their late spouse/domestic partner demographics to create an online account. Contact ASIFlex with any questions.

Master Benefits Article (MBA) III. G. 4.

To the extent allowed by law, benefits provided under the District's Health Benefits Program shall be secondary to the benefits provided to a retiree or their dependents or survivors under Medicare. Furthermore, as a condition of continued enrollment in any hospital or medical plan available under the Health Benefits Program, each retiree and every eligible dependent and survivor aged 65 and older must (unless exempted from this requirement under Board Rule 101701.16C) apply for and obtain coverage under Part A (Hospital benefits) - either paid or premium free - and Part B (medical benefits) of Medicare. The district shall pay the Part A Medicare premium, if required, and the Part B Medicare premiums. It shall be the sole responsibility of the employee or survivor to provide the district with verification of enrollment in Medicare. The District shall acknowledge receipt of verification of Medicare enrollment upon a retiree's request. The retiree shall submit evidence of Medicare premium payments annually and will be reimbursed once per year for the costs.

Submission:

1. The District will be accepting reimbursement requests for retirees' Medicare B premiums for the year 2024 beginning January 1st, 2025, through March 31, 2025.
2. The District's FSA/HRA vendor, ASIFlex, manages the reimbursement process. If you have an existing HRA account with ASIFlex, you do not need to do anything currently. If you exhausted your HRA prior to retirement and no longer have an active HRA, you will need to set up a username, password, and security image with ASIFlex:
3. Go to www.asiflex.com, click on "**Employee Login**" and then "**Create an Account**"
4. Eligible retirees, spouses and domestic partners are covered in the Master Benefits Agreement (MBA) III. B. – G. Surviving spouses may also be covered if they are still receiving retirement benefits under a CalPERS or CalSTRS retirement system as an annuitant and are receiving Medical Plan coverage under an LACCD covered plan.

Documentation:

For Medicare part B reimbursement retirees do not have to submit proof of payment. You need to submit your copy of the "**Proof of Income**" letter from the **Department of Health and Human Services (HHS)**," or your [their] SSA-1099 statement for reimbursement.

1. The SSA-1099 statement is a tax document sent each year from the Social Security Administration usually in January.
2. The "**Proof of Income Letter**" can be obtained by contacting the Department of Health and Human Services.
3. You can contact Social Security and request a copy of these documents by phone at **800-772 1213** or online at <https://www.ssa.gov/myaccount/proof-of-benefits.html>. You may find it faster to contact your local SSA office for this information.
4. Claims can be made online through your ASI account detail, by fax or by mail. If claims are made by fax or US mail you must get a claim form from the ASI website to submit along with one of the above items. You can download the claim forms at www.asiflex.com under "**Resources**" and then "**Forms**" and then "**Claim Forms**". You will use the "**HRA Claim Form**".

Eligibility:

Eligibility and amounts for the Medicare reimbursement follow the same vesting schedule as the District's vesting for contributions to retiree healthcare premiums. Except for those who earned vesting under older vesting rules, if you retired with less than 10 years of District service, you are not eligible to receive a reimbursement.

Payments:

ASIFlex will accept reimbursement requests between January 1st and March 31st for the previous plan year premiums. Reimbursement checks will be processed within 2 weeks of all applicable documentation being received by ASIFlex.

Prior Years, or After the Deadline

Reimbursement of earlier years' premiums is not permitted. You may submit a request for reimbursement only for the prior year's premiums paid, not for premiums paid more than one year earlier. You must submit reimbursement requests by the deadline of **March 31 of the following year**. Late requests cannot be honored.

Dental and Vision Plans

Dental Plan Choices LACCD offers two dental plans—Delta Dental PPO and SafeGuard HMO.

Delta Dental PPO offers you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental's network, you have access to the PPO provider's discounted rates which will reduce your out-of-pocket costs.

Maximum allowances are based on the number of years served as an LACCD employee:

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

SmileWay Wellness Benefits: Chronic Conditions and Dental Cleanings Gum disease is associated with a number of systemic conditions, and people with certain chronic conditions may benefit from additional periodontal (gum) cleanings and maintenance. That's why the SmileWay® Wellness Benefits option offers expanded coverage for those diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke.

Delta Dental: 800.765.6003

Enhanced Delta Dental PPO Benefits

- Preventative services (exams, cleanings, x-rays) are now covered at 100%
- Anterior and posterior porcelain crowns are now covered
- Pin hole gum surgery is now covered

Request Reimbursement

Here's how to request reimbursement for out-of-network dental care. Reimbursement may not cover the entire treatment cost. See your plan booklet for details.

1. Ask the dental office for a detailed receipt or billing statement, including: Amount paid (in original currency); services provided and teeth treated; name and address of dentist; date of service.
2. Submit a claim: log in to your account at deltadentalins.com and click Log in. Select claims & visits in left hand corner. Click how to file a claim. Complete form and submit detailed receipt. For non-English documents, provide translation or patient statement in English.

Need Help? If you have questions about emergency coverage, contact Customer Service.

Online: Go to deltadentalins.com and click Contact us.

By Telephone: **888.335.8227**

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

Vision

Essential Medical Eye Care VSP will fully cover retinal screenings for members with diabetes, exams and services to treat immediate issues such as pink eye and treatment options to monitor ongoing health conditions such as dry eye diabetic eye disease, glaucoma and more.

Computer Glasses The District has made it easier for you to access glasses to assist with Computer Vision Syndrome, through you VSP vision coverage. Please note that CVC glasses are not available without a prescription.

Nearly 60% of adults report experiencing symptoms of digital eye strain, also known as Computer Vision Syndrome. People spending two or more continuous hours at a computer or using a digital screen device every day are most at risk for this.

Many people aren't aware they're experiencing Computer Vision Syndrome (CVS), which may include one or more of the following symptoms:

- Neck/Shoulder Pain
- Irritated Eyes
- Blurred/Double Vision
- Fatigue
- Headaches
- Loss of Focus

Ask your VSP® network doctor about eyewear specifically designed to reduce the impact of using digital devices, with features such as anti-reflective and blue light-filtering capabilities.

VSP: vsp.com / 800.877.7195

YOUR VSP COMPUTER VISIONCARE PLAN SM COVERAGE WITH A VSP NETWORK DOCTOR ²	
Eye Exam	<ul style="list-style-type: none">• An annual, fully covered comprehensive WellVision exam³• Exam specifically designed to detect eye health and vision issues caused by regular computer and digital device use
Eyewear	<ul style="list-style-type: none">• Frames and lenses fully covered up to your retail allowance³• Up to 20% savings on the amount above your retail frame allowance³• Savings on additional pairs of prescription glasses

Dental and Vision ONLY Change Form

Dental and Vision ONLY Change Form



LOS ANGELES COMMUNITY COLLEGE DISTRICT

ENROLLMENT/CHANGE FORM

DENTAL & VISION ONLY

RETIREES/ SURVIVORS

1. Personal Information				
Last	First	MI	Social Security Number	Date of Birth
Street Address (no P.O. Boxes)			Home Phone	Cell Phone
City	State	Zip	Email Address	

2. Reason for Completing This Form
<input type="checkbox"/> Open Enrollment
<input type="checkbox"/> Name/Address Change
<input type="checkbox"/> Change in Dependent Coverage

3. Dental Plan	4. Vision Plan
<input type="checkbox"/> Delta Dental PPO	<input type="checkbox"/> Vision Service Plan
<input type="checkbox"/> MetLife Dental HMO (formerly Safeguard)	

5. Dependent Enrollment Information

Please complete the following section for each person you are enrolling, other than yourself. If you are enrolling more than two children, please list their names and information on a separate page. Sign, date, and attach that page to this form.

Enrollee	Add	Delete	Name (Last on top line, First, MI)	Gender	Birth Date	Soc. Security #
Spouse/ Dom Partner	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Vision				
Child/ Economic Dependent	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Vision				

In order to enroll or change your plan, you must:

X _____
Signature
Date

Additional instructions:

- Adding dependents: Attach copies of 1) the social security card for all dependents. We allow a 90 day grace period for the card and number of newborns, and 2) A birth certificate (children), marriage certificate or domestic partner registration (spouse/dom partner). Domestic Partner is a registered same-sex partner or a registered inter-gender partner is one or both persons in the relationship is over 62.
- If you are deleting dependents, attach PHOTOCOPIES of dissolution of marriage or domestic partnership. If you have questions as to which documents are needed for verification, contact the Health Benefits Unit by email at healthbenefits@email.laccd.edu.
- Send this form and the attached PHOTOCOPIES of verification documents using one of the following methods:

<u>US Mail</u>	<u>Secure Fax</u>	<u>Email</u>
LACCD Health Benefits Unit	Health Benefits Unit	healthbenefits@email.laccd.edu
770 Wilshire Blvd., 6th Floor	(213) 891-2008	
Los Angeles, CA 90017		

Dependent Eligibility—Who Can Be Enrolled?

You can only elect dependent coverage if you have a qualified dependent.

Qualified dependents include:

- Spouse
- Qualified Domestic Partner
- Children up to age 26
- Economically Dependent Children
- Disabled Children Over Age 26 (See Dependent Exception)

Supporting Documentation—Dependent Verification

CalPERS mandates that LACCD comply with dependent verification documentation for all covered employees. The verification process is detailed as part of the district application. Please see the supporting documents information on the application for health benefits.



Dependent Exception. You may claim your child, step child, domestic partner's child, or economic dependent over the age of 26 as a dependent on your benefits package if they are designated disabled, the disability existed prior to age 26 and continuously since age 26, the child is incapable of self-support because of the disability, AND LACCD has certified that you have assumed that role of the primary care parent. You will need the following documentation:

1. Member Questionnaire for CalPERS Disabled Dependent Benefits – Self Verification.
2. Medical Report for the CalPERS Disabled Dependent Benefit – Fill in pertinent information (Your information, your dependent's information) and sign to give your physician permission to disclose all facts concerning the disability, and hand over to your physician to complete and fax to CalPERS.
3. Submit birth certificate and social security card, if they are not already on file, for every child or economic dependent that you wish to add to your plan.
4. Tax records demonstrating that you are claiming your child because he/she is incapable of self-support.

Adopted Child – If your name is not listed as the parent on the birth certificate, please submit a copy of the adoption records.

Step Child or Child of Domestic partner – Marriage/ Partnership relationship with the child's parent must be established.

Economic Dependent – Affidavit for Parent Child Relationship.

Upon certification of eligibility, the dependent's coverage must be continuous and without lapse. You will be periodically required to submit an updated questionnaire and medical report for recertification.

Should you have any questions about documentation requirements, please contact the District's Health Benefits Unit (HBU).

- Email: healthbenefits@email.laccd.edu

Pet Discount Programs

Pet Assure.

Pet Assure is the nation's largest Veterinary Discount Plan. For a single pet, the cost is \$8/month. For unlimited pets, the cost is \$11/month. With these services you will be able to save on all in-house medical services—including office visits, shots, X-rays, surgical procedures and dental care. Pet Assure is available for every type of pet, with absolutely no exclusions or medical underwriting. There are no claim forms, deductibles or periods of waiting for reimbursements.

Discount Plan benefits:

- **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

PETplus.

PETplus is a program that includes the ability to save on brand name prescriptions and preventatives. You can shop online or on the PETplus app and shipping is free. This service includes a 24/7 Pet Health Line powered by WhiskerDocs veterinary experts.

How to Enroll in Pet Assure or PETplus single or unlimited plans:

- Review the plan differences by watching the following videos: [Pet Assure](#) and [PETplus](#).
- Check online to see if your veterinarian is in their discount network.
- Go to the SAP ESS Portal and enroll.



Spoofing and Phishing

Spoofing

Spoofing is when someone disguises an email address, sender name, phone number, or website URL—often just by changing one letter, symbol, or number—to convince you that you are interacting with a trusted source.

For example, you might receive an email that looks like it's from your boss, a company you've done business with, or even from someone in your family—but it actually isn't.

Criminals count on being able to manipulate you into believing that these spoofed communications are real, which can lead you to download malicious software, send money, or disclose personal, financial, or other sensitive information.

Phishing

Phishing schemes often use spoofing techniques to lure you in and get you to take the bait. These scams are designed to trick you into giving information to criminals that they shouldn't have access to.

In a phishing scam, you might receive an email that appears to be from a legitimate business and is asking you to update or verify your personal information by replying to the email or visiting a website. The web address might look similar to one you've used before. The email may be convincing enough to get you to take the action requested.

But once you click on that link, you're sent to a spoofed website that might look nearly identical to the real thing—like your bank or credit card site—and asked to enter sensitive information like passwords, credit card numbers, banking PINs, etc. These fake websites are used solely to steal your information.

Phishing has evolved and now has several variations that use similar techniques:

- **Vishing** scams happen over the phone, voice email, or VoIP (voice over Internet Protocol) calls.
- **Smishing** scams happen through SMS (text) messages.
- **Pharming** scams happen when malicious code is installed on your computer to redirect you to fake websites.

Spoofing and phishing are key parts of business email compromise scams.

How to Report

To report spoofing or phishing attempts—or to report that you've been a victim—file a complaint with the FBI's Internet Crime Complaint Center (IC3).

How to Protect Yourself

- Remember that companies generally don't contact you to ask for your username or password.
- Don't click on anything in an unsolicited email or text message. Look up the company's phone number on your own (don't use the one a potential scammer is providing), and call the company to ask if the request is legitimate.
- Carefully examine the email address, URL, and spelling used in any correspondence. Scammers use slight differences to trick your eye and gain your trust.
- Be careful what you download. Never open an email attachment from someone you don't know and be wary of email attachments forwarded to you.
- Set up two-factor (or multi-factor) authentication on any account that allows it, and never disable it.
- Be careful with what information you share online or on social media. By openly sharing things like pet names, schools you attended, family members, and your birthday, you can give a scammer all the information they need to guess your password or answer your security questions.



Mental Wellness

Calming Strategies to Manage Anxiety

Nearly 20% of adults in the U.S. experience anxiety, with most developing symptoms before the age of 20.¹ The exact cause of anxiety is unknown, but experts believe there are both genetic and environmental components.

People experience anxiety differently, but the common thread is a persistent, excessive fear or panic in everyday situations.

Challenging life circumstances often precede anxiety. Changing jobs, dealing with a health problem, moving, and being a caregiver are all common triggers. Symptoms of anxiety can range from feelings of restlessness to intense physical symptoms like nausea, sweating, and shortness of breath.¹

Learning how to manage anxiety can help reduce the intensity and frequency of your symptoms. Try these calming strategies the next time you feel anxious.^{2, 3}

- » Phone a friend. Connect with a trusted friend or mentor who is a good listener. Sometimes venting your feelings and emotions is all you need to release intense emotions.
- » Avoid alcohol. Alcohol intensifies emotional responses and interrupts sleep quality, which can make anxiety worse.³
- » Avoid caffeine. For some people, caffeine amplifies physical symptoms of anxiety, leading to increased heart rate and shortness of breath.²
- » Prioritize restful sleep. Since physical and mental exhaustion can worsen anxiety symptoms, try to get at least 7 hours of restful sleep each night.
- » Try deep breathing exercises. Use deep breathing techniques, such as belly breathing, as soon as anxiety symptoms appear. Deep breathing lowers your heart rate and blood pressure, which can help you feel calmer and more relaxed.
- » Keep a journal. Record details about your anxiety symptoms in a journal, and note the people, situations, or other factors that may have played a role. These clues can help you and your healthcare team predict when anxiety might occur in the future.

Equipped with the right self-care tools, you can learn to manage anxiety when symptoms first appear. However, if your attempts to self-manage are not effective, contact your healthcare provider or a mental health professional to discuss other treatment options.

How to Talk with Your Doctor About Mental Health

It is normal to feel disappointed, sad, frustrated, or angry when life does not happen the way you hoped it would. In fact, negative emotions are as natural as positive ones.

However, when negative feelings linger for long stretches of time, or disrupt your relationships, it may indicate something more is going on.

Healthcare providers are trained to identify signs and symptoms of mental health conditions, such as anxiety and depression. If you have concerns about your mental health, a good next step is to schedule an appointment with your provider and start a conversation.

Here are some possible ways to bring up mental health concerns with your doctor:⁶

- I think I may be depressed. Do you have suggestions on how to handle that?
- Is there a mental health or depression screening I can take?
- What resources can help me understand what I am experiencing?
- Who is best suited to diagnose my condition?
- What are my treatment options?
- I have had thoughts about harming myself. What should I do?

Share specific examples of the symptoms you are experiencing and how often they occur. Describe how those symptoms are affecting your professional work, personal relationships, and day-to-day routines. Provide details about how you have already attempted to manage your symptoms, including prescription or over-the-counter medications.

Your provider may suggest lifestyle changes, self-care strategies, or medication. They may also refer you to someone who specializes in diagnosing and treating mental health conditions, such as a psychiatrist or mental health therapist.⁵

Talking with your healthcare provider about your mental wellbeing is just like talking about any other health concern. Be honest about how you are feeling and ask about alternative treatment options if you are uncomfortable with the initial recommendations.⁴ Likewise, if your treatment plan does not seem to be working for you, be sure to circle back with your provider and ask about alternative options.

1. National Alliance on Mental Illness (NAMI). Anxiety Disorders. Accessed Sept 11, 2023.

2. Mayo Clinic Health System. 11 tips for coping with an anxiety disorder. Published July 20, 2021. Accessed Sept 11, 2023.

3. Better Help. 10 Coping Strategies For Anxiety. Published July 23, 2023. Accessed Sept 12, 2023.

4. National Institute of Mental Health. Tips for Talking With a Healthcare Provider About Your Mental Health. Accessed Sept 12, 2023.

5. Cleveland Clinic. What is a Psychiatrist? What They Do & When To See One. Last reviewed April 10, 2022. Accessed Sept 12, 2023.

6. Familydoctor.org. Talking to Your Doctor About Your Mental Health. Accessed Sept 19, 2023.

EAP: Get the Help You Need



The Employee Assistance Program (EAP) is a confidential service provided by LACCD that offers help with personal and work-related issues. TELUS Health, the district's EAP provider, is an innovative wellbeing solution that provides employees and their family members with an easy-to-use online platform and app with all the tools you'll need to be healthy and happy. TELUS Health makes it easier to access a confidential employee assistance program (EAP) and connect with your workplace community. **Take a minute and join today! (Go to the email invitation sent monthly from TELUS Health and click JOIN NOW.)**

Why you should join TELUS Health

1. Feel supported 24/7, 365 days a year with a confidential support service for all of life's stresses, whether you're expecting a baby, going through a divorce, feeling lonely or feeling overwhelmed at work.
2. Choose Snackable Wellbeing topics from leading experts you're most interested in improving.
3. Stay connected with what's happening across the organization.

Getting started using TELUS Health Online

Getting started with TELUS Health is easy.

1. Check your email inbox for an invitation or email walkerkc@laccd.edu to request access. Sign up by clicking the **JOIN NOW** link in the email.
2. Create a password.
3. Download the TELUS Health app to easily access a wealth of online resources!
4. Click **"Next"** and you will be prompted to create a password.

Support for your immediate family members!

Under "Profile", invite up to five (5) dependents to join you on the TELUS Health platform!

Contact your EAP any time, 24/7
 800.581.1485
 - OR -
one.telushealth.com
 - OR -
 Download the TELUS Health App





TELUS Health offers support with mental, financial, physical and emotional wellbeing

Life	Family	Health	Work	Money
Retirement	Parenting	Mental Health	Time Management	Savings
Midlife	Couples	Addictions	Career Development	Investing
Student Life	Separation/Divorce	Fitness	Work relationships	Budgeting
Legal	Older relatives	Managing Stress	Work Stress	Manage Debt
Relationships	Adoption	Nutrition	Managing People	Home buying
Disabilities	Death/Loss	Sleep	Shift Work	Renting
Crisis	Child Care	Smoking Cessation	Coping with Change	Estate Planning
Personal Issues	Education	Alternative Health	Communication	Bankruptcy

Telemedicine

Telemedicine allows healthcare professionals to evaluate, diagnose and treat patients at a distance using telecommunications technology. This can be especially useful when you are not able to get to your doctor's office but have a non-emergency symptom you would like a professional to assess. Many services can be used for colds, infections, rashes and even filling certain prescriptions. Below you can find what sort of telemedicine services your carrier is providing.

Anthem Blue Cross

Using **LiveHealth Online** from Anthem, you can have a private video visit with a doctor or licensed therapist on your smartphone, tablet or computer. It's easy and convenient to use. Online medical visits using LiveHealth Online are part of your Anthem health plan, and the cost of the visit depends on your benefits, copay and your percentage of the cost. You'll see what you owe before you start a visit, and any cost is charged to your credit card. **Cost: Varies by Plan**

Blue Shield

Blue Shield of California offers **Teladoc** providing access to a national network of U.S. board-certified physicians, licensed in California 24/7 by phone or video. Teladoc doctors can treat many medical conditions including cold and flu symptoms, allergies, bronchitis, respiratory infection, sinus problems and more. To get started set up an account at www.teladoc.com/bsc, provide a medical history and then request a consult. **Cost: \$0 Copay**

Kaiser

Included in your plan at **Kaiser**, you are able to choose where, when and how you get care. You can get 24/7 care advice by calling 833.574.2273. You are also able to visit kp.org/getcare or use Kaiser's mobile app to schedule a variety of appointments including in-person, phone, and video. Through the same resource you can also email your doctor's office and fill out a questionnaire regarding minor health problems and have a clinician respond, usually within two hours (also known as an E-visit). **Cost: Free**

Health Net

Health Net members will get free 24/7 telephone access to doctors for non-emergency consultations anytime, anywhere. Once you're set up, a **Teladoc** doctor is always just a call or click away! Once you have enrolled with Health Net, you can log in and register at the Teladoc site <https://member.teladoc.com/hn>. **Cost: Free**

UnitedHealthcare

Choose from an **Amwell**, **Doctor on Demand**, or **Teladoc** network provider at myuhc.com or uhc.com/virtualvisits on your phone or computer 24/7. Some tips include downloading the apps for the virtual provider above you would like to seek care from, locating your member ID number on your health plan ID card, having a credit card ready to cover any fees and choose a pharmacy that's open in case you are given a prescription. To get started set up your account at myuhc.com. **Cost: Varies, up to \$50**



JLMBC at Work

A Year in Review— The JLMBC is constantly working to provide you with the best benefits, wellbeing, and experience while you are with the district, as well as beyond, into retirement. Here are some of the improvements made by the JLMBC on your behalf:

- ⇒ Fall and Spring Newsletters
- ⇒ Communicated Important Changes
- ⇒ Evaluated the addition of a Long-Term Disability plan
- ⇒ Discussed Voluntary Benefits Consolidation

The JLMBC will continue to work for you year after year. If you have questions or concerns you would like to bring to the committee's attention, please contact your JLMBC representative, or the Health Benefit Unit.

Health Benefits Unit Contact Information

Email: healthbenefits@email.laccd.edu



Glossary of Health Plan Terms

Open Enrollment.

Open Enrollment is your one time during the year to select new plan options for all lines of coverage—medical, dental, vision, and more. Unless you are a new hire or have a Qualified Status Change event throughout the year (married, birth of child, etc.) you will not be able to elect or change your coverage until the following Open Enrollment. For this reason, be sure to review all plans carefully, discuss with your family, and choose the right options for you.

Eligible Retiree.

A retiree who retired from District service under the rules of the CalPERS or CalSTRS retiree system, who is receiving an retirement allowance, and who meets the minimum years of service based on contract hire date.

AB528 Retiree.

An individual who retired from LACCD and is buying into LACCD sponsored health benefits through CalPERS and Dental/Vision benefits through LACCD, but who is not vested and who may not receive all of the rights and privileges of a retiree who is 50-, 75-, 100% vested.

Deductible.

This is the amount you must pay each calendar year (January 1—December 31) before the plan will pay benefits.

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, can count toward the maximum out-of-pocket.

This is also based on a calendar year, which means accumulation towards your maximum will start over on January 1 each year.

Copayment.

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

Coinsurance.

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

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 \$1,000, on a PERS Gold plan, the insurance company will pay \$800 (80%) and you will pay \$200 (20%). On the PERS Platinum plan, the insurance company will pay \$900 (90%) and you will pay \$100 (10%).

Explanation of Benefits (EOB).

The EOB lists the service charges on a healthcare claim, how much your plan pays for and how much you must pay.

- When you go see a PPO network doctor, or have a prescription filled at one of the plan's participating pharmacies, you may pay a flat copayment or coinsurance. If you visit a non-network doctor, your costs will be higher (you pay deductible, plus coinsurance insurance, instead of the flat copayment).
- Your coinsurance and out-of-pocket costs are lower when you go to PPO in-network providers.

Health Insurance Portability and Accountability Act (HIPAA).

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. LACCD complies by all HIPAA requirements when handling your information.

Parent-Child Relationship (PCR).

PCR is defined in the Public Employees' Medical and Hospital Care ACT (PEMHCA) at section 599.500, subsection (o) as "intentional assumption of parental status, or assumption of parental duties by the employee or annuitant, as certified by the employee or annuitant at the time of enrollment of the child, and annually thereafter up to the age of 26, unless the child is disabled as described in section 599.500, subdivision (p)." (Note: PCR does not relate to natural born, step, or adopted children).

POLST

is an approach to improving end-of-life care in the United States, encouraging providers to speak with patients and create specific medical orders to be honored by healthcare workers during a medical crisis.

Important Contact Information for Your Benefits

****PHISHING ALERT—These are the ONLY vendors the district officially contracts with. If you receive communications from any other vendor, please be cautious, as they may NOT be working with the district to offer you the best plans and prices.**

Medical Plans

CalPERS Health Benefit Program

Contact information: 888.225.7377
Monday – Friday, 8:00 am – 5:00 pm
TTY (for speech and hearing impaired): 916.795.3240
www.calpers.ca.gov

Anthem Blue Cross

- Select HMO – 855.839.4524
- Traditional HMO – 855.839.4524

Blue Shield of California (HMO)

- Blue Shield Access+ HMO – 800.334.5847
- Blue Shield Trio HMO – 800.334.5847

Health Net of California (HMO)

- Salud y Más HMO – 888.926.4921
- SmartCare HMO – 888.926.4921

Kaiser (HMO): 800.305.1220

PERS Platinum (PPO): 877.737.7776

PERS Gold (PPO): 855.995.5004

Sharp: 855.995.5004

UnitedHealthcare Alliance/Harmony: 877.359.3714

Western Health Advantage: 888.942.7377

Dental Plans

Delta Dental

Contact information: 800.765.6003
P.O. Box 997330
Sacramento, CA 95899
www.deltadentalins.com

MetLife/SafeGuard

Contact information: 800.880.1800
P.O. Box 3594
Laguna Hills, CA 92654
www.safeguard.net (plan code: SGC1028)

Employee Assistance Program (EAP)

TELUS Health

Contact information: 800.581.1485
one.telushealth.com

Vision Plan

VSP

Contact information: 800.877.7195
P.O. Box 997100
Sacramento, CA 95899-7105
www.vsp.com

FSA / HRA Accounts

ASIFlex

Website: asiflex.com
Contact information: 800.659.3035
M-F: 5:00 am – 5:00 pm, Sat: 7:00 am – 11:00 am

Other Benefits & COBRA Information

LACCD Health Benefits Unit

Contact information: HealthBenefits@email.laccd.edu
<http://www.laccd.edu/Departments/HumanResources/healthbenefits/Pages/default.aspx>

OptumRx

Basic Members: 855.505.8110
Medicare Part D Members: 855.505.8106
Members needing TTY service: please dial 711
https://chp.optumrx.com/rxsol/chp/ContentCalPERS/calpers_index.html

OptumRx administers the prescription drug benefits for those enrolled in PERS Select, PERS Choice, and PERSCare PPO plans, as well as those in Anthem Blue Cross, Health Net, Sharp, and UnitedHealthcare HMO plans.

Pet Discount Programs

PetAssure

Contact information: 888.789.7387
Monday-Friday: 5:00 am – 3:00 pm
www.petassure.com

PETplus

Contact information: 866.893.0306
M-F: 6am – 3pm, Sat.: 6am – 2pm, Sun: 6am – 12pm
info@petplus.com
www.petplus.com

District Contacts

JOINT LABOR/MANAGEMENT BENEFITS COMMITTEE

<u>MEMBERS</u>	<u>ALTERNATES</u>	<u>BOARD OF TRUSTEES</u>
William Elarton-Selig Chair, JLMBC WDElarton@aft1521.ord	No Alternate	Nichelle Henderson President
James Bradley President SEIU Local 99	Kathleen J Becket SEIU Local 99	Kelsey K. Iino, Ed.D. 1st Vice President
Bruce Hicks President SEIU Local 721	Colonda Hawkins SEIU 721	Sarah Hernandez, J.D. 2nd Vice President
Luis Dorado President Los Angeles Harbor College, Admin Rep	Rick von Kolen Director Employee and Labor Relations	Gabriel Buelna, Esq. David Vela Andra Hoffman Steven F. Veres Amber Baham Student Trustee
James McKeever President Los Angeles College Faculty Guild AFT, Local 1521	Dr. Jessica Saint-Paul Los Angeles College Faculty Guild, Local AFT 1521	DISTRICT ADMINISTRATION
Dr. Deborah Harrington President Teamsters Local 911	Dr. Celena Burkhardt Teamsters Local 911 Priscilla Lopez Teamsters Local 911	Francisco C. Rodriguez, Ph.D. Chancellor Kathleen Burke, Ed.D. Interim Deputy Chancellor Nicole Albo-Lopez, Ed.D. Vice Chancellor of Educational Programs and Institutional Effectiveness
Andrea Edwards President AFT Local 1521A	Melinda Ung AFT Local 1521A	Teyanna Williams, J.D. Vice Chancellor for Human Resources Carmen V. Lidz, MS Vice Chancellor / Chief Information Officer
Chad Boggio LA/OC Building & Construction Trades Council	Dr. Teyanna Williams Vice Chancellor of HR	Jeanette L. Gordon Vice Chancellor / Chief Financial Officer Anne Diga, J.D. Acting General Counsel Rueben C. Smith, D.C.Sc. Vice Chancellor / Chief Facilities Executive Jim Lancaster, Ed.D. Vice Chancellor, Workforce Development

RESOURCES TO THE JLMBC

Isabel Alejandro Retiree, Management Association alejani0788@yahoo.com	Sharon Hendricks Retirement Liaison sharonaft1521@gmail.com	Valencia Moffet Director of Business Services moffetvm@email.laccd.edu
Pamela Atkinson Retiree AFT 1521A atkinsonps@gmail.com	Leon Marzillier President Emeritus Chapter AFT1521 lmarzillier@socal.rr.com	Fern Reisner President of Retiree Chapter AFT 1521A fmreisner@gmail.com
Leisa Biggers Director, Human Resources biggerlv@email.laccd.edu	Claudette McClenney Retiree, SEIU Local 721 claudette.mcclenney@gmail.com	Katrelia C. Walker Health and Wellness Specialist walkerkc@email.laccd.edu
Brisa Casco Health Benefits Manager casobm@email.laccd.edu	Jaqueline Sauter Coordinator, LACCD Sauterj@LACCD.edu	Leila Menzies Retiree, Management Association leilamenzies@aol.com
Laurie Green Retiree glsgreen1@aol.com		Fay Dea Retiree, AFT 1521

This benefits guide prepared by



Gallagher

Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.