

# For Your Benefit

JOINT LABOR-MANAGEMENT BENEFITS COMMITTEE

## HEALTH BENEFITS NEWSLETTER FOR RETIREES

### CalPERS to reduce the number of HMO Medicare Plans in 2016:

Effective January 1, 2016 CalPERS medical will reduce the number of available Medicare HMO's plans from seven HMO plans to three HMO plans and will continue offering up to three Medicare PPO plans.

According to available information from CalPERS, in an effort to maintain medical costs associated with its benefits plans, they have reduced the available number of Medicare HMO's, beginning in 2016.

Effective January 1, 2016 the following Medicare HMO plans will be available through CalPERS:

HMO Plan Name:	2016 Single	2016 2-party	2016 Family
Kaiser CA	\$297.23	\$594.46	\$891.69
Kaiser Out of State	\$297.23	\$594.46	\$891.69
United HealthCare	\$320.98	\$641.96	\$962.94
PPO Plan Name:	2016 Single	2016 2-party	2016 Family
PersCHOICE	\$366.38	\$732.76	\$1,099.14
PersSELECT	\$366.38	\$732.76	\$1,099.14
PersCARE	\$408.04	\$816.08	\$1,224.12

Please plan to attend one of the LACCD Health and Wellness Benefits Fair to learn more and discuss available coverage with representatives from the available plans in attendance. If you cannot attend, you may contact CalPERS directly at 1-888-225-7377.



### What do I need to do?

- » You do not need to respond to the CalPERS enrollment mailing unless you're making changes to your medical plans or dependents.
- » If you wish to make changes to your dental or vision, you must contact LACCD Health Benefits Unit at 1- (888)- 428-2980; or you may email the HBU at [do-sap-benefits-health@email.laccd.edu](mailto:do-sap-benefits-health@email.laccd.edu); or mail us at 770 Wilshire Blvd. 6th Floor, Los Angeles, CA 90017.

## Learn, Decide, Act

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

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

#### Learn

- » Start by carefully reviewing this newsletter.
- » For more detailed information on your District benefits, visit: [WWW.LACCD.EDU](http://WWW.LACCD.EDU), then click on "Faculty and Staff" tab at the top of the page.
- » Once the Faculty and Staff page comes up, on the left hand side of the page, click, "Health Benefits".
- » The web site is available 24 hours a day. Be sure to click on your eligible group (retirees) in order to learn about the plans that apply to you.

- » If you have coverage questions, we encourage you to call your plan's Member Services (see contact information on page 7).

#### Decide

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

Health Benefits Unit at 1-888-428-2980 or email the HBU at [do-sap-benefits-health@email.laccd.edu](mailto:do-sap-benefits-health@email.laccd.edu), or mail us at 770 Wilshire Blvd. 6th Floor, Los Angeles, CA 90017.

#### Act

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

## Attend a Health and Wellness Benefits Fair or CalPERS Webinar

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

### Benefits Fairs:

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

### 2016 CalPERS Webinar

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

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## HEALTH CARE REFORM UPDATE

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

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

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

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

## NOTIFY LACCD OF ALL PLAN AND ADDRESS CHANGES

The LACCD Health Benefits Unit needs to know about all changes you make with CalPERS Medical (whether you add a dependent, change your address, or simply change your medical plan). CalPERS handles only your medical changes.

LACCD is your contact point for dental and vision changes. To make changes in dental or vision plans, or to inform us about changes you have made in regards to your medical plan, please contact:

**LACCD Health Benefits Unit**  
770 Wilshire Blvd., 6th floor  
Los Angeles, CA 90017  
Phone: (888) 428-2980  
Fax: (213) 891-2008  
Email: [Do-sap-benefits-health@email.laccd.edu](mailto:Do-sap-benefits-health@email.laccd.edu)

**Stay in touch with the AFT Guild!** Keep connected by joining our e-mail list serve. If you would like to be included, send a note to Reyna Gonzalez at [rgonzalez@aft1521.org](mailto:rgonzalez@aft1521.org)



## IMPORTANT INFORMATION FOR 2016

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

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

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

**Note: Kaiser medical plan through CalPERS PEMHCA, provides a limited vision benefit, and the Kaiser vision benefit is integrated**

**within the Kaiser Medical Plan, and therefore MOOP will apply to Kaiser medical and vision benefits, along with the Kaiser pharmacy benefits, under the Kaiser Medical Plan Maximum out of Pocket – under CalPERS plans there are MOOPS for medical and separate for pharmacy.**

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

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

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

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

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

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

## EARLY RETIREES (UNDER AGE 65) -- YOUR CalPERS MEDICAL PLAN CHOICES

The Los Angeles Community College District provides a generous and comprehensive benefits package to help you care for yourself and for your family. Health care coverage is offered under the CalPERS health plans. 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 Mas
- » Health Net SmartCare
- » Kaiser HMO
- » UnitedHealthcare
- » Blue Shield NetValue HMO, which offers the same benefits as the Blue Shield Access + HMO but requires members to use providers in a smaller network of medical groups.

### Your PPO Choices

- » PERS Choice (which is an 80/20 plan—see definition on page 6)
- » PERS Select (which is also an 80/20 plan—but one that requires members to use a smaller network of medical doctors.)
- » PERSCare (Note: The cost of this coverage for full-time actives, retirees under age 65 or retirees age 65 and over who do not have Medicare A and B, and are not in Medicare Supplement plans, is not fully paid by the District.)
- » For PERSCare if the retiree and all dependents on the plan are age 65 and over with Medicare A & B, the District will pay the full premium. If you have turned age 65 already, consider changing during this annual open enrollment to the PERSCare (which is a 90/10 plan—see definition on page 6)

### What you should consider when selecting 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 a retiree under age 65, the District will pay up to the negotiated cap on the full cost of HMO or PERS Choice PPO coverage for you and your eligible dependents.
- » If you are a retiree under age 65, the premium for the PERSCare plan is higher and you pay the difference between Choice and Care rates.



## CalPERS Dependent Eligibility Verification

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

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

### Supporting Documentation – Dependent Verification

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

#### Current spouse

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

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

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

#### Current registered domestic partner

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

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

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

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

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

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

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

1. A copy of the front page of your 2014 federal or state tax return confirming this dependent and social security card OR
2. A copy of the court order naming you or your spouse as the child's legal guardian and social security card OR
3. Day care receipts or school records which indicate the child resides at your current mailing address and social security card.

\*A parent-child relationship is establishing a relationship with a child who is not your natural born, adopted, or step child. This is commonly done through legal guardianship or a foster relationship. Once the child has been in your care for a year—one tax cycle—you must provide tax forms to demonstrate financial relationship. Foster children are not eligible in their first year with you due to being eligible for other state funded coverage. However, after a tax-noted relationship has been confirmed, you may add your foster child during the next enrollment period.

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



**ALL changes to plans and dependents for dental and vision are done directly with LACCD Health Benefits Unit. You must complete the 2016 health benefits application (see page 7). For more information, please call (888) 428-2980, or email the HBU staff directly at: [do-sap-benefits-health@email.laccd.edu](mailto:do-sap-benefits-health@email.laccd.edu)**

## A CLOSE LOOK AT YOUR VISION PLAN: including Hearing program

LACCD offers vision coverage through VSP Vision Care (VSP), the nation's largest provider of eye care coverage. You can choose between VSP preferred providers and out-of-network providers, but keep in mind when you use VSP preferred providers, you can choose from thousands of doctors across the country and receive a 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](http://www.vsp.com) or by calling (800) 877-7195. Your provider will be able to access your membership information and bill you accordingly.

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

## KNOW YOUR DENTAL PLAN CHOICES

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

- **Delta Dental PPO dental plan** gives you the option of choosing any licensed provider. If you select a dentist who is a member of Delta Dental's PPO network, you have access to the PPO provider's discounted rates and reduce your out-of-pocket costs. Retirees' maximums are based upon their number of years served at the time of retirement:
  - Less than 5 years \$1,000
  - 5 plus, but less than 10 years \$1,500
  - 10 plus, but less than 15 years \$2,000
  - 15 plus, but less than 20 years \$2,500
  - 20 or more years \$3,000
- **SafeGuard HMO** dentists provide services at little or no cost when you go to a dentist who is a SafeGuard HMO network member. The plan requires all enrolled dependents to select a primary care dentist to coordinate your care. Unlike the Delta Dental PPO, you cannot select out-of-network dentists.

## YOUR HRA BENEFIT CONTINUES

**(Available to Early Retirees only. Note: After age 65 if you still have balances you are eligible to continue to use the balances.)**

An HRA is a benefit plan that reimburses eligible early retirees for qualified out-of-pocket expenses with tax-free dollars. From January 1, 2010 through Dec 31, 2016 the District added \$1,500 to your HRA each year. Any continuation of new HRA past December 31, 2016 is unknown, but is under discussion. 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 early retirees receive an upload of another \$1,500 on your HRA debit cards in January from our plan administrator. 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.



## THE RIGHT FIT FOR RETIREES

### EARLY RETIREES UNDER 65

As an eligible retiree you may enroll yourself and all eligible family members in a health plan within 60 days of your retirement date. Please refer to your plan choices listed in the CalPERS Basic Health Plans Summary. **Contact information: For questions about medical benefits contact CalPERS at (888) CalPERS (or 888-225-7377). For questions about dental and vision benefits contact LACCD Health Benefits Unit at (888) 428-2980.**

### 65+ MEDICARE ELIGIBLE RETIREES

If you're a Medicare-eligible retiree, the District will pay up to the negotiated cap. CalPERS offers several health plans that supplement your Medicare coverage. The primary payer is Medicare, and the CalPERS supplemental plan is the secondary payer. The CalPERS supplemental plan will pay for benefits that are defined as covered services under Medicare and may not be the same as what was covered by the CalPERS plans when you were an active full time regular employee.

#### **If Some Family Members Are Eligible for Medicare and Some Are Not...**

All of the CalPERS Medicare health plans have counterparts for people under age 65. If you're eligible for Medicare but your dependents are not, they will be enrolled in the non-Medicare version of the plan you choose, and vice versa. This means if you are over 65 and enroll in the PERSCare Supplemental Plan, any dependents under age 65 will be enrolled in the PERSCare PPO

and you will incur a cost for that enrollment. To avoid this cost, you should enroll in the PERChoice Medicare Supplement until you and all your dependents are age 65 and have both Medicare A and B.

#### **Do Not Enroll in a Separate Medicare Part D**

Medicare Part D is prescription drug coverage. Your CalPERS medical plan now automatically enrolls you in a CalPERS Medicare D as part of their prescription cost savings plan. You never need to enroll/purchase a SEPARATE Medicare D plan. If you enroll in a separate Medicare Part D plan, LACCD will not contribute toward the monthly cost of your coverage and reserves the right to cancel your District-sponsored medical coverage.

Based on your adjusted gross income you may be required to pay an "Income Related Monthly Adjustment Amount" (IRMAA) for Medicare D to the Center for Medicare Service. The amount you pay may change depending on the income or enrollment information received by Medicare from Social Security. You will receive a bill for the COST but may arrange for automatic payments from your checking or savings account. If you receive a Social Security pension, your IRMAA will be automatically deducted. It will NOT be automatically deducted from your STRS or PERS pension. For questions call 1-800 MEDICARE (1-800-633-4227).

**Contact information: For questions about medical benefits contact CalPERS at (888) CalPERS (or 888-225-7377). For questions about dental and vision benefits contact LACCD Health Benefits Unit at (888) 428-2980.**

## WELLNESS, BETTER THAN EVER!

### Your Health Matters!

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

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

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





## PET BENEFITS

### **Pet Assure Veterinary Discount Card -- \$8 a month or \$96/year covers ALL pets in your household**

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

### **Want to Know if Your Family Vet Honors Pet Assure?**

For a list of participating veterinarians in your area, go to [www.petassure.com](http://www.petassure.com) or call Pet Assure at 877-FIND-VET (346-3838).

### **How to Enroll in Pet Assure**

- Go to [www.petassure.com](http://www.petassure.com)
- Or call 888-789-PETS (7387) and give them your promo code: LACCDR

## Glossary of Health Plan Terms

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

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

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

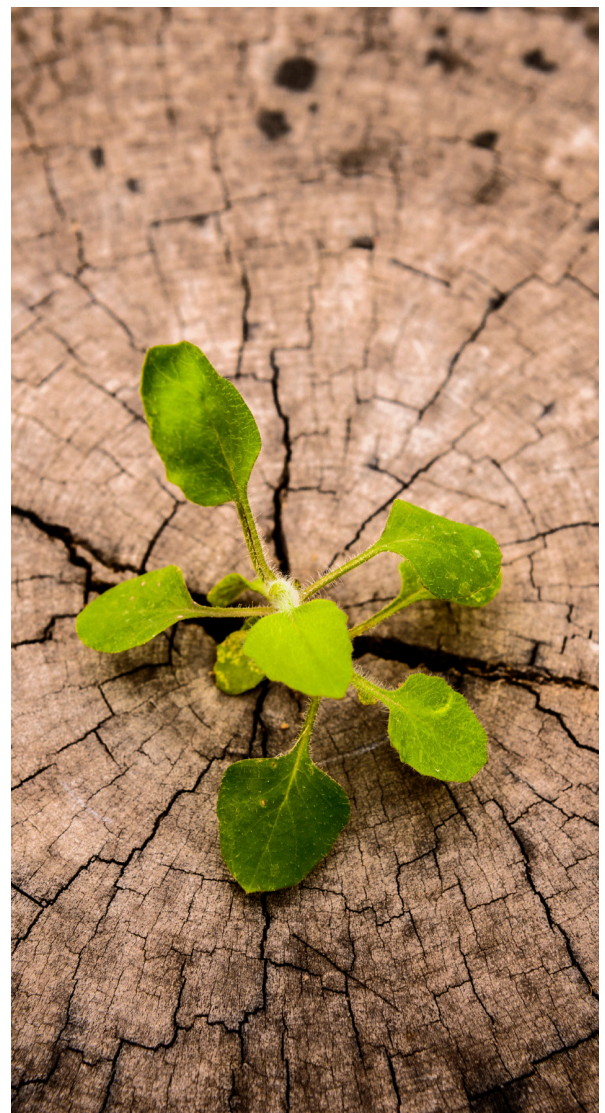
**Copayment** — This is a flat dollar amount you pay for medical services, such as the payment you make for a doctor’s office visit.

**Maximum-Out-of-Pocket (MOOP)** — If your share of the medical expenses reaches this amount, you will not have to pay any more coinsurance for the rest of the year. Keep in mind that some expenses, such as your deductible and copayments, do not count toward the out-of-pocket maximum.

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

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

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





# LOS ANGELES COMMUNITY COLLEGE DISTRICT

## ENROLLMENT/CHANGE FORM

### DENTAL & VISION ONLY RETIREES/ SURVIVORS

#### 1. Personal Information

<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
<i>Street Address (no P.O. Boxes)</i>			<i>Home Phone</i>	<i>Cell Phone</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Email Address</i>	

#### 2. Reason for Completing This Form

<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Name/Address Change	<input type="checkbox"/> Change in Dependent Coverage
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#### 3. Dental Plan 4. Vision Plan

<input type="checkbox"/> Delta Dental PPO <input type="checkbox"/> MetLife Dental HMO (formerly Safeguard)	<input type="checkbox"/> Vision Service Plan
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#### 5. Dependent Enrollment Information

Please complete the following section for each person you are enrolling other than yourself. If you are enrolling more than one child, please list their names and information on a separate page. Sign, date, and attach that page to this form. Please submit copies of verifying documents for each dependent addition/deletion. If you are adding dependents, attach PHOTOCOPIES of 1) the social security card for all dependent, and 2) A birth certificate (children), birth certificate and tax return (parent-child relationship), county marriage license or state domestic partner registration (spouse/dom partner). Domestic Partner is a registered same-sex partner or a registered inter-gender partner if one or both persons in the relationship is over 62.

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	<hr style="border-top: 1px dotted black;"/> <hr style="border-top: 1px dotted black;"/>			
Child/ Parent-Child Relationship	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<hr style="border-top: 1px dotted black;"/> <hr style="border-top: 1px dotted black;"/>			

**X** \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

IMPORTANT CONTACT INFORMATION FOR YOUR BENEFITS	
<p><b>MEDICAL PLANS</b>  <b>CalPERS Health Benefit Program</b>            (888) 225-7377            Monday—Friday, 8:00 a.m. - 5:00 p.m.            TTY (916) 795-3240            (for speech and hearing impaired)  <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a></p> <p><b>DENTAL PLANS</b>  <b>Delta Dental</b>            P.O. Box 997330, Sacramento, CA 95899            (800) 765-6003  <a href="http://www.deltadentalins.com">www.deltadentalins.com</a></p> <p><b>SafeGuard</b>            P.O. Box 3594, Laguna Hills, CA 92654            (800) 880-1800  <a href="http://www.safeguard.net">www.safeguard.net</a> (plan code: 0150-d)</p> <p><b>VISION PLAN</b>  <b>VSP</b>            P.O. Box 997100            Sacramento, CA 95899-7105            (800) 877-7195  <a href="http://www.vsp.com">www.vsp.com</a></p>	<p><b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>  <b>Managed Health Network (MHN)</b>            (800) 327-0449            or online at <a href="http://mhn.advantageengagement.com">mhn.advantageengagement.com</a>            login code: laccd password: employee</p> <p><b>FLEXIBLE SPENDING ACCOUNTS (HRA balances)</b>  <b>ADP Benefits Solutions</b>            P.O. Box 34700            Louisville, KY 40232            (800) 964-6165  <a href="https://myspendingaccount.shps.com">https://myspendingaccount.shps.com</a></p> <p><b>OTHER BENEFITS &amp; COBRA INFORMATION</b>  <b>LACCD Health Benefits Unit</b>            770 Wilshire Blvd.            Los Angeles, CA 90017            (888) 428-2980            Monday—Friday, 9:00 a.m.— 4:00 p.m.  <a href="http://www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx">www.laccd.edu/Departments/BusinessServices/Benefits/Pages/default.aspx</a></p>

JOINT LABOR/MANAGEMENT BENEFITS COMMITTEE		
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RESOURCES TO THE JLMBC		
<p><b>Nancy Carson, Retiree</b>  <b>Phyllis Eckler, Adjunct</b></p>	<p><b>Barbara Harmon, Retiree</b>  <b>Ethel McClatchey, Retiree</b></p>	<p><b>Amy Roberts, Adjunct</b>  <b>Katrelia Walker, District HR</b></p>