



RETIREE BENEFITS GUIDE

July 2024 - June 2025



Welcome to your Long Beach City College retiree benefits ! This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage.

If you would like more information about any of the benefits described here, please visit the Long Beach City College intranet at <https://www.lbcc.edu/pod/benefits-forms-documents> or contact the Benefits Office at (562) 938-4531 (LAC T-1026).



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Access Your Benefits Online

You can access your benefits information whenever you want, from home or any place where you have internet access, by visiting the Benefits Forms and Documents page of the Long Beach City College intranet. You'll find documents posted such as the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more. The Long Beach Community College intranet is located at <https://www.lbcc.edu/pod/benefits-forms-documents>.

Who may enroll

- All eligible retirees and their eligible dependents may participate in Long Beach City College’s benefits program.

Eligible Dependents

- Legally married spouse
- Dependent children under age 26
- Domestic partners (affidavit is required)

Documents Required to Enroll Dependent(s)

If you add family members to your coverage, you are required to provide documentation to verify coverage eligibility for the dependents that you add during open enrollment or within 31 days of a qualified change in family status as defined by the IRS.

Spouse	<ul style="list-style-type: none"> • Marriage certificate
Domestic Partner	<ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB-205 Compliant) • Affidavit of Domestic Partnership (when applicable)
Children, Stepchildren, and/or Adopted Children up to age 26	<ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate [to include full name of child, child’s DOB and parent(s) name] • Legal Adoption Documentation
Legal Guardianship up to age 18 Disabled Dependent over age 26	<ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship • Legal Birth Certificate or Hospital Birth Certificate [to include full name of child, child’s DOB and parent(s) name] • Completed Anthem or Kaiser Disabled Dependent Certification Form

When You Can Enroll

- During open enrollment
- Within 31 days of a qualified change in family status as defined by the IRS (see Changes to Enrollment below)

Benefit Offerings

The plans offered to you will vary based on your age and location. Following is a list of your available plan offerings:

- **California Resident Under Age 65:** Kaiser Traditional HMO, Anthem HMO or Anthem PPO
- **California Resident Under Age 65:** Kaiser Traditional HMO, Anthem HMO or Anthem PPO
- **Out-of-State Resident Under Age 65:** Anthem Blue Card PPO

Changes to Enrollment

Our benefit plans are effective July 1st through June 30th of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following July 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualified change in family status as defined by the IRS.

Examples include, but are not limited to the following:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Marriage, divorce, legal separation or annulment • Birth or adoption of a child • A qualified medical child support order • Death of a spouse or child • A change in your dependent’s eligibility status • Loss of coverage from another health plan | <ul style="list-style-type: none"> • Change in your residence or workplace (if your benefit options change) • Loss of coverage through Medicaid or Children’s Health Insurance Program (CHIP) • Becoming eligible for a state’s premium assistance program under Medicaid or CHIP |
|---|--|

Note: Coverage for a new spouse, domestic partner or newborn child is not automatic. If you experience a change in family status, you have 31 days to update your coverage. Please contact the Benefits Office immediately to complete the appropriate election forms as needed. If you do not update your coverage within 31 days from the family status change, you must wait until the next annual open enrollment period to update your coverage.

Kaiser Permanente Traditional HMO Plan

With the Kaiser Permanente Traditional Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser Permanente facility, except in the case of emergency. Kaiser Permanente integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility. In addition, Kaiser Permanente offers online tools so you can email your doctor's office, make appointments, refill prescriptions, and more. Kaiser Permanente HMO medical plan highlights include:

- There is no plan deductible.
- Services are only covered when you use Kaiser Permanente providers and facilities, except in the case of emergency.
- You must select a PCP from the pre-approved list of Kaiser Permanente healthcare providers. Each family member may choose his or her own PCP.
- Kaiser Permanente requires a referral from your PCP to see a specialist.

Download the Kaiser Permanente app on the App Store or Google Play to access your health plan information 24/7 from your mobile device. You can use the app to view your benefits, make or change appointments, communicate with your doctor, refill prescriptions, view test results, access your medical records and contact Customer Service.



Telemedicine Mobile app for Kaiser

- Available 24/7/365
- US board-certified doctors are available to resolve many of your non-emergency medical issues through phone or video consults. On vacation, on a business trip, or away from home, when you need care, a doctor is just a call or click away
- Kaiser Members (800) 611-1811, M-F, 8:30am to 5pm
- Kaiser Permanente app (for help with the Kaiser Mobile App call (844) 800-0820, M-F, 8:30am to 5pm)



Home Delivery Pharmacy for Kaiser

With My Health Manager, your employees can refill prescriptions online and pick them up at their local Kaiser Permanente pharmacy. Most prescriptions can even be mailed at no extra charge—no driving, no lines, no time away from work. Members can use other convenient online features to:

- E-mail their doctor's office
- Check lab results
- Request routine appointments with their personal physician
- Review past office visit information



Missing even one dose of these types of drugs can mean serious health problems and may lead to higher health care costs. That's why delivery is a great way to make sure you have your refills when you need them.

How does home delivery work?

If you take prescribed medicine on a regular basis, you can get up to a 100-day supply delivered to your door. Ordering prescription refills from the comfort of your home is simple and convenient, and you can do it 24 hours a day!



- To order by phone, call the pharmacy refill phone number on your prescription label.
- To order online, go to kp.org/myhealthmanager and click on "Pharmacy center."
- Have your credit card, Kaiser Permanente ID card, and prescription number ready before the call or go online. Be sure to select the mail option to have your refills sent to your home. Refills typically deliver in 7 days.

Medical Benefits

Anthem Blue Cross California Care HMO Plan

With the Anthem Blue Cross California Care Health Maintenance Organization (HMO) plan, you must choose a primary care physician (PCP) or medical group within the Anthem Blue Cross HMO network. The PCP you select **MUST** be within no more than thirty (30) minutes travel time or fifteen (15) miles from your residence or your place of employment. All of your care must be directed through your PCP or medical group. Any specialty care you need will be coordinated through your PCP and will generally require a referral or authorization. You will receive benefits only if you use the doctors, clinics and hospitals that belong to the medical group in which you are enrolled, except in the case of an emergency. HMO medical plan highlights include:

- There is no plan deductible.
- Services are only covered when you use HMO network providers, except in the case of emergency.
- You must select a PCP or medical group from the HMO plan's pre-approved list of healthcare providers. Each family member may choose his or her own PCP or medical group.
- The HMO plan requires a referral from your PCP to see a specialist.
- Your PCP will file all claims on your behalf.

Download the Anthem Blue Cross app on the App Store or Google Play to access your California Care HMO Plan information 24/7 from your mobile device. The Anthem Blue Cross app allows you to view your benefits, find a doctor or urgent care and get directions, access your medical ID card, refill prescriptions and contact Customer Service.



Prescription management wherever you are

Access Anthem's online pharmacy tools at home or on the go. Log in or create an account on www.anthem.com/ca, go to My Plans, and then go to Pharmacy. You can also use the Sydney Health Mobile app.



To get started, go to www.anthem.com/ca, click **Manage your prescriptions**, and login to access the *Pharmacy* homepage. From here, you can access Anthem's easy-to-use prescription tools. For some tools, you will be redirected to CarelonRx, the company that helps support your prescription drug benefits. You can:

1. Search your drug lists
2. Find a pharmacy in your network
3. Find out how much a drug will cost
4. Check your prescription order status
5. Refill and renew prescriptions
6. Transfer to home delivery

How to Find a Medical Network Provider:

Go to www.anthem.com/ca to find a provider near you.

- Click: **FIND CARE**
- Select: **Basic Search as a Guest** (if you are not registered)
- Select a State: **California**
- Select a plan/network: **Medical (Employer-Sponsored)**; then, **Blue Cross HMO (CACare) – Large Group**



****IMPORTANT NOTE****

If you do not list a primary care physician (PCP) on your enrollment form, you will be auto-assigned a provider.

Medical Benefits

Anthem Blue Cross Prudent Buyer PPO Plan

With the Anthem Blue Cross Prudent Buyer Preferred Provider Organization plan, you are not limited to the physicians within the PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the PPO network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims. While this plan offers more flexibility than the HMO option, it is also the most costly option. PPO medical plan highlights include:

- This plan includes a deductible for individual and family coverage.
- You may receive services from providers inside and outside the PPO network.
- You are not required to select a PCP or medical group.
- You are not required to obtain a referral to see a specialist.
- Most PPO network providers will file claims on your behalf. However, if you use the non-network tier of the plan, you may have to pay the provider in full and then file a claim for reimbursement.
- Out-of-pocket costs will be higher if you use non-network providers.

Download the Anthem Blue Cross app on the App Store or Google Play to access your Anthem Blue Cross Prudent Buyer PPO Plan information 24/7 from your mobile device. The Anthem Blue Cross app allows you to view your benefits, find a doctor or urgent care and get directions, access your medical ID card, refill prescriptions and contact Customer Service.



Prescription management wherever you are

Access Anthem's online pharmacy tools at home or on the go. Log in or create an account on www.anthem.com/ca, go to My Plans, and then go to Pharmacy. You can also use the Sydney Health Mobile app.



To get started, go to www.anthem.com/ca, click **Manage your prescriptions**, and login to access the *Pharmacy* homepage. From here, you can access Anthem's easy-to-use prescription tools. For some tools, you will be redirected to CarelonRx, the company that helps support your prescription drug benefits. You can:

1. Search your drug lists
2. Find a pharmacy in your network
3. Find out how much a drug will cost
4. Check your prescription order status
5. Refill and renew prescriptions
6. Transfer to home delivery

Finding a Medical Provider:

Go to www.anthem.com/ca to find a provider near you.

- Click: **FIND CARE**
- Select: **Basic Search as a Guest** (if you are not registered)
- Select a State: **California**
- Select a plan/network: **Medical (Employer-Sponsored)**; then,
 - **Prudent Buyer CA Only**



Medical Benefits

Pharmacy tools on Anthem's mobile app: how to access them

To access the Anthem pharmacy tools, you need to be registered on www.anthem.com/ca,

- Go to My Plans, and then go to Pharmacy.
- You can also download the **Anthem Sydney Health Mobile app** from Google Play (Android) or the Apple Store (iOS).



Once you have the app on your device, you'll be able to get real-time information about your prescriptions, including dosage, days' supply, and the last fill date. You can view your prescription history, check the number of refills left, and request to switch eligible prescriptions to CarelonRx Mail.

LiveHealth Online for Anthem Members

- Available 24/7/365
- Virtual Care, Anywhere
- LiveHealth® Online (LHO) lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. If you are considering the emergency room or urgent care for non-emergency issues when your primary care physician is not available, LiveHealth® can help you when you're at home, at work, or on-the-go through secure video or phone.
- \$59 copay for non-Anthem members
- Anthem HMO and PPO Members Simply go to livehealthonline.com or use the LiveHealth Online Mobile App. Pick the state you are in and answer a few questions
- Have questions about LHO, call (888) 548-3432 or send email to customersupport@livehealthonline.com



Home Delivery Pharmacy

The home delivery pharmacy brings your maintenance medicines right to your door. You can skip going to the drugstore and waiting in line to get the medicine you need. You get free standard shipping and refill reminders. And you can even set up automatic refills.



Maintenance medicines are drugs that treat long-term, chronic health conditions such as:

- Indigestion
- High blood pressure
- High cholesterol
- Diabetes

Missing even one dose of these types of drugs can mean serious health problems and may lead to higher health care costs. That's why delivery is a great way to make sure you have your refills when you need them.

Start home delivery now with these steps

- Visit the Pharmacy page on anthem.com/ca, choose the Pharmacy tab on the Sydney Health app, or scan the QR code with your phone's camera.
- Choose **Request a New Prescription**.
- Type in the prescription you'd like delivered.
- Under the name and cost of your prescription, select **Request a New Prescription**.
- Fill in any blank fields, such as shipping address, payment method, and prescriber.
- First-time requestors will need to select **Continue to Medical Profile**.
- Verify any allergies or health conditions, then select **Continue to Submit Order**.
- You can also call CarelonRx Mail at 1(833) 320-1180 or use the live chat feature on Sydney Health or anthem.com/ca.



Medical Benefits

Anthem Blue Cross Preferred Generic Rx Program

If an Anthem Blue Cross member requests a formulary or non-formulary brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed charge for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost for that type of prescription drug.

The Preferred Generic Program does not apply when the physician has specified “dispense as written” (DAW) or when it has been determined that the brand name drug (formulary or non-formulary) is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.

Summary of Benefits and Coverage

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan’s benefits and coverage. This regulation is designed to help you better understand and evaluate your health insurance choices. Visit the Long Beach Community College intranet to view the SBCs provided by our medical carriers at <https://www.lbcc.edu/pod/benefits-forms-documents>.



Medical Benefits

	Kaiser Permanente Traditional HMO Plan	Anthem Blue Cross California Care HMO Plan	Anthem Blue Cross Prudent Buyer PPO Plan	
	Kaiser Facilities Only	HMO Network Only	PPO Network	Non-Network ^{1,2}
How to Find a PCP or Network Provider	Call (800) 464-4000, visit www.kp.org or use the Kaiser Permanente app	Call (800) 227-3771, visit www.anthem.com/ca or use the Anthem Blue Cross Sydney app	Call (800) 759-3030, visit www.anthem.com/ca or use the Anthem Blue Cross Sydney app	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Annual Deductible				
- Individual	\$0	\$0	\$350	
- Family	\$0	\$0	\$1,050	
Coinsurance (Plan Pays)	100%	100%	90%	70%
Physician Office Visit				
- Primary Care Physician	\$20 copay	\$20 copay	\$20 copay	70%
- Specialist	\$20 copay	\$20 copay	\$20 copay	70%
Out of Pocket Maximum				
- Individual	\$1,500	\$500	\$683	\$1,636
- Two Individuals	N/A	N/A	\$1,366	\$3,272
- Family	\$3,000	\$1,500	\$2,049	\$4,908
Hospitalization				
- Inpatient	100%	100%	90%	70%
- Outpatient Surgery	\$20 copay	100%	90%	70%
Emergency Services	\$100 copay; waived if admitted	\$100 copay; waived if admitted	\$100 copay + 90%; copay waived if admitted	
Urgent Care	\$20 copay	\$20 copay	\$20 copay	70%
Preventive Care				
- Well-baby/well-child/well-person, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history)	100%	100%	100%	70%
Mental/Behavioral Health & Substance Abuse				
- Inpatient	100% to 45 days/year	As of 1/1/2021 Covered by Anthem: See page 11 for plan features	As of 1/1/2021 Covered by Anthem: See page 11 for plan features	As of 1/1/2021 Covered by Anthem: See page 11 for plan features
- Outpatient	\$20 copay			
Prescription Drugs				
- Retail Pharmacy		Preferred Generic	Preferred Generic	Preferred Generic
Generic Formulary	\$15 copay	\$15 copay	\$15 copay	\$15 copay + 50%
Brand Name Formulary	\$15 copay	\$25 copay	\$25 copay	\$25 copay + 50%
Non Formulary	N/A	\$35 copay	\$35 copay	\$35 copay + 50%
Supply Limit	100 days	30 days	30 days	30 days
- Mail Order Pharmacy				
Generic Formulary	\$15 copay	\$15 copay	\$15 copay	Not covered
Brand Name Formulary	\$15 copay	\$50 copay	\$50 copay	Not covered
Non Formulary	N/A	\$70 copay	\$70 copay	Not covered
Supply Limit	100 days	90 days	90 days	N/A

¹ Reimbursement amount is based on: An Anthem Blue Cross rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges.

² The following do not apply to out-of-pocket maximums: non-covered expenses. After an annual out-of-pocket maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses.

Medical Benefits

Anthem Behavioral Health, Mental Health and Substance Abuse Benefits

Anthem Blue Cross medical plan can access Behavioral Health, Mental Health and Substance Abuse benefits through their Anthem medical plan. See the table below for details. (Note: Kaiser Permanente plan members obtain these benefits through Kaiser providers and facilities.)

	Anthem Blue Cross California Care HMO Plan	Anthem Blue Cross Prudent Buyer PPO Plan	
	HMO Network Only	PPO Network	Non-Network ^{1,2}
How to Find a PCP or Network Provider	Call (800) 227-3771, visit www.anthem.com/ca or use the Anthem Blue Cross app	Call (800) 759-3030, visit www.anthem.com/ca or use the Anthem Blue Cross app	
Out of Pocket Maximum for Each Member	Please refer to medical plan on page 10	Please refer to medical plan on page 10	Please refer to medical plan on page 10
Mental/Behavioral Health & Substance Abuse			
- Inpatient facility care	No charge ¹	No copay; deductible waived ¹	30% ¹
- Inpatient physician visits	No charge	No copay; deductible waived	30%
- Outpatient facility care	No charge	No copay; deductible waived	30%
- Physician office visits	No charge	No copay; deductible waived	30%

¹ Subject to utilization review; waived for emergency admissions)

² The following do not apply to out-of-pocket maximums: non-covered expenses. After an annual out-of-pocket maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses.

Find a Behavioral or Mental Health Provider Under the Anthem Blue Cross HMO or PPO Medical Plan

Go to www.anthem.com/ca, or get the Sydney App. At the top of the page, click on - **Find A Doctor/Find Care**

- **Members** should register their ID number online – doctor search will automatically find providers specifically contracted under the member’s plan without the need to search for a specific plan or network.
- **Non-members** can also search the site as a Guest:
- Enter the type of care “**Medical**”, state, type of plan “Medical (Employer Sponsored),” and network you are looking for:

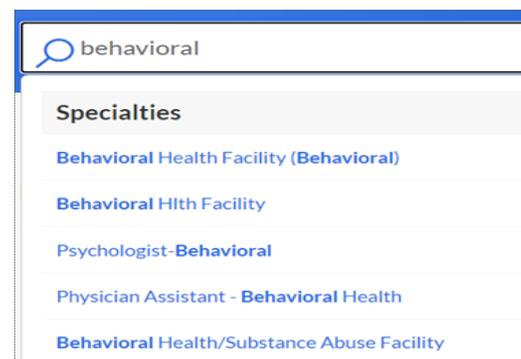
What type of care are you searching for?

Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

- **Networks:**

- **HMO:** Blue Cross HMO (CACARE) – Large Group
- **PPO:** Search for Type of Care – Medical, then choose National PPO (BlueCard PPO).
- You can also use “Prudent Buyer CA Only” which leads to the same network.



Medical Benefits

Tips on Getting the Most Value From Your Medical Plan

1. **Ask Questions**

If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.

2. **Utilize Your Free Preventive Care Benefits to Stay Healthy**

Preventive care benefits are covered at no charge to you when accessed from in-network providers. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and may even help save your life.

What's the difference between preventive care which is free and diagnostic care which you share the cost for in the form of copays and/or coinsurance? Preventive care helps protect you from getting sick, while diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

3. **Get the Right Health Care and Save Money**

Choosing the right care for your medical situation will help save you money out-of-pocket:

- **Doctor's Office Visit or Telemedicine Visit:** These are the best choices for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate, in-person care when you can't get an appointment for a Doctor's Office Visit.
- **Emergency:** You should use the Emergency Room for life threatening emergencies, or for other issues that require immediate medical care outside Urgent Care hours.

4. **Use Generic and Over-the-Counter Drugs When Available**

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay.

Why are generic drugs less expensive? Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices.

In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

5. **Use the Mail Order Prescription Drug Benefit for Maintenance Medications**

As a Anthem Blue Cross member, you can receive a 90 day supply of your maintenance medications for the cost of only 2 copays (cost for generic x 1 copay) (compared with a typical 30 day supply for a single copay at your walk-in pharmacy). In addition, your medications will be delivered to your home.

Anthem Blue Cross Retiree Assistance Program

Long Beach City College offers a confidential Retiree Assistance Program (EAP) through Anthem Blue Cross. The EAP provides assessment, assistance and, when necessary, referral to additional services. Eligible members are entitled to 6 face-to-face, phone or web video consultations per incident, per calendar year for a wide range of emotional health, family and work issues, such as:

- Marriage, relationship and family issues
- Domestic violence
- Traumatic events
- Workplace issues
- Alcohol and drug dependency
- Stress and anxiety
- Depression
- Grief and loss.

The EAP also offers a wide variety of services to help you balance your work with your life, and to address other life challenges such as:

- Counseling
- Legal consultation
- Financial consultation
- ID recovery
- Learn to Live
- Dependent care and daily living resources
- Other anthemEAP.com resources
- Crisis consultation

To access EAP services, you may call 24 hours a day, seven days a week at (800) 999-7222. To access these services online, go to anthemEAP.com and enter your company code: Long Beach City College.

Learn to Live

Your emotional health is an important part of your overall health.

With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives.

Built on proven principles of Cognitive Behavioral Therapy (CBT), Anthem’s digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being—and work through them. You’ll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

The program’s tools and resources are available to help you and your eligible dependents manage issues such as:

- Stress
- Anxiety
- Substance use
- Depression
- Sleep issues

Change your mind. Change your life.™

Take a quick assessment to find the program that’s right for you. To access our Emotional Well-being Resources:

Log in to anthem.com/ca, go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**.

A wealth of resources at your fingertips

- Personalized, one-on-one coaching
- Build a
- Practice mindfulness on the go
- Live and on-

Benefit Plan	Phone	Website	App Available
Medical Plans			
- Kaiser Permanente Traditional/HMO	(800) 464-4000	www.kp.org	App Store/Google Play
- Anthem Blue Cross California Care HMO	(800) 227-3771	www.anthem.com/ca	App Store/Google Play
- Anthem Blue Cross Prudent Buyer PPO	(800) 759-3030	www.anthem.com/ca	App Store/Google Play
- Anthem Blue Cross CarelonRx (Rx)	(833) 320-1180	www.anthem.com/ca	App Store/Google Play
Retiree Assistance Plan			
- Anthem Blue Cross Retiree Assistance Program (EAP)	(800) 999-7222	www.anthemEAP.com Company code: Long Beach City College	N/A
Benefits Office – Long Beach City College	(562) 938-4531	https://lbcc.edu/pod/benefits-forms-documents	N/A

Annual Notices

State and federal laws require that employers provide disclosure and annual notices to their plan participants. The following is a brief summary of the annual notices:

Medicare Part D Notice of Creditable Coverage

Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty. This notice also provides a written procedure for individuals to request and receive a Certificate of Creditable Coverage.

HIPAA Notice of Privacy Practices

This notice is intended to inform employees of the privacy practices followed by your company's group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.

Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA) contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy. The U.S. Departments of Labor and Health and Human Services are in charge of this act of law which applies to group health plans if the plans or coverage provide medical and surgical benefits for a mastectomy.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.

Special Enrollment Rights

Plan participants are entitled to certain special enrollment rights outside of the company's open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.

Medicaid & Children's Health Insurance Program

Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.

Important Notice from Long Beach Community College District About Your Prescription Drug Coverage and Medicare

As a Retiree Participating in Coverage Provided by Anthem Blue Cross or Kaiser Permanente

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with Long Beach Community College District under the Anthem Blue Cross and Kaiser Permanente plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this Notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The prescription drug coverage offered by Long Beach Community College District under the Anthem Blue Cross and Kaiser Permanente plans, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with the Anthem Blue Cross and Kaiser Permanente plans will be affected. If you decide to join a standard Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [the Anthem Blue Cross and Kaiser Permanente plans and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage

- Visit www.medicare.gov;
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or you may call them at (800) 772-1213—TTY (800)-325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed on **page 19** for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Anthem Blue Cross and Kaiser Permanente changes. You also may request a copy of this notice at any time.

Women's Health & Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan.

To obtain more information on WHCR benefits, please call or email the person listed on **page 2**.

Newborn and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

To obtain more information, please call or email the person listed below.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the birth, adoption, or placement for adoption.

To obtain more information, please call or email the person listed on below.

To obtain more information regarding any of the information listed in this packet, or if you have any questions, please contact:

Long Beach Community City College

LBCC Benefits Office—G2

(562) 938-4465

4901 East Carson | Long Beach, CA 90808

Plan Effective Date: 07/01/2024

In the future you may decide to join one of the Medicare drug plans and you may be required to provide a copy of the Prescription Creditable Coverage Notice when you join to show whether or not you have maintained creditable coverage. This is important as if you have not had Creditable Coverage you may be required to pay a higher premium (a penalty).



Plan Arranged By:

2211 Michelson Drive, Suite 1200, Irvine, CA 92612 / Telephone: (949) 833-2983 / Fax: (949) 833-9549

www.burnhambenefits.com

This brochure provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this brochure are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Benefits Office.