

B LONG BEACH
CITY COLLEGE

PART-TIME EMPLOYEE BENEFITS GUIDE

2022



Welcome to your Long Beach City College employee 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>.

Eligible Employees

- All part-time employees benefit eligible for the medical plan

Eligible Dependents

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

Paying for Your Coverage

Paying for benefits before-tax means that your share of the cost is deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year unless you experience a status change.

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, your initial eligibility period as a new hire, and 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)

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.

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

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 and Cost

Coverage Tier	Employee Monthly Contribution
Employee Only	\$505.98
Employee + 1 Dependent	\$1,062.53
Family	\$1,517.94
Medical Plan Features	Anthem Blue Cross Anthem Elements Choice EQ HMO 1500
Network	California Care HMO
Lifetime Maximum	Unlimited
Medical Annual Deductible - Individual / Family	\$1,500 per member
Out of Pocket Maximum - Individual / Family	\$6,350 / \$12,700
Coinsurance (Plan Pays)	70%
Physician Office Visit - Primary Care Physician - Specialist	\$50 copay \$70 copay
Hospitalization - Inpatient (including maternity, mental/behavioral health, and substance abuse) - Outpatient Surgery	30% 30%
Outpatient Mental/Behavioral Health and Substance Abuse - Facility Visit - Doctor Office Visit	No charge \$50
Diagnostic Services - Lab / X-ray - Office - Freestanding Lab - Outpatient Hospital	No charge No charge 30%
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans) - Office - Freestanding Radiology Center - Outpatient Hospital	\$250 copay \$250 copay 30%
Emergency Services (waived if admitted)	\$250 copay; then 30%
Urgent Care	\$50 copay
Preventive Care - Well-baby/well-child/well-person, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history)	100%
Prescription Drug Plan Features	
Pharmacy Annual Deductible - Individual / Family	\$500 / \$1,500
Prescription Drugs - Retail Pharmacy Tier 1—Typically Generic Tier 2—Typically Preferred / Brand Tier 3—Typically Non-Preferred / Specialty Drugs Tier 4—Typically Specialty Drugs Supply Limit - Mail Order Pharmacy Tier 1—Typically Generic Tier 2—Typically Preferred / Brand Tier 3—Typically Non-Preferred / Specialty Drugs Tier 4—Typically Specialty Drugs Supply Limit	Preferred Generic \$15 copay \$50 copay \$65 copay 30% up to \$250 per prescription 30 days \$37.50 copay \$150 copay \$195 copay 30% up to \$250 per prescription 90 days

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.

Understand the Out-of-Pocket Maximum

An out-of-pocket maximum is the most you will have to pay during a plan year for covered health care services. Once you reach your out-of-pocket maximum, your plan pays 100% of the allowed amount for covered services for the remainder of the plan year. All money you pay toward your medical plan’s copays, coinsurance and/or deductible go toward your out-of-pocket maximum. The out-of-pocket maximum is capped at three family members. Here’s an example of how it works:

	Anthem Blue Cross California Care HMO Plan
	HMO Network Only
Sample care costs:	
- Hospital Charges	30%
- Office Visit	\$50
- X-ray/Lab Tests	No charge
- Prescriptions (2 Generic)	\$30
- Emergency Room Visit	\$250 + 30%
- Preventive Care	No charge
The Total Costs of Those Services Would Be:	\$330 in copays plus 30% of hospital and emergency room charges up to the annual out of pocket maximum of \$6,350
The Out-of-Pocket Maximum for the Plan Year is:	Individual: \$6,350 / Family: \$12,700
Based on sample care costs, your Out of Pocket Cost for	
1 Individual Would Be:	
- Copays	\$330
- Coinsurance	30% for hospital and emergency room charges
- Deductible	\$1,500
- TOTAL	\$1,830 + 30% of billed charges

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

Find a Behavioral or Mental Health Provider Under the Anthem Blue Cross HMO 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:

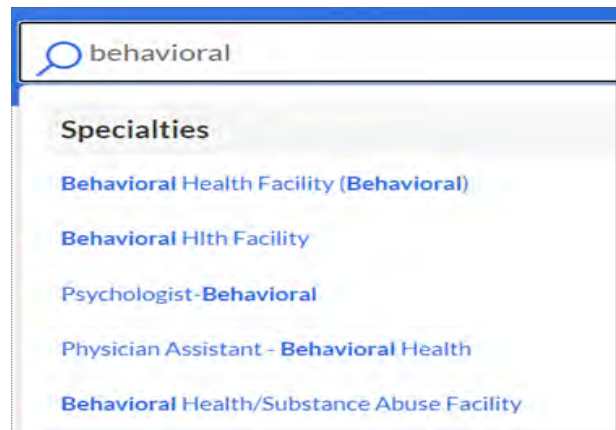
What type of care are you searching for?

Medical

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

- **Networks:**

- **HMO:** Blue Cross HMO (CACARE) – Large Group



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.

Resources and Contacts

Benefit Plan	Phone	Website	App Available
Medical Plans			
- Anthem Blue Cross California Care HMO	(800) 227-3771	www.anthem.com/ca	App Store/Google Play
Benefits Office – Long Beach City College	(562) 938-4531	https://lbcc.edu/pod/benefits-forms-documents	N/A

Important Information

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.

Where to Find the Annual Notices Packet

Our annual notices packet is posted on the Long Beach Community College intranet for you to download and read at your convenience. You can access the intranet at <https://www.lbcc.edu/pod/benefits-forms-documents>.

Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2023 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Long Beach Community College or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.
- If you choose to purchase coverage through the marketplace, because Long Beach Community College 's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit www.healthcare.gov.



Summary of Benefits and Coverage (SBC)

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, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by Long Beach Community College. Please refer to the SBC and carrier contracts provided by Anthem for additional plan details.



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.