



LONG BEACH
CITY COLLEGE

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Introduction

This brochure 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 contact the LAC T1026 Benefits Office at (562) 938-4531.



EMPLOYEE BENEFIT SUMMARY

July 1, 2011 - June 30, 2012

Who may enroll

All regular monthly staff employees with 50% or greater assignments and their eligible dependents may participate in Long Beach City College's benefits program. Your eligible dependents include:

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

When you can enroll

Eligible employees may enroll at the following times:

- During open enrollment.
- As an eligible new hire, your Medical, Life and AD&D, and Employee Assistance Plan (EAP) benefits are effective on your date of hire.
- As an eligible new hire, the Dental and Vision benefits are effective on the first of the month following your date of hire.
- Within 31 days of a change in status/qualifying event (see changes to enrollment).

Paying for your coverage

The Basic Life and AD&D benefits are provided at no cost to you and are paid entirely by Long Beach City College. You and the district share in the cost of the Medical, Dental, Vision and Employee Assistance Plan (EAP) benefits you elect. Your contributions may be deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means that your share of the costs 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.

Changes to enrollment

The benefit elections you make will be in effect from July 1, 2011 to June 30, 2012. There will be an annual open enrollment period next 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 have a qualified change in family status as defined by the IRS.

A change in family status would include:

- 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
- Change in your residence or workplace (if your benefit options change because of this)
- 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




Please note that coverage for a new spouse, domestic partner or newborn child is not automatic. If you have 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 annual open enrollment period to update your coverage.

Medical Options

Kaiser HMO Medical Plan: With the Kaiser Health Maintenance Organization (HMO) plan, services must be obtained at a Kaiser facility. Kaiser integrates all elements of healthcare such as physicians, medical centers, pharmacy and administration in one convenient facility.

Anthem HMO Medical Plan: Under the Anthem Blue Cross Health Maintenance Organization (HMO) plan, you must choose a Primary Care Physician (PCP) or Medical Group. 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.

Anthem PPO Medical Plan: With the Anthem Blue Cross Preferred Provider Organization (PPO) plan, you have the freedom to choose your doctor without using a Primary Care Physician (PCP) and you may self-refer to specialists. You may use a PPO provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. 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 (balance billing) and you may be responsible for filing claims.

Plan Features	 KAISER PERMANENTE HMO	 Anthem HMO	 Anthem PPO	
	Kaiser Facilities Only	Network	Network	Non-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Deductible (Annual) - Individual / Family	\$0 / \$0	\$0 / \$0	\$350 / \$1,050	
Physician Office Visit - Primary Care Physician - Specialist	\$20 Copay \$20 Copay	\$20 Copay \$20 Copay	\$20 Copay \$20 Copay	70% 70%
Out of Pocket Maximum - Individual / Family	\$1,500 / \$3,000	\$500 / \$1,500	\$333 per member	\$1,286 per member
Hospitalization - Inpatient - Outpatient Surgery	100% 100%	100% 100%	90% 90%	70% 70%
Emergency Services	\$100 Copay waived if admitted	\$100 Copay waived if admitted	\$100 Copay, 90% waived if admitted	\$100 Copay, 90% waived if admitted
Preventive Care - Adult & Children	100%	100%	100%	70%
Mental Health - Inpatient - Outpatient - Out-of-Pocket Maximum	100% to 45 Days/Cal Year \$20 Copay n/a	Covered by MHN: 100% 100% n/a	Covered by MHN: 100% 100% n/a	Covered by MHN: 70% 70% \$1,296
Prescription Drugs - Generic Formulary - Brand Name Formulary - Non Formulary - Mail Order - 90 Days	\$15 Copay \$15 Copay n/a \$15 / \$15 (100 Day Supply)	Mandatory Generic* \$15 Copay \$25 Copay \$35 Copay \$15 / \$50 / \$70	Mandatory Generic* \$15 Copay \$25 Copay \$35 Copay \$15 / \$50 / \$70	Mandatory Generic* \$15 Copay + 50% \$25 Copay + 50% \$35 Copay + 50% Not Covered

*Anthem Mandatory Generic Substitution: If a member requests a formulary or non-formulary brand name drug when a generic drug substitution exists, the generic will automatically be dispensed instead. This mandatory substitution 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.

Medical Member Discount Programs

Included with your medical insurance from Kaiser Permanente and Anthem Blue Cross are extras that will help you save on services and products to keep you healthy and happy.

SpecialOffers@Anthem

Provided for the health & wellness of Anthem customers

Member Discount Program:

- American Baby® Magazine — Receive a free subscription to the magazine that takes you through pregnancy and beyond.
- Safe Beginnings® — Baby proof your home while saving 15% on everything from safety gates to outlet covers.
- SeniorLink — Save 15% on elder care advisory services and receive 90 days free service on the HelpLink Emergency Response System to help care for an aging family member.
- Barnes & Noble.com — Browse an online library of selected health and wellness titles, and save 5% on your order along with free standard shipping on all orders over \$25. See website for details.
- Jenny Craig® — Join Jenny Craig and receive a free 30-day trial, 50% off the 6-month program and 20% off the Jenny Rewards program.
- Weight Watchers® — Take \$10 off a 3-month subscription to Weight Watchers Online.
- Lindora Lean for Life® — Save 20% on weight loss programs and 10% on weight loss-related products.
- GlobalFit™ — Shape up and get fit with membership discounts to local, regional and national fitness clubs.
- SelfHelpWorks — Join a SelfHelpWorks online weight loss, smoking cessation, stress or alcohol management program and receive a 30 day free guest pass and a 30% discount.
- ChooseHealthy™ — Take the alternative path with discounts on health and wellness products, fitness club memberships, visits to massage therapists, acupuncturists, and more.
- Drugstore.com™ — Save 5% on health, beauty, wellness and personal care products, along with free shipping on orders of \$49 or more.
- National Allergy Supply — Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.
- HearPO — Save on digital hearing aids, audiology services and testing.
- EyeMed — Save 30% on eyeglasses, 20% on non-prescription sunglasses and enjoy discounted prices on accessories.
- TruVision™ — Pay just \$895 to \$1895 per eye on LASIK laser vision correction and receive discounts of 15-20% and free shipping on contact lens orders.

Visit www.anthem.com/ca for more information.



KAISER PERMANENTE Member Discount Program:

- WeightWatchers® — Kaiser Permanente has teamed up with Weight Watchers to bring you three great weight-loss packages:
 - Local Meeting Voucher: This prepaid program offers you the flexibility of attending Weight Watchers meetings in your community when and where it suits you best.
 - Online Subscription: Now you can follow a step-by-step weight-loss plan online. It features interactive tools and resources like a weight tracker, progress charts, restaurant guides, and hundreds of recipes and meal ideas.
 - At Home Kit (Deluxe Edition): Get the information and resources you need by mail. Then use your weight-loss tools and bonus products to lose weight in the privacy of your home.
- 10,000 Steps® Program — Reap the benefits of a healthier lifestyle with a program designed to help you increase your physical activity level and work toward a goal of walking 10,000 steps each day. As a participant in this program, you can use a pedometer to record your steps each day.
- Complementary Health and Fitness Programs — Enjoy reduced rates on massage therapy, acupuncture, chiropractic care, and select fitness club memberships. (Programs vary by region.)

Visit <https://members.kaiserpermanente.org> for more information.

Select the “Health Plans and Services” tab and then the “Member Discount Programs” tab to begin.

The products and services described above are neither offered nor guaranteed under Kaiser Permanente or Anthem Blue Cross health plan contract and are provided by entities other than Kaiser Permanente and Anthem Blue Cross.

Dental Options



DMO (DeltaCare) Dental Plan: As a DMO member, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described on your DMO plan booklet. Please keep a copy of your booklet to refer to when utilizing your dental care. This will show the applicable copays that apply to all of the dental services that are covered under this plan.

PPO Dental Incentive Plan: The Delta Dental PPO plan is a preferred provider dental plan. You may visit a PPO Dentist, a Premier Dentist, or a non-network Dentist. When you utilize a PPO or Premier Dentist, your out of pocket expenses will be less, however, you will usually pay the lowest amount for services when you visit a Delta Dental PPO Dentist. If you obtain services using a non-network Dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

DMO (DeltaCare) Plan Highlights:

- There is no deductible to meet, and no annual dollar maximum. In most cases, no claim forms to file, and no waiting period for coverage.
- Members will be covered for most preventive services, including x-rays and one exam each 6 month period.
- Each family member chooses his or her own network dentist.
- Orthodontia is covered with a \$1,300 copay for children to age 19, and \$1,600 copay for members over age 19

Plan Features	PPO Incentive Plan	
	Network	Premier or Non-Network
Calendar Year Maximum	\$2,200	\$2,000
Deductible (Annual)	\$25 \$75	
- Individual		
- Family		
Preventative (Plan Pays)	70%-100% Yes	70%-100% Yes
- Deductible Waived		
Basic Services (Plan Pays)	70%-100%	70%-100%
Major Services (Plan Pays)	70%-100%	70%-100%
Prosthodontics (Plan Pays)	50%	50%
Orthodontia	Not Covered	

Vision



PPO Vision Plan: The VSP Vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. All VSP network providers are independent optometrists or ophthalmologists in private practice who provide a full suite of services. However, you do have the option of using non-network providers. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with VSP.

Plan Features	PPO	
	Network	Non-Network
Copay	\$10 Copay	
Examination	100%	Up to \$50
Lenses		
- Single Vision	100%	Up to \$50
- Bifocal	100%	Up to \$75
- Trifocal	100%	Up to \$100
- Lenticular	100%	Up to \$125

Plan Features	PPO	
	Network	Non-Network
Frame	\$120 Benefit	Up to \$70
Contact Lenses	In lieu of glasses	In lieu of glasses
- Cosmetic / Elective	\$120 Benefit	Up to \$105
Frequency	Once per plan year Once per plan year Once every other plan year	
- Exam		
- Lenses		
- Frames		

Basic Life and AD&D: Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the district. Long Beach City College pays for coverage, offered through Anthem Blue Cross, in the amount of \$100,000. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Employee Assistance Plan (EAP)



Employee Assistance Program: Long Beach City College offers a confidential Employee Assistance Program (EAP). The EAP provides assessment, assistance and, when necessary, referral to additional services. Eligible members are entitled to 3 face-to-face or telephonic consultations per incident, per calendar year for a wide range of emotional health, family and work issues, including marriage, relationship and family problems, domestic violence, alcohol and drug dependency, stress and anxiety, depression, grief and loss. The EAP also features services to help you balance work and life and take care of all kinds of chores and challenges. Telephonic consultations are available for childcare and eldercare assistance, financial services, legal services, identity theft recovery services and daily living services. You may call toll-free, 24 hours a day, seven days a week at (800) 777-9355. To access these services online, go to www.members.mhn.com and register with the access code lbccd.

Section 125 Flexible Spending Account (FSA)



Open Enrollment for the Section 125 FSA plan will be held in October for a January 1, 2012 effective date.

Section 125 Flexible Spending Account: You can set aside money in a Section 125 Flexible Spending Account (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you want to receive reimbursement for your eligible expenses. A new enrollment is required each year, even if you do not plan to change the amount(s) set aside.

- **Health Care Reimbursement Plan (HCRP):** This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays, expenses that exceed plan limits and even many prescribed over the counter remedies. Employees may defer up to \$3,600 pre-tax per year.
- **Dependent Care Assistance Plan (DCAP):** This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 per year.

To file a claim, you must complete an Expense Reimbursement Voucher and submit your completed form and documentation to American Fidelity's Flex Department via email or fax. All receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines. You can choose to have your reimbursement mailed to you or electronically deposited into your checking account.

Important: Effective January 1, 2011, over the counter drugs will no longer be FSA-eligible items. This includes pain relievers, cold & flu medications, indigestion aids, antihistamines, and more. In order for these items to be FSA-eligible, you must have a prescription for the medication from your doctor.

FSA's offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

Resources and Contacts

Below is a list of contacts should you require assistance with your benefit questions following open enrollment.

Medical - Kaiser Permanente	
HMO Member Services	(800) 464-4000
Carrier Website	www.kaiserpermanente.org
Medical - Anthem Blue Cross	
HMO Member Services	(800) 227-3771
PPO Member Services	(800) 759-3030
Carrier Website	www.anthem.com/ca
Dental - Delta Dental	
DMO Member Services	(800) 422-4234
PPO Member Services	(866) 499-3001
Carrier Website	www.deltadentalca.org
Vision - VSP Vision	
Member Services	(800) 877-7195
Carrier Website	www.vsp.com
Basic Life and AD&D - Anthem Blue Cross	
Claims Department	(888) 231-5032
Carrier Website	www.anthem.com/ca
Mental Health-Substance Abuse and Employee Assistance Program (EAP) - Managed Health Network	
Member Services	(800) 777-9355
EAP Website	www.members.mhn.com Access Code: lbccd
Flexible Spending Account - American Fidelity	
Member Services	(800) 325-0654
Carrier Website	www.afadvantage.com.com
Benefits Department - Long Beach City College	
Evelyn Reed	(562) 938-4531
Joan Carr	(562) 938-4465
Website	www.lbcc.edu

Rates and Contributions

Below is a list of your health care costs by elected coverage. Contributions will be taken on a tenthly basis, August through May.

	Tenthly Employee Contributions
Kaiser HMO, Dental DMO, Vision, Mental Health-Substance Abuse and Employee Assistance Plan	
Employee Only	\$25.18
Employee + 1 Dependent	\$73.31
Employee + Family	\$138.04
Anthem HMO, Dental DMO, Vision, Mental Health-Substance Abuse and Employee Assistance Plan	
Employee Only	\$25.57
Employee + 1 Dependent	\$74.48
Employee + Family	\$141.15
Anthem PPO, Dental DMO, Vision, Mental Health-Substance Abuse and Employee Assistance Plan	
Employee Only	\$48.28
Employee + 1 Dependent	\$121.00
Employee + Family	\$175.72
Kaiser HMO, Dental PPO, Vision, Mental Health-Substance Abuse and Employee Assistance Plan	
Employee Only	\$26.45
Employee + 1 Dependent	\$76.64
Employee + Family	\$144.92
Anthem HMO, Dental PPO, Vision, Mental Health-Substance Abuse and Employee Assistance Plan	
Employee Only	\$26.84
Employee + 1 Dependent	\$77.81
Employee + Family	\$148.03
Anthem PPO, Dental PPO, Vision, Mental Health-Substance Abuse and Employee Assistance Plan	
Employee Only	\$49.55
Employee + 1 Dependent	\$124.33
Employee + Family	\$182.60

Annual Notices

State and federal laws require that employers provide disclosure and annual notices to their plan participants. The district has posted all federally required annual notices at:

<http://www.lbcc.edu.HumanResources/formsbenefits.cfm>

- COBRA Compliance Group Health Continuation Coverage
- HIPAA Compliance Privacy Notice
- HIPAA Special Enrollment Rights
- Children's Health Insurance Program Compliance
- Family Medical Leave Act
- Medicare Part D Creditable Coverage Letter
- Medicare Part D Creditable Coverage Letter Procedures
- The Newborn and Mother's Health Protection Act
- Women's Health and Cancer Rights Act

Health Care Reform

Preventive Care Services: Effective July 1, 2011, Kaiser Permanente and Anthem Blue Cross medical plans will cover certain recommended preventive services and eliminate the cost-sharing requirements for these services. The recommended preventive services include screening for a number of conditions, as well as counseling for various health-related issues.

The complete list of recommended preventive services that must be covered can be found at the following website:

<http://www.healthcare.gov/law/about/provisions/services/lists.html>

Adult Children - Special Enrollment: Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26 - Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Long Beach City College's Medical, Dental and Vision coverage. Individuals may request enrollment for such children between 05/16/11 to 6/10/11. Enrollment will be effective July 1, 2011.

Lifetime Limit - Special Enrollment: Effective July 1, 2011, Anthem Blue Cross will no longer be permitted to impose lifetime limits on "essential health benefits". The lifetime limit on the dollar value of essential health benefits under the PPO plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under this plan are eligible for re-enrollment. Individuals have 30 days from the date open enrollment begins to request enrollment. Please note, the HMO plans did not previously include lifetime limits.

Pre-Existing Condition Exclusion Removed on PPO Medical Plan: Anthem Blue Cross are no longer permitted to impose a pre-existing condition exclusion for members under the age of 19. Please note, the HMO plans did not previously include pre-existing condition exclusions.

Flexible Spending Account: Effective January 1, 2011, over the counter drugs were no longer considered FSA-eligible items. This includes pain relievers, cold & flu medications, indigestion aids, antihistamines, and more. In order for these items to be FSA-eligible, you must have a prescription for the medication from your doctor.

Plan Arranged By:



2211 Michelson Drive, Suite 1200, Irvine, CA 92612



4901 East Carson Street, Long Beach, CA 90808

This brochure provides an overview 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 district'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.