

ANNOUNCING 2011-2012 OPEN ENROLLMENT FOR ACTIVE EMPLOYEES



THIS YEAR'S OPEN ENROLLMENT BRINGS LOTS OF CHANGES!

Open Enrollment takes place Monday - May 16, 2011 thru Friday, June 3, 2011.

If you would like to **enroll, change plans, or add or remove dependents** from your Long Beach Community College District benefits plan, you must come by the Benefits Office (T1026) to complete the appropriate forms no later than **Friday, June 3, 2011** for an effective date of July 1, 2011. *If you are not making changes to any of your current plans, there is nothing you need to do at this time.*

Adult Children (Age 26) - SPECIAL ENROLLMENT

Dependent Adult children 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 Health & Welfare Benefits. Employees may request enrollment for such children for 30 days from the date open enrollment begins. **This 30 day enrollment will run from May 16th – June 10th, 2011** and will be effective July 1, 2011. You must come by the Benefits Office (T1026) to complete the appropriate forms no later than **Friday, June 10, 2011**. **Birth certificate or adoption paperwork of adult child with employee's name listed as the birth or adoptive parent must be provided.**

The following benefit modifications become effective July 1, 2011:

Benefits	Modifications
PPO Deductible	\$350 Individual/\$1,050 Family
Office Visit co-pay	\$20 co-pay
Emergency Services co-pay	\$100 co-pay (waived if admitted) then 10% coinsurance (no coinsurance on HMO)
Prescription Drugs Retail	Kaiser: \$15 generic/\$15 brand HMO: \$15 generic/\$25 brand PPO: \$15 generic/\$25 brand/ \$35 non-formulary
Prescription Drugs Mail Order	Kaiser: \$15 generic/\$15 brand = 100 day supply HMO: \$30 generic/\$50 brand = 90 day supply PPO: \$30 generic/\$50 brand/\$70 non-formulary = 90 day supply

Employee contribution rates have increased to 4% (single), 6%(2-party), and 8%(family) of the total health & welfare premium of the current plan year 2011-12. Current rates can be found in the Benefit Summary attached.

Choices For "Opting Out" of Benefits

Employees have 3 choices for "Opting Out" of Benefits:

1. Employees may **opt-out of all** health and welfare plans (medical, dental, behavioral health and vision) **for themselves and their dependents** – no H&W coverage.
2. **Employees may opt out of dental, vision, and behavioral health benefits for themselves and their dependents but keep solely the medical insurance.***
3. **Employees may opt-out of medical for themselves and their dependents but keep all the other plans (vision, behavioral health and dental).***

*Employee can't choose just VSP or just MHN or just dental and opt-out of the others. When choosing "all others" (VSP, MHN, dental), coverage level is the same for all plans. Example: employee has a spouse and 2 children = family coverage for dental, MHN & VSP. He can't choose to have single coverage for VSP, 2-party coverage for MHN and family coverage for dental.

Employees opting-out of medical insurance must provide proof of medical insurance coverage elsewhere for themselves. Completion of a Declination of Benefits Form as well as appropriate insurance forms to drop the insurance must be completed and returned to the Benefits Office no later than **Friday, June 3, 2011**.