



**BRONZE PLAN (Part-time Employees)
PAYMENT TERMS
for
ANTHEM BLUE CROSS Elements Choice HMO 57ASFA**

Long Beach City College requires **monthly payment of premiums**. Your premium payments are due on, or before, the 1st day of each month.

Coverage Tier	Monthly Rate
Employee Only	\$551.51
Employee plus One Dependent (Spouse <i>or</i> Child)	\$1,158.15
Employee plus Two or More Dependents (Family)	\$1,654.55

Monthly rates are effective July 1, 2024 – June 30, 2025

LBCC will not send an invoice or billing reminder; timely payments are your responsibility. Because the postal service is not always timely, we strongly suggest payments be mailed at the beginning of each month for the following month.

Submit payments to:
Long Beach City College
4901 E. Carson Street
Long Beach, CA 90808
Attn: Benefits – G2

Advance payments:
You may pay several months ahead or the plan year (7/1 – 6/30) as a lump sum.

Late payments:
LBCC will allow a short grace period of **15 calendar days** beginning on the 1st day of the month and ending on the 15th day of the month.

No late notice will be sent. If payment is not received by the end of the grace period, your coverage will be terminated retroactively to the beginning of the month not paid.

- o *Example: Coverage Month: July; Due Date: July 1; Grace Period End Date: July 15th.*
- o *If payment is not received by July 15th coverage is terminated effective July 1.*

If your coverage is terminated for nonpayment or late payment, it cannot be reinstated until the next open enrollment period. The only exception to this will be if you sent a payment and it is determined that it was deposited (cleared your bank) but not properly applied by LBCC.

Should coverage be terminated:
Any claim(s) made after the termination date will be your responsibility to pay to the insurance company and/or your provider(s).

I have read and understand the terms of payment above:

Printed Name

Employee ID or SSN

Signature

Date

*****If you do not return the enrollment form and payment terms by May 17, 2024, your offer of coverage will be noted as DECLINED*****