LONG BEACH CITY COLLEGE

EMPLOYEE BENEFITS GUIDE

July 2024 - June 2025

LONG BEACH CITY COLLEGE

Welcome to Your Employee Benefits!

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.

Enrolling In Your Benefits

Eligible Employees

- All regular monthly contract faculty employees greater than 50%
- All regular permanent monthly staff employees with 50% or greater assignments

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, 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	• Marriage certificate
Domestic Partner	• 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	• 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	• Legal Court Documentation establishing Guardianship
Disabled Dependent over age 26	• 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

As an eligible, full-time employee, you may enroll at the following times:

- **Medical, Dental, Vision**, and **Employee Assistance Program (EAP)** insurance will be effective 1st of the month following hire date.
- **Life** and **AD&D** insurance will be effective date of hire.
- Each year, 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:

- 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)
- 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.

Enrolling In Your Benefits

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 Long Beach City College share in the cost of the Medical, Dental, Vision and Employee Assistance Program benefits you select. Your contributions may be deducted before taxes or after taxes. Having them deducted on a before tax basis saves you tax dollars.

You do have the option of having your deductions taken after taxes; to do so, you must complete the Post Tax Election form included in the Benefit Guide and return it to the Benefits Office by May 26, 2023.

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.

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 24/7from 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
- Revie**w** 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. Orderingprescription 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 (see page 18 for a list of employee contributions). 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		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*
- Inpatient	100% to 45 days/year			
- Outpatient	$20 copay			
Prescription Drugs		Preferred Generic	Preferred Generic	Preferred Generic
- Retail Pharmacy				
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:

- **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.

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.

DeltaCare DHMO Plan

With the Dental Health Maintenance Organization (DHMO) plan through Delta Dental, 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. In addition to orthodontia coverage, the DHMO dental plan highlights include:

- There is no plan deductible.
- Services are only covered when you use DHMO network providers.
- You must select a general dentist from the DHMO plan's pre-approved list of dental providers. Each family member may choose his or her own dentist.
- There is no annual maximum benefit.
- For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO plan schedule. Please keep a copy of your schedule 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.
- Your dentist will file all claims on your behalf.

Delta Dental PPO Plan

With the Delta Dental Preferred Provider Organization (PPO) plan, you may visit a PPO dentist, a Premier dentist, or a non-network dentist. When you access services from a PPO or Premier dentist, your out-of-pocket expenses will be less. 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 higher out-of-pocket expenses and you may be responsible for filing claims. This plan does not include orthodontia coverage. PPO dental 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 general dentist.
- Each family member is subject to an annual maximum benefit.
- Most services are covered on a coinsurance basis.
- Most PPO dentists will file claims on your behalf. However, if you use the non-network tier of the plan, you may have to pay the dentist in full and then file a claim for reimbursement.
- Out-of-pocket costs will be higher if you use non-network dentists.

Dental PPO Plan Incentive

For the first year you are enrolled in the Delta Dental PPO plan, the plan will pay 70% of the approved fees for covered diagnostic, preventive and basic services, as well as cast and crown benefits during the first year of eligibility.

Your covered percentage will increase by 10% each year (to a maximum of 100%) for each member who visits the dentist at least once during the year. If a member does not use the plan during the calendar year, the percentage remains at the level attained the previous year.

Dental Benefits

	DeltaCare DHMO Plan	Delta Dental PPO Plan	
	DHMO Providers Only	**PPO Network**	**Non-Network**
Calendar Year Maximum	Unlimited	$2,200	$2,000
Annual Deductible - Individual - Family	 $0 $0	Waived for Preventive Services $25 $75	
Preventive Services	100%	70% — 100%	70% — 100%
Basic Services	See Copay Schedule	70% — 100%	70% — 100%
Major Services	See Copay Schedule	70% — 100%	70% — 100%
Prosthodontics	See Copay Schedule	50%	50%
Orthodontia - Child(ren) to Age 19 - Adults Over Age 19	 $1,300 Member copay $1,600 Member copay	 Not covered Not covered	 Not covered Not covered

Important! We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed $300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Download the Delta Dental app on the App Store or Google Play to access your Delta Dental Plan information 24/7 from your mobile device. The Delta Dental app allows you to view your benefits and claims, find a dentist, estimate dental expenses and access your dental ID card. The app also features a Toothbrush Timer to support you with health dental self care.

How to Find a Dental Network Provider

- **DeltaCare DHMO:** Call (800) 422-4234, visit www.deltadentalins.com or use the Delta Dental app
- **Delta Dental PPO:** Call (866) 499-3001, visit www.deltadentalins.com or use the Delta Dental app

Vision Service Plan (VSP)

The 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.

	VSP Vision Plan	
	VSP Network	**Non-Network**
Examination	$10 copay	$50 benefit
Lenses		
- Single Vision	100%	$50 benefit
- Bifocal	100%	$75 benefit
- Trifocal	100%	$100 benefit
- Lenticular	100%	$125 benefit
Frames		
- Wide Selection of Frames	$120 benefit	$70 benefit
- Featured Frame Brands	$140 benefit	$70 benefit
- Costco (due to wholesale discount)	$65 benefit	$70 benefit
Contact Lenses		
- Elective	$120 benefit	$105 benefit
- Necessary	100%	$210 benefit
Frequency		
- Examination	Once per plan year	
- Lenses	Once per plan year	
- Frames	Once every other plan year	
- Contact Lenses	Once per plan year	

Download the VSP Vision Care app on the App Store to access your VSP information 24/7 from your mobile device. The Anthem Blue Cross app allows you to view your benefits, find a doctor and vision service providers, access your VSP ID card, file claims, receive special offers and savings, access eye care information and contact Customer Service.

How to Find a VSP Network Provider

Call (800) 877-7195, visit www.vsp.com or use the VSP Vision Care mobile app.

Anthem Blue Cross Employee Assistance Program

Long Beach City College offers a confidential Employee 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

The 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 tolls 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 support team
- Practice mindfulness on the go
- Live and on-demand webinars

Anthem Blue Cross and Unum Basic Life and AD&D Insurance

Long Beach City College provides employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Anthem Blue Cross and Unum. There is no cost to you for this benefit.

Basic Life Insurance

If your death occurs while you are covered under the plans, your beneficiary will receive a benefit amount equal to $100,000 ($25,000 coverage through Anthem Blue Cross and $75,000 coverage through Unum).

Accidental Death & Dismemberment (AD&D) Insurance

If your death is the result of an accident, your survivors are entitled to an additional benefit equal to the Basic Life Insurance amount. You are also eligible for partial benefits if you lose your eyesight or limb(s) as the result of an accident.

Unum Voluntary Term Life and AD&D Insurance

Voluntary Term Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

You have the opportunity to supplement your Basic Life and/or AD&D Insurance by purchasing Voluntary Life Insurance through Unum for yourself and your eligible dependents. You may purchase these coverages during your initial eligibility period and during annual enrollment. These coverages are portable, meaning you can take them with you if you change jobs.

For Employees

You may elect a coverage amount of up to five times your annual salary to a maximum of $750,000 in increments of $10,000. $200,000 is the guarantee issue amount if you are applying within your 31 days from your date of hire. Otherwise, evidence of insurability is required for any amount you want to purchase outside of the first 31 days up hire. Amounts over $200,000 require evidence of insurability.

For Your Spouse

You may purchase coverage for your spouse/domestic partner in increments of $5,000. Spouse coverage is limited a maximum of $750,000. $30,000 is the guarantee issue amount if you are applying within your 31 days from your date of hire. Otherwise, evidence of insurability is required for any amount you want to purchase outside of the first 31 days up hire. Amounts over $30,000 require evidence of insurability.

For Your Child(ren)

You may purchase coverage for your spouse/domestic partner in increments of $2,000 to a maximum of $5,000. Children from birth to six months are limited to a coverage amount of $1,000.

Do You Know How Much Life Insurance You Need?

Knowing how much life insurance you need is a critical part of protecting your family financially. Use the Unum Life Insurance Calculator at http://unuminfo.com/usm_life/calculator.aspx to determine how much Life Insurance is appropriate for you and your family.

Your Life Insurance Beneficiary Designation

Consider updating your life insurance beneficiary designation if you have experienced a life changing event such as marriage, divorce, the birth of children, etc. Visit here for the Beneficiary Form.

Income Protection Benefits

Unum Voluntary Disability Insurance

Disability Insurance helps protect your income in the event you become unable to work due to an illness or injury. You have the option to purchase Short Term and/or Long Term Disability Insurance at any time. Your premiums will be paid with post tax dollars, and as a result, any benefits you receive will not be subject to tax.

Unum Voluntary Short Term Disability Insurance

When you purchase Unum Voluntary STD Insurance, you are eligible for STD benefits after 30 days of disability due to an illness or accident. Benefits begin on the 31st day of disability and the plan pays a benefit amount up to 70% of your weekly earnings to a maximum of $2,308 per week. If you are eligible for income from other sources, STD benefits are adjusted so the maximum benefit you receive does not exceed 70% of your weekly salary. Your benefits continue for a maximum of 22 weeks.

Unum Voluntary Long Term Disability Insurance

When you purchase Unum Long Term Disability (LTD) Insurance, you are eligible for LTD benefits after 180 days of total disability. The plan pays 60% of your predisability earnings to a maximum monthly benefit of $10,000. If you are eligible for income from other sources such as Social Security and/or Workers' Compensation, LTD benefits are adjusted so that the maximum monthly benefit you receive from all sources does not exceed 60% of pre-disability earnings.
If you are totally disabled before age 62, your benefits will continue to Social Security Normal Retirement Age (SSNRA). If you are totally disabled after age 62, your benefits will continue through a specified period based on your age at the time your disability begins.

Unum Voluntary Accident Insurance

Accident Insurance can provide benefits for covered accidents that occur on and off the job. It pays a lump sum benefit based on the type of injury you sustain or the type of treatment you need. Your plan can pay you a benefit for an emergency room treatment, stitches, crutches, injury-related surgery and a list of other accident-related expenses. The money is paid directly to you and you decide how to spend it.

Unum Voluntary Critical Illness Insurance

Voluntary Critical Illness offers you the opportunity to purchase Voluntary Group Critical Illness at group rates, through Unum. Critical Illness Insurance complements your major medical coverage by providing a lump sum benefit of up to $50,000. You can use the benefit to help pay the direct and indirect costs related to a covered critical illness, such as a heart attack, stroke, internal cancer and others. Child coverage is automatically included on the plan at 25% of the employee benefit amount. This plan also includes a wellness benefit. This benefit can pay up to $75 per calendar year per insured individual if a covered health screening test is performed.

Section 125 Flexible Spending Accounts

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. You may use your FSA debit card, have a check sent to your home or you can sign up for direct deposit to your bank account.

It is important that you save your receipts as WEX may need a copy for verification. Per IRS guidelines, all receipts should be itemized to reflect what product or service was purchased; credit card receipts are not sufficient.

Health Care Spending Account

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. The FSA limit for Health Care Spending Accounts is determined by the IRS every October/November.

Dependent Care Assistance Plan

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. The FSA limit for Dependent Care Spending Accounts in 2024 is $5,000 ($2,500 if married, filing separately). **Please note you can only seek reimbursement from your Dependent Care Assistance plans from the funds in your account at the time you submit your claim.**

Important!

- Open Enrollment for the Flexible Spending Accounts is held in October/November for a January 1 effective date. The plan year runs from January 1 — December 31. You must re-enroll in the FSA every year as your current election **does not** automatically roll over from year to year.
- With a Health Care Spending Account, your annual election amount is available on the first day of the plan year.
- With a Dependent Care Assistance Plan, funds are only available as the money is deducted from your paycheck.

Tax Savings Benefits

How a Flexible Spending Account Can Save You Money
Just how much can Flexible Spending Account help you save in taxes and increase your take-home pay? To learn more, visit See the Savings With Our FSA Calculator | Benefits | WEX Inc.

Download the WEX app on the App Store or Google Play to access your Flexible Spending Account(s) 24/7 from your mobile device. The secure WEX app allows you to check account balances, upload photos of receipts, file claims, view account activity and contact customer service

Important! Use It or Lose It Rule
FSAs 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. If your debit card is used and it later determined that the claim was not a qualified expense, the amount paid by the debit card must be repaid to the plan. If it is not repaid, the amount in question becomes taxable income after year-end reconciliation has been made.

Resources and Contacts

Benefit Plan	Phone	Website	App Available
Medical Plans			
- Kaiser Permanente TraditionalHMO	(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
Dental Plans			
- DeltaCare DHMO	(800) 422-4234	www.deltadentalins.com	App Store/Google Play
- Delta Dental PPO	(866) 499-3001	www.deltadentalins.com	App Store/Google Play
Vision Plan			
- Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com	App Store
Employee Assistance Plan			
- Anthem Blue Cross Employee Assistance Program (EAP)	(800) 999-7222	www.anthemEAP.com Company code: Long Beach City College	N/A
Life and AD&D Insurance			
- Anthem Basic Life and AD&D Insurance	(888) 231-5032	www.anthem.com/ca	N/A
- Unum Voluntary Life and AD&D Insurance	(866) 679-3054	www.unum.com	N/A
Disability Insurance			
- Unum Voluntary Short Term Disability Insurance	(866) 679-3054	www.unum.com	N/A
- Unum Voluntary Long Term Disability Insurance	(866) 679-3054	www.unum.com	N/A
Voluntary			
- Unum Voluntary Accident Insurance	(866) 679-3054	www.unum.com	N/A
- Unum Voluntary Critical Illness Insurance	(866) 679-3054	www.unum.com	N/A
Flexible Spending Accounts			
- WEX Benefits Health Care and Dependent Care Spending Accounts	(866) 451-3399	www.wexinc.com/login/benefits-login/	App Store/Google Play
Benefits Office — Long Beach City College	(562) 938-4531	https://lbcc.edu/pod/benefits-forms-documents	N/A

LONG BEACH CITY COLLEGE

Employee Contributions

	AFT & Management Contributions		
	Employee Contributions: AFT & MGT		District Contributions: AFT & MGT
Medical Plans	**Tenthly**	**Annual**	**Annual**
Kaiser Permanente Traditional HMO			
- Employee	$37.20	$372.00	$8,928.36
- Employee + 1	$111.60	$1,116.00	$17,484.72
- Employee + Family	$210.56	$2,105.60	$24,214.36
Anthem Blue Cross California Care HMO			
- Employee	$45.05	$450.50	$10,813.18
- Employee + 1	$135.17	$1,351.70	$21,176.02
- Employee + Family	$256.81	$2,568.10	$29,532.74
Anthem Blue Cross Prudent Buyer PPO			
- Employee	$75.13	$751.30	$18,030.86
- Employee + 1	$189.90	$1,899.00	$29,751.72
- Employee + Family	$272.17	$2,721.70	$31,299.38
EAP			
Anthem Blue Cross EAP Employee Assistance Plan			
- Employee	$0.07	$0.70	$17.90
- Employee + 1	$0.11	$1.10	$17.50
- Employee + Family	$0.15	$1.50	$17.10
Dental Plans			
DeltaCare DHMO			
- Employee	$1.35	$13.50	$324.66
- Employee + 1	$3.36	$33.60	$525.60
- Employee + Family	$6.73	$67.30	$773.54
Delta Dental PPO			
- Employee	$2.75	$27.50	$660.46
- Employee + 1	$7.02	$70.20	$1,099.20
- Employee + Family	$14.30	$143.00	$1,645.00
Vision Plan			
Vision Service Plan (VSP)			
- Employee	$0.32	$3.20	$75.88
- Employee + 1	$0.96	$9.60	$149.76
- Employee + Family	$2.03	$20.30	$233.98
Basic Life and AD&D Plan			
Anthem Blue Cross and Unum			
- Employee	$0.00	$0.00	$240.00

Notes:

- IRC Section 125 before-tax deductions reduce federal and state taxable gross and social security and Medicare gross. If you do not want your H&W contributions to be before-tax, you may elect to have your contributions deducted after-tax. You must make an election no later than May 17, 2024, the last day of open enrollment, or within 31 days of a qualifying event.
- As per the bargaining agreement, the contribution rates are the following percentages of the prevailing premium rates:
  - 4% (single),
  - 6% (2 party), and
  - 8% (family)
- **Health Contributions are negotiable and subject to change.**

Employee Contributions

	CCFA Contributions		
	Employee Contributions: CCFA		District Contributions: CCFA
Medical Plans	**Tenthly**	**Annual**	**Annual**
Kaiser Permanente Traditional HMO			
- Employee	$26.09	$260.90	$9,039.46
- Employee + 1	$78.27	$782.70	$17,818.02
- Employee + Family	$147.66	$1,476.60	$24,843.36
Anthem Blue Cross California Care HMO			
- Employee	$27.33	$273.30	$10,990.38
- Employee + 1	$81.99	$819.90	$21,707.82
- Employee + Family	$155.78	$1,557.80	$30,543.04
Anthem Blue Cross Prudent Buyer PPO			
- Employee	$49.66	$496.60	$18,285.56
- Employee + 1	$125.52	$1,255.20	$30,395.52
- Employee + Family	$179.93	$1,799.30	$32,221.78
EAP			
Anthem Blue Cross EAP Employee Assistance Plan			
- Employee	$1.33	$13.30	$5.30
- Employee + 1	$2.00	$20.00	$0.00
- Employee + Family	$2.66	$26.60	$0.00
Dental Plans			
DeltaCare DHMO			
- Employee	$1.27	$12.70	$325.46
- Employee + 1	$3.16	$31.60	$527.60
- Employee + Family	$6.34	$63.40	$777.44
Delta Dental PPO			
- Employee	$3.28	$32.80	$655.16
- Employee + 1	$8.38	$83.80	$1,085.60
- Employee + Family	$17.08	$170.80	$1,617.20
Vision Plan			
Vision Service Plan (VSP)			
- Employee	$0.38	$3.80	$75.28
- Employee + 1	$1.15	$11.50	$147.86
- Employee + Family	$2.45	$24.50	$229.78
Basic Life and AD&D Plan			
Anthem Blue Cross and Unum			
- Employee	$0.00	$0.00	$240.00

Notes:

- IRC Section 125 before-tax deductions reduce federal and state taxable gross and social security and Medicare gross. If you do not want your H&W contributions to be before-tax, you may elect to have your contributions deducted after-tax. You must make an election no later than May 17, 2024 the last day of open enrollment, or within 31 days of a qualifying event.
- Current contribution rates are the following percentages of 2014-2015 rates as per the bargaining agreement:
  - 4% (single),
  - 6% (2 party), and
  - 8% (family)
- **Health Contributions are negotiable and subject to change.**

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.

Health Insurance Waiver Form

LONG BEACH CITY COLLEGE

LONG BEACH CITY COLLEGE DISTRICT

Health Insurance Waiver of Benefits
For the period of July 1, 2024 – June 30, 2025

I, as an employee of Long Beach City College, am choosing the following option for waiving all or part of the health insurances offered to me:

*Please **initial** on the line that precedes the type of coverage(s) you are declining.*

_____ **I choose to waive ALL insurances** offered to me (and my dependents) at this time —no Health & Welfare coverage (medical, dental, vision and Employee Assistance Plan (EAP)).

_____ **I choose to waive MEDICAL insurance** for myself (and my dependents). However, I will be keeping all other insurances (dental, vision, and Employee Assistance Plan (EAP)) for myself and my dependents.

_____ **I choose to waive my DENTAL and VISION insurance** for myself (and my dependents). However I will be keeping only medical and the Employee Assistance Plan (EAP) for myself (and my dependents).

Name(s) of person(s) being removed from coverage:

_____ _____

_____ _____

_____ _____

I acknowledge that I have been offered group health coverage by my employer, Long Beach City College District. I acknowledge by signing below that I am waiving the above listed coverage(s) and will not be allowed to (re)enroll during the program plan year unless:

- I experience a qualifying event (i.e. marriage, childbirth, adoption, etc.), or
- I re-enroll at the next district open enrollment period

I understand that **my choice to waive coverage must be renewed at each open enrollment** by completing a new waiver form.

MANDATORY FORM: I understand that if I **waive ALL insurances** offered to me, **I must still complete a mandatory enrollment form** for the Basic Life and AD&D coverage provided by the LBCCD.

Print Name	Last Four of Social Security #	Employee ID #

Employee's Signature	Date

Benefits Office | Phone: (562) 938-4531 | Fax: (562) 938-4959

Election of Post-tax Deductions for Employee Benefit Contributions

Effective for Fiscal Year July 1, 2024 - June 30, 2025

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. Employees will automatically be enrolled in this portion of the Section 125 plan. Complete this form only if wish to opt out of the Employee Premium part of the Plan.

I. EMPLOYEE INFORMATION

Last Name | First Name | Employee ID (for office use)

Home Address | City | State | Zip

II. EMPLOYEE INFORMATION

Qualifying Events: An event that is a special enrollment event under HIPAA including acquisition of a new dependent or spouse or loss of coverage under another health insurance policy or plan if the coverage terminated because of 1) Voluntary or involuntary termination of employment due to reduction of hours, or death, divorce, or legal separation, 2) Termination of employer coverage toward the other coverage, OR 3) if the other coverage was COBRA continuation coverage, exhaustion of coverage. Two rules apply to making changes to your benefits during the year: 1) Any change must be consistent with the change status AND 2)

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. Employees will automatically be enrolled in this portion of the Section 125 plan. Complete this form only if you wish to opt out of the Employee Premium part of the Plan.

☐ Participation Refusal

I understand that by electing not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the

Signature | Date

Note: Under the IRC 125 Plan, your election is irrevocable for the 2024-2025 plan year unless you experience a qualifying event. Call Benefits for assistance #4531 or #4465.

Return completed forms to: Long Beach City College | Attn: Benefits-G2
4901 East Carson Street | Long Beach, CA 90808

Plan Arranged By:

2211 Michelson Drive, Suite 1200, Irvine, CA 92612 / Telephone: (949) 833-2983 / Fax: (1949) 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.

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