Employee Benefits Guide

Health & Welfare Benefits for Employees

2016 – 2017

LONG BEACH
CITY COLLEGE


Employee Wellness
Promoting Health ~ Not Health Care Costs!

LONG BEACH CITY COLLEGE

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 www.lbcc.edu/HumanResources/formsbenefits.cfm or contact the LAC T1026 Benefits Office at (562) 938-4531.

Contents

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 www.lbcc.edu/HumanResources/formsbenefits.cfm.

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)

When You Can Enroll

- During open enrollment
- As an eligible new hire, you may participate in the Medical, Life, AD&D and Employee Assistance Program benefits on your date of hire
- As an eligible new hire, you may participate in the Dental and Vision benefits on the first day of the month following your date of hire
- Within 31 days of a qualified change in family status as defined by the IRS (see Changes to Enrollment below)

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 elect. Your contributions may be deducted before taxes or after taxes. Having them deducted on a before tax basis saves you tax dollars. However, you do have the option of having your deductions taken after taxes but you must complete the Post Tax Election form included in the Benefit Guide and return it to the Benefits Office by June 3, 2016. 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.

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.

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.
- Kaiser Permanente will file all claims on your behalf.

Download the Kaiser Permanente app on the App Store or Google Play to access your health plan information 24/7 from 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.

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. 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.

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 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.

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 (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. 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 www.lbcc.edu/HumanResources/formsbenefits.cfm.

Medical Benefits

Plan Features	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
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Annual Deductible - Individual - Family	 $0 $0	 $0 $0	 $350 $1,050	
Coinsurance (Plan Pays)	100%	100%	90%	70%
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 - Two Individuals - Family	 $1,500 N/A $3,000	 $500 N/A $1,500	 $683 $1,366 $2,049	 $1,636 $3,272 $4,908
Hospitalization - Inpatient - Outpatient Surgery	 100% $20 copay	 100% 100%	 90% 90%	 70% 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 Health - Inpatient - Outpatient - Out of Pocket Maximum	 100% to 45 days/year $20 copay N/A	Covered by MHN: 100% 100% N/A	Covered by MHN: 100% 100% N/A	Covered by MHN: 70% 70% $1,286
Prescription Drugs - Retail Pharmacy Generic Formulary Brand Name Formulary Non Formulary Supply Limit - Mail Order Pharmacy Generic Formulary Brand Name Formulary Non Formulary Supply Limit	 $15 copay $15 copay N/A 100 days $15 copay $15 copay N/A 100 days	Preferred Generic $15 copay $25 copay $35 copay 30 days $15 copay $50 copay $70 copay 90 days	Preferred Generic $15 copay $25 copay $35 copay 30 days $15 copay $50 copay $70 copay 90 days	Preferred Generic $15 copay + 50% $25 copay + 50% $35 copay + 50% 30 days Not covered Not covered Not covered N/A

How to Find a PCP or Network Provider

Kaiser Permanente HMO: Call (800) 464-4000, visit www.kp.org or use the Kaiser Permanente app

Anthem Blue Cross California Care HMO: Call (800) 227-3771, visit www.anthem.com/ca or use the Anthem Blue Cross app

Anthem Blue Cross Prudent Buyer PPO: Call (800) 759-3030, visit www.anthem.com/ca or use the Anthem Blue Cross app

MHN Behavioral Health Mental Health and Substance Abuse Benefits

Long Beach City College provides Mental Health and Substance Abuse benefits to all employees through MHN. While you may use any provider you wish, you receive the highest level of coverage when you access benefits through MHN providers.

Plan Features	MHN	
	MHN Network	Non-Network
Mental Health - Outpatient - Inpatient (Preauthorization Required)	100% 100%	70% 70%
Substance Abuse/Detox - Outpatient - Inpatient (Preauthorization Required)	100% 100%	70% 70%

How to Find an MHN Network Provider

Call (800) 777-9355or visit online at www.members.mhn.com (access code lbccd).

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:

	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
Sample care costs: - Hospital Charges - Office Visit - X-ray/Lab Tests - Prescriptions (2 Generic) - Emergency Room Visit - Preventive Care	 No charge $20 No charge $30 $100 No charge	 No charge $20 No charge $30 $100 No charge	 10% of allowed amount $20 20% of allowed amount $30 $100 plus 10% No charge
The Total Costs of Those Services Would Be:	$150	$150	10%-20%of charges plus copays
The Out-of-Pocket Maximum for the Plan Year is:	Individual: $1,500 2 Individuals: $3,000 Family: $3,000	Individual: $500 2 Individuals: $1,000 Family: $1,500	Individual: $683 2 Individuals: $1,366 Family: $2,049
Based on sample care costs, your Out of Pocket Cost for 1 Individual Would Be: - Copays - Coinsurance - Deductible - TOTAL	 $150 $0 $0 $150	 $150 $0 $0 $150	 $150 10%-20% of charges after deductible $350 $500 plus coinsurance

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**: This is the best choice for non-urgent medical issues.
- **Urgent Care:** This is the best choice for non-life threatening medical issues that require immediate 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

The PPO 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. The copay 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.

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 healthy dental self care.

Dental Benefits

Plan Features	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

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

Note

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.

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.

Plan Features	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	

Did You Know...

VSP has the largest network of private-practice eye care doctors in the industry. VSP's network includes 37,000 access points nationwide and most of the U.S. population lives within four miles of a VSP provider.

How to Find a VSP Network Provider

Call (800) 877-7195 or visit www.vsp.com

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.

MHN Employee Assistance Program

Long Beach City College offers a confidential Employee Assistance Program (EAP) through MHN. The EAP provides assessment, assistance and, when necessary, referral to additional services. Eligible members are entitled to 5 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:

- Childcare and eldercare referrals
- Identity theft recovery services
- Budgeting
- Credit
- Retirement planning
- Legal services
- Personal tax matters
- Real estate
- Estate planning
- Daily living service referrals

You may call 24 hours a day, seven days a week at (800) 777-9355. To access these services online, go to www.members.mhn.com (access code lbccd).

MHN Wellness Coaching

MHN provides employees with personalized wellness coaching services. If you would like to take steps to increase your wellness and live a healthier life, MHN's certified wellness coaches can help with a wide variety of areas, such as:

- Weight management
- Smoking cessation
- Fitness and exercise
- Stress management
- Overall lifestyle improvement
- Lifestyle support for chronic conditions such as asthma, diabetes and cardiovascular disease

You may call 24 hours a day, seven days a week at (800) 777-9355. To access these services online, go to www.members.mhn.com (access code lbccd). When you call, you'll be matched with a coach and will be scheduled for an initial goal– setting consultation (45—60 minutes). Together, you and your coach will talk about what you want to achieve, and will set goals that are realistic and achievable. Once you have set your goals, you have a number of support options available to you, depending on your preference, such as:

- Follow-up calls by your coach.
- Reach out to your coach as needed via phone, email or IM
- Access multimedia programs, health assessments, menu planners, fitness trackers, and more through a secure, personalized web portal.
- Receive personalized emails and materials.

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 at any time. 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 www.unum.com/Products/LifeInsurance.aspx to determine how much Life Insurance

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. Call the Benefits Office for a copy of the Beneficiary Designation Form as needed.

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.

To find out how much you can save with a Flexible Spending Account, go to https://discoverybenefits.com/employees/savings-calculator.

It is important that you save your receipts as Discovery Benefits 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.

Important!

- Open Enrollment for the Flexible Spending Accounts is held in October for a January 1 effective date. The plan year runs from January 31 — 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.

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. Due to health care reform limits, we are required to lower our FSA limit for years beginning 2013. Employees may now defer up to $2,550 pre-tax per year.

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. Employees may defer up to $5,000 pre-tax per year ($2,500 if you are married and file a separate return).

Your total Dependent Assistance Plan election amount is deducted from your paycheck in equal amounts throughout the year. **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.**

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

Note: 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.

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 Express Scripts (Rx)	(800) 451-6245	www.anthem.com/ca	App Store/Google Play
- MHN Behavioral Health	(800) 777-9355	www.members.mhn.com Access Code: lbccd	N/A
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			
- MHN Employee Assistance Program (EAP) and Wellness Coaching	(800) 777-9355	www.members.mhn.com Access Code: lbccd	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			
- Discovery Benefits Health Care and Dependent Care Spending Accounts	(866) 451-3399	www.discoverybenefits.com/customer-service	App Store/Google Play
Benefits Office — Long Beach City College	(800) 777-9355	www.lbcc.edu	N/A
- Evelyn Reed, Benefits Technician	(562) 938-4531		
- Joan Carr, Payroll/Benefits Manager	(562) 938-4465		

Employee Contributions - AFT & MANAGEMENT

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 the last day of open enrollment, June 3, 2016 or within 31 days of a qualifying event.

- As per the bargaining agreement, the contribution rates are 4% (single), 6% (2 party), and 8% (family) of the prevailing premium rates.

Plan	Employee Contributions: AFT & MGT		District Contributions: AFT & MGT
Medical Plans	**Tenthly**	**Annual**	**Annual**
Kaiser Permanente Traditional HMO			
- Employee	**$26.70**	**$267.00**	$6,407.88
- Employee + 1	**$80.10**	**$801.00**	$12,548.76
- Employee + Family	**$151.12**	**$1,511.20**	$17,378.72
Anthem Blue Cross California Care HMO			
- Employee	**$30.29**	**$302.90**	$7,269.94
- Employee + 1	**$90.87**	**$908.70**	$14,236.86
- Employee + Family	**$172.66**	**$1,726.60**	$19,855.28
Anthem Blue Cross Prudent Buyer PPO			
- Employee	**$63.80**	**$638.00**	$15,311.92
- Employee + 1	**$161.27**	**$1,612.70**	$25,265.14
- Employee + Family	**$231.17**	**$2,311.70**	$26,585.14
Mental Health/Substance Abuse/EAP/Wellness Coaching			
MHN Behavioral Health			
- Employee	**$1.63**	**$16.30**	$390.02
- Employee + 1	**$2.44**	**$24.40**	$381.92
- Employee + Family	**$3.25**	**$32.50**	$373.82
Dental Plans			
DeltaCare DHMO			
- Employee	**$1.35**	**$13.50**	$324.66
- Employee + 1	**$3.36**	**$33.60**	$525.72
- Employee + Family	**$6.73**	**$67.30**	$773.54
Delta Dental PPO			
- Employee	**$3.10**	**$31.00**	$745.04
- Employee + 1	**$7.92**	**$79.20**	$1,240.08
- Employee + Family	**$16.14**	**$161.40**	$1,856.28
Vision Plan			
Vision Service Plan (VSP)			
- Employee	**$0.38**	**$3.80**	$91.84
- Employee + 1	**$1.15**	**$11.50**	$179.78
- Employee + Family	**$2.45**	**$24.50**	$281.50
Basic Life and AD&D Plan			
Anthem Blue Cross and Unum			
- Employee	**$0.00**	**$0.00**	$191.40

Employee Contributions - CCA

Plan	Employee Contributions: CCA		District Contributions: CCA
Medical Plans	**Tenthly**	**Annual**	**Annual**
Kaiser Permanente Traditional HMO			
- Employee	**$26.09**	**$260.90**	$6,413.98
- Employee + 1	**$78.27**	**$782.70**	$12,567.06
- Employee + Family	**$147.66**	**$1,476.60**	$17,413.32
Anthem Blue Cross California Care HMO			
- Employee	**$27.33**	**$273.30**	$7299.54
- Employee + 1	**$81.99**	**$819.90**	$14,325.66
- Employee + Family	**$155.78**	**$1,557.80**	$20,024.08
Anthem Blue Cross Prudent Buyer PPO			
- Employee	**$49.66**	**$496.60**	$15,453.32
- Employee + 1	**$125.52**	**$1,255.20**	$25,622.64
- Employee + Family	**$179.93**	**$1,799.30**	$27,097.54
Mental Health/Substance Abuse/EAP/Wellness Coaching			
MHN Behavioral Health			
- Employee	**$1.33**	**$13.30**	$393.02
- Employee + 1	**$2.00**	**$20.00**	$386.32
- Employee + Family	**$2.66**	**$26.60**	$379.72
Dental Plans			
DeltaCare DHMO			
- Employee	**$1.27**	**$12.70**	$325.46
- Employee + 1	**$3.16**	**$31.60**	$527.72
- Employee + Family	**$6.34**	**$63.40**	$777.44
Delta Dental PPO			
- Employee	**$3.28**	**$32.80**	$743.24
- Employee + 1	**$8.38**	**$83.80**	$1.235.48
- Employee + Family	**$17.08**	**$170.80**	$1.846.88
Vision Plan			
Vision Service Plan (VSP)			
- Employee	**$0.38**	**$3.80**	$91.84
- Employee + 1	**$1.15**	**$11.50**	$179.78
- Employee + Family	**$2.45**	**$24.50**	$281.50
Basic Life and AD&D Plan			
Anthem Blue Cross and Unum			
- Employee	**$0.00**	**$0.00**	$191.40

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 the last day of open enrollment, June 3, 2016 or within 31 days of a qualifying event.
- Current contribution rates are 4% (single), 6% (2 party), and 8% (family) of 2014-2015 rates as per the bargaining agreement.

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 Full Annual Notices

Our annual notices packet has been posted on the Long Beach Community College intranet for you to download and read at your convenience. You can access the intranet at www.lbcc.edu/HumanResources/formsbenefits.cfm.

Health Insurance Waiver Form For 2016

LONG BEACH CITY COLLEGE

LONG BEACH CITY COLLEGE DISTRICT

Health Insurance Waiver of Benefits
For the period of July 1, 2016 – June 30, 2017

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 (health, dental, vision, and behavioral health).

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

LONG BEACH CITY COLLEGE

Effective for Fiscal Year July 1, 2016— June 30, 2017
Deductions taken in tenthly installments, excluding July and January

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. QUALIFYING EVENTS AND DEDUCTION AUTHORIZATION

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) You must make the change within 31 days of the event (marriage, birth, etc.)

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 status change. I have chosen not to participate in the Employee Premium Conversion Plan at this time.

Signature | Date

Note: Under the IRC 125 Plan, your election is irrevocable for the 2016-2017 plan year unless you experience a qualifying event. Call Payroll/Benefits for assistance #4531, 4464, 4463, 4466.

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: (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.