



POST-65 RETIREE BENEFITS GUIDE

2022



Welcome to Your Retiree Benefits!

Welcome to your Long Beach City College retiree 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>.

Who may enroll

- All eligible retirees and their eligible dependents may participate in Long Beach City College's benefits program.

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 or within 31 days of a qualified change in family status as defined by the IRS.

| | |
|--|---|
| Spouse | <ul style="list-style-type: none"> • Marriage certificate |
| Domestic Partner | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship |
| Disabled Dependent over age 26 | <ul style="list-style-type: none"> • 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

- During open enrollment
- Within 31 days of a qualified change in family status as defined by the IRS (see Changes to Enrollment below)

Benefit Offerings

The plans offered to you will vary based on your age and location. Following is a list of your available plan offerings:

- **California Resident Over Age 65:** Kaiser Senior Advantage HMO
- **Retiree Plan offering through The Hartford:** Available for retirees and spouses who are both age 65 or older

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:

- | | |
|---|--|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 Senior Advantage (KPSA) HMO Plan

With the Kaiser Permanente Senior Advantage (KPSA) 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.



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
- Review 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. Ordering prescription 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

The Hartford Plan

The Hartford program integrates with Medicare and covers most of your out-of-pocket expenses (see plan summary on page 14). With the Hartford plan, you are not limited to physicians within a network and you may see any provider who accepts Medicare. The Hartford works seamlessly with Medicare, claims are processed electronically so you will never deal with claim forms.

The Hartford plan highlights include:

- Countrywide availability
- **Freedom to choose providers and hospitals for medical care anywhere within the U.S.**
- Foreign Travel Benefits
- Guaranteed Issue—no medical questions
- No paperwork or claim forms

The Prescription Drug Plan

The prescription drug coverage is a Medicare-approved Prescription Drug Plan insured by Express Scripts Insurance Company. Express Scripts contracts with the federal government to administer Medicare prescription drug coverage. Express Scripts' network includes over 67,000 national pharmacy chains & independent pharmacies.



Features of this plan include:

- **To find a network pharmacy near you, visit our website at www.express-scripts.com/pharmacies**
- **You can access the Express Scripts formulary by visiting our website at www.express-scripts.com/documents**
- **Large Provider network of nearly 67,000 National Pharmacy Chains & independent pharmacies**
- **Unlike other Medicare D Rx plans, this plan will provide you with generic and brand coverage through the “donut hole” coverage gap**
- **Provides up to a 90-day supply through mail order service**

As with any change in prescription drug carrier, you will need to obtain new mail order prescriptions from your physician to switch your medications to this plan. Mail order forms, along with detailed pharmacy information, will be mailed to you.

Administration of The Hartford Plan

BENISTAR Administrative Services will be administering and servicing all aspects of your coverage.

Your new ID card will have a toll-free Retiree Customer Service number to call with any questions you have about your prescription drug and medical coverage (**toll free # (800) 236-4782**).



As a new member, you will receive a packet from Benistar Administrative Services which contains items pertinent to your medical coverage, such as your new medical ID card, policy certificate, etc. You will also receive a packet from Express Scripts which will contain information about your prescription drug coverage, such as a new prescription drug ID card, evidence of coverage, formulary, etc. Once you receive this, please discard your current ID card (s) and use the new cards going forward.

Medical Benefits—Kaiser Senior Advantage HMO

| Plan Features | Kaiser Permanente Sr Advantage HMO |
|--|--|
| | Over Age 65 with Medicare (California Participants) |
| | KAISER FACILITIES ONLY |
| LIFETIME MAXIMUM | Unlimited |
| ANNUAL DEDUCTIBLE | |
| - Individual | \$0 |
| - Family | \$0 |
| COINSURANCE (PLAN PAYS) | 100% |
| PHYSICIAN OFFICE VISIT | |
| - Primary Care Physician | \$5 copay |
| - Specialist | \$5 copay |
| OUT OF POCKET MAXIMUM | |
| - Individual | \$1,500 |
| - Two Individuals | N/A |
| - Family | \$3,000 |
| HOSPITALIZATION | |
| - Inpatient | 100% |
| - Outpatient Surgery | \$5 copay |
| EMERGENCY SERVICES | \$5 copay; waived if admitted |
| URGENT CARE | \$5 copay |
| Preventive Care | |
| - Well-baby/well-child/well-person, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history) | 100% |
| MENTAL HEALTH | |
| - Inpatient | 100% to 45 days/year |
| - Outpatient | \$5 copay |
| - Out of Pocket Maximum | N/A |
| PRESCRIPTION DRUGS | |
| - Retail Pharmacy | |
| Generic Formulary | \$5 copay |
| Brand Name Formulary | \$5 copay |
| Non Formulary | N/A |
| Supply Limit | 100 days |
| - Mail Order Pharmacy | |
| Generic Formulary | \$5 copay |
| Brand Name Formulary | \$5 copay |
| Non Formulary | N/A |
| Supply Limit | 100 days |

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

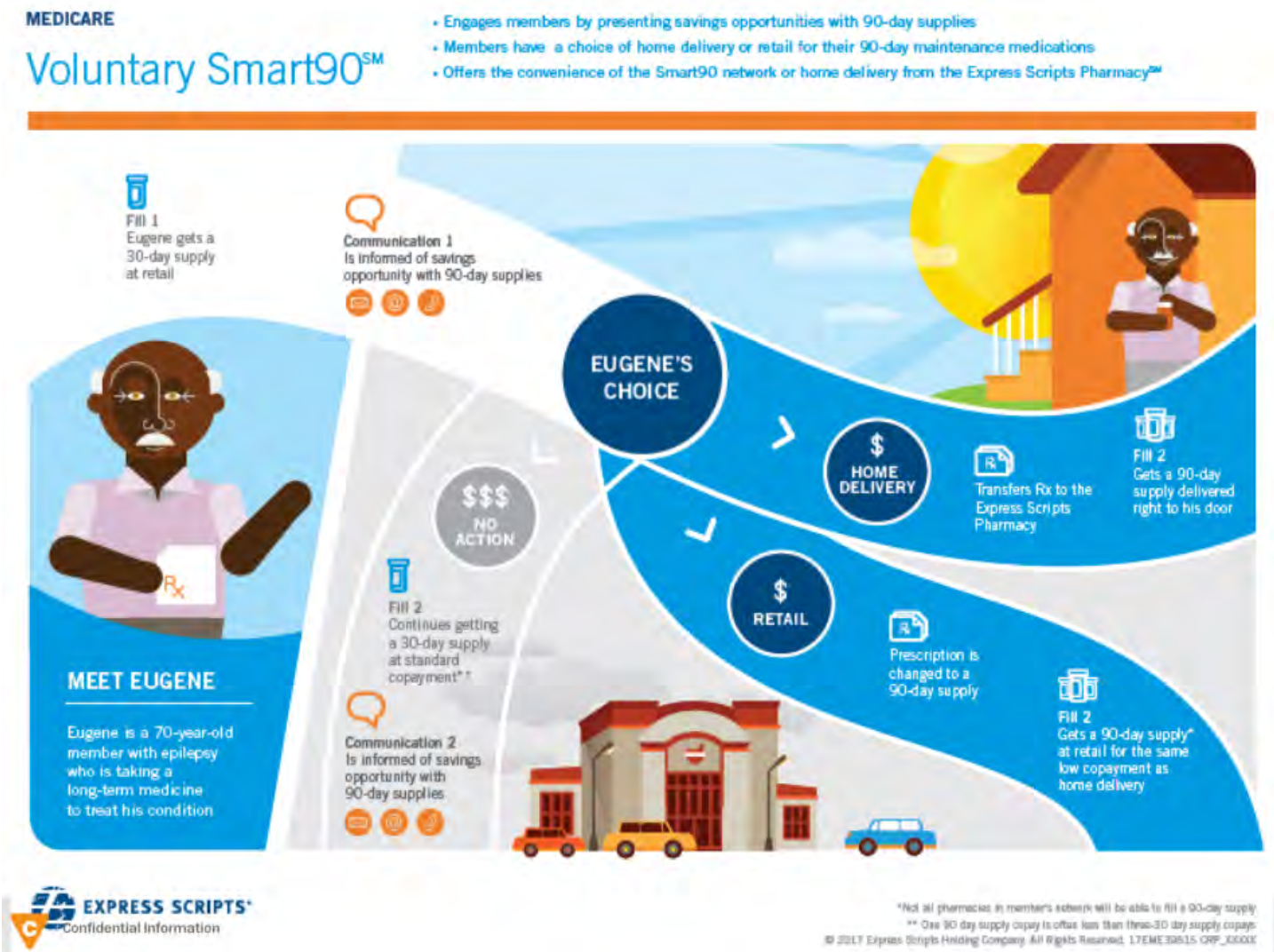
Medical Benefits—The Hartford Plan

| Services | | Medicare Pays | Hartford Plan Pays | You Pay |
|--|--|--|--|--------------------|
| HOSPITAL CONFINEMENT BENEFIT | | | | |
| Semi-private room and board, general nursing, and miscellaneous services and supplies: | | | | |
| First 60 days | | All but \$1,340 | \$1,340 | \$0 |
| 61st through 90th day | | All but \$335 per day | \$335 per day | \$0 |
| 90st through 150th day (60 day Lifetime Reserve Period) | | All but \$670 per day | \$670 per day | \$0 |
| Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime | | \$0 | 100% | \$0 |
| SKILLED NURSING FACILITY CARE | | | | |
| Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements which includes a hospital stay of at least 3 days. | | | | |
| First 20 days | | All approved amounts | \$0 | \$0 |
| 21st through 100th day | | All but \$167.50 per day | Up to \$167.50 per day | \$0 |
| HOSPICE CARE | | | | |
| Pain relief, symptom management and support services for terminally ill. | | | | |
| As long as Physician certifies the need. | | All costs, but limited to costs for out-patient drug and in-patient respite care | Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare | All other charges |
| OUT-PATIENT MEDICAL EXPENSES | | | | |
| Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. | | | | |
| Medicare Part B Deductible first \$183 of Medicare –approved amounts | | \$0 | \$183 | \$0 |
| Remainder of Medicare-approved amounts | | 80% | 100% | \$0 |
| Clinical Laboratory services, blood tests, urinalysis and more | | 100% | \$0 | \$0 |
| PREVENTIVE MEDICAL CARE & CANCER SCREENINGS | | | | |
| Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. | | | | |
| - Annual Wellness Visit | | 100% | \$0 | \$0 |
| - Vaccinations | | 100% | \$0 | \$0 |
| - Breast Cancer Screening | | 100% | \$0 | \$0 |
| - Colon Cancer Screening | | 100% | \$0 | \$0 |
| - Cervical Cancer Screening | | 100% | \$0 | \$0 |
| - Prostate Cancer Screening | | 100% | \$0 | \$0 |
| PRESCRIPTIONS DRUG PLAN BENEFIT | | | | |
| You will pay the following until your total yearly drug costs reach \$4,700. At which time, Catastrophic Coverage begins. | | | | |
| Tier | | Retail 31-day Supply | Retail 90-day Supply | Mail 90-day Supply |
| Tier 1: Generic | | \$0 copayment | \$0 copayment | \$0 copayment |
| Tier 2: Preferred Brand Name | | \$15 copayment | \$45 copayment | \$30 copayment |
| Tier 3: Non-Preferred Brand Name | | \$30 copayment | \$90 copayment | \$60 copayment |
| Tier 4: Specialty Tiered Drugs | | \$30 copayment | \$90 copayment | \$60 copayment |

How to Find a Provider

The Hartford Plan: Call (800) 236-4782)

Medical Benefits—Pharmacy



How Voluntary Smart90 Works

Preferred 90 day Network
Client enrolls in Voluntary Smart90 for all
maintenance medications

Members may receive 3-month supplies at a lower copayment through
the ExpressScripts Pharmacy

or a

CVS Pharmacy¹

or continue to get a 3-month supply at any other in-network pharmacy for the cost of three 1-month supplies

Members who continue to use 1-month supplies or fill for a 3-month supply at a non-preferred pharmacies
are targeted to receive multichannel communications to move to a 3-month supply²

For assistance please call 1-888-345-2560 and have your prescription drug ID# ready for them to assist you.

1 Independent pharmacies can be added to the 90 day network to meet access needs, but Smart90 retail pricing does not apply at these locations.

2 For select long-term medications. Acute and other long-term medications may be filled at any participating pharmacy.

Medical Benefits

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.

Medical Benefits

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>.



Anthem Blue Cross Retiree Assistance Program

Long Beach City College offers a confidential Retiree 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

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 tools 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

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 |
| Retiree Assistance Plan | | | |
| - Anthem Blue Cross Retiree Assistance Program (EAP) | (800) 999-7222 | www.anthemEAP.com Company code: Long Beach City College | N/A |
| Benefits Office – Long Beach City College | (562) 938-4531 | https://lbcc.edu/pod/benefits-forms-documents | N/A |

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.

Important Notice from Long Beach Community College District About Your Prescription Drug Coverage and Medicare

As a Retiree Participating in Coverage Provided by Anthem Blue Cross or Kaiser Permanente

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with Long Beach Community College District under the Anthem Blue Cross and Kaiser Permanente plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this Notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The prescription drug coverage offered by Long Beach Community College District under the Anthem Blue Cross and Kaiser Permanente plans, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with the Anthem Blue Cross and Kaiser Permanente plans will be affected. If you decide to join a standard Medicare drug plan and drop your current medical plan coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [the Anthem Blue Cross and Kaiser Permanente plans and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage

- Visit www.medicare.gov;
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; or
- Call (800) MEDICARE or (800) 633-4227. TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or you may call them at (800) 772-1213—TTY (800)-325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed on **page 19** for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Anthem Blue Cross and Kaiser Permanente changes. You also may request a copy of this notice at any time.

Women's Health & Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the medical plan.

To obtain more information on WHCR benefits, please call or email the person listed on **page 2**.

Newborn and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

To obtain more information, please call or email the person listed below.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependent (s) (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or if the employer stops contributing toward your or your dependents' other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the birth, adoption, or placement for adoption.

To obtain more information, please call or email the person listed on below.

To obtain more information regarding any of the information listed in this packet, or if you have any questions, please contact:

Long Beach Community City College

LBCC Benefits Office—G2

(562) 938-4465

4901 East Carson | Long Beach, CA 90808

Plan Effective Date: 07/01/2023

In the future you may decide to join one of the Medicare drug plans and you may be required to provide a copy of the Prescription Creditable Coverage Notice when you join to show whether or not you have maintained creditable coverage. This is important as if you have not had Creditable Coverage you may be required to pay a higher premium (a penalty).



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.