

# Open Enrollment begins April 29th!



## PART-TIME EMPLOYEE PLAN OFFERING

**Begins April 29, 2024 — Ends May 17, 2024**

Long Beach City College (LBCC) is pleased to provide a health insurance plan option that provides comprehensive coverage for you and your family. During the enrollment period, you will have the option to elect, decline, or make changes to your coverage. Your completed enrollment/change form must be returned to the Benefits Office from April 29, 2024 and no later than May 17, 2024. Your elections go into effect on July 1, 2024. Changes can only be made outside of the open enrollment period if you experience a qualified change in family status as defined by the IRS.

### ACCESS INFORMATION AND FORMS ONLINE

You can access your benefits information whenever you want, from home or any place with internet access, by visiting the **Benefits Forms and Documents** page of Long Beach City College at <http://www.lbcc.edu/pod/benefits-forms-documents>. You'll find the Summary of Benefits and Coverage (SBC), annual notices, carrier benefit summaries, evidence of coverage booklets, claim forms, and much more.

To address any specific questions or concerns, please schedule a **phone or virtual appointment** with the Benefits Office at <https://bit.ly/2URyVjY>

All forms must be completed, signed, dated and returned to the Benefits Office **NO LATER THAN Friday, May 17, 2024.**

## Open Enrollment for Your 2024 - 2025 Employee Benefits

### April 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

### May 2024

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



## IMPORTANT NOTE:

Please also refer to the insurance carrier Summary of Benefits and Coverages (SBC) and plan summary for details.

## QUESTIONS:

If you have questions, please contact Burnham Benefits (our benefits consultants) at (800) 391-6812, Ann Marie Estrada at ext. 4563 or Kelly Fox at ext. 4598.

## IF NO ACTION TAKEN:

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

## HEALTH PLAN OVERVIEW

A detailed summary of your Anthem Blue Cross benefit option can be found on the Long Beach Community College intranet located at <https://www.lbcc.edu/pod/benefits-forms-documents>. This information is designed to help you make choices and enroll for coverage.

### -> Anthem Elements Choice EQ HMO 1500

With an HMO plan, you must choose a Primary Care Physician (PCP) or medical group. 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.

**Finding a Medical Provider:** Go to <http://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.

## PROVIDER SEARCH | COST OF COVERAGE

-> **Premiums** – Please see the 7/1/2024 employee monthly cost below. These premiums should be paid directly to LBCC Benefits office by check or money order.

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

## HOW TO ENROLL

**!!!! Enrollment Action** – You must complete an Anthem Blue Cross enrollment form during this open enrollment period in order to enroll in the new medical coverage. Please be sure to complete a form to ensure your election will be processed correctly for you and your family. Complete sections 2, 3, 6 & 10 if enrolling in coverage, section 4 if declining coverage and section 7 if applicable.

### **Please return completed form to:**

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

## PROOF OF ELIGIBLE DEPENDENTS

If you are enrolling dependents, please provide copy of county or state issued birth certificate, copy of court-approved adoption or guardianship papers, copy of legal marriage certificate or copy of the Registration of your registered domestic partnership.

## HOW TO MAKE PAYMENT

A *PAYMENT TERMS* letter can be found on the Long Beach Community College intranet located at <https://www.lbcc.edu/pod/benefits-forms-documents>. Please read the terms carefully. Please sign and return along with your payment.

Please submit monthly payment to:

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

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

## QUESTIONS??

If you have questions regarding the benefit plan that are not addressed in this letter, please feel free to contact Burnham Benefits (our benefits consultants) at (800) 391-6812, Ann Marie Estrada at ext. 4563 or Kelly Fox at ext. 4598.