



Retiree Benefits Open Enrollment 2014

**Medical Open Enrollment Period: September 16th to October 11th
Dental and Vision Open Enrollment Period: October 1st to October 31st**

Effective 1/1/2014 - 12/31/2014

POA/PMA/MSMA/FMA/HBFA

If you (and/or your dependent) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 15-16 for details.

SUMMARY

The information in this brochure is a general outline of the benefits offered under the City of Huntington Beach's benefits program. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures.

The EOC and Plan Documents contain all the specific provisions of the plans. In the event that information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

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RETIREE BENEFITS PROGRAM 1/1/2014 THRU 12/31/2014

INTRODUCTION

The City of Huntington Beach takes pride in offering a Benefit Program that provides flexibility for the diverse and changing needs of our employees and retirees. The City offers employees and retirees and their family members a full range of benefits including:

- Medical HMO Plans
- Medical PPO Plans
- Dental HMO Plan
- Dental PPO Plan
- Vision Plan

The Human Resources Department has taken many steps in providing easy access to health and benefit plan information. Please visit the City's internet site at www.huntingtonbeachca.gov/retiree_benefits.

If you have any questions, please do not hesitate to call our Employee Benefits Team:

Barbara Pratt, Personnel Assistant, (714) 375-8456

Jaymie Liu, Human Resources Analyst, (714) 536-5213 or

Brigitte Charles, Principal Human Resources Analyst, (714) 536-5917

Sincerely,

Michele S. Warren

Director of Human Resources

WHAT YOU NEED TO KNOW

Human Resources would like to take this opportunity to give you important information about the benefits being offered by the City of Huntington Beach for the 2014 calendar year. The California Public Employees Retirement System (CalPERS) has mailed Open Enrollment packets that include a personalized Health Plan Statement, an Open Enrollment newsletter and information on how to request additional information. It is important that you use the following information to educate yourself about the open enrollment process, timeline and changes.

In addition, an Educational Form has been scheduled for Tuesday, October 8, 2013 in the City Council Chambers from 9:00 a.m. to noon. During this time, carrier representatives will provide an overview of the City plans. **Note: CalPERS health plans will not be represented.**

What can I do at this year's Open Enrollment?

City of Huntington Beach benefit-eligible retirees can:

- Enroll/make changes to Medical, Dental, and Vision Plans
- Add or delete dependents
- Switch to a different Medical or Dental plan
- **Note: To make changes to your medical plan through CalPERS, you must contact CalPERS directly. Please refer to your CalPERS Open Enrollment Packet or call them directly at (888)-CALPERS (225-7377). The deadline to make medical changes is Friday, October 11, 2013.**

What do I have to do if I am NOT making changes?

- Even if you are not making any changes, you need to indicate "no changes" on your Confirmation Statement for 2014 and verify the accuracy of personal data, especially social security numbers for dependents.

How do I participate in Open Enrollment?

- Submit all changes via a hard copy of your confirmation statement to Human Resources. Your benefit elections will be effective January 1, 2014. **Dental and vision changes must be received by Human Resources no later than 5:00 p.m. on Thursday, October 31, 2013.**
- For any changes to CalPERS medical elections, you must submit them directly to CalPERS. **Note: Open enrollment for CalPERS is September 16, 2013 through October 11, 2013 ONLY.**

What if I have questions or need assistance?

- Call or e-mail:
Barbara Pratt at (714) 375-8456, bpratt@surfcity-hb.org
Jaymie Liu at (714) 536-5213, jaymie.liu@surfcity-hb.org
Brigitte Charles at (714) 536-5917, bcharles@surfcity-hb.org

Note: Employee benefits staff are available for enrollment assistance.

(Continue on next page)

WHAT YOU NEED TO KNOW (Cont'd)

What if I want to make changes throughout the year?

- You can only make changes outside of Open Enrollment if you have a Qualifying Event.

To add dependents you have **31 days** from the Qualifying Event to submit an "Add Dependent" form to Human Resources. The Qualifying Event could be marriage, birth, adoption, a dependent becoming eligible, spouse losing coverage, etc.

- You are required to submit a "Delete Dependent" form to Human Resources within 30 days of a dependent becoming ineligible such as divorce, an overage dependent no longer eligible, etc. **Failure to do so can jeopardize your COBRA rights.**

WHAT WILL HAPPEN ON JANUARY 1, 2014

What will be the same on January 1, 2014?

- Benefit Carriers for dental and vision plans will remain the same.

What will change on January 1, 2014?

- Refer to the Open Enrollment Newsletter in your CalPERS Open Enrollment packet for additional information on CalPERS health plans.
- CalPERS will now offer additional HMO plans in Orange County through Anthem, Health Net and UnitedHealthcare.
- See enclosed rate sheet for 2014 premiums.

MEDICAL PLAN FEATURES

	HMO OPTIONS	
	SCHEDULE OF BENEFITS	
PLAN BENEFITS	PERS BLUE SHIELD HMO & NET VALUE HMO*	PERS KAISER HMO
OFFICE VISITS	\$15 Copay	\$15 Copay
PRESCRIPTION DRUG (must use a participating pharmacy)	(not to exceed 30-day supply) \$5 Generic \$20 Brand \$50 Non-Formulary	(not to exceed 30-day supply) \$5 Generic \$20 Brand
PRESCRIPTION DRUG - MAIL ORDER**	(not to exceed 90-day supply)** \$10 Generic /\$40 Brand \$100 Non-Formulary	(31-100 day supply) \$10 Generic/\$40 Brand
EMERGENCY SERVICES	\$50 Copay (waived if admitted as an inpatient or for observation as an outpatient)	\$50 Copay (waived if admitted as an inpatient or for observation as an outpatient)
DEDUCTIBLE	None	None
MAXIMUM OUT-OF POCKET Individual Family	\$1,500 \$3,000	\$1,500 \$3,000
LIFETIME MAXIMUM	Unlimited	Unlimited
ROUTINE PHYSICAL EXAMS	No Charge	No Charge
CHIROPRACTIC	Not Covered	Not Covered
VISION EXAM	No Charge	No Charge
HOSPITAL SERVICES Inpatient Outpatient	No Charge No Charge (exceptions may apply)	No Charge \$15/Visit
OUTPATIENT LAB & X-RAY	No Charge	No Charge
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	No Charge \$15 Copay	No Charge \$15 Copay
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

*The Blue Shield NetValue plan benefits mirror the Blue Shield HMO plan; however, NetValue offers Blue Shield's "high performance network", only available in certain counties.

**For Blue Shield PrimeMail information, visit www.MyPrimeMail.com.

The information in this summary is not intended to take the place of, or change the official Plan Documents or Evidence of Coverage. In the event that the information in this brochure differs from the Plan Document, the Plan Document shall prevail.

MEDICAL PLAN FEATURES

	HMO OPTIONS SCHEDULE OF BENEFITS	
	PERS ANTHEM BLUE CROSS SELECT HMO & TRADITIONAL HMO	PERS HEALTH NET SALUD Y MÁS & SMARTCARE
PLAN BENEFITS		
OFFICE VISITS	\$15 Copay	\$15 Copay
PRESCRIPTION DRUG (must use a participating pharmacy)	(not to exceed 30-day supply) \$5 Generic \$20 Brand \$50 Non-Formulary	(not to exceed 30-day supply) \$5 Generic \$20 Brand \$50 Non-Formulary
PRESCRIPTION DRUG - MAIL ORDER	(not to exceed 90-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary	(not to exceed 90-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary
EMERGENCY SERVICES	\$50 Copay (waived if admitted as an inpatient or for observation as an outpatient)	\$50 Copay (waived if admitted as an inpatient or for observation as an outpatient)
DEDUCTIBLE	None	None
MAXIMUM OUT-OF POCKET Individual Family	\$1,500 \$3,000	\$1,500 \$3,000
LIFETIME MAXIMUM	Unlimited	Unlimited
ROUTINE PHYSICAL EXAMS	No Charge	No Charge
CHIROPRACTIC	Not Covered	Not Covered
VISION EXAM	No Charge	No Charge
HOSPITAL SERVICES Inpatient Outpatient	No Charge No Charge	No Charge No Charge
OUTPATIENT LAB & X-RAY	No Charge	No Charge
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	No Charge \$15 Copay	No Charge \$15 Copay
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

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MEDICAL PLAN FEATURES

	HMO OPTIONS SCHEDULE OF BENEFITS
PERS UNITEDHEALTHCARE ALLIANCE HMO	
PLAN BENEFITS	
OFFICE VISITS	\$15 Copay
PRESCRIPTION DRUG (must use a participating pharmacy)	(not to exceed 30-day supply) \$5 Generic \$20 Brand \$50 Non-Formulary
PRESCRIPTION DRUG - MAIL ORDER	(not to exceed 90-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary
EMERGENCY SERVICES	\$50 Copay (waived if admitted as an inpatient or for observation as an outpatient)
DEDUCTIBLE	None
MAXIMUM OUT-OF POCKET Individual Family	\$1,500 \$3,000
LIFETIME MAXIMUM	Unlimited
ROUTINE PHYSICAL EXAMS	No Charge
CHIROPRACTIC	Not Covered
VISION EXAM	No Charge
HOSPITAL SERVICES Inpatient Outpatient	No Charge No Charge
OUTPATIENT LAB & X-RAY	No Charge
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	No Charge \$15 Copay
MENTAL HEALTH Inpatient Outpatient	See EOC

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MEDICAL PLAN FEATURES

	PERS CHOICE & SELECT* LOW OPTION PPO		PERS CARE* HIGH OPTION PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS				
OFFICE VISITS	\$20 Copay	40%	\$20 Copay	40%
PRESCRIPTION DRUG Retail Pharmacy	(not to exceed 30-day supply) \$5 Generic \$20 Brand \$50 Non-Formulary		(not to exceed 34-day supply) \$5 Generic \$20 Brand \$50 Non-Formulary	
Retail Pharmacy - Maintenance Drugs after 2 nd Fill	(not to exceed 30-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary		(not to exceed 34-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary	
PRESCRIPTION DRUG - MAIL ORDER	(not to exceed 90-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary		(not to exceed 90-day supply) \$10 Generic \$40 Brand \$100 Non-Formulary	
EMERGENCY SERVICES	\$50 + 20% (\$50 deductible waived if admitted as an inpatient or for observation as an outpatient)		\$50 + 10% (\$50 deductible waived if admitted as an inpatient or for observation as an outpatient)	
DEDUCTIBLE Individual Family	\$500 \$1,000		\$500 \$1,000	
MAXIMUM OUT-OF-POCKET Individual Family	\$3,000 \$6,000	N/A	\$2,000 \$4,000	N/A
LIFETIME MAXIMUM	Unlimited		Unlimited	
DURABLE MEDICAL EQUIPMENT	20%	40%	10%	40%
	Pre-certification required for equipment		Pre-certification required for equipment priced at \$1,000 or more	
CHIROPRACTIC/ACUPUNCTURE	20%	40%	10%	40%
	(15 visits per year combined)		(20 visits per year combined)	
INPATIENT HOSPITAL SERVICES	20% ¹	40%	\$250 / Admit + 10%	\$250 / Admit + 40%
OUTPATIENT LAB & X-RAY	20%	40%	10%	40%
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	20%	40%	10%	40%
MENTAL HEALTH Inpatient Outpatient	See EOC		See EOC	

1. Inpatient Hospital Services under PERS Select Plan can be 20-30% (in-network) depending on the hospital.

*PERS Select utilizes the Anthem Blue Cross Select PPO Network, which is a subset of the Anthem Blue Cross Prudent Buyer PPO Network. Approximately 50% of the Anthem Prudent Buyer PPO Network of physicians participate in the Select PPO Network. By obtaining physician services through the Select PPO Network, you will receive the highest level of reimbursement. PERS Choice and PERSCare utilize the Anthem Blue Cross Prudent Buyer PPO Network, which is a more comprehensive network. By obtaining physician services through Anthem Prudent Buyer PPO Network, you will receive the highest level of reimbursement.

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MEDICAL PLAN FEATURES

	PORAC ANTHEM BLUE CROSS PPO	
	PPO IN-NETWORK	NON-PPO OUT-OF-NETWORK
PLAN BENEFITS		
OFFICE VISITS	\$20 Copay (deductible does not apply)	10%
PRESCRIPTION DRUG (30-day supply)	\$10 Generic \$25 Brand \$45 Non-Formulary / Compound	\$10 Generic \$25 Brand \$45 Non-Formulary / Compound
PRESCRIPTION DRUG - MAIL ORDER (90-day supply)	\$20 Generic \$40 Brand \$75 Non-Formulary	N/A
EMERGENCY SERVICES	10%	
DEDUCTIBLE Individual Family	\$300 \$900	\$600 \$1,800
MAXIMUM OUT-OF-POCKET Individual Family (combined PPO and Non-PPO)	\$3,000 \$6,000	\$3,000 \$6,000
LIFETIME MAXIMUM	Unlimited	
DURABLE MEDICAL EQUIPMENT	20%	20%
CHIROPRACTIC	\$20 / Visit Up to 20 Visits	\$35 / Visit
ACUPUNCTURE	\$20 (10% for all other services)	10%
HOSPITAL SERVICES	10%	10%
OUTPATIENT LAB & X-RAY	10%	10%
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	10%	10%
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

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DENTAL PLAN FEATURES

	DELTA DENTAL DENTAL PPO		DELTA DENTAL DENTAL HMO**	
	IN-NETWORK	OUT-OF-NETWORK		IN-NETWORK ONLY
	PPO DENTISTS	NON-PPO DELTA DENTISTS	NON-DELTA DENTISTS*	
PLAN BENEFITS				
ANNUAL MAXIMUM	\$2,000 max. benefit		Unlimited	
DEDUCTIBLE Individual Family	\$25 per person / \$75 per family		None	
PREVENTIVE Exams X-Rays Cleanings Fluoride Treatment Space Maintainers	85% of PPO dentist's allowed fee (no deductible applies for these services)	85% of Delta dentist's allowed fee	No Charge	
BASIC SERVICES Basic Restorative Endodontics Periodontics Sealants Simple Extractions	85% of PPO dentist's allowed fee	85% of Delta dentist's allowed fee	No Charge	
MAJOR SERVICES Inlays, Onlays, Crowns Prosthodontics Implants	85% of PPO dentist's allowed fee 60% of PPO dentist's allowed fee 60% of PPO dentist's allowed fee	85% of Delta dentist's allowed fee 60% of Delta dentist's allowed fee 60% of Delta dentist's allowed fee	No Charge No Charge Not Applicable	
ORTHODONTIA	60% of PPO dentist's allowed fee (subject to \$3000 lifetime max per person)	60% of Delta dentist's allowed fee (subject to \$3000 lifetime max per person)	\$500 copay + startup for normal 24 month treatment	

*Members will be responsible for the difference if non-Delta dentists charge more than Delta's allowed fees.

** Consult the full benefit description for a complete listing of basic covered services, costs for treatment upgrades, and any limitations and exclusions.

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VISION PLAN FEATURES

 VISION SERVICE PLAN (VSP) VISION		
	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS		
COPYAY	\$15	
FREQUENCY Examination Frame Lenses Contact Lenses (in lieu of lenses)	Every 12 months Every 12 months Every 12 months Every 12 months	
EXAM (<i>Dilation when necessary</i>)	Covered in full*	\$50 Allowance
STANDARD LENSES Single Vision Bifocal Trifocal	Covered in full*	\$50 Allowance \$75 Allowance \$100 Allowance
FRAMES	\$120 Allowance	\$70 Allowance
LASER VISION CORRECTION (US LASER NETWORK)	Discounts at participating facilities	N/A
CONTACT LENSES: Elective Medically Necessary	\$120 Allowance Covered in full	\$105 Allowance \$210 Allowance

*Vision exam is covered once every 12 months at the \$15 copay. If a member requires lenses and has already paid the \$15 exam copay, then an additional \$15 is not required.

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REQUIRED FEDERAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility -

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

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REQUIRED FEDERAL NOTICES (Cont'd)

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

<p align="center">IDAHO – Medicaid and CHIP</p> <p>Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://medicaidprovider.hhs.mt.gov/Clientpages/clientindex.shtml Phone: 1-800-694-3084</p>
<p align="center">INDIANA – Medicaid</p> <p>Website: http://www.in.gov/fssa Phone: 1-800-889-9949</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278</p>
<p align="center">IOWA – Medicaid</p> <p>Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884</p>	
<p align="center">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741</p>	
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">NORTH CAROLINA – Medicaid and CHIP</p>
<p>Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629</p>	<p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>

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REQUIRED FEDERAL NOTICES (Cont'd)

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Notice of Availability of HIPAA Privacy Notice

The Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting Human Resources. HIPAA Privacy Notices that pertain to the plans may be obtained by contacting your insurance carrier directly.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages 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 are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this plan. You can contact your health plan's Member Services for more information.

Important Notice from City of Huntington Beach About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Huntington Beach 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. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. 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 City of Huntington Beach has determined that the prescription drug coverage offered by the plan is, on average for all plan participants, expected to pay out as much as what 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 November 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 and drop your current City of Huntington Beach prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

Please contact Medicare for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

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 City of Huntington Beach 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.

(Continue on next page)

MEDICARE PART D (Cont'd)

For More Information About Your Options Under Medicare Prescription Drug Coverage...

Contact the office listed below 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 City of Huntington Beach changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get 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
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date:	January 1, 2014
Name of Entity:	City of Huntington Beach
Contact:	Human Resources
Address:	2000 Main Street, Huntington Beach, CA 92648
Phone Number:	(714) 375-8456

Where can I get Additional Information on the CalPERS Medical Options?

Visit the CalPERS website at www.calpers.ca.gov. There is a special section on Open Enrollment with links to useful information and publications including plan descriptions and comparisons.

Prevention is the Best Medicine

- All retirees and family members should be receiving the preventive services recommended for their age and gender.
- Everyone with chronic conditions (hypertension, asthma, diabetes, etc.) needs to follow all recommended care prescribed by your physician.

My Dental Bills are Painful!

Dental bills can add up very quickly. If you are having dental work that will cost you more than \$200 ask the dentist to get pre-authorization prior to the service. The insurance company will notify you if the procedure will be covered, how much *they* will pay, and how much *you* will be responsible to pay.

I Need HELP with My Insurance

Contact the customer service group for the appropriate carrier in the "Retiree Benefits Contact Information" Section or visit the City's internet site at www.huntingtonbeachca.gov/retiree_benefits.

RETIREE BENEFITS CONTACT INFORMATION

Human Resources - Employee Benefits

- Phone: (714) 375-8456, (714) 536-5213 or (714) 536-5917
- Fax: (714) 374-1743
- Email: bpratt@surfcity-hb.org
jaymie.liu@surfcity-hb.org
bcharles@surfcity-hb.org

Dental

- www.deltadentalins.com
- Delta Dental/DPO (Group #4729)
(888) 335-8227
- Delta Care USA (Group #1575)
(800) 422-4234

Vision

- www.vsp.com
- (Group # 00105162)
(800) 877-7195

CalPERS Medical

- www.calpers.ca.gov
(888) 225-7377 or (888) CAL-PERS
- CalPERS Anthem Blue Cross Select HMO
(855) 839-4524
- CalPERS Anthem Blue Cross Traditional HMO
(855) 839-4524
- CalPERS Blue Shield Access+ (Group #PH0001)
(800) 334-5847
- CalPERS Blue Shield NetValue (Group #PH0010)
(800) 334-5847
- CalPERS HealthNet Salud y Más
(888) 926-4921
- CalPERS HealthNet SmartCare
(888) 926-4921
- CalPERS Kaiser HMO (Group #105705-00)
(800) 464-4000
- CalPERS UnitedHealthcare Alliance HMO
(877) 359-3714
- CalPERS Anthem Blue Cross - PERS Select (Group #SB050A)
(877) 737-7776
- CalPERS Anthem Blue Cross - PERS Choice (Group #CB050A)
(877) 737-7776
- CalPERS Anthem Blue Cross - PERS Care (Group #KB050A)
(877) 737-7776
- CalPERS Anthem Blue Cross PORAC (Group #13079)
(800) 288-6928

CalPERS Retirement

- www.calpers.ca.gov
- (Group #0097)
(888) 225-7377 or (888) CAL-PERS

Due to privacy issues and concerns, we strongly recommend contacting your insurance provider directly with regard to claims, replacement/lost cards, or coverage questions.

Retiree Benefits Brochure designed and developed by



in conjunction with the City of Huntington Beach, September 2013