



Retiree Benefits Open Enrollment 2013

Effective: 1/1/2013 - 12/31/2013

MEO/NA

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 16-17 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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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 City's Blue Shield medical plans will continue to be administered through CSAC EIA. Blue Shield HMO and PPO pharmacy benefits will continue to be administered by Express Scripts (formerly known as Medco). Kaiser HMO benefits will remain in place and will not be a part of the CSAC EIA Health Program.

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 2013 calendar year. It is important that you use the following information to educate yourself about the open enrollment process, timeline and changes. The Open Enrollment period is from October 1, 2012 to 5:00 p.m., October 31, 2012.

In addition, an Educational Forum has been scheduled for Tuesday, October 9, 2012 in the City Council Chambers from 9:00 a.m. to noon. During this time, carrier representatives will provide an overview of City health plans.

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

City of Huntington Beach benefit-eligible retirees can:

- Make changes to Medical, Dental, and Vision Plans
- Add or delete dependents
- Switch to a different Medical or Dental plan

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 2013 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 summary to Human Resources. Your benefit elections will be effective January 1, 2013. **All changes must be received by Human Resources no later than 5:00 p.m. on Wednesday, October 31, 2012.**

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, 2013

What will be the same on January 1, 2013?

- Benefit Carriers for all plans will remain the same.

What will change on January 1, 2013?

- The Definition of Dependent will be extended up to age 26 regardless of financial dependence, residency, student or marital status for Dental DPO, Dental HMO and Vision.
- Express Scripts has recently acquired Medco, so Medco is beginning to introduce the Express Scripts name to its Medco members. Medco's website, customer service representatives, and written communications will reference the Express Scripts name; however, the web address—www.medco.com—will remain the same. Current members will continue to use their Medco ID cards for prescriptions. New members will continue to receive a Medco-branded welcome kit for now.
- See enclosed rate sheet for 2013 premiums.

MEDICAL PROGRAM BENEFITS

The *City of Huntington Beach's* goal is to provide you with affordable, quality health care benefits. Our medical benefits are designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury. The City of Huntington Beach offers a choice of medical plans through **Blue Shield and Kaiser Permanente**.

- **HMO (Health Maintenance Organization)** - The HMO plans offer comprehensive coverage. Care is provided or coordinated through each member's Primary Care Physician (PCP). **You have a choice between the Blue Shield HMO and the Kaiser HMO plans.**
- **PPO (Preferred Provider Organization)** - The PPO plan is designed to provide choice--two levels of service, flexibility and value. Participants have a choice of using Preferred Providers (PPO provider) or going directly to any other physician (non-PPO provider) without a referral. Generally, there are annual deductibles to meet before benefits apply. You are also responsible for a certain percentage of the charges (co-insurance), and the plan pays the balance up to the agreed upon amount.

PRESCRIPTION DRUG PROGRAM BENEFITS

Employees who are enrolled in the Blue Shield HMO and PPO plans will have prescription drug coverage through Express Scripts (formerly Medco). All of the plans offer access to a vast number of retail pharmacies. Retail pharmacies can be used if you are taking a drug on a short-term basis.

If you are taking prescription medications on a regular basis, you may save time and money by using a mail order pharmacy. Members save on out-of-pocket copay costs, and shipping is free for standard postal delivery. Blue Shield HMO and PPO members can use Medco Pharmacy by calling (800) 711-0917. Please refer to the schedule of benefits in this brochure for more information.

MEDICAL PLAN FEATURES

	HMO PLANS	
	SCHEDULE OF BENEFITS (EARLY RETIREES)	
	BLUE SHIELD HMO	KAISER HMO
PLAN BENEFITS		
OFFICE VISITS	\$15 Copay \$30 Copay for self-referred specialist consultation	\$15 Copay
PRESCRIPTION DRUG (must use a participating retail pharmacy)	(up to a 30-day supply)* \$10 Generic \$25 Brand \$45 Non-Formulary	(30-day supply) \$10 Generic \$20 Brand
PRESCRIPTION DRUG - MAIL ORDER	(up to a 90-day supply)* \$20 Generic \$50 Brand \$90 Non-Formulary	(100-day supply) \$20 Generic \$40 Brand
EMERGENCY SERVICES	\$200 Copay (waived if admitted)	\$100 Copay (waived if admitted)
DEDUCTIBLE	None	None
MAXIMUM OUT-OF-POCKET Individual Family	\$1,000 \$2,000	\$1,500 \$3,000
LIFETIME MAXIMUM	Unlimited	Unlimited
ROUTINE PHYSICAL EXAMS	No Charge	\$15 Copay
CHIROPRACTIC	Not Covered	\$10 Copay (30 visits/calendar year)
VISION EXAM	No Charge (ages 11-19 and 50+)	\$15 Copay (\$150 hardware allowance/24 months)
HOSPITAL SERVICES Inpatient Outpatient	\$100/Admit No Charge	No Charge \$15 per Procedure
OUTPATIENT LAB & X-RAY	No Charge	No Charge
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	\$100/Admit (detox only) \$15 Copay	No Charge (detox only) \$15 Copay Individual / \$5 Group
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

*Pharmacy benefits administered by Express Scripts (formerly Medco). Visit www.Medco.com for more information.

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

	BLUE SHIELD PPO PLAN SCHEDULE OF BENEFITS (EARLY RETIREES)	
	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS		
OFFICE VISITS/SPECIALIST VISIT	\$30 Copay/\$50 Copay	40%
PRESCRIPTION DRUG (Express Scripts)* (up to a 30-day supply)	\$10 Generic \$20 Brand (\$100 brand deductible per member) \$50 Non-Formulary	Plan pays 100% of the allowable amount. Member pays copay (below), plus charges above allowable amount. \$10 Generic \$20 Brand (\$100 brand deductible per member) \$50 Non-Formulary
PRESCRIPTION DRUG (Express Scripts)* - MAIL ORDER (up to a 90-day supply)	\$20 Generic \$40 Brand (\$100 brand deductible per member) \$100 Non-Formulary	Not Covered
EMERGENCY SERVICES	\$200 / Visit + 20% (\$200 deductible waived if admitted)	
DEDUCTIBLE		
Individual	\$750	\$1,000
Family	\$1,500	\$2,000
MAXIMUM OUT-OF-POCKET		
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
LIFETIME MAXIMUM	Unlimited	
DURABLE MEDICAL EQUIPMENT	20%	40%
CHIROPRACTIC	20%	40%
	(15 visits per year combined with Acupuncture)	
HOSPITAL SERVICES		
Inpatient	20%	40% (Max \$600/Day)
Outpatient	20%	40% (Max \$350/Day)
OUTPATIENT LAB & X-RAY	\$30/Visit	40%
SUBSTANCE ABUSE PROGRAM		
Inpatient	20%	40% (Max \$600/Day)
Outpatient	\$30/Visit	40%
MENTAL HEALTH		
Inpatient	See EOC	See EOC
Outpatient		

*Pharmacy benefits administered by Express Scripts (formerly Medco). Visit www.Medco.com for more information.

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MEDICAL PLAN FEATURES



KAISER SENIOR ADVANTAGE SCHEDULE OF BENEFITS (RETIREES 65+)

KAISER HMO

PLAN BENEFITS

OFFICE VISITS	\$15 Copay
PRESCRIPTION DRUG (must use a participating retail pharmacy)	(30-day supply) \$10 Generic \$20 Brand
PRESCRIPTION DRUG - MAIL ORDER	(100-day supply) \$20 Generic \$40 Brand
EMERGENCY SERVICES	\$50 Copay (waived if admitted)
DEDUCTIBLE	None
MAXIMUM OUT-OF-POCKET Individual Family	\$1,500 \$3,000
LIFETIME MAXIMUM	Unlimited
ROUTINE PHYSICAL EXAMS	No Charge
CHIROPRACTIC	\$10 Copay (30 visits/calendar year)
VISION EXAM	\$15 Copay (\$150 hardware allowance/24 months)
HOSPITAL SERVICES Inpatient Outpatient	No Charge \$15 per Procedure
OUTPATIENT LAB & X-RAY	No Charge
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	No Charge (detox only) \$15 Copay Individual / \$5 Group
MENTAL HEALTH Inpatient Outpatient	See EOC

MEDICAL PLAN FEATURES

	BLUE SHIELD MEDICARE COB PLAN SCHEDULE OF BENEFITS (RETIREES 65+)	
	PPO IN-NETWORK	NON-PPO OUT-OF-NETWORK
PLAN BENEFITS		
OFFICE VISITS	No Charge	40%
PRESCRIPTION DRUG (Express Scripts)* (30-day supply)	\$5 Generic \$15 Brand (\$100 Brand Deductible per Member) \$45 Non-Formulary	Plan pays 100% of the allowable amount. Member pays copay (below), plus charges above allowable amount. \$5 Generic \$15 Brand (\$100 Brand Deductible per Member) \$45 Non-Formulary
PRESCRIPTION DRUG (Express Scripts)* MAIL ORDER (90-day supply)	\$10 Generic \$25 Brand (\$100 Brand Deductible per Member) \$90 Non-Formulary	Not Covered
EMERGENCY SERVICES	No Charge (Plan Deductible applies if admitted)	
DEDUCTIBLE Individual Family	N/A	\$500 \$1,000
MAXIMUM OUT-OF-POCKET Individual Family	\$2,000 \$4,000	\$10,000 \$20,000
LIFETIME MAXIMUM	Unlimited	
DURABLE MEDICAL EQUIPMENT	No Charge	40%
CHIROPRACTIC (Up to 12 visits per calendar year)	No Charge	40%
HOSPITAL SERVICES Inpatient Outpatient	No Charge No Charge	40% (Max \$600/Day) 40% (Max \$350/Day)
OUTPATIENT LAB & X-RAY	No Charge	40%
SUBSTANCE ABUSE PROGRAM Inpatient (For medical acute detoxification) Outpatient	No Charge No Charge	40% (Max \$600/Day) 40%
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

*Pharmacy benefits administered by Express Scripts (formerly Medco). Visit www.Medco.com for more information.

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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		
COPAY	\$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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PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) DISCLOSURE STATEMENT

This group health plan believes the Kaiser Permanente HMO Health Plan is considered a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

For questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status, contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

REQUIRED FEDERAL NOTICES

THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA) OF 2009

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 in paying your employer health plan premiums. The following list of States is current as of July 31, 2012. 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 Phone: 1-800-869-1150

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REQUIRED FEDERAL NOTICES (Cont'd)

THE CHILDREN'S HEALTH INSURANCE PROGRAM

<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: 1-800-889-9948</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx Phone: 1-877-255-3092</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: www.dhhs.nh.gov/ombp/index.htm 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: 1-800-356-1561 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/OIAS/public-assistance/index.html Phone: 1-800-572-3839</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>Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629</p>	<p align="center">NORTH CAROLINA – Medicaid and CHIP</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>

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REQUIRED FEDERAL NOTICES (Cont'd)

THE CHILDREN'S HEALTH INSURANCE PROGRAM

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/mcicaid/ 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: 1-877-314-5678	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, 2012, 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, Ext. 61565

REQUIRED FEDERAL NOTICES (Cont'd)

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Your medical benefit plan may impose a preexisting condition exclusion upon enrollees age 19 and older. That means that if you are age 19 or older and have a medical condition before coming to our Plan, you might have to wait a certain period of time before the Plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 month period. Generally, this 6 month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6 month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy.

This exclusion may last up to 12 months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days.

To reduce the exclusion period by your creditable coverage, you should provide the new carrier with a copy of any certificates of creditable coverage (HIPAA Certificates) you have. If you do not have a Certificate, but you do have prior health coverage, you can obtain one from your prior plan or issuer.

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.

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 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 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, 2013
Name of Entity:	City of Huntington Beach
Contact:	Human Resources
Address:	2000 Main Street, Huntington Beach, CA 92648
Phone Number:	(714) 375-8456

HELPFUL TIPS TO SAVE YOU TIME AND MONEY

Take Advantage of the Mail Order Pharmacy Benefit! Why go to the pharmacy if you don't have to?

Employees who are enrolled in the Blue Shield HMO and PPO plans will have prescription drug coverage through Medco. Employees who are enrolled in the Blue Shield HDHP plan will have prescription drug coverage through Blue Shield.

If you are taking prescription medications on a regular basis, you may save time and money by using a mail order pharmacy. You may be able to receive a 90-day supply for two co-payments, and your prescription is mailed directly to your home. Members save on out-of-pocket copay costs, and shipping is free for standard postal delivery. Blue Shield HMO and PPO plan members can use Medco by Mail by calling (800) 711-0917 or by visiting their website at www.medco.com. Blue Shield HDHP plan members can use PrimeMail by calling (866) 346-7200 or by visiting their website at www.MyPrimeMail.com.

Having Surgery and/or X-Rays this Year?

If you are on the PPO plan, remember to ask your doctor if you are being referred to a Blue Shield -In-Network facility. Out of network hospitalizations are only covered at 60% and Blue Shield pays a maximum of \$350 per day (out-patient) or \$600 per day (in-patient). As always, verify that your surgery and/or x-ray has been pre-authorized by Blue Shield prior to your surgery and/or x-ray.

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.

RETIREE BENEFITS CONTACT INFORMATION

<p><u>Human Resources - Employee Benefits</u></p> <ul style="list-style-type: none"> • 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 	<p><u>CalPERS Retirement</u></p> <ul style="list-style-type: none"> • www.calpers.ca.gov • (Group #0097) (888) 225-7377 or (888) CAL-PERS
<p><u>Blue Shield (MEO, NA)</u></p> <ul style="list-style-type: none"> • www.blueshieldca.com/csac • HMO Medical (Group #EH1009) (800) 642-6155 • PPO Medical (Group #E10055) (800) 642-6155 • Rx through Medco Pharmacy (All Medical Plans) (800) 711-0917 	
<p><u>Kaiser (MEO, NA)</u></p> <ul style="list-style-type: none"> • www.kaiserpermanente.org • (Group #227450) (800) 464-4000 	
<p><u>Dental</u></p> <ul style="list-style-type: none"> • www.deltadentalins.com • Delta Dental/DPO (Group #4729) (888) 335-8227 • Delta Care USA (Group #1575) (800) 422-4234 <p><u>Vision</u></p> <ul style="list-style-type: none"> • www.vsp.com • (Group # 00105162) (800) 877-7195 	

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

NOTES

Retiree Benefits Brochure designed and developed by



in conjunction with the City of Huntington Beach, September 2012