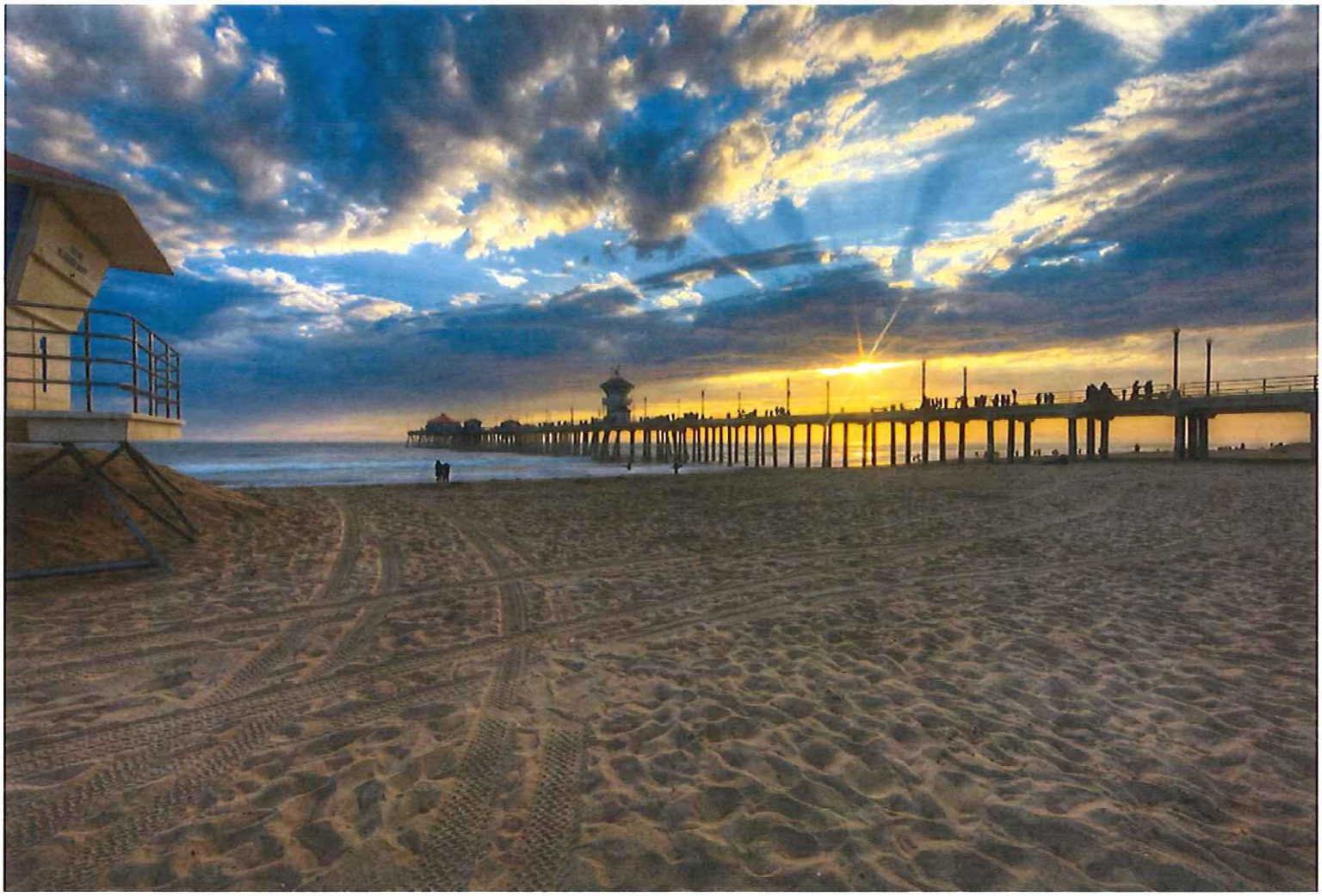

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Retiree Benefits

Open Enrollment 2016

Effective: 1/1/2016 - 12/31/2016

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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RETIREE BENEFITS PROGRAM 1/1/2016 THRU 12/31/2016

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. 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 2016 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, 2015 to 5:00 p.m., October 30, 2015.

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 2016 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, 2016. **All changes must be received by Human Resources no later than 5:00 p.m. on Friday, October 30, 2015.**

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, 2016

What will be the same on January 1, 2016?

- Benefit Carriers for all plans will remain the same.

What will change on January 1, 2016?

- See enclosed rate sheet for 2016 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. 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 Express Scripts by calling (800) 711-0917. Please refer to the schedule of benefits in this brochure for more information.

MEDICAL PLAN FEATURES

	HMO OPTIONS SCHEDULE OF BENEFITS	
	BLUE SHIELD HMO	KAISER HMO
PLAN BENEFITS		
OFFICE VISITS	$15 Copay $30 Copay for self-referred specialist consultation	$15 Copay
PRESCRIPTION DRUG MAXIMUM OUT-OF-POCKET Individual Family	 $5,600 $11,200	
PRESCRIPTION DRUG (must use a participating retail pharmacy)	(Up to a 30-day supply)* $10 Generic $30 Brand **($100 Brand Deductible per Member)** $50 Non-Formulary	(30-day supply) $10 Generic $20 Brand
PRESCRIPTION DRUG - MAIL ORDER	(up to a 90-day supply)* $20 Generic $60 Brand **($100 Brand Deductible per Member)** $100 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. Visit www.Express-Scripts.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 MAXIMUM OUT-OF-POCKET Individual Family	 $2,850 $5,700	 None None
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 Family	 $750 $1,500	 $1,000 $2,000
MAXIMUM OUT-OF-POCKET Individual Family	 $3,750 $7,500	 $10,000 $20,000
LIFETIME MAXIMUM	Unlimited	
DURABLE MEDICAL EQUIPMENT	20%	40%
CHIROPRACTIC	20% (15 visits per year combined with Acupuncture)	40%
HOSPITAL SERVICES Inpatient Outpatient	 20% 20%	 40% (Max $600/Day) 40% (Max $350/Day)
OUTPATIENT LAB & X-RAY	$30/Visit (20% for complex imaging or if performed in a hospital)	40%
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	 20% $30/Visit	 40% (Max $600/Day) 40%
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

*Pharmacy benefits administered by Express Scripts. Visit www.Express-Scripts.com for more information.

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MEDICAL PLAN FEATURES

	BLUE SHIELD HDHP PLAN* - BRONZE LEVEL SCHEDULE OF BENEFITS (EARLY RETIREES)	
	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS		
OFFICE VISITS	30%	50%
PRESCRIPTION DRUG (up to a 30-day supply)	Plan deductible must be met before Rx copayments apply 30%	Plan deductible must be met before Rx copayments apply 30%
PRESCRIPTION DRUG - MAIL ORDER (up to a 90-day supply)	Plan deductible must be met before Rx copayments apply 30%	Not Covered
EMERGENCY SERVICES	30%	
DEDUCTIBLE** Individual Family	 $2,000 $6,000	 $4,000 $12,000
MAXIMUM OUT-OF-POCKET Individual Family	 $6,350 $12,700	 $12,700 $38,100
LIFETIME MAXIMUM	Unlimited	
DURABLE MEDICAL EQUIPMENT	30%	50%
CHIROPRACTIC	30% (26 visits per year combined with Acupuncture)	50%
HOSPITAL SERVICES Inpatient Outpatient	 30% 30%	 50% (Max $600/Day) 50% (Max $350/Day)
OUTPATIENT LAB & X-RAY	30%	50%
SUBSTANCE ABUSE PROGRAM Inpatient Outpatient	 30% 30%	 50% (Max $600/Day) 50% (Max $350/Day)
MENTAL HEALTH Inpatient Outpatient	See EOC	See EOC

*Retirees who are entitled to Medicare are not eligible to contribute to an HSA.

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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	85% of PPO dentist's allowed fee	85% of Delta dentist's allowed fee		No Charge
Prosthodontics	60% of PPO dentist's allowed fee	60% of Delta dentist's allowed fee		$0 - $50
Implants	60% of PPO dentist's allowed fee	60% of Delta dentist's allowed fee		Not Applicable
ORTHODONTIA	Adult & Child 60% of PPO dentist's allowed fee (subject to $3,000 lifetime max per person)	Adult & Child 60% of Delta dentist's allowed fee (subject to $3,000 lifetime max per person)		Adult & Child: $500 + 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 *(Dilation when necessary)*	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.

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.

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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at www.askebsa.dol.gov or call 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, 2015. Contact your State for more information on eligibility -

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	**INDIANA – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	**KANSAS – Medicaid**
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

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KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	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
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462
NEVADA – Medicaid	**RHODE ISLAND – Medicaid**
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300

(Continued on next page)

SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/ programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/ programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/ pages/ index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid% 20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, 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

OMB Control Number 1210-0137 (expires 10/31/2016)

(Continued on next page)

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

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 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.

NOTICE OF SPECIAL ENROLLMEN RIGHTS FOR MEDICAL/HEALTH PLAN COVERAGE

If you decline enrollment in an City of Huntington Beach health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in an City of Huntington Beach health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.

- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in an City of Huntington Beach medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

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.

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 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 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. City of Huntington Beach has determined that the prescription drug coverage offered by the plans is, 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 to 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 City of Huntington Beach coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under City of Huntington Beach is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your City of Huntington Beach prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

(Continue on next page)

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.

For More Information About This Notice Or Your Current Prescription Drug Coverage...
Contact the person listed below for further information. You will 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 the City of Huntington Beach changes. You also may request a copy of this notice at any time.

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 will 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, 2016
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

Prevention is *the Best Medicine*

- All employees 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 "Employee Benefits Contact Information" Section or visit the City's internet site at www.huntingtonbeachca.gov/employee_ benefits.

NOTES

RETIREE BENEFITS CONTACT INFORMATION

Human Resources - Employee Benefits • Phone: (714) 375-8456 (714) 536-5213 (714) 536-5917 • Fax: (714) 374-1743 • Email: bpratt@surfcity-hb.org jaymie.liu@surfcity-hb.org bcharles@surfcity-hb.org • Internet: www.huntingtonbeachca.gov/retiree_benefits	CalPERS Retirement • www.calpers.ca.gov • (Group #0097) (888) 225-7377 or (888) CAL-PERS
Blue Shield (MEO, NA) • www.blueshieldca.com/csac • HMO Medical (Group #EH1009) (800) 642-6155 • PPO Medical (Group #E10055) (800) 642-6155 • Rx through Express Scripts (All Medical Plans) (800) 711-0917	
Kaiser (MEO, NA) • www.kaiserpermanente.org • (Group #227450) (800) 464-4000	
Dental • www.deltadentalins.com • Delta Dental PPO (Group #4729) (888) 335-8227 • Delta Care HMO (Group #1575) (800) 422-4234 Vision • 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.

Employee Benefits Brochure designed and developed by

in conjunction with the City of Huntington Beach, September 2015