



2026 ACTIVE EMPLOYEES BENEFIT ELIGIBLE
YOUR LIFE, YOUR BENEFITS

CITY OF
LONG BEACH



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MEDICARE PART D NOTICE

If you (and/or your dependents) 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 the *Important Plan Information* section for more details.

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GETTING STARTED

2026 BENEFITS

January 1, 2026
through
December 31, 2026

IMPORTANT NOTE:

This is a summary overview and does not provide a complete description of all benefit provisions. While we have made every effort to make this overview comprehensive, it cannot provide a complete description of all benefits. Plan documents contain more details on relevant provisions, limitations, and determine how benefits are paid. If the information in this overview differs from the plan documents, the plan documents prevail.

Whether you are enrolling in benefits for the first time, nearing retirement, or somewhere in between, the City of Long Beach supports you with benefit programs and resources at every step.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

You will find tips to help you understand your benefits coverage, save time and money on healthcare, and balance your work and home life. Review the coverage for all plans available to choose the benefit package that best aligns with your needs.

BENEFITS OVERVIEW

Employment with the City of Long Beach may include the following benefits. Reference page 8 for employee eligibility.

Core Benefits			
<p>Medical Anthem Blue Cross Anthem.com/CA/COLB (844) 653-7399 Policy #: 276800</p>	<p>Dental Delta Dental DeltaDentalins.com/COLB</p> <p>HMO PPO (800) 422-4234 (800) 765-6003 Policy #: 78506 Policy #: 3712</p>	<p>Vision VSP VSP.com (800) 877-7195 Policy #: 30069959</p>	
<p>Pharmacy Benefit CVS Caremark Caremark.com (855) 559-7919</p>	<p>PPO Surgery Benefit Carrum Health Info.CarrumHealth.com/COLB (888) 855-7806</p>	<p>Retirement Pension Plan CalPERS CalPERS.CA.gov (888) 225-7377</p>	
Supplemental Benefits			
<p>Basic Life and AD&D Insurance The Standard Standard.BenSelect.com/COLB (800) 628-8600 Policy #: 448651-G</p>	<p>Short-Term Disability The Standard Standard.BenSelect.com/COLB (800) 368-2859 Policy #: 448651-E</p>	<p>Long-Term Disability The Standard Standard.BenSelect.com/COLB (800) 368-1135 Policy #: 448651-F</p>	
Voluntary Benefits			
<p>Voluntary Life Insurance The Standard Standard.BenSelect.com/COLB (800) 628-8600 Policy #: 448651-G</p>	<p>Long-Term Care Insurance UNUM UnumInfo.com/CityofLongBeach (800) 421-0344</p>	<p>Dependent Care FSA Health Equity Participant.WageWorks.com (877) 924-3967</p>	<p>Healthcare FSA Health Equity Participant.WageWorks.com (877) 924-3967</p>
<p>Pet Insurance MetLife Quote.MetLifePetInsurance.com (866) 937-7387</p>	<p>Gym Access & Wellness Wellhub Wellhub.com</p>	<p>529 College Savings Plan ScholarShare ScholarShare.com (562) 595-4725 ext. 2010</p>	<p>457(b) Plan MissionSquare MissionSq.org/LongBeach (202) 759-7122</p>
Resources			
<p>Benefit Concierge Services Health Advocate HealthAdvocate.com/COLB (866) 799-2691</p>	<p>Employee Assistance Program (EAP) Health Advocate HealthAdvocate.com/COLB (866) 799-2691</p>	<p>Medicare Resource Alliant Medicare Services AlliantMedicareSolutions.com (877) 888-0165</p>	<p>Discount Program LifeBalance COLB.LifeBalanceProgram.com (888) 754-5433</p>

OPEN ENROLLMENT HIGHLIGHTS



What's changing in 2026?

New LifeBalance Discount Program

Starting January 1, we are excited to introduce our new discount program, LifeBalance! LifeBalance is no cost to you and your family members and works like an online coupon book, offering discounts at thousands of participating businesses nationwide. Discounts are available at health clubs, fitness studios, online retailers, sporting goods stores, amusement parks, movie theaters, hotels, ski resorts, and more.

New Medicare Solutions Resource

We are also pleased to introduce Alliant Medicare Solutions (AMS). We know that navigating Medicare, retirement, and Social Security decisions can feel overwhelming, but you do not have to do it alone. AMS is a no-cost resource available to you, your family, and friends. Experienced, licensed insurance agents can help you understand Medicare, explore enrollment options, coordinate benefits, and prepare for retirement.

Voluntary Life Insurance Guaranteed Issue Opportunity

During this year's Open Enrollment, you have the opportunity to increase your voluntary life insurance coverage up to the newly increased guaranteed issue (GI) amount without providing evidence of insurability. The updated GI limit for employees is the lesser of three times your annual earnings or \$350,000, and the spouse GI limit is \$50,000. If you've been considering additional coverage for yourself or your family, now is a great time to review your options.

Increased Fertility Coverage Under Anthem HMO

As a result of California's recently passed Senate Bill 729, members enrolled in the Anthem HMO plan will have expanded coverage for fertility treatments, including in vitro fertilization (IVF), effective January 1, 2026. We encourage you to review your plan documents for full details on these updates.

IRS Flexible Spending Account Limit Increase

The IRS has increased the Healthcare FSA contribution limit for 2026. You can now contribute up to \$3,300 to your Healthcare FSA.

HOW TO ENROLL & MAKE CHANGES DURING OPEN ENROLLMENT



DO I NEED TO COMPLETE OPEN ENROLLMENT?

This is a passive Open Enrollment, so no action is required if you want to keep your current benefits for the 2026 plan year.

Please note **Flexible Spending Accounts require re-enrollment each year.** If you would like to re-enroll or enroll for the first time in a Healthcare or Dependent Care FSA, you must complete Open Enrollment on LifeViewHR.

During Open Enrollment, you can enroll, waive, and/or make changes to your medical, dental, vision, and flexible spending account benefits on LifeViewHR. Changes to benefits not available on LifeViewHR must be made directly through the benefit provider.

LifeViewHR Website

LifeViewHR is available on the City of Long Beach Intranet website at [LBNet](#). LifeViewHR can **only** be accessed from a City issued computer. If you do not have access to a City issued computer, your Department Personnel/Payroll staff can provide a Benefits Selection Form and Open Enrollment Form.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

1. When you are ready to make benefit changes, log into **LifeViewHR** using your Social Security Number (SSN) and password that you created. If you have forgotten your password, call the TI Helpdesk at (562) 570-6100.
2. If this is your first time logging into **LifeViewHR**, you will log in by typing your SSN into the Username field and “**LVHR**” (all capital letters) in the password field. From there, you will be prompted to change your password.
3. Once you have logged in, click on the Open Enrollment tab at the top of the page to make your selections. Look on the right-hand side of the screen for the link to **LifeViewHR OE Instructions** document.
4. Review your personal information and benefits selections. Make changes as needed.
5. To add or delete dependent(s) during Open Enrollment, click on the link in the **LifeViewHR** Open Enrollment Page to download the **Open Enrollment Form**. Submit the completed form and any required documentation to your Department Personnel/Payroll staff for processing.
6. If re-enrolling in flexible spending accounts, enter the amount in the appropriate field corresponding to either healthcare and/or dependent care.
7. Once selections have been entered and verified, click “Submit” for your selections to be saved.

WHO'S ELIGIBLE FOR BENEFITS?

Employees

- **Permanent Full-Time City employees** working 80 or more hours per pay period.
- **Permanent Part-Time (PPT) employees** are eligible to enroll in health coverage and flexible spending plan(s) only. In lieu of insurance benefits, employees holding permanent part-time positions shall be paid \$2.529 for each hour worked (equivalent to \$440 for every 174.0 hours worked). You can enroll in the flexible spending plans(s) whether you opt in or out of health plan enrollment.

Eligible Dependents

- **Your spouse** – The person who you are legally married to under state law, including a same-sex spouse.
- **Your registered domestic partner** – The person (same or opposite sex, must be age 18 or over) who you have registered as a domestic partner with the California Secretary of State.
 - Any premiums for your domestic partner paid for by the City of Long Beach are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- **Your child(ren)** – Includes natural children, step-children, domestic partner's children, adopted children, children fostered under legal custody, and/or children covered under legal guardianship that are:
 - Under age 26. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support. See below regarding Disabled Dependents for additional information.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
- **Disabled (Child) Dependent** – Unlike other dependent children, a disabled dependent child may be eligible for health benefits beyond the age of 26. A disabled child dependent can remain a qualified dependent if the disability is certified by a physician and if it occurred prior to reaching age of 26. Contact your Department Personnel/Payroll staff for the Disabled Dependent Certification Form. You can find your appropriate PPA contact on page 60.
 - The Anthem Blue Cross Disabled Dependent Certification process must be completed within 60 days of the disabled dependent reaching the age of 26 and requires completion of the Disabled Dependent Certification Form. Once certified by a physician, the form must be forwarded to calgenrollintake@anthem.com for review and approval, to avoid coverage interruptions. ***Due to HIPAA, please be advised that the City is not involved in the review and/or approval of Disabled Dependency status.***
- **Pregnant (Child) Dependent** – If you have a covered (child) dependent under your health insurance who is pregnant, the covered (child) dependent is responsible for obtaining health coverage for the baby. The City's plan will only cover prenatal care and delivery for the covered (child) dependent.
 - Please note that the health plan will not cover the children of your covered dependent (grandchildren) unless you have legal guardianship and/or custody.

YOUR MONTHLY BENEFIT COSTS

In general, you pay for medical, vision, and dental coverage before federal, state and social security taxes are withheld. Please note the monthly premiums are paid a month in advance via bi-weekly check deductions.

In 2026, the City will continue to pay the full cost of coverage for Delta Dental HMO, VSP Vision, Basic Life Insurance and Accidental Death & Dismemberment (AD&D), and Short-Term and Long-Term Disability (STD/LTD)*. While the City pays most of the monthly premiums for Anthem HMO, Anthem PPO, and Delta Dental PPO, there is a shared cost component for employees: your share of the premium cost is listed below.

Voluntary benefits such as enrollment in a Flexible Spending Account(s), voluntary life insurance, long-term care insurance, and other voluntary benefits are paid for entirely by you.

If you experience a type of leave that results in being placed on a non-pay status, meaning there are not enough funds in your bi-weekly checks to capture your premium deductions, you will be responsible to pay for the continuation of insurance with our third-party administrator, Health Equity, until you return to a paid status.

****Some STD/LTD Classes can choose to self-pay premiums or opt-in and pay for Buy-Up.***

MEDICAL

	Anthem HMO Plan	Anthem PPO Plan
Single Monthly Payroll Deduction	\$269.00	\$211.00
Two-Party Monthly Payroll Deduction	\$356.00	\$300.00
Family Monthly Payroll Deduction	\$415.00	\$359.00

DENTAL

	DeltaCare USA HMO	Delta Dental PPO
Single Monthly Payroll Deduction	\$0	\$10.00
Two-Party Monthly Payroll Deduction	\$0	\$13.00
Family Monthly Payroll Deduction	\$0	\$18.00

VISION

	VSP VISION PLAN
Single Monthly Payroll Deduction	\$0
Two-Party Monthly Payroll Deduction	\$0
Family Monthly Payroll Deduction	\$0

EMPLOYEE CONTRIBUTION SCENARIOS

The below tables outline how much would be deducted from your paycheck based on plan selection and coverage requested.

PLAN COMBINATIONS	Single Monthly Payroll Deduction	Two-Party Monthly Payroll Deduction	Family Monthly Payroll Deduction
Anthem PPO Plan	\$211.00	\$300.00	\$359.00
Delta Dental PPO	\$10.00	\$13.00	\$18.00
VSP Vision Plan	\$0.00	\$0.00	\$0.00
TOTAL	\$221.00	\$313.00	\$377.00

Anthem PPO Plan	\$211.00	\$300.00	\$359.00
DeltaCare HMO	\$0.00	\$0.00	\$0.00
VSP Vision Plan	\$0.00	\$0.00	\$0.00
TOTAL	\$211.00	\$300.00	\$359.00

Anthem HMO Plan	\$269.00	\$356.00	\$415.00
Delta Dental PPO	\$10.00	\$13.00	\$18.00
VSP Vision Plan	\$0.00	\$0.00	\$0.00
TOTAL	\$279.00	\$369.00	\$433.00

Anthem HMO Plan	\$269.00	\$356.00	\$415.00
DeltaCare HMO	\$0.00	\$0.00	\$0.00
VSP Vision Plan	\$0.00	\$0.00	\$0.00
TOTAL	\$269.00	\$356.00	\$415.00

CHANGING YOUR BENEFITS EXPLAINED

When can I make changes?

As a **NEW HIRE**, you have the opportunity to enroll in or waive benefits at the start of your onboarding process by completing the Benefits Selection Form. Based on the requested coverage start date on your form, benefits will start either the first of the month following your start date, or the first of the month following 30 days from your date of hire.

- Please note: If a Benefits Selection Form either waiving or enrolling in benefits, is not received within 30 days from date of hire, you will automatically be enrolled in the following plans as Employee Only. Payroll deductions will apply: Anthem Blue Cross PPO, Delta Dental PPO, and VSP Vision.

As an **ACTIVE EMPLOYEE**, you can make changes to your benefits during the once-a-year Open Enrollment period or if you experience a mid-year qualifying life event (table below for reference).

How can I make changes?

During onboarding or a mid-year qualifying life event, your primary point of contact to complete a Benefits Selection Form is your Department Personnel/Payroll staff. Make sure to notify your Department Personnel/Payroll staff right away to make changes during the eligible enrollment timeframe.

During Open Enrollment, you can make changes to your benefits selection on LifeViewHR (reference page 7 for more information).

Qualifying Life Events	Enrollment Timeframe	Documentation Verification
Birth or adoption of a baby or child	Within 60 days of QLE	You may be required to provide proof of one or more of the following: <ul style="list-style-type: none"> ▪ Marriage Certificate or License ▪ State of California Domestic Partner Affidavit ▪ Birth Certificate ▪ Final decree of divorce ▪ Proof of gain/loss of coverage ▪ Court Documents showing legal responsibility for adopted/foster children
Marriage / Registered Domestic Partnership	Within 60 days of QLE	
Gain or Loss of other healthcare coverage	Within 31 days of QLE	
Gain or Loss of Medicaid or Children’s Health Insurance Program (CHIP)	Within 60 days of QLE	
Divorce	Within 31 days of QLE	

BENEFIT ENROLLMENT TIMETABLE: CORE AND SUPPLEMENTAL

Benefit	New Hire Enrollment Deadline	New Hire Earliest Effective Date	Qualifying Event Timeframe	Open Enrollment Options
<p>MEDICAL, DENTAL AND/OR VISION</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Permanent Full-time employee • Permanent Part-time employee (Medical Only) • Seasonal Part-time employee (ACA eligibility - Medical Only) 	<p>Must enroll or waive benefits within 30 days of employment to avoid default to single party PPO coverage as a late enrollee</p>	<ul style="list-style-type: none"> • Elective: 1st of the month following date of hire • Standard: 1st of the month following 30 days of employment • Late Enrollee: 1st of the month following 30 days of employment 	<p>Request to either enroll, add or delete qualifying dependents within 31 days (60 for Medicaid or CHIP) of the qualifying event date</p> <ul style="list-style-type: none"> • Adding a newborn requires retroactive enrollment to the date of birth 	<p>Enroll, add, or delete dependents, change health plans, and/or continue current enrollment</p> <ul style="list-style-type: none"> • Changes are effective January 1 of the upcoming calendar year
<p>BASIC LIFE AND AD&D INSURANCE (EMPLOYER-PAID)</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Permanent Full-time employee 	<p>Enrollment is automatic for \$20K coverage</p>	<p>1st of the month following 30 days of employment</p>	<p>Employee Status Change (i.e., part-time to full-time status, etc.)</p>	<p>N/A</p>
<p>SHORT-TERM DISABILITY (STD)</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Permanent Full-time employee 	<p>Enrollment is automatic based on eligibility (see MOU)</p>	<p>1st of the month following 30 days of employment</p>	<p>Employee status change (i.e., non-career to permanent full-time employee) within 31 days of event</p>	<p>N/A</p>
<p>LONG-TERM DISABILITY (LTD)</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • Permanent Full-time employee 	<p>Enrollment is automatic based on eligibility (see MOU)</p>	<p>1st of the month following 30 days of employment</p>	<p>Employee status change (i.e., non-career to permanent full-time employee) within 31 days of event</p>	<p>N/A</p>

BENEFIT ENROLLMENT TIMETABLE: VOLUNTARY

Benefit	New Hire Enrollment Deadline	New Hire Earliest Effective Date	Qualifying Event Timeframe	Open Enrollment Options
FLEXIBLE SPENDING ACCOUNTS (FSAs) Eligibility: <ul style="list-style-type: none"> Permanent Full-time employee Permanent Part-time employee 	Must enroll or waive enrollment within 30 days of employment	<ul style="list-style-type: none"> Elective: 1st of the month following date of hire Standard: 1st of the month following 30 days of employment 	Request to either enroll, stop, start, or change annual deferral amount based on a qualifying event within 31 days of the qualifying event date <ul style="list-style-type: none"> Qualifying event options based on the plan type (i.e. Healthcare FSA vs. Dependent Care FSA) 	Must declare re-enrollment during Open Enrollment to confirm participation in the upcoming calendar year – continuation of enrollment is not automatic <ul style="list-style-type: none"> Enroll and select annual deferral amounts Changes are effective January 1 of the calendar year
VOLUNTARY LIFE INSURANCE Eligibility: <ul style="list-style-type: none"> Permanent Full-time employee 	Employees can exercise their option to enroll within 30 days of becoming benefits eligible based on The Standard benefits effective date	1 st of the month following 30 days of employment	Request to either enroll, add or delete qualifying dependents within 31 days of the qualifying event date	Employees can enroll, increase or decrease; add dependents <ul style="list-style-type: none"> Changes are effective January 1 of the calendar year
LONG-TERM CARE INSURANCE Eligibility: <ul style="list-style-type: none"> Permanent Full-time employee 	Employees can exercise their option to enroll within 31 days of their hire date	1 st of the month following 31 days of employment	Employee status change (i.e., non-career to permanent full-time employee); marriage (enrollment extended to spouse only) within 60 days of event	Employees can enroll and/or make changes; medical questionnaire required
MISSIONSQUARE 457 DEFERRED COMPENSATION Eligibility: <ul style="list-style-type: none"> All employees 	None; employee's discretion	1 st contribution can be set-up to be deducted from 1 st paycheck	N/A – contribution amount can be changed via LifeViewHR per IRS regulations	N/A
SCHOLARSHARE 529 COLLEGE SAVINGS Eligibility: <ul style="list-style-type: none"> All employees 	None; employee's discretion	1 st contribution can be set-up from 1 st paycheck	N/A – contributions are paid directly to ScholarShare	N/A
METLIFE PET INSURANCE Eligibility: <ul style="list-style-type: none"> All employees 	None; employee's discretion	1 st contribution can be set-up from 1 st paycheck	N/A – premiums are paid directly to MetLife Pet Insurance	N/A
WELLHUB Eligibility: <ul style="list-style-type: none"> All employees 	None; employee's discretion	1 st of the month following 30 days of employment	N/A – premiums are paid directly to Wellhub	N/A

BENEFIT ENROLLMENT TIMETABLE: PER MOU

Benefit	New Hire Enrollment Deadline	New Hire Earliest Effective Date	Qualifying Event Timeframe	Open Enrollment Options
DEFERRED COMPENSATION 401A CONTRIBUTION Eligibility: <ul style="list-style-type: none"> Per MOU 	None; enrolled upon becoming eligible per MOU	Varies based on MOU	Employee status change (i.e., shift to classification within eligible union)	N/A
EXECUTIVE PHYSICALS Eligibility: <ul style="list-style-type: none"> Per MOU 	None; enrolled upon becoming eligible per MOU	Varies based on MOU	Employee status change (i.e., shift to classification within eligible union)	N/A
STD/LTD Buy-Up Eligibility: <ul style="list-style-type: none"> Per MOU 	None; enrolled upon becoming eligible per MOU	1 st of the month following 30 days of eligibility	Employee status change (i.e., shift to classification within eligible union)	Enroll, waive, or make changes to short-/long-term disability buy-up options (applies to certain groups); medical questionnaire may apply
ADDITIONAL LIFE INSURANCE Eligibility: <ul style="list-style-type: none"> Per MOU 	None; enrolled upon becoming eligible per MOU	1 st of the month following 30 days of eligibility	Employee status change (i.e., shift to classification within eligible union)	N/A
RETIRED HEALTH SAVINGS ACCOUNT (RHS) Eligibility: <ul style="list-style-type: none"> Sworn Fire and Police 	None; enrolled upon retirement from the City of Long Beach.	Retirement Date from the City of Long Beach	Employee status change (i.e., change to a Sworn classification)	N/A

HEALTH ADVOCATE CONCIERGE SERVICES

Click to play video



CONTACT HEALTH ADVOCATE

Phone

(866) 799-2691

Email

Answers@HealthAdvocate.com

Website

HealthAdvocate.com/COLB

Registration Code

COLBEmployees

**Visit the App Store or Google
Play Store to download the
Health Advocate app!**

Get help from Health Advocate

Health Advocate is a service that provides you and your entire family 24/7 access to confidential one-on-one benefit support at no additional cost to you! Health Advocate experts will answer your questions and take on virtually any healthcare issue, so you and your family get the right care at the right time.

Connect to all your benefits through a single toll-free number

- Health Advocate can answer questions about your entire benefits package.
- If you need to reach a specific benefit provider, Health Advocate can connect you right away.

Support for every medical condition

- Explain health conditions, diagnoses, and treatments; research the latest treatment options.
- Arrange expert second opinions, transfer medical records, and coordinate care and services.

Health Advocate takes the hassle out of healthcare

- Find the right in-network doctors and make appointments.
- Review medical bills to find errors or duplicate charges; resolve complicated claims and billing issues.

Help you stay on top of your health

- Health Advocate will identify and help you schedule any overdue care, tests, or screenings.
- Receive confidential reminders at home about getting the ongoing care you need.



MEDICAL

OUR PLANS

ANTHEM HMO PLAN

ANTHEM PPO PLAN

CONTACT INFORMATION

Website

Anthem.com/CA/COLB

Phone

(844) 653-7399

App

Sydney Health App

ID Card

Yes

Medical insurance is a vital component of a comprehensive benefits package. It provides coverage for medical expenses, including doctor visits, hospital stays, and preventative care.

We offer two medical plans through Anthem: the Anthem HMO Plan and the Anthem PPO Plan.

All About Medical Plans



Play the Health Lingo Game!



ANTHEM MEDICAL PLAN OPTIONS



ABOUT THE HEALTH CARE PROVIDER GROUPS

Here are some things to keep in mind as you weigh your medical plan options:

1. Consider the location of your physician. They should be within a reasonable distance (about 30 miles) of your home or office.
2. **You must select a PCP if you enroll in the Anthem Blue Cross HMO plan.** You may choose different PCPs for yourself and each of your family members, if you wish.
3. The Anthem Blue Cross PPO plan has national networks of physicians and hospitals. Network providers are often available when you travel or if your dependents live in other areas.
4. The Anthem Blue Cross HMO plan covers urgent and emergency services outside your service area when you travel.

HMO PLAN

When you enroll in the Anthem Blue Cross HMO plan, you agree to use only Anthem Blue Cross doctors, facilities and medical groups for all of your medical care. You must choose between a Participating Medical Group (PMG) or an Independent Physician Association (IPA), along with a Primary Care Physician (PCP) to manage your care. Anthem Blue Cross HMO covers most services at 100%, with no deductible, as long as you use providers who belong to your PMG/IPA. Office visit copayments are \$20, and there are no claim forms. Any care you receive without approval from your PCP is not covered. Emergency room services require a \$100 copayment per visit. This copayment is waived if you are admitted to the hospital.

PPO PLAN

The Anthem Blue Cross PPO plan offers you access to a large network of physicians who agree to discount their fees for services. Under this plan, you are not required to select a PCP, and you can access different physicians and specialists at your own discretion. While you may go to any doctor or hospital each time you need care, your copay or coinsurance will be lowest when you go to an in-network PPO provider. As long as you use providers who participate in the network, your care will be covered at the highest benefit level – 90% for most services after your deductible is met.

You also have the option to see an out-of-network PPO provider, but services are then covered at 50% of Usual, Customary, and Reasonable charges (UCR). Higher deductible amounts apply and claim forms are required. Some providers may also require payment in full at the time of service. Out-of-network benefits are paid based on 90th percentile of UCR charges, which means the plan pays charges for non-network providers based on fees charged by 9 out of 10 doctors in their geographic area. This means you could receive a bill for any charges over UCR. If the UCR amount is lower than the actual charge, the provider may take a loss or you, the patient, may be responsible for the difference.

Note: If you use non-network providers, Anthem will mail the reimbursement check to you (not to the non-network provider). It is your responsibility to reimburse non-network providers with the money you receive from Anthem.

ANTHEM DEDUCTIBLE AND COPAY OVERVIEW

The chart below outlines deductible and copayment specifications of the Anthem HMO and PPO plans. You pay the copayments (\$) outlined below. The coinsurance (%) listed in the PPO plan shows what you pay after the plan’s deductible.

	ANTHEM HMO PLAN	ANTHEM PPO PLAN	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible^{1,2}			
Individual	\$0	\$150	\$350
Family	\$0	\$300	\$700
Embedded/Aggregate ²	N/A	Embedded	Embedded
Calendar Year Out-of-Pocket Maximum^{1,3}			
Individual	\$1,000	\$2,650	\$0
Family	\$3,000	\$5,300	\$0
Embedded/Aggregate ³	Embedded	Embedded	Embedded
Office Visit			
Primary Care	\$20 copay	\$20 copay	\$40 copay then 50% ⁵
Specialist	\$20 copay	\$20 copay	
Preventive Services	No charge	No charge	50% ⁵
Chiropractic & Acupuncture	\$10 copay (up to 30 visits/year)	10% ⁵ (up to 34 visits/year combined with Out-of-Network)	50% ⁵ (up to 34 visits/year in/out combined with In-Network)
Lab and X-ray	\$0 copay	10% ⁵	50% ⁵
Urgent Care	\$20 copay	\$20 copay	\$40 copay
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Inpatient Hospitalization	\$0 copay	10% ⁵	\$300 copay then 50%
Outpatient Surgery	\$0 copay	10% ⁵	50% ⁵
Mental Health & Substance Abuse			
Inpatient Facility Care	No charge ⁶	10% ⁶	\$300 deductible then 50% ^{4, 6}
Inpatient Physician Visits	No charge	10% ⁴	50% ⁴
Outpatient Facility Care	No charge	10%	\$300 deductible then 50% ^{4, 6}
Outpatient Physician Visits	\$20 copay per visit ⁶	\$20 copay per visit	\$40 deductible then 50% ^{4, 6}

¹Deductibles and out-of-pocket maximums accumulate on a calendar year from January 1 through December 31.
²An embedded family deductible means the plan begins to make payments for a member when they reach their individual deductible.
³An embedded family maximum means the plan will cover 100% for an individual member as soon as they reach their individual maximum.
⁴All covered expenses including your medical deductibles and prescription copays accumulate towards the out-of-pocket maximum.
⁵After deductible.
⁶Inpatient subject to utilization review; waived for emergency admissions; Outpatient Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review

KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Anthem 24/7 NurseLine	Quick answers from a trained nurse	<ul style="list-style-type: none"> Identifying symptoms Decide if immediate care is needed Home treatment options and advice 	24/7	\$0
	800-337-4770			
CVS MinuteClinic (Anthem PPO only)	Walk-in medical clinics with nurse practitioners and physician assistants who specialize in family health care	<ul style="list-style-type: none"> Treat more than 125 minor illnesses & injuries Vaccines, physicals, screenings Write prescriptions, when medically appropriate Treat adults and children 18 months and older 	Office Hours	\$0
	Visit a CVS MinuteClinic			
LiveHealth Online	Many non-emergency health conditions	<ul style="list-style-type: none"> Cold, flu, allergies Headache, migraine Skin conditions, rashes Minor injuries Mental health concerns 	24/7	\$0
	LiveHealthOnline.com			
Office visit	Routine medical care and overall health management	<ul style="list-style-type: none"> Preventive care Illnesses, injuries Managing existing conditions 	Office Hours	\$20 copay*
	Anthem.com/CA			
Urgent care	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> Stitches Sprains Animal bites Ear-nose-throat infections 	Office Hours, or up to 24/7	\$20 copay*
	Anthem.com/CA			
Emergency room	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing 	24/7	\$100 copay*
	Anthem.com/CA			

*Additional costs may apply

ANTHEM RESOURCES



FINDING AN ANTHEM PROVIDER

To find a provider in your plan network, please visit Anthem.com/CA/Find-Care.

LiveHealth Online

LiveHealth Online is your telemedicine vendor. You can video call with a board-certified doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7/365 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. Register online at LiveHealthOnline.com and make sure to download the mobile app.

LiveHealth Online also offers language lines to serve those who speak Spanish, Tagalog, Khmer, and more. To access the language line, indicate the preferred language when speaking to your provider. The provider will then connect to the line for language assistance.

Sydney Mobile App

Use Sydney Health to keep track of your health and benefits, all in one place. Access your plan details, member services, virtual care, and wellness resources. You can also set up an account at Anthem.com/CA/Register to access most of the same features from your computer.

The following programs are available through Sydney Health App:

- **MyHealth Advantage** - Anthem reviews medical history, pharmacy claims and doctor visits, and then connects the dots to find ways to help you avoid health problems, stay healthy, or save money. If they find something you could do to improve your health, you'll get a MyHealth Note.
- **Building Healthy Families** - This program offers personalized, digital support through the Sydney Health mobile app or on Anthem.com/CA. This all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

24/7 Nurse Line

24/7 NurseLine serves as your first line of defense for unexpected health issues. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care. For help, call 24/7 NurseLine at (888) 249-3820.

ANTHEM RESOURCES CONTINUED



FINDING AN ANTHEM PROVIDER

To find a provider in your plan network, please visit Anthem.com/CA/Find-Care.

ConditionCare

ConditionCare is a disease management program available to members at no cost. The program provides tools, resources and support with Asthma (pediatric or adult), Chronic obstructive pulmonary disease (COPD), Coronary artery disease, Diabetes, types 1 and 2 (pediatric or adult) or Heart failure. For more details and/or to join, call (866) 962-0957.

Rula

Rula makes it easy to find a virtual, in-network therapist who meets all of your needs. Getting started is easy, with four simple steps:

- **Select Your Therapist** – Visit the Rula.com/Anthem and input your therapist preferences so Rula can match you with the right provider.
- **Complete Registration** – Register within 12 hours of selecting your therapist. No changes will be made until after your first appointment (cancel anytime).
- **Verify Your Benefits** – Rula will work with Anthem on the backend and let you know your copay before your appointment.
- **Confirm Your Appointment Time** – You will receive a confirmation notice 1-2 days before your appointment along with a video call link.

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance.
Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit [CDC.gov/Prevention](https://www.cdc.gov/Prevention) for recommended guidelines.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100%.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact Anthem at (844) 653-7399.

EMERGENCIES AND AMBULANCE SERVICES



Emergencies

In or out-of-network, our plans help pay for **medically necessary** emergency and urgent care services. If you go to an in-network facility (hospital or ambulatory surgery center), but later find out that a provider treating you, such as a radiologist, anesthesiologist, or pathologist, does not participate in your plan, the out-of-network provider will be reimbursed directly.

Ambulance Services

Anthem covers ambulance services when one or more of these criteria are met and you are transported:

- By ground ambulance from your home, or from the scene of an accident or medical emergency, to a hospital.
- Between hospitals, including when you are required to move from a hospital that does not contract with the claims administrator to one that does.
- Between a hospital and a skilled nursing facility or other approved facility.
- By air or water ambulance from the scene of an accident or medical emergency, to a hospital.

Coverage includes medically necessary treatment of an illness or injury by medical professionals from an ambulance service. Anthem will not cover ambulance services for non-emergency reasons.

Please note that ambulance services do not contract with health care providers, which means that ambulance services are covered at what is usual and customary.

Occasionally, employees may receive a bill from the ground ambulance service provider for remaining costs not covered by insurance. This does not apply to air ambulance services, as employees should never receive a direct bill for those. If a bill is received, it is recommended that employees contact **Health Advocate** at **(866) 799 2691** for assistance and clarification regarding the charges.

For complete information on how ambulance services are covered under our plans, we encourage you to review your *Summary Plan Description*, located on [Anthem.com/CA/COLB](https://www.anthem.com/CA/COLB).

CARRUM HEALTH SURGERY BENEFIT

Click to play video



WHERE CAN I GET MORE INFO?

Phone: (888) 855-7806

Web: Info.CarrumHealth.com/COLB

Mobile App: Search Carrum Health in the App Store or Google Play to download the app!



A surgery benefit that's hard to believe!

When it comes to surgery or major medical treatment, you need to know you are getting the best care. That is why the City of Long Beach is sponsoring Carrum Health as a benefit to all **Anthem PPO members**. Carrum makes it easier, more enjoyable, and less expensive to get high-quality healthcare.

Covered surgeries include

- Knee
- Hip
- Elbow
- Oncology
- Spine
- Shoulder
- Cardiac (heart)
- Bariatric (weight loss)

How it works

- **Activate your account**
Answer a few questions about your health history, read profiles of surgeons, and get a detailed estimate of out-of-pocket costs, if any.
- **Meet your care specialist virtually**
A dedicated care specialist will reach out to walk you through the process, learn about you and your goals, and answer all of your questions.
- **Relax as Carrum plans your surgery**
Your care specialist will gather your medical records, submit forms to your surgeon, and plan travel for you and your loved one, if necessary. You will also meet with your surgeon in person or virtually to ensure surgery is absolutely medically necessary.
- **Receive world-class care**
You will be in the best hands on the day of your surgery and walk away feeling stronger and healthier.
- **Never get a medical bill**
The Carrum Health benefit covers all of the medical costs related to your procedure, so you will not have any surprise bills.



PHARMACY

OUR PLANS

CVS CAREMARK HMO PLAN

CVS CAREMARK PPO PLAN

Prescription drug coverage provides a benefit that is important to your overall health.

The City offers a three-tier prescription drug program through CVS Caremark for employees enrolled in the Anthem Blue Cross HMO and PPO Plan.

CONTACT INFORMATION

Website

[Caremark.com](https://www.caremark.com)

Phone

(855) 559-7917

App

CVS Caremark Mobile App

ID Card

No

PRESCRIPTION DRUG PLAN HIGHLIGHTS



CVS PERKS

- **Vaccines.** Visit any CVS Pharmacy, including CVS Minute Clinic for approved vaccinations. No appointment necessary and no cost to you or your family.
- **Cash Pay Services.** See full list of services and pricing at [CVS.com/MinuteClinic/Services/Pricing-Lists](https://www.cvs.com/MinuteClinic/Services/Pricing-Lists) includes physicals, malaria, TB test, Strep throat test, Typhoid, Urine collection, and more.
- **Target.** Members can get their 30-day or 90-day Maintenance Choice refills at any CVS or Target locations.

Diabetes Management (Anthem PPO & HMO Members)

Next-Generation Transform Diabetes Care is customized using your data, including medical and pharmacy claims, lab work and other biometric and demographic information to develop a personal plan based on your risk profile. The program identifies the next best health action you can take for the most positive impact on your A1C levels and overall health.

The Diabetic Bundling Program waives the cost of diabetic supplies when you purchase them on the same day as your insulin. Under this program, diabetic supplies such as syringes and needles would be at a \$0 member cost share if purchased on the same day as the insulin and if the insulin claim is processed first.

Population Health

The City of Long Beach employees are automatically enrolled in the CVS Population Health Program, which is a comprehensive approach to addressing RX and medical gaps. The program's goals include:

- Continuous review of pharmacy claims, medical claims and lab data for a broader view of member's physician care plan.
- Establish a comprehensive member profile including both Rx and medical gaps.
- Identify potential gaps in care for over 100+ conditions
- Support members in all points of therapy, in accordance with their physician care plan.

MinuteClinic (Anthem PPO Members)

MinuteClinic walk-in medical clinics are staffed by nurse practitioners and physician assistants who specialize in family health care. They care for children and adults, every day with no appointment needed, at \$0 copay for Anthem PPO members and their eligible dependents!

While life happens, they can help you feel better. MinuteClinic practitioners can:

- Treat more than 125 minor illnesses & injuries.
- Provide vaccines, physicals, screenings & more.
- Write prescriptions, when medically appropriate.
- Treat adults and children 18 months and older.
- Share records with your primary care provider, with your permission.

CVS CAREMARK PRESCRIPTION DRUG SUMMARY

View your COLB prescription drug benefits, including copay amounts for specific medications, your prescription drug history, and more by registering online at [Caremark.com](https://www.caremark.com).

PPO members, please note that when you use an out-of-network pharmacy, you must file a claim form with CVS Caremark; benefit amount paid will be reduced.

	HMO Plan	PPO Plan	
	In-Network Only	In-Network	Out-of-Network
Annual Out-of-Pocket Limit¹			
Individual	\$1,000	\$3,950	Unlimited
Family	\$3,000	\$7,900	Unlimited
Retail- 30 Day Supply			
Generic	\$10 copay	\$10 copay	Not Covered
Preferred Brand	\$25 copay	\$25 copay	
Non-Preferred Brand	\$40 copay	\$40 copay	
Mail Order- 90 Day Supply			
Generic	\$10 copay	\$10 copay	Not Covered
Preferred Brand	\$50 copay	\$50 copay	
Non-Preferred Brand	\$80 copay	\$80 copay	

¹You must meet an annual out-of-pocket limit for your plan to cover benefits at 100%.

IMPORTANT: Brand Name vs. Generic

If you request a brand-name drug when there is a generic equivalent, you must either purchase the generic drug or pay 100% of the difference between the brand-name price and the generic price, plus the generic copayment. The only exception to this rule is if your doctor writes “Dispense As Written,” or “DAW,” on your prescription, in which case the brand-name drug will be dispensed at the brand name formulary or brand name non-formulary copay (depending on the drug).

Avoid paying 2x the cost for 30-day supply

For prescriptions taken on a long-term basis, members will be allowed to obtain three fills of maintenance drugs at a retail pharmacy. For all subsequent fills of the same prescription, you must use CVS Caremark Mail Service Pharmacy or a local retail CVS Pharmacy. If you continue to fill your long-term prescription at a retail pharmacy, you will pay 2x the retail copayment and receive a 30-day supply. Please talk to your doctor about obtaining a 90-day prescription in these cases.

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$ Generic Drug

\$\$ Brand Name Drug

\$\$\$ Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, do not forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit [Caremark.com](https://www.caremark.com) or call the CVS customer service number at (855) 559-7917.

CVS Caremark App

The CVS Caremark app lets you refill mail service prescriptions, track order status, view prescription history and more. If you already use [Caremark.com](https://www.caremark.com), your existing username and password will also work on the app. If not, you can register directly on the app and use your new username and password on the website.

Features include:

- Refill mail service prescriptions without registering or signing in (Easy Refill).
- Submit new mail order prescription.
- Check order status.
- Check drug costs and coverage.
- View prescription history.
- Find a pharmacy in your network.
- Identify unknown pills.
- Check potential drug interactions.



DENTAL

OUR PLANS

DELTA DENTAL DELTACARE USA HMO
DELTA DENTAL PPO

Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health. Dental insurance covers four types of treatments: preventative, basic, major, and orthodontia.

We offer two dental plans through Delta Dental: the Delta Dental HMO and Delta Dental PPO.

CONTACT INFORMATION

Website

DeltaDentalins.com/COLB

Phone

HMO: (800) 422-4234

PPO: (800) 765-6003

App

Delta Dental Mobile App

ID Card

Yes

DELTA DENTAL PLAN OPTIONS



DeltaCare USA HMO Plan

When you enroll, you choose a dentist who belongs to the DeltaCare USA HMO network of providers. DeltaCare USA HMO dentists are in most areas of California. When you use the dentist, you select at the time you enroll, treatments are covered at the stated copay. However, if you use any other dentist, you receive no benefits. Each dependent may choose a different dentist and claim forms are not required. The copay schedule is available on [DeltaDentalins.com/COLB](https://www.DeltaDentalins.com/COLB).

Delta Dental PPO Plan

The Delta Dental PPO plan allows you to use any dentist of your choice. Your out-of-pocket costs are determined by the dentist you use - a Delta PPO dentist, Delta Premier Dentist, or an out-of-network dentist. It is to your advantage to select a dentist who participates in the Delta PPO or Premier network. For care from Delta PPO directory providers, you pay no deductible, and the plan pays a plan year max of \$2,000.

When you use a Delta “Premier” dentist or an out-of-network dentist, you first pay a deductible, then the plan pays a percentage of your costs up to \$1,000 each plan year in covered benefits. However, by using one of the many Delta dentists throughout California, you will have a lower fee than you would receive from an out-of-network dentist.

DELTA DENTAL PLAN HIGHLIGHTS



MOBILE RESOURCES

Delta Dental’s mobile website and mobile application allows members to:

- Find a Dentist
- View your benefits, eligibility, deductibles and maximums
- Check claims
- Visit [DeltaDentalins.com/COLB](https://www.deltadentalins.com/COLB) or download the mobile app today!

SmileWay

Teeth and gums are tied to your overall wellness. Gum Disease and tooth decay are associated with a number of systemic conditions, and members with cancer, diabetes, heart disease, or certain other chronic conditions may benefit from additional teeth and gum cleanings. If you have are enrolled in the City’s PPO Plan, have a covered medical condition, and opt in to the SmileWay benefit, you will receive additional cleaning benefits each year.

Visit [DeltaDentalins.com/Members/Smileway-Wellness-Benefits.html](https://www.deltadentalins.com/Members/Smileway-Wellness-Benefits.html) to learn more about the benefit and opt in.

Member Discounts and Perks

Delta Dental members have access to:

- Many different health & wellness, entertainment, travel, and lifestyle discounts through LifePerks
- LASIK discounts through QualSight
- Hearing aid discounts through Amplifon

To access these programs and more, visit [DeltaDentalins.com/MemberPerks](https://www.deltadentalins.com/MemberPerks).

Diagnostic & Preventive (D&P) Waiver Program

Protect your teeth and your wallet with the Diagnostic & Preventive Waiver Program. This program promotes good oral health and may reduce the need for more expensive restorative dental services that can result from undetected oral or related health problems. Under the program, the annual maximum is waived for you and your dependents when diagnostic or preventive services are obtained through a Delta Dental PPO provider. Please see the chart below for an example of how the Waiver Program works. Visit [DeltaDentalins.com/COLB](https://www.deltadentalins.com/COLB) for more information.

Without D&P Maximum Waiver			
Dental Treatment	Delta Dental Pays	Enrollee Pays	Max Remaining
D&P*	\$350	\$0	\$1,650

With D&P Maximum Waiver			
Dental Treatment	Delta Dental Pays	Enrollee Pays	Max Remaining
D&P*	\$350	\$0	\$2,000

* Includes exams, x-rays, cleanings covered at 100% for 2 visits

DELTA DENTAL DEDUCTIBLE AND COPAY OVERVIEW

The chart below outlines deductible and copayment specifications of the Delta Dental HMO and PPO plans. You pay the copayments (\$) outlined below. The coinsurance (%) listed in the PPO plan shows what you pay after the plan's deductible has been met.

	DELTACARE USA HMO	DELTA DENTAL PPO ¹		
	In-Network Only	PPO Dentists	Premier Dentists	Non-Delta Dental Dentists
Annual Deductible				
Individual	\$0	\$0	\$50	\$50
Family	\$0	\$0	\$150	\$150
Annual Plan Maximum²	N/A	\$2,000 per individual	\$1,000 per individual	\$1,000 per individual
Waiting Period	N/A	None ³	None ³	None ³
Diagnostic & Preventive	\$0-\$45 copay based on service	No charge	No charge	No charge
Basic Services				
Restorative	\$0-\$195 copay based on service	20%	20% ⁴	20% ⁴
Endodontics	\$0-\$220 copay based on service	20%	20% ⁴	20% ⁴
Periodontics	\$0-\$195 copay based on service	20%	20% ⁴	20% ⁴
Major Services (Includes Prosthodontics)	\$0-\$195 copay based on service	20%	20% ⁴	20% ⁴
Dental Implants	Not covered	50%	50% ⁴	50% ⁴
Dental Accident	N/A	No charge ⁵	No charge ⁵	No charge ⁵
Orthodontia	\$0-\$1,900 based on service	50%	50% ³	50% ³
Ortho Lifetime Max				
Adults	N/A		\$1,000	
Children			\$2,000	

¹Reimbursement is based on contracted fees for PPO, Premier, and non-Delta dentists.

²Plan year maximums are not cumulative. The maximum benefit you receive under your dental plan cannot exceed \$2,000 per year.

³Late entrants to COLB's Delta Dental PPO plan are required to fulfill a waiting period of 12 months for Major Services and Orthodontics.

⁴After Deductible

⁵\$1,000 maximum per person per year



VISION

OUR PLANS

VSP VISION PLAN

CONTACT INFORMATION

Website

[VSP.com](https://www.vsp.com)

Phone

(800) 877-7195

App

VSP Vision Care

ID Card

No

Vision coverage helps with the cost of eyeglasses or contacts. Even if you do not need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

You will even find discounts on services like laser vision correction and money off extra glasses and sunglasses. Visit [VSP.com](https://www.vsp.com) to check out these extra savings.

We offer one vision plan through Vision Service Plan (VSP).

VSP VISION PLAN HIGHLIGHTS



USING YOUR VSP BENEFITS

- Find a VSP doctor who's right for you at [VSP.com](https://www.vsp.com).
- Review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary, but you can print one on the VSP website or access it through the VSP app.

The City provides vision coverage through Vision Service Plan (VSP). VSP is committed to improving wellness through eye care. VSP Choice network features a broad provider network with substantial access across the United States in a variety of settings.

The VSP Network

You can choose from over 77,000 access points, including the largest national network of independent doctors and nearly 4,900 participating retail chain locations, including Costco. For added convenience, 91% of VSP doctors offer early morning, evening and weekend appointments, and 24-hour access to emergency care. If you prefer to use a non-network provider, this option is still available under our plan; however, the benefit allowances are lower.

The Benefits

As a VSP member, you have access to:

- WellVision Exam® – the most thorough eye exam
- Exclusive Member Extras, like rebates, special offers, and promotions
- Eyecare from the best doctors – VSP doctors have met the highest credential requirements
- The perfect pair of glasses from a wide selection of frames to meet your style and budget
- Shop for eyewear online at VSP's [Eyeconic.com](https://www.eyeconic.com)
- Receive the full frame allowance even when you get your prescription filled at Costco, Sam's Club, or Walmart

Extra Savings

Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands more information on the VSP website
- 20% savings on additional glasses and sunglasses, including lens enhancements from any VSP provider within 12 months of your last WellVision Exam

Retinal Screening

- Max \$39 copay on routine retinal screening

Laser Vision Correction

- Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities

VSP DEDUCTIBLE AND COPAY OVERVIEW

Your vision checkup is fully covered after your Exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below.

	VSP Vision Plan	
	In-Network	Out-of-Network
Exams Benefit Additional Exams Frequency	\$0 copay \$20 copay Once every calendar year	Up to \$68 Once every calendar year
Eyeglass Lenses Single Vision Lens Bifocal Lens Trifocal Lens Frequency	\$0 copay \$0 copay \$0 copay Once every calendar year	Up to \$45 Up to \$63 Up to \$80 Once every calendar year
Frames Benefit Frequency	\$130 allowance + 20% discount on amount over allowance (\$150 allowance for featured brands) Once every calendar year	Up to \$50 Once every calendar year
Contacts (Elective) Conventional Exam Medically Necessary Frequency	\$130 allowance Up to \$60 copay No charge Once every calendar year	Up to \$100 Up to \$250 Once every calendar year



LIFE & DISABILITY

OUR PLANS

BASIC LIFE AND AD&D

ADDITIONAL LIFE INSURANCE

VOLUNTARY LIFE INSURANCE

SHORT-TERM DISABILITY

LONG-TERM DISABILITY

If you have loved ones who depend on your income for support, having life and disability insurance can help protect your family's financial security.

We offer life and disability plans through The Standard.

CONTACT INFORMATION

Website

Standard.BenSelect.com/COLB

Phone

Life: (800) 628-8600

STD: (800) 368-2859

LTD: (800) 368-1135

App

The Standard Mobile App

Life and Disability

The following information is a highlight of the Life and Accidental Death & Dismemberment (AD&D) and Disability Insurance benefit eligibility. For more information on Life and AD&D and Disability Insurance, reference the [City of Long Beach 2026 Life and Disability Benefits Guide](#).

Life and Accidental Death & Dismemberment (AD&D) Insurance

You are eligible if you are:

- A permanent, full-time permanent employee working at least 40 hours a week.

Please refer to the *Summary Plan Description* at Standard.BenSelect.com/COLB for complete details regarding eligibility and an overview of the Life Insurance benefit.

Who is not eligible?

- Employees who work fewer than 40 hours per week, temporary employees, seasonal employees, contract employees, or employees residing outside the United States.
- Full-time members of the armed forces, lease employees, or independent contractors.

Disability Insurance

You are eligible if you are:

- A regular full-time permanent employee
- Actively at work at least 40 hours each week (for purposes of the Member definition, actively at work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of active work on those days).
- A citizen or resident of the United States.

Who is not eligible?

- Employees who work fewer than 40 hours per week, temporary employees, seasonal employees, contract employees, or employees residing outside the United States.
- Full-time members of the armed forces, lease employees, or independent contractors.
- Sworn Non-Management Fire and Police and Councilmembers.



VOLUNTARY BENEFITS

OUR PLANS

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HC FSA)

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DC FSA)

LONG-TERM CARE INSURANCE

LONG BEACH CITY EMPLOYEES FEDERAL CREDIT UNION

SCHOLARSHARE

WELLHUB

METLIFE PET INSURANCE

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

City of Long Beach offers plans to help:

- save money on protection for your pets
- access gyms and wellness programs
- save money on medical and daycare expenses
- save for college
- save on long term care expenses

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you do not have to sign up for voluntary benefits at all. The choice is yours.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HC FSA)

Click to play video



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more

- [Eligible Expenses](#)
- [Ineligible Expenses](#)
- Visit [FSAStore.com](https://www.FSAStore.com) to shop FSA eligible items.

CONTACT INFORMATION

Website

Participant.Wageworks.com

Phone

(877) 924-3967

App

EZ Receipts, for submitting reimbursements.

Debit Card

Yes

A Healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. This program is administered through Health Equity.

How the Healthcare FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,300, the 2025 annual limit set by the IRS. Your contributions are deducted from your paycheck before taxes, so you do not pay federal or state taxes on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Expenses must be incurred between 1/1/2026 and 3/15/2027 (2 ½ month "grace period" after the end of the plan year) and claims must be submitted for reimbursement no later than 4/15/2027. If you don't spend all the money in your account, you forfeit the leftover balance.
- Elections cannot be changed during the plan year, unless you experience a qualifying life event.
- You must re-enroll in this program each year.

Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying life event. Money contributed to a healthcare FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,750 FSA Contribution

\$660	\$210	\$870
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DC FSA)



ELIGIBLE DEPENDENTS

You are able to use Dependent Care FSA funds to pay for eligible care expenses for:

- Children under 13
- Disabled dependents over 13 who are incapable of self-care

CONTACT INFORMATION

Website

Participant.Wageworks.com

Phone

(877) 924-3967

App

EZ Receipts, for submitting reimbursements.

Debit Card

No, based on reimbursements.

A Dependent Care Flexible Spending Account (DC FSA) can help families save potentially hundreds of dollars per year on day care and other eligible expenses. This program is administered by Health Equity.

How the Dependent Care FSA works

- You set aside money from your paycheck, before taxes, to pay for work-related day care and/or eligible expenses.
- Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13.
- The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care. Disabled dependents 13+ are eligible for benefits.
- You can set aside up to \$5,000 per household per year. If you are married but filing separately, federal regulations limit the use of Dependent Care FSA to \$2,500 each year.
- You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.
- All caregivers must have a tax ID or Social Security number.
- This information must be included on your federal tax return.
- If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses.
- Consult your tax advisor to determine whether you should enroll in this plan.
- Expenses must be incurred between 1/1/2026 and 3/15/2027 (2 ½ month “grace period” after the end of the plan year) and claims must be submitted for reimbursement no later than 4/15/2027. If you don’t spend all the money in your account, you forfeit the leftover balance.

Estimate carefully! You can’t change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

LONG TERM CARE (LTC) INSURANCE



IMPORTANT NOTE

This coverage is only available to individuals who enrolled prior to February 1, 2026. Enrollment for this benefit is now closed.

Long Term Care Insurance provides financial help if you require care in a nursing facility, in assisted living or at home, as a result of a loss of functional capacity or cognitive impairment due to injury, sickness, or advanced age. Qualifying for benefits is based upon a need for assistance with any two of seven activities of daily living including eating, bathing, dressing, toileting, continence, ambulating, or transferring, and/or cognitive impairment such as dementia or Alzheimer's disease. This coverage is provided by Unum.

The basic plan (Plan 1) provides \$1,000 of monthly benefits for up to three years in a nursing facility. Additional coverage requires health questions and medical underwriting.

Plan "Buy up Options" allow you to increase monthly benefits in units of \$1,000 up to \$8,000 monthly, and to add professional home care and inflation protection, based on the following plan provisions:

PLAN 1

- 3-Year Facility Benefit Duration
- 60-day Elimination Period
- Return of Premium-Reduction
- Long-Term Care Facility

PLAN 2 - Includes all the provisions of Plan 1, in addition to Professional Home Care

PLAN 3 - Includes all the provisions of Plan 1, in addition to 5% Compound Inflation

PLAN 4 - Includes all the provisions of Plan 1, in addition to Professional Home Care and 5% Compound Inflation

The plan is portable and can be taken with you upon separation from the City. To do so, Unum requires an 'Election to Continue Long Term Care Coverage' form to be completed and submitted within 30 days after coverage ends. Forms may be emailed to GLTCTask@unum.com, faxed to 207-541-7606 or mailed to:

Unum Life Insurance Company of America
Long Term Care Operations
2211 Congress Street
Portland, ME 04122

For assistance, reach out to Kristine Carlew:
KCarlew@acrisure.com

LONG TERM CARE (LTC) INSURANCE RATES

The younger you are, the lower the premium. Premiums are based on age at time of enrollment and the level of benefits selected – the premiums do not increase as you age as long as you remain enrolled in the plan and at the same benefit level chosen at the time of enrollment.

Rate for chosen plan x (Monthly Benefit Amount/\$1,000) = Your Monthly Premium

Age	Plan 1 Base Plan	Plan 2 Base Plan w/ Professional Home Care	Plan 3 Base Plan w/ Compound Inflation	Plan 4 Base Plan w/ Professional Home Care & Compound Inflation
18-30	\$6.70	\$11.10	\$125.80	\$179.70
31	\$6.70	\$11.10	\$127.90	\$182.00
32	\$6.70	\$11.10	\$130.10	\$184.30
33	\$7.20	\$11.60	\$132.20	\$186.50
34	\$7.20	\$11.90	\$134.30	\$188.90
35	\$7.70	\$12.40	\$137.70	\$192.90
40	\$9.60	\$15.10	\$142.10	\$197.60
41	\$10.00	\$15.80	\$144.20	\$200.30
42	\$10.50	\$16.60	\$145.10	\$201.20
43	\$10.90	\$17.20	\$145.90	\$202.20
44	\$11.40	\$18.00	\$146.80	\$203.20
45	\$12.30	\$19.20	\$147.70	\$204.10
46	\$12.80	\$19.90	\$150.00	\$205.00
47	\$13.70	\$20.80	\$152.30	\$205.80
48	\$14.60	\$22.00	\$154.70	\$206.70
49	\$15.50	\$22.90	\$157.00	\$207.60
50	\$16.50	\$24.10	\$159.30	\$208.30
55	\$23.50	\$31.80	\$169.20	\$210.60
60	\$35.10	\$43.60	\$199.00	\$232.20
65	\$60.10	\$68.50	\$225.90	\$251.10
70	\$102.60	\$113.20	\$339.00	\$368.30

LONG BEACH CITY EMPLOYEES FEDERAL CREDIT UNION



LONG BEACH CITY EMPLOYEES FEDERAL CREDIT UNION

Founded in 1936, the Long Beach City Employees Federal Credit Union was established during the Great Depression as a means for helping City employees achieve their financial goals. Almost 90 years later, we are committed to the philosophy of people helping people by serving our membership with financial resources and professional service.

Exclusive Benefit for

City of Long Beach employees,
family members, and volunteers!



Valerie Davis

Sr. Business Dev. Officer
(562) 595-4725 x2010

VDavis@LBCEFCU.org

Long Beach City Employees Federal Credit Union

2801 Temple Ave.
Signal Hill, CA 90755

Hours of Operation:

Monday – Friday: 9AM – 5PM

Online appointments available.

Apply for Membership at LBCEFCU.org!

Membership Benefits

- As a Member Owner, profits are returned to you in a form of lower loan rates, higher dividend rates, and lower fees.
- Personalized service.
- Appointments available via phone, online, or in person.
- With Direct Deposit, City employees get paid one day early.
- MasterCard Debit Card instantly issued in the branch.
- Access to more than 30,000 fee-free ATMs.
- Mobile Banking with access to person-to-person payments, account-to-account transfers, and Bill Pay.
- Free Coin Machine.
- Kids and Teen Accounts.
- Financial Education Workshops.

SCHOLARSHARE



Start Saving for Your Future

Your Long Beach City Employees Federal Credit Union ([LBCEFCU](#)) partners with [ScholarShare529.com](#), a nationally recognized college savings plan managed by TIAA-CREF Tuition Financing, Inc.

The ScholarShare529 plan is an account that allows City of Long Beach employees and retirees to invest specifically for future education expenses. ScholarShare529 is an industry leader with a 20-year track record of helping families like yours save to cover future college costs. Funds can be used from your 529 savings plan to send your grandkids, kids, or even yourself, to any accredited public or private U.S. college or university – or two-year technical or vocational institution!

There are many benefits to opening a ScholarShare529 account – here are just a few:

- 100% tax-free growth for qualified withdrawals
- Low fees and expenses
- Financial-aid compatible
- Many investment options
- Flexible spending choices

Getting Started on your 529 Plan

Opening an account and directing funds is simple! Open your account, select your beneficiary, and choose your investment portfolio. You may work directly with ScholarShare529 to open your account, or your Long Beach City Employees Federal Credit Union crew is here to assist you and guide you through the process with ease.

You can set up a direct deposit to your LBCEFCU account for your contribution to transfer the money to ScholarShare529. It's easy, fast, and convenient.

CONTACT INFORMATION

Website

[Scholarshare529.com](#)

Need assistance?

Contact Valerie Davis at LBCEFCU at
(562) 595-4725 x2010

VDavis@LBCEFCU.org

WELLHUB



SIGN UP TODAY!

Visit the Wellhub website or download the Wellhub app to sign up and get started! Enter your Alt ID as your employee ID when prompted. You will also need to register with your city work email or the personal email you have listed in LifeViewHR.

Login Information: Your ALT ID can be found on LifeViewHR or on the top left corner of your timecard. It's also the username you use to log into a City-issued computer. If you need assistance accessing your ALT ID, contact your Department Personnel/Payroll staff.

CONTACT INFORMATION

Website

[Wellhub.com](https://www.wellhub.com)

App

Wellhub (Gympass) Mobile App

Premium gyms, studios and wellbeing apps

Wellhub is a platform that provides you with access to many gyms and fitness studios, virtual or in person classes, personal trainers, custom fitness programs, and app partners and on demand workouts. Whether your focus is fitness, mindfulness, sleep, nutrition or financial wellness, Wellhub can help you meet your wellbeing goals. Also offered at no charge to City employees is a free Digital Plan with access to 10 wellness apps. Additional membership plan options begin at just \$11.99/month with zero cancellation fees.

Invitation for Household Members

Employees can add up to three household members to their Wellhub account. Each individual members will have the option of choosing their own membership tier. Membership fees are paid on an individual basis.

Wellhub Digital Plan

With the digital plan, you have access to apps that promote healthy habits, mindfulness, sleep tracking, nutrition assistance, and fitness. Some of these include, MyFitnessPal, Meditopia, Sleep Cycle, Fabulous, and more.

What apps will I have access to?

Wellhub partner apps vary by which plan you choose. The free Digital Plan includes the below apps:



SLEEP CYCLE
Sleep Tracker, Monitor & Alarm Clock



IFEEL
Self-care tools and wellbeing content



MEDITOPIA
Meditation, Sleep, Mindfulness



GYM LIFE
Create and track your workout routines



FABULOUS
Build better habits & achieve your goals



FIZZUP
Time effective workouts without equipment



MyFitnessPal
Track your exercise and nutrition goals



MAYA
A smart personal health assistant for women



YOGAIA
Practice yoga simply



MOBILLS
Manage your bills and budget

METLIFE PET INSURANCE



METLIFE APP

Visit the App Store or Google Play Store to download the MetLife app and have access to view your policy, edit your pet's profile, and submit and track claims.

CONTACT INFORMATION

Website

Quote.MetLifePetInsurance.com

Phone

(866) 937-7387

Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program. You can enroll or unenroll in this program at any time.

MetLife Pet Insurance offers:

- Flexible insurance plans
- Freedom to visit any U.S. veterinarian and be reimbursed up to 90% of the cost of services
- Optional Preventive Care coverage
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Discounts up to 30% and additional offers on pet care, where available
- Coverage of previously covered pre-existing conditions when switching providers

The enrollment and claim process is simple, with only three steps:

1. Select and enroll in the coverage that's right for you and your pet and download the MetLife mobile app. Make sure to enter your employer as "City of Long Beach" when enrolling.
2. Take your pet to the vet and pay the bill; manage your pet's health and wellness using the app.
3. Send the bill and your claim to MetLife and receive reimbursement by check or direct deposit if the claim expense is covered under the policy.

Important Notes:

- Rates for pet insurance may vary based on your pet and other factors.
- Payment is made directly to MetLife and will not be deducted from your paycheck.



WELLBEING & BALANCE

OUR PROGRAMS

ALLIANT MEDICARE SOLUTIONS

EMPLOYEE ASSISTANCE PROGRAM

MENTAL HEALTH RESOURCES

LIFEBALANCE DISCOUNT PROGRAM

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, chemical dependency, mental health and family issues
- Maximize your physical well-being

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

ALLIANT MEDICARE SOLUTIONS



CONTACT AMS

Phone

(877) 888-0165

Website

AlliantMedicareSolutions.com

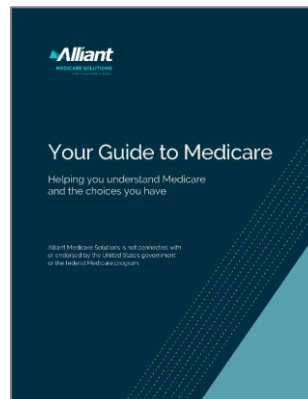
Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Medicare can be complicated. Figuring out the rules, not to mention how Medicare works with or compares to your employer-provided medical coverage, can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

- Call Alliant Medicare Solutions at (877) 888-0165 to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
- Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
- If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Learn more



[Your Guide to Medicare](#)



[Medicare 101](#)



[Social Security Planning](#)

Please note: Active employees who are 65+ are not required to enroll into Medicare until after they separate with the City of Long Beach. If you have any questions, contact employee-benefits@longbeach.gov.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone

(866) 799-2691

Email

Answers@HealthAdvocate.com

Website

HealthAdvocate.com/COLB

Registration Code

COLBEmployees

Help for you and your household members

There are times when everyone needs a little help, advice, or assistance with a serious concern. The EAP through Health Advocate can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7.
- In-person or video counseling for short-term issues, up to 6 visits per person.
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

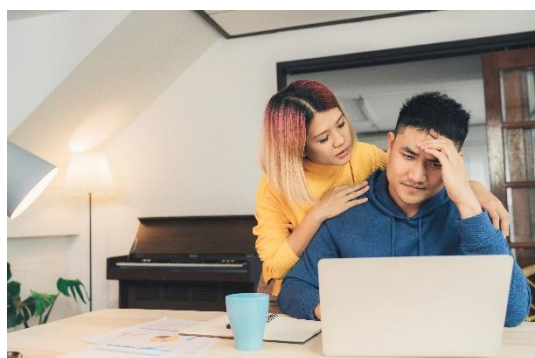
- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

MENTAL HEALTH RESOURCES

We understand that you or people close to you may also be faced with additional work and family stresses. Feelings of isolation, depression or despair should never be taken lightly. This is a reminder that our medical plans include coverage for mental health care. And through our telemedicine provider, you can connect to a mental health provider within minutes, from any location, at any time.

Please note that LiveHealth Online services are only accessible to those enrolled in one of the City’s Anthem plans.

	In-Network Mental Health Services	
	LiveHealth Online Psychiatry	LiveHealth Online Psychology
Provider Types	Board Certified Doctors	Licensed Therapists and Psychologists
Benefit Offered	Medication, if necessary after evaluation	Counseling with Psychologists or Therapists
Visit Length	30-45 minute initial evaluation. 15 minute follow up sessions if needed for medication review	45 minute counseling sessions
Average Wait Time	14 days or less	4 days or less
Ages Served	Age 18 and higher	Age 10 and higher
Get Started Online	LiveHealthOnline.com/Psychiatry	LiveHealthOnline.com/Psychology
Cost	\$0 Copay	\$0 Copay



TEXT FOR HELP

In a crisis? Text HOME to 741741 to connect with a live, trained Crisis Counselor. Free 24/7 support at your fingertips. Get help with issues such as anxiety, depression, emotional abuse, suicide, depression, school stress, and more. For additional information, visit CrisisTextLine.org.

LIFEBALANCE DISCOUNT PROGRAM



CONTACT LIFEBALANCE

Phone

(888) 754-5433

Website

COLB.LifeBalanceProgram.com

Get discounts at thousands of businesses focused on your wellbeing

The LifeBalance Program works like an online coupon book, offering discounts at thousands of participating businesses nationwide. Discounts are available at health clubs, fitness studios, online retailers, sporting goods stores, amusement parks, movie theaters, hotels, ski resorts, and more.

Create an account to access discounts

- Starting January 1, 2026, you can:
 - Navigate to COLB.LifeBalanceProgram.com
 - Enter your preferred email address, then click "Let's Get Started"
 - Enter all required info, create a password for your account, answer the prompts, and then click "Sign In."

Once you've set up your account, you can browse the discounts by clicking the "Find Savings By Interest" tile on the home page. You can also use the search box to look for businesses by name or location.

For the rest of your household too!

This benefit is also available to family members in your household, so encourage them to create their free accounts at COLB.LifeBalanceProgram.com.



RETIREMENT

OUR PLANS

CALPERS

457 DEFERRED COMPENSATION PLAN

2026 RETIREMENT RATES

Wherever you may be in life, it's never too early or too late to begin planning for retirement.

You have access to CalPERS, 457 Deferred Compensation plan, and Medicare Supplement plans to help you and your loved ones assess your current situation and determine future needs.

WHAT IS CALPERS?



MEMBER EDUCATION

CalPERS hosts a [Member Education page](#) with instructor led and online training on various topics, in addition to a dedicated [YouTube page](#) with videos on every aspect of being a CalPERS member, including how to sign up for [myCalPERS](#), CalPERS Quick Tips, and how to file an online retirement application.

CONTACT INFORMATION

Website

CalPERS.CA.gov

Phone

(888) 225-7377

The California Public Employees Retirement System (CalPERS) offers a defined benefit retirement plan. It provides benefits based on members' years of service, age, and final compensation. In addition, benefits are provided for disability, death, and payments to survivors or beneficiaries of eligible members. The City of Long Beach contracts with the California Public Employees' Retirement System (CalPERS) to manage eligible employees' pension benefits. Membership is mandatory for those the City of Long Beach employees who are eligible.

CalPERS uses contributions of the employer and the employee as well as income from investments to pay for employee retirement benefits. Employee and employer contributions are a percentage of applicable employee compensation and are made on a pre-tax basis; federal and state taxes are deferred until benefits are paid. Any investment return on an employee's account is also tax-deferred. The investment of contributions are managed solely by CalPERS and employee pension benefits mature with years of service and final compensation.

The following summary is subject to change and if there are any discrepancies, CalPERS is the sole determiner of CalPERS pension benefits, reciprocity, membership, retirement formula(s), etc. For the most current and detailed information, employees can visit the CalPERS website or call CalPERS at (888) 225-7377. Members may log into myCalPERS.CA.gov to manage their account online 24/7.

CalPERS Membership Eligibility

- Employees hired to either work full-time for six months or longer, or regular part-time for at least 20 hours or more per week for one year or longer, are automatically placed in CalPERS as a member.
- Employees who do not fall in either category will have their hours monitored until the criteria is met for membership (1,000+ hours).
- Once eligible for CalPERS membership, the employee is considered either a Classic or PEPRAs* member, depending on when the employee first became a CalPERS member.
- Being a Classic or PEPRAs member also determines the contribution amount, the retirement formula and compensation limits that are applicable to the employee. Visit LongBeach.gov for more information.

*PEPRAs - Public Employees' Pension Reform Act, which became effective January 1, 2013.

WHAT IS CALPERS?



SERVICE CREDIT

A full year of CalPERS Service Credit is equivalent to:

- 1,720 hours (Hourly Pay Employees)
- 215 days (Daily Pay Employees)
- 10 months full time (monthly pay employees)

Service credit is calculated annually based on CalPERS' July 1 – June 30 fiscal year. Members have opportunities throughout their career to purchase service credit for: Service Prior to Membership, Leaves of Absence, Military Service, etc. In addition, unused sick leave can also be converted to service credit at the time of retirement. Any unused sick leave can be converted to additional service credit if the employee retires within 120 days of separation from employment, and upon request of the employee. Eight hours of sick leave equals one day (.004 of a year of service). It takes 250 days of sick leave to receive one year of service credit (.004 x 250 = 1 year).

Retirement Benefits Calculation

Retirement benefits are calculated using a formula with three factors:

Service Credit (Years)	X	Benefit Factor (% per year)	X	Final Compensation (Monthly \$)	=	Unmodified Allowance (\$)
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- **Service Credit** - Total years of employment with a CalPERS employer. This could include other types of service credit such as unused sick leave and service credit purchase. Employees can view their Annual Member Statement by logging in to myCalPERS.CA.gov to view service credit.
- **Benefit Factor** - Percentage of final compensation for each year of service credit, based on an employee's age at retirement and retirement formula(s).
- **Final Compensation** – Employee's highest average full-time monthly pay rate for 12 or 36 consecutive months of employment, depending upon the employee's benefit formula.
- **Unmodified Allowance** - Highest benefit payable.

Final Compensation Caps – Amounts May Change Annually

- Employees who became members of CalPERS on or after 7/1/1996, are subject to the IRC 401(a) (17) limit, which restricts the amount of compensation that can be used to calculate the CalPERS retirement benefit. For 2025, the limit is \$350,000*.
- Employees who become new members of CalPERS on or after 1/1/2013, and deemed PEPRA members, are subject to a compensation cap of \$155,081* if subject to Social Security, and \$186,096* for employees who are not subject to Social Security (i.e., Public Safety). These amounts represent the maximum salary that can count toward final compensation and calculation of retirement benefits for employees that are placed in the PEPRA retirement formula(s).

*As of release of this booklet, 2026 limits and/or amounts have not been announced.

457 DEFERRED COMPENSATION PLAN



VISIT 457LongBeach.org



Learn more about the City of Long Beach 457 Deferred Compensation and schedule an individual consultation.



Tisha Neal
Retirement Plan Specialist
(202) 759-7122
TNeal@MissionSq.org



Eric Dobrzynski
Senior Financial Planner
(202) 759-7171
EDobrzynski@MissionSq.org

MissionSquare RETIREMENT

Secure your future with the **City of Long Beach 457 Deferred Compensation Plan**, a smart addition to any pension or Social Security benefits you may receive. Your 457 Deferred Compensation plan gives you control over when and how much you save, how to invest those savings, and how to withdraw funds in retirement.

Why Choose the 457 Deferred Compensation Plan?

- **Flexibility:** Decide when and how much to contribute, with the freedom to adjust as needed.
- **Control:** Direct your savings into investment options that align with your retirement goals.
- **Convenience:** Manage your contributions and investments with ease.

Boost Your Savings Potential

- **Eligibility:** Open to all full-time and non-career employees from day one.
- **Contributions:** Enjoy pre-tax benefits, with the ability to change contributions anytime.
- **Vesting:** Rest assured, you're always 100% vested in your contributions and their earnings.
- **Investment Options:** A diverse range of funds to choose from, ensuring your portfolio meets your individual needs and risk tolerance.

Enrollment Information

- Visit 457LongBeach.org to enroll in the 457 Deferred Compensation Plan.
- Log into [LifeViewHR](#) to select your contribution amount.

Learn More

Learn more about the 457 Deferred Compensation Plan at 457LongBeach.org.

For personalized assistance, contact your dedicated Retirement Plans Specialist or Senior Financial Planner.

10 STEPS TO RETIREMENT



CONTACT YOUR HUMAN RESOURCES TEAM

Phone: (562) 570-6303

Email: Retirement@LongBeach.Gov

Retirement Planning Made Simple

Preparing To Complete Your Retirement Application

Step 1: Call CalPERS or attend a CalPERS Retirement webinar (on-demand or live) to familiarize yourself with the process.

Step 2: Choose your retirement date.

Step 3: Request a retirement estimate from CalPERS.

Step 4: Review your leave accruals in [LifeViewHR](#) (or your paycheck stub) so that you have an idea as to what your retiree health and/or service credit options are regarding unused sick leave.

Step 5: Apply for retirement through CalPERS (documents can be submitted via mail or via [myCalPERS online](#)). Some documents may require a notary.

Once Your Application is Filed

Step 6: Once you receive confirmation of your service retirement date from CalPERS, please update your department supervisor and the department Personnel/Payroll staff.

Step 7: Contact the Department of Human Resources – Employee Benefits team approximately 45 days from your retirement date. **Email Retirement@LongBeach.gov to schedule an appointment to attend a Retirement Counseling webinar** to confirm your retirement date, review retiree insurance continuation, COBRA enrollment, deferred compensation (457 plan), Medicare, and other pertinent information. A representation from MissionSquare Retirement also attends the webinar.

Step 8: Review the *Retirement Options Selection Form* post webinar to decide if you and your dependent(s) will continue or forfeit enrollment in the City's retirement health plans.

Step 9: Return the required forms to the HR-Employee Benefits team timely – completed and signed. Return forms by email or post office mail.

Step 10: Participate in your department's offboarding process.

Please note: If you are not separated from City service timely due to lack of notification, your CalPERS retirement check may be delayed or hours paid to you after your retirement date may be reversed, requiring you to reimburse the City.

2026 RETIREMENT RATES

PLAN	MONTHLY COST
Medical – Anthem Blue Cross PPO	
Single Retiree	\$1,386.98
Retiree with 1 Dependent	\$1,733.75
Retiree with 2 or More Dependents	\$1,822.24
Medical – Anthem Blue Cross Medicare Supplement (Must have Medicare Parts A & B)	
One Medicare (Single)	\$958.18
One Medicare & One Anthem PPO Non-Medicare Dependent	\$1,733.75
One Medicare & Two/More Anthem PPO Non-Medicare Dependents	\$1,822.24
Two Medicare (Retiree & Spouse)	\$1,915.89
Two Medicare & One Anthem PPO Non-Medicare Dependent	\$2,805.79
Two Medicare & Two or More Anthem PPO Non-Medicare Dependents	\$3,372.35
Medical – Anthem Blue Cross Premier HMO – CA ONLY	
Single Retiree	\$1,109.75
Retiree with 1 Dependent	\$1,997.57
Retiree with 2 or More Dependents	\$2,170.50
Medical – Anthem Blue Cross Classic HMO – CA ONLY	
Single Retiree	\$907.84
Retiree with 1 Dependent	\$1,225.60
Retiree with 2 or More Dependents	\$1,344.33
Medical – UnitedHealthcare Group Medicare Advantage PPO (Must have Medicare Parts A & B)	
One Medicare (Single)	\$739.49
Two Medicare (Retiree & Spouse)	\$1,478.98
One Medicare & One Anthem Premier HMO Non-Medicare Dependent	\$1,849.24
Two Medicare & One Anthem Premier HMO Non-Medicare Dependent	\$2,588.73
One Medicare & Two Anthem Premier HMO Non-Medicare Dependents	\$2,737.06
One Medicare & Three/More Anthem Premier HMO Non-Medicare Dependents	\$2,909.99
One Medicare & One Anthem Classic HMO Non-Medicare Dependent	\$1,647.33
Two Medicare & One Anthem Classic HMO Non-Medicare Dependent	\$2,386.82
One Medicare & Two Anthem Classic HMO Non-Medicare Dependents	\$1,965.09
One Medicare & Three or More Anthem Classic HMO Non-Medicare Dependents	\$2,083.82
Medical – SCAN Health Plan Medicare Advantage – CA ONLY (Must have Medicare Parts A & B)	
One Medicare (Single)	\$370.75
Two Medicare (Retiree & Spouse)	\$741.50
One Medicare & One Anthem Premier HMO Non-Medicare Dependent	\$1,480.50
Two Medicare & One Anthem Premier HMO Non-Medicare Dependent	\$1,851.25
One Medicare & Two Anthem Premier HMO Non-Medicare Dependents	\$2,368.32
One Medicare & Three/More Anthem Premier HMO Non-Medicare Dependents	\$2,541.25
One Medicare & One Anthem Classic HMO Non-Medicare Dependent	\$1,278.59
Two Medicare & One Anthem Classic HMO Non-Medicare Dependent	\$1,649.34
One Medicare & Two Anthem Classic HMO Non-Medicare Dependents	\$1,596.35
One Medicare & Three/More Anthem Classic HMO Non-Medicare Dependents	\$1,715.08
Dental – Delta Dental of California PPO	
Retiree with or without Dependent(s)	\$105.03
Dental – DeltaCare USA HMO	
Retiree with or without Dependent(s)	\$38.67
Vision – VSP Vision	
Retiree with or without Dependent(s)	\$13.92
Vision – VSP Vision Voluntary 65+ Only	
65+ Retiree Only	\$9.14
65+ Retiree with One Dependent	\$18.29
65+ Retiree with Two or More Dependents	\$21.49

Note: Other combinations of health plan enrollments may be available for non-Medicare retirees with Medicare-eligible dependents, or Medicare-eligible retirees with non-Medicare dependents. Please contact HR-Employee Benefits at Retirement@LongBeach.gov or (562) 570-6303 for additional information.



IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

PLAN CONTACTS

Plan Type	Provider	Phone Number	Website/Email	Policy Numbers
Medical	Anthem	(844) 653-7399	Anthem.com/CA/COLB	276800
24/7 Nurseline	Anthem	(800) 337-4770	Anthem.com/CA/COLB	276800
Surgery Benefit (Anthem PPO members only)	Carrum Health	(888) 855-7806	Info.CarrumHealth.com/COLB	N/A
Pharmacy	CVS Caremark	(855) 559-7917	Caremark.com	N/A
Benefit Concierge Services	Health Advocate	(866) 799-2691	Answers@HealthAdvocate.com	COLBEmployees
Medicare Services	Alliant Medicare Solutions	(877) 888-0165	AlliantMedicareSolutions.com	N/A
Dental	Delta Dental HMO	(800) 422-4234	DeltaDentalins.com/COLB	78506
Dental	Delta Dental PPO	(800) 765-6003	DeltaDentalins.com/COLB	3712
Vision	VSP	(800) 877-7195	VSP.com	30069959
Life & Disability	The Standard	(800) 628-8600	Standard.BenSelect.com/COLB	448651
Pet Insurance	MetLife	(866) 937-7387	MetLifePetInsurance.com/LongBeach	N/A
Gym and Wellness	Wellhub	N/A	Wellhub.com	N/A
FSA	Wageworks	(877) 924-3967	Participant.Wageworks.com	N/A
529 College Savings	ScholarShare	(562) 595-4725 x 2010	ScholarShare529.com	N/A
Long-Term Care	Unum	(800) 421-0344	UnumInfo.com/CityofLongBeach	N/A
Discount Program	LifeBalance	(888) 754-5433	COLB.LifeBalanceProgram.com	N/A
Employee Assistance Program (EAP)	Health Advocate	(866) 799-2691	HealthAdvocate.com/COLB Answers@HealthAdvocate.com	N/A
CalPERS	CalPERS	(888) 225-7377	CalPERS.CA.gov	N/A
Public Agency Retirement Services (PARS)	PARS	(800) 540-6369	MyPlan.PARS.org	N/A
457 Plan	MissionSquare	(202) 759-7122	MissionSq.org/LongBeach	301910

PAYROLL/PERSONNEL ASSISTANT PHONE LISTING

Department	PPA	EXT.	Back-Up Contact	EXT.
Airport (AP)	Martha Mino	82611	Annette Rygh	82625
City Auditor (AU)	Melissa Swift	86758	Pamela Reese	86752
City Clerk (CC)	Alma Valenzuela	86765	Joe Guerrero	86682
City Manager (CM)	Gabriel Carranza-Escobedo	86084	Sang Kim	86060
City Prosecutor (CP)	Michelle Fajardo	85623	Sherri Seldon	85621
Community Development (CD)	Eileen Hindman	85777	Lidia Jauregui	85290
Disaster Preparedness & Emergency Communication (DPEC)	Idali Saenz	89253	Megan O'Keefe	89558
Economic Development (ED)	Crystal King	83693	Arlen Crabtree Suematsu	85024
Energy Resources (ER)	Vacant	Vacant	Jeannine Franklin	82061
			Eric Flores	82376
Financial Management (FM)	Nanci Olivares	85489	N/A	N/A
Fire (FD)	Anna Lopez	82527	Payroll Office Main Line	82565
	Carla Sanchez	82520	Brienne Barkman	82514
Harbor (HA)	Vanessa Estrada	283-7516	Celina Peraza	283-7508
	Olivia Dunn	283-7504		
Health & Human Services (HHS)	Carolyn Dias	84658	Payroll Office Main Line	84009
	Crystal Sanders	84113		
Human Resources (HR)	Gabriel Carranza-Escobedo	86084	Sang Kim	86060
Law (CA)	Patricia Ochoa-Talavera	82254	Pamela Bright	82208
Legislative (LEG)	Maria Banegas	85089	Christian Cambridge	89975
Library (LS)	Pat Fierros	86945	Ashley Wiegelman	86944
Parks, Rec & Marine (PRM)	Shertrell Collins	83184		
	Crystal Murphy	83185		
	Alma Ramsey	83186	N/A	N/A
	Brandon Gonzalez	83187		
Police (PD)	Eva Parham	87407	N/A	N/A
	Victoria Bonillas	85066		
Police Oversight (PO)	Jose Rodriguez Enciso	86405	N/A	N/A
Public Works (PW)	Erika Gomez	84677	N/A	N/A
	Leah Simmons	84674		
Technology & Innovation (TI)	Monica Romero	87710	Colleen Pickens	86273
Utilities (UT)	Jeannine Franklin	82061	Rocio Pfungsthorn	82363
	Eric Flores	82376	Oscar Ortiz	82051

GLOSSARY

-A-

Accidental Death and Dismemberment (AD&D) Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.

After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

GLOSSARY

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on [the City of Long Beach HR Employee Benefits website](#). Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents can be accessed through each benefit provider's portal. Please refer to page 59 for the corresponding website links.

- ANTHEM HMO PLAN
- ANTHEM PPO PLAN
- DELTA DENTAL DELTACARE USA HMO
- DELTA DENTAL PPO

Medicare Part D Notice

Important Notice from the City of Long 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 the City of Long 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. The City of Long Beach has determined that the prescription drug coverage offered by the medical 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, the City of Long Beach coverage will not 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 the medical plans 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 the City of Long Beach prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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

You should also know that if you drop or lose your current coverage with the City of Long 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. 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 the City of Long 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'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 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 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

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

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

Date:	January 1, 2026
Name of Entity/Sender:	The City of Long Beach
Contact-Position/Office:	Human Resources
Address:	411 West Ocean Blvd., 10 th Floor, Long Beach, CA 90802
Phone Number:	(562) 570-6303

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 will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at (562) 570-6303.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (562) 570-6303.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in the City of Long Beach's 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 the City of Long Beach's 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 31 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 31 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 31 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 the City of Long Beach's health 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.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for the City of Long Beach describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources

Notice of Choice of Providers

The Anthem HMO Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your insurance carrier directly.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Anthem or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for retiree only coverage under our base plan exceeds 9.02% in 2025 (9.96% in 2026) of your modified adjusted household income.

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, 2025**. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/> | <http://www.in.gov/fssa/dfcr/> | Family and Social Services Administration Phone: (800) 403-0864 | Member Services Phone: (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [Iowa Medicaid | Health & Human Services](#) | Medicaid Phone: 1-800-338-8366

Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#) | Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084 | email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfrp.nv.gov> | Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>

Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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

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The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

