

# Human Resources quarterly benefits newsletter Spring 2008

## Upcoming Events:

April 15, 2008 – Flexible Spending Account grace period ends for incurring and submitting expenses for calendar year 2007.



## This Issue:

How to Read My EOB .....	2
COBRA "101" - Just the Facts .....	3
What About Dental & Vision? .....	4
Public Employees Retirement System ..	5
Seeking Preventive Care .....	6
Memorial Nurse Ambassador.....	7

Dear City Employees,

The Department of Human Resources is working diligently to ensure that you are current on any changes to your health, dental, and vision programs. The following information is to keep you aware of changes and items of interest in your health plans.

**CIGNA Acquisition of Great West** – On November 26, 2007, CIGNA signed an agreement to purchase Great-West Healthcare, one of our medical insurance providers. The transaction was finalized on April 1, 2008. Great-West Healthcare is now part of CIGNA Healthcare, one of the largest, healthcare companies in the nation. CIGNA covers more than 10 million members nationwide. Through their combined resources, CIGNA and Great-West Healthcare will continue to provide excellent customer service and healthcare cost management.

Please continue to use your Great-West membership identification card (ID) until you are directed to do otherwise. Your coverage will remain unchanged as a result of this transition for this plan year. Continue to use the customer service number on your Great-West membership identification card (ID) or [www.mygreatwest.com](http://www.mygreatwest.com) to verify coverage benefits and check the status of a claim or review your flexible spending account.

**MEDCO** - Your prescription drug benefits under Great-West are now administered by Medco. You should have received your new ID card from Medco. This does not apply to members enrolled in the PPO Thrift Plan as their prescription drug benefits remain with ESI (Express Scripts) for the current plan year. Remember, if you wish to take advantage of the discount prescription rate for a 90-day supply, you must sign up for the mail order. You should have already received a welcome kit, which included your new Medco ID card and the instructions for using the mail order program. If you have questions, please contact Medco at (800) 988-2285 or visit [www.medco.com](http://www.medco.com).

**Medical Eye Services (MES) (Great West members)** - Your vision benefits are now administered directly by MES. You do not need an ID card from MES to use for any of your vision needs. Simply inform your eye care provider that you are with the City of Long Beach MES. MES providers can be found at [www.mesvision.com](http://www.mesvision.com) or call 562-425-9528 (locally) or 800-877-6372 (for out of area).

To Your Health,

Dora A. Hogan  
Manager of Employee Benefits & Services



## COBRA 101 - Just the Facts

Throughout a career, workers will face multiple life events, job changes or even job losses. A law enacted in 1986 helps workers and their families keep their group health coverage during times of voluntary or involuntary job loss, reduction in the hours worked, transition between jobs and in certain other cases.

The law — the **Consolidated Omnibus Budget Reconciliation Act (COBRA)** — gives workers who lose their health benefits the right to choose to continue group health benefits provided by the plan under certain circumstances.

Several events that can cause workers and their family members to lose group health coverage may result in the right to COBRA coverage. These include:

- Voluntary or involuntary termination of the covered employee's employment for reasons other than gross misconduct
- Reduced hours of work for the covered employee
- Covered employee becoming entitled to Medicare
- Divorce or legal separation of a covered employee
- Death of a covered employee
- Loss of status as a dependent child under plan rules

Under COBRA, the employee or family member may qualify to keep their group health plan benefits for a set period of time, depending on the reason for losing the health coverage. The following represents some basic information on periods of continuation coverage:

Qualified Beneficiary	Qualifying Event	Period of Coverage
Employee Spouse Dependent child	Termination Reduced hours	18 months *
Spouse Dependent child	Entitled to Medicare Divorce or legal separation Death of covered employee	36 months
Dependent child	Loss of dependent child status	36 months

\*This 18-month period may be extended for all qualified beneficiaries if certain conditions are met in cases where a qualified beneficiary is determined to be disabled for purposes of COBRA.

### Notification Requirements

An initial notice must be furnished to covered employees and spouses, at the time coverage under the plan commences, informing them of their COBRA rights.

When the Department's Payroll/Personnel Assistant is notified that a qualifying event has happened, they must in turn notify each qualified beneficiary of the right to choose continuation coverage.

COBRA allows at least 60 days from the date the election notice is provided to inform the plan administrator that the qualified beneficiary wants to elect continuation coverage.

Under COBRA, the covered employee or a family member has the responsibility to inform the plan administrator of a divorce, disability or a child losing dependent status under the plan. To protect your continuation coverage rights in these situations, a notification to the Plan Administrator must be made within 60 days from whichever date is later, the date of the event or the date on which health plan coverage would be lost.

If covered individuals change their marital status, or their spouses have changed addresses, they should notify the plan administrator.

### Premium Payments

Qualified individuals are required to pay the entire premium for coverage up to 102% of the cost to the plan. Premiums may be higher for persons exercising the disability provisions of COBRA. Failure to make timely payments may result in loss of coverage.

Premiums may be increased by the plan; however, premiums generally must be set in advance of each 12-month premium cycle.

Individuals subject to COBRA coverage may be responsible for paying all costs related to deductibles, and may be subject to catastrophic and other benefit limits.



Should you have questions or concerns, please contact your departmental Payroll/Personnel Office or call the Department of Human Resources at (562) 570-6303.

## What About Dental & Vision?

The City has partnered with Delta Dental and PacifiCare dental for your dental benefits and with Medical Eye Services (MES) for your vision benefits.

Dental care involves taking good care of your teeth, gums and the related structures of the mouth. Your dental care includes prevention and treatment of diseases of the gum and teeth, and also the replacement or repair of defective teeth. Proper dental health is not only important to our healthy physical looks; it is essential to the well being of the entire body.

### PacifiCare Dental HMO

PacifiCare Dental HMO is the most affordable dental plan option, offering basic dental coverage. Most treatments are covered at 100% of PacifiCare allowable charges.

Members must select a dentist from the network and can only go to this dentist for covered services.

Specialty services require a specialty referral.

### HMO vs. PPO

Each plan provided through PacifiCare and Delta Dental offers distinct benefits to help suit the different needs of employees.

When using a Delta Preferred Option (DPO) dentist the plans year maximum is \$2,000 vs. a non DPO dentist the plan year maximum is \$1,000.

### Delta Dental PPO

Freedom to choose any licensed dentist, anywhere in the world.

One of California's largest dental PPO networks, with full benefits available from about half of Delta Dental's participating general dentists and specialists.

Considerable cost savings when visiting a dentist in the preferred provider network through pre-negotiated lower fees on services.

Patients enjoy the lowest out-of-pocket costs whenever they select a dentist or specialist from Delta Dental's PPO network.

[www.pacificare.com](http://www.pacificare.com)

(800) 624-8822 or (800) 228-3384

[www.deltadentalca.org](http://www.deltadentalca.org)

(800) 765-6003

Taking care of your eyes is an important part of everyday healthcare and finding a good vision doctor is just as important as finding a good healthcare provider. It is important to have your eyes checked at least once a year. Having your eyes examined regularly can help in the early detection of eye diseases or other medical problems.

### Vision through Medical Eye Services (MES)

MES Vision (Medical Eye Services) has provided dedicated quality vision care services to the employee benefits community since 1976.

The plan, through participating MES providers, includes a comprehensive examination and lenses every 12 months at no cost to you, \$90 frame allowance, and a \$100 allowance for contact lenses.

The plan also offers discounts for non-participating MES providers but your out of pocket costs will be higher.



## Public Employees Retirement System (PERS)

### my|CalPERS at Your Service

CalPERS has entered a new era of customer service with the launch of my|CalPERS, a new Web site for CalPERS members that allows you to access your personal account information and manage your retirement and financial planning needs. It allows you to get your own information — from your service credit years, to your current mailing address on file, to tracking the status of CalPERS transactions such as service credit purchases and disability retirement applications, along with accessing the most current information in your CalPERS account,. You can also change your mailing address and obtain a retirement benefit estimate. With my|CalPERS, you can instantly and conveniently get the information you need and conduct CalPERS transactions online. All you need is a computer with Internet access and a CalPERS On-Line User ID and Password. To access my|CalPERS, log onto the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov). It is under “Online Services”. If you have questions, please contact CalPERS at (888) 225-7377.



### CalPERS EDUCATION CENTER (CEC)

CalPERS recently took customer education to a new level by developing a dynamic new way for you to receive training and education on a variety of CalPERS subjects. The online CalPERS Education Center (CEC), which launched over the summer, provides you with the ability to enroll in instructor-led classes and download class materials from the CalPERS On-Line Web site. The CEC offers classes about CalPERS benefits and services tailored to new members, those nearing retirement, and retirees. It is everything you need to know about your CalPERS benefits and services and how to plan for a financially secure retirement. As an integrated extension of CalPERS On-Line, my|CalPERS provides access to online services such as the CEC. For a list of financial education classes scheduled for your area or available online, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) and access the CalPERS Education Center.

### RETIREMENT FAST FACTS . . . .

- Three factors are taken into consideration when calculating your retirement allowance -- service credit, benefit factor, and final compensation. The Department of Human Resources will be conducting general Q & A sessions on the City's retirement program in the future to assist you with planning for your retirement.
- CalPERS works on a fiscal year basis (July 1 through June 30). 10 months full-time equals one year of CalPERS service credit. Therefore, if you work full-time, full pay from July 1 – April 30 you are credited with one year of CalPERS service credit and no additional CalPERS service credit is earned for the months of May and June. For part-time employees, 1720 hours equals one year of service credit.
- Your retirement date may affect how soon you begin to receive cost-of-living adjustments (COLA). The initial cost-of-living increase applied to your retirement allowance begins on May 1 of the *second* calendar year following your retirement. Example: if you retire on 12/31/08, you would receive your first COLA on 05/01/10; if you retire on 01/01/09, you would receive your first COLA on 05/01/11.
- State law does not make it possible for CalPERS to process a loan against your contributions except as part of the CalPERS Member Home Loan Program (800) 874-7377.

**For further information regarding retirement, please contact CalPERS at (888) 225-7377 and/or Human Resources-Employee Benefits at (562) 570-6703.**

## Seeking Preventive Care

Preventive care provided by your doctor is the best way for you to assume an active role in maintaining your well-being and may help detect health problems before they become serious. Your doctor will provide health screenings testing, immunizations, and counseling concerning your specific health prevention needs based upon age, gender, and risk factors.



Your coverage includes preventive care services for all ages. Refer to your Benefit Plan Summary to determine what is covered under your medical plan. The following are some medical guidelines to help you use these preventive benefits provided to you.

<p><b>Blood Pressure Measurement</b> Your doctor will probably check your blood pressure during each office visit. Individuals with a normal blood pressure should have it rechecked every two years. If you have a family history of high blood pressure, heart, or kidney disease, or a personal history of borderline high blood pressure, you should have your blood pressure checked each year.</p> <p><b>Cholesterol Testing</b> Adults should have their cholesterol checked every five years. If you smoke, have diabetes, high blood pressure, or a family history of heart disease, you are at greater risk for the development of cardiovascular disease. If you are at risk for heart disease, your doctor may recommend more frequent cholesterol testing and provide counseling concerning steps you can take to reduce your cholesterol levels.</p> <p><b>Colon Cancer Screening</b> Starting at age 50, you and your doctor should choose a method to screen for colon cancer on a regular basis. There are three tests that are effective at finding colon cancer: checking stool samples for blood, a sigmoidoscopy, or a colonoscopy. The stool exam is done every year. Sigmoidoscopy is recommended every five years. Colonoscopy is usually performed every ten years. You should let your doctor know if you have a family history of colon or rectal cancer in order for screening to begin at an earlier age.</p>	<p><b>Pelvic Examination, Pap Test, Mammogram</b> These three preventive care services are a vital part of a woman's preventive care program. A pelvic exam and Pap test should be performed every one to three years as recommended by your doctor.</p> <p>When you turn 40, you should start to schedule mammograms every year. Your doctor can also instruct you on how to perform a breast self-exam.</p> <p>Your preventive care benefits cover pelvic examination, Pap test, and mammogram services once per year.</p> <p><b>Physical Exam</b> A baseline health history and physical examination will allow your doctor to establish your specific risk factors, including screening, counseling, and the establishment of a schedule for ongoing preventive care.</p> <p>Your preventive care benefits cover one routine physical exam per year if your provider bills it as a preventive visit.</p> <p><b>Immunizations</b> Your doctor will recommend an immunization schedule for you based upon age and risk factors. Immunizations protect you from deadly diseases. Your preventive care benefits cover most immunizations.</p>
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### Suggestive tests that may be performed during annual physical

AGES 18 TO 39	AGES 40 TO 49	AGES 50 TO 65
<b>Pap test:</b> Yearly; after three normal exams, every three years	<b>Colon screen</b> (check stool for blood or sigmoidoscopy or colonoscopy): As advised by doctor	<b>Colon screen</b> (check stool for blood or sigmoidoscopy or colonoscopy): Stool check yearly or sigmoidoscopy every 5 years or colonoscopy every 10 years
<b>Mammogram:</b> As advised by doctor	<b>Pap test:</b> Yearly; after three normal exams, every three years	<b>Pap test:</b> Yearly; after three normal exams, every three years
<b>Chlamydia test:</b> Yearly, ages 18 to 24	<b>Mammogram:</b> Yearly	<b>Mammogram:</b> Yearly
	<b>Chlamydia test:</b> As advised by doctor	<b>Chlamydia test:</b> As advised by doctor
	<b>Prostate exam:</b> As advised by doctor	<b>Prostate exam:</b> Yearly

Additional Preventive Care Tests
Individuals with special risk factors may need more frequent and additional types of preventive care as recommended by their doctor.
Risk Factors
Diabetes
Drug abuse/alcoholism
Overweight
High-risk sexual behavior
Preventive Services
Eye and foot exams, urine and blood tests
AIDS and TB tests, hepatitis and influenza immunizations
Blood sugar test
AIDS test, syphilis test, gonorrhea test, Chlamydia test

Adult Immunizations
<b>Tetanus booster:</b> Every 10 years
<b>Influenza:</b> Yearly
<b>Pneumococcal:</b> Once over age 65 and for individuals with chronic diseases, such as heart or lung disease or diabetes preventive care as recommended by their doctor.

Source: [www.selecthealth.org](http://www.selecthealth.org)

\* Check with your health plan to confirm coverage for preventive care

## Long Beach Memorial Nurse Ambassadors

(For Great West Members only)

Are you seeking care from Long Beach Memorial Medical Center or an affiliated medical practice? Do you have questions regarding medical related issues and don't know who to ask? If you do, **Debbie Scales** is your Ambassador at Long Beach Memorial Medical Center and she is available to help you with a variety of needs.

Please call her if you require assistance with any Great West or Memorial only medical billing questions or problems. She will verify the billing of medical services, confirming that your insurance paid at the highest level and assist with problem claims.

Accessing medical care when needed is important. If you experience a problem with a physician or have difficulty in setting up an appointment, Debbie Scales is anxious to help you and your family.

This service is free to City employees and is available Monday through Friday and Debbie can be reached at (562) 933-1233.



**Jean M. Miller, R.N.** is your Care Manager Registered Nurse who is responsible for planning, managing, coordinating and evaluating your ongoing care when you are admitted to Long Beach Memorial Medical Center, as an admitted or emergency room patient.

Jean is responsible to collaborate with members of the healthcare team and your family to ensure that you receive the best possible care at Memorial Medical Center efficient and supportive care.

Jean will provide you with information that will assist you in understanding your medical needs and will provide follow-up care after you have been released from the hospital, as necessary. She can also provide you with referrals to the appropriate physician specialist. It is her pleasure to serve you as your Manager of Clinical Services.

This service is free to City employees and Jean can be reached at (562) 933-1232. Please call Jean before or when you arrive at Memorial Medical Center to insure you get the best care possible.

**Do not hesitate to call them, if you have questions!!!!**

Carrier Customer Service Contact Information		
<b>Great-West Healthcare</b> Medical	(800) 766-3206	<a href="http://www.mygreatwest.com">www.mygreatwest.com</a>
<b>Pacificare:</b> Medical HMO Dental & Vision	(800) 624-8822 (800) 228-3384	<a href="http://www.pacificare.com">www.pacificare.com</a>
<b>Delta Dental :</b> Member Services (DPO)	(800) 765-6003	<a href="http://www.deltadentalca.org">www.deltadentalca.org</a>
<b>Medco</b> Prescription	(800) 988-2285	<a href="http://www.medco.com">www.medco.com</a>
<b>Medical Eye Services</b> Vision	(800) 877-6372 (714) 619-4660	<a href="http://www.mesvision.com">www.mesvision.com</a>
<b>The Standard Company</b> Short Term Disability Long Term Disability Life & Voluntary Life	(800) 368-2859 (800) 368-1135	<a href="http://www.standard.com">www.standard.com</a>
<b>Human Resources</b> Benefits Division	(562) 570-6303	Intranet website <a href="http://clbnet/hr">http://clbnet/hr</a>