



**RETIREE BENEFITS  
OPEN ENROLLMENT**

**Effective: 1/1/2009 - 12/31/2009**

**POA/PMA/MSOA/FMA**

If you (and/or your dependent) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 11 for details.

## SUMMARY

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

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

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## RETIREE BENEFITS PROGRAM 1/1/09 THRU 12/31/09

### INTRODUCTION

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

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

The Human Resources Department is taking many steps in providing easy access to health and benefit plan information. Please visit the City's internet site: [www.surfcity-hb.org/retiree\\_benefits](http://www.surfcity-hb.org/retiree_benefits).

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

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

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

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

Sincerely,

*Michele S. Carr*

*Director of Human Resources*

## WHAT YOU NEED TO KNOW

Human Resources would like to take this opportunity to give you important information about the benefits being offered by the City of Huntington Beach for the 2009 calendar year. The California Public Employees Retirement System (CalPERS) will be mailing Open Enrollment packets that include a personalized Health Plan Statement, an Open Enrollment newsletter and information on how to request additional information and make changes to your medical plans. It is important that you use the following information to educate yourself about the open enrollment process, timeline and changes.

### *What can I do at Open Enrollment?*

City of Huntington Beach benefit-eligible retirees can:

- Make changes to Medical, Dental and Vision Plans
- Add or delete dependents
- Switch to a different Medical or Dental plan
- *Note: To make changes to your medical plan through CalPERS, you must contact CalPERS directly. Please refer to your CalPERS Open Enrollment Packet or call them directly at (888)-CALPERS.*
- *Note to make changes or to confirm your Elections Summary, you must do so via Benetrac. Be sure to verify also that your contact information is correct.*

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

- This year, the City is holding an Active Open Enrollment. This means everyone must participate; you must confirm which benefit elections you would like effective January 1, 2009 and who you are covering under your benefits under all plans—medical, dental and vision.

### *I want to make other changes, what do I have to do?*

- Submit all changes and/or confirm your Elections Summary via Benetrac, our online enrollment system. You can access the system at [www.surfcity-hb.org/employee\\_benefits](http://www.surfcity-hb.org/employee_benefits) or at the Benetrac website. Benetrac instructions are enclosed in this packet. **All elections and confirmations must be received by Human Resources/Employee Benefits no later than 5:00 p.m. on Friday, October 31, 2008.**
- **If you do not have access to the internet, please call us or visit us during one of our on-site open enrollment assistance sessions.** See the enclosed calendar for details.

### *What if I have questions or need assistance?*

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

Note: Benefits staff will be holding on-site enrollment assistance sessions on various dates. See the enclosed calendar for details.

### *What if I want to make changes throughout the year?*

You can only make changes outside of Open Enrollment if you have a qualifying event.

- To add dependents you have 31 days from the qualifying event to submit the enclosed "Add Dependent" form to Human Resources. The qualifying event would be marriage, birth, adoption, dependent becoming eligible, spouse losing coverage, etc.
- You are required to submit the enclosed "Delete Dependent" form to Human Resources within 60 days of a dependent becoming ineligible such as divorce, coverage dependent no longer eligible, etc, **Failure to do so can jeopardize your COBRA rights.**

## **WHAT WILL HAPPEN ON JANUARY 1, 2009**

### *What will be the same on January 1, 2009?*

- Benefit Carriers for all plans will remain the same.
- The maximum age for dependents (non-students) on the dental and vision plans will remain at age 25. Note: The maximum age for dependent on the medical plans is age 23.

### *What will change on January 1, 2009?*

- Refer to the Open Enrollment Newsletter in your CalPERS Open Enrollment packet for additional information on the CalPERS health plans.
- The Vision exam copay will increase from \$10 to \$15 (refer to page 8 for details).
- See enclosed rate sheet for 2009 premiums.

## Medical Plan Features



PLAN BENEFITS	HMO OPTIONS SCHEDULE OF BENEFITS	
	PERS BLUE SHIELD HMO & NET VALUE HMO*	PERS KAISER HMO
<b>OFFICE VISITS</b>	\$15 Copay	\$15 Copay
<b>PRESCRIPTION DRUG</b> (must use a participating pharmacy)	(not to exceed 30-day supply) \$5 Generic \$15 Brand \$45 Non-Formulary	(100-day supply) (30-day for certain drugs) \$5 Generic \$15 Brand
<b>PRESCRIPTION DRUG - MAIL ORDER**</b>	(not to exceed 90-day supply)** \$10 Generic / \$25 Brand \$75 Non-Formulary	(100-day supply) (30-day for certain drugs) \$5 Generic \$15 Brand
<b>EMERGENCY SERVICES</b>	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)
<b>DEDUCTIBLE</b>	None	None
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>ROUTINE PHYSICAL EXAMS</b>	No Charge	No Charge (for physical exam)
<b>CHIROPRACTIC</b>	Not covered	\$10 Copay (20 visits/calendar year)
<b>VISION EXAM (Refraction)</b>	No Charge	No Charge
<b>HOSPITAL SERVICES</b> Inpatient Outpatient	No charge No charge	No charge \$15/visit
<b>OUTPATIENT LAB &amp; X-RAY</b>	No charge	No charge
<b>SUBSTANCE ABUSE PROGRAM</b> Inpatient Outpatient	No charge (detox only) \$15 Copay (20 visits/calendar year)	No charge (detox only) \$15 Copay individual / \$5 Group
<b>MENTAL HEALTH</b> Inpatient Outpatient – (Severe)  Outpatient – Evaluation	No charge \$15 Copay (no visit limit)  \$20 Copay (20 visits/calendar year)	No charge \$15 Copay individual / \$7 Group (no visit limit) \$15 Copay individual / \$7 Group (20 visits/calendar year)

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

\*\*For Blue Shield PrimeMail information, visit [www.blueshieldca.com](http://www.blueshieldca.com).

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

## Medical Plan Features



PLAN BENEFITS	PERS CHOICE & SELECT* LOW OPTION PPO		PERS CARE HIGH OPTION PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>OFFICE VISITS</b>	\$20 Copay	40%	\$20 Copay	40%
<b>PRESCRIPTION DRUG</b> Retail Pharmacy (30-Day Supply)	\$5 Generic \$15 Brand \$45 Non-Formulary (\$30 if waiver approved)		\$5 Generic \$15 Brand \$45 Non-Formulary (\$30 if waiver approved)	
Retail Pharmacy - Maintenance Drugs after 2 <sup>nd</sup> Fill (30-Day Supply)	\$10 Generic \$25 Brand \$75 Non-Formulary (\$45 if waiver approved)		\$10 Generic \$25 Brand \$75 Non-Formulary (\$45 if waiver approved) (not to exceed 34-day supply)	
<b>PRESCRIPTION DRUG - MAIL ORDER (90-Day Supply)</b>	\$10 Generic \$25 Brand \$75 Non-Formulary (\$45 if waiver approved)		\$10 Generic \$25 Brand \$75 Non-Formulary (\$45 if waiver approved) (not to exceed 34-day supply)	
<b>EMERGENCY SERVICES</b>	20% (\$50 deductible waived if admitted)		10% (\$50 deductible waived if admitted)	
<b>DEDUCTIBLE</b> Individual Family	\$500 \$1,000		\$500 \$1,000	
<b>MAXIMUM OUT-OF-POCKET</b> Individual Family	\$3,000 \$6,000	N/A	\$2,000 \$4,000	N/A
<b>PLAN LIFETIME MAXIMUM</b>	\$2,000,000 (per individual)		N/A	
<b>DURABLE MEDICAL EQUIPMENT</b>	20%	40%	10%	40%
	\$6,000 annual max			
<b>CHIROPRACTIC/ACUPUNCTURE</b>	20%	40%	10%	40%
	(15 visits per year)		(20 visits per year)	
<b>Inpatient HOSPITAL SERVICES</b>	20%	40%	10% (\$250 deductible)	40% (\$250 deductible)
<b>OUTPATIENT LAB &amp; X-RAY</b>	20%	40%	10%	40%
<b>SUBSTANCE ABUSE PROGRAM</b> Inpatient	20%	40%	10%	40%
	(20 days per calendar year)		(30 days per calendar year)	
Outpatient	20%	40%	10%	40%
	(24 visits per calendar year)		(30 visits per calendar year)	
<b>MENTAL HEALTH</b> Inpatient	20%	40%	10%	40%
	(20 days per calendar year)		(\$250 deductible/30 days per calendar year)	
Outpatient	20%	40%	10%	40%
	(24 visits per calendar year)		(30 visits per calendar year)	

\*The PERS Select plan benefits mirror the PERS Choice plan; however, PERS Select offers Anthem Blue Cross' "high performance network", only available in certain counties.

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## Medical Plan Features



<b>PORAC</b>		
<b>ANTHEM BLUE CROSS PPO</b>		
	<b>PPO IN-NETWORK</b>	<b>NON-PPO OUT-OF-NETWORK</b>
<b>PLAN BENEFITS</b>		
<b>OFFICE VISITS</b>	\$20 Copay	10%
<b>PRESCRIPTION DRUG</b> (30-day supply)	\$10 Generic \$25 Brand \$45 Non-Formulary / Compound	\$10 Generic \$25 Brand \$45 Non-Formulary (Compound Not Covered)
<b>PRESCRIPTION DRUG - MAIL ORDER</b> (90-day supply)	\$20 Generic \$40 Brand \$75 Non-Formulary	N/A
<b>EMERGENCY SERVICES</b>	10%	10%
<b>DEDUCTIBLE</b> Individual Family	\$300 \$900	\$600 \$1,800
<b>MAXIMUM OUT-OF-POCKET</b> Individual Family (combined PPO and Non-PPO)	\$3,000 \$6,000	\$3,000 \$6,000
<b>PLAN LIFETIME MAXIMUM</b>	None	
<b>DURABLE MEDICAL EQUIPMENT</b>	20%	20% (varies)
<b>CHIROPRACTIC</b>	20 Visits	\$700 Maximum Benefit
	Maximum combined with Physical and Occupational Therapy	
<b>ACUPUNCTURE</b>	\$20 (10% for all other services)	10% (varies)
<b>HOSPITAL SERVICES</b>	10%	10% (varies)
<b>OUTPATIENT LAB &amp; X-RAY</b>	10%	10% (varies)
<b>SUBSTANCE ABUSE PROGRAM</b> Inpatient Outpatient	See EOC	See EOC
<b>MENTAL HEALTH</b> Inpatient Outpatient	See EOC	See EOC

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## Dental Plan Features



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

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

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## Vision Plan Features



VISION SERVICE PLAN (VSP) VISION		
	IN-NETWORK	OUT-OF-NETWORK
PLAN BENEFITS		
<b>FREQUENCY</b> Examination Frame Lenses Contact Lenses (in lieu of lenses)		Every 12 months Every 12 months Every 12 months Every 12 months
<b>EXAM</b> <i>(Dilation when necessary)</i>	\$15 Copay *	\$45 Allowance (copay applies)
<b>STANDARD LENSES</b> Single Vision Bifocal Trifocal	\$15 Copay * \$15 Copay * \$15 Copay *	Up to \$45 Allowance Up to \$65 Allowance Up to \$85 Allowance
<b>FRAMES</b>	Up to \$120 Allowance	Up to \$47 Allowance
<b>LASER VISION CORRECTION (US LASER NETWORK)</b>	Discounts at participating facilities	N/A
<b>CONTACT LENSES:</b> Elective Medically Necessary	Up to \$120 Allowance Up to \$120 Allowance	Up to \$105 Allowance Up to \$105 Allowance

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

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## RETIREE BENEFITS CONTACT INFORMATION

### Human Resources - Benefits

- Internet: [www.surfcity-hb.org/retiree\\_benefits](http://www.surfcity-hb.org/retiree_benefits)
- Phone: (714) 375-8456, (714) 536-5213 or (714) 536-5917
- Fax: (714) 374-1743
- Email: [bpratt@surfcity-hb.org](mailto:bpratt@surfcity-hb.org)  
[jaymie.liu@surfcity-hb.org](mailto:jaymie.liu@surfcity-hb.org)  
[bcharles@surfcity-hb.org](mailto:bcharles@surfcity-hb.org)

### CalPERS Medical

- [www.calpers.ca.gov](http://www.calpers.ca.gov)  
(888) 225-7377 or (888) CAL-PERS
- CalPERS Blue Shield HMO  
(Group #PH0001)  
(800) 334-5847
- CalPERS Blue Shield NetValue  
(Group #PH0010)  
(800) 334-5847
- CalPERS Kaiser HMO  
(Group #105705-00)  
(800) 464-4000
- CalPERS Blue Cross PORAC  
(Group #13079)  
(800) 288-6928
- CalPERS Blue Cross - PERS Choice  
(Group #CB050A)  
(877) 737-7776
- CalPERS Blue Cross - PERS Care  
(Group #KB050A)  
(877) 737-7776
- CalPERS Blue Cross - PERS Select  
(Group #SB050A)  
(877) 737-7776

### Dental

- [www.deltadentalca.org](http://www.deltadentalca.org)
- Delta Dental/DPO (Group #4729)  
(888) 335-8227
- Delta Care USA (Group #1575)  
(800) 422-4234

### Vision

- [www.vsp.com](http://www.vsp.com)
- (Group #00105162)  
(800) 877-7195

### CalPERS Retirement

- [www.calpers.ca.gov](http://www.calpers.ca.gov)
- (Group #0097)  
(888) 225-7377 or (888) CAL-PERS

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

## HELPFUL TIPS TO SAVE YOU TIME AND MONEY

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

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

### *Prevention is the Best Medicine*

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

### *My Dental Bills are Painful!*

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

### *I Need HELP with My Insurance*

Contact the customer service group for the appropriate carrier in the "Employee Benefits Contact Information" Section.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

The health benefits of most plans must include coverage for the following post-mastectomy services and supplies when provided in a manner determined in consultation between the attending physician and the patient: (1) reconstruction of the breast on which a mastectomy has been performed, (2) surgery and reconstruction of the other breast to produce symmetrical appearance, (3) breast prostheses, and (4) physical complications of all stages of mastectomy, including lymphedemas. Plan participants must be notified, upon enrollment and annually thereafter, of the availability of benefits required due to the WHCRA.

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Huntington Beach and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Huntington Beach has determined that the prescription drug coverage offered by the City of Huntington Beach Medical/Rx Plan 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.

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#### **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 November 15th through December 31st. 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 do decide to join a Medicare drug plan and drop your current City of Huntington Beach prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

You should also know that if you drop or lose your current coverage with City of Huntington Beach and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

### **For more information about this notice or your current prescription drug coverage...**

Contact City of Huntington Beach, Human Resources Department/Employee Benefits, 2000 Main Street, PO Box 190, Huntington Beach, CA 92648 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 Huntington Beach changes. You also may request a copy.

### **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 [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Employee Benefits Brochure designed and developed by



in conjunction with the City of Huntington Beach, September 2008.