

Benefit Coordinators Corporation (BCC)  
Two Robinson Plaza  
Suite 200  
Pittsburgh, PA 15205



FIRST NAME LAST NAME  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, STATE ZIP CODE

## RE: 2025 RETIREE BENEFITS OPEN ENROLLMENT NOTIFICATION

Date: mm/dd/yyyy | Group: City of Newport Beach Retirees | BCC Group Number: CONB

Welcome to your 2025 Retiree Benefits Open Enrollment!

The City of Newport Beach Open Enrollment period for your 2025 benefits is September 16 through October 11, 2024. This is the one time of the year that you can make changes to your elections, other than experiencing a qualified life event. Benefit changes and new monthly premiums are effective January 1, 2025.

### PLAN MATERIALS

All plan materials, rate sheets, and the City of Newport Beach Retiree Election form for the 2025 Plan Year can be reviewed, downloaded, and printed from the City of Newport Beach Retiree Open Enrollment website: <https://www.benxcel.com/conb/>

### WHAT IS CHANGING FOR 2025

- The City's monthly contribution for CalPERS health plan enrollment is increasing from \$157 to \$158.
- Effective January 1, 2025 Blue Shield of California will be the new administrator for the CalPERS PPO Plans.

### WHAT YOU NEED TO DO

- **TO KEEP YOUR DENTAL AND/OR VISION COVERAGE FOR YOU & YOUR ENROLLED FAMILY MEMBERS:** Please complete, sign, and submit a Retiree Open Enrollment Election Form selecting the plan you wish to be enrolled in effective January 1, 2025. If a response is not received/postmarked by October 11, 2024, it will be assumed that you wish to continue your current coverage (e.g., PPO or HMO plan) with the new insurance carrier.
- **TO CHANGE YOUR COVERAGE AND/OR DEPENDENTS COVERED FOR YOUR DENTAL AND/OR VISION PLAN:** You must complete, sign, and submit a Retiree Open Enrollment Election Form and return to BCC. Responses must be received/postmarked by October 11, 2024. Elections and monthly premiums are effective January 1, 2025.
- **TO ENROLL, CANCEL COVERAGE, OR CHANGE YOUR COVERAGE AND/OR DEPENDENTS FOR YOUR CALPERS MEDICAL PLAN:** You must contact CalPERS directly, either by phone or online by October 11, 2024. [www.mycalpers.ca.gov](http://www.mycalpers.ca.gov) or 888-225-7377.

**ENROLLMENT REFERENCE GUIDE**

I want to...	CalPERS Medical Plans	Dental	Vision
Enroll	Contact CalPERS directly. Phone: 888-225-7377 or <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> .	New enrollment or re-enrollment is <b>not available</b> if dental coverage was previously canceled.	New enrollment or re-enrollment is <b>not available</b> if vision coverage was previously canceled.
Change / Cancel a Plan  or  Add/Cancel Dependents	Contact CalPERS directly. Phone: 888-225-7377 <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> .  If declining CalPERS medical insurance, mark the “declining” box on the enclosed Election form & return to BCC (address below).	Complete & return the enclosed Election form to Benefit Coordinators Corporation (BCC) (address below)	Complete & return the enclosed Election form to Benefit Coordinators Corporation (BCC) (address below)
No Changes	Check the “I am Continuing” Option in the Medical Election portion of the enclosed Election form & return to BCC (address below)	Check the appropriate coverage tier option in the Dental Election portion of the enclosed Election form & return to BCC. (address below)	Check the appropriate coverage tier option in the Vision Election portion of the enclosed Election form & return to BCC. (address below)

**HOW TO SUBMIT COMPLETED FORMS**

- **Mail to BCC:** Benefit Coordinators Corporation, ATTN: Retiree Benefits OE  
Two Robinson Plaza, Suite 200, Pittsburgh, PA 15205
- **Email to BCC:** [customersupport@benxcel.com](mailto:customersupport@benxcel.com)  
If you have questions, please contact Benefit Coordinators Corporation’s Customer Service Call Center by calling 800-685-6100 or e-mailing [customersupport@benxcel.com](mailto:customersupport@benxcel.com).