

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: 2026 RETIREE BENEFITS OPEN ENROLLMENT NOTIFICATION

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

Welcome to your 2026 Retiree Benefits Open Enrollment!

Now through November 7, 2025 your Open Enrollment period for your 2026 benefits. 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, 2026.

PLAN MATERIALS

All plan materials, rate sheets, and enrollment forms for the 2026 Plan Year can be reviewed, downloaded, and printed from the City of Newport Beach Retiree website: <https://www.benxcel.com/conb>

WHAT IS CHANGING FOR 2025

- The City's monthly contribution for CalPERS health plan enrollment is increasing from \$158 to \$162

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, 2026. If a response is not received/postmarked by November 7, 2025, 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 November 7, 2025. Elections and monthly premiums are effective January 1, 2026.
 - **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 10, 2025. www.mycalpers.ca.gov or 888-225-7377.

ENROLLMENT REFERENCE GUIDE

I want to...	CalPERS Plans	Medical	Dental	Vision
Enroll	Contact CalPERS directly. Phone: 888-225-7377 or www.calpers.ca.gov .	CalPERS	New enrollment or re-enrollment is not available if dental coverage was previously canceled.	New enrollment or re-enrollment is not available if vision coverage was previously canceled.
Change / Cancel a Plan or Add/Cancel Dependents	Contact CalPERS directly. Phone: 888-225-7377 www.calpers.ca.gov . If declining CalPERS medical insurance, mark the “declining” box on the enclosed Election form & return to BCC (address below).	CalPERS	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
- **Upload to BCC’s Secure FTP:** <http://secure.benxcel.com> (select “COBRA/Retiree Enrollment Forms” for question #6)

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.