

# choices

## 2016 enrollment highlights guide

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**enroll online:**  
[mylacountybenefits.com](http://mylacountybenefits.com)

**enroll by phone:**  
888-822-0487

**questions?**

Benefits Hotline representatives are available  
Monday through Friday,  
8 a.m. to 4 p.m. 213-388-9982  
Extended hours during annual benefits enrollment  
Monday through Friday, 8 a.m. to 5 p.m.,  
Saturday, October 31, 8 a.m. to 4 p.m.

# your benefits

The County of Los Angeles and Coalition of County Unions care about you and your family. That's why we offer a comprehensive benefits program that includes medical, dental, life, accidental death and dismemberment, and medical coverage protection (long-term disability health insurance) to help you enrich your life while protecting your future and your loved ones.

## CHOICES 2016 BENEFITS AT A GLANCE

Medical	
• Kaiser Permanente HMO	• CAPE/Blue Shield POS (Classic & Lite)
• CIGNA Network HMO	• ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier) <sup>1</sup>
• CIGNA Network POS	• ALADS/Anthem Blue Cross Prudent Buyer PPO (Basic & Premier) <sup>1</sup>
	• Fire Fighters Local 1014 Medical Plan (for Local 1014 members only)
Dental	
• MetLife (SafeGuard) HMO-style plan	• ALADS/Anthem Blue Cross Premier PPO-style plan (included in ALADS/Anthem Blue Cross Premier medical plans) <sup>1</sup>
• DeltaCare HMO-style plan	• Delta Dental PPO-style plan
Life Insurance	
• Basic life insurance	
• Optional life insurance	
• Dependent life insurance	
Accidental Death and Dismemberment (AD&D) Insurance	
Medical Coverage Protection (Long-Term Disability Health Insurance)	
Spending Accounts	
• Health Care Spending Account	
• Dependent Care Spending Account	

<sup>1</sup> Available only to sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642.

**Your *Choices* benefits program is a joint effort of the County of Los Angeles and the Coalition of County Unions (CCU).**

**They work together to negotiate the benefits that are offered, the amount of the monthly benefits allowance, and other program details.**

## dependent eligibility

Your dependents may be eligible for *Choices* medical and dental plans.<sup>2</sup> Eligible dependents include:

- Your spouse or domestic partner
- Your children, which includes children born to you, children legally adopted by you, children awaiting finalization of their adoption by you, stepchildren, children of whom you are the legal guardian, children you support because of a valid court order, and children of your domestic partner:
  - Under age 26<sup>3</sup>
  - Age 26 and older if your child became disabled before the limiting age and is approved by your health plan (check with your health plan to determine the limiting age)

When adding eligible family members during annual benefits enrollment, you must provide Social Security numbers (SSNs) and required documents (birth/adoption/marriage certificate) within 10 calendar days from the date you enroll.

<sup>2</sup> The dependent group term life, accidental death and dismemberment plans, and Spending Accounts have different dependent eligibility requirements. See your *Choices* SPD for details.

<sup>3</sup> Under age 18 for legal guardianship.

### Choose Carefully — Your Elections Are Final

After the enrollment deadline, you will not be able to change your benefits until next year's annual enrollment.

The only exception is if you have a qualifying life event, such as a change in family status or work situation, which may make you eligible to change your elections. Some examples include birth or adoption of a child, marriage, or divorce.

You must complete a life event enrollment and submit supporting documents to the Benefits Plan Administrator within 90 days of the qualifying life event. See pages 14-18 of the *Choices* Summary Plan Description (SPD) for details.

The SPD is a valuable resource containing detailed plan information. You may download a copy of the *Choices* SPD at [mylacountybenefits.com](http://mylacountybenefits.com).



This guide is printed on recycled paper to support the County's commitment to the environment.

# medical plans

	Health Maintenance Organization (HMO) Plans	Point of Service (POS) Plans	Preferred Provider Organization (PPO) Plans
<b>Coverage</b>	Provides comprehensive medical coverage, including (but not limited to): <ul style="list-style-type: none"> <li>Preventive care</li> <li>Routine medical care</li> <li>Major medical care</li> <li>Behavioral health care</li> </ul>		
<b>Seeking Care</b>	<ul style="list-style-type: none"> <li>You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists</li> <li>You have a network of HMO providers to choose from</li> <li>Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits</li> </ul>	<ul style="list-style-type: none"> <li>You choose a primary care physician (PCP) who oversees your care and refers you to specialists</li> <li>You do not need a referral from your PCP to see any licensed doctor or specialist</li> <li>Your out-of-pocket expenses will be lower when you coordinate care through your PCP and use network providers</li> </ul>	<ul style="list-style-type: none"> <li>You can see any licensed doctor or specialist</li> <li>Your out-of-pocket expenses will be lower when you use providers from the PPO network of participating doctors, hospitals and other health care providers</li> </ul>
<b>Determining Costs for Services</b>	<ul style="list-style-type: none"> <li>There are no deductibles</li> <li>You pay a specified amount (copay) for many services</li> <li>Without the cost of a deductible and with generally lower copays, HMOs typically cost less than PPO plans</li> </ul>	<ul style="list-style-type: none"> <li>There is no deductible if you use network providers and coordinate your care through your PCP</li> <li>Out-of-pocket expenses are lower when you use network providers and coordinate your care through your PCP</li> </ul>	<ul style="list-style-type: none"> <li>There is a deductible before the plan pays benefits</li> <li>Deductible is waived for preventive care when you use network providers</li> <li>Out-of-pocket expenses are lower when you use network providers</li> </ul>

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *Choices* SPD online at [mylacountybenefits.com](http://mylacountybenefits.com).

## Waiving or Declining Medical Coverage? You Must Take Action!

WAIVING MEDICAL	DECLINING MEDICAL
<p>You may choose to waive medical coverage for 2016 under <i>Choices</i> ONLY if:</p> <ol style="list-style-type: none"> <li>You have medical coverage through one of the following: <ul style="list-style-type: none"> <li>Your spouse's/domestic partner's employer-sponsored medical plan</li> <li>Another employer-sponsored medical plan (such as from a second job)</li> <li>Veteran benefits</li> <li>Medicare</li> </ul> </li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li>Your other medical plan offers coverage similar to what <i>Choices</i> offers</li> </ol>	<p>You may choose to decline medical coverage for 2016 under <i>Choices</i> ONLY if:</p> <p>You have medical coverage through one of the following:</p> <ul style="list-style-type: none"> <li>An individual insurance policy (For example: if you purchased insurance directly through an insurance company)</li> <li>The state, federal or private marketplace (For example: insurance purchased through Covered California)</li> </ul>

### Choices Benefits Allowance

If you waive medical coverage, you will receive the \$244 monthly <i>Choices</i> Benefits Allowance.	If you decline medical coverage, you WILL NOT receive the \$244 monthly <i>Choices</i> Benefits Allowance. <sup>1</sup>
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### You MUST provide information on your other coverage every year

<p>You can waive or decline online at <a href="http://mylacountybenefits.com">mylacountybenefits.com</a> when you are newly eligible and during annual benefits enrollment. You must provide information on your other medical coverage each year during annual benefits enrollment. If you do not submit, or if it is not approved, you will be automatically enrolled in Kaiser Permanente HMO<sup>2</sup> for 2016, and will not be able to waive or decline medical coverage again until the next annual benefits enrollment.</p> <p><b>Note:</b> If you waived <i>Choices</i> coverage in 2014 and 2015 because you were enrolled in an individual plan and you continue that coverage in 2016, you may continue to waive coverage under <i>Choices</i> and receive the \$244 benefits allowance.</p>
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<sup>1</sup> For employees hired before January 1, 1996, \$244 of your monthly *Choices* benefits allowance is added to your salary when your pension is calculated at the time you retire. If you decline coverage, \$244 WILL NOT be added to your salary when your pension is calculated at the time you retire, and you WILL NOT receive the \$244 *Choices* benefits allowance.

<sup>2</sup> Employees in Bargaining Units 131, 132, 501, 502, 511, and 512 will be automatically enrolled in CAPE/Blue Shield Lite Point of Service (POS) Plan. Sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642 will be automatically enrolled in the ALADS/Anthem Blue Cross CaliforniaCare HMO Plan. Local 1014 members will be automatically enrolled in the Fire Fighters Local 1014 Medical Plan.



# dental plans

Your *Choices* program offers two HMO-style dental plans:

- MetLife (SafeGuard)
- DeltaCare

The program also offers the following PPO-style dental plans:

- Delta Dental
- ALADS/Anthem Blue Cross Premier (included in ALADS/Anthem Blue Cross Premier medical plans)

When you enroll in one of the **HMO-style dental plans**, you choose a dental office, which becomes your “primary care office,” and you must go to this office for all of your dental care.

The **Delta Dental PPO** offers two different networks of participating dentists and dental care providers:

- **Delta Preferred Provider Option (PPO) network:** Using this network offers the highest benefits. Most preventive services are covered at 100%; many other services are covered at 85%. You pay no deductible. The annual maximum benefit is \$1,500 per person.
- **Delta Participating Dentist network:** Delta pays benefits based on a fee agreement with the network’s dentists. Most routine services are covered at 80%, after you have met a deductible. The annual maximum benefit is \$1,200 per person.

When you enroll in a PPO-style dental plan, you can go to any dentist in either network, or to an out-of-network dentist. When you go to network providers, the plan pays higher benefits (you pay less).

The **ALADS/Anthem Blue Cross Premier Plan** is available only to sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642.

**Fire Fighters Local 1014 Medical Plan** provides a \$2,000 lifetime orthodontia benefit as well as a \$1,000 “excess dental” benefit for Delta Dental enrollees who exceed their Delta Dental maximum in any year. The plan is only available to members of Local 1014.

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *Choices* SPD, which is online at [mylacountybenefits.com](http://mylacountybenefits.com).

# prescription drug benefits



Your medical coverage includes prescription drug coverage.

If you are taking “maintenance medication” — for high blood pressure, cholesterol, thyroid conditions, or birth control, for example — using your plan’s mail-order service will generally save you money. Plus, you get the convenience of having your medications delivered to you rather than having to pick them up at the pharmacy.

For more details about these benefits, review the Medical and Dental Plans Comparison Chart you received with this guide or contact your medical plan.

## How to Save Money with Generic Drugs

You will save money when you substitute brand-name drugs with generic drugs, which become available when the original patent on the brand-name drug expires. When you are prescribed a brand-name drug, ask your health care provider if a generic version is available.

## Medicare Part D Notice

If you or your dependents have Medicare or become eligible in the next 12 months, a federal law gives you more prescription drug coverage options.

See the Medicare notice in the legal notices in your benefits enrollment packet.

# additional protection

Sometimes, the unexpected happens and it affects not just your life, but also the lives of those you care about. Your *Choices* program offers life insurance, AD&D insurance, and LTD health insurance to protect you and your family.

## Life Insurance

The County gives you basic life insurance at no cost to you.

- Safety Members of Retirement Plan A, B, C, or General Members of Retirement Plan A, B, C, D, or G of the Los Angeles County Employees Retirement Association (LACERA): You are insured for \$2,000.
- Members of Retirement Plan E: You are insured for \$10,000.

You may buy optional life insurance of one to eight times your annual salary. You may only increase your insurance amount by one times your annual salary each year.

If you buy optional life insurance for yourself, you may also buy a limited amount of life insurance for your spouse or domestic partner and dependent children. The enrollment materials in your enrollment packet shows how much you can buy and your monthly

cost of coverage. See the *Choices* SPD at [mylacountybenefits.com](http://mylacountybenefits.com) for more information.

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

You can buy AD&D insurance at low monthly rates. If you die in an accident, become paralyzed, or lose a limb, eyesight, speech, or hearing because of an accident, your AD&D insurance pays benefits. Review your enrollment materials for AD&D coverage amounts and monthly costs.

If you have AD&D coverage under *Choices*, you may also buy coverage for your eligible spouse or domestic partner under age 70, and dependent children under age 21, or through age 25 if full-time students. See the *Choices* SPD, at [mylacountybenefits.com](http://mylacountybenefits.com), for rules.

## Medical Coverage Protection Long-Term Disability (LTD) Health Insurance

If you are a General (not Safety) Member of Retirement Plan A, B, C, D, E, or G of LACERA and are enrolled in a CAPE/Blue Shield, CIGNA, or Kaiser medical plan, you are eligible to participate in the LTD health insurance plan. It will help

you continue your medical insurance coverage if you become totally and permanently disabled, and are eligible for long-term disability benefits.

If you are participating in the *Choices* program and become disabled after January 1, 2008 (January 1, 2015, for CAPE/Blue Shield), you will be covered by LTD health insurance at no cost to you, provided you meet the eligibility requirements. LTD health insurance pays 75% of your monthly medical premium and you pay the remaining 25%. Beginning January 1, 2008 (January 1, 2015, for CAPE/Blue Shield), if you are eligible for LTD health insurance, you can elect to buy additional coverage at a cost of \$3.00 per month. The additional coverage pays 100% of your medical plan premium while you receive LTD benefits.

If you do not elect (or you cancel) the optional 100% LTD health insurance coverage for a plan year, you cannot elect this coverage for the next plan year. You must wait two calendar years before you again have the option to elect this coverage. See the *Choices* SPD, at [mylacountybenefits.com](http://mylacountybenefits.com), for more information.



# spending accounts

Spending Accounts offer a great way to save money on eligible health care and dependent care expenses.

You never pay federal or state income taxes on the money you contribute. That means you could save between 10% and 30% on every dollar you spend on health care or dependent care, depending on your tax bracket.

You should carefully estimate the amount of expenses that you will be able to pay from these accounts to determine how much you want to contribute. If there's money left in your Dependent Care Spending Account at year end, you

will not get it back (IRS requirements). This is sometimes referred to as the "Use it or Lose it Rule."

With a Health Care Spending Account, you can carry over up to \$500 in unused funds to spend in the following year. See the next page for details.

That's why it's important to take a little time to plan, and not put more in your account than you estimate you will spend for the year.

*Choices* offers two types of Spending Accounts:

ENROLL IN EITHER OR BOTH	
Health Care Spending Account	Dependent Care Spending Account
Pay for eligible health care expenses with pre-tax dollars, including but not limited to: <ul style="list-style-type: none"><li>• Medical plan copays</li><li>• Deductibles</li><li>• Prescription drugs</li><li>• Eyeglasses, contacts, laser eye surgery</li><li>• Out-of-pocket dental expenses</li><li>• Hearing aids and tests</li><li>• Chiropractic care</li><li>• Nicotine patches and nicotine gum prescribed by a doctor</li><li>• Plus many more expenses</li></ul> Some expenses (such as insurance premiums) are not eligible for reimbursement.	Pay for eligible dependent care expenses with pre-tax dollars while you and your spouse work outside the home, or attend school full time. These expenses include, but are not limited to: <ul style="list-style-type: none"><li>• The cost of properly licensed day care centers, summer day camp</li><li>• Nursery school</li><li>• Preschool</li><li>• Child and adult day care provided at your home</li></ul> Dependent Care expenses must be used for the care of a: <ul style="list-style-type: none"><li>• Child under the age of 13</li><li>• Mentally or physically disabled child of any age, or</li><li>• Legally dependent adult who spends a minimum of eight hours each day in your home and is unable to care for himself/herself</li></ul>
When you enroll, you decide how much to contribute to each account.	
You can contribute a maximum of <b>\$200 a month</b> .	You can contribute a maximum of <b>\$400 a month</b> .
Expenses for both types of Spending Accounts must be incurred by December 31, 2016, and submitted for reimbursement by June 30, 2017. See the Spending Account section of the <i>Choices</i> SPD, at <a href="http://mylacountybenefits.com">mylacountybenefits.com</a> , for more information about eligibility and what other types of expenses you can pay with tax-free dollars through a Spending Account.	

## Health Care Spending Account: Carry Over up to \$500 Each Year

If you have a Health Care Spending Account (HCSA), you can carry over up to \$500 in unused funds to spend in the next Plan Year; however, you will lose any remaining balance above \$500.

The amount you carry over to the next year will not affect your annual maximum contribution. You can still contribute up to the full \$2,400 to your HCSA in 2016. Any money you carry over from 2015 will be available for use in 2016 along with your designated 2016 contribution amount.

The carryover rule does not apply to the Dependent Care Spending Account (DCSA). If you enroll in a DCSA, you must spend all your funds by the end of the plan year or you will lose them.

To learn more, check out the Spending Accounts eMagazine (see next page for more information).

## Tutorial and Calculators Available Online!

The online tutorial and calculators are easy ways to learn how to use Spending Accounts and plan your contribution amount.

To access the online tutorials, log on to [mylacountybenefits.com](http://mylacountybenefits.com) and select "Online Tutorials" from the "my tools" drop down menu at the top of the page.



## Making Your Dependent Care Spending Account Even More Valuable

If you enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution to your account based on your annual pay.

You do not need to contribute, but you must enroll to be eligible for the County contribution. See the chart at the right to find out how much the County will contribute in 2016.

Total contributions, yours and the County's, to a Dependent Care Spending Account cannot exceed \$4,800 a year if married filing jointly, or \$2,500 if married filing separately (IRS limits).

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution)
Less than \$30,000	\$375
\$30,000 to \$34,999	\$300
\$35,000 to \$39,999	\$275
\$40,000 to \$44,999	\$200
\$45,000 to \$49,999	\$125
\$50,000 or more	\$75

**Important Note:** The Coalition of County Unions and the plan sponsor, the County of Los Angeles, agreed to an annual maximum dollar amount the County will spend for this benefit and how this benefit will be administered. This benefit will be monitored on a monthly basis. If the dollar maximum is reached in any month in 2016, the contribution you receive from the County will be reduced that month and will be suspended for the remainder of the plan year. In addition, you may be allowed to make other changes that are consistent with a qualifying change in status, cost, or coverage (for example, revoking your election if your dependent care provider quits or terminates its contract with you). See the *Choices* SPD, at [mylacountybenefits.com](http://mylacountybenefits.com), for more information.

## Spending Account eMagazine

The County of Los Angeles' Spending Account eMagazine is an easy way to help you get the most out of the Health Care and Dependent Care Spending Accounts.

It's interactive with lots of easy-to-use tools like downloadable forms, and a savings calculator to help you determine how much you will save in taxes when you use a Spending Account. Use the built-in worksheets to add up your yearly expenses so you will know how much to set aside each pay period.

Visit [mylacountybenefits.com](http://mylacountybenefits.com) and click on the eMagazine link on the homepage.



## Affordable Care Act (ACA) Compliance Update: Two New Tax Forms

In January 2016, the County will provide employees with a new tax form called form 1095-C.

The ACA requires that large employers provide the form because it documents whether an employee worked full time and received an offer of ACA-compliant medical insurance each month during 2015. The County must issue the form to all full-time employees — generally defined as an employee who works 1,560 hours per year (30 hours per week).

You will also receive form 1095-B from your *Choices* medical plan: ALADS/Anthem Blue Cross, CAPE/Blue Shield, CIGNA, Kaiser or Fire Fighters Local 1014, depending on your coverage. This form documents the months you had ACA-compliant medical coverage during the year.

**Keep both forms; you may need to file them with your 2015 tax return.**





## CONTACT INFORMATION

Contact	Phone Number	Fax Number	Website
<b>BENEFITS SYSTEM</b>			
Benefits Enrollment	888-822-0487	310-788-8775	www.mylacountybenefits.com
<b>COUNTY DEPARTMENT OF HUMAN RESOURCES</b>			
Benefits Hotline	213-388-9982	N/A	http://dhr.lacounty.info/
<b>MEDICAL</b>			
CIGNA	800-842-6635	N/A	www.mycigna.com
Kaiser Permanente	800-464-4000	N/A	www.kp.org/countyofla
ALADS/Anthem Blue Cross	800-842-6635	N/A	www.anthem.com/ca/alads
CAPE/Blue Shield	800-487-3092	N/A	www.blueshieldca.com
Fire Fighters Local 1014	800-660-1014	N/A	www.local1014medical.org
<b>DENTAL</b>			
MetLife (SafeGuard)	800-880-1800	N/A	www.safeguard.net
DeltaCare	800-422-4234	N/A	www.deltadentalins.com
Delta Dental	888-335-8227	N/A	www.deltadentalins.com
ALADS/Blue Cross (dental)	800-842-6635	N/A	www.anthem.com/ca/alads
<b>SPENDING ACCOUNTS</b>			
Benefit Concepts, Inc.	866-629-6436	866-629-6390	www.mylacountybenefits.com
<b>LIFE AND AD&amp;D INSURANCE</b>			
CIGNA Life	800-842-6635	N/A	www.mycigna.com

### How to Find a Network Doctor

#### Kaiser Permanente HMO

- Go to [www.kp.org/countyofla](http://www.kp.org/countyofla)
- Select "Find a Doctor" section

#### CIGNA HMO or POS

- Go to [www.mycigna.com](http://www.mycigna.com)
- Select "Find a Doctor" in the middle of the screen on the main page

#### ALADS/Anthem Blue Cross HMO or PPO

- Go to [www.anthem.com/ca/alads](http://www.anthem.com/ca/alads)
- Select "Find a Doctor"

#### CAPE/Blue Shield POS

- Go to [www.blueshieldca.com](http://www.blueshieldca.com)
- Select "Looking for a Doctor" in the middle of the screen

#### Fire Fighters Local 1014 Medical Plan

- Go to [www.local1014medical.org](http://www.local1014medical.org)
- Select "Blue Cross Prudent Buyer PPO" in the left navigation bar
- Follow the instructions on the page

### How to Find a Network Dentist

#### DeltaCare and Delta Dental

- Go to [www.deltadentalins.com](http://www.deltadentalins.com)
- Select "Find a Dentist" and follow the instructions

#### MetLife (SafeGuard)

- Go to [www.safeguard.net](http://www.safeguard.net)
- Select "Find a Dentist" and follow the instructions

#### ALADS/Anthem Blue Cross

- Go to [www.anthem.com/ca/alads](http://www.anthem.com/ca/alads)
- Select "Find a Doctor"

The County reserves the right to take appropriate action against anyone who knowingly presents a false or fraudulent claim under the Plan, or who otherwise attempts to defraud the Plan, including (but not limited to) termination from participation in the Plan and of employment.

This Highlights Guide is not an official Choices Summary Plan Description (SPD) or official plan document. If you need a copy of an official plan document, contact the plan's customer service department directly. If there is a difference between what you read in this guide and what you read in an official plan document, the official plan document will rule.