<u>megaflex</u>



quick start summary 2017 annual benefits enrollment

Welcome to annual benefits enrollment for your County of Los Angeles *MegaFlex* benefits program. Annual benefits enrollment is October 1 through October 31, with your benefit elections taking effect January 1, 2017.

Highlights for 2017

Annual benefits enrollment is your chance to enroll in or change medical and dental plans as well as optional benefits, such as elective annual leave days, short-term disability, long-term disability, medical coverage protection (long-term disability health insurance), life insurance, and accidental death and dismemberment insurance.

Premium Rates

You can find the premium rates for the new plan year on the Personalized Enrollment Worksheet you received with this summary. County employees will see a decrease in their monthly premium rates for Delta Dental, Survivor Income Benefit, accidental death and dismemberment insurance, and optional group variable universal life insurance. There will be no change to the premium rates for the Kaiser and Anthem Blue Cross medical plans (the Anthem PPO will increase by \$1 per month), or the MetLife (SafeGuard) and DeltaCare dental plans.

Elective Annual Leave Days for 2017

Elective annual leave days do not roll over to the next year. You must enroll during annual benefits enrollment to purchase elective annual leave days.

See page 4 of the Enrollment Highlights Guide for more details.

Spending Accounts

You must enroll during annual benefits enrollment if you want to participate in a Health Care or Dependent Care Spending Account in 2017.

Neither account automatically rolls over to the next year; however, you may carry over up to \$500 in unused Health Care Spending Account funds to the next year.

The County will contribute up to \$375 a month to your Dependent Care Spending Account (based on your annual income).

For more information on Spending Accounts, see page 6 of the Enrollment Highlights Guide, or check out the Spending Account eMagazine on the homepage at **mylacountybenefits.com**.

Coverage for Eligible Dependents

If you add or remove dependents from your coverage, or change medical plans, you must submit the required documentation shown in the table below. See page 2 of the Enrollment Highlights Guide for dependent eligibility requirements.

| SCENARIO | REQUIRED ACTION |
|--|---|
| Switching medical plans | Provide Social Security numbers (SSN) for all eligible family members. |
| Adding eligible family members | Provide SSNs and required documents (birth/adoption/marriage certificate, etc.) within 10 calendar days from the date you enroll. Your children must be under age 26. ¹ |
| Adding dependents removed during the 2015 Dependent Eligibility Verification (DEV) | If you add a spouse or domestic partner who was removed through the verification process, you must provide the documents required during the DEV, including proof of current relationship status. |
| Family member not eligible for coverage | You must drop coverage for an individual who is no longer eligible (such as when you divorce or end a domestic partnership). |

¹ Under age 18 for legal guardianship.

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

You can enroll in 100% LTD health insurance every two years. Check your Personalized Enrollment Worksheet to see if you are eligible this year. See page 5 of the Enrollment Highlights Guide for eligibility rules.

easy as 1 ... 2 ... 3

1. Decide if you want to enroll or make changes

- Review your enrollment materials and your Personalized Enrollment Worksheet and use the information and tools available at **mylacountybenefits.com.**
- Gather birth certificates and/or marriage certificate for family members you add to coverage.
- You are required to provide Social Security numbers (SSN) if you add eligible family members, or if you switch medical plans and your eligible family members' SSNs were not previously provided.
- You must take action (enroll) every year to:
 - Purchase elective annual leave days.
 - Participate in a Health Care and/or Dependent Care Spending Account.
- If you make no changes, all current benefits will continue at 2017 premium rates *except* Health Care or Dependent Care Spending Accounts and elective annual leave days.

2. Enroll October 1 through October 31, 2016



#GoMobile

This easy-to-use site is optimized for smartphones and tablets. Enroll during annual benefits enrollment, or, simply check your benefits at any time. Online – Computer, Smartphone or Tablet mylacountybenefits.com

- Open a Web browser on your computer or mobile device.
- Log in using your employee number and PIN (see your Personalized Enrollment Worksheet for your PIN).
- Follow the Enrollment Steps.
- Click the yellow confirmation button.
- Review and print your confirmation statement before logging off, or, if using a smartphone or tablet, write down your confirmation number shown on the "Thank You" page.

By Calling - 888-822-0487

- Follow the recorded instructions.
- Do not hang up until you hear "Your benefit elections have been confirmed and recorded," and have written down your confirmation number.
- Review the confirmation statement you will receive by mail. If you do not receive your confirmation statement within seven days from the date you enroll, call the Benefits Hotline at 213-388-9982.

Provide all required documentation to the County Benefits Plan Administrator within 10 calendar days from the date you enroll to guarantee coverage. If you add a dependent, please write your name, employee number, and your dependent's SSN on each document or certificate. You may submit your documents (or scanned files for upload or email) by:

- Document upload: Use the "Upload" link in the "Documentation Required" section of your Enrollment Homepage
- Email: Attach scanned documents to email and send to documents@mylacountybenefits.com
- Fax: 310-788-8775
- Mail: Benefits Plan Administrator, P.O. Box 67128, Los Angeles, CA 90067

3. Other important information

- You may not change your benefits after October 31, 2016, until the next annual benefits enrollment period.
 Note: Life event changes during the year are only allowed for a qualified change in family status (e.g., marriage, divorce, birth, or adoption) or employment situation that affects your benefits eligibility.
- You MUST remove an ex-spouse, ex-domestic partner, and any other ineligible family members from your medical and dental coverage. See the dependent eligibility section (page 2) in the *MegFlex* Enrollment Highlights Guide for more information.
- 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.
- If you have questions, call the Benefits Hotline Monday through Friday, 8 a.m. to 4 p.m., at 213-388-9982. During annual benefits enrollment, hours are extended to 5 p.m.

This summary is not an official plan document. If you need a copy of an official plan document, contact the plan's customer service department directly. Contact information can be found on the back page of the Medical and Dental Plans Comparison Chart you received with this summary. If there is a difference between what you read in this summary and what you read in an official plan document, the official plan document will rule.