

choices

2018 enrollment highlights guide

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enroll online:
mylacountybenefits.com

enroll by phone:
888-822-0487

questions?
213-388-9982

**Benefits Hotline representatives are available
Monday through Friday, 8 a.m. to 4 p.m.
Extended hours during annual benefits enrollment
Monday through Friday, 8 a.m. to 5 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, medical coverage protection long-term disability (LTD) health insurance, and spending accounts to help you enrich your life while protecting your future and your loved ones.

CHOICES 2018 BENEFITS AT A GLANCE	
Medical	
<ul style="list-style-type: none"> Kaiser Permanente HMO 	<ul style="list-style-type: none"> CAPE/Blue Shield POS (Classic & Lite)
<ul style="list-style-type: none"> Cigna Network HMO 	<ul style="list-style-type: none"> ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier)¹
<ul style="list-style-type: none"> Cigna Network POS 	<ul style="list-style-type: none"> ALADS/Anthem Blue Cross Prudent Buyer PPO (Basic & Premier)¹
	<ul style="list-style-type: none"> Fire Fighters Local 1014 Medical Plan (for Local 1014 members only)
Dental	
<ul style="list-style-type: none"> MetLife (SafeGuard) HMO 	<ul style="list-style-type: none"> ALADS/Anthem Blue Cross Premier PPO (included in ALADS/Anthem Blue Cross Premier medical plans)¹
<ul style="list-style-type: none"> DeltaCare HMO 	<ul style="list-style-type: none"> Delta Dental PPO
Life Insurance	
<ul style="list-style-type: none"> Basic term life insurance 	
<ul style="list-style-type: none"> Optional group term life insurance 	
<ul style="list-style-type: none"> Dependent term life insurance 	
Accidental Death and Dismemberment (AD&D) Insurance	
Medical Coverage Protection LTD Health Insurance	
Spending Accounts	
<ul style="list-style-type: none"> Health Care Spending Account (HCSA) 	
<ul style="list-style-type: none"> Dependent Care Spending Account (DCSA) 	

¹Available 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.

dependent eligibility

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

- Your spouse or domestic partner
- Your children, 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 26³
 - 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 your 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.

² *The dependent term life, accidental death and dismemberment plans, and Spending Accounts have different dependent eligibility requirements. See your Choices Summary Plan Description (SPD) for details.*

³ *Under age 18 for legal guardianship.*

Dependent Eligibility Verification

If you want to re-enroll a spouse who was dropped during the 2015 Dependent Eligibility Verification (DEV) process, you must provide: a marriage certificate AND proof of ongoing relationship, such as a recent monthly household bill, federal tax return (1040 form), or recent bank statement that lists your spouse's name and mailing address.

Choose Carefully — Your Elections Are Final

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

The only exception is if you have a qualifying life event, such as a change in family status or employment situation, which may make you eligible to change your elections. See "Benefit Changes During the Year: Life Events" on page 7 for details.

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

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

medical plans

	Health Maintenance Organization (HMO)	Point of Service (POS)	Preferred Provider Organization (PPO)
Coverage	Provides comprehensive medical coverage, including (but not limited to): <ul style="list-style-type: none"> Preventive care Routine medical care Major medical care Behavioral health care 		
Seeking Care	<ul style="list-style-type: none"> You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists You have a network of HMO providers to choose from Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits 	<ul style="list-style-type: none"> You choose a primary care physician (PCP) who oversees your care and refers you to specialists You do not need a referral from your PCP to see any licensed doctor or specialist Your out-of-pocket expenses will be lower when you coordinate care through your PCP and use network providers 	<ul style="list-style-type: none"> You can see any licensed doctor or specialist 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
Determining Costs for Services	<ul style="list-style-type: none"> There are no deductibles You pay a specified amount (copay) for many services Without the cost of a deductible and with generally lower copays, HMOs typically cost less than PPO plans 	<ul style="list-style-type: none"> Generally, there is no deductible if you use network providers and coordinate your care through your PCP Out-of-pocket expenses are lower when you use network providers and coordinate your care through your PCP 	<ul style="list-style-type: none"> You must meet the deductible before the plan pays benefits The plan pays 100% of preventive care when you use network providers Out-of-pocket expenses are lower when you use network providers

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *Choices* SPD at mylacountybenefits.com.

Waiving or Declining Medical Coverage? You Must Take Action!

WAIVING MEDICAL	DECLINING MEDICAL
<p>You may waive medical coverage for 2018 under <i>Choices</i> ONLY if:</p> <ol style="list-style-type: none"> You have medical coverage through one of the following: <ul style="list-style-type: none"> Your spouse's/domestic partner's employer-sponsored medical plan Another employer-sponsored medical plan (such as from a second job) Veteran's benefits Medicare (both Part A and B) <p>AND</p> <ol style="list-style-type: none"> Your other medical plan offers coverage similar to what <i>Choices</i> offers 	<p>You may decline medical coverage for 2018 under <i>Choices</i> ONLY if:</p> <p>You have medical coverage through one of the following:</p> <ul style="list-style-type: none"> An individual insurance policy (e.g., you purchased insurance directly through an insurance company) The state, federal, or private marketplace (e.g., insurance purchased through Covered California)
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.
You MUST provide information on your other coverage every year	
<p>You can waive or decline coverage at mylacountybenefits.com 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 new or updated information, or it is not approved, you will be automatically enrolled in Kaiser Permanente HMO¹ for 2018, and will not be able to waive or decline medical coverage again until the next annual benefits enrollment.</p>	
<p>Note: If you waived <i>Choices</i> coverage continuously from 2015 through 2017 because you were enrolled in an individual plan and you continue that coverage in 2018, you may continue to waive coverage under <i>Choices</i> and receive the \$244 benefits allowance.</p>	
<p>Pensionability Note: You are a pensionable <i>Choices</i> participant if you were hired before January 1, 1996. As a pensionable participant, \$244 of your monthly <i>Choices</i> benefits allowance is added to your salary when your pension is calculated at the time you retire. If you decline medical coverage, you will not receive the pensionable amount of \$244 when your retirement is calculated.</p>	

¹ 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 negotiated *Choices* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

The program also offers the following PPO dental plans:

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

When you enroll in an **HMO dental plan**, you choose a dental office, which becomes your primary care office. You must go to this office for all of your dental care.

The **Delta Dental PPO** offers two 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 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. The Premier Plan offers both in-network and out-of-network benefits. When you use network providers, the plan pays higher benefits and you pay less. The annual maximum benefit is \$1,750 per person.

The **Fire Fighters Local 1014 Medical Plan** provides a \$3,000 lifetime orthodontia benefit as well as a \$1,500 "excess dental" benefit for out-of-pocket expenses incurred through your LA County dental plan. 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 at 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 offers you and your family life insurance for financial protection:

Basic Term Life: The County gives you basic term life insurance at no cost to you. Safety Members of Retirement Plan A, B, C, and General Members of Retirement Plan A, B, C, D, or G are insured for \$2,000. Members of Retirement Plan E are insured for \$10,000.

You are insured for
\$2,000

Optional Group Term Life: You may buy optional life insurance of one to eight times your annual salary. The materials included in this enrollment packet show how much you can buy and your monthly cost of coverage. Contact Cigna Life if you want to update your beneficiary information.

Coverage Amounts:
1X to 8X
Your annual salary

Dependent Term Life: If you buy optional life for yourself, you may also buy coverage for your spouse/domestic partner and dependent children in the amounts of \$5,000, \$10,000, \$15,000, or \$20,000. See the *Choices* SPD for eligibility.

Coverage Amounts:
\$5k to \$20k
For eligible family members

If you don't elect the maximum amount of optional group term life insurance when you are newly eligible, you can increase your coverage by one level each year during annual benefits enrollment, to a maximum of eight times your annual salary.

See the *Choices* SPD at 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 enclosed with this guide 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 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 the County's LTD benefits.

Eligible employees are automatically enrolled in the 75% LTD health insurance at no cost. If you experience a disability on or after the date your medical coverage begins, the LTD health insurance plan pays 75% of your monthly medical premium while you are disabled and receiving LTD benefits. You must pay the remaining 25%.

During your enrollment, eligible employees can elect to "buy up" to 100% LTD health insurance at a cost of \$3.00 per month. Under this optional coverage, the LTD health insurance plan will pay 100% of the monthly medical plan premium while you receive LTD benefits. See the *Choices* SPD at mylacountybenefits.com for more information.



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 may elect this coverage. See the *Choices* SPD at mylacountybenefits.com for more information.

spending accounts

Spending accounts can help you save money on health care and dependent care costs. You never pay federal or state taxes on your contributions. That's 10% to 30% off every dollar you spend on eligible expenses.

Take some time to plan carefully. Estimate the eligible expenses you expect to have during the calendar year for each account to avoid contributing more than you can spend. IRS regulations do not allow you to carry over any unused funds in your Dependent Care Spending Account. Any funds not claimed by June 30th of the following year will be forfeited.

CHOICES OFFERS TWO SPENDING ACCOUNTS: ENROLL IN EITHER OR BOTH	
Health Care Spending Account	Dependent Care Spending Account
Pay for eligible health care expenses, not covered by any benefit plan, with pre-tax dollars, including but not limited to: <ul style="list-style-type: none"> • Medical plan copays, deductibles, and prescribed medications • Vision care, dental expenses, and chiropractic care • Hearing aids and tests, nicotine patches, and nicotine gum prescribed by a doctor 	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"> • The cost of properly licensed day care centers, summer day camps, preschools, and child and adult day care provided at your home Dependent care expenses must be used for the care of a child under age 13, a mentally or physically disabled child of any age, or a legally dependent adult who spends a minimum of eight hours each day in your home and who is unable to care for himself/herself.
When you enroll, you decide how much to contribute to each account.	
You can contribute a maximum of \$200 a month.	You can contribute a maximum of \$400 a month.
Expenses for both types of spending accounts must be incurred by December 31, 2018, and submitted for reimbursement by June 30, 2019. See the spending accounts section of the <i>Choices</i> SPD at mylacountybenefits.com for more information.	

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

If you have a Health Care Spending Account, you can carry over up to \$500 in unused funds to spend in the next plan year and still contribute up to the full \$2,400 in 2018. To learn more about the spending accounts, check out the Spending Accounts eMagazine at mylacountybenefits.com.

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 below to find out how much the County will contribute in 2018. 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 2018, 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 life event 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 for more information.

benefit changes during the year: life events

After your enrollment deadline, you can't change your benefits until the next annual benefits enrollment unless you experience a qualifying life event like marriage or birth of a child.

If you have a qualifying life event and want to change your benefits, you must complete your enrollment and submit supporting documents to the Benefits Plan Administrator within 90 days from the date of the event.

Below are a few examples of qualifying life events.

LIFE EVENT	SUPPORTING DOCUMENTATION
Marriage	A copy of: <ul style="list-style-type: none"> • Church, county, or state marriage certificate, or • Foreign marriage certificate (requires notarized translation) • Social Security number
Enter into a domestic partnership	<ul style="list-style-type: none"> • A County of Los Angeles Declaration of Domestic Partnership Form, and • Proof you live in the same home or <ul style="list-style-type: none"> • State of California Declaration of Domestic Partnership Form
A child born to you, adopted or placed with you for adoption, or for whom you obtained legal guardianship	Depending on situation, a copy of: <ul style="list-style-type: none"> • Hospital, state, or county birth certificate • Legal adoption or placement documents • Court-appointed guardianship documents • Social Security number
Divorce, legal separation	A copy of: <ul style="list-style-type: none"> • Legal court document with effective date of divorce or legal separation
Terminate a domestic partnership	<ul style="list-style-type: none"> • County of Los Angeles Termination of Domestic Partnership Form, or • State of California Notice of Termination of Domestic Partnership Form
Military leave (beginning or ending)	A copy of: <ul style="list-style-type: none"> • Official Military Orders, or • Other supporting documentation showing date military leave begins or ends

The chart provides a general overview. For a complete list of qualifying life events and applicable rules, review the *Choices* SPD at mylacountybenefits.com.

Life Event Enrollment Process

- 1. Log on to mylacountybenefits.com,** click on the "Enroll or Make Changes" button and select the Life Events link. Follow the instructions. If you don't have internet access, call **888-822-0487** to enroll.
- 2. Confirm your elections** by clicking on the yellow confirmation button.
- 3. Submit appropriate supporting documents** (e.g., marriage certificate, birth certificate) and provide Social Security numbers if necessary:
 - Write your employee number on each certificate and document
 - Scan your documents for upload or email
 - See "Submitting Required Documentation" in the enclosed Quick Start Summary
- 4. Review your confirmation statement** when you receive it in the mail. This statement shows the effective date of any approved changes. It is mailed to you after all supporting documents are received and approved by the plan administrator.

Online Tools and Resources

The County of Los Angeles offers online tools and resources at mylacountybenefits.com to help you better understand your benefits, including:



Online Tutorials: Select "Online Tutorials" from the "my resources" menu on the left side of the home page to learn more about your benefits



Summary Plan Descriptions: Read this valuable resource that contains detailed information about your benefits



Spending Account eMagazine: Use this interactive tool to help you get the most from your spending accounts

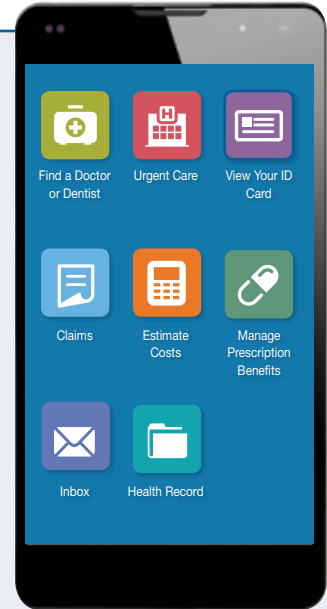


Benefit Calculators: Use online calculators to help you determine how much you may save in taxes when you use a spending account or how much you need in life insurance



health care at your fingertips

Now, there are even more ways to access your health care information. With smartphone apps and mobile-optimized sites from your health plan, you can manage your benefits anytime, anywhere. Check your health plan's website for more information on all the great mobile benefits available to you.



Find a Doctor or Dentist: Visit your health plan's website and click "Find a Doctor/Dentist" to search for a health care provider near you.



Find an Urgent Care Clinic: Search for a nearby urgent care clinic from your medical plan's mobile app if you need immediate, non-emergency care.



Check Your Claims: Find out what was billed, how much your health plan paid, and if you owe anything.



Manage Prescription Benefits: Check the cost of drugs, get refills, or switch to home delivery.



Get Your ID Card: Share or email your ID card right from your smartphone.

CONTACT INFORMATION

Contact	Phone Number	Fax Number	Website
BENEFITS SYSTEM			
Benefits Enrollment	888-822-0487	310-788-8775	www.mylacountybenefits.com
COUNTY DEPARTMENT OF HUMAN RESOURCES			
Benefits Hotline	213-388-9982	N/A	http://employee.hr.lacounty.gov
MEDICAL			
Cigna	800-842-6635	N/A	www.cigna.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/cape
Fire Fighters Local 1014	800-660-1014	N/A	www.local1014medical.org
DENTAL			
MetLife (SafeGuard) HMO	800-880-1800	N/A	www.safeguard.net
DeltaCare HMO	800-422-4234	N/A	www.deltadentalins.com
Delta Dental PPO	888-335-8227	N/A	www.deltadentalins.com
ALADS/Blue Cross (dental)	800-842-6635	N/A	www.anthem.com/ca/alads
SPENDING ACCOUNTS			
Benefit Concepts, Inc.	866-629-6436	866-629-6390	www.mylacountybenefits.com
LIFE AND AD&D INSURANCE			
Cigna Life	800-842-6635	N/A	N/A

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 from 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.