

we are the county of

los angeles

flex

2018 enrollment highlights guide

Your Benefits

Find an overview
of your benefits

Page 2

Medical & Dental Plans

Learn more about
how the plans work

Pages 3 & 4

Additional Protection

Prepare for the
unexpected

Page 5

Spending Accounts

Reduce your
out-of-pocket costs

Page 6

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 cares 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.

FLEX 2018 BENEFITS AT A GLANCE
Medical
• Kaiser Permanente HMO
• Anthem Blue Cross HMO
• Anthem Blue Cross PLUS POS
• Anthem Blue Cross Prudent Buyer PPO
• Anthem Blue Cross Catastrophic Plan
Dental
• MetLife (SafeGuard) HMO
• DeltaCare HMO
• Delta Dental PPO
Accidental Death and Dismemberment (AD&D) Insurance
Medical Coverage Protection LTD Health Insurance
Spending Accounts
• Health Care Spending Account (HCSA)
• Dependent Care Spending Account (DCSA)
Life Insurance
• Basic Term Life Insurance
Optional Life Insurance¹
• Optional Group Variable Universal Life (GVUL) Insurance
• Optional Dependent Term Life

¹ You pay for both types of optional life insurance with after-tax dollars. Your premiums for the other benefits shown in this chart generally are paid for with pre-tax (before-tax) dollars.

dependent eligibility

Your dependents may be eligible for *Flex* 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 (SSN) and required documents (birth/adoption/marriage certificate) within 10 calendar days from the date you enroll.

² Both types of optional life insurance, accidental death and dismemberment plans, and Spending Accounts have different dependent eligibility requirements. See your Flex 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.

medical plans

	Health Maintenance Organization (HMO)	Point of Service (POS)	Preferred Provider Organization (PPO)	Catastrophic
Coverage	Provides comprehensive medical coverage, including (but not limited to):			Provides comprehensive medical coverage to:
	<ul style="list-style-type: none"> Preventive care 	<ul style="list-style-type: none"> Routine medical care 	<ul style="list-style-type: none"> Major medical care 	<ul style="list-style-type: none"> Behavioral health care
	<ul style="list-style-type: none"> Cover preventive care Protect you from major, unexpected medical expenses 			
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 	<ul style="list-style-type: none"> You can see any licensed doctor or specialist
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"> 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 	<ul style="list-style-type: none"> You are responsible for paying the cost of your care until you reach the annual deductible Once you satisfy your annual deductible, most benefits are covered at 75%

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

Tobacco User Fee

Tobacco users enrolled in a medical plan under *Flex* pay an after-tax charge of \$20 per month.

This fee will be waived if you certify that you have not used tobacco or tobacco products within the last 12 months; or, certify that you are having difficulty stopping smoking due to nicotine addiction and will actively participate in a smoking cessation program available under the County medical plans during the plan year.



dental plans

Your *Flex* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

This program also offers a PPO dental plan:

- Delta Dental

When you enroll in an **HMO dental plan**, 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 Plan** 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.
- 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.

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 use network providers, the plan pays higher benefits (you pay less).

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *Flex* 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.

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 own life but also the lives of those you care about. Your *Flex* program offers life insurance, AD&D insurance, and long-term disability (LTD) health insurance to protect you and your family. For detailed information on eligibility rules and coverage, see the *Flex* SPD at mylacomtybenefits.com.

Life Insurance

The County offers you and your family life insurance for financial protection:

Basic Term Life: The County gives you basic life insurance at no cost to you. 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

You can increase your GVUL coverage by one level each year during annual benefits enrollment, to a maximum of eight times your annual salary.

See the *Flex* SPD at mylacomtybenefits.com for more information.

Optional Group Variable Universal Life (GVUL): You can buy GVUL insurance, available through MetLife, for yourself at low monthly group rates. You pay the cost of coverage with after tax dollars. You can keep your coverage if you end your employment with the County.

Coverage amounts:
.5x to 8x
Your annual salary

Optional Dependent Term Life: If you buy GVUL insurance 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 *Flex* SPD for eligibility.

Coverage amounts:
\$5k to \$20k
for eligible family members



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 *Flex*, you may also buy coverage for your eligible spouse/domestic partner under age 70, and dependent children under age 21, or through age 25 if full-time students.

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

If you are a General Member of Retirement Plan A, B, C, D, E, or G of LACERA and are enrolled in a *Flex* 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 *Flex* SPD at mylacomtybenefits.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 *Flex* SPD at mylacomtybenefits.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.

FLEX 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>Flex</i> SPD at mylacomtybenefits.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 mylacomtybenefits.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 County caps total annual County contributions. If the cap is reached for 2018, the monthly contribution described above will be reduced pro rata for the month in which the cap is reached and then will be stopped completely for the remainder of the plan year. Because of the cap, there is no guarantee that you will receive the full monthly contribution shown above during the entire plan year. You will be notified if the County contribution is reduced or stopped during the plan year. See the *Flex* SPD at mylacomtybenefits.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 *Flex* 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.



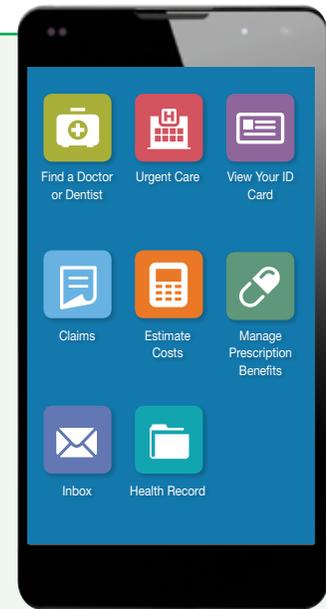
Check Your Claims: Find out what was billed, how much your health plan paid, and if you owe anything.



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			
Kaiser Permanente HMO	800-464-4000	N/A	www.kp.org/countyofla
Anthem Blue Cross	844-730-1931	N/A	www.anthem.com/ca/countyoflosangeles
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
SPENDING ACCOUNTS			
Benefit Concepts, Inc.	866-629-6436	866-629-6390	www.mylacountybenefits.com
LIFE INSURANCE			
MetLife	800-846-0124	N/A	www.mylacountybenefits.com Click on the MetLife link
AD&D AND BASIC LIFE 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 *Flex* 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.