

options



quick start summary 2018 annual benefits enrollment

Annual benefits enrollment is October 1 through October 31. Benefit elections take effect January 1, 2018.

Highlights for 2018

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

Premium Rates



Effective January 1, 2018, the monthly benefit allowance will increase to help offset monthly premium rate increases for the medical plans. There will be a decrease in monthly premium rates for Delta Dental PPO and MetLife (SafeGuard) HMO.

You can find the premium rates for the new plan year on the Personalized Enrollment Worksheet you received with this summary.

Waiving or Declining



If you have other qualified medical coverage, you may choose to waive or decline *Options* medical coverage. You **MUST** provide proof of other medical coverage each year during annual benefits enrollment.

See page 3 of the *Enrollment Highlights Guide*.

Spending Accounts



If you want to contribute tax-free money to a Health Care or Dependent Care Spending Account, you must enroll each year during annual benefits enrollment.

See page 6 of the *Enrollment Highlights Guide*.

LTD Health Insurance



You can enroll in 100% LTD health insurance every two years. Check your Personalized Enrollment Worksheet and see if you're eligible this year.

See page 5 of the *Enrollment Highlights Guide*.

If You Do Not Participate During Annual Benefits Enrollment...

Your current benefits will continue (new 2018 premium rates will apply) **except** Health Care or Dependent Care Spending Accounts and waiving/declining medical coverage. If you do not elect to waive/decline and submit new or updated information, or if your form is not approved, you will be automatically enrolled in Kaiser Permanente HMO for 2018; you will not be able to waive or decline again until 2019.

After October 31, 2017, you may not change your benefits unless you experience a qualified change in status (life event) or until the next annual benefits enrollment period.

Qualified Life Events During and After Annual Benefits Enrollment

You can make changes outside annual benefits enrollment only if you experience:

1. A life event (e.g., marriage, divorce, birth, or adoption); or
2. An employment situation that affects your benefits eligibility.

You have 90 days from the date of the event to complete your enrollment and submit supporting documentation. See page 7 of the *Enrollment Highlights Guide*.

Important: If you have a life event between October and December 31, 2017, you must complete one life event enrollment for the remainder of 2017 and another for 2018. Your life event enrollment for 2017 will not automatically roll over.

You can make life event changes online at **mylacountybenefits.com**.

enroll October 1 through October 31, 2017

How to Enroll or Make Changes

Use your computer, smartphone, or tablet!



- 1. Review** your enrollment materials and Personalized Enrollment Worksheet and consider the benefit changes you want to make for 2018.
- 2. Open** a Web browser on your computer or mobile device and enter **mylacountybenefits.com**.
- 3. Log in** using your employee number and PIN. (See your Personalized Enrollment Worksheet for your PIN.)
- 4. Click** on the “Enroll or Make Changes” button to access your Enrollment Homepage and Annual Enrollment link to start your enrollment.
- 5. Determine** if you need to add or drop dependents from coverage. See below for more information on submitting required documentation.
- 6. Click** the yellow confirmation button. Don’t forget to print or save your confirmation statement before logging off. If using a smartphone or tablet, write down or take a photo of your confirmation number shown on the “Thank You” page.

Submitting Required Documentation



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, write your name, employee number, and your dependent’s Social Security number (SSN) on each document or certificate. 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

IF YOU...

THEN YOU MUST...

Switch medical plans

Provide SSNs for all eligible family members.

Add eligible family members

Provide SSNs and required documents (e.g., certificates for birth, adoption, marriage). See page 2 of the *Enrollment Highlights Guide* for dependent eligibility information.

Have a dependent no longer eligible for coverage

Remove them from your medical and dental coverage, including an ex-spouse/domestic partner and any other ineligible family members.

If you do not provide the required documents by the deadline, your dependents will not have coverage for 2018.

Unable to Enroll Online?

You have the option to enroll using the phone. Call **888-822-0487** and 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**.

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 summary is not an official Options Summary Plan Description (SPD) or 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.