

choices

2019 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 the 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 enrich your life while protecting your future and your loved ones.

CHOICES 2019 BENEFITS AT A GLANCE	
Medical	
<ul style="list-style-type: none"> Kaiser Permanente HMO Cigna Network HMO 	<ul style="list-style-type: none"> CAPE/Blue Shield Lite POS CAPE/Blue Shield Classic POS
<ul style="list-style-type: none"> NEW Cigna Southern California Select Network HMO Cigna Network POS 	<ul style="list-style-type: none"> ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier)¹ 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) 	<ul style="list-style-type: none"> Waiving or declining medical coverage
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 Optional group term life insurance 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) Dependent Care Spending Account (DCSA) 	

¹ 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). We 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.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 26
 - 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)
 - Under age 18 for legal guardianship

When adding eligible family members during 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, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your *Choices Summary Plan Description (SPD)* for details.

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 that lists your spouse's name and mailing address, such as a recent monthly household bill, federal tax return (1040 form), or recent bank statement.

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)
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 in 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 2019 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 2019 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 a medical plan¹ for 2019. You 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 2014 through 2018 because you were enrolled in an individual plan and you continue that coverage in 2019, 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 who waives medical coverage, \$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. All other employees will be enrolled in either Cigna Southern California Select Network HMO or Kaiser Permanente HMO based on service area.

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 your dental care.

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

- **Delta Preferred Provider Option (PPO) network:** 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 the deductible is met. 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 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 and 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'll 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, 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 included 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 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 your 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. You'll save 10% to 30% off every dollar you spend on eligible expenses.

CHOICES OFFERS TWO SPENDING ACCOUNTS: ENROLL IN EITHER OR BOTH

Health Care Spending Account	Dependent Care Spending Account
<p>Pay for eligible health care expenses, not covered by any benefit plan, with pre-tax dollars, including but not limited to:</p> <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 	<p>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:</p> <ul style="list-style-type: none"> • The cost of qualified daycare centers, summer day camps, preschools, and child and adult daycare provided at your home <p>You can claim daycare costs for a child under age 13 or your federal tax dependent (including your spouse) who is physically or mentally incapable of caring for himself/herself and lives with you at least eight hours a day.</p>
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 . ¹
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 .	Internal Revenue Service (IRS) regulations do not allow you to carry over any unused funds in your Dependent Care Spending Account. Any funds not claimed by June 30 of the following year will be forfeited.
Expenses for both types of spending accounts must be incurred by December 31, 2019, and submitted for reimbursement by June 30, 2020. See the spending accounts section of the <i>Choices</i> SPD at mylacountybenefits.com for more information.	

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 table below to find out how much the County will contribute in 2019.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution) ¹
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

¹ Total contributions to a Dependent Care Spending Account — yours, your spouse's, and the County's — cannot exceed \$5,000 a year if married filing jointly, or \$2,500 if married filing separately (IRS limits).

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 2019, 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 ends its contract with you). See the *Choices* SPD at mylacountybenefits.com for more information.



Spending Accounts Made Easier

You can manage your spending accounts with the WageWorks EZ Receipts Mobile App and pay eligible health care expenses using a Visa card.



WageWorks EZ Receipts Mobile App

- **Manage** your spending accounts using your smartphone.
- **File** claims and upload documents or photos of your receipts.
- **View** transactions and check account balances.

You can download the app from the Apple App Store or Google Play App Store.

WageWorks Visa Card

- **Use** your Visa card to instantly pay most health care providers and pharmacies for eligible expenses.
- **Save time** by not having to file a claim for most common expenses.

Keep your receipts.

WageWorks may ask you for documentation and the IRS still requires you to keep receipts for your records.

- **Order** additional Visa cards for your eligible dependents.

To learn more, visit mylacountybenefits.com.

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 the 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 or 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 the date military leave begins or ends

This table 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.
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.

Unable to enroll online?

Call **888-822-0487** to enroll.

managing your benefits should be easy

When it comes to benefits, it can sometimes be hard to keep track of everything — what is covered, who is eligible, or how to locate a provider. You can always find details using your computer or mobile device at mylacountybenefits.com. There you can explore these helpful resources:



Benefits tutorials — Get an interactive tour of your benefits options. Select “Online Tutorials” from the “my resources” menu on the left side of the homepage.



Summary Plan Description — Read valuable, detailed information about your benefits and the rules governing them.



Benefits calculators — Determine how much you can save in taxes with the spending accounts, or how much life insurance coverage you need.



Health Care at Your Fingertips

Use your plan’s mobile app or website to search providers, check claims, download an ID card, and more — anytime, anywhere. Check your plan’s website listed in the table below for more information on all the great mobile benefits available to you. Download the **Anthem Anywhere**, **Blue Shield of California**, **Kaiser Permanente**, **myCigna**, **Delta Dental**, **MetLife US App**, or **EZ Receipts (WageWorks)** app (according to which plan you have).

CONTACT INFORMATION

Contact	Phone Number	Group Number	Website
BENEFITS SYSTEM			
Benefits Enrollment	888-822-0487 Fax: 310-788-8775	N/A	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	3212364	www.cigna.com
Kaiser Permanente	800-464-4000	101000-4	www.kp.org/countyofla
ALADS/Anthem Blue Cross	800-842-6635	Prudent Buyer PPO: 67195 CaliforniaCare HMO: 57726	www.anthem.com/ca/alads
CAPE/Blue Shield	800-487-3092	Lite: POSX0002 Classic: POSX0001	www.blueshieldca.com/cape
Fire Fighters Local 1014	800-660-1014	N/A	www.local1014medical.org
DENTAL			
MetLife (SafeGuard) HMO	800-880-1800	3417	www.safeguard.net
DeltaCare HMO	800-422-4234	70831-00001	www.deltadentalins.com
Delta Dental PPO	888-335-8227	4915-10006	www.deltadentalins.com
ALADS/Anthem Blue Cross (dental)	800-842-6635	67915Q0000	www.anthem.com/ca/alads
SPENDING ACCOUNTS			
WageWorks	877-924-3967 Fax: 877-353-9236	N/A	www.mylacountybenefits.com Click on Spending Accounts
LIFE AND AD&D INSURANCE			
Cigna Life	800-842-6635	Life: FLI52070 AD&D: OK819451	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.