

# choices



## quick start summary 2019 annual benefits enrollment

Annual benefits enrollment is October 1 through October 31. Benefit elections take effect January 1, 2019.

### Highlights for 2019

#### Premium Rates



There will be an increase in the monthly premium rates for the medical plans, a decrease in the premium rate for the MetLife (SafeGuard) HMO dental plan, and no change to the premium rate for the Delta Dental plan.

You can find the 2019 premium rates on your Personalized Enrollment Worksheet included with this summary.

Any changes to the *Choices* monthly benefits allowance will be announced once County and union negotiations are finalized.

#### Medical Plans



##### Major Changes to County-Sponsored Medical Plans!

**Kaiser plan changes:** The Coalition of County Unions (CCU) and the County have agreed to make plan design changes to the Kaiser Permanente HMO plan:

	2018 COPAY	2019 COPAY
Preventive Care	\$10	\$0
Tobacco Cessation Medication	\$20 brand; \$5 generic	\$0
Colonoscopy	\$10	\$0
Health Education Classes	\$10 individual; \$0 group class	\$0

**New Cigna plan:** The CCU and the County have approved a new Cigna medical plan for 2019. The plan, known as the “Cigna Southern California Select Network HMO,” is the same plan design as the Cigna Network HMO, but with a smaller network of providers and facilities creating a significant savings for eligible employees. If you’re eligible for this plan, it will appear on your Personalized Enrollment Worksheet. See the enclosed comparison chart for plan details.

#### Waiving or Declining



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

See page 3 of the *Enrollment Highlights Guide*.

#### LTD Health Insurance



If not already enrolled, you can enroll in 100% LTD health insurance every two years. Check your Personalized Enrollment Worksheet to 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 2019 premium rates will apply) **except** for Health Care and 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 a medical plan for 2019; you will not be able to waive or decline again until 2020.

After October 31, 2018, 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 1 and December 31, 2018, you must complete one life event enrollment for the remainder of 2018 and another for 2019. Your life event enrollment for 2018 will not automatically roll over.

You can make life event changes online at [mylacountybenefits.com](http://mylacountybenefits.com).

# enroll October 1 through October 31, 2018

## How to Enroll or Make Changes

Use your computer, smartphone, or tablet!



- 1. Review** your enrollment materials and Personalized Enrollment Worksheet then consider the benefit changes you want to make for 2019.
- 2. Open** a web browser on your computer or mobile device and enter **mylacountybenefits.com**.
- 3. Log on** 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. Select** your benefits and 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 by:

- **Document upload:** Use the “Upload” link in the “Documentation Required” section of your Enrollment Homepage
- **Email:** Attach scanned documents to an email and send to **documents@mylacountybenefits.com**
- **Fax:** 310-788-8775
- **Mail:** County of Los Angeles Benefits Plan Administrator, P.O. Box 5102, Cherry Hill, NJ 08034

#### 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 dependents 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 submit the required documents by the deadline, your dependents will not have coverage for 2019.

### Unable To Enroll Online?

You may enroll by 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 Choices 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.*