

we are the county of
los angeles

choices

Hollywood Boulevard, Los Angeles

Time to review your *Choices* benefits!

You are a part of what makes the County of Los Angeles a great place to live and work — one of over 100,000 employees dedicated to serving the people of the County of Los Angeles. Your union, as part of the Coalition of County Unions (CCU), negotiates on your behalf for your benefits plan. With equal representation, a joint labor-management team governs the administration of the *Choices* Plan, giving you the freedom to focus on what matters most at work and at home.

October 1 – October 31, 2018

mylacountybenefits.com

Annual benefits enrollment is your one time a year to review and make changes to the benefits negotiated by the CCU, known as *Choices*. Through the hard work of your union and our labor-management collaboration, you have the security of knowing we got you covered. During this time, you can:



Enroll in or change plans.

- ✓ Medical
- ✓ Dental
- ✓ Optional insurance: long-term disability health, life and accidental death & dismemberment



Add or drop coverage for family members. You must remove ineligible family members from your coverage. See page 3.



Waive or decline medical coverage if you have other coverage. If you choose to waive or decline, you must provide proof of coverage each year. See page 2.



Enroll or re-enroll in Health Care and Dependent Care Spending Accounts.

Mark Your Calendar

If you miss the October 31 deadline, you cannot enroll or make changes until the next enrollment period, unless you experience a qualifying life event.

Your current benefit elections will continue (new 2019 premium rates will apply) **except** for Health Care and Dependent Care Spending Accounts, and waiving/declining medical coverage.

Is Your Contact Information Up to Date?

It is essential that your mailing address and contact phone number are up to date so you get your enrollment packet on time, and your medical/dental plan carriers have your current information. Your enrollment packet will highlight any benefit changes and the monthly cost for your benefits for the new plan year.

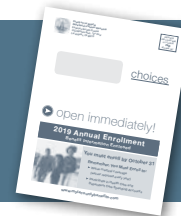
You have two ways to update your information:

- ✓ **Use a County computer** — visit mylacounty.gov and choose the Employee Self Service option, or
- ✓ **Contact** your Departmental Personnel Office.

Watch for your *Choices* benefits enrollment packet in the mail in late September.

If you don't receive your packet by October 12, you can find your enrollment materials online! Log on to mylacountybenefits.com and go to Additional Resources to download the materials.

You can also call the Benefits Hotline at **213-388-9982** to request a packet.



What's new for 2019?

A New Medical Plan Option for 2019

CCU has negotiated with the County to offer a new medical plan for 2019: The Cigna Southern California Select Network HMO. It has a smaller network of doctors, specialists, and facilities than the Cigna Network HMO. You'll pay lower premiums, but have access to fewer providers.

Here are some key points to consider about the new plan:

- **It's available in certain areas of LA, Orange, and San Diego counties.** Check your Personalized Enrollment Worksheet to see if you can enroll in this plan for 2019.
- **The plan design is the same as the Cigna Network HMO.** There are no deductibles and both plans have the same copay amounts.
- **It has a smaller network of providers and facilities.** When you enroll, you'll choose one of three provider groups based on where you live:
 - HealthCare Partners, a DaVita Medical Group (LA County)
 - St. Joseph Hoag Health (Orange County)
 - Scripps Health (San Diego County)

You must get all care from providers in your chosen network, except for urgent care and emergencies. These networks do not include facilities that are a part of most County-sponsored medical plans. So, before you enroll, make sure the network available to you includes your preferred providers and facilities.

Watch for details about this plan in your 2019 Annual Benefits Enrollment packet.

Health Care Reform Update: Kaiser Permanente HMO Plan

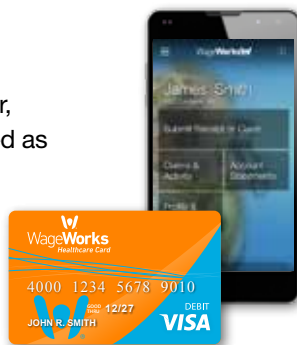
Starting January 1, 2019, the Kaiser Permanente HMO plan will offer preventive care at no cost. This is because the plan's "grandfathered" status under the Affordable Care Act has changed.

Introducing WageWorks: Your Spending Account Administrator

In July, the County's spending account administrator, Benefit Concepts, Incorporated (BCI), was rebranded as WageWorks, Inc.

The accounts work the same as usual, but there are some exciting new features like an improved website, EZ Receipts mobile app, and the Health Care Spending Account (HCSA) Visa card.

To learn more, visit mylacountybenefits.com.



Health care at your fingertips



Managing your benefits should be easy. When it comes to ID cards, contact information, and finding nearby facilities, it can be hard to keep track of it all. That's where your smartphone comes in handy. With your health plans' mobile apps, you can:



Find a doctor or dentist



Keep track of your spending



Check your claims



Manage prescription benefits



Get your ID card



Access your spending accounts



Download the **Anthem Anywhere**, **Blue Shield of California**, **Kaiser Permanente**, **myCigna**, **Delta Dental**, **MetLife USA App** or **WageWorks EZ Receipts** app (according to which plan you have). You can log into the app with the same username and password you normally use to access your plan's website account. Check your plan's website for more information on all the great mobile benefits available to you.

Are You Currently Waiving or Declining Medical Coverage?

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 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 the next annual benefits enrollment.

More information will be available in your annual benefits enrollment packet.

Eligibility reminders

Eligible Family Members

Eligible family members you may add to your *Choices* medical and dental plans¹ include:

- Your spouse or domestic partner
- Your children, children legally adopted by you, children awaiting finalization of adoption by you, stepchildren, children for 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

Loss of Eligibility

You **MUST** remove an ex-spouse, ex-domestic partner, and any other ineligible family members from your health care coverage. Such situations include divorce or the end of a domestic partnership.

Even if your divorce decree requires you to maintain health care coverage for your ex-spouse, you may not keep your ex-spouse enrolled in your *Choices* benefits.

Social Security Numbers Required

All medical plans are required to gather Social Security numbers (SSNs) to comply with federal reporting requirements. If you enroll in a new medical plan, or change plans, you must provide the SSN of each family member you enroll.

If you do not provide SSNs and any other required documentation within 10 calendar days from the date you enroll, your family member will not have coverage in 2019.

¹ The dependent term life, accidental death and dismemberment plans, and spending accounts have different dependent eligibility requirements. See your *Choices* Summary Plan Description (SPD) on mylacountybenefits.com for details.



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KAISER PERMANENTE®  thrive

Your benefits program, the *Choices* Plan, is negotiated with the County by your union and is the foundation of your Fringe Benefit contract. The *Choices* benefits are jointly administered by labor and management through the Employee Benefits Advisory Committee (EBAC), giving you the security of knowing we've got you covered — so you have the freedom to focus on what matters most at work and at home.

aLaDS Anthem BlueCross

- **Gym Membership**
- **LiveHealth Online (doctor available via internet 24/7/365)**
- **Anthem Blue Cross Mobile App**
- **Dedicated Benefit Specialists (only available with ALADS plans)**

Call **800-842-6635** or visit the ALADS health plan benefit website **www.mybenefitchoices.com/alads** for more info on these GREAT BENEFITS

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* offered to any employee in Choices through the Coalition of County Unions.

THE SOUTHERN CALIFORNIA SELECT PLAN

Working together for a healthier Southern California.

Call **800.Cigna24 (800.244.6224)**



In collaboration with:
HealthCare Partners
Scripps Health
St. Joseph Hoag Health

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¹Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit the dentist and the cost of services rendered. Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation, in CA; SafeGuard Health Plans, Inc., a Florida corporation, in FL; SafeGuard Health Plans, Inc., a Texas corporation, in TX; and MetLife Health Plans, Inc., a Delaware corporation, and Metropolitan Life Insurance Company, a New York corporation, in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies. DHMO is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organizations" in Texas; and "Dental Plan Organizations" as described in the Dental Plan Organization Act in New Jersey. Like most group benefit plans, benefit plans from MetLife and its affiliates contain certain exclusions, reductions, limitations, waiting periods and terms for keeping them in force. Ask your MetLife representative or your benefits administrator for costs and complete details.

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**Look inside for news
about *Choices* benefits!**

Annual benefits enrollment is
October 1 – October 31, 2018.

- **How to update your contact information** – page 1
- **Managing benefits on your smartphone** – page 2
- **Spending account news** – page 2
- **Waiving and declining medical coverage** – page 2
- **Eligibility reminders** – page 3









Enroll online

Use your computer, tablet, or smartphone

At mylacountybenefits.com, we've created a mobile-friendly site where you can access all your benefits, all in one place. Whether you want to enroll, make changes, or simply check everything out, you can do it all from your smartphone or tablet. And even better — you don't have to call anyone to complete your enrollment. Just log on to mylacountybenefits.com and take control from there.

Advantages of Enrolling Online During Annual Benefits Enrollment

-  **Enroll** or make benefit changes quickly.
-  **View** your County Allowance and monthly benefits costs.
-  **Access** your enrollment confirmation statement immediately.
-  **Add** Dependents' Social Security numbers.
-  **Upload** supporting documentation from the enrollment homepage.
-  **Link** to your health plans' websites.

Easy
Safe
Secure
Simple
Quick