

choices

Exposition Park Rose Garden

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, through 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.

Important changes to your 2020 benefits

New Taxable Cash-back Limit

You are given a monthly allowance to “spend” on benefits. When you do not spend all of it, the unused amount (taxable cash-back) is added to your monthly pay as income. The County and the CCU regularly review your benefits plan to make sure it follows the U.S. Department of Labor guidelines. To meet these guidelines, starting in the 2020 Plan Year, there will be a monthly taxable cash-back limit of \$325.

EXAMPLE TAXABLE CASH-BACK UNDER LIMIT ¹	
Monthly benefits allowance	\$1,835.44
Monthly cost of benefits	-\$1,551.83
Taxable cash-back received	\$283.61
Because your unused benefits allowance amount is less than the \$325 taxable cash-back limit, \$283.61 will be added to your monthly pay.	

EXAMPLE TAXABLE CASH-BACK OVER LIMIT ¹	
Monthly benefits allowance	\$1,835.44
Monthly cost of benefits	-\$1,385.33
Unused benefits allowance	\$450.11
Monthly benefits allowance loss	-\$125.11
Taxable cash-back received	\$325.00
Because your unused benefits allowance is more than the \$325 taxable cash-back limit, only \$325 will be added to your monthly pay. To make the most of your monthly benefits allowance, you may consider enrolling in or increasing other benefits such as optional life insurance or spending accounts.	

¹ The figures in this table are for example purposes only.

New Eligibility Rule for CAPE/Blue Shield Medical Plans

Starting in 2020, you must be a dues-paying member of a union affiliated with the CCU to enroll or continue your enrollment in a CAPE medical plan. The following are the unions affiliated with the CCU:

AFSCME (all local unions)	IAFF Local 1014
ALADS	IUOE Local 501
Assoc. of Public Defender Inv.	LACOLA
Building Trades	PPOA
CAPE	Teamsters 911
CA Federation of Interpreters	UAPD
CIR	

If you are currently enrolled in a CAPE medical plan and you are not a member of your union as of August 1, 2019, or if your union is not a member of the CCU, you cannot continue your CAPE enrollment in 2020. You must select a medical plan shown on page 2 of your Personalized Enrollment Worksheet. If you miss the October 31 deadline, you will be automatically enrolled in either Kaiser or the Cigna Southern California Select Network HMO based on your service area.

If you become a CCU member after August 1, 2019, you will have an opportunity to enroll in a CAPE medical plan during the next annual enrollment for 2021 benefits.

Cigna Southern California Select Network HMO

Last year, the County and CCU introduced the Cigna Southern California Select Network HMO. This plan has a smaller network of doctors, specialists, and facilities; and has lower premiums than the Cigna Network HMO. The plan designs are the same, but in the Cigna Southern California Select Network, you must receive all of your care from the providers in your chosen network. Check your Personalized Enrollment Worksheet to see if you can enroll in this plan for 2020.

Stay on track for 2020

Life Event Changes During October, November, or December

If you have a qualifying life event like marriage, divorce, or birth, you must change your current benefits and submit required documents within 90 days from the date of the event.

If you make a life event change between October 1 and December 31, you need to complete two life event enrollments: One for your 2019 benefits, and another for 2020. Why? Because life event changes you make in the last three months of the year do not roll over to the next year.

Example: Marcia has a baby on October 20, 2019, and wants to add the baby to her current County benefits. She'll have 90 days to complete two life event enrollments and submit required documents:

1. Marcia logs on to mylacountybenefits.com, clicks on the "Enroll or Make Changes" button, then clicks the "Life Event" link. She follows the instructions to enroll her baby in benefits for the rest of 2019.
2. When Marcia completes her 2019 life event enrollment, she reaches the "Thank You" page and clicks the yellow "Continue" button to enroll her baby in 2020 benefits, which once approved would become effective January 1, 2020.
3. When she's done, Marcia reviews her confirmation statements to make sure her baby is added for both the 2019 and 2020 Plan Years.

If you have questions, call the Benefits Hotline, **213-388-9982**.



Itemized Receipts: The Key to Spending Account Reimbursement

If you enroll in a Health Care or Dependent Care Spending Account, you must submit itemized receipts to be reimbursed by WageWorks. Health care receipts must show:

- | | | |
|--------------------|--------------------|-----------------------|
| 1. Patient's name | 3. Date of service | 5. Out-of-pocket cost |
| 2. Provider's name | 4. Type of service | |

If you only submit a credit card receipt with your claim, your claim will be pending until you submit an itemized receipt from your provider.

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 2020. 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.

Get ready

October 1 – October 31, 2019

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 the bottom of this page.

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

Don't Miss the Deadline

After October 31, you won't be able to enroll or make changes until the next annual benefits enrollment unless you have a qualifying life event. Your current benefit elections will continue provided you remain eligible (new 2020 premium rates will apply), **except** for spending accounts and waiving/declining medical coverage.

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 2020.

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.

HELPING YOU MEET YOUR NEEDS

Body & mind

There's an affordable solution: The Southern California Select Plan

Get service, support and affordability with access to one of four well-recognized provider groups in:

- Los Angeles County
- Orange County
- San Diego County
- San Bernardino County
- Riverside County

Call 800.Cigna24 (800.244.6224)



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

Coverage for Inland Empire available through:
PrimeCare

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Customers can be aligned to any one of the four provider groups.

Your benefits program, the *Choices Plan*, is negotiated with the County by your union through the CCU 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.



blue of california

CAPE
HEALTH PLAN

your health care...your choice!

**Choose CAPE/Blue Shield
Lite or Classic
Point of Service Plans***

For information call (800) 487-3092
or go to blueshieldca.com/cape

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

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TEAM WORKS.

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Supporting happy, healthy smiles for generations

Delta Dental of California thanks the County of Los Angeles employees for trusting your smiles to us.

deltadentalins.com



Dental benefits that give you a reason to smile...

Get the dental coverage you and your family need. Choose the Dental HMO/Managed Care plan for lower out-of-pocket costs,¹ a broad network of participating dentists and a commitment to your oral health.

www.metlife.com/safeguard

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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1807 1014515 L0818507270[exp0819][All States][DC,GU,MP,PR,VI]
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**County of Los Angeles
Department of Human Resources**

Employee Benefits Division
3333 Wilshire Blvd., 10th Floor
Los Angeles, CA 90010

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

Annual benefits enrollment is
October 1 – October 31, 2019.

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- **The key to spending account reimbursement** – page 2
- **Waiving and declining medical coverage** – page 2
- **Eligibility reminders** – page 3



Enroll online

Use your computer, tablet, or smartphone

Whether you want to enroll, make changes, or review your options, you can do it all from your smartphone or tablet. And, 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.

Coming late September: Your *Choices* benefits enrollment packet



If you don't receive your packet by October 11, 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.

Do You Have a New Mailing Address or Phone Number?

If so, let us know so you get your enrollment packet on time. We'll also send your updated information to your medical and dental plan carriers. To update your information:

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