

we are the county of
los angeles

megaflex

2020 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.**

County of Los Angeles:
Named by employees as
one of the best employers
in America



your benefits

The County of Los Angeles cares about you and your family. That's why we offer a comprehensive benefits program to help enrich your life while protecting your future and your loved ones.

MEGAFLEX 2020 BENEFITS AT A GLANCE	
Medical	
• Kaiser Permanente HMO	
• Anthem Blue Cross HMO	
• Anthem Blue Cross PLUS POS	
• Anthem Blue Cross Prudent Buyer PPO	
• Anthem Blue Cross Catastrophic	
Dental	
• MetLife (SafeGuard) HMO	
• DeltaCare HMO	
• Delta Dental PPO	
Survivor Income Benefit Coverage (Retirement Plan E members only)	
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• Short-Term Disability (STD)	
• Long-Term Disability (LTD)	
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• Health Care Spending Account (HCSA)	
• Dependent Care Spending Account (DCSA)	
Optional Life Insurance¹	
• Group Variable Universal Life (GVUL) Insurance	
• Dependent Term Life	

¹ You pay for both types of optional life insurance with after-tax dollars. Your premiums for the other benefits shown in this table generally are paid with pre-tax (before-tax) dollars.

dependent eligibility

Your dependents may be eligible for *MegaFlex* 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 your benefits enrollment, you must provide Social Security numbers (SSN) and required documents (birth/adoption/marriage certificate) within 10 calendar days from the date you enroll.

If you 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 (e.g., household bill, bank statement, tax return).

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 *MegaFlex* benefits.

² Both types of optional life, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your *MegaFlex* Summary Plan Description (SPD) for details.

Tobacco-user Fee

Tobacco users enrolled in a medical plan under *MegaFlex* pay an after-tax charge of \$20 per month.

This fee will be waived if you certify you have not used tobacco products within the past 12 months; or, certify you are having difficulty stopping smoking due to nicotine addiction and will actively participate in a smoking cessation program available under the County medical plans during the next plan year.

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)	Catastrophic
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 			Provides comprehensive medical coverage that: <ul style="list-style-type: none"> Covers preventive care Protects you from major, unexpected medical expenses
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 	<ul style="list-style-type: none"> You can see any licensed doctor or specialist
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"> 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 	<ul style="list-style-type: none"> You are responsible for paying the cost of your care until you reach the annual deductible Once you meet your annual deductible, most benefits are covered at 75%

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *MegaFlex* 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.

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.

dental plans



Your *MegaFlex* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

This program also offers a PPO dental plan:

- Delta Dental

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 Plan** 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.
- 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.

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 use network providers, the plan pays higher benefits (you pay less).

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the *MegaFlex* SPD at mylacountybenefits.com.

annual leave

Instead of traditional vacation and sick leave days, *MegaFlex* participants use annual leave days. Annual leave comes in two forms: non-elective leave days, which you earn, and elective leave days, which you may purchase.

Non-Elective Annual Leave

Eligible participants who work on a 40-hour week basis earn approximately four hours of non-elective leave each pay period; hours are available for use the next pay period. You may earn up to 80 hours (64 hours for 32-hour-week participants and 120 hours for 56-hour-week participants) of non-elective annual leave each calendar year.

Participants with 20 years of service may earn an additional four hours of non-elective annual leave and four hours for each additional year of service up to an annual maximum of 100 hours (80 hours for 32-hour-week participants and 150 hours for 56-hour-week participants). Unused non-elective annual leave hours will carry over to the next Plan Year until the maximum is reached.

Elective Annual Leave*

Eligible participants may purchase from one to 20 elective annual leave days (16 days for 32-hour-week participants) each year. If you want to purchase elective annual leave days, you must purchase them during your initial enrollment in *MegaFlex*, or each year during annual benefits enrollment. You must use all your accrued and current non-elective annual leave hours, compensatory time off, vacation, holiday leave, or when sick, sick leave, before you use any of the elective annual leave days you purchased for the year. The County will reimburse you for any unused elective annual leave at the end of each year. Any monies that are reimbursed are taxed and are subject to taxable cash limits for pensionable *MegaFlex* participants who have not signed the Pensionability Waiver.

Newly Eligible Employees

If you were previously an *Options* or *Choices* participant, you will no longer accrue vacation, full-pay, or part-pay sick benefits. Previously earned vacation, holiday, and accrued sick leave hours will remain available (subject to the same rules now in effect). Sick personal and part-pay sick will no longer be available for usage. You must use all of your earned accrued time, including non-elective annual leave hours, before you use your elective leave days.

IMPORTANT NOTE: If you receive no pay for any month, the monthly cost for elective annual leave, short-term disability, and long-term disability will accumulate for each month the cost is not deducted from your paycheck. When you return to work, the County's payroll will deduct the total cost accumulated from your paycheck to recover the balance. For more information, see the *MegaFlex* SPD at mylacountybenefits.com.

* One elective annual leave day is equivalent to eight hours.

life insurance

Sometimes, the unexpected happens and it affects not just your life, but also the lives of those you care about. Your *MegaFlex* program offers life and AD&D insurance to protect you and your family.

Optional Group Variable Universal Life (GVUL) Insurance

You can buy GVUL insurance through MetLife at affordable group rates. You can purchase coverage of one-half to eight times your annual salary.

The County pays 50% of the cost of coverage and you pay the rest after tax. If you purchase optional GVUL insurance for yourself, you may also purchase a limited amount of life insurance coverage for **your spouse/domestic partner and dependent children.**¹

You can keep your coverage if you end your employment with the County.

Accidental Death And Dismemberment Insurance (AD&D)

You can buy AD&D insurance through Cigna 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, you may also purchase coverage for your eligible **spouse or domestic partner under age 70, and children.**¹ See the *MegaFlex* SPD at mylacountybenefits.com for eligibility rules and coverage.

Survivor Income Benefit Plan (for Retirement Plan E members only)

The Survivor Income Benefit plan pays benefits to your surviving spouse/domestic partner or your unmarried dependent children under age 18, or through age 22 if full-time students. During enrollment, eligible employees can purchase coverage equal to 10%, 15%, 25%, 35%, or 50% of their monthly salary or during annual enrollment increase coverage one level (for example, from 25% to 35%). The County pays 50% of the monthly premium and you pay the rest with pre-tax dollars.

See the *MegaFlex* SPD for limits in the amount of GVUL coverage you can buy if you purchase the survivor income benefit plan.

¹ Dependent children must be unmarried and under age 21, or through age 25 if full-time students.

disability insurance

Short-Term Disability (STD): The County provides STD coverage to replace 70% of your monthly pay after a 14-day waiting period if you are ill or injured and cannot work. You may purchase additional coverage to replace 100% of your monthly salary for 21 days after a seven-day waiting period, and 80% thereafter. This additional coverage will apply to new injuries occurring on or after your STD coverage begins. See the *MegaFlex* SPD for information on how to file a claim.

26 weeks

STD replaces a portion of your income for up to 26 weeks after your STD coverage begins.

Long-Term Disability (LTD): You can buy LTD coverage to replace 40% to 60% of your income, which will be in effect once your STD benefits end (or after you complete a six-month waiting period). See the *MegaFlex* SPD at mylacountybenefits.com for more information.

If you are a Retirement Plan E member with five or more years of continuous service, the County pays the 40% LTD coverage option. You may purchase 60% coverage during your enrollment.

40%–60%

LTD replaces 40% to 60% of your income once your STD benefits end (or after a 6-month waiting period).

Medical Coverage Protection Long-Term Disability (LTD) Health Insurance

If you elect either the 40% option or the 60% option for LTD benefits, you may also enroll in the LTD health insurance plan. You must be a General Member of Retirement Plan A, B, C, D, E, or G and enrolled in a Kaiser or Anthem Blue Cross medical plan to be eligible to participate in the LTD health insurance plan. LTD health insurance 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 *MegaFlex* 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.

MEGAFLEX OFFERS TWO SPENDING ACCOUNTS: ENROLL IN EITHER OR BOTH	
Health Care Spending Account	Dependent Care Spending Account
<p>Pay for eligible health care expenses for yourself and your eligible dependent¹, 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 dependent¹ (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 . ²
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, 2021, will be forfeited.
Expenses for both types of spending accounts must be incurred by December 31, 2020, and submitted for reimbursement by June 30, 2021. See the spending accounts section of the <i>MegaFlex</i> SPD at mylacomtybenefits.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 2020.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution) ²
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 Per IRS rules, domestic partners and their children are not considered federal tax dependents; you cannot file spending account claims for their expenses.

² 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 County caps total annual County contributions. If the cap is reached for 2020, the monthly contribution described above will be reduced pro rata for the month in which the cap is reached, then will be stopped completely for the remainder of the plan year. Because of the cap, there is no guarantee that you will receive the full monthly contribution shown above during the entire plan year. You will be notified if the County contribution is reduced or stopped during the plan year. See the *MegaFlex* SPD at mylacomtybenefits.com for more information.



Important Spending Account Reminders

- **You must submit itemized receipts to be reimbursed from WageWorks.** Health care receipts must show: **1.** Patient's name **2.** Provider's name **3.** Date of service **4.** Type of service **5.** Out-of-pocket cost
- **You may submit claims only for the months in which you are an active participant.** If you leave the County or retire, you're not considered an active participant for that month in which your contributions stop. See the Important Rules section in the *MegaFlex* SPD at mylacountybenefits.com.

Spending Accounts Made Easier

WageWorks EZ Receipts App

- **File** claims and submit itemized receipts.
- **View** your transactions.
- **Check** your account balances.

Available at the Apple App Store or on Google Play.



WageWorks Visa Card

- **Pay** instantly at most providers and pharmacies.
- **Save** time by not having to file claims for common expenses.
- **Order** extra Visa cards for eligible dependents.



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. 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	<ul style="list-style-type: none"> • Social Security number and A copy of: <ul style="list-style-type: none"> • Church, county, state marriage certificate, or foreign marriage certificate (requires notarized translation)
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 • 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	<ul style="list-style-type: none"> • Social Security number and Depending on the situation, a copy of: <ul style="list-style-type: none"> • Hospital, state, or county birth certificate or • Legal adoption or placement documents or • Court-appointed guardianship documents
Divorce or legal separation	A copy of: <ul style="list-style-type: none"> • Legal court document with the 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 *MegaFlex* 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 **Kaiser Permanente**, **Sydney Health** (Anthem), **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			
Kaiser Permanente HMO	800-464-4000	101000-3	www.kp.org/countyofla
Anthem Blue Cross	844-730-1931	HMO: 56089A POS: 56061A PPO: 1284EH Catastrophic: 1313GD	www.anthem.com/ca/countyoflosangeles
DENTAL			
MetLife (SafeGuard) HMO	800-880-1800	70334	www.safeguard.net
DeltaCare HMO	800-422-4234	70831-00003	www.deltadentalins.com
Delta Dental PPO	888-335-8227	4915-10002	www.deltadentalins.com
SPENDING ACCOUNTS			
WageWorks	877-924-3967 Fax: 877-353-9236	N/A	www.mylacountybenefits.com Click on Spending Accounts
LIFE INSURANCE AND SURVIVOR INCOME BENEFIT			
MetLife	800-846-0124	N/A	www.mylacountybenefits.com Click on the MetLife link
AD&D INSURANCE			
Cigna Life	800-842-6635	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 *Megaflex* 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.



This guide is printed on recycled paper to support the County’s commitment to the environment.