

choices

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.

your benefits

The County of Los Angeles and the Coalition of County Unions (CCU) care about you and your family. We work together to negotiate a comprehensive *Choices* benefits program to help enrich your life while protecting your future and your loved ones.

CHOICES 2020 BENEFITS AT A GLANCE	
Medical	
• Kaiser Permanente HMO	• CAPE/Blue Shield POS (Lite & Classic) ²
• Cigna Network HMO	• ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier) ³
• Cigna Southern California Select Network HMO	• ALADS/Anthem Blue Cross Prudent Buyer PPO (Basic & Premier) ³
• Cigna Network POS	• Fire Fighters Local 1014 Medical Plan ¹
• Waiving or declining medical coverage	
Dental	
• MetLife (SafeGuard) HMO	• ALADS/Anthem Blue Cross Premier PPO (included in ALADS/Anthem Blue Cross Premier medical plans) ³
• DeltaCare HMO	• Delta Dental PPO
Life Insurance	
• Basic term life insurance	
• Optional group term life insurance	
• Dependent term life insurance	
Accidental Death and Dismemberment (AD&D) Insurance	
Medical Coverage Protection Long-Term Disability (LTD) Health Insurance	
Spending Accounts	
• Health Care Spending Account (HCSA)	
• Dependent Care Spending Account (DCSA)	

¹ Available to Fire Fighter personnel who are eligible to be members of Local 1014.

² Available only to dues-paying members of one of these unions: AFSCME, ALADS, Assoc. of Public Defender Inv., Building Trades, CAPE, CA Federation of Interpreters, CIR, IAFF Local 1014, IUOE Local 501, LACOLA, PPOA, Teamsters 911, or UAPD.

³ 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.

For plan eligibility rules, see your *Choices* SPD.

dependent eligibility

Your dependents may be eligible for *Choices* medical and dental plans.⁴ 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.

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).

⁴ The dependent term life, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your *Choices* Summary Plan Description (SPD) for details.

monthly benefits allowance

You are given a monthly allowance to “spend” on benefits. This amount is based on the level of medical coverage you elect (you only, you + 1, you + 2 or more). When you do not spend all of the monthly allowance, the unused amount (taxable cash) is added to your monthly pay as income up to the monthly taxable cash-back limit of \$325. If your benefits cost more than your allowance, you must pay the difference. Your portion of the cost is taken out of your paycheck before taxes are applied.

Taxable Cash-back Limit

The County and your Union regularly review your benefits plan to make sure it follows U.S. Department of Labor guidelines. As a result, a monthly taxable cash-back limit of \$325 will be set for 2020. If you do not spend all of your *Choices* monthly benefits allowance, you may only receive up to \$325 of the unused amount in your monthly pay.

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

WAIVING MEDICAL	DECLINING MEDICAL
<p>You may waive medical coverage for 2020 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 2020 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 2020. 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 2019 because you were enrolled in an individual plan and you continue that coverage in 2020, 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 who are CAPE members 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. Fire Fighter personnel who are eligible to be members of Local 1014 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 and the plan includes an orthodontia

lifetime benefit of 50%, up to \$1,750 per person.

The **ALADS/Anthem Blue Cross CaliforniaCare HMO Basic** and the **ALADS/Anthem Blue Cross Prudent Buyer PPO Basic** medical plans are available only to sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 641, and 642. These medical plans provide an orthodontia lifetime benefit of 50%, up to \$1,750 per person, and a \$250 annual maximum benefit per person to be used in addition to your LA County dental plan.

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 personnel who are eligible to be 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 children¹ 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.**¹ See the *Choices* SPD at mylacountybenefits.com for rules.



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

You must be a General Member (not Safety) of Retirement Plan A, B, C, D, E, or G and enrolled in a CAPE/Blue Shield, Cigna, or Kaiser medical plan to be 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.

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

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 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>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 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 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 2020, 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.



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 *Choices* 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

Choose Carefully – Your Elections Are Final

After your enrollment deadline, you can't change your benefits until the next annual benefits enrollment unless you have 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: • 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: • Hospital, state, or county birth certificate or • Legal adoption or placement documents or • Court-appointed guardianship documents
Divorce or legal separation	<ul style="list-style-type: none"> • A copy of: • 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)	<ul style="list-style-type: none"> • A copy of: • 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 **Sydney Health** (Anthem), **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: 67915 CaliforniaCare HMO: 57726	www.anthem.com/ca/alads
CAPE/Blue Shield	800-487-3092	Classic: POSX0001 Lite: POSX0002	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.