

# options

## 2021 enrollment highlights guide

### **Your Benefits**

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Reduce your  
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**enroll online:**  
[mylacountybenefits.com](https://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.  
Saturday, October 31, 8 a.m. to 3 p.m.



# your benefits

The County of Los Angeles and SEIU Local 721 care about you and your family. We work together to negotiate a comprehensive *Options* benefits program to help enrich your life while protecting your future and your loved ones.

<b>OPTIONS 2021 BENEFITS AT A GLANCE</b>
<b>Medical</b>
• Kaiser Permanente HMO
• UnitedHealthcare HMO
• UnitedHealthcare Harmony HMO
• UnitedHealthcare Select Plus PPO
<b>Dental</b>
• MetLife (SafeGuard) HMO
• DeltaCare HMO
• Delta Dental PPO
<b>Life Insurance</b>
• Basic term life insurance
• Optional group term life insurance
• Dependent term life insurance
<b>Accidental Death and Dismemberment (AD&amp;D) Insurance</b>
<b>Medical Coverage Protection Long-Term Disability (LTD) Health Insurance</b>
<b>Spending Accounts</b>
• Health Care Spending Account (HCSA)
• Dependent Care Spending Account (DCSA)

## dependent eligibility

Your dependents may be eligible for *Options* medical and dental plans.<sup>1</sup>

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 (SSNs) and required documentation (birth/adoption/marriage certificate) within 10 calendar days from the date you enroll.**

<sup>1</sup> The dependent term life, AD&D insurance, and spending accounts have different dependent eligibility requirements. For details, see your *Options Summary Plan Description (SPD)* at [mylacountybenefits.com](http://mylacountybenefits.com).

### Dependent Eligibility Verification

If you want to 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, such as a recent monthly household bill, federal tax return (1040 form), or recent bank statement.

## monthly benefits allowance

The County gives you a monthly allowance to “spend” on benefits. This amount is based on who’s covered by your plan (you only, you + 1, you + 2 or more).

When you do not spend the entire monthly allowance, the unused amount — taxable cash — is added to your monthly pay as income, subject to the taxable cash cap.

If your benefits cost more than your allowance, you must pay the difference. Your portion of the cost is deducted from your paycheck before taxes are applied.

### Taxable Cash Cap

The 2021 monthly taxable cash cap is \$244 (was \$325 in 2020).

If you do not spend all your *Options* monthly benefits allowance, you may receive up to \$244 of the unused amount in your monthly pay.

# medical plans

	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
<b>Coverage</b>	Provides comprehensive medical coverage, including (but not limited to): <ul style="list-style-type: none"> <li>Preventive care</li> <li>Routine medical care</li> <li>Major medical care</li> <li>Behavioral health care</li> </ul>	
<b>Seeking Care</b>	<ul style="list-style-type: none"> <li>You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists</li> <li>You have a network of HMO providers to choose from</li> <li>Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits</li> </ul>	<ul style="list-style-type: none"> <li>You can see any licensed doctor or specialist</li> <li>Your out-of-pocket expenses will be lower when you use doctors, hospitals, and other health care providers in the PPO network</li> </ul>
<b>Costs for Services</b>	<ul style="list-style-type: none"> <li>There are no deductibles</li> <li>You pay a copay for most services</li> <li>HMOs have generally lower copays and no deductibles to meet, so services usually cost less than in PPO plans</li> </ul>	<ul style="list-style-type: none"> <li>You must meet the deductible before the plan pays benefits</li> <li>You pay less when you use providers who are in the PPO network</li> </ul>
Each plan pays 100% of preventive care when you use network providers.		

For more details, see the Medical and Dental Plans Comparison Chart in your benefits enrollment packet, or the *Options* Summary Plan Description (SPD) at [mylacountybenefits.com](http://mylacountybenefits.com).

## Waive or Decline Medical Coverage

WAIVE	DECLINE
<p>You may waive 2021 <i>Options</i> medical coverage ONLY if:</p> <ol style="list-style-type: none"> <li>You have medical coverage through one of the following:           <ul style="list-style-type: none"> <li>Your spouse's/domestic partner's employer-sponsored medical plan</li> <li>Another employer-sponsored medical plan (such as from a second job)</li> <li>Veteran's benefits</li> <li>Medicare (both Part A and B)</li> </ul> </li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>Your other medical plan offers coverage similar to what <i>Options</i> offers</li> </ol>	<p>You may decline 2021 <i>Options</i> medical coverage ONLY if:</p> <p>You have medical coverage through one of the following:</p> <ul style="list-style-type: none"> <li>An individual insurance policy (e.g., you purchased insurance directly through an insurance company)</li> <li>The state, federal, or private marketplace (e.g., Covered California)</li> </ul>
<b>Options Benefits Allowance</b>	
If you waive medical coverage, you <b>WILL</b> receive the \$228 monthly <i>Options</i> benefits allowance.	If you decline medical coverage, you <b>WILL NOT</b> receive the \$228 monthly <i>Options</i> benefits allowance.
<b>You MUST provide information on your other coverage every year</b>	
<p>You can waive or decline coverage at <a href="http://mylacountybenefits.com">mylacountybenefits.com</a> when you are newly eligible for <i>Options</i> and during annual benefits enrollment.</p> <p>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 the lowest-cost medical plan you are eligible for in 2021. You will not be able to waive or decline medical coverage until the next annual benefits enrollment.</p>	

**Pensionability Note:** You are a pensionable *Options* participant if you were hired before January 1, 1996. As a pensionable participant, whether you waive or have medical coverage, \$244 of your monthly *Options* benefits allowance is added to your salary when your pension is calculated at the time you retire; however, if you decline medical coverage, you **will not** receive the pensionable amount of \$244 when your retirement is calculated.

# dental plans

Your *Options* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

The 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.

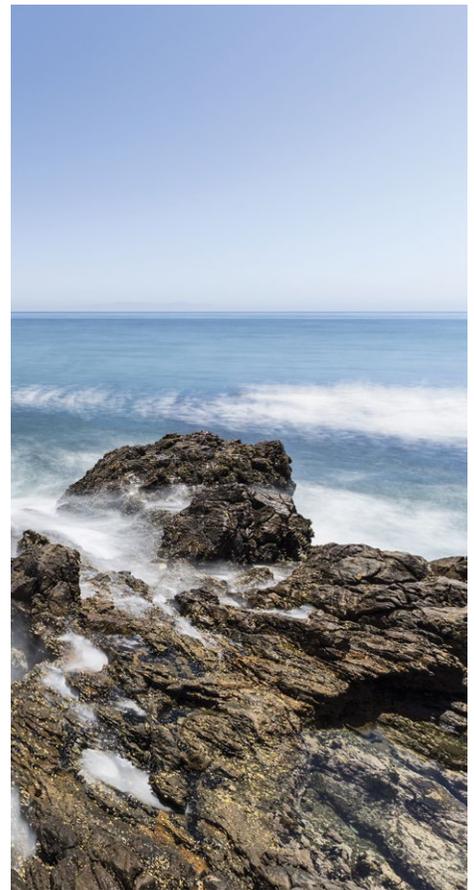
The **Delta Dental PPO** offers two networks of participating dentists and dental care providers:

- 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 85%, 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, see the Medical and Dental Plans Comparison Chart you received in your benefits enrollment packet or the *Options* SPD at [mylacountybenefits.com](http://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.

For more details about these benefits, see the Medical and Dental Plans Comparison Chart you received in your benefits enrollment packet, 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

Unexpected things happen that affect your life and the lives of those you care about. To protect you and your family, *Options* offers life insurance, accidental death and dismemberment insurance, and long-term disability health insurance.

## Life Insurance

The County offers you and your family life insurance for financial protection:

<b>Basic Term Life:</b> The County gives you basic term life insurance at no cost to you. 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 <b>\$2,000</b>	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 <i>Options</i> SPD at <a href="http://mylacountybenefits.com">mylacountybenefits.com</a> for more information.
<b>Optional Group Term Life:</b> 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: <b>1X to 8X</b> Your annual salary	
<b>Dependent Term Life:</b> If you buy optional life for yourself, you may also buy coverage for your spouse/domestic partner and dependent children <sup>1</sup> in the amounts of \$5,000, \$10,000, \$15,000, or \$20,000. See the <i>Options</i> SPD for eligibility.	Coverage amounts: <b>\$5k to \$20k</b> For eligible family members	

## 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. See your benefits enrollment packet for AD&D coverage amounts and costs.

If you have AD&D coverage under *Options*, you may also buy coverage for your eligible **spouse or domestic partner under age 70, and dependent children.**<sup>2</sup> See the *Options* SPD at [mylacountybenefits.com](http://mylacountybenefits.com) for rules.



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

This benefit continues your medical insurance coverage if you become totally and permanently disabled, and are eligible for the County's LTD benefits. You must be a General Member of Retirement Plan A, B, C, D, E, or G and enrolled in an *Options* medical plan to be eligible to participate in the LTD health insurance plan.

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 *Options* SPD at [mylacountybenefits.com](http://mylacountybenefits.com) for more information.

<sup>1</sup> **Dependent Term Life:** Unmarried dependent children from age six months through age 20 (or through age 25 if full-time students) are eligible for the full amount.

<sup>2</sup> **AD&D:** Unmarried dependent children through age 20 (or through age 25 if full-time students).

You are eligible to enroll in the "buy up" 100% LTD health insurance every other year, based on the year you were hired.

**Example:** Carlos was hired in 2019 and did not enroll in the 100% LTD health insurance. His next opportunity to enroll in this insurance will be during October 2020 annual enrollment for the 2021 Plan Year.

# 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% on eligible expenses.

OPTIONS OFFERS TWO SPENDING ACCOUNTS: ENROLL IN EITHER OR BOTH	
Health Care Spending Account	Dependent Care Spending Account
<p>Pay eligible out-of-pocket health care expenses for yourself and your eligible dependents<sup>1</sup> with pre-tax dollars, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Medical plan copays, deductibles, and prescribed medications</li> <li>• Over-the-counter medications without a prescription; examples include cold remedies and fever reducers</li> <li>• Vision care, dental expenses, and chiropractic care</li> <li>• Hearing aids and tests, nicotine patches, and nicotine gum prescribed by a doctor</li> <li>• Menstrual products such as pads, liners, and similar products</li> </ul> <p>For a full list of expenses, see Publication 502 at <a href="https://www.irs.gov">irs.gov</a>.</p>	<p>Pay for eligible dependent care expenses with pre-tax dollars while <b>you and your spouse work outside the home or attend school full time</b>. These expenses include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• The cost of qualified daycare centers, summer day camps, preschools, and child and adult daycare provided at your home</li> </ul> <p>You can claim daycare costs for children under age 13 or your federal tax dependent<sup>1</sup> (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> <p>For a full list of expenses, see Publication 503 at <a href="https://www.irs.gov">irs.gov</a>.</p>
<b>When you enroll, you decide how much to contribute to each account.</b>	
Maximum monthly contribution: <b>\$200</b>	Maximum monthly contribution: <b>\$400<sup>2</sup></b>
You can carry over <b>up to \$550</b> in unused funds to spend in the next Plan Year and still contribute up to the full <b>\$2,400</b> .	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, 2022, will be forfeited.
Expenses for both types of spending accounts must be incurred by December 31, 2021, and submitted for reimbursement by June 30, 2022. See the spending accounts section of the <i>Options</i> SPD at <a href="https://mylacountybenefits.com">mylacountybenefits.com</a> for more information.	

## Making Your Dependent Care Spending Account Even More Valuable

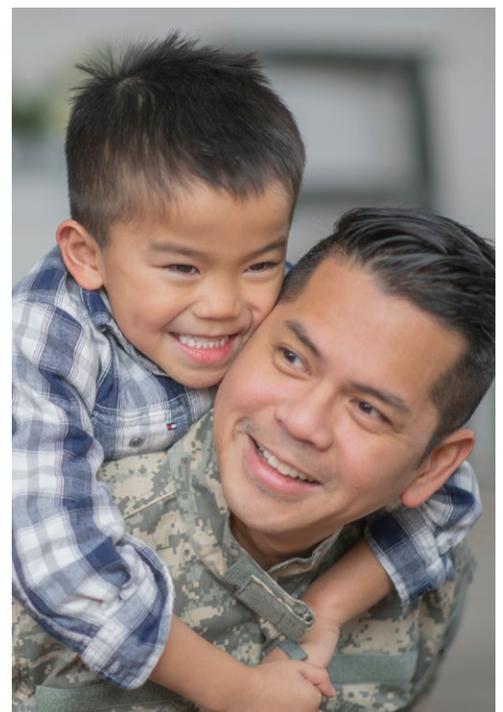
If you enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution to your account based on your annual pay. You do not need to contribute, but you must enroll to be eligible for the County contribution. See the table below to find out how much the County will contribute in 2021.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution) <sup>2</sup>
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

<sup>1</sup> Per IRS rules, domestic partners and their children are not considered federal tax dependents; you cannot file spending account claims for their expenses.

<sup>2</sup> Total contributions to a Dependent Care Spending Account — yours, your spouse's, and the County's — cannot exceed \$5,000 a year if you are single or married filing jointly, or \$2,500 if married filing separately (IRS limits).

**Important Note:** SEIU Local 721 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 2021, 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 qualified life event, cost, or coverage (for example, revoking your election if your dependent care provider quits or ends their contract with you). See the *Options* SPD at [mylacountybenefits.com](https://mylacountybenefits.com) for more information.



## Important Spending Account Reminders

- **You must submit itemized receipts to be reimbursed by HealthEquity.** 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 stop contributing because of an enrollment change, you leave the County, or you retire, you're no longer considered an active participant beginning the month you stop making contributions. See the Important Rules section in the *Options SPD* at [mylacountybenefits.com](http://mylacountybenefits.com).

## Spending Accounts Made Easier

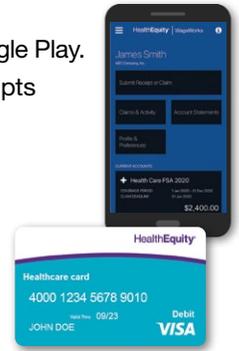
### HealthEquity's EZ Receipts App

Available at the Apple App Store or Google Play.

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

### HealthEquity Visa Card

- **Pay** instantly at most providers and pharmacies
- **Save** time because you do not have 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 qualified life event. If you do, and want to change your benefits, you have **90 days** from the date of the event to make changes and submit supporting documentation. Below are a few examples of qualified life events.

LIFE EVENT	SUPPORTING DOCUMENTATION
Marriage	<ul style="list-style-type: none"> <li>• Spouse's Social Security number <b>and</b> A copy of:               <ul style="list-style-type: none"> <li>• Church, county, or state marriage certificate, <b>or</b></li> <li>• Foreign marriage certificate (requires notarized translation)</li> </ul> </li> </ul>
Enter into a domestic partnership	<ul style="list-style-type: none"> <li>• A County of Los Angeles Declaration of Domestic Partnership Form <b>and</b> proof you live in the same home, <b>or</b></li> <li>• State of California Declaration of Domestic Partnership Form</li> </ul>
A child born to you, adopted or placed with you for adoption, or for whom you are the legal guardian	<ul style="list-style-type: none"> <li>• Child's Social Security number <b>and</b> Depending on the situation, a copy of:               <ul style="list-style-type: none"> <li>• Hospital, state, or county birth certificate, <b>or</b></li> <li>• Legal adoption or placement documents, <b>or</b></li> <li>• Court-appointed guardianship documents</li> </ul> </li> </ul>
Divorce or legal separation	A copy of: <ul style="list-style-type: none"> <li>• Legal court document with the effective date of divorce or legal separation</li> </ul>
Terminate a domestic partnership	<ul style="list-style-type: none"> <li>• County of Los Angeles Termination of Domestic Partnership Form, <b>or</b></li> <li>• State of California Notice of Termination of Domestic Partnership Form</li> </ul>
Military leave (beginning or ending)	A copy of: <ul style="list-style-type: none"> <li>• Official Military Orders, <b>or</b></li> <li>• Other supporting documentation showing the date military leave begins or ends</li> </ul>

This table provides a general overview. For a complete list of qualified life events and applicable rules, see the *Options SPD* at [mylacountybenefits.com](http://mylacountybenefits.com).

## Life Event Enrollment Process

1. **Log on to [mylacountybenefits.com](http://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 documentation** (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 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 the Plan Administrator approves your supporting documentation.

**Unable to enroll online?**  
Call **888-822-0487** to enroll.

# managing your benefits should be easy

It can sometimes be hard to keep track of all your benefit details — what is covered, who is eligible, or how to locate a provider. Explore these helpful resources using your computer or mobile device at [mylacountybenefits.com](http://mylacountybenefits.com):



**Benefits tutorials** — Get an interactive tour of your benefits options. Choose “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.



CONTACT INFORMATION				
Contact	Phone Number	Group Number	Website	App
<b>BENEFITS SYSTEM</b>				
Benefits Enrollment	888-822-0487 Fax: 310-788-8775	N/A	<a href="http://www.mylacountybenefits.com">www.mylacountybenefits.com</a>	N/A
<b>COUNTY DEPARTMENT OF HUMAN RESOURCES</b>				
Benefits Hotline	213-388-9982	N/A	<a href="http://employee.hr.lacounty.gov">http://employee.hr.lacounty.gov</a>	N/A
<b>MEDICAL</b>				
UnitedHealthcare HMO	800-367-2660	HMO 401056	<a href="http://www.healthyatcola.com">www.healthyatcola.com</a>	Health4Me
UnitedHealthcare Harmony HMO	800-367-2660	HMO 252014	<a href="http://www.healthyatcola.com">www.healthyatcola.com</a>	Health4Me
UnitedHealthcare Select Plus PPO	800-367-2660	716822-0005	<a href="http://www.healthyatcola.com">www.healthyatcola.com</a>	Health4Me
Kaiser Permanente HMO	800-464-4000	101000-0	<a href="http://www.kp.org/countyofla">www.kp.org/countyofla</a>	Kaiser Permanente
<b>DENTAL</b>				
MetLife (SafeGuard) HMO	800-880-1800	3417	<a href="http://www.safeguard.net">www.safeguard.net</a>	MetLife US App
DeltaCare HMO	800-422-4234	70831-00001	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	Delta Dental
Delta Dental PPO	888-335-8227	4915-10001	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	Delta Dental
<b>SPENDING ACCOUNTS</b>				
HealthEquity	877-924-3967 Fax: 877-353-9236	N/A	<a href="http://www.mylacountybenefits.com">www.mylacountybenefits.com</a> Click on Spending Accounts	EZ Receipts
<b>LIFE AND AD&amp;D INSURANCE</b>				
Cigna Life	800-842-6635	Life: FLI52070 AD&D: OK819451	N/A	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 *Options* 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.