we are the county of OS angeles



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.

Your 2022 benefits: Changes and reminders

Reminder of Temporary Changes to Spending Accounts

In early 2021, Congress passed a stimulus relief law to help those affected by the pandemic.

Among other changes, the law allows for temporary changes to the spending accounts, including unlimited carryover of unused funds in a Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) from Plan Years 2020 and 2021.

Any funds remaining at the end of Plan Year 2021 will automatically carry over to the next Plan Year.

Spending Accounts for 2022

Be sure to adjust your contributions for 2022 based on whether you have carryover HCSA and DCSA funds from Plan Years 2020 and 2021. Keep in mind, the carryover of unused funds in the DCSA is not ongoing.

If you are an active participant in an HCSA and have unused funds at the end of Plan Year 2022, you may carry over up to \$550 of unused funds to Plan Year 2023.

If you are enrolled in a DCSA in Plan Year 2022, you must submit eligible expenses for 2022 by June 30, 2023, or risk losing all unused funds.

New HCSA Expenses

Effective January 1, 2020, HCSA funds can be used to buy CDCapproved masks (gaiter-style masks and masks with breathing valves or vents are not eligible), hand sanitizer, and hand sanitizing wipes.

Changes to ALADS Plans

CaliforniaCare HMO Basic and Premier plans: No charge for office visits (current copay is \$10). CaliforniaCare HMO and Prudent Buyer PPO Basic plans: Dental annual max increases to \$500/person. CaliforniaCare HMO and Prudent Buyer PPO Premier plans: Dental annual max increases to \$2,000/person.

Changes to CAPE Plans

Blue Shield Lite and Classic POS plans: Dental annual max increases to \$1,500/person and orthodontia lifetime max increases to \$2,500/person.

Taxable Cash-back Limit

The 2022 monthly taxable cash-back limit remains at \$244. If you do not spend all your *Choices* monthly benefits allowance, you may receive up to \$244 of the unused amount in your monthly pay.

Cigna Life is Now New York Life

Cigna Life has changed its name to New York Life Group Benefit Solutions. This will not affect your life or AD&D insurance benefits, beneficiaries, or coverage.

Stay on track for 2022

Life Event Changes During October, November, or December

If you have a qualified life event such as marriage, divorce, or birth/adoption between October 1 and December 31, you need to complete **two life event enrollments**: One for your 2021 benefits, and another for 2022.¹

Example: Marcia has a baby on October 20, 2021, and wants to add her baby to her County benefits. She has 90 days to complete two life event enrollments and submit the required documentation:

STEP

Add Baby to 2021 Benefits: Marcia must do this before she can add her baby to 2022 benefits

- Marcia logs on to mylacountybenefits.com
- Clicks "Enroll or Make Changes" button
- Clicks "Life Event" link
- · Follows instructions

When done with enrollment, Marcia gets to the "Thank You" page:

• Clicks "Continue" button to enroll her baby in 2022 benefits

STEP 2

Add Baby to 2022 Benefits: Marcia must do this because her change to 2021 benefits will not carry over to 2022 benefits

- She follows the same steps she took for 2021 enrollment
- Confirms changes
- On "Thank You" page, views list of documents she needs to provide

STEP

Check Confirmation Statements

Marcia reviews both confirmation statements to make sure her baby was added to her benefits for the 2021 and 2022 Plan Years.

STEP

Submit Required Documentation

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Marcia submits required documentation within 90 days of the life event.

¹ IMPORTANT! If you add dependents in November and December through the marriage or birth/adoption life event, but do not complete the second life event enrollment, only the medical and dental coverage you elect for your newly added dependent automatically carries over to 2022. You must complete the second life event enrollment for all other 2022 benefits changes (life insurance, spending accounts, etc.).

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

Itemized Receipts: The Key to HCSA Reimbursement

If you enroll in a Health Care Spending Account (HCSA), you must submit itemized receipts to be reimbursed by HealthEquity. Receipts must show:

- 1. Patient's name
- 3. Date of service
- 5. Out-of-pocket cost

- 2. Provider's name
- 4. Type of service

HealthEquity will not process claims submitted with only credit card receipts. You must submit an itemized receipt from your provider.

Get ready

October 1 – October 31, 2021

mylacountybenefits.com

Annual benefits enrollment is your one time each 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 labormanagement collaboration, you have the security of knowing we have 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 qualified life event. Your current benefit elections will continue as long as you are eligible (new 2022 premium rates will apply), **except** for spending accounts and waiving or declining medical coverage.

Do You Waive or Decline Medical Coverage?

You must provide proof of 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 2022. You will not be able to waive or decline again until the next annual benefits enrollment. More information will be available in your annual benefits enrollment packet.

Eligibility reminders

Eligible Family Members

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

- · Your spouse or domestic partner
- Your children, children legally adopted by you, children awaiting finalization of adoption by you, stepchildren, children for whom you are the legal guardian, children you support because of a valid court order, and children of your domestic partner:
 - Under age 26
 - Age 26 and older if your child became disabled before the limiting age and is approved by your health plan (check with your health plan to determine the limiting age)
 - Under age 18 for legal guardianship

Loss of Eligibility

You MUST remove an ex-spouse, ex-domestic partner, ex-stepchildren, 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 or ex-stepchildren enrolled in your *Choices* benefits.

Social Security Numbers and Documentation Required

If you enroll in or change medical plans, you must provide each enrolled family member's Social Security number (SSN). For each new dependent you add to your benefits, you must provide their SSN and required documentation (certificate of birth, adoption, marriage, etc.).

If you do not provide this information within 10 calendar days from the date you enroll, your family member will not have coverage in 2022.

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.



Simplified healthcare and coverage

ALADS is excited to announce the following changes effective 1/1/2022:

- Premier dental plan network will be expanded to Dental Complete.
- Increased dental annual maximums to \$2,000 on premier dental plan and \$500 on basic plan. No changes to orthodontic benefits.
- Anthem CaliforniaCare HMO plan will have \$0 copay for medical and behavioral health visits.

Included with all ALADS plans:

- · ALADS Benefit Service Center
- · Gym memberships
- LASIK coverage
- · VSP vision benefits
- · Comprehensive body scan with BSI

For more information, call 800-842-6635 or visit mybenefitchoices.com/alads.





Anthem Blue Cross is the trade name of Blue Cross of California, Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a negistered trademark of Anthem Insurance Congaries, Inc. 183427CAMENAGE 65/21

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.

WE EFFECTIVELY TREAT THE BODY AND MIND AS ONE

The Southern California Select plan: See the difference. Save money.

Call 800.564.7642.



Together, all the way.

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WE'RE IN THIS TOGETHER.

During this extraordinary time we are especially thankful for the heroism of our frontline workers. We would like to express our gratitude to the outstanding care teams and individuals who deliver on the Kaiser Permanente mission to improve the health of our members and the communities we serve. We are here to help you thrive. Learn more at kp.org.

KAISER PERMANENTE Thrive





Annual benefits enrollment is here

Check out your plan options and get the coverage you and your family need.

deltadentalins.com

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HMO and PPO coverage in each plan For information call (800) 487-3092 or go to blueshieldca.com/cape



* Offered to Choices union member employees whose union is part of the Coalition of County Unions



Department of Human Resources

Employee Benefits Division Kenneth Hahn Hall of Administration 500 W. Temple Street, Room 588 Los Angeles, CA 90012

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Look inside for news about Choices benefits!

Annual benefits enrollment is October 1 - October 31, 2021.

- Your 2022 benefits: Changes and reminders page 1
- Life events and annual benefits enrollment page 2
- The key to HCSA 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 computer, tablet, or smartphone. 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 monthly benefits allowance and cost of benefits.



Access your enrollment confirmation statement immediately.



Add dependents' Social Security numbers.



Upload supporting documentation to 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 8, log on to mylacountybenefits.com and go to "Additional Resources" to download the materials.

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.

Benefits Hotline

213-388-9982

Monday - Friday, 8 a.m. to 4 p.m.

Extended hours during annual benefits enrollment, 8 a.m. to 5 p.m.; Saturday, October 30 and Sunday, October 31, 8 a.m. to 3 p.m.