









quick start summary 2022 annual benefits enrollment

Annual benefits enrollment is October 1 through October 31. Benefits elections take effect January 1, 2022.

2022 benefits: Changes and reminders

Premium Rates	<p>There will be an increase in the monthly premium rates for all medical plans. The monthly premium rates for all dental plans have decreased. See your Personalized Enrollment Worksheet for 2022 monthly premium rates. Any changes to the <i>Choices</i> monthly benefits allowance will be announced once County and union negotiations are finalized.</p> 
Taxable Cash-back Limit	<p>The 2022 monthly taxable cash-back limit remains at \$244. If you do not spend all your <i>Choices</i> monthly benefits allowance, you may receive up to \$244 of the unused amount in your monthly pay.</p> 
CAPE/ Blue Shield Medical Plans Eligibility	<p>Important reminder: You must be a dues-paying member of a union affiliated with the CCU to enroll or continue your enrollment in a CAPE medical plan. The following are the unions affiliated with the CCU:</p> <ul style="list-style-type: none"> AFSCME (all local unions) • ALADS • Assoc. of Public Defender Inv. • Building Trades • CA Federation of Interpreters • CAPE • CIR • IAFF Local 1014 • IUOE Local 501 • LACOLA • PPOA • Teamsters 911 • UAPD <p>If you are currently enrolled in a CAPE medical plan and you were no longer a member of your union as of August 1, 2021, you cannot continue your CAPE enrollment in 2022. You MUST select a medical plan shown on page 2 of your Personalized Enrollment Worksheet or you will default into another medical plan. If you become a dues-paying member of a union affiliated with the CCU after August 1, 2021, you may enroll in a CAPE medical plan during the next annual enrollment for 2023 benefits.</p> 
Medical Plans	<p>ALADS – CaliforniaCare HMO Basic and Premier plans: No charge for office visits, maternity care, mental health outpatient care, physical therapy, and home health care. 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.</p> <p>CAPE – Blue Shield Lite and Classic POS plans: Dental annual max increases to \$1,500/person and orthodontia lifetime max increases to \$2,500/person.</p> 
Spending Accounts	<p>In early 2021, Congress passed a stimulus relief law allowing temporary changes to the Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA), including unlimited carryover of unused funds from Plan Years 2020 and 2021. Unused funds at the end of 2021 will automatically carry over to the next Plan Year.</p> <p>Spending accounts for 2022 – Adjust your contributions for 2022 based on whether you have carryover HCSA and DCSA funds from 2020 and 2021. Remember: The carryover of unused DCSA funds is not ongoing. Active HCSA participants who have unused funds at the end of 2022 may carry over up to \$550 of unused funds to 2023. DCSA participants in 2022 must submit eligible expenses by June 30, 2023, or risk losing unused funds.</p> 
Life and AD&D Insurance	<p>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.</p> 

If You Do Not Participate During Annual Benefits Enrollment...

Your current benefits will continue at the new premium rates, provided you remain eligible, **except** for Health Care and Dependent Care Spending Accounts and waiving or declining medical coverage (if enrolled in a CAPE medical plan, see “CAPE/Blue Shield Medical Plans Eligibility” to the left).

After October 31, 2021, you may not change your benefits until the next annual benefits enrollment period unless you experience a qualified life event.

Waive or Decline Medical Coverage

You MUST provide proof of 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 until 2023. See page 3 of the *Enrollment Highlights Guide*.

Qualified Life Events in October, November, and December

You can make changes to your benefits outside annual benefits enrollment if you have a life event such as marriage, divorce, or birth. See page 7 in the *Enrollment Highlights Guide*.

If you make a life event change between October 1 and December 31, you must complete two enrollments: One for your 2021 benefits, and another for 2022.

If you add dependents in November and December through the marriage or birth/adoption life event, but do not complete the 2022 life event enrollment, only the medical and dental coverage you elect for your new dependent automatically carries over to 2022. You must complete the 2022 life event enrollment for all other benefits.

Important: When you complete your 2021 life event enrollment and reach the “Thank You” page, you must click the yellow “Continue” button to complete your 2022 enrollment.

enroll October 1 through October 31, 2021

How to enroll or make changes

Use your computer, smartphone, or tablet!



- 1. Review** your enrollment materials and Personalized Enrollment Worksheet, then consider the benefit changes you want to make for 2022.
- 2. Go to mylacountybenefits.com.**
- 3. Log on** using your employee number and PIN that is on your Personalized Enrollment Worksheet.
- 4. Click** on the “Enroll or Make Changes” button to access your Enrollment Homepage, then click the Annual Enrollment link to start your enrollment.
- 5. Choose** your benefits. If you need to add or drop dependents, see below for more information on submitting any required documentation.
- 6. Click** the yellow confirmation button. Don’t forget to print or save your confirmation statement before logging off. If using a smartphone or tablet, write down or take a screenshot of your confirmation number shown on the “Thank You” page.

Submitting Required Documentation



To guarantee coverage, you must submit all required documentation to the County Benefits Plan Administrator within **10 calendar days** from the date you enroll.

If you add a dependent, write your name, employee number, and your dependent’s Social Security number (SSN) on each document or certificate. Submit required documentation by:

- **Document upload:** Use the “Upload” link in the “Documentation Required” section of your Enrollment Homepage
- **Email:** Attach scanned documents to an email and send to documents@mylacountybenefits.com
- **Fax:** 310-788-8775
- **Mail:** County of Los Angeles Benefits Plan Administrator, P.O. Box 5102, Cherry Hill, NJ 08034

IMPORTANT! Send *copies* of original documents only. Submitted documents will not be returned.

Important Enrollment Reminders

IF YOU...

THEN YOU MUST...

Switch medical plans

Provide SSNs for all eligible family members.

Add eligible family members

Provide SSNs and required documentation (e.g., certificates for birth, adoption, marriage). See page 2 of the *Enrollment Highlights Guide*.

Have dependents no longer eligible for coverage

Remove them from your medical and dental coverage, including an ex-spouse/domestic partner, ex-stepchildren, and any other ineligible family members.

If you do not submit the required documentation by the deadline, your dependents will not have coverage for 2022.

Unable To Enroll Online?

You may enroll by phone. Call **888-822-0487** and follow the recorded instructions. Do not hang up until you hear, “Your benefits elections have been confirmed and recorded,” and have written down your confirmation number.

Review the confirmation statement you will receive by mail. If you do not receive your confirmation statement within seven days from the date you enroll, call the Benefits Hotline at **213-388-9982**.

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 summary is not an official Choices Summary Plan Description (SPD) or an official plan document. If you need a copy of an official plan document, contact the Plan’s customer service department directly. Contact information can be found on the back page of the Medical and Dental Plans Comparison Chart you received with this summary. If there is a difference between what you read in this summary and what you read in an official plan document, the official plan document will rule.