

megaflex

2022 enrollment highlights guide

Your Benefits

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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.
Saturday, October 30, 8 a.m. to 3 p.m.
Sunday, October 31, 8 a.m. to 3 p.m.



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 2022 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)
Accidental Death and Dismemberment (AD&D) Insurance
Disability Benefits
• Short-Term Disability (STD)
• Long-Term Disability (LTD)
Medical Coverage Protection Long-Term Disability (LTD) Health Insurance
Elective Annual Leave Days
Spending Accounts
• 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 documentation (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, such as a recent monthly household bill, recent federal tax return, or recent bank statement.

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 or ex-stepchildren, you may not keep them enrolled in your *MegaFlex* benefits.

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

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 that you have not used tobacco products within the past 12 months, or that you are having difficulty stopping smoking due to nicotine addiction and will actively participate in a County medical plan smoking-cessation program 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 qualified life event, such as a change in family status or employment, which may make you eligible to change your elections. See "Benefit Changes During the Year: Life Events" on page 7.

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:			Provides comprehensive medical coverage that:
	<ul style="list-style-type: none"> Preventive care Routine and major medical care 	<ul style="list-style-type: none"> Prescription drugs Telehealth 	<ul style="list-style-type: none"> Behavioral health care 	<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 other doctors or specialists Your out-of-pocket expenses will be lower when you use doctors, hospitals, and other health care providers in the POS network 	<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 doctors, hospitals, and other health care providers in the PPO network 	<ul style="list-style-type: none"> You can see any licensed doctor or specialist
Costs for Services	<ul style="list-style-type: none"> There are no deductibles You pay a copay for most services HMOs generally have lower copays and no deductibles to meet, so services usually cost less than in 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 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, the plan covers 75% of most care and services
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 *MegaFlex* Summary Plan Description (SPD) at mylacountybenefits.com.

Getting Health Care Wherever You Are

The County's medical plans can make getting health care easy and safe while saving you money.

Telehealth — virtual care by computer or phone — brings the doctor to you no matter where you are, and it's usually faster and less expensive than an office visit.

Mail order service for prescription drugs provides a convenient and cost-effective way to have maintenance medications — such as medications for high blood pressure, cholesterol, or birth control — delivered to your home.

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.



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.

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 Plan 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.

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 you meet the deductible.

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 details, see the Medical and Dental Plans Comparison Chart in your benefits enrollment packet or the *MegaFlex* SPD at mylacountybenefits.com.

Elective Annual Leave¹

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 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. You must submit a reimbursement request for any unused elective annual leave at the end of each year. Any monies that are reimbursed are taxed and subject to taxable cash limits for pensionable *MegaFlex* participants who have not signed the Pensionability Waiver.

Newly Eligible Employees

If you were an *Options* or *Choices* participant, you will no longer accrue full-pay or part-pay sick leave hours, or vacation. You can use your remaining accrued full-pay sick leave hours (subject to Plan rules), vacation, and holiday leave; however, you cannot use accrued part-pay sick leave hours or sick personal leave. You must use all your accrued leave benefits, including non-elective annual leave hours, before you use your elective annual 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.

¹ One elective annual leave day is equivalent to eight hours.

life insurance

Unexpected things happen that affect your life and the lives of those you care about. To protect you and your family, *MegaFlex* offers life and accidental death and dismemberment insurance. See the *MegaFlex* SPD at mylacountybenefits.com for eligibility rules and coverage.

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 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 New York Life 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 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.**²

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 up to age 22 if full-time students. If eligible, you may purchase coverage equal to 10%, 15%, 25%, 35%, or 50% of your 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 **Optional GVUL Insurance:** Dependent children from age 15 days through age 18 (or through age 25 if full-time students) are eligible for coverage.

² **AD&D:** Unmarried dependent children through age 20 (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 six-month waiting period).

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

If you elect either the 40% or 60% option for LTD, you may also enroll in the LTD health insurance plan. It will help you continue your medical insurance coverage if you become totally and permanently disabled. 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.

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 the 100% LTD health insurance “buy up” at a cost of \$3.00 per month. Under this 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% on eligible expenses.

MEGAFLEX 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 dependents¹ with pre-tax dollars, including but not limited to:</p> <ul style="list-style-type: none"> • Medical plan copays and deductibles • Prescription and over-the-counter medications • Vision, dental, and chiropractic care • CDC-approved masks (gaiter-style masks and masks with breathing valves or vents are not eligible), hand sanitizer, and hand sanitizing wipes • Menstrual products such as pads, liners, and similar products <p>For a full list of expenses, see Publication 502 at irs.gov.</p>	<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 day care centers, summer day camps, preschools, and child and adult day care provided at your home <p>You can claim day care costs for children 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> <p>For a full list of expenses, see Publication 503 at irs.gov.</p>
When you enroll, you decide how much to contribute to each account.	
Maximum monthly contribution: \$200	Maximum monthly contribution: \$400²
You can carry over up to \$550 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, 2023, will be forfeited.
Expenses for both types of spending accounts must be incurred by December 31, 2022, and submitted for reimbursement by June 30, 2023. See the spending accounts section of the <i>MegaFlex</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 base 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 2022.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution) ³
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 you are single or married filing jointly, or \$2,500 if married filing separately (IRS limits).

³ The County caps total annual County contributions. If the cap is reached for 2022, 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 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 *MegaFlex SPD* at 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

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"> • Spouse's 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 are the legal guardian	<ul style="list-style-type: none"> • Child's 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	<p>A copy of:</p> <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)	<p>A copy of:</p> <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 qualified life events and applicable rules, see 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 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:



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
BENEFITS SYSTEM				
Benefits Enrollment	888-822-0487 Fax: 310-788-8775	N/A	www.mylacountybenefits.com	N/A
COUNTY DEPARTMENT OF HUMAN RESOURCES				
Benefits Hotline	213-388-9982	N/A	http://employee.hr.lacounty.gov	N/A
MEDICAL				
Kaiser Permanente HMO	800-464-4000	101000-3	www.kp.org/countyofla	Kaiser Permanente
Anthem Blue Cross	844-730-1931	HMO: 56089A POS: 56061A PPO: 1284EH Catastrophic: 1313GD	www.anthem.com/ca/countyoflosangeles	Sydney Health
DENTAL				
MetLife (SafeGuard) HMO	800-880-1800	70334	www.safeguard.net	MetLife US App
DeltaCare HMO	800-422-4234	70831-00003	www.deltadentalins.com	Delta Dental
Delta Dental PPO	888-335-8227	4915-10002	www.deltadentalins.com	Delta Dental
SPENDING ACCOUNTS				
HealthEquity	877-924-3967 Fax: 877-353-9236	N/A	www.mylacountybenefits.com Click on Spending Accounts	EZ Receipts
LIFE INSURANCE AND SURVIVOR INCOME BENEFIT				
MetLife	800-846-0124	N/A	www.mylacountybenefits.com Click on the MetLife link	MetLife US App
AD&D INSURANCE				
New York Life	800-842-6635 Fax: 818-477-1494	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 *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.

