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 2023 benefits changes

Please note that items marked with A are pending Board of Supervisors approval.

Spending Account Changes for 2023

New spending accounts administrator — Starting January 1, 2023, BenefitWallet will be the County's new spending accounts administrator.

Temporary carryover changes have ended — The temporary unlimited carryover of spending account funds allowed by the 2021 pandemic relief law has ended. For your 2022 Health Care Spending Account (HCSA), you can now only carry over up to \$550 of unused HCSA funds to 2023, if you are an active participant on December 31, 2022. Any remaining balance above \$550 will be lost. You can no longer carry over unused Dependent Care Spending Account (DCSA) funds. Any remaining unused DCSA funds will be lost. We encourage you to check the balance in your spending accounts and spend your funds by December 31.

⚠ HCSA contribution and carryover increase¹ — You can now contribute up to \$237 each month in 2023 (was \$200 in 2022). You can also now carry over up to \$570 of unused funds at the end of 2023 to the next plan year.

⚠ DCSA contribution requirement and new salary ranges — To enroll in a DCSA for 2023, you must now contribute at least \$10 each month to receive the County's nontaxable monthly contribution to your DCSA. See your enrollment materials for the new salary ranges and County contribution amounts.

▲ Basic Term Life Insurance Increase

Coverage for Safety Members of Retirement Plan A, B, C, and General Members of Retirement Plan A, B, C, D, or G will increase from \$2,000 to \$5,000. For members of Retirement Plan E, coverage will increase from \$10,000 to \$13,000.

¹ Based on 2022 IRS limits.

▲ Hearing Aid Coverage Changes

The Cigna HMO and Kaiser Permanente (Kaiser) medical plans will now provide hearing aid coverage up to \$5,000 per device every three years.

ALADS Vision and Dental Enhancements

Vision care benefits (included with ALADS Basic and Premier plans): There will be an increase to the in-network retail frame and elective contact lens allowance to \$175 (was \$150); and in-network ultraviolet and anti-reflective lens coating will be covered at no copay.

CaliforniaCare HMO and Prudent Buyer PPO Premier plans: There will be an increase of the dental annual maximum benefit to \$3,000 per person (was \$2,000) and the orthodontia lifetime maximum to \$3,000 per person (was \$1,750).

CaliforniaCare HMO and Prudent Buyer PPO Basic plans offer a limited dental benefit to supplement the LA County dental plan of your choosing. There will be an increase of the dental annual maximum benefit to \$1,250 per person (was \$500), as well as a lifetime orthodontia benefit of 50%, up to \$1,800 per person (was \$1,750); and will now be subject to an annual deductible of \$50 per person (up to \$150 per family). See your enrollment materials for the coinsurance schedule.

▲ Delta Dental PPO Plan Enhancements

The Delta Dental PPO plan will include enhanced coverage, including an increase of the annual maximum benefit to \$1,750 per person, new orthodontia coverage at 50% coinsurance (\$1,200 lifetime maximum), and preventive care and basic services coverage at 15% coinsurance (was 20% coinsurance).

▲ Vision Coverage Changes

The Cigna HMO medical plans will provide a \$120 allowance for retail frames and elective contact lenses.

The Kaiser medical plan will now provide routine eye exams with no copay, no charge for 1 pair of regular eyeglass lenses every 12 months, and a \$150 allowance for frames (1 pair every 24 months) or contact lenses in lieu of eyeglasses every 12 months, at a Kaiser facility.

Reminders for 2023

Cigna Southern California Select Network HMO Provider Change

OptumCare is no longer a part of the Cigna Southern California Select Network HMO medical plan. To access OptumCare providers, you will need to enroll in the Cigna Network HMO plan.

Taxable Cash-back Limit is \$244

If the total cost of your 2023 benefits is less than your Choices monthly benefits allowance, you may receive up to \$244 of the unused amount in your monthly pay.

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 2022 benefits, and another for 2023.1

Example: Marcia has a baby on October 20, 2022, 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:

Add Baby to 2022 Benefits: Marcia must do this before she can add her baby to 2023 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 2023 benefits.

STEP Add Baby to 2023 Benefits: Marcia must do this because her change to 2022 benefits will not carry over to 2023 benefits.

- She follows the same steps she took for 2022 enrollment.
- Confirms changes.
- On the "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 2022 and 2023 Plan Years.

STEP Submit Required Documentation

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 2023. You must complete the second life event enrollment for all other 2023 benefits changes (life insurance, spending accounts, etc.).

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

Get ready

October 1 -October 31, 2022

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 labor-management 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 2023 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 2023. 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); or
 - 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 2023.

WE'RE HERE FOR YOU, SOUTHERN CALIFORNIA

Always working to make your benefits plan more affordable, predictable and simple.

And with over 10,000 physicians in the Select HMO network,* convenient, high-quality care is all around you.



* Subject to change.

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Call us any time, 24/7/365. 800.244.6224

¹ 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.

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'RE IN THIS TOGETHER.

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.

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Your chance to enroll in 2023 benefits is coming!

October 1 - 31, 2022

Get ready to enroll by reviewing this newsletter to find out what's new and what's changing for 2023.



County of Los Angeles: Named by employees as one of the best employers in America.



Enroll online

Log on to mylacountybenefits.com from your computer, tablet, or smartphone.



Enroll or make benefit changes quickly.



View your monthly benefits allowance as well as your benefit options and their costs.



Access your enrollment confirmation statement immediately.



Add dependents' Social Security numbers.



Upload copies of 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 7, 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.