

## QUICK START SUMMARY

# 2024 ANNUAL BENEFITS ENROLLMENT

Annual benefits enrollment is October 1 – 31. This is your one opportunity to enroll in or change benefits for 2024. Benefits go into effect January 1, 2024.

## REGISTER ON THE BENEFITS WEBSITE

You can only enroll in or change benefits online at [mylacountybenefits.com](https://mylacountybenefits.com) because the telephone enrollment system is no longer available.

To register on the website, you'll need the registration key you received in the mail. If you don't have it or it's expired, you can register by answering some validation questions. If you already registered, you don't need to register again.

For help registering, please call **833-622-1666**, 8 a.m. to 4 p.m. Monday – Friday.

## WHAT IF I MISS THE ENROLLMENT DEADLINE?

Your current benefits will continue at the new premium rates **except** Health Care and Dependent Care Spending Accounts.

If you currently waive or decline medical coverage and miss the enrollment deadline, you'll be enrolled in the lowest-cost medical plan you're eligible for in 2024; you won't be able to waive or decline again until 2025.

After October 31, 2023, you may not change your benefits until the next annual benefits enrollment period unless you experience a qualified life event.



## BENEFIT CHANGES AND REMINDERS

**Monthly benefits allowance** – There will be an increase in the monthly benefits allowance. See your Personalized Enrollment Worksheet for details.

**Premium rates** – See your Personalized Enrollment Worksheet for 2024 monthly premium rates. Rate changes are subject to final approval by the Board of Supervisors.



**Health Care Spending Account (HCSA) contribution increase** – In 2024, you can contribute up to \$254<sup>1</sup> each month to your account.

- If there's money in your HCSA at the end of 2024, and you're an active participant, up to \$610<sup>1</sup> will carry over to your 2025 HCSA

**Medical coverage protection long-term disability (LTD) health insurance** – The cost of additional buy-up coverage will increase from \$3 per month to \$4.75 (pending approval by the Board of Supervisors). See page 5 in the Benefits Guide for more information.

## CAPE/BLUE SHIELD MEDICAL PLANS ELIGIBILITY

You must be a dues-paying member of a CCU-affiliated union<sup>2</sup> to enroll in or continue your enrollment in a CAPE medical plan.

If you're currently enrolled in a CAPE medical plan but you were no longer a member of your union as of August 1, 2023, you cannot continue your CAPE enrollment in 2024. 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 CCU-affiliated union after August 1, 2023, you may enroll in a CAPE medical plan during the next annual enrollment for 2025 benefits.

## ARE YOU COVERED BY ANOTHER MEDICAL PLAN?

To waive or decline coverage, you must complete your enrollment, and select the waive or decline option.

**Important!** You **MUST** provide proof of other medical coverage each year during annual benefits enrollment.

Visit [mylacountybenefits.com](https://mylacountybenefits.com) to learn more, or see page 3 of the Benefits Guide.

## 2024 TAXABLE CASH LIMIT

If you don't spend all your monthly benefits allowance, you may receive up to \$244 of the unused allowance in your monthly pay. This is called the taxable cash limit.

<sup>1</sup> Based on 2023 IRS limits.

<sup>2</sup> 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, or UAPD.



## HOW TO ENROLL OR MAKE CHANGES

1. Review the enrollment materials in this packet, including your Personalized Enrollment Worksheet.
2. If you haven't already, register on the website at **mylacountybenefits.com**. If you're already registered, just log in with your username and password.
3. Click "Enroll Now" to begin.
4. Choose your benefits. If you switch medical plans or add dependents, see "Important enrollment reminders" to the right. See "How to submit required documentation" below if you need to add dependents.
5. When you've finished enrolling, click the "Submit" button. Review the confirmation statement carefully, then print, save, or take a screenshot of it before you log off.

## WHAT IF I HAVE A LIFE EVENT BEFORE 2024?




A life event is a change in your situation, such as marriage, divorce, or birth, that affects your eligibility and allows you to make changes to your benefits outside the annual benefits enrollment period.

If you experience a life event between October 1 and December 31, you must complete two life event enrollments: One for 2023 and another for 2024.

If you add dependents to your 2023 benefits through the marriage or birth/adoption life event in November and December but don't complete a 2024 life event enrollment, only their medical and dental coverage will carry over to 2024. You must complete the 2024 life event enrollment for all other benefits.

Visit **mylacountybenefits.com** to complete life event enrollments.

## 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., birth/adoption/marriage certificates). See page 2 of the Benefits 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. See page 7 of the Benefits Guide.

**If you don't submit the required documentation by the deadline shown below, your dependents won't have coverage for 2024.**

## HOW TO SUBMIT REQUIRED DOCUMENTATION

To guarantee coverage, you must submit **copies** of all required documentation to the County Benefits Plan Administrator within **10 calendar days** of the date you enroll. Submitted documents will not be returned.

If you add a dependent, write your name, employee number, and your dependent's Social Security number (SSN) on each document or certificate and submit by:



**Upload:** Click the "Doc Upload" button in the "Easily Submit Documents" tile on the homepage (this is the most secure method for submitting documentation). Preferred file format: PDF.



**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 9005, Norfolk, VA 23501-9005.

### QUESTIONS?

Call the Benefits Hotline, **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 Benefits Guide you received with this summary. If there's a difference between what you read in this summary and what you read in an official plan document, the official plan document will rule.*