



# 2024 BENEFITS GUIDE

## PERSONALIZE 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.

The County's "cafeteria benefits plan" gives you the flexibility to choose from a variety of pre-tax benefits. We give you a monthly allowance to spend on your benefits. The amount of your monthly benefits allowance is equal to 10% of your monthly salary or \$859, whichever is more. See your Personalized Enrollment Worksheet for your benefits allowance and the *Flex* Summary Plan Description (SPD) for details.



If the total cost of the benefits you elect is less than your monthly benefits allowance, the unused amount — taxable cash — is added to your monthly paycheck, unless you have a taxable cash limit.



If the total cost of the benefits you elect is more than your monthly benefits allowance, the difference will be deducted from your paycheck before taxes are applied.

## WHERE TO GET DETAILS ABOUT YOUR BENEFITS

This guide provides highlights about your benefits. You can find details about all the benefits available to you in other enrollment packet materials, in the *Flex* Summary Plan Description (SPD), and at [mylacountybenefits.com](https://mylacountybenefits.com).



# WHO YOU CAN ENROLL

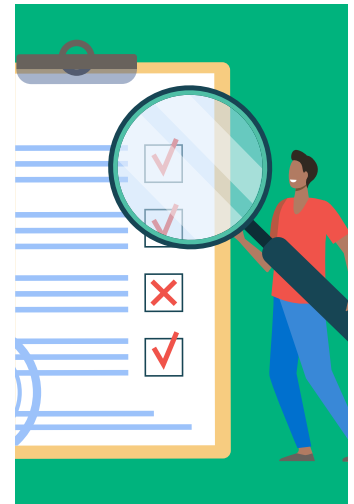
Dependents eligible for medical and dental coverage<sup>1</sup> include your:

- Spouse/domestic partner
- Children<sup>2</sup> who are:
  - 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

**When adding eligible family members during annual benefits enrollment, you must provide Social Security numbers (SSNs) and required documentation (birth/adoption/marriage certificate) within 10 calendar days from the date you enroll.**

<sup>1</sup> Both types of optional life, AD&D insurance, and spending accounts have different dependent eligibility requirements. For details, see your Flex SPD at [mylacountybenefits.com](http://mylacountybenefits.com).

<sup>2</sup> Qualifying children are children born to you, legally adopted by you or, 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.



## 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. Even if your divorce decree requires you to maintain health care coverage for your ex-spouse or ex-stepchildren, you cannot keep them enrolled in your Flex benefits.

## DEPENDENT ELIGIBILITY VERIFICATION

If you want to 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.



# CHECK OUT THESE BENEFITS

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
Spending Accounts	Health Care Spending Account (HCSA)		Dependent Care Spending Account (DCSA)
Life Insurance	Basic term life		
Optional Life Insurance <sup>3</sup>	Group Variable Universal Life (GVUL)	Dependent life	
Accidental Death and Dismemberment (AD&D) Insurance		Medical Coverage Protection Long-Term Disability (LTD) Health Insurance	

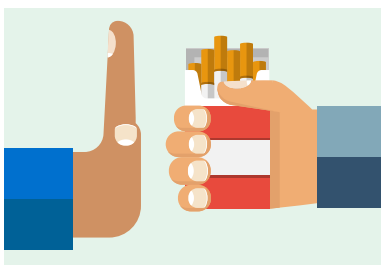
<sup>3</sup> You pay for both types of optional life insurance with after-tax dollars. Your premiums for the other benefits shown in this table generally are paid with pre-tax dollars.



## SNAPSHOT: MEDICAL PLANS

The County medical plans provide comprehensive coverage. For details about these plans, see the Medical and Dental Plans Comparison Chart in your benefits enrollment packet, or the *Flex* SPD at [mylacountybenefits.com](http://mylacountybenefits.com).

	HEALTH MAINTENANCE ORGANIZATION (HMO)	POINT OF SERVICE (POS)	PREFERRED PROVIDER ORGANIZATION (PPO)	CATASTROPHIC
<b>Coverage</b>	<ul style="list-style-type: none"> <li>Preventive care</li> <li>Routine and major medical care</li> <li>Prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>Vision care</li> <li>Telehealth</li> <li>Behavioral/mental health care</li> </ul>	<ul style="list-style-type: none"> <li>Covers preventive care</li> <li>Protects you from major, unexpected medical expenses</li> </ul>	
<b>Seeking Care</b>	<ul style="list-style-type: none"> <li>You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists</li> <li>You have a network of HMO providers to choose from</li> <li>Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits</li> </ul>	<ul style="list-style-type: none"> <li>You choose a primary care physician (PCP) who oversees your care</li> <li>You don't need a referral from your PCP to see other doctors or specialists</li> <li>Your out-of-pocket expenses will be lower when you use doctors, hospitals, and other health care providers in the POS network</li> </ul>	<ul style="list-style-type: none"> <li>You can see any licensed doctor or specialist</li> <li>Your out-of-pocket expenses will be lower when you use doctors, hospitals, and other health care providers in the PPO network</li> </ul>	<ul style="list-style-type: none"> <li>You can see any licensed doctor or specialist</li> </ul>
<b>Costs for Services</b>	<ul style="list-style-type: none"> <li>There are no deductibles</li> <li>You pay a copay for most services</li> <li>HMOs generally have lower copays and no deductibles to meet, so services usually cost less than in PPO plans</li> </ul>	<ul style="list-style-type: none"> <li>There's no deductible if you use network providers and coordinate your care through your PCP</li> <li>Out-of-pocket expenses are lower when you use network providers and coordinate your care through your PCP</li> </ul>	<ul style="list-style-type: none"> <li>You must meet the deductible before the plan pays benefits</li> <li>You pay less when you use providers who are in the PPO network</li> </ul>	<ul style="list-style-type: none"> <li>You're responsible for paying the cost of your care until you reach the annual deductible</li> <li>Once you meet your annual deductible, the plan covers 75% of most care and services</li> </ul>
Each plan pays 100% of preventive care when you use in-network providers.				



## TOBACCO-USER FEE

Tobacco users enrolled in a medical plan under *Flex* pay an after-tax charge of \$20 per month.

This fee will be waived if you certify you haven't used tobacco products within the past 12 months, or that you're 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.



## SNAPSHOT: DENTAL PLANS

The County dental plans provide comprehensive coverage. For details, see the Medical and Dental Plans Comparison Chart in your benefits enrollment packet, or the *Flex* SPD at [mylancountybenefits.com](http://mylancountybenefits.com).



Your *Flex* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

The 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 coordinate all your dental care through this office.

The **Delta Dental PPO** 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% and 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).

# PROTECTION FOR THE UNEXPECTED

To protect you and your family financially, *Flex* offers life insurance, accidental death and dismemberment (AD&D) insurance, and long-term disability (LTD) health insurance. See the *Flex* SPD at [mylacountybenefits.com](http://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 with after-tax dollars of one-half to 8x your annual salary.

If you buy GVUL insurance for yourself, you may also purchase a limited amount of life insurance for your spouse/domestic partner and dependent children.<sup>1</sup> You can keep your coverage if you end your employment with the County.

<sup>1</sup> Dependent children age 15 days through age 18 (or through age 25 if full-time students) are eligible for coverage.

## BASIC TERM LIFE

The County gives you basic life insurance through New York Life at no cost to you.

General Members of Retirement Plan A, B, C, or D are insured for \$5,000. Members of Retirement Plan E are insured for \$13,000.



## AD&D INSURANCE

If you're paralyzed, lose a limb, eyesight, speech, hearing, or die as the result of an accident, AD&D insurance will pay benefits.

You can buy AD&D insurance through New York Life at low monthly rates. If you buy AD&D for yourself, you may also buy coverage for your spouse/domestic partner under age 70 and dependent children.<sup>2</sup>

See your benefits enrollment packet for AD&D coverage amounts and costs, and the *Flex* SPD at [mylacountybenefits.com](http://mylacountybenefits.com) for rules.

<sup>2</sup> Unmarried dependent children through age 20, or through age 25 if full-time students, are eligible.

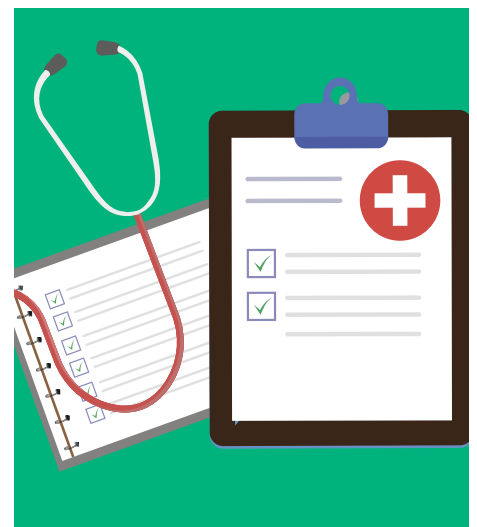
## MEDICAL COVERAGE PROTECTION LTD HEALTH INSURANCE

If you become totally and permanently disabled and are eligible for this benefit, medical coverage protection LTD health insurance continues your medical insurance coverage while you receive LTD benefits.

To be eligible, you must be a General Member of Retirement Plan A, B, C, D, or E and enrolled in a Kaiser or Anthem Blue Cross medical plan.

- **Core coverage** – Provided to you at no cost. It pays 75% of your monthly medical premiums while you receive LTD benefits; you pay 25%
- **Additional coverage** – You can buy 100% monthly medical premium coverage for \$4.75 per month
  - The buy-up option is only available every other year; you're eligible to buy up the year you're hired and every other year after that

See the *Flex* SPD or visit [mylacountybenefits.com](http://mylacountybenefits.com) for more information.



# SAVE MONEY WITH TAX-FREE SPENDING ACCOUNTS

The money you contribute is deducted from your monthly benefits allowance pre-tax. You never pay federal or state taxes on contributions so you may save 10% to 30% on eligible expenses. We offer two types of accounts:

- **Health Care Spending Account (HCSA)** – Pay eligible out-of-pocket health care expenses for yourself and eligible dependents<sup>1</sup>
- **Dependent Care Spending Account (DCSA)** – Pay eligible dependent care expenses for children under age 13 or your federal tax dependent<sup>1</sup> who is physically or mentally incapable of caring for themselves and lives with you at least eight hours a day while you and your spouse work outside the home or attend school full time

<sup>1</sup> Per IRS rules, domestic partners and their children aren't considered federal tax dependents; you cannot file spending account claims for their expenses. See the Flex SPD or visit [mylacountybenefits.com](http://mylacountybenefits.com) for dependent eligibility.



## Important deadlines

**December 31, 2024**

Last day to incur expenses

**June 30, 2025**

Last day to submit receipts for reimbursement



## HCSA

### Common qualified expenses

- Health care copays, deductibles, and other out-of-pocket costs
- Prescription and over-the-counter medications
- Vision, dental, and chiropractic care
- Menstrual products such as pads and liners

See Publication 502 at [irs.gov](http://irs.gov) for a list of expenses.

### Important details

- Monthly contribution limit: \$254<sup>2</sup>
- You can carry over up to \$610<sup>2</sup> to the next Plan Year if you are an active participant as of December 31; any unclaimed money in excess of the carryover amount will be lost

## DCSA

### Common qualified types of care

- Child and adult day care
- Summer day camp
- Nursery schools and preschools, if the cost of schooling cannot be separated from the cost of care
- In-home child or adult care

See Publication 503 at [irs.gov](http://irs.gov) for a list of expenses.

### Important details

- Monthly contribution limit: \$400
- “Use it or lose it” rule: The IRS won’t allow you to carry over unused funds to the next Plan Year; any funds not claimed by the deadline will be lost

<sup>2</sup> Based on 2023 IRS limits.

## GET THE COUNTY'S DCSA CONTRIBUTION

If you enroll in the DCSA, you must contribute at least \$10 each month to receive the County's nontaxable monthly contribution to your account, based on your annual base pay.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION <sup>1</sup>
Less than \$34,999	\$375
\$35,000 – \$39,999	\$300
\$40,000 – \$44,999	\$275
\$45,000 – \$49,999	\$200
\$50,000 – \$54,999	\$125
\$55,000 or more	\$100

**IMPORTANT!** The IRS limit on annual DCSA contributions is \$5,000 if you're single, or married and you file a joint tax return, or \$2,500 if married filing separately. Total DCSA contribution — yours, the County's, and your spouse's, if married — cannot be more than \$5,000 a year if single or married filing jointly, or \$2,500 if married filing separately (IRS limits).

<sup>1</sup> The County caps total annual County contributions. If the cap is reached for 2024, 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's no guarantee you'll receive the full monthly contribution shown above during the entire Plan Year. You'll be notified if the County contribution is reduced or stopped during the Plan Year. In addition, you may be allowed to make life event changes that are consistent with a qualified life event, cost, or coverage (for example, revoking your election if your dependent care provider quits or ends their contract with you). See the Flex SPD at [mylacountybenefits.com](http://mylacountybenefits.com) for more information.



## IMPORTANT SPENDING ACCOUNT REMINDERS

You must submit itemized receipts to be reimbursed.

Health care receipts must show:

1. Name of person who incurred service or expense.
2. Name and address of provider or merchant.
3. Date service or expense was incurred.
4. Detailed description of service or expense.
5. Amount charged for service or expense.

Dependent care receipts must show:

1. Name of person who incurred service or expense.
2. Name and address of provider or merchant.
3. Date(s) service was provided.
4. Amount charged for service or expense.

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.

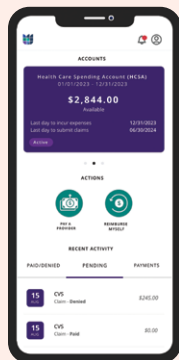
See the Important Rules section in the Flex SPD at [mylacountybenefits.com](http://mylacountybenefits.com).

## SPENDING ACCOUNTS MADE EASIER

### BenefitWallet+ mobile app

Available at the Apple App Store or Google Play.

- File claims and submit itemized receipts
- View your transactions
- Check your account balances



### BenefitWallet Visa Card (HCSA only)

- Pay instantly at most providers and pharmacies
- Be sure to keep copies of your receipts
- Save time because you don't have to file claims for common expenses
- Order extra Visa cards for eligible dependents



## WHEN LIFE EVENTS HAPPEN

After your enrollment deadline, you can't change your benefits until the next annual benefits enrollment unless you have a qualified life event such as birth or adoption of a child, marriage, or divorce. If you have a qualified life event, you have 90 days from the date of the event to make changes and submit required documentation.

To see the full list of qualified life events, required documentation, videos, and step-by-step instructions for making these changes to your benefits, visit [mylacountybenefits.com](http://mylacountybenefits.com).

## QUESTIONS?

Call the 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.

## DID YOU KNOW THERE'S MORE ONLINE?

You can find out more about your benefits, watch short videos, get access to carrier information, use calculators to help you figure out spending account contributions — and much more — in the Online Benefits Guide.

Visit [mylacountybenefits.com](http://mylacountybenefits.com) to access the Online Benefits Guide and the enrollment website.

SCAN THIS CODE TO  
ACCESS THE ONLINE  
BENEFITS GUIDE.



## CONTACT INFORMATION

Contact	Phone Number	Group Numbers	Website	App
<b>BENEFITS SYSTEM</b>				
<b>Benefits Enrollment</b>	N/A	N/A	<a href="http://mylacountybenefits.com">mylacountybenefits.com</a>	N/A
Submit copies of required documents: Upload: <a href="http://mylacountybenefits.com">mylacountybenefits.com</a> • Email: <a href="mailto:documents@mylacountybenefits.com">documents@mylacountybenefits.com</a> • Fax: 310-788-8775 • Mail: County of Los Angeles Benefits Plan Administrator, P.O. Box 9005, Norfolk, VA 23501-9005				
<b>COUNTY DEPARTMENT OF HUMAN RESOURCES</b>				
<b>Benefits Hotline</b>	213-388-9982	N/A	<a href="http://employee.hr.lacounty.gov">employee.hr.lacounty.gov</a>	N/A
<b>MEDICAL</b>				
<b>Kaiser Permanente</b> Vision: Contact Kaiser	800-464-4000	101000-3	<a href="http://kp.org/countyofla">kp.org/countyofla</a>	Kaiser Permanente
<b>Anthem Blue Cross</b> Vision coverage for HMO, POS, PPO plans only: VSP, 800-877-7195 or <a href="http://vsp.com">vsp.com</a>	844-730-1931	HMO: 56089A POS: 56061A PPO: 1284EH Catastrophic: 1313GD	<a href="http://anthem.com/ca/countyoflosangeles">anthem.com/ca/countyoflosangeles</a>	Sydney Health
<b>DENTAL</b>				
<b>MetLife (SafeGuard) HMO</b>	800-880-1800	70334	<a href="http://metlife.com/safeguard">metlife.com/safeguard</a>	MetLife US App
<b>DeltaCare HMO</b>	800-422-4234	70831-00003	<a href="http://deltadentalins.com">deltadentalins.com</a>	Delta Dental Mobile App
<b>Delta Dental PPO</b>	888-335-8227	4915-10002	<a href="http://deltadentalins.com">deltadentalins.com</a>	Delta Dental Mobile App
<b>SPENDING ACCOUNTS</b>				
<b>BenefitWallet</b>	866-225-0067 Fax: 877-841-1152	N/A	<a href="http://mylacountybenefits.com">mylacountybenefits.com</a>	BenefitWallet+
<b>LIFE INSURANCE</b>				
<b>MetLife</b>	800-846-0124	N/A	<a href="http://mylacountybenefits.com">mylacountybenefits.com</a> Click on the MetLife link	MetLife US App
<b>AD&amp;D AND BASIC LIFE INSURANCE</b>				
<b>New York Life</b>	800-842-6635 Fax: 818-477-1494	Life: FLI52070 AD&D: OK819451	<a href="http://bsc4lac.com">bsc4lac.com</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 guide is not an official Flex 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's a difference between what you read in this guide and what you read in an official plan document, the official plan document will rule.