

choices

2013 enrollment highlights guide

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enroll online:
mylacountybenefits.com

enroll by phone:
888-822-0487

questions?

**Benefits Hotline representatives are available
Monday through Friday,
8 a.m. to 4 p.m. 213-388-9982**

**Extended hours during annual benefits enrollment
Monday through Friday, 8 a.m. to 5 p.m.**



your benefits

The County of Los Angeles and Coalition of County Unions care about you and your family. That's why we offer a comprehensive benefits program that includes medical, dental, life, accidental death and dismemberment, and medical coverage protection (long-term disability health insurance) to help you enrich your life while protecting your future and your loved ones.

ATTENTION! IF YOU WANT TO WAIVE MEDICAL COVERAGE YOU MUST TAKE ACTION

To waive medical coverage for 2013, YOU MUST complete a waiver and provide proof that you have other medical coverage even if you've done this in the past. If you don't, you'll automatically be enrolled in the CAPE/Blue Shield Lite Point of Service (POS) Plan and you won't have a chance to waive coverage again until next year.* See page 8 of the *Choices SPD* for more details.

*Sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642 will be automatically enrolled in the ALADS/Anthem Blue Cross CaliforniaCare HMO. Local 1014 members will be automatically enrolled in the Fire Fighters Local 1014 Medical Plan.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more options about your prescription drug coverage. Please see the Medicare notice on page 7 for more details.

CHOICES 2013 BENEFITS AT A GLANCE

Medical	
• Kaiser Permanente HMO	• CAPE/Blue Shield POS (Classic & Lite)
• CIGNA Network HMO	• ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier)*
• CIGNA Network POS	• ALADS/Anthem Blue Cross Prudent Buyer PPO (Basic & Premier)*
	• Fire Fighters Local 1014 Medical Plan (for Local 1014 members only)
Dental	
• SafeGuard HMO-style plan	• ALADS/Anthem Blue Cross Premier PPO-style plan (included in ALADS/Anthem Blue Cross Premier medical plans)
• DeltaCare HMO-style plan	• Delta Dental PPO-style plan
Life Insurance	
• Basic life insurance	
• Optional life insurance	
• Dependent life insurance	
Accidental Death and Dismemberment (AD&D) Insurance	
Medical Coverage Protection (Long-Term Disability Health Insurance)	
Spending Accounts	
• Health Care Spending Account	
• Dependent Care Spending Account	

* Available only to sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642.

Choose Carefully — Your Elections Are Final

After the enrollment deadline, you will not be able to make any changes until next year's annual benefits enrollment. The only exception is if you have a qualified change in status, such as a change in family or work situation, which may make you eligible to change your elections. Some examples include birth or adoption of a child, marriage or divorce.

Refer to page 12 of the Summary Plan Description (SPD) for details.

medical plans

This table provides highlights for the *Choices* medical plans. All *Choices* medical plans offer coverage for preventive care, routine and major medical care, and behavioral health care.

	Health Maintenance Organization (HMO) Plans	Point of Service (POS) Plans	Preferred Provider Organization (PPO) Plans
Coverage	Provides comprehensive medical coverage, including (but not limited to): <ul style="list-style-type: none"> • Preventive care • Routine medical care • Major medical care • Behavioral health care 		
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 any licensed doctor or specialist • Your out-of-pocket expenses will be lower when you coordinate care through your PCP and use network providers 	<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 providers from the PPO network of participating doctors, hospitals and other health care providers
Determining Costs for Services	<ul style="list-style-type: none"> • There are no deductibles • You pay a specified amount (copay) for many services • Without the cost of a deductible and with generally lower copays, HMOs typically cost less than 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"> • There is a deductible before the plan pays benefits • Deductible is waived for preventive care when you use network providers • Out-of-pocket expenses are lower when you use network providers

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the SPD, which can be found online at mylacountybenefits.com.

To Find a Network Medical Provider:

Kaiser Permanente HMO

- Go to www.kp.org/countyofla
- Select “clinical staff directory” in the “Get Started Now” section

CIGNA HMO or POS

- Go to www.mycigna.com
- Select “Find a Doctor” in the middle of the screen on the main page

ALADS/Anthem Blue Cross HMO or PPO

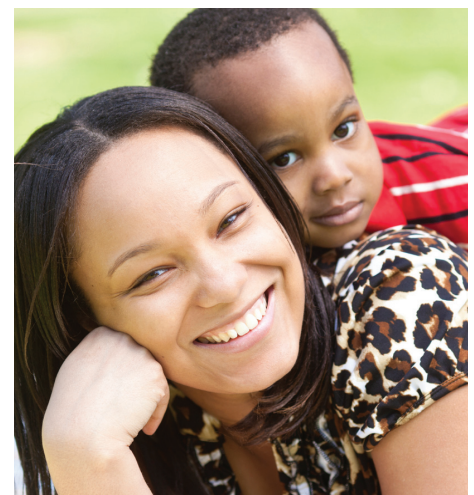
- Go to www.anthem.com/ca/alads
- Select “Find a Doctor”

CAPE/Blue Shield POS

- Go to www.blueshieldca.com
- Select “Find a Provider”

Fire Fighters Local 1014 Medical Plan

- Go to www.local1014medical.org
- Select “Find a Provider or Hospital near you. Also search by Name”
- Click on the blue hot link



dental plans

Your *Choices* program offers two HMO-style dental plans:

- SafeGuard
- DeltaCare

In addition, the program offers the following PPO-style dental plans:

- Delta Dental
- ALADS/Anthem Blue Cross Premier (included in ALADS/Anthem Blue Cross Premier medical plans)

When you enroll in one of the **HMO-style dental plans**, you choose a dental office, which becomes your “primary care office,” and you must go to this office for all of your dental care.

The **Delta Dental PPO** offers two different networks of participating dentists and dental care providers:

- Delta Preferred Provider Option (PPO) network: Using this network offers the highest benefits. Most preventive services are covered at 100%;

many other services are covered at 85%. You pay no deductible. The annual maximum benefit is \$1,500 per person.

- 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’ve met a deductible. The annual maximum benefit is \$1,200 per person.

When you enroll in a PPO-style dental plan, you can go to any dentist in either network, or to an out-of-network dentist. When you go to network providers, the plan pays higher benefits (you pay less).

The **ALADS/Anthem Blue Cross Premier Plan** is available only to sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642.

Fire Fighters Local 1014 Medical Plan provides a \$2,000 lifetime orthodontia benefit as well as a \$1,000 “excess

To Find a Network Dentist:

DeltaCare and Delta Dental

- Go to www.deltadentalins.com
- Select “Find a Dentist” and follow the instructions

SafeGuard

- Go to www.safeguard.net
- Select “Find a Dentist” and follow the instructions

ALADS/Anthem Blue Cross

- Go to www.anthem.com/ca/alads
- Click on “Find a Doctor”

dental” benefit for those participants who exceed their Delta Dental maximum in any year. The plan is only available to members of Local 1014.

For more details, review the Medical and Dental Plans Comparison Chart you received with this guide or the SPD, which can be found online at mylacountybenefits.com.

prescription drug benefits



Your medical coverage includes prescription drug coverage. For more details about your prescription drug benefits, review the Medical and Dental Plans Comparison Chart you received with this guide or contact your medical plan.

If you are taking “maintenance medication” — for high blood pressure, cholesterol, thyroid conditions, or birth control, for example — using your plan’s mail-order service will generally save you money. Plus, you get the convenience of having your medications

delivered to you rather than having to pick them up at the pharmacy.

Save Money with Generic Drugs

You’ll save money when you substitute brand-name drugs with generic drugs, which become available when the original patent on the brand-name drug expires. When you’re prescribed a brand-name drug, you should ask your health care provider whether the generic version is available.

additional protection

Sometimes, the unexpected happens and it affects not just your life, but also the lives of those you care about. Your *Choices* program offers life insurance, accidental death and dismemberment insurance, and LTD health insurance to protect you and your family.

Life Insurance

The County gives you basic life insurance at no cost to you.

- Safety Members of Retirement Plan A or B, or General Members of Retirement Plan A, B, C, or D:
You are insured for \$2,000.
- Members of Retirement Plan E:
You are insured for \$10,000.

You may buy optional life insurance of one to eight times your annual salary. You may only increase your insurance amount by one times your annual salary each year.

If you buy optional life insurance, you may also buy a limited amount of life insurance for your spouse/domestic partner and dependent children. The Personalized Enrollment Worksheet in your enrollment packet shows how much you can buy and your monthly

cost of coverage. See the *Choices* SPD or go to mylacountybenefits.com for more information.

Accidental Death and Dismemberment Insurance

You can buy accidental death and dismemberment (AD&D) insurance 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. Review your Personalized Enrollment Worksheet for AD&D coverage amounts and monthly costs.

If you have AD&D coverage under *Choices*, you may also buy coverage for your eligible spouse/domestic partner and dependent children. See the *Choices* SPD or go to mylacountybenefits.com for more information.

Medical Coverage Protection (LTD Health Insurance)

If you are a General (not Safety) Member of Retirement Plan A, B, C, D, or E of the Los Angeles County Employees Retirement Association (LACERA) and are enrolled in a CIGNA or Kaiser

medical plan, you are eligible to participate in the LTD health insurance plan. This plan is designed to help you continue your medical insurance coverage if you are eligible for long-term disability.

If you are participating in the *Choices* program and become disabled after January 1, 2008, you'll be covered by LTD health insurance at no cost to you, provided you meet the eligibility requirements. LTD health insurance pays 75% of your monthly medical premium and you pay the remaining 25%. Beginning January 1, 2008, if you're eligible for LTD health insurance, you can elect to buy additional coverage at a cost of \$3.00 per month, which pays 100% of your medical plan premium while you receive LTD benefits.

If you do not elect (or you cancel) the optional 100% LTD health insurance coverage for a Plan Year, you cannot elect this coverage for the next Plan Year. You must wait two calendar years before you again have the option to elect this coverage. See the *Choices* SPD or go to mylacountybenefits.com for more information.



spending accounts

Spending Accounts offer a great way to save money on health care and dependent care. You never pay federal or state taxes on the money you contribute. That means you could save between 10% and 30% on every dollar you spend on health care or dependent care, depending on your tax bracket. Learn more about eligibility and covered expenses by reading the Spending Account section of the *Choices* SPD.

Choices offers two types of Spending Accounts:

- **A Health Care Spending Account** allows you to pay for eligible medical expenses with tax-free dollars, including medical plan copays, deductibles, prescription drugs, eyeglasses and contacts, out-of-pocket dental expenses, and many other medical expenses.
- **A Dependent Care Spending Account** enables you to pay dependent care expenses (such as the cost of properly licensed day care centers, summer day camp, nursery school, preschool, child and adult day care provided at your home) while you and your spouse work outside the home.

Dependent Care expenses must relate to the care of either a:

- Child under the age of 13
- Mentally or physically disabled child of any age, or
- Legally dependent adult who spends a minimum of eight hours each day in your home and is unable to care for himself/herself

See the *Choices* SPD or go to mylacountybenefits.com for more information about what other types of expenses you can pay with tax-free dollars through a Spending Account.

You can enroll in either the Health Care or Dependent Care Spending Account (or both). When you enroll, you decide how much to contribute to each account. You may contribute a maximum of \$200 a month to the Health Care Spending Account and \$400 a month to the Dependent Care Spending Account in 2013. If you are eligible and enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution based on your annual pay. And you don't even need to contribute. See the chart below to find out how much the County will contribute in 2013.

New for 2013

Maximum contribution limits for Health Care Spending Accounts have been reduced from \$400 a month (\$4,800 a year) to \$200 a month (\$2,400 a year) as a result of Health Care Reform. Limits to Dependent Care Spending Accounts remain the same at \$400 a month (\$4,800 a year).

Use It or Lose It

You should carefully estimate the amount of expenses that you'll be able to pay from these accounts to determine how much you want to contribute. If there's money left in your account at year end, the IRS requires that it be forfeited. That's why it's important to take a little time to plan, and don't put more in your account than you think you need to spend for the year.

Expenses for both types of Spending Accounts must be incurred by December 31, 2013, and submitted for reimbursement by June 30, 2014. Under the County's program, some expenses (such as insurance premiums) are not eligible for reimbursement under the Health Care Spending Account.

County Contributions Make Your Dependent Care Spending Account Even More Valuable

If you enroll in a Dependent Care Spending Account, the County will add money to your account based on your annual pay, whether or not you contribute. The County's contributions are tax free, but you must enroll to be eligible for the County contribution.

Check Out the Spending Account Online Tutorial and Calculator!

Online tutorials and calculators are an easy way to learn how to use Spending Accounts and plan your contribution amount. To access the online tutorials, log on to mylacountybenefits.com and select "Online Tutorials" from the "my tools" drop down menu at the top of the page.

YOUR ANNUAL BASE PAY	COUNTY'S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution)
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

Total contributions, yours and the County's, to a Dependent Care Spending Account cannot exceed the IRS limit of \$4,800 a year if married and filing jointly or \$2,500 if married and filing separately.

Important Note: The Coalition of County Unions and the plan sponsor, the County of Los Angeles, agreed to an annual maximum dollar amount the County will spend for this benefit in 2013 and how this benefit will be administered. This benefit will be monitored on a monthly basis. If the dollar maximum is reached in any month in 2013, the contribution you receive from the County will be reduced that month and will be suspended for the remainder of the Plan Year. In addition, you may be allowed to make other changes that are consistent with a qualifying change in status, cost, or coverage (for example, revoking your election if your dependent care provider quits or terminates its contract with you). See the *Choices* SPD or go to mylacountybenefits.com for more information.

important notice from the County of Los Angeles about your prescription drug coverage and medicare

Please read this notice carefully and keep it where you can find it.

This notice provides information about your current prescription drug coverage under the County of Los Angeles (County) *Choices* Plan, the prescription drug coverage that will be provided under *Choices* as of January 1, 2013, and prescription drug coverage available for individuals with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether you want to enroll in this coverage. If you are considering enrolling in a Medicare prescription drug plan, you should compare your current coverage, including which drugs are offered and associated costs for those drugs, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two important facts you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans (such as an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The County has determined that the prescription drug coverage currently offered under CIGNA Network HMO, POS and PPO, Kaiser HMO, ALADS/Blue Cross Prudent Buyer and CaliforniaCare, CAPE/Blue Shield Lite and Classic, and Fire Fighters Local 1014 Medical Plan and the coverage that will be offered under these plans as of January 1, 2013, is on average for all plan participants who participate in any of these health plans expected to pay out as much as the standard Medicare prescription drug coverage will pay, and that such coverage is considered Creditable Coverage. Because all of the health plans available under *Choices* provide Creditable Coverage, you may elect any of these coverage options for the 2013 plan year and not pay a higher premium (a penalty) if you decide to enroll in a Medicare prescription drug plan on a later date, provided that you do not experience a 63-day break in coverage (as discussed in more detail below).

When Are You Eligible to Enroll in a Medicare Prescription Drug Plan?

You may enroll in a Medicare prescription drug plan when you first become eligible for Medicare and thereafter during each year from October 15th through December 7th.

If you lose your Creditable Coverage under *Choices* through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to enroll in a Medicare prescription drug plan.

What Happens to Your Current Creditable Coverage if You Decide to Enroll in a Medicare Prescription Drug Plan?

If you participate in any of the **Kaiser, CIGNA or the ALADS/Blue Cross plans**, you may: (1) keep your existing coverage without enrolling in a Part D plan; (2) keep your existing coverage and enroll in a Part D plan as a supplement to that coverage; or (3) drop your existing coverage and enroll in a Part D plan. If you elect Medicare Part D coverage as a supplement to your existing **Kaiser or CIGNA** coverage, your current coverage will not be affected. Alternatively, if you elect Medicare Part D coverage through **Kaiser** and also assign Medicare Parts A and B to Kaiser, you will be placed in the Kaiser Sr. Advantage Plan, which will coordinate with Medicare.

If you participate in the **Fire Fighters Local 1014 Medical Plan**, you may: (1) keep your existing coverage and choose not to enroll in a Part D plan; or (2) drop your existing coverage and enroll in a Part D plan. If you elect Medicare Part D coverage, your coverage under the **Fire Fighters Local 1014 Medical Plan** will end.

If you decide to join a Medicare drug plan and drop your current coverage, you and your dependents would be able to reenroll in the future during a *Choices* open enrollment period.

Please contact the County of Los Angeles Benefits Plan Administrator for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When Will You Pay a Higher Premium (a Penalty) to Join a Medicare Prescription Drug Plan?

It is important to note that if you drop or lose your coverage with the County and, although you are eligible to do so, you do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in a Medicare prescription drug plan on a later date.

If you go 63 continuous days or longer without Creditable Coverage, when you enroll in Medicare prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have such coverage. For example, if you go 19 months without Creditable Coverage, your premium under Medicare may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. Additionally, you may have to wait until the beginning of the next enrollment period for Medicare prescription drug plans (i.e., October 15th) to enroll in the Medicare coverage.

For More Information About this Notice or Your Current Prescription Drug Coverage...

Please contact the **County of Los Angeles Benefits Plan Administrator** at the address listed below or the **Benefits Hotline** at the phone number listed below for further information.

NOTE: You will receive this notice at other times in the future indicating that you may enroll in Medicare prescription drug coverage. For example, you will receive this notice prior to the next annual enrollment period during which you may enroll in Medicare coverage and you will also receive a notice if your current prescription drug coverage with the County changes. You may request a copy of this notice by contacting the **County of Los Angeles Benefits Plan Administrator** at the address or phone number listed below.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are eligible for Medicare, you will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for their telephone number) for personalized help, or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you may call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember to keep this notice. If you enroll in a Medicare drug plan, you may be required to provide a copy of this notice when you join to show that you maintained creditable coverage and that you are not required to pay a higher premium amount for coverage (a penalty).

Date: **September 15, 2012**

Entity providing this Notice: **County of Los Angeles**

Contact: **Benefits Plan Administrator**

Address: **3333 Wilshire Boulevard, Suite 1000, Los Angeles, CA 90010**

Benefits Hotline: **1-213-388-9982**



CONTACT INFORMATION

Contact	Phone Number	Fax Number	Website
BENEFITS SYSTEM			
Benefits Enrollment	888-822-0487	310-788-8775	www.mylacountybenefits.com
COUNTY DEPARTMENT OF HUMAN RESOURCES			
Benefits Hotline	213-388-9982	N/A	http://dhr.lacounty.info/
MEDICAL			
CIGNA	800-842-6635	N/A	www.mycigna.com
Kaiser Permanente	800-464-4000	N/A	www.kp.org/countyofla
ALADS/Anthem Blue Cross	800-842-6635	N/A	www.anthem.com/ca/alads
CAPE/Blue Shield	800-487-3092	N/A	www.blueshieldca.com
Fire Fighters Local 1014	800-660-1014	N/A	www.local1014medical.org
DENTAL			
SafeGuard	800-880-1800	N/A	www.safeguard.net
DeltaCare	800-422-4234	N/A	www.deltadentalins.com
Delta Dental	888-335-8227	N/A	www.deltadentalins.com
ALADS/Blue Cross (dental)	800-842-6635	N/A	www.anthem.com/ca/alads
SPENDING ACCOUNTS			
Benefit Concepts, Inc.	866-629-6436	866-629-6390	www.mylacountybenefits.com
LIFE AND AD&D			
CIGNA Life	800-842-6635	N/A	www.mycigna.com

Your *Choices* benefits program is a joint effort of the County of Los Angeles and the Coalition of County Unions (CCU). They work together to negotiate the benefits that are offered, the amount of the monthly benefits allowance, and other details.

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 of employment.

This Highlights Guide is not an official 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.