

we are the county of
los angeles

You are a part of what makes the County of Los Angeles a great place to live and work — one of nearly 100,000 employees dedicated to serving the people of the County of Los Angeles. Your *Options* benefit program, negotiated for you by SEIU Local 721, is designed to give you the security of knowing we've got you covered — so you have the freedom to focus on what matters most at work and home.



options

Time to review your *Options* benefits!

October 1 – October 31, 2013

mylacountybenefits.com

Annual benefits enrollment starts October 1 and ends on October 31. Any changes you make take effect January 1, 2014.

During annual benefits enrollment, you can make changes to your benefits that you can't make at any other time of the year. It's your opportunity to review and update your benefits and make sure they will meet your and your family's needs for the upcoming 2014 plan year.

You should receive your *Options* annual benefits enrollment packet in the mail by October 1, 2013.

Benefit Costs and Changes for 2014

The enrollment packet will contain a Quick Start Summary and your Personalized Enrollment Worksheet that will highlight any benefit changes and the monthly costs for benefits for the new plan year.

Health Care Reform Update

See page 2 of this newsletter for a preview of changes due to Health Care Reform, including information about the new health insurance marketplaces and what they mean for you.

Defense of Marriage Act (DOMA) and Proposition 8

Recent rulings by the U.S. Supreme Court impact same-sex marriage and the benefits under *Options*. See page 3 for details.

What Can You Do During Annual Benefits Enrollment?

During annual benefits enrollment you may:

- Enroll in or change medical and dental plans as well as optional benefits, such as Life, Medical Coverage Protection (Long-Term Disability Health) and Accidental Death & Dismemberment insurance.
- Waive medical coverage, if you have other coverage (you must choose to waive and provide information on your other coverage each year). See back page for more details.
- Enroll or re-enroll in the Health Care and/or Dependent Care Spending Accounts.
- Add or drop coverage for family members.

Making changes & adding family members

How to Enroll

It's easy to enroll eligible family members during Annual Enrollment at mylancountybenefits.com. You may also use the telephone enrollment system. You must provide Social Security numbers (SSN) and other documentation within 10 calendar days from the date you enroll. Other documentation may include a birth certificate for a child or a marriage certificate for a spouse. When you enroll, you can enter SSNs online and you'll be directed where to provide documentation.

You'll find more details in your *Options* Annual Benefits Enrollment packet that will be mailed to you by October 1, 2013.

Social Security Numbers Required

If you change medical plans, enroll in a medical plan or add family members, you must provide SSNs and any other necessary documentation, for each person you wish to enroll.

All medical plans are required to gather SSNs to comply with federal reporting requirements.

Until you provide an SSN or other necessary documentation, your family member's enrollment will be incomplete and pending. If you do not meet the deadline for submitting documentation, the pending enrollment will drop and your family member will not have coverage effective January 1, 2014.



▶ Health Care Reform Update

Adult Children Under Age 26

Starting January 1, 2014, you can cover eligible adult children under age 26 even if they are eligible for another employer-sponsored plan, such as a plan from their employer or their spouse's employer.

Health Insurance Marketplace

What are health insurance marketplaces?

You may have heard about the new health insurance marketplaces rolling out in 2014 as part of Health Care Reform. If not, you're likely to hear a lot about them later this year. Most Americans will be required to have health care coverage starting January 1, 2014, or pay a penalty.

Although any individual may purchase coverage through the health insurance marketplaces, those marketplaces are designed primarily for individuals who

are not offered employer-subsidized health insurance coverage, or who are offered coverage that does not meet certain minimum value and affordability standards required by the Affordable Care Act.

The County offers comprehensive, subsidized medical coverage to its employees, which meets or exceeds the "minimum value" standard the government requires, and which is intended to be affordable based on your wages. Employees enrolled in medical coverage through *Options* will not be eligible to receive a federal subsidy or tax credit through the health insurance marketplace.

You will find more details on Health Care Reform and the new health insurance marketplaces in your *Options* Annual Benefits Enrollment packet that will be mailed to you by October 1, 2013.

Dependent Eligibility Reminder!

You **MUST** drop coverage for your ex-spouse/domestic partner when he or she loses eligibility. Such situations include divorce or the end of a domestic partnership. Even if your divorce decree requires that you maintain health care coverage for your ex-spouse, you may not keep your ex-spouse enrolled in your *Options* benefits, including medical.

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.

DOMA/Prop 8 Changes

On June 26, 2013, the United States Supreme Court issued rulings on the Defense of Marriage Act (DOMA) and Proposition 8. These rulings cleared the way for same-sex marriage in California. All married couples now enjoy the same state and federal tax benefits. The impacts on the County's benefits programs are:

Options Plan

- Medical, dental and accidental death and dismemberment (AD&D) insurance premiums under *Options* will be paid with pre-tax dollars. If your same-sex spouse was enrolled in benefits in 2013, the cost of coverage for your same-sex spouse will be paid on a pre-tax basis starting in August 2013 (September for AD&D). Payments you made on an after-tax basis in 2013 will be retroactively adjusted for pre-tax payment before the end of 2013.
- Eligible expenses incurred in 2013 by a spouse and his/her dependent children are reimbursable under the dependent care and health care spending accounts.

If you wish to make benefits changes or modify your coverage under *Options* follow the instructions below:

If you married on or after June 26, 2013

Within 90 days of marriage, log on to mylacountybenefits.com to add your

spouse to your coverage and submit a valid marriage certificate to the benefits administrator. During your enrollment, you may make benefits changes consistent with your marriage, such as adding your spouse and spouse's dependent children, enrolling in or increasing your contributions to a spending account, and changing your medical plan.

If you married before June 26, 2013

Call the Benefits Hotline at 213-388-9982 by September 30, 2013 to make changes to your benefits. Otherwise, you may make changes to your benefits during the October 2013 annual enrollment for 2014 benefits. Benefits Hotline staff are available Monday through Friday, 8 a.m. to 4 p.m.

If you have any questions, or need assistance making changes to your *Options* benefits, call the Benefits Hotline at 213-388-9982, Monday through Friday, 8 a.m. to 4 p.m.

Horizons Plan

Same-sex spouses are now eligible to receive a spousal rollover, postpone required minimum distributions, and receive benefits under a Qualified Domestic Relations Order. Participants can also receive a hardship distribution if their same-sex spouse experiences a qualifying event.

As a result of the Supreme Court's rulings, participants in a same-sex

marriage may want to revisit their Horizons Plan beneficiary designation(s). To view or update your beneficiary, log into your account at www.countyla.com, click on the My Profile tile, and then click Beneficiary and follow the prompts. Or call Great-West at 800-947-0845 to request a Beneficiary Designation form.

To learn more about how the Court's decisions affect your Horizons plan, visit www.countyla.com or call Great-West at 800-947-0845. You can also watch for articles in the Horizons newsletter that accompanies your quarterly account statement.

Family Medical Leave Act (FMLA)

Employees can now take time off under FMLA to care for a same-sex spouse.

Consult your professional advisors

You may wish to consult with your tax and legal advisors regarding your tax filing status, tax treatment for prior years, and your beneficiary designations for your life insurance, Horizons and LACERA plans.

Important note: The County has long recognized same-sex and opposite-sex domestic partnerships, and these Supreme Court rulings will have no effect on the County's current domestic partner program.



UnitedHealthcare is proud to help the employees of the County of Los Angeles live healthier lives.



At Delta Dental of California, we're dedicated to making the County of Los Angeles employees happy. We give you more dentists, more savings and more satisfaction. Because we'll do whatever it takes to see your healthy smile.



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The County of Los Angeles

P.O. Box 67128
Los Angeles, CA 90067

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Contact Information Up to Date?

It's essential to make sure your mailing address and home phone number are up-to-date so you get your enrollment packet on time and your medical carrier can contact you in the future. If this information is not current, contact your departmental Personnel Office immediately, or, using a County computer, visit mylacounty.gov and use the Employee Self Service option.



More to come

Watch for your *Options* benefits enrollment packet in the mail by the first week in October!

A Summary of Benefits and Coverage (SBC) will be mailed separately from your benefits enrollment packet.



If you have not received your benefits enrollment packet by October 9, 2013, log on to mylacountybenefits.com to download the enrollment materials or call the Benefits Hotline at 213-388-9982 to request a duplicate packet.

Are You Currently Waiving Coverage? If So, You Must Take Action!

To waive medical coverage, you must choose to waive and provide information on your coverage each year during annual benefits enrollment. There are no exceptions!

You may waive medical coverage if you are covered through your spouse's plan, another employer's group plan or Medicare, and if your other plan offers similar coverage under *Options*.

In 2014 (pending County and Union agreement), you may not waive coverage if you are purchasing an individual policy or by purchasing insurance through the state, federal, or private health insurance marketplaces.

If you do not choose to waive, your medical coverage information is not approved or you do not enroll in a medical plan, you will automatically be enrolled in the UnitedHealthcare HMO for 2014 and you will not be allowed to waive coverage again until 2015.

So, if you don't want *Options* medical coverage in 2014, you must TAKE ACTION! Refer to your benefits enrollment packet for more details.

