Your Benefits
Find an overview of your benefits
Page 2

Medical & Dental Plans
Learn more about how the plans work
Pages 3 & 4

Additional Protection
Prepare for the unexpected
Page 5

Spending Accounts
Reduce your out-of-pocket costs
Page 6

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., Saturday, October 31, 8 a.m. to 4 p.m.
The County of Los Angeles cares 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.

Your **Options** benefits program is a joint effort of the County of Los Angeles and SEIU Local 721. They work together to negotiate the benefits that are offered, the amount of the monthly benefits allowance, and other details of the program.

### OPTIONS 2016 BENEFITS AT A GLANCE

**Medical**
- Kaiser Permanente HMO
- UnitedHealthcare HMO
- UnitedHealthcare Select Plus PPO

**Dental**
- MetLife (SafeGuard) HMO-style plan
- 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 (HCSA)
- Dependent Care Spending Account (DCSA)

---

### dependent eligibility

Your dependents may be eligible for **Options** medical and dental plans.¹

Eligible dependents include:

- Your spouse or domestic partner
- Your children, which includes children born to you, children legally adopted by you, children awaiting finalization of their adoption by you, stepchildren, children of whom you are the legal guardian, children you support because of a valid court order, and children of your domestic partner:
  - Under age 26²
  - 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)

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

¹ The dependent group term life, accidental death and dismemberment plans, and Spending Accounts have different dependent eligibility requirements. See your Options SPD for details.

² Under age 18 for legal guardianship.

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### Choose Carefully — Your Elections Are Final

After the enrollment deadline, you will not be able to change your benefits until next year's annual enrollment.

The only exception is if you have a qualifying life event, such as a change in family status or work situation, which may make you eligible to change your elections. Some examples include birth or adoption of a child, marriage, or divorce.

You must complete a life event enrollment and submit supporting documents to the Benefits Plan Administrator within 90 days from the qualifying life event. Refer to pages 13-16 of the Options Summary Plan Description (SPD) for details.

### Find More Details in Your Summary Plan Description

Your enrollment materials often refer to the Options Summary Plan Description (SPD).

The SPD is a valuable resource containing detailed plan information. You may download a copy of the Options SPD at mylacountybenefits.com.
## Medical Plans

<table>
<thead>
<tr>
<th>Health Maintenance Organization (HMO) Plans</th>
<th>Preferred Provider Organization (PPO) Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
<td></td>
</tr>
<tr>
<td>Provides comprehensive medical coverage, including (but not limited to):</td>
<td></td>
</tr>
<tr>
<td>• Preventive care</td>
<td>• Major medical care</td>
</tr>
<tr>
<td>• Routine medical care</td>
<td>• Behavioral health care</td>
</tr>
<tr>
<td><strong>Seeking Care</strong></td>
<td></td>
</tr>
<tr>
<td>• You choose a primary care physician (PCP) who oversees your care and refers you to HMO specialists</td>
<td>• You can see any licensed doctor or specialist</td>
</tr>
<tr>
<td>• You have a network of HMO providers to choose from</td>
<td>• 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</td>
</tr>
<tr>
<td>• Except for emergency care, you must be treated by an HMO network physician or hospital to receive benefits</td>
<td></td>
</tr>
<tr>
<td><strong>Determining Costs for Services</strong></td>
<td></td>
</tr>
<tr>
<td>• Generally, there are no deductibles</td>
<td>• Generally, there is a deductible before the plan pays benefits</td>
</tr>
<tr>
<td>• You pay a specified amount for many services</td>
<td>• Deductible is waived for preventive care when you use network providers</td>
</tr>
<tr>
<td>• An HMO generally costs less in annual deductibles and copays than a PPO plan</td>
<td>• Out-of-pocket expenses are lower when you use PPO network providers</td>
</tr>
</tbody>
</table>

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

### Waiving or Declining Medical Coverage? You Must Take Action!

<table>
<thead>
<tr>
<th>WAIVING MEDICAL</th>
<th>DECLINING MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may choose to waive medical coverage for 2016 under Options ONLY if:</td>
<td>You may choose to decline medical coverage for 2016 under Options ONLY if:</td>
</tr>
<tr>
<td>1. You have medical coverage through one of the following:</td>
<td>You have medical coverage through one of the following:</td>
</tr>
<tr>
<td>• Your spouse’s/domestic partner’s employer-sponsored medical plan</td>
<td>• An individual insurance policy (For example: if you purchased insurance directly through an insurance company)</td>
</tr>
<tr>
<td>• Another employer-sponsored medical plan (such as from a second job)</td>
<td>• The state, federal, or private marketplace (For example: insurance purchased through Covered California)</td>
</tr>
<tr>
<td>• Veteran benefits</td>
<td></td>
</tr>
<tr>
<td>• Medicare</td>
<td></td>
</tr>
<tr>
<td><strong>AND</strong></td>
<td></td>
</tr>
<tr>
<td>2. Your other medical plan offers coverage similar to what Options offers</td>
<td></td>
</tr>
</tbody>
</table>

**Options Benefits Allowance**

If you waive medical coverage, you will receive the $228 monthly Options Benefits Allowance. If you decline medical coverage, you WILL NOT receive the $228 monthly Options Benefits Allowance.\(^1\)

**You MUST provide information on your other coverage every year**

You can waive or decline online at mylacountybenefits.com when you are newly eligible for Options and when annual benefits enrollment begins on October 1, 2015.

You must provide information on your other medical coverage each year during annual benefits enrollment. If you do not submit new or updated information, or if it is not approved, you will be automatically enrolled in Kaiser Permanente HMO for 2016, and will not be able to waive or decline medical coverage until the next annual benefits enrollment.

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\(^1\) For employees hired before January 1, 1996, $244 of your monthly Options benefits allowance is added to your salary when your pension is calculated at the time you retire. If you decline coverage, $244 WILL NOT be added to your salary when your pension is calculated at the time you retire, and you WILL NOT receive the $228 Options benefits allowance.
Your Options program offers two HMO-style dental plans:
- MetLife (SafeGuard)
- DeltaCare

You also have a PPO dental plan:
- Delta Dental

When you enroll in 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 PPO dental plan offers two different networks of participating dentist 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.
- Delta Participating Dentist network: Delta pays benefits based on a fee agreement with the network’s dentists. Most routine services are covered at 85%.

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 use network providers, the plan pays higher benefits (you pay less).

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

Your medical coverage includes prescription drug coverage.

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.

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

How to Save Money with Generic Drugs
You will 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 are prescribed a brand-name drug, ask your health care provider if a generic version is available.

Medicare Part D Notice
If you or your dependents have Medicare or become eligible in the next 12 months, a federal law gives you more prescription drug coverage options.

See the Medicare notice in the legal notices in your benefits enrollment packet.
Sometimes, the unexpected happens and it affects not just your own life, but also the lives of those you care about. Your Options program offers life insurance, AD&D 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.

- General Members of Retirement Plan A, B, C, D, or G of the Los Angeles County Employees Retirement Association (LACERA):
  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 for yourself, you may also buy a limited amount of life insurance for your spouse or domestic partner and dependent children. The enrollment materials in your enrollment packet shows how much you can buy and your monthly cost of coverage.

See the Options SPD, at mylacountybenefits.com, for more information.

**Accidental Death and Dismemberment Insurance (AD&D)**
You can buy 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 enrollment materials for AD&D coverage amounts and costs.

If you have AD&D coverage under Options, you may also buy coverage for your eligible spouse or domestic partner under age 70, and dependent children under age 21, or through age 25 if full-time students. See the Options SPD, at mylacountybenefits.com, for rules.

**Medical Coverage Protection**

**Long-Term Disability (LTD) Health Insurance**
If you are a General Member of Retirement Plan A, B, C, D, E, or G of LACERA and are enrolled in a UnitedHealthcare or Kaiser medical plan, you are eligible to participate in the LTD health insurance plan. It will help you continue your medical insurance coverage if you become totally and permanently disabled, and are eligible for long-term disability benefits.

If you are participating in the Options program and become disabled after January 1, 2008, you will 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 are eligible for LTD health insurance, you can elect to buy additional coverage at a cost of $3.00 per month. The additional coverage pays 100% of your medical plan premium while you receive LTD benefits.

Keep in mind, 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 Options SPD, at mylacountybenefits.com, for more information.
Spending Accounts offer a great way to save money on eligible health care and dependent care expenses.

You never pay federal or state income 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.

You should carefully estimate the amount of expenses that you will be able to pay from these accounts to determine how much you want to contribute. If there’s money left in your Dependent Care Spending Account at year end, you will not get it back (IRS requirements). This is sometimes referred to as the “Use it or Lose it Rule.”

With a Health Care Spending Account, you can carry over up to $500 in unused funds to spend in the following year. See the next page for details.

That’s why it’s important to take a little time to plan, and not put more in your account than you estimate you will spend for the year.

Options offers two types of Spending Accounts:

<table>
<thead>
<tr>
<th>ENROLL IN EITHER OR BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Spending Account</td>
</tr>
<tr>
<td>Pay for eligible health care expenses with pre-tax dollars, including but not limited to:</td>
</tr>
<tr>
<td>• Medical plan copays</td>
</tr>
<tr>
<td>• Deductibles</td>
</tr>
<tr>
<td>• Prescription drugs</td>
</tr>
<tr>
<td>• Eyeglasses, contacts, laser eye surgery</td>
</tr>
<tr>
<td>• Out-of-pocket dental expenses</td>
</tr>
<tr>
<td>• Hearing aids and tests</td>
</tr>
<tr>
<td>• Chiropractic care</td>
</tr>
<tr>
<td>• Nicotine patches and nicotine gum prescribed by a doctor</td>
</tr>
<tr>
<td>• Plus many more expenses</td>
</tr>
<tr>
<td>Some expenses (such as insurance premiums) are not eligible for reimbursement.</td>
</tr>
</tbody>
</table>

When you enroll, you decide how much to contribute to each account.

- You can contribute a maximum of $200 a month.
- You can contribute a maximum of $400 a month.

Expenses for both types of Spending Accounts must be incurred by December 31, 2016, and submitted for reimbursement by June 30, 2017. See the Spending Account section of the Options SPD, at mylacountybenefits.com, for more information about eligibility and the types of expenses you can pay with tax-free dollars through a Spending Account.

### Health Care Spending Account: Carry Over up to $500 Each Year

If you have a Health Care Spending Account (HCSA), you can carry over up to $500 in unused funds to spend in the next Plan Year; however, you will lose any remaining balance above $500.

The amount you carry over to the next year will not affect your annual maximum contribution. You can still contribute up to the full $2,400 to your HCSA in 2016. Any money you carry over from 2015, will be available for use in 2016 along with your designated 2016 contribution amount.

The carryover rule does not apply to the Dependent Care Spending Account (DCSA). If you enroll in a DCSA, you must spend all your funds by the end of the plan year or you will lose them.

To learn more, check out the Spending Accounts eMagazine (see next page for more information).
Important Note: SEIU Local 721 and the plan sponsor, the County of Los Angeles, agreed to an annual maximum dollar amount the County will spend for this benefit 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 2016, 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 Options SPD, at mylacountybenefits.com, for more information.

Making Your Dependent Care Spending Account Even More Valuable

If you enroll in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution to your account based on your annual pay.

You do not need to contribute, but you must enroll to be eligible for the County contribution. See the chart at the right to find out how much the County will contribute in 2016.

Total contributions, yours and the County’s, to a Dependent Care Spending Account cannot exceed $4,800 a year if married filing jointly, or $2,500 if married filing separately (IRS limits).

<table>
<thead>
<tr>
<th>YOUR ANNUAL BASE PAY</th>
<th>COUNTY’S MONTHLY CONTRIBUTION (Subject to Annual Cap on Contribution)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $30,000</td>
<td>$375</td>
</tr>
<tr>
<td>$30,000 to $34,999</td>
<td>$300</td>
</tr>
<tr>
<td>$35,000 to $39,999</td>
<td>$275</td>
</tr>
<tr>
<td>$40,000 to $44,999</td>
<td>$200</td>
</tr>
<tr>
<td>$45,000 to $49,999</td>
<td>$125</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>$75</td>
</tr>
</tbody>
</table>

Important Note: SEIU Local 721 and the plan sponsor, the County of Los Angeles, agreed to an annual maximum dollar amount the County will spend for this benefit 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 2016, 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 Options SPD, at mylacountybenefits.com, for more information.

Spending Account eMagazine

The County of Los Angeles’ Spending Account eMagazine is an easy way to help you get the most out of the Health Care and Dependent Care Spending Accounts.

It’s interactive with lots of easy-to-use tools like downloadable forms, and a savings calculator to help you determine how much you will save in taxes when you use a Spending Account. Use the built-in worksheets to add up your yearly expenses so you will know how much to set aside each pay period.

Visit mylacountybenefits.com and click on the eMagazine link on the homepage.

Affordable Care Act (ACA) Compliance Update: Two New Tax Forms

In January 2016, the County will provide employees with a new tax form called form 1095-C.

The ACA requires that large employers provide the form because it documents whether an employee worked full time and received an offer of ACA-compliant medical insurance each month during 2015. The County must issue the form to all full-time employees — generally defined as an employee who works 1,560 hours per year (30 hours per week).

You will also receive form 1095-B from your Options medical plan: Kaiser Permanente or UnitedHealthcare, depending on your coverage. This form documents the months you had ACA-compliant medical coverage during the year.

Keep both forms; you may need to file them with your 2015 tax return.
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 Options 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.

How to Find a Network Doctor

Kaiser Permanente HMO
- Go to www.kp.org/countyofla
- Select “Find a Doctor” section

UnitedHealthcare HMO
- Go to www.healthyatcola.com
- Select “Doctor Search” located in the left-side navigation bar

UnitedHealthcare Select Plus PPO
- Go to www.healthyatcola.com
- Select “Doctor Search” located in the left navigation bar

How to Find a Network Dentist

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

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

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone Number</th>
<th>Fax Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits Enrollment</td>
<td>888-822-0487</td>
<td>310-788-8775</td>
<td><a href="http://www.mylacountybenefits.com">www.mylacountybenefits.com</a></td>
</tr>
<tr>
<td>COUNTY DEPARTMENT OF HUMAN RESOURCES</td>
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<td></td>
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</tr>
<tr>
<td>Benefits Hotline</td>
<td>213-388-9982</td>
<td>N/A</td>
<td><a href="http://dhr.lacounty.info/">http://dhr.lacounty.info/</a></td>
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<tr>
<td>MEDICAL</td>
<td></td>
<td></td>
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<tr>
<td>UnitedHealthcare HMO</td>
<td>800-367-2660</td>
<td>N/A</td>
<td><a href="http://www.healthyatcola.com">www.healthyatcola.com</a></td>
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<tr>
<td>UnitedHealthcare Select Plus PPO</td>
<td>800-367-2660</td>
<td>N/A</td>
<td><a href="http://www.healthyatcola.com">www.healthyatcola.com</a></td>
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<tr>
<td>Kaiser Permanente HMO</td>
<td>800-464-4000</td>
<td>N/A</td>
<td><a href="http://www.kp.org/countyofla">www.kp.org/countyofla</a></td>
</tr>
<tr>
<td>DENTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MetLife (SafeGuard)</td>
<td>800-880-1800</td>
<td>N/A</td>
<td><a href="http://www.safeguard.net">www.safeguard.net</a></td>
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<tr>
<td>DeltaCare</td>
<td>800-422-4234</td>
<td>N/A</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>888-335-8227</td>
<td>N/A</td>
<td><a href="http://www.deltadentalins.com">www.deltadentalins.com</a></td>
</tr>
<tr>
<td>SPENDING ACCOUNTS</td>
<td></td>
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<tr>
<td>LIFE AND AD&amp;D INSURANCE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CIGNA Life</td>
<td>800-842-6635</td>
<td>N/A</td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
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