we are the county of
los angeles

flex

2011 enrollment highlights guide

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 enrollment
Monday through Friday, 8 a.m. to 5 p.m.
Saturday, October 30, 8 a.m. to 5 p.m.
Sunday, October 31, 8 a.m. to 5 p.m.

your benefits

The County of Los Angeles cares about you and your family. That's why we offer benefits that provide for your needs today and in the future. Through a comprehensive benefit program that includes medical, dental, life and disability insurance, and medical coverage protection, we help you enrich your life while protecting your future and your loved ones.

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.

Summary Plan Description
Your enrollment materials often refer to the *Flex* Summary Plan Description (SPD). The SPD is a valuable resource containing detailed plan information. You may download a copy of the *Flex* SPD at mylacountybenefits.com.

FLEX 2011 BENEFITS AT A GLANCE
Medical
• Kaiser
• Anthem Blue Cross CaliforniaCare HMO
• Anthem Blue Cross PLUS POS
• Anthem Blue Cross Prudent Buyer PPO
• Anthem Blue Cross Catastrophic Plan
Dental
• SafeGuard HMO-style Plan
• DeltaCare HMO-style Plan
• Delta Dental PPO-style Plan
Accidental Death and Dismemberment (AD&D) Insurance
Medical Coverage Protection (Long Term Disability Health Insurance)
Flexible Spending Accounts (FSAs)
• Health Care Spending Account
• Dependent Care Spending Account
Life Insurance
• Basic Term Life Insurance
Optional Life Insurance*
• Optional Group Variable Universal Life (GVUL) Insurance
• Optional Dependent Term Life
*You pay for both types of optional life insurance with after-tax dollars. Your premiums for the other benefits shown in this chart generally are paid with pre-tax (before-tax) dollars.

Choose Carefully — Your Elections Are Binding

Once you make your final enrollment selections (or if you miss the deadline), you will not be able to change your benefits until next annual enrollment.

The only exception to this rule is for a qualified change in status, such as a change in your family or work situation that affects your coverage needs. For example, if you experience an event such as the birth/adoption of a child, marriage or divorce, you may be allowed to change your benefit elections.

Refer to page 10 of the Summary Plan Description (SPD) for details.

medical plans

Your *Flex* benefit program offers the following medical plans:

- Kaiser HMO
- Anthem Blue Cross CaliforniaCare HMO
- Anthem Blue Cross PLUS POS
- Anthem Blue Cross Prudent Buyer PPO
- Anthem Blue Cross Catastrophic Plan.

How the HMO Plans Work

A Health Maintenance Organization (HMO) generally costs less money in annual deductibles and copays than a PPO plan, but requires you to receive all of your care from members of a network of participating providers. If you choose an HMO:

- You must access medical care through your primary care physician (PCP).
- Most of your medical care is covered in full. You generally pay only a copayment at the time you receive care.
- There are no deductibles to meet.
- There are no out-of-network benefits. You must obtain your care from the HMO network.

How a PPO Plan Works

A PPO plan provides comprehensive medical coverage with the freedom to choose any doctor or hospital at any time. A PPO plan includes a network of participating doctors, hospitals and other health care providers. Your out-of-pocket expenses will be lower and you will receive a higher level of coverage when you use PPO network providers. If you choose a PPO plan:

- You have the flexibility to see any doctor or specialist of your choice, even if he or she is not in the PPO network.
- There is generally a deductible before the plan pays benefits, but this deductible is waived for preventive care when you use network providers.

How a POS Plan Works

A point of service (POS) plan allows you to choose whether to use a network provider or providers outside the network each time you need health care. You choose a network provider to act as your primary care physician (PCP), who typically provides most of your routine medical care and coordinates your care if you need specialized or more complex treatment. You have the freedom to use any provider; however, your out-of-pocket expenses are lower when you use network providers and coordinate your care through your PCP.

If you choose a POS plan:

- You choose a network provider to act as your PCP, who typically provides most of your routine medical care.
- You do not need a referral from your PCP to see any doctor or specialist; however, your out-of-pocket costs will be lower when you coordinate care through your PCP and use network providers.
- There is no deductible if you use network providers and coordinate your care with your PCP.

How a Catastrophic Plan Works

A catastrophic plan is a high-deductible health plan designed to protect you from major, unexpected medical expenses. If you choose the catastrophic plan:

- You have the freedom to see any physician you choose and are responsible for paying the cost of your care until you reach the annual deductible.
- Once you satisfy your annual deductible, most benefits are covered at 75%.

For more details about your plan options, review the Medical and Dental Plans Comparison Chart you received with this guide or the SPD available at **mylacountybenefits.com**.

To Find a Network Medical Provider:

Kaiser HMO

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

Anthem Blue Cross

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

Tobacco User Fee

Tobacco users pay an after-tax charge of $20 per month. This fee will be waived if you certify that you have not used tobacco or tobacco products within the last 12 months, or certify that you are having difficulty stopping smoking due to nicotine addiction and will actively participate in a smoking cessation program available under the County medical plans during the Plan Year.

dental plans

To Find a Network Dentist:

SafeGuard

- Go to www.safeguard.net
- Select "Dental and Vision Directories" and follow the instructions

DeltaCare and Delta Dental

- Go to deltadentalins.com
- Select "Dentists" located in the upper left-side navigation bar
- Select "Dentist Search"

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

- SafeGuard
- DeltaCare

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

- Delta Dental

The HMO-style dental plans require that you receive all of your dental care from members of a network of participating dental offices. When you enroll, 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 benefit. Most preventive services are covered at 100%; many other services are covered at 85%. You pay no deductible. The annual maximum benefit is $1,750 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%.

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).

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 also includes prescription drug coverage to help pay for prescription medications. It is important to remember that you can save money when you use the generic form of a drug instead of the brand-name version. Generic drugs become available when the patent owned by the manufacturer expires and other manufacturers begin producing a generic equivalent. So when you are prescribed a brand-name drug, it's wise to ask your health care provider if there is a generic drug available that will provide the same benefits.

In addition, if you are taking "maintenance medication" — such as 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 your prescription drug benefits, review the Medical and Dental Plans Comparison Chart you received with this guide or contact your medical plan.

See page 7 of this guide for information about your prescription drug coverage and Medicare.

additional protection

Sometimes, the unexpected happens and it affects not just your own life but also the lives of those you care about. What would happen to those who depend on you if something were to happen to you? Your *Flex* 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 term 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 group variable universal life (GVUL) insurance at low monthly group rates for yourself and for your spouse/domestic partner and dependent children. See the *Flex* SPD or go to **mylacountybenefits.com** for more information.

Medical Coverage Protection (LTD Health Insurance)

This plan is designed to help you continue your medical insurance coverage if you are eligible for long-term disability and become totally and permanently disabled.

For new disabilities incurred on or after January 1, 2008, all *Flex* participants who meet the eligibility requirements will be covered under the LTD health insurance provisions at no cost to them. LTD health insurance pays 75% of your monthly medical premium and you pay the remaining 25%. Eligible employees could elect to "buy-up" to 100% LTD health insurance at a cost of $3.00 per month. Under this optional coverage, LTD health insurance pays 100% of the monthly medical plan premium while you receive LTD benefits. See the *Flex* SPD or go to **mylacountybenefits.com** for more information.

Optional Group Variable Universal Life (GVUL) Insurance

As an eligible *Flex* participant, you can buy GVUL insurance for yourself. If you purchase optional GVUL insurance for yourself, you may also purchase a limited amount of life insurance coverage for your spouse/domestic partner and dependent children. The GVUL program is available through MetLife and offers premiums at affordable group rates. You can keep your coverage if you end your employment with the County. You can purchase coverage of one-half to eight times your annual salary. You pay the cost of coverage after-tax. See the *Flex* 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 group 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 costs.

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

spending accounts

What if you could reduce your out-of-pocket health care expenses by 10% to 30%? How about reducing the cost to provide care for your kids or adult dependents while you work? If that sounds good, consider enrolling in a Flexible Spending Account (FSA). With an FSA you never pay federal or state taxes on the money you contribute.

Flex offers two types of FSA: a Health Care Spending Account and a Dependent Care Spending Account. You may enroll in one or both spending accounts.

How the Spending Accounts Work

1. Determine how much you want to contribute using the spending account calculators in the "my tools" section of **mylacountybenefits.com**, or using the estimation worksheets found on pages 28 and 34 of the *Flex* SPD.
2. Enroll in the Health Care Spending Account, the Dependent Care Spending Account, or both. When you enroll, you decide how much to contribute to each account. You may contribute a maximum of $400 a month to each account in 2010. If you are eligible (and you enroll), the County will contribute up to $375 monthly (depending on your annual base pay) to your Dependent Care Spending Account. The maximum you may contribute to the Dependent Care Spending Account is $4,800 a year if married and filing jointly, or

Important Reminder!
You must reenroll in the spending accounts each year during annual enrollment if you wish to participate. Current spending account elections will not carry over to the next year.

spending accounts, continued

$2,500 if married and filing separately. The County's contribution to the Dependent Care Spending Account counts toward these limits.

3. Once you enroll, your contributions are taken out of your paycheck on a before-tax basis — before federal, state and local taxes are withheld — beginning with your first paycheck in January. These before-tax dollars are deposited into a recordkeeping account in your name, where you can use them to pay eligible expenses.

4. You pay eligible health care and/or dependent care expenses and submit a claim form to the spending account administrator. The spending account administrator reimburses you and debits the amount from your recordkeeping account. You effectively pay your expenses with tax-free dollars!

Important Considerations

Health Care Spending Account

Your account may be used for "eligible expenses" incurred by you, your spouse*, and your dependents (as defined by federal tax law). Eligible expenses include those often not covered by your health plans, such as **medical and dental deductibles and copayments**; routine physical exams; orthodontia; vision care (including prescription eyeglasses and sunglasses, contact lenses and solution, laser eye surgery, and nonprescription reading glasses); hearing aids; smoking-cessation programs; and over-the-counter (OTC) medications with a physician's prescription.

See the *Flex* SPD or go to **mylacountybenefits.com** for more information.

Dependent Care Spending Account

You may contribute up to $400** per month. "Eligible expenses" include out-of-pocket expenses for the care of your child(ren) under age 13, or a spouse (within the meaning of federal law*) or dependent parent who is incapable of self-care, so that you (and your spouse, if you are married) can work or attend school full-time. Eligible expenses include child and adult **day care provided at your home**; nursery schools and preschools (if the cost of schooling cannot be separated from the cost of care); **properly licensed day care centers** that care for six or more children (including summer day camps); **care outside the home for children and adult dependents**; and the **cost of transportation** of a qualifying individual by the care provider to or from the place care is provided.

County Contribution to the Dependent Care Spending Account

If you are eligible (and enroll) in the Dependent Care Spending Account, the County will make a nontaxable monthly contribution based on your annual base pay. And you don't even need to contribute to get this! See the chart below to find out how much the County will contribute in 2011. Please note that you can make contributions in addition to those made by the County — you just have to be sure that the combined contribution doesn't exceed IRS limits. **Remember, you must enroll in the Dependent Care Spending Account to be eligible for the County contribution.**

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

Important Note: The County caps total annual County contributions. If the cap is reached for 2011, the monthly contribution described above will be reduced pro rata for the month in which the cap is reached and then will be stopped completely for the remainder of the Plan Year. Because of the cap, there is no guarantee that you will receive the full monthly contribution shown above during the entire Plan Year. You will be notified if the County contribution is reduced or stopped during the Plan Year. See the *Flex* SPD or go to **mylacountybenefits.com** for more information.

Use It or Lose It

Before you decide whether to participate in a spending account, it's important that you carefully consider how much you should contribute. You must use the money in these accounts by a certain date. An IRS rule states that any money in your spending accounts that isn't spent by the end of the specified period must be forfeited. But don't let that stop you from taking advantage of the great tax benefits spending accounts offer. Just 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, 2011, and submitted for reimbursement by June 30, 2012. Under the County's program, some expenses (such as insurance premiums) are not eligible for reimbursement under the Health Care Spending Account.

Be sure to read the spending account section of the *Flex* SPD before you enroll.

* A "spouse" is defined uniformly for all federal laws as a person of the opposite sex who is a husband or wife.

** The County's contribution reduces the amount you can contribute, but that means you are spending even less on dependent care.

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) Flex Plan or Mega-Flex Plan, the prescription drug coverage that will be provided under Flex and Mega-Flex as of January 1, 2011, 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 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 Kaiser HMO; Blue Cross CaliforniaCare HMO, Plus POS, Prudent Buyer PPO, and Catastrophic plans; and the coverage that will be offered under these plans as of January 1, 2011, 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 *Flex* and *Mega-Flex* provide Creditable Coverage, you may elect any of these coverage options for the 2011 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 calendar year from November 15th through December 31st.

If you lose your Creditable Coverage under Flex and Mega-Flex 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 **Kaiser or any of the 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 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 do 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 Flex or Mega-Flex open enrollment period.

Please contact the County of Los Angeles Benefit 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 nineteen 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., November 15th) to enroll in the Medicare coverage.

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, 2010

Entity providing this Notice:
County of Los Angeles

Contact: Benefit Plan Administrator

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

Benefits Hotline: (213)-388-9982

Contact Information			
Contact	**Phone Number**	**Fax Number**	**Web Site**
BENEFIT SYSTEM			
Benefit Enrollment	888-822-0487	310-788-8775	www.mylacountybenefits.com
COUNTY DEPARTMENT OF HUMAN RESOURCES			
Benefits Hotline	213-388-9982	N/A	http://www.dhr.lacounty.info/
MEDICAL			
Kaiser Permanente	800-464-4000	N/A	www.kp.org/countyofla
Anthem Blue Cross	866-940-8303	N/A	www.anthem.com/ca/countyoflosangeles
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			
Administrator (Ceridian)	866-300-2303	888-367-3305	www.mylacountybenefits.com
LIFE			
MetLife	800-846-0124	N/A	www.mylacountybenefits.com * Click on the MetLife link
AD&D			
CIGNA Life	800-842-6635	N/A	www.cigna.com

The County of Los Angeles cares about you and your family. That's why we offer benefits that provide for your needs today and in the future. Through a comprehensive benefit program that includes medical, dental, life, and LTD health insurance, we help you enrich your life while protecting your future and your loved ones.

This Enrollment 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.