

# 2025 BENEFITS GUIDE

## PERSONALIZE YOUR BENEFITS

The County of Los Angeles and your union, through the Coalition of County Unions (CCU), care about you and your family. We work together to negotiate a comprehensive *Choices* 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 based on the number of dependents you enroll in your medical plan.



If the total cost of the benefits you elect is less than your monthly benefits allowance, the unused amount, up to the taxable cash limit of \$244, will be added to your paycheck each month.



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 *Choices* Summary Plan Description (SPD), and at [mylacountybenefits.com](http://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> Dependent term life, AD&D, and spending accounts have different eligibility requirements. For details, see your Choices 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 Choices 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

<b>Medical</b>	Kaiser Permanente HMO	Cigna Network HMO	Cigna Southern California Select Network HMO	Cigna Network POS
	CAPE/Blue Shield POS (Lite & Classic) <sup>3</sup>	ALADS/Anthem Blue Cross CaliforniaCare HMO (Basic & Premier) <sup>4</sup>	ALADS/Anthem Blue Cross Prudent Buyer PPO (Basic & Premier) <sup>4</sup>	Fire Fighters Local 1014 Health Plan <sup>5</sup>
<b>Dental</b>	MetLife (SafeGuard) HMO	DeltaCare HMO	Delta Dental PPO	ALADS/Anthem Blue Cross Premier PPO (included in ALADS/Anthem Blue Cross Premier medical plans) <sup>4</sup>
	<b>Spending Accounts</b>		Health Care Spending Account (HCSA)	Dependent Care Spending Account (DCSA)
<b>Life Insurance</b>	Basic term life insurance	Optional group term life insurance	Dependent term life insurance	
	<b>Accidental Death and Dismemberment (AD&amp;D) Insurance</b>		<b>Medical Coverage Protection Long-Term Disability (LTD) Health Insurance</b>	

<sup>3</sup> Available to new hires and newly eligible employees at initial enrollment. To continue enrollment in a CAPE/Blue Shield medical plan for the following Plan Year, you must be a dues-paying member of one of these unions affiliated with CCU as of August 1: AFSCME (all locals), ALADS, Assoc. of Public Defender Inv., Building Trades, CAPE, CA Federation of Interpreters, CIR, IAFF Local 1014, IUOE Local 501, LACOLA, PPOA, Teamsters 911, or UAPD.

<sup>4</sup> 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.

<sup>5</sup> Available to Fire personnel who are eligible to be members of Local 1014 or LACOLA, including Bargaining Units 601, 602, 603, 604, 641, and 642.

# SNAPSHOT: MEDICAL PLANS

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

	HEALTH MAINTENANCE ORGANIZATION (HMO)	POINT OF SERVICE (POS)	PREFERRED PROVIDER ORGANIZATION (PPO)
<b>Coverage</b>	<ul style="list-style-type: none"> <li>Preventive care</li> <li>Routine and major medical care</li> </ul>	<ul style="list-style-type: none"> <li>Prescription drugs</li> <li>Telehealth</li> <li>Behavioral/mental health care</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 licensed doctors or specialists</li> <li>Your out-of-pocket expenses will be lower when you coordinate care through your PCP and use network providers</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>
<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>Generally, 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>
Each plan pays 100% of preventive care when you use in-network providers.			

## ARE YOU COVERED BY ANOTHER MEDICAL PLAN?

During your initial *Choices* enrollment and during annual benefits enrollment, you have the option of waiving or declining medical coverage based on the coverage provided by your other medical plan.

**Waiving coverage:** You may waive coverage in the County's medical plan for 2025 ONLY if you're enrolled in:

- Your spouse's/domestic partner's employer-sponsored medical plan
  - Another employer-sponsored medical plan, such as a second job
  - Veteran's benefits, or
  - Medicare (Parts A and B)
- and**
- Your plan is similar to a *Choices* plan

If you waive coverage, you'll get \$244 as a monthly medical waiver allowance.

**Declining coverage:** You may choose to decline medical coverage ONLY if you have an individual policy you purchased through an insurance company or through a marketplace such as Covered California.

If you decline coverage, you won't receive any monthly benefits allowance from the County.

**To waive or decline coverage, you MUST provide proof of other medical coverage every year.**

If you don't provide proof, or your request isn't approved, you'll be enrolled in a *Choices* medical plan.<sup>1</sup> You won't be able to waive or decline coverage until the next annual benefits enrollment.



**Pensionability Note:** You're a pensionable *Choices* participant if you were hired before January 1, 1996. As a pensionable participant, whether you waive or have medical coverage, \$244 of your monthly *Choices* benefits allowance is added to your salary when your pension is calculated at the time you retire; however, if you decline medical coverage, you won't receive the pensionable amount of \$244 when your retirement is calculated.

<sup>1</sup> Employees who are CAPE members will be automatically enrolled in CAPE/Blue Shield Lite Point of Service (POS) Plan. 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 Basic Plan. Fire personnel who are eligible to be members of Local 1014 will be automatically enrolled in the Fire Fighters Local 1014 Health Plan. All other employees will be enrolled in either Cigna Southern California Select Network HMO or Kaiser Permanente HMO based on service area.



 **MEDICAL PLANS WITH LIMITED DENTAL BENEFITS**

The medical plans below offer a limited dental benefit to supplement your County dental plan.

If you enroll in one of these medical plans, you must also enroll in a County dental plan or waive coverage if you're enrolled in another dental plan.

## 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 *Choices* SPD at [mylacountybenefits.com](http://mylacountybenefits.com).

Your *Choices* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

The program also offers these PPO dental plans:

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



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 and the annual maximum benefit is \$1,750 per person
- **Delta Premier network** – Delta pays benefits based on a fee agreement with the network's dentists; most routine services are covered at 85% after you meet the deductible — the annual maximum benefit is \$1,750 per person

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).

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. This plan offers in-network and out-of-network benefits. When you use network providers, the plan pays higher benefits and you pay less. The annual maximum benefit is \$3,000 per person and the orthodontia lifetime benefit is 50%, up to \$3,000 per person.

**ALADS/Anthem Blue Cross CaliforniaCare HMO Basic and ALADS/Anthem Blue Cross Prudent Buyer PPO Basic medical plans:** 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. These plans provide a \$1,250 annual maximum benefit per person; a lifetime orthodontia benefit of 50%, up to \$1,800 per person; and are subject to an annual deductible of \$50 per person, up to \$150 per family.

**CAPE/Blue Shield Lite and Classic POS Plans:** These plans provide a 50%, up to \$2,500 per person lifetime orthodontia benefit. They also cover preventive and basic services at 25% and/or dental implants at 60%, up to \$1,500 per calendar year combined.

**Fire Fighters Local 1014 Health Plan:** This plan provides a \$5,000 lifetime orthodontia benefit, a \$12,000 lifetime dental implant benefit, and a \$1,500 benefit for out-of-pocket expenses. The plan is available only to employees eligible to be members of Local 1014 or LACOLA.

# PROTECTION FOR THE UNEXPECTED

To protect you and your family financially, the County offers life insurance, accidental death and dismemberment (AD&D) insurance, and long-term disability (LTD) health insurance.

## LIFE INSURANCE

- **Basic term life** – Provided at no cost to you:
  - \$5,000 – General Members of Retirement Plan A, B, C, D, or G, and Safety Members of Retirement Plan A, B, or C
  - \$13,000 – Members of Retirement Plan E
- **Optional group term life** – To increase your life insurance benefit, you may buy coverage of 1x to 8x your annual salary
  - If you don't choose the maximum amount when first eligible, you can increase coverage by one level each year during annual benefits enrollment
- **Dependent term life** – If you buy optional coverage for yourself, you can buy coverage for your spouse/domestic partner and dependent children<sup>1</sup>

<sup>1</sup> *Unmarried dependent children age six months through age 20, or through age 25 if full-time students, are eligible for the full amount.*



## 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.

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 *Choices* 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 LTD, medical coverage protection LTD health insurance continues your medical insurance coverage while receiving LTD benefits.

To be eligible, you must be a General Member of Retirement Plan A, B, C, D, E, or G and enrolled in a CAPE/Blue Shield, Cigna, or Kaiser 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 *Choices* 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 Choices SPD or visit [mylacountybenefits.com](http://mylacountybenefits.com) for dependent eligibility.



**Important deadlines**

**December 31, 2025**  
Last day to incur expenses

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**June 30, 2026**  
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: \$266<sup>2</sup>
- You can carry over up to \$640<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 2024 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 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 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 2025, 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 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 Choices 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.

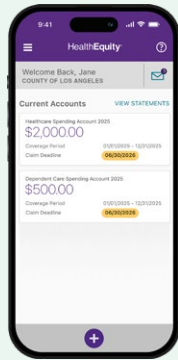
See the Important Rules section in the *Choices SPD* at [mylacountybenefits.com](http://mylacountybenefits.com).

## SPENDING ACCOUNTS MADE EASIER

### HealthEquity EZ Receipts mobile app

Available at the Apple App Store or Google Play.

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



### HealthEquity Debit 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 debit 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** 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	mylacountybenefits.com	N/A
Submit copies of required documents: Upload: mylacountybenefits.com • Email: documents@mylacountybenefits.com • 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	employee.hr.lacounty.gov	N/A
<b>MEDICAL</b>				
<b>Cigna</b> Vision: 888-353-2653	800-842-6635	3212364	cigna.com	myCigna
<b>Kaiser Permanente</b> Vision: Contact Kaiser	800-464-4000	101000-4	choose.kp.org/county-of-la	Kaiser Permanente
<b>ALADS/Anthem Blue Cross</b> Vision: VSP, 800-877-7195 or vsp.com	800-842-6635	Prudent Buyer PPO: 67915 CaliforniaCare HMO: 57726	mybenefitchoices.com/alads	N/A
<b>CAPE/Blue Shield</b> Vision: VSP, 800-877-7195 or vsp.com	800-487-3092	Classic: POSX0001 Lite: POSX0002	blueshieldca.com/cape	Blue Shield of California
<b>Fire Fighters Local 1014</b> Vision: VSP, 800-877-7195 or vsp.com	800-660-1014	N/A	local1014medical.org	N/A
<b>DENTAL</b>				
<b>MetLife (SafeGuard) HMO</b>	800-880-1800	3417	metlife.com/safeguard	MetLife US App
<b>DeltaCare HMO</b>	800-422-4234	70831-00001	deltadentalins.com	Delta Dental Mobile App
<b>Delta Dental PPO</b>	888-335-8227	4915-10006	deltadentalins.com	Delta Dental Mobile App
<b>ALADS/Anthem Blue Cross (dental)</b>	800-842-6635	1875XX	mybenefitchoices.com/alads	N/A
<b>SPENDING ACCOUNTS</b>				
<b>BenefitWallet (through Dec. 31, 2024)</b>	866-225-0067 Fax: 877-841-1152	N/A	mylacountybenefits.com	BenefitWallet+
<b>HealthEquity (effective Jan. 1, 2025)</b>	877-924-3967 Fax: 877-353-9236	N/A	mylacountybenefits.com	EZ Receipts
<b>LIFE AND AD&amp;D INSURANCE</b>				
<b>New York Life</b>	800-842-6635 Fax: 818-477-1494	Life: FLI52070 AD&D: OK819451	bsc4lac.com	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 Choices 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.