

2025 BENEFITS GUIDE

PERSONALIZE YOUR BENEFITS

The County of Los Angeles and SEIU Local 721 care about you and your family. We work together to negotiate a comprehensive *Options* 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 *Options* Summary Plan Description (SPD), and at mylacountybenefits.com.



WHO YOU CAN ENROLL

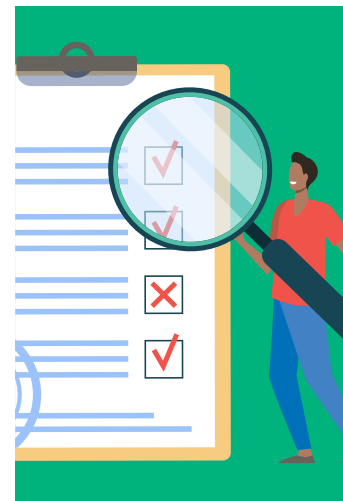
Dependents eligible for medical and dental coverage¹ include your:

- Spouse/domestic partner
- Children² 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.

¹ *Dependent term life, AD&D, and spending accounts have different eligibility requirements. For details, see your Options SPD at mylacountybenefits.com.*

² *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 *Options* 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

Medical	Kaiser Permanente HMO	UnitedHealthcare HMO	UnitedHealthcare Harmony HMO	UnitedHealthcare Select Plus PPO
Dental	MetLife (SafeGuard) HMO	DeltaCare HMO	Delta Dental PPO	
Spending Accounts	Health Care Spending Account (HCSA)		Dependent Care Spending Account (DCSA)	
Life Insurance	Basic term life insurance	Optional group term life insurance	Dependent term life insurance	
Accidental Death and Dismemberment (AD&D) Insurance		Medical Coverage Protection Long-Term Disability (LTD) Health Insurance		





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 *Options* SPD at mylacountybenefits.com.

	HEALTH MAINTENANCE ORGANIZATION (HMO)	PREFERRED PROVIDER ORGANIZATION (PPO)
Coverage	<ul style="list-style-type: none"> Preventive care Routine and major medical care Prescription drugs 	<ul style="list-style-type: none"> Telehealth Behavioral/mental health care Vision care Hearing aids
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 can see any licensed doctor or specialist Your out-of-pocket expenses will be lower when you use doctors, hospitals, and other health care providers in the PPO network
Costs for Services	<ul style="list-style-type: none"> There are no deductibles You pay a copay for most services HMOs generally have lower copays and no deductibles to meet, so services usually cost less than in PPO plans 	<ul style="list-style-type: none"> You must meet the deductible before the plan pays benefits You pay less when you use providers who are in the PPO network
Each plan pays 100% of preventive care when you use in-network providers.		

ARE YOU COVERED BY ANOTHER MEDICAL PLAN?

During your initial *Options* 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)

If you waive coverage, you’ll get \$228 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 automatically enrolled in the lowest-cost *Options* medical plan you’re eligible for. You won’t be able to waive or decline coverage until the next annual benefits enrollment.

Pensionability Note: You’re a pensionable *Options* participant if you were hired before January 1, 1996. As a pensionable participant, whether you waive or have medical coverage, \$244 of your monthly *Options* 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.



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 *Options* SPD at mylacountybenefits.com.



Your *Options* program offers two HMO dental plans:

- MetLife (SafeGuard)
- DeltaCare

The program also offers a PPO dental plan:

- Delta Dental

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
- **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

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).

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
 - \$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 children¹

¹ *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.²

See your benefits enrollment packet for AD&D coverage amounts and costs, and the *Options* SPD at mylacountybenefits.com for rules.

² *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 an *Options* 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 *Options* SPD or visit mylacountybenefits.com for more information.

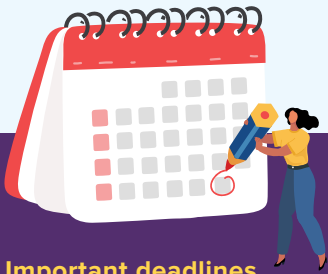


SAVE MONEY WITH TAX-FREE SPENDING ACCOUNTS

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 dependents¹
- **Dependent Care Spending Account (DCSA)** – Pay eligible dependent care expenses for children under age 13 or your federal tax dependent¹ 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

¹ 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 Options SPD or visit 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 for a list of expenses.

Important details

- Monthly contribution limit: \$266²
- You can carry over up to \$640² 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 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

² 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 ¹
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).

¹ 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 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 Options SPD at 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.

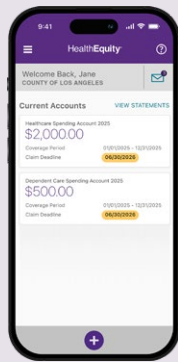
See the Important Rules section in the Options SPD at mylacountybenefits.com.

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.

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 Number	Website	App
BENEFITS SYSTEM				
Benefits Enrollment	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				
COUNTY DEPARTMENT OF HUMAN RESOURCES				
Benefits Hotline	213-388-9982	N/A	employee.hr.lacounty.gov	N/A
MEDICAL				
UnitedHealthcare Vision: VSP, 800-877-7195 or vsp.com	800-367-2660	HMO: 401056 Harmony HMO: 252014 Select Plus PPO: 716822-0005	healthyatcola.com	UnitedHealthcare
Kaiser Permanente HMO Vision: Contact Kaiser	800-464-4000	101000-0	choose.kp.org/county-of-la	Kaiser Permanente
DENTAL				
MetLife (SafeGuard) HMO	800-880-1800	3417	metlife.com/safeguard	MetLife US App
DeltaCare HMO	800-422-4234	70831-00001	deltadentalins.com	Delta Dental Mobile App
Delta Dental PPO	888-335-8227	4915-10001	deltadentalins.com	Delta Dental Mobile App
SPENDING ACCOUNTS				
BenefitWallet (through Dec. 31, 2024)	866-225-0067 Fax: 877-841-1152	N/A	mylacountybenefits.com	BenefitWallet+
HealthEquity (effective Jan. 1, 2025)	877-924-3967 Fax: 877-353-9236	N/A	mylacountybenefits.com	EZ Receipts
LIFE AND AD&D INSURANCE				
New York Life	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 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'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.