



How often do I get to choose my benefits with the City of Los Angeles?

- A. At any time
- B. At original time of hire and during Open Enrollment only
- C.) At original time of hire, during Open Enrollment, and when I have a life event change
 - D. No more than once per year





CHOOSING YOUR HEALTH & DENTAL PROVIDERS: KEY CONCEPTS

- ➤ **HMO** An HMO involves a limited network of physicians, facilities and/or hospitals you typically work with a primary care physician/dentist to access all services.
- ➤ **PPO** A PPO provides you access to virtually any service provider, but typically with higher out-of-pocket costs, particularly if you go outside their network of PPO providers
- Level of Coverage You can choose coverage for
 - Employee Only (Default)
 - Employee + Spouse
 - Employee + Children
 - Employee + Family
- ➤ Cost of Premiums Whether you are required to contribute towards your health insurance premium depends upon which employee Memorandum of Understanding (MOU) you are covered by (contributions range from 0% to 10% of premium) and what <u>level of coverage</u> you select
- ➤ Life/Disability You are provided base benefits at no cost; you have the option to purchase supplemental benefits at cost
- > Accidental Death & Dismemberment Additional accidental loss coverage





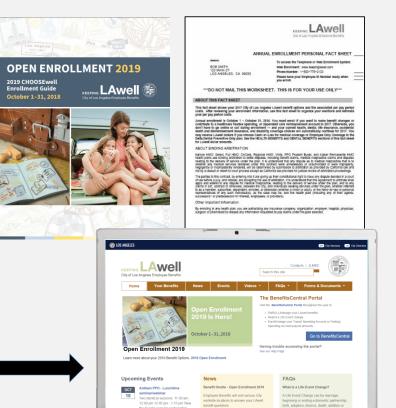
HEALTH INSURANCE (includes EyeMed vision) ☐ HMO – Kaiser		
 ☐ HMO – Anthem (Narrow Network) ☐ HMO – Anthem (Full Network) ☐ HMO – Anthem (Vivity - Regional) 	LIFE INSURANCE ☑ Base Life (included) ☐ Supplemental Life	
☐ PPO – Anthem (PPO) ☐ Cash in Lieu of Coverage (\$100 per month)	ACCIDENTAL DEATH & DISMEMBERMENT ☐ Coverage for Accidents EMPLOYEE & FAMILY ASSISTANCE PROGRAM ☐ Counseling/Education Resources (included)	
DENTAL INSURANCE ☐ HMO – Delta Dental (Default) ☐ PPO – Delta Dental ☐ Preventive Only – Delta Dental		
DISABILITY INSURANCE ☑ Base Disability (included) ☐ Supplemental Disability	TAX-ADVANTAGED SAVING ☐ Dependent Care ☐ Flexible Spending Account	



Enrollment:

An Enrollment Booklet will be mailed to your home

After choosing your benefits, you can enroll by (a) calling the Benefits Request Line at (833) 4LA-WELL; or (b) going online at www.keepingLAwell.com





More Enrollment Highlights

- You will receive a confirmation statement after you submit your elections
- You will have **15 days** from the date of the confirmation statement to make additional changes
- Your **benefits** are irrevocable through December 31st of the present calendar year unless you have a Life Event Change
- Benefits are effective the day you enroll or go online (but it may take 4-6 weeks for your information to be processed by the insurance provider)
- You may visit your provider after enrollment, but best if waiting until you receive your insurance card is recommended

Open
Enrollment is
October 1–31
Each Year;
Changes
effective Jan 1





<u>DEPENDENT COVERAGE –</u> DON'T FORGET DOCUMENTATION!!!

To cover your dependents, you must submit required documentation of dependent status within <u>60 days</u> or dependent coverage will be canceled and you will not be able to provide coverage until the next plan year.





ELIGIBLE DEPENDENTS

Dependent Type	Eligibility Definition	Required Documentation
Spouse	Person to whom you are legally married	Marriage Certificate
Domestic Partner	City/State Domestic Partner eligibility criteria	Domestic Partnership Affidavit
Children, Stepchildren, Legally Adopted Children	Minor child or adult child(ren) of employee, employee's spouse, or employee's domestic partner under age 26	Birth Certificate or Court Documentation
Grandchildren/ Legal Custody	Minor child if parent is unmarried under age 19; minor child if parent is unmarried age 19-26 and a full-time student and your financial dependent; or if you have legal custody	Birth Certificate, Full-time Student Certification, or Court Documentation
Disabled Child over 26	Must be certified by your medical plan	Disability Certification





TIMING IS EVERYTHING – LIFE EVENT CHANGES

FAMILY STATUS CHANGE EXAMPLES:

- Marriage or Beginning Domestic Partnership
- Birth or Adoption
- Divorce or Domestic Partnership Termination
- > Death
- Loss or gain of spouse/domestic partner health coverage

DEADLINES TO REMEMBER:

- Life Event Changes must be reported w/in
 30 days of occurrence
- Documentation of change must be submitted w/in 60 days in order for change to take affect
- Failure to terminate an ineligible dependent timely means you pay premium costs and/or cost of any incurred services

For general assistance with your benefits, contact the Benefits Service Center at 1-833-4LA-WELL Monday through Friday from 8:00 AM to 5:00 PM PST

Phone (213) 978-1655 - Fax (213) 978-1623 www.keepingLAwell.com / per.empbenefits@lacity.org

ANTHEM/KAISER MEMBER REPRESENTATIVES @ CITY HALL

Anthem: Mon – Fri Kaiser: Tues – Thurs

