City of Los Angeles

Flex Enrollment 2016

Sworn Booklet
October 1 – 31 at myflexla.com

Your Physical and Financial Well-Being
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 choices about your prescription drug coverage. See page 35 for more information.

State premium assistance programs
See page 32 for a notice about state premium assistance programs funded by Medicaid and the Children’s Health Insurance Program.

This booklet is published by the City of Los Angeles Joint Labor-Management Benefits Committee. It provides only highlights of the Flex program. It does not change the terms of your benefit plans or the official documents that control them. If there are any inconsistencies between this booklet and the official plan documents, the plan documents will govern. Plan documents are the legal papers that spell out the benefit plan rules in detail. They may include insurance policies and similar kinds of documents.

By enrolling in, and/or accepting services under the Civilian Flex Plan, you agree to abide by all terms, conditions and provisions stated in the 2016 Flex Enrollment Booklet and Official Plan Documents.

You must notify the Benefits Service Center within 30 calendar days if your covered dependent no longer meets eligibility requirements. If an ineligible dependent has been enrolled, or you fail to report a loss of eligibility event such as divorce, within 30 days, you may be responsible for repayment of the City’s portion of the premiums retroactive to the date of ineligibility, as well as the cost of medical services provided to ineligible dependents, to the extent possible under law.

If you fraudulently obtain Civilian Flex program benefits for yourself or your dependents, you will be required to pay any costs of any benefits that were paid on your behalf; you will have your coverage retroactively terminated; and at the sole discretion of the City of Los Angeles, you may also be subject to disciplinary action including but not limited to discharge.

September 2015
Your Physical and Financial Well-Being

Navigating 2016 Flex Enrollment and Beyond
Because they can make a big impact on your physical and financial well-being, both now and for the future. It’s an ongoing journey – and the City offers a range of benefit options and programs to support you along the way.

**HEALTH AND WELL-BEING**
Providing medical coverage options (including prescription drug and vision benefits) plus choices for dental coverage.

**TAX SAVINGS AND RETIREMENT**
Giving you access to tax-saving accounts for today and a retirement savings plan for your future.
How to Use This Booklet

1. Understand Your Choices
   Review details on your benefit options:
   - Health and Well-Being – pages 4-14
   - Tax Savings and Retirement – pages 15-24

2. Review Coverage Costs
   - Learn about Cash-in-Lieu – page 4
   - See pages 6-14 of this booklet for medical and dental coverage comparisons
   - Understand domestic partner costs – page 29
   - Review the subsidy amounts provided in your MOU for health and dental insurance at http://cao.lacity.org/MOUS/

3. Confirm Your Dependents Are Eligible
   - Learn who is eligible – pages 25-26
   - Provide required documentation by the deadline – page 27
   - Understand special situations for dependents – page 28

4. Learn About Making Changes During the Year
   - Understand the rules for family status changes – page 30

Your Enrollment Resources
- To enroll into Medical, Dental or Dependent Coverage or make changes, submit an Enrollment form, Family Account Change Form, or Cancellation form to the employee Benefits Division by October 31, 2015
- To enroll into a Dependent Care Reimbursement Account, Health Care Flexible Spending Account, Commuter Spending Accounts or Cash-in-Lieu make changes online at myflexla.com or contact a Flex Service Center representative by telephone Monday - Friday from 8 a.m. to 5 p.m. at 1-800-778-2133
- Call Maria Lopez at 213-978-1584 or email per.empbenefits@lacity.org

It's all about the choices you make both now and throughout the years. Flex Enrollment provides you with a valuable opportunity to not only make your benefit choices, but also to take a fresh look at how you can plan for a successful future for yourself and your loved ones.
Health Coverage

Your Health Coverage Choices

Under Flex, you can choose 2016 health coverage in:

• Kaiser Permanente HMO
• Blue Shield Access+ HMO SaveNet (Narrow Network)
• Shield Spectrum Preferred Provider Organization (PPO)

You can also decline Civilian Flex health coverage – and receive a payment each pay period called Cash-in-Lieu – if you have coverage through your spouse’s or domestic partner’s employer and you opt out of your association’s health coverage.

There are important differences in how HMOs and PPOs work.

• HMOs provide healthcare through a network of doctors, hospitals and other healthcare providers. With an HMO plan, you must access covered services through a network of physicians and facilities as directed by your Primary Care Physician (called a Personal Physician by Blue Shield), except for emergencies. Flex provides coverage based on ZIP code and covers areas where most City employees live. In limited cases, you may not have a choice of all the HMOs described in this booklet.

• A PPO is a network of doctors, hospitals and other healthcare providers that have agreed to offer quality medical care and services at discounted rates. You can use network providers for a higher level of benefit coverage, or go to any licensed provider and receive a lower level of benefits.

Cash-in-Lieu – A Great Idea if You Have Other Coverage

If your spouse or domestic partner has health coverage available at work, it may be worth considering coverage as a dependent under your spouse/domestic partner’s plan rather than taking coverage under Flex. As a regular, full-time employee, you are eligible to opt out of health coverage under certain circumstances and receive a cash benefit of $100 per month ($1,200/year) in taxable income in lieu of coverage. This payment is called Cash-in-Lieu.

For Cash-in-Lieu to begin, you must complete and return the affidavit:

• By December 11, 2015 if you select Cash-in-Lieu during Open Enrollment. If your Cash-in-Lieu is received after the deadline, you will not receive payments for any pay periods missed.

• Within 60 days of the date on your confirmation statement if you select Cash-in-Lieu as a new hire. If you do not return the Cash-in-Lieu affidavit, Cash-in-Lieu will be cancelled effective the 61st day.

The Affordable Care Act (ACA)

Under the ACA, most people are required to have medical coverage. This is called the individual mandate. If you enroll in Flex medical benefits, you meet the individual mandate. If you plan to enroll in coverage through another plan, it’s a good idea to confirm that other coverage meets ACA requirements for the individual mandate. To learn more visit coveredca.com or call 1-888-975-1142.
Using the Networks

<table>
<thead>
<tr>
<th>Blue Shield Access+ HMO SaveNet (Narrow Network)</th>
<th>Kaiser Permanente HMO</th>
<th>Shield Spectrum PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network care</td>
<td>From a network Personal Physician you choose, using your Personal Physician first when you need medical care</td>
<td>From any Kaiser Permanente facility; a primary care physician (PCP) is recommended but not required</td>
</tr>
<tr>
<td>Out-of-network care</td>
<td>Not covered unless you need care for a serious medical emergency outside of your HMO’s network service area</td>
<td></td>
</tr>
</tbody>
</table>

Finding Network Providers

<table>
<thead>
<tr>
<th>Online</th>
<th>Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield blueshieldca.com/lacity</td>
<td>Blue Shield 1-855-201-2086</td>
</tr>
<tr>
<td>Kaiser Permanente <a href="http://my.kp.org/ca/cityofla">http://my.kp.org/ca/cityofla</a></td>
<td>Kaiser Permanente 1-800-464-4000</td>
</tr>
</tbody>
</table>

About Your Personal Physician

If you enroll in a Blue Shield HMO, Blue Shield will automatically assign a new Personal Physician to you and/or your enrolled dependents based on your ZIP code.

The Personal Physician assigned to you or your enrolled dependents will be listed on your new Blue Shield Member ID card. Beginning on January 1, 2016, you can change your or your dependent’s Personal Physician by calling Blue Shield Member Services at 1-855-201-2086. You will receive a new ID card via U.S. mail within seven to 10 business days.

Key Terms

A **deductible** is the amount you owe for plan eligible health care services before your plan begins to pay.

Your **out-of-pocket maximum** is the most you will have to pay for covered medical expenses in a plan year through deductible and coinsurance before your insurance plan begins to pay 100 percent of covered medical expenses.
## A Health Coverage Comparison

The options generally cover the same types of care, but there are some differences in the way they pay for covered care. The following comparison charts show how each health plan pays for some covered services. To find out if a specific service not shown on the charts is covered, call the plan’s Member Services number.

For details on prescription drug and vision coverage, see “Prescription Drug Coverage” on page 8 and “Vision Care” on page 10.

### Comparison Charts

<table>
<thead>
<tr>
<th>Service</th>
<th>Blue Shield Access+ HMO SaveNet (Narrow Network)</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Calendar year out-of-pocket maximum</td>
<td>$500/person; $1,500/family</td>
<td>$1,500/person; $3,000/family</td>
</tr>
<tr>
<td>Lifetime maximum benefit</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Choice of physicians and facilities (hospitals, etc.)</td>
<td>Access covered services through the Blue Shield network of physicians and facilities as directed by your Personal Physician, except for emergencies***</td>
<td>Access covered services through the Kaiser network of physicians and facilities except for emergencies</td>
</tr>
<tr>
<td>Routine office visits</td>
<td>Plan pays 100% after $15 copay/visit</td>
<td>Plan pays 100% after $15 copay/visit</td>
</tr>
<tr>
<td>Pediatric office visits</td>
<td>Plan pays 100% up to age 5</td>
<td>Plan pays 100% up to age 5</td>
</tr>
<tr>
<td>Preventive Care*</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Plan pays 100%</td>
<td>Plan pays 100% after $15 copay/visit</td>
</tr>
<tr>
<td>Maternity care (office visits)</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Diagnostic lab work and X-rays</td>
<td>Plan pays 100%</td>
<td>Plan pays 100% at a Kaiser facility</td>
</tr>
<tr>
<td>Emergency room care for true emergencies (such as severe chest pains or breathing difficulties, severe bleeding, poisoning)</td>
<td>Plan pays 100% after $100 copay/visit; copay waived if admitted</td>
<td>Plan pays 100% after $100 copay/visit; copay waived if admitted</td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient**</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>• Outpatient**</td>
<td>Plan pays 100% for facility-based care; 100% after $15 copay/visit for physician visits</td>
<td>Plan pays 100% after $15 copay/visit; 100% up to age 5</td>
</tr>
<tr>
<td>Chemical dependency treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient**</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>• Outpatient**</td>
<td>Plan pays 100% for facility-based care; 100% after $15 copay/visit for physician visits</td>
<td>Plan pays 100% after $15 copay/visit; 100% up to age 5</td>
</tr>
<tr>
<td>Hearing aid benefit</td>
<td>Plan pays for one hearing aid per ear every 24 months after $15 copay/visit</td>
<td>Plan pays up to $2,000 allowance for one device per ear every 36 months; covers all visits for fitting, counseling, adjustment, cleaning and inspection</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>See “Prescription Drug Coverage” on page 8 for details.</td>
<td></td>
</tr>
<tr>
<td>Vision care</td>
<td>See “Vision Care” on page 10 for details.</td>
<td></td>
</tr>
</tbody>
</table>

* Preventive care coverage includes preventive services rated A or B by the U.S. Preventive Services Task Force and the federal regulations.
* Go to the Web site for your health plan or call your health plan if you have questions about coverage.
* The mental health inpatient and outpatient benefits shown here are general benefit provisions. Consult with your plan for specific information regarding benefits available.
* To find a provider or verify physicians, contact Blue Shield Member Services at 1-855-201-2086.
<table>
<thead>
<tr>
<th>Shield Spectrum PPO</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar year deductible</strong></td>
<td>$750/person or $1,500/family</td>
<td>$1,250/person or $2,500/family</td>
</tr>
<tr>
<td><strong>Calendar year out-of-pocket maximum</strong></td>
<td>$2,000/person or $4,000/family, in-network and out-of-network combined</td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime maximum benefit</strong></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Choice of physicians and facilities</strong></td>
<td>Access covered services through Shield Spectrum PPO preferred providers</td>
<td>Access covered services through any provider</td>
</tr>
<tr>
<td><strong>Routine office visits</strong></td>
<td>Plan pays 100% after $30 copay/visit with no deductible; 90% after deductible for any procedures as part of visit</td>
<td>Plan pays 70% of allowed charges*** after deductible</td>
</tr>
<tr>
<td><strong>Pediatric office visits</strong></td>
<td>Plan pays 100%, no deductible, for routine exams and immunizations up to age 6</td>
<td>Plan pays 70% of allowed charges*** after deductible</td>
</tr>
<tr>
<td><strong>Preventive Care</strong>*</td>
<td>Plan pays 100%, no deductible</td>
<td>Plan pays 70% of allowed charges*** after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td>Plan pays 90% after deductible; prior authorization needed****</td>
<td>Plan pays 70% of allowed charges*** after deductible, up to $1,500 per day maximum allowed charges, plus all charges in excess of $1,500; must be prior authorized****</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% of allowed charges*** after deductible, up to $350 per day maximum allowed charges, plus all charges in excess of $350</td>
</tr>
<tr>
<td><strong>Maternity care (office visits)</strong></td>
<td>Plan pays 100% after $30 copay/visit</td>
<td>Plan pays 70% of allowed charges*** after deductible</td>
</tr>
<tr>
<td><strong>Diagnostic lab work and X-rays</strong></td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% of allowed charges*** after deductible</td>
</tr>
<tr>
<td><strong>Emergency room care for true emergencies</strong> (such as severe chest pains or breathing difficulties, severe bleeding, poisoning)</td>
<td>Plan pays 90% after $100 copay/visit; copay waived if admitted and regular hospitalization benefits apply</td>
<td>Plan pays 90% after $100 copay/visit; copay waived if admitted and regular hospitalization benefits apply</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% of allowed charges*** after deductible, up to $1,500 per day maximum allowed charges, plus all charges in excess of $1,500; must be prior authorized</td>
</tr>
<tr>
<td><strong>Chemical dependency treatment</strong></td>
<td>Plan pays 90% after deductible</td>
<td>Plan pays 70% of allowed charges*** after deductible, up to $1,500 per day maximum allowed charges, plus all charges in excess of $1,500; must be prior authorized</td>
</tr>
<tr>
<td><strong>Hearing aid benefit</strong></td>
<td>Plan pays up to a maximum of $2,000 per member every 24 months for hearing aid and ancillary equipment</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td>See “Prescription Drug Coverage” on page 8 for details.</td>
<td></td>
</tr>
<tr>
<td><strong>Vision care</strong></td>
<td>See “Vision Care” on page 10 for details.</td>
<td></td>
</tr>
</tbody>
</table>

* Preventive care coverage includes preventive services rated A or B by the U.S. Preventive Services Task Force and the federal regulations. Go to the Web site for your health plan or call your health plan if you have questions about coverage.

** The mental health inpatient and outpatient benefits shown here are general benefit provisions. Consult with your plan for specific information regarding benefits available in your situation.

*** When members use non-preferred providers, they must pay the applicable copayment and coinsurance plus any amount that exceeds Blue Shield’s allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum.

**** You or your doctor must contact Blue Shield for preauthorization and approval before a hospital stay or you will be responsible for a penalty of $250.
Prescription Drug Coverage

Drugs are more advanced than ever, and doctors are relying more on drug therapies to help people manage their conditions. Understanding how the prescription drug program available through your health plan works can help you make good buying decisions and lower your out-of-pocket costs.

Participating Pharmacy

To have a prescription filled, simply show your member ID card and pay a copayment when you go to a participating Blue Shield or Kaiser pharmacy. You do not have to submit claim forms —

• For the Blue Shield Access+ HMO SaveNet (Narrow Network) and the Shield Spectrum PPO, you can fill prescriptions at any retail pharmacy that participates in the Blue Shield pharmacy network. Prescriptions from non-participating pharmacies are not covered. To find a participating pharmacy, go to blueshieldca.com/lacity and select Pharmacy Benefits.
• For the Kaiser Permanente HMO, you must fill prescriptions at any Kaiser pharmacy.

What is the Drug Formulary?

A formulary is a preferred list of commonly prescribed brand-name medications compiled by an independent group of doctors and pharmacists. It includes medications for most medical conditions that are treated on an outpatient basis. You pay lower copayments when you use a drug on the formulary. A formulary applies under the Blue Shield Access+ HMO SaveNet (Narrow Network) and the Shield Spectrum PPO. You can access the Blue Shield drug formulary by going to blueshieldca.com/lacity and selecting Pharmacy Benefits. You can access the Kaiser drug formulary by going to kp.org/formulary.
For Blue Shield members: If a member requests a brand-name drug and a generic equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost between the brand-name drug and its generic drug equivalent.

Some examples of expenses the prescription drug program does not cover include:

- Any over-the-counter drug (except insulin), even if prescribed by your doctor
- Vitamins, except those requiring a prescription like prenatal vitamins
- Any drug available through prescription but not medically necessary for treating an illness or injury
- Any drugs not purchased through a network pharmacy or mail order program.

### Your Copayment When You Enroll in...

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Blue Shield Access+ HMO SaveNet (Narrow Network) and the Shield Spectrum PPO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Generic copay</strong></td>
<td>$10 for up to 30-day supply</td>
</tr>
<tr>
<td></td>
<td><strong>Brand-name copay</strong></td>
<td>Formulary drug: $20, up to 30-day supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-formulary drug: $40, up to 30-day supply</td>
</tr>
<tr>
<td>Mail Order</td>
<td><strong>Generic copay</strong></td>
<td>$20 for up to 90-day supply</td>
</tr>
<tr>
<td></td>
<td><strong>Brand-name copay</strong></td>
<td>Formulary drug: $40, up to 90-day supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-formulary drug: $80, up to 90-day supply</td>
</tr>
</tbody>
</table>

### For Questions

<table>
<thead>
<tr>
<th>On Retail Pharmacies or Mail Order</th>
<th>1-855-201-2086 or blueshieldca.com/lacity</th>
<th>1-800-464-4000 or kp.org</th>
</tr>
</thead>
</table>
If you enroll in one of the Flex health plans, you also receive vision care benefits.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Blue Shield Access+ HMO SaveNet (Narrow Network) and Shield Spectrum PPO</th>
<th>Kaiser Permanente HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>One eye exam every 12 months</td>
<td>Plan pays 100% after $10 copay</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Lenses</td>
<td>Plan pays 100% after $10 copay</td>
<td>Every 24 months, $200 eyewear allowance towards the purchase of covered lenses, frames and/or elective contact lenses at Kaiser Permanente vision centers</td>
</tr>
<tr>
<td>• Single vision</td>
<td>Plan pays 100% after $10 copay</td>
<td>Plan pays up to $49</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>Plan pays 100% after $10 copay</td>
<td>Plan pays up to $49</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>Plan pays 100% after $10 copay</td>
<td>Plan pays up to $74</td>
</tr>
<tr>
<td>• Progressive</td>
<td>Plan pays 100% after $10 copay + $65</td>
<td>Plan pays up to $49</td>
</tr>
<tr>
<td>One pair of frames every 24 months</td>
<td>Plan pays up to a maximum of $130 retail value, then 20% discount*</td>
<td>Plan pays up to $50</td>
</tr>
<tr>
<td>Contacts (instead of frame and lens benefits)</td>
<td>Every 24 months:</td>
<td></td>
</tr>
<tr>
<td>• Non-elective**</td>
<td>Plan pays 100%</td>
<td>Plan pays up to $250</td>
</tr>
<tr>
<td>• Elective – conventional</td>
<td>Plan pays up to a maximum of $130 retail value***</td>
<td>Plan pays up to $92</td>
</tr>
<tr>
<td>• Elective – disposable lenses</td>
<td>Plan pays up to a maximum of $130 retail value***</td>
<td>Plan pays up to $92</td>
</tr>
</tbody>
</table>

* The maximum varies for network providers offering wholesale or warehouse pricing, including Wal-Mart and Costco.
** Required as the result of eye surgery or certain eye conditions.
*** If you reach the maximum, additional discounts are available by ordering through MESvisionoptics.com. Call Blue Shield at 1-855-201-2086 with questions.

To find an in-network Blue Shield vision provider, call Member Services at 1-855-201-2086 or go to blueshieldca.com/lacity.
## Dental Coverage

### Your Dental Coverage Choices

You have a choice of two dental options administered by Delta Dental:

- DeltaCare USA DHMO is a dental HMO; you choose a primary care dentist (PCD) and see this dentist first whenever you need care.
- Delta Dental PPO provides care through a network of dentists who have agreed to offer covered services at discounted rates.

### A Dental Plan Comparison

<table>
<thead>
<tr>
<th>Comparing...</th>
<th>DeltaCare USA DHMO</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Features a network of providers</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Offers flexibility to use non-network providers</td>
<td>No</td>
<td>Yes - paid at out-of-network level</td>
</tr>
<tr>
<td>Covers preventive care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Covers services other than preventive care – such as basic and major services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Has a calendar year deductible</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an annual maximum benefit</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Includes set copayments for most services</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Requires you to choose a primary care dentist</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Covers emergency care outside the provider network*</td>
<td>Yes - up to $100 per incident after any copay**</td>
<td>Yes - paid at out-of-network level</td>
</tr>
</tbody>
</table>

* For emergency care provided by a dentist who is not part of Delta’s network, you must pay for services and submit a claim. For claim instructions, contact Delta Dental Customer Service at 1-800-765-6003 for PPO or at 1-800-422-4234 for DeltaCare USA DHMO.

** Contact your primary care dentist (PCD) or Delta Dental Customer Service at 1-800-422-4234 before receiving treatment. If you do not, you may be responsible for any charges related to treatment.
Use the Delta Dental Network and Save

If you enroll in the DeltaCare USA DHMO option, you must use network providers to receive benefits. With the Delta Dental PPO, you can choose a network or non-network provider each time you need care. Here’s how using the network helps you save with each option.

<table>
<thead>
<tr>
<th>DeltaCare USA DHMO</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits paid for network services only</td>
<td>Plan pays highest level of benefit when you use network providers</td>
</tr>
<tr>
<td>You must select a primary care dentist (PCD) from the DeltaCare USA network</td>
<td>Network providers offer discounted fees</td>
</tr>
<tr>
<td></td>
<td>No charges above reasonable and customary (R&amp;C) limits</td>
</tr>
</tbody>
</table>

Finding a Network Provider

You can request a provider directory for DeltaCare USA DHMO or PPO option by:

- Calling Delta Dental Customer Service at 1-800-765-6003 for the PPO or 1-800-422-4234 for DeltaCare USA DHMO
- Search provider directories at deltadentalins.com/enrollees/index.html by selecting “Find a Dentist.” Then, from the drop-down menu, choose DeltaCare USA for the DHMO option or Delta Dental PPO.

Choosing a Primary Care Dentist (PCD)

If you enroll in DeltaCare USA DHMO, you must select a PCD from the DeltaCare USA network to receive benefits. When you enroll yourself or a dependent for the first time, you’ll be prompted to select a PCD. During Open Enrollment, you can change your PCD effective January 1, 2016 by going online at myflexla.com or calling the Benefits Service Center. If you want to change your PCD at any other time during the year, call Delta Dental Customer Service at 1-800-422-4234. Because the DeltaCare USA DHMO option does not cover care that is not coordinated by your PCD, it is important that you do not go to another dentist without first contacting Delta Dental Customer Service.
How to Register for a Delta Online Account

You can go online to verify your assigned dentist and other information, such as eligibility, your enrolled family members, claim status and benefit specifics by registering online.

- Go to deltadentalins.com/enrollees/index.html
- Select “Register for an Online Account” from the right side of the page
- Select “Enrollee” from the pull-down menu
- Enter your personal information

A Dental Coverage Comparison

This chart shows how the three options pay for some covered services. If you have questions about how a specific service is covered, call Delta Dental at 1-800-765-6003 for the PPO or 1-800-422-4234 for DeltaCare USA DHMO.

<table>
<thead>
<tr>
<th>How Benefits Are Paid</th>
<th>DeltaCare USA DHMO</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year deductible</td>
<td>None</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two cleansings and exams/year</td>
<td>Plan pays 100% - Covers one series of four bitewing X-rays in any six-month period for children or adults</td>
<td>Cleanings, X-rays and exams; Plan pays 100% with no deductible (includes an additional oral exam and either a routine cleaning or periodontal scaling and root planing during pregnancy paid at 80% after deductible)</td>
</tr>
<tr>
<td>Two sets of bitewing X-rays/year for children up to age 18; one set/year for adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two fluoride treatments/year for children up to age 19 (not covered by Preventive Only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam fillings, extractions</td>
<td>Plan pays 100% for fillings; you pay up to $90 for extractions</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Root canal</td>
<td>Your copay is $45-$205 per procedure</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Periodontal scaling and root planing</td>
<td>Plan pays 100% up to 4 quadrants in 12 months</td>
<td>Plan pays 80% once per quadrant every 24 months</td>
</tr>
</tbody>
</table>
### How Benefits Are Paid

<table>
<thead>
<tr>
<th>Major services</th>
<th>DeltaCare USA DHMO</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Crown</strong></td>
<td>Your copay is $55-$195 per procedure**</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td><strong>Dentures</strong></td>
<td>Your copay is $80-$170 per procedure</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Implants</strong></td>
<td>Not covered</td>
<td>Plan pays 50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orthodontia</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children under age 19</strong></td>
<td>Your copay is $1,000 plus start up fees of $300</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Children age 19 to age 26</strong></td>
<td>Your copay is $1,350 plus start up fees of $300</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td>Your copay is $1,350 plus start up fees of $300</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Plan Maximums

<table>
<thead>
<tr>
<th>Plan Maximums</th>
<th>DeltaCare USA DHMO</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual maximum benefit (includes diagnostic and preventive services)</td>
<td>None</td>
<td>$1,500/person***</td>
</tr>
<tr>
<td>Lifetime orthodontia maximum benefit</td>
<td>None</td>
<td>$1,500/person</td>
</tr>
</tbody>
</table>

---

* R&C is the reasonable and customary charge – the usual charge for specific services in the geographic area where you are treated.

** When there are more than six crowns in the same treatment plan, an enrollee may be charged an additional $100 per crown beyond the sixth unit.

*** If you use both in-network and out-of-network dentists, your total annual maximum benefit will never be more than the in-network maximum.
Accounts for Tax Savings

The City offers accounts for tax savings on eligible expenses:

- A Healthcare Flexible Spending Account for eligible healthcare expenses
- A Dependent Care Reimbursement Account for dependent day care expenses
- Commuter Spending Accounts
  - Transit Spending Account for public transit expenses
  - Parking Spending Account

When You Can Enroll

You can enroll in the Healthcare Flexible Spending Account and the Dependent Care Reimbursement Account during Open Enrollment. You can only make a change to your account or enroll during the year if you have an eligible family status change. **If you want to continue to participate, you must re-enroll each year at Open Enrollment.**

For the Transit Spending Account and the Parking Spending Account, you can make a change to your account or enroll any time during the year. A family status change is not required to enroll, change or cancel your election during the year.

How the Accounts are Different

<table>
<thead>
<tr>
<th>Healthcare Flexible Spending Account (HCFSA)</th>
<th>Dependent Care Reimbursement Account (DCRA)</th>
<th>Transit Spending Account</th>
<th>Parking Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use it to reimburse yourself for eligible healthcare expenses for you and for your eligible dependents</td>
<td>• Use it to reimburse yourself for eligible expenses for your eligible dependents</td>
<td>• Use it to purchase eligible public transit expenses, such as bus, train, rail or subway fares. See page 21 for details</td>
<td>• Use it to reimburse yourself for eligible expenses for parking at or near work, or at or near public transportation lots if you park and ride. See page 21 for details</td>
</tr>
<tr>
<td>• Eligible healthcare expenses include medically necessary expenses that are not covered by any medical, dental or vision plan</td>
<td>• Eligible dependents generally include your dependent children under age 13 and a disabled spouse or dependent who is incapable of self-care</td>
<td>Does not apply to parking provided by City of Los Angeles to its employees at City owned or leased lots, such as at City Hall or Figueroa Plaza. See page 21 for details</td>
<td></td>
</tr>
<tr>
<td>See page 16 for details</td>
<td>See page 18 for details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Administrative Fee

If you choose to contribute to one of these accounts, a per pay period administrative fee of $1.50 will automatically be deducted from your paycheck each pay period. Only one administrative fee applies if you contribute to more than one account.
About the Healthcare Flexible Spending Account

Use the Healthcare Flexible Spending Account to pay for eligible healthcare expenses that are not covered by any medical, dental or vision coverage.

How Much You Can Set Aside

You can set aside from $300 up to $2,550 annually in a Healthcare Flexible Spending Account. Your contributions are deducted from your paycheck each pay period.

Examples of Eligible and Ineligible Expenses

The Healthcare Flexible Spending Account Can be Used to Pay for:

- Acupuncture
- Chiropractic services
- Crutches and wheel chairs
- Eye exams, eyeglasses
- Laser eye surgery
- Hearing aids
- Lamaze classes
- Mental health and substance abuse treatment
- Orthodontia
- Copayments, coinsurance and deductibles you pay out of your pocket for medical, prescription drug, dental and vision care
- Over-the-counter medications with a doctor’s prescription and insulin

The Healthcare Flexible Spending Account CANNOT be Used to Pay for:

- Cosmetic surgery or procedures, including teeth whitening or bleaching
- Your per-pay-period contributions for health and dental insurance
- Procedures or expenses not medically necessary
- Weight loss programs not prescribed by a doctor
- Exercise equipment and health club dues not prescribed by a doctor
- Nutritional supplements, including vitamins taken for general health
- Most over-the-counter medications and products without a prescription such as cosmetics, soaps and toiletries

Learn More

Go to wageworks.com and savesmartspendhealthy.com to learn more about the benefits of using a Healthcare Flexible Spending Account. Get tips and guidance to help you decide whether to participate in a Healthcare FSA. You can learn how to stretch your budget if you choose to participate.

Debit Cards

A Convenient Way to Access Money in Your Healthcare Flexible Spending Account

You will automatically receive a debit card to use for eligible healthcare expenses at any provider or retailer that accepts debit cards.

Go to wageworks.com/employees/support-center/healthcare-fsa-eligible-expenses-table to view a searchable list of eligible expenses.
About Eligible Dependents

IRS rules determine who is an eligible dependent. You may use a Healthcare Flexible Spending Account for healthcare expenses of:

- Your spouse and any child you claim as a dependent on your tax return
- Anyone who is your “health plan tax dependent” as defined by the IRS.

Filing Claims

Generally, you pay eligible healthcare expenses out of your pocket first – then, file a claim to be reimbursed from your account, including documentation of your expenses described on the claim form. You may be reimbursed the full amount of your claim (including tax) when you file a claim for an eligible expense – up to the amount you have chosen to put into your account. This applies even if your account does not yet have enough in it to cover the expense. However, you will be reimbursed only for expenses you or an eligible family member have while you are contributing to the account.

As long as you file claims regularly, you can receive reimbursement promptly. Generally, you receive a reimbursement check within two weeks for a paper claim or one to two days for an online claim. For claim forms, go to http://per.lacity.org/bens/docforms.htm. You can submit claims and upload receipts online and pay your provider directly for some services.

Important Deadline and Restrictions

The Healthcare Flexible Spending Account is not a savings account. You can use the money you set aside in 2016 only for eligible expenses you have during the 2016 plan year while you are contributing to the account. If you have unused contributions at the end of the plan year, those contributions will not carry forward and will be forfeited.

Also, if you leave your employment with the City mid-year – including transfers to the Department of Water and Power (DWP) – you can file claims and receive reimbursement only for expenses you had up to your date of termination or transfer, and you will forfeit any additional amount left in your account. You may be able to continue a Healthcare Flexible Spending Account under COBRA if your employment ends, with some limitations.

Estimate Expenses Carefully

It is important to estimate expenses carefully and set aside only the amount you think you will need while you are contributing to the account during 2016. You must file claims for 2016 expenses by April 30, 2017. If you do not file claims by this deadline, you forfeit any money left in your account. This is an IRS rule and the Flex program cannot make exceptions.

You may be able to change the amount elected if you have a family status change (see “When You Can Make Changes” on page 30 for more on family status change).
About the Dependent Care Reimbursement Account

You can use a Dependent Care Reimbursement Account for day care expenses you have for your eligible dependents while you and your spouse work or go to school full-time. Your eligible dependents are:

- Children under age 13 you claim as dependents on your tax return
- Anyone age 13 or older who meets the IRS definition of “health plan tax dependent,” lives with you more than half the year, and is physically or mentally unable to care for themselves. This may include an elderly parent or disabled dependent.

Generally, dependent day care expenses are claimable only on days you work. There are exceptions: For a short absence, such as a minor illness or vacation, day care expenses are claimable if those expenses are paid on a weekly or longer basis. In addition, if you work part-time, expenses are claimable if you are required to pay a fixed rate — such as a full weekly rate — rather than paying for only the time you are working.

Under IRS rules, to be reimbursed through your account, day care must be provided by a person you can give a Social Security number for or a day care facility with a Taxpayer Identification number. Day care provided by any sitter who you or your spouse claims as a dependent on your tax return cannot be reimbursed through your account. This includes day care services provided by your children or stepchildren under age 19. In addition, day care provided by your spouse or former spouse is not eligible for reimbursement.

How Much You Can Set Aside

Generally, you can set aside from $600 up to $4,992 annually in a Dependent Care Reimbursement Account. Your contributions come out of your check each pay period.

The total amount you can set aside may change depending on your tax filing status and whether your spouse’s employer offers a similar dependent care reimbursement account. And if you and your spouse both work, your maximum contribution cannot be more than the income of the lower-paid individual — you or your spouse — and cannot exceed $4,992.

<table>
<thead>
<tr>
<th>Based on your tax status...</th>
<th>You can set aside...</th>
</tr>
</thead>
<tbody>
<tr>
<td>If single or married filing jointly</td>
<td>Up to $4,992</td>
</tr>
<tr>
<td>If married filing jointly and your spouse’s employer offers a dependent care account</td>
<td>Up to $5,000 in total to the two accounts</td>
</tr>
<tr>
<td>If married filing separate returns</td>
<td>Up to $2,500</td>
</tr>
</tbody>
</table>

Estimate Expenses Carefully

Any money left in your account after the plan year claim deadline — April 30, 2017 — will be forfeited. To estimate annual expenses, go to myflexla.com. As part of the enrollment process, you’ll find links to a calculator for each account.

As part of the enrollment process, you’ll find links to a calculator for each account.
About the Reimbursement Account and Taxes

As you consider a Dependent Care Reimbursement Account, think about what works best for you – the reimbursement account or the dependent care tax credit provided by federal law. It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through a reimbursement account. In some cases, the tax credit may provide more savings than a reimbursement account.

Generally, you will save more on federal taxes using the Dependent Care Reimbursement Account in these situations:

- You are eligible for the Earned Income Tax Credit. You are eligible for the credit if you have less than $3,400 in investment income and your income (or the income of you and your spouse, if you are married filing jointly) is less than the amount set forth for 2015 in the following table depending on your number of children:

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Income less than…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$39,131 ($44,651 if married filing jointly)</td>
</tr>
<tr>
<td>2</td>
<td>$44,454 ($49,974 if married filing jointly)</td>
</tr>
<tr>
<td>3 or more</td>
<td>$47,747 ($53,267 if married filing jointly)</td>
</tr>
</tbody>
</table>

- You are single, you file your taxes as head of household and your household taxable income is approximately $40,000 or more (assuming one dependent).
- You are married, you file a joint return and your household taxable income is approximately $41,000 or more (assuming one dependent).

Dollar amounts are based on federal tax law effective for 2015 federal income taxes. These are just guidelines and do not take into account state taxes, which might affect your decision.

If you have questions about tax savings, you may want to consult a tax advisor.
Filing Claims

Generally, you pay eligible dependent care expenses out of your pocket first – then file a claim to be reimbursed from your account, including documentation of your expenses described on the claim form.

You may be reimbursed up to the amount in your account at the time of the claim. Any unpaid claims will remain in “pending” status and will be reimbursed as you make additional contributions to your account through payroll deduction.

As long as you file claims regularly, you can receive reimbursement promptly. Generally, you receive a reimbursement check within two weeks for a paper claim or one to two days for an online claim. For claim forms, go to http://per.lacity.org/bens/docforms.htm. You can submit claims and upload receipts online, pay your provider directly for some services, and use EZ Receipts mobile application from WageWorks.

Important Deadlines and Restrictions

The Dependent Care Reimbursement Account is not a savings account. You can use the money you set aside in 2016 only for eligible expenses you have during the 2016 plan year while you are contributing to the account. If you have unused contributions at the end of the plan year, those contributions will not carry forward and will be forfeited.

Also, if you leave your employment with the City mid-year – including transfers to the Department of Water and Power (DWP) – you can file claims and receive reimbursement only for expenses you had up to your date of termination or transfer, and you will forfeit any additional amount left in your account.

Estimating Expenses Carefully

It is important to estimate expenses carefully and set aside only the amount you think you will need while you are contributing to the account during 2016. You must file claims for 2016 expenses by April 30, 2017. If you do not file claims by this deadline, you forfeit any money left in your account. This is an IRS rule and the Flex program cannot make exceptions.

You may be able to change the amount elected if you have a family status change (see “When You Can Make Changes” on page 30 for more on family status change) or if you have a change in day care providers or a change in the cost of day care.
About the Commuter Spending Accounts

• Transit Spending Account
• Parking Spending Account

The City offers two programs to help you save on the cost of public transportation or parking as part of commuting to work. These programs allow you to set aside pre-tax dollars and use them for qualified expenses, reducing your net cost. The programs also allow for certain conveniences when making transit/parking purchases.

Panoramic View: Current participants in TSA and/or PSA are not required to re-enroll in these programs in order to continue participating. Unlike other benefit programs, elections to participate in TSA and PSA may be modified throughout the year, not just during Open Enrollment.
• Go to myflexla.com to enroll or make changes.

Transit Spending Account (TSA)

• Transit Spending Accounts allow you to set aside up to $130 per month on a pre-tax basis to pay for public transit expenses, including bus, rail, train and subway fares.
• Transit media (e.g. passes, tickets, etc.) can, in most cases, be purchased directly through WageWorks. Make your purchases by the 10th of the month and those media will then be mailed to your home prior to the month they will be used.
• The City offers up to $50 in the form of a “Transit Match” for eligible City employees who meet all requirements of the Transit Match program.

Parking Spending Account (PSA)

• Parking Spending Accounts allow you to set aside up to $250 per month on a pre-tax basis to pay for parking expenses related to commuting from home to work. Note that these accounts cannot be used for parking provided by the City of Los Angeles to its employees at City owned or leased lots (e.g., lots at City Hall East, Figueroa Plaza, Police Administration Building, etc.).
• Parking passes can, in certain instances, be purchased directly through WageWorks. Alternatively, you can make your parking purchases at a garage/lot and file a claim in order to receive reimbursement from your account.
Important Information About the TSA and PSA

- Unlike other employee benefit programs, you can enroll, suspend or modify your participation in these programs at any time of year, including during the Open Enrollment period.
- The minimum contribution to either account is $10 per payday.
- There are no “use it or lose it” provisions that happen at year-end; funds roll over to subsequent years indefinitely (until you terminate employment with the City or transfer to the Department of Water and Power).
- You are not required to make your transit purchases in the month you make your contribution; funds can be accumulated and used whenever you wish.

For more information about TSA and PSA accounts, please visit the City of Los Angeles Personnel Department/Commute Options web page at http://per.lacity.org/bens/commuteoptions.htm.

Harbor Department and Los Angeles World Airports (LAWA) Employees

If you are a Harbor or LAWA employee, you are not eligible for the Flex TSA and PSA. Instead, your transit and parking benefits are provided through a separate Rideshare Program provided by your Department. Please contact your Human Resources Division for more information about your transit and parking benefits.
Deferred Compensation Plan

The City of Los Angeles Deferred Compensation Plan plays a vital role in creating future retirement income security. It is a voluntary retirement savings plan which supplements benefits available to you through your primary City retirement plan.

Why Should I Consider Joining?

The purpose of saving for retirement is creating income security after your working years are over. The ideal goal is to have sufficient income at retirement to maintain the standard of living you had while working. In the City of Los Angeles, you have two resources for creating retirement income security:

- **Los Angeles Fire and Police Pensions (LAFPP)** — Benefits are based on a formula that takes into account final average salary and years of service. They are also based on the plan you’re a member of (Tier 2 through Tier 6) and the benefit formulas that apply to each Tier.

- **Deferred Compensation Plan** — Benefits are based on the total balance (contributions + earnings) you accumulate in your account. You can begin drawing upon retirement; there are several withdrawal options, although ideally you would convert your balance into a steady income stream over many years to supplement your LAFPP income. You are eligible for the Deferred Compensation Plan if you are a contributing member of LAFPP.

Your optimal goal should be to produce income from both programs to equal or exceed 100% of the amount of salary you’re actually living off at the time you retire.

City Departments with Highest Deferred Compensation Plan Participation Rates

<table>
<thead>
<tr>
<th>Department</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Mgmt. Dept.</td>
<td>73%</td>
</tr>
<tr>
<td>ITA</td>
<td>76%</td>
</tr>
<tr>
<td>City Clerk</td>
<td>77%</td>
</tr>
<tr>
<td>Aging</td>
<td>77%</td>
</tr>
<tr>
<td>Personnel</td>
<td>78%</td>
</tr>
<tr>
<td>CAO</td>
<td>79%</td>
</tr>
<tr>
<td>Controller</td>
<td>81%</td>
</tr>
<tr>
<td>LACERS</td>
<td>82%</td>
</tr>
<tr>
<td>Police (Officers)</td>
<td>88%</td>
</tr>
<tr>
<td>Fire (Firefighters)</td>
<td>93%</td>
</tr>
</tbody>
</table>

The majority of City employees participate in the City’s Plan. These employees will receive two income streams upon retirement, instead of one. If you’re not enrolled, consider joining. If you are enrolled, consider a modest increase to your contribution to further strengthen your retirement income security.
What Decisions Are Required to Enroll?

Enrolling in the Plan requires making a few basic decisions:

1. How much do I want to contribute each payday?
   You can contribute as little as $15 per payday, but you should contribute as much as you can afford while still meeting your ongoing living expenses. The annual contribution limits are $18,000 if you’re below age 50; $24,000 if you’re age 50 or older; and $36,000 for participants eligible for Catch-Up. These limits are subject to increase by the Federal Government on an annual basis.

2. Do I want to save pre-tax or after-tax?
   - Pre-tax contributions are made before federal and state taxes are withheld. Earnings grow tax-deferred. You do not pay taxes on these amounts until you withdraw them from the Plan.
   - After-Tax (Roth) contributions are made after federal and state taxes are withheld. Earnings grow tax-free. No taxes are paid on distributions (if your account has been held for at least five years and you’re at least age 59 1/2).

3. How do I want to invest my account?
   The Plan offers a wide variety of investment options, ranging from interest-bearing savings accounts to stock and bond mutual funds. You can choose an investment profile that matches your risk tolerance and investment objective. Plan representatives are available to help you decide. In addition to a core menu of investment options, a brokerage window through Charles Schwab is available offering access to a wider universe of stocks, bonds and mutual funds.

What if I Need to Access My Account While Working?

Although, generally these funds are not available to you until after you end employment with the City, there are a few exceptions. The Plan offers a loan program which allows you to borrow from your account up to certain limits and then pay yourself back. In addition, if you experience a financial emergency and meet federal guidelines, you may be eligible for a hardship withdrawal.

How Do I Enroll?

The Plan is administered by Empower Retirement Services. You can obtain enrollment materials by visiting the Plan website at cityofla457.com; calling (888) 457-9460; or by visiting the Plan Service Center located in the Employee Benefits Division, Room 867 City Hall, Monday through Friday from 8 a.m. to 4 p.m.
Eligibility

Employees
As a sworn employee of the Fire and Police Department, you are eligible in the civilian Flex Benefits program if you are receiving a paycheck and are a contributing member of the City’s Fire and Police Pension System.

Family Members of Employees
If you are eligible for Flex, you can also enroll your eligible family members if your dependents meet the criteria listed on page 26 and you submit the required documentation by the deadlines. You MUST review your dependent elections and verify that each dependent enrolled – and dependents you add – continue to meet the Flex eligibility criteria at all times. You must provide the required documentation to confirm your dependents as determined by the Benefits Division.

Ineligible Dependents
The following are examples of individuals who are not considered eligible dependents: your spouse following a divorce; someone else’s child (such as your grandchildren, nieces, or nephews), unless you have been awarded legal custody or guardianship; or parents, parents-in-law, or grandparents, regardless of their IRS dependent status. You must drop coverage for your enrolled dependent within 30 days of the date he or she loses eligibility. For example, if you divorce your spouse or end your domestic partnership relationship, you must call Maria Lopez at 213-978-1584 to remove your dependent spouse or domestic partner within 30 days of the divorce or end of your domestic partnership. If you fail to remove ineligible dependents, you will be required to pay all costs for any benefits that were paid on their behalf and may be subject to disciplinary action.

Eligible Children
Your children may include legally adopted children or children placed with you for adoption, children for whom you have legal custody or guardianship, foster children placed in your home pending a permanent placement with you, and stepchildren. These children are eligible if they meet the age requirements listed on page 26.
The following chart describes eligible dependents for health coverage and dental coverage. See “About Eligible Dependents” on pages 17-20 for information on eligible dependents for the Healthcare Flexible Spending Account and Dependent Care Reimbursement Account.

### Dependent Eligibility Criteria

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Age</th>
<th>Eligibility Definition</th>
<th>Documents Required for Verifying Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>N/A</td>
<td>Person of the opposite or same sex to whom you are legally married</td>
<td>Marriage certificate</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>N/A</td>
<td>Meet City’s domestic partner eligibility requirements. See Domestic Partnership Information Sheet and Affidavit form at myflexla.com in “Forms and Documents.”</td>
<td>City of Los Angeles Affidavit of Domestic Partnership, or Declaration of Partnership filed with the California Secretary of State</td>
</tr>
<tr>
<td>Biological Child</td>
<td>Up to age 26*</td>
<td>Minor or adult child(ren) of employee who is under age 26</td>
<td>Child’s birth certificate, hospital verification of birth or court document that verifies your relation to the child (an abstract document is not sufficient in most cases)</td>
</tr>
<tr>
<td>Step Child</td>
<td>Up to age 26*</td>
<td>Minor or adult child of employee’s spouse who is under age 26</td>
<td>Child’s birth certificate and certificate showing spouse/domestic partner as parent</td>
</tr>
<tr>
<td>Child Legally Adopted/Ward</td>
<td>Up to age 26*</td>
<td>Minor or adult child legally adopted/ward by employee who is under age 26</td>
<td>Child’s birth certificate and court documentation</td>
</tr>
<tr>
<td>Child of Domestic Partner</td>
<td>Up to age 26*</td>
<td>Minor or adult child of employee’s domestic partner who is under age 26</td>
<td>Child’s birth certificate and City of Los Angeles Domestic Partner Affidavit or Declaration of Partnership filed with the California Secretary of State</td>
</tr>
<tr>
<td>Disabled Child</td>
<td>Up to age 26*</td>
<td>Child as defined in the child categories above</td>
<td>Same as the child requirements listed above</td>
</tr>
<tr>
<td>Disabled Child</td>
<td>Over age 26</td>
<td>Disabled child over the age of 26 who is dependent on you for support and was disabled before age 18. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your health plan.</td>
<td>Birth certificate and disability application from your health plan completed by your child’s doctor and returned to your health plan for approval each year as requested by the insurance company. See the Disabled Child Criteria on page 28 for more information.</td>
</tr>
<tr>
<td>Grandchildren Legal Custody</td>
<td>Up to age 26*</td>
<td>Your grandchildren up to age 26 if you show proof of legal custody</td>
<td>Child’s birth certificate and court documentation</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>Up to age 26*</td>
<td>Your grandchildren can be added to the plan if their parent is your child who • is under age 19, unmarried, and financially dependent on you or • is age 19-26 and meets the full-time student status, is unmarried, and financially dependent on you If coverage for your child ends, coverage for your grandchildren will end.</td>
<td>Child’s and grandchild’s birth certificates; Valid proof of dependent status and/or full-time student certification for your child Please call the Employee Benefits Division for more information.</td>
</tr>
</tbody>
</table>

* Eligibility continues up to the end of the month in which your dependent turns age 26 effective January 1, 2016.
Documentation Information Is Required

Documentation is required to enroll dependents. If Flex coverage is canceled because you do not provide required information, any expenses your child or spouse/domestic partner has after coverage is canceled will be your financial responsibility, which may include expenses incurred before your cancellation notice. Contact the Employee Benefits Division at 213-978-1655 with any questions.

Documentation Deadlines

<table>
<thead>
<tr>
<th>Where to Send Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write your name and employee ID number for the dependent you are adding on each certificate or document and fax documents to 213-978-1623, e-mail to <a href="mailto:per.empbenefits@lacity.org">per.empbenefits@lacity.org</a> or mail to: Personnel Department Employee Benefits Division 200 N. Spring Street Room 867 Mail Stop 621 Los Angeles, CA 90012.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If You Added Your Dependent During...</th>
<th>Deadline</th>
<th>Important Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open Enrollment</strong> (October 1-October 31)</td>
<td>If you enroll your dependent who is not currently covered during Open Enrollment (October 1-October 31, 2015), documents must be received by December 11, 2015.</td>
<td>If you fail to provide the required documentation to the Personnel Department Benefits Division by the deadline, your dependent coverage will be canceled. Coverage will not take effect for your added dependent enrolled during Open Enrollment. You will not be able to re-enroll your dropped dependent until the next Open Enrollment period or within 30 days of a qualifying life event.</td>
</tr>
<tr>
<td><strong>Outside Open Enrollment</strong></td>
<td>If you enroll your dependent during the year, documents must be received within 60 days of the date on the confirmation statement you receive after enrolling.</td>
<td>If you fail to provide the required documentation to the Personnel Department Benefits Division by the deadline, your dependent coverage will be canceled. Coverage will be canceled effective the 61st day after the date on the confirmation statement. You will not be able to re-enroll your dropped dependent until the next Open Enrollment period or within 30 days of a qualifying life event.</td>
</tr>
</tbody>
</table>
Dependent Coverage Rules for Special Situations

Important Information about Eligibility Criteria For Disabled Child Over Age 26

You can enroll a disabled child age 26 or older who is dependent on you for support if that child was disabled before age 18. To be eligible, your child must remain unmarried, dependent on you for financial support and disabled as determined by your health plan.

You must request a disability certification package or the required application from your health plan, ask your dependent’s primary care physician to complete it, then return it to your health plan for review. The Employee Benefits Division must be notified of the health plan’s determination regarding the disabled certification application.

When Two Flex-Eligible City Employees Are Married, Are Domestic Partners or Have Dependent Children Together

- For health and dental coverage, you cannot enroll as both an employee and as a dependent of your spouse/domestic partner. Only one spouse/domestic partner can cover dependent children.
  - Health coverage: If your spouse/domestic partner chooses family coverage, you must choose Cash-in-Lieu and you can be covered as a dependent of your spouse/domestic partner.
  - Dental coverage: Each employee must enroll in his/her own dental plan. Your spouse/domestic partner cannot cover you as a dependent.

If you have dependent children with another City employee who is not currently your spouse/domestic partner, only one parent can purchase health coverage for the dependent children.

Extended Coverage For Child on Medical Leave From a Post-Secondary Educational Institution

Effective January 1, 2010, the Flex Plan added a special provision to comply with Michelle’s Law. This provision applies only to a dependent child who is enrolled in the Flex Plan because of full-time student status. If the dependent child has a serious illness or injury resulting in a medically necessary leave of absence or change in enrollment (such as reduction in hours) that causes a loss of student status, the Flex Plan will extend coverage to the child for up to a year. Beginning January 1, 2011, the Flex Plan does not require full-time student status as a condition of coverage for eligible dependents (except certain conditions for grandchildren – see page 26).
Domestic Partner Coverage and Pre-Tax Benefits

The City of Los Angeles offers domestic partners of City employees, and their domestic partners’ children, equal access to its employee benefit programs, including health and dental plans. To obtain these benefits, you must enroll your dependents during the specified times and provide the required dependent eligibility documentation. Please see pages 25-28 for more information on enrolling dependents.

Effect on Taxes

Under federal tax law, pre-tax dollars cannot be used to purchase benefits for a domestic partner who is covered as your domestic partner, or their children. The amount the Flex program pays toward the cost of your domestic partner’s coverage will be taxable as regular income on 24 paychecks a year. The amount will be shown as imputed income on your W-2 statement.

California Income Tax Benefit for Registered Domestic Partners

Based on California state law, if you provide Flex coverage for a domestic partner, and/or their dependents, you can purchase health or dental coverage with pre-tax dollars as long as your domestic partnership meets eligibility requirements and is registered with the State of California. The amount the City of Los Angeles pays toward coverage cost will be excluded from your reported State income. You must provide a copy of the approved State certificate to receive this tax benefit. For more information on the California income tax benefit, including how to register a domestic partner, contact the City’s Domestic Partnership coordinator at 213-978-1591.
Changing Your Benefit Choices

When Your Choices Will Apply
The benefit choices you make during Open Enrollment each October stay in effect from January 1 through December 31 of the following year. If you enroll as a new hire during the year, your benefit choices stay in effect through December of that year. This is a federal government requirement for employee benefit plans. The exceptions are: You can enroll in or change your participation in the Deferred Compensation Plan or the Commuter Spending Accounts any time during 2016. See page 21 and 23 for more on these benefits.

When You Can Make Changes
You cannot change your choices (other than Commuter Spending Accounts) during the year unless you have a family status change as defined by the Flex program and Section 125 of the Internal Revenue Code. In this case, you may be able to make benefit changes that are consistent with your family status change. You may have an eligible family status change if:

- You get married or divorced
- You begin or end a domestic partner relationship
- You add or lose an eligible dependent
- Your spouse/domestic partner’s employment status changes from part-time to full-time or vice-versa, significantly changing eligibility or coverage under the other employer’s plan
- Your spouse/domestic partner begins or ends employment
- There is a significant change in the health or dental coverage your spouse/domestic partner has through his or her employer
- You move outside your health or dental plan’s service area
- You or your dependent loses COBRA or other health coverage.

When you make changes to your benefit choices online or by phone due to a family status change, you will be asked to provide documents showing proof of the family status change within 60 days of the date on the confirmation statement reflecting such change. You will receive confirmation of the benefit change by mail within two weeks of completing the change online or by phone. If you do not provide any required documents by the deadline, Flex coverage changes will be canceled.

In general, the new benefit choices you make after an eligible family status change must be consistent with that change. For instance, if your spouse/domestic partner begins working and becomes eligible for health coverage, you could drop him or her from your health coverage because he or she gained eligibility for coverage from another source. There is an exception to the rule that requires benefit changes to be consistent with the type of family status change. The exception allows you to make any changes to your benefit choices if you get married, begin a domestic partner relationship, add an eligible dependent by birth, adoption or placement for adoption, or you or your dependent loses COBRA or other health or dental coverage.
Important!

Deadline for Making Changes to Benefit Choices with a Family Status Change

Limited Time Period For Making Benefit Changes After a Change In Family Status
If you have a family status change, you must call Maria Lopez at 213-978-1584 within 30 calendar days after the family status change to make new benefit choices.

Documents Are Required
You have 60 days from the date on your confirmation statement to provide any required documentation listed on your confirmation statement. If you do not submit the required documents by the deadline, any change you made will be canceled. For example, if you add a dependent to your health coverage and fail to provide the required documentation within 60 days of the date on your confirmation statement, that dependent’s coverage will be canceled effective the 61st day. Any health or dental expenses your dependent has after coverage is canceled will be your financial responsibility, which may include expenses incurred before your cancellation notice.

If You Lose Medicaid or CHIP Coverage or Become Eligible for Premium Assistance
Employees and dependents who are eligible for but not enrolled in a City health coverage option may enroll if they lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because they are no longer eligible, or they become eligible for a state’s premium assistance program. You have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment under the Plan. If you request this change, coverage will be effective the first of the month following your request for enrollment. See page 32 for details on CHIP.
Women’s Health and Cancer Rights Act
As required by federal law, all Flex health plan options cover reconstructive breast surgery needed after mastectomy surgery, and reconstruction of the other breast to produce a symmetrical appearance, as well as prostheses and treatment of any physical complications of the surgery. These services are covered in the same way as other surgery and services under each option.

About Hospital Stays for Mothers and Newborns
Health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans may not, under federal law, require that a provider obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Privacy and Your Health Coverage
The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require that the Flex health plans periodically remind you about the availability of the privacy notice and how to obtain that notice. The privacy notice explains your rights and the plans’ legal duties with respect to personal health information and how the Flex health plans may use or disclose your personal health information. These rules have been revised to reflect changes in the law which 1) expand and clarify the circumstances under which the plan needs your written authorization to use protected health information and 2) require a description of your rights if we discover a breach of your unsecured protected health information.

To obtain a copy of the privacy notice or for any questions about the plans’ privacy policies, please contact the Employee Benefits Division at 213-978-1655. You can also go online to http://per.lacity.org/bens/docforms.htm.

Personal Physician Designations and OB/GYN Visits in the Blue Shield HMOs
The Blue Shield HMOs generally require the designation of a Personal Physician. You have the right to designate any Personal Physician who participates in the particular HMO network and who is available to accept you or your family members. Until you make this designation, Blue Shield designates one for you.

You do not need prior authorization from the Blue Shield HMO or from any other person (including a Personal Physician) in order to obtain access to obstetrical or gynecological care from a healthcare professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a Personal Physician, and for a list of the participating Personal Physician and health care professionals who specialize in obstetrics or gynecology, contact Blue Shield at 1-855-201-2086.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on pages 33-34, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).
If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility.

**ALABAMA** – Medicaid  
Website: [www.myalhipp.com](http://www.myalhipp.com)  
Phone: 1-855-692-5447

**ALASKA** – Medicaid  
Website: [http://health.hss.state.ak.us/dpa/programs/medicaid/](http://health.hss.state.ak.us/dpa/programs/medicaid/)  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

**COLORADO** – Medicaid  
Medicaid Website: [http://www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)  
Medicaid Phone: 1-800-221-3943

**FLORIDA** – Medicaid  
Website: [https://www.flmedicaidtplrecovery.com/](https://www.flmedicaidtplrecovery.com/)  
Phone: 1-877-357-3268

**GEORGIA** – Medicaid  
Website: [http://dch.georgia.gov/](http://dch.georgia.gov/) - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

**INDIANA** – Medicaid  
Website: [http://www.in.gov/fssa](http://www.in.gov/fssa)  
Phone: 1-800-889-9949

**IOWA** – Medicaid  
Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1-888-346-9562

**KANSAS** – Medicaid  
Website: [http://www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)  
Phone: 1-800-792-4884

**KENTUCKY** – Medicaid  
Website: [http://chfs.ky.gov/dms/default.htm](http://chfs.ky.gov/dms/default.htm)  
Phone: 1-800-635-2570

**LOUISIANA** – Medicaid  
Website: [http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331](http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331)  
Phone: 1-888-695-2447

**MAINE** – Medicaid  
Phone: 1-800-977-6740  
TTY 1-800-977-6741

**MASSACHUSETTS** – Medicaid and CHIP  
Website: [http://www.mass.gov/MassHealth](http://www.mass.gov/MassHealth)  
Phone: 1-800-462-1120

**MINNESOTA** – Medicaid  
Website: [http://www.dhs.state.mn.us/id_006254](http://www.dhs.state.mn.us/id_006254)  
Click on Health Care, then Medical Assistance  
Phone: 1-800-657-3739

**MISSOURI** – Medicaid  
Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005

**MONTANA** – Medicaid  
Website: [http://medicaid.mt.gov/member](http://medicaid.mt.gov/member)  
Phone: 1-800-694-3084

**NEBRASKA** – Medicaid  
Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 1-855-632-7633

**NEVADA** – Medicaid  
Medicaid Website: [http://dwss.nv.gov/](http://dwss.nv.gov/)  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE** – Medicaid  
Phone: 603-271-5218

**NEW JERSEY** – Medicaid and CHIP  
Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  
Medicaid Phone: 609-631-2392  
CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710

**NEW YORK** – Medicaid  
Website: [http://www.nyhealth.gov/health_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA** – Medicaid  
Website: [http://www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma)  
Phone: 919-855-4100

**NORTH DAKOTA** – Medicaid  
Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
Phone: 1-800-755-2604

**OKLAHOMA** – Medicaid and CHIP  
Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: 1-888-365-3742

**OREGON** – Medicaid  
Website: [http://www.oregonhealthykids.gov](http://www.oregonhealthykids.gov)  
Phone: 1-800-699-9075

**RHODE ISLAND** – Medicaid  
Website: [www.eohhs.ri.gov](http://www.eohhs.ri.gov)  
Phone: 401-462-5300
To see if any more States have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, you can contact either:

**SOUTH CAROLINA** – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

**SOUTH DAKOTA** – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

**TEXAS** – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

**UTAH** – Medicaid and CHIP
Medicaid Website: http://health.utah.gov/medicaid
CHIP Website: http://health.utah.gov/chip
Phone: 1-866-435-7414

**VERMONT** – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

**WASHINGTON** – Medicaid
Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA** – Medicaid
Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN** – Medicaid
Website: http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

**WYOMING** – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

**Availability of Summary Health Information**

Flex offers a series of health coverage options. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available online at [http://per.lacity.org/bens/docforms.htm](http://per.lacity.org/bens/docforms.htm). A paper copy is also available, free of charge.
Important Notice from the City of Los Angeles for Flex-Eligible Employees and Dependents Who are Already Medicare-Eligible or May Soon Become Medicare-Eligible

Your Prescription Drug Coverage and Medicare
As the sponsor of an active group medical plan, the City of Los Angeles Flex Benefits Plan is required to provide all Medicare-eligible participants with the following notice from the federal government in conjunction with the Medicare Prescription Drug, Improvement and Modernization Act of 2003. This notice has information about your current prescription drug coverage with the City of Los Angeles and about your options under Medicare’s prescription drug coverage. Please read this notice carefully and keep it where you can find it.

If you, the City employee, and/or your dependents are/or may soon become Medicare-eligible based upon age (65 years), disability and/or end-stage renal disease, this notice applies to you. Please read this notice carefully to determine if you will need to contact Medicare, Social Security, the Los Angeles City Employees’ Retirement System (LACERS), or the Employee Benefits Division. You may not need to do anything as a result of this information.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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.

The City of Los Angeles has determined that the prescription drug coverage offered by the City’s Flex benefits program through Kaiser Permanente and Blue Shield of California is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage in 2016. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Please keep this notice as proof of having creditable coverage under the City’s Flex Plan.

In most cases, the City of Los Angeles’ Flex Benefits Plan is the primary insurance plan for employees and federally recognized dependents; Medicare is typically secondary. The City suggests that active City employees and federally recognized dependents with Flex coverage do not enroll in Medicare Part B and Part D until the City employee is planning on leaving City service (e.g., retirement). The City of Los Angeles’ Flex Benefits Plan is, on average, at least as good as the standard Medicare prescription drug coverage. City employees and federally recognized dependents that maintain City Flex Benefits coverage will not pay a higher premium if they decide to join a Medicare drug plan after they are first eligible.

The Federal government does not recognize domestic partners as eligible dependents of active group health coverage for Medicare purposes. If you are a domestic partner and you are eligible for Medicare, you may want to consider enrolling in Medicare and dropping Flex Benefits coverage at the time of eligibility. If you do not enroll in Medicare Part B and Part D when you first become eligible, you will be charged a higher premium (a penalty) for your Medicare coverage.

You may contact LACERS at 1-800-779-8328 to discuss your retirement and to assist you with your Medicare enrollment, when appropriate.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible to join a Part D plan for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.
What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan while still an active City employee with benefits, you will continue to receive the City’s Flex coverage as your primary insurance provider. Please be aware that enrolling in Medicare simultaneously with the City’s Flex Benefits may cause payment errors and in most cases will not increase your benefits. Please refer to the 2016 Flex Enrollment Booklet regarding your prescription and medical benefits with the City’s Flex Benefits Program.

If you are an active City employee, you cannot discontinue participation in the City of Los Angeles Flex Benefits Plan in order to enroll in Medicare Part B and Part D. If you had Medicare prior to becoming eligible for Flex Benefits, then you may receive Cash-in-Lieu and disenroll from your Flex medical coverage. If you are a Medicare-eligible dependent of an active City employee, you may discontinue participation in the City of Los Angeles Flex Benefits Plan and enroll in Medicare Part B and Part D based upon Medicare’s guidelines.

If you are a domestic partner and you are eligible for Medicare, you may want to consider enrolling in Medicare and dropping Flex Benefits coverage at the time of eligibility (age 65). The Federal government does not recognize domestic partners as eligible dependents of active group health coverage for Medicare purposes. If you do not enroll in Medicare Part B and Part D when you first become eligible, you will be charged a higher premium (a penalty) for your Medicare coverage.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
If you drop or lose your coverage with the City of Los Angeles and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. City employees and their federally recognized eligible dependents will not be subject to higher premiums if they maintain creditable coverage with the City.

For more information about this notice or your current prescription drug coverage, please contact the Employee Benefits Division at 1-213-978-1655.

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare when you become eligible. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
• 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,
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: 10/01/2015
Name of Entity/Sender: City of Los Angeles, Personnel Department
Contact-Position/Office: Employee Benefits Division
Address: 200 North Spring Street, City Hall, Room 867
Phone Number: 1-213-978-1655
E-Mail: per.empbenefits@lacity.org

NOTE: You will receive this notice each year. You may also request a copy if needed.
# FLEX BENEFITS OPEN ENROLLMENT FORM

## 2016 HEALTH AND DENTAL PLAN

### SWORN LAPD & LAFD

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## SECTION A

### EMPLOYEE/SUBSCRIBER INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME, MIDDLE INITIAL</th>
<th>EMPLOYEE ID OR SSN</th>
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<tr>
<th>ADDRESS, CITY, STATE, ZIP</th>
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<tr>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
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## SECTION B

### I would like to ENROLL into the following medical/dental plans

- □ Kaiser Permanente HMO (17)
- □ Blue Shield Access® HMO SaveNet (Narrow Network) (16)
- □ Shield Spectrum PPO (13)
- □ DeltaCare USA DHMO (19)
- □ Delta Dental PPO (18)
- □ Cash-in-Lieu (CL) can also be elected using the online site
- □ I do not wish to enroll into a new plan

### I would like to CANCEL my enrollment in the following medical/dental plans

- □ Kaiser Permanente HMO (17)
- □ Blue Shield Access® HMO SaveNet (Narrow Network) (16)
- □ Shield Spectrum PPO (13)
- □ DeltaCare USA DHMO (19)
- □ Delta Dental PPO (18)
- □ Cash-in-Lieu (CL)
- □ I do not wish to cancel my current coverage

---

## SECTION C

### DEPENDENT INFORMATION (ADD OR DELETE COVERAGE)

<table>
<thead>
<tr>
<th>NAME</th>
<th>SEX</th>
<th>SSN</th>
<th>RELATIONSHIP</th>
<th>BIRTH DATE</th>
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<td>Medical</td>
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</tbody>
</table>

### PRIMARY CARE PHYSICIAN ID

### PRIMARY CARE DENTIST ID

1. Fill out the Primary Care Physician ID only if you selected the Blue Shield Access® HMO SaveNet (Narrow Network) plan. To find the ID of your doctor/medical group, please visit [blueshieldca.com/lacity](http://blueshieldca.com/lacity) and use the “Find a Provider” option.

2. Fill out the Primary Care Dentist ID only if you selected the DeltaCare USA DHMO plan. To find the ID of your dentist, please visit [deltadentalins.com/](http://deltadentalins.com/) and use the “Find a Dentist” option.
SECTION D

IF DELETING A FAMILY MEMBER, PLEASE FILL OUT THE INFORMATION BELOW

I am removing my dependent due to the following life event which occurred on…

☐ DIVORCE (date:___________________)    ☐ CHILD NO LONGER ELIGIBLE (date:___________________)

☐ DEPENDENT HASVERAGE ELSEWHERE

☐ OTHER (_________________________________________________________)

FOR THE PURPOSES OF NOTIFYING THE REMOVED DEPENDENT OF THEIR COBRA RIGHTS, PLEASE PROVIDE THE DEPENDENT’S MAILING ADDRESS IF DIFFERENT FROM YOURS

You have until October 31, 2015 to submit this change form to the Employee Benefits Division.

You have until December 11, 2015 to submit supporting documentation to the Employee Benefits Division.

This includes, but is not limited to documents such as birth certificates, marriage certificates, divorce decrees, court orders, full-time student certificates, Cash-in-Lieu Affidavits, Domestic Partnership Affidavits, etc.

All required documentation, including this form, must be submitted to:

City of Los Angeles, Personnel Department
Employee Benefits Division
200 North Spring Street, City Hall #867
Los Angeles, CA 90012

You may also fax the documents to 213-978-1623 or email them to per.empbenefits@lacity.org

E-mail is preferred so that you can receive an acknowledgement of receipt.

Contact Maria Lopez at 213-978-1584 if you have questions.

BINDING ARBITRATION

I understand this election will remain in effect so long as I remain eligible or until I make another election during a valid enrollment period or qualifying life event. I hereby authorize 1) the City of Los Angeles’ Office of the Controller to deduct my share of monthly premiums from my salary as a result of this election; and 2) my medical and/or dental insurance provider to pay claim under the plan selected. By signing this form, I indicate my interest in enrolling myself and any listed dependents into the City’s Flex Benefits Plan and I understand that it is my responsibility to report any change in the eligibility of my dependents. I also understand that I must abide by the provisions of the plan in which I enroll, and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees, and providers) is subject to binding arbitration.

SECTION E

____________________________________________________ _____________________
EMPLOYEE SIGNATURE DATE

OFFICE USE ONLY

EFFECTIVE DATE_________________________ MOU___________________

HEALTH SUB/PART_______________________ DENTAL SUB/PART___________________

PAY PERIOD ENDING ____________________________
When you experience a qualifying life event, you have 30 days from the date of the event to notify and make changes to your benefits by contacting Maria Lopez at 213-978-1584. You will have 60 days from the date of contact to submit documentation to the Employee Benefits Division. This includes, but is not limited to documents such as birth certificates, marriage certificates, divorce decrees, court orders, full-time student certificates, Cash-in-Lieu Affidavits, Domestic Partnership Affidavits, etc. Failure to submit documentation within 60 days will cancel your changes on day 61. New dependents will not be offered COBRA. You will be responsible for any rejected claims that are incurred as a result of the cancellation, regardless of when you are notified of the cancellation.

**SECTION A**

**EMPLOYEE/SUBSCRIBER INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME, MIDDLE INITIAL</th>
<th>EMPLOYEE ID OR SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS, CITY, STATE, ZIP</td>
<td>SEX (M/F)</td>
</tr>
<tr>
<td>PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

**SECTION B**

**WHAT QUALIFYING LIFE EVENT DID YOU/YOUR DEPENDENT EXPERIENCE?**

- [ ] Marriage  
- [ ] Divorce  
- [ ] Begin Domestic Partnership  
- [ ] End Domestic Partnership  
- [ ] Child no longer eligible  
- [ ] Birth/Adoption  
- [ ] Death  
- [ ] Gain of Coverage  
- [ ] Loss of Coverage  
- [ ] Court Order  
- [ ] Moved Outside of Service Area  
- [ ] Significant change in spouse/domestic partner’s employer coverage

**SECTION C**

**DEPENDENT INFORMATION (ADD OR DELETE COVERAGE)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>S E X</th>
<th>SSN</th>
<th>RELATIONSHIP</th>
<th>BIRTH DATE</th>
<th>COVERAGE</th>
<th>PRIMARY CARE PHYSICIAN ID</th>
<th>PRIMARY CARE DENTIST ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td>Dental</td>
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<td></td>
<td>Medical</td>
<td>Dental</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Medical</td>
<td>Dental</td>
<td></td>
</tr>
</tbody>
</table>

1) Fill out the Primary Care Physician ID only if you selected the Blue Shield Access’ HMO SaveNet (Narrow Network) plan. To find the ID of your doctor/medical group, please visit blueshieldca.com/lacity and use the “Find a Provider” option.

2) Fill out the Primary Care Dentist ID only if you selected the DeltaCare USA DHMO plan. To find the ID of your dentist, please visit deltadentalins.com and use the “Find a Dentist” option.
SECTION D – As a result of my qualifying life event . . .

<table>
<thead>
<tr>
<th>. . . I would like to SWITCH coverage and join the following medical/dental plans</th>
<th>. . . I would like to CANCEL my enrollment in the following medical/dental plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Kaiser Permanente HMO (17)</td>
<td>□ Kaiser Permanente HMO (17)</td>
</tr>
<tr>
<td>□ Blue Shield Access HMO SaveNet (Narrow Network) (16)</td>
<td>□ Blue Shield Access HMO SaveNet (Narrow Network) (16)</td>
</tr>
<tr>
<td>□ Shield Spectrum PPO (13)</td>
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<td>□ Delta Dental PPO (18)</td>
<td>□ Delta Dental PPO (18)</td>
</tr>
<tr>
<td>□ Cash-in-Lieu (CL) can also be elected using the online site</td>
<td>□ Cash-in-Lieu (CL)</td>
</tr>
<tr>
<td>□ No change – I do not wish to change plans</td>
<td>□ I do not wish to cancel my current coverage</td>
</tr>
</tbody>
</table>

SECTION E – If ending coverage for a family member, please fill out Section E.

For the purpose of notifying any removed dependents of their COBRA rights, please provide their mailing address.

Mailing address:

All required documentation, including this form, must be submitted to:

City of Los Angeles, Personnel Department
Employee Benefits Division
200 North Spring Street, City Hall #867
Los Angeles, CA 90012

You may also fax the documents to 213-978-1623 or email them to per.empbenefits@lacity.org

E-mail is preferred so that you can receive an acknowledgement of receipt.

Contact Maria Lopez at 213-978-1584 if you have questions.

BINDING ARBITRATION
I understand this election will remain in effect so long as I remain eligible or until I make another election during a valid enrollment period or qualifying life event. I hereby authorize 1) the City of Los Angeles’ Office of the Controller to deduct my share of monthly premiums from my salary as a result of this election; and 2) my medical and/or dental insurance provider to pay claim under the plan selected. By signing this form, I indicate my interest in enrolling myself and any listed dependents into the City’s Flex Benefits Plan and I understand that it is my responsibility to report any change in the eligibility of my dependents. I also understand that I must abide by the provisions of the plan in which I enroll, and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees, and providers) is subject to binding arbitration.

SECTION F

EMPLOYEE SIGNATURE ____________________________ DATE ____________________________

OFFICE USE ONLY

EFFECTIVE DATE ____________________________ MOU ____________________________

HEALTH SUB/PART ____________________________ DENTAL SUB/PART ____________________________

PAY PERIOD ENDING ____________________________
Cash-in-Lieu Affidavit
for Sworn Employees

Please print all information—Signature required below

Employee Information
Name (Last, First, Middle Initial):  
Employee ID Number:

Address
Street Address:  
City:  
State:  
Zip Code:

Name of Spouse/Domestic Partner Whom Coverage Is Provided Through
Name (Last, First, Middle Initial):

Relationship:

Healthcare Coverage Verification
Must be completed by the Spouse’s or Domestic Partner’s Employer, your second employer or retiree benefits administrator. If both you and your spouse/domestic partner are City employees, it must be completed by the Employee Benefits Division.

Name of Insurance Company/Provider/Administrator:
Policy/Membership Number:

Health Plan/Insurance Telephone Number:
Name of Employer Offering Coverage:

Signature of Employer or Provider:  
Date Signed:

Title:  
Telephone Number:

Important!
If you waive coverage during this enrollment, you may later request coverage under a City-sponsored or Relief Organization-sponsored health plan only if you experience a qualifying family status change or during the employee benefits Open Enrollment Period.

Send completed form and supporting documents to:
Employee Benefits Division, 200 N. Spring Street, Room 867, Los Angeles, CA 90012
(Located in City Hall; include “Mail Stop #621” if using inter-departmental mail)

I certify that my dependents and I have health coverage under the employer health benefit plan listed above. I further certify that all information and documentation provided are true and accurate. I understand that any false, deceptive or otherwise improper act may result in the cancelation of my participation in the Cash-in-Lieu Program, and I may be considered ineligible for enrollment in any City health, dental, or other benefit plan.

Employee Signature Required Below
Day Time Phone Number:  
Employee’s Signature:  
Date Signed:
What is the Cash-in-Lieu option?
If you have health coverage through your spouse’s or domestic partner’s employer, through a second employer, or as a retiree from your previous employer, you may waive City-sponsored health coverage and in return, you will receive a taxable $100 a month “Cash-in-Lieu.” You will receive an additional $50 in taxable income in your paycheck each pay day for 24 pay periods – a total of $1,200 if you have another group plan for the entire year.

Who is eligible?
To be eligible for this option, you must be an active sworn employee of the City who:
• is receiving a paycheck; and
• is a contributing member of the Fire & Police Pension System.

When can I enroll?
Each fall, you have an opportunity to enroll for the following year as part of the civilian Open Enrollment period. For instance, the Cash-in-Lieu Open Enrollment period for 2016 is October 1, 2015 through October 31, 2015. In addition, you can enroll if you cancel your health coverage through your sworn Relief-Organization sponsored plan, if it is done within that group’s Open Enrollment period. Contact your Relief Organization for details.

How do I apply?
An employee who wants to participate in the Cash-in-Lieu option must complete an affidavit verifying coverage under another employer group health plan through a spouse or domestic partner (see facing page) and return it to:

Employee Benefits Division, 200 N. Spring Street, Room 867,
Los Angeles, CA 90012
(Located in City Hall; include “Mail Stop #621” if using inter-departmental mail)

What if I change my mind?
Re-enrollment in a City-sponsored health plan will be allowed only under the regular policies; if you experience a qualifying family status change (i.e., spouse/domestic partner loses health coverage) or during the Open Enrollment period. A request for enrollment must be made within 30 calendar days following a qualifying family status change.

Questions?
If you have further questions, please contact the Employee Benefits Division, Sworn Benefits Coordinator, at 213-978-1584 (Maria Lopez).
Introduction

The City of Los Angeles offers domestic partners of City employees, and their domestic partners’ children, equal access to its employee benefits programs, including health and dental plans, the Employee Assistance Program (EAP), Catastrophic Illness Leave Donation Program, and bereavement leave/family illness benefits. To obtain these benefits, you must submit proof that you and your partner are in a domestic partnership as attested by both parties through either:

1. A signed City Affidavit of Domestic Partnership form and appropriate identification; OR
2. A registered State of California Declaration of Domestic Partnership Form, (or proof of a similar legal union validly formed in another state) that has been submitted to and accepted by the City of Los Angeles, Personnel Department Benefits Division. Please refer to the Section on "How to File for Domestic Partnership Benefits" for more detailed information.

You are not required to enroll in a health and/or dental plan in order to file your Affidavit of Domestic Partnership. Your Affidavit may be filed at any time. However, if you wish to enroll in a health or dental plan, you may only do so at specified times (see "When to Enroll Your Domestic Partner…"). Also, you should be aware that if you enroll your domestic partner or the domestic partner’s child(ren) in a health plan, you will have to pay income taxes on the amount of health plan subsidy that will be paid by the City to provide coverage (per the Internal Revenue Service). Any questions regarding the tax consequences of adding a domestic partner or the child of a domestic partner to your health/dental plan should be directed to a tax professional.

How to File for Domestic Partner Benefits

To obtain domestic partner benefits, you must submit proof that you and your partner are in a domestic partnership as attested by both parties through either: the City Affidavit of Domestic Partnership OR a registered State of California Declaration of Domestic Partnership Form, (or proof of a similar legal union validly formed in another state).

1. City Domestic Partnership Affidavit

   To obtain domestic partner benefits under the City Domestic Partnership Affidavit, you and your domestic partner must meet the following conditions and attest to this by completing and signing an Affidavit of Domestic Partnership:
   a. You and your partner must be in a committed and mutually exclusive relationship in which you are jointly responsible for each other’s welfare and financial obligations.
   b. You and your partner must have resided together in the same principal residence for at least 12 months and intend to do so indefinitely.
   c. You and your partner must be 18 years of age or older, unmarried, and not blood relatives.

   You must submit an Affidavit of Domestic Partnership, signed and dated by both you and your domestic partner and submit copies of your California driver’s license or identification card for both you and your domestic partner. The addresses on your respective licenses or identification cards must match one another and be the same as your address of record with the City - your affidavit and application cannot be processed until all addresses are consistent with one another.

   Special Note: If you have a domestic partner and are in the process of divorcing a spouse, be advised that your Affidavit can be processed no earlier than one year from the effective date of your divorce, regardless of how long you may have been living with the domestic partner.

2. State of California Declaration of Domestic Partnership Form

   You also may obtain domestic partner benefits under a copy of the Declaration of Domestic Partnership form submitted to the State of California, Secretary of State (or under proof of a similar legal union validly formed in another state). The State of California Declaration of Domestic Partnership form is available on the Secretary of State’s website at www.sos.ca.gov/dpregistry/.

   The documentation must be submitted to the Personnel Department, Benefits Division 200 N. Spring Street, Room 867, Los Angeles, California 90012.
The California Domestic Partner Rights and Responsibilities Act of 2003 expanded the rights and responsibilities of domestic partners and modified the procedures for establishing and terminating a domestic partnership beginning January 1, 2005. The California Secretary of State has a different definition of a domestic partnership based upon California Family Code Section 297 and it contains seven requirements for eligibility which are clearly outlined in its "Declaration of Domestic Partnership." Information about registering with the State of California can be obtained by contacting its Los Angeles Office at 300 South Spring Street, Room 12531, Los Angeles, CA 90013 or calling that office at (213) 897-3062. In addition, the Secretary of State’s website contains detailed information about its Domestic Partner Registry, the legislation, forms and frequently asked questions. Please visit www.sos.ca.gov/dpregistry/index.htm.

Please note that a major difference between the City and State definition is that the State requires domestic partners to be members of the same sex or one/or both of you is/are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act.

If you meet the State’s definition and register with that agency, please send a copy of the resulting “Certificate of Registration of Domestic Partnership” to our office in order to remove the state income tax liability associated with covering your domestic partner and/or your domestic partner’s eligible dependents under your benefits. Registration with the Secretary of State will not have any impact upon the federal income tax liability associated with covering these dependents.

You may enroll yourself and your domestic partner and his/her dependent children in a health and/or dental plan at one of the following times:
- Within 60 days of your employment date;
- During an Annual Enrollment Period or within 30 days of a qualifying life event;
- Within 30 days of your meeting the domestic partner definition;
- Within 60 days of your transferring from the Department of Water and Power.

If you do not add your domestic partner and/or his/her dependent children to your health and/or dental plan within the above timeframes, you must wait until the next Annual Enrollment Period to do so.

If you and your domestic partner no longer meet all of the above definitions, you must notify the City within sixty (60) days by filing a Statement of Termination of Domestic Partnership with the Personnel Department’s Employee Benefits Office. If you fail to remove an ineligible domestic partner from your health/dental plan, you may be responsible for repayment of the City’s portion of the premiums retroactive to the date of ineligibility, as well as the cost of medical services provided to ineligible dependents, to the extent possible under law; and your domestic partner will not be offered an opportunity to continue their coverage in the health/dental plan at their own expense as provided for in the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

If you fraudulently obtain Flex program benefits for yourself or your dependents, you will be required to pay any costs of any benefits that were paid on your behalf; you will have your coverage retroactively terminated; and at the sole discretion of the City of Los Angeles, you may also be subject to disciplinary action including but not limited to discharge.

You may not file another Affidavit of Domestic Partnership until at least twelve (12) months after you have filed your Statement of Termination of the previous domestic partnership.

For a copy of the Affidavit of Domestic Partnership, Statement of Termination of Domestic Partnership, Health and Dental Plan Enrollment Form or Family Account Change Form, or to obtain additional information regarding domestic partner benefits, please call the Personnel Department’s Domestic Partner Benefits Coordinator, Isela Jurado at (213) 978-1640, Monday through Friday between the hours of 8:00 am and 4:00 pm.

You may also obtain forms by visiting the Employee Benefits Division, 200 North Spring Street, City Hall - Room 867, Los Angeles, CA 90012 or via the internet at http://per.lacity.org/Bens/DocForms.htm.
1. I, (employee) __________________________________________

and (domestic partner) __________________________________________

reside together and intend to do so indefinitely at:

(address) ______________________________________________________

We share the necessities of life.

2. By signing this Affidavit of Domestic Partnership, we agree that we both are economically responsible to third parties for the common necessities of life, defined as food, shelter, and medical care, and this shall remain the case for expenses incurred during the period that we are receiving any domestic partnership benefits from the City.

3. We affirm that we began to reside together as domestic partners on: ______________________________

4. We are not married to anyone.

5. We are at least eighteen (18) years of age, or older.

6. We are not related by blood closer than would bar marriage in the state of California and are mentally competent to consent to contract.

7. We are each other’s sole domestic partner and intend to remain so indefinitely.

8. I, (employee) __________________________________________ agree to notify the City within thirty (30) days of any change of circumstances attested to in this Affidavit by filing with the Personnel Department’s Employee Benefits Office, a Statement of Termination of Domestic partnership. Such Statement of Termination shall be on a form provided by the City and shall affirm under penalty of perjury that the partnership is terminated and that a copy of the Statement of Termination has been provided to my former domestic partner.

9. I, (employee) __________________________________________ understand that I cannot file another Affidavit of Domestic Partnership until twelve (12) months after the Statement of Termination of the previous partnership has been filed.

10. We understand that if the City suffers any loss because of a false statement contained in this Affidavit, the City may bring a civil action against either or both of us to recover its losses, including reasonable attorney’s fees and court costs.

11. We understand that the employee is responsible for the payment of applicable income taxes as a result of the City providing health and/or dental benefits to a domestic partner and/or their child(ren).

12. We understand and agree that we are providing the information in this Affidavit solely to allow the City to determine our eligibility for domestic partnership benefits as defined by City ordinance. We understand that this information will be held confidential and will be subject to disclosure only upon our written authorization or pursuant to a legally appropriate process.
13. We understand that in addition to the eligibility requirements of the City for domestic partnership coverage, there are terms and conditions of coverage set forth in the service agreements of each health and dental care plan offered by the City. By executing this Affidavit, each of us agrees to be bound by the terms and conditions of coverage of the health and/or dental care plan selected, as set forth in the applicable service agreement.

14. We understand and agree that the City is not legally required to extend any benefits, other than those benefits specifically granted to an employee and his/her domestic partner by City ordinance. We also understand and agree that upon the termination of this domestic partnership, the City is no longer obligated to provide any domestic partnership benefits to the employee’s former domestic partner.

15. We understand that the information we are providing in this Affidavit may be used by either of us as evidence of the existence of our domestic partnership in subsequent legal or administrative proceedings. We understand that before signing this Affidavit, we should seek competent legal and/or tax advice concerning the financial obligations we may be undertaking by signing the Affidavit.

16. I, (employee) ________________________ understand that in order to provide a retirement survivor benefit to my domestic partner, I must file a separate domestic partnership affidavit with Los Angeles Fire & Police Pensions (LAFPP) or the Los Angeles City Employees’ Retirement System (LACERS), and if I do not do so my domestic partner will not be entitled to a retirement survivor benefit.

17. We each declare, under penalty of perjury, that the assertions in this Affidavit are true and correct to the best of our knowledge.

Submit this completed form and documentation to the Personnel Department, Benefits Division 200 N. Spring Street, Room 867, Los Angeles, California 90012.

Signatures

Signature of Employee date

Signature of Domestic Partner date

SS# or Employee ID#

(Employee ID# is located at the top portion of your payroll check, under your name)

SS# of Domestic Partner

Employee Date of birth

Domestic Partner Date of birth

Daytime phone number

SPECIAL NOTE

Please submit a copy of your own and your domestic partner’s California Driver’s License or identification card. Be advised that the addresses on your respective licenses or identification cards must match one another and be the same as your address of record with the City. Your Affidavit and application cannot be processed until all addresses are consistent.
I, (employee) ____________________________, affirm the termination of my partnership with:

(Domestic partner) ____________________________

(Effective date) ____________________________

I have provided a copy of this Statement of Termination of Domestic Partnership to my former domestic partner.

I understand that I will not be able to file a new Affidavit of Domestic Partnership until twelve (12) months after I have filed this Statement of Termination of Domestic Partnership with the Personnel Department's Employee Benefits Division. I further understand and acknowledge that the City is not obligated to provide any Domestic Partnership employee benefits to me under any ordinance or memorandum of understanding until twelve (12) months after I have filed this Statement of Termination of Domestic Partnership and a new validly executed Affidavit of Domestic Partnership has been filed with the Employee Benefits Division.

I declare, under penalty of perjury, that the foregoing is true and correct.

__________________________________________________________________________
Signature of Employee

__________________________________________________________________________
Employee ID or Social Security Number

__________________________________________________________________________
Date of Birth

Submit this completed form to the Personnel Department, Benefits Division 200 N. Spring Street, Room 867, Los Angeles, California 90012.
## Contacts

<table>
<thead>
<tr>
<th>Plan/Program/Contact</th>
<th>Web Site</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield Access+ HMO SaveNet (Narrow Network)</td>
<td>blueshieldca.com/lacity</td>
<td>1-855-201-2086</td>
</tr>
<tr>
<td>Kaiser Permanente HMO health plan</td>
<td><a href="http://my.kp.org/ca/cityofla">http://my.kp.org/ca/cityofla</a></td>
<td>1-800-464-4000</td>
</tr>
<tr>
<td>Shield Spectrum PPO health plan</td>
<td>blueshieldca.com/lacity</td>
<td>1-855-201-2086</td>
</tr>
<tr>
<td>Delta Dental PPO</td>
<td>deltadentalins.com/enrollees/index.html</td>
<td>1-800-765-6003</td>
</tr>
<tr>
<td>DeltaCare USA DHMO</td>
<td>deltadentalins.com/enrollees/index.html</td>
<td>1-800-422-4234</td>
</tr>
<tr>
<td>Healthcare Flexible Spending Account or Dependent Care Reimbursement Account</td>
<td>wageworks.com</td>
<td>1-877-924-3967</td>
</tr>
<tr>
<td>Commuter Spending Accounts</td>
<td>wageworks.com</td>
<td>1-877-924-3967</td>
</tr>
<tr>
<td>Benefits Service Center</td>
<td>myflexla.com</td>
<td>1-800-778-2133 and immediately press “0#” two times to speak with a representative or 1-800-735-2922 if hearing or speech impaired (Monday – Friday, 8 a.m. to 5 p.m. Pacific time)</td>
</tr>
<tr>
<td>Employee Benefits Division</td>
<td>myflexla.com</td>
<td>213-978-1655 and immediately press “0#” two times to speak with a representative or 1-800-735-2922 if hearing or speech impaired (Monday – Friday, 8 a.m. to 5 p.m. Pacific time)</td>
</tr>
<tr>
<td>or send e-mail to <a href="mailto:per.EmpBenefits@lacity.org">per.EmpBenefits@lacity.org</a></td>
<td></td>
<td>213-978-1655</td>
</tr>
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## Other Contacts

<table>
<thead>
<tr>
<th>Plan/Program</th>
<th>Web Site</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City retirement benefits</td>
<td>lacers.org</td>
<td>1-800-779-8328</td>
</tr>
<tr>
<td>Deferred Compensation Plan</td>
<td>cityofla457.com</td>
<td>1-888-466-0381 (Empower) or 213-978-1636 (Employee Benefits Division)</td>
</tr>
<tr>
<td>Parking/Transit reimbursement/ Rideshare programs</td>
<td><a href="http://per.lacity.org/bens/commuteoptions.htm">http://per.lacity.org/bens/commuteoptions.htm</a></td>
<td>213-978-1655</td>
</tr>
<tr>
<td>City Employees Club of Los Angeles</td>
<td>cityemployeesclub.com</td>
<td>213-620-0388</td>
</tr>
<tr>
<td>All City Employees Benefits Services Association</td>
<td>acebsa.org</td>
<td>213-485-2485</td>
</tr>
<tr>
<td>City MOUs</td>
<td><a href="http://cao.lacity.org/MOUS">http://cao.lacity.org/MOUS</a></td>
<td>213-978-7676</td>
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City of Los Angeles

Flex Enrollment 2016

Reminder

Write your employee ID number and name on each document you submit to complete your enrollment. See pages 26 and 27 of this booklet for more about required documentation.