Important Information About Your Flex Benefits and...

When Your Spouse or Domestic Partner’s Employment, Eligibility or Access to Coverage Changes

You can make benefit changes within 30 calendar days if your spouse/domestic partner has one of these events:

- Employment begins or ends
- Employment status changes from part-time to full-time or vice versa, significantly changing eligibility or coverage under the other employer’s plan
- There’s a significant change in the health or dental coverage your spouse/domestic partner has through his or her employer.

Who’s Eligible

Your spouse/domestic partner is eligible. To be eligible, children must be:

- Your dependent children up to age 26 – including your domestic partner’s children if your City of Los Angeles Domestic Partnership Affidavit is approved or you provide a copy of your Declaration of Partnership filed with the California Secretary of State
- Your grandchildren up to age 26 – if you have legal custody and provide the Employee Benefits Division with copies of court papers
- Your grandchildren if the parent is your dependent child up to age 19 – or up to age 26 for a full-time student with valid proof of student status
- Your disabled child age 26 or older who is dependent on you for support if disabled before age 18 and certified as disabled each year by the insurance company for your health plan.

Changing Your Benefits

What Benefits You Can Change

If your spouse/domestic partner begins or ends employment or has an employment status change from full-time to part-time or vice versa, significantly changing eligibility or coverage under the other employer’s plan, you can:

- enroll your spouse/domestic partner in your health and dental coverage, if coverage was lost
- change AD&D and disability coverage, depending on the circumstances of your family status change
- change participation in the Healthcare Flexible Spending Account or Dependent Care Reimbursement Account, depending on the event.

If there’s a significant change in the health or dental coverage your spouse/domestic partner has through his or her employer, you can enroll your spouse/domestic partner in health or dental coverage and enroll in or increase contributions to a Healthcare Flexible Spending Account. You can also choose a Dependent Care Reimbursement Account if the change created a new need for dependent care.

The benefit changes you are allowed to make depend on your benefit choices at the time of your family status change.

When You Can Enroll and Make Benefit Changes

Within 30 calendar days of the date your spouse or domestic partner has a change in employment – or eligibility or access to other coverage. If you don’t enroll within 30 calendar days, you will have to wait until the next annual enrollment, October 1 – 31, to change your benefit choices and your family will not have Flex coverage until the next January unless you have another qualifying family status change.

If you’re enrolled in Cash-in-Lieu and lose coverage through your spouse/domestic partner’s employer, you cannot continue to receive Cash-in-Lieu. To choose health coverage, you must call to enroll within 30 days of losing other coverage. If you miss the 30-day deadline, you will be enrolled in default coverage – Kaiser Permanente HMO for yourself only – when you report the loss of other coverage.

Resources

- To enroll your spouse/domestic partner and any eligible dependent children, go to www.myflexla.com or call 1-800-778-2133.
- For questions, call the Employee Benefits Division at 213-978-1655 Monday through Friday, 8 a.m. to 4 p.m. Pacific time – or send an email to per.EmpBenefits@lacity.org.
- For forms – including domestic partnership affidavit and reimbursement account claims – go to www.myflexla.com.

About Enrolling A Domestic Partner

Within 60 days of enrolling, you must complete and submit a City of Los Angeles Domestic Partnership Affidavit or provide a copy of your Declaration of Partnership filed with the California Secretary of State. To have the affidavit approved by the Employee Benefits Division, you and your domestic partner must:

- be in a committed and mutually exclusive relationship in which you are jointly responsible for each other’s welfare and financial obligations,
- have resided together in the same principal residence for at least 12 months and intend to do so indefinitely, and
- be 18 years of age or older, unmarried and not blood relatives.

See Providing Proof of Your Family Status Change on page 2 for more information.
Health and Dental Coverage
You will need to select a primary care physician (PCP) if you enroll in the Anthem Blue Cross HMO and a primary care dentist (PCD) if you enroll in the DeltaCare USA DHMO dental plan. If you don't select a PCP or PCD when you enroll, one will automatically be assigned by Anthem Blue Cross or DeltaCare based on your home zip code.

Pre-Tax Benefits and Domestic Partner Coverage
Under federal tax laws, pre-tax dollars cannot be used to buy benefits for domestic partners. When you enroll your domestic partner in health or dental coverage, you will pay your share of the coverage cost with after-tax dollars. The amount Flex contributes toward the cost of your domestic partner’s health coverage will be taxable to you as regular income included on your W-2 form at the end of the year.

Accounts for Saving on Healthcare and Dependent Care Expenses
Depending on the event, you can increase or decrease pre-tax contributions or begin contributing to a:

- Healthcare Flexible Spending Account – to reimburse yourself for eligible healthcare expenses for you and your dependents; whether you can increase, decrease or begin contributing depends on the change in your spouse/domestic partner’s employment or other coverage
- Dependent Care Reimbursement Account – to reimburse yourself for day care expenses for your eligible dependents (generally, your dependent children under age 13 or a disabled dependent who is incapable of self-care).

If you choose to contribute to either or both accounts, an administrative fee of $2.25 will automatically be deducted from your paycheck, and you must file claims by the claims deadline for the year or you forfeit any money left in your account. See “Know Your Benefits” at www.myflexla.com for more information.

Providing Proof of Your Family Status Change
- You have 60 days from the date on your confirmation statement to provide the required documents listed on your status change confirmation statement. If you enroll a domestic partner, you must complete and submit a City of Los Angeles Domestic Partnership Affidavit or a copy of your Declaration of Domestic Partnership filed with the California Secretary of State.
- If you do not submit the required documents by the deadline, any benefit changes you made – including any health and dental coverage you selected for your spouse/domestic partner or dependent child – will be canceled effective the 61st day after the date on your confirmation statement. Any medical or dental expenses your dependent has after coverage is canceled will be your financial responsibility.

Things To Think About When You Enroll

How To Enroll and Make Benefit Changes
Call the Benefit Service Center at 1-800-778-2133, or go online via the Internet at www.myflexla.com.
If you decline health coverage and take Cash-in-Lieu, you must have health coverage through your spouse’s or domestic partner’s employer, through retiree coverage, or through a second employer (with City department approval). When you enroll in Cash-in-Lieu, you must complete and return the Cash-in-Lieu affidavit.

When Changes Are Effective
- Health and dental coverage – date of enrollment, with your contributions for coverage effective that same date
- Life insurance – generally, date of enrollment; if proof of good health is required, changes are effective when Evidence of Insurability is approved by the insurance company
- Healthcare Flexible Spending Account or Dependent Care Reimbursement Account – date of enrollment

If your coverage cost or account contributions change, your new contributions through payroll deductions will begin to one or three pay periods from the date you enroll your dependent.

If documents are not provided within 60 days from the date on your confirmation statement, your benefit changes – including any health and dental coverage selected for a dependent – will be canceled effective the 61st day.