

Important Information About Your Flex Benefits and...

Losing Other Non-City Health Coverage or Moving Outside the Plan's Service Area

Here's what you'll need to consider about your Flex benefits when you or your eligible dependent loses other non-City health coverage – or when you move outside your health or dental plan's service area.

Who's Eligible

If your spouse/domestic partner or eligible dependent child loses other non-City health coverage – for example, because your spouse/domestic partner goes from full-time to part-time employment – you can enroll that person within 30 calendar days of the event. 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 or dependent child loses other health coverage, you can enroll that person in your health and dental coverage. If you chose Cash-in-Lieu because you had health coverage through your spouse/domestic partner's employer and that coverage is lost, you can enroll yourself and eligible dependents in health coverage and choose to enroll in a Healthcare Flexible Spending Account.
- If you move outside your health or dental plan's service area, you can select a new health or dental plan only; you cannot change coverage levels. You can also drop health coverage.

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, domestic partner, or dependent child loses other coverage or your family moves. **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, if they are not currently covered, 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 – Anthem Blue Cross HMO for yourself only – when you report the loss of other coverage.

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.

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 the domestic partnership affidavit – go to www.myflexla.com.



Benefits for your way of life.

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.

When Changes Are Effective

- **Health and dental coverage** – date of enrollment for your spouse/domestic partner or eligible dependent child if you lose other coverage, with your contributions for coverage effective that same date – or based on the date you report your move and when it is reflected in the City’s payroll system
- **Healthcare Flexible Spending Account** – date you enroll

Coverage cost changes through payroll deductions will begin one to three pay periods from the date of enrollment.

Things To Think About When You Enroll

Health and Dental Coverage

You will need to select a primary care physician (PCP) for new family members 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

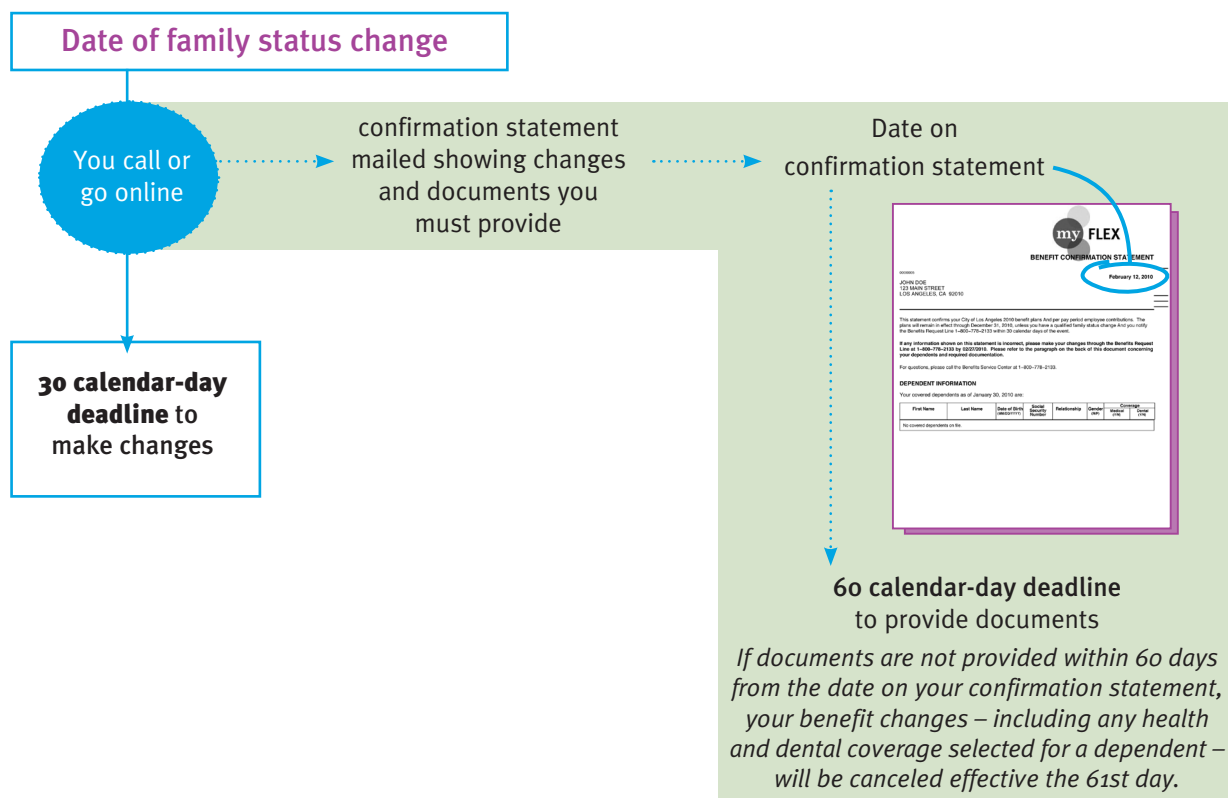
Under federal tax laws, pre-tax dollars cannot be used to buy benefits for domestic partners. When you enroll your domestic partner in health or dental coverage, you will pay your share of the coverage cost with after-tax dollars. The amount Flex contributes toward the cost of your domestic partner’s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

Healthcare Flexible Spending Account

You can begin contributing to a Healthcare Flexible Spending Account to reimburse yourself for eligible healthcare expenses for you and your dependents. If you choose to contribute, 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.**



This summary is published by the City of Los Angeles Joint Labor Management Benefits Committee. It provides only highlights of family status changes and 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 summary and the official plan documents, the plan documents will govern. Plan documents are the legal papers that describe the benefit plan rules in detail. They may include insurance policies and similar kinds of contracts.