

*Exploring Your  
Healthcare Benefits  
Through LACERA*

(Retiree Healthcare Administrative Guidelines)





# To Los Angeles County Retirees:

**W**elcome to retirement! This is an important transition in your life — you now have a chance to experience new opportunities and endeavors that may not have been possible while you were working. You may be thinking about spending time with your family, getting more involved in a treasured hobby, making travel plans or just getting some things done that you've put off for a long time.

Having the protection of a medical, dental and vision plan through the Los Angeles County Employees Retirement Association (LACERA) and the security that goes along with it is an important part of enjoying your life and activities during retirement. There are many choices available to you as a retiree.

The LACERA plans and coverage are *different* from those offered to active County employees. Your active coverage will not continue after you retire, except under some very specific circumstances. Therefore, you should enroll in a LACERA-administered plan for medical and/or dental/vision coverage.

The LACERA-administered Healthcare Benefits Program offers an extensive choice of medical plans and dental/vision plans. Among

them are types of plans that you may be familiar with, such as HMOs or indemnity medical plans. Keep in mind there are other plans available designed to work with your Medicare benefits — plans such as a Medicare supplement or Medicare Advantage Prescription Drug Plan (MA-PD).

All of the LACERA-administered medical plans offer:

- Disease management services or programs to help members manage chronic conditions so that they can stay as healthy as possible as long as possible.
- Prescription drug coverage that is, on average, as good as or better than standard Medicare prescription drug coverage.

More information about LACERA-administered medical plans (including disease management and prescription drugs) and dental/vision plans can be found in the inserts in your *RHC Enrollment Packet*.

Enrollment requirements and information on changing health plans are detailed in this booklet.

## **IMPORTANT:**

You must select a medical plan and/or a dental/vision plan within 60 days of your retirement date, or 60 days from the date your name appears on the Board of Retirement agenda, whichever is later. If you miss this deadline, the late enrollment rules will apply.

There are two steps to the enrollment process.

1. Read this booklet, the Plan inserts and accompanying comparison charts and rate booklet and determine which healthcare plans you are eligible for and about which you would like more information. Then, you can request the plan packets and enrollment forms you would like to receive by either:

- Completing the ENROLLMENT REQUEST CARD, or
- Contacting LACERA Retiree Healthcare Division at (800) 786-6464, Press 1 or (626) 564-6132, or
- Sending us an e-mail at [healthcare@lacera.com](mailto:healthcare@lacera.com)

You may also visit our website at [www.lacera.com](http://www.lacera.com).

2. Within ten working days, you will receive an envelope containing the plan packets and enrollment instructions. Based on this information, you will select a plan that is right for you.

You'll need to complete the enrollment form and mail it back to LACERA.

*It is important to note that you must select a medical plan and/or a dental/vision plan within 60 days of your retirement date, or 60 days from the date your name appears on the Board of Retirement agenda, whichever is later.* If you wish to waive coverage under a LACERA-administered plan, you must submit a signed waiver of coverage to LACERA.

If you later wish to join the LACERA-administered healthcare program, the rules for Late Enrollment will apply. Details are on page 9.

The Insurance, Benefits and Legislative Committee of the Board of Retirement is dedicated to providing you and your family with the highest quality healthcare benefits at an affordable cost.

We hope your retirement years are filled with happiness and good health.

**Board of Retirement  
Los Angeles County Employees  
Retirement Association**

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# Who Is Eligible

**Y**ou are eligible to enroll in the LACERA-administered Healthcare Benefits Program if you are a member of LACERA and retire from:

- The County of Los Angeles (even if you did not have medical coverage under an employee healthcare program while you were an active County employee).
- Participating agencies of the County of Los Angeles, including the South Coast Air Quality Management District, the Little Lake Cemetery District, the Local Agency Formation Commission and the County Superintendent of Schools.

## Los Angeles County/City of Los Angeles Reciprocity

Los Angeles County and the City of Los Angeles signed a contract to provide a retiree health insurance reciprocity program for members who meet the established eligibility requirements. An eligible member's retirement date and years of service with each system will determine eligibility for full or limited reciprocity, as well as the plan for which he or she is eligible. If you think you may be eligible, please call LACERA's Retiree Healthcare Division at (800) 786-6464 and press 1 or (626) 564-6132 for more information.

## Your Eligible Dependents Include:

- Your lawful spouse unless legally separated.
- Your eligible domestic partner if both parties have registered a Declaration of Domestic Partnership with the California Secretary of State.
- Your, your spouse's, or your eligible domestic partner's unmarried natural or legally adopted children or stepchildren, until age 19.
- Your or your eligible domestic partner's unmarried natural or legally adopted children or stepchildren, from age 19 until age 23, who are enrolled as full-time students at an accredited or licensed educational institution\* and depend on you for financial support.

\* If your eligible dependent ceases to be enrolled on a full-time basis at an accredited educational institution and thus loses eligibility, then subsequently re-enrolls as a full-time student, he/she establishes immediate eligibility upon re-enrollment. It is your responsibility to **notify LACERA within 30 days** of the date of re-enrollment to add him/her to your plan(s).

- Your or your eligible domestic partner's unmarried dependent children age 19 or over who are incapable of self-support due to a physical or mental handicap and **meet all the following requirements:**
  - The dependent child's disability began before age 19 or disability occurred between age 19 and age 23 while enrolled as a full-time student at an educational institution, and
  - The child is fully dependent on you for financial support, and
  - The child has been continuously covered by a County-sponsored plan, and/or you can provide proof that the disabled dependent child meets the above conditions and has been continuously covered by any other group or individual medical insurance plan, and
  - You can provide medical evidence of total disability subject to the conditions of both LACERA and the plan in which the member is enrolled
- Other dependent(s) defined by specific law and plan contracts.

### *Tax Issues on Domestic Partner Coverage*

The IRS typically doesn't recognize a domestic partner (or the partner's dependents) as tax-qualified dependents. Therefore, the portion of the premium paid by the County to cover a domestic partner (or the partner's dependents) may be subject to taxation.

### **Your Eligible Surviving Dependents Include:**

(those dependents who are eligible to continue coverage following the LACERA member's death):

### *Surviving Spouse/Domestic Partner*

- Your surviving spouse — or your surviving domestic partner — who is eligible to continue to receive retirement benefits, and to whom you were married — or registered as a domestic partner with the California Secretary of State — for at least one year prior to your retirement date, is named as the primary beneficiary. If you were granted a service-connected disability, the one-year rule does not apply, however, the date of your marriage or domestic partner registration must precede the date of your retirement.

*Surviving Children (if there is also a surviving spouse/eligible domestic partner)*

- Your surviving unmarried natural children, legally adopted children or stepchildren, up to age 19 or until age 23, if they remain unmarried and enrolled as full-time students at an accredited or licensed educational institution.\*

*Surviving Children (without a surviving spouse/domestic partner)*

- Your surviving unmarried natural children, legally adopted children or stepchildren, up to age 18 or until age 22, who are enrolled as full-time students at an accredited or licensed educational institution\* and receiving retirement benefits. These eligibility requirements apply if there are only surviving dependent children, with no surviving spouse or domestic partner.

\* If your eligible dependent ceases to be enrolled on a full-time basis at an accredited educational institution and thus loses eligibility, then subsequently re-enrolls as a full-time student, he/she establishes immediate eligibility upon re-enrollment. It is your responsibility to **notify LACERA within 30 days** of the date of re-enrollment to add him/her to your plan(s).

*Eligible Surviving Disabled Dependents*

- Your eligible disabled dependent children who satisfy each requirement described in the “Your Eligible Dependents” section of this booklet.

**IMPORTANT: If you marry or register your domestic partnership within 12 months preceding the date of your retirement, your new spouse/domestic partner and your new spouse’s/domestic partner’s dependents will not be eligible to continue coverage in a LACERA-administered health insurance plan following your death, except for a limited period of time through COBRA.**

**Exception: If you retire because of a service-connected disability, the 12-month rule doesn’t apply. If you were married or registered as a domestic partner before the date of the incident that caused your disability, your eligible dependents can continue coverage in a LACERA-administered insurance plan.**

## Your Eligible New Dependents Include:

- A new spouse/domestic partner.
- Newborn child.
- Newly-acquired legally-adopted children and stepchildren.

In order to cover your eligible spouse/dependent child(ren)/domestic partner/adopted child(ren), the following documents must be provided to LACERA at the time of enrollment:

- Original certified Marriage Certificate or Original Certificate of Domestic Partnership
- Original Certified Birth Certificate for eligible dependent children
- Legal adoption papers
- Verification of full time student status for eligible dependents age 19 to age 23. Verification must include the following:
  - Accredited school's name,
  - Student's name,
  - Current semester, and
  - Number of units/credits or official written verification from the school stating full time enrollment.
- Physical or mental Handicap verification form/Physician statement/proof of continuous coverage for handicap child/proof of financial support

You must contact LACERA to enroll these eligible dependents within *30 days of the date they become eligible family members*. If your enrollment form is received by the 15th of the month, coverage begins the first day of the month following the date of the qualifying event.

*If you are married or in a registered domestic partnership*, both you and your eligible dependents must enroll in the same plan. Split enrollment among family members — enrolling in different LACERA-administered health plans — is not permitted (unless both adults are LACERA retirees).

*If you are married to/partnered with someone who is also a LACERA retiree*, each of you may choose coverage under a different plan. However, you may not enroll your spouse/domestic partner as a dependent under your coverage if he or she also enrolls as an eligible LACERA retiree or survivor.

*However, there is a twist...* some of the plans require you or your eligible dependent(s) to be enrolled in Medicare Parts A and B to participate. If you are eligible for Medicare and your dependent(s) is not, your dependent(s) must enroll in the non-Medicare plan corresponding to the Medicare plan you choose.

Conversely, if your dependent(s) is eligible for Medicare and you are not, you must enroll in the non-Medicare plan corresponding to the Medicare plan in which you enroll your dependent(s).

The chart below lists the LACERA-administered Medicare plans and the corresponding non-Medicare plans:

<b>LACERA-administered Medicare Plan</b>	<b>Corresponding Non-Medicare Plan</b>
CIGNA Medicare Select Plus Rx (only in Maricopa County, Arizona)	CIGNA Network Model Plan
Kaiser Senior Advantage	Kaiser
SecureHorizons (by UnitedHealthcare)	UnitedHealthcare (formerly PacifiCare)
Anthem Blue Cross III (Medicare Supplement)	Anthem Blue Cross I OR Anthem Blue Cross II
SCAN	None

***For example:*** Joe Morgan is a LACERA retiree, age 67, who has Medicare Parts A and B and would like to enroll in SecureHorizons. His wife, Alice, age 62, is not yet eligible for Medicare. Because Joe enrolls in SecureHorizons, Alice enrolls in UnitedHealthcare — the corresponding non-Medicare plan for eligible members and dependents.

# When Coverage Begins

Generally, LACERA-administered medical and/or dental/vision coverage is coordinated to begin after your active County coverage ends, with no lapse in coverage. The following are coverage effective dates under varying circumstances:

## New Enrollees

- For Los Angeles County employees, active employee coverage usually terminates at the end of the month following the month in which you retire. For South Coast Air Quality Management District (SCAQMD) and other eligible District employees, active employee coverage ends on the last day of the month in which you retire.
- LACERA coverage begins on the first day of the month after your previous coverage ends *provided your enrollment form is received by LACERA within 60 days from the date of your retirement, or 60 days from the date your name appears on the Board of Retirement agenda, whichever is later.*
- If you were not enrolled in medical and/or dental/vision coverage while an active employee of the County, SCAQMD or other specific District plan, coverage begins on the first of the month following your retirement date, *provided your enrollment form*

*is received by LACERA within 60 days from the date of your retirement, or the date your name appears on the Board of Retirement agenda, whichever is later. You must provide verification that you were not enrolled in a health plan while an active employee of the County, SCAQMD, or other specific District plan.*

- You and all of your eligible dependents must enroll in the same LACERA-administered health plan. If you or your eligible dependents are eligible for Medicare and enroll in a LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare Supplement plan, you or any of your eligible dependents who are not Medicare-eligible (in most cases this means under age 65) must enroll in the corresponding non-Medicare insurance plan. Every LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD), except SCAN, has a corresponding non-Medicare insurance plan — see page 4 for details. In order to enroll in SCAN, you and your dependent must both be eligible for Medicare Parts A and B.

Please note: There may be certain instances when the processing of your retirement benefits is delayed, which then results in a delay in processing your healthcare coverage. If such a delay occurs, you will be responsible for paying your share of premiums (if applicable) retroactive to the date your coverage became effective.

- If you are married or are in a domestic partnership registered with the California Secretary of State, and your spouse/domestic partner is also a LACERA retiree, each of you may choose coverage under a different LACERA-administered health plan. However, you may not enroll your spouse/domestic partner as a dependent under your coverage if he or she also enrolls as an eligible LACERA retiree.

**Dual coverage is not allowed.**

- If you are both a LACERA retiree and a survivor of a LACERA retiree, you and all your eligible dependents can only be enrolled in one LACERA-administered health plan. Under no circumstances can you, regardless of your status, be enrolled both as a retiree and a survivor. **This is referred to as dual coverage and it is not allowed.**
- If you are currently covered through another group insurance program (perhaps through an employer) under a plan that is also offered through the LACERA-administered Healthcare Benefits Program (such as Kaiser), and you wish to switch your coverage to the same plan under LACERA's program, you and all your eligible

dependents will be subject to the rules for Late Enrollment.

### **Adding an Eligible Dependent**

- If you add a dependent due to birth, marriage, registration of a domestic partnership, or adoption, you must **contact LACERA to enroll these dependents within 30 days** of the date they become eligible family members.
- If you re-enroll (add) a dependent because he/she became ineligible due to termination of full-time student status, but has since regained full-time student status, you must **notify LACERA within 30 days** of the date he/she became eligible again and provide proof of attendance in an accredited or licensed educational institution.
- If LACERA receives your form by the 15th of the month, coverage for new eligible dependents begins on the first day of the month following the date of the qualifying event.

## What To Do If You Are a Survivor of a Deceased LACERA Member

If a LACERA member dies while covered by a LACERA-administered plan, his/her eligible survivors may continue health plan coverage.

- When a surviving spouse/domestic partner or child notifies LACERA of a member's death and is *eligible for continuing retirement benefits*, he/she will be mailed a packet of information for both retirement benefits and healthcare benefits. Healthcare benefits for eligible dependents are continuous provided they were covered as dependents under the deceased member's plan. LACERA's Retiree Healthcare Division will coordinate healthcare coverage.
- When a surviving spouse/domestic partner or child notifies LACERA of a member's death and is *not eligible for continuing retirement benefits, but has been continuously covered under the deceased member's healthcare plan*, he/she will be mailed a packet containing information about continuing healthcare coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).
- If a surviving spouse/domestic partner or child is eligible for continuing retirement benefits, but was *not continuously covered as a dependent under the deceased member's LACERA healthcare plan* and now wishes to be covered, he/she is subject to the rules for Late Enrollment (see page 9).
- If an eligible survivor is covered under a LACERA-administered health plan and remarries or enters into a new domestic partnership registered with the California Secretary of State, the survivor's new eligible dependents can be added to the plan provided **LACERA is notified within 30 days of the date of acquisition** (for example: marriage, domestic partnership registration, birth, adoption, etc.). However, when the eligible survivor dies, his/her eligible dependents will no longer be eligible for continued coverage through a LACERA-administered health plan, except for a limited period of time through COBRA.
- If your eligible survivors are required to pay premiums for coverage, they will be notified.

## Continuing Active County Coverage

- Upon retirement, you may extend your *active County coverage* for a limited time through COBRA. COBRA is administered by the various health insurance plans, not the County. So, for example, if you are enrolled in Kaiser as an active employee, you must contact Kaiser directly to arrange for COBRA coverage.
- If you choose to extend your active County coverage through COBRA, you have 60 days from the date your extended coverage terminates to enroll in a LACERA-administered plan. Your COBRA coverage must end before your LACERA-administered coverage can begin; you cannot be covered by COBRA and a LACERA-administered plan at the same time.
- You may elect COBRA coverage for up to 18 months for yourself and your eligible dependents (29 months if you are disabled). If you live in California and elected COBRA coverage starting January 1, 2003 or later, you may be able to extend COBRA coverage for yourself and your eligible dependents for a total of 36 months of COBRA coverage. Contact your insurance plan for details.

- You will be required to provide proof of your COBRA coverage through the County when you send in your enrollment form for LACERA coverage.

*Remember*, your eligible dependents are entitled, under certain circumstances, to COBRA coverage through LACERA. This is *different* from continuing active County coverage. Please see COBRA information on page 13.

## When Coverage Ends

If you die or remove a dependent, coverage terminates as described below:

- If coverage ends because a dependent child reaches the maximum age for the plan (age 19) and is not enrolled as a full-time student, coverage terminates the first of the month following his/her birthday.
- If a LACERA member dies, coverage ceases the first of the month following the date of death.
- If coverage ends because of divorce, legal separation, or termination of a domestic partnership registered with the California Secretary of State, coverage for the divorced spouse or former domestic partner ceases the first of the month following the date of divorce or termination.

- If a LACERA member chooses to voluntarily disenroll from a plan and LACERA receives his/her Change Form by the 15th of the month, coverage ceases the first of the following month.

LACERA members are responsible for notifying LACERA to request a Change Form to add or remove dependent(s) from their plan within 30 days of the event — marriage, birth, adoption, divorce, registration or termination of a domestic partnership, death, disenrollment or change in a full-time student's status.

To ensure that you do not pay premiums for dependents who are no longer covered, you must notify LACERA in writing within 30 days of changes in family status. It is your responsibility to make this notification. Should you forget to do so, premiums for ineligible dependents will be refunded to you only for a period of up to 12 months.

## Late Enrollment Rules

It's very important to enroll in a LACERA-administered medical plan and or dental/vision plan within 60 days from your date of retirement, or 60 days from the date your name appears on the Board of Retirement agenda. If you miss this deadline, the late enrollment rules will apply. More specifically:

- If you and/or your eligible dependent(s) enroll in a LACERA-administered medical plan, you must complete a *six-month waiting period* from the date your enrollment form is received by LACERA. Your waiting period starts the first day of the month following the date that LACERA receives your enrollment form. For example: if LACERA receives your enrollment form on June 15, *the six-months waiting period* starts July 1. The effective date is January 1st. You do not need to complete a statement of good health. Coverage begins on the first of the month following completion of the *six-month waiting period* from the date LACERA receives your application.

- If you and/or your eligible dependent(s) enroll in a LACERA-administered dental/vision plan, you must complete a *12-month waiting period* from the date LACERA receives your enrollment form; however, you do not need to complete a statement of good health. Coverage begins on the first of the month following completion of the 12-month waiting period, which starts on the date LACERA receives your application.

If you do *not* enroll in a LACERA plan because you are covered by another plan (perhaps through an employer other than the County, or a spouse's/domestic partner's employer), be sure you thoroughly understand the benefit differences, and are comfortable with the level of coverage the other plan provides. If you wish to waive coverage under a LACERA-administered plan, you must submit a signed waiver of coverage to LACERA.

### **Retirees Covered Under Firefighters Local 1014 Medical Plan**

LACERA members who have been covered by the Firefighters Local 1014 Medical Plan may continue this coverage in retirement. For further information, you may contact Local 1014 at (310) 639-1014.

### **Changing Medical and Dental/Vision Plans**

In most cases, you may change from one LACERA-administered medical plan to another after you complete a six-month waiting period (there is a 12-month wait for the dental/vision plan). You do not need to provide a statement of good health and there is no break in coverage.

**Exception to six-month wait:** If you transfer out of any LACERA-administered plan **into** SCAN Health Plan, there is no six-month wait for coverage to become effective. (However, if you transfer **out of** SCAN Health Plan into another LACERA-administered plan, the six-month wait will apply.)

Here is the procedure to follow to change plans:

- Contact LACERA and request a Medical Plan or Dental/Vision Plan Form.
- Fill out the form accurately and completely. Sign it, date it and mail it back to LACERA — keeping the bottom copy for your records.
- Your current insurance coverage will continue until your new coverage becomes effective — the first of the month following completion of a six-month (medical) or a twelve-month (dental/vision) waiting period starting on the month following the date your completed Medical Change form and/or your Dental/Vision Change form is received by LACERA.

*Please note: If you are currently covered by the Firefighters Local 1014 health plan and wish to change to a LACERA-administered health plan — you may do so upon completion of the six-month waiting period.*

## **Exceptions to Six-Month Wait**

The general six-month waiting period is waived for certain specific situations. Following are the requirements for changing plans without a six-month waiting period:

- You move out of the designated service area of the Health Maintenance Organization (HMO) or Medicare Advantage Prescription Drug Plan (MA-PD) in which you are enrolled.
- You are currently enrolled in the Anthem Blue Cross Prudent Buyer Plan, move out of California and can no longer use Prudent Buyer physicians or hospitals.
- You change from any LACERA-administered plan into SCAN Health Plan.
- You change from your current LACERA-administered non-Medicare health plan (Anthem Blue Cross I, Anthem Blue Cross II, Anthem Blue Cross Prudent Buyer Plan, CIGNA, Kaiser) into a LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD) (Kaiser Senior Advantage, Secure Horizons, SCAN).
- You change from Anthem Blue Cross I into Anthem Blue Cross II.
- You change from Anthem Blue Cross I, Anthem Blue Cross II or Anthem Blue Cross Prudent Buyer Plan into Anthem Blue Cross III.

If you meet any of these qualifications, coverage begins on the first day of the month following the month LACERA receives your Medical Plan form, provided LACERA receives your form *by the 15th of the month*. However, if your change is to enroll in a Medicare Advantage Prescription Drug Plan (MA-PD), coverage begins the first day of the **second** month following the date LACERA receives your form, provided it is received by the 15th of the month. This delay in Medicare Advantage Prescription Drug Plan (MA-PD) coverage is due to the required authorization from Centers for Medicare and Medicaid Services (CMS) — the government agency that administers Medicare.

### **Disenrolling From the Medicare Advantage Prescription Drug Plan (MA-PD)**

If you wish to disenroll from your LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD), you should contact the LACERA Retiree Healthcare Division to coordinate this process.

In most cases, you may have the use of your Medicare benefits within 30 days of disenrollment. However, you must complete a six-month waiting period before transferring

to another LACERA-administered health plan, except SCAN Health Plan. If you do not contact LACERA to coordinate your disenrollment, you will be subject to Late Enrollment rules when re-enrolling in another LACERA-administered plan.

The LACERA Retiree Healthcare Division will coordinate your transfer to another plan so you avoid being covered only by Medicare during the waiting period — it is not necessary for you to notify either your current insurance carrier or local Social Security office.

### **Coordination of Benefits**

Coordination of benefits occurs when a LACERA member or eligible dependent is covered by more than one health plan — to prevent overpayment for healthcare services. Examples of dual coverage *include but are not limited to:*

- Those covered by both Medicare and a LACERA-administered health plan.
- Those covered under another employer's or a working spouse's/ domestic partner's group insurance plan and a LACERA-administered health plan.

There are specific rules which vary according to each plan to determine which plans are primary payers and pay first, and which are secondary

payers and may cover some or all of the remaining balance. However, certain rules apply to *all* plans:

- If a LACERA member or eligible dependent is covered by Medicare, Medicare is always considered the primary plan and pays first, and the LACERA-administered plan is considered the secondary plan.
- If you are or your spouse/ domestic partner is actively employed and either of you has coverage through your current employer as a subscriber, the employer's plan is primary and the LACERA plan is secondary.

There are several other circumstances in which Coordination of Benefit rules occur and they vary from plan to plan. You may obtain more information about Coordination of Benefits by contacting your insurance carrier.

### **Continuation Coverage Through LACERA's COBRA Program**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal program that mandates LACERA to offer temporary continuation of benefits to eligible dependents in certain circumstances where coverage would otherwise terminate.

Dependents are considered eligible for continuation of benefits if they experience a “qualifying event” while continuously covered under a LACERA-administered medical plan.

Qualifying events include:

- A divorce or legal separation of a spouse of a LACERA member.
- Termination of domestic partnership of a LACERA member and domestic partner registered with the California Secretary of State.
- Death of a LACERA member if his or her surviving spouse/ domestic partner and dependents are not eligible to receive LACERA survivor benefits.
- An eligible dependent child who reaches the maximum age for the plan.

The maximum amount of time that COBRA benefits can be continued is 36 months, except under certain circumstances. You cannot be denied coverage based on your health status. *It is your responsibility to notify LACERA within 60 days from the date of the qualifying event in order to be eligible to continue your coverage through COBRA.*

COBRA participants are responsible for paying their own premiums at the current COBRA rate which includes a 2% administrative fee. Each year the COBRA rate is adjusted to reflect the actual cost of coverage. If you elect to continue coverage, you pay the full cost of that coverage. Your first quarterly payment must be received within 45 days of enrolling, and all subsequent payments must be received by the 15th day of each coverage month to avoid cancellation of coverage.

*Please note: The benefits, exclusions, rules, plan limitations, arbitration provisions and contracts that govern the LACERA-administered health plans also apply to any coverage provided through COBRA.*

## **Protection of Personal Information**

LACERA complies with provisions of the federal law HIPAA (Health Insurance Portability and Accountability Act of 1996) that protect the privacy of personal information of LACERA members and their covered dependents.

## **Plan Limitations And Exclusions**

Each LACERA-administered health plan has its own exclusions, limitations, arbitration provisions and contracts with Medicare with respect to healthcare services they provide to their members. *These provisions are not included in this booklet.* Please refer to the booklets, brochures and documents, provided by plan carriers, for each plan and *read them carefully* to become familiar with the provisions as they apply to the plan in which you are enrolled.

### **Future of LACERA-Administered Healthcare Plans**

LACERA maintains and administers the healthcare plans under agreement with the County of Los Angeles. LACERA expects to continue the plans indefinitely, however, the Board of Retirement reserves the right to amend, revise or discontinue these plans or programs at anytime. If changes are made, you will be notified.

# Paying for Coverage

The cost for your medical and dental/vision coverage depends on the following factors:

- Your completed years of retirement service credits under a LACERA retirement plan.
- The health insurance plan you select.
- The number of eligible dependents you cover, if any.

The premium rates for the plans are included in the current *Monthly Premium Rates Booklet*. The plan year runs from July 1 of the current year through June 30 of the following year.

Your contribution for coverage, if any, is automatically deducted each month from your retirement warrant. The deduction from your warrant on the last day of the month pre-pays your coverage for the *following* month. **If your enrollment form is received too late for the first deduction to be made automatically, you'll either receive a bill from LACERA, or premium deductions will be made from future retirement warrants.**

If billed, you must pay the bill within 15 days. If the amount of your contribution exceeds the amount of your warrant, you pay the premium to LACERA in advance for the following quarter (three-month period).

## County Contributions Based on Retirement Service Credit

The County contributes an amount equal to a percentage of the premium of the benchmark Anthem Blue Cross I and Anthem Blue Cross II indemnity medical plans and the CIGNA indemnity dental/vision plan.

- For members with 10 years of retirement service credit, the County contributes 40% of your healthcare plan premium or 40% of the benchmark plan rate (Anthem Blue Cross Plans I and II for medical and CIGNA indemnity dental/vision), whichever is less.
- For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year of your healthcare plan premium or 4% of the benchmark plan rate (Anthem Blue Cross Plans I and II for medical and CIGNA indemnity dental/vision), up to a maximum of 100% for a member with 25 years or more of service credit, whichever is less.

# Your Next Step...

## Enrolling in the Plan of Your Choice

1. Fill out the ENROLLMENT REQUEST CARD to request an enrollment form, or contact LACERA Retiree Healthcare Division by:

- Phone: (800) 786-6464, Press 1 or (626) 564-6132, or
- E-mail: [healthcare@lacera.com](mailto:healthcare@lacera.com).

You may also visit our website at [www.lacera.com](http://www.lacera.com)

If you wish to waive coverage under a LACERA-administered plan, you must submit a signed waiver of coverage to LACERA.

2. Don't delay choosing a plan and filling out the enrollment form. *You have only 60 days from your retirement date or from the date your name appears on the Board of Retirement agenda (whichever is later) to enroll in a healthcare plan.* Mail the completed enrollment form(s) and required document(s)\* to LACERA and keep your copy for your records.

\* To cover your eligible spouse/dependent children/domestic partner, you must provide the original marriage certificate/birth certificate/certificate of registration of domestic partnership from the State of California. After verification, the original will be returned to you.

You must notify LACERA in writing within 30 days of any change to your or your dependent's Medicare entitlement. You will be responsible for repaying any Medicare premium reimbursements issued by LACERA after the date your Medicare coverage ended.

You are entitled to only one Medicare Part B reimbursement (standard rates). You will be responsible for repaying any Medicare Part B premium reimbursements (standard rates) issued by LACERA if you or your dependent is being reimbursed for these premiums by another party (such as the state or another employer).



