TIER 1 AND TIER 2
RETIREE HEALTHCARE ADMINISTRATIVE GUIDELINES

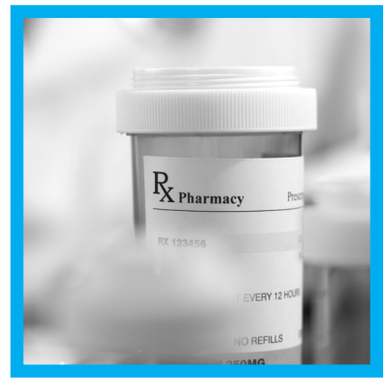
LACERA

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

EXPLORING YOUR RETIREE HEALTHCARE BENEFITS THROUGH LACERA

TIER 1 — LACERA-ADMINISTERED HEALTHCARE BENEFITS PROGRAM
(COUNTY RETIREES AND MEMBERS HIRED PRIOR TO JULY 1, 2014

TIER 2 — LOS ANGLELS COUNTY RETIREE HEALTHCARE BENEFITS PROGRAM
(COUNTY EMPLOYEES HIRED AFTER JUNE 30, 2014



Introduction

This guide is designed to provide you with a clear and straightforward description of the administrative rules and guidelines that operate the LACERA-administered Retiree Healthcare Benefits Program (Tier 1) and the Los Angeles County Retiree Healthcare Benefits Program (Tier 2).

It is not, however, a description of the individual insurance plans, nor does it provide information regarding the terms, conditions, limitations and exclusions for each insurance plan. This information can be found in the individual plan booklets and brochures, which can be obtained directly from the insurance carriers.

This guide covers information about both Tier 1 and Tier 2. Most of the information is similar, but Tier 2 does have different requirements. The basic provisions of Tier 2 can be found on page 21 of this booklet.

The LACERA-administered Retiree Healthcare Benefits Program provided to retirees and members hired prior to July 1, 2014 are protected and remain unchanged.

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Who Is Eligible

TIER 1

LACERA-Administered Retiree Healthcare Benefits Program — Tier 1 (retirees and members hired prior to July 1, 2014)

Retiree healthcare benefits are not changing for active, deferred, and retired members and their eligible survivors hired before July 1, 2014. The LACERA-administered Retiree Healthcare Benefits Program provided to retirees and members hired prior to July 1, 2014 are protected and remain unchanged.

Who is Eligible:

You are eligible to enroll in the LACERA-administered Retiree Healthcare Benefits Program if you are a member of LACERA, regardless of pre-existing medical conditions, 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 have a contract (Agreement For Retiree Health Insurance Reciprocal Subsidy Credit For County General and City Civilian Retirement Members dated December 27, 2004) 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 or want more information, please contact LACERA's Retiree Healthcare Division by:

- Telephone: (800) 786-6464
- Email: healthcare@lacera.gov
- Website: sign in or register on My LACERA via www.lacera.gov

Retirees Covered Under Los Angeles County Firefighters Local 1014 Medical Plan

LACERA members who have been covered by the Los Angeles County Firefighters Local 1014 Medical Plan may continue this coverage in retirement. For further information, please contact Local 1014 at (310) 639-1014 or visit their website at www.local1014.org.

Please Note:
If you are retired and are currently covered by the Los Angeles County Firefighters Local 1014 Medical Plan and wish to change to a LACERA-administered health plan, you may do so upon completion of the six-month waiting period.

Your Eligible Dependents Include:

- Your lawful spouse unless legally separated.
- Your eligible domestic partner if both parties have registered a Certificate of Domestic Partnership with the California Secretary of State.*
- Your, your spouses, or your eligible domestic partner's natural or legally adopted children or stepchildren, until age 26, regardless of a dependent child's marital or student status.
- 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 26, 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 dependents defined by specific law and plan contracts.

***Note: Dissolving a same-sex domestic partnership *prior* to the partners marrying each other may jeopardize the non-LACERA member's future eligibility for continuing benefits and enrollment in a LACERA-administered survivor healthcare plan.** California law permits registered domestic partners to marry each other without dissolving the domestic partnership. For questions regarding marriage and/or the dissolution of domestic partnerships, consult an attorney. LACERA does not offer legal advice.

Required Documentation

In order to cover your eligible spouse/dependent child(ren)/domestic partner/adopted child(ren), the official documents listed below must be provided to LACERA at the time of enrollment . Your enrollment form will be processed upon receipt of all required documents. We encourage you to submit photocopies of the necessary documents but will accept original documents.*

- Photocopy of Certified Marriage Certificate or photocopy of Certificate of Domestic Partnership** with the California Secretary of State.
- Photocopy of Certified Birth Certificate for eligible dependent children. Abstract birth certificates are not accepted.

  All photocopies must be submitted with a signed Certificate Attestation Form — downloadable from the Brochures and Forms page of www.lacera.gov — to certify that the copy submitted is a correct copy and contains no alterations from the original.

- Copy of legal court document for adopted children.
- Current physical or mental handicap verification form/physician statement/ proof of continuous coverage for handicap child/proof of financial support.

You can easily provide LACERA with the necessary documents by:

- Uploading a scanned copy to your My LACERA account,
- Sending via email to welcome@lacera.gov,
- Faxing to (626) 564-6155, or
- Mailing to: LACERA, PO Box 7060, Pasadena, CA 91109-7060.

** Please note it may take a few weeks to return the original documents to you.*
*** Domestic Partnership: On July 30, 2019, Governor Gavin Newsom signed SB 30, which eliminates the limitations on who may form domestic partnerships, allowing opposite-sex couples under the age of 62 to be eligible to form domestic partnerships. The new law, which became effective January 1, 2020, states that all couples, regardless of age or sexual orientation, who are eligible to be married may register with the California Secretary of State as domestic partners. For more information, please contact the California Secretary of State, Public Information at (916) 653-6814 or visit their website at www.sos.ca.gov.*

Tax issues on Domestic Partner Coverage

The Internal Revenue Service (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

Includes those dependents who are eligible to continue coverage following the LACERA member's death as follows:

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 suviving unmarried natural children legally adopted children, or stepchildren up to age 26.

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, full-time student status, and receiving retirement pension benefits. These eligibility requirements apply if there are only surviving dependent children, with no surviving spouse/domestic partner.

Eligible Surviving Disabled Dependents

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

Please Note:
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 partnership before the date of the incident that caused your disability, your eligible dependents can continue coverage in a LACERA-administered health plan.

Your Eligible New Dependents Include:

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

Required Documentation

In order to cover your eligible spouse/dependent child(ren)/domestic partner/adopted child(ren), the official documents listed below must be provided to LACERA at the time of enrollment . Your enrollment form will be processed upon receipt of all required documents. We encourage you to submit photocopies of the necessary documents but will accept original documents.*

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- Copy of legal court document for adopted children.
- Current physical or mental handicap verification form/physician statement/ proof of continuous coverage for handicap child/proof of financial support.

You can easily provide LACERA with the necessary documents by:

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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 on page 6 lists the LACERA-administered Medicare plans and the corresponding non-Medicare plans.

LACERA-Administered Medicare Plan	Corresponding Non-Medicare Plan
Medicare Advantage Prescription Drug Plans (MA-PD)	
Cigna Preferred with Rx (available in Maricopa County and Apache Junction, Pinal County, Arizona only) Effective July 1, 2025, this plan will no longer be offered and will be closed to new enrollments. SCAN Health Plan (based on service area availability) and Anthem Blue Cross Plan III (Medicare Supplement Plan) are available as options.	Cigna Network Model Plan
Kaiser Senior Advantage	Kaiser
UnitedHealthcare Medicare Advantage	UnitedHealthcare
SCAN Health Plan (Certain counties of: California, Nevada, Arizona)	NONE
Medicare Supplement Plan	
Anthem Blue Cross Plan III	Anthem Blue Cross Plan I OR Anthem Blue Cross Plan II

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

You and/or your eligible dependent must be currently enrolled in Medicare Part A and Part B to be eligible to enroll in a MA-PD or Medicare Supplement Plan.

When Coverage Begins

The LACERA-administered healthcare plans and coverage are ***different*** from those offered to active County of Los Angeles employees. Your active healthcare 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 within 60 days of your retirement date or when your name appears on the Board of Retirement agenda. Contact LACERA if you have questions.

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 MA-PD Plan 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 MA-PD Plan, except SCAN, has a corresponding non-Medicare insurance plan — see page 6 for details. In order to enroll in SCAN, you and your dependent must both be eligible and currently enrolled in Medicare Parts A and B.
- 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 health insurance program (perhaps through an employer) under a plan that is also offered through the LACERA-administered Retire 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 Late Enrollment rules.

Adding an Eligible Dependent

- If you add a dependent due to marriage, registration of a domestic partnership, birth, or adoption, **you must contact LACERA within 30 days of the qualifying event to enroll these dependents to avoid the waiting periods.**
- If LACERA receives your form along with the necessary supporting documents by the 15th of the month, coverage for new eligible dependents begins the first day of the following month.

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 or 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 or 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 or 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-administered health plan*** and now wishes to be covered, he or she is subject to the Late Enrollment rules (see page 11).
- 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). However, when the eligible survivor dies, his or 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 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/or 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 health 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 15).

When Coverage Ends

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

- 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 or her Enrollment 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 an Enrollment Change Form to add or remove a dependent(s) from their plan within 30 days of the qualifying event — marriage, birth, adoption, divorce, registration or termination of a domestic partnership, death, or disenrollment.
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. Any premiums paid for ineligible dependents will refunded to you for a period of up to 12 months only prior to the notification date.

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 retirement date, 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. Unlike the County actives, LACERA does not have an annual open enrollment period. There are, however, the Late Enrollment rules. More specifically:

Medical Plans
(Six Months Wait Period)

- If you (and/or your eligible dependents) enroll in a LACERA-administered medical plan, you must complete a ***six-month waiting period from the date LACERA receives your enrollment form.*** 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-month waiting period*** starts July 1. The effective date is January 1. 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 enrollment form.

Dental/Vision Plans
(12 Months Wait Period)

- If you (and/or your eligible dependents) 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 enrollment form.

If you do not enroll in a LACERA group health 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.

Changing Medical and Dental/Vision Plans

LACERA does not have an annual open enrollment period. 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. If you wish to waive coverage under a LACERA-administered plan, you must do so in writing and submit a signed waiver of coverage to LACERA.

Here is the procedure to follow to change plans:

- You can contact the Retiree Healthcare Division to receive a copy of the appropriate change form(s) or download them at lacera.gov > Retiree Healthcare > Manage Your Enrollment. The Manage Your Enrollment page includes links to helpful sample forms and step-by-step video guides for completing your forms.
- Fill out the form accurately and completely. Sign, date and mail the form(s) back to LACERA, or upload to My LACERA — **keeping the bottom copy for your records.**
- For more information on LACERA-administered healthcare plans, we recommend watching the Healthcare Plans portion of the *Intro to Retiree Healthcare and Medicare Enrollment* video, which is available at lacera.gov. From the homepage, click on the Resources tile on the homepage, then the Video Library.
- 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 12-month (dental/vision) waiting period starting on the month following the date your completed Medical Plan Change Form and/or your Dental/Vision Plan Change Form is recieved by LACERA.

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 medical plan to SCAN Health Plan. (However, if you transfer out of SCAN Health Plan into another LACERA-administered medical plan, the six-month wait will apply).
- You change from a LACERA-administered non-Medicare plan such as: Anthem Blue Cross Plan I, Anthem Blue Cross Plan II, Anthem Blue Cross Prudent Buyer Plan, Kaiser Permanente, UnitedHealthcare, or Cigna Network Model Plan into an MA-PD Plan such as: Kaiser Senior Advantage, UnitedHealthcare Medicare Advantage, SCAN, or LACERA-administered Medicare Supplement Plan: Anthem Blue Cross Plan III.
- You change from Anthem Blue Cross I to Anthem Blue Cross II.

Exception to One-Year Wait (Dental/Vision)

You move out of your dental/vision plan HMO service area.

Please Note:
If you are turning age 65 and are currently enrolled in a non-Medicare plan, you are eligible to change to a LACERA-administered Medicare plan without a six-month wait period. However, if your spouse is turning age 65, the six-month wait period will apply. You, the member, are the driver of this plan change.

For example:
Both you and your spouse are currently enrolled in UnitedHealthcare. Your spouse is turning age 65 and you are not turning age 65 anytime soon. You would like to switch to a different plan; for example, Anthem Blue Cross Plan II or Plan III. This change is subject to a six-month wait.

If you meet any of these qualifications, coverage begins on the first day of the month following the month LACERA receives your Medical Plan Change Form, provided LACERA receives your form ***by the 15th of the month***. However, if your change is to enroll in an MA-PD Plan, 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 MA-PD Plan coverage is due to the required authorization from Centers for Medicare & Medicaid Services (CMS) — the federal government agency that administers Medicare.

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

If you wish to disenroll from your LACERA-administered MA-PD Plan, 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 reenrolling 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 Administration 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 that 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 Benefits rules occur and they vary from plan to plan. You may obtain more information about Coordination of Benefits by contacting your healthcare insurance carrier.

Continuation of 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 health 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 by LACERA within 45 days of enrolling, and all subsequent payments must be received by the 15th day prior to 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 Health Insurance Portability and Accountability Act of 1996 (HIPAA) that protects the privacy of personal information of LACERA members and their covered dependents.

Privacy Notice Reminder

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get a copy of the HIPAA Privacy Notice (LACERA Retiree Healthcare) from the LACERA website at www.lacera.gov/healthcare/healthcare.html.

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 can 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 and understand them carefully** to become familiar with the provisions as they apply to the plan in which you are enrolled.

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.

Don't delay choosing and enrolling in a healthcare plan. **If you are a new retiree, 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); otherwise, you will be subject to the Late Enrollment rules.**

Paying for Coverage

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

- ✔ Your completed years of retirement service credits under a LACERA retirement plan (excluding Additional Retirement Credit (ARC time) and reciprocity; with the exception of reciprocity between Los Angeles County and the City of Los Angeles. For more information, please see Page 2 of this booklet).
- ✔ The health plan you select.
- ✔ The number of eligible dependents you cover, if any.

The premium rates for plans are included in the current LACERA *Monthly Premium Rates Booklet (you may download this booklet from our website: www.lacera.gov or contact LACERA).* The plan year is based on the fiscal year and 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 prepays 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 warrants.**

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

County Contributions Based on Retirement Service Credit

- For members with 10 years of retirement service credit (not including ARC time), 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 for 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 for dental/vision), up to a maximum of 100% for a member with 25 years or more of service credit, whichever is less. Members (including those with 25 years of service) are required to pay the difference each month on premiums exceeding the benchmark amount(s) for medical and dental/vision.

Here's how the premium subsidy works:

County Retiree Healthcare Premium Subsidy

Years of Service Credit	County Subsidy	Years of Service Credit	County Subsidy
10	40%	18	72%
11	44%	19	76%
12	48%	20	80%
13	52%	21	84%
14	56%	22	88%
15	60%	23	92%
16	64%	24	96%
17	68%	25	100%*

*The County's subsidy is up to the benchmark rates only. If the selected group plan's premium exceeds the benchmark rates, the member is responsible for paying the difference.

Although retirees with fewer than 10 years of service credit are not eligible for the County subsidy, they are eligible to participate in LACERA-administered Retiree Healthcare group plans. In such cases, these retirees are responsible for the full amount of the insurance premiums.

Medicare Part B Premium Reimbursement

The County of Los Angeles reimburses you and/or your eligible dependents for your Medicare Part B premiums up to the standard Medicare Part B premium amount only set by the Centers for Medicare and Medicaid Services on a tax-free basis, provided you meet the following eligibility requirements:

- Currently enrolled in Medicare Part A (hospital) and Part B (medical insurance). Enrollment in Medicare Part A and B is through the Social Security Administration (SSA), the agency that manages this. Please contact SSA directly if you have any questions.
- Currently enrolled in the LACERA-administered Medicare Supplement Plan — Anthem Blue Cross Plan III or a LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD) such as Kaiser Senior Advantage, UnitedHealthcare Medicare Advantage, or SCAN Health Plan, SCAN Health Plan-Arizona (Maricopa, Pima, Pinal Counties) SCAN Health Plan-Nevada (Clark and Nye Counties)
- Are not being reimbursed for your Medicare Part B premium by another agency, such as the state or another employer.

You are entitled to only one Medicare Part B reimbursement (standard rate only), which is non-taxable, and added to your net pension allowance. You will be responsible for repaying any Medicare Part B premium reimbursements (standard rate only) issued by LACERA if you or your dependent is being reimbursed for these premiums by another party (such as the state or another employer).

The County will not reimburse you of the standard Part B premium amount for any period during which you were enrolled in Medicare Part A and B, but not actually currently enrolled in a LACERA-administered Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare Supplement Plan. According to the Social Security Administration, higher-income Medicare beneficiaries pay higher premiums for their monthly Medicare Part B Premium amount (paid directly to Social Security, **not** LACERA). This is called Income-Related Monthly Adjustment Amounts (IRMAA). The County does not reimburse the Medicare Part B premium amount above the standard rate (set by CMS). For more information, contact the Social Security Administration office.

LACERA requires that you submit a copy of your Medicare Part B Premium Verification amount annually in order to adjust your Medicare Part B Premium subsidy amount (up to the standard rate), pending annual approval by the Board of Supervisors. You will receive a notice from LACERA annually, as appropriate. Contact Social Security for the Medicare Part B Premium Verification document and submit it to LACERA.

You may also “Sign-In” or “Sign-Up” to www.ssa.gov/myaccount.

Contact the Social Security Administration or Medicare, the federal agencies administering these programs, for questions regarding your Medicare eligibility or Medicare premium payments.

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 Part B **premium reimbursements** issued by LACERA after the date your Medicare coverage ended.

Review Coverage Options to Determine Your Best Course of Action

Some retirees and eligible dependents may find it advantageous to enroll in individual market coverage offered on a public health insurance exchange. Under the Affordable Care Act, individuals who are ineligible to enroll in Medicare have the option to buy health insurance coverage through an insurance exchange. Federal subsidies, which can significantly reduce the cost of that coverage, are available on the exchanges for those who qualify.

If you live in California, you can get more information at www.CoveredCA.com or call (888) 975-1142.

If you live outside of California, go to www.healthcare.gov for information about exchange options in your state.

Rates for LACERA-administered health plans can be viewed in the Medical & Dental/Vision Premium Rates brochure on the Retiree Healthcare Brochures & Forms page in the Retiree Healthcare section of www.lacera.gov.

You may also contact LACERA at (800) 786-6464 LACERA Retiree Healthcare Division, or send us an email at healthcare@lacera.gov. You may also access MyLACERA on the lacera.gov website and "Sign-In" or "Sign-up."

To make an informed decision, review all available coverage options and premium costs.

Future of LACERA-Administered Healthcare Plans

LACERA maintains and administers the Retiree Healthcare Benefits Program 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 any time. If changes are made, you will be notified.

Important Information If You Are a New Retiree

The LACERA-administered health 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). The dental/vision plan offered is through Cigna.

If You Are a New Retiree, Your Next Steps in Enrolling in the Healthcare Plan of Your Choice

1. Fill out the Request for Enrollment Forms that is included in the New Retiree Healthcare Packet sent to you. Complete this form and mail it back to LACERA. If you have already completed and sent in this form, no further action is needed.
2. Within ten (10) working days, you will receive an envelope from LACERA containing the enrollment forms and instructions.
3. Once your enrollment form(s) is processed and completed, you will receive a confirmation letter from LACERA confirming your coverage effective dates, health plan you are enrolled in, and premium amounts. Your health plan carriers will mail your ID cards directly to you.
4. If you wish to waive healthcare coverage under a LACERA-administered health plan, you must complete and submit a signed waiver of coverage to LACERA included in the New Retiree Healthcare Packet. If you later wish to join the LACERA-administered healthcare program, the rules for Late Enrollments will apply (medical and dental/vision). You may also contact LACERA Retiree Healthcare to request a form.

How to Access Enrollment Forms and Other Retiree Healthcare Publication Materials www.lacera.gov

You can contact the Retiree Healthcare Division to receive a copy of the appropriate form(s) or download them at lacera.gov > Retiree Healthcare > Manage Your Enrollment. The Manage Your Enrollment page includes links to helpful sample forms and step-by-step video guides for completing your forms.

- Under the heading “Enrollment/Cancellation Forms,” select the applicable form:
  - — Dental and Vision Plan: New Enrollment, Change, Cancellation
  - — Medical Plan: New Enrollment, Change, Cancellation
  - — Medicare Advantage Prescription Drug Plan Enrollment Form

You may also view and/or download retiree healthcare publication materials such as the medical and dental/vision premium rate booklets, dental/vision charts, and Medicare and non-Medicare medical comparison charts.

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.

Contact Information

Contact the health plan carriers if:

- You want **plan books**.
- You need specific healthcare **claim forms** or **ID cards.**
- You have **eligibility** or **billing** questions.

If you have questions about your LACERA Retiree Healthcare or need any other assistance, we are always here to help. Here is how you can reach us:

- **Call us** at 800-786-6464 between 7:00 a.m. and 5:30 p.m. (Pacific Time), Monday throughFriday, except holidays.
- **Log in to My LACERA** to send us secure messages and view your correspondence and transactions.
- **Send us a fax** at 626-564-6155.
- **Email us** at healthcare@lacera.gov with general questions.

Go paperless with My LACERA! It's the easiest way to manage your account and get important information via email. Just visit lacera.gov and click on the green button at the top right of any page to sign up. Don't wait—make the switch today!

Important Reminders:
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 LACERA-administered healthcare plan. Otherwise the Late Enrollment Rules will apply (six-month wait for medical enrollment, and one-year wait for dental/vision enrollment).

Mail the completed medical and/or dental/vision forms and any required documents (as listed on the enrollment forms) to LACERA.

To enroll your eligible spouse/dependent children/domestic partner, we encourage you to submit photocopies of the necessary documents but will accept original documents (please note it may take a few weeks to return the original documents to you)

- Photocopy of Certified Marriage Certificate or photocopy of Certificate of Domestic Partnership* with the California Secretary of State.
- Photocopy of Certified Birth Certificate for eligible dependent children.

All photocopies must be submitted with a signed Certificate Attestation Form — downloadable from the Brochures and Forms page of lacera.gov — to certify that the copy submitted is a correct copy and contains no alterations from the original.

- Copy of legal document for adopted children.

You have the responsibility to read and understand, to the best of your ability, all information about your LACERA-administered retiree healthcare benefits or ask for help if you need further clarification.

You are responsible for notifying LACERA of any enrollment errors. Any time that you receive new ID cards from carriers, double check them to make sure you are in the healthcare plan you requested to be enrolled in on your enrollment form. Contact LACERA immediately if there are any discrepancies or problems.

** Domestic Partnership: On July 30, 2019, Governor Gavin Newsom signed SB 30, which eliminates the limitations on who may form domestic partnerships, allowing opposite-sex couples under the age of 62 to be eligible to form domestic partnerships. The new law, which became effective January 1, 2020, states that all couples, regardless of age or sexual orientation, who are eligible to be married may register with the California Secretary of State as domestic partners. For more information, please contact the California Secretary of State, Public Information at (916) 653-6814 or visit their website at www.sos.ca.gov.*

TIER 2

Los Angeles County Retiree Healthcare Benefits Program — Tier 2 (County employees who are hired after June 30, 2014)

On June 17, 2014, the Los Angeles County Board of Supervisors (County) authorized a new retiree health insurance program for new County employees who are hired after June 30, 2014 and are eligible for LACERA membership. The program, titled the Los Angeles County Retiree Healthcare Benefits Program — Tier 2, offers benefits covering hospital services, medical services, and dental/vision services to County retirees and their eligible dependents.

This section will focus on the Basic Provisions of the Los Angeles County Retiree Healthcare Benefits Program — Tier 2. All other rules contained in the Tier 1 section of this booklet, such as eligibility requirements, will continue to apply to Tier 2.

Basic Provisions of TIER 2:

Paying for Coverage

The County retiree medical and dental/vision subsidy applies to **retiree-only coverage**. The County healthcare premium subsidy is based on **retiree-only coverage,** regardless of whether you include or enroll your eligible dependent(s) on your healthcare plan. If you wish to enroll your eligible dependents, you will pay the difference on any monthly premium that exceeds the retiree-only benchmark amount.

Monthly Premium Benchmark Plans (retiree-only coverage)

Medical Benchmark Plans:

- Anthem Blue Cross Plans I and II (Medicare-ineligible retirees)
- Anthem Blue Cross Plan III (Medicare-ineligible retirees)

Dental/Vision Benchmark Plans:

- Cigna Indemnity Dental Plan

Under Tier 2, the Medicare Part B Premium subsidy amount applies to the retiree or survivor only (standard amount only and annually approved by the Board of Supervisors).

Here's how the premium subsidy works (retiree-only coverage)

The same 10 years of service vesting rights as Tier 1 applies. If you have 10 years of service credit (not including ARC), the County contributes 40% toward the monthly premium of your selected healthcare plan, or 40% of the benchmark plan premium, whichever is less. For each additional year of service credit, the County contributes 4% — up to a maximum of 100% for a member with 25 years of service credit. You are required to pay the difference each month on premiums exceeding the benchmark amount. If you wish to enroll eligible dependents, you will have to pay the difference on the premium that exceeds the retiree-only benchmark premium amounts. See the chart below for an example:

County Retiree Healthcare Premium Subsidy			
Years of Service Credit	County Subsidy	Years of Service Credit	County Subsidy
10	40%	18	72%
11	44%	19	76%
12	48%	20	80%
13	52%	21	84%
14	56%	22	88%
15	60%	23	92%
16	64%	24	96%
17	68%	25	100%*

*The County's subsidy is up to the benchmark rates only (retiree-only coverage). If the selected group plan's premium exceeds the benchmark rates, the member is responsible for paying the difference above the benchmark rates.

Retirees Eligible for Medicare (also applies to eligible dependents that are Medicare-eligible) — Mandatory Enrollment in Medicare Parts A and B

Mandatory enrollment in Medicare Parts A and B and LACERA-administered Medicare Plans. If you and your eligible dependents are Medicare-eligible, it is mandatory that you and your Medicare-eligible dependents enroll in Medicare Parts A and B and enroll in a corresponding LACERA-administered Medicare health plan, such as:

- **Medicare Advantage Prescription Drug Plan (MA-PD)** — Kaiser Senior Advantage, UnitedHealthcare Medicare Advantage, SCAN Health Plan, or
- **Medicare Supplement Plan** — Anthem Blue Cross Plan III

Medicare Part B Premium Reimbursement (retiree/eligible survivor only)

The County subsidizes the full amount of the **retiree's self-only (subsidy extended to eligible survivor)** Medicare Part B premium up to the standard Medicare Part B premium amount only set by the Centers for Medicare and Medicaid Services; subsidy is tax-free. The Medicare Part B Premium Reimbursement requirements listed in Tier 1 Section also applies to Tier 2. This program is subject to an annual review by the Board of Supervisors.

All other rules contained in Tier 1 section will continue to apply.
For more details about the Tier 2 Program, go to www.lacera.gov/healthcare/RHC-Tier2.html or contact LACERA.

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