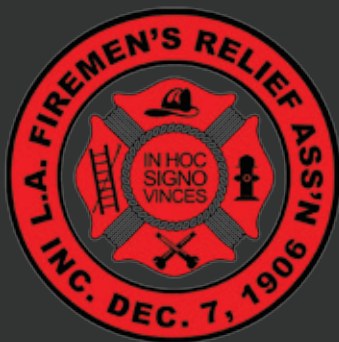


Enroll or make changes to your LAFRA medical plan benefits April 1-30, 2024.



# 2024

## Open Enrollment Guide

# LAFRA Member Benefits Always Ready and Always There

At the Los Angeles Firemen’s Relief Association (LAFRA), we are committed to providing health care and other benefits that are always ready and always there for our members and their families. We are dedicated to providing excellent service and design our benefits by focusing on the needs of our members.

## The 411 on Open Enrollment

If you are currently enrolled in the Kaiser HMO and wish to switch to the PPO Medical Plan, now is the time to take action. During Open Enrollment for the LAFRA PPO Medical Plan you can enroll for coverage or make changes to your coverage, such as adding or deleting dependents.

**See pages 23-31 for instructions on how to enroll or make changes during Open Enrollment on the HCOOnline Enrollment System.**

New enrollments or changes are effective July 1.

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Photo by Gary Apodaca

Cover photo by Gary Apodaca



# What's New Effective July 1, 2024

## Kaiser HMO

Benefits	Current	Effective July 1, 2024
Office Visit Copay	\$10 per visit	\$15 per visit
Emergency Department Visits	\$75 per visit	\$150 per visit for Active Members, \$120 per visit for Retired Members
<b>Rx Prescriptions</b> Most generic items (Tier 1) at a Plan Pharmacy Most generic (Tier 1) refills through our mail-order service Most brand-name items (Tier 2) at a Plan Pharmacy Most brand-name (Tier 2) refills through our mail-order service Most specialty items (Tier 4) at a Plan Pharmacy	\$5 for up to a 30-day supply \$10 for up to a 100-day supply \$10 for up to a 30-day supply \$20 for up to a 100-day supply \$10 for up to a 30-day supply	\$10 for up to a 30-day supply \$20 for up to a 100-day supply \$20 for up to a 30-day supply \$40 for up to a 100-day supply \$20 for up to a 30-day supply

## LAFRA PPO Medical Plan

**Annual Prescription Drug Out-of-Pocket Maximum for Non-Medicare Members** will be \$7,450 for self only coverage and \$14,900 for family coverage.



# Improve Your Well-Being with the LAFRA Wellness Program!







The **LAFRA Wellness Program** is available at **no cost** to active and retired members, their spouse, and their adult dependents age 18 and over who are enrolled in a LAFRA medical plan. You have access to personalized insights, daily tracking and one-of-a-kind tools to help you live a healthier life, no matter where you are in your health journey. The program includes tools to help you establish or reinforce healthy habits, as well as a free FitOn Health membership. Minor dependents 13-17 years of age are eligible to use the FitOn Health membership by registering their own FitOn account using the following link: <https://web.fitonapp.com/signup/health>, and their individual email address.

## Free access to 14,000+ Gyms and Studios

Embrace a happier, healthier you with access to over 14,000 gyms and studios at your fingertips with FitOn Health! From 24 Hour Fitness and CrossFit, to Gold's Gym, LA Fitness, YMCA, and more, you'll embark on a fitness journey with unprecedented options. Start today by downloading the Sharecare app and registering (see below). Click on **Total Fitness Gym Access** to be directed to FitOn Health and find fitness centers near you.

## Register for Online Features

Gain access to the Sharecare platform that helps you manage your health and earn rewards:

-  **Take the RealAge® Test:** How old are you—really? Sharecare's RealAge Test is a scientifically-based assessment that shows you the true age of the body you're living in based on your behaviors and existing conditions.
-  **Quarterly Challenges:** Join a challenge for some friendly competition to see how you stack up against other participants.
-  **Quit tobacco with Craving to Quit®,** an innovative tobacco-cessation program that helps you quit smoking in just 21 days.
-  **Complete telephonic coaching sessions** with a well-being coach to better understand and reduce your health risks, learn how to manage stress, and more.
-  **Access your Total Fitness with FitOn Health benefit** and find fitness centers near you.
-  **Earn reward dollars** for taking steps toward healthy behaviors. Redeem your earned rewards for great prizes; from Callaway golf accessories to Vince Camuto watches, rewards for every occasion.

### It's easy to register:

1. Go to [www.lafra.org/wellness](http://www.lafra.org/wellness) and click **Create My Account**.
2. Create your account, entering required information, and click **Next**.
3. Choose your login credentials (your email address and password) and click **Next**.
4. Set your preferences and click **Complete Account Creation** to finish.

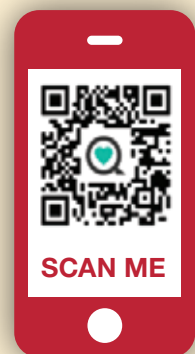
*You can now access all of the Sharecare online features!*

### To Download the Sharecare app:

TIP: Register online first; you will need the email and password you set up to sign in to the Sharecare app. Download the Sharecare app today.



*You can use all the Sharecare online features with the app! Access Total Fitness with FitOn Health by logging in to the Sharecare app and selecting **Total Fitness Gym Access** on the homepage. Questions? There's an FAQ available by clicking **Total Fitness FAQ**.*



## Have questions?

Call **866-936-4243** to learn more or visit [www.LAFRA.org/wellness](http://www.LAFRA.org/wellness).

## Kaiser HMO

The Kaiser HMO provides services and supplies through its own network of doctors, hospitals, and other health care facilities. It covers your expenses only when you use Kaiser providers and Kaiser facilities (unless it's a life-threatening emergency).

When you enroll in the Kaiser HMO, you are encouraged to select a personal physician who manages your care using Kaiser physicians and facilities.

Preventive care is covered at 100%. There is no deductible and no claim forms to file. There are copays for certain services, as shown in the benefit summaries on the next pages. You may be billed for some services, such as non-emergency care received at a hospital emergency room.

**IMPORTANT: To enroll in the Kaiser HMO, you MUST live in the Kaiser service area (based on your home zip code). If you move outside of the Kaiser service area, you will be unable to keep your Kaiser medical coverage.**

## Is the LAFRA PPO Medical Plan Right for You?

You might consider the PPO Medical Plan this year if:

- You want the freedom to choose physicians and hospitals from inside or outside a network each time you need care.
- You like the idea of having a core long-term care insurance benefit when you enroll in medical coverage with buy-up options and coverage for family members also available.
- You travel frequently outside of southern California or you plan to relocate to another state in the foreseeable future.
- Participating in a plan with coverage and benefits designed exclusively for firefighters by firefighters is important to you.

## Did you know about these Kaiser HMO features?

### MyStrength App

The MyStrength app lets you access activities and information to help you meet specific challenges. Activities are designed to assist in the following topics: mindfulness and meditation, managing depression, controlling anxiety, reducing stress, improving sleep, managing chronic pain, opioid, drug alcohol and nicotine recovery, pregnancy and early parenting, balancing intense emotions and moving beyond trauma. Go to [kp.org/selfcareapps](http://kp.org/selfcareapps) and click on "Get myStrength."

### Calm App

The Calm app uses meditation and mindfulness to help lower stress, reduce anxiety and improve sleep quality. There is no cost to adult members. Calm is hand-picked by Kaiser Permanente physicians and is confidential and easy to use. Go to [kp.org/selfcareapps](http://kp.org/selfcareapps) and click on "Get Calm."

### ClassPass

Kaiser Permanente members can take advantage of a special rate on ClassPass, which makes it easier to take care of your physical and mental health. On-demand videos let you try yoga, cardio, dance, meditation, bootcamp and more at no cost, without leaving home. You can also enjoy reduced rates for in-person fitness classes at some of the top gyms and fitness studios in your area and around the world. Get started at [kp.org/exercise](http://kp.org/exercise).

# Kaiser HMO Active Members Benefits Summary

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC.

<b>Out-of-Pocket Maximum(s) and Deductible(s)</b>			
For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the amounts shown in the Plan Out-of-Pocket Maximum row.			
Amounts Per Calendar Year	<b>Self-Only Coverage</b> A family of one member	<b>Family Coverage</b> Each member in a family of two or more members	<b>Family Coverage</b> Entire family of two or more members
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

<b>Professional Services (Plan Provider office visits)</b>	<b>You Pay</b>
Most Primary Care Visits and most Non-Physician Specialist Visits	\$15 per visit
Most Physician Specialist Visits	\$15 per visit
Routine physical maintenance exams, including well-woman exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling and consultations	No charge
Scheduled prenatal care exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	\$15 per visit
Most physical, occupational, and speech therapy	\$15 per visit
<b>Outpatient Services</b>	<b>You Pay</b>
Outpatient surgery and certain other outpatient procedures	\$15 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Covered individual health education counseling	No charge
Covered health education programs	No charge
<b>Hospitalization Services</b>	<b>You Pay</b>
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
<b>Emergency Health Coverage</b>	<b>You Pay</b>
Emergency Department visits Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).	\$150 per visit
<b>Ambulance Services</b>	<b>You Pay</b>
Ambulance Services	No charge

<b>Durable Medical Equipment (DME)</b>	<b>You Pay</b>
DME items in accord with our DME formulary guidelines	No charge
<b>Home Health Services</b>	<b>You Pay</b>
Home health care (up to 100 visits per calendar year)	No charge
<b>Mental Health Services</b>	<b>You Pay</b>
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	\$15 per visit
Group outpatient mental health treatment	\$7 per visit
<b>Chemical Dependency Services</b>	<b>You Pay</b>
Inpatient detoxification	No charge
Opioid Treatment Program Services	No charge
Individual outpatient chemical dependency evaluation and treatment	\$15 per visit
Group outpatient chemical dependency treatment	\$5 per visit
<b>Other</b>	<b>You Pay</b>
Eyeglasses or contact lenses every 24 months	Amount in excess of \$200 Allowance
Hearing aid(s) every 36 months	Amount in excess of \$2,500 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices	No charge
Hospice care	No charge
<b>Prescription Drug Coverage</b>	<b>You Pay</b>
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy	\$10 for up to a 30-day supply
Most generic refills through our mail-order service	\$20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy	\$20 for up to a 30-day supply
Most brand-name refills through our mail-order service	\$40 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$20 for up to a 30-day supply

# Kaiser HMO Retired Members Benefits Summary

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC.

## Kaiser Permanente Senior Advantage (HMO) with Part D

<b>Out-of-Pocket Maximum(s) and Deductible(s)</b>			
For services that apply to the Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the amounts shown in the Plan Out-of-Pocket maximum row.			
Amounts Per Calendar Year	<b>Self-Only Coverage</b> A family of one member	<b>Family Coverage</b> Each member in a family of two or more members	<b>Family Coverage</b> Entire family of two or more members
Plan Out-of-Pocket Maximum	\$1,000 per calendar year	\$1,000 per calendar year	\$2,000 per calendar year
Plan Deductible	None	None	None

<b>Professional Services (Plan Provider office visits)</b>	<b>You Pay</b>
Most Primary Care Visits and most Non-Physician Specialist Visits	\$15 per visit
Most Physician Specialist Visits	\$15 per visit
Annual Wellness visit and the "Welcome to Medicare" preventive visit	No charge
Routine physical exams	No charge
Routine eye exams with a Plan Optometrist	\$15 per visit
Urgent care consultations, evaluations, and treatment	\$15 per visit
Physical, occupational, and speech therapy	\$15 per visit
<b>Outpatient Services</b>	<b>You Pay</b>
Outpatient surgery and certain other outpatient procedures	\$15 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays, annual mammograms, and laboratory tests	No charge
Manual manipulation of the spine	\$15 per visit
<b>Hospitalization Services</b>	<b>You Pay</b>
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
<b>Emergency Health Coverage</b>	<b>You Pay</b>
Emergency Department visits	\$120 per visit
<b>Ambulance Services</b>	<b>You Pay</b>
Ambulance Services	No charge
<b>Durable Medical Equipment (DME)</b>	<b>You Pay</b>
Covered durable medical equipment for home use	No charge

<b>Home Health Services</b>	<b>You Pay</b>
Home health care (part-time, intermittent)	No charge
<b>Mental Health Services</b>	<b>You Pay</b>
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	No charge
Group outpatient mental health treatment	No charge
<b>Chemical Dependency Services</b>	<b>You Pay</b>
Inpatient detoxification	No charge
Opioid Treatment Program Services	No charge
Individual outpatient chemical dependency evaluation and treatment	\$15 per visit
Group outpatient chemical dependency treatment	\$5 per visit
<b>Other</b>	<b>You Pay</b>
Eyeglasses or contact lenses every 24 months	Amount in excess of \$200 Allowance
Hearing aid(s) every 36 months	Amount in excess of \$2,500 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
External prosthetic and orthotic devices	No charge
Ostomy and urological supplies	No charge
<b>Prescription Drug Coverage</b>	<b>You Pay</b>
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy	\$10 for up to a 30-day supply
Most generic refills through our mail-order service	\$20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy	\$20 for up to a 30-day supply
Most brand-name refills through our mail-order service	\$40 for up to a 100-day supply
Most specialty items at a Plan Pharmacy	\$20 for up to a 30-day supply

# Premiums

## Kaiser HMO

### Active Member Premiums and Subsidies

KAISER HMO RATES (Effective 07/01/2024)					
City Code	Coverage Category	Monthly Premium	Per-Pay-Period Rate	City Subsidy	Member Per-Pay-Period Cost
60 and 63	Member Only	\$1,014.58	\$507.29	\$507.29	\$0.00
61 and 64	Member + 1	\$2,000.16	\$1,000.08	\$931.52	\$68.56
62 and 65	Family	\$2,522.52	\$1,261.26	\$931.52	\$329.74
SS1	Active Surviving Spouse	\$1,014.58	\$507.29	\$507.29	\$0.00
SS4	Active Surviving Spouse MC ABD	\$209.50	\$104.75	\$104.75	\$0.00

### Retired Member Premiums and Subsidies

Subsidies for Retirees vary by retirement date, age and years of service. **As of the date of this publication, July 2024 subsidies for Retired Members were not known. Subsidies shown below assume a 5% subsidy increase. Your out-of-pocket cost may vary based on the actual increase.** Any reference to Medicare Part D below indicates that you are enrolled in Medicare Part D through Kaiser, not directly with Medicare.

City Code	Coverage Category	Monthly Premium	Pension Subsidy	Monthly Cost to Member
10	Member Only: Early Retirees	\$1,014.58	\$1,014.58	\$0.00
11	2 Pty: Early Retirees	\$2,000.16	\$2,000.16	\$0.00
12	3 Pty: Early Retirees	\$2,522.52	\$2,278.28	\$244.24
66	Member Only - A unassigned	\$1,233.28	\$0.00	\$1,233.28
65	Member Only - None unassigned	\$1,546.30	\$0.00	\$1,546.30
40	Member Only: A/B/D	\$209.50	\$209.50	\$0.00
50	Member Only: B/D	\$521.50	\$521.50	\$0.00
a4	2 Pty: Member - None (> 65); Spouse - None (< 65)	\$2,531.88	\$0.00	\$2,531.88
59	2 Pty: Member - None (< 65); Spouse - None (> 65)	\$2,531.88	\$1,195.08	\$1,336.80
68	2 Pty: Member - None (< 65); Spouse - A	\$2,218.86	\$1,195.08	\$1,023.78
52	2 Pty: Member - None (< 65); Spouse - A/B/D	\$1,195.08	\$1,195.08	\$0.00
54	2 Pty: Member - None (< 65); Spouse - B/D	\$1,507.08	\$1,507.08	\$0.00
69	2 Pty: Member - A unassigned; Spouse - None (< 65)	\$2,218.86	\$0.00	\$2,218.86
62	2 Pty: Member - None (< 65); Spouse - None (< 65)	\$2,000.16	\$2,000.16	\$0.00
72b	2 Pty: Member - A/B/D; Spouse - A/B unassigned	\$1,726.80	\$390.00	\$1,336.80
41	2 Pty: Member - A/B/D; Spouse - None (< 65)	\$1,195.08	\$1,195.08	\$0.00
47	2 Pty: Member - A/B/D; Spouse - A unassigned	\$1,413.78	\$390.00	\$1,023.78
43	2 Pty: Both A/B/D	\$390.00	\$390.00	\$0.00
42	2 Pty: Member - A/B/D; Spouse - B/D	\$702.00	\$702.00	\$0.00
61	2 Pty: Member - B unassigned; Spouse - None (< 65)	\$2,531.88	\$1,507.08	\$1,024.80
55	2 Pty: Member - B/D; Spouse - None (< 65)	\$1,507.08	\$1,507.08	\$0.00
51	2 Pty: Member - B/D; Spouse - A/B/D	\$702.00	\$702.00	\$0.00
53	2 Pty: Member - B/D; Spouse B/D	\$1,014.00	\$1,014.00	\$0.00
57	3 Pty: Member - None (< 65); Spouse - A/B/D; Dep - None (< 65)	\$1,717.44	\$1,717.44	\$0.00
b5	3 Pty: Member - None (> 65); Spouse - None (< 65); Dep - None (< 65)	\$3,053.70	\$0.00	\$3,053.70
77	3 Pty: Member - A unassigned; Spouse - None (< 65); Dep - None (< 65)	\$2,741.22	\$0.00	\$2,741.22
78	3 Pty: Member - B unassigned; Spouse - None (< 65); Dep - None (< 65)	\$2,741.22	\$2,278.28	\$462.94
44	3 Pty: Member - A/B/D; Spouse - None (< 65); Dep - None (< 65)	\$1,717.44	\$1,717.44	\$0.00
45	3 Pty: Member - A/B/D; Spouse - A/B/D; Dep - None (< 65)	\$912.36	\$912.36	\$0.00
46	3 Pty: Member - A/B/D; Spouse - A/B/D; Dep - A/B/D	\$569.32	\$569.32	\$0.00
56	3 Pty: Member - B/D; Spouse - None (< 65); Dep - None (< 65)	\$2,029.44	\$2,029.44	\$0.00
58	3 Pty: Member - B/D; Spouse - A/B/D; Dep - None (< 65)	\$1,224.36	\$1,224.36	\$0.00



## LAFRA PPO Medical Plan

The LAFRA PPO (Preferred Provider Organization) Medical Plan gives you the option to use any provider whenever you need care. PPO providers are doctors, hospitals, pharmacies, labs, etc. that participate in a contracted network and have agreed to provide services at reduced contracted rates. When you use PPO providers, you receive the highest level of benefit at the lowest possible cost. If you use non-PPO providers, you will generally pay more for services.

### Our Plan contracts with the following PPO networks:

- 🔥 **Anthem Blue Cross of California** – for services incurred in California.
- 🔥 **Nationwide Blue Cross/Blue Shield (BlueCard)** – for services incurred outside of California. More than 80 percent of hospitals and nearly 90 percent of physicians in the U.S. are part of the BlueCard network.

See page 14 for instructions on how to find a PPO provider in your area.

### In-network (PPO Provider) Services

Preventive care is covered at 100%. Most outpatient services require a \$15 copay. Most non-maternity inpatient hospital services are paid at 90% of the first \$5,000 and 100% of the balance after a \$250 deductible. Inpatient maternity services are covered at 100% after a \$250 copay.

### Non-network (Non-PPO Provider) Services

Most preventive care is covered 100% up to the usual, customary and reasonable (UCR) amount for the service. Most outpatient services require a \$30 copay and are paid at 80% or 100% up to the UCR amounts. Inpatient hospital services (including maternity) are paid at 70% of the UCR amount.

### Vision and Long-term Care Benefits

LAFRA provides vision coverage through VSP and a long-term care benefit through Unum for all members enrolled in the LAFRA PPO Medical Plan. Long-term care insurance helps pay for the care you need when you can no longer care for yourself and will protect your family's financial future and your own investments and savings. Buy-up options and coverage for your dependents are also available. See pages 20 and 21 for additional information about long-term care insurance.

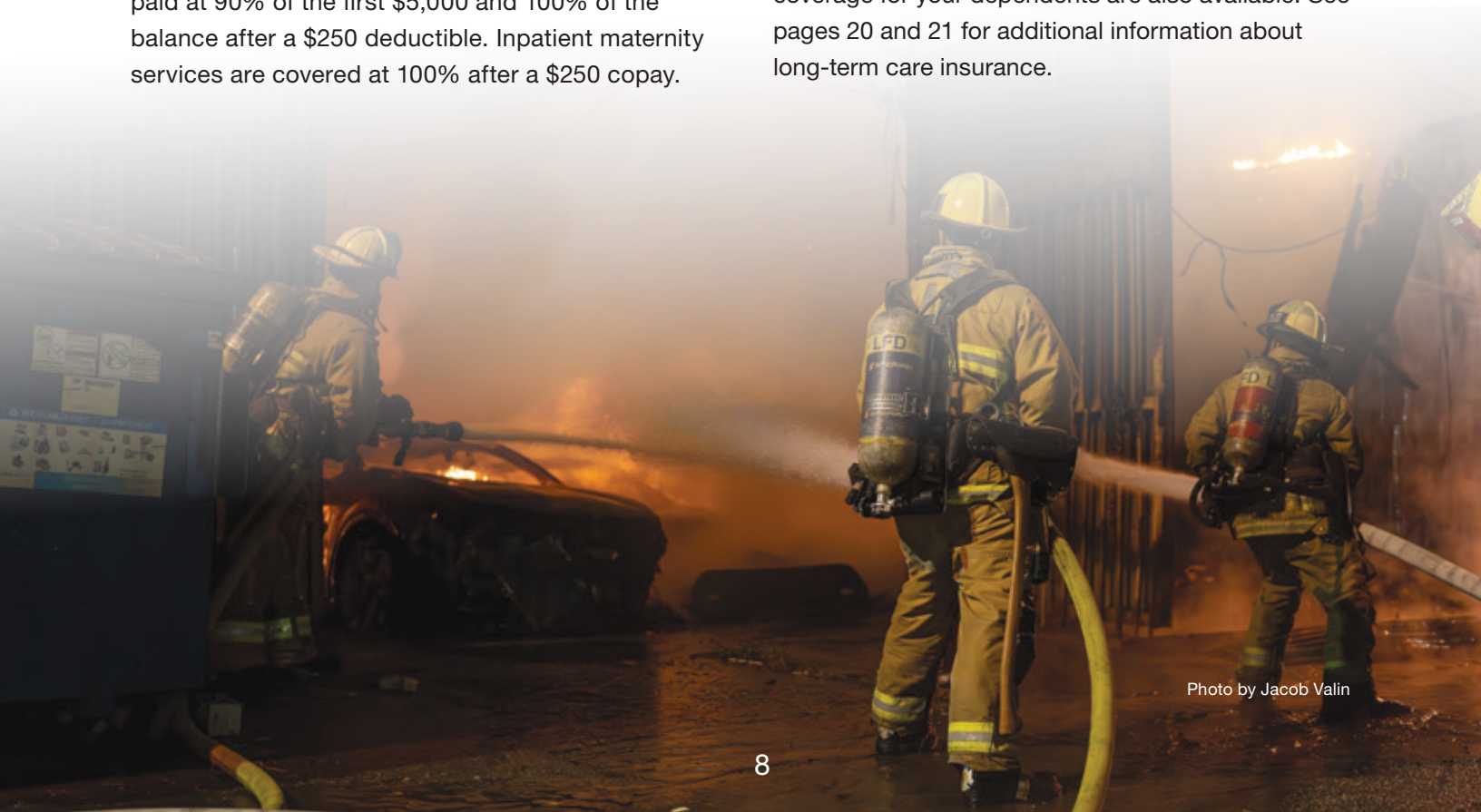


Photo by Jacob Valin

## 2024 LAFRA PPO Medical Plan At-a-Glance

This table shows a summary of LAFRA PPO Medical Plan benefits. Refer to the LAFRA Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC) for plan details. The SPD and SBC are available online at [www.lafra.org](http://www.lafra.org) or <https://hconline.healthcomp.com>.

Benefit Feature	2024 LAFRA PPO Medical Plan	
	PPO Provider	Non-PPO Provider (Based on UCR*)
Annual Deductible	\$250 annual deductible applies to non-emergency inpatient admissions only	
Annual Out-of-Pocket Maximum	Self only: \$2,000 Family: \$4,000	None
Lifetime Maximum	Unlimited	
Physician Office Visits	\$15 copay, then 100%	\$30 copay, then 100%
Emergency Room Services <ul style="list-style-type: none"> <li>• True emergency</li> <li>• Non-emergency</li> </ul>	\$100 copay (waived if admitted), then 100% \$100 copay (waived if admitted), then 100%	\$100 copay (waived if admitted), then 100% \$100 copay (waived if admitted), then 80%
Hospital Services—Inpatient (non-maternity) <ul style="list-style-type: none"> <li>• Room &amp; board (excluding intensive care &amp; coronary care units)</li> <li>• Room &amp; board (intensive care &amp; coronary care units)</li> <li>• Ancillary services &amp; other medically necessary services &amp; supplies</li> </ul>	\$250 deductible, then 90% of the first \$5,000; 100% thereafter 100% 100%	\$250 deductible, then 70% 100% 80%
Hospital Services—Outpatient <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Surgical facility (Medicare or State certified)</li> <li>• Other medically necessary services &amp; supplies</li> </ul>	\$15 copay, then 100% \$15 copay, then 100% \$15 copay, then 100%	\$30 copay, then 80% \$30 copay, then 80% up to \$3,000 \$30 copay, then 80%
Diagnostic X-ray & Lab	100%	100%
Body Scan	100%	100%
	Limited to one scan every 3 years to a maximum of \$950 per person	
Physical Therapy	\$15 copay, then 100%	\$30 copay, then 100%
	Services must be performed by an MD, RPT or DO and are subject to ongoing review for being Medically Necessary	
Chiropractic Care	\$15 copay, then 100%	\$30 copay, then 100%
	Limited to \$80/visit, one visit per day, up to \$2,500/person/calendar year; massage therapy is not covered	
Maternity <ul style="list-style-type: none"> <li>• Physician Services</li> <li>• Facility Charge</li> </ul>	100% \$250 copay, then 100%	100% \$250 deductible, then 70%
Prescription Drugs	See page 10 for prescription drug benefits.	
Preventive Care	100%	100%
Hospice Care	\$15 copay, then 100%	\$30 copay, then 100%
Home Health Care	\$15 copay, then 100%	\$30 copay, then 80%
Skilled Nursing Facility	\$250 deductible, then 100%	\$250 deductible, then 100%
Mental Health <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	\$250 deductible, then 90% of the first \$5,000; 100% thereafter \$15 copay, then 100%	\$250 deductible, then 70% \$30 copay, then 100%
Substance Abuse <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	\$250 deductible, then 90% of the first \$5,000; 100% thereafter \$15 copay, then 100%	\$250 deductible, then 70% \$30 copay, then 100%
Durable Medical Equipment	100%	80%

\*UCR means the usual, customary and reasonable amount charged by similar providers for the same services in similar circumstances and in the same or similar geographic area as determined by LAFRA or HealthComp, our third party administrator. **Charges over UCR are the plan member's responsibility.**

# Prescription Drug Benefits for Active Members

Prescription drug benefits are automatically included for active members enrolled in the LAFRA PPO Medical Plan. See page 12 for prescription drug benefits for Medicare-eligible retired members.

Drug Type	Retail (30*-day supply)	Mail Service or Walgreens* (90-day supply)
Annual Out-of-Pocket Maximum*	Individual: \$7,450; Family: \$14,900	
Generic/Specialty Generic	\$10 copay	\$20 copay
Preferred Brand	\$25 copay	\$50 copay
Non-Preferred Brand	\$50 copay	\$100 copay
Specialty Preferred Brand	20% coinsurance, \$200 max per 30-day supply	20% coinsurance, \$600 max per 90-day supply
Specialty Non-Preferred Brand	20% coinsurance, \$200 max per 30-day supply	20% coinsurance, \$600 max per 90-day supply

\* Annual out-of-pocket maximum for prescription drugs is separate from the LAFRA PPO Medical Plan out-of-pocket maximum and only applies to non-Medicare retirees.

## Options When Filling Your Prescription

**Retail Pharmacy:** For short-term medications (up to a 30-day supply), use your local participating retail pharmacy.

**Walgreens Retail Pharmacy (Smart 90):** For long-term maintenance medications, use a Walgreen's retail pharmacy. This requires a prescription for a 90-day supply.

**Express Scripts Mail Order:** For long-term maintenance medications (up to a 90-day supply), delivered to your home, go to [www.express-scripts.com](http://www.express-scripts.com) to create an online account and register for home delivery service.

You will be charged an additional \$50 copay per prescription for any long-term maintenance medications not filled at a Walgreens retail pharmacy or through Express Scripts mail order after the third fill. If you do not obtain your prescription drugs at a participating Express Scripts retail pharmacy, you must pay the full price of your prescription at the time of purchase and submit a claim directly to Express Scripts for reimbursement. Express Scripts will reimburse 100% of the discounted price of the cost of each prescription, less the copay.

## Generics Preferred Program

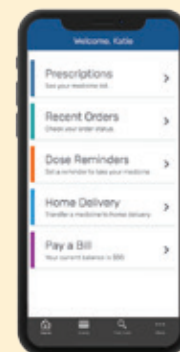
This program is designed to encourage members to use generic drugs when they contain the same active ingredients and equivalent strength and dosage to their brand-name equivalent.

If you or your provider request a brand-name medication when an FDA-approved generic equivalent is available, you will pay the brand copay, plus the retail cost difference between the brand-name and generic prescription.

### Manage your medication. Anytime. Anywhere.

The Express Scripts® mobile app is like a pharmacy in your pocket. You can order refills, make payments, and even set up reminders to take your medication.

Download the Express Scripts Mobile App from the App Store or Google Play.



## Step Therapy Program

Step therapy is designed to find the safest and most cost effective drug therapy for certain conditions that require medication regularly. Step therapy requires the use of generic first line drugs before alternative brand-name second line drugs are prescribed for the same condition.

When filling your prescription, the pharmacist runs the prescription through the system and is alerted of the step therapy program requirement. If your history shows that the generic first line drug was previously dispensed, then the second line or higher cost medication can be dispensed. However, if there is no record of a first line drug being dispensed previously, then you must try the first line drug first or go through the prior authorization process.

## Prior Authorization

The main purpose of prior authorization is to make sure that the medication has been proven to be effective for the condition it was prescribed to treat.

When your pharmacist tells you that your prescription needs a prior authorization, Express Scripts needs more information to verify plan coverage. Ask your pharmacist to contact your doctor. Your doctor will contact the Express Scripts Prior Authorization department.

Express Scripts' Prior Authorization department is available 24 hours a day, seven days a week, so a determination can be made right away. If the pharmacist cannot reach your doctor, talk with the pharmacist about filling a small supply of your prescription right away. You may have to pay full price for this small supply.

## Drug Quantity Management (DQM)

Drug quantity management (DQM) is a program that makes sure that patients are using medications at doses and quantities that have been proven effective and considered safe.

To develop DQM recommendations, Express Scripts follows guidelines developed by the FDA. The plan may consider these recommendations when determining coverage; therefore, the amount dispensed by the pharmacy may be reduced.

## Specialty Medications

Specialty medications are used to treat complex and chronic conditions such as cancer, chronic kidney failure, multiple sclerosis and rheumatoid arthritis. Oftentimes, specialty medications require special handling, administration or monitoring.

Most specialty medications are covered through Accredo (Express Script's specialty pharmacy). To find out if your specialty medications need to be ordered through Accredo, call Express Scripts at (800) 711-0917.



# Prescription Drug Benefits for Retired Members

Retired members who are Medicare-eligible (typically age 65 or older) who are enrolled in the LAFRA PPO Medical Plan receive prescription drug benefits through the Express Scripts Medicare Part D Prescription Drug Plan described below. Covered dependents who are not Medicare-eligible receive prescription drug benefits through the LAFRA Prescription Plan described on pages 10 and 11.

Drug Type	Retail (31*-day supply)	Mail Service or Walgreens* (90-day supply)
Annual Out-of-Pocket Maximum*	Individual: \$7,450; Family: \$14,900	
Generic/Specialty Generic	\$10 copay	\$20 copay
Preferred Brand	\$25 copay	\$50 copay
Non-Preferred Brand	\$50 copay	\$100 copay
Specialty Preferred Brand	20% coinsurance, \$200 max per 31-day supply	20% coinsurance, \$600 max per 90-day supply
Specialty Non-Preferred Brand	20% coinsurance, \$200 max per 31-day supply	20% coinsurance, \$600 max per 90-day supply

\* Annual out-of-pocket maximum for prescription drugs is separate from the LAFRA PPO Medical Plan out-of-pocket maximum and only applies to non-Medicare retirees.

## Options When Filling Your Prescription

**Retail Pharmacy:** Medicare Part D plan members can obtain short-term medications (up to a 31 or 90-day supply) at a participating Express Scripts retail pharmacy.

**Express Scripts Mail Order:** For long-term maintenance medications (up to a 90-day supply), delivered to your home, go to [www.express-scripts.com](http://www.express-scripts.com) to create an online account and register for home delivery service.

If you do not obtain your prescription drugs at a participating Express Scripts retail pharmacy, you must pay the full price of your prescription at the

time of purchase and submit a claim directly to Express Scripts for reimbursement. Express Scripts will reimburse 100% of the discounted price of the cost of each prescription, less the copay.

## Specialty Medications

Specialty medications are used to treat complex and chronic conditions such as cancer, kidney failure, multiple sclerosis and rheumatoid arthritis. Oftentimes, specialty medications require special handling, administration or monitoring.

For more information about specialty medications, call Express Scripts at (866) 544-6963.



Photo by Jack Quillin

## Take a Look at Vision Benefits

To help keep your life in focus, vision coverage through Vision Service Plan (VSP) is automatically included when you enroll in the LAFRA PPO Medical Plan. You can choose any provider, but you'll save money if you use a VSP network provider. If you use a non-VSP provider, you are responsible for paying the provider in full and submitting a claim to VSP for reimbursement.

### Extra LAFRA Vision Discounts

- 30% savings on lens extras
- 15% off cost of contact lens exam

Benefit Feature	LAFRA Vision Plan (VSP)	
	VSP Provider	Non-VSP Provider
<b>Eye Exam</b>	\$10 copay	Up to \$45
	Every calendar year	
<b>Lenses</b>		
• Single vision	100%	Up to \$45
• Bifocal	100%	Up to \$65
• Trifocal	100%	Up to \$85
• Standard progressive	100%	Up to \$85
• Premium progressive	\$80 - \$90 copay	Up to \$85
• Custom progressive	\$120 - \$160 copay	Up to \$85
	Every calendar year	
<b>Frames</b>	Up to \$200	Up to \$47
	Every other calendar year	
<b>Contact Lenses</b> (in lieu of glasses)	Up to \$200	Up to \$105
	Every calendar year	
<b>Laser Vision Care</b>	Up to \$1,500 per eye, once per lifetime for LASIK eye surgery, custom LASIK & PRK	Up to \$750 per eye, once per lifetime for LASIK eye surgery, custom LASIK & PRK

Photo by Gary Apodaca



Photo by Greg Doyle

## How to Find a PPO Medical Provider

Go to [www.anthem.com/ca](http://www.anthem.com/ca) in your web browser and click on **FIND CARE**. If you do not want to search as a **Member**, click on **Basic Search as a guest**, then follow the steps below to find a PPO medical provider.

- 1 Under “Select the type of plan or network” select **Medical Plan or Network**.
- 2 Under “Select the state where the plan or network is offered” enter **California**.
- 3 Under “Select how you get your health insurance” select **Medical (Employer-Sponsored)**.
- 4 Under “Select a plan or network” select **Prudent Buyer CA Only** if you reside in California or **National PPO (BlueCard PPO)** if you reside outside of California, then click on **Continue**.
- 5 Enter your location (either your city, county or zip code) and the type of doctor and the type of procedure and more you are searching for in the box at the top, or select one of the Provider Options under **Search by Care Provider**.

For more information on a provider, such as skills and training, click on the **care provider’s name** on the screen that appears after you select **Search**.

**Basic search as a guest**

Select the type of plan or network

1 Medical Plan or Network (may also include dental, ▼)

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer’s plan is contracted in. Most of the time, it’s where the headquarters is located.)

2 California ▼

Select how you get health insurance

3 Medical (Employer-Sponsored) ▼

Select a plan or network

4 Prudent Buyer CA Only ▼

5 City, County, or ZIP Search by doctor (name or specialty), hospital,...

Search by address

Find a testing center near you with our COVID-19 Test Site Finder

Finding care in Prudent Buyer CA Only Plan Network

Change Plan

5 Search by Care Provider

Primary Care Behavioral Health Lab (Blood Work) Imaging (MRI or X-ray) Hospital


# HealthComp Online Features




The LAFRA PPO Medical Plan is self-funded, which means LAFRA, rather than an insurance company, pays all of the costs of the Plan. A third-party administrator (TPA), HealthComp, assists LAFRA with the administration of the Plan.

HealthComp provides online enrollment, claims processing, issues member ID cards, answers questions about benefits and eligibility, handles appeals, and provides COBRA administration. They also provide convenient online access to information and services. Remember to present your HealthComp ID card to your medical and pharmacy providers!

You can access personal and plan information online through HealthComp two ways:

 **HOnline Benefits Portal:** To set up a password protected account, visit <https://honline.healthcomp.com/lafra>, click on **Sign Up** and select the **Member** option from the dropdown menu, then complete the **New User Registration**.

- View **Coverage** information, including a summary of your benefits
- View **EOBs** and **Claims** history
- Request **Direct Deposit Reimbursement for claims you paid**. Click on your username in the upper right hand corner of the screen and complete the information in the area titled **ACH Information**
- Access **Resources**, including plan documents and helpful links
- Access digital **ID Cards** and order replacement cards
- Find and complete **Forms** and check the status of submitted forms
- Submit **Inquiries** to the Customer Service team

 **HOnline on your smartphone or tablet:** You can also log in to your HOnline account through the HealthComp mobile app. To get the app, search for “HealthComp” in the Apple App store or Google Play from your iPhone, iPad, or Android device and download the HOnline app. You can also go to <https://m.healthcomp.com> or scan this QR code.



HealthComp’s LiveChat feature is available both online and through the Mobile App! You can speak with a Benefits Representative regarding benefits questions. Just tap on the Live Chat icon in the upper right-hand corner and tap Chat Now.

If you have questions, you can contact HealthComp’s Customer Service team by phone at (866) 995-2372 (866-99LAFRA), from 6:00 am to 5:00 pm PT, or email [honline@healthcomp.com](mailto:honline@healthcomp.com).



## Online Enrollment

See pages 23-31 regarding how to enroll or make enrollment changes online.

Registration for HOnline, HealthComp’s online and mobile portal, is fast and easy!



# What's the Cost?

## Active Member Premiums and Subsidies

As of the date of this publication, the July 2024 subsidies for Active Members were not known. Subsidies shown below assume a 5% subsidy increase. Your out-of-pocket cost may vary based on the actual subsidy increase.

### Member Premium Rates and Subsidies

LAFRA PPO MEDICAL PLAN RATES (Effective 07/01/2024)					
City Code	Coverage Category	Monthly Premium	Per-Pay-Period Rate	City Subsidy	Member Per-Pay-Period Cost
16 and 17	Member Only	\$1,005.00	\$502.50	\$502.50	\$0.00
52 and 53	Member + 1	\$1,651.88	\$825.94	\$825.94	\$0.00
49 and 50	Family	\$2,001.84	\$1,000.92	\$931.52	\$69.40

### Active Member Surviving Spouse and Children Premium Rates and Subsidies

LAFRA PPO MEDICAL PLAN RATES (Effective 07/01/2024)				
City Code	Coverage Category	Monthly Premium	City Subsidy	Member Monthly Cost
SC1	Surviving Child	\$1,005.00	\$1,005.00	\$0.00
SS1	Surviving Spouse	\$1,005.00	\$1,005.00	\$0.00
SS2	Surviving Spouse + 1	\$1,651.89	\$1,651.89	\$0.00
SS3	Surviving Spouse + Family	\$1,863.04	\$1,863.04	\$0.00
SS4	Surviving Spouse ABD	\$756.40	\$756.40	\$0.00
SS5	Surviving Spouse ABD + 1	\$1,458.82	\$1,458.82	\$0.00
SS7	Surviving Spouse BD	\$942.22	\$942.22	\$0.00

## Retired Member Premiums and Subsidies

Subsidies for Retirees vary by retirement date, age and years of service. **As of the date of this publication, the July 2024 subsidies for Retired Members were not known. Subsidies shown below assume a 5% subsidy increase. Your out-of-pocket cost may vary based on the actual subsidy increase.** Any reference to Medicare Part D below indicates that you are enrolled in Medicare Part D through LAFRA, not directly with Medicare.

### Important Information for Retired Members

In order to receive the lower premium rates shown in the Retired Member Premiums and Subsidies table, you must be enrolled in Medicare Part B and provide a copy of your Medicare card to LAFRA by July 1, 2024 if there are changes to your Medicare card or you haven't already provided a copy of your card. Otherwise, you may have to pay the higher premium rates for Retired Members without Medicare. In addition, your medical pension subsidy will be suspended by the Pension Department until proof of Medicare Part B enrollment is provided.

### Retired Member Premium Rates (without Medicare) and Subsidies

City Code	Coverage Category	Monthly Premium	Pension Subsidy	Member Monthly Cost
10	Member Only	\$1,132.57	\$1,132.57	\$0.00
11 and 11a	Member + 1	\$1,834.99	\$1,834.99	\$0.00
12 and 12a	Family	\$2,323.78	\$2,278.28	\$45.50

## Retired Member Premium Rates (with Medicare) and Subsidies

City Code	Coverage Category	Monthly Premium	Pension Subsidy	Member Monthly Cost
37b	Member - None (over 65)	\$1,132.57	\$0.00	\$1,132.57
30	Member Only - A/B/D	\$756.40	\$549.16	\$207.24
30a	Member Only - A/B	\$798.32	\$549.16	\$249.16
37	Member Only - A/D	\$904.83	\$0.00	\$904.83
37a	Member Only - A	\$946.75	\$0.00	\$946.75
20a	Member Only - B	\$984.14	\$942.22	\$41.92
20	Member Only - B/D	\$942.22	\$942.22	\$0.00
A4	Member + 1: Member - None (over 65); Spouse - None (under 65)	\$1,834.99	\$0.00	\$1,834.99
A6	Member + 1: Member - None (over 65); Spouse - A/B/D	\$1,458.82	\$0.00	\$1,458.82
22c	Member + 1: Member - None (under 65); Spouse - A	\$1,649.17	\$1,458.82	\$190.35
22a	Member + 1: Member - None (under 65); Spouse - A/B	\$1,500.74	\$1,458.82	\$41.92
22d	Member + 1: Member - None (under 65); Dependent - A/B	\$1,500.74	\$1,458.82	\$41.92
22e	Member + 1: Member - None (under 65); Dependent - A/B/D	\$1,458.82	\$1,458.82	\$0.00
22	Member + 1: Member - None (under 65); Spouse - A/B/D	\$1,458.82	\$1,458.82	\$0.00
22b	Member + 1: Member - None (under 65); Spouse - A/D	\$1,607.25	\$1,458.82	\$148.43
24a	Member + 1: Member - None (under 65); Spouse - B	\$1,686.56	\$1,644.64	\$41.92
24	Member + 1: Member - None (under 65); Spouse - B/D	\$1,644.64	\$1,644.64	\$0.00
33i	Member + 1: Member - A; Spouse - A/B/D	\$1,273.00	\$0.00	\$1,273.00
38f	Member + 1: Member - A; None (under 65)	\$1,649.17	\$0.00	\$1,649.17
31a	Member + 1: Member - A/B; Spouse - None (under 65)	\$1,500.74	\$1,251.58	\$249.16
33a	Member + 1: Member - A/B; Spouse - A/B/D	\$1,124.57	\$875.41	\$249.16
33h	Member + 1: Member - A/B; Spouse - A	\$1,314.92	\$875.41	\$439.51
33c	Member + 1: Member - A/B; Spouse - A/B	\$1,166.49	\$875.41	\$291.08
32c	Member + 1: Member - A/B; Spouse - B	\$1,352.31	\$1,061.23	\$291.08
32b	Member + 1: Member - A/B; Spouse - B/D	\$1,310.39	\$1,061.23	\$249.16
31	Member + 1: Member - A/B/D; Spouse - None (under 65)	\$1,458.82	\$1,251.58	\$207.24
33j	Member + 1: Member - A/B/D; Spouse - None (over 65)	\$1,458.82	\$875.41	\$583.41
31c	Member + 1: Member - A/B/D; Dependent - None (under 65)	\$1,458.82	\$1,251.58	\$207.24
33g	Member + 1: Member - A/B/D; Spouse - A	\$1,273.00	\$875.41	\$397.59
33b	Member + 1: Member - A/B/D; Spouse - A/B	\$1,124.57	\$875.41	\$249.16
33f	Member + 1: Member - A/B/D; Dependent - A/B	\$1,124.57	\$875.41	\$249.16
33	Member + 1: Member - A/B/D; Spouse - A/B/D	\$1,082.65	\$875.41	\$207.24
33e	Member + 1: Member - A/B/D; Dependent - A/B/D	\$1,082.65	\$875.41	\$207.24
31b	Member + 1: Member - A/B/D; Spouse - A/D	\$1,231.08	\$875.41	\$355.67
32a	Member + 1: Member - A/B/D; Spouse - B	\$1,310.39	\$1,061.23	\$249.16
32	Member + 1: Member - A/B/D; Spouse - B/D	\$1,268.47	\$1,061.23	\$207.24
38g	Member + 1: Member - A/D; Spouse - None (under 65)	\$1,607.25	\$0.00	\$1,607.25
33d	Member + 1: Member - A/D; Spouse - A/B/D	\$1,231.08	\$0.00	\$1,231.08
25a	Member + 1: Member - B; Spouse - None (under 65)	\$1,686.56	\$1,644.64	\$41.92
21c	Member + 1: Member - B; Spouse A/B	\$1,352.31	\$1,268.47	\$83.84
21b	Member + 1: Member - B; Spouse - A/B/D	\$1,310.39	\$1,268.47	\$41.92
23c	Member + 1: Member - B; Spouse - B	\$1,538.13	\$1,454.29	\$83.84

## Retired Member Premium Rates (with Medicare) and Subsidies (continued)

City Code	Coverage Category	Monthly Premium	Pension Subsidy	Member Monthly Cost
23b	Member + 1: Member - B; Spouse - B/D	\$1,496.21	\$1,454.29	\$41.92
25	Member + 1: Member - B/D; Spouse - None (under 65)	\$1,644.64	\$1,644.64	\$0.00
21e	Member + 1: Member - B/D; Spouse - None (under 65)	\$1,644.10	\$1,644.10	\$0.00
21a	Member + 1: Member - B/D; Spouse - A/B	\$1,310.39	\$1,268.47	\$41.92
21d	Member + 1: Member - B/D; Spouse - A/D	\$1,416.90	\$1,268.47	\$148.43
21	Member + 1: Member - B/D; Spouse - A/B/D	\$1,268.47	\$1,268.47	\$0.00
23a	Member + 1: Member - B/D; Spouse - B	\$1,496.21	\$1,454.29	\$41.92
23	Member + 1: Member - B/D; Spouse - B/D	\$1,454.29	\$1,454.29	\$0.00
27b	Family: Member - None (under 65); Spouse - A; Dependent - None (under 65)	\$2,137.96	\$1,947.61	\$190.35
27a	Family: Member - None (under 65); Spouse - A/B; Dependent - None (under 65)	\$1,989.53	\$1,947.61	\$41.92
27c	Family: Member - None (under 65); Spouse - A/D; Dependent - None (under 65)	\$2,096.04	\$1,947.61	\$148.43
27	Family: Member - None (under 65); Spouse - A/B/D; Dependent - None (under 65)	\$1,947.61	\$1,947.61	\$0.00
29a	Family: Member - None (under 65); Spouse - B; Dependent - None (under 65)	\$2,175.35	\$2,133.43	\$41.92
29	Family: Member - None (under 65); Spouse - B/D; Dependent - None (under 65)	\$2,133.43	\$2,133.43	\$0.00
27d	Family: Member - None (under 65); Spouse - None (under 65); Dependent - A/B/D	\$1,947.61	\$1,947.61	\$0.00
27e	Family: Member - None (under 65); Spouse - None (under 65); Dependent - A/B	\$1,989.53	\$1,947.61	\$41.92
B5	Family: Member - None (over 65); Spouse - None (under 65); Dependent - None (under 65)	\$2,323.78	\$0.00	\$2,323.78
C5	Family: Member - None (over 65); Spouse - None (over 65); Dependent - None (under 65)	\$2,323.78	\$0.00	\$2,323.78
34a	Family: Member - A/B; Spouse - None (under 65); Dependent - None (under 65)	\$1,989.53	\$1,740.37	\$249.16
35h	Family: Member - A/B; Spouse - None (under 65); Dependent A/B/D	\$1,613.36	\$1,364.20	\$249.16
35c	Family: Member - A/B; Spouse - A/B; Dependent - None (under 65)	\$1,655.28	\$1,364.20	\$291.08
35b	Family: Member - A/B; Spouse - A/B/D; Dependent - None (under 65)	\$1,613.36	\$1,364.20	\$249.16
36c	Family: Member - A/B; Spouse - A/B/D; Dependent - A/B	\$1,279.11	\$988.03	\$291.08
36b	Family: Member - A/B; Spouse - A/B/D; Dependent - A/B/D	\$1,237.19	\$988.03	\$249.16
34	Family: Member - A/B/D; Spouse - None (under 65); Dependent - None (under 65)	\$1,947.61	\$1,740.37	\$207.24
35a	Family: Member - A/B/D; Spouse - A/B; Dependent - None (under 65)	\$1,613.36	\$1,364.20	\$249.16
35	Family: Member - A/B/D; Spouse - A/B/D; Dependent - None (under 65)	\$1,571.44	\$1,364.20	\$207.24
36	Family: Member - A/B/D; Spouse - A/B/D; Dependent - A/B/D	\$1,195.27	\$988.03	\$207.24
36a	Family: Member - A/B/D; Spouse - A/B/D; Dependent - A/B	\$1,237.19	\$988.03	\$249.16
35i	Family: Member - A/B/D; Spouse - A; Dependent - None (under 65)	\$1,761.79	\$1,364.20	\$397.59
35f	Family: Member - A/B/D; Spouse - A/D; Dependent - None (under 65)	\$1,719.87	\$1,364.20	\$355.67
35g	Family: Member - A/B/D; Spouse - B/D; Dependent - None (under 65)	\$1,757.26	\$1,550.02	\$207.24
35d	Family: Member - A/B/D; Spouse - None (under 65); Dependent - A/B	\$1,613.36	\$1,364.20	\$249.16
35e	Family: Member - A/B/D; Spouse - None (under 65); Dependent - A/B/D	\$1,571.44	\$1,364.20	\$207.24
39b	Family: Member - A/D; Spouse - None (under 65); Dependent - None (under 65)	\$2,096.04	\$0.00	\$2,096.04
39a	Family: Member - A/D; Spouse - A; Dependent - None (under 65)	\$1,910.22	\$0.00	\$1,910.22
39c	Family: Member - A/D; Spouse - A/B/D; Dependent - A/B/D	\$1,343.70	\$0.00	\$1,343.70
26a	Family: Member - B; Spouse - None (under 65); Dependent - None (under 65)	\$2,175.35	\$2,133.43	\$41.92
26	Family: Member - B/D; Spouse - None (under 65); Dependent - None (under 65)	\$2,133.43	\$2,133.43	\$0.00
26b	Family: Member - B/D; Spouse - A/B/D; Dependent - None (under 65)	\$1,757.26	\$1,757.26	\$0.00
26d	Family: Member - B/D; Spouse - A/D; Dependent - None (under 65)	\$1,905.69	\$1,757.26	\$148.43
26c	Family: Member - B/D; Spouse - B/D; Dependent - None (under 65)	\$1,943.08	\$1,943.08	\$0.00

## Surviving Spouse and Children Premium Rates and Subsidies

City Code	Coverage Category	Monthly Premium	Pension Subsidy	Member Monthly Cost
01	Surviving Children - Retired	\$1,005.00	\$0.00	\$1,005.00
03c	Surviving Spouse Only - A	\$946.75	\$0.00	\$946.75
03	Surviving Spouse + 1: Surv Spouse - A/B/D; Dependent - None (under 65)	\$1,458.82	\$549.16	\$909.66
03a	Surviving Spouse + 1: Surv Spouse - A/B; Dependent - None (under 65)	\$1,500.74	\$549.16	\$951.58
03b	Surviving Spouse Only - A/D	\$904.83	\$0.00	\$904.83
04	Surviving Spouse + 1: Surv Spouse - B/D; Dependent - None (under 65)	\$1,644.64	\$942.22	\$702.42
04a	Surviving Spouse + 1: Surv Spouse - B; Dependent - None (under 65)	\$1,686.56	\$942.22	\$744.34
09c	Surviving Spouse Only - None (over 65)	\$1,132.57	\$0.00	\$1,132.57
06	Surviving Spouse Only - None (under 65)	\$1,132.57	\$1,051.78	\$80.79
07	Surviving Spouse + 1: Surv Spouse - None (under 65); Dependent - None (under 65)	\$1,834.99	\$1,051.78	\$783.21
08	Surviving Spouse Only - B/D	\$942.22	\$942.22	\$0.00
08a	Surviving Spouse Only - B	\$984.14	\$942.22	\$41.92
09	Surviving Spouse Only - A/B/D	\$756.40	\$549.16	\$207.24
09a	Surviving Spouse Only - A/B	\$798.32	\$549.16	\$249.16
03d	Surviving Spouse + 1: Surv Spouse - A/B/D; Dependent - A/B/D	\$1,082.65	\$549.16	\$533.49
03e	Surviving Spouse Family: Surv Spouse - A/B/D; Dependents - None (under 65)	\$1,947.61	\$549.16	\$1,398.45
07a	Surviving Spouse Family: Surv Spouse - None (under 65); Dependents - None (under 65)	\$2,323.78	\$1,051.78	\$1,272.00



Photo by Gary Apodaca

## Sizing Up Long-term Care Insurance

The PPO Medical Plan provides a long-term care benefit through Unum for active and retired members. Long-term care insurance helps pay for the care you need when you can no longer care for yourself and will protect your family’s financial future and your own investments and savings.

Long-term care (LTC) is personal care and other related services provided on an extended basis to people who need help with specific everyday activities or who need supervision due to a severe cognitive impairment, such as Alzheimer’s disease.

### Core LTC Benefit for Active Members

Active members enrolled in the PPO Medical Plan are automatically enrolled in the LTC Core Plan which provides a \$1,500 monthly benefit for facility or home care up to two years after a 90-day elimination period. Coverage is guaranteed and paid for by LAFRA.

### Core LTC Benefit for Retired Members and Surviving Spouses

LAFRA will contribute \$9.15 per month toward the cost of retiree LTC Core Plan coverage.

If you are enrolled for LTC benefits when you retire, your LTC coverage will automatically continue after retirement. You will be billed for any premium in excess of the \$9.15 per month that LAFRA contributes toward LTC for retired members.

Retired members joining the PPO Medical Plan are eligible to apply for coverage in the LTC Core Plan which provides a \$1,500 monthly benefit for facility or home care up to two years after a 90-day elimination period. You must complete a Group Application which includes a statement of health and abbreviated medical underwriting.

Retired members and surviving spouses currently enrolled in the PPO Medical Plan and surviving spouses joining the PPO Medical Plan who wish to apply for coverage under the LTC Core Plan must complete a Group Application which includes a statement of health and full medical underwriting.

### Buy-up LTC Options

Because there is no one-size-fits-all when it comes to LTC coverage, buy-up options are available (upon approval of medical underwriting) including higher monthly benefits, longer benefit duration periods and cost of living adjustments for you and your eligible family members as shown below. Family members include your spouse or domestic partner, children, parents, parents-in-law, grandparents and siblings.

Buy-up Benefit Amounts	Buy-up Benefit Duration	Buy-up Inflation Protection
\$2,500 monthly benefit	2 years	None
\$3,500 monthly benefit	5 years	5% simple
\$4,500 monthly benefit	Unlimited	5% compound
\$5,500 monthly benefit		
\$6,500 monthly benefit		
\$7,500 monthly benefit		
\$8,500 monthly benefit		

## Medical Underwriting

LTC insurance is medically underwritten. If you or a family member is enrolling in a buy-up option or increasing coverage under a new buy-up option, completion of an application and full medical underwriting is required before coverage is approved.

## Payroll Deductions

### Active Members

Active members can pay for buy-up coverage and spouse coverage using convenient payroll deduction. Coverage for additional family members will be invoiced directly from Unum.

### Retired Members and Surviving Spouses


Retired members and surviving spouses can pay for core and buy-up coverage and spouse coverage using pension check deductions. Coverage for additional family members will be invoiced directly from Unum.

## How to Apply for Coverage

Call Unum at **(800) 227-4165** to request an application and information packet. You can also discuss coverage options and get premium quotes.

## Useful Tools to Weigh Your LTC Options

You will find helpful information and easy-to-use tools to help you evaluate your long-term care insurance options on the following websites:

 [www.LAFRALTCenroll.com](http://www.LAFRALTCenroll.com) – information on your long-term care insurance coverage options through Unum including a premium calculator and downloadable enrollment materials

 [www.LAFRALTC.com](http://www.LAFRALTC.com) – long-term care information, resources and tools for care giving provided by LAFRA

## Have Questions?

Call Unum at **(800) 227-4165** to speak to a long-term care representative to request an application and information packet, discuss coverage options, get premium quotes and more.

# Eligibility

Eligibility to participate in the LAFRA PPO Medical Plan is as follows:

## Member Eligibility

**Active Member:** You are eligible to participate in the PPO Medical Plan if you are a member of LAFRA in good standing or you are a newly-appointed firefighter.

**Retired Member:** You are an active firefighter as of your retirement date.

## Dependent Eligibility

Eligible dependents of enrolled members include:

**Spouse or Domestic Partner:** Your legally married spouse or domestic partner. A domestic partner is one who:

- 🔥 Shares the same regular and permanent residence as the member and intends to continue residing together forever with the member; and
- 🔥 Has been in a committed non-platonic, family-type relationship with the member for at least 365 consecutive days, a relationship which is not merely temporary, social, political, commercial or economic in nature; and
- 🔥 Is jointly responsible, with the member, for “basic living expenses”; and
- 🔥 Is not related to the member by blood, closer than would bar marriage in the State of California; and
- 🔥 Is the member’s sole domestic partner, and, with the member, responsible for each other’s common welfare.

**Surviving Spouse:** You are eligible if you were covered as the legally married spouse or domestic partner of a covered member at the time of the covered member’s death.

**Children:** Your children under age 26, and dependent children of any age who are incapable of sustaining employment due to a physical or mental disability who became disabled before age 26.

An eligible child includes your natural child, legally adopted child or child placed with you for legal adoption, legal stepchild and any other child who is under your legal guardianship. Child will also include a child for whom the Plan has received a Qualified Medical Child Support Order (QMCSO), regardless whether the child is in your custody or primarily dependent upon you for support. Note that coverage does not have to be offered to a child who has access to coverage under his or her own employer-sponsored health plan.

You must provide proof of dependent eligibility (such as a marriage certificate or birth certificate) if you are adding new dependents to your coverage.

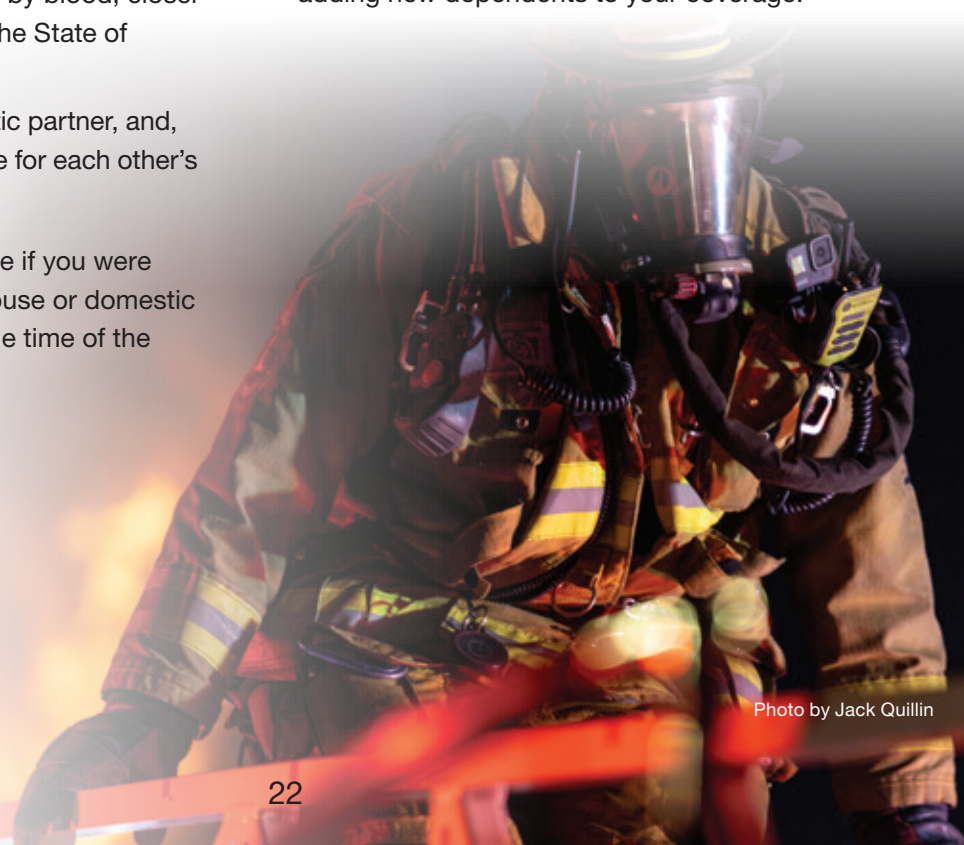


Photo by Jack Quillin



## How to Enroll Using the HCOOnline Enrollment System

### **Active or Retired Member with No Changes to Your Kaiser HMO Medical Coverage**

If you are an Active or Retired Member enrolled in the Kaiser HMO and are not making changes to your plan coverage, **you do not need to do anything at this time.**

### **Active or Retired Member with Changes to Your Kaiser HMO Medical Plan Coverage**

If you are an active or retired member enrolled in the Kaiser HMO and wish to make changes to your coverage, such as adding or deleting a dependent, follow the instructions on the next pages to use the HealthComp Online Enrollment System. If you have questions about how to log on or complete your enrollment, call HealthComp's Customer Service Team at 800-442-7247.

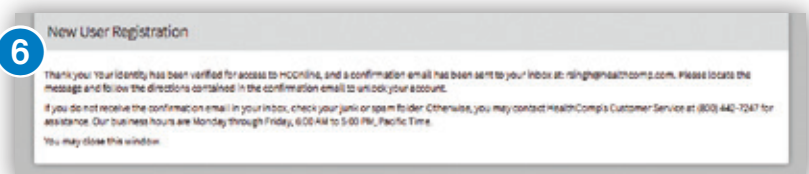
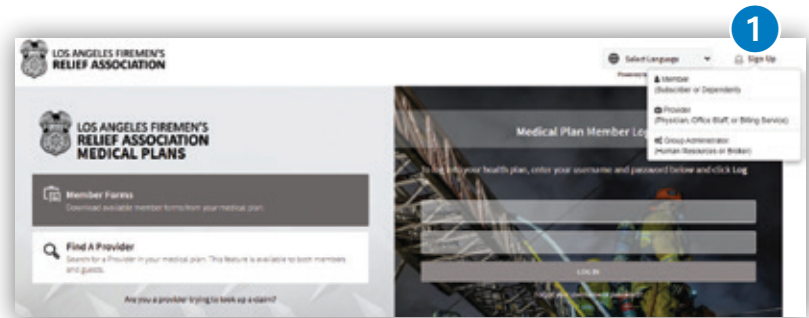


# Registering On HCOOnline Enrollment System

In a web browser, navigate to HCOOnline [hconline.healthcomp.com/lafra](http://hconline.healthcomp.com/lafra).

If you have already registered, use your existing credentials to log in and go directly to the next page.

- 1 If you have not yet registered, click **SignUp**. From the drop down menu, click **Member**. This will open the **New User Registration** screen. If you are unable to continue, contact LAFRA Member Services at (323) 259-5200 (press 4).
- 2 On the New User Registration screen, enter your **Social Security Number** (omitting dashes), **Date of Birth** (MM/DD/YYYY), **Mobile Phone Number** and **Home Zip Code** (#####).
- 3 Click the **I'm not a robot** checkbox.
- 4 Click **Next**.
- 5 In the User Account step of the **New User Registration**, enter your **email address**, **username**, **password** and **security question** and **answer**. Click **Next**.
- 6 To complete registration, HCOOnline will send a confirmation to your email address. Access your email and click the link within the email confirmation. This completes the registration process.



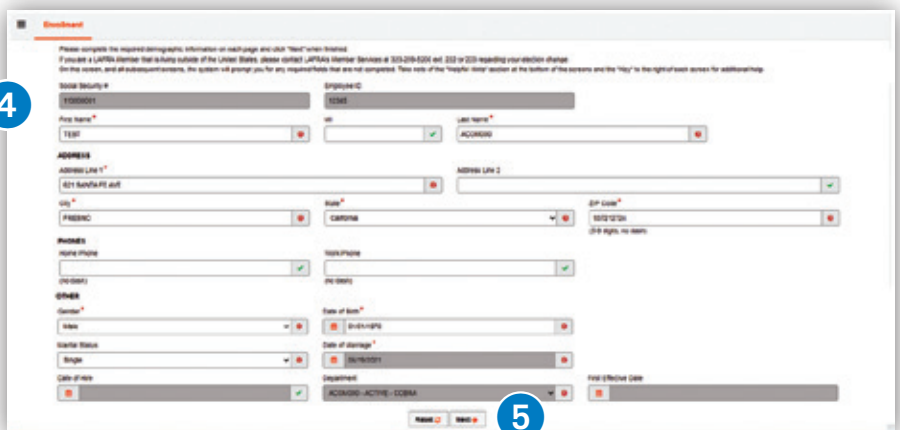
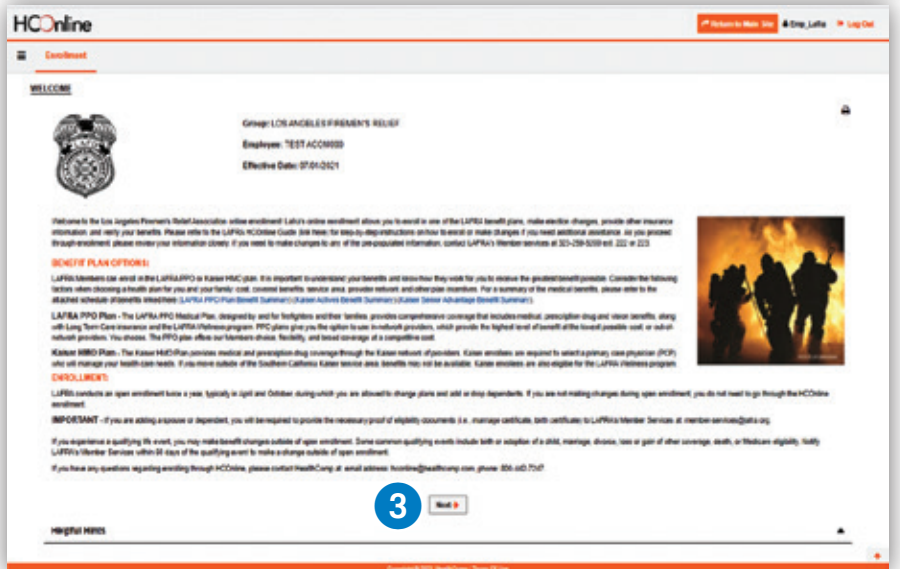
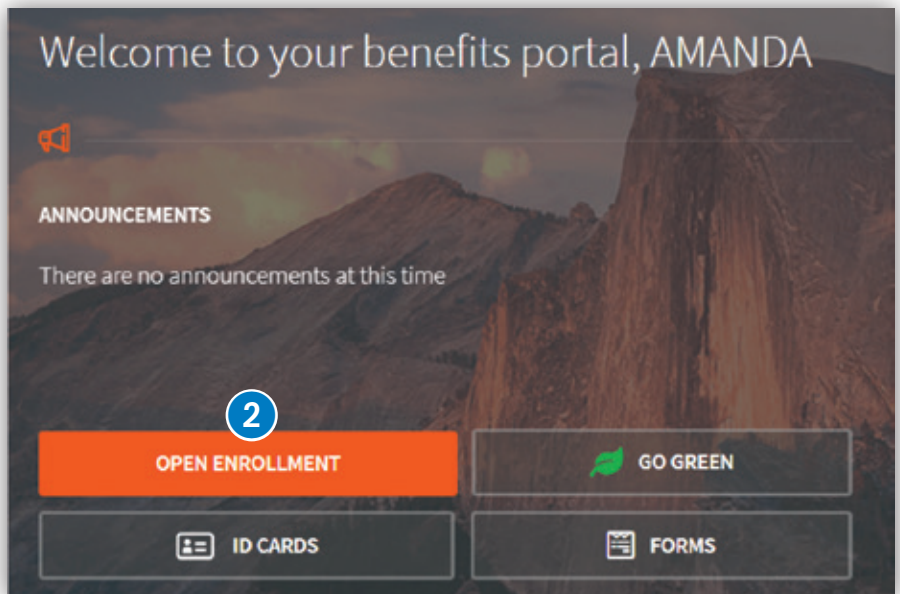
Please add [hconline@healthcomp.com/lafra](mailto:hconline@healthcomp.com/lafra) to your address book to ensure you receive all HCOOnline email notifications.

# Online Open Enrollment

- 1 Log into your **HCOOnline** account.
- 2 Select the **Open Enrollment** button to begin the enrollment process.
- 3 A welcome page will display after clicking this button. Read the opening page then click **Next**.
- 4 Complete and/or verify all information on the **Employee Demographics** page.

**Note:** If any of the pre-populated information is incorrect, please contact LAFRA's Member Services at (323) 259-5200 (press 4).

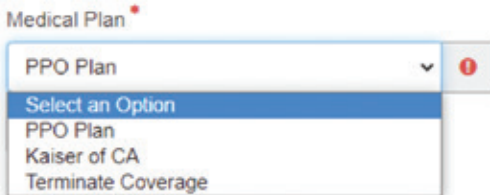
- 5 When finished, click **Next**.  
The system will prompt you for any required fields that are not completed.



# Benefit Elections

The **Employee Benefits** page allows you to elect or waive coverage.

- 1 The Medical Plan menu lets you choose the plan of your choice or terminate coverage.



Medical Plan \*

PPO Plan

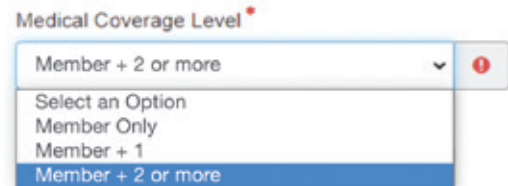
Select an Option

PPO Plan

Kaiser of CA

Terminate Coverage

- 2 Select the coverage level. **Note:** If adding more than one spouse/dependent, select Employee + 2 or more.



Medical Coverage Level \*

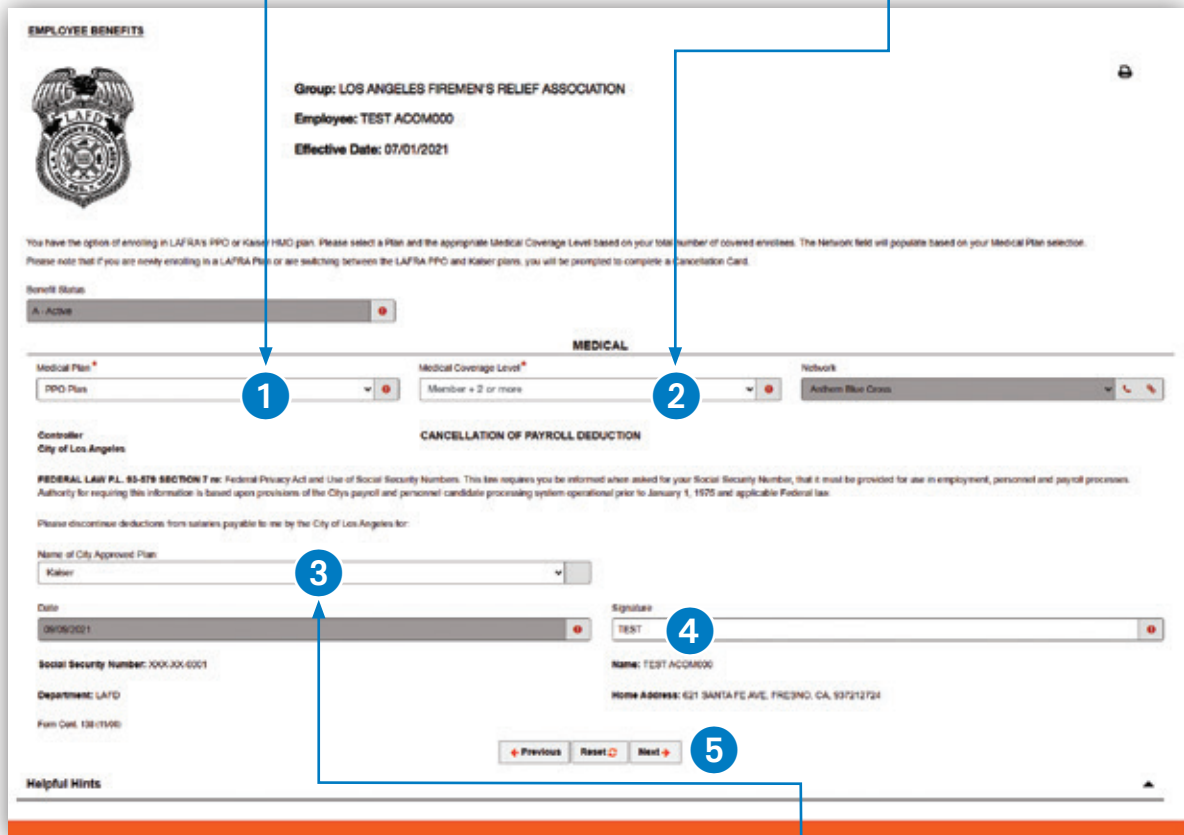
Member + 2 or more

Select an Option

Member Only

Member + 1

Member + 2 or more



**EMPLOYEE BENEFITS**

**Group:** LOS ANGELES FIREMEN'S RELIEF ASSOCIATION  
**Employee:** TEST ACC000  
**Effective Date:** 07/01/2021

You have the option of enrolling in LAFRA's PPO or Kaiser HMO plan. Please select a Plan and the appropriate Medical Coverage Level based on your total number of covered enrollees. The Network field will populate based on your Medical Plan selection. Please note that if you are newly enrolling in a LAFRA Plan or are switching between the LAFRA PPO and Kaiser plans, you will be prompted to complete a Cancellation Card.

Benefit Status  
A - Active

**MEDICAL**

Medical Plan \* PPO Plan  
Medical Coverage Level \* Member + 2 or more  
Network Astoria Blue Cross

Controller  
City of Los Angeles

**CANCELLATION OF PAYROLL DEDUCTION**

**FEDERAL LAW P.L. 95-578 SECTION 7** re: Federal Privacy Act and Use of Social Security Numbers. This law requires you be informed when asked for your Social Security Number, that it must be provided for use in employment, personnel and payroll processes. Authority for requiring this information is based upon provisions of the City's payroll and personnel candidate processing system operational prior to January 1, 1975 and applicable Federal law.

Please discontinue deductions from salaries payable to me by the City of Los Angeles for:

Name of City Approved Plan Kaiser  
Date 06/26/2021  
Signature TEST  
Name: TEST ACC000  
Home Address: 621 SANTA FE AVE, FRE3ND, CA, 937212724

Social Security Number: XXX-XX-XXXX  
Department: LAFD  
Form CML 138 (1/98)

Helpful Hints

Previous Reset Next

- 3 If you are terminating coverage under another plan and enrolling in a LAFRA plan, you'll need to complete the cancellation of payroll deduction section to terminate the payroll deduction from your current plan and enroll in a LAFRA plan. **Select the plan you are currently enrolled in.**



Name of City Approved Plan:

Kaiser

Select an Option

PPO

Kaiser

UFLAC

No City Plan

- 4 Type your **first and last name** to sign.
- 5 Then click **Next**.

# Adding Spouse/Dependents to Coverage

The **Dependents** page allows you to add a spouse or dependent you want covered under your plan or update the coverage and demographics for current dependents.

- 1 Select **Add +** to add a spouse or dependent and click **Next**.
- 2 Complete all fields with an **\*** then click **Next**.

**Note:** If adding a spouse or dependent, email the applicable eligibility verification documents (i.e., birth certificate, marriage certificate) to [memberservices@lafra.org](mailto:memberservices@lafra.org). Make sure to include the Primary Member's name in your email. Your enrollment is not complete until all required documents are received.

- 3 Click on the box next to Medical Coverage for the dependent whose coverage you would like to add. Then click **Next**.

DEPENDENTS

Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION  
Employee: TEST ACOM000  
Effective Date: 07/01/2021

Click "Add" to input your eligible dependents. After you enter a dependent's details, click "Next" to add the plans you wish to enroll them in. After all dependents are entered, click "Next".  
To terminate a spouse or dependent's coverage, please click on the Coverage: MED for the spouse or dependent whose coverage you would like to terminate. This will take you to the next page where you will click on the check box next to "Medical Coverage" to remove the check mark. Once the check mark is removed, click the "Next" button at the bottom of the page to complete the termination.

TEST SPOUSE	Spouse	Coverage: MED
TEST SON	Son	Coverage: MED
TEST DAUGHTER	Daughter	Coverage: No Coverage

Previous Add Next 1

DEPENDENT DEMOGRAPHICS

Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION  
Employee: TEST ACOM000  
Effective Date: 07/01/2021

If adding or updating a spouse or dependent, please include the required documentation (i.e., marriage certificate, notarized affidavit for domestic partnership, birth certificate, adoption papers, legal guardianship papers, divorce decree, etc.). Contact LAFRA's Member Services if you have a question about the required documents.  
A child under a legal guardianship who reaches the maximum age (generally age 18) may continue coverage until age 25 if the child continues to reside with you or your surviving spouse/partner and the child is not eligible for coverage under any other group health plan, as an employee or otherwise.

First Name \* Last \*  
SSN \*  
Date of Birth \*  
Gender \*  
Social Security # \*  
Address Line 1 \*  
Address Line 2 \*  
City \* State \* ZIP Code \*

Home Phone \* Work Phone \*

Previous Next Next 2

DEPENDENT DEMOGRAPHICS

Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION  
Employee: TEST ACOM000  
Effective Date: 07/01/2021

Medical Coverage

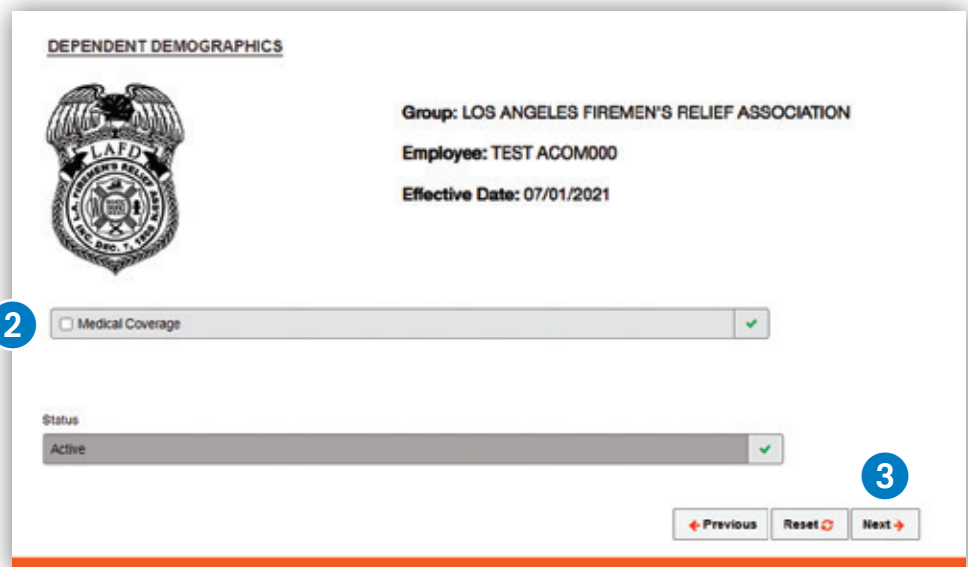
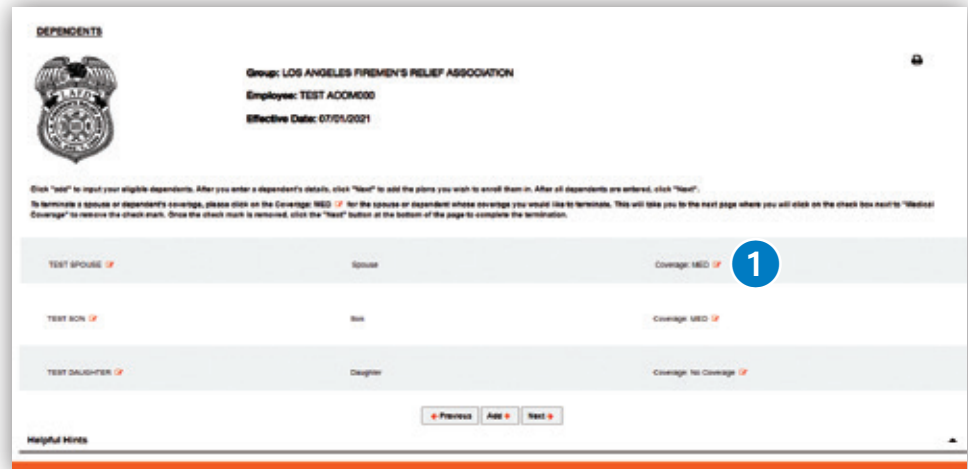
Home Phone \* Work Phone \*

Previous Next Next 3

# Spouse/Dependent Coverage Termination

The **Dependents** page also allows you to terminate the coverage for covered spouses and dependents.

- 1 Go to the row showing the spouse or dependent's name that you want to remove from coverage and click on the **orange icon** next to **Coverage: Med** and click **Next**.
- 2 Un-click the **blue check box** to remove coverage.
- 3 Then click **Next**.




**Note:** If deleting spouse or dependent coverage, please send the required documentations (i.e., divorce decree) to [memberservices@lafra.org](mailto:memberservices@lafra.org). Contact LAFRA's Member Services at (323) 259-5200 (ext 222 or 223) if you have questions about the required documents.

# Other Insurance

- 1 If you or your dependents do NOT have other insurance, please enter your name in the **Signed** box at the bottom of the page and click on **Submit for Review**.

**OTHER INSURANCES**



Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION  
Employee: TEST ACOM000  
Effective Date: 07/01/2021

If you or your dependents have other insurance, please complete the information below and click on "Submit for Review". If you or your dependents do not have other insurance, please enter your name in the "Signed" box at the bottom of the page and click on "Submit for Review".

**THIS IS NOT FINAL PAGE FOR ENROLLMENT, PLEASE CONTINUE ENROLLMENT ON NEXT PAGE.**

**Other Insurance**

Employee Name: TESTACOM000      Medical ID No. or SSN: \*\*\*\*0001      Employer Name: LAFRA

Is this related to a specific claim?  Yes  No

Do you or any of your covered dependents have existing health coverage (this includes Medicare)?  Yes  No

**Covered Members Without Other Insurance**  
Please list the name and date of birth for all covered members who do NOT have other insurance coverage (including yourself).

Member Name: \_\_\_\_\_ Date of Birth: MMDDYYYY

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.

Signed: \_\_\_\_\_ Date: 9/9/2021

Attachments (e.g. proof of court-ordered coverage for a dependent):

Drag & Drop Files Here!

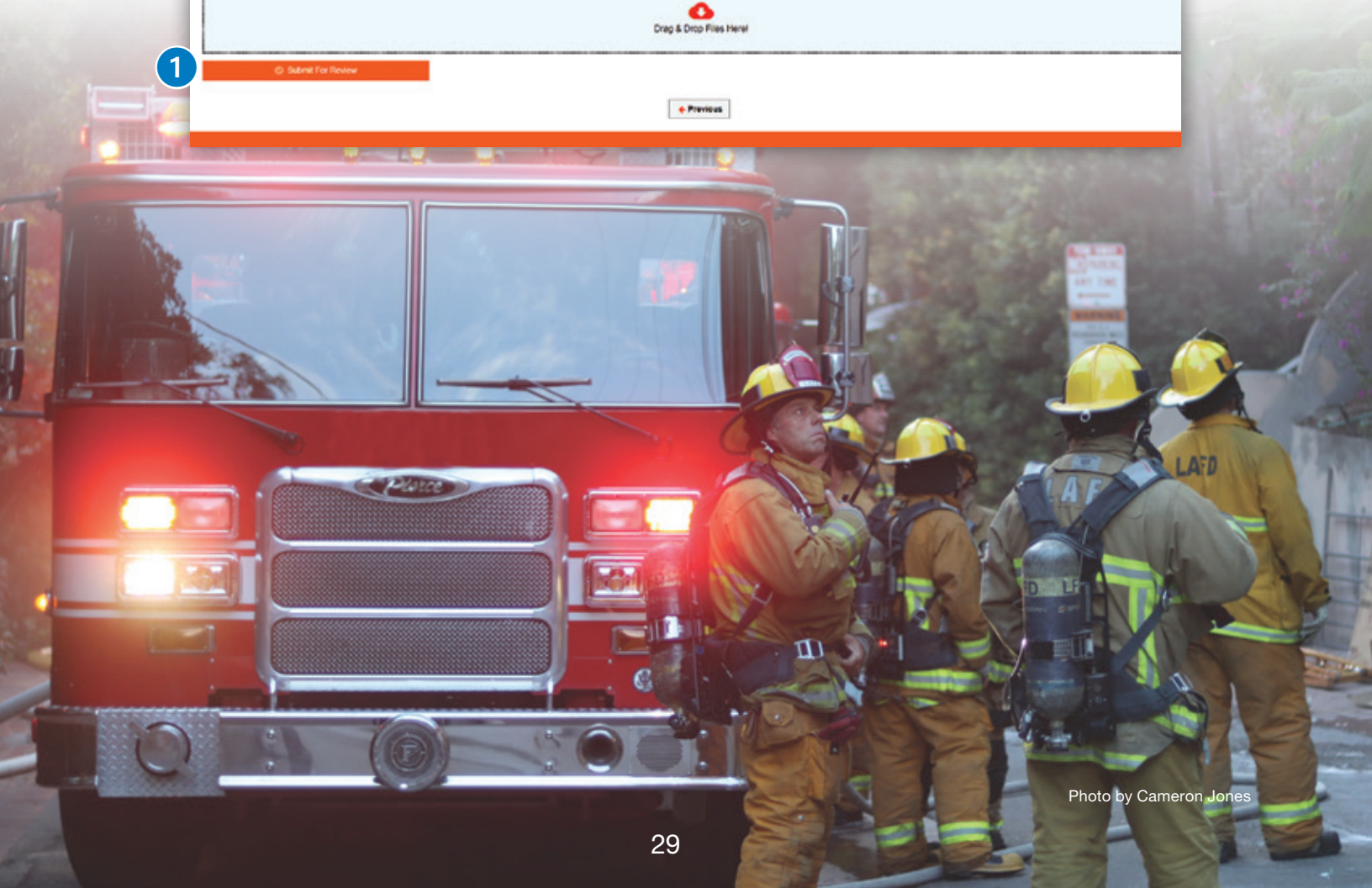


Photo by Cameron Jones

- 2** If you or your dependents **HAVE other insurance**, please complete the Carrier information and click **Submit for Review**. When adding other insurance, enter all required information. Click the **+Add Another Carrier** button if you have multiple plans to report.

**OTHER INSURANCES**



Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION  
Employee: TEST ACOM000  
Effective Date: 07/01/2021

If you or your dependents have other insurance, please complete the information below and click on "Submit for Review". If you or your dependents do not have other insurance, please enter your name in the "Signed" box at the bottom of the page and click on "Submit for Review".

**THIS IS NOT FINAL PAGE FOR ENROLLMENT, PLEASE CONTINUE ENROLLMENT ON NEXT PAGE.**

**Other Insurance**

Employee Name: TESTACOM000 Medical Id No. or SSN: \*\*\*\*0001 Employer Name: LAFRA

Is this related to a specific claim?  Yes  No

Do you or any of your covered dependents have existing health coverage (this includes Medicare)?  Yes  No

**Carrier**

Carrier Name: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_ Date of Birth: MM/DD/YYYY

Plan Type: Choose Plan \_\_\_\_\_ Coverage Type (Check all that apply):  
 Medical  Dental  Vision  Rx

Effective Date: MM/DD/YYYY Termination Date (if applicable): MM/DD/YYYY

**Dependents covered under this carrier**

Dependent Name: \_\_\_\_\_ Relationship to policyholder: \_\_\_\_\_

Is coverage court-ordered? (If yes please attach relevant documents. If you previously submitted up-to-date documents to HealthComp, disregard this.)  Yes  No

Person with whom child primarily resides & relationship to child: \_\_\_\_\_ + Add Dependent

+ Add Another Carrier

**Covered Members Without Other Insurance**

Please list the name and date of birth for all covered members who do NOT have other insurance coverage (including yourself).

Member Name: \_\_\_\_\_ Date of Birth: MM/DD/YYYY + Add Another Member

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.

Signed: \_\_\_\_\_ Date: 6/9/2021

Attachments (e.g. proof of court-ordered coverage for a dependent)

Drag & Drop Files Here!

**2**

# Confirmation

## Submitting Your Enrollment if You Made Changes to Existing Coverage

You must scroll to the bottom and click **Submit** to finalize your enrollment changes. Only click **Submit** if you made benefit changes.

**IMPORTANT:** You cannot print your confirmation once you click **Submit**.

The final page gives you a view of all of the information you have entered.

- 1 Review the information on this page.** If no changes are needed, be sure to **print this page** for your records by selecting the print icon in the upper right of the screen. You can select print and then **SAVE AS PDF** if you do not have a printer.

The screenshot shows a confirmation page with the following details:

- Group:** LOS ANGELES FIREMEN'S RELIEF ASSOCIATION
- Employee:** TEST.AGDM003
- Effective Date:** 07/01/2021

At the bottom, there is a table with the following information:

Event	Effective Date	Print Date
Open Enrollment	07/01/2021	9/9/2021 12:48:57 PM

A red banner at the bottom of the page reads: **"YOU MUST SCROLL TO THE BOTTOM AND CLICK "SUBMIT" TO FINALIZE YOUR ENROLLMENT"**

- 2** If you find that you need to edit any information, click the **Edit** button on the top of the section you wish to edit.

The screenshot shows the **MEDICAL** section with the following options:

- Medical Plan:** PPO Plan
- Medical Coverage Level:** Employee + 2 or more
- Network:** Anthem Blue Cross (800-686-8288)

An **EDIT** button is visible in the top right corner of the section.

- 3** Once all information has been reviewed and you have read the disclaimer information, click **Submit** at the bottom of the page.

The screenshot shows the **CONFIRMATION AND SUBMISSION OF ENROLLMENT** page with the following disclaimer text:

- I have read all the material in the "Disclaimer Information" section and understand this information as it applies to me and any covered family members of mine.
- To the best of my knowledge, the information furnished herein is accurate and complete.
- I desire to participate in the coverage selected and hereby authorize the necessary deduction from my earnings (if any) required to cover my share of the premium.
- If at any time, the amount of said charges should be changed by the Board of Trustees of the Los Angeles Firemen's Relief Association, Inc., I hereby authorize the deduction from my salary or wages and the payment of the Los Angeles Firemen's Relief Association for this purpose, such sum as may be specified by the Board of Trustees of the Los Angeles Firemen's Relief Association. This authorization shall be effective as long I am covered under any LAFRA plan.
- Your enrollment will not be complete until you click on "Submit" but may be delayed if any necessary information is missing. If you have any questions, contact LAFRA's Member Services Department.
- By Pressing "Submit", I understand this is as legally binding as my signature.

A **Submit** button is located at the bottom of the page.

**Congratulations on successfully submitting your Benefit Enrollment!**



## Required Notifications

### Newborns' and Mother's Health Protection Act of 1996 Disclosure Requirement

Group health plans may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans may not, under federal law, require that a provider obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours). Call your Plan Administrator for more information.

### Women's Health and Cancer Rights Act of 1998 Disclosure Requirement

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your Plan Administrator for more information.



Photo by Jack Quillin

## Required Notifications (continued)

### HIPAA Disclosure Requirement

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The Board of Trustees has elected to exempt Los Angeles Firemen’s Relief Association Medical Benefits Plan from the requirements in the following area:

1. Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) offering mental health benefits may not set annual or lifetime dollar limits on mental health benefits that are lower than limits for medical and surgical benefits. A plan that does not impose an annual or lifetime dollar limit on medical and surgical benefits may not impose that type of limit on mental health benefits. These requirements do not apply to benefits for substance abuse or chemical dependency.

The exemption from these Federal requirements will be in effect for the 2024 plan year (the 12-month period beginning 01/01/2024 and ending 12/31/2024). The election may be renewed for subsequent plan years.

### Privacy Notice Disclosure Requirement

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice tells how LAFRA’s self-funded health and welfare plan (the “Plan”), administered by HealthComp (our Third Party Claims Administrator), handles your health information. It also tells how

we protect your information. Finally, this notice tells you your rights about your health record. Any use or disclosure of your protected health information will be in compliance with HIPAA and any other applicable laws.

If you have any questions about this notice, please call LAFRA at (323) 259-5200 or consult the Summary Plan Description (SPD).

### What do we do with your health information?






**HealthComp:** HealthComp is trained to answer your calls and may occasionally need to review your health information to answer your questions.

**Helping with your treatment:** HealthComp may use your health information to help manage your health care or decide what treatments are covered by your benefits. They may share your health information with health care providers, including doctors, hospitals, pharmacies, and others.

**Payment for your treatment:** HealthComp will use your health information and may share it with others when paying your claims. For example, your doctor must send a claim form to HealthComp Benefits that shows your health information. They may also use your health information to review the care your doctor gives you or to review your use of health benefits.

If you disagree with our TPA’s decision on paying a claim, you or your doctor may appeal it. When you do, they will look at your records to decide how to answer your appeal.

**Health care operations:** HealthComp may use your health information for:

-  Health Promotion and Disease Prevention
-  Case Management
-  Quality Improvement
-  Accounting and Audits
-  Legal Matters

- 🔥 Fraud Prevention
- 🔥 Insurance Administration
- 🔥 Business Management and Planning

For example, if you have a health problem, a case manager may work with your doctor to get you health care services. The case manager may also refer you to government programs or other places that can help you.

**Public purposes:** HealthComp may use or give out your health information for certain public purposes. Examples of these are:

**Required by Law:** Federal, state, or local laws sometimes require us to give your health information to others. For example, they must give out information for a workers' compensation program on work-related injuries.

**Public Health:** They may report certain medical information for public health purposes.

**Public Safety:** We may give out health information for public safety purposes. For example, they may give out health information to law enforcement officials if they give us a search warrant or a grand jury subpoena, to help them identify or locate a person, to prevent a serious threat to someone, or for other reasons.

**Oversight:** HealthComp may be examined by government agencies to make sure that they, or your care providers, are doing a good job. When these agencies do their review, they must let them see our members' records.

**Disputes:** They may give out your health information if it is legally required in a lawsuit or legal dispute.

**Deceased Persons:** They may give your information about deceased persons to coroners or medical examiners.

**Military, Veterans, National Security and Other Government Purposes:** They may give your health information as required for military, intelligence and national security purposes.

**Use of Social Security Number:** California law prohibits us from using your social security number on anything we print or put in the mail.

**Communicable Disease Information:** If you have a communicable disease, such as HIV/AIDS, they will provide that information to your health care provider, to providers engaged in organ procurement, or if required by law. For all other purposes, they will give out this information only with your permission.

## Required Notifications (continued)

**Information Collection Practices:** They may collect information about you from others, such as personal representatives, family members, and medical providers. They will collect information about you from providers including, but not limited to, diagnoses, test results, and any other information contained in your medical records.

**Purpose:** The purpose of obtaining your health care information is to help them manage your health care, decide what treatments are covered by your benefits and generally administer your health plan.

**Other uses of your information:** If HealthComp needs to use or give out your health information for other reasons that we haven't talked about here, they will first ask your permission.

If you give them your permission to use or give out your health information, you may cancel your permission at any time. To cancel your permission, write to them at the address listed in the next column.

### What are your rights?

**Right to see and copy your record:** You have the right to look at your own health plan record and to get a copy of it. If you want to request a copy of your health plan record, write to them at the address shown in the column at right.

If you want a copy of your medical records, you need to contact your doctor's office or see the health care facility where you were treated.

**Right to ask for a change to your record:** If you look at your record and see that some of the information is wrong or incomplete, you can ask them to change that information by writing to them at the address shown in the column at right. Your request must clearly tell them what information you want changed.

**Right to get a list of people or groups that received your health information:** You have the right to get a list of the people and the groups that

they gave your health information to. If you want to get that list, write to them at the address at the end of this notice.

**Right to ask for private communications:** LAFRA and HealthComp will do our best to communicate with you in a way that protects your privacy.

**Right to ask for special treatment for your health information:** HealthComp may use your health information in the ways we talked about in this notice. If you want to make a special request regarding how your information is handled, write to them at the address at the end of this notice.

**Right to get a paper copy of this notice:** If you got this notice electronically, you have the right to obtain a paper copy. Simply contact us at 866-99-LAFRA and we will mail you a paper copy of this notice.

### Will we change this notice?

By Law, we must give you this notice. We have the right to change this notice if we change how we handle health information, and to make those changes apply to all of the information we hold.

### What if you have questions or concerns?

If you have questions or concerns about your privacy, please call us at (323) 259-5200.

You may write us at:

**Attn: Privacy Coordinator  
LAFRA  
7470 N. Figueroa Street  
Los Angeles, CA 90041**

If, for some reason, you are not satisfied with our response to your concerns, you may file a complaint with the Department of Health and Human Services, Office for Civil Rights. You can call us to obtain the address for the Office for Civil Rights.

If you file a complaint with the Office for Civil Rights, you will not lose your LAFRA health care benefits.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility.**

State	Website	Telephone
<b>Alabama – Medicaid</b>	<a href="http://myalhipp.com/">http://myalhipp.com/</a>	1-855-692-5447
<b>Alaska – Medicaid</b>	The AK Health Insurance Premium Payment Program: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	1-866-251-4861
<b>Arkansas – Medicaid</b>	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-MyARHIPP (855-692-7447)
<b>California – Medicaid</b>	Health Insurance Premium Payment (HIPP) Program: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 FAX: 916-440-5676
<b>Colorado – Health First Colorado &amp; Child Health Plan Plus (CHP+)</b>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> HIBI: <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>	HFC: 1-800-221-3943 / State Relay 711 CHP+: 1-800-359-1991 / State Relay 711 HIBI: 1-855-692-6442
<b>Florida – Medicaid</b>	<a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	1-877-357-3268
<b>Georgia – Medicaid</b>	GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, Press 1 678-564-1162, Press 2
<b>Indiana – Medicaid</b>	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>	1-877-438-4479 1-800-457-4584
<b>Iowa – Medicaid &amp; CHIP (Hawki)</b>	Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	Medicaid: 1-800-338-8366 Hawki: 1-800-257-8563 HIPP: 1-888-346-9562
<b>Kansas – Medicaid</b>	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884 HIPP Phone 1-800-967-4660
<b>Kentucky – Medicaid</b>	KI-HIPP Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	1-855-459-6328 1-877-524-4718

## Required Notifications (continued)

State	Website	Telephone
<b>Louisiana – Medicaid</b>	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	Medicaid hotline 1-888-342-6207 LaHIPP 1-855-618-5488
<b>Maine – Medicaid</b>	Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	1-800-442-6003 TTY: Maine relay 711 1-800-977-6740 TTY: Maine relay 711
<b>Massachusetts – Medicaid &amp; CHIP</b>	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> E-mail: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a> Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a>	1-800-862-4840 TTY:711
<b>Minnesota – Medicaid</b>	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>	1-800-657-3739
<b>Missouri – Medicaid</b>	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
<b>Montana – Medicaid</b>	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	1-800-694-3084
<b>Nebraska – Medicaid</b>	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>Nevada – Medicaid</b>	<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>	1-800-992-0900
<b>New Hampshire – Medicaid</b>	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
<b>New Jersey – Medicaid &amp; CHIP</b>	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
<b>New York – Medicaid</b>	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
<b>North Carolina – Medicaid</b>	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
<b>North Dakota – Medicaid</b>	<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>	1-844-854-4825
<b>Oklahoma – Medicaid &amp; CHIP</b>	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
<b>Oregon – Medicaid</b>	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
<b>Pennsylvania – Medicaid &amp; CHIP</b>	<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a>	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
<b>Rhode Island – Medicaid &amp; CHIP</b>	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347, or Direct Rlte Share Line 401-462-0311
<b>South Carolina – Medicaid</b>	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
<b>South Dakota – Medicaid</b>	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
<b>Texas – Medicaid</b>	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
<b>Utah – Medicaid &amp; CHIP</b>	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
<b>Vermont – Medicaid</b>	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427
<b>Virginia – Medicaid &amp; CHIP</b>	<a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>	1-800-432-5924
<b>Washington – Medicaid</b>	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
<b>West Virginia – Medicaid &amp; CHIP</b>	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="https://mywvhipp.com/">https://mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP Toll-free: 1-855-699-8447
<b>Wisconsin – Medicaid &amp; CHIP</b>	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
<b>Wyoming – Medicaid</b>	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



Photo by Jason Stillwell

# Key Contacts

Visit the LAFRA website at [www.lafra.org](http://www.lafra.org) for information about all of the programs and benefits available to LAFRA members.

Key Contact	Telephone Number	Website
<b>Los Angeles Firemen's Relief Association (LAFRA)</b> 7470 N. Figueroa St. Los Angeles, CA 90041	(323) 259-5200	<a href="http://www.lafra.org">www.lafra.org</a>
<b>Kaiser Medical</b>	(800) 464-4000	<a href="http://www.KP.org">www.KP.org</a>
<b>LAFRA Wellness Program</b> • Sharecare	(866) 936-4243	<a href="http://www.lafra.org/wellness">www.lafra.org/wellness</a>
<b>PPO Medical, Vision, DME and COBRA</b> • HealthComp	(866) 995-2372	<a href="https://hconline.healthcomp.com/lafra">https://hconline.healthcomp.com/lafra</a>
<b>PPO Prescription Drugs</b> • Express Scripts • Express Scripts Medicare Part D	(800) 711-0917 (866) 544-6963	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>PPO Medical Provider Networks</b> • Anthem Blue Cross	(866) 995-2372	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>PPO Vision Provider Network</b> • Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Department of Fire &amp; Police Pensions (LAFPP)</b>	(844) 885-2377 (213) 279-3115	<a href="http://www.lafpp.com">www.lafpp.com</a>



## About This Guide

This Open Enrollment Guide provides an overview of the Kaiser HMO, LAFRA PPO Medical Plan, Vision Plan and long-term care insurance effective July 1, 2024, and tells you how and when you can enroll or make changes to your coverage. While every effort has been made to accurately summarize these benefit plans, discrepancies or errors are always possible. In case of any discrepancy between this Guide and the actual plan documents and insurance contracts, the plan documents and insurance contracts will prevail. If you have any questions about the information presented in this Guide, please contact LAFRA at (323) 259-5200.