

**LOS ANGELES POLICE RELIEF ASSOCIATION, INC.**

**HEALTH CARE BENEFITS ELIGIBILITY BOOKLET**

**FOR ACTIVE MEMBERS**



**LOS ANGELES POLICE RELIEF ASSOCIATION, INC.**

**2023**

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**LOS ANGELES POLICE RELIEF ASSOCIATION, INC.  
HEALTH CARE BENEFITS ELIGIBILITY BOOKLET FOR ACTIVE MEMBERS**

**1. INTRODUCTION**

The Los Angeles Police Relief Association, Inc. (referred to as “LAPRA” or the “Plan”) provides the following medical, vision, and dental benefit programs:

- Anthem Blue Cross Prudent Buyer PPO Plan (medical)
- Anthem Blue Cross CaliforniaCare Plus HMO Plan (California residents only) (medical)
- Kaiser HMO Plan (California residents only) (medical and vision)
- All Points Benefit (APB) Vision Service Plan (vision)
- Anthem Blue Cross HMO Dental Plan (dental)
- Anthem Blue Cross PPO Dental Plan (dental)

This booklet only describes **eligibility** for these benefit programs for active members and their families. Information regarding the **specific benefits** provided under these programs can be found in each insurance carrier’s Evidence of Coverage (EOC), which are posted on the LAPRA web site, [www.lapra.org](http://www.lapra.org).

Each year, you will have the chance to reconsider your benefit needs. You can examine the different benefit options available to you and, if your needs change, you can change your coverage during open enrollment, which will take place in or around the month of May of each year. You may not change coverages at any other time except as expressly authorized in this booklet.

This booklet, together with the benefits booklet, brochure or certificate of coverage applicable to each benefit program listed above, constitute the official plan document. Each of these documents may be updated from time to time to reflect changes in eligibility, benefit programs, providers, and regulatory requirements. In the event of a conflict between this booklet and any other benefit booklet, brochure or certificate of coverage with respect to eligibility, this booklet will control.

Upon enrollment, and periodically thereafter, you will also be provided with copies of detailed schedules of benefits for certain benefit programs.

Please note that to the extent this Plan provides for statutorily required coverages and/or benefits, including under USERRA (military leave), COBRA, HIPAA, PPACA (the Patient Protection and Affordable Care Act, as amended), etc., these provisions apply only to the extent required under applicable law. They are not intended to create any rights in excess of the minimum requirements of applicable law, unless expressly stated otherwise in this document.

The information provided in this booklet cannot be modified or amended in any way by any statement or promise made by any person, including any employer or the employees of LAPRA.

If you have any questions regarding your eligibility for health benefits, you should contact a LAPRA Benefits Representative at: Los Angeles Police Relief Association, Inc., 600 N. Grand Avenue, Los Angeles, CA 90012, or via phone or email as follows: Phone - (213) 674-3701 or (888) 252-7721; Email - [Benefits@lapra.org](mailto:Benefits@lapra.org).

## 2. ACTIVE MEMBER ELIGIBILITY

You are eligible to enroll for health care coverage if you are a full-time employee (which generally means you are expected to work 30 or more hours per week) and you are either:

- A Recruit employed by the City of Los Angeles to become a sworn police officer; or
- An active sworn police officer of the LAPD, or
- An employee of LAPRA, the Los Angeles Retired Fire and Police Association (LARFPA), or the Los Angeles Police Protective League (LAPPL).

You must perform regular duties away from your home, unless your employer requires that you perform regular duties in your home.

**If you and your spouse or domestic partner are both eligible as active members or one is eligible as a retired member and the other as an active member, you each must choose to enroll either as a member or as a dependent, but not both under the same plan. In addition, only one of you may cover your eligible dependent children under the same plan. An eligible dependent child may not be covered under the same plan by more than one member.**

If you enroll as a dependent in your domestic partner's or spouse's medical plan in lieu of enrolling as an employee you may be eligible for Cash-in-Lieu from the City of Los Angeles. Contact the City Employee Benefits Division at (213) 978-1655 if you have questions about Cash-in-Lieu benefits and eligibility. You may request a Cash-in-Lieu affidavit by calling the City or a LAPRA Benefits Representative.

## 3. DEPENDENT ELIGIBILITY

If you are an eligible member, your dependents, as described below, will also be eligible to enroll as long as they meet the requirements discussed in this booklet.

**A. DEPENDENTS THAT MAY BE ENROLLED**

Dependent	Description
<b>Spouse</b>	Your legal spouse is eligible for coverage as a dependent. A spouse is not eligible for coverage if he or she is in active service in the armed forces.
<b>Domestic Partner</b>	Your domestic partner under a legally registered and valid domestic partnership under the laws of the State of California (or named in an application for domestic partnership that has been approved: (a) for a sworn police officer, by the City of Los Angeles; or (b) for an employee of LAPRA, LARFPA, or LAPPL, by LAPRA) is eligible for coverage. A domestic partner is not eligible for coverage if he or she is in active service in the armed forces.
<b>Child</b>	<p>Your, your spouse’s, or your domestic partner’s natural child, legally adopted child, child placed for adoption, or a child for whom you, your spouse or your domestic partner has been appointed legal guardian by a court of law is eligible for coverage if (1) the child is less than the age of 26, and (2) the child is not covered as an employee under this Plan. A child’s eligibility may be extended beyond this age if the disability extension rules set forth on page 4 under Subsection 3.B. below are satisfied.</p> <p><b>Grandchildren:</b> If you are enrolled in Kaiser, your grandchild is also eligible for coverage if all of the following requirements are met: (1) the grandchild’s parent is enrolled in Kaiser as your dependent child, (2) the grandchild is less than the age of 26, (3) the grandchild is not covered as an employee under this Plan, and (4) the grandchild was enrolled in such coverage prior to July 1, 2011. A grandchild’s eligibility may be extended beyond this age if the disability extension rules set forth on page 4 under Subsection 3.B. below are satisfied. If you are enrolled in a plan with Anthem Blue Cross, your grandchild is not eligible for coverage.</p> <p><b>Child Placed for Adoption:</b> A child who is in the process of being adopted is considered a legally adopted child if you provide legal evidence that you, your spouse or your domestic partner has the intent to adopt and has either the right to control the health care of the child, or has assumed a legal obligation for full or partial financial responsibility for the child in anticipation of the child’s adoption. Legal evidence to control the health care of the child means a written document, including but not limited to a health facility minor release report, a medical authorization form or relinquishment form signed by</p>

Dependent	Description
	<p>the child’s birth parent, or other appropriate authority. In the absence of a written document, you may provide other evidence of your, your spouse’s or your domestic partner’s right to control the health care of the child.</p> <p><b>Legal Obligation to Provide Health Care:</b> A child for whom you, your spouse or your domestic partner is legally required to provide group health coverage due to an administrative or court order (including a National Medical Support Notice) and who meets the eligibility requirements as a dependent is also eligible for coverage. A copy of the administrative or court order must be presented to LAPRA.</p>

**B. ELIGIBILITY FOR DISABLED CHILDREN**

Requirement	Description
<p><b>Continuing Eligibility for Disabled Dependent Child After Attaining Age 26</b></p> <p><b>Eligibility for Disabled Dependent Child</b></p>	<p>Your, your spouse’s, or your domestic partner’s natural child, legally adopted child, child placed for adoption or a child for whom you, your spouse or your domestic partner has been appointed legal guardian by a court of law, may be eligible to continue coverage without age limit if he or she, upon attaining the age of 26, is (i) incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition, and (ii) chiefly dependent upon you, your spouse, your domestic partner, or the child’s “non-member parent” for support and maintenance (i.e. either you, your spouse, your domestic partner or the child’s “non-member parent” provide over one-half of the child’s support each year). The Plan will provide written notification, at least 90 days in advance of a covered dependent child reaching the Plan’s maximum age (age 26) for eligible dependent children. The Plan must receive written proof of continued eligibility for coverage (including a written certification from a physician that your child satisfies the requirement under subsection (i) above), within 31 days after the day the child would otherwise lose eligibility due to attaining the age of 26. You may be required to send continued proof of disability once a year (which must be provided within 60 days of the Plan’s request); however, after initial certification of disabled dependent status, the Plan will wait two years from when the child attained the age of 26 to begin annual redeterminations.</p>

Requirement	Description
<p><b>Following Coverage Under Another Plan</b></p>	<p>Your, your spouse’s, or your domestic partner’s natural child, legally adopted child, child placed for adoption or a child for whom you, your spouse or your domestic partner has been appointed legal guardian by a court of law, who is (i) incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition, and (ii) chiefly dependent upon you, your spouse, your domestic partner, or the child’s “non-member parent” for support and maintenance (i.e. either you, your spouse, your domestic partner, or the child’s non-member parent provides over one-half of the child’s support each year) may be enrolled in a LAPRA-sponsored plan of the same type, if they have had coverage of the same type as a dependent of the member, or the member’s spouse domestic partner or non-member parent, immediately preceding their enrollment in a LAPRA-sponsored plan. For purposes of this paragraph, the “same type” of coverage means coverage providing the same type of benefits (such as medical or dental). For example, a dependent who was only covered under another dental plan immediately preceding enrollment could be enrolled in a LAPRA-sponsored dental plan, but not a LAPRA-sponsored medical plan (provided the dependent met the eligibility requirements above).</p> <p>The Plan must receive written proof of such eligibility for coverage (including a written certification from a physician that your child satisfies the requirement under subsection (i) above). Following the Plan’s initial determination, you may be required to send continued proof of disability once a year, which must be provided to the Plan within 60 days of receiving the request.</p> <p>For purposes of this Section B entitled “Eligibility for Disabled Children”, “non member parent” means a person who is both (1) the natural parent of the dependent child; and (2) not enrolled for health care coverage under this Plan.</p>

4. **WHEN COVERAGE BEGINS AND ENDS**

Member	When Coverage Begins	When Coverage Ends
<p><b>Active Member</b></p>	<p>New Hire - Coverage is effective on your hire date, provided your enrollment form is received within 31 days from your hire date.</p> <p>Return to Payroll – Coverage is effective on the first of the month following LAPRA’s receipt of your enrollment form, provided it is received within 31 days from the date you return to payroll or the date LAPRA receives notification from the City of Los Angeles of your return to payroll status.</p>	<p>Coverage ends at 11:59 pm on the last day of the month in which any of the following occurs:</p> <ol style="list-style-type: none"> <li>1. You fail to meet the applicable eligibility requirements for an active member.</li> <li>2. You retire from active employment, or notification is received by LAPRA from the Department of Fire and Police Pensions of your retirement date.</li> <li>3. You revoke your coverage as permitted by the Plan.</li> <li>4. Your employment is terminated or you cease to have benefits under COBRA.</li> </ol> <p>Coverage may also be terminated immediately if the Plan, or the agreement between LAPRA and the carrier terminates, or the Plan is amended to eliminate your coverage.</p> <p>Coverage may also be terminated immediately for misconduct, deception or fraud pursuant to Section 16 below. The effect of such termination may be retroactive.</p> <p>Coverage will also not be provided for any month for which premiums are not paid.</p>
<p><b>Dependents</b></p>	<p>Coverage for your eligible dependents is effective on the date</p>	<p>Coverage for eligible dependents ends on the date your coverage</p>



Member	When Coverage Begins	When Coverage Ends
	<p>you become eligible for coverage, or, if later, as follows:</p> <ol style="list-style-type: none"> <li>1. For a child you acquire through birth, adoption, or placement for adoption, on the date you acquire the child, provided your enrollment form is received within 31 days from the date you acquire the child.</li> <li>2. For a child added due to legal guardianship, on the first day of the month following receipt of your enrollment form and the court order designating you, your spouse or domestic partner as legal guardian.</li> <li>3. For a spouse or domestic partner, on the first day of the month following receipt of your completed enrollment form, provided it is received within 31 days of your marriage or domestic partnership registration date or City of Los Angeles or LAPRA approval of your domestic partnership application, as applicable.</li> </ol>	<p>ends, or if earlier, on the last day of the month in which your dependent no longer meets the requirements of an eligible dependent.</p>

## **IMPORTANT INFORMATION ABOUT ENROLLING A NEWBORN OR NEWLY ADOPTED CHILD**

Any child born to you will be covered from the moment of birth for 31 days, and any child adopted by you will be covered for 31 days of the date you have financial responsibility for the child or you have the right to control the child's health care, provided you submit proof of eligibility.

**You need to enroll your child, whether newborn or adopted, within those 31 days if you want your child to be covered after the end of the initial 31-day period.**

## **5. PROOF OF DEPENDENT ELIGIBILITY**

If you enroll a dependent, you have 60 days from the dependent's effective date of coverage to submit proof of eligible dependent status, such as a copy of a certified marriage certificate, copy of a certified birth certificate, or commemorative hospital birth certificate that lists the names of both parents.

**If you fail to submit the required proof within the 60-day period, your dependent's coverage will automatically be cancelled on the first day of the month following the expiration date of the 60-day period.** You will then be required to wait until the next annual open enrollment period to re-enroll your dependent and submit proof of dependent status. Any medical or dental expenses your dependent incurs after coverage is cancelled will be your responsibility.

### **Requirement to Notify LAPRA of a Change of Address or Loss of Eligible Dependent Status**

It is your responsibility to promptly notify LAPRA if (1) you have an address change, (2) you are divorced, (3) your domestic partnership is terminated, or (4) your child or children no longer qualify as your dependent(s). LAPRA does not provide coverage for divorced spouses, domestic partners who no longer qualify as your domestic partner, or children who do not qualify as dependents under the Plan.

Failure to provide timely notice may jeopardize your dependent's eligibility for COBRA continuation coverage. Note: Domestic partners and children of domestic partners are not eligible for federal COBRA.

## **6. COVERAGE FOR SURVIVING DEPENDENTS**

***If you die while your dependents are covered:*** Coverage for enrolled eligible dependents will terminate at the end of the month following your death; however, your enrolled eligible dependents may elect to continue their coverage under the Plan by completing the appropriate enrollment form(s) and paying the required premiums. The enrollment form(s) must be received within 31 days from the date of your death. When electing to continue coverage as surviving dependents, enrolled dependents may continue the same coverage they had or they may enroll

in a different medical and/or dental plan. Coverage for your surviving dependent(s) will become effective on the first day of the month following your death. Coverage will continue indefinitely so long as premiums are paid and will terminate upon the occurrence of any one of the following events: (i) when premiums are not paid, (ii) when an enrolled child is no longer eligible for coverage (as described in Section 4 on page 5), or (iii) the agreement between LAPRA and the carrier terminates. Coverage for a surviving spouse or surviving domestic partner may continue even if he or she remarries or enters into a new domestic partnership or marriage, but the new spouse or domestic partner, new stepchildren, the new domestic partner's children or any new children may *not* be added for coverage.

***If you die and your dependents are not covered at the time of your death:*** Surviving dependents, who were eligible to enroll, but not enrolled immediately prior to your death, are eligible to enroll by completing an enrollment form as follows and paying the required premiums:

- following the date of your death (coverage will become effective on the first day of the month following receipt of an enrollment form, provided it is received within 31 days from the date of your death); or
- on the date the dependent becomes eligible for an active sworn officer subsidy from the City of Los Angeles, or, if later, the date notification is received by LAPRA from the City of Los Angeles that the dependent is eligible for an active sworn officer subsidy (coverage will become effective on the first day of the month following receipt of an enrollment form, provided it is received within 31 days from the dependent's subsidy eligibility date or the subsidy notification date); or
- during the annual Open Enrollment period (see **Annual Elections/Open Enrollment** on page 7 under Section 7).

***Surviving dependents who become eligible for a pension or subsidy from the Department of Fire and Police Pensions:*** Refer to the LAPRA Retiree Benefits Guide, available from your LAPRA Benefits Representative or at [www.lapra.org](http://www.lapra.org) ENROLLING IN THE PLAN

***Initial Enrollment.*** If you are eligible to enroll, you must complete an enrollment form and sign a deduction authorization form provided by LAPRA. You must submit to LAPRA the completed enrollment form and the deduction authorization form within the time period indicated in Section 4 on pages 5 and 6. If you fail to submit an enrollment form within the required time period, you may not enroll until the next annual open enrollment period, except as described below under Section 8 - **Changes Outside of Open Enrollment.**

***Annual Elections/Open Enrollment.*** Once you have enrolled, your coverage may not be changed until the next open enrollment period unless you or your dependents experience a change in status or are eligible for special enrollment as described below in Section 8 - **Changes Outside of Open Enrollment.** Open enrollment is held in or around the month of May each year.

## 7. **CHANGES OUTSIDE OF OPEN ENROLLMENT**

**General Rule.** Generally, once you submit an enrollment form for a Plan Year, the elections on that enrollment form cannot be changed or revoked until the next open enrollment period. However, there are important exceptions to this general rule. These exceptions are explained below.

### **You may add a new spouse or dependent to your coverage outside of Open Enrollment only if:**

- You become legally married. (See note on page 10 regarding domestic partners.)
- You acquire a new eligible dependent. If you enroll a new dependent that you acquired through birth, adoption, or placement for adoption, and your spouse is eligible but not enrolled for coverage in that plan, you may also enroll your spouse in that plan.
- There is a court order directing that a dependent be added to your coverage, in accordance with applicable law.
- You are called to or return from active duty in the uniformed services. For additional information, see Section 11 below - Military Leave.

For additional information, see Section 9 titled Special Enrollment Rights.

### **You may (and, in some cases below, must) drop a spouse or dependent from your coverage outside of Open Enrollment only if:**

- You become divorced, your marriage is annulled, or your spouse dies.
- You lose a dependent.
- Your spouse or dependent moves, and due to the move, your spouse or dependent is no longer eligible for coverage under your plan.
- There is a court order directing that a dependent be removed from your coverage, in accordance with applicable law.
- You are called to or return from active duty in the uniformed services. For additional information, see Section 11 below - Military Leave.
- Dropping your spouse or dependent from your LAPRA coverage is on account of and corresponds with a change made under another employer plan (including a plan of the City, the League, or LARFPA or a plan of your spouse's or dependent's employer), so long as (a) the other plan permits its participants to make an election change that would

be permitted under applicable IRS regulations; or (b) LAPRA has a different period of coverage from the other plan.

**If you are not enrolled in a LAPRA plan, you may enroll for coverage outside of Open Enrollment only if:**

- You return from an unpaid leave of absence.
- You also enroll for coverage a new dependent that you have acquired through marriage, birth, adoption, or placement for adoption. For additional information, see Section 9 below - Special Enrollment Rights.
- You had declined coverage because you were covered under a plan (including federal COBRA and CalCOBRA continuation coverage) and you lose eligibility for coverage under that plan (or in the case of federal COBRA or CalCOBRA coverage, you exhaust such coverage). For additional information, see Section 9 below - Special Enrollment Rights.
- You are called to or return from active duty in the uniformed services. For additional information, see Section 11 below - Military Leave.
- Your enrollment in a LAPRA plan is on account of and corresponds with a change made under another employer plan (including a plan of the City, the League, or LARFPA or a plan of your spouse's or dependent's employer), so long as (a) the other plan permits its participants to make an election change that would be permitted under applicable IRS regulations; or (b) LAPRA has a different period of coverage from the other plan.

**If you are enrolled in a LAPRA plan, you may drop that coverage outside of Open Enrollment only if:**

- You move, and due to the move, you are no longer eligible for coverage under your plan.
- You are on an unpaid leave of absence.
- You are called to or return from active duty in the uniformed services. For additional information, see Section 11 below - Military Leave.
- Dropping your LAPRA coverage is on account of and corresponds with a change made under another employer plan (including a plan of the City, the League, or LARFPA or a

plan of your spouse's or dependent's employer), so long as (a) the other plan permits its participants to make an election change that would be permitted under applicable IRS regulations; or (b) LAPRA has a different period of coverage from the other plan.

- In certain very limited circumstances, if your coverage under the LAPRA plan you have selected is reduced (for example, there is a significant increase in your deductible), you may be allowed to drop coverage entirely. In addition, in certain very limited circumstances, if you experience a complete loss of coverage under a LAPRA plan (for example, an HMO is no longer available where you live), you may be allowed to drop coverage entirely. These determinations will be made solely by LAPRA.

**If you are enrolled in a LAPRA plan, you may change plans outside of Open Enrollment only if:**

- (i) You, your spouse, or your dependent moves; (ii) due to the move, you, your spouse, or your dependent is no longer eligible for coverage under the plan in which you were enrolled; and (iii) coverage for you, your spouse, or your dependent is available under the plan in which you wish to enroll.
- You are called to or return from active duty in the uniformed services. For additional information, see Section 11 below - Military Leave.
- In certain very limited circumstances, if your coverage under the LAPRA plan you have selected is reduced (for example, there is a significant increase in your deductible), you may be allowed to elect coverage in another plan available through LAPRA. In addition, in certain very limited circumstances, if you experience a complete loss of coverage under a LAPRA plan (for example, an HMO is no longer available where you live), you may be allowed to elect coverage under another LAPRA plan or drop coverage entirely. These determinations will be made solely by LAPRA.

**If your spouse or dependent is not enrolled in a LAPRA plan, you may add them to your coverage outside of Open Enrollment only if:**

- You had declined coverage for your spouse, or dependent because your spouse, or dependent was covered under a plan (including federal COBRA or CalCOBRA continuation coverage) and your spouse, or dependent loses eligibility for coverage under that plan (or in the case of federal COBRA or CalCOBRA coverage, your spouse, or dependent exhaust such coverage).
- There is a court order directing that a dependent be added to your coverage, in accordance with applicable law.
- You are called to or return from active duty in the uniformed services. For additional information, see Section 11 below - Military Leave.
- Adding your spouse or dependent to your LAPRA coverage is on account of and corresponds with a change made under another employer plan (including a plan of the City, the League, or LARFPA or a plan of your spouse's or dependent's employer), so long as (a) the other plan permits its participants to make an election change that would be permitted under applicable IRS regulations; or (b) LAPRA has a different period of coverage from the other plan.

For additional information, see Section 9 titled Special Enrollment Rights.

**Domestic Partners** may also be enrolled for coverage according to the plan procedures applicable to spouses; satisfactory documentation of the domestic partnership must be provided. The enrollment of domestic partners who are not otherwise your dependent, however, is not governed by Section 125.

## **8. SPECIAL ENROLLMENT RIGHTS**

As indicated above, in certain circumstances you may enroll yourself or your dependents outside Open Enrollment. Below are the rules regarding these "Special Enrollment Rights."

### **A. SPECIAL ENROLLMENT RIGHTS DUE TO MARRIAGE, DOMESTIC PARTNERSHIP, OR THE BIRTH, ADOPTION OR PLACEMENT FOR ADOPTION OF A CHILD**

- If you get married, you may enroll your new spouse (although, if you are not enrolled at that time, you must also enroll yourself in order to enroll your spouse). The enrollment form for your new spouse (and yourself, if applicable) must be received within 31 days of the date of marriage. Your new spouse's children may also enroll at that time. Other children may not enroll at that time unless they qualify under another of the circumstances described in this section. Coverage will become effective on the first day

of the month following receipt of your enrollment form. Please refer to Section 5 on page 6 regarding Proof of Dependent Eligibility.

- If you acquire a new dependent child by reason of birth, adoption, or placement for adoption, you may enroll your new dependent child (although, if you are not enrolled at that time, you must also enroll yourself in order to enroll your new dependent child). At that time, you may also enroll your spouse if he or she is eligible but not enrolled. Other children may not enroll at that time unless they qualify under another circumstance described in this section. Provided your enrollment form is received within 31 days from the event date, coverage for your child will become effective on the date of birth, adoption or placement for adoption and coverage for you and your spouse will become effective on the first day of the month following receipt of your enrollment form. Please refer to Section 5 on page 6 regarding Proof of Dependent Eligibility.
- If you are enrolling a new domestic partner, your enrollment application must be received within 31 days of the legal and valid registration of a domestic partnership under the laws of the State of California (including a valid domestic partnership certificate from the County of Los Angeles), or approval of a domestic partnership application by the City of Los Angeles or LAPRA, whichever is applicable. Coverage will become effective on the first day of the month following receipt of your enrollment form.

## **B. SPECIAL ENROLLMENT RIGHTS DUE TO LOSS OF OTHER COVERAGE**

If you decline enrollment for yourself or your dependents (including your spouse) because you or your dependents had other coverage and you or your dependents lose eligibility for that coverage, you may be able to enroll yourself and your dependents in a plan offered by LAPRA, if the loss of the coverage is due to one of the following:

- exhaustion of COBRA or CalCOBRA coverage;
- termination of employer contributions for non-COBRA coverage (but not termination for cause or for nonpayment of an individual plan);
- loss of eligibility for non-COBRA coverage which includes but is not limited to a loss of eligibility resulting from divorce, legal separation, annulment of marriage, termination of a domestic partnership, and the death of a family member (but not loss due to the failure to pay premiums on a timely basis, termination of coverage for cause, such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan, or voluntary disenrollment);
- loss of eligibility for Healthy Families Program as a result of exceeding the program's income or age limits, or Medi-Cal coverage; or
- reaching a lifetime maximum on all benefits.



- **Note:** If you lose other coverage, you may be able to enroll yourself, as well as, all of your dependents in the Plan. If one of your dependents loses other coverage, then only you and that other dependent who lost coverage may be able to enroll in the Plan.

**You must submit an enrollment form within 31 days after the loss of other coverage, along with proof of such loss of coverage (60 days if you are requesting enrollment due to loss of eligibility for Medi-Cal or Healthy Families Program coverage).** The effective date of an enrollment resulting from the loss of other coverage is the first day of the month following the loss of coverage date.

#### **C. SPECIAL ENROLLMENT RIGHTS DUE TO COURT OR ADMINISTRATIVE ORDER**

If you receive a court or administrative order requiring you to provide health care coverage for a spouse or child who meets the eligibility requirements as a dependent, you may add the spouse or child to coverage.

The effective date of an enrollment resulting from a court or administrative order will be the first day of the month following receipt of your enrollment form and copy of the court or administrative order.

#### **D. SPECIAL ENROLLMENT RIGHTS DUE TO REEMPLOYMENT AFTER MILITARY SERVICE**

If you terminated your health care coverage because you were called to active duty in the military service, you may be able to re-enroll in the Plan if required by state or federal law. Ask your LAPRA Benefits Representative for more information.

#### **E. SPECIAL ENROLLMENT RIGHTS DUE TO ELIGIBILITY FOR ASSISTANCE THROUGH MEDICAID OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

If you or your dependent become eligible for health care premium assistance through Medicaid or a State children's health insurance program (CHIP), you or your dependent may enroll in the Plan. You must submit an enrollment form within 60 days after the date you or your dependent are determined to be eligible for such premium assistance. Coverage will be effective on the first day of the month following receipt of the enrollment form.

### **To Make Coverage Changes Due to a Change in Status**

You must contact a LAPRA Benefits Representative and complete and return an enrollment form within 31 days (or such other time limit as specified above) of the change in status. **Except in the event of divorce, if more than 31 days (or other applicable time limit) has lapsed since the change in status event took place, you must wait until the next annual open enrollment to make the change. Please note that in the event of divorce, you must notify LAPRA immediately. Coverage for your ex-spouse will generally be terminated retroactive to the date of divorce and you will be responsible for all claims incurred following the date of divorce.**

Except with respect to divorce (as noted immediately above), the change in election will generally be effective the first day of the month following the date your enrollment form is received by LAPRA. Proof of the change in status, such as a copy of a certified birth/adoption/marriage certificate, divorce decree, or letter verifying the change is required. See Section 5 on page 6 regarding Proof of Dependent Eligibility.

### **9. FMLA LEAVE**

You may be entitled to continue to participate in the Plan for a limited time while you are on a leave in accordance with the Family and Medical Leave Act (“FMLA”). Please contact your employer for information regarding FMLA leave.

### **10. MILITARY LEAVE (THE UNIFORM SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT OF 1994)**

If you are called to active duty in the uniformed services, you may be able to continue coverage for a limited time after you would otherwise lose eligibility under the Uniformed Services Employment and Reemployment Rights Act (“USERRA”). If you lose eligibility while on military leave, your coverage (and coverage for your spouse and/or dependents who were previously covered when you commenced your military leave) will be reinstated on the date that you return to employment from your military leave in accordance with USERRA requirements. Please contact your LAPRA Benefits Representative for details.

You may also be entitled to make Plan changes (including adding or deleting dependents) outside of Open Enrollment when called to or returning from active duty in the uniformed services as follows:

- Leave for Duty - You have 31 days prior to the date of your leave to complete an enrollment form and deduction authorization form. The change will become effective on the first day of the month following the date your enrollment form is received by LAPRA.
- Return from Duty - You have 31 days following the date of your return from leave to complete an enrollment form and deduction authorization form. The change will become

effective on the first day of the month following the date your enrollment form is received by LAPRA.

Please contact your LAPRA Benefits Representative for details. Please also note that proof of your military leave and return dates must be submitted.

## **11. COBRA CONTINUATION OF HEALTH COVERAGE**

If you or your eligible covered dependent(s) lose group health insurance coverage because of any of the “qualifying events” described below, you and your eligible covered dependent(s) may elect to temporarily continue coverage under COBRA. (Under COBRA, only the employee’s spouse and dependent children may be considered eligible covered dependents.)

### **Qualifying Events**

A qualifying event is any of the following:

- For you, and your eligible covered spouse and other eligible covered dependent(s), termination of your employment (other than for gross misconduct) or reduction of your hours worked.
- For your eligible covered spouse and other eligible covered dependent(s):
  - your death;
  - your divorce or legal separation from your spouse; or
  - your becoming entitled to Medicare.
- For your eligible covered dependent child, the child ceasing to qualify as a dependent under the plan.

### **Election of Continuation Coverage**

If you or your eligible covered dependent(s) wish to elect continuation coverage after losing coverage due to any of the qualifying events listed above, you or your eligible covered dependent(s) must make such an election within 60 days after the later of:

- The date you or your eligible covered dependent(s) would lose group health insurance coverage because of the qualifying event; or
- The date you or your eligible covered dependent(s) are advised by LAPRA of the right to elect COBRA continuation coverage.

Notice to your eligible covered spouse of the right to elect continuation coverage will be deemed notice to any eligible covered dependent children residing with your spouse. If you or your eligible covered dependent(s) do not elect continuation coverage within this election period, then the right to COBRA continuation coverage will be lost.

**New Dependents.** If you or your eligible covered dependent(s) elect continuation coverage, you or your eligible covered dependent(s) may also be entitled to elect COBRA continuation coverage for a new spouse or child acquired during the period of continuation coverage. However, to elect continuation coverage for a new spouse or child, you must enroll your eligible covered dependent within 31 days after (whichever is applicable) (1) the date of marriage, or (2) the date of birth, adoption or placement for adoption. If you do not notify LAPRA within such 31-day period, you or your eligible covered dependent(s) may be entitled to add the new spouse or child during any applicable open enrollment period. Provided the enrollment form is received within 31 days after the event date, coverage for your child will become effective on the date of birth, adoption or placement for adoption and coverage for your spouse will become effective on the first day of the month following receipt of the enrollment form.

### **Important Notice Requirement Regarding Divorce or Dependent Child Ineligibility**

You or your eligible covered dependent(s) must notify LAPRA in writing of a divorce or when an eligible covered dependent child ceases to qualify as an eligible dependent under the Plan. You must provide this notice within 60 days after whichever date is later, the date of the event or the date on which coverage would be lost because of the event.

**IF THE NOTICE DESCRIBED ABOVE IS NOT PROVIDED IN A TIMELY MANNER, THE RIGHT TO CONTINUATION COVERAGE BASED ON COBRA RULES WILL BE LOST.**

### **Payment for Continuation Coverage**

You and your eligible covered dependent(s) will be required to pay for the cost of continuation coverage in an amount equal to the cost to the plan for such coverage, plus 2%. The payment must be paid by a check made payable to LAPRA.

If you or your eligible covered dependent(s) elect continuation coverage after coverage is lost due to a qualifying event, then you or your eligible covered dependent(s) will have 45 days from the date of the election to make the required initial payment. That initial payment must cover the entire period from the date coverage was lost to the date of your payment. There is no grace period for the initial payment. Each other payment is due within 30 days after the first day of each month of continuation coverage.

If any payment for continuation coverage is postmarked after the date that payment is due, continuation coverage will terminate and will not be reinstated.

### **Duration of Continuation Coverage**

If you or your eligible covered dependents elect to continue group health insurance coverage, the maximum continuation period following the loss of coverage due to a qualifying event involving termination of employment or reduced work hours is 18 months.

The 18-month period may be extended to 29 months (an additional 11 months) if the Social Security Administration (“SSA”) determines that you or your eligible covered dependent(s) were disabled at any time during the first 60 days of continuation coverage. Nondisabled family

members of the disabled individual who are entitled to COBRA continuation coverage are also entitled to the disability extension.

To be eligible for the disability extension, the disabled person must remain disabled and must notify LAPRA:

- Within 60 days after the later of (1) receiving the disability determination from Social Security, (2) the date of the initial qualifying event, (3) the date coverage is lost due to the qualifying event, and (4) the date on which you are informed of the obligation to provide the disability notice, and
- Before the original 18-month period to continue coverage ends.

A qualified beneficiary who is entitled to a disability extension may be required to pay up to 150% of the cost to the plan for COBRA continuation coverage. If the increased cost is required, it will apply to each qualified beneficiary who is entitled to the disability extension. The disabled person must promptly notify LAPRA of any SSA finding that he or she is no longer disabled.

If a second qualifying event occurs within the applicable 18- or 29-month period, the period to continue coverage under COBRA may be extended for up to 36 months from the first qualifying event. Such second qualifying events may include your death, divorce or separation, your entitlement to Medicare benefits, or your dependent ceasing to be eligible for coverage as a dependent. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage if the first qualifying event had not occurred.

For all other qualifying events, the maximum period to continue coverage is 36 months.

### **Termination of Continuation Coverage**

Other events will cause your right to continue plan coverage to end sooner. The right to continue plan coverage will end before the maximum period on the earliest of the following:

- The date the employer ceases to provide any group health plan coverage for any employees;
- The date you or your eligible covered dependent(s) fail to make the required payment when due;
- The date, after your COBRA election, that you or your eligible covered dependent(s) first become: covered under another employer's group health plan,;
- The date, after your COBRA election, that you or your eligible covered dependent(s) first become entitled to Medicare. Note, however, that your entitlement to Medicare will not result in early termination of COBRA continuation coverage for your eligible covered dependent(s) and will not be considered a second qualifying event for your eligible covered dependent(s). If you or your eligible covered dependent(s) elected to extend continuation coverage for up to 29 months due to a finding of disability by the SSA, the

date of a final determination by the SSA that the person is no longer disabled. You or your eligible covered dependent(s) must inform LAPRA within 30 days of the date of any final determination by the SSA that the person is no longer disabled.

If you or your eligible covered dependent(s) become covered by another employer's group health plan and have a pre-existing condition which is not covered by that plan, then the right to continue coverage (at least for that pre-existing condition) will not be terminated due to that other coverage.

Your right to COBRA continuation coverage will coordinate with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). HIPAA's requirements include certain limits on a group health plan's ability to apply pre-existing condition exclusions to new employees. COBRA continuation coverage under this plan will terminate early if you or your eligible covered dependent(s) become covered under a new employer's group health plan that has a pre-existing condition exclusion that does not apply to you or your eligible covered dependent(s) because of HIPAA's requirements.

### **Notice of Address Change**

Please keep LAPRA informed of any address changes or changes in personal circumstances (such as a change in your marital status or if a child no longer qualifies as a "dependent" under the plan) so that we can provide you and your eligible covered dependent(s) if any, with the necessary information concerning rights to continuation coverage.

### **General Information About Continuation Coverage**

Continuation coverage is provided subject to eligibility under the law. LAPRA reserves the right to terminate continuation coverage retroactively if you or your dependent(s) are determined to be ineligible for continuation coverage. At the end of the 18, 29, or 36 month continuation coverage period, you will be allowed to enroll in a conversion plan if such a plan is available under your group health insurance.

**Cal-COBRA.** Cal-COBRA is state-mandated continuation coverage for California participants covered by health insurance. It is not a Plan benefit. The Plan's medical benefit insurers, e.g., Kaiser and Anthem Blue Cross, are required to offer it. See their booklets in the appendices for more details. Generally speaking, Cal-COBRA has the effect of extending the maximum COBRA coverage that is available for eligible participants to 36 months total.

**Notice Of Medi-Cal Health Insurance Premium Program (HIPP).** If you are eligible for Medi-Cal, you may qualify for the Health Insurance Premium Payment Program (HIPP). Under this program, the California Department of Health Services will pay your COBRA premium for you. To be eligible for this program you must:

- Have full scope or fee-for-service Medi-Cal;
- Have a medical condition that requires a physician's treatment. The monthly cost-savings to Medi-Cal must be 1.1 or greater;

- Have coverage for your medical condition under COBRA; and
- Not be enrolled in a Medi-Cal related prepaid health plan, County Health Initiative, Geographical Managed Care Program, County Medical Services Program (CMSP) or Medicare..

Health insurance cannot be court ordered. If a non-custodial parent has been ordered by the court to provide the health insurance, the child will not be eligible for enrollment in HIPP.

You must apply online at <http://dhcs.ca.gov/HIPP>. Click on the “HIPP Application Form-Fillable” link to access the form. Attachments must be uploaded in PDF format only.

In addition, eligible California residents with an HIV/AIDS diagnosis may qualify for premium payment assistance through the Office of AIDS (OA) HIPP. For information regarding eligibility requirements and how to apply, please go to:

<http://cdph.ca.gov/programs/aids/Pages/OAHIPPForms.aspx>

## **12. WOMEN’S HEALTH AND CANCER RIGHTS ACT NOTICE**

In 1998, Congress passed the Women’s Health and Cancer Rights Act. This Federal law requires that group health plans that provide medical benefits for a mastectomy must also provide coverage for breast reconstruction for patients who choose to receive it.

Specifically, any patient who is covered for a mastectomy is also covered for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Reconstruction of the other breast to achieve symmetry;
3. Prostheses and physical complications of all stages of a mastectomy, including lymph edemas.

Decisions about these medical procedures will be determined in consultation with you and your attending physician. This coverage is subject to applicable deductibles, co-payments and co-insurance payments, and to the Plan’s terms and provisions.

## **13. BENEFITS FOR MOTHERS AND NEWBORNS**

Under the Newborns’ and Mothers’ Health Protection Act of 1996, group health plans, insurance companies and HMOs offering health coverage for hospital stays in connection with the birth of a child must provide health coverage for a minimum period of time. Group health programs and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarian 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 and her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

#### **14. MENTAL HEALTH BENEFITS**

To the extent required by the Mental Health Parity Act of 1996 and/or the Mental Health Parity and Addiction Equity Act, as amended from time to time, each benefit program subject to those acts shall provide for parity with respect to mental health benefits and/or substance use disorder benefits that may be provided under the benefit program. Nothing in the Plan shall be construed to require any benefit program to provide coverage for mental health benefits or substance use disorder benefits.

#### **15. PENALTIES FOR MISCONDUCT, DECEPTION, FRAUD**

Coverage may be terminated if you knowingly provide incomplete or incorrect information and the Plan relies on that information to provide health care services, or you commit fraud or deception in the use of health care services or facilities. If the individual's coverage is terminated on a retroactive basis (a "rescission" of coverage), the individual will receive a notice of the rescission, as required by applicable law. To the extent permitted by law, the Administrator may also seek reimbursement from the individual for all claims or expenses paid by the Plan as a result of the false representation or fraud, and may pursue legal action against the individual.

#### **16. CONFIDENTIALITY OF HEALTH INFORMATION**

HIPAA, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their implementing regulations provide specific health information privacy and security rights and protections for Plan participants. These rights and protections apply to your Protected Health Information ("PHI"), as defined under HIPAA and the HITECH Act, that is created, received or maintained by the Plan.

#### **17. REQUEST FOR CERTIFICATE OF GROUP HEALTH PLAN COVERAGE.**

When you or any of your dependents lose coverage or COBRA coverage, you may request a Certificate of Group Health Plan Coverage verifying the length of your coverage under the Plan.

Requests for coverage certificates should be addressed to LAPRA at 600 N. Grand Avenue, Los Angeles, CA 90012. Requests may also be made via email at [Benefits@lapra.org](mailto:Benefits@lapra.org) or by telephone at (213) 674-3701 or (888) 252-7721. Requests will be accepted via email or telephone only if the coverage certificate is to be mailed to the address that the Plan has on file for the individual for whom the coverage certificate is requested. Other requests must be made in writing.



All requests must include the following information:

- The name of the individual for whom the coverage certificate is requested;
- The last date that the individual was covered under the Plan;
- The name of the member that enrolled the individual in the Plan; and
- A telephone number where the individual requesting the coverage certificate may be reached.

Requests that are made in writing must also include:

- The name of the person making the request and evidence of that person's authority to request and receive the coverage certificate on behalf of the individual;
- The address to which the coverage certificate should be mailed;
- And the requester's signature.

## **18. OTHER INFORMATION**

### **A. INFORMATION TO BE FURNISHED**

You must furnish LAPRA such documents, data or other information as LAPRA considers necessary or desirable for the purpose of administering the Plan in the manner specified herein. The benefits payable under the Plan to you or on your behalf are conditioned on your furnishing full, true and complete documents, data or other information reasonably related to the administration of the Plan requested by LAPRA.

### **B. VESTING**

No person shall have any guaranteed or vested right to Plan benefits.

### **C. LIMITATION OF DIRECTOR LIABILITY**

The Board of Directors and LAPRA staff are not personally liable for Plan benefits.

### **D. FORM, CONTENT, MANNER, AND TIMING OF NOTICES, ETC.**

All communications (including all notices, consents, requests, and elections) from members, dependents, or anyone else claiming rights or benefits under this Plan must be made in the form, must contain the content, must be delivered within the deadlines, must be given by the means, must satisfy all requirements, and will become effective following receipt, in each case as prescribed by the LAPRA (or, to the extent none are prescribed, as may be acceptable to it). LAPRA, without liability, may disregard any communication made otherwise.

All communications from members to LAPRA shall be transmitted by the means (e.g., in writing or electronically) LAPRA prescribes or elects to use. Every reference in this Plan to “written” communications shall also be deemed to be a reference to writing substitutes (e.g., e-mail) acceptable to LAPRA or its delegates for the type of communication involved.

#### **E. DUTY TO PROVIDE DATA**

Every person enrolled in a LAPRA benefit program shall give written notice to LAPRA of his or her mailing address and each change of address. Any communication, statement, or notice addressed to such a person at his or her latest address as filed with LAPRA will, on deposit in the United States mail with postage prepaid, be as binding on the person for all purposes of the Plan as if it had been received, whether actually received or not. If a person fails to give notice of his or her correct address, LAPRA shall not be obliged to search for, or to ascertain, his or her whereabouts. In addition, if mail is returned to LAPRA because the address to which the mail was sent is no longer valid, LAPRA may cease sending communication of any kind to that address.

#### **F. SEVERABILITY**

If any provision of this Plan is, or is hereafter declared to be, void, voidable, invalid or otherwise unlawful, the remainder of the Plan will not be affected thereby,

#### **G. PROCEDURAL AND ADMINISTRATIVE PROVISIONS OF THE PLAN**

Except as provided by LAPRA, the procedural and administrative provisions of the Plan in effect at the time the provisions are applied shall apply to all benefits no matter when earned.

#### **H. AMENDMENT**

Notwithstanding any other provision of the Plan, it is expressly permissible for LAPRA to clarify the terms of this Plan, even retroactively, by an amendment accomplishing a good faith correction of any typographical error, omission or inadvertent ambiguity.

**If you have additional questions regarding eligibility, please contact a LAPRA Benefits Representative at 213-674-3701 or 888-252-7721 or send an email to [Benefits@lapra.org](mailto:Benefits@lapra.org).**