

2024/25

## Annual Enrollment Bulletin

Medicare Retired Members

### Annual Enrollment is Here!

Annual Enrollment is your once-a-year opportunity to evaluate your health care needs and make any changes to your medical or dental coverage and add or remove dependents.

**2024/25 Annual Enrollment is May 1-31, 2024.**

### Enroll in Your 2024/25 Benefits on [www.LAPRALive.org](http://www.LAPRALive.org)

Starting May 1, you can choose your dental benefits for 2024/25 on [www.LAPRALive.org](http://www.LAPRALive.org). Once you are registered on the website, you can update information about yourself and your dependents, view your current benefits, enroll or make changes to your dental benefits and view and update your beneficiary designations for any life insurance you have through LAPRA. You will also find information about your benefits along with access to LAPRA benefit forms.

### Do You Need to Enroll?

If you are not making any changes to your LAPRA medical or dental benefits and you have no changes to your covered dependents, **no action is required during Annual Enrollment**. Your current medical and dental coverage will continue at the new rates starting July 1, 2024.

After Annual Enrollment ends, you will only be able to make changes to your benefits during the year if you experience a qualifying event such as marriage, divorce, birth of a child or a dependent losing other medical coverage.

During this year's Annual Enrollment, you can enroll in dental benefits on [www.LAPRALive.org](http://www.LAPRALive.org). See page 2 for step-by-step instructions to get started on [www.LAPRALive.org](http://www.LAPRALive.org). See page 6 to enroll or make changes to your medical benefits.



## Get Started on [www.LAPRALive.org](http://www.LAPRALive.org)



Access [www.LAPRALive.org](http://www.LAPRALive.org) to enroll or make changes to your dental benefits, update personal information, update beneficiary designations and more.

- 1) Open your web browser and delete your browser history/cookies. Then go to [www.LAPRALive.org](http://www.LAPRALive.org).
- 2) The first time you log in, click on the **REGISTER** button.
- 3) For Company Key, enter **LAPRA**. Then enter your **Social Security Number** and **date of birth**.
- 4) Click the **CONTINUE** button.
- 5) Fill in the information requested to create your account including a **user name** and **password**. Complete the three security questions and click the **CONTINUE** button.
- 6) On the Confirm screen, click the **CONTINUE** button.
- 7) Enter your user name and password and click on the **LOGIN** button.
- 8) Follow the onscreen instructions and complete the information requested.

**NEW!**

Enroll or make changes to your dental benefits on [www.LAPRALive.org](http://www.LAPRALive.org).

**Need Help Accessing [www.LAPRALive.org](http://www.LAPRALive.org)?**

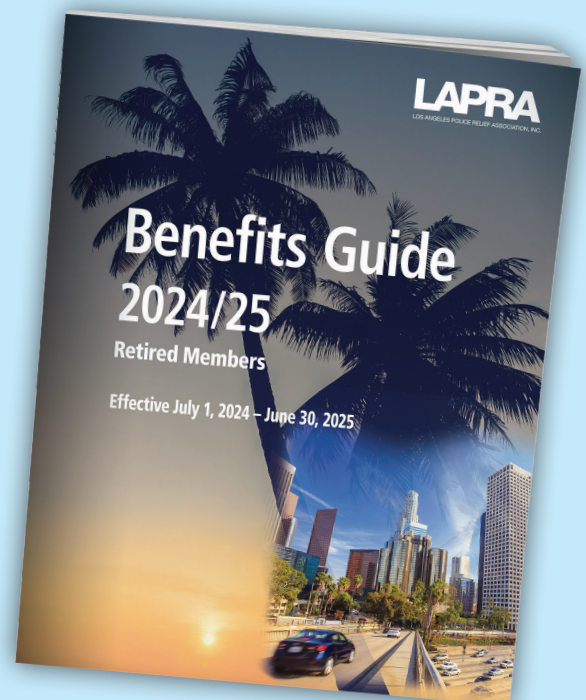
Call LAPRA at 213-674-3701 or 888-252-7721 for assistance.

## Benefits Information Available Online

The 2024/25 Benefits Guide is available on the LAPRA website at [www.lapra.org](http://www.lapra.org) or at [www.LAPRALive.org](http://www.LAPRALive.org).

In addition, legally required notices and disclosures including Summaries of Benefits and Coverage (SBCs), Evidence of Coverage (EOCs) and a variety of other disclosures are available on the LAPRA website at [www.lapra.org](http://www.lapra.org) or at [www.LAPRALive.org](http://www.LAPRALive.org).

You can also email [benefits@lapra.org](mailto:benefits@lapra.org) or call LAPRA at 213-674-3701 or 888-252-7721 to request a printed copy of any notice or legal disclosure be mailed to you at no charge.





## 2024/25 Medical Plans At-a-Glance

Benefit Feature	Anthem PPO		Anthem HMO (CA Residents Only)	Kaiser HMO (CA Residents Only)
	PPO Network	Non-PPO Network <sup>1</sup>	HMO Providers Only <sup>3</sup>	HMO Providers Only
Calendar Year Deductible	\$350 per person \$700 per family	\$750 per person \$1,500 per family	N/A	N/A
Calendar Year Out-of-Pocket Maximum (includes deductibles and co-pays; excludes co-pays for infertility benefits)	<b>Medical Charges:</b> \$2,000 per person \$6,000 per family (not to exceed \$2,000 for any one person) See Benefits Guide for prescription drug out-of-pocket maximum.	<b>Medical Charges:</b> \$4,000 per person \$12,000 per family (not to exceed \$4,000 for any one person) See Benefits Guide for prescription drug out-of-pocket maximum.	<b>Medical and Prescription Drug Charges:</b> \$1,000 per person \$3,000 per family	<b>Medical and Prescription Drug Charges:</b> \$1,500 per person \$3,000 per family
Office Visit	90% <sup>2</sup>	70% <sup>2</sup>	\$20 co-pay	\$15 co-pay
Hospitalization	90% <sup>2</sup>	70% <sup>2,4,5</sup>	100%	100%
Emergency Room	90% <sup>2</sup> after a \$150 co-pay (waived if admitted)		\$150 co-pay (waived if admitted)	\$150 co-pay (waived if admitted)
Diagnostic X-ray & Lab Tests	90% <sup>2</sup>	70% <sup>2</sup>	100%	100%
Body Scans (not subject to deductible)	100% (no co-pay) up to \$500 every 2 years for enrollee and spouse or registered domestic partner		Not Covered	Not Covered

<sup>1</sup> You may be responsible for paying the difference between the maximum allowed amount and the amount the non-participating provider or other health care provider charges. This amount can be significant. Choosing a participating provider will likely result in lower out of pocket costs to you.

<sup>2</sup> Subject to calendar year deductible.

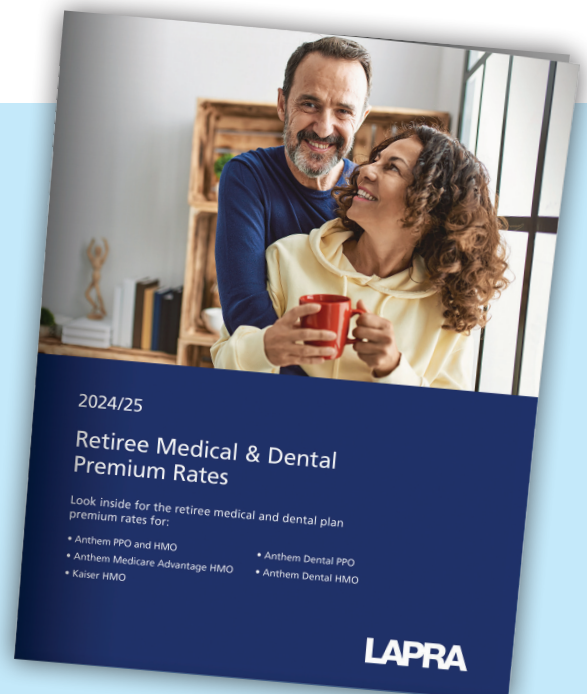
<sup>3</sup> Your primary care physician can refer you to a specialist when necessary and must approve all care you receive except in the event of an emergency.

<sup>4</sup> Failure to obtain pre-service authorization may result in a \$350 penalty.

<sup>5</sup> Covered expense is reduced by 25% for services and supplies provided by a non-contracting hospital.

## Retiree Monthly Medical Premium Rates

Refer to the 2024/25 Retiree Medical and Dental Plan Premium Rates Booklet included in your Annual Enrollment packet for monthly medical premium rates.



# Enhanced Dental Benefits Give You Something to Smile About

For 2024/25, the Anthem Blue Cross PPO Dental Plan calendar year maximum benefit is increasing from \$2,000 to \$2,500 (excluding orthodontia) and the orthodontia lifetime maximum benefit is increasing from \$1,750 to \$2,500.



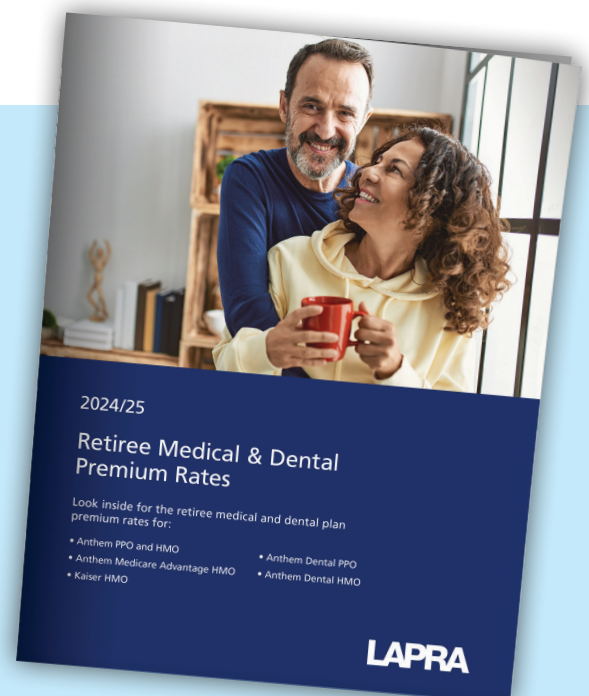
## 2024/25 Dental Plans At-a-Glance

Benefit Feature	Anthem PPO Dental Plan		Anthem HMO Dental Plan (CA Residents Only)
	Network Providers	Non-Network Providers*	HMO Dental Providers Only
Calendar Year Deductible	None	\$25 per person \$50 per family (waived for Preventive & Diagnostic)	None
Calendar Year Maximum	\$2,500 per person (excluding Orthodontia)		None
<b>Preventive &amp; Diagnostic</b> • Cleanings • Exams/X-rays • Sealants	100% (3/year) 100% 100%	100% (3/year) 100% 100%	No Charge No Charge \$10 co-pay per tooth
<b>Basic</b> • Extractions/Fillings • Root Canal • Oral Surgery	90% 90% 90%	80% 80% 80%	No Charge \$0-\$180 co-pay per tooth \$0-\$200 co-pay per tooth
<b>Major</b> • Crowns & Bridges • Dentures • Implants • Night Guards (\$2,000 max benefit)	60% 60% 60% 60%	60% 60% 60% 60%	\$100-\$200 co-pay per tooth \$150-\$200 co-pay per tooth N/A N/A
<b>Orthodontia</b> (adults and children)	50%	50%	\$1,750 co-pay (child or adult) (Services exceeding a 24-month treatment period will require additional co-pays.)
<b>Orthodontia Lifetime Maximum</b>	\$2,500 per person (Includes \$300 for pre-orthodontic visit and treatment plan)		N/A

\* For non-network providers, benefits are based on the customary and reasonable charge. You are responsible for any difference between the amount charged and the customary and reasonable charge, plus any deductible and/or coinsurance amount.

## Retiree Monthly Dental Premium Rates

Refer to the 2024/25 Retiree Medical and Dental Plan Premium Rates Booklet included in your Annual Enrollment packet for monthly medical premium rates.





## 2024/25 Vision Plan At-a-Glance

Benefit Feature	VSP Choice Network Provider	Non-VSP Choice Network Provider Reimbursement Amounts <sup>1</sup>
<b>Eye Exam</b> Once every 12 months	\$20 co-pay	\$45 reimbursement
<b>Frames</b> Once every 12 months	Plan pays up to \$115 (20% discount on out-of-pocket expense above \$115)	\$47 reimbursement
<b>Lenses</b> Once every 12 months • Single vision lens • Lined bifocal lens • Lined trifocal lens	Plan pays 100% Plan pays 100% Plan pays 100%	\$45 reimbursement \$65 reimbursement \$85 reimbursement
<b>Contact Lenses &amp; Fitting Exam</b> (in lieu of lenses and frames) Once every 12 months	\$120 allowance	\$104 reimbursement

<sup>1</sup> You must submit claim forms when you use non-VSP Choice Network providers.

### Vision Benefits for Kaiser HMO Members

**There are no changes to vision coverage through Kaiser for 2024/25.** If you enroll in the Kaiser HMO, vision care is provided through Kaiser. There is no charge for eye exams to determine the need for vision correction. In addition, members receive a \$350 allowance for prescription eyeglasses or contact lenses once every 24 months.

## Long-term Care Insurance Premiums Increasing

Long-term Care (LTC) Insurance helps pay for the care you need when you can no longer care for yourself and can help protect your family's financial future. For retired members who were enrolled in LTC at the time of retirement, LAPRA contributes \$7.53 per month toward the cost of a Core LTC benefit of \$1,500 per month for facility or home care up to two years after a 90-day elimination period. Members can purchase additional protection for themselves through optional buy-up LTC insurance or purchase insurance for eligible family members.

With people living longer and the increasing cost to provide medical and long-term care, we have been notified by Unum, our LTC insurance carrier, that premiums for Optional Buy-up LTC will be increasing up to 54% in the coming months. LAPRA will continue to pay \$7.53 per month for the Core LTC benefit provided to retired members. If you purchased additional LTC protection for yourself or eligible family members, Unum will contact you directly by mail to explain your options before the premium increase takes effect. To speak to a Unum representative about your LTC coverage, call 800-227-4165 Mon-Fri 5 am to 5 pm PT.





## Enroll in your 2024/25 Benefits

Starting May 1, you can choose your medical and dental benefits for 2024/25. To enroll in dental benefits, go to [www.LAPRALive.org](http://www.LAPRALive.org). Follow the step-by-step instructions on page 2 to get started.

To enroll or make changes to your medical benefits for 2024/25, follow these steps:

- 1) Contact a LAPRA Benefits Representative by email at [benefits@lapra.org](mailto:benefits@lapra.org) or by calling **213-674-3701** or **888-252-7721**.
- 2) A Representative can explain your options and will send any required forms that need to be completed to you by email or regular mail.
- 3) Complete the forms and return them to LAPRA by May 31, 2024. Send your forms by email to [benefits@lapra.org](mailto:benefits@lapra.org) or regular mail. If sending regular mail, the envelope must be postmarked on or before May 31, 2024. Mail your completed forms to:

**LAPRA**  
**600 North Grand Avenue**  
**Los Angeles, CA 90012**

**Reminder:** You can update your life insurance beneficiary information anytime during the year on [www.LAPRALive.org](http://www.LAPRALive.org).

The information contained in this Bulletin is designed to provide you with an overview of certain aspects of your 2024/25 medical, vision and dental options through the Los Angeles Police Relief Association, Inc. (LAPRA). This Bulletin does not include all program rules and details, including limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this Bulletin and the legal plan documents, the legal plan documents and insurance contracts are the final authority.