LAPRA

Active Members

2017/18 Benefits Guide

Benefits Effective July 1, 2017 – June 30, 2018

LAPRA Benefits

Security. Protection. Choice.

At the Los Angeles Police Relief Association (LAPRA), maintaining a quality benefits program for our members and their families is our priority. Our goal is to promote security, protection and choice while keeping our members strong and healthy. We know you have a choice when it comes to insurance and we take pride in offering medical, dental and vision protection to meet your needs. You can count on the LAPRA benefits program for superior coverage and value.

Inside

Who Is Eligible?

Employees

All full-time employees working 30 or more hours per week who are:

- Recruits employed by the City of Los Angeles to become sworn police officers;
- Sworn police officers of the LAPD; or
- Employees of the Los Angeles Police Relief Association, the Los Angeles Retired Fire and Police Association or the Los Angeles Police Protective League.

Dependents

The following dependents of enrolled plan members:

- Legal spouse or legally registered domestic partner or City-approved domestic partner.
- Children under age 26, and children of any age who are incapable of sustaining employment due to a physical or mental disability who became disabled before age 26.

You may add a domestic partner when you are first eligible to enroll in the program or by submitting an enrollment form within 31 days of the legal and valid registration of a domestic partnership or approval of a domestic partnership application by the City of Los Angeles, whichever is applicable, or during each year's Open Enrollment period. Written proof of the legal registration of a domestic partnership or the written approval of the domestic partnership application by the City of Los Angeles must also be submitted.

If you enroll an eligible dependent when you are first eligible to enroll in the program or within 31 days following an event or during each year's Open Enrollment period, you must provide a valid Social Security number for your dependent. Also, you will have 60 days from the dependent's effective date of coverage to submit proof of 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 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.

Dual Coverage

If your spouse or domestic partner is also a sworn active or retired LAPD officer or has medical and/or dental coverage through another employer-sponsored plan, contact LAPRA for information regarding dual coverage options and limitations.

If You Get Divorced or Dissolve a Domestic Partnership

LAPRA does not provide coverage for ineligible dependents, including former spouses, former domestic partners or children who do not qualify as dependents under the plans. You must complete the appropriate forms and notify LAPRA within 31 days of the date of divorce or the date your domestic partnership dissolution is final.

You may not cover a divorced spouse, even if the divorce decree states that coverage must be provided. If the court orders you to provide coverage for your divorced spouse, you must arrange for coverage on your own.

In the case of divorce, COBRA continuation will not be offered to your former spouse and any stepchildren who cease to be your dependents, if LAPRA does not receive notification within 60 days following the date your divorce is final.

If you miss the 31-day deadline noted above:

1. Coverage for your ineligible dependents will be retroactively terminated to the first of the month following the date your divorce or domestic partnership dissolution is final, up to a maximum of 6 months.
2. You may be financially and legally responsible for the cost of medical, dental and vision services provided to your former spouse, former domestic partner and any stepchildren who cease to be your dependents during the period of ineligibility.
3. You may be financially and legally responsible for the cost of any subsidy paid to LAPRA, on your behalf, by either the City of Los Angeles or LAFPP.

If you are currently covering dependents who do not meet the eligibility requirements of the plans, you must notify LAPRA within the time frames listed above. Failure to do so will result in the penalties listed above. Call LAPRA at 213-674-3701 or 888-252-7721 for more information.

Legally Required Notices

Each year there are legally required notices and disclosures that LAPRA is required to make available to participants in LAPRA's benefit plans. Click here to access the legally required notices on the LAPRA website. You can also call LAPRA at 213-674-3791 or 888-252-7721 or email benefits@lapra.org to requested a printed copy of any legal notices or disclosures be mailed to you at no charge.

Enrollment and Changes

New Recruits Initial Enrollment

As a new recruit of the Los Angeles Police Department, you will receive a summary of LAPRA's benefit plans during the New Recruit Family Orientation. You will be given a few days to review the information.

On the first day of your recruit class, you will receive an enrollment packet. You will be required to complete all the necessary forms to enroll in LAPRA's plans on this day. If you are enrolling your eligible dependents as defined on page 1, you must submit proof of 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.

Your LAPRA benefits are immediately effective on the first day of your recruit class.

Open Enrollment

To enroll in or change medical or dental coverage or add or drop coverage for eligible dependents, you can access the required forms using the online forms retrieval tool available on the Open Enrollment page on the LAPRA website at www.lapra.org. You can also call LAPRA at 213-674-3701 or 888-252-7721 and speak to a Benefits Representative who will mail any required forms to your home. Completed forms can be submitted to LAPRA by email to benefits@lapra.org, fax to 213-674-3715 or regular mail by May 31, 2017.

Changes Limited

Once you submit your benefit elections, they must remain in effect for the full plan year (July 1 through June 30) unless you experience a qualifying event as provided under Section 125 of the IRS Code (click here for more information).

To make changes due to a qualifying event, you must contact a LAPRA Benefits Representative and complete and return the necessary forms within 31 days of the qualifying event (60 days for loss of eligibility for Medi-Cal or Healthy Families Program coverage). **If more than 31 days (or 60 days, as applicable) have lapsed since the qualifying event took place, you must wait until the next Open Enrollment to make the change.** 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 qualifying event, such as birth/adoption certificate, marriage certificate, divorce decree, or letter verifying the change is required.

Open Enrollment

If you do not wish to make changes to your current medical or dental coverage and you have no changes to dependents, there is no need to re-enroll during Open Enrollment.

- **Your medical coverage will automatically continue with your current plan selection (Anthem Blue Cross PPO, Anthem Blue Cross HMO or Kaiser HMO).**
- **Your dental coverage will automatically continue with your current plan selection (Anthem Blue Cross PPO Dental Plan or Anthem Blue Cross HMO Dental Plan).**

As a reminder, LAPRA does not provide coverage for ineligible dependents, including former spouses, former domestic partners or children who do not qualify as dependents under the plans.

Medical

LAPRA offers you and your family three medical options:

- Anthem Blue Cross Prudent Buyer PPO
- Anthem Blue Cross CaliforniaCare Plus HMO
- Kaiser HMO

All three plans provide coverage for preventive care, office visits, hospitalization, surgery and prescription drugs. The plans differ in co-payments, coinsurance, out-of-pocket costs, and provider choice.

Anthem Blue Cross Prudent Buyer PPO Plan

The Anthem Blue Cross Prudent Buyer Plan is a Preferred Provider Organization (PPO) that gives you the option to see any provider (participating providers or non-participating providers) whenever you need care. If saving health care dollars is important to you, you will want to stay in-network by using only PPO doctors and hospitals. The Prudent Buyer PPO network is the largest provider network in California.

PPO Network Providers

PPO network providers are doctors, hospitals, pharmacies, labs, etc. that participate in the Anthem Blue Cross Prudent Buyer PPO network and have agreed to provide services at pre-negotiated reduced rates. When you use PPO network providers, you receive the highest level of benefits at the lowest possible cost. You are not required to choose a primary care physician and you can see doctors and specialists within the network without a referral. PPO providers file all claims for you.

Need Help?

Want to change doctors? Need an ID card? Call Anthem Blue Cross, at the toll free number listed on the back cover of this Guide if you want to change doctors, request a new ID card, or have your claim or benefit questions answered. For questions regarding eligibility or to request an ID card, call a LAPRA Benefits Representative at 213-674-3701 or 888-252-7721 or send an email to benefits@lapra.org. If you are new to the plan, you will receive an identification card shortly after you enroll. If you need care before your card arrives, make an appointment and explain that you are a new plan member.

How It Works

After the applicable calendar year deductible is met, the plan pays 90% of most covered services.

When the deductible and other out-of-pocket expenses for covered services total the applicable calendar year out-of-pocket maximum, the plan begins to pay covered charges at the 100% level for the remainder of the year. There are separate out-of-pocket maximums for medical charges and for prescription drug expenses.

As shown in the comparison charts on pages 6 and 7, deductible amounts and out-of-pocket maximums differ for individual or family coverage, and are higher for non-network providers than for network providers.

IMPORTANT: If services are received from a non-participating provider, you may be billed by the provider for the difference between their charges and your plan's maximum allowed amount. The maximum allowed amount is the total reimbursement payable under your plan for covered services you receive from providers.

Anthem Blue Cross CaliforniaCare Plus HMO

The Anthem Blue Cross CaliforniaCare Plus HMO offers comprehensive coverage for a wide range of health care services. Benefits are payable only when you use Anthem Blue Cross HMO providers and facilities.* There are no deductibles and no claim forms. You pay a $15 co-pay for most services. The calendar year out-of-pocket co-pay maximum is $1,000 per person and $3,000 per family.

You must choose a primary care physician (PCP) from a Participating Medical Group or Independent Practice Association in the Anthem Blue Cross HMO network. You have the right to designate any PCP who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. You do not need authorization to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. Your PCP manages all of your medical care, refers you to specialists as needed, and can help you take advantage of special wellness programs. If you do not list a PCP on your enrollment form, Anthem Blue Cross will automatically assign one to you within 30 miles from your home address. If you're not satisfied with Anthem Blue Cross' selection, you should call Anthem Blue Cross Customer Service at 800-289-2250 to request a medical PCP change.

This plan is only available to California residents.

Anthem Blue Cross Guest Membership Program

Your eligible dependents living outside of California may be eligible to enroll in HMO coverage with a partner Blue Cross and Blue Shield plan under the Guest Membership Program. The program is for members who will be temporarily residing outside of California for a minimum of 90 days.

Call 800-827-6422 for a list of states that participate in the program, verify provider availability and request a Guest Membership application.

Kaiser HMO

Kaiser HMO benefits are payable only when you use Kaiser providers and facilities. You must select a primary care physician (PCP) to manage your health care, including referrals to specialists. You have the right to designate any PCP who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. You do not need authorization to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. Kaiser will automatically assign a PCP for yourself and your enrolled family members. For information on how to change your PCP, and for a list of PCPs, contact Kaiser. If you'd like a second opinion, you can ask to see another Kaiser physician. You may change your Kaiser physician at any time for any reason.

With the Kaiser HMO, there are no deductibles and no claim forms. You pay a $15 co-pay for most services. The annual out-of-pocket maximum is $1,500 per person and $3,000 per family. Worldwide emergency benefits are available when you travel away from home.

This plan is only available to California residents.

* Under the "Plus" benefits, you have the option to choose providers outside of the CaliforniaCare HMO network for certain outpatient services and still receive limited benefits for those services. Refer to the section titled "Your Plus Benefits" in the CaliforniaCare HMO Evidence of Coverage for details.

LAPRA Medical Plans At-a-Glance

The table below provides an overview of the key benefits provided through the LAPRA medical plans. Please refer to the Anthem Blue Cross PPO or HMO, or Kaiser HMO materials for a complete description of benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Anthem Blue Cross Prudent Buyer PPO		Anthem Blue Cross CaliforniaCare Plus HMO (California Residents Only)	Kaiser HMO (California Residents Only)
Providers	**PPO Network**	**Non-PPO Network[1]**	**HMO Providers Only[3]**	**HMO Providers Only**
Calendar Year Deductible	$300 per person $600 per family	$500 per person $1,000 per family	N/A	N/A
Calendar Year Out-of-Pocket Maximum (includes deductibles and co-pays; excludes co-pays for infertility benefits)	**Medical Charges:** $2,000 per person $6,000 per family (not to exceed $2,000 for any one person) See page 7 for prescription drug out-of-pocket maximum.	**Medical Charges:** $3,000 per person $9,000 per family (not to exceed $3,000 for any one person) See page 7 for prescription drug out-of-pocket maximum.	**Medical and Prescription Drug Charges:** $1,000 per person $3,000 per family	**Medical and Prescription Drug Charges:** $1,500 per person $3,000 per family
Lifetime Max	Unlimited		Unlimited	Unlimited
Office Visit	90%[2]	70%[2]	$15 co-pay	$15 co-pay
Hospitalization	90%[2]	70%[2,4,5]	100%	100%
Emergency Room	90%[2] after a $150 co-pay (waived if admitted)		$150 co-pay (waived if admitted)	$150 co-pay (waived if admitted)
Urgent Care	90%[2]	70%[2]	$15 co-pay	$15 co-pay
Maternity Care	90%[2]	70%[2]	Doctor visits: $15 co-pay (initial visit only) Facility charges: 100%	Doctor visits: 100% Facility charges: 100%
Well Baby/ Child Care	100% (up to age 7; not subject to deductible)	70%[2] (up to age 7; not subject to deductible)	100% (up to age 7)	100% (up to age 2)
Routine Physical	100% (adults & children over age 7; not subject to deductible)	Not covered	100% (adults & children over age 7)	100%
Diagnostic X-ray & Lab Tests	90%[2]	70%[2]	100%	100%
Body Scans (not subject to deductible)	100% after $25 co-pay; up to $250 per calendar yr	Not Covered	Not Covered	Not Covered
Physical & Occupational Therapy and Chiropractic Services (additional services may be authorized)	90%[2] (24 visits per calendar yr combined PPO Network & Non-PPO Network)	70%[2] (24 visits per calendar yr combined PPO Network & Non-PPO Network)	$15 co-pay (limited to a 60-day period of care after illness or injury; additional visits available when approved by the medical group)	$15 co-pay (Chiropractic up to 40 visits per year)
Acupuncture	90%[2] (24 visits per calendar yr combined PPO Network & Non-PPO Network)	70%[2] (24 visits per calendar yr combined PPO Network & Non-PPO Network)	$15 co-pay	$15 co-pay
Mental Health/ Chemical Dependency • Outpatient • Inpatient	90%[2] 90%[2]	70%[2] 70%[2,4,5]	$15 co-pay 100%	$15 co-pay individual therapy/ group therapy: $7 co-pay mental health, $5 co-pay chem dep 100%

[1] 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.

[2] Subject to calendar year deductible.

[3] 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.

[4] Failure to obtain pre-service authorization may result in a $350 penalty.

[5] Covered expense is reduced by 25% for services and supplies provided by a non-contracting hospital.

When You Need a Prescription

When you enroll in a LAPRA medical plan, you automatically receive prescription drug coverage as shown in the table below. Note that prescription drug co-pays count towards your medical plan calendar year out-of-pocket maximum in the Anthem Blue Cross CaliforniaCare Plus HMO and the Kaiser HMO, but there is a separate prescription drug out-of-pocket maximum for the Anthem Blue Cross Prudent Buyer PPO.

To save money on prescription drugs, request that your doctor write your prescriptions for "generic" drugs whenever possible. Generic drugs are often the therapeutic equivalent of their brand-name counterparts, but cost significantly less.

You can purchase up to a 90-day supply of most maintenance drugs at a retail pharmacy under the Anthem Blue Cross Prudent Buyer PPO and CaliforniaCare Plus HMO. Maintenance drugs are those used to treat chronic conditions and are typically taken on a regular basis. Also, women's prescription contraceptives will be covered with a $0 co-pay under any LAPRA medical plan option to comply with requirements of the Affordable Care Act.

Prescription Drugs	Anthem Blue Cross Prudent Buyer PPO	Anthem Blue Cross CaliforniaCare Plus HMO (California Residents Only)	Kaiser HMO (California Residents Only)
Calendar Year Prescription Drug Out-of-Pocket Maximum	$4,850 per person $7,700 per family (not to exceed $4,850 for any one person)	N/A	N/A
Retail Pharmacy • Generic[1] • Brand • Maintenance Drugs • Injectables[2] • Retail Supply	 $15 co-pay $25 co-pay 2 co-pays (90-day supply) 20% co-pay,[1] max $150/prescription Up to 30 days (90 days for maintenance drugs[3])	 $15 co-pay $25 co-pay 2 co-pays (90-day supply) 20% co-pay,[1] max $150/prescription Up to 30 days (90 days for maintenance drugs[3])	 $15 co-pay $30 co-pay n/a n/a Up to 30 days
Mail Order • Generic[1] • Brand • Injectables[2] • Mail Order Supply	**1-30 day supply / 31-90 day supply** $15 co-pay / $30 co-pay $25 co-pay / $50 co-pay 20% co-pay, max $150/prescription / 20% co-pay, max $300/prescription Up to 90 days	**1-30 day supply / 31-90 day supply** $15 co-pay / $30 co-pay $25 co-pay / $50 co-pay 20% co-pay, max $150/prescription / 20% co-pay, max $300/prescription Up to 90 days	**1-30 day supply / 31-100 day supply** $15 co-pay / $30 co-pay $30 co-pay / $60 co-pay n/a Up to 100 days

[1] $0 co-pay for women's prescription contraceptives.

[2] 20% co-pay does not apply to insulin. Regular co-pays apply.

[3] Maintenance drugs are those used to treat chronic conditions and are typically taken on a regular basis. To determine if your medication qualifies as a maintenance drug, contact Anthem Blue Cross at 800-700-2541. Maintenance drugs do not include any controlled substances, smoking cessation or weight management medications.

Your Cost for Medical Per Pay Period

Your cost for Medical is based on your selected plan and coverage category as well as the amount of the City of Los Angeles subsidy. The table below reflects the member cost per pay period effective July 1, 2017.

	Anthem Blue Cross Prudent Buyer PPO	Anthem Blue Cross CaliforniaCare Plus HMO (California Residents Only)	Kaiser HMO (California Residents Only)
Single	$0.00	$0.00	$0.00
2-Party	$0.00	$0.00	$0.00
Family	$0.00	$28.04	$0.00

Pre-service Review Requirements

Pre-service review establishes in advance the medical necessity of certain care and services covered under the Anthem Blue Cross HMO or PPO medical plans. Not all services which require pre-service review are listed here. For a complete list of services requiring pre-service review, contact Anthem Blue Cross at the telephone number listed on the back of your ID card. **Pre-service review is required under both the HMO and PPO medical plans for facility-based care for the treatment of mental or nervous disorders, severe mental disorders, and substance abuse.**

Anthem Blue Cross PPO

Pre-service review is also required for the following services under the Anthem Blue Cross PPO:

- Scheduled, non-emergency inpatient hospital stays and residential treatment center admissions (except inpatient hospital stays for maternity care of 48 hours or less following a normal delivery or 96 hours or less following a cesarean section and mastectomy and lymph node dissection)
- Transplant services
- Visits for physical therapy, physical medicine, occupational therapy and chiropractic care beyond 24 combined visits per calendar year
- Home health care; home infusion therapy
- Admission to a skilled nursing facility
- Surgical treatment for morbid obesity performed at a Centers of Expertise facility
- Select imaging procedures including MRI, CAT scan, PET scan, MRS scan, MRA scan and Nuclear Cardiac Imaging
- Certain types of Durable Medical Equipment including ultra lightweight wheelchairs, motorized/power wheelchairs, power operated vehicles and related accessories

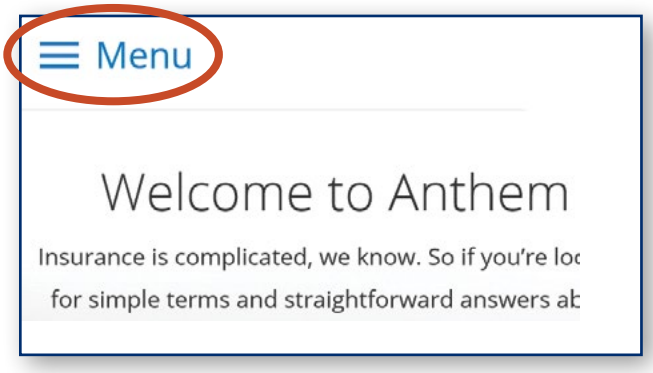
HMO and PPO providers will initiate a pre-service review on your behalf. Non-PPO providers may initiate the review for you, or you may call Anthem Blue Cross directly at the toll-free telephone number for pre-service review printed on your ID card.

It is your responsibility to confirm that the review has been performed. Failure to obtain pre-service authorization for an inpatient hospital or residential treatment center admission or the facility-based care for the treatment of mental or nervous disorders and substance abuse will be subject to a $350 non-certification penalty.

How to Find an Anthem Blue Cross Medical and/or Dental Provider

1. Go to www.anthem.com/ca.

2. Click on Menu.



3. Click on **Find a Doctor.**

4. If you do not want to search as a **Member**, you can click on **Continue** under **Search as a Guest**.

5. Under **How do you get Insurance?**, select **Through my employer**.

6. Under **What state do you want to search in?**, select your state.

7. Under **What type of care are you searching for?**, select **Medical** or **Dental**.

8. Under **Select a plan/network**, to select one of the LAPRA medical or dental plans listed below:

Medical Plans	Dental Plans
Blue Cross PPO (Prudent Buyer) – Large Group *California residents*	Dental Blue Complete *PPO Dental except for Idaho residents*
National PPO (BlueCard PPO) *if you live outside of California*	Dental PPO *PPO Dental for Idaho residents*
Blue Cross HMO (CACare) – Large Group *if you live in California*	Dental Net *HMO Dental for California residents*

9. Click on **Continue**.

10. Using the drop-down boxes, select your desired search criteria.

11. Select **Search**.

LiveHealth Online: 24/7/365 Access to Health Care

Anthem Blue Cross Prudent Buyer PPO members have access to LiveHealth Online—a service that lets you see a doctor without appointments or waiting rooms via two-way online video conferencing. It's available for you when you need it—24 hours a day, 365 days a year.

How much does it cost to use LiveHealth Online? LiveHealth Online is a part of your health plan. The cost of a LiveHealth Online visit is the same or less than a primary care office visit. To find out how much your visit will cost, enter your member ID on LiveHealth Online and the cost will be shown before you visit with a doctor.

Key features of LiveHealth Online include the following:

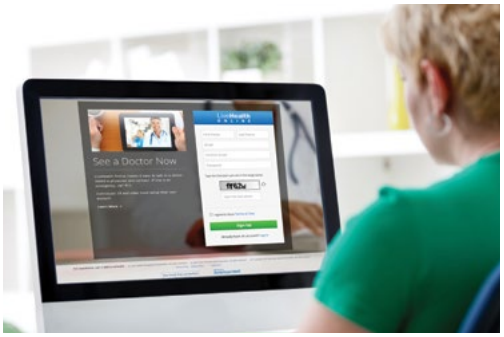
- You can use it at work, at home or on the go. You never need an appointment.
- It's fast. You can log in and talk to a doctor within a few minutes.
- Doctors are available any time of the day or night, 365 days a year.
- It's private and secure.

LiveHealth Online Mobile App

Download the free LiveHealth Online mobile app to your web-enabled smart phone. Search "LiveHealth Online" from the App Store or on Google Play.

Get Started Using LiveHealth Online

To get started using LiveHealth Online, you'll need to set up an account and complete your profile. Follow these steps:



1. Go to www.livehealthonline.com and click on the "**Enroll**" button.
2. Answer a brief list of questions to create your profile and enter a secure password. For health plan, select "**Anthem Blue Cross (CA)**" from the drop down list.
3. Log in by clicking on the "**Login**" button. Once you're logged in, you can schedule an appointment with a provider or request a provider consultation right away.

If you have questions or need assistance setting up an account, call LiveHealth Online at 855-603-7985.

Healthy Lifestyles Wellness Program

Healthy Lifestyles is the name of LAPRA's wellness program that's free for active and retired members and their adult dependents who are enrolled in a LAPRA medical plan. The **Healthy Lifestyles** program includes:

- A free gym membership at more than 9,000 Prime fitness centers
- An online Well-Being Assessment that gives you a snapshot of your current health with personalized feedback based on your health risks
- Individualized support from a health coach
- Tailored action plans just for you
- Reward points that you earn and can redeem for fitness gear, kitchen gadgets and other merchandise

For more information or to sign up, visit MyHealthyLifestyles.com or call Healthy Lifestyles at 855-817-0647.

Vision

LAPRA members who enroll in the Anthem Blue Cross Prudent Buyer PPO or the Anthem Blue Cross CaliforniaCare Plus HMO automatically receive vision coverage through Vision Service Plan (VSP).

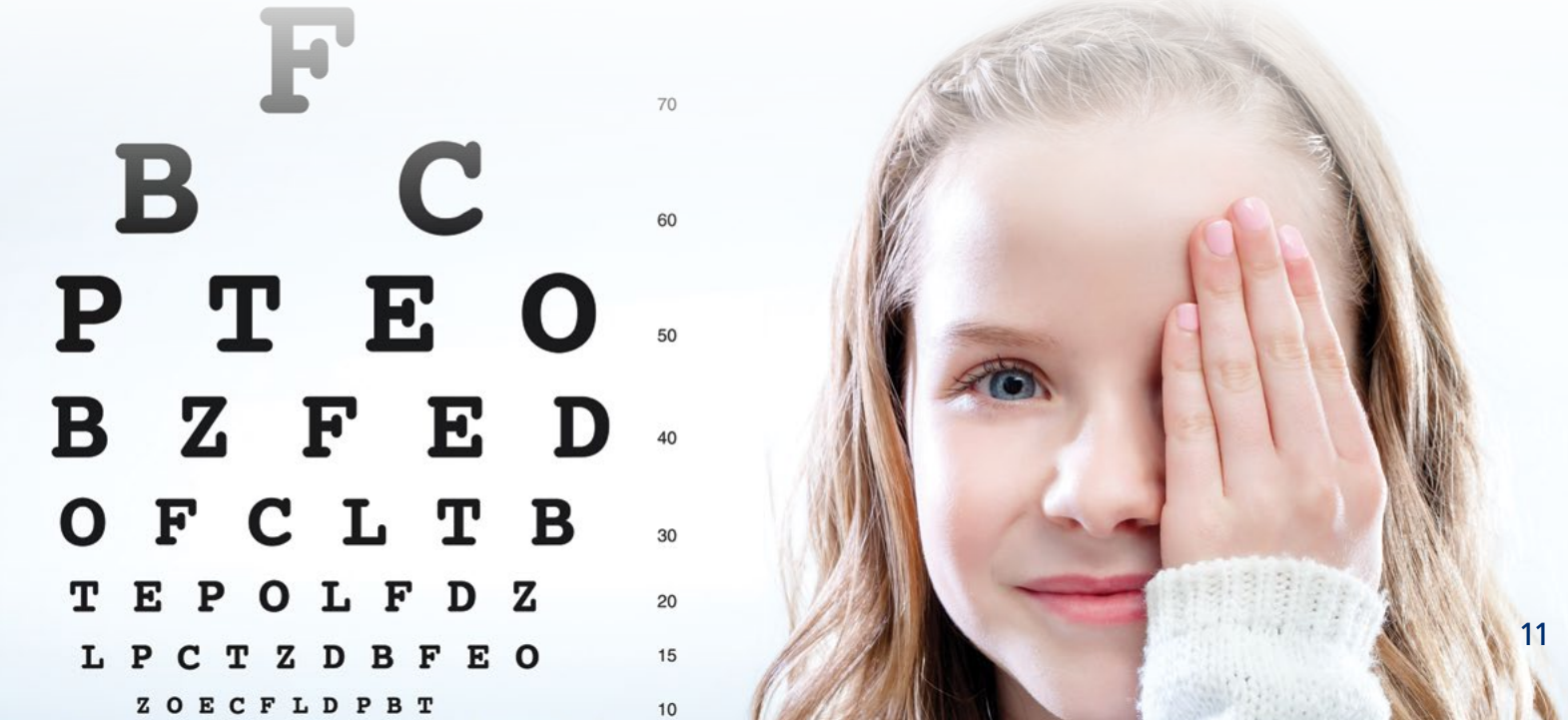
You may use any vision provider for vision care; however, when you use a VSP Choice provider, you'll save money on exams and eyewear and there are no claim forms. VSP also offers discounts on glasses and sunglasses, contact lenses, and laser vision correction. Most services are provided every 12 months. For more information and to find a member doctor, visit the VSP website at **www.vsp.com**.

Benefit Feature	Coverage from VSP Choice Network Provider	Non-VSP Choice Network Reimbursement Amounts[1]
Eye Exam Once every 12 months	$20 co-pay	$45 reimbursement
Frames Once every 12 months	Plan pays up to $115 (20% discount on out-of-pocket expense above $115)	$47 reimbursement
Lenses Once every 12 months		
• Single vision lens	Plan pays 100%	$45 reimbursement
• Lined bifocal lens	Plan pays 100%	$65 reimbursement
• Lined trifocal lens	Plan pays 100%	$85 reimbursement
Contact Lenses & Fitting Exam Once every 12 months (in lieu of lenses and frames)	$120 allowance	$105 reimbursement

[1] You must submit claim forms when you use non-VSP Choice Network providers.

Vision Benefits for Kaiser HMO Members

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 medically necessary eyewear every 24 months.



Dental

The Dental Plans cover preventive, basic, and major services, as well as orthodontia. Two options are available:

- Anthem Blue Cross PPO Dental Plan
- Anthem Blue Cross HMO Dental Plan (for California residents only)

Anthem Blue Cross PPO Dental Plan

With the Anthem Blue Cross PPO Dental Plan you can visit any dentist and receive benefits; however, you will receive the greatest value for your dollar when you use network dentists. All dentists nationwide participating in the Anthem Blue Cross Dental Blue Complete Network 100, 200 or 300 are considered Network dentists* under the LAPRA PPO Dental Plan. Network dentists have contracted with the plan to provide services at reduced rates, so using these dentists will save you money. Plus, deductibles do not apply when you use in-network dentists.

If you choose a non-network dentist, the plan will still provide benefits, but your out-of-pocket expenses may be higher, because the Anthem Blue Cross negotiated fees do not apply to non-network dentists. There is no deductible for non-network preventive and diagnostic services.

IMPORTANT: When using a non-network provider under the Anthem Blue Cross PPO Dental Plan, the maximum allowable charge is based on the customary and reasonable charge for professional services as determined by Anthem Blue Cross. Members are responsible for any difference between the non-network provider's actual charge and the maximum allowable charge, as well as any deductible and/or coinsurance percentage.

Anthem Blue Cross HMO Dental Plan

The HMO Dental Plan offers comprehensive coverage designed to fit your family's budget. All services must be performed by an Anthem Blue Cross HMO Dental provider in order to be covered. Many services are covered at 100%, while others require a co-pay. Deductibles and calendar year maximums do not apply. Each family member may choose a different primary dentist and should be listed on your enrollment form. If you do not list a primary dentist on your enrollment form, Anthem Blue Cross will automatically assign one to you within 30 miles from your home address. If you're not satisfied with Anthem Blue Cross' selection, you should call Anthem Blue Cross at 866-527-5801 to request a change in primary dentist.

This plan is only available to California residents.

* All claims incurred in Idaho or Montana will be paid as in-network.

To find an Anthem Blue Cross dental provider in your area, follow the instructions on page 9.

Something to Smile About

The Anthem Blue Cross PPO Dental Plan is designed for individuals and families to promote good oral hygiene and offer convenient, affordable dental coverage. Highlights of the plan include:

- **Access to a broad nationwide network of preferred dentists with in-network coverage available in most geographic locations**
- **No deductible with network providers**
- **No deductible for Preventive and Diagnostic services (network and non-network)**
- **Calendar year maximum of $2,000 per person**
- **Lifetime maximum of $1,750 for orthodontia**
- **Three cleanings per calendar year covered at 100% (one additional cleaning per calendar year for pregnant women)**
- **Freedom to choose any dentist**

LAPRA Dental Options

The table below provides an overview of the key benefits and bi-weekly contributions provided through the LAPRA Dental Plans. Refer to the Anthem Blue Cross PPO Dental Plan or HMO Dental Plan materials for a complete description of the LAPRA dental benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Anthem Blue Cross PPO Dental Plan		Anthem Blue Cross HMO Dental Plan (California Residents Only)
Providers	**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	$2,000 per person (excluding Orthodontia)		None
Preventive & Diagnostic • Cleanings • Exams • X-rays • Sealants	 100% (3/year) 100% 100% 100%	 100% (3/year) 100% 100% 100%	 No Charge No Charge No Charge $10 co-pay per tooth
Basic • Extractions • Fillings • Root Canal • Oral Surgery	 90% 90% 90% 90%	 80% 80% 80% 80%	 No Charge No Charge $0-$180 co-pay per tooth $0-$200 co-pay per tooth
Major • Crowns & Bridges • Dentures • Implants	 60% 60% 60%	 60% 60% 60%	 $100-$200 co-pay per tooth $150-$200 co-pay per tooth n/a
Orthodontia (including adults and children)	50%	50%	$1,750 co-pay (child) $1,750 co-pay (adult) (Services exceeding a 24-month treatment period will require additional co-pays.)
Orthodontia Lifetime Maximum	$1,750 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.

Your Cost for Dental Per Pay Period

Your cost for Dental is based on your selected plan and coverage category as well as the amount of the City of Los Angeles subsidy. The table below reflects the member cost per pay period effective July 1, 2017.

	Anthem Blue Cross PPO Dental Plan	Anthem Blue Cross HMO Dental Plan (California Residents Only)
Single	$0.00	$0.00
2-Party	$13.50	$11.50
Family	$16.00	$14.50

Dispatch: Key Contacts

Key Contact	Telephone	Website/Email
Los Angeles Police Relief Association, Inc. (LAPRA)	213-674-3701 888-252-7721 Fax 213-674-3715	www.lapra.org benefits@lapra.org
Department of Fire & Police Pensions (LAFPP)	844-885-2377	www.lafpp.com
Anthem Blue Cross Medical Plans • Prudent Buyer Plus PPO Plan • CaliforniaCare HMO Plan (available in CA only) • Pharmacy/Prescription Drugs • Pharmacy/Prescription Drugs Medicare Part D • Mail Order Prescriptions • Mail Order Prescriptions Medicare Part D • Guest Membership Program • Away From Home (urgent care when traveling in the U.S.) • LiveHealth Online	 800-289-2250 800-289-2250 855-250-8954 855-871-5489 866-545-3509 888-565-8361 800-827-6422 800-810-2583 855-603-7985	www.anthem.com/ca www.livehealthonline.com
Kaiser Permanente (available in CA only) • Member Services • Appointment Center • Select a Physician • Away From Home Travel Line	 800-464-4000 800-464-4000 800-464-4000 951-268-3900	www.kp.org
Anthem Blue Cross Dental Plans • PPO Dental Plan • HMO Dental Plan (available in CA only)	 866-527-5801 866-527-5801	www.anthem.com/ca
Vision Service Plan	800-877-7195	www.vsp.com
Healthy Lifestyles Wellness Program	855-817-0647	www.myhealthylifestyles.com

About This Guide

This Enrollment Guide provides an overview of the LAPRA medical, dental and vision plans effective July 1, 2017, and tells you how and when you can enroll or make changes to your coverage. It also describes how life changes can affect your benefits and eligibility. 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, the actual plan documents will prevail. If you have any questions about the information presented in this Guide, please contact a LAPRA Benefits Representative.