LAPRA

2023/24

Annual Enrollment Bulletin

Active Members

Annual Enrollment is Here!

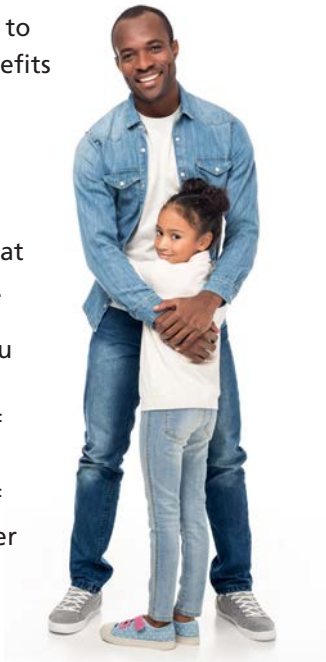
Annual Enrollment is your once-a-year opportunity to evaluate your health care needs and make any changes to your medical or dental coverage and add or remove dependents.

2023/24 Annual Enrollment is May 1-31, 2023.

Enroll in Your 2023/24 Benefits on www.LAPRALive.org

Starting May 1, you can choose your benefits for 2023/24 on **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 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, 2023.

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.

See page 5 for step-by-step instructions to get started on **www.LAPRALive.org**.

Choose your benefits for 2023/24 during Annual Enrollment, May 1-31, 2023.

What You Need to Know for 2023/24

A Few Changes to Medical and Dental Plan Premiums

There are some changes to medical and dental plan premiums in 2023/24. The amount you pay depends on the plan and coverage tier you elect and the City of Los Angeles subsidies starting July 1, 2023. Members costs that will increase are indicated in **RED**. Member costs that will decrease are indicated in **GREEN**

2023/24 Medical Plan Costs Per Pay Period

Coverage Tier	Anthem PPO	Anthem HMO (CA Residents Only)	Kaiser HMO (CA Residents Only)
Single	$0.00	$0.00	$0.00
2-Party	**$25.69**	$0.00	$0.00
Family	**$123.19**	**$106.88**	$0.00

2023/24 Dental Plan Costs Per Pay Period

Coverage Tier	Anthem PPO Dental Plan	Anthem HMO Dental Plan (California Residents Only)
Single	$3.00	$0.00
2-Party	$18.50	$0.00
Family	$21.00	**$4.20**

No Changes to Benefits

For 2023/24, there are no changes to the medical, dental or vision benefits. This means deductibles, copays and coinsurance will remain the same in 2023/24.

Your cost for medical and dental is determined by your selected plan(s) and coverage categories as well as the amount of the City of Los Angeles subsidies. The tables shown here reflect the member cost per pay period, effective July 1, 2023, based on a 5% increase to the current subsidy.

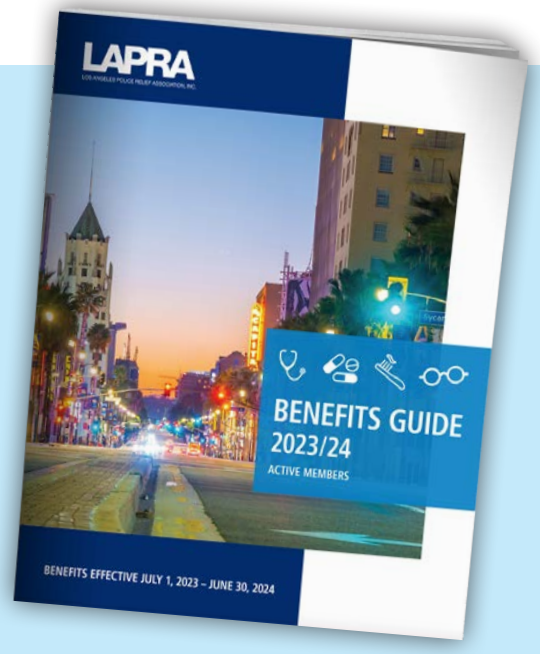
As of the date of this publication, the subsidy has not yet been determined. The member costs shown here are subject to change if the current City subsidy is higher or lower than 5%.

Benefits Information Available Online

The 2023/24 Benefits Guide is available on the LAPRA website at **www.lapra.org** or at **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** or at **www.LAPRALive.org**.

You can also email **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.



2023/24 Medical Plans At-a-Glance

Benefit Feature	Anthem PPO		Anthem HMO (CA Residents Only)	Kaiser HMO (CA Residents Only)
Providers	PPO Network	Non-PPO Network[1]	HMO Providers Only[3]	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)	**Medical Charges:** $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.	**Medical Charges:** $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.	**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
Office Visit	90%[2]	70%[2]	$20 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)
Diagnostic X-ray & Lab Tests	90%[2]	70%[2]	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

[1] 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.

[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.

2023/24 Vision Plan At-a-Glance

Benefit Feature	VSP Choice Network Provider	Non-VSP Choice Network Provider 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 • Lined bifocal lens • Lined trifocal lens	 Plan pays 100% Plan pays 100% Plan pays 100%	 $45 reimbursement $65 reimbursement $85 reimbursement
Contact Lenses & Fitting Exam (in lieu of lenses and frames) Once every 12 months	$120 allowance	$105 reimbursement

[1] 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 2023/24. 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.

2023/24 Dental Plans At-a-Glance

Benefit Feature	Anthem PPO Dental Plan		Anthem HMO Dental Plan (CA 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% (3/year) 100% 100%	No Charge No Charge $10 co-pay per tooth
Basic • 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
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 (adults and children)	50%	50%	$1,750 co-pay (child or 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.

Covid-19 Public Health Emergency Update

In February of this year, the Department of Health and Human Services (HHS) announced that the national covid-19 public health emergency will end on May 11, 2023. California state laws add six months to the federal covid-19 public health emergency requirements on health plans to continue covering covid-19 tests, vaccines and treatment from any licensed provider with no cost sharing through November 11, 2023.

After November 11, 2023, LAPRA members enrolled in the Anthem HMO or PPO can continue to access covid-19 tests, vaccines and treatment with no cost sharing when they access services through Anthem in-network providers.

LAPRA members enrolled in the Kaiser HMO will be able to continue to access covid-19 tests, vaccines and treatment after November 11, 2023 with no cost share when they access services through their Kaiser providers.

Need Help Accessing www.LAPRALive.org?

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

Get Started on www.LAPRALive.org

Access **www.LAPRALive.org** to enroll or make changes to your 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**.
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.

The information contained in this Bulletin is designed to provide you with an overview of certain aspects of your 2023/24 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.

Annual Enrollment for your LAPRA 2023/24 medical and dental plans starts May 1, 2023.

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

LAPRA
Los Angeles Police Relief Association, Inc.
600 North Grand Avenue
Los Angeles, CA 90012-2212
www.lapra.org

Annual Enrollment for your LAPRA 2023/24 benefits starts May 1, 2023.

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