

Benefit News for Retirees

2022 Open Enrollment for Health and Dental Benefits



In response to COVID-19 and the practice of social distancing, Open Enrollment for plan year 2022-2023 will be held April 25th to May 6th, however there will be no Open Enrollment fair. The Health Plans Office will not be able to assist you in person. If you need assistance, please contact the Health Plans Office at **(213) 367-2023** Monday – Friday from 7:00 am – 4:00 pm or via e-mail at healthplans@ladwp.com or by fax at **(213) 367-2078**. You may mail enrollment forms to: LADWP Health Plans Administration Office, 111 N. Hope Street, Room 564, Los Angeles, CA, 90012. If you have questions about IBEW Local 18-sponsored plans please contact the Benefit Service Center by calling **(818) 678-0040** or by email at local18@mybenefitchoices.com. We appreciate your understanding as we all continue to adjust to this rapidly changing environment.

2022 Open Enrollment • April 25 (Monday) – May 6, 2022 (Friday)

This is your annual opportunity to make changes to your health and dental benefits. Please carefully read both this newsletter *and* the *2022-2023 Retiree Benefit Guide* to learn more about your coverage options. During the two-week Open Enrollment period, you can make changes to your existing coverage, change plans and add/drop coverage for eligible dependents. If you want to keep your current health and/or dental plans and coverage levels for you and the same eligible family members you cover today, you simply take no action.



Online Carrier Informational Sessions

Online informational sessions have been scheduled during Open Enrollment with each carrier so that you may obtain more information about the health plan that you are interested in and to ask questions. Please visit <https://ebenefits.ladwp.com/Home/RetireesBenInfo> to view the schedule and to obtain the weblink and/or dial-in phone number.

2022 Open Enrollment Highlights – What You Need to Know:

No major health changes to LADWP-sponsored Kaiser, Health Plan of Nevada, UHC PPO (pre-65), UHC PPO Medicare Advantage Plan or UHC Medicare Advantage HMO plans. No major changes to LADWP-sponsored dental plans.

Review the subsidy and premium rate changes for the 2022-2023 plan year. This information is available in the **2022-2023 Retiree Benefit Guide** that will be mailed in mid-April to your address on file. The Benefit Guide will also be available online at <https://ebenefits.ladwp.com>

Important reminders regarding the Medicare Part B Reimbursement Program:

- ◆ **Reimbursement is not automatic**, it is your responsibility to enroll. Enrollment in the Reimbursement Program is not automatic and must be renewed annually.
- ◆ You must submit your **Annual Award Letter** from the Social Security Administration by **January 31st** each year to participate
- ◆ **LADWP will not make retroactive payments**. See page 4 of this newsletter for more information

Important reminders about the Group Payment Program:

- ◆ **If you do not receive a Social Security check** you may make arrangements to have LADWP pay Medicare Part B premiums to the Centers for Medicare and Medicaid Services (CMS) on your behalf
- ◆ **Enrollment in Group Payment is not automatic**
- ◆ You must complete a **Deduction Authorization Form**
- ◆ You must submit your **Social Security Administration Notice of Premium Payment Due**
- ◆ **LADWP will not pay retroactively**. See page 4 of this newsletter for more information

INSIDE: Important information about the Medicare Part B Reimbursement and Group Payment Programs.

COVID-19, Wellness and Program Resources.

Covering Your Eligible Dependents



2022 - 2023 Changes

Effective Date of Coverage

July 1, 2022 is the effective date for the 2022-2023 Plan Year (July 1, 2022 to June 30, 2023) for the coverage you choose during Open Enrollment. However, the Health and Dental Plans are calendar-year based, meaning benefits that have a specified number of visits per year, or amounts you pay for deductibles, coinsurance or copayments and when you reach your annual out-of-pocket maximum, are all counted or accumulate on a calendar-year basis.

IBEW Local 18 Optum Behavioral Health

All services for Employee Assistance Program (EAP), behavioral health, and substance use disorders covered under the IBEW Local 18-sponsored plans are managed through Optum Behavioral Health.

What's New in Your Life This Year?

Did your family change in the last year? Did anyone become eligible for Medicare? A marriage or divorce? Has anyone in your family moved? Did your spouse or child start a job and become eligible for health coverage from their new employer?

When life changes occur in your family, there may be a need for a change in your benefit coverages. The medical or dental choice you made last year may no longer be the best choice for you this year. That is why it is important to understand *all* the options available to you, *every year*, to be sure you have the plans that best meet your needs.

Please read this newsletter and the *2022-2023 Retiree Benefit Guide* to get the answers to your questions and make your choice for the coming 12 months.

What If You Don't Want to Make Any Changes?

If you do not need to make any changes to your current health and/or dental plans, you do not need to do anything. Your current coverage will remain the same automatically. We encourage you to review the guide for any benefit coverage changes that may be effective July 1, 2022.

 **NOTE:** Please review the subsidy and premium rate charges for any changes for 2022-2023.

 **IMPORTANT:** It is your responsibility to remove dependents from coverage if they no longer qualify as "eligible dependents."

What You Need to Know to Get Started with Open Enrollment

Read your Benefit Guide — You will receive a copy of the *2022-2023 Retiree Benefit Guide* in the mail. You can also view a copy online by going to: <https://eBenefits.ladwp.com>.

Know your subsidy — The maximum monthly subsidy for the 2022-23 Plan year is **\$1,996.58** (Tier 1) and **\$998.29** (Tier 2). The amount of your subsidy is based on your years of service and age at retirement. See the updated table in the *2022-2023 Retiree Benefit Guide* to find the subsidy that applies to you.



If your address has changed, you must notify BOTH, the Retirement Plan Office at **(213) 367-1715** and the Health Plans Office as soon as possible at **(213) 367-2023** or **(800) 831-4778**. Changes in your address may impact your health and dental coverage.

Note: Retirees enrolled in an IBEW Local 18-sponsored health or dental plan should contact the IBEW Local 18 Benefit Service Center at **(818) 678-0040** or **(800) 842-6635**, or update their address online at www.mybenefitchoices.com/local18.

If you or a covered person in your family is age 65 or older:

- To be covered by an LADWP-sponsored plan, that person must also be enrolled in Medicare Part B.
- To be covered by an IBEW Local 18-sponsored health plan, that person must also be enrolled in Medicare Parts A and B.

See page 3 for more information about Medicare.

Here's How to Change Your LADWP-Sponsored Coverage

Call the LADWP Health Plans Administration Office *today* at **(213) 367-2023** or **(800) 831-4778** to request the appropriate Enrollment/Change form. LADWP Health Plans Administration Office hours: 7:00 a.m. to 4:00 p.m. Monday through Friday.

No forms will be mailed to retirees after May 1, 2022.

You can download enrollment forms from the eBenefits internet site <https://eBenefits.ladwp.com>.



NOTE: Completed forms and any required supporting documentation are due to the LADWP Health Plans Administration Office by May 7, 2022. After that date, you will not be able to enroll or make changes until 2023, unless you have a "qualifying event" (your *2022-2023 Retiree Benefit Guide* has more information about qualifying events).

Here's How to Change Your IBEW Local 18-Sponsored Coverage

Log onto www.mybenefitchoices.com/local18 to see your current coverages and/or make changes for the 2022-2023 Plan Year. If you have questions or would prefer to complete a paper form, please call the IBEW Local 18 Benefit Service Center weekdays at **(818) 678-0040** or **(800) 842-6635** between the hours of 8:30 a.m. and 12:00 p.m., and 12:45 p.m. and 5:00 p.m. You may also email your request to Local18@mybenefitchoices.com.

Please note: You must have been enrolled in an IBEW Local 18-sponsored health or dental plan prior to your retirement to participate.

If, as a retiree, you canceled your IBEW Local 18-sponsored health and/or dental plan, you are able to re-enroll into Local 18 plan(s) during Open Enrollment.

Switching Between LADWP and IBEW Local 18-Sponsored Plans?

If you are switching between a LADWP and IBEW Local 18 plan, you must cancel your current plan by completing a plan termination form. An electronic copy of the termination form can be downloaded from:

- LADWP-sponsored coverage:
<https://eBenefits.ladwp.com>
- IBEW Local 18-sponsored coverage:
www.mybenefitchoices.com/local18

 **NOTE:** The plan termination and enrollment forms must be received during the Open Enrollment period.

Don't Wait to Decide — Review Your Options Now

Some enrollment choices require some information you may not have at your fingertips, such as your eligible dependent's Social Security number and required supporting documentation. So please don't wait until the last day to enroll; make your choices early this year.

Open Enrollment ends on May 7, 2022. After that date, you will not be able to enroll or make changes until 2023, unless you have a "qualifying event," such as marriage (your *2022-2023 Retiree Benefit Guide* has more information about qualifying events).

Which Dependents Can You Cover?

Families change with time, so it's important to check that all your enrolled dependents are "eligible dependents." In general, you may enroll these dependents:

- Spouse
- Domestic partner (registered or nonregistered)
- Child up to age 26 (biological, adopted, stepchild, ward)
- Disabled Child (over age 26) if the child was deemed disabled by the health carrier prior to age 26
- Grandchildren (if your child is also covered)

See the 2022-2023 Retiree Benefit Guide for the details and documentation requirements for eligible dependents.

 **IMPORTANT:** It is your responsibility to remove dependents from coverage if they no longer qualify as "eligible dependents."

Medicare Coverage

Are You Getting Medicare Coverage This Year?

Most Americans become eligible for Medicare when they reach age 65. Medicare enrollment is handled by the Social Security Administration (SSA), but it is not necessary for you to start receiving Social Security retirement benefits in order to begin your Medicare coverage.

As a retiree, you should contact the SSA about 120 days before your 65th birthday to have your Medicare coverage begin on time. When you contact the SSA, you will need to provide proof of your eligibility with documents such as:

- Your Social Security card (or a record of your number)
- Your birth certificate
- Proof of U.S. citizenship or lawful alien status if you were not born in the U.S.
- Military discharge papers
- Last year's federal tax return

Medicare Part A covers hospital expenses, and it is provided at no cost to most people. Medicare Part B covers physician and other expenses, and it requires a monthly premium. When you enroll for Part B, you have a number of options for making payment, including automatic withholding from your Social Security benefits.

 **IMPORTANT:** You must enroll in Medicare at age 65 in order to avoid losing your health coverage.

- To be covered by an LADWP-sponsored plan, a person must also be enrolled and maintain Medicare Part B.
- To be covered by an IBEW Local 18-sponsored health plan, a person must also be enrolled in Medicare Parts A and B.

When you, as an LADWP retiree, enroll on time, your Medicare coverage begins on the first day of the month of your 65th birthday. If your birthday falls on the first day of the month, your Medicare coverage begins on the first day of the month before your birthday. For example:

- If your 65th birthday is May 10, your Medicare coverage may begin on May 1.
- If your 65th birthday is August 1, your Medicare coverage may begin on July 1.

Can You Get a Medicare Part B Premium Reimbursement?

You and your spouse may be eligible for reimbursement of your Medicare Part B premium if you are:

- A retired employee (surviving and eligible spouses are not eligible for Medicare Part B reimbursements),
- Enrolled in Medicare Part B,
- Receiving a monthly Social Security check, and
- Receiving an LADWP subsidy toward the cost of your health care plan that is equal to or greater than the cost of your health plan premium plus the cost of your Medicare Part B.
- The benefit will become effective the first of the following month after your request and all required supporting documents are received. The benefit is not automatic and will not be made retroactively.

- You must submit your Social Security Administration Annual Award Letter by January 31st each year to be eligible for reimbursement.

See your *2022-2023 Retiree Benefit Guide* or contact the Health Plans Administration Office for more details.

If you are eligible for enrollment in either group payment or reimbursement, you must request it by completing the appropriate form and submitting the required supporting documents. The benefit will become effective the first of the following month after the Health Plans Office receives your enrollment request and supporting documents. The benefit is not automatic and will not be paid retroactively.

! **NOTE:** If you are currently enrolled in the Medicare Part B Reimbursement program, **benefit renewal is not automatic.** You will need to forward a copy of your Annual Award Letter from the Social Security Administration (SSA), prior to January 31st to the LADWP Health Plans Administration Office.

LADWP does not pay for Medicare Part A for those retirees who must pay a premium for this coverage.

Medicare Part B Reimbursement Reminders

1. It is your responsibility to enroll in or request the LADWP to renew your Medicare Part B reimbursement. Annual Award Letters should be received in the LADWP Health Plans Administration Office on or before January 31 of each year to ensure continued benefits. A reminder notice will be sent to notify you to submit your annual award letter.

Medicare Part B reimbursement eligibility is not guaranteed. Please check with the LADWP Health Plans Administration Office to determine eligibility.

2. Income Related Monthly Adjustment Amount (IRMAA) — It is imperative that you and your spouse provide the annual IRMAA notification to the LADWP Health Plans Administration Office by January 31 of each year. Failure to do so may result in a benefit reduction.
3. LADWP will not make retroactive payments or reimbursements.

Group Payment

If you do not receive a Social Security check, you may make arrangements for your Medicare Part B premiums to be paid directly to the Centers for Medicare and Medicaid Services (CMS) on your behalf. To start this process, contact the LADWP Health Plans Office at **(213) 367-2023** when you receive the Notice of Premium Payments Due statement from CMS to request the necessary form to enroll in group payment. The benefit will become effective the first of the following month after your request and all required supporting documents are received. The benefit is not automatic and will not be made retroactively.

For questions regarding the Medicare Part B Reimbursement or Group Payment, please contact the LADWP Health Plans Administration Office at **(213) 367-2023** or **(800) 831-4778**.

Medicare Part D

If you are enrolled in an LADWP or IBEW Local 18-sponsored health plan, you should not enroll in an Individual Medicare Part D Prescription Drug Plan. The prescription drug coverage in LADWP and IBEW Local 18-sponsored health plans is better than most Medicare Part D plans available to Medicare-eligible individuals.

You should not enroll in an Individual Medicare Prescription Drug Plan on your own. If you do, you will lose your LADWP-sponsored prescription drug and medical coverage, and you will lose your LADWP subsidy

If you receive a Notice of Premium Due billing notice for a premium surcharge for Medicare Part D from the SSA, you are responsible for paying the premium surcharge. Failure to pay the surcharge amount on the billing notice will result in a loss of coverage. LADWP does not pay the Medicare Part D premium surcharge.

Important Legal Notices

The Health Insurance Marketplace

U.S. residents who are not yet eligible for Medicare may buy health coverage through the Health Insurance Marketplace. In California, the Marketplace is called Covered California™. Other states may use the federal marketplace at **www.healthcare.gov**, or their own online marketplace. *If you are not yet 65 years old*, you may choose a Marketplace plan instead of enrolling in an LADWP-sponsored or IBEW Local 18-sponsored health plan, but if you do:

- LADWP will not pay any part of your premiums.
- The LADWP-sponsored and IBEW Local 18-sponsored health plans meet the ACA coverage and affordability requirements, so even if you meet the income requirements, you may not qualify for tax credits or subsidies to help offset the cost of a Marketplace plan.
- You will pay for this coverage directly.

! **NOTE:** If you choose to enroll in a Marketplace plan when you are eligible for LADWP-sponsored or IBEW Local 18-sponsored coverage, and you later drop that Marketplace coverage, you **will not** be allowed to enroll in an LADWP-sponsored or IBEW Local 18-sponsored health plan until the next Open Enrollment period, unless you have a “qualifying event,” such as getting married.

Notice of Grandfathered Status

Most LADWP-sponsored health plans, except the UnitedHealthcare PPO Plans and IBEW Local 18-sponsored plans, are “Grandfathered Status” health plans under the ACA. As permitted by the ACA, a grandfathered health plan preserves certain basic health coverage that was already in effect when that law was enacted.

As health plans that are grandfathered, LADWP-sponsored health plans may not include certain consumer protections of the ACA that apply to non-grandfathered plans — for example, certain provisions affecting benefits for emergency services and no-cost contraceptive drugs.

However, grandfathered health plans must comply with certain other consumer protections in the ACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections don't apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to the appropriate plan administrator.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **(866) 444-3272** or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

COVID-19, Wellness and Program Resources

LADWP-Sponsored Health Plans

Kaiser Permanente

For more information on Kaiser resources, visit www.kp.org

COVID-19 Resources and Information (no cost for testing and vaccine)

You can self-schedule a COVID-19 test through an e-visit at <https://healthy.kaiserpermanente.org/southern-california/secure/appointments/evisits>. An e-visit is a way for you to get testing or certain treatment without a doctor's visit. Just select the "COVID-19, Cold, Flu, Cough: Advice and Testing, option from the e-visits menu.

For up to date information on COVID-19 vaccines, such as what phases are currently being vaccinated and how to get vaccinated if you're eligible, please visit <http://kp.org/covidvaccine>.

Mental Health/Substance Abuse 24-hour mental health support numbers

California - Southern:

Mental Health: **(800) 900-3277**

Addiction Medicine: **(800) 900-3277**

California - Northern:

Mental Health: **(833) 574-2273**

Addiction Medicine: **(833) 574-2273**

Mental health content on where to access care, self-care assessments and more:
<http://www.kp.org/mentalhealth>

Health classes and support groups:
<https://healthy.kaiserpermanente.org/southern-california/health-wellness/classes-programs>

Personalized healthy lifestyle programs:
<https://healthy.kaiserpermanente.org/southern-california/health-wellness/healthy-lifestyle-programs>

Wellness coaching by phone for stress, sleep, and more: Call us at **(866) 862-4295**, Monday through Friday, 7:00am to 7:00pm PST

Self-care apps for meditation, mindfulness, and cognitive behavior therapy:
<http://www.kp.org/selfcareapps>

Self-care resources with online programs to help manage depression, reduce stress, and improve sleep: <http://www.kp.org/selfcare>

Find Your Words - stigma, resilience, and mental health support center:
<http://www.findyourwords.org/>

Video Visit

Meet face-to-face with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care. Check with your doctors' office to find out if video visits are available.

Telephone Visits

You can get care from a doctor by phone for some minor health conditions that do not require an in-person medical exam. Individuals must be 18 years of age or over and have had at least one prior face-to-face visit with a Kaiser doctor. This now includes psychiatric visits and prescriptions. Contact Kaiser for more information.

Wellness Coaching

Work with your wellness coach to reach healthy new heights. The program can help you achieve a healthy weight, stop using tobacco, become more active, reduce stress, eat healthier, and more. To take the first step, call **(866) 862-4295**.

Healthy Balance Weight Management Program

In this program Kaiser medical and weight loss professionals work with you to help you achieve your weight goals. The program is available to Kaiser members at no cost. For more information, visit www.kp.org/healthybalance.

Silver&Fit

(Must be a Kaiser Permanente Senior Advantage member and have Medicare Part B assigned to Kaiser Permanente)

Kaiser Permanente Senior Advantage Medicare health plan members get free gym membership at participating gyms - or home fitness kits. The Silver&Fit program can help you stay fit and thrive. To choose a gym or to receive the home fitness kits visit: www.silverandfit.com

UnitedHealthcare (UHC)

For more information on UHC resources for Medicare retirees, visit www.UHCRetiree.com or for retirees under age 65 visit www.myUHC.com.

COVID-19 Resources and Information (no cost for testing and vaccine)

UnitedHealthcare is committed to helping people protect their health by expanding access to care,

support and resources during this unprecedented time. Keeping you up to date on the latest developments for a COVID-19 Testing & Vaccine is UnitedHealthcare's top priority. It will be an important way to slow the spread of the disease.

That's why we are committed to helping you find information. Please visit www.UHCRetiree.com website where members will find tools and resources online:

- **Symptom Checker** - Symptom checker to assess risk for COVID-19 and get treatment options.
- **Test Locator Tool** - Will assist members with finding a COVID-19 diagnostic test location in their area. UnitedHealthcare will cover the COVID-19 diagnostic test and test-related visit with no cost sharing (copayment, coinsurance, and deductible).
- **COVID-19 Vaccine Resource Locator tool.** The tool will help members navigate local vaccination resources for their area to help them take steps toward vaccination. This zip-code based tool allows members to search for online, public vaccine resources available through state and local health departments as well as national retail pharmacies. These public resources may include information on who is eligible to get the vaccine, where vaccines may be available, how to sign up for alerts and in some places, scheduling an appointment.

Mental Health/Substance Abuse:

To directly access your behavioral/mental health benefits, please call the behavioral health number on the back of your UnitedHealthcare member ID card 24 hours a day, 7 days a week. When you call, you will speak with a representative who will check your eligibility and gather basic information about you and your situation. Depending on the help you need, a clinician may then talk with you about the problem you are experiencing and assess which provider and treatment would be appropriate for your situation.

Renew by UnitedHealthcare helps you unlock your unique potential and live your best life — with access to a wide range of resources, such as Renew magazine, brain games, recipes, learning courses, fitness activities, videos and more. Visit www.UHCRetiree.com to sign in or register and go to the Health & Wellness tab to explore all Renew has to offer (must be enrolled in a UHC Medicare Advantage plan).

Virtual Behavioral Health Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Doctor on Demand, Teledoc or AmWell apps.

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction

- Depression
- Trauma and loss
- Stress or anxiety

Take care of your emotional and mental health with Sanvello®. Sanvello® is an on-demand service with clinically-proven therapies for dealing with stress, anxiety, or whatever you may be going through. Get the support you need through the help of guided journeys, peer support, mindful meditations and more. Download the app at www.sanvello.com or your app store to get started today.

Virtual Visits (for UHC PPO and HMO)

See a doctor using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone you can download the Amwell®, Doctor On Demand™ and Teladoc® apps.

Real Appeal Weight Loss Program (for UHC PPO and HMO)

This program includes a personalized transformation coach for one year, 24/7 online support and mobile app, a "success kit" and more.

SilverSneakers® Fitness Program

(for UHC Medicare Advantage plans) Available at no cost to help our retirees stay physically fit and active. Includes basic fitness membership, and tools for home fitness. Learn more at: www.silversneakers.com

Health Plan of Nevada (HPN)

COVID-19 Resources and Information

COVID 19 information can be found at UHC.COM <https://www.uhc.com/health-and-wellness/health-topics/covid-19/vaccine> and HPN's webpage under the COVID 19 resources section <https://healthplanofnevada.com/Member/COVID19-Updates>.

Mental Health/Substance Abuse

To access these services, please call Behavioral Healthcare Options (BHO) directly at **(702) 364-1484** or **(800) 873-2246**.

Pregnancy and Baby Support App

Get pregnancy and parenting information on the go. To learn more visit www.HealthPlanofNevada.com

Virtual Visits through NowClinic

Talk with a doctor from your computer or mobile device, a convenient and affordable way to access care. Covered under your HPN HMO health plan benefits. No appointment necessary, and copays are usually \$10 or less. Learn more at www.NowClinic.com or NowClinic® app.

24/7 Advice Nurse

Health care advice. Just a phone call away. If you're unsure about your condition, our 24/7 advice nurse may be able to help. Our nurse is available to answer questions, provide self-care advice and help you decide

whether to seek urgent care, emergency care, or schedule an appointment with your provider. Call toll-free **(800) 288-2264**. TTY 711.

Urgent Care House Call

Get on-demand health care at home. Available seven days a week from 8 a.m. to 10 p.m.

Quick. Efficient. Affordable. Avoid unnecessary expenses and trips to the ER. Urgent care house calls can treat most things urgent care centers can for the same cost.

Urgent care house calls include a medical team made up of an ER-trained physician assistant or nurse practitioner with support from a medical technician and a virtual physician.

Contact our 24/7 advice nurse toll-free at **(800) 288-2264**, TTY 711 or call Dispatch Health at **(702) 805-5711** in Southern Nevada or **(775) 442-5870** in Northern Nevada.

IBEW Local 18-Sponsored Health Plans

Anthem Blue Cross HMO and PPO Plans

For more information on Anthem resources, visit

www.anthem.com/ca/ibewlocal18

VSP Vision Benefit Enhancements - NEW for 7/1/2022

Starting July 1, 2022 the VSP Vision coverage included in the IBEW Local 18-sponsored medical plans will also include a \$200 allowance for Frames and Contact Lenses. You may also use the shared \$200 Frame allowance to purchase non-prescription sunglasses.

COVID-19 Resources and Information

COVID-19 Testing and Treatment is Covered

Anthem Blue Cross is waiving any copays, coinsurance, deductibles, and prior authorization/referrals for FDA-approved testing, and FDA-approved antibody testing, used to diagnose or detect COVID-19.

Medically necessary COVID-19 treatment received from in-network providers is covered, but may be subject to applicable member cost share (including deductibles or copays for PPO members).

To locate a testing facility and for more information on resources available through Anthem Blue Cross simply call Member Services at the number on the back of your ID card at **(800) 227-3771** or navigate to **www.anthem.com/ca/coronavirus**.

LiveHealth Online

Enrolled plan participants can sign up for LiveHealth Online which provides you access with 24/7/365 to a board-certified doctor from the comfort of home, minimizing the risk of exposure to yourself and others. Visits to LiveHealth Online doctors are available at \$0 copay for enrolled plan participants, however, please note



that you will be required to enter a credit card upon registration due to system requirements and to process any prescriptions.

You can register for LiveHealth Online on your computer or mobile device via the LiveHealth Online app, Mobile Health Consumer app, or on the web at **www.livehealthonline.com**.

24/7 Nurseline

Registered nurses can answer your health questions, including COVID-19 related questions, wherever you are — any time, day or night. All you need to do is call the number included on the back of your Anthem Blue Cross ID card at **(800) 977-0027**.

IngenioRx Early Prescription Refill Limits

Anthem is relaxing early prescription refill limits, where permitted, for plan participants who wish to refill a 30-day supply of most maintenance medications early. Additionally, please talk to your doctor about whether changing from a 30-day supply to a 90-day supply of your prescriptions is appropriate.

Those filling 90-day prescriptions can get most of their medications through the IngenioRx home delivery pharmacy. Please call the Pharmacy Member Services number included on the back of your Anthem Blue Cross ID card at **(833) 261-2466**.

Optum Behavioral Health and EAP Benefits

If you or your family members need assistance, please call Optum Behavioral Health at the number on your ID card. An Optum representative will perform an over the phone intake to ensure you get the care you need. Optum can also conduct an appointment search with a behavioral health provider for you, but you will need to call the provider to confirm your appointment time and date.

As a reminder all plan participants enrolled in an IBEW Local 18-sponsored medical plan have access to an Employee Assistance Program (EAP) through Optum Behavioral Health. All enrolled members (and your household members too) have eight confidential sessions with a behavioral health counselor available per incident. To get started please contact Optum Behavioral Health and EAP at **(877) 449-6710** or navigate to **www.liveandworkwell.com** and enter access code: **IBEW18**

Please note, this benefit is separate from the Employee Assistance Program (EAP) through LADWP.

Please note, this is only a brief summary of the COVID-19 benefits and resources available through the IBEW Local 18-sponsored Anthem Blue Cross plans and may be subject to change. For more information and to stay up to date on the COVID-19 services and resources available, please refer to the COVID-19 benefit resources flyer at **<http://mybenefitsbrochure.com/ibew18/IBEWLocal18-COVID-19BenefitResourcesFlyer.pdf>**.



Los Angeles Department of Water and Power

P.O. Box 51111
 Los Angeles, CA 90051-0100
 Health Plans Administration Office Room 564
 Address Service Requested

Open Enrollment

April 25 - May 6, 2022

Health and Dental Plan Contact Information

LADWP-Sponsored		
LADWP Health Plans Administration Office 111 N. Hope Street, Room 564 Los Angeles, CA 90012	(213) 367-2023 (800) 831-4778 HealthPlans@ladwp.com	https://eBenefits.ladwp.com
Carrier	Phone	Website
Health Plan of Nevada	Pre-65: (800) 777-1840	Pre-65: www.healthplanofnevada.com
Kaiser Permanente	(800) 464-4000	www.kp.org
United Concordia Dental (DHMO and PPO)	(866) 851-7568	www.unitedconcordia.com
UnitedHealthcare HMO	(800) 624-8822	www.myUHC.com
UnitedHealthcare PPO (pre-65)	(866) 783-7481	www.myUHC.com
UnitedHealthcare PPO Medicare Advantage	(877) 710-3044	www.UHCretiree.com
UnitedHealthcare HMO Medicare Advantage	(877) 714-0178	www.UHCretiree.com
IBEW Local 18-Sponsored		
IBEW Local 18 Benefit Service Center 9500 Topanga Canyon Boulevard Chatsworth, CA 91311	(800) 842-6635 (818) 678-0040 Local18@mybenefitchoices.com	www.mybenefitchoices.com/local18 (RESOURCES for all L18-sponsored benefits)
Carrier	Phone	Website
Anthem Blue Cross HMO and PPO	(800) 227-3771	www.anthem.com/ca/ibewlocal18
Anthem Blue Cross Owens Valley PPO	(800) 759-3030	www.anthem.com/ca/ibewlocal18
Optum Behavioral Health	(877) 449-6710	www.liveandworkwell.com Access Code: IBEW18
Guardian Dental	PPO: (800) 541-7846 DHMO: (800) 273-3330	www.guardiananytime.com