

## **BENEFIT PROTECTION PLAN FREQUENTLY ASKED QUESTIONS (FAQ'S)**

- 1. I have filed a claim with Standard Insurance and it has been denied, but my doctor believes that I am unable to work and my department has placed me on Family Medical Leave. Can I be covered under the Plan?**

  - A. While you are eligible to continue receiving the City's subsidies toward your benefit costs, as outlined by the Family Medical Leave Act (FMLA) provision of your Memorandum of Understanding (MOU), denial of your claim by Standard makes you ineligible for the BPP once your FMLA status has been exhausted (maximum of 9 pay periods). The Plan is offered in conjunction with an approved disability claim.*
  
- 2. My claim has been denied by Standard. How can I appeal?**

  - A. You can use the appeal/grievance process outlined by Standard in its determination letter or the disability evidence of coverage booklet. There is no appeal through the Employee Benefits Division (EBD) or any other City of Los Angeles entity.*
  
- 3. If I terminate from City service while on BPP, will my benefits continue?**

  - A. Your participation in this program will end if you retire (service or disability) or leave City service for any reason. However, you will be offered coverage continuation under the Consolidated Omnibus Budget Reconciliation Act (COBRA), which is your opportunity to continue your coverage through direct payment to each insurance company. This law requires that most employers who sponsor group health and dental plans offer employees and their family members the opportunity to temporarily extend health and dental coverage at group rates in certain cases where group coverage would otherwise end. This coverage is identical to the coverage being offered to active employees. Please call the LAwell COBRA Coordinator at (213) 978-1655, if you have questions.*

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**4. If I am approved for disability retirement while under BPP, will my benefits continue?**

- A.** *No, your benefits through the EBD will be terminated. Employees in any type of retirement status must contact the Los Angeles City Employees Retirement System (LACERS) for benefit information. If benefits are not available through LACERS; you have the option of continuing through COBRA or an individual plan.*

*Please note: As of the date of this document, the City requires that disability retirement applications be filed within twelve months from the last day on City payroll. If not, the employee may lose the opportunity to file. Whether you file for disability retirement or not, your benefits from Standard Insurance will be reduced by that amount under the deductible income provision.*

**5. What happens if I went from Injured on Duty (IOD) to Workers' Compensation State Rate, but did not know to file a disability claim for the period of disability after the 6-month waiting period? Am I eligible for the BPP?**

- A.** *Employees who have a work-related injury are not eligible for the BPP. After being on IOD Status, these individuals are offered continuation of benefits under COBRA (as described in #3).*

**6. I am on BPP and failed to make the required payroll deduction premiums. What happens?**

- A.** *If you fail to pay any required premiums in conjunction with your BPP coverage, all of your coverage levels will be canceled and you and your dependents will be offered COBRA (as described in #3).*

**7. I have a large amount of sick leave. Once that is exhausted and Standard begins paying me, how long can I be covered under BPP?**

- A.** *A maximum of two years, in conjunction with an active disability claim through Standard*

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- 8. Standard approved my disability claim retroactively and paid a lump sum for the period of time that has already transpired. How long can I remain under BPP?**
- A. From the date of Standard's approval through the termination date or two years, whichever is less. It is a period of time that corresponds with the benefit payment window determined by Standard.*
- 9. I exhausted or was not eligible for FMLA. What happens to my benefits while I wait for Standard to make a claim determination?**
- A. You should utilize the direct bill option. This option allows you to pay the full cost of your LAwell benefits while you wait for a determination. You can remain on direct bill for a maximum of 60 days while Standard makes its determination. If Standard has not made a decision by the end of that period; your insurance will be canceled and you will be offered COBRA.*
- 10. I have an approved claim with Standard, which is later denied. Will my BPP coverage continue?**
- A. No, BPP will end on the date that the claim is closed by Standard.*

City of Los Angeles  
Employee Benefits Division  
City Hall, Room 867  
200 North Spring Street  
Los Angeles, CA 90012  
(213) 978-1655

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