

What is Disability?

Disability coverage provides replacement income to you in the event of a qualified disability (sickness, injury, or pregnancy) that prevents you from working. Benefits are paid to you directly from The Standard Insurance Company, the City's service provider for Disability Coverage; Not through City payroll.

LAwell provides all LAwell eligible employees with basic disability insurance at no cost (paid by the City). You also have the option to purchase a larger supplemental disability insurance benefit using after-tax dollars. LAwell disability coverage can be used in conjunction with other disability coverages you may have. Benefits are calculated on your pre-disability earnings and may be reduced by income you receive from other sources.

For more information, visit keepinglawell.com/disability.

How much will my LAwell benefits cost while I am on Disability?

You will continue to be required to pay the coverage costs you paid as an active employee, if any, plus any costs for your dependent coverage. While on BPP, the City subsidy will only continue at the employee-level, unless there has been no break in your coverage.

What is BPP?

The Benefit Protection Plan (BPP) entitles eligible, active, civilian employees of the City of Los Angeles, excluding Department of Water & Power, to a maximum of two years of LAwell medical, dental, vision, basic life insurance, and EFAP coverage while on an approved disability with Standard Insurance Company. BPP is not for work-related injuries or for individuals who have terminated or retired from City service for any reason. You can also continue coverage for any dependents who are enrolled when you become disabled; however, the City subsidy will only continue at the employee-level, unless there has been no break in your coverage.

How do I apply for BPP?

There is no application for BPP. Standard Insurance will notify the City of Los Angeles of those active employees who have an approved disability claim. The Employee Benefits Division will be responsible for maintaining the LAwell coverage of these individuals.

What happens when I exhaust my BPP?

You may use one of the following options:

- Apply for the Catastrophic Illness Program. Learn more at keepinglawell.com/catastrophic, or
- Utilize the COBRA option. Learn more on page 2.

How to File a Claim

If you have a disabling condition that may use up your 100% and 75% sick leave, contact Standard Insurance Company at **844-505-6025** as early as possible to find out what you will need to do to file a claim for disability benefits. Generally, you will be provided with a claim package with forms for you, your doctor, and the City to complete. By starting the process early, you allow yourself time to complete the paperwork and avoid a lengthy gap in income between the time your sick leave ends and the time disability benefits begin.

What if my claim is denied by The Standard?

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.

COBRA

- COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986) is a law that allows employees, and their enrolled dependents, who lose eligibility for LAwell benefits to continue some of the health insurance coverages they had through the LAwell Benefits Program as an active employee.
- If you choose to purchase COBRA coverage, you will pay the full premium cost of the benefit, plus any administration fee. The insurance carriers will bill you directly for coverage from your benefits termination date through the month after your forms are received by the insurance plan.
- The Employee Benefits Division (EBD) will receive notification of your ineligibility event (retirement, termination, or loss of hours) approximately 2-4 weeks after the effective date, and will send you and each of your enrolled dependents a COBRA package explaining continuation coverage rights and payment procedures. The package will be sent to the address you have on file in the City's payroll system. Per federal regulation, we cannot provide your COBRA notice until after your ineligibility event occurs and is fully documented.
- You have 60 days from the date of your COBRA notification to enroll and 45 days from your enrollment to pay your first premium to the appropriate insurance company. By law, your COBRA coverage will be retroactive to the effective date of your ineligibility event.

For more information about COBRA, including costs, visit keepinglawell.com/cobra.

LEARN MORE:

Employee Benefits Division



For more information or to download required forms, visit keepingLAwell.com.
Email us at per.empbenefits@lacity.org.



Or call **213-978-1655**.
Monday through Friday 8 a.m. to 4 p.m.

This summary provides only highlights of life event changes and the LAwell Program. It does not change the terms of your benefit plans or the official documents that control them. If there are any inconsistencies between this summary and the official plan documents, the plan documents will govern. Plan documents are the legal papers that describe the benefit plan rules in detail. They may include insurance policies and similar kinds of contracts.

