

Retiree Healthcare



Retiree Healthcare Workshop: Overview

- Retiree Health Insurance Subsidy
- Tier 1 and Tier 2
- Health Insurance Eligibility
- Overview of Basic Plans Available
- What is Medicare
- Medical Plan Utilizing Medicare
- Overview of Medicare Plans Available
- Enrollment into Retiree Healthcare
- Changing Plans or Adding a Family Member
- Contacting LACERA

Retiree Health Insurance Subsidy

If you have 10 years of more of service credit with LACERA, the County subsidizes Retiree Medical and Dental/Vision insurance premiums based on the years of service credit you worked and purchased (excluding ARC).

Monthly premium subsidy:*

First 10 Years of Service =	40%
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Each Additional Year =	4% more
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25 Years of Service Credit =	100%
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* Subsidy based on Benchmark Plan –Anthem Blue Cross Indemnity Plan (County subsidy is subject to change)



POP-UP POLL *TIME FOR YOU*

2 Polls

Retiree Healthcare – Tier 1 and Tier 2

Tier 1 : Monthly premium subsidy – Dependents included

Tier one applies to members whose membership precedes 08/01/14 or whose reciprocal start date is prior to 08/01/14.

Tier 2 : Monthly premium subsidy – Member only

Eligible dependents can be covered on the insurance, but the premium will be paid by the member.

Health Insurance Eligibility

Who may enroll?

- Your Lawful Eligible Spouse (unless legally separated)
- Eligible Domestic Partner (provided you both have a valid California Declaration of Domestic Partnership)
- Natural or adopted children or stepchildren up to age 26
- Adult disabled unmarried dependent children over age 26 who are incapable of self-support due to physical or mental handicap *

Submit certified copies of birth certificates for children with attestation form

Eligibility for Survivor coverage after member's death

- Marriage or DP at least 1-year prior for Service or NSCD
- Marriage or DP at least 1-day prior for SCD

*Contact LACERA's Retiree Healthcare for limitations

Overview of Medical Insurance Plans – PPO Plans

Benefits	Anthem Blue Cross I	Anthem Blue Cross II	Anthem Blue Cross Prudent Buyer <small>Available in California only</small>
Deductible	\$100	\$500	\$100
Out-of-Pocket Maximum	N/A	\$2,500	N/A
Lifetime Limit	\$1,000,000	\$1,000,000	\$1,000,000
Doctor's Office Visit	80%	80%	80% Prudent Buyer, or 70%
Hospital Room and Board	\$75/day	90% PPO, or 80%	80% Prudent Buyer, or \$75/day
Prescription Reimbursement	80% in-network or 60% out of network	80% in-network or 60% out of network	80% in-network or varies
Prescription Mail-order	\$10 generic \$30 brand \$50 non-preferred brand \$150 specialty	\$10 generic \$30 brand \$50 non-preferred brand \$150 specialty	\$10 generic \$30 brand \$50 non-preferred brand \$150 specialty

Overview of Medical Insurance Plans- HMO Plans

Based on service area availability, contact Retiree Healthcare to verify plans available by zip code

- No deductible
- No lifetime maximums
- Low co-payments
- Service area by zip code

CIGNA

- California and Maricopa County, AZ



United Healthcare

- California



Kaiser Permanente

- California, Colorado, Georgia, Hawaii, Oregon and Washington (Effective January 1, 2020)



Overview of Medical Insurance Plans – HMO Plans

Benefits	Kaiser	United Healthcare	Cigna Network Model Plan
Deductible	None	None	None
Out-Of-Pocket Maximum	Maximum Co-Pay of \$1,500 per individual, \$3,000 per Family	Maximum copays of \$2,000 per individual, \$6,000 per family	\$1,500 Individual \$3,000 Family
Lifetime Limit	Unlimited	Unlimited	Unlimited
Doctor's Office Visit	\$5 Copay	\$5 Copay	\$5 Copay
Hospital Room and Board	No Charge	No Charge	No Charge
Prescriptions Cost	Generic and Brand Drugs: \$7 copay for 100-day supply Specialty Drugs: \$7 copay for 30-day supply	Retail \$7 copay for 30-day supply Mail Order: \$7 copay for 90-day supply	Retail \$7 copay for 30-day supply Mail Order: \$14 copay for 90-day supply
Emergency Benefits Outpatient	\$5 copay at Kaiser Permanente facility; waived if admitted directly to the hospital	\$50; Waive on admission	\$50 copay: Waived if admitted \$25 copay for Urgent Care Center

Overview of Medical Plans- For FIREFIGHTERS ONLY

Local 1014 Firefighter Health Plan



If you have been covered by the Firefighters Local 1014 medical plan for a minimum of 5 years while employed by L.A. County, you may continue this coverage after retirement

To have LACERA deduct premiums for your Local 1014 Firefighter medical policy from your monthly retiree check, contact Local 1014 directly to set up payroll deductions

For further information or to set up payroll deductions contact Local 1014 directly at 310-639-1014

Overview of Dental and Vision Plans Offered

We offer Cigna Dental and Vision- Combined as one plan

- You have the option to chose from either:
 - Cigna Dental/Vision Indemnity
 - Cigna Dental/Vision HMO



Dental comparison

Coverages	Cigna Dental Indemnity	Cigna Dental HMO
Individual Annual Deductible	\$25	None
Family Annual Deductible	\$50	None
Individual Annual Maximum Benefit	\$1,500.00	Unlimited
Exams & Cleanings	20%	\$0**
Where Can I Use This Plan?	Dental Office that accepts PPO	Assigned to an office based on your zip code
Orthodontic Therapy	Not Covered	Child-\$2,240** Adult-\$2,840**
** Other charges may apply as specified in the plan brochure		
For more information about these plans please contact Cigna at (800) 244-6224 or www.mycigna.com		

Vision plan benefits

We only offer one plan for Vision. Benefit amounts paid vary if the plan is used In-Network vs. Out-Of Network.		
Coverages	Cigna In-Network Benefits	Out-Of Network Benefits
Spectacle Exam *** (Once every 12 months)	\$20 copay	\$25 reimbursed maximum
Lenses (once every 12 months) <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular • Progressive 	\$40 copay; then covered in full for all lens's types except progressives \$40 copay; then up to \$70 allowance for progressive lenses	Reimbursed a maximum amount of: <ul style="list-style-type: none"> • Single Vision-\$35 • Bifocal-\$45 • Trifocal-\$70 • Lenticular-\$130 • Progressive-\$70
Frames (once every 24 months)	\$50 allowance	\$35 reimbursed maximum
Contact lenses (one pair or single purchase up to allowed amount with one lifetime maximum)	<ul style="list-style-type: none"> • Hard Lenses \$180 • Soft Lenses \$230 	<ul style="list-style-type: none"> • Hard Lenses \$150 • Soft Lenses \$225
Please contact Cigna directly for more information regarding the Vision plan coverages at (877) 478-7557 or visit their website at www.mycigna.com		
***Spectacle exam includes routine exam, including dilation and refraction.		

What is Medicare?

Medicare is a federally administered health insurance program for people age 65 or older, or people with certain disabilities or certain diseases. It's run by the Centers for Medicare & Medicaid Services

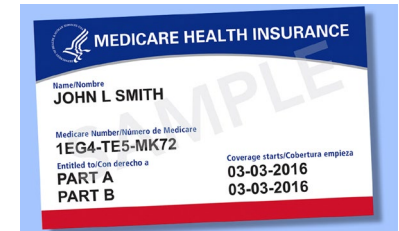
There are different parts of Medicare; For LACERA healthcare coverage, you will need Medicare Parts A & B only.

Medicare Part A- Covers hospital related services and emergency care

Medicare Part B- Covers Doctor's visits and outpatient hospital stays

Medicare Part C- Medicare Advantage Plans, Covers A & B and may have additional benefits

Medicare Part D- Covers prescription drug coverage



Qualifications and enrollment into Medicare

- Enrollment into Medicare A & B is done through the Social Security Office
- No need to apply for Part B if you are still working
- No need to enroll in individual non-LACERA Medicare Part D plan, as all LACERA plans have prescription drug coverage included

To find out if you are eligible to enroll, or to enroll in Medicare please contact the Social Security Administration directly at [SSA.gov](https://www.ssa.gov) or you can Call 1-800-772-1213

How much does Medicare cost?

Medicare Part A

No Charge for anyone 65 or older who is:

- Eligible to receive monthly Social Security benefit
- Eligible based on wages on which sufficient Medicare payroll taxes were paid. **County employees pay Hospital Insurance Tax (HIT) to qualify for Medicare**
- May qualify through a spouse or former spouse
- If you do not qualify for premium free Part A, you can purchase it from Social Security

How much does Medicare cost?

Medicare part B

- The **standard cost** in 2025 is \$185.00 a month
 - This cost is deducted from your Social Security check or billed by Medicare if you do not receive a pension from Social Security.
 - Some members pay more than the standard amount based on their income. This is referred to as **IRMAA (Income Related Monthly Adjustment Amount)**. Social Security will look at your modified adjusted gross income reported on your IRS tax return from 2 years before you apply for Medicare Part B.
 - To see if you will be affected by IRMAA charges, to appeal or to learn more, please contact Social Security directly



POP-UP POLL *TIME FOR YOU*

LACERA Reimbursement Program

The County of Los Angeles reimburses members and/or their eligible dependents* for their Medicare Part B premiums (standard rate only) on a tax-free basis, provided they meet the following eligibility requirements:

- Enrolled in the LACERA-administered Medicare Advantage or Supplement Plan
- Paying for their Medicare Part B premium themselves.
- They are not being reimbursed for their Medicare Part B Premium by another agency, such as another employer or state.

Current Medicare Part B premium reimbursement amount

- Up to the standard amount of \$185.00 for 2025, and requires annual approval by the Board of Supervisors
- LACERA and the County of Los Angeles do not reimburse IRMAA charges nor Medicare Part A Premiums

Tier 2 - The County reimburses Medicare part B (standard rate) for member only or eligible survivor only

Utilizing Medicare with LACERA Health plans

Once you retire and are over age 65: If you are in a LACERA administered Medicare health plan:

- Need Medicare Part A & B only
- Provide LACERA with a copy of the Medicare A & B card for anyone enrolled in LACERA Medicare health plan
- Provide proof of the part B premium that you pay
- Once retired...your Medicare Part B cost could rise yearly. You can mail, fax or upload proof of your new Medicare premiums to LACERA for the LACERA Part B Reimbursement Program

When Medicare is used with Anthem Blue Cross III- PPO

Medicare is the primary insurance, Anthem Blue Cross III provided by LACERA Healthcare Plan becomes the secondary insurance

Available in all 50 states.

- No deductibles
- No lifetime maximum
- Pays Medicare's deductibles
- Medicare is an 80% plan; with Anthem Blue Cross III you are supplemented at 20% of the Medicare approved charges. Together, you have 100% coverage
- Must use Medicare-approved Doctors
- You can contact Anthem Blue Cross directly for more information regarding the plan



Medical Plans Utilizing Medicare-HMO Plans

When enrolling in Medicare plan with LACERA, your Medicare is assigned to the health plan, and you will use that provider for all your services.

Medicare HMO Plans Offered based on your zip code:

- Kaiser Senior Advantage
 - Available is certain zip codes in: **California, Hawaii, Georgia, Colorado (Denver only) Oregon, and Washington**
- United Healthcare Medicare Advantage
 - Available in **California**
- SCAN: Included Extended Home Care

Service Area includes the following counties:

 - **California-** Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, Sonoma, Napa, San Francisco, Stanislaus, Alameda, and San Mateo
 - **Nevada-** Clark
 - **Arizona-** Maricopa, Pimna, Pinal



Medical Plans Utilizing Medicare-Plan Comparison HMO and PPO

Benefits	Kaiser Permanente Senior Advantage HMO	United Healthcare Medicare Advantage HMO	Scan HMO	Anthem Blue Cross III PPO
Deductible	None	None	None	None
Out-of Pocket Maximum	Max Co-Pay \$1,500 per individual \$3,000 per family	\$6,700	\$3,400	None
Lifetime Limit	Unlimited	Unlimited	Unlimited	Unlimited
Doctor's Office Visit	\$5 Copay	\$5 Copay	\$5 Copay	\$0
Hospital Room & Board	No Charge	No Charge	No Charge	Plan pays all Medicare inpatient deductibles for approved Medicare days
Prescription Cost	\$7 copay for up to 100-day supply Covers dental prescriptions	Retail \$7 copay for 30-day supply Mail Order: \$7 copay for 90-day supply	Retail \$7 generic/ \$15 brand for 30-day supply Mail Order: \$7 generic/\$15 brand for 90-day supply Generic drug discounts at certain pharmacies \$2 Retail/\$4 mail order	Retail 80% in network, 60% out of network. Mail order \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply
Emergency Benefits Outpatient	\$5 copay at Kaiser Permanente facility; Waived if admitted directly to the hospital	\$50; Waived on admission	\$50 copay; Waived if admitted \$25 copay for Urgent Care Center	Plan pays all Medicare inpatient deductibles for approved Medicare days

Enrollment into Retiree Healthcare- Forms needed

You must complete forms to enroll in LACERA Retiree Healthcare coverage.

Medical Enrollment

LACERA

Medical Plan
New Enrollment/Change/Cancellation

Please be sure to fill in ALL the required areas and provide ALL the required/necessary documents. Any missing information will cause a delay in processing this form.

Section 1: Membership Information
Fill in the personal information requested.

Section 2: Reason
Check the box next to the reason you are completing this form (i.e., new enrollment, change medical plan, change of address, etc.).

Section 3: Family Information
Fill in the information requested for yourself and any eligible dependents you want to cover.
Print your name and Social Security number at the top of the second page.

Section 4: Medical Plan Information
Check one plan for yourself and one plan for your eligible dependents. Provide additional information, if requested.

Section 5: Read and Understand/Authorization
Carefully read each paragraph. Sign and date the form at the bottom on the lines provided and return the completed form to:
LACERA
P.O. Box 7060
Pasadena, CA 91109-7060
Remember to keep the bottom copy for your records.

LACERA treats your and your family's personal health information as confidential. We follow the applicable sections of HIPAA related to privacy and security of your protected health information. If you have any questions about the steps taken to secure your protected health information, please refer to the HIPAA policy posted on the LACERA website, www.lacera.com.

Dental/Vision Enrollment

LACERA

Dental and Vision Plan
New Enrollment/Change/Cancellation

Instructions
Please be sure to fill in ALL the required areas and provide ALL the required/necessary documents. Any missing information will cause a delay in processing this form.

Section 1: Membership Information
Check the appropriate box on the top of the form and fill in the personal information requested.

Section 2: Reason
Check the box next to the reason you are completing this form (i.e., new enrollment, change dental plan, change of address, etc.).

Section 3: Dental/Vision Plan Information
Check the box next to the dental/vision combination in which you want to enroll, and the box(es) next to those you want to cover.

Section 4: Family Information
Fill in the information requested for yourself and any eligible dependents you want to cover.
Print your last name, first name, middle initial and Social Security number at the top of the second page.

Section 5: Read and Understand/Authorization
Carefully read each paragraph. Sign and date the form at the bottom on the lines provided and return the completed form to:
LACERA
P.O. Box 7060
Pasadena, CA 91109-7060
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Medicare Form (MA-PD)

Kaiser. Scan, United, Cigna only in Phoenix, AZ

LACERA

Universal Enrollment Form for Medicare Advantage Prescription Drug Plan (MA-PD)
(For those enrolled in Medicare Part A and Part B)

Instructions
Print your name and Social Security number at the top of the second and fourth pages. Please be sure you complete and submit all four pages of the form. **Keep the pink copy for your files.**

Page 1 — Carrier-Required Information
Section 1: Personal Information
• Fill in the personal information requested. If you and your spouse are both enrolling, each must complete a separate form.
• Fill in your Medicare information on the replica of the Medicare card or attach a photocopy of your Medicare card.
• Check the appropriate marital status box.

Page 2 — Carrier-Required Information
Section 2: Medical Information
• Please answer the six questions by checking "Yes" or "No" on the right-hand side of the form.
• Answer for member and, if enrolling, for spouse/survivor.

Section 3: Binding Arbitration Agreement
• Carefully read each paragraph in this section and the "Statement of Understanding" and "Authorization to Exchange Information" on the back of this form and the Binding Arbitration Agreement in Section 3.
• Sign the form at the bottom on the lines provided in this section. Do not date at this time (see Section 5 below).
• If someone has assisted you in completing this form, that person must also sign this form and indicate his/her relationship to you.
• If a person with Durable Power of Attorney for Health Care (DPAHC) or another legal representative (as defined by State law) has helped you complete this form, they must sign and attach certificate or other written proof of guardianship.

Page 4 — LACERA-Required Information
Section 4: Medical Plan
• Check one and fill in the requested information.
• Check the box next to the MA-PD plan in which you wish to enroll.
• Next, write in the name and facility number of the contracting medical group or physician that you have selected, where applicable. Refer to your plan's Provider Directory for medical group and physician information.

Section 5: LACERA Authorization
• Carefully read each paragraph and the "Statement of Understanding" on the back of pages 1 & 2. Initial where appropriate in the space provided in Section 5.
• Sign the form on the lines provided in this section; **do not date at this time.** To coordinate effective dates between the carriers and the Centers for Medicare and Medicaid Services (CMS), LACERA will need to make sure that the date on your form is within certain time limits of when the form is filed. If you date the form yourself and the date is outside these time periods, you may be required to sign another form and your coverage will be delayed. LACERA therefore asks your permission to date the form on your behalf. By returning this completed form, you are authorizing LACERA to date the form on your behalf for purposes of coordinating the effective dates with CMS and carrier rules.
• If someone has assisted you in completing this form, that person must also sign this form and indicate his/her relationship to you.
• If a person with Durable Power of Attorney for Health Care (DPAHC) or other legal representative (as defined by State law) has helped you complete this form, they must sign and attach certificate or other written proof of guardianship.

Note: The arbitration agreement at the bottom of the "Statement of Understanding" does not pertain to Nevada residents.

Please contact LACERA Retiree Healthcare Division at 1-800-786-6666, press 1, or 626-564-6132 or email us at healthcare@lacera.com, before you make changes or terminate participation in a LACERA-administered MA-PD plan.

Enrollment into Retiree Healthcare

When does my LACERA Retiree Healthcare coverage start?

For Los Angeles County employees, active employee coverage usually terminates at the end of the month following the month in which you retire*

LACERA coverage begins on the first day of the month after your previous coverage ends.

Example:

- *Retire March 31st*
- *Pre-paid one month of County benefits. In April you have LA County Employee Healthcare benefits*
- *April 30th LA County Healthcare Benefits End*
- *May 1st your LACERA Retiree coverage begins*

Complete your paperwork when you complete your retirement paperwork but no later than 60 days from the date your name appears on the Board agenda or your retirement date (whichever is later), to avoid the late enrollment rules.

**Coverage beginning dates can vary if you were not on payroll, or late enrollment rules apply*

When Can I Change Plans or Add New Dependents?

LACERA does not have an annual open enrollment period.

In most cases, you may request to change from one LACERA-administered Healthcare Plan or add a new dependent to your existing plan at any time by:

- Submitting a Change of Medical and or Dental/Vision Plan Form
- Provide a copy of the original Marriage Certificate* or Birth Certificate (with attestation form) within 30 days of becoming an eligible family member
- Completing the applicable waiting period unless it is a qualifying event

Transitioning to a LACERA administered Medicare Plan requires you to complete a Change in Medical Plans and for you to submit a copy of your Medicare A and B card to LACERA

**When adding a new spouse after retirement, upon the death of the member the health benefits for the new spouse will terminate.*



POP-UP POLL

TIME FOR YOU

Can you Change Plans – Medical and Dental and Vision

Medical Insurance has **6** Month wait period.

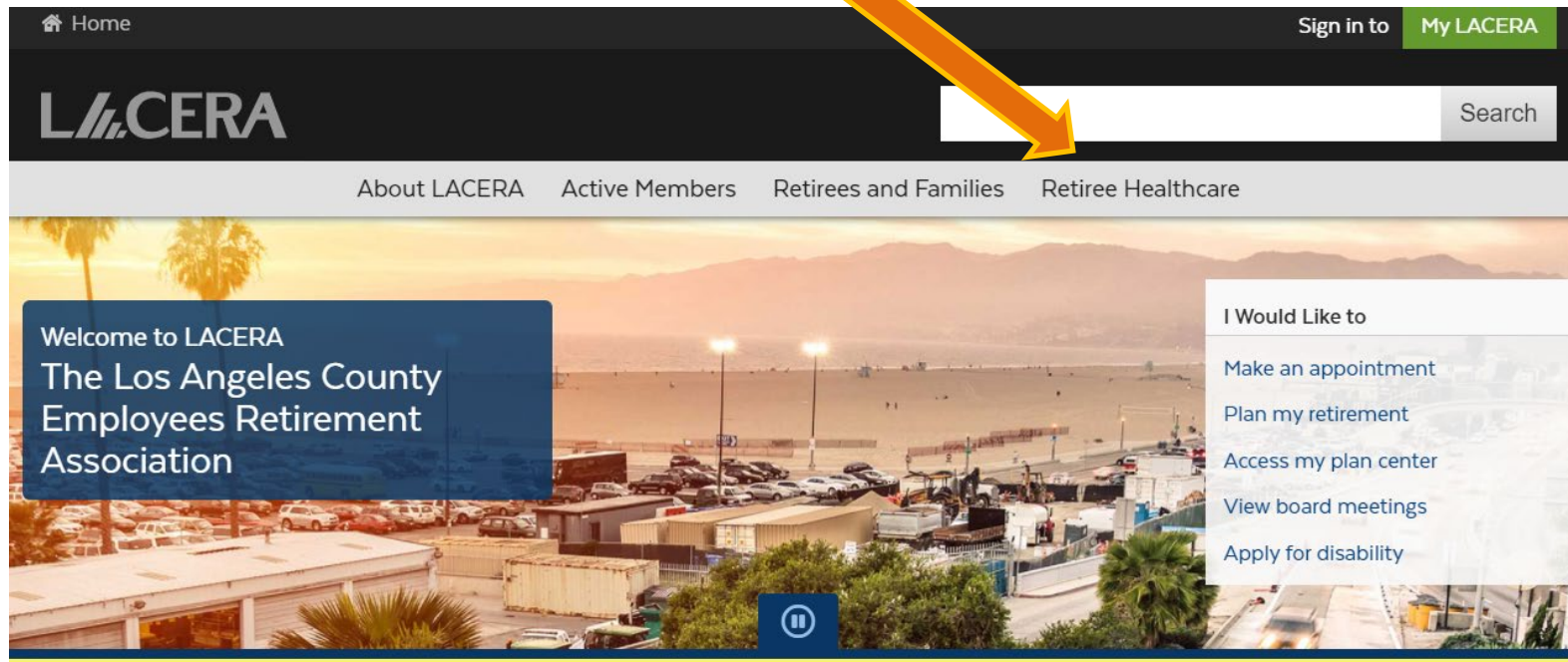
Dental and Vision has **12** Month wait period

- This applies to changing plans
- Late enrollment
- Exception to wait period – moving out of service area and other qualifying events



Learn more about Healthcare at www.LACERA.com

Click on the Healthcare tab to
be taken to our Healthcare
web page.



RHC Brochures & Publications on www.lacera.com

To view, print, or order printed materials, visit the **RHC Forms and Publications** page.

Healthcare Resources

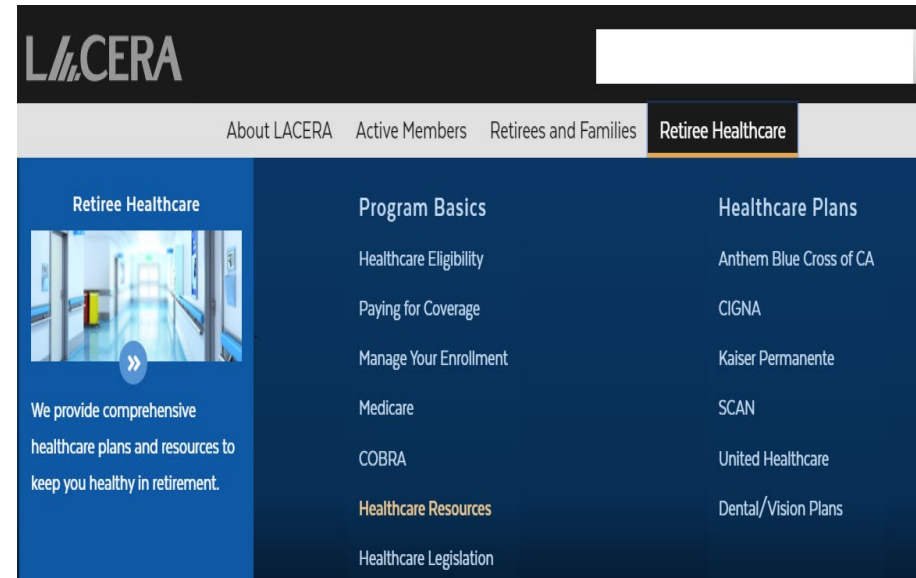
Retiree Wellness Program

Long-Term Care

RHC Forms and Publications



Look for these web tips within our printed materials to direct you to web pages online.



Stay Connected

LACERA's website: www.lacera.com

Sign in to

My LACERA

Register on **My LACERA**

- Access your personal retirement information
- Calculate your retirement
- Retire with E-Signature
- Update your email address
- Send confidential emails through the Secure Message center
- Change your beneficiary(ies)
- Upload documents
- And more!



Poll Questions



How do I contact LACERA?

- **By Phone - 800-786-6464**
For Healthcare Dept. press 2
- **By Fax - 626-564-6155**
- **In Person - By Appointment only**
No Walk-In Counseling
- **Virtual Appointments Available**
- **Secure document drop off slot outside the building**
300 N. Lake Avenue, Pasadena, CA 91101
- **By Email –welcome@lacera.com**
- **RHC Inquiries: healthcare@lacera.com**
- **LACERA – Secure Messages**
- **Online –lacera.com**



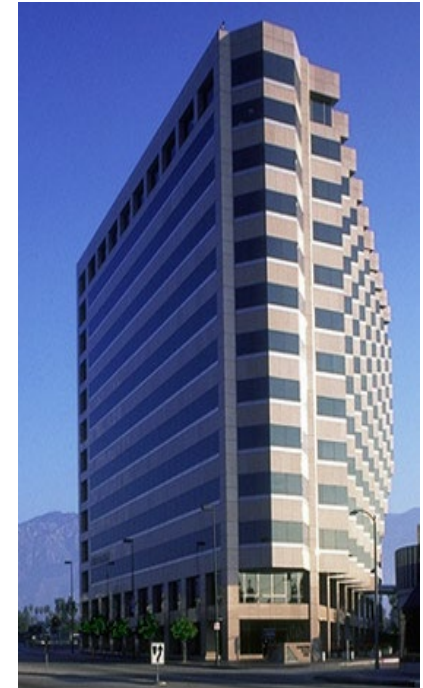
Sign Up for My LACERA!

Your secure, online retirement account and message center



Pre-Retirement Workshops

Financial, benefits, and healthcare presentations





Good luck with your future retirement!

explore