

# IN PERSON & VIRTUAL BOARD MEETING



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## AGENDA

### A REGULAR MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE AND BOARD OF RETIREMENT\*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:30 A.M., WEDNESDAY, MAY 3, 2023

*This meeting will be conducted by the Insurance, Benefits and Legislative Committee and Board of Retirement both in person and by teleconference under California Government Code Section 54953 (f).*

*Any person may view the meeting in person at LACERA's offices or online at <https://LACERA.com/leadership/board-meetings>.*

*The Committee may take action on any item on the agenda, and agenda items may be taken out of order.*

#### COMMITTEE TRUSTEES:

Les Robbins, Chair  
Vivian H. Gray, Vice Chair  
Shawn R. Kehoe, Trustee  
Ronald Okum, Trustee  
JP Harris, Alternate Trustee

- I. CALL TO ORDER
- II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER AB 2449, California Government Code Section 54953(f)
  - A. Just Cause
  - B. Action on Emergency Circumstance Requests
  - C. Statement of Persons Present at AB 2449 Teleconference Locations

III. APPROVAL OF MINUTES

- A. Approval of the Minutes of the Regular Meeting of April 5, 2023

IV. PUBLIC COMMENT

(Members of the public may address the Committee orally and in writing. To provide Public Comment, you should visit <https://LACERA.com/leadership/board-meetings> and complete the request form by selecting whether you will provide oral or written comment from the options located under Options next to the Committee meeting.

If you select oral comment, we will contact you via email with information and instruction as to how to access the meeting as a speaker. You will have up to 3 minutes to address the Committee. Oral comment request will be accepted up to the close of the Public Comment item on the agenda.

If you select written comment, please input your written public comment or documentation on the above link as soon as possible and up to the close of the meeting. Written comment will be made part of the official record of the meeting. If you would like to remain anonymous at the meeting without stating your name, please leave the name field blank in the request form. If you have any questions, you may email [PublicComment@lacera.com](mailto:PublicComment@lacera.com).)

V. NON-CONSENT ITEMS

A. **Assembly Bill 1020 – Disability Retirement**

Recommendation as submitted by Bary W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement adopt a “Neutral” position on Assembly Bill 1020, which would expand the number of service-connected presumptions related to disability retirement, with recommended clarifications. (Memo dated April 21, 2023)

VI. REPORTS

A. **Engagement Report for April 2023**

Barry W. Lew, Legislative Affairs Officer  
(For Information Only)

B. **Staff Activities Report for April 2023**

Cassandra Smith, Director, Retiree Healthcare  
(For Information Only)

VI. REPORTS (Continued)

C. **LACERA Claims Experience**

Michael Szeto, Segal Consulting  
(Presentation)

D. **Federal Legislation**

Stephen Murphy, Segal Consulting  
(For Discussion Purposes)

VII. ITEMS FOR STAFF REVIEW

(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agenda item at a future meeting.)

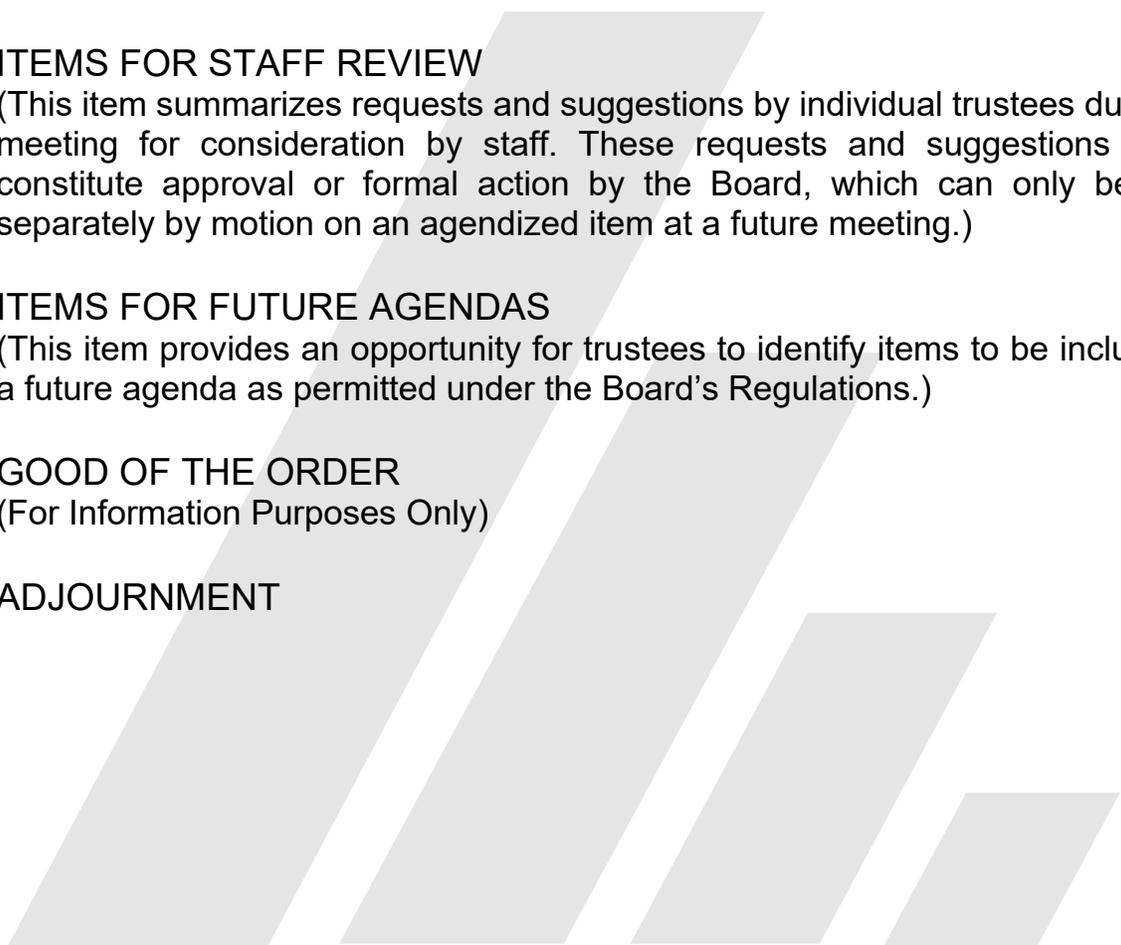
VIII. ITEMS FOR FUTURE AGENDAS

(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

IX. GOOD OF THE ORDER

(For Information Purposes Only)

X. ADJOURNMENT



**\*The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

**Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, Suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday *and will also be posted on [lacera.com](http://lacera.com) at the same time, [Board Meetings | LACERA](#).***

***Requests for reasonable modification or accommodation of the telephone public access and Public Comments procedures stated in this agenda from individuals with disabilities, consistent with the Americans with Disabilities Act of 1990, may call the Board Offices at (626) 564-6000, Ext. 4401/4402 from 8:30 a.m. to 5:00 p.m. Monday through Friday or email [PublicComment@lacera.com](mailto:PublicComment@lacera.com), but no later than 48 hours prior to the time the meeting is to commence.***

MINUTES OF THE REGULAR MEETING OF THE INSURANCE, BENEFITS &  
LEGISLATIVE COMMITTEE AND BOARD OF RETIREMENT\*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:06 A.M. – 8:54 A.M., WEDNESDAY, APRIL 5, 2023

This meeting was conducted by the Insurance, Benefits & Legislative  
Committee both in person and by teleconference under California  
Government Code Section 54953(b)(f)

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair (In-Person)

Vivian H. Gray, Vice Chair (In-Person)

Ronald Okum, Trustee (Teleconference) *(joined at 8:09 a.m.)*

JP Harris, Alternate Trustee (In-Person)

ABSENT: Shawn R. Kehoe, Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

Alan Bernstein, Trustee (In-Person) *(arrived at 8:51 a.m.)*

Keith Knox, Trustee (In-Person)

Herman B. Santos, Trustee (In-Person)

## STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Santos H. Kreimann, Chief Executive Officer

Luis Lugo, Deputy Chief Executive Officer

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Stephen Murphy, Sr. Vice President

Michael Szeto, Senior Actuarial Associate

Amber Turner, Senior Consultant

### I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:06 a.m. In the absence of Trustee Kehoe, the Chair announced that Trustee Harris, as the alternate, would be a voting member of the Committee.

### II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER AB 2449, California Government Code Section 54953(f)

A. Just Cause

B. Action on Emergency Circumstance Requests

C. Statement of Persons Present at AB 2449 Teleconference Locations

A physical quorum was present at the noticed meeting location. There was one request received from Trustee Okum related to Just Cause (A) due to caregiving needs of a designated person. Trustee Okum confirmed there were no individuals 18 years or older present at the teleconference location. No requests were received for Emergency Circumstances (B).

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of March 1, 2023

Trustee Gray made a motion, Trustee Robbins seconded, to approve the minutes of the regular meeting of March 1, 2023. The motion passed by the following roll call vote:

Yes: Gray, Harris, Robbins

No: None

Absent: Kehoe

*(Mr. Okum joined the meeting after the vote had been taken on the minutes.)*

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

A. **Engagement Report for March 2023**

Barry W. Lew, Legislative Affairs Officer  
(For Information Only)

The engagement report was discussed. This item was received and filed.

B. **Staff Activities Report for March 2023**

Cassandra Smith, Director, Retiree Healthcare  
(For Information Only)

The staff activities report was discussed. This item was received and filed.

V. REPORTS (Continued)

C. **Group Dental and Medical Benefits – Audit Results**

Amber Turner, Segal Consulting  
(Presentation)

- Cigna Dental Plan Audit
- Anthem (d.b.a. Elevance) Medical Plan Audit

Ms. Turner presented the results of the annual Cigna Dental Plan and Anthem (d.b.a. Elevance) Medical Plan audits and answered questions from the Committee. This item was received and filed.

D. **LACERA Claims Experience**

Michael Szeto, Segal Consulting  
(For Information Only)

The LACERA Claims Experience reports through February were discussed. This item was received and filed.

E. **Federal Legislation**

Stephen Murphy, Segal Consulting  
(For Discussion Purposes)

Segal Consulting gave an update on federal legislation.

VI. ITEMS FOR STAFF REVIEW

(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agenda item at a future meeting.)

Trustee Gray requested the creation of a page-by-page enrollment form video tutorial for Retiree Healthcare.

VII. ITEMS FOR FUTURE AGENDAS

(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

There was nothing to report.

VIII. GOOD OF THE ORDER  
(For Information Purposes Only)

There was nothing to report.

IX. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 8:54 a.m.



**\*The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

April 21, 2023

TO: Insurance, Benefits and Legislative Committee  
Les Robbins, Chair  
Vivian H. Gray, Vice Chair  
Shawn R. Kehoe  
Ronald Okum  
JP Harris Santos, Alternate

FROM: Barry W. Lew   
Legislative Affairs Officer

FOR: May 3, 2023 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **Assembly Bill 1020—Disability Retirement**

*Author: Grayson [D]  
Sponsor: California Professional Firefighters  
Amended: March 13, 2023  
Introduced: February 15, 2023  
Status: Read second time. Ordered to third reading. (04/13/2023)*

*Staff Recommendation: Neutral*

## **RECOMMENDATION**

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement adopt a “Neutral” position on Assembly Bill 1020, which would expand the number of service-connected presumptions related to disability retirement, with recommended clarifications.

## **LEGISLATIVE POLICY STANDARD**

AB 1020 is not consistent with any of the Board of Retirement’s (BOR) legislative policy standards that would entail support or opposition. A presumption is a plan design and eligibility provision that shifts the burden from the member to prove service-connection for a disability retirement to the retirement association to rebut the presumption of service-connection. A “Neutral” position indicates that the proposal affects LACERA and its stakeholders, but the Board neither supports nor opposes it. However, AB 1020 requires technical clarifications to facilitate adjudication of disability retirement applications.

## **SUMMARY**

AB 1020 would expand the number of injuries that are presumed to arise out of and in the course of employment for disability retirement. The presumptions are rebuttable, but unless the presumption is controverted, the retirement board is bound to find in accordance with the presumption.

## **ANALYSIS**

### Existing Law

The County Employees Retirement Law of 1937 (CERL) provides four presumptions that an injury arises out of and in the course of employment: heart trouble, cancer, blood-borne infectious disease, and exposure to biochemical substances. These presumptions generally apply to safety members and also to members who are not safety members but are engaged in active law enforcement or fire suppression.

To be granted a service-connected disability retirement, members have the burden of proof by demonstrating that they are permanently incapacitated physically or mentally for the performance of duties and then by proving that their permanent incapacity is service-connected. However, if a member is permanently incapacitated as a result of one of these injuries that are presumed to be service-connected, then the burden is on the retirement association to rebut the presumption that it is service-connected. A member always has the burden of proving permanent incapacity, which is never presumed.

### This Bill

AB 1020 would expand the number of injuries that are presumed to arise out of and in the course of employment to include hernia, pneumonia, post-traumatic stress disorder, tuberculosis, meningitis, skin cancer, Lyme disease, and lower back impairments. The presumptions are all rebuttable.

AB 1020 would amend existing Government Code Section 31720.5, which provides the presumption for heart trouble, to include hernia and pneumonia. The other injuries being included by AB 1020 are based on presumptions in the Labor Code that relate to workers' compensation. AB 1020 would add new sections to CERL to provide for presumptions for these injuries. (Although hernia and pneumonia are also presumptions in the Labor Code, AB 1020 would amend an existing CERL section instead of adding a new section for these injuries.)

The new sections that AB 1020 is proposing to be included in CERL define a member to whom the presumption is applicable based on the job classifications specified in the Labor Code section referenced by the bill. However, there are other elements in the corresponding Labor Code sections that are not referenced by the bill, and it is unclear whether those elements apply to the new CERL sections, which are modeled on the Labor Code presumptions.

Staff recommends that AB 1020 be amended with the following clarifications that would enable the proposed presumptions to be applied with clarity to disability retirement applications.

### Basis of Disability Retirement

The proposed sections to be added indicate "...a member who retires for disability on the basis, **in whole or in part**, [emphasis added] of an injury..." The phrase "in whole or in

part” is not used in CERL to determine eligibility for disability retirement and appears to be based on the concept of disability ratings in workers’ compensation, which determine the length and amount of the worker’s compensation disability benefit. Under CERL, members are retired for disability if they are permanently incapacitated, and a member who is granted a workers’ compensation benefit is not necessarily permanently incapacitated. Moreover, the presumptions for cancer, blood-borne infectious disease, and exposure to biochemical substances use the term “permanently incapacitated” to describe members eligible for a service-connected disability retirement.

Clarification: The proposed new CERL sections should be consistent with the existing CERL sections for presumptions and use the term “permanently incapacitated” to describe members who are retired for a service-connected disability.

#### Extension of Presumption after Termination

The Labor Code sections that are the basis for the new presumptions to be added to CERL each contain a provision that extends the presumption up to 60 months following a termination of service. It is unclear whether these extensions in the Labor Code are intended to apply to the proposed CERL sections.

Under the existing CERL presumptions of cancer, blood-borne infectious disease, and exposure to biochemical substances, the CERL provisions provide for an extension of the presumption for up to 60 months following termination of service.

The heart trouble presumption in CERL does not provide for an extension. However, Labor Code Section 3212, which is the basis for the hernia and pneumonia presumptions, also contains an extension of the presumption. Since AB 1020 is amending existing CERL Section 31720.5 and not adding a new section, are hernia and pneumonia presumptions intended to be subject to the extension—as well as the heart trouble presumption for which Section 31720.5 historically did not provide for an extension?

Clarification: The proposed CERL sections should clarify whether the extensions of the presumption in the Labor Code are applicable. Moreover, is the extension also intended to apply to the heart trouble presumption?

#### PTSD Presumption: Repeal and Injury Dates

Labor Code Section 3212.15 provides for the presumption for post-traumatic stress disorder (PTSD) and will be repealed as of January 1, 2025.

There are also two other bills that will amend Labor Code Section 3212:15: AB 597 (Rodriguez) and SB 623 (Laird).

AB 597 would add emergency medical technicians and paramedics to whom the PTSD presumption is applicable. However, the presumption is only applicable for injuries that occur on or after January 1, 2024. The repeal date of January 1, 2025 remains in place.

SB 623 would add public safety dispatchers, public safety telecommunicators, and emergency response communication employees to whom the PTSD presumption is applicable. However, the presumption is only applicable for injuries that occur on or after January 1, 2024. The repeal date of January 1, 2025 remains in place.

It is unclear whether the dates of repeal and injury in the Labor Code sections similarly apply to the proposed CERL provision.

Clarification: The presumption for members who retired for disability due to COVID-19 was enacted in 2021 and contained a repeal date of January 1, 2023, which was subsequently amended in 2022 to extend to January 1, 2024.

The proposed CERL provision for PTSD should similarly clarify whether it will be repealed along with corresponding Labor Code Section 3212.15 on PTSD. It should also clarify whether the injury date of on or after January 1, 2024 is applicable to the new job classifications in Labor Code Section 3212.15, which is referenced by the proposed CERL provision for job classifications eligible for the PTSD presumption.

#### Minimum Service Requirement

The presumption for skin cancer in the Labor Code applies to lifeguards who are employed for more than three consecutive months in a calendar year. The presumption for lower back impairment applies to employees who have been employed as a peace officer for five years on a full-time basis and required to wear a duty belt as a condition of employment.

Clarification: Like the five-year service requirement for the heart trouble presumption, the proposed CERL presumptions for skin cancer and lower back impairment should clarify whether these presumptions also have a minimum service requirement.

#### Applicability to CERL Retirement Systems

AB 1020 defines “public retirement system” in the same manner as the COVID-19 presumption for disability retirement in Government Code Section 7523(c), which also applies to other systems subject to the California Public Employees’ Pension Reform Act of 2013, such as CalPERS, CalSTRS, and the Judges’ Retirement System. However, AB 1020’s proposed presumptions are intended to apply only to CERL retirement systems since it is adding new provisions to CERL.

Clarification: The proposed presumptions should be precisely defined to apply only to the CERL retirement systems.

### **CONCLUSION**

Staff has discussed the lack of clarity raised by the AB 1020 with the Legislative Committee of the State Association of County Retirement Systems, which will engage

with the author to provide clarifications that would enable CERL retirement boards to effectively apply the presumptions to disability retirement applications.

**IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE** recommend that the Board of Retirement adopt a “Neutral” position on Assembly Bill 1020, which would expand the number of service-connected presumptions related to disability retirement, with recommended clarifications.

**Reviewed and Approved:**



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**Steven P. Rice, Chief Counsel**

**Attachments**

Attachment 1—Board Positions Adopted on Related Legislation  
Attachment 2—Support and Opposition  
AB 1020 (Grayson) as amended on March 13, 2023

cc: Santos H. Kreimann  
Luis Lugo  
JJ Popowich  
Laura Guglielmo  
Steven P. Rice  
Ricki Contreras  
Frank Boyd  
Shari McHugh, McHugh Koepke & Associates  
Naomi Padron, McHugh Koepke & Associates

## **BOARD POSITIONS ADOPTED ON RELATED LEGISLATION**

AB 1739 (Chapter 83, Statutes of 2010) provided that a member who becomes permanently incapacitated as a direct result of injury or disease arising out of and in the course of active military service while on military leave shall be retired for nonservice-connected disability retirement. The Board of Retirement adopted a “Watch” position.

AB 1847 (Chapter 870, Statutes of 2002) provided that illness or resulting death due to exposure to a biochemical substance by specified members shall be presumed to arise out of and in the course of employment. The Board of Retirement adopted a “Watch” position.

AB 1817 (Chapter 138, Statutes of 2000) provided that the development of blood-borne infectious disease by specified members shall be presumed to arise out of and in the course of employment. The Board of Retirement adopted a “Neutral” position.

SB 558 (Chapter 160, Statutes of 1999) provided that the development of cancer by specified members shall be presumed to arise out of and in the course of employment. The Board of Retirement adopted an “Oppose” position.

**SUPPORT**

California Professional Firefighters (*Sponsor*)  
Association of Orange County Deputy Sheriffs  
California Fraternal Order of Police  
California Statewide Law Enforcement Association  
Contra Costa County Professional Firefighters, Local 1230  
Kern County Firefighters, Local 1301 Union  
Long Beach Police Officers Association  
Los Angeles County Firefighters, Local 1014  
Marin Professional Firefighters, Local 1775  
Orange County Professional Firefighters Association, Local 3631  
Sacramento Area Firefighters, Local 522  
Sacramento County Deputy Sheriffs' Association  
San Bernardino County Firefighters, Local 935  
San Bernardino County Sheriff's Employees' Benefit Association  
Ventura County Professional Firefighters Association, Local 1364

**OPPOSITION**

None on file.

AMENDED IN ASSEMBLY MARCH 13, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1020**

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**Introduced by Assembly Member Grayson**

February 15, 2023

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An act to amend Section 31720.5 ~~of~~ *of*, and to add Sections 31720.91, 31720.92, 31720.93, 31720.94, 31720.95, and 31720.96 to, the Government Code, relating to county employees' retirement.

LEGISLATIVE COUNSEL'S DIGEST

AB 1020, as amended, Grayson. County Employees Retirement Law of ~~1937~~. *1937: disability retirement: medical conditions: employment-related presumption.*

Existing law, the County Employees Retirement Law of 1937, prescribes the rights, benefits, and duties of members of the retirement systems established pursuant to its provisions. ~~Existing~~

*Existing* law requires, if a safety member, a firefighter member, or a member in active law enforcement who has completed 5 years or more of service develops heart trouble, that the heart trouble be presumed to arise out of and in the course of employment.

~~This bill would make nonsubstantive changes to those provisions.~~

*This bill would additionally require, if a safety member, firefighter, or member in active law enforcement who has completed 5 years or more of service develops hernia or pneumonia, that the hernia or pneumonia be presumed to arise out of and in the course of employment.*

*Existing law provides that participants in certain membership categories may be entitled to special benefits if the injury that causes their disability arises in the course of their employment. Existing law creates a presumption, for purposes of qualification for disability*

*retirement benefits for specified members, that certain injuries, including, but not limited to, a bloodborne infectious disease or a methicillin-resistant Staphylococcus aureus skin infection, arose out of and in the course of employment. Existing law authorizes the presumption to be rebutted by evidence to the contrary, but unless controverted, the applicable governing board of a public retirement system is required to find in accordance with the presumption.*

*This bill would expand the scope of this presumption to include additional injuries, including post-traumatic stress disorder, tuberculosis, and meningitis, if the injury develops or manifests while a member is in a specified membership classification or job classification. This bill would authorize the presumption relating to these additional injuries to be rebutted by evidence to the contrary, but unless controverted, the applicable governing board of a public retirement system is required to find in accordance with the presumption.*

Vote: majority. Appropriation: no. Fiscal committee: no.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 31720.5 of the Government Code is  
 2 amended to read:  
 3 31720.5. (a) If a safety member, a firefighter member, or a  
 4 member in active law enforcement who has completed five years  
 5 or more of service under a pension system established pursuant to  
 6 Chapter 4 (commencing with Section 31900) or under a pension  
 7 system established pursuant to Chapter 5 (commencing with  
 8 Section 32200) or both or under this retirement system or under  
 9 the State Employees' Retirement System or under a retirement  
 10 system established under this chapter in another county, and  
 11 develops heart trouble, *hernia, or pneumonia*, that heart-trouble  
 12 trouble, *hernia, or pneumonia* developing or manifesting itself in  
 13 those cases shall be presumed to arise out of and in the course of  
 14 employment. That heart-trouble trouble, *hernia, or pneumonia*  
 15 developing or manifesting itself in those cases shall in no case be  
 16 attributed to any disease existing prior to such development or  
 17 manifestation.

1 (b) The presumption described in subdivision (a) is rebuttable  
2 by other evidence. Unless so rebutted, the board is bound to find  
3 in accordance with the presumption.

4 (c) As used in this section, “firefighter member” includes a  
5 member engaged in active fire suppression who is not classified  
6 as a safety member.

7 (d) As used in this section, “member in active law enforcement”  
8 includes a member engaged in active law enforcement who is not  
9 classified as a safety member.

10 *SEC. 2. Section 31720.91 is added to the Government Code,*  
11 *to read:*

12 *31720.91. (a) For purposes of a member who retires for*  
13 *disability on the basis, in whole or in part, of an injury, as*  
14 *described in paragraph (1) of subdivision (c), it shall be presumed*  
15 *that the disability arose out of, or in the course of, the member’s*  
16 *employment.*

17 *(b) The presumption described in subdivision (a) may be*  
18 *rebutted by evidence to the contrary, but unless controverted, the*  
19 *board shall be bound to find in accordance with the presumption.*

20 *(c) For purposes of this section:*

21 *(1) “Injury” means “post-traumatic stress disorder,” as*  
22 *diagnosed according to the most recent edition of the Diagnostic*  
23 *and Statistical Manual of Mental Disorders published by the*  
24 *American Psychiatric Association and that develops or manifests*  
25 *itself during a period while a member is in the service of a*  
26 *department, office, or unit, consistent with paragraph (2).*

27 *(2) “Member” means a member of a public retirement system*  
28 *whose job classification is listed in Section 3212.15 of the Labor*  
29 *Code.*

30 *(3) “Public retirement system” means any public employee*  
31 *retirement system that is subject to the California Public*  
32 *Employees’ Pension Reform Act of 2013 (Article 4 (commencing*  
33 *with Section 7522) of Chapter 21 of Division 7 of Title 1).*

34 *SEC. 3. Section 31720.92 is added to the Government Code,*  
35 *to read:*

36 *31720.92. (a) For purposes of a member who retires for*  
37 *disability on the basis, in whole or in part, of an injury, as*  
38 *described in paragraph (1) of subdivision (c), it shall be presumed*  
39 *that the disability arose out of, or in the course of, the member’s*  
40 *employment.*

1 (b) *The presumption described in subdivision (a) may be*  
2 *rebutted by evidence to the contrary, but unless controverted, the*  
3 *board shall be bound to find in accordance with the presumption.*

4 (c) *For purposes of this section:*

5 (1) *“Injury” means tuberculosis that develops or manifests itself*  
6 *during a period while a member is in the service of a department,*  
7 *office, or unit, consistent with paragraph (2).*

8 (2) *“Member” means a member of a public retirement system*  
9 *whose job classification is listed in Section 3212.6 of the Labor*  
10 *Code.*

11 (3) *“Public retirement system” means any public employee*  
12 *retirement system that is subject to the California Public*  
13 *Employees’ Pension Reform Act of 2013 (Article 4 (commencing*  
14 *with Section 7522) of Chapter 21 of Division 7 of Title 1).*

15 SEC. 4. *Section 31720.93 is added to the Government Code,*  
16 *to read:*

17 31720.93. (a) *For purposes of a member who retires for*  
18 *disability on the basis, in whole or in part, of an injury, as*  
19 *described in paragraph (1) of subdivision (c), it shall be presumed*  
20 *that the disability arose out of, or in the course of, the member’s*  
21 *employment.*

22 (b) *The presumption described in subdivision (a) may be*  
23 *rebutted by evidence to the contrary, but unless controverted, the*  
24 *board shall be bound to find in accordance with the presumption.*

25 (c) *For the purpose of this section:*

26 (1) *“Injury” means meningitis that develops or manifests itself*  
27 *during a period while a member is in the service of a department,*  
28 *office, or unit, consistent with paragraph (2).*

29 (2) *“Member” means a member of a public retirement system*  
30 *whose job classification is listed in Section 3212.9 of the Labor*  
31 *Code.*

32 (3) *“Public retirement system” means any public employee*  
33 *retirement system that is subject to the California Public*  
34 *Employees’ Pension Reform Act of 2013 (Article 4 (commencing*  
35 *with Section 7522) of Chapter 21 of Division 7 of Title 1).*

36 SEC. 5. *Section 31720.94 is added to the Government Code,*  
37 *to read:*

38 31720.94. (a) *For purposes of a member who retires for*  
39 *disability on the basis, in whole or in part, of an injury, as*  
40 *described in paragraph (1) of subdivision (c), it shall be presumed*

1 *that the disability arose out of, or in the course of, the member's*  
2 *employment.*

3 *(b) The presumption described in subdivision (a) may be*  
4 *rebutted by evidence to the contrary, but unless controverted, the*  
5 *board shall be bound to find in accordance with the presumption.*

6 *(c) For the purpose of this section:*

7 *(1) "Injury" means skin cancer that develops or manifests itself*  
8 *during a period while a member is in the service of that*  
9 *department, office, or unit, consistent with paragraph (2).*

10 *(2) "Member" means a member of a public retirement system*  
11 *whose job classification is listed in Section 3212.11 of the Labor*  
12 *Code.*

13 *(3) "Public retirement system" means any public employee*  
14 *retirement system that is subject to the California Public*  
15 *Employees' Pension Reform Act of 2013 (Article 4 (commencing*  
16 *with Section 7522) of Chapter 21 of Division 7 of Title 1).*

17 *SEC. 6. Section 31720.95 is added to the Government Code,*  
18 *to read:*

19 *31720.95. (a) For purposes of a member who retires for*  
20 *disability on the basis, in whole or in part, of an injury, as*  
21 *described in paragraph (1) of subdivision (c), it shall be presumed*  
22 *that the disability arose out of, or in the course of, the member's*  
23 *employment.*

24 *(b) The presumption described in subdivision (a) may be*  
25 *rebutted by evidence to the contrary, but unless controverted, the*  
26 *board shall be bound to find in accordance with the presumption.*

27 *(c) For the purpose of this section:*

28 *(1) "Injury" means Lyme disease that develops or manifests*  
29 *itself during a period while a member is in the service of a*  
30 *department, office, or unit, consistent with paragraph (2).*

31 *(2) "Member" means a member of a public retirement system*  
32 *whose job classification is listed in Section 3212.12 of the Labor*  
33 *Code.*

34 *(3) "Public retirement system" means any public employee*  
35 *retirement system that is subject to the California Public*  
36 *Employees' Pension Reform Act of 2013 (Article 4 (commencing*  
37 *with Section 7522) of Chapter 21 of Division 7 of Title 1).*

38 *SEC. 7. Section 31720.96 is added to the Government Code,*  
39 *to read:*

1 31720.96. (a) For purposes of a member who retires for  
2 disability on the basis, in whole or in part, of an injury, as  
3 described in paragraph (1) of subdivision (c), it shall be presumed  
4 that the disability arose out of, or in the course of, the member's  
5 employment.

6 (b) The presumption described in subdivision (a) may be  
7 rebutted by evidence to the contrary, but unless controverted, the  
8 board shall be bound to find in accordance with the presumption.

9 (c) For the purpose of this section:

10 (1) "Injury" means lower back impairments that develop or  
11 manifest itself during a period while a member is in the service of  
12 a department, office, or unit, consistent with paragraph (2).

13 (2) "Member" means a member of a public retirement system  
14 whose job classification is listed in Section 3213.2 of the Labor  
15 Code.

16 (3) "Public retirement system" means any public employee  
17 retirement system that is subject to the California Public  
18 Employees' Pension Reform Act of 2013 (Article 4 (commencing  
19 with Section 7522) of Chapter 21 of Division 7 of Title 1).

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE  
ENGAGEMENT REPORT  
APRIL 2023  
FOR INFORMATION ONLY**

**Social Security Benefits for Public Employees**

A new website has been developed by a project coordinator at the Illinois Public Pension Fund Association (IPPFA) that helps state and local government employees understand who is eligible to receive Social Security benefits, approximately how much they can expect to receive, and the federal rules that affect government workers who have a pension. About 6.5 million state and local government workers do not participate in Social Security, which includes many teachers and safety members who are excluded from Social Security.

The website, [www.governmentpensionoffset.com](http://www.governmentpensionoffset.com), includes an overview of how pensions affect Social Security benefits, a discussion of the Windfall Elimination Provision and Government Pension Offset, and common rumors regarding pensions and Social Security. ([Source](#)) ([Source](#))

Staff Note: The IPPFA is a nonprofit organization representing police and fire pension funds in the State of Illinois, which number over 600. The organization educates pension fund trustees, provides legal advice and representation for pension funds, and proposes and supports legislation beneficial to Illinois pension funds.

**Several States Approve or Still Considering COLA Increases**

The Social Security Administration announced that its cost-of-living adjustment (COLA) for 2023 is 8.7%, up from 5.9% in 2022. The back-to-back increases above 5% are the first since the COLA was 5.8% in 2008. The increases are due to the high inflation rate that the U.S. experienced in 2022.

On the heels of this increase, some states announced COLAs, whereas other states are introducing bills that would boost pension benefits. For example, Pennsylvania's retirees have not received a COLA in 20 years and have lost more than 50% purchasing power since that last COLA. Bills have been introduced to give retirees and beneficiaries their first COLA in more than 20 years.

Texas has also not paid COLAs to retired state workers for close to 20 years. Two bills have been introduced to increase teacher pensions. One bill would provide a 4% COLA for those retired for more than 10 years and 2% for those retired for less than 10. It would also give retired teachers over age 75 a 13<sup>th</sup> annual check of \$7,500. Another bill would provide a 6% COLA for teachers retired for more than 20 years and lower percentages for those retired for fewer years. However, these COLA proposals apply only to teachers.

and not to other state retirees. Fully funding a 10% COLA for these other retirees would cost about \$4.2 billion.

According to the National Association of State Retirement Administrators, about three-fourths of state and local pension plans have automatic COLAs built in. ([Source](#)) ([Source](#))

### **Montana Pension Reform**

Two bills in the State of Montana proposing to reduce the state's unfunded pension liability have passed its House and are being considered in the Senate. The bills seek to reduce the amortization period for four of Montana's public pension systems.

Its largest system, the Public Employee Retirement System, has 28,000 active members and 25,000 retirees and beneficiaries. Its amortization period is being reduced from 32 to 30 years, and employer contributions (currently at 9%) would gradually increase. State funding of \$300 million would cover shortfalls under the actuarially determined rate. The current default enrollment in the pension plan would be changed to a defined contribution plan, and members would have to opt into the pension plan.

The other three plans are for safety members and would have \$95 million set aside for actuarial shortfalls, as the amortization period will be reduced to 25 years. Retirement eligibility will also be changed from 20 years to age 50 with 20 years.

The proposed changes to employer contributions and retirement eligibility are opposed by municipalities and labor organizations. ([Source](#))

### **Alaska School Employees and Retirement Reform**

In 2006, the State of Alaska switched from a pension plan to a 401(k)-style plan for new public employees. SB 88 was recently introduced to establish a new defined benefit system in response to the state's challenges with recruitment and retention. The bill would allow those employees who are currently in the 401(k)-style plan to move to the defined benefit plan.

The current defined contribution has an unintended consequence in failing to retain teachers, who learn within the first five years that they might not have a stable retirement plan. Since defined contribution plan fully vests after five years, a common strategy is for employees to work five years and then take 100% of their retirement account with them as they relocate to a state with a better retirement plan. The president of a teacher's union has described this current system as creating "tourist teachers," who relocate to Alaska intending to spend their whole career there but then realize they might not be able to retire the way they planned. Testimony during a legislative committee hearing described a pension plan as the "linchpin" on which employees base their decision on whether to leave the state. ([Source](#))

### **Retired California Teachers Face Pension Debts from Errors**

A recent California State Supreme Court decision declined to review the case of 28 retired teachers whose benefits were miscalculated and overpaid. One of the teachers owes CalSTRS \$75,000 in overpayments. She is among 9,623 retired teachers who had their benefits reduced between 2016 and 2022 because of miscalculations and owe tens of thousands of dollars in overpayments.

CalSTRS' data from 2016 to 2022 show that about 5 percent of retired teacher experience an adjustment (either positive or negative), with the average monthly decrease being \$144. However, some retirees face monthly deficits 10 times larger.

The miscalculations were based on including pay from additional classes taught, bonuses, service as a union representative, and summer school teaching. One teacher is repaying \$67,000 with monthly benefits reduced by \$1,200. Another is repaying \$22,000 and a monthly benefit reduced by \$300. Another owes \$142,886 and estimates she would be 106 before completing repayment.

Last year, AB 1667 was passed to prohibit CalSTRS from requiring teachers to pay for miscalculation they did not make. However, the bill only applies to overpayments detected in audit reports released after 2023 and is not retroactive, which will not help the current group of retired teachers with overpayments. ([Source](#))

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE  
RETIREE HEALTHCARE BENEFITS PROGRAM  
STAFF ACTIVITIES REPORT  
APRIL 2023  
FOR INFORMATION ONLY**

**Centers for Medicare and Medicaid Services (CMS) Medicare Part D  
Retiree Drug Subsidy (RDS) Applications for Plan Year 7/1/2023 –  
6/30/2024**

On April 18, 2023, staff submitted the 2023-2024 Plan Year RDS Applications for the following healthcare plans:

- Anthem Blue Cross
- Cigna Medical
- Kaiser Permanente
- LACFF Local 1014

Staff received an email on April 25, 2023, from CMS/RDS confirming that CMS approved all applications.

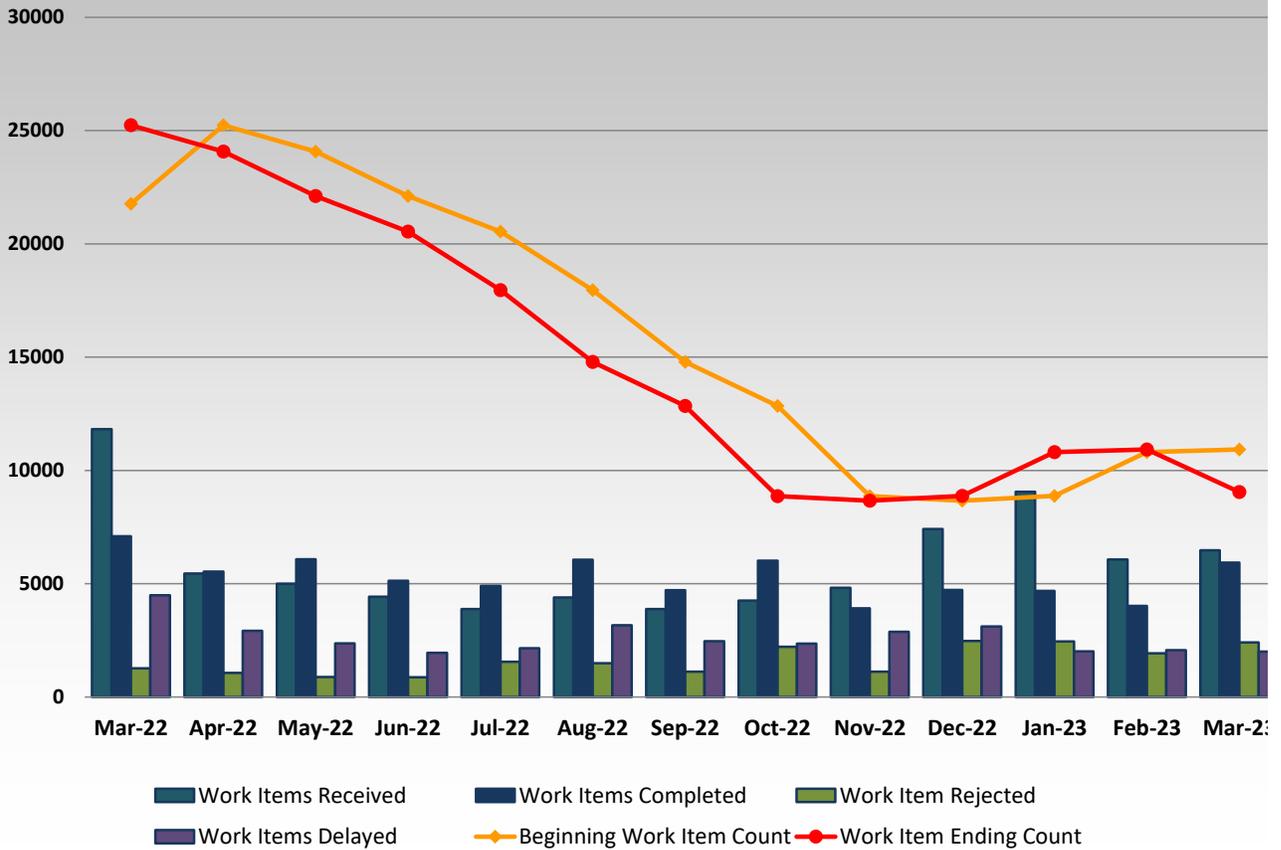
As a background, the Retiree Drug Subsidy (RDS) program was authorized by Medicare Part D of the Medicare Modernization Act and permits employers and unions with qualifying prescription drug plans to receive retiree drug subsidy payments from the federal government.

# Retiree Healthcare Division

## Trend Report

MARCH 2022 - MARCH 2023

Updated 3/18/2023

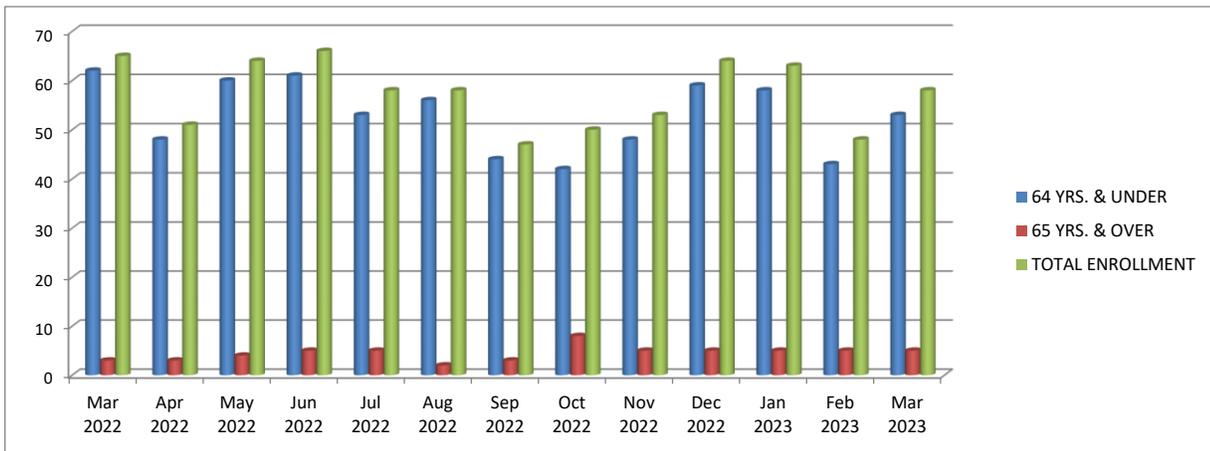


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Mar-22	21775	11821	7090	1271	4489	25235
Apr-22	25235	5451	5542	1067	2922	24077
May-22	24077	4999	6078	883	2364	22115
Jun-22	22115	4423	5128	870	1950	20540
Jul-22	20540	3880	4911	1552	2154	17957
Aug-22	17957	4394	6060	1496	3171	14795
Sep-22	14795	3885	4712	1121	2464	12847
Oct-22	12847	4252	6013	2218	2361	8868
Nov-22	8868	4822	3911	1114	2884	8665
Dec-22	8665	7418	4728	2476	3116	8879
Jan-23	8879	9057	4680	2448	2010	10808
Feb-23	10808	6067	4019	1934	2070	10922
Mar-23	10922	6472	5934	2411	1999	9049

## Retirees Monthly Age Breakdown MARCH 2022 - MARCH 2023

### Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Mar 2022	62	3	65
Apr 2022	48	3	51
May 2022	60	4	64
Jun 2022	61	5	66
Jul 2022	53	5	58
Aug 2022	56	2	58
Sep 2022	44	3	47
Oct 2022	42	8	50
Nov 2022	48	5	53
Dec 2022	59	5	64
Jan 2023	58	5	63
Feb 2023	43	5	48
Mar 2023	53	5	58



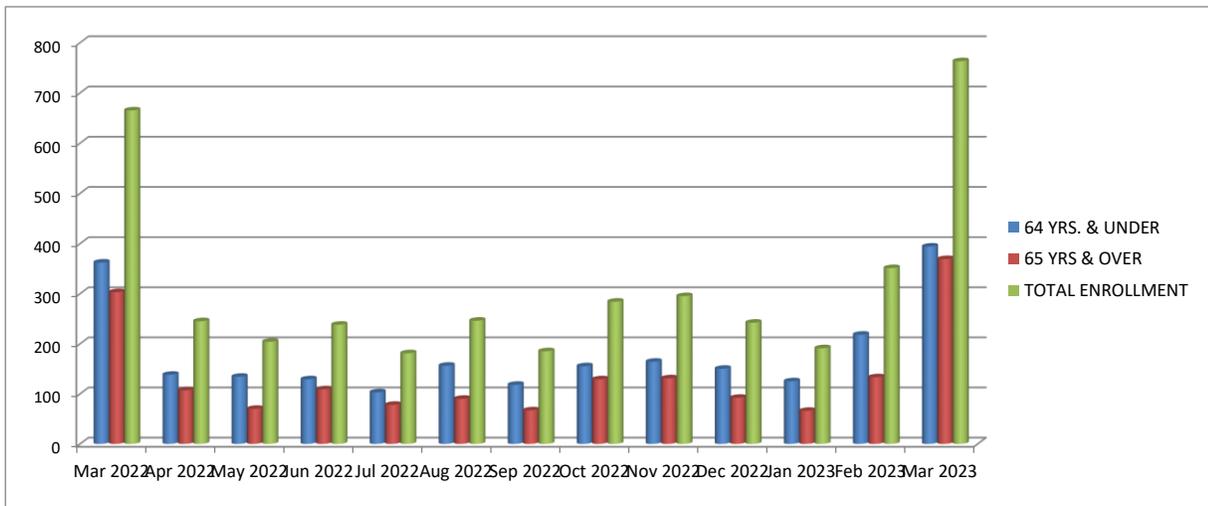
**PLEASE NOTE:**

- Next Report will include the following dates: April 1, 2022, through April 30, 2023.

## Retirees Monthly Age Breakdown MARCH 2022 - MARCH 2023

### Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Mar 2022	362	303	665
Apr 2022	138	107	245
May 2022	134	70	204
Jun 2022	129	109	238
Jul 2022	103	78	181
Aug 2022	156	90	246
Sep 2022	118	67	185
Oct 2022	155	129	284
Nov 2022	164	131	295
Dec 2022	150	92	242
Jan 2023	125	66	191
Feb 2023	218	133	351
Mar 2023	394	369	763



**PLEASE NOTE:**

- Next Report will include the following dates: April 1, 2022, through April 30, 2023.

Medicare Part B Reimbursement and Penalty Report				
		PAY PERIOD	4/30/2023	
Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
<b>ANTHEM BC III</b>				
240	7346	\$1,109,433.25	2	\$129.57
241	141	\$20,802.80	0	\$0.00
242	924	\$141,083.70	0	\$0.00
243	4393	\$1,363,080.21	0	\$0.00
244	18	\$2,752.10	0	\$0.00
245	53	\$8,905.60	0	\$0.00
246	16	\$2,310.90	0	\$0.00
247	144	\$23,278.30	0	\$0.00
248	11	\$3,024.50	1	\$43.00
249	72	\$23,320.80	0	\$0.00
250	16	\$5,252.10	0	\$0.00
<b>Plan Total:</b>	<b>13,134</b>	<b>\$2,703,244.26</b>	<b>3</b>	<b>\$172.57</b>
<b>CIGNA - PREFERRED with RX</b>				
321	32	\$4,488.60	0	\$0.00
322	7	\$997.60	0	\$0.00
324	22	\$6,775.90	0	\$0.00
327	1	\$104.90	0	\$0.00
<b>Plan Total:</b>	<b>62</b>	<b>\$12,367.00</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
394	17	\$2,670.50	0	\$0.00
397	5	\$804.20	0	\$0.00
398	7	\$2,205.80	0	\$0.00
403	11752	\$1,744,412.50	1	\$17.00
413	1571	\$244,850.62	0	\$0.00
418	6176	\$1,886,257.54	0	\$0.00
419	233	\$32,222.10	0	\$0.00
426	248	\$34,863.70	0	\$0.00
427	17	(\$884.10)	0	\$0.00
445	2	\$329.80	0	\$0.00
446	1	\$145.10	0	\$0.00
451	35	\$5,282.10	0	\$0.00
455	4	\$659.60	0	\$0.00
457	12	\$3,684.10	0	\$0.00
459	2	\$659.60	0	\$0.00
462	87	\$13,249.00	0	\$0.00
465	4	\$659.60	0	\$0.00
466	29	\$9,299.50	0	\$0.00
472	29	\$4,113.00	0	\$0.00
476	3	\$393.00	0	\$0.00
478	16	\$5,356.40	0	\$0.00
479	1	\$144.60	0	\$0.00
482	80	\$12,750.10	0	\$0.00
486	1	\$164.90	0	\$0.00
488	42	\$13,043.90	0	\$0.00
491	1	\$148.50	0	\$0.00
<b>Plan Total:</b>	<b>20,375</b>	<b>\$4,017,485.66</b>	<b>1</b>	<b>\$17.00</b>

<b>Medicare Part B Reimbursement and Penalty Report</b>				
		<b>PAY PERIOD</b>	<b>4/30/2023</b>	
<b>Deduction Code</b>	<b>No. of Members</b>	<b>Reimbursement Amount</b>	<b>No. of Penalties</b>	<b>Penalty Amount</b>
<b>SCAN</b>				
611	279	\$41,930.30	0	\$0.00
613	81	\$24,957.40	0	\$0.00
620	1	\$164.90	0	\$0.00
622	5	\$821.70	0	\$0.00
623	2	\$539.60	0	\$0.00
<b>Plan Total:</b>	<b>360</b>	<b>\$66,887.70</b>	<b>0</b>	<b>\$0.00</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	1985	\$303,774.70	1	\$36.50
702	384	\$61,419.20	0	\$0.00
703	1312	\$406,421.70	0	\$0.00
704	95	\$15,635.60	0	\$0.00
705	46	\$14,423.00	0	\$0.00
<b>Plan Total:</b>	<b>3,822</b>	<b>\$801,674.20</b>	<b>1</b>	<b>\$36.50</b>
<b>Grand Total:</b>	<b>37,753</b>	<b>\$7,601,658.82</b>	<b>5</b>	<b>\$226.07</b>

Medicare Part B Reimbursement and Penalty Report				
		PAY PERIOD	4/30/2023	
Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
<b>ANTHEM BC III</b>				
240	7346	\$1,109,433.25	2	\$129.57
241	141	\$20,802.80	0	\$0.00
242	924	\$141,083.70	0	\$0.00
243	4393	\$1,363,080.21	0	\$0.00
244	18	\$2,752.10	0	\$0.00
245	53	\$8,905.60	0	\$0.00
246	16	\$2,310.90	0	\$0.00
247	144	\$23,278.30	0	\$0.00
248	11	\$3,024.50	1	\$43.00
249	72	\$23,320.80	0	\$0.00
250	16	\$5,252.10	0	\$0.00
<b>Plan Total:</b>	<b>13,134</b>	<b>\$2,703,244.26</b>	<b>3</b>	<b>\$172.57</b>
<b>CIGNA - PREFERRED with RX</b>				
321	32	\$4,488.60	0	\$0.00
322	7	\$997.60	0	\$0.00
324	22	\$6,775.90	0	\$0.00
327	1	\$104.90	0	\$0.00
<b>Plan Total:</b>	<b>62</b>	<b>\$12,367.00</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
394	17	\$2,670.50	0	\$0.00
397	5	\$804.20	0	\$0.00
398	7	\$2,205.80	0	\$0.00
403	11752	\$1,744,412.50	1	\$17.00
413	1571	\$244,850.62	0	\$0.00
418	6176	\$1,886,257.54	0	\$0.00
419	233	\$32,222.10	0	\$0.00
426	248	\$34,863.70	0	\$0.00
427	17	(\$884.10)	0	\$0.00
445	2	\$329.80	0	\$0.00
446	1	\$145.10	0	\$0.00
451	35	\$5,282.10	0	\$0.00
455	4	\$659.60	0	\$0.00
457	12	\$3,684.10	0	\$0.00
459	2	\$659.60	0	\$0.00
462	87	\$13,249.00	0	\$0.00
465	4	\$659.60	0	\$0.00
466	29	\$9,299.50	0	\$0.00
472	29	\$4,113.00	0	\$0.00
476	3	\$393.00	0	\$0.00
478	16	\$5,356.40	0	\$0.00
479	1	\$144.60	0	\$0.00
482	80	\$12,750.10	0	\$0.00
486	1	\$164.90	0	\$0.00
488	42	\$13,043.90	0	\$0.00
491	1	\$148.50	0	\$0.00
<b>Plan Total:</b>	<b>20,375</b>	<b>\$4,017,485.66</b>	<b>1</b>	<b>\$17.00</b>

Medicare Part B Reimbursement and Penalty Report				
		PAY PERIOD	4/30/2023	
Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
<b>SCAN</b>				
611	279	\$41,930.30	0	\$0.00
613	81	\$24,957.40	0	\$0.00
620	1	\$164.90	0	\$0.00
622	5	\$821.70	0	\$0.00
623	2	\$539.60	0	\$0.00
<b>Plan Total:</b>	<b>360</b>	<b>\$66,887.70</b>	<b>0</b>	<b>\$0.00</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	1985	\$303,774.70	1	\$36.50
702	384	\$61,419.20	0	\$0.00
703	1312	\$406,421.70	0	\$0.00
704	95	\$15,635.60	0	\$0.00
705	46	\$14,423.00	0	\$0.00
<b>Plan Total:</b>	<b>3,822</b>	<b>\$801,674.20</b>	<b>1</b>	<b>\$36.50</b>
<b>LOCAL 1014</b>				
802	1	\$164.90	0	\$0.00
804	174	\$37,394.60	0	\$0.00
805	216	\$40,727.30	0	\$0.00
806	687	\$254,951.60	0	\$0.00
807	40	\$8,145.20	0	\$0.00
808	15	\$4,947.00	0	\$0.00
812	251	\$45,246.50	0	\$0.00
813	2	\$329.80	0	\$0.00
<b>Plan Total:</b>	<b>1,386</b>	<b>\$391,906.90</b>	<b>0</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>39,139</b>	<b>\$7,993,565.72</b>	<b>5</b>	<b>\$226.07</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Medical Plan</b>							
<b>Anthem Blue Cross Prudent Buyer Plan</b>							
201	478	\$432,331.03	\$67,168.81	\$369,674.86	\$436,843.67	(\$1,805.14)	\$435,038.53
202	247	\$437,886.54	\$38,612.05	\$397,501.67	\$436,113.72	\$0.00	\$436,113.72
203	74	\$150,024.75	\$25,989.51	\$117,897.32	\$143,886.83	\$0.00	\$143,886.83
204	26	\$31,297.32	\$9,111.00	\$19,868.00	\$28,979.00	\$0.00	\$28,979.00
<b>SUBTOTAL</b>	<b>825</b>	<b>\$1,051,539.64</b>	<b>\$140,881.37</b>	<b>\$904,941.85</b>	<b>\$1,045,823.22</b>	<b>(\$1,805.14)</b>	<b>\$1,044,018.08</b>
<b>Anthem Blue Cross I</b>							
211	582	\$747,378.54	\$46,475.21	\$694,526.38	\$741,001.59	(\$5,101.56)	\$735,900.03
212	236	\$548,997.34	\$23,843.43	\$506,777.43	\$530,620.86	\$2.00	\$530,622.86
213	74	\$203,179.50	\$24,502.37	\$170,549.95	\$195,052.32	\$0.00	\$195,052.32
214	22	\$37,103.66	\$4,115.11	\$32,988.55	\$37,103.66	\$0.00	\$37,103.66
215	1	\$432.89	\$17.32	\$415.57	\$432.89	\$0.00	\$432.89
<b>SUBTOTAL</b>	<b>915</b>	<b>\$1,537,091.93</b>	<b>\$98,953.44</b>	<b>\$1,405,257.88</b>	<b>\$1,504,211.32</b>	<b>(\$5,099.56)</b>	<b>\$1,499,111.76</b>
<b>Anthem Blue Cross II</b>							
221	2,342	\$3,003,543.45	\$165,499.03	\$2,886,524.01	\$3,052,023.04	(\$5,101.56)	\$3,046,921.48
222	2,025	\$4,683,705.34	\$118,252.39	\$4,413,860.99	\$4,532,113.38	\$2,297.06	\$4,534,410.44
223	920	\$2,505,880.50	\$96,117.32	\$2,390,799.76	\$2,486,917.08	\$0.00	\$2,486,917.08
224	221	\$376,096.19	\$38,857.53	\$364,195.14	\$403,052.67	\$0.00	\$403,052.67
<b>SUBTOTAL</b>	<b>5,508</b>	<b>\$10,569,225.48</b>	<b>\$418,726.27</b>	<b>\$10,055,379.90</b>	<b>\$10,474,106.17</b>	<b>(\$2,804.50)</b>	<b>\$10,471,301.67</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Anthem Blue Cross III</b>							
240	7,382	\$3,848,696.88	\$518,705.37	\$3,368,568.22	\$3,887,273.59	(\$8,857.84)	\$3,878,415.75
241	141	\$235,667.46	\$22,371.80	\$208,316.77	\$230,688.57	(\$1,659.63)	\$229,028.94
242	919	\$1,541,796.27	\$98,449.40	\$1,401,856.12	\$1,500,305.52	\$0.00	\$1,500,305.52
243	4,397	\$4,564,189.38	\$489,078.60	\$4,052,136.52	\$4,541,215.12	(\$4,146.04)	\$4,537,069.08
244	18	\$16,753.68	\$1,917.35	\$14,836.33	\$16,753.68	\$0.00	\$16,753.68
245	54	\$50,261.04	\$4,635.16	\$50,279.68	\$54,914.84	\$0.00	\$54,914.84
246	16	\$33,106.88	\$3,103.77	\$30,003.11	\$33,106.88	\$0.00	\$33,106.88
247	145	\$304,169.46	\$17,422.48	\$284,677.80	\$302,100.28	\$0.00	\$302,100.28
248	11	\$15,881.03	\$1,126.11	\$14,754.92	\$15,881.03	\$0.00	\$15,881.03
249	73	\$106,836.02	\$6,063.66	\$100,772.36	\$106,836.02	(\$1,443.73)	\$105,392.29
250	16	\$25,882.24	\$1,747.05	\$25,752.83	\$27,499.88	\$0.00	\$27,499.88
<b>SUBTOTAL</b>	<b>13,172</b>	<b>\$10,743,240.34</b>	<b>\$1,164,620.75</b>	<b>\$9,551,954.66</b>	<b>\$10,716,575.41</b>	<b>(\$16,107.24)</b>	<b>\$10,700,468.17</b>
<b>CIGNA Network Model Plan</b>							
301	238	\$396,216.59	\$103,284.81	\$294,589.59	\$397,874.40	(\$4,973.43)	\$392,900.97
302	63	\$191,430.40	\$45,644.20	\$136,812.90	\$182,457.10	\$0.00	\$182,457.10
303	8	\$28,251.92	\$7,870.08	\$16,850.35	\$24,720.43	\$0.00	\$24,720.43
304	15	\$32,983.80	\$14,465.68	\$18,518.12	\$32,983.80	\$0.00	\$32,983.80
<b>SUBTOTAL</b>	<b>324</b>	<b>\$648,882.71</b>	<b>\$171,264.77</b>	<b>\$466,770.96</b>	<b>\$638,035.73</b>	<b>(\$4,973.43)</b>	<b>\$633,062.30</b>
<b>CIGNA Preferred w/ Rx - Phoenix, AZ</b>							
321	32	\$12,367.68	\$1,530.51	\$10,837.17	\$12,367.68	(\$386.49)	\$11,981.19
322	7	\$12,038.46	\$687.91	\$11,350.55	\$12,038.46	\$0.00	\$12,038.46
324	23	\$17,548.54	\$1,831.16	\$15,717.38	\$17,548.54	\$0.00	\$17,548.54
327	1	\$2,260.85	\$452.17	\$1,808.68	\$2,260.85	\$0.00	\$2,260.85
<b>SUBTOTAL</b>	<b>63</b>	<b>\$44,215.53</b>	<b>\$4,501.75</b>	<b>\$39,713.78</b>	<b>\$44,215.53</b>	<b>(\$386.49)</b>	<b>\$43,829.04</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser/Senior Advantage</b>							
401	1,518	\$1,746,231.39	\$139,103.65	\$1,675,741.94	\$1,814,845.59	(\$1,143.67)	\$1,813,701.92
403	11,761	\$3,108,145.26	\$286,230.71	\$2,825,072.88	\$3,111,303.59	(\$7,361.52)	\$3,103,942.07
404	500	\$589,485.00	\$11,459.64	\$595,706.71	\$607,166.35	\$2,357.94	\$609,524.29
405	1,335	\$1,533,968.48	\$18,692.41	\$1,533,732.99	\$1,552,425.40	\$1,148.18	\$1,553,573.58
411	1,888	\$4,322,011.72	\$199,569.01	\$4,106,503.13	\$4,306,072.14	\$18,217.12	\$4,324,289.26
413	1,564	\$2,205,326.14	\$108,513.31	\$2,081,388.95	\$2,189,902.26	\$0.00	\$2,189,902.26
414	61	\$145,690.02	\$1,387.52	\$109,554.48	\$110,942.00	\$0.00	\$110,942.00
418	6,137	\$3,189,476.22	\$232,859.09	\$2,927,196.29	\$3,160,055.38	(\$4,645.62)	\$3,155,409.76
419	231	\$335,102.04	\$4,009.74	\$322,499.94	\$326,509.68	(\$2,864.12)	\$323,645.56
420	110	\$260,621.34	\$1,127.02	\$254,798.44	\$255,925.46	\$0.00	\$255,925.46
421	9	\$10,292.13	\$1,646.75	\$9,788.95	\$11,435.70	\$0.00	\$11,435.70
422	260	\$593,255.00	\$2,373.02	\$606,854.23	\$609,227.25	\$0.00	\$609,227.25
423	1	\$4,625.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
426	243	\$347,514.96	\$2,970.69	\$324,926.49	\$327,897.18	\$0.00	\$327,897.18
427	5	\$24,345.02	(\$916.51)	(\$9,107.91)	(\$10,024.42)	\$0.00	(\$10,024.42)
428	47	\$111,223.20	\$463.43	\$101,403.93	\$101,867.36	\$0.00	\$101,867.36
429	0	\$2,347.94	\$0.00	(\$2,347.94)	(\$2,347.94)	\$0.00	(\$2,347.94)
430	143	\$326,949.48	\$3,338.06	\$323,611.42	\$326,949.48	(\$2,286.36)	\$324,663.12
431	0	\$2,317.15	\$0.00	(\$2,317.15)	(\$2,317.15)	\$0.00	(\$2,317.15)
<b>SUBTOTAL</b>	<b>25,813</b>	<b>\$18,858,927.57</b>	<b>\$1,012,827.54</b>	<b>\$17,785,007.77</b>	<b>\$18,797,835.31</b>	<b>\$3,421.95</b>	<b>\$18,801,257.26</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Colorado</b>							
450	2	\$2,122.66	\$424.53	\$1,698.13	\$2,122.66	\$0.00	\$2,122.66
451	35	\$10,496.50	\$1,319.54	\$9,176.96	\$10,496.50	\$0.00	\$10,496.50
453	11	\$25,784.66	\$517.00	\$25,267.66	\$25,784.66	\$0.00	\$25,784.66
455	4	\$5,404.92	\$0.00	\$5,404.92	\$5,404.92	\$0.00	\$5,404.92
457	12	\$7,077.60	\$1,238.58	\$5,839.02	\$7,077.60	\$0.00	\$7,077.60
459	2	\$3,282.26	\$65.65	\$3,216.61	\$3,282.26	\$0.00	\$3,282.26
<b>SUBTOTAL</b>	<b>66</b>	<b>\$54,168.60</b>	<b>\$3,565.30</b>	<b>\$50,603.30</b>	<b>\$54,168.60</b>	<b>\$0.00</b>	<b>\$54,168.60</b>
<b>Kaiser - Georgia</b>							
441	4	\$4,660.96	\$0.00	\$4,660.96	\$4,660.96	\$0.00	\$4,660.96
442	7	\$8,156.68	\$0.00	\$8,156.68	\$8,156.68	\$0.00	\$8,156.68
445	2	\$3,161.42	\$0.00	\$3,161.42	\$3,161.42	\$0.00	\$3,161.42
446	1	\$1,580.71	\$0.00	\$1,580.71	\$1,580.71	\$0.00	\$1,580.71
461	13	\$16,313.36	\$2,656.75	\$13,656.61	\$16,313.36	\$0.00	\$16,313.36
462	87	\$37,015.89	\$5,105.63	\$31,910.26	\$37,015.89	\$0.00	\$37,015.89
463	3	\$6,961.47	\$1,218.82	\$5,742.65	\$6,961.47	\$0.00	\$6,961.47
465	4	\$6,322.84	\$0.00	\$6,322.84	\$6,322.84	\$0.00	\$6,322.84
466	29	\$24,387.26	\$1,765.97	\$22,621.29	\$24,387.26	\$0.00	\$24,387.26
<b>SUBTOTAL</b>	<b>150</b>	<b>\$108,560.59</b>	<b>\$10,747.17</b>	<b>\$97,813.42</b>	<b>\$108,560.59</b>	<b>\$0.00</b>	<b>\$108,560.59</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Hawaii</b>							
471	6	\$6,450.71	\$258.03	\$3,428.09	\$3,686.12	\$0.00	\$3,686.12
472	28	\$13,033.47	\$1,923.55	\$10,211.06	\$12,134.61	(\$449.43)	\$11,685.18
473	1	\$1,852.78	\$577.39	\$1,275.39	\$1,852.78	\$0.00	\$1,852.78
474	5	\$9,165.25	\$0.00	\$9,165.25	\$9,165.25	\$0.00	\$9,165.25
475	2	\$5,489.16	\$71.04	\$5,418.12	\$5,489.16	\$0.00	\$5,489.16
476	3	\$4,082.88	\$1,878.12	\$2,204.76	\$4,082.88	\$0.00	\$4,082.88
477	1	\$2,764.31	\$467.25	\$2,297.06	\$2,764.31	\$0.00	\$2,764.31
478	16	\$14,221.76	\$2,133.25	\$12,977.37	\$15,110.62	\$0.00	\$15,110.62
479	1	\$2,292.21	\$0.00	\$2,292.21	\$2,292.21	\$0.00	\$2,292.21
<b>SUBTOTAL</b>	<b>63</b>	<b>\$59,352.53</b>	<b>\$7,308.63</b>	<b>\$49,269.31</b>	<b>\$56,577.94</b>	<b>(\$449.43)</b>	<b>\$56,128.51</b>
<b>Kaiser - Oregon</b>							
481	2	\$2,262.36	\$565.59	\$1,696.77	\$2,262.36	\$0.00	\$2,262.36
482	80	\$38,553.60	\$5,860.12	\$34,621.16	\$40,481.28	(\$1,445.76)	\$39,035.52
483	2	\$2,766.24	\$521.55	\$2,244.69	\$2,766.24	\$0.00	\$2,766.24
484	5	\$11,261.80	\$0.00	\$11,261.80	\$11,261.80	\$0.00	\$11,261.80
486	1	\$1,603.10	\$0.00	\$1,603.10	\$1,603.10	\$0.00	\$1,603.10
488	42	\$40,061.28	\$5,055.34	\$35,005.94	\$40,061.28	\$0.00	\$40,061.28
491	1	\$1,604.54	\$0.00	\$1,604.54	\$1,604.54	\$0.00	\$1,604.54
498	2	\$5,008.60	\$414.48	\$4,594.12	\$5,008.60	\$0.00	\$5,008.60
<b>SUBTOTAL</b>	<b>135</b>	<b>\$103,121.52</b>	<b>\$12,417.08</b>	<b>\$92,632.12</b>	<b>\$105,049.20</b>	<b>(\$1,445.76)</b>	<b>\$103,603.44</b>
<b>SCAN Health Plan</b>							
611	279	\$79,682.40	\$17,712.99	\$62,255.01	\$79,968.00	\$0.00	\$79,968.00
613	81	\$45,457.20	\$8,956.79	\$37,061.61	\$46,018.40	\$0.00	\$46,018.40
<b>SUBTOTAL</b>	<b>360</b>	<b>\$125,139.60</b>	<b>\$26,669.78</b>	<b>\$99,316.62</b>	<b>\$125,986.40</b>	<b>\$0.00</b>	<b>\$125,986.40</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>SCAN Health Plan, AZ</b>							
620	1	\$285.60	\$0.00	\$285.60	\$285.60	\$0.00	\$285.60
<b>SUBTOTAL</b>	<b>1</b>	<b>\$285.60</b>	<b>\$0.00</b>	<b>\$285.60</b>	<b>\$285.60</b>	<b>\$0.00</b>	<b>\$285.60</b>
<b>SCAN Health Plan, NV</b>							
622	5	\$1,428.00	\$0.00	\$1,428.00	\$1,428.00	\$0.00	\$1,428.00
623	2	\$1,122.40	\$0.00	\$1,122.40	\$1,122.40	\$0.00	\$1,122.40
<b>SUBTOTAL</b>	<b>7</b>	<b>\$2,550.40</b>	<b>\$0.00</b>	<b>\$2,550.40</b>	<b>\$2,550.40</b>	<b>\$0.00</b>	<b>\$2,550.40</b>
<b>UHC Medicare Adv.</b>							
701	1,979	\$672,838.60	\$78,676.01	\$604,312.09	\$682,988.10	(\$3,720.95)	\$679,267.15
702	376	\$626,906.46	\$30,175.90	\$549,695.23	\$579,871.13	\$0.00	\$579,871.13
703	1,299	\$876,306.60	\$84,976.33	\$776,794.77	\$861,771.10	\$666.90	\$862,438.00
704	96	\$184,558.00	\$12,623.77	\$181,162.13	\$193,785.90	\$0.00	\$193,785.90
705	45	\$40,865.02	\$2,913.82	\$38,839.57	\$41,753.39	\$0.00	\$41,753.39
706	2	\$744.26	\$44.66	\$699.60	\$744.26	\$0.00	\$744.26
<b>SUBTOTAL</b>	<b>3,797</b>	<b>\$2,402,218.94</b>	<b>\$209,410.49</b>	<b>\$2,151,503.39</b>	<b>\$2,360,913.88</b>	<b>(\$3,054.05)</b>	<b>\$2,357,859.83</b>
<b>United Healthcare</b>							
707	515	\$678,925.84	\$66,269.43	\$598,001.51	\$664,270.94	\$0.00	\$664,270.94
708	470	\$1,130,106.72	\$72,783.79	\$1,038,409.01	\$1,111,192.80	\$2,364.24	\$1,113,557.04
709	377	\$1,067,862.99	\$81,265.29	\$955,756.41	\$1,037,021.70	\$11,409.22	\$1,048,430.92
<b>SUBTOTAL</b>	<b>1,362</b>	<b>\$2,876,895.55</b>	<b>\$220,318.51</b>	<b>\$2,592,166.93</b>	<b>\$2,812,485.44</b>	<b>\$13,773.46</b>	<b>\$2,826,258.90</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Local 1014 Firefighters</b>							
801	86	\$108,317.86	\$4,181.54	\$101,617.30	\$105,798.84	\$0.00	\$105,798.84
802	341	\$774,404.18	\$24,978.95	\$762,959.21	\$787,938.16	\$2,106.08	\$790,044.24
803	385	\$1,031,353.40	\$27,699.22	\$1,003,654.18	\$1,031,353.40	\$6,964.98	\$1,038,318.38
804	180	\$226,711.80	\$6,574.59	\$222,656.23	\$229,230.82	(\$37,394.60)	\$191,836.22
805	217	\$492,802.66	\$13,035.44	\$479,767.22	\$492,802.66	(\$40,727.30)	\$452,075.36
806	689	\$1,564,705.22	\$35,245.63	\$1,522,646.65	\$1,557,892.28	(\$257,222.58)	\$1,300,669.70
807	42	\$112,511.28	\$1,500.14	\$113,689.98	\$115,190.12	(\$8,145.20)	\$107,044.92
808	15	\$40,182.60	\$214.31	\$39,968.29	\$40,182.60	(\$4,947.00)	\$35,235.60
809	18	\$22,671.18	\$3,677.74	\$18,993.44	\$22,671.18	\$0.00	\$22,671.18
810	9	\$20,438.82	\$2,679.76	\$17,759.06	\$20,438.82	\$0.00	\$20,438.82
811	3	\$8,036.52	\$1,928.77	\$6,107.75	\$8,036.52	\$0.00	\$8,036.52
812	251	\$316,137.01	\$22,217.58	\$295,178.94	\$317,396.52	(\$43,986.99)	\$273,409.53
813	2	\$4,541.96	\$0.00	\$4,541.96	\$4,541.96	(\$329.80)	\$4,212.16
<b>SUBTOTAL</b>	<b>2,238</b>	<b>\$4,722,814.49</b>	<b>\$143,933.67</b>	<b>\$4,589,540.21</b>	<b>\$4,733,473.88</b>	<b>(\$383,682.41)</b>	<b>\$4,349,791.47</b>
<b>Kaiser - Washington</b>							
393	6	\$8,576.94	\$1,077.65	\$7,499.29	\$8,576.94	\$0.00	\$8,576.94
394	17	\$7,640.82	\$1,357.38	\$6,283.44	\$7,640.82	\$0.00	\$7,640.82
395	3	\$7,982.25	\$1,091.07	\$6,891.18	\$7,982.25	\$0.00	\$7,982.25
397	5	\$8,403.60	\$605.06	\$7,798.54	\$8,403.60	\$0.00	\$8,403.60
398	7	\$6,222.44	\$1,031.15	\$5,191.29	\$6,222.44	\$0.00	\$6,222.44
<b>SUBTOTAL</b>	<b>38</b>	<b>\$38,826.05</b>	<b>\$5,162.31</b>	<b>\$33,663.74</b>	<b>\$38,826.05</b>	<b>\$0.00</b>	<b>\$38,826.05</b>
<b>Medical Plan Total</b>	<b>54,837</b>	<b>\$53,947,057.07</b>	<b>\$3,651,308.83</b>	<b>\$49,968,371.84</b>	<b>\$53,619,680.67</b>	<b>(\$402,612.60)</b>	<b>\$53,217,068.07</b>

## Medical and Dental Vision Insurance Premiums May 2023

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Dental/Vision Plan</b>							
<b>CIGNA Indemnity Dental/Vision</b>							
501	25,833	\$1,328,744.22	\$139,755.31	\$1,204,519.53	\$1,344,274.84	(\$2,987.03)	\$1,341,287.81
502	23,937	\$2,501,103.09	\$189,877.26	\$2,304,531.88	\$2,494,409.14	\$252.83	\$2,494,661.97
503	10	\$626.70	\$67.69	\$621.68	\$689.37	\$0.00	\$689.37
<b>SUBTOTAL</b>	<b>49,780</b>	<b>\$3,830,474.01</b>	<b>\$329,700.26</b>	<b>\$3,509,673.09</b>	<b>\$3,839,373.35</b>	<b>(\$2,734.20)</b>	<b>\$3,836,639.15</b>
<b>CIGNA Dental HMO/Vision</b>							
901	3,872	\$187,859.97	\$20,843.51	\$169,772.86	\$190,616.37	(\$336.95)	\$190,279.42
902	2,958	\$288,260.21	\$22,463.26	\$264,538.98	\$287,002.24	\$776.72	\$287,778.96
903	2	\$97.98	\$25.48	\$72.50	\$97.98	\$0.00	\$97.98
<b>SUBTOTAL</b>	<b>6,832</b>	<b>\$476,218.16</b>	<b>\$43,332.25</b>	<b>\$434,384.34</b>	<b>\$477,716.59</b>	<b>\$439.77</b>	<b>\$478,156.36</b>
<b>Dental/Vision Plan Total</b>	<b>56,612</b>	<b>\$4,306,692.17</b>	<b>\$373,032.51</b>	<b>\$3,944,057.43</b>	<b>\$4,317,089.94</b>	<b>(\$2,294.43)</b>	<b>\$4,314,795.51</b>
<b>GRAND TOTALS</b>	<b>111,449</b>	<b>\$58,253,749.24</b>	<b>\$4,024,341.34</b>	<b>\$53,912,429.27</b>	<b>\$57,936,770.61</b>	<b>(\$404,907.03)</b>	<b>\$57,531,863.58</b>

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
<b><u>Anthem Blue Cross Prudent Buyer Plan</u></b>		
\$630.26	201	Retiree Only
\$1,239.88	202	Retiree and Spouse/Domestic Partner
\$1,399.26	203	Retiree, Spouse/Domestic Partner and Children
\$810.01	204	Retiree and Children
\$172.06	205	Survivor Children Only Rates
<b><u>Anthem Blue Cross Plan I</u></b>		
<b>\$904.25</b>	211	Retiree Only
<b>\$1,630.31</b>	212	Retiree and Spouse/Domestic Partner
<b>\$1,923.10</b>	213	Retiree, Spouse/Domestic Partner and Children
<b>\$1,196.44</b>	214	Retiree and Children
\$299.58	215	Survivor Children Only Rates
<b><u>Anthem Blue Cross Plan II</u></b>		
<b>\$904.25</b>	221	Retiree Only
<b>\$1,630.31</b>	222	Retiree and Spouse/Domestic Partner
<b>\$1,923.10</b>	223	Retiree, Spouse/Domestic Partner and Children
<b>\$1,196.44</b>	224	Retiree and Children
\$299.58	225	Survivor Children Only Rates
<b><u>Anthem Blue Cross Plan III</u></b>		
\$365.20	240	Retiree Only with Medicare
\$1,167.61	241	Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross I)
\$1,167.61	242	Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross II)
\$726.87	243	Retiree and Spouse/Domestic Partner - Both with Medicare
\$653.93	244	Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross I)
\$653.93	245	Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross II)
\$1,456.25	246	Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross I)
\$1,456.25	247	Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross II)
\$1,015.45	248	Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross I)
\$1,015.45	249	Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross II)
\$1,138.02	250	Member, Spouse/Domestic Partner, Child (3 with Medicare)

\*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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**CIGNA Network Model Plan**

\$1,143.49	301	Retiree Only
\$2,064.71	302	Retiree and Spouse/Domestic Partner
\$2,438.35	303	Retiree, Spouse/Domestic Partner and Children
\$1,517.57	304	Retiree and Children
\$378.87	305	Survivor Children Only Rates

**CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)**

\$328.00	321	Retiree Only with Medicare
\$1,249.22	322	Retiree and Spouse/Domestic Partner/Domestic Partner - One with Medicare
\$651.00	324	Retiree and Spouse/Domestic Partner -Both with Medicare
\$702.09	325	Retiree and Children
\$1,622.87	327	Retiree, Spouse/Domestic Partner and Children - One with Medicare
\$1,025.09	329	Retiree, Spouse/Domestic Partner and Children - Two with Medicare

**Kaiser**

\$774.10	401	Retiree Only ("Basic")
N/A	402	Retiree Only ("Supplement")
\$235.64	403	Retiree Only ("Senior Advantage")
\$894.95	404	Retiree Only ("Excess I")
\$795.39	405	Retiree Only - ("Excess II")
\$1,408.39	406	Retiree Only ("Excess III")
\$1,543.20	411	Retiree and Family (All family members are "Basic")
N/A	412	Retiree and Family (One family member is "Supplement"; others are "Basic")
\$1,004.74	413	Retiree and Family (One family member is "Senior Advantage"; others are "Basic")
\$1,664.05	414	Retiree and Family (One family member is "Excess I"; others are "Basic")
N/A	415	Retiree and Family (Two or more family members are "Supplement")
N/A	416	Retiree and Family (One family member is "Senior Advantage"; others are "Supplement")
N/A	417	Retiree and Family (One family member is "Excess I"; others are "Supplement")
\$466.28	418	Retiree and Family (Two or more family members are "Senior Advantage")
\$1,125.59	419	Retiree and Family (One family member is "Excess I"; others are "Senior Advantage")
\$1,784.90	420	Retiree and Family (Two or more family members are "Excess I")
N/A	421	Survivor Children Only Rates
\$1,564.49	422	Retiree and Family (One family member is "Excess II"; others are "Basic")
\$2,177.49	423	Retiree and Family (One family member is "Excess III"; others are "Basic")

\*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
<b><u>Kaiser (continued)</u></b>		
N/A	424	Retiree and Family (One family member is "Supplement"; others are "Excess II")
N/A	425	Retiree and Family (One family member is "Supplement"; others are "Excess III")
\$1,026.03	426	Retiree and Family (One family member is "Senior Advantage"; others are "Excess II")
\$1,639.03	427	Retiree and Family (One family member is "Senior Advantage"; others are "Excess III")
\$1,685.34	428	Retiree and Family (One family member is "Excess I"; others are "Excess II")
\$2,298.34	429	Retiree and Family One family member is "Excess I"; others are "Excess III")
\$1,585.78	430	Retiree and Family (Two or more family members are "Excess II")
\$2,198.78	431	Retiree and Family (One family member is "Excess II"; others are "Excess III")
\$2,811.78	432	Retiree and Family (Two or more family members are "Excess III")
<b><u>Kaiser Colorado</u></b>		
\$793.06	450	Retiree Only ("Basic" under age 65)
\$327.27	451	Retiree Only ("Senior Advantage")
\$1,754.57	453	Retiree and Family (Two family members are "Basic")
\$2,369.25	454	Retiree and Family (Three or more family members are "Basic")
\$1,115.33	455	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic")
\$649.55	457	Retiree and Family (Two family members are "Senior Advantage")
\$1,857.56	458	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,437.60	459	Retiree and Family (Two family members are "Senior Advantage"; one or more are "Basic")
<b><u>Kaiser Georgia</u></b>		
\$847.24	440	Retiree Only ("Basic" over age 65 with Medicare Part B only)
\$847.24	441	Retiree Only ("Basic over age 65 with Medicare Part A only)
\$847.24	442	Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B)
\$361.11	443	Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure)
\$1,203.35	444	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only)
\$1,203.35	445	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only)
\$1,203.35	446	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B)
\$847.24	461	Retiree Only ("Basic" under age 65)
\$361.11	462	Retiree Only ("Senior Advantage")

\*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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**Kaiser Georgia (continued)**

\$1,689.48	463	Retiree and Family (Two family members are "Basic")
\$2,531.72	464	Retiree and Family (Three or more family members are "Basic")
\$1,203.35	465	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$717.22	466	Retiree and Family (Two family members are "Senior Advantage")
\$2,045.59	467	Retiree and Family ( One family member is "Senior Advantage"; two or more are "Basic")
\$1,559.46	468	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$1,915.57	469	Retiree and Family (Three or more family members are "Senior Advantage"; one is "Basic")
\$2,045.59	470	Retiree and Family (Three or more family members are "Basic"; one is "Senior Advantage")

**Kaiser Hawaii**

\$795.16	471	Retiree Only ("Basic" under age 65)
\$346.45	472	Retiree Only ("Senior Advantage")
\$1,381.42	473	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,585.31	474	Retiree and Family (Two family members are "Basic")
\$2,375.47	475	Retiree and Family (Three or more family members are "Basic")
\$1,136.61	476	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$2,171.58	477	Retiree and Family (One family member is "Basic" under age 65; one is over age 65 without Medicare Part A or Medicare Part B)
\$687.90	478	Retiree and Family (Two family members are "Senior Advantage")
\$1,722.87	479	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)

**Kaiser Oregon**

\$806.67	481	Retiree Only ("Basic" under age 65)
\$465.92	482	Retiree Only ("Senior Advantage")
\$1,205.27	483	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,608.34	484	Retiree and Family (Two family members are "Basic")
\$2,410.01	485	Retiree and Family (Three or more family members are "Basic")
\$1,267.59	486	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
N/A	487	Retiree Only (Medicare Cost "Supplement" program)
\$926.84	488	Retiree and Family (Two family members are "Senior Advantage")
\$1,110.84	489	Retiree Only (Over age 65 with Medicare Part A only)
\$1,205.27	490	Retiree Only (Over age 65 with Medicare Part B only)

\*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<b><u>Kaiser Oregon (continued)</u></b>		
\$1,571.76	491	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 with Medicare Par A only)
\$1,666.19	492	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)
\$2,069.26	493	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,728.51	494	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$2,405.54	495	Retiree and Family (Two family members are over age 65 without Medicare Part A or Medicare Part B)
\$2,216.68	496	Retiree and Family (Two family members are over age 65 with Medicare Part A only)
\$2,216.68	497	Retiree and Family (One family member is "Basic"; one is over age 65 with Medicare Part A only)
\$2,006.94	498	Retiree and Family (One family member is "Basic"; one is over age 65 without Medicare Part A or Medicare Part B)

### **Kaiser Rate Category Definitions**

**"Basic"** - includes those who are under age 65

#### **Medicare Cost ("Supplement")**

-Includes people who have both Part A and Part B of Medicare, who were enrolled in Kaiser's Medicare supplement ("M" coverage) before July 1, 1987, and who chose to stay in that Kaiser arrangement.

-It is not open to new enrollments.

-People who have left it cannot return to it.

#### **"Senior Advantage"**

-Includes participants who are age 65 or older and who have assigned both Medicare Part A and Part B to Kaiser.

#### **"Excess I"**

-Is for participants who have Medicare Part A only.

#### **"Excess II"**

-Is for participants in the Excess Plan who either have Medicare Part B only or are not eligible for Medicare.

#### **"Excess III"**

-Is for participants in the Excess Plan who either have Medicare Parts A and B and have not assigned their Medicare benefits to Kaiser or have not provided their Medicare status to LACERA. Premium is above the Anthem Blue Cross I and II Benchmark rate and II Benchmark.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<b><u>SCAN Health Plan</u></b>		
\$304.00	611	Retiree Only with SCAN
\$603.00	613	Retiree and 1 Dependent - Both with SCAN (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child. Both Retiree and Dependent must have Medicare.)
<b><u>United Healthcare Medicare Advantage (UHCMA)</u></b>		
(For both members and dependents who are enrolled in UHCMA, or a family combination of UHCMA/UHC)		
\$293.62	701	Retiree Only with Secure Horizons
\$1,203.81	702	Retiree and 1 Dependent - One with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
\$582.24	703	Retiree and 1 Dependent - Both with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
\$1,360.59	704	Retiree and 2 or More Dependents - One with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children)
\$739.02	705	Retiree and 2 or More Dependents - Two with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children)
\$261.24	706	Survivor Children Only Rates
<b><u>United Healthcare (UHC)</u></b>		
(For members and dependents under age 65 [no Medicare])		
\$915.18	707	Retiree Only
\$1,671.68	708	Retiree and 1 Dependent
\$1,982.16	709	Retiree and 2 Or More Dependents
<b><u>Local 1014 Firefighters</u></b>		
\$914.03	801	Member Under 65
\$1,648.06	802	Member + 1 Under 65
\$1,944.04	803	Member + 2 Under 65
\$914.03	804	Member with Medicare
\$1,648.06	805	Member + 1; 1 Medicare
\$1,648.06	806	Member + 1; 2 Medicare
\$1,944.04	807	Member + 2; 1 Medicare
\$1,944.04	808	Member + 2; 2 Medicare

\*Benchmark premiums are bolded.

<b>PREMIUMS*</b>	<b>CARRIER DEDUCTION CODES</b>	<b>DEDUCTION CODE DEFINITIONS</b>
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**Local 1014 Firefighters (continued)**

\$914.03	809	Surviving Spouse Under 65
\$1,648.06	810	Surviving Spouse + 1; Under 65
\$1,944.04	811	Surviving Spouse + 2 Under 65
\$914.03	812	Surviving Spouse with Medicare
\$1,648.06	813	Surviving Spouse + 1; 1 Medicare
\$1,944.04	814	Spouse + 1; 1 Medicare
\$1,648.06	815	Surviving Spouse + 1; 2 Medicare

**CIGNA Indemnity - Dental/Vision**

<b>\$46.55</b>	501	Retiree Only
<b>\$99.61</b>	502	Retiree and Dependent(s)
\$57.81	503	Survivor Children Only Rates

**CIGNA HMO - Dental/Vision**

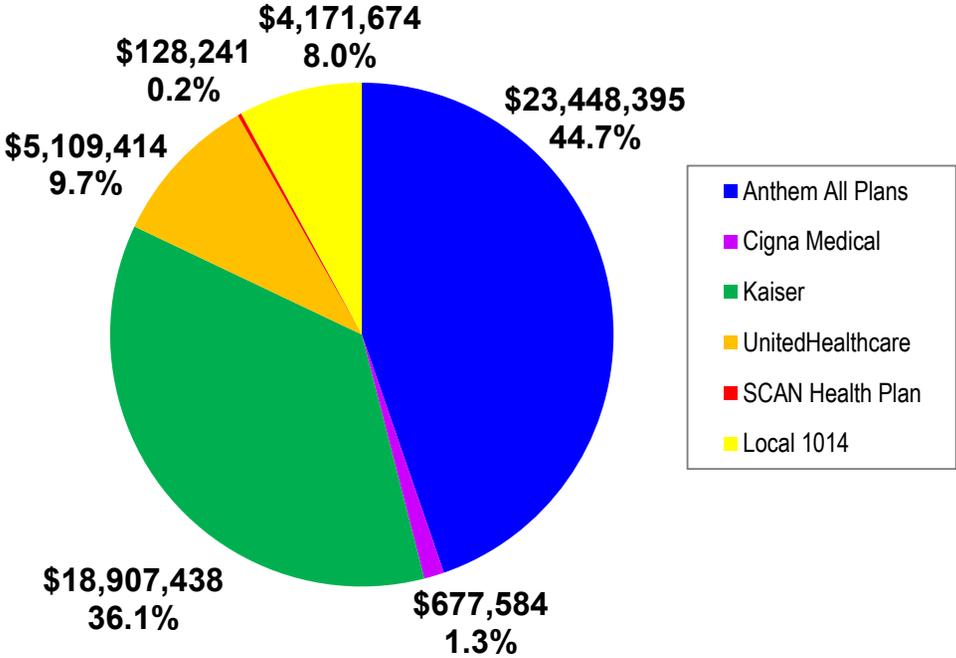
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

**Los Angeles County Employees Retirement Association**  
**Premium & Enrollment**  
*Coverage Month Ending March 2023*

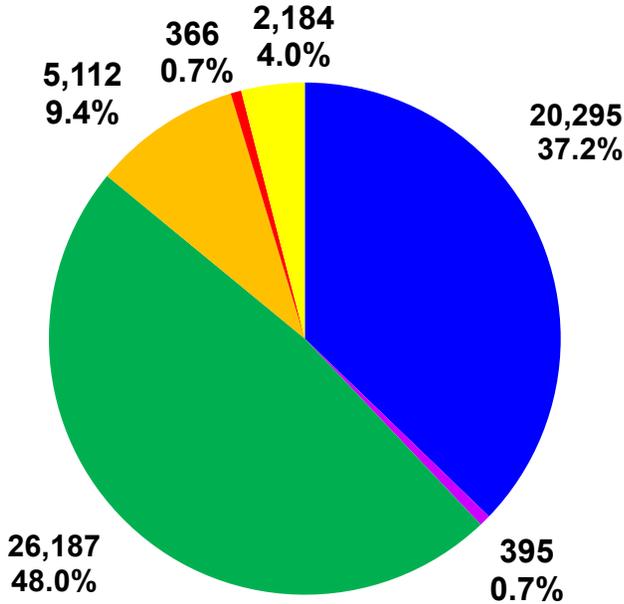
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$23,448,395	44.7%	20,295	37.2%
Cigna Medical	\$677,584	1.3%	395	0.7%
Kaiser	\$18,907,438	36.1%	26,187	48.0%
UnitedHealthcare	\$5,109,414	9.7%	5,112	9.4%
SCAN Health Plan	\$128,241	0.2%	366	0.7%
Local 1014	\$4,171,674	8.0%	2,184	4.0%
<b>Combined Medical</b>	<b>\$52,442,746</b>	<b>100.0%</b>	<b>54,539</b>	<b>100.0%</b>

<b>Cigna Dental &amp; Vision (PPO and HMO)</b>	<b>\$4,281,365</b>	<b>56,318</b>
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**Monthly Premium**

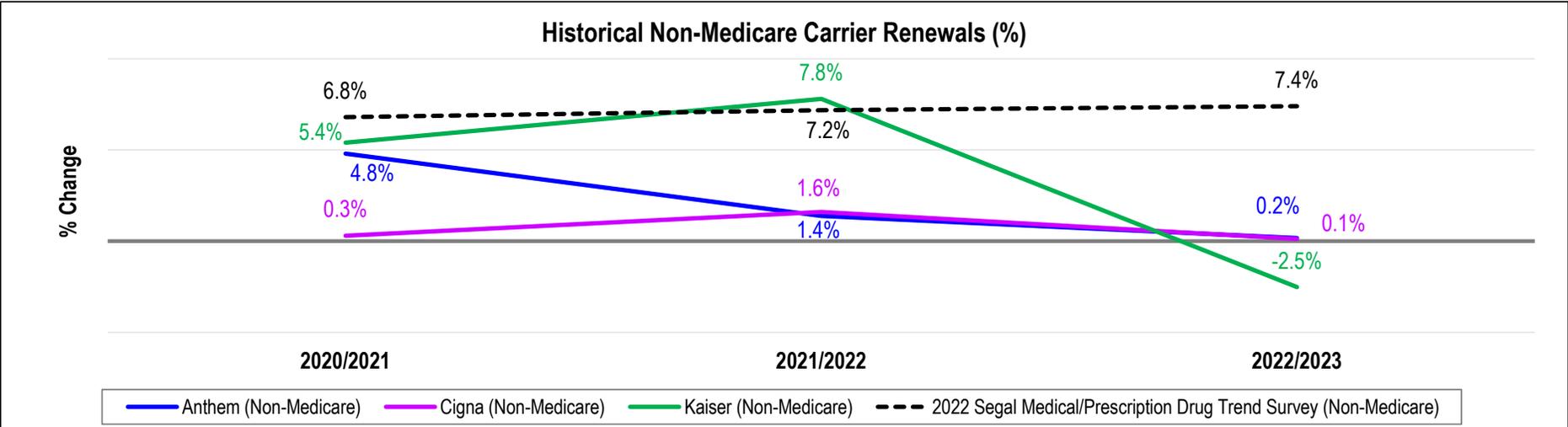


**Retirees**

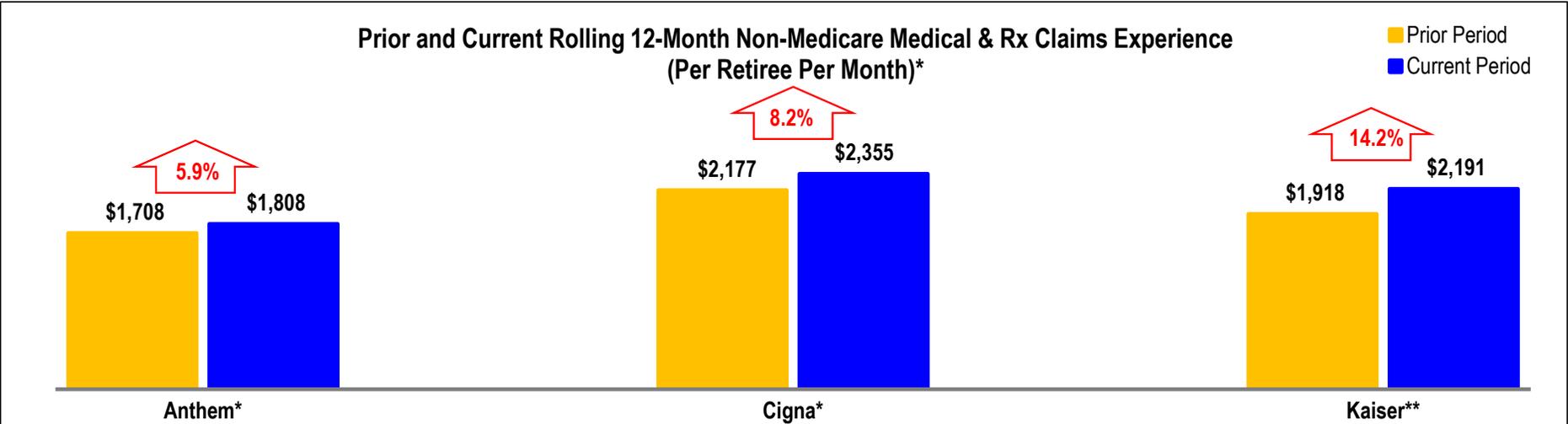


Note: Premiums **include** LACERA's Administrative Fee of \$10.00 per member, per plan, per month.

**Los Angeles County Employees Retirement Association**  
**Claims Experience by Carrier**  
*Coverage Month Ending March 2023*



Note: Segal's Annual Medical/Prescription Drug Trend Survey blends multiple calendar year trends to reflect LACERA's fiscal plan year.

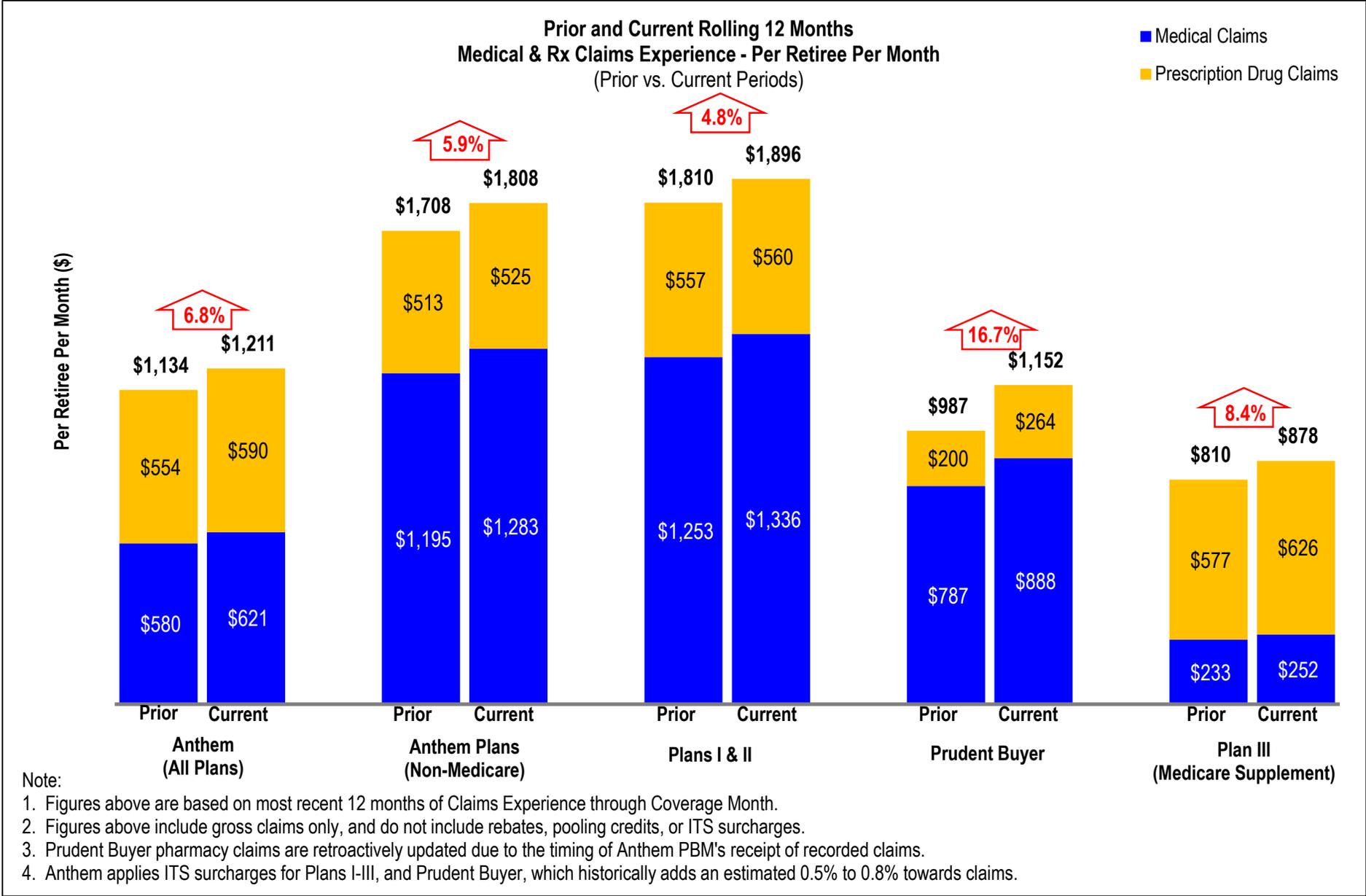


\*Based on Most Recent Claims Experience through Coverage Month.  
 \*\*Kaiser Claims Experience through January 2023.  
 Note: Figures above include gross claims only, and do not include rebates or pooling credits.

**Los Angeles County Employees Retirement Association**

Anthem Claims Experience By Plan

Coverage Month Ending March 2023



# Los Angeles County Employees Retirement Association

## Kaiser Utilization

### Coverage Month Ending March 2023

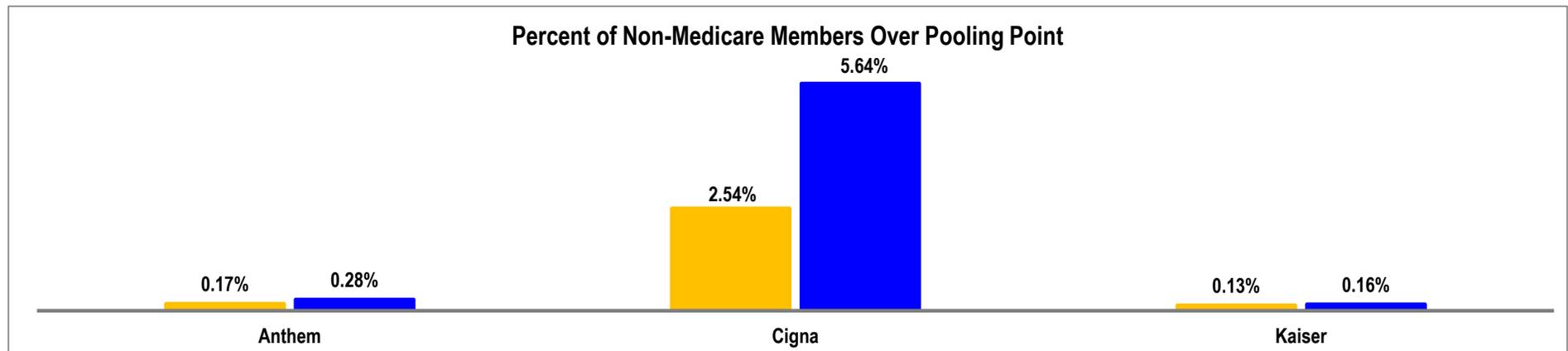
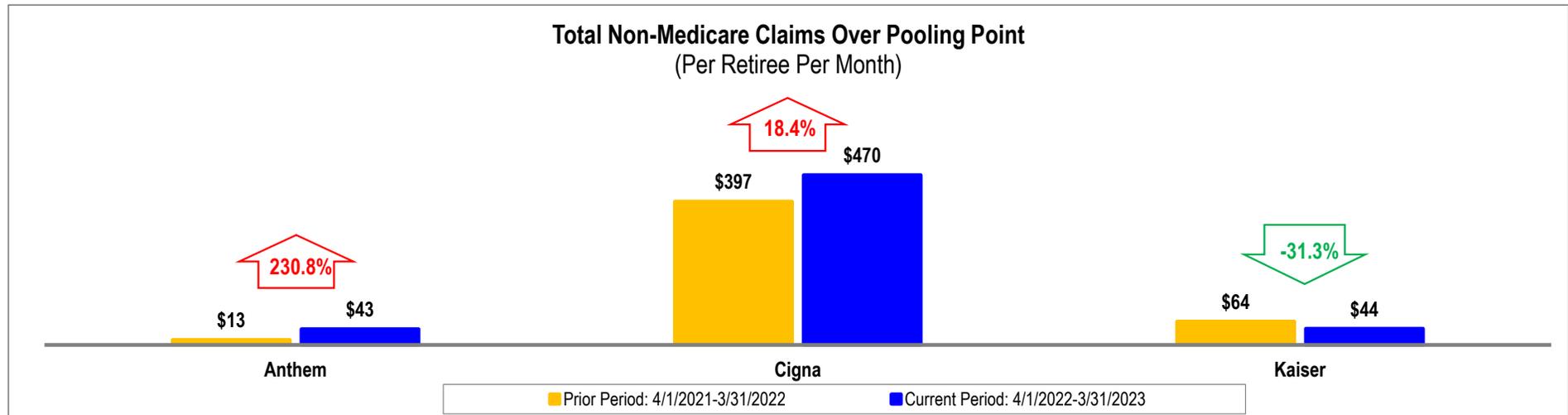
- Kaiser insures approximately 25,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 2/1/2022 - 1/31/2023	Prior Period 2/1/2021 - 1/31/2022	Change
<b>Average Contract Size</b>	<b>2.37</b>	<b>2.37</b>	<b>0.00%</b>
<b>Average Members</b>	<b>9,009</b>	<b>8,782</b>	<b>2.58%</b>
Inpatient Claims Per Member Per Month	\$303.85	\$208.95	45.42%
Outpatient Claims Per Member Per Month	\$352.51	\$354.21	-0.48%
Pharmacy Per Member Per Month	\$127.00	\$117.35	8.22%
Other Per Member Per Month	\$140.86	\$129.78	8.54%
<b>Total Claims Per Member Per Month</b>	<b>\$924.22</b>	<b>\$810.29</b>	<b>14.06%</b>
<b>Total Paid Claims</b>	<b>\$99,912,252</b>	<b>\$85,391,826</b>	<b>17.00%</b>
Large Claims over \$525,000 Pooling Point			
Number of Claims over Pooling Point	6	5	
Amount over Pooling Point	\$1,994,627	\$2,852,094	-30.06%
% of Total Paid Claims	<b>2.00%</b>	<b>3.34%</b>	
Inpatient Days / 1000	471.5	352.3	33.83%
Inpatient Admits / 1000	58.4	47.0	24.26%
Outpatient Visits / 1000	14,542.2	14,279.7	1.84%
Pharmacy Scripts Per Member Per Year	10.3	10.3	0.00%

# Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending March 2023



#### **Stop-Loss & Pooling Points Overview:**

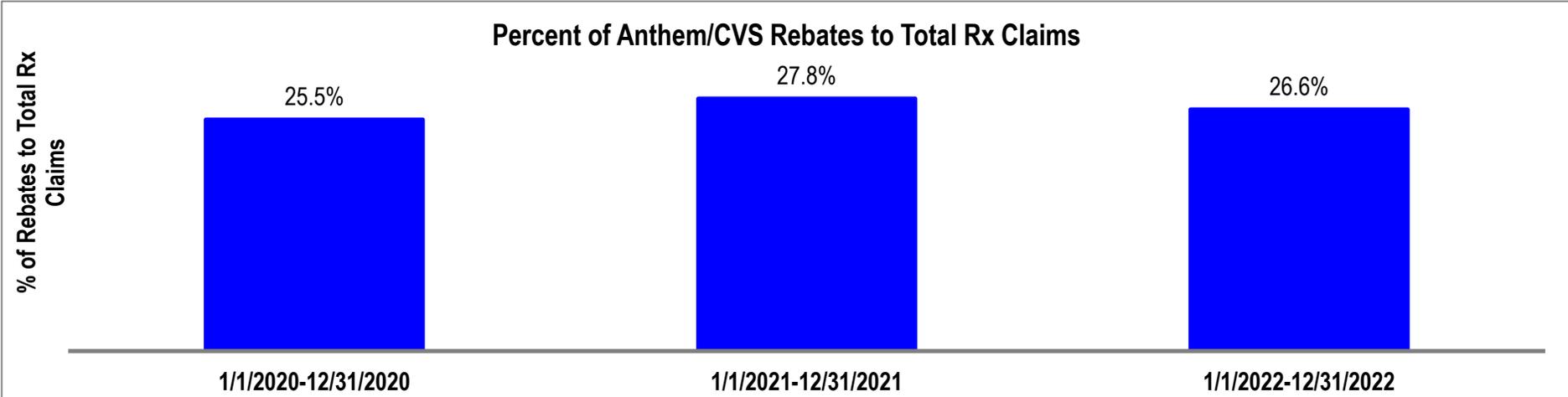
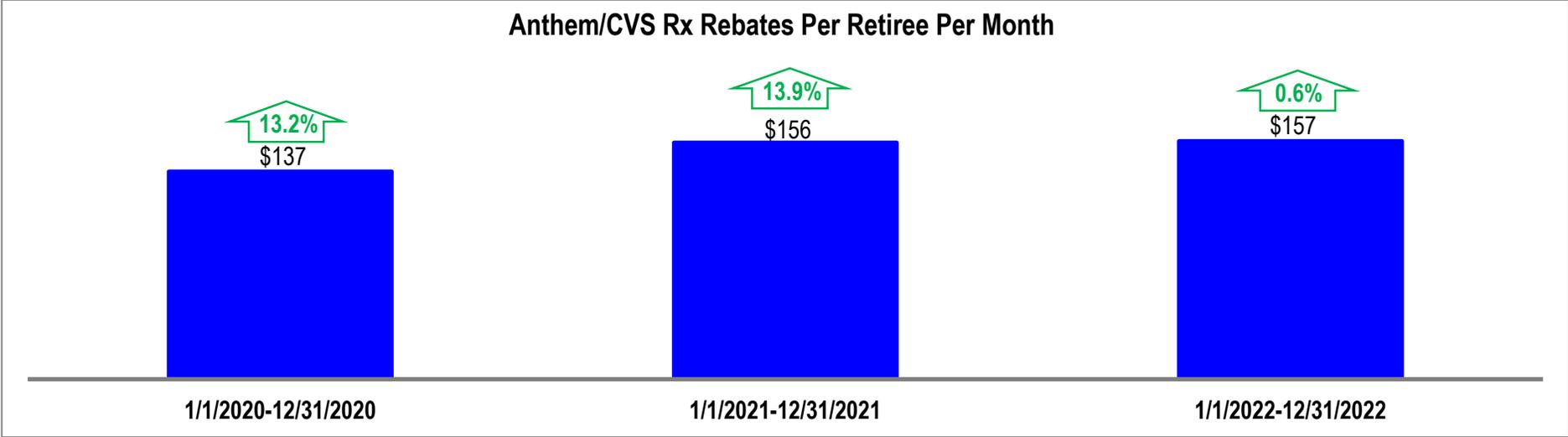
Plan sponsors mitigate the financial risk associated with individual large claimants through reinsurance. Claims exceeding the specified individual pooling threshold are deducted from the carrier's renewal calculation. The pooling credit is offset by the carrier's pooling expense, which is applied to all policyholders.

Anthem and Cigna figures are based on the most recent Claims Experience through Coverage Month. Kaiser's figures are based on Claims Experience period between February through January.

#### **Pooling Points by Carrier:**

1. Anthem's pooling points are \$350,000 for Plans I & II, and \$300,000 for Prudent Buyer.
2. Cigna's pooling point is \$100,000.
3. Kaiser's pooling point is \$525,000.

**Los Angeles County Employees Retirement Association**  
Prescription Drug Rebates (Anthem)  
*Coverage Month Ending March 2023*



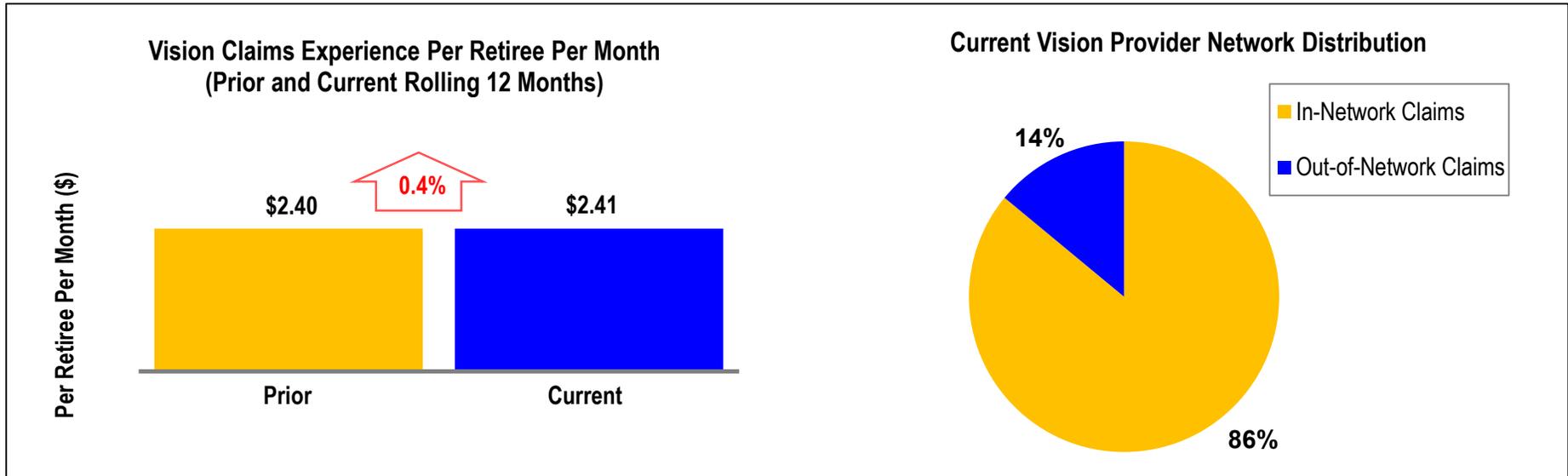
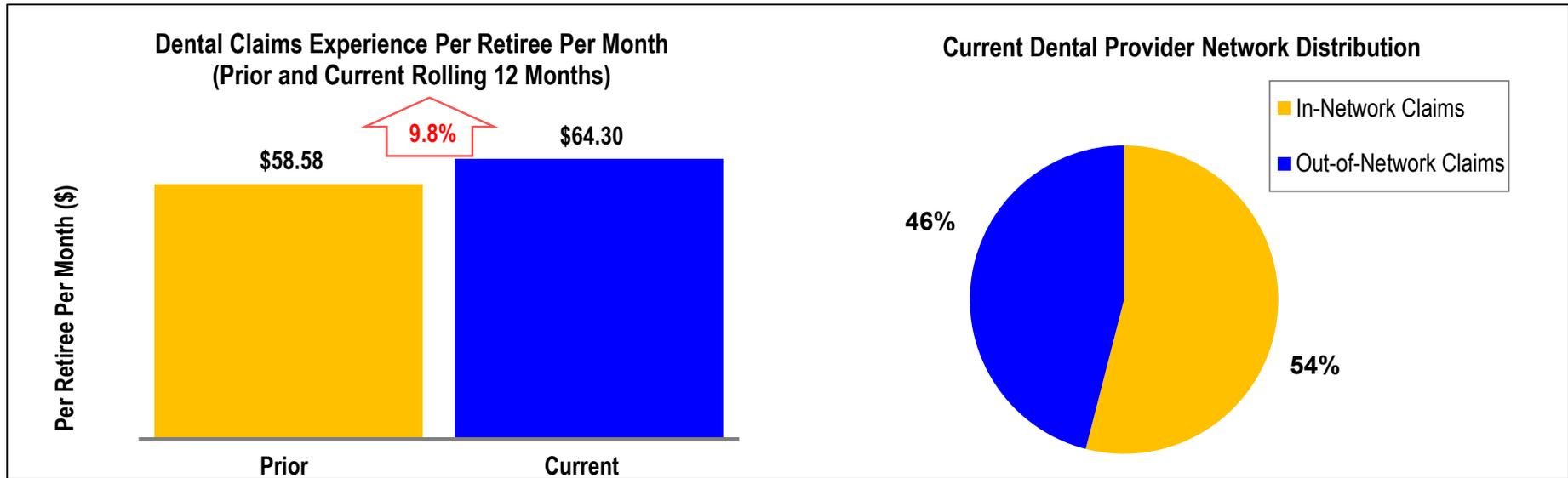
**Rebates Overview:**

Pharmacy Benefit Managers negotiate volume-based rebates with drug manufacturers of brand medications. Manufacturer rebates are passed on to plan sponsors and are used to offset pharmaceutical claims expenses.

**Note:**

- 1. Prescription Claims and Rebates Data were provided by CVS.
- 2. Anthem Prudent Buyer prescription drugs are provided by CarelonRx and are not included in the charts above.

**Los Angeles County Employees Retirement Association**  
**Cigna Dental & Vision Claims Experience**  
*Coverage Month Ending March 2023*



Notes:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Dental Claims Experience reflects passive use of Cigna's PPO Dental Network.

# Implications of Ruling on ACA's Preventive Services Mandate

The ACA's preventive services mandate requires non-grandfathered group health plans and insurers to cover certain preventive services with no cost-sharing on an in-network basis. On March 30, 2023, Judge Reed O'Connor of the U.S. District Court for the Northern District of Texas ruled that part of that mandate violates the Constitution and vacated all agency action taken to implement or enforce the preventive care coverage requirements on or after March 23, 2010.



Plan sponsors do not need to take any action in response to this decision and may be best served by monitoring the response by the federal government and higher courts.

## Background

Judge O'Connor has issued a series of decisions against the ACA — including a 2018 decision invalidating the ACA in its entirety, which was overruled by the U.S. Supreme Court in 2021. In September 2022, O'Connor ruled that mandated coverage of the HIV prevention treatment known as PrEP violated plaintiffs' religious rights under the Religious Freedom Restoration Act.

## The decision

The recent case, *Braidwood Management Inc. v. Becerra*, was brought by plaintiffs who challenged the legality of the ACA's preventive services mandate on several grounds, including that it violates the Constitution because members of the United States Preventive Services Task Force (USPSTF) have not been appointed in a manner consistent with Article II's Appointments Clause.

The court ordered that the preventive care requirements issued based on the USPSTF are vacated and the federal government is enjoined from implementing or enforcing them. The court's order is complex — in part because:

- The USPSTF recommends ["A" or "B" ratings](#) for specific evidence-based items and services for all patient demographics.
- The Health Resources and Services Administration ([HRSA](#)) issues guidance regarding preventive care and screening for infants, children, adolescents and women.
- The Advisory Committee on Immunization Practices ([ACIP](#)) recommends certain immunizations.

Because both ACIP and HRSA are ultimately subject to the "supervision and direction" of the Secretary of Health and Human Services, the court's order does not appear to extend to ACA-mandated preventive care recommended by the ACIP or the HRSA, including contraceptive coverage and vaccines.

## What's next?

The administration is expected to appeal the decision and seek a "stay," which would prevent the ruling from taking effect until higher courts can rule on the case. In addition, congressional Democrats could introduce legislation to address the coverage of preventive services.

## Implications

As noted above, plan sponsors of non-grandfathered plans do not have to take any action in response to the decision.

It is important to look at how the federal government approaches the decision before making choices to change preventive services coverage. If, after considering the federal response and discussing the issue with legal counsel, a plan sponsor wishes to modify preventive services coverage, it would likely be considered a material reduction in benefits, requiring a 60-day advance notice if the change is made mid-year.

This page is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.

# First “Gag Clause” Attestations Are Due by the End of 2023

The No Surprises Act (the Act) bans “gag clauses” that prevent disclosure of price or quality information in agreements between health plans and certain service providers. In addition, the Act requires plan sponsors to attest annually that they comply with this requirement.



The Departments of Labor, Health and Human Services and Treasury (collectively, the Departments) have released guidance concerning:

- What constitutes a gag clause
- How plan sponsors perform the attestation

## Prohibition on gag clauses

The Act prohibits health plans and insurance issuers from entering into contracts with health care providers, provider networks, third-party administrators (TPAs) or other service providers that would restrict the plan from providing, accessing or sharing certain information. Specifically, contracts cannot restrict a plan from:

- Disclosing provider-specific cost or quality of care information or data to referring providers, the plan sponsor, participants or beneficiaries, including providing, accessing or sharing the information or data
- Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary or enrollee upon request and consistent with privacy rules under the Health Insurance Portability and Accountability Act (HIPAA), the Genetic Information Nondiscrimination Act and the Americans with Disabilities Act
- Sharing the information or data described above or directing such information to be shared with a business associate, consistent with HIPAA's privacy rules

# Guidance on what constitutes a gag clause

Generally, a “gag clause” is a contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party.

In the new [guidance](#), the Departments provide two examples of gag clauses prohibited by the No Surprises Act:

1. A contract between a TPA and a group health plan states that the plan will pay providers at rates designated as “point-of-service rates,” but the TPA considers those rates proprietary and the contract states that the plan may not disclose the rates to participants.
2. A contract between a TPA and a plan provides that the plan’s sponsor’s access to provider-specific cost and quality of care information is only at the discretion of the TPA.

The guidance does **not** provide additional answers to common questions about gag clauses, such as whether a clause in a subcontractor agreement with a service provider would also be subject to the rule. Although the guidance does not give examples of specific contractual provisions that would violate the Act, it states that to the extent a term in a contract, either directly or indirectly, prevents a plan or issuer from providing, accessing or sharing the information or data, as provided for under the statute, that term in the contract violates the gag clause prohibitions and is prohibited. However, the guidance clarifies that health care providers, networks, TPAs and other service providers may place reasonable restrictions on the public disclosure of such information.

## Annual gag clause attestation process

The Departments require the first gag clause attestation to be submitted by December 31, 2023, covering the period beginning December 27, 2020 (the effective date of the No Surprises Act’s gag-clause prohibition), through the date of attestation. Subsequent attestations, covering the period since the last preceding attestation, are due by December 31 of each following year.

The Departments have created a website for submitting s attestations. The guidance contains instructions and a link to the Gag Clause Prohibition Compliance Attestation methodology for submitting an annual attestation of compliance with the gag clause prohibition. [Attestations will be submitted at this link. Instructions and a system user manual for submitting attestations are available here.](#)

## Implications for plan sponsors

Plan sponsors should work with their legal counsel to ensure any contracts with TPAs or other network service providers do not contain gag clauses, as well as prepare to complete the attestation by December 31, 2023. Self-insured plans may enter into written agreements with service providers to complete the attestation on their behalf, but the plan remains legally responsible for compliance. Fully insured plans may provide the attestation on behalf of those plans. Plans that fail to comply may face a civil penalty of up to \$100 per day, adjusted annually, for each individual affected by a violation.

The No Surprises Act has an extensive list of healthcare price transparency requirements for group health plans that we’ve summarized in a [timeline](#).

This page is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.