

# IN PERSON & VIRTUAL BOARD MEETING

\*The Committee meeting will be held prior to the Board of Retirement meeting scheduled prior.



TO VIEW VIA WEB



TO PROVIDE PUBLIC COMMENT

Members of the public may address the Committee orally and in writing. To provide Public Comment, you should visit the above link 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.

**Attention:** If you have any questions, you may email [PublicComment@lacera.com](mailto:PublicComment@lacera.com). If you would like to make a public comment during the committee meeting, review the [Public Comment instructions](#).

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION  
300 N. LAKE AVENUE, SUITE 650, PASADENA, CA

## 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

8:00 A.M., WEDNESDAY, FEBRUARY 7, 2024

*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 Sections 54953(b), (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.*

*Teleconference Location for Trustees and the Public under California Government Code Section 54953(b)*

*Palms Casino Resort, 4321 W. Flamingo Road, Las Vegas, NV 89103*

### COMMITTEE TRUSTEES:

Les Robbins, Chair  
Vivian H. Gray, Vice Chair  
Shawn R. Kehoe, Trustee  
Ronald Okum, Trustee  
David Ryu, 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 January 3, 2024

### 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. **Two-Year Extension Request for Retiree Healthcare Benefits Consulting Services Contract for the Period July 1, 2024 through June 30, 2026**

Recommendation as submitted by Cassandra Smith, Director, Retiree Healthcare: That the Committee recommend to the Board of Retirement that an extension of the Retiree Healthcare Benefits Consulting contract be approved with Segal Consulting for the period of July 1, 2024 through June 30, 2026. (Memo dated January 10, 2024)

V. NON-CONSENT ITEMS (Continued)

B. **2024-2025 Plan Year Health Insurance Rate Renewals and Benefit Changes for LACERA's Retiree Healthcare Benefits Program**

Recommendation as submitted by Cassandra Smith, Director, Retiree Healthcare Division:

1. Approve the fiscal year 2024-2025 rate renewal proposal and mandatory contractual changes, listed by carrier;
2. Maintain LACERA's administrative fee at \$8 per member, per plan, per month; and
3. Allow a one-time temporary waiver of the 6-month waiting period for members currently enrolled in the Anthem Blue Cross Prudent Buyer medical plan.

(Memo dated January 30, 2024)

VI. REPORTS

A. **Engagement Report for January 2024**

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

B. **Staff Activities Report for January 2024**

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

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

8:30 A.M. – 8:55 A.M., WEDNESDAY, JANUARY 3, 2024

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

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair  
(Teleconference due to Just Cause under Section 54953(f))  
  
Vivian H. Gray, Vice Chair (In-Person) (*arrived at 8:35 a.m.*)  
  
Shawn R. Kehoe, Trustee (In-Person)  
  
Ronald Okum, Trustee (In-Person)  
  
JP Harris, Trustee (In-Person)

OTHER BOARD OF RETIREMENT TRUSTEES

Keith Knox, Trustee (In-Person)  
  
Nancy Durazo, Trustee (In-Person)  
  
Jason E. Green, Trustee (In-Person) (*arrived at 8:50 a.m.*)  
  
Wayne Moore, Trustee (In-Person)  
  
Antonio Sanchez, 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

Debbie Donaldson, Sr. Vice President

Michael Szeto, Sr. Actuarial Associate

### I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:30 a.m. As Trustee Gray had not yet joined the meeting, 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 Robbins related to Just Cause (A) due to contagious disease. Trustee Robbins 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 December 6, 2023

Trustee Okum made a motion, Trustee Kehoe seconded, to approve the minutes of the regular meeting of December 6, 2023. The motion passed by the following roll call vote:

Yes: Kehoe, Okum, Harris, Robbins

No: None

Absent: Gray

### IV. PUBLIC COMMENT

There were no requests from the public to speak

### V. NON-CONSENT ITEMS

#### A. **State Engagement: Visit with California State Legislature**

Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement approve visits during the 2024 legislative year with the California State Legislature by trustees and staff as designated by the Chair of the Board of Retirement, and approve reimbursement of travel costs incurred in accordance with LACERA's Trustee Travel Policy. (Memo dated December 21, 2023)

Trustee Okum made a motion, Trustee Harris seconded, to approve staff recommendation. The motion passed by the following roll call vote:

Yes: Kehoe, Okum, Harris, Robbins

No: None

Absent: Gray

*(Trustee Gray arrived after the vote had been taken on Items III-A and V-A)*

## VI. REPORTS

### A. **Semi-Annual Report on Approved Engagements**

Barry W. Lew, Legislative Affairs Officer

(For Information Only) (Memo dated December 21, 2023)

The semi-annual report on approved engagements was discussed. This item was received and filed.

### B. **Engagement Report for December 2023**

Barry W. Lew, Legislative Affairs Officer

(For Information Only)

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

### C. **Staff Activities Report for December 2023**

Cassandra Smith, Director, Retiree Healthcare

(For Information Only)

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

### D. **LACERA Claims Experience**

Michael Szeto, Segal Consulting

(For Information Only)

The LACERA Claims Experience reports through November 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.

## 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.)

There was nothing to report.

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.)

There was nothing to report.

IX. GOOD OF THE ORDER

(For Information Purposes Only)

There was nothing to report.

X. ADJOURNMENT


There being no further business to come before the Committee, the meeting was adjourned at 8:55 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.**



January 10, 2024

TO: Each Trustee  
Insurance, Benefits & Legislative Committee

FROM: Cassandra Smith, Director   
Retiree Healthcare Division

FOR: February 7, 2024 Insurance Benefits & Legislative Committee Meeting

SUBJECT: Two-Year Extension Request for Retiree Healthcare Benefits Consulting  
Services Contract for the Period of July 1, 2024 Through June 30, 2026

### **RECOMMENDATION**

That the Committee recommend to the Board of Retirement that an extension of the Retiree Healthcare Benefits Consulting contract be approved with Segal Consulting for the period of July 1, 2024 through June 30, 2026.

### **BACKGROUND**

Since the inception of the LACERA-administered Retiree Healthcare Benefits Program in 1970, the Board of Retirement has utilized the services of an insurance consultant with plan design, program evaluation, rate renewals, selection of carriers (when necessary), and the design and production of communications for participants.

In 2016, through a competitive bid process, the Board of Retirement at its meeting of January 12, 2017, selected Segal Consulting to provide Retiree Healthcare Consulting Services. The original contract was for a five (5) year period beginning July 1, 2017 and ending June 30, 2022. (Agreement, Section 8(A).) The original contract also provides for “renewal of this Agreement following the initial five year term pursuant to this Section” and further provides that the “fee shall remain the same as that which applies to the then current term for the Services unless, at least one hundred and eighty (180) days prior to the expiration of the then current term, a party (Notifying Party) gives written notice to the other party that the Notifying Party desires to renegotiate Consultant's fee.” (Agreement, Section 8(B).) The contract further provides that, “This Agreement may be amended or modified only by a written instrument executed by both parties hereto and making specific reference to this Agreement and the intent of the parties that it be modified or amended by such writing.” (Agreement, Section 21(A)(1).) The contract does not impose any limits on the number of extensions.

The Board of Retirement at its meeting of August 4, 2021, on recommendation of the Insurance, Benefits, and Legislative Committee, approved a two-year extension of the Retiree Healthcare Benefits Consulting contract with Segal Consulting extending their services from July 1, 2022 through June 30, 2024 due to a very active and busy period

for LACERA. The 2021 extension was based on several important projects on agenda, most importantly elimination of the Anthem Blue Cross \$1 Million Lifetime Maximum Benefit which LACERA along with Segal were currently are in discussions with the plan sponsor, County of Los Angeles. There was no change from contractual fees in connection with the 2022-24 renewal, which remained at \$741,600 for each year of the extension period. Segal's agreement to the extension and the pricing were documented in a confirming letter and confirmed in the Board of Retirement minutes and in an extension request to the Contract Management System.

The Retiree Healthcare team in collaboration with Segal Consulting have several ongoing critical projects (noted below) that are currently in process and all of which require a level of continuity with our healthcare consultant, Segal, and justify another two-year extension of the existing contract. As we look to finalize these projects, it is important to maintain consistency and a collaborative relationship with Segal to ensure the best outcomes for our members.

The projects we are currently involved in and have scheduled are:

- Anthem Blue Cross \$1 Million Lifetime Maximum Benefit (in process)
- Retiree Healthcare Disability Reciprocity
- Dual Coverage
- Implementing provisions of federal legislation
- Continuing to network and collaborate with carriers vendors, national organizations, and federal agencies involved in retiree healthcare
- Monitoring the transition incentives occurring in the healthcare landscape from fee form service to value-based models
- Negotiations of 2024-25 healthcare premium contract renewals with Cigna, Kaiser, SCAN, United HealthCare and Anthem Blue Cross (in process)

Over the last several years, Segal Consulting provided LACERA with high-level service during our annual healthcare premium contract renewal negotiations, monthly carrier reports, Retiree Drug Subsidy (RDS) actuarial attestation, Other Post Employment Benefits (OPEB) valuation, and other technical healthcare industry questions. Segal's team has always been collaborative with staff and Trustees, and they are meticulous with meeting all set deadlines.

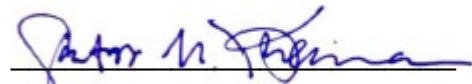
Segal confirmed in writing that the pricing for the additional two-year extension will remain the same as before, \$741,600. If approved by the Board, staff will obtain an instrument in writing signed by both parties, as required by the Agreement, to confirm the extension on the same terms as are currently in effect. Staff will also submit extension documentation to LACERA's Contract Management System.

### **CONCLUSION**

Segal Consulting has a deep knowledge and understanding of our Retiree Healthcare Program and have consulted on our current projects, such as the Lifetime Maximum Benefit- issue. The continuity and familiarity with our program is critical to continue through the effective completion of these projects. We plan to prepare and issue a Request for Proposal (RFP) to solicit retiree health care consultant services during the requested two-year extension period.

**IT IS THEREFORE RECOMMENDED THAT** the Committee recommend to the Board of Retirement that an extension of the Retiree Healthcare Benefits Consulting contract with Segal Consulting be approved for the period of July 1, 2024, through June 30, 2026.

### **NOTED AND REVIEWED:**



Santos H. Kreimann, CEO

SHK:cs

Attachment: Fee Proposals



Stephen Murphy  
Senior Vice President  
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M 310.749.0969  
smurphy@segalco.com

500 North Brand Boulevard  
Suite 1400  
Glendale, CA 91203-3338  
segalco.com

January 8, 2024

Cassandra Smith  
Retiree Healthcare Program Director  
300 N. Lake Avenue, Ste. 300  
Pasadena, CA 91101

**Re: LACERA – Contract Extension**

Dear Cassandra,

Confirming our recent conversations, Segal proposes no changes to the existing Retiree Healthcare Benefits Consulting Services contract terms and conditions, including our annual fee (\$741,600), in exchange for a two-year contract extension through 6/30/2026.

We look forward to discussing this opportunity with you and other LACERA stakeholders to ensure a mutually beneficial arrangement.

Sincerely,


A handwritten signature in blue ink, appearing to read "SM", is positioned above the printed name and title of Stephen Murphy.

Stephen Murphy  
Senior Vice President

Cc: Richard Ward, Segal

January 30, 2024

TO: Trustees  
Insurance, Benefits, and Legislative Committee

From: Cassandra Smith, Director   
Retiree Healthcare Division

For: February 7, 2024 Insurance, Benefits, and Legislative Committee

Subject: 2024-2025 Plan Year Health Insurance Rate Renewals and Benefit Changes for LACERA's Retiree Healthcare Benefits Program

## RECOMMENDATION

1. Approve the fiscal year 2024-2025 rate renewal proposal and mandatory contractual changes, listed by carrier;
2. Maintain LACERA's administrative fee at \$8 per member, per plan, per month; and
3. Allow a one-time temporary waiver of the 6-month waiting period for members currently enrolled in the Anthem Blue Cross Prudent Buyer medical plan.

## EXECUTIVE SUMMARY

This year's contract negotiation with LACERA's health insurance carriers concluded with an overall renewal increase of 8.2%. This reflects a 2.0% decrease from the preliminary renewal proposals of 10.2% or approximately \$15.3 million in annual premium cost avoidance.

Annual Premiums	Current	Preliminary	Negotiated	Change (%) from Current to Negotiated
Total Medical	\$723,640,000	\$801,312,000	\$786,229,000	8.6%
Total Dental/Vision	54,282,000	55,875,000	55,672,000	2.6%
<b>Total Medical/ Dental/Vision</b>	<b>\$777,922,000</b>	<b>\$857,187,000</b>	<b>\$841,901,000</b>	<b>8.2%</b>
<b>Total Negotiated Premium Cost Avoidance from Preliminary Renewal</b>				<b>(\$15,286,000)</b>

Staff and Segal continuously monitor emerging healthcare trends and will routinely update you on the healthcare landscape, which is as complex as ever. We will continue to engage with our health plan partners to identify what they are doing in response to external factors, as it may impact or apply to our healthcare program. We are extremely pleased with the results of these negotiations.

## **RATE RENEWAL AND BENEFIT CHANGE PROPOSALS**

The rate renewal and benefits changes noted below may be viewed in more detail in the attached 2024-2025 Renewal Evaluation Report.

### Anthem Blue Cross Plans I, II, III, and Prudent Buyer Plan

- Accept the overall renewal rate increase of 9.4% with the following separate increases:
  - Accept the overall rate increase of 9.0% for Plans I and II
  - Accept the rate increase of 8.9% for Plan III
  - Accept the rate increase of 18.9% for Prudent Buyer Plan
  - Accept the mandatory contractual changes as included in the Appendix.
- Provide Anthem Blue Cross with the year-end 2022/2023 deficit of \$7.5 million including changes in the Claims Stabilization Reserves to reflect the 2022/2023 rate concessions.

When LACERA's Retiree Healthcare program was established, it was uncommon for insurers to underwrite group health coverage for a retiree-only population, due to the perceived risks associated with such a mature population. To overcome these concerns, LACERA established a Claims Stabilization Reserve ("CSR") that Anthem could draw from to offset adverse claims experience. The CSR has been beneficial for both LACERA and the County by moderating volatile claim activity and contributing to premium rate stability.

The Retiree Healthcare Program will fund the deficit using the Retiree Healthcare Premium (RHP) Reserve Account that operates as a holding account for the separate indemnity plan's premium reserve balances. Balances increase for each individual indemnity plan's premium reserve through the carrier's return of surplus premiums, payment by the carrier for performance guarantee penalty payments, and court case settlements (i.e., pharmaceutical manufacturer settlements), while decreases come from settling deficit balances with the carriers and, in the past, providing a monthly premium contribution holiday to the employer and retirees.

### Cigna Medical

- Accept the overall renewal rate increase of 5.7% with the following separate increases:
  - Accept the rate increase of 6.0% for the Cigna Network Model HMO Plan
  - Accept the 0.0% rate change for the Cigna Preferred Medicare HMO Plan
  - Accept the mandatory contractual changes included in the Appendix.



### Cigna Dental and Vision

- Accept the overall renewal rate increase of 2.6% with the following separate results:
  - Accept the overall rate increase of 2.9% for the indemnity dental and vision plan
  - Accept the overall 0.0% rate change of for the pre-paid dental and vision plan
  - No mandatory contractual changes apply for the 2024/2025 plan year

### Kaiser California

- Accept the overall renewal rate increase of 9.0% with the following separate results:
  - Accept the rate increase of 6.7% for the Basic/Pre-65 plan
  - Accept the rate increase of 12.8% for Kaiser Senior Advantage plan
  - Accept the rate increase of 7.4% for Kaiser Excess plan
  - Accept the mandatory contractual changes included in the Appendix

### Kaiser - Out of State

- Accept the overall renewal rate increase of 9.3% for Medicare and non-Medicare Out-of-State plans with the following separate results:
  - Accept the Kaiser Colorado overall rate increase of 12.1%
  - Accept the Kaiser Georgia overall rate increase of 11.2%
  - Accept the Kaiser Hawaii overall rate increase of 2.2%
  - Accept the Kaiser Oregon overall rate increase of 10.6%
  - Accept the Kaiser Washington overall rate increase of 6.4%
  - Accept the mandatory contractual changes included in the Appendix

### SCAN

- Accept the overall renewal rate increase of 7.5%:
  - Accept the mandatory contractual changes included in the Appendix

### United HealthCare (UHC)

- Accept the overall renewal rate increase of 8.5% with the following separate increases:
  - Accept the rate increase of 8.8% for the Pre-65 HMO Plan
  - Accept the rate increase of 7.8% for the Medicare Advantage Plan
  - Accept the mandatory contractual changes as included in the Appendix

Due to the Anthem Blue Cross Prudent Buyer medical plan incurring a significant increase, 18.9%, effective July 1, 2024, staff is requesting approval to grant a temporary waiver of the 6-month waiting period to change medical plans for those members currently enrolled in the Anthem Blue Cross Prudent Buyer plan, if they desire to make a change. For example, the temporary waiver would take place beginning June 1, through August 15<sup>th</sup>. Any request received after August 15<sup>th</sup> will revert to the usual 6-month waiting period.

Granting a temporary waiver has occurred at least a couple of times in the past; once in 2008 and again in 2011. In both instances, members were able to transfer medical plans without the waiting period because of significant premium increases and/or the plan exceeding the benchmark plan for the first time.

### ADMINISTRATIVE FEE AND RHC ADMINISTRATIVE ACCOUNT

LACERA receives an \$8 per member per plan per month administrative fee which funds the Retiree Healthcare Benefits program, and cannot be funded by the pension plan. LACERA projects the administrative fee for the upcoming budget cycle to be \$10.90 per member per plan. LACERA and the County of Los Angeles have agreed to use the RHC Administrative Account, which has an approximate balance of \$13.8 million as of January 31, 2024, to offset any increases to the administrative fee. This allows the County of Los Angeles cost stabilization when or if the current \$8 per member per plan administrative fee changes.

The administrative fee revenue is dependent upon how many members are enrolled in the medical/dental plans. The administrative cost per member per plan is the total Retiree Healthcare Program administrative expenses divided by the number of members covered. When administrative fee revenue is underspent, it accumulates in the Administrative Fee Account. When administrative expenses exceed revenue, the Administrative Fee Account balance is used to fund the RHC Program expenses.

The table below shows the actual/projected/budgeted/estimated amounts for four fiscal years. The Administrative Fee Account surplus was used to stabilize the administrative fee rate for the members and the County last fiscal year, and is projected to fund shortfalls in the administrative fee revenue over the next three fiscal years. As the \$8 fee remains constant, we project the Administrative Fee Account to reach a low balance by fiscal year end 2026.

Retiree Healthcare Program						
Fiscal Period	Actual / Estimated	Administrative Fee		Administrative Fee Account		
		[Revenue]	[Cost]			
		Per Mbr / Plan	Per Mbr / Plan	(Drawdown)	Balance	
FYE 2023	Actual	\$ 8.00	\$ 8.06	\$ (126,853)	\$ 13,855,846	
FYE 2024	Projected	\$ 8.00	\$ 9.33	\$ (1,811,807)	\$ 12,329,039	
FYE 2025	Budgeted	\$ 8.00	\$ 10.90	\$ (3,994,066)	\$ 8,619,972	
FYE 2026	Estimated	\$ 8.00	\$ 12.44	\$ (6,186,735)	\$ 2,718,237	

## **CONCLUSION**

The overall increase of 8.2% for our healthcare benefits program resulted in a projected increase in premiums of \$64.0 million and a negotiated overall total premium cost avoidance of \$15.3 million annually when compared to the preliminary proposals received from various carrier partners.

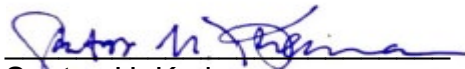
Staff are recommending a temporary waiver of the 6-month waiting period for members and their eligible dependents currently enrolled in the Anthem Blue Cross Prudent Buyer plan due to the significant increase in premiums.

We are continuously monitoring the healthcare industry to stay ahead of the many things happening on a national basis within the healthcare landscape. Detailed information regarding the renewal proposal can be found in the enclosed 2024/2025 Renewal Evaluation Report prepared by Segal.

## **IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE:**

1. Approve the fiscal year 2024-2025 rate renewal proposal and mandatory contractual changes, listed by carrier;
2. Maintain LACERA's current administrative fee at \$8 per member, per plan, per month; and
3. Allow a one-time temporary waiver of the 6-month waiting period for members currently enrolled in the Anthem Prudent Buyer medical plan.

## **NOTED AND REVIEWED:**



Santos H. Kreimann  
Chief Executive Officer

CS:cs

Attachment



**Los Angeles County Employees  
Retirement Association**

***2024-2025 Renewal Evaluation Report  
Presented on February 7, 2024***

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

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*The projections of annual premium in this report are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.*

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

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**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

## 2024-2025 Renewal Overview

**This report summarizes the final 2024-2025 renewal results for the LACERA-administered Retiree Healthcare Benefits Program (RHCBP).**

- The 2024-2025 renewal budget was forecasted to increase by 10.5% prior to the renewal process.
- Negotiations during the renewal process resulted in a final overall increase of 8.2%.
  - This reflects a 2.0% decrease from the preliminary renewal increase of 10.2%.
- Negotiations resulted in a premium cost avoidance of approximately \$15.3 million annually.

### Medical Plans

- The overall negotiated medical renewal increase is 8.6%.

### Dental/Vision Plans

- The overall negotiated dental/vision renewal increase is 2.6%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 723,640,000	\$ 801,312,000	\$ 786,229,000	8.6%
Total Dental/Vision	54,282,000	55,875,000	55,672,000	2.6%
<b>Total Medical/Dental/Vision (1)</b>	<b>\$ 777,922,000</b>	<b>\$ 857,187,000</b>	<b>\$ 841,901,000</b>	<b>8.2%</b>
<b>Total Negotiated Premium Cost Avoidance from Preliminary Renewal</b>				<b>\$ (15,286,000)</b>

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

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**Los Angeles County Employees Retirement Association**

## KEY FINDINGS

### Anthem Blue Cross Plans

- Anthem initially proposed an overall rate increase of 13.6%. Initial rate increases were 13.2% for Plans I and II, 13.2% for Plan III, and 22.1% for Prudent Buyer.
- After negotiations with Segal and Staff, Anthem reduced the overall rate increase to 9.4%. Anthem agreed to reduce the rate increase to 9.0% for Plans I & II, 8.9% for Plan III, and 18.9% for Prudent Buyer.
- Concessions represent an estimated premium cost avoidance of \$13.1 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 155,832,000	\$ 176,475,000	\$ 169,801,000	9.0%
Anthem BC Plan III	141,546,000	160,199,000	154,169,000	8.9%
Anthem BC Prudent Buyer	12,938,000	15,799,000	15,381,000	18.9%
<b>Total</b>	<b>\$ 310,316,000</b>	<b>\$ 352,473,000</b>	<b>\$ 339,351,000</b>	<b>9.4%</b>

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

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**Los Angeles County Employees Retirement Association**

## KEY FINDINGS

### Cigna - Medical Plans

- Cigna initially proposed an overall increase of 8.4%. The Network Model (HMO) plan received an initial rate increase of 8.7%, while the Cigna Preferred Medicare HMO MAPD plan received no change to the current rate.
- After negotiations with Segal and Staff, Cigna agreed to an overall rate increase of 5.7%. The rate increase for the Network Model (HMO) plan was reduced to 6.0%.
- Concessions represent an estimated premium cost avoidance of \$0.2 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Total Cigna Medical</b>	<b>\$ 8,685,000</b>	<b>\$ 9,411,000</b>	<b>\$ 9,184,000</b>	<b>5.7%</b>

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

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**Los Angeles County Employees Retirement Association**

## KEY FINDINGS

### Cigna - Dental/Vision Plans

- Cigna proposed an overall rate increase of 2.9%. Cigna initially proposed rate increases of 3.0% for the Indemnity Dental/Vision plan and 2.6% for the Dental/Vision HMO plan.
- After negotiations with Segal and Staff, Cigna agreed to an overall rate increase of 2.6%. Cigna reduced renewals to an increase of 2.9% for the Indemnity Dental/Vision plan and no rate increase for the Dental/Vision HMO plan.
- Cigna's Vision provider network will transition from VSP to EyeMed effective July 1, 2024. On a national basis Cigna's transition to the EyeMed network has expanded member access to both independent and retail providers including LensCrafters and Pearle Vision.
- Concessions represents an estimated premium cost avoidance of \$0.2 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Total Cigna Dental/Vision</b>	<b>\$ 54,282,000</b>	<b>\$ 55,875,000</b>	<b>\$ 55,672,000</b>	<b>2.6%</b>

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

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## KEY FINDINGS

### Kaiser - California

- Kaiser proposed an overall rate increase of 9.0%. The rate increases for the Basic/Pre-65 and Excess <sup>(1)</sup> rates were 6.8% and 7.4%, respectively. Kaiser proposed a rate increase of 12.8% for the Senior Advantage rate.
- After negotiations with Segal and Staff, Kaiser's aggregate increase remained at 9.0%. The Basic/Pre-65 rate increase was reduced to 6.7%, while the Excess <sup>(1)</sup> and Kaiser Senior Advantage rates remain unchanged.
- Concessions represent an estimated premium cost avoidance of \$12,000 annually at current enrollment levels.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Kaiser California</b>	<b>\$ 235,343,000</b>	<b>\$ 256,514,000</b>	<b>\$ 256,502,000</b>	<b>9.0%</b>

<sup>(1)</sup> Excess apply to participants who do not qualify for Basic/Pre-65 or Kaiser Senior Advantage rates, on account of being 65 or older without Medicare assignment.

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

## KEY FINDINGS

### Kaiser - Out of State (OOS)

- The initial overall increase for Kaiser's OOS plans for the 2024-2025 policy period was 9.3%.
- After negotiations with Segal and Staff, the overall increase for Kaiser's OOS plans remains unchanged.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser OOS	\$ 4,397,000	\$ 4,806,000	\$ 4,806,000	9.3%

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.



**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

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## **KEY FINDINGS**

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### **SCAN Health Plan**

- SCAN proposed an overall rate increase of 7.4%.
- After negotiations with Segal and Staff, the overall increase for SCAN remains unchanged.

<b>Annual Premiums</b>	<b>Current</b>	<b>Preliminary</b>	<b>Negotiated</b>	<b>Change (%)</b>
<b>SCAN</b>	<b>\$ 1,456,000</b>	<b>\$ 1,564,000</b>	<b>\$ 1,564,000</b>	<b>7.4%</b>

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

## Renewal Analysis - Effective 7/1/2024

### Los Angeles County Employees Retirement Association

## KEY FINDINGS

### UnitedHealthcare (UHC)

- UHC initially proposed an overall rate increase of 11.2%. The initial rate increases were 9.8% for Pre-65 rate and 14.0% for UnitedHealthcare Medicare Advantage (UHC MA) rate.
- After negotiations with Segal and Staff, UHC reduced the overall rate increase to 8.5%. The Pre-65 rate was reduced to a 8.8% increase and the UHC-MA rate was reduced to a 7.8% increase.
- Concessions represent an estimated premium cost avoidance of \$1.7 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
UHC	\$ 64,797,000	\$ 72,035,000	\$ 70,313,000	8.5%

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

## RECOMMENDATIONS

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### Anthem Blue Cross Plans Overall

- Accept the 9.4% overall rate increase, based on the individual plan increases noted below:
  - 9.0% overall rate increase to Anthem Blue Cross Plans I and II.
  - 8.9% rate increase to Anthem Blue Cross Plan III.
  - 18.9% rate increase to Anthem Blue Cross Prudent Buyer Plan.
- Provide Anthem Blue Cross with the year-end 2022-2023 deficit for all plans. The amount is estimated at \$7.5 million including changes in the Claims Stabilization Reserves to reflect the 2022-2023 rate concessions.
- Accept the mandatory contractual changes included in the appendix.

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

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## **RECOMMENDATIONS**

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### **Cigna Medical**

- Accept the overall rate increase of 5.7% to Cigna medical plans, based on the individual plan rate actions noted below:
  - 6.0% rate increase to the Network Model Plan HMO.
  - 0.0% rate change to the Cigna Preferred Medicare HMO Plan (MAPD).
- Accept the mandatory contractual changes included in the appendix.

### **Cigna Dental/Vision**

- Accept the 2.6% overall increase to Cigna Dental/Vision plans, based on the individual plans noted below:
  - 2.9% overall rate increase to the Cigna Indemnity Dental/Vision Plan.
  - 0.0% overall rate change to the Cigna Dental/Vision HMO Plan.
- Provide Cigna with the year-end 2022-2023 deficit for the dental plan. The amount is estimated at \$2.2 million.
- Cigna's Vision provider network will transition from VSP to EyeMed effective July 1, 2024. On a national basis Cigna's transition to the EyeMed network has expanded member access to both independent and retail providers including LensCrafters and Pearle Vision.
- No mandatory contractual changes apply for the 2024-2025 policy period.

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

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## **RECOMMENDATIONS**

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### **Kaiser California**

- Accept the 9.0% overall increase, based on the plan increase listed below:
  - 6.7% rate increase to the Basic/Pre-65 Plan.
  - 12.8% rate increase to the Kaiser Senior Advantage Plan.
  - 7.4% rate increase to the Kaiser Excess <sup>(1)</sup> Plan.
- Accept the mandatory contractual changes included in the appendix.

### **Kaiser Out of State (OOS)**

- Accept the 9.3% overall increase for Non-Medicare and Medicare combined OOS plans, based on the plan increase/decrease listed below:
  - 12.1% overall rate increase to Kaiser-Colorado Plans.
  - 11.2% overall rate increase to Kaiser-Georgia Plans.
  - 2.2% overall rate increase to Kaiser-Hawaii Plans.
  - 10.6% overall rate increase to Kaiser-Oregon Plans.
  - 6.4% overall rate increase to Kaiser-Washington Plans.
- Accept the mandatory contractual changes included in the appendix.

<sup>(1)</sup> Excess plans apply to participants who do not qualify for Basic/Pre-65 or Kaiser Senior Advantage rates, on account of being 65 or older without Medicare assignment.

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024**  
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## **RECOMMENDATIONS**

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### **SCAN Health Plan**

- Accept the overall rate increase of 7.4%.
- Accept the mandatory contractual changes included in the appendix.

### **UnitedHealthcare**

- Accept the 8.5% overall increase, based on the plan increase listed below:
  - 8.8% increase for the Pre-65 HMO Plan.
  - 7.8% increase for the MAPD HMO Plan.
- Accept the mandatory contractual changes included in the appendix.

### **LACERA Administrative Fee**

- Segal recommends LACERA retain its Administrative Fee at \$8.00 per member, per plan, per month for the 2024-2025 policy period as requested by LACERA.
  - The fee is for administering the Retiree Healthcare Program, based on budget forecast.

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

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## PREMIUM PROJECTIONS FOR JULY 1, 2024 THROUGH JUNE 30, 2025

	Retiree Count	Current Premiums	Preliminary		Negotiated	
			Premiums	Change (%)	Premiums	Change (%)
Medical Plans						
Anthem BC Plan I & II	6,437	\$155,832,000	\$176,475,000	13.2%	\$169,801,000	9.0%
Anthem BC Plan III	13,503	141,546,000	160,199,000	13.2%	154,169,000	8.9%
Anthem BC Prudent Buyer	801	12,938,000	15,799,000	22.1%	15,381,000	18.9%
Cigna HMO & MAPD	381	8,685,000	9,411,000	8.4%	9,184,000	5.7%
Kaiser California	26,109	235,343,000	256,514,000	9.0%	256,502,000	9.0%
Kaiser Out of State (OOS)	453	4,397,000	4,806,000	9.3%	4,806,000	9.3%
SCAN Health Plan	398	1,456,000	1,564,000	7.4%	1,564,000	7.4%
United Healthcare	5,295	64,797,000	72,035,000	11.2%	70,313,000	8.5%
Medicare Part B	38,500	98,646,000	104,509,000	5.9%	104,509,000	5.9%
Total Medical	53,377	\$723,640,000	\$801,312,000	10.7%	\$786,229,000	8.6%
Dental / Vision Plans						
Indemnity Dental / Vision	50,484	\$48,501,000	\$49,941,000	3.0%	\$49,891,000	2.9%
Prepaid Dental / Vision	7,139	5,781,000	5,934,000	2.6%	5,781,000	0.0%
Total Dental/Vision	57,623	\$54,282,000	\$55,875,000	2.9%	\$55,672,000	2.6%
Total Medical/Dental/Vision <sup>(1)</sup>		\$777,922,000	\$857,187,000	10.2%	\$841,901,000	8.2%
Total Negotiated Premium Cost Avoidance from Preliminary Premium					(\$15,286,000)	-2.0%

<sup>(1)</sup> Preliminary and Negotiated Premiums, excluding the reduction in Medicare Part B premiums, resulted in overall premium increases of 10.8% and 8.6%, respectively.

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

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**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025**

	Count	Current 2023-2024 Rates	Admin Fee	Total Rate	Preliminary 2024-2025 Rates	Admin Fee	Total Rate	% Change	Final 2024-2025 Rates	Admin Fee	Total Rate	% Change
<b>Anthem BC Plan I&amp;II</b>												
211 Retiree Only	555	\$1,366.62	\$8.00	\$1,374.62	\$1,548.38	\$8.00	\$1,556.38	13.2%	\$1,489.62	\$8.00	\$1,497.62	8.9%
221 Retiree Only	2,376	1,366.62	8.00	1,374.62	1,548.38	8.00	1,556.38	13.2%	1,489.62	8.00	1,497.62	8.9%
212 Retiree & Spouse	235	2,470.02	8.00	2,478.02	2,798.53	8.00	2,806.53	13.3%	2,692.32	8.00	2,700.32	9.0%
222 Retiree & Spouse	2,018	2,470.02	8.00	2,478.02	2,798.53	8.00	2,806.53	13.3%	2,692.32	8.00	2,700.32	9.0%
213 Retiree & Family	74	2,914.98	8.00	2,922.98	3,302.67	8.00	3,310.67	13.3%	3,177.33	8.00	3,185.33	9.0%
223 Retiree & Family	919	2,914.98	8.00	2,922.98	3,302.67	8.00	3,310.67	13.3%	3,177.33	8.00	3,185.33	9.0%
214 Retiree & Children	22	1,810.65	8.00	1,818.65	2,051.47	8.00	2,059.47	13.2%	1,973.61	8.00	1,981.61	9.0%
224 Retiree & Children	237	1,810.65	8.00	1,818.65	2,051.47	8.00	2,059.47	13.2%	1,973.61	8.00	1,981.61	9.0%
215 Survivor	1	456.72	8.00	464.72	517.46	8.00	525.46	13.1%	497.82	8.00	505.82	8.8%
225 Survivor	-	456.72	8.00	464.72	517.46	8.00	525.46	13.1%	497.82	8.00	505.82	8.8%
Total	6,437	\$155,214,102		\$155,832,054	\$175,857,472		\$176,475,424	13.2%	\$169,183,496		\$169,801,448	9.0%
<b>Anthem BC Plan III</b>												
240 One Medicare	7,584	\$551.97	\$8.00	\$559.97	\$625.38	\$8.00	\$633.38	13.1%	\$601.65	\$8.00	\$609.65	8.9%
241 Retiree & Spouse- 1 Medicare	133	1,781.60	8.00	1,789.60	2,018.55	8.00	2,026.55	13.2%	1,941.94	8.00	1,949.94	9.0%
242 Retiree & Spouse- 1 Medicare	936	1,781.60	8.00	1,789.60	2,018.55	8.00	2,026.55	13.2%	1,941.94	8.00	1,949.94	9.0%
243 Retiree & Spouse- 2 Medicare	4,507	1,106.20	8.00	1,114.20	1,253.32	8.00	1,261.32	13.2%	1,205.76	8.00	1,213.76	8.9%
244 Retiree & Children- 1 Medicare	15	994.42	8.00	1,002.42	1,126.68	8.00	1,134.68	13.2%	1,083.92	8.00	1,091.92	8.9%
245 Retiree & Children- 1 Medicare	56	994.42	8.00	1,002.42	1,126.68	8.00	1,134.68	13.2%	1,083.92	8.00	1,091.92	8.9%
246 Retiree & Family- 1 Medicare	13	2,223.91	8.00	2,231.91	2,519.69	8.00	2,527.69	13.3%	2,424.06	8.00	2,432.06	9.0%
247 Retiree & Family- 1 Medicare	159	2,223.91	8.00	2,231.91	2,519.69	8.00	2,527.69	13.3%	2,424.06	8.00	2,432.06	9.0%
248 Retiree & Family- 2 Medicare	15	1,548.43	8.00	1,556.43	1,754.37	8.00	1,762.37	13.2%	1,687.79	8.00	1,695.79	9.0%
249 Retiree & Family- 2 Medicare	68	1,548.43	8.00	1,556.43	1,754.37	8.00	1,762.37	13.2%	1,687.79	8.00	1,695.79	9.0%
250 Retiree & Family- 3 Medicare	17	1,736.25	8.00	1,744.25	1,967.17	8.00	1,975.17	13.2%	1,892.51	8.00	1,900.51	9.0%
Total	13,503	\$140,249,599		\$141,545,887	\$158,902,328		\$160,198,616	13.2%	\$152,872,364		\$154,168,652	8.9%
<b>Anthem BC Prudent Buyer</b>												
201 Retiree Only	456	\$943.76	\$8.00	\$951.76	\$1,153.75	\$8.00	\$1,161.75	22.1%	\$1,123.07	\$8.00	\$1,131.07	18.8%
202 Retiree & Spouse	241	1,863.92	8.00	1,871.92	2,278.64	8.00	2,286.64	22.2%	2,218.06	8.00	2,226.06	18.9%
203 Retiree & Family	74	2,104.48	8.00	2,112.48	2,572.73	8.00	2,580.73	22.2%	2,504.33	8.00	2,512.33	18.9%
204 Retiree & Children	30	1,215.07	8.00	1,223.07	1,485.42	8.00	1,493.42	22.1%	1,445.93	8.00	1,453.93	18.9%
205 Survivor	-	252.15	8.00	260.15	308.25	8.00	316.25	21.6%	300.06	8.00	308.06	18.4%
Total	801	\$12,860,915		\$12,937,811	\$15,722,482		\$15,799,378	22.1%	\$15,304,448		\$15,381,344	18.9%
<b>Cigna</b>												
301 Network- Retiree Only	236	\$1,779.58	\$8.00	\$1,787.58	\$1,935.11	\$8.00	\$1,943.11	8.7%	\$1,886.33	\$8.00	\$1,894.33	6.0%
302 Network- Retiree & Spouse	60	3,219.48	8.00	3,227.48	3,500.84	8.00	3,508.84	8.7%	3,412.61	8.00	3,420.61	6.0%
303 Network- Retiree & Family	9	3,802.99	8.00	3,810.99	4,135.27	8.00	4,143.27	8.7%	4,031.08	8.00	4,039.08	6.0%
304 Network- Retiree & Children	14	2,363.89	8.00	2,371.89	2,570.43	8.00	2,578.43	8.7%	2,505.67	8.00	2,513.67	6.0%
305 Network- Survivor	-	556.82	8.00	564.82	605.22	8.00	613.22	8.6%	590.21	8.00	598.21	5.9%
321 Risk- Retiree Only	33	338.86	8.00	346.86	338.86	8.00	346.86	0.0%	338.86	8.00	346.86	0.0%
322 Risk- Retiree & Spouse	7	1,778.76	8.00	1,786.76	1,904.59	8.00	1,912.59	7.0%	1,865.14	8.00	1,873.14	4.8%
324 Risk- Retiree & Spouse (Both Risk)	21	677.72	8.00	685.72	677.72	8.00	685.72	0.0%	677.72	8.00	685.72	0.0%
325 Risk- Retiree & Children	-	923.85	8.00	931.85	974.88	8.00	982.88	5.5%	958.90	8.00	966.90	3.8%
327 Risk- Retiree & Family (1 Medicare)	1	2,362.95	8.00	2,370.95	2,539.72	8.00	2,547.72	7.5%	2,484.31	8.00	2,492.31	5.1%
329 Risk- Retiree & Family (2 Medicare)	-	1,317.84	8.00	1,325.84	1,373.63	8.00	1,381.63	4.2%	1,339.35	8.00	1,347.35	1.6%
Total	381	\$8,648,398		\$8,684,974	\$9,374,714		\$9,411,290	8.4%	\$9,146,932		\$9,183,508	5.7%



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**Los Angeles County Employees Retirement Association**

**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025**

	Count	Current 2023-2024 Rates	Admin Fee	Total Rate	Preliminary 2024-2025 Rates	Admin Fee	Total Rate	% Change	Final 2024-2025 Rates	Admin Fee	Total Rate	% Change
<b>Kaiser California</b>												
401 Retiree Basic (Under 65)	1,527	\$1,257.81	\$8.00	\$1,265.81	\$1,343.26	\$8.00	\$1,351.26	6.8%	\$1,343.15	\$8.00	\$1,351.15	6.7%
403 Retiree Risk (Senior Advantage)	11,911	242.28	8.00	250.28	274.40	8.00	282.40	12.8%	274.40	8.00	282.40	12.8%
404 Retiree Excess	494	1,178.60	8.00	1,186.60	1,288.39	8.00	1,296.39	9.3%	1,288.39	8.00	1,296.39	9.3%
405 Retiree Excess - Part B	1,390	1,260.44	8.00	1,268.44	1,346.24	8.00	1,354.24	6.8%	1,346.13	8.00	1,354.13	6.8%
406 Excess - Medicare Not Provided (MNP); Terminated 2/1/2021*	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
411 Family Basic	1,858	2,515.62	8.00	2,523.62	2,686.52	8.00	2,694.52	6.8%	2,686.30	8.00	2,694.30	6.8%
413 One Advantage, One Basic	1,540	1,500.09	8.00	1,508.09	1,617.66	8.00	1,625.66	7.8%	1,617.55	8.00	1,625.55	7.8%
414 One Excess, One Basic	53	2,436.41	8.00	2,444.41	2,631.65	8.00	2,639.65	8.0%	2,631.54	8.00	2,639.54	8.0%
418 Two+ Advantage	6,291	484.56	8.00	492.56	548.80	8.00	556.80	13.0%	548.80	8.00	556.80	13.0%
419 One Excess, One Advantage	226	1,420.88	8.00	1,428.88	1,562.79	8.00	1,570.79	9.9%	1,562.79	8.00	1,570.79	9.9%
420 Two+ Excess	106	2,357.20	8.00	2,365.20	2,576.78	8.00	2,584.78	9.3%	2,576.78	8.00	2,584.78	9.3%
422 One Excess - Part B, One Basic	268	2,518.25	8.00	2,526.25	2,689.50	8.00	2,697.50	6.8%	2,689.28	8.00	2,697.28	6.8%
423 One Excess (MNP), One Basic; Transitional only. Closed effective 7/1/2021*	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
426 One Advantage, One Excess - Part B	250	1,502.72	8.00	1,510.72	1,620.64	8.00	1,628.64	7.8%	1,620.53	8.00	1,628.53	7.8%
427 One Advantage, One Excess (MNP); Transitional only. Closed effective 7/1/2021*	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
428 One Excess, One Excess - Part B	44	2,439.04	8.00	2,447.04	2,634.63	8.00	2,642.63	8.0%	2,634.52	8.00	2,642.52	8.0%
429 One Excess, One Excess (MNP); Transitional only. Closed effective 7/1/2021*	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
430 Two Excess - Part B	144	2,520.88	8.00	2,528.88	2,692.48	8.00	2,700.48	6.8%	2,692.26	8.00	2,700.26	6.8%
431 One Excess - Part B, One Excess (MNP); Transitional only. Closed effective 7/1/2021*	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
432 Two Excess - Both (MNP); Terminated 2/1/2021*	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
421 Survivor	7	1,257.81	8.00	1,265.81	1,343.26	8.00	1,351.26	6.8%	1,343.15	8.00	1,351.15	6.7%
Total	26,109	\$232,836,629		\$235,343,093	\$254,007,868		\$256,514,332	9.0%	\$253,995,525 -\$12,343.32		\$256,501,989	9.0%
<b>Kaiser- Colorado</b>												
450 Retiree Basic	3	\$1,095.25	\$8.00	\$1,103.25	\$1,306.35	\$8.00	\$1,314.35	19.1%	\$1,306.35	\$8.00	\$1,314.35	19.1%
451 Retiree Risk (Senior Advantage)	37	289.90	8.00	297.90	289.90	8.00	297.90	0.0%	289.90	8.00	297.90	0.0%
453 Retiree Basic (Two Party)	9	2,431.56	8.00	2,439.56	2,900.22	8.00	2,908.22	19.2%	2,900.22	8.00	2,908.22	19.2%
454 Retiree Basic Family	1	3,285.85	8.00	3,293.85	3,919.17	8.00	3,927.17	19.2%	3,919.17	8.00	3,927.17	19.2%
455 One Risk, One Basic	7	1,385.15	8.00	1,393.15	1,596.25	8.00	1,604.25	15.2%	1,596.25	8.00	1,604.25	15.2%
457 Two Retiree Risk	14	579.80	8.00	587.80	579.80	8.00	587.80	0.0%	579.80	8.00	587.80	0.0%
458 One Risk, Two or More Dependents	-	2,416.70	8.00	2,424.70	2,826.62	8.00	2,834.62	16.9%	2,902.60	8.00	2,910.60	20.0%
459 Two Risk, Two or More Dependents	1	1,675.05	8.00	1,683.05	1,886.15	8.00	1,894.15	12.5%	1,886.15	8.00	1,894.15	12.5%
Total	72	\$704,043		\$710,955	\$790,123		\$797,035	12.1%	\$790,123		\$797,035	12.1%

\*LACERA and Kaiser are assisting members enrolled in Kaiser California's Excess Plans to transition into the appropriate deduction codes effective 3/1/2023.

Renewal Analysis - Effective 7/1/2024  
Los Angeles County Employees Retirement Association

**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025**

	Count	Current 2023-2024 Rates	Admin Fee	Total Rate	Preliminary 2024-2025 Rates	Admin Fee	Total Rate	% Change	Final 2024-2025 Rates	Admin Fee	Total Rate	% Change
<b>Kaiser- Georgia</b>												
440 One Medicare Member with Part B Only	-	\$1,287.50	\$8.00	\$1,295.50	\$1,552.52	\$8.00	\$1,560.52	20.5%	\$1,552.52	\$8.00	\$1,560.52	20.5%
441 One Medicare Member with Part A only	4	1,287.50	8.00	1,295.50	1,552.52	8.00	1,560.52	20.5%	1,552.52	8.00	1,560.52	20.5%
442 One Member without Medicare Part A&B	7	1,287.50	8.00	1,295.50	1,552.52	8.00	1,560.52	20.5%	1,552.52	8.00	1,560.52	20.5%
443 One Medicare Member (Renal Failure)	-	386.39	8.00	394.39	401.85	8.00	409.85	3.9%	401.85	8.00	409.85	3.9%
444 One Medicare Member + One Medicare with Part B only	-	1,673.89	8.00	1,681.89	1,954.37	8.00	1,962.37	16.7%	1,954.37	8.00	1,962.37	16.7%
445 One Medicare Member + One Medicare with Part A only	2	1,673.89	8.00	1,681.89	1,954.37	8.00	1,962.37	16.7%	1,954.37	8.00	1,962.37	16.7%
446 One Medicare Member + One Medicare without Part A&B	1	1,673.89	8.00	1,681.89	1,954.37	8.00	1,962.37	16.7%	1,954.37	8.00	1,962.37	16.7%
461 Basic, or Over 65 without Medicare A&B	12	1,287.50	8.00	1,295.50	1,552.52	8.00	1,560.52	20.5%	1,552.52	8.00	1,560.52	20.5%
462 Retiree Risk (Senior Advantage)	85	386.39	8.00	394.39	401.85	8.00	409.85	3.9%	401.85	8.00	409.85	3.9%
463 Retiree (Two Party)	4	2,574.99	8.00	2,582.99	3,105.03	8.00	3,113.03	20.5%	3,105.04	8.00	3,113.04	20.5%
464 Retiree Basic Family	-	3,862.49	8.00	3,870.49	4,657.55	8.00	4,665.55	20.5%	4,657.56	8.00	4,665.56	20.5%
465 One Retiree Risk One Basic	1	1,673.89	8.00	1,681.89	1,954.37	8.00	1,962.37	16.7%	1,954.37	8.00	1,962.37	16.7%
466 Two Retiree Risk	30	772.78	8.00	780.78	803.70	8.00	811.70	4.0%	803.70	8.00	811.70	4.0%
467 One Retiree Risk, Two Retiree Basic	-	2,961.39	8.00	2,969.39	3,506.88	8.00	3,514.88	18.4%	3,506.89	8.00	3,514.89	18.4%
468 Two Retiree Risk, One Basic	-	2,060.28	8.00	2,068.28	2,356.22	8.00	2,364.22	14.3%	2,356.22	8.00	2,364.22	14.3%
469 Three Retiree Risk, One Basic	-	1,159.17	8.00	1,167.17	1,205.55	8.00	1,213.55	4.0%	1,205.55	8.00	1,213.55	4.0%
470 Any other Family, at least one Retiree Risk	-	<u>2,961.39</u>	8.00	<u>2,969.39</u>	<u>3,506.88</u>	8.00	<u>3,514.88</u>	<u>18.4%</u>	<u>3,506.89</u>	8.00	<u>3,514.89</u>	<u>18.4%</u>
Total	146	\$1,231,615		\$1,245,631	\$1,370,566		\$1,384,582	11.2%	\$1,370,566		\$1,384,582	11.2%
<b>Kaiser- Hawaii</b>												
471 Retiree Basic (Under 65)	5	\$946.64	\$8.00	\$954.64	\$946.64	\$8.00	\$954.64	0.0%	\$946.64	\$8.00	\$954.64	0.0%
472 Retiree Risk (Senior Advantage)	28	427.20	8.00	435.20	438.94	8.00	446.94	2.7%	438.94	8.00	446.94	2.7%
473 Retiree Over 65 without Medicare A&B	2	1,974.56	8.00	1,982.56	2,139.75	8.00	2,147.75	8.3%	2,139.75	8.00	2,147.75	8.3%
474 Retiree Basic (Two Party)	4	1,893.28	8.00	1,901.28	1,893.28	8.00	1,901.28	0.0%	1,893.28	8.00	1,901.28	0.0%
475 Retiree Basic Family (Under 65)	3	2,839.92	8.00	2,847.92	2,839.92	8.00	2,847.92	0.0%	2,839.92	8.00	2,847.92	0.0%
476 One Retiree Risk, One Basic	2	1,373.84	8.00	1,381.84	1,385.58	8.00	1,393.58	0.8%	1,385.58	8.00	1,393.58	0.8%
477 Over 65 without Medicare A&B, One Basic	-	2,921.20	8.00	2,929.20	3,086.39	8.00	3,094.39	5.6%	3,086.39	8.00	3,094.39	5.6%
478 Two Retiree Risk	13	854.40	8.00	862.40	877.88	8.00	885.88	2.7%	877.88	8.00	885.88	2.7%
479 One Risk, One Over 65 without Medicare A&B	1	<u>2,401.76</u>	8.00	<u>2,409.76</u>	<u>2,578.69</u>	8.00	<u>2,586.69</u>	<u>7.3%</u>	<u>2,578.69</u>	8.00	<u>2,586.69</u>	<u>7.3%</u>
Total	58	\$635,921		\$641,489	\$649,898		\$655,466	2.2%	\$649,898		\$655,466	2.2%

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025**

	Count	Current 2023-2024 Rates	Admin Fee	Total Rate	Preliminary 2024-2025 Rates	Admin Fee	Total Rate	% Change	Final 2024-2025 Rates	Admin Fee	Total Rate	% Change
<b>Kaiser- Oregon</b>												
481 Retiree Basic (Under 65)	2	\$1,160.43	\$8.00	\$1,168.43	\$1,298.65	\$8.00	\$1,306.65	11.8%	\$1,298.65	\$8.00	\$1,306.65	11.8%
482 Retiree Risk (Senior Advantage)	86	489.98	8.00	497.98	540.45	8.00	548.45	10.1%	540.45	8.00	548.45	10.1%
483 Retiree Over 65 unassigned Medicare A&B	2	1,449.16	8.00	1,457.16	1,627.70	8.00	1,635.70	12.3%	1,627.70	8.00	1,635.70	12.3%
484 Retiree Basic (Two Party)	7	2,320.86	8.00	2,328.86	2,597.30	8.00	2,605.30	11.9%	2,597.30	8.00	2,605.30	11.9%
485 Retiree Basic Family (Under 65)	-	3,481.29	8.00	3,489.29	3,895.95	8.00	3,903.95	11.9%	3,895.95	8.00	3,903.95	11.9%
486 One Retiree Risk, One Basic	-	1,650.41	8.00	1,658.41	1,839.10	8.00	1,847.10	11.4%	1,839.10	8.00	1,847.10	11.4%
488 Two Retiree Risk	37	979.96	8.00	987.96	1,080.90	8.00	1,088.90	10.2%	1,080.90	8.00	1,088.90	10.2%
489 Retiree/Part A Only	-	1,184.44	8.00	1,192.44	1,299.93	8.00	1,307.93	9.7%	1,299.93	8.00	1,307.93	9.7%
490 Retiree/Part B Only	-	1,449.16	8.00	1,457.16	1,627.70	8.00	1,635.70	12.3%	1,627.70	8.00	1,635.70	12.3%
491 One Risk, One Medicare Part A Only	1	1,674.42	8.00	1,682.42	1,840.38	8.00	1,848.38	9.9%	1,840.38	8.00	1,848.38	9.9%
492 One Risk, One Over 65 No Medicare	-	1,939.14	8.00	1,947.14	2,168.15	8.00	2,176.15	11.8%	2,168.15	8.00	2,176.15	11.8%
493 One Risk, Two Basic	-	2,810.84	8.00	2,818.84	3,137.75	8.00	3,145.75	11.6%	3,137.75	8.00	3,145.75	11.6%
494 Two Risk, One Basic	-	2,140.39	8.00	2,148.39	2,379.55	8.00	2,387.55	11.1%	2,379.55	8.00	2,387.55	11.1%
495 Two Over 65 No Medicare	-	2,898.32	8.00	2,906.32	3,255.40	8.00	3,263.40	12.3%	3,255.40	8.00	3,263.40	12.3%
496 Two Medicare Part A Only	-	2,368.88	8.00	2,376.88	2,599.86	8.00	2,607.86	9.7%	2,599.86	8.00	2,607.86	9.7%
497 One Basic, One Medicare Part A Only	-	2,344.87	8.00	2,352.87	2,598.58	8.00	2,606.58	10.8%	2,598.58	8.00	2,606.58	10.8%
498 One Basic, One Over 65 no Medicare A&B	2	2,609.59	8.00	2,617.59	2,926.35	8.00	2,934.35	12.1%	2,926.35	8.00	2,934.35	12.1%
Total	137	\$1,281,067		\$1,294,219	\$1,418,387		\$1,431,539	10.6%	\$1,418,387		\$1,431,539	10.6%
<b>Kaiser- Washington</b>												
393 Retiree Basic	5	\$1,632.41	\$8.00	\$1,640.41	\$1,830.62	\$8.00	\$1,838.62	12.1%	\$1,830.62	\$8.00	\$1,838.62	12.1%
394 Retiree Risk (Senior Advantage)	20	439.52	8.00	447.52	432.25	8.00	440.25	-1.6%	432.25	8.00	440.25	-1.6%
395 Retiree Basic (Two Party)	4	3,048.37	8.00	3,056.37	3,418.49	8.00	3,426.49	12.1%	3,418.49	8.00	3,426.49	12.1%
396 Retiree Basic Family	-	5,104.39	8.00	5,112.39	5,724.15	8.00	5,732.15	12.1%	5,724.15	8.00	5,732.15	12.1%
397 One Risk, One Basic	3	1,855.48	8.00	1,863.48	2,020.12	8.00	2,028.12	8.8%	2,020.12	8.00	2,028.12	8.8%
398 Two Retiree Risk	8	879.04	8.00	887.04	864.50	8.00	872.50	-1.6%	864.50	8.00	872.50	-1.6%
399 One Risk, Two or More Dependents	-	3,911.50	8.00	3,919.50	4,325.78	8.00	4,333.78	10.6%	4,325.78	8.00	4,333.78	10.6%
400 Two Risk, Two or More Dependents	-	2,935.06	8.00	2,943.06	3,170.16	8.00	3,178.16	8.0%	3,170.16	8.00	3,178.16	8.0%
Total	40	\$500,936		\$504,776	\$533,381		\$537,221	6.4%	\$533,381		\$537,221	6.4%
<b>SCAN Health Plan</b>												
611 Retiree Only	290	\$240.59	\$8.00	\$248.59	\$259.00	\$8.00	\$267.00	7.4%	\$259.00	\$8.00	\$267.00	7.4%
613 Retiree & 1 Dependent (2 Medicare)	91	481.18	8.00	489.18	518.00	8.00	526.00	7.5%	518.00	8.00	526.00	7.5%
620 Arizona - Retiree Only	5	240.59	8.00	248.59	259.00	8.00	267.00	7.4%	259.00	8.00	267.00	7.4%
621 Arizona - Retiree & 1 Dependent (2 Medicare)	-	481.18	8.00	489.18	518.00	8.00	526.00	7.5%	518.00	8.00	526.00	7.5%
622 Nevada - Retiree Only	10	240.59	8.00	248.59	259.00	8.00	267.00	7.4%	259.00	8.00	267.00	7.4%
623 Nevada - Retiree & 1 Dependent (2 Medicare)	2	481.18	8.00	489.18	518.00	8.00	526.00	7.5%	518.00	8.00	526.00	7.5%
Total	398	\$1,417,556		\$1,455,764	\$1,526,028		\$1,564,236	7.5%	\$1,526,028		\$1,564,236	7.5%

Renewal Analysis - Effective 7/1/2024  
Los Angeles County Employees Retirement Association

**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025**

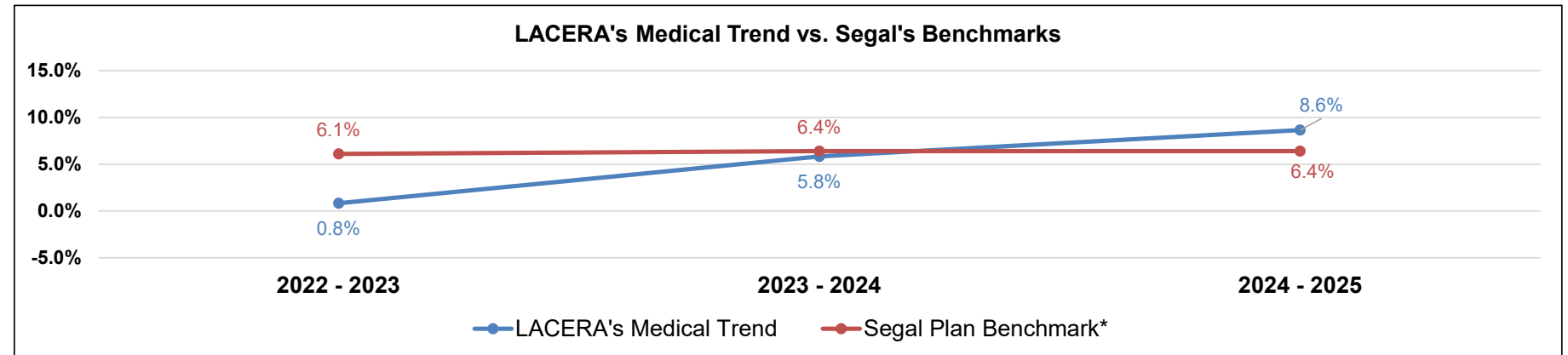
	Count	Current 2023-2024 Rates	Admin Fee	Total Rate	Preliminary 2024-2025 Rates	Admin Fee	Total Rate	% Change	Final 2024-2025 Rates	Admin Fee	Total Rate	% Change
<b>UnitedHealthcare</b>												
701 Retiree Only	2,073	\$315.31	\$8.00	\$323.31	\$360.45	\$8.00	\$368.45	14.0%	\$340.45	\$8.00	\$348.45	7.8%
702 Retiree & 1 Dependent (1 Medicare)	390	1,688.81	8.00	1,696.81	1,869.40	8.00	1,877.40	10.6%	1,835.63	8.00	1,843.63	8.7%
703 Retiree & 1 Dependent (2 Medicare)	1,336	630.62	8.00	638.62	720.90	8.00	728.90	14.1%	680.90	8.00	688.90	7.9%
704 Retiree & 2 + Deps. (1 Medicare)	101	1,925.42	8.00	1,933.42	2,129.34	8.00	2,137.34	10.5%	2,093.19	8.00	2,101.19	8.7%
705 Retiree & 2 + Deps. (2 Medicare)	47	867.23	8.00	875.23	980.84	8.00	988.84	13.0%	938.46	8.00	946.46	8.1%
706 Survivor (Child only)	3	386.87	8.00	394.87	425.03	8.00	433.03	9.7%	421.15	8.00	429.15	8.7%
707 UnitedHealthcare Single	518	1,373.50	8.00	1,381.50	1,508.95	8.00	1,516.95	9.8%	1,495.18	8.00	1,503.18	8.8%
708 UnitedHealthcare Two-Party	454	2,515.09	8.00	2,523.09	2,763.12	8.00	2,771.12	9.8%	2,737.90	8.00	2,745.90	8.8%
709 UnitedHealthcare Family	373	2,983.61	8.00	2,991.61	3,277.84	8.00	3,285.84	9.8%	3,247.92	8.00	3,255.92	8.8%
Total	5,295	\$64,288,561		\$64,796,881	\$71,526,793		\$72,035,113	11.2%	\$69,805,179		\$70,313,499	8.5%
<b>Medicare Part B</b>												
Total	38,500	\$213.52	\$0.00	\$213.52	\$226.21	\$0.00	\$226.21	5.9%	\$226.21	\$0.00	\$226.21	5.9%
Total	38,500	\$98,646,240		\$98,646,240	\$104,509,020		\$104,509,020	5.9%	\$104,509,020		\$104,509,020	5.9%
<b>Cigna Dental (Indemnity) / Vision</b>												
501 Retiree Only	26,286	\$44.69	\$8.00	\$52.69	\$46.16	\$8.00	\$54.16	2.8%	\$46.11	\$8.00	\$54.11	2.7%
502 Retiree & Dependents	24,189	101.81	8.00	109.81	105.17	8.00	113.17	3.1%	105.06	8.00	113.06	3.0%
503 Survivor / Minor	9	56.83	8.00	64.83	58.70	8.00	66.70	2.9%	58.63	8.00	66.63	2.8%
Total	50,484	\$43,654,979		\$48,501,443	\$45,094,144		\$49,940,608	3.0%	\$45,044,436		\$49,890,900	2.9%
<b>Cigna Dental (Prepaid) / Vision</b>												
901 Retiree only	4,068	\$38.52	\$8.00	\$46.52	\$39.68	\$8.00	\$47.68	2.5%	\$38.52	\$8.00	\$46.52	0.0%
902 Retiree & Dependents	3,069	87.28	8.00	95.28	89.90	8.00	97.90	2.7%	87.28	8.00	95.28	0.0%
903 Survivor/ Minor	2	39.11	8.00	47.11	40.28	8.00	48.28	2.5%	39.11	8.00	47.11	0.0%
Total	7,139	\$5,095,679		\$5,781,023	\$5,248,549		\$5,933,893	2.6%	\$5,095,679		\$5,781,023	0.0%

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

## **HISTORICAL AGGREGATE PREMIUMS - MEDICAL <sup>(1)</sup>**

Policy Period	2021-2022	2022-2023		2023-2024		2024-2025	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Anthem	\$276,281,000	\$283,920,000	2.8%	\$310,316,000	9.3%	\$339,351,000	9.4%
Cigna	8,922,000	8,490,000	-4.8%	8,685,000	2.3%	9,184,000	5.7%
Kaiser	229,270,000	228,128,000	-0.5%	239,740,000	5.1%	261,308,000	9.0%
SCAN	1,632,000	1,526,000	-6.5%	1,456,000	-4.6%	1,564,000	7.4%
UnitedHealthcare	58,610,000	62,190,000	6.1%	64,797,000	4.2%	70,313,000	8.5%
Medicare Part B	77,483,000	87,433,000	12.8%	98,646,000	12.8%	104,509,000	5.9%
<b>Total Premium</b>	<b>\$652,198,000</b>	<b>\$671,687,000</b>	<b>3.0%</b>	<b>\$723,640,000</b>	<b>7.7%</b>	<b>\$786,229,000</b>	<b>8.6%</b>
<b>Total Retirees Insured</b>	<b>51,329</b>	<b>52,430</b>	<b>2.1%</b>	<b>53,377</b>	<b>1.8%</b>	<b>53,377</b>	<b>0.0%</b>
<b>Premiums per Retiree per Month</b>	<b>\$1,058.85</b>	<b>\$1,067.59</b>	<b>0.8%</b>	<b>\$1,129.76</b>	<b>5.8%</b>	<b>\$1,227.48</b>	<b>8.6%</b>

<sup>(1)</sup> The 2021-2022 and 2022-2023 premiums are projected based on enrollment from LACERA's January 2022 and January 2023 Staff Activity reports, respectively. The 2023-2024 and 2024-2025 premiums are projected based on enrollment from LACERA's January 2024 Staff Activity report.



\*Benchmarks are based on Segal's Annual Trend Surveys, weighted by LACERA's enrollment distribution in Non-Medicare (33%) and Medicare (67%) Plans.

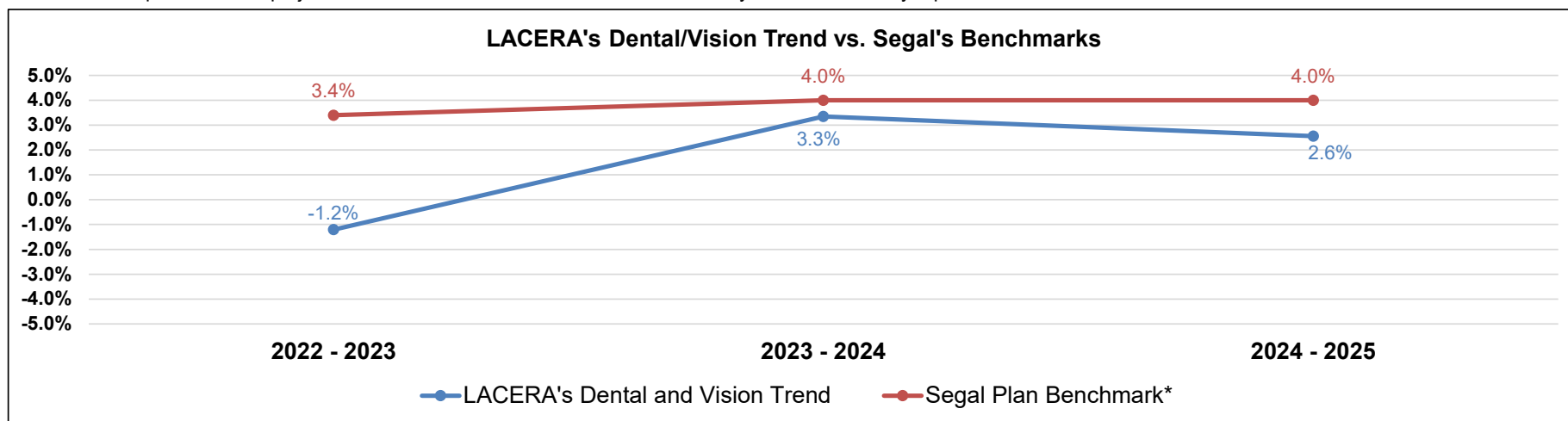
Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

## **HISTORICAL AGGREGATE PREMIUMS - DENTAL AND VISION <sup>(1)</sup>**

Policy Period	2021-2022	2022-2023		2023-2024		2024-2025	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Cigna Indemnity Dental / Vision	\$45,815,000	\$45,758,000	-0.1%	\$48,501,000	6.0%	\$49,891,000	2.9%
Cigna Prepaid Dental / Vision	5,019,000	5,631,000	12.2%	5,781,000	2.7%	5,781,000	0.0%
<b>Total Premium</b>	<b>\$50,834,000</b>	<b>\$51,389,000</b>	<b>1.1%</b>	<b>\$54,282,000</b>	<b>5.6%</b>	<b>\$55,672,000</b>	<b>2.6%</b>
<b>Total Retirees Insured</b>	<b>55,096</b>	<b>56,378</b>	<b>2.3%</b>	<b>57,623</b>	<b>2.2%</b>	<b>57,623</b>	<b>0.0%</b>
<b>Premiums per Retiree per Month</b>	<b>\$76.89</b>	<b>\$75.96</b>	<b>-1.2%</b>	<b>\$78.50</b>	<b>3.3%</b>	<b>\$80.51</b>	<b>2.6%</b>

<sup>(1)</sup> The 2021-2022 and 2022-2023 premiums are projected based on enrollment from LACERA's January 2022 and January 2023 Staff Activity reports, respectively. The 2023-2024 and 2024-2025 premiums are projected based on enrollment from LACERA's January 2024 Staff Activity report.



\*Benchmarks are based on Segal's Annual Trend Surveys, weight by LACERA's enrollment distribution in Indemnity (90%) and Prepaid (10%) Dental Plans.

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024****Los Angeles County Employees Retirement Association****RETIREE HEALTHCARE CONTRIBUTIONS****County Contributions and Benchmark**

County contributions are provided for medical and dental/vision insurance premiums based on the completed years of service credit, the plan chosen, and the number of eligible dependents covered.

- Fewer than 10 years of service credit - Not eligible for the County contributions.
- 10 or more years of service credit - Initial 40% County contribution, increasing by 4% for each additional year of service up to a maximum of 100% for 25 years of service credit.

County contribution percentage is applied to the monthly premium of the selected healthcare plan or the monthly premium of the benchmark plan, whichever is less. The retiree is responsible for any premium difference over the benchmark rates.

**Plan(s) Exceeding Benchmark Monthly Premium**

<b>Coverage Tier</b>	<b>Benchmark Anthem BC Plan I &amp; II</b>	<b>Cigna Network Model (HMO)</b>	<b>Amount over the Benchmark (Member Portion)</b>
Retiree Only	\$1,497.62	\$1,894.33	\$396.71
Retiree & Spouse	2,700.32	3,420.61	720.29
Retiree & Family	3,185.33	4,039.08	853.75
Retiree & Children	1,981.61	2,513.67	532.06

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2024**  
**Los Angeles County Employees Retirement Association**

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## **RETIREE HEALTHCARE CONTRIBUTIONS**

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### **LACERA Retiree Healthcare Benefits Program - Tier 1**

**Tier 1** applies to all eligible County employees prior to July 1, 2014. Tier 1 County contributions are based on the selected coverage tier (retiree only, retiree and eligible dependents) and years of service credit.

The following **benchmark plans** are used to determine County contributions:

- **Anthem Blue Cross I & II** is used to determine maximum County contribution applied to **all** Non-Medicare and Medicare Medical plans.
- **Cigna Indemnity Dental/Vision** is used to determine maximum County contribution applied to **all** Dental Plans.

### **LACERA Retiree Healthcare Benefits Program - Tier 2**

**Tier 2** applies to all eligible County employees hired after June 30, 2014. Tier 2 County contributions are based on **retiree-only coverage**, regardless of the selected coverage tier and years of service credit. The County contribution applies to the monthly premiums up to the benchmark plan(s) rate, whichever is less. Any subsidy portion remaining upon the member portion being paid, may be used toward satisfying the dependent premium. Members are responsible for premium amounts above the benchmark plan(s) rates.

The following provisions also apply for Tier 2 County contributions:

- Medicare-eligible retirees and eligible dependents must enroll in Medicare Parts A and B and in a corresponding Medicare health plan.
- Retirees and eligible dependents must be enrolled in the same medical plan.
- Medicare Part B Premium Reimbursement (standard rate) applies to Retiree/Survivor only.

The following **benchmark plans** are used to determine County contribution:

- **Anthem Blue Cross I & II** is used to determine maximum County contribution applied when Retiree is not Medicare-eligible.
- **Anthem Blue Cross III** is used to determine maximum County contribution applied when Retiree is Medicare-eligible.
- **Cigna Indemnity Dental/Vision** is used to determine maximum County contribution for most Dental plans.



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## MEDICARE HISTORY

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### LACERA and Medicare

The LACERA-administered Retiree Healthcare Benefits Program (RHCBP) is directly and indirectly impacted by Medicare. In the early 1990s, Medicare Plus Choice HMO plans were introduced to the market. Under these plans, retirees would sign over their Medicare Benefits, and the HMO would provide all benefits. In many cases, the benefits provided by Medicare HMOs were better than those provided by traditional Medicare - often at the same price.

In 1992, with the County Board of Supervisors approval, LACERA implemented the Medicare Part B Premium Reimbursement program. Continuance of the Medicare Part B Premium Reimbursement program, which is limited to the Medicare Part B base rate, is subject to annual Board of Supervisors' approval. The Part B Premium Reimbursement Program included the LACERA-administered Medicare Supplement Plan and Medicare Risk plans now referred to as Medicare Advantage Prescription Drug Plans (MAPD). In addition, LACERA added a Pre-65 HMO product through UnitedHealthcare (UHC).

In 1997, the Balanced Budget Act was passed, which put pressure on Medicare HMOs. Several of the plans reduced their service areas; the largest impact to the LACERA-administered RHCBP was Cigna's exit from the Medicare HMO Market in California.

In 2003, the Medicare Modernization Act (MMA) was passed, which introduced Medicare Part D (prescription drug) benefits. The MMA also established means testing on Part B premiums (higher premiums for higher income individuals).

In 2010, Health Care Reform set forth means testing for the Part D premiums. In addition, there continues to be political pressure for reduction in Medicare's physician reimbursements, as well as on Medicare HMOs (now known as Medicare Advantage Prescription Drug or MAPD plans).

## **HEALTHCARE REFORM AND DEVELOPMENTS**

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### **HEALTHCARE REFORM**

As retiree only plans, LACERA's plans are mostly exempt from health care reform requirements with the exception of the few listed below:

- The H.R. 1865 Further Consolidated Appropriations Act, 2020 became law on December 20, 2019. This law repeals the 40% ACA Excise tax completely and removes the Health Insurer Fee permanently beginning January 1, 2021.
- On November 20, 2020, the Department of Health and Human Services (HHS) released a final rule that will eliminate rebates in favor of point-of-sale discounts in the Medicare Part D and Medicaid managed care organization programs. For Part D programs, the final rule is applicable as of January 1, 2022, although the Biden administration could consider postponing the effective date. The final rule is also likely to face legal challenge by the pharmacy benefit management industry. If the final rule is implemented in its current form, plan sponsors that cover retirees will need to review and possibly revise certain contracts, as well as evaluate their benefit design, including drug copayments and coinsurance.
- On March 31, 2023, the U.S. Department of Health, and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), released finalized payment policies for the Medicare Advantage (MA) and Part D programs including updates to MA payment growth rates and changes to the MA and Part D payment methodologies (e.g., risk adjustment model, star ratings, etc.). These technical revisions will be implemented by CMS over a period of three years, with the goals of improving the quality and long-term stability of the Medicare program. The impact of these changes may contribute to accelerated MA premium rate increases during this transition period.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Anthem Blue Cross I**

<b>Years of Service</b>	<b>Retiree Only 211</b>	<b>Retiree &amp; Spouse 212</b>	<b>Retiree, Spouse, &amp; Children 213</b>	<b>Retiree &amp; Children 214</b>
Less than 10*	\$1,497.62	\$2,700.32	\$3,185.33	\$1,981.61
10-11*	\$898.57	\$1,620.19	\$1,911.20	\$1,188.97
11-12*	\$838.67	\$1,512.18	\$1,783.78	\$1,109.70
12-13*	\$778.76	\$1,404.17	\$1,656.37	\$1,030.44
13-14	\$718.86	\$1,296.15	\$1,528.96	\$951.17
14-15	\$658.95	\$1,188.14	\$1,401.55	\$871.91
15-16	\$599.05	\$1,080.13	\$1,274.13	\$792.64
16-17	\$539.14	\$972.12	\$1,146.72	\$713.38
17-18	\$479.24	\$864.10	\$1,019.31	\$634.12
18-19	\$419.33	\$756.09	\$891.89	\$554.85
19-20	\$359.43	\$648.08	\$764.48	\$475.59
20-21	\$299.52	\$540.06	\$637.07	\$396.32
21-22	\$239.62	\$432.05	\$509.65	\$317.06
22-23	\$179.71	\$324.04	\$382.24	\$237.79
23-24	\$119.81	\$216.03	\$254.83	\$158.53
24-25	\$59.90	\$108.01	\$127.41	\$79.26
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$748.81	\$1,350.16	\$1,592.66	\$990.80
COBRA	\$1,527.57	\$2,754.33	\$3,249.04	\$2,021.24

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,497.62	\$2,700.32	\$3,185.33	\$1,981.61
10-11*	\$898.57	\$1,620.19	\$1,911.20	\$1,188.97
11-12*	\$838.67	\$1,512.18	\$1,783.78	\$1,109.70
12-13*	\$778.76	\$1,404.17	\$1,656.37	\$1,030.44
13-14	\$718.86	\$1,296.15	\$1,528.96	\$951.17
14-15	\$658.95	\$1,188.14	\$1,401.55	\$871.91
15-16	\$599.05	\$1,080.13	\$1,274.13	\$792.64
16-17	\$539.14	\$972.12	\$1,146.72	\$713.38
17-18	\$479.24	\$864.10	\$1,019.31	\$634.12
18-19	\$419.33	\$756.09	\$891.89	\$554.85
19-20	\$359.43	\$648.08	\$764.48	\$475.59
20-21	\$299.52	\$540.06	\$637.07	\$396.32
21-22	\$239.62	\$432.05	\$509.65	\$317.06
22-23	\$179.71	\$324.04	\$382.24	\$237.79
23-24	\$119.81	\$216.03	\$254.83	\$158.53
24-25	\$59.90	\$108.01	\$127.41	\$79.26
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$748.81	\$1,350.16	\$1,592.66	\$990.80
COBRA	\$1,527.57	\$2,754.33	\$3,249.04	\$2,021.24

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

<b>Years of Service</b>	<b>Retiree Only w/ Medicare 240</b>	<b>Retiree &amp; Spouse - 1 w/ Medicare 241 <sup>(1)</sup></b>	<b>Retiree &amp; Spouse - 1 w/ Medicare 242 <sup>(2)</sup></b>	<b>Retiree &amp; Spouse - Both w/ Medicare 243</b>
Less than 10*	\$609.65	\$1,949.94	\$1,949.94	\$1,213.76
10-11*	\$365.79	\$1,169.96	\$1,169.96	\$728.26
11-12*	\$341.40	\$1,091.97	\$1,091.97	\$679.71
12-13*	\$317.02	\$1,013.97	\$1,013.97	\$631.16
13-14	\$292.63	\$935.97	\$935.97	\$582.60
14-15	\$268.25	\$857.97	\$857.97	\$534.05
15-16	\$243.86	\$779.98	\$779.98	\$485.50
16-17	\$219.47	\$701.98	\$701.98	\$436.95
17-18	\$195.09	\$623.98	\$623.98	\$388.40
18-19	\$170.70	\$545.98	\$545.98	\$339.85
19-20	\$146.32	\$467.99	\$467.99	\$291.30
20-21	\$121.93	\$389.99	\$389.99	\$242.75
21-22	\$97.54	\$311.99	\$311.99	\$194.20
22-23	\$73.16	\$233.99	\$233.99	\$145.65
23-24	\$48.77	\$156.00	\$156.00	\$97.10
24-25	\$24.39	\$78.00	\$78.00	\$48.55
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$304.82	\$974.97	\$974.97	\$606.88
COBRA	\$621.84	\$1,988.94	\$1,988.94	\$1,238.04

<sup>(1)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(2)</sup> Non-Medicare has Anthem Blue Cross II

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

<b>Years of Service</b>	<b>Retiree &amp; Children 244 <sup>(3)</sup></b>	<b>Retiree &amp; Children 245 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - 1 w/ Medicare 246 <sup>(5)</sup></b>	<b>Retiree, Spouse, &amp; Children - 1 w/ Medicare 247 <sup>(6)</sup></b>	<b>Retiree, Spouse, &amp; Children - 2 w/ Medicare 248 <sup>(7)</sup></b>	<b>Retiree, Spouse, &amp; Children - 2 w/ Medicare 249 <sup>(8)</sup></b>	<b>Retiree, Spouse, &amp; Children - each w/ Medicare 250 <sup>(9)</sup></b>
Less than 10*	\$1,091.92	\$1,091.92	\$2,432.06	\$2,432.06	\$1,695.79	\$1,695.79	\$1,900.51
10-11*	\$655.15	\$655.15	\$1,459.24	\$1,459.24	\$1,017.47	\$1,017.47	\$1,140.31
11-12*	\$611.48	\$611.48	\$1,361.95	\$1,361.95	\$949.64	\$949.64	\$1,064.29
12-13*	\$567.80	\$567.80	\$1,264.67	\$1,264.67	\$881.81	\$881.81	\$988.27
13-14	\$524.12	\$524.12	\$1,167.39	\$1,167.39	\$813.98	\$813.98	\$912.24
14-15	\$480.44	\$480.44	\$1,070.11	\$1,070.11	\$746.15	\$746.15	\$836.22
15-16	\$436.77	\$436.77	\$972.82	\$972.82	\$678.32	\$678.32	\$760.20
16-17	\$393.09	\$393.09	\$875.54	\$875.54	\$610.48	\$610.48	\$684.18
17-18	\$349.41	\$349.41	\$778.26	\$778.26	\$542.65	\$542.65	\$608.16
18-19	\$305.74	\$305.74	\$680.98	\$680.98	\$474.82	\$474.82	\$532.14
19-20	\$262.06	\$262.06	\$583.69	\$583.69	\$406.99	\$406.99	\$456.12
20-21	\$218.38	\$218.38	\$486.41	\$486.41	\$339.16	\$339.16	\$380.10
21-22	\$174.71	\$174.71	\$389.13	\$389.13	\$271.33	\$271.33	\$304.08
22-23	\$131.03	\$131.03	\$291.85	\$291.85	\$203.49	\$203.49	\$228.06
23-24	\$87.35	\$87.35	\$194.56	\$194.56	\$135.66	\$135.66	\$152.04
24-25	\$43.68	\$43.68	\$97.28	\$97.28	\$67.83	\$67.83	\$76.02
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$545.96	\$545.96	\$1,216.03	\$1,216.03	\$847.89	\$847.89	\$950.25
COBRA	\$1,113.76	\$1,113.76	\$2,480.70	\$2,480.70	\$1,729.71	\$1,729.71	\$1,938.52

<sup>(3)</sup> Retiree has Medicare; Children have Anthem Blue Cross I

<sup>(4)</sup> Retiree has Medicare; Children have Anthem Blue Cross II

<sup>(5)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(6)</sup> Non-Medicare has Anthem Blue Cross II

<sup>(7)</sup> Children have Anthem Blue Cross I

<sup>(8)</sup> Children have Anthem Blue Cross II

<sup>(9)</sup> Please note only two parties will qualify for Medicare Part B Premium Reimbursement Program, approved annually by Los Angeles County Board of Supervisors.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Anthem Blue Cross Prudent Buyer Plan**

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$1,131.07	\$2,226.06	\$2,512.33	\$1,453.93
10-11*	\$678.64	\$1,335.64	\$1,507.40	\$872.36
11-12*	\$633.40	\$1,246.59	\$1,406.90	\$814.20
12-13*	\$588.16	\$1,157.55	\$1,306.41	\$756.04
13-14	\$542.91	\$1,068.51	\$1,205.92	\$697.89
14-15	\$497.67	\$979.47	\$1,105.43	\$639.73
15-16	\$452.43	\$890.42	\$1,004.93	\$581.57
16-17	\$407.19	\$801.38	\$904.44	\$523.41
17-18	\$361.94	\$712.34	\$803.95	\$465.26
18-19	\$316.70	\$623.30	\$703.45	\$407.10
19-20	\$271.46	\$534.25	\$602.96	\$348.94
20-21	\$226.21	\$445.21	\$502.47	\$290.79
21-22	\$180.97	\$356.17	\$401.97	\$232.63
22-23	\$135.73	\$267.13	\$301.48	\$174.47
23-24	\$90.49	\$178.08	\$200.99	\$116.31
24-25	\$45.24	\$89.04	\$100.49	\$58.16
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$565.53	\$1,113.03	\$1,256.16	\$726.96
COBRA	\$1,153.69	\$2,270.58	\$2,562.58	\$1,483.01

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Cigna Network Model Plan**

<b>Years of Service</b>	<b>Retiree Only 301</b>	<b>Retiree &amp; Spouse 302</b>	<b>Retiree, Spouse, &amp; Children 303</b>	<b>Retiree &amp; Children 304</b>
Less than 10*	\$1,894.33	\$3,420.61	\$4,039.08	\$2,513.67
10-11*	\$1,295.28	\$2,340.48	\$2,764.95	\$1,721.03
11-12*	\$1,235.38	\$2,232.47	\$2,637.53	\$1,641.76
12-13*	\$1,175.47	\$2,124.46	\$2,510.12	\$1,562.50
13-14	\$1,115.57	\$2,016.44	\$2,382.71	\$1,483.23
14-15	\$1,055.66	\$1,908.43	\$2,255.30	\$1,403.97
15-16	\$995.76	\$1,800.42	\$2,127.88	\$1,324.70
16-17	\$935.85	\$1,692.41	\$2,000.47	\$1,245.44
17-18	\$875.95	\$1,584.39	\$1,873.06	\$1,166.18
18-19	\$816.04	\$1,476.38	\$1,745.64	\$1,086.91
19-20	\$756.14	\$1,368.37	\$1,618.23	\$1,007.65
20-21	\$696.23	\$1,260.35	\$1,490.82	\$928.38
21-22	\$636.33	\$1,152.34	\$1,363.40	\$849.12
22-23	\$576.42	\$1,044.33	\$1,235.99	\$769.85
23-24	\$516.52	\$936.32	\$1,108.58	\$690.59
24-25	\$456.61	\$828.30	\$981.16	\$611.32
25 or more	\$396.71	\$720.29	\$853.75	\$532.06
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,145.52	\$2,070.45	\$2,446.41	\$1,522.86
COBRA	\$1,932.22	\$3,489.02	\$4,119.86	\$2,563.94



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Cigna Preferred Medicare HMO**  
(available in Maricopa County and Apache Junction, Pinal County, Arizona only)

<b>Years of Service</b>	<b>Retiree Only with Medicare 321</b>	<b>Retiree &amp; Spouse/Domestic Partner - 1 w/ Medicare 322</b>	<b>Retiree &amp; Spouse/Domestic Partner - Both w/ Medicare 324</b>	<b>Retiree &amp; Children 325</b>	<b>Retiree, Spouse/Domestic Partner &amp; Children - 1 w/ Medicare 327</b>	<b>Retiree, Spouse/Domestic Partner &amp; Children - 2 w/ Medicare 329</b>
Less than 10*	\$346.86	\$1,873.14	\$685.72	\$966.90	\$2,492.31	\$1,347.35
10-11*	\$208.12	\$1,123.88	\$411.43	\$580.14	\$1,495.39	\$808.41
11-12*	\$194.24	\$1,048.96	\$384.00	\$541.46	\$1,395.69	\$754.52
12-13*	\$180.37	\$974.03	\$356.57	\$502.79	\$1,296.00	\$700.62
13-14	\$166.49	\$899.11	\$329.15	\$464.11	\$1,196.31	\$646.73
14-15	\$152.62	\$824.18	\$301.72	\$425.44	\$1,096.62	\$592.83
15-16	\$138.74	\$749.26	\$274.29	\$386.76	\$996.92	\$538.94
16-17	\$124.87	\$674.33	\$246.86	\$348.08	\$897.23	\$485.05
17-18	\$111.00	\$599.40	\$219.43	\$309.41	\$797.54	\$431.15
18-19	\$97.12	\$524.48	\$192.00	\$270.73	\$697.85	\$377.26
19-20	\$83.25	\$449.55	\$164.57	\$232.06	\$598.15	\$323.36
20-21	\$69.37	\$374.63	\$137.14	\$193.38	\$498.46	\$269.47
21-22	\$55.50	\$299.70	\$109.72	\$154.70	\$398.77	\$215.58
22-23	\$41.62	\$224.78	\$82.29	\$116.03	\$299.08	\$161.68
23-24	\$27.75	\$149.85	\$54.86	\$77.35	\$199.38	\$107.79
24-25	\$13.87	\$74.93	\$27.43	\$38.68	\$99.69	\$53.89
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$173.43	\$936.57	\$342.86	\$483.45	\$1,246.15	\$673.67
COBRA	\$353.80	\$1,910.60	\$699.43	\$986.24	\$2,542.16	\$1,374.30

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree Only 401	Retiree Only 403	Retiree Only 404	Retiree Only 405
Less than 10*	\$1,351.15	\$282.40	\$1,296.39	\$1,354.13
10-11*	\$810.69	\$169.44	\$777.83	\$812.48
11-12*	\$756.64	\$158.14	\$725.98	\$758.31
12-13*	\$702.60	\$146.85	\$674.12	\$704.15
13-14	\$648.55	\$135.55	\$622.27	\$649.98
14-15	\$594.51	\$124.26	\$570.41	\$595.82
15-16	\$540.46	\$112.96	\$518.56	\$541.65
16-17	\$486.41	\$101.66	\$466.70	\$487.49
17-18	\$432.37	\$90.37	\$414.84	\$433.32
18-19	\$378.32	\$79.07	\$362.99	\$379.16
19-20	\$324.28	\$67.78	\$311.13	\$324.99
20-21	\$270.23	\$56.48	\$259.28	\$270.83
21-22	\$216.18	\$45.18	\$207.42	\$216.66
22-23	\$162.14	\$33.89	\$155.57	\$162.50
23-24	\$108.09	\$22.59	\$103.71	\$108.33
24-25	\$54.05	\$11.30	\$51.86	\$54.17
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$675.57	\$141.20	\$648.19	\$677.06
COBRA	\$1,378.17	\$288.05	\$1,322.32	\$1,381.21

**Deduct Codes:**

401 - "Basic"  
403 - "Senior Advantage"  
404 - "Excess I"  
405 - "Excess II"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 411	Retiree & Family 413	Retiree & Family 414
Less than 10*	\$2,694.30	\$1,625.55	\$2,639.54
10-11*	\$1,616.58	\$975.33	\$1,583.72
11-12*	\$1,508.81	\$910.31	\$1,478.14
12-13*	\$1,401.04	\$845.29	\$1,372.56
13-14	\$1,293.26	\$780.26	\$1,266.98
14-15	\$1,185.49	\$715.24	\$1,161.40
15-16	\$1,077.72	\$650.22	\$1,055.82
16-17	\$969.95	\$585.20	\$950.23
17-18	\$862.18	\$520.18	\$844.65
18-19	\$754.40	\$455.15	\$739.07
19-20	\$646.63	\$390.13	\$633.49
20-21	\$538.86	\$325.11	\$527.91
21-22	\$431.09	\$260.09	\$422.33
22-23	\$323.32	\$195.07	\$316.74
23-24	\$215.54	\$130.04	\$211.16
24-25	\$107.77	\$65.02	\$105.58
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,347.15	\$812.77	\$1,319.77
COBRA	\$2,748.19	\$1,658.06	\$2,692.33

**Deduct Codes:**

411 - All family members are "Basic"

413 - One family member is "Senior Advantage"; others are "Basic"

414 - One family member is "Excess I"; others are "Basic"

**Definitions:**

"Basic" - includes participants who are under age 65.

"Senior Advantage" - includes participants who are age 65 or over and who have assigned both Medicare Parts A & B to Kaiser.

"Excess I" - participants who have Medicare Part A only.

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

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 418	Retiree & Family 419	Retiree & Family 420	Retiree & Family 422
Less than 10*	\$556.80	\$1,570.79	\$2,584.78	\$2,697.28
10-11*	\$334.08	\$942.47	\$1,550.87	\$1,618.37
11-12*	\$311.81	\$879.64	\$1,447.48	\$1,510.48
12-13*	\$289.54	\$816.81	\$1,344.09	\$1,402.59
13-14	\$267.26	\$753.98	\$1,240.69	\$1,294.69
14-15	\$244.99	\$691.15	\$1,137.30	\$1,186.80
15-16	\$222.72	\$628.32	\$1,033.91	\$1,078.91
16-17	\$200.45	\$565.48	\$930.52	\$971.02
17-18	\$178.18	\$502.65	\$827.13	\$863.13
18-19	\$155.90	\$439.82	\$723.74	\$755.24
19-20	\$133.63	\$376.99	\$620.35	\$647.35
20-21	\$111.36	\$314.16	\$516.96	\$539.46
21-22	\$89.09	\$251.33	\$413.56	\$431.56
22-23	\$66.82	\$188.49	\$310.17	\$323.67
23-24	\$44.54	\$125.66	\$206.78	\$215.78
24-25	\$22.27	\$62.83	\$103.39	\$107.89
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$278.40	\$785.39	\$1,292.39	\$1,348.64
COBRA	\$567.94	\$1,602.21	\$2,636.48	\$2,751.23

**Deduct Codes:**

- 418 - Two or more family members are "Senior Advantage"
- 419 - One family member is "Excess I"; others are "Senior Advantage"
- 420 - Two or more family members are "Excess I"
- 422 - One family member is "Excess II"; others are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 426	Retiree & Family 428	Retiree & Family 430
Less than 10*	\$1,628.53	\$2,642.52	\$2,700.26
10-11*	\$977.12	\$1,585.51	\$1,620.16
11-12*	\$911.98	\$1,479.81	\$1,512.15
12-13*	\$846.84	\$1,374.11	\$1,404.14
13-14	\$781.69	\$1,268.41	\$1,296.12
14-15	\$716.55	\$1,162.71	\$1,188.11
15-16	\$651.41	\$1,057.01	\$1,080.10
16-17	\$586.27	\$951.31	\$972.09
17-18	\$521.13	\$845.61	\$864.08
18-19	\$455.99	\$739.91	\$756.07
19-20	\$390.85	\$634.20	\$648.06
20-21	\$325.71	\$528.50	\$540.05
21-22	\$260.56	\$422.80	\$432.04
22-23	\$195.42	\$317.10	\$324.03
23-24	\$130.28	\$211.40	\$216.02
24-25	\$65.14	\$105.70	\$108.01
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$814.26	\$1,321.26	\$1,350.13
COBRA	\$1,661.10	\$2,695.37	\$2,754.27

**Deduct Codes:**

426 - One family member is "Senior Advantage"; others are "Excess II"

428 - One family member is "Excess I"; others are "Excess II"

430 - Two or more family members are "Excess II"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Colorado**

Years of Service	Retiree Only 450	Retiree Only 451	*Retiree & Family 453	Retiree & Family 454	*Retiree & Family 455
Less than 10*	\$1,314.35	\$297.90	\$2,908.22	\$3,927.17	\$1,604.25
10-11*	\$788.61	\$178.74	\$1,828.09	\$2,653.04	\$962.55
11-12*	\$736.04	\$166.82	\$1,720.08	\$2,525.62	\$898.38
12-13*	\$683.46	\$154.91	\$1,612.07	\$2,398.21	\$834.21
13-14	\$630.89	\$142.99	\$1,504.05	\$2,270.80	\$770.04
14-15	\$578.31	\$131.08	\$1,396.04	\$2,143.39	\$705.87
15-16	\$525.74	\$119.16	\$1,288.03	\$2,015.97	\$641.70
16-17	\$473.17	\$107.24	\$1,180.02	\$1,888.56	\$577.53
17-18	\$420.59	\$95.33	\$1,072.00	\$1,761.15	\$513.36
18-19	\$368.02	\$83.41	\$963.99	\$1,633.73	\$449.19
19-20	\$315.44	\$71.50	\$855.98	\$1,506.32	\$385.02
20-21	\$262.87	\$59.58	\$747.96	\$1,378.91	\$320.85
21-22	\$210.30	\$47.66	\$639.95	\$1,251.49	\$256.68
22-23	\$157.72	\$35.75	\$531.94	\$1,124.08	\$192.51
23-24	\$105.15	\$23.83	\$423.93	\$996.67	\$128.34
24-25	\$52.57	\$11.92	\$315.91	\$869.25	\$64.17
25 or more	\$0.00	\$0.00	\$207.90	\$741.84	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$657.17	\$148.95	\$1,558.06	\$2,334.50	\$802.12
COBRA	\$1,340.64	\$303.86	\$2,966.38	\$4,005.71	\$1,636.34

**Deduct Codes:**

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

455 - One family member is "Senior Advantage"; one is "Basic"

\*Deduct codes 453 & 455 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Colorado**

<b>Years of Service</b>	<b>*Retiree &amp; Family 457</b>	<b>Retiree &amp; Family 458</b>	<b>Retiree &amp; Family 459</b>
Less than 10*	\$587.80	\$2,910.60	\$1,894.15
10-11*	\$352.68	\$1,746.36	\$1,136.49
11-12*	\$329.17	\$1,629.94	\$1,060.72
12-13*	\$305.66	\$1,513.51	\$984.96
13-14	\$282.14	\$1,397.09	\$909.19
14-15	\$258.63	\$1,280.66	\$833.43
15-16	\$235.12	\$1,164.24	\$757.66
16-17	\$211.61	\$1,047.82	\$681.89
17-18	\$188.10	\$931.39	\$606.13
18-19	\$164.58	\$814.97	\$530.36
19-20	\$141.07	\$698.54	\$454.60
20-21	\$117.56	\$582.12	\$378.83
21-22	\$94.05	\$465.70	\$303.06
22-23	\$70.54	\$349.27	\$227.30
23-24	\$47.02	\$232.85	\$151.53
24-25	\$23.51	\$116.42	\$75.77
25 or more	\$0.00	\$0.00	\$0.00
<b>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</b>			
	\$293.90	\$1,455.30	\$947.07
<b>COBRA</b>	<b>\$599.56</b>	<b>\$2,968.81</b>	<b>\$1,932.03</b>

**Deduct Codes:**

457 - Two family members are "Senior Advantage"

458 - One family member is "Senior Advantage"; two or more are "Basic"

459 - Two family members are "Senior Advantage"; one or more are "Basic"

\*Deduct code 457 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree Only 440</b>	<b>Retiree Only 441</b>	<b>Retiree Only 442</b>	<b>Retiree Only 443</b>	<b>*Retiree &amp; Family 444</b>	<b>*Retiree &amp; Family 445</b>	<b>*Retiree &amp; Family 446</b>
Less than 10*	\$1,560.52	\$1,560.52	\$1,560.52	\$409.85	\$1,962.37	\$1,962.37	\$1,962.37
10-11*	\$961.47	\$961.47	\$961.47	\$245.91	\$1,177.42	\$1,177.42	\$1,177.42
11-12*	\$901.57	\$901.57	\$901.57	\$229.52	\$1,098.93	\$1,098.93	\$1,098.93
12-13*	\$841.66	\$841.66	\$841.66	\$213.12	\$1,020.43	\$1,020.43	\$1,020.43
13-14	\$781.76	\$781.76	\$781.76	\$196.73	\$941.94	\$941.94	\$941.94
14-15	\$721.85	\$721.85	\$721.85	\$180.33	\$863.44	\$863.44	\$863.44
15-16	\$661.95	\$661.95	\$661.95	\$163.94	\$784.95	\$784.95	\$784.95
16-17	\$602.04	\$602.04	\$602.04	\$147.55	\$706.45	\$706.45	\$706.45
17-18	\$542.14	\$542.14	\$542.14	\$131.15	\$627.96	\$627.96	\$627.96
18-19	\$482.23	\$482.23	\$482.23	\$114.76	\$549.46	\$549.46	\$549.46
19-20	\$422.33	\$422.33	\$422.33	\$98.36	\$470.97	\$470.97	\$470.97
20-21	\$362.42	\$362.42	\$362.42	\$81.97	\$392.47	\$392.47	\$392.47
21-22	\$302.52	\$302.52	\$302.52	\$65.58	\$313.98	\$313.98	\$313.98
22-23	\$242.61	\$242.61	\$242.61	\$49.18	\$235.48	\$235.48	\$235.48
23-24	\$182.71	\$182.71	\$182.71	\$32.79	\$156.99	\$156.99	\$156.99
24-25	\$122.80	\$122.80	\$122.80	\$16.39	\$78.49	\$78.49	\$78.49
25 or more	\$62.90	\$62.90	\$62.90	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$811.71	\$811.71	\$811.71	\$204.92	\$981.18	\$981.18	\$981.18
COBRA	\$1,591.73	\$1,591.73	\$1,591.73	\$418.05	\$2,001.62	\$2,001.62	\$2,001.62

**Deduct Codes:**

440 - "Basic" over age 65 with Medicare Part B only

441 - "Basic" over age 65 with Medicare Part A only

442 - "Basic" over age 65 without Medicare Parts A or B

443 - "Basic" over age 65 - Medicare-eligible who is classified as having renal failure

444 - One family member in "Senior Advantage"; one is "Basic" over age 65 with Medicare Part B only

445 - One family member in "Senior Advantage"; one is "Basic" over age 65 with Medicare Part A only

446 - One family member in "Senior Advantage"; one is "Basic" over age 65 without Medicare Parts A & B

\*Deduct codes 444, 445, & 446 represent 2-party contract



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Georgia**

Years of Service	Retiree Only 461	Retiree Only 462	*Retiree & Family 463	Retiree & Family 464	*Retiree & Family 465
Less than 10*	\$1,560.52	\$409.85	\$3,113.04	\$4,665.56	\$1,962.37
10-11*	\$961.47	\$245.91	\$2,032.91	\$3,391.43	\$1,177.42
11-12*	\$901.57	\$229.52	\$1,924.90	\$3,264.01	\$1,098.93
12-13*	\$841.66	\$213.12	\$1,816.89	\$3,136.60	\$1,020.43
13-14	\$781.76	\$196.73	\$1,708.87	\$3,009.19	\$941.94
14-15	\$721.85	\$180.33	\$1,600.86	\$2,881.78	\$863.44
15-16	\$661.95	\$163.94	\$1,492.85	\$2,754.36	\$784.95
16-17	\$602.04	\$147.55	\$1,384.84	\$2,626.95	\$706.45
17-18	\$542.14	\$131.15	\$1,276.82	\$2,499.54	\$627.96
18-19	\$482.23	\$114.76	\$1,168.81	\$2,372.12	\$549.46
19-20	\$422.33	\$98.36	\$1,060.80	\$2,244.71	\$470.97
20-21	\$362.42	\$81.97	\$952.78	\$2,117.30	\$392.47
21-22	\$302.52	\$65.58	\$844.77	\$1,989.88	\$313.98
22-23	\$242.61	\$49.18	\$736.76	\$1,862.47	\$235.48
23-24	\$182.71	\$32.79	\$628.75	\$1,735.06	\$156.99
24-25	\$122.80	\$16.39	\$520.73	\$1,607.64	\$78.49
25 or more	\$62.90	\$0.00	\$412.72	\$1,480.23	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$811.71	\$204.92	\$1,762.88	\$3,072.89	\$981.18
COBRA	\$1,591.73	\$418.05	\$3,175.30	\$4,758.87	\$2,001.62

**Deduct Codes:**

461 - "Basic" under age 65

462 - "Senior Advantage"

463 - Two family members are "Basic"

464 - Three or more family members are "Basic"

465 - One family member is "Senior Advantage"; one is "Basic"

\*Deduct codes 463 & 465 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>*Retiree &amp; Family 466</b>	<b>Retiree &amp; Family 467</b>	<b>Retiree &amp; Family 468</b>	<b>Retiree &amp; Family 469</b>	<b>Retiree &amp; Family 470</b>
Less than 10*	\$811.70	\$3,514.89	\$2,364.22	\$1,213.55	\$3,514.89
10-11*	\$487.02	\$2,240.76	\$1,418.53	\$728.13	\$2,240.76
11-12*	\$454.55	\$2,113.34	\$1,323.96	\$679.59	\$2,113.34
12-13*	\$422.08	\$1,985.93	\$1,229.39	\$631.05	\$1,985.93
13-14	\$389.62	\$1,858.52	\$1,134.83	\$582.50	\$1,858.52
14-15	\$357.15	\$1,731.11	\$1,040.26	\$533.96	\$1,731.11
15-16	\$324.68	\$1,603.69	\$945.69	\$485.42	\$1,603.69
16-17	\$292.21	\$1,476.28	\$851.12	\$436.88	\$1,476.28
17-18	\$259.74	\$1,348.87	\$756.55	\$388.34	\$1,348.87
18-19	\$227.28	\$1,221.45	\$661.98	\$339.79	\$1,221.45
19-20	\$194.81	\$1,094.04	\$567.41	\$291.25	\$1,094.04
20-21	\$162.34	\$966.63	\$472.84	\$242.71	\$966.63
21-22	\$129.87	\$839.21	\$378.28	\$194.17	\$839.21
22-23	\$97.40	\$711.80	\$283.71	\$145.63	\$711.80
23-24	\$64.94	\$584.39	\$189.14	\$97.08	\$584.39
24-25	\$32.47	\$456.97	\$94.57	\$48.54	\$456.97
25 or more	\$0.00	\$329.56	\$0.00	\$0.00	\$329.56
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$405.85	\$1,922.22	\$1,182.11	\$606.77	\$1,922.22
COBRA	\$827.93	\$3,585.19	\$2,411.50	\$1,237.82	\$3,585.19

**Deduct Codes:**

466 - Two family members are "Senior Advantage"

467 - One family member is "Senior Advantage"; two are "Basic"

468 - Two family members are "Senior Advantage"; one is "Basic"

469 - Three or more family members are "Senior Advantage"; one is "Basic"

470 - Three or more family members are "Basic"; one is "Senior Advantage"

\*Deduct code 466 represents 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Hawaii**

Years of Service	Retiree Only 471	Retiree Only 472	Retiree Only 473	*Retiree & Family 474	Retiree & Family 475
Less than 10*	\$954.64	\$446.94	\$2,147.75	\$1,901.28	\$2,847.92
10-11*	\$572.78	\$268.16	\$1,548.70	\$1,140.77	\$1,708.75
11-12*	\$534.60	\$250.29	\$1,488.80	\$1,064.72	\$1,594.84
12-13*	\$496.41	\$232.41	\$1,428.89	\$988.67	\$1,480.92
13-14	\$458.23	\$214.53	\$1,368.99	\$912.61	\$1,367.00
14-15	\$420.04	\$196.65	\$1,309.08	\$836.56	\$1,253.08
15-16	\$381.86	\$178.78	\$1,249.18	\$760.51	\$1,139.17
16-17	\$343.67	\$160.90	\$1,189.27	\$684.46	\$1,025.25
17-18	\$305.48	\$143.02	\$1,129.37	\$608.41	\$911.33
18-19	\$267.30	\$125.14	\$1,069.46	\$532.36	\$797.42
19-20	\$229.11	\$107.27	\$1,009.56	\$456.31	\$683.50
20-21	\$190.93	\$89.39	\$949.65	\$380.26	\$569.58
21-22	\$152.74	\$71.51	\$889.75	\$304.20	\$455.67
22-23	\$114.56	\$53.63	\$829.84	\$228.15	\$341.75
23-24	\$76.37	\$35.76	\$769.94	\$152.10	\$227.83
24-25	\$38.19	\$17.88	\$710.03	\$76.05	\$113.92
25 or more	\$0.00	\$0.00	\$650.13	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$477.32	\$223.47	\$1,398.94	\$950.64	\$1,423.96
COBRA	\$973.73	\$455.88	\$2,190.71	\$1,939.31	\$2,904.88

**Deduct Codes:**

471 - "Basic" under age 65

472 - "Senior Advantage"

473 - Over age 65 without Medicare Parts A or B

474 - Two family members are "Basic"

475 - Three or more family members are "Basic"

\*Deduct code 474 represents 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Hawaii**

<b>Years of Service</b>	<b>*Retiree &amp; Family 476</b>	<b>*Retiree &amp; Family 477</b>	<b>*Retiree &amp; Family 478</b>	<b>*Retiree &amp; Family 479</b>
Less than 10*	\$1,393.58	\$3,094.39	\$885.88	\$2,586.69
10-11*	\$836.15	\$2,014.26	\$531.53	\$1,552.01
11-12*	\$780.40	\$1,906.25	\$496.09	\$1,448.55
12-13*	\$724.66	\$1,798.24	\$460.66	\$1,345.08
13-14	\$668.92	\$1,690.22	\$425.22	\$1,241.61
14-15	\$613.18	\$1,582.21	\$389.79	\$1,138.14
15-16	\$557.43	\$1,474.20	\$354.35	\$1,034.68
16-17	\$501.69	\$1,366.19	\$318.92	\$931.21
17-18	\$445.95	\$1,258.17	\$283.48	\$827.74
18-19	\$390.20	\$1,150.16	\$248.05	\$724.27
19-20	\$334.46	\$1,042.15	\$212.61	\$620.81
20-21	\$278.72	\$934.13	\$177.18	\$517.34
21-22	\$222.97	\$826.12	\$141.74	\$413.87
22-23	\$167.23	\$718.11	\$106.31	\$310.40
23-24	\$111.49	\$610.10	\$70.87	\$206.94
24-25	\$55.74	\$502.08	\$35.44	\$103.47
25 or more	\$0.00	\$394.07	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$696.79	\$1,744.23	\$442.94	\$1,293.34
COBRA	\$1,421.45	\$3,156.28	\$903.60	\$2,638.42

**Deduct Codes:**

476 - One family member is "Senior Advantage"; one is "Basic"

477 - One family member is "Basic" under age 65; one is over age 65 without Medicare Parts A or B

478 - Two family members are "Senior Advantage"

479 - One family member is "Senior Advantage"; one is over age 65 without Medicare Parts A or B

\*Deduct codes 476, 477, 478, & 479 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	Retiree Only 481	Retiree Only 482	Retiree Only 483	*Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,306.65	\$548.45	\$1,635.70	\$2,605.30	\$3,903.95
10-11*	\$783.99	\$329.07	\$1,036.65	\$1,563.18	\$2,629.82
11-12*	\$731.72	\$307.13	\$976.75	\$1,458.97	\$2,502.40
12-13*	\$679.46	\$285.19	\$916.84	\$1,354.76	\$2,374.99
13-14	\$627.19	\$263.26	\$856.94	\$1,250.54	\$2,247.58
14-15	\$574.93	\$241.32	\$797.03	\$1,146.33	\$2,120.17
15-16	\$522.66	\$219.38	\$737.13	\$1,042.12	\$1,992.75
16-17	\$470.39	\$197.44	\$677.22	\$937.91	\$1,865.34
17-18	\$418.13	\$175.50	\$617.32	\$833.70	\$1,737.93
18-19	\$365.86	\$153.57	\$557.41	\$729.48	\$1,610.51
19-20	\$313.60	\$131.63	\$497.51	\$625.27	\$1,483.10
20-21	\$261.33	\$109.69	\$437.60	\$521.06	\$1,355.69
21-22	\$209.06	\$87.75	\$377.70	\$416.85	\$1,228.27
22-23	\$156.80	\$65.81	\$317.79	\$312.64	\$1,100.86
23-24	\$104.53	\$43.88	\$257.89	\$208.42	\$973.45
24-25	\$52.27	\$21.94	\$197.98	\$104.21	\$846.03
25 or more	\$0.00	\$0.00	\$138.08	\$0.00	\$718.62
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$653.32	\$274.22	\$886.89	\$1,302.65	\$2,311.28
COBRA	\$1,332.78	\$559.42	\$1,668.41	\$2,657.41	\$3,982.03

**Deduct Codes:**

481 - "Basic" under age 65

482 - "Senior Advantage"

483 - Over age 65 without Medicare Parts A or B

484 - Two family members are "Basic"

485 - Three or more family members are "Basic"

\*Deduct code 484 represents 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 486	*Retiree & Family 488	Retiree Only 489	Retiree Only 490
Less than 10*	\$1,847.10	\$1,088.90	\$1,307.93	\$1,635.70
10-11*	\$1,108.26	\$653.34	\$784.76	\$1,036.65
11-12*	\$1,034.38	\$609.78	\$732.44	\$976.75
12-13*	\$960.49	\$566.23	\$680.12	\$916.84
13-14	\$886.61	\$522.67	\$627.81	\$856.94
14-15	\$812.72	\$479.12	\$575.49	\$797.03
15-16	\$738.84	\$435.56	\$523.17	\$737.13
16-17	\$664.96	\$392.00	\$470.85	\$677.22
17-18	\$591.07	\$348.45	\$418.54	\$617.32
18-19	\$517.19	\$304.89	\$366.22	\$557.41
19-20	\$443.30	\$261.34	\$313.90	\$497.51
20-21	\$369.42	\$217.78	\$261.59	\$437.60
21-22	\$295.54	\$174.22	\$209.27	\$377.70
22-23	\$221.65	\$130.67	\$156.95	\$317.79
23-24	\$147.77	\$87.11	\$104.63	\$257.89
24-25	\$73.88	\$43.56	\$52.32	\$197.98
25 or more	\$0.00	\$0.00	\$0.00	\$138.08
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$923.55	\$544.45	\$653.96	\$886.89
COBRA	\$1,884.04	\$1,110.68	\$1,334.09	\$1,668.41

**Deduct Codes:**

486 - One family member is "Senior Advantage"; one is "Basic"

488 - Two family members are "Senior Advantage"

489 - Over age 65 with Medicare Part A only

490 - Over age 65 with Medicare Part B only

\*Deduct codes 486 & 488 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 491	*Retiree & Family 492	Retiree & Family 493	Retiree & Family 494	*Retiree & Family 495
Less than 10*	\$1,848.38	\$2,176.15	\$3,145.75	\$2,387.55	\$3,263.40
10-11*	\$1,109.03	\$1,305.69	\$1,887.45	\$1,432.53	\$2,183.27
11-12*	\$1,035.09	\$1,218.64	\$1,761.62	\$1,337.03	\$2,075.26
12-13*	\$961.16	\$1,131.60	\$1,635.79	\$1,241.53	\$1,967.25
13-14	\$887.22	\$1,044.55	\$1,509.96	\$1,146.02	\$1,859.23
14-15	\$813.29	\$957.51	\$1,384.13	\$1,050.52	\$1,751.22
15-16	\$739.35	\$870.46	\$1,258.30	\$955.02	\$1,643.21
16-17	\$665.42	\$783.41	\$1,132.47	\$859.52	\$1,535.20
17-18	\$591.48	\$696.37	\$1,006.64	\$764.02	\$1,427.18
18-19	\$517.55	\$609.32	\$880.81	\$668.51	\$1,319.17
19-20	\$443.61	\$522.28	\$754.98	\$573.01	\$1,211.16
20-21	\$369.68	\$435.23	\$629.15	\$477.51	\$1,103.14
21-22	\$295.74	\$348.18	\$503.32	\$382.01	\$995.13
22-23	\$221.81	\$261.14	\$377.49	\$286.51	\$887.12
23-24	\$147.87	\$174.09	\$251.66	\$191.00	\$779.11
24-25	\$73.94	\$87.05	\$125.83	\$95.50	\$671.09
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$563.08
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$924.19	\$1,088.07	\$1,572.87	\$1,193.77	\$1,913.24
COBRA	\$1,885.35	\$2,219.67	\$3,208.67	\$2,435.30	\$3,328.67

**Deduct Codes:**

491 - One family member is "Senior Advantage"; one is over age 65 with Medicare Part A only

492 - One family member is "Senior Advantage"; one is over age 65 without Medicare Parts A or B

493 - One family member is "Senior Advantage"; two or more are "Basic"

494 - Two family members are "Senior Advantage"; one is "Basic"

495 - Two family members are over age 65 without Medicare Parts A or B

\*Deduct codes 491, 492, & 495 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Oregon**

<b>Years of Service</b>	<b>*Retiree &amp; Family 496</b>	<b>*Retiree &amp; Family 497</b>	<b>*Retiree &amp; Family 498</b>
Less than 10*	\$2,607.86	\$2,606.58	\$2,934.35
10-11*	\$1,564.72	\$1,563.95	\$1,854.22
11-12*	\$1,460.40	\$1,459.68	\$1,746.21
12-13*	\$1,356.09	\$1,355.42	\$1,638.20
13-14	\$1,251.77	\$1,251.16	\$1,530.18
14-15	\$1,147.46	\$1,146.90	\$1,422.17
15-16	\$1,043.14	\$1,042.63	\$1,314.16
16-17	\$938.83	\$938.37	\$1,206.15
17-18	\$834.52	\$834.11	\$1,098.13
18-19	\$730.20	\$729.84	\$990.12
19-20	\$625.89	\$625.58	\$882.11
20-21	\$521.57	\$521.32	\$774.09
21-22	\$417.26	\$417.05	\$666.08
22-23	\$312.94	\$312.79	\$558.07
23-24	\$208.63	\$208.53	\$450.06
24-25	\$104.31	\$104.26	\$342.04
25 or more	\$0.00	\$0.00	\$234.03
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,303.93	\$1,303.29	\$1,584.19
COBRA	\$2,660.02	\$2,658.71	\$2,993.04

**Deduct Codes:**

496 - Two family members are over age 65 with Medicare Part A only

497 - One family member is "Basic"; one is over age 65 with Medicare Part A only

498 - One family member is "Basic"; one is over age 65 without Medicare Parts A or B

\*Deduct codes 496, 497, & 498 represent 2-party contract



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Washington**

Years of Service	Retiree Only 393	Retiree Only 394	*Retiree & Family 395	Retiree & Family 396	*Retiree & Family 397
Less than 10*	\$1,838.62	\$440.25	\$3,426.49	\$5,732.15	\$2,028.12
10-11*	\$1,239.57	\$264.15	\$2,346.36	\$4,458.02	\$1,216.87
11-12*	\$1,179.67	\$246.54	\$2,238.35	\$4,330.60	\$1,135.75
12-13*	\$1,119.76	\$228.93	\$2,130.34	\$4,203.19	\$1,054.62
13-14	\$1,059.86	\$211.32	\$2,022.32	\$4,075.78	\$973.50
14-15	\$999.95	\$193.71	\$1,914.31	\$3,948.37	\$892.37
15-16	\$940.05	\$176.10	\$1,806.30	\$3,820.95	\$811.25
16-17	\$880.14	\$158.49	\$1,698.29	\$3,693.54	\$730.12
17-18	\$820.24	\$140.88	\$1,590.27	\$3,566.13	\$649.00
18-19	\$760.33	\$123.27	\$1,482.26	\$3,438.71	\$567.87
19-20	\$700.43	\$105.66	\$1,374.25	\$3,311.30	\$486.75
20-21	\$640.52	\$88.05	\$1,266.23	\$3,183.89	\$405.62
21-22	\$580.62	\$70.44	\$1,158.22	\$3,056.47	\$324.50
22-23	\$520.71	\$52.83	\$1,050.21	\$2,929.06	\$243.37
23-24	\$460.81	\$35.22	\$942.20	\$2,801.65	\$162.25
24-25	\$400.90	\$17.61	\$834.18	\$2,674.23	\$81.12
25 or more	\$341.00	\$0.00	\$726.17	\$2,546.82	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$1,089.81	\$220.12	\$2,076.33	\$4,139.48	\$1,014.06
COBRA	\$1,875.39	\$449.06	\$3,495.02	\$5,846.79	\$2,068.68

**Deduct Codes:**

393 - "Basic" under age 65

394 - "Senior Advantage"

395 - Two family members are "Basic"

396 - Three or more family members are "Basic"

397 - One family member is "Senior Advantage"; one is "Basic"

\*Deduct codes 395 & 397 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Kaiser Permanente Washington**

Years of Service	*Retiree & Family 398	Retiree & Family 399	Retiree & Family 400
Less than 10*	\$872.50	\$4,333.78	\$3,178.16
10-11*	\$523.50	\$3,059.65	\$1,906.90
11-12*	\$488.60	\$2,932.23	\$1,779.77
12-13*	\$453.70	\$2,804.82	\$1,652.64
13-14	\$418.80	\$2,677.41	\$1,525.52
14-15	\$383.90	\$2,550.00	\$1,398.39
15-16	\$349.00	\$2,422.58	\$1,271.26
16-17	\$314.10	\$2,295.17	\$1,144.14
17-18	\$279.20	\$2,167.76	\$1,017.01
18-19	\$244.30	\$2,040.34	\$889.88
19-20	\$209.40	\$1,912.93	\$762.76
20-21	\$174.50	\$1,785.52	\$635.63
21-22	\$139.60	\$1,658.10	\$508.51
22-23	\$104.70	\$1,530.69	\$381.38
23-24	\$69.80	\$1,403.28	\$254.25
24-25	\$34.90	\$1,275.86	\$127.13
25 or more	\$0.00	\$1,148.45	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$436.25	\$2,741.11	\$1,589.08
COBRA	\$889.95	\$4,420.46	\$3,241.72

**Deduct Codes:**

398 - Two family members are "Senior Advantage"

399 - One family member is "Senior Advantage"; two or more are "Basic"

400 - Two family members are "Senior Advantage"; one or more are "Basic"

\*Deduct code 398 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - SCAN Health Plan California**

<b>Years of Service</b>	<b>Retiree Only with SCAN 611</b>	<b>Retiree &amp; 1 Dependent - Both with SCAN 613 <sup>(1)</sup></b>
Less than 10*	\$267.00	\$526.00
10-11*	\$160.20	\$315.60
11-12*	\$149.52	\$294.56
12-13*	\$138.84	\$273.52
13-14	\$128.16	\$252.48
14-15	\$117.48	\$231.44
15-16	\$106.80	\$210.40
16-17	\$96.12	\$189.36
17-18	\$85.44	\$168.32
18-19	\$74.76	\$147.28
19-20	\$64.08	\$126.24
20-21	\$53.40	\$105.20
21-22	\$42.72	\$84.16
22-23	\$32.04	\$63.12
23-24	\$21.36	\$42.08
24-25	\$10.68	\$21.04
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$133.50	\$263.00
COBRA	\$272.34	\$536.52

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both Retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - SCAN Health Plan Arizona**

<b>Years of Service</b>	<b>Retiree Only with SCAN 620</b>	<b>Retiree &amp; 1 Dependent - Both with SCAN 621 <sup>(1)</sup></b>
Less than 10*	\$267.00	\$526.00
10-11*	\$160.20	\$315.60
11-12*	\$149.52	\$294.56
12-13*	\$138.84	\$273.52
13-14	\$128.16	\$252.48
14-15	\$117.48	\$231.44
15-16	\$106.80	\$210.40
16-17	\$96.12	\$189.36
17-18	\$85.44	\$168.32
18-19	\$74.76	\$147.28
19-20	\$64.08	\$126.24
20-21	\$53.40	\$105.20
21-22	\$42.72	\$84.16
22-23	\$32.04	\$63.12
23-24	\$21.36	\$42.08
24-25	\$10.68	\$21.04
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$133.50	\$263.00
COBRA	\$272.34	\$536.52

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both Retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - SCAN Health Plan Nevada**

<b>Years of Service</b>	<b>Retiree Only with SCAN 622</b>	<b>Retiree &amp; 1 Dependent - Both with SCAN 623 <sup>(1)</sup></b>
Less than 10*	\$267.00	\$526.00
10-11*	\$160.20	\$315.60
11-12*	\$149.52	\$294.56
12-13*	\$138.84	\$273.52
13-14	\$128.16	\$252.48
14-15	\$117.48	\$231.44
15-16	\$106.80	\$210.40
16-17	\$96.12	\$189.36
17-18	\$85.44	\$168.32
18-19	\$74.76	\$147.28
19-20	\$64.08	\$126.24
20-21	\$53.40	\$105.20
21-22	\$42.72	\$84.16
22-23	\$32.04	\$63.12
23-24	\$21.36	\$42.08
24-25	\$10.68	\$21.04
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$133.50	\$263.00
COBRA	\$272.34	\$536.52

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both Retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare**

<b>Years of Service</b>	<b>Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701</b>	<b>Retiree &amp; 1 Dependent - 1 with UnitedHealthcare Group Medicare Advantage HMO 702 <sup>(1)</sup></b>	<b>Retiree &amp; 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 <sup>(1)</sup></b>	<b>Retiree &amp; 2 or More Dependents - 1 with UnitedHealthcare Group Medicare Advantage HMO 704 <sup>(2)</sup></b>	<b>Retiree &amp; 2 or More Dependents - 2 with UnitedHealthcare Group Medicare Advantage HMO 705 <sup>(2)</sup></b>
Less than 10*	\$348.45	\$1,843.63	\$688.90	\$2,101.19	\$946.46
10-11*	\$209.07	\$1,106.18	\$413.34	\$1,260.71	\$567.88
11-12*	\$195.13	\$1,032.43	\$385.78	\$1,176.67	\$530.02
12-13*	\$181.19	\$958.69	\$358.23	\$1,092.62	\$492.16
13-14	\$167.26	\$884.94	\$330.67	\$1,008.57	\$454.30
14-15	\$153.32	\$811.20	\$303.12	\$924.52	\$416.44
15-16	\$139.38	\$737.45	\$275.56	\$840.48	\$378.58
16-17	\$125.44	\$663.71	\$248.00	\$756.43	\$340.73
17-18	\$111.50	\$589.96	\$220.45	\$672.38	\$302.87
18-19	\$97.57	\$516.22	\$192.89	\$588.33	\$265.01
19-20	\$83.63	\$442.47	\$165.34	\$504.29	\$227.15
20-21	\$69.69	\$368.73	\$137.78	\$420.24	\$189.29
21-22	\$55.75	\$294.98	\$110.22	\$336.19	\$151.43
22-23	\$41.81	\$221.24	\$82.67	\$252.14	\$113.58
23-24	\$27.88	\$147.49	\$55.11	\$168.10	\$75.72
24-25	\$13.94	\$73.75	\$27.56	\$84.05	\$37.86
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$174.22	\$921.81	\$344.45	\$1,050.59	\$473.23
COBRA	\$355.42	\$1,880.50	\$702.68	\$2,143.21	\$965.39

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child

<sup>(2)</sup> Retiree & 2 or More Dependents = Retiree, Spouse/Domestic Partner & 1 or More Children or Retiree & 2 or More Children

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - UnitedHealthcare**

<b>Years of Service</b>	<b>Retiree Only 707</b>	<b>Retiree &amp; 1 Dependent 708</b>	<b>Retiree &amp; 2 or More Dependents 709</b>
Less than 10*	\$1,503.18	\$2,745.90	\$3,255.92
10-11*	\$904.13	\$1,665.77	\$1,981.79
11-12*	\$844.23	\$1,557.76	\$1,854.37
12-13*	\$784.32	\$1,449.75	\$1,726.96
13-14	\$724.42	\$1,341.73	\$1,599.55
14-15	\$664.51	\$1,233.72	\$1,472.14
15-16	\$604.61	\$1,125.71	\$1,344.72
16-17	\$544.70	\$1,017.70	\$1,217.31
17-18	\$484.80	\$909.68	\$1,089.90
18-19	\$424.89	\$801.67	\$962.48
19-20	\$364.99	\$693.66	\$835.07
20-21	\$305.08	\$585.64	\$707.66
21-22	\$245.18	\$477.63	\$580.24
22-23	\$185.27	\$369.62	\$452.83
23-24	\$125.37	\$261.61	\$325.42
24-25	\$65.46	\$153.59	\$198.00
25 or more	\$5.56	\$45.58	\$70.59
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$754.37	\$1,395.74	\$1,663.25
COBRA	\$1,533.24	\$2,800.82	\$3,321.04

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Cigna Indemnity Dental/Vision**

<b>Years of Service</b>	<b>Retiree Only 501</b>	<b>Retiree &amp; Dependent(s) 502</b>
Less than 10*	\$54.11	\$113.06
10-11*	\$32.47	\$67.84
11-12*	\$30.30	\$63.31
12-13*	\$28.14	\$58.79
13-14	\$25.97	\$54.27
14-15	\$23.81	\$49.75
15-16	\$21.64	\$45.22
16-17	\$19.48	\$40.70
17-18	\$17.32	\$36.18
18-19	\$15.15	\$31.66
19-20	\$12.99	\$27.13
20-21	\$10.82	\$22.61
21-22	\$8.66	\$18.09
22-23	\$6.49	\$13.57
23-24	\$4.33	\$9.04
24-25	\$2.16	\$4.52
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$27.05	\$56.53
COBRA	\$55.19	\$115.32



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Cigna Prepaid Dental/Vision**

<b>Years of Service</b>	<b>Retiree Only 901</b>	<b>Retiree &amp; Dependent(s) 902</b>
Less than 10*	\$46.52	\$95.28
10-11*	\$27.91	\$57.17
11-12*	\$26.05	\$53.36
12-13*	\$24.19	\$49.55
13-14	\$22.33	\$45.73
14-15	\$20.47	\$41.92
15-16	\$18.61	\$38.11
16-17	\$16.75	\$34.30
17-18	\$14.89	\$30.49
18-19	\$13.03	\$26.68
19-20	\$11.16	\$22.87
20-21	\$9.30	\$19.06
21-22	\$7.44	\$15.24
22-23	\$5.58	\$11.43
23-24	\$3.72	\$7.62
24-25	\$1.86	\$3.81
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.26	\$47.64
COBRA	\$47.45	\$97.19

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Non-Medicare Surviving Spouse**

Years of Service	Blue Cross Plan I & II	Kaiser	Blue Cross Prudent Buyer	Cigna	UHC HMO	Cigna Indemnity Dental/Vision	Cigna Prepaid Dental/Vision
Less than 10*	\$1,497.62	\$1,351.15	\$1,131.07	\$1,894.33	\$1,503.18	\$54.11	\$46.52
10-11*	\$898.57	\$810.69	\$678.64	\$1,295.28	\$904.13	\$32.47	\$27.91
11-12*	\$838.67	\$756.64	\$633.40	\$1,235.38	\$844.23	\$30.30	\$26.05
12-13*	\$778.76	\$702.60	\$588.16	\$1,175.47	\$784.32	\$28.14	\$24.19
13-14	\$718.86	\$648.55	\$542.91	\$1,115.57	\$724.42	\$25.97	\$22.33
14-15	\$658.95	\$594.51	\$497.67	\$1,055.66	\$664.51	\$23.81	\$20.47
15-16	\$599.05	\$540.46	\$452.43	\$995.76	\$604.61	\$21.64	\$18.61
16-17	\$539.14	\$486.41	\$407.19	\$935.85	\$544.70	\$19.48	\$16.75
17-18	\$479.24	\$432.37	\$361.94	\$875.95	\$484.80	\$17.32	\$14.89
18-19	\$419.33	\$378.32	\$316.70	\$816.04	\$424.89	\$15.15	\$13.03
19-20	\$359.43	\$324.28	\$271.46	\$756.14	\$364.99	\$12.99	\$11.16
20-21	\$299.52	\$270.23	\$226.21	\$696.23	\$305.08	\$10.82	\$9.30
21-22	\$239.62	\$216.18	\$180.97	\$636.33	\$245.18	\$8.66	\$7.44
22-23	\$179.71	\$162.14	\$135.73	\$576.42	\$185.27	\$6.49	\$5.58
23-24	\$119.81	\$108.09	\$90.49	\$516.52	\$125.37	\$4.33	\$3.72
24-25	\$59.90	\$54.05	\$45.24	\$456.61	\$65.46	\$2.16	\$1.86
25 or more	\$0.00	\$0.00	\$0.00	\$396.71	\$5.56	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$748.81	\$675.57	\$565.53	\$1,145.52	\$754.37	\$27.05	\$23.26
COBRA	\$1,527.57	\$1,378.17	\$1,153.69	\$1,932.22	\$1,533.24	\$55.19	\$47.45

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - Children Only Rates**

Years of Service	Anthem Plan I & II 215 or 225	Kaiser One Child 421	Kaiser 2 or More 411	Prudent Buyer 205	Cigna 305	UHC HMO 706	Cigna Indemnity Dental/Vision 503	Cigna Prepaid Dental/Vision 903
Less than 10*	\$505.82	\$1,351.15	\$2,694.30	\$308.06	\$598.21	\$429.15	\$66.63	\$47.11
10-11*	\$303.49	\$810.69	\$1,616.58	\$184.84	\$358.93	\$257.49	\$39.98	\$28.27
11-12*	\$283.26	\$756.64	\$1,508.81	\$172.51	\$335.00	\$240.32	\$37.31	\$26.38
12-13*	\$263.03	\$702.60	\$1,401.04	\$160.19	\$311.07	\$223.16	\$34.65	\$24.50
13-14	\$242.79	\$648.55	\$1,293.26	\$147.87	\$287.14	\$205.99	\$31.98	\$22.61
14-15	\$222.56	\$594.51	\$1,185.49	\$135.55	\$263.21	\$188.83	\$29.32	\$20.73
15-16	\$202.33	\$540.46	\$1,077.72	\$123.22	\$239.28	\$171.66	\$26.65	\$18.84
16-17	\$182.10	\$486.41	\$969.95	\$110.90	\$215.36	\$154.49	\$23.99	\$16.96
17-18	\$161.86	\$432.37	\$862.18	\$98.58	\$191.43	\$137.33	\$21.32	\$15.08
18-19	\$141.63	\$378.32	\$754.40	\$86.26	\$167.50	\$120.16	\$18.66	\$13.19
19-20	\$121.40	\$324.28	\$646.63	\$73.93	\$143.57	\$103.00	\$15.99	\$11.31
20-21	\$101.16	\$270.23	\$538.86	\$61.61	\$119.64	\$85.83	\$13.33	\$9.42
21-22	\$80.93	\$216.18	\$431.09	\$49.29	\$95.71	\$68.66	\$10.66	\$7.54
22-23	\$60.70	\$162.14	\$323.32	\$36.97	\$71.79	\$51.50	\$8.00	\$5.65
23-24	\$40.47	\$108.09	\$215.54	\$24.64	\$47.86	\$34.33	\$5.33	\$3.77
24-25	\$20.23	\$54.05	\$107.77	\$12.32	\$23.93	\$17.17	\$2.67	\$1.88
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$252.91	\$675.57	\$1,347.15	\$154.03	\$299.10	\$214.57	\$33.31	\$23.55
COBRA	\$515.94	\$1,378.17	\$2,748.19	\$314.22	\$610.17	\$437.73	\$67.96	\$48.05

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - COBRA Rates**

<b>Blue Cross and CIGNA COBRA Rates</b>	<b>Retiree Only</b>	<b>Retiree &amp; Spouse</b>	<b>Retiree, Spouse &amp; Children</b>	<b>Retiree &amp; Children</b>	<b>Spouse Only</b>	<b>Under 26 Child or Children Only</b>	<b>Spouse &amp; Children</b>	<b>Over 26 Child</b>
Plan I & II	\$1,527.57	\$2,754.33	\$3,249.04	\$2,021.24	\$1,527.57	\$515.94	\$2,021.24	\$1,527.57
Blue Cross Prudent Buyer	\$1,153.69	\$2,270.58	\$2,562.58	\$1,483.01	\$1,153.69	\$314.22	\$1,483.01	\$1,153.69
Cigna	\$1,932.22	\$3,489.02	\$4,119.86	\$2,563.94	\$1,932.22	\$610.17	\$2,563.94	\$1,932.22
Cigna Indemnity Dental/Vision	\$55.19	\$115.32	\$115.32	\$115.32	\$55.19	\$67.96	\$115.32	\$55.19
Cigna Prepaid Dental/Vision	\$47.45	\$97.19	\$97.19	\$97.19	\$47.45	\$48.05	\$97.19	\$47.45

<b>UHC Without Medicare COBRA Rates</b>	<b>Retiree Only 707</b>	<b>Retiree &amp; 1 Dependent 708</b>	<b>Retiree &amp; 2 or More Dependents 709</b>	<b>Spouse Only 707</b>	<b>Spouse &amp; 1 Dependent 708</b>	<b>Spouse &amp; 2 or More Dependents 709</b>	<b>Under 26 Child or Children Only 706</b>	<b>Over 26 Child 707</b>
	\$1,533.24	\$2,800.82	\$3,321.04	\$1,533.24	\$2,800.82	\$3,321.04	\$437.73	\$1,533.24

<b>Plan III* COBRA Rates</b>	<b>Retiree Only w/ Medicare 240</b>	<b>Spouse Only w/ Medicare 240</b>	<b>Retiree &amp; Spouse - One w/ Medicare 241/242</b>	<b>Retiree &amp; Spouse - Both w/ Medicare 243</b>	<b>Retiree w/ Medicare &amp; Children 244/245</b>	<b>Spouse w/ Medicare &amp; Children 244/245</b>	<b>Retiree, Spouse &amp; Children - One w/ Medicare 246/247</b>	<b>Retiree, Spouse &amp; Children - Two w/ Medicare 248/249</b>
	\$621.84	\$621.84	\$1,988.94	\$1,238.04	\$1,113.76	\$1,113.76	\$2,480.70	\$1,729.71

\*See Plan I & II where no family member has Medicare

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - COBRA Rates - Cigna Medicare Risk**

Cigna Medicare Risk COBRA Rates	Retiree Only w/ Medicare 321	Retiree & Spouse - One w/ Medicare 322	Retiree & Spouse - Both w/ Medicare 324	Retiree & Children 325	Retiree, Spouse & Children - One w/ Medicare 327	Retiree, Spouse & Children - Two w/ Medicare 329
	\$353.80	\$1,910.60	\$699.43	\$986.24	\$2,542.16	\$1,374.30

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - COBRA Rates - UHC MAPD Risk**

<b>UHC MAPD Risk COBRA Rates</b>	<b>Retiree Only w/ Medicare 701</b>	<b>Retiree &amp; 1 Dependent - One w/ Medicare 702</b>	<b>Retiree &amp; 1 Dependent - Both w/ Medicare 703</b>	<b>Retiree &amp; 2 Or More Dependents - One w/ Medicare 704</b>	<b>Retiree &amp; 2 Or More Dependents - Two w/ Medicare 705</b>	<b>Under 26 Child or Children Only 706</b>	<b>Over 26 Child 707</b>
	\$355.42	\$1,880.50	\$702.68	\$2,143.21	\$965.39	\$437.73	\$1,533.24

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - COBRA Rates - SCAN Health Plan**

<b>SCAN COBRA Rates</b>	<b>Retiree Only w/ Medicare Risk 611</b>	<b>Retiree &amp; 1 Dependent - Both w/ Medicare Risk 613</b>	<b>Retiree Only w/ Medicare Risk 620</b>	<b>Retiree &amp; 1 Dependent - Both w/ Medicare Risk 621</b>	<b>Retiree Only w/ Medicare Risk 622</b>	<b>Retiree &amp; 1 Dependent - Both w/ Medicare Risk 623</b>
	\$272.34	\$536.52	\$272.34	\$536.52	\$272.34	\$536.52

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 1 - COBRA Rates - Kaiser**

<b>Kaiser - COBRA Rates</b>	
Single "Basic"	\$1,378.17
Single "Senior Advantage"	\$288.05
Single "Excess"	\$1,322.32
All family members are "Basic"	\$2,748.19
One family member is "Senior Advantage"; others are "Basic"	\$1,658.06
One family member is "Excess"; others are "Basic"	\$2,692.33
Two or more family members are "Senior Advantage"	\$567.94
One family member is "Excess"; another is "Senior Advantage"	\$1,602.21
Two family members are "Excess"	\$2,636.48
Child under 26	\$1,378.17
Children under 26	\$2,748.19



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Anthem Blue Cross I**

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,497.62	\$2,700.32	\$3,185.33	\$1,981.61
10-11*	\$898.57	\$2,101.27	\$2,586.28	\$1,382.56
11-12*	\$838.67	\$2,041.37	\$2,526.38	\$1,322.66
12-13*	\$778.76	\$1,981.46	\$2,466.47	\$1,262.75
13-14	\$718.86	\$1,921.56	\$2,406.57	\$1,202.85
14-15	\$658.95	\$1,861.65	\$2,346.66	\$1,142.94
15-16	\$599.05	\$1,801.75	\$2,286.76	\$1,083.04
16-17	\$539.14	\$1,741.84	\$2,226.85	\$1,023.13
17-18	\$479.24	\$1,681.94	\$2,166.95	\$963.23
18-19	\$419.33	\$1,622.03	\$2,107.04	\$903.32
19-20	\$359.43	\$1,562.13	\$2,047.14	\$843.42
20-21	\$299.52	\$1,502.22	\$1,987.23	\$783.51
21-22	\$239.62	\$1,442.32	\$1,927.33	\$723.61
22-23	\$179.71	\$1,382.41	\$1,867.42	\$663.70
23-24	\$119.81	\$1,322.51	\$1,807.52	\$603.80
24-25	\$59.90	\$1,262.60	\$1,747.61	\$543.89
25 or more	\$0.00	\$1,202.70	\$1,687.71	\$483.99
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$748.81	\$1,951.51	\$2,436.52	\$1,232.80
COBRA	\$1,527.57	\$2,754.33	\$3,249.04	\$2,021.24

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,497.62	\$2,700.32	\$3,185.33	\$1,981.61
10-11*	\$898.57	\$2,101.27	\$2,586.28	\$1,382.56
11-12*	\$838.67	\$2,041.37	\$2,526.38	\$1,322.66
12-13*	\$778.76	\$1,981.46	\$2,466.47	\$1,262.75
13-14	\$718.86	\$1,921.56	\$2,406.57	\$1,202.85
14-15	\$658.95	\$1,861.65	\$2,346.66	\$1,142.94
15-16	\$599.05	\$1,801.75	\$2,286.76	\$1,083.04
16-17	\$539.14	\$1,741.84	\$2,226.85	\$1,023.13
17-18	\$479.24	\$1,681.94	\$2,166.95	\$963.23
18-19	\$419.33	\$1,622.03	\$2,107.04	\$903.32
19-20	\$359.43	\$1,562.13	\$2,047.14	\$843.42
20-21	\$299.52	\$1,502.22	\$1,987.23	\$783.51
21-22	\$239.62	\$1,442.32	\$1,927.33	\$723.61
22-23	\$179.71	\$1,382.41	\$1,867.42	\$663.70
23-24	\$119.81	\$1,322.51	\$1,807.52	\$603.80
24-25	\$59.90	\$1,262.60	\$1,747.61	\$543.89
25 or more	\$0.00	\$1,202.70	\$1,687.71	\$483.99
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$748.81	\$1,951.51	\$2,436.52	\$1,232.80
COBRA	\$1,527.57	\$2,754.33	\$3,249.04	\$2,021.24

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)**

<b>Years of Service</b>	<b>Retiree Only 240</b>	<b>Retiree &amp; Spouse - Retiree w/ Medicare (Plan III Benchmark) 241 <sup>(1)</sup>/242</b>	<b>Retiree &amp; Spouse - Dependent w/ Medicare (Plan I, II Benchmark) 241/242 <sup>(2)</sup></b>	<b>Retiree &amp; Spouse - Both w/ Medicare (Plan III Benchmark) 243</b>
Less than 10*	\$609.65	\$1,949.94	\$1,949.94	\$1,213.76
10-11*	\$365.79	\$1,706.08	\$1,350.89	\$969.90
11-12*	\$341.40	\$1,681.69	\$1,290.99	\$945.51
12-13*	\$317.02	\$1,657.31	\$1,231.08	\$921.13
13-14	\$292.63	\$1,632.92	\$1,171.18	\$896.74
14-15	\$268.25	\$1,608.54	\$1,111.27	\$872.36
15-16	\$243.86	\$1,584.15	\$1,051.37	\$847.97
16-17	\$219.47	\$1,559.76	\$991.46	\$823.58
17-18	\$195.09	\$1,535.38	\$931.56	\$799.20
18-19	\$170.70	\$1,510.99	\$871.65	\$774.81
19-20	\$146.32	\$1,486.61	\$811.75	\$750.43
20-21	\$121.93	\$1,462.22	\$751.84	\$726.04
21-22	\$97.54	\$1,437.83	\$691.94	\$701.65
22-23	\$73.16	\$1,413.45	\$632.03	\$677.27
23-24	\$48.77	\$1,389.06	\$572.13	\$652.88
24-25	\$24.39	\$1,364.68	\$512.22	\$628.50
25 or more	\$0.00	\$1,340.29	\$452.32	\$604.11
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$304.82	\$1,645.11	\$1,201.13	\$908.93
COBRA	\$621.84	\$1,988.94	\$1,988.94	\$1,238.04

<sup>(1)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(2)</sup> Non-Medicare has Anthem Blue Cross II

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree with Medicare and Children 244 <sup>(3)</sup> /245 <sup>(4)</sup>	Retiree & Children - Dependent w/ Medicare (Plan I & II Benchmark) 244 <sup>(3)</sup> /245 <sup>(4)</sup>	Retiree, Spouse, & Children - Retiree w/ Medicare (Plan III Benchmark) 246 <sup>(3)</sup> /247 <sup>(4)</sup>	Retiree, Spouse, & Children - 1 Dependent w/ Medicare (Plan I, II Benchmark) 246 <sup>(3)</sup> /247 <sup>(4)</sup>	Retiree, Spouse, & Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 248 <sup>(3)</sup> /249 <sup>(4)</sup>	Retiree, Spouse, & Children - Dependent + 1 w/ Medicare (Plan I, II Benchmark) 248 <sup>(3)</sup> /249 <sup>(4)</sup>	Retiree, Spouse, & Children - each w/ Medicare (Plan III Benchmark) 250 <sup>(5)</sup>
Less than 10*	\$1,091.92	\$1,091.92	\$2,432.06	\$2,432.06	\$1,695.79	\$1,695.79	\$1,900.51
10-11*	\$848.06	\$655.15	\$2,188.20	\$1,833.01	\$1,451.93	\$1,096.74	\$1,656.65
11-12*	\$823.67	\$611.48	\$2,163.81	\$1,773.11	\$1,427.54	\$1,036.84	\$1,632.26
12-13*	\$799.29	\$567.80	\$2,139.43	\$1,713.20	\$1,403.16	\$976.93	\$1,607.88
13-14	\$774.90	\$524.12	\$2,115.04	\$1,653.30	\$1,378.77	\$917.03	\$1,583.49
14-15	\$750.52	\$480.44	\$2,090.66	\$1,593.39	\$1,354.39	\$857.12	\$1,559.11
15-16	\$726.13	\$436.77	\$2,066.27	\$1,533.49	\$1,330.00	\$797.22	\$1,534.72
16-17	\$701.74	\$393.09	\$2,041.88	\$1,473.58	\$1,305.61	\$737.31	\$1,510.33
17-18	\$677.36	\$349.41	\$2,017.50	\$1,413.68	\$1,281.23	\$677.41	\$1,485.95
18-19	\$652.97	\$305.74	\$1,993.11	\$1,353.77	\$1,256.84	\$617.50	\$1,461.56
19-20	\$628.59	\$262.06	\$1,968.73	\$1,293.87	\$1,232.46	\$557.60	\$1,437.18
20-21	\$604.20	\$218.38	\$1,944.34	\$1,233.96	\$1,208.07	\$497.69	\$1,412.79
21-22	\$579.81	\$174.71	\$1,919.95	\$1,174.06	\$1,183.68	\$437.79	\$1,388.40
22-23	\$555.43	\$131.03	\$1,895.57	\$1,114.15	\$1,159.30	\$377.88	\$1,364.02
23-24	\$531.04	\$87.35	\$1,871.18	\$1,054.25	\$1,134.91	\$317.98	\$1,339.63
24-25	\$506.66	\$43.68	\$1,846.80	\$994.34	\$1,110.53	\$258.07	\$1,315.25
25 or more	\$482.27	\$0.00	\$1,822.41	\$934.44	\$1,086.14	\$198.17	\$1,290.86
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$787.09	\$545.96	\$2,127.23	\$1,683.25	\$1,390.96	\$946.98	\$1,595.68
COBRA	\$1,113.76	\$1,113.76	\$2,480.70	\$2,480.70	\$1,729.71	\$1,729.71	\$1,938.52

<sup>(3)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(4)</sup> Non-Medicare has Anthem Blue Cross II

<sup>(5)</sup> Please note only retirees or eligible survivors will qualify for Medicare Part B Premium Reimbursement Program, approved annually by Los Angeles Board of Supervisors

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Anthem Blue Cross Prudent Buyer Plan**

<b>Years of Service</b>	<b>Retiree Only 201</b>	<b>Retiree &amp; Spouse 202</b>	<b>Retiree, Spouse, &amp; Children 203</b>	<b>Retiree &amp; Children 204</b>
Less than 10*	\$1,131.07	\$2,226.06	\$2,512.33	\$1,453.93
10-11*	\$678.64	\$1,627.01	\$1,913.28	\$872.36
11-12*	\$633.40	\$1,567.11	\$1,853.38	\$814.20
12-13*	\$588.16	\$1,507.20	\$1,793.47	\$756.04
13-14	\$542.91	\$1,447.30	\$1,733.57	\$697.89
14-15	\$497.67	\$1,387.39	\$1,673.66	\$639.73
15-16	\$452.43	\$1,327.49	\$1,613.76	\$581.57
16-17	\$407.19	\$1,267.58	\$1,553.85	\$523.41
17-18	\$361.94	\$1,207.68	\$1,493.95	\$465.26
18-19	\$316.70	\$1,147.77	\$1,434.04	\$407.10
19-20	\$271.46	\$1,087.87	\$1,374.14	\$348.94
20-21	\$226.21	\$1,027.96	\$1,314.23	\$290.79
21-22	\$180.97	\$968.06	\$1,254.33	\$232.63
22-23	\$135.73	\$908.15	\$1,194.42	\$174.47
23-24	\$90.49	\$848.25	\$1,134.52	\$116.31
24-25	\$45.24	\$788.34	\$1,074.61	\$58.16
25 or more	\$0.00	\$728.44	\$1,014.71	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$565.53	\$1,477.25	\$1,763.52	\$726.96
COBRA	\$1,153.69	\$2,270.58	\$2,562.58	\$1,483.01

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Cigna Network Model Plan**

<b>Years of Service</b>	<b>Retiree Only 301</b>	<b>Retiree &amp; Spouse 302</b>	<b>Retiree, Spouse, &amp; Children 303</b>	<b>Retiree &amp; Children 304</b>
Less than 10*	\$1,894.33	\$3,420.61	\$4,039.08	\$2,513.67
10-11*	\$1,295.28	\$2,821.56	\$3,440.03	\$1,914.62
11-12*	\$1,235.38	\$2,761.66	\$3,380.13	\$1,854.72
12-13*	\$1,175.47	\$2,701.75	\$3,320.22	\$1,794.81
13-14	\$1,115.57	\$2,641.85	\$3,260.32	\$1,734.91
14-15	\$1,055.66	\$2,581.94	\$3,200.41	\$1,675.00
15-16	\$995.76	\$2,522.04	\$3,140.51	\$1,615.10
16-17	\$935.85	\$2,462.13	\$3,080.60	\$1,555.19
17-18	\$875.95	\$2,402.23	\$3,020.70	\$1,495.29
18-19	\$816.04	\$2,342.32	\$2,960.79	\$1,435.38
19-20	\$756.14	\$2,282.42	\$2,900.89	\$1,375.48
20-21	\$696.23	\$2,222.51	\$2,840.98	\$1,315.57
21-22	\$636.33	\$2,162.61	\$2,781.08	\$1,255.67
22-23	\$576.42	\$2,102.70	\$2,721.17	\$1,195.76
23-24	\$516.52	\$2,042.80	\$2,661.27	\$1,135.86
24-25	\$456.61	\$1,982.89	\$2,601.36	\$1,075.95
25 or more	\$396.71	\$1,922.99	\$2,541.46	\$1,016.05
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,145.52	\$2,671.80	\$3,290.27	\$1,764.86
COBRA	\$1,932.22	\$3,489.02	\$4,119.86	\$2,563.94

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Cigna Preferred Medicare HMO**  
(available in Maricopa County and Apache Junction, Pinal County, Arizona only)

<b>Years of Service</b>	<b>Retiree Only with Medicare 321</b>	<b>Retiree &amp; Spouse/Domestic Partner - Retiree w/ Medicare (Plan III Benchmark) 322</b>	<b>Retiree &amp; Spouse/Domestic Partner - Both w/ Medicare 324</b>	<b>Retiree &amp; Children 325</b>	<b>Retiree, Spouse/Domestic Partner &amp; Children - Retiree w/ Medicare (Plan III Benchmark) 327</b>	<b>Retiree, Spouse/Domestic Partner, &amp; Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 329</b>
Less than 10*	\$346.86	\$1,873.14	\$685.72	\$966.90	\$2,492.31	\$1,347.35
10-11*	\$208.12	\$1,629.28	\$441.86	\$723.04	\$2,248.45	\$1,103.49
11-12*	\$194.24	\$1,604.89	\$417.47	\$698.65	\$2,224.06	\$1,079.10
12-13*	\$180.37	\$1,580.51	\$393.09	\$674.27	\$2,199.68	\$1,054.72
13-14	\$166.49	\$1,556.12	\$368.70	\$649.88	\$2,175.29	\$1,030.33
14-15	\$152.62	\$1,531.74	\$344.32	\$625.50	\$2,150.91	\$1,005.95
15-16	\$138.74	\$1,507.35	\$319.93	\$601.11	\$2,126.52	\$981.56
16-17	\$124.87	\$1,482.96	\$295.54	\$576.72	\$2,102.13	\$957.17
17-18	\$111.00	\$1,458.58	\$271.16	\$552.34	\$2,077.75	\$932.79
18-19	\$97.12	\$1,434.19	\$246.77	\$527.95	\$2,053.36	\$908.40
19-20	\$83.25	\$1,409.81	\$222.39	\$503.57	\$2,028.98	\$884.02
20-21	\$69.37	\$1,385.42	\$198.00	\$479.18	\$2,004.59	\$859.63
21-22	\$55.50	\$1,361.03	\$173.61	\$454.79	\$1,980.20	\$835.24
22-23	\$41.62	\$1,336.65	\$149.23	\$430.41	\$1,955.82	\$810.86
23-24	\$27.75	\$1,312.26	\$124.84	\$406.02	\$1,931.43	\$786.47
24-25	\$13.87	\$1,287.88	\$100.46	\$381.64	\$1,907.05	\$762.09
25 or more	\$0.00	\$1,263.49	\$76.07	\$357.25	\$1,882.66	\$737.70
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$173.43	\$1,568.31	\$380.89	\$662.07	\$2,187.48	\$1,042.52
COBRA	\$353.80	\$1,910.60	\$699.43	\$986.24	\$2,542.16	\$1,374.30

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree Basic (Under 65) 401	Retiree with Medicare 403
Less than 10*	\$1,351.15	\$282.40
10-11*	\$810.69	\$169.44
11-12*	\$756.64	\$158.14
12-13*	\$702.60	\$146.85
13-14	\$648.55	\$135.55
14-15	\$594.51	\$124.26
15-16	\$540.46	\$112.96
16-17	\$486.41	\$101.66
17-18	\$432.37	\$90.37
18-19	\$378.32	\$79.07
19-20	\$324.28	\$67.78
20-21	\$270.23	\$56.48
21-22	\$216.18	\$45.18
22-23	\$162.14	\$33.89
23-24	\$108.09	\$22.59
24-25	\$54.05	\$11.30
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$675.57	\$141.20
COBRA	\$1,378.17	\$288.05

**Deduct Codes:**

401 - "Basic"

403 - "Senior Advantage"



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree with Family (Basic) 411	Retiree with Medicare 413	Dependent with Medicare 413	Two or more Family members with Medicare 418
Less than 10*	\$2,694.30	\$1,625.55	\$1,625.55	\$556.80
10-11*	\$2,095.25	\$1,381.69	\$1,026.50	\$334.08
11-12*	\$2,035.35	\$1,357.30	\$966.60	\$311.81
12-13*	\$1,975.44	\$1,332.92	\$906.69	\$289.54
13-14	\$1,915.54	\$1,308.53	\$846.79	\$267.26
14-15	\$1,855.63	\$1,284.15	\$786.88	\$244.99
15-16	\$1,795.73	\$1,259.76	\$726.98	\$222.72
16-17	\$1,735.82	\$1,235.37	\$667.07	\$200.45
17-18	\$1,675.92	\$1,210.99	\$607.17	\$178.18
18-19	\$1,616.01	\$1,186.60	\$547.26	\$155.90
19-20	\$1,556.11	\$1,162.22	\$487.36	\$133.63
20-21	\$1,496.20	\$1,137.83	\$427.45	\$111.36
21-22	\$1,436.30	\$1,113.44	\$367.55	\$89.09
22-23	\$1,376.39	\$1,089.06	\$307.64	\$66.82
23-24	\$1,316.49	\$1,064.67	\$247.74	\$44.54
24-25	\$1,256.58	\$1,040.29	\$187.83	\$22.27
25 or more	\$1,196.68	\$1,015.90	\$127.93	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,945.49	\$1,320.72	\$876.74	\$278.40
COBRA	\$2,748.19	\$1,658.06	\$1,658.06	\$567.94

**Deduct Codes:**

411 - All family members are "Basic"

413 - One family member is "Senior Advantage"; others are "Basic"

418 - Two or more family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Colorado**

Years of Service	Retiree Only 450	Retiree Only 451	Retiree & Family 453	Retiree & Family 454	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 455	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 455
Less than 10*	\$1,314.35	\$297.90	\$2,908.22	\$3,927.17	\$1,604.25	\$1,604.25
10-11*	\$788.61	\$178.74	\$2,309.17	\$3,328.12	\$1,360.39	\$1,005.20
11-12*	\$736.04	\$166.82	\$2,249.27	\$3,268.22	\$1,336.00	\$945.30
12-13*	\$683.46	\$154.91	\$2,189.36	\$3,208.31	\$1,311.62	\$885.39
13-14	\$630.89	\$142.99	\$2,129.46	\$3,148.41	\$1,287.23	\$825.49
14-15	\$578.31	\$131.08	\$2,069.55	\$3,088.50	\$1,262.85	\$765.58
15-16	\$525.74	\$119.16	\$2,009.65	\$3,028.60	\$1,238.46	\$705.68
16-17	\$473.17	\$107.24	\$1,949.74	\$2,968.69	\$1,214.07	\$645.77
17-18	\$420.59	\$95.33	\$1,889.84	\$2,908.79	\$1,189.69	\$585.87
18-19	\$368.02	\$83.41	\$1,829.93	\$2,848.88	\$1,165.30	\$525.96
19-20	\$315.44	\$71.50	\$1,770.03	\$2,788.98	\$1,140.92	\$466.06
20-21	\$262.87	\$59.58	\$1,710.12	\$2,729.07	\$1,116.53	\$406.15
21-22	\$210.30	\$47.66	\$1,650.22	\$2,669.17	\$1,092.14	\$346.25
22-23	\$157.72	\$35.75	\$1,590.31	\$2,609.26	\$1,067.76	\$286.34
23-24	\$105.15	\$23.83	\$1,530.41	\$2,549.36	\$1,043.37	\$226.44
24-25	\$52.57	\$11.92	\$1,470.50	\$2,489.45	\$1,018.99	\$166.53
25 or more	\$0.00	\$0.00	\$1,410.60	\$2,429.55	\$994.60	\$106.63
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$657.17	\$148.95	\$2,159.41	\$3,178.36	\$1,299.42	\$855.44
COBRA	\$1,340.64	\$303.86	\$2,966.38	\$4,005.71	\$1,636.34	\$1,636.34

**Deduct Codes:**

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

455 - One family member is "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Colorado**

Years of Service	Retiree & Family 457	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 458	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 458	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 459	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 459
Less than 10*	\$587.80	\$2,910.60	\$2,910.60	\$1,894.15	\$1,894.15
10-11*	\$352.68	\$2,666.74	\$2,311.55	\$1,650.29	\$1,295.10
11-12*	\$329.17	\$2,642.35	\$2,251.65	\$1,625.90	\$1,235.20
12-13*	\$305.66	\$2,617.97	\$2,191.74	\$1,601.52	\$1,175.29
13-14	\$282.14	\$2,593.58	\$2,131.84	\$1,577.13	\$1,115.39
14-15	\$258.63	\$2,569.20	\$2,071.93	\$1,552.75	\$1,055.48
15-16	\$235.12	\$2,544.81	\$2,012.03	\$1,528.36	\$995.58
16-17	\$211.61	\$2,520.42	\$1,952.12	\$1,503.97	\$935.67
17-18	\$188.10	\$2,496.04	\$1,892.22	\$1,479.59	\$875.77
18-19	\$164.58	\$2,471.65	\$1,832.31	\$1,455.20	\$815.86
19-20	\$141.07	\$2,447.27	\$1,772.41	\$1,430.82	\$755.96
20-21	\$117.56	\$2,422.88	\$1,712.50	\$1,406.43	\$696.05
21-22	\$94.05	\$2,398.49	\$1,652.60	\$1,382.04	\$636.15
22-23	\$70.54	\$2,374.11	\$1,592.69	\$1,357.66	\$576.24
23-24	\$47.02	\$2,349.72	\$1,532.79	\$1,333.27	\$516.34
24-25	\$23.51	\$2,325.34	\$1,472.88	\$1,308.89	\$456.43
25 or more	\$0.00	\$2,300.95	\$1,412.98	\$1,284.50	\$396.53
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$293.90	\$2,605.77	\$2,161.79	\$1,589.32	\$1,145.34
COBRA	\$599.56	\$2,968.81	\$2,968.81	\$1,932.03	\$1,932.03

**Deduct Codes:**

457 - Two family members are "Senior Advantage"

458 - One family member is "Senior Advantage"; two or more are "Basic"

459 - Two family members are "Senior Advantage"; one or more is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree Only 443</b>	<b>Retiree Only 461</b>	<b>Retiree Only 462</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 463</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 463</b>
Less than 10*	\$409.85	\$1,560.52	\$409.85	\$3,113.04	\$3,113.04
10-11*	\$245.91	\$961.47	\$245.91	\$2,869.18	\$2,513.99
11-12*	\$229.52	\$901.57	\$229.52	\$2,844.79	\$2,454.09
12-13*	\$213.12	\$841.66	\$213.12	\$2,820.41	\$2,394.18
13-14	\$196.73	\$781.76	\$196.73	\$2,796.02	\$2,334.28
14-15	\$180.33	\$721.85	\$180.33	\$2,771.64	\$2,274.37
15-16	\$163.94	\$661.95	\$163.94	\$2,747.25	\$2,214.47
16-17	\$147.55	\$602.04	\$147.55	\$2,722.86	\$2,154.56
17-18	\$131.15	\$542.14	\$131.15	\$2,698.48	\$2,094.66
18-19	\$114.76	\$482.23	\$114.76	\$2,674.09	\$2,034.75
19-20	\$98.36	\$422.33	\$98.36	\$2,649.71	\$1,974.85
20-21	\$81.97	\$362.42	\$81.97	\$2,625.32	\$1,914.94
21-22	\$65.58	\$302.52	\$65.58	\$2,600.93	\$1,855.04
22-23	\$49.18	\$242.61	\$49.18	\$2,576.55	\$1,795.13
23-24	\$32.79	\$182.71	\$32.79	\$2,552.16	\$1,735.23
24-25	\$16.39	\$122.80	\$16.39	\$2,527.78	\$1,675.32
25 or more	\$0.00	\$62.90	\$0.00	\$2,503.39	\$1,615.42
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$204.92	\$811.71	\$204.92	\$2,808.21	\$2,364.23
COBRA	\$418.05	\$1,591.73	\$418.05	\$3,175.30	\$3,175.30

**Deduct Codes:**

443 - "Basic" over age 65 - Medicare-eligible who is classified as having renal failure (ESRD)

461 - "Basic" under age 65

462 - "Senior Advantage"

463 - Two family members are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree &amp; Family 464</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 465</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 465</b>
Less than 10*	\$4,665.56	\$1,962.37	\$1,962.37
10-11*	\$4,066.51	\$1,718.51	\$1,363.32
11-12*	\$4,006.61	\$1,694.12	\$1,303.42
12-13*	\$3,946.70	\$1,669.74	\$1,243.51
13-14	\$3,886.80	\$1,645.35	\$1,183.61
14-15	\$3,826.89	\$1,620.97	\$1,123.70
15-16	\$3,766.99	\$1,596.58	\$1,063.80
16-17	\$3,707.08	\$1,572.19	\$1,003.89
17-18	\$3,647.18	\$1,547.81	\$943.99
18-19	\$3,587.27	\$1,523.42	\$884.08
19-20	\$3,527.37	\$1,499.04	\$824.18
20-21	\$3,467.46	\$1,474.65	\$764.27
21-22	\$3,407.56	\$1,450.26	\$704.37
22-23	\$3,347.65	\$1,425.88	\$644.46
23-24	\$3,287.75	\$1,401.49	\$584.56
24-25	\$3,227.84	\$1,377.11	\$524.65
25 or more	\$3,167.94	\$1,352.72	\$464.75
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$3,916.75	\$1,657.54	\$1,213.56
COBRA	\$4,758.87	\$2,001.62	\$2,001.62

**Deduct Codes:**

464 - Three or more family members are "Basic"

465 - One family member is "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree &amp; Family 466</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 467</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 467</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 468</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 468</b>
Less than 10*	\$811.70	\$3,514.89	\$3,514.89	\$2,364.22	\$2,364.22
10-11*	\$567.84	\$3,271.03	\$2,915.84	\$2,120.36	\$1,765.17
11-12*	\$543.45	\$3,246.64	\$2,855.94	\$2,095.97	\$1,705.27
12-13*	\$519.07	\$3,222.26	\$2,796.03	\$2,071.59	\$1,645.36
13-14	\$494.68	\$3,197.87	\$2,736.13	\$2,047.20	\$1,585.46
14-15	\$470.30	\$3,173.49	\$2,676.22	\$2,022.82	\$1,525.55
15-16	\$445.91	\$3,149.10	\$2,616.32	\$1,998.43	\$1,465.65
16-17	\$421.52	\$3,124.71	\$2,556.41	\$1,974.04	\$1,405.74
17-18	\$397.14	\$3,100.33	\$2,496.51	\$1,949.66	\$1,345.84
18-19	\$372.75	\$3,075.94	\$2,436.60	\$1,925.27	\$1,285.93
19-20	\$348.37	\$3,051.56	\$2,376.70	\$1,900.89	\$1,226.03
20-21	\$323.98	\$3,027.17	\$2,316.79	\$1,876.50	\$1,166.12
21-22	\$299.59	\$3,002.78	\$2,256.89	\$1,852.11	\$1,106.22
22-23	\$275.21	\$2,978.40	\$2,196.98	\$1,827.73	\$1,046.31
23-24	\$250.82	\$2,954.01	\$2,137.08	\$1,803.34	\$986.41
24-25	\$226.44	\$2,929.63	\$2,077.17	\$1,778.96	\$926.50
25 or more	\$202.05	\$2,905.24	\$2,017.27	\$1,754.57	\$866.60
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$506.87	\$3,210.06	\$2,766.08	\$2,059.39	\$1,615.41
COBRA	\$827.93	\$3,585.19	\$3,585.19	\$2,411.50	\$2,411.50

**Deduct Codes:**

466 - Two family members are "Senior Advantage"

467 - One family member is "Senior Advantage"; two are "Basic"

468 - Two family members are "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 469</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 469</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 470</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 470</b>
Less than 10*	\$1,213.55	\$1,213.55	\$3,514.89	\$3,514.89
10-11*	\$969.69	\$728.13	\$3,271.03	\$2,915.84
11-12*	\$945.30	\$679.59	\$3,246.64	\$2,855.94
12-13*	\$920.92	\$631.05	\$3,222.26	\$2,796.03
13-14	\$896.53	\$582.50	\$3,197.87	\$2,736.13
14-15	\$872.15	\$533.96	\$3,173.49	\$2,676.22
15-16	\$847.76	\$485.42	\$3,149.10	\$2,616.32
16-17	\$823.37	\$436.88	\$3,124.71	\$2,556.41
17-18	\$798.99	\$388.34	\$3,100.33	\$2,496.51
18-19	\$774.60	\$339.79	\$3,075.94	\$2,436.60
19-20	\$750.22	\$291.25	\$3,051.56	\$2,376.70
20-21	\$725.83	\$242.71	\$3,027.17	\$2,316.79
21-22	\$701.44	\$194.17	\$3,002.78	\$2,256.89
22-23	\$677.06	\$145.63	\$2,978.40	\$2,196.98
23-24	\$652.67	\$97.08	\$2,954.01	\$2,137.08
24-25	\$628.29	\$48.54	\$2,929.63	\$2,077.17
25 or more	\$603.90	\$0.00	\$2,905.24	\$2,017.27
<b><i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i></b>				
	\$908.72	\$606.77	\$3,210.06	\$2,766.08
COBRA	\$1,237.82	\$1,237.82	\$3,585.19	\$3,585.19

**Deduct Codes:**

469 - Three or more family members are "Senior Advantage"; one is "Basic"

470 - Three or more family members are "Basic"; one is "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Hawaii**

Years of Service	Retiree Only 471	Retiree Only 472	Retiree & Dependent 474	Retiree & Family 475
Less than 10*	\$954.64	\$446.94	\$1,901.28	\$2,847.92
10-11*	\$572.78	\$268.16	\$1,302.23	\$2,248.87
11-12*	\$534.60	\$250.29	\$1,242.33	\$2,188.97
12-13*	\$496.41	\$232.41	\$1,182.42	\$2,129.06
13-14	\$458.23	\$214.53	\$1,122.52	\$2,069.16
14-15	\$420.04	\$196.65	\$1,062.61	\$2,009.25
15-16	\$381.86	\$178.78	\$1,002.71	\$1,949.35
16-17	\$343.67	\$160.90	\$942.80	\$1,889.44
17-18	\$305.48	\$143.02	\$882.90	\$1,829.54
18-19	\$267.30	\$125.14	\$822.99	\$1,769.63
19-20	\$229.11	\$107.27	\$763.09	\$1,709.73
20-21	\$190.93	\$89.39	\$703.18	\$1,649.82
21-22	\$152.74	\$71.51	\$643.28	\$1,589.92
22-23	\$114.56	\$53.63	\$583.37	\$1,530.01
23-24	\$76.37	\$35.76	\$523.47	\$1,470.11
24-25	\$38.19	\$17.88	\$463.56	\$1,410.20
25 or more	\$0.00	\$0.00	\$403.66	\$1,350.30
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$477.32	\$223.47	\$1,152.47	\$2,099.11
COBRA	\$973.73	\$455.88	\$1,939.31	\$2,904.88

**Deduct Codes:**

471 - "Basic" under age 65

472 - "Senior Advantage"

474 - Two family members are "Basic"

475 - Three or more family members are "Basic"



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Hawaii**

<b>Years of Service</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 476</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 476</b>	<b>Retiree &amp; Family 478</b>
Less than 10*	\$1,393.58	\$1,393.58	\$885.88
10-11*	\$1,149.72	\$836.15	\$642.02
11-12*	\$1,125.33	\$780.40	\$617.63
12-13*	\$1,100.95	\$724.66	\$593.25
13-14	\$1,076.56	\$668.92	\$568.86
14-15	\$1,052.18	\$613.18	\$544.48
15-16	\$1,027.79	\$557.43	\$520.09
16-17	\$1,003.40	\$501.69	\$495.70
17-18	\$979.02	\$445.95	\$471.32
18-19	\$954.63	\$390.20	\$446.93
19-20	\$930.25	\$334.46	\$422.55
20-21	\$905.86	\$278.72	\$398.16
21-22	\$881.47	\$222.97	\$373.77
22-23	\$857.09	\$167.23	\$349.39
23-24	\$832.70	\$111.49	\$325.00
24-25	\$808.32	\$55.74	\$300.62
25 or more	\$783.93	\$0.00	\$276.23
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,088.75	\$696.79	\$581.05
COBRA	\$1,421.45	\$1,421.45	\$903.60

**Deduct Codes:**

476 - One family member is "Senior Advantage"; one is "Basic"

478 - Two family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Oregon**

Years of Service	Retiree Only 481	Retiree Only 482	Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,306.65	\$548.45	\$2,605.30	\$3,903.95
10-11*	\$783.99	\$329.07	\$2,006.25	\$3,304.90
11-12*	\$731.72	\$307.13	\$1,946.35	\$3,245.00
12-13*	\$679.46	\$285.19	\$1,886.44	\$3,185.09
13-14	\$627.19	\$263.26	\$1,826.54	\$3,125.19
14-15	\$574.93	\$241.32	\$1,766.63	\$3,065.28
15-16	\$522.66	\$219.38	\$1,706.73	\$3,005.38
16-17	\$470.39	\$197.44	\$1,646.82	\$2,945.47
17-18	\$418.13	\$175.50	\$1,586.92	\$2,885.57
18-19	\$365.86	\$153.57	\$1,527.01	\$2,825.66
19-20	\$313.60	\$131.63	\$1,467.11	\$2,765.76
20-21	\$261.33	\$109.69	\$1,407.20	\$2,705.85
21-22	\$209.06	\$87.75	\$1,347.30	\$2,645.95
22-23	\$156.80	\$65.81	\$1,287.39	\$2,586.04
23-24	\$104.53	\$43.88	\$1,227.49	\$2,526.14
24-25	\$52.27	\$21.94	\$1,167.58	\$2,466.23
25 or more	\$0.00	\$0.00	\$1,107.68	\$2,406.33
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$653.32	\$274.22	\$1,856.49	\$3,155.14
COBRA	\$1,332.78	\$559.42	\$2,657.41	\$3,982.03

**Deduct Codes:**

481 - "Basic" under age 65

482 - "Senior Advantage"

484 - Two family members are "Basic"

485 - Three or more family members are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Oregon**

<b>Years of Service</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 486</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 486</b>	<b>Retiree &amp; Family 488</b>
Less than 10*	\$1,847.10	\$1,847.10	\$1,088.90
10-11*	\$1,603.24	\$1,248.05	\$845.04
11-12*	\$1,578.85	\$1,188.15	\$820.65
12-13*	\$1,554.47	\$1,128.24	\$796.27
13-14	\$1,530.08	\$1,068.34	\$771.88
14-15	\$1,505.70	\$1,008.43	\$747.50
15-16	\$1,481.31	\$948.53	\$723.11
16-17	\$1,456.92	\$888.62	\$698.72
17-18	\$1,432.54	\$828.72	\$674.34
18-19	\$1,408.15	\$768.81	\$649.95
19-20	\$1,383.77	\$708.91	\$625.57
20-21	\$1,359.38	\$649.00	\$601.18
21-22	\$1,334.99	\$589.10	\$576.79
22-23	\$1,310.61	\$529.19	\$552.41
23-24	\$1,286.22	\$469.29	\$528.02
24-25	\$1,261.84	\$409.38	\$503.64
25 or more	\$1,237.45	\$349.48	\$479.25
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,542.27	\$1,098.29	\$784.07
COBRA	\$1,884.04	\$1,884.04	\$1,110.68

**Deduct Codes:**

486 - One family member is "Senior Advantage"; one is "Basic"

488 - Two family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Oregon**

<b>Years of Service</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 493</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 493</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 494</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 494</b>
Less than 10*	\$3,145.75	\$3,145.75	\$2,387.55	\$2,387.55
10-11*	\$2,901.89	\$2,546.70	\$2,143.69	\$1,788.50
11-12*	\$2,877.50	\$2,486.80	\$2,119.30	\$1,728.60
12-13*	\$2,853.12	\$2,426.89	\$2,094.92	\$1,668.69
13-14	\$2,828.73	\$2,366.99	\$2,070.53	\$1,608.79
14-15	\$2,804.35	\$2,307.08	\$2,046.15	\$1,548.88
15-16	\$2,779.96	\$2,247.18	\$2,021.76	\$1,488.98
16-17	\$2,755.57	\$2,187.27	\$1,997.37	\$1,429.07
17-18	\$2,731.19	\$2,127.37	\$1,972.99	\$1,369.17
18-19	\$2,706.80	\$2,067.46	\$1,948.60	\$1,309.26
19-20	\$2,682.42	\$2,007.56	\$1,924.22	\$1,249.36
20-21	\$2,658.03	\$1,947.65	\$1,899.83	\$1,189.45
21-22	\$2,633.64	\$1,887.75	\$1,875.44	\$1,129.55
22-23	\$2,609.26	\$1,827.84	\$1,851.06	\$1,069.64
23-24	\$2,584.87	\$1,767.94	\$1,826.67	\$1,009.74
24-25	\$2,560.49	\$1,708.03	\$1,802.29	\$949.83
25 or more	\$2,536.10	\$1,648.13	\$1,777.90	\$889.93
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$2,840.92	\$2,396.94	\$2,082.72	\$1,638.74
COBRA	\$3,208.67	\$3,208.67	\$2,435.30	\$2,435.30

**Deduct Codes:**

493 - One family member is "Senior Advantage"; two or more are "Basic"

494 - Two family members are "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Washington**

Years of Service	Retiree Only 393	Retiree Only 394	Retiree & Family 395	Retiree & Family 396	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 397	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 397
Less than 10*	\$1,838.62	\$440.25	\$3,426.49	\$5,732.15	\$2,028.12	\$2,028.12
10-11*	\$1,239.57	\$264.15	\$2,827.44	\$5,133.10	\$1,784.26	\$1,429.07
11-12*	\$1,179.67	\$246.54	\$2,767.54	\$5,073.20	\$1,759.87	\$1,369.17
12-13*	\$1,119.76	\$228.93	\$2,707.63	\$5,013.29	\$1,735.49	\$1,309.26
13-14	\$1,059.86	\$211.32	\$2,647.73	\$4,953.39	\$1,711.10	\$1,249.36
14-15	\$999.95	\$193.71	\$2,587.82	\$4,893.48	\$1,686.72	\$1,189.45
15-16	\$940.05	\$176.10	\$2,527.92	\$4,833.58	\$1,662.33	\$1,129.55
16-17	\$880.14	\$158.49	\$2,468.01	\$4,773.67	\$1,637.94	\$1,069.64
17-18	\$820.24	\$140.88	\$2,408.11	\$4,713.77	\$1,613.56	\$1,009.74
18-19	\$760.33	\$123.27	\$2,348.20	\$4,653.86	\$1,589.17	\$949.83
19-20	\$700.43	\$105.66	\$2,288.30	\$4,593.96	\$1,564.79	\$889.93
20-21	\$640.52	\$88.05	\$2,228.39	\$4,534.05	\$1,540.40	\$830.02
21-22	\$580.62	\$70.44	\$2,168.49	\$4,474.15	\$1,516.01	\$770.12
22-23	\$520.71	\$52.83	\$2,108.58	\$4,414.24	\$1,491.63	\$710.21
23-24	\$460.81	\$35.22	\$2,048.68	\$4,354.34	\$1,467.24	\$650.31
24-25	\$400.90	\$17.61	\$1,988.77	\$4,294.43	\$1,442.86	\$590.40
25 or more	\$341.00	\$0.00	\$1,928.87	\$4,234.53	\$1,418.47	\$530.50
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$1,089.81	\$220.12	\$2,677.68	\$4,983.34	\$1,723.29	\$1,279.31
COBRA	\$1,875.39	\$449.06	\$3,495.02	\$5,846.79	\$2,068.68	\$2,068.68

**Deduct Codes:**

393 - "Basic" under age 65

394 - "Senior Advantage"

395 - Two family members are "Basic"

396 - Three or more family members are "Basic"

397 - One family member is "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Kaiser Permanente Washington**

Years of Service	Retiree & Family 398	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 399	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 399	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 400	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 400
Less than 10*	\$872.50	\$4,333.78	\$4,333.78	\$3,178.16	\$3,178.16
10-11*	\$628.64	\$4,089.92	\$3,734.73	\$2,934.30	\$2,579.11
11-12*	\$604.25	\$4,065.53	\$3,674.83	\$2,909.91	\$2,519.21
12-13*	\$579.87	\$4,041.15	\$3,614.92	\$2,885.53	\$2,459.30
13-14	\$555.48	\$4,016.76	\$3,555.02	\$2,861.14	\$2,399.40
14-15	\$531.10	\$3,992.38	\$3,495.11	\$2,836.76	\$2,339.49
15-16	\$506.71	\$3,967.99	\$3,435.21	\$2,812.37	\$2,279.59
16-17	\$482.32	\$3,943.60	\$3,375.30	\$2,787.98	\$2,219.68
17-18	\$457.94	\$3,919.22	\$3,315.40	\$2,763.60	\$2,159.78
18-19	\$433.55	\$3,894.83	\$3,255.49	\$2,739.21	\$2,099.87
19-20	\$409.17	\$3,870.45	\$3,195.59	\$2,714.83	\$2,039.97
20-21	\$384.78	\$3,846.06	\$3,135.68	\$2,690.44	\$1,980.06
21-22	\$360.39	\$3,821.67	\$3,075.78	\$2,666.05	\$1,920.16
22-23	\$336.01	\$3,797.29	\$3,015.87	\$2,641.67	\$1,860.25
23-24	\$311.62	\$3,772.90	\$2,955.97	\$2,617.28	\$1,800.35
24-25	\$287.24	\$3,748.52	\$2,896.06	\$2,592.90	\$1,740.44
25 or more	\$262.85	\$3,724.13	\$2,836.16	\$2,568.51	\$1,680.54
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$567.67	\$4,028.95	\$3,584.97	\$2,873.33	\$2,429.35
COBRA	\$889.95	\$4,420.46	\$4,420.46	\$3,241.72	\$3,241.72

**Deduct Codes:**

398 - Two family members are "Senior Advantage"

399 - One family member is "Senior Advantage"; two or more are "Basic"

400 - Two family members are "Senior Advantage"; one or more is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - SCAN Health Plan California**

<b>Years of Service</b>	<b>Retiree Only with SCAN 611</b>	<b>Retiree &amp; 1 Dependent - Both with SCAN 613 <sup>(1)</sup></b>
Less than 10*	\$267.00	\$526.00
10-11*	\$160.20	\$315.60
11-12*	\$149.52	\$294.56
12-13*	\$138.84	\$273.52
13-14	\$128.16	\$252.48
14-15	\$117.48	\$231.44
15-16	\$106.80	\$210.40
16-17	\$96.12	\$189.36
17-18	\$85.44	\$168.32
18-19	\$74.76	\$147.28
19-20	\$64.08	\$126.24
20-21	\$53.40	\$105.20
21-22	\$42.72	\$84.16
22-23	\$32.04	\$63.12
23-24	\$21.36	\$42.08
24-25	\$10.68	\$21.04
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$133.50	\$263.00
COBRA	\$272.34	\$536.52

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - SCAN Health Plan Arizona**

<b>Years of Service</b>	<b>Retiree Only with SCAN 620</b>	<b>Retiree &amp; 1 Dependent - Both with SCAN 621 <sup>(1)</sup></b>
Less than 10*	\$267.00	\$526.00
10-11*	\$160.20	\$315.60
11-12*	\$149.52	\$294.56
12-13*	\$138.84	\$273.52
13-14	\$128.16	\$252.48
14-15	\$117.48	\$231.44
15-16	\$106.80	\$210.40
16-17	\$96.12	\$189.36
17-18	\$85.44	\$168.32
18-19	\$74.76	\$147.28
19-20	\$64.08	\$126.24
20-21	\$53.40	\$105.20
21-22	\$42.72	\$84.16
22-23	\$32.04	\$63.12
23-24	\$21.36	\$42.08
24-25	\$10.68	\$21.04
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$133.50	\$263.00
COBRA	\$272.34	\$536.52

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both retiree & eligible dependent must be enrolled in Medicare Parts A & B.



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - SCAN Health Plan Nevada**

<b>Years of Service</b>	<b>Retiree Only with SCAN 622</b>	<b>Retiree &amp; 1 Dependent - Both with SCAN 623 <sup>(1)</sup></b>
Less than 10*	\$267.00	\$526.00
10-11*	\$160.20	\$315.60
11-12*	\$149.52	\$294.56
12-13*	\$138.84	\$273.52
13-14	\$128.16	\$252.48
14-15	\$117.48	\$231.44
15-16	\$106.80	\$210.40
16-17	\$96.12	\$189.36
17-18	\$85.44	\$168.32
18-19	\$74.76	\$147.28
19-20	\$64.08	\$126.24
20-21	\$53.40	\$105.20
21-22	\$42.72	\$84.16
22-23	\$32.04	\$63.12
23-24	\$21.36	\$42.08
24-25	\$10.68	\$21.04
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$133.50	\$263.00
COBRA	\$272.34	\$536.52

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare**

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701	Retiree & 1 Dependent - Retiree with UnitedHealthcare Group Medicare Advantage HMO 702 <sup>(1)</sup>	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 <sup>(1)</sup>	Retiree & 2 or More Dependents - Retiree w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 704 <sup>(2)</sup>	Retiree & 2 or More Dependents - Retiree + 1 w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 705 <sup>(2)</sup>
Less than 10*	\$348.45	\$1,843.63	\$688.90	\$2,101.19	\$946.46
10-11*	\$209.07	\$1,599.77	\$445.04	\$1,857.33	\$702.60
11-12*	\$195.13	\$1,575.38	\$420.65	\$1,832.94	\$678.21
12-13*	\$181.19	\$1,551.00	\$396.27	\$1,808.56	\$653.83
13-14	\$167.26	\$1,526.61	\$371.88	\$1,784.17	\$629.44
14-15	\$153.32	\$1,502.23	\$347.50	\$1,759.79	\$605.06
15-16	\$139.38	\$1,477.84	\$323.11	\$1,735.40	\$580.67
16-17	\$125.44	\$1,453.45	\$298.72	\$1,711.01	\$556.28
17-18	\$111.50	\$1,429.07	\$274.34	\$1,686.63	\$531.90
18-19	\$97.57	\$1,404.68	\$249.95	\$1,662.24	\$507.51
19-20	\$83.63	\$1,380.30	\$225.57	\$1,637.86	\$483.13
20-21	\$69.69	\$1,355.91	\$201.18	\$1,613.47	\$458.74
21-22	\$55.75	\$1,331.52	\$176.79	\$1,589.08	\$434.35
22-23	\$41.81	\$1,307.14	\$152.41	\$1,564.70	\$409.97
23-24	\$27.88	\$1,282.75	\$128.02	\$1,540.31	\$385.58
24-25	\$13.94	\$1,258.37	\$103.64	\$1,515.93	\$361.20
25 or more	\$0.00	\$1,233.98	\$79.25	\$1,491.54	\$336.81
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$174.22	\$1,538.80	\$384.07	\$1,796.36	\$641.63
COBRA	\$355.42	\$1,880.50	\$702.68	\$2,143.21	\$965.39

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child

<sup>(2)</sup> Retiree & 2 or More Dependents = Retiree, Spouse/Domestic Partner & 1 or More Children or Retiree & 2 or More Children

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - UnitedHealthcare**

<b>Years of Service</b>	<b>Retiree Only 707</b>	<b>Retiree &amp; 1 Dependent 708</b>	<b>Retiree &amp; 2 or More Dependents 709</b>
Less than 10*	\$1,503.18	\$2,745.90	\$3,255.92
10-11*	\$904.13	\$2,146.85	\$2,656.87
11-12*	\$844.23	\$2,086.95	\$2,596.97
12-13*	\$784.32	\$2,027.04	\$2,537.06
13-14	\$724.42	\$1,967.14	\$2,477.16
14-15	\$664.51	\$1,907.23	\$2,417.25
15-16	\$604.61	\$1,847.33	\$2,357.35
16-17	\$544.70	\$1,787.42	\$2,297.44
17-18	\$484.80	\$1,727.52	\$2,237.54
18-19	\$424.89	\$1,667.61	\$2,177.63
19-20	\$364.99	\$1,607.71	\$2,117.73
20-21	\$305.08	\$1,547.80	\$2,057.82
21-22	\$245.18	\$1,487.90	\$1,997.92
22-23	\$185.27	\$1,427.99	\$1,938.01
23-24	\$125.37	\$1,368.09	\$1,878.11
24-25	\$65.46	\$1,308.18	\$1,818.20
25 or more	\$5.56	\$1,248.28	\$1,758.30
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$754.37	\$1,997.09	\$2,507.11
COBRA	\$1,533.24	\$2,800.82	\$3,321.04

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Cigna Indemnity Dental/Vision**

<b>Years of Service</b>	<b>Retiree Only 501</b>	<b>Retiree &amp; Dependent(s) 502</b>
Less than 10*	\$54.11	\$113.06
10-11*	\$32.47	\$91.42
11-12*	\$30.30	\$89.25
12-13*	\$28.14	\$87.09
13-14	\$25.97	\$84.92
14-15	\$23.81	\$82.76
15-16	\$21.64	\$80.59
16-17	\$19.48	\$78.43
17-18	\$17.32	\$76.27
18-19	\$15.15	\$74.10
19-20	\$12.99	\$71.94
20-21	\$10.82	\$69.77
21-22	\$8.66	\$67.61
22-23	\$6.49	\$65.44
23-24	\$4.33	\$63.28
24-25	\$2.16	\$61.11
25 or more	\$0.00	\$58.95
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$27.05	\$86.00
COBRA	\$55.19	\$115.32

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Cigna Prepaid Dental/Vision**

<b>Years of Service</b>	<b>Retiree Only 901</b>	<b>Retiree &amp; Dependent(s) 902</b>
Less than 10*	\$46.52	\$95.28
10-11*	\$27.91	\$73.64
11-12*	\$26.05	\$71.47
12-13*	\$24.19	\$69.31
13-14	\$22.33	\$67.14
14-15	\$20.47	\$64.98
15-16	\$18.61	\$62.81
16-17	\$16.75	\$60.65
17-18	\$14.89	\$58.49
18-19	\$13.03	\$56.32
19-20	\$11.16	\$54.16
20-21	\$9.30	\$51.99
21-22	\$7.44	\$49.83
22-23	\$5.58	\$47.66
23-24	\$3.72	\$45.50
24-25	\$1.86	\$43.33
25 or more	\$0.00	\$41.17
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.26	\$68.22
COBRA	\$47.45	\$97.19

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - Children Only Rates**

<b>Years of Service</b>	<b>Anthem Plan I &amp; II 215 or 225</b>	<b>Kaiser One Child 421</b>	<b>Kaiser 2 or More 411</b>	<b>Prudent Buyer 205</b>	<b>Cigna 305</b>	<b>UHC HMO 706</b>	<b>Cigna Indemnity Dental/Vision 503</b>	<b>Cigna Prepaid Dental/Vision 903</b>
Less than 10*	\$505.82	\$1,351.15	\$2,694.30	\$308.06	\$598.21	\$429.15	\$66.63	\$47.11
10-11*	\$303.49	\$810.69	\$2,095.25	\$184.84	\$358.93	\$257.49	\$39.98	\$28.27
11-12*	\$283.26	\$756.64	\$2,035.35	\$172.51	\$335.00	\$240.32	\$37.31	\$26.38
12-13*	\$263.03	\$702.60	\$1,975.44	\$160.19	\$311.07	\$223.16	\$34.65	\$24.50
13-14	\$242.79	\$648.55	\$1,915.54	\$147.87	\$287.14	\$205.99	\$31.98	\$22.61
14-15	\$222.56	\$594.51	\$1,855.63	\$135.55	\$263.21	\$188.83	\$29.32	\$20.73
15-16	\$202.33	\$540.46	\$1,795.73	\$123.22	\$239.28	\$171.66	\$26.65	\$18.84
16-17	\$182.10	\$486.41	\$1,735.82	\$110.90	\$215.36	\$154.49	\$23.99	\$16.96
17-18	\$161.86	\$432.37	\$1,675.92	\$98.58	\$191.43	\$137.33	\$21.32	\$15.08
18-19	\$141.63	\$378.32	\$1,616.01	\$86.26	\$167.50	\$120.16	\$18.66	\$13.19
19-20	\$121.40	\$324.28	\$1,556.11	\$73.93	\$143.57	\$103.00	\$15.99	\$11.31
20-21	\$101.16	\$270.23	\$1,496.20	\$61.61	\$119.64	\$85.83	\$13.33	\$9.42
21-22	\$80.93	\$216.18	\$1,436.30	\$49.29	\$95.71	\$68.66	\$10.66	\$7.54
22-23	\$60.70	\$162.14	\$1,376.39	\$36.97	\$71.79	\$51.50	\$8.00	\$5.65
23-24	\$40.47	\$108.09	\$1,316.49	\$24.64	\$47.86	\$34.33	\$5.33	\$3.77
24-25	\$20.23	\$54.05	\$1,256.58	\$12.32	\$23.93	\$17.17	\$2.67	\$1.88
25 or more	\$0.00	\$0.00	\$1,196.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$252.91	\$675.57	\$1,945.49	\$154.03	\$299.10	\$214.57	\$33.31	\$23.55
COBRA	\$515.94	\$1,378.17	\$2,748.19	\$314.22	\$610.17	\$437.73	\$67.96	\$48.05

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2024**  
**Tier 2 - COBRA Rates - Kaiser**

<b>Kaiser - COBRA Rates</b>	
Single "Basic"	\$1,378.17
Single "Senior Advantage"	\$288.05
Single "Excess"	\$1,322.32
All family members are "Basic"	\$2,748.19
One family member is "Senior Advantage"; others are "Basic"	\$1,658.06
One family member is "Excess"; others are "Basic"	\$2,692.33
Two or more family members are "Senior Advantage"	\$567.94
One family member is "Excess"; another is "Senior Advantage"	\$1,602.21
Two family members are "Excess"	\$2,636.48
Child under 26	\$1,378.17
Children under 26	\$2,748.19

# Anthem Plan Reference Documents



Case :

LACERA C00037 & C20477

## California Mandatory Contract Changes

Contract Changes checklists are a tool to be utilized in conjunction with the enclosed notice of contract language changes upon renewal. If not already included, the following is the list of changes that will be added to contract documents. Effective dates are shown and apply at renewal on or after that date. Please note: Some of the changes below will be or have been submitted to State regulatory agencies and will require approval prior to implementation.

### Prudent Buyer

Product Unit	Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	Grand - fathered	Effective	Does this Change also Apply to Bluecard Plans?
All PPO		Dependents	Clarified an enrolled dependent who cannot work to support themselves due to mental or physical impairment are covered by removing the requirement stating they must be unmarried. Coverage applies regardless of marital status. This is a clarification and not a change in administration from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Transplant Benefit Period	Added a definition for a Transplant Benefit Period. This is a clarification and not a change in administration from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Precertification Reviews	Revised the Precertification requirement to inform members that they or an authorized representative must notify us of the admission related to emergency care as soon as possible. This is a clarification and not a change in benefits from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Therapeutic Substitution	Revised the Therapeutic Substitution provision to clarify and rename the program as Therapeutic Equivalents. This is a clarification and not a change in benefits from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Covered Procedure	Added a definition for a Covered Procedure and removed the definition for Covered Transplant Procedure. This is a clarification and not a change in administration from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Identity Protection Services	Removed the Identity Protection Services provision from the EOC. Enrollment information can instead be found online at: <a href="https://www.allclearid.com/anthem/">https://www.allclearid.com/anthem/</a> .	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Treatment of an Accidental Dental Injury	For the Treatment of an Accidental Dental Injury, Anthem has increased coverage of anesthesia and facility treatment up to the age of 20 years old. This is a clarification and not a change in benefits from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Approved In-Network Provider	Added a definition for an Approved In-Network Provider and removed the definition for an In-Network Transplant Provider. This is a clarification and not a change in administration from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Out-of-Network Transplant Provider	Added a definition for an Out-of-Network Transplant Provider. This is a clarification and not a change in administration from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Continuation of Care after Termination of Provider	Clarified the provision to note the retirement or death of a provider while the member is in active treatment are not causes for a member to still get treatment as In-Network benefits. This is a clarification and not a change in benefits from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Member Rights and Responsibilities	Removed and replaced the Member Rights and Responsibilities section under General Provisions in the EOC. This is a clarification and not a change in administration from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal	Yes



# Anthem Plan Reference Documents



Case :

LACERA C00037 & C20477

## California Mandatory Contract Changes

Contract Changes checklists are a tool to be utilized in conjunction with the enclosed notice of contract language changes upon renewal. If not already included, the following is the list of changes that will be added to contract documents. Effective dates are shown and apply at renewal on or after that date. Please note: Some of the changes below will be or have been submitted to State regulatory agencies and will require approval prior to implementation.

### Prescription Drug

Product Unit	Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	Grand - fathered	Effective
All Rx		Therapeutic Substitution	Revised the Therapeutic Substitution provision to clarify and rename the program as Therapeutic Equivalents. This is a clarification and not a change in benefits from last year's plan.	Company Change	1/1/2024	Non-Pooled	All Plans	At Renewal



# Cigna Plan Reference Documents

## LACERA - HMO - H0354-805-AZHMO Cigna Medicare Advantage Employer Group Plan Summary of Benefits

Plan Type	HMO
Effective Dates	07/01/2024 - 06/30/2025
Medical Premium	\$215.32
Funding Type	Fully Insured
Situs State	Arizona
Benefit Option Code	AZHMO
Medical Accumulation Period	Calendar Year
Benefit Description	What the customer pays
	<b>In-Network</b>
Plan Deductible	No deductible
Plan Deductible Applies To:	Not applicable
Plan Deductible Does Not Apply To:	Not applicable
Maximum Out-of-Pocket Cost (MOOP)	\$5,500 which applies to in-network Medicare-covered and in-network non-Medicare-covered benefits
Lifetime Coverage Maximum	None
Annual Maximum	None
<b>Inpatient Hospital</b>	<b>In-Network</b>
Inpatient Hospital Care (inc. Substance Abuse and Rehab)	\$0
Inpatient Hospital Care – Coverage Limit (days)	None
Inpatient Hospital Psychiatric	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190
<b>Skilled Nursing Facility</b>	<b>In-Network</b>
Benefit Period 1-100 days	\$0 per day for days 1-100
Additional Days 101 and over	Not covered
Hospital Stay Required?	No
<b>Home Health Care</b>	<b>In-Network</b>
Benefit	\$0
Coverage Limit	None
<b>Outpatient Facility Services</b>	<b>In-Network</b>
Outpatient Surgery	Colorectal Screenings - \$0 All Other - \$12
Ambulatory Surgical Centers	Colorectal Screenings - \$0 All Other - \$12
Observation Services	\$12
Outpatient Non-Surgical Services	\$12
<b>Emergency Services</b>	<b>In-Network</b>
Emergency Room (waived if admitted within 24 hours)	\$90
Emergency Worldwide Coverage	\$90
Maximum Per Year for Emergency Worldwide Coverage	\$50,000
Urgent Care	\$25
Ambulance (Ground and Air)	\$0
<b>Outpatient Physician Services (including virtual care)</b>	<b>In-Network</b>
Primary Care Physician Office Visit, Office Surgery and Allergy Treatment	\$0
Specialist Office Visit, Office Surgery and Allergy Treatment	\$12
Dialysis	\$12
Chemotherapy Administration	\$12
<b>Mental Health and Substance Abuse Services</b>	<b>In-Network</b>
Partial Hospitalization	\$12
Mental Health/Psychiatric Specialty-Individual	\$0
Mental Health/Psychiatric Specialty-Group	\$0
Substance Abuse-Individual	\$12
Substance Abuse-Group	\$12
Opioid Treatment Program Services	\$12
<b>Virtual Services</b>	<b>In-Network</b>
Virtual Services - MD LIVE (Urgent Care, Dermatology, and Behavioral Health Services)	\$0



## Cigna Plan Reference Documents

Benefit Description	What the customer pays
<b>Preventive Care (Medicare Covered)</b>	<b>In-Network</b>
Annual Wellness Visits	\$0
Annual Physical Exam	\$0
Immunization Coverage (COVID-19, Flu, Pneumonia, and Hepatitis B shots)	\$0
Other Wellness	\$0
Other Wellness Includes:	Abdominal aortic aneurysm screening, alcohol misuse screenings & counseling, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease screenings & behavioral therapy, cervical and vaginal cancer screening, colorectal cancer screenings (barium enema screening, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, stool DNA test), blood-based biomarker test, depression screenings, diabetes screenings, diabetes self-management training, diabetes prevention program, hepatitis B virus screenings, hepatitis C screening, HIV screening, lung cancer screening, kidney disease education services, nutrition therapy services, obesity screenings & counseling, prostate cancer screening, sexually transmitted infections screening & counseling, tobacco use cessation counseling, and one-time Welcome to Medicare preventive visit.
<b>Diagnostic Services, Labs &amp; Imaging</b>	<b>In-Network</b>
Diagnostic Procedures and Tests	\$0
Lab Services (Pathology) - Applies to All Places of Service	\$0
X-ray Services	\$0
Diagnostic Radiological Services (such as MRIs, CT Scans)	Mammography and Ultrasounds - \$0 Non-Cardiac Nuclear Studies - \$0 Cardiac Nuclear Studies - \$12 Routine Stress Test - \$12 All Other - \$125
Therapeutic Radiological Services	\$12
<b>Foot Care</b>	<b>In-Network</b>
Podiatry Services (Medicare Covered)	\$12
Podiatry Services (Non-Medicare Covered)	\$12
<b>Chiropractic Care</b>	<b>In-Network</b>
Chiropractic Visit (Medicare Covered)	\$12
Chiropractic Visit (Non-Medicare Covered)	\$12 per visit for up to 12 routine visits per year
<b>Acupuncture Care</b>	<b>In-Network</b>
Acupuncture Visit (Medicare Covered)	\$12
Acupuncture Visit (Non-Medicare Covered)	Not covered, Healthy Rewards Discount Programs available
<b>Rehabilitation Services</b>	<b>In-Network</b>
Cardiac Rehabilitation	\$10
Pulmonary Rehabilitation	\$10
Short Term Rehabilitation Service - Physical, Occupational, and Speech Language Therapy	\$12
Physical Therapy and Speech Language Therapy - Additional Virtual Services	\$0
<b>Medical Equipment, Supplies and Part B Drugs</b>	<b>In-Network</b>
Durable Medical Equipment (DME)	\$0
Medical Supplies	\$0
Prosthetics	\$0
Diabetic Supplies	\$0
Part B Drugs - Medicare-covered Part B Drugs may be subject to step therapy requirements	Part B Insulin Drugs - 20% up to \$35 maximum for a one month supply All Other Part B drugs - 20%
Chemotherapy Drugs	20%
<b>Dental Services</b>	<b>In-Network</b>
Dental Services (Medicare Covered)	\$12
Dental Services (Non-Medicare Covered)	Not Covered
<b>Vision Services</b>	<b>In-Network</b>
Eye Exams (Medicare Covered)	Diabetic Retinal Exams - \$0 Glaucoma Screenings - \$0 All Other Medicare-Covered - \$12
Eye Wear (Medicare Covered)	\$0
Eye Exams (Routine)	\$0 for one routine exam every year
Eye Wear (Routine)	\$100 every year
<b>Hearing Services</b>	<b>In-Network</b>
Hearing Exams (Medicare Covered)	\$12
Routine Hearing Exams	\$0 for one routine exam every year
Hearing Aid Evaluation/Fitting	\$0 for one fitting evaluation per hearing aid every three years
Hearing Aids	\$1,400 every three years



## Cigna Plan Reference Documents

Benefit Description	What the customer pays
<b>Supplemental Benefits</b>	<b>In-Network</b>
Health Education	Members will be provided with access to video and written content on a variety of health and wellness topics through the Cigna Medicare website.
Health Information Line	\$0 copay. Customers can use Cigna's 24/7 Hour Health Information Line to talk one-on-one with a Nurse Advocate. The nurse will do an assessment based on the questions presented and provide education, recommendations and support to help find the most appropriate and cost effective care.
Meal Benefit	\$0 copay. After discharge from a qualified inpatient hospital stay directly to home (for traumatic or chronic illness), members are eligible to receive a one-time delivery of 14 nutritional meals delivered to their home free of charge. Members are eligible to receive this benefit for up to three qualified hospital stays per year. Benefit only applies to discharge during an acute inpatient stay and does not apply to a
Meal Benefit for ESRD Customers in Case Management	\$0 copay for 56 meals over 28 days once per year for ESRD members enrolled in an ESRD-related case management program.
Fitness	\$0 copay for fitness memberships through Silver & Fit program. Customers can visit multiple facilities in the same month.
Pet Allowance	Not covered
Vision Allowance	Not covered
Hearing Allowance	Not covered
Home Life Referrals	With our Home Life Referrals program, customers have quick and convenient access to trusted local resources to assist them with everyday needs such as finding child care, eldercare, pet care, home
Wigs for Hair Loss due to Cancer Treatment	Not covered
Routine Transportation	Not covered
Over-the-Counter Items	Not covered
In-Home Support	Not covered
Caregiver Support	Not Covered
Part B Premium Reduction	Not Covered
Compression Stockings	Not Covered
Foot Orthotics	Not Covered
Outpatient Private Duty Nursing	Not Covered
<b>Clinical Management Programs</b>	<b>In-Network</b>
Utilization Management	Utilization management program improves the care delivered to customers through specialized clinical expertise, regionally-focused relationships and individualized customer support; Verifying the eligibility, safety, medical necessity, and appropriateness of care, promoting quality, value-enhanced care, ensuring the most appropriate level of care is provided and supporting safe and effective transitions; Identifying high-risk customers and ensuring that appropriate care is accessed; Improving utilization of resources by identifying patterns of over- and under- utilization; and Post-hospital discharge.
Oncology and Radiation Services	Specialized oncology and radiation services help manage costs for expensive conditions with rapidly-changing treatment protocols; Clinical decision support featuring peer-to-peer consultation and evidence-based treatment plans; Plans consider diagnosis, disease stage, comorbidities, and other individual
Care Management	Care Management programs are part of the broader population health management strategy and apply a comprehensive, multidisciplinary approach to manage customers with chronic, complex, and disease-specific care needs through identification, assessment, care coordination, customer education and self-
Behavioral Health	Helps identify customers with untreated behavioral health conditions that result in worsening medical comorbidities and avoidable utilization; Health Coach support; Assessment of Social Determinants of Health; Community based support systems; Therapist, psychiatrist and other behavior health provider
Kidney Disease	Provides in-home kidney care management for customers with advanced-stage kidney disease; In-home nurse and social worker support; 24/7 telephone support; and Assessment of Social Determinants of
Pre-Diabetes Support	Medicare Diabetes Prevention Program benefit for individuals at risk for Type 2 diabetes; Lifestyle behavior change program; In-person classes and social support; Focus on weight reduction.
Transition of Care (TOC)	Extends care into the home by offering support to patients post-hospital discharge who have a strong likelihood of a hospital readmission; Transition of Care team communicates with PCP to coordinate care; In-home visit within 5 days; Review of Durable Medical Equipment; Medication reconciliation; and In-home or phone follow-up.
<b>Healthy Rewards Discount Programs</b>	<b>In-Network</b>
Meals	Enjoy free shipping on budget-friendly refrigerated meals sent to your home or the home of a loved one (e.g., a specialized diet, or an aging parent).
Fitness Devices	Discounts up to 25% off several Fitbit wearables with free shipping.
Virtual Fitness	Take advantage of more than 2,000 on-demand videos and audio-based classes including total body workouts, barre, kickboxing, strength training, and Pilates. The first 30 days are free; 25% discount off the monthly membership.
Hearing Aids and Exams	Save on hearing products and services with leading brand hearing aids as low as \$995 per device. You will also enjoy a 60-day free trial and a money-back guarantee, one year of free follow-up care, a 5-year battery supply or one charging station to keep you powered up, and a three-year warranty with purchase.



## Cigna Plan Reference Documents

Benefit Description	What the customer pays
Vision Exams and Eyewear	Receive discounts on vision tests and eyewear at a large number of independent and retail providers. Providers include Pearle Vision, Target Optical, ContactsDirect, Glasses.com, and LensCrafters.
Lasik Vision	Improve your vision with your deep discount on LASIK vision correction now including a broader network of providers to choose from. Save \$1000 with preferred providers or up to 15% off out-of-network
Alternative Medicine	Save up to 25% on acupuncture, physical therapy, occupational therapy, chiropractic care, massage therapy, routine podiatry services, and Registered dietitian visits.
<b>Additional Value Discounts</b>	<b>In-Network</b>
Medical Alert System	A personal protection system that calls for emergency help at the touch of a button, 24 hours a day, 7 days a week.

### Caveats and Exclusions

Only retirees and their dependents who are entitled to Medicare Part A and enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join a Medicare Advantage plan.

Billing for this product is on a per Medicare beneficiary per month basis. Each enrollee will be set up on their own eligibility record/ID and charged a single per Medicare beneficiary per month premium rate.

Cigna companies reserve the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations.

#### Benefits we do not cover (exclusions):

Below is a list of services and items that either are not covered under any condition or are covered only under specific conditions.

- 1) Services considered not reasonable and necessary, according to the standards of Original Medicare.
- 2) Experimental medical procedures, surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community. Experimental procedures and items may be covered by Original Medicare under a Medicare approved clinical research study or by our plan.
- 3) Private room charges in a hospital are not covered unless medically necessary.
- 4) Personal items in your room at a hospital or a skilled nursing facility such as a telephone or a television.
- 5) Full-time nursing care in your home.
- 6) Custodial care. Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- 7) Homemaker services. Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
- 8) Fees charged for care by your immediate relatives or members of your household.
- 9) Cosmetic surgery or procedures. Cosmetic surgery or procedures may be covered in cases of an accidental injury or for improvement of the functioning of a malformed body part. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- 10) Routine chiropractic care except manual manipulation of the spine to correct a subluxation unless noted in the benefit summary.
- 11) Routine foot care unless noted in the benefit summary. Some limited coverage is provided according to Medicare guidelines, e.g., if you have diabetes.
- 12) Orthopedic shoes except if shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- 13) Supportive devices for the feet except for people with diabetic foot disease.
- 14) Reversal of sterilization procedures and/or non-prescription contraceptive supplies.
- 15) Naturopath services (uses natural or alternative treatments).

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## Cigna Plan Reference Documents

**Szeto, Michael C.**

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**From:** Auer, Jason 319 <Jason.Auer@CignaHealthcare.com>  
**Sent:** Friday, October 20, 2023 2:38 PM  
**To:** Szeto, Michael C.; Straus, Lindsay A; Sharp-Sarber, Mandy P HHHH  
**Cc:** Cassandra Smith; Leilani Ignacio; Murphy, Stephen E; Ward, Richard; Donaldson, Deborah; Kuhlman, Jessica; Clare, Wesley A  
**Subject:** [Not Virus Scanned] RE: LACERA - 2024/2025 Renewal Request [Cigna]  
**Attachments:** LACERA 2024 renewal 10\_19\_2023.xls; LACERA - EyeMed vs. VSP Comparison - EyeMed Network Eff. 07.01.24.pptx; 3211348\_LACERA\_ClientPackage.pdf

**CAUTION:** External Sender

Hi Michael,

Happy Friday.

You'll find the dental & vision renewal offers attached per your request. Medical is not yet completed, we'll have that to you early next week.

Please note that CMS has not yet released fee schedule pricing information for 2024. I've asked for an update here and ETA if possible, and will let you know as soon as I hear back.

Dental & Vision

Changes Eff. 7/1/24

- LACERA will be moving from Cigna Vision's VSP network to EyeMed. This is a network change, not a benefit change.
- The transition to EyeMed allows us to significantly broaden the vision network and increase access points for LACERA retirees across the spectrum, including offices, providers, retail chains, online retailers, etc. The attached ppt. highlights this in greater detail.
- No benefit changes.

## 2024 RENEWAL PORTFOLIO | CALIFORNIA

# 2024 Preliminary Summary of Changes

The purpose of this document is to provide an overview of California benefit changes we're planning to make to:

- ▶ 2024 Kaiser Foundation Health Plan, Inc. (KFHP), *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2024 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

For more information, please see your renewal notice, renewal contract, or *Summary of Benefit Changes* document.

This summary does not include all changes that may be made in 2024, including changes to Medicare coverage. You'll find all the information on the final changes in your:

- ▶ *2024 Group Agreement Summary of Changes and Clarifications* Notice or renewal contract for KFHP coverage
- ▶ *2024 Summary of Benefit Changes* for KPIC coverage

## Changes to HSA-qualified HDHPs in 2024

Effective January 1 2024, the IRS is raising minimum deductible levels for health savings account (HSA)-qualified plans. These will apply upon your 2024 contract renewal.

See below for how this might affect your employees' plans.

### Minimum deductible levels:

Self-only	2023: \$1,500	2024: \$1,600
Family	2023: \$3,000	2024: \$3,200

(continues on next page)

(continued)

Kaiser Permanente will increase deductibles on 2024 HSA-qualified plans to ensure compliance. Some deductibles and out-of-pocket maximums also may increase beyond the new IRS requirements to maintain current proportionality in plan design.

## Changes to Deductible HMO with HRA plan ID numbers

We're simplifying our portfolio by eliminating the Deductible HMO with HRA plan name. Upon renewal, groups with deductible HMO with HRA plans will be moved to deductible HMO plans with different plan ID numbers but with identical benefits. This change won't impact groups or members and doesn't affect Kaiser Permanente's HRA (health reimbursement arrangement) administration.

Groups can continue to fund their HRAs after moving to the new deductible HMO plan. Groups with existing HRAs administered through Kaiser Permanente won't see an impact to their HRAs as part of this change. Groups that increase or decrease their HRA contributions must inform their Kaiser Permanente representative.

## Compliance with the Contraceptive Equity Act

To ensure Kaiser Permanente continues to comply with California Senate Bill 523, which was initially implemented January 1, 2023:

- ▶ Coverage for birth control will be expanded
- ▶ All cost sharing and medical management restrictions will be removed

Effective January 1, 2024:

- ▶ Vasectomies will be covered at \$0, not subject to plan deductible.
- ▶ FDA-approved over-the-counter contraceptive drugs and devices won't require a prescription to be covered at \$0.

**Note:** In grandfathered plans that do not include the ACA preventive package, cost sharing may still apply.



## KAISER FOUNDATION HEALTH PLAN OF COLORADO

### Summary of 2024 Benefit Changes

#### **Large Group/Non-Medicare**

#### **Traditional HMO Plans**

*(Unless otherwise noted, changes are effective upon Renewal on or after January 1, 2024)*

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### CLARIFICATIONS

No clarifications at this time

### BASE PLAN CHANGES

**Intensive Outpatient (IOP) and Partial Hospitalization** – There will be no cost share for IOP and Partial Hospitalization Services for Mental Health and Substance Use Disorders.

### CHANGES DUE TO LEGISLATION

**HRSA Women and Pediatric Preventive Service Guidelines** – The following changes apply:

- Cover screening for pregnant women with risk factor of type 2 diabetes and gestational diabetes before 24 weeks of gestation at no cost share.
- Cover diabetes screening after pregnancy at no cost share.
- Increasing the upper age limit for adolescent universal HIV screening to 21 years with no cost share.

**Colorado HB21-1276 – Prevention of Substance Use Disorders** – The bill requires health benefit plans to align cost-sharing amounts for nonpharmacological treatment for a patient with a pain diagnosis where an opioid might otherwise be prescribed. Health benefit plans must include a cost-sharing amount for each visit not to exceed the cost-sharing amount for a primary care visit for non-preventive services for a minimum of six (6) physical therapy visits, six (6) occupational therapy visits, six (6) chiropractic visits, and six (6) acupuncture visits. A carrier that provides prescription drug benefits must provide coverage for at least one atypical opioid that has been approved by the FDA for the treatment of acute or chronic pain at the lowest tier of the carrier's drug formulary and not require step therapy or prior authorization. This change is effective for health benefit plans issued or renewed on or after January 1, 2024.

- **Conditionality.** The coverage requirements in HB21-1276 only apply if the Commissioner of Insurance determines that the coverage does not require a state deferral pursuant to the federal Affordable Care Act, and the federal Department of Health and Human Services confirms this determination or fails to reply by November 8, 2023.

## Kaiser Plan Reference Documents

**Colorado SB21-016 – Protecting Preventive Health Care Coverage** – The current law requires health benefit plans cover certain preventive health care services without cost sharing, in accordance with the A or B recommendations of the U.S. Preventive Services Task Force. This bill expands certain preventive health care services to include counseling, prevention, and screening for a sexually transmitted infection (STI). Additionally, health benefit plans must provide coverage for the total cost of contraception without being subject to deductibles, copayments or coinsurance. This provision regarding contraception does ***not*** apply to grandfathered health benefit plans. This change is effective for health benefit plans issued or renewed on or after January 1, 2024.

- **Conditionality.** The coverage requirements in SB21-016 only apply if the Commissioner of Insurance determines that the coverage does not require a state defrayal pursuant to the federal Affordable Care Act, and the federal Department of Health and Human Services confirms this determination or fails to reply by November 8, 2023.

**Colorado HB23 1002 – Epinephrine Auto-injectors** – The bill requires a health plan that provides coverage for prescription epinephrine auto-injectors to cap the total amount that the member is required to pay for all covered prescription epinephrine auto-injectors at an amount not to exceed \$60 (sixty dollars) for a 2-pack of epinephrine auto-injectors. This change is effective for health benefit plans issued or renewed on or after January 1, 2024.

**Colorado SB23 284 – Twelve (12) Month Contraceptive Coverage** – Under current law, health plans must cover a 3-month supply of contraceptives the first time the prescription is filled and a 12-month supply for refills. This new law requires health plans to cover up-front an initial 12-month supply of all FDA-approved contraceptives (or their therapeutic equivalent) when permitted by the prescription and supply, and health plans may not impose prior authorization or step therapy requirements. This change is effective for health benefit plans issued or renewed on or after January 1, 2024.

### **REMINDERS**

In accord with the “**WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998**,” and as determined in consultation with the attending physician and the patient, we provide the following coverage after a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance.
- Prostheses (artificial replacements).
- Services for physical complications resulting from the mastectomy.

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**NOTE:** To the extent this Summary of 2024 Benefit Changes conflicts with, modifies or supplements the information contained in your 2024 renewal packet, the information contained in your 2024 renewal packet shall supersede what is set forth above.

## Summary of 2023 to 2024 Oregon Plan Changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal or after January 1, 2024, unless stated otherwise.

### What's new at Kaiser Permanente

#### Primary Care Access

Kaiser Permanente will be offering the following benefits upon plan renewals on or after January 1, 2024:

- Your employees will get their first preventive care visit each year, either virtually or in-person, at \$0 cost share.
- Your employees will also get their first 3 visits each year for primary care and primary care related services at \$5 cost share per visit on most plans. Here are some important details:
  - Plan cost share is \$5 for covered services. The deductible will apply for covered services on an HSA-qualified HDHP plan but will not apply on any other plan type.
  - Includes any combination of in-person or virtual care.
  - Primary care related services include naturopathic care, and outpatient mental health and substance use disorder treatment.
  - This applies only when you get care from Kaiser Permanente facilities/providers or with other in-network providers. This does not apply when you get care from out-of-network providers.

#### Care wherever life takes you

Your employees have many convenient options to stay on top of their health remotely. For primary care, specialty care, and mental health services, they can connect across the U.S. to:

- 24/7 care and advice from Kaiser Permanente clinicians by phone or video.
- Access care by phone, video, or e-visits.<sup>1,2,3,4</sup>
- Email nonurgent questions to their care team.

# Kaiser Plan Reference Documents

## Summary of 2023 to 2024 Oregon Plan Changes

### Health Engagement and Wellness Services classes — at no additional cost to members

Making informed choices and creating balance can improve or maintain your employees' health. And a class can help. From COVID-19 recovery to quitting tobacco and vaping, we offer classes online and over the phone to fit individual learning styles. Visit [kp.org/classes](https://kp.org/classes) for information on Health Engagement and Wellness Services classes.

<sup>1</sup> When appropriate and available. These features apply to care you get at Kaiser Permanente facilities.

<sup>2</sup> To have a video visit, members must be registered on [kp.org](https://kp.org) and have a camera-equipped computer or mobile device. If you travel out of state, phone and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

<sup>3</sup> Applicable cost shares will apply for services or items ordered during an e-visit.

<sup>4</sup> If you have an HSA-qualified, high deductible plan, you will need to pay the full charges for e-visits, scheduled phone, and video visits until you reach your deductible. Once you reach your deductible, your copay is \$0 for e-visits, scheduled phone and video visits.

### Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Fertility	"Infertility" terminology will be replaced with "fertility" in all 2024 plan-related documents.	Alignment with more commonly used terminology.
Group Agreement	Group Agreements will be revised to include a provision addressing how Kaiser Permanente is helping groups satisfy their obligations for prescription drug and health care cost reporting and other transparency activities.	Implementation of federal regulations related to Transparency in Coverage, and the Consolidated Appropriations Act, 2021 (HR133), including the No Surprises Act.
Primary care access	Kaiser Permanente will be offering the following benefits upon plan renewals on or after January 1, 2024: <ul style="list-style-type: none"><li>Members will get their first preventive care visit each year, either virtually or in-person, at \$0 cost share.</li><li>Members will also get their first 3 visits each year for primary care and primary care related services at \$5 cost share per</li></ul>	Reduces member cost share barriers to receiving preventive and primary care in accordance with OR Senate Bill 1529.

## Kaiser Plan Reference Documents

### Summary of 2023 to 2024 Oregon Plan Changes

	<p>visit on most plans. Here are some important details:</p> <ul style="list-style-type: none"><li>○ Plan cost share is \$5 for covered services. The deductible will apply for covered services on an HSA-qualified HDHP plan but will not apply on any other plan type.</li><li>○ Includes any combination of in-person or virtual care.</li><li>○ Primary care related services include naturopathic care, and outpatient mental health and substance use disorder treatment.</li><li>○ This applies only when you get care from Kaiser Permanente facilities/providers or with other in-network providers. This does not apply when you get care from out-of-network providers.</li></ul>	
Non-prescription hearing aids	Non-prescription hearing aids, including over the counter hearing aids, will be excluded from hearing aid rider benefits.	Benefit clarification.

## 2024 RENEWAL PORTFOLIO | WASHINGTON

## Changes to 2024 benefits

## Washington – HMO – Fully Insured

## Large employer group changes for contracts renewing on or after January 1, 2024

This document provides an overview of changes Kaiser Foundation Health Plan of Washington (KFHPWA) is making to the large group HMO health plan offering effective upon a group's 2024 renewal date.

The group may have elected other changes to existing plan design offerings that are not included in this summary, or additional modifications in cost share amounts may occur as a result of changes in employees' plan selection.

*For more information, please refer to your Summary of Benefits and Coverage.*

The following **Evidence of Coverage (EOC) language** changes apply to all large group HMO health plans unless otherwise specified.

► **Section II: Preauthorization – Clarification**

G. Preauthorization.

Refer to Section IV. ~~or Authorizations & Clinical Review Overview | Kaiser Permanente Washington or call Member Services~~ for more information regarding which services, equipment and facility types KFHPWA requires Preauthorization. Failure to obtain Preauthorization when required may result in denial of coverage for those services; and the member may be responsible for the cost of these non-Covered services. Members may contact Member Services to request Preauthorization.

► **Section IV: Advanced Care at Home – Clarification**

The member must be referred into the advanced care program by the managing provider at an ~~Network~~ emergency room, **urgent care or inpatient setting**,

► **Section II: Advanced Care at Home – Clarification**

Advanced Care at Home is provided through Medically Home, our Network provider, and **they** will provide the following services in the Member's home or appropriate care location:

► **Section IV: Dental – Clarification**

Dental services in preparation for treatment including but not limited to chemotherapy, radiation therapy, and organ transplants. Dental services (**evaluation and treatment**) in preparation for treatment require Preauthorization.

▶ **Section IV: Emergency Services – Clarification**

If a Member is admitted as an inpatient directly or to Advanced Care at Home from an emergency department, any Emergency services Copayment is waived. Coverage is subject to the **applicable** hospital services or **Advanced Care at Home** Cost Shares.

▶ **Section IV: Hearing Examinations and Hearing Aids – Mandated Benefit Change for Non-Grandfathered plans**

HB 1222 – Hearing Aids including hearing aid examination **covered up to an allowance of \$3,000 per ear per 36-month period**

▶ **Section IV: Infusion Therapy – Clarification**

Associated infused medications include, but are not limited to:

- Antibiotics.
- Hydration.
- Chemotherapy.
- Pain management.

**Preauthorization is required.**

▶ **Section IV: Laboratory and Radiology – Mandated Benefit Change for Non-Grandfathered plans**

SB 5396 **Mammography: Member pays nothing**

▶ **Section IV: Maternity and Pregnancy– Clarification**

Members must notify KFHPWA by way of the Hospital notification line within 24 hours of any admission, or as soon thereafter as medically possible. The Member's **physician provider**, in consultation with the Member, will determine the Member's length of inpatient stay following delivery.

▶ **Section IV: Maternity and Pregnancy – Clarification**

Donor **human** milk will be covered during the inpatient hospital stay when Medically Necessary, provided through a milk bank and ordered by a licensed Provider or board-certified lactation consultant.

▶ **Section IV: Maternity and Pregnancy– Clarification**

~~Maternity care and~~ **Pregnancy care and** services, including care for complications of pregnancy, [in utero treatment for the fetus, prenatal testing for the detection of congenital and heritable disorders when Medically Necessary] and prenatal and postpartum care are covered for all ~~female Members~~ Enrollees including **eligible dependents daughters**.

▶ **Section IV: Maternity and Pregnancy – Mandated Benefit Change for Grandfathered and Non-Grandfathered plans**

SB 5242 Termination of Pregnancy: cost-sharing prohibited for pregnancy termination.

[Hospital - Inpatient: ~~After Deductible,~~ Member pays **nothing**

Hospital - Outpatient: ~~After Deductible,~~ Member pays **nothing**

▶ **Section IV: Mental Health and Wellness – Clarification**

Applied behavioral analysis (ABA) therapy, limited to outpatient treatment of an autism spectrum disorder or, has a developmental disability for which there is evidence that ABA therapy is effective, ~~as diagnosed and prescribed by a neurologist, pediatric neurologist, developmental pediatrician, psychologist or psychiatrist experienced in the diagnosis and treatment of autism.~~ Documented diagnostic assessments, individualized treatment plans and progress evaluations are required.

*For more information, please refer to your **Summary of Benefits and Coverage.***

▶ **Section IV: Mental Health and Wellness – Clarification**

Non-Emergency inpatient hospital services, including Residential Treatment ~~and partial hospitalization~~ programs, require Preauthorization. Outpatient specialty services, including ~~partial hospitalization~~, rTMS, ECT, and Esketamine require Preauthorization. Routine outpatient therapy and psychiatry services with contracted network providers do not require Preauthorization.

*For more information, please refer to your Summary of Benefits and Coverage.*

▶ **Section IV: Mental Health and Wellness – Clarification**

Exclusions: ~~Academic or career counseling; personal growth or relationship enhancement; assessment and treatment services that are primarily vocational and academic; court-ordered or forensic treatment, including reports and summaries, not considered Medically Necessary; work or school ordered assessment and treatment not considered Medically Necessary; counseling for overeating not considered Medically Necessary; s~~ Specialty treatment programs such as “behavior modification programs” not considered Medically Necessary; relationship counseling or phase of life problems (Z code only diagnoses); custodial care; ~~experimental or investigational therapies, such as~~ wilderness therapy, aversion therapy

▶ **Section IV: Nutritional Therapy – Benefit Change**

Medical formula necessary for the treatment of phenylketonuria (PKU), specified inborn errors of metabolism, or other metabolic disorders. - Member pays applicable Deductible and Plan Coinsurance. (Previously, cost shares had not been applied)

▶ **Section IV: Optical (vision) – Clarification**

Exclusions: Eyeglasses; contact lenses, contact lens evaluations, fittings and examinations not related to eye pathology; ~~fees related to the lens fitting of non-network issued frames~~, orthoptic therapy (i.e. eye training); evaluations and surgical procedures to correct refractions not related to eye pathology and complications related to such procedures

▶ **Section IV: Substance Use Disorder – Benefit Change**

Exclusions: ~~Experimental or investigational therapies such as w~~Wilderness ~~programs~~ therapy or aversion therapy; facilities and treatments programs which are not certified by the Department of Social Health Services

▶ **Section V: General Exclusions – Adding new exclusion**

Over-the-counter items such as hearing aids unless specifically listed as covered in Section IV.

▶ **Section V: General Exclusions – Adding new exclusion**

Academic/career counseling, counseling for overeating, work/school ordered assessments, relationship counseling, custodial care

▶ **Section V: General Exclusions – Adding new exclusion**

Court-ordered or forensic treatment, including reports and summaries.



## SCAN Plan Reference Documents



3800 Kilroy Airport Way, Suite 100  
Long Beach, CA 90806  
562-989-5106

October 20, 2023

Mr. Michael Szeto  
Senior Actuarial Associate  
Segal

Subject: **LACERA Medical Renewal July 1, 2024 – June 30, 2025**

Dear Michael:

SCAN Health Plan appreciates the opportunity to continue to serve the health care needs of the Los Angeles County Employees Retirement Association (LACERA).

As part of the renewal, we are including a Fully Insured Medicare Advantage Plan inclusive of value-added benefits:

- SCAN Health Plan 2023 Fact Sheet
- SCAN/LACERA 2023-2024 Summary of Benefits
- Independent Living Power Services (ILP)

### **Supplemental Benefits:**

SCAN Health Plan medical benefits are comprehensive and inclusive of value-added benefits:

- Independent Living Power Services, a program designed to assist retirees to stay out of nursing homes and keep their independence, as long as they can safely do so in the comfort of their home. The benefits are inclusive of a Personal Care Planner who performs assessments, routine telephonic calls to ensure care is being met and identify gaps in care, Personal Emergency Response device (like Life Alert), Caregiving, home delivered meals by Life Spring and/or Meals on Wheels, adult day care, custodial care, and respite care. Services are only available in California Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties.

## SCAN Plan Reference Documents

- Routine transportation services. Unlimited rides; 75-mile max limit per ride.
- Routine hearing coverage provided by TruHearing.
- Gym Fitness program designed exclusively for retirees.
- Generic drug discounts using our preferred pharmacy network (CVS, Rite-Aid, Costco, Vons, and more).
- Telehealth.
- Brain HQ, a brain fitness program application that strengthens the retirees mind through games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises.
- SCAN Health tech, a technology support line that provides training and education on how to use a computer or tablet to access medical care, Brain HQ and/or information.
- Abridge: It helps retirees stay on top of their health with Abridge, a smartphone app that helps retirees remember their doctor's advice. Securely record the doctors' visits, and afterwards receive an interactive transcript of the medical parts of their conversation. Retirees can decide with their health professional what to record. If a family couldn't attend the visit, they can securely share a conversation to keep everyone on the same page. Abridge uses HIPAA-compliant servers and products to protect the retirees privacy and abides by HIPAA security principles to safeguard the retiree's data.
- Caregiver Training: Virtual and in-person skill training and support for caregivers. The 4-week series is designed to fit into a busy schedule and is offered several times throughout the year.
- Home-Delivered Meals: up to 28 days of home delivered meals available to members with chronic conditions. Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic conditions. Fully prepared meals delivered to the retiree's doorstep. Health specific menu options (nine health support menus, e.g., lower sodium, diabetic-friendly, etc.)

### **What's New Effective July 1, 2024:**

- Pharmacy: Tier 6 Select Care Brand Drugs \$11 copay
  - Heart: Eliquis, Xarelto, Entresto
  - Diabetes/Heart: Jardiance, Farxiga
  - Diabetes: Januvia, Tradjenta, Janumet, Synjardy, Xigduo, Trijardy, Glyxambi, Jentadueto
- Catastrophic Coverage Stage: Initial Coverage Stage until retirees yearly out-of-pocket costs reach \$8,000. After the yearly out-of-pocket drug costs reach \$8,000, retirees pay \$0 for all covered prescription drugs for the remainder of the year.

## SCAN Plan Reference Documents

- Retirees won't pay more than \$20 for a one-month supply of each insulin product covered by our plan on our "Drug List" (Formulary), no matter what cost-sharing tier it's on.
- Part D vaccines, including shingles, tetanus, COVID, and travel vaccines, are covered by our plan at no cost.
- SCAN is replacing SilverSneakers with One Pass fitness. They have a 99.5% network match, and it includes premium gym facilities (Club Pilates, LIFE TIME, Pure Barre, Orangetheory, LA FITNESS, 24 FITNESS and more).



# Get in on UHC Rewards

Good news—your health plan comes with a new way to earn up to \$300.\*  
UnitedHealthcare Rewards is included in your health plan at no additional cost.



## There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

### Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

### Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways to earn rewards being added throughout the year on [myuhc.com](https://myuhc.com).

Earn up to  
**\$300\***

**United  
Healthcare**

## There are 2 ways to get started



### On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

### On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



### Your health

Get in on an experience that's designed to help inspire healthier habits

### Your goals

Personalize how you earn by choosing the activities that are right for you

### Your rewards

Earn up to \$300\* and use it however you want

\* Rewards may have **tax implications**. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. The amount of your reward will be reported on your W-2 for 2024.

## Questions?

Call customer service at **1-866-230-2505**.

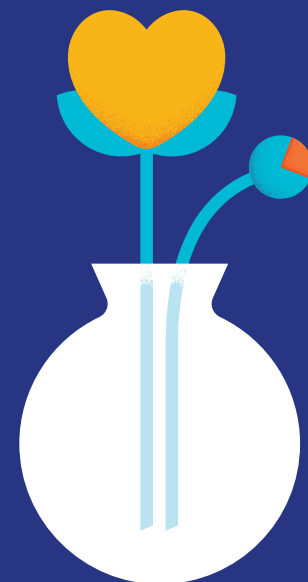
United  
Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should it be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with rewards may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to a health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. This program is not available in Hawaii, Kansas, Vermont and Puerto Rico. Components subject to change.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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# How you feel matters. How you cope matters, too.

With AbleTo included as part of your health plan benefits, you have virtual behavioral coaching and digital tools on your side.

## It's nice to know that support is available

If you're feeling stressed, overwhelmed or exhausted, you're not alone. The AbleTo virtual behavioral coaching program is designed to help you learn ways to cope and start feeling better.

### AbleTo virtual behavioral coaching is here to help

Gaining control of worries. Facing tough challenges head-on. Releasing tension. AbleTo is ready to help you move forward with a tailored-to-you 8-week coaching program, including:

- A dedicated mental health coach for 1-on-1 support that's focused on your needs and goals
- Digital activities for practice and progress between sessions
- Confidential, convenient weekly meetings with a coach via phone or video chat—plus in-app messaging between sessions
- 24/7 unlimited access to resources and tools—like breathing exercises and meditations—on your smartphone, tablet or computer



### A way to feel less stress at no additional cost

AbleTo virtual behavioral coaching is included in your health plan at \$0 cost-share.



### Get started

Visit [ableto.com/explore](https://ableto.com/explore) or scan the code with your smartphone

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Healthcare



When you sign up for Virtual Behavioral Coaching, you will be asked a series of questions to ensure that this program is the right fit for you. You may be directed to another resource if your answers indicate that a different type of program may better suit your needs.

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# For life's challenges, support is here

At UnitedHealthcare, we believe that care shouldn't stop at physical health. That's why we offer behavioral health resources that can help support your path toward mental and emotional well-being.



## Behavioral health is health

Behavioral health is about more than just mental health: It includes addiction issues, anger management, coping with grief, dealing with stress and other challenges. It's an important part of your overall well-being—because how you feel matters, and caring support from behavioral health providers is a part of your plan.

## Resources for better, brighter days

Get connected to self-care digital tools, behavioral health providers (in-person or virtual) and other helpful resources.

### Feeling down and want to explore self-care tools and tips?

#### Self Care from AbleTo

Get access to clinician-created self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get personalized content that's designed to help support your self-guided journey to better mental health. For on-demand support to help with:

- Stress, anxiety and depression

### Dealing with life transitions and could use some support or guidance?

#### Employee Assistance Program (EAP)

Your EAP offers up to 3 provider visits for \$0 by phone and in-person counseling sessions for short-term support and advice to help with:

- Stress, anxiety and depression
- Personal challenges, including substance abuse and relationships
- Work/life balance, including legal and financial support

### Have a concern that needs long-term support from a licensed therapist?

#### Behavioral health provider

Connect virtually or in-person with a licensed therapist, counselor, psychologist or psychiatrist for ongoing support to help with:

- Bipolar and neuro-development disorders
- Compulsive habits and eating disorders
- Substance abuse, medication management and more



Visit [ableto.com/begin](https://ableto.com/begin) and follow the steps to begin your self-care program; have your health plan ID card handy



Call 1-888-887-4114 for 24/7 in-the-moment phone support or to schedule in-person counseling with a masters-level EAP specialist



Answer a few questions and find support at [myuhc.com/mh-recommendations](https://myuhc.com/mh-recommendations) or call the number on the back of your health plan ID card

# UHC Plan Reference Documents



Self Care by AbleTo should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained within Self Care is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care may not be available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the Self Care terms of use.

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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UNITEDHEALTH GROUP®

**ANNOUNCING:**

# One Pass™

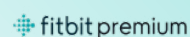
We're excited to announce that eligible U.S.-based UnitedHealth Group employees now have access to discounted digital fitness apps, gym memberships and home grocery delivery services through an exciting new program called One Pass. This subscription-based fitness and well-being network gives you flexibility to choose where you want to work out and which services are best for your journey to better health.

Choose the membership that best fits your lifestyle:

DIGITAL	CLASSIC	STANDARD	PREMIUM	ELITE
\$5/month	\$25/month	\$59/month	\$99/month	\$139/month
<ul style="list-style-type: none"> <li>Access to more than 20,000 on-demand and livestreaming classes</li> <li>Customizable workout builders</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited access to 8,500 gym locations</li> <li>Multi-location access at no additional cost</li> <li>Grocery and household essentials delivery</li> <li>Includes digital tier</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited access to 10,000 gym + premium locations</li> <li>Multi-location access at no additional cost</li> <li>Grocery and household essentials delivery</li> <li>Includes digital tier</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited access to 11,000 gym + premium locations</li> <li>Multi-location access at no additional cost</li> <li>Grocery and household essentials delivery</li> <li>Includes digital tier</li> </ul>	<ul style="list-style-type: none"> <li>Unlimited access to 12,000 gym + premium locations</li> <li>Multi-location access at no additional cost</li> <li>Grocery and household essentials delivery</li> <li>Includes digital tier</li> </ul>

**Note:** All One Pass memberships offer flexibility. You can change member tiers monthly, and you can cancel your membership at any time by giving a 30-day notice. Join as many gyms as you please within a given tier at no additional cost.

These are just some examples of fitness locations in the network (not all locations are pictured).



## Register today!

If you are a member of Rally, [register](#) for One Pass by signing in to your account. Not a member of Rally? No problem — [create a Rally account today](#) to register for One Pass. Note: You do not need to participate in Rally to have a One Pass membership.



# Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



## Get healthier, at no additional cost to you

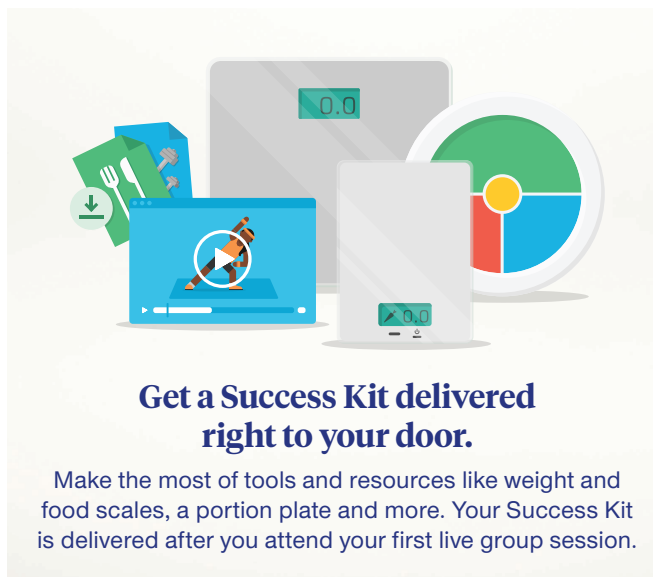
Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

### Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

### Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.



## Get a Success Kit delivered right to your door.

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

Join today at [enroll.realappeal.com](https://enroll.realappeal.com) or scan this code



United  
Healthcare

Real  
Appeal®

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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## UHC Plan Reference Documents

**The Inflation Reduction Act (IRA) of 2022** has introduced several changes to the Part D program, implemented over the next several years, with the main components highlighted as follows:

<b>Beginning in 2023</b>	<ul style="list-style-type: none"><li>•Pharmaceutical manufacturers to pay rebates if drug prices rise faster than inflation*</li><li>•Limits insulin cost sharing to \$35 / month.</li><li>•Eliminates cost sharing for adult vaccines</li></ul>
<b>Beginning in 2024</b>	<ul style="list-style-type: none"><li>•Eliminates cost-sharing and establishes \$0 beneficiary liability in the Part D catastrophic phase.</li></ul>
<b>Beginning in 2025</b>	<ul style="list-style-type: none"><li>•Redesigns the Part D benefit by eliminating the coverage gap.</li><li>•Establishes a \$2,000 out-of-pocket maximum for beneficiaries.</li></ul>
<b>Beginning in 2026</b>	<ul style="list-style-type: none"><li>•Medicare to begin negotiating drug prices on selected medications.</li></ul>

### Medicare Advantage

As a reminder, the following program enhancements that will continue to be in place for 2024:

- **UnitedHealthcare Healthy at Home** - Our unique and comprehensive post-discharge member support program that combines our market leading meal delivery, transportation, and in-home personal care programs continues to be included at no additional cost. Provides 28 meals, 12 one-way rides to and from medically related appointments and to the pharmacy, and 6 hours of in-home personal care following all inpatient and SNF discharges.
- **Personal Emergency Response System** – This program offers a monitoring device that can connect the member to help quickly, 24 hours a day and is included at no additional cost. The device is a lightweight button that can be worn on the wrist or as a pendant and may automatically detect falls depending on the model chosen. The member must have a working landline and/or cellular phone coverage to take part in this benefit.
- **Fitness Program** –Renew Active is the gold standard in Medicare fitness programs for body and mind with the largest national gym network, including Premium fitness centers nationwide.

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE  
ENGAGEMENT REPORT  
JANUARY 2024  
FOR INFORMATION ONLY**

**Top Public Sector Workforce Trends for 2024**

MissionSquare Research Institute has identified five key workforce trends for public service employers to watch in 2024. These trends are designed to address workforce challenges and make public employers more attractive to essential workers. The trends are as follows:

- 1. Engage New Generations of Talent:** Public employers should focus on familiarizing younger candidates with the public sector through education initiatives, internships, and training programs. Promoting intangible benefits like job security and meaningful work is crucial to attracting younger workers.
- 2. Expand Retirement Plan Auto-Features:** Implementing auto-enrollment and auto-escalation provisions in retirement plans can increase participation and contribute to a financially secure workforce. The recent SECURE 2.0 law is expected to make such features more common in the private sector.
- 3. Support Employees' Financial Security:** Addressing employees' financial concerns is essential. Employers should enhance the value of salaries and benefits, provide financial literacy education, and consider various resources to improve employees' financial well-being.
- 4. Understand and Address Student Loan Debt:** Public employers need to recognize the impact of student loan debt on their workforce. A study is underway to analyze debt loads for specific degrees, helping employers make informed decisions about debt assistance and incentives.
- 5. Modernize Workforce Systems and Classifications:** Upgrading technology and streamlining recruitment processes is crucial. Initiatives such as compensation studies, reducing job requirements, and hiring below minimum qualifications can optimize recruitment and reduce the time to hire.

These trends are based on research conducted by the MissionSquare Research Institute, with the focus on creating a more engaging, financially secure, and modern work environment to attract and retain talent in the public sector. ([Source](#)) ([Source](#))

**The Case for Using Subsidies for Retirement Plans to Fix Social Security**

Alicia Munnell, the director and founder of the Center of Retirement Research at Boston College, and Andrew Biggs, a senior fellow at the American Enterprise Institute, have co-authored a brief that argues that tax deferrals, the bedrock of 401(k) plans, are expensive

and are not effective in increasing retirement savings or expanding coverage to those who do not have access to workplace plans.

The U.S. Treasury estimates that tax preferences for employer-sponsored retirement plans and IRAs reduced federal income taxes by \$185-\$189 billion in 2020, constituting 0.9% of GDP. The current tax treatment significantly benefits high earners, with 59% of the tax expenditures flowing to the top income quintile. Munnell and Biggs argue that this presents an opportunity for policymakers to reallocate funds saved from repealing these preferences to address Social Security's long-term funding gap.

Their proposal recommends curtailing tax breaks for retirement plans, either by eliminating them entirely or imposing caps, with potential revenue gains redirected to address Social Security's funding gap. Reducing these tax breaks could not only contribute to addressing Social Security's financial challenges but also provide an opportunity to implement more effective retirement savings policies. The focus is on redirecting taxpayer resources towards more productive uses, offering a chance for policymakers to strengthen the nation's retirement income system while addressing broader fiscal concerns. [\(Source\)](#) [\(Source\)](#)

#### **401(k) Experiment Has Failed**

According to labor economist Teresa Ghilarducci of The New School for Social Research, the 401(k) plan experiment in the United States has failed, contributing to a worsening retirement crisis. Ghilarducci, author of the upcoming book "Work, Retire, Repeat: The Uncertainty of Retirement in the New Economy," argues that the conventional approach to retirement savings is flawed. She criticizes the common belief that individuals should expect to work longer, asserting that most Americans are forced out of the labor market earlier due to factors like layoffs, age discrimination, and skill obsolescence.

Ghilarducci challenges the idea that people between 55 and 70 should follow a prescribed life course of working until 62, investing money, and delaying Social Security claims. She contends that policymakers, financial advisers, and experts are mistaken in their assumptions about this life stage. The book, based on the last decade of research, disputes the notion that working longer is a viable solution to inadequate retirement income security. Ghilarducci cites data from various sources, including an Urban Institute study showing increased debt among households with people aged over 65 and the University of Massachusetts' Gerontology Institute's Elder Index indicating precarious financial situations for many older adults. The loss of defined benefit plans is identified as a significant factor contributing to the insecurity faced by retirees. Ghilarducci concludes that the reliance on the 401(k) experiment has been a failure, adversely affecting generations of Americans. [\(Source\)](#)

### **Older Workers Are Growing in Number and Earning Higher Wages**

The Pew Research Center conducted a study to better understand the growing role and changing characteristics of the older workforce in the U.S. (those employed adults age 65 or older). The study was based on data from the U.S. Census Bureau's Current Population Survey and the Federal Reserve's 2022 Survey of Household Economics and Decisionmaking.

About one in five Americans age 65 and older (19%) were employed in 2023, almost double the share of those who were working 35 years ago.

In 2022, the typical older worker (age 65+) earned \$22 per hour, up from \$13 in 1987. In contrast, the typical younger worker (age 25-64) earned \$25 per hour, up from \$21 in 1987. Consequently, the annual wage gap between these two groups narrowed significantly. The gap has narrowed because older workers are working more hours than in the past (62% full time today, compared to 47% in 1987).

Other differences today between the older workers today and the past include:

- Working more hours than in previous decades: 62% today are working full time, compared with 47% in 1987.
- More likely to have a four-year degree: 44% today have a bachelor's degree or higher, compared with 18% in 1987, and are on par with younger workers' education.
- More likely than in previous decade to be receiving employer-provided benefits: 36% of older workers have the option to participate in a retirement plan (pension or 401(k)), up from 33% in 1987. Only 41% of younger workers have access to a plan, down from 55% in 1987.

The factors that contribute to the growing share of older working adults include the following:

- Today's older workers tend to have higher education levels than older workers of the past and thus are more likely to be employed than adults with less education.
- Older adults are healthier and less likely to have a disability than in the past.
- Retirement plans have evolved from pensions to 401(k)s. Pensions incentivized workers to retire at a specific age, whereas defined contribution plans do not encourage early retirement.
- Policy changes such as the raising of the full Social Security age from 65 to 67 have encouraged older workers to delay retirement and continue working.
- The nature of jobs have changed since 1990 to be more "age friendly", less strenuous, and provide greater independence and flexibility. ([Source](#))

### **New York State Bar Urges Passage of Law for Surviving Spouses**

The New York State Bar Association is endorsing the Equity for Surviving Spouses Act, pushing for legislation that ensures public employee pensions continue for the surviving spouse until their death. The proposed law suggests a default joint and 50% survivor annuity for New York's eight defined benefit pension plans, lasting the spouse's lifetime and paying half of the employee's pension. Currently, pension payments cease upon the employee's death. The Association argues that securing survivor benefits is crucial for the economic stability of public employees' families, particularly those with children or significant wage gaps.

Forty-five states have public pension plans that make the surviving spouse the beneficiary of a default 50% annuity or require consent for the employee to choose another benefit or designate another individual as the beneficiary. Two other states require the spouse to be given notice of the employee's benefit selection. New York, Tennessee, and Alabama are the only states that lack such protections in their public retirement plans. [\(Source\)](#)

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE  
RETIREE HEALTHCARE BENEFITS PROGRAM  
STAFF ACTIVITIES REPORT  
JANUARY 2024  
FOR INFORMATION ONLY**

**Cigna Selling Medicare Business to HCSC For \$3.3B**

Staff received notification that The Cigna Group recently announced an agreement to divest their Medicare Advantage, Cigna Supplemental Benefits, and Medicare Part D businesses to Health Care Service Corporation (HCSC). HCSC is the country's largest customer-owned health insurer, serving members for nearly a century. HCSC is committed to expanding Medicare access and providing members with quality, affordable access to care in all phases of their lives. There are many steps for Cigna and HCSC to take before the final completion. However, LACERA's plan and coverage will not be moved to HCSC until the transaction is complete. Cigna expects completion of the sale to occur in early 2025, subject to regulatory approvals.

**What Does That Mean for LACERA's Cigna Medicare Advantage group?**

Staff was informed, there are no changes to LACERA's insurance policy, benefits, or costs and that there was no need for action on the part of LACERA. Cigna Healthcare will continue to service all its policyholders and handle claims as they have always done.

In addition, HCSC has emphasized continuity for customers. We were assured should anything change as it relates to our insurance, Cigna will provide LACERA with as much advance notice as possible. However, Cigna is confident that LACERA will continue to receive the excellent quality service and care that we have come to expect from the Cigna Medicare insurance.

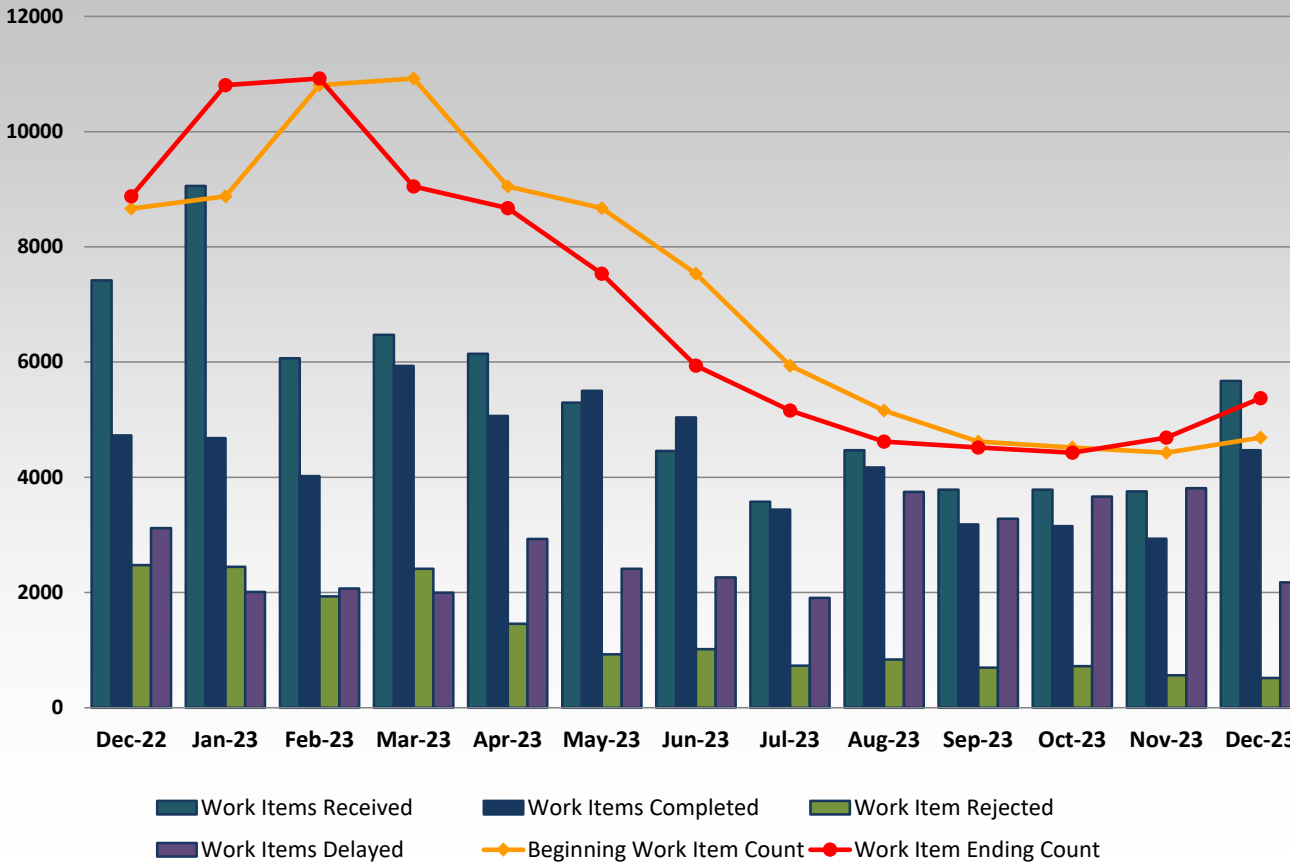


# Retiree Healthcare Division

## Trend Report

DEC. 2022 - DEC. 2023

Updated 1/18/2024

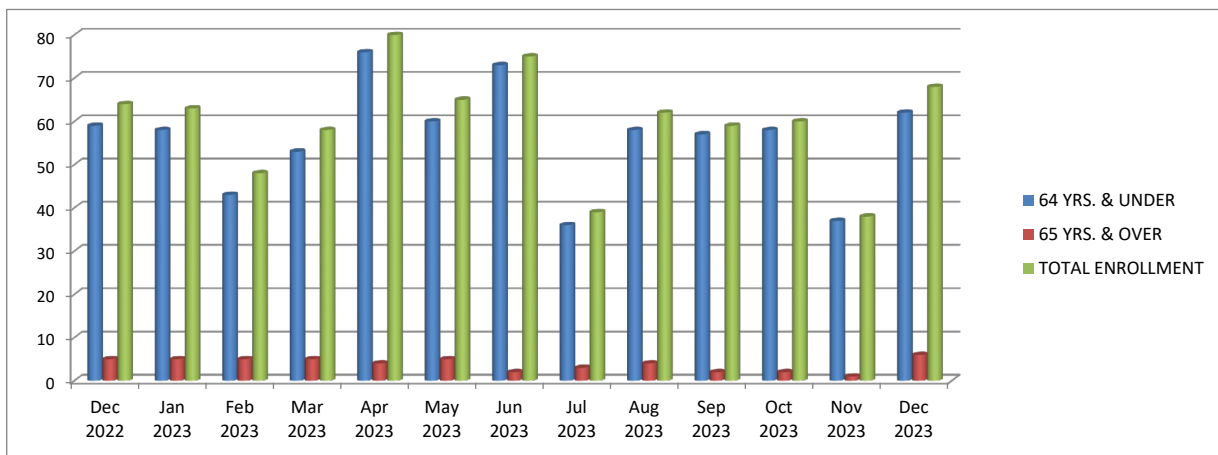


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-22	8665	7418	4728	2476	3116	8879
Jan-23	8879	9057	4680	2448	2010	10808
Feb-23	10808	6067	4019	1934	2070	10922
Mar-23	10922	6472	5934	2411	1999	9049
Apr-23	9049	6144	5065	1458	2930	8670
May-23	8670	5294	5503	926	2412	7535
Jun-23	7535	4458	5039	1018	2263	5939
Jul-23	5939	3576	3438	730	1908	5157
Aug-23	5157	4471	4172	836	3746	4620
Sep-23	4620	3787	3181	698	3282	4515
Oct-23	4515	3784	3151	721	3665	4427
Nov-23	4427	3757	2936	565	3812	4689
Dec-23	4689	5672	4471	516	2175	5374

## Retirees Monthly Age Breakdown DEC. 2022 -DEC. 2023

### Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Dec 2022	59	5	64
Jan 2023	58	5	63
Feb 2023	43	5	48
Mar 2023	53	5	58
Apr 2023	76	4	80
May 2023	60	5	65
Jun 2023	73	2	75
Jul 2023	36	3	39
Aug 2023	58	4	62
Sep 2023	57	2	59
Oct 2023	58	2	60
Nov 2023	37	1	38
Dec 2023	62	6	68



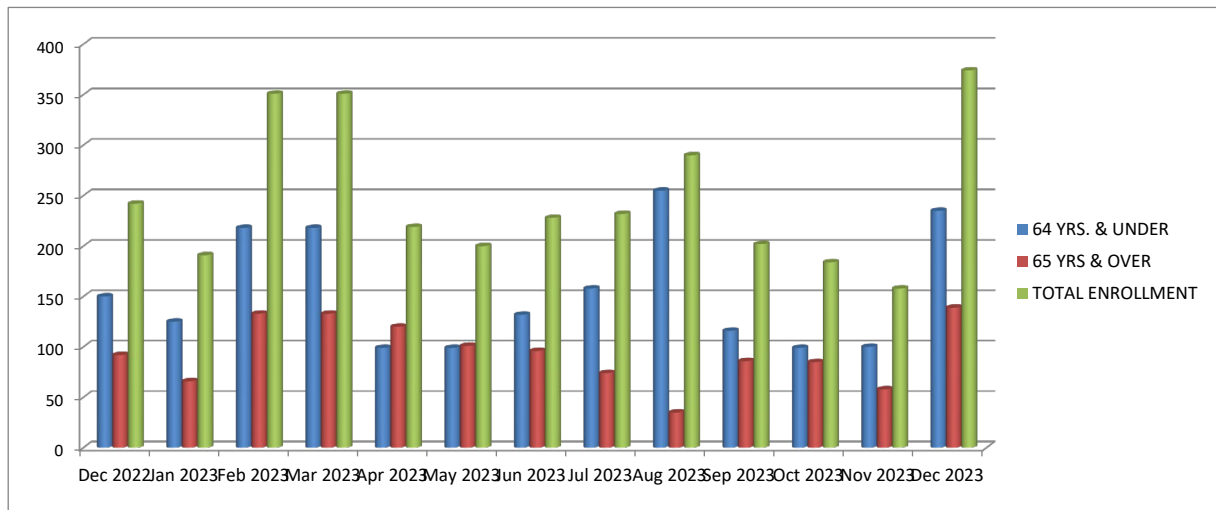
**PLEASE NOTE:**

- Next Report will include the following dates: January 1, 2023, through January 31, 2024.

## Retirees Monthly Age Breakdown DEC. 2022 - DEC. 2023

### Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Dec 2022	150	92	242
Jan 2023	125	66	191
Feb 2023	218	133	351
Mar 2023	218	133	351
Apr 2023	99	120	219
May 2023	99	101	200
Jun 2023	132	96	228
Jul 2023	158	74	232
Aug 2023	255	35	290
Sep 2023	116	86	202
Oct 2023	99	85	184
Nov 2023	100	58	158
Dec 2023	235	139	374



**PLEASE NOTE:**

- Next Report will include the following dates: January 1, 2023, through January 31, 2024.

**Medicare Part B Reimbursement and Penalty Report**

**PAY PERIOD 1/31/2024**

<b>Deduction Code</b>	<b>No. of Members</b>	<b>Reimbursement Amount</b>	<b>No. of Penalties</b>	<b>Penalty Amount</b>
<b>ANTHEM BC III</b>				
240	7541	\$1,196,146.35	2	\$129.57
241	133	\$20,793.30	0	\$0.00
242	931	\$153,040.10	0	\$0.00
243	4511	\$1,459,568.56	0	\$0.00
244	15	\$2,345.60	0	\$0.00
245	56	\$9,535.90	0	\$0.00
246	13	\$1,951.60	0	\$0.00
247	155	\$26,914.80	0	\$0.00
248	15	\$4,464.50	1	\$43.00
249	67	\$21,992.40	0	\$0.00
250	17	\$5,487.30	0	\$0.00
<b>Plan Total:</b>	<b>13,454</b>	<b>\$2,902,240.41</b>	<b>3</b>	<b>\$172.57</b>
<b>CIGNA - PREFERRED with RX</b>				
321	33	\$4,810.30	0	\$0.00
322	7	\$1,027.00	0	\$0.00
324	21	\$6,720.50	0	\$0.00
327	1	\$104.90	0	\$0.00
<b>Plan Total:</b>	<b>62</b>	<b>\$12,662.70</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
394	20	\$3,229.20	0	\$0.00
397	3	\$494.00	0	\$0.00
398	8	\$2,795.20	0	\$0.00
403	11948	\$1,889,900.80	0	\$0.00
413	1546	\$247,187.84	0	\$0.00
418	6324	\$2,025,253.00	0	\$0.00
419	222	\$33,260.00	0	\$0.00
426	254	\$40,069.80	0	\$0.00
445	2	\$349.40	0	\$0.00
446	1	\$145.10	0	\$0.00
451	36	\$5,752.00	0	\$0.00
455	7	\$1,222.90	0	\$0.00
457	14	\$4,704.60	0	\$0.00
459	1	\$349.40	0	\$0.00
462	86	\$13,239.50	0	\$0.00
465	1	\$174.70	0	\$0.00
466	30	\$9,315.40	0	\$0.00
472	28	\$4,425.10	0	\$0.00
476	2	\$259.00	0	\$0.00
478	13	\$4,432.80	0	\$0.00
479	1	\$144.60	0	\$0.00
482	87	\$13,805.80	0	\$0.00
488	38	\$11,942.10	0	\$0.00
491	1	\$148.50	0	\$0.00
<b>Plan Total:</b>	<b>20,673</b>	<b>\$4,312,600.74</b>	<b>0</b>	<b>\$0.00</b>

**Medicare Part B Reimbursement and Penalty Report**

**PAY PERIOD 1/31/2024**

<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	292	\$46,191.20	0	\$0.00
613	94	\$31,133.20	0	\$0.00
620	6	\$1,150.10	0	\$0.00
622	9	\$1,503.10	0	\$0.00
623	2	\$559.20	0	\$0.00
<b>Plan Total:</b>	<b>403</b>	<b>80,537</b>	<b>0</b>	<b>0</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	2082	\$334,434.20	1	\$36.50
702	385	\$61,941.00	0	\$0.00
703	1341	\$432,925.80	0	\$0.00
704	98	\$17,075.20	0	\$0.00
705	47	\$15,673.30	0	\$0.00
<b>Plan Total:</b>	<b>3,953</b>	<b>\$862,049.50</b>	<b>1</b>	<b>\$36.50</b>
<b>Grand Total:</b>	<b>38,545</b>	<b>\$8,170,090.15</b>	<b>4</b>	<b>\$209.07</b>

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 1/31/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
<b>ANTHEM BC III</b>				
240	7541	\$1,196,146.35	2	\$129.57
241	133	\$20,793.30	0	\$0.00
242	931	\$153,040.10	0	\$0.00
243	4511	\$1,459,568.56	0	\$0.00
244	15	\$2,345.60	0	\$0.00
245	56	\$9,535.90	0	\$0.00
246	13	\$1,951.60	0	\$0.00
247	155	\$26,914.80	0	\$0.00
248	15	\$4,464.50	1	\$43.00
249	67	\$21,992.40	0	\$0.00
250	17	\$5,487.30	0	\$0.00
<b>Plan Total:</b>	<b>13,454</b>	<b>\$2,902,240.41</b>	<b>3</b>	<b>\$172.57</b>
<b>CIGNA - PREFERRED with RX</b>				
321	33	\$4,810.30	0	\$0.00
322	7	\$1,027.00	0	\$0.00
324	21	\$6,720.50	0	\$0.00
327	1	\$104.90	0	\$0.00
<b>Plan Total:</b>	<b>62</b>	<b>\$12,662.70</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
394	20	\$3,229.20	0	\$0.00
397	3	\$494.00	0	\$0.00
398	8	\$2,795.20	0	\$0.00
403	11948	\$1,889,900.80	0	\$0.00
413	1546	\$247,187.84	0	\$0.00
418	6324	\$2,025,253.00	0	\$0.00
419	222	\$33,260.00	0	\$0.00
426	254	\$40,069.80	0	\$0.00
445	2	\$349.40	0	\$0.00
446	1	\$145.10	0	\$0.00
451	36	\$5,752.00	0	\$0.00
455	7	\$1,222.90	0	\$0.00
457	14	\$4,704.60	0	\$0.00
459	1	\$349.40	0	\$0.00
462	86	\$13,239.50	0	\$0.00
465	1	\$174.70	0	\$0.00
466	30	\$9,315.40	0	\$0.00
472	28	\$4,425.10	0	\$0.00
476	2	\$259.00	0	\$0.00
478	13	\$4,432.80	0	\$0.00
479	1	\$144.60	0	\$0.00
482	87	\$13,805.80	0	\$0.00
488	38	\$11,942.10	0	\$0.00
491	1	\$148.50	0	\$0.00
<b>Plan Total:</b>	<b>20,673</b>	<b>\$4,312,600.74</b>	<b>0</b>	<b>\$0.00</b>

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 1/31/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
<b>SCAN</b>				
611	292	\$46,191.20	0	\$0.00
613	94	\$31,133.20	0	\$0.00
620	6	\$1,150.10	0	\$0.00
622	9	\$1,503.10	0	\$0.00
623	2	\$559.20	0	\$0.00
<b>Plan Total:</b>	<b>403</b>	<b>80,537</b>	<b>0</b>	<b>0</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	2082	\$334,434.20	1	\$36.50
702	385	\$61,941.00	0	\$0.00
703	1341	\$432,925.80	0	\$0.00
704	98	\$17,075.20	0	\$0.00
705	47	\$15,673.30	0	\$0.00
<b>Plan Total:</b>	<b>3,953</b>	<b>\$862,049.50</b>	<b>1</b>	<b>\$36.50</b>
<b>LOCAL 1014</b>				
804	183	\$40,075.80	0	\$0.00
805	219	\$42,906.30	0	\$0.00
806	708	\$270,575.60	0	\$0.00
807	53	\$10,516.90	0	\$0.00
808	17	\$7,057.80	0	\$0.00
812	252	\$48,601.30	0	\$0.00
813	1	\$174.70	0	\$0.00
<b>Plan Total:</b>	<b>1,433</b>	<b>\$419,908.40</b>	<b>0</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>39,978</b>	<b>\$8,589,998.55</b>	<b>4</b>	<b>\$209.07</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

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	448	\$427,340.24	\$64,129.33	\$361,307.39	\$425,436.72	\$0.00	\$425,436.72
202	238	\$445,516.96	\$39,684.68	\$403,960.36	\$443,645.04	(\$5,615.76)	\$438,029.28
203	74	\$156,323.52	\$25,138.51	\$129,072.53	\$154,211.04	\$0.00	\$154,211.04
204	31	\$37,915.17	\$9,270.85	\$27,421.25	\$36,692.10	\$0.00	\$36,692.10
<b>SUBTOTAL</b>	<b>791</b>	<b>\$1,067,095.89</b>	<b>\$138,223.37</b>	<b>\$921,761.53</b>	<b>\$1,059,984.90</b>	<b>(\$5,615.76)</b>	<b>\$1,054,369.14</b>
<b>Anthem Blue Cross I</b>							
211	545	\$750,542.52	\$44,965.29	\$703,090.87	\$748,056.16	(\$4,123.86)	\$743,932.30
212	239	\$594,724.80	\$34,419.73	\$564,344.37	\$598,764.10	(\$2,478.02)	\$596,286.08
213	73	\$213,377.54	\$26,847.17	\$186,530.37	\$213,377.54	\$0.00	\$213,377.54
214	22	\$40,010.30	\$3,346.31	\$36,663.99	\$40,010.30	\$0.00	\$40,010.30
215	1	\$464.72	\$18.59	\$446.13	\$464.72	\$0.00	\$464.72
<b>SUBTOTAL</b>	<b>880</b>	<b>\$1,599,119.88</b>	<b>\$109,597.09</b>	<b>\$1,491,075.73</b>	<b>\$1,600,672.82</b>	<b>(\$6,601.88)</b>	<b>\$1,594,070.94</b>
<b>Anthem Blue Cross II</b>							
221	2,369	\$3,261,973.26	\$173,366.47	\$3,083,108.31	\$3,256,474.78	\$0.00	\$3,256,474.78
222	2,022	\$5,013,034.46	\$113,294.84	\$4,860,091.30	\$4,973,386.14	(\$4,956.04)	\$4,968,430.10
223	910	\$2,668,680.74	\$101,119.55	\$2,504,325.23	\$2,605,444.78	(\$2,922.98)	\$2,602,521.80
224	241	\$438,294.65	\$40,965.93	\$423,947.87	\$464,913.80	(\$1,818.65)	\$463,095.15
<b>SUBTOTAL</b>	<b>5,542</b>	<b>\$11,381,983.11</b>	<b>\$428,746.79</b>	<b>\$10,871,472.71</b>	<b>\$11,300,219.50</b>	<b>(\$9,697.67)</b>	<b>\$11,290,521.83</b>



## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Anthem Blue Cross III</b>							
240	7,580	\$4,247,372.45	\$560,628.40	\$3,715,191.36	\$4,275,819.76	(\$23,614.25)	\$4,252,205.51
241	134	\$241,596.00	\$21,045.66	\$213,391.94	\$234,437.60	(\$1,789.60)	\$232,648.00
242	933	\$1,676,855.20	\$99,108.02	\$1,547,323.98	\$1,646,432.00	(\$1,789.60)	\$1,644,642.40
243	4,504	\$5,048,440.20	\$523,901.69	\$4,432,314.69	\$4,956,216.38	(\$17,261.49)	\$4,938,954.89
244	15	\$15,036.30	\$1,664.01	\$13,372.29	\$15,036.30	\$0.00	\$15,036.30
245	57	\$57,137.94	\$5,072.25	\$54,070.53	\$59,142.78	\$0.00	\$59,142.78
246	13	\$29,014.83	\$2,231.91	\$26,782.92	\$29,014.83	\$0.00	\$29,014.83
247	161	\$359,337.51	\$21,203.15	\$333,670.54	\$354,873.69	\$0.00	\$354,873.69
248	15	\$23,346.45	\$1,992.22	\$21,354.23	\$23,346.45	\$0.00	\$23,346.45
249	68	\$107,393.67	\$4,824.94	\$97,899.44	\$102,724.38	\$0.00	\$102,724.38
250	17	\$29,652.25	\$2,267.52	\$27,384.73	\$29,652.25	\$0.00	\$29,652.25
<b>SUBTOTAL</b>	<b>13,497</b>	<b>\$11,835,182.80</b>	<b>\$1,243,939.77</b>	<b>\$10,482,756.65</b>	<b>\$11,726,696.42</b>	<b>(\$44,454.94)</b>	<b>\$11,682,241.48</b>
<b>CIGNA Network Model Plan</b>							
301	231	\$414,718.56	\$107,242.37	\$303,901.03	\$411,143.40	(\$1,787.58)	\$409,355.82
302	60	\$193,648.80	\$47,891.66	\$145,757.14	\$193,648.80	\$0.00	\$193,648.80
303	9	\$34,298.91	\$7,922.52	\$22,565.40	\$30,487.92	\$0.00	\$30,487.92
304	14	\$33,206.46	\$13,593.75	\$17,240.82	\$30,834.57	\$0.00	\$30,834.57
<b>SUBTOTAL</b>	<b>314</b>	<b>\$675,872.73</b>	<b>\$176,650.30</b>	<b>\$489,464.39</b>	<b>\$666,114.69</b>	<b>(\$1,787.58)</b>	<b>\$664,327.11</b>
<b>CIGNA Preferred w/ Rx - Phoenix, AZ</b>							
321	33	\$11,446.38	\$1,540.07	\$9,906.31	\$11,446.38	\$0.00	\$11,446.38
322	7	\$12,507.32	\$714.70	\$11,792.62	\$12,507.32	\$0.00	\$12,507.32
324	21	\$14,400.12	\$1,508.60	\$12,891.52	\$14,400.12	\$0.00	\$14,400.12
327	1	\$2,370.95	\$474.19	\$1,896.76	\$2,370.95	\$0.00	\$2,370.95
<b>SUBTOTAL</b>	<b>62</b>	<b>\$40,724.77</b>	<b>\$4,237.56</b>	<b>\$36,487.21</b>	<b>\$40,724.77</b>	<b>\$0.00</b>	<b>\$40,724.77</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser/Senior Advantage</b>							
401	1,532	\$1,948,081.59	\$155,542.49	\$1,819,330.17	\$1,974,872.66	(\$2,531.62)	\$1,972,341.04
403	11,958	\$3,003,360.00	\$269,940.30	\$2,751,054.59	\$3,020,994.89	(\$6,775.56)	\$3,014,219.33
404	488	\$579,060.80	\$11,106.57	\$571,514.03	\$582,620.60	(\$4,746.40)	\$577,874.20
405	1,395	\$1,770,742.24	\$19,610.18	\$1,749,863.62	\$1,769,473.80	(\$7,610.64)	\$1,761,863.16
411	1,857	\$4,706,551.30	\$202,125.79	\$4,432,719.41	\$4,634,845.20	\$0.00	\$4,634,845.20
413	1,525	\$2,343,571.86	\$104,713.75	\$2,149,709.87	\$2,254,423.62	\$0.00	\$2,254,423.62
414	53	\$129,553.73	\$782.21	\$128,771.52	\$129,553.73	\$0.00	\$129,553.73
418	6,278	\$3,117,904.80	\$223,966.08	\$2,849,490.22	\$3,073,456.30	(\$1,970.24)	\$3,071,486.06
419	224	\$320,069.12	\$4,286.70	\$315,782.42	\$320,069.12	(\$2,857.76)	\$317,211.36
420	106	\$253,076.40	\$1,135.30	\$244,845.50	\$245,980.80	\$0.00	\$245,980.80
421	7	\$8,860.67	\$607.58	\$8,253.09	\$8,860.67	\$0.00	\$8,860.67
422	263	\$669,456.25	\$2,526.25	\$654,298.75	\$656,825.00	\$0.00	\$656,825.00
426	253	\$386,744.32	\$2,779.74	\$379,432.42	\$382,212.16	\$0.00	\$382,212.16
428	44	\$107,669.76	\$489.40	\$107,180.36	\$107,669.76	\$0.00	\$107,669.76
430	146	\$369,216.48	\$3,388.73	\$365,827.75	\$369,216.48	\$0.00	\$369,216.48
<b>SUBTOTAL</b>	<b>26,129</b>	<b>\$19,713,919.32</b>	<b>\$1,003,001.07</b>	<b>\$18,528,073.72</b>	<b>\$19,531,074.79</b>	<b>(\$26,492.22)</b>	<b>\$19,504,582.57</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Colorado</b>							
450	3	\$3,309.75	\$441.30	\$2,868.45	\$3,309.75	\$0.00	\$3,309.75
451	37	\$11,022.30	\$1,543.11	\$9,479.19	\$11,022.30	\$0.00	\$11,022.30
453	9	\$21,956.04	\$0.00	\$21,956.04	\$21,956.04	\$0.00	\$21,956.04
454	1	\$3,293.85	\$721.63	\$2,572.22	\$3,293.85	\$0.00	\$3,293.85
455	7	\$9,752.05	\$0.00	\$9,752.05	\$9,752.05	\$0.00	\$9,752.05
457	14	\$8,229.20	\$940.48	\$7,288.72	\$8,229.20	\$0.00	\$8,229.20
459	1	\$1,683.05	\$67.32	\$1,615.73	\$1,683.05	\$0.00	\$1,683.05
<b>SUBTOTAL</b>	<b>72</b>	<b>\$59,246.24</b>	<b>\$3,713.84</b>	<b>\$55,532.40</b>	<b>\$59,246.24</b>	<b>\$0.00</b>	<b>\$59,246.24</b>
<b>Kaiser - Georgia</b>							
441	4	\$5,182.00	\$0.00	\$5,182.00	\$5,182.00	\$0.00	\$5,182.00
442	7	\$9,068.50	\$0.00	\$9,068.50	\$9,068.50	\$0.00	\$9,068.50
445	2	\$3,363.78	\$0.00	\$3,363.78	\$3,363.78	\$0.00	\$3,363.78
446	1	\$1,681.89	\$0.00	\$1,681.89	\$1,681.89	\$0.00	\$1,681.89
461	12	\$15,546.00	\$1,269.59	\$14,276.41	\$15,546.00	\$0.00	\$15,546.00
462	84	\$33,917.54	\$4,772.08	\$28,356.68	\$33,128.76	\$0.00	\$33,128.76
463	4	\$10,331.96	\$1,658.89	\$8,673.07	\$10,331.96	\$0.00	\$10,331.96
465	1	\$1,681.89	\$0.00	\$1,681.89	\$1,681.89	\$0.00	\$1,681.89
466	30	\$23,423.40	\$1,639.63	\$21,783.77	\$23,423.40	\$0.00	\$23,423.40
<b>SUBTOTAL</b>	<b>145</b>	<b>\$104,196.96</b>	<b>\$9,340.19</b>	<b>\$94,067.99</b>	<b>\$103,408.18</b>	<b>\$0.00</b>	<b>\$103,408.18</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Hawaii</b>							
471	5	\$4,773.20	\$267.30	\$4,505.90	\$4,773.20	\$0.00	\$4,773.20
472	27	\$12,185.60	\$1,549.29	\$10,201.11	\$11,750.40	\$0.00	\$11,750.40
473	2	\$3,965.12	\$1,215.88	\$2,749.24	\$3,965.12	\$0.00	\$3,965.12
474	4	\$7,605.12	\$0.00	\$7,605.12	\$7,605.12	\$0.00	\$7,605.12
475	4	\$11,391.68	\$0.00	\$11,391.68	\$11,391.68	\$0.00	\$11,391.68
476	2	\$2,763.68	\$1,216.02	\$1,547.66	\$2,763.68	\$0.00	\$2,763.68
478	13	\$11,211.20	\$1,448.83	\$9,762.37	\$11,211.20	\$0.00	\$11,211.20
479	1	\$2,409.76	\$0.00	\$2,409.76	\$2,409.76	\$0.00	\$2,409.76
<b>SUBTOTAL</b>	<b>58</b>	<b>\$56,305.36</b>	<b>\$5,697.32</b>	<b>\$50,172.84</b>	<b>\$55,870.16</b>	<b>\$0.00</b>	<b>\$55,870.16</b>
<b>Kaiser - Oregon</b>							
481	2	\$2,336.86	\$584.21	\$1,752.65	\$2,336.86	\$0.00	\$2,336.86
482	87	\$43,324.26	\$6,513.59	\$37,806.63	\$44,320.22	\$0.00	\$44,320.22
483	2	\$2,914.32	\$494.99	\$2,419.33	\$2,914.32	\$0.00	\$2,914.32
484	7	\$16,302.02	\$0.00	\$16,302.02	\$16,302.02	\$0.00	\$16,302.02
488	37	\$37,542.48	\$5,315.24	\$31,239.28	\$36,554.52	\$0.00	\$36,554.52
491	1	\$1,682.42	\$0.00	\$1,682.42	\$1,682.42	\$0.00	\$1,682.42
498	2	\$5,235.18	\$279.14	\$4,956.04	\$5,235.18	\$0.00	\$5,235.18
<b>SUBTOTAL</b>	<b>138</b>	<b>\$109,337.54</b>	<b>\$13,187.17</b>	<b>\$96,158.37</b>	<b>\$109,345.54</b>	<b>\$0.00</b>	<b>\$109,345.54</b>
<b>SCAN Health Plan</b>							
611	290	\$72,836.87	\$15,596.50	\$56,246.01	\$71,842.51	\$0.00	\$71,842.51
613	94	\$45,982.92	\$9,656.41	\$37,794.05	\$47,450.46	\$0.00	\$47,450.46
<b>SUBTOTAL</b>	<b>384</b>	<b>\$118,819.79</b>	<b>\$25,252.91</b>	<b>\$94,040.06</b>	<b>\$119,292.97</b>	<b>\$0.00</b>	<b>\$119,292.97</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>SCAN Health Plan, AZ</b>							
620	6	\$1,491.54	\$457.41	\$1,282.72	\$1,740.13	\$0.00	\$1,740.13
<b>SUBTOTAL</b>	<b>6</b>	<b>\$1,491.54</b>	<b>\$457.41</b>	<b>\$1,282.72</b>	<b>\$1,740.13</b>	<b>\$0.00</b>	<b>\$1,740.13</b>
<b>SCAN Health Plan, NV</b>							
622	10	\$2,485.90	\$308.25	\$2,177.65	\$2,485.90	\$0.00	\$2,485.90
623	2	\$978.36	\$0.00	\$978.36	\$978.36	\$0.00	\$978.36
<b>SUBTOTAL</b>	<b>12</b>	<b>\$3,464.26</b>	<b>\$308.25</b>	<b>\$3,156.01</b>	<b>\$3,464.26</b>	<b>\$0.00</b>	<b>\$3,464.26</b>
<b>UHC Medicare Adv.</b>							
701	2,066	\$674,424.66	\$76,022.64	\$595,291.18	\$671,313.82	(\$1,939.86)	\$669,373.96
702	385	\$663,452.71	\$35,173.87	\$554,043.16	\$589,217.03	\$0.00	\$589,217.03
703	1,331	\$857,028.04	\$80,110.57	\$766,060.93	\$846,171.50	(\$1,277.24)	\$844,894.26
704	102	\$197,208.84	\$11,329.84	\$185,879.00	\$197,208.84	\$0.00	\$197,208.84
705	47	\$41,135.81	\$2,135.59	\$39,000.22	\$41,135.81	\$0.00	\$41,135.81
706	3	\$1,184.61	\$157.94	\$1,026.67	\$1,184.61	\$0.00	\$1,184.61
<b>SUBTOTAL</b>	<b>3,934</b>	<b>\$2,434,434.67</b>	<b>\$204,930.45</b>	<b>\$2,141,301.16</b>	<b>\$2,346,231.61</b>	<b>(\$3,217.10)</b>	<b>\$2,343,014.51</b>
<b>United Healthcare</b>							
707	525	\$730,813.50	\$60,132.15	\$698,610.17	\$758,742.32	\$0.00	\$758,742.32
708	459	\$1,160,621.40	\$67,381.97	\$1,085,670.16	\$1,153,052.13	\$0.00	\$1,153,052.13
709	370	\$1,109,887.31	\$76,380.11	\$1,033,507.20	\$1,109,887.31	\$0.00	\$1,109,887.31
<b>SUBTOTAL</b>	<b>1,354</b>	<b>\$3,001,322.21</b>	<b>\$203,894.23</b>	<b>\$2,817,787.53</b>	<b>\$3,021,681.76</b>	<b>\$0.00</b>	<b>\$3,021,681.76</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Local 1014 Firefighters</b>							
801	82	\$109,445.40	\$3,630.41	\$103,145.59	\$106,776.00	\$0.00	\$106,776.00
802	334	\$803,791.04	\$25,894.58	\$792,335.82	\$818,230.40	\$0.00	\$818,230.40
803	369	\$1,047,506.13	\$30,488.34	\$999,985.17	\$1,030,473.51	\$567.75	\$1,031,041.26
804	196	\$261,601.20	\$7,928.11	\$262,640.04	\$270,568.15	(\$40,075.80)	\$230,492.35
805	225	\$541,476.00	\$16,662.17	\$484,580.21	\$501,242.38	(\$42,906.30)	\$458,336.08
806	710	\$1,708,657.60	\$36,627.80	\$1,681,656.04	\$1,718,283.84	(\$272,982.16)	\$1,445,301.68
807	54	\$153,293.58	\$2,384.56	\$150,909.02	\$153,293.58	(\$10,516.90)	\$142,776.68
808	17	\$48,259.09	\$227.10	\$48,031.99	\$48,259.09	(\$7,057.80)	\$41,201.29
809	16	\$21,355.20	\$3,523.61	\$17,831.59	\$21,355.20	(\$1,334.70)	\$20,020.50
810	9	\$21,659.04	\$2,839.73	\$18,819.31	\$21,659.04	\$0.00	\$21,659.04
811	4	\$11,355.08	\$2,611.67	\$11,014.43	\$13,626.10	\$0.00	\$13,626.10
812	255	\$340,348.50	\$21,034.88	\$323,317.72	\$344,352.60	(\$48,601.30)	\$295,751.30
813	1	\$2,406.56	\$0.00	\$2,406.56	\$2,406.56	(\$174.70)	\$2,231.86
<b>SUBTOTAL</b>	<b>2,272</b>	<b>\$5,071,154.42</b>	<b>\$153,852.96</b>	<b>\$4,896,673.49</b>	<b>\$5,050,526.45</b>	<b>(\$423,081.91)</b>	<b>\$4,627,444.54</b>
<b>Kaiser - Washington</b>							
393	5	\$8,202.05	\$1,328.95	\$6,873.10	\$8,202.05	\$0.00	\$8,202.05
394	20	\$8,950.40	\$1,673.72	\$7,276.68	\$8,950.40	\$0.00	\$8,950.40
395	4	\$12,225.48	\$1,735.05	\$7,434.06	\$9,169.11	\$0.00	\$9,169.11
397	3	\$5,590.44	\$670.85	\$4,919.59	\$5,590.44	\$0.00	\$5,590.44
398	8	\$7,096.32	\$958.00	\$6,138.32	\$7,096.32	\$0.00	\$7,096.32
<b>SUBTOTAL</b>	<b>40</b>	<b>\$42,064.69</b>	<b>\$6,366.57</b>	<b>\$32,641.75</b>	<b>\$39,008.32</b>	<b>\$0.00</b>	<b>\$39,008.32</b>
<b>Medical Plan Total</b>	<b>55,630</b>	<b>\$57,315,736.18</b>	<b>\$3,731,397.25</b>	<b>\$53,103,906.26</b>	<b>\$56,835,303.51</b>	<b>(\$520,949.06)</b>	<b>\$56,314,354.45</b>

## Medical and Dental Vision Insurance Premiums

### February 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b><u>Dental/Vision Plan</u></b>							
<b>CIGNA Indemnity Dental/Vision</b>							
501	26,293	\$1,385,273.28	\$142,900.05	\$1,253,522.33	\$1,396,422.38	(\$4,571.98)	\$1,391,850.40
502	24,175	\$2,659,268.77	\$199,091.67	\$2,444,475.54	\$2,643,567.21	(\$3,685.29)	\$2,639,881.92
503	9	\$583.38	\$36.30	\$547.08	\$583.38	\$0.00	\$583.38
<b>SUBTOTAL</b>	<b>50,477</b>	<b>\$4,045,125.43</b>	<b>\$342,028.02</b>	<b>\$3,698,544.95</b>	<b>\$4,040,572.97</b>	<b>(\$8,257.27)</b>	<b>\$4,032,315.70</b>
<b>CIGNA Dental HMO/Vision</b>							
901	4,087	\$190,127.24	\$21,139.61	\$171,521.58	\$192,661.19	(\$375.07)	\$192,286.12
902	3,072	\$293,652.96	\$21,703.14	\$268,987.09	\$290,690.23	(\$95.28)	\$290,594.95
903	2	\$94.22	\$16.96	\$77.26	\$94.22	\$0.00	\$94.22
<b>SUBTOTAL</b>	<b>7,161</b>	<b>\$483,874.42</b>	<b>\$42,859.71</b>	<b>\$440,585.93</b>	<b>\$483,445.64</b>	<b>(\$470.35)</b>	<b>\$482,975.29</b>
<b>Dental/Vision Plan Total</b>	<b>57,638</b>	<b>\$4,528,999.85</b>	<b>\$384,887.73</b>	<b>\$4,139,130.88</b>	<b>\$4,524,018.61</b>	<b>(\$8,727.62)</b>	<b>\$4,515,290.99</b>
<b>GRAND TOTALS</b>	<b>113,268</b>	<b>\$61,844,736.03</b>	<b>\$4,116,284.98</b>	<b>\$57,243,037.14</b>	<b>\$61,359,322.12</b>	<b>(\$529,676.68)</b>	<b>\$60,829,645.44</b>

PREMIUMS*	CARRIER DEDUCTION 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.



<b>PREMIUMS*</b>	<b>CARRIER DEDUCTION CODES</b>	<b>DEDUCTION CODE DEFINITIONS</b>
<b><u>CIGNA Network Model Plan</u></b>		
\$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
<b><u>CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)</u></b>		
\$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
<b><u>Kaiser</u></b>		
\$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.

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

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")

**Kaiser Colorado**

\$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")

**Kaiser Georgia**

\$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")

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<b><u>Kaiser Georgia (continued)</u></b>		
\$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")
<b><u>Kaiser Hawaii</u></b>		
\$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)
<b><u>Kaiser Oregon</u></b>		
\$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 Part 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.

<b>PREMIUMS*</b>	<b>CARRIER DEDUCTION CODES</b>	<b>DEDUCTION CODE DEFINITIONS</b>
<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.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
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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

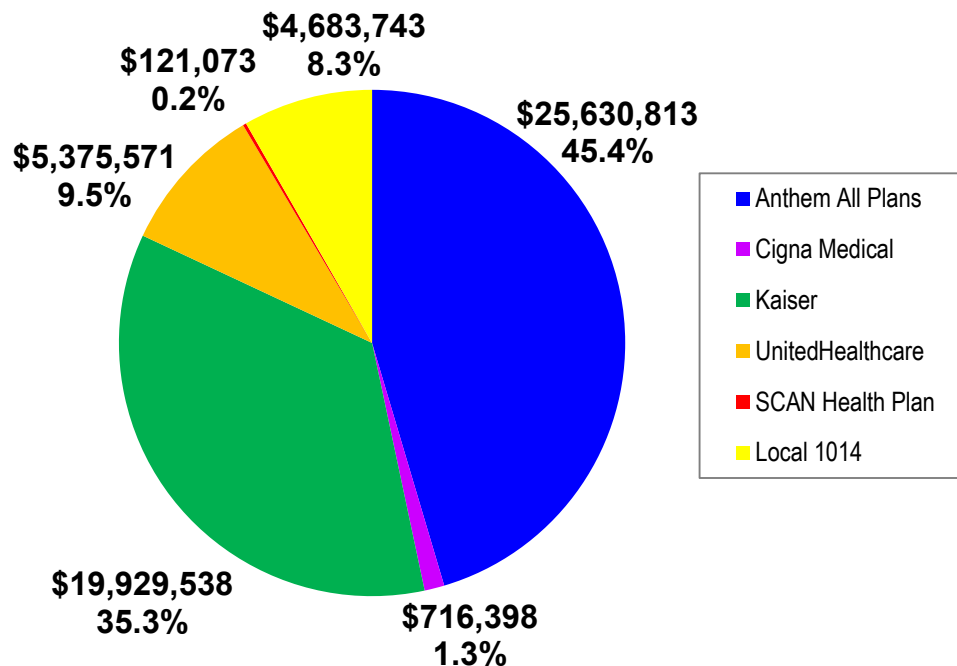
## Premium & Enrollment

### Coverage Month Ending December 2023

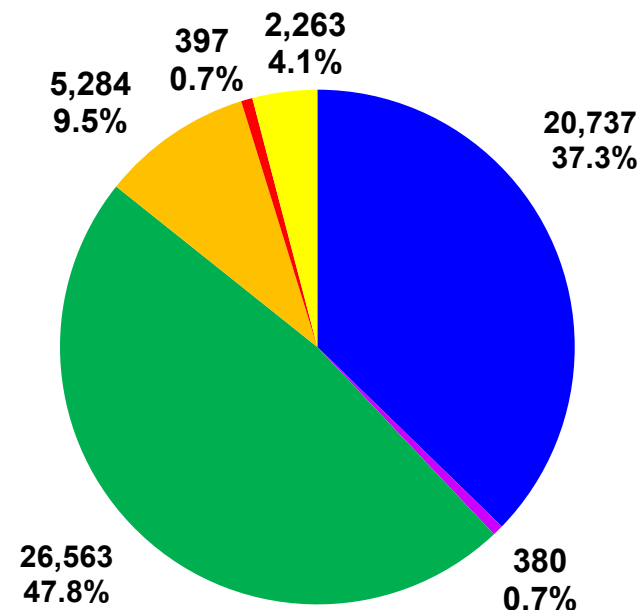
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$25,630,813	45.4%	20,737	37.3%
Cigna Medical	\$716,398	1.3%	380	0.7%
Kaiser	\$19,929,538	35.3%	26,563	47.7%
UnitedHealthcare	\$5,375,571	9.5%	5,284	9.5%
SCAN Health Plan	\$121,073	0.2%	397	0.7%
Local 1014	\$4,683,743	8.3%	2,263	4.1%
<b>Combined Medical</b>	<b>\$56,457,135</b>	<b>100.0%</b>	<b>55,624</b>	<b>100.0%</b>

<b>Cigna Dental &amp; Vision (PPO and HMO)</b>	<b>\$4,509,511</b>	<b>57,604</b>
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### Monthly Premium



### Retirees

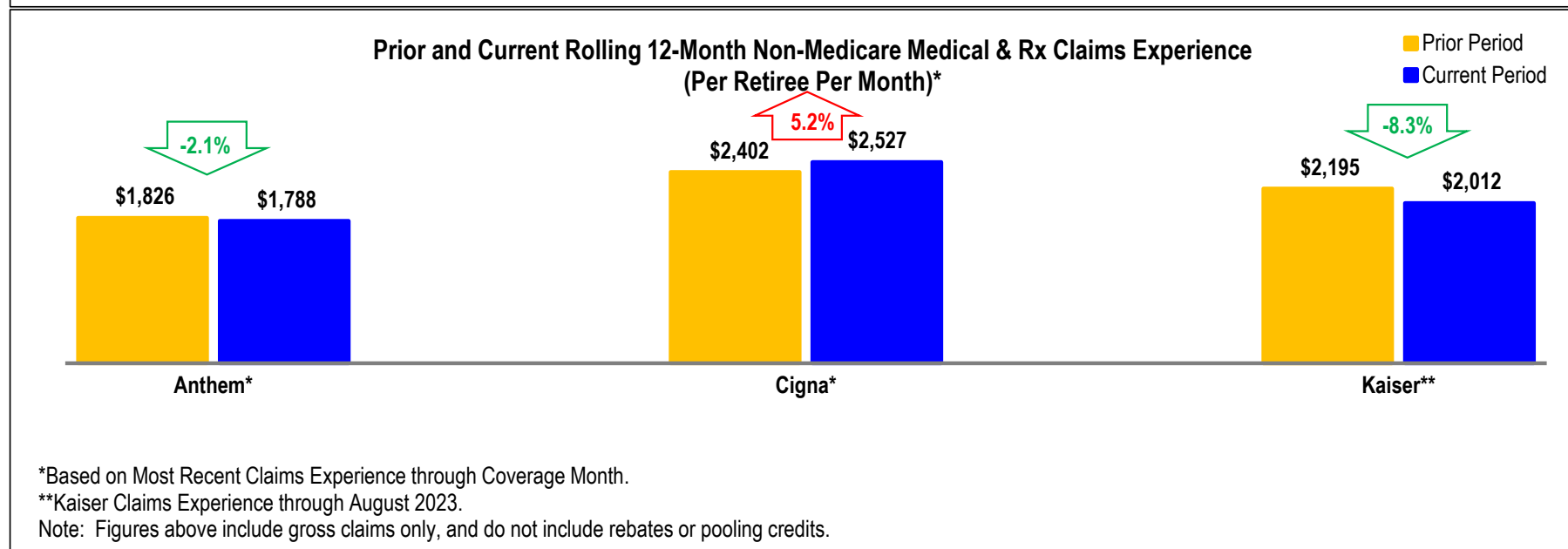
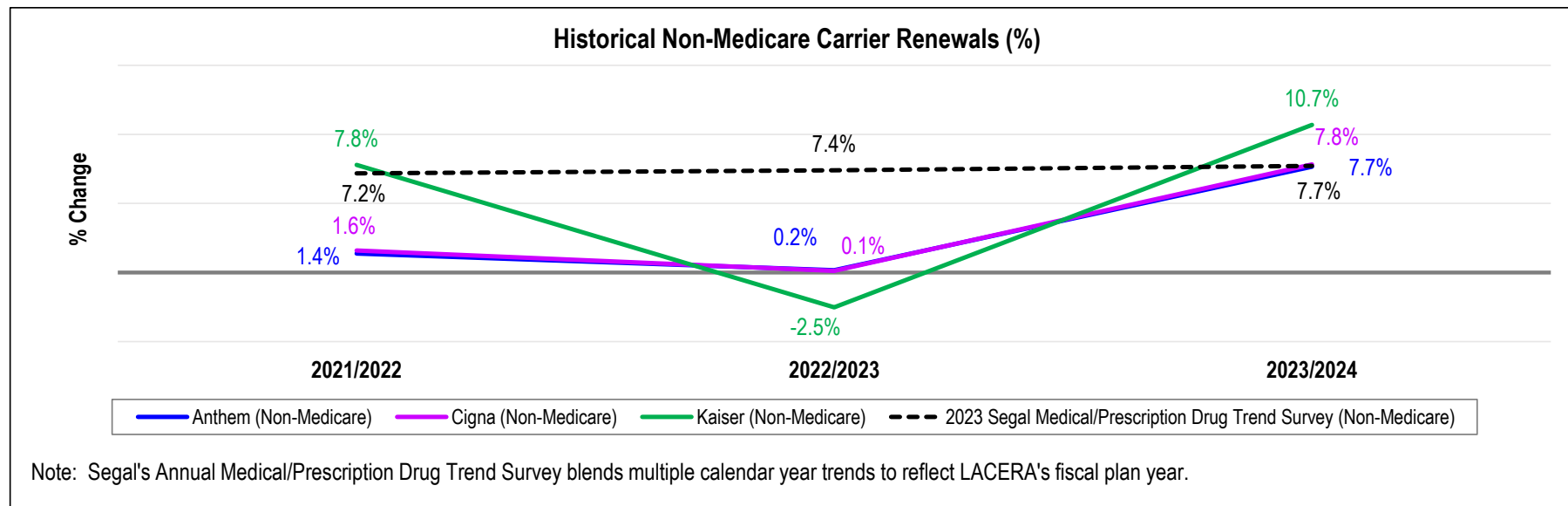


Note: Premiums include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

# Los Angeles County Employees Retirement Association

## Claims Experience by Carrier

Coverage Month Ending December 2023

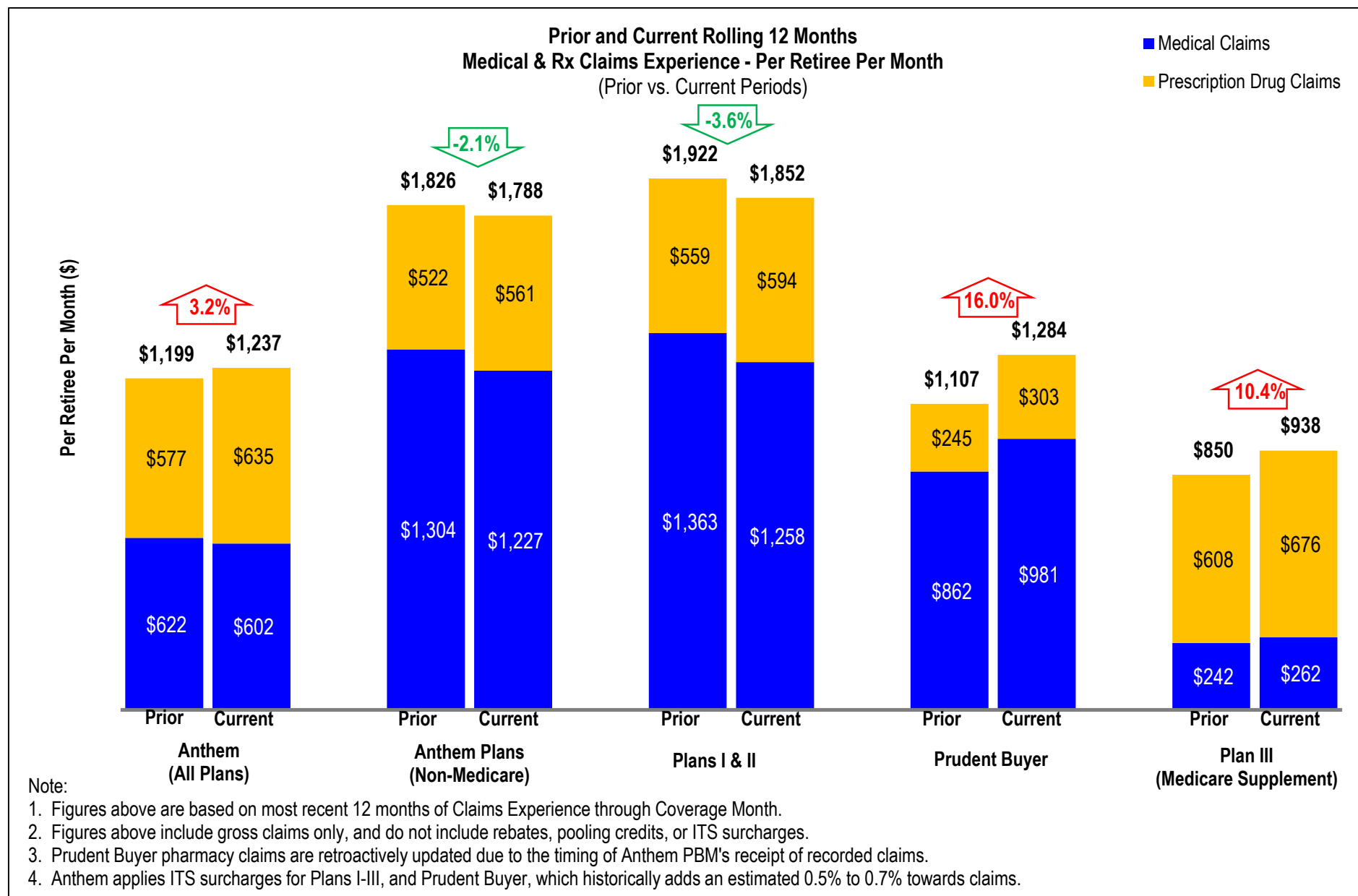




# Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending December 2023



# Los Angeles County Employees Retirement Association

## Kaiser Utilization

### Coverage Month Ending December 2023

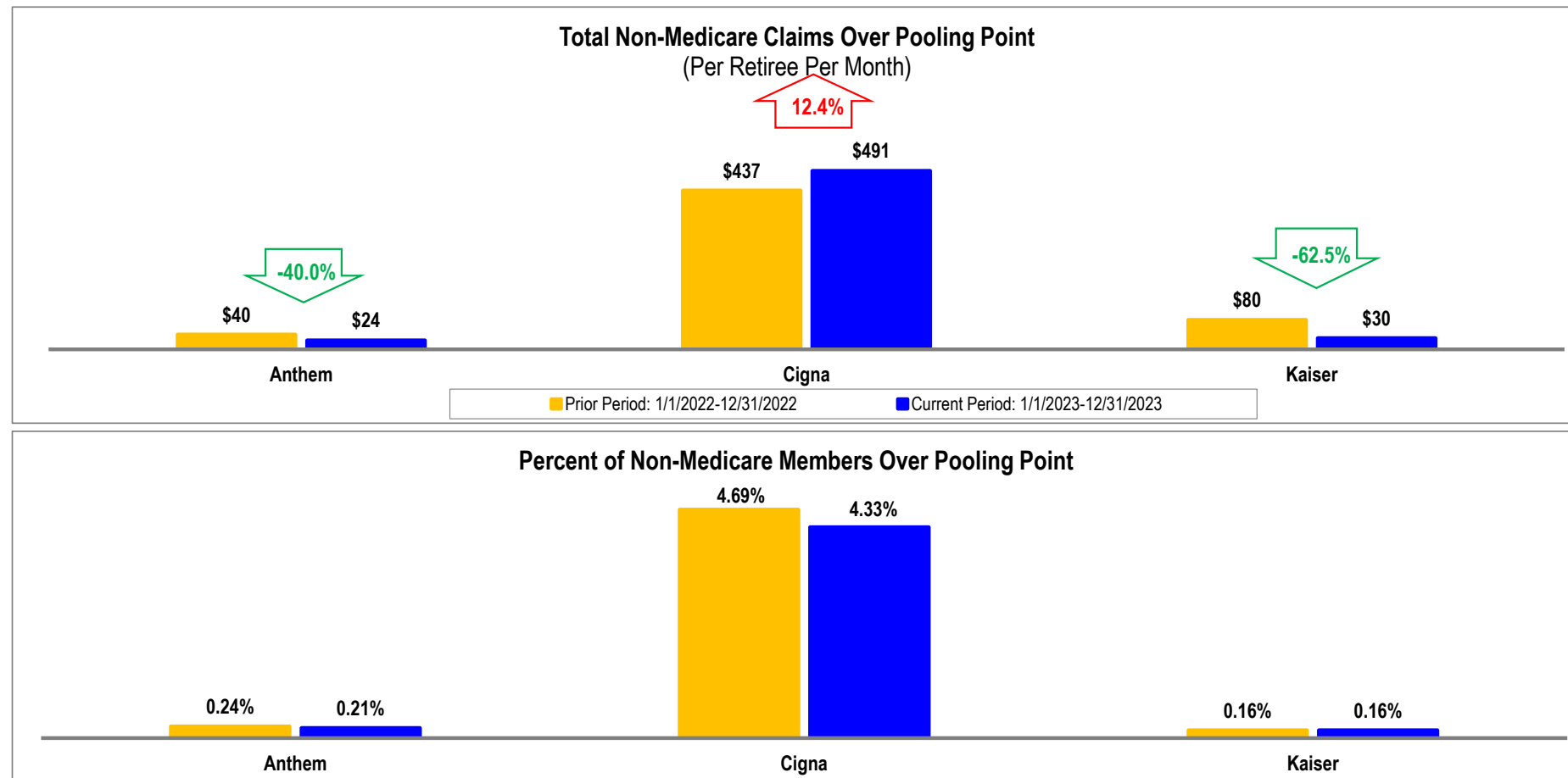
- Kaiser insures approximately 26,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 9/1/2022 - 8/31/2023	Prior Period 9/1/2021 - 8/31/2022	Change
<b>Average Contract Size</b>	<b>2.36</b>	<b>2.37</b>	<b>-0.42%</b>
<b>Average Members</b>	<b>9,005</b>	<b>8,908</b>	<b>1.09%</b>
Inpatient Claims Per Member Per Month	\$236.83	\$297.74	-20.46%
Outpatient Claims Per Member Per Month	\$346.85	\$368.08	-5.77%
Pharmacy Per Member Per Month	\$133.88	\$119.97	11.59%
Other Per Member Per Month	\$135.44	\$140.69	-3.73%
<b>Total Claims Per Member Per Month</b>	<b>\$853.00</b>	<b>\$926.48</b>	<b>-7.93%</b>
<b>Total Paid Claims</b>	<b>\$92,175,937</b>	<b>\$99,036,150</b>	<b>-6.93%</b>
Large Claims over \$525,000 Pooling Point			
Number of Claims over Pooling Point	6	6	
Amount over Pooling Point	\$1,358,332	\$3,593,397	-62.20%
% of Total Paid Claims	<b>1.47%</b>	<b>3.63%</b>	
Inpatient Days / 1000	409.7	456.0	-10.15%
Inpatient Admits / 1000	52.7	57.5	-8.35%
Outpatient Visits / 1000	14,087.7	14,679.8	-4.03%
Pharmacy Scripts Per Member Per Year	10.4	10.3	0.97%

# Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending December 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 September through August.

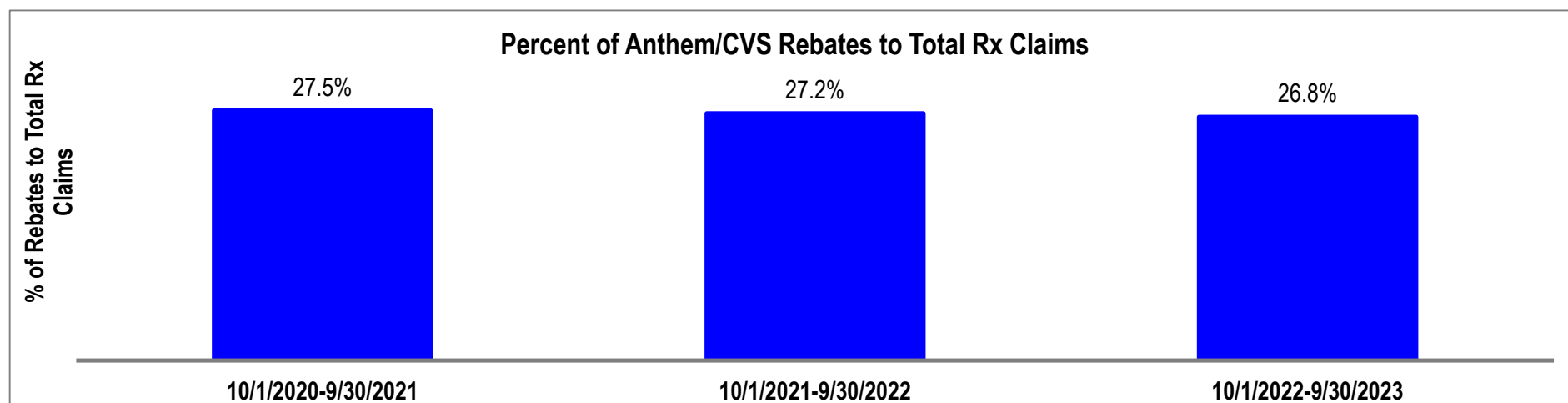
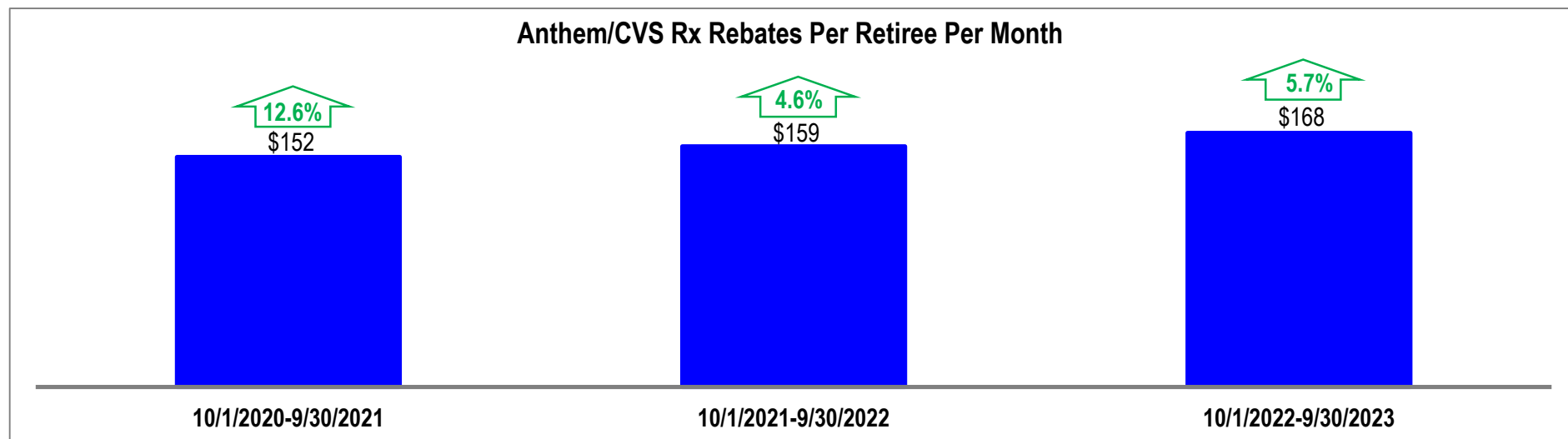
## Pooling Points by Carrier:

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 December 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.

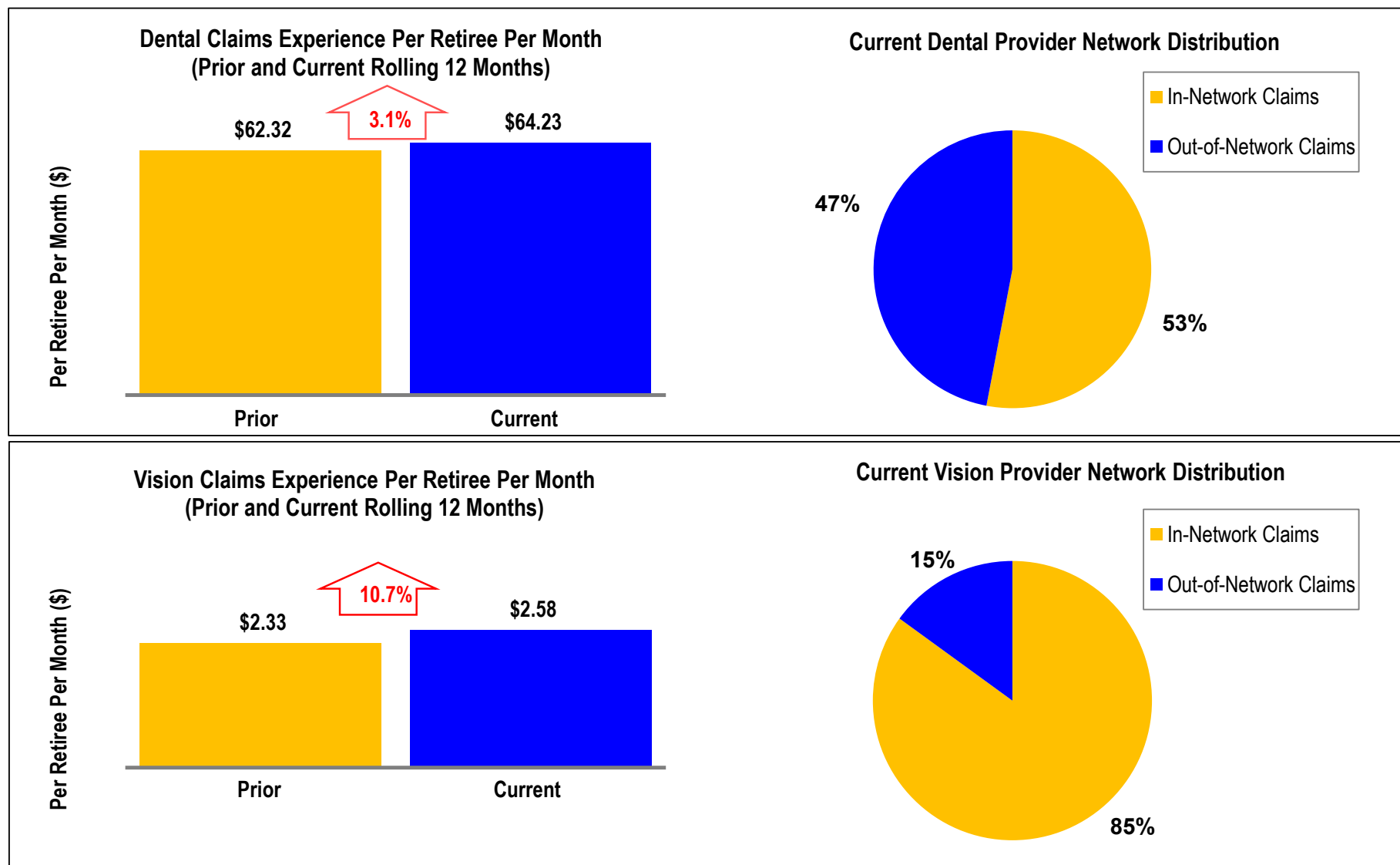
### **Note:**

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 December 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.