

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 Board orally and in writing. To provide Public Comment, please visit the above link and complete the request form.

Attention: If you have any questions, you may email PublicComment@lacera.com.

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

8:30 A.M., THURSDAY, JULY 10, 2025

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(f).

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

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

COMMITTEE TRUSTEES:

Les Robbins, Chair
Ronald Okum, Vice Chair
Aleen Langton, Trustee
Wayne Moore, Trustee
Shawn R. Kehoe, 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 June 4, 2025

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](#).

If you select oral comment, we will contact you via email with information and instructions as to how to access the meeting as a speaker. You will have up to 3 minutes to address the Committee. Oral comment requests 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 within the form 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.)

V. REPORTS

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

Barry W. Lew, Legislative Affairs Officer
(For Information Only) (Memo dated July 1, 2025)

B. **Engagement Report for June 2025**

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

C. **Staff Activities Report for June 2025**

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

D. **LACERA Claims Experience**

Michael Szeto, Segal Consulting
(Presentation)

E. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

VI. ITEMS FOR STAFF REVIEW

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

VII. ITEMS FOR FUTURE AGENDAS

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

VIII. GOOD OF THE ORDER

(For Information Purposes Only)

IX. 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 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, 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

8:31 A.M. – 8:43 A.M., WEDNESDAY, JUNE 4, 2025

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
Ronald Okum, Vice Chair
Aleen Langton, Trustee (*arrived at 8:40 a.m.*)
Shawn R. Kehoe, Alternate Trustee

ABSENT: Wayne Moore, Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

Bobbie Fesler, Trustee
Elizabeth Ginsberg, Trustee
JP Harris, Trustee

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare
Luis A. Lugo, Deputy Chief Executive Officer

STAFF, ADVISORS AND PARTICIPANTS (Continued)

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Stephen Murphy, Sr. Vice President

Michael Szeto, Sr. Actuarial Associate

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:31 a.m.

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

There were no requests received.

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of May 7, 2025

Trustee Okum made a motion, Trustee Kehoe seconded, to approve the minutes of the regular meeting of May 7, 2025. The motion passed by the following roll call vote:

Yes: Okum, Kehoe, Robbins

No: None

Absent: Langton, Moore

(Trustee Langton arrived after the vote had been taken on the minutes.)

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

A. **Engagement Report for May 2025**

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

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

B. **Staff Activities Report for May 2025**

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

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

C. **LACERA Claims Experience**

Michael Szeto, Segal Consulting
(Presentation)

The LACERA Claims Experience reports through April 2025 were discussed. This item was received and filed.

D. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

Segal Consulting gave an update on federal legislation. This item was received and filed.

VI. ITEMS FOR STAFF REVIEW

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

There was nothing to report.

VII. ITEMS FOR FUTURE AGENDAS

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

There was nothing to report.

VIII. GOOD OF THE ORDER

(For Information Purposes Only)

There was nothing to report.

IX. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 8:43 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.**

FOR INFORMATION ONLY

July 1, 2025

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Ronald Okum, Vice Chair
Aleen Langton
Wayne Moore
Shawn Kehoe, Alternate

FROM: Barry W. Lew 
Legislative Affairs Officer

FOR: July 10, 2025 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **Semi-Annual Report on Approved Engagements**

LEGAL AUTHORITY

The Board of Retirement's (BOR) Policy on Engagement for Public Policy Issues Relating to Plan Administration and Retirement and Health Care Benefits provides that staff will present semi-annual reports to the Insurance, Benefits and Legislative Committee (IBLC) each year as to the status of all approved engagements

ENGAGEMENTS**Meetings with Congress**

On January 29, 2025, during the Policy Day of the National Conference of Public Employee Retirement Systems (NCPERS) 2025 Legislative Conference, LACERA trustees and staff along with trustees and staff from the California State Teachers' Retirement System held meetings with Congressional members and their staff arranged by NCPERS and led by legislative advocate Anthony J. Roda. Trustees included Wayne Moore and Jason Green. Staff included Legislative Affairs Officer Barry Lew and Retiree Healthcare Director Cassandra Smith.

The meetings were with House members and their staff of the Los Angeles County Delegation including Jimmy Gomez, Jimmy Panetta, Linda Sanchez, and Judy Chu. Mr. Roda also arranged additional meetings for LACERA trustees and staff on January 30, 2025, with House members Brad Sherman, Ted Lieu, Julia Brownley, Jay Obernolte, and Robert Garcia.

Topics of discussion included the repeal of the Windfall Elimination Provision and Government Pension Offset and their anticipated implementation timeline and challenges. Also discussed were the upcoming reconciliation bill and whether the

unrelated business income tax (UBIT) would be proposed again as well as a potential SECURE 3.0 Act.

Meetings with California State Legislature

On March 25, 2025, Deputy Chief Executive Officer Luis Lugo and Legislative Affairs Officer Barry W. Lew met with members of the Los Angeles County Delegation of the Assembly and Senate in meetings arranged by legislative advocate Naomi Padron. The Assembly members included Mike Fong, Mark Gonzalez, Tom Lackey, Tina McKinnor, Blanca Pacheco, Michelle Rodriguez, and Jose Luis Solache, Jr. The Senate member was Henry Stern.

Staff provided an overview of LACERA's history and operations and highlighted key findings of the economic impact study that was conducted in 2022, in particular that over 80% of LACERA retirees remain in California and generate \$3 billion in statewide annual economic activity. Staff took the opportunity to thank Assemblymember Lackey in person for carrying the bill for LACERA's prepaid card program. Staff also met with Doug Suber, legislative advocate for the California Professional Firefighters, to preview their proposal related to PEPRA's compensation limit and safety benefit formulas.

Legislative Positions

During the 2025 legislative session, LACERA adopted positions on the following bills.

AB 1383 (McKinnor): Would increase the PEPRA compensation limit, establish new safety benefit formulas, and authorize a collective bargaining process for the employer to pay the employee's share of normal cost.

Status: In committee: Hearing postponed by committee. (05/23/2025)

BOR Position: Support.

SB 853 (Valencia): Would make technical changes to the definition of "final compensation," make conforming changes related to the conversion of general service to safety service, and create more flexibility in complying with the requirements for post-retirement employment.

Status: From committee: Do pass and re-refer to Committee on Appropriations with recommendation: To consent calendar. (06/25/2025)

Board Position: Support.

SACRS Legislative Committee

The State Association of County Retirement Systems (SACRS) Legislative Committee continues to meet virtually, and staff participates in monthly virtual meetings and annual in-person meetings of the Committee. The Committee's activities include monitoring

current legislation, formulating and advocating legislative proposals, and discussing current events related to public pension plans.

CONCLUSION

Staff will continue to work with its legislative advocates and the SACRS Legislative Committee to monitor and advocate on issues relevant to LACERA.

Reviewed and Approved:



Luis Lugo, Deputy Chief Executive Officer

cc: Luis Lugo
JJ Popowich
Laura Guglielmo
Steven P. Rice
Anthony J. Roda, Williams & Jensen
Naomi Padron, MKP Government Relations

INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
JUNE 2025
FOR INFORMATION ONLY

Social Security Trust Fund Depletion Date

The Social Security Administration's 2025 Trustees Report projects that the combined trust funds for Old-Age and Survivors Insurance (OASI) and Disability Insurance (DI) will be able to pay full benefits only until 2034—one year earlier than previously estimated. After that, the funds will cover just 81% of scheduled benefits. The OASI fund alone is expected to be depleted by 2033, covering 77% of benefits thereafter, while the DI fund is projected to remain solvent for at least 75 years. According to one analysis, a 19% cut in benefits would require a beneficiary to save an extra \$114,000, whereas a 23% cut would require \$138,000.

In 2024, the trust funds' combined reserves declined by \$67 billion to \$2.72 trillion. Income totaled \$1.42 trillion, while \$1.47 trillion was paid out to nearly 68 million beneficiaries. The program's costs are expected to exceed income starting in 2025, continuing a trend since 2021.

The report also notes that the Social Security Fairness Act of 2023 increased benefits for workers in non-covered jobs, impacting the program's finances and was the primary contributor to the change in the depletion date. The long-term actuarial deficit has grown to 3.82% of taxable payroll in 2025, compared to 3.50% in 2024. Trustees urge Congress to act promptly to address the shortfall, allowing gradual changes and giving Americans time to adjust. Currently, two public trustee positions remain vacant, awaiting presidential nomination and Senate confirmation. [\(Source\)](#) [\(Source\)](#) [\(Source\)](#) [\(Source\)](#)

Unexpected Surge in People Claiming Social Security

Between January and May 2025, Social Security retirement claims surged nearly 18% compared to the same period in 2024—an unusual spike that deviates from typical seasonal patterns. According to the Urban Institute, this trend is concerning because delaying claims usually results in higher lifetime benefits. The Social Security Administration attributes the increase to three main factors: a peak in Baby Boomer retirements, a rule change boosting benefits for some pension holders, and more people switching from spousal to personal benefit claims.

However, economic uncertainty under the Trump administration appears to be a major driver. Many early claimants, including high earners who typically delay benefits, cite fears about potential policy changes, such as raising the retirement age or cutting benefits. Personal stories in the article reflect anxiety over job security, health, and future access to benefits.

Experts caution against making early claims based on fear. While Social Security faces long-term funding challenges, benefits remain legally protected and widely supported. Claiming early can permanently reduce monthly payments, though individuals can reverse the decision within 12 months by repaying the benefits received. ([Source](#))

Workers Don't Expect to Succeed in Saving for Retirement

A new report from the Transamerica Center for Retirement Studies reveals that 80% of U.S. workers believe their generation faces greater financial challenges than their parents. Across Gen Z, Millennials, Gen X, and Baby Boomers, 68% feel they may never save enough for retirement, even if they work until then. Only 22% feel confident in their financial knowledge, and just 35% use professional financial advisers.

Gen Z workers are especially strained, with many juggling multiple jobs and side hustles while facing job insecurity and concerns about AI. Still, 76% are saving for retirement, contributing an average of 15% of their pay. Millennials, caught in the “sandwich years” of raising children and caring for aging parents, are still recovering financially from the pandemic, with debt being a major barrier to saving.

Gen X, whose members will turn 60 this year, is nearing retirement but lags in savings, with only 18% confident in retiring comfortably. Many plan to work past traditional retirement age. Baby Boomers, meanwhile, are delaying retirement or not planning to retire at all, citing health concerns and fears about Social Security's future.

The report emphasizes the need for meaningful employment with retirement benefits and calls on policymakers to strengthen Social Security and Medicare while expanding access to retirement plans. ([Source](#))

Americans Believe They Will Need \$1.26 Million to Retire Comfortably

In 2025, Americans say they need \$1.26 million to retire comfortably—down from \$1.46 million in 2024 and in line with the numbers in 2023 (\$1.27M) and 2022 (\$1.25M) but still far above what most have saved. The drop is attributable to the fall in the inflation rate. A quarter of savers have only one year or less of income set aside. Gen X is especially vulnerable: 52% have saved three times their income or less, and 54% don't believe they'll be financially ready for retirement.

More than half of Americans fear outliving their savings, yet 35% haven't taken steps to address it. Younger generations are saving earlier—Gen Z at 24 and Millennials at 29—and plan to retire earlier than Boomers. However, many Gen Z and Millennials focus more on investing than protecting assets with insurance, a potential blind spot. Overall, Gen Z has the most confidence that they will be financially prepared for retirement, whereas Gen X is the most pessimistic.

Social Security and inflation are top retirement concerns. Only about a quarter of Gen X and Boomers plan to delay claiming Social Security to maximize benefits. Most plan to work during retirement—especially Gen X (48%) and Millennials (45%)—either for income or personal fulfillment.

On continuing to work during retirement years, Gen X and Millennials are the most likely to do so, whereas Boomers are the least likely. The reasons for post-retirement work are split between evenly between wanting to continue feeling useful and needing additional income for retirement. For many Americans, the definition of retirement has changed from “retiring from work” to “finding a role that’s more meaningful to me.” [\(Source\)](#)

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
RETIREE HEALTHCARE BENEFITS PROGRAM
STAFF ACTIVITIES REPORT
JUNE 2025
FOR INFORMATION ONLY**

July 1, 2025 – June 30, 2026 Insurance Premium Rate Table Update

Staff completed the insurance premium rate tables update for the June 30, 2025 Pay Period, for coverage effective July 1, 2024, as approved by the Board of Retirement at the March 2025 meeting.

The insurance rate table update for the Los Angeles County Firefighters Local 1014 medical plan was also completed.

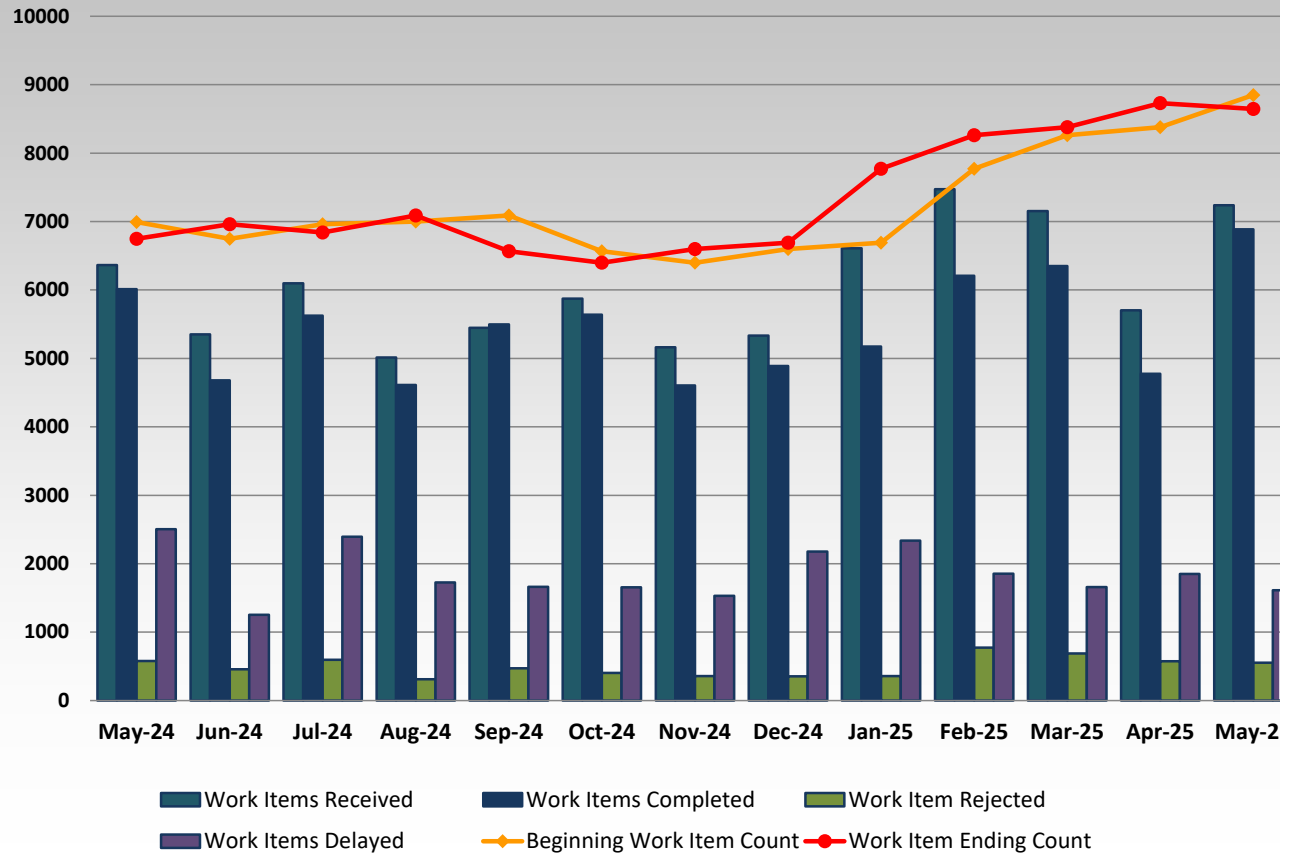
We would like to thank Systems staff for their continued support with this annual project.

Retiree Healthcare Division

Trend Report

MAY 2024 - MAY 2025

Updated 6/24/2025

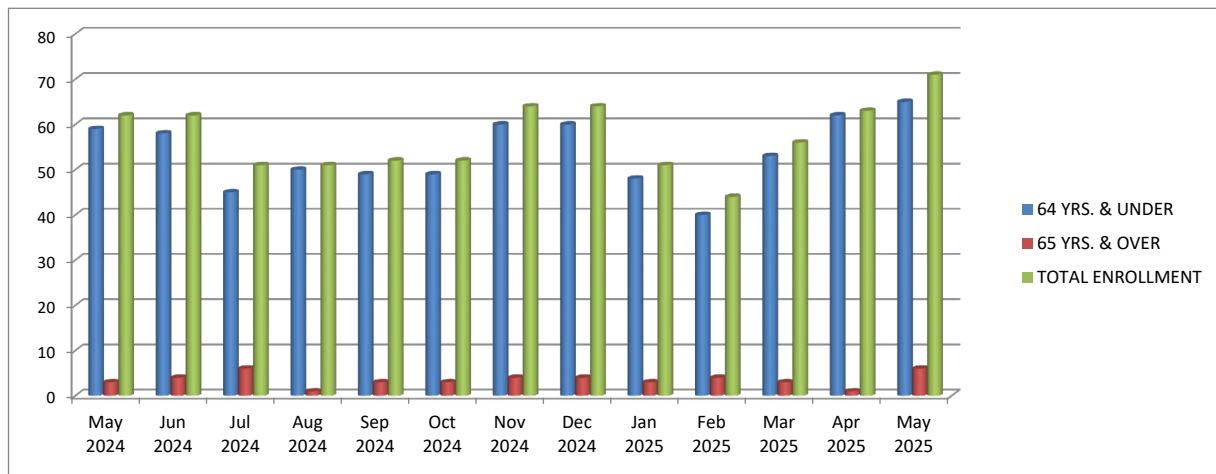


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
May-24	6994	6363	6012	579	2504	6749
Jun-24	6749	5351	4681	458	1252	6961
Jul-24	6961	6098	5624	596	2396	6839
Aug-24	7000	5013	4611	313	1725	7089
Sep-24	7089	5447	5498	470	1663	6568
Oct-24	6568	5873	5640	403	1654	6398
Nov-24	6398	5163	4606	358	1530	6597
Dec-24	6597	5335	4889	353	2177	6690
Jan-25	6690	6611	5173	358	2337	7770
Feb-25	7770	7474	6208	775	1854	8261
Mar-25	8261	7153	6349	687	1660	8378
Apr-25	8378	5702	4776	574	1849	8730
May-25	8849	7237	6888	553	1612	8645

Retirees Monthly Age Breakdown MAY 2024 - MAY 2025

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
May 2024	59	3	62
Jun 2024	58	4	62
Jul 2024	45	6	51
Aug 2024	50	1	51
Sep 2024	49	3	52
Oct 2024	49	3	52
Nov 2024	60	4	64
Dec 2024	60	4	64
Jan 2025	48	3	51
Feb 2025	40	4	44
Mar 2025	53	3	56
Apr 2025	62	1	63
May 2025	65	6	71



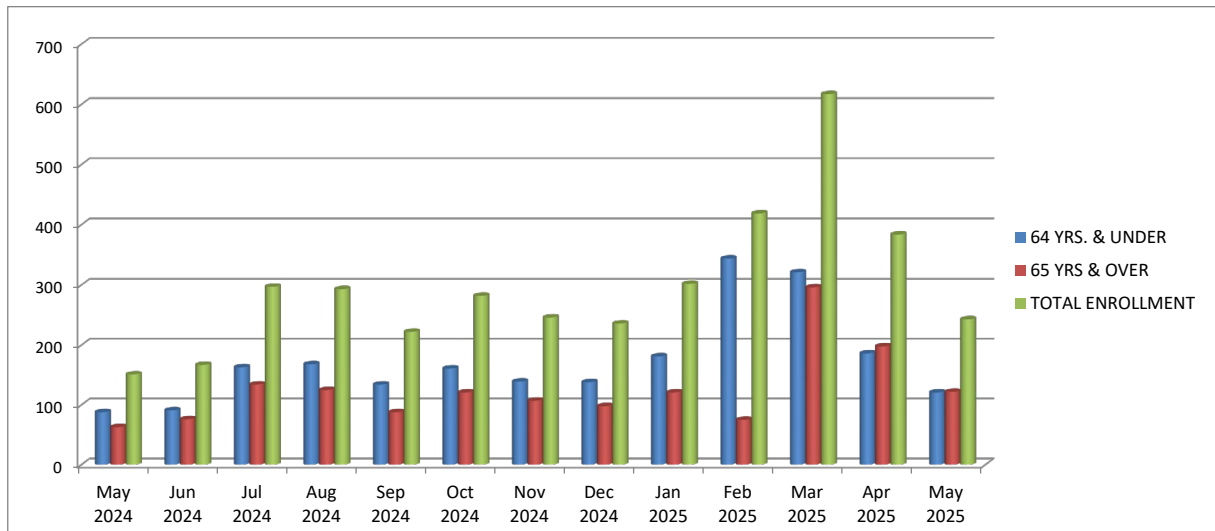
PLEASE NOTE:

- Next Report will include the following dates: June 1, 2024 through June 30, 2025

Retirees Monthly Age Breakdown MAY 2024 - MAY 2025

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
May 2024	88	63	151
Jun 2024	91	76	167
Jul 2024	163	134	297
Aug 2024	168	125	293
Sep 2024	134	88	222
Oct 2024	161	121	282
Nov 2024	139	107	246
Dec 2024	138	98	236
Jan 2025	181	121	302
Feb 2025	344	75	419
Mar 2025	321	296	617
Apr 2025	186	198	384
May 2025	121	122	243



PLEASE NOTE:

- Next Report will include the following dates: June 1, 2024, through June 30, 2025.

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 6/30/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7780	\$1,326,064.10	0	\$0.00
241	129	\$20,441.80	0	\$0.00
242	990	\$177,690.10	0	\$0.00
243	4709	\$1,644,030.96	0	\$0.00
244	13	\$2,158.80	0	\$0.00
245	55	\$10,387.90	0	\$0.00
246	15	\$2,854.10	0	\$0.00
247	172	\$31,312.80	0	\$0.00
248	15	\$4,788.40	0	\$0.00
249	92	\$33,469.70	0	\$0.00
250	17	\$5,733.50	0	\$0.00
Plan Total:	13,987	\$3,258,932.16	0	\$0.00
CIGNA - PREFERRED with RX				
0	0	\$0.00	0	\$0.00
0	0	\$0.00	0	\$0.00
0	0	\$0.00	0	\$0.00
0	0	\$0.00	0	\$0.00
Plan Total:	0	\$0.00	0	\$0.00
KAISER SR. ADVANTAGE				
394	23	\$3,983.70	0	\$0.00
397	2	\$329.60	0	\$0.00
398	11	\$4,070.00	0	\$0.00
403	12319	\$2,056,013.38	0	\$0.00
413	1530	\$267,690.70	0	\$0.00
418	6445	\$2,220,746.07	1	\$51.50
419	209	\$32,739.30	0	\$0.00
426	253	\$42,892.30	0	\$0.00
445	2	\$370.00	0	\$0.00
451	35	\$5,927.60	0	\$0.00
455	6	\$1,110.00	0	\$0.00
457	18	\$6,465.50	0	\$0.00
459	2	\$740.00	0	\$0.00
462	85	\$14,183.00	0	\$0.00
465	3	\$555.00	0	\$0.00
466	27	\$9,430.00	0	\$0.00
472	28	\$4,852.20	0	\$0.00
476	4	\$690.50	0	\$0.00
478	14	\$5,057.60	0	\$0.00
479	1	\$144.60	0	\$0.00
482	82	\$13,854.40	0	\$0.00
486	4	\$1,295.00	0	\$0.00
488	32	\$11,011.30	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$185.00	0	\$0.00
Plan Total:	21,137	\$4,704,485.25	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 6/30/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	280	\$48,284.60	0	\$0.00
613	101	\$32,052.70	0	\$0.00
620	10	\$1,758.60	0	\$0.00
621	2	\$740.00	0	\$0.00
622	16	\$2,587.00	0	\$0.00
623	5	\$2,429.80	0	\$0.00
Plan Total:	414	\$87,852.70	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2219	\$384,499.00	0	\$0.00
702	406	\$71,471.30	0	\$0.00
703	1435	\$508,175.10	0	\$0.00
704	103	\$20,107.70	0	\$0.00
705	49	\$18,250.30	0	\$0.00
Plan Total:	4,212	\$1,002,503.40	0	\$0.00
Grand Total:	39,750	\$9,053,773.51	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 6/30/2025

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ANTHEM BC III				
240	7780	\$1,326,064.10	0	\$0.00
241	129	\$20,441.80	0	\$0.00
242	990	\$177,690.10	0	\$0.00
243	4709	\$1,644,030.96	0	\$0.00
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247	172	\$31,312.80	0	\$0.00
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Plan Total:	13,987	\$3,258,932.16	0	\$0.00
CIGNA - PREFERRED with RX				
0	0	\$0.00	0	\$0.00
0	0	\$0.00	0	\$0.00
0	0	\$0.00	0	\$0.00
0	0	\$0.00	0	\$0.00
Plan Total:	0	\$0.00	0	\$0.00
KAISER SR. ADVANTAGE				
394	23	\$3,983.70	0	\$0.00
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418	6445	\$2,220,746.07	1	\$51.50
419	209	\$32,739.30	0	\$0.00
426	253	\$42,892.30	0	\$0.00
445	2	\$370.00	0	\$0.00
451	35	\$5,927.60	0	\$0.00
455	6	\$1,110.00	0	\$0.00
457	18	\$6,465.50	0	\$0.00
459	2	\$740.00	0	\$0.00
462	85	\$14,183.00	0	\$0.00
465	3	\$555.00	0	\$0.00
466	27	\$9,430.00	0	\$0.00
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479	1	\$144.60	0	\$0.00
482	82	\$13,854.40	0	\$0.00
486	4	\$1,295.00	0	\$0.00
488	32	\$11,011.30	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$185.00	0	\$0.00
Plan Total:	21,137	\$4,704,485.25	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 6/30/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	280	\$48,284.60	0	\$0.00
613	101	\$32,052.70	0	\$0.00
620	10	\$1,758.60	0	\$0.00
621	2	\$740.00	0	\$0.00
622	16	\$2,587.00	0	\$0.00
623	5	\$2,429.80	0	\$0.00
Plan Total:	414	87,853	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2219	\$384,499.00	0	\$0.00
702	406	\$71,471.30	0	\$0.00
703	1435	\$508,175.10	0	\$0.00
704	103	\$20,107.70	0	\$0.00
705	49	\$18,250.30	0	\$0.00
Plan Total:	4,212	\$1,002,503.40	0	\$0.00
LOCAL 1014				
804	206	\$49,984.50	0	\$0.00
805	240	\$51,983.70	0	\$0.00
806	756	\$303,654.20	0	\$0.00
807	65	\$13,541.70	0	\$0.00
808	24	\$10,063.80	0	\$0.00
812	259	\$53,390.00	0	\$0.00
813	2	\$370.00	0	\$0.00
Plan Total:	1,552	\$482,987.90	0	\$0.00
Grand Total:	41,302	\$9,536,761.41	1	\$51.50

Medical and Dental Vision Insurance Premiums

July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	417	\$512,559.60	\$72,915.17	\$439,127.13	\$512,042.30	\$0.00	\$512,042.30
202	211	\$509,317.28	\$43,147.88	\$452,163.44	\$495,311.32	\$0.00	\$495,311.32
203	78	\$211,494.66	\$30,639.59	\$198,220.39	\$228,859.98	\$7,442.28	\$236,302.26
204	27	\$42,360.84	\$10,856.91	\$29,935.01	\$40,791.92	\$0.00	\$40,791.92
SUBTOTAL	733	\$1,275,732.38	\$157,559.55	\$1,119,445.97	\$1,277,005.52	\$7,442.28	\$1,284,447.80
Anthem Blue Cross I							
211	511	\$813,002.40	\$49,878.13	\$765,863.15	\$815,741.28	(\$2,954.24)	\$812,787.04
212	215	\$614,448.50	\$31,722.69	\$579,867.91	\$611,590.60	(\$2,663.27)	\$608,927.33
213	81	\$273,075.30	\$26,228.71	\$243,475.29	\$269,704.00	\$0.00	\$269,704.00
214	23	\$48,233.76	\$3,774.80	\$44,458.96	\$48,233.76	\$0.00	\$48,233.76
215	2	\$1,069.92	\$171.19	\$898.73	\$1,069.92	\$0.00	\$1,069.92
SUBTOTAL	832	\$1,749,829.88	\$111,775.52	\$1,634,564.04	\$1,746,339.56	(\$5,617.51)	\$1,740,722.05
Anthem Blue Cross II							
221	2,460	\$3,919,210.40	\$194,477.28	\$3,735,658.24	\$3,930,135.52	\$4,431.36	\$3,934,566.88
222	2,048	\$5,907,279.30	\$129,252.14	\$5,635,972.23	\$5,765,224.37	(\$5,326.54)	\$5,759,897.83
223	965	\$3,263,418.40	\$138,030.31	\$3,099,951.39	\$3,237,981.70	\$0.00	\$3,237,981.70
224	248	\$522,182.88	\$56,094.15	\$485,490.56	\$541,584.71	\$0.00	\$541,584.71
SUBTOTAL	5,721	\$13,612,090.98	\$517,853.88	\$12,957,072.42	\$13,474,926.30	(\$895.18)	\$13,474,031.12

Medical and Dental Vision Insurance Premiums

July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,833	\$5,039,693.10	\$635,990.25	\$4,445,361.87	\$5,081,352.12	(\$4,209.59)	\$5,077,142.53
241	127	\$267,447.70	\$22,918.14	\$236,434.47	\$259,352.61	\$0.00	\$259,352.61
242	992	\$2,055,232.71	\$123,845.76	\$1,954,297.71	\$2,078,143.47	\$0.00	\$2,078,143.47
243	4,725	\$6,070,423.81	\$608,143.85	\$5,404,744.75	\$6,012,888.60	(\$9,577.36)	\$6,003,311.24
244	13	\$14,973.79	\$1,912.04	\$13,061.75	\$14,973.79	\$0.00	\$14,973.79
245	56	\$64,502.48	\$6,283.87	\$61,449.61	\$67,733.48	\$0.00	\$67,733.48
246	15	\$38,490.75	\$4,489.48	\$38,798.67	\$43,288.15	\$0.00	\$43,288.15
247	176	\$454,190.85	\$20,979.13	\$435,108.37	\$456,087.50	\$0.00	\$456,087.50
248	15	\$26,836.20	\$2,290.03	\$24,546.17	\$26,836.20	\$0.00	\$26,836.20
249	93	\$166,384.44	\$12,858.10	\$153,459.82	\$166,317.92	\$0.00	\$166,317.92
250	17	\$34,087.04	\$2,606.65	\$31,480.39	\$34,087.04	\$0.00	\$34,087.04
SUBTOTAL	14,062	\$14,232,262.87	\$1,442,317.30	\$12,798,743.58	\$14,241,060.88	(\$13,786.95)	\$14,227,273.93
CIGNA Network Model Plan							
301	212	\$429,781.24	\$106,887.15	\$326,682.75	\$433,569.90	\$0.00	\$433,569.90
302	54	\$201,360.50	\$46,319.00	\$151,380.40	\$197,699.40	\$0.00	\$197,699.40
303	6	\$25,938.42	\$5,702.82	\$15,912.53	\$21,615.35	\$0.00	\$21,615.35
304	12	\$32,282.28	\$12,149.92	\$20,132.36	\$32,282.28	\$0.00	\$32,282.28
SUBTOTAL	284	\$689,362.44	\$171,058.89	\$514,108.04	\$685,166.93	\$0.00	\$685,166.93

Medical and Dental Vision Insurance Premiums

July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,625	\$2,310,841.26	\$164,806.73	\$2,187,959.69	\$2,352,766.42	\$0.00	\$2,352,766.42
403	12,307	\$3,613,667.40	\$314,810.56	\$3,306,546.19	\$3,621,356.75	(\$9,319.20)	\$3,612,037.55
404	439	\$601,493.20	\$8,967.68	\$593,680.63	\$602,648.31	(\$2,592.78)	\$600,055.53
405	1,463	\$2,073,407.78	\$18,499.45	\$2,052,019.47	\$2,070,518.92	\$4,062.39	\$2,074,581.31
411	2,013	\$5,714,299.74	\$221,221.72	\$5,564,345.02	\$5,785,566.74	\$13,471.50	\$5,799,038.24
413	1,509	\$2,609,422.20	\$115,573.74	\$2,443,304.84	\$2,558,878.58	\$1,625.55	\$2,560,504.13
414	48	\$132,950.40	\$332.37	\$132,618.03	\$132,950.40	\$0.00	\$132,950.40
418	6,396	\$3,709,088.04	\$255,319.75	\$3,436,740.81	\$3,692,060.56	(\$5,568.00)	\$3,686,492.56
419	211	\$353,247.66	\$4,357.85	\$345,508.53	\$349,866.38	\$0.00	\$349,866.38
420	94	\$256,249.64	\$1,308.50	\$254,941.14	\$256,249.64	(\$2,584.78)	\$253,664.86
421	9	\$12,696.93	\$1,015.75	\$11,681.18	\$12,696.93	\$0.00	\$12,696.93
422	278	\$794,422.20	\$1,577.57	\$757,061.07	\$758,638.64	\$0.00	\$758,638.64
426	253	\$434,685.44	\$4,143.12	\$427,076.88	\$431,220.00	(\$1,628.53)	\$429,591.47
428	40	\$110,934.40	\$554.67	\$110,379.73	\$110,934.40	\$0.00	\$110,934.40
430	145	\$411,816.36	\$3,666.87	\$402,628.57	\$406,295.44	\$0.00	\$406,295.44
SUBTOTAL	26,830	\$23,139,222.65	\$1,116,156.33	\$22,026,491.78	\$23,142,648.11	(\$2,533.85)	\$23,140,114.26
Kaiser - Colorado							
450	5	\$7,109.00	\$568.72	\$6,540.28	\$7,109.00	\$0.00	\$7,109.00
451	36	\$10,724.40	\$1,412.04	\$9,312.36	\$10,724.40	\$0.00	\$10,724.40
453	8	\$25,174.32	\$2,654.07	\$22,520.25	\$25,174.32	\$0.00	\$25,174.32
455	6	\$10,270.20	\$924.32	\$9,345.88	\$10,270.20	\$0.00	\$10,270.20
457	18	\$10,580.40	\$1,058.04	\$9,522.36	\$10,580.40	\$0.00	\$10,580.40
459	2	\$4,003.20	\$80.06	\$3,923.14	\$4,003.20	\$0.00	\$4,003.20
SUBTOTAL	75	\$67,861.52	\$6,697.25	\$61,164.27	\$67,861.52	\$0.00	\$67,861.52

Medical and Dental Vision Insurance Premiums

July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Georgia							
441	3	\$5,342.61	\$588.21	\$4,754.40	\$5,342.61	(\$1,560.52)	\$3,782.09
442	7	\$12,466.09	\$1,372.49	\$11,093.60	\$12,466.09	\$0.00	\$12,466.09
445	2	\$4,373.48	\$0.00	\$4,373.48	\$4,373.48	\$0.00	\$4,373.48
461	14	\$24,932.18	\$4,424.87	\$20,507.31	\$24,932.18	\$0.00	\$24,932.18
462	84	\$35,178.95	\$4,478.02	\$30,287.06	\$34,765.08	\$0.00	\$34,765.08
463	4	\$14,214.96	\$4,212.31	\$10,002.65	\$14,214.96	\$0.00	\$14,214.96
465	3	\$6,560.22	\$349.88	\$6,210.34	\$6,560.22	\$0.00	\$6,560.22
466	27	\$22,132.98	\$1,623.09	\$20,509.89	\$22,132.98	\$0.00	\$22,132.98
SUBTOTAL	144	\$125,201.47	\$17,048.87	\$107,738.73	\$124,787.60	(\$1,560.52)	\$123,227.08
Kaiser - Hawaii							
471	5	\$4,814.20	\$577.71	\$4,236.49	\$4,814.20	\$0.00	\$4,814.20
472	28	\$12,523.00	\$2,039.46	\$10,483.54	\$12,523.00	\$0.00	\$12,523.00
473	1	\$2,222.50	\$637.70	\$1,584.80	\$2,222.50	\$0.00	\$2,222.50
474	4	\$7,670.72	\$0.00	\$7,670.72	\$7,670.72	\$0.00	\$7,670.72
475	3	\$8,617.56	\$0.00	\$8,617.56	\$8,617.56	\$0.00	\$8,617.56
476	4	\$5,608.36	\$1,233.84	\$4,374.52	\$5,608.36	\$0.00	\$5,608.36
478	14	\$12,411.00	\$602.82	\$11,808.18	\$12,411.00	\$0.00	\$12,411.00
479	1	\$2,661.75	\$0.00	\$2,661.75	\$2,661.75	\$0.00	\$2,661.75
SUBTOTAL	60	\$56,529.09	\$5,091.53	\$51,437.56	\$56,529.09	\$0.00	\$56,529.09

Medical and Dental Vision Insurance Premiums

July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Oregon							
481	1	\$1,414.96	\$707.48	\$707.48	\$1,414.96	\$0.00	\$1,414.96
482	83	\$46,911.60	\$6,431.99	\$40,479.61	\$46,911.60	\$0.00	\$46,911.60
483	5	\$8,661.05	\$1,117.40	\$7,543.65	\$8,661.05	\$0.00	\$8,661.05
484	4	\$14,109.60	\$0.00	\$3,471.78	\$3,471.78	\$0.00	\$3,471.78
486	4	\$7,888.64	\$0.00	\$13,429.94	\$13,429.94	\$0.00	\$13,429.94
488	32	\$35,916.80	\$5,477.30	\$30,439.50	\$35,916.80	\$0.00	\$35,916.80
491	1	\$1,930.86	\$0.00	\$1,930.86	\$1,930.86	\$0.00	\$1,930.86
492	1	\$2,289.41	\$0.00	\$2,289.41	\$2,289.41	\$0.00	\$2,289.41
SUBTOTAL	131	\$119,122.92	\$13,734.17	\$100,292.23	\$114,026.40	\$0.00	\$114,026.40
SCAN Health Plan							
611	281	\$81,308.73	\$16,132.80	\$65,402.31	\$81,535.11	(\$267.00)	\$81,268.11
613	98	\$57,228.62	\$9,793.14	\$40,475.62	\$50,268.76	\$0.00	\$50,268.76
SUBTOTAL	379	\$138,537.35	\$25,925.94	\$105,877.93	\$131,803.87	(\$267.00)	\$131,536.87
SCAN Health Plan, AZ							
620	10	\$2,873.10	\$695.29	\$2,177.81	\$2,873.10	\$0.00	\$2,873.10
621	2	\$1,133.24	\$0.00	\$1,133.24	\$1,133.24	\$0.00	\$1,133.24
SUBTOTAL	12	\$4,006.34	\$695.29	\$3,311.05	\$4,006.34	\$0.00	\$4,006.34
SCAN Health Plan, NV							
622	17	\$5,171.58	\$683.80	\$4,200.47	\$4,884.27	\$0.00	\$4,884.27
623	5	\$2,833.10	\$203.98	\$2,629.12	\$2,833.10	\$0.00	\$2,833.10
SUBTOTAL	22	\$8,004.68	\$887.78	\$6,829.59	\$7,717.37	\$0.00	\$7,717.37

Medical and Dental Vision Insurance Premiums July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	2,217	\$862,851.15	\$97,217.04	\$772,561.56	\$869,778.60	\$1,742.25	\$871,520.85
702	399	\$847,069.20	\$42,784.30	\$779,603.62	\$822,387.92	\$0.00	\$822,387.92
703	1,431	\$1,102,035.30	\$103,853.02	\$1,001,080.78	\$1,104,933.80	(\$2,755.60)	\$1,102,178.20
704	105	\$250,907.30	\$12,692.18	\$250,024.68	\$262,716.86	\$0.00	\$262,716.86
705	49	\$51,832.20	\$1,988.67	\$51,736.45	\$53,725.12	\$0.00	\$53,725.12
706	1	\$483.66	\$19.35	\$464.31	\$483.66	\$0.00	\$483.66
SUBTOTAL	4,202	\$3,115,178.81	\$258,554.56	\$2,855,471.40	\$3,114,025.96	(\$1,013.35)	\$3,113,012.61
United Healthcare							
707	584	\$1,001,053.00	\$134,869.36	\$853,532.66	\$988,402.02	(\$1,503.18)	\$986,898.84
708	507	\$1,587,338.24	\$166,451.74	\$1,369,334.08	\$1,535,785.82	\$0.00	\$1,535,785.82
709	393	\$1,463,167.40	\$173,537.59	\$1,243,290.79	\$1,416,828.38	\$0.00	\$1,416,828.38
SUBTOTAL	1,484	\$4,051,558.64	\$474,858.69	\$3,466,157.53	\$3,941,016.22	(\$1,503.18)	\$3,939,513.04

Medical and Dental Vision Insurance Premiums July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	85	\$123,399.60	\$4,906.92	\$115,589.16	\$120,496.08	\$0.00	\$120,496.08
802	339	\$887,376.57	\$25,966.94	\$876,564.44	\$902,531.38	\$0.00	\$902,531.38
803	426	\$1,315,377.24	\$47,180.79	\$1,244,144.41	\$1,291,325.20	\$5,989.80	\$1,297,315.00
804	207	\$300,514.32	\$10,597.80	\$291,324.63	\$301,922.43	\$0.00	\$301,922.43
805	243	\$636,084.09	\$15,077.55	\$618,388.91	\$633,466.46	(\$2,538.92)	\$630,927.54
806	757	\$1,981,545.91	\$42,091.49	\$1,934,297.87	\$1,976,389.36	(\$5,077.84)	\$1,971,311.52
807	66	\$203,790.84	\$3,581.79	\$200,209.05	\$203,790.84	\$0.00	\$203,790.84
808	24	\$74,105.76	\$1,976.16	\$72,129.60	\$74,105.76	\$0.00	\$74,105.76
809	16	\$23,228.16	\$2,438.94	\$22,197.33	\$24,636.27	\$0.00	\$24,636.27
810	10	\$26,176.30	\$3,088.80	\$23,087.50	\$26,176.30	\$0.00	\$26,176.30
811	6	\$18,526.44	\$2,840.73	\$15,685.71	\$18,526.44	\$0.00	\$18,526.44
812	260	\$377,457.60	\$22,473.16	\$357,800.66	\$380,273.82	(\$1,408.11)	\$378,865.71
813	2	\$5,235.26	\$0.00	\$5,235.26	\$5,235.26	\$0.00	\$5,235.26
SUBTOTAL	2,441	\$5,972,818.09	\$182,221.07	\$5,776,654.53	\$5,958,875.60	(\$3,035.07)	\$5,955,840.53
Kaiser - Washington							
393	5	\$12,075.18	\$1,777.15	\$6,446.88	\$8,224.03	\$0.00	\$8,224.03
394	23	\$9,611.93	\$1,178.50	\$8,433.43	\$9,611.93	\$0.00	\$9,611.93
395	3	\$11,253.78	\$2,680.08	\$8,573.70	\$11,253.78	\$0.00	\$11,253.78
397	2	\$4,313.28	\$0.00	\$4,313.28	\$4,313.28	\$0.00	\$4,313.28
398	11	\$9,106.02	\$860.94	\$8,245.08	\$9,106.02	\$0.00	\$9,106.02
SUBTOTAL	44	\$46,360.19	\$6,496.67	\$36,012.37	\$42,509.04	\$0.00	\$42,509.04
Medical Plan Total	57,456	\$68,403,680.30	\$4,508,933.29	\$63,621,373.02	\$68,130,306.31	(\$22,770.33)	\$68,107,535.98

Medical and Dental Vision Insurance Premiums July 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<u>Dental/Vision Plan</u>							
CIGNA Indemnity Dental/Vision							
501	27,159	\$1,526,560.60	\$152,002.92	\$1,394,195.27	\$1,546,198.19	(\$1,893.85)	\$1,544,304.34
502	24,973	\$2,948,032.18	\$217,221.07	\$2,743,181.70	\$2,960,402.77	(\$2,487.32)	\$2,957,915.45
503	10	\$693.00	\$22.17	\$670.83	\$693.00	\$0.00	\$693.00
SUBTOTAL	52,142	\$4,475,285.78	\$369,246.16	\$4,138,047.80	\$4,507,293.96	(\$4,381.17)	\$4,502,912.79
CIGNA Dental HMO/Vision							
901	4,360	\$203,315.80	\$20,655.83	\$184,939.21	\$205,595.04	\$368.16	\$205,963.20
902	3,274	\$313,171.45	\$22,199.17	\$293,734.38	\$315,933.55	\$190.56	\$316,124.11
903	3	\$141.63	\$35.88	\$105.75	\$141.63	\$0.00	\$141.63
SUBTOTAL	7,637	\$516,628.88	\$42,890.88	\$478,779.34	\$521,670.22	\$558.72	\$522,228.94
Dental/Vision Plan Total	59,779	\$4,991,914.66	\$412,137.04	\$4,616,827.14	\$5,028,964.18	(\$3,822.45)	\$5,025,141.73
GRAND TOTALS	117,235	\$73,395,594.96	\$4,921,070.33	\$68,238,200.16	\$73,159,270.49	(\$26,592.78)	\$73,132,677.71

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>Anthem Blue Cross Prudent Buyer Plan</u>		
\$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
<u>Anthem Blue Cross Plan I</u>		
\$904.25	211	Retiree Only
\$1,630.31	212	Retiree and Spouse/Domestic Partner
\$1,923.10	213	Retiree, Spouse/Domestic Partner and Children
\$1,196.44	214	Retiree and Children
\$299.58	215	Survivor Children Only Rates
<u>Anthem Blue Cross Plan II</u>		
\$904.25	221	Retiree Only
\$1,630.31	222	Retiree and Spouse/Domestic Partner
\$1,923.10	223	Retiree, Spouse/Domestic Partner and Children
\$1,196.44	224	Retiree and Children
\$299.58	225	Survivor Children Only Rates
<u>Anthem Blue Cross Plan III</u>		
\$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.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>CIGNA Network Model Plan</u>		
\$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
<u>CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)</u>		
\$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
<u>Kaiser</u>		
\$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
<u>Kaiser (continued)</u>		
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")
<u>Kaiser Colorado</u>		
\$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")
<u>Kaiser Georgia</u>		
\$847.24	440	Retiree Only ("Basic" over age 65 with Medicare Part B only)
\$847.24	441	Retiree Only ("Basic over age 65 with Medicare Part A only)
\$847.24	442	Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B)
\$361.11	443	Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure)
\$1,203.35	444	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only)
\$1,203.35	445	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only)
\$1,203.35	446	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B)
\$847.24	461	Retiree Only ("Basic" under age 65)
\$361.11	462	Retiree Only ("Senior Advantage")

*Benchmark premiums are bolded.

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

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>SCAN Health Plan</u>		
\$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.)
<u>United Healthcare Medicare Advantage (UHCMA)</u>		
(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
<u>United Healthcare (UHC)</u>		
(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
<u>Local 1014 Firefighters</u>		
\$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

\$46.55	501	Retiree Only
\$99.61	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

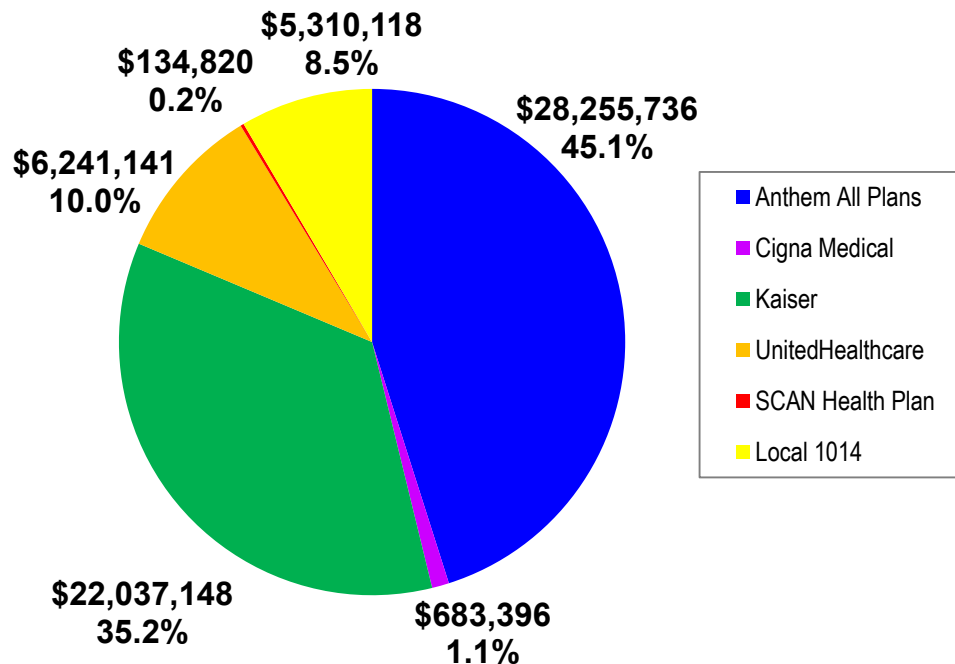
Premium & Enrollment

Coverage Month Ending May 2025

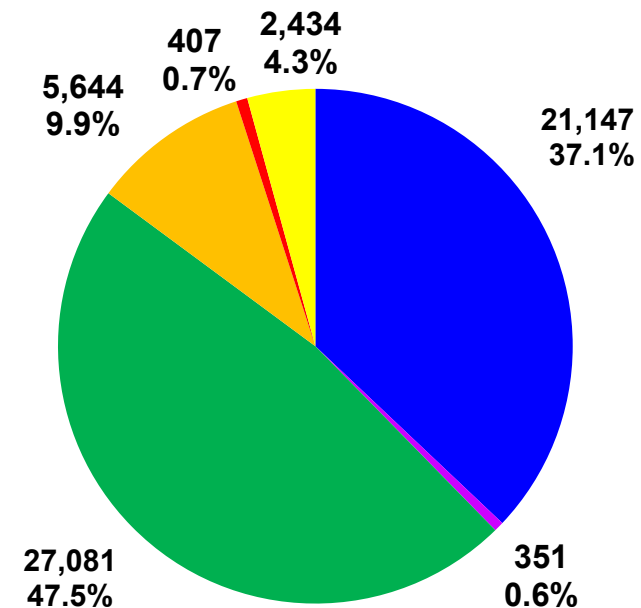
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$28,255,736	45.1%	21,147	37.1%
Cigna Medical	\$683,396	1.1%	351	0.6%
Kaiser	\$22,037,148	35.2%	27,081	47.4%
UnitedHealthcare	\$6,241,141	9.9%	5,644	9.9%
SCAN Health Plan	\$134,820	0.2%	407	0.7%
Local 1014	\$5,310,118	8.5%	2,434	4.3%
Combined Medical	\$62,662,360	100.0%	57,064	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,770,297	59,276
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Monthly Premium



Retirees

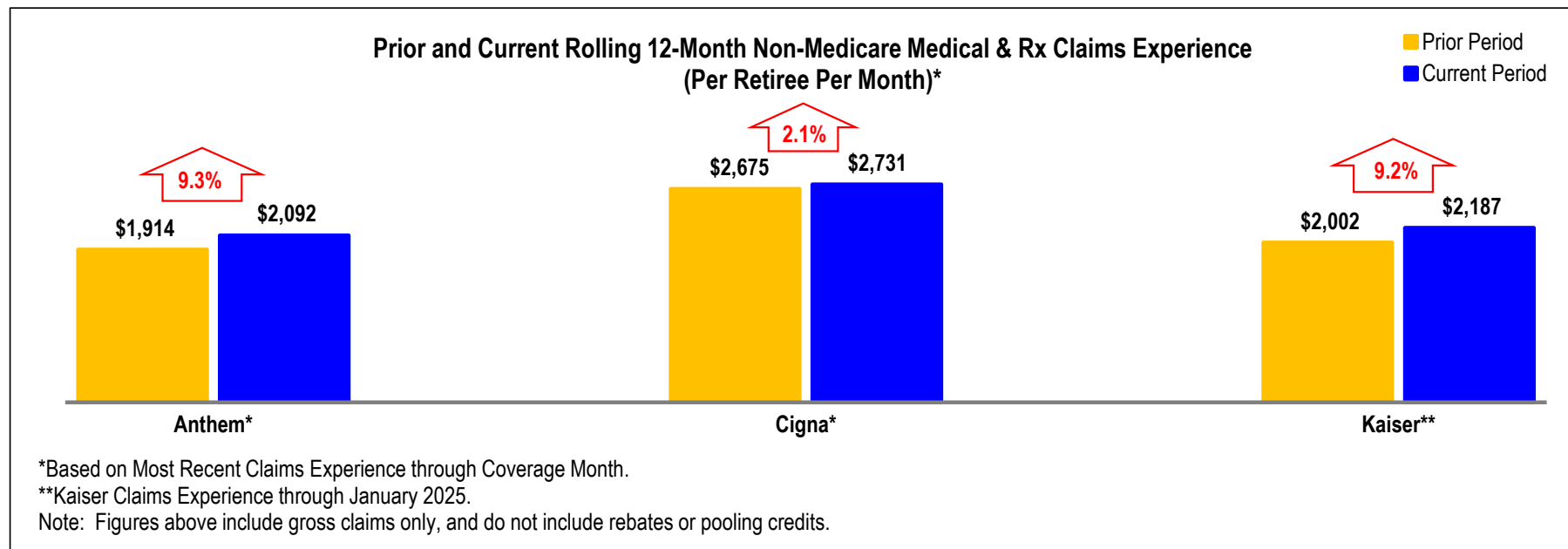
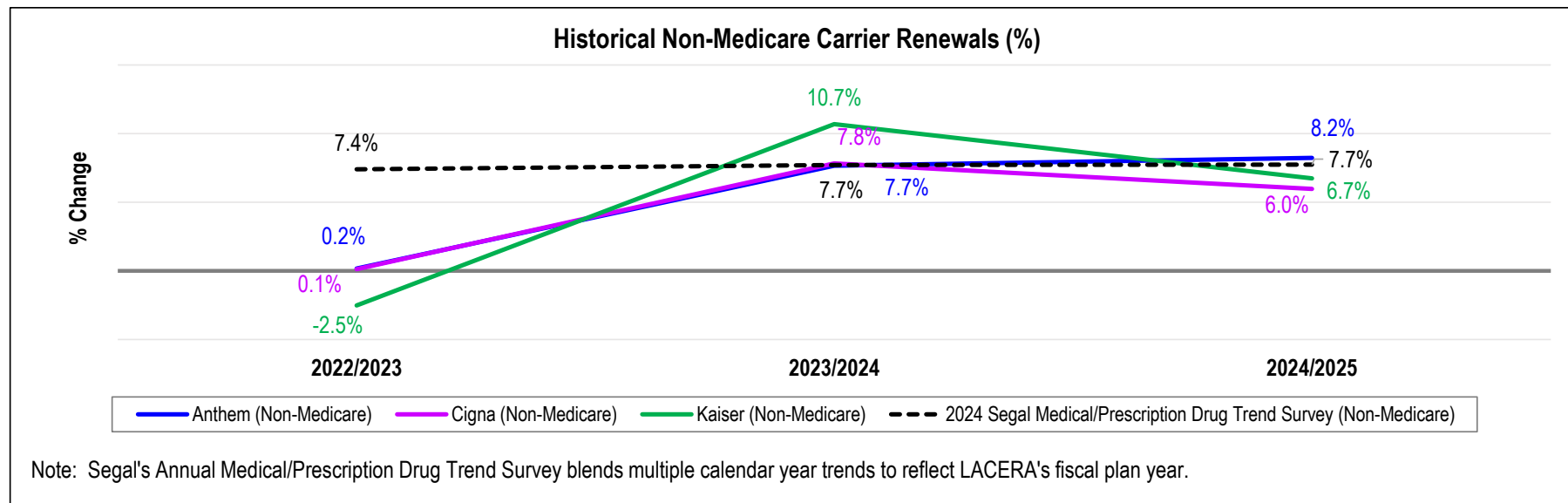


Note: Premiums include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Los Angeles County Employees Retirement Association

Claims Experience by Carrier

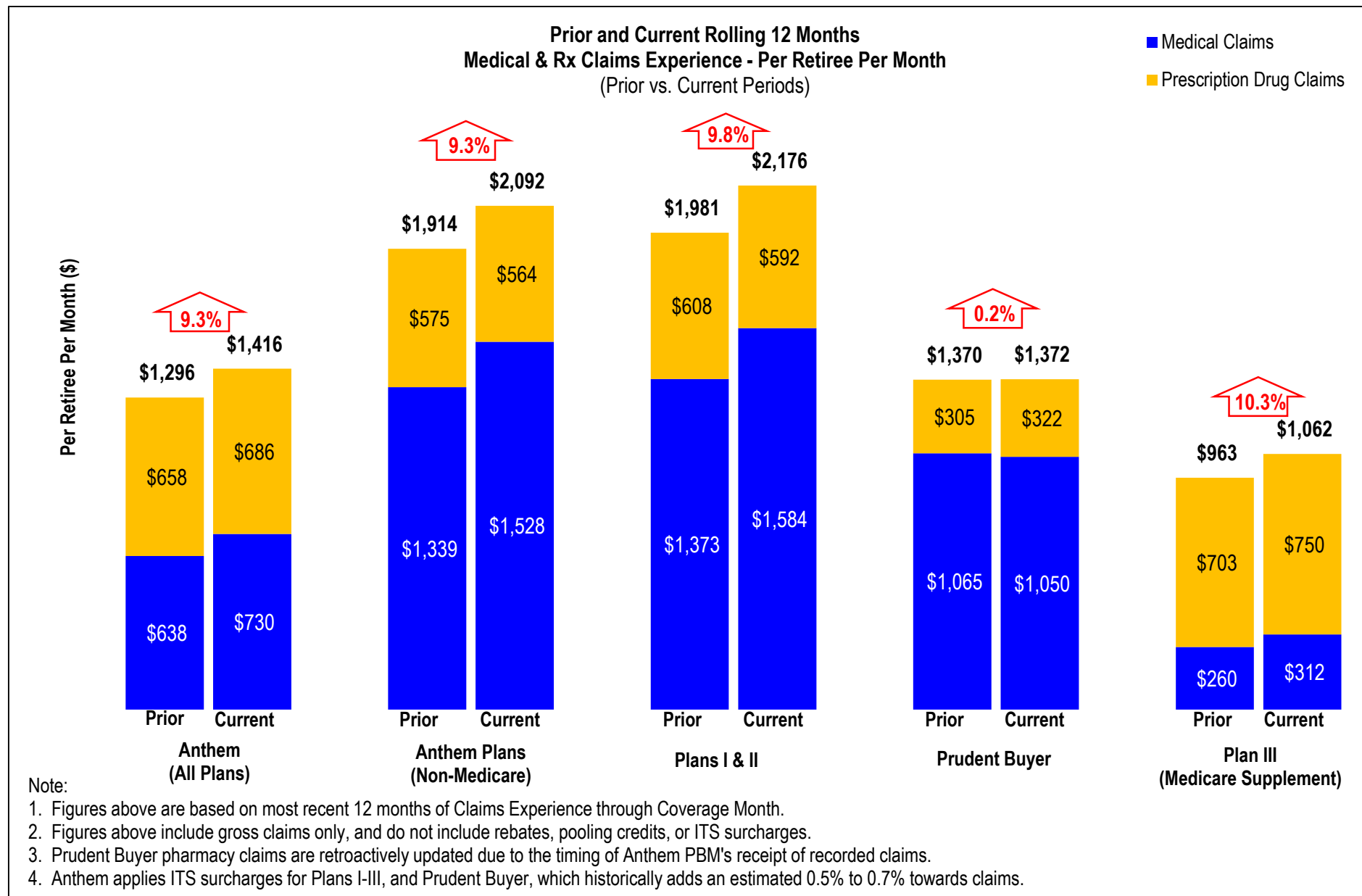
Coverage Month Ending May 2025



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending May 2025



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending May 2025

- Kaiser insures approximately 26,500 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 California.

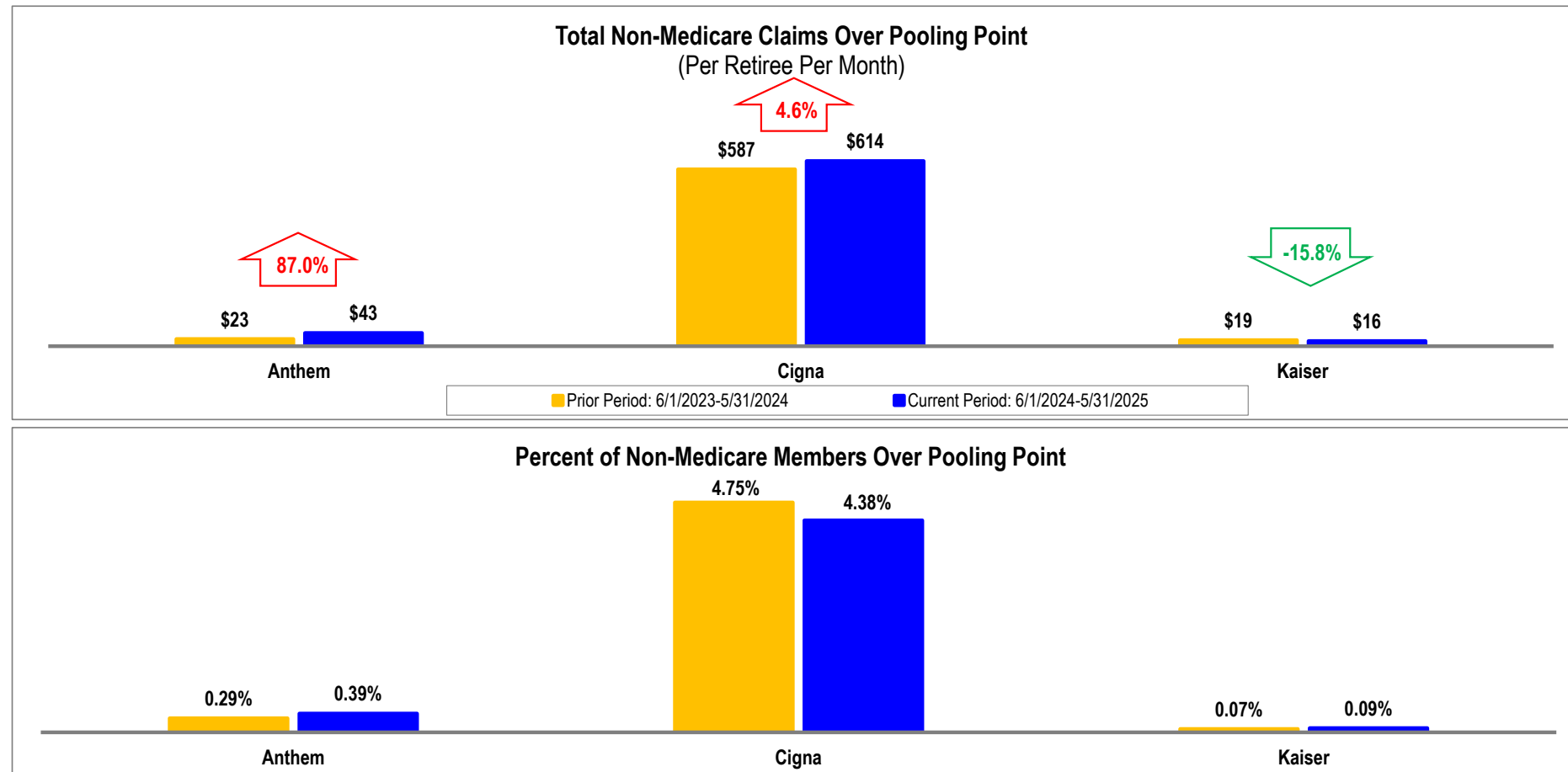
Category	Current Period 2/1/2024 - 1/31/2025	Prior Period 2/1/2023 - 1/31/2024	Change
Average Contract Size	1.82	1.84	-1.09%
Average Members	12,573	12,613	-0.32%
Inpatient Claims Per Member Per Month	\$300.86	\$315.99	-4.79%
Outpatient Claims Per Member Per Month	\$533.87	\$445.73	19.77%
Pharmacy Per Member Per Month	\$165.20	\$149.09	10.81%
Other Per Member Per Month	\$201.66	\$180.25	11.88%
Total Claims Per Member Per Month	\$1,201.59	\$1,091.06	10.13%
Total Paid Claims	\$181,293,893	\$164,694,949	10.08%
Large Claims over \$550,000 Pooling Point ¹			
Number of Claims over Pooling Point	6	5	
Amount over Pooling Point	\$1,324,791	\$1,575,781	-15.93%
% of Total Paid Claims	0.73%	0.96%	
Inpatient Days / 1000	641.4	758.1	-15.39%
Inpatient Admits / 1000	92.0	90.5	1.66%
Outpatient Visits / 1000	16,273.1	15,814.3	2.90%
Pharmacy Scripts Per Member Per Year	14.0	13.1	6.87%

¹ The pooling threshold is \$575,000 for the plan year beginning 7/1/2025 through 6/30/2026 .

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending May 2025



Stop-Loss & Pooling Points Overview:

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

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

Pooling Points by Carrier:

1. Anthem's pooling points are \$400,000 for Plans I & II, and \$300,000 for Prudent Buyer.
2. Cigna's pooling point is \$100,000.
3. Kaiser's pooling point is \$550,000.

Los Angeles County Employees Retirement Association
Anthem Lifetime Max Accumulation Status By Plan
Coverage Month Ending May 2025

Prior Calendar Year: December 2023 ^{1,2}				Current Calendar Year: December 2024 ^{1,3}		
Lifetime Claim Amount ⁴	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$900K-\$999K	19	1	20	15	1	16
\$800K-\$899K	27	2	29	18	1	19
\$700K-\$799K	29	3	32	27	2	29
\$600-\$699K	53	2	55	61	0	61
\$500-\$599K	82	4	86	78	8	86
Total	210	12	222	199	12	211

Prior Month: March 2025 ^{1,5}				Most Recent Month: April 2025 ^{6,7}		
Lifetime Claim Amount ⁴	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$900K-\$999K	9	0	9	10	0	10
\$800K-\$899K	13	1	14	13	1	14
\$700K-\$799K	30	2	32	29	2	31
\$600-\$699K	48	2	50	49	2	51
\$500-\$599K	81	7	88	81	8	89
Total	181	12	193	182	13	195

The number of members reported will fluctuate period to period due to multiple factors including migration from an Anthem plan to another LACERA-administered plan or members passing away.

¹ Includes two years of historical data.

² Based on data provided by Anthem on September 17, 2024.

³ Based on data provided by Anthem on January 22, 2025.

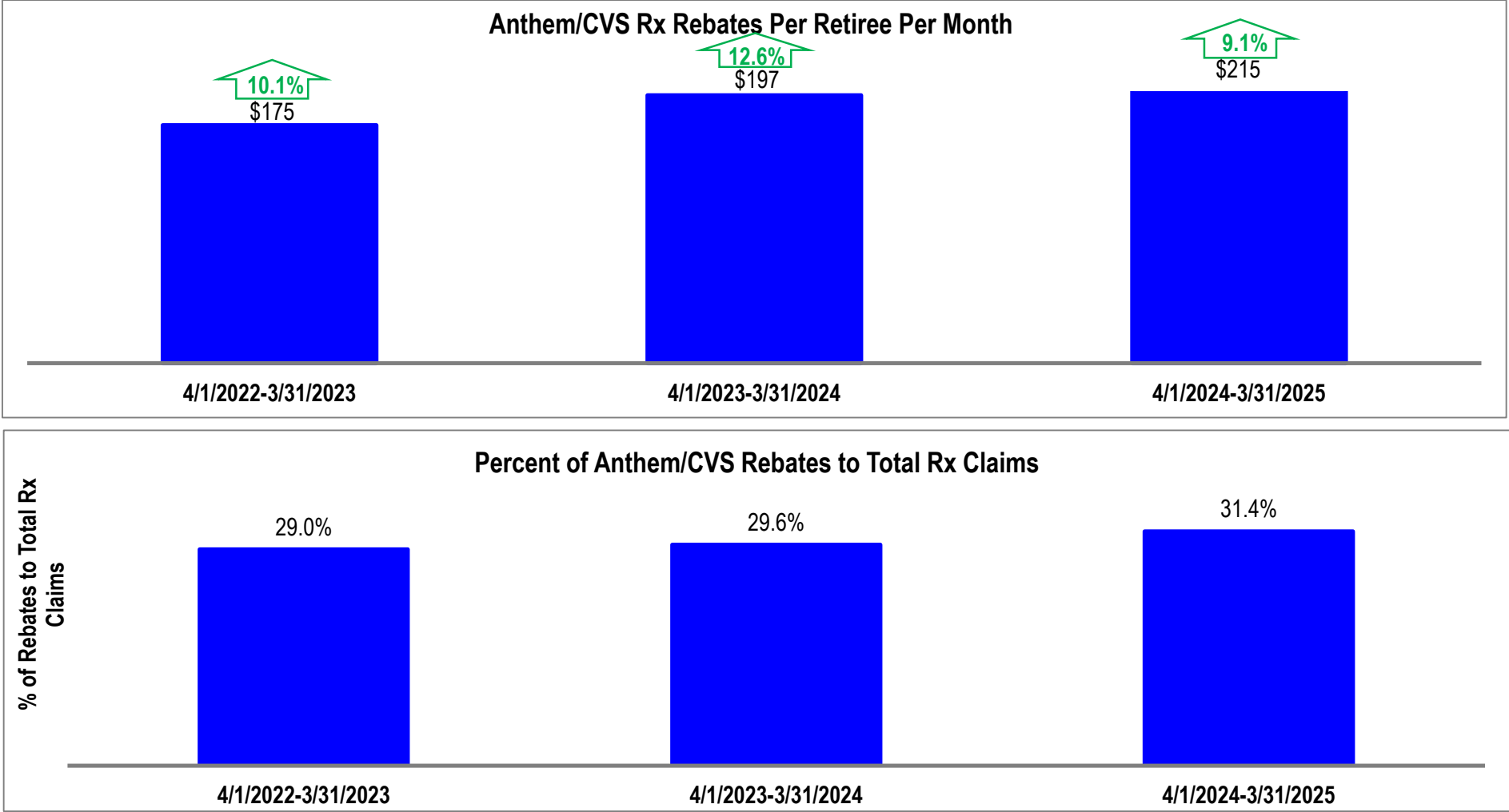
⁴ Members identified by Anthem as terminated were excluded from the counts above.

⁵ Based on data provided by Anthem on May 19, 2025.

⁶ Based on data provided by Anthem on June 18, 2025.

⁷ Includes two months of historical data.

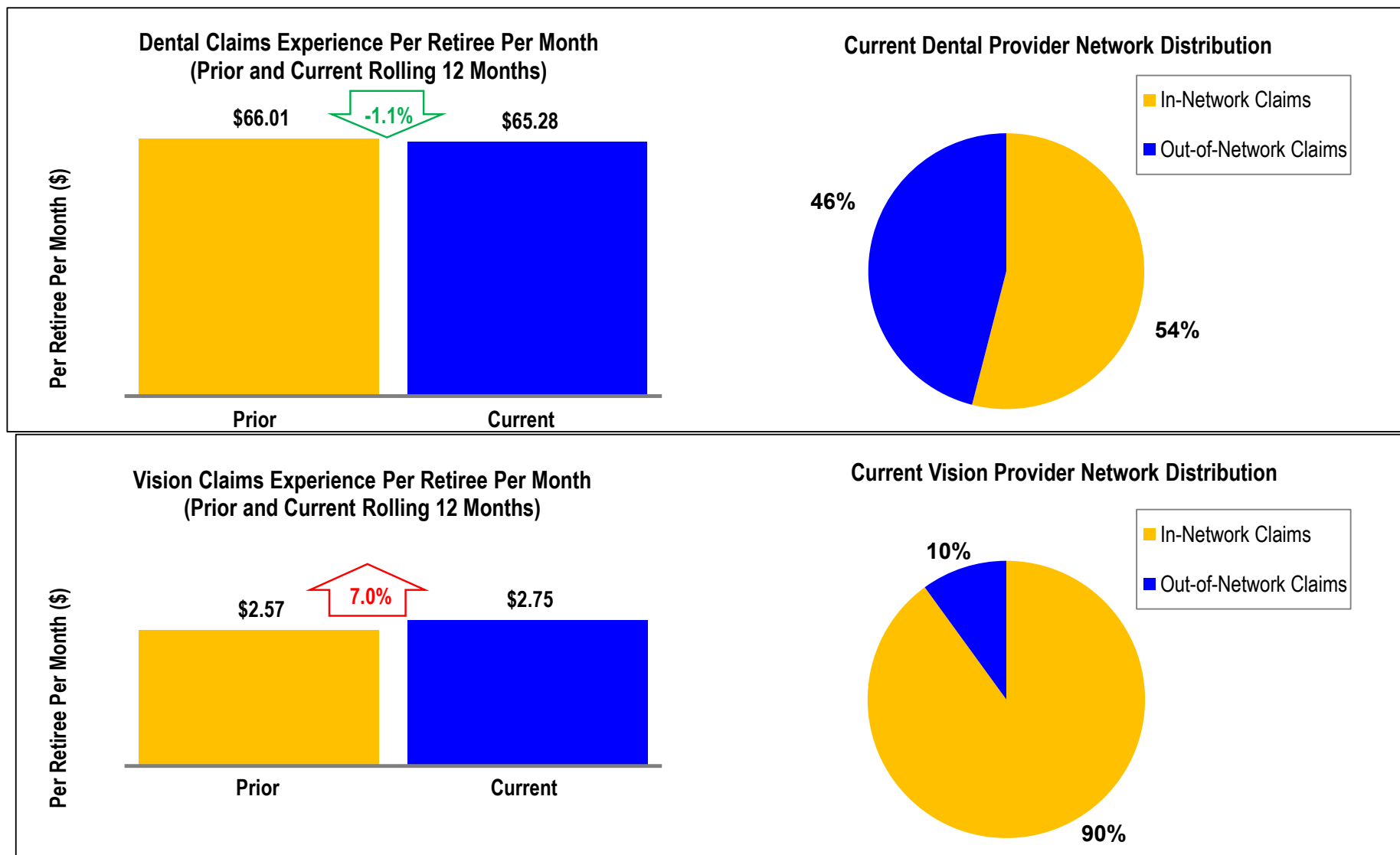
Los Angeles County Employees Retirement Association
Prescription Drug Rebates (Anthem)
Coverage Month Ending May 2025



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 May 2025



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.

New Requirements for Breast and Cervical Cancer Screening

The Health Resources and Services Administration (HRSA) has published new guidance on preventive services for women's health:

- Updated guidelines that expand the preventive services recommendations for breast cancer screening
- A new guideline for patient navigation services related to breast and cervical cancer screening



Group health plans and insurers are required to cover additional breast imaging and pathology services and patient navigation services for plan years beginning on or after January 1, 2026. Sponsors of non-calendar-year plans must comply with the guidelines for the first plan year beginning on or after December 30, 2025.

Background on the ACA's preventive services mandate

The ACA's preventive services mandate requires non-grandfathered group health plans and insurers to cover certain preventive services recommended by three entities with no cost-sharing on an in-network basis:

- The United States Preventive Services Task Force, which gives "A" or "B" ratings for specific evidence-based items and services
- The HRSA, which has guidelines regarding preventive care and screening for infants, children, adolescents and women
- The Advisory Committee on Immunization Practices, which issues recommendations on immunizations

The ACA's preventive care guidelines are periodically updated or modified. Plans must comply with the updated guidelines in plan years beginning one year after the date the updated guideline is issued.

The updated guidelines for breast cancer screening for women at average risk

Previously, HRSA guidelines recommended that women who have an average risk of developing breast cancer initiate mammography screening no earlier than age 40 and no later than age 50. Guidelines also recommended that screening mammography should occur at least biennially and as frequently as annually and continue through at least age 74.

[HRSA updated its guidelines for breast cancer screening for women at average risk](#) to include additional imaging requirements as part of the screening process. Specifically, health plans and insurers must cover the initial mammography plus any additional imaging, such as magnetic resonance imaging (MRI), ultrasound and mammography, as well as pathology evaluation required to complete the screening process for malignancies.

The breast imaging guidelines are consistent with other preventive care guidance, such as that for colon cancer screening, that essentially requires that the screening be a robust screening including follow-up on any issues that arise in the initial scan, not simply one routine test or exam.

New guidelines for breast and cervical cancer screening services

[New HRSA guidelines will require services to help patients navigate breast and cervical cancer screening and follow-up.](#) These services include, but are not limited to:

- Person-centered assessment and planning
- Healthcare access and health system navigation
- Referrals to appropriate support services (e.g., language translation, transportation, and social services)
- Patient education

These navigation services involve person-to-person contact with the patient. The contact can be in person, virtual or both under a hybrid model.

Implications for plan sponsors

Plan sponsors should contact their plan administrator to ensure that they are able to implement and comply with the latest additional requirements for breast imaging and pathology.

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



Compliance News | June 16, 2025

FSA vs. HSA vs. HRA Comparison Chart

As a health plan sponsor, Flexible Spending Arrangements (FSAs), Health Savings Accounts (HSAs) and/or Health Reimbursement Arrangements (HRAs) can be effective components of your overall health plan, but only if you understand how they work and the differences (and similarities) among them.

That's where this chart can help you. It breaks down at a glance the key elements of FSAs, HSAs and HRAs, including the tax status of employer contributions, maximum contribution levels, and more.

Download the chart to learn more.

What's New?

In May 2025, we updated the chart to include the 2026 inflation-adjusted amounts for HSAs and high-deductible health plans, as well as the maximum contribution to an excepted benefit HRA.

Get the Chart



First Name*

Last Name*

Work email address*

Job Title*

Organization*

Download Now >

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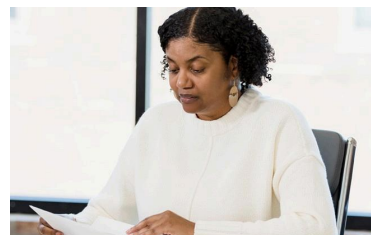
Reports and Surveys | June 26, 2025

HIPAA/HITECH Privacy & Security Compliance: PDF Checklist

Keeping data about your participants and beneficiaries secure is an important fiduciary responsibility. Fulfilling that obligation is increasingly difficult given the growing number and sophistication of cyberattacks.

The HIPAA/HITECH Privacy and Security Rules provide a valuable framework for securing protected health information (PHI). Failing to comply with the HIPAA/HITECH rules can have severe consequences.

Get the Checklist



Download Now 

A breach of one or more standards can result in payment of millions of dollars. Civil monetary penalties are determined by a four-tier structure that's based on intent behind the violation.

To stay on top of compliance with the HIPAA/HITECH Privacy and Security rules, [download our complimentary HIPAA/HITECH compliance checklist](#).

What the HIPAA/HITECH compliance checklist covers

The checklist covers 15 best-practice compliance to-dos, organized into six key categories:

1. HIPAA/HITECH risk assessment
2. Policies, procedures and business associate agreements
3. Staff training
4. Processes to detect and report PHI data breaches
5. Business associate monitoring
6. System access control and activity reviews



Get the Checklist: 

Need assistance with HIPAA/HITECH compliance? Help is available!

Ensuring compliance with the HIPAA/HITECH Privacy and Security rules can be a challenge, especially if your team is already stretched thin.

The technology and security professionals in our Administration and Technology Consulting Practice have the expertise and experience to help your organization. We're ready to take on any or all of the aspects of HIPAA/HITECH compliance mentioned above.

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

SCOTUS Upholds ACA Preventive Care Recommendation Process

In *Kennedy v. Braidwood Management Inc.*, the Supreme Court rejected the constitutional challenge to ACA preventive services recommended by the United States Preventive Services Task Force (USPSTF).

The decision means that non-grandfathered plans must continue to provide those preventive services in-network to participants without cost sharing, and plan sponsors do not have to change current plan provisions.



Background on ACA's preventive services mandate

ACA's preventive services mandate requires non-grandfathered group health plans and insurers to cover certain preventive services with no cost-sharing on an in-network basis. The mandate requires in-network coverage of preventive services recommendations from three entities:

- The USPSTF, which gives "A" or "B" ratings for specific evidence-based items and services
- The Health Resources and Services Administration (HRSA), which has guidelines regarding preventive care and screening for infants, children, adolescents and women
- The Advisory Committee on Immunization Practices (ACIP), which issues recommendations on immunizations

The issue in the *Braidwood* case

In *Braidwood*, the plaintiffs argued that the requirement to cover services recommended by the USPSTF is unconstitutional because USPSTF members are not appointed by the president. The plaintiffs contended that, according to the Appointments Clause of the U.S. Constitution, members of the USPSTF do not possess the requisite authority to mandate coverage rules. According to the plaintiffs, USPSTF members act as illegal "Principal Officers" without the constitutionally necessary Senate confirmation and presidential appointment.

In defending the preventive services requirement, the federal government argued that USPSTF members are actually "inferior officers" because the Secretary of the Department of Health and Human Services (HHS) can remove them at will and review their determinations. They argued that this level of control is sufficient for distinguishing USPSTF members as inferior officers because the HHS Secretary can alter or reverse any recommendations made by the USPSTF after the fact.

In June 2024, the Fifth Circuit Court of Appeals held that the preventive care requirement was unconstitutional because the USPSTF violated the Appointments Clause. We discussed this decision in our [July 11, 2024 insight](#). However, this decision applied only to the plaintiffs in that case, keeping the preventive care requirement temporarily intact.

The *Braidwood* case rose to the U.S. Supreme Court in early 2025.

The Court's decision

On June 27, 2025, the Supreme Court agreed with HHS and reversed the decision of the Fifth Circuit.

The Court noted that the preventive services recommendations issued by the USPSTF are of critical importance to patients, doctors, insurers, employers, healthcare organizations and the American people more broadly. The Court reasoned that USPSTF members remain subject to the Secretary of HHS's supervision and direction, and the HHS Secretary is subject to the president's supervision and direction. Consequently, the Court held that the USPSTF members are inferior officers whose appointment by the Secretary of HHS is fully consistent with the Appointment Clause of the Constitution. Therefore, presidential appointment and Senate confirmation are not required.

Interestingly, the Court found that during the one-year period after the USPSTF makes a recommendation, and before it becomes binding on plans, the HHS Secretary may request that the USPSTF reconsider or withdraw a recommendation. The Court noted that the HHS Secretary has plenty of time to remove and replace USPSTF members who refuse. Thus, per *Braidwood*, the Secretary alone can use its at-will removal power to stop any preventive services recommendation with which it does not agree.

Implications of the Supreme Court's decision for plan sponsors

Plan sponsors can relax in the knowledge that the current array of preventive services they provide based on the USPSTF A and B recommendations can continue unimpeded. No changes will be required to the current preventive services provided under the ACA requirements.

However, plan sponsors may face concerns in the future. Under current law, plan sponsors must implement a USPSTF recommendation for the first plan year beginning one year after the recommendation is issued.

The one-year delay period was designed to provide an implementation period for non-grandfathered plans and insurers to implement the USPSTF recommendations. If the HHS Secretary exercises authority to review or reverse USPSTF recommendations in the future, that could upset the implementation process plans currently use. If the HHS Secretary does reverse recommendations, it may become important for the departments (HHS, DOL and Treasury) to provide guidance as to whether this affects the implementation timeline.

Plan sponsors should continue to review the USPSTF A and B recommendations and implement them for plan participants, while monitoring the HHS Secretary's oversight of the USPSTF in case of future reversals or disagreements.

Plans should consult with their legal counsel about their specific issues.

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