

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.

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 4, 2026

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 54953.8.3.

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
Aleen Langton, Vice Chair
Shawn R. Kehoe, Trustee
Ernesto J. Pantoja
Jason Green, Alternate Trustee

- I. CALL TO ORDER
- II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER SB 707
 - A. Just Cause (Section 54953.8.3)
 - B. Statement of Persons Present at SB 707 Teleconference Locations

III. APPROVAL OF MINUTES

- A. Approval of the Minutes of the Regular Meeting of December 3, 2025
- B. Approval of the Minutes of the Regular Meeting of January 7, 2026

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. NON-CONSENT ITEMS

A. **2026-2027 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 2026-2027 rate renewal proposal and mandatory contractual changes, listed by carrier; and
2. Maintain LACERA's administrative fee at \$8 per member, per plan, per month.

(Memo dated January 30, 2026)

V. NON-CONSENT ITEMS (Continued)

B. Two-Year Extension Request for Retiree Healthcare Benefits Consulting Services Contract for the Period of July 1, 2026 through June 30, 2028

Recommendation as submitted by Cassandra Smith, Director, Retiree Healthcare: That the Committee recommend the Board of Retirement approve extending the Retiree Healthcare Benefits Consulting contract with Segal Consulting for the period of July 1, 2026 through June 30, 2028, at the projected increase of 5% or \$38,400 annually.

(Memo dated January 23, 2026)

C. 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 2026 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 January 26, 2026)

VI. REPORTS

A. Semi-Annual Report on Approved Engagements

Barry W. Lew, Legislative Affairs Officer

(For Information Only) (Memo dated January 23, 2026)

B. Engagement Report for January 2026

Barry W. Lew, Legislative Affairs Officer

(For Information Only)

C. Staff Activities Report for January 2026

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)

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 agendized 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 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

8:30 A.M. – 8:55 A.M., WEDNESDAY, DECEMBER 3, 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

Wayne Moore, Trustee
(Teleconference Due to Just Cause under Section 54953(f))

ABSENT: Shawn R. Kehoe, Alternate Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

Elizabeth Ginsberg, Trustee

JP Harris, Trustee

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Luis A. Lugo, Acting 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

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:30 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

A physical quorum was present at the noticed meeting location. There was one request received from Trustee Moore related to Just Cause (A) due to illness. Trustee Moore 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 November 5, 2025

Trustee Okum made a motion, Trustee Langton seconded, to approve the minutes of the regular meeting of November 5, 2025. The motion passed by the following roll call vote:

Yes: Okum, Langton, Moore, Robbins

No: None

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

A. **Engagement Report for November 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 November 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**

Stephen Murphy, Segal Consulting
(Presentation)

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

V. REPORTS (Continued)

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 agendized 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 8:55 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.**

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

8:32 A.M. – 8:53 A.M., WEDNESDAY, JANUARY 7, 2026

This meeting was conducted by the Insurance, Benefits & Legislative Committee both in person and by teleconference under California Government Code Section 54953.8.3.

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair

Aleen Langton, Trustee

Wayne Moore, Trustee
(Teleconference Due to Just Cause under Section 54953.8.3)

ABSENT: Shawn R. Kehoe, Alternate Trustee

(One Committee Member Seat is Vacant)

OTHER BOARD OF RETIREMENT TRUSTEES

Elizabeth Ginsberg, Trustee

JP Harris, Trustee

Ernesto J. Pantoja, Trustee

David Ryu, Trustee

STAFF, ADVISORS AND PARTICIPANTS

Leilani Ignacio, Assistant Division Manager, Retiree Healthcare

Luis A. Lugo, Acting Chief Executive Officer

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Stephen Murphy, Sr. Vice President

Michael Szeto,

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:32 a.m.

II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER SB 707

A. Just Cause (Section 54953.8.3)

B. Statement of Persons Present at SB 707 Teleconference Locations

A physical quorum of the Committee was not present at the noticed meeting location; however, a physical quorum of the Board of Retirement was present. There was one request received from Trustee Moore related to a physical condition under Section 54953.8.3(c)(3). Trustee Moore confirmed there were no individuals 18 years or older present at the teleconference location.

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of December 3, 2025

As there was not a quorum of the Committee present at the noticed location, no action was taken on this item, and it will be moved to the February Insurance, Benefits and Legislative Committee. The non-action agenda items were discussed in open or closed session as agendaized and as permitted by the Brown Act.

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

A. **Engagement Report for December 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 December 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**

Stephen Murphy, Segal Consulting
(Presentation)

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

V. REPORTS (Continued)

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 agendized 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 8:53 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 30, 2026

TO: Trustees
Insurance, Benefits, and Legislative Committee

From: Cassandra Smith, Director 
Retiree Healthcare Division

For: February 4, 2026 Insurance, Benefits, and Legislative Committee

Subject: 2026-2027 Plan Year Health Insurance Rate Renewals and Benefit Changes for LACERA's Retiree Healthcare Benefits Program

RECOMMENDATION

1. Approve the fiscal year 2026-2027 rate renewal proposal and mandatory contractual changes, listed by carrier; and
2. Maintain LACERA's administrative fee at \$8 per member, per plan, per month.

EXECUTIVE SUMMARY

Nationally, 2026 represents the highest projected trend increase in more than a decade. Medical plan cost trends are projected to increase by a median of 9%. Contributing factors include rising labor costs, regulatory changes, and ongoing workforce shortages. Prescription drug trend is projected to increase 11.0%. The primary factor driving the projected increase in prescription drug trend is the evolving drug mix – particularly the growing use of high-cost, single-source brand-name medications and a shift toward more expensive treatment options.

LACERA's 2026-27 renewal increase is also impacted by factors unique to its' retiree-only population including:

- Prevalence of advanced chronic conditions and cancer cases.
- Increase in the Anthem Lifetime Maximum Benefit from \$1.5M to \$2.25M for Plan I, II, and Prudent Buyer effective 7/1/2026.
- Recent changes to Kaiser Permanente's underwriting methodology which dramatically alters the rate development formula for LACERA's non-Medicare-eligible members.
- CMS' full implementation of the risk-adjustment payment model, which lowers payments to Medicare Advantage (MA) plans (e.g., Kaiser Permanente, SCAN, and United Healthcare).

RE: 2026-2027 Plan Year Health Insurance Rate Renewals and Benefit Changes

January 30, 2026

Page 2

Federal actions to scale back ACA health coverage subsidies will increase health premiums for individuals enrolled through state or federal exchanges. The impact of this change could contribute to higher future costs for group plans like LACERA.

This year's 2026-27 contract negotiation with LACERA's health insurance carriers concluded with an overall renewal increase of 9.0%. This reflects a 2.7% decrease from the preliminary renewal proposals of 11.7% or approximately \$24.4 million in annual premium cost avoidance.

Annual Premiums	Current	Preliminary	Negotiated	Change (%) from Current to Negotiated
Total Medical	\$849,286,000	\$955,161,000	\$930,814,000	9.6%
Total Dental/Vision	60,356,000	60,455,000	60,396,000	0.1%
Total Medical/ Dental/Vision	\$909,642,000	\$1,015,616,000	\$991,210,000	9.0%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal				(\$24,406,000)

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 2026-2027 Renewal Evaluation Report.

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

- Accept the overall renewal rate increase of 9.1% with the following separate increases, including increase to the lifetime maximum benefit of \$2.25 million:
 - Accept the rate increase of 9.3% for Plans I and II
 - Accept the rate increase of 9.3% for Plan III
 - Accept the rate increase of 3.0% for Prudent Buyer Plan
 - Accept the mandatory contractual changes as included in the Appendix
- Provide Anthem Blue Cross with the year-end 2024-2025 net deficit of \$5.3 million. For reference, the Anthem Blue Cross 2023-2024 net deficit totaled \$0.1 million.

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 renewal rate increase of 12.3% for the Cigna Network Model HMO plan and the mandatory contractual changes included in the Appendix.

Cigna Dental and Vision

- Accept the overall renewal rate increase of 0.1% with the following separate results:
 - Accept the rate increase of 0.1% for the indemnity dental and vision plan
 - Accept the 0.1% rate change of for the pre-paid dental and vision plan
 - No mandatory contractual changes apply for the 2026-2027 plan year

Kaiser California

- Accept the overall renewal rate increase of 9.5% with the following separate results:
 - Accept the rate increase of 4.4% for Kaiser Senior Advantage plan
 - Accept the rate increase of 12.7% for the Basic/Pre-65 plan
 - Accept the rate increase of 20.3% for Kaiser Excess plan
 - Accept Kaiser's proposal to change from 2-Tier to 4-Tier premium coverage in 2027/2028 for Basic/Pre-65 and Excess Plans, to mirror the County's benchmark Anthem plans
 - The premium coverage change was proposed by Kaiser to improve coverage affordability for members with a spouse or members with child(ren) by aligning their rate tiers with the County's benchmark Anthem plans. Members' cost share may experience no impact or moderate increases or decreases, depending on service credits. In aggregate, the change from a 2-Tier to 4-Tier rate structure is anticipated to be cost neutral.

RE: 2026-2027 Plan Year Health Insurance Rate Renewals and Benefit Changes

January 30, 2026

Page 4

- Accept Kaiser's proposal for a not-to-exceed overall 2027/2028 renewal increase of 8.0% for Basic/Pre-65 and Excess plans, excluding any mandatory future benefit changes
- Accept the mandatory contractual changes included in the Appendix

Kaiser - Out of State

- Accept the overall renewal rate increase of 3.6% for Medicare and non-Medicare Out-of-State plans with the following separate results:
 - Accept the Kaiser Colorado rate increase of 0.0%
 - Accept the Kaiser Georgia rate increase of 1.5%
 - Accept the Kaiser Hawaii rate increase of 1.1%
 - Accept the Kaiser Oregon rate increase of 7.6%
 - Accept the Kaiser Washington rate increase of 8.5%
 - Accept the mandatory contractual changes included in the Appendix

SCAN

- Accept the overall renewal rate decrease of 0.1%:
 - Accept the mandatory contractual changes included in the Appendix

UnitedHealthcare (UHC)

- Accept the overall renewal rate increase of 12.7% with the following separate increases:
 - Accept the rate increase of 13.0% for the Pre-65 HMO Plan
 - Accept the rate increase of 11.8% for the Medicare Advantage Plan
 - Accept the mandatory contractual changes as included in the Appendix

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 \$9.60 per member per plan. LACERA and the County of Los Angeles have discussed and agreed to use the RHC Administrative Account, which has an approximate balance of \$13.1 million as of December 31, 2025, 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

RE: 2026-2027 Plan Year Health Insurance Rate Renewals and Benefit Changes

January 30, 2026

Page 5

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.

Administrative expenses are projected to be \$13.9 million for the fiscal year ending June 30, 2027, with \$11.6 million funded by the \$8 administrative fee revenue, and a drawdown of \$2.3 million expected from the Administrative Fee Account.

CONCLUSION

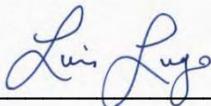
The overall increase of 9.0% for our healthcare benefits program resulted in a projected increase in premiums of \$81.6 million and a negotiated overall total premium cost avoidance of \$24.4 million annually when compared to the preliminary proposals received from various carrier partners.

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 2026-2027 Renewal Evaluation Report prepared by Segal.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE:

1. Approve the fiscal year 2026-2027 rate renewal proposal and mandatory contractual changes, listed by carrier; and
2. Maintain LACERA's administrative fee at \$8 per member, per plan, per month.

NOTED AND REVIEWED:



Luis Lugo
Acting Chief Executive Officer

CS:cs

Attachment



**Los Angeles County Employees
Retirement Association**

***2026-2027 Renewal Evaluation Report
Presented on February 4, 2026***

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

Section 1 - 2026-2027 Financial Overview and Key Findings

2026-2027 Renewal Overview.....	3
Key Findings.....	4

Section 2 - Recommendations, 2026-2027 Projected Premium and Rates

Recommendations.....	11
Premium Projections for 2026-2027.....	15
Group Insurance Rates Effective 2026-2027.....	16

Section 3 - Historical Aggregate Premiums for Medical, Dental and Vision Plans

Historical Aggregate Premiums - Medical.....	21
Historical Aggregate Premiums - Dental and Vision.....	22

Section 4 - Retiree Contributions

Retiree Healthcare Contributions.....	23
Medicare History.....	25

Section 5 - Healthcare Reform and Developments

Healthcare Reform And Developments.....	26
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The projections 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, changes in medical innovation/FDA approvals, trend rates, and claims volatility. The accuracy and reliability of projections decrease as the projection period increases.

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Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

Appendices

A: Tier 1 Contributions.....	27
B: Tier 2 Contributions.....	61
C: Anthem Blue Cross Plan Reference Documents.....	91
D: Cigna Plan Reference Documents.....	96
E: Kaiser California and Out-of-State Plan Reference Documents.....	98
F: SCAN Health Plan Reference Documents.....	143
G: UnitedHealthcare (UHC) Plan Reference Documents.....	146

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

2026-2027 Renewal Overview

This report summarizes the final 2026-2027 renewal results for the LACERA-administered Retiree Healthcare Benefits Program (RHCBP).

- The 2026-2027 renewal budget was forecasted to increase by 11.5% prior to the renewal process.
- Negotiations during the renewal process resulted in a final overall increase of 9.0%.
 - This reflects a 2.7% decrease from the preliminary renewal increase of 11.7%.
- Negotiations resulted in a premium cost avoidance of approximately \$24.4 million annually.

Medical Plans

- The overall negotiated medical renewal increase is 9.6%.

Dental/Vision Plans

- The overall negotiated dental/vision renewal increase is 0.1%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 849,286,000	\$ 955,161,000	\$ 930,814,000	9.6%
Total Dental/Vision	60,356,000	60,455,000	60,396,000	0.1%
Total Medical/Dental/Vision	\$ 909,642,000	\$ 1,015,616,000	\$ 991,210,000	9.0%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal				\$ (24,406,000)

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

Anthem Blue Cross Plans

- Anthem initially proposed an overall rate increase of 13.1%. Initial rate increases were 13.5% for Plans I and II, 13.0% for Plan III, and 8.7% for Prudent Buyer.
- 2026-2027 Premium rates reflect an increase in the lifetime maximum benefit from \$1.5 to \$2.25 million for Plans I, II, and Prudent Buyer.
- After negotiations with Segal and Staff, Anthem reduced the overall rate increase to 9.1%.
 - Anthem agreed to reduce the rate increase to 9.3% for Plans I, II and III, and 3.0% for Prudent Buyer.
- Concessions represent an estimated premium cost avoidance of \$14.9 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 183,866,000	\$ 208,635,000	\$ 201,036,000	9.3%
Anthem BC Plan III	173,888,000	196,487,000	190,052,000	9.3%
Anthem BC Prudent Buyer	14,703,000	15,982,000	15,142,000	3.0%
Total	\$ 372,457,000	\$ 421,104,000	\$ 406,230,000	9.1%

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

Cigna - Medical Plans

- Cigna proposed an overall increase of 12.3% to the Network Model (HMO) plan.
- After negotiations with Segal and Staff, Cigna's rate increase remains unchanged for the Network Model (HMO) plan.
- Concessions represent an estimated premium cost avoidance of \$0.0 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Network Model (HMO) Plan	\$ 8,011,000	\$ 8,993,000	\$ 8,993,000	12.3%

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

Cigna - Dental/Vision Plans

- Cigna initially proposed an overall rate increase of 0.2%.
 - Cigna initially proposed rate increases of 0.2% for the Indemnity Dental/Vision plan and 0.2% for the Dental/Vision HMO plan.
- After negotiations with Segal and Staff, Cigna agreed to an aggregate increase of 0.1%.
- Concessions represents an estimated premium cost avoidance of \$0.1 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Cigna Dental/Vision	\$ 60,356,000	\$ 60,455,000	\$ 60,396,000	0.1%

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

Kaiser - California

- Kaiser initially proposed an overall rate increase of 12.6%.
 - The rate increase for Senior Advantage was 4.4%. Kaiser proposed rate increases for Basic/Pre-65 and Excess ⁽¹⁾ of 16.5% and 17.3%, respectively.
- After negotiations with Segal and Staff, Kaiser's aggregate increase was reduced to 9.5% with the following stipulations:
 - Coverage Tier for Basic/Pre-65 and Excess plans will change from 2-Tier to 4-Tier during the 2027/2028 renewal to align with the County's benchmark Anthem plans.
 - The 2027/2028 renewal for Basic/Pre-65 and Excess plans are guaranteed not-to-exceed an overall increase of 8.0%, excluding any mandatory future benefit changes.
- Concessions represents an estimated premium cost avoidance of \$8.4 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser California	\$ 275,267,000	\$ 309,824,000	\$ 301,454,000	9.5%

⁽¹⁾ 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 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

Kaiser - Out of State (OOS)

- The initial overall increase for Kaiser's OOS plans for the 2026-2027 policy period was 4.9%.
- After negotiations with Segal and Staff, Kaiser agreed to an overall rate increase of 3.4%.
- Concessions represent an estimated premium cost avoidance of \$73,000 annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser OOS	\$ 4,862,000	\$ 5,102,000	\$ 5,029,000	3.4%

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

SCAN Health Plan

- SCAN proposed an overall rate decrease of (0.1%).
- After negotiations with Segal and Staff, the overall increase for SCAN remains unchanged.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
SCAN	\$ 2,135,000	\$ 2,133,000	\$ 2,133,000	-0.1%

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

KEY FINDINGS

UnitedHealthcare (UHC)

- UHC initially proposed an overall rate increase of 14.0%.
 - The initial rate increases were 14.0% for Pre-65 rate and 13.6% for UnitedHealthcare Medicare Advantage (UHC MA) rate.
- After negotiations with Segal and Staff, UHC reduced the overall rate increase to 12.7%.
 - The Pre-65 rate was reduced to a 13.0% increase and the UHC-MA rate was reduced to a 11.8% increase.
- Concessions represent an estimated premium cost avoidance of \$1.0 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
UHC	\$ 79,571,000	\$ 90,673,000	\$ 89,643,000	12.7%

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

Anthem Blue Cross Plans Overall

- Accept the 9.1% overall rate increase, based on the individual plan increases noted below:
 - 9.3% overall rate increase to Anthem Blue Cross Plans I and II.
 - 9.3% rate increase to Anthem Blue Cross Plan III.
 - 3.0% rate increase to Anthem Blue Cross Prudent Buyer Plan.
- Provide Anthem Blue Cross with the year-end 2024-2025 net deficit for all plans. The amount is estimated at \$5.3 million.
- 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 7/1/2026
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

Cigna Medical

- Accept the rate increase of 12.3% to the Cigna Network Model (HMO) Plan.
- Accept the mandatory contractual changes included in the appendix.

Cigna Dental/Vision

- Accept the 0.1% overall increase to Cigna Dental/Vision plans, based on the individual plans noted below:
 - 0.1% overall rate increase to the Cigna Indemnity Dental/Vision Plan.
 - 0.1% overall rate change to the Cigna Dental/Vision HMO Plan.
- No mandatory contractual changes apply for the 2026-2027 policy period.

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

Kaiser California

- Accept the 9.5% overall increase, based on the plan increase listed below:
 - 4.4% rate increase to the Kaiser Senior Advantage Plan.
 - 12.7% rate increase to the Basic/Pre-65 Plan.
 - 20.3% rate increase to the Kaiser Excess ⁽¹⁾ Plan.
- Accept Kaiser's proposal to change from 2-Tier to 4-Tier premium coverage in 2027/2028 for Basic/Pre-65 and Excess Plans, to mirror County's benchmark Anthem plans.
- Agree to a not-to-exceed an overall 2027/2028 renewal increase of 8.0% for the Basic/Pre-65 and Excess plans, excluding any mandatory future benefit changes.
- Accept the mandatory contractual changes included in the appendix.

Kaiser Out of State (OOS)

- Accept the 3.4% overall increase for Non-Medicare and Medicare combined OOS plans, based on the plan increase/decrease listed below:
 - 0.0% overall rate increase to Kaiser-Colorado Plans.
 - 1.5% overall rate increase to Kaiser-Georgia Plans.
 - (0.1%) overall rate decrease to Kaiser-Hawaii Plans.
 - 7.6% overall rate increase to Kaiser-Oregon Plans.
 - 8.5% overall rate increase to Kaiser-Washington Plans.
- Accept the mandatory contractual changes included in the appendix.

⁽¹⁾ 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.

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

SCAN Health Plan

- Accept the overall rate decrease of (0.1%).
- Accept the mandatory contractual changes included in the appendix.

UnitedHealthcare

- Accept the 12.7% overall increase, based on the plan increase listed below:
 - 13.0% increase for the Pre-65 HMO Plan.
 - 11.8% 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 2026-2027 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.

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

PREMIUM PROJECTIONS FOR JULY 1, 2026 THROUGH JUNE 30, 2027

	Retiree Count	Current Premiums	Preliminary		Negotiated	
			Premiums	Change (%)	Premiums	Change (%)
Medical Plans						
Anthem BC Plan I & II	6,595	\$183,866,000	\$208,635,000	13.5%	\$201,036,000	9.3%
Anthem BC Plan III	14,338	173,888,000	196,487,000	13.0%	190,052,000	9.3%
Anthem BC Prudent Buyer	703	14,703,000	15,982,000	8.7%	15,142,000	3.0%
Cigna HMO	277	8,011,000	8,993,000	12.3%	8,993,000	12.3%
Kaiser California	27,040	275,267,000	309,824,000	12.6%	301,454,000	9.5%
Kaiser Out of State (OOS)	454	4,862,000	5,102,000	4.9%	5,029,000	3.4%
SCAN Health Plan	492	2,135,000	2,133,000	-0.1%	2,133,000	-0.1%
United Healthcare	5,555	79,571,000	90,673,000	14.0%	89,643,000	12.7%
Medicare Part B	40,377	106,983,000	117,332,000	9.7%	117,332,000	9.7%
Total Medical	55,454	\$849,286,000	\$955,161,000	12.5%	\$930,814,000	9.6%
Dental / Vision Plans						
Indemnity Dental / Vision	52,591	\$54,080,000	\$54,167,000	0.2%	\$54,115,000	0.1%
Prepaid Dental / Vision	7,753	6,276,000	6,288,000	0.2%	6,281,000	0.1%
Total Dental/Vision	60,344	\$60,356,000	\$60,455,000	0.2%	\$60,396,000	0.1%
Total Medical/Dental/Vision ⁽¹⁾		\$909,642,000	\$1,015,616,000	11.7%	\$991,210,000	9.0%
Total Negotiated Premium Cost Avoidance from Preliminary Premium					(\$24,406,000)	-2.7%

⁽¹⁾ Preliminary and Negotiated Premiums, excluding the change in Medicare Part B premiums, resulted in an overall premium increases of 11.9% and 8.9%, respectively.

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

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2026 THROUGH JUNE 30, 2027

	Count	Current 2025-2026 Rates	Admin Fee	Total Rate	Preliminary 2026-2027 Rates	Admin Fee	Total Rate	% Change	Final 2026-2027 Rates	Admin Fee	Total Rate	% Change
Anthem BC Plan I&II												
211 Retiree Only	505	\$1,576.80	\$8.00	\$1,584.80	\$1,789.94	\$8.00	\$1,797.94	13.4%	\$1,724.55	\$8.00	\$1,732.55	9.3%
221 Retiree Only	2,507	1,576.80	8.00	1,584.80	1,789.94	8.00	1,797.94	13.4%	1,724.55	8.00	1,732.55	9.3%
212 Retiree & Spouse	204	2,849.90	8.00	2,857.90	3,235.14	8.00	3,243.14	13.5%	3,116.94	8.00	3,124.94	9.3%
222 Retiree & Spouse	2,044	2,849.90	8.00	2,857.90	3,235.14	8.00	3,243.14	13.5%	3,116.94	8.00	3,124.94	9.3%
213 Retiree & Family	75	3,363.30	8.00	3,371.30	3,817.93	8.00	3,825.93	13.5%	3,678.44	8.00	3,686.44	9.3%
223 Retiree & Family	967	3,363.30	8.00	3,371.30	3,817.93	8.00	3,825.93	13.5%	3,678.44	8.00	3,686.44	9.3%
214 Retiree & Children	28	2,089.12	8.00	2,097.12	2,371.52	8.00	2,379.52	13.5%	2,284.87	8.00	2,292.87	9.3%
224 Retiree & Children	263	2,089.12	8.00	2,097.12	2,371.52	8.00	2,379.52	13.5%	2,284.87	8.00	2,292.87	9.3%
215 Survivor	2	526.96	8.00	534.96	598.19	8.00	606.19	13.3%	576.34	8.00	584.34	9.2%
225 Survivor	-	526.96	8.00	534.96	598.19	8.00	606.19	13.3%	576.34	8.00	584.34	9.2%
Total	6,595	\$183,233,319		\$183,866,439	\$208,001,829		\$208,634,949	13.5%	\$200,402,521		\$201,035,641	9.3%
Anthem BC Plan III												
240 One Medicare	7,961	\$634.90	\$8.00	\$642.90	\$718.07	\$8.00	\$726.07	12.9%	\$694.39	\$8.00	\$702.39	9.3%
241 Retiree & Spouse- 1 Medicare	127	2,049.29	8.00	2,057.29	2,317.75	8.00	2,325.75	13.0%	2,241.31	8.00	2,249.31	9.3%
242 Retiree & Spouse- 1 Medicare	1,018	2,049.29	8.00	2,057.29	2,317.75	8.00	2,325.75	13.0%	2,241.31	8.00	2,249.31	9.3%
243 Retiree & Spouse- 2 Medicare	4,827	1,272.41	8.00	1,280.41	1,439.10	8.00	1,447.10	13.0%	1,391.63	8.00	1,399.63	9.3%
244 Retiree & Children- 1 Medicare	13	1,143.83	8.00	1,151.83	1,293.67	8.00	1,301.67	13.0%	1,251.01	8.00	1,259.01	9.3%
245 Retiree & Children- 1 Medicare	66	1,143.83	8.00	1,151.83	1,293.67	8.00	1,301.67	13.0%	1,251.01	8.00	1,259.01	9.3%
246 Retiree & Family- 1 Medicare	16	2,558.05	8.00	2,566.05	2,893.15	8.00	2,901.15	13.1%	2,797.74	8.00	2,805.74	9.3%
247 Retiree & Family- 1 Medicare	188	2,558.05	8.00	2,566.05	2,893.15	8.00	2,901.15	13.1%	2,797.74	8.00	2,805.74	9.3%
248 Retiree & Family- 2 Medicare	13	1,781.08	8.00	1,789.08	2,014.40	8.00	2,022.40	13.0%	1,947.97	8.00	1,955.97	9.3%
249 Retiree & Family- 2 Medicare	92	1,781.08	8.00	1,789.08	2,014.40	8.00	2,022.40	13.0%	1,947.97	8.00	1,955.97	9.3%
250 Retiree & Family- 3 Medicare	17	1,997.12	8.00	2,005.12	2,258.74	8.00	2,266.74	13.0%	2,184.25	8.00	2,192.25	9.3%
Total	14,338	\$172,511,619		\$173,888,067	\$195,110,734		\$196,487,182	13.0%	\$188,675,695		\$190,052,143	9.3%
Anthem BC Prudent Buyer												
201 Retiree Only	395	\$1,212.38	\$8.00	\$1,220.38	\$1,318.31	\$8.00	\$1,326.31	8.7%	\$1,248.76	\$8.00	\$1,256.76	3.0%
202 Retiree & Spouse	205	2,394.44	8.00	2,402.44	2,603.65	8.00	2,611.65	8.7%	2,466.27	8.00	2,474.27	3.0%
203 Retiree & Family	78	2,703.47	8.00	2,711.47	2,939.69	8.00	2,947.69	8.7%	2,784.57	8.00	2,792.57	3.0%
204 Retiree & Children	25	1,560.92	8.00	1,568.92	1,697.31	8.00	1,705.31	8.7%	1,607.74	8.00	1,615.74	3.0%
205 Survivor	-	323.92	8.00	331.92	352.22	8.00	360.22	8.5%	333.64	8.00	341.64	2.9%
Total	703	\$14,635,728		\$14,703,216	\$15,914,511		\$15,981,999	8.7%	\$15,074,826		\$15,142,314	3.0%
Cigna												
301 Network- Retiree Only	207	\$2,019.27	\$8.00	\$2,027.27	\$2,267.59	\$8.00	\$2,275.59	12.2%	\$2,267.56	\$8.00	\$2,275.56	12.2%
302 Network- Retiree & Spouse	53	3,653.10	8.00	3,661.10	4,102.33	8.00	4,110.33	12.3%	4,102.29	8.00	4,110.29	12.3%
303 Network- Retiree & Family	5	4,315.07	8.00	4,323.07	4,845.62	8.00	4,853.62	12.3%	4,845.54	8.00	4,853.54	12.3%
304 Network- Retiree & Children	12	2,682.19	8.00	2,690.19	3,011.97	8.00	3,019.97	12.3%	3,011.91	8.00	3,019.91	12.3%
305 Network- Survivor	-	662.42	8.00	670.42	744.64	8.00	752.64	12.3%	744.61	8.00	752.61	12.3%
Total	277	\$7,984,378		\$8,010,970	\$8,966,236		\$8,992,828	12.3%	\$8,966,123		\$8,992,715	12.3%

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

Section 2

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2026 THROUGH JUNE 30, 2027

	Count	Current 2025-2026 Rates	Admin Fee	Total Rate	Preliminary 2026-2027 Rates	Admin Fee	Total Rate	% Change	Final 2026-2027 Rates	Admin Fee	Total Rate	% Change
Kaiser California												
401 Retiree Basic (Under 65)	1,617	\$1,402.77	\$8.00	\$1,410.77	\$1,636.19	\$8.00	\$1,644.19	16.5%	\$1,715.73	\$8.00	\$1,723.73	22.2%
403 Retiree Risk (Senior Advantage)	12,435	283.66	8.00	291.66	296.61	8.00	304.61	4.4%	296.53	8.00	304.53	4.4%
404 Retiree Excess I	445	1,359.03	8.00	1,367.03	1,636.19	8.00	1,644.19	20.3%	1,715.73	8.00	1,723.73	26.1%
405 Retiree Excess II	1,479	1,406.33	8.00	1,414.33	1,636.19	8.00	1,644.19	16.3%	1,715.73	8.00	1,723.73	21.9%
411 Family Basic	1,965	2,805.54	8.00	2,813.54	3,272.38	8.00	3,280.38	16.6%	3,054.00	8.00	3,062.00	8.8%
413 Retiree Risk, Dependent (Basic, Excess I or Excess II)	1,528	1,686.43	8.00	1,694.43	1,932.80	8.00	1,940.80	14.5%	1,634.80	8.00	1,642.80	-3.0%
414 One Excess, One Basic	47	2,761.80	8.00	2,769.80	3,272.38	8.00	3,280.38	18.4%	3,054.00	8.00	3,062.00	10.5%
418 Two+ Advantage	6,492	567.32	8.00	575.32	593.22	8.00	601.22	4.5%	593.06	8.00	601.06	4.5%
419 Retiree (Basic, Excess I or Excess II), Dependent Risk	214	1,642.69	8.00	1,650.69	1,932.80	8.00	1,940.80	17.6%	2,012.26	8.00	2,020.26	22.4%
420 Two+ Excess	93	2,718.06	8.00	2,726.06	3,272.38	8.00	3,280.38	20.3%	3,054.00	8.00	3,062.00	12.3%
422 One Excess - Part B, One Basic	278	2,809.10	8.00	2,817.10	3,272.38	8.00	3,280.38	16.4%	3,054.00	8.00	3,062.00	8.7%
426 One Advantage, One Excess - Part B	258	1,689.99	8.00	1,697.99	1,932.80	8.00	1,940.80	14.3%	2,012.26	8.00	2,020.26	19.0%
428 One Excess, One Excess - Part B	40	2,765.36	8.00	2,773.36	3,272.38	8.00	3,280.38	18.3%	3,054.00	8.00	3,062.00	10.4%
430 Two Excess - Part B	141	2,812.66	8.00	2,820.66	3,272.38	8.00	3,280.38	16.3%	3,054.00	8.00	3,062.00	8.6%
421 Survivor	8	1,402.77	8.00	1,410.77	1,636.19	8.00	1,644.19	16.5%	1,715.73	8.00	1,723.73	22.2%
Total	27,040	\$272,671,234		\$275,267,074	\$307,228,203		\$309,824,043	12.6%	\$298,858,053		\$301,453,893	9.5%
Kaiser- Colorado												
450 Retiree Basic	4	\$1,413.80	\$8.00	\$1,421.80	\$1,555.19	\$8.00	\$1,563.19	9.9%	\$1,413.80	\$8.00	\$1,421.80	0.0%
451 Retiree Risk (Senior Advantage)	37	289.90	8.00	297.90	304.68	8.00	312.68	5.0%	289.90	8.00	297.90	0.0%
453 Retiree Basic (Two Party)	10	3,138.79	8.00	3,146.79	3,452.67	8.00	3,460.67	10.0%	3,138.79	8.00	3,146.79	0.0%
454 Retiree Basic Family	-	4,241.55	8.00	4,249.55	4,665.71	8.00	4,673.71	10.0%	4,241.55	8.00	4,249.55	0.0%
455 One Risk, One Basic	6	1,703.70	8.00	1,711.70	1,859.87	8.00	1,867.87	9.1%	1,703.70	8.00	1,711.70	0.0%
457 Two Retiree Risk	18	579.80	8.00	587.80	609.36	8.00	617.36	5.0%	579.80	8.00	587.80	0.0%
458 One Risk, Two or More Dependents	-	3,035.28	8.00	3,043.28	3,324.61	8.00	3,332.61	9.5%	3,035.28	8.00	3,043.28	0.0%
459 Two Risk, Two or More Dependents	2	1,993.60	8.00	2,001.60	2,164.55	8.00	2,172.55	8.5%	1,993.60	8.00	2,001.60	0.0%
Total	77	\$868,982		\$876,374	\$941,729		\$949,121	8.3%	\$868,982		\$876,374	0.0%

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2026 THROUGH JUNE 30, 2027

	Count	Current 2025-2026 Rates	Admin Fee	Total Rate	Preliminary 2026-2027 Rates	Admin Fee	Total Rate	% Change	Final 2026-2027 Rates	Admin Fee	Total Rate	% Change
Kaiser- Georgia												
440 One Medicare Member with Part B Only	1	\$1,772.87	\$8.00	\$1,780.87	\$1,772.87	\$8.00	\$1,780.87	0.0%	\$1,772.87	\$8.00	\$1,780.87	0.0%
441 One Medicare Member with Part A only	3	1,772.87	8.00	1,780.87	1,772.87	8.00	1,780.87	0.0%	1,772.87	8.00	1,780.87	0.0%
442 One Member without Medicare Part A&B	6	1,772.87	8.00	1,780.87	1,772.87	8.00	1,780.87	0.0%	1,772.87	8.00	1,780.87	0.0%
443 One Medicare Member (Renal Failure)	-	405.87	8.00	413.87	418.86	8.00	426.86	3.1%	418.86	8.00	426.86	3.1%
444 One Medicare Member + One Medicare with Part B only	-	2,178.74	8.00	2,186.74	2,191.73	8.00	2,199.73	0.6%	2,191.73	8.00	2,199.73	0.6%
445 One Medicare Member + One Medicare with Part A only	2	2,178.74	8.00	2,186.74	2,191.73	8.00	2,199.73	0.6%	2,191.73	8.00	2,199.73	0.6%
446 One Medicare Member + One Medicare without Part A&B	-	2,178.74	8.00	2,186.74	2,191.73	8.00	2,199.73	0.6%	2,191.73	8.00	2,199.73	0.6%
461 Basic, or Over 65 without Medicare A&B	15	1,772.87	8.00	1,780.87	1,772.87	8.00	1,780.87	0.0%	1,772.87	8.00	1,780.87	0.0%
462 Retiree Risk (Senior Advantage)	88	405.87	8.00	413.87	418.86	8.00	426.86	3.1%	418.86	8.00	426.86	3.1%
463 Retiree (Two Party)	3	3,545.74	8.00	3,553.74	3,545.74	8.00	3,553.74	0.0%	3,545.74	8.00	3,553.74	0.0%
464 Retiree Basic Family	-	5,318.61	8.00	5,326.61	5,318.61	8.00	5,326.61	0.0%	5,318.61	8.00	5,326.61	0.0%
465 One Retiree Risk One Basic	3	2,178.74	8.00	2,186.74	2,191.73	8.00	2,199.73	0.6%	2,191.73	8.00	2,199.73	0.6%
466 Two Retiree Risk	28	811.74	8.00	819.74	837.72	8.00	845.72	3.2%	837.72	8.00	845.72	3.2%
467 One Retiree Risk, Two Retiree Basic	-	3,951.61	8.00	3,959.61	3,964.60	8.00	3,972.60	0.3%	3,964.60	8.00	3,972.60	0.3%
468 Two Retiree Risk, One Basic	-	2,584.61	8.00	2,592.61	2,610.59	8.00	2,618.59	1.0%	2,610.59	8.00	2,618.59	1.0%
469 Three Retiree Risk, One Basic	-	1,217.61	8.00	1,225.61	1,256.58	8.00	1,264.58	3.2%	1,256.58	8.00	1,264.58	3.2%
470 Any other Family, at least one Retiree Risk	-	3,951.61	8.00	3,959.61	3,964.60	8.00	3,972.60	0.3%	3,964.60	8.00	3,972.60	0.3%
Total	149	\$1,491,575		\$1,505,879	\$1,514,802		\$1,529,106	1.5%	\$1,514,802		\$1,529,106	1.5%
Kaiser- Hawaii												
471 Retiree Basic (Under 65)	5	\$954.84	\$8.00	\$962.84	\$1,052.57	\$8.00	\$1,060.57	10.2%	\$1,052.57	\$8.00	\$1,060.57	10.2%
472 Retiree Risk (Senior Advantage)	28	439.25	8.00	447.25	441.49	8.00	449.49	0.5%	441.49	8.00	449.49	0.5%
473 Retiree Over 65 without Medicare A&B*	1	2,214.50	8.00	2,222.50	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
474 Retiree Basic (Two Party)	4	1,909.68	8.00	1,917.68	2,105.14	8.00	2,113.14	10.2%	2,105.14	8.00	2,113.14	10.2%
475 Retiree Basic Family (Under 65)	2	2,864.52	8.00	2,872.52	3,157.71	8.00	3,165.71	10.2%	3,157.71	8.00	3,165.71	10.2%
476 One Retiree Risk, One Basic	3	1,394.09	8.00	1,402.09	1,494.06	8.00	1,502.06	7.1%	1,494.06	8.00	1,502.06	7.1%
477 Over 65 without Medicare A&B, One Basic*	-	3,169.34	8.00	3,177.34	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
478 Two Retiree Risk	15	878.50	8.00	886.50	882.98	8.00	890.98	0.5%	882.98	8.00	890.98	0.5%
479 One Risk, One Over 65 without Medicare A&B*	1	2,653.75	8.00	2,661.75	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
Total	59	\$632,028		\$637,692	\$631,609		\$637,273	-0.1%	\$631,609		\$637,273	-0.1%

* Members impacted by Kaiser's methodology change for the 2026-2027 plan year have been migrated to other deduction codes.

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2026 THROUGH JUNE 30, 2027

	Count	Current 2025-2026 Rates	Admin Fee	Total Rate	Preliminary 2026-2027 Rates	Admin Fee	Total Rate	% Change	Final 2026-2027 Rates	Admin Fee	Total Rate	% Change
Kaiser- Oregon												
481 Retiree Basic (Under 65)	2	\$1,406.96	\$8.00	\$1,414.96	\$1,609.88	\$8.00	\$1,617.88	14.3%	\$1,609.88	\$8.00	\$1,617.88	14.3%
482 Retiree Risk (Senior Advantage)	79	557.20	8.00	565.20	601.76	8.00	609.76	7.9%	601.76	8.00	609.76	7.9%
483 Retiree Over 65 unassigned Medicare A&B*	5	1,724.21	8.00	1,732.21	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
484 Retiree Basic (Two Party)	2	2,813.92	8.00	2,821.92	3,219.76	8.00	3,227.76	14.4%	3,219.76	8.00	3,227.76	14.4%
485 Retiree Basic Family (Under 65)	-	4,220.88	8.00	4,228.88	4,829.64	8.00	4,837.64	14.4%	4,829.64	8.00	4,837.64	14.4%
486 One Retiree Risk, One Basic	3	1,964.16	8.00	1,972.16	2,211.64	8.00	2,219.64	12.5%	2,211.64	8.00	2,219.64	12.5%
488 Two Retiree Risk	31	1,114.40	8.00	1,122.40	1,203.52	8.00	1,211.52	7.9%	1,203.52	8.00	1,211.52	7.9%
489 Retiree/Part A Only*	-	1,365.66	8.00	1,373.66	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
490 Retiree/Part B Only*	-	1,724.21	8.00	1,732.21	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
491 One Risk, One Medicare Part A Only*	1	1,922.86	8.00	1,930.86	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
492 One Risk, One Over 65 No Medicare*	1	2,281.41	8.00	2,289.41	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
493 One Risk, Two Basic	1	3,371.12	8.00	3,379.12	3,821.52	8.00	3,829.52	13.3%	3,821.52	8.00	3,829.52	13.3%
494 Two Risk, One Basic	-	2,521.36	8.00	2,529.36	2,813.40	8.00	2,821.40	11.5%	2,813.40	8.00	2,821.40	11.5%
495 Two Over 65 No Medicare*	-	3,448.42	8.00	3,456.42	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
496 Two Medicare Part A Only*	-	2,731.32	8.00	2,739.32	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
497 One Basic, One Medicare Part A Only*	-	2,772.62	8.00	2,780.62	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
498 One Basic, One Over 65 no Medicare A&B*	-	3,131.17	8.00	3,139.17	N/A	8.00	N/A	N/A	N/A	8.00	N/A	N/A
Total	125	\$1,309,151		\$1,321,151	\$1,409,239		\$1,421,239	7.6%	\$1,409,239		\$1,421,239	7.6%
Kaiser- Washington												
393 Retiree Basic	5	\$2,004.53	\$8.00	\$2,012.53	\$2,185.53	\$8.00	\$2,193.53	9.0%	\$2,185.53	\$8.00	\$2,193.53	9.0%
394 Retiree Risk (Senior Advantage)	22	409.91	8.00	417.91	442.78	8.00	450.78	7.9%	442.78	8.00	450.78	7.9%
395 Retiree Basic (Two Party)	3	3,743.26	8.00	3,751.26	4,081.26	8.00	4,089.26	9.0%	4,081.26	8.00	4,089.26	9.0%
396 Retiree Basic Family	-	6,267.96	8.00	6,275.96	6,833.93	8.00	6,841.93	9.0%	6,833.93	8.00	6,841.93	9.0%
397 One Risk, One Basic	1	2,148.64	8.00	2,156.64	2,338.51	8.00	2,346.51	8.8%	2,338.51	8.00	2,346.51	8.8%
398 Two Retiree Risk	13	819.82	8.00	827.82	885.56	8.00	893.56	7.9%	885.56	8.00	893.56	7.9%
399 One Risk, Two or More Dependents	-	4,673.34	8.00	4,681.34	5,091.18	8.00	5,099.18	8.9%	5,091.18	8.00	5,099.18	8.9%
400 Two Risk, Two or More Dependents	-	3,344.52	8.00	3,352.52	3,638.23	8.00	3,646.23	8.8%	3,638.23	8.00	3,646.23	8.8%
Total	44	\$516,921		\$521,145	\$561,161		\$565,385	8.5%	\$561,161		\$565,385	8.5%
SCAN Health Plan												
611 Retiree Only	305	\$279.31	\$8.00	\$287.31	\$279.03	\$8.00	\$287.03	-0.1%	\$279.03	\$8.00	\$287.03	-0.1%
613 Retiree & 1 Dependent (2 Medicare)	111	558.62	8.00	566.62	558.06	8.00	566.06	-0.1%	558.06	8.00	566.06	-0.1%
620 Arizona - Retiree Only	29	279.31	8.00	287.31	279.03	8.00	287.03	-0.1%	279.03	8.00	287.03	-0.1%
621 Arizona - Retiree & 1 Dependent (2 Medicare)	12	558.62	8.00	566.62	558.06	8.00	566.06	-0.1%	558.06	8.00	566.06	-0.1%
622 Nevada - Retiree Only	27	279.31	8.00	287.31	279.03	8.00	287.03	-0.1%	279.03	8.00	287.03	-0.1%
623 Nevada - Retiree & 1 Dependent (2 Medicare)	8	558.62	8.00	566.62	558.06	8.00	566.06	-0.1%	558.06	8.00	566.06	-0.1%
Total	492	\$2,088,122		\$2,135,354	\$2,086,028		\$2,133,260	-0.1%	\$2,086,028		\$2,133,260	-0.1%

* Members impacted by Kaiser's methodology change for the 2026-2027 plan year have been migrated to other deduction codes.

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2026 THROUGH JUNE 30, 2027

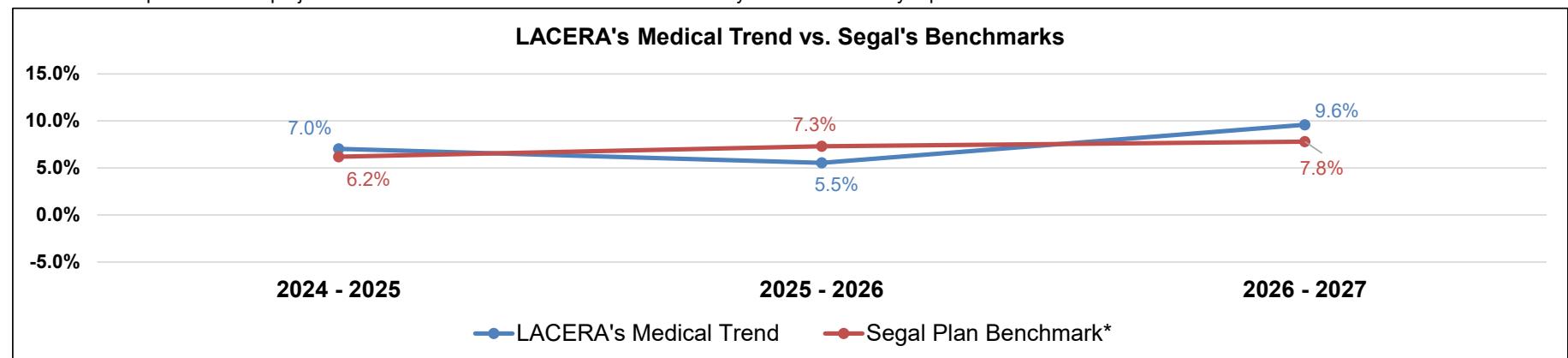
	Count	Current 2025-2026 Rates	Admin Fee	Total Rate	Preliminary 2026-2027 Rates	Admin Fee	Total Rate	% Change	Final 2026-2027 Rates	Admin Fee	Total Rate	% Change
UnitedHealthcare												
701 Retiree Only	2,250	\$379.45	\$8.00	\$387.45	\$432.29	\$8.00	\$440.29	13.6%	\$424.98	\$8.00	\$432.98	11.8%
702 Retiree & 1 Dependent (1 Medicare)	393	2,068.15	8.00	2,076.15	2,359.22	8.00	2,367.22	14.0%	2,335.09	8.00	2,343.09	12.9%
703 Retiree & 1 Dependent (2 Medicare)	1,436	758.90	8.00	766.90	864.58	8.00	872.58	13.8%	849.96	8.00	857.96	11.9%
704 Retiree & 2 + Deps. (1 Medicare)	108	2,359.05	8.00	2,367.05	2,691.15	8.00	2,699.15	14.0%	2,664.14	8.00	2,672.14	12.9%
705 Retiree & 2 + Deps. (2 Medicare)	55	1,049.80	8.00	1,057.80	1,196.51	8.00	1,204.51	13.9%	1,179.01	8.00	1,187.01	12.2%
706 Survivor (Child only)	2	475.66	8.00	483.66	542.76	8.00	550.76	13.9%	538.03	8.00	546.03	12.9%
707 UnitedHealthcare Single	524	1,688.70	8.00	1,696.70	1,926.93	8.00	1,934.93	14.0%	1,910.11	8.00	1,918.11	13.0%
708 UnitedHealthcare Two-Party	443	3,092.27	8.00	3,100.27	3,528.50	8.00	3,536.50	14.1%	3,497.71	8.00	3,505.71	13.1%
709 UnitedHealthcare Family	344	3,668.30	8.00	3,676.30	4,185.79	8.00	4,193.79	14.1%	4,149.27	8.00	4,157.27	13.1%
Total	5,555	\$79,037,318		\$79,570,598	\$90,139,790		\$90,673,070	14.0%	\$89,109,825		\$89,643,105	12.7%
Medicare Part B	40,377	\$220.80	\$0.00	\$220.80	\$242.16	\$0.00	\$242.16	9.7%	\$242.16	\$0.00	\$242.16	9.7%
Total	40,377	\$106,982,899		\$106,982,899	\$117,332,332		\$117,332,332	9.7%	\$117,332,332		\$117,332,332	9.7%
Cigna Dental (Indemnity) / Vision												
501 Retiree Only	27,431	\$48.20	\$8.00	\$56.20	\$48.29	\$8.00	\$56.29	0.1%	\$48.24	\$8.00	\$56.24	0.1%
502 Retiree & Dependents	25,149	109.86	8.00	117.86	110.06	8.00	118.06	0.2%	109.94	8.00	117.94	0.1%
503 Survivor / Minor	11	61.30	8.00	69.30	61.42	8.00	69.42	0.2%	61.35	8.00	69.35	0.1%
Total	52,591	\$49,031,217		\$54,079,953	\$49,118,477		\$54,167,213	0.2%	\$49,065,795		\$54,114,531	0.1%
Cigna Dental (Prepaid) / Vision												
901 Retiree only	4,441	\$38.60	\$8.00	\$46.60	\$38.68	\$8.00	\$46.68	0.2%	\$38.63	\$8.00	\$46.63	0.1%
902 Retiree & Dependents	3,310	87.45	8.00	95.45	87.65	8.00	95.65	0.2%	87.53	8.00	95.53	0.1%
903 Survivor/ Minor	2	39.21	8.00	47.21	39.33	8.00	47.33	0.2%	39.26	8.00	47.26	0.1%
Total	7,753	\$5,531,414		\$6,275,702	\$5,543,736		\$6,288,024	0.2%	\$5,536,304		\$6,280,592	0.1%

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - MEDICAL ⁽¹⁾

Policy Period	2023-2024	2024-2025		2025-2026		2026-2027	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Anthem	\$310,316,000	\$338,262,000	9.0%	\$372,457,000	10.1%	\$406,230,000	9.1%
Cigna	8,685,000	8,545,000	-1.6%	8,011,000	-6.2%	8,993,000	12.3%
Kaiser	239,740,000	264,508,000	10.3%	280,129,000	5.9%	306,483,000	9.4%
SCAN	1,456,000	1,643,000	12.8%	2,135,000	29.9%	2,133,000	-0.1%
UnitedHealthcare	64,797,000	73,457,000	13.4%	79,571,000	8.3%	89,643,000	12.7%
Medicare Part B	98,646,000	102,707,000	4.1%	106,983,000	4.2%	117,332,000	9.7%
Total Premium	\$723,640,000	\$789,122,000	9.0%	\$849,286,000	7.6%	\$930,814,000	9.6%
Total Retirees Insured	53,377	54,384	1.9%	55,454	2.0%	55,454	0.0%
Premiums per Retiree per Month	\$1,129.76	\$1,209.18	7.0%	\$1,276.26	5.5%	\$1,398.78	9.6%

⁽¹⁾ The 2023-2024 and 2024-2025 premiums are projected based on enrollment from LACERA's January 2024 and January 2025 Staff Activity reports, respectively. The 2025-2026 and 2026-2027 premiums are projected based on enrollment from LACERA's January 2026 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.

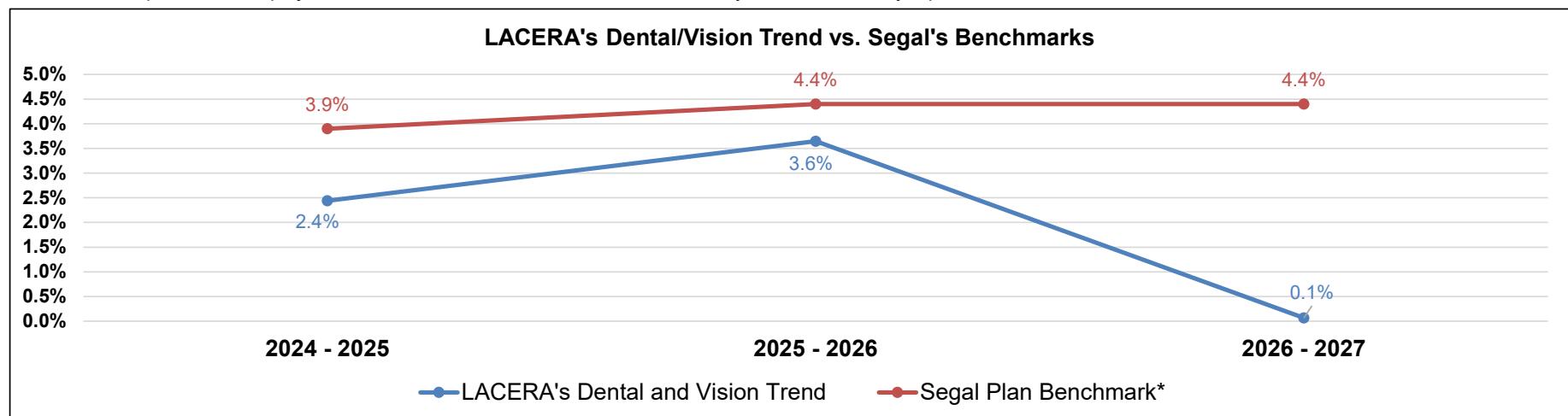
Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2026
 Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - DENTAL AND VISION ⁽¹⁾

Policy Period	2023-2024	2024-2025		2025-2026		2026-2027	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Cigna Indemnity Dental / Vision	\$48,501,000	\$50,810,000	4.8%	\$54,080,000	6.4%	\$54,115,000	0.1%
Cigna Prepaid Dental / Vision	5,781,000	6,015,000	4.0%	6,276,000	4.3%	6,281,000	0.1%
Total Premium	\$54,282,000	\$56,825,000	4.7%	\$60,356,000	6.2%	\$60,396,000	0.1%
Total Retirees Insured	57,623	58,886	2.2%	60,344	2.5%	60,344	0.0%
Premiums per Retiree per Month	\$78.50	\$80.42	2.4%	\$83.35	3.6%	\$83.41	0.1%

⁽¹⁾ The 2023-2024 and 2024-2025 premiums are projected based on enrollment from LACERA's January 2024 and January 2025 Staff Activity reports, respectively. The 2025-2026 and 2026-2027 premiums are projected based on enrollment from LACERA's January 2026 Staff Activity report.



*Benchmarks are based on Segal's Annual Trend Surveys, weight by LACERA's enrollment distribution in Indemnity (88%) and Prepaid (12%) 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 7/1/2026
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

Coverage Tier	Benchmark Anthem BC Plan I & II	Cigna Network Model (HMO)	Amount over the Benchmark (Member Portion)
Retiree Only	\$1,732.55	\$2,275.56	\$543.01
Retiree & Spouse	3,124.94	4,110.29	985.35
Retiree & Family	3,686.44	4,853.54	1,167.10
Retiree & Children	2,292.87	3,019.91	727.04

Coverage Tier	Benchmark Anthem BC Plan I & II	UHC Pre-65 HMO Plan	Amount over the Benchmark (Member Portion)
Retiree Only	\$1,732.55	\$1,918.11	\$185.56
Retiree & Spouse	3,124.94	3,505.71	380.77
Retiree & Family	3,686.44	4,157.27	470.83

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

Renewal Analysis - Effective 7/1/2026
Los Angeles County Employees Retirement Association

RETIREE HEALTHCARE CONTRIBUTIONS

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.

Renewal Analysis - Effective 7/1/2026

Los Angeles County Employees Retirement Association

MEDICARE HISTORY

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

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, 2020.
- 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 August 16, 2022, the Inflation Reduction Act (IRA) was signed by President Joe Biden, providing the U.S. Department of Health and Human Services (HHS) the authority to negotiate prices for certain high-spend single-source Medicare drugs. Negotiations will apply to 10 drugs in 2026 and expand to 20 drugs annually by 2029.
- 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.
- On July 4, 2025, the One Big Beautiful Bill Act of 2025 was signed resulting in significant changes, including changes in payment reform for Medicare physicians. The bill replaces current reimbursement practices beginning in 2026 , leaving no permanent inflation adjusted payment fix.

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Anthem Blue Cross I

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,732.55	\$3,124.94	\$3,686.44	\$2,292.87
10-11*	\$1,039.53	\$1,874.96	\$2,211.86	\$1,375.72
11-12*	\$970.23	\$1,749.97	\$2,064.41	\$1,284.01
12-13*	\$900.93	\$1,624.97	\$1,916.95	\$1,192.29
13-14	\$831.62	\$1,499.97	\$1,769.49	\$1,100.58
14-15	\$762.32	\$1,374.97	\$1,622.03	\$1,008.86
15-16	\$693.02	\$1,249.98	\$1,474.58	\$917.15
16-17	\$623.72	\$1,124.98	\$1,327.12	\$825.43
17-18	\$554.42	\$999.98	\$1,179.66	\$733.72
18-19	\$485.11	\$874.98	\$1,032.20	\$642.00
19-20	\$415.81	\$749.99	\$884.75	\$550.29
20-21	\$346.51	\$624.99	\$737.29	\$458.57
21-22	\$277.21	\$499.99	\$589.83	\$366.86
22-23	\$207.91	\$374.99	\$442.37	\$275.14
23-24	\$138.60	\$250.00	\$294.92	\$183.43
24-25	\$69.30	\$125.00	\$147.46	\$91.71
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>				
	\$866.27	\$1,562.47	\$1,843.22	\$1,146.43
COBRA	\$1,767.20	\$3,187.44	\$3,760.17	\$2,338.73

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$1,732.55	\$3,124.94	\$3,686.44	\$2,292.87
10-11*	\$1,039.53	\$1,874.96	\$2,211.86	\$1,375.72
11-12*	\$970.23	\$1,749.97	\$2,064.41	\$1,284.01
12-13*	\$900.93	\$1,624.97	\$1,916.95	\$1,192.29
13-14	\$831.62	\$1,499.97	\$1,769.49	\$1,100.58
14-15	\$762.32	\$1,374.97	\$1,622.03	\$1,008.86
15-16	\$693.02	\$1,249.98	\$1,474.58	\$917.15
16-17	\$623.72	\$1,124.98	\$1,327.12	\$825.43
17-18	\$554.42	\$999.98	\$1,179.66	\$733.72
18-19	\$485.11	\$874.98	\$1,032.20	\$642.00
19-20	\$415.81	\$749.99	\$884.75	\$550.29
20-21	\$346.51	\$624.99	\$737.29	\$458.57
21-22	\$277.21	\$499.99	\$589.83	\$366.86
22-23	\$207.91	\$374.99	\$442.37	\$275.14
23-24	\$138.60	\$250.00	\$294.92	\$183.43
24-25	\$69.30	\$125.00	\$147.46	\$91.71
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>				
	\$866.27	\$1,562.47	\$1,843.22	\$1,146.43
COBRA	\$1,767.20	\$3,187.44	\$3,760.17	\$2,338.73

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)

Years of Service	Retiree Only w/ Medicare 240	Retiree & Spouse - 1 w/ Medicare 241 ⁽¹⁾	Retiree & Spouse - 1 w/ Medicare 242 ⁽²⁾	Retiree & Spouse - Both w/ Medicare 243
Less than 10*	\$702.39	\$2,249.31	\$2,249.31	\$1,399.63
10-11*	\$421.43	\$1,349.59	\$1,349.59	\$839.78
11-12*	\$393.34	\$1,259.61	\$1,259.61	\$783.79
12-13*	\$365.24	\$1,169.64	\$1,169.64	\$727.81
13-14	\$337.15	\$1,079.67	\$1,079.67	\$671.82
14-15	\$309.05	\$989.70	\$989.70	\$615.84
15-16	\$280.96	\$899.72	\$899.72	\$559.85
16-17	\$252.86	\$809.75	\$809.75	\$503.87
17-18	\$224.76	\$719.78	\$719.78	\$447.88
18-19	\$196.67	\$629.81	\$629.81	\$391.90
19-20	\$168.57	\$539.83	\$539.83	\$335.91
20-21	\$140.48	\$449.86	\$449.86	\$279.93
21-22	\$112.38	\$359.89	\$359.89	\$223.94
22-23	\$84.29	\$269.92	\$269.92	\$167.96
23-24	\$56.19	\$179.94	\$179.94	\$111.97
24-25	\$28.10	\$89.97	\$89.97	\$55.99
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>				
	\$351.19	\$1,124.65	\$1,124.65	\$699.81
COBRA	\$716.44	\$2,294.30	\$2,294.30	\$1,427.62

⁽¹⁾ Non-Medicare has Anthem Blue Cross I

⁽²⁾ Non-Medicare has Anthem Blue Cross II

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)

Years of Service	Retiree & Children 244 ⁽³⁾	Retiree & Children 245 ⁽⁴⁾	Retiree, Spouse, & Children - 1 w/ Medicare 246 ⁽⁵⁾	Retiree, Spouse, & Children - 1 w/ Medicare 247 ⁽⁶⁾	Retiree, Spouse, & Children - 2 w/ Medicare 248 ⁽⁷⁾	Retiree, Spouse, & Children - 2 w/ Medicare 249 ⁽⁸⁾	Retiree, Spouse, & Children - each w/ Medicare 250 ⁽⁹⁾
Less than 10*	\$1,259.01	\$1,259.01	\$2,805.74	\$2,805.74	\$1,955.97	\$1,955.97	\$2,192.25
10-11*	\$755.41	\$755.41	\$1,683.44	\$1,683.44	\$1,173.58	\$1,173.58	\$1,315.35
11-12*	\$705.05	\$705.05	\$1,571.21	\$1,571.21	\$1,095.34	\$1,095.34	\$1,227.66
12-13*	\$654.69	\$654.69	\$1,458.98	\$1,458.98	\$1,017.10	\$1,017.10	\$1,139.97
13-14	\$604.32	\$604.32	\$1,346.76	\$1,346.76	\$938.87	\$938.87	\$1,052.28
14-15	\$553.96	\$553.96	\$1,234.53	\$1,234.53	\$860.63	\$860.63	\$964.59
15-16	\$503.60	\$503.60	\$1,122.30	\$1,122.30	\$782.39	\$782.39	\$876.90
16-17	\$453.24	\$453.24	\$1,010.07	\$1,010.07	\$704.15	\$704.15	\$789.21
17-18	\$402.88	\$402.88	\$897.84	\$897.84	\$625.91	\$625.91	\$701.52
18-19	\$352.52	\$352.52	\$785.61	\$785.61	\$547.67	\$547.67	\$613.83
19-20	\$302.16	\$302.16	\$673.38	\$673.38	\$469.43	\$469.43	\$526.14
20-21	\$251.80	\$251.80	\$561.15	\$561.15	\$391.19	\$391.19	\$438.45
21-22	\$201.44	\$201.44	\$448.92	\$448.92	\$312.96	\$312.96	\$350.76
22-23	\$151.08	\$151.08	\$336.69	\$336.69	\$234.72	\$234.72	\$263.07
23-24	\$100.72	\$100.72	\$224.46	\$224.46	\$156.48	\$156.48	\$175.38
24-25	\$50.36	\$50.36	\$112.23	\$112.23	\$78.24	\$78.24	\$87.69
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>							
	\$629.50	\$629.50	\$1,402.87	\$1,402.87	\$977.98	\$977.98	\$1,096.12
COBRA	\$1,284.19	\$1,284.19	\$2,861.85	\$2,861.85	\$1,995.09	\$1,995.09	\$2,236.10

⁽³⁾ Retiree has Medicare; Children have Anthem Blue Cross I

⁽⁴⁾ Retiree has Medicare; Children have Anthem Blue Cross II

⁽⁵⁾ Non-Medicare has Anthem Blue Cross I

⁽⁶⁾ Non-Medicare has Anthem Blue Cross II

⁽⁷⁾ Children have Anthem Blue Cross I

⁽⁸⁾ Children have Anthem Blue Cross II

⁽⁹⁾ 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, 2026
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*	\$1,256.76	\$2,474.27	\$2,792.57	\$1,615.74
10-11*	\$754.06	\$1,484.56	\$1,675.54	\$969.44
11-12*	\$703.79	\$1,385.59	\$1,563.84	\$904.81
12-13*	\$653.52	\$1,286.62	\$1,452.14	\$840.18
13-14	\$603.24	\$1,187.65	\$1,340.43	\$775.56
14-15	\$552.97	\$1,088.68	\$1,228.73	\$710.93
15-16	\$502.70	\$989.71	\$1,117.03	\$646.30
16-17	\$452.43	\$890.74	\$1,005.33	\$581.67
17-18	\$402.16	\$791.77	\$893.62	\$517.04
18-19	\$351.89	\$692.80	\$781.92	\$452.41
19-20	\$301.62	\$593.82	\$670.22	\$387.78
20-21	\$251.35	\$494.85	\$558.51	\$323.15
21-22	\$201.08	\$395.88	\$446.81	\$258.52
22-23	\$150.81	\$296.91	\$335.11	\$193.89
23-24	\$100.54	\$197.94	\$223.41	\$129.26
24-25	\$50.27	\$98.97	\$111.70	\$64.63
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>				
	\$628.38	\$1,237.13	\$1,396.28	\$807.87
COBRA	\$1,281.90	\$2,523.76	\$2,848.42	\$1,648.05

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Cigna Network Model Plan

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$2,275.56	\$4,110.29	\$4,853.54	\$3,019.91
10-11*	\$1,582.54	\$2,860.31	\$3,378.96	\$2,102.76
11-12*	\$1,513.24	\$2,735.32	\$3,231.51	\$2,011.05
12-13*	\$1,443.94	\$2,610.32	\$3,084.05	\$1,919.33
13-14	\$1,374.63	\$2,485.32	\$2,936.59	\$1,827.62
14-15	\$1,305.33	\$2,360.32	\$2,789.13	\$1,735.90
15-16	\$1,236.03	\$2,235.33	\$2,641.68	\$1,644.19
16-17	\$1,166.73	\$2,110.33	\$2,494.22	\$1,552.47
17-18	\$1,097.43	\$1,985.33	\$2,346.76	\$1,460.76
18-19	\$1,028.12	\$1,860.33	\$2,199.30	\$1,369.04
19-20	\$958.82	\$1,735.34	\$2,051.85	\$1,277.33
20-21	\$889.52	\$1,610.34	\$1,904.39	\$1,185.61
21-22	\$820.22	\$1,485.34	\$1,756.93	\$1,093.90
22-23	\$750.92	\$1,360.34	\$1,609.47	\$1,002.18
23-24	\$681.61	\$1,235.35	\$1,462.02	\$910.47
24-25	\$612.31	\$1,110.35	\$1,314.56	\$818.75
25 or more	\$543.01	\$985.35	\$1,167.10	\$727.04
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,409.28	\$2,547.82	\$3,010.32	\$1,873.47
COBRA	\$2,321.07	\$4,192.50	\$4,950.61	\$3,080.31

Los Angeles County Employees Retirement Association

Rates Effective July 1, 2026

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*	\$1,723.73	\$304.53	\$1,723.73	\$1,723.73
10-11*	\$1,034.24	\$182.72	\$1,034.24	\$1,034.24
11-12*	\$965.29	\$170.54	\$965.29	\$965.29
12-13*	\$896.34	\$158.36	\$896.34	\$896.34
13-14	\$827.39	\$146.17	\$827.39	\$827.39
14-15	\$758.44	\$133.99	\$758.44	\$758.44
15-16	\$689.49	\$121.81	\$689.49	\$689.49
16-17	\$620.54	\$109.63	\$620.54	\$620.54
17-18	\$551.59	\$97.45	\$551.59	\$551.59
18-19	\$482.64	\$85.27	\$482.64	\$482.64
19-20	\$413.70	\$73.09	\$413.70	\$413.70
20-21	\$344.75	\$60.91	\$344.75	\$344.75
21-22	\$275.80	\$48.72	\$275.80	\$275.80
22-23	\$206.85	\$36.54	\$206.85	\$206.85
23-24	\$137.90	\$24.36	\$137.90	\$137.90
24-25	\$68.95	\$12.18	\$68.95	\$68.95
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>				
	\$861.86	\$152.26	\$861.86	\$861.86
COBRA	\$1,758.20	\$310.62	\$1,758.20	\$1,758.20

Deduct Codes:

401 - "Basic"

403 - "Senior Advantage"

404 - "Excess I"

405 - "Excess II"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 411	Retiree & Family 413	Retiree & Family 414
Less than 10*	\$3,062.00	\$1,642.80	\$3,062.00
10-11*	\$1,837.20	\$985.68	\$1,837.20
11-12*	\$1,714.72	\$919.97	\$1,714.72
12-13*	\$1,592.24	\$854.26	\$1,592.24
13-14	\$1,469.76	\$788.54	\$1,469.76
14-15	\$1,347.28	\$722.83	\$1,347.28
15-16	\$1,224.80	\$657.12	\$1,224.80
16-17	\$1,102.32	\$591.41	\$1,102.32
17-18	\$979.84	\$525.70	\$979.84
18-19	\$857.36	\$459.98	\$857.36
19-20	\$734.88	\$394.27	\$734.88
20-21	\$612.40	\$328.56	\$612.40
21-22	\$489.92	\$262.85	\$489.92
22-23	\$367.44	\$197.14	\$367.44
23-24	\$244.96	\$131.42	\$244.96
24-25	\$122.48	\$65.71	\$122.48
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>			
	\$1,531.00	\$821.40	\$1,531.00
COBRA	\$3,123.24	\$1,675.66	\$3,123.24

Deduct Codes:

411 - All family members are "Basic"

413 - Retiree is "Senior Advantage"; others are "Basic", "Excess I" or "Excess II"

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, 2026

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*	\$601.06	\$2,020.26	\$3,062.00	\$3,062.00
10-11*	\$360.64	\$1,212.16	\$1,837.20	\$1,837.20
11-12*	\$336.59	\$1,131.35	\$1,714.72	\$1,714.72
12-13*	\$312.55	\$1,050.54	\$1,592.24	\$1,592.24
13-14	\$288.51	\$969.72	\$1,469.76	\$1,469.76
14-15	\$264.47	\$888.91	\$1,347.28	\$1,347.28
15-16	\$240.42	\$808.10	\$1,224.80	\$1,224.80
16-17	\$216.38	\$727.29	\$1,102.32	\$1,102.32
17-18	\$192.34	\$646.48	\$979.84	\$979.84
18-19	\$168.30	\$565.67	\$857.36	\$857.36
19-20	\$144.25	\$484.86	\$734.88	\$734.88
20-21	\$120.21	\$404.05	\$612.40	\$612.40
21-22	\$96.17	\$323.24	\$489.92	\$489.92
22-23	\$72.13	\$242.43	\$367.44	\$367.44
23-24	\$48.08	\$161.62	\$244.96	\$244.96
24-25	\$24.04	\$80.81	\$122.48	\$122.48
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>				
	\$300.53	\$1,010.13	\$1,531.00	\$1,531.00
COBRA	\$613.08	\$2,060.67	\$3,123.24	\$3,123.24

Deduct Codes:

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

419 - Retiree is "Basic", "Excess I", or "Excess II"; 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, 2026

Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 426	Retiree & Family 428	Retiree & Family 430
Less than 10*	\$2,020.26	\$3,062.00	\$3,062.00
10-11*	\$1,212.16	\$1,837.20	\$1,837.20
11-12*	\$1,131.35	\$1,714.72	\$1,714.72
12-13*	\$1,050.54	\$1,592.24	\$1,592.24
13-14	\$969.72	\$1,469.76	\$1,469.76
14-15	\$888.91	\$1,347.28	\$1,347.28
15-16	\$808.10	\$1,224.80	\$1,224.80
16-17	\$727.29	\$1,102.32	\$1,102.32
17-18	\$646.48	\$979.84	\$979.84
18-19	\$565.67	\$857.36	\$857.36
19-20	\$484.86	\$734.88	\$734.88
20-21	\$404.05	\$612.40	\$612.40
21-22	\$323.24	\$489.92	\$489.92
22-23	\$242.43	\$367.44	\$367.44
23-24	\$161.62	\$244.96	\$244.96
24-25	\$80.81	\$122.48	\$122.48
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>			
	\$1,010.13	\$1,531.00	\$1,531.00
COBRA	\$2,060.67	\$3,123.24	\$3,123.24

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, 2026
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*	\$1,421.80	\$297.90	\$3,146.79	\$4,249.55	\$1,711.70
10-11*	\$853.08	\$178.74	\$1,896.81	\$2,774.97	\$1,027.02
11-12*	\$796.21	\$166.82	\$1,771.82	\$2,627.52	\$958.55
12-13*	\$739.34	\$154.91	\$1,646.82	\$2,480.06	\$890.08
13-14	\$682.46	\$142.99	\$1,521.82	\$2,332.60	\$821.62
14-15	\$625.59	\$131.08	\$1,396.82	\$2,185.14	\$753.15
15-16	\$568.72	\$119.16	\$1,271.83	\$2,037.69	\$684.68
16-17	\$511.85	\$107.24	\$1,146.83	\$1,890.23	\$616.21
17-18	\$454.98	\$95.33	\$1,021.83	\$1,742.77	\$547.74
18-19	\$398.10	\$83.41	\$896.83	\$1,595.31	\$479.28
19-20	\$341.23	\$71.50	\$771.84	\$1,447.86	\$410.81
20-21	\$284.36	\$59.58	\$646.84	\$1,300.40	\$342.34
21-22	\$227.49	\$47.66	\$521.84	\$1,152.94	\$273.87
22-23	\$170.62	\$35.75	\$396.84	\$1,005.48	\$205.40
23-24	\$113.74	\$23.83	\$271.85	\$858.03	\$136.94
24-25	\$56.87	\$11.92	\$146.85	\$710.57	\$68.47
25 or more	\$0.00	\$0.00	\$21.85	\$563.11	\$0.00

**If you are on a service connected disability retirement with less than 13 years of service, you pay:*

	\$710.90	\$148.95	\$1,584.32	\$2,406.33	\$855.85
COBRA	\$1,450.24	\$303.86	\$3,209.73	\$4,334.54	\$1,745.93

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, 2026
Tier 1 - Kaiser Permanente Colorado

Years of Service	*Retiree & Family 457	Retiree & Family 458	Retiree & Family 459
Less than 10*	\$587.80	\$3,043.28	\$2,001.60
10-11*	\$352.68	\$1,825.97	\$1,200.96
11-12*	\$329.17	\$1,704.24	\$1,120.90
12-13*	\$305.66	\$1,582.51	\$1,040.83
13-14	\$282.14	\$1,460.77	\$960.77
14-15	\$258.63	\$1,339.04	\$880.70
15-16	\$235.12	\$1,217.31	\$800.64
16-17	\$211.61	\$1,095.58	\$720.58
17-18	\$188.10	\$973.85	\$640.51
18-19	\$164.58	\$852.12	\$560.45
19-20	\$141.07	\$730.39	\$480.38
20-21	\$117.56	\$608.66	\$400.32
21-22	\$94.05	\$486.92	\$320.26
22-23	\$70.54	\$365.19	\$240.19
23-24	\$47.02	\$243.46	\$160.13
24-25	\$23.51	\$121.73	\$80.06
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>			
	\$293.90	\$1,521.64	\$1,000.80
COBRA	\$599.56	\$3,104.15	\$2,041.63

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, 2026
Tier 1 - Kaiser Permanente Georgia

Years of Service	Retiree Only 440	Retiree Only 441	Retiree Only 442	Retiree Only 443	*Retiree & Family 444	*Retiree & Family 445	*Retiree & Family 446
Less than 10*	\$1,780.87	\$1,780.87	\$1,780.87	\$426.86	\$2,199.73	\$2,199.73	\$2,199.73
10-11*	\$1,087.85	\$1,087.85	\$1,087.85	\$256.12	\$1,319.84	\$1,319.84	\$1,319.84
11-12*	\$1,018.55	\$1,018.55	\$1,018.55	\$239.04	\$1,231.85	\$1,231.85	\$1,231.85
12-13*	\$949.25	\$949.25	\$949.25	\$221.97	\$1,143.86	\$1,143.86	\$1,143.86
13-14	\$879.94	\$879.94	\$879.94	\$204.89	\$1,055.87	\$1,055.87	\$1,055.87
14-15	\$810.64	\$810.64	\$810.64	\$187.82	\$967.88	\$967.88	\$967.88
15-16	\$741.34	\$741.34	\$741.34	\$170.74	\$879.89	\$879.89	\$879.89
16-17	\$672.04	\$672.04	\$672.04	\$153.67	\$791.90	\$791.90	\$791.90
17-18	\$602.74	\$602.74	\$602.74	\$136.60	\$703.91	\$703.91	\$703.91
18-19	\$533.43	\$533.43	\$533.43	\$119.52	\$615.92	\$615.92	\$615.92
19-20	\$464.13	\$464.13	\$464.13	\$102.45	\$527.94	\$527.94	\$527.94
20-21	\$394.83	\$394.83	\$394.83	\$85.37	\$439.95	\$439.95	\$439.95
21-22	\$325.53	\$325.53	\$325.53	\$68.30	\$351.96	\$351.96	\$351.96
22-23	\$256.23	\$256.23	\$256.23	\$51.22	\$263.97	\$263.97	\$263.97
23-24	\$186.92	\$186.92	\$186.92	\$34.15	\$175.98	\$175.98	\$175.98
24-25	\$117.62	\$117.62	\$117.62	\$17.07	\$87.99	\$87.99	\$87.99
25 or more	\$48.32	\$48.32	\$48.32	\$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>							
	\$914.59	\$914.59	\$914.59	\$213.43	\$1,099.86	\$1,099.86	\$1,099.86
COBRA	\$1,816.49	\$1,816.49	\$1,816.49	\$435.40	\$2,243.72	\$2,243.72	\$2,243.72

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, 2026
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*	\$1,780.87	\$426.86	\$3,553.74	\$5,326.61	\$2,199.73
10-11*	\$1,087.85	\$256.12	\$2,303.76	\$3,852.03	\$1,319.84
11-12*	\$1,018.55	\$239.04	\$2,178.77	\$3,704.58	\$1,231.85
12-13*	\$949.25	\$221.97	\$2,053.77	\$3,557.12	\$1,143.86
13-14	\$879.94	\$204.89	\$1,928.77	\$3,409.66	\$1,055.87
14-15	\$810.64	\$187.82	\$1,803.77	\$3,262.20	\$967.88
15-16	\$741.34	\$170.74	\$1,678.78	\$3,114.75	\$879.89
16-17	\$672.04	\$153.67	\$1,553.78	\$2,967.29	\$791.90
17-18	\$602.74	\$136.60	\$1,428.78	\$2,819.83	\$703.91
18-19	\$533.43	\$119.52	\$1,303.78	\$2,672.37	\$615.92
19-20	\$464.13	\$102.45	\$1,178.79	\$2,524.92	\$527.94
20-21	\$394.83	\$85.37	\$1,053.79	\$2,377.46	\$439.95
21-22	\$325.53	\$68.30	\$928.79	\$2,230.00	\$351.96
22-23	\$256.23	\$51.22	\$803.79	\$2,082.54	\$263.97
23-24	\$186.92	\$34.15	\$678.80	\$1,935.09	\$175.98
24-25	\$117.62	\$17.07	\$553.80	\$1,787.63	\$87.99
25 or more	\$48.32	\$0.00	\$428.80	\$1,640.17	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$914.59	\$213.43	\$1,991.27	\$3,483.39	\$1,099.86
COBRA	\$1,816.49	\$435.40	\$3,624.81	\$5,433.14	\$2,243.72

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, 2026
Tier 1 - Kaiser Permanente Georgia

Years of Service	*Retiree & Family 466	Retiree & Family 467	Retiree & Family 468	Retiree & Family 469	Retiree & Family 470
Less than 10*	\$845.72	\$3,972.60	\$2,618.59	\$1,264.58	\$3,972.60
10-11*	\$507.43	\$2,498.02	\$1,571.15	\$758.75	\$2,498.02
11-12*	\$473.60	\$2,350.57	\$1,466.41	\$708.16	\$2,350.57
12-13*	\$439.77	\$2,203.11	\$1,361.67	\$657.58	\$2,203.11
13-14	\$405.95	\$2,055.65	\$1,256.92	\$607.00	\$2,055.65
14-15	\$372.12	\$1,908.19	\$1,152.18	\$556.42	\$1,908.19
15-16	\$338.29	\$1,760.74	\$1,047.44	\$505.83	\$1,760.74
16-17	\$304.46	\$1,613.28	\$942.69	\$455.25	\$1,613.28
17-18	\$270.63	\$1,465.82	\$837.95	\$404.67	\$1,465.82
18-19	\$236.80	\$1,318.36	\$733.21	\$354.08	\$1,318.36
19-20	\$202.97	\$1,170.91	\$628.46	\$303.50	\$1,170.91
20-21	\$169.14	\$1,023.45	\$523.72	\$252.92	\$1,023.45
21-22	\$135.32	\$875.99	\$418.97	\$202.33	\$875.99
22-23	\$101.49	\$728.53	\$314.23	\$151.75	\$728.53
23-24	\$67.66	\$581.08	\$209.49	\$101.17	\$581.08
24-25	\$33.83	\$433.62	\$104.74	\$50.58	\$433.62
25 or more	\$0.00	\$286.16	\$0.00	\$0.00	\$286.16
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$422.86	\$2,129.38	\$1,309.29	\$632.29	\$2,129.38
COBRA	\$862.63	\$4,052.05	\$2,670.96	\$1,289.87	\$4,052.05

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, 2026
Tier 1 - Kaiser Permanente Hawaii

Years of Service	Retiree Only 471	Retiree Only 472	*Retiree & Family 474	Retiree & Family 475
Less than 10*	\$1,060.57	\$449.49	\$2,113.14	\$3,165.71
10-11*	\$636.34	\$269.69	\$1,267.88	\$1,899.43
11-12*	\$593.92	\$251.71	\$1,183.36	\$1,772.80
12-13*	\$551.50	\$233.73	\$1,098.83	\$1,646.17
13-14	\$509.07	\$215.76	\$1,014.31	\$1,519.54
14-15	\$466.65	\$197.78	\$929.78	\$1,392.91
15-16	\$424.23	\$179.80	\$845.26	\$1,266.28
16-17	\$381.81	\$161.82	\$760.73	\$1,139.66
17-18	\$339.38	\$143.84	\$676.20	\$1,013.03
18-19	\$296.96	\$125.86	\$591.68	\$886.40
19-20	\$254.54	\$107.88	\$507.15	\$759.77
20-21	\$212.11	\$89.90	\$422.63	\$633.14
21-22	\$169.69	\$71.92	\$338.10	\$506.51
22-23	\$127.27	\$53.94	\$253.58	\$379.89
23-24	\$84.85	\$35.96	\$169.05	\$253.26
24-25	\$42.42	\$17.98	\$84.53	\$126.63
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>				
	\$530.28	\$224.74	\$1,056.57	\$1,582.85
COBRA	\$1,081.78	\$458.48	\$2,155.40	\$3,229.02

Deduct Codes:

471 - "Basic" under age 65

472 - "Senior Advantage"

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, 2026
Tier 1 - Kaiser Permanente Hawaii

Years of Service	*Retiree & Family 476	*Retiree & Family 478
Less than 10*	\$1,502.06	\$890.98
10-11*	\$901.24	\$534.59
11-12*	\$841.15	\$498.95
12-13*	\$781.07	\$463.31
13-14	\$720.99	\$427.67
14-15	\$660.91	\$392.03
15-16	\$600.82	\$356.39
16-17	\$540.74	\$320.75
17-18	\$480.66	\$285.11
18-19	\$420.58	\$249.47
19-20	\$360.49	\$213.84
20-21	\$300.41	\$178.20
21-22	\$240.33	\$142.56
22-23	\$180.25	\$106.92
23-24	\$120.16	\$71.28
24-25	\$60.08	\$35.64
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>		
	\$751.03	\$445.49
COBRA	\$1,532.10	\$908.80

Deduct Codes:

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

478 - Two family members are "Senior Advantage"

*Deduct codes 476 & 478 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	*Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,617.88	\$609.76	\$3,227.76	\$4,837.64
10-11*	\$970.73	\$365.86	\$1,977.78	\$3,363.06
11-12*	\$906.01	\$341.47	\$1,852.79	\$3,215.61
12-13*	\$841.30	\$317.08	\$1,727.79	\$3,068.15
13-14	\$776.58	\$292.68	\$1,602.79	\$2,920.69
14-15	\$711.87	\$268.29	\$1,477.79	\$2,773.23
15-16	\$647.15	\$243.90	\$1,352.80	\$2,625.78
16-17	\$582.44	\$219.51	\$1,227.80	\$2,478.32
17-18	\$517.72	\$195.12	\$1,102.80	\$2,330.86
18-19	\$453.01	\$170.73	\$977.80	\$2,183.40
19-20	\$388.29	\$146.34	\$852.81	\$2,035.95
20-21	\$323.58	\$121.95	\$727.81	\$1,888.49
21-22	\$258.86	\$97.56	\$602.81	\$1,741.03
22-23	\$194.15	\$73.17	\$477.81	\$1,593.57
23-24	\$129.43	\$48.78	\$352.82	\$1,446.12
24-25	\$64.72	\$24.39	\$227.82	\$1,298.66
25 or more	\$0.00	\$0.00	\$102.82	\$1,151.20
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$808.94	\$304.88	\$1,665.29	\$2,994.42
COBRA	\$1,650.24	\$621.96	\$3,292.32	\$4,934.39

Deduct Codes:

481 - "Basic" under age 65

482 - "Senior Advantage"

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, 2026
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 486	*Retiree & Family 488	Retiree & Family 493	Retiree & Family 494
Less than 10*	\$2,219.64	\$1,211.52	\$3,829.52	\$2,821.40
10-11*	\$1,331.78	\$726.91	\$2,354.94	\$1,692.84
11-12*	\$1,243.00	\$678.45	\$2,207.49	\$1,579.98
12-13*	\$1,154.21	\$629.99	\$2,060.03	\$1,467.13
13-14	\$1,065.43	\$581.53	\$1,912.57	\$1,354.27
14-15	\$976.64	\$533.07	\$1,765.11	\$1,241.42
15-16	\$887.86	\$484.61	\$1,617.66	\$1,128.56
16-17	\$799.07	\$436.15	\$1,470.20	\$1,015.70
17-18	\$710.28	\$387.69	\$1,322.74	\$902.85
18-19	\$621.50	\$339.23	\$1,175.28	\$789.99
19-20	\$532.71	\$290.76	\$1,027.83	\$677.14
20-21	\$443.93	\$242.30	\$880.37	\$564.28
21-22	\$355.14	\$193.84	\$732.91	\$451.42
22-23	\$266.36	\$145.38	\$585.45	\$338.57
23-24	\$177.57	\$96.92	\$438.00	\$225.71
24-25	\$88.79	\$48.46	\$290.54	\$112.86
25 or more	\$0.00	\$0.00	\$143.08	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,109.82	\$605.76	\$1,986.30	\$1,410.70
COBRA	\$2,264.03	\$1,235.75	\$3,906.11	\$2,877.83

Deduct Codes:

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

488 - Two family members are "Senior Advantage"

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

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

*Deduct codes 486 & 488 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$2,193.53	\$450.78	\$4,089.26	\$6,841.93	\$2,346.51
10-11*	\$1,500.51	\$270.47	\$2,839.28	\$5,367.35	\$1,407.91
11-12*	\$1,431.21	\$252.44	\$2,714.29	\$5,219.90	\$1,314.05
12-13*	\$1,361.91	\$234.41	\$2,589.29	\$5,072.44	\$1,220.19
13-14	\$1,292.60	\$216.37	\$2,464.29	\$4,924.98	\$1,126.32
14-15	\$1,223.30	\$198.34	\$2,339.29	\$4,777.52	\$1,032.46
15-16	\$1,154.00	\$180.31	\$2,214.30	\$4,630.07	\$938.60
16-17	\$1,084.70	\$162.28	\$2,089.30	\$4,482.61	\$844.74
17-18	\$1,015.40	\$144.25	\$1,964.30	\$4,335.15	\$750.88
18-19	\$946.09	\$126.22	\$1,839.30	\$4,187.69	\$657.02
19-20	\$876.79	\$108.19	\$1,714.31	\$4,040.24	\$563.16
20-21	\$807.49	\$90.16	\$1,589.31	\$3,892.78	\$469.30
21-22	\$738.19	\$72.12	\$1,464.31	\$3,745.32	\$375.44
22-23	\$668.89	\$54.09	\$1,339.31	\$3,597.86	\$281.58
23-24	\$599.58	\$36.06	\$1,214.32	\$3,450.41	\$187.72
24-25	\$530.28	\$18.03	\$1,089.32	\$3,302.95	\$93.86
25 or more	\$460.98	\$0.00	\$964.32	\$3,155.49	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$1,327.25	\$225.39	\$2,526.79	\$4,998.71	\$1,173.25
COBRA	\$2,237.40	\$459.80	\$4,171.05	\$6,978.77	\$2,393.44

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, 2026
Tier 1 - Kaiser Permanente Washington

Years of Service	*Retiree & Family 398	Retiree & Family 399	Retiree & Family 400
Less than 10*	\$893.56	\$5,099.18	\$3,646.23
10-11*	\$536.14	\$3,624.60	\$2,187.74
11-12*	\$500.39	\$3,477.15	\$2,041.89
12-13*	\$464.65	\$3,329.69	\$1,896.04
13-14	\$428.91	\$3,182.23	\$1,750.19
14-15	\$393.17	\$3,034.77	\$1,604.34
15-16	\$357.42	\$2,887.32	\$1,458.49
16-17	\$321.68	\$2,739.86	\$1,312.64
17-18	\$285.94	\$2,592.40	\$1,166.79
18-19	\$250.20	\$2,444.94	\$1,020.94
19-20	\$214.45	\$2,297.49	\$875.10
20-21	\$178.71	\$2,150.03	\$729.25
21-22	\$142.97	\$2,002.57	\$583.40
22-23	\$107.23	\$1,855.11	\$437.55
23-24	\$71.48	\$1,707.66	\$291.70
24-25	\$35.74	\$1,560.20	\$145.85
25 or more	\$0.00	\$1,412.74	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$446.78	\$3,255.96	\$1,823.11
COBRA	\$911.43	\$5,201.16	\$3,719.15

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, 2026
Tier 1 - SCAN Health Plan California

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$287.03	\$566.06
10-11*	\$172.22	\$339.64
11-12*	\$160.74	\$316.99
12-13*	\$149.26	\$294.35
13-14	\$137.77	\$271.71
14-15	\$126.29	\$249.07
15-16	\$114.81	\$226.42
16-17	\$103.33	\$203.78
17-18	\$91.85	\$181.14
18-19	\$80.37	\$158.50
19-20	\$68.89	\$135.85
20-21	\$57.41	\$113.21
21-22	\$45.92	\$90.57
22-23	\$34.44	\$67.93
23-24	\$22.96	\$45.28
24-25	\$11.48	\$22.64
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>		
	\$143.51	\$283.03
COBRA	\$292.77	\$577.38

⁽¹⁾ 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, 2026
Tier 1 - SCAN Health Plan Arizona

Years of Service	Retiree Only with SCAN 620	Retiree & 1 Dependent - Both with SCAN 621 ⁽¹⁾
Less than 10*	\$287.03	\$566.06
10-11*	\$172.22	\$339.64
11-12*	\$160.74	\$316.99
12-13*	\$149.26	\$294.35
13-14	\$137.77	\$271.71
14-15	\$126.29	\$249.07
15-16	\$114.81	\$226.42
16-17	\$103.33	\$203.78
17-18	\$91.85	\$181.14
18-19	\$80.37	\$158.50
19-20	\$68.89	\$135.85
20-21	\$57.41	\$113.21
21-22	\$45.92	\$90.57
22-23	\$34.44	\$67.93
23-24	\$22.96	\$45.28
24-25	\$11.48	\$22.64
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>		
	\$143.51	\$283.03
COBRA	\$292.77	\$577.38

⁽¹⁾ 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, 2026
Tier 1 - SCAN Health Plan Nevada

Years of Service	Retiree Only with SCAN 622	Retiree & 1 Dependent - Both with SCAN 623 ⁽¹⁾
Less than 10*	\$287.03	\$566.06
10-11*	\$172.22	\$339.64
11-12*	\$160.74	\$316.99
12-13*	\$149.26	\$294.35
13-14	\$137.77	\$271.71
14-15	\$126.29	\$249.07
15-16	\$114.81	\$226.42
16-17	\$103.33	\$203.78
17-18	\$91.85	\$181.14
18-19	\$80.37	\$158.50
19-20	\$68.89	\$135.85
20-21	\$57.41	\$113.21
21-22	\$45.92	\$90.57
22-23	\$34.44	\$67.93
23-24	\$22.96	\$45.28
24-25	\$11.48	\$22.64
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>		
	\$143.51	\$283.03
COBRA	\$292.77	\$577.38

⁽¹⁾ 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, 2026

Tier 1 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701	Retiree & 1 Dependent - 1 with UnitedHealthcare Group Medicare Advantage HMO 702 ⁽¹⁾	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 ⁽¹⁾	Retiree & 2 or More Dependents - 1 with UnitedHealthcare Group Medicare Advantage HMO 704 ⁽²⁾	Retiree & 2 or More Dependents - 2 with UnitedHealthcare Group Medicare Advantage HMO 705 ⁽²⁾
Less than 10*	\$432.98	\$2,343.09	\$857.96	\$2,672.14	\$1,187.01
10-11*	\$259.79	\$1,405.85	\$514.78	\$1,603.28	\$712.21
11-12*	\$242.47	\$1,312.13	\$480.46	\$1,496.40	\$664.73
12-13*	\$225.15	\$1,218.41	\$446.14	\$1,389.51	\$617.25
13-14	\$207.83	\$1,124.68	\$411.82	\$1,282.63	\$569.76
14-15	\$190.51	\$1,030.96	\$377.50	\$1,175.74	\$522.28
15-16	\$173.19	\$937.24	\$343.18	\$1,068.86	\$474.80
16-17	\$155.87	\$843.51	\$308.87	\$961.97	\$427.32
17-18	\$138.55	\$749.79	\$274.55	\$855.08	\$379.84
18-19	\$121.23	\$656.07	\$240.23	\$748.20	\$332.36
19-20	\$103.92	\$562.34	\$205.91	\$641.31	\$284.88
20-21	\$86.60	\$468.62	\$171.59	\$534.43	\$237.40
21-22	\$69.28	\$374.89	\$137.27	\$427.54	\$189.92
22-23	\$51.96	\$281.17	\$102.96	\$320.66	\$142.44
23-24	\$34.64	\$187.45	\$68.64	\$213.77	\$94.96
24-25	\$17.32	\$93.72	\$34.32	\$106.89	\$47.48
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>					
	\$216.49	\$1,171.54	\$428.98	\$1,336.07	\$593.50
COBRA	\$441.64	\$2,389.95	\$875.12	\$2,725.58	\$1,210.75

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

⁽²⁾ 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, 2026
Tier 1 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,918.11	\$3,505.71	\$4,157.27
10-11*	\$1,225.09	\$2,255.73	\$2,682.69
11-12*	\$1,155.79	\$2,130.74	\$2,535.24
12-13*	\$1,086.49	\$2,005.74	\$2,387.78
13-14	\$1,017.18	\$1,880.74	\$2,240.32
14-15	\$947.88	\$1,755.74	\$2,092.86
15-16	\$878.58	\$1,630.75	\$1,945.41
16-17	\$809.28	\$1,505.75	\$1,797.95
17-18	\$739.98	\$1,380.75	\$1,650.49
18-19	\$670.67	\$1,255.75	\$1,503.03
19-20	\$601.37	\$1,130.76	\$1,355.58
20-21	\$532.07	\$1,005.76	\$1,208.12
21-22	\$462.77	\$880.76	\$1,060.66
22-23	\$393.47	\$755.76	\$913.20
23-24	\$324.16	\$630.77	\$765.75
24-25	\$254.86	\$505.77	\$618.29
25 or more	\$185.56	\$380.77	\$470.83
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,051.83	\$1,943.24	\$2,314.05
COBRA	\$1,956.47	\$3,575.82	\$4,240.42

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Cigna Indemnity Dental/Vision

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$56.24	\$117.94
10-11*	\$33.74	\$70.76
11-12*	\$31.49	\$66.05
12-13*	\$29.24	\$61.33
13-14	\$27.00	\$56.61
14-15	\$24.75	\$51.89
15-16	\$22.50	\$47.18
16-17	\$20.25	\$42.46
17-18	\$18.00	\$37.74
18-19	\$15.75	\$33.02
19-20	\$13.50	\$28.31
20-21	\$11.25	\$23.59
21-22	\$9.00	\$18.87
22-23	\$6.75	\$14.15
23-24	\$4.50	\$9.44
24-25	\$2.25	\$4.72
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>		
	\$28.12	\$58.97
COBRA	\$57.36	\$120.30

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.63	\$95.53
10-11*	\$27.98	\$57.32
11-12*	\$26.11	\$53.50
12-13*	\$24.25	\$49.68
13-14	\$22.38	\$45.85
14-15	\$20.52	\$42.03
15-16	\$18.65	\$38.21
16-17	\$16.79	\$34.39
17-18	\$14.92	\$30.57
18-19	\$13.06	\$26.75
19-20	\$11.19	\$22.93
20-21	\$9.33	\$19.11
21-22	\$7.46	\$15.28
22-23	\$5.60	\$11.46
23-24	\$3.73	\$7.64
24-25	\$1.87	\$3.82
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>		
	\$23.31	\$47.76
COBRA	\$47.56	\$97.44

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$1,732.55	\$1,723.73	\$1,256.76	\$2,275.56	\$1,918.11	\$56.24	\$46.63
10-11*	\$1,039.53	\$1,034.24	\$754.06	\$1,582.54	\$1,225.09	\$33.74	\$27.98
11-12*	\$970.23	\$965.29	\$703.79	\$1,513.24	\$1,155.79	\$31.49	\$26.11
12-13*	\$900.93	\$896.34	\$653.52	\$1,443.94	\$1,086.49	\$29.24	\$24.25
13-14	\$831.62	\$827.39	\$603.24	\$1,374.63	\$1,017.18	\$27.00	\$22.38
14-15	\$762.32	\$758.44	\$552.97	\$1,305.33	\$947.88	\$24.75	\$20.52
15-16	\$693.02	\$689.49	\$502.70	\$1,236.03	\$878.58	\$22.50	\$18.65
16-17	\$623.72	\$620.54	\$452.43	\$1,166.73	\$809.28	\$20.25	\$16.79
17-18	\$554.42	\$551.59	\$402.16	\$1,097.43	\$739.98	\$18.00	\$14.92
18-19	\$485.11	\$482.64	\$351.89	\$1,028.12	\$670.67	\$15.75	\$13.06
19-20	\$415.81	\$413.70	\$301.62	\$958.82	\$601.37	\$13.50	\$11.19
20-21	\$346.51	\$344.75	\$251.35	\$889.52	\$532.07	\$11.25	\$9.33
21-22	\$277.21	\$275.80	\$201.08	\$820.22	\$462.77	\$9.00	\$7.46
22-23	\$207.91	\$206.85	\$150.81	\$750.92	\$393.47	\$6.75	\$5.60
23-24	\$138.60	\$137.90	\$100.54	\$681.61	\$324.16	\$4.50	\$3.73
24-25	\$69.30	\$68.95	\$50.27	\$612.31	\$254.86	\$2.25	\$1.87
25 or more	\$0.00	\$0.00	\$0.00	\$543.01	\$185.56	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$866.27	\$861.86	\$628.38	\$1,409.28	\$1,051.83	\$28.12	\$23.31
COBRA	\$1,767.20	\$1,758.20	\$1,281.90	\$2,321.07	\$1,956.47	\$57.36	\$47.56

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$584.34	\$1,723.73	\$3,062.00	\$341.64	\$752.61	\$546.03	\$69.35	\$47.26
10-11*	\$350.60	\$1,034.24	\$1,837.20	\$204.98	\$451.57	\$327.62	\$41.61	\$28.36
11-12*	\$327.23	\$965.29	\$1,714.72	\$191.32	\$421.46	\$305.78	\$38.84	\$26.47
12-13*	\$303.86	\$896.34	\$1,592.24	\$177.65	\$391.36	\$283.94	\$36.06	\$24.58
13-14	\$280.48	\$827.39	\$1,469.76	\$163.99	\$361.25	\$262.09	\$33.29	\$22.68
14-15	\$257.11	\$758.44	\$1,347.28	\$150.32	\$331.15	\$240.25	\$30.51	\$20.79
15-16	\$233.74	\$689.49	\$1,224.80	\$136.66	\$301.04	\$218.41	\$27.74	\$18.90
16-17	\$210.36	\$620.54	\$1,102.32	\$122.99	\$270.94	\$196.57	\$24.97	\$17.01
17-18	\$186.99	\$551.59	\$979.84	\$109.32	\$240.84	\$174.73	\$22.19	\$15.12
18-19	\$163.62	\$482.64	\$857.36	\$95.66	\$210.73	\$152.89	\$19.42	\$13.23
19-20	\$140.24	\$413.70	\$734.88	\$81.99	\$180.63	\$131.05	\$16.64	\$11.34
20-21	\$116.87	\$344.75	\$612.40	\$68.33	\$150.52	\$109.21	\$13.87	\$9.45
21-22	\$93.49	\$275.80	\$489.92	\$54.66	\$120.42	\$87.36	\$11.10	\$7.56
22-23	\$70.12	\$206.85	\$367.44	\$41.00	\$90.31	\$65.52	\$8.32	\$5.67
23-24	\$46.75	\$137.90	\$244.96	\$27.33	\$60.21	\$43.68	\$5.55	\$3.78
24-25	\$23.37	\$68.95	\$122.48	\$13.67	\$30.10	\$21.84	\$2.77	\$1.89
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>								
	\$292.17	\$861.86	\$1,531.00	\$170.82	\$376.30	\$273.01	\$34.67	\$23.63
COBRA	\$596.03	\$1,758.20	\$3,123.24	\$348.47	\$767.66	\$556.95	\$70.74	\$48.21

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - COBRA Rates

Blue Cross and CIGNA COBRA Rates	Retiree Only	Retiree & Spouse	Retiree, Spouse & Children	Retiree & Children	Spouse Only	Under 26 Child or Children Only	Spouse & Children	Over 26 Child
Plan I & II	\$1,767.20	\$3,187.44	\$3,760.17	\$2,338.73	\$1,767.20	\$596.03	\$2,338.73	\$1,767.20
Blue Cross Prudent Buyer	\$1,281.90	\$2,523.76	\$2,848.42	\$1,648.05	\$1,281.90	\$348.47	\$1,648.05	\$1,281.90
Cigna	\$2,321.07	\$4,192.50	\$4,950.61	\$3,080.31	\$2,321.07	\$767.66	\$3,080.31	\$2,321.07
Cigna Indemnity Dental/Vision	\$57.36	\$120.30	\$120.30	\$120.30	\$57.36	\$70.74	\$120.30	\$57.36
Cigna Prepaid Dental/Vision	\$47.56	\$97.44	\$97.44	\$97.44	\$47.56	\$48.21	\$97.44	\$47.56

UHC Without Medicare COBRA Rates	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709	Spouse Only 707	Spouse & 1 Dependent 708	Spouse & 2 or More Dependents 709	Under 26 Child or Children Only 706	Over 26 Child 707
	\$1,956.47	\$3,575.82	\$4,240.42	\$1,956.47	\$3,575.82	\$4,240.42	\$556.95	\$1,956.47

Plan III* COBRA Rates	Retiree Only w/ Medicare 240	Spouse Only w/ Medicare 240	Retiree & Spouse - One w/ Medicare 241/242	Retiree & Spouse - Both w/ Medicare 243	Retiree w/ Medicare & Children 244/245	Spouse w/ Medicare & Children 244/245	Retiree, Spouse & Children - One w/ Medicare 246/247	Retiree, Spouse & Children - Two w/ Medicare 248/249
	\$716.44	\$716.44	\$2,294.30	\$1,427.62	\$1,284.19	\$1,284.19	\$2,861.85	\$1,995.09

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - COBRA Rates - UHC MAPD Risk

UHC MAPD Risk COBRA Rates	Retiree Only w/ Medicare 701	Retiree & 1 Dependent - One w/ Medicare 702	Retiree & 1 Dependent - Both w/ Medicare 703	Retiree & 2 Or More Dependents - One w/ Medicare 704	Retiree & 2 Or More Dependents - Two w/ Medicare 705	Under 26 Child or Children Only 706	Over 26 Child 707
	\$441.64	\$2,389.95	\$875.12	\$2,725.58	\$1,210.75	\$556.95	\$1,956.47

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - COBRA Rates - SCAN Health Plan

SCAN COBRA Rates	Retiree Only w/ Medicare Risk 611	Retiree & 1 Dependent - Both w/ Medicare Risk 613	Retiree Only w/ Medicare Risk 620	Retiree & 1 Dependent - Both w/ Medicare Risk 621	Retiree Only w/ Medicare Risk 622	Retiree & 1 Dependent - Both w/ Medicare Risk 623
	\$292.77	\$577.38	\$292.77	\$577.38	\$292.77	\$577.38

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 1 - COBRA Rates - Kaiser

Kaiser - COBRA Rates	
Single "Basic"	\$1,758.20
Single "Senior Advantage"	\$310.62
Single "Excess"	\$1,758.20
All family members are "Basic"	\$3,123.24
One family member is "Senior Advantage"; others are "Basic"	\$1,675.66
One family member is "Excess"; others are "Basic"	\$3,123.24
Two or more family members are "Senior Advantage"	\$613.08
One family member is "Excess"; another is "Senior Advantage"	\$2,060.67
Two family members are "Excess"	\$3,123.24
Child under 26	\$1,758.20
Children under 26	\$3,123.24

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$1,732.55	\$3,124.94	\$3,686.44	\$2,292.87
10-11*	\$1,039.53	\$2,431.92	\$2,993.42	\$1,599.85
11-12*	\$970.23	\$2,362.62	\$2,924.12	\$1,530.55
12-13*	\$900.93	\$2,293.32	\$2,854.82	\$1,461.25
13-14	\$831.62	\$2,224.01	\$2,785.51	\$1,391.94
14-15	\$762.32	\$2,154.71	\$2,716.21	\$1,322.64
15-16	\$693.02	\$2,085.41	\$2,646.91	\$1,253.34
16-17	\$623.72	\$2,016.11	\$2,577.61	\$1,184.04
17-18	\$554.42	\$1,946.81	\$2,508.31	\$1,114.74
18-19	\$485.11	\$1,877.50	\$2,439.00	\$1,045.43
19-20	\$415.81	\$1,808.20	\$2,369.70	\$976.13
20-21	\$346.51	\$1,738.90	\$2,300.40	\$906.83
21-22	\$277.21	\$1,669.60	\$2,231.10	\$837.53
22-23	\$207.91	\$1,600.30	\$2,161.80	\$768.23
23-24	\$138.60	\$1,530.99	\$2,092.49	\$698.92
24-25	\$69.30	\$1,461.69	\$2,023.19	\$629.62
25 or more	\$0.00	\$1,392.39	\$1,953.89	\$560.32
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$866.27	\$2,258.66	\$2,820.16	\$1,426.59
COBRA	\$1,767.20	\$3,187.44	\$3,760.17	\$2,338.73

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$1,732.55	\$3,124.94	\$3,686.44	\$2,292.87
10-11*	\$1,039.53	\$2,431.92	\$2,993.42	\$1,599.85
11-12*	\$970.23	\$2,362.62	\$2,924.12	\$1,530.55
12-13*	\$900.93	\$2,293.32	\$2,854.82	\$1,461.25
13-14	\$831.62	\$2,224.01	\$2,785.51	\$1,391.94
14-15	\$762.32	\$2,154.71	\$2,716.21	\$1,322.64
15-16	\$693.02	\$2,085.41	\$2,646.91	\$1,253.34
16-17	\$623.72	\$2,016.11	\$2,577.61	\$1,184.04
17-18	\$554.42	\$1,946.81	\$2,508.31	\$1,114.74
18-19	\$485.11	\$1,877.50	\$2,439.00	\$1,045.43
19-20	\$415.81	\$1,808.20	\$2,369.70	\$976.13
20-21	\$346.51	\$1,738.90	\$2,300.40	\$906.83
21-22	\$277.21	\$1,669.60	\$2,231.10	\$837.53
22-23	\$207.91	\$1,600.30	\$2,161.80	\$768.23
23-24	\$138.60	\$1,530.99	\$2,092.49	\$698.92
24-25	\$69.30	\$1,461.69	\$2,023.19	\$629.62
25 or more	\$0.00	\$1,392.39	\$1,953.89	\$560.32
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$866.27	\$2,258.66	\$2,820.16	\$1,426.59
COBRA	\$1,767.20	\$3,187.44	\$3,760.17	\$2,338.73

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)

Years of Service	Retiree Only 240	Retiree & Spouse - Retiree w/ Medicare (Plan III Benchmark) 241 ⁽¹⁾ /242	Retiree & Spouse - Dependent w/ Medicare (Plan I, II Benchmark) 241/242 ⁽²⁾	Retiree & Spouse - Both w/ Medicare (Plan III Benchmark) 243
Less than 10*	\$702.39	\$2,249.31	\$2,249.31	\$1,399.63
10-11*	\$421.43	\$1,968.35	\$1,556.29	\$1,118.67
11-12*	\$393.34	\$1,940.26	\$1,486.99	\$1,090.58
12-13*	\$365.24	\$1,912.16	\$1,417.69	\$1,062.48
13-14	\$337.15	\$1,884.07	\$1,348.38	\$1,034.39
14-15	\$309.05	\$1,855.97	\$1,279.08	\$1,006.29
15-16	\$280.96	\$1,827.88	\$1,209.78	\$978.20
16-17	\$252.86	\$1,799.78	\$1,140.48	\$950.10
17-18	\$224.76	\$1,771.68	\$1,071.18	\$922.00
18-19	\$196.67	\$1,743.59	\$1,001.87	\$893.91
19-20	\$168.57	\$1,715.49	\$932.57	\$865.81
20-21	\$140.48	\$1,687.40	\$863.27	\$837.72
21-22	\$112.38	\$1,659.30	\$793.97	\$809.62
22-23	\$84.29	\$1,631.21	\$724.67	\$781.53
23-24	\$56.19	\$1,603.11	\$655.36	\$753.43
24-25	\$28.10	\$1,575.02	\$586.06	\$725.34
25 or more	\$0.00	\$1,546.92	\$516.76	\$697.24

**If you are on a service connected disability retirement with less than 13 years of service, you pay:*

	\$351.19	\$1,898.11	\$1,383.03	\$1,048.43
COBRA	\$716.44	\$2,294.30	\$2,294.30	\$1,427.62

⁽¹⁾ Non-Medicare has Anthem Blue Cross I

⁽²⁾ Non-Medicare has Anthem Blue Cross II

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)

Years of Service	Retiree with Medicare and Children 244 ⁽³⁾ /245 ⁽⁴⁾	Retiree & Children - Dependent w/ Medicare (Plan I & II Benchmark) 244 ⁽³⁾ /245 ⁽⁴⁾	Retiree, Spouse, & Children - Retiree w/ Medicare (Plan III Benchmark) 246 ⁽³⁾ /247 ⁽⁴⁾	Retiree, Spouse, & Children - 1 Dependent w/ Medicare (Plan I, II Benchmark) 246 ⁽³⁾ /247 ⁽⁴⁾	Retiree, Spouse, & Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 248 ⁽³⁾ /249 ⁽⁴⁾	Retiree, Spouse, & Children - Dependent + 1 w/ Medicare (Plan I, II Benchmark) 248 ⁽³⁾ /249 ⁽⁴⁾	Retiree, Spouse, & Children - each w/ Medicare (Plan III Benchmark) 250 ⁽⁵⁾
Less than 10*	\$1,259.01	\$1,259.01	\$2,805.74	\$2,805.74	\$1,955.97	\$1,955.97	\$2,192.25
10-11*	\$978.05	\$755.41	\$2,524.78	\$2,112.72	\$1,675.01	\$1,262.95	\$1,911.29
11-12*	\$949.96	\$705.05	\$2,496.69	\$2,043.42	\$1,646.92	\$1,193.65	\$1,883.20
12-13*	\$921.86	\$654.69	\$2,468.59	\$1,974.12	\$1,618.82	\$1,124.35	\$1,855.10
13-14	\$893.77	\$604.32	\$2,440.50	\$1,904.81	\$1,590.73	\$1,055.04	\$1,827.01
14-15	\$865.67	\$553.96	\$2,412.40	\$1,835.51	\$1,562.63	\$985.74	\$1,798.91
15-16	\$837.58	\$503.60	\$2,384.31	\$1,766.21	\$1,534.54	\$916.44	\$1,770.82
16-17	\$809.48	\$453.24	\$2,356.21	\$1,696.91	\$1,506.44	\$847.14	\$1,742.72
17-18	\$781.38	\$402.88	\$2,328.11	\$1,627.61	\$1,478.34	\$777.84	\$1,714.62
18-19	\$753.29	\$352.52	\$2,300.02	\$1,558.30	\$1,450.25	\$708.53	\$1,686.53
19-20	\$725.19	\$302.16	\$2,271.92	\$1,489.00	\$1,422.15	\$639.23	\$1,658.43
20-21	\$697.10	\$251.80	\$2,243.83	\$1,419.70	\$1,394.06	\$569.93	\$1,630.34
21-22	\$669.00	\$201.44	\$2,215.73	\$1,350.40	\$1,365.96	\$500.63	\$1,602.24
22-23	\$640.91	\$151.08	\$2,187.64	\$1,281.10	\$1,337.87	\$431.33	\$1,574.15
23-24	\$612.81	\$100.72	\$2,159.54	\$1,211.79	\$1,309.77	\$362.02	\$1,546.05
24-25	\$584.72	\$50.36	\$2,131.45	\$1,142.49	\$1,281.68	\$292.72	\$1,517.96
25 or more	\$556.62	\$0.00	\$2,103.35	\$1,073.19	\$1,253.58	\$223.42	\$1,489.86
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$907.81	\$629.50	\$2,454.54	\$1,939.46	\$1,604.77	\$1,089.69	\$1,841.05
COBRA	\$1,284.19	\$1,284.19	\$2,861.85	\$2,861.85	\$1,995.09	\$1,995.09	\$2,236.10

⁽³⁾ Non-Medicare has Anthem Blue Cross I

⁽⁴⁾ Non-Medicare has Anthem Blue Cross II

⁽⁵⁾ 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, 2026
Tier 2 - 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*	\$1,256.76	\$2,474.27	\$2,792.57	\$1,615.74
10-11*	\$754.06	\$1,781.25	\$2,099.55	\$969.44
11-12*	\$703.79	\$1,711.95	\$2,030.25	\$904.81
12-13*	\$653.52	\$1,642.65	\$1,960.95	\$840.18
13-14	\$603.24	\$1,573.34	\$1,891.64	\$775.56
14-15	\$552.97	\$1,504.04	\$1,822.34	\$710.93
15-16	\$502.70	\$1,434.74	\$1,753.04	\$646.30
16-17	\$452.43	\$1,365.44	\$1,683.74	\$581.67
17-18	\$402.16	\$1,296.14	\$1,614.44	\$517.04
18-19	\$351.89	\$1,226.83	\$1,545.13	\$452.41
19-20	\$301.62	\$1,157.53	\$1,475.83	\$387.78
20-21	\$251.35	\$1,088.23	\$1,406.53	\$323.15
21-22	\$201.08	\$1,018.93	\$1,337.23	\$258.52
22-23	\$150.81	\$949.63	\$1,267.93	\$193.89
23-24	\$100.54	\$880.32	\$1,198.62	\$129.26
24-25	\$50.27	\$811.02	\$1,129.32	\$64.63
25 or more	\$0.00	\$741.72	\$1,060.02	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$628.38	\$1,607.99	\$1,926.29	\$807.87
COBRA	\$1,281.90	\$2,523.76	\$2,848.42	\$1,648.05

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - Cigna Network Model Plan

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$2,275.56	\$4,110.29	\$4,853.54	\$3,019.91
10-11*	\$1,582.54	\$3,417.27	\$4,160.52	\$2,326.89
11-12*	\$1,513.24	\$3,347.97	\$4,091.22	\$2,257.59
12-13*	\$1,443.94	\$3,278.67	\$4,021.92	\$2,188.29
13-14	\$1,374.63	\$3,209.36	\$3,952.61	\$2,118.98
14-15	\$1,305.33	\$3,140.06	\$3,883.31	\$2,049.68
15-16	\$1,236.03	\$3,070.76	\$3,814.01	\$1,980.38
16-17	\$1,166.73	\$3,001.46	\$3,744.71	\$1,911.08
17-18	\$1,097.43	\$2,932.16	\$3,675.41	\$1,841.78
18-19	\$1,028.12	\$2,862.85	\$3,606.10	\$1,772.47
19-20	\$958.82	\$2,793.55	\$3,536.80	\$1,703.17
20-21	\$889.52	\$2,724.25	\$3,467.50	\$1,633.87
21-22	\$820.22	\$2,654.95	\$3,398.20	\$1,564.57
22-23	\$750.92	\$2,585.65	\$3,328.90	\$1,495.27
23-24	\$681.61	\$2,516.34	\$3,259.59	\$1,425.96
24-25	\$612.31	\$2,447.04	\$3,190.29	\$1,356.66
25 or more	\$543.01	\$2,377.74	\$3,120.99	\$1,287.36
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,409.28	\$3,244.01	\$3,987.26	\$2,153.63
COBRA	\$2,321.07	\$4,192.50	\$4,950.61	\$3,080.31

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree Basic (Under 65) 401	Retiree with Medicare 403
Less than 10*	\$1,723.73	\$304.53
10-11*	\$1,034.24	\$182.72
11-12*	\$965.29	\$170.54
12-13*	\$896.34	\$158.36
13-14	\$827.39	\$146.17
14-15	\$758.44	\$133.99
15-16	\$689.49	\$121.81
16-17	\$620.54	\$109.63
17-18	\$551.59	\$97.45
18-19	\$482.64	\$85.27
19-20	\$413.70	\$73.09
20-21	\$344.75	\$60.91
21-22	\$275.80	\$48.72
22-23	\$206.85	\$36.54
23-24	\$137.90	\$24.36
24-25	\$68.95	\$12.18
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>		
	\$861.86	\$152.26
COBRA	\$1,758.20	\$310.62

Deduct Codes:

401 - "Basic"

403 - "Senior Advantage"

Los Angeles County Employees Retirement Association

Rates Effective July 1, 2026

Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family (Basic) 411	Retiree & Family (Retiree w/ Medicare) 413	Two or more Family members with Medicare 418	Retiree & Family (Dependent w/ Medicare) 419
Less than 10*	\$3,062.00	\$1,642.80	\$601.06	\$2,020.26
10-11*	\$2,368.98	\$1,361.84	\$360.64	\$1,327.24
11-12*	\$2,299.68	\$1,333.75	\$336.59	\$1,257.94
12-13*	\$2,230.38	\$1,305.65	\$312.55	\$1,188.64
13-14	\$2,161.07	\$1,277.56	\$288.51	\$1,119.33
14-15	\$2,091.77	\$1,249.46	\$264.47	\$1,050.03
15-16	\$2,022.47	\$1,221.37	\$240.42	\$980.73
16-17	\$1,953.17	\$1,193.27	\$216.38	\$911.43
17-18	\$1,883.87	\$1,165.17	\$192.34	\$842.13
18-19	\$1,814.56	\$1,137.08	\$168.30	\$772.82
19-20	\$1,745.26	\$1,108.98	\$144.25	\$703.52
20-21	\$1,675.96	\$1,080.89	\$120.21	\$634.22
21-22	\$1,606.66	\$1,052.79	\$96.17	\$564.92
22-23	\$1,537.36	\$1,024.70	\$72.13	\$495.62
23-24	\$1,468.05	\$996.60	\$48.08	\$426.31
24-25	\$1,398.75	\$968.51	\$24.04	\$357.01
25 or more	\$1,329.45	\$940.41	\$0.00	\$287.71
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$2,195.72	\$1,291.60	\$300.53	\$1,153.98
COBRA	\$3,123.24	\$1,675.66	\$613.08	\$2,060.67

Deduct Codes:

411 - All family members are "Basic"

413 - Retiree is "Senior Advantage"; others are "Basic"

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

419 - Retiree is "Basic"; others are "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
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*	\$1,421.80	\$297.90	\$3,146.79	\$4,249.55	\$1,711.70	\$1,711.70
10-11*	\$853.08	\$178.74	\$2,453.77	\$3,556.53	\$1,430.74	\$1,027.02
11-12*	\$796.21	\$166.82	\$2,384.47	\$3,487.23	\$1,402.65	\$958.55
12-13*	\$739.34	\$154.91	\$2,315.17	\$3,417.93	\$1,374.55	\$890.08
13-14	\$682.46	\$142.99	\$2,245.86	\$3,348.62	\$1,346.46	\$821.62
14-15	\$625.59	\$131.08	\$2,176.56	\$3,279.32	\$1,318.36	\$753.15
15-16	\$568.72	\$119.16	\$2,107.26	\$3,210.02	\$1,290.27	\$684.68
16-17	\$511.85	\$107.24	\$2,037.96	\$3,140.72	\$1,262.17	\$616.21
17-18	\$454.98	\$95.33	\$1,968.66	\$3,071.42	\$1,234.07	\$547.74
18-19	\$398.10	\$83.41	\$1,899.35	\$3,002.11	\$1,205.98	\$479.28
19-20	\$341.23	\$71.50	\$1,830.05	\$2,932.81	\$1,177.88	\$410.81
20-21	\$284.36	\$59.58	\$1,760.75	\$2,863.51	\$1,149.79	\$342.34
21-22	\$227.49	\$47.66	\$1,691.45	\$2,794.21	\$1,121.69	\$273.87
22-23	\$170.62	\$35.75	\$1,622.15	\$2,724.91	\$1,093.60	\$205.40
23-24	\$113.74	\$23.83	\$1,552.84	\$2,655.60	\$1,065.50	\$136.94
24-25	\$56.87	\$11.92	\$1,483.54	\$2,586.30	\$1,037.41	\$68.47
25 or more	\$0.00	\$0.00	\$1,414.24	\$2,517.00	\$1,009.31	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$710.90	\$148.95	\$2,280.51	\$3,383.27	\$1,360.50	\$855.85
COBRA	\$1,450.24	\$303.86	\$3,209.73	\$4,334.54	\$1,745.93	\$1,745.93

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, 2026
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	\$3,043.28	\$3,043.28	\$2,001.60	\$2,001.60
10-11*	\$352.68	\$2,762.32	\$2,350.26	\$1,720.64	\$1,308.58
11-12*	\$329.17	\$2,734.23	\$2,280.96	\$1,692.55	\$1,239.28
12-13*	\$305.66	\$2,706.13	\$2,211.66	\$1,664.45	\$1,169.98
13-14	\$282.14	\$2,678.04	\$2,142.35	\$1,636.36	\$1,100.67
14-15	\$258.63	\$2,649.94	\$2,073.05	\$1,608.26	\$1,031.37
15-16	\$235.12	\$2,621.85	\$2,003.75	\$1,580.17	\$962.07
16-17	\$211.61	\$2,593.75	\$1,934.45	\$1,552.07	\$892.77
17-18	\$188.10	\$2,565.65	\$1,865.15	\$1,523.97	\$823.47
18-19	\$164.58	\$2,537.56	\$1,795.84	\$1,495.88	\$754.16
19-20	\$141.07	\$2,509.46	\$1,726.54	\$1,467.78	\$684.86
20-21	\$117.56	\$2,481.37	\$1,657.24	\$1,439.69	\$615.56
21-22	\$94.05	\$2,453.27	\$1,587.94	\$1,411.59	\$546.26
22-23	\$70.54	\$2,425.18	\$1,518.64	\$1,383.50	\$476.96
23-24	\$47.02	\$2,397.08	\$1,449.33	\$1,355.40	\$407.65
24-25	\$23.51	\$2,368.99	\$1,380.03	\$1,327.31	\$338.35
25 or more	\$0.00	\$2,340.89	\$1,310.73	\$1,299.21	\$269.05
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$293.90	\$2,692.08	\$2,177.00	\$1,650.40	\$1,135.32
COBRA	\$599.56	\$3,104.15	\$3,104.15	\$2,041.63	\$2,041.63

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, 2026
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree Only 443	Retiree Only 461	Retiree Only 462	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 463	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 463
Less than 10*	\$426.86	\$1,780.87	\$426.86	\$3,553.74	\$3,553.74
10-11*	\$256.12	\$1,087.85	\$256.12	\$3,272.78	\$2,860.72
11-12*	\$239.04	\$1,018.55	\$239.04	\$3,244.69	\$2,791.42
12-13*	\$221.97	\$949.25	\$221.97	\$3,216.59	\$2,722.12
13-14	\$204.89	\$879.94	\$204.89	\$3,188.50	\$2,652.81
14-15	\$187.82	\$810.64	\$187.82	\$3,160.40	\$2,583.51
15-16	\$170.74	\$741.34	\$170.74	\$3,132.31	\$2,514.21
16-17	\$153.67	\$672.04	\$153.67	\$3,104.21	\$2,444.91
17-18	\$136.60	\$602.74	\$136.60	\$3,076.11	\$2,375.61
18-19	\$119.52	\$533.43	\$119.52	\$3,048.02	\$2,306.30
19-20	\$102.45	\$464.13	\$102.45	\$3,019.92	\$2,237.00
20-21	\$85.37	\$394.83	\$85.37	\$2,991.83	\$2,167.70
21-22	\$68.30	\$325.53	\$68.30	\$2,963.73	\$2,098.40
22-23	\$51.22	\$256.23	\$51.22	\$2,935.64	\$2,029.10
23-24	\$34.15	\$186.92	\$34.15	\$2,907.54	\$1,959.79
24-25	\$17.07	\$117.62	\$17.07	\$2,879.45	\$1,890.49
25 or more	\$0.00	\$48.32	\$0.00	\$2,851.35	\$1,821.19
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$213.43	\$914.59	\$213.43	\$3,202.54	\$2,687.46
COBRA	\$435.40	\$1,816.49	\$435.40	\$3,624.81	\$3,624.81

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, 2026
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree & Family 464	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 465	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 465
Less than 10*	\$5,326.61	\$2,199.73	\$2,199.73
10-11*	\$4,633.59	\$1,918.77	\$1,506.71
11-12*	\$4,564.29	\$1,890.68	\$1,437.41
12-13*	\$4,494.99	\$1,862.58	\$1,368.11
13-14	\$4,425.68	\$1,834.49	\$1,298.80
14-15	\$4,356.38	\$1,806.39	\$1,229.50
15-16	\$4,287.08	\$1,778.30	\$1,160.20
16-17	\$4,217.78	\$1,750.20	\$1,090.90
17-18	\$4,148.48	\$1,722.10	\$1,021.60
18-19	\$4,079.17	\$1,694.01	\$952.29
19-20	\$4,009.87	\$1,665.91	\$882.99
20-21	\$3,940.57	\$1,637.82	\$813.69
21-22	\$3,871.27	\$1,609.72	\$744.39
22-23	\$3,801.97	\$1,581.63	\$675.09
23-24	\$3,732.66	\$1,553.53	\$605.78
24-25	\$3,663.36	\$1,525.44	\$536.48
25 or more	\$3,594.06	\$1,497.34	\$467.18
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$4,460.33	\$1,848.53	\$1,333.45
COBRA	\$5,433.14	\$2,243.72	\$2,243.72

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, 2026
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree & Family 466	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 467	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 467	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 468	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 468
Less than 10*	\$845.72	\$3,972.60	\$3,972.60	\$2,618.59	\$2,618.59
10-11*	\$564.76	\$3,691.64	\$3,279.58	\$2,337.63	\$1,925.57
11-12*	\$536.67	\$3,663.55	\$3,210.28	\$2,309.54	\$1,856.27
12-13*	\$508.57	\$3,635.45	\$3,140.98	\$2,281.44	\$1,786.97
13-14	\$480.48	\$3,607.36	\$3,071.67	\$2,253.35	\$1,717.66
14-15	\$452.38	\$3,579.26	\$3,002.37	\$2,225.25	\$1,648.36
15-16	\$424.29	\$3,551.17	\$2,933.07	\$2,197.16	\$1,579.06
16-17	\$396.19	\$3,523.07	\$2,863.77	\$2,169.06	\$1,509.76
17-18	\$368.09	\$3,494.97	\$2,794.47	\$2,140.96	\$1,440.46
18-19	\$340.00	\$3,466.88	\$2,725.16	\$2,112.87	\$1,371.15
19-20	\$311.90	\$3,438.78	\$2,655.86	\$2,084.77	\$1,301.85
20-21	\$283.81	\$3,410.69	\$2,586.56	\$2,056.68	\$1,232.55
21-22	\$255.71	\$3,382.59	\$2,517.26	\$2,028.58	\$1,163.25
22-23	\$227.62	\$3,354.50	\$2,447.96	\$2,000.49	\$1,093.95
23-24	\$199.52	\$3,326.40	\$2,378.65	\$1,972.39	\$1,024.64
24-25	\$171.43	\$3,298.31	\$2,309.35	\$1,944.30	\$955.34
25 or more	\$143.33	\$3,270.21	\$2,240.05	\$1,916.20	\$886.04
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$494.52	\$3,621.40	\$3,106.32	\$2,267.39	\$1,752.31
COBRA	\$862.63	\$4,052.05	\$4,052.05	\$2,670.96	\$2,670.96

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, 2026
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 469	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 469	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 470	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 470
Less than 10*	\$1,264.58	\$1,264.58	\$3,972.60	\$3,972.60
10-11*	\$983.62	\$758.75	\$3,691.64	\$3,279.58
11-12*	\$955.53	\$708.16	\$3,663.55	\$3,210.28
12-13*	\$927.43	\$657.58	\$3,635.45	\$3,140.98
13-14	\$899.34	\$607.00	\$3,607.36	\$3,071.67
14-15	\$871.24	\$556.42	\$3,579.26	\$3,002.37
15-16	\$843.15	\$505.83	\$3,551.17	\$2,933.07
16-17	\$815.05	\$455.25	\$3,523.07	\$2,863.77
17-18	\$786.95	\$404.67	\$3,494.97	\$2,794.47
18-19	\$758.86	\$354.08	\$3,466.88	\$2,725.16
19-20	\$730.76	\$303.50	\$3,438.78	\$2,655.86
20-21	\$702.67	\$252.92	\$3,410.69	\$2,586.56
21-22	\$674.57	\$202.33	\$3,382.59	\$2,517.26
22-23	\$646.48	\$151.75	\$3,354.50	\$2,447.96
23-24	\$618.38	\$101.17	\$3,326.40	\$2,378.65
24-25	\$590.29	\$50.58	\$3,298.31	\$2,309.35
25 or more	\$562.19	\$0.00	\$3,270.21	\$2,240.05
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$913.38	\$632.29	\$3,621.40	\$3,106.32
COBRA	\$1,289.87	\$1,289.87	\$4,052.05	\$4,052.05

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, 2026
Tier 2 - Kaiser Permanente Hawaii

Years of Service	Retiree Only 471	Retiree Only 472	Retiree & Dependent 474	Retiree & Family 475
Less than 10*	\$1,060.57	\$449.49	\$2,113.14	\$3,165.71
10-11*	\$636.34	\$269.69	\$1,420.12	\$2,472.69
11-12*	\$593.92	\$251.71	\$1,350.82	\$2,403.39
12-13*	\$551.50	\$233.73	\$1,281.52	\$2,334.09
13-14	\$509.07	\$215.76	\$1,212.21	\$2,264.78
14-15	\$466.65	\$197.78	\$1,142.91	\$2,195.48
15-16	\$424.23	\$179.80	\$1,073.61	\$2,126.18
16-17	\$381.81	\$161.82	\$1,004.31	\$2,056.88
17-18	\$339.38	\$143.84	\$935.01	\$1,987.58
18-19	\$296.96	\$125.86	\$865.70	\$1,918.27
19-20	\$254.54	\$107.88	\$796.40	\$1,848.97
20-21	\$212.11	\$89.90	\$727.10	\$1,779.67
21-22	\$169.69	\$71.92	\$657.80	\$1,710.37
22-23	\$127.27	\$53.94	\$588.50	\$1,641.07
23-24	\$84.85	\$35.96	\$519.19	\$1,571.76
24-25	\$42.42	\$17.98	\$449.89	\$1,502.46
25 or more	\$0.00	\$0.00	\$380.59	\$1,433.16
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$530.28	\$224.74	\$1,246.86	\$2,299.43
COBRA	\$1,081.78	\$458.48	\$2,155.40	\$3,229.02

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, 2026
Tier 2 - Kaiser Permanente Hawaii

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 476	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 476	Retiree & Family 478
Less than 10*	\$1,502.06	\$1,502.06	\$890.98
10-11*	\$1,221.10	\$901.24	\$610.02
11-12*	\$1,193.01	\$841.15	\$581.93
12-13*	\$1,164.91	\$781.07	\$553.83
13-14	\$1,136.82	\$720.99	\$525.74
14-15	\$1,108.72	\$660.91	\$497.64
15-16	\$1,080.63	\$600.82	\$469.55
16-17	\$1,052.53	\$540.74	\$441.45
17-18	\$1,024.43	\$480.66	\$413.35
18-19	\$996.34	\$420.58	\$385.26
19-20	\$968.24	\$360.49	\$357.16
20-21	\$940.15	\$300.41	\$329.07
21-22	\$912.05	\$240.33	\$300.97
22-23	\$883.96	\$180.25	\$272.88
23-24	\$855.86	\$120.16	\$244.78
24-25	\$827.77	\$60.08	\$216.69
25 or more	\$799.67	\$0.00	\$188.59
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,150.86	\$751.03	\$539.78
COBRA	\$1,532.10	\$1,532.10	\$908.80

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, 2026
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,617.88	\$609.76	\$3,227.76	\$4,837.64
10-11*	\$970.73	\$365.86	\$2,534.74	\$4,144.62
11-12*	\$906.01	\$341.47	\$2,465.44	\$4,075.32
12-13*	\$841.30	\$317.08	\$2,396.14	\$4,006.02
13-14	\$776.58	\$292.68	\$2,326.83	\$3,936.71
14-15	\$711.87	\$268.29	\$2,257.53	\$3,867.41
15-16	\$647.15	\$243.90	\$2,188.23	\$3,798.11
16-17	\$582.44	\$219.51	\$2,118.93	\$3,728.81
17-18	\$517.72	\$195.12	\$2,049.63	\$3,659.51
18-19	\$453.01	\$170.73	\$1,980.32	\$3,590.20
19-20	\$388.29	\$146.34	\$1,911.02	\$3,520.90
20-21	\$323.58	\$121.95	\$1,841.72	\$3,451.60
21-22	\$258.86	\$97.56	\$1,772.42	\$3,382.30
22-23	\$194.15	\$73.17	\$1,703.12	\$3,313.00
23-24	\$129.43	\$48.78	\$1,633.81	\$3,243.69
24-25	\$64.72	\$24.39	\$1,564.51	\$3,174.39
25 or more	\$0.00	\$0.00	\$1,495.21	\$3,105.09
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$808.94	\$304.88	\$2,361.48	\$3,971.36
COBRA	\$1,650.24	\$621.96	\$3,292.32	\$4,934.39

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, 2026
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 486	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 486	Retiree & Family 488
Less than 10*	\$2,219.64	\$2,219.64	\$1,211.52
10-11*	\$1,938.68	\$1,526.62	\$930.56
11-12*	\$1,910.59	\$1,457.32	\$902.47
12-13*	\$1,882.49	\$1,388.02	\$874.37
13-14	\$1,854.40	\$1,318.71	\$846.28
14-15	\$1,826.30	\$1,249.41	\$818.18
15-16	\$1,798.21	\$1,180.11	\$790.09
16-17	\$1,770.11	\$1,110.81	\$761.99
17-18	\$1,742.01	\$1,041.51	\$733.89
18-19	\$1,713.92	\$972.20	\$705.80
19-20	\$1,685.82	\$902.90	\$677.70
20-21	\$1,657.73	\$833.60	\$649.61
21-22	\$1,629.63	\$764.30	\$621.51
22-23	\$1,601.54	\$695.00	\$593.42
23-24	\$1,573.44	\$625.69	\$565.32
24-25	\$1,545.35	\$556.39	\$537.23
25 or more	\$1,517.25	\$487.09	\$509.13
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,868.44	\$1,353.36	\$860.32
COBRA	\$2,264.03	\$2,264.03	\$1,235.75

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, 2026
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 493	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 493	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 494	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 494
Less than 10*	\$3,829.52	\$3,829.52	\$2,821.40	\$2,821.40
10-11*	\$3,548.56	\$3,136.50	\$2,540.44	\$2,128.38
11-12*	\$3,520.47	\$3,067.20	\$2,512.35	\$2,059.08
12-13*	\$3,492.37	\$2,997.90	\$2,484.25	\$1,989.78
13-14	\$3,464.28	\$2,928.59	\$2,456.16	\$1,920.47
14-15	\$3,436.18	\$2,859.29	\$2,428.06	\$1,851.17
15-16	\$3,408.09	\$2,789.99	\$2,399.97	\$1,781.87
16-17	\$3,379.99	\$2,720.69	\$2,371.87	\$1,712.57
17-18	\$3,351.89	\$2,651.39	\$2,343.77	\$1,643.27
18-19	\$3,323.80	\$2,582.08	\$2,315.68	\$1,573.96
19-20	\$3,295.70	\$2,512.78	\$2,287.58	\$1,504.66
20-21	\$3,267.61	\$2,443.48	\$2,259.49	\$1,435.36
21-22	\$3,239.51	\$2,374.18	\$2,231.39	\$1,366.06
22-23	\$3,211.42	\$2,304.88	\$2,203.30	\$1,296.76
23-24	\$3,183.32	\$2,235.57	\$2,175.20	\$1,227.45
24-25	\$3,155.23	\$2,166.27	\$2,147.11	\$1,158.15
25 or more	\$3,127.13	\$2,096.97	\$2,119.01	\$1,088.85
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$3,478.32	\$2,963.24	\$2,470.20	\$1,955.12
COBRA	\$3,906.11	\$3,906.11	\$2,877.83	\$2,877.83

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, 2026
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*	\$2,193.53	\$450.78	\$4,089.26	\$6,841.93	\$2,346.51	\$2,346.51
10-11*	\$1,500.51	\$270.47	\$3,396.24	\$6,148.91	\$2,065.55	\$1,653.49
11-12*	\$1,431.21	\$252.44	\$3,326.94	\$6,079.61	\$2,037.46	\$1,584.19
12-13*	\$1,361.91	\$234.41	\$3,257.64	\$6,010.31	\$2,009.36	\$1,514.89
13-14	\$1,292.60	\$216.37	\$3,188.33	\$5,941.00	\$1,981.27	\$1,445.58
14-15	\$1,223.30	\$198.34	\$3,119.03	\$5,871.70	\$1,953.17	\$1,376.28
15-16	\$1,154.00	\$180.31	\$3,049.73	\$5,802.40	\$1,925.08	\$1,306.98
16-17	\$1,084.70	\$162.28	\$2,980.43	\$5,733.10	\$1,896.98	\$1,237.68
17-18	\$1,015.40	\$144.25	\$2,911.13	\$5,663.80	\$1,868.88	\$1,168.38
18-19	\$946.09	\$126.22	\$2,841.82	\$5,594.49	\$1,840.79	\$1,099.07
19-20	\$876.79	\$108.19	\$2,772.52	\$5,525.19	\$1,812.69	\$1,029.77
20-21	\$807.49	\$90.16	\$2,703.22	\$5,455.89	\$1,784.60	\$960.47
21-22	\$738.19	\$72.12	\$2,633.92	\$5,386.59	\$1,756.50	\$891.17
22-23	\$668.89	\$54.09	\$2,564.62	\$5,317.29	\$1,728.41	\$821.87
23-24	\$599.58	\$36.06	\$2,495.31	\$5,247.98	\$1,700.31	\$752.56
24-25	\$530.28	\$18.03	\$2,426.01	\$5,178.68	\$1,672.22	\$683.26
25 or more	\$460.98	\$0.00	\$2,356.71	\$5,109.38	\$1,644.12	\$613.96

**If you are on a service connected disability retirement with less than 13 years of service, you pay:*

	\$1,327.25	\$225.39	\$3,222.98	\$5,975.65	\$1,995.31	\$1,480.23
COBRA	\$2,237.40	\$459.80	\$4,171.05	\$6,978.77	\$2,393.44	\$2,393.44

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, 2026
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*	\$893.56	\$5,099.18	\$5,099.18	\$3,646.23	\$3,646.23
10-11*	\$612.60	\$4,818.22	\$4,406.16	\$3,365.27	\$2,953.21
11-12*	\$584.51	\$4,790.13	\$4,336.86	\$3,337.18	\$2,883.91
12-13*	\$556.41	\$4,762.03	\$4,267.56	\$3,309.08	\$2,814.61
13-14	\$528.32	\$4,733.94	\$4,198.25	\$3,280.99	\$2,745.30
14-15	\$500.22	\$4,705.84	\$4,128.95	\$3,252.89	\$2,676.00
15-16	\$472.13	\$4,677.75	\$4,059.65	\$3,224.80	\$2,606.70
16-17	\$444.03	\$4,649.65	\$3,990.35	\$3,196.70	\$2,537.40
17-18	\$415.93	\$4,621.55	\$3,921.05	\$3,168.60	\$2,468.10
18-19	\$387.84	\$4,593.46	\$3,851.74	\$3,140.51	\$2,398.79
19-20	\$359.74	\$4,565.36	\$3,782.44	\$3,112.41	\$2,329.49
20-21	\$331.65	\$4,537.27	\$3,713.14	\$3,084.32	\$2,260.19
21-22	\$303.55	\$4,509.17	\$3,643.84	\$3,056.22	\$2,190.89
22-23	\$275.46	\$4,481.08	\$3,574.54	\$3,028.13	\$2,121.59
23-24	\$247.36	\$4,452.98	\$3,505.23	\$3,000.03	\$2,052.28
24-25	\$219.27	\$4,424.89	\$3,435.93	\$2,971.94	\$1,982.98
25 or more	\$191.17	\$4,396.79	\$3,366.63	\$2,943.84	\$1,913.68
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$542.36	\$4,747.98	\$4,232.90	\$3,295.03	\$2,779.95
COBRA	\$911.43	\$5,201.16	\$5,201.16	\$3,719.15	\$3,719.15

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, 2026
Tier 2 - SCAN Health Plan California

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$287.03	\$566.06
10-11*	\$172.22	\$339.64
11-12*	\$160.74	\$316.99
12-13*	\$149.26	\$294.35
13-14	\$137.77	\$271.71
14-15	\$126.29	\$249.07
15-16	\$114.81	\$226.42
16-17	\$103.33	\$203.78
17-18	\$91.85	\$181.14
18-19	\$80.37	\$158.50
19-20	\$68.89	\$135.85
20-21	\$57.41	\$113.21
21-22	\$45.92	\$90.57
22-23	\$34.44	\$67.93
23-24	\$22.96	\$45.28
24-25	\$11.48	\$22.64
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>		
	\$143.51	\$283.03
COBRA	\$292.77	\$577.38

⁽¹⁾ 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, 2026
Tier 2 - SCAN Health Plan Arizona

Years of Service	Retiree Only with SCAN 620	Retiree & 1 Dependent - Both with SCAN 621 ⁽¹⁾
Less than 10*	\$287.03	\$566.06
10-11*	\$172.22	\$339.64
11-12*	\$160.74	\$316.99
12-13*	\$149.26	\$294.35
13-14	\$137.77	\$271.71
14-15	\$126.29	\$249.07
15-16	\$114.81	\$226.42
16-17	\$103.33	\$203.78
17-18	\$91.85	\$181.14
18-19	\$80.37	\$158.50
19-20	\$68.89	\$135.85
20-21	\$57.41	\$113.21
21-22	\$45.92	\$90.57
22-23	\$34.44	\$67.93
23-24	\$22.96	\$45.28
24-25	\$11.48	\$22.64
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>		
	\$143.51	\$283.03
COBRA	\$292.77	\$577.38

⁽¹⁾ 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, 2026
Tier 2 - SCAN Health Plan Nevada

Years of Service	Retiree Only with SCAN 622	Retiree & 1 Dependent - Both with SCAN 623 ⁽¹⁾
Less than 10*	\$287.03	\$566.06
10-11*	\$172.22	\$339.64
11-12*	\$160.74	\$316.99
12-13*	\$149.26	\$294.35
13-14	\$137.77	\$271.71
14-15	\$126.29	\$249.07
15-16	\$114.81	\$226.42
16-17	\$103.33	\$203.78
17-18	\$91.85	\$181.14
18-19	\$80.37	\$158.50
19-20	\$68.89	\$135.85
20-21	\$57.41	\$113.21
21-22	\$45.92	\$90.57
22-23	\$34.44	\$67.93
23-24	\$22.96	\$45.28
24-25	\$11.48	\$22.64
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>		
	\$143.51	\$283.03
COBRA	\$292.77	\$577.38

⁽¹⁾ 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, 2026

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 ⁽¹⁾	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 ⁽¹⁾	Retiree & 2 or More Dependents - Retiree w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 704 ⁽²⁾	Retiree & 2 or More Dependents - Retiree + 1 w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 705 ⁽²⁾
Less than 10*	\$432.98	\$2,343.09	\$857.96	\$2,672.14	\$1,187.01
10-11*	\$259.79	\$2,062.13	\$577.00	\$2,391.18	\$906.05
11-12*	\$242.47	\$2,034.04	\$548.91	\$2,363.09	\$877.96
12-13*	\$225.15	\$2,005.94	\$520.81	\$2,334.99	\$849.86
13-14	\$207.83	\$1,977.85	\$492.72	\$2,306.90	\$821.77
14-15	\$190.51	\$1,949.75	\$464.62	\$2,278.80	\$793.67
15-16	\$173.19	\$1,921.66	\$436.53	\$2,250.71	\$765.58
16-17	\$155.87	\$1,893.56	\$408.43	\$2,222.61	\$737.48
17-18	\$138.55	\$1,865.46	\$380.33	\$2,194.51	\$709.38
18-19	\$121.23	\$1,837.37	\$352.24	\$2,166.42	\$681.29
19-20	\$103.92	\$1,809.27	\$324.14	\$2,138.32	\$653.19
20-21	\$86.60	\$1,781.18	\$296.05	\$2,110.23	\$625.10
21-22	\$69.28	\$1,753.08	\$267.95	\$2,082.13	\$597.00
22-23	\$51.96	\$1,724.99	\$239.86	\$2,054.04	\$568.91
23-24	\$34.64	\$1,696.89	\$211.76	\$2,025.94	\$540.81
24-25	\$17.32	\$1,668.80	\$183.67	\$1,997.85	\$512.72
25 or more	\$0.00	\$1,640.70	\$155.57	\$1,969.75	\$484.62
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$216.49	\$1,991.89	\$506.76	\$2,320.94	\$835.81
COBRA	\$441.64	\$2,389.95	\$875.12	\$2,725.58	\$1,210.75

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

⁽²⁾ 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, 2026
Tier 2 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,918.11	\$3,505.71	\$4,157.27
10-11*	\$1,225.09	\$2,812.69	\$3,464.25
11-12*	\$1,155.79	\$2,743.39	\$3,394.95
12-13*	\$1,086.49	\$2,674.09	\$3,325.65
13-14	\$1,017.18	\$2,604.78	\$3,256.34
14-15	\$947.88	\$2,535.48	\$3,187.04
15-16	\$878.58	\$2,466.18	\$3,117.74
16-17	\$809.28	\$2,396.88	\$3,048.44
17-18	\$739.98	\$2,327.58	\$2,979.14
18-19	\$670.67	\$2,258.27	\$2,909.83
19-20	\$601.37	\$2,188.97	\$2,840.53
20-21	\$532.07	\$2,119.67	\$2,771.23
21-22	\$462.77	\$2,050.37	\$2,701.93
22-23	\$393.47	\$1,981.07	\$2,632.63
23-24	\$324.16	\$1,911.76	\$2,563.32
24-25	\$254.86	\$1,842.46	\$2,494.02
25 or more	\$185.56	\$1,773.16	\$2,424.72
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,051.83	\$2,639.43	\$3,290.99
COBRA	\$1,956.47	\$3,575.82	\$4,240.42

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - Cigna Indemnity Dental/Vision

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$56.24	\$117.94
10-11*	\$33.74	\$70.76
11-12*	\$31.49	\$66.05
12-13*	\$29.24	\$61.33
13-14	\$27.00	\$56.61
14-15	\$24.75	\$51.89
15-16	\$22.50	\$47.18
16-17	\$20.25	\$42.46
17-18	\$18.00	\$37.74
18-19	\$15.75	\$33.02
19-20	\$13.50	\$28.31
20-21	\$11.25	\$23.59
21-22	\$9.00	\$18.87
22-23	\$6.75	\$14.15
23-24	\$4.50	\$9.44
24-25	\$2.25	\$4.72
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>		
	\$28.12	\$58.97
COBRA	\$57.36	\$120.30

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.63	\$95.53
10-11*	\$27.98	\$57.32
11-12*	\$26.11	\$53.50
12-13*	\$24.25	\$49.68
13-14	\$22.38	\$45.85
14-15	\$20.52	\$42.03
15-16	\$18.65	\$38.21
16-17	\$16.79	\$34.39
17-18	\$14.92	\$30.57
18-19	\$13.06	\$26.75
19-20	\$11.19	\$22.93
20-21	\$9.33	\$19.11
21-22	\$7.46	\$15.28
22-23	\$5.60	\$11.46
23-24	\$3.73	\$7.64
24-25	\$1.87	\$3.82
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>		
	\$23.31	\$47.76
COBRA	\$47.56	\$97.44

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - 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*	\$584.34	\$1,723.73	\$3,062.00	\$341.64	\$752.61	\$546.03	\$69.35	\$47.26
10-11*	\$350.60	\$1,034.24	\$2,368.98	\$204.98	\$451.57	\$327.62	\$69.35	\$28.36
11-12*	\$327.23	\$965.29	\$2,299.68	\$191.32	\$421.46	\$305.78	\$69.35	\$26.47
12-13*	\$303.86	\$896.34	\$2,230.38	\$177.65	\$391.36	\$283.94	\$69.35	\$24.58
13-14	\$280.48	\$827.39	\$2,161.07	\$163.99	\$361.25	\$262.09	\$69.35	\$22.68
14-15	\$257.11	\$758.44	\$2,091.77	\$150.32	\$331.15	\$240.25	\$69.35	\$20.79
15-16	\$233.74	\$689.49	\$2,022.47	\$136.66	\$301.04	\$218.41	\$69.35	\$18.90
16-17	\$210.36	\$620.54	\$1,953.17	\$122.99	\$270.94	\$196.57	\$69.35	\$17.01
17-18	\$186.99	\$551.59	\$1,883.87	\$109.32	\$240.84	\$174.73	\$69.35	\$15.12
18-19	\$163.62	\$482.64	\$1,814.56	\$95.66	\$210.73	\$152.89	\$69.35	\$13.23
19-20	\$140.24	\$413.70	\$1,745.26	\$81.99	\$180.63	\$131.05	\$69.35	\$11.34
20-21	\$116.87	\$344.75	\$1,675.96	\$68.33	\$150.52	\$109.21	\$69.35	\$9.45
21-22	\$93.49	\$275.80	\$1,606.66	\$54.66	\$120.42	\$87.36	\$69.35	\$7.56
22-23	\$70.12	\$206.85	\$1,537.36	\$41.00	\$90.31	\$65.52	\$69.35	\$5.67
23-24	\$46.75	\$137.90	\$1,468.05	\$27.33	\$60.21	\$43.68	\$69.35	\$3.78
24-25	\$23.37	\$68.95	\$1,398.75	\$13.67	\$30.10	\$21.84	\$69.35	\$1.89
25 or more	\$0.00	\$0.00	\$1,329.45	\$0.00	\$0.00	\$0.00	\$69.35	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$292.17	\$861.86	\$2,195.72	\$170.82	\$376.30	\$273.01	\$69.35	\$23.63
COBRA	\$596.03	\$1,758.20	\$3,123.24	\$348.47	\$767.66	\$556.95	\$70.74	\$48.21

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2026
Tier 2 - COBRA Rates - Kaiser

Kaiser - COBRA Rates	
Single "Basic"	\$1,758.20
Single "Senior Advantage"	\$310.62
Single "Excess"	\$1,758.20
All family members are "Basic"	\$3,123.24
One family member is "Senior Advantage"; others are "Basic"	\$1,675.66
One family member is "Excess"; others are "Basic"	\$3,123.24
Two or more family members are "Senior Advantage"	\$613.08
One family member is "Excess"; another is "Senior Advantage"	\$2,060.67
Two family members are "Excess"	\$3,123.24
Child under 26	\$1,758.20
Children under 26	\$3,123.24

Change Effective 7/1/2026

- Plans I, II and Prudent Buyer will increase the Lifetime Maximum Benefit from \$1.5 million to \$2.25 million.



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.

PPO

Product Unit	Product Name	Future Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	GrandFathered	Effective
All PPO	All PPO Other Changes		Maternal Mental Health Screening	<i>postnatal, and postpartum services includes maternal mental health screening and postpartum screening as required by law. The effective date of this mandate is 1/1/2025, however, language has been added to EOCs effective 1/1/2026</i>	CA Regulatory Required Change AB 1936	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Coverage for PANDAS and PANS	<i>treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) to the MH/SUD benefit. The effective date of this mandate is 1/1/2025, however, language has been added to EOCs effective 1/1/2026 and</i>	CA Regulatory Required Change AB 2105	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Essential Health Benefits	<i>includes integral items and services. Additionally, office visits associated with a preventive care service will be provided at no cost if the preventive care service is not billed separately, or is not tracked as an individual encounter separately, from the office visit and the primary purpose of the office visit is the delivery of the preventive care service. The effective date of this mandate is 1/1/2025, however, language has been added to EOCs effective 1/1/2026 and</i>	CA Regulatory Required Change AB 2258	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Behavioral Health and Wellness Screenings	<i>children and adolescents 8 to 18 years of age including for both depression and anxiety to Office and Home Visits. The effective date of this mandate is 1/1/2025, however, language has been added to EOCs effective 1/1/2026 and</i>	CA Regulatory Required Change AB 2556	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Rape And Sexual Assault	<i>follow-up healthcare treatment for a Member who is treated following a rape or sexual assault. The effective date of this mandate is 7/1/2025, however, language has been added to EOCs effective 1/1/2026 and after.</i>	CA Regulatory Required Change AB 2843	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Human Milk	<i>obtained from a tissue bank licensed by the State Department of Public Health. The effective date of this mandate is 1/1/2025, however, language has been added to EOCs effective 1/1/2026 and after.</i>	CA Regulatory Required Change AB 3059	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Claim Reimbursement	<i>claim processing timeframes and submission requirements, including interest owed by Anthem for incorrect denials of accurate claim submission within 30 calendar</i>	CA Regulatory Required Change AB 3275	01/01/2026	Non-Pooled	All Plans	Date of Change



Mandatory Contract Changes

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PPO

Product Unit	Product Name	Future Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	GrandFathered	Effective
All PPO	All PPO Other Changes		Doula Services	<p><i>Benefits and What's Covered sections.</i></p> <p><i>Prenatal Visits, Postnatal Visits and Doula Support Services Provided During or After Miscarriage are provided at the member's PCP cost shares. Prenatal and Postnatal Visits are limited to 9 visits per Benefit Period.</i></p> <p><i>Labor/Delivery Support</i></p> <p><i>Provided by a Doula is provided at the member's inpatient cost shares.</i></p> <p><i>As part of these changes, the following language under the Pregnancy and Maternity Care benefit in the What's Covered section has been removed : "Doula services include personal emotional and physical support to women and families from pregnancy experience through childbirth and postpartum. Doulas have been shown to prevent perinatal complications, improve birth outcomes,</i></p>	CA Regulatory Required Change AB 904	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Emergency Medical Services	<p><i>Paramedicine Program, Triage to Alternate Destination Program, or Mobile Integrated Health Program.</i></p> <p><i>Added definitions for a Community Paramedicine Program, Mobile Integrated Health Program and Triage to Alternate Destination Program.</i></p> <p><i>The effective date of this mandate is 1/1/2025, however, language has been added to EOCs effective 1/1/2026 and after.</i></p>	CA Regulatory Required Change SB 1180	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Infertility and Fertility Services	<p><i>provide coverage for the diagnosis and treatment of both infertility and fertility services. Plans are prohibited from including any exclusion, limitation, or other restriction on coverage of fertility medications that is different from those imposed on other prescription medications. Additionally, plans may not include a cost share, benefit maximum, waiting period, or any other limitation on coverage for the diagnosis and treatment of infertility that are different from those imposed upon benefits for services not related to infertility.</i></p> <p><i>The Schedule of Benefits has been revised to remove separate cost shares and maximums for Office Visits, Diagnostic Testing and Infertility Treatment (if covered by the current plan). They are replaced by a combined "Infertility and Fertility Services" benefit with cost shares based on the setting in which benefits are received.</i></p> <p><i>The What's Covered section is revised to remove all existing language and replaced with language</i></p>	CA Regulatory Required Change SB 729	01/01/2026	Non-Pooled	All Plans	Date of Change



Mandatory Contract Changes

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PPO

Product Unit	Product Name	Future Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	GrandFathered	Effective
All PPO	All PPO Other Changes		Infertility Rider	<i>The Infertility Rider will be discontinued. Fertility and Infertility Services are now included in all plans to comply with SB 729.</i>	CA Regulatory Required Change SB 729	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		988 and 711 Services	<i>and consistency. Additionally, local TDD/TTY numbers have been updated to 711. This is a clarification only and not a change in benefits from last year's plan.</i>	Company Change	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Nutritional Counseling Office Visits	<i>Revised the Nutritional Counseling office visits benefit to remove reference to Eating Disorder and replace with reference to all MH/SUD. This is a clarification only and not a change in benefits from last year's plan.</i>	Company Change	01/01/2026	Non-Pooled	Non-Grandfathered Plans	Date of Change
All PPO	All PPO Other Changes		Urgent Continued Stay / Concurrent Reviews without Precertification	<i>request for Urgent Continued Stay / Concurrent Review when hospitalized at the time of the request and no previous authorization exists.</i>	Company Change	01/01/2026	Non-Pooled	All Plans	Date of Change
All DMHC PPO	All PPO Other Changes		Standardized Evidence of Coverage Changes: Definitions	<i>first part of standardized definitions issued by the DMHC as part of AB 118. Additional definitions will be issued by the DMHC as subsequent parts of AB 118 are released. These new definitions must be used exactly as they were issued and cannot be modified in any way. Furthermore, plans must remove any existing definitions that are similar to the standardized exclusions issued by the DMHC and must replace it with the new standardized definition. As a result of these requirements, the following definitions have been removed from the EOC and replaced by standardized DMHC definitions: "Booklet", "Covered Services", "Emergency Medical Condition", "Emergency Care", "Experimental and Experimental Procedures", "Investigational Procedures (Investigational)", "Medical Necessity (Medically Necessary)", "Member", "Mental Health and Substance Use Disorder", "Prescription Drug (Drug)", "Provider", "Service Area" and "Subscriber".</i>	DMHC Regulatory Required Change AB 118	01/01/2026	Non-Pooled	All Plans	Date of Change
All DMHC PPO	All PPO Other Changes		Standardized Evidence of Coverage Changes: Members' Rights and Responsibilities	<i>existing Member's Rights and Responsibilities statement and replace it with the standardized Members' Rights and Responsibilities statement issued as part of AB 118. The DMHC's standardized Members' Rights and Responsibilities statement must be used exactly as it has been issued and cannot be modified in any way. For a list of the standardized exclusions issued by the DMHC, please see "APL 25-004 - Attachment 2 Members' Rights and Responsibilities" posted on the DMHC's All Plan Letters website: https://www.dmhc.ca.gov/licensingreporting/healthpla</i>	DMHC Regulatory Required Change AB 118	01/01/2026	Non-Pooled	All Plans	Date of Change



LACERA-C00037 & C20477

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.

PPO

Product Unit	Product Name	Future Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	GrandFathered	Effective
All DMHC PPO	All PPO Other Changes		Standardized Evidence of Coverage Changes: Medical Exclusions	<i>existing medical exclusions and replace them with standardized exclusions issued by the DMHC as part of AB 118. These exclusions must be used exactly as they were issued and cannot be modified in any way to further limit the standardized exclusions issued by the DMHC. Furthermore, plans cannot add any additional exclusions beyond the mandated exclusions prescribed by the DMHC. For a list of the standardized exclusions issued by the DMHC, please see "APL 25-004 - Attachment 1 Exclusions and Limitations" posted on the DMHC's All Plan Letters website:</i>	DMHC Regulatory Required Change AB 118	01/01/2026	Non-Pooled	All Plans	Date of Change
All PPO	All PPO Other Changes		Preventive Care Services	<i>over-the-counter oral contraceptives and male condoms are covered as part of the contraceptive benefits.</i>	Federal Regulatory Change (PPACA)	01/01/2026	Non-Pooled	All Plans	Date of Change

Cigna Healthcare Financial Exhibit for:
LACERA

Effective Date: July 01, 2026



Renewal

Cigna PLAN OFFERED	
Plan Offering	HMO
Plan Name	CHMO
Medical Management Model	Single Option
Health Advocacy	CHMO (37819039)
Situs	PHS+
Funding	Included
	CA
	Fully Insured
Cigna MEDICAL BENEFITS*	
Collective Deductible	NO
Collective OOP	NO
Combined Medical/Pharmacy Ded/OOP	Combined Ded & OOP
Variable Coinsurance Applies	NO
Plan Deductible Order of Applicability	Benefit Copay, Plan Deductible, Coinsurance
In-Network:	
Office Copay - PCP	\$5
Office Copay - SPC	\$5
Inpatient Deductible - Per Admit	NA
Inpatient Deductible - Per Day	NA
Outpatient Facility Copay	None
Emergency Room Copay	\$50
Urgent Care Copay	\$25
Advanced Radiology Imaging Copay - Office	None
Advanced Radiology Imaging Copay - Outpatient	None
Deductible - Individual	\$0
Deductible - Family	\$0
Out-of-Pocket - Individual	\$1,500
Out-of-Pocket - Family	\$3,000
Out-of-Pocket - Family - Individual Amount	\$1,500
Out-of-Pocket Max Deductibles	Ded Accumulates
Out-of-Pocket Max Copays	All Copays Accumulate
Coinsurance	100%
Mental Health/Substance Use Disorder (Yes/No)	Yes
Vision Rider (Yes/No)	No

**High level benefit summary. Please see your plan summary for a more detailed benefit description. If this proposal includes Cigna Care Network, the level of in-network benefits applicable may vary from what is shown above.*

Renewal

Cigna PLAN OFFERED	
Plan Offering	HMO
Plan Name	CHMO
Medical Management Model	Single Option
Health Advocacy	CHMO (37819039)
Situs	PHS+
Funding	Included
	CA
	Fully Insured
Pharmacy Benefits	
Pharmacy Network	National
Formulary/Prescription Drug List	Standard
Retail Generic Copay	\$7
Retail Pref Brand Copay	\$7
Retail Non Pref Brand Copay	\$7
Home Delivery Generic Copay	\$14
Home Delivery Pref Brand Copay	\$14
Home Delivery Non Pref Brand Copay	\$14
Pharmacy Deductible - Individual	Combined With Medical
Pharmacy OOP Maximum - Individual	Combined With Medical
Out-of-Pocket Adjuster Program	Excluded

**High level benefit summary. Please see your plan summary for a more detailed benefit description. If this proposal includes Cigna Care Network, the level of in-network benefits applicable may vary from what is shown above.*

Preliminary changes to 2026 benefits

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

- ▶ 2026 Kaiser Foundation Health Plan, Inc. (KFHP), *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2026 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

Unless otherwise noted, these changes apply to all commercial plans we offer. Changes will become effective as contracts renew starting January 2026. Changes to Medicare plans aren't included in this document.

This overview doesn't include all changes we may make to 2026 plan benefits. You'll find all information on the final changes in plan benefits in your:

- ▶ 2026 *Group Agreement Summary of Changes and Clarifications* Notice or renewal contract for KFHP coverage
- ▶ 2026 *Summary of Benefit Changes* for KPIC coverage

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

(continued)

National plan changes

HSA-qualified plans

The IRS has raised the minimum deductible and out-of-pocket maximum amounts for health savings account (HSA)-qualified plans for 2026. These changes will take place upon renewal.

Breast and cervical cancer screening

In accordance with Affordable Care Act requirements, Kaiser Permanente will cover all services recommended by the Women's Preventive Services Initiative (WPSI), without cost sharing, for nongrandfathered, non-retiree-only individual and group plans that cover preventive services at no extra cost. This includes the WPSI's updated recommendations for breast cancer screening for women at average risk, and patient navigation services for breast and cervical cancer screening. Updated coverage for these services will be in effect by January 1, 2026.

California plan changes

Treatment for infertility and fertility services

For plans renewed on or after July 1, 2025, Kaiser Permanente will cover:

- ▶ Services required to diagnose infertility, including laboratory and imaging services
- ▶ Services to treat infertility, including medications, artificial insemination, and in vitro fertilization

Members will have the same cost share for fertility services (such as imaging or lab tests) as they do when they receive those services for other conditions. Deductibles, copayments, and coinsurance for fertility services will be applied to any out-of-pocket maximums for their benefit plan.

Washington plan changes

New essential health benefit: hearing aids

Starting on January 1, 2026, large groups that currently cover hearing aids – including surgical and nonsurgical bone-anchored hearing system hardware – must remove any previous allowance. Cost sharing will apply.

New essential health benefit: artificial insemination

Starting on January 1, 2026, or as groups renew, large group customers currently covering fertility services that include artificial insemination must also cover artificial insemination services without annual or lifetime dollar limits. Cost sharing will apply.

(continues on next page)

(continued)

Colorado plan changes

Doula services

In accordance with Colorado state law, coverage for doula services will be added to all plans issued or renewed on or after July 1, 2025. This coverage is subject to certain limitations, as described in your *Evidence of Coverage*.

Georgia plan changes

Fertility preservation

For plans renewed on or after January 1, 2026, Kaiser Permanente will comply with state House of Representatives Bill 94, which mandates coverage for standard fertility preservation services when medically necessary treatment for cancer, sickle cell disease, or lupus could cause infertility. This coverage must include evaluation, lab tests, medications, and associated treatments, including storage of gametes for up to one year.

Hawaii plan changes

As of now, there are no material benefit changes to Hawaii plans for 2026.

Northwest plan changes

As of now, there are no material benefit changes to Northwest plans for 2026.

Mid-Atlantic States plan changes

As of now, there are no material benefit changes to Mid-Atlantic States plans for 2026.

2026 changes to Group Medicare benefits

The purpose of this document is to provide an overview of benefit changes we're making to Group Medicare plans offered by:

- Kaiser Foundation Health Plan, Inc. (KFHP)
- Kaiser Foundation Health Plan of Colorado
- Kaiser Foundation Health Plan of Georgia, Inc.
- Kaiser Foundation Health Plan of the Mid-Atlantic States
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Foundation Health Plan of Washington

Unless otherwise noted, national plan changes apply to all Group Medicare plans we offer. Changes are effective on January 1, 2026, or as contracts renew in 2026.

This overview doesn't include all changes we may make to 2026 Group Medicare plan benefits. You'll find information on the final changes in your *Group Agreement Summary of Changes and Clarifications Notice*, renewal contract for KFHP coverage, or *Evidence of Coverage*.

National plan changes

Medicare Part D

The Centers for Medicare & Medicaid Services has raised the out-of-pocket maximum for Medicare Part D to \$2,100 in 2026. Once a member accumulates \$2,100 in out-of-pocket costs for Part D drugs, they'll move into the catastrophic coverage stage and pay nothing for Part D drugs for the rest of the calendar year. The \$2,100 limit applies to all Group Medicare plans, except those that include a lower out-of-pocket maximum, as outlined in the plan's *Summary of Benefits* or *Evidence of Coverage*.

Insulin

Starting on January 1, 2026, as part of the Inflation Reduction Act, the out-of-pocket cost for a one-month supply of Part D insulin will be capped at the lesser of a \$35 copay or 25% of the price.

For more information, please see your renewal notice, renewal contract, *Summary of Benefits*, or *Evidence of Coverage*. Or contact your Kaiser Permanente retiree consultant or retiree solutions manager.

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Colorado plan changes

Elimination of in-home support benefit

Starting on January 1, 2026, nonmedical in-home support will be removed from all employer group plans on renewal.

Nighttime oxygen concentrator

Starting on January 1, 2026, if deemed medically necessary by a sleep study medicine provider, members will be able to rent a nighttime oxygen concentrator without needing to complete an in-lab titration study. The durable medical equipment copay will apply.

Elimination of self-referrals

Starting on January 1, 2026, members will need a referral from their primary care physician for any of the following specialties: endocrinology, general surgery, head and neck surgery, neurology, neurosurgery, psychiatry/physical medicine and rehabilitation, and pulmonology. Colorado plans eliminated self-referrals for allergy, dermatology, and urology in 2025.

Note: National plan changes apply to Colorado.

Georgia plan changes

Nonemergency transportation – wheelchair and gurney

Starting on January 1, 2026, if deemed medically necessary and if transportation is a barrier to receiving needed care, members may receive rides in a wheelchair or stretcher/gurney vehicle for a \$0 copay with authorization from a physician.

Note: National plan changes apply to Georgia.

Hawaii plan changes

Emergency department visit cost share

Unless otherwise noted in the group renewal contract, the cost share for emergency department visits will rise from \$100 to \$110 as contracts renew in 2026.

Note: National plan changes apply to Hawaii.

Mid-Atlantic States plan changes

Hair prosthesis allowance

Starting on January 1, 2026, members undergoing cancer treatment will have an allowance of up to \$350 for one hair prosthesis for each course of chemotherapy or radiation treatment.

Note: National plan changes apply to the Mid-Atlantic States.

Washington plan changes

Elimination of Medicare Advantage-only plans

Starting with 2026 renewals, all groups will be offered Medicare Advantage prescription drug plans. Medicare Advantage-only plans will no longer be offered.

Note: National plan changes apply to Washington.

California plan changes

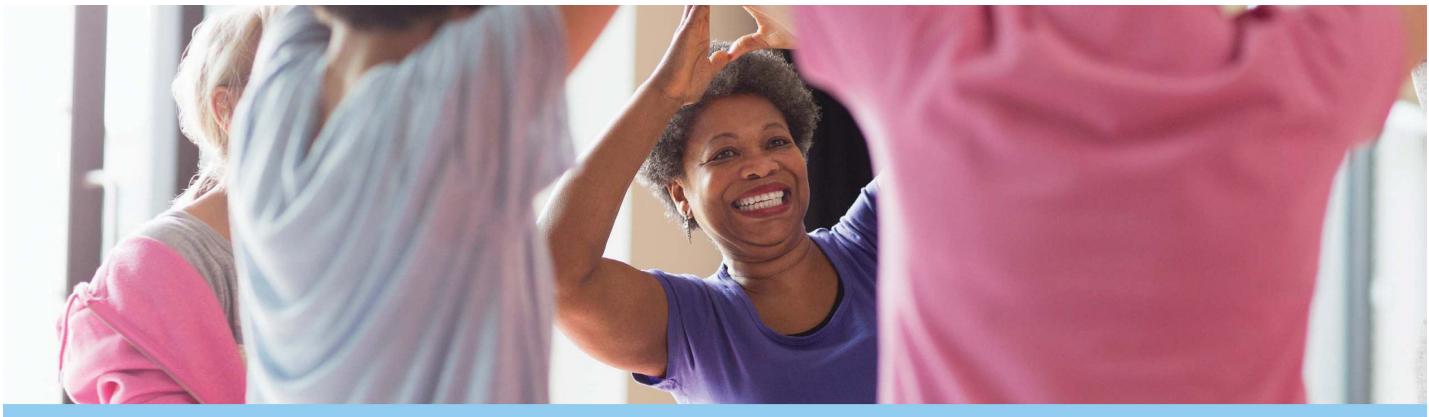
As of now, there are no material benefit changes specific to California plans for 2026.

Note: National plan changes apply to California.

Northwest plan changes

As of now, there are no material benefit changes specific to Northwest plans for 2026.

Note: National plan changes apply to the Northwest.



One Pass® Fitness Program

Get more from your Kaiser Permanente Medicare health plan

Available to Kaiser Permanente Medicare health plan members

One Pass¹ can help you find a fitness routine that's right for you, whether you work out at home or at a gym.

Work out your way and find your fit



At the gym

Choose from the largest nationwide network of gyms and fitness locations. Visit any place in the network and create a routine just for you.



Brain training²

Get a complete brain workout, including an initial cognitive test and an ongoing brain training program featuring a collection of games and activities to keep you engaged.



At home

Work out at home with live, digital fitness classes or on-demand workouts. Plus, use our custom workout builder to create routines tailored to your fitness level and interests.



With new friends

Join a group class or find local clubs and social events that match your interests – there are many great ways to connect with others who share your passions.

How to get started with the One Pass program

Once you're a Kaiser Permanente Medicare health plan member, follow these steps:

1. Visit youronepass.com.
2. Click "Get Started" to register. Enter in your First Name, Last Name, Date of Birth, and Health Plan Member ID.
3. Once you're registered, you'll receive a Member Code. Be sure to write down your code and keep it handy. You will need to enter it each time you register for a new fitness location or other One Pass service.
4. Start searching for gyms by clicking on the "Find a gym" page.

You may also call **1-877-614-0618 (TTY 711)**, Monday through Friday, 6 a.m. to 7 p.m. PST, to receive your Member Code.

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Frequently Asked Questions

Can members use multiple participating fitness locations?

Yes. With One Pass, members can use multiple participating fitness locations during the same month. Members will need to present their Member Code to each new participating fitness location they want to use. The location will enroll the member in the gym, providing access to a standard membership at no additional cost.

Can members visit any participating fitness location while traveling within the United States?

Yes, provided there is a location in the area. With OnePass, members can use multiple participating fitness locations. Members will need to present their Member Code to each new participating location they want to use. The participating fitness location can then enroll the member in the gym, providing access to a standard membership at no additional cost. To find a participating location, enter the address or ZIP code on the fitness location search page.

Do members have to pay for any additional services?

Additional services (such as personal training, fee-based group fitness classes, expanded access hours, or additional classes outside of the standard membership offering) are not included. The member will be responsible for any additional fees associated with the services if they wish to have access to them. Members should contact the specific location(s) they are interested in joining to learn more.



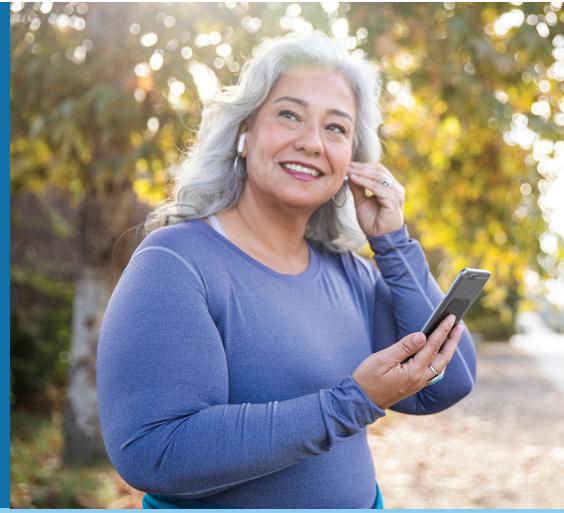
Questions? Call us at 1-877-614-0618 (TTY 711),
Monday through Friday, 6 a.m. to 7 p.m. PST.

¹One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them.

²Brain training offered through BrainHQ for members in Maryland, Virginia, and Washington, D.C. For more information visit kp.brainhq.com.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Better balance. More strength. Less pain.



As a Kaiser Permanente Medicare Health Plan Member, you may have access to Bold¹, an online exercise program that can be customized for your health and wellness goals.

Bold is available at **no cost** as both a web app or mobile app, including both iOS and Android.

With Bold, you can...

Exercise any time and learn from expert trainers and physical therapists from the safety of your own home.

- Achieve better balance
- Improve bladder control
- Boost strength and well-being
- Increase mobility and reduce pain

Learn more at agebold.com/KPSCAL

Sign up today!

www.agebold.com/KPSCAL
hello@agebold.com
Monday through Friday, 5 a.m.
to 5 p.m. Pacific Time
1-833-701-1545 (TTY 711)

[Scan here to sign up](#)



“Bold has been life-changing for me physically, cognitively, and emotionally. The trainers are outstanding in their ability to connect with an aging population from varied backgrounds.”

Bold user, 76

¹ When appropriate and available

Need a ride to the doctor? Your plan covers that.

You can now get a ride to and from your doctor visits at no cost

As a Kaiser Permanente Medicare health plan member, you can get a ride to and from your appointments at no cost. Your plan covers up to 24 one-way trips (50 miles per trip) per calendar year.

To use this service, you must:

- Be a Kaiser Permanente Medicare health plan member
- Be going to or from a medical service covered under your plan

You can get rides for:

- Doctor or dentist appointments
- Medical services such as lab or X-ray
- Picking up medications or medical equipment

Types of transportation:

The following types of transportation are available:

- Rideshare, taxi, or private transportation service. This includes accommodating walkers and wheelchairs that are collapsible and can fit in the trunk.
- Wheelchair van or gurney van service is restricted to those who aren't able to sit in a private vehicle for the duration of the ride.

To schedule a ride:

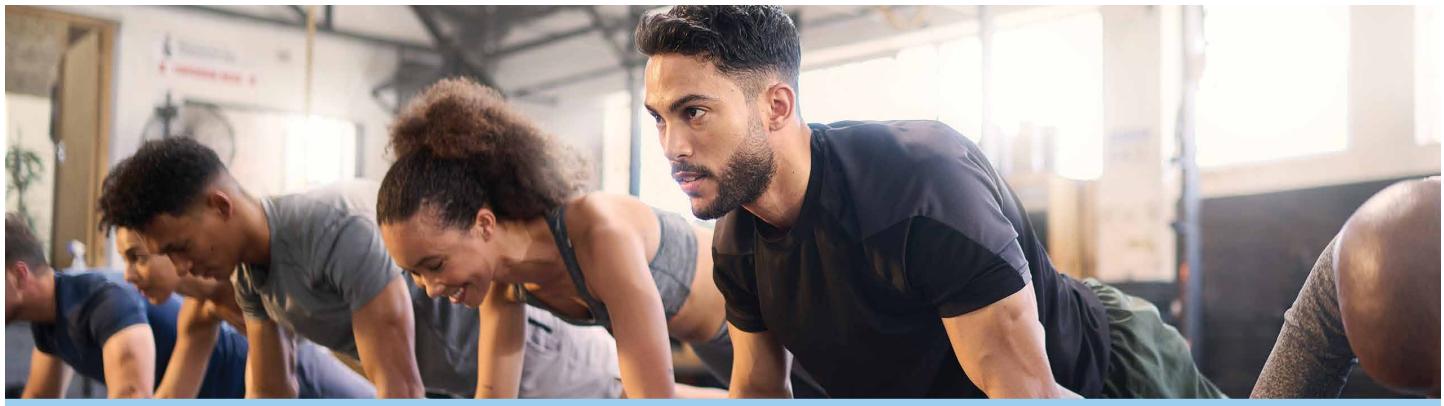
- For rideshare, taxi, or private transportation service, call **1-877-930-1477 (TTY 711)**. You can also schedule online at medicaltrip.net.
- Use the **MTM Link Member app** to schedule rides to and from your appointments. To download the app on your device, visit the App Store (Apple) or Google Play (Android) and search for MTM Link Member app.
- For wheelchair van or gurney van transportation service, call **1-833-226-6760**.
- Request your ride at least 3 business days (Monday through Friday) before your appointment. If you have an urgent last-minute appointment, call as soon as you can, and we'll try to accommodate you.

When you call, have the following information ready:

- Your Kaiser Permanente ID card
- The date and time of your appointment
- Your departure and destination addresses
- If you'll need a return trip
- If anyone is traveling with you (such as a family member or caregiver)

If you have a medical emergency, call 911.





Whole-body health made easier

Get help reaching your wellness goals

Choose a One Pass Select Affinity fitness plan that fits your lifestyle

Make a commitment to your overall well-being by joining One Pass Select Affinity from Optum.¹ Choose a fitness plan and get unlimited access to all locations available within that plan, plus extensive digital resources.

- 5 membership tiers with different monthly fees²
- 19,000+ gym locations and boutique studios
- 24,000+ on-demand and livestreamed classes
- Digital tools to track progress and an AI workout builder
- 10% off memberships for family and friends
- No long-term contracts – change tiers monthly or cancel within 30 days
- Groceries and household essentials delivered with Walmart+ and Shipt

Save on wellness services

Kaiser Permanente members can access Optum's affinity musculoskeletal program.³

Get 20% off chiropractors, acupuncturists, and massage therapists when you visit a participating provider and show your Kaiser Permanente ID card.

1. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **2.** In Colorado, eligible employees who have the One Pass Select program have access to the classic tier after paying a \$100 annual fee. Employees with the classic tier may access other tiers within the gym network after paying an additional fee. In Hawaii, members pay a \$200 annual fee to access the classic tier (aka Fit Rewards program). Members who work out for 45 days for at least 30 minutes each session over the year will earn a \$200 reward. Only 1 training session per day counts toward the 45-day total. **3.** See note 1.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 4000 Garden City Drive, Hyattsville, MD 20785 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 2715 Naches Ave. SW, Renton, WA 98057

Learn more at kp.org/exercise



Healthy lifestyle support from Optum

Common questions for brokers and employers

Kaiser Permanente is working with Optum to offer your employees a paid fitness and well-being membership, including preferred rates on musculoskeletal services.*

One Pass Select Affinity from Optum

Who is Optum?

Optum is a leading provider of health care services, offering solutions for care delivery, finance, pharmacy, and wellness.

What is One Pass Select Affinity?

One Pass Select Affinity is a subscription-based fitness and well-being network that supports a healthier lifestyle. Employees can access 19,000+ gym locations and 24,000+ online classes, with:

- No long-term contracts or gym registration fees
- Flexible fitness options and the ability to use multiple locations (not limited to one gym)
- The ability to add unlimited family members and friends (18 and older) at a 10% monthly reduced rate
- 30-day cancellation

When is One Pass Select Affinity available?

It will be available to Kaiser Permanente members on January 1, 2025.

How much does One Pass Select Affinity cost?

Monthly membership cost depends on the membership tier the employee selects.

Please refer to the business.kp.org website for pricing information.

What else does One Pass Select Affinity include?

Every tier includes access to digital offerings:

- On-demand and livestream classes
- Mobile app
- Digital engagement tools

All tiers include access to Optum's affinity musculoskeletal program.

All tiers include a membership to Walmart+ and Shipt. Employees can have groceries and household essentials delivered right to their doors.

How do my employees sign up for One Pass Select Affinity?

Getting started is easy. Employees simply need to:

1. Go to healthy.kp.org/health-wellness/fitness-offerings
2. Click "Learn more about One Pass Select Affinity"
3. Sign in to kp.org
4. Click the link to visit the One Pass Select Affinity website
5. Follow the prompts to set up a new account
6. Choose a membership tier and check out

Subscribers to Classic and higher tiers will bring their One Pass Select Affinity member code to any participating location and the staff will set up their membership for all future visits.

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The member code gives employees access to any fitness location in their tier, plus online fitness vendors and other One Pass Select Affinity offerings.

Why is Kaiser Permanente changing its fitness vendor?

Kaiser Permanente continues to innovate its offerings and focus to offer you and your employees a total health solution.

My employees are signed up for Active&Fit. What should they do?

Starting January 1, 2025, we'll only offer fitness memberships with Optum. To sign up, your employees will need to visit healthy.kp.org/health-wellness/fitness-offerings. If they're enrolled in Active&Fit, we'll also reach out to commercial plan members directly.

Optum's affinity musculoskeletal program

What is the affinity musculoskeletal program?

The affinity musculoskeletal program gives employees 20% off chiropractic care, acupuncture, and massage therapy within Optum's provider network.

To locate a provider near you, visit myoptumhealthphysicalhealth.com/ProviderDirectory and select "Kaiser Permanente CAM Discount Program" from the Plan/Product drop-down list. If searching by ZIP code doesn't give you a list of specialists, remove your ZIP code and search by city.

Do my employees need to sign up for One Pass Select Affinity to access the affinity musculoskeletal program?

No. Employees can access the affinity musculoskeletal program without signing up for One Pass Select Affinity.

How do my employees access the affinity musculoskeletal program?

Visit your employee benefits page for a link to Optum's providers or go to myoptumhealthphysicalhealth.com/ProviderDirectory.

Employees can show their Kaiser Permanente ID card at participating providers to receive the reduced rate.

For more information, contact your Kaiser Permanente representative.

*The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.





Over-the-Counter (OTC) Wellness Benefit

As a Kaiser Permanente Medicare health plan group member, you can get OTC health and wellness products delivered to your home. And all at no cost.



You can use your benefit to order:

- Vitamins and minerals
- Allergy, cough, and cold remedies
- Antacids, laxatives, and stomach aids
- Pain relievers and fever reducers
- First aid kits, joint supports, and incontinence products
- Blood pressure monitors and thermometers
- Diabetic supplies such as compression stockings and sharps containers

Your Kaiser Permanente Medicare health plan includes a **\$70** quarterly benefit limit for OTC products.¹

Ready to order? It's easy – visit our website or call today.

Place your order for your OTC health and wellness products in one of the following ways:



Visit kp.org/otc/ca



Call **1-833-569-2360 (TTY 711)**, Monday through Friday, 7 a.m. to 5 p.m.

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 KAISER PERMANENTE®

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Who can use this benefit?

You must be a Kaiser Permanente Medicare health plan member covered under your employer group.

Need a catalog?

Call **1-833-569-2360 (TTY 711)**, Monday through Friday, 7 a.m. to 5 p.m. to have a print catalog mailed to you. You can also view our digital catalog at kp.org/otc/ca.

If you have questions or to learn more about the OTC health and wellness benefit, call the Member Service Contact Center at **1-800-443-0815 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

¹Please refer to your *Evidence of Coverage* for details. OTC benefits may change each year on January 1. Minimum order value is \$25. Shipments must be delivered to an address within California. Your benefit limit resets on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly benefit will not carry forward to the next quarter. Your order may not exceed your quarterly benefit limit. Limitations and restrictions may apply. Cash, checks, credit cards, or money orders are not accepted. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.



KAISER FOUNDATION HEALTH PLAN OF COLORADO

Summary of 2026 Benefit Changes

Large Group/Non-Medicare

Traditional HMO Plans

(Unless otherwise noted, changes are effective upon Renewal on or after January 1, 2026)

CLARIFICATIONS

There are no clarifications.

BASE PLAN CHANGES

There are currently no base plan changes.

CHANGES DUE TO LEGISLATION AND/OR REGULATION

HB25-1309 Protect Access to Gender-Affirming Health Care

- The bill requires health benefit plans to provide coverage for gender-affirming health care, regardless of the covered person's sex or gender.
- Health benefit plans are prohibited from denying or limiting gender-affirming health care that is medically necessary, as determined by the member's physical or behavioral health care provider.
- Under the bill, testosterone prescriptions are specifically exempted from the tracking requirements of the prescription drug use monitoring program.
- The law is effective for large group health benefit plans issued or renewed on or after January 1, 2026.

SB24-175 Improving Perinatal Health Outcomes

- The bill requires large group health benefit plans to cover doula services to the same extent and with the same provider qualification requirements as required under the Colorado Medical Assistance Act ("Medicaid").
- This law is effective for large group health benefit plans issued or renewed on or after July 1, 2025.

SB25-183 Pregnancy Related Services

- The bill makes conforming changes to state law to codify Amendment 79 by striking references to the repealed constitutional prohibition on the use of public funds for abortion care—thus codifying that public employers are required to provide this coverage.
- Employers may exclude coverage of abortion care if such services conflict with their sincerely held religious beliefs.
- The law is effective for large group health benefit plans issued or renewed on or after January 1, 2026.

SB25-196 Preventive Health Care Services

- Current law requires coverage of certain preventive services in accordance with the recommendations of the United States Preventive Services Task Force (USPSTF), recommendations established by the Advisory Committee on Immunization Practices (ACIP), or preventive care or screening as provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- In the event that any of these authorities are repealed, modified, or otherwise no longer in effect, the bill allows the state's Department of Regulatory Agencies (DORA) to adopt rules for any of the services that were recommended or existed as of January 2025, and mandate coverage for any services recommended by the Nurse-Physician Advisory Task Force for Colorado Health Care (NPATCH). The bill also tasks the NPATCH with making recommendations regarding updates or modifications to the current list of covered preventive health-care services.
- The law became effective May 12, 2025.

SB25-296 Breast Cancer Examinations

- The bill clarifies that, in addition to regular breast cancer screenings, diagnostic and supplemental breast examinations that are medically necessary and conducted within nationally recognized guidelines are considered preventive care and must be provided without cost sharing.
- The law is effective for large group health benefit plans issued or renewed on or after January 1, 2026.

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.

NOTE: To the extent this Summary of 2026 Benefit Changes conflicts with, modifies or supplements the information contained in your 2026 renewal packet, the information contained in your 2026 renewal packet shall supersede what is set forth above.

Kaiser Foundation Health Plan, Inc.
A NOT-FOR-PROFIT HEALTH PLAN – HAWAII MARKET

**2026 Summary of Important Changes for Contract Renewals for the
Kaiser Permanente Group Plans**
(These changes are subject to regulatory approval)

The Evidence of Coverage (EOC) is the legally binding contract between Kaiser Foundation Health Plan and its members. The EOC includes the Kaiser Permanente Hawaii's Guide to your Health Plan, your employer's Group Agreement, riders, and amendments, if any. In the event of ambiguity, or a conflict between this summary and the EOC, the EOC shall control.

Please note that this summary does not fully describe your coverage. For details on your coverage, please refer to your Kaiser Permanente Hawaii's Guide to Your Health Plan (Guide). This summary does not apply to Added Choice out-of-network coverage, Kaiser Permanente for Individuals and Families, Federal, State, Quest Integration or Medicare members.

For specific questions about benefits, you may call our Member Services at 1-800-966-5955 (TTY 711).

Your employer may have purchased benefits (referred to as "riders") that override some of these changes. However, riders are not available for some of the changes described below.

Under the Patient Protection and Affordable Care Act (PPACA), your coverage may be considered a "grandfathered plan." Some of the benefit changes below may not be applicable to a grandfathered plan.

CONTRACT CHANGES (that apply to all group plans)

These changes become effective on your employer's contract renewal date, unless specified otherwise below.

1. **Orthodontic Care for the Treatment of Orofacial Anomalies (from birth).** For orthodontic care for the treatment of orofacial anomalies (from birth), the state of Hawaii Insurance Commissioner will increase the maximum benefit per treatment phase to \$7,122 per calendar year (was \$6,927).

CONTRACT LANGUAGE CLARIFICATIONS (that apply to all group plans)

These clarifications are effective immediately, unless otherwise specified below.

1. **Genetic Testing and Screening.** Clarify that genetic tests and screening are covered when medically necessary.
2. **Hearing aids.** Clarify that consultation for hearing aids are covered.
3. **Inpatient Hospital.** Clarify that antibiotics are covered.
4. **Pregnancy Termination.** Clarify example location of service.

PLAN-SPECIFIC COST SHARE CHANGES (that only apply to specifically below-named plans)

These changes become effective on your employer's contract renewal date, unless specified otherwise below.

KP HI Platinum 0/15

- Annual prescription drug copayment maximum will be \$5,000 per member/\$10,000 for family of 2 or more members (was \$2,500/\$5,000).

KP HI Gold 300/20 – B

- Annual prescription drug copayment maximum will be \$6,700 per member/\$13,400 for family of 2 or more members (was \$6,100/\$12,200).

KP Platinum Added Choice - \$20 (in-network)

- Annual prescription drug copayment maximum will be \$3,075 per member/\$6,150 for family of 2 or more members (was \$2,350/\$4,700).

2026 Oregon and Washington Plan Changes

The following changes will be made to Kaiser Permanente's large group plans, effective at renewal or after January 1, 2026, unless stated otherwise.

What's new at Kaiser Permanente

Kaiser Permanente to open Center for Black Health and Wellness

Our new Center for Black Health and Wellness is led by a team of clinicians who have experience in providing exceptional culturally competent care to Black patients and their families. The team is passionate about improving the health of our Black members and elevating their care experience. Learn more at kpcenterforblackhealth.org.

Ticket pass* offers more ways for members to find available appointment times on kp.org

Your employees can now "opt in" to be notified of newly added scheduling appointments on kp.org. If there aren't any openings for the appointment ticket they receive, they can select their preferred days and times, and we will notify them as soon as a time slot opens based on their set preferences.

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 interactive wellness classes to local resources and group support, we offer in-person and online classes as well as over-the-phone coaching to fit individual learning styles. Visit kp.org/health-wellness for information on Health Engagement and Wellness Services classes.

New member transition

New employees can transition their care to Kaiser Permanente with our new member onboarding team. The team can help members create an account, choose a doctor, transfer prescriptions, and get care. New members can call **1-888-491-1124** for assistance or visit kp.org/newmember to get started.

*Ticket pass works for most in-person appointment types.

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Allergy serum	An “Allergy serum” row will be added to the Benefit Summary under the “Outpatient Services” section. The serum cost share will be in addition to any applicable office visit cost share.	To clarify that allergy serums will be subject to cost sharing.
Fertility treatment (Washington only)	Standard fertility treatment (artificial insemination) will no longer apply to the lifetime benefit maximum. This will not affect fertility drug coverage. The rider Benefit Summary will be updated to show a separate row for artificial insemination that is not subject to the benefit maximum and a separate row for assisted reproductive technology (ART) services, such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT), that are subject to the lifetime benefit maximum.	To align with Washington state Essential Health Benefits (EHB) benchmark plan’s Benefits and Limits.
Healthy resources (Washington only)	A “Healthy Resources” section will be added to the <i>Evidence of Coverage (EOC)</i> to inform members of available value-added programs. Oregon already has this section present.	To align with Oregon and increase awareness around these programs.
Hearing aid coverage (Washington only)	The allowance will be removed for hearing instruments, as shown in the Benefit Summary; these services will now be provided at a cost share instead of an allowance. For high deductible plans, hearing instruments will still be subject to the minimum deductible.	To align with Washington state Essential Health Benefits (EHB) benchmark plan’s Benefits and Limits.
HDHP (high deductible health plan) mail-order pharmacy	For HSA-qualified high deductible health plans that have a single tier coinsurance (i.e., 10%, 20%, 30%, 40%, or 50%), members may be eligible for a cost share reduction of up to 10%, when prescriptions	To encourage Kaiser Permanente mail-order pharmacy utilization and portfolio alignment.

	<p>are filled through the Kaiser Permanente mail-order pharmacy.</p> <p>The mail-order cost share reduction will be as follows depending on the plan the member is enrolled on:</p> <ul style="list-style-type: none"> • 10% cost share will be reduced to 5% • 20% cost share will be reduced to 10% • 30% cost share will be reduced to 20% • 40% cost share will be reduced to 30% • 50% cost share will be reduced to 40% 	
Newborn coverage days (Washington only)	<p>Language in the <i>Washington Medical & Dental Evidence of Coverage</i> will indicate that coverage for newborns has been extended from the first 21 days of life to the first 31 days of life.</p>	Benefit enhancement.
Live/work policy	<p>The live/work policy will be updated to require that subscribers live or work inside the Kaiser Permanente service area, applicable to their coverage, when they enroll. This change will be reflected in the <i>EOC</i>. Previously, it was required that subscribers live or work in the service area 50% of the time to be eligible for enrollment.</p>	Policy alignment across Kaiser Permanente regions.
Prescription hormone coverage (Washington only)	<p>The “Day Supply Limit” section of the “Outpatient Prescription Drug Rider” will be updated to indicate members may receive a 12-month supply, at one time, of prescribed hormone therapy drugs.</p>	To comply with Washington House Bill 1971.
Preventive breast exams	<p>Language in the “Preventive Care Services” and “Outpatient Laboratory, X-ray, Imaging, and Special Diagnostic Procedures” sections of the <i>EOC</i> will be updated to indicate that preventive breast screenings include any imaging done prior to a breast cancer diagnosis. Diagnostic and supplemental breast imaging includes imaging that follows a breast cancer diagnosis.</p>	Alignment with the Washington state Office of the Insurance Commissioner’s guidance.

Specialty pharmacy	<p>The outpatient prescription drug specialty tier copay will increase by \$100 on specific pharmacy plans that include a copay on the specialty drug tier.</p> <ul style="list-style-type: none"> • For traditional, deductible, and HDHP plans, the change applies to specialty drugs filled at Kaiser Permanente pharmacies. • For Added Choice POS and Dual Choice PPO plans, the change applies to specialty drugs filled at Kaiser Permanente pharmacies. • For Kaiser Permanente Plus plans, the change applies to specialty drugs filled at Kaiser Permanente and out-of-network pharmacies. • For PPO Plus plans, the change applies to specialty drugs filled at Kaiser Permanente and MediImpact Network pharmacies. <p>This change does not apply to Everyday Care plans and Virtual Complete plans.</p>	Market alignment and affordability.
The CHP Group	<p>The CHP Group, our contracted provider network for alternative care services, has rebranded as Heraya Health. Updates will be made throughout relevant <i>EOC</i> documents and Alternative Care Services Riders to reflect the new name and website URL. As part of this transition, the CHP Active and Healthy program will be discontinued. Members can continue to access One Pass Select Affinity from Optum to access subscription-based fitness, digital solutions, and healthy meal delivery services.</p>	Administrative change to reflect the updated name.

Vision hardware	\$100 vision hardware allowance per 12 and 24 months will no longer be offered. Groups with this benefit will be encouraged to migrate to a \$150 vision hardware allowance.	Market alignment.
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Traditional health plans

Summary of changes		Reason for change
The emergency room copay will increase on specific plans.		Market alignment and affordability.
Plans affected	Changing from	Changing to
TRAD PLAN A 10/1000	\$100 emergency copay.	\$150 emergency copay.
TRAD PLAN B 20/1500		
TRAD PLAN C 20/2000		
TRAD PLAN D 30/2500		
TRAD PLAN E 35/3000		
TRAD PLAN LGY A 5/600		
TRAD PLAN LGY B 10/600		
TRAD PLAN LGY C 10/600		
TRAD PLAN LGY D 15/600	\$200 emergency copay.	\$250 emergency copay.
TRAD PLAN LGY E 15/1500		
TRAD PLAN LGY F 20/1000		
TRAD PLAN LGY G 20/1500		
TRAD PLAN LGY H 25/1500		
TRAD PLAN LGY J 30/2000		

Deductible health plans

Summary of changes		Reason for change
Five new Deductible Everyday Care plans will be added to the portfolio.		Expand offerings and plan alignment across Kaiser Permanente regions.
The X-ray cost share will increase on Everyday Care plans.		Plan alignment across Kaiser Permanente regions and affordability.

The emergency room copay will increase on specific plans.	Market alignment and affordability.	
The annual out-of-pocket maximum (individual/family) will increase on select plans.	Market alignment and affordability.	
The ambulance cost share will change to subject to deductible on one plan.	Benefit alignment.	
Two deductible Virtual Complete plans will be eliminated from the portfolio.	Portfolio simplification where plans have no membership.	
Plans affected	Changing from	Changing to
DED Everyday Care Plan \$7000 DED Everyday Care Plan \$10/\$4000 DED Everyday Care Plan \$10/\$5000 DED Everyday Care Plan \$10/\$6000 DED Everyday Care Plan \$10/\$7000	Plans not offered.	Plans offered.
DED Everyday Care Plan \$4000 DED Everyday Care Plan \$5000 DED Everyday Care Plan \$6000 DED Everyday Care Plan \$7000 DED Everyday Care Plan \$10/\$4000 DED Everyday Care Plan \$10/\$5000 DED Everyday Care Plan \$10/\$6000 DED Everyday Care Plan \$10/\$7000	\$0 X-ray copay	\$50 X-ray copay
DED PLAN A 250/10/10%/2000 DED PLAN B 500/10/20%/2000 DED PLAN B 500/10%/10%/2000 DED PLAN C 750/20%/20%/3000 DED PLAN D 1000/20/20%/3000 DED PLAN E 1500/20/30%/4000 DED PLAN G 2500/30/30%/5000 DED PLAN H 3000/30%/30%/6000 DED PLAN K 5000/50%/50%/8500	\$200 emergency copay, after deductible	\$250 emergency copay, after deductible
DED PLAN J 4000/40/30%/7500 DED PLAN L 6000/40/30%/9000	\$250 emergency copay, after deductible	\$300 emergency copay, after deductible
DED PLAN J 4000/40/30%/6000	Plan name: DED PLAN J 4000/40/30%/6000	Plan name: DED PLAN J 4000/40/30%/7500

	Individual/family out-of-pocket maximum: \$6,000/\$12,000	Individual/family out-of-pocket maximum: \$7,500/\$15,000
DED PLAN K 5000/30/20%/8000	Plan names: DED PLAN K 5000/30/20%/7350 Individual/family out-of-pocket maximum: \$7,350/\$14,700	Plan names: DED PLAN K 5000/30/20%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000
DED PLAN L 6000/35/20%/8500	Plan name: DED PLAN L 6000/35/20%/7500 Individual/family out-of-pocket maximum: \$7,500/\$15,000	Plan name: DED PLAN L 6000/35/20%/8500 Individual/family out-of-pocket maximum: \$8,500/\$17,000
DED PLAN L 6000/40/30%/9000	Plan name: DED PLAN L 6000/40/30%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000	Plan name: DED PLAN L 6000/40/30%/9000 Individual/family out-of-pocket maximum: \$9,000/\$18,000
DED PLAN M 7500/35/30%/10000	Plan name: DED PLAN M 7500/35/30%/8500 Individual/family out-of-pocket maximum: \$8,500/\$17,000	Plan name: DED PLAN M 7500/35/30%/10000 Individual/family out-of-pocket maximum: \$10,000/\$20,000
DED LGY 3000/30/20%/6000	Plan name: DED LGY 3000/30/20%/5350 Individual/family out-of-pocket maximum: \$5,350/\$10,700	Plan name: DED LGY 3000/30/20%/6000 Individual/family out-of-pocket maximum: \$6,000/\$12,000
DED PLAN J 4000/30/20%/8000 DED PLAN LGY 5000/30/20%/8000	Plan names: DED PLAN J 4000/30/20%/7350 DED PLAN LGY 5000/30/20%/7350 Individual/family out-of-pocket maximum: \$7,350/\$14,700	Plan names: DED PLAN J 4000/30/20%/8000 DED PLAN LGY 5000/30/20%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000
DED PLAN K 5000/30/20%/8500 DED PLAN K 5000/50%/50%/8500	Plan names: DED PLAN K 5000/30/20%/7500 DED PLAN K 5000/50%/50%/7500	Plan names: DED PLAN K 5000/30/20%/8500 DED PLAN K 5000/50%/50%/8500

	Individual/family out-of-pocket maximum: \$7,500/\$15,000	Individual/family out-of-pocket maximum: \$8,500/\$17,000
DED PLAN K 5000/50%/50%/7500	Ambulance subject to coinsurance.	Ambulance subject to coinsurance after deductible.
DED PLAN VC 3000/40/30%/6000 DED PLAN VC 4000/50/30%/7000	Plans offered.	Plans not offered.

High deductible health plans

Summary of changes		Reason for change
The plan name and annual out-of-pocket maximum (individual/family) will increase on specific plans.		Market alignment and affordability.
Plans affected	Changing from	Changing to
HDHP PLAN A 1700/10%/2500	Plan name: HDHP PLAN A 1650/10%/2500 Individual deductible: \$1,650 Family deductible: \$3,300	Plan name: HDHP PLAN A 1700/10%/2500 Individual deductible: \$1,700 Family deductible: \$3,400
HDHP PLAN A 1700/20%/3500	Plan name: HDHP PLAN A 1650/20%/3500 Individual deductible: \$1,650 Family deductible: \$3,300	Plan name: HDHP PLAN A 1700/20%/3500 Individual deductible: \$1,700 Family deductible: \$3,400
HDHP PLAN E 3400/10%/6000	Plan name: HDHP PLAN E 3300/10%/6000 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: HDHP PLAN E 3400/10%/6000 Individual deductible: \$3,400 Family deductible: \$6,800
HDHP PLAN E 3400/20%/6000	Plan name: HDHP PLAN E 3300/20%/6000 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: HDHP PLAN E 3400/20%/6000 Individual deductible: \$3,400 Family deductible: \$6,800
HDHP PLAN E 3400/30%/6400	Plan name: HDHP PLAN E 3300/30%/6400 Individual deductible: \$3,300	Plan name: HDHP PLAN E 3400/30%/6400 Individual deductible: \$3,400

	Family deductible: \$6,600	Family deductible: \$6,800
HDHP PLAN G 4000/20%/8000 HDHP PLAN G 4000/30%/8000 HDHP PLAN H 5000/20%/8000 HDHP PLAN H 5000/30%/8000 HDHP PLAN H 5000/40%/8000 HDHP PLAN H 5000/50%/8000	Plan names: HDHP PLAN G 4000/20%/7000 HDHP PLAN G 4000/30%/7000 HDHP PLAN H 5000/20%/7000 HDHP PLAN H 5000/30%/7000 HDHP PLAN H 5000/40%/7000 HDHP PLAN H 5000/50%/7000 Individual/family out-of-pocket maximum: \$7,000/\$14,000	Plan names: HDHP PLAN G 4000/20%/8000 HDHP PLAN G 4000/30%/8000 HDHP PLAN H 5000/20%/8000 HDHP PLAN H 5000/30%/8000 HDHP PLAN H 5000/40%/8000 HDHP PLAN H 5000/50%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000

Kaiser Permanente Plus™ health plans

Summary of changes		Reason for change
One new Everyday Care plan will be added to the portfolio.		Expand offerings and reach alignment across Kaiser Permanente regions.
In-network and out-of-network X-ray cost share will increase on Everyday Care plans.		Benefit alignment on select plans.
In-network emergency room cost share will increase on traditional and deductible plans.		Market alignment and affordability.
In-network out-of-pocket maximums will increase on deductible plans.		Market alignment and affordability.
Plans affected	Changing from	Changing to
KP PLUS Everyday Care Plan 7000	Plan not offered.	Plan offered.
KP PLUS Everyday Care Plan 4000 KP PLUS Everyday Care Plan 5000 KP PLUS Everyday Care Plan 6000	In-network X-ray: \$0 copay Out-of-network X-ray: \$20 copay	In-network X-ray: \$50 copay Out-of-network X-ray: \$70 copay
KP PLUS Traditional Plan A 10/1000 KP PLUS Traditional Plan B 20/1500	Emergency room: \$100 copay	Emergency room: \$150 copay
KP PLUS Traditional Plan C 20/2000 KP PLUS Traditional Plan D 30/2500 KP PLUS Traditional Plan E 35/3000	Emergency room: \$200 copay	Emergency room: \$250 copay
KP PLUS Deductible Plan A 250/10/10%/2000	Emergency room: \$200 copay after deductible	Emergency room: \$250 copay after deductible

KP PLUS Deductible Plan B 500/10%/10%/2000 KP PLUS Deductible Plan B 500/10/20%/2000 KP PLUS Deductible Plan C 750/20%/20%/3000 KP PLUS Deductible Plan D 1000/20/20%/3000 KP PLUS Deductible Plan E 1500/20/30%/4000 KP PLUS Deductible Plan G 2500/30/30%/5000 KP PLUS Deductible Plan H 3000/30%/30%/6000		
KP PLUS Deductible Plan J 4000/40/30%/7500 KP PLUS Deductible Plan L 6000/40/30%/9000	Emergency room: \$250 copay after deductible	Emergency room: \$300 copay after deductible
KP PLUS Deductible Plan J 4000/40/30%/7500	Plan name: KP PLUS Deductible Plan J 4000/40/30%/6000 Individual/family out-of-pocket maximum: \$6,000/\$12,000	Plan name: KP PLUS Deductible Plan J 4000/40/30%/7500 Individual/family out-of-pocket maximum: \$7,500/\$15,000
KP PLUS Deductible Plan K 5000/30/20%/8000	Plan name: KP PLUS Deductible Plan K 5000/30/20%/7350 Individual/family out-of-pocket maximum: \$7,350/\$14,700	Plan name: KP PLUS Deductible Plan K 5000/30/20%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000
KP PLUS Deductible Plan L 6000/35/20%/8500	Plan name: KP PLUS Deductible Plan L 6000/35/20%/7500 Individual/family out-of-pocket maximum: \$7,500/\$15,000	Plan name: KP PLUS Deductible Plan L 6000/35/20%/8500 Individual/family out-of-pocket maximum: \$8,500/\$17,000

KP PLUS Deductible Plan L 6000/40/30%/9000	Plan name: KP PLUS Deductible Plan L 6000/40/30%/8000 Individual/family out-of-pocket maximum: \$8,000/\$16,000	Plan name: KP PLUS Deductible Plan L 6000/40/30%/9000 Individual/family out-of-pocket maximum: \$9,000/\$18,000
KP PLUS Deductible Plan M 7500/35/30%/10,000	Plan name: KP PLUS Deductible Plan M 7500/35/30%/8500 Individual/family out-of-pocket maximum: \$8,500/\$17,000	Plan name: KP PLUS Deductible Plan M 7500/35/30%/10,000 Individual/family out-of-pocket maximum: \$10,000/\$20,000

Dual Choice PPO™ health plans

Summary of changes		Reason for change
Two Virtual Complete plans will be eliminated from the portfolio.		Portfolio alignment on select plans.
Plans affected	Changing from	Changing to
DUAL CHOICE PPO DED PLAN VC 3000/40/30%/6000 DUAL CHOICE PPO DED PLAN VC 4000/50/30%/7000	Plans offered.	Plans not offered.
DUAL CHOICE PPO TRAD PLAN E 35/3000	Urgent care: \$110 copay	Urgent care: \$120 copay
DUAL CHOICE PPO TRAD PLAN A 10/1500	Emergency room: \$100 copay	Emergency room: \$150 copay

DUAL CHOICE PPO TRAD PLAN B 20/2000		
DUAL CHOICE PPO TRAD PLAN C 20/2500 DUAL CHOICE PPO TRAD PLAN D 30/3000 DUAL CHOICE PPO TRAD PLAN E 35/3500	Emergency room: \$200 copay	Emergency room: \$250 copay
DUAL CHOICE PPO DED PLAN A 250/10/10%/2500 DUAL CHOICE PPO DED PLAN B 500/10%/10%/3000 DUAL CHOICE PPO DED PLAN B 500/10/20%/3000 DUAL CHOICE PPO DED PLAN C 750/20%/20%/3500 DUAL CHOICE PPO DED PLAN D 1000/20/20%/4000 DUAL CHOICE PPO DED PLAN E 1500/20/30%/5000 DUAL CHOICE PPO DED PLAN G 2500/30/30%/6000 DUAL CHOICE PPO DED PLAN H 3000/30%/30%/7000	Emergency room: \$200 copay after deductible	Emergency room: \$250 copay after deductible
DUAL CHOICE PPO DED PLAN J 4000/40/30%/7500 DUAL CHOICE PPO DED PLAN L 6000/40/30%/9000	Emergency room: \$250 copay after deductible	Emergency room: \$300 copay after deductible
DUAL CHOICE PPO DED PLAN J 4000/40/30%/7500	Plan name: DUAL CHOICE PPO DED PLAN J 4000/40/30%/6000 In-network individual/family out-of-pocket maximum: \$6,000/\$12,000	Plan name: DUAL CHOICE PPO DED PLAN J 4000/40/30%/7500 In-network individual/family out-of-pocket maximum: \$7,500/\$15,000

DUAL CHOICE PPO DED PLAN K 5000/30/20%/8500	Plan name: DUAL CHOICE PPO DED PLAN K 5000/30/20%/8150 In-network individual/family out-of-pocket maximum: \$8,150/\$16,300	Plan name: DUAL CHOICE PPO DED PLAN K 5000/30/20%/8500 In-network individual/family out-of-pocket maximum: \$8,500/\$17,000
DUAL CHOICE PPO DED PLAN L 6000/35/20%/9000 DUAL CHOICE PPO DED PLAN L 6000/40/30%/9000	Plan names: DUAL CHOICE PPO DED PLAN L 6000/35/20%/8000 DUAL CHOICE PPO DED PLAN L 6000/40/30%/8000 In-network individual/family out-of-pocket maximum: \$8,000/\$16,000	Plan names: DUAL CHOICE PPO DED PLAN L 6000/35/20%/9000 DUAL CHOICE PPO DED PLAN L 6000/40/30%/9000 In-network individual/family out-of-pocket maximum: \$9,000/\$18,000
DUAL CHOICE PPO DED PLAN M 7500/35/30%/10,000	Plan name: DUAL CHOICE PPO DED PLAN M 7500/35/30%/8500 In-network individual/family out-of-pocket maximum: \$8,500/\$17,000	Plan name: DUAL CHOICE PPO DED PLAN M 7500/35/30%/10,000 In-network individual/family out-of-pocket maximum: \$10,000/\$20,000
DUAL CHOICE PPO HDHP PLAN A 1700/10%/2500	Plan name: DUAL CHOICE PPO HDHP PLAN A 1650/10%/2500 Individual deductible: \$1,650 Family deductible: \$3,200	Plan name: DUAL CHOICE PPO HDHP PLAN A 1700/10%/2500 Individual deductible: \$1,700 Family deductible: \$3,400
DUAL CHOICE PPO HDHP PLAN A 1700/20%/3500	Plan name: DUAL CHOICE PPO HDHP PLAN A 1650/20%/3500 Individual deductible: \$1,650 Family deductible: \$3,200	Plan name: DUAL CHOICE PPO HDHP PLAN A 1700/20%/3500 Individual deductible: \$1,700 Family deductible: \$3,400
DUAL CHOICE PPO HDHP PLAN E 3400/10%/6000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/10%/6000 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: DUAL CHOICE PPO HDHP PLAN E 3400/10%/6000 Individual deductible: \$3,400 Family deductible: \$6,800

DUAL CHOICE PPO HDHP PLAN E 3400/20%/6000	Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/20%/6000 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: DUAL CHOICE PPO HDHP PLAN E 3400/20%/6000 Individual deductible: \$3,400 Family deductible: \$6,800
DUAL CHOICE PPO HDHP PLAN E 3400/30%/6400	Plan name: DUAL CHOICE PPO HDHP PLAN E 3300/30%/6400 Individual deductible: \$3,300 Family deductible: \$6,600	Plan name: DUAL CHOICE PPO HDHP PLAN E 3400/30%/6400 Individual deductible: \$3,400 Family deductible: \$6,800
DUAL CHOICE PPO HDHP PLAN G 4000/20%/8000 DUAL CHOICE PPO HDHP PLAN G 4000/30%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/20%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/30%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/40%/8000	Plan names: DUAL CHOICE PPO HDHP PLAN G 4000/20%/7000 DUAL CHOICE PPO HDHP PLAN G 4000/30%/7000 DUAL CHOICE PPO HDHP PLAN H 5000/20%/7000 DUAL CHOICE PPO HDHP PLAN H 5000/30%/7000 DUAL CHOICE PPO HDHP PLAN H 5000/40%/7000 In-network individual/family out-of-pocket maximum: \$7,000/\$14,000	Plan names: DUAL CHOICE PPO HDHP PLAN G 4000/20%/8000 DUAL CHOICE PPO HDHP PLAN G 4000/30%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/20%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/30%/8000 DUAL CHOICE PPO HDHP PLAN H 5000/40%/8000 In-network individual/family out-of-pocket maximum: \$8,000/\$16,000

Added Choice® point-of-service health plans

Summary of changes		Reason for change
Elimination of six Traditional point-of-service plans from the portfolio.		No membership.
Plans affected	Changing from	Changing to
Emergency room cost share will increase on traditional and deductible plans, under KP Select providers, PPO providers, and nonparticipating providers.		Market alignment and affordability.
Out-of-pocket maximums will increase on deductible and high deductible plans under KP Select providers, PPO providers, and nonparticipating providers.		Market alignment and affordability.
Four plan names will change as noted below, and deductibles will be adjusted to meet HSA qualifications on high deductible health plans (HDHPs).		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.

POS TRAD PLAN 72 15/1000 POS TRAD PLAN 74 15/1500 POS TRAD PLAN 75 20/2000 POS TRAD PLAN 76 25/2500 POS TRAD PLAN 89E 20/1000 POS TRAD PLAN 91 35/3000	Plan offered.	Plan not offered.
POS TRAD PLAN 70 15/750 POS TRAD PLAN 71 10/1000 POS TRAD PLAN 83 10/600 POS TRAD PLAN 86 10/750	Emergency room: \$200 copay	Emergency room: \$250 copay
POS DED PLAN DA 150/10/10%/1650 POS DED PLAN DB 250/20/10%/2000 POS DED PLAN DC 500/20/10%/3000 POS DED PLAN DD 250/20/20%/2500 POS DED PLAN DE 500/20/20%/3000 POS DED PLAN DF 500/30/25%/3000 POS DED PLAN DN 1000/25/20%/4000 POS DED PLAN DP 750/25/20%/2250 POS DED PLAN DX 1500/25/20%/5500	Emergency room: \$200 copay after deductible	Emergency room: \$250 copay after deductible
POS DED PLAN DK 4000/30/20%/8000	Plan name: POS DED PLAN DK 4000/30/20%/7350 KP Select providers individual/family out-of-pocket maximum: \$7,350 / \$14,700 PPO providers individual/family out-of-pocket maximum: \$8,150 / \$16,300 Nonparticipating providers individual/family out-of-pocket maximum: \$9,000 / \$18,000	Plan name: POS DED PLAN DK 4000/30/20%/8000 KP Select providers individual/family out-of-pocket maximum: \$8,000 / \$16,000 PPO providers individual/family out-of-pocket maximum: \$9,000 / \$18,000 Nonparticipating providers individual/family out-of-pocket maximum: \$10,000 / \$20,000
POS DED PLAN DY 5000/30/20%/8000	Plan name: POS DED PLAN DY 5000/30/20%/7350 KP Select providers individual/family out-of-pocket maximum: \$7,350 / \$14,700	Plan name: POS DED PLAN DY 5000/30/20%/8000 KP Select providers individual/family out-of-pocket maximum: \$8,000 / \$16,000

	<p>PPO providers individual/family out-of-pocket maximum: \$8,150/\$16,300</p> <p>Nonparticipating providers individual/ family out-of-pocket max: \$9,000/\$18,000</p>	<p>PPO providers individual/family out-of-pocket maximum: \$9,000/\$18,000</p> <p>Nonparticipating Providers individual/family out-of-pocket maximum: \$10,000/\$20,000</p>
POS HDHP AA 1700/10%/2500	<p>Plan name: POS HDHP AA 1650/10%/2500</p> <p>KP Select providers individual deductible: \$1,650</p> <p>KP Select providers family deductible: \$3,300</p>	<p>Plan name: POS HDHP AA 1700/10%/2500</p> <p>KP Select providers individual deductible: \$1,700</p> <p>KP Select providers family deductible: \$3,400</p>
POS HDHP EE 3400/10%/4000	<p>Plan name: POS HDHP EE 3300/10%/4000</p> <p>KP Select providers individual deductible: \$3,300</p> <p>KP Select providers family deductible: \$6,600</p>	<p>Plan name: POS HDHP EE 3400/10%/4000</p> <p>KP Select providers individual deductible: \$3,400</p> <p>KP Select providers family deductible: \$6,800</p>
POS HDHP EE 3400/10%/6000	<p>Plan name: POS HDHP EE 3300/10%/6000</p> <p>KP Select providers individual deductible: \$3,300</p> <p>KP Select providers family deductible: \$6,600</p>	<p>Plan name: POS HDHP EE 3400/10%/6000</p> <p>KP Select providers individual deductible: \$3,400</p> <p>KP Select providers family deductible: \$6,800</p>
POS HDHP EE 3400/20%/6000	<p>Plan name: POS HDHP EE 3300/20%/6000</p> <p>KP Select providers individual deductible: \$3,300</p> <p>KP Select providers family deductible: \$6,600</p>	<p>Plan name: POS HDHP EE 3400/20%/6000</p> <p>KP Select providers individual deductible: \$3,400</p> <p>KP Select providers family deductible: \$6,800</p>
POS HDHP PLAN EE 3400/10%/6000 POS HDHP PLAN EE 3400/20%/6000	<p>PPO providers individual/family out-of-pocket maximum: \$7,500/\$15,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$9,200/\$18,400</p>	<p>PPO providers individual/family out-of-pocket maximum: \$8,000/\$16,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$10,000/\$20,000</p>

Out-of-area PPO Plus health plans

Summary of changes		Reason for change
Emergency room cost share will increase on deductible plans under PPO providers and nonparticipating providers.		Market alignment and affordability.
Out-of-pocket maximums will increase on deductible and high deductible plans under PPO providers and nonparticipating providers.		Market alignment and affordability.
Two plan names will change as noted below, and deductibles will be adjusted to meet HSA qualifications on high deductible health plans (HDHPs).		Increasing the deductible amounts to ensure HDHP plans remain HSA qualified.
Plans affected	Changing from	Changing to
PPO PLUS DED PLAN WDB 500/20%/2500 PPO PLUS DED PLAN WDC 750/20%/3750 PPO PLUS DED PLAN WDE 1000/30%/4750 PPO PLUS DED PLAN WDN 2000/30%/6000 PPO PLUS DED PLAN WDP 1500/30%/6000 PPO PLUS DED PLAN WDT 1000/20%/3000 PPO PLUS DED PLAN WDX 3000/30%/6850	Emergency room: \$200 copay after deductible	Emergency room: \$250 copay after deductible
PPO PLUS DED PLAN WDR 4000/30%/7500 PPO PLUS DED PLAN WDS 5000/30%/7500	Plan names: PPO PLUS DED PLAN WDR 4000/30%/7350 PPO PLUS DED PLAN WDS 5000/30%/7350 PPO providers individual/family out-of-pocket maximum: \$7,350/\$14,700 Nonparticipating providers individual/ family out-of-pocket maximum: \$9,000/\$18,000	Plan names: PPO PLUS DED PLAN WDR 4000/30%/7500 PPO PLUS DED PLAN WDS 5000/30%/7500 PPO providers individual/family out-of-pocket maximum: \$7,500/\$15,000 Nonparticipating providers individual/ family out-of-pocket maximum: \$10,000/\$20,000

PPO PLUS DED PLAN L 6000/35/20%/8000	<p>Plan name: PPO PLUS DED PLAN L 6000/35/20%/7500</p> <p>PPO providers individual/family out-of-pocket maximum: \$7,500/\$15,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$9,000/\$18,000</p>	<p>Plan name: PPO PLUS DED PLAN L 6000/35/20%/8000</p> <p>PPO providers individual/family out-of-pocket maximum: \$8,000/\$16,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$10,000/\$20,000</p>
PPO PLUS DED PLAN M 7500/35/30%/9000	<p>Plan name: PPO PLUS DED PLAN M 7500/35/30%/8500</p> <p>PPO Providers individual/family out-of-pocket maximum: \$8,500/\$17,000</p> <p>Nonparticipating Providers individual/family out-of-pocket maximum: \$9,000/\$18,000</p>	<p>Plan name: PPO PLUS DED PLAN M 7500/35/30%/9000</p> <p>PPO Providers individual/family out-of-pocket maximum: \$9,000/\$18,000</p> <p>Nonparticipating Providers individual/family out-of-pocket maximum: \$10,000/\$20,000</p>
PPO PLUS HDHP AA PLAN WFI 1700/20%/3500	<p>Plan name: PPO PLUS HDHP AA PLAN WFI 1650/20%/3500</p> <p>PPO providers individual deductible: \$1,650</p> <p>PPO providers family deductible: \$3,300</p>	<p>Plan name: PPO PLUS HDHP AA PLAN WFI 1700/20%/3500</p> <p>PPO providers individual deductible: \$1,700</p> <p>PPO providers family deductible: \$3,400</p>
PPO PLUS HDHP EE PLAN EE WAT 3400/20%/6000	<p>Plan name: PPO PLUS HDHP EE PLAN WAT 3300/20%/6000</p> <p>PPO providers individual deductible: \$3,300</p> <p>PPO providers family deductible: \$6,600</p>	<p>Plan name: PPO PLUS HDHP EE PLAN WAT 3400/20%/6000</p> <p>PPO providers individual deductible: \$3,400</p> <p>PPO providers family deductible: \$6,800</p>
PPO PLUS HDHP PLAN EE 4000/20%/8000 PPO PLUS HDHP PLAN EE 5000/20%/8000	<p>Plan names:</p> <p>PPO PLUS HDHP PLAN EE 4000/20%/7000</p> <p>PPO PLUS HDHP PLAN EE 5000/20%/7000</p> <p>PPO providers individual/family out-of-pocket maximum: \$7,000/\$14,000</p>	<p>Plan names:</p> <p>PPO PLUS HDHP PLAN EE 4000/20%/8000</p> <p>PPO PLUS HDHP PLAN EE 5000/20%/8000</p> <p>PPO providers individual/family out-of-pocket maximum: \$8,000/\$16,000</p>

	Nonparticipating providers individual/family out-of-pocket maximum: \$8,500/\$17,000	Nonparticipating providers individual/family out-of-pocket maximum: \$9,000/\$18,000
PPO PLUS HDHP PLAN EE 5000/30%/8000	<p>Plan name: PPO PLUS HDHP PLAN EE 5000/30%/7000</p> <p>PPO providers individual/family out-of-pocket maximum: \$7,000/\$14,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$8,500/\$17,000</p>	<p>Plan name: PPO PLUS HDHP PLAN EE 5000/30%/8000</p> <p>PPO providers individual/family out-of-pocket maximum: \$8,000/\$16,000</p> <p>Nonparticipating providers individual/family out-of-pocket maximum: \$9,000/\$18,000</p>

Dental benefit plans

Summary of changes	Reason for change
The cost share for nitrous oxide for members ages 0 to 12 on Oregon plans will increase from \$0 to \$25 to match the cost share for members age 13 and older. All members will incur a cost share with no distinction between ages. (Oregon only)	To align the cost share for members of all ages. This same change was made for Washington in 2025.
Emergency dental coverage for members on Traditional and EPO dental plans who receive dental emergency care from a nonparticipating provider outside the service area will change. Members will incur the cost share that normally applies for nonemergency dental care services.	To align the emergency dental benefit for Oregon and Washington members.
PPO Prior Authorization requirements will change from requiring all procedures over \$500 to be submitted for prior authorization to a set list of procedural codes to be required for prior authorization.	By focusing on specific procedures instead of costs, both providers and members will experience more transparency, consistency, and potentially quicker access to necessary care, all while being protected against unnecessary costs and treatments.

The buy-up cost for composite fillings on posterior teeth will be removed.		Removing the buy-up cost for composite fillings on posterior teeth will provide members with cost savings and allows them to choose non-metal, mercury-free fillings without an extra cost.
Plans affected	Changing from	Changing to
All dental commercial plans	Member nitrous oxide copay for members age 12 years and younger: \$0.	Member nitrous oxide copay for members age 12 years and younger: \$25.
All Traditional and EPO dental commercial plans	Members pay all emergency dental charges over \$100.	Members will pay the cost share that normally applies for nonemergency dental care services, plus amounts that exceed usual and customary charges for qualifying claims.
PPO and EPO plans	Prior authorization is required for all services and procedures \$500 or more.	Prior authorization will be required for a set list of procedures.
All dental commercial plans	Coverage for routine fillings are limited to amalgam (silver) or glass ionomer fillings on posterior teeth and composite (tooth-colored) fillings on anterior teeth.	Routine fillings will be covered and include amalgam (silver), glass ionomer, and composite (tooth-colored) fillings on both posterior and anterior teeth.

Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
Prescriptions — insulin products	The cost share will change from \$35 per month or applicable tier cost share to 25% (up to \$35 max per month) or applicable tier cost share.	CMS-driven change to help manage the cost of insulin products.
Prescription maximum out-of-pocket	Medicare will have a \$2,100 prescription (Part D) maximum out-of-pocket.	CMS annually adjusts the maximum out-of-pocket in accordance with the Inflation Reduction Act (IRA).
Prescription formulary exceptions	If a formulary exception is approved, brand prescription medications will apply a tier 5 cost share, which was previously tier 4.	Market alignment. Please note the cost share may not differ for all groups.

Information in this document was accurate at the time of production. Details may have changed since publication. These are a summary of changes and not a contract. Subject to change.

2026 RENEWAL PORTFOLIO | WASHINGTON

Changes to 2026 benefits

Washington – HMO – Fully Insured

Large employer group changes for contracts renewing on or after January 1, 2026

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 2026 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.

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

► **Important Notice Under Federal Health Care Reform (New Language)**

Language is not currently in EOCs – this is a step to consolidate language from the Member Resource Guide (MRG) to the EOC so that KP does not have to continue producing a separate MRG.

Discussing treatment alternatives

While Kaiser Permanente doesn't cover every kind of treatment or procedure (no health plan does), we don't have any financial incentives or penalties that might encourage doctors or other clinicians to withhold medically necessary services or to keep them from discussing recognized medical alternatives with you. The only financial incentives we ever use are rewards for medical groups and hospitals that meet quality care measures (such as cancer screenings) and patient satisfaction targets.

Important resources Visit kp.org/wa/important-resources to learn about coverage documents, other plan documents, and preventive care schedules. You can also read about our quality program and ratings on hospital care and safety, learn about women's health and cancer rights, and read important health plan and pharmacy disclosures.

Case management for chronic conditions

Registered nurses certified in case management offer phone-based support managing chronic asthma, diabetes, high blood pressure, cholesterol, or heart disease. Call 1-866-656-4183.

Complex case management

A specially trained nurse — in partnership with your personal care doctor — can help members who need or want help managing multiple chronic conditions, medications, and providers. Call 1-866-656-4183.

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

► Section I: Introduction (New Language)

Healthy Resources

You have access to these value-added programs and resources at no cost, unless otherwise noted below. You can register online at kp.org/register or on the Kaiser Permanente mobile app. You'll need your medical record number, which you can find on your Kaiser Permanente ID card.

- Sign up for healthy lifestyle programs. With our online wellness programs, you'll get advice, encouragement, and tools to help you create positive changes in your life. Our programs can help you lose weight, eat healthier, quit smoking, reduce stress, manage ongoing conditions like diabetes or depression. Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also share and discuss the results with your doctor. Visit kp.org/healthylifestyles.
- Get a wellness coach. If you need a little extra support, we offer Wellness Coaching by Phone. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals. Visit kp.org/wellnesscoach.
- Join health classes. You can sign up for health classes and support groups. Classes vary at each location and some may require a fee. Visit kp.org/classes.
- Self-care. Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available to adult members. Visit kp.org/selfcareapps.
- Health guides. Stay informed on popular health subjects or discover something new through our healthy living guides. Visit kp.org/livehealthy.
- Kaiser Permanente Rewards. With our online rewards program, you can earn rewards while building healthy habits by participating in a variety of wellness activities. Visit kp.org/rewards.

The programs and resources described above are not covered under your health plan benefits and are not subject to the terms set forth in this EOC or other plan documents. Programs and resources are provided by third-party entities and may be discontinued at any time. If you would like additional information about these programs and resources, call Member Services.

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

► Section II: How Covered Services Work: G: Preauthorization (Clarification)

Refer to <https://healthy.kaiserpermanente.org/washington/support/forms#preauthorizationrequirementsforms> (click on "Plan services and information" then "Pre-authorization requirements"), Section IV, or call Member Services for more information regarding which services, equipment, and facility types KFHPWA requires Preauthorization. All residential treatment, non-emergency inpatient hospital and non-emergency ambulance services require 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: Benefit Details: Ambulance (Clarification)

Interfacility transfers are transfers from an acute care hospital bed to another facility for diagnostic evaluation or treatment and return to inpatient status.

► **Section IV: Benefit Details: Drugs (Clarification)**

Specialty drugs are high-cost drugs prescribed by a physician that ~~may~~ requires close supervision and monitoring for serious and/or complex ~~medication therapy, such as rheumatoid arthritis, hepatitis, or multiple sclerosis~~. Specialty drugs must be obtained through KFHPWA's preferred specialty pharmacy vendor and/or network of specialty pharmacies and are covered at the appropriate cost share above. For a list of specialty drugs or more information about KFHPWA's specialty pharmacy network, please go to the KFHPWA website at www.kp.org/wa/formulary or contact Member Services at 206-630-4636 or toll-free at 1-888-901-4636.

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

► **Section IV: Benefit Details: Drugs (Clarification)**

Prescription drugs, supplies and devices for a supply of 30 days or less including diabetic pharmacy supplies (insulin, lancets, lancet devices, needles, insulin syringes, disposable insulin pens, pen needles and blood glucose test strips), mental health and wellness drugs, self-administered injectables, medications for the treatment arising from sexual assault, ~~prescription hormone therapy drugs (excluding glucagon-like peptide-1 or glucagon-like peptide-1 agonists such as Ozempic and Wegovy) which are able to be safely stored at room temperature without refrigeration may be allowed up to a 12-month supply~~ and routine costs for prescription medications provided in a clinical trial. "Routine costs" means items and services delivered to the Member that are consistent with and typically covered by the plan or coverage for a Member who is not enrolled in a clinical trial. All drugs, supplies and devices must be for Covered Services.

► **Section IV: Benefits Details: Hearing Aids (Change)**

Member pays applicable DME cost shares, limited to an Allowance of ~~\$3,000 maximum one device~~ per ear during any consecutive 36-month period.

► **Section IV: Benefits Details: Hearing Aids (Clarification)**

unless at the time of such replacement the Member is eligible under the ~~Allowance and benefit~~ period; hearing aids repairs; replacement parts; replacement batteries; maintenance costs.

► **Section IV: Benefits Details: Infertility and Sterility (Change)**

Removing lifetime and annual dollar and treatment limits per Essential Health Benefit updates. Applicable cost shares still apply.

ALSO – adding the following language: ~~Services related to conception by artificial insemination in compliance with KFHPWA clinical criteria.~~

► **Section IV: Benefits Details: Laboratory and Radiology (Change based on IRS guidance and Federal Preventive Care rules)**

~~Breast exams: Member pays (cost share info) for diagnostic imagery following a breast cancer diagnosis (Includes diagnostic mammography, digital breast tomosynthesis/3D mammography, breast magnetic resonance imaging (MRI), or breast ultrasound)~~

► **Section IV: Benefits Details: Optical (Clarification)**

~~Replacement of lenses for eye pathology, including following cataract surgery, is covered only once within a 12-month period and only when needed due to a change in the Member's prescription.~~

~~When medically necessary for eye pathology, one replacement lens per diseased eye, including following cataract surgery (in lieu of an intraocular lens), is covered once every 12 months~~

► **Section IV: Benefits Details: Podiatry (Clarification)**

Routine foot care covered for the prevention of complications associated with a medical condition, when approved by KFHPWA's medical director.

► **Section VI Eligibility, Enrollment and Termination: A. Eligibility (Clarification)**

In order to be accepted for enrollment and continuing coverage, individuals must meet any eligibility requirements, reside or work in the Service Area and meet all applicable requirements set forth below, except for temporary residency outside the Service Area for purposes of attending school, court-ordered coverage for Dependents or other unique family arrangements, when approved in advance by **the Group KFHPWA**. **KFHPWA** The **Group** has the right to verify eligibility.

ALSO

Eligibility may be extended past the Dependent's limiting age as set forth above if the Dependent is totally incapable of self-sustaining employment because of a developmental or physical disability incurred prior to attainment of the limiting age and is chiefly dependent upon the Subscriber for support and maintenance. Enrollment for such a Dependent may be continued for the duration of the continuous total incapacity, provided enrollment does not terminate for any other reason. Medical Proof of incapacity and proof of financial dependency must be submitted to **the Group KFHPWA** within 31 days of the date a Dependent reaches the limiting age. Proof must also be furnished to **the Group KFHPWA** upon request, but not more frequently than annually after the 2-year period following the Dependent's attainment of the limiting age.

► **Section XII: Definitions: Care Chat (Clarification)**

Care available **24 hours a day** online at www.kp.org/wa or through the KP mobile application. Chat with a Kaiser Permanente clinician to receive immediate care, treatment and prescriptions.

► **Throughout Contract (updates)**

Grammatical and formatting updates

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

Effective Date 7/1/2026

Health Plan Core HMO

Ref RQ-210291

This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.

In accordance with the Patient Protection and Affordable Care Act of 2010,

- The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and
- Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan.

Kaiser Permanente believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act of 2010. Questions regarding this status may be directed to Member Services (888) 901-4636. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or <http://www.dol.gov/ebsa/healthreform>.

Benefits	Inside Network
Plan deductible	No annual deductible
Individual deductible carryover	Not applicable
Plan coinsurance	No plan coinsurance
Out-of-pocket limit	Individual out-of-pocket limit: \$1,500 Family out-of-pocket limit: \$3,000 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services
Pre-existing condition (PEC) waiting period	No PEC
Lifetime maximum	Unlimited
Outpatient services (Office visits)	\$10 copay
Hospital services	Inpatient services: Covered in full Outpatient surgery: \$10 copay
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Preferred generic/preferred brand \$10 copay per 30 day supply
Prescription mail order	2 x prescription cost share per 90 day supply
Acupuncture	Covered up to 12 visits per calendar year \$10 copay
Ambulance services	Covered in full
Chemical dependency	Inpatient: Covered in full Outpatient: \$10 copay
Devices, equipment and supplies	<ul style="list-style-type: none"> • Durable medical equipment • Orthopedic appliances • Post-mastectomy bras limited to two (2) every six (6) months • Ostomy supplies • Prosthetic devices Covered in full
Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.

Diagnostic lab and X-ray services	Inpatient: Covered under Hospital services Outpatient: Covered in full High end radiology imaging services such as CT, MRI and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.
Emergency services (copay waived if admitted)	\$75 copay at a designated facility \$75 copay at a non designated facility
Hearing exams (routine)	\$10 copay
Hearing hardware	1 aid per ear every 36 months; Covered in full
Home health services	Covered in full up to 130 visits total per calendar year
Hospice services	Covered in full
Infertility services	Specific diagnostic services, medical and surgical treatment, artificial insemination and drug therapy are covered subject to Applicable cost share(s)
Manipulative therapy	Covered up to 10 visits per calendar year without prior authorization \$10 copay
Massage services	See Rehabilitation services
Maternity services	Inpatient: Covered in full Outpatient: \$10 copay. Routine care not subject to outpatient services copay.
Mental Health	Inpatient: Covered in full Outpatient: \$10 copay
Naturopathy	Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$10 copay
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related surgery (bariatric)	Covered at cost shares when medical criteria is met
Organ transplants	Unlimited, no waiting period Inpatient: Covered in full Outpatient: \$10 copay
Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms	Covered in full Women's contraception is covered as preventive, and Men's contraception is covered in full
Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year	Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. Covered in full Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$10 copay
Skilled nursing facility	Covered in full up to 100 days per calendar year
Sterilization (vasectomy, tubal ligation)	Covered in full
Temporomandibular Joint (TMJ) services	Inpatient: Covered in full Outpatient: \$10 copay
Tobacco cessation counseling	Quit for Life Program - covered in full
Routine vision care (1 visit every 12 months)	\$10 copay
Optical hardware Lenses, including contact lenses and frames	Not covered
Virtual Care Including Telemedicine, Telephone Services and Online (E-Visits)	Covered in full

Proposal
LACERA

Effective Date 7/1/2026 to 7/1/2027



	Core HMO
	Inside Network
Group Name	LACERA Retirees & Medicare
Type of Offering	Dual Choice
Deductible (I/F)	None
Coinsurance	None
OOP Max (I/F)	\$1,500/2x
IP Hospital	Covered in full
Outpatient Svcs	\$10 copay
ER (designated/non-des facility)	\$75 copay/\$75 copay
Pharmacy - 30 day supply	Generic/Brand CUSTOMIZED LANGUAGE
Optical Hardware	Not covered
Rates by Tier	RQ-210291
	EE \$ 2,185.53
	EE/1D \$ 4,081.26
	EE/2+D \$ 6,833.93
Commission	Excluded
	Medicare Part D Creditable: Y
	All plans offered and underwritten by Kaiser Foundation Health Plan of Washington

Service Area by State and Counties:

California: Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, San Francisco, Stanislaus, San Mateo, Alameda, Fresno and Madera.

Service Area Expansion - Northern California Counties Effective January 1, 2026: Sacramento, San Joaquin, Placer, Yolo, Tulare, and Kings.

Arizona: Pima, Maricopa and Pinal

Nevada: Clark and Nye

Provider Network Changes:

We are excited to share our new partnership with Sutter Health Hospital and Sutter Health Medical Groups in Northern California.

SCAN is also delighted to share our partnership with Costco to expand cost savings and support healthy aging for our members. This collaboration will give SCAN members the access to more affordable medications, vaccines, and everyday health and wellness essentials.

CMS Part D Mandates:

Part D Redesign: True Out -Of-Pocket (TrOOP) \$2,100. Retirees reaching \$2,100 TrOOP pay \$0 copay for the rest of the year.

Medicare Prescription Payment Plan (M3P): Spread out copay over time within the plan year.

Annual Contribution:

SCAN commits to contribute \$2,000 for the use of health fairs and wellness events and/or open enrollment meetings.

SCAN may provide additional wellness and educational resources utilizing our Health Care Services in which they offer a wide range of community education programs aimed at increasing awareness of health issues and health promotion resources.

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 available in California Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties.
- Routine Transportation: Unlimited rides; 75-mile max limit per ride.
- Routine Hearing: Coverage provided by TruHearing. Basic \$600 allowance; every two years.
- Gym Fitness – One Pass
- Generic drug discounts using our preferred pharmacy network (CVS, Costco, Vons, ESI, and more).
- Telehealth: dr+on demand by Included Health gives the retirees 24/7/365 access to medical providers via secure video call using a smartphone, tablet or computer.
- Behavior Health Telehealth: This benefit allows retirees to connect with a licensed Psychologist, master's level therapists, or Psychiatrists via video 7 days a week by appointment. \$0 cost.
BH Telehealth provided by dr+on demand by Included Health.
- 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.

- 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.)
- Nurse Advice Line: Available 24/7 days a week.



Summary of Changes to Medicare and the impact to your medical plan:

2026 CMS In-Network Cost Sharing Limits

In 2026, CMS has modified Maximum Out-of-Pocket (MOOP) ranges and decreased the highest limit from \$9,350 to \$9,250 and continues to classify Maximum Out-of-Pocket (MOOP) into three categories:

- Lower- \$0 - \$4,200
- Intermediate- \$4,201 - \$6,750
- Mandatory- \$6,751- \$9,250

CMS has also adjusted service category limits within the Maximum Out-of-Pocket limits, these limits were adjusted up and have limited impact to existing plans. *If your plan is impacted by these changes your SAE will provide a benefit summary for the cost sharing limits specific to your plan.*

Changes to your 2026 Medical Plan

2026 Emergency Response System (PERS) by Lifeline Update

After thorough evaluation, we are making updates to the PERS offering for 2026. Effective December 31, 2025, we will be discontinuing the PERS benefit with Lifeline. Starting January 1, 2026, your retirees will have the option to convert to private pay and continue their services with Lifeline at a discounted rate. Alternatively, they may choose to discontinue their services, in which case Lifeline will deactivate their devices during the first week of January 2026. We believe these changes will provide greater flexibility and value to your retirees, ensuring they continue to receive the best possible support and services.

Calm Health

Your retirees' mental health is important to UnitedHealthcare. Effective 1/1/2026, Calm Health will be available to your retirees at no cost. Calm Health is a self-paced digital tool that can help your retirees develop skills to address emotions, sleep and mindfulness. In addition, Calm Health can also help recommend other mental health resources available to your retirees, such as counseling.

Current Plan Features of your Medical Plan

Your current **MAPD HMO** plans include the following additional benefits not covered by Medicare:

UnitedHealthcare Healthy at Home

Designed to help members transition back home after an inpatient admission or a convalescent stay, this unique post-discharge support program delivers needed support, care, and measurable results to the members we serve. Our market leading program UnitedHealthcare Healthy at Home, provides a combination of Meal Delivery, Transportation, and In-Home Personal Care benefits to members in an easy-to-use comprehensive program:



- Our post-discharge meal delivery benefit provides home-delivered meals for members following all inpatient or skilled nursing facility discharges. Plan referral may apply.
- Our post-discharge transportation benefit provides rides to and from medically related appointments and pharmacies for our members, up to 30-days following inpatient or skilled nursing facility discharges. Plan referral may apply.
- Our in-home personal care benefit includes in-home personal care hours post discharge. This may include grocery shopping, meal preparation, personal care, medication reminders and more.

HouseCalls

HouseCalls service gives eligible members a no cost, yearly in-home health and wellness visit with a licensed health care practitioner. It's a great opportunity for members to discuss their health care needs and get the personal attention they deserve. During the visit, the health care practitioner will confirm medical history, complete a physical exam, review medications, and answer any questions that the member may have. Certain health screenings may also be included.

Let's Move by UnitedHealthcare

A wellness program designed specifically for members of the UnitedHealthcare Group Medicare Advantage plans. At no additional cost, Let's Move includes resources, tools, interactive events and personalized support through self-service, virtual and in-person wellness programming focused on nutrition, physical activity, mental health, social well-being, financial wellness and more. In addition, Let's Move offers a self-directed tobacco cessation program to allow members to work at their own pace to make lasting, healthy lifestyle choices.

Fitness Benefit

The fitness benefit provides a gym membership at a participating location at no cost, access to wellness activities held outside of the gym, many on-demand and live virtual classes and more.

Member Rewards and Incentives

Our Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Rewards are based on characteristics shown by research to be effective at providing timely reminders to improve member engagement and help retirees make healthy lifestyle choices. Members can receive rewards for completing health-related activities, such as getting their annual physical or wellness visit or completing a UnitedHealthcare ® HouseCalls visit.

Virtual Medical and Behavioral Health Visits

Virtual Medical and Behavioral Health Visits continue to be an important part of being able to provide member care safely, conveniently, and efficiently.

In 2026 and beyond, UnitedHealthcare will continue to promote Virtual Visits to improve accessibility for members. This includes greater access to behavioral health specialists, following up with members after medical events such as an emergency department visit, virtual house calls when an in-person visit is not appropriate. If desired, we can partner with you on virtual visit education and registration strategies for members.

Summary of Changes to Medicare Part D plan

The landscape of the Medicare Part D benefit continues to change in 2026 due to the **Inflation Reduction Act (IRA)**. Below is a summary of what to expect in 2026:

- Changes to the liability of enrollees, sponsors, manufacturers, and CMS in the new standard Part D benefit design, specifically to account for the start of negotiated prices taking effect with respect to selected drugs for initial price applicability year 2026 under the Negotiation Program; and
- The establishment of the selected drug subsidy program. Under the selected drug subsidy program created by the IRA, Part D sponsors will receive a government subsidy for selected drugs equal to 10% of the drug's negotiated price. The selected drug subsidy applies to a covered Part D drug that would be an applicable drug with respect to the Manufacturer Discount Program but for being a selected drug during a price applicability period.

2026 CMS Cost Sharing Thresholds

In 2026, the CMS cost sharing thresholds or amounts members must pay for Part D have changed. The chart below lists the changes to the 2026 CMS cost sharing thresholds for your reference. *Please see the attached benefit summary that includes the specific Part D coverage for your plan.*

Benefit	2026	2025
Deductible	Member pays 100% of cost sharing until they reach \$615	Member pays 100% of cost sharing until they reach \$590
Initial Coverage Limit	Member pays 25% of cost sharing until they reach \$2,100 TrOOP	Member pays 25% of cost sharing until they reach \$2,000 TrOOP
Catastrophic Phase Begins	Member pays \$0 out of pocket after reaching \$2,100 TrOOP	Member pays \$0 out of pocket after reaching \$2,000 TrOOP
Maximum Copayments	2026	2025
Tier 1 Generics	\$15*	\$15*
Tier 2 Preferred Brand	\$47	\$47
Tier 3 Non-Preferred Brand	\$100	\$100
Tier 4 Specialty Drugs	\$100	\$100

*CMS permits cost sharing up to \$20. However, UHC limits member cost sharing at \$15. Requests for Tier 1 cost shares above \$15 must be approved through our exception process.

Current Plan Features of your Part D plan

Brand over Generic Approaches

To maintain an affordable and sustainable Part D benefit, we may from time to time implement “brand over generic” strategies. While new generic products coming to market are often lower in price than their brand-name equivalents, this is not always the case; sometimes they cost more. Depending on market conditions, we may choose not to add certain new generic medications to our plan formulary until the generic drug’s price falls enough to become the lowest-net-cost product. In these instances, the brand-name medication will remain on the plan formulary at the same or better coverage tier for a period of time.

Authorized Generics (aka “Authorized Brand Alternatives”)

Several manufacturers have recently launched authorized generics of brand drugs. Contrary to the name, authorized generics are brand drugs. To manage Part D plan cost, we may prefer the originator brand product over the authorized generic by either covering the authorized generic at a higher tier or not adding the authorized generic to the formulary.

Biosimilars

To manage Part D plan cost, as more biosimilars are marketed, we evaluate coverage and may prefer either the originator product or the biosimilar depending upon which is the lowest cost-effective option.

Additional benefit opportunities for the 2026 Part D plan

5-tier Formulary Option

In 2026, we will continue to offer our 5-tier Group Performance and Group Complete formularies that help optimize cost effectiveness while maintaining prescription drug access for beneficiaries. Please let me know if you are interested in receiving a quote and learning more about a potential change.

Clinical Programs

Our enhanced Clinical support programs use advanced data and analytics, our approach offers retirees highly personalized support and guidance to address their health concerns.

In addition to our traditional nurse-led telephonic programs, our enriched engagement programs include:

- Resources and interventions based on retiree preferences
- Digital tools—to better support caregivers and retirees
- Advanced approaches to assess and manage chronic conditions, like diabetes and heart failure in a more robust and holistic way, including in-home visits for high-risk retirees
- Improved methods to identify and engage retirees in their health

These resources will lead to improved clinical outcomes and reduced care costs and offer retirees an improved quality of care and life.

Digital Experience

Retiree.uhc.com & United HealthCare Mobile app

UnitedHealthcare continues to invest in enhancing our Medicare and Retirement member portal and mobile app.



Group members can access the UHC member portal and UHC mobile app as soon as they receive their member id card, even before their plan start date. This early access allows members to set up their accounts immediately, including setting preferences for electronic delivery of plan materials.

Our commitment to optimizing our members' online digital experience is ongoing. We have significant digital enhancements planned to help members manage their care and utilize their plan more effectively.

Upcoming Enhancements:

- Enrollment Status Tracker: Real-time access to enrollment status.
- Claims Experience Redesign: Improved claims experience.



Get in on UHC Rewards



Good news – your health plan comes with a 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 things you may already be doing, like tracking your steps or sleep – lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	\$25
Take a health survey	\$15
Get an annual checkup	\$25
Get a biometric screening	\$50

Visit UHC Rewards for the full list of rewardable activities that are available to you – and look for new ways of earning rewards to be added throughout the year.

**Earn up to
\$300
including
\$20
today
when you activate
UHC Rewards**

continued

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Healthcare®**

There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **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	Your goals	Your rewards
	Get in on an experience that's designed to help inspire healthier habits	Personalize how you earn by choosing the activities that are right for you	Earn up to \$300 for completing rewardable activities

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 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 earnings 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 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. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

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Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates.

Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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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 is a proven weight management program designed to help you get healthier and stay healthier. It's available to you 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.

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

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Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Person must reside within the United States. An employee residing in Hawaii is not an Eligible Person.

Real Appeal is a voluntary program 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.

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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.

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Healthcare®**

**Real
Appeal®**

Rediscover your passion for health

With One Pass Select®, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan.

You and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.



Find your fit with One Pass Select



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you based on your fitness level and interests.



In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.



To get started:

1. Scan this code to download the **UnitedHealthcare® app**
2. Sign in or register
3. Select **UHC Rewards**
4. Select **Redeem rewards** to access One Pass Select

Membership is instant, and you will be charged for the full current calendar month on the day you sign up (One Pass Select does not offer proration).

The grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA.

One Pass Select is a voluntary program that features a subscription-based nationwide gym network, digital fitness and grocery delivery service. For self-funded participants, there are no state restrictions. For fully insured participants, program availability varies by state: (i) the program is NOT available to members of accounts situated in HI, KS, VT and Puerto Rico; (ii) the grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA for select groups and lines of business - discuss with your UnitedHealthcare representative for details. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by One Pass Solutions, Inc. Subscription costs are payable to One Pass Solutions, Inc.

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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 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 earnings 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 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. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level-funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

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Mind. Body. You.

**Make the connection
with Calm Health**



The Calm Health app provides programs and tools to help support your mental health and well-being – all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

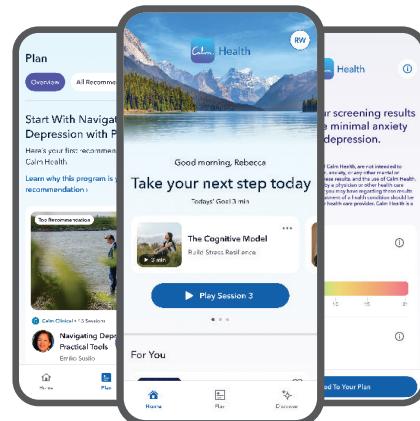
Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.

Tap into tools and support

The Calm Health app brings you a library of support – including mindfulness content and programs created by psychologists – for a variety of health experiences and life stages. This information is designed to help you:

- Learn techniques to improve well-being** – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- Work toward goals** – Join self-guided self-care programs, and track your progress along the way
- Support your mind and body** – Access mental health information and support to help you strengthen the mind-body connection



**Scan this code to get started
or visit uhc.app/calm**

You'll be prompted to sign in on the UnitedHealthcare® app or at myuhc.com® first. If you don't have an account, select Register to create one.

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Calm Health

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January 23, 2026

TO: Insurance, Benefits & Legislative Committee
Les Robbins, Chair
Aleen Langton, Trustee
Ernesto Pantoja, Trustee
Shawn R. Kehoe, Trustee
Jason Green, Alternate

FROM: Cassandra Smith, Director 
Retiree Healthcare Division

FOR: **February 4, 2026 Insurance Benefits & Legislative Committee**

SUBJECT: **TWO-YEAR EXTENSION REQUEST FOR RETIREE HEALTHCARE BENEFITS CONSULTING SERVICES CONTRACT FOR THE PERIOD OF JULY 1, 2026 THROUGH JUNE 30, 2028**

RECOMMENDATION

That the Committee recommend extending the Retiree Healthcare Benefits Consulting contract with Segal Consulting for the period of July 1, 2026, through June 30, 2028, at the projected increase of 5% or \$38,400 annually.

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 around 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 contract is for a five (5) year period beginning July 1, 2017, and ending June 30, 2022.

In 2021, the Board of Retirement at its meeting of August 4, 2021, approved a 2-year extension of the Retiree Healthcare Benefits Consulting contract with Segal Consulting extending their services for July 1, 2022 through June 30, 2024 due to a very active and busy year for LACERA.

In 2024, The Board of Retirement at its meeting of February 7, 2024, approved a second 2-year extension of the Retiree Healthcare Benefits Consulting contract with Segal Consulting extending their services for July 1, 2024 through June 30, 2026 due to continued negotiating with the plan sponsor regarding LACERA's request to remove the Anthem Blue Cross \$1 million lifetime maximum applicable to the LACERA-administered Anthem Blue Cross I, II, and Prudent Buyer plans.

With assistance from the Segal Consulting team, the County Board of Supervisors on November 26, 2024, approved increasing the LACERA-administered Anthem Blue Cross plans lifetime maximum from \$1 million to \$1.5 million. On July 11, 2025, LACERA pursued elimination of the LMB or if not a full elimination, allow another increase which was approved as second time; again, increasing the LMB from \$1.5 million to \$2.25 million. The Board of Supervisors approved this increase on December 2, 2025. With this most recent increase to become effective July 1, 2026, taking into consideration the County's financial concerns, a period of tracking and assessing costs was agreed upon that LACERA would return with another request for approval to increase the LMB from \$2.25 million to \$3 million subject to certain conditions being met, including the retiree healthcare claims continue to approach and exceed the new LMB cap and that migration from other plans into the Anthem plans remain low.

We have several important projects on agenda, healthcare legislation now being a topic on Capitol Hill but more importantly the Anthem Blue Cross Lifetime maximum elimination which we are finally seeing traction picking up as staff along with Segal are continuing discussions with the plan sponsor, LA County. For this reason, staff recommend extending our agreement with Segal for two additional years through June 30, 2028, at an annual cost of \$780,000, 5% higher than the previous annual cost of \$741,600.

Plan Years	Contract Cost
2017 – 2019	\$720,000
2020 - current	\$741,600
2026 –2028	\$780,000

This is Segal's first requested annual fee increase since 7/1/2020.

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

- Continued vendor management and renewal support which has contributed approximately \$15M annually in avoided costs for LACERA, its members, and Los Angeles County (“County”).
- Ongoing negotiations with the County and their stakeholders to eliminate the Lifetime Maximum Benefit associated with Anthem Plans I, II, and Prudent Buyer.
- Assessment and possible implementation of an alternative Medicare Part D plan arrangement that addresses the needs of LACERA’s multiple stakeholders (i.e., LACERA staff and members, County, etc.)
- Implementing mandated provisions because of Federal and State legislation (in process)

Over the last several years, Segal Consulting has been providing LACERA with high level service during our annual healthcare premium contract renewal negotiations, monthly carrier reports, RDS actuarial attestation, OPEB valuation, and other technical healthcare industry and legislative questions. Segal’s team is always collaborative with staff and Trustees, and they are meticulous with meeting all set deadlines.

Staff believe that it is very important and in our best interest to have consistency and a trusting collaborative relationship with the people we are working with to assist us in making the right decisions and the best resolution for our members.

CONCLUSION

This past year has been active and very busy for LACERA; seeing continued movement on the LMB for the LACERA Anthem Blue Cross I, II, and Prudent Buyer participants after many years of discussion with the plan sponsor, LA County. We have completed legislative requirements such as the Gag Clause Prohibition compliance and in the process of ensuring mandated compliances are addressed and implemented while continually preserving the 1982 agreement. In addition, Retiree Healthcare continues working with our health plans to be able to submit our enrollment and eligibility files electronically.

Segal Consulting is already familiar with the uniqueness of our Retiree Healthcare Program, as well as the benefits and claims experience. We have critical projects in process that would best be served continuing with a firm familiar with our program to

Insurance, Benefits & Legislative Committee
January 23, 2026
Page 4 of 4

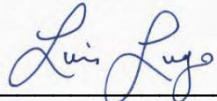
continue through the completion of most of these projects accurately and as efficiently as possible.

IT IS THEREFORE RECOMMENDED THAT the Committee recommend extending the Retiree Healthcare Benefits Consulting contract with Segal Consulting for the period of July 1, 2026 through June 30, 2028 at the projected cost increase of 5% or \$38,400 annually.

Attachments:

Fee Proposal

Reviewed and Approved:



Luis Lugo, Acting Chief Executive Officer



Stephen Murphy
SVP Benefits Consultant
T 8189566726
smurphy@segalco.com

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

January 9, 2026

Cassandra Smith
Director, Retiree Healthcare Division
LACERA
300 N. Lake Avenue, Suite 300
Pasadena, CA 91101

Re: Cost Projection to Extend Healthcare Consulting Contract

Dear Cassandra:

It has been Segal's pleasure to serve as LACERA's Retiree Healthcare Benefits Consultant since 2017, and we are honored by your desire to extend our contract through the period 7/1/2026 – 6/30/2028.

For your consideration we propose:

- No changes to the existing scope of services (i.e., Retiree Health Care Consulting, Audits, Communications, and Retiree Event Planning).
- Segal's continued reimbursement of LACERA's first \$105,000 in annual printing and fulfillment expenses.
- LACERA's continued reimbursement of Segal's eligible Retiree Event Planning expenses using available vendor funds dedicated to the semi-annual events.
- An increase in Segal's annual fee from \$741,600 to \$780,000.

We look forward to reviewing our proposal with LACERA with the intent of developing a mutually agreeable arrangement for the period 7/1/2026 – 6/30/2028.

Sincerely,


Stephen Murphy
SVP Benefits Consultant

cc: Michael Szeto
Clare Wesley
Jessica Kuhlman
Deborah Donaldson
Richard Ward

January 26, 2026

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Aleen Langton, Vice Chair
Ernesto J. Pantoja
Shawn R. Kehoe
Jason Green, Alternate

FROM: Barry W. Lew *BWL*
Legislative Affairs Officer

FOR: February 4, 2026 Insurance, Benefits, and Legislative Committee Meeting

SUBJECT: **State Engagement: Visit with California State Legislature**

RECOMMENDATION

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement approve visits during the 2026 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.

LEGAL AUTHORITY

The Board of Retirement's Policy on Engagement for Public Policy Issues Relating to Plan Administration and Retirement and Health Care Benefits provides for engagement to promote LACERA's presence and visibility with the legislative, executive, and judicial branches of state and federal governments.

DISCUSSION

Naomi Padron, LACERA's state legislative advocate, is scheduled to give an update on state legislative activities to the Board of Retirement at its meeting of March 4, 2026.

Ms. Padron will propose that LACERA staff and interested trustees conduct a visit with members of the Los Angeles County delegation as well as retirement policy committee chairs and members. This will continue to maintain LACERA's presence and visibility among legislators and staff, in particular with the Assembly Public Employment and Retirement Committee and the Senate Labor, Public Employment and Retirement Committee. The outreach will be for LACERA to provide education and information to new and current legislators about LACERA's history, organization, and operations. For example, the last piece of legislation LACERA sponsored authorized its prepaid card program, and this is an opportunity to give an update on its implementation.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE recommend that the Board of Retirement approve visits during the 2026 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.

Reviewed and Approved:



Luis Lugo, Acting Chief Executive Officer

cc: Luis Lugo
JJ Popowich
Laura Guglielmo
Steven P. Rice
Naomi Padron, MKP Government Relations

**FOR INFORMATION ONLY**

January 23, 2026

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Aleen Langton, Vice Chair
Ernesto J. Pantoja
Shawn R. Kehoe
Jason Green, Alternate

FROM: Barry W. Lew *BWL*
Legislative Affairs Officer

FOR: February 4, 2026 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 and State Legislature*

There were no meetings with legislators during the second half of 2025.

Legislative Positions

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

AB 1383 (McKinnor): Would increase the PEPRA compensation limit and establish new safety benefit formulas.

Status: Read second time and amended. Ordered returned to second reading.
(01/22/2026)

BOR Position: Watch.

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: Chaptered by Secretary of State. Chapter 239, Statutes of 2025.
(10/01/2025)

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. SACRS is sponsoring an omnibus bill for the 2026 legislative year, which the SACRS membership approved for sponsorship at its 2025 Fall Conference. Staff will agendize an analysis of the bill with a recommendation to the IBLC once the bill is introduced.

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:

A handwritten signature in blue ink that reads "Luis Lugo".

Luis Lugo, Acting Chief Executive Officer

cc: Board of Investments
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
JANUARY 2026
FOR INFORMATION ONLY**

California's Population: Who's Leaving and Who's Moving In

The Public Policy Institute of California has a fact sheet about California's population and the direction it is headed. The following are key facts about the state.

- Most populous state in the nation
 - According to estimates by the California Department of Finance, California is the most populous state with 39.5 million people ahead of Texas (31.3 million) and Florida (23.4 million).
 - The Department of Finance projects that the state's population will reach 39.7 million in 2030 and 40.5 million in 2040.
- The state's population growth has slowed dramatically in the 21st century
 - During 2010 to 2020, California's growth rate was 5.8% (2.4 million), which lagged the national average of 6.8% and led to the loss of a seat in the US House of Representatives.
 - In comparison, from 1900 to 1950, the state's population rose from 2 million to 10 million and tripled in the last half of the 20th century, reaching 34 million by 2000.
- Pandemic's effect on the state's population
 - Between July 2020 and July 2022, California lost 322,000 people due to residents moving to other states as well as fewer births, higher deaths, and lower international migration. Between April 2020 and July 2025, the state lost 1.3 million residents moving to other states.
 - Since the 2020 census, 21 of the state's 58 counties have experienced population increases. Largest increase was in Riverside County (65,000), whereas the largest loss was Los Angeles County (-146,000).
- Population diversity
 - No race or ethnic group constitutes a majority in California: Latino (41%), white (34%), Asian American/Pacific Islander (17%), black (5%), multiracial (3%), Native American (1%). Only six other states do not have a majority group (Hawaii, New Mexico, Texas, Nevada, Maryland, and Georgia).
 - More than half of young Californians (51.5% of those under age 24) are Latino, whereas more than half of those over 65 (52%) are white.
- Political consequences

- The state might have lost two Congressional seats if congressional districts had been allocated more recently. Based on recent trends, California could lose up to 4 of its 52 seats based on the 2030 census.
- Although out-migration from California is generally driven by persona and financial factors, more Republicans than Democrats have left the state, and those who lean conservative are more likely to express a desire to leave the state.
- Who is leaving and who is moving in?
 - There has been net migration out of state since 2000.
 - Most of the losses are among adults without a college degree.
 - Higher-income adults are less likely to leave the state, although remote work has enabled some higher-income workers to leave California.
 - Housing is the dominant reason for leaving California, compared to work and family.

[\(Source\)](#) [\(Source\)](#)

State Constitutional Amendment to Prevent Changes to IPERS

Iowa House Democrats announced plans to introduce a constitutional amendment in the 2026 legislative session to prevent future changes to the Iowa Public Employees' Retirement System (IPERS). Their proposal follows concerns raised after a task force appointed by Gov. Kim Reynolds explored shifting IPERS from a defined-benefit system to a defined-contribution model to reduce taxpayer costs. The idea sparked strong backlash from public employees and advocates, who warned it could threaten IPERS' long-term stability.

Although the task force's final recommendations backed away from an immediate structural change, it advised ongoing study of public employee benefits, including exploring whether a defined-contribution option could be viable for new employees. Republican leaders have since said they have no current interest in altering IPERS.

Democratic leaders Rep. Sean Bagniewski and Sen. Janice Weiner argue that Republicans' lack of interest "this year" does not guarantee future protections, citing past GOP reversals on collective bargaining and education policy. Their proposed constitutional amendment would bar major structural changes to IPERS and block any future opt-in/opt-out system that could weaken its funding model. Constitutional amendments in Iowa require approval by two consecutive legislatures and a statewide voter majority. [\(Source\)](#)

NYC Teachers Push for Pension Reform

Thousands of New York teachers are staging monthly actions and preparing for a major March rally in Albany to demand pension reform for educators hired after 2012. These teachers fall under the Tier 6 pension system, which requires them to work until age 63 to receive full retirement benefits, compared with age 55 for those hired earlier. Teachers like Kristin DeFendis argue the current rules undervalue the demanding nature of their work and deny them dignity in retirement. The campaign's theme, "Fix Tier 6 in 2026," includes wearing blue and holding awareness activities on the 6th of each month. The United Federation of Teachers estimates that more than 78,000 members are affected.

Educators say reform is also critical for addressing teacher shortages by making the profession more attractive. Many report long hours and heavy workloads that extend well beyond the school day. While the state education department has not commented, Gov. Kathy Hochul's office says she supports teachers and has enacted measures improving Tier 6 benefits. Momentum is building ahead of the March 8 rally, expected to bring together educators and municipal workers statewide seeking legislative action on pension reform. [\(Source\)](#)

State and Local Government Retirement Systems: Fast Facts & Helpful Resources

The National Association of State Retirement Administrators has a fact sheet of key points related to public pension plans.

- There is \$6.25 trillion held in public pension trusts in the U.S.
- Public pension plans cover 15.3 million public workers.
- About \$393 billion is paid annually to 12.2 million retirees and survivors (average benefit of \$2,428/month).
 - In California, \$73.1 billion is paid annually to 4.03 million retirees and survivors.
- Significant pension reforms by states in 2010 (18 states) and 2011 (27 states). California instituted reforms in 2010, 2012, and 2014.
- Investments cover a majority of benefit costs (61%) with employer contributions at 28% and employee contributions at 11%. Overall, state and local governments spend 5.08% on pensions compared to all other spending (94.92%).
- Since the financial crisis, plans have methodically lowered expected investment returns with an average of 6.91% as of FY 2023.

[\(Source\)](#)

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
RETIREE HEALTHCARE BENEFITS PROGRAM
STAFF ACTIVITIES REPORT
JANUARY 2026
FOR INFORMATION ONLY**

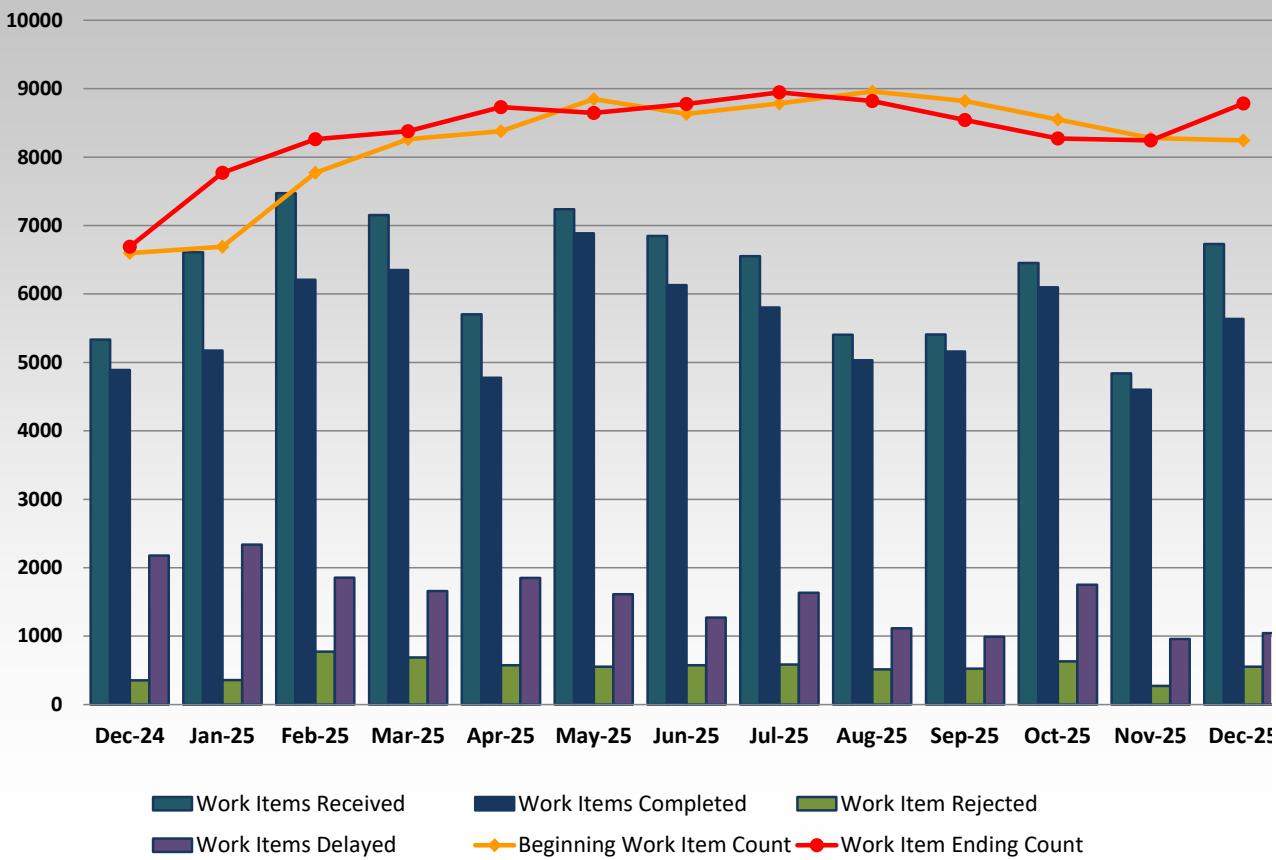
There is nothing to report this month.

Retiree Healthcare Division

Trend Report

DECEMBER 2024 - DECEMBER 2025

Updated: 1/22/2026

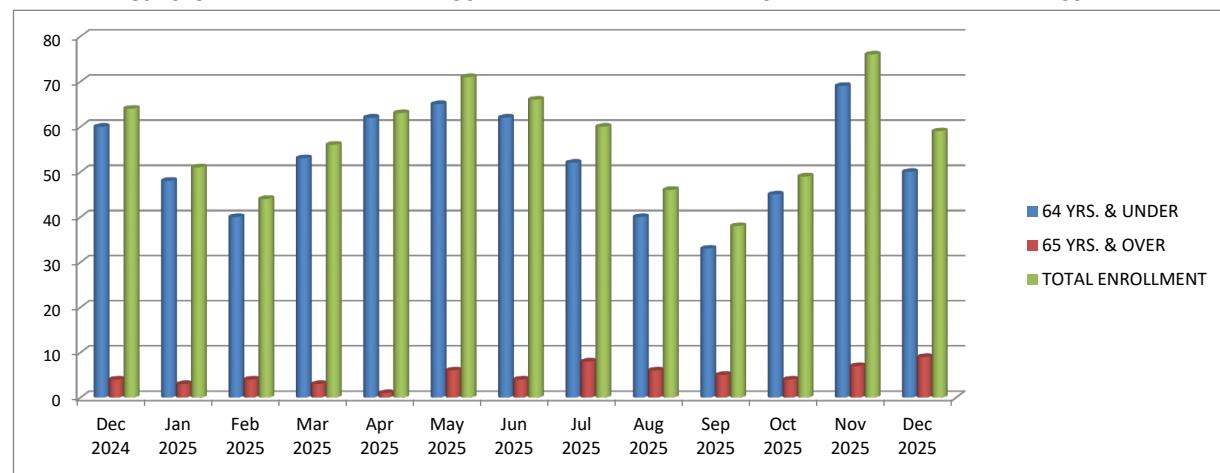


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-24	6597	5335	4889	353	2177	6690
Jan-25	6690	6611	5173	358	2337	7770
Feb-25	7770	7474	6208	775	1854	8261
Mar-25	8261	7153	6349	687	1660	8378
Apr-25	8378	5702	4776	574	1849	8730
May-25	8849	7237	6888	553	1612	8645
Jun-25	8633	6847	6128	574	1272	8778
Jul-25	8783	6552	5803	586	1635	8946
Aug-25	8960	5405	5030	515	1116	8820
Sep-25	8821	5408	5161	524	992	8544
Oct-25	8550	6452	6098	630	1751	8274
Nov-25	8278	4840	4600	274	959	8244
Dec-25	8245	6729	5637	552	1045	8785

Retirees Monthly Age Breakdown
DECEMBER 2024 - DECEMBER 2025

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
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
Jun 2025	62	4	66
Jul 2025	52	8	60
Aug 2025	40	6	46
Sep 2025	33	5	38
Oct 2025	45	4	49
Nov 2025	69	7	76
Dec 2025	50	9	59

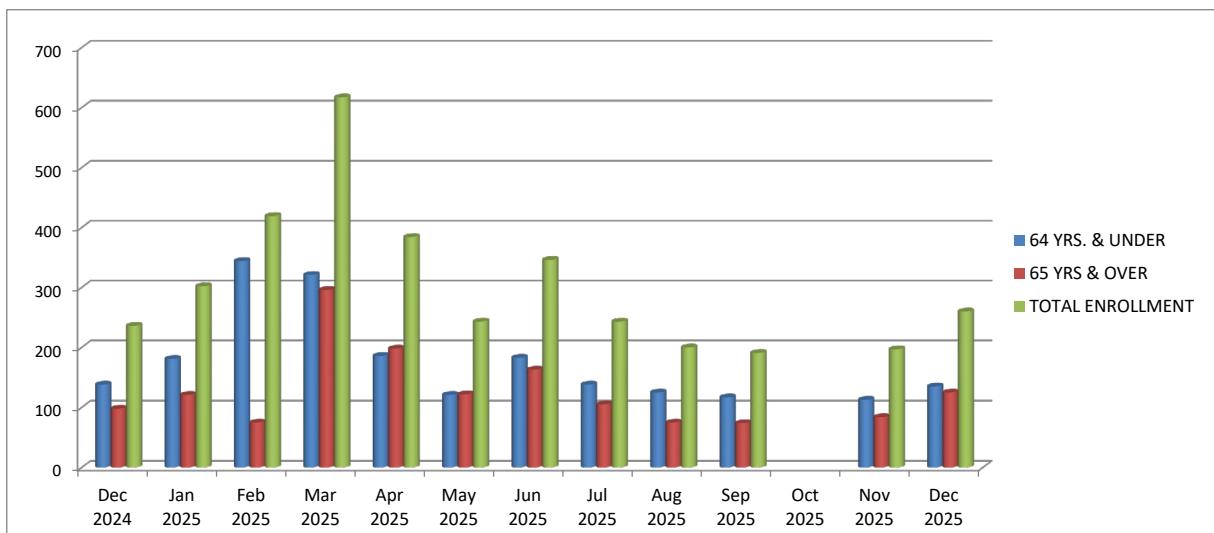


PLEASE NOTE: Next Report will include the following dates: January 1, 2025, through January 31, 2026.

Retirees Monthly Age Breakdown
DECEMBER 2024 - DECEMBER 2025

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
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
Jun 2025	183	163	346
Jul 2025	138	105	243
Aug 2025	125	75	200
Sep 2025	117	74	191
Nov 2025	113	84	197
Dec 2025	135	125	260



PLEASE NOTE: Next Report will include the following dates: January 1, 2025, through January 31, 2026.

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD **1/31/2026**

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7918	\$1,457,975.60	0	\$0.00
241	128	\$23,046.00	0	\$0.00
242	1022	\$196,733.30	0	\$0.00
243	4820	\$1,818,290.96	0	\$0.00
244	13	\$2,319.90	0	\$0.00
245	64	\$12,993.10	0	\$0.00
246	15	\$2,681.00	0	\$0.00
247	181	\$36,358.20	0	\$0.00
248	12	\$3,893.20	0	\$0.00
249	90	\$35,742.90	0	\$0.00
250	17	\$6,257.40	0	\$0.00
Plan Total:	14,280	\$3,596,291.56	0	\$0.00
<hr/>				
KAISER SR. ADVANTAGE				
394	23	\$4,432.60	0	\$0.00
397	2	\$347.50	0	\$0.00
398	14	\$5,681.20	0	\$0.00
403	12443	\$2,239,706.31	0	\$0.00
413	1553	\$297,072.90	0	\$0.00
418	6536	\$2,428,380.37	1	\$51.50
419	208	\$34,916.50	0	\$0.00
426	258	\$48,131.30	0	\$0.00
445	2	\$405.80	0	\$0.00
451	37	\$6,312.90	0	\$0.00
455	6	\$1,217.40	0	\$0.00
457	16	\$6,202.10	0	\$0.00
459	2	\$811.60	0	\$0.00
462	89	\$15,835.90	0	\$0.00
465	3	\$608.70	0	\$0.00
466	29	\$10,234.50	0	\$0.00
472	27	\$5,129.90	0	\$0.00
476	3	\$608.70	0	\$0.00
478	15	\$5,860.10	0	\$0.00
479	1	\$144.60	0	\$0.00
482	77	\$13,652.10	0	\$0.00
486	3	\$608.70	0	\$0.00
488	31	\$11,667.60	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$202.90	0	\$0.00
493	1	\$202.90	0	\$0.00
Plan Total:	21,381	\$5,138,523.58	1	\$51.50

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD **1/31/2026**

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	326	\$65,221.70	0	\$0.00
613	130	\$51,887.40	0	\$0.00
620	29	\$5,226.10	0	\$0.00
621	12	\$4,753.00	0	\$0.00
622	29	\$6,648.90	0	\$0.00
623	8	\$3,050.40	0	\$0.00
Plan Total:	534	\$136,787.50	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2253	\$412,634.70	0	\$0.00
702	394	\$74,310.80	0	\$0.00
703	1439	\$536,357.00	0	\$0.00
704	107	\$20,500.50	0	\$0.00
705	56	\$23,239.00	0	\$0.00
Plan Total:	4,249	\$1,067,042.00	0	\$0.00
Grand Total:	40,444	\$9,938,644.64	1	\$51.50

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD **1/31/2026**

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7918	\$1,457,975.60	0	\$0.00
241	128	\$23,046.00	0	\$0.00
242	1022	\$196,733.30	0	\$0.00
243	4820	\$1,818,290.96	0	\$0.00
244	13	\$2,319.90	0	\$0.00
245	64	\$12,993.10	0	\$0.00
246	15	\$2,681.00	0	\$0.00
247	181	\$36,358.20	0	\$0.00
248	12	\$3,893.20	0	\$0.00
249	90	\$35,742.90	0	\$0.00
250	17	\$6,257.40	0	\$0.00
Plan Total:	14,280	\$3,596,291.56	0	\$0.00
KAISER SR. ADVANTAGE				
394	23	\$4,432.60	0	\$0.00
397	2	\$347.50	0	\$0.00
398	14	\$5,681.20	0	\$0.00
403	12443	\$2,239,706.31	0	\$0.00
413	1553	\$297,072.90	0	\$0.00
418	6536	\$2,428,380.37	1	\$51.50
419	208	\$34,916.50	0	\$0.00
426	258	\$48,131.30	0	\$0.00
445	2	\$405.80	0	\$0.00
451	37	\$6,312.90	0	\$0.00
455	6	\$1,217.40	0	\$0.00
457	16	\$6,202.10	0	\$0.00
459	2	\$811.60	0	\$0.00
462	89	\$15,835.90	0	\$0.00
465	3	\$608.70	0	\$0.00
466	29	\$10,234.50	0	\$0.00
472	27	\$5,129.90	0	\$0.00
476	3	\$608.70	0	\$0.00
478	15	\$5,860.10	0	\$0.00
479	1	\$144.60	0	\$0.00
482	77	\$13,652.10	0	\$0.00
486	3	\$608.70	0	\$0.00
488	31	\$11,667.60	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$202.90	0	\$0.00
493	1	\$202.90	0	\$0.00
Plan Total:	21,381	\$5,138,523.58	1	\$51.50

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD **1/31/2026**

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	326	\$65,221.70	0	\$0.00
613	130	\$51,887.40	0	\$0.00
620	29	\$5,226.10	0	\$0.00
621	12	\$4,753.00	0	\$0.00
622	29	\$6,648.90	0	\$0.00
623	8	\$3,050.40	0	\$0.00
Plan Total:	534	\$136,787.50	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2253	\$412,634.70	0	\$0.00
702	394	\$74,310.80	0	\$0.00
703	1439	\$536,357.00	0	\$0.00
704	107	\$20,500.50	0	\$0.00
705	56	\$23,239.00	0	\$0.00
Plan Total:	4,249	\$1,067,042.00	0	\$0.00
LOCAL 1014				
804	209	\$58,819.80	0	\$0.00
805	241	\$56,202.90	0	\$0.00
806	785	\$349,597.10	0	\$0.00
807	69	\$15,542.10	0	\$0.00
808	23	\$10,632.20	0	\$0.00
812	266	\$59,693.15	0	\$0.00
813	2	\$405.80	0	\$0.00
Plan Total:	1,595	\$550,893.05	0	\$0.00
Grand Total:	42,039	\$10,489,537.69	1	\$51.50

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<u>Medical Plan</u>							
Anthem Blue Cross Prudent Buyer Plan							
201	392	\$479,609.34	\$66,291.17	\$418,199.69	\$484,490.86	\$0.00	\$484,490.86
202	209	\$504,512.40	\$45,502.26	\$444,595.50	\$490,097.76	(\$2,402.44)	\$487,695.32
203	77	\$211,494.66	\$31,019.20	\$180,475.46	\$211,494.66	\$0.00	\$211,494.66
204	25	\$39,223.00	\$9,287.99	\$28,366.09	\$37,654.08	\$1,568.92	\$39,223.00
SUBTOTAL	703	\$1,234,839.40	\$152,100.62	\$1,071,636.74	\$1,223,737.36	(\$833.52)	\$1,222,903.84
Anthem Blue Cross I							
211	504	\$803,493.60	\$49,002.02	\$777,725.18	\$826,727.20	\$1,477.12	\$828,204.32
212	206	\$591,585.30	\$33,494.59	\$527,626.96	\$561,121.55	\$0.00	\$561,121.55
213	75	\$252,847.50	\$23,329.40	\$229,518.10	\$252,847.50	\$0.00	\$252,847.50
214	29	\$60,816.48	\$4,613.64	\$68,785.56	\$73,399.20	\$6,291.36	\$79,690.56
215	2	\$1,069.92	\$171.19	\$898.73	\$1,069.92	\$0.00	\$1,069.92
SUBTOTAL	816	\$1,709,812.80	\$110,610.84	\$1,604,554.53	\$1,715,165.37	\$7,768.48	\$1,722,933.85
Anthem Blue Cross II							
221	2,510	\$3,995,280.80	\$195,853.62	\$3,798,095.29	\$3,993,948.91	\$14,263.20	\$4,008,212.11
222	2,048	\$5,878,700.30	\$133,464.01	\$5,626,566.90	\$5,760,030.91	\$0.00	\$5,760,030.91
223	967	\$3,273,532.30	\$130,873.80	\$3,115,688.10	\$3,246,561.90	\$10,113.90	\$3,256,675.80
224	268	\$564,125.28	\$58,430.10	\$511,986.54	\$570,416.64	\$0.00	\$570,416.64
SUBTOTAL	5,793	\$13,711,638.68	\$518,621.53	\$13,052,336.83	\$13,570,958.36	\$24,377.10	\$13,595,335.46

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,962	\$5,123,270.10	\$644,032.12	\$4,508,520.67	\$5,152,552.79	(\$9,000.60)	\$5,143,552.19
241	126	\$263,333.12	\$18,721.28	\$242,554.55	\$261,275.83	\$0.00	\$261,275.83
242	1,018	\$2,114,894.12	\$113,202.12	\$1,983,176.39	\$2,096,378.51	(\$2,057.29)	\$2,094,321.22
243	4,833	\$6,204,866.86	\$623,992.12	\$5,527,595.96	\$6,151,588.08	(\$6,402.05)	\$6,145,186.03
244	13	\$14,973.79	\$1,336.13	\$13,637.66	\$14,973.79	\$0.00	\$14,973.79
245	65	\$76,020.78	\$6,163.59	\$69,857.19	\$76,020.78	\$0.00	\$76,020.78
246	15	\$38,490.75	\$3,284.54	\$35,206.21	\$38,490.75	(\$2,566.05)	\$35,924.70
247	188	\$484,983.45	\$19,450.64	\$457,834.66	\$477,285.30	\$0.00	\$477,285.30
248	12	\$21,468.96	\$1,395.49	\$20,073.47	\$21,468.96	\$0.00	\$21,468.96
249	91	\$162,806.28	\$13,310.79	\$149,495.49	\$162,806.28	\$0.00	\$162,806.28
250	17	\$34,087.04	\$2,606.65	\$31,480.39	\$34,087.04	\$0.00	\$34,087.04
SUBTOTAL	14,340	\$14,539,195.25	\$1,447,495.47	\$13,039,432.64	\$14,486,928.11	(\$20,025.99)	\$14,466,902.12
CIGNA Network Model Plan							
301	205	\$415,590.35	\$102,338.75	\$313,251.60	\$415,590.35	(\$2,027.27)	\$413,563.08
302	52	\$190,377.20	\$45,138.72	\$145,238.48	\$190,377.20	\$0.00	\$190,377.20
303	5	\$21,615.35	\$4,751.05	\$12,541.23	\$17,292.28	\$0.00	\$17,292.28
304	12	\$34,972.47	\$9,543.61	\$20,048.48	\$29,592.09	\$0.00	\$29,592.09
SUBTOTAL	274	\$662,555.37	\$161,772.13	\$491,079.79	\$652,851.92	(\$2,027.27)	\$650,824.65

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,614	\$2,305,198.18	\$159,839.69	\$2,101,624.62	\$2,261,464.31	\$1,392.77	\$2,262,857.08
403	12,432	\$3,646,624.98	\$312,006.81	\$3,342,477.43	\$3,654,484.24	(\$4,851.56)	\$3,649,632.68
404	442	\$605,594.29	\$9,350.45	\$592,142.75	\$601,493.20	\$0.00	\$601,493.20
405	1,479	\$2,094,622.73	\$17,792.29	\$2,071,173.12	\$2,088,965.41	(\$4,242.99)	\$2,084,722.42
411	1,955	\$5,556,741.50	\$220,295.32	\$5,215,106.24	\$5,435,401.56	\$5,627.08	\$5,441,028.64
413	1,537	\$2,646,699.66	\$115,268.90	\$2,500,931.02	\$2,616,199.92	(\$3,388.86)	\$2,612,811.06
414	47	\$130,180.60	\$332.37	\$127,078.43	\$127,410.80	\$0.00	\$127,410.80
418	6,495	\$3,762,017.48	\$260,746.76	\$3,463,986.04	\$3,724,732.80	(\$1,218.22)	\$3,723,514.58
419	212	\$351,596.97	\$4,687.99	\$346,908.98	\$351,596.97	(\$3,301.38)	\$348,295.59
420	93	\$253,523.58	\$1,308.50	\$252,215.08	\$253,523.58	\$0.00	\$253,523.58
421	5	\$7,053.85	\$0.00	\$7,053.85	\$7,053.85	\$0.00	\$7,053.85
422	282	\$800,056.40	\$2,929.78	\$783,041.12	\$785,970.90	\$0.00	\$785,970.90
426	258	\$439,779.41	\$4,007.28	\$439,168.11	\$443,175.39	\$0.00	\$443,175.39
428	40	\$110,934.40	\$554.67	\$110,379.73	\$110,934.40	\$0.00	\$110,934.40
430	140	\$397,713.06	\$2,087.30	\$389,984.44	\$392,071.74	\$0.00	\$392,071.74
SUBTOTAL	27,031	\$23,108,337.09	\$1,111,208.11	\$21,743,270.96	\$22,854,479.07	(\$9,983.16)	\$22,844,495.91
Kaiser - Colorado							
450	4	\$5,687.20	\$568.72	\$5,118.48	\$5,687.20	\$0.00	\$5,687.20
451	37	\$11,320.20	\$1,364.38	\$9,360.02	\$10,724.40	\$0.00	\$10,724.40
453	10	\$31,467.90	\$3,231.85	\$28,236.05	\$31,467.90	\$0.00	\$31,467.90
455	6	\$10,270.20	\$924.32	\$9,345.88	\$10,270.20	\$0.00	\$10,270.20
457	16	\$9,404.80	\$1,034.53	\$8,370.27	\$9,404.80	\$0.00	\$9,404.80
459	2	\$4,003.20	\$80.06	\$3,923.14	\$4,003.20	\$0.00	\$4,003.20
SUBTOTAL	75	\$72,153.50	\$7,203.86	\$64,353.84	\$71,557.70	\$0.00	\$71,557.70

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Georgia							
440	1	\$1,780.87	\$196.07	\$1,584.80	\$1,780.87	\$0.00	\$1,780.87
441	3	\$5,342.61	\$588.21	\$4,754.40	\$5,342.61	\$0.00	\$5,342.61
442	6	\$10,685.22	\$1,176.42	\$9,508.80	\$10,685.22	\$0.00	\$10,685.22
445	2	\$4,373.48	\$0.00	\$4,373.48	\$4,373.48	\$0.00	\$4,373.48
461	15	\$26,713.05	\$4,430.76	\$22,282.29	\$26,713.05	\$0.00	\$26,713.05
462	87	\$36,834.43	\$4,891.89	\$30,700.93	\$35,592.82	\$0.00	\$35,592.82
463	3	\$10,661.22	\$3,516.47	\$7,144.75	\$10,661.22	\$0.00	\$10,661.22
465	3	\$6,560.22	\$349.88	\$6,210.34	\$6,560.22	\$0.00	\$6,560.22
466	28	\$23,772.46	\$1,327.98	\$21,624.74	\$22,952.72	\$0.00	\$22,952.72
SUBTOTAL	148	\$126,723.56	\$16,477.68	\$108,184.53	\$124,662.21	\$0.00	\$124,662.21
Kaiser - Hawaii							
471	5	\$4,814.20	\$577.71	\$4,236.49	\$4,814.20	\$0.00	\$4,814.20
472	27	\$12,075.75	\$1,806.89	\$10,268.86	\$12,075.75	(\$447.25)	\$11,628.50
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	2	\$5,745.04	\$0.00	\$5,745.04	\$5,745.04	\$0.00	\$5,745.04
476	3	\$4,206.27	\$616.92	\$3,589.35	\$4,206.27	\$0.00	\$4,206.27
478	15	\$13,297.50	\$992.88	\$12,304.62	\$13,297.50	\$0.00	\$13,297.50
479	1	\$2,661.75	\$0.00	\$2,661.75	\$2,661.75	\$0.00	\$2,661.75
SUBTOTAL	58	\$52,693.73	\$4,632.10	\$48,061.63	\$52,693.73	(\$447.25)	\$52,246.48

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Oregon							
481	3	\$4,244.88	\$707.48	\$4,952.36	\$5,659.84	\$0.00	\$5,659.84
482	78	\$44,085.60	\$5,685.92	\$38,399.68	\$44,085.60	(\$565.20)	\$43,520.40
483	5	\$8,661.05	\$1,117.40	\$7,543.65	\$8,661.05	\$0.00	\$8,661.05
484	2	\$5,643.84	\$0.00	\$5,643.84	\$5,643.84	\$0.00	\$5,643.84
486	3	\$5,916.48	\$0.00	\$5,916.48	\$5,916.48	\$0.00	\$5,916.48
488	31	\$34,794.40	\$4,803.86	\$29,990.54	\$34,794.40	\$0.00	\$34,794.40
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
493	1	\$3,379.12	\$7.82	\$3,371.30	\$3,379.12	\$0.00	\$3,379.12
SUBTOTAL	125	\$110,945.64	\$12,322.48	\$100,038.12	\$112,360.60	(\$565.20)	\$111,795.40
SCAN Health Plan							
611	328	\$94,812.30	\$17,446.15	\$79,972.25	\$97,418.40	(\$287.31)	\$97,131.09
613	127	\$73,660.60	\$12,646.91	\$63,280.17	\$75,927.08	\$0.00	\$75,927.08
SUBTOTAL	455	\$168,472.90	\$30,093.06	\$143,252.42	\$173,345.48	(\$287.31)	\$173,058.17
SCAN Health Plan, AZ							
620	29	\$8,331.99	\$1,154.98	\$7,177.01	\$8,331.99	\$0.00	\$8,331.99
621	12	\$6,799.44	\$1,167.24	\$5,632.20	\$6,799.44	\$0.00	\$6,799.44
SUBTOTAL	41	\$15,131.43	\$2,322.22	\$12,809.21	\$15,131.43	\$0.00	\$15,131.43
SCAN Health Plan, NV							
622	30	\$8,619.30	\$1,787.04	\$8,268.81	\$10,055.85	\$0.00	\$10,055.85
623	8	\$4,532.96	\$521.29	\$4,011.67	\$4,532.96	\$0.00	\$4,532.96
SUBTOTAL	38	\$13,152.26	\$2,308.33	\$12,280.48	\$14,588.81	\$0.00	\$14,588.81

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	2,228	\$875,637.00	\$93,088.69	\$771,621.71	\$864,710.40	(\$1,162.35)	\$863,548.05
702	386	\$822,155.40	\$36,457.19	\$737,946.76	\$774,403.95	\$0.00	\$774,403.95
703	1,416	\$1,104,336.00	\$104,341.41	\$961,808.59	\$1,066,150.00	(\$1,533.80)	\$1,064,616.20
704	107	\$258,008.45	\$6,391.04	\$239,782.16	\$246,173.20	\$0.00	\$246,173.20
705	56	\$59,236.80	\$5,542.87	\$57,925.13	\$63,468.00	\$0.00	\$63,468.00
706	1	\$483.66	\$19.35	\$464.31	\$483.66	\$0.00	\$483.66
SUBTOTAL	4,194	\$3,119,857.31	\$245,840.55	\$2,769,548.66	\$3,015,389.21	(\$2,696.15)	\$3,012,693.06
United Healthcare							
707	525	\$907,734.50	\$117,811.97	\$776,348.93	\$894,160.90	(\$1,696.70)	\$892,464.20
708	445	\$1,385,820.69	\$150,494.51	\$1,229,125.64	\$1,379,620.15	\$0.00	\$1,379,620.15
709	348	\$1,286,705.00	\$154,548.70	\$1,117,451.10	\$1,271,999.80	\$0.00	\$1,271,999.80
SUBTOTAL	1,318	\$3,580,260.19	\$422,855.18	\$3,122,925.67	\$3,545,780.85	(\$1,696.70)	\$3,544,084.15

Medical and Dental Vision Insurance Premiums

February 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	83	\$120,496.08	\$6,765.17	\$110,827.39	\$117,592.56	(\$1,451.76)	\$116,140.80
802	338	\$884,758.94	\$28,218.10	\$853,923.21	\$882,141.31	\$0.00	\$882,141.31
803	413	\$1,275,236.62	\$45,389.90	\$1,229,846.72	\$1,275,236.62	\$6,175.48	\$1,281,412.10
804	210	\$304,869.60	\$9,959.03	\$294,910.57	\$304,869.60	(\$58,819.80)	\$246,049.80
805	242	\$633,466.46	\$14,815.80	\$616,033.03	\$630,848.83	(\$56,202.90)	\$574,645.93
806	786	\$2,057,457.18	\$43,609.71	\$1,998,141.69	\$2,041,751.40	(\$349,597.10)	\$1,692,154.30
807	69	\$213,054.06	\$3,458.28	\$209,595.78	\$213,054.06	(\$15,542.10)	\$197,511.96
808	23	\$71,018.02	\$1,729.14	\$84,727.58	\$86,456.72	(\$10,632.20)	\$75,824.52
809	17	\$24,679.92	\$1,509.82	\$23,170.10	\$24,679.92	\$0.00	\$24,679.92
810	9	\$23,558.67	\$3,088.80	\$20,469.87	\$23,558.67	\$0.00	\$23,558.67
811	6	\$18,526.44	\$2,840.73	\$15,685.71	\$18,526.44	\$0.00	\$18,526.44
812	268	\$389,071.68	\$23,111.93	\$367,697.40	\$390,809.33	(\$60,796.49)	\$330,012.84
813	2	\$5,235.26	\$0.00	\$5,235.26	\$5,235.26	(\$405.80)	\$4,829.46
SUBTOTAL	2,466	\$6,021,428.93	\$184,496.41	\$5,830,264.31	\$6,014,760.72	(\$547,272.67)	\$5,467,488.05
Kaiser - Washington							
393	5	\$10,062.65	\$2,138.65	\$7,924.00	\$10,062.65	\$0.00	\$10,062.65
394	23	\$9,611.93	\$1,078.20	\$8,951.64	\$10,029.84	\$0.00	\$10,029.84
395	2	\$11,253.78	\$893.36	\$2,857.90	\$3,751.26	\$0.00	\$3,751.26
397	1	\$4,313.28	\$0.00	\$4,313.28	\$4,313.28	\$0.00	\$4,313.28
398	14	\$11,589.48	\$1,192.07	\$10,397.41	\$11,589.48	\$0.00	\$11,589.48
SUBTOTAL	45	\$46,831.12	\$5,302.28	\$34,444.23	\$39,746.51	\$0.00	\$39,746.51
Medical Plan Total	57,920	\$68,294,029.16	\$4,435,662.85	\$63,248,474.59	\$67,684,137.44	(\$553,689.64)	\$67,130,447.80

Medical and Dental Vision Insurance Premiums

February 2026

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	27,442	\$1,542,633.80	\$152,162.98	\$1,403,623.56	\$1,555,786.54	(\$1,742.20)	\$1,554,044.34
502	25,152	\$2,968,539.82	\$217,855.74	\$2,736,694.48	\$2,954,550.22	(\$1,471.00)	\$2,953,079.22
503	8	\$554.40	\$5.54	\$548.86	\$554.40	\$0.00	\$554.40
SUBTOTAL	52,602	\$4,511,728.02	\$370,024.26	\$4,140,866.90	\$4,510,891.16	(\$3,213.20)	\$4,507,677.96
CIGNA Dental HMO/Vision							
901	4,450	\$207,556.40	\$21,188.09	\$188,092.27	\$209,280.36	\$139.80	\$209,420.16
902	3,329	\$318,134.85	\$22,618.98	\$298,570.27	\$321,189.25	\$95.45	\$321,284.70
903	1	\$47.21	\$13.22	\$33.99	\$47.21	\$0.00	\$47.21
SUBTOTAL	7,780	\$525,738.46	\$43,820.29	\$486,696.53	\$530,516.82	\$235.25	\$530,752.07
Dental/Vision Plan Total	60,382	\$5,037,466.48	\$413,844.55	\$4,627,563.43	\$5,041,407.98	(\$2,977.95)	\$5,038,430.03
GRAND TOTALS	118,302	\$73,331,495.64	\$4,849,507.40	\$67,876,038.02	\$72,725,545.42	(\$556,667.59)	\$72,168,877.83

CARRIER DEDUCTION PREMIUMS* CODES		DEDUCTION CODE DEFINITIONS
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Anthem Blue Cross Prudent Buyer Plan

\$1,220.38	201	Retiree Only
\$2,402.44	202	Retiree and Spouse/Domestic Partner
\$2,711.47	203	Retiree, Spouse/Domestic Partner and Children
\$1,568.92	204	Retiree and Children
\$331.92	205	Survivor Children Only Rates

Anthem Blue Cross Plan I

\$1,584.80	211	Retiree Only
\$2,857.90	212	Retiree and Spouse/Domestic Partner
\$3,371.30	213	Retiree, Spouse/Domestic Partner and Children
\$2,097.12	214	Retiree and Children
\$534.96	215	Survivor Children Only Rates

Anthem Blue Cross Plan II

\$1,584.80	221	Retiree Only
\$2,857.90	222	Retiree and Spouse/Domestic Partner
\$3,371.30	223	Retiree, Spouse/Domestic Partner and Children
\$2,097.12	224	Retiree and Children
\$534.96	225	Survivor Children Only Rates

Anthem Blue Cross Plan III

\$642.90	240	Retiree Only with Medicare
\$2,057.29	241	Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross I)
\$2,057.29	242	Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross II)
\$1,280.41	243	Retiree and Spouse/Domestic Partner - Both with Medicare
\$1,151.83	244	Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross I)
\$1,151.83	245	Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross II)
\$2,566.05	246	Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross I)
\$2,566.05	247	Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross II)
\$1,789.08	248	Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross I)
\$1,789.08	249	Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross II)
\$2,005.12	250	Member, Spouse/Domestic Partner, Child (3 with Medicare)

**CARRIER
DEDUCTION
PREMIUMS* CODES**

DEDUCTION CODE DEFINITIONS

CIGNA Network Model Plan

\$2,027.27	301	Retiree Only
\$3,661.10	302	Retiree and Spouse/Domestic Partner
\$4,323.07	303	Retiree, Spouse/Domestic Partner and Children
\$2,690.19	304	Retiree and Children
\$670.42	305	Survivor Children Only Rates

Kaiser

\$1,410.77	401	Retiree Only ("Basic")
\$291.66	403	Retiree Only ("Senior Advantage")
\$1,367.03	404	Retiree Only ("Excess I") <i>"Closed to New Entrants"</i>
\$1,414.33	405	Retiree Only - ("Excess II")
\$2,813.54	411	Retiree and Family (All family members are "Basic")
\$1,694.43	413	Retiree and Family (One family member is "Senior Advantage"; others are "Basic")
\$2,769.80	414	Retiree and Family (One family member is "Excess I"; others are "Basic") <i>"Closed to New Entrants"</i>
\$575.32	418	Retiree and Family (Two or more family members are "Senior Advantage")
\$1,650.69	419	Retiree and Family (One family member is "Excess I"; others are "Senior Advantage") <i>"Closed to New Entrants"</i>
\$2,726.06	420	Retiree and Family (Two or more family members are "Excess I") <i>"Closed to New Entrants"</i>
N/A	421	Survivor Children Only Rates
\$2,817.10	422	Retiree and Family (One family member is "Excess II"; others are "Basic")
\$1,697.99	426	Retiree and Family (One family member is "Senior Advantage"; others are "Excess II")
\$2,773.36	428	Retiree and Family (One family member is "Excess I"; others are "Excess II")
\$2,820.66	430	Retiree and Family (Two or more family members are "Excess II")

Kaiser Colorado

\$1,421.80	450	Retiree Only ("Basic" under age 65)
\$297.90	451	Retiree Only ("Senior Advantage")
\$3,146.79	453	Retiree and Family (Two family members are "Basic")
\$4,249.55	454	Retiree and Family (Three or more family members are "Basic")
\$1,711.70	455	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic")
\$587.80	457	Retiree and Family (Two family members are "Senior Advantage")
\$3,043.28	458	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$2,001.60	459	Retiree and Family (Two family members are "Senior Advantage"; one or more are "Basic")

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>Kaiser Georgia</u>		
\$1,780.87	440	Retiree Only ("Basic" over age 65 with Medicare Part B only)
\$1,780.87	441	Retiree Only ("Basic over age 65 with Medicare Part A only)
\$1,780.87	442	Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B)
\$413.87	443	Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure)
\$2,186.74	444	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only)
\$2,186.74	445	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only)
\$2,186.74	446	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B)
\$1,780.87	461	Retiree Only ("Basic" under age 65)
\$413.87	462	Retiree Only ("Senior Advantage")
\$3,553.74	463	Retiree and Family (Two family members are "Basic")
\$5,326.61	464	Retiree and Family (Three or more family members are "Basic")
\$2,186.74	465	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$819.74	466	Retiree and Family (Two family members are "Senior Advantage")
\$3,959.61	467	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$2,592.61	468	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$1,225.61	469	Retiree and Family (Three or more family members are "Senior Advantage"; one is "Basic")
\$3,959.61	470	Retiree and Family (Three or more family members are "Basic"; one is "Senior Advantage")
<u>Kaiser Hawaii</u>		
\$962.84	471	Retiree Only ("Basic" under age 65)
\$447.25	472	Retiree Only ("Senior Advantage")
\$2,222.50	473	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,917.68	474	Retiree and Family (Two family members are "Basic")
\$2,872.52	475	Retiree and Family (Three or more family members are "Basic")
\$1,402.09	476	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$3,177.34	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)
\$886.50	478	Retiree and Family (Two family members are "Senior Advantage")
\$2,661.75	479	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
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Kaiser Oregon

\$1,414.96	481	Retiree Only ("Basic" under age 65)
\$565.20	482	Retiree Only ("Senior Advantage")
\$1,732.21	483	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$2,821.92	484	Retiree and Family (Two family members are "Basic")
\$4,228.88	485	Retiree and Family (Three or more family members are "Basic")
\$1,972.16	486	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$1,122.40	488	Retiree and Family (Two family members are "Senior Advantage")
\$1,732.21	490	Retiree Only (Over age 65 with Medicare Part B only)
\$1,930.86	491	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 with Medicare Par A only)
\$2,289.41	492	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)
\$3,379.12	493	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$2,529.36	494	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$3,456.42	495	Retiree and Family (Two family members are over age 65 without Medicare Part A or Medicare Part B)
\$2,739.32	496	Retiree and Family (Two family members are over age 65 with Medicare Part A only)
\$2,780.62	497	Retiree and Family (One family member is "Basic"; one is over age 65 with Medicare Part A only)
\$3,139.17	498	Retiree and Family (One family member is "Basic"; one is over age 65 without Medicare Part A or Medicare Part B)

Kaiser Washington

\$2,012.53	393	Retiree and Family ("Basic" under age 65)
\$417.92	394	Retiree Only ("Senior Advantage")
\$3,751.26	395	Retiree and Family (Two family members are "Basic")
\$6,275.96	396	Retiree and Family (Three or more family members are "Basic")
\$2,156.64	397	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic")
\$827.82	398	Retiree and Family (Two family members are "Senior Advantage")
\$4,681.34	399	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$3,352.52	400	Retiree and Family (Two family members are "Senior Advantage"; one or more are "Basic")

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

"Senior Advantage"

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

"Excess II"

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

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
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SCAN Health Plan

\$287.31	611	Retiree Only with SCAN
\$566.62	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.)

SCAN Health Plan – Arizona (Maricopa, Pima, Pinal Counties)

\$287.31	620	Retiree Only
\$566.62	621	Retiree and Spouse/Domestic Partner or Retiree and One Child. Both Retiree and eligible dependent must be enrolled in Medicare Parts A & B.

SCAN Health Plan – Nevada (Nye and Clark Counties)

\$287.31	622	Retiree Only
\$566.82	623	Retiree and Spouse/Domestic Partner or Retiree and One Child. Both Retiree and eligible dependent must be enrolled in Medicare Parts A & B

United Healthcare Medicare Advantage (UHCMA)

(For both members and dependents who are enrolled in UHCMA, or a family combination of UHCMA/UHC)

\$387.45	701	Retiree Only with Secure Horizons
\$2,076.15	702	Retiree and 1 Dependent - One with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
\$766.90	703	Retiree and 1 Dependent - Both with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
\$2,367.05	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)
\$1,057.80	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)
\$483.66	706	Survivor Children Only Rates

**CARRIER
DEDUCTION
PREMIUMS* CODES**

DEDUCTION CODE DEFINITIONS

United Healthcare (UHC)

(For members and dependents under age 65 [no Medicare])

\$1,696.70	707	Retiree Only
\$3,100.27	708	Retiree and 1 Dependent
\$3,676.30	709	Retiree and 2 Or More Dependents

Local 1014 Firefighters

\$1,451.76	801	Member Under 65
\$2,617.63	802	Member + 1 Under 65
\$3,087.74	803	Member + 2 Under 65
\$1,451.76	804	Member with Medicare
\$2,617.63	805	Member + 1; 1 Medicare
\$2,617.63	806	Member + 1; 2 Medicare
\$3,087.74	807	Member + 2; 1 Medicare
\$3,087.74	808	Member + 2; 2 Medicare
\$1,451.76	809	Surviving Spouse Under 65
\$2,617.63	810	Surviving Spouse + 1; Under 65
\$3,087.74	811	Surviving Spouse + 2 Under 65
\$1,451.76	812	Surviving Spouse with Medicare
\$2,617.63	813	Surviving Spouse + 1; 1 Medicare
\$3,087.74	814	Spouse + 1; 1 Medicare
\$2,617.63	815	Surviving Spouse + 1; 2 Medicare

CIGNA Indemnity - Dental/Vision

\$56.20	501	Retiree Only
\$117.86	502	Retiree and Dependent(s)
\$69.30	503	Survivor Children Only Rates

CIGNA HMO - Dental/Vision

\$46.60	901	Retiree Only
\$95.45	902	Retiree and Dependent(s)
\$47.21	903	Survivor Children Only Rates

Los Angeles County Employees Retirement Association

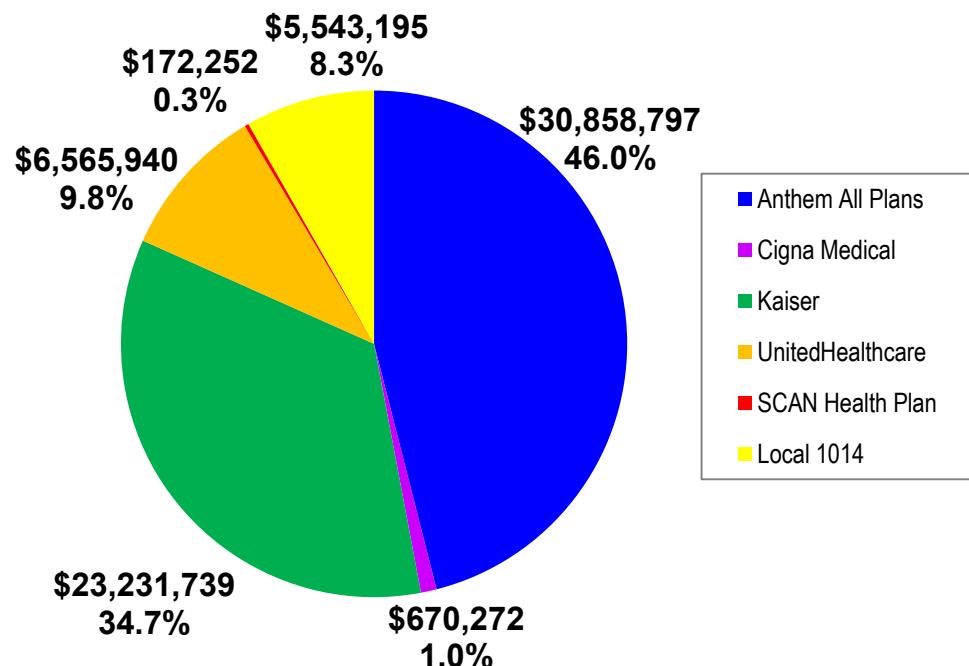
Premium & Enrollment

Coverage Month Ending December 2025

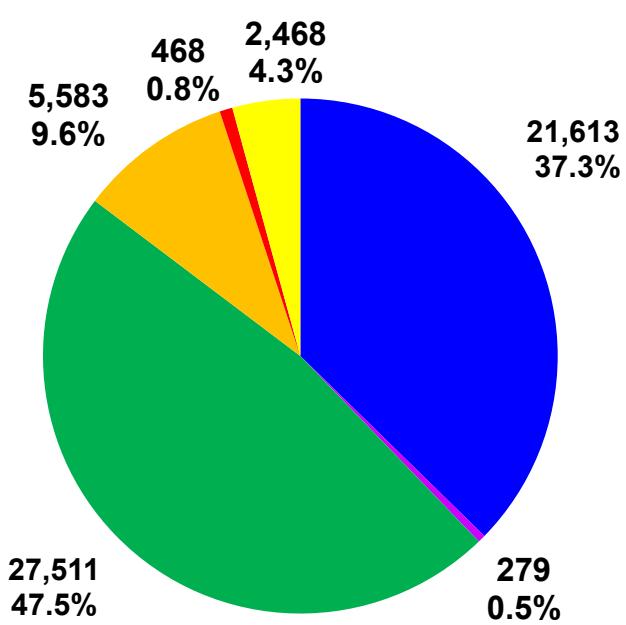
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$30,858,797	46.0%	21,613	37.3%
Cigna Medical	\$670,272	1.0%	279	0.5%
Kaiser	\$23,231,739	34.6%	27,511	47.5%
UnitedHealthcare	\$6,565,940	9.8%	5,583	9.6%
SCAN Health Plan	\$172,252	0.3%	468	0.8%
Local 1014	\$5,543,195	8.3%	2,468	4.3%
Combined Medical	\$67,042,194	100.0%	57,922	100.0%

Cigna Dental & Vision (PPO and HMO)	\$5,030,204	60,265
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Monthly Premium



Retirees

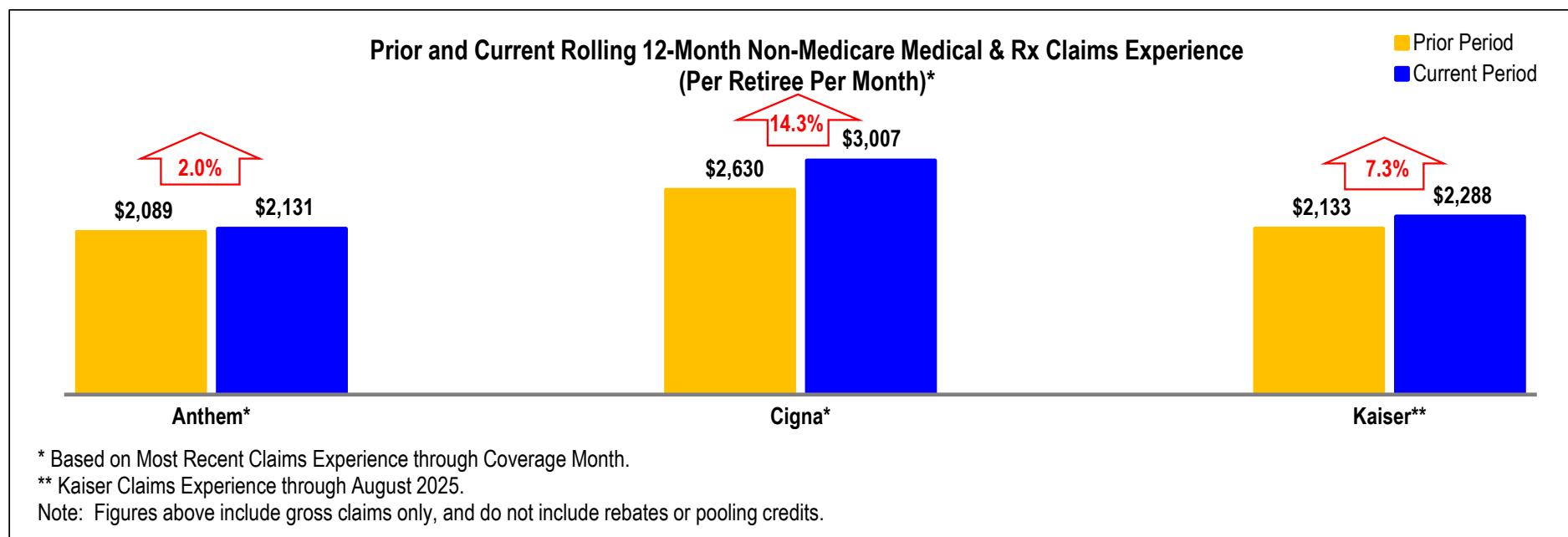
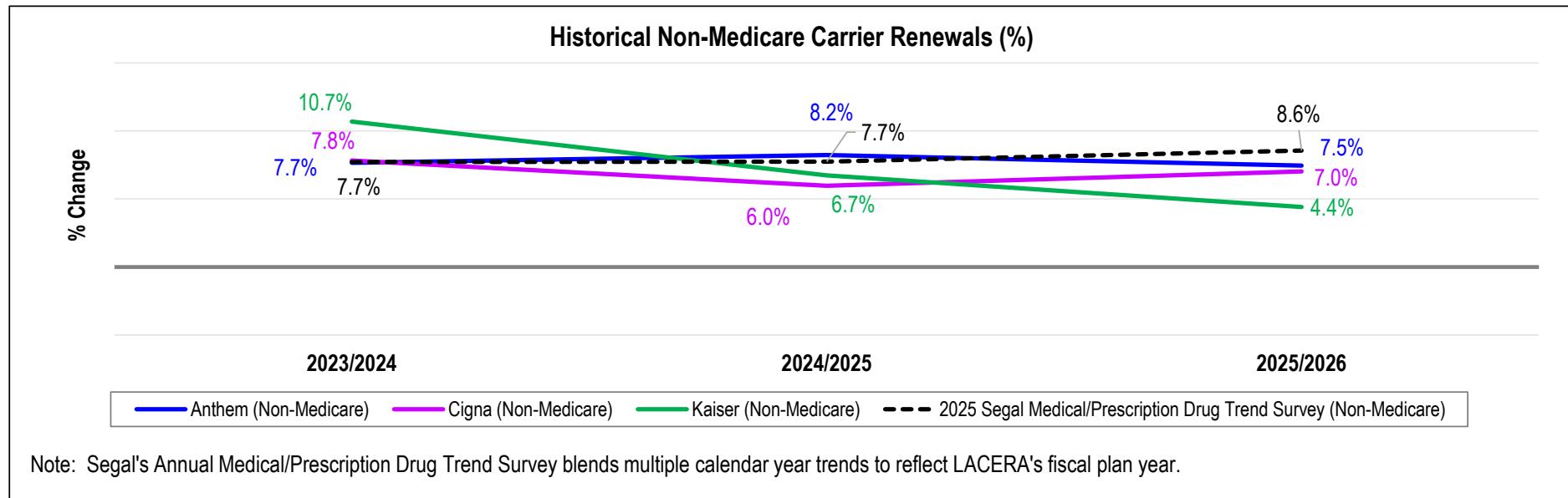


Note: Premiums **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.
Segal | Premium & Enrollment Exhibit

Los Angeles County Employees Retirement Association

Claims Experience by Carrier

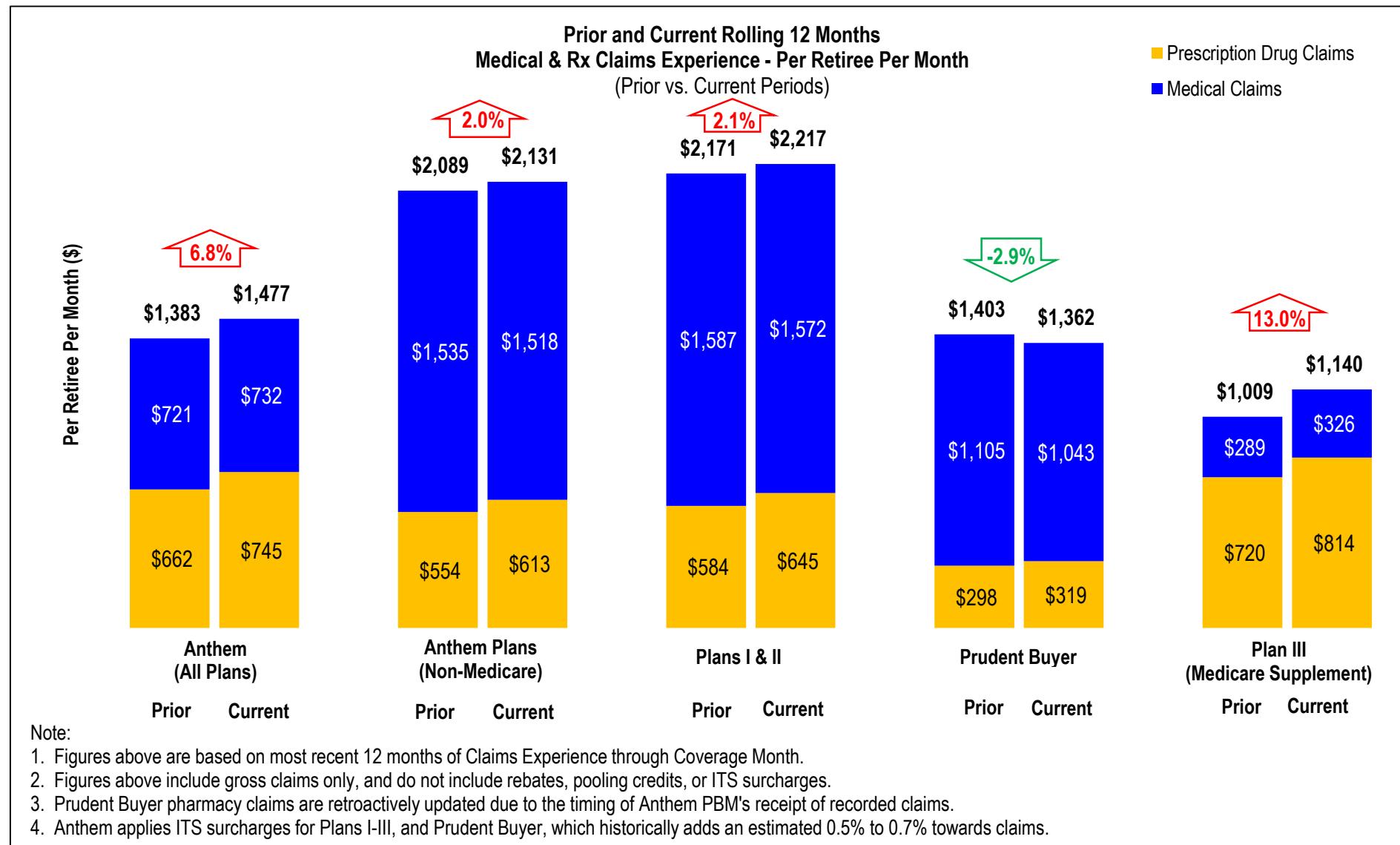
Coverage Month Ending December 2025



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending December 2025



Blended (Medical & Rx) Trend

	2023/2024	2024/2025	2025/2026
Non-Medicare (80% Medical / 20% Rx)	7.7%	7.7%	8.6%
Medicare (20% Medical / 80% Rx)	6.9%	6.2%	8.1%

Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending December 2025

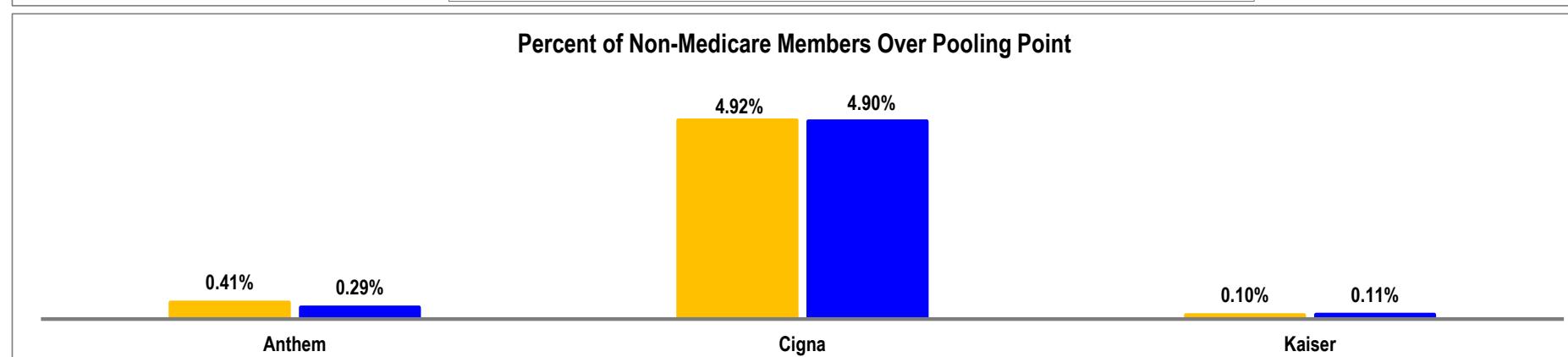
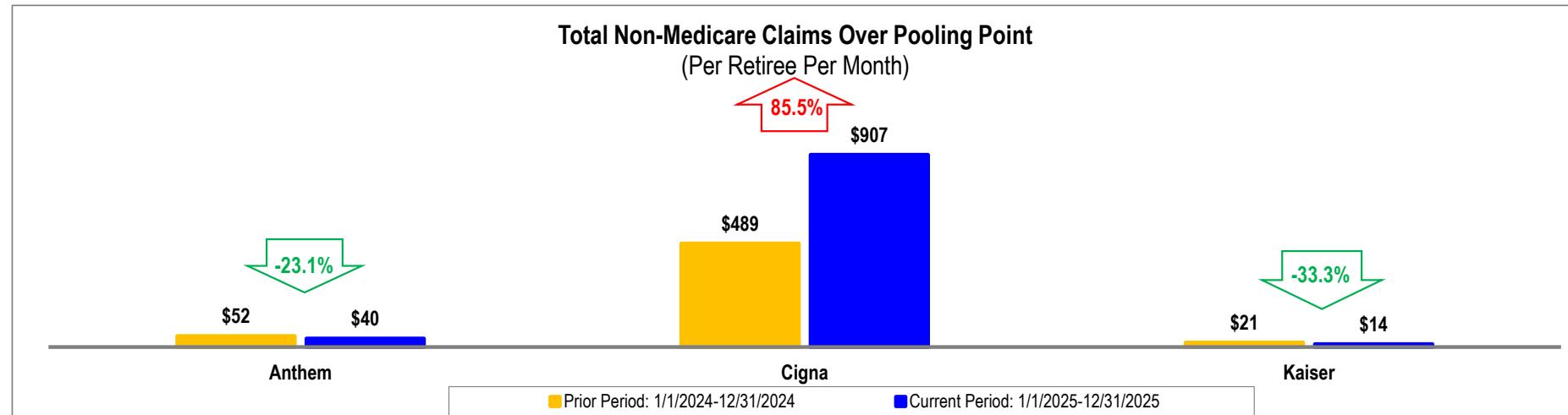
- Kaiser insures approximately 26,500 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in California.

Category	Current Period 9/1/2024 - 8/31/2025	Prior Period 9/1/2023 - 8/31/2024	Change
Average Contract Size	1.82	1.82	0.00%
Average Members	12,656	12,557	0.79%
Inpatient Claims Per Member Per Month	\$313.41	\$317.22	-1.20%
Outpatient Claims Per Member Per Month	\$556.21	\$504.29	10.30%
Pharmacy Per Member Per Month	\$173.63	\$159.24	9.04%
Other Per Member Per Month	\$215.68	\$194.17	11.08%
Total Claims Per Member Per Month	\$1,258.93	\$1,174.92	7.15%
 Total Paid Claims	 \$191,200,169	 \$177,037,581	 8.00%
Large Claims over \$600,000 Pooling Point			
Number of Claims over Pooling Point	8	7	
Amount over Pooling Point	\$1,196,810	\$1,749,239	-31.58%
% of Total Paid Claims	0.63%	0.99%	
Inpatient Days / 1000	700.0	736.8	-4.99%
Inpatient Admits / 1000	95.8	93.9	2.02%
Outpatient Visits / 1000	16,820.8	16,089.8	4.54%
Pharmacy Scripts Per Member Per Year	14.3	13.6	5.15%

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending December 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 September through August.

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 \$600,000.

Los Angeles County Employees Retirement Association

Anthem Lifetime Max Accumulation Status By Plan

Coverage Month Ending December 2025

Lifetime Claim Amount ⁵	Prior Calendar Year: December 2024 ^{1,2}			Current Calendar Year: December 2025 ^{3,4}		
	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$1.4M-\$1.5M	0	0	0	0	0	0
\$1.3M-\$1.4M	0	0	0	0	0	0
\$1.2M-\$1.3M	0	0	0	0	0	0
\$1.1M-\$1.2M	0	0	0	1	0	1
\$1.0M-\$1.1M	7	0	7	7	1	8
\$900K-\$999K	15	1	16	9	0	9
\$800K-\$899K	18	1	19	20	3	23
Total	40	2	42	37	4	41
Lifetime Claim Amount ⁵	Prior Month: November 2025 ^{3,6}			Most Recent Month: December 2025 ^{3,4}		
	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$1.4M-\$1.5M	0	0	0	0	0	0
\$1.3M-\$1.4M	0	0	0	0	0	0
\$1.2M-\$1.3M	0	0	0	0	0	0
\$1.1M-\$1.2M	1	0	1	1	0	1
\$1.0M-\$1.1M	7	1	8	7	1	8
\$900K-\$999K	6	0	6	9	0	9
\$800K-\$899K	21	2	23	20	3	23
Total	35	3	38	37	4	41

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 January 22, 2025.

³ Includes two months of historical data.

⁴ Based on data provided by Anthem on January 14, 2026.

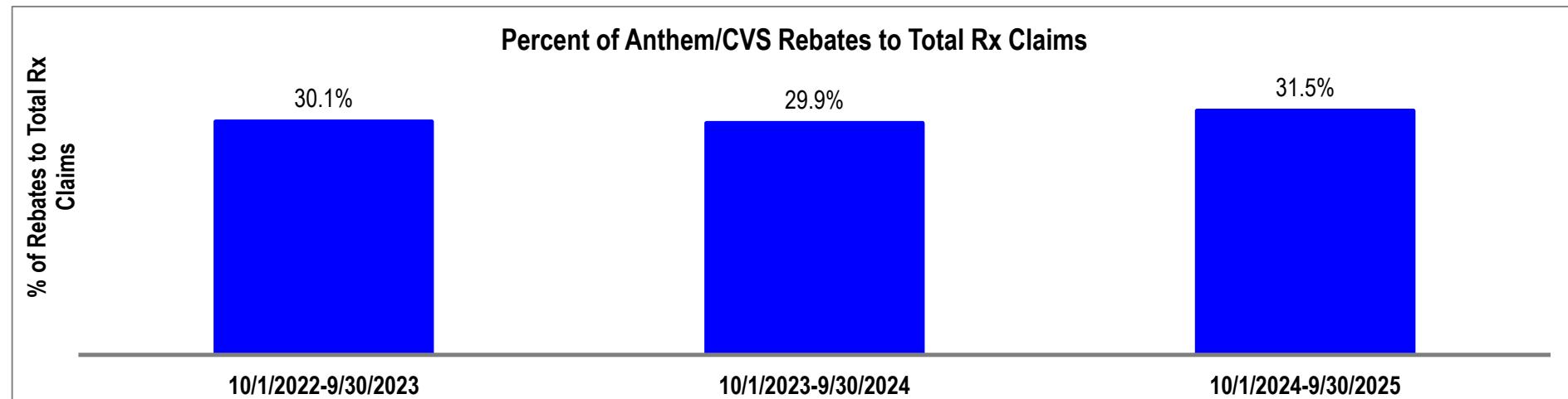
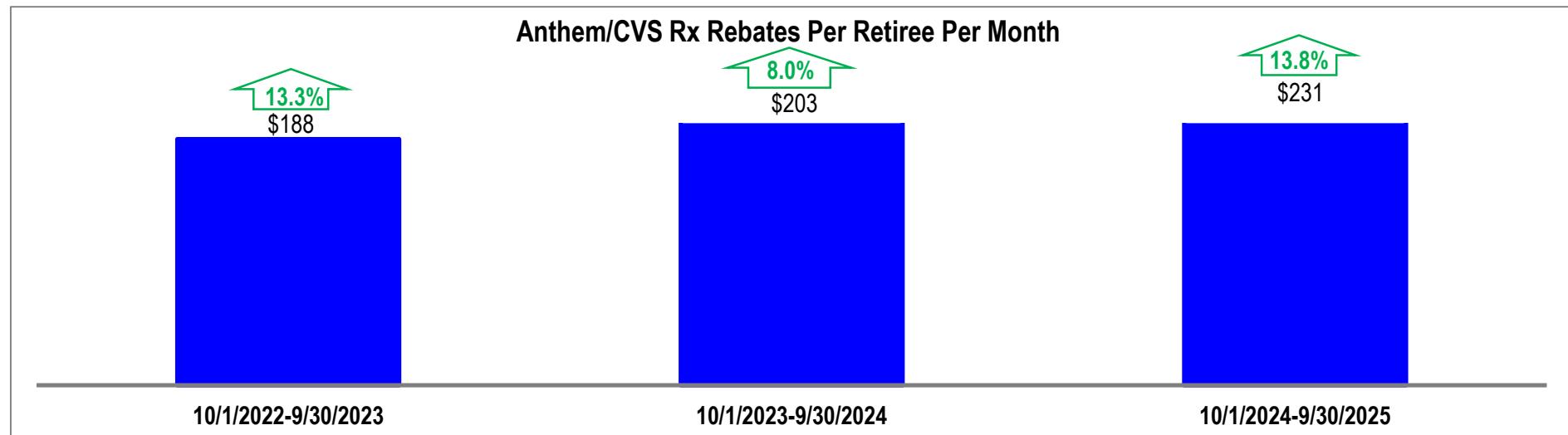
⁵ Members identified by Anthem as terminated were excluded from the counts above.

⁶ Based on data provided by Anthem on December 17, 2025.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)

Coverage Month Ending December 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.

Segal | Rebates Exhibit

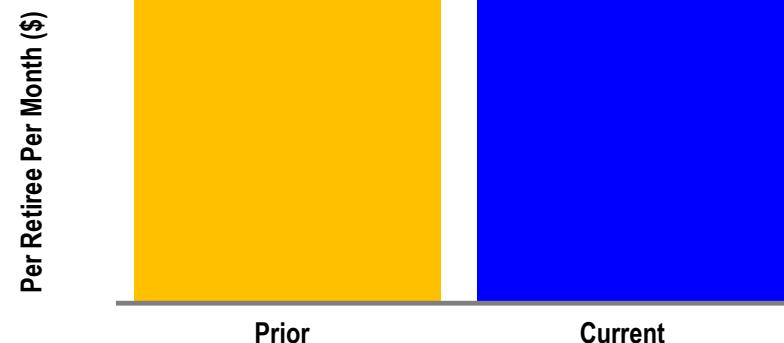
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Los Angeles County Employees Retirement Association

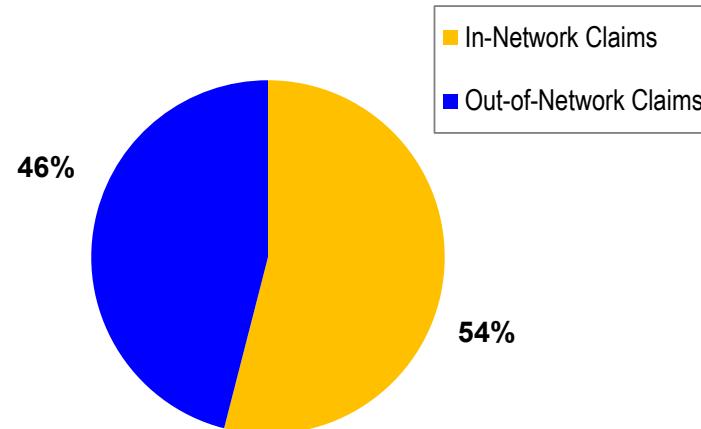
Cigna Dental & Vision Claims Experience

Coverage Month Ending December 2025

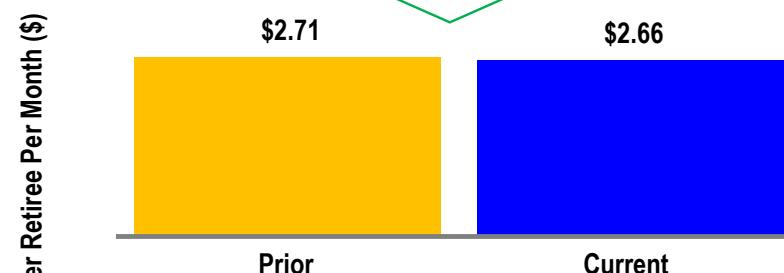
Dental Claims Experience Per Retiree Per Month
(Prior and Current Rolling 12 Months)



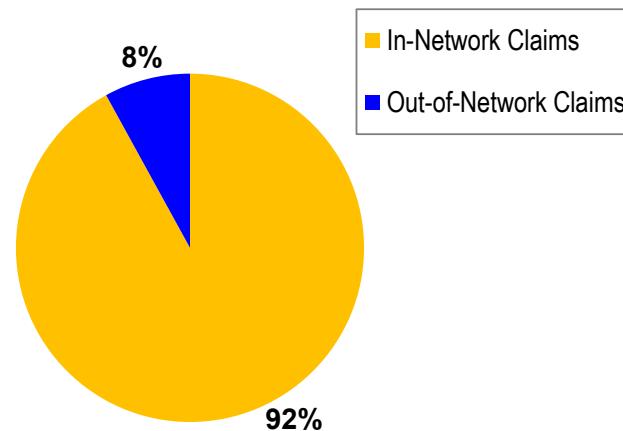
Current Dental Provider Network Distribution



Vision Claims Experience Per Retiree Per Month
(Prior and Current Rolling 12 Months)



Current Vision Provider Network Distribution



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.

Compliance News | January 23, 2026

Proposed Rule on Healthcare Price Transparency Disclosures

The U.S. Departments of Labor, Health and Human Services, and the Treasury (collectively, the Departments) have published a proposed rule to modify healthcare price transparency disclosure requirements for non-grandfathered group health plans and health insurers.

It appears that the proposed rule would impose additional requirements on self-insured plan sponsors to have written agreements with their service providers setting forth the obligations to provide transparent disclosures and additional data in the files and to monitor service providers to ensure that these obligations have been met.



The Departments request comments on all aspects of the proposed rule by February 23, 2026. In particular, they seek comments on some of the special rules applicable to self-insured plans and how they would be affected by rules, including requirements to report the plan type and enrollment data.

Background on the price transparency disclosure requirements

The proposed rule builds on the final [Transparency in Coverage \(TiC\) rule](#) issued by the Departments in 2020. (See our [November 5, 2020 insight](#).) For plan years beginning on or after January 1, 2022, the TiC final rule requires non-grandfathered group health plans and insurers to publish on a public website three separate machine-readable files (MRFs):

- An **in-network rate file** disclosing in-network rates for all covered items and services
- An **out-of-network allowed amount file** disclosing out-of-network allowed amounts and the associated billed charges
- A **prescription drug file** disclosing in-network rates and historic net prices for covered items and services. The prescription drug MRF requirement is on hold awaiting technical guidance from the Departments. (See our [October 17, 2023 insight](#).)

The final TiC rule requires health plans and insurers to make an internet-based self-service tool available to participants to disclose the price and cost-sharing liability for covered items and services, including prescription drugs. Upon request, plans and issuers must provide this information in paper form. This requirement became applicable in January 2023.

The No Surprises Act, enacted in 2020, also required an internet-based price comparison tool, and specified that the information must be available over the phone as well as online. The No Surprises Act also extended the requirement for a price comparison tool to grandfathered plans. (See our [January 14, 2021 insight](#).)

The proposed rule advances the February 2025 executive order on improving healthcare price transparency, which we discussed in our [March 21, 2025 insight](#).

The proposed rule on price transparency disclosure requirements

Most of the changes in the proposed rule that was published in the [December 23, 2025 Federal Register](#) relate to the content of the large MRFs that health plans and insurers must post on a public website for health policy and pricing research, not for use by plan participants. However, the proposed rule would also revise the requirement to make cost-sharing information available to participants, beneficiaries and enrollees through an internet-based, self-service price comparison tool.

The proposed rule would be effective 12 months after it is finalized for the MRF changes, and for plan years beginning on or after January 1, 2027 for the price comparison tool changes.

Changes to machine-readable file requirements

The newly proposed rule requires several changes to the MRFs that non-grandfathered group health plans and insurers must publish.

Updated schedule for reporting

The group health plan or insurer would have to update the in-network rate and out-of-network allowed amount MRFs quarterly (as opposed to monthly as currently required).

In-network rate files

The in-network rate files would be required to be organized by provider network rather than plan. The Departments state that requiring network-level reporting would streamline how rates are reported, reducing the number and size of in-network rate files. Plans would also have to report the product name of the plan option (e.g., HMO or PPO).

In addition, plans and insurer would be required to exclude from the in-network rate files the data for services that providers would be unlikely to perform because the service is not in their area of specialty (e.g., exclude rates for podiatrists to perform heart surgery). Finally, plans would have to report a numerical enrollment number for each plan represented in the file.

Out-of-network allowed amount files

The out-of-network allowed amount files would be organized by health insurance market type (i.e., large group, small group, individual, and self-insured). The self-insured group health plan market would include all self-insured group health plans maintained by the plan sponsor. Administrators of self-insured group health plans may aggregate out-of-network allowed amounts for more than one plan, including those offered by different self-insured plan sponsors.

	Current Requirement	Proposed Change
Claims threshold	20	11
Reporting period	90 days	6 months
Lookback period	180 days	9 months

The Departments state that this change will result in more out-of-network data being made available.

New file requirements

In addition to the three MRFs currently required, plans and insurers would also be required to post additional files, including a change-log file, a utilization file, a taxonomy file and a plain text file on a group health plan's or insurer's website that includes links to the MRFs and contact information.

Disclosure requirements

A group health plan or insurer would be allowed to enter into a written agreement under which another party (e.g., as a third-party administrator) posts the MRFs on its public website on behalf of the plan, including if the plan does not have a website. However, if the files are posted on a service provider's website, and the plan maintains a public website but chooses not to host the files separately on that website, it must provide a link on its own public website to the location where the files are made publicly available.

Special rules for self-insured plans

Self-insured plans may enter into a written agreement under which another party (e.g., a third-party administrator or healthcare claims clearinghouse) provides the information required. However, if the party with which the plan contracts fails to meet the requirements, the plan would violate the transparency disclosure requirements. This is the same as the current rule.

The proposed rule would also allow self-insured plans to enter into an agreement to permit the other party to create a single in-network rate MRF using provider network information from its other clients and across different health insurance markets. However, this may only occur if the file meets specific standards, including that each in-network

MRF made available for a provider network must include the information for all covered items and services under each plan that uses the same provider network and each change-log, utilization and taxonomy MRF must include the information for the same plans represented in the MRF.

Similarly, self-insured plans would be allowed to enter into an agreement to permit the other party to create a single out-of-network allowed amount file for more than one self-insured group health plan (including those offered by different plan sponsors with which the other party has an agreement) provided that the out-of-network allowed amount and billed charge data in relation to a particular item or service is omitted if it would require disclosure of out-of-network allowed amounts in connection with fewer than 11 different claims for payment across all of the plans (including those offered by different plan sponsors) included in the out-of-network MRF.

Price comparison tool

The proposed rule would require that both grandfathered and non-grandfathered plans and insurers provide the same price and cost sharing information whether viewed online or in print or provided by telephone, upon request. The proposed rule would also update the required disclosure notice that accompanies the price comparison tool.

Additional guidance is expected

The Departments have indicated they will address implementation of the prescription drug file separately in future guidance.

Implications for plan sponsors

Under the current TiC rules, plan sponsors generally rely upon their third-party administrators to comply with the machine-readable file and price comparison tool requirements. If the proposed rules are finalized, it is likely that plan sponsors will need to more closely monitor the compliance efforts by their third-party administrators.

Plan sponsors should review the potential changes in the proposed rule with their professional advisors and administrators to determine the likely impact on their plans.

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.

Trends

Statistics and Strategies for Health Plan Sponsors

First Quarter 2026



Key statistics

Typically, nearly one-third of participants in group health plans have a diagnosed musculoskeletal condition. Many of them do physical therapy, but a small percentage undergo surgery.

Musculoskeletal treatments account for nearly 15 percent of total medical expenditures. Although musculoskeletal-related costs are rising, they are increasing at a lower rate than overall medical trend.



30%+ of group health plan participants in a given year **are treated for musculoskeletal conditions.**



About **14%** of total medical costs were for **musculoskeletal treatments** in recent years.



Musculoskeletal medical costs grew by 7.1% from 2023 to 2024, a lower rate than all medical costs at 9.3%.



Nearly 1/3 of patients undergo physical therapy (PT) each year, while about **5% of patients get surgery.**

Source: SHAPE, Segal's proprietary health data warehouse

Strategies for managing the cost and quality of treating musculoskeletal conditions

Musculoskeletal care encompasses a broad range of conditions, from acute to lifelong. [The Orthopaedic Research Society](#) estimates that over half of adults in the United States have a musculoskeletal condition, including arthritis, low back pain, osteoporosis and gout, with an even higher disease burden among older adults. Musculoskeletal conditions are the leading cause of disability worldwide. Researchers [anticipate a steep increase in the number of people living with musculoskeletal conditions](#) in the coming years.

These broader trends place group health plans at high risk of seeing increased costs for musculoskeletal treatments in the future. Other environmental factors — including increased rates of obesity and other inflammatory conditions, sedentary lifestyles and occupational hazards in the building trades — increase the exposure for accident, disability and health plans.

The musculoskeletal treatment landscape

Musculoskeletal conditions represent a wide range of health problems, including genetic deformities, injury and chronic diseases. Though some musculoskeletal disorders may eventually resolve, others can be debilitating and long term. PT is a common initial treatment, but for serious cases, advanced imaging and/or surgery may be necessary.

Although relatively rare, musculoskeletal surgeries are a common source of large claims, and pricing can be highly variable. In recent years, health plans have successfully shifted many procedures from inpatient hospitals to lower-cost outpatient and ambulatory surgery center (ASC) settings. Though this migration has helped to moderate cost trend, there are only so many procedures that can shift to ASCs and outpatient hospitals. Once a significant proportion of procedures has migrated, costs will likely begin to rise again. Additionally, the increasing pace of hospital consolidation in many local markets may erode the savings potential of migration.

Not all musculoskeletal treatments are equally beneficial

Many common musculoskeletal procedures are considered low-value care, meaning they offer little to no clinical benefit, often at a high cost. Authorities such as Choosing Wisely and the *British Medical Journal* have identified several common treatments as being of low value, including [imaging for low back pain](#), [spinal injection](#) and [arthroscopy for degenerative knee disease](#). Other treatments, like opioids for acute pain, carry their own extreme health risks. Major surgeries can also have mixed success rates. Estimates of the failure rate of [shoulder](#) and [spinal surgery](#) run as high as 40 percent and 46 percent, respectively, while more common procedures, like [hip](#) and [knee](#) replacements, appear to deliver better results.

Digital health solutions offer a better alternative for musculoskeletal therapies and can also reach members at earlier stages. Many point solutions now exist, with interventions ranging from self-paced resources to guided virtual PT. A recent Segal analysis of one such program found that participants had fewer emergency room visits and lower cost trends than non-participants with similar conditions.

When properly implemented, virtual PT can help people restore functional status, prevent the overuse of painkillers and avoid further damage. Widespread access to PT can also improve the likelihood that future surgeries will be successful and may help avoid some procedures altogether.

Strategies for managing musculoskeletal costs and quality

Given the broad spectrum of musculoskeletal conditions and treatments, plan sponsors have a range of options for promoting quality while managing costs.

Key strategies include:

- **Emphasize prevention.** One of the best ways to limit the impact of costly musculoskeletal procedures, especially surgery, is early intervention. Advanced imaging claims or orthopedics visits may be early signs that members have serious concerns that, if unaddressed, could ultimately make surgery necessary. These medium-risk groups are prime targets for additional outreach and support.
- **Explore digital health partnerships.** Engaging with a musculoskeletal point solution can promote broader access to PT, helping participants avoid and recover from minor injuries in lower-cost, flexible settings. Clearly defined performance guarantees and periodic claims evaluation can ensure that vendors deliver a meaningful return on investment, with fees at risk for missed targets.

• **Build and maintain a high-quality network.** Consider adopting a Center of Excellence model for musculoskeletal surgeries to steer participants toward providers with a proven track record of delivering superior outcomes. There are also vendors that manage specialty surgery networks, offering competitive bundled rates with travel benefits for members without providers near them.

• **Stay vigilant on quality of care.** Musculoskeletal patients frequently receive low-value care, including unnecessary imaging, ineffective treatments and potentially dangerous opioid prescriptions. Care management, in collaboration with vendors and third-party administrators, can help ensure that participants with musculoskeletal conditions are on a safe, evidence-based treatment plan. Care management is also critical for participants recovering from surgery to minimize the risk of complications or repeat procedures.

• **Promote site-of-care optimization.** Where possible, encourage and incentivize moving elective procedures from inpatient to outpatient and ASC settings. ASC-based musculoskeletal procedures are significantly less costly and offer a better patient experience, as they are often same-day services, allowing patients to recover at home. Plan sponsors may be able to realize greater or lesser savings depending on the hospitals and facilities in their region.

Depending on a plan's demographics, geography and priorities, a hybrid approach will likely be the most successful.

Compliance update: 2026 reporting and disclosures for ERISA plans

As a new year begins, Segal can help ERISA plan sponsors stay on top of their reporting and disclosure requirements for health and retirement plans. Request your copy of Segal's [2026 Reporting and Disclosure Guide for Benefit Plans](#) here.

To discuss the implications for your plan of anything covered here, contact your Segal consultant or [get in touch via our website, \[seagalco.com\]\(#\)](#).

This *Trends* was published in January 2026. For previous issues of *Trends* or other Segal publications, [visit the insights page of our website, \[seagalco.com\]\(#\)](#).

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