

IN PERSON & VIRTUAL BOARD MEETING

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



TO VIEW VIA WEB



TO PROVIDE PUBLIC COMMENT

Members of the public may address the Board orally and in writing. To provide Public Comment, please visit the above link and complete the request form.

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

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

AGENDA

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

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

8:30 A.M., WEDNESDAY, MARCH 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, Trustee
Jason E. 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 February 4, 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. REPORTS

- A. **Engagement Report for February 2026**

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

- B. **Staff Activities Report for February 2026**

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

- C. **LACERA Claims Experience**

Michael Szeto, Segal Consulting
(Presentation)

- D. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

VI. ITEMS FOR STAFF REVIEW

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

VII. ITEMS FOR FUTURE AGENDAS

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

VIII. GOOD OF THE ORDER

(For Information Purposes Only)

IX. ADJOURNMENT

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

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

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

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

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

8:01 A.M. – 8:31 A.M., WEDNESDAY, FEBRUARY 4, 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, Vice Chair

Shawn R. Kehoe, Trustee (*arrived at 8:09 a.m.*)

Ernesto J. Pantoja, Trustee (*arrived at 8:07 a.m.*)

ABSENT: Jason E. Green, Alternate Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

Elizabeth Ginsberg, Trustee

JP Harris, Trustee (*arrived at 8:04 a.m.*)

Wayne Moore, 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

Michael Szeto,

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:01 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

There were no requests received.

III. APPROVAL OF MINUTES

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

Trustee Kehoe made a motion, Trustee Robbins seconded, to approve the minutes of the regular meeting of December 3, 2025. The motion passed by the following roll call vote:

Yes: Langton, Kehoe, Robbins

No: None

Abstain: Pantoja

B. Approval of the Minutes of the Regular Meeting of January 7, 2026

Trustee Langton made a motion, Trustee Robbins seconded, to approve the minutes of the regular meeting of January 7, 2026. The motion passed by the following roll call vote:

Yes: Langton, Kehoe, Robbins

No: None

Abstain: Pantoja

(The above Items were handled out of order, after Item VI-E.)

IV. PUBLIC COMMENT

There were no requests from the public to speak.

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)

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

Yes: Langton, Kehoe, Pantoja, Robbins

No: None

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)

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

Yes: Langton, Kehoe, Pantoja, Robbins

No: None

V. NON-CONSENT ITEMS (Continued)

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)

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

Yes: Langton, Kehoe, Pantoja, Robbins

No: None

VI. REPORTS

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

Barry W. Lew, Legislative Affairs Officer
(For Information Only) (Memo dated January 23, 2026)

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

B. **Engagement Report for January 2026**

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

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

C. **Staff Activities Report for January 2026**

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

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

VI. REPORTS (Continued)

D. **LACERA Claims Experience**

Stephen Murphy, Segal Consulting
(Presentation)

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

E. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

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

VII. ITEMS FOR STAFF REVIEW

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

There was nothing to report.

VIII. ITEMS FOR FUTURE AGENDAS

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

There was nothing to report.

IX. GOOD OF THE ORDER

(For Information Purposes Only)

There was nothing to report.

X. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 8:31 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.**

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
FEBRUARY 2026
FOR INFORMATION ONLY**

Retirement in America: Retirement Preparedness Among Working-Age Adults

The National Institute on Retirement Security (NIRS) released a study that examines retirement preparedness of working-age adults. It answers key questions on retirement savings, access to retirement plan, and how saving for retirement interacts with other financial commitments, such as student loans and mortgages. The following are the report's key findings:

- Many working Americans lack access to employer-provided retirement plans, although public sector workers tend to have higher access and participation than private sector workers.
- Social Security constitutes half of income for the typical older adult. Income from both defined benefit (DB) and defined contribution (DC) plans represents about a fifth of income on average.
- Working individuals with DC plans had median savings for \$40,000 as of December 2022. Across all workers, including those with no savings, the median amount was \$955.
- The typical employee contribution rate to a DC plan is 5-6%, and the employer contribution was just under 3%. Employee contributions generally increase with age, education, and income.
- Although workers with student loans are more likely to have access to a workplace retirement plan, participate in a plan, and have a positive account balance, they also have lower account balances and have lower net worth than those without student loan debt.

[\(Source\)](#)

Who Are California's Workers?

The Public Policy Institute of California has released a fact sheet outlining the demographics of California's workers. The following are some key facts:

- Over 19 million Californians work either for wages or salaries (89%) or are self-employed (11%).
- One-third of California workers work in health care and social assistance, professional, scientific, and technical services. A larger share of workers in California are employed in professional service than in the US, with a larger share in the San Francisco Bay Area than other parts of California.

- Occupational groups:
 - Management (11.5%)
 - Office and administrative support (9.8%)
 - Sales (8.4%)
 - Transportation (7.1%)
- Job growth has seen long-term growth in high wage jobs (business, finance, health care providers), slower growth in lower wage jobs (such as health care support and transportation), and little growth in middle-wage occupations.
- Demographics
 - Latino (40%), white (33%), remaining 27% (Asian/Pacific Islander, Black, and other)
 - Since 2005, share of workers age 55+ has increased 53% with average California worker slightly older than the national average. Two-thirds of the state's workers are in prime working age of 25-54.
 - About a third of the workforce consists of Immigrants from Mexico (37%). However, newer arrivals are more likely from Asia than Mexico.
- Median wage in California is \$31 per hour (\$65,000 per year); the US median is \$27 per hour. The Bay Area has the highest median (\$37) with the lowest in the San Joaquin Valley and Sierras (\$22).
- Higher education is tied to higher wages
 - \$39 per hour for those with at least a bachelor's degree, \$23 for those with some college, and \$20 for those with high school diploma.
 - About 41% of workers have at least a bachelor's degree, which rose from 31% in 2005, whereas the share without a high diploma fell 5 points to 11%.
[\(Source\)](#)

Workers Increasingly Fall Back on Retirement Savings in Emergencies

Recent studies show that many Americans are treating retirement savings as a de facto emergency fund amid economic pressure. Surveys by Allianz Life and Payroll Integrations found that roughly half of respondents have reduced or stopped retirement contributions in recent months, and between 38% and 47% have tapped retirement accounts to cover emergency or everyday expenses. Younger workers are most affected: about 62% of Gen Z and Millennials reported accessing retirement savings, compared with smaller shares of Gen X and Baby Boomers.

Despite strong market performance in 2025, most respondents said their personal finances have not improved, citing high living costs, health care expenses, and market volatility. Risk aversion is rising, particularly among workers in their 40s, many of whom also worry about the future availability of Social Security. While most workers still contribute to employer-sponsored plans, more than a quarter of Baby Boomers reported not contributing at all.

The findings highlight growing retirement insecurity and short-term financial stress, especially for younger and mid-career workers. Respondents said employers could help by offering better savings tools, retirement education, and access to financial advisers, underscoring the need for comprehensive financial planning during periods of economic uncertainty. [\(Source\)](#)

Congressional Hearing on Modernizing Retirement

A 2025 Allianz study shows Americans fear outliving their retirement savings more than death itself, a concern highlighted in congressional testimony. Witnesses emphasized that while worries about inflation, taxes, and Social Security persist, longevity risk has intensified as private-sector defined benefit (DB) pensions have been replaced by defined contribution (DC) plans. Unlike DB pensions, DC plans shift investment and longevity risk to individuals, leaving retirees to manage market volatility and withdrawal decisions with limited guidance.

Some witnesses promoted annuities as a way to convert savings into guaranteed lifetime income, arguing they provide stability and choice for middle-income retirees. Members of Congress from both parties expressed interest in expanding decumulation options and reducing barriers for plan sponsors to offer guaranteed income products. However, concerns were raised about annuity fees, irreversibility, and widespread misunderstanding.

Other witnesses argued this focus misses the reality facing most workers. Research shows 75% of near-retirees have less than \$100,000 saved—insufficient even with Social Security—making annuitization largely irrelevant for most Americans. Democrats stressed strengthening Social Security and improving wages, while Republicans favored expanding lifetime income options within DC plans. Surveys indicate growing demand for guaranteed income choices, signaling mounting anxiety over retirement security and intensifying pressure on Congress to respond. [\(Source\)](#)

Alaska House Commits to Passing Pension Reform

Alaska House Majority Leader Chuck Kopp says he is confident Alaska lawmakers will pass a new defined benefit public pension plan this year, nearly 20 years after guaranteed pensions were eliminated. The plan, House Bill 78, narrowly passed the House in May and has advanced through the Senate Labor and Commerce Committee, but now faces scrutiny in the Senate Finance Committee. Finance co-chairs Sens. Bert Stedman and

Lyman Hoffman have raised concerns about whether the proposal could recreate the kind of unfunded pension liability that exceeded \$5 billion in the early 2000s and is not expected to be fully paid off until at least 2039.

Supporters argue the shift to defined contribution plans in 2006 has harmed recruitment and retention, particularly for teachers and public safety workers, many of whom do not participate in Social Security. HB 78 would restore guaranteed retirement income, though with higher employee contributions, risk-sharing mechanisms, and no automatic cost-of-living adjustments. Kopp estimates the plan would cost just under \$90 million annually but claims savings from reduced overtime, premium pay, and workforce shortages would offset much of that expense.

Opponents warn of renewed fiscal risk, while supporters describe the bill as an essential workforce reform and are even seeking enough votes to override a potential gubernatorial veto. The Alaska Governor himself receives a pension from his time as a public school teacher and has previously questioned lawmakers' attempt to reinstate the state's pension plan but has not commented on the current effort. ([Source](#))

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

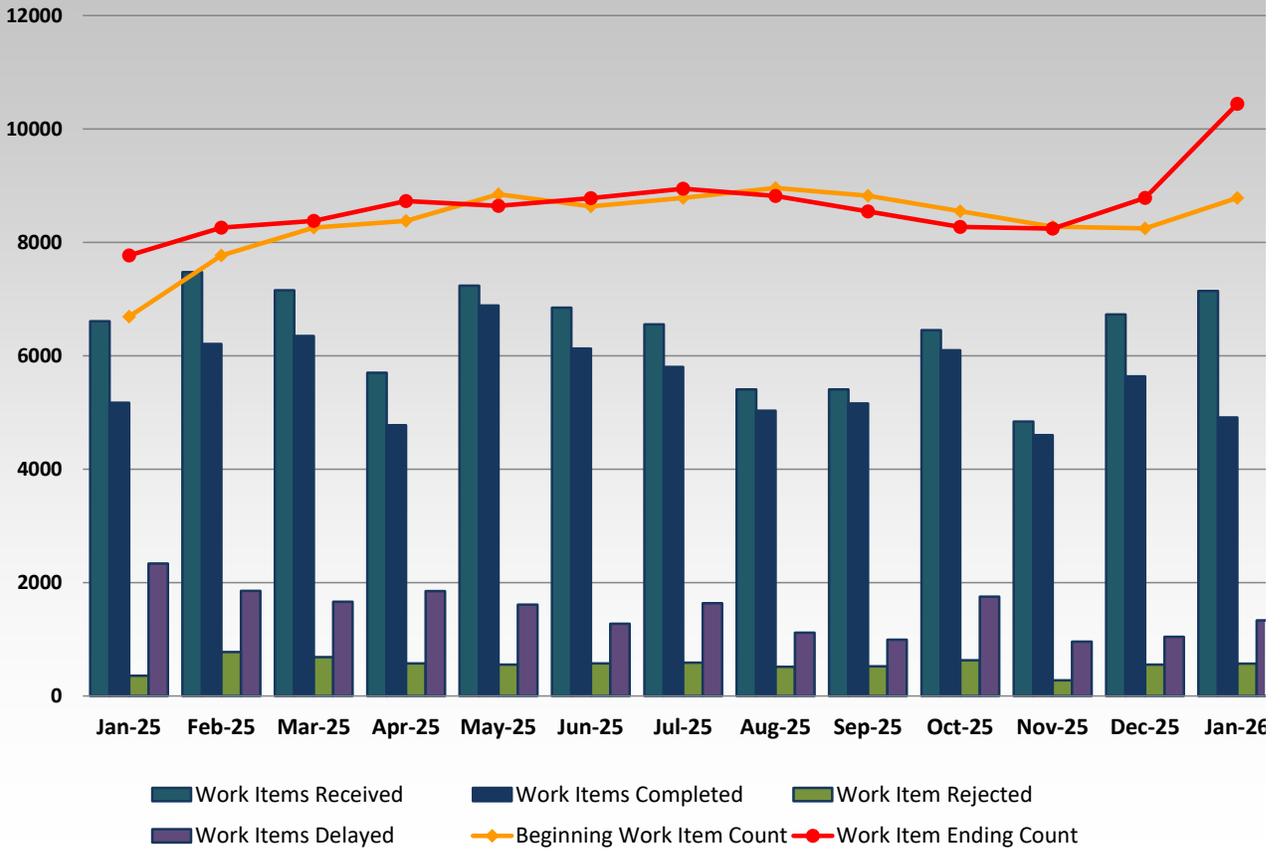
There is nothing to report this month.

Retiree Healthcare Division

Trend Report

JANUARY 2025 - JANUARY 2026

Updated: 2/19/2026

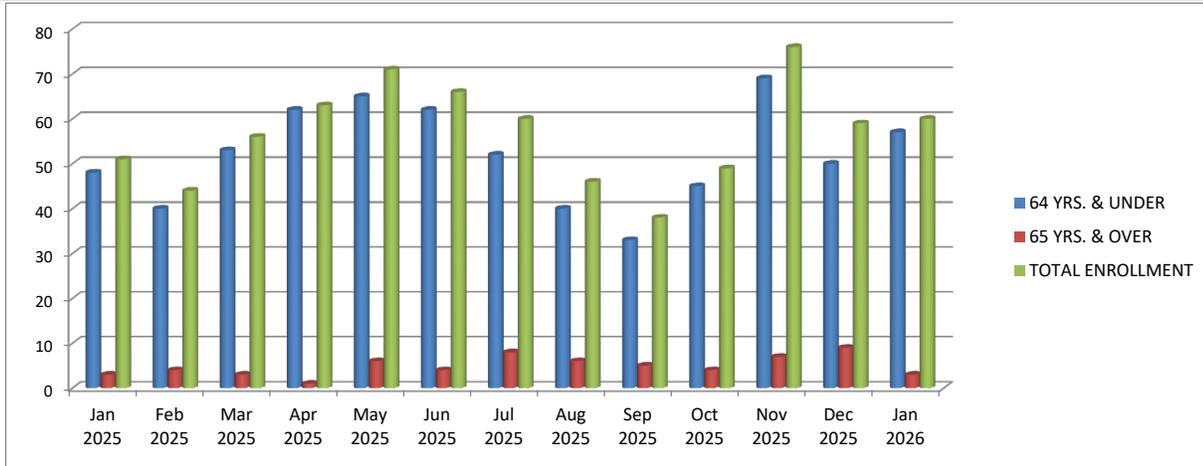


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Jan-25	6690	6611	5173	358	2337	7770
Feb-25	7770	7474	6208	775	1854	8261
Mar-25	8261	7153	6349	687	1660	8378
Apr-25	8378	5702	4776	574	1849	8730
May-25	8849	7237	6888	553	1612	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
Jan-26	8785	7142	4912	571	1332	10444

Retirees Monthly Age Breakdown JANUARY 2025 - JANUARY 2026

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
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
Jan 2026	57	3	60

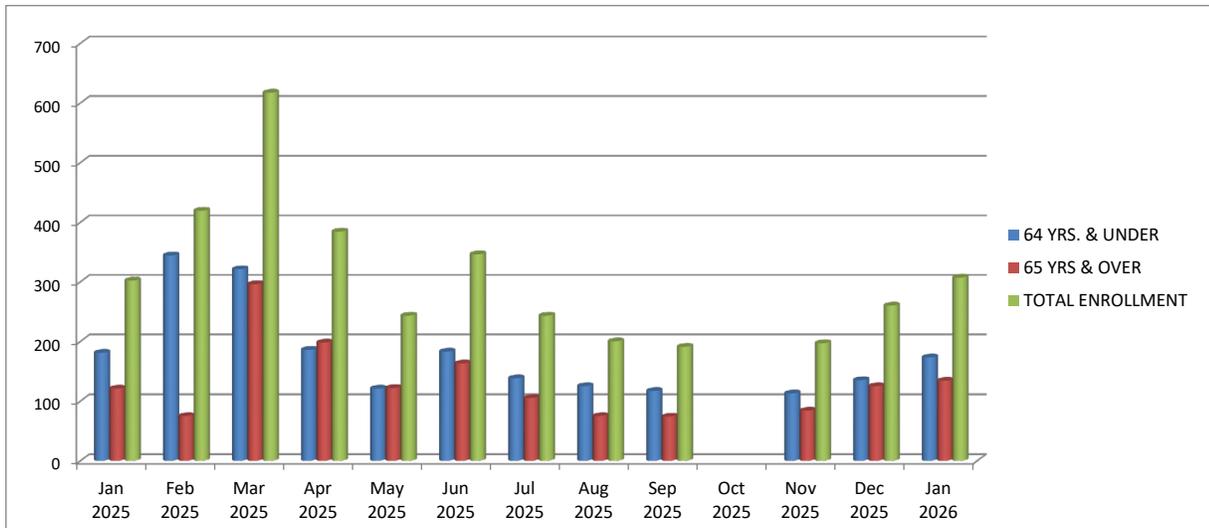


PLEASE NOTE: Next Report will include the following dates: February 1, 2025, through February 28, 2026.

Retirees Monthly Age Breakdown JANUARY 2025 - JANUARY 2026

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
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
Jan 2026	173	134	307



PLEASE NOTE: Next Report will include the following dates: February 1, 2025, through February 28, 2026.

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2026

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7942	\$1,465,847.30	0	\$0.00
241	131	\$25,409.20	0	\$0.00
242	1024	\$194,098.50	0	\$0.00
243	4838	\$1,829,431.76	0	\$0.00
244	13	\$2,319.90	0	\$0.00
245	63	\$12,217.30	0	\$0.00
246	15	\$2,681.00	0	\$0.00
247	185	\$37,151.90	0	\$0.00
248	11	\$3,487.40	0	\$0.00
249	91	\$37,737.10	0	\$0.00
250	17	\$6,257.40	0	\$0.00
Plan Total:	14,330	\$3,616,638.76	0	\$0.00
KAISER SR. ADVANTAGE				
394	22	\$4,026.80	0	\$0.00
397	1	\$144.60	0	\$0.00
398	14	\$5,681.20	0	\$0.00
403	12466	\$2,248,584.38	0	\$0.00
413	1553	\$295,278.30	0	\$0.00
418	6541	\$2,434,923.57	1	\$51.50
419	207	\$33,449.60	0	\$0.00
426	258	\$46,327.20	0	\$0.00
445	2	\$405.80	0	\$0.00
451	37	\$7,106.60	0	\$0.00
455	6	\$1,217.40	0	\$0.00
457	17	\$6,607.90	0	\$0.00
459	2	\$811.60	0	\$0.00
462	89	\$16,390.20	0	\$0.00
465	3	\$608.70	0	\$0.00
466	27	\$10,198.70	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	\$11,712.30	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:	21,405	\$5,150,033.25	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2026

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	344	\$66,319.40	0	\$0.00
613	136	\$55,343.40	0	\$0.00
620	29	\$5,226.10	0	\$0.00
621	13	\$5,564.60	0	\$0.00
622	28	\$5,543.90	0	\$0.00
623	8	\$3,050.40	0	\$0.00
Plan Total:	558	\$141,047.80	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2239	\$414,362.40	0	\$0.00
702	393	\$74,490.10	0	\$0.00
703	1427	\$538,833.60	0	\$0.00
704	107	\$21,482.10	0	\$0.00
705	55	\$21,687.40	0	\$0.00
Plan Total:	4,221	\$1,070,855.60	0	\$0.00
Grand Total:	40,514	\$9,978,575.41	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

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622	28	\$5,543.90	0	\$0.00
623	8	\$3,050.40	0	\$0.00
Plan Total:	558	\$141,047.80	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2239	\$414,362.40	0	\$0.00
702	393	\$74,490.10	0	\$0.00
703	1427	\$538,833.60	0	\$0.00
704	107	\$21,482.10	0	\$0.00
705	55	\$21,687.40	0	\$0.00
Plan Total:	4,221	\$1,070,855.60	0	\$0.00
LOCAL 1014				
804	211	\$59,306.80	0	\$0.00
805	244	\$57,866.60	0	\$0.00
806	788	\$354,304.30	0	\$0.00
807	67	\$14,487.10	0	\$0.00
808	23	\$11,524.80	0	\$0.00
812	265	\$59,693.15	0	\$0.00
813	2	\$405.80	0	\$0.00
Plan Total:	1,600	\$557,588.55	0	\$0.00
Grand Total:	42,114	\$10,536,163.96	1	\$51.50

Medical and Dental Vision Insurance Premiums March 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	390	\$477,168.58	\$68,024.10	\$414,026.00	\$482,050.10	(\$2,440.76)	\$479,609.34
202	203	\$490,097.76	\$42,523.24	\$433,159.88	\$475,683.12	(\$4,804.88)	\$470,878.24
203	79	\$214,206.13	\$31,886.87	\$190,453.67	\$222,340.54	\$2,711.47	\$225,052.01
204	25	\$39,223.00	\$9,287.99	\$28,366.09	\$37,654.08	\$1,568.92	\$39,223.00
SUBTOTAL	697	\$1,220,695.47	\$151,722.20	\$1,066,005.64	\$1,217,727.84	(\$2,965.25)	\$1,214,762.59
Anthem Blue Cross I							
211	503	\$800,324.00	\$53,210.54	\$766,023.38	\$819,233.92	(\$3,169.60)	\$816,064.32
212	203	\$591,585.30	\$32,923.01	\$518,651.69	\$551,574.70	(\$2,857.90)	\$548,716.80
213	78	\$262,961.40	\$23,329.40	\$243,003.30	\$266,332.70	\$0.00	\$266,332.70
214	28	\$60,816.48	\$4,613.64	\$52,008.60	\$56,622.24	\$2,097.12	\$58,719.36
215	2	\$1,069.92	\$171.19	\$898.73	\$1,069.92	\$0.00	\$1,069.92
SUBTOTAL	814	\$1,716,757.10	\$114,247.78	\$1,580,585.70	\$1,694,833.48	(\$3,930.38)	\$1,690,903.10
Anthem Blue Cross II							
221	2,507	\$3,993,696.00	\$192,081.79	\$3,811,270.91	\$4,003,352.70	(\$9,508.80)	\$3,993,843.90
222	2,051	\$5,901,563.50	\$136,893.50	\$5,608,069.39	\$5,744,962.89	(\$2,857.90)	\$5,742,104.99
223	961	\$3,256,675.80	\$139,504.29	\$3,083,688.21	\$3,223,192.50	\$6,742.60	\$3,229,935.10
224	267	\$564,125.28	\$52,348.46	\$515,828.39	\$568,176.85	\$0.00	\$568,176.85
SUBTOTAL	5,786	\$13,716,060.58	\$520,828.04	\$13,018,856.90	\$13,539,684.94	(\$5,624.10)	\$13,534,060.84

Medical and Dental Vision Insurance Premiums March 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,984	\$5,136,771.00	\$637,710.29	\$4,540,558.50	\$5,178,268.79	(\$1,285.80)	\$5,176,982.99
241	130	\$269,504.99	\$18,968.16	\$266,995.15	\$285,963.31	\$0.00	\$285,963.31
242	1,019	\$2,119,008.70	\$115,958.89	\$1,946,116.04	\$2,062,074.93	\$4,114.58	\$2,066,189.51
243	4,848	\$6,227,914.24	\$625,250.44	\$5,545,295.07	\$6,170,545.51	(\$8,962.87)	\$6,161,582.64
244	13	\$14,973.79	\$1,336.13	\$13,637.66	\$14,973.79	\$0.00	\$14,973.79
245	64	\$73,717.12	\$5,690.03	\$68,027.09	\$73,717.12	\$0.00	\$73,717.12
246	15	\$38,490.75	\$3,284.54	\$35,206.21	\$38,490.75	\$0.00	\$38,490.75
247	191	\$495,247.65	\$20,169.14	\$467,380.36	\$487,549.50	\$0.00	\$487,549.50
248	11	\$19,679.88	\$1,395.49	\$18,284.39	\$19,679.88	\$0.00	\$19,679.88
249	92	\$164,595.36	\$13,310.79	\$158,440.89	\$171,751.68	\$0.00	\$171,751.68
250	17	\$34,087.04	\$2,606.65	\$31,480.39	\$34,087.04	\$0.00	\$34,087.04
SUBTOTAL	14,384	\$14,593,990.52	\$1,445,680.55	\$13,091,421.75	\$14,537,102.30	(\$6,134.09)	\$14,530,968.21
CIGNA Network Model Plan							
301	201	\$409,508.54	\$100,947.95	\$308,560.59	\$409,508.54	(\$6,081.81)	\$403,426.73
302	51	\$190,377.20	\$43,532.32	\$139,522.68	\$183,055.00	\$0.00	\$183,055.00
303	5	\$21,615.35	\$4,751.05	\$12,541.23	\$17,292.28	\$0.00	\$17,292.28
304	12	\$32,282.28	\$11,143.30	\$21,138.98	\$32,282.28	\$0.00	\$32,282.28
SUBTOTAL	269	\$653,783.37	\$160,374.62	\$481,763.48	\$642,138.10	(\$6,081.81)	\$636,056.29

Medical and Dental Vision Insurance Premiums March 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,620	\$2,305,198.18	\$162,181.60	\$2,114,801.18	\$2,276,982.78	\$7,053.85	\$2,284,036.63
403	12,457	\$3,655,083.12	\$312,846.62	\$3,342,190.20	\$3,655,036.82	(\$3,791.58)	\$3,651,245.24
404	440	\$602,860.23	\$9,350.45	\$593,509.78	\$602,860.23	(\$2,734.06)	\$600,126.17
405	1,482	\$2,097,451.39	\$17,792.29	\$2,092,388.07	\$2,110,180.36	\$0.00	\$2,110,180.36
411	1,966	\$5,562,368.58	\$220,322.41	\$5,313,910.77	\$5,534,233.18	\$5,627.08	\$5,539,860.26
413	1,537	\$2,648,394.09	\$113,913.37	\$2,470,367.90	\$2,584,281.27	\$203.33	\$2,584,484.60
414	45	\$127,410.80	\$332.37	\$115,999.23	\$116,331.60	\$0.00	\$116,331.60
418	6,496	\$3,764,894.08	\$257,536.43	\$3,480,317.61	\$3,737,854.04	(\$2,876.60)	\$3,734,977.44
419	208	\$349,946.28	\$4,687.99	\$330,402.08	\$335,090.07	(\$3,301.38)	\$331,788.69
420	91	\$250,797.52	\$1,308.50	\$244,036.90	\$245,345.40	(\$2,726.06)	\$242,619.34
421	6	\$8,464.62	\$225.72	\$9,649.67	\$9,875.39	\$4,232.31	\$14,107.70
422	280	\$794,422.20	\$2,929.78	\$780,224.02	\$783,153.80	\$0.00	\$783,153.80
426	255	\$439,779.41	\$4,007.28	\$420,490.22	\$424,497.50	\$0.00	\$424,497.50
428	39	\$108,161.04	\$554.67	\$107,606.37	\$108,161.04	(\$16,640.16)	\$91,520.88
430	140	\$394,892.40	\$2,087.30	\$392,805.10	\$394,892.40	(\$2,820.66)	\$392,071.74
SUBTOTAL	27,062	\$23,110,123.94	\$1,110,076.78	\$21,808,699.10	\$22,918,775.88	(\$17,773.93)	\$22,901,001.95
Kaiser - Colorado							
450	4	\$5,687.20	\$568.72	\$5,118.48	\$5,687.20	\$0.00	\$5,687.20
451	38	\$11,320.20	\$1,364.38	\$10,551.62	\$11,916.00	\$0.00	\$11,916.00
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	17	\$9,992.60	\$1,034.53	\$8,958.07	\$9,992.60	\$587.80	\$10,580.40
459	2	\$4,003.20	\$80.06	\$3,923.14	\$4,003.20	\$0.00	\$4,003.20
SUBTOTAL	77	\$72,741.30	\$7,203.86	\$66,133.24	\$73,337.10	\$587.80	\$73,924.90

Medical and Dental Vision Insurance Premiums March 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	88	\$36,834.43	\$4,891.89	\$31,942.54	\$36,834.43	\$0.00	\$36,834.43
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	27	\$22,132.98	\$1,327.98	\$20,805.00	\$22,132.98	\$0.00	\$22,132.98
SUBTOTAL	148	\$125,084.08	\$16,477.68	\$108,606.40	\$125,084.08	\$0.00	\$125,084.08
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	\$0.00	\$12,075.75
473	2	\$4,445.00	\$1,275.40	\$3,169.60	\$4,445.00	\$0.00	\$4,445.00
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	59	\$54,916.23	\$5,269.80	\$49,646.43	\$54,916.23	\$0.00	\$54,916.23

Medical and Dental Vision Insurance Premiums March 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	\$3,537.40	\$4,244.88	\$0.00	\$4,244.88
482	78	\$44,085.60	\$5,685.92	\$38,399.68	\$44,085.60	\$0.00	\$44,085.60
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	\$98,623.16	\$110,945.64	\$0.00	\$110,945.64
SCAN Health Plan							
611	344	\$99,983.88	\$17,801.57	\$83,906.17	\$101,707.74	\$0.00	\$101,707.74
613	136	\$77,060.32	\$13,145.51	\$68,447.77	\$81,593.28	\$0.00	\$81,593.28
SUBTOTAL	480	\$177,044.20	\$30,947.08	\$152,353.94	\$183,301.02	\$0.00	\$183,301.02
SCAN Health Plan, AZ							
620	29	\$8,331.99	\$1,154.98	\$7,177.01	\$8,331.99	\$0.00	\$8,331.99
621	13	\$7,366.06	\$1,575.20	\$6,357.48	\$7,932.68	\$0.00	\$7,932.68
SUBTOTAL	42	\$15,698.05	\$2,730.18	\$13,534.49	\$16,264.67	\$0.00	\$16,264.67
SCAN Health Plan, NV							
622	29	\$8,331.99	\$1,189.45	\$7,142.54	\$8,331.99	\$0.00	\$8,331.99
623	8	\$4,532.96	\$521.29	\$4,011.67	\$4,532.96	\$0.00	\$4,532.96
SUBTOTAL	37	\$12,864.95	\$1,710.74	\$11,154.21	\$12,864.95	\$0.00	\$12,864.95

Medical and Dental Vision Insurance Premiums March 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	2,223	\$869,825.25	\$92,794.21	\$768,894.59	\$861,688.80	(\$1,162.35)	\$860,526.45
702	387	\$818,003.10	\$34,879.31	\$762,362.29	\$797,241.60	(\$10,380.75)	\$786,860.85
703	1,411	\$1,095,133.20	\$105,228.02	\$973,800.28	\$1,079,028.30	\$0.00	\$1,079,028.30
704	108	\$258,008.45	\$8,058.61	\$249,949.84	\$258,008.45	\$0.00	\$258,008.45
705	55	\$58,179.00	\$3,490.74	\$55,746.06	\$59,236.80	\$0.00	\$59,236.80
706	1	\$483.66	\$19.35	\$464.31	\$483.66	\$0.00	\$483.66
SUBTOTAL	4,185	\$3,099,632.66	\$244,470.24	\$2,811,217.37	\$3,055,687.61	(\$11,543.10)	\$3,044,144.51
United Healthcare							
707	526	\$902,644.40	\$115,783.46	\$773,287.34	\$889,070.80	\$1,696.70	\$890,767.50
708	443	\$1,388,920.96	\$147,842.18	\$1,200,775.27	\$1,348,617.45	\$0.00	\$1,348,617.45
709	344	\$1,283,028.70	\$143,465.51	\$1,070,323.49	\$1,213,789.00	\$0.00	\$1,213,789.00
SUBTOTAL	1,313	\$3,574,594.06	\$407,091.15	\$3,044,386.10	\$3,451,477.25	\$1,696.70	\$3,453,173.95

Medical and Dental Vision Insurance Premiums March 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	81	\$117,592.56	\$6,765.17	\$107,923.87	\$114,689.04	\$0.00	\$114,689.04
802	343	\$897,847.09	\$29,893.39	\$869,524.27	\$899,417.66	\$0.00	\$899,417.66
803	412	\$1,272,148.88	\$45,019.37	\$1,226,388.45	\$1,271,407.82	\$6,175.48	\$1,277,583.30
804	212	\$307,773.12	\$9,959.03	\$297,814.09	\$307,773.12	(\$59,306.80)	\$248,466.32
805	245	\$641,319.35	\$14,815.80	\$623,885.92	\$638,701.72	(\$57,866.60)	\$580,835.12
806	788	\$2,062,692.44	\$43,609.71	\$2,019,082.73	\$2,062,692.44	(\$354,304.30)	\$1,708,388.14
807	67	\$206,878.58	\$3,458.28	\$203,420.30	\$206,878.58	(\$14,487.10)	\$192,391.48
808	23	\$71,018.02	\$1,729.14	\$69,288.88	\$71,018.02	(\$11,524.80)	\$59,493.22
809	16	\$23,228.16	\$1,509.82	\$21,718.34	\$23,228.16	\$0.00	\$23,228.16
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	267	\$387,619.92	\$21,747.28	\$367,324.40	\$389,071.68	(\$62,683.78)	\$326,387.90
813	2	\$5,235.26	\$0.00	\$5,235.26	\$5,235.26	(\$405.80)	\$4,829.46
SUBTOTAL	2,471	\$6,035,438.49	\$184,436.52	\$5,847,762.09	\$6,032,198.61	(\$554,403.70)	\$5,477,794.91
Kaiser - Washington							
393	5	\$10,062.65	\$2,138.65	\$7,924.00	\$10,062.65	\$0.00	\$10,062.65
394	22	\$9,194.02	\$1,078.20	\$8,115.82	\$9,194.02	\$0.00	\$9,194.02
395	2	\$7,502.52	\$1,786.72	\$5,715.80	\$7,502.52	\$0.00	\$7,502.52
397	1	\$2,156.64	\$0.00	\$2,156.64	\$2,156.64	\$0.00	\$2,156.64
398	14	\$11,589.48	\$1,192.07	\$10,397.41	\$11,589.48	\$0.00	\$11,589.48
SUBTOTAL	44	\$40,505.31	\$6,195.64	\$34,309.67	\$40,505.31	\$0.00	\$40,505.31
Medical Plan Total	57,993	\$68,330,875.95	\$4,421,785.34	\$63,285,059.67	\$67,706,845.01	(\$606,171.86)	\$67,100,673.15

Medical and Dental Vision Insurance Premiums March 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	27,504	\$1,546,174.40	\$151,984.90	\$1,407,646.15	\$1,559,631.05	(\$1,744.29)	\$1,557,886.76
502	25,175	\$2,972,075.62	\$218,308.48	\$2,749,560.93	\$2,967,869.41	(\$2,415.92)	\$2,965,453.49
503	9	\$623.70	\$16.62	\$676.38	\$693.00	\$0.00	\$693.00
SUBTOTAL	52,688	\$4,518,873.72	\$370,310.00	\$4,157,883.46	\$4,528,193.46	(\$4,160.21)	\$4,524,033.25
CIGNA Dental HMO/Vision							
901	4,462	\$208,115.60	\$21,335.40	\$187,991.80	\$209,327.20	(\$93.20)	\$209,234.00
902	3,349	\$320,521.10	\$22,836.53	\$299,307.22	\$322,143.75	\$190.90	\$322,334.65
903	1	\$47.21	\$13.22	\$33.99	\$47.21	\$141.63	\$188.84
SUBTOTAL	7,812	\$528,683.91	\$44,185.15	\$487,333.01	\$531,518.16	\$239.33	\$531,757.49
Dental/Vision Plan Total	60,500	\$5,047,557.63	\$414,495.15	\$4,645,216.47	\$5,059,711.62	(\$3,920.88)	\$5,055,790.74
GRAND TOTALS	118,493	\$73,378,433.58	\$4,836,280.49	\$67,930,276.14	\$72,766,556.63	(\$610,092.74)	\$72,156,463.89

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
<u>Anthem Blue Cross Prudent Buyer Plan</u>		
\$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
<u>Anthem Blue Cross Plan I</u>		
\$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
<u>Anthem Blue Cross Plan II</u>		
\$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
<u>Anthem Blue Cross Plan III</u>		
\$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)

*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>CIGNA Network Model Plan</u>		
\$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
<u>Kaiser</u>		
\$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")
<u>Kaiser Colorado</u>		
\$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")

*Benchmark premiums are bolded.

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)

*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>Kaiser Oregon</u>		
\$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 Part 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)
<u>Kaiser Washington</u>		
\$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")

*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
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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

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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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

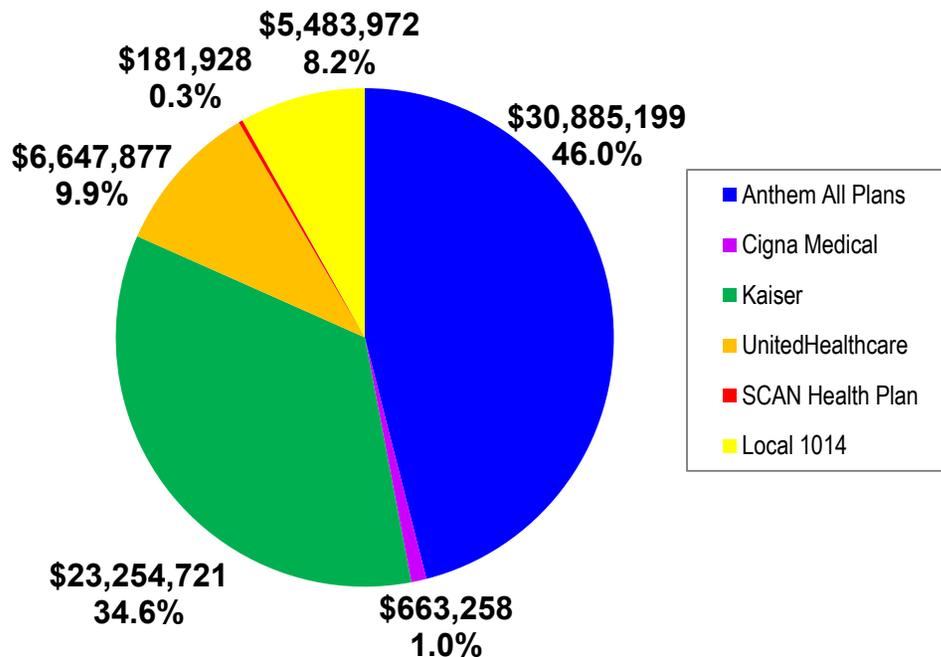
*Benchmark premiums are bolded.

Los Angeles County Employees Retirement Association
Premium & Enrollment
Coverage Month Ending January 2026

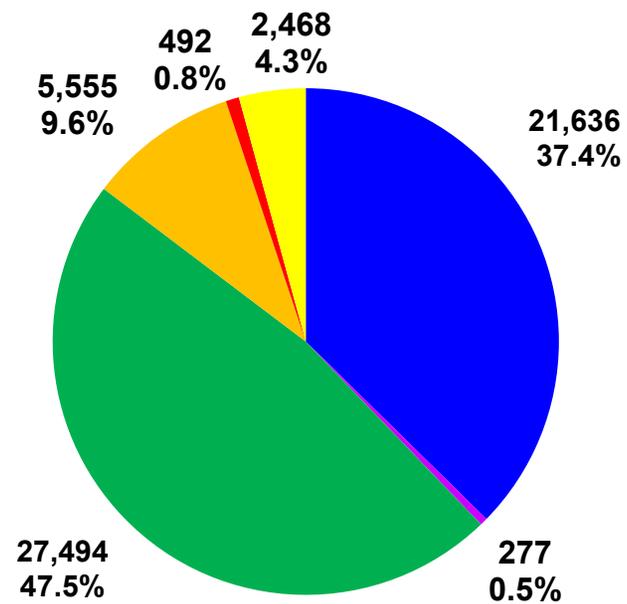
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$30,885,199	46.0%	21,636	37.3%
Cigna Medical	\$663,258	1.0%	277	0.5%
Kaiser	\$23,254,721	34.6%	27,494	47.5%
UnitedHealthcare	\$6,647,877	9.9%	5,555	9.6%
SCAN Health Plan	\$181,928	0.3%	492	0.8%
Local 1014	\$5,483,972	8.2%	2,468	4.3%
Combined Medical	\$67,116,955	100.0%	57,922	100.0%

Cigna Dental & Vision (PPO and HMO)	\$5,040,738	60,344
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Monthly Premium

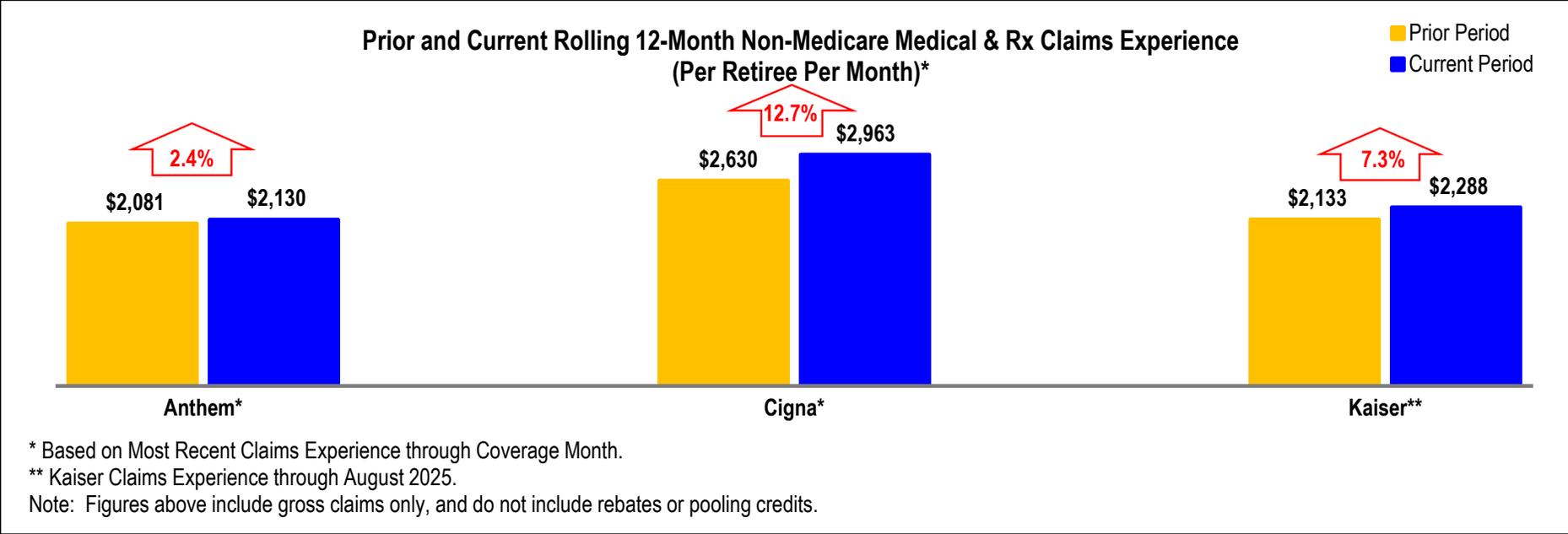
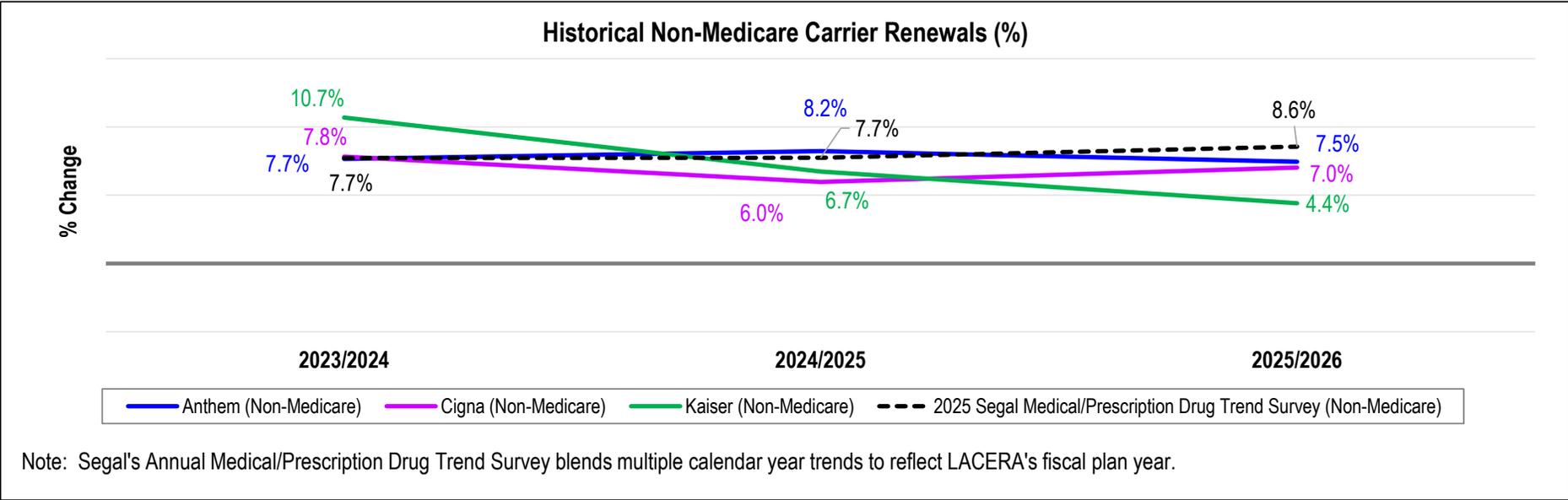


Retirees



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

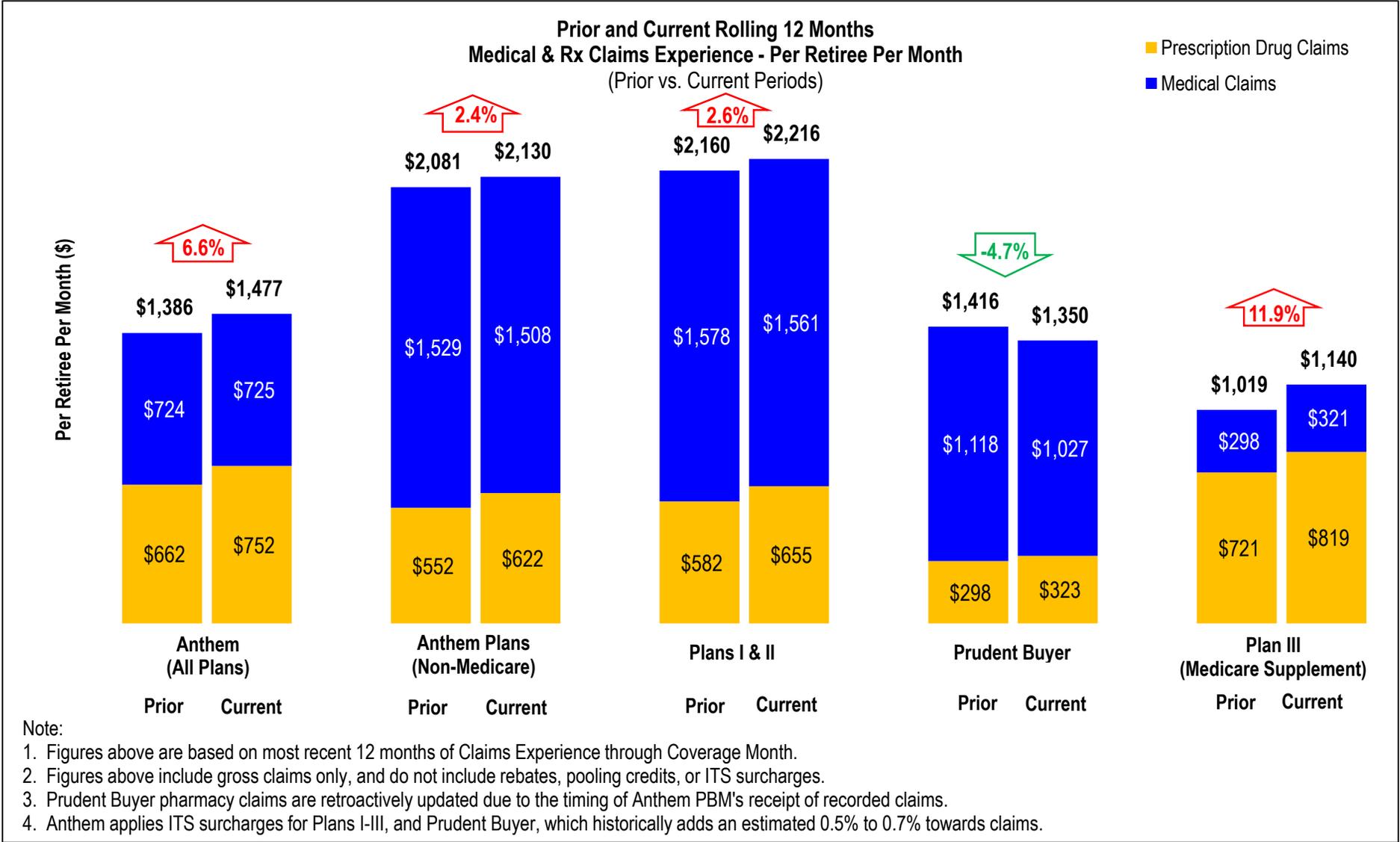
Los Angeles County Employees Retirement Association
Claims Experience by Carrier
Coverage Month Ending January 2026



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending January 2026



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 January 2026

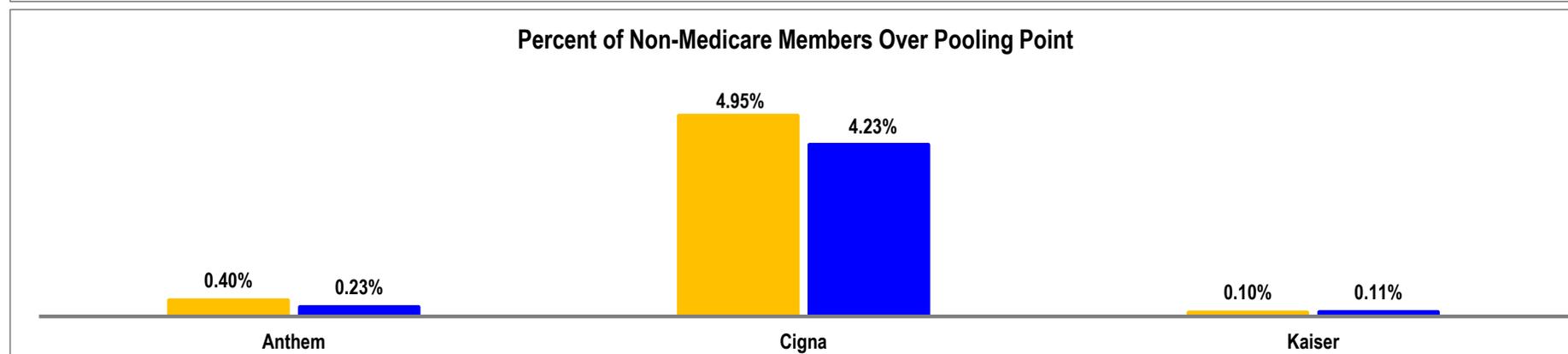
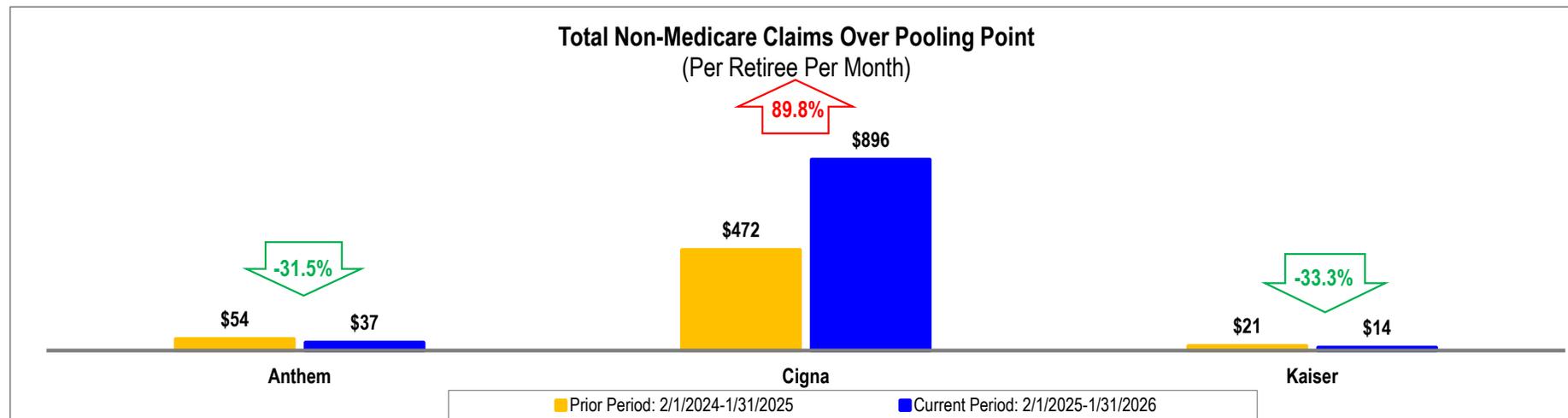
- Kaiser insures approximately 26,500 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in California.

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 January 2026



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 January 2026

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: December 2025 ^{3,4}			Most Recent Month: January 2026 ^{3,6}		
	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	1	0	1
\$1.1M-\$1.2M	1	0	1	0	0	0
\$1.0M-\$1.1M	7	1	8	8	0	8
\$900K-\$999K	9	0	9	9	0	9
\$800K-\$899K	20	3	23	21	4	25
Total	37	4	41	39	4	43

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.

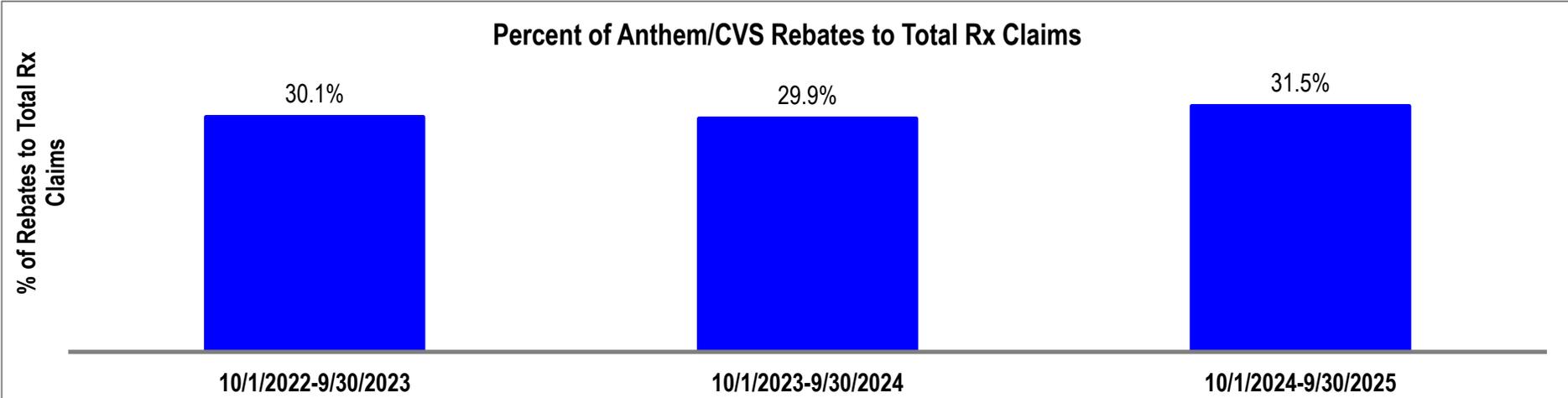
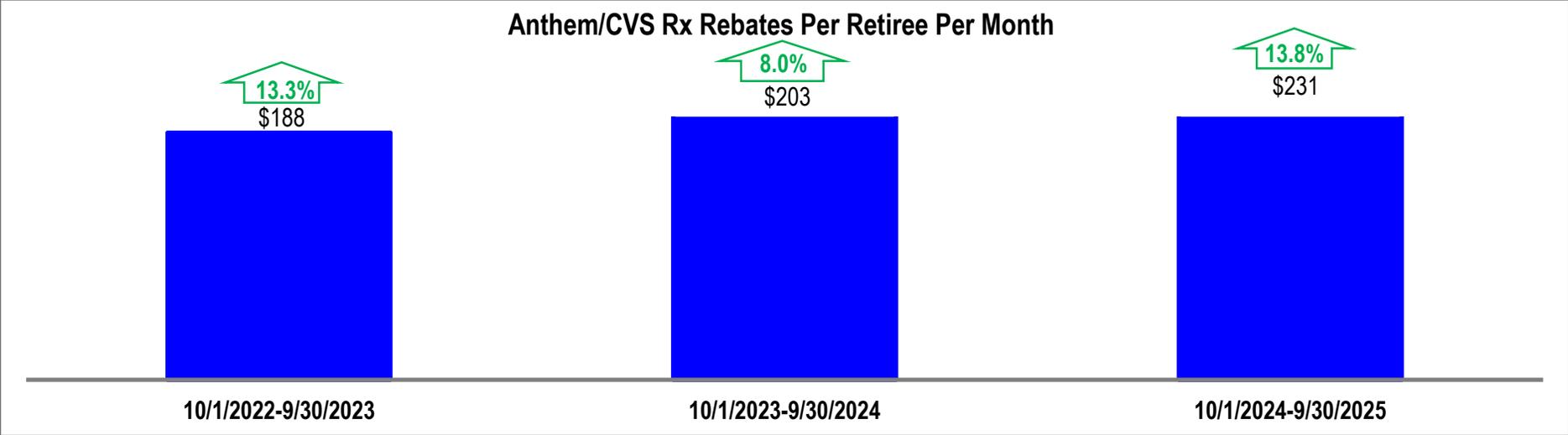
⁵ Members identified by Anthem as terminated were excluded from the counts above.

⁶ Based on data provided by Anthem on January 17, 2026.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)

Coverage Month Ending January 2026



Rebates Overview:

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

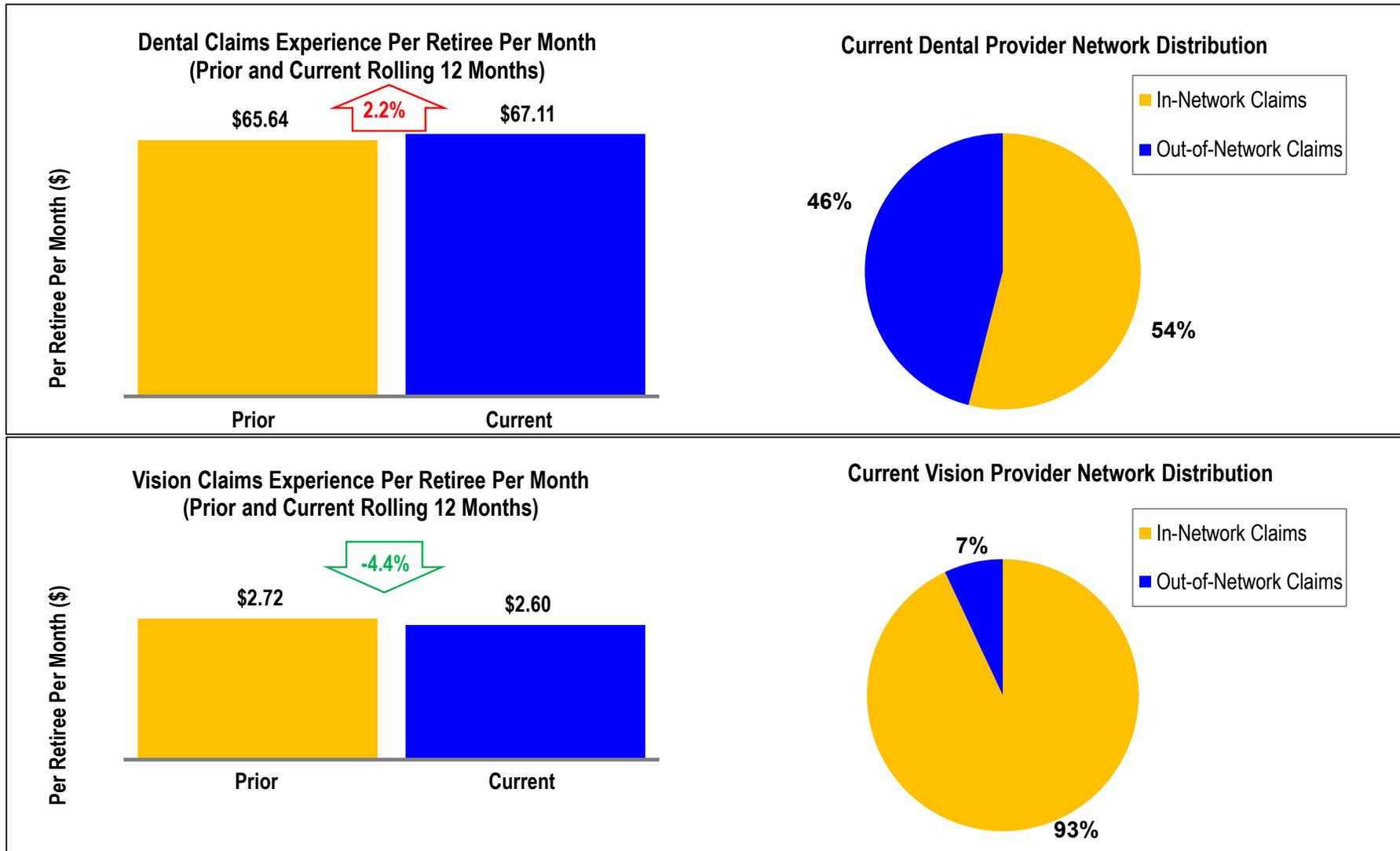
Note:

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

Los Angeles County Employees Retirement Association

Cigna Dental & Vision Claims Experience

Coverage Month Ending January 2026



Notes:

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

New Requirements for PBM Reporting and Fee Disclosures

The Consolidated Appropriations Act (CAA) of 2026, signed into law on February 3, 2026, enacts full-year funding of five appropriations bills, including funding for the Department of Health and Human Services, and makes significant reforms to pharmacy benefit manager (PBM) practices. The PBM reforms affect employment-based group health plans and insurers, as well as Medicare and Medicaid.



Generally, the CAA's PBM provisions are effective for plan years beginning on or after August 3, 2028 (i.e., 30 months after the law's enactment date). For calendar-year plans, the PBM requirements would be effective for plan years beginning on January 1, 2029.

The CAA will require plan sponsors to ensure that contracts with PBMs contain all of the contractual requirements set forth in the CAA. Plan sponsors will also need to monitor both PBM reporting obligations and PBM compensation.

Within 18 months, the government must issue implementing regulations and finalize reporting guidance and formats.

Mandatory PBM reporting

On a semiannual basis, PBMs must report extensive information to self-insured large employers and large group health plans. A large employer or plan is one with at least 100 employees or participants on business days during the previous calendar year or plan year. Employers and plan sponsors may request the reports on a quarterly basis as well. Large fully insured plans may annually opt to have the PBM issue a combined report to the group health plan containing the semiannual information and the summary reports discussed below.

The reporting requirements are tied to new contractual requirements for PBMs and plan sponsors. Group health plans, insurers and PBMs cannot enter into contracts that limit or delay the disclosure of information, and entities such as manufacturers, distributors, wholesalers and rebate aggregators, must agree to provide the PBM information necessary to make these reports.

PBMs must report extensive data for each drug with a claim, including but not limited to:

- The difference between the price paid to the pharmacy and the price the plan pays to the PBM
- Gross and net prices to the plan
- Manufacturer rebates, fees and other remuneration received by the PBM
- Utilization details by dispensing channel (i.e., retail, mail order and specialty pharmacy) and whether drugs were dispensed by PBM-affiliated pharmacies
- Wholesale Acquisition Cost or WAC (for brand-name drugs) and Average Wholesale Price or AWP (for generic drugs)

In addition to the semiannual reports, PBMs must provide all plans, regardless of size, with:

- A summary report with drug pricing, cost and claims information
- A participant-facing summary with aggregate data disclosing claim-level details, total net drug spending, rebates and remuneration

Mandatory plan reporting

Each plan year, group health plans, including both self-insured and insured plans, must provide written notice to each participant or beneficiary informing them of the requirement for entities providing PBM services to submit reporting to the plan. Notices may be incorporated into plan documents or via individual notification.

Additionally, group health plans must provide the following information to participants and beneficiaries upon request:

- The participant-facing PBM summary document described above
- For each claim made by or on behalf of the participant or beneficiary, the difference between the compensation paid by the plan and the compensation paid to the pharmacy

The reporting requirements apply to all group health plans subject to ERISA, the Internal Revenue Code and the Public Health Service Act, including non-federal governmental plans.

Penalties

Failure to provide the required information by a PBM or group health plan may result in a civil monetary penalty of \$10,000 for each day the information is not reported. Additional penalties up to \$100,000 may apply for knowingly submitting false information.

Penalties may be waived if the entity has made good-faith efforts to comply.

Full rebate pass-through to ERISA plans

The CAA amends ERISA Section 408(b)(2) to provide that PBMs must pass 100 percent of all rebates, fees, alternative discounts and other remuneration to the group health plans or insurer. In the absence of this requirement, the arrangement would not be considered reasonable and would be considered a prohibited transaction under ERISA.

However, the law provides that plan fiduciaries would not be in violation of ERISA if they are an “innocent plan fiduciary.” To be an “innocent plan fiduciary” the fiduciary must not know that the PBM failed to make these payments, upon discovering that the payments were not made must request them in writing, and if the payments are still not made, must notify the Secretary of Labor of the PBM’s failure.

Generally, these rebates, fees and other remuneration must be paid quarterly and not later than 90 days after the quarter. PBMs, third-party administrators (TPAs) or insurers must make rebate contracts with rebate aggregators or drug manufacturers available for audit by a group health plan.

Audits must be performed by an auditor selected by the plan fiduciary and payment for the audit cannot be made directly or indirectly by the PBM.

Fee disclosure to ERISA plans

Additionally, the CAA amends ERISA Section 408(b)(2) to require PBMs, TPAs and any other entity providing services to group health plans to disclose all direct and indirect compensation received by the service provider to the group health plan sponsor.

Proposed rule on PBM fee transparency

The Department of Labor [published a new proposed rule under 408\(b\)\(2\) of ERISA on January 30, 2026](#). The DOL’s rule proposes PBM and related service provider reporting on compensation that may be comparable to the PBM reporting requirements in the CAA 2026. Among the information that would be required to be disclosed under the proposed rule are rebates, compensation based on spread pricing and payments recouped from pharmacies. The deadline for commenting on the proposed rule is March 31, 2026.

It’s likely that the DOL will revise the regulations to ensure consistency with the new requirements related to PBMs under the CAA of 2026.

Implications for plan sponsors

While the new law may appear to be targeting disclosure and procedural changes rather than directing specific reforms, the new disclosures, coupled with a strong enforcement mechanism, could provide plan sponsors with the data, previously unavailable, necessary to monitor drug costs and PBM pricing practices. The law targets not only PBMs, but the entities related to them, like manufacturers and rebate aggregators, and may also give plan sponsors access to clearer information to enable negotiating benefit terms in a manner better aligned with the interests of the individuals enrolled in the plan.

Plans with current aggressive PBM contract arrangements may be able to leverage the new rules to obtain even better oversight over PBMs. As noted above, ERISA-governed plans that may have had insufficient market power to obtain 100 percent pass-through of rebates will now be entitled to this by law.

Along with the new information, plan sponsors will have new responsibilities with respect to their relationships with PBMs and other related service providers, including monitoring contracts and delivery of new information. ERISA-governed plans will be required to monitor receipt of rebate compensation and determine appropriate audit mechanisms. If the PBM is not meeting its obligations, the fiduciary could be in breach of fiduciary duty including if they do not follow the "innocent fiduciary" reporting requirements of the law.

PBMs will be pressured to accurately disclose compensation — both in the new law and because of recently issued DOL regulation.

Plan sponsors are faced with rapid and intense changes in pharmaceutical pricing and policy. These changes include the legislative requirements, a new regulatory framework, potential DOL enforcement for ERISA plans and impacts of executive branch activities, including the launch of the new [TrumpRX website](#) for direct-to-consumer purchasing and price deals being negotiated by the administration with drug manufacturers.

Plan sponsors should consult with their professional advisors about the impact of these developments on their plan's prescription drug benefits.

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