

IN PERSON & VIRTUAL BOARD MEETING

November 4, 2026, AT 8:30 AM*

**INSURANCE, BENEFITS & LEGISLATIVE
COMMITTEE MEETING**

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



TO VIEW VIA WEB

<https://lacera.gov/leadership/board-meetings>



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.gov.

**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, NOVEMBER 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.gov/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 September 2, 2026
 - B. Approval of the Minutes of the Regular Meeting of October 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.gov/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.gov.)

V. REPORTS

A. **Engagement Report for October 2026**

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

B. **Staff Activities Report for October 2026**

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

C. **LACERA Claims Experience**

Tanya Sun, Segal Consulting
(Presentation)

D. **Federal Legislation**

Michael Szeto, 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.gov 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.gov, but no later than 48 hours prior to the time the meeting is to commence.

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

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

8:31 A.M. – 8:56 A.M., WEDNESDAY, SEPTEMBER 2, 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: Aleen Langton, Vice Chair
Shawn R. Kehoe, Trustee (*arrived at 8:47 a.m.*)
Ernesto J. Pantoja, Trustee

ABSENT; Les Robbins, Chair
Jason E. Green, Alternate Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

J.P. Harris, Trustee (*arrived at 8:38 a.m.*)

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Luis A. Lugo, Chief Executive Officer

STAFF, ADVISORS AND PARTICIPANTS (Continued)

JJ Popowich, Chief Benefits Officer

Jessica Baxter, Chief Administrative Officer

Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Stephen Murphy, Sr. Vice President

Michael Szeto, Sr. Actuarial Associate

I. CALL TO ORDER

This meeting was called to order by Chair Langton at 8:31 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 August 5, 2026

Trustee Kehoe made a motion, Trustee Langton seconded, to approve the minutes of the regular meeting of August 5, 2026. The motion passed by the following roll call vote:

Yes: Langton, Kehoe, Pantoja

No: None

Absent: Robbins, Green

(This Item was handled out of order, after Item VI-D.)

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. NON-CONSENT ITEMS

A. **Legislative Proposal—Prepaid Card Account**

Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement sponsor legislation for the 2027 legislative year to extend or repeal the sunset date of LACERA's prepaid card program.
(Memo dated August 19, 2026)

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

Yes: Langton, Kehoe, Pantoja

No: None

Absent: Robbins, Green

(This Item was handled out of order, after Item VI-D.)

VI. REPORTS

A. **Engagement Report for August 2026**

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 August 2026**

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

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

VI. REPORTS (Continued)

C. **LACERA Claims Experience**

Michael Szeto, Segal Consulting
(Presentation)

The LACERA Claims Experience reports through July 2026 were discussed. This item was received and filed.

D. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

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

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 8:56 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

8:31 A.M. – 9:06 A.M., WEDNESDAY, OCTOBER 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, Vice Chair

ABSENT: Shawn R. Kehoe, Trustee
Ernesto J. Pantoja, Trustee
Jason E. Green, Alternate Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

J.P. Harris, Trustee (*arrived at 8:36 a.m.*)

Wayne Moore, Trustee

Lisa Proft, Alternate Ex-Officio (*arrived at 8:41 a.m.*)

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Luis A. Lugo, Chief Executive Officer

Jessica Baxter, Chief Administrative Officer

JJ Popowich, Chief Benefits Officer

Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Tanya Sun, Vice President and Health Actuary

Michael Szeto, Sr. Actuarial Associate

I. CALL TO ORDER

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

II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER 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 September 2, 2026

As there was not a quorum present, no action was taken on this item, and it will be moved to the November Insurance, Benefits and Legislative Committee.

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. NON-CONSENT ITEMS

- A. **Provide Voting Directions on SACRS 2027 Legislative Platform**
Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee:

1. Recommend that the Board of Retirement direct its voting delegate to vote YES on sponsorship by the State Association of County Retirement Systems (SACRS) of its legislative proposals for the SACRS 2027 legislative platform;
2. Discuss and provide feedback to staff on these legislative proposals, in particular the substantive proposals; and
3. Recommend that the Board of Retirement discuss and provide feedback to staff on these legislative proposals, in particular the substantive proposals.

(Memo dated September 23, 2026)

As there was not a quorum present, no action was taken on this item, and it will be taken to the November Board of Retirement meeting, with no Committee recommendation.

VI. REPORTS

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

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 September 2026**

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

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

VI. REPORTS (Continued)

C. **LACERA Claims Experience**

Tanya Sun, Segal Consulting
(Presentation)

The LACERA Claims Experience reports through August 2026 were discussed. This item was received and filed.

D. **Federal Legislation**

Michael Szeto, Segal Consulting
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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 9:06 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
OCTOBER 2026
FOR INFORMATION ONLY**

Gen X and Millennials Faces Fewer Retirement Guarantees, Greater Uncertainty

A Harris Poll conducted for Athene found that Gen X and Millennials believe they face retirement challenges unlike those of previous generations. More than 80% said their generation faces unique retirement obstacles, while 76% felt the U.S. retirement system was designed for an earlier era. Nearly two-thirds reported having fewer guaranteed retirement-income options than prior generations, and 63% worry Social Security may not have sufficient funds when they retire.

Rising health care costs emerged as the top retirement concern, cited by about two-thirds of respondents, followed closely by inflation (62%). Inflation, everyday living expenses, and health care costs were also identified as major barriers to saving for retirement.

The survey highlighted strong interest in guaranteed income solutions such as annuities. Among those familiar with annuities, 86% found their benefits appealing, yet only 23% had purchased one. Eighty percent said they would consider buying an annuity if they understood it better, although 53% viewed annuities as too complex.

Despite concerns about retirement security, many respondents lack comprehensive retirement-income planning. Only 40% have a strategy for converting savings into retirement income, and just 29% have accounted for the potential length of their retirement in their financial plans. [\(Source\)](#)

Social Security Cost-of-Living Adjustment Rises 3.6% for 2027

The Social Security Administration announced a 3.6% cost-of-living adjustment (COLA) for 2027, increasing benefits for more than 72 million Social Security and Supplemental Security Income (SSI) recipients. The increase reflects third-quarter inflation of 3.7% and is higher than the 2.8% and 2.5% adjustments provided for 2026 and 2025, respectively. However, it is below what in recent years was the highest COLA in 2023 of 8.7%, which was the largest increase since 1981.

Beginning in January 2027, the average retired worker's monthly Social Security benefit will rise by about \$75, from roughly \$2,095 to \$2,170. Couples receiving benefits will average \$3,355 per month, up from \$3,238. SSI recipients will see increases starting December 29, 2026, with maximum monthly payments rising to \$1,029 for individuals and \$1,544 for couples.

The maximum earnings subject to Social Security payroll taxes will increase to \$192,300. Earnings limits for beneficiaries below full retirement age and those reaching full retirement age in 2027 will also rise.

Despite the benefit increase, experts emphasized that COLAs are intended to preserve purchasing power rather than increase it. The announcement also highlights Social Security's long-term funding challenges: the Old-Age and Survivors Insurance Trust Fund is projected to deplete its reserves in 2032, after which available revenue would cover about 83% of scheduled benefits unless Congress enacts reforms. ([Source](#))

NIRS Report on Workforce Turnover and Retention in the Public Sector: Insights from Pension Plans

A recent report from the National Institute of Retirement Security examines public-sector workforce turnover and retention through the lens of public pension data. Using turnover assumptions from actuarial reports for 136 state-administered pension plans covering 203 employee groups and 12.8 million active members, the study analyzes long-term employment patterns across public workforces. The actuarial assumptions are based on historical administrative census data, representing roughly 60 million person-year observations.

While public employees are generally known to stay with their employers longer than private-sector workers, the report focuses on how retention changes throughout employees' careers and how it differs across occupations, employers, and retirement systems. Workforce turnover carries significant costs, including the loss of experienced employees, investments in training, and expenses associated with recruiting and preparing replacements. In public services, high turnover can affect service delivery, such as reducing teacher staffing levels or limiting emergency response capacity.

The findings provide pension plans, employers, and policymakers with a framework for understanding workforce retention and comparing turnover rates with peer systems. The analysis can help identify where turnover is highest and support targeted strategies to improve retention among critical employee groups. The following are key findings from the report:

- Public workforce retention stabilizes after 5 years. Forty-eight percent of new hires are expected to remain through year 5. After that, retention becomes substantially more stable.
- Retention varies by workforce and plan characteristics. Retention is generally higher for safety employees and teachers, employees in hybrid or defined benefit plans, and those not covered by Social Security.
- Average retention masks significant variation across individual plans. Variation is greatest among safety member plans and increases with years of service. There is less variation in plans covering teachers, state employees, and local employees where there is little change over time.

- Early- and late-career retention are distinct challenges. Only about a quarter of new hires are expected to remain 20 years, but about half of those who reach 5 years are expected to remain until 20 years.
- Over a 30-year horizon, new hires are expected to complete on average 10.5 years of service, compared to 19.9 years among workers who reach 5 years of service. The tenure for this latter group ranges from 18 years for local employees to 22.9 years for safety employees.

[\(Source\)](#)

NCPERS Survey on Recruitment and Retention

A 2026 survey by the National Conference on Public Employee Retirement Systems (NCPERS) and CBIZ of 173 U.S. public pension plans managing \$5.9 trillion found that recruitment and retention challenges are easing. About 62% of respondents reported no difficulty attracting talent, an improvement from prior years and a marked change from 2022, when most plans expected staffing problems. NCPERS CEO Hank Kim attributed the progress to post-pandemic labor market adjustments, though plans in remote locations still face challenges.

Public pension systems are increasingly using workplace flexibility to compete for talent. More than 80% offer hybrid schedules and 72% allow remote work, enabling plans to recruit investment and finance professionals from major metropolitan talent pools. Compensation growth remains modest, with projected salary increases of 3.7%, roughly keeping pace with inflation.

The survey also highlighted growing interest in artificial intelligence. Rather than replacing workers, pension leaders view AI as a productivity-enhancing tool that can expand employee capacity while requiring human oversight. Kim emphasized the need for staff to develop AI skills and for pension systems to establish governance frameworks, clear usage policies, and quality-control processes to ensure responsible implementation. Overall, the survey suggests public pension plans are becoming more competitive employers while preparing their workforce for AI-enhanced operations. [\(Source\)](#)

Alaska's Gubernatorial Candidates Debate State Pension Reform

Earlier this year, Governor Mike Dunleavy of Alaska vetoed a bill that would have restored Alaska's defined benefit plan that was closed to new employees in 2006. New employees hired thereafter were enrolled in a 401(k) plan.

Governor Dunleavy has termed out as Governor, and this month four gubernatorial candidates for governor met for the first of three debates. The candidates are Democrat Jonathan Kreiss-Tomkins, a former state representative, and three Republicans: former

Anchorage Mayor Dave Bronson, former Attorney General Treg Taylor, and local business owner and talk-show host Bernadette Wilson.

During the debate regarding a possible reopening of the state pension system, Bronson, Taylor, and Wilson opposed its reopening. Reasons cited include the \$7.1 billion the state is still paying down for the period before the pension plan closed and that pensions systems “trap” employees and make it difficult to switch jobs. Only Kreiss-Tomkins supported its reopening and cited the actuarial modeling in the bipartisan bill that Governor Dunleavy vetoed. [\(Source\)](#)

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

Anthem Blue Cross and Scripps Health Contract

Each year, staff receive notices that provider networks may end contracts with LACERA-administered health plan carriers, often as contract renewal negotiations approach.

In June 2026, staff learned that Anthem Blue Cross and Scripps Health were negotiating a contract renewal. Without an agreement, effective October 1, 2026, approximately 120 LACERA members who had used a Scripps facility during the previous 12 months would no longer have access to Scripps' providers and in-network discounted claim coverage.

On October 2, 2026, staff were notified that Anthem Blue Cross and Scripps Health had reached a new multi-year agreement. The agreement preserves access to high-quality, affordable care and establishes a framework for improving health outcomes and helping reduce health care cost trends.

Letters were mailed to members on October 8, 2026, who had received predetermination hospital letters. Those members included individuals who had used a Scripps hospital during the previous 12 months and PPO members who lived within 15 miles of a Scripps Health facility.

Anthem Blue Cross and HCA Healthcare Contract

Similarly, staff received notice on August 6, 2026, that HCA Healthcare (HCA), comprising the below-referenced hospitals, had issued a notice to terminate its Commercial Contracting Hospital Agreement with Anthem Blue Cross. If Anthem Blue Cross and HCA were unable to reach an agreement, the contract will terminate effective October 1, 2026.

- Good Samaritan Hospital-San Jose
- Los Robles Regional Hospital
- Riverside Community Hospital

Approximately 210 LACERA members utilized an HCA facility over the last 12 months.

We are pleased to announce that Anthem contacted staff on October 1, 2026, that Anthem had executed a letter of agreement to extend the HCA contract until the renewal agreement is finalized.

United Healthcare (UHC) Hoag Hospital Contract Ending

On October 9, 2026, UHC confirmed that Hoag Hospital will no longer participate in the network for UnitedHealthcare Medicare Advantage HMO plans, effective January 1, 2027.

The change will affect 45 LACERA members, who will be assigned a new primary care physician and provider medical group. Because other in-network providers are available, members who request a medical plan change in response to this notice will remain subject to the six-month waiting period.

Letters will go out to the impacted members.

CVS Member Outreach to Transition to Health 100

Staff received notice from CVS of an upcoming change to their mobile app experience for CVS Caremark members and CVS Specialty patients. Beginning early November, CVS will encourage eligible members included in the outreach to migrate to the Health100 app as the primary mobile experience. Health100 is currently available through the app on an invite-only basis.

Over time, the CVS Caremark and CVS Specialty mobile apps will be retired. They will share more details on the timing and their support plan for the app retirement in the coming months.

WHY IS CVS MAKING THIS CHANGE

Multiple tools and logins can cause confusion, missed steps, and increased support needs. Health100 combines the CVS Caremark and CVS Specialty mobile experiences in one place, providing a trusted gateway to health and care information, resources, and actions.

Health100 also offers modern features that will provide real-time, proactive support for health and care needs. At launch, the app will also include cost-transparency tools, personal health records, access to digital health solutions and expanded care options.

WHAT'S NOT CHANGING

For CVS Caremark

- Members will continue to have uninterrupted access to their prescription benefits during the migration period on the CVS Caremark website and app.
- Members will retain access to the CVS Caremark app during the transition while we guide them to the Health100 app experience.
- Members will be able to use their existing credentials to sign in to the Health100 app. Their information and coverage details will also carry over.
- Members can continue to access benefit information through existing CVS Caremark website during the transition.

- Care teams will be available to answer questions and support members who need help during the transition.

For CVS Specialty

- Patients will continue to have uninterrupted access to their prescription benefits during the migration period on the CVS Specialty website and app.

Member communications will be sent out beginning early November.

CVS Health Formulary Updates Effective January 1, 2027

As part of the Anthem Blue Cross plans I, II, and III plans - pharmacy benefit manager (CVS) is to assist in managing prescription drug costs to enable affordable coverage of clinically appropriate therapies to help members better health, industry trends, market changes and the clinical landscape to identify opportunities to save money and improve outcomes.

CVS updates its formularies periodically and notifies clients quarterly. Staff received notice of the next changes, effective January 1, 2027. CVS reported that 98.95% of members will not be affected by the changes outlined below:

- **FreeStyle Libre to Replace Dexcom**

FreeStyle Libre will become the preferred continuous glucose monitor (CGM), replacing Dexcom products, which CVS will no longer cover. It provides comparable, user-friendly technology at a lower net cost. This is the first change in CGM preference since 2020.

- **New Oral Option to Lower LDL Cholesterol**

Lipfendra will be added as an oral option in the PCSK9 inhibitor category, providing an alternative to the injectable treatments currently available.

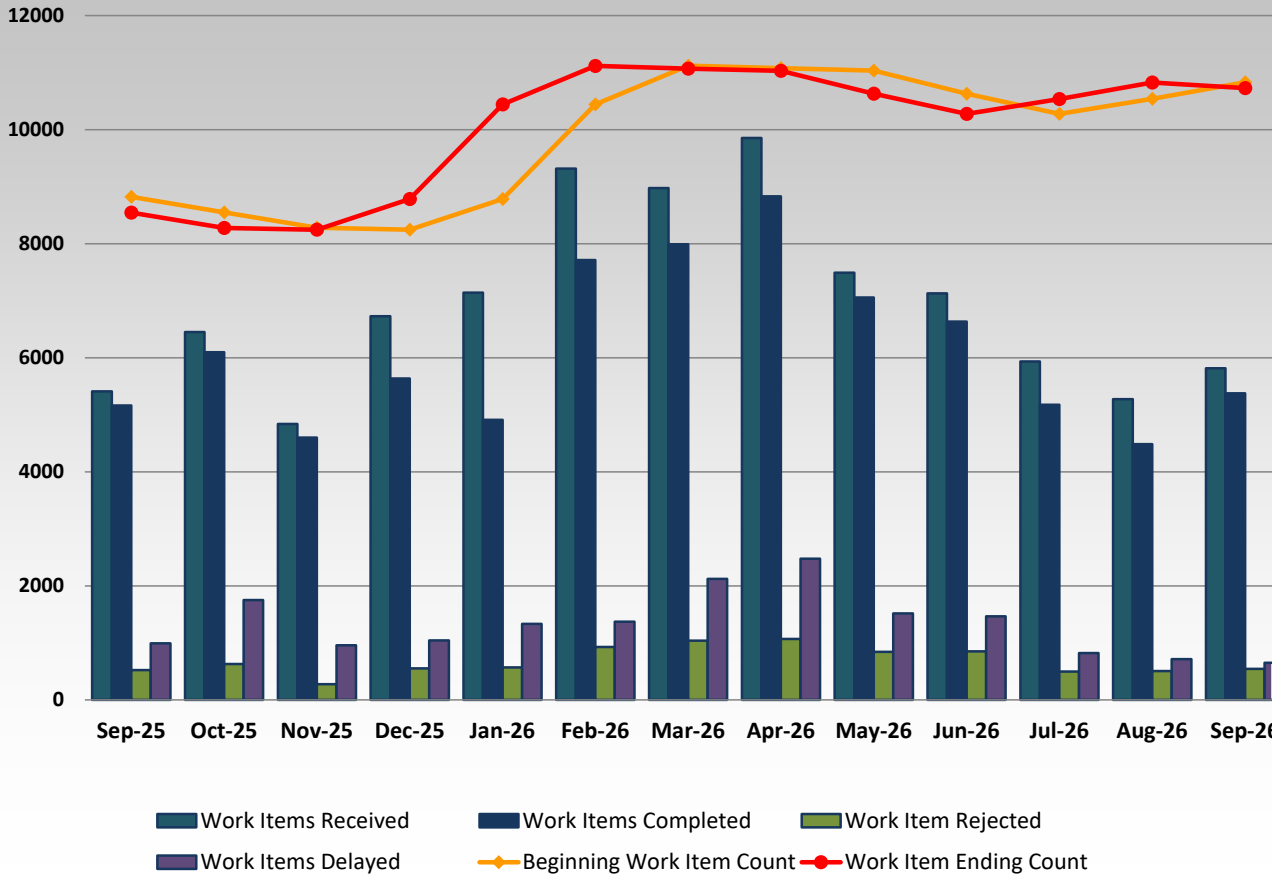
CVS will send letters to providers and impacted members around 12/1/26.

Retiree Healthcare Division

Trend Report

AUGUST 2025 - AUGUST 2026

Updated: 10/22/2026

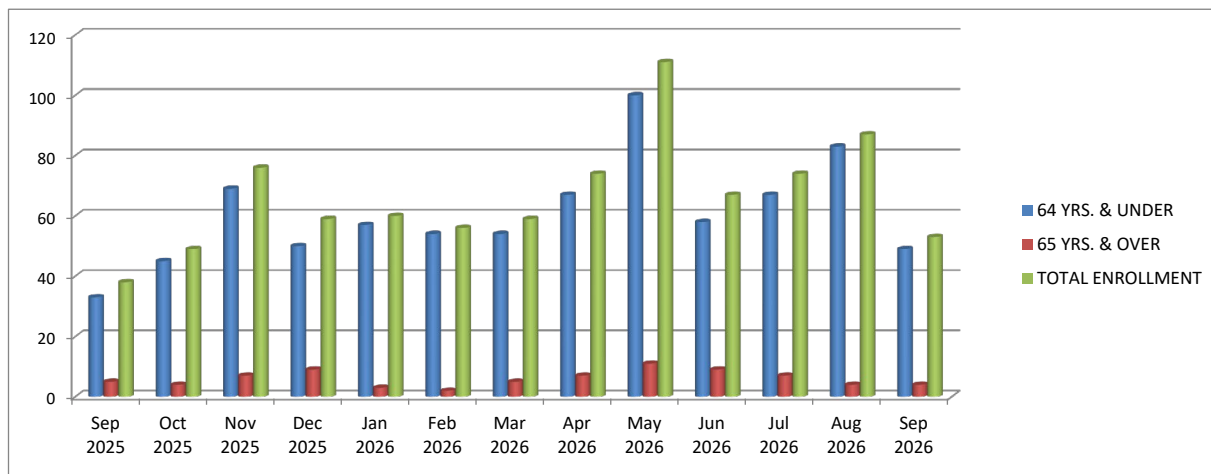


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Sep-25	8821	5408	5161	524	992	8544
Oct-25	8550	6452	6098	630	1751	8274
Nov-25	8278	4840	4600	274	959	8244
Dec-25	8245	6729	5637	552	1045	8785
Jan-26	8785	7142	4912	571	1332	10444
Feb-26	10444	9315	7715	926	1370	11118
Mar-26	11121	8975	7989	1039	2121	11068
Apr-26	11077	9854	8832	1070	2476	11029
May-26	11037	7491	7057	842	1515	10629
Jun-26	10630	7130	6632	852	1465	10276
Jul-26	10277	5933	5175	498	822	10537
Aug-26	10540	5275	4483	504	713	10828
Sep-26	10832	5815	5374	543	652	10730

Retirees Monthly Age Breakdown SEPTEMBER 2025 -SEPTEMBER 2026

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
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
Feb 2026	54	2	56
Mar 2026	54	5	59
Apr 2026	67	7	74
May 2026	100	11	111
Jun 2026	58	9	67
Jul 2026	67	7	74
Aug 2026	83	4	87
Sep 2026	49	4	53

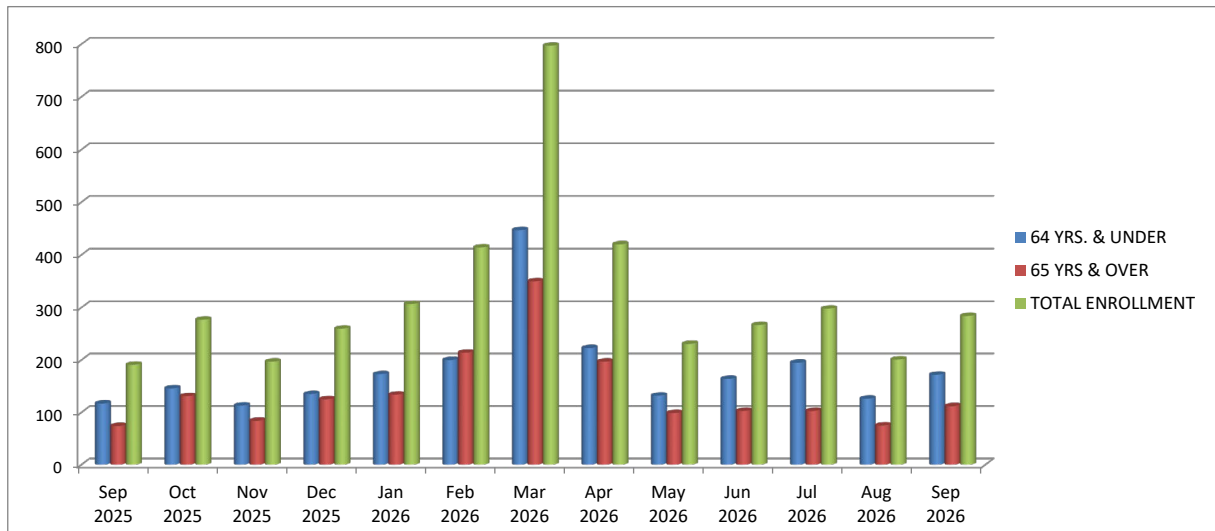


PLEASE NOTE: Next Report will include the following dates: October 1, 2025, through October 31, 2026.

Retirees Monthly Age Breakdown AUGUST 2025 - AUGUST 2026

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Sep 2025	117	74	191
Oct 2025	146	131	277
Nov 2025	113	84	197
Dec 2025	135	125	260
Jan 2026	173	134	307
Feb 2026	200	214	414
Mar 2026	447	350	797
Apr 2026	223	197	420
May 2026	132	99	231
Jun 2026	164	103	267
Jul 2026	195	103	298
Aug 2026	126	75	201
Sep 2026	172	112	284



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

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 10/31/2026

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	8157	\$1,526,029.00	0	\$0.00
241	129	\$22,331.20	0	\$0.00
242	1091	\$210,901.20	0	\$0.00
243	4992	\$1,911,651.46	0	\$0.00
244	15	\$2,640.30	0	\$0.00
245	69	\$13,957.40	0	\$0.00
246	14	\$2,661.50	0	\$0.00
247	184	\$37,860.20	0	\$0.00
248	11	\$3,431.70	0	\$0.00
249	99	\$39,619.90	0	\$0.00
250	16	\$5,957.00	0	\$0.00
Plan Total:	14,777	\$3,777,040.86	0	\$0.00
KAISER SR. ADVANTAGE				
394	25	\$4,635.50	0	\$0.00
397	2	\$347.50	0	\$0.00
398	16	\$6,492.80	0	\$0.00
403	12717	\$2,336,401.93	0	\$0.00
413	1619	\$302,502.10	0	\$0.00
418	6701	\$2,561,582.77	1	\$51.50
419	194	\$32,846.50	0	\$0.00
426	258	\$47,252.00	0	\$0.00
445	2	\$405.80	0	\$0.00
451	41	\$7,512.40	0	\$0.00
455	7	\$1,420.30	0	\$0.00
457	19	\$7,426.40	0	\$0.00
459	2	\$811.60	0	\$0.00
462	96	\$19,366.20	0	\$0.00
465	2	\$405.80	0	\$0.00
466	27	\$9,920.60	0	\$0.00
472	26	\$4,927.00	0	\$0.00
476	4	\$144.60	0	\$0.00
478	16	\$7,144.90	0	\$0.00
482	71	\$12,995.70	0	\$0.00
486	5	\$960.10	0	\$0.00
488	33	\$12,508.00	0	\$0.00
493	1	\$202.90	0	\$0.00
Plan Total:	21,884	\$5,378,213.40	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 10/31/2026

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	382	\$73,437.90	0	\$0.00
613	162	\$61,699.50	0	\$0.00
620	29	\$5,951.70	0	\$0.00
621	15	\$5,955.40	0	\$0.00
622	26	\$4,709.40	0	\$0.00
623	11	\$4,151.20	0	\$0.00
Plan Total:	625	\$155,905.10	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2321	\$437,613.40	0	\$0.00
702	420	\$80,765.30	0	\$0.00
703	1438	\$556,533.10	0	\$0.00
704	125	\$24,816.10	0	\$0.00
705	53	\$21,201.40	0	\$0.00
Plan Total:	4,357	\$1,120,929.30	0	\$0.00
Grand Total:	41,643	\$10,432,088.66	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 10/31/2026

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	8157	\$1,526,029.00	0	\$0.00
241	129	\$22,331.20	0	\$0.00
242	1091	\$210,901.20	0	\$0.00
243	4992	\$1,911,651.46	0	\$0.00
244	15	\$2,640.30	0	\$0.00
245	69	\$13,957.40	0	\$0.00
246	14	\$2,661.50	0	\$0.00
247	184	\$37,860.20	0	\$0.00
248	11	\$3,431.70	0	\$0.00
249	99	\$39,619.90	0	\$0.00
250	16	\$5,957.00	0	\$0.00
Plan Total:	14,777	\$3,777,040.86	0	\$0.00
KAISER SR. ADVANTAGE				
394	25	\$4,635.50	0	\$0.00
397	2	\$347.50	0	\$0.00
398	16	\$6,492.80	0	\$0.00
403	12717	\$2,336,401.93	0	\$0.00
413	1619	\$302,502.10	0	\$0.00
418	6701	\$2,561,582.77	1	\$51.50
419	194	\$32,846.50	0	\$0.00
426	258	\$47,252.00	0	\$0.00
445	2	\$405.80	0	\$0.00
451	41	\$7,512.40	0	\$0.00
455	7	\$1,420.30	0	\$0.00
457	19	\$7,426.40	0	\$0.00
459	2	\$811.60	0	\$0.00
462	96	\$19,366.20	0	\$0.00
465	2	\$405.80	0	\$0.00
466	27	\$9,920.60	0	\$0.00
472	26	\$4,927.00	0	\$0.00
476	4	\$144.60	0	\$0.00
478	16	\$7,144.90	0	\$0.00
482	71	\$12,995.70	0	\$0.00
486	5	\$960.10	0	\$0.00
488	33	\$12,508.00	0	\$0.00
493	1	\$202.90	0	\$0.00
Plan Total:	21,884	\$5,378,213.40	1	\$51.50

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 10/31/2026

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	382	\$73,437.90	0	\$0.00
613	162	\$61,699.50	0	\$0.00
620	29	\$5,951.70	0	\$0.00
621	15	\$5,955.40	0	\$0.00
622	26	\$4,709.40	0	\$0.00
623	11	\$4,151.20	0	\$0.00
Plan Total:	625	\$155,905.10	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2321	\$437,613.40	0	\$0.00
702	420	\$80,765.30	0	\$0.00
703	1438	\$556,533.10	0	\$0.00
704	125	\$24,816.10	0	\$0.00
705	53	\$21,201.40	0	\$0.00
Plan Total:	4,357	\$1,120,929.30	0	\$0.00
LOCAL 1014				
804	219	\$61,335.80	0	\$0.00
805	246	\$57,541.80	0	\$0.00
806	810	\$366,519.50	0	\$0.00
807	62	\$13,148.00	0	\$0.00
808	29	\$15,258.00	0	\$0.00
812	267	\$61,316.15	0	\$0.00
813	2	\$405.80	0	\$0.00
814	1	\$202.90	0	\$0.00
Plan Total:	1,636	575,728	0	0
Grand Total:	43,279	\$11,007,816.61	1	\$51.50

Medical and Dental Vision Insurance Premiums

November 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	380	\$481,339.08	\$64,119.70	\$403,395.02	\$467,514.72	\$0.00	\$467,514.72
202	203	\$507,225.35	\$40,914.02	\$448,991.44	\$489,905.46	\$0.00	\$489,905.46
203	80	\$223,405.60	\$32,476.96	\$199,306.35	\$231,783.31	\$2,792.57	\$234,575.88
204	25	\$40,393.50	\$9,048.18	\$31,345.32	\$40,393.50	\$1,615.74	\$42,009.24
SUBTOTAL	688	\$1,252,363.53	\$146,558.86	\$1,083,038.13	\$1,229,596.99	\$4,408.31	\$1,234,005.30
Anthem Blue Cross I							
211	490	\$854,147.15	\$52,149.67	\$800,264.93	\$852,414.60	\$147.75	\$852,562.35
212	206	\$643,737.64	\$36,311.85	\$604,300.85	\$640,612.70	\$3,124.94	\$643,737.64
213	78	\$287,542.32	\$25,731.35	\$265,497.41	\$291,228.76	\$0.00	\$291,228.76
214	25	\$59,614.62	\$3,164.13	\$51,864.75	\$55,028.88	\$0.00	\$55,028.88
215	3	\$1,753.02	\$210.36	\$1,542.66	\$1,753.02	\$0.00	\$1,753.02
SUBTOTAL	802	\$1,846,794.75	\$117,567.36	\$1,723,470.60	\$1,841,037.96	\$3,272.69	\$1,844,310.65
Anthem Blue Cross II							
221	2,535	\$4,411,072.30	\$201,499.28	\$4,177,393.32	\$4,378,892.60	\$1,732.55	\$4,380,625.15
222	2,114	\$6,665,497.02	\$146,570.65	\$6,333,510.81	\$6,480,081.46	\$0.00	\$6,480,081.46
223	1,018	\$3,800,719.64	\$145,024.76	\$3,536,468.24	\$3,681,493.00	\$3,686.44	\$3,685,179.44
224	273	\$637,417.86	\$57,542.71	\$596,652.11	\$654,194.82	\$0.00	\$654,194.82
225	2	\$1,168.68	\$186.98	\$1,566.04	\$1,753.02	\$0.00	\$1,753.02
SUBTOTAL	5,942	\$15,515,875.50	\$550,824.38	\$14,645,590.52	\$15,196,414.90	\$5,418.99	\$15,201,833.89

Medical and Dental Vision Insurance Premiums

November 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	8,206	\$5,765,217.12	\$714,187.35	\$5,118,919.23	\$5,833,106.58	(\$9,773.97)	\$5,823,332.61
241	126	\$290,160.99	\$18,624.25	\$255,791.57	\$274,415.82	\$0.00	\$274,415.82
242	1,080	\$2,469,742.38	\$133,123.65	\$2,302,687.06	\$2,435,810.71	\$6,747.93	\$2,442,558.64
243	5,006	\$7,031,741.12	\$687,633.87	\$6,274,633.64	\$6,962,267.51	(\$4,198.89)	\$6,958,068.62
244	15	\$18,885.15	\$1,687.06	\$17,198.09	\$18,885.15	\$0.00	\$18,885.15
245	69	\$88,130.70	\$4,381.32	\$86,267.40	\$90,648.72	\$0.00	\$90,648.72
246	15	\$42,086.10	\$2,356.83	\$36,923.53	\$39,280.36	\$0.00	\$39,280.36
247	190	\$538,702.08	\$21,828.70	\$490,730.50	\$512,559.20	\$0.00	\$512,559.20
248	11	\$21,515.67	\$3,200.66	\$18,315.01	\$21,515.67	\$0.00	\$21,515.67
249	100	\$195,597.00	\$15,843.34	\$179,753.66	\$195,597.00	\$0.00	\$195,597.00
250	16	\$35,076.00	\$2,849.92	\$32,226.08	\$35,076.00	\$0.00	\$35,076.00
SUBTOTAL	14,834	\$16,496,854.31	\$1,605,716.95	\$14,813,445.77	\$16,419,162.72	(\$7,224.93)	\$16,411,937.79
CIGNA Network Model Plan							
301	188	\$430,080.84	\$110,586.75	\$314,942.97	\$425,529.72	(\$2,275.56)	\$423,254.16
302	49	\$201,404.21	\$50,407.11	\$150,997.10	\$201,404.21	\$0.00	\$201,404.21
303	7	\$33,974.78	\$6,277.87	\$17,989.83	\$24,267.70	\$0.00	\$24,267.70
304	9	\$27,179.19	\$10,120.22	\$17,058.97	\$27,179.19	\$0.00	\$27,179.19
SUBTOTAL	253	\$692,639.02	\$177,391.95	\$500,988.87	\$678,380.82	(\$2,275.56)	\$676,105.26

Medical and Dental Vision Insurance Premiums

November 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,722	\$3,014,803.77	\$195,518.10	\$2,765,383.05	\$2,960,901.15	\$6,894.92	\$2,967,796.07
403	12,725	\$3,894,329.64	\$328,280.93	\$3,567,953.11	\$3,896,234.04	(\$8,526.84)	\$3,887,707.20
404	419	\$737,756.44	\$7,653.42	\$696,647.57	\$704,300.99	(\$6,894.92)	\$697,406.07
405	1,496	\$2,582,147.54	\$18,512.93	\$2,570,529.53	\$2,589,042.46	(\$1,723.73)	\$2,587,318.73
411	2,034	\$6,332,216.00	\$237,199.34	\$5,874,552.66	\$6,111,752.00	\$6,124.00	\$6,117,876.00
413	1,571	\$2,679,406.80	\$102,598.26	\$2,425,154.64	\$2,527,752.90	\$0.00	\$2,527,752.90
414	40	\$122,480.00	\$734.88	\$118,683.12	\$119,418.00	\$0.00	\$119,418.00
418	6,673	\$4,028,905.18	\$281,340.79	\$3,780,571.24	\$4,061,912.03	(\$4,808.48)	\$4,057,103.55
419	198	\$402,031.74	\$4,686.98	\$391,283.98	\$395,970.96	(\$2,020.26)	\$393,950.70
420	84	\$260,270.00	\$1,469.76	\$252,676.24	\$254,146.00	\$0.00	\$254,146.00
421	9	\$15,513.57	\$758.45	\$16,478.85	\$17,237.30	\$0.00	\$17,237.30
422	262	\$814,492.00	\$3,184.48	\$783,749.52	\$786,934.00	\$0.00	\$786,934.00
426	252	\$523,247.34	\$2,362.33	\$491,225.65	\$493,587.98	(\$2,020.26)	\$491,567.72
428	33	\$104,108.00	\$367.44	\$97,616.56	\$97,984.00	\$8,618.65	\$106,602.65
430	132	\$407,246.00	\$2,143.40	\$398,978.60	\$401,122.00	(\$6,124.00)	\$394,998.00
SUBTOTAL	27,650	\$25,918,954.02	\$1,186,811.49	\$24,231,484.32	\$25,418,295.81	(\$10,480.92)	\$25,407,814.89
Kaiser - Colorado							
450	4	\$5,687.20	\$284.36	\$5,402.84	\$5,687.20	\$0.00	\$5,687.20
451	42	\$12,511.80	\$1,483.54	\$11,028.26	\$12,511.80	\$0.00	\$12,511.80
453	8	\$25,174.32	\$549.79	\$24,624.53	\$25,174.32	\$0.00	\$25,174.32
455	7	\$11,981.90	\$924.32	\$11,057.58	\$11,981.90	\$0.00	\$11,981.90
457	19	\$11,168.20	\$1,034.53	\$10,133.67	\$11,168.20	\$0.00	\$11,168.20
459	2	\$4,003.20	\$80.06	\$3,923.14	\$4,003.20	\$0.00	\$4,003.20
SUBTOTAL	82	\$70,526.62	\$4,356.60	\$66,170.02	\$70,526.62	\$0.00	\$70,526.62

Medical and Dental Vision Insurance Premiums

November 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Georgia							
440	1	\$1,780.87	\$48.32	\$1,732.55	\$1,780.87	\$0.00	\$1,780.87
441	3	\$5,342.61	\$144.96	\$5,197.65	\$5,342.61	\$0.00	\$5,342.61
442	6	\$10,685.22	\$289.92	\$10,395.30	\$10,685.22	\$0.00	\$10,685.22
445	2	\$4,399.46	\$0.00	\$4,399.46	\$4,399.46	\$0.00	\$4,399.46
461	14	\$24,932.18	\$2,305.07	\$22,627.11	\$24,932.18	\$0.00	\$24,932.18
462	96	\$40,978.56	\$5,608.94	\$37,503.92	\$43,112.86	\$0.00	\$43,112.86
463	4	\$14,214.96	\$3,277.67	\$10,937.29	\$14,214.96	\$0.00	\$14,214.96
465	2	\$4,399.46	\$0.00	\$4,399.46	\$4,399.46	\$0.00	\$4,399.46
466	26	\$22,834.44	\$1,978.99	\$20,009.73	\$21,988.72	\$0.00	\$21,988.72
SUBTOTAL	154	\$129,567.76	\$13,653.87	\$117,202.47	\$130,856.34	\$0.00	\$130,856.34
Kaiser - Hawaii							
471	7	\$7,423.99	\$296.96	\$7,127.03	\$7,423.99	\$0.00	\$7,423.99
472	26	\$11,686.74	\$1,762.02	\$9,924.72	\$11,686.74	\$0.00	\$11,686.74
474	3	\$6,339.42	\$0.00	\$6,339.42	\$6,339.42	\$0.00	\$6,339.42
475	2	\$6,331.42	\$0.00	\$6,331.42	\$6,331.42	\$0.00	\$6,331.42
476	3	\$6,008.24	(\$1,321.82)	\$2,823.88	\$1,502.06	\$0.00	\$1,502.06
478	16	\$14,255.68	\$1,781.95	\$14,255.69	\$16,037.64	\$0.00	\$16,037.64
SUBTOTAL	57	\$52,045.49	\$2,519.11	\$46,802.16	\$49,321.27	\$0.00	\$49,321.27

Medical and Dental Vision Insurance Premiums

November 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Oregon							
481	8	\$12,943.04	\$388.29	\$12,554.75	\$12,943.04	\$0.00	\$12,943.04
482	72	\$43,902.72	\$5,865.87	\$38,036.85	\$43,902.72	(\$609.76)	\$43,292.96
484	3	\$9,683.28	\$308.46	\$9,374.82	\$9,683.28	\$0.00	\$9,683.28
486	5	\$11,098.20	\$0.00	\$11,098.20	\$11,098.20	\$0.00	\$11,098.20
488	33	\$39,980.16	\$6,396.83	\$33,583.33	\$39,980.16	\$0.00	\$39,980.16
493	1	\$3,829.52	\$143.08	\$3,686.44	\$3,829.52	\$0.00	\$3,829.52
SUBTOTAL	122	\$121,436.92	\$13,102.53	\$108,334.39	\$121,436.92	(\$609.76)	\$120,827.16
SCAN Health Plan							
611	386	\$111,080.61	\$19,678.67	\$92,550.06	\$112,228.73	(\$287.03)	\$111,941.70
613	160	\$91,701.72	\$14,808.12	\$74,063.30	\$88,871.42	\$0.00	\$88,871.42
SUBTOTAL	546	\$202,782.33	\$34,486.79	\$166,613.36	\$201,100.15	(\$287.03)	\$200,813.12
SCAN Health Plan, AZ							
620	29	\$8,323.87	\$1,486.82	\$7,698.14	\$9,184.96	(\$287.03)	\$8,897.93
621	14	\$8,490.90	\$1,822.70	\$6,668.20	\$8,490.90	\$0.00	\$8,490.90
SUBTOTAL	43	\$16,814.77	\$3,309.52	\$14,366.34	\$17,675.86	(\$287.03)	\$17,388.83
SCAN Health Plan, NV							
622	26	\$7,749.81	\$1,176.83	\$6,285.95	\$7,462.78	\$0.00	\$7,462.78
623	11	\$6,226.66	\$1,018.90	\$5,207.76	\$6,226.66	\$0.00	\$6,226.66
SUBTOTAL	37	\$13,976.47	\$2,195.73	\$11,493.71	\$13,689.44	\$0.00	\$13,689.44

Medical and Dental Vision Insurance Premiums

November 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	2,305	\$1,007,544.46	\$105,553.59	\$900,008.09	\$1,005,561.68	(\$1,298.94)	\$1,004,262.74
702	410	\$986,440.89	\$45,630.32	\$910,083.46	\$955,713.78	\$0.00	\$955,713.78
703	1,426	\$1,234,604.44	\$114,265.83	\$1,118,622.69	\$1,232,888.52	\$1,715.92	\$1,234,604.44
704	124	\$339,361.78	\$8,928.67	\$319,744.55	\$328,673.22	\$0.00	\$328,673.22
705	53	\$64,098.54	\$3,413.62	\$61,871.93	\$65,285.55	\$0.00	\$65,285.55
SUBTOTAL	4,318	\$3,632,050.11	\$277,792.03	\$3,310,330.72	\$3,588,122.75	\$416.98	\$3,588,539.73
United Healthcare							
706	1	\$546.03	\$43.68	\$1,048.38	\$1,092.06	\$0.00	\$1,092.06
707	515	\$1,012,762.08	\$147,865.78	\$801,377.26	\$949,243.04	(\$1,918.11)	\$947,324.93
708	434	\$1,556,535.24	\$203,456.25	\$1,251,413.40	\$1,454,869.65	\$0.00	\$1,454,869.65
709	307	\$1,301,225.51	\$187,235.27	\$1,039,159.38	\$1,226,394.65	\$0.00	\$1,226,394.65
SUBTOTAL	1,257	\$3,871,068.86	\$538,600.98	\$3,092,998.42	\$3,631,599.40	(\$1,918.11)	\$3,629,681.29

Medical and Dental Vision Insurance Premiums November 2026

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	75	\$113,531.25	\$5,631.15	\$104,872.60	\$110,503.75	(\$756.88)	\$109,746.87
802	350	\$955,290.00	\$31,005.99	\$927,013.43	\$958,019.42	\$0.00	\$958,019.42
803	441	\$1,419,839.19	\$49,130.90	\$1,370,708.29	\$1,419,839.19	\$3,219.59	\$1,423,058.78
804	219	\$331,511.25	\$9,748.53	\$321,762.72	\$331,511.25	(\$61,335.80)	\$270,175.45
805	247	\$674,161.80	\$18,723.68	\$652,708.72	\$671,432.40	(\$57,541.80)	\$613,890.60
806	810	\$2,210,814.00	\$47,819.11	\$2,162,994.89	\$2,210,814.00	(\$366,519.50)	\$1,844,294.50
807	62	\$199,614.58	\$2,318.10	\$197,296.48	\$199,614.58	(\$13,148.00)	\$186,466.58
808	29	\$93,368.11	\$2,060.54	\$91,307.57	\$93,368.11	(\$15,258.00)	\$78,110.11
809	14	\$21,192.50	\$908.25	\$20,284.25	\$21,192.50	\$0.00	\$21,192.50
810	9	\$24,564.60	\$3,220.69	\$21,343.91	\$24,564.60	\$0.00	\$24,564.60
811	5	\$16,097.95	\$1,931.76	\$14,166.19	\$16,097.95	\$0.00	\$16,097.95
812	268	\$405,685.00	\$22,585.09	\$386,127.41	\$408,712.50	(\$64,219.67)	\$344,492.83
813	2	\$5,458.80	\$0.00	\$5,458.80	\$5,458.80	(\$405.80)	\$5,053.00
814	1	\$3,219.59	\$1,030.27	\$2,189.32	\$3,219.59	(\$202.90)	\$3,016.69
SUBTOTAL	2,532	\$6,474,348.62	\$196,114.06	\$6,278,234.58	\$6,474,348.64	(\$576,168.76)	\$5,898,179.88
Kaiser - Washington							
393	5	\$13,161.18	\$921.96	\$3,465.10	\$4,387.06	\$0.00	\$4,387.06
394	25	\$11,269.50	\$1,559.68	\$9,709.82	\$11,269.50	\$0.00	\$11,269.50
395	2	\$8,178.52	\$1,928.64	\$6,249.88	\$8,178.52	\$0.00	\$8,178.52
397	2	\$4,693.02	\$0.00	\$4,693.02	\$4,693.02	\$0.00	\$4,693.02
398	16	\$14,296.96	\$1,787.11	\$12,509.85	\$14,296.96	\$0.00	\$14,296.96
SUBTOTAL	50	\$51,599.18	\$6,197.39	\$36,627.67	\$42,825.06	\$0.00	\$42,825.06
Medical Plan Total	59,367	\$76,359,698.26	\$4,877,199.60	\$70,247,192.05	\$75,124,391.65	(\$585,735.13)	\$74,538,656.52

Medical and Dental Vision Insurance Premiums

November 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	28,105	\$1,581,356.32	\$154,047.28	\$1,442,156.11	\$1,596,203.39	(\$1,630.87)	\$1,594,572.52
502	25,778	\$3,045,564.62	\$222,068.57	\$2,828,330.29	\$3,050,398.86	(\$884.91)	\$3,049,513.95
503	13	\$901.55	\$58.26	\$1,051.34	\$1,109.60	\$0.00	\$1,109.60
SUBTOTAL	53,896	\$4,627,822.49	\$376,174.11	\$4,271,537.74	\$4,647,711.85	(\$2,515.78)	\$4,645,196.07
CIGNA Dental HMO/Vision							
901	4,593	\$214,404.74	\$21,102.50	\$194,374.73	\$215,477.23	(\$139.89)	\$215,337.34
902	3,466	\$332,253.34	\$22,083.82	\$309,788.00	\$331,871.82	(\$95.53)	\$331,776.29
903	2	\$94.52	\$15.12	\$79.40	\$94.52	\$0.00	\$94.52
SUBTOTAL	8,061	\$546,752.60	\$43,201.44	\$504,242.13	\$547,443.57	(\$235.42)	\$547,208.15
Dental/Vision Plan Total	61,957	\$5,174,575.09	\$419,375.55	\$4,775,779.87	\$5,195,155.42	(\$2,751.20)	\$5,192,404.22
GRAND TOTALS	121,324	\$81,534,273.35	\$5,296,575.15	\$75,022,971.92	\$80,319,547.07	(\$588,486.33)	\$79,731,060.74

PREMIUMS*	CARRIER DEDUCTION 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.

	CARRIER DEDUCTION PREMIUMS*	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
<u>SCAN Health Plan</u>		
\$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.)
<u>SCAN Health Plan – Arizona (Maricopa, Pima, Pinal Counties)</u>		
\$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.
<u>SCAN Health Plan – Nevada (Nye and Clark Counties)</u>		
\$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
<u>United Healthcare Medicare Advantage (UHCMA)</u>		
(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.

PREMIUMS*	CARRIER DEDUCTION		DEDUCTION CODE DEFINITIONS
	CODES		

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

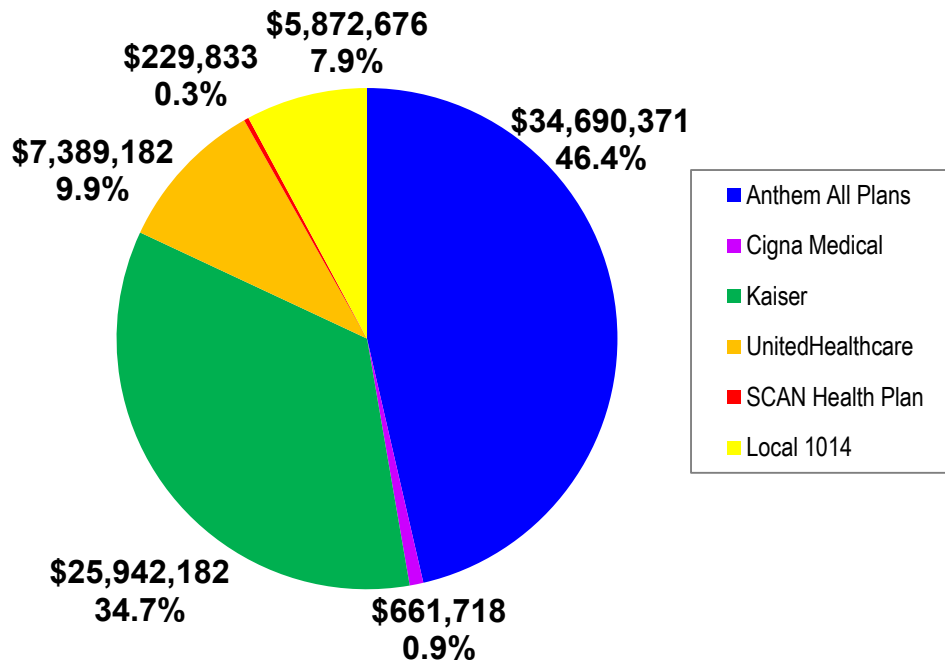
Premium & Enrollment

Coverage Month Ending September 2026

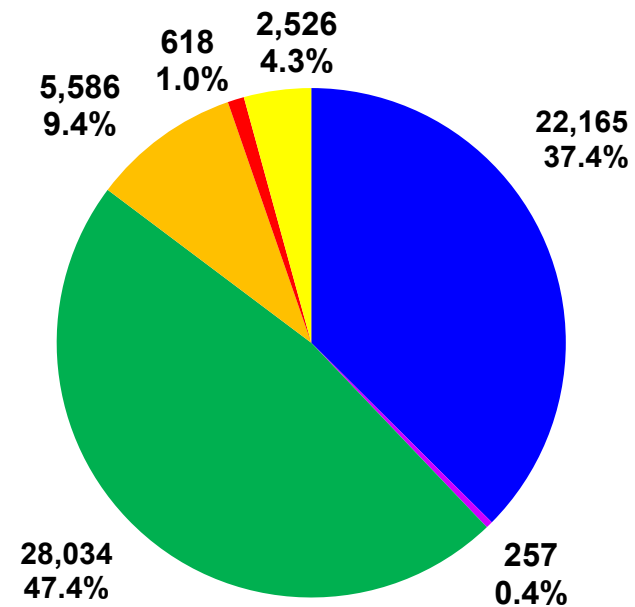
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$34,690,371	46.4%	22,165	37.5%
Cigna Medical	\$661,718	0.9%	257	0.4%
Kaiser	\$25,942,182	34.7%	28,034	47.4%
UnitedHealthcare	\$7,389,182	9.9%	5,586	9.4%
SCAN Health Plan	\$229,833	0.3%	618	1.0%
Local 1014	\$5,872,676	7.8%	2,526	4.3%
Combined Medical	\$74,785,962	100.0%	59,186	100.0%

Cigna Dental & Vision (PPO and HMO)	\$5,176,070	61,735
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Monthly Premium



Retirees

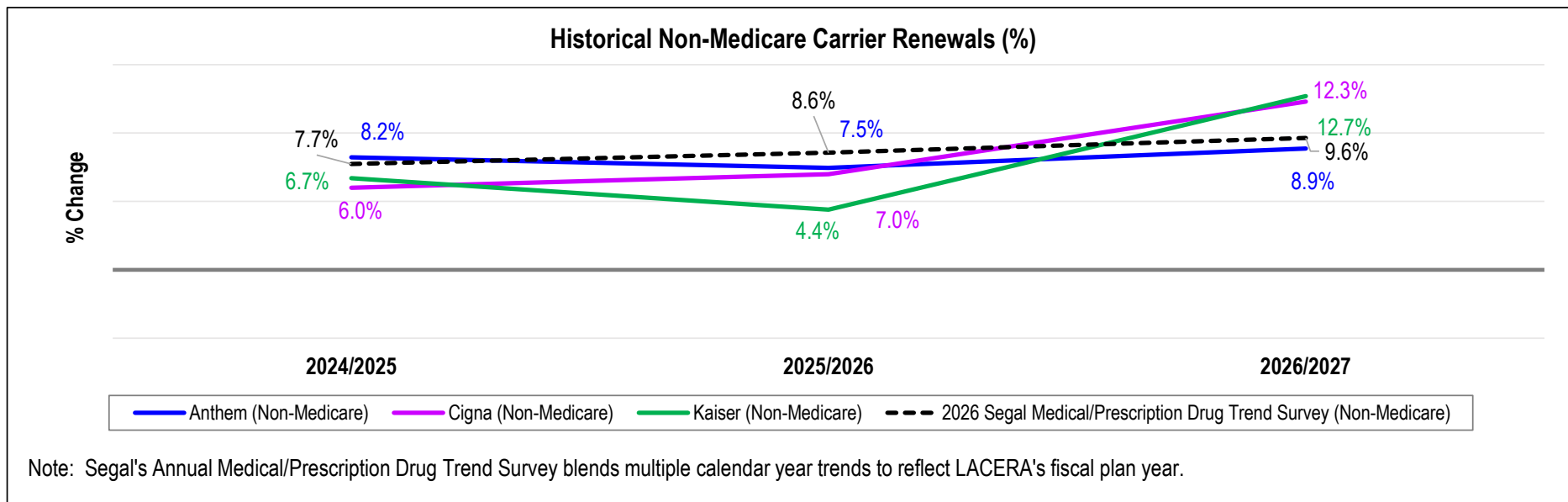
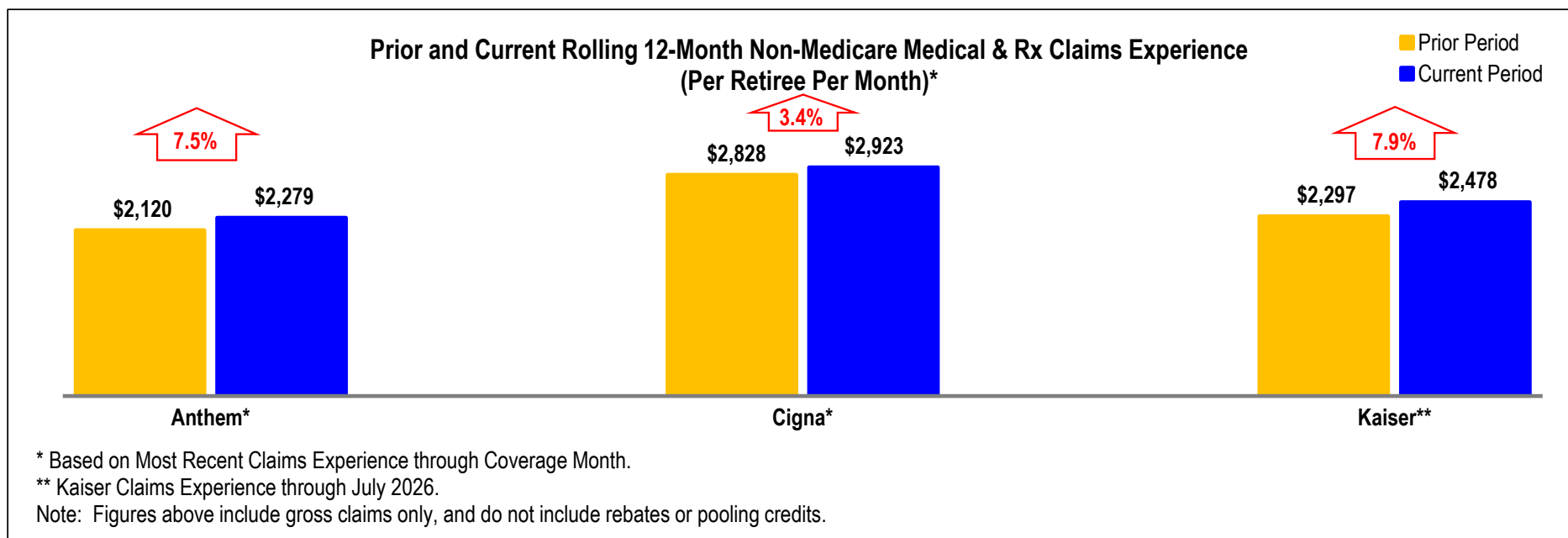


Note: Premiums include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Los Angeles County Employees Retirement Association

Claims Experience by Carrier

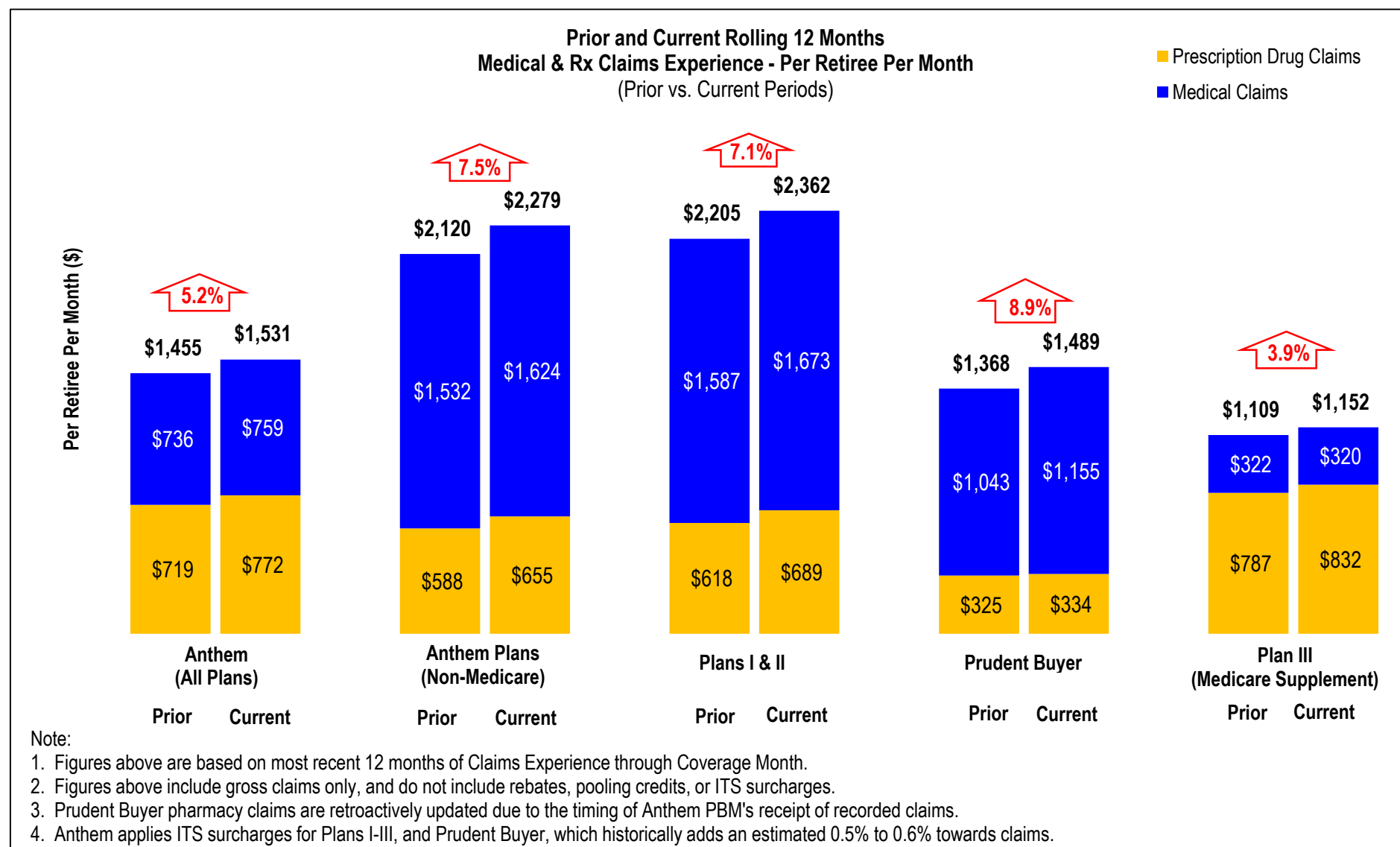
Coverage Month Ending September 2026



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending September 2026



Blended (Medical & Rx) Trend	2024/2025	2025/2026	2026/2027
Non-Medicare (80% Medical / 20% Rx)	7.7%	8.6%	9.6%
Medicare (20% Medical / 80% Rx)	6.2%	8.1%	7.4%

Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending September 2026

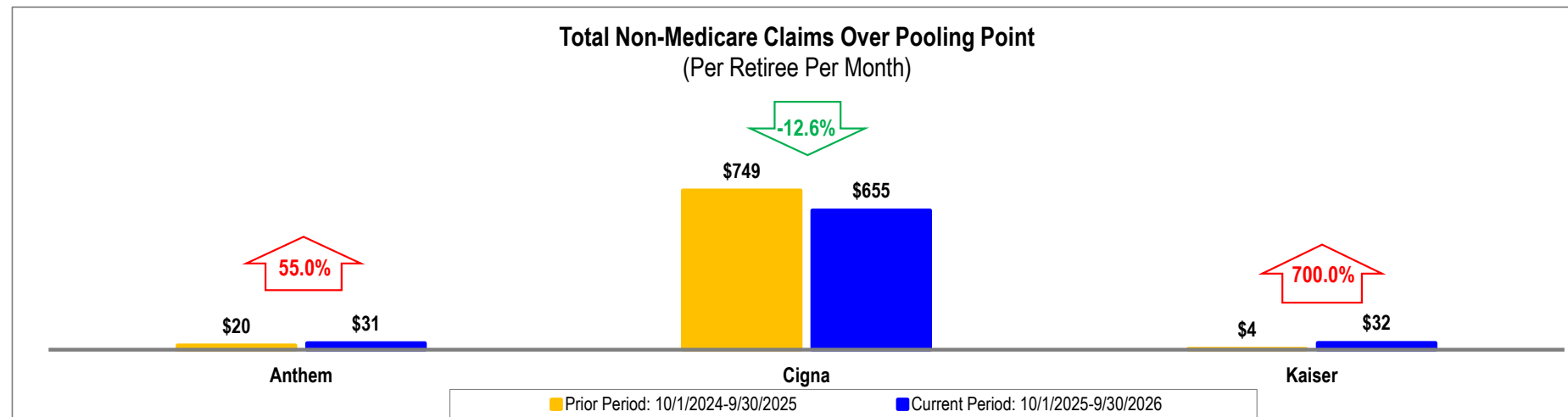
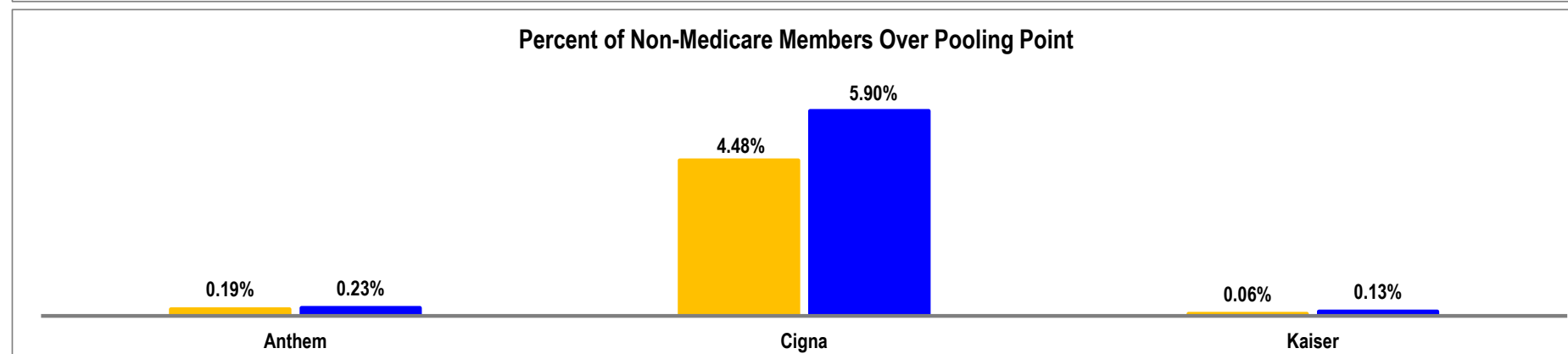
- Kaiser insures approximately 27,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in California.

Category	Current Period 8/1/2025 - 7/31/2026	Prior Period 8/1/2024 - 7/31/2025	Change
Average Contract Size	1.83	1.82	0.55%
Average Members	12,916	12,625	2.30%
Inpatient Claims Per Member Per Month	\$342.92	\$318.15	7.79%
Outpatient Claims Per Member Per Month	\$601.25	\$556.62	8.02%
Pharmacy Per Member Per Month	\$184.58	\$173.83	6.18%
Other Per Member Per Month	\$227.29	\$216.04	5.21%
Total Claims Per Member Per Month	\$1,356.04	\$1,264.64	7.23%
Total Paid Claims	\$210,171,472	\$191,598,683	9.69%
Large Claims over \$725,000 Pooling Point			
Number of Claims over Pooling Point	9	4	
Amount over Pooling Point	\$2,680,763	\$299,194	795.99%
% of Total Paid Claims	1.28%	0.16%	
Inpatient Days / 1000	1,008.8	709.3	42.22%
Inpatient Admits / 1000	98.3	96.6	1.76%
Outpatient Visits / 1000	16,732.2	16,825.7	-0.56%
Pharmacy Scripts Per Member Per Year	14.0	14.3	-2.10%

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending September 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 August through July.

Pooling Points by Carrier:

1. Anthem's pooling points are \$500,000 for Plans I & II, and \$250,000 for Prudent Buyer.
2. Cigna's pooling point is \$100,000.
3. Kaiser's pooling point is \$725,000.

Los Angeles County Employees Retirement Association
Anthem Lifetime Max Accumulation Status By Plan
Coverage Month Ending September 2026

Prior Calendar Year: December 2024 ^{1,2}				Current Calendar Year: December 2025 ^{3,4}		
Lifetime Claim Amount ⁵	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$2.00M-\$2.25M	0	0	0	0	0	0
\$1.80M-\$2.00M	0	0	0	0	0	0
\$1.60M-\$1.80M	0	0	0	0	0	0
\$1.40M-\$1.60M	0	0	0	0	0	0
\$1.20M-\$1.40M	0	0	0	0	0	0
\$1.00M-\$1.20M	7	0	7	8	1	9
Total	7	0	7	8	1	9

Prior Month: August 2026 ^{3,6}				Most Recent Month: September 2026 ^{3,7}		
Lifetime Claim Amount ⁵	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$2.00M-\$2.25M	0	0	0	0	0	0
\$1.80M-\$2.00M	0	0	0	0	0	0
\$1.60M-\$1.80M	0	0	0	0	0	0
\$1.40M-\$1.60M	0	0	0	0	0	0
\$1.20M-\$1.40M	2	0	2	2	0	2
\$1.00M-\$1.20M	10	0	10	10	0	10
Total	12	0	12	12	0	12

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.

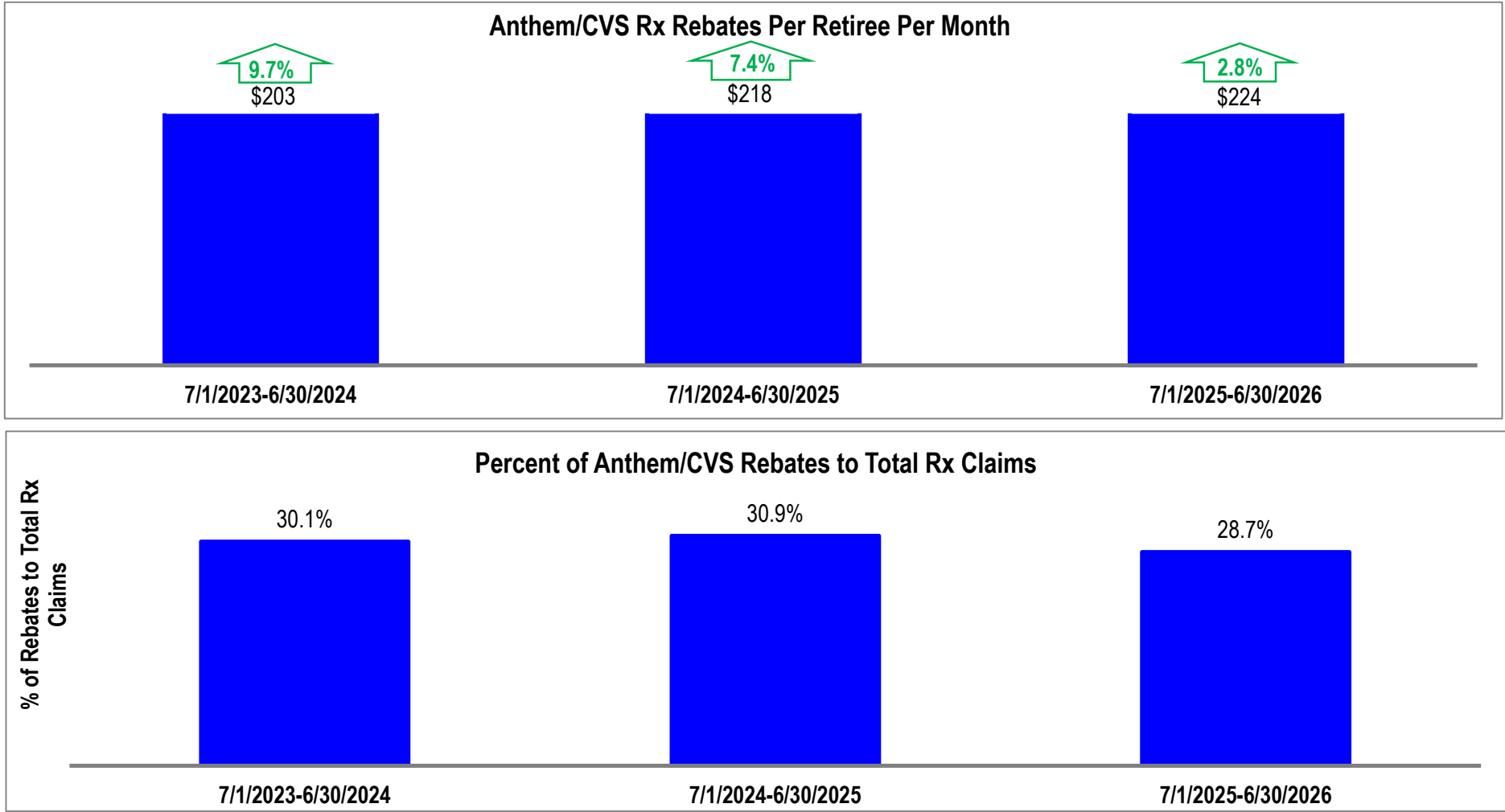
⁴ Based on data provided by Anthem on January 14, 2026.

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

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

⁷ Based on data provided by Anthem on October 16, 2026.

Los Angeles County Employees Retirement Association
Prescription Drug Rebates (Anthem)
Coverage Month Ending September 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.

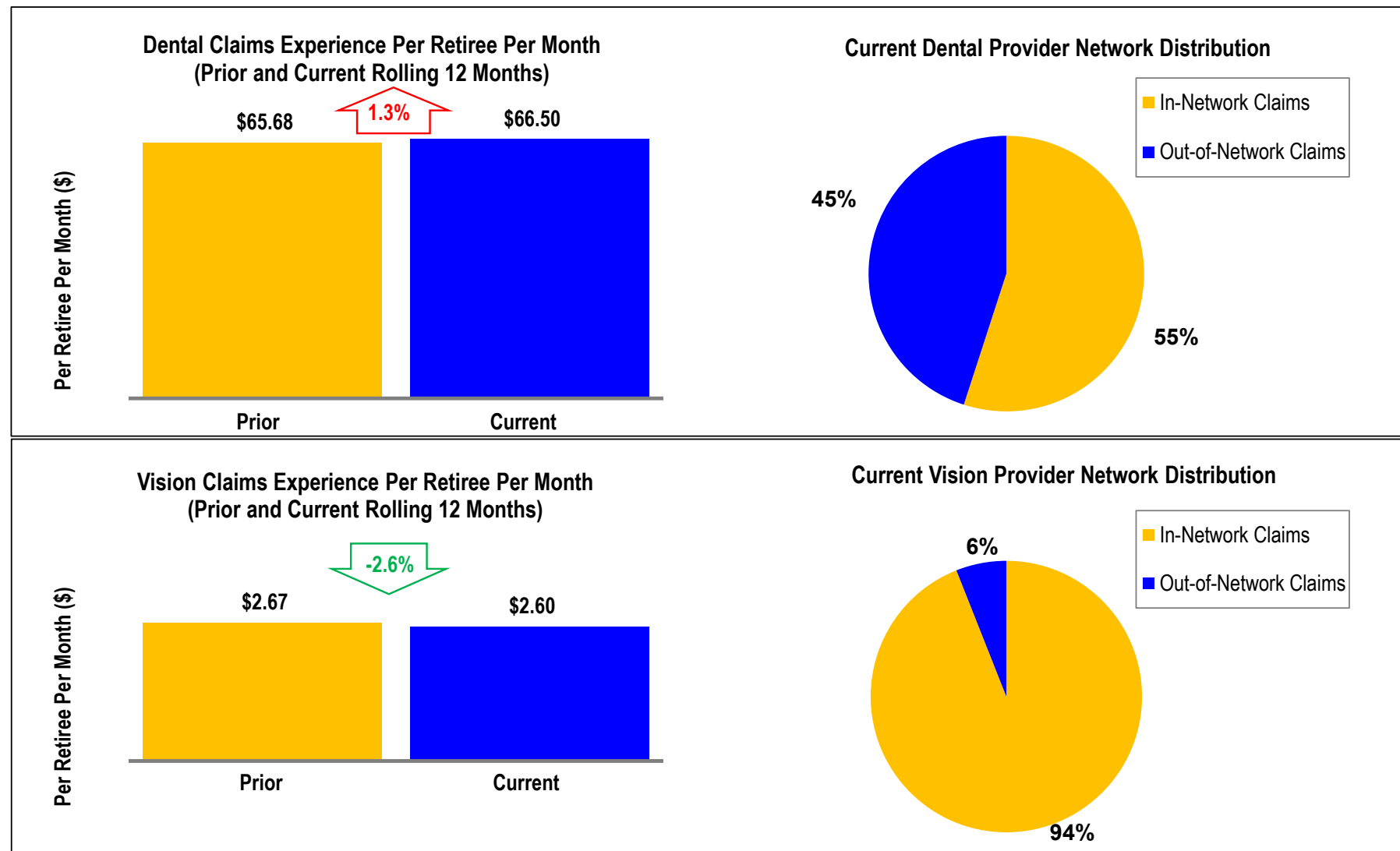
Note:

- 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 September 2026



Notes:

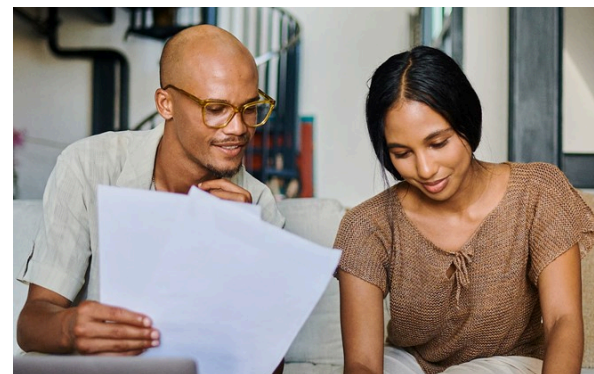
- Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
- Dental Claims Experience reflects passive use of Cigna's PPO Dental Network.



Compliance News | October 19, 2026

Final Rule on Healthcare Transparency in Coverage

The U.S. Departments of Labor, Health and Human Services, and the Treasury (collectively, the Departments) recently published a final rule updating healthcare price transparency disclosure requirements under the Transparency in Coverage (TiC) rules for non-grandfathered group health plans and health insurers.



The TiC rule includes special rules for self-insured plans and has phased applicability dates through 2027.

Background on the transparency in coverage requirements

The December 2020 TiC final rule requires non-grandfathered health plans and insurers to disclose healthcare pricing information about their plans and policies to the public and to participants, beneficiaries and enrollees.

Since 2022, the TiC rule has required plans and insurers to post machine-readable files (MRFs) containing certain negotiated rate and out-of-network payment data. Prescription drug disclosure requirements have been on hold while awaiting technical guidance from the Departments.

Since 2023, the TiC rule has also required health plans and insurers to make an online price-comparison tool available that participants, beneficiaries and enrollees can use to search for cost-sharing information for different providers for covered items and services, including prescription drugs. Upon request, plans and insurers must provide this information in paper form. The No Surprises Act expanded transparency requirements, including extending price comparison tool requirements to grandfathered plans and requiring information to be disclosed over the phone. (See our January 14, 2021 insight, "[New Law Requires Transparency and Prohibits Surprise Billing.](#)")

The final rule on Transparency in Coverage

Consistent with the February 2025 Executive Order on healthcare price transparency (discussed in our March 21, 2025 insight, “[Executive Order Targets Better Healthcare Price Transparency](#)”) and the No Surprises Act, the Departments updated both the TiC disclosure requirements and the technical file specifications (referred to as “schemas”).

The TiC 2026 final rule, published in the October 6, 2026 [Federal Register](#), largely adopts the changes proposed in the [TiC 2026 proposed rule](#) (discussed in our January 23, 2026 insight, “[Proposed Rule on Healthcare Price Transparency Disclosures](#)”) with a few notable changes.

Along with the rule, the Departments also issued [FAQs About Affordable Care Act Implementation Part 75 | U.S. Department of Labor](#) that provide additional details on implementation timing as well as a resource called [Top 5 FAQs about Transparency in Coverage](#). Simultaneously, the Centers for Medicare & Medicaid Services issued a [Fact Sheet](#) that presents an overview of the final rule.

Key changes from the proposed rule include new attestation requirements and an accelerated phased implementation schedule. The final rule does not adopt the proposal to require plans and insurers to report enrollment counts or publish a Change-log File in conjunction with the In-network Rate File.

The TiC 2026 final rule makes several changes to the MRFs that non-grandfathered group health plans and insurers must publish. These changes are intended to streamline the disclosures in a manner aimed to improve access, accuracy and efficiency.

Until April 1, 2027, plans and issuers are expected to continue complying with the requirements of the 2020 TiC final rule for the In-network Rate and Allowed Amount MRFs.

In-network Rate Files

In-network Rate MRFs must be organized by provider network rather than by plan and include a provider network name. The rule also requires disclosure of a provider network identifier and clarifies what constitutes a provider network.

Plans and insurers must report the plan type (e.g., HMO or PPO), which the rule refers to as a “product,” but will not be required to disclose a numeric enrollment total for each plan for which information is provided.

In addition, plans and insurers must exclude from the In-network Rate MRFs negotiated rate and provider combinations for items and services the provider would be unlikely to perform because the item or service is not in the provider’s area of specialty (“ghost rates”: e.g., a plan would exclude rates for podiatrists to perform heart surgery).

Out-of-network Allowed Amount Files

Allowed Amount MRFs must be organized by health insurance market type (i.e., large group, small group, individual and self-insured) rather than at the plan level.

The self-insured group health plan market includes 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, into a single Allowed Amount File.

The rule also revises reporting periods, lookback periods and minimum claims thresholds for Allowed Amount MRFs as follows:

	Current Requirement	New Requirement
Claims Threshold	20 or more claims submitted for an item or service for a single provider within a single plan	11 or more claims submitted for an item or service across the entire market of plans represented in the Allowed Amount MRF
Reporting Period	90 days	6 months

Lookback Period	180 days	9 months
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New file requirements

Plans and insurers must post three new contextual files:

- A Utilization File published annually that identifies covered items and services with paid claims and the in-network providers that furnished them
- A Taxonomy File that shows the plan’s or issuer’s internal mapping of billing codes to provider specialties that was used to determine which provider-rate combinations to exclude from the In-network Rate MRF
- A Text File in .txt. format with links to the MRFs and contact information for issues or inquiries. Plans and insurers may provide a monitored email address for either an individual or a group dedicated to responding to inquiries and issues related to the files.

The rule does not require publication of a Change-log File which, under the proposed rule, would have required plans and insurers to prepare a file that tracks changes to the In-network Rate MRFs over time.

Timing

In-network Rate and Allowed Amount MRFs must be updated quarterly rather than monthly except for the prescription drug file (Rx File), which once applicable, must be updated monthly.

Website posting requirements

Plans and insurers may contract with a third party to post MRFs on their behalf. Plans with their own public website must provide a link to any MRFs hosted by a service provider.

New attestation requirements

Each MRF must include an attestation that, to the best of the plan’s or insurer’s knowledge, the information being reported is true, accurate and complete, and submitted in accordance with applicable requirements. Each MRF must identify the senior official responsible for overseeing the submission.

A health plan or insurer that has entered into an agreement with a third party for the third party to post files on their behalf may enter into a written agreement under which the third party also makes the attestation on the plan’s behalf.

Preventing duplication

The rule includes provisions aimed at preventing unnecessary duplication. Specifically, insured group health plans can enter into a written agreement under which the health insurance issuer provides the price comparison tool and required public transparency disclosures on its behalf. In this case, if the insurer fails to provide the required information in compliance with the law, the insurer, not the plan, violates the transparency disclosure requirements.

Further, a self-insured plan or insurer may enter into a written agreement under which another party, such as a third-party administrator, will provide the price comparison tool or required public transparency disclosures on behalf of the plan or insurer. In this case, if the party with which the plan or insurer contracts fails to provide the required information in compliance with the law, the plan or insurer violates the transparency disclosure requirements.

Special rules for self-insured plans

Self-insured plans may allow a party acting on their behalf to create a single In-network Rate MRF using provider network information across multiple clients and health insurance markets. The file must meet specified standards, including requiring each In-network Rate MRF to include all covered items and services for every plan using that network and requiring the corresponding Utilization and Taxonomy Files to reflect the same plans represented in the In-network Rate MRF.

Similarly, self-insured plans may permit a party acting on their behalf to create a single Allowed Amount MRF covering multiple self-insured group health plans, including plans sponsored by different employers. However, out-of-network allowed amount and billed charge data for a particular item or service must be omitted if disclosure would require disclosure of out-of-network allowed amounts in connection with fewer than 11 claims across all plans included in the file.

Price comparison tool

Plans and insurers must, upon request, provide by phone the same price comparison information available through the online tool and paper methods. They must also update the required statement regarding balance-billing protections that accompanies cost-sharing information. Grandfathered plans may satisfy No Surprises Act price comparison tool requirements by complying with the updated TiC requirements.

If a participant, beneficiary or enrollee requests price comparison information via an alternative method (such as email) instead of online or via paper or phone, alternative methods continue to be permissible provided the timing requirements are met.

Implementation timeline

The amendments to the internet-based self-service tool provisions apply for plan or policy years beginning on or after January 1, 2027.

The technical file specifications for the new file requirements will be released in two phases:

1. Schema 3.0 for the In-network Rate and Allowed Amount MRFs will be applicable March 6, 2027, with the initial disclosure required on April 1, 2027, and quarterly thereafter.
2. Schema 1.0 for the Text File, the Taxonomy File and the Utilization File will be applicable September 6, 2027, with the initial disclosure required on October 1, 2027 for the Text and Taxonomy Files and July 1, 2028 for the Utilization File. The Text File must be updated within seven days of any change to the information in the file. The Taxonomy File must be updated quarterly, as needed. The Utilization File must be updated annually.

Schema 1.0 for the Rx File is expected to be released by the Departments around May 2027 with plans and insurers expected to publish Rx Files starting in December 2027 and monthly thereafter.

[FAQs About Affordable Care Act Implementation Part 75](#) outline the timeline for the release of technical file specifications for the MRFs and specify the applicability dates for the various new file requirements. [Download an implementation timeline graphic.](#)

Implications for sponsors of group health plans

Plan sponsors that rely upon their third-party administrators to comply with the MRF and price comparison tool requirements will need to coordinate to ensure compliant implementation and determine an approach to the newly required attestation. Plan sponsors that directly administer the MRF and price comparison tool should begin compliance efforts and watch for further implementation guidance.

Plans should ensure the price comparison tool is updated so that information is available over the phone, and the required balance-billing statement is updated for the plan year beginning in 2027.

As the new Rx File guidance becomes available in 2027, plans will need to begin compliance efforts directly or coordinate with their Rx administrator to ensure compliance. As implementation progresses, plans can leverage information gained through the new price transparency to help evaluate whether the plan is being provided competitive rates either directly or through contracts managed by the plan's service providers.

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