



Los Angeles County Other Postemployment Benefits Program

Other Postemployment Benefits Program Actuarial Valuation

July 1, 2018

Prepared by:

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June 26, 2019

Mr. Steven Rice
Chief Counsel
LACERA
300 North Lake Avenue, Suite 820
Pasadena, CA 91101

Re: July 1, 2018 Other Postemployment Benefits (OPEB) Actuarial Valuation

Dear Steven:

As requested, we have prepared an actuarial valuation of the retiree medical, dental/vision, and death benefits covering the retired Los Angeles County (County) workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) retirement benefits plan. These health-related benefits are collectively referred to in this report as the Los Angeles County (County) Other Postemployment Benefits (OPEB) Program, or the "OPEB program". The major findings of the valuation are contained in this report. This report reflects the benefit provisions in effect as of July 1, 2018, and the retiree health plan premium rates in effect as of July 1, 2018 and July 1, 2019 received from Segal (LACERA's Health Care Benefits Consultant). Previous OPEB funding valuations were under a cost sharing structure. This is the first OPEB funding valuation under an agent structure.

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by the County, LACERA, and Segal. This information includes, but is not limited to: benefit descriptions, membership data, and financial information. We found this information to be reasonably consistent and comparable with data used for other purposes. In some cases, where the census data was incomplete, we made assumptions as noted in Table C-10 of Appendix C. The valuation results depend on the integrity of this information. If any of this information is inaccurate or incomplete, our results may be different and our calculations may need to be revised.

In developing these recommendations, we have reflected an estimate of fees including the Excise Tax, Patient Centered Outcomes Research Institute Fee and the Insurer Fee (including the 2019 calendar year moratorium) associated with the Affordable Care Act (ACA), which was signed into law in March 2010. The OPEB assumptions will reflect changes in future valuations as regulations are released.

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All costs, liabilities, rates of interest, health cost trend rates, and other factors under the OPEB program have been determined on the basis of actuarial assumptions and methods which are individually reasonable (taking into account the experience of the OPEB program and reasonable expectations); and which, in combination, offer a reasonable estimate of anticipated experience affecting the OPEB program. Further, in our opinion, the actuarial assumptions in the aggregate are reasonable and are related to the experience of the OPEB program and to reasonable expectations and represent a reasonable estimate of anticipated experience under the OPEB program.

We further certify that the assumptions and methods developed in this report satisfy Actuarial Standards Board (ASB) Standards of Practice, in particular, No. 6 (Measuring Retiree Group Benefit Obligations). The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the June 30, 2018 valuation of the LACERA retirement benefits plan. The OPEB demographic and economic assumptions are based on the results of our 2018 OPEB Investigation of Experience, dated June 25, 2019. The assumptions used in the OPEB Investigation of Experience were derived from a combination of assumptions identified during the 2016 LACERA Investigation of Experience for Retirement Benefit Related Assumptions and collaboration among a group of stakeholder representatives. Economic and demographic assumptions from the Retirement Benefit Investigation of Experience, conducted by Milliman and approved by LACERA's Board of Investments, are integrated into the OPEB Investigation of Experience. Assumptions unique to OPEB were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants representing the OPEB program stakeholders at the time including: Milliman, LACERA's actuary; Cavanaugh Macdonald, LACERA's reviewing actuary; Segal, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. Types of OPEB specific assumptions include: initial enrollment, plan and tier selection, spouse age difference, and re-enrollment assumptions. These OPEB assumptions are combined for all of LACERA's agents. The investment rate of return assumption differs by agent. The investment earnings assumption for the agents that are prefunding through LACERA's OPEB Trust is the expected return for the OPEB Trust. The investment earnings assumption for the agents that are not prefunding through LACERA's OPEB Trust have an investment earnings assumption of the County's general funds' expected return. The 2018 OPEB Investigation of Experience was reviewed and approved during LACERA's March 14, 2019 Board of Retirement Meeting.

OPEB specific assumptions that have been updated since the 2018 OPEB Investigation of Experience study include health cost trend rates updated with information from the July 1, 2019 renewals and carrier ACA Health Insurer Fee details. These assumptions have been identified, evaluated, and agreed upon collaboratively by the actuaries and consultants currently representing the OPEB program stakeholders at the time including: Milliman, LACERA's actuary; Cavanaugh Macdonald, LACERA's reviewing actuary; Segal, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. LACERA's Board of Retirement has the final decision regarding the appropriateness of the assumptions. The assumptions and methods are summarized in Appendix A.

This work product was prepared solely for LACERA for the purposes described herein and may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends that third parties be aided by their own actuary or other qualified professional when reviewing the Milliman work product.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: OPEB program experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period); and changes in OPEB program provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of future measurements.

This July 1, 2018 OPEB valuation is for funding purposes. The data, assumptions and methods, OPEB program provisions as described in Appendix B of this report, and the funding goals serve as a basis for the separate GASB 75 disclosure report. Actuarial computations under Government Accounting Standards Board (GASB) Statement Numbers 74 and 75 are for purposes of fulfilling financial accounting requirements for LACERA, Los Angeles County, Superior Court, and SCAQMD (the agents) respectively. The GASB 75 disclosure report needs to meet the requirements of these standards which include but are not limited to a different discount rate and actuarial cost methodology. A discussion of GASB OPEB statement 75 applicable to OPEB reporting is in Section 8. Determinations for purposes other than funding purposes may be significantly different from the results contained in this report. Accordingly, additional determinations may be needed for other purposes.

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The consultants who worked on this assignment are employee benefit actuaries. Milliman's advice is not intended to be a substitute for qualified legal or accounting counsel.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices. We are members of the American Academy of Actuaries and meet the Qualification Standards to render the actuarial opinion contained herein.

We would like to express our appreciation to LACERA staff members, Los Angeles County, SEIU Local 721, Cavanaugh Macdonald, Segal, Rael & Letson, and Cheiron who gave substantial assistance on which this report is based.

We respectfully submit the following report and we look forward to discussing it with you.

Sincerely,



Robert L. Schmidt, FSA, EA, MAAA
Principal and Consulting Actuary



Janet O. Jennings, ASA, MAAA
Associate Actuary

RLS/bh

Table of Contents

	Page
Letter of Transmittal	
Section 1: Executive Summary	1
Section 2: Actuarial Valuation as of July 1, 2018.....	7
A. Valuation Methodology	7
B. Liabilities and Costs	9
Section 3: County Liabilities and Costs	12
Section 4: Superior Court Liabilities and Costs.....	19
Section 5: LACERA Liabilities and Costs.....	26
Section 6: County, Superior Court, and LACERA Liabilities and Costs.....	33
Section 7: Total of All Agents Liabilities and Costs	40
Section 8: CAFR Information.....	47
Appendices	
Appendix A Actuarial Procedures and Assumptions	A-1
Appendix B Summary of OPEB Program Provisions	B-1
Appendix C Valuation Data and Schedules	C-1
Appendix D Glossary.....	D-1
Appendix E Medical Plan Comparisons.....	E-1
Appendix F Firefighters Local 1014 Medical Plan.....	F-1
Appendix G Dental and Vision Plan Description	G-1
Appendix H Medicare Part B Reimbursement Plan Description.....	H-1
Appendix I Historical Information	I-1

Section 1: Executive Summary



2018 Valuation Results

Exhibit 1	July 1, 2018	July 1, 2017
Actuarial Accrued Liability (\$ billions)	\$ 21.07	\$ 26.30
Less Assets	0.94	0.74
Unfunded Actuarial Accrued Liability	\$ 20.13	\$ 25.56
Normal Cost Rate	8.41%	12.54%
ADC as a Percentage of Payroll	20.56%	25.57%

Overview

We are pleased to present the results of the July 1, 2018 annual actuarial valuation. Several key points from Exhibit 1 are summarized as follows:

- The Unfunded Actuarial Accrued Liability (UAAL) decreased due to a combination of several factors, some of which were offsetting. These included the assumption changes based on our 2018 OPEB Investigation of Experience, increases due to the passage of time since our July 1, 2017 valuation, and inclusion of the Excise Tax. In the 2018 OPEB Investigation of Experience, the biggest decrease in liabilities was from the investment earnings assumption change from 4.50% as of July 1, 2017 to 6.00% for agents prefunding in the OPEB Trust and 3.69% for Outside Districts as of July 1, 2018. Other factors were claim cost experience gains, trend assumption gains, demographic losses, and asset gains measured as of July 1, 2018.
- The Normal Cost Rate (NCR) and Actuarially Determined Contribution (ADC) decreased as a percentage of payroll due to the factors mentioned above.

Analysis of Change

Exhibit 2 illustrates the sources of change between the July 1, 2017 and July 1, 2018 valuations. The dollar figures are expressed in billions of dollars.

Section A: The July 1, 2017 valuation results in Exhibit 2 are first increased by the recognition of the Excise Tax, as shown in Section 3 of the July 1, 2017 valuation report. The expected one-year change represents expected increases in the UAAL and NCR due to interest and benefit accruals, net of benefits paid. The cost percentages are based on the assumed July 1, 2017 valuation payroll of \$7,743.0 million, increased by 3.25% per year (the payroll increase assumed at the time of the July 1, 2017 valuation) for one year to \$7,994.6 million (projected as of July 1, 2018).

**Analysis of Change
 (continued)**

Section B: The claim cost experience gain includes the impact of updated aging factors. The trend assumption gain includes the impact of the July 1, 2019 premiums and the trend assumption changes. The July 1, 2019 premiums are based on premiums received from Segal as of February 8, 2019 and approved by the Board of Retirement on March 14, 2019. The fees associated with ACA are reflected in the medical and dental trend rates. These fees include the Patient Centered Outcomes Research Institute (PCORI) Fee and the Insurer Fee. The impact from the 2019 moratorium of the Insurer Fee is reflected in the trend assumption with the detailed Insurer Fee information from the carriers. The "Other Experience" loss includes the impact of all other demographic and economic experience along with an increase in the expected payroll. There is an asset gain due to the actual investment returns being higher than assumed. Higher than expected OPEB Trust assets in July 1, 2018 lowers the UAAL. The amortization of this change between expected and actual assets is included in the ADC resulting in a 0.02% decrease in the ADC percentage. The cost percentages in this section are based on the July 1, 2018 valuation payroll of \$7,880.3 million.

**Exhibit 2: Analysis of Change
 (All Dollar Amounts in Billions)**

Sources of Change	Actuarial Accrued Liability	(Assets)	Unfunded Actuarial Accrued Liability	Normal Cost Rate	ADC Percentage
A. July 1, 2017 Valuation	\$ 26.30	\$ (0.74)	\$ 25.56	12.54%	25.57%
Recognition of Excise Tax	1.41	-	1.41	1.14%	1.85%
2018 Experience Study Changes ¹	(6.94)	-	(6.94)	(5.03%)	(6.47%)
Expected One-year Change	1.34	(0.17)	1.17	0.09%	(1.74%)
B. July 1, 2018 Valuation Expected	\$ 22.11	\$ (0.91)	\$ 21.20	8.74%	19.21%
Claim Cost Experience	(0.51)	-	(0.51)	(0.21%)	(0.51%)
Trend Assumption (Gain)/Loss ²	(0.55)	-	(0.55)	(0.23%)	(0.56%)
Other Experience (Gain)/Loss	0.02	-	0.02	0.11%	2.44%
Asset (Gain)/Loss	-	(0.03)	(0.03)	0.00%	(0.02%)
C. July 1, 2018 Valuation	\$ 21.07	\$ (0.94)	\$ 20.13	8.41%	20.56%

¹ Nearly all of the change is due to the investment earnings assumption change. Please refer to Section 2B "Background on Accounting Requirements" for details of this change.

² Includes impact of July 1, 2019 renewals and the Health Insurer Fee

Summary Valuation Results

Exhibit 3 provides a summary of the valuation results for the County, Superior Court, LACERA and the Outside Districts. The following key results are included in the table:

- The total Present Value of Future Benefits (PVB). The PVB is based on a projection of all benefits that are expected to be received in the future for all current members (active, vested, and retired) discounted to the valuation date.
- The Present Value of Future Normal Costs. It is the difference between the PVB and the Actuarial Accrued Liability.
- The Actuarial Accrued Liability (AAL). This amount represents the value of the liability that is accrued for periods prior to the valuation date, according to the actuarial cost method used.
- Assets. Since the OPEB program is currently partially funded, this is the asset balance as of July 1, 2018.
- The Actuarially Determined Contribution (ADC). At the direction of the plan sponsors, the ADC is based on the County Normal Cost Rate plus an open 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). It should be noted that the amortization does not cover interest on the UAAL; in other words, the UAAL will be expected to increase in the following year if all assumptions are met.

Exhibit 3: OPEB Benefit Liabilities and Costs¹
Summary of July 1, 2018 Valuation Results
 (All Dollar Amounts in Millions)

	County	Superior Court	LACERA	Outside Districts	Total
1. Present Value of Future Benefits	\$ 28,383.4	\$ 1,205.3	\$ 92.0	\$ 17.2	\$ 29,697.9
2. Present Value of Future Normal Costs	8,306.1	292.5	30.8	1.7	8,631.1
3. Actuarial Accrued Liability (1-2)	\$ 20,077.3	\$ 912.8	\$ 61.2	\$ 15.5	\$ 21,066.8
4. Assets	899.4	38.2	3.4	-	941.0
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 19,177.9	\$ 874.6	\$ 57.8	\$ 15.5	\$ 20,125.8
6. ADC ²	\$ 1,549.5	\$ 64.9	\$ 5.1	\$ 0.7	\$ 1,620.2
7. ADC expressed as a percentage of payroll					
Normal Cost	8.48%	7.22%	6.05%	15.79%	8.41%
UAAL payment	12.13%	12.89%	7.37%	85.29%	12.15%
Total	20.61%	20.11%	13.42%	101.08%	20.56%

¹ Net of Retiree Paid Premiums. May not match other Tables due to rounding.

² Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL).

Comparison of Results to Prior Valuation

Exhibit 4 provides a summary of key valuation results as of July 1, 2018 under the Entry Age Normal Cost Method with excise tax, compared with July 1, 2017, under the Projected Unit Credit Cost Method without excise tax. The July 1, 2018 results are based on an assumed 6.00% investment rate of return (discount rate) for the agents that are prefunding through the LACERA OPEB Trust (County, Superior Court, and LACERA) and an assumed 3.69% investment rate of return for the Outside Districts who are not prefunding through the LACERA OPEB Trust. The July 1, 2017 results are on a cost sharing basis and are based on an assumed 4.50% investment rate of return for all employers. The July 1, 2018 investment rate of return reflects the investment policy assumptions from Meketa Investment Group, changes in asset allocation and assumed investment returns.

The commitment to prefunding is based on the June 22, 2015 County budget policy, the November 20, 2015 LACERA funding policy, and the Superior Court funding policy communicated to LACERA on August 27, 2018. The County's policy is to increase the contributions by \$56 million each year until the ADC is reached and then the ADC would be contributed. The funding status is expected to increase over time. The ADC is also expected to increase over time. This ADC increase is projected to happen more slowly than it would have without the future contributions in accordance with the funding policy.

The funded status is not appropriate for assessing the sufficiency of plan assets to cover the potential costs of settling the liabilities. It is appropriate for the calculating the amount of future ADCs.

The following key results are included in Exhibit 4:

- A summary of total membership by type of member as of the valuation date.
- Total payroll as of the valuation date. The one-year increase of 1.8% is lower than the anticipated one-year increase of 3.25%.
- The expected paid benefits for the first year following the valuation date. The one-year increase of 7.4% is less than the previously expected one-year increase of 10.2% due largely to lower than anticipated health care premiums. This is based on Table 6 of the July 1, 2017 valuation, which expected the 2017-2018 payment level of \$598.7 million to increase to \$659.5 million in 2018-2019 (as compared to the new expected 2018-2019 amount of \$643.0 million).

**Comparison of
Results to Prior
Valuation
(continued)**

- The total Present Value of Future Benefits (PVB).
- The Actuarial Accrued Liability (AAL). The changes in AAL varied by member status and benefit type. The 19.9% overall decrease is lower than expected as a result of the 2018 experience study with a higher discount rate for the prefunding agents and lower-than-expected claims and trend. The PVB represents a longer duration than the AAL. This is why there is a larger decrease of the PVB than the decrease in the AAL from the change in the discount rate and inclusion of the Excise Tax in July 1, 2018.
- The Actuarially Determined Contribution (ADC). The ADC decreased by 18.2% in dollar terms, and decreased by 19.6% as a percentage of payroll. As seen in the Analysis of Change in Exhibit 2, this decrease is primarily due to the higher discount rate in the 2018 experience study and lower-than-expected health care claims and trend.

Milliman July 1, 2018 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Exhibit 4: July 1, 2018 Summary of Liabilities and Cost
(All Dollar Amounts in Millions)

	July 1, 2018	July 1, 2017	Percentage Change
A. Total Membership			
1. Active Members	98,415	97,149	1.3%
2. Vested Terminated Members	8,434	8,302	1.6%
3. Retirees and Survivors (Medical Coverage)	50,271	49,109	2.4%
4. Total	<u>157,120</u>	<u>154,560</u>	1.7%
B. Valuation Payroll	\$ 7,880.3	\$ 7,743.0	1.8%
C. Projected Paid First-Year Benefits	\$ 643.0	\$ 598.7	7.4%
D. Present Value of Future Benefits (PVB) ¹	\$ 29,697.9	\$ 40,698.2	(27.0%)
E. Actuarial Accrued Liability by Member Group ¹			
1. LA County Members ²	\$ 20,077.3	\$ 25,160.9	(20.2%)
2. Superior Court Members	912.8	1,139.9	(19.9%)
3. LACERA Members	61.2	See footnote 2	
4. Outside District Members	15.5	See footnote 2	
5. Total	<u>\$ 21,066.8</u>	<u>\$ 26,300.8</u>	(19.9%)
F. Actuarial Accrued Liability by Member Status ¹			
1. Active Members	\$ 10,958.9	\$ 14,660.5	(25.2%)
2. Vested Terminated Members	488.6	669.0	(27.0%)
3. Retired Members	9,619.3	10,971.3	(12.3%)
4. Total	<u>\$ 21,066.8</u>	<u>\$ 26,300.8</u>	(19.9%)
G. Actuarial Accrued Liability by Benefit Type ¹			
1. Retiree Medical	\$ 17,042.5	\$ 21,386.0	(20.3%)
2. Retiree Dental/Vision	1,044.0	1,247.0	(16.3%)
3. Medicare Part B	2,813.2	3,461.5	(18.7%)
4. Retiree Death Benefit	167.1	206.3	(19.0%)
5. Total	<u>\$ 21,066.8</u>	<u>\$ 26,300.8</u>	(19.9%)
H. Assets	\$ 941.0	\$ 742.9	26.7%
I. Unfunded Actuarial Accrued Liability	\$ 20,125.8	\$ 25,557.9	(21.3%)
J. Actuarially Determined Contribution (ADC) ³	\$ 1,620.2	\$ 1,979.8	(18.2%)
K. ADC expressed as a percentage of payroll			
1. Normal Cost	8.41%	12.54%	(32.9%)
2. UAAL payment	12.15%	13.03%	(6.8%)
3. Total	<u>20.56%</u>	<u>25.57%</u>	(19.6%)

¹ Net of Retiree Paid Premiums

² The July 1, 2017 Actuarial Accrued Liability by Member Status for LA County includes LACERA and Outside District members

³ Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL)

Section 2: Actuarial Valuation as of July 1, 2018

A. Valuation Methodology



This is a valuation of the retiree medical, dental/vision, and death benefits covering the retired Los Angeles County, Superior Court, LACERA, and Outside District workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) retirement benefits plan. This valuation is performed annually.

In analyzing the GASB liabilities and ADC, we were asked to divide the results into the following agents and agent groupings:

- LA County
- Superior Court
- LACERA
- LA County, Superior Court, and LACERA
- LA County, Superior Court, LACERA, and Outside Districts

The tables in this report present the unfunded liabilities, ADC, and projected benefit payments under the Entry Age Normal (EAN) cost method separately for each of the agents and agent groupings identified above. This method is described further in Appendix A.

The tables are as follows:

- Table 1 is a summary of the membership and Actuarial Accrued Liability (AAL).
- Table 2 shows the AAL and Normal Cost (NC) by membership type and benefit.
- Table 3 displays the development of the Actuarially Determined Contribution (ADC).
- Table 4 is the Statement of Changes in Fiduciary Net Position (FNP).
- Table 5 shows the gain/loss detail.
- Table 6 has the projected paid benefits by benefit type.

**Valuation
Methodology
(continued)**

The actuarial assumptions and methods used in the valuation are summarized in Appendix A. The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the June 30, 2018 valuation of the LACERA retirement benefit plan. The OPEB demographic and economic assumptions and methods are based on the results of our 2018 OPEB Investigation of Experience, dated June 25, 2019. These assumptions were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants at the time representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Segal, LACERA's Health Care Benefits Consultant; Cavanaugh Macdonald, LACERA's reviewing actuary; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721.

The health related assumptions and updates to the economic assumptions used in the report were also agreed upon collaboratively by the following actuaries and consultants: Cavanaugh Macdonald, Cheiron, Rael & Letson, and Segal and approved by the Board of Retirement. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups.

Comprehensive medical benefits, dental/vision benefits, and death benefits are provided to all members, who retire and satisfy the eligibility requirements outlined in Appendix B. Retired Local 1014 members are eligible for the Local 1014 Firefighters' retiree medical plan as outlined in Appendix F. Eligibility for the County OPEB program is tied to benefit eligibility under the LACERA retirement benefits plan. Thus, all former employees receiving OPEB program benefits are also members in the retirement benefit plan.

The active and vested terminated member census data for each of the OPEB program member groups is summarized by the LACERA retirement benefit program levels in Appendix C. The retiree and dependent data for each health plan and benefit group is also summarized.

A glossary of terms is provided in Appendix D. Summaries of health benefits are provided in Appendices E, F, G, and H.

Appendix I provides historical statistical information on LACERA's membership, liabilities, assets, and costs. There is also a history of changes.

B. Liabilities and Costs

Key Liability Descriptions

A discussion of GASB Statements No. 74 and 75 is in Section 8, Accounting and CAFR Information.

There are two measures of OPEB program liabilities, the Actuarial Present Value of Projected Total Benefits (PVB) and the Actuarial Accrued Liability (AAL).

The PVB is the present value of the future postemployment benefits payable to current active members and retirees. This value is net of future retiree contributions. The PVB is shown in Exhibit 4 above.

The AAL is the most important measure of liability because it is used to derive the Actuarially Determined Contribution (ADC) and disclosure values. The AAL is the portion of the PVB attributed to periods up to the measurement date. For this report, the AAL is determined under the Entry Age Normal (EAN) actuarial cost method.

Table 1 in each agent's section below shows the membership as of July 1, 2017 and July 1, 2018. The AAL is summarized by member status and coverage (Medical, dental/vision, Medicare Part B, and Death benefit). The AAL summaries are displayed as of July 1, 2018 since this is the first valuation report under an agent structure. In future years, when there are at least two years of valuations under the agent structure there will be two years of AAL summaries.

The AAL is shown in more detail in Table 2 of each agent's section subtotaled by benefit type and member status.

Post-employment benefits are accrued during employment. This is why the costs are spread over the period from the date of hire to the date of termination or retirement. For current retirees and terminated vested members, the AAL is equal to the PVB, since there is no future service to be rendered. For active members, the AAL is based on the portion of the PVB that is allocated to prior years based on the actuarial cost method. For the EAN method, the actuarial present value of the projected benefits of each individual is allocated as a level percentage of the individual's projected compensation between entry age and assumed exit.

The portion of the PVB that is anticipated to be earned in the year following the valuation date is the Normal Cost (NC). The NC is shown in Table 2 of each agent's section.

**Actuarially
Determined
Contribution**

The ADC is made up of two components: Normal Cost (NC) and amortization of the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is the AAL net of assets. For purposes of this valuation, the UAAL is amortized over 30 years as a level percentage of payroll. Although this method complies with the prior GASB 43 and 45 minimum amortization payment requirements, it is not sufficient to cover interest on the UAAL. The amortization period is assumed to begin on the valuation date. Note this term, the ADC, is a calculated amount, and may or may not reflect the actual employer contributions towards funding the OPEB program benefits.

Table 3 of each agent's section details the ADC results as of July 1, 2018, the beginning of the 2018/2019 fiscal year.

**Fiduciary Net
Position**

Table 4 in each agent's section provides the statement of changes in Fiduciary Net Position (FNP) or assets. OPEB Trust and Agency Fund activity is included.

Analysis of Change

Table 5 in each agent's section illustrates the source of change between the July 1, 2017 and the July 1, 2018 valuation. All of the information in this table includes the Excise Tax.

**Estimated Pay-As-
You-Go Costs**

Table 6 in each agent's section projects the estimated annual OPEB benefit pay-as-you-go costs, net of expected retiree paid premiums for the next ten years. The total projected pay-as-you-go costs are shown separately for medical, dental/vision, Medicare Part B, and retiree death benefits. The medical and dental/vision retiree contributions are also summarized. Finally, the net County paid benefits are shown. These are the total projected pay-as-you-go costs minus the retiree contributions.

**Background on
Accounting
Requirements**

GASB issued Statement No. 74 in June of 2015. This statement replaced GASB Statement No. 43. GASB also issued Statement No. 75 in June of 2015. This statement replaced GASB Statement No. 45. LACERA was required to adopt Statement No. 74 for the fiscal year ended June 30, 2017. For the County, LACERA, Superior Court, LACERA and Outside Districts, Statement No. 75 was required to be adopted for the fiscal year ending June 30, 2018. The requirements under GASB 74 and 75 necessitate separate disclosure reports from this funding valuation. Parts of this valuation, including the census, assumptions and methods are utilized in the separate GASB 75 disclosure report.

**Background on
Accounting
Requirements
(continued)**

The information in this report was prepared for the purpose of presenting OPEB funding and CAFR information. The actual funding of the OPEB program benefits may differ from the amounts used for accounting disclosure purposes. The investment return for the County, Superior Court and LACERA who are prefunding through the OPEB Trust, is the OPEB Trust expected return of 6.00%. The expected return for the Outside Districts is the investment earnings assumption of the County's general funds expected return of 3.69%.

Section 3: County Liabilities and Costs

The following tables show key results of the July 1, 2018 OPEB funding valuation for the County.

- Table 1 is a summary of the membership and Actuarial Accrued Liability (AAL).
- Table 2 shows the AAL and Normal Cost (NC) by membership type and benefit.
- Table 3 displays the development of the Actuarially Determined Contribution (ADC).
- Table 4 is the Statement of Changes in Fiduciary Net Position (FNP).
- Table 5 shows the gain/loss detail.
- Table 6 has the projected paid benefits by benefit type.

**Table 1: Membership and AAL Summary: County
 (All Dollar Amounts in Millions)**

	July 1, 2018	July 1, 2017	Percentage Change
1. Membership			
Active Members	93,511	92,302	1.3%
Vested Terminated Members	7,779	7,648	1.7%
Retirees and Survivors (Death Benefit)	52,582	51,404	2.3%
Total	<u>153,872</u>	<u>151,354</u>	1.7%
Retirees and Survivors (Medical Coverage)	47,781	46,726	2.3%
Retirees and Survivors (Dental/Vision Coverage)	48,907	47,742	2.4%
Retirees and Survivors (Medicare Part B Coverage)	32,426	31,476	3.0%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees	\$ 9,198.2		
Vested Terminateds	433.8		
Actives	10,445.3		
Total	<u>\$ 20,077.3</u>		
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 16,259.4		
Dental/Vision	992.4		
Medicare Part B	2,667.5		
Death Benefit	158.0		
Total	<u>\$ 20,077.3</u>		

Table 2: July 1, 2018 Actuarial Accrued Liability (AAL) and Normal Cost (NC): County
 (All Dollar Amounts in Millions)

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees	\$ 8,054.0	\$ 578.2	\$ 1,193.3	\$ 116.8	\$ 9,942.3
Vested Terminateds	545.1	31.1	75.4	5.3	656.9
Actives	8,820.4	461.8	1,398.8	35.9	10,716.9
Total	\$ 17,419.5	\$ 1,071.1	\$ 2,667.5	\$ 158.0	\$ 21,316.1
2. AAL - Retiree Paid Premiums					
Retirees	\$ 693.7	\$ 50.4	\$ -	\$ -	\$ 744.1
Vested Terminateds	210.9	12.2	-	-	223.1
Actives	255.5	16.1	-	-	271.6
Total	\$ 1,160.1	\$ 78.7	\$ -	\$ -	\$ 1,238.8
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees	\$ 7,360.3	\$ 527.8	\$ 1,193.3	\$ 116.8	\$ 9,198.2
Vested Terminateds	334.2	18.9	75.4	5.3	433.8
Actives	8,564.9	445.7	1,398.8	35.9	10,445.3
Total	\$ 16,259.4	\$ 992.4	\$ 2,667.5	\$ 158.0	\$ 20,077.3
4. NC					
Total Benefits	\$ 629.4	\$ 28.7	\$ 85.5	\$ 2.2	\$ 745.8
Retiree Paid Premiums	103.2	5.2	-	-	108.4
Net Agent Paid Benefits	\$ 526.2	\$ 23.5	\$ 85.5	\$ 2.2	\$ 637.4

**Table 3: 2018-2019 Actuarially Determined Contribution (ADC): County
 (All Dollar Amounts in Millions)**

	County
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 28,383.4
Present Value of Future Normal Cost (PVFNC)	8,306.1
Actuarial Accrued Liability as of July 1, 2018	\$ 20,077.3
Fund Balance at July 1, 2018	899.4
Unfunded Actuarial Accrued Liability	\$ 19,177.9
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 912.1
3. 2018 - 2019 Actuarially Determined Contribution (ADC) on July 1, 2018	
Amortization of UAAL	\$ 912.1
Normal Cost	637.4
Actuarially Determined Contribution (ADC) (As of July 1, 2018)	\$ 1,549.5
4. July 1, 2018 Valuation Payroll	\$ 7,518.9
5. Estimated ADC as a Percentage of Valuation Payroll	20.61%

**Table 4: Statement of Changes in Fiduciary Net Position: County
(All Dollar Amounts in Millions)**

1. Balance as of July 1, 2017	\$	703.9
2. Additions:		
Employer Contributions	\$	678.1
Investment and Miscellaneous Income		75.4
Investment Expenses		(0.5)
Total Additions	\$	<u>753.0</u>
3. Deductions:		
Administrative Expenses	\$	(0.1)
Benefit Payments		(557.4)
Redemptions		-
Total Deductions	\$	<u>(557.5)</u>
4. Fund Balance as of June 30, 2018	\$	899.4

Includes OPEB Trust activity and Agency Fund employer contributions and benefit payments.

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Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: County

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2017 Valuation: County⁽³⁾	\$ 26,418.2	\$ (703.9)	\$ 25,714.3	13.80%	27.56%
2018 Experience Study Changes	(6,613.9)	-	(6,613.9)	(5.07%)	(6.51%)
Expected One-year Change	1,277.5	(168.8)	1,108.7	0.09%	(1.75%)
B. July 1, 2018 Valuation Expected: County	\$ 21,081.8	\$ (872.7)	\$ 20,209.1	8.82%	19.30%
Claim Cost Experience	(489.5)	-	(489.5)	(0.21%)	(0.52%)
Trend Assumption (Gain)/Loss ⁽⁴⁾	(528.8)	-	(528.8)	(0.22%)	(0.57%)
Other Experience (Gain)/Loss	13.8	-	13.8	0.09%	2.41%
Asset (Gain)/Loss	-	(26.7)	(26.7)	0.00%	(0.01%)
C. July 1, 2018 Valuation: County	\$ 20,077.3	\$ (899.4)	\$ 19,177.9	8.48%	20.61%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes Excise Tax

(4) Includes impact of July 1, 2019 renewals and the Health Insurer Fee

**Table 6: Projected Paid Benefits by Type: County
 (All Dollar Amounts in Millions)**

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2019	\$ 546.16	\$ 47.39	\$ 65.69	\$ 8.05	\$ (48.91)	\$ (4.37)	\$ 614.01
6/30/2020	583.52	49.11	74.85	8.29	(53.98)	(4.59)	657.20
6/30/2021	634.13	52.40	80.43	8.52	(59.56)	(4.95)	710.97
6/30/2022	685.86	55.14	86.54	8.76	(65.26)	(5.25)	765.79
6/30/2023	741.34	57.94	93.32	9.00	(71.01)	(5.55)	825.04
6/30/2024	795.76	60.85	101.52	9.24	(76.58)	(5.85)	884.94
6/30/2025	854.15	63.87	110.32	9.49	(82.13)	(6.15)	949.55
6/30/2026	911.39	66.96	118.85	9.74	(87.82)	(6.44)	1,012.68
6/30/2027	975.28	70.14	128.50	9.98	(93.59)	(6.72)	1,083.59
6/30/2028	1,041.71	73.33	139.59	10.23	(99.69)	(7.01)	1,158.16

Projection Basis:
 All assumptions are met
 No future members are reflected

Section 4: Superior Court Liabilities and Costs

The following tables show key results of the July 1, 2018 OPEB funding valuation for Superior Court.

- Table 1 is a summary of the membership and Actuarial Accrued Liability (AAL).
- Table 2 shows the AAL and Normal Cost (NC) by membership type and benefit.
- Table 3 displays the development of the Actuarially Determined Contribution (ADC).
- Table 4 is the Statement of Changes in Fiduciary Net Position (FNP).
- Table 5 shows the gain/loss detail.
- Table 6 has the projected paid benefits by benefit type.

**Table 1: Membership and AAL Summary: Superior Court
 (All Dollar Amounts in Millions)**

	July 1, 2018	July 1, 2017	Percentage Change
1. Membership			
Active Members	4,514	4,471	1.0%
Vested Terminated Members	615	618	(0.5%)
Retirees and Survivors (Death Benefit)	2,741	2,652	3.4%
Total	7,870	7,741	1.7%
Retirees and Survivors (Medical Coverage)	2,251	2,182	3.2%
Retirees and Survivors (Dental/Vision Coverage)	2,283	2,203	3.6%
Retirees and Survivors (Medicare Part B Coverage)	1,515	1,448	4.6%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees	\$ 380.0		
Vested Terminateds	52.2		
Actives	480.6		
Total	\$ 912.8		
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 721.3		
Dental/Vision	47.9		
Medicare Part B	135.3		
Death Benefit	8.3		
Total	\$ 912.8		

**Table 2: July 1, 2018 Actuarial Accrued Liability (AAL) and Normal Cost (NC): Superior Court
 (All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees	\$ 333.1	\$ 25.2	\$ 52.8	\$ 5.9	\$ 417.0
Vested Terminateds	63.1	3.4	8.4	0.4	75.3
Actives	387.6	23.8	74.1	2.0	487.5
Total	\$ 783.8	\$ 52.4	\$ 135.3	\$ 8.3	\$ 979.8
2. AAL - Retiree Paid Premiums					
Retirees	\$ 34.3	\$ 2.7	\$ -	\$ -	\$ 37.0
Vested Terminateds	21.9	1.2	-	-	23.1
Actives	6.3	0.6	-	-	6.9
Total	\$ 62.5	\$ 4.5	\$ -	\$ -	\$ 67.0
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees	\$ 298.8	\$ 22.5	\$ 52.8	\$ 5.9	\$ 380.0
Vested Terminateds	41.2	2.2	8.4	0.4	52.2
Actives	381.3	23.2	74.1	2.0	480.6
Total	\$ 721.3	\$ 47.9	\$ 135.3	\$ 8.3	\$ 912.8
4. NC					
Total Benefits	\$ 22.1	\$ 1.2	\$ 3.6	\$ 0.1	\$ 27.0
Retiree Paid Premiums	3.5	0.2	-	-	3.7
Net Agent Paid Benefits	\$ 18.6	\$ 1.0	\$ 3.6	\$ 0.1	\$ 23.3

**Table 3: 2018-2019 Actuarially Determined Contribution (ADC): Superior Court
 (All Dollar Amounts in Millions)**

	<u>Superior Court</u>
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 1,205.3
Present Value of Future Normal Cost (PVFNC)	<u>292.5</u>
Actuarial Accrued Liability as of July 1, 2018	\$ 912.8
Fund Balance at July 1, 2018	<u>38.2</u>
Unfunded Actuarial Accrued Liability	\$ 874.6
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 41.6
3. 2018 - 2019 Actuarially Determined Contribution (ADC) on July 1, 2018	
Amortization of UAAL	\$ 41.6
Normal Cost	<u>23.3</u>
Actuarially Determined Contribution (ADC) (As of July 1, 2018)	\$ 64.9
4. July 1, 2018 Valuation Payroll	\$ 322.8
5. Estimated ADC as a Percentage of Valuation Payroll	20.11%

**Table 4: Statement of Changes in Fiduciary Net Position: Superior Court
(All Dollar Amounts in Millions)**

1. Balance as of July 1, 2017	\$	36.3
2. Additions:		
Employer Contributions	\$	25.5
Investment and Miscellaneous Income		3.6
Investment Expenses		-
Total Additions	\$	<u>29.1</u>
3. Deductions:		
Administrative Expenses	\$	-
Benefit Payments		(23.5)
Redemptions		<u>(3.7)</u>
Total Deductions	\$	<u>(27.2)</u>
4. Fund Balance as of June 30, 2018	\$	38.2

Includes OPEB Trust activity and Agency Fund employer contributions and benefit payments.

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Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: Superior Court

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2017 Valuation: Superior Court⁽³⁾	\$ 1,196.9	\$ (36.3)	\$ 1,160.6	11.40%	25.17%
2018 Experience Study Changes	(296.6)	-	(296.6)	(4.30%)	(5.71%)
Expected One-year Change	53.7	(0.5)	53.2	0.05%	(1.77%)
B. July 1, 2018 Valuation Expected: Superior Court	\$ 954.1	\$ (36.8)	\$ 917.3	7.15%	17.69%
Claim Cost Experience	(21.2)	-	(21.2)	(0.19%)	(0.49%)
Trend Assumption (Gain)/Loss ⁽⁴⁾	(23.9)	-	(23.9)	(0.18%)	(0.53%)
Other Experience (Gain)/Loss	3.8	-	3.8	0.44%	3.47%
Asset (Gain)/Loss	-	(1.4)	(1.4)	0.00%	(0.03%)
C. July 1, 2018 Valuation: Superior Court	\$ 912.8	\$ (38.2)	\$ 874.6	7.22%	20.11%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes Excise Tax

(4) Includes impact of July 1, 2019 renewals and the Health Insurer Fee

**Table 6: Projected Paid Benefits by Type: Superior Court
 (All Dollar Amounts in Millions)**

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2019	\$ 23.50	\$ 2.11	\$ 2.95	\$ 0.40	\$ (2.55)	\$ (0.24)	\$ 26.17
6/30/2020	24.76	2.18	3.38	0.41	(2.77)	(0.25)	27.71
6/30/2021	26.86	2.35	3.68	0.42	(3.07)	(0.27)	29.97
6/30/2022	28.92	2.49	4.00	0.43	(3.32)	(0.29)	32.23
6/30/2023	31.37	2.63	4.34	0.44	(3.58)	(0.30)	34.90
6/30/2024	33.92	2.79	4.75	0.46	(3.83)	(0.32)	37.77
6/30/2025	36.59	2.95	5.20	0.47	(4.06)	(0.33)	40.82
6/30/2026	39.33	3.13	5.69	0.48	(4.31)	(0.34)	43.98
6/30/2027	42.48	3.31	6.20	0.50	(4.55)	(0.36)	47.58
6/30/2028	45.77	3.50	6.83	0.51	(4.84)	(0.37)	51.40

Projection Basis:
 All assumptions are met
 No future members are reflected

Section 5: LACERA Liabilities and Costs

The following tables show key results of the July 1, 2018 OPEB funding valuation for LACERA.

- Table 1 is a summary of the membership and Actuarial Accrued Liability (AAL).
- Table 2 shows the AAL and Normal Cost (NC) by membership type and benefit.
- Table 3 displays the development of the Actuarially Determined Contribution (ADC).
- Table 4 is the Statement of Changes in Fiduciary Net Position (FNP).
- Table 5 shows the gain/loss detail.
- Table 6 has the projected paid benefits by benefit type.

**Table 1: Membership and AAL Summary: LACERA
 (All Dollar Amounts in Millions)**

	July 1, 2018	July 1, 2017	Percentage Change
1. Membership			
Active Members	382	368	3.8%
Vested Terminated Members	40	36	11.1%
Retirees and Survivors (Death Benefit)	162	157	3.2%
Total	<u>584</u>	<u>561</u>	4.1%
Retirees and Survivors (Medical Coverage)	137	130	5.4%
Retirees and Survivors (Dental/Vision Coverage)	138	130	6.2%
Retirees and Survivors (Medicare Part B Coverage)	83	79	5.1%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees	\$ 26.8		
Vested Terminateds	2.6		
Actives	31.8		
Total	<u>\$ 61.2</u>		
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 49.4		
Dental/Vision	3.0		
Medicare Part B	8.4		
Death Benefit	0.4		
Total	<u>\$ 61.2</u>		

**Table 2: July 1, 2018 Actuarial Accrued Liability (AAL) and Normal Cost (NC): LACERA
 (All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees	\$ 24.2	\$ 1.6	\$ 3.2	\$ 0.3	\$ 29.3
Vested Terminateds	3.2	0.2	0.4	-	3.8
Actives	26.5	1.6	4.8	0.1	33.0
Total	\$ 53.9	\$ 3.4	\$ 8.4	\$ 0.4	\$ 66.1
2. AAL - Retiree Paid Premiums					
Retirees	\$ 2.3	\$ 0.2	\$ -	\$ -	\$ 2.5
Vested Terminateds	1.1	0.1	-	-	1.2
Actives	1.1	0.1	-	-	1.2
Total	\$ 4.5	\$ 0.4	\$ -	\$ -	\$ 4.9
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees	\$ 21.9	\$ 1.4	\$ 3.2	\$ 0.3	\$ 26.8
Vested Terminateds	2.1	0.1	0.4	-	2.6
Actives	25.4	1.5	4.8	0.1	31.8
Total	\$ 49.4	\$ 3.0	\$ 8.4	\$ 0.4	\$ 61.2
4. NC					
Total Benefits	\$ 2.2	\$ 0.1	\$ 0.4	\$ -	\$ 2.7
Retiree Paid Premiums	0.4	-	-	-	0.4
Net Agent Paid Benefits	\$ 1.8	\$ 0.1	\$ 0.4	\$ -	\$ 2.3

**Table 3: 2018-2019 Actuarially Determined Contribution (ADC): LACERA
 (All Dollar Amounts in Millions)**

	LACERA
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 92.0
Present Value of Future Normal Cost (PVFNC)	30.8
	\$ 61.2
Actuarial Accrued Liability as of July 1, 2018	3.4
Fund Balance at July 1, 2018	57.8
Unfunded Actuarial Accrued Liability	\$ 57.8
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 2.8
3. 2018 - 2019 Actuarially Determined Contribution (ADC) on July 1, 2018	
Amortization of UAAL	\$ 2.8
Normal Cost	2.3
Actuarially Determined Contribution (ADC) (As of July 1, 2018)	\$ 5.1
4. July 1, 2018 Valuation Payroll	\$ 38.0
5. Estimated ADC as a Percentage of Valuation Payroll	13.42%

Table 4: Statement of Changes in Fiduciary Net Position: LACERA
(All Dollar Amounts in Millions)

1. Balance as of July 1, 2017	\$	2.7
2. Additions:		
Employer Contributions	\$	1.9
Investment and Miscellaneous Income		0.3
Investment Expenses		-
Total Additions	\$	<u>2.2</u>
3. Deductions:		
Administrative Expenses	\$	-
Benefit Payments		(1.5)
Redemptions		-
Total Deductions	\$	<u>(1.5)</u>
4. Fund Balance as of June 30, 2018	\$	3.4

Includes OPEB Trust activity and Agency Fund employer contributions and benefit payments.

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Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: LACERA

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2017 Valuation: LACERA⁽³⁾	\$ 80.2	\$ (2.7)	\$ 77.5	10.05%	19.12%
2018 Experience Study Changes	(22.0)	-	(22.0)	(3.32%)	(4.67%)
Expected One-year Change	4.3	(0.7)	3.6	0.07%	(1.13%)
B. July 1, 2018 Valuation Expected: LACERA	\$ 62.5	\$ (3.4)	\$ 59.1	6.80%	13.32%
Claim Cost Experience	(1.5)	-	(1.5)	0.00%	(0.27%)
Trend Assumption (Gain)/Loss ⁽⁴⁾	(1.6)	-	(1.6)	(0.27%)	(0.26%)
Other Experience (Gain)/Loss	1.8	-	1.8	(0.48%)	0.63%
Asset (Gain)/Loss	-	-	-	0.00%	0.00%
C. July 1, 2018 Valuation: LACERA	\$ 61.2	\$ (3.4)	\$ 57.8	6.05%	13.42%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes Excise Tax

(4) Includes impact of July 1, 2019 renewals and the Health Insurer Fee

**Table 6: Projected Paid Benefits by Type: LACERA
 (All Dollar Amounts in Millions)**

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2019	\$ 1.65	\$ 0.13	\$ 0.17	\$ 0.02	\$ (0.17)	\$ (0.01)	\$ 1.79
6/30/2020	1.74	0.14	0.20	0.02	(0.19)	(0.01)	1.90
6/30/2021	1.91	0.15	0.22	0.02	(0.21)	(0.02)	2.07
6/30/2022	2.10	0.16	0.24	0.02	(0.24)	(0.02)	2.26
6/30/2023	2.24	0.17	0.27	0.02	(0.27)	(0.02)	2.41
6/30/2024	2.42	0.18	0.29	0.03	(0.30)	(0.02)	2.60
6/30/2025	2.56	0.19	0.33	0.03	(0.32)	(0.02)	2.77
6/30/2026	2.78	0.20	0.36	0.03	(0.35)	(0.02)	3.00
6/30/2027	2.99	0.22	0.39	0.03	(0.38)	(0.03)	3.22
6/30/2028	3.24	0.23	0.43	0.03	(0.41)	(0.03)	3.49

Projection Basis:
 All assumptions are met
 No future members are reflected

Section 6: County, Superior Court, and LACERA Liabilities and Costs

The following tables show key results of the July 1, 2018 OPEB funding valuation for the County, Superior Court, and LACERA.

- Table 1 is a summary of the membership and Actuarial Accrued Liability (AAL).
- Table 2 shows the AAL and Normal Cost (NC) by membership type and benefit.
- Table 3 displays the development of the Actuarially Determined Contribution (ADC).
- Table 4 is the Statement of Changes in Fiduciary Net Position (FNP).
- Table 5 shows the gain/loss detail.
- Table 6 has the projected paid benefits by benefit type.

**Table 1: Membership and AAL Summary: County, Superior Court, and LACERA
 (All Dollar Amounts in Millions)**

	July 1, 2018	July 1, 2017	Percentage Change
1. Membership			
Active Members	98,407	97,141	1.3%
Vested Terminated Members	8,434	8,302	1.6%
Retirees and Survivors (Death Benefit)	55,485	54,213	2.3%
Total	<u>162,326</u>	<u>159,656</u>	1.7%
Retirees and Survivors (Medical Coverage)	50,169	49,038	2.3%
Retirees and Survivors (Dental/Vision Coverage)	51,328	50,075	2.5%
Retirees and Survivors (Medicare Part B Coverage)	34,024	33,003	3.1%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees	\$ 9,605.0		
Vested Terminateds	488.6		
Actives	10,957.7		
Total	<u>\$ 21,051.3</u>		
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 17,030.1		
Dental/Vision	1,043.3		
Medicare Part B	2,811.2		
Death Benefit	166.7		
Total	<u>\$ 21,051.3</u>		

**Table 2: July 1, 2018 Actuarial Accrued Liability (AAL) and Normal Cost (NC): County, Superior Court, and LACERA
 (All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees	\$ 8,411.3	\$ 605.0	\$ 1,249.3	\$ 123.0	\$ 10,388.6
Vested Terminateds	611.4	34.7	84.2	5.7	736.0
Actives	9,234.5	487.2	1,477.7	38.0	11,237.4
Total	\$ 18,257.2	\$ 1,126.9	\$ 2,811.2	\$ 166.7	\$ 22,362.0
2. AAL - Retiree Paid Premiums					
Retirees	\$ 730.3	\$ 53.3	\$ -	\$ -	\$ 783.6
Vested Terminateds	233.9	13.5	-	-	247.4
Actives	262.9	16.8	-	-	279.7
Total	\$ 1,227.1	\$ 83.6	\$ -	\$ -	\$ 1,310.7
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees	\$ 7,681.0	\$ 551.7	\$ 1,249.3	\$ 123.0	\$ 9,605.0
Vested Terminateds	377.5	21.2	84.2	5.7	488.6
Actives	8,971.6	470.4	1,477.7	38.0	10,957.7
Total	\$ 17,030.1	\$ 1,043.3	\$ 2,811.2	\$ 166.7	\$ 21,051.3
4. NC					
Total Benefits	\$ 653.7	\$ 30.0	\$ 89.5	\$ 2.3	\$ 775.5
Retiree Paid Premiums	107.1	5.4	-	-	112.5
Net Agent Paid Benefits	\$ 546.6	\$ 24.6	\$ 89.5	\$ 2.3	\$ 663.0

Milliman July 1, 2018 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Table 3: 2018-2019 Actuarially Determined Contribution (ADC): County, Superior Court, and LACERA Subtotal
(All Dollar Amounts in Millions)

	<u>County, Superior Court, and LACERA Subtotal</u>
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 29,680.7
Present Value of Future Normal Cost (PVFNC)	<u>8,629.4</u>
Actuarial Accrued Liability as of July 1, 2018	\$ 21,051.3
Fund Balance at July 1, 2018	<u>941.0</u>
Unfunded Actuarial Accrued Liability	\$ 20,110.3
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.025
UAAL Amortization Payment	\$ 956.5
3. 2018 - 2019 Actuarially Determined Contribution (ADC) on July 1, 2018	
Amortization of UAAL	\$ 956.5
Normal Cost	<u>663.0</u>
Actuarially Determined Contribution (ADC) (As of July 1, 2018)	\$ 1,619.5
4. July 1, 2018 Valuation Payroll	\$ 7,879.7
5. Estimated ADC as a Percentage of Valuation Payroll	20.55%

**Table 4: Statement of Changes in Fiduciary Net Position: County, Superior Court, and LACERA
(All Dollar Amounts in Millions)**

1. Balance as of July 1, 2017	\$	742.9
2. Additions:		
Employer Contributions	\$	705.7
Investment and Miscellaneous Income		79.2
Investment Expenses		(0.5)
Total Additions	\$	<u>784.4</u>
3. Deductions:		
Administrative Expenses	\$	(0.2)
Benefit Payments		(582.4)
Redemptions		(3.7)
Total Deductions	\$	<u>(586.3)</u>
4. Fund Balance as of June 30, 2018	\$	941.0

Includes OPEB Trust activity and Agency Fund employer contributions and benefit payments.

Milliman July 1, 2018 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: County, Superior Court, and LACERA

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2017 Valuation: County, Superior Court, LACERA⁽³⁾	\$ 27,695.3	\$ (742.9)	\$ 26,952.4	13.68%	27.42%
2018 Experience Study Changes	(6,932.5)	-	(6,932.5)	(5.03%)	(6.47%)
Expected One-year Change	1,335.6	(170.0)	1,165.6	0.09%	(1.75%)
B. July 1, 2018 Valuation Expected: County, Superior Court, LACERA	\$ 22,098.4	\$ (912.9)	\$ 21,185.5	8.74%	19.20%
Claim Cost Experience	(512.2)	-	(512.2)	(0.21%)	(0.52%)
Trend Assumption (Gain)/Loss ⁽⁴⁾	(554.3)	-	(554.3)	(0.23%)	(0.56%)
Other Experience (Gain)/Loss	19.4	-	19.4	0.11%	2.45%
Asset (Gain)/Loss	-	(28.1)	(28.1)	0.00%	(0.02%)
C. July 1, 2018 Valuation: County, Superior Court, LACERA	\$ 21,051.3	\$ (941.0)	\$ 20,110.3	8.41%	20.55%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes Excise Tax

(4) Includes impact of July 1, 2019 renewals and the Health Insurer Fee

**Table 6: Projected Paid Benefits by Type: County, Superior Court, and LACERA
 (All Dollar Amounts in Millions)**

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2019	\$ 571.32	\$ 49.63	\$ 68.81	\$ 8.47	\$ (51.64)	\$ (4.62)	\$ 641.97
6/30/2020	610.03	51.43	78.42	8.72	(56.94)	(4.85)	686.81
6/30/2021	662.90	54.90	84.33	8.96	(62.84)	(5.24)	743.01
6/30/2022	716.88	57.78	90.78	9.21	(68.81)	(5.56)	800.28
6/30/2023	774.96	60.74	97.92	9.47	(74.86)	(5.88)	862.35
6/30/2024	832.10	63.82	106.56	9.72	(80.70)	(6.19)	925.31
6/30/2025	893.31	67.02	115.85	9.98	(86.52)	(6.50)	993.14
6/30/2026	953.52	70.29	124.89	10.25	(92.48)	(6.81)	1,059.66
6/30/2027	1,020.74	73.67	135.10	10.51	(98.52)	(7.11)	1,134.39
6/30/2028	1,090.71	77.06	146.85	10.78	(104.94)	(7.41)	1,213.05

Projection Basis:
 All assumptions are met
 No future members are reflected

Section 7: Total of All Agents Liabilities and Costs

The following tables show key results of the July 1, 2018 OPEB funding valuation for the all agents combined.

- Table 1 is a summary of the membership and Actuarial Accrued Liability (AAL).
- Table 2 shows the AAL and Normal Cost (NC) by membership type and benefit.
- Table 3 displays the development of the Actuarially Determined Contribution (ADC).
- Table 4 is the Statement of Changes in Fiduciary Net Position (FNP).
- Table 5 shows the gain/loss detail.
- Table 6 has the projected paid benefits by benefit type.

The following agents are included in this section:

- County
- Superior Court
- LACERA
- South Coast Air Quality Management District (SCAQMD)
- Los Angeles County Office of Education (LACOE)
- Local Agency Formation Commission (LAFCO)
- Little Lake Cemetery District (LLCD)

**Table 1: Membership and AAL Summary: Total
 (All Dollar Amounts in Millions)**

	July 1, 2018	July 1, 2017	Percentage Change
1. Membership			
Active Members	98,415	97,149	1.3%
Vested Terminated Members	8,434	8,302	1.6%
Retirees and Survivors (Death Benefit)	55,602	54,279	2.4%
Total	<u>162,451</u>	<u>159,730</u>	1.7%
Retirees and Survivors (Medical Coverage)	50,271	49,109	2.4%
Retirees and Survivors (Dental/Vision Coverage)	51,422	50,141	2.6%
Retirees and Survivors (Medicare Part B Coverage)	34,094	33,051	3.2%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees	\$ 9,619.3		
Vested Terminateds	488.6		
Actives	10,958.9		
Total	<u>\$ 21,066.8</u>		
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 17,042.5		
Dental/Vision	1,044.0		
Medicare Part B	2,813.2		
Death Benefit	167.1		
Total	<u>\$ 21,066.8</u>		

**Table 2: July 1, 2018 Actuarial Accrued Liability (AAL) and Normal Cost (NC): Total
 (All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees	\$ 8,427.1	\$ 605.9	\$ 1,251.1	\$ 123.4	\$ 10,407.5
Vested Terminateds	611.4	34.7	84.2	5.7	736.0
Actives	9,235.5	487.2	1,477.9	38.0	11,238.6
Total	\$ 18,274.0	\$ 1,127.8	\$ 2,813.2	\$ 167.1	\$ 22,382.1
2. AAL - Retiree Paid Premiums					
Retirees	\$ 734.7	\$ 53.5	\$ -	\$ -	\$ 788.2
Vested Terminateds	233.9	13.5	-	-	247.4
Actives	262.9	16.8	-	-	279.7
Total	\$ 1,231.5	\$ 83.8	\$ -	\$ -	\$ 1,315.3
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees	\$ 7,692.4	\$ 552.4	\$ 1,251.1	\$ 123.4	\$ 9,619.3
Vested Terminateds	377.5	21.2	84.2	5.7	488.6
Actives	8,972.6	470.4	1,477.9	38.0	10,958.9
Total	\$ 17,042.5	\$ 1,044.0	\$ 2,813.2	\$ 167.1	\$ 21,066.8
4. NC					
Total Benefits	\$ 653.8	\$ 30.0	\$ 89.5	\$ 2.3	\$ 775.6
Retiree Paid Premiums	107.1	5.4	-	-	112.5
Net Agent Paid Benefits	\$ 546.7	\$ 24.6	\$ 89.5	\$ 2.3	\$ 663.1

**Table 3: 2018-2019 Actuarially Determined Contribution (ADC): Total
 (All Dollar Amounts in Millions)**

	Total
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 29,697.9
Present Value of Future Normal Cost (PVFNC)	8,631.1
Actuarial Accrued Liability as of July 1, 2018	\$ 21,066.8
Fund Balance at July 1, 2018	941.0
Unfunded Actuarial Accrued Liability	\$ 20,125.8
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.028
UAAL Amortization Payment	\$ 957.1
3. 2018 - 2019 Actuarially Determined Contribution (ADC) on July 1, 2018	
Amortization of UAAL	\$ 957.1
Normal Cost	663.1
Actuarially Determined Contribution (ADC) (As of July 1, 2018)	\$ 1,620.2
4. July 1, 2018 Valuation Payroll	\$ 7,880.3
5. Estimated ADC as a Percentage of Valuation Payroll	20.56%

**Table 4: Statement of Changes in Fiduciary Net Position: Total
 (All Dollar Amounts in Millions)**

1. Balance as of July 1, 2017	\$	742.9
2. Additions:		
Employer Contributions	\$	706.7
Investment and Miscellaneous Income		79.2
Investment Expenses		(0.5)
Total Additions	\$	<u>785.4</u>
3. Deductions:		
Administrative Expenses	\$	(0.2)
Benefit Payments		(583.4)
Redemptions		(3.7)
Total Deductions	\$	<u>(587.3)</u>
4. Fund Balance as of June 30, 2018	\$	941.0

Includes OPEB Trust activity and Agency Fund employer contributions and benefit payments.

Milliman July 1, 2018 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: Total

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2017 Valuation: Total ⁽³⁾	\$ 27,707.7	\$ (742.9)	\$ 26,964.8	13.68%	27.42%
2018 Experience Study Changes	(6,936.2)	-	(6,936.2)	(5.03%)	(6.47%)
Expected One-year Change	1,340.4	(170.0)	1,170.4	0.09%	(1.74%)
B. July 1, 2018 Valuation Expected: Total	\$ 22,111.9	\$ (912.9)	\$ 21,199.0	8.74%	19.21%
Claim Cost Experience	(512.8)	-	(512.8)	(0.21%)	(0.51%)
Trend Assumption (Gain)/Loss ⁽⁴⁾	(554.5)	-	(554.5)	(0.23%)	(0.56%)
Other Experience (Gain)/Loss	22.2	-	22.2	0.11%	2.44%
Asset (Gain)/Loss	-	(28.1)	(28.1)	0.00%	(0.02%)
C. July 1, 2018 Valuation: Total	\$ 21,066.8	\$ (941.0)	\$ 20,125.8	8.41%	20.56%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes Excise Tax

(4) Includes impact of July 1, 2019 renewals and the Health Insurer Fee

**Table 6: Projected Paid Benefits by Type: Total
 (All Dollar Amounts in Millions)**

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2019	\$ 572.32	\$ 49.72	\$ 68.95	\$ 8.51	\$ (51.89)	\$ (4.64)	\$ 642.97
6/30/2020	611.02	51.50	78.56	8.75	(57.19)	(4.87)	687.77
6/30/2021	663.86	54.97	84.46	9.00	(63.08)	(5.26)	743.95
6/30/2022	717.84	57.85	90.91	9.25	(69.06)	(5.58)	801.21
6/30/2023	775.89	60.81	98.05	9.50	(75.11)	(5.89)	863.25
6/30/2024	833.01	63.89	106.69	9.75	(80.95)	(6.21)	926.18
6/30/2025	894.18	67.08	115.98	10.01	(86.76)	(6.52)	993.97
6/30/2026	954.38	70.35	125.01	10.27	(92.72)	(6.82)	1,060.47
6/30/2027	1,021.58	73.72	135.22	10.54	(98.76)	(7.12)	1,135.18
6/30/2028	1,091.52	77.12	146.97	10.80	(105.17)	(7.42)	1,213.82

Projection Basis:
 All assumptions are met
 No future members are reflected

Section 8: CAFR Information

**Los Angeles County Other Post Employment Benefits Program
 Schedule of Funding Progress**

(Dollars in Thousands)

Valuation Date	Actuarial Value of Assets	Actuarial Accrued Liabilities	Unfunded Actuarial Accrued Liabilities (UAAL)	Funded Ratio	Covered Employee Payroll	UAAL As A Percentage of Covered Employee Payroll
July 1, 2014	\$483,800	\$28,546,600	\$28,062,800	1.7%	N/A	N/A
July 1, 2016	560,800	25,912,600	25,351,800	2.2%	N/A	N/A
July 1, 2017	742,900	26,300,800	25,557,900	2.8%	8,544,140	299.1%
July 1, 2018	941,010	21,066,800	20,125,790	4.5%	8,954,417	224.8%

Los Angeles County Other Post Employment Benefits Program
 Demographic Activity of Retired Members and Beneficiaries (Retiree Medical Plan)

(Dollars in Thousands)

Valuation Date	Added to Rolls		Removed From Rolls		Rolls at End of Year		Percentage Increase in Retiree Allowance	Average Annual Allowance
	Member Count	Annual Allowance	Member Count	Annual Allowance	Member Count	Annual Allowance		
July 1, 2010	-	\$ -	-	\$ -	43,936	\$ 391,979	-	\$ 8,922
July 1, 2012	5,336	56,982	(3,070)	(25,497)	46,202	423,464	8.03%	9,165
July 1, 2014	5,335	89,205	(3,369)	(29,925)	48,168	482,744	14.00%	10,022
July 1, 2016	5,710	103,373	(3,514)	(30,745)	50,364	555,372	15.04%	11,027
July 1, 2017	3,229	41,266	(1,839)	(18,052)	51,754	578,586	4.18%	11,180
July 1, 2018	3,028	61,697	(1,977)	(20,530)	52,805	619,753	7.12%	11,737

Los Angeles County Other Post Employment Benefits Program
Actuarial Analysis of Financial Experience - OPEB Program
 (Dollars in Millions)

	Valuation as of July 1			
	<u>2014</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
Prior Valuation Unfunded Actuarial Accrued Liability	\$ 26,953	\$ 28,063	\$ 25,352	\$ 25,558
Expected Increase (Decrease) from Prior Valuation	3,873	3,240	1,462	1,170
Claim Costs Greater (Less) than Expected ¹	(5,471)	(2,322)	(1,213)	(1,067)
Change in Assumptions ²	3,238	(3,385)	-	(6,936)
Change in Assets	(484)	78	(54)	(28)
All Other Experience ³	(46)	(322)	11	1,429
Ending Unfunded Actuarial Accrued Liability	\$ 28,063	\$ 25,352	\$ 25,558	\$ 20,126

¹ This amount Includes the trend assumption change.
² In 2016, this amount includes the impact from Tier 2.
³ In 2018, this amount is mostly the impact of the Excise Tax.

**Los Angeles County Other Post Employment Benefits Program
 Actuary Solvency Test - OPEB Program**

(Dollars in Millions)

Actuarial Valuation Date	Actuarial Accrued Liabilities for				Actuarial Value of Valuation Assets	Portion of Actuarial Accrued Liability Covered by Assets		
	Active Member Contributions	Retirees and Beneficiaries ¹	Active Members (Employer Financed Portion)			(A)	(B)	(C)
	(A)	(B)	(C)					
July 1, 2012	\$ -	\$ 10,681	\$ 16,272	\$ -	N/A	0%	0%	
July 1, 2014	-	11,791	16,756	484	N/A	4%	0%	
July 1, 2016	-	11,365	14,548	561	N/A	5%	0%	
July 1, 2017	-	11,640	14,661	743	N/A	6%	0%	
July 1, 2018	-	10,108	10,959	941	N/A	9%	0%	

¹ Includes vested former members.

Discussion of the Transition from Cost Sharing to Agent

There are two types of plans: Cost Sharing and Agent. LACERA began funding and accounting reporting under a Cost Sharing plan in 2006. In the cost sharing structure, there is no attribution of liabilities, costs, and assets to individual employers for funding purposes. This was appropriate while the employers were not prefunding.

An OPEB Trust was established so that the County, Superior Court, and LACERA could prefund the OPEB costs. Separate accounts are maintained for each employer. This OPEB Trust meets the three GASB requirements:

1. Contributions are irrevocable
2. Assets are dedicated to retiree benefits
3. Assets are legally protected from creditors

Each employer may have a different prefunding schedule where employers could prefund different amounts at different times. To ensure assets are designated to each employer's costs and liabilities, the decision was made to change from a cost sharing structure to an agent structure. Under this arrangement the assets are partitioned according to each employer's funding actions.

The Transition timeline is as follows where the GASB Disclosure dates are the reporting dates:

<u>LACERA OPEB Report</u>	<u>Last Year with Cost Sharing Structure</u>	<u>First Year with Agent Structure</u>
Funding Valuation	July 1, 2017	July 1, 2018
GASB 74 Disclosure Report	June 30, 2018	N/A
GASB 75 Disclosure Report	June 30, 2019	June 30, 2020

Discussion of GASB Statements No. 74 and 75

On June 2, 2015, GASB approved Statement Numbers 74 and 75.

GASB Statement Number 74, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*, addresses reporting by OPEB plans that administer benefits on behalf of governments and replaces GASB Statement Number 43.

The effective date for this statement is applicable to LACERA's fiscal year reporting period ending June 30, 2017. Milliman prepared LACERA's first GASB 74 disclosure report issued on September 27, 2017 and was based on the July 1, 2016 OPEB valuation, measurement date of June 30, 2017 and reporting date of June 30, 2017. The second GASB 74 disclosure report was based on the July 1, 2017 OPEB valuation, measurement date of June 30, 2018 and reporting date of June 30, 2018. Due to the change from cost sharing to agent, the GASB 74 report with a reporting date of June 30, 2019 and thereafter will no longer include actuarial information. LACERA has determined an actuarial GASB 74 report under an agent structure is not necessary.

GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, addresses reporting by governments that provide OPEB to their employees and for governments that finance OPEB for employees of other governments and replaces GASB Statement Number 45. Though the effective date is one year later than GASB Statement Number 74, the first GASB 75 disclosure report was based on the July 1, 2016 OPEB valuation with a measurement date of June 30, 2017 and a reporting date of June 30, 2018. The basis for the second GASB 75 disclosure report is the July 1, 2017 OPEB valuation with a measurement date of June 30, 2018 and a reporting date of June 30, 2019. This valuation will be the basis for the third GASB 75 disclosure report with a measurement date of June 30, 2018 and a reporting date of June 30, 2019. The third GASB 75 disclosure report will be the first time reporting under an agent structure.

Some of the highlights of the GASB Statements 74 and 75 are as follows:

- The balance sheet liability will be the full Net OPEB Liability (NOL) rather than the Net OPEB Obligation. The NOL is more closely aligned with the UAAL.
- The annual OPEB expense will likely be more volatile from year to year than the ADC because there will be faster recognition of OPEB expenses.
- The discount rate development will be based on a blended rate equivalent of the long-term expected rate of return on assets and a 20-year tax-exempt municipal bond yield or index rate.
- The Entry Age Normal actuarial cost method is required.

Appendix A: Actuarial Procedures and Assumptions



The actuarial procedures and assumptions used in this valuation are described in this section. Where applicable, the same assumptions are used for the LACERA postemployment health and death benefit program as for the LACERA retirement benefits. The assumptions that overlap with the LACERA retirement benefits plan assumptions were reviewed and changed June 30, 2016, as a result of the 2016 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2016. These assumptions are consistent with the June 30, 2018 retirement funding valuation. The investment earnings assumption is OPEB specific. For agents that are prefunding into LACERA's OPEB Trust, the expected return of the assets of the OPEB trust is based on the asset allocation approved in the December 2017 Board of Investments meeting, which is a different asset allocation from the one used for the retirement benefits plan. For agents that are not prefunding into LACERA's OPEB Trust, we use the expected return from the County's general assets. The OPEB specific assumptions other than premiums, claim costs, and aging were approved and changed as a result of the 2018 OPEB Investigation of Experience Study. The premiums, claim costs, aging, and trend updated with the 2019-2020 renewals for this July 1, 2018 OPEB funding valuation report are updated in this Appendix A.

The actuarial assumptions used in both the retirement benefits plan and OPEB program actuarial valuation are intended to estimate the future experience of the members eligible for benefit payments and the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of the benefits.

Table A-1 summarizes the assumptions. The general wage increase, inflation, and retirement specific demographic assumptions were developed in the 2016 retirement experience study. Nearly all of the OPEB specific demographic and investment earnings assumptions were developed in the 2018 OPEB experience study report. The claim costs and health cost trend assumptions with the 2019-2020 renewals were updated for this July 1, 2018 OPEB funding valuation.

Retirement Benefit Assumptions

Tables A-2 and A-3 show how members are expected to leave retired status due to death. These were developed from the experience as measured by the 2016 Retirement Benefit Investigation of Experience Study.

Table A-4 presents the probability of refund of retirement benefit contributions upon termination of employment while vested. These were developed from the experience as measured by the 2016 Retirement Benefit Investigation of Experience Study.

Table A-5 presents the general wage increase of 3.25% per annum. This was developed from the experience as measured by the 2016 Retirement Benefit Investigation of Experience Study.

Tables A-6 to A-13 present the rates of separation of active service. These were developed from the experience as measured by the 2016 Retirement Benefit Investigation of Experience Study. The rates are the probabilities a member will leave active employment for various reasons.

OPEB Assumptions

Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2018 OPEB Investigation of Experience Study to estimate health eligibility and enrollment.

Tables A-20 to A-21 present premium and claim cost assumptions developed from the OPEB program's July 1, 2018 premium and claim information.

Table A-22 presents the health cost trend rates for the July 1, 2018 OPEB valuation. These rates reflect the final July 1, 2019 renewals and the impact from the 2019 calendar year moratorium of the Health Insurer fee under the Affordable Care Act (ACA).

Table A-23 presents the assumed retirement rates for vested terminated members developed from the 2018 OPEB Investigation of Experience study.

Actuarial Cost Method

OPEB valuations prior to July 1, 2018 have been prepared under the Projected Unit Credit (PUC) actuarial cost method. Under the principles of the PUC method, the actuarial present value of the projected benefits of each individual included in the valuation is allocated pro-rata to each year of service between entry age and assumed exit.

For members who transferred between plans, entry age is based on original entry into the LACERA retirement benefits plan.

The portion of this actuarial present value allocated to a valuation year is called the Normal Cost (NC). The portion of this actuarial present value not provided for at a valuation date by the sum of (a) the actuarial value of the assets (if the benefits are funded), and (b) the actuarial present value of future normal costs is called the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is amortized as a level percentage of the projected salaries of the active members, both present and future, covered by the LACERA retirement benefits plan over a 30-year period from the valuation date; this is commonly referred to as a "rolling 30-year amortization method". This method does not cover interest on the UAAL.

Effective with the July 1, 2018 OPEB funding valuation, the Entry Age Normal (EAN) actuarial cost method is being used. Under the principles of this method, the actuarial present value of the projected benefits of each individual included in the valuation is allocated as a level percentage of the individual's projected compensation between entry age and assumed exit (until maximum retirement age). For members who transferred between plans, entry age is based on original entry into the system.

The portion of this actuarial present value allocated to a valuation year is called the Normal Cost (NC). The portion of this actuarial present value not provided for at a valuation date by the sum of (a) the actuarial value of the assets, and (b) the actuarial present value of future Normal Costs is called the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is amortized as a level percentage of the projected salaries of the active members, both present and future, covered by the LACERA retirement benefits plan over a 30-year period from the valuation date; this is commonly referred to as a "rolling 30-year amortization method". This method does not cover interest on the UAAL.

Records and Data

The data used in this valuation consist of medical and dental/vision premiums, financial information, and the age, service, and salary records for active and inactive members and their survivors. All of the information was supplied by LACERA, Segal, and Meketa Investment Group and was accepted for valuation purposes without audit.

Growth in Membership

For benefit determination purposes, no growth in the membership of LACERA is assumed. For funding purposes, if amortization is required, the total payroll of covered members is assumed to grow due to the combined effects of future wage increases of current active members and the replacement of the current active members by new employees. No growth in the total number of active members is assumed.

Valuation of Assets

The asset valuation method is market value.

Investment Earnings and Expenses

The investment earnings assumption for agents that are prefunding through the OPEB Trust is the OPEB Trust expected return of 6.00%. The investment earnings assumption for agents that are not prefunding through the OPEB Trust is the County's general funds expected return of 3.69%.

The change from cost sharing to agent begins with the July 1, 2018 OPEB funding valuation. The investment earnings assumption approach for this funding valuation is intended to reflect the earnings associated with each agent. The separate GASB 75 disclosure report, which is different from this funding valuation, follows a prescribed discount rate for accounting disclosures.

Health Cost Trend

The rates of the health cost trends are illustrated in Table A-22. Table A-22 includes a description of the model we use. These rates reflect the final July 1, 2019 renewals and the impact from the 2019 calendar year moratorium of the Health Insurer Fee under the ACA. The trends in Table A-22 include the Excise tax under the ACA. These rates were adopted July 1, 2018.

Future Salaries

The 3.25% per annum rate of increase in the general wage level of membership is in Table A-5. This rate was adopted June 30, 2016.

Retirement

Members in General Plans A-D may retire at age 50 with 10 years of service, or any age with 30 years of service, or age 70 regardless of the number of years of service. General Plan G members are eligible to retire at age 52 with 5 years of service, or age 70 regardless of the number of years of service. Non-contributory Plan E members may retire at age 55 with 10 years of service. Members of Safety Plans A and B may retire at age 50 with 10 years of service, or any age with 20 years of service. Safety Plan C members are eligible to retire at age 50 with 5 years of County service.

The retirement rates for active members vary by age and are shown by plan in Tables A-6 through A-13.

Retirement (cont.)

All general members who attain or who have attained age 75 in active service and all safety members who have attained age 65 in active service are assumed to retire immediately (except for Safety Plan C members who have not yet attained 5 years of service). All deferred vested members are assumed to retire according to Table A-23.

The assumptions regarding termination of employment, early retirement, and unreduced service retirement are treated as a single set of decrements in regards to a particular member. For example, a general member hired at age 30 has a probability to withdraw from LACERA due to death, disability, or *other termination of employment* until age 50. After age 50, the member could still withdraw due to death, disability, or *retirement*. Thus, in no year during the member's projected employment would they be eligible for both a probability of other termination of employment and a probability of retirement.

The active members' retirement probabilities were adopted June 30, 2016. The term vested member's retirement probabilities were adopted July 1, 2018, for purposes of the OPEB program valuation only.

Disability

The rates of disability used in the valuation are illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2016.

**Postretirement
Mortality Other Than
Disabled Members**

The same postretirement mortality rates are used in the valuation for active members, members retired for service, and beneficiaries. These rates are illustrated in Table A-2. The mortality assumption for beneficiaries is the same as the mortality assumption as General members of the same gender. Future beneficiaries are assumed to be the opposite gender of the future retiree. These assumptions include a margin for expected future mortality improvement. These rates were adopted June 30, 2016

Males General members: RP-2014 Healthy Annuitant Mortality Table for Males multiplied by 105%, with 100% of MP-2014 Ultimate Projection Scale.

Safety members: RP-2014 Healthy Annuitant Mortality Table for Males multiplied by 95%, with 100% of MP-2014 Ultimate Projection Scale.

Females General members: RP-2014 Healthy Annuitant Mortality Table for Females, with 100% of MP-2014 Ultimate Projection Scale.

Safety members: Same as General Females.

Mortality – Disabled Members

For disabled members, the mortality rates used in the valuation rates are illustrated in Table A-3. These assumptions include a margin for expected future mortality improvement. These rates were adopted June 30, 2016.

Males General members: Average of RP-2014 Healthy Annuitant Mortality Table for Males multiplied by 105% and RP-2014 Disabled Annuitant Mortality Table for Males, both projected with 100% of MP-2014 Ultimate Projection Scale.

Safety members: RP-2014 Healthy Annuitant Mortality Table for Males, with 100% of MP-2014 Ultimate Projection Scale.

Females General members: Average of RP-2014 Healthy Annuitant Mortality Table for Females and RP-2014 Disabled Annuitant Mortality Table for Females, both projected with 100% of MP-2014 Ultimate Projection Scale.

Safety members: RP-2014 Healthy Annuitant Mortality Table for Females, with 100% of MP-2014 Ultimate Projection Scale.

Mortality While in Active Status

For active members, the mortality rates used in the valuation are illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2016.

Class	Gender	Proposed Table	
General	Male	RP 2014E Male, Generational ⁽¹⁾	-2
General	Female	RP 2014E Female, Generational ⁽¹⁾	-0
Safety	Male	RP 2014E Male, Generational ⁽¹⁾	-6
Safety	Female	RP 2014E Female, Generational ⁽¹⁾	-0

1. Projection using 100% of MP-2014 Ultimate projection scale.

Safety members have an additional service-connected mortality rate of 0.01% per year.

Other Employment Terminations

Tables A-6 to A-13 show, for all ages, the rates assumed in this valuation for future termination from active service other than for death, disability, or retirement. These rates do not apply to members eligible for service retirement. These rates were adopted June 30, 2016.

Other Employment Terminations (cont.)

Terminating employees may withdraw their contributions immediately upon termination of employment and forfeit the right to further retirement, medical, dental/vision and death benefits, or they may leave their contributions with LACERA. Former contributing members whose contributions are on deposit may later elect to receive a refund, may return to work or may remain inactive until becoming eligible to receive a retirement benefit under either LACERA or a reciprocal retirement plan. All terminating members who are not eligible for vested benefits are assumed to withdraw their contributions immediately. All terminating members are assumed not to be rehired.

Table A-4 gives the assumed probabilities that vested members will withdraw their contributions and elect a refund immediately upon termination and the probability that remaining members will elect a deferred retirement allowance. All non-vested members are assumed to elect a refund and withdraw their contributions. These rates in Table A-4 were adopted June 30, 2016.

Future Transfers

Though a few active members may change pension plans, this valuation assumes the active members remain in the plan they are enrolled in at the time of the valuation. Specifically, we assume there will be no future transfers between retirement benefit plans.

Retiree Medical and Dental/Vision Eligibility and Enrollment Assumptions

Any retired or vested terminated members who have not yet elected a refund of their member contributions and will receive a pension benefit other than a refund are eligible for retiree medical and dental/vision enrollment.

The 2018 OPEB Investigation of Experience report was used to set the following assumptions:

Age difference for future retirees and spouses	Table A-1
Probability of initial medical enrollment upon retirement	Table A-14
Probability of medical plan and coverage tier selection upon retirement for Tier 1	Table A-15A
Probability of medical plan and coverage tier selection upon retirement for Tier 2	Table A-15B
Probability of medical plan and coverage tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16
Probability of survivor and new dependent enrollment	Table A-17

Retiree Medical and Dental/Vision Eligibility and Enrollment Assumptions (cont.)	Probability of dental/vision enrollment upon retirement	Table A-18
	Probability of dental/vision plan and coverage tier selection upon retirement	Table A-19
	Retirement of vested terminated members	Table A-23
	Probability of retirees in group plans who elect Medicare Part D	0%

Table A-1: Summary of Valuation Assumptions as of July 1, 2018

I.	Economic Assumptions	
A.	General wage increases	3.25%
B1.	Investment earnings (prefunding in OPEB Trust)	6.00%
B2.	Investment earnings (no prefunding in OPEB Trust)	3.69%
C.	Growth in membership	0.00%
D.	CPI inflation assumption	2.75%
E.	Medical cost trend	Table A-22
F.	Dental and vision cost trend	Table A-22
II.	Demographic Assumptions	
A.	Salary increases due to Service	Table A-5
B.	Retirement	Tables A-6 to A-13
C.	Disability	Tables A-6 to A-13
D.	Mortality during active employment	Tables A-6 to A-13
E.	Mortality for active members after termination and service retired members.	Table A-2
	Basis – RP-2014 Healthy Annuitant Mortality Table for respective genders with 100% of MP-2014 Ultimate Projection Scale:	
	<u>Class of Members</u>	<u>Adjustment</u>
	General – males	105% of rates
	General – females	100% of rates
	Safety – males	95% of rates
	Safety – females	100% of rates
F.	Mortality among disabled members	Table A-3
	Basis – Average of RP-2014 Healthy Annuitant (multiplied by 105% for males) and Disabled Mortality Tables for respective genders, with 100% of MP-2014 Ultimate Projection Scale:	
	General – males	100% of Disabled Rates
	General – females	100% of Disabled Rates
	Basis – RP-2014 Healthy Mortality Table, for respective genders with 100% of MP-2014 Ultimate Projection Scale:	
	Safety – males	100% of rates
	Safety – females	100% of rates

G.	Mortality for Beneficiaries Basis – Beneficiaries are assumed to have the same mortality as a general member of the opposite gender who has taken a service retirement.	Table A-2
H.	Other Terminations of Employment	Tables A-6 to A-13
I.	Refund of Contributions on Vested Termination	Table A-4
J.	Future male retirees are assumed to be four years older than their female spouses. Assumption adopted July 1, 2008. Future female retirees are assumed to be two years younger than their male spouses. Assumption adopted July 1, 2018.	
III.	Retiree Medical and Dental/Vision Enrollment Assumptions	
A.	Probability of Initial Medical Enrollment upon Retirement	Table A-14
B.	Probability of Medical Plan and Coverage Tier Selection Upon Retirement (Pre 65 Male, Pre 65 Female, Post 65 Male, Post 65 Female)	Table A-15
C.	Probability of Medical Plan and Coverage Tier Selection for Pre 65 Retirees Who become Eligible for a <i>Post 65</i> Plan	Table A-16
D.	Probability of Medical Survivor and New Dependent Enrollment	Table A-17
E.	Probability of Retirees in Group Plans Who Elect Medicare Part D. We have assumed there is no cost impact due to retirees and dependents enrolling in Part D.	0%
F.	Probability of Dental/Vision Enrollment upon Retirement	Table A-18
G.	Probability of Dental/Vision Plan and Coverage Tier Selection Upon Retirement	Table A-19
IV.	Premium and Claim Cost Analysis	Tables A-20 to A-21
V.	Medical and Dental/Vision Trend	Table A-22
VI.	Retirement of Vested Terminated Members	Table A-23

Table A-2: Mortality for Members Retired for Service ⁽¹⁾

Age	Safety Male	Safety Female	General Male	General Female
20	0.090%	0.041%	0.103%	0.041%
25	0.108%	0.044%	0.122%	0.044%
30	0.101%	0.055%	0.114%	0.055%
35	0.116%	0.072%	0.132%	0.072%
40	0.140%	0.100%	0.159%	0.100%
45	0.217%	0.165%	0.246%	0.165%
50	0.386%	0.277%	0.427%	0.277%
55	0.545%	0.362%	0.602%	0.362%
60	0.738%	0.519%	0.816%	0.519%
65	1.046%	0.805%	1.156%	0.805%
70	1.593%	1.287%	1.761%	1.287%
75	2.548%	2.094%	2.817%	2.094%
80	4.249%	3.484%	4.696%	3.484%
85	7.362%	6.050%	8.137%	6.050%
90	12.911%	10.713%	14.270%	10.713%

Annual Projected Mortality Improvement

Age	All Groups
65 & Less	1.000%
70	1.000%
75	1.000%
80	1.000%
85	1.000%
90	0.930%
95	0.850%
100	0.640%
105	0.430%
110	0.210%
115	0.000%

1. Mortality rates are those applicable for the fiscal year beginning in 2014. Annual projected improvements are assumed in the following years under the schedule shown. For example, the annual mortality rate for an 85-year old General male in fiscal year beginning in 2017 is 7.143% calculated as follows:

$$\begin{aligned}
 \text{Age 85 rate in 2017} &= \text{Age 85 rate in 2014 with 3 years improvement} \\
 &= 7.362\% \times (100.0\% - 1.0\%) \times (100.0\% - 1.0\%) \times (100.0\% - 1.0\%) \\
 &= 7.143\%
 \end{aligned}$$

Table A-3: Mortality for Members Retired for Disability ⁽¹⁾

Age	Safety Male	Safety Female	General Male	General Female
20	0.098%	0.041%	0.407%	0.132%
25	0.117%	0.044%	0.485%	0.141%
30	0.109%	0.055%	0.453%	0.178%
35	0.126%	0.072%	0.524%	0.233%
40	0.151%	0.100%	0.629%	0.322%
45	0.234%	0.165%	0.975%	0.535%
50	0.406%	0.277%	1.233%	0.734%
55	0.573%	0.362%	1.470%	0.905%
60	0.777%	0.519%	1.738%	1.109%
65	1.101%	0.805%	2.162%	1.445%
70	1.677%	1.287%	2.898%	2.054%
75	2.683%	2.094%	4.123%	3.099%
80	4.472%	3.484%	6.179%	4.794%
85	7.750%	6.050%	9.734%	7.546%
90	13.591%	10.713%	15.785%	11.989%

1. Mortality rates are those applicable the year fiscal year beginning in 2014. Annual projected improvements are assumed in the following years under the schedule shown on the preceding page.

Table A-4: Immediate Refund of Contributions upon Termination of Employment (Excludes Plan E)

Years of Service	Safety	General
0	100%	100%
1	100%	100%
2	100%	100%
3	100%	100%
4	100%	100%
5	35%	35%
6	35%	35%
7	35%	35%
8	33%	34%
9	31%	34%
10	29%	33%
11	27%	33%
12	25%	32%
13	22%	31%
14	19%	30%
15	16%	30%
16	13%	29%
17	10%	28%
18	6%	25%
19	2%	23%
20	0%	20%
21	0%	18%
22	0%	15%
23	0%	12%
24	0%	9%
25	0%	6%
26	0%	3%
27	0%	0%
28	0%	0%
29	0%	0%
30 & Up	0%	0%

Table A-5: Annual Increase in Salary

Payroll is assumed to increase with the general wage increase of 3.25% per annum in addition to individual annual increases from promotion and longevity. The promotion and longevity increases shown in the table below are combined with the general wage increase on a compound basis, and are used for the Entry Age Normal cost method.

General wage increases and individual salary increases due to promotion and longevity do not affect the amount of the OPEB program's benefits.

Years of Service	General	Safety
<1	6.00%	8.00%
1	5.25%	7.00%
2	4.50%	6.00%
3	3.75%	4.00%
4	3.00%	3.00%
5	2.50%	2.50%
6	2.00%	2.00%
7	1.75%	1.75%
8	1.50%	1.50%
9	1.30%	1.30%
10	1.15%	1.15%
11	1.00%	1.00%
12	0.85%	0.85%
13	0.70%	0.70%
14	0.60%	0.60%
15	0.50%	0.50%
16	0.40%	0.50%
17	0.35%	0.50%
18	0.30%	0.50%
19	0.25%	0.50%
20 or More	0.25%	0.50%

**Appendix A: Rates of Separation from Active Service
Tables A-6 to A-13**

A schedule of the probabilities of termination of employment due to the following causes can be found on the following pages:

Service Retirement:	Member retires after meeting age and service requirements for reasons other than disability.
Other Terminations:	Member terminates and elects a refund of member contributions or a deferred vested retirement benefit.
Service Disability:	Member receives disability retirement; disability is service related.
Ordinary Disability:	Member receives disability retirement; disability is not service related.
Service Death:	Member dies before retirement; death is service related.
Ordinary Death:	Member dies before retirement; death is not service related.

Each rate represents the probability that a member will separate from service at each age due to the particular cause. For example, a rate of 0.0300 for a member's service retirement at age 50 means we assume that 30 out of 1,000 members who are age 50 will retire at that age.

Each table represents the detailed rates needed for each LACERA plan by gender:

Table A-6: General Plans A, B, & C Males	A-10: General Plan E Males
A-7: General Plans A, B, & C Females	A-11: General Plan E Females
A-8: General Plans D & G Males	A-12: Safety Plans A, B, & C Males
A-9: General Plans D & G Females	A-13: Safety Plans A, B, & C Females

**Table A-6: Rate of Separation from Active Service for General Members
 Plans A, B, & C – Male**

Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0005
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0005
36	0.0000	0.0050	0.0004	0.0001	N/A	0.0005
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0005
38	0.0000	0.0050	0.0005	0.0001	N/A	0.0005
39	0.0000	0.0050	0.0006	0.0001	N/A	0.0006
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0006
41	0.0300	0.0050	0.0007	0.0002	N/A	0.0006
42	0.0300	0.0050	0.0008	0.0002	N/A	0.0006
43	0.0300	0.0050	0.0008	0.0003	N/A	0.0007
44	0.0300	0.0050	0.0009	0.0003	N/A	0.0007
45	0.0300	0.0050	0.0009	0.0003	N/A	0.0008
46	0.0300	0.0050	0.0010	0.0004	N/A	0.0009
47	0.0300	0.0050	0.0010	0.0004	N/A	0.0010
48	0.0300	0.0050	0.0010	0.0004	N/A	0.0011
49	0.0300	0.0050	0.0011	0.0004	N/A	0.0012
50	0.0300	0.0050	0.0011	0.0004	N/A	0.0014
51	0.0300	0.0050	0.0012	0.0004	N/A	0.0015
52	0.0300	0.0050	0.0012	0.0004	N/A	0.0017
53	0.0300	0.0050	0.0016	0.0005	N/A	0.0019
54	0.0600	0.0050	0.0019	0.0006	N/A	0.0021
55	0.1000	0.0050	0.0023	0.0006	N/A	0.0023
56	0.1200	0.0050	0.0026	0.0007	N/A	0.0025
57	0.1700	0.0050	0.0030	0.0008	N/A	0.0028
58	0.2200	0.0050	0.0035	0.0009	N/A	0.0031
59	0.2400	0.0050	0.0040	0.0010	N/A	0.0034
60	0.2600	0.0050	0.0045	0.0010	N/A	0.0038
61	0.3100	0.0050	0.0050	0.0011	N/A	0.0042
62	0.3500	0.0050	0.0055	0.0012	N/A	0.0047
63	0.2800	0.0050	0.0053	0.0014	N/A	0.0052
64	0.2800	0.0050	0.0051	0.0015	N/A	0.0059
65	0.2800	0.0050	0.0049	0.0017	N/A	0.0066
66	0.2800	0.0050	0.0047	0.0018	N/A	0.0074
67	0.2800	0.0050	0.0045	0.0020	N/A	0.0083
68	0.2800	0.0050	0.0045	0.0022	N/A	0.0092
69	0.2800	0.0050	0.0045	0.0023	N/A	0.0102
70	0.2800	0.0050	0.0045	0.0025	N/A	0.0113
71	0.2800	0.0050	0.0045	0.0026	N/A	0.0125
72	0.2800	0.0050	0.0045	0.0028	N/A	0.0139
73	0.2800	0.0050	0.0045	0.0030	N/A	0.0154
74	0.2800	0.0050	0.0045	0.0031	N/A	0.0170
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0189



This work product was prepared solely for LACERA for the purposes described herein and may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends that third parties be aided by their own actuary or other qualified professional when reviewing the Milliman work product.

**Table A-7: Rate of Separation from Active Service for General Members
 Plans A, B, & C – Female**

Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
36	0.0000	0.0050	0.0004	0.0001	N/A	0.0003
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0003
38	0.0000	0.0050	0.0004	0.0001	N/A	0.0003
39	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
40	0.0300	0.0050	0.0005	0.0002	N/A	0.0004
41	0.0300	0.0050	0.0005	0.0002	N/A	0.0004
42	0.0300	0.0050	0.0005	0.0002	N/A	0.0005
43	0.0300	0.0050	0.0006	0.0003	N/A	0.0005
44	0.0300	0.0050	0.0007	0.0003	N/A	0.0006
45	0.0300	0.0050	0.0008	0.0003	N/A	0.0007
46	0.0300	0.0050	0.0009	0.0004	N/A	0.0007
47	0.0300	0.0050	0.0010	0.0004	N/A	0.0008
48	0.0300	0.0050	0.0011	0.0004	N/A	0.0009
49	0.0300	0.0050	0.0012	0.0004	N/A	0.0010
50	0.0300	0.0050	0.0013	0.0004	N/A	0.0011
51	0.0300	0.0050	0.0014	0.0004	N/A	0.0012
52	0.0300	0.0050	0.0015	0.0004	N/A	0.0013
53	0.0300	0.0050	0.0016	0.0005	N/A	0.0014
54	0.0600	0.0050	0.0016	0.0006	N/A	0.0015
55	0.1000	0.0050	0.0017	0.0006	N/A	0.0017
56	0.1200	0.0050	0.0017	0.0007	N/A	0.0018
57	0.1700	0.0050	0.0018	0.0008	N/A	0.0019
58	0.2200	0.0050	0.0020	0.0009	N/A	0.0021
59	0.2400	0.0050	0.0023	0.0010	N/A	0.0023
60	0.2600	0.0050	0.0025	0.0010	N/A	0.0024
61	0.3100	0.0050	0.0028	0.0011	N/A	0.0026
62	0.3500	0.0050	0.0030	0.0012	N/A	0.0029
63	0.2800	0.0050	0.0030	0.0014	N/A	0.0031
64	0.2800	0.0050	0.0030	0.0015	N/A	0.0034
65	0.2800	0.0050	0.0030	0.0017	N/A	0.0037
66	0.2800	0.0050	0.0030	0.0018	N/A	0.0041
67	0.2800	0.0050	0.0030	0.0020	N/A	0.0046
68	0.2800	0.0050	0.0030	0.0022	N/A	0.0051
69	0.2800	0.0050	0.0030	0.0023	N/A	0.0057
70	0.2800	0.0050	0.0030	0.0025	N/A	0.0063
71	0.2800	0.0050	0.0030	0.0026	N/A	0.0070
72	0.2800	0.0050	0.0030	0.0028	N/A	0.0078
73	0.2800	0.0050	0.0030	0.0030	N/A	0.0087
74	0.2800	0.0050	0.0030	0.0031	N/A	0.0097
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0108



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**Table A-8: Rate of Separation from Active Service for General Members
 Plan D & G – Male**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0003	0	0.0800
19	0.0000	0.0002	0.0001	N/A	0.0003	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0003	2	0.0375
21	0.0000	0.0002	0.0001	N/A	0.0004	3	0.0300
22	0.0000	0.0002	0.0001	N/A	0.0004	4	0.0250
23	0.0000	0.0002	0.0001	N/A	0.0004	5	0.0233
24	0.0000	0.0002	0.0001	N/A	0.0005	6	0.0217
25	0.0000	0.0002	0.0001	N/A	0.0005	7	0.0200
26	0.0000	0.0002	0.0001	N/A	0.0005	8	0.0190
27	0.0000	0.0002	0.0001	N/A	0.0005	9	0.0180
28	0.0000	0.0002	0.0001	N/A	0.0005	10	0.0170
29	0.0000	0.0002	0.0001	N/A	0.0004	11	0.0160
30	0.0000	0.0002	0.0001	N/A	0.0004	12	0.0150
31	0.0000	0.0002	0.0001	N/A	0.0004	13	0.0140
32	0.0000	0.0002	0.0001	N/A	0.0005	14	0.0130
33	0.0000	0.0002	0.0001	N/A	0.0005	15	0.0120
34	0.0000	0.0003	0.0001	N/A	0.0005	16	0.0110
35	0.0000	0.0003	0.0001	N/A	0.0005	17	0.0100
36	0.0000	0.0004	0.0001	N/A	0.0005	18	0.0092
37	0.0000	0.0004	0.0001	N/A	0.0005	19	0.0084
38	0.0000	0.0005	0.0001	N/A	0.0005	20	0.0076
39	0.0000	0.0006	0.0001	N/A	0.0006	21	0.0068
40	0.0150	0.0006	0.0002	N/A	0.0006	22	0.0060
41	0.0150	0.0007	0.0002	N/A	0.0006	23	0.0056
42	0.0150	0.0008	0.0002	N/A	0.0006	24	0.0052
43	0.0150	0.0008	0.0003	N/A	0.0007	25	0.0048
44	0.0150	0.0009	0.0003	N/A	0.0007	26	0.0044
45	0.0150	0.0009	0.0003	N/A	0.0008	27	0.0040
46	0.0150	0.0010	0.0004	N/A	0.0009	28	0.0040
47	0.0150	0.0010	0.0004	N/A	0.0010	29	0.0040
48	0.0150	0.0010	0.0004	N/A	0.0011	30 & Above	0.0000
49	0.0150	0.0011	0.0004	N/A	0.0012		
50	0.0150	0.0011	0.0004	N/A	0.0014		
51	0.0120	0.0012	0.0004	N/A	0.0015		
52	0.0120	0.0012	0.0004	N/A	0.0017		
53	0.0150	0.0016	0.0005	N/A	0.0019		
54	0.0200	0.0019	0.0006	N/A	0.0021		
55	0.0250	0.0023	0.0006	N/A	0.0023		
56	0.0250	0.0026	0.0007	N/A	0.0025		
57	0.0300	0.0030	0.0008	N/A	0.0028		
58	0.0350	0.0035	0.0009	N/A	0.0031		
59	0.0500	0.0040	0.0010	N/A	0.0034		
60	0.0600	0.0045	0.0010	N/A	0.0038		
61	0.0800	0.0050	0.0011	N/A	0.0042		
62	0.1000	0.0055	0.0012	N/A	0.0047		
63	0.0900	0.0053	0.0014	N/A	0.0052		
64	0.1500	0.0051	0.0015	N/A	0.0059		
65	0.2000	0.0049	0.0017	N/A	0.0066		
66	0.2000	0.0047	0.0018	N/A	0.0074		
67	0.1800	0.0045	0.0020	N/A	0.0083		
68	0.1800	0.0045	0.0022	N/A	0.0092		
69	0.1800	0.0045	0.0023	N/A	0.0102		
70	0.2000	0.0045	0.0025	N/A	0.0113		
71	0.2000	0.0045	0.0026	N/A	0.0125		
72	0.2000	0.0045	0.0028	N/A	0.0139		
73	0.2000	0.0045	0.0030	N/A	0.0154		
74	0.2000	0.0045	0.0031	N/A	0.0170		
75	1.0000	0.0000	0.0000	N/A	0.0189		



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**Table A-9: Rate of Separation from Active Service for General Members
 Plan D and G – Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0002	0	0.0800
19	0.0000	0.0002	0.0001	N/A	0.0002	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0002	2	0.0375
21	0.0000	0.0002	0.0001	N/A	0.0002	3	0.0300
22	0.0000	0.0002	0.0001	N/A	0.0002	4	0.0250
23	0.0000	0.0002	0.0001	N/A	0.0002	5	0.0233
24	0.0000	0.0002	0.0001	N/A	0.0002	6	0.0217
25	0.0000	0.0002	0.0001	N/A	0.0002	7	0.0200
26	0.0000	0.0002	0.0001	N/A	0.0002	8	0.0190
27	0.0000	0.0002	0.0001	N/A	0.0002	9	0.0180
28	0.0000	0.0002	0.0001	N/A	0.0002	10	0.0170
29	0.0000	0.0002	0.0001	N/A	0.0002	11	0.0160
30	0.0000	0.0002	0.0001	N/A	0.0002	12	0.0150
31	0.0000	0.0002	0.0001	N/A	0.0002	13	0.0140
32	0.0000	0.0002	0.0001	N/A	0.0002	14	0.0130
33	0.0000	0.0002	0.0001	N/A	0.0003	15	0.0120
34	0.0000	0.0003	0.0001	N/A	0.0003	16	0.0110
35	0.0000	0.0003	0.0001	N/A	0.0003	17	0.0100
36	0.0000	0.0004	0.0001	N/A	0.0003	18	0.0092
37	0.0000	0.0004	0.0001	N/A	0.0003	19	0.0084
38	0.0000	0.0004	0.0001	N/A	0.0003	20	0.0076
39	0.0000	0.0004	0.0001	N/A	0.0004	21	0.0068
40	0.0150	0.0005	0.0002	N/A	0.0004	22	0.0060
41	0.0150	0.0005	0.0002	N/A	0.0004	23	0.0056
42	0.0150	0.0005	0.0002	N/A	0.0005	24	0.0052
43	0.0150	0.0006	0.0003	N/A	0.0005	25	0.0048
44	0.0150	0.0007	0.0003	N/A	0.0006	26	0.0044
45	0.0150	0.0008	0.0003	N/A	0.0007	27	0.0040
46	0.0150	0.0009	0.0004	N/A	0.0007	28	0.0040
47	0.0150	0.0010	0.0004	N/A	0.0008	29	0.0040
48	0.0150	0.0011	0.0004	N/A	0.0009	30 & Above	0.0000
49	0.0150	0.0012	0.0004	N/A	0.0010		
50	0.0150	0.0013	0.0004	N/A	0.0011		
51	0.0120	0.0014	0.0004	N/A	0.0012		
52	0.0120	0.0015	0.0004	N/A	0.0013		
53	0.0150	0.0016	0.0005	N/A	0.0014		
54	0.0200	0.0016	0.0006	N/A	0.0015		
55	0.0250	0.0017	0.0006	N/A	0.0017		
56	0.0250	0.0017	0.0007	N/A	0.0018		
57	0.0300	0.0018	0.0008	N/A	0.0019		
58	0.0350	0.0020	0.0009	N/A	0.0021		
59	0.0500	0.0023	0.0010	N/A	0.0023		
60	0.0600	0.0025	0.0010	N/A	0.0024		
61	0.0800	0.0028	0.0011	N/A	0.0026		
62	0.1000	0.0030	0.0012	N/A	0.0029		
63	0.0900	0.0030	0.0014	N/A	0.0031		
64	0.1500	0.0030	0.0015	N/A	0.0034		
65	0.2000	0.0030	0.0017	N/A	0.0037		
66	0.2000	0.0030	0.0018	N/A	0.0041		
67	0.1800	0.0030	0.0020	N/A	0.0046		
68	0.1800	0.0030	0.0022	N/A	0.0051		
69	0.1800	0.0030	0.0023	N/A	0.0057		
70	0.2000	0.0030	0.0025	N/A	0.0063		
71	0.2000	0.0030	0.0026	N/A	0.0070		
72	0.2000	0.0030	0.0028	N/A	0.0078		
73	0.2000	0.0030	0.0030	N/A	0.0087		
74	0.2000	0.0030	0.0031	N/A	0.0097		
75	1.0000	0.0000	0.0000	N/A	0.0108		



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**Table A-10: Rate of Separation from Active Service for General Members
 Plan E – Male**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0003	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0003	1	0.0800
20	0.0000	N/A	N/A	N/A	0.0003	2	0.0600
21	0.0000	N/A	N/A	N/A	0.0004	3	0.0450
22	0.0000	N/A	N/A	N/A	0.0004	4	0.0350
23	0.0000	N/A	N/A	N/A	0.0004	5	0.0310
24	0.0000	N/A	N/A	N/A	0.0005	6	0.0270
25	0.0000	N/A	N/A	N/A	0.0005	7	0.0230
26	0.0000	N/A	N/A	N/A	0.0005	8	0.0220
27	0.0000	N/A	N/A	N/A	0.0005	9	0.0210
28	0.0000	N/A	N/A	N/A	0.0005	10	0.0200
29	0.0000	N/A	N/A	N/A	0.0004	11	0.0190
30	0.0000	N/A	N/A	N/A	0.0004	12	0.0180
31	0.0000	N/A	N/A	N/A	0.0004	13	0.0168
32	0.0000	N/A	N/A	N/A	0.0005	14	0.0156
33	0.0000	N/A	N/A	N/A	0.0005	15	0.0144
34	0.0000	N/A	N/A	N/A	0.0005	16	0.0132
35	0.0000	N/A	N/A	N/A	0.0005	17	0.0120
36	0.0000	N/A	N/A	N/A	0.0005	18	0.0116
37	0.0000	N/A	N/A	N/A	0.0005	19	0.0112
38	0.0000	N/A	N/A	N/A	0.0005	20	0.0108
39	0.0000	N/A	N/A	N/A	0.0006	21	0.0104
40	0.0000	N/A	N/A	N/A	0.0006	22	0.0100
41	0.0000	N/A	N/A	N/A	0.0006	23	0.0100
42	0.0000	N/A	N/A	N/A	0.0006	24	0.0100
43	0.0000	N/A	N/A	N/A	0.0007	25	0.0100
44	0.0000	N/A	N/A	N/A	0.0007	26	0.0100
45	0.0000	N/A	N/A	N/A	0.0008	27	0.0100
46	0.0000	N/A	N/A	N/A	0.0009	28	0.0100
47	0.0000	N/A	N/A	N/A	0.0010	29	0.0100
48	0.0000	N/A	N/A	N/A	0.0011	30 & Above	0.0100
49	0.0000	N/A	N/A	N/A	0.0012		
50	0.0000	N/A	N/A	N/A	0.0014		
51	0.0000	N/A	N/A	N/A	0.0015		
52	0.0000	N/A	N/A	N/A	0.0017		
53	0.0000	N/A	N/A	N/A	0.0019		
54	0.0000	N/A	N/A	N/A	0.0021		
55	0.0200	N/A	N/A	N/A	0.0023		
56	0.0200	N/A	N/A	N/A	0.0025		
57	0.0200	N/A	N/A	N/A	0.0028		
58	0.0200	N/A	N/A	N/A	0.0031		
59	0.0300	N/A	N/A	N/A	0.0034		
60	0.0400	N/A	N/A	N/A	0.0038		
61	0.0600	N/A	N/A	N/A	0.0042		
62	0.0900	N/A	N/A	N/A	0.0047		
63	0.0900	N/A	N/A	N/A	0.0052		
64	0.2000	N/A	N/A	N/A	0.0059		
65	0.2500	N/A	N/A	N/A	0.0066		
66	0.1800	N/A	N/A	N/A	0.0074		
67	0.1800	N/A	N/A	N/A	0.0083		
68	0.1800	N/A	N/A	N/A	0.0092		
69	0.1800	N/A	N/A	N/A	0.0102		
70	0.2000	N/A	N/A	N/A	0.0113		
71	0.2000	N/A	N/A	N/A	0.0125		
72	0.2000	N/A	N/A	N/A	0.0139		
73	0.2000	N/A	N/A	N/A	0.0154		
74	0.2000	N/A	N/A	N/A	0.0170		
75	1.0000	N/A	N/A	N/A	0.0189		



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**Table A-11: Rate of Separation from Active Service for General Members
 Plan E – Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0002	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0002	1	0.0800
20	0.0000	N/A	N/A	N/A	0.0002	2	0.0600
21	0.0000	N/A	N/A	N/A	0.0002	3	0.0450
22	0.0000	N/A	N/A	N/A	0.0002	4	0.0350
23	0.0000	N/A	N/A	N/A	0.0002	5	0.0310
24	0.0000	N/A	N/A	N/A	0.0002	6	0.0270
25	0.0000	N/A	N/A	N/A	0.0002	7	0.0230
26	0.0000	N/A	N/A	N/A	0.0002	8	0.0220
27	0.0000	N/A	N/A	N/A	0.0002	9	0.0210
28	0.0000	N/A	N/A	N/A	0.0002	10	0.0200
29	0.0000	N/A	N/A	N/A	0.0002	11	0.0190
30	0.0000	N/A	N/A	N/A	0.0002	12	0.0180
31	0.0000	N/A	N/A	N/A	0.0002	13	0.0168
32	0.0000	N/A	N/A	N/A	0.0002	14	0.0156
33	0.0000	N/A	N/A	N/A	0.0003	15	0.0144
34	0.0000	N/A	N/A	N/A	0.0003	16	0.0132
35	0.0000	N/A	N/A	N/A	0.0003	17	0.0120
36	0.0000	N/A	N/A	N/A	0.0003	18	0.0116
37	0.0000	N/A	N/A	N/A	0.0003	19	0.0112
38	0.0000	N/A	N/A	N/A	0.0003	20	0.0108
39	0.0000	N/A	N/A	N/A	0.0004	21	0.0104
40	0.0000	N/A	N/A	N/A	0.0004	22	0.0100
41	0.0000	N/A	N/A	N/A	0.0004	23	0.0100
42	0.0000	N/A	N/A	N/A	0.0005	24	0.0100
43	0.0000	N/A	N/A	N/A	0.0005	25	0.0100
44	0.0000	N/A	N/A	N/A	0.0006	26	0.0100
45	0.0000	N/A	N/A	N/A	0.0007	27	0.0100
46	0.0000	N/A	N/A	N/A	0.0007	28	0.0100
47	0.0000	N/A	N/A	N/A	0.0008	29	0.0100
48	0.0000	N/A	N/A	N/A	0.0009	30 & Above	0.0100
49	0.0000	N/A	N/A	N/A	0.0010		
50	0.0000	N/A	N/A	N/A	0.0011		
51	0.0000	N/A	N/A	N/A	0.0012		
52	0.0000	N/A	N/A	N/A	0.0013		
53	0.0000	N/A	N/A	N/A	0.0014		
54	0.0000	N/A	N/A	N/A	0.0015		
55	0.0200	N/A	N/A	N/A	0.0017		
56	0.0200	N/A	N/A	N/A	0.0018		
57	0.0200	N/A	N/A	N/A	0.0019		
58	0.0200	N/A	N/A	N/A	0.0021		
59	0.0300	N/A	N/A	N/A	0.0023		
60	0.0400	N/A	N/A	N/A	0.0024		
61	0.0600	N/A	N/A	N/A	0.0026		
62	0.0900	N/A	N/A	N/A	0.0029		
63	0.0900	N/A	N/A	N/A	0.0031		
64	0.2000	N/A	N/A	N/A	0.0034		
65	0.2500	N/A	N/A	N/A	0.0037		
66	0.1800	N/A	N/A	N/A	0.0041		
67	0.1800	N/A	N/A	N/A	0.0046		
68	0.1800	N/A	N/A	N/A	0.0051		
69	0.1800	N/A	N/A	N/A	0.0057		
70	0.2000	N/A	N/A	N/A	0.0063		
71	0.2000	N/A	N/A	N/A	0.0070		
72	0.2000	N/A	N/A	N/A	0.0078		
73	0.2000	N/A	N/A	N/A	0.0087		
74	0.2000	N/A	N/A	N/A	0.0097		
75	1.0000	N/A	N/A	N/A	0.0108		

**Table A-12: Rate of Separation from Active Service for Safety Members
 Plans A, B, & C – Male**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0020	0.0000	0.0001	0.0002	0	0.0300
19	0.0000	0.0020	0.0000	0.0001	0.0002	1	0.0250
20	0.0000	0.0020	0.0000	0.0001	0.0002	2	0.0200
21	0.0000	0.0020	0.0000	0.0001	0.0002	3	0.0150
22	0.0000	0.0020	0.0000	0.0001	0.0003	4	0.0120
23	0.0000	0.0020	0.0000	0.0001	0.0003	5	0.0113
24	0.0000	0.0020	0.0000	0.0001	0.0003	6	0.0107
25	0.0000	0.0020	0.0000	0.0001	0.0004	7	0.0100
26	0.0000	0.0020	0.0000	0.0001	0.0004	8	0.0092
27	0.0000	0.0020	0.0000	0.0001	0.0004	9	0.0084
28	0.0000	0.0020	0.0000	0.0001	0.0005	10	0.0076
29	0.0000	0.0020	0.0000	0.0001	0.0005	11	0.0068
30	0.0000	0.0020	0.0000	0.0001	0.0005	12	0.0060
31	0.0000	0.0020	0.0000	0.0001	0.0005	13	0.0054
32	0.0000	0.0020	0.0000	0.0001	0.0005	14	0.0048
33	0.0000	0.0021	0.0000	0.0001	0.0004	15	0.0042
34	0.0000	0.0022	0.0000	0.0001	0.0004	16	0.0036
35	0.0000	0.0023	0.0000	0.0001	0.0004	17	0.0030
36	0.0000	0.0024	0.0000	0.0001	0.0005	18	0.0024
37	0.0000	0.0025	0.0000	0.0001	0.0005	19	0.0018
38	0.0000	0.0026	0.0000	0.0001	0.0005	20 & Above	0.0000
39	0.0000	0.0027	0.0000	0.0001	0.0005		
40	0.0100	0.0028	0.0000	0.0001	0.0005		
41	0.0100	0.0029	0.0000	0.0001	0.0005		
42	0.0100	0.0030	0.0000	0.0001	0.0005		
43	0.0100	0.0031	0.0000	0.0001	0.0006		
44	0.0100	0.0032	0.0000	0.0001	0.0006		
45	0.0100	0.0033	0.0000	0.0001	0.0006		
46	0.0100	0.0034	0.0000	0.0001	0.0006		
47	0.0100	0.0035	0.0000	0.0001	0.0007		
48	0.0100	0.0040	0.0000	0.0001	0.0007		
49	0.0100	0.0050	0.0000	0.0001	0.0008		
50	0.0100	0.0100	0.0000	0.0001	0.0009		
51	0.0200	0.0120	0.0000	0.0001	0.0010		
52	0.0250	0.0140	0.0000	0.0001	0.0011		
53	0.0300	0.0300	0.0000	0.0001	0.0012		
54	0.1200	0.0500	0.0000	0.0001	0.0014		
55	0.2400	0.1200	0.0000	0.0001	0.0015		
56	0.1500	0.0900	0.0000	0.0001	0.0017		
57	0.1600	0.1000	0.0000	0.0001	0.0019		
58	0.1800	0.1000	0.0000	0.0001	0.0021		
59	0.2500	0.1000	0.0000	0.0001	0.0023		
60	0.3000	0.1000	0.0000	0.0001	0.0025		
61	0.3000	0.1000	0.0000	0.0001	0.0028		
62	0.3000	0.1000	0.0000	0.0001	0.0031		
63	0.3000	0.1000	0.0000	0.0001	0.0034		
64	0.3000	0.1000	0.0000	0.0001	0.0038		
65	1.0000	0.0000	0.0000	0.0000	0.0042		

**Table A-13: Rate of Separation from Active Service for Safety Members
 Plans A, B, & C – Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0030	0.0000	0.0001	0.0002	0	0.0300
19	0.0000	0.0030	0.0000	0.0001	0.0002	1	0.0250
20	0.0000	0.0030	0.0000	0.0001	0.0002	2	0.0200
21	0.0000	0.0030	0.0000	0.0001	0.0002	3	0.0150
22	0.0000	0.0030	0.0000	0.0001	0.0002	4	0.0120
23	0.0000	0.0030	0.0000	0.0001	0.0002	5	0.0113
24	0.0000	0.0030	0.0000	0.0001	0.0002	6	0.0107
25	0.0000	0.0030	0.0000	0.0001	0.0002	7	0.0100
26	0.0000	0.0030	0.0000	0.0001	0.0002	8	0.0092
27	0.0000	0.0030	0.0000	0.0001	0.0002	9	0.0084
28	0.0000	0.0034	0.0000	0.0001	0.0002	10	0.0076
29	0.0000	0.0038	0.0000	0.0001	0.0002	11	0.0068
30	0.0000	0.0042	0.0000	0.0001	0.0002	12	0.0060
31	0.0000	0.0046	0.0000	0.0001	0.0002	13	0.0054
32	0.0000	0.0050	0.0000	0.0001	0.0002	14	0.0048
33	0.0000	0.0056	0.0000	0.0001	0.0003	15	0.0042
34	0.0000	0.0062	0.0000	0.0001	0.0003	16	0.0036
35	0.0000	0.0068	0.0000	0.0001	0.0003	17	0.0030
36	0.0000	0.0074	0.0000	0.0001	0.0003	18	0.0024
37	0.0000	0.0080	0.0000	0.0001	0.0003	19	0.0018
38	0.0000	0.0084	0.0000	0.0001	0.0003	20 & Above	0.0000
39	0.0000	0.0088	0.0000	0.0001	0.0004		
40	0.0100	0.0092	0.0000	0.0001	0.0004		
41	0.0100	0.0096	0.0000	0.0001	0.0004		
42	0.0100	0.0100	0.0000	0.0001	0.0005		
43	0.0100	0.0104	0.0000	0.0001	0.0005		
44	0.0100	0.0108	0.0000	0.0001	0.0006		
45	0.0100	0.0112	0.0000	0.0001	0.0007		
46	0.0100	0.0116	0.0000	0.0001	0.0007		
47	0.0100	0.0120	0.0000	0.0001	0.0008		
48	0.0100	0.0130	0.0000	0.0001	0.0009		
49	0.0100	0.0150	0.0000	0.0001	0.0010		
50	0.0100	0.0180	0.0000	0.0001	0.0011		
51	0.0200	0.0200	0.0000	0.0001	0.0012		
52	0.0250	0.0240	0.0000	0.0001	0.0013		
53	0.0300	0.0280	0.0000	0.0001	0.0014		
54	0.1200	0.0320	0.0000	0.0001	0.0015		
55	0.2400	0.1100	0.0000	0.0001	0.0017		
56	0.1500	0.0700	0.0000	0.0001	0.0018		
57	0.1600	0.0700	0.0000	0.0001	0.0019		
58	0.1800	0.0800	0.0000	0.0001	0.0021		
59	0.2500	0.0800	0.0000	0.0001	0.0023		
60	0.3000	0.0800	0.0000	0.0000	0.0024		
61	0.3000	0.0800	0.0000	0.0000	0.0026		
62	0.3000	0.0800	0.0000	0.0000	0.0029		
63	0.3000	0.0800	0.0000	0.0000	0.0031		
64	0.3000	0.0800	0.0000	0.0000	0.0034		
65	1.0000	0.0000	0.0000	0.0000	0.0037		

Table A-14: Probability of Initial Medical Enrollment

Males and Females:

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	6%
10-14	42%
15-19	61%
20-24	76%
25+	96%
Disabled	95%

This applies to the medical and Medicare Part B premium reimbursement benefits.

Table A-15A: Probability of Medical Plan and Coverage Tier Selection upon Initial Enrollment for Tier 1

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	0.5%	0.5%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	0.5%	0.5%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.0%	0.5%		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.5%	0.5%	0.5%	
212	Anthem Blue Cross I	Retiree and Spouse				
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.5%	0.5%		
214	Anthem Blue Cross I	Retiree and Children				
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	4.5%	7.5%	1.0%	1.5%
222	Anthem Blue Cross II	Retiree and Spouse	12.5%	6.5%	2.5%	1.0%
223	Anthem Blue Cross II	Retiree, Spouse and Children	12.5%	2.5%	1.0%	
224	Anthem Blue Cross II	Retiree and Children	1.5%	1.5%	0.5%	
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.5%	7.0%	11.5%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			5.5%	1.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			7.0%	4.5%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.5%	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare			1.0%	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			0.5%	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			0.5%	
301	Cigna Network Model Plan	Retiree Only				
302	Cigna Network Model Plan	Retiree and Spouse	0.5%			
303	Cigna Network Model Plan	Retiree and Family				
304	Cigna Network Model Plan	Retiree and Children				
305	Cigna Network Model Plan	Minor Survivor				
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only				
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse				
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children				
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)				
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)				
401	Kaiser (CA)	Retiree Basic (Under 65)	12.0%	28.5%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		0.5%	18.0%	38.5%
404	Kaiser (CA)	Retiree Excess I			0.5%	1.0%
405	Kaiser (CA)	Retiree Excess II - Part B			1.0%	2.5%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				
411	Kaiser (CA)	Family Basic	35.0%	30.5%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			21.0%	5.0%
414	Kaiser (CA)	One Excess I, Others Basic			0.5%	
415	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)				
418	Kaiser (CA)	Two+ Advantage			16.0%	16.5%
419	Kaiser (CA)	One Excess I, One Advantage				
420	Kaiser (CA)	Two+ Excess I				
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess II - Part B, One Basic			1.0%	0.5%
423	Kaiser (CA)	One Excess III (MNP), One Basic				
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)				
426	Kaiser (CA)	One Risk, One Excess II - Part B				0.5%
427	Kaiser (CA)	One Risk, One Excess III (MNP)				
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				



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Table A-15A: Probability of Medical Plan and Coverage Tier Selection upon Initial Enrollment for Tier 1 (continued)

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
452	Kaiser (Other)	Retiree Only				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
456	Kaiser (Other)	Retiree and Spouse				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
460	Kaiser (Other)	Retiree and Spouse				
440	Kaiser - Georgia	One Medicare Member with Part B only				
441	Kaiser - Georgia	One Medicare Member with Part A only				
442	Kaiser - Georgia	One Member without Medicare Part A&B				
443	Kaiser - Georgia	One Medicare Member (Renal Failure)				
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only				
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				
461	Kaiser - Georgia Basic	Basic				
462	Kaiser - Georgia	Retiree Risk				
463	Kaiser - Georgia	Retiree (Two Party)				
464	Kaiser - Georgia	Retiree Basic Family				
465	Kaiser - Georgia	One Retiree Risk, One Basic				
466	Kaiser - Georgia	Two Retiree Risk				
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic				
468	Kaiser - Georgia	Two Retiree Risk, One Basic				
469	Kaiser - Georgia	Three Retiree Risk, One Basic				
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk				
471	Kaiser - Hawaii	Retiree Basic (Under 65)				
472	Kaiser - Hawaii	Retiree Risk				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)				
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)				
476	Kaiser - Hawaii	One Retiree Risk, One Basic				
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic				
478	Kaiser - Hawaii	Two Retiree Risk				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B				
481	Kaiser - Oregon	Retiree Basic (Under 65)				
482	Kaiser - Oregon	Retiree Risk				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B				
484	Kaiser - Oregon	Retiree Basic (Two Party)				
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)				
486	Kaiser - Oregon	One Retiree Risk, One Basic				
487	Kaiser - Oregon	Retiree Cost				
488	Kaiser - Oregon	Two Retiree Risk				
489	Kaiser - Oregon	Retiree w/ Part A only				
490	Kaiser - Oregon	Retiree w/ Part B only				
491	Kaiser - Oregon	One Risk, One Medicare Part A only				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare				
493	Kaiser - Oregon	One Risk, Two Basic				
494	Kaiser - Oregon	Two Risk, One Basic				
495	Kaiser - Oregon	Two Over 65 unassigned Medicare				
496	Kaiser - Oregon	Two Medicare Part A only				
497	Kaiser - Oregon	One Basic, One Medicare Part A only				
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B				
611	SCAN Health Plan	Retiree Only			0.5%	1.0%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.5%
701	United Healthcare Medicare Advantage	Retiree Only			4.0%	9.5%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.0%	4.5%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.0%	4.0%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)		0.5%	1.5%	
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.5%	
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.5%	9.0%		
708	United Healthcare	Two-Party	7.0%	5.5%		
709	United Healthcare	Family	7.5%	2.5%		
Total			100.0%	100.0%	100.0%	100.0%
Probability of enrolling at least one dependent			79.0%	53.0%	67.5%	34.5%



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Table A-15A: Probability of Medical Plan and Coverage Tier Selection upon Initial Enrollment for Tier 1 (continued)

Firefighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
801	Firefighters Local 1014	Med-Member under 65	7.0%	7.0%		
802	Firefighters Local 1014	Med-Member +1 under 65	39.0%	39.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	54.0%	54.0%		
804	Firefighters Local 1014	Med-Member with Medicare			7.0%	7.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			39.0%	39.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			54.0%	54.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%
		Probability of enrolling at least one dependent	93.0%	93.0%	93.0%	93.0%

Table A-15B: Probability of Medical Plan and Coverage Tier Selection upon Initial Enrollment for Tier 2

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	0.5%	0.5%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	0.5%	0.5%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.0%	0.5%		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.5%	0.5%		
212	Anthem Blue Cross I	Retiree and Spouse		0.5%		
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.5%			
214	Anthem Blue Cross I	Retiree and Children				
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	4.5%	7.5%		
222	Anthem Blue Cross II	Retiree and Spouse	12.5%	6.5%		
223	Anthem Blue Cross II	Retiree, Spouse and Children	12.5%	2.5%		
224	Anthem Blue Cross II	Retiree and Children	1.5%	1.5%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.5%	8.5%	13.0%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			8.0%	2.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			7.0%	4.5%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			1.0%	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare			2.0%	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			0.5%	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			0.5%	
301	Cigna Network Model Plan	Retiree Only				
302	Cigna Network Model Plan	Retiree and Spouse	0.5%			
303	Cigna Network Model Plan	Retiree and Family				
304	Cigna Network Model Plan	Retiree and Children				
305	Cigna Network Model Plan	Minor Survivor				
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only				
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse				
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children				
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)				
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)				
401	Kaiser (CA)	Retiree Basic (Under 65)	12.0%	28.5%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		0.5%	19.5%	42.0%
404	Kaiser (CA)	Retiree Excess I				
405	Kaiser (CA)	Retiree Excess II - Part B				
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				
411	Kaiser (CA)	Family Basic	35.0%	30.5%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			22.5%	5.5%
414	Kaiser (CA)	One Excess I, Others Basic				
415	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)				
418	Kaiser (CA)	Two+ Advantage			16.0%	17.0%
419	Kaiser (CA)	One Excess I, One Advantage				
420	Kaiser (CA)	Two+ Excess I				
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess II - Part B, One Basic				
423	Kaiser (CA)	One Excess III (MNP), One Basic				
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)				
426	Kaiser (CA)	One Risk, One Excess II - Part B				
427	Kaiser (CA)	One Risk, One Excess III (MNP)				
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				



Table A-15B: Probability of Medical Plan and Coverage Tier Selection upon Initial Enrollment for Tier 2 (continued)

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
452	Kaiser (Other)	Retiree Only				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
456	Kaiser (Other)	Retiree and Spouse				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
460	Kaiser (Other)	Retiree and Spouse				
440	Kaiser - Georgia	One Medicare Member with Part B only				
441	Kaiser - Georgia	One Medicare Member with Part A only				
442	Kaiser - Georgia	One Member without Medicare Part A&B				
443	Kaiser - Georgia	One Medicare Member (Renal Failure)				
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only				
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				
461	Kaiser - Georgia Basic	Basic				
462	Kaiser - Georgia	Retiree Risk				
463	Kaiser - Georgia	Retiree (Two Party)				
464	Kaiser - Georgia	Retiree Basic Family				
465	Kaiser - Georgia	One Retiree Risk, One Basic				
466	Kaiser - Georgia	Two Retiree Risk				
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic				
468	Kaiser - Georgia	Two Retiree Risk, One Basic				
469	Kaiser - Georgia	Three Retiree Risk, One Basic				
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk				
471	Kaiser - Hawaii	Retiree Basic (Under 65)				
472	Kaiser - Hawaii	Retiree Risk				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)				
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)				
476	Kaiser - Hawaii	One Retiree Risk, One Basic				
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic				
478	Kaiser - Hawaii	Two Retiree Risk				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B				
481	Kaiser - Oregon	Retiree Basic (Under 65)				
482	Kaiser - Oregon	Retiree Risk				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B				
484	Kaiser - Oregon	Retiree Basic (Two Party)				
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)				
486	Kaiser - Oregon	One Retiree Risk, One Basic				
487	Kaiser - Oregon	Retiree Cost				
488	Kaiser - Oregon	Two Retiree Risk				
489	Kaiser - Oregon	Retiree w/ Part A only				
490	Kaiser - Oregon	Retiree w/ Part B only				
491	Kaiser - Oregon	One Risk, One Medicare Part A only				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare				
493	Kaiser - Oregon	One Risk, Two Basic				
494	Kaiser - Oregon	Two Risk, One Basic				
495	Kaiser - Oregon	Two Over 65 unassigned Medicare				
496	Kaiser - Oregon	Two Medicare Part A only				
497	Kaiser - Oregon	One Basic, One Medicare Part A only				
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B				
611	SCAN Health Plan	Retiree Only			0.5%	1.0%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.5%
701	United Healthcare Medicare Advantage	Retiree Only			4.0%	9.5%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.0%	4.5%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.0%	4.0%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)		0.5%	1.5%	
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.5%	
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.5%	9.0%		
708	United Healthcare	Two-Party	7.0%	5.5%		
709	United Healthcare	Family	7.5%	2.5%		
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 79.0% 53.0% 67.5% 34.5%



This work product was prepared solely for LACERA for the purposes described herein and may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends that third parties be aided by their own actuary or other qualified professional when reviewing the Milliman work product. **A-29**

Table A-15B: Probability of Medical Plan and Coverage Tier Selection upon Initial Enrollment for Tier 2 (continued)

Firefighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
801	Firefighters Local 1014	Med-Member under 65	7.0%	7.0%		
802	Firefighters Local 1014	Med-Member +1 under 65	39.0%	39.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	54.0%	54.0%		
804	Firefighters Local 1014	Med-Member with Medicare			7.0%	7.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			39.0%	39.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			54.0%	54.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%
Probability of enrolling at least one dependent			93.0%	93.0%	93.0%	93.0%



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Table A-16: Probability of Medical Plan and Coverage Tier Selection for Pre 65 Retirees Who Become Eligible for a Post 65 Plan

We assume that Pre 65 retirees and dependents will choose Post 65 plans at age 65 according to the following table:

From Pre Age 65 Eligible Plan	To Post Age 65 Eligible Plan	Tier 1	Tier 2
Anthem Blue Cross I	Anthem Blue Cross I	42.0%	0.0%
	Anthem Blue Cross III	58.0%	100.0%
Anthem Blue Cross II	Anthem Blue Cross II	45.0%	0.0%
	Anthem Blue Cross III	55.0%	100.0%
Anthem Blue Cross Prudent Buyer	Anthem Blue Cross Prudent Buyer	48.0%	0.0%
	Anthem Blue Cross II	2.0%	0.0%
	Anthem Blue Cross III	50.0%	100.0%
Cigna Network Model	Cigna Network Model Plan	44.0%	0.0%
	Cigna Medicare Select Plus Rx (AZ)	8.0%	0.0%
	Anthem Blue Cross I	0.0%	0.0%
	Anthem Blue Cross II	0.0%	0.0%
	Anthem Blue Cross III	23.0%	23.0%
	United Healthcare Medicare Advantage Senior Advantage	15.0%	77.0%
	SCAN Health Plan	2.0%	0.0%
United Healthcare	United Healthcare Medicare Advantage	81.0%	82.0%
	Cigna Network Model Plan	1.0%	0.0%
	Anthem Blue Cross II	2.0%	0.0%
	Anthem Blue Cross III	8.0%	10.0%
	SCAN Health Plan	2.0%	2.0%
	Senior Advantage	2.0%	6.0%
	Excess II	3.0%	0.0%
	One Excess II, One Basic	1.0%	0.0%
Kaiser Retiree Basic	Senior Advantage	79.0%	98.0%
	Retiree Excess I	3.0%	0.0%
	Retiree Excess II	12.0%	0.0%
	Excess III (MNP)	4.0%	0.0%
	Anthem Blue Cross III	2.0%	2.0%
Kaiser Family Basic	2+ Advantage	82.0%	99.0%
	One Excess I, One Advantage	4.5%	0.0%
	One Advantage, One Excess II	8.5%	0.0%
	One Advantage, One Excess III (MNP)	3.0%	0.0%
	Two+ Excess II - Part B	0.5%	0.0%
	Anthem Blue Cross III	1.0%	1.0%
Firefighters Local 1014	Firefighters Local 1014	100.0%	100.0%

We assume that 100% of the retirees are eligible for Medicare with Part B Premium Reimbursement for the plans listed below. We assume these Post Medicare Only Plans are for enrollees who are entitled for Medicare Parts A and B:

- Anthem Blue Cross III
- Cigna Medicare Select Plus Rx (AZ)
- Firefighters Local 1014 Post Medicare Plan
- Kaiser Senior Advantage
- SCAN
- UnitedHealthcare - Medicare Advantage

We assume all other plans' retirees do not receive Part B Premium Reimbursement.

The Part B reimbursement for Tier 1 is for retiree and any spouse or child(ren), while the Part B reimbursement for Tier 2 is only for retirees and surviving spouses. Tier 2 retirees are required to enroll in Medicare when eligible.

Effective January 1, 2007, Medicare Part B premiums vary depending on income status. The County places a cap on the per member monthly Part B reimbursement amount at the standard amount (e.g. \$135.50 for calendar year 2019). We assume that there will be no shift in enrollment.

For purposes of this valuation, we assume the average Medicare Part B premium reimbursement from July 1, 2018 through July 1, 2019 is \$126.46 per member per month. This is based on our average of 2018 calendar year Medicare Part B premium rates provided in the census from LACERA of \$117.41 per member per month and 2019 calendar year Medicare Part B standard premium rate of \$135.50.

Table A-17: Survivor and New Dependent Enrollment

The valuation methods and assumptions are adjusted with the following considerations from LACERA discussions:

Scenario I

If a dependent or spouse dies, the retiree may enroll a new spouse/domestic partner and/or a new dependent.

- We assume 2% will enroll a new spouse / domestic partner.
- We assume 3% of the retirees will enroll a new dependent.

Scenario II

If a retiree who has a retirement plan option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse has retiree medical, Part B, or dental/vision coverage, the existing spouse or dependent may continue to be enrolled and may also enroll a new spouse/domestic partner and/or a new dependent.

- We assume 90% of the retirees with spouses have a spouse continuance option.
- We assume 4.5% of the surviving spouse/domestic partners with a continuance option will enroll a new spouse.
- Therefore, we assume 4% (or 90% of the 4.5%) of the surviving spouses' new spouses will enroll and receive the County subsidy.
- We assume 3% of the surviving spouse/domestic partners will enroll a new dependent.

Scenario III

If a retiree who has a retirement plan option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse does NOT have retiree medical coverage, we assume no additional spouse/domestic partner or dependent will be enrolled.

Table A-18: Probability of Initial Dental/Vision Enrollment

Males and Females

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	9%
10-14	47%
15-19	65%
20-24	78%
25+	96%
Disabled	93%

Table A-19: Probability of Dental/Vision Plan and Coverage Tier Selection Upon Dental/Vision Retirement Enrollment

Tier	<u>Cigna Indemnity Dental/Vision</u>			<u>Cigna HMO Dental/Vision</u>		
	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Minor Survivor</u>	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Minor Survivor</u>
Deduction Code	501	502	503	901	902	903
Percentage						
Male	19%	68%	0%	4%	9%	0%
Female	46%	40%	0%	8%	6%	0%

Table A-20: Premium Information

The following premium information is for retirees living in California who have less than 10 years of service and have to pay the full amount. Members who have more than 10 years of service receive a subsidy from the County. Details can be found in this table below. The premium rates in Table A-20 include the carriers' administration fees and LACERA's per contract monthly administration fee. The per contract monthly administration fee was \$8.00 effective July 1, 2018 and July 1, 2019, and is included in the premium rates.

**Pre and Post Age 65 Monthly Rates Effective July 1, 2018
 UnitedHealthcare is Pre Age 65 Only**

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 1,147.49	\$ 1,147.49	\$ 908.42	\$ 1,504.58	
Retiree & Spouse	\$ 2,067.52	\$ 2,067.52	\$ 1,786.33	\$ 2,715.52	
Retiree & Family	\$ 2,438.53	\$ 2,438.53	\$ 2,015.84	\$ 3,206.43	
Retiree & Children	\$ 1,517.73	\$ 1,517.73	\$ 1,167.26	\$ 1,996.12	
Minor Survivor	\$ 381.27	\$ 381.27	\$ 248.58	\$ 476.31	\$ 332.14
UnitedHealthcare Single					\$ 1,159.37
UnitedHealthcare Two-Party					\$ 2,116.35
UnitedHealthcare Family					\$ 2,509.10

**Pre and Post Age 65 Monthly Rates Effective July 1, 2019
 UnitedHealthcare is Pre Age 65 Only**

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 1,170.28	\$ 1,170.28	\$ 1,016.48	\$ 1,624.26	
Retiree & Spouse	\$ 2,108.71	\$ 2,108.71	\$ 1,999.73	\$ 2,932.02	
Retiree & Family	\$ 2,487.14	\$ 2,487.14	\$ 2,256.78	\$ 3,462.10	
Retiree & Children	\$ 1,547.92	\$ 1,547.92	\$ 1,306.38	\$ 2,155.02	
Minor Survivor	\$ 388.74	\$ 396.24	\$ 277.44	\$ 513.74	\$ 341.77
UnitedHealthcare Single					\$ 1,193.57
UnitedHealthcare Two-Party					\$ 2,178.97
UnitedHealthcare Family					\$ 2,583.38

Post Age 65 Monthly Rates Effective July 1, 2018

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 468.23		
Retiree & Spouse- 1 Medicare	\$ 1,493.50		
Retiree & Spouse- 2 Medicare	\$ 930.36		
Retiree & Children- 1 Medicare	\$ 837.15		
Retiree & Family- 1 Medicare	\$ 1,862.31		
Retiree & Family- 2 Medicare	\$ 1,299.09		
Retiree & Family- 3 Medicare	\$ 1,455.70		
Retiree Only		\$ 309.00	\$ 356.76
Retiree & 1 Dependent (1 Medicare)			\$ 1,508.13
Retiree & 1 Dependent (2 Medicare)		\$ 610.00	\$ 705.52
Retiree & 2 + Deps. (1 Medicare)			\$ 1,706.49
Retiree & 2 + Deps. (2 Medicare)			\$ 903.88

Post Age 65 Monthly Rates Effective July 1, 2019

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 477.43		
Retiree & Spouse- 1 Medicare	\$ 1,523.21		
Retiree & Spouse- 2 Medicare	\$ 948.80		
Retiree & Children- 1 Medicare	\$ 853.73		
Retiree & Family- 1 Medicare	\$ 1,899.39		
Retiree & Family- 2 Medicare	\$ 1,324.91		
Retiree & Family- 3 Medicare	\$ 1,484.65		
Retiree Only		\$ 267.00	\$ 356.76
Retiree & 1 Dependent (1 Medicare)			\$ 1,542.33
Retiree & 1 Dependent (2 Medicare)		\$ 526.00	\$ 705.52
Retiree & 2 + Deps. (1 Medicare)			\$ 1,746.57
Retiree & 2 + Deps. (2 Medicare)			\$ 909.76

Kaiser California Monthly Rates

Effective Date	July 1, 2018	July 1, 2019
Retiree Basic (Under 65)	\$ 1,002.90	\$ 1,032.28
Retiree Risk (Senior Advantage)	\$ 274.22	\$ 280.80
Retiree Excess I	\$ 1,125.53	\$ 1,178.79
Retiree Excess II - Part B	\$ 1,051.35	\$ 1,086.88
Excess III - Medicare Not Provided (MNP)	\$ 1,866.70	\$ 1,922.46
Family Basic	\$ 1,997.80	\$ 2,056.56
One Advantage, One Basic	\$ 1,269.12	\$ 1,305.08
One Excess I, One Basic	\$ 2,120.43	\$ 2,203.07
One Excess II - Part B, One Basic	\$ 2,046.25	\$ 2,111.16
One Excess III (MNP), One Basic	\$ 2,861.60	\$ 2,946.74
Two+ Advantage	\$ 540.44	\$ 553.60
One Excess I, One Advantage	\$ 1,391.75	\$ 1,451.59
One Advantage, One Excess II - Part B	\$ 1,317.57	\$ 1,359.68
One Advantage, One Excess III (MNP)	\$ 2,132.92	\$ 2,195.26
Two+ Excess I	\$ 2,243.06	\$ 2,349.58
One Excess I, One Excess II - Part B	\$ 2,168.88	\$ 2,257.67
One Excess I, One Excess III (MNP)	\$ 2,984.23	\$ 3,093.25
Two Excess II - Part B	\$ 2,094.70	\$ 2,165.76
One Excess II - Part B, One Excess III (MNP)	\$ 2,910.05	\$ 3,001.34
Two Excess III - Both (MNP)	\$ 3,725.40	\$ 3,836.92
Survivor	\$ 1,002.90	\$ 1,032.28

Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2018
Medical Member Under 65	\$ 1,122.79
Medical Member + 1 Under 65	\$ 2,024.47
Medical Member + 2 Under 65	\$ 2,388.05
Medical Member with Medicare	\$ 1,122.79
Medical Member + 1; 1 MDC	\$ 2,024.47
Medical Member + 1; 2 MDC	\$ 2,024.47
Medical Member + 2; 1 MDC	\$ 2,388.05
Medical Member + 2; 2 MDC	\$ 2,388.05
Medical Surviving Spouse Under 65	\$ 1,122.79
Medical Surviving Spouse + 1 Under 65	\$ 2,024.47
Medical Surviving Spouse + 2 Under 65	\$ 2,388.05
Medical Surviving Spouse with MDC	\$ 1,122.79
Medical Surviving Spouse + 1; 1 MDC	\$ 2,024.47
Medical Surviving Spouse + 2; 1 MDC	\$ 2,388.05
Medical Surviving Spouse + 1; 2 MDC	\$ 2,024.47

July 1, 2019 Firefighter Local 1014 rates were not available in time to include in the valuation. The July 1, 2019 Firefighter Local 1014 rates will be displayed with the July 1, 2019 OPEB Valuation.

Dental/Vision Monthly Rates

<u>Effective Date</u>	July 1, 2018		July 1, 2019	
	Cigna Dental <u>HMO/Vision</u>	Cigna Indemnity <u>Dental/Vision</u>	Cigna Dental <u>HMO/Vision</u>	Cigna Indemnity <u>Dental/Vision</u>
<u>Tier</u>				
Retiree Only	\$ 46.19	\$ 52.16	\$ 46.19	\$ 52.16
Retiree & Dependents	\$ 94.52	\$ 108.60	\$ 94.52	\$ 108.60
Minor Survivor	\$ 46.78	\$ 64.15	\$ 46.78	\$ 64.15



COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

Tier 1 is for employees who are hired before July 1, 2014 and are eligible for LACERA membership. If a retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the benchmark plan rate, whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit.

Tier 2 is for employees who are hired after June 30, 2014 and are eligible for LACERA membership. The Tier 2 subsidy is the same as Tier 1 except that the benchmark plan is different. The table below shows the benchmark plans for Tier 1 and Tier 2.

<u>Tier</u>	<u>Pre / Post Medicare</u>	<u>Benchmark Plan</u>	<u>Benchmark Amount</u>
1	Pre	Anthem Blue Cross I & II	Same tier that member selects
1	Post	Anthem Blue Cross I & II	Same tier that member selects
2	Pre	Anthem Blue Cross I & II	Retiree-only tier
2	Post	Anthem Blue Cross III	Retiree-only tier

If a Tier 2 retiree selects a family tier for a plan where the premium for the retiree only tier is less than the Tier 2 benchmark, there is a spouse subsidy equal to the Tier 2 benchmark less the premium for the retiree-only tier. The Tier 2 non Local 1014 spouse subsidy varies depending on the plan selected and the retiree's years of service, so we developed weighted average factors of the County's contribution for the spouse's portion. On average, we assume that if the retiree has 10 years of service, the County will contribute 7% of the spouse's portion. This assumption grades linearly to 18% of the spouse's portion for a retiree with 25+ years of service.

The pre 65 and post 65 retirees of Local 1014 are on the same plan and pay the same rates. The pre 65 premium for the retiree only tier is approximately equal to the Tier 2 benchmark so we valued no spouse subsidy. Since the post 65 premium for the retiree only tier is greater than the Tier 2 benchmark, we assume the County contribution is 15% with 10 years of service grading linearly to 40% with 25+ years of service. Post 65 spouses are assumed to receive no subsidy.

The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. We adjust the retiree's contributions by the difference between the premium of the chosen deduction code and the benchmark plan. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate. Reciprocal service is not included in contribution calculations.

Dental/Vision

The contribution percentages follow the same contribution proportions based on years of service (excluding reciprocal service) as the medical plans. The Tier 1 benchmark is the indemnity plan premium for the tier that the member selects. The Tier 2 benchmark is the indemnity plan premium for the retiree-only tier.

Service-Connected Disability

Any retiree with a service-connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental/vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in. If a retiree with service-connected disability retirement has 13 or more years of service, the County subsidy is the same as a retiree with service retirement. Reciprocal service is not included in contribution calculations.

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical, Dental/Vision, and Service-Connected Disability

Contributions are the same as for the County employees.

Table A-21: Claim Cost Analysis

All of the plans' premium rates have been determined based on retiree only information. Active premium rates are established independently. Therefore, no implicit subsidy exists between active and retiree rates. However, some plans pooled the Medicare enrolled and non-Medicare enrolled retirees to determine the rates. The following plans did not pool Medicare and non-Medicare retirees (or have an insignificant Medicare enrollment), so we can assume the premium rates are representative of the average claim costs used to develop the age and gender adjusted claim costs:

- Anthem Blue Cross I and II (Combined)
- Anthem Blue Cross III
- Anthem Blue Cross Prudent Buyer
- Cigna Network Model Plan
- Cigna Medicare Select Plus Rx (AZ)
- UnitedHealthcare
- UnitedHealthcare Medicare Advantage
- SCAN Health Plan
- Kaiser and Kaiser Interregional
 - Basic
 - Senior Advantage
 - Medicare Cost Supplement
 - Excess I
 - Excess II
 - Excess III
- Cigna Indemnity Dental/Vision
- Cigna HMO Dental/Vision

The Firefighters Local 1014 Plan pooled Medicare and non-Medicare retirees to determine premium rates. Therefore, we adjusted the premium rates to compensate for the coordination with Medicare in making our claim cost assumption.

For current active members projected to retire in the future, we used the enrollment assumptions in Table A-15A (Tier 1), Table A-15B (Tier 2), and Table A-16 (pre 65 to post 65 election) to develop weighted average claim costs as of July 1, 2018. The weighted average claim costs used for future retirees and dependents are shown in the following tables.

The medical claim costs for pre 65 retirees are different than for post 65 retirees due to different plan selection assumptions.

In the following tables, when shown, child costs are at age 65. The costs for children are assumed to be 25% of the age 65 child costs for males and 21% of the age 65 child costs for females.

Tier 1

A. Future Retirees Retiring Before Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 404.08	\$ 610.55	\$ 347.06	\$ 279.01
30	\$ 486.94	\$ 748.26	\$ 319.50	\$ 669.67
35	\$ 598.33	\$ 793.57	\$ 392.59	\$ 645.96
40	\$ 741.02	\$ 1,089.83	\$ 439.31	\$ 665.36
45	\$ 807.23	\$ 1,247.54	\$ 552.72	\$ 746.13
50	\$ 862.24	\$ 1,075.22	\$ 708.30	\$ 841.82
55	\$ 942.95	\$ 1,002.80	\$ 860.69	\$ 955.74
60	\$ 1,009.06	\$ 1,004.89	\$ 1,095.61	\$ 1,115.28
65 (Pre 65)	\$ 1,169.18	\$ 1,128.17	\$ 1,376.58	\$ 1,336.03
65 (Post 65)	\$ 442.63	\$ 383.88	\$ 360.50	\$ 410.71
70	\$ 542.60	\$ 463.08	\$ 441.91	\$ 495.46
75	\$ 619.06	\$ 516.02	\$ 504.18	\$ 552.11
80	\$ 661.27	\$ 540.19	\$ 538.56	\$ 577.97
85	\$ 695.16	\$ 563.00	\$ 566.17	\$ 602.38
90	\$ 721.99	\$ 582.56	\$ 588.02	\$ 623.30
95	\$ 721.99	\$ 582.56	\$ 588.02	\$ 623.30

B. Future Retirees Retiring After Age 65

Age	Retiree		Spouse/Dependents	
	Male	Female	Male	Female
25	N/A	N/A	\$ 346.70	\$ 277.78
30	N/A	N/A	\$ 319.17	\$ 666.72
35	N/A	N/A	\$ 392.18	\$ 643.11
40	N/A	N/A	\$ 438.86	\$ 662.42
45	N/A	N/A	\$ 552.15	\$ 742.83
50	N/A	N/A	\$ 707.57	\$ 838.10
55	N/A	N/A	\$ 859.80	\$ 951.51
60	N/A	N/A	\$ 1,094.47	\$ 1,110.35
65 (Pre 65)	N/A	N/A	\$ 1,375.15	\$ 1,330.12
65 (Post 65)	\$ 323.92	\$ 288.96	\$ 285.90	\$ 310.40
70	\$ 397.08	\$ 348.59	\$ 350.46	\$ 374.44
75	\$ 453.04	\$ 388.44	\$ 399.85	\$ 417.25
80	\$ 483.93	\$ 406.64	\$ 427.11	\$ 436.80
85	\$ 508.73	\$ 423.81	\$ 449.00	\$ 455.25
90	\$ 528.37	\$ 438.53	\$ 466.33	\$ 471.06
95	\$ 528.37	\$ 438.53	\$ 466.33	\$ 471.06

The Firefighters Local 1014 and dental/vision claim costs are shown in the tables on the following page.

Tier 1

Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 693.77	\$ 1,042.94	\$ 566.98	\$ 450.86
30	\$ 836.04	\$ 1,278.17	\$ 521.96	\$ 1,082.15
35	\$ 1,027.28	\$ 1,355.57	\$ 641.35	\$ 1,043.83
40	\$ 1,272.27	\$ 1,861.64	\$ 717.68	\$ 1,075.18
45	\$ 1,385.94	\$ 2,131.03	\$ 902.94	\$ 1,205.70
50	\$ 1,480.39	\$ 1,836.67	\$ 1,157.11	\$ 1,360.34
55	\$ 1,618.96	\$ 1,712.97	\$ 1,406.07	\$ 1,544.42
60	\$ 1,732.47	\$ 1,716.54	\$ 1,789.84	\$ 1,802.23
65 (Pre 65)	\$ 2,007.39	\$ 1,927.13	\$ 2,248.85	\$ 2,158.94
65 (Post 65)	\$ 429.74	\$ 412.56	\$ 429.74	\$ 412.56
70	\$ 526.80	\$ 497.69	\$ 526.80	\$ 497.69
75	\$ 601.04	\$ 554.59	\$ 601.04	\$ 554.59
80	\$ 642.02	\$ 580.57	\$ 642.02	\$ 580.57
85	\$ 674.93	\$ 605.09	\$ 674.93	\$ 605.09
90	\$ 700.98	\$ 626.11	\$ 700.98	\$ 626.11
95	\$ 700.98	\$ 626.11	\$ 700.98	\$ 626.11

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 24.33	\$ 31.04	\$ 27.40	\$ 27.98
30	\$ 27.46	\$ 32.87	\$ 29.68	\$ 35.60
35	\$ 29.13	\$ 34.42	\$ 31.49	\$ 37.27
40	\$ 30.32	\$ 35.62	\$ 32.76	\$ 38.58
45	\$ 32.37	\$ 37.38	\$ 34.98	\$ 40.48
50	\$ 35.60	\$ 40.48	\$ 38.47	\$ 43.84
55	\$ 40.62	\$ 44.51	\$ 43.90	\$ 48.21
60	\$ 46.36	\$ 48.58	\$ 50.11	\$ 52.62
65	\$ 52.23	\$ 51.69	\$ 56.45	\$ 55.98
70	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
75	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
80	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
85	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
90	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
95	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22

For current retired members, spouses, and dependents, the claim costs are based on the actual premiums by deduction code, adjusted for age and gender. The tables that follow show the age 65 adjusted claim costs. Adjustments by age and gender are based on the same methodology used in the tables above.



Tier 1

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 767.65				\$ 767.65			\$ 573.86		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 767.65	\$ 767.65	\$ 626.65		\$ 767.65	\$ 767.65		\$ 573.86	\$ 573.86	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 767.65	\$ 767.65	\$ 626.65		\$ 767.65	\$ 767.65		\$ 573.86	\$ 573.86	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 767.65	\$ 767.65	\$ 626.65		\$ 767.65			\$ 573.86		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 626.65			\$ 626.65			
211	Anthem Blue Cross I	Retiree Only	\$ 442.96				\$ 442.96			\$ 398.25		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 442.96	\$ 442.96	\$ 361.61		\$ 442.96	\$ 442.96		\$ 398.25	\$ 398.25	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 442.96	\$ 442.96	\$ 361.61		\$ 442.96	\$ 442.96		\$ 398.25	\$ 398.25	
214	Anthem Blue Cross I	Retiree and Children	\$ 442.96	\$ 442.96	\$ 361.61		\$ 442.96			\$ 398.25		
215	Anthem Blue Cross I	Minor Survivor				\$ 361.61			\$ 361.61			\$ 361.61
221	Anthem Blue Cross II	Retiree Only	\$ 1,123.01				\$ 1,123.01			\$ 706.58		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,123.01	\$ 1,123.01	\$ 916.75		\$ 1,123.01	\$ 1,123.01		\$ 706.58	\$ 706.58	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,123.01	\$ 1,123.01	\$ 916.75		\$ 1,123.01	\$ 1,123.01		\$ 706.58	\$ 706.58	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,123.01	\$ 1,123.01	\$ 916.75		\$ 1,123.01			\$ 706.58		
225	Anthem Blue Cross II	Minor Survivor				\$ 916.75			\$ 916.75			\$ 916.75
240	Anthem Blue Cross III	One Medicare					\$ 365.87			\$ 365.87		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87			\$ 365.87	\$ 365.87	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87			\$ 365.87	\$ 365.87	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
301	Cigna Network Model Plan	Retiree Only	\$ 1,168.95				\$ 1,168.95			\$ 691.27		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,168.95	\$ 1,168.95	\$ 954.25		\$ 1,168.95	\$ 1,168.95		\$ 691.27	\$ 691.15	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,168.95	\$ 1,168.95	\$ 954.25		\$ 1,168.95	\$ 1,168.95		\$ 691.27	\$ 691.15	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,168.95	\$ 1,168.95	\$ 954.25		\$ 1,168.95			\$ 691.27		
305	Cigna Network Model Plan	Minor Survivor				\$ 954.25			\$ 954.25			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 331.70			\$ 331.70		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,165.10							\$ 361.30		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 215.12					
404	Kaiser (CA)	Retiree Excess I					\$ 882.97					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 824.77					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,464.41					
411	Kaiser (CA)	Family Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11					\$ 279.73	\$ 273.94	



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Tier 1

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 215.12	\$ 209.16		\$ 215.12	\$ 273.94	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 882.97	\$ 877.99		\$ 882.97	\$ 273.94	
418	Kaiser (CA)	Two+ Advantage					\$ 215.12	\$ 209.16				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 549.05	\$ 543.58				
420	Kaiser (CA)	Two+ Excess I					\$ 882.97	\$ 877.99				
421	Kaiser (CA)	Survivor				\$ 951.11			\$ 951.11			\$ 951.11
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 824.77	\$ 819.71		\$ 824.77	\$ 273.94	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 1,464.41	\$ 1,460.30		\$ 1,464.41	\$ 273.94	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 519.95	\$ 514.44				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 839.77	\$ 834.73				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 853.87	\$ 848.85				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,173.69	\$ 1,169.15				
430	Kaiser (CA)	Two Excess II - Part B					\$ 824.77	\$ 819.71				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,144.59	\$ 1,140.01				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,464.41	\$ 1,460.30				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,133.12							\$ 284.98		
451	Kaiser - Colorado	Retiree Risk							\$ 284.98			
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,133.12	\$ 1,534.53						\$ 284.98	\$ 267.62	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,133.12	\$ 1,534.53	\$ 2,975.22					\$ 284.98	\$ 267.62	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,133.12	\$ 1,238.57					\$ 284.98	\$ 267.62	\$ 284.98	\$ 279.12
457	Kaiser - Colorado	Two Retiree Risk							\$ 284.98	\$ 279.12		
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,133.12	\$ 1,238.57	\$ 3,479.74				\$ 284.98	\$ 279.12	\$ 284.98	\$ 279.12
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 3,756.28				\$ 284.98	\$ 279.12	\$ 284.98	\$ 279.12
440	Kaiser - Georgia	One Medicare Member with Part B only							\$ 913.47			
441	Kaiser - Georgia	One Medicare Member with Part A only							\$ 913.47			
442	Kaiser - Georgia	One Member without Medicare Part A&B							\$ 913.47			
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only							\$ 913.47	\$ 326.42		
461	Kaiser - Georgia Basic	Basic	\$ 1,360.68							\$ 332.21		
462	Kaiser - Georgia	Retiree Risk							\$ 332.21			
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,360.68	\$ 1,512.40	\$ 4,586.76				\$ 332.21	\$ 326.42	\$ 332.21	\$ 326.42
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,360.68	\$ 1,512.40	\$ 4,586.80				\$ 332.21	\$ 326.42	\$ 332.21	\$ 326.42
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 494.85	\$ 1,512.40	\$ 4,586.76				\$ 332.21	\$ 326.42	\$ 332.21	\$ 326.42
466	Kaiser - Georgia	Two Retiree Risk							\$ 332.21	\$ 326.42		
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,172.30							\$ 342.07		
472	Kaiser - Hawaii	Retiree Risk							\$ 342.07			
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B							\$ 1,291.58			
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,172.30	\$ 1,301.57						\$ 342.07	\$ 336.29	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,172.30	\$ 1,301.57	\$ 3,947.34					\$ 342.07	\$ 336.29	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,172.30	\$ 1,301.57	\$ 3,947.34				\$ 342.07	\$ 336.29	\$ 342.07	\$ 336.29
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,172.30	\$ 1,301.57	\$ 3,947.34				\$ 1,291.58	\$ 1,287.21	\$ 1,291.58	\$ 1,287.21
478	Kaiser - Hawaii	Two Retiree Risk							\$ 342.07	\$ 336.29		



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Tier 1

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,383.64								\$ 339.40		
482	Kaiser - Oregon	Retiree Risk					\$ 339.40						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 996.30						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,383.64	\$ 1,538.09							\$ 339.40	\$ 333.62	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,383.64	\$ 3,076.19	\$ 4,664.70						\$ 339.40	\$ 333.62	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,383.64	\$ 1,538.10	\$ 4,664.70		\$ 339.40	\$ 333.62			\$ 339.40	\$ 333.62	
488	Kaiser - Oregon	Two Retiree Risk					\$ 339.40	\$ 333.62					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 839.69						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 839.69	\$ 333.62					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,484.07	\$ 555.36			\$ 996.30	\$ 333.62			\$ 339.40	\$ 333.62	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,383.64	\$ 1,538.10			\$ 339.40	\$ 333.62			\$ 339.40	\$ 333.62	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,383.64	\$ 1,538.10	\$ 4,664.70		\$ 339.40	\$ 333.62			\$ 339.40	\$ 333.62	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 996.30	\$ 991.50					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 839.69	\$ 834.65					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,383.64	\$ 1,538.10			\$ 839.69	\$ 834.65			\$ 839.69	\$ 834.65	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,383.64	\$ 1,538.10			\$ 996.30	\$ 991.50			\$ 996.30	\$ 991.50	
611	SCAN Health Plan	Retiree Only					\$ 231.09						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 231.09	\$ 231.09					
701	United Healthcare	Retiree Only	\$ 1,344.31				\$ 289.73				\$ 289.73		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40		\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40		\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40		\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
706	United Healthcare	Minor Survivor				\$ 1,097.40				\$ 1,097.40			
707	United Healthcare	Single	\$ 1,344.31								\$ 340.02		
708	United Healthcare	Two-Party	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40						\$ 340.02	\$ 339.70	
709	United Healthcare	Family	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40						\$ 340.02	\$ 339.70	



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Tier 1

Fire Fighters Local 1014 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,007.39				\$ 429.74			\$ 429.74		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,007.39	\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,007.39	\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 429.74		\$ 429.74	\$ 429.74		\$ 429.74
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 53.02		
502	Cigna Indemnity Dental/Vision	Family	\$ 53.02	\$ 56.92	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 54.77
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.93		
902	Cigna Dental HMO/Vision	Family	\$ 46.93	\$ 53.28	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.48



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Tier 1

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 736.96				\$ 736.96			\$ 550.92		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 736.96	\$ 736.96	\$ 756.54		\$ 736.96	\$ 736.96		\$ 550.92	\$ 550.92	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 736.96	\$ 736.96	\$ 756.54		\$ 736.96	\$ 736.96		\$ 550.92	\$ 550.92	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 736.96	\$ 736.96	\$ 756.54		\$ 736.96			\$ 550.92		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 756.54			\$ 756.54			
211	Anthem Blue Cross I	Retiree Only	\$ 425.26				\$ 425.26			\$ 382.33		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 425.26	\$ 425.25	\$ 436.55		\$ 425.26	\$ 425.26		\$ 382.33	\$ 382.33	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 425.26	\$ 425.25	\$ 436.55		\$ 425.26	\$ 425.26		\$ 382.33	\$ 382.33	
214	Anthem Blue Cross I	Retiree and Children	\$ 425.26	\$ 425.25	\$ 436.55		\$ 425.26			\$ 382.33		
215	Anthem Blue Cross I	Minor Survivor				\$ 436.55			\$ 436.55			\$ 436.55
221	Anthem Blue Cross II	Retiree Only	\$ 1,078.11				\$ 1,078.11			\$ 678.33		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,078.11	\$ 1,078.11	\$ 1,106.76		\$ 1,078.11	\$ 1,078.11		\$ 678.33	\$ 678.33	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,078.11	\$ 1,078.11	\$ 1,106.76		\$ 1,078.11	\$ 1,078.11		\$ 678.33	\$ 678.33	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,078.11	\$ 1,078.11	\$ 1,106.76		\$ 1,078.11			\$ 678.33		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,106.76			\$ 1,106.76			\$ 1,106.76
240	Anthem Blue Cross III	One Medicare					\$ 351.24			\$ 351.24		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24			\$ 351.24	\$ 351.24	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24			\$ 351.24	\$ 351.24	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
301	Cigna Network Model Plan	Retiree Only	\$ 1,122.22				\$ 1,122.22			\$ 663.64		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,122.22	\$ 1,122.22	\$ 1,152.04		\$ 1,122.22	\$ 1,122.22		\$ 663.64	\$ 663.52	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,122.22	\$ 1,122.22	\$ 1,152.04		\$ 1,122.22	\$ 1,122.22		\$ 663.64	\$ 663.52	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,122.22	\$ 1,122.22	\$ 1,152.04		\$ 1,122.22			\$ 663.64		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,152.04			\$ 1,152.04			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 318.44			\$ 318.44		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,118.52							\$ 346.86		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 206.52					
404	Kaiser (CA)	Retiree Excess I					\$ 847.67					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 791.80					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,405.86					
411	Kaiser (CA)	Family Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24					\$ 268.54	\$ 262.99	



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Tier 1

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 206.52	\$ 200.79		\$ 206.52	\$ 262.99	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 847.67	\$ 842.89		\$ 847.67	\$ 262.99	
418	Kaiser (CA)	Two+ Advantage					\$ 206.52	\$ 200.79				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 527.09	\$ 521.84				
420	Kaiser (CA)	Two+ Excess I					\$ 847.67	\$ 842.89				
421	Kaiser (CA)	Survivor				\$ 1,148.24			\$ 1,148.24			\$ 1,148.24
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 791.80	\$ 786.94		\$ 791.80	\$ 262.99	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 1,405.86	\$ 1,401.91		\$ 1,405.86	\$ 262.99	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 499.16	\$ 493.87				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 806.19	\$ 801.35				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 819.73	\$ 814.92				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,126.76	\$ 1,122.40				
430	Kaiser (CA)	Two Excess II - Part B					\$ 791.80	\$ 786.94				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,098.83	\$ 1,094.43				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,405.86	\$ 1,401.91				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,087.81							\$ 273.59		
451	Kaiser - Colorado	Retiree Risk					\$ 273.59					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,087.81	\$ 1,473.18						\$ 273.59	\$ 256.92	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,087.81	\$ 1,473.18	\$ 3,591.89					\$ 273.59	\$ 256.92	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,087.81	\$ 1,189.05			\$ 273.59	\$ 256.92		\$ 273.59	\$ 267.96	
457	Kaiser - Colorado	Two Retiree Risk					\$ 273.59	\$ 267.96				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,087.81	\$ 1,189.05	\$ 4,200.99		\$ 273.59	\$ 267.96		\$ 273.59	\$ 267.96	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,534.84		\$ 273.59	\$ 267.96		\$ 273.59	\$ 267.96	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 876.95					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 876.95					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 876.95					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 876.95	\$ 313.37				
461	Kaiser - Georgia Basic	Basic	\$ 1,306.28							\$ 318.93		
462	Kaiser - Georgia	Retiree Risk					\$ 318.93					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,306.28	\$ 1,451.94	\$ 5,537.45		\$ 318.93	\$ 313.37		\$ 318.93	\$ 313.37	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,306.28	\$ 1,451.94	\$ 5,537.50					\$ 318.93	\$ 313.37	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 475.07	\$ 1,451.94	\$ 5,537.45		\$ 318.93	\$ 313.37		\$ 318.93	\$ 313.37	
466	Kaiser - Georgia	Two Retiree Risk					\$ 318.93	\$ 313.37				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,125.43							\$ 328.39		
472	Kaiser - Hawaii	Retiree Risk					\$ 328.39					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,239.94					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,125.43	\$ 1,249.53						\$ 328.39	\$ 322.85	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,125.43	\$ 1,249.53	\$ 4,765.50					\$ 328.39	\$ 322.85	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,125.43	\$ 1,249.53	\$ 4,765.50		\$ 328.39	\$ 322.85		\$ 328.39	\$ 322.85	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,125.43	\$ 1,249.53	\$ 4,765.50		\$ 1,239.94	\$ 1,235.75		\$ 1,239.94	\$ 1,235.75	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 328.39	\$ 322.85				



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Tier 1

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,328.32								\$ 325.83		
482	Kaiser - Oregon	Retiree Risk					\$ 325.83						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 956.47						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,328.32	\$ 1,476.60							\$ 325.83	\$ 320.28	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,328.32	\$ 2,953.21	\$ 5,631.55						\$ 325.83	\$ 320.28	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,328.32	\$ 1,476.61	\$ 5,631.55		\$ 325.83	\$ 320.28			\$ 325.83	\$ 320.28	
488	Kaiser - Oregon	Two Retiree Risk					\$ 325.83	\$ 320.28					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 806.12						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 806.12	\$ 320.28					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,424.74	\$ 533.16			\$ 956.47	\$ 320.28			\$ 325.83	\$ 320.28	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,328.32	\$ 1,476.61			\$ 325.83	\$ 320.28			\$ 325.83	\$ 320.28	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,328.32	\$ 1,476.61	\$ 5,631.55		\$ 325.83	\$ 320.28			\$ 325.83	\$ 320.28	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 956.47	\$ 951.86					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 806.12	\$ 801.28					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,328.32	\$ 1,476.61			\$ 806.12	\$ 801.28			\$ 806.12	\$ 801.28	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,328.32	\$ 1,476.61			\$ 956.47	\$ 951.86			\$ 956.47	\$ 951.86	
611	SCAN Health Plan	Retiree Only					\$ 221.85						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 221.85	\$ 221.85					
701	United Healthcare	Retiree Only	\$ 1,290.56				\$ 278.15				\$ 278.15		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86		\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86		\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86		\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
706	United Healthcare	Minor Survivor				\$ 1,324.86			\$ 1,324.86				
707	United Healthcare	Single	\$ 1,290.56								\$ 326.43		
708	United Healthcare	Two-Party	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86						\$ 326.43	\$ 326.12	
709	United Healthcare	Family	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86						\$ 326.43	\$ 326.12	



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Tier 1

Fire Fighters Local 1014 Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,927.13				\$ 412.56			\$ 412.56		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,927.13	\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,927.13	\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 412.56		\$ 412.56	\$ 412.56		\$ 412.56
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 412.56	\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 412.56	\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 52.54		
502	Cigna Indemnity Dental/Vision	Family	\$ 52.54	\$ 56.40	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 53.18
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.50		
902	Cigna Dental HMO/Vision	Family	\$ 46.50	\$ 52.79	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 47.08



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Tier 2

A. Future Retirees Retiring Before Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 404.08	\$ 610.55	\$ 347.06	\$ 279.01
30	\$ 486.94	\$ 748.26	\$ 319.50	\$ 669.67
35	\$ 598.33	\$ 793.57	\$ 392.59	\$ 645.96
40	\$ 741.02	\$ 1,089.83	\$ 439.31	\$ 665.36
45	\$ 807.23	\$ 1,247.54	\$ 552.72	\$ 746.13
50	\$ 862.24	\$ 1,075.22	\$ 708.30	\$ 841.82
55	\$ 942.95	\$ 1,002.80	\$ 860.69	\$ 955.74
60	\$ 1,009.06	\$ 1,004.89	\$ 1,095.61	\$ 1,115.28
65 (Pre 65)	\$ 1,169.18	\$ 1,128.17	\$ 1,376.58	\$ 1,336.03
65 (Post 65)	\$ 281.84	\$ 251.53	\$ 249.49	\$ 264.55
70	\$ 345.49	\$ 303.43	\$ 305.84	\$ 319.13
75	\$ 394.18	\$ 338.12	\$ 348.94	\$ 355.62
80	\$ 421.06	\$ 353.96	\$ 372.73	\$ 372.28
85	\$ 442.64	\$ 368.91	\$ 391.84	\$ 388.00
90	\$ 459.73	\$ 381.72	\$ 406.97	\$ 401.48
95	\$ 459.73	\$ 381.72	\$ 406.97	\$ 401.48

B. Future Retirees Retiring After Age 65

Age	Retiree		Spouse/Dependents	
	Male	Female	Male	Female
25	N/A	N/A	\$ 345.45	\$ 276.94
30	N/A	N/A	\$ 318.02	\$ 664.71
35	N/A	N/A	\$ 390.76	\$ 641.17
40	N/A	N/A	\$ 437.26	\$ 660.43
45	N/A	N/A	\$ 550.13	\$ 740.60
50	N/A	N/A	\$ 704.98	\$ 835.58
55	N/A	N/A	\$ 856.66	\$ 948.65
60	N/A	N/A	\$ 1,090.48	\$ 1,107.01
65 (Pre 65)	N/A	N/A	\$ 1,370.13	\$ 1,326.13
65 (Post 65)	\$ 266.81	\$ 245.36	\$ 250.68	\$ 252.73
70	\$ 327.07	\$ 295.98	\$ 307.29	\$ 304.87
75	\$ 373.16	\$ 329.82	\$ 350.59	\$ 339.73
80	\$ 398.60	\$ 345.27	\$ 374.50	\$ 355.64
85	\$ 419.03	\$ 359.85	\$ 393.70	\$ 370.66
90	\$ 435.21	\$ 372.35	\$ 408.90	\$ 383.53
95	\$ 435.21	\$ 372.35	\$ 408.90	\$ 383.53

The Firefighters Local 1014 and dental/vision claim costs are shown in the tables on the following page.



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Tier 2

Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 693.77	\$ 1,042.94	\$ 566.98	\$ 450.86
30	\$ 836.04	\$ 1,278.17	\$ 521.96	\$ 1,082.15
35	\$ 1,027.28	\$ 1,355.57	\$ 641.35	\$ 1,043.83
40	\$ 1,272.27	\$ 1,861.64	\$ 717.68	\$ 1,075.18
45	\$ 1,385.94	\$ 2,131.03	\$ 902.94	\$ 1,205.70
50	\$ 1,480.39	\$ 1,836.67	\$ 1,157.11	\$ 1,360.34
55	\$ 1,618.96	\$ 1,712.97	\$ 1,406.07	\$ 1,544.42
60	\$ 1,732.47	\$ 1,716.54	\$ 1,789.84	\$ 1,802.23
65 (Pre 65)	\$ 2,007.39	\$ 1,927.13	\$ 2,248.85	\$ 2,158.94
65 (Post 65)	\$ 429.74	\$ 412.56	\$ 429.74	\$ 412.56
70	\$ 526.80	\$ 497.69	\$ 526.80	\$ 497.69
75	\$ 601.04	\$ 554.59	\$ 601.04	\$ 554.59
80	\$ 642.02	\$ 580.57	\$ 642.02	\$ 580.57
85	\$ 674.93	\$ 605.09	\$ 674.93	\$ 605.09
90	\$ 700.98	\$ 626.11	\$ 700.98	\$ 626.11
95	\$ 700.98	\$ 626.11	\$ 700.98	\$ 626.11

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 24.33	\$ 31.04	\$ 27.40	\$ 27.98
30	\$ 27.46	\$ 32.87	\$ 29.68	\$ 35.60
35	\$ 29.13	\$ 34.42	\$ 31.49	\$ 37.27
40	\$ 30.32	\$ 35.62	\$ 32.76	\$ 38.58
45	\$ 32.37	\$ 37.38	\$ 34.98	\$ 40.48
50	\$ 35.60	\$ 40.48	\$ 38.47	\$ 43.84
55	\$ 40.62	\$ 44.51	\$ 43.90	\$ 48.21
60	\$ 46.36	\$ 48.58	\$ 50.11	\$ 52.62
65	\$ 52.23	\$ 51.69	\$ 56.45	\$ 55.98
70	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
75	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
80	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
85	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
90	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22
95	\$ 57.42	\$ 53.76	\$ 62.06	\$ 58.22

For current retired members, spouses, and dependents, the claim costs are based on the actual premiums by deduction code, adjusted for age and gender. The tables that follow show the age 65 adjusted claim costs. Adjustments by age and gender are based on the same methodology used in the tables above.



Tier 2

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 767.65				\$ 767.65			\$ 365.87		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 767.65	\$ 767.65	\$ 626.65		\$ 767.65	\$ 767.65		\$ 365.87	\$ 365.87	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 767.65	\$ 767.65	\$ 626.65		\$ 767.65	\$ 767.65		\$ 365.87	\$ 365.87	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 767.65	\$ 767.65	\$ 626.65		\$ 767.65			\$ 365.87		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 626.65			\$ 626.65			
211	Anthem Blue Cross I	Retiree Only	\$ 442.96				\$ 442.96			\$ 365.87		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 442.96	\$ 442.96	\$ 361.61		\$ 442.96	\$ 442.96		\$ 365.87	\$ 365.87	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 442.96	\$ 442.96	\$ 361.61		\$ 442.96	\$ 442.96		\$ 365.87	\$ 365.87	
214	Anthem Blue Cross I	Retiree and Children	\$ 442.96	\$ 442.96	\$ 361.61		\$ 442.96			\$ 365.87		
215	Anthem Blue Cross I	Minor Survivor				\$ 361.61			\$ 361.61			\$ 361.61
221	Anthem Blue Cross II	Retiree Only	\$ 1,123.01				\$ 1,123.01			\$ 365.87		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,123.01	\$ 1,123.01	\$ 916.75		\$ 1,123.01	\$ 1,123.01		\$ 365.87	\$ 365.87	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,123.01	\$ 1,123.01	\$ 916.75		\$ 1,123.01	\$ 1,123.01		\$ 365.87	\$ 365.87	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,123.01	\$ 1,123.01	\$ 916.75		\$ 1,123.01			\$ 365.87		
225	Anthem Blue Cross II	Minor Survivor				\$ 916.75			\$ 916.75			\$ 916.75
240	Anthem Blue Cross III	One Medicare					\$ 365.87			\$ 365.87		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87			\$ 365.87	\$ 365.87	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87			\$ 365.87	\$ 365.87	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,180.05	\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,180.05	\$ 963.31		\$ 365.87	\$ 365.87		\$ 365.87	\$ 365.87	
301	Cigna Network Model Plan	Retiree Only	\$ 1,168.95				\$ 1,168.95			\$ 307.24		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,168.95	\$ 1,168.95	\$ 954.25		\$ 1,168.95	\$ 1,168.95		\$ 307.24	\$ 307.24	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,168.95	\$ 1,168.95	\$ 954.25		\$ 1,168.95	\$ 1,168.95		\$ 307.24	\$ 307.24	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,168.95	\$ 1,168.95	\$ 954.25		\$ 1,168.95			\$ 307.24		
305	Cigna Network Model Plan	Minor Survivor				\$ 954.25			\$ 954.25			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 331.70					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 331.70	\$ 331.70				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 331.70	\$ 331.70		\$ 331.70	\$ 331.70	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 331.70	\$ 331.70				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,165.10							\$ 218.14		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 215.12					
404	Kaiser (CA)	Retiree Excess I					\$ 882.97					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 824.77					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,464.41					
411	Kaiser (CA)	Family Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11					\$ 216.63	\$ 210.72	



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Tier 2

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 215.12	\$ 209.16		\$ 215.12	\$ 210.72	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 882.97	\$ 877.99		\$ 882.97	\$ 210.72	
418	Kaiser (CA)	Two+ Advantage					\$ 215.12	\$ 209.16				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 549.05	\$ 543.58				
420	Kaiser (CA)	Two+ Excess I					\$ 882.97	\$ 877.99				
421	Kaiser (CA)	Survivor				\$ 951.11			\$ 951.11			\$ 951.11
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 824.77	\$ 819.71		\$ 824.77	\$ 210.72	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,165.10	\$ 1,165.10	\$ 951.11		\$ 1,464.41	\$ 1,460.30		\$ 1,464.41	\$ 210.72	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 519.95	\$ 514.44				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 839.77	\$ 834.73				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 853.87	\$ 848.85				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,173.69	\$ 1,169.15				
430	Kaiser (CA)	Two Excess II - Part B					\$ 824.77	\$ 819.71				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,144.59	\$ 1,140.01				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,464.41	\$ 1,460.30				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,133.12							\$ 284.98		
451	Kaiser - Colorado	Retiree Risk					\$ 284.98					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,133.12	\$ 1,534.53						\$ 284.98	\$ 267.62	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,133.12	\$ 1,534.53	\$ 2,975.22					\$ 284.98	\$ 267.62	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,133.12	\$ 1,238.57			\$ 284.98	\$ 267.62		\$ 284.98	\$ 279.12	
457	Kaiser - Colorado	Two Retiree Risk					\$ 284.98	\$ 279.12				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,133.12	\$ 1,238.57	\$ 3,479.74		\$ 284.98	\$ 279.12		\$ 284.98	\$ 279.12	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 3,756.28		\$ 284.98	\$ 279.12		\$ 284.98	\$ 279.12	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 913.47					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 913.47					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 913.47					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 913.47	\$ 326.42				
461	Kaiser - Georgia Basic	Basic	\$ 1,360.68							\$ 332.21		
462	Kaiser - Georgia	Retiree Risk					\$ 332.21					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,360.68	\$ 1,512.40	\$ 4,586.76		\$ 332.21	\$ 326.42		\$ 332.21	\$ 326.42	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,360.68	\$ 1,512.40	\$ 4,586.80					\$ 332.21	\$ 326.42	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 494.85	\$ 1,512.40	\$ 4,586.76		\$ 332.21	\$ 326.42		\$ 332.21	\$ 326.42	
466	Kaiser - Georgia	Two Retiree Risk					\$ 332.21	\$ 326.42				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,172.30							\$ 342.07		
472	Kaiser - Hawaii	Retiree Risk					\$ 342.07					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,291.58					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,172.30	\$ 1,301.57						\$ 342.07	\$ 336.29	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,172.30	\$ 1,301.57	\$ 3,947.34					\$ 342.07	\$ 336.29	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,172.30	\$ 1,301.57	\$ 3,947.34		\$ 342.07	\$ 336.29		\$ 342.07	\$ 336.29	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,172.30	\$ 1,301.57	\$ 3,947.34		\$ 1,291.58	\$ 1,287.21		\$ 1,291.58	\$ 1,287.21	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 342.07	\$ 336.29				



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Tier 2

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees				
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv		
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,383.64									\$ 339.40		
482	Kaiser - Oregon	Retiree Risk						\$ 339.40						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B						\$ 996.30						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,383.64	\$ 1,538.09								\$ 339.40	\$ 333.62	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,383.64	\$ 3,076.19	\$ 4,664.70							\$ 339.40	\$ 333.62	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,383.64	\$ 1,538.10	\$ 4,664.70			\$ 339.40	\$ 333.62			\$ 339.40	\$ 333.62	
488	Kaiser - Oregon	Two Retiree Risk						\$ 339.40	\$ 333.62					
489	Kaiser - Oregon	Retiree w/ Part A only						\$ 839.69						
491	Kaiser - Oregon	One Risk, One Medicare Part A only						\$ 839.69	\$ 333.62					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,484.07	\$ 555.36				\$ 996.30	\$ 333.62			\$ 339.40	\$ 333.62	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,383.64	\$ 1,538.10				\$ 339.40	\$ 333.62			\$ 339.40	\$ 333.62	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,383.64	\$ 1,538.10	\$ 4,664.70			\$ 339.40	\$ 333.62			\$ 339.40	\$ 333.62	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare						\$ 996.30	\$ 991.50					
496	Kaiser - Oregon	Two Medicare Part A only						\$ 839.69	\$ 834.65					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,383.64	\$ 1,538.10				\$ 839.69	\$ 834.65			\$ 839.69	\$ 834.65	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,383.64	\$ 1,538.10				\$ 996.30	\$ 991.50			\$ 996.30	\$ 991.50	
611	SCAN Health Plan	Retiree Only						\$ 231.09						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)						\$ 231.09	\$ 231.09					
701	United Healthcare	Retiree Only	\$ 1,344.31					\$ 289.73				\$ 289.73		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40			\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)						\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40			\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40			\$ 289.73	\$ 289.73			\$ 289.73	\$ 289.73	
706	United Healthcare	Minor Survivor				\$ 1,097.40				\$ 1,097.40				
707	United Healthcare	Single	\$ 1,344.31									\$ 291.70		
708	United Healthcare	Two-Party	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40							\$ 291.70	\$ 291.34	
709	United Healthcare	Family	\$ 1,344.31	\$ 1,344.31	\$ 1,097.40							\$ 291.70	\$ 291.34	



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Tier 2

Fire Fighters Local 1014 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,007.39				\$ 429.74			\$ 429.74		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,007.39	\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,007.39	\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 429.74		\$ 429.74	\$ 429.74		\$ 429.74
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,007.39	\$ 1,638.69		\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74	\$ 429.74
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,007.39	\$ 1,638.69	\$ 2,007.39		\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 429.74	\$ 429.74		\$ 429.74	\$ 429.74

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 53.02		
502	Cigna Indemnity Dental/Vision	Family	\$ 53.02	\$ 56.92	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 54.77
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.93		
902	Cigna Dental HMO/Vision	Family	\$ 46.93	\$ 53.28	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.48



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Tier 2

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 736.96				\$ 736.96			\$ 351.24		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 736.96	\$ 736.96	\$ 756.54		\$ 736.96	\$ 736.96		\$ 351.24	\$ 351.24	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 736.96	\$ 736.96	\$ 756.54		\$ 736.96	\$ 736.96		\$ 351.24	\$ 351.24	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 736.96	\$ 736.96	\$ 756.54		\$ 736.96			\$ 351.24		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 756.54			\$ 756.54			
211	Anthem Blue Cross I	Retiree Only	\$ 425.26				\$ 425.26			\$ 351.24		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 425.26	\$ 425.25	\$ 436.55		\$ 425.26	\$ 425.26		\$ 351.24	\$ 351.24	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 425.26	\$ 425.25	\$ 436.55		\$ 425.26	\$ 425.26		\$ 351.24	\$ 351.24	
214	Anthem Blue Cross I	Retiree and Children	\$ 425.26	\$ 425.25	\$ 436.55		\$ 425.26			\$ 351.24		
215	Anthem Blue Cross I	Minor Survivor				\$ 436.55			\$ 436.55			\$ 436.55
221	Anthem Blue Cross II	Retiree Only	\$ 1,078.11				\$ 1,078.11			\$ 351.24		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,078.11	\$ 1,078.11	\$ 1,106.76		\$ 1,078.11	\$ 1,078.11		\$ 351.24	\$ 351.24	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,078.11	\$ 1,078.11	\$ 1,106.76		\$ 1,078.11	\$ 1,078.11		\$ 351.24	\$ 351.24	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,078.11	\$ 1,078.11	\$ 1,106.76		\$ 1,078.11			\$ 351.24		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,106.76			\$ 1,106.76			\$ 1,106.76
240	Anthem Blue Cross III	One Medicare					\$ 351.24			\$ 351.24		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24			\$ 351.24	\$ 351.24	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24			\$ 351.24	\$ 351.24	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,132.87	\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,132.87	\$ 1,162.97		\$ 351.24	\$ 351.24		\$ 351.24	\$ 351.24	
301	Cigna Network Model Plan	Retiree Only	\$ 1,122.22				\$ 1,122.22			\$ 294.96		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,122.22	\$ 1,122.22	\$ 1,152.04		\$ 1,122.22	\$ 1,122.22		\$ 294.96	\$ 294.96	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,122.22	\$ 1,122.22	\$ 1,152.04		\$ 1,122.22	\$ 1,122.22		\$ 294.96	\$ 294.96	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,122.22	\$ 1,122.22	\$ 1,152.04		\$ 1,122.22			\$ 294.96		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,152.04			\$ 1,152.04			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 318.44					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 318.44	\$ 318.44				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 318.44	\$ 318.44		\$ 318.44	\$ 318.44	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 318.44	\$ 318.44				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,118.52							\$ 209.42		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 206.52					
404	Kaiser (CA)	Retiree Excess I					\$ 847.67					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 791.80					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,405.86					
411	Kaiser (CA)	Family Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24					\$ 207.97	\$ 202.30	



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Tier 2

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 206.52	\$ 200.79		\$ 206.52	\$ 202.30	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 847.67	\$ 842.89		\$ 847.67	\$ 202.30	
418	Kaiser (CA)	Two+ Advantage					\$ 206.52	\$ 200.79				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 527.09	\$ 521.84				
420	Kaiser (CA)	Two+ Excess I					\$ 847.67	\$ 842.89				
421	Kaiser (CA)	Survivor				\$ 1,148.24			\$ 1,148.24			\$ 1,148.24
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 791.80	\$ 786.94		\$ 791.80	\$ 202.30	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,118.52	\$ 1,118.52	\$ 1,148.24		\$ 1,405.86	\$ 1,401.91		\$ 1,405.86	\$ 202.30	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 499.16	\$ 493.87				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 806.19	\$ 801.35				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 819.73	\$ 814.92				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,126.76	\$ 1,122.40				
430	Kaiser (CA)	Two Excess II - Part B					\$ 791.80	\$ 786.94				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,098.83	\$ 1,094.43				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,405.86	\$ 1,401.91				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,087.81							\$ 273.59		
451	Kaiser - Colorado	Retiree Risk					\$ 273.59					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,087.81	\$ 1,473.18						\$ 273.59	\$ 256.92	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,087.81	\$ 1,473.18	\$ 3,591.89					\$ 273.59	\$ 256.92	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,087.81	\$ 1,189.05			\$ 273.59	\$ 256.92		\$ 273.59	\$ 267.96	
457	Kaiser - Colorado	Two Retiree Risk					\$ 273.59	\$ 267.96				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,087.81	\$ 1,189.05	\$ 4,200.99		\$ 273.59	\$ 267.96		\$ 273.59	\$ 267.96	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,534.84		\$ 273.59	\$ 267.96		\$ 273.59	\$ 267.96	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 876.95					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 876.95					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 876.95					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 876.95	\$ 313.37				
461	Kaiser - Georgia Basic	Basic	\$ 1,306.28							\$ 318.93		
462	Kaiser - Georgia	Retiree Risk					\$ 318.93					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,306.28	\$ 1,451.94	\$ 5,537.45		\$ 318.93	\$ 313.37		\$ 318.93	\$ 313.37	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,306.28	\$ 1,451.94	\$ 5,537.50					\$ 318.93	\$ 313.37	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 475.07	\$ 1,451.94	\$ 5,537.45		\$ 318.93	\$ 313.37		\$ 318.93	\$ 313.37	
466	Kaiser - Georgia	Two Retiree Risk					\$ 318.93	\$ 313.37				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,125.43							\$ 328.39		
472	Kaiser - Hawaii	Retiree Risk					\$ 328.39					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,239.94					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,125.43	\$ 1,249.53						\$ 328.39	\$ 322.85	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,125.43	\$ 1,249.53	\$ 4,765.50					\$ 328.39	\$ 322.85	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,125.43	\$ 1,249.53	\$ 4,765.50		\$ 328.39	\$ 322.85		\$ 328.39	\$ 322.85	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,125.43	\$ 1,249.53	\$ 4,765.50		\$ 1,239.94	\$ 1,235.75		\$ 1,239.94	\$ 1,235.75	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 328.39	\$ 322.85				



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Tier 2

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,328.32								\$ 325.83		
482	Kaiser - Oregon	Retiree Risk					\$ 325.83						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 956.47						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,328.32	\$ 1,476.60							\$ 325.83	\$ 320.28	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,328.32	\$ 2,953.21	\$ 5,631.55						\$ 325.83	\$ 320.28	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,328.32	\$ 1,476.61	\$ 5,631.55		\$ 325.83	\$ 320.28			\$ 325.83	\$ 320.28	
488	Kaiser - Oregon	Two Retiree Risk					\$ 325.83	\$ 320.28					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 806.12						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 806.12	\$ 320.28					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,424.74	\$ 533.16			\$ 956.47	\$ 320.28			\$ 325.83	\$ 320.28	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,328.32	\$ 1,476.61			\$ 325.83	\$ 320.28			\$ 325.83	\$ 320.28	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,328.32	\$ 1,476.61	\$ 5,631.55		\$ 325.83	\$ 320.28			\$ 325.83	\$ 320.28	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 956.47	\$ 951.86					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 806.12	\$ 801.28					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,328.32	\$ 1,476.61			\$ 806.12	\$ 801.28			\$ 806.12	\$ 801.28	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,328.32	\$ 1,476.61			\$ 956.47	\$ 951.86			\$ 956.47	\$ 951.86	
611	SCAN Health Plan	Retiree Only					\$ 221.85						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 221.85	\$ 221.85					
701	United Healthcare	Retiree Only	\$ 1,290.56				\$ 278.15				\$ 278.15		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86		\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86		\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86		\$ 278.15	\$ 278.15			\$ 278.15	\$ 278.15	
706	United Healthcare	Minor Survivor					\$ 1,324.86			\$ 1,324.86			
707	United Healthcare	Single	\$ 1,290.56								\$ 280.04		
708	United Healthcare	Two-Party	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86						\$ 280.04	\$ 279.69	
709	United Healthcare	Family	\$ 1,290.56	\$ 1,290.56	\$ 1,324.86						\$ 280.04	\$ 279.69	



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Tier 2

Fire Fighters Local 1014 Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,927.13				\$ 412.56			\$ 412.56		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,927.13	\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,927.13	\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 412.56		\$ 412.56	\$ 412.56		\$ 412.56
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,927.13	\$ 1,978.34		\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56	\$ 412.56
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,927.13	\$ 1,978.34	\$ 1,927.13		\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 412.56	\$ 412.56		\$ 412.56	\$ 412.56

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 52.54		
502	Cigna Indemnity Dental/Vision	Family	\$ 52.54	\$ 56.40	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 53.18
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.50		
902	Cigna Dental HMO/Vision	Family	\$ 46.50	\$ 52.79	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 47.08



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Table A-22: Health Cost Trend Assumptions

The health cost trend assumptions are shown in the following table. These trends have changed from the July 1, 2017 valuation, due to updates in the trend models that we use. The medical trend model is based on the Society of Actuaries' (SOA) published report on long-term medical trend. That report includes detailed research performed by a committee of economists and actuaries that uses the "Getzen Model," named after the professor who developed the model, updated in October of 2018. The following website provides more information: <https://www.soa.org/resources/research-reports/2016/research-hlthcare-trends/>. We believe that the research and the model are fundamentally and technically sound and advance the body of knowledge available to actuaries to accurately project long-term medical trends. Milliman uses this model as the foundation for the trend that it recommends to our clients for OPEB valuations.

The first year trend rates for LACERA non-firefighter Local medical and dental/vision plans have been adjusted to reflect the final July 1, 2019 renewals. ACA fees including the Patient Centered Outcomes Research Institute (PCORI) fee and the impact from the 2019 calendar year moratorium on the Health Insurer Fee are also included in the medical and dental/vision trends. The remaining short term trends are based on Milliman's *Health Cost Guidelines*TM.

The trend assumption for Medicare Part B premiums was updated based on long-term projected Part B costs from the 2018 Medicare Trustees Report from CMS dated June 5, 2018. The dental trend assumption was updated based on the same methodology we used in our 2016 OPEB Investigation of Experience Study.

The following table presents the trend assumptions with the impact of the ACA Excise tax. The weighted Average Trend is based on the expected payouts from each of the coverages (medical under 65, medical over 65, Part B, and Dental).

After fiscal year ending June 30, 2029, selected years are shown in the table. The trend rates for the years not shown grade ratably into the next value shown in the table. The medical trend remains at 4.40% beginning with the medical trend from fiscal year ending June 30, 2099 to fiscal year ending June 30, 2100.

Fiscal Year Ending		LACERA Medical		Part B Premiums	Dental Under and Over 65	Weighted Average Trend
From	To	Under 65	Over 65			
6/30/2019	6/30/2020	3.30%	2.90%	9.40%	0.00%	3.53%
6/30/2020	6/30/2021	6.40%	6.30%	4.70%	4.50%	6.02%
6/30/2021	6/30/2022	5.70%	6.00%	4.60%	3.00%	5.54%
6/30/2022	6/30/2023	5.60%	5.90%	4.90%	2.90%	5.49%
6/30/2023	6/30/2024	5.20%	5.10%	5.90%	2.90%	5.08%
6/30/2024	6/30/2025	5.20%	5.20%	5.70%	2.90%	5.11%
6/30/2025	6/30/2026	5.30%	5.30%	5.00%	2.90%	5.12%
6/30/2026	6/30/2027	5.40%	5.30%	5.40%	2.90%	5.20%
6/30/2027	6/30/2028	5.60%	5.30%	5.90%	2.80%	5.32%
6/30/2028	6/30/2029	5.70%	5.30%	5.60%	2.80%	5.31%
6/30/2038	6/30/2039	5.90%	5.40%	5.10%	2.60%	5.35%
6/30/2048	6/30/2049	5.60%	5.30%	4.50%	2.40%	5.14%
6/30/2058	6/30/2059	5.30%	5.70%	4.40%	2.50%	5.39%
6/30/2068	6/30/2069	4.90%	5.10%	4.40%	2.80%	4.94%
6/30/2078	6/30/2079	4.40%	4.50%	4.40%	3.00%	4.45%
6/30/2088	6/30/2089	4.40%	4.50%	4.30%	3.30%	4.45%
6/30/2098	6/30/2099	4.40%	4.50%	4.30%	3.50%	4.45%
6/30/2104	6/30/2105	4.40%	4.50%	4.30%	3.70%	4.46%



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Table A-23: Retirement of Vested Terminated Members

Annual Rates			
Age	General Plans A, B, C, D & G	General Plan E	Safety Plans A, B & C
<40	0.00%	0.00%	0.00%
40	0.00%	0.00%	6.00%
41	0.00%	0.00%	6.00%
42	0.00%	0.00%	40.00%
43	0.00%	0.00%	40.00%
44	0.00%	0.00%	25.00%
45	0.00%	0.00%	25.00%
46	0.00%	0.00%	25.00%
47	0.00%	0.00%	25.00%
48	0.00%	0.00%	25.00%
49	0.00%	0.00%	25.00%
50	21.00%	0.00%	25.00%
51	6.00%	0.00%	11.00%
52	6.00%	0.00%	20.00%
53	6.00%	0.00%	13.00%
54	6.00%	0.00%	21.00%
55	10.00%	27.00%	30.00%
56	8.00%	6.00%	18.00%
57	8.00%	6.00%	22.00%
58	8.00%	6.00%	24.00%
59	10.00%	6.00%	22.00%
60	12.00%	7.00%	22.00%
61	12.00%	8.00%	30.00%
62	15.00%	8.00%	30.00%
63	20.00%	8.00%	30.00%
64	20.00%	24.00%	32.00%
65	28.00%	39.00%	100.00%
66	26.00%	14.00%	100.00%
67	24.00%	8.00%	100.00%
68	26.00%	10.00%	100.00%
69	28.00%	13.00%	100.00%
70	40.00%	17.00%	100.00%
71	40.00%	24.00%	100.00%
72	40.00%	16.00%	100.00%
73	40.00%	16.00%	100.00%
74	40.00%	20.00%	100.00%
75	100.00%	100.00%	100.00%
75 or older	100.00%	100.00%	100.00%

These factors were used for current vested terminated members. For retirement of future vested terminated members (i.e. members that are currently active and may become vested terminated in the future), these factors were simplified into five year factors for ease of application in the valuation system. Spouses of future vested terminated members were assumed to commence benefits at age 60.



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Appendix B: Summary of Program Provisions



The following description of retiree healthcare and death benefits is intended to be only a brief summary. For details, reference should be made to the County and LACERA agreements, and employee booklets.

All actuarial calculations are based on our understanding of the statutes governing LACERA as contained in the County Employees Retirement Law (CERL) of 1937 and the California Public Employees' Pension Reform Act of 2013 (PEPRA), with provisions adopted by the LACERA Board of Retirement, effective through July 1, 2013. The benefit and contribution provisions of this law are summarized briefly below. This summary does not attempt to cover all the detailed provisions of the law.

ELIGIBILITY FOR RETIREE HEALTHCARE AND DEATH BENEFITS

Employees are eligible for the LACERA administered Retiree Healthcare Benefits Program if they are a member of LACERA and retire from the County of Los Angeles or Participating agencies of the County of Los Angeles. Healthcare benefits are also offered to qualifying survivors of deceased active employees who are eligible to retire at the time of death and to qualifying survivors of retired members. Since eligibility for retiree qualifying healthcare and death benefits is dependent on receipt of a retirement benefit, the eligibility and other aspects of the retirement benefits are applicable for retirement healthcare and death benefits. Participation in the Retiree Healthcare Benefits Program is for life in most instances.

New retirees have 60 days from the date of retirement or 60 days from the date the retiree's name appears on the Board of Retirement agenda, to sign up for medical and dental/vision coverage. If a retiree applies for coverage after the 60 day window, there is a waiting period of 6 months for medical enrollment and 1 year for dental/vision enrollment.

If a retiree's spouse or domestic partner is also a LACERA retiree there cannot be dual coverage. If the spouse or domestic partner is covering the retiree under medical or dental/vision, the retiree may not also enroll as a retiree in medical or dental/vision.

LACERA MEMBERSHIP

Permanent employees of Los Angeles County (County) and participating districts who work $\frac{3}{4}$ time or more are eligible for membership in LACERA.

Employees eligible for safety membership (law enforcement, firefighters and specific lifeguards) become safety members on the first day of the month after date of hire. Employees who become members on or after January 1, 2013, will enter into Safety Plan C.

All other employees become general members on the first day of the month after date of hire, or the first day of the month after they make an election of either Plan D or Plan E, depending on the law in effect at that time. Employees who become members on or after January 1, 2013 will enter into General Plan G.

Elective officers become members on the first day of the month after filing a declaration with the Board of Retirement.

TIER 2 EMPLOYEES

New County employees hired after June 30, 2014 who are eligible for LACERA membership may enroll in the Los Angeles County Retiree Healthcare Benefits Program – Tier 2. The County retiree medical and dental/vision subsidy applies to retiree-only coverage for Tier 2 employees, and new benchmark plans also apply. Additional provisions and details can be found at the end of this Appendix B and on the following link of the LACERA website:

<https://www.lacera.com/healthcare/RHC-Tier2.html>

New claims costs and new probabilities of medical plan and tier selection upon initial enrollment were developed for Tier 2 employees. These can be found in Appendix A.

As Tier 2 provisions only apply to employees hired since June 30, 2014, most active and vested terminated employees as well as all of the retirees are currently Tier 1 employees. As such the new Tier 2 assumptions have a minimal effect, reducing the AAL. In the future, as the Tier 2 assumptions apply to more employees and the average service of Tier 2 employees also increases, the impact of reducing the AAL of the total membership will be more significant.

RETIREMENT PLANS

The County has established nine defined benefit plans. The following outlines the dates these plans were available, based on a member's date of entry into LACERA:

Safety Member Plans:

- Plan A: Inception to August 1977
- Plan B: September 1977 through December 2012
- Plan C: January 2013 to present

General Member Plans:

- Plan A: Inception through August 1977
- Plan B: September 1977 through September 1978
- Plan C: October 1978 through May 1979
- Plan D: June 1979 through December 2012
- Plan E: January 1982 through December 2012
- Plan G: January 2013 to present

NOTE: After review of a new member's account, a member with prior membership or reciprocity may be enrolled into one of the pre-PEPRA plans, if they meet eligibility requirements.

SERVICE RETIREMENT ELIGIBILITY

Plans A-D: **General Members:**
Age 50 with 10 years of County service;
Any age with 30 years of service; or
Age 70 regardless of service.

Non-Contributory

Plan E: Age 55 with 10 years of service.

Plan G: Age 52 with 5 years of service, or age 70 regardless of service.

Plans A-B: **Safety Members:**
Age 50 with 10 years of County service;
Any age with 20 years of service.

Plan C: **Safety Members:**
Age 50 with 5 years of service.

VESTING REQUIREMENT

Plans A-D, G: 5 years of County and reciprocal service. Member contributions must be left on deposit.

Plan E: 10 years of County and reciprocal service.

SERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G: Any age or years of service; disability must result from occupational injury or disease, and member must be permanently incapacitated for the performance of duty.

Plan E: Not available under Plan E.

NONSERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G: Any age with 5 years of service and permanently incapacitated for the performance of duty.

Plan E: Not available under Plan E.

SERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

Plans A-D, G: Active members who die in service as a result of injury or disease arising out of and in the course of employment.

Plan E: Not available under Plan E.

NONSERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

Plans A-D, G: Active members who die while in service or while physically or mentally incapacitated for the performance of duty.

Plan E: Not available under Plan E.

ELIGIBLE SURVIVING DEPENDENTS

In order for a survivor of a LACERA active member to receive healthcare benefits, the LACERA active member has to be eligible for retirement at date of death. In order for a survivor of a retired LACERA member to be eligible to receive healthcare benefits, the retired member needed to have had a retirement plan option which qualified as eligible for continuing retirement benefits to the survivor. If one of these requirements is met, the following survivors are eligible for healthcare benefits:

- An eligible surviving spouse or surviving domestic partner, who is eligible to continue to receive retirement benefits and to whom the member was married or registered as a domestic partner for at least one year prior to member's retirement date. If the member was granted a service-connected disability, the one-year rule does not apply. However, the date of marriage or domestic partner registration must precede the date of retirement.

- Surviving unmarried natural children, legally adopted children or stepchildren, up to age 26, if there is also a surviving spouse/eligible domestic partner.
- Surviving unmarried natural children, legally adopted children, or stepchildren, up to age 18 or if a full time student, up to age 22, and receiving retirement pension benefits, without a surviving spouse/domestic partner.
- An eligible surviving spouse or surviving domestic partner who is receiving retiree healthcare, may enroll a new spouse or domestic partner and/or new unmarried natural children, legally adopted children, or stepchildren who are eligible up to age 26.

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTHCARE BENEFITS

Medical

Tier 1 is for employees who are hired before July 1, 2014 and are eligible for LACERA membership. If a retiree has 10 years of retirement service credit, the County contributes 40% of the healthcare plan premium or 40% of the benchmark plan rate, whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit.

Tier 2 is for employees who are hired after June 30, 2014 and are eligible for LACERA membership. The Tier 2 subsidy is the same as Tier 1 except that the benchmark plan is different. The table below shows the benchmark plans for Tier 1 and Tier 2.

<u>Tier</u>	<u>Pre / Post Medicare</u>	<u>Benchmark Plan</u>	<u>Benchmark Amount</u>
1	Pre	Anthem Blue Cross I & II	Same tier that member selects
1	Post	Anthem Blue Cross I & II	Same tier that member selects
2	Pre	Anthem Blue Cross I & II	Retiree-only tier
2	Post	Anthem Blue Cross III	Retiree-only tier

If a Tier 2 retiree selects a family tier for a plan where the premium for the retiree-only tier is less than the Tier 2 benchmark, there is a spouse subsidy equal to the Tier 2 benchmark less the premium for the retiree-only tier. If the Tier 2 benchmark is less than the premium for the retiree-only tier, the retiree subsidy would be lower and there would be no spouse subsidy.

The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate. Reciprocal service is not included in contribution calculations.

Dental / Vision

The contribution percentages follow the same contribution proportions based on years of service (excluding reciprocal service) as the medical plans. The Tier 1 benchmark is the indemnity plan premium for the tier that the member selects. The Tier 2 benchmark is the indemnity plan premium for the retiree-only tier.

Disability

Any retiree with a service connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental / vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in. If a retiree with service connected disability retirement has 13 or more years of service, the County subsidy is the same as a non-disabled retiree. Reciprocal service is not included in contribution calculations.

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTHCARE BENEFITS

Medical, Dental / Vision, and Disability

Contributions are the same as for the County employees.

DEATH/BURIAL BENEFIT

There is a one-time lump sum \$5,000 death benefit payable to the designated beneficiary upon the death of retirees. Actives and Vested Terminated Inactives are eligible for this benefit once they retire. Spouses and Dependents are not eligible for this death benefit upon their death. This benefit does not go through the 401(h) or any other funding vehicle; rather, is paid by LACERA and billed directly to the County on a monthly basis.

RETIREE HEALTHCARE BENEFIT PLAN DESCRIPTIONS ARE IN APPENDIX E, F, G and H

Appendix E

Medical Plan Descriptions:

http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison.pdf
http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_oa.pdf
http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_medicare.pdf

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

http://www.local1014medical.org/docs/Local%201014_2017%20SPD.pdf

Appendix G

Dental and Vision Plan Description:

http://www.lacera.com/healthcare/pdf/healthcare_charts/dental_vision_charts.pdf

Appendix H

Medicare Part B Reimbursement Plan Description:

http://www.lacera.com/healthcare/Medicare/medicare_a_b.html

Appendix C: Valuation Data and Schedules



Data on LACERA's retirement benefit program membership as of June 30, 2018 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2018 retirement benefits program valuation. Data for retired members, survivors, and dependents was provided separately for this OPEB valuation. On the following tables, we present a summary of LACERA membership at June 30, 2018 for active, vested terminated, and retired members.

- Exhibit C-1: Summary of Active Members
- Exhibit C-2: Summary of Vested Terminated Members
- Exhibit C-3: Summary of Retired Members, Spouses, and Dependents
- Exhibit C-4: Age and Service Distribution of Active Members
- Exhibit C-5: Age and Service Distribution of Vested Terminated Members
- Exhibit C-6: Age and Service Distributions of Retired Members, Spouses and Dependents in Medical Plans
- Exhibit C-7: Age and Service Distributions of Retired Members, Spouses and Dependents in Dental/Vision Plans
- Exhibit C-8: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 1
- Exhibit C-9: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 2
- Exhibit C-10: Treatment of Incomplete Data

Note that Exhibits C-1 through C-7 were prepared using an "age nearest birthday" basis for calculating ages as used by our valuation system. Exhibit C-8 and C-9 were prepared using an "attained age" basis to reflect when someone becomes 65.

Exhibit C-1: Summary of Active Members

	Members		Annual Salary	Average Age	Average Credited Service
	Tier 1	Tier 2			
County					
General	63,095	17,646	\$ 6,237,658,920	47.1	14.2
Safety	10,724	2,046	1,451,326,572	42.2	15.3
Total	73,819	19,692	\$ 7,688,985,492	46.5	14.4
Superior Court					
General	3,562	952	\$ 327,267,816	49.0	17.5
Safety	-	-	-	-	-
Total	3,562	952	\$ 327,267,816	49.0	17.5
LACERA					
General	292	90	\$ 39,209,868	48.2	13.3
Safety	-	-	-	-	-
Total	292	90	\$ 39,209,868	48.2	13.3
Outside Districts					
General	8	-	\$ 640,356	49.0	10.9
Safety	-	-	-	-	-
Total	8	-	\$ 640,356	49.0	10.9
Grand Total					
General	66,957	18,688	\$ 6,604,776,960	47.2	14.4
Safety	10,724	2,046	1,451,326,572	42.2	15.3
Total	77,681	20,734	\$ 8,056,103,532	46.6	14.5
Grand Total (Tiers Combined)	98,415				

This excludes 59 active pension members who are receiving retiree healthcare benefits.

Exhibit C-2: Summary of Vested Terminated Members

	<u>Members</u>		<u>Average Age</u>
	<u>Tier 1</u>	<u>Tier 2</u>	
County			
General	7,093	84	51.5
Safety	590	12	43.4
Total	7,683	96	50.9
Superior Court			
General	607	8	52.3
Safety	-	-	-
Total	607	8	52.3
LACERA			
General	-	-	-
Safety	-	-	-
Total	-	-	-
Outside Districts			
General	38	2	50.0
Safety	-	-	-
Total	38	2	50.0
Grand Total	8,328	106	51.0
Grand Total (Tiers Combined)	8,434		

Pension data includes 6,446 non vested terminated members.

This excludes 24 vested terminated pension members who are receiving retiree healthcare

This also excludes 2 records of members who died before 7/1/2018.

Exhibit C-3: Summary of Current Retirees, Survivors, Spouses, and Dependents

Medical

	Count					Average Age		
	Retirees and Survivors		Spouses and Dependents		Total	Retirees and Survivors	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	47,780	1	26,380	-	74,161	73.3	59.4	68.4
Superior Court	2,251	-	951	-	3,202	73.1	62.2	69.9
LACERA	137	-	66	-	203	72.0	63.1	69.1
Outside Districts	102	-	37	-	139	82.4	72.2	79.7
Total Medical	50,270	1	27,434	-	77,705	73.3	59.5	68.5
Tiers Combined	50,271		27,434					

Dental/Vision

	Count					Average Age		
	Retirees and Survivors		Spouses and Dependents		Total	Retirees and Survivors	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	48,905	2	26,662	-	75,569	73.2	60.8	68.8
Superior Court	2,283	-	987	-	3,270	73.1	64.7	70.5
LACERA	138	-	58	-	196	71.7	68.5	70.7
Outside Districts	94	-	37	-	131	82.9	71.0	79.5
Total Dental/Vision	51,420	2	27,744	-	79,166	73.2	61.0	68.9
Tiers Combined	51,422		27,744					

Death Benefit*

	Count					Average Age		
	Retirees		Spouses and Dependents		Total	Retirees	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	52,576	6	NA	NA	52,582	72.2	NA	72.2
Superior Court	2,740	1	NA	NA	2,741	71.7	NA	71.7
LACERA	162	-	NA	NA	162	70.5	NA	70.5
Outside Districts	117	-	NA	NA	117	79.8	NA	79.8
Total Death Benefit	55,595	7	NA	NA	55,602	72.1	NA	72.1
Tiers Combined	55,602		NA					

* Totals do not include 419 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

Exhibit C-4: Age and Service Distribution of Active Members

Age	Members' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	
Under 18	-	-	-	-	-	-	-	-	-
18-19	4	-	-	-	-	-	-	-	4
20-24	876	1	-	-	-	-	-	-	877
25-29	5,784	447	19	1	-	-	-	-	6,251
30-34	6,561	2,469	1,404	40	-	-	-	-	10,474
35-39	4,229	2,672	4,451	963	53	2	-	-	12,370
40-44	2,637	1,737	3,966	3,664	867	74	-	-	12,945
45-49	1,868	1,244	2,926	3,826	2,689	1,368	128	2	14,051
50-54	1,366	892	2,067	2,770	2,302	3,457	1,493	165	14,512
55-59	951	743	1,738	2,117	1,529	2,434	2,100	922	12,534
60-64	469	531	1,188	1,571	1,124	1,426	1,321	1,487	9,117
65-69	145	240	581	775	533	531	387	563	3,755
70-74	27	54	189	273	189	157	89	165	1,143
75-79	2	8	28	75	50	46	35	39	283
80-84	-	-	6	14	17	12	10	23	82
85 & Over	-	1	2	1	1	1	1	10	17
Total Count	24,919	11,039	18,565	16,090	9,354	9,508	5,564	3,376	98,415

This excludes 59 active retirement program members who are receiving retiree healthcare benefits.

Exhibit C-5: Age and Service Distribution of Vested Terminated Members

Age	Members' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	
Under 18	-	-	-	-	-	-	-	-	-
18-19	-	-	-	-	-	-	-	-	-
20-24	2	-	-	-	-	-	-	-	2
25-29	38	17	-	-	-	-	-	-	55
30-34	126	177	32	2	-	-	-	-	337
35-39	186	422	159	22	1	-	-	-	790
40-44	256	538	250	77	10	-	-	-	1,131
45-49	211	566	405	186	42	19	1	-	1,430
50-54	176	427	575	229	122	52	16	2	1,599
55-59	115	270	473	229	95	75	37	7	1,301
60-64	74	193	402	141	62	73	39	51	1,035
65-69	41	98	255	83	19	16	7	16	535
70-74	10	20	85	43	9	1	1	1	170
75-79	4	3	16	6	4	1	-	1	35
80-84	4	1	3	1	-	1	1	-	11
85 & Over	1	1	-	-	-	-	1	-	3
Total Count	1,244	2,733	2,655	1,019	364	238	103	78	8,434

Retirement program data includes 6,446 non vested terminated members.
 This excludes 24 vested terminated pension members who are receiving retiree healthcare benefits.
 This also excludes 2 records of members who died before 7/1/2018.

Exhibit C-6
All Members
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	-	-	-	1	4	3	1	13	22
35-39	-	-	-	-	-	-	-	15	15
40-44	-	-	-	-	-	3	3	50	56
45-49	-	-	3	1	7	6	2	116	135
50-54	-	-	20	29	59	119	59	346	632
55-59	-	1	47	74	141	566	712	926	2,467
60-64	2	2	132	200	340	1,177	1,863	1,244	4,960
65-69	3	25	373	550	684	1,890	4,749	1,241	9,515
70-74	8	26	514	720	925	2,079	4,976	1,785	11,033
75-79	6	21	467	623	792	1,886	3,407	1,472	8,674
80-84	8	21	340	493	665	1,456	2,011	1,018	6,012
85-89	5	19	261	418	579	991	1,122	667	4,062
90-94	1	12	155	236	304	424	626	260	2,018
95-99	-	-	76	100	87	105	174	57	599
100 & Over	-	1	12	12	15	13	11	7	71
Total Count	33	128	2,400	3,457	4,602	10,718	19,716	9,217	50,271

All Members
Spouses and Dependents with Medical Coverage

Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	2	1	104	148	294	1,133	1,636	1,742	5,060
35-39	-	1	-	1	9	16	39	30	96
40-44	-	-	1	6	14	32	41	56	150
45-49	-	-	8	12	24	71	119	143	377
50-54	-	-	15	32	62	246	354	413	1,122
55-59	1	-	39	52	107	500	834	778	2,311
60-64	1	8	67	107	197	815	1,399	771	3,365
65-69	3	6	157	210	302	900	2,176	797	4,551
70-74	3	12	186	295	369	846	1,951	825	4,487
75-79	2	7	154	235	318	692	1,258	506	3,172
80-84	-	4	92	130	213	412	601	254	1,706
85-89	-	2	27	65	80	200	256	100	730
90-94	-	1	16	30	33	64	92	17	253
95-99	1	-	6	7	9	12	14	4	53
100 & Over	-	-	-	-	-	-	1	-	1
Total Count	13	42	872	1,330	2,031	5,939	10,771	6,436	27,434



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**Exhibit C-7
All Members
Retirees and Survivors with Dental/Vision Coverage**

Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	-	-	-	1	4	3	1	14	23
35-39	-	-	-	-	-	-	-	18	18
40-44	-	-	1	-	-	3	3	68	75
45-49	-	-	3	1	7	6	2	135	154
50-54	1	1	20	34	61	119	59	395	690
55-59	1	3	66	96	149	569	711	996	2,591
60-64	2	10	171	242	355	1,177	1,855	1,313	5,125
65-69	5	28	424	594	714	1,908	4,753	1,301	9,727
70-74	7	39	564	751	969	2,086	4,995	1,857	11,268
75-79	11	28	479	654	825	1,903	3,425	1,516	8,841
80-84	5	35	329	522	688	1,470	2,022	1,029	6,100
85-89	5	20	275	418	586	992	1,140	667	4,103
90-94	5	12	170	233	312	433	632	245	2,042
95-99	1	2	83	100	86	101	173	52	598
100 & Over	-	-	9	10	17	12	11	8	67
Total Count	43	178	2,594	3,656	4,773	10,782	19,782	9,614	51,422

**All Members
Spouses and Dependents with Dental/Vision Coverage**

Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	3	7	119	138	234	935	1,350	1,619	4,405
35-39	-	1	-	-	8	13	32	42	96
40-44	-	-	2	6	11	34	46	69	168
45-49	-	1	11	15	26	72	119	172	416
50-54	-	-	17	29	59	236	323	405	1,069
55-59	3	2	43	60	102	475	811	732	2,228
60-64	2	7	76	128	215	795	1,362	820	3,405
65-69	3	6	189	239	337	942	2,237	839	4,792
70-74	3	18	205	341	395	904	2,050	870	4,786
75-79	-	4	165	245	334	737	1,338	555	3,378
80-84	3	4	98	153	244	450	635	261	1,848
85-89	1	5	37	84	84	209	279	105	804
90-94	-	1	18	37	42	68	96	23	285
95-99	-	-	7	10	13	14	17	2	63
100 & Over	-	-	-	-	-	-	1	-	1
Total Count	18	56	987	1,485	2,104	5,884	10,696	6,514	27,744



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Exhibit C-8: Summary of Data for Current Retirees, Survivors, Spouses, and Dependents for Tier 1

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
<u>Medical Plans</u>									
Blue Cross I	180	988	1,168	253	224	477	433	1,212	1,645
Blue Cross II	2,088	2,770	4,858	2,865	989	3,854	4,953	3,759	8,712
Blue Cross III	266	11,473	11,739	1,069	4,330	5,399	1,335	15,803	17,138
Blue Cross Prudent Buyer Plan	323	804	1,127	426	230	656	749	1,034	1,783
CIGNA Healthcare for Seniors	2	53	55	11	19	30	13	72	85
CIGNA Network Model Plan	91	415	506	116	105	221	207	520	727
Kaiser (Other)	45	332	377	39	103	142	84	435	519
Kaiser (CA)	3,918	19,982	23,900	5,181	6,769	11,950	9,099	26,751	35,850
United Healthcare	1,378	2,884	4,262	1,796	1,065	2,861	3,174	3,949	7,123
SCAN Health Plan	2	405	407	1	104	105	3	509	512
Firefighters' Local 1014	696	1,175	1,871	1,131	608	1,739	1,827	1,783	3,610
Total	8,989	41,281	50,270	12,888	14,546	27,434	21,877	55,827	77,704
<u>Medicare Part B Coverage</u>									
All Members									
Receiving Reimbursement	372	33,722	34,094	414	11,296	11,710	786	45,018	45,804
Not Receiving Reimbursement	8,617	7,559	16,176	12,475	3,249	15,724	21,092	10,808	31,900
Total	8,989	41,281	50,270	12,889	14,545	27,434	21,878	55,826	77,704
<u>Dental/Vision Plans</u>									
All Members									
Cigna Indemnity Dental/Vision	7,987	37,792	45,779	10,638	14,303	24,941	18,625	52,095	70,720
Cigna Dental HMO/Vision	1,410	4,231	5,641	1,578	1,225	2,803	2,988	5,456	8,444
Total	9,397	42,023	51,420	12,216	15,528	27,744	21,613	57,551	79,164
<u>Death Benefit*</u>									
Total	11,862	43,733	55,595	NA	NA	NA	11,862	43,733	55,595

* Totals do not include 419 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

Exhibit C-9: Summary of Data for Current Retirees, Survivors, Spouses, and Dependents for Tier 2

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
<u>Medical Plans</u>									
Blue Cross I	-	-	-	-	-	-	-	-	-
Blue Cross II	-	-	-	-	-	-	-	-	-
Blue Cross III	-	-	-	-	-	-	-	-	-
Blue Cross Prudent Buyer Plan	1	-	1	-	-	-	1	-	1
CIGNA Healthcare for Seniors	-	-	-	-	-	-	-	-	-
CIGNA Network Model Plan	-	-	-	-	-	-	-	-	-
Kaiser (Other)	-	-	-	-	-	-	-	-	-
Kaiser (CA)	-	-	-	-	-	-	-	-	-
United Healthcare	-	-	-	-	-	-	-	-	-
SCAN Health Plan	-	-	-	-	-	-	-	-	-
Firefighters' Local 1014	-	-	-	-	-	-	-	-	-
Total	1	-	1	-	-	-	1	-	1
<u>Medicare Part B Coverage</u>									
All Members									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	1	-	1	-	-	-	1	-	1
Total	1	-	1	-	-	-	1	-	1
<u>Dental/Vision Plans</u>									
All Members									
Cigna Indemnity Dental/Vision	1	-	1	-	-	-	1	-	1
Cigna Dental HMO/Vision	1	-	1	-	-	-	1	-	1
Total	2	-	2	-	-	-	2	-	2
<u>Death Benefit</u>									
Total	4	3	7	NA	NA	NA	4	3	7

Exhibit C-10: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	432 medical N/A dental	There were no children listed in Retiree and Family or Retiree and Children deduction codes.	To be consistent with the tier, children were added. Children were designated as 18 years old since the average age of LACERA children under 26 is 18; half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
2	1,701 medical 260 dental	There was no spouse listed in Retiree and Spouse, Retiree & Family, or Retiree +1 deduction codes.	To be consistent with the tier, spouses were added. Even in the Retiree+1 case, a spouse was added rather than a child as this is a more conservative addition. Spouses were given a gender opposite of the retiree and DOB (Date of Birth) was determined according to the marriage age difference assumption.
3	205 medical 215 dental 90 death benefit only 2 vested terminated	Members were deceased before 7/1/2018.	Removed records from data.
4	1 medical 1 dental	Dependent Type listed as "S", but had Dependent age of less than 18.	Dependent Type changed to "C".

Appendix D: Glossary



The following definitions are excerpts from other actuarial organizations in the United States. In some cases, the definitions have been modified for specific applicability to LACERA. Defined terms are capitalized throughout this Appendix.

Actuarial Accrued Liability

That portion, as determined by a particular Actuarial Cost Method, of the Actuarial Present Value of postemployment plan benefits and expenses which is not provided for by future Normal Costs.

Actuarial Assumptions

Assumptions as to the occurrence of future events affecting OPEB costs, such as: mortality, termination of employment, disability, retirement; changes in medical costs; and other relevant items.

Actuarial Cost Method

A procedure for determining the Actuarial Present Value of OPEB program benefits and expenses and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a Normal Cost and an Actuarial Accrued Liability.

Actuarial Gain (Loss)

A measure of the difference between actual experience and that expected based on a set of Actuarial Assumptions during the period between two Actuarial Valuation dates, as determined in accordance with a particular Actuarial Cost Method.

Actuarial Present Value

The value of an amount or series of amounts payable or receivable at various times, determined as of a given date by the application of a particular set of Actuarial Assumptions.

Actuarial Valuation

The determination, as of a valuation date, of the Normal Cost, Actuarial Accrued Liability, Actuarial Value of Assets, and related Actuarial Present Values for an OPEB plan.

Actuarial Value of Assets

The value of cash, investments and other property belonging to an OPEB plan, as used by the actuary for the purpose of an Actuarial Valuation.

Amortization Payment

That portion of the ARC that is designed to recognize interest on and to amortize the Unfunded Actuarial Accrued Liability.

Actuarially Determined Contributions (“ADC”)	This is the employer’s periodic required contribution to a defined benefit OPEB plan, calculated in accordance with the set of requirements for calculating actuarially determined OPEB information included in financial reports.
Attribution Period	The period of an employee’s service to which the expected postretirement benefit obligation for that employee is assigned. The beginning of the attribution period is the employee’s date of hire. The end of the attribution period is the time of assumed exit from OPEB active member status.
Benefit Payments	The monetary or in-kind benefits or benefit coverage to which participants may be entitled under a post employment benefit plan, including health care benefits and life insurance not provided through a retirement program.
GASB 74	The statement that establishes financial reporting standards for postemployment benefit <u>plans</u> other than retirement programs.
GASB 75	The statement that establishes financial reporting standards for <u>employers</u> that sponsor postemployment benefits other than retirement programs.
Net OPEB Obligation	This is the cumulative difference since the effective date of this statement between annual OPEB cost and the employer’s contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB related debt.
Normal Cost	That portion of the Actuarial Present Value of OPEB plan benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method.
Other Postemployment Benefits (“OPEB”)	This refers to postemployment benefits other than retirement program benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a retirement program, excluding benefits defined as termination benefits or offers.

Present Value of Future Benefits	<p>This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is:</p> <ul style="list-style-type: none">(a) Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, death, disability, termination of employment, etc.; and(b) Discounted at the assumed discount rate.
Projected Benefits	<p>Those OPEB plan benefit amounts which are expected to be paid at various future times under a particular set of Actuarial Assumptions, taking into account such items as the effect of advancement in age and past and anticipated future compensation and service credits.</p>
Substantive Plan	<p>The terms of the OPEB plan as understood by an employer that provides postretirement benefits and the employees who render services in exchange for those benefits. The substantive plan is the basis for the accounting for the plan.</p>
Trend Rate	<p>The rate of increase in per person health costs paid by a plan as a result of factors such as price increases, utilization of healthcare services, plan design, and technological developments.</p>
Unfunded Actuarial Accrued Liability	<p>The excess of the Actuarial Accrued Liability over the Actuarial Value of Assets.</p>

Appendix E: Medical Plan Comparisons

Comparisons are from the following areas of the LACERA website:

http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison.pdf

http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_oa.pdf

http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_medicare.pdf

COMPARISON OF MEDICAL PLANS

Effective July 1, 2018

Indemnity Medical Plans

- Anthem Blue Cross I
- Anthem Blue Cross II
- Anthem Blue Cross Prudent Buyer Plan

Health Maintenance Organizations (HMOs)

- Cigna Network Model Plan (Arizona and California only)
- Kaiser Permanente (California only)
- UnitedHealthcare

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents that legally govern each plan's operation.

The benefits offered by all LACERA-administered health plans change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area can impact your plan's rates and coverage levels.

Indemnity Insurance Plans

	Anthem Blue Cross I	Anthem Blue Cross II
Calendar Year Deductibles/Copayments	\$100 – individual; \$100 – family	\$500 – individual; \$1,500 – family
Annual Maximum Out-of-Pocket Expenses (for most services)	N/A	\$2,500, including deductible (Does not include amounts over allowable charges)
Lifetime Maximum Benefits	\$1,000,000	\$1,000,000
Hospital Benefits		
Room and Board	\$75 per day maximum ¹ ; \$150 per day maximum special care unit ¹	90% for PPO hospital ² ; 80% non-PPO for semi-private room; special care unit up to 2.5 times semi-private room rate
Surgical Services	80% ¹	80%
Hospital Services and Supplies	100% ¹	90% PPO hospital ² ; 80% non-PPO hospital
Hospital Admission Authorization Requirements	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice
Nursing Benefits		
Skilled Nursing Facility Care	70% (in-network) or 50% (out-of-network) up to \$150 per day for up to 100 days per calendar year ¹	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year ¹
Private Duty Nurses	80% in accordance with requirements	80% in accordance with requirements
Home Healthcare	100% in accordance with requirements ¹	100% in accordance with requirements ¹
Hospice Care	100% up to plan limitations, in accordance with requirements ¹	100% in accordance with requirements ¹
Emergency Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum special care unit ¹	90% PPO hospital ² ; 80% non-PPO hospital
Outpatient	100% at a hospital only ¹	80%
Ambulance	80% for transportation to first hospital where care is given	80% for transportation to first hospital where care is given
Outpatient Benefits		
Doctor's Office Visits	80%	80%
Preadmission X-Ray and Lab Tests	100% ¹	100% ¹
Routine Checkups, CA only		
—Adult	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250
—Children Under 17	\$25 copay in-network; 80% out-of-network	\$25 copay in-network; 80% out-of-network
Immunizations	Not covered except for children under age 17	Not covered except for children under age 17
Outpatient Surgical Services	100% ¹	100% ¹ (80% hospital facility fees)
Physical Therapy	80% in accordance with requirements	80% in accordance with requirements
Speech Therapy	80% in accordance with requirements	80% in accordance with requirements
Maternity	80% in accordance with requirements	80% in accordance with requirements
Prescription Drug Benefits		
Prescription Drugs	Retail: 80% in-network; 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)	Retail: 80% in-network; 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)
Mental Health and Substance Abuse Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum intensive care ¹	90% PPO; 80% non-PPO
Outpatient	80% of covered expenses	80% of covered expenses
Vision Benefits		
Eye Exams	Covered after accident only ³	Covered after accident only ³
Lenses	Covered after accident ³ and after eye surgery	Covered after accident ³ and after eye surgery
Frames	Covered after accident ³ or eye surgery only	Covered after accident ³ or eye surgery only
Hearing Care Benefits		
Hearing Exams	Covered after accident only ³	Covered after accident only ³
Hearing Aids	Covered after accident only ³	Covered after accident only ³

Comparison of Medical Plans

	HMOs
Anthem Blue Cross Prudent Buyer Plan	Cigna Network Model Plan
\$100 – individual; \$200 – family	None
N/A	\$1,500 – individual; \$3,000 – family
\$1,000,000	Unlimited
80% Prudent Buyer; 70% non-Prudent Buyer with \$75 per day maximum; \$150 per day intensive care (for non-Prudent Buyer)	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	No charge for inpatient or outpatient
80% Prudent Buyer; 70% non-Prudent Buyer (up to \$250 per day for non-Prudent Buyer)	No charge
Authorization by a Prudent Buyer physician required. Non-Prudent Buyer physicians must contact Anthem Blue Cross	Authorization by a Cigna HealthCare physician required within 48 hours in case of emergency outside service area
80% of semi-private room rate for up to 100 days per confinement period	No charge; CA limited to 100 days per contract year; AZ limited to 60 days per contract year
80% in accordance with requirements	No charge if authorized by a Cigna HealthCare physician (100 visits per contract year together with Home Healthcare)
100% in accordance with requirements	No charge; CA limited to 100 days per contract year; AZ limited to 60 days per contract year. Includes outpatient Private Duty Nursing subject to medical necessity.
100% up to plan limitations, in accordance with requirements ¹	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	\$50 copay; waived if admitted; \$25 copay for urgent care center
80%	No charge when true emergency authorized by a Cigna HealthCare physician
80% Prudent Buyer; 70% non-Prudent Buyer	\$5 copay
100% Prudent Buyer; 70% non-Prudent Buyer	No charge
\$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20	\$5 copay
Not covered except for children under age 17	No charge (after \$5 office visit copay, if applicable)
100% ¹ Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non-Prudent Buyer)	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	\$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only)
80% in accordance with requirements	\$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only)
80% Prudent Buyer; 70% Non-Prudent Buyer; in accordance with requirements	\$5 copay for initial visit to confirm pregnancy; no charge for subsequent maternity visits
Retail: 80% in-network; out-of network coverage may vary. Contact Anthem Blue Cross for more information. Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty for a 90-day supply /specialty copay prorated for less than 90-day supply	Retail: \$7 copay for 30-day supply; Mail order: \$14 copay for 90-day supply
80% Prudent Buyer; 70% non-Prudent Buyer	No charge for an unlimited number of days
80% Prudent Buyer; 70% non-Prudent Buyer	No charge for an unlimited number of visits
Not covered	\$10 copay; limit one exam every 12 months through Cigna Vision
One pair, after eye surgery	Covered after cataract surgery
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered

Kaiser Permanente	UnitedHealthcare⁴
None	None
Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
Unlimited	Unlimited
No charge	No charge
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser Permanente physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating UnitedHealthcare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; up to 100 days per benefit period
No charge if authorized by Kaiser Permanente physician	No charge (if medically necessary)
No charge if authorized by Kaiser Permanente physician	No charge; 100 visits maximum per calendar year
No charge if authorized by Kaiser Permanente physician (up to 100 2-hour visits per calendar year)	No charge when authorized by a UnitedHealthcare participating physician or medical group. Prognosis of life expectancy of one year or less.
No charge	No charge
\$5 at Kaiser Permanente facility; waived if admitted directly to the hospital	\$50; waived on admission
No charge if emergency	No charge when medically necessary
\$5 copay	\$5 copay
No charge	No charge with an office visit
\$5 copay	\$5 copay; no charge for age 2 and under
No charge if generally available	\$5 copay; no charge for age 2 and under
\$5 copay	No charge
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	No charge; office visit copays are waived after initial office visit copay
\$7 copay for up to 100-day supply; can be in person, through mail order, by telephone, or online at www.kp.org/myhealthmanager	Retail: \$7 copay for 30-day supply; Mail order: \$7 copay for 90-day supply
No charge; for an unlimited number of days	No charge; for an unlimited number of days (both Mental Health and Substance Abuse)
\$5 copay per visit; for an unlimited number of visits	Mental Health: \$5 copay; for an unlimited number of visits, must be authorized through UnitedHealthcare Behavioral Health ⁵ Substance Abuse: No charge; for an unlimited number of visits (Includes Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment)
\$5 copay	\$5 copay through PCP ⁵
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	\$5,000 annual benefit maximum per calendar year. Limited to one hearing aid (including repair and replacement) per hearing impaired ear every three years.

Carrier Notes:

Anthem Blue Cross Plans I, II, and Prudent Buyer

Coinsurance payment is the percentage of eligible charges after you meet the plan deductible, unless otherwise noted. **All plan reimbursements are based on negotiated rates or usual and customary charges.**

Usual and Customary charges are the maximum amounts the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

¹ Indicates deductible waived.

Anthem Blue Cross II

² For non-Medicare members only.

Anthem Blue Cross I and II

³ Treatment must be due to an accidental injury while insured and treatment must be received within two years of accident.

HMOs

Medical care must be received from HMO or contracted provider, physician or facility.

Mental Health Benefits for California Base Contracts: refer to evidence of coverage.

UnitedHealthcare

⁴ Refer to UnitedHealthcare HMO Schedule of Benefits and Evidence of Coverage for detailed plan information.

⁵ Your PCP is your Preferred Care Provider in the UnitedHealthcare HMO.

COMPARISON OF MEDICAL PLANS

Effective July 1, 2018

Health Maintenance Organizations (HMOs) and Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Permanente – Colorado
- Kaiser Permanente – Georgia
- Kaiser Permanente – Hawaii
- Kaiser Permanente – Oregon

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents, which legally govern each plan's operation.

The health plans and benefit designs available from the LACERA-administered options change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area will impact your eligibility to be enrolled in the health plan, the benefit designs available and the rates you pay.

Note: The benefit levels contained in this booklet are subject to approval by the Centers for Medicare and Medicaid Services (CMS) and may be adjusted during the plan year.

BASIC (UNDER 65 OR OVER 65 WITHOUT MEDICARE COVERAGE) HMOs

	Kaiser Permanente – Colorado	Kaiser Permanente – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,000 Family – \$4,500	Individual – \$2,000 Family – \$4,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge Outpatient – \$50 copay	Inpatient – no charge Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	Durable medical equipment covered at 80%
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge if authorized
Hospice Care	No charge	No charge if authorized
Emergency Benefits		
Inpatient	\$100 copay (waived if admitted)	\$100 (waived if admitted)
Outpatient	\$100 copay	\$100 (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$25 copay for after-hours care; \$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Maternity	\$5 copay	\$15 copay for 1st visit; no charge thereafter
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente; \$25 generic/\$40 brand copay for up to 30-day supply at Rite Aid or Walgreens
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 copay
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 copay per admission (detox only)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses, contact lenses or frames combined every 2 years
Frames		
Hearing Exam	\$5 copay	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon
None	None
Individual – \$2,500 (including prescription drugs) Family (3 or more) – \$7,500 (including prescription drugs)	Individual – \$600 Family – \$1,200
Unlimited	None
\$50/day	No charge
No charge	Inpatient – no charge Outpatient – \$5 copay
Durable medical equipment covered at 80%; diabetes equipment covered at 50%	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 120 days per accumulated period	No charge; 100 days per year
Not covered	Not covered
No charge if authorized	No charge if authorized; limited to 130 days
No charge if authorized	No charge
\$50/visit within service area; 20% copay outside of service area (waived if admitted)	\$75 copay (waived if admitted)
\$50/visit within service area; 20% copay outside of service area	\$75 copay (waived if admitted)
No charge	\$75 copay
\$15 copay	\$5 copay
No charge	No charge
No charge	No charge
No charge	No charge for routine
\$15 copay	\$5 copay
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year
No charge (after confirmation of pregnancy)	Hospitalization – no charge; doctor’s office visit – no charge
\$10 copay for up to 30-day supply	\$5 copay for up to 30-day supply
\$50/day*	No charge
\$15 copay*	\$5 copay
\$50/day	No charge
\$15 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	No charge
\$15 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$15 copay	\$5 copay
Covered at 40%	Covered for children only

*When prescribed by a physician, services for serious mental illness will be provided in accordance with state law.

RETIREE WITH MEDICARE MA-PD HMOs

	Kaiser Permanente – Colorado	Kaiser Permanente – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,500	Individual – \$2,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge; outpatient – \$50 copay	Inpatient – no charge; outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	No charge
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge if authorized
Hospice Care	No charge (only home-based hospice care)	No charge
Emergency Benefits		
Inpatient	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient	\$50 copay	\$50 copay (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist visit)*	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	Copay varies
Routine Checkups		
– Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Maternity	No charge	No charge
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente; \$25 generic/\$40 brand copay for 30-day supply at Rite Aid or Walgreens
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 per admission
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses and/or frames combined every 2 years
Frames		
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

*All office-administered prescription drugs covered by Medicare Part B (except preventive immunizations and diagnostic drugs) will be subject to 20% coinsurance. This coinsurance will apply to the annual maximum out-of-pocket expenses.

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon
None	None
Individual – \$2,500 Family – \$7,500	Individual – \$600
Unlimited	None
\$50/day	No charge
No charge	No charge
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	No charge; 100 days for Medicare benefits period
Not covered	Not covered
No charge if authorized	No charge; unlimited visits
No charge if authorized	No charge
\$50 per visit	\$50 copay (waived if admitted)
\$50 per visit	\$50 copay (waived if admitted)
No charge	\$50 copay
\$15 copay	\$5 copay
No charge	No charge
No charge	No charge
No charge	Not covered
No charge	No charge
\$15 copay	\$5 copay
\$15 copay	\$5 copay; unlimited visits
\$15 copay	\$5 copay; unlimited visits
No charge (after confirmation of pregnancy)	No charge
\$10 copay for up to 30-day supply	\$5 copay for a 30-day supply
\$50/day**	No charge
\$15 copay**	\$5 copay
\$50/day	No charge
\$15 copay	\$5 copay
\$15 copay	\$5 copay
Not covered	\$150 credit toward the purchase of lenses, frames, and/or contact lenses every 24 months
Not covered	\$150 credit toward the purchase of lenses, frames, and/or contact lenses every 24 months
\$15 copay	\$5 copay (adults/children)
\$500 allowance to purchase hearing aids; provided every 3 years	Not covered

**When prescribed by a physician, services for serious mental illness will be provided in accordance with state law.

COMPARISON OF MEDICAL PLANS

For those enrolled in Medicare Parts A and B

Effective July 1, 2018

Medicare Supplement Plan

- Anthem Blue Cross III

Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Permanente Senior Advantage
- UnitedHealthcare Medicare Advantage HMO
- SCAN Health Plan

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents that legally govern each plan's operation. The benefits offered by all LACERA-administered health plans change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area can impact your plan's rates and coverage levels.

Comparison of Medical Plans (For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

Medicare Supplement		Medicare Advantage Prescription Drug (MA-PD) HMOs		
Anthem Blue Cross III		Kaiser Permanente Senior Advantage	SCAN ¹	UnitedHealthcare Medicare Advantage HMO
Outpatient Benefits				
Doctor's Office Visit	20% of Medicare-approved charges	\$5 copay	\$5 copay	\$5 copay
Preadmission X-ray and Lab Tests	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
Routine Checkups	Not covered	No charge	\$5 copay	No charge
Immunizations	Not covered	No charge	No charge	No charge with an office visit copay
Outpatient Surgical Services	20% of Medicare-approved charges	\$5 copay per procedure	No charge	No charge
Physical Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Speech Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Maternity	Covered the same as an illness for services covered by Medicare	\$5 copay	Covered as any illness	Covered in accordance with Medicare guidelines
Chiropractic Care	20% of Medicare-approved charges	\$5 copay for Medicare-covered services ³	\$5 copay for Medicare-covered services ³	\$5 copay for Medicare-covered services ³
Transportation	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	Not covered
Prescription Drug Benefits				
Prescription Drugs	Retail: 80% in-network, 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply ⁴	\$7 copay for up to 100-day supply; covers dental prescriptions	Retail: \$7 generic/\$15 brand Mail order: \$7 generic/\$15 brand for 90-day supply	\$7 copay for 30-day supply (or for 90-day mail order supply for maintenance medications only)
Mental Health and Substance Abuse Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; for unlimited number of days	No charge; 90 days per benefit period. 190-day lifetime maximum in Medicare facility. ²	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	20% of Medicare-approved charges; up to 50 professional visits per year	\$5 copay for each visit per calendar year for an unlimited number of visits	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
Substance Abuse	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5 per individual visit; \$2 per group visit	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision Benefits				
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/contacts) purchased from plan optical sales every 24 months; \$150 allowance	Not covered	Not covered
Frames	Not covered unless after eye surgery		Not covered	Not covered
Hearing Care Benefits				
Hearing Exams	One per calendar year; 80%	\$5 copay	\$5 copay	\$5 copay
Hearing Aids	50% up to \$300 lifetime maximum	Not covered	\$600 allowance, every 24 months	Not covered

Comparison of Medical Plans (For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

	Medicare Supplement	Medicare Advantage Prescription Drug (MA-PD) HMOs		
	Anthem Blue Cross III	Kaiser Permanente Senior Advantage	SCAN¹	UnitedHealthcare Medicare Advantage HMO
Calendar Year Deductibles	None	None	None	None
Annual Maximum Out-Of-Pocket Expenses (for most services)	None	Maximum copayments of \$1,500 – individual \$3,000 – family	\$3,400	\$6,700
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Benefits				
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Nursing Benefits				
Skilled Nursing Facility Care	Plan pays Medicare daily deductible for days 21–100; no coverage beyond 100 days	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility
Private Duty Nurses	Not covered	No charge if authorized by a Kaiser Permanente physician	No charge when medically necessary only, per Medicare guidelines	No charge when medically necessary only, per Medicare guidelines
Home Healthcare	100% of all remaining costs not covered by Medicare	No charge for Medicare-covered Home Health and no charge for part-time intermittent care if authorized by a Kaiser Permanente physician	No charge for Medicare-covered Home Health. See (!) below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser Permanente physician	No charge	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
Outpatient	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

¹ SCAN includes expanded coverage for Independent Living Power™ services. Qualifying members are eligible for up to \$600 per month of these additional services.

- No charge for personal care coordination via phone
- \$15 copay per month for emergency response system
- \$15 copay per visit for alternative caregiver visit to a member's home when his or her regular caregiver is not available
- \$15 copay per visit for adult day care to provide relief for regular caregiver
- No copay for up to five days in a facility when regular caregiver is unavailable
- \$15 copay per visit for transportation escort to medical, dental, optometric or other necessary appointments
- \$15 copay per visit for personal care such as assistance with bathing, dressing, eating, getting in and out of bed, moving about/walking and grooming
- \$15 copay per visit for homemaker services such as light cleaning, grocery shopping, laundry and meal preparation
- No copay for home-delivered meals
- No copay for inpatient custodial care up to 5 days in a facility. Medicare will not pay for a stay in a facility if the services received are primarily for those purposes.
- SilverSneakers by Tivity Health Fitness Program available at no extra cost.

² Note: Visit or day limits do not apply to certain mental healthcare described in the evidence of coverage.

³ Manual manipulation of the spine to correct subluxation that can be demonstrated by X-ray, when the manipulation is prescribed by plan physician and performed by plan provider.

⁴ Copayment for specialty drugs will be prorated if you receive less than a 90-day supply

⁵ UnitedHealthcare Medicare Advantage HMO includes coverage for Solutions for Caregiver's services — No charge for advice, information and referrals. See the Caregiver flyer included in the materials received after enrollment in the plan for additional services.

Appendix F: Firefighters Local 1014 Medical Plan

The description of the Firefighters Local 1014 Medical Plan is from selected pages of the following website:

http://www.local1014medical.org/docs/Local%201014_2017%20SPD.pdf



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F-1

Medical Benefits at a Glance

The "Benefits at a Glance" chart below is an outline of what the [Plan](#) covers and how costs are shared for covered services. Coverage for services by an [out-of-network](#) provider is limited to [Reasonable and Customary charges](#) as determined by Local 1014. For more detailed information about what the [Plan](#) does and does not cover, refer to the sections of this SPD: [What the Medical Plan Covers](#) and [What the Medical Plan Does Not Cover](#).

Covered Expense	In-Network	Out-of-Network
Lifetime plan maximum	Unlimited	
Annual deductible	First \$200 of allowable expenses per person; \$600 maximum per family	
Coinsurance	Once you meet the annual deductible, the Plan pays 90% and you pay 10% of most allowable expenses , up to the annual out-of-pocket limit. Once the annual out-of-pocket limit is reached, the Plan generally pays 100% of allowable expenses .	Once you meet the annual deductible, the Plan pays 70% and you pay 30% of most allowable expenses , up to the annual out-of-pocket limit. Once the annual out-of-pocket limit is reached, the Plan generally pays 100% of allowable expenses . You also remain responsible for all amounts that exceed Reasonable and Customary charges .
Annual Out-of-Pocket Limit The combined In-Network and Out-of-Network limit is \$1,500. (Does not include annual deductibles, prescription drug or other copayments , non-covered expenses and amounts that exceed Reasonable and Customary)	\$1,000 per person or family per year (after you pay the deductible)	\$1,500 per person or family per year ¹ (after you pay the deductible). You remain responsible for all amounts that exceed Reasonable and Customary charges after the out-of-pocket limit is met.

¹ [Allowable expenses](#) for [out-of-network](#) services are limited to [Reasonable and Customary charges](#), which are defined as the fees and charges customarily accepted as payment for [Medically Necessary](#) health care services and supplies in a specific geographical area.

(Continued) ➔

Covered Expense	In-Network	Out-of-Network
Well-baby care (up to age 2, including immunizations)	100%; deductible does not apply	100%; deductible does not apply ¹
Immunizations (age 2 and older)	100%; deductible does not apply	100%; deductible does not apply ¹
Wellness benefit (age 2 and older)	100%; annual preventive exam and screenings, including "fit for life" exam, and immunizations; deductible does not apply	100%; annual preventive exam and screenings, including "fit for life" exam, and immunizations; deductible does not apply ¹
Cancer screenings	100% for Pap smear, mammogram, PSA test and colonoscopy covered according to American Cancer Society guidelines; deductible does not apply	100% for Pap smear, mammogram, PSA test and colonoscopy covered according to American Cancer Society guidelines; deductible does not apply ¹
Accidents	100% of the first \$5,000 incurred within 180 days of the accident ¹ (deductible and emergency room copay do not apply)	
Ambulance	90% after deductible ¹	
Doctor's office visits	90% after deductible	70% after deductible ¹
Emergency room	90% after deductible and \$50 copay per visit (copay waived in certain circumstances)	70% after deductible ¹ and \$50 copay per visit (copay waived in certain circumstances)
Hospital care (Providers must request pre-authorization from Anthem Blue Cross)	90% after deductible	70% after deductible ¹
Maternity (No pre-authorization required for uncomplicated obstetrical care)	90% after deductible	70% after deductible ¹

¹ **Allowable expenses** for **out-of-network** services are limited to **Reasonable and Customary charges**, which are defined as the fees and charges customarily accepted as payment for **Medically Necessary** health care services and supplies in a specific geographical area.

(Continued) ➡

Covered Expense	In-Network	Out-of-Network
Surgery [Providers must request pre-authorization from Anthem Blue Cross for all inpatient surgery and any outpatient procedure that might be considered experimental, investigational or cosmetic. Organ and tissue transplants, and weight loss surgery are covered only when performed at an Anthem Blue Cross Center of Expertise (COE)].	90% after deductible	70% after deductible ¹
X-rays and lab tests (excludes periodic preventive exams)	90% after deductible	70% after deductible ¹
Mental health /substance abuse care <ul style="list-style-type: none"> • Outpatient care • Inpatient care (All inpatient care requires pre-authorization from Anthem Blue Cross) 	90% after deductible	70% after deductible ¹
Acupuncture	90% after deductible (up to 30 visits per year; combined with chiropractic)	70% after deductible (up to 30 visits per year; combined with chiropractic) ¹
Chiropractic care	90% after deductible (up to 30 visits per year; combined with acupuncture)	70% after deductible (up to 30 visits per year; combined with acupuncture) ¹
Physical therapy (Requires referral by a physician ; additional visits require prior approval by Local 1014's Patient Care Coordinator)	90% after deductible (up to 30 visits per year)	70% after deductible (up to 30 visits per year) ¹

¹ **Allowable expenses** for **out-of-network** services are limited to **Reasonable and Customary charges**, which are defined as the fees and charges customarily accepted as payment for **Medically Necessary** health care services and supplies in a specific geographical area.

(Continued) ➡

Covered Expense	In-Network	Out-of-Network
Occupational therapy (Requires referral by a physician ; additional visits require prior approval by Local 1014's Patient Care Coordinator)	90% after deductible (up to 6 visits per year)	70% after deductible (up to 6 visits per year) ¹
Home health care (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (up to 100 visits per year) ¹	
Hospice care (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (benefit limited to \$20,000 per lifetime) ¹	
Extended care facility (Providers must request pre-authorization from Anthem Blue Cross)	90% after deductible (up to 70 days per occurrence) ¹	
Transitional nursing benefit (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (up to 400 hours per lifetime)	70% after deductible (up to \$100 per hour; up to 400 hours per lifetime) ¹
Diabetes self care	90% after deductible (benefit limited to \$250 per lifetime)	70% after deductible (benefit limited to \$250 per lifetime) ¹
Hearing aids (for children through age 19)	90% after deductible (benefit limited to \$1,000 maximum per ear every three years)	70% after deductible ¹ (benefit limited to \$1,000 maximum per ear every three years)
Infertility (includes only diagnostic tests and office visits to determine the existence and underlying cause of infertility)	100% (benefit limited to \$3,000 per lifetime); deductible does not apply	100% (benefit limited to \$3,000 per lifetime) ¹ ; deductible does not apply

¹ **Allowable expenses** for **out-of-network** services are limited to **Reasonable and Customary charges**, which are defined as the fees and charges customarily accepted as payment for **Medically Necessary** health care services and supplies in a specific geographical area.

(Continued) ➔

Covered Expense	In-Network	Out-of-Network
Temporomandibular Joint (TMJ) Disorders	90% after deductible (benefit for non-surgical treatment limited to \$2,000 per lifetime; this limit does not apply to surgical treatment)	70% after deductible ¹ (benefit for non-surgical treatment limited to \$2,000 per lifetime; this limit does not apply to surgical treatment)
Refractive eye surgery (e.g., radial keratotomy, LASIK)	90% after deductible (benefit limited to \$1,500 per eye, \$3,000 per lifetime)	70% after deductible ¹ (benefit limited to \$1,500 per eye, \$3,000 per lifetime)
Medical weight loss program	90% after deductible (benefit limited to \$5,000 per lifetime)	70% after deductible ¹ (benefit limited to \$5,000 per lifetime)
Shoe orthotics	90% after deductible (benefit limited to \$3,000 per lifetime)	70% after deductible ¹ (benefit limited to \$3,000 per lifetime)
LiveHealth Online [®]	100% after \$15 copayment	Not covered
Preventive Body Scan	100% for one scan of the torso region by BSI Scan (not affiliated with Anthem Blue Cross). Repeat preventive body scans are covered no more frequently than once every two years; deductible does not apply	Not covered

¹ **Allowable expenses** for **out-of-network** services are limited to **Reasonable and Customary charges**, which are defined as the fees and charges customarily accepted as payment for **Medically Necessary** health care services and supplies in a specific geographical area.

Prescription Drug Benefits at a Glance

Prescription Drug Type ¹	In-Network Retail Pharmacy or Mail-Order		Out-of-Network Retail Pharmacy
	Up to a 30-Day Supply – All Drugs	90-Day Supply – Maintenance Drugs ² Only	
Generic	\$10 copay	\$25 copay	You pay the entire cost of your prescription. Then, you submit a claim for reimbursement to Express Scripts. You will be reimbursed for the amount the medication would have cost at an in-network pharmacy, minus your copayment . Out-of-network copays are the same as in-network copays.
Brand name (when generic substitute is NOT available)	\$20 copay	\$50 copay	
Brand name (when generic substitute IS available)	\$30 copay PLUS the cost difference between the brand-name drug and the generic drug	\$75 copay PLUS the cost difference between the brand-name drug and the generic drug	

¹ The **Plan** will cover **ONLY** medications that have been approved by the Food and Drug Administration (FDA) for the treatment of the condition for which the medication is being prescribed.

² As classified by Express Scripts.

Save on Maintenance Prescriptions!

When you buy up to a 90-day supply of maintenance prescription drugs (as classified by Express Scripts) at an in-network retail pharmacy **OR** through **Express Scripts Home Delivery Service**, you have only one copay! The copay for a 90-day supply of maintenance prescription drugs is equal to two and one-half (2½) times the cost of a 30-day supply.

Appendix G: Dental and Vision Plan Description

The dental and vision plan description is from the following area of the LACERA website:

http://www.lacera.com/healthcare/pdf/healthcare_charts/dental_vision_charts.pdf

DENTAL PLAN

	Cigna Indemnity Dental	Cigna Dental HMO
Individual annual deductible	\$25	None
Family annual deductible	\$50	None
Individual annual maximum benefit	\$1,500	Unlimited
Exams & cleanings	20%*	\$0**
Amalgam – 1 surface, permanent	20%*	\$0**
Amalgam – 2 surface, permanent	20%*	\$0**
Amalgam – 3 surface, permanent	20%*	\$0**
Amalgam – 4 surface, permanent	20%*	\$0**
Resin or composite – anterior	20%*	\$0**
Anterior root canal – permanent	20%*	\$10**
Scaling/root planing – per quad	20%*	\$35**
Simple extraction	20%*	\$10**
Surgical extraction	20%*	\$15 – \$50**
Crown – porcelain to high noble metal	20%*	\$220**
Crown – stainless steel	20%*	\$10**
Post – prefab or crown buildup	20%*	\$40/\$55/\$65**
Orthodontic therapy – child	Not covered	\$2,240**
Orthodontic therapy – adult	Not covered	\$2,840**

* Member pays 20% of usual and customary charges (the maximum amount the plan will pay for a service, based on what providers in that geographic area charge for similar services or supplies). The plan pays 80% after deductible. Procedures with **high** noble gold are covered at 50%, after deductible.

** Member pays this amount, plus additional charges specified in the plan brochure. For post/crown buildup work, the copy amounts apply to different steps in the procedure.

VISION PLAN

Benefit	In-Network Benefits	Out-of-Network Benefits
Spectacle exam*** (Once every 12 months)	\$20 copay; then covered in full. For contact lens fitting and professional services, member pays additional charges	\$25 reimbursement maximum
Lenses (Once every 12 months)		
■ Single vision	\$40 copay; then covered in full	\$35 reimbursement maximum
■ Bifocal	\$40 copay; then covered in full	\$45 reimbursement maximum
■ Trifocal	\$40 copay; then covered in full	\$70 reimbursement maximum
■ Lenticular	\$40 copay; then covered in full	\$130 reimbursement maximum
■ Progressive	\$40 copay; then up to \$70 allowance	\$70 reimbursement maximum
Frames (Once every 24 months)	\$50 allowance	\$35 reimbursement maximum
Contact lenses (one pair or single purchase up to allowed amount with one lifetime maximum)		
■ Hard lenses	\$180 allowance	\$150 reimbursement maximum
■ Soft lenses	\$230 allowance	\$225 reimbursement maximum

*** Spectacle exam includes routine exam, including dilation and refraction.

Appendix H: Medicare Part B Reimbursement Plan Description

The Medicare Part B reimbursement plan description is from the following area of the LACERA website:

http://www.lacera.com/healthcare/Medicare/medicare_a_b.html

	HOME	DISCLAIMER	LINKS
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Search by Topic**MEDICARE PARTS A & B ELIGIBILITY****Brochures & Forms****HEALTHCARE****ALERT - Medicare Part D****Medicare Parts A & B Eligibility****Medicare Part B Reimbursement****The Value of Medicare Part B****ELIGIBILITY REQUIREMENTS FOR MEDICARE PART A**

(Hospital Insurance Coverage)

Medicare Part A is **free** to any person **age 65 or older** who is either:

- Eligible to receive a monthly Social Security benefit, or
- Eligible based on wages on which sufficient Medicare payroll taxes were paid.

You **automatically apply** for Medicare Part A when you apply for Social Security benefits. Your spouse may also qualify for Part A coverage at age 65, based on your eligibility for Social Security. To be eligible for Part A, you **do not** have to enroll in Part B. If you are not eligible for free Part A coverage, you may purchase this coverage.

Medicare Part A is **free** to any person **under age 65** who is **disabled** and has either:

- Received Social Security disability benefits for 24 months as a worker, surviving spouse, or adult child of a retired, disabled, or deceased worker; or
- Accumulated a sufficient number of Social Security credits to be insured for Medicare and meets the requirements of the Social Security disability program.

Effective January 2019, the Medicare Part A premium amount increased to \$437.00 per month (\$422.00 in 2018) for people who are not eligible for premium-free hospital insurance and have fewer than 40 quarters of Medicare-covered employment. Visit [Medicare](#) for more information.

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART B

(Supplementary medical insurance coverage for physicians, labs, testing)

When you enroll in Medicare Part A, you are **automatically enrolled** in Medicare Part B unless you decline it. This rule applies to persons age 65 or older and also to those who are disabled under age 65.

If you pay a premium for Plan A, you must enroll in Part B if you also desire that coverage. The Part B coverage is ordinarily deducted from your Social Security benefit.

If you select a LACERA-administered Medicare plan, you **may be reimbursed** by LACERA for the Part B premium amount. This reimbursement program is subject to annual review by the Board of Supervisors.

If you or your spouse has fewer than 40 quarters of Medicare-covered employment, you must pay a monthly premium for Part A.

On December 18, 2018, the Board of Supervisors approved continuing the Medicare Part B Premium Reimbursement Program for 2019 for LACERA-administered Medicare Plan enrollees.

[Read more about Part B.](#)

MEDICARE PART B

[County Reimbursements](#)

STOP MEDICARE FRAUD

[Get valuable tips](#) on preventing Medicare fraud.



Retiree Healthcare Brochures & Forms Page

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12/27/18

Call Center: 800-786-6464 (M-F 7 AM - 5:30 PM) • Fax: 626-564-6155 • Email: welcome@lacera.com
 Member Service Center: (M-F 7 AM - 5 PM) • [Appointment and Workshop Reservation System](#)
 Location: 300 N. Lake Ave. Pasadena, CA 91101 [Map](#) • Mailing Address: PO Box 7060 Pasadena, CA 91109-7060

Appendix I: Historical Information



This section presents historical statistical information on LACERA's membership, liabilities, assets, and costs. There is also a history of changes.

Table I-1: Membership Data

Valuation Date (July 1)	Membership			Payroll (Millions)
	Actives	Vested Terminateds	Retirees and Survivors with Medical	
2006	88,581	7,450	39,078	\$ 5,307.2
2008	94,415	8,074	40,444	\$ 6,259.2
2010	94,343	7,917	41,786	\$ 6,732.7
2012	91,898	7,835	43,897	\$ 6,630.0
2014	92,393	8,069	45,825	\$ 6,764.0
2016	95,295	8,207	47,903	\$ 7,268.6
2017	97,149	8,302	49,109	\$ 7,743.0
2018	98,415	8,434	50,271	\$ 7,880.3

**Table I-2: Liabilities, Assets, and Costs
(All Dollar Amounts in Millions)**

<u>Valuation Year</u>	<u>Actuarial Accrued Liability</u>	<u>Assets</u>	<u>Unfunded Actuarial Accrued Liability</u>	<u>ARC/ADC¹</u>	<u>Funded Ratio</u>	<u>ARC/ADC as a % of Pay</u>
2006	\$ 21,215.8	\$ -	\$ 21,215.8	\$ 1,630.7	0.00%	30.73%
2008	\$ 21,863.6	\$ -	\$ 21,863.6	\$ 1,737.0	0.00%	27.75%
2010	\$ 24,031.0	\$ -	\$ 24,031.0	\$ 1,938.4	0.00%	28.79%
2012	\$ 26,952.7	\$ -	\$ 26,952.7	\$ 2,126.1	0.00%	32.07%
2014	\$ 28,546.6	\$ 483.8	\$ 28,062.8	\$ 2,152.3	1.69%	31.82%
2016	\$ 25,912.6	\$ 560.8	\$ 25,351.8	\$ 1,964.4	2.16%	27.03%
2017	\$ 26,300.8	\$ 742.9	\$ 25,557.9	\$ 1,979.8	2.82%	25.57%
2018	\$ 21,066.8	\$ 941.0	\$ 20,125.8	\$ 1,620.2	4.47%	20.56%

¹ Annual Required Contribution (ARC) through 2017 and Actuarially Determined Contribution (ADC) thereafter

Table I-3: Change History

Valuation Year	Investment Return Assumption		Changes
	Prefunding Agents	Outside Districts	
2006	5.00%	5.00%	Initial OPEB Valuation and Segal actuarial review
2008	5.00%	5.00%	Investigation of Experience Study
2010	5.00%	5.00%	Investigation of Experience Study and Segal actuarial review
2012	4.35%	4.35%	2013 Investigation of Experience Study
2014	3.75%	3.75%	Initial Valuation with OPEB Trust assets
2016	4.50%	4.50%	Initial Valuation reflecting Tier 2, Investigation of Experience Study and Segal actuarial review
2017	4.50%	4.50%	Beginning of annual valuations
2018	6.00%	3.69%	Initial agent Valuation, 2018 Investigation of Experience Study and Cavanaugh Macdonald actuarial review



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