



# Los Angeles County Employees Retirement Association

## Other Postemployment Benefits Program Actuarial Valuation

July 1, 2017

Prepared by:

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June 29, 2018

Mr. Robert R. Hill  
Interim Chief Executive Officer  
LACERA  
300 North Lake Avenue, Suite 820  
Pasadena, CA 91101

Re: July 1, 2017 Other Postemployment Benefits (OPEB) Actuarial Valuation

Dear Robert:

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, 2017, and the retiree health plan premium rates in effect as of July 1, 2017, received from Aon Hewitt (LACERA's Health Care Benefits Consultant at the time), and July 1, 2018, received from Segal (LACERA's Health Care Benefits Consultant at the time of this project).

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by the County, LACERA, Aon Hewitt, 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-12 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 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. The Excise Tax is addressed separately in Section 3.

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.

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 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, 2016 valuation of the LACERA retirement benefits plan. The OPEB demographic and economic assumptions are based on the results of our 2016 OPEB Investigation of Experience, dated July 21, 2017. 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; Segal, LACERA's auditing actuary; Aon Hewitt, 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. The OPEB Investigation of Experience was reviewed in conjunction with the July 1, 2016 OPEB Valuation by LACERA's Board of Retirement.

OPEB specific assumptions that have been updated since the 2016 OPEB Investigation of Experience study include health cost trend rates updated with information from the July 1, 2018 renewals and carrier ACA Health Insurer Fee details and claim costs. The investment rate of return assumption was reviewed utilizing the Meketa Investment Group investment policy resulting in no change to this assumption from the prior July 1, 2016 OPEB valuation. 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 auditing 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 are summarized in Appendix A.

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, 2017 OPEB valuation is for funding purposes. The data, assumptions, OPEB program provisions as described in Appendix B of this report, and the funding goals serve as a basis for the separate GASB 74 and 75 disclosure reports. Actuarial computations under Government Accounting Standards Board (GASB) Statement Numbers 74 and 75 are for purposes of fulfilling financial accounting requirements for LACERA and Los Angeles County (the employer) respectively. The GASB 74 and 75 disclosure reports need to meet the requirements of these standards which include but are not limited to a different discount rate and actuarial cost methodology. LACERA must report under GASB 74 since the benefit payments flow through LACERA's financial accounts. A discussion of the new GASB OPEB statements 74 and 75 applicable to OPEB reporting is in Section 2, Subsection E, Accounting and CAFR Information. Determinations for purposes other than meeting these financial accounting requirements 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.

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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, Aon Hewitt, 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

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## Section 1: Executive Summary



### 2017 Valuation Results

	July 1, 2017	July 1, 2016
Actuarial Accrued Liability (\$ billions)	\$ 26.30	\$ 25.91
Less Assets	0.74	0.56
Unfunded Actuarial Accrued Liability	\$ 25.56	\$ 25.35
County Normal Cost Rate	12.54%	13.26%
County ARC as a Percentage of Payroll	25.57%	27.03%

### Overview

We are pleased to present the results of the July 1, 2017 annual actuarial valuation. Several key points are summarized as follows:

- The Unfunded Actuarial Accrued Liability (UAAL) increased due to a combination of several factors, some of which were offsetting. These included increases due to the passage of time since our July 1, 2016 valuation, claim cost experience gains, trend assumption gains, demographic losses, and asset gains measured as of July 1, 2017.
- The County Normal Cost Rate (NCR) and Annual Required Contribution (ARC) decreased as a percentage of payroll due to the factors mentioned above.

### Analysis of Change

The following table illustrates the sources of change between the July 1, 2016 and July 1, 2017 valuations. The dollar figures are expressed in billions of dollars.

Sources of Change	Actuarial Accrued Liability	(Assets)	Unfunded Actuarial Accrued Liability	County Normal Cost Rate	County ARC Percentage
<b>A. July 1, 2016 Valuation</b>	\$ 25.91	\$ (0.56)	\$ 25.35	13.26%	27.03%
Expected One-year Change	1.59	(0.13)	1.46	0.14%	0.47%
<b>B. July 1, 2017 Valuation Expected</b>	\$ 27.50	\$ (0.69)	\$ 26.81	13.40%	27.50%
Claim Cost Experience	(0.74)	-	(0.74)	(0.24%)	(0.62%)
Trend Assumption (Gain)/Loss <sup>1</sup>	(0.47)	-	(0.47)	(0.26%)	(0.50%)
Other Experience (Gain)/Loss	0.01	-	0.01	(0.36%)	(0.78%)
Asset (Gain)/Loss	-	(0.05)	(0.05)	0.00%	(0.03%)
<b>C. July 1, 2017 Valuation</b>	\$ 26.30	\$ (0.74)	\$ 25.56	12.54%	25.57%

<sup>1</sup> Includes impact of July 1, 2018 renewals and the Health Insurer Fee

**Analysis of Change  
(continued)**

**Section A:** 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, 2016 valuation payroll of \$7,268.6 million, increased by 3.25% per year (the payroll increase assumed at the time of the July 1, 2016 valuation) for one year to \$7,504.8 million (projected as of July 1, 2017).

**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, 2018 premiums and the trend assumption changes. The July 1, 2018 premiums are based on premiums received from Segal as of April 13, 2018. 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. Carriers took different approaches to adjust for the calendar year 2017 Health Insurer Fee moratorium but have taken a more uniform approach for the 2019 moratorium. We received detailed Insurer Fee information from the carriers and reflected adjustments in the trend assumption. 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, 2017 lowers the UAAL. The amortization of this change between expected and actual assets is included in the ARC resulting in a 0.03% decrease in the County ARC percentage. The cost percentages in this section are based on the updated July 1, 2017 valuation payroll of \$7,743.0 million.

## Summary Valuation Results

The table on the next page provides a summary of the valuation results by member group. 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, 2017.
- The Annual Required Contribution (ARC). The ARC is based on the County Normal Cost Rate plus a 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). This is the minimum amortization amount allowed for calculating the ARC for accounting purposes under GASB statements No. 43 and 45. 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.

**County Costs for OPEB Benefits<sup>1</sup>**  
**Summary of July 1, 2017 Valuation Results**  
 (all dollar amounts in billions)

	LA County			Superior Court	Total
	General	Safety	Subtotal		
1. Present Value of Future Benefits	\$ 27.80	\$ 11.27	\$ 39.07	\$ 1.63	\$ 40.70
2. Present Value of Future Normal Costs	10.55	3.36	13.91	0.49	14.40
3. Actuarial Accrued Liability (1-2)	\$ 17.25	\$ 7.91	\$ 25.16	\$ 1.14	\$ 26.30
4. Assets <sup>2</sup>	0.48	0.22	0.70	0.04	0.74
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 16.77	\$ 7.69	\$ 24.46	\$ 1.10	\$ 25.56
6. ARC <sup>3</sup>	\$ 1.34	\$ 0.56	\$ 1.90	\$ 0.08	\$ 1.98
7. ARC expressed as a percentage of payroll					
Normal Cost	11.33%	17.90%	12.63%	10.59%	12.54%
UAAL payment	11.12%	20.80%	13.02%	13.12%	13.03%
Total	22.45%	38.70%	25.65%	23.71%	25.57%

<sup>1</sup> Net of Retiree Paid Premiums. May not match other Tables due to rounding.

<sup>2</sup> LA County Assets distributed in proportion to the AAL.

<sup>3</sup> Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL).

### Comparison of Results to Prior Valuation

Table 1 provides a summary of key valuation results as of July 1, 2017, compared with July 1, 2016, under the Projected Unit Credit Cost Method. The July 1, 2017 results are based on an assumed 4.50% investment rate of return (discount rate) and the July 1, 2016 results are based on an assumed 4.50% investment rate of return as well. The July 1, 2017 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 a 2015 County budget policy.

The following key results are included in this table:

- 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 6.5% is higher than the anticipated one-year increase of 3.25%.
- The expected County paid benefits for the first year following the valuation date. The one-year increase of 4.9% is less than the previously expected one-year increase of 7.7% due largely to lower than anticipated health care premiums. This is based on Table 6 of the July 1, 2016 valuation, which expected the 2016-2017 payment level of \$570.6 million to increase to \$614.3 million in 2017-2018 (as compared to the new expected 2017-2018 amount of \$598.7 million).
- 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 1.5% overall increase is lower than expected as a result of lower-than-expected claims and trend.
- The Annual Required Contribution (ARC). The ARC increased by 0.8% in dollar terms, and decreased by 5.4% as a percentage of payroll. As seen in the Analysis of Change section on page 1, lower-than-expected health care claims and trend as well as and higher-than-expected payroll increases.

**Table 1: July 1, 2017 Summary of County Paid Liabilities and Cost  
(All Dollar Amounts in Millions)**

	July 1, 2017	July 1, 2016	Percentage Change
A. Total Membership			
1. Active Members	97,149	95,295	1.9%
2. Vested Terminated Members	8,302	8,207	1.2%
3. Retirees and Survivors (Medical Coverage)	49,109	47,903	2.5%
4. Total	<u>154,560</u>	<u>151,405</u>	2.1%
B. Valuation Payroll	\$ 7,743.0	\$ 7,268.6	6.5%
C. Projected County Paid First-Year Benefits	\$ 598.7	\$ 570.6	4.9%
D. Present Value of Future Benefits (PVB) <sup>1</sup>	\$ 40,698.2	\$ 40,212.9	1.2%
E. Actuarial Accrued Liability by Member Group <sup>1</sup>			
1. LA County Members	\$ 25,160.9	\$ 24,791.9	1.5%
2. Superior Court Members	1,139.9	1,120.7	1.7%
3. Total	<u>\$ 26,300.8</u>	<u>\$ 25,912.6</u>	1.5%
F. Actuarial Accrued Liability by Member Status <sup>1</sup>			
1. Active Members	\$ 14,660.5	\$ 14,547.9	0.8%
2. Vested Terminated Members	669.0	652.5	2.5%
3. Retired Members	10,971.3	10,712.2	2.4%
4. Total	<u>\$ 26,300.8</u>	<u>\$ 25,912.6</u>	1.5%
G. Actuarial Accrued Liability by Benefit Type <sup>1</sup>			
1. Retiree Medical	\$ 21,386.0	\$ 21,269.9	0.5%
2. Retiree Dental/Vision	1,247.0	1,248.2	(0.1%)
3. Medicare Part B	3,461.5	3,192.8	8.4%
4. Retiree Death Benefit	206.3	201.7	2.3%
5. Total	<u>\$ 26,300.8</u>	<u>\$ 25,912.6</u>	1.5%
H. Assets	\$ 742.9	\$ 560.8	32.5%
I. Unfunded Actuarial Accrued Liability	\$ 25,557.9	\$ 25,351.8	0.8%
J. Annual Required Contribution (ARC) <sup>2</sup>	\$ 1,979.8	\$ 1,964.4	0.8%
K. ARC expressed as a percentage of payroll			
1. Normal Cost	12.54%	13.26%	(5.4%)
2. UAAL payment	13.03%	13.77%	(5.3%)
3. Total	<u>25.57%</u>	<u>27.03%</u>	(5.4%)

<sup>1</sup> Net of Retiree Paid Premiums

<sup>2</sup> 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, 2017

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### A. Valuation Methodology



This is a valuation of the retiree medical, dental/vision, and death benefits covering the retired Los Angeles County 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 ARC, we were asked to divide the results into the following member groups:

- LA County General Members. This is the largest group, covering essentially all LACERA members who are not Safety Members or Superior Court members.
- LA County Safety Members. This group includes members of law enforcement, firefighters, and lifeguards.
- Superior Court Members. This group includes members of the Superior Court, as identified by LACERA's information technology systems.

The tables in this report present the unfunded liabilities, ARC, and projected County benefit payments under the Projected Unit Credit (PUC) cost method separately for each of the three groups identified above. This method is described further in Appendix A.

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, 2017 valuation of the LACERA retirement benefit plan. The OPEB demographic and economic assumptions are based on the results of our 2016 OPEB Investigation of Experience, dated July 21, 2017. 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 auditing actuary; Aon Hewitt, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721.

**Valuation  
Methodology  
(continued)**

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 County employees, including the Superior Court 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 County 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 a summary of the basic provisions of the Tier 2 program for employees hired after June 30, 2014.

## **B. GASB Liabilities and Costs**

**Key Liability  
Descriptions**

This funding valuation is performed on the same basis as the July 1, 2016 funding valuation report, which was consistent with GASB Statements No. 43 and No. 45. A discussion of the new GASB Statements No. 74 and 75 is in Section 2, Subsection E, 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).

**Key Liability  
Descriptions  
(continued)**

The PVB is the present value of the future postemployment benefits payable by the County to current active members and retirees. This value is net of future retiree contributions. The PVB is shown in Table 1, D. above.

The AAL is the most important measure of liability because it is used to derive the Annual Required Contribution (ARC) 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 Projected Unit Credit (PUC) actuarial cost method. The AAL is shown in Table 2 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 PUC method, the allocation basis is pro-rata on years of service 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 3.

**Annual Required  
Contribution**

The ARC 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 ARC, is an allocation amount, and may or may not reflect the actual employer contributions towards funding the OPEB program benefits.

Table 4 details the ARC results as of July 1, 2017, the beginning of the 2017/2018 fiscal year.

**Background on  
Accounting  
Requirements**

GASB issued Statement No. 43 in April of 2004. This statement covers Financial Reporting for Postemployment Benefit Plans Other than Pension Plans. GASB issued Statement No. 45 in June of 2004. This statement covers Accounting and Financial Reporting by Employers for Postemployment Benefits Other than Pensions. LACERA was required to adopt Statement No. 43 for the fiscal year ended June 30, 2007. For the County, Statement No. 45 was required to be adopted for the fiscal year ended June 30, 2008.

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, Statement No. 75 is 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 and assumptions are utilized in the separate GASB 74 and 75 disclosure reports.

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 discount rate was developed based on a blend of the projected return on general ledger assets and the projected return on the assets used for prefunding. Based on this, a 4.50% interest assumption was selected.

**Table 2: July 1, 2017 Actuarial Accrued Liability (AAL) at 4.5%  
 Retiree Medical Benefits  
 (All Dollar Amounts in Millions)**

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
<b>1. AAL - Total Medical Benefits</b>					
Retirees	\$ 5,841.5	\$ 3,461.6	\$ 9,303.1	\$ 374.0	\$ 9,677.1
Vested Terminateds	709.1	61.8	770.9	88.6	859.5
Actives	8,513.1	3,792.9	12,306.0	540.0	12,846.0
<b>Total</b>	<b>\$ 15,063.7</b>	<b>\$ 7,316.3</b>	<b>\$ 22,380.0</b>	<b>\$ 1,002.6</b>	<b>\$ 23,382.6</b>
<b>2. AAL - Retiree Paid Medical Premiums</b>					
Retirees	\$ 514.3	\$ 285.9	\$ 800.2	\$ 38.1	\$ 838.3
Vested Terminateds	283.1	33.1	316.2	32.4	348.6
Actives	589.4	195.2	784.6	25.0	809.6
<b>Total</b>	<b>\$ 1,386.8</b>	<b>\$ 514.2</b>	<b>\$ 1,901.0</b>	<b>\$ 95.5</b>	<b>\$ 1,996.5</b>
<b>3. AAL - County Paid Medical Benefits (1) - (2)</b>					
Retirees	\$ 5,327.0	\$ 3,175.8	\$ 8,502.8	\$ 335.9	\$ 8,838.7
Vested Terminateds	426.0	28.7	454.7	56.2	510.9
Actives	7,923.7	3,597.7	11,521.4	515.0	12,036.4
<b>Total</b>	<b>\$ 13,676.7</b>	<b>\$ 6,802.2</b>	<b>\$ 20,478.9</b>	<b>\$ 907.1</b>	<b>\$ 21,386.0</b>

**Table 2 (Cont): July 1, 2017 Actuarial Accrued Liability (AAL) at 4.5%  
 Retiree Dental and Vision Benefits  
 (All Dollar Amounts in Millions)**

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
<b>4. AAL - Total Dental &amp; Vision Benefits</b>					
Retirees	\$ 453.0	\$ 188.9	\$ 641.9	\$ 27.2	\$ 669.1
Vested Terminateds	40.5	2.7	43.2	4.7	47.9
Actives	481.9	138.8	620.7	31.3	652.0
<b>Total</b>	<b>\$ 975.4</b>	<b>\$ 330.4</b>	<b>\$ 1,305.8</b>	<b>\$ 63.2</b>	<b>\$ 1,369.0</b>
<b>5. AAL - Retiree Paid Dental &amp; Vision Premiums</b>					
Retirees	\$ 41.6	\$ 15.5	\$ 57.1	\$ 2.9	\$ 60.0
Vested Terminateds	16.4	1.5	17.9	1.8	19.7
Actives	34.0	6.8	40.8	1.6	42.4
<b>Total</b>	<b>\$ 92.0</b>	<b>\$ 23.8</b>	<b>\$ 115.8</b>	<b>\$ 6.3</b>	<b>\$ 122.1</b>
<b>6. AAL - County Paid Dental &amp; Vision Benefits (4) - (5)</b>					
Retirees	\$ 411.4	\$ 173.4	\$ 584.8	\$ 24.3	\$ 609.1
Vested Terminateds	24.1	1.2	25.3	3.0	28.3
Actives	447.9	132.0	579.9	29.7	609.6
<b>Total</b>	<b>\$ 883.4</b>	<b>\$ 306.6</b>	<b>\$ 1,190.0</b>	<b>\$ 57.0</b>	<b>\$ 1,247.0</b>

**Table 2 (Cont): July 1, 2017 Actuarial Accrued Liability (AAL) at 4.5%  
 Medicare Part B and Retiree Death Benefit  
 (All Dollar Amounts in Millions)**

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
<b>7. AAL - County Paid Medicare Part B Premiums</b>					
Retirees	\$ 960.8	\$ 362.2	\$ 1,323.0	\$ 57.9	\$ 1,380.9
Vested Terminateds	103.5	5.9	109.4	12.0	121.4
Actives	1,462.4	401.3	1,863.7	95.5	1,959.2
<b>Total</b>	<b>\$ 2,526.7</b>	<b>\$ 769.4</b>	<b>\$ 3,296.1</b>	<b>\$ 165.4</b>	<b>\$ 3,461.5</b>
<b>8. AAL - County Paid Retiree Death Benefit</b>					
Retirees	\$ 111.6	\$ 24.2	\$ 135.8	\$ 6.8	\$ 142.6
Vested Terminateds	7.3	0.4	7.7	0.7	8.4
Actives	45.4	7.0	52.4	2.9	55.3
<b>Total</b>	<b>\$ 164.3</b>	<b>\$ 31.6</b>	<b>\$ 195.9</b>	<b>\$ 10.4</b>	<b>\$ 206.3</b>
<b>9. AAL - County Paid Benefits (3) + (6) + (7) + (8)</b>					
Retirees	\$ 6,810.8	\$ 3,735.6	\$ 10,546.4	\$ 424.9	\$ 10,971.3
Vested Terminateds	560.9	36.2	597.1	71.9	669.0
Actives	9,879.4	4,138.0	14,017.4	643.1	14,660.5
<b>Total</b>	<b>\$ 17,251.1</b>	<b>\$ 7,909.8</b>	<b>\$ 25,160.9</b>	<b>\$ 1,139.9</b>	<b>\$ 26,300.8</b>

**Table 3: July 1, 2017 Normal Cost at 4.5%**  
**(All Dollar Amounts in Millions)**

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
1. Total Medical Benefits	\$ 634.1	\$ 262.4	\$ 896.5	\$ 31.9	\$ 928.4
2. Retiree Paid Medical Premiums	92.4	35.8	128.2	3.8	132.0
3. Net County Paid Medical Benefits (1) - (2)	\$ 541.7	\$ 226.6	\$ 768.3	\$ 28.1	\$ 796.4
4. Total Dental/Vision Benefits	\$ 32.6	\$ 8.7	\$ 41.3	\$ 1.7	\$ 43.0
5. Retiree Paid Dental/Vision Premiums	5.2	1.1	6.3	0.2	6.5
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 27.4	\$ 7.6	\$ 35.0	\$ 1.5	\$ 36.5
7. County Paid Medicare Part B Premiums	\$ 102.4	\$ 26.7	\$ 129.1	\$ 5.4	\$ 134.5
8. County Paid Retiree Death Benefit	\$ 2.9	\$ 0.4	\$ 3.3	\$ 0.2	\$ 3.5
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 674.4	\$ 261.3	\$ 935.7	\$ 35.2	\$ 970.9
10. Valuation Payroll	\$ 5,951.1	\$ 1,459.5	\$ 7,410.6	\$ 332.4	\$ 7,743.0
11. County Normal Cost as a Percentage of Payroll	11.33%	17.90%	12.63%	10.59%	12.54%

**Milliman July 1, 2017 OPEB Actuarial Valuation**  
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**Table 4: 2017-2018 Annual Required Contribution (ARC) at 4.5%**  
**(All Dollar Amounts in Millions)**

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
<b>1. Unfunded Actuarial Accrued Liability (UAAL)</b>					
Present Value of Benefits (PVB)	\$ 27,800.6	\$ 11,267.5	\$ 39,068.1	\$ 1,630.1	\$ 40,698.2
Present Value of Future Normal Cost (PVFNC)	10,549.5	3,357.7	13,907.2	490.2	14,397.4
Actuarial Accrued Liability as of July 1, 2017	\$ 17,251.1	\$ 7,909.8	\$ 25,160.9	\$ 1,139.9	\$ 26,300.8
Fund Balance at July 1, 2017	484.5	222.1	706.6	36.3	742.9
Unfunded Actuarial Accrued Liability	\$ 16,766.6	\$ 7,687.7	\$ 24,454.3	\$ 1,103.6	\$ 25,557.9
<b>2. Amortization of UAAL (Level % of Pay)</b>					
Amortization Period (years)	30	30	30	30	30
Amortization Factor	25.333	25.333	25.333	25.333	25.333
UAAL Amortization Payment	\$ 661.8	\$ 303.5	\$ 965.3	\$ 43.6	\$ 1,008.9
<b>3. 2017 - 2018 Annual Required Contribution (ARC) on July 1, 2017</b>					
Amortization of UAAL	\$ 661.8	\$ 303.5	\$ 965.3	\$ 43.6	\$ 1,008.9
Normal Cost	674.4	261.3	935.7	35.2	970.9
Annual Required Contribution (ARC) (As of July 1, 2017)	\$ 1,336.2	\$ 564.8	\$ 1,901.0	\$ 78.8	\$ 1,979.8
<b>4. July 1, 2017 Valuation Payroll</b>					
	\$ 5,951.1	\$ 1,459.5	\$ 7,410.6	\$ 332.4	\$ 7,743.0
<b>5. Estimated ARC as a Percentage of Valuation Payroll</b>					
	22.45%	38.70%	25.65%	23.71%	25.57%

*LA County Fund balance distributed in proportion to the AAL*

### C. Estimated Pay-As-You-Go Costs

#### Estimated Pay-As-You-Go Costs

Tables 5 and 6 project the estimated annual County OPEB benefit pay-as-you-go costs, net of expected retiree paid premiums for the next ten years.

Table 5 shows the total projected pay-as-you-go costs 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.

Table 6 summarizes the projected net County paid benefit costs for each of the three valuation member groups. The total amounts are the same as those in Table 5.

**Table 5: Projected County Paid Benefits by Type  
 (All Dollar Amounts in Millions)**

<u>Fiscal Year Ending</u>	<u>Medical Total</u>	<u>Dental/Vision Total</u>	<u>Medicare Part B</u>	<u>Death Benefit</u>	<u>Medical Retiree Contribution</u>	<u>Dental/Vision Retiree Contribution</u>	<u>Total County Paid Benefits</u>
6/30/2018	\$ 530.8	\$ 47.7	\$ 64.5	\$ 8.4	\$ (48.2)	\$ (4.5)	\$ 598.7
6/30/2019	587.9	49.5	73.3	8.6	(55.0)	(4.8)	659.5
6/30/2020	638.0	52.1	76.8	8.8	(60.6)	(5.1)	710.0
6/30/2021	695.8	55.8	82.3	9.1	(67.0)	(5.5)	770.5
6/30/2022	746.9	58.7	88.5	9.3	(72.7)	(5.8)	824.9
6/30/2023	802.5	61.7	95.4	9.6	(78.6)	(6.1)	884.5
6/30/2024	861.6	64.8	103.6	9.8	(84.6)	(6.5)	948.7
6/30/2025	923.5	68.0	111.9	10.1	(90.6)	(6.8)	1,016.1
6/30/2026	990.2	71.3	121.8	10.3	(97.0)	(7.1)	1,089.5
6/30/2027	1,054.8	74.7	133.0	10.6	(102.8)	(7.4)	1,162.9

Projection Basis:

All assumptions are met

No future members are reflected

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

<u>Fiscal Year Ending</u>	<u>LA County General</u>	<u>LA County Safety</u>	<u>LA County Subtotal</u>	<u>Superior Court</u>	<u>Total</u>
6/30/2018	\$ 400.2	\$ 174.2	\$ 574.4	\$ 24.3	\$ 598.7
6/30/2019	437.2	195.9	633.1	26.4	659.5
6/30/2020	467.4	214.3	681.7	28.3	710.0
6/30/2021	504.4	235.3	739.7	30.8	770.5
6/30/2022	538.3	253.6	791.9	33.0	824.9
6/30/2023	574.9	274.0	848.9	35.6	884.5
6/30/2024	615.1	295.1	910.2	38.5	948.7
6/30/2025	657.8	316.8	974.6	41.5	1,016.1
6/30/2026	704.1	340.5	1,044.6	44.9	1,089.5
6/30/2027	753.8	360.5	1,114.3	48.6	1,162.9

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

**D. Impact of Alternative Trend Rates on AAL and ARC**

To analyze the sensitivity of the health cost trend rates, the chart below shows the impact of a 1% increase or decrease in the assumed health cost trend rates on the AAL and ARC. The retiree death benefits are included, but they are unaffected by the health cost trend rates.

	<b>Valuation Trend Rates</b>	<b>Valuation Trend Rates Plus 1%</b>	<b>Valuation Trend Rates Minus 1%</b>
	(in millions)		
July 1, 2017 AAL	\$ 26,300.8	\$ 32,311.3	\$ 21,765.1
Percentage Increase/(Decrease)		23%	(17%)
2017 - 2018 ARC	\$ 1,979.8	\$ 2,562.1	\$ 1,558.7
Percentage Increase/(Decrease)		29%	(21%)

**E. CAFR Information**

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

(Dollars in Thousands)

<u>Valuation Date</u>	<u>Actuarial Value of Assets</u>	<u>Actuarial Accrued Liabilities</u>	<u>Unfunded Actuarial Accrued Liabilities (UAAL)</u>	<u>Funded Ratio</u>	<u>Covered Payroll <sup>1</sup></u>	<u>UAAL As A Percentage of Covered Payroll</u>
July 1, 2014	\$483,800	\$28,546,600	\$28,062,800	1.7%	\$6,672,228	420.6%
July 1, 2016	\$560,800	\$25,912,600	\$25,351,800	2.2%	\$7,279,091	348.3%
July 1, 2017	\$742,900	\$26,300,800	\$25,557,900	2.8%	\$7,637,032	334.7%

<sup>1</sup> Covered Payroll is consistent with the retirement benefits plan's covered payroll.

**Los Angeles County Other Post Employment Benefits Program  
 Schedule of Employer Contributions**

(Dollars in Thousands)

<u>Fiscal Year Ended June 30</u>	<u>Annual Required Contribution (ARC)</u>	<u>Actual Employer Contributions <sup>1</sup></u>			<u>Percentage of ARC Contributed</u>
		<u>Cash Payment</u>	<u>Transfer from Reserve Account</u>	<u>Total</u>	
2015	\$2,152,300	\$470,185	-	\$470,185	22%
2016	\$2,152,300	\$530,320	-	\$530,320	25%
2017	\$1,979,800	\$645,381	-	\$645,381	33%

<sup>1</sup> Values from Fiscal Year Ended June 30, 2015, 2016, and 2017 are from the LACERA 2017 CAFR. Actual Employer Contributions are not yet available for Fiscal Year Ended June 30, 2018.

**Milliman July 1, 2017 OPEB Actuarial Valuation**  
**Los Angeles County Employees Retirement Association**

**Los Angeles County Other Post Employment Benefits Program**  
**Demographic Activity of Retired Members and Beneficiaries (OPEB 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

**Los Angeles County Other Post Employment Benefits Program**  
**Actuarial Analysis of Financial Experience - OPEB Program**

(Dollars in Millions)

	Valuation as of July 1			
	2012	2014	2016	2017
Prior Valuation Unfunded Actuarial Accrued Liability	\$ 24,031	\$ 26,953	\$ 28,063	\$ 25,352
Expected Increase/(Decrease) from Prior Valuation	3,771	3,873	3,240	1,462
Claim Costs Greater/(Less) than Expected <sup>1</sup>	(3,864)	(5,471)	(2,322)	(1,213)
Change in Assumptions <sup>2</sup>	3,423	3,238	(3,385)	-
Asset Return Less/(Greater) than Expected	N/A	(484)	78	(54)
All Other Experience	(408)	(46)	(322)	11
<b>Ending Unfunded Actuarial Accrued Liability</b>	<b>\$ 26,953</b>	<b>\$ 28,063</b>	<b>\$ 25,352</b>	<b>\$ 25,558</b>

<sup>1</sup> This amount Includes the trend assumption change.

<sup>2</sup> In 2016, this amount includes the impact from Tier 2.

**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 (A)	Retirees and Beneficiaries <sup>1</sup> (B)	Active Members (Employer Financed Portion) (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%	

<sup>1</sup> Includes vested former members.

## 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 has prepared LACERA's first GASB 74 disclosure report issued on September 27, 2017. This GASB 74 disclosure report is 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 will be based on this July 1, 2017 OPEB valuation, measurement date of June 30, 2018 and reporting date of June 30, 2018.

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 will be addressed 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 second GASB 75 disclosure report will be based on this July 1, 2017 OPEB valuation with a measurement date of June 30, 2018 and a reporting date of June 30, 2019.

Some of the highlights of the new 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 ARC because there will be faster recognition of OPEB expenses.
- The Actuarially Determined Contribution (ADC) is the ARC with excise tax.
- 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 will be required.

### **Section 3: GASB Liabilities and Costs as of July 1, 2017 with Excise Tax**

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An excise tax for high cost health coverage, or “Cadillac” health plans was included as part of ACA. The provision levies a 40% tax on the value of health plan costs that exceed certain thresholds for single coverage or family coverage. The 2018 annual thresholds are \$10,200 for single coverage and \$27,500 for a family plan. For qualified retirees aged 55 to 64 or workers in “high risk” professions such as firefighters and police officers, the thresholds are \$11,850 for single coverage and \$30,950 for a family plan.

The Consolidated Appropriations Act of 2016 included a two year delay of the Cadillac tax, allowance of the Cadillac tax to be deductible, and no health insurer fee for calendar year 2017. The Tax Cuts and Jobs Act, passed in December 2017, adjusted the indexing of future Cadillac tax thresholds from CPI-U to chained CPI-U. Additional legislation passed in January 2018 further delayed the Cadillac until 2022 and suspended the health insurer fee for calendar year 2019. These changes are reflected in the health cost trend.

LACERA requested that Sections 1 and 2 exclude the impact of the Excise Tax under ACA and that Section 3 include the Excise Tax. A summary of results and the trend assumption reflecting the Excise Tax follows.

In order to determine the costs and liabilities with excise tax, the benefit plans, assumptions, and methods in the appendices apply. The medical trend in Appendix A has been updated in the table on page 25 to reflect Excise Tax. We assume that there will be no changes to the current laws and that there will be no changes in plan design to help mitigate the impact of the tax.

**Table 7: July 1, 2017 Summary of County Paid Liabilities and Cost with Excise Tax  
(All Dollar Amounts in Millions)**

	July 1, 2017 with Excise Tax	July 1, 2017 without Excise Tax	Percentage Change
A. Total Membership			
1. Active Members	97,149	97,149	0.0%
2. Vested Terminated Members	8,302	8,302	0.0%
3. Retirees and Survivors (Medical Coverage)	49,109	49,109	0.0%
4. Total	<u>154,560</u>	<u>154,560</u>	0.0%
B. Valuation Payroll	\$ 7,743.0	\$ 7,743.0	0.0%
C. Projected County Paid First-Year Benefits	\$ 598.7	\$ 598.7	0.0%
D. Present Value of Future Benefits (PVB) <sup>1</sup>	\$ 43,723.4	\$ 40,698.2	7.4%
E. Actuarial Accrued Liability by Member Group <sup>1</sup>			
1. LA County Members	\$ 26,510.8	\$ 25,160.9	5.4%
2. Superior Court Members	1,196.9	1,139.9	5.0%
3. Total	<u>\$ 27,707.7</u>	<u>\$ 26,300.8</u>	5.3%
F. Actuarial Accrued Liability by Member Status <sup>1</sup>			
1. Active Members	\$ 15,721.5	\$ 14,660.5	7.2%
2. Vested Terminated Members	704.2	669.0	5.3%
3. Retired Members	11,282.0	10,971.3	2.8%
4. Total	<u>\$ 27,707.7</u>	<u>\$ 26,300.8</u>	5.3%
G. Actuarial Accrued Liability by Benefit Type <sup>1</sup>			
1. Retiree Medical	\$ 22,792.9	\$ 21,386.0	6.6%
2. Retiree Dental/Vision	1,247.0	1,247.0	0.0%
3. Medicare Part B	3,461.5	3,461.5	0.0%
4. Retiree Death Benefit	206.3	206.3	0.0%
5. Total	<u>\$ 27,707.7</u>	<u>\$ 26,300.8</u>	5.3%
H. Assets	\$ 742.9	\$ 742.9	0.0%
I. Unfunded Actuarial Accrued Liability	\$ 26,964.8	\$ 25,557.9	5.5%
J. Annual Required Contribution (ARC) <sup>2</sup>	\$ 2,123.4	\$ 1,979.7	7.3%
K. ARC expressed as a percentage of payroll			
1. Normal Cost	13.68%	12.54%	9.1%
2. UAAL payment	13.74%	13.03%	5.4%
3. Total	<u>27.42%</u>	<u>25.57%</u>	7.2%

<sup>1</sup> Net of Retiree Paid Premiums

<sup>2</sup> Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL)

### Health Cost Trend Assumptions with Excise Tax \*

The medical trend in Appendix A has been modified in the following table to reflect Excise Tax.

Fiscal Year Ending		LACERA Medical Trend with Excise Tax	
From	To	Under 65	Over 65
6/30/2018	6/30/2019	5.80%	6.00%
6/30/2019	6/30/2020	6.30%	6.00%
6/30/2020	6/30/2021	6.70%	6.50%
6/30/2021	6/30/2022	5.70%	6.10%
6/30/2022	6/30/2023	5.80%	6.10%
6/30/2023	6/30/2024	5.30%	5.30%
6/30/2024	6/30/2025	5.40%	5.40%
6/30/2025	6/30/2026	5.60%	5.40%
6/30/2026	6/30/2027	5.80%	5.40%
6/30/2027	6/30/2028	5.90%	5.50%
6/30/2037	6/30/2038	6.10%	5.60%
6/30/2047	6/30/2048	5.70%	5.60%
6/30/2057	6/30/2058	5.50%	5.80%
6/30/2067	6/30/2068	5.10%	5.30%
6/30/2077	6/30/2078	4.50%	4.60%
6/30/2087	6/30/2088	4.50%	4.60%
6/30/2097	6/30/2098	4.50%	4.50%
6/30/2102	6/30/2103	4.50%	4.50%

Note that after fiscal year ending June 30, 2027, selected years are shown in the table. After fiscal year ending June 30, 2073, the pre 65 trend rate remains at 4.50%. After fiscal year ending June 30, 2095, the trend rate remains at 4.50% for post 65 trend.

\* The first year trend rates for LACERA medical and dental/vision plans have been adjusted to reflect premium increases effective July 1, 2018. ACA Fees including PCORI, Health Insurer Fee and the impact from the calendar years 2017 and 2019 moratoriums are also included in the medical and dental/vision trends.

**Milliman July 1, 2016 OPEB Actuarial Valuation**  
**Los Angeles County Employees Retirement Association**

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The table below projects the estimated annual County OPEB benefit pay-as-you-go medical costs with and without the Excise Tax, net of expected retiree paid premiums for the next ten years in millions.

Fiscal Year Ending	Total County Medical Paid Benefits	Total County Medical Paid Benefits
	July 1, 2017 with Excise Tax	July 1, 2017 without Excise Tax
6/30/2018	\$ 482.6	\$ 482.6
6/30/2019	532.9	532.9
6/30/2020	577.4	577.4
6/30/2021	628.8	628.8
6/30/2022	679.6	674.2
6/30/2023	735.9	723.9
6/30/2024	791.4	777.0
6/30/2025	849.9	832.9
6/30/2026	913.8	893.2
6/30/2027	977.2	952.0

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

The table below shows when each plan is projected to reach the Excise Tax threshold.

Plan	First Year Excise Tax Applies (as of 7/1/2014)	First Year Excise Tax Applies (as of 7/1/2016)	First Year Excise Tax Applies (as of 7/1/2017)
Blue Cross I	2018	2020	2022
Blue Cross II	2018	2020	2022
Blue Cross III	2037	2041	2040
Blue Cross Prudent Buyer	2018	2020	2022
Cigna Network Model	2018	2020	2022
Cigna Healthcare for Seniors	2045	2047	2046
Firefighters' Local 1014	2018	2020	2022
Kaiser Basic	2019	2021	2022
Kaiser Over 65	2046	2050	2048
UnitedHealthcare	2018	2020	2022
UnitedHealthcare Medicare Advantage	2049	2049	2048
SCAN	2046	2057	2057

## Appendix A: Actuarial Procedures and Assumptions

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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. The general wage increase, investment earnings, and implied inflation assumptions were also evaluated with the 2016 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2016. We recommend using the inflation and general wage increase from the 2016 Board of Investments decision in December 2016. We recommend an OPEB specific investment earnings assumption. The investment earnings for the OPEB valuation are based on a blend of the expected return from the general assets and the expected return from the OPEB Trust, 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. The OPEB specific assumptions other than premiums, claim costs, and aging were reviewed and changed as a result of the 2016 OPEB Investigation of Experience Study approved in the September 2017 Board of Retirement meeting. The premiums, claim costs, aging, and trend used for this valuation are updated as of July 1, 2017.

The actuarial assumptions used in both the retirement benefits plan and OPEB program actuarial valuations 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. Nearly all of the assumptions were developed in our 2016 Retirement and OPEB experience study reports. The investment earnings, claim costs, and health cost trend assumptions were updated for this July 1, 2017 valuation.

Tables A-2 and A-3 show how members are expected to leave retired status due to death.

Table A-4 presents the probability of refund of retirement benefit contributions upon termination of employment while vested.

Table A-5 presents the general wage increase of 3.25% per annum.

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.

Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2016 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, 2017 premium and claim information.

Table A-22 presents the health cost trend rates for the July 1, 2017 OPEB valuation. These rates reflect the final July 1, 2018 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 2016 OPEB Investigation of Experience study.

## Actuarial Cost Method

The actuarial valuation is 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.

## 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, Aon Hewitt, and Segal and was accepted for valuation purposes without audit.

**Growth in Membership**

For benefit valuation purposes, no growth in the active 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.

**Investment Earnings and Expenses**

Since LACERA is a partially funded plan, a blend of the expected return on the County's general funds (3.54%) and the OPEB Trust return (6.30%) is used. For this valuation the investment earnings assumption is 4.50%, based on partial funding of the normal cost plus an amortization of the UAAL (or the Annual Required Contribution (ARC) under GASB 43/45). During the fiscal year ending June 30, 2017, 32.84% of the ARC was funded (\$645 million) / (\$1,964 million). We weight the OPEB Trust's expected return with the percent of the ARC that is funded, 32.84%. We weight the expected return of the General funds with the percent of the ARC that is unfunded, 67.16%. This results in a discount rate of 4.50% (4.45% rounded to the nearest quarter percent). The separate GASB 74/75 disclosure reports which are different from this funding valuation will follow prescribed discount rate requirements.

**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, 2018 renewals and the impact from the 2019 calendar year moratorium of the Health Insurer Fee under the ACA. The trends in Table A-22 do not include the excise tax under the ACA. These rates were adopted July 1, 2017.

**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, 2016, 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 <sup>(1)</sup>	-2
General	Female	RP 2014E Female, Generational <sup>(1)</sup>	-0
Safety	Male	RP 2014E Male, Generational <sup>(1)</sup>	-6
Safety	Female	RP 2014E Female, Generational <sup>(1)</sup>	-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 2016 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 tier selection upon retirement for Tier 1	Table A-15A
Probability of medical plan and tier selection upon retirement for Tier 2	Table A-15B
Probability of medical plan and tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16

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<b>Retiree Medical and Dental/Vision Eligibility and Enrollment Assumptions (cont.)</b>	Probability of survivor and new dependent enrollment	Table A-17
	Probability of dental/vision enrollment upon retirement	Table A-18
	Probability of dental/vision plan and 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, 2017**

I.	Economic Assumptions	
A.	General wage increases	3.25%
B.	Investment earnings	4.50%
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
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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	Table A-2
Basis – Beneficiaries are assumed to have the same mortality as a general member of the opposite gender who has taken a service retirement.	
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 one year younger than their male spouses. Assumption adopted July 1, 2016.	
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 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 Tier Selection for Pre 65 Retirees Who become Eligible for a Post 65 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 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**

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 <sup>(1)</sup>**

<b>Age</b>	<b>Safety Male</b>	<b>Safety Female</b>	<b>General Male</b>	<b>General Female</b>
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)**

<b>Years of Service</b>	<b>Safety</b>	<b>General</b>
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**

The general wage increase assumption is 3.25% per annum which is used for projecting the total future payroll. The amortization of the UAAL is determined as a level percentage of payroll. General wage increases and individual salary increases due to promotion and longevity do not affect the amount of the OPEB program's benefits.

The separate GASB 74 and 75 disclosure reports are based on the cost allocation method, Entry Age Normal Level Percent of Pay. This cost allocation method includes both general wage and merit increases. Merit increases are located in Table A-5 of the June 30, 2017 actuarial valuation of retirement benefits.

**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

**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		

**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	8%
10-14	44%
15-19	61%
20-24	81%
25+, Disabled	95%

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

**Table A-15A: Probability of Medical Plan and 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%	1.0%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	1.5%	0.5%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.0%			
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		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	5.5%	8.0%	1.0%	2.0%
222	Anthem Blue Cross II	Retiree and Spouse	14.0%	7.0%	3.5%	1.0%
223	Anthem Blue Cross II	Retiree, Spouse and Children	10.5%	2.0%	1.0%	
224	Anthem Blue Cross II	Retiree and Children	1.0%	1.0%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.5%	6.5%	10.5%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			6.5%	1.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			6.5%	4.0%
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				
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare				
250	Anthem Blue Cross III	Retiree and Family 3 Medicare				
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)	12.5%	31.0%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			20.0%	39.5%
404	Kaiser (CA)	Retiree Excess I			1.0%	2.0%
405	Kaiser (CA)	Retiree Excess II - Part B			2.0%	3.0%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				
411	Kaiser (CA)	Family Basic	36.0%	30.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			19.5%	4.5%
414	Kaiser (CA)	One Excess I, Others Basic			1.0%	
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			14.0%	15.5%
419	Kaiser (CA)	One Excess I, One Advantage			0.5%	0.5%
420	Kaiser (CA)	Two+ Excess I			0.5%	
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess II - Part B, One Basic			2.0%	0.5%
423	Kaiser (CA)	One Excess III (MNP), One Basic			1.0%	
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)				

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			3.0%	9.5%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.0%	3.5%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.5%	3.5%
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%	5.0%		
709	United Healthcare	Family	5.5%	1.0%		
<b>Total</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Probability of enrolling at least one dependent      77.5%      50.0%      66.0%      32.0%



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**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	47.0%	47.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	46.0%	46.0%		
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			47.0%	47.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			46.0%	46.0%
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				
<b>Total</b>			100.0%	100.0%	100.0%	100.0%
<b>Probability of enrolling at least one dependent</b>			<b>93.0%</b>	<b>93.0%</b>	<b>93.0%</b>	<b>93.0%</b>



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**Table A-15B: Probability of Medical Plan and 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%	1.0%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	1.5%	0.5%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.0%			
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	5.5%	8.0%		
222	Anthem Blue Cross II	Retiree and Spouse	14.0%	7.0%		
223	Anthem Blue Cross II	Retiree, Spouse and Children	10.5%	2.0%		
224	Anthem Blue Cross II	Retiree and Children	1.0%	1.0%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.5%	7.5%	13.0%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			10.0%	2.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			6.5%	4.0%
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				
250	Anthem Blue Cross III	Retiree and Family 3 Medicare				
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)	12.5%	31.0%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			23.0%	44.5%
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	36.0%	30.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			23.5%	5.0%
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			15.0%	16.0%
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)				



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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			3.0%	9.5%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.0%	3.5%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.5%	3.5%
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%	5.0%		
709	United Healthcare	Family	5.5%	1.0%		
<b>Total</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Probability of enrolling at least one dependent      **77.5%**      **50.0%**      **66.0%**      **32.0%**



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**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	47.0%	47.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	46.0%	46.0%		
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			47.0%	47.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			46.0%	46.0%
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				
<b>Total</b>			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 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	40%	0%
	Anthem Blue Cross III	60%	100%
Anthem Blue Cross II	Anthem Blue Cross II	45%	0%
	Anthem Blue Cross III	55%	100%
Anthem Blue Cross Prudent Buyer	Anthem Blue Cross Prudent Buyer	55%	0%
	Anthem Blue Cross III	45%	100%
Cigna Network Model	Cigna Network Model Plan	46%	0%
	Cigna Medicare Select Plus Rx (AZ)	6%	0%
	Anthem Blue Cross I	1%	0%
	Anthem Blue Cross II	1%	0%
	Anthem Blue Cross III	18%	20%
	United Healthcare Medicare Advantage Senior Advantage	18%	80%
	SCAN Health Plan	4%	0%
United Healthcare	SCAN Health Plan	6%	0%
	United Healthcare Medicare Advantage	85%	87%
	Cigna Network Model Plan	2%	0%
	Anthem Blue Cross II	2%	0%
	Anthem Blue Cross III	6%	8%
	SCAN Health Plan	2%	2%
	Senior Advantage	2%	3%
Excess II	1%	0%	
Kaiser Retiree Basic	Senior Advantage	81%	98%
	Retiree Excess I	4%	0%
	Retiree Excess II	9%	0%
	Excess III (MNP)	4%	0%
	Anthem Blue Cross III	2%	2%
Kaiser Family Basic	2+ Advantage	82%	99%
	One Excess I, One Advantage	2%	0%
	One Advantage, One Excess II	8%	0%
	One Advantage, One Excess III (MNP)	6%	0%
	Two+ Excess II - Part B	0.5%	0%
	Anthem Blue Cross III	1%	1%
	United Healthcare Medicare Advantage	0.5%	0%
Firefighters Local 1014	Firefighters Local 1014	100%	100%

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. \$134.00 for calendar year 2018). 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, 2017 through July 1, 2018 is \$122.67 per member per month. This is based on the average 2017 calendar year Medicare Part B premium rates provided in the census of \$111.34 per member per month and 2018 calendar year Medicare Part B standard premium rate of \$134.00.

### 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 3% 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 50% of the retirees with spouses have a spouse continuance option.
- We assume 10% of the surviving spouse/domestic partners with a continuance option will enroll a new spouse.
- Therefore, we assume 5% (or 50% of the 10%) 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	11%
10-14	49%
15-19	64%
20-24	82%
25+	95%
Disabled	94%

**Table A-19: Probability of Dental/Vision Plan and 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>Survivor</u>	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Survivor</u>
Deduction Code	501	502	503	901	902	903
Percentage						
Male	20%	67%	0%	4%	9%	0%
Female	46%	39%	0%	9%	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, 2017 and July 1, 2018, and is included in the premium rates.

**Pre and Post Age 65 Monthly Rates Effective July 1, 2017  
 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	\$ 1,094.88	\$ 1,094.88	\$ 866.85	\$ 1,419.91	
Retiree & Spouse	\$ 1,972.43	\$ 1,972.43	\$ 1,704.22	\$ 2,562.34	
Retiree & Family	\$ 2,326.31	\$ 2,326.31	\$ 1,923.13	\$ 3,025.54	
Retiree & Children	\$ 1,448.02	\$ 1,448.02	\$ 1,113.74	\$ 1,883.69	
Minor Survivor	\$ 364.04	\$ 364.04	\$ 237.47	\$ 472.39	\$ 307.71
UnitedHealthcare Single					\$ 1,072.60
UnitedHealthcare Two-Party					\$ 1,957.45
UnitedHealthcare Family					\$ 2,320.60

**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

**Post Age 65 Monthly Rates Effective July 1, 2017**

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 443.35		
Retiree & Spouse- 1 Medicare	\$ 1,413.18		
Retiree & Spouse- 2 Medicare	\$ 880.49		
Retiree & Children- 1 Medicare	\$ 792.32		
Retiree & Family- 1 Medicare	\$ 1,762.05		
Retiree & Family- 2 Medicare	\$ 1,229.28		
Retiree & Family- 3 Medicare	\$ 1,377.42		
Retiree Only		\$ 298.00	\$ 339.07
Retiree & 1 Dependent (1 Medicare)			\$ 1,403.67
Retiree & 1 Dependent (2 Medicare)		\$ 588.00	\$ 670.14
Retiree & 2 + Deps. (1 Medicare)			\$ 1,587.08
Retiree & 2 + Deps. (2 Medicare)			\$ 853.55

**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

**Kaiser California Monthly Rates**

Effective Date	July 1, 2017	July 1, 2018
Retiree Basic (Under 65)	\$937.63	\$1,002.90
Retiree Risk (Senior Advantage)	\$256.62	\$274.22
Retiree Excess I	\$1,035.65	\$1,125.53
Retiree Excess II - Part B	\$980.76	\$1,051.35
Excess III - Medicare Not Provided (MNP)	\$1,745.10	\$1,866.70
Family Basic	\$1,867.26	\$1,997.80
One Advantage, One Basic	\$1,186.25	\$1,269.12
One Excess I, One Basic	\$1,965.28	\$2,120.43
One Excess II - Part B, One Basic	\$1,910.39	\$2,046.25
One Excess III (MNP), One Basic	\$2,674.73	\$2,861.60
Two+ Advantage	\$505.24	\$540.44
One Excess I, One Advantage	\$1,284.27	\$1,391.75
One Advantage, One Excess II - Part B	\$1,229.38	\$1,317.57
One Advantage, One Excess III (MNP)	\$1,993.72	\$2,132.92
Two+ Excess I	\$2,063.30	\$2,243.06
One Excess I, One Excess II - Part B	\$2,008.41	\$2,168.88
One Excess I, One Excess III (MNP)	\$2,772.75	\$2,984.23
Two Excess II - Part B	\$1,953.52	\$2,094.70
One Excess II - Part B, One Excess III (MNP)	\$2,717.86	\$2,910.05
Two Excess III - Both (MNP)	\$3,482.20	\$3,725.40
Survivor	\$937.63	\$1,002.90

**Firefighters Local 1014 Monthly Rates**

<b>Effective Date</b>	<b>July 1, 2017</b>
Medical Member Under 65	\$ 1,078.15
Medical Member + 1 Under 65	1,943.99
Medical Member + 2 Under 65	2,293.11
Medical Member with Medicare	1,078.15
Medical Member + 1; 1 MDC	1,943.99
Medical Member + 1; 2 MDC	1,943.99
Medical Member + 2; 1 MDC	2,293.11
Medical Member + 2; 2 MDC	2,293.11
Medical Surviving Spouse Under 65	1,078.15
Medical Surviving Spouse + 1 Under 65	1,943.99
Medical Surviving Spouse + 2 Under 65	2,293.11
Medical Surviving Spouse with MDC	1,078.15
Medical Surviving Spouse + 1; 1 MDC	1,943.99
Medical Surviving Spouse + 2; 1 MDC	2,293.11
Medical Surviving Spouse + 1; 2 MDC	1,943.99

July 1, 2018 Firefighter Local 1014 rates were not available in time to include in the valuation.

**Dental/Vision Monthly Rates**

<b><u>Effective Date</u></b>	<b>July 1, 2017</b>		<b>July 1, 2018</b>	
	<b>Cigna Dental <u>HMO/Vision</u></b>	<b>Cigna Indemnity <u>Dental/Vision</u></b>	<b>Cigna Dental <u>HMO/Vision</u></b>	<b>Cigna Indemnity <u>Dental/Vision</u></b>
<b><u>Tier</u></b>				
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**

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. Details of the benchmark plan rate are in the table below. Tier 2 is for County employees who are hired after June 30, 2014 and are eligible for LACERA membership. 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.

<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

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.

## 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 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 following plans 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.

- Cigna Network Model Plan
- Firefighters Local 1014 Plan

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, 2017. 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 39% 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	Total	Male	Female	Total
25 \$	349.78	\$ 477.32	\$ 411.89	\$ 515.57	\$ 258.49	\$ 317.77
30 \$	429.08	\$ 780.30	\$ 600.13	\$ 322.12	\$ 621.38	\$ 552.37
35 \$	705.86	\$ 1,071.88	\$ 884.12	\$ 328.28	\$ 614.83	\$ 548.75
40 \$	860.57	\$ 1,170.85	\$ 1,011.68	\$ 494.24	\$ 621.25	\$ 591.96
45 \$	800.40	\$ 1,117.59	\$ 954.87	\$ 589.52	\$ 687.36	\$ 664.80
50 \$	790.81	\$ 969.06	\$ 877.62	\$ 657.14	\$ 770.19	\$ 744.12
55 \$	843.27	\$ 920.95	\$ 881.10	\$ 807.19	\$ 879.10	\$ 862.52
60 \$	934.11	\$ 948.24	\$ 940.99	\$ 1,033.51	\$ 1,032.37	\$ 1,032.63
65 (Pre 65) \$	1,103.58	\$ 1,076.64	\$ 1,090.46	\$ 1,308.99	\$ 1,239.04	\$ 1,255.17
65 (Post 65) \$	412.46	\$ 355.43	\$ 381.51	\$ 344.47	\$ 385.75	\$ 372.38
70 \$	512.71	\$ 430.49	\$ 468.09	\$ 428.19	\$ 467.20	\$ 454.57
75 \$	591.39	\$ 481.66	\$ 531.84	\$ 493.90	\$ 522.74	\$ 513.40
80 \$	635.27	\$ 511.28	\$ 567.98	\$ 530.54	\$ 554.89	\$ 547.00
85 \$	673.89	\$ 535.91	\$ 599.01	\$ 562.79	\$ 581.62	\$ 575.52
90 \$	707.10	\$ 552.69	\$ 623.30	\$ 590.53	\$ 599.84	\$ 596.83
95 \$	707.10	\$ 552.69	\$ 623.30	\$ 590.53	\$ 599.84	\$ 596.83

**B. Future Retirees Retiring After Age 65**

Age	Retiree			Spouse/Dependents		
	Male	Female	Total	Male	Female	Total
25	N/A	N/A	N/A	\$ 511.71	\$ 259.97	\$ 318.02
30	N/A	N/A	N/A	\$ 319.71	\$ 624.94	\$ 554.55
35	N/A	N/A	N/A	\$ 325.83	\$ 618.35	\$ 550.89
40	N/A	N/A	N/A	\$ 490.55	\$ 624.81	\$ 593.85
45	N/A	N/A	N/A	\$ 585.11	\$ 691.30	\$ 666.81
50	N/A	N/A	N/A	\$ 652.22	\$ 774.60	\$ 746.38
55	N/A	N/A	N/A	\$ 801.14	\$ 884.13	\$ 864.99
60	N/A	N/A	N/A	\$ 1,025.77	\$ 1,038.28	\$ 1,035.40
65 (Pre 65)	N/A	N/A	N/A	\$ 1,299.19	\$ 1,246.14	\$ 1,258.37
65 (Post 65) \$	333.27	\$ 279.24	\$ 303.95	\$ 267.64	\$ 328.94	\$ 309.09
70 \$	414.28	\$ 338.20	\$ 372.99	\$ 332.69	\$ 398.40	\$ 377.12
75 \$	477.86	\$ 378.40	\$ 423.89	\$ 383.75	\$ 445.76	\$ 425.68
80 \$	513.31	\$ 401.67	\$ 452.73	\$ 412.22	\$ 473.17	\$ 453.43
85 \$	544.52	\$ 421.02	\$ 477.50	\$ 437.28	\$ 495.97	\$ 476.96
90 \$	571.36	\$ 434.21	\$ 496.93	\$ 458.83	\$ 511.50	\$ 494.44
95 \$	571.36	\$ 434.21	\$ 496.93	\$ 458.83	\$ 511.50	\$ 494.44

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	Total	Male	Female	Total
25	\$ 625.95	\$ 839.53	\$ 626.66	\$ 865.94	\$ 439.79	\$ 447.56
30	\$ 767.86	\$ 1,372.43	\$ 769.88	\$ 541.03	\$ 1,057.22	\$ 1,047.81
35	\$ 1,263.18	\$ 1,885.27	\$ 1,265.25	\$ 551.38	\$ 1,046.07	\$ 1,037.05
40	\$ 1,540.04	\$ 2,059.34	\$ 1,541.77	\$ 830.12	\$ 1,056.99	\$ 1,052.85
45	\$ 1,432.35	\$ 1,965.67	\$ 1,434.13	\$ 990.14	\$ 1,169.46	\$ 1,166.19
50	\$ 1,415.18	\$ 1,704.43	\$ 1,416.14	\$ 1,103.71	\$ 1,310.38	\$ 1,306.61
55	\$ 1,509.05	\$ 1,619.80	\$ 1,509.42	\$ 1,355.73	\$ 1,495.67	\$ 1,493.12
60	\$ 1,671.61	\$ 1,667.80	\$ 1,671.60	\$ 1,735.86	\$ 1,756.45	\$ 1,756.07
65 (Pre 65)	\$ 1,974.88	\$ 1,893.62	\$ 1,974.61	\$ 2,198.53	\$ 2,108.08	\$ 2,109.73
65 (Post 65)	\$ 422.78	\$ 405.39	\$ 422.67	\$ 422.78	\$ 405.39	\$ 405.49
70	\$ 525.54	\$ 490.99	\$ 525.32	\$ 525.54	\$ 490.99	\$ 491.20
75	\$ 606.19	\$ 549.35	\$ 605.83	\$ 606.19	\$ 549.35	\$ 549.69
80	\$ 651.16	\$ 583.13	\$ 650.72	\$ 651.16	\$ 583.13	\$ 583.54
85	\$ 690.75	\$ 611.22	\$ 690.24	\$ 690.75	\$ 611.22	\$ 611.70
90	\$ 724.79	\$ 630.36	\$ 724.18	\$ 724.79	\$ 630.36	\$ 630.93
95	\$ 724.79	\$ 630.36	\$ 724.18	\$ 724.79	\$ 630.36	\$ 630.93

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 25.56	\$ 32.06	\$ 28.92	\$ 28.88	\$ 29.42	\$ 29.24
30	\$ 29.10	\$ 34.44	\$ 31.85	\$ 32.14	\$ 38.17	\$ 36.19
35	\$ 30.93	\$ 35.90	\$ 33.49	\$ 34.17	\$ 39.78	\$ 37.94
40	\$ 32.15	\$ 37.26	\$ 34.79	\$ 35.52	\$ 41.30	\$ 39.40
45	\$ 34.11	\$ 39.09	\$ 36.68	\$ 37.68	\$ 43.32	\$ 41.47
50	\$ 37.93	\$ 42.21	\$ 40.14	\$ 41.90	\$ 46.78	\$ 45.18
55	\$ 43.01	\$ 45.74	\$ 44.42	\$ 47.51	\$ 50.70	\$ 49.65
60	\$ 48.18	\$ 49.44	\$ 48.83	\$ 53.23	\$ 54.79	\$ 54.28
65	\$ 52.66	\$ 50.95	\$ 51.78	\$ 58.18	\$ 56.47	\$ 57.03
70	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
75	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
80	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
85	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
90	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
95	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11

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	\$ 732.41				\$ 732.41			\$ 556.05		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 732.41	\$ 732.41	\$ 365.27		\$ 732.41	\$ 732.41		\$ 556.05	\$ 556.05	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 732.41	\$ 732.41	\$ 365.27		\$ 732.41	\$ 732.41		\$ 556.05	\$ 556.05	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 732.41	\$ 732.41	\$ 365.27		\$ 732.41			\$ 556.05		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 365.27			\$ 365.27			
211	Anthem Blue Cross I	Retiree Only	\$ 495.98				\$ 495.98			\$ 402.69		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 495.98	\$ 495.98	\$ 247.36		\$ 495.98	\$ 495.98		\$ 402.69	\$ 402.69	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 495.98	\$ 495.98	\$ 247.36		\$ 495.98	\$ 495.98		\$ 402.69	\$ 402.69	
214	Anthem Blue Cross I	Retiree and Children	\$ 495.98	\$ 495.98	\$ 247.36		\$ 495.98			\$ 402.69		
215	Anthem Blue Cross I	Minor Survivor				\$ 247.36			\$ 247.36			\$ 247.36
221	Anthem Blue Cross II	Retiree Only	\$ 1,052.42				\$ 1,052.42			\$ 660.87		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,052.42	\$ 1,052.42	\$ 524.88		\$ 1,052.42	\$ 1,052.42		\$ 660.87	\$ 660.87	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,052.42	\$ 1,052.42	\$ 524.88		\$ 1,052.42	\$ 1,052.42		\$ 660.87	\$ 660.87	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,052.42	\$ 1,052.42	\$ 524.88		\$ 1,052.42			\$ 660.87		
225	Anthem Blue Cross II	Minor Survivor				\$ 524.88			\$ 524.88			\$ 524.88
240	Anthem Blue Cross III	One Medicare					\$ 340.51			\$ 340.51		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51			\$ 340.51	\$ 340.51	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51			\$ 340.51	\$ 340.51	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
301	Cigna Network Model Plan	Retiree Only	\$ 2,284.14				\$ 873.34			\$ 567.11		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 2,284.14	\$ 2,284.14	\$ 1,139.17		\$ 873.34	\$ 873.34		\$ 567.11	\$ 566.89	
303	Cigna Network Model Plan	Retiree and Family	\$ 2,284.14	\$ 2,284.14	\$ 1,139.17		\$ 873.34	\$ 873.34		\$ 567.11	\$ 566.89	
304	Cigna Network Model Plan	Retiree and Children	\$ 2,284.14	\$ 2,284.14	\$ 1,139.17		\$ 873.34			\$ 567.11		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,139.17			\$ 1,139.17			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 315.80					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse ( Both Risk)					\$ 315.80	\$ 315.80				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 315.80	\$ 315.80				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,120.49							\$ 322.17		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 198.66					
404	Kaiser (CA)	Retiree Excess I					\$ 801.74					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 759.25					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,350.96					
411	Kaiser (CA)	Family Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82					\$ 266.26	\$ 260.88	



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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	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 198.66	\$ 193.01		\$ 198.66	\$ 260.88	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 801.74	\$ 797.77		\$ 801.74	\$ 260.88	
418	Kaiser (CA)	Two+ Advantage					\$ 198.66	\$ 193.01				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 500.20	\$ 495.39				
420	Kaiser (CA)	Two+ Excess I					\$ 801.74	\$ 797.77				
421	Kaiser (CA)	Survivor				\$ 558.82			\$ 558.82			\$ 558.82
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 759.25	\$ 755.16		\$ 759.25	\$ 260.88	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 1,350.96	\$ 1,348.52		\$ 1,350.96	\$ 260.88	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 478.96	\$ 474.08				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 774.81	\$ 770.76				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 780.50	\$ 776.46				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,076.35	\$ 1,073.15				
430	Kaiser (CA)	Two Excess II - Part B					\$ 759.25	\$ 755.16				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,055.11	\$ 1,051.84				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,350.96	\$ 1,348.52				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,192.10							\$ 283.82		
451	Kaiser - Colorado	Retiree Risk					\$ 283.82					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,192.10	\$ 1,596.11						\$ 283.82	\$ 278.40	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,192.10	\$ 1,596.11	\$ 1,974.14					\$ 283.82	\$ 278.40	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,192.10	\$ 1,308.18			\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
457	Kaiser - Colorado	Two Retiree Risk					\$ 283.82	\$ 278.40				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,192.10	\$ 1,308.18	\$ 2,383.77		\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 2,530.97		\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 901.42					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 901.42					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 901.42					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 901.42	\$ 310.72				
461	Kaiser - Georgia Basic	Basic	\$ 1,381.37							\$ 316.05		
462	Kaiser - Georgia	Retiree Risk					\$ 316.05					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,381.37	\$ 1,517.56	\$ 2,936.06		\$ 316.05	\$ 310.72		\$ 316.05	\$ 310.72	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,381.37	\$ 1,517.56	\$ 2,936.03					\$ 316.05	\$ 310.72	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 484.33	\$ 1,517.54	\$ 2,936.03		\$ 316.05	\$ 310.72		\$ 316.05	\$ 310.72	
466	Kaiser - Georgia	Two Retiree Risk					\$ 316.05	\$ 310.72				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,190.12							\$ 332.50		
472	Kaiser - Hawaii	Retiree Risk					\$ 332.50					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,197.68					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,190.12	\$ 1,305.99						\$ 332.50	\$ 327.22	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,190.12	\$ 1,305.99	\$ 2,526.73					\$ 332.50	\$ 327.22	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,190.12	\$ 1,305.99	\$ 2,526.73		\$ 332.50	\$ 327.22		\$ 332.50	\$ 327.22	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,190.12	\$ 1,305.99	\$ 1,451.86		\$ 1,197.68	\$ 866.16		\$ 1,197.68	\$ 866.16	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 332.50	\$ 326.44				



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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)	\$ 1,290.28							\$ 292.05		
482	Kaiser - Oregon	Retiree Risk							\$ 292.05			
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$ 910.14			
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,290.28	\$ 1,416.80						\$ 292.05	\$ 286.65	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,290.28	\$ 2,833.59	\$ 2,741.09					\$ 292.05	\$ 286.65	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,290.28	\$ 1,416.79	\$ 2,741.09				\$ 292.05	\$ 286.65	\$ 292.05	\$ 286.65
488	Kaiser - Oregon	Two Retiree Risk							\$ 292.05	\$ 286.65		
489	Kaiser - Oregon	Retiree w/ Part A only							\$ 782.40			
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$ 782.40	\$ 286.65		
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,394.72	\$ 484.56					\$ 910.14	\$ 286.65	\$ 292.05	\$ 286.65
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,290.28	\$ 1,416.79					\$ 292.05	\$ 286.65	\$ 292.05	\$ 286.65
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,290.28	\$ 1,416.79	\$ 2,741.12				\$ 292.05	\$ 286.65	\$ 292.05	\$ 286.65
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$ 910.14	\$ 906.47		
496	Kaiser - Oregon	Two Medicare Part A only							\$ 782.40	\$ 778.37		
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,290.28	\$ 1,416.79					\$ 782.40	\$ 778.37	\$ 782.40	\$ 778.37
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,290.28	\$ 1,416.79					\$ 910.14	\$ 906.47	\$ 910.14	\$ 906.47
611	SCAN Health Plan	Retiree Only							\$ 218.50			
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$ 218.50	\$ 218.50		
701	United Healthcare	Retiree Only	\$ 1,259.00						\$ 269.98		\$ 269.98	
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,259.00	\$ 1,259.00	\$ 627.90				\$ 269.98	\$ 269.98	\$ 269.98	\$ 269.98
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)							\$ 269.98	\$ 269.98	\$ 269.98	\$ 269.98
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,259.00	\$ 1,259.00	\$ 627.90				\$ 269.98	\$ 269.98	\$ 269.98	\$ 269.98
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,259.00	\$ 1,259.00	\$ 627.90				\$ 269.98	\$ 269.98	\$ 269.98	\$ 269.98
706	United Healthcare	Minor Survivor					\$ 627.90			\$ 627.90		
707	United Healthcare	Single	\$ 1,259.00								\$ 304.36	
708	United Healthcare	Two-Party	\$ 1,259.00	\$ 1,259.00	\$ 627.90						\$ 304.36	\$ 304.21
709	United Healthcare	Family	\$ 1,259.00	\$ 1,259.00	\$ 627.90						\$ 304.36	\$ 304.21



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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	\$ 1,974.88				\$ 422.78			\$ 422.78		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,974.88	\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,974.88	\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 422.78		\$ 422.78	\$ 422.78		\$ 422.78
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 53.54		
502	Cigna Indemnity Dental/Vision	Family	\$ 53.54	\$ 58.56	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 55.58
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.82		
902	Cigna Dental HMO/Vision	Family	\$ 46.82	\$ 55.67	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.61



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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	\$ 702.27				\$ 702.27			\$ 533.17		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 702.27	\$ 702.27	\$ 689.62		\$ 702.27	\$ 702.27		\$ 533.17	\$ 533.17	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 702.27	\$ 702.27	\$ 689.62		\$ 702.27	\$ 702.27		\$ 533.17	\$ 533.17	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 702.27	\$ 702.27	\$ 689.62		\$ 702.27			\$ 533.17		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 689.62			\$ 689.62			
211	Anthem Blue Cross I	Retiree Only	\$ 475.57				\$ 475.57			\$ 386.13		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 475.57	\$ 475.57	\$ 467.00		\$ 475.57	\$ 475.57		\$ 386.13	\$ 386.13	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 475.57	\$ 475.57	\$ 467.00		\$ 475.57	\$ 475.57		\$ 386.13	\$ 386.13	
214	Anthem Blue Cross I	Retiree and Children	\$ 475.57	\$ 475.57	\$ 467.00		\$ 475.57			\$ 386.13		
215	Anthem Blue Cross I	Minor Survivor				\$ 467.00			\$ 467.00			\$ 467.00
221	Anthem Blue Cross II	Retiree Only	\$ 1,009.12				\$ 1,009.12			\$ 633.68		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,009.12	\$ 1,009.12	\$ 990.94		\$ 1,009.12	\$ 1,009.12		\$ 633.68	\$ 633.68	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,009.12	\$ 1,009.12	\$ 990.94		\$ 1,009.12	\$ 1,009.12		\$ 633.68	\$ 633.68	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,009.12	\$ 1,009.12	\$ 990.94		\$ 1,009.12			\$ 633.68		
225	Anthem Blue Cross II	Minor Survivor				\$ 990.94			\$ 990.94			\$ 990.94
240	Anthem Blue Cross III	One Medicare					\$ 326.50			\$ 326.50		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50			\$ 326.50	\$ 326.50	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50			\$ 326.50	\$ 326.50	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
301	Cigna Network Model Plan	Retiree Only	\$ 2,190.16				\$ 837.41			\$ 543.78		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 2,190.16	\$ 2,190.16	\$ 2,150.70		\$ 837.41	\$ 837.41		\$ 543.78	\$ 543.56	
303	Cigna Network Model Plan	Retiree and Family	\$ 2,190.16	\$ 2,190.16	\$ 2,150.70		\$ 837.41	\$ 837.41		\$ 543.78	\$ 543.56	
304	Cigna Network Model Plan	Retiree and Children	\$ 2,190.16	\$ 2,190.16	\$ 2,150.70		\$ 837.41			\$ 543.78		
305	Cigna Network Model Plan	Minor Survivor				\$ 2,150.70			\$ 2,150.70			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 302.80					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 302.80	\$ 302.80		\$ 302.80	\$ 302.80	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse ( Both Risk)					\$ 302.80	\$ 302.80				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 302.80	\$ 302.80		\$ 302.80	\$ 302.80	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 302.80	\$ 302.80		\$ 302.80	\$ 302.80	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 302.80	\$ 302.80				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,074.39							\$ 308.91		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 190.49					
404	Kaiser (CA)	Retiree Excess I					\$ 768.76					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 728.01					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,295.38					
411	Kaiser (CA)	Family Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03					\$ 255.31	\$ 250.14	



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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	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 190.49	\$ 185.06		\$ 190.49	\$ 250.14	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 768.76	\$ 764.95		\$ 768.76	\$ 250.14	
418	Kaiser (CA)	Two+ Advantage					\$ 190.49	\$ 185.06				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 479.62	\$ 475.01				
420	Kaiser (CA)	Two+ Excess I					\$ 768.76	\$ 764.95				
421	Kaiser (CA)	Survivor				\$ 1,055.03			\$ 1,055.03			\$ 1,055.03
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 728.01	\$ 724.09		\$ 728.01	\$ 250.14	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 1,295.38	\$ 1,293.04		\$ 1,295.38	\$ 250.14	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 459.25	\$ 454.58				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 742.93	\$ 739.05				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 748.38	\$ 744.52				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,032.07	\$ 1,028.99				
430	Kaiser (CA)	Two Excess II - Part B					\$ 728.01	\$ 724.09				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,011.70	\$ 1,008.56				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,295.38	\$ 1,293.04				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,143.05							\$ 272.14		
451	Kaiser - Colorado	Retiree Risk					\$ 272.14					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,143.05	\$ 1,530.44						\$ 272.14	\$ 266.94	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,143.05	\$ 1,530.44	\$ 3,727.08					\$ 272.14	\$ 266.94	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,143.05	\$ 1,254.36			\$ 272.14	\$ 266.94		\$ 272.14	\$ 266.94	
457	Kaiser - Colorado	Two Retiree Risk					\$ 272.14	\$ 266.94				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,143.05	\$ 1,254.36	\$ 4,500.45		\$ 272.14	\$ 266.94		\$ 272.14	\$ 266.94	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,778.36		\$ 272.14	\$ 266.94		\$ 272.14	\$ 266.94	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 864.33					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 864.33					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 864.33					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 864.33	\$ 297.94				
461	Kaiser - Georgia Basic	Basic	\$ 1,324.53							\$ 303.05		
462	Kaiser - Georgia	Retiree Risk					\$ 303.05					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,324.53	\$ 1,455.12	\$ 5,543.15		\$ 303.05	\$ 297.94		\$ 303.05	\$ 297.94	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,324.53	\$ 1,455.12	\$ 5,543.10					\$ 303.05	\$ 297.94	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 464.40	\$ 1,455.11	\$ 5,543.10		\$ 303.05	\$ 297.94		\$ 303.05	\$ 297.94	
466	Kaiser - Georgia	Two Retiree Risk					\$ 303.05	\$ 297.94				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,141.15							\$ 318.82		
472	Kaiser - Hawaii	Retiree Risk					\$ 318.82					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,148.40					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,141.15	\$ 1,252.26						\$ 318.82	\$ 313.76	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,141.15	\$ 1,252.26	\$ 4,770.36					\$ 318.82	\$ 313.76	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,141.15	\$ 1,252.26	\$ 4,770.36		\$ 318.82	\$ 313.76		\$ 318.82	\$ 313.76	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,141.15	\$ 1,252.26	\$ 2,741.04		\$ 1,148.40	\$ 830.52		\$ 1,148.40	\$ 830.52	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 318.82	\$ 313.01				



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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)	\$ 1,237.19							\$ 280.03		
482	Kaiser - Oregon	Retiree Risk					\$ 280.03					
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 872.69					
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,237.19	\$ 1,358.51						\$ 280.03	\$ 274.86	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,237.19	\$ 2,717.00	\$ 5,175.06					\$ 280.03	\$ 274.86	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,237.19	\$ 1,358.50	\$ 5,175.06		\$ 280.03	\$ 274.86		\$ 280.03	\$ 274.86	
488	Kaiser - Oregon	Two Retiree Risk					\$ 280.03	\$ 274.86				
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 750.21					
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 750.21	\$ 274.86				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,337.34	\$ 464.63			\$ 872.69	\$ 274.86		\$ 280.03	\$ 274.86	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,237.19	\$ 1,358.50			\$ 280.03	\$ 274.86		\$ 280.03	\$ 274.86	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,237.19	\$ 1,358.50	\$ 5,175.11		\$ 280.03	\$ 274.86		\$ 280.03	\$ 274.86	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 872.69	\$ 869.17				
496	Kaiser - Oregon	Two Medicare Part A only					\$ 750.21	\$ 746.35				
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,237.19	\$ 1,358.50			\$ 750.21	\$ 746.35		\$ 750.21	\$ 746.35	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,237.19	\$ 1,358.50			\$ 872.69	\$ 869.17		\$ 872.69	\$ 869.17	
611	SCAN Health Plan	Retiree Only					\$ 209.51					
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 209.51	\$ 209.51				
701	United Healthcare	Retiree Only	\$ 1,207.20				\$ 258.87			\$ 258.87		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45		\$ 258.87	\$ 258.87		\$ 258.87	\$ 258.87	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 258.87	\$ 258.87		\$ 258.87	\$ 258.87	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45		\$ 258.87	\$ 258.87		\$ 258.87	\$ 258.87	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45		\$ 258.87	\$ 258.87		\$ 258.87	\$ 258.87	
706	United Healthcare	Minor Survivor				\$ 1,185.45			\$ 1,185.45			
707	United Healthcare	Single	\$ 1,207.20							\$ 291.84		
708	United Healthcare	Two-Party	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45					\$ 291.84	\$ 291.69	
709	United Healthcare	Family	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45					\$ 291.84	\$ 291.69	



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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	\$ 1,893.62				\$ 405.39			\$ 405.39		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,893.62	\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,893.62	\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 405.39		\$ 405.39	\$ 405.39		\$ 405.39
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 51.93		
502	Cigna Indemnity Dental/Vision	Family	\$ 51.93	\$ 56.80	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 52.94
901	Cigna Dental HMO/Vision	Retiree Only	\$ 45.41		
902	Cigna Dental HMO/Vision	Family	\$ 45.41	\$ 54.00	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 46.30



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**Tier 2**

**A. Future Retirees Retiring Before Age 65**

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 349.78	\$ 477.32	\$ 411.89	\$ 515.57	\$ 258.49	\$ 317.77
30	\$ 429.08	\$ 780.30	\$ 600.13	\$ 322.12	\$ 621.38	\$ 552.37
35	\$ 705.86	\$ 1,071.88	\$ 884.12	\$ 328.28	\$ 614.83	\$ 548.75
40	\$ 860.57	\$ 1,170.85	\$ 1,011.68	\$ 494.24	\$ 621.25	\$ 591.96
45	\$ 800.40	\$ 1,117.59	\$ 954.87	\$ 589.52	\$ 687.36	\$ 664.80
50	\$ 790.81	\$ 969.06	\$ 877.62	\$ 657.14	\$ 770.19	\$ 744.12
55	\$ 843.27	\$ 920.95	\$ 881.10	\$ 807.19	\$ 879.10	\$ 862.52
60	\$ 934.11	\$ 948.24	\$ 940.99	\$ 1,033.51	\$ 1,032.37	\$ 1,032.63
65 (Pre 65)	\$ 1,103.58	\$ 1,076.64	\$ 1,090.46	\$ 1,308.99	\$ 1,239.04	\$ 1,255.17
65 (Post 65)	\$ 261.29	\$ 231.89	\$ 245.33	\$ 231.90	\$ 246.17	\$ 241.55
70	\$ 324.80	\$ 280.85	\$ 300.95	\$ 288.26	\$ 298.15	\$ 294.95
75	\$ 374.65	\$ 314.23	\$ 341.86	\$ 332.50	\$ 333.59	\$ 333.24
80	\$ 402.45	\$ 333.55	\$ 365.06	\$ 357.17	\$ 354.10	\$ 355.09
85	\$ 426.92	\$ 349.62	\$ 384.97	\$ 378.88	\$ 371.16	\$ 373.66
90	\$ 447.96	\$ 360.57	\$ 400.54	\$ 397.55	\$ 382.78	\$ 387.56
95	\$ 447.96	\$ 360.57	\$ 400.54	\$ 397.55	\$ 382.78	\$ 387.56

**B. Future Retirees Retiring After Age 65**

Age	Retiree			Spouse/Dependents		
	Male	Female	Total	Male	Female	Total
25	N/A	N/A	N/A	\$ 510.49	\$ 259.42	\$ 317.32
30	N/A	N/A	N/A	\$ 318.95	\$ 623.63	\$ 553.37
35	N/A	N/A	N/A	\$ 325.05	\$ 617.05	\$ 549.71
40	N/A	N/A	N/A	\$ 489.37	\$ 623.49	\$ 592.56
45	N/A	N/A	N/A	\$ 583.71	\$ 689.84	\$ 665.37
50	N/A	N/A	N/A	\$ 650.66	\$ 772.96	\$ 744.76
55	N/A	N/A	N/A	\$ 799.23	\$ 882.26	\$ 863.11
60	N/A	N/A	N/A	\$ 1,023.33	\$ 1,036.08	\$ 1,033.14
65 (Pre 65)	N/A	N/A	N/A	\$ 1,296.09	\$ 1,243.50	\$ 1,255.62
65 (Post 65)	\$ 243.59	\$ 226.19	\$ 234.15	\$ 231.88	\$ 233.18	\$ 232.76
70	\$ 302.79	\$ 273.95	\$ 287.14	\$ 288.24	\$ 282.42	\$ 284.30
75	\$ 349.26	\$ 306.51	\$ 326.06	\$ 332.47	\$ 315.99	\$ 321.33
80	\$ 375.17	\$ 325.36	\$ 348.14	\$ 357.14	\$ 335.42	\$ 342.45
85	\$ 397.98	\$ 341.04	\$ 367.08	\$ 378.85	\$ 351.58	\$ 360.41
90	\$ 417.59	\$ 351.72	\$ 381.84	\$ 397.52	\$ 362.59	\$ 373.90
95	\$ 417.59	\$ 351.72	\$ 381.84	\$ 397.52	\$ 362.59	\$ 373.90

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



Tier 2

Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 625.95	\$ 839.53	\$ 626.66	\$ 865.94	\$ 439.79	\$ 447.56
30	\$ 767.86	\$ 1,372.43	\$ 769.88	\$ 541.03	\$ 1,057.22	\$ 1,047.81
35	\$ 1,263.18	\$ 1,885.27	\$ 1,265.25	\$ 551.38	\$ 1,046.07	\$ 1,037.05
40	\$ 1,540.04	\$ 2,059.34	\$ 1,541.77	\$ 830.12	\$ 1,056.99	\$ 1,052.85
45	\$ 1,432.35	\$ 1,965.67	\$ 1,434.13	\$ 990.14	\$ 1,169.46	\$ 1,166.19
50	\$ 1,415.18	\$ 1,704.43	\$ 1,416.14	\$ 1,103.71	\$ 1,310.38	\$ 1,306.61
55	\$ 1,509.05	\$ 1,619.80	\$ 1,509.42	\$ 1,355.73	\$ 1,495.67	\$ 1,493.12
60	\$ 1,671.61	\$ 1,667.80	\$ 1,671.60	\$ 1,735.86	\$ 1,756.45	\$ 1,756.07
65 (Pre 65)	\$ 1,974.88	\$ 1,893.62	\$ 1,974.61	\$ 2,198.53	\$ 2,108.08	\$ 2,109.73
65 (Post 65)	\$ 422.78	\$ 405.39	\$ 422.67	\$ 422.78	\$ 405.39	\$ 405.49
70	\$ 525.54	\$ 490.99	\$ 525.32	\$ 525.54	\$ 490.99	\$ 491.20
75	\$ 606.19	\$ 549.35	\$ 605.83	\$ 606.19	\$ 549.35	\$ 549.69
80	\$ 651.16	\$ 583.13	\$ 650.72	\$ 651.16	\$ 583.13	\$ 583.54
85	\$ 690.75	\$ 611.22	\$ 690.24	\$ 690.75	\$ 611.22	\$ 611.70
90	\$ 724.79	\$ 630.36	\$ 724.18	\$ 724.79	\$ 630.36	\$ 630.93
95	\$ 724.79	\$ 630.36	\$ 724.18	\$ 724.79	\$ 630.36	\$ 630.93

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 25.56	\$ 32.06	\$ 28.92	\$ 28.88	\$ 29.42	\$ 29.24
30	\$ 29.10	\$ 34.44	\$ 31.85	\$ 32.14	\$ 38.17	\$ 36.19
35	\$ 30.93	\$ 35.90	\$ 33.49	\$ 34.17	\$ 39.78	\$ 37.94
40	\$ 32.15	\$ 37.26	\$ 34.79	\$ 35.52	\$ 41.30	\$ 39.40
45	\$ 34.11	\$ 39.09	\$ 36.68	\$ 37.68	\$ 43.32	\$ 41.47
50	\$ 37.93	\$ 42.21	\$ 40.14	\$ 41.90	\$ 46.78	\$ 45.18
55	\$ 43.01	\$ 45.74	\$ 44.42	\$ 47.51	\$ 50.70	\$ 49.65
60	\$ 48.18	\$ 49.44	\$ 48.83	\$ 53.23	\$ 54.79	\$ 54.28
65	\$ 52.66	\$ 50.95	\$ 51.78	\$ 58.18	\$ 56.47	\$ 57.03
70	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
75	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
80	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
85	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
90	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11
95	\$ 56.00	\$ 50.78	\$ 53.31	\$ 61.86	\$ 56.28	\$ 58.11

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	\$ 732.41				\$ 732.41			\$ 340.51		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 732.41	\$ 732.41	\$ 365.27		\$ 732.41	\$ 732.41		\$ 340.51	\$ 340.51	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 732.41	\$ 732.41	\$ 365.27		\$ 732.41	\$ 732.41		\$ 340.51	\$ 340.51	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 732.41	\$ 732.41	\$ 365.27		\$ 732.41			\$ 340.51		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 365.27			\$ 365.27			
211	Anthem Blue Cross I	Retiree Only	\$ 495.98				\$ 495.98			\$ 340.51		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 495.98	\$ 495.98	\$ 247.36		\$ 495.98	\$ 495.98		\$ 340.51	\$ 340.51	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 495.98	\$ 495.98	\$ 247.36		\$ 495.98	\$ 495.98		\$ 340.51	\$ 340.51	
214	Anthem Blue Cross I	Retiree and Children	\$ 495.98	\$ 495.98	\$ 247.36		\$ 495.98			\$ 340.51		
215	Anthem Blue Cross I	Minor Survivor				\$ 247.36			\$ 247.36			\$ 247.36
221	Anthem Blue Cross II	Retiree Only	\$ 1,052.42				\$ 1,052.42			\$ 340.51		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,052.42	\$ 1,052.42	\$ 524.88		\$ 1,052.42	\$ 1,052.42		\$ 340.51	\$ 340.51	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,052.42	\$ 1,052.42	\$ 524.88		\$ 1,052.42	\$ 1,052.42		\$ 340.51	\$ 340.51	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,052.42	\$ 1,052.42	\$ 524.88		\$ 1,052.42			\$ 340.51		
225	Anthem Blue Cross II	Minor Survivor				\$ 524.88			\$ 524.88			\$ 524.88
240	Anthem Blue Cross III	One Medicare					\$ 340.51			\$ 340.51		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51			\$ 340.51	\$ 340.51	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51			\$ 340.51	\$ 340.51	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,112.11	\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,112.11	\$ 554.64		\$ 340.51	\$ 340.51		\$ 340.51	\$ 340.51	
301	Cigna Network Model Plan	Retiree Only	\$ 2,284.14				\$ 873.34			\$ 284.08		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 2,284.14	\$ 2,284.14	\$ 1,139.17		\$ 873.34	\$ 873.34		\$ 284.08	\$ 284.08	
303	Cigna Network Model Plan	Retiree and Family	\$ 2,284.14	\$ 2,284.14	\$ 1,139.17		\$ 873.34	\$ 873.34		\$ 284.08	\$ 284.08	
304	Cigna Network Model Plan	Retiree and Children	\$ 2,284.14	\$ 2,284.14	\$ 1,139.17		\$ 873.34			\$ 284.08		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,139.17			\$ 1,139.17			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 315.80			\$ 315.80		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse ( Both Risk)					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 315.80	\$ 315.80		\$ 315.80	\$ 315.80	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,120.49							\$ 201.50		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 198.66					
404	Kaiser (CA)	Retiree Excess I					\$ 801.74					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 759.25					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,350.96					
411	Kaiser (CA)	Family Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82					\$ 200.08	\$ 194.48	

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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	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 198.66	\$ 193.01		\$ 198.66	\$ 194.48	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 801.74	\$ 797.77		\$ 801.74	\$ 194.48	
418	Kaiser (CA)	Two+ Advantage					\$ 198.66	\$ 193.01				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 500.20	\$ 495.39				
420	Kaiser (CA)	Two+ Excess I					\$ 801.74	\$ 797.77				
421	Kaiser (CA)	Survivor				\$ 558.82			\$ 558.82			\$ 558.82
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 759.25	\$ 755.16		\$ 759.25	\$ 194.48	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,120.49	\$ 1,120.49	\$ 558.82		\$ 1,350.96	\$ 1,348.52		\$ 1,350.96	\$ 194.48	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 478.96	\$ 474.08				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 774.81	\$ 770.76				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 780.50	\$ 776.46				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,076.35	\$ 1,073.15				
430	Kaiser (CA)	Two Excess II - Part B					\$ 759.25	\$ 755.16				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,055.11	\$ 1,051.84				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,350.96	\$ 1,348.52				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,192.10							\$ 283.82		
451	Kaiser - Colorado	Retiree Risk							\$ 283.82			
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,192.10	\$ 1,596.11						\$ 283.82	\$ 278.40	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,192.10	\$ 1,596.11	\$ 1,974.14					\$ 283.82	\$ 278.40	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,192.10	\$ 1,308.18			\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
457	Kaiser - Colorado	Two Retiree Risk					\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,192.10	\$ 1,308.18	\$ 2,383.77		\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 2,530.97		\$ 283.82	\$ 278.40		\$ 283.82	\$ 278.40	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 901.42					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 901.42					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 901.42					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 901.42	\$ 310.72				
461	Kaiser - Georgia Basic	Basic	\$ 1,381.37							\$ 316.05		
462	Kaiser - Georgia	Retiree Risk					\$ 316.05					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,381.37	\$ 1,517.56	\$ 2,936.06		\$ 316.05	\$ 310.72		\$ 316.05	\$ 310.72	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,381.37	\$ 1,517.56	\$ 2,936.03					\$ 316.05	\$ 310.72	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 484.33	\$ 1,517.54	\$ 2,936.03		\$ 316.05	\$ 310.72		\$ 316.05	\$ 310.72	
466	Kaiser - Georgia	Two Retiree Risk					\$ 316.05	\$ 310.72				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,190.12							\$ 332.50		
472	Kaiser - Hawaii	Retiree Risk					\$ 332.50					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,197.68					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,190.12	\$ 1,305.99						\$ 332.50	\$ 327.22	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,190.12	\$ 1,305.99	\$ 2,526.73					\$ 332.50	\$ 327.22	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,190.12	\$ 1,305.99	\$ 2,526.73		\$ 332.50	\$ 327.22		\$ 332.50	\$ 327.22	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,190.12	\$ 1,305.99	\$ 1,451.86		\$ 1,197.68	\$ 866.16		\$ 1,197.68	\$ 866.16	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 332.50	\$ 326.44				

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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)	\$ 1,290.28								\$ 292.05		
482	Kaiser - Oregon	Retiree Risk					\$ 292.05						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 910.14						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,290.28	\$ 1,416.80							\$ 292.05	\$ 286.65	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,290.28	\$ 2,833.59	\$ 2,741.09						\$ 292.05	\$ 286.65	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,290.28	\$ 1,416.79	\$ 2,741.09		\$ 292.05	\$ 286.65			\$ 292.05	\$ 286.65	
488	Kaiser - Oregon	Two Retiree Risk					\$ 292.05	\$ 286.65					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 782.40						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 782.40	\$ 286.65					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,394.72	\$ 484.56			\$ 910.14	\$ 286.65			\$ 292.05	\$ 286.65	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,290.28	\$ 1,416.79			\$ 292.05	\$ 286.65			\$ 292.05	\$ 286.65	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,290.28	\$ 1,416.79	\$ 2,741.12		\$ 292.05	\$ 286.65			\$ 292.05	\$ 286.65	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 910.14	\$ 906.47					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 782.40	\$ 778.37					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,290.28	\$ 1,416.79			\$ 782.40	\$ 778.37			\$ 782.40	\$ 778.37	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,290.28	\$ 1,416.79			\$ 910.14	\$ 906.47			\$ 910.14	\$ 906.47	
611	SCAN Health Plan	Retiree Only					\$ 218.50						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 218.50	\$ 218.50					
701	United Healthcare	Retiree Only	\$ 1,259.00				\$ 269.98				\$ 269.98		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,259.00	\$ 1,259.00	\$ 627.90		\$ 269.98	\$ 269.98			\$ 269.98	\$ 269.98	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 269.98	\$ 269.98			\$ 269.98	\$ 269.98	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,259.00	\$ 1,259.00	\$ 627.90		\$ 269.98	\$ 269.98			\$ 269.98	\$ 269.98	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,259.00	\$ 1,259.00	\$ 627.90		\$ 269.98	\$ 269.98			\$ 269.98	\$ 269.98	
706	United Healthcare	Minor Survivor				\$ 627.90				\$ 627.90			
707	United Healthcare	Single	\$ 1,259.00								\$ 272.45		
708	United Healthcare	Two-Party	\$ 1,259.00	\$ 1,259.00	\$ 627.90						\$ 272.45	\$ 272.28	
709	United Healthcare	Family	\$ 1,259.00	\$ 1,259.00	\$ 627.90						\$ 272.45	\$ 272.28	

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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	\$ 1,974.88				\$ 422.78			\$ 422.78		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,974.88	\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,974.88	\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 422.78		\$ 422.78	\$ 422.78		\$ 422.78
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,974.88	\$ 984.93		\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78	\$ 422.78
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,974.88	\$ 984.93	\$ 1,974.88		\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 422.78	\$ 422.78		\$ 422.78	\$ 422.78

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 53.54		
502	Cigna Indemnity Dental/Vision	Family	\$ 53.54	\$ 58.56	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 55.58
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.82		
902	Cigna Dental HMO/Vision	Family	\$ 46.82	\$ 55.67	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.61

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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	\$ 702.27				\$ 702.27			\$ 326.50		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 702.27	\$ 702.27	\$ 689.62		\$ 702.27	\$ 702.27		\$ 326.50	\$ 326.50	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 702.27	\$ 702.27	\$ 689.62		\$ 702.27	\$ 702.27		\$ 326.50	\$ 326.50	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 702.27	\$ 702.27	\$ 689.62		\$ 702.27			\$ 326.50		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 689.62			\$ 689.62			
211	Anthem Blue Cross I	Retiree Only	\$ 475.57				\$ 475.57			\$ 326.50		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 475.57	\$ 475.57	\$ 467.00		\$ 475.57	\$ 475.57		\$ 326.50	\$ 326.50	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 475.57	\$ 475.57	\$ 467.00		\$ 475.57	\$ 475.57		\$ 326.50	\$ 326.50	
214	Anthem Blue Cross I	Retiree and Children	\$ 475.57	\$ 475.57	\$ 467.00		\$ 475.57			\$ 326.50		
215	Anthem Blue Cross I	Minor Survivor				\$ 467.00			\$ 467.00			\$ 467.00
221	Anthem Blue Cross II	Retiree Only	\$ 1,009.12				\$ 1,009.12			\$ 326.50		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,009.12	\$ 1,009.12	\$ 990.94		\$ 1,009.12	\$ 1,009.12		\$ 326.50	\$ 326.50	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,009.12	\$ 1,009.12	\$ 990.94		\$ 1,009.12	\$ 1,009.12		\$ 326.50	\$ 326.50	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,009.12	\$ 1,009.12	\$ 990.94		\$ 1,009.12			\$ 326.50		
225	Anthem Blue Cross II	Minor Survivor				\$ 990.94			\$ 990.94			\$ 990.94
240	Anthem Blue Cross III	One Medicare					\$ 326.50			\$ 326.50		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50			\$ 326.50	\$ 326.50	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50			\$ 326.50	\$ 326.50	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,066.35	\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,066.35	\$ 1,047.14		\$ 326.50	\$ 326.50		\$ 326.50	\$ 326.50	
301	Cigna Network Model Plan	Retiree Only	\$ 2,190.16				\$ 837.41			\$ 272.40		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 2,190.16	\$ 2,190.16	\$ 2,150.70		\$ 837.41	\$ 837.41		\$ 272.40	\$ 272.40	
303	Cigna Network Model Plan	Retiree and Family	\$ 2,190.16	\$ 2,190.16	\$ 2,150.70		\$ 837.41	\$ 837.41		\$ 272.40	\$ 272.40	
304	Cigna Network Model Plan	Retiree and Children	\$ 2,190.16	\$ 2,190.16	\$ 2,150.70		\$ 837.41			\$ 272.40		
305	Cigna Network Model Plan	Minor Survivor				\$ 2,150.70			\$ 2,150.70			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 302.80					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 302.80	\$ 302.80		\$ 302.80	\$ 302.80	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse ( Both Risk)					\$ 302.80	\$ 302.80				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 302.80	\$ 302.80		\$ 302.80	\$ 302.80	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 302.80	\$ 302.80		\$ 302.80	\$ 302.80	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 302.80	\$ 302.80				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,074.39							\$ 193.21		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 190.49					
404	Kaiser (CA)	Retiree Excess I					\$ 768.76					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 728.01					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,295.38					
411	Kaiser (CA)	Family Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03					\$ 191.85	\$ 186.48	

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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
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 190.49	\$ 185.06		\$ 190.49	\$ 186.48	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 768.76	\$ 764.95		\$ 768.76	\$ 186.48	
418	Kaiser (CA)	Two+ Advantage					\$ 190.49	\$ 185.06				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 479.62	\$ 475.01				
420	Kaiser (CA)	Two+ Excess I					\$ 768.76	\$ 764.95				
421	Kaiser (CA)	Survivor				\$ 1,055.03			\$ 1,055.03			\$ 1,055.03
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 728.01	\$ 724.09		\$ 728.01	\$ 186.48	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,074.39	\$ 1,074.39	\$ 1,055.03		\$ 1,295.38	\$ 1,293.04		\$ 1,295.38	\$ 186.48	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 459.25	\$ 454.58				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 742.93	\$ 739.05				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 748.38	\$ 744.52				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,032.07	\$ 1,028.99				
430	Kaiser (CA)	Two Excess II - Part B					\$ 728.01	\$ 724.09				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,011.70	\$ 1,008.56				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,295.38	\$ 1,293.04				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,143.05							\$ 272.14		
451	Kaiser - Colorado	Retiree Risk					\$ 272.14					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,143.05	\$ 1,530.44						\$ 272.14	\$ 266.94	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,143.05	\$ 1,530.44	\$ 3,727.08					\$ 272.14	\$ 266.94	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,143.05	\$ 1,254.36			\$ 272.14	\$ 266.94		\$ 272.14	\$ 266.94	
457	Kaiser - Colorado	Two Retiree Risk					\$ 272.14	\$ 266.94				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,143.05	\$ 1,254.36	\$ 4,500.45		\$ 272.14	\$ 266.94		\$ 272.14	\$ 266.94	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,778.36		\$ 272.14	\$ 266.94		\$ 272.14	\$ 266.94	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 864.33					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 864.33					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 864.33					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 864.33	\$ 297.94				
461	Kaiser - Georgia Basic	Basic	\$ 1,324.53							\$ 303.05		
462	Kaiser - Georgia	Retiree Risk					\$ 303.05					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,324.53	\$ 1,455.12	\$ 5,543.15		\$ 303.05	\$ 297.94		\$ 303.05	\$ 297.94	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,324.53	\$ 1,455.12	\$ 5,543.10					\$ 303.05	\$ 297.94	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 464.40	\$ 1,455.11	\$ 5,543.10		\$ 303.05	\$ 297.94		\$ 303.05	\$ 297.94	
466	Kaiser - Georgia	Two Retiree Risk					\$ 303.05	\$ 297.94				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,141.15							\$ 318.82		
472	Kaiser - Hawaii	Retiree Risk					\$ 318.82					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,148.40					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,141.15	\$ 1,252.26						\$ 318.82	\$ 313.76	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,141.15	\$ 1,252.26	\$ 4,770.36					\$ 318.82	\$ 313.76	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,141.15	\$ 1,252.26	\$ 4,770.36		\$ 318.82	\$ 313.76		\$ 318.82	\$ 313.76	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,141.15	\$ 1,252.26	\$ 2,741.04		\$ 1,148.40	\$ 830.52		\$ 1,148.40	\$ 830.52	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 318.82	\$ 313.01				

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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)	\$ 1,237.19								\$ 280.03		
482	Kaiser - Oregon	Retiree Risk					\$ 280.03						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 872.69						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,237.19	\$ 1,358.51							\$ 280.03	\$ 274.86	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,237.19	\$ 2,717.00	\$ 5,175.06						\$ 280.03	\$ 274.86	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,237.19	\$ 1,358.50	\$ 5,175.06		\$ 280.03	\$ 274.86			\$ 280.03	\$ 274.86	
488	Kaiser - Oregon	Two Retiree Risk					\$ 280.03	\$ 274.86					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 750.21						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 750.21	\$ 274.86					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,337.34	\$ 464.63			\$ 872.69	\$ 274.86			\$ 280.03	\$ 274.86	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,237.19	\$ 1,358.50			\$ 280.03	\$ 274.86			\$ 280.03	\$ 274.86	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,237.19	\$ 1,358.50	\$ 5,175.11		\$ 280.03	\$ 274.86			\$ 280.03	\$ 274.86	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 872.69	\$ 869.17					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 750.21	\$ 746.35					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,237.19	\$ 1,358.50			\$ 750.21	\$ 746.35			\$ 750.21	\$ 746.35	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,237.19	\$ 1,358.50			\$ 872.69	\$ 869.17			\$ 872.69	\$ 869.17	
611	SCAN Health Plan	Retiree Only					\$ 209.51						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 209.51	\$ 209.51					
701	United Healthcare	Retiree Only	\$ 1,207.20				\$ 258.87				\$ 258.87		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45		\$ 258.87	\$ 258.87			\$ 258.87	\$ 258.87	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 258.87	\$ 258.87			\$ 258.87	\$ 258.87	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45		\$ 258.87	\$ 258.87			\$ 258.87	\$ 258.87	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45		\$ 258.87	\$ 258.87			\$ 258.87	\$ 258.87	
706	United Healthcare	Minor Survivor				\$ 1,185.45			\$ 1,185.45				
707	United Healthcare	Single	\$ 1,207.20								\$ 261.24		
708	United Healthcare	Two-Party	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45						\$ 261.24	\$ 261.08	
709	United Healthcare	Family	\$ 1,207.20	\$ 1,207.20	\$ 1,185.45						\$ 261.24	\$ 261.08	

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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	\$ 1,893.62				\$ 405.39			\$ 405.39		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,893.62	\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,893.62	\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 405.39		\$ 405.39	\$ 405.39		\$ 405.39
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,893.62	\$ 1,859.51		\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39	\$ 405.39
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65	\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39	\$ 405.39
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65	\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39	\$ 405.39
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39	\$ 405.39
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC	\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39	\$ 405.39
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC	\$ 1,893.62	\$ 1,859.51	\$ 1,893.62		\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39	\$ 405.39
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 405.39	\$ 405.39		\$ 405.39	\$ 405.39	\$ 405.39

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 51.93		
502	Cigna Indemnity Dental/Vision	Family	\$ 51.93	\$ 56.80	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 52.94
901	Cigna Dental HMO/Vision	Retiree Only	\$ 45.41		
902	Cigna Dental HMO/Vision	Family	\$ 45.41	\$ 54.00	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 46.30

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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, 2016 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. 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, 2018 renewals. ACA fees including PCORI 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*<sup>TM</sup>.

The trend assumption for Medicare Part B premiums was updated based on long-term projected Part B costs from the 2017 Medicare Trustees Report from CMS dated July 13, 2017. 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 without 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, 2028, 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. After fiscal year ending June 30, 2074, the medical trend rate remains at 4.40%.

Fiscal Year Ending		LACERA Medical		Part B Premiums	Dental Under and Over 65	Weighted Average Trend
From	To	Under 65	Over 65			
6/30/2018	6/30/2019	5.80%	6.00%	9.25%	0.00%	5.85%
6/30/2019	6/30/2020	6.30%	6.00%	1.85%	3.00%	5.42%
6/30/2020	6/30/2021	6.70%	6.50%	4.30%	4.70%	6.20%
6/30/2021	6/30/2022	5.10%	5.10%	4.40%	2.95%	4.88%
6/30/2022	6/30/2023	5.10%	5.10%	4.90%	2.90%	4.94%
6/30/2023	6/30/2024	5.10%	5.10%	5.70%	2.90%	5.03%
6/30/2024	6/30/2025	5.20%	5.20%	5.20%	2.90%	5.06%
6/30/2025	6/30/2026	5.20%	5.20%	6.05%	2.85%	5.15%
6/30/2026	6/30/2027	5.20%	5.20%	6.50%	2.85%	5.21%
6/30/2027	6/30/2028	5.30%	5.30%	5.80%	2.85%	5.21%
6/30/2037	6/30/2038	5.40%	5.40%	5.30%	2.65%	5.26%
6/30/2047	6/30/2048	5.20%	5.20%	4.60%	2.50%	5.01%
6/30/2057	6/30/2058	5.10%	5.10%	4.50%	2.65%	4.93%
6/30/2067	6/30/2068	4.90%	4.90%	4.50%	2.85%	4.79%
6/30/2077	6/30/2078	4.40%	4.40%	4.50%	3.10%	4.39%
6/30/2087	6/30/2088	4.40%	4.40%	4.35%	3.35%	4.37%
6/30/2097	6/30/2098	4.40%	4.40%	4.35%	3.55%	4.37%
6/30/2102	6/30/2103	4.40%	4.40%	4.35%	3.70%	4.38%



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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%	35.00%
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	24.00%	0.00%	25.00%
51	7.00%	0.00%	11.00%
52	7.00%	0.00%	16.00%
53	7.00%	0.00%	16.00%
54	7.00%	0.00%	21.00%
55	10.00%	27.00%	30.00%
56	10.00%	7.00%	21.00%
57	10.00%	7.00%	24.00%
58	10.00%	6.00%	26.00%
59	12.00%	6.00%	27.00%
60	13.00%	8.00%	28.00%
61	14.00%	8.00%	29.00%
62	17.00%	10.00%	30.00%
63	20.00%	12.00%	31.00%
64	24.00%	24.00%	32.00%
65	28.00%	37.00%	100.00%
66	26.00%	16.00%	100.00%
67	27.00%	13.00%	100.00%
68	28.00%	12.00%	100.00%
69	28.00%	16.00%	100.00%
70	28.00%	20.00%	100.00%
71	28.00%	23.00%	100.00%
72	29.00%	24.00%	100.00%
73	30.00%	26.00%	100.00%
74	31.00%	31.00%	100.00%
75	100.00%	100.00%	100.00%
75 or older	100.00%	100.00%	100.00%



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## Appendix B: Summary of Program Provisions

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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, fire fighters 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.

## 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**

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. Details of the benchmark plan rate are in the table below. Tier 2 is for County employees who are hired after June 30, 2014 and are eligible for LACERA membership. 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.

<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

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.

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**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.pdf)  
[http://www.lacera.com/healthcare/pdf/healthcare\\_charts/plan\\_comparison\\_oa.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](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](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](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](http://www.lacera.com/healthcare/Medicare/medicare_a_b.html)

## Appendix C: Valuation Data and Schedules

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Data on LACERA's retirement benefit program membership as of June 30, 2017 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2017 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, 2017 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 in Medical Plans
- Exhibit C-7: Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans
- Exhibit C-8: Age and Service Distributions of Retired Members in Dental/Vision Plans
- Exhibit C-9: Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans
- Exhibit C-10: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 1
- Exhibit C-11: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 2
- Exhibit C-12: Treatment of Incomplete Data

Note that Exhibits C-1 through C-9 were prepared using an "age nearest birthday" basis for calculating ages as used by our valuation system. Exhibit C-10 and C-11 were prepared using an "attained age" basis to reflect when someone becomes 65.

**Exhibit C-1: Summary of Active Members**

	Sex	Members		Annual Salary	Average Age	Average Credited Service
		Tier 1	Tier 2			
<b>General Members- LA County*</b>						
Plan A	M	54	-	\$ 6,303,840	70.4	38.2
	F	110	-	9,044,208	67.4	37.2
Plan B	M	12	-	1,179,192	66.2	39.0
	F	43	-	3,884,088	63.1	36.9
Plan C	M	17	-	1,392,168	64.1	38.1
	F	47	-	4,131,588	63.4	37.6
Plan D	M	14,269	4	1,248,711,432	49.3	16.6
	F	28,431	5	2,256,598,656	48.8	16.6
Plan E	M	6,012	-	499,511,976	53.7	20.5
	F	12,427	-	851,755,020	53.5	21.4
Plan G	M	1,688	4,513	374,761,080	37.1	2.0
	F	3,237	9,113	681,958,440	36.2	2.0
Total		66,347	13,635	\$ 5,939,231,688	47.2	14.3
<b>Safety Members- LA County*</b>						
Plan A	M	2	-	\$ 267,072	64.0	42.8
	F	-	-	-	-	-
Plan B	M	6,702	1	754,985,484	44.4	18.2
	F	1,491	-	162,237,036	42.3	15.8
Plan C	M	228	909	91,180,224	30.0	1.7
	F	77	174	20,670,264	29.8	2.0
Total		8,500	1,084	\$ 1,029,340,080	42.0	15.5
<b>Safety Members- Local 1014</b>						
Plan A	M	5	-	\$ 670,968	61.8	35.0
	F	-	-	-	-	-
Plan B	M	2,536	-	314,987,508	46.6	18.8
	F	52	-	6,100,968	44.8	17.5
Plan C	M	141	367	35,834,916	31.1	1.8
	F	5	5	746,532	32.0	2.0
Total		2,739	372	\$ 358,340,892	44.0	16.0

\* LA County does not include Safety Local 1014, Superior Court, and SCAQMD members.  
 LA County includes General Local 1014 members because on retirement they enroll in LA County coverage.

**Exhibit C-1 (continued): Summary of Active Members**

	Sex	Members		Annual Salary	Average Age	Average Credited Service
		Tier 1	Tier 2			
<b>General Members- Superior Court</b>						
Plan A	M	6	-	\$ 844,536	72.5	26.6
	F	4	-	435,120	69.0	31.3
Plan B	M	2	-	251,052	66.0	16.3
	F	4	-	443,520	61.5	39.1
Plan C	M	-	-	-	-	-
	F	6	-	593,820	59.5	39.3
Plan D	M	531	-	47,151,684	51.2	20.2
	F	1,956	1	159,483,504	51.2	20.4
Plan E	M	321	-	27,803,328	52.6	22.0
	F	837	-	63,435,492	53.3	23.5
Plan G	M	23	238	15,617,196	36.7	1.5
	F	50	492	29,151,912	36.9	1.5
Total		3,740	731	\$ 345,211,164	49.2	17.7
<b>General Members- SCAQMD</b>						
Plan A	M	-	-	\$ -	-	-
	F	-	-	-	-	-
Plan B	M	-	-	-	-	-
	F	1	-	60,492	60.0	39.7
Plan C	M	-	-	-	-	-
	F	-	-	-	-	-
Plan D	M	-	-	-	-	-
	F	-	-	-	-	-
Plan E	M	-	-	-	-	-
	F	-	-	-	-	-
Plan G	M	-	-	-	-	-
	F	-	-	-	-	-
Total		1	-	\$ 60,492	60.0	39.7
<b>All General Members</b>						
Plan A	M	60	-	\$ 7,148,376	70.6	37.0
	F	114	-	9,479,328	67.5	37.5
Plan B	M	14	-	1,430,244	66.1	35.7
	F	48	-	4,388,100	62.9	37.1
Plan C	M	17	-	1,392,168	64.1	38.1
	F	53	-	4,725,408	63.0	37.8
Plan D	M	14,800	4	1,295,863,116	49.4	16.7
	F	30,387	6	2,416,082,160	48.9	16.9
Plan E	M	6,333	-	527,315,304	53.7	20.5
	F	13,264	-	915,190,512	53.5	21.5
Plan G	M	1,711	4,751	390,378,276	37.1	2.0
	F	3,287	9,605	711,110,352	36.2	2.0
Total		70,088	14,366	\$ 6,284,503,344	47.3	14.5
<b>All Safety Members</b>						
Plan A	M	7	-	\$ 938,040	62.4	37.2
	F	-	-	-	-	-
Plan B	M	9,238	1	1,069,972,992	45.0	18.4
	F	1,543	-	168,338,004	42.4	15.9
Plan C	M	369	1,276	127,015,140	30.3	1.7
	F	82	179	21,416,796	29.9	2.0
Total		11,239	1,456	\$ 1,387,680,972	42.5	15.6
<b>Grand Total</b>		<b>81,327</b>	<b>15,822</b>	<b>\$ 7,672,184,316</b>	<b>46.7</b>	<b>14.6</b>

**Grand Total (Tiers Combined)** 97,149  
 This excludes 62 active pension members who are receiving retiree healthcare benefits.



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.

**Exhibit C-2: Summary of Vested Terminated Members**

	Sex	Members		Average Age
		Tier 1	Tier 2	
<b>General Members- LA County*</b>				
Plan A	M	13	-	70.3
	F	24	-	67.5
Plan B	M	5	-	67.4
	F	12	-	66.6
Plan C	M	2	-	64.0
	F	9	-	62.6
Plan D	M	1,271	-	48.6
	F	2,520	1	47.0
Plan E	M	952	-	56.4
	F	2,188	-	56.1
Plan G	M	14	18	35.3
	F	46	21	36.7
Total		7,056	40	51.4

**Safety Members- LA County\***

Plan A	M	3	-	67.3
	F	-	-	-
Plan B	M	415	-	43.0
	F	113	-	43.8
Plan C	M	2	4	28.0
	F	-	-	-
Total		533	4	43.2

**Safety Members- Local 1014**

Plan A	M	-	-	-
	F	-	-	-
Plan B	M	40	-	40.4
	F	10	-	38.3
Plan C	M	1	-	30.0
	F	-	-	-
Total		51	-	39.8

\* LA County Group does not include Safety Local 1014, Superior Court, and SCAQMD members.  
 LA County includes General Local 1014 members because on retirement they enroll in LA County coverage.

**Exhibit C-2 (continued): Summary of Vested Terminated Members**

**General Members- Superior Court**

Plan A	M	1	-	68.0
	F	7	-	65.3
Plan B	M	-	-	-
	F	1	-	62.0
Plan C	M	-	-	-
	F	1	-	63.0
Plan D	M	70	-	47.6
	F	203	-	49.1
Plan E	M	99	-	53.8
	F	230	-	54.2
Plan G	M	-	1	36.0
	F	2	3	36.2
Total		614	4	51.7

**General Members- SCAQMD**

Plan A	M	-	-	-
	F	-	-	-
Plan B	M	-	-	-
	F	-	-	-
Plan C	M	-	-	-
	F	-	-	-
Plan D	M	-	-	-
	F	-	-	-
Plan E	M	-	-	-
	F	-	-	-
Plan G	M	-	-	-
	F	-	-	-
Total		-	-	-

**All General Members**

Plan A	M	14	-	70.1
	F	31	-	67.0
Plan B	M	5	-	67.4
	F	13	-	66.2
Plan C	M	2	-	64.0
	F	10	-	62.6
Plan D	M	1,341	-	48.5
	F	2,723	1	47.1
Plan E	M	1,051	-	56.2
	F	2,418	-	56.0
Plan G	M	14	19	35.4
	F	48	24	36.7
Total		7,670	44	51.4

**All Safety Members**

Plan A	M	3	-	67.3
	F	-	-	-
Plan B	M	455	-	42.8
	F	123	-	43.4
Plan C	M	3	4	28.3
	F	-	-	-
Total		584	4	42.9

**Grand Total** 8,254 48 50.8

**Grand Total (Tiers Combined)** 8,302

Pension data includes 5,901 non vested terminated members.  
 This excludes 37 vested terminated pension members who are receiving retiree healthcare benefits.  
 This also excludes 2 records of members who died before 7/1/2017.

**Exhibit C-3: Summary of Retired Members, Spouses, and Dependents**

**Medical**

Gender	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					
LA County	M	19,695	-	8,664	-	28,359	72.6	58.3	68.2
	F	25,386	1	15,210	-	40,597	73.9	60.7	69.0
	Total	45,081	1	23,874	-	68,956	73.3	59.8	68.7
Local 1014	M	1,529	-	186	-	1,715	69.3	21.9	64.2
	F	268	-	1,468	-	1,736	77.4	59.7	62.4
	Total	1,797	-	1,654	-	3,451	70.5	55.4	63.3
Superior Court	M	562	-	543	-	1,105	74.5	63.4	69.0
	F	1,620	-	364	-	1,984	72.6	60.5	70.4
	Total	2,182	-	907	-	3,089	73.1	62.2	69.9
SCAQMD	M	27	-	4	-	31	82.3	62.0	79.7
	F	21	-	20	-	41	82.2	75.9	79.1
	Total	48	-	24	-	72	82.3	73.6	79.4
Total Medical	M	21,813	-	9,397	-	31,210	72.4	57.9	68.0
	F	27,295	1	17,062	-	44,358	73.9	60.6	68.8
	Total	49,108	1	26,459	-	75,568	73.2	59.7	68.5
Tiers Combined	Total	49,109		26,459					

**Dental/Vision**

Gender	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					
LA County	M	20,126	-	9,536	1	29,663	72.5	58.5	68.0
	F	26,014	2	15,920	1	41,937	73.8	60.4	68.7
	Total	46,140	2	25,456	2	71,600	73.2	59.7	68.4
Local 1014	M	1,502	-	254	-	1,756	69.3	22.5	62.5
	F	251	-	1,514	-	1,765	77.1	58.6	61.2
	Total	1,753	-	1,768	-	3,521	70.4	53.4	61.9
Superior Court	M	549	-	600	-	1,149	74.5	64.6	69.3
	F	1,654	-	384	-	2,038	72.6	60.3	70.3
	Total	2,203	-	984	-	3,187	73.1	62.9	69.9
SCAQMD	M	26	-	4	-	30	83.2	62.0	80.4
	F	17	-	20	-	37	81.8	75.9	78.6
	Total	43	-	24	-	67	82.6	73.6	79.4
Total Dental/Vision	M	22,203	-	10,394	1	32,598	72.3	58.0	67.8
	F	27,936	2	17,838	1	45,777	73.8	60.3	68.5
	Total	50,139	2	28,232	2	78,375	73.1	59.4	68.2
Tiers Combined	Total	50,141		28,234					

**Exhibit C-3 (continued): Summary of Retired Members, Spouses, and Dependents**

**Death Benefit \***

	Gender	Count					Average Age		
		Retirees		Spouses and Dependents		Total	Retirees	Spouses and Dependents	Total
		Tier 1	Tier 2	Tier 1	Tier 2				
LA County	M	23,577	-	NA	NA	23,577	71.9	NA	71.9
	F	26,470	1	NA	NA	26,471	72.4	NA	72.4
	Total	50,047	1	NA	NA	50,048	72.2	NA	72.2
Local 1014	M	1,529	-	NA	NA	1,529	69.3	NA	69.3
	F	9	-	NA	NA	9	71.0	NA	71.0
	Total	1,538	-	NA	NA	1,538	69.3	NA	69.3
Superior Court	M	700	-	NA	NA	700	73.0	NA	73.0
	F	1,952	-	NA	NA	1,952	71.2	NA	71.2
	Total	2,652	-	NA	NA	2,652	71.7	NA	71.7
SCAQMD	M	34	-	NA	NA	34	81.8	NA	81.8
	F	7	-	NA	NA	7	78.7	NA	78.7
	Total	41	-	NA	NA	41	81.3	NA	81.3
Total Death Benefit	M	25,840	-	NA	NA	25,840	71.8	NA	71.8
	F	28,438	1	NA	NA	28,439	72.3	NA	72.3
	Total	54,278	1	NA	NA	54,279	72.1	NA	72.1
Tiers Combined	Total	54,279		NA					

\* Totals do not include 395 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	3	-	-	-	-	-	-	-	3
20-24	850	5	-	-	-	-	-	-	855
25-29	5,598	466	19	-	-	-	-	-	6,083
30-34	5,971	2,879	1,239	42	-	-	-	-	10,131
35-39	3,767	3,173	3,774	1,229	58	1	-	-	12,002
40-44	2,299	2,214	3,324	3,961	828	68	1	-	12,695
45-49	1,689	1,612	2,531	4,026	2,423	1,811	146	4	14,242
50-54	1,214	1,113	1,888	2,838	2,066	3,796	1,451	142	14,508
55-59	864	918	1,516	2,266	1,317	2,516	1,956	1,035	12,388
60-64	425	638	1,049	1,624	1,048	1,478	1,216	1,560	9,038
65-69	140	300	506	795	492	627	344	562	3,766
70-74	19	65	145	257	156	191	91	146	1,070
75-79	4	7	35	60	53	47	23	39	268
80-84	-	-	7	16	17	9	4	27	80
85 & Over	-	1	3	2	1	3	2	8	20
<b>Total Count</b>	<b>22,843</b>	<b>13,391</b>	<b>16,036</b>	<b>17,116</b>	<b>8,459</b>	<b>10,547</b>	<b>5,234</b>	<b>3,523</b>	<b>97,149</b>

This excludes 62 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	3	-	-	-	-	-	-	-	3
25-29	30	16	-	-	-	-	-	-	46
30-34	107	207	26	1	-	-	-	-	341
35-39	187	418	154	16	1	-	-	-	776
40-44	242	550	245	82	7	-	-	-	1,126
45-49	194	554	438	191	53	16	2	-	1,448
50-54	169	389	599	239	117	55	9	-	1,577
55-59	112	246	453	215	93	72	32	10	1,233
60-64	66	186	430	154	69	68	30	49	1,052
65-69	38	99	247	80	16	12	9	15	516
70-74	10	15	75	34	10	2	-	2	148
75-79	3	2	11	5	3	1	1	1	27
80-84	4	1	2	-	-	1	-	-	8
85 & Over	-	1	-	-	-	-	-	-	1
<b>Total Count</b>	<b>1,165</b>	<b>2,684</b>	<b>2,680</b>	<b>1,017</b>	<b>369</b>	<b>227</b>	<b>83</b>	<b>77</b>	<b>8,302</b>

Retirement program data includes 5,901 non vested terminated members.  
 This excludes 37 vested terminated pension members who are receiving retiree healthcare benefits.  
 This also excludes 2 records of members who died before 7/1/2017.



**Exhibit C-6: Age and Service Distributions of Retired Members in Medical Plans**

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	-	-	-	-	-	-	-	10	10
40-44	-	-	-	-	-	2	2	41	45
45-49	-	-	4	4	8	6	2	137	161
50-54	-	-	21	18	53	109	43	335	579
55-59	-	1	45	61	125	496	585	672	1,985
60-64	2	1	127	174	309	1,046	1,766	867	4,292
65-69	2	17	340	511	655	1,734	4,622	1,148	9,029
70-74	5	24	474	667	869	1,908	4,495	1,502	9,944
75-79	7	14	422	566	717	1,751	2,925	1,163	7,565
80-84	6	21	316	481	663	1,366	1,754	823	5,430
85-89	5	21	249	379	537	861	1,034	520	3,606
90-94	-	11	150	246	286	375	559	215	1,842
95-99	-	-	65	82	57	89	156	51	500
100 & Over	1	-	14	8	14	17	13	4	71
<b>Total Count</b>	<b>28</b>	<b>110</b>	<b>2,227</b>	<b>3,198</b>	<b>4,297</b>	<b>9,763</b>	<b>17,957</b>	<b>7,502</b>	<b>45,082</b>

**Local 1014  
 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	1
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	-	-	-	1	-	5	6
50-54	-	-	1	-	1	1	2	8	13
55-59	-	-	-	5	4	28	63	161	261
60-64	-	-	1	2	2	37	53	236	331
65-69	-	-	1	-	2	17	43	189	252
70-74	-	-	1	-	1	12	47	261	322
75-79	-	-	-	-	1	9	23	184	217
80-84	-	-	-	-	3	13	18	152	186
85-89	-	-	-	-	1	18	22	94	135
90-94	-	-	-	1	-	12	22	30	65
95-99	-	-	1	-	-	-	2	2	5
100 & Over	-	-	-	-	-	1	-	-	1
<b>Total Count</b>	<b>-</b>	<b>-</b>	<b>5</b>	<b>8</b>	<b>15</b>	<b>149</b>	<b>295</b>	<b>1,325</b>	<b>1,797</b>



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**Exhibit C-6 (continued): Age and Service Distributions of Retired Members in Medical Plans**

**Superior Court  
 Retirees and Survivors with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	-	-	-	-	1	2	3
50-54	-	-	2	3	4	5	-	7	21
55-59	-	-	5	7	16	23	20	16	87
60-64	-	1	10	17	20	73	121	34	276
65-69	1	2	26	32	44	99	229	37	470
70-74	-	1	29	44	57	97	199	35	462
75-79	-	4	26	22	35	81	119	31	318
80-84	-	3	18	24	41	52	73	28	239
85-89	-	-	15	27	31	39	56	7	175
90-94	-	1	6	13	19	17	30	4	90
95-99	-	1	5	5	5	8	6	2	32
100 & Over	-	-	-	2	2	1	2	-	7
<b>Total Count</b>	<b>1</b>	<b>13</b>	<b>142</b>	<b>196</b>	<b>274</b>	<b>495</b>	<b>856</b>	<b>205</b>	<b>2,182</b>

**SCAQMD  
 Retirees and Survivors with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	-	-	-	-
65-69	1	-	-	-	-	1	2	-	4
70-74	1	1	-	-	-	-	1	1	4
75-79	-	-	1	-	-	1	4	1	7
80-84	1	-	-	1	2	1	5	2	12
85-89	-	-	-	2	3	1	7	-	13
90-94	-	-	2	-	2	2	-	-	6
95-99	-	-	-	1	1	-	-	-	2
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>19</b>	<b>4</b>	<b>48</b>



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**Exhibit C-6 (continued): Age and Service Distributions of Retired Members in Medical Plans**

**All Members  
 Retirees and Survivors with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	1	4	3	1	15	24
35-39	-	-	-	-	-	-	-	10	10
40-44	-	-	-	-	-	2	2	45	49
45-49	-	-	4	4	8	7	3	144	170
50-54	-	-	24	21	58	115	45	350	613
55-59	-	1	50	73	145	547	668	849	2,333
60-64	2	2	138	193	331	1,156	1,940	1,137	4,899
65-69	4	19	367	543	701	1,851	4,896	1,374	9,755
70-74	6	26	504	711	927	2,017	4,742	1,799	10,732
75-79	7	18	449	588	753	1,842	3,071	1,379	8,107
80-84	7	24	334	506	709	1,432	1,850	1,005	5,867
85-89	5	21	264	408	572	919	1,119	621	3,929
90-94	-	12	158	260	307	406	611	249	2,003
95-99	-	1	71	88	63	97	164	55	539
100 & Over	1	-	14	10	16	19	15	4	79
<b>Total Count</b>	32	124	2,377	3,406	4,594	10,413	19,127	9,036	49,109



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**Exhibit C-7: Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	98	131	256	1,004	1,442	1,359	4,290
35-39	-	1	2	1	8	18	32	30	92
40-44	-	-	2	6	19	26	34	47	134
45-49	-	-	9	11	22	63	121	132	358
50-54	-	-	18	23	48	229	317	286	921
55-59	-	-	32	43	100	447	727	480	1,829
60-64	1	7	61	93	178	696	1,333	551	2,920
65-69	3	9	140	201	285	863	2,056	652	4,209
70-74	4	6	164	272	346	752	1,763	641	3,948
75-79	1	4	146	208	295	647	1,109	373	2,783
80-84	-	6	72	123	184	372	500	184	1,441
85-89	-	2	25	57	80	184	243	82	673
90-94	-	1	20	30	29	65	73	20	238
95-99	1	-	6	7	6	9	7	1	37
100 & Over	-	-	-	-	1	-	-	-	1
<b>Total Count</b>	10	36	795	1,206	1,857	5,375	9,757	4,838	23,874

**Local 1014  
 Spouses and Dependents with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	1	4	2	33	68	213	321
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	3	3
45-49	-	-	1	-	-	2	1	4	8
50-54	-	-	-	3	5	17	47	99	171
55-59	-	-	1	3	-	31	55	228	318
60-64	-	-	1	-	-	13	37	157	208
65-69	-	-	1	-	2	12	33	190	238
70-74	-	-	-	-	-	11	23	151	185
75-79	-	-	-	-	2	7	8	82	99
80-84	-	-	-	-	2	7	7	55	71
85-89	-	-	-	-	-	5	8	14	27
90-94	-	-	-	-	-	-	4	-	4
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	-	-	5	10	13	138	291	1,197	1,654



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**Exhibit C-7 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans**

**Superior Court  
 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	-	1	10	6	15	34	47	23	136
35-39	-	-	1	-	-	-	2	2	5
40-44	-	-	-	-	1	1	1	-	3
45-49	-	-	-	2	1	4	3	1	11
50-54	-	-	-	2	2	7	5	1	17
55-59	-	-	5	4	8	13	20	5	55
60-64	-	1	2	10	11	44	47	8	123
65-69	-	-	10	10	17	51	81	14	183
70-74	-	1	11	12	22	32	62	14	154
75-79	-	2	7	4	17	29	45	6	110
80-84	-	-	5	4	6	17	26	5	63
85-89	-	-	4	2	5	6	11	1	29
90-94	-	-	1	3	3	2	6	-	15
95-99	-	-	-	2	1	-	-	-	3
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	-	5	56	61	109	240	356	80	907

**SCAQMD  
 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	-	-	-	-	-	-	-	1	1
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	1	1
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	1	-	1
60-64	-	-	-	-	-	-	-	-	-
65-69	1	1	-	-	-	-	-	1	3
70-74	-	-	-	1	-	-	4	1	6
75-79	-	-	-	-	-	2	2	1	5
80-84	-	-	-	-	1	-	2	-	3
85-89	-	-	2	-	-	-	1	-	3
90-94	-	-	-	-	-	-	-	-	-
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	1	1	2	1	1	2	11	5	24



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**Exhibit C-7 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans**

**All Members  
 Spouses and Dependents with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	1	109	141	273	1,071	1,557	1,596	4,748
35-39	-	1	3	1	8	18	34	33	98
40-44	-	-	2	6	20	27	35	50	140
45-49	-	-	10	13	23	69	125	138	378
50-54	-	-	18	28	55	253	369	386	1,109
55-59	-	-	38	50	108	491	803	713	2,203
60-64	1	8	64	103	189	753	1,417	716	3,251
65-69	4	10	151	211	304	926	2,170	857	4,633
70-74	4	7	175	285	368	795	1,852	807	4,293
75-79	1	6	153	212	314	685	1,164	462	2,997
80-84	-	6	77	127	193	396	535	244	1,578
85-89	-	2	31	59	85	195	263	97	732
90-94	-	1	21	33	32	67	83	20	257
95-99	1	-	6	9	7	9	8	1	41
100 & Over	-	-	-	-	1	-	-	-	1
<b>Total Count</b>	11	42	858	1,278	1,980	5,755	10,415	6,120	26,459



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**Exhibit C-8: Age and Service Distributions of Retired Members in Dental/Vision Plans**

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	17	26
35-39	-	-	-	-	-	-	-	14	14
40-44	-	-	1	-	-	2	2	59	64
45-49	-	-	5	4	9	6	2	158	184
50-54	-	1	20	22	54	110	43	386	636
55-59	2	2	70	76	136	496	584	726	2,092
60-64	3	6	157	214	322	1,047	1,760	936	4,445
65-69	2	28	377	557	675	1,741	4,620	1,210	9,210
70-74	9	35	522	683	903	1,923	4,508	1,578	10,161
75-79	9	22	430	592	750	1,761	2,938	1,204	7,706
80-84	4	30	300	504	679	1,378	1,765	833	5,493
85-89	7	17	268	380	553	866	1,047	535	3,673
90-94	3	13	161	252	291	383	559	207	1,869
95-99	1	1	77	79	60	88	153	45	504
100 & Over	-	-	9	5	16	17	13	5	65
<b>Total Count</b>	<b>40</b>	<b>155</b>	<b>2,397</b>	<b>3,369</b>	<b>4,452</b>	<b>9,821</b>	<b>17,995</b>	<b>7,913</b>	<b>46,142</b>

**Local 1014  
 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	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	-	-	-	1	-	3	4
50-54	-	-	1	-	1	1	2	8	13
55-59	-	-	-	4	4	27	62	159	256
60-64	-	-	1	2	2	37	53	231	326
65-69	-	-	1	-	3	16	42	188	250
70-74	-	-	1	-	1	12	47	258	319
75-79	-	-	-	-	1	9	22	180	212
80-84	-	-	-	-	3	12	18	149	182
85-89	-	-	-	-	1	17	22	86	126
90-94	-	-	-	-	-	12	21	25	58
95-99	-	-	-	-	-	-	2	2	4
100 & Over	-	-	-	-	-	1	-	-	1
<b>Total Count</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>6</b>	<b>16</b>	<b>145</b>	<b>291</b>	<b>1,291</b>	<b>1,753</b>



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**Exhibit C-8 (continued): Age and Service Distributions of Retired Members in Dental/Vision Plans**

**Superior Court  
 Retirees and Survivors with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	-	-	-	-	1	2	3
50-54	-	-	1	2	4	6	-	9	22
55-59	-	1	7	8	17	23	19	17	92
60-64	-	4	12	18	20	71	118	36	279
65-69	-	1	27	31	45	99	228	39	470
70-74	-	3	28	47	56	97	198	37	466
75-79	-	3	27	24	36	81	120	32	323
80-84	-	5	22	21	36	54	73	30	241
85-89	-	2	17	26	28	39	55	6	173
90-94	-	1	9	14	18	18	31	3	94
95-99	-	-	4	5	6	8	6	2	31
100 & Over	-	-	-	2	2	1	2	-	7
<b>Total Count</b>	-	20	154	198	268	497	851	215	2,203

**SCAQMD  
 Retirees and Survivors with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	-	-	-	-
65-69	1	-	-	-	-	1	2	-	4
70-74	-	1	-	-	-	-	1	1	3
75-79	-	-	-	-	-	1	4	1	6
80-84	-	-	-	1	1	1	5	2	10
85-89	-	-	-	1	3	1	7	-	12
90-94	-	-	2	-	1	2	-	-	5
95-99	-	-	-	2	1	-	-	-	3
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	1	1	2	4	6	6	19	4	43



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**Exhibit C-8 (continued): Age and Service Distributions of Retired Members in Dental/Vision Plans**

All Members  
 Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	1	4	3	1	17	26
35-39	-	-	-	-	-	-	-	14	14
40-44	-	-	1	-	-	2	2	63	68
45-49	-	-	5	4	9	7	3	163	191
50-54	-	1	22	24	59	117	45	403	671
55-59	2	3	77	88	157	546	665	902	2,440
60-64	3	10	170	234	344	1,155	1,931	1,203	5,050
65-69	3	29	405	588	723	1,857	4,892	1,437	9,934
70-74	9	39	551	730	960	2,032	4,754	1,874	10,949
75-79	9	25	457	616	787	1,852	3,084	1,417	8,247
80-84	4	35	322	526	719	1,445	1,861	1,014	5,926
85-89	7	19	285	407	585	923	1,131	627	3,984
90-94	3	14	172	266	310	415	611	235	2,026
95-99	1	1	81	86	67	96	161	49	542
100 & Over	-	-	9	7	18	19	15	5	73
<b>Total Count</b>	41	176	2,557	3,577	4,742	10,469	19,156	9,423	50,141



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**Exhibit C-9: Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	3	3	139	159	274	1,008	1,464	1,618	4,668
35-39	-	2	1	1	8	19	35	36	102
40-44	-	1	3	7	18	28	41	58	156
45-49	-	1	14	14	23	66	121	156	395
50-54	-	-	20	25	55	228	315	338	981
55-59	2	1	41	59	96	454	719	516	1,888
60-64	2	7	79	110	197	694	1,327	588	3,004
65-69	3	9	155	234	312	907	2,124	707	4,451
70-74	2	12	190	294	369	803	1,861	678	4,209
75-79	-	4	150	223	321	694	1,160	397	2,949
80-84	3	5	81	153	210	408	539	203	1,602
85-89	2	3	35	77	92	197	256	87	749
90-94	-	1	21	34	40	64	78	22	260
95-99	-	-	5	8	8	11	10	-	42
100 & Over	-	-	-	-	1	1	-	-	2
<b>Total Count</b>	17	49	934	1,398	2,024	5,582	10,050	5,404	25,458

**Local 1014  
 Spouses and Dependents with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	2	7	8	55	105	303	480
35-39	-	-	-	-	-	-	-	3	3
40-44	-	-	-	-	-	-	2	6	8
45-49	-	-	-	1	-	2	2	23	28
50-54	-	-	1	2	-	9	31	65	108
55-59	-	-	2	1	1	24	47	155	230
60-64	-	-	1	-	1	21	44	196	263
65-69	-	-	-	1	1	11	32	166	211
70-74	-	-	-	-	-	14	22	168	204
75-79	-	-	-	-	2	8	9	92	111
80-84	-	-	-	-	2	7	12	56	77
85-89	-	-	-	-	-	6	9	22	37
90-94	-	-	-	-	-	2	3	2	7
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	-	-	6	12	15	159	319	1,257	1,768



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**Exhibit C-9 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans**

**Superior Court  
 Spouses and Dependents with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	4	9	4	13	37	44	30	141
35-39	-	-	1	-	-	-	2	2	5
40-44	-	-	-	-	1	1	1	-	3
45-49	-	-	-	2	-	4	3	1	10
50-54	-	-	-	1	2	7	6	4	20
55-59	-	1	5	3	7	14	19	6	55
60-64	-	1	1	10	16	44	46	8	126
65-69	-	-	12	13	20	55	87	16	203
70-74	-	1	14	17	23	35	67	17	174
75-79	-	-	9	6	16	31	50	7	119
80-84	-	1	7	4	8	19	27	7	73
85-89	-	-	5	4	5	7	12	2	35
90-94	-	-	1	3	3	2	6	-	15
95-99	-	-	2	2	1	-	-	-	5
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	-	8	66	69	115	256	370	100	984

**SCAQMD  
 Spouses and Dependents with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	1	1
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	1	1
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	1	-	1
60-64	-	-	-	-	-	-	-	-	-
65-69	1	1	-	-	-	-	-	1	3
70-74	-	-	-	1	-	-	4	1	6
75-79	-	-	-	-	-	2	2	1	5
80-84	-	-	-	-	1	-	2	-	3
85-89	-	-	2	-	-	-	1	-	3
90-94	-	-	-	-	-	-	-	-	-
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
<b>Total Count</b>	1	1	2	1	1	2	11	5	24



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**Exhibit C-9 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans**

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

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	3	7	150	170	295	1,100	1,613	1,952	5,290
35-39	-	2	2	1	8	19	37	41	110
40-44	-	1	3	7	19	29	44	64	167
45-49	-	1	14	17	23	72	126	181	434
50-54	-	-	21	28	57	244	352	407	1,109
55-59	2	2	48	63	104	492	786	677	2,174
60-64	2	8	81	120	214	759	1,417	792	3,393
65-69	4	10	167	248	333	973	2,243	890	4,868
70-74	2	13	204	312	392	852	1,954	864	4,593
75-79	-	4	159	229	339	735	1,221	497	3,184
80-84	3	6	88	157	221	434	580	266	1,755
85-89	2	3	42	81	97	210	278	111	824
90-94	-	1	22	37	43	68	87	24	282
95-99	-	-	7	10	9	11	12	-	49
100 & Over	-	-	-	-	1	1	-	-	2
<b>Total Count</b>	18	58	1,008	1,480	2,155	5,999	10,750	6,766	28,234



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**Exhibit C-10: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 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	179	1,104	1,283	252	243	495	431	1,347	1,778
Blue Cross II	1,988	2,774	4,762	2,664	1,011	3,675	4,652	3,785	8,437
Blue Cross III	248	11,170	11,418	1,067	4,158	5,225	1,315	15,328	16,643
Blue Cross Prudent Buyer Plan	366	866	1,232	480	252	732	846	1,118	1,964
CIGNA Healthcare for Seniors	2	56	58	14	19	33	16	75	91
CIGNA Network Model Plan	109	445	554	135	115	250	244	560	804
Kaiser (Other)	45	329	374	37	102	139	82	431	513
Kaiser (CA)	3,953	19,279	23,232	5,067	6,473	11,540	9,020	25,752	34,772
United Healthcare	1,262	2,734	3,996	1,617	994	2,611	2,879	3,728	6,607
SCAN Health Plan	1	401	402	2	103	105	3	504	507
Firefighters' Local 1014	637	1,160	1,797	1,053	601	1,654	1,690	1,761	3,451
<b>Total Medical</b>	<b>8,790</b>	<b>40,318</b>	<b>49,108</b>	<b>12,388</b>	<b>14,071</b>	<b>26,459</b>	<b>21,178</b>	<b>54,389</b>	<b>75,567</b>
<u>Medicare Part B Coverage</u>									
LA County									
Receiving Reimbursement	325	30,079	30,404	341	9,824	10,165	666	39,903	40,569
Not Receiving Reimbursement	7,410	7,267	14,677	10,625	3,084	13,709	18,035	10,351	28,386
<b>Total</b>	<b>7,735</b>	<b>37,346</b>	<b>45,081</b>	<b>10,966</b>	<b>12,908</b>	<b>23,874</b>	<b>18,701</b>	<b>50,254</b>	<b>68,955</b>
Firefighters' Local 1014									
Receiving Reimbursement	33	1,131	1,164	64	520	584	97	1,651	1,748
Not Receiving Reimbursement	604	29	633	989	81	1,070	1,593	110	1,703
<b>Total</b>	<b>637</b>	<b>1,160</b>	<b>1,797</b>	<b>1,053</b>	<b>601</b>	<b>1,654</b>	<b>1,690</b>	<b>1,761</b>	<b>3,451</b>
Superior Court									
Receiving Reimbursement	21	1,427	1,448	12	418	430	33	1,845	1,878
Not Receiving Reimbursement	397	337	734	356	121	477	753	458	1,211
<b>Total</b>	<b>418</b>	<b>1,764</b>	<b>2,182</b>	<b>368</b>	<b>539</b>	<b>907</b>	<b>786</b>	<b>2,303</b>	<b>3,089</b>
SCAQMD									
Receiving Reimbursement	-	35	35	-	16	16	-	51	51
Not Receiving Reimbursement	-	13	13	3	5	8	3	18	21
<b>Total</b>	<b>-</b>	<b>48</b>	<b>48</b>	<b>3</b>	<b>21</b>	<b>24</b>	<b>3</b>	<b>69</b>	<b>72</b>
All Members									
Receiving Reimbursement	379	32,672	33,051	417	10,778	11,195	796	43,450	44,246
Not Receiving Reimbursement	8,411	7,646	16,057	11,973	3,291	15,264	20,384	10,937	31,321
<b>Grand Total Medicare Part B</b>	<b>8,790</b>	<b>40,318</b>	<b>49,108</b>	<b>12,390</b>	<b>14,069</b>	<b>26,459</b>	<b>21,180</b>	<b>54,387</b>	<b>75,567</b>
<u>Dental/Vision Plans</u>									
LA County									
Cigna Indemnity Dental/Vision	6,782	34,083	40,865	9,877	12,691	22,568	16,659	46,774	63,433
Cigna Dental HMO/Vision	1,332	3,943	5,275	1,751	1,137	2,888	3,083	5,080	8,163
<b>Total</b>	<b>8,114</b>	<b>38,026</b>	<b>46,140</b>	<b>11,628</b>	<b>13,828</b>	<b>25,456</b>	<b>19,742</b>	<b>51,854</b>	<b>71,596</b>
Firefighters' Local 1014									
Cigna Indemnity Dental/Vision	612	1,101	1,713	1,132	598	1,730	1,744	1,699	3,443
Cigna Dental HMO/Vision	12	28	40	21	17	38	33	45	78
<b>Total</b>	<b>624</b>	<b>1,129</b>	<b>1,753</b>	<b>1,153</b>	<b>615</b>	<b>1,768</b>	<b>1,777</b>	<b>1,744</b>	<b>3,521</b>
Superior Court									
Cigna Indemnity Dental/Vision	361	1,603	1,964	332	554	886	693	2,157	2,850
Cigna Dental HMO/Vision	65	174	239	47	51	98	112	225	337
<b>Total</b>	<b>426</b>	<b>1,777</b>	<b>2,203</b>	<b>379</b>	<b>605</b>	<b>984</b>	<b>805</b>	<b>2,382</b>	<b>3,187</b>
SCAQMD									
Cigna Indemnity Dental/Vision	-	43	43	3	21	24	3	64	67
Cigna Dental HMO/Vision	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>43</b>	<b>43</b>	<b>3</b>	<b>21</b>	<b>24</b>	<b>3</b>	<b>64</b>	<b>67</b>
All Members									
Cigna Indemnity Dental/Vision	7,755	36,830	44,585	11,344	13,864	25,208	19,099	50,694	69,793
Cigna Dental HMO/Vision	1,409	4,145	5,554	1,819	1,205	3,024	3,228	5,350	8,578
<b>Grand Total Dental/Vision</b>	<b>9,164</b>	<b>40,975</b>	<b>50,139</b>	<b>13,163</b>	<b>15,069</b>	<b>28,232</b>	<b>22,327</b>	<b>56,044</b>	<b>78,371</b>

**Exhibit C-10 (continued): Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 1**

	Retirees			Spouses			Total		
	<u>Pre 65</u>	<u>Post 65</u>	<u>Total</u>	<u>Pre 65</u>	<u>Post 65</u>	<u>Total</u>	<u>Pre 65</u>	<u>Post 65</u>	<u>Total</u>
<u>Death Benefit*</u>									
LA County	10,391	39,656	50,047	NA	NA	NA	10,391	39,656	50,047
Firefighters' Local 1014	602	936	1,538	NA	NA	NA	602	936	1,538
Superior Court	649	2,003	2,652	NA	NA	NA	649	2,003	2,652
SCAQMD	<u>1</u>	<u>40</u>	<u>41</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>1</u>	<u>40</u>	<u>41</u>
Grand Total Death Benefit	11,643	42,635	54,278	NA	NA	NA	11,643	42,635	54,278

\* Totals do not include 395 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

**Exhibit C-11: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 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	-	1	1	-	-	-	-	1	1
Blue Cross III	-	-	-	-	-	-	-	-	-
Blue Cross Prudent Buyer Plan	-	-	-	-	-	-	-	-	-
CIGNA Healthcare for Seniors	-	-	-	-	-	-	-	-	-
CIGNA Network Model Plan	-	-	-	-	-	-	-	-	-
Kaiser (Other)	-	-	-	-	-	-	-	-	-
Kaiser (CA)	-	-	-	-	-	-	-	-	-
United Healthcare	-	-	-	-	-	-	-	-	-
SCAN Health Plan	-	-	-	-	-	-	-	-	-
Firefighters' Local 1014	-	-	-	-	-	-	-	-	-
<b>Total Medical</b>	-	1	1	-	-	-	-	1	1
<u>Medicare Part B Coverage</u>									
LA County									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	-	1	1	-	-	-	-	1	1
<b>Total</b>	-	1	1	-	-	-	-	1	1
Firefighters' Local 1014									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-
Superior Court									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-
SCAQMD									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-
All Members									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	-	1	1	-	-	-	-	1	1
<b>Grand Total Medicare Part B</b>	-	1	1	-	-	-	-	1	1
<u>Dental/Vision Plans</u>									
LA County									
Cigna Indemnity Dental/Vision	-	1	1	-	-	-	-	1	1
Cigna Dental HMO/Vision	1	-	1	2	-	2	3	-	3
<b>Total</b>	1	1	2	2	-	2	3	1	4
Firefighters' Local 1014									
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-
Superior Court									
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-
SCAQMD									
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	-	-	-	-	-	-	-	-
All Members									
Cigna Indemnity Dental/Vision	-	1	1	-	-	-	-	1	1
Cigna Dental HMO/Vision	1	-	1	2	-	2	3	-	3
<b>Grand Total Dental/Vision</b>	1	1	2	2	-	2	3	1	4

**Exhibit C-11 (continued): Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 2**

	Retirees			Spouses			Total		
	<u>Pre 65</u>	<u>Post 65</u>	<u>Total</u>	<u>Pre 65</u>	<u>Post 65</u>	<u>Total</u>	<u>Pre 65</u>	<u>Post 65</u>	<u>Total</u>
<u>Death Benefit</u>									
LA County	1	-	1	NA	NA	NA	1	-	1
Firefighters' Local 1014	-	-	-	NA	NA	NA	-	-	-
Superior Court	-	-	-	NA	NA	NA	-	-	-
SCAQMD	-	-	-	NA	NA	NA	-	-	-
Grand Total Death Benefit	1	-	1	NA	NA	NA	1	-	1



**Exhibit C-12: Treatment of Incomplete Data**

ID	Size	Situation	Assumption and Resolution
1	0 medical 1 dental	Dependent did not have a valid gender.	Dependent was given gender opposite of the retiree.
2	396 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.
3	1,448 medical 336 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.
4	128 medical 129 dental 10 death benefit only 2 vested terminated	Members were deceased before 7/1/2017.	Removed records from data.
5	2 medical 2 dental	Dependent Type listed as "S", but had Dependent age of less than 18.	Dependent Type changed to "C".

## Appendix D: Glossary

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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.

<b>Annual Required Contributions (“ARC”)</b>	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.
<b>Attribution Period</b>	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.
<b>Benefit Payments</b>	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.
<b>GASB 74</b>	The statement that establishes financial reporting standards for postemployment benefit <u>plans</u> other than retirement programs.
<b>GASB 75</b>	The statement that establishes financial reporting standards for <u>employers</u> that sponsor postemployment benefits other than retirement programs.
<b>Net OPEB Obligation</b>	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.
<b>Normal Cost</b>	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.
<b>Other Postemployment Benefits (“OPEB”)</b>	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.

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<b>Present Value of Future Benefits</b>	<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"><li>(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</li><li>(b) Discounted at the assumed discount rate.</li></ul>
<b>Projected Benefits</b>	<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>
<b>Substantive Plan</b>	<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>
<b>Trend Rate</b>	<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>
<b>Unfunded Actuarial Accrued Liability</b>	<p>The excess of the Actuarial Accrued Liability over the Actuarial Value of Assets.</p>

## **Appendix E: Medical Plan Comparisons**

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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.pdf)

[http://www.lacera.com/healthcare/pdf/healthcare\\_charts/plan\\_comparison\\_oa.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](http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_medicare.pdf)

# COMPARISON OF MEDICAL PLANS

Effective July 1, 2017

## 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.

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

# 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; limit 60 days per contract year (limit 100 days per contract year for CA only)
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; limited 60 visits per contract year (100 visits per contract year for CA only) together with Private Duty Nursing
100% up to plan limitations, in accordance with requirements <sup>1</sup>	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% <sup>1</sup> 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
<b>Retail:</b> 80% in-network; out-of network coverage may vary. Contact Anthem Blue Cross for more information. <b>Mail order:</b> \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty for a 90-day supply /specialty copay prorated for less than 90-day supply	<b>Retail:</b> \$7 copay for 30-day supply; <b>Mail order:</b> \$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

<b>Kaiser Permanente</b>	<b>UnitedHealthcare<sup>4</sup></b>
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 <a href="http://www.kp.org/myhealthmanager">www.kp.org/myhealthmanager</a>	<b>Retail:</b> \$7 copay for 30-day supply; <b>Mail order:</b> \$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 <sup>5</sup>  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 <sup>5</sup>
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.

<sup>1</sup> Indicates deductible waived.

**Anthem Blue Cross II**

<sup>2</sup> For non-Medicare members only.

**Anthem Blue Cross I and II**

<sup>3</sup> 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**

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

<sup>5</sup> Your PCP is your Preferred Care Provider in the UnitedHealthcare HMO.

# COMPARISON OF MEDICAL PLANS

Effective July 1, 2017

## 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
<b>Calendar Year Deductible/Copayment</b>	None	None
<b>Annual Maximum Out-of-Pocket Expenses (for most services)</b>	Individual – \$2,000 Family – \$4,500	Individual – \$2,000 Family – \$4,000
<b>Lifetime Maximum Benefits</b>	None	None
<b>Hospital Benefits</b>		
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%
<b>Hospital Admission Authorization Requirements</b>	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
<b>Nursing Benefits</b>		
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
<b>Emergency Benefits</b>		
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
<b>Outpatient Benefits</b>		
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
<b>Prescription Drug Benefits</b>		
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
<b>Mental Health Benefits</b>		
Inpatient	\$250 per admission	\$250 copay
Outpatient	\$5 copay	\$15 copay
<b>Substance Abuse Benefits</b>		
Inpatient	\$250 per admission	\$250 copay per admission (detox only)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
<b>Vision/Hearing Care Benefits</b>		
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

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

<b>Kaiser Permanente – Hawaii</b>	<b>Kaiser Permanente – Oregon</b>
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
<b>Calendar Year Deductible/Copayment</b>	None	None
<b>Annual Maximum Out-of-Pocket Expenses (for most services)</b>	Individual – \$2,500	Individual – \$2,000
<b>Lifetime Maximum Benefits</b>	None	None
<b>Hospital Benefits</b>		
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
<b>Hospital Admission Authorization Requirements</b>	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
<b>Nursing Benefits</b>		
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
<b>Emergency Benefits</b>		
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
<b>Outpatient Benefits</b>		
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
<b>Prescription Drug Benefits</b>		
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
<b>Mental Health Benefits</b>		
Inpatient	\$250 per admission	\$250 per admission
Outpatient	\$5 copay	\$15 copay
<b>Substance Abuse Benefits</b>		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
<b>Vision/Hearing Care Benefits</b>		
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

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

\*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.

<b>Kaiser Permanente – Hawaii</b>	<b>Kaiser Permanente – Oregon</b>
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	
\$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, 2017**

## **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 <sup>1</sup>	UnitedHealthcare Medicare Advantage HMO
<b>Outpatient Benefits</b>				
<b>Doctor's Office Visit</b>	20% of Medicare-approved charges	\$5 copay	\$5 copay	\$5 copay
<b>Preadmission X-ray and Lab Tests</b>	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
<b>Routine Checkups</b>	Not covered	No charge	\$5 copay	No charge
<b>Immunizations</b>	Not covered	No charge	No charge	No charge with an office visit copay
<b>Outpatient Surgical Services</b>	20% of Medicare-approved charges	\$5 copay per procedure	No charge	No charge
<b>Physical Therapy</b>	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
<b>Speech Therapy</b>	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
<b>Maternity</b>	Covered the same as an illness for services covered by Medicare	\$5 copay	Covered as any illness	Covered in accordance with Medicare guidelines
<b>Chiropractic Care</b>	20% of Medicare-approved charges	\$5 copay for Medicare-covered services <sup>3</sup>	\$5 copay for Medicare-covered services <sup>3</sup>	\$5 copay for Medicare-covered services <sup>3</sup>
<b>Transportation</b>	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	Not covered
<b>Prescription Drug Benefits</b>				
<b>Prescription Drugs</b>	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 <sup>4</sup>	\$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)
<b>Mental Health and Substance Abuse Benefits</b>				
<b>Inpatient</b>	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. <sup>2</sup>	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
<b>Outpatient</b>	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
<b>Substance Abuse</b>	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
<b>Vision Benefits</b>				
<b>Eye Exams</b>	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
<b>Lenses</b>	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
<b>Frames</b>	Not covered unless after eye surgery		Not covered	Not covered
<b>Hearing Care Benefits</b>				
<b>Hearing Exams</b>	One per calendar year; 80%	\$5 copay	\$5 copay	\$5 copay <sup>6</sup>
<b>Hearing Aids</b>	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	SCAN <sup>1</sup>	UnitedHealthcare Medicare Advantage HMO
<b>Calendar Year Deductibles</b>	None	None	None	None
<b>Annual Maximum Out-Of-Pocket Expenses</b> (for most services)	None	Maximum copayments of \$1,500 – individual \$3,000 – family	\$3,400	\$6,700
<b>Lifetime Maximum Benefits</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Hospital Benefits</b>				
<b>Room and Board</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
<b>Surgical Services</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
<b>Hospital Services and Supplies</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
<b>Nursing Benefits</b>				
<b>Skilled Nursing Facility Care</b>	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
<b>Private Duty Nurses</b>	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
<b>Home Healthcare</b>	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
<b>Hospice Care</b>	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
<b>Emergency Benefits</b>				
<b>Inpatient</b>	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
<b>Outpatient</b>	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
<b>Ambulance</b>	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

<sup>1</sup> SCAN includes expanded coverage for Independent Living Power™ services. Qualifying members are eligible for up to \$500 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.
- Healthways SilverSneakers® Fitness Program available at no extra cost.

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

<sup>3</sup> 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.

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

<sup>5</sup> 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.

<sup>6</sup> UnitedHealthcare Medicare Advantage HMO Audiology screenings are offered through contracted audiologists in the Epic network. The Epic network includes all locations in the Newport Audiology network.

## **Appendix F: Firefighters Local 1014 Medical Plan**

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

## 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 <a href="#">allowable expenses</a> per person; \$600 maximum per family	
<a href="#">Coinsurance</a>	Once you meet the annual deductible, the <a href="#">Plan</a> pays 90% and you pay 10% of most <a href="#">allowable expenses</a> , up to the annual out-of-pocket limit. Once the annual out-of-pocket limit is reached, the <a href="#">Plan</a> generally pays 100% of <a href="#">allowable expenses</a> .	Once you meet the annual deductible, the <a href="#">Plan</a> pays 70% and you pay 30% of most <a href="#">allowable expenses</a> , up to the annual out-of-pocket limit. Once the annual out-of-pocket limit is reached, the <a href="#">Plan</a> generally pays 100% of <a href="#">allowable expenses</a> . You also remain responsible for all amounts that exceed <a href="#">Reasonable and Customary charges</a> .
<b>Annual Out-of-Pocket Limit</b> The combined In-Network and <a href="#">Out-of-Network</a> limit is \$1,500.  (Does not include annual deductibles, prescription drug or other <a href="#">copayments</a> , 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 <sup>1</sup> (after you pay the deductible). You remain responsible for all amounts that exceed <a href="#">Reasonable and Customary charges</a> after the out-of-pocket limit is met.

<sup>1</sup> [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 <sup>1</sup>
Immunizations (age 2 and older)	100%; deductible does not apply	100%; deductible does not apply <sup>1</sup>
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 <sup>1</sup>
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 <sup>1</sup>
Accidents	100% of the first \$5,000 incurred within 180 days of the accident <sup>1</sup> (deductible and emergency room copay do not apply)	
Ambulance	90% after deductible <sup>1</sup>	
Doctor's office visits	90% after deductible	70% after deductible <sup>1</sup>
Emergency room	90% after deductible and \$50 copay per visit (copay waived in certain circumstances)	70% after deductible <sup>1</sup> and \$50 copay per visit (copay waived in certain circumstances)
<b>Hospital care</b> (Providers must request pre-authorization from Anthem Blue Cross)	90% after deductible	70% after deductible <sup>1</sup>
<b>Maternity</b> (No pre-authorization required for uncomplicated obstetrical care)	90% after deductible	70% after deductible <sup>1</sup>

<sup>1</sup> **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 <b>inpatient</b> 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 <sup>1</sup>
X-rays and lab tests (excludes periodic preventive exams)	90% after deductible	70% after deductible <sup>1</sup>
<b>Mental health</b> /substance abuse care <ul style="list-style-type: none"> <li>• Outpatient care</li> <li>• <b>Inpatient</b> care (All <b>inpatient</b> care requires pre-authorization from Anthem Blue Cross)</li> </ul>	90% after deductible	70% after deductible <sup>1</sup>
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) <sup>1</sup>
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) <sup>1</sup>
<b>Physical therapy</b> (Requires referral by a <b>physician</b> ; 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) <sup>1</sup>

<sup>1</sup> **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 <a href="#">physician</a> ; 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) <sup>1</sup>
Home health care (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (up to 100 visits per year) <sup>1</sup>	
<a href="#">Hospice care</a> (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (benefit limited to \$20,000 per lifetime) <sup>1</sup>	
<a href="#">Extended care facility</a> (Providers must request pre-authorization from Anthem Blue Cross)	90% after deductible (up to 70 days per occurrence) <sup>1</sup>	
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) <sup>1</sup>
Diabetes self care	90% after deductible (benefit limited to \$250 per lifetime)	70% after deductible (benefit limited to \$250 per lifetime) <sup>1</sup>
Hearing aids (for <a href="#">children</a> through age 19)	90% after deductible (benefit limited to \$1,000 maximum per ear every three years)	70% after deductible <sup>1</sup> (benefit limited to \$1,000 maximum per ear every three years)
<a href="#">Infertility</a> (includes only diagnostic tests and office visits to determine the existence and underlying cause of <a href="#">infertility</a> )	100% (benefit limited to \$3,000 per lifetime); deductible does not apply	100% (benefit limited to \$3,000 per lifetime) <sup>1</sup> ; deductible does not apply

<sup>1</sup> **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 <sup>1</sup> (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 <sup>1</sup> (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 <sup>1</sup> (benefit limited to \$5,000 per lifetime)
Shoe orthotics	90% after deductible (benefit limited to \$3,000 per lifetime)	70% after deductible <sup>1</sup> (benefit limited to \$3,000 per lifetime)
LiveHealth Online <sup>®</sup>	100% after \$15 <b>copayment</b>	Not covered
Preventive Body Scan	100% for one scan of the torso region by <b>BSI Scan</b> (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

<sup>1</sup> **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 <sup>1</sup>	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 <sup>2</sup> 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 <b>copayment</b> . <b>Out-of-network</b> 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	

<sup>1</sup> 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.

<sup>2</sup> 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**

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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](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 (lifetime maximum benefit)		
■ 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**

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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](http://www.lacera.com/healthcare/Medicare/medicare_a_b.html)



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**HEALTHCARE**

**Medicare Parts A & B Eligibility**

**Medicare Part B Reimbursement ALERT - Medicare Part D**

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**The Value of Medicare Part B**

[LACERA - Healthcare Home](#) > [Medicare Enrollment](#) > [Medicare Parts A & B Eligibility](#)

## MEDICARE PARTS A & B ELIGIBILITY

### 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 2018, the Medicare Part A premium amount increased to \$422.00 per month (\$413.00 in 2017) 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 January 16, 2018, the Board of Supervisors approved continuing the Medicare Part B Premium Reimbursement Program for 2018 for LACERA-administered Medicare Plan enrollees.**

[Read more about Part B.](#)

**You Might Find This Helpful!**

### MEDICARE PART B



[County Reimbursements](#)

### STOP MEDICARE FRAUD

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



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1/17/18

Call Center: 800-786-6464 (M-F 7 AM - 5:30 PM) • Fax: 626-564-6155 • Email: [welcome@lacera.com](mailto: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 • Mailing Address: PO Box 7060 Pasadena, CA 91109-7060

## Appendix I: Tier 2 Employees

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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 on the next page 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.

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## RHC: TIER 2

### LOS ANGELES COUNTY RETIREE HEALTHCARE –TIER 2

On June 17, 2014, the Los Angeles County Board of Supervisors (County) authorized a **new retiree health insurance program for new County employees who are hired after June 30, 2014 and are eligible for LACERA membership.**<sup>1</sup> The program, titled the **Los Angeles County Retiree Healthcare Benefits Program – Tier 2 (Tier 2)**, offers benefits covering hospital services, medical services, and dental/vision services to County retirees and their eligible dependents. Retiree Healthcare Benefits are not changing for current active, deferred, and retired members, and their eligible survivors.



#### Basic Tier 2 Provisions:

- County retiree **medical and dental/vision subsidy** applies to **retiree-only coverage**.
- Medicare-eligible retirees and eligible dependents **must enroll in Medicare Parts A and B and in a corresponding Medicare health plan, such as Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare Supplement Plan.**
- Retiree and his/her eligible dependents must be **enrolled in the same medical plan**, unless some, but not all family members are Medicare-eligible. In such case, the Medicare-eligible individuals must enroll in a Medicare plan and non-Medicare-eligible individuals must enroll in the corresponding non-Medicare health plan.
- The County reimburses Medicare Part B (standard rate) for member or eligible survivor only.

#### County Retiree Healthcare Subsidy: How It Works

As a LACERA member, you earn service credit for each payroll period of County employment in which you make a retirement contribution. A LACERA member who retires with at least ten years of County service credit is eligible for the County Retiree Healthcare Subsidy.<sup>2</sup>

**The County subsidy is based on retiree-only coverage, regardless of whether the retiree includes an eligible dependent(s) on his or her healthcare plan.** Subsidy percentages apply to the **monthly premiums on the retiree's selected medical and/or dental/vision plans or the benchmark plan(s)** premium, whichever is less, up to a maximum of 100 percent for a member with 25 years of service credit. Upon the retiree's death, the subsidy extends to the retiree's survivor; eligibility requirements apply.<sup>3</sup>

[County Retiree Healthcare Subsidy Chart \(Click to view.\)](#)

#### Benchmark Plans:

- Medicare-ineligible retirees – Anthem Blue Cross I & II
- Medicare-eligible retirees – Anthem Blue Cross III
- Dental/vision – Cigna Dental Indemnity Plan

**We've created three hypothetical examples to illustrate how the subsidy works.** In Example I, a retiree with 15 years of service credit has selected a benchmark plan for him/herself. Based on the 60 percent subsidy, the retiree pays a monthly premium of \$360. Without the **\$540 benchmark subsidy**, the retiree's premium would be \$900.

[Example I \(Click to view.\)](#)

**Effect of Subsidy on Retiree + Dependent(s) Plans:** In Example II, the retiree includes his/her eligible spouse on a benchmark plan and is required to pay the difference on any monthly premium that exceeds the retiree-only benchmark amount.

[Example II \(Click to view.\)](#)

**In Example III, by selecting a lower cost "family" plan for him/herself and eligible spouse,** the retiree is able to apply the (higher) benchmark retiree-only subsidy amount to the monthly premium.

[Example III \(Click to view.\)](#)

#### Retirees Eligible for Medicare

- Mandatory enrollment in LACERA-administered Medicare Plans
  - Must enroll in Medicare Parts A and B
  - Must enroll in Tier 2 Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare supplement plan
  - Also applies to eligible dependents who are Medicare-eligible
- County subsidizes the full amount of the retiree's standard self-only Medicare Part B Premium; subsidy is tax-free provided the retiree meets eligibility requirements
- Medical benchmark plan: retiree-only coverage in the Anthem Blue Cross III plan

#### Retirees Ineligible for Medicare

- Medical benchmark plan: retiree-only coverage in the Anthem Blue Cross I & II plan

#### Eligible Dependents

Eligible dependents include the member's spouse, domestic partner, minor child(ren), or disabled dependent children who meet the eligibility requirements, as defined by LACERA's Retiree Healthcare Administrative Guidelines.<sup>4</sup>

**County Retiree Healthcare Subsidy: Service-connected Disability Retirement**

A LACERA member who retires with a service-connected disability (SCD) will receive a County retiree healthcare subsidy equal to the greater of:

- 50 percent of the cost of the applicable benchmark plan retiree-only premium (members with less than 13 years of service credit), *or*
- the County healthcare subsidy to which the retiree is otherwise entitled

<sup>1</sup>Affected new employees first became eligible for LACERA membership on or after August 1, 2014 and were not eligible for reciprocity with a reciprocal agency based on service prior to August 1, 2014.

<sup>2</sup>Reciprocal Los Angeles City Employees' Retirement System (LACERS) service credit also applies to the extent granted under the 2004 Reciprocal Agreement between L.A. County and the City of Los Angeles.

<sup>3</sup>Retiree must have eligible spouse or domestic partner or minor child at retirement and designate him or her to receive a monthly continuing benefit.

<sup>4</sup>Refer to booklet entitled "Exploring Your Healthcare Benefits Through LACERA," available on the Retiree Healthcare Brochures & Forms page on [lacera.com](http://lacera.com).

For medical and dental/vision premium rates and other retiree healthcare information, visit the Retiree Healthcare section of [lacera.com](http://lacera.com) or call 800-786-6464 and press 1. Email: [healthcare@lacera.com](mailto:healthcare@lacera.com).

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