



Los Angeles County Other Postemployment Benefits Program

July 1, 2024 Actuarial Valuation

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March 13, 2025

Board of Retirement
Los Angeles County Employees Retirement Association
300 North Lake Avenue, Suite 820
Pasadena, CA 91101

Re: July 1, 2024 Other Postemployment Benefits (OPEB) Actuarial Valuation

Dear Trustees of the Board:

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, 2024, and the retiree health plan premium rates in effect as of July 1, 2024 received from Segal (LACERA's Health Care Benefits Consultant). This July 1, 2024 valuation is the first valuation where the first year trends are not updated with the renewal in the following year 2025-2026. This change has been approved by LACERA and LA County so that the valuation can be provided sooner.

This July 1, 2024 OPEB valuation is for funding purposes. The data, assumptions and methods, OPEB program provisions as described in Appendix B of this report, and the funding goals serve as a basis for the separate GASB 75 disclosure report. Actuarial computations under Government Accounting Standards Board (GASB) Statement Numbers 74 and 75 are for purposes of fulfilling financial accounting requirements. LACERA, Los Angeles County, Superior Court, and South Coast Air Quality Management District (SCAQMD) are the four agents that have requested GASB 75 disclosures from us. We have not received requests to perform the GASB 75 disclosures from the remaining three agents: Los Angeles County Office of Education (LACOE), Local Agency Formation Commission (LAFCO), and Little Lake Cemetery District (LLCD). The GASB 75 disclosure report needs to meet the requirements of these standards which include but are not limited to a different discount rate and actuarial cost methodology. A discussion of GASB OPEB Statement 75 applicable to OPEB reporting is in Section 8. Determinations for purposes other than funding purposes may be significantly different from the results contained in this report. Accordingly, additional determinations may be needed for other purposes.

Actuarial Assumptions

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

We further certify that the assumptions and methods developed in this report satisfy Actuarial Standards Board (ASB) Standards of Practice, in particular, No. 6 (Measuring Retiree Group Benefit Obligations). The retirement

benefit related demographic and economic assumptions used in this report are based on those developed as a result of the 2022 Retirement Investigation of Experience study, dated January 6, 2023, and approved by LACERA's Board of Investments. The OPEB demographic and economic assumptions are based on the results of our 2023 OPEB Investigation of Experience, issued August 16, 2024. The assumptions used in the OPEB Investigation of Experience 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; CavMac, LACERA's reviewing actuary; Segal, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. Types of OPEB specific assumptions include initial enrollment, healthcare plan and tier selection, spouse age difference, and re-enrollment assumptions. These OPEB assumptions are combined for all LACERA's agents. The investment rate of return assumptions differs by agent. The investment earnings assumption for the agents that are prefunding through LACERA's OPEB Trust is the expected return for the OPEB Trust. The investment earnings assumption for the agents that are not prefunding through LACERA's OPEB Trust have an investment earnings assumption of the County's general funds' expected return. The 2023 OPEB Investigation of Experience was reviewed and approved during LACERA's July 3, 2024 Board of Retirement Meeting.

In developing these recommendations, we have reflected an estimate of fees associated with the Affordable Care Act (ACA), which was signed into law in March 2010 and subsequent regulations and acts. The OPEB assumptions will reflect changes in future valuations as regulations are released.

OPEB specific assumptions that have been updated since the 2023 OPEB Investigation of Experience study include health claim cost and trend rate assumptions. As mentioned above, this is the first valuation where the first year trend is not updated with the next year's healthcare renewal (2025-2026). 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; Segal, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. LACERA's Board of Retirement has the final decision regarding the appropriateness of the assumptions. The assumptions and methods are summarized in Appendix A.

Variability of results

This valuation report is only an estimate of LACERA's financial condition as of a single date. It can neither predict LACERA's future condition nor guarantee future financial soundness. Actuarial valuations do not affect the ultimate cost of benefits. While the valuation is based on an array of individually reasonable assumptions, other assumption sets may also be reasonable and valuation results based on those assumptions would be different. No one set of assumptions is uniquely correct. Determining results using alternative assumptions is outside the scope of our engagement.

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.

Reliance

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by the County, LACERA, the Los Angeles County Superior Court (Superior Court), and Segal. This information includes, but is not limited to, benefit descriptions, membership data, and financial information. We found this information to be reasonably consistent and comparable with data used for other purposes. In some cases, where the census

data was incomplete, we made assumptions as noted in Table C-10 of Appendix C. The valuation results depend on the integrity of this information. If any of this information is inaccurate or incomplete, our results may be different, and our calculations may need to be revised.

No legal duty to third-party recipients

Milliman's work is prepared solely for the internal business use of LACERA. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit or create a legal duty to any third-party recipient of its work product.

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Models

The valuation results were developed using models employing standard actuarial techniques. The intent of the models was to estimate retiree claim costs and trend used in this analysis. We have reviewed the models, including their inputs, calculations, and outputs, for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs). The models, including all input, calculations, and output may not be appropriate for any other purpose.

Qualifications and Certification

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.

The signing actuaries are independent of the Plan sponsor. We are not aware of any relationship that would impair the objectivity of our work.

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 which are consistent with the principles prescribed by the Actuarial Standards Board and the *Code of Professional Conduct and Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States*, published by the American Academy of Actuaries. We are members of the American Academy of Actuaries and meet the Qualification Standards to render the actuarial opinion contained herein.

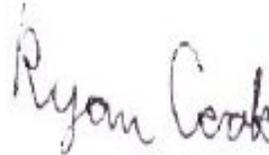
We would like to express our appreciation to LACERA staff members, Los Angeles County, SEIU Local 721, Segal, Rael & Letson, and Cheiron who gave substantial assistance on which this report is based.

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

Sincerely,

A handwritten signature in black ink that reads "Robert L. Schmidt".

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

A handwritten signature in black ink that reads "Ryan J. Cook".

Ryan J. Cook, FSA, EA, CERA, MAAA
Consulting Actuary

A handwritten signature in red ink that reads "Janet Jennings".

Janet O. Jennings, ASA, MAAA
Consulting Actuary

RLS/JOJ/RC/cc

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Section 1: Executive Summary

2024 Valuation Results

Exhibit 1	July 1, 2024	July 1, 2023
Actuarial Accrued Liability (\$ billions)	\$ 24.74	\$ 23.46
Less Assets	3.98	3.09
Unfunded Actuarial Accrued Liability	\$ 20.76	\$ 20.37
Normal Cost Rate	6.59%	6.54%
ADC as a Percentage of Payroll	16.93%	17.10%

Overview

We are pleased to present the results of the July 1, 2024 annual actuarial valuation. Several key points from Exhibit 1 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, 2023 valuation, claim cost experience gains, trend assumption losses, other experience gains, and asset gains measured as of July 1, 2024.
- The Normal Cost and Actuarially Determined Contribution (ADC) increased as dollar amounts due to the factors mentioned above. The Normal Cost as a percentage of payroll did not increase as much as the Normal Cost dollar amount increased. This is because the payroll increase was more than the dollar amount Normal Cost increase. The ADC as a percent of payroll decreased because of the payroll increase and asset gains.

Analysis of Change

Exhibit 2 illustrates the sources of change between the July 1, 2023 and July 1, 2024 valuations. The dollar figures are expressed in billions of dollars.

Section A: The expected one-year change represents expected changes in the UAAL and Normal Cost Rate (NCR) due to interest and benefit accruals, net of employer contributions in excess of benefits paid and expected investment return. The cost percentages are based on the assumed July 1, 2023 valuation payroll of \$9,441.8 million, increased by 3.25% per year (the payroll increase assumed at the time of the July 1, 2023 valuation) for one year to \$9,748.7 million (projected as of July 1, 2024).

Section B: The claim cost experience gain includes the impact of updated aging and morbidity factors. The trend assumption loss includes the impact of the trend assumption changes which include inflation related adjustments and updates to the underlying trend model. The “Other Experience” gain includes the impact of all other demographic and economic experience. There is an asset gain due to the actual investment returns being higher than assumed. The cost percentages in this section are based on the July 1, 2024 valuation payroll of \$9,828.2 million with the change from expected to actual July 1, 2024 payroll included in the “Other Experience” section.

Milliman July 1, 2024 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

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

Sources of Change	Actuarial Accrued Liability	(Assets)	Unfunded Actuarial Accrued Liability	Normal Cost Rate	ADC Percentage
A. July 1, 2023 Valuation	\$ 23.46	\$ (3.09)	\$ 20.37	6.54%	17.10%
Expected One-year Change	\$ 1.28	\$ (0.73)	0.55	0.00%	(0.05%)
B. July 1, 2024 Valuation Expected	\$ 24.74	\$ (3.82)	\$ 20.92	6.54%	17.05%
Claim Cost Experience (Gain)/Loss	(0.25)	-	(0.25)	(0.06%)	(0.18%)
Trend Assumption (Gain)/Loss	0.38	-	0.38	0.15%	0.34%
Other Experience (Gain)/Loss	(0.13)	-	(0.13)	(0.04%)	(0.20%)
Asset (Gain)/Loss	-	(0.16)	(0.16)	0.00%	(0.08%)
C. July 1, 2024 Valuation	\$ 24.74	\$ (3.98)	\$ 20.76	6.59%	16.93%

Summary Valuation Results

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

- The total Present Value of Future Benefits (PVB). The PVB is based on a projection of all benefits that are expected to be received in the future for all current members (active, vested, and retired) discounted to the valuation date. The projected benefit payments are discounted using the investment earnings assumption. For the agents that are prefunding into the OPEB Trust (County, Superior Court and LACERA) the investment earnings assumption is 6.25%. This is OPEB Trust's expected return. The Outside Districts are not prefunding into the OPEB Trust. Their investment earnings assumption is 3.50% based on the County's general fund expected return.
- The Present Value of Future Normal Costs (PVFNC). This is the value of the liability attributable to periods after the valuation date, according to the actuarial cost method which is Entry Age Normal (EAN). The PVFNC 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 EAN actuarial cost method.
- Assets. Since the OPEB program is partially funded, this is the asset balance as of July 1, 2024.
- The Actuarially Determined Contribution (ADC). At the direction of the Plan sponsors, the ADC is based on the Normal Cost Rate plus an open 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). It should be noted that the amortization does not cover interest on the UAAL; in other words, the UAAL will be expected to increase in the following year if all assumptions are met.

Exhibit 3: OPEB Benefit Liabilities and Costs¹
Summary of July 1, 2024 Valuation Results
(All Dollar Amounts in Millions)

	County	Superior Court	LACERA	Outside Districts	Total
1. Present Value of Future Benefits	\$ 30,894.2	\$ 1,356.0	\$ 113.8	\$ 10.4	\$ 32,374.4
2. Present Value of Future Normal Costs	7,331.0	275.4	31.1	1.3	7,638.8
3. Actuarial Accrued Liability (1-2)	\$ 23,563.2	\$ 1,080.6	\$ 82.7	\$ 9.1	\$ 24,735.6
4. Assets	3,870.9	85.3	21.7	-	3,977.9
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 19,692.3	\$ 995.3	\$ 61.0	\$ 9.1	\$ 20,757.7
6. ADC ²	\$ 1,585.7	\$ 72.5	\$ 5.5	\$ 0.5	\$ 1,664.2
7. ADC expressed as a percentage of payroll					
Normal Cost	6.58%	7.06%	4.71%	11.11%	6.59%
UAAL payment	10.22%	14.45%	5.65%	44.44%	10.34%
Total	16.80%	21.51%	10.36%	55.55%	16.93%

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

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

Comparison of Results to Prior Valuation

Exhibit 4 provides a summary of key valuation results as of July 1, 2024 and July 1, 2023. The July 1, 2024 and July 1, 2023 results assume a 6.25% investment return (discount rate) for agents prefunding through the LACERA OPEB Trust (County, Superior Court, and LACERA) and a 3.50% investment return rate for Outside Districts not using the Trust. The investment rate of return reflects the investment policy assumptions described in our 2023 OPEB Investigation of Experience study.

The following key results are included in Exhibit 4:

- A summary of total membership by type of member as of the valuation date.
- Total payroll as of the valuation date. The one-year increase of 4.1% is higher than the anticipated one-year increase of 3.25%.
- The expected paid benefits for the first year following the valuation date. The one-year increase of 9.5% is less than the previously expected one-year increase of 10.8% due in part to higher than expected election in less expensive health care plans. This is based on Table 6 in Section 7 of the July 1, 2023 valuation, which expected the 2023-2024 payment level of \$818.45 million to increase to \$907.05 million in 2024-2025 (as compared to the new expected 2024-2025 amount of \$896.5 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 5.4% overall increase is a result of the factors outlined in Exhibit 2.
- The Actuarially Determined Contribution (ADC). The ADC increased by 3.1% from \$1,614.9 to \$1,664.2 million. Since the ADC increased at a lower rate than the payroll increased, the ratio of ADC to payroll decreased from 17.10% to 16.93%. As seen in the Analysis of Change in Exhibit 2, this percent-of-payroll decrease is primarily due to claims cost gains, asset gains, and a larger than expected increase in payroll.
- Over fiscal year 2023/2024 the OPEB trust assets were assumed to increase with 6.25% investment returns increasing from \$3.09 billion on July 1, 2023 to an expected \$3.82 billion on July 1, 2024. The trust experienced a 2023/2024 investment return of about 11%, increasing the actual July 1, 2024 assets to \$3.98 billion. This asset increase played a part in keeping the 1.9% increase in the Unfunded Actuarial Accrued Liability over 2023/2024 lower than the 5.4% increase in AAL.

Exhibit 4: July 1, 2024 Summary of Liabilities and Cost
(All Dollar Amounts in Millions)

	July 1, 2024	July 1, 2023	Percentage Change
A. Total Membership			
1. Active Members	98,645	96,857	1.8%
2. Vested Terminated Members	9,719	9,586	1.4%
3. Retirees and Survivors (Medical Coverage)	56,704	55,735	1.7%
4. Total	165,068	162,178	1.8%
B. Valuation Payroll	\$ 9,828.2	\$ 9,441.8	4.1%
C. Projected Paid First-Year Benefits	\$ 896.5	\$ 818.5	9.5%
D. Present Value of Future Benefits (PVB)¹	\$ 32,374.4	\$ 30,715.6	5.4%
E. Actuarial Accrued Liability by Member Group¹			
1. LA County Members	\$ 23,563.2	\$ 22,349.4	5.4%
2. Superior Court Members	1,080.6	1,022.9	5.6%
3. LACERA Members	82.7	77.2	7.1%
4. Outside District Members	9.1	10.2	(10.8%)
5. Total	\$ 24,735.6	\$ 23,459.7	5.4%
F. Actuarial Accrued Liability by Member Status¹			
1. Active Members	\$ 11,856.0	\$ 11,376.7	4.2%
2. Vested Terminated Members	568.2	541.6	4.9%
3. Retired Members	12,311.4	11,541.4	6.7%
4. Total	\$ 24,735.6	\$ 23,459.7	5.4%
G. Actuarial Accrued Liability by Benefit Type¹			
1. Retiree Medical	\$ 19,044.7	\$ 18,048.0	5.5%
2. Retiree Dental/Vision	1,159.6	1,123.6	3.2%
3. Medicare Part B	4,348.6	4,108.7	5.8%
4. Retiree Death Benefit	182.7	179.4	1.8%
5. Total	\$ 24,735.6	\$ 23,459.7	5.4%
H. Assets	\$ 3,977.9	\$ 3,091.8	28.7%
I. Unfunded Actuarial Accrued Liability	\$ 20,757.7	\$ 20,367.9	1.9%
J. Actuarially Determined Contribution (ADC)			
1. Normal Cost	\$ 647.6	\$ 617.4	4.9%
2. UAAL payment ²	1,016.6	997.5	1.9%
3. Total	\$ 1,664.2	\$ 1,614.9	3.1%
K. ADC expressed as a percentage of payroll			
1. Normal Cost	6.59%	6.54%	0.8%
2. UAAL payment	10.34%	10.56%	(2.1%)
3. Total	16.93%	17.10%	(1.0%)

¹ Net of Retiree Paid Premiums

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

Funding Progress

The commitment to prefunding is based on the June 22, 2015 County budget policy, the November 20, 2015 LACERA funding policy, and the Superior Court funding policy updated on October 18, 2024. The County's policy is to increase the contributions by \$56 million each year until the ADC is reached and then the ADC would be contributed. The funded ratio is expected to increase gradually over time. However, the UAAL is expected to continue to increase due to the open 30-year amortization and not paying down the principal. The ADC is also expected to increase over time. The increases in the ADC are projected to be lower than what they would have been without the ramp up of the OPEB trust contributions.

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

Section 2: Actuarial Valuation as of July 1, 2024

A. Valuation Methodology

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

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

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

The tables in this report present the unfunded liabilities, ADC, and projected benefit payments under the Entry Age Normal (EAN) cost method separately for each of the agents and agent groupings identified above. This method is described further in Appendix A. Due to the low number of members who have service with more than one agent, at the direction of the Plan sponsors, the results do not reflect bifurcation of service between agents.

The tables are as follows:

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

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, 2024 valuation of the LACERA retirement benefit plan. The OPEB demographic and economic assumptions and methods are based on the results of our 2023 OPEB Investigation of Experience, issued August 16, 2024. These assumptions were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants at the time representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Segal, LACERA's Health Care Benefits Consultant; CavMac, LACERA's reviewing actuary; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721.

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

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

Appendix B includes a description of healthcare Tier 1 and Tier 2.

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

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

Appendix I provides historical statistical information on LACERA's membership, liabilities, assets, and costs. There is also a history of changes. Appendix J provides analysis of past and future savings from the OPEB Tier 2.

B. Liabilities and Costs

Key Liability Descriptions

A discussion of GASB Statements No. 74 and 75 is in Section 8, Accounting and Annual Comprehensive Financial Report (ACFR) Information.

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

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

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

Table 1 in each agent's section below shows the membership as of July 1, 2023 and July 1, 2024. The AAL is summarized by member status and coverage (Medical, dental/vision, Medicare Part B, and Death benefit).

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

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

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

Actuarially Determined Contribution

The ADC is made up of two components: Normal Cost (NC) and amortization of the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is the AAL net of assets. For purposes of this valuation, the UAAL is amortized on an open basis over 30 years as a level percentage of payroll. The amortization under this methodology is not sufficient to cover the interest on the UAAL which implies the amount of the UAAL is expected to increase over time. Even if the full ADC is contributed, it would not be sufficient to cover interest and the expected increase in the UAAL. Note this term, the ADC, is a calculated amount, and may or may not reflect the actual employer contributions towards funding the OPEB program benefits.

Table 3 of each agent's section details the ADC results as of July 1, 2024, the beginning of the 2024/2025 fiscal year.

Fiduciary Net Position

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

Analysis of Change

Table 5 in each agent's section illustrates the sources of change between the July 1, 2023 and the July 1, 2024 valuations.

Estimated Pay-As-You-Go Costs

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

Background on Accounting Requirements

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

The information in this report was prepared for the purpose of presenting OPEB funding and ACFR information. The actual funding of the OPEB program benefits may differ from the amounts used for accounting disclosure purposes. The investment return for the County, Superior Court and LACERA who are prefunding through the OPEB Trust, is the OPEB Trust expected return of 6.25%. The expected return for the Outside Districts is the investment earnings assumption of the County's general funds expected return of 3.50%.

Section 3: County Liabilities and Costs

The following tables show key results of the July 1, 2024 OPEB funding valuation for the County.

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

Los Angeles County Other Post Employment Benefits Program

Table 1: Membership and Actuarially Accrued Liability (AAL) Summary: County
 (All Dollar Amounts in Millions)

	July 1, 2024	July 1, 2023	Percentage Change
1. Membership			
Active Members	93,647	92,000	1.8%
Vested Terminated Members	9,088	8,947	1.6%
Retirees (Death Benefit)	60,958	59,577	2.3%
Total	<u>163,693</u>	<u>160,524</u>	2.0%
Retirees and Survivors (Medical Coverage)	53,784	52,884	1.7%
Retirees and Survivors (Dental/Vision Coverage)	55,827	54,656	2.1%
Retirees and Survivors (Medicare Part B Coverage)	37,496	36,710	2.1%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 11,743.7	\$ 11,011.1	6.7%
Vested Terminated Members	515.7	489.3	5.4%
Active Members	11,303.8	10,849.0	4.2%
Total	<u>\$ 23,563.2</u>	<u>\$ 22,349.4</u>	5.4%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 18,170.8	\$ 17,221.6	5.5%
Dental/Vision	1,100.6	1,066.5	3.2%
Medicare Part B	4,119.4	3,891.9	5.8%
Death Benefit	172.4	169.4	1.8%
Total	<u>\$ 23,563.2</u>	<u>\$ 22,349.4</u>	5.4%

**Table 2: July 1, 2024 Actuarial Accrued Liability (AAL) and Normal Cost (NC): County
(All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees and Survivors	\$ 9,654.8	\$ 665.8	\$ 1,974.1	\$ 133.6	\$ 12,428.3
Vested Terminated Members	613.8	33.6	118.2	5.4	771.0
Active Members	9,213.7	495.4	2,027.1	33.4	11,769.6
Total	\$ 19,482.3	\$ 1,194.8	\$ 4,119.4	\$ 172.4	\$ 24,968.9
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 631.8	\$ 52.8	\$ -	\$ -	\$ 684.6
Vested Terminated Members	241.6	13.7	-	-	255.3
Active Members	438.1	27.7	-	-	465.8
Total	\$ 1,311.5	\$ 94.2	\$ -	\$ -	\$ 1,405.7
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 9,023.0	\$ 613.0	\$ 1,974.1	\$ 133.6	\$ 11,743.7
Vested Terminated Members	372.2	19.9	118.2	5.4	515.7
Active Members	8,775.6	467.7	2,027.1	33.4	11,303.8
Total	\$ 18,170.8	\$ 1,100.6	\$ 4,119.4	\$ 172.4	\$ 23,563.2
4. NC					
Total Benefits	\$ 619.9	\$ 30.2	\$ 118.1	\$ 2.0	\$ 770.2
Retiree Paid Premiums	141.6	7.4	-	-	149.0
Net Agent Paid Benefits	\$ 478.3	\$ 22.8	\$ 118.1	\$ 2.0	\$ 621.2

**Table 3: 2024-2025 Actuarially Determined Contribution (ADC): County
 (All Dollar Amounts in Millions)**

	County
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 30,894.2
Present Value of Future Normal Cost (PVFNC)	7,331.0
Actuarial Accrued Liability as of July 1, 2024	\$ 23,563.2
Fund Balance at July 1, 2024	3,870.9
Unfunded Actuarial Accrued Liability	\$ 19,692.3
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	20.418
UAAL Amortization Payment	\$ 964.5
3. 2024 - 2025 Actuarially Determined Contribution (ADC) on July 1, 2024	
Normal Cost	\$ 621.2
Amortization of UAAL	964.5
Actuarially Determined Contribution (ADC) as of July 1, 2024	\$ 1,585.7
4. July 1, 2024 Valuation Payroll	\$ 9,437.2
5. ADC as a Percentage of Valuation Payroll	16.80%

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

1. Fund Balance as of July 1, 2023	\$	3,009.3
2. Additions:		
Employer Contributions	\$	1,274.8
Investment and Miscellaneous Income		362.4
Investment Expenses		(3.7)
Total Additions	\$	1,633.5
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.6)
Benefit Payments ⁽²⁾		(771.3)
Total Deductions	\$	(771.9)
4. Fund Balance as of June 30, 2024	\$	3,870.9

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

(1) These are expenses associated with administering the OPEB Trust.

(2) LACERA retiree healthcare operational administration (\$8 Per Contract Per Month in fiscal year ended 2024) is included in benefit payments. In the GASB Statement 75 report, the expenses associated with administering the OPEB Trust and these operational administration expenses are included in the administrative expenses, as required.

Table 5: Analysis of Change: County

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2023 Valuation	\$ 22,349.4	\$ (3,009.3)	\$ 19,340.1	6.57%	17.06%
Expected One-Year Change	1,222.9	(706.4)	516.5	0.00%	(0.06%)
B. July 1, 2024 Valuation Expected	\$ 23,572.3	\$ (3,715.7)	\$ 19,856.6	6.57%	17.00%
Claim Cost Experience (Gain)/Loss	(238.7)	-	(238.7)	(0.06%)	(0.19%)
Trend Assumption (Gain)/Loss	363.9	-	363.9	0.15%	0.34%
Other Experience (Gain)/Loss	(134.3)	-	(134.3)	(0.08%)	(0.27%)
Asset (Gain)/Loss	-	(155.2)	(155.2)	0.00%	(0.08%)
C. July 1, 2024 Valuation	\$ 23,563.2	\$ (3,870.9)	\$ 19,692.3	6.58%	16.80%

(1) In millions of dollars

(2) Expressed as a percentage of County payroll

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

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2025	\$ 734.74	\$ 56.36	\$ 109.04	\$ 9.05	\$ (50.34)	\$ (4.73)	\$ 854.12
6/30/2026	806.18	59.26	118.88	9.32	(56.85)	(5.01)	931.78
6/30/2027	871.26	62.27	129.07	9.61	(63.09)	(5.29)	1,003.83
6/30/2028	934.28	65.35	142.28	9.90	(69.05)	(5.58)	1,077.18
6/30/2029	997.88	68.51	154.34	10.19	(75.26)	(5.87)	1,149.79
6/30/2030	1,064.25	71.72	168.10	10.49	(81.95)	(6.18)	1,226.43
6/30/2031	1,125.84	74.92	182.14	10.79	(88.41)	(6.49)	1,298.79
6/30/2032	1,194.64	78.19	198.01	11.09	(95.22)	(6.81)	1,379.90
6/30/2033	1,267.41	81.53	215.58	11.39	(102.44)	(7.14)	1,466.33
6/30/2034	1,341.08	84.91	233.97	11.68	(109.85)	(7.49)	1,554.30

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

Section 4: Superior Court Liabilities and Costs

The following tables show key results of the July 1, 2024 OPEB funding valuation for Superior Court.

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

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

	July 1, 2024	July 1, 2023	Percentage Change
1. Membership			
Active Members	4,557	4,453	2.3%
Vested Terminated Members	587	596	(1.5%)
Retirees (Death Benefit)	3,378	3,283	2.9%
Total	8,522	8,332	2.3%
Retirees and Survivors (Medical Coverage)	2,667	2,596	2.7%
Retirees and Survivors (Dental/Vision Coverage)	2,754	2,675	3.0%
Retirees and Survivors (Medicare Part B Coverage)	1,892	1,830	3.4%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 522.0	\$ 485.3	7.6%
Vested Terminated Members	49.8	49.8	0.0%
Active Members	508.8	487.8	4.3%
Total	\$ 1,080.6	\$ 1,022.9	5.6%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 804.3	\$ 760.0	5.8%
Dental/Vision	54.8	52.9	3.6%
Medicare Part B	212.1	200.8	5.6%
Death Benefit	9.4	9.2	2.2%
Total	\$ 1,080.6	\$ 1,022.9	5.6%

**Table 2: July 1, 2024 Actuarial Accrued Liability (AAL) and Normal Cost (NC): Superior Court
(All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees and Survivors	\$ 418.9	\$ 31.6	\$ 98.0	\$ 7.1	\$ 555.6
Vested Terminated Members	53.1	3.1	11.0	0.4	67.6
Active Members	393.1	25.0	103.1	1.9	523.1
Total	\$ 865.1	\$ 59.7	\$ 212.1	\$ 9.4	\$ 1,146.3
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 30.8	\$ 2.8	\$ -	\$ -	\$ 33.6
Vested Terminated Members	16.8	1.0	-	-	17.8
Active Members	13.2	1.1	-	-	14.3
Total	\$ 60.8	\$ 4.9	\$ -	\$ -	\$ 65.7
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 388.1	\$ 28.8	\$ 98.0	\$ 7.1	\$ 522.0
Vested Terminated Members	36.3	2.1	11.0	0.4	49.8
Active Members	379.9	23.9	103.1	1.9	508.8
Total	\$ 804.3	\$ 54.8	\$ 212.1	\$ 9.4	\$ 1,080.6
4. NC					
Total Benefits	\$ 22.4	\$ 1.3	\$ 5.0	\$ 0.1	\$ 28.8
Retiree Paid Premiums	4.7	0.3	-	-	5.0
Net Agent Paid Benefits	\$ 17.7	\$ 1.0	\$ 5.0	\$ 0.1	\$ 23.8

**Table 3: 2024-2025 Actuarially Determined Contribution (ADC): Superior Court
 (All Dollar Amounts in Millions)**

	<u>Superior Court</u>
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 1,356.0
Present Value of Future Normal Cost (PVFNC)	<u>275.4</u>
Actuarial Accrued Liability as of July 1, 2024	\$ 1,080.6
Fund Balance at July 1, 2024	<u>85.3</u>
Unfunded Actuarial Accrued Liability	\$ 995.3
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	20.418
UAAL Amortization Payment	\$ 48.7
3. 2024 - 2025 Actuarially Determined Contribution (ADC) on July 1, 2024	
Normal Cost	\$ 23.8
Amortization of UAAL	<u>48.7</u>
Actuarially Determined Contribution (ADC) as of July 1, 2024	\$ 72.5
4. July 1, 2024 Valuation Payroll	\$ 337.0
5. ADC as a Percentage of Valuation Payroll	21.51%

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

1. Fund Balance as of July 1, 2023	\$	66.9
2. Additions:		
Employer Contributions	\$	44.4
Investment and Miscellaneous Income		7.7
Investment Expenses		(0.1)
Total Additions	\$	<u>52.0</u>
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.1)
Benefit Payments ⁽²⁾		(33.5)
Total Deductions	\$	<u>(33.6)</u>
4. Fund Balance as of June 30, 2024	\$	85.3

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

(1) These are expenses associated with administering the OPEB Trust.

(2) LACERA retiree healthcare operational administration (\$8 Per Contract Per Month in fiscal year ended 2024) is included in benefit payments. In the GASB Statement 75 report, the expenses associated with administering the OPEB Trust and these operational administration expenses are included in the administrative expenses, as required.

Table 5: Analysis of Change: Superior Court

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2023 Valuation	\$ 1,022.9	\$ (66.9)	\$ 956.0	6.10%	18.96%
Expected One-Year Change	51.3	(15.3)	36.0	(0.01%)	0.07%
B. July 1, 2024 Valuation Expected	\$ 1,074.2	\$ (82.2)	\$ 992.0	6.09%	19.03%
Claim Cost Experience (Gain)/Loss	(10.6)	-	(10.6)	(0.06%)	(0.20%)
Trend Assumption (Gain)/Loss	16.8	-	16.8	0.18%	0.41%
Other Experience (Gain)/Loss	0.2	-	0.2	0.85%	2.33%
Asset (Gain)/Loss	-	(3.1)	(3.1)	0.00%	(0.06%)
C. July 1, 2024 Valuation	\$ 1,080.6	\$ (85.3)	\$ 995.3	7.06%	21.51%

(1) In millions of dollars

(2) Expressed as a percentage of Superior Court payroll

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

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2025	\$ 33.10	\$ 2.70	\$ 5.44	\$ 0.45	\$ (2.58)	\$ (0.26)	\$ 38.85
6/30/2026	36.44	2.87	6.01	0.46	(2.88)	(0.27)	42.63
6/30/2027	39.89	3.04	6.57	0.48	(3.12)	(0.29)	46.57
6/30/2028	43.37	3.23	7.31	0.50	(3.41)	(0.30)	50.70
6/30/2029	46.37	3.43	8.05	0.52	(3.65)	(0.31)	54.41
6/30/2030	49.63	3.62	8.85	0.54	(3.90)	(0.33)	58.41
6/30/2031	52.96	3.82	9.71	0.56	(4.20)	(0.34)	62.51
6/30/2032	56.29	4.02	10.67	0.58	(4.46)	(0.36)	66.74
6/30/2033	59.36	4.22	11.77	0.60	(4.72)	(0.37)	70.86
6/30/2034	62.72	4.42	12.86	0.62	(4.99)	(0.39)	75.24

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

Section 5: LACERA Liabilities and Costs

The following tables show key results of the July 1, 2024 OPEB funding valuation for LACERA.

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

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

	July 1, 2024	July 1, 2023	Percentage Change
1. Membership			
Active Members	434	397	9.3%
Vested Terminated Members	43	42	2.4%
Retirees (Death Benefit)	221	214	3.3%
Total	<u>698</u>	<u>653</u>	6.9%
Retirees and Survivors (Medical Coverage)	189	183	3.3%
Retirees and Survivors (Dental/Vision Coverage)	191	183	4.4%
Retirees and Survivors (Medicare Part B Coverage)	121	113	7.1%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 38.3	\$ 36.7	4.4%
Vested Terminated Members	2.7	2.5	8.0%
Active Members	41.7	38.0	9.7%
Total	<u>\$ 82.7</u>	<u>\$ 77.2</u>	7.1%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 63.0	\$ 58.9	7.0%
Dental/Vision	3.8	3.7	2.7%
Medicare Part B	15.3	14.1	8.5%
Death Benefit	0.6	0.5	20.0%
Total	<u>\$ 82.7</u>	<u>\$ 77.2</u>	7.1%

**Table 2: July 1, 2024 Actuarial Accrued Liability (AAL) and Normal Cost (NC): LACERA
 (All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees and Survivors	\$ 33.6	\$ 2.2	\$ 6.5	\$ 0.5	\$ 42.8
Vested Terminated Members	3.1	0.2	0.6	-	3.9
Active Members	33.7	2.0	8.2	0.1	44.0
Total	\$ 70.4	\$ 4.4	\$ 15.3	\$ 0.6	\$ 90.7
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 4.2	\$ 0.3	\$ -	\$ -	\$ 4.5
Vested Terminated Members	1.1	0.1	-	-	1.2
Active Members	2.1	0.2	-	-	2.3
Total	\$ 7.4	\$ 0.6	\$ -	\$ -	\$ 8.0
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 29.4	\$ 1.9	\$ 6.5	\$ 0.5	\$ 38.3
Vested Terminated Members	2.0	0.1	0.6	-	2.7
Active Members	31.6	1.8	8.2	0.1	41.7
Total	\$ 63.0	\$ 3.8	\$ 15.3	\$ 0.6	\$ 82.7
4. NC					
Total Benefits	\$ 2.5	\$ 0.1	\$ 0.5	\$ -	\$ 3.1
Retiree Paid Premiums	0.6	-	-	-	0.6
Net Agent Paid Benefits	\$ 1.9	\$ 0.1	\$ 0.5	\$ -	\$ 2.5

**Table 3: 2024-2025 Actuarially Determined Contribution (ADC): LACERA
 (All Dollar Amounts in Millions)**

	LACERA
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 113.8
Present Value of Future Normal Cost (PVFNC)	31.1
Actuarial Accrued Liability as of July 1, 2024	\$ 82.7
Fund Balance at July 1, 2024	21.7
Unfunded Actuarial Accrued Liability	\$ 61.0
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	20.418
UAAL Amortization Payment	\$ 3.0
3. 2024 - 2025 Actuarially Determined Contribution (ADC) on July 1, 2024	
Normal Cost	\$ 2.5
Amortization of UAAL	3.0
Actuarially Determined Contribution (ADC) as of July 1, 2024	\$ 5.5
4. July 1, 2024 Valuation Payroll	\$ 53.1
5. ADC as a Percentage of Valuation Payroll	10.36%

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

1. Fund Balance as of July 1, 2023	\$	15.6
2. Additions:		
Employer Contributions	\$	6.8
Investment and Miscellaneous Income		1.9
Investment Expenses		-
Total Additions	\$	8.7
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	-
Benefit Payments ⁽²⁾		(2.6)
Total Deductions	\$	(2.6)
4. Fund Balance as of June 30, 2024	\$	21.7

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

(1) These are expenses associated with administering the OPEB Trust.

(2) LACERA retiree healthcare operational administration (\$8 Per Contract Per Month in fiscal year ended 2024) is included in benefit payments. In the GASB Statement 75 report, the expenses associated with administering the OPEB Trust and these operational administration expenses are included in the administrative expenses, as required.

Note: LACERA's investment expenses are \$35,028 and administrative expenses are \$35,165 which fall below the rounding.

Table 5: Analysis of Change: LACERA

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2023 Valuation	\$ 77.2	\$ (15.6)	\$ 61.6	4.82%	11.11%
Expected One-Year Change	4.5	(5.3)	(0.8)	0.05%	(0.15%)
B. July 1, 2024 Valuation Expected	\$ 81.7	\$ (20.9)	\$ 60.8	4.87%	10.96%
Claim Cost Experience (Gain)/Loss	(0.9)	-	(0.9)	0.00%	0.00%
Trend Assumption (Gain)/Loss	1.2	-	1.2	0.00%	0.00%
Other Experience (Gain)/Loss	0.7	-	0.7	(0.16%)	(0.60%)
Asset (Gain)/Loss	-	(0.8)	(0.8)	0.00%	0.00%
C. July 1, 2024 Valuation	\$ 82.7	\$ (21.7)	\$ 61.0	4.71%	10.36%

(1) In millions of dollars

(2) Expressed as a percentage of LACERA payroll

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

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2025	\$ 2.63	\$ 0.18	\$ 0.34	\$ 0.03	\$ (0.33)	\$ (0.02)	\$ 2.83
6/30/2026	2.84	0.20	0.38	0.03	(0.37)	(0.02)	3.06
6/30/2027	3.07	0.21	0.41	0.03	(0.40)	(0.03)	3.29
6/30/2028	3.31	0.22	0.46	0.03	(0.45)	(0.03)	3.54
6/30/2029	3.49	0.23	0.52	0.03	(0.47)	(0.03)	3.77
6/30/2030	3.76	0.25	0.56	0.04	(0.52)	(0.03)	4.06
6/30/2031	4.04	0.26	0.61	0.04	(0.55)	(0.04)	4.36
6/30/2032	4.38	0.28	0.66	0.04	(0.58)	(0.04)	4.74
6/30/2033	4.68	0.29	0.73	0.04	(0.63)	(0.04)	5.07
6/30/2034	5.01	0.31	0.80	0.04	(0.67)	(0.04)	5.45

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

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

The following tables show key results of the July 1, 2024 OPEB funding valuation for the County, Superior Court, and LACERA.

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

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

	July 1, 2024	July 1, 2023	Percentage Change
1. Membership			
Active Members	98,638	96,850	1.8%
Vested Terminated Members	9,718	9,585	1.4%
Retirees (Death Benefit)	64,557	63,074	2.4%
Total	<u>172,913</u>	<u>169,509</u>	2.0%
Retirees and Survivors (Medical Coverage)	56,640	55,663	1.8%
Retirees and Survivors (Dental/Vision Coverage)	58,772	57,514	2.2%
Retirees and Survivors (Medicare Part B Coverage)	39,509	38,653	2.2%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 12,304.0	\$ 11,533.1	6.7%
Vested Terminated Members	568.2	541.6	4.9%
Active Members	11,854.3	11,374.8	4.2%
Total	<u>\$ 24,726.5</u>	<u>\$ 23,449.5</u>	5.4%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 19,038.1	\$ 18,040.5	5.5%
Dental/Vision	1,159.2	1,123.1	3.2%
Medicare Part B	4,346.8	4,106.8	5.8%
Death Benefit	182.4	179.1	1.8%
Total	<u>\$ 24,726.5</u>	<u>\$ 23,449.5</u>	5.4%

**Table 2: July 1, 2024 Actuarial Accrued Liability (AAL) and Normal Cost (NC): County, Superior Court, and LACERA
 (All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees and Survivors	\$ 10,107.3	\$ 699.6	\$ 2,078.6	\$ 141.2	\$ 13,026.7
Vested Terminated Members	670.0	36.9	129.8	5.8	842.5
Active Members	9,640.5	522.4	2,138.4	35.4	12,336.7
Total	\$ 20,417.8	\$ 1,258.9	\$ 4,346.8	\$ 182.4	\$ 26,205.9
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 666.8	\$ 55.9	\$ -	\$ -	\$ 722.7
Vested Terminated Members	259.5	14.8	-	-	274.3
Active Members	453.4	29.0	-	-	482.4
Total	\$ 1,379.7	\$ 99.7	\$ -	\$ -	\$ 1,479.4
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 9,440.5	\$ 643.7	\$ 2,078.6	\$ 141.2	\$ 12,304.0
Vested Terminated Members	410.5	22.1	129.8	5.8	568.2
Active Members	9,187.1	493.4	2,138.4	35.4	11,854.3
Total	\$ 19,038.1	\$ 1,159.2	\$ 4,346.8	\$ 182.4	\$ 24,726.5
4. NC					
Total Benefits	\$ 644.8	\$ 31.6	\$ 123.6	\$ 2.1	\$ 802.1
Retiree Paid Premiums	146.9	7.7	-	-	154.6
Net Agent Paid Benefits	\$ 497.9	\$ 23.9	\$ 123.6	\$ 2.1	\$ 647.5

**Table 3: 2024-2025 Actuarially Determined Contribution (ADC): County, Superior Court, and LACERA
 (All Dollar Amounts in Millions)**

	<u>Court, and LACERA Subtotal</u>
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 32,364.0
Present Value of Future Normal Cost (PVFNC)	<u>7,637.5</u>
Actuarial Accrued Liability as of July 1, 2024	\$ 24,726.5
Fund Balance at July 1, 2024	<u>3,977.9</u>
Unfunded Actuarial Accrued Liability	\$ 20,748.6
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	20.418
UAAL Amortization Payment	\$ 1,016.2
3. 2024 - 2025 Actuarially Determined Contribution (ADC) on July 1, 2024	
Normal Cost	\$ 647.5
Amortization of UAAL	<u>1,016.2</u>
Actuarially Determined Contribution (ADC) as of July 1, 2024	\$ 1,663.7
4. July 1, 2024 Valuation Payroll	\$ 9,827.3
5. ADC as a Percentage of Valuation Payroll	16.93%

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

1. Fund Balance as of July 1, 2023	\$	3,091.8
2. Additions:		
Employer Contributions	\$	1,326.1
Investment and Miscellaneous Income		372.0
Investment Expenses		(3.9)
Total Additions	\$	1,694.2
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.7)
Benefit Payments ⁽²⁾		(807.4)
Total Deductions	\$	(808.1)
4. Fund Balance as of June 30, 2024	\$	3,977.9

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

(1) These are expenses associated with administering the OPEB Trust.

(2) LACERA retiree healthcare operational administration (\$8 Per Contract Per Month in fiscal year ended 2024) is included in benefit payments. In the GASB Statement 75 report, the expenses associated with administering the OPEB Trust and these operational administration expenses are included in the administrative expenses, as required.

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

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2023 Valuation	\$ 23,449.5	\$ (3,091.8)	\$ 20,357.7	6.54%	17.10%
Expected One-Year Change	1,278.7	(727.0)	551.7	0.00%	(0.06%)
B. July 1, 2024 Valuation Expected	\$ 24,728.2	\$ (3,818.8)	\$ 20,909.4	6.54%	17.04%
Claim Cost Experience (Gain)/Loss	(250.2)	-	(250.2)	(0.06%)	(0.18%)
Trend Assumption (Gain)/Loss	381.9	-	381.9	0.15%	0.34%
Other Experience (Gain)/Loss	(133.4)	-	(133.4)	(0.04%)	(0.19%)
Asset (Gain)/Loss	-	(159.1)	(159.1)	0.00%	(0.08%)
C. July 1, 2024 Valuation	\$ 24,726.5	\$ (3,977.9)	\$ 20,748.6	6.59%	16.93%

(1) In millions of dollars

(2) Expressed as a percentage of County, Superior Court, and LACERA payroll

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

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2025	\$ 770.49	\$ 59.24	\$ 114.82	\$ 9.52	\$ (53.25)	\$ (5.02)	\$ 895.80
6/30/2026	845.46	62.32	125.26	9.82	(60.09)	(5.30)	977.47
6/30/2027	914.21	65.52	136.05	10.12	(66.61)	(5.60)	1,053.69
6/30/2028	980.95	68.80	150.06	10.43	(72.91)	(5.91)	1,131.42
6/30/2029	1,047.75	72.16	162.91	10.75	(79.38)	(6.22)	1,207.97
6/30/2030	1,117.62	75.59	177.52	11.07	(86.36)	(6.54)	1,288.90
6/30/2031	1,182.85	79.00	192.46	11.39	(93.17)	(6.87)	1,365.66
6/30/2032	1,255.31	82.49	209.34	11.71	(100.27)	(7.20)	1,451.38
6/30/2033	1,331.46	86.04	228.07	12.03	(107.79)	(7.55)	1,542.26
6/30/2034	1,408.80	89.64	247.63	12.34	(115.50)	(7.92)	1,634.99

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

Section 7: Total of All Agents Liabilities and Costs

The following tables show key results of the July 1, 2024 OPEB funding valuation for all the agents combined.

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

The following agents are included in this section:

Agencies that are prefunding the liability utilize a 6.25% investment earnings assumption, which is based on the projected return on the assets in the OPEB Trust.

- County
- Superior Court
- LACERA

Agencies that are not prefunding the liability utilize a 3.50% investment earnings assumption, which is based on the projected return on County general assets.

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

The agencies not prefunding the liability represent 0.04% of the total Actuarial Accrued Liability.

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

	July 1, 2024	July 1, 2023	Percentage Change
1. Membership			
Active Members	98,645	96,857	1.8%
Vested Terminated Members	9,719	9,586	1.4%
Retirees (Death Benefit)	64,637	63,158	2.3%
Total	<u>173,001</u>	<u>169,601</u>	2.0%
Retirees and Survivors (Medical Coverage)	56,704	55,735	1.7%
Retirees and Survivors (Dental/Vision Coverage)	58,832	57,583	2.2%
Retirees and Survivors (Medicare Part B Coverage)	39,555	38,705	2.2%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 12,311.4	\$ 11,541.4	6.7%
Vested Terminated Members	568.2	541.6	4.9%
Active Members	11,856.0	11,376.7	4.2%
Total	<u>\$ 24,735.6</u>	<u>\$ 23,459.7</u>	5.4%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 19,044.7	\$ 18,048.0	5.5%
Dental/Vision	1,159.6	1,123.6	3.2%
Medicare Part B	4,348.6	4,108.7	5.8%
Death Benefit	182.7	179.4	1.8%
Total	<u>\$ 24,735.6</u>	<u>\$ 23,459.7</u>	5.4%

**Table 2: July 1, 2024 Actuarial Accrued Liability (AAL) and Normal Cost (NC): Total
(All Dollar Amounts in Millions)**

	Medical	Dental	Part B	Death	Total
1. AAL - Total Benefits					
Retirees and Survivors	\$ 10,114.4	\$ 700.1	\$ 2,080.1	\$ 141.5	\$ 13,036.1
Vested Terminated Members	670.0	36.9	129.8	5.8	842.5
Active Members	9,641.8	522.5	2,138.7	35.4	12,338.4
Total	\$ 20,426.2	\$ 1,259.5	\$ 4,348.6	\$ 182.7	\$ 26,217.0
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 668.6	\$ 56.1	\$ -	\$ -	\$ 724.7
Vested Terminated Members	259.5	14.8	-	-	274.3
Active Members	453.4	29.0	-	-	482.4
Total	\$ 1,381.5	\$ 99.9	\$ -	\$ -	\$ 1,481.4
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 9,445.8	\$ 644.0	\$ 2,080.1	\$ 141.5	\$ 12,311.4
Vested Terminated Members	410.5	22.1	129.8	5.8	568.2
Active Members	9,188.4	493.5	2,138.7	35.4	11,856.0
Total	\$ 19,044.7	\$ 1,159.6	\$ 4,348.6	\$ 182.7	\$ 24,735.6
4. NC					
Total Benefits	\$ 644.9	\$ 31.6	\$ 123.6	\$ 2.1	\$ 802.2
Retiree Paid Premiums	146.9	7.7	-	-	154.6
Net Agent Paid Benefits	\$ 498.0	\$ 23.9	\$ 123.6	\$ 2.1	\$ 647.6

**Table 3: 2024-2025 Actuarially Determined Contribution (ADC): Total
 (All Dollar Amounts in Millions)**

	Total
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 32,374.4
Present Value of Future Normal Cost (PVFNC)	7,638.8
Actuarial Accrued Liability as of July 1, 2024	\$ 24,735.6
Fund Balance at July 1, 2024	3,977.9
Unfunded Actuarial Accrued Liability	\$ 20,757.7
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	20.419
UAAL Amortization Payment	\$ 1,016.6
3. 2024 - 2025 Actuarially Determined Contribution (ADC) on July 1, 2024	
Normal Cost	\$ 647.6
Amortization of UAAL	1,016.6
Actuarially Determined Contribution (ADC) as of July 1, 2024	\$ 1,664.2
4. July 1, 2024 Valuation Payroll	\$ 9,828.2
5. ADC as a Percentage of Valuation Payroll	16.93%

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

1. Fund Balance as of July 1, 2023	\$	3,091.8
2. Additions:		
Employer Contributions	\$	1,326.4
Investment and Miscellaneous Income		372.0
Investment Expenses		(3.9)
Total Additions	\$	1,694.5
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.7)
Benefit Payments ⁽²⁾		(807.7)
Total Deductions	\$	(808.4)
4. Fund Balance as of June 30, 2024	\$	3,977.9

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

(1) These are expenses associated with administering the OPEB Trust.

(2) LACERA retiree healthcare operational administration (\$8 Per Contract Per Month in fiscal year ended 2024) is included in benefit payments. In the GASB Statement 75 report, the expenses associated with administering the OPEB Trust and these operational administration expenses are included in the administrative expenses, as required.

**Table 5: Analysis of Change: Total
(All Dollar Amounts in Billions)**

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2023 Valuation	\$ 23,459.7	\$ (3,091.8)	\$ 20,367.9	6.54%	17.10%
Expected One-Year Change	1,278.5	(727.0)	551.5	0.00%	(0.05%)
B. July 1, 2024 Valuation Expected	\$ 24,738.2	\$ (3,818.8)	\$ 20,919.4	6.54%	17.05%
Claim Cost Experience (Gain)/Loss	(250.4)	-	(250.4)	(0.06%)	(0.18%)
Trend Assumption (Gain)/Loss	382.1	-	382.1	0.15%	0.34%
Other Experience (Gain)/Loss	(134.3)	-	(134.3)	(0.04%)	(0.20%)
Asset (Gain)/Loss	-	(159.1)	(159.1)	0.00%	(0.08%)
C. July 1, 2024 Valuation	\$ 24,735.6	\$ (3,977.9)	\$ 20,757.7	6.59%	16.93%

(1) In millions of dollars

(2) Expressed as a percentage of total payroll

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

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total Paid Benefits
6/30/2025	\$ 771.14	\$ 59.30	\$ 114.95	\$ 9.55	\$ (53.39)	\$ (5.03)	\$ 896.52
6/30/2026	846.10	62.37	125.39	9.85	(60.23)	(5.32)	978.16
6/30/2027	914.83	65.57	136.17	10.15	(66.76)	(5.62)	1,054.34
6/30/2028	981.53	68.85	150.18	10.46	(73.05)	(5.92)	1,132.05
6/30/2029	1,048.31	72.21	163.02	10.77	(79.51)	(6.23)	1,208.57
6/30/2030	1,118.16	75.63	177.63	11.09	(86.49)	(6.55)	1,289.47
6/30/2031	1,183.36	79.04	192.57	11.41	(93.29)	(6.88)	1,366.21
6/30/2032	1,255.81	82.52	209.44	11.73	(100.39)	(7.21)	1,451.90
6/30/2033	1,331.93	86.07	228.17	12.05	(107.90)	(7.56)	1,542.76
6/30/2034	1,409.25	89.67	247.73	12.36	(115.61)	(7.93)	1,635.47

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

Section 8: ACFR Information

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

(Dollars in Thousands)

Valuation Date	Actuarial Value of Assets	Actuarial Accrued Liabilities	Unfunded Actuarial Accrued Liabilities (UAAL)	Funded Ratio	Covered Employee Payroll¹	UAAL as a Percentage of Covered Employee Payroll
July 1, 2014	\$483,800	\$28,546,600	\$28,062,800	1.7%	N/A	N/A
July 1, 2016	560,800	25,912,600	25,351,800	2.2%	N/A	N/A
July 1, 2017	742,900	26,300,800	25,557,900	2.8%	\$8,544,140	299.1%
July 1, 2018	941,010	21,066,800	20,125,790	4.5%	8,954,417	224.8%
July 1, 2019	1,238,480	20,752,600	19,514,120	6.0%	9,471,632	206.0%
July 1, 2020	1,492,600	21,302,700	19,810,100	7.0%	9,813,912	201.9%
July 1, 2021	2,306,800	21,157,400	18,850,600	10.9%	10,065,113	187.3%
July 1, 2022	2,394,100	23,097,800	20,703,700	10.4%	10,269,429	201.6%
July 1, 2023	3,091,800	23,459,700	20,367,900	13.2%	10,772,896	189.1%
July 1, 2024	3,977,900	24,735,600	20,757,700	16.1%	11,275,698	184.1%

¹ The Covered Employee Payroll is the total amount paid to employees during the twelve-month time period ending on the valuation date. LACERA provides the Covered Employee Payroll, and this amount is also used in the GASB 75 disclosure reports.

Los Angeles County Other Post Employment Benefits Program
 Demographic Activity of Retired Members and Beneficiaries¹

(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 ²	Member Count	Annual Allowance	Member Count	Annual Allowance		
July 1, 2012	5,336	\$ 56,982	\$ (3,070)	\$ (25,497)	46,202	\$ 423,464	8.03%	\$ 9,165
July 1, 2014	5,335	89,205	(3,369)	(29,925)	48,168	482,744	14.00%	10,022
July 1, 2016	5,710	103,373	(3,514)	(30,745)	50,364	555,372	15.04%	11,027
July 1, 2017	3,229	41,266	(1,839)	(18,052)	51,754	578,586	4.18%	11,180
July 1, 2018	3,028	61,697	(1,977)	(20,530)	52,805	619,753	7.12%	11,737
July 1, 2019	3,259	71,970	(1,996)	(22,487)	54,068	669,237	7.98%	12,378
July 1, 2020	3,216	53,933	(2,077)	(23,865)	55,207	699,305	4.49%	12,667
July 1, 2021	3,431	53,821	(2,353)	(28,386)	56,285	724,740	3.64%	12,876
July 1, 2022	3,815	42,812	(2,331)	(27,823)	57,769	739,729	2.07%	12,805
July 1, 2023	3,316	75,746	(2,303)	(28,725)	58,782	786,750	6.36%	13,384
July 1, 2024	3,454	103,784	(2,211)	(29,347)	60,025	861,187	9.46%	14,347

¹Includes medical, dental/vision, and Part B benefits

²Includes changes for continuing retirees and beneficiaries

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

(Dollars in Millions)

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
Prior Valuation Unfunded Actuarial Accrued Liability	\$ 25,558	\$ 20,126	\$ 19,514	\$ 19,810	\$ 18,851	\$ 20,704	\$ 20,368
Expected Increase (Decrease) from Prior Valuation	1,170	1,005	911	747	621	624	550
Claim Costs Greater (Less) than Expected ¹	(1,067)	(1,589)	(1,000)	(1,202)	287	93	132
Change in Assumptions	(6,936)	(35)	314	-	567	(919)	-
Change in Assets	(28)	1	76	(352)	438	(89)	(159)
All Other Experience ²	1,429	6	(5)	(152)	(60)	(45)	(133)
Ending Unfunded Actuarial Accrued Liability	\$ 20,126	\$ 19,514	\$ 19,810	\$ 18,851	\$ 20,704	\$ 20,368	\$ 20,758

¹ This amount Includes the trend assumption change.

² In 2018, this amount is mostly the impact of the Excise Tax.

**Los Angeles County Other Post Employment Benefits Program
 Funded Liabilities by Type - 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 ¹ (B)	Active Members (Employer Financed Portion) (C)			(A)	(B)	(C)
July 1, 2014	-	11,791	16,756	484	N/A	4%	0%	
July 1, 2016	-	11,365	14,548	561	N/A	5%	0%	
July 1, 2017	-	11,640	14,661	743	N/A	6%	0%	
July 1, 2018	-	10,108	10,959	941	N/A	9%	0%	
July 1, 2019	-	10,260	10,493	1,239	N/A	12%	0%	
July 1, 2020	-	10,597	10,706	1,493	N/A	14%	0%	
July 1, 2021	-	10,751	10,406	2,307	N/A	21%	0%	
July 1, 2022	-	11,543	11,555	2,394	N/A	21%	0%	
July 1, 2023	-	12,083	11,377	3,092	N/A	26%	0%	
July 1, 2024	-	12,880	11,856	3,978	N/A	31%	0%	

¹ Includes inactive vested members.

Discussion of the Transition from Cost Sharing to Agent

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

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

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

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

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

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

Discussion of GASB Statements No. 74 and 75

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

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

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

GASB Statement Number 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, addresses reporting by governments that provide OPEB to their employees and for governments that finance OPEB for employees of other governments and replaces GASB Statement Number 45. Though the effective date is one year later than GASB Statement Number 74, the first GASB 75 disclosure report was based on the July 1, 2016 OPEB valuation with a measurement date of June 30, 2017 and a reporting date of June 30, 2018. This timing pattern is maintained for the GASB 75 disclosure reports. This June 30, 2024 valuation will be the basis for the GASB 75 disclosure report with a measurement date of June 30, 2025 and a reporting date of June 30, 2025. Note this will be the first time there will not be a one year lag between the measurement date and the reporting date.

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

- The balance sheet liability is 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 is likely to be more volatile from year to year than the ADC because there will be faster recognition of OPEB expenses.
- The discount rate development is based on a blended rate equivalent of the long-term expected rate of return on assets and a 20-year tax-exempt municipal bond yield or index rate.
- The Entry Age Normal actuarial cost method is required.

Appendix A: Actuarial Procedures and Assumptions

The actuarial procedures and assumptions used in this valuation are described in this section. Where applicable, the same assumptions are used for the LACERA postemployment health and death benefit program as for the LACERA retirement benefits. The assumptions that overlap with the LACERA retirement benefits plan assumptions were reviewed and changed June 30, 2022, as a result of the 2022 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2022. These assumptions are consistent with the June 30, 2024 retirement funding valuation. The investment earnings assumptions are OPEB-specific and were reviewed and changed July 3, 2024 as a result of the 2023 OPEB Experience Study. For agents that are prefunding into LACERA's OPEB Trust, the expected return of the assets of the OPEB Trust is based on the asset allocation approved in the April 2024 Board of Investments meeting, which is a different asset allocation from the one used for the retirement benefits plan. Milliman reviewed the new investment policy and updated the investment earnings assumption during the 2023 OPEB Experience Study. The investment earnings assumption for agents that are not prefunding into LACERA's OPEB Trust is based on the expected return from the County's general assets in the 2023 OPEB Experience Study. The OPEB-specific assumptions other than claim costs, aging, and first year trends were changed as a result of the 2023 OPEB Investigation of Experience Study, approved at the July 2024 Board of Retirement meeting. The claim costs, aging, and trends are updated in this Appendix A. This July 1, 2024 OPEB valuation is the first valuation where the first year trends are not updated with the renewal in the following year 2025-2026. This change has been approved by LACERA and LA County so that the valuation can be provided sooner.

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. The general wage increase, inflation, and retirement specific demographic assumptions were developed in the 2022 retirement benefits experience study. Nearly all of the OPEB specific demographic and investment earnings assumptions were developed in the 2023 OPEB experience study report. The claim costs and health cost trend assumptions with the 2024-2025 annual medical and dental plan rate renewals were updated in the July 1, 2024 OPEB funding valuation.

Retirement Benefit Assumptions

Tables A-2 and A-3 show how members are expected to leave retired status due to death. These were developed from the experience as measured by the 2022 Retirement Benefit Investigation of Experience Study.

Table A-4 presents the probability of a refund of retirement benefit contributions upon termination of employment while vested. These were developed from the experience as measured by the 2022 Retirement Benefit Investigation of Experience Study.

Table A-5 presents the general wage increase of 3.25% per annum. This was developed from the experience as measured by the 2022 Retirement Benefit Investigation of Experience Study.

Tables A-6 to A-13 present the probabilities of separation of active service. These were developed from the experience as measured by the 2022 Retirement Benefit Investigation of Experience Study. These are the probabilities a member will leave active employment for various reasons.

OPEB Assumptions

Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2023 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, 2024 premium and claim information.

Table A-22 presents the health cost trend rates for the July 1, 2024 OPEB valuation. This July 1, 2024 OPEB valuation is the first valuation where the first year trends are not updated with the renewal in the following year 2025-2026.

Table A-23 presents the assumed retirement rates for vested terminated members developed from the 2023 OPEB Investigation of Experience study.

Actuarial Cost Method

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

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

As part of the 2023 OPEB Investigation of Experience, different approaches to amortization were considered. No changes were made to the amortization method or period, stakeholders were recommended to continue discussing an amortization method and period that aligns with the prefunding agents' funded status goals. Please see pages 3 and 4 of the 2023 OPEB Investigation of Experience for further details.

Records and Data

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

Growth in Membership

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

Valuation of Assets

The asset valuation method is fair value.

Investment Earnings and Expenses

The investment earnings assumption is used to discount all the projected benefits that are expected to be received in the future for all current members. This OPEB program utilizes two investment earnings assumptions depending on whether the agent is prefunding into the OPEB Trust or not. For this funding valuation, we have chosen to utilize the same criteria for a qualified prefunding trust as GASB 74 and 75. The criteria include: (1) irrevocable trust contributions, (2) assets are dedicated to providing OPEB to plan members, and (3) assets are legally protected from creditors of employers and plan members.

The investment earnings assumption for agents that are prefunding through the OPEB Trust is the OPEB Trust expected return of 6.25%. The investment earnings assumption for agents that are not prefunding through the OPEB Trust is the County's general funds expected return of 3.50%. These rates were adopted from the 2023 OPEB Investigation of Experience Study.

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

Health Cost Trend

The health cost trend is the projected increase in per person health costs from one year to the next. The trend assumptions vary by benefit type and by future fiscal year as illustrated in Table A-22. This July 1, 2024 OPEB valuation is the first valuation where the first year trends are not updated with the July 1, 2025 renewal. See the discussion in Table A-22 for more details about the trend assumptions. These trend rates were adopted July 1, 2024.

Future Salaries

The rates of annual salary increase assumed for the purpose of the valuation are illustrated in Table A-5. In addition to increases in salary due to promotions and longevity, this scale includes an assumed 3.25% per annum rate of increase in the general wage level of the membership. These rates were adopted June 30, 2022.

Increases are assumed to occur mid-year (i.e., January 1st) and only apply to base salary. The mid-year timing reflects that salary increases occur throughout the year, or on average mid-year.

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 probabilities for active members vary by age and service and are shown by plan in Tables A-6 through A-13.

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 regard 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, 2022. The terminated vested member's retirement probabilities were adopted July 1, 2023, for purposes of the OPEB program valuation.

Disability

The probabilities of disability used in the valuation are illustrated in Tables A-6 through A-13. These probabilities were adopted June 30, 2019.

Postretirement Mortality – Other Than Disabled Members

The same postretirement mortality probabilities are used in the valuation for members retired for service and beneficiaries. These probabilities are illustrated in Table A-2. Current beneficiary mortality is assumed to be the same assumption as healthy members of the same gender. Future beneficiaries are assumed to be of the opposite gender and have the same mortality as General members. The amount-weighted Pub-2010 mortality tables are used. These probabilities were adopted June 30, 2019.

Note that these assumptions include a projection for expected future mortality improvement. The new projection scale was adopted June 30, 2022.

Males	General members: PubG-2010 Healthy Retiree Mortality Table for Males, with MP-2021 Ultimate Projection Scale.
	Safety members: PubS-2010 Healthy Retiree Mortality Table for Males multiplied by 85%, with MP-2021 Ultimate Projection Scale.
Females	General members: PubG-2010 Healthy Retiree Mortality Table for Females multiplied by 110%, with MP-2021 Ultimate Projection Scale.
	Safety members: PubS-2010 Healthy Retiree Mortality Table for Females, with MP-2021 Ultimate Projection Scale.

Postretirement Mortality – Disabled Members

For disabled members, the mortality probabilities used in the valuation are illustrated in Table A-3. Note that these assumptions directly reflect the expected future mortality improvement. The amount-weighted Pub-2010 mortality tables are used. These probabilities were adopted June 30, 2019.

Note that these assumptions include a projection for expected future mortality improvement. The new projection scale was adopted June 30, 2022.

Males	General members: Average of PubG-2010 Healthy Retiree Mortality Table for Males and PubG-2010 Disabled Retiree Mortality Table for Males, both projected with MP-2021 Ultimate Projection Scale.
	Safety members: PubS-2010 Healthy Retiree Mortality Table for Males, with MP-2021 Ultimate Projection Scale.

Females General members: Average of PubG-2010 Healthy Retiree Mortality Table for Females and PubG-2010 Disabled Retiree Mortality Table for Females, both projected with MP-2021 Ultimate Projection Scale.

 Safety members: PubS-2010 Healthy Retiree Mortality Table for Females, with MP-2021 Ultimate Projection Scale.

Mortality While in Active Status

For active members, the mortality probabilities used in the valuation are illustrated in Tables A-6 through A-13. The amount-weighted Pub-2010 mortality tables are used. These mortality tables were adopted June 30, 2019.

Class	Gender	Mortality Table
General	Male	PubG-2010 (120%) Employee Male ⁽¹⁾
General	Female	PubG-2010 (130%) Employee Female ⁽¹⁾
Safety	Male	PubS-2010 (100%) Employee Male ⁽¹⁾
Safety	Female	PubS-2010 (100%) Employee Female ⁽¹⁾

1. Projection using the MP-2021 Ultimate projection scale.

These assumptions include a projection for expected future mortality improvement, which was adopted June 30, 2022.

Note that Safety members have an additional service-connected mortality probability of 0.01% per year.

Other Employment Terminations

Tables A-6 to A-13 show, for all ages, the probabilities assumed in this valuation for future termination from active service other than for death, disability, or retirement. These probabilities do not apply to members eligible for service retirement. These probabilities were adopted June 30, 2022.

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 system. 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 in the future.

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 probabilities in Table A-4 were adopted June 30, 2022.

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 2023 OPEB Investigation of Experience report was used to set the following assumptions:

Age difference for future retirees and spouses	Table A-1
Probability of initial medical enrollment upon retirement	Table A-14
Probability of medical plan and coverage tier selection upon retirement for Tier 1	Table A-15A
Probability of medical plan and coverage tier selection upon retirement for Tier 2	Table A-15B
Probability of medical plan and coverage tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16
Probability of survivor and new dependent enrollment	Table A-17
Probability of dental/vision enrollment upon retirement	Table A-18
Probability of dental/vision plan and coverage tier selection upon retirement	Table A-19
Retirement of vested terminated members	Table A-23
Probability of retirees in group plans who elect Medicare Part D	0%

**Table A-1
 Summary of Valuation Assumptions as of July 1, 2024**

- I. Economic Assumptions
 - A. General wage increases 3.25%
 - B1. Investment earnings (prefunding in OPEB Trust) 6.25%
 - B2. Investment earnings (no prefunding in OPEB Trust) 3.50%
 - 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⁽¹⁾. Table A-2

Class	Gender	
General	Male	PubG-2010 (100%) Healthy Retiree Male
General	Female	PubG-2010 (110%) Healthy Retiree Female
Safety	Male	PubS-2010 (85%) Healthy Retiree Male
Safety	Female	PubS-2010 (100%) Healthy Retiree Female

- F. Mortality among disabled members⁽¹⁾ Table A-3

Class	Gender	
General	Male	Avg of: PubG-2010 (100%) Healthy Retiree Male PubG-2010 (100%) Disabled Retiree Male
General	Female	Avg of: PubG-2010 (100%) Healthy Retiree Female PubG-2010 (100%) Disabled Retiree Female
Safety	Male	PubS-2010 (100%) Healthy Retiree Male
Safety	Female	PubS-2010 (100%) Healthy Retiree Female

- G. Mortality for Beneficiaries⁽¹⁾ 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.

1. All mortality probabilities are projected using the MP-2021 Ultimate projection scale.

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, 2020.	
III.	Retiree Medical and Dental/Vision Enrollment Assumptions	
A.	Probability of Initial Medical Enrollment upon Retirement	Table A-14
B.	Probability of Medical Plan and Coverage Tier Selection Upon Retirement (Pre 65 Male, Pre 65 Female, Post 65 Male, Post 65 Female)	Table A-15
C.	Probability of Medical Plan and Coverage Tier Selection for Pre 65 Retirees Who become Eligible for a 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 Coverage Tier Selection Upon Retirement	Table A-19
IV.	Premium and Claim Cost Analysis	Tables A-20 to A-21
V.	Medical and Dental/Vision Trend	Table A-22
VI.	Retirement of Vested Terminated Members	Table A-23

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

Age	Safety	Safety	General	General
	Male	Female	Male	Female
20	0.0520%	0.0210%	0.0740%	0.0380%
25	0.0470%	0.0260%	0.0560%	0.0260%
30	0.0520%	0.0350%	0.0720%	0.0440%
35	0.0590%	0.0470%	0.0940%	0.0680%
40	0.0750%	0.0640%	0.1320%	0.1060%
45	0.1037%	0.0870%	0.1960%	0.1650%
50	0.1632%	0.1490%	0.2980%	0.2442%
55	0.2601%	0.2580%	0.4310%	0.3146%
60	0.4318%	0.4460%	0.6150%	0.4224%
65	0.7489%	0.7700%	0.9130%	0.6743%
70	1.3328%	1.3290%	1.5260%	1.1693%
75	2.4021%	2.2950%	2.6710%	2.0713%
80	4.3376%	3.9620%	4.7740%	3.6960%
85	7.7648%	6.8420%	8.5910%	6.8255%
90	13.4810%	11.8150%	14.6720%	12.6357%

Annual Projected Mortality Improvement

Age	All Groups
60 & Less	1.350%
61	1.350%
62	1.350%
63	1.340%
64	1.320%
65	1.310%
70	1.240%
75	1.170%
80	1.100%
85	0.870%
90	0.630%
95	0.400%
100	0.300%
105	0.200%
110	0.100%
115	0.000%

- Mortality probabilities are those applicable for the fiscal year beginning in 2010. Annual projected improvements are assumed in the following years under the schedule shown. For example, the annual mortality probability for an 85-year old Safety male in fiscal year beginning in 2024 is 6.8707% calculated as follows:

Age 85 probability in 2024 = Age 85 probability in 2010 with 14 years improvement

$$= 7.7648\% \times (100.0\% - 0.87\%)^{14} = 6.8707\%$$

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

Age	Safety Male	Safety Female	General Male	General Female
20	0.0610%	0.0210%	0.2430%	0.1340%
25	0.0550%	0.0260%	0.1670%	0.0940%
30	0.0610%	0.0350%	0.2130%	0.1485%
35	0.0700%	0.0470%	0.2760%	0.2315%
40	0.0880%	0.0640%	0.3885%	0.3625%
45	0.1220%	0.0870%	0.6015%	0.5675%
50	0.1920%	0.1490%	0.9515%	0.8525%
55	0.3060%	0.2580%	1.2725%	1.0140%
60	0.5080%	0.4460%	1.5590%	1.1700%
65	0.8810%	0.7700%	1.9785%	1.4345%
70	1.5680%	1.3290%	2.7135%	1.9625%
75	2.8260%	2.2950%	3.9315%	2.9430%
80	5.1030%	3.9620%	6.0610%	4.6835%
85	9.1350%	6.8420%	9.7030%	7.7680%
90	15.8600%	11.8150%	15.4625%	12.5760%

1. Mortality probabilities are those applicable for the fiscal year beginning in 2010. Annual projected improvements are assumed in the following years under the schedule shown on the preceding page.

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

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

Table A-5
Annual Increase in Salary

Payroll is assumed to increase with the general wage increase of 3.25% per annum in addition to individual annual increases from promotion and longevity. The promotion and longevity increases shown in the table below are combined with the general wage increase on a compound basis and are used for the Entry Age Normal cost method. General wage increases and individual salary increases due to promotion and longevity do not affect the amount of the OPEB program's benefits.

Years of Service	General	Safety
<1	6.00%	9.00%
1	5.25%	8.50%
2	4.75%	7.50%
3	4.10%	5.75%
4	3.50%	4.25%
5	3.00%	3.00%
6	2.50%	2.50%
7	2.00%	2.10%
8	1.60%	1.70%
9	1.45%	1.45%
10	1.30%	1.30%
11	1.15%	1.20%
12	1.00%	1.10%
13	0.90%	1.00%
14	0.85%	0.90%
15	0.80%	0.90%
16	0.75%	0.90%
17	0.70%	0.90%
18	0.65%	0.90%
19	0.60%	2.25%
20	0.55%	0.90%
21	0.50%	0.90%
22	0.45%	0.90%
23	0.40%	0.90%
24	0.40%	3.00%
25	0.40%	0.90%
26	0.40%	0.90%
27	0.40%	0.90%
28	0.40%	0.90%
29	0.40%	3.00%
30 or More	0.40%	0.90%

**Appendix A: Probabilities 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 of these represents the probability that a member will separate from service at each age due to the particular cause. For example, a probability 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 probabilities 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
Probability 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	0.00000	0.00500	0.00010	0.00010	N/A	0.00043
19	0.00000	0.00500	0.00010	0.00010	N/A	0.00046
20	0.00000	0.00500	0.00010	0.00010	N/A	0.00044
21	0.00000	0.00500	0.00010	0.00010	N/A	0.00043
22	0.00000	0.00500	0.00010	0.00010	N/A	0.00040
23	0.00000	0.00500	0.00010	0.00010	N/A	0.00037
24	0.00000	0.00500	0.00010	0.00010	N/A	0.00035
25	0.00000	0.00500	0.00010	0.00010	N/A	0.00034
26	0.00000	0.00500	0.00010	0.00010	N/A	0.00036
27	0.00000	0.00500	0.00010	0.00010	N/A	0.00037
28	0.00000	0.00500	0.00010	0.00010	N/A	0.00040
29	0.00000	0.00500	0.00010	0.00010	N/A	0.00041
30	0.00000	0.00500	0.00010	0.00020	N/A	0.00043
31	0.00000	0.00500	0.00010	0.00020	N/A	0.00046
32	0.00000	0.00500	0.00010	0.00020	N/A	0.00048
33	0.00000	0.00500	0.00016	0.00020	N/A	0.00050
34	0.00000	0.00500	0.00022	0.00020	N/A	0.00053
35	0.00000	0.00500	0.00028	0.00020	N/A	0.00056
36	0.00000	0.00500	0.00034	0.00020	N/A	0.00060
37	0.00000	0.00500	0.00040	0.00020	N/A	0.00064
38	0.00000	0.00500	0.00048	0.00020	N/A	0.00068
39	0.00000	0.00500	0.00056	0.00020	N/A	0.00073
40	0.03000	0.00500	0.00064	0.00020	N/A	0.00079
41	0.03000	0.00500	0.00072	0.00020	N/A	0.00085
42	0.03000	0.00500	0.00080	0.00020	N/A	0.00092
43	0.03000	0.00500	0.00084	0.00024	N/A	0.00100
44	0.03000	0.00500	0.00088	0.00028	N/A	0.00108
45	0.03000	0.00500	0.00092	0.00032	N/A	0.00118
46	0.03000	0.00500	0.00096	0.00036	N/A	0.00128
47	0.03000	0.00500	0.00100	0.00040	N/A	0.00139
48	0.03000	0.00500	0.00104	0.00044	N/A	0.00152
49	0.03000	0.00500	0.00108	0.00048	N/A	0.00166
50	0.03000	0.00500	0.00112	0.00052	N/A	0.00179
51	0.03000	0.00500	0.00116	0.00056	N/A	0.00194
52	0.03000	0.00500	0.00120	0.00060	N/A	0.00210
53	0.03000	0.00500	0.00156	0.00064	N/A	0.00227
54	0.06000	0.00500	0.00192	0.00068	N/A	0.00244
55	0.10000	0.00500	0.00228	0.00072	N/A	0.00263
56	0.12000	0.00500	0.00264	0.00076	N/A	0.00283
57	0.17000	0.00500	0.00300	0.00080	N/A	0.00306
58	0.26000	0.00500	0.00330	0.00084	N/A	0.00330
59	0.26000	0.00500	0.00360	0.00088	N/A	0.00355
60	0.30000	0.00500	0.00390	0.00092	N/A	0.00383
61	0.30000	0.00500	0.00420	0.00096	N/A	0.00413
62	0.30000	0.00500	0.00450	0.00100	N/A	0.00445
63	0.30000	0.00500	0.00450	0.00104	N/A	0.00481
64	0.30000	0.00500	0.00450	0.00108	N/A	0.00520
65	0.30000	0.00500	0.00450	0.00112	N/A	0.00562
66	0.22000	0.00500	0.00450	0.00116	N/A	0.00607
67	0.22000	0.00500	0.00450	0.00120	N/A	0.00658
68	0.22000	0.00500	0.00450	0.00124	N/A	0.00713
69	0.22000	0.00500	0.00450	0.00128	N/A	0.00775
70	0.22000	0.00500	0.00450	0.00132	N/A	0.00844
71	0.22000	0.00500	0.00450	0.00136	N/A	0.00920
72	0.22000	0.00500	0.00450	0.00140	N/A	0.01004
73	0.22000	0.00500	0.00450	0.00144	N/A	0.01098
74	0.22000	0.00500	0.00450	0.00148	N/A	0.01201
75	1.00000	0.00000	0.00000	0.00000	N/A	0.01315

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Table A-7
Probability 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	0.00000	0.00500	0.00015	0.00010	N/A	0.00017
19	0.00000	0.00500	0.00015	0.00010	N/A	0.00017
20	0.00000	0.00500	0.00015	0.00010	N/A	0.00017
21	0.00000	0.00500	0.00015	0.00010	N/A	0.00016
22	0.00000	0.00500	0.00015	0.00010	N/A	0.00014
23	0.00000	0.00500	0.00015	0.00010	N/A	0.00013
24	0.00000	0.00500	0.00015	0.00010	N/A	0.00012
25	0.00000	0.00500	0.00015	0.00010	N/A	0.00012
26	0.00000	0.00500	0.00015	0.00010	N/A	0.00013
27	0.00000	0.00500	0.00015	0.00010	N/A	0.00014
28	0.00000	0.00500	0.00015	0.00010	N/A	0.00016
29	0.00000	0.00500	0.00015	0.00010	N/A	0.00017
30	0.00000	0.00500	0.00015	0.00010	N/A	0.00020
31	0.00000	0.00500	0.00015	0.00010	N/A	0.00021
32	0.00000	0.00500	0.00015	0.00010	N/A	0.00023
33	0.00000	0.00500	0.00020	0.00010	N/A	0.00025
34	0.00000	0.00500	0.00025	0.00010	N/A	0.00027
35	0.00000	0.00500	0.00030	0.00010	N/A	0.00030
36	0.00000	0.00500	0.00035	0.00010	N/A	0.00033
37	0.00000	0.00500	0.00040	0.00010	N/A	0.00036
38	0.00000	0.00500	0.00042	0.00014	N/A	0.00039
39	0.00000	0.00500	0.00044	0.00018	N/A	0.00043
40	0.03000	0.00500	0.00046	0.00022	N/A	0.00047
41	0.03000	0.00500	0.00048	0.00026	N/A	0.00052
42	0.03000	0.00500	0.00050	0.00030	N/A	0.00056
43	0.03000	0.00500	0.00060	0.00032	N/A	0.00061
44	0.03000	0.00500	0.00070	0.00034	N/A	0.00066
45	0.03000	0.00500	0.00080	0.00036	N/A	0.00073
46	0.03000	0.00500	0.00090	0.00038	N/A	0.00079
47	0.03000	0.00500	0.00100	0.00040	N/A	0.00086
48	0.03000	0.00500	0.00110	0.00042	N/A	0.00092
49	0.03000	0.00500	0.00120	0.00044	N/A	0.00100
50	0.03000	0.00500	0.00130	0.00046	N/A	0.00108
51	0.03000	0.00500	0.00140	0.00048	N/A	0.00117
52	0.03000	0.00500	0.00150	0.00050	N/A	0.00126
53	0.03000	0.00500	0.00156	0.00052	N/A	0.00137
54	0.06000	0.00500	0.00162	0.00054	N/A	0.00147
55	0.10000	0.00500	0.00168	0.00056	N/A	0.00160
56	0.12000	0.00500	0.00174	0.00058	N/A	0.00173
57	0.17000	0.00500	0.00180	0.00060	N/A	0.00187
58	0.26000	0.00500	0.00194	0.00064	N/A	0.00203
59	0.26000	0.00500	0.00208	0.00068	N/A	0.00221
60	0.30000	0.00500	0.00222	0.00072	N/A	0.00242
61	0.30000	0.00500	0.00236	0.00076	N/A	0.00264
62	0.30000	0.00500	0.00250	0.00080	N/A	0.00289
63	0.30000	0.00500	0.00250	0.00084	N/A	0.00317
64	0.30000	0.00500	0.00250	0.00088	N/A	0.00350
65	0.30000	0.00500	0.00250	0.00092	N/A	0.00385
66	0.22000	0.00500	0.00250	0.00096	N/A	0.00425
67	0.22000	0.00500	0.00250	0.00100	N/A	0.00471
68	0.22000	0.00500	0.00250	0.00104	N/A	0.00520
69	0.22000	0.00500	0.00250	0.00108	N/A	0.00575
70	0.22000	0.00500	0.00250	0.00112	N/A	0.00636
71	0.22000	0.00500	0.00250	0.00116	N/A	0.00703
72	0.22000	0.00500	0.00250	0.00120	N/A	0.00777
73	0.22000	0.00500	0.00250	0.00124	N/A	0.00859
74	0.22000	0.00500	0.00250	0.00128	N/A	0.00950
75	1.00000	0.00000	0.00000	0.00000	N/A	0.01050

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

Age	Service Retirement ⁽¹⁾		Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations	Retirement Rate Loading ⁽²⁾
	Plan D	Plan G							
18	0.00000	0.00000	0.00010	0.00010	N/A	0.00043	0	0.08000	80%
19	0.00000	0.00000	0.00010	0.00010	N/A	0.00046	1	0.06500	80%
20	0.00000	0.00000	0.00010	0.00010	N/A	0.00044	2	0.05000	80%
21	0.00000	0.00000	0.00010	0.00010	N/A	0.00043	3	0.04250	80%
22	0.00000	0.00000	0.00010	0.00010	N/A	0.00040	4	0.03500	80%
23	0.00000	0.00000	0.00010	0.00010	N/A	0.00037	5	0.03100	80%
24	0.00000	0.00000	0.00010	0.00010	N/A	0.00035	6	0.02900	80%
25	0.00000	0.00000	0.00010	0.00010	N/A	0.00034	7	0.02700	80%
26	0.00000	0.00000	0.00010	0.00010	N/A	0.00036	8	0.02500	80%
27	0.00000	0.00000	0.00010	0.00010	N/A	0.00037	9	0.02000	80%
28	0.00000	0.00000	0.00010	0.00010	N/A	0.00040	10	0.01700	80%
29	0.00000	0.00000	0.00010	0.00010	N/A	0.00041	11	0.01500	80%
30	0.00000	0.00000	0.00010	0.00010	N/A	0.00043	12	0.01350	80%
31	0.00000	0.00000	0.00010	0.00020	N/A	0.00046	13	0.01200	80%
32	0.00000	0.00000	0.00010	0.00020	N/A	0.00048	14	0.01100	80%
33	0.00000	0.00000	0.00016	0.00020	N/A	0.00050	15	0.01000	80%
34	0.00000	0.00000	0.00022	0.00020	N/A	0.00053	16	0.00950	80%
35	0.00000	0.00000	0.00028	0.00020	N/A	0.00056	17	0.00900	80%
36	0.00000	0.00000	0.00034	0.00020	N/A	0.00060	18	0.00850	80%
37	0.00000	0.00000	0.00040	0.00020	N/A	0.00064	19	0.00800	80%
38	0.00000	0.00000	0.00048	0.00020	N/A	0.00068	20	0.00750	90%
39	0.00000	0.00000	0.00056	0.00020	N/A	0.00073	21	0.00700	90%
40	0.01500	0.00000	0.00064	0.00020	N/A	0.00079	22	0.00650	90%
41	0.01500	0.00000	0.00072	0.00020	N/A	0.00085	23	0.00600	90%
42	0.01500	0.00000	0.00080	0.00020	N/A	0.00092	24	0.00550	90%
43	0.01500	0.00000	0.00084	0.00024	N/A	0.00100	25	0.00500	110%
44	0.01500	0.00000	0.00088	0.00028	N/A	0.00108	26	0.00450	110%
45	0.01500	0.00000	0.00092	0.00032	N/A	0.00118	27	0.00400	110%
46	0.01500	0.00000	0.00096	0.00036	N/A	0.00128	28	0.00400	110%
47	0.01500	0.00000	0.00100	0.00040	N/A	0.00139	29	0.00400	110%
48	0.01500	0.00000	0.00104	0.00044	N/A	0.00152	30 & Above	0.00000	160%
49	0.01500	0.00000	0.00108	0.00048	N/A	0.00166			
50	0.01500	0.01200	0.00112	0.00052	N/A	0.00179			
51	0.01200	0.00960	0.00116	0.00056	N/A	0.00194			
52	0.01200	0.00960	0.00120	0.00060	N/A	0.00210			
53	0.01500	0.01200	0.00156	0.00064	N/A	0.00227			
54	0.02000	0.01600	0.00192	0.00068	N/A	0.00244			
55	0.03000	0.02400	0.00228	0.00072	N/A	0.00263			
56	0.03000	0.02400	0.00264	0.00076	N/A	0.00283			
57	0.03000	0.02400	0.00300	0.00080	N/A	0.00306			
58	0.04000	0.03200	0.00330	0.00084	N/A	0.00330			
59	0.05000	0.04000	0.00360	0.00088	N/A	0.00355			
60	0.07000	0.05600	0.00390	0.00092	N/A	0.00383			
61	0.07000	0.05600	0.00420	0.00096	N/A	0.00413			
62	0.10000	0.10000	0.00450	0.00100	N/A	0.00445			
63	0.12000	0.12000	0.00450	0.00104	N/A	0.00481			
64	0.17000	0.17000	0.00450	0.00108	N/A	0.00520			
65	0.23000	0.18400	0.00450	0.00112	N/A	0.00562			
66	0.19000	0.15200	0.00450	0.00116	N/A	0.00607			
67	0.19000	0.30000	0.00450	0.00120	N/A	0.00658			
68	0.19000	0.19000	0.00450	0.00124	N/A	0.00713			
69	0.19000	0.19000	0.00450	0.00128	N/A	0.00775			
70	0.24000	0.24000	0.00450	0.00132	N/A	0.00844			
71	0.19000	0.19000	0.00450	0.00136	N/A	0.00920			
72	0.19000	0.19000	0.00450	0.00140	N/A	0.01004			
73	0.19000	0.19000	0.00450	0.00144	N/A	0.01098			
74	0.19000	0.19000	0.00450	0.00148	N/A	0.01201			
75	1.00000	1.00000	0.00000	0.00000	N/A	0.01315			

1. Service retirement probabilities vary by years of service. The applicable retirement probability loading that varies by years of service is shown on this page in a separate column.
2. The retirement probability loading is applied to the service retirement probability at each member's applicable age and years of service.

Table A-9
Probability of Separation from Active Service for General Members
Plan D & G – Female

Age	Service Retirement ⁽¹⁾		Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations	Retirement Rate Loading ⁽²⁾
	Plan D	Plan G							
18	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	0	0.08000	80%
19	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	1	0.06500	80%
20	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	2	0.05000	80%
21	0.00000	0.00000	0.00015	0.00010	N/A	0.00016	3	0.04250	80%
22	0.00000	0.00000	0.00015	0.00010	N/A	0.00014	4	0.03500	80%
23	0.00000	0.00000	0.00015	0.00010	N/A	0.00013	5	0.03100	80%
24	0.00000	0.00000	0.00015	0.00010	N/A	0.00012	6	0.02900	80%
25	0.00000	0.00000	0.00015	0.00010	N/A	0.00012	7	0.02700	80%
26	0.00000	0.00000	0.00015	0.00010	N/A	0.00013	8	0.02500	80%
27	0.00000	0.00000	0.00015	0.00010	N/A	0.00014	9	0.02000	80%
28	0.00000	0.00000	0.00015	0.00010	N/A	0.00016	10	0.01700	80%
29	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	11	0.01500	80%
30	0.00000	0.00000	0.00015	0.00010	N/A	0.00020	12	0.01350	80%
31	0.00000	0.00000	0.00015	0.00010	N/A	0.00021	13	0.01200	80%
32	0.00000	0.00000	0.00015	0.00010	N/A	0.00023	14	0.01100	80%
33	0.00000	0.00000	0.00020	0.00010	N/A	0.00025	15	0.01000	80%
34	0.00000	0.00000	0.00025	0.00010	N/A	0.00027	16	0.00950	80%
35	0.00000	0.00000	0.00030	0.00010	N/A	0.00030	17	0.00900	80%
36	0.00000	0.00000	0.00035	0.00010	N/A	0.00033	18	0.00850	80%
37	0.00000	0.00000	0.00040	0.00010	N/A	0.00036	19	0.00800	80%
38	0.00000	0.00000	0.00042	0.00014	N/A	0.00039	20	0.00750	90%
39	0.00000	0.00000	0.00044	0.00018	N/A	0.00043	21	0.00700	90%
40	0.01500	0.00000	0.00046	0.00022	N/A	0.00047	22	0.00650	90%
41	0.01500	0.00000	0.00048	0.00026	N/A	0.00052	23	0.00600	90%
42	0.01500	0.00000	0.00050	0.00030	N/A	0.00056	24	0.00550	90%
43	0.01500	0.00000	0.00060	0.00032	N/A	0.00061	25	0.00500	110%
44	0.01500	0.00000	0.00070	0.00034	N/A	0.00066	26	0.00450	110%
45	0.01500	0.00000	0.00080	0.00036	N/A	0.00073	27	0.00400	110%
46	0.01500	0.00000	0.00090	0.00038	N/A	0.00079	28	0.00400	110%
47	0.01500	0.00000	0.00100	0.00040	N/A	0.00086	29	0.00400	110%
48	0.01500	0.00000	0.00110	0.00042	N/A	0.00092	30 & Above	0.00000	160%
49	0.01500	0.00000	0.00120	0.00044	N/A	0.00100			
50	0.01500	0.01200	0.00130	0.00046	N/A	0.00108			
51	0.01200	0.00960	0.00140	0.00048	N/A	0.00117			
52	0.01200	0.00960	0.00150	0.00050	N/A	0.00126			
53	0.01500	0.01200	0.00156	0.00052	N/A	0.00137			
54	0.02000	0.01600	0.00162	0.00054	N/A	0.00147			
55	0.03000	0.02400	0.00168	0.00056	N/A	0.00160			
56	0.03000	0.02400	0.00174	0.00058	N/A	0.00173			
57	0.03000	0.02400	0.00180	0.00060	N/A	0.00187			
58	0.04000	0.03200	0.00194	0.00064	N/A	0.00203			
59	0.05000	0.04000	0.00208	0.00068	N/A	0.00221			
60	0.07000	0.05600	0.00222	0.00072	N/A	0.00242			
61	0.07000	0.05600	0.00236	0.00076	N/A	0.00264			
62	0.10000	0.10000	0.00250	0.00080	N/A	0.00289			
63	0.12000	0.12000	0.00250	0.00084	N/A	0.00317			
64	0.17000	0.17000	0.00250	0.00088	N/A	0.00350			
65	0.23000	0.18400	0.00250	0.00092	N/A	0.00385			
66	0.19000	0.15200	0.00250	0.00096	N/A	0.00425			
67	0.19000	0.30000	0.00250	0.00100	N/A	0.00471			
68	0.19000	0.19000	0.00250	0.00104	N/A	0.00520			
69	0.19000	0.19000	0.00250	0.00108	N/A	0.00575			
70	0.24000	0.24000	0.00250	0.00112	N/A	0.00636			
71	0.19000	0.19000	0.00250	0.00116	N/A	0.00703			
72	0.19000	0.19000	0.00250	0.00120	N/A	0.00777			
73	0.19000	0.19000	0.00250	0.00124	N/A	0.00859			
74	0.19000	0.19000	0.00250	0.00128	N/A	0.00950			
75	1.00000	1.00000	0.00000	0.00000	N/A	0.01050			

1. Service retirement probabilities vary by years of service. The applicable retirement probability loading that varies by years of service is shown on this page in a separate column.
2. The retirement probability loading is applied to the service retirement probability at each member's applicable age and years of service.

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

Age	Service Retirement ⁽¹⁾	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations	Retirement Rate Loading ⁽²⁾
18	0.00000	N/A	N/A	N/A	0.00043	0	0.08000	70%
19	0.00000	N/A	N/A	N/A	0.00046	1	0.06500	70%
20	0.00000	N/A	N/A	N/A	0.00044	2	0.05000	70%
21	0.00000	N/A	N/A	N/A	0.00043	3	0.04250	70%
22	0.00000	N/A	N/A	N/A	0.00040	4	0.03500	70%
23	0.00000	N/A	N/A	N/A	0.00037	5	0.03100	70%
24	0.00000	N/A	N/A	N/A	0.00035	6	0.02700	70%
25	0.00000	N/A	N/A	N/A	0.00034	7	0.02300	70%
26	0.00000	N/A	N/A	N/A	0.00036	8	0.02300	70%
27	0.00000	N/A	N/A	N/A	0.00037	9	0.02300	70%
28	0.00000	N/A	N/A	N/A	0.00040	10	0.02300	70%
29	0.00000	N/A	N/A	N/A	0.00041	11	0.01900	70%
30	0.00000	N/A	N/A	N/A	0.00043	12	0.01800	70%
31	0.00000	N/A	N/A	N/A	0.00046	13	0.01680	70%
32	0.00000	N/A	N/A	N/A	0.00048	14	0.01560	70%
33	0.00000	N/A	N/A	N/A	0.00050	15	0.01440	70%
34	0.00000	N/A	N/A	N/A	0.00053	16	0.01320	70%
35	0.00000	N/A	N/A	N/A	0.00056	17	0.01200	70%
36	0.00000	N/A	N/A	N/A	0.00060	18	0.01160	70%
37	0.00000	N/A	N/A	N/A	0.00064	19	0.01120	70%
38	0.00000	N/A	N/A	N/A	0.00068	20	0.01080	70%
39	0.00000	N/A	N/A	N/A	0.00073	21	0.01040	70%
40	0.00000	N/A	N/A	N/A	0.00079	22	0.01000	70%
41	0.00000	N/A	N/A	N/A	0.00085	23	0.01000	70%
42	0.00000	N/A	N/A	N/A	0.00092	24	0.01000	70%
43	0.00000	N/A	N/A	N/A	0.00100	25	0.01000	100%
44	0.00000	N/A	N/A	N/A	0.00108	26	0.01000	100%
45	0.00000	N/A	N/A	N/A	0.00118	27	0.01000	100%
46	0.00000	N/A	N/A	N/A	0.00128	28	0.01000	100%
47	0.00000	N/A	N/A	N/A	0.00139	29	0.01000	100%
48	0.00000	N/A	N/A	N/A	0.00152	30 & Above	0.01000	130%
49	0.00000	N/A	N/A	N/A	0.00166			
50	0.00000	N/A	N/A	N/A	0.00179			
51	0.00000	N/A	N/A	N/A	0.00194			
52	0.00000	N/A	N/A	N/A	0.00210			
53	0.00000	N/A	N/A	N/A	0.00227			
54	0.00000	N/A	N/A	N/A	0.00244			
55	0.02000	N/A	N/A	N/A	0.00263			
56	0.02000	N/A	N/A	N/A	0.00283			
57	0.02500	N/A	N/A	N/A	0.00306			
58	0.02500	N/A	N/A	N/A	0.00330			
59	0.03000	N/A	N/A	N/A	0.00355			
60	0.04000	N/A	N/A	N/A	0.00383			
61	0.06000	N/A	N/A	N/A	0.00413			
62	0.09000	N/A	N/A	N/A	0.00445			
63	0.09000	N/A	N/A	N/A	0.00481			
64	0.19000	N/A	N/A	N/A	0.00520			
65	0.27000	N/A	N/A	N/A	0.00562			
66	0.20000	N/A	N/A	N/A	0.00607			
67	0.20000	N/A	N/A	N/A	0.00658			
68	0.20000	N/A	N/A	N/A	0.00713			
69	0.20000	N/A	N/A	N/A	0.00775			
70	0.20000	N/A	N/A	N/A	0.00844			
71	0.20000	N/A	N/A	N/A	0.00920			
72	0.20000	N/A	N/A	N/A	0.01004			
73	0.20000	N/A	N/A	N/A	0.01098			
74	0.20000	N/A	N/A	N/A	0.01201			
75	1.00000	N/A	N/A	N/A	0.01315			

1. Service retirement probabilities vary by years of service. The applicable retirement probability loading that varies by years of service is shown on this page in a separate column.

2. The retirement probability loading is applied to the service retirement probability at each member's applicable age and years of service..

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

Age	Service Retirement ⁽¹⁾	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations	Retirement Rate Loading ⁽²⁾
18	0.00000	N/A	N/A	N/A	0.00017	0	0.08000	70%
19	0.00000	N/A	N/A	N/A	0.00017	1	0.06500	70%
20	0.00000	N/A	N/A	N/A	0.00017	2	0.05000	70%
21	0.00000	N/A	N/A	N/A	0.00016	3	0.04250	70%
22	0.00000	N/A	N/A	N/A	0.00014	4	0.03500	70%
23	0.00000	N/A	N/A	N/A	0.00013	5	0.03100	70%
24	0.00000	N/A	N/A	N/A	0.00012	6	0.02700	70%
25	0.00000	N/A	N/A	N/A	0.00012	7	0.02300	70%
26	0.00000	N/A	N/A	N/A	0.00013	8	0.02300	70%
27	0.00000	N/A	N/A	N/A	0.00014	9	0.02300	70%
28	0.00000	N/A	N/A	N/A	0.00016	10	0.02300	70%
29	0.00000	N/A	N/A	N/A	0.00017	11	0.01900	70%
30	0.00000	N/A	N/A	N/A	0.00020	12	0.01800	70%
31	0.00000	N/A	N/A	N/A	0.00021	13	0.01680	70%
32	0.00000	N/A	N/A	N/A	0.00023	14	0.01560	70%
33	0.00000	N/A	N/A	N/A	0.00025	15	0.01440	70%
34	0.00000	N/A	N/A	N/A	0.00027	16	0.01320	70%
35	0.00000	N/A	N/A	N/A	0.00030	17	0.01200	70%
36	0.00000	N/A	N/A	N/A	0.00033	18	0.01160	70%
37	0.00000	N/A	N/A	N/A	0.00036	19	0.01120	70%
38	0.00000	N/A	N/A	N/A	0.00039	20	0.01080	70%
39	0.00000	N/A	N/A	N/A	0.00043	21	0.01040	70%
40	0.00000	N/A	N/A	N/A	0.00047	22	0.01000	70%
41	0.00000	N/A	N/A	N/A	0.00052	23	0.01000	70%
42	0.00000	N/A	N/A	N/A	0.00056	24	0.01000	70%
43	0.00000	N/A	N/A	N/A	0.00061	25	0.01000	100%
44	0.00000	N/A	N/A	N/A	0.00066	26	0.01000	100%
45	0.00000	N/A	N/A	N/A	0.00073	27	0.01000	100%
46	0.00000	N/A	N/A	N/A	0.00079	28	0.01000	100%
47	0.00000	N/A	N/A	N/A	0.00086	29	0.01000	100%
48	0.00000	N/A	N/A	N/A	0.00092	30 & Above	0.01000	130%
49	0.00000	N/A	N/A	N/A	0.00100			
50	0.00000	N/A	N/A	N/A	0.00108			
51	0.00000	N/A	N/A	N/A	0.00117			
52	0.00000	N/A	N/A	N/A	0.00126			
53	0.00000	N/A	N/A	N/A	0.00137			
54	0.00000	N/A	N/A	N/A	0.00147			
55	0.02000	N/A	N/A	N/A	0.00160			
56	0.02000	N/A	N/A	N/A	0.00173			
57	0.02500	N/A	N/A	N/A	0.00187			
58	0.02500	N/A	N/A	N/A	0.00203			
59	0.03000	N/A	N/A	N/A	0.00221			
60	0.04000	N/A	N/A	N/A	0.00242			
61	0.06000	N/A	N/A	N/A	0.00264			
62	0.09000	N/A	N/A	N/A	0.00289			
63	0.09000	N/A	N/A	N/A	0.00317			
64	0.19000	N/A	N/A	N/A	0.00350			
65	0.27000	N/A	N/A	N/A	0.00385			
66	0.20000	N/A	N/A	N/A	0.00425			
67	0.20000	N/A	N/A	N/A	0.00471			
68	0.20000	N/A	N/A	N/A	0.00520			
69	0.20000	N/A	N/A	N/A	0.00575			
70	0.20000	N/A	N/A	N/A	0.00636			
71	0.20000	N/A	N/A	N/A	0.00703			
72	0.20000	N/A	N/A	N/A	0.00777			
73	0.20000	N/A	N/A	N/A	0.00859			
74	0.20000	N/A	N/A	N/A	0.00950			
75	1.00000	N/A	N/A	N/A	0.01050			

1. Service retirement probabilities vary by years of service. The applicable retirement probability loading that varies by years of service is shown on this page in a separate column.

2. The retirement probability loading is applied to the service retirement probability at each member's applicable age and years of service.

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

Age	Service Retirement ⁽¹⁾		Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations	Retirement Rate Loading ⁽²⁾
	Plans A & B	Plan C							
18	0.00000	0.00000	0.00200	0.00000	0.00010	0.00037	0	0.05000	30%
19	0.00000	0.00000	0.00200	0.00000	0.00010	0.00040	1	0.03750	30%
20	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	2	0.02000	30%
21	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	3	0.01500	30%
22	0.00000	0.00000	0.00200	0.00000	0.00010	0.00040	4	0.01200	30%
23	0.00000	0.00000	0.00200	0.00000	0.00010	0.00039	5	0.01130	30%
24	0.00000	0.00000	0.00200	0.00000	0.00010	0.00038	6	0.01070	30%
25	0.00000	0.00000	0.00200	0.00000	0.00010	0.00037	7	0.01000	30%
26	0.00000	0.00000	0.00200	0.00000	0.00010	0.00038	8	0.00920	30%
27	0.00000	0.00000	0.00200	0.00000	0.00010	0.00039	9	0.00840	30%
28	0.00000	0.00000	0.00200	0.00000	0.00010	0.00040	10	0.00760	30%
29	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	11	0.00680	30%
30	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	12	0.00600	30%
31	0.00000	0.00000	0.00200	0.00000	0.00010	0.00042	13	0.00560	30%
32	0.00000	0.00000	0.00200	0.00000	0.00010	0.00043	14	0.00520	30%
33	0.00000	0.00000	0.00210	0.00000	0.00010	0.00044	15	0.00480	40%
34	0.00000	0.00000	0.00220	0.00000	0.00010	0.00045	16	0.00440	40%
35	0.00000	0.00000	0.00230	0.00000	0.00010	0.00047	17	0.00400	40%
36	0.00000	0.00000	0.00240	0.00000	0.00010	0.00049	18	0.00360	40%
37	0.00000	0.00000	0.00250	0.00000	0.00010	0.00050	19	0.00320	40%
38	0.00000	0.00000	0.00260	0.00000	0.00010	0.00053	20	0.00280	70%
39	0.00000	0.00000	0.00270	0.00000	0.00010	0.00056	21	0.00240	70%
40	0.00750	0.00000	0.00280	0.00000	0.00010	0.00059	22	0.00200	70%
41	0.00750	0.00000	0.00290	0.00000	0.00010	0.00062	23	0.00200	70%
42	0.00750	0.00000	0.00300	0.00000	0.00010	0.00067	24	0.00200	70%
43	0.00750	0.00000	0.00310	0.00000	0.00010	0.00071	25	0.00200	110%
44	0.00750	0.00000	0.00320	0.00000	0.00010	0.00076	26	0.00200	110%
45	0.00750	0.00000	0.00330	0.00000	0.00010	0.00082	27	0.00200	110%
46	0.00750	0.00000	0.00340	0.00000	0.00010	0.00088	28	0.00200	110%
47	0.00750	0.00000	0.00350	0.00000	0.00010	0.00095	29	0.00200	110%
48	0.00750	0.00000	0.00400	0.00000	0.00010	0.00102	30 & Above	0.00000	170%
49	0.00750	0.00000	0.00500	0.00000	0.00010	0.00111			
50	0.02000	0.02000	0.00750	0.00000	0.00010	0.00120			
51	0.02000	0.02000	0.00750	0.00000	0.00010	0.00129			
52	0.02000	0.02000	0.00750	0.00000	0.00010	0.00140			
53	0.03000	0.03000	0.02000	0.00000	0.00010	0.00151			
54	0.12000	0.08000	0.02000	0.00000	0.00010	0.00162			
55	0.22000	0.15000	0.07500	0.00000	0.00010	0.00175			
56	0.18000	0.15000	0.07500	0.00000	0.00010	0.00190			
57	0.14000	0.23000	0.10000	0.00000	0.00010	0.00205			
58	0.15000	0.15000	0.10000	0.00000	0.00010	0.00223			
59	0.22000	0.22000	0.10000	0.00000	0.00010	0.00243			
60	0.21000	0.21000	0.10000	0.00000	0.00010	0.00264			
61	0.20000	0.20000	0.05000	0.00000	0.00010	0.00288			
62	0.20000	0.20000	0.05000	0.00000	0.00010	0.00315			
63	0.20000	0.20000	0.05000	0.00000	0.00010	0.00344			
64	0.23000	0.23000	0.05000	0.00000	0.00010	0.00375			
65	1.00000	1.00000	0.00000	0.00000	0.00000	0.00410			

1. Service retirement probabilities vary by years of service. The applicable retirement probability loading that varies by years of service is shown on this page in a separate column.
2. The retirement probability loading is applied to the service retirement probability at each member's applicable age and years of service.

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

Age	Service Retirement ⁽¹⁾		Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations	Retirement Rate Loading ⁽²⁾
	Plans A & B	Plan C							
18	0.00000	0.00000	0.00300	0.00000	0.00010	0.00014	0	0.05000	30%
19	0.00000	0.00000	0.00300	0.00000	0.00010	0.00015	1	0.03750	30%
20	0.00000	0.00000	0.00300	0.00000	0.00010	0.00016	2	0.02000	30%
21	0.00000	0.00000	0.00300	0.00000	0.00010	0.00017	3	0.01500	30%
22	0.00000	0.00000	0.00300	0.00000	0.00010	0.00017	4	0.01200	30%
23	0.00000	0.00000	0.00300	0.00000	0.00010	0.00018	5	0.01130	30%
24	0.00000	0.00000	0.00300	0.00000	0.00010	0.00019	6	0.01070	30%
25	0.00000	0.00000	0.00300	0.00000	0.00010	0.00020	7	0.01000	30%
26	0.00000	0.00000	0.00300	0.00000	0.00010	0.00021	8	0.00920	30%
27	0.00000	0.00000	0.00300	0.00000	0.00010	0.00022	9	0.00840	30%
28	0.00000	0.00000	0.00340	0.00000	0.00010	0.00024	10	0.00760	30%
29	0.00000	0.00000	0.00380	0.00000	0.00010	0.00025	11	0.00680	30%
30	0.00000	0.00000	0.00420	0.00000	0.00010	0.00027	12	0.00600	30%
31	0.00000	0.00000	0.00460	0.00000	0.00010	0.00028	13	0.00560	30%
32	0.00000	0.00000	0.00500	0.00000	0.00010	0.00030	14	0.00520	30%
33	0.00000	0.00000	0.00560	0.00000	0.00010	0.00032	15	0.00480	40%
34	0.00000	0.00000	0.00620	0.00000	0.00010	0.00034	16	0.00440	40%
35	0.00000	0.00000	0.00680	0.00000	0.00010	0.00036	17	0.00400	40%
36	0.00000	0.00000	0.00740	0.00000	0.00010	0.00038	18	0.00360	40%
37	0.00000	0.00000	0.00800	0.00000	0.00010	0.00041	19	0.00320	40%
38	0.00000	0.00000	0.00840	0.00000	0.00010	0.00043	20	0.00280	70%
39	0.00000	0.00000	0.00880	0.00000	0.00010	0.00046	21	0.00240	70%
40	0.00750	0.00000	0.00920	0.00000	0.00010	0.00049	22	0.00200	70%
41	0.00750	0.00000	0.00960	0.00000	0.00010	0.00052	23	0.00200	70%
42	0.00750	0.00000	0.01000	0.00000	0.00010	0.00056	24	0.00200	70%
43	0.00750	0.00000	0.01040	0.00000	0.00010	0.00059	25	0.00200	110%
44	0.00750	0.00000	0.01080	0.00000	0.00010	0.00063	26	0.00200	110%
45	0.00750	0.00000	0.01120	0.00000	0.00010	0.00067	27	0.00200	110%
46	0.00750	0.00000	0.01160	0.00000	0.00010	0.00071	28	0.00200	110%
47	0.00750	0.00000	0.01200	0.00000	0.00010	0.00076	29	0.00200	110%
48	0.00750	0.00000	0.01300	0.00000	0.00010	0.00080	30 & Above	0.00000	170%
49	0.00750	0.00000	0.01500	0.00000	0.00010	0.00085			
50	0.02000	0.02000	0.01800	0.00000	0.00010	0.00091			
51	0.02000	0.02000	0.02000	0.00000	0.00010	0.00097			
52	0.02000	0.02000	0.02400	0.00000	0.00010	0.00103			
53	0.03000	0.03000	0.02800	0.00000	0.00010	0.00109			
54	0.12000	0.08000	0.03200	0.00000	0.00010	0.00116			
55	0.22000	0.15000	0.11000	0.00000	0.00010	0.00123			
56	0.18000	0.15000	0.06000	0.00000	0.00010	0.00131			
57	0.14000	0.23000	0.06000	0.00000	0.00010	0.00140			
58	0.15000	0.15000	0.06000	0.00000	0.00010	0.00148			
59	0.22000	0.22000	0.06000	0.00000	0.00010	0.00158			
60	0.21000	0.21000	0.06000	0.00000	0.00010	0.00168			
61	0.20000	0.20000	0.06000	0.00000	0.00010	0.00178			
62	0.20000	0.20000	0.06000	0.00000	0.00010	0.00190			
63	0.20000	0.20000	0.06000	0.00000	0.00010	0.00202			
64	0.23000	0.23000	0.06000	0.00000	0.00010	0.00215			
65	1.00000	1.00000	0.00000	0.00000	0.00000	0.00228			

1. Service retirement probabilities vary by years of service. The applicable retirement probability loading that varies by years of service is shown on this page in a separate column.

2. The retirement probability loading is applied to the service retirement probability at each member's applicable age and years of service.

Table A-14
Probability of Initial Medical Enrollment

Males and Females:

Years of Service	Assumed Enrollment %
< 10	7%
10-14	43%
15-19	64%
20-24	77%
25+	94%
Disabled	95%

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

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

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	0.6%	0.6%	0.2%	0.1%
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	0.6%	0.3%	0.2%	0.1%
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.2%	0.3%		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children	0.1%	0.1%		
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.6%	0.7%	0.3%	0.5%
212	Anthem Blue Cross I	Retiree and Spouse	0.5%	0.5%	0.3%	0.1%
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.9%	0.2%		
214	Anthem Blue Cross I	Retiree and Children		0.2%		
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	4.8%	8.1%	1.1%	1.5%
222	Anthem Blue Cross II	Retiree and Spouse	11.4%	6.1%	2.3%	0.7%
223	Anthem Blue Cross II	Retiree, Spouse and Children	17.2%	2.8%	0.9%	
224	Anthem Blue Cross II	Retiree and Children	1.3%	1.5%	0.2%	0.1%
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.2%	7.3%	11.3%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare		0.1%	0.4%	0.1%
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			4.5%	1.2%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare		0.1%	7.9%	5.4%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				0.1%
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.3%	0.2%
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	0.1%	0.4%	1.3%	0.2%
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			0.3%	0.2%
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			0.2%	
301	Cigna Network Model Plan	Retiree Only	0.1%		0.2%	0.1%
302	Cigna Network Model Plan	Retiree and Spouse			0.1%	
303	Cigna Network Model Plan	Retiree and Family	0.1%			
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)				
393	Kaiser (WA)	Retiree and Family				
394	Kaiser (WA)	Retiree and Family				
395	Kaiser (WA)	Retiree and Family				
396	Kaiser (WA)	Retiree and Family				
397	Kaiser (WA)	Retiree and Family				
398	Kaiser (WA)	Retiree and Family				
399	Kaiser (WA)	Retiree and Family				
400	Kaiser (WA)	Retiree and Family				
401	Kaiser (CA)	Retiree Basic (Under 65)	10.2%	26.3%		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		0.6%	17.4%	36.0%
404	Kaiser (CA)	Retiree Excess I			0.2%	0.8%
405	Kaiser (CA)	Retiree Excess II - Part B			1.4%	3.4%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				
411	Kaiser (CA)	Family Basic	30.8%	31.1%		
413	Kaiser (CA)	One Advantage, Others Basic			19.5%	4.8%
414	Kaiser (CA)	One Excess I, Others Basic			0.3%	
418	Kaiser (CA)	Two+ Advantage			16.2%	15.9%
419	Kaiser (CA)	One Excess I, One Advantage			0.1%	
420	Kaiser (CA)	Two+ Excess I				
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess II - Part B, One Basic			1.3%	0.5%
423	Kaiser (CA)	One Excess III (MNP), One Basic				
426	Kaiser (CA)	One Risk, One Excess II - Part B			0.1%	0.4%
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			0.2%	0.1%
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				

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

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
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				
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			0.4%	0.8%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.4%
620	SCAN Health Plan (AZ)	Arizona - Retiree Only				
621	SCAN Health Plan (AZ)	Arizona - Retiree & 1 Dependent (2 Medicare)				
622	SCAN Health Plan (NV)	Nevada - Retiree Only				
623	SCAN Health Plan (NV)	Nevada - Retiree & 1 Dependent (2 Medicare)				
701	United Healthcare Medicare Advantage	Retiree Only		0.2%	4.2%	9.0%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.3%	3.9%	1.1%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			4.4%	4.4%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)		0.5%	1.6%	0.3%
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.3%	0.2%
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.8%	8.5%		
708	United Healthcare	Two-Party	6.7%	5.5%		
709	United Healthcare	Family	8.3%	2.8%		
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 79.9% 54.8% 67.3% 36.5%

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

Firefighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
801	Firefighters Local 1014	Med-Member under 65	7.2%	7.2%		
802	Firefighters Local 1014	Med-Member +1 under 65	30.8%	30.8%		
803	Firefighters Local 1014	Med-Member +2 under 65	62.0%	62.0%		
804	Firefighters Local 1014	Med-Member with Medicare			6.0%	6.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			44.0%	44.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			50.0%	50.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%
		Probability of enrolling at least one dependent	92.8%	92.8%	94.0%	94.0%

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

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	0.6%	0.6%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	0.6%	0.3%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.2%	0.3%		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children	0.1%	0.1%		
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.6%	0.7%		
212	Anthem Blue Cross I	Retiree and Spouse	0.5%	0.5%		
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.9%	0.2%		
214	Anthem Blue Cross I	Retiree and Children		0.2%		
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	4.8%	8.1%		
222	Anthem Blue Cross II	Retiree and Spouse	11.4%	6.1%		
223	Anthem Blue Cross II	Retiree, Spouse and Children	17.2%	2.8%		
224	Anthem Blue Cross II	Retiree and Children	1.3%	1.5%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.2%	8.9%	13.5%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare		0.1%	0.4%	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			7.3%	2.1%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare		0.1%	7.9%	5.4%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				0.2%
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.5%	0.2%
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	0.1%	0.4%	2.2%	0.2%
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			0.3%	0.2%
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			0.2%	
301	Cigna Network Model Plan	Retiree Only	0.1%		0.2%	0.1%
302	Cigna Network Model Plan	Retiree and Spouse	0.2%		0.1%	
303	Cigna Network Model Plan	Retiree and Family	0.1%			
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)				
393	Kaiser (WA)	Retiree and Family				
394	Kaiser (WA)	Retiree and Family				
395	Kaiser (WA)	Retiree and Family				
396	Kaiser (WA)	Retiree and Family				
397	Kaiser (WA)	Retiree and Family				
398	Kaiser (WA)	Retiree and Family				
399	Kaiser (WA)	Retiree and Family				
400	Kaiser (WA)	Retiree and Family				
401	Kaiser (CA)	Retiree Basic (Under 65)	10.2%	26.3%		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		0.6%	19.0%	40.2%
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	30.8%	31.1%		
413	Kaiser (CA)	One Advantage, Others Basic			21.1%	5.3%
414	Kaiser (CA)	One Excess I, Others Basic				
418	Kaiser (CA)	Two+ Advantage			16.6%	16.4%
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				
426	Kaiser (CA)	One Risk, One Excess II - Part B				
427	Kaiser (CA)	One Risk, One Excess III (MNP)				
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				

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

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
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				
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			0.4%	0.8%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.4%
620	SCAN Health Plan (AZ)	Arizona - Retiree Only				
621	SCAN Health Plan (AZ)	Arizona - Retiree & 1 Dependent (2 Medicare)				
622	SCAN Health Plan (NV)	Nevada - Retiree Only				
623	SCAN Health Plan (NV)	Nevada - Retiree & 1 Dependent (2 Medicare)				
701	United Healthcare Medicare Advantage	Retiree Only		0.2%	4.2%	9.0%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.3%	3.9%	1.1%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			4.4%	4.4%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)		0.5%	1.6%	0.3%
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.3%	0.2%
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.8%	8.5%		
708	United Healthcare	Two-Party	6.7%	5.5%		
709	United Healthcare	Family	8.3%	2.8%		
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 79.9% 54.8% 67.3% 36.4%

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

Firefighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
801	Firefighters Local 1014	Med-Member under 65	7.2%	7.2%		
802	Firefighters Local 1014	Med-Member +1 under 65	30.8%	30.8%		
803	Firefighters Local 1014	Med-Member +2 under 65	62.0%	62.0%		
804	Firefighters Local 1014	Med-Member with Medicare			6.0%	6.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			44.0%	44.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			50.0%	50.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 92.8% 92.8% 94.0% 94.0%

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

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

From Pre Age 65 Eligible Plan	To Post Age 65 Eligible Plan	Tier 1	Tier 2
Anthem Blue Cross I	Anthem Blue Cross I	49.00%	0.00%
	Anthem Blue Cross III	51.00%	100.00%
Anthem Blue Cross II	Anthem Blue Cross II	45.00%	0.00%
	Anthem Blue Cross III	55.00%	100.00%
Anthem Blue Cross Prudent Buyer	Anthem Blue Cross Prudent Buyer	46.00%	0.00%
	Anthem Blue Cross II	4.00%	0.00%
	Anthem Blue Cross III	50.00%	100.00%
Cigna Network Model	Cigna Network Model Plan	55.00%	0.00%
	Cigna Healthcare for Seniors	3.00%	0.00%
	Anthem Blue Cross II	1.00%	0.00%
	Anthem Blue Cross III	15.00%	25.00%
	UnitedHealthcare Medicare Advantage Senior Advantage	14.00%	75.00%
	SCAN Health Plan	8.00%	0.00%
UnitedHealthcare	UnitedHealthcare Medicare Advantage	80.00%	81.00%
	Cigna Network Model Plan	1.00%	0.00%
	Anthem Blue Cross II	3.00%	0.00%
	Anthem Blue Cross III	9.00%	12.00%
	SCAN Health Plan	1.00%	1.00%
	Senior Advantage	2.00%	6.00%
	Excess II	3.00%	0.00%
One Excess II, One Basic	1.00%	0.00%	
Kaiser Retiree Basic	Senior Advantage	76.00%	98.00%
	Retiree Excess I	2.00%	0.00%
	Retiree Excess II	20.00%	0.00%
	Anthem Blue Cross III	2.00%	2.00%
Kaiser Family Basic	2+ Advantage	85.00%	98.00%
	One Excess I, One Advantage	2.00%	0.00%
	One Excess II, One Advantage	11.00%	0.00%
	One Excess III (MNP), One Advantage	0.00%	0.00%
	Two+ Excess II - Part B	0.00%	0.00%
	Anthem Blue Cross III	2.00%	2.00%
	UnitedHealthcare Medicare Advantage Senior Advantage	0.00%	0.00%
Firefighters Local 1014	Firefighters Local 1014	100.00%	100.00%

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 retirees 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., \$185.00 for calendar year 2025).

For purposes of this valuation, we assume the average Medicare Part B premium reimbursement from July 1, 2024 through July 1, 2025 is \$174.21 per member per month. This is based on our average of 2024 calendar year Medicare Part B premium rates provided in the census from LACERA of \$163.41 per member per month and the 2025 calendar year Medicare Part B standard premium rate of \$185.00.

Table A-17
Survivor and New Dependent Enrollment

The LACERA OPEB Program provides enrollment to a surviving spouse or surviving retiree's next spouse and child(ren) with certain conditions. This is further explained in Appendix B. During the 2023 OPEB Investigation of Experience, it was determined that LACERA's Spouse and New Dependent Enrollment provisions had the following impact on the July 1, 2022 OPEB valuation:

- Active and Vested Terminated Members 0.38%
- Retired Members 0.52%

These percentages are applied as loads to the valuation results, including the Actuarial Accrued Liability (AAL), Normal Cost (NC) and benefit payments. These loads will be periodically reviewed in future OPEB Investigations of Experience.

Table A-18
Probability of Initial Dental/Vision Enrollment

Males and Females

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	9%
10-14	48%
15-19	70%
20-24	77%
25+	94%
Disabled	93%

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

Tier	<u>Cigna Indemnity Dental/Vision</u>			<u>Cigna HMO Dental/Vision</u>		
	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Minor Survivor</u>	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Minor Survivor</u>
Deduction Code	501	502	503	901	902	903
Percentage						
Male	17.3%	64.9%	0%	4.9%	12.9%	0%
Female	41.6%	39.8%	0%	11.0%	7.6%	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 must 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 \$8.00 per contract monthly administration fee. This 2024 OPEB valuation is the first time the first-year trend is not updated with the July 1, 2025 renewal. For this reason, the July 1, 2025 premiums are not included below.

**Pre and Post Age 65 Monthly Rates Effective July 1, 2024
 Cigna and UnitedHealthcare are 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	\$ 1,477.12	\$ 1,477.12	\$ 1,116.92	\$ 1,894.33	
Retiree & Spouse	\$ 2,663.27	\$ 2,663.27	\$ 2,198.10	\$ 3,420.61	
Retiree & Family	\$ 3,141.60	\$ 3,141.60	\$ 2,480.76	\$ 4,039.08	
Retiree & Children	\$ 1,954.45	\$ 1,954.45	\$ 1,435.71	\$ 2,513.67	
Minor Survivor	\$ 498.97	\$ 498.97	\$ 304.28	\$ 598.21	\$ 429.15
UnitedHealthcare Single					\$ 1,503.18
UnitedHealthcare Two-Party					\$ 2,745.90
UnitedHealthcare Family					\$ 3,255.92

Post Age 65 Monthly Rates Effective July 1, 2024

Tier	Anthem Blue Cross - Plan III	SCAN	Cigna	United Healthcare Medicare Advantage
One Medicare	\$ 601.37		\$ 346.86	
Retiree & Spouse- 1 Medicare	\$ 1,923.22		\$ 1,873.14	
Retiree & Spouse- 2 Medicare	\$ 1,197.17		\$ 685.72	
Retiree & Children- 1 Medicare	\$ 1,077.00		\$ 966.90	
Retiree & Family- 1 Medicare	\$ 2,398.70		\$ 2,492.31	
Retiree & Family- 2 Medicare	\$ 1,672.56		\$ 1,347.35	
Retiree & Family- 3 Medicare	\$ 1,874.47			
Retiree Only		\$ 267.00		\$ 348.45
Retiree & 1 Dependent (1 Medicare)				\$ 1,843.63
Retiree & 1 Dependent (2 Medicare)		\$ 526.00		\$ 688.90
Retiree & 2 + Deps. (1 Medicare)				\$ 2,101.19
Retiree & 2 + Deps. (2 Medicare)				\$ 946.46

Kaiser California Monthly Rates

Effective Date	July 1, 2024
Retiree Basic (Under 65)	\$ 1,351.15
Retiree Risk (Senior Advantage)	\$ 282.40
Retiree Excess I	\$ 1,296.39
Retiree Excess II - Part B	\$ 1,354.13
Excess III - Medicare Not Provided (MNP)	N/A
Family Basic	\$ 2,694.30
One Advantage, One Basic	\$ 1,625.55
One Excess I, One Basic	\$ 2,639.54
One Excess II - Part B, One Basic	\$ 2,697.28
One Excess III (MNP), One Basic	N/A
Two+ Advantage	\$ 556.80
One Excess I, One Advantage	\$ 1,570.79
One Advantage, One Excess II - Part B	\$ 1,628.53
One Advantage, One Excess III (MNP)	N/A
Two+ Excess I	\$ 2,584.78
One Excess I, One Excess II - Part B	\$ 2,642.52
One Excess I, One Excess III (MNP)	N/A
Two Excess II - Part B	\$ 2,700.26
One Excess II - Part B, One Excess III (MNP)	N/A
Two Excess III - Both (MNP)	N/A
Survivor	\$ 1,351.15

Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2024
Medical Member Under 65	\$ 1,408.11
Medical Member + 1 Under 65	\$ 2,538.92
Medical Member + 2 Under 65	\$ 2,994.90
Medical Member with Medicare	\$ 1,408.11
Medical Member + 1: 1 Medicare (MDC)	\$ 2,538.92
Medical Member + 1; 2 MDC	\$ 2,538.92
Medical Member + 2; 1 MDC	\$ 2,994.90
Medical Member + 2; 2 MDC	\$ 2,994.90
Medical Surviving Spouse Under 65	\$ 1,408.11
Medical Surviving Spouse + 1 Under 65	\$ 2,538.92
Medical Surviving Spouse + 2 Under 65	\$ 2,994.90
Medical Surviving Spouse with MDC	\$ 1,408.11
Medical Surviving Spouse + 1; 1 MDC	\$ 2,538.92
Medical Surviving Spouse + 2; 1 MDC	\$ 2,994.90
Medical Surviving Spouse + 1; 2 MDC	\$ 2,538.92

Dental/Vision Monthly Rates

<u>Effective Date</u>	July 1, 2024	
	<u>Cigna Dental HMO/Vision</u>	<u>Cigna Indemnity Dental/Vision</u>
<u>Tier</u>		
Retiree Only	\$ 46.52	\$ 54.11
Retiree & Dependents	\$ 95.28	\$ 113.06
Minor Survivor	\$ 47.11	\$ 66.63

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

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

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

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

If a Tier 2 retiree selects a family tier for a plan where the premium for the retiree-only tier is less than the Tier 2 benchmark, there is a spouse subsidy equal to the Tier 2 benchmark less the premium for the retiree-only tier. The Tier 2 non Local 1014 spouse subsidy varies depending on the plan selected and the retiree’s years of service, so we developed weighted average factors of the County’s contribution for the spouse’s portion. On average, we assume that if the retiree has 10 years of service, the County will contribute 9% of the spouse’s portion. This assumption grades linearly to 22% of the spouse’s portion for a retiree with 25+ years of service.

The pre 65 and post 65 retirees of Local 1014 are on the same plan and pay the same rates. The pre 65 premium for the retiree-only tier is approximately equal to the Tier 2 benchmark so we valued no spouse subsidy. Since the post 65 premium for the retiree-only tier is greater than the Tier 2 benchmark, we assume the County contribution is 16% with 10 years of service grading linearly to 42% with 25+ years of service. Post 65 spouses are assumed to receive no subsidy.

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

Dental/Vision

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

Service-Connected Disability

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

Firefighters Local 1014 Medical and Service-Connected Disability

County contributions for the Firefighters Local 1014 medical plan are based on the Medical plan premium rates that 1014 reports to LACERA. The same formulas and benchmark amounts stated above apply.

Table A-21
Claim Cost Analysis

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

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

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

For current active members projected to retire in the future, we used the enrollment assumptions in Table A-15A (Tier 1), Table A-15B (Tier 2), and Table A-16 (pre 65 to post 65 election) to develop weighted average claim costs as of July 1, 2023. The monthly 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. At age 65 there are two numbers. The Pre 65 amount is illustrative. The Post 65 is used in our valuation as the cost beginning at age 65. The tables with "Male Retirees" include male spouses and male children. The tables with "Female Retirees" include female spouses and female children.

Current vested terminated members post 65 claim costs are based on their earliest retirement eligibility age.

In the following tables, when shown, child costs are at age 65. The costs for children are assumed to be 28% of the age 65 child costs for males and 22% of the age 65 child costs for females.

Tier 1

A. Future Retirees Retiring Before Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 395.86	\$ 754.17	\$ 512.17	\$ 375.11
30	\$ 486.67	\$ 919.95	\$ 466.77	\$ 831.69
35	\$ 602.46	\$ 988.43	\$ 577.82	\$ 826.85
40	\$ 785.06	\$ 1,224.80	\$ 668.91	\$ 897.81
45	\$ 927.29	\$ 1,478.73	\$ 748.79	\$ 1,016.37
50	\$ 1,072.57	\$ 1,380.24	\$ 942.86	\$ 1,185.34
55	\$ 1,262.42	\$ 1,364.23	\$ 1,182.05	\$ 1,330.69
60	\$ 1,323.15	\$ 1,373.42	\$ 1,469.06	\$ 1,497.63
65 (Pre 65)	\$ 1,463.16	\$ 1,463.64	\$ 1,805.67	\$ 1,734.06
65 (Post 65)	\$ 550.10	\$ 460.46	\$ 404.02	\$ 519.84
70	\$ 658.58	\$ 530.52	\$ 483.68	\$ 598.95
75	\$ 742.81	\$ 577.01	\$ 545.54	\$ 651.43
80	\$ 784.83	\$ 594.10	\$ 576.41	\$ 670.73
85	\$ 790.50	\$ 592.01	\$ 580.57	\$ 668.37
90	\$ 782.12	\$ 583.51	\$ 574.42	\$ 658.77
95	\$ 782.12	\$ 583.51	\$ 574.42	\$ 658.77

B. Future Retirees Retiring After Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	N/A	N/A	\$ 514.36	\$ 383.58
30	N/A	N/A	\$ 468.78	\$ 850.47
35	N/A	N/A	\$ 580.32	\$ 845.52
40	N/A	N/A	\$ 671.82	\$ 918.10
45	N/A	N/A	\$ 752.04	\$ 1,039.34
50	N/A	N/A	\$ 946.97	\$ 1,212.12
55	N/A	N/A	\$ 1,187.20	\$ 1,360.75
60	N/A	N/A	\$ 1,475.47	\$ 1,531.47
65 (Pre 65)	N/A	N/A	\$ 1,813.57	\$ 1,773.25
65 (Post 65)	\$ 389.25	\$ 356.23	\$ 335.34	\$ 372.05
70	\$ 466.01	\$ 410.43	\$ 401.46	\$ 428.66
75	\$ 525.62	\$ 446.39	\$ 452.79	\$ 466.22
80	\$ 555.35	\$ 459.62	\$ 478.41	\$ 480.04
85	\$ 559.36	\$ 457.99	\$ 481.88	\$ 478.35
90	\$ 553.43	\$ 451.41	\$ 476.78	\$ 471.48
95	\$ 553.43	\$ 451.41	\$ 476.78	\$ 471.48

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

Tier 1

Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 570.48	\$ 1,060.98	\$ 689.64	\$ 513.62
30	\$ 701.34	\$ 1,294.20	\$ 628.52	\$ 1,138.79
35	\$ 868.20	\$ 1,390.54	\$ 778.06	\$ 1,132.15
40	\$ 1,131.34	\$ 1,723.06	\$ 900.71	\$ 1,229.33
45	\$ 1,336.30	\$ 2,080.29	\$ 1,008.27	\$ 1,391.68
50	\$ 1,545.66	\$ 1,941.73	\$ 1,269.60	\$ 1,623.04
55	\$ 1,819.23	\$ 1,919.21	\$ 1,591.67	\$ 1,822.07
60	\$ 1,906.74	\$ 1,932.14	\$ 1,978.16	\$ 2,050.67
65 (Pre 65)	\$ 2,108.50	\$ 2,059.06	\$ 2,431.44	\$ 2,374.42
65 (Post 65)	\$ 739.17	\$ 721.83	\$ 739.17	\$ 721.83
70	\$ 884.94	\$ 831.68	\$ 884.94	\$ 831.68
75	\$ 998.13	\$ 904.56	\$ 998.13	\$ 904.56
80	\$ 1,054.59	\$ 931.37	\$ 1,054.59	\$ 931.37
85	\$ 1,062.21	\$ 928.08	\$ 1,062.21	\$ 928.08
90	\$ 1,050.96	\$ 914.74	\$ 1,050.96	\$ 914.74
95	\$ 1,050.96	\$ 914.74	\$ 1,050.96	\$ 914.74

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 23.13	\$ 28.78	\$ 26.11	\$ 26.38
30	\$ 26.37	\$ 31.11	\$ 29.16	\$ 34.46
35	\$ 28.55	\$ 33.10	\$ 31.57	\$ 36.66
40	\$ 30.17	\$ 35.17	\$ 33.36	\$ 38.95
45	\$ 32.20	\$ 37.35	\$ 35.60	\$ 41.36
50	\$ 35.05	\$ 40.08	\$ 38.76	\$ 44.39
55	\$ 39.47	\$ 43.81	\$ 43.64	\$ 48.52
60	\$ 45.70	\$ 48.70	\$ 50.53	\$ 53.93
65	\$ 53.01	\$ 52.60	\$ 58.62	\$ 58.26
70	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
75	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
80	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
85	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
90	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
95	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86

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 monthly 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 Males

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	\$ 989.61				\$ 989.61			\$ 755.69		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 989.61	\$ 989.61	\$ 774.11		\$ 989.61	\$ 989.61		\$ 755.69	\$ 755.69	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 989.61	\$ 989.61	\$ 774.11		\$ 989.61	\$ 989.61		\$ 755.69	\$ 755.69	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 989.61	\$ 989.61	\$ 774.11		\$ 989.61			\$ 755.69		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 774.11			\$ 774.11			
211	Anthem Blue Cross I	Retiree Only	\$ 1,058.08				\$ 1,058.08			\$ 770.41		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 1,058.08	\$ 1,058.08	\$ 827.67		\$ 1,058.08	\$ 1,058.08		\$ 770.41	\$ 770.41	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 1,058.08	\$ 1,058.08	\$ 827.67		\$ 1,058.08	\$ 1,058.08		\$ 770.41	\$ 770.41	
214	Anthem Blue Cross I	Retiree and Children	\$ 1,058.08	\$ 1,058.08	\$ 827.67		\$ 1,058.08			\$ 770.41		
215	Anthem Blue Cross I	Minor Survivor				\$ 827.67			\$ 827.67			\$ 827.67
221	Anthem Blue Cross II	Retiree Only	\$ 1,336.56				\$ 1,336.56			\$ 873.16		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,336.56	\$ 1,336.56	\$ 1,045.51		\$ 1,336.56	\$ 1,336.56		\$ 873.16	\$ 873.16	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,336.56	\$ 1,336.56	\$ 1,045.51		\$ 1,336.56	\$ 1,336.56		\$ 873.16	\$ 873.16	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,336.56	\$ 1,336.56	\$ 1,045.51		\$ 1,336.56			\$ 873.16		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,045.51			\$ 1,045.51			\$ 1,045.51
240	Anthem Blue Cross III	One Medicare					\$ 494.02			\$ 494.02		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02			\$ 494.02	\$ 494.02	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02			\$ 494.02	\$ 494.02	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
301	Cigna Network Model Plan	Retiree Only	\$ 1,526.73				\$ 1,526.73			\$ 1,003.71		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,526.73	\$ 1,526.73	\$ 1,194.27		\$ 1,526.73	\$ 1,526.73		\$ 1,003.71	\$ 1,003.40	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,526.73	\$ 1,526.73	\$ 1,194.27		\$ 1,526.73	\$ 1,526.73		\$ 1,003.71	\$ 1,003.40	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,526.73	\$ 1,526.73	\$ 1,194.27		\$ 1,526.73			\$ 1,003.71		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,194.27			\$ 1,194.27			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 303.52					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 303.52	\$ 303.52				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 303.52	\$ 303.52				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,527.07							\$ 425.09		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 229.29					
404	Kaiser (CA)	Retiree Excess I								\$ 1,052.58		
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 1,099.46					
411	Kaiser (CA)	Family Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53					\$ 290.68	\$ 283.02	

Tier 1

Non Local 1014 Fire Fighters Males

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	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53		\$ 229.29	\$ 221.75		\$ 229.29	\$ 283.02	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53		\$ 1,052.58	\$ 1,041.18		\$ 1,052.58	\$ 283.02	
418	Kaiser (CA)	Two+ Advantage					\$ 229.29	\$ 221.75				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 640.94	\$ 631.47				
420	Kaiser (CA)	Two+ Excess I					\$ 1,052.58	\$ 1,041.18				
421	Kaiser (CA)	Survivor				\$ 1,194.53			\$ 1,194.53			\$ 1,194.53
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53		\$ 1,099.46	\$ 1,087.84		\$ 1,099.46	\$ 283.02	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 664.38	\$ 654.80				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 1,076.02	\$ 1,064.51				
430	Kaiser (CA)	Two Excess II - Part B					\$ 1,099.46	\$ 1,087.84				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,465.51							\$ 237.15		
451	Kaiser - Colorado	Retiree Risk					\$ 237.15					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,465.51	\$ 1,966.36						\$ 237.15	\$ 236.18	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,465.51	\$ 1,966.36	\$ 3,592.51					\$ 237.15	\$ 236.18	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,465.51	\$ 1,611.65			\$ 237.15	\$ 236.18		\$ 237.15	\$ 236.18	
457	Kaiser - Colorado	Two Retiree Risk					\$ 237.15	\$ 236.18				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,465.51	\$ 1,611.65	\$ 4,605.79		\$ 237.15	\$ 236.18		\$ 237.15	\$ 236.18	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,605.79		\$ 237.15	\$ 236.18		\$ 237.15	\$ 236.18	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 1,242.29					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 1,242.29					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 1,242.29					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 1,242.29	\$ 327.38				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B					\$ 1,242.29	\$ 327.38				
461	Kaiser - Georgia Basic	Basic	\$ 1,739.99							\$ 326.27		
462	Kaiser - Georgia	Retiree Risk					\$ 326.27					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,739.99	\$ 1,915.35	\$ 5,473.71		\$ 326.27	\$ 327.38		\$ 326.27	\$ 327.38	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,739.99	\$ 1,915.35	\$ 5,473.71					\$ 326.27	\$ 327.38	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 456.99	\$ 1,915.35	\$ 5,473.71		\$ 326.27	\$ 327.38		\$ 326.27	\$ 327.38	
466	Kaiser - Georgia	Two Retiree Risk					\$ 326.27	\$ 327.38				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,064.43							\$ 355.80		
472	Kaiser - Hawaii	Retiree Risk					\$ 355.80					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,709.77					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,064.43	\$ 1,167.87						\$ 355.80	\$ 357.60	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,064.43	\$ 1,167.87	\$ 3,337.56					\$ 355.80	\$ 357.60	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,064.43	\$ 1,167.87	\$ 3,337.56		\$ 355.80	\$ 357.60		\$ 355.80	\$ 357.60	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,064.43	\$ 1,167.87	\$ 3,337.56		\$ 1,709.77	\$ 1,743.24		\$ 1,709.77	\$ 1,743.24	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 355.80	\$ 357.60				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B	\$ 498.34	\$ 2,639.81			\$ 355.80	\$ 1,743.24		\$ 355.80	\$ 1,743.24	

Tier 1

Non Local 1014 Fire Fighters Males

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)	\$ 1,456.93								\$ 436.61		
482	Kaiser - Oregon	Retiree Risk					\$ 436.61						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 1,302.14						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,456.93	\$ 1,602.15							\$ 436.61	\$ 440.30	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,456.93	\$ 1,602.15	\$ 4,578.64						\$ 436.61	\$ 440.30	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,456.93	\$ 1,602.15	\$ 4,578.64		\$ 436.61	\$ 440.30			\$ 436.61	\$ 440.30	
488	Kaiser - Oregon	Two Retiree Risk					\$ 436.61	\$ 440.30					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 1,041.21						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 1,041.21	\$ 440.30					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,823.82	\$ 666.75			\$ 1,302.14	\$ 440.30			\$ 436.61	\$ 440.30	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,456.93	\$ 1,602.15			\$ 436.61	\$ 440.30			\$ 436.61	\$ 440.30	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,456.93	\$ 1,602.15	\$ 4,578.64		\$ 436.61	\$ 440.30			\$ 436.61	\$ 440.30	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 1,302.14	\$ 1,326.07					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 1,041.21	\$ 1,059.04					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,456.93	\$ 1,602.15			\$ 1,041.21	\$ 1,059.04			\$ 1,041.21	\$ 1,059.04	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,456.93	\$ 1,602.15			\$ 1,302.14	\$ 1,326.07			\$ 1,302.14	\$ 1,326.07	
393	Kaiser - Washington	Retiree Basic	\$ 2,050.08			\$ 2,050.08					\$ 350.47		\$ 350.47
394	Kaiser - Washington	Retiree Risk (Senior Advantage)					\$ 350.47		\$ 350.47				
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 2,050.08	\$ 1,958.96							\$ 350.47	\$ 352.15	
396	Kaiser - Washington	Retiree Basic Family	\$ 2,050.08	\$ 1,958.96	\$ 8,129.05						\$ 350.47	\$ 352.15	
397	Kaiser - Washington	One Risk, One Basic	\$ 2,050.08	\$ 1,958.96	\$ 5,598.34		\$ 350.47	\$ 352.15			\$ 350.47	\$ 352.15	
398	Kaiser - Washington	Two Retiree Risk					\$ 350.47	\$ 352.15					
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 2,050.08	\$ 1,958.96	\$ 7,273.19		\$ 350.47	\$ 352.15			\$ 350.47	\$ 352.15	
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 8,129.05		\$ 350.47	\$ 352.15			\$ 350.47	\$ 352.15	
611	SCAN Health Plan	Retiree Only					\$ 212.65						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 212.65	\$ 212.65					
620	SCAN Health Plan AZ	Retiree Only					\$ 212.65						
621	SCAN Health Plan AZ	Retiree & 1 Dependent (2 Medicare)					\$ 212.65	\$ 212.65					
622	SCAN Health Plan NV	Retiree Only					\$ 212.65						
623	SCAN Health Plan NV	Retiree & 1 Dependent (2 Medicare)					\$ 212.65	\$ 212.65					
701	United Healthcare	Retiree Only	\$ 1,662.16				\$ 294.63				\$ 294.63		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20		\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20		\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20		\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
706	United Healthcare	Minor Survivor				\$ 1,300.20			\$ 1,300.20				
707	United Healthcare	Single	\$ 1,662.16								\$ 386.22		
708	United Healthcare	Two-Party	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20						\$ 386.22	\$ 385.60	
709	United Healthcare	Family	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20						\$ 386.22	\$ 385.60	

Tier 1

Fire Fighters Local 1014 Males

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,108.50				\$ 739.17			\$ 739.17		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,108.50	\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,108.50	\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 739.17		\$ 739.17	\$ 739.17		\$ 739.17
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
806	Firefighters' Local 1014	Med-Member +1; 2 MDC		\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
808	Firefighters' Local 1014	Med-Member +2; 2 MDC		\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,108.50	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65	\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65	\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC	\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC	\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17

Dental/Vision Males

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 54.37		
502	Cigna Indemnity Dental/Vision	Family	\$ 54.37	\$ 59.30	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 56.27
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.73		
902	Cigna Dental HMO/Vision	Family	\$ 46.73	\$ 55.20	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.36

Tier 1

Non Local 1014 Fire Fighters Females

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	\$ 966.40				\$ 966.40			\$ 737.97		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 966.40	\$ 966.40	\$ 1,015.01		\$ 966.40	\$ 966.40		\$ 737.97	\$ 737.97	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 966.40	\$ 966.40	\$ 1,015.01		\$ 966.40	\$ 966.40		\$ 737.97	\$ 737.97	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 966.40	\$ 966.40	\$ 1,015.01		\$ 966.40			\$ 737.97		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 1,015.01			\$ 1,015.01			
211	Anthem Blue Cross I	Retiree Only	\$ 1,033.26				\$ 1,033.26			\$ 752.34		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 1,033.26	\$ 1,033.26	\$ 1,085.24		\$ 1,033.26	\$ 1,033.26		\$ 752.34	\$ 752.34	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 1,033.26	\$ 1,033.26	\$ 1,085.24		\$ 1,033.26	\$ 1,033.26		\$ 752.34	\$ 752.34	
214	Anthem Blue Cross I	Retiree and Children	\$ 1,033.26	\$ 1,033.26	\$ 1,085.24		\$ 1,033.26			\$ 752.34		
215	Anthem Blue Cross I	Minor Survivor				\$ 1,085.24			\$ 1,085.24			\$ 1,085.24
221	Anthem Blue Cross II	Retiree Only	\$ 1,305.22				\$ 1,305.22			\$ 852.69		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,305.22	\$ 1,305.21	\$ 1,370.87		\$ 1,305.22	\$ 1,305.22		\$ 852.69	\$ 852.69	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,305.22	\$ 1,305.21	\$ 1,370.87		\$ 1,305.22	\$ 1,305.22		\$ 852.69	\$ 852.69	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,305.22	\$ 1,305.21	\$ 1,370.87		\$ 1,305.22			\$ 852.69		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,370.87			\$ 1,370.87			\$ 1,370.87
240	Anthem Blue Cross III	One Medicare					\$ 482.43			\$ 482.43		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43			\$ 482.43	\$ 482.43	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43			\$ 482.43	\$ 482.43	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
301	Cigna Network Model Plan	Retiree Only	\$ 1,490.93				\$ 1,490.93			\$ 980.17		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,490.93	\$ 1,490.93	\$ 1,565.92		\$ 1,490.93	\$ 1,490.93		\$ 980.17	\$ 979.88	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,490.93	\$ 1,490.93	\$ 1,565.92		\$ 1,490.93	\$ 1,490.93		\$ 980.17	\$ 979.88	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,490.93	\$ 1,490.93	\$ 1,565.92		\$ 1,490.93			\$ 980.17		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,565.92			\$ 1,565.92			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 296.41					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 296.41	\$ 296.41				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 296.41	\$ 296.41				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,491.26							\$ 415.12		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 223.91					
404	Kaiser (CA)	Retiree Excess I					\$ 1,027.90					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 1,073.68					
411	Kaiser (CA)	Family Basic	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27					\$ 283.86	\$ 276.39	

Tier 1

Non Local 1014 Fire Fighters Females

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	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27		\$ 223.91	\$ 216.55		\$ 223.91	\$ 276.39	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27		\$ 1,027.90	\$ 1,016.77		\$ 1,027.90	\$ 276.39	
418	Kaiser (CA)	Two+ Advantage					\$ 223.91	\$ 216.55				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 625.91	\$ 616.66				
420	Kaiser (CA)	Two+ Excess I					\$ 1,027.90	\$ 1,016.77				
421	Kaiser (CA)	Survivor				\$ 1,566.27			\$ 1,566.27			\$ 1,566.27
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27		\$ 1,073.68	\$ 1,062.33		\$ 1,073.68	\$ 276.39	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 648.80	\$ 639.44				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 1,050.79	\$ 1,039.55				
430	Kaiser (CA)	Two Excess II - Part B					\$ 1,073.68	\$ 1,062.33				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,431.15							\$ 231.59		
451	Kaiser - Colorado	Retiree Risk					\$ 231.59					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,431.15	\$ 1,920.25						\$ 231.59	\$ 230.64	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,431.15	\$ 1,920.25	\$ 4,710.50					\$ 231.59	\$ 230.64	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,431.15	\$ 1,573.85			\$ 231.59	\$ 230.64		\$ 231.59	\$ 230.64	
457	Kaiser - Colorado	Two Retiree Risk					\$ 231.59	\$ 230.64				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,431.15	\$ 1,573.85	\$ 6,039.12		\$ 231.59	\$ 230.64		\$ 231.59	\$ 230.64	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 6,039.12		\$ 231.59	\$ 230.64		\$ 231.59	\$ 230.64	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 1,213.16					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 1,213.16					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 1,213.16					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 1,213.16	\$ 319.71				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B					\$ 1,213.16	\$ 319.71				
461	Kaiser - Georgia Basic	Basic	\$ 1,699.19							\$ 318.62		
462	Kaiser - Georgia	Retiree Risk					\$ 318.62					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,699.19	\$ 1,870.43	\$ 7,177.14		\$ 318.62	\$ 319.71		\$ 318.62	\$ 319.71	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,699.19	\$ 1,870.43	\$ 7,177.14					\$ 318.62	\$ 319.71	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 446.27	\$ 1,870.43	\$ 7,177.14		\$ 318.62	\$ 319.71		\$ 318.62	\$ 319.71	
466	Kaiser - Georgia	Two Retiree Risk					\$ 318.62	\$ 319.71				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,039.47							\$ 347.45		
472	Kaiser - Hawaii	Retiree Risk					\$ 347.45					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,669.68					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,039.47	\$ 1,140.49						\$ 347.45	\$ 349.22	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,039.47	\$ 1,140.49	\$ 4,376.22					\$ 347.45	\$ 349.22	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,039.47	\$ 1,140.49	\$ 4,376.22		\$ 347.45	\$ 349.22		\$ 347.45	\$ 349.22	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,039.47	\$ 1,140.49	\$ 4,376.22		\$ 1,669.68	\$ 1,702.36		\$ 1,669.68	\$ 1,702.36	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 347.45	\$ 349.22				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B	\$ 486.66	\$ 2,577.91			\$ 347.45	\$ 1,702.36		\$ 347.45	\$ 1,702.36	

Tier 1

Non Local 1014 Fire Fighters Females

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)	\$ 1,422.76								\$ 426.37		
482	Kaiser - Oregon	Retiree Risk					\$ 426.37						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 1,271.61						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,422.76	\$ 1,564.58							\$ 426.37	\$ 429.98	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,422.76	\$ 1,564.58	\$ 6,003.52						\$ 426.37	\$ 429.98	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,422.76	\$ 1,564.58	\$ 6,003.52		\$ 426.37	\$ 429.98			\$ 426.37	\$ 429.98	
488	Kaiser - Oregon	Two Retiree Risk					\$ 426.37	\$ 429.98					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 1,016.80						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 1,016.80	\$ 429.98					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,781.05	\$ 651.12			\$ 1,271.61	\$ 429.98			\$ 426.37	\$ 429.98	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,422.76	\$ 1,564.58			\$ 426.37	\$ 429.98			\$ 426.37	\$ 429.98	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,422.76	\$ 1,564.58	\$ 6,003.52		\$ 426.37	\$ 429.98			\$ 426.37	\$ 429.98	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 1,271.61	\$ 1,294.98					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 1,016.80	\$ 1,034.21					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,422.76	\$ 1,564.58			\$ 1,016.80	\$ 1,034.21			\$ 1,016.80	\$ 1,034.21	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,422.76	\$ 1,564.58			\$ 1,271.61	\$ 1,294.98			\$ 1,271.61	\$ 1,294.98	
393	Kaiser - Washington	Retiree Basic	\$ 2,002.00			\$ 2,002.00					\$ 342.25		\$ 342.25
394	Kaiser - Washington	Retiree Risk (Senior Advantage)					\$ 342.25		\$ 342.25				
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 2,002.00	\$ 1,913.02							\$ 342.25	\$ 343.89	
396	Kaiser - Washington	Retiree Basic Family	\$ 2,002.00	\$ 1,913.02	\$ 10,658.83						\$ 342.25	\$ 343.89	
397	Kaiser - Washington	One Risk, One Basic	\$ 2,002.00	\$ 1,913.02	\$ 7,340.56		\$ 342.25	\$ 343.89			\$ 342.25	\$ 343.89	
398	Kaiser - Washington	Two Retiree Risk					\$ 342.25	\$ 343.89					
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 2,002.00	\$ 1,913.02	\$ 9,536.62		\$ 342.25	\$ 343.89			\$ 342.25	\$ 343.89	
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 10,658.83		\$ 342.25	\$ 343.89			\$ 342.25	\$ 343.89	
611	SCAN Health Plan	Retiree Only					\$ 207.66						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 207.66	\$ 207.66					
620	SCAN Health Plan AZ	Retiree Only					\$ 207.66						
621	SCAN Health Plan AZ	Retiree & 1 Dependent (2 Medicare)					\$ 207.66	\$ 207.66					
622	SCAN Health Plan NV	Retiree Only					\$ 207.66						
623	SCAN Health Plan NV	Retiree & 1 Dependent (2 Medicare)					\$ 207.66	\$ 207.66					
701	United Healthcare	Retiree Only	\$ 1,623.18				\$ 287.72				\$ 287.72		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83		\$ 287.72	\$ 287.72			\$ 287.72	\$ 287.72	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 287.72	\$ 287.72			\$ 287.72	\$ 287.72	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83		\$ 287.72	\$ 287.72			\$ 287.72	\$ 287.72	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83		\$ 287.72	\$ 287.72			\$ 287.72	\$ 287.72	
706	United Healthcare	Minor Survivor				\$ 1,704.83			\$ 1,704.83				
707	United Healthcare	Single	\$ 1,623.18								\$ 377.16		
708	United Healthcare	Two-Party	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83						\$ 377.16	\$ 376.56	
709	United Healthcare	Family	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83						\$ 377.16	\$ 376.56	

Tier 1

Fire Fighters Local 1014 Females

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,059.06				\$ 721.83			\$ 721.83		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,059.06	\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,059.06	\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 721.83		\$ 721.83	\$ 721.83		\$ 721.83
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83

Dental/Vision Females

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 54.02		
502	Cigna Indemnity Dental/Vision	Family	\$ 54.02	\$ 58.91	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 55.34
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.42		
902	Cigna Dental HMO/Vision	Family	\$ 46.42	\$ 54.84	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 47.56

Tier 2

A. Future Retirees Retiring Before Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 395.86	\$ 754.17	\$ 512.17	\$ 375.11
30	\$ 486.67	\$ 919.95	\$ 466.77	\$ 831.69
35	\$ 602.46	\$ 988.43	\$ 577.82	\$ 826.85
40	\$ 785.06	\$ 1,224.80	\$ 668.91	\$ 897.81
45	\$ 927.29	\$ 1,478.73	\$ 748.79	\$ 1,016.37
50	\$ 1,072.57	\$ 1,380.24	\$ 942.86	\$ 1,185.34
55	\$ 1,262.42	\$ 1,364.23	\$ 1,182.05	\$ 1,330.69
60	\$ 1,323.15	\$ 1,373.42	\$ 1,469.06	\$ 1,497.63
65 (Pre 65)	\$ 1,463.16	\$ 1,463.64	\$ 1,805.67	\$ 1,734.06
65 (Post 65)	\$ 352.32	\$ 299.39	\$ 286.10	\$ 338.79
70	\$ 421.81	\$ 344.95	\$ 342.52	\$ 390.33
75	\$ 475.77	\$ 375.17	\$ 386.32	\$ 424.54
80	\$ 502.68	\$ 386.30	\$ 408.18	\$ 437.12
85	\$ 506.31	\$ 384.93	\$ 411.13	\$ 435.58
90	\$ 500.94	\$ 379.41	\$ 406.78	\$ 429.32
95	\$ 500.94	\$ 379.41	\$ 406.78	\$ 429.32

B. Future Retirees Retiring After Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	N/A	N/A	\$ 518.92	\$ 386.27
30	N/A	N/A	\$ 472.94	\$ 856.45
35	N/A	N/A	\$ 585.46	\$ 851.46
40	N/A	N/A	\$ 677.75	\$ 924.53
45	N/A	N/A	\$ 758.68	\$ 1,046.61
50	N/A	N/A	\$ 955.32	\$ 1,220.61
55	N/A	N/A	\$ 1,197.67	\$ 1,370.29
60	N/A	N/A	\$ 1,488.50	\$ 1,542.21
65 (Pre 65)	N/A	N/A	\$ 1,829.56	\$ 1,785.68
65 (Post 65)	\$ 315.77	\$ 290.91	\$ 293.54	\$ 302.10
70	\$ 378.04	\$ 335.18	\$ 351.43	\$ 348.07
75	\$ 426.39	\$ 364.56	\$ 396.38	\$ 378.56
80	\$ 450.51	\$ 375.37	\$ 418.80	\$ 389.78
85	\$ 453.76	\$ 374.04	\$ 421.83	\$ 388.40
90	\$ 448.95	\$ 368.66	\$ 417.36	\$ 382.82
95	\$ 448.95	\$ 368.66	\$ 417.36	\$ 382.82

The Firefighters Local 1014 and dental/vision monthly 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	Male	Female
25	\$ 570.48	\$ 1,060.98	\$ 689.64	\$ 513.62
30	\$ 701.34	\$ 1,294.20	\$ 628.52	\$ 1,138.79
35	\$ 868.20	\$ 1,390.54	\$ 778.06	\$ 1,132.15
40	\$ 1,131.34	\$ 1,723.06	\$ 900.71	\$ 1,229.33
45	\$ 1,336.30	\$ 2,080.29	\$ 1,008.27	\$ 1,391.68
50	\$ 1,545.66	\$ 1,941.73	\$ 1,269.60	\$ 1,623.04
55	\$ 1,819.23	\$ 1,919.21	\$ 1,591.67	\$ 1,822.07
60	\$ 1,906.74	\$ 1,932.14	\$ 1,978.16	\$ 2,050.67
65 (Pre 65)	\$ 2,108.50	\$ 2,059.06	\$ 2,431.44	\$ 2,374.42
65 (Post 65)	\$ 739.17	\$ 721.83	\$ 739.17	\$ 721.83
70	\$ 884.94	\$ 831.68	\$ 884.94	\$ 831.68
75	\$ 998.13	\$ 904.56	\$ 998.13	\$ 904.56
80	\$ 1,054.59	\$ 931.37	\$ 1,054.59	\$ 931.37
85	\$ 1,062.21	\$ 928.08	\$ 1,062.21	\$ 928.08
90	\$ 1,050.96	\$ 914.74	\$ 1,050.96	\$ 914.74
95	\$ 1,050.96	\$ 914.74	\$ 1,050.96	\$ 914.74

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 23.13	\$ 28.78	\$ 26.11	\$ 26.38
30	\$ 26.37	\$ 31.11	\$ 29.16	\$ 34.46
35	\$ 28.55	\$ 33.10	\$ 31.57	\$ 36.66
40	\$ 30.17	\$ 35.17	\$ 33.36	\$ 38.95
45	\$ 32.20	\$ 37.35	\$ 35.60	\$ 41.36
50	\$ 35.05	\$ 40.08	\$ 38.76	\$ 44.39
55	\$ 39.47	\$ 43.81	\$ 43.64	\$ 48.52
60	\$ 45.70	\$ 48.70	\$ 50.53	\$ 53.93
65	\$ 53.01	\$ 52.60	\$ 58.62	\$ 58.26
70	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
75	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
80	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
85	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
90	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86
95	\$ 59.55	\$ 54.95	\$ 65.85	\$ 60.86

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 monthly 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 Males

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	\$ 989.61				\$ 989.61			\$ 494.02		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 989.61	\$ 989.61	\$ 774.11		\$ 989.61	\$ 989.61		\$ 494.02	\$ 494.02	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 989.61	\$ 989.61	\$ 774.11		\$ 989.61	\$ 989.61		\$ 494.02	\$ 494.02	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 989.61	\$ 989.61	\$ 774.11		\$ 989.61			\$ 494.02		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 774.11			\$ 774.11			
211	Anthem Blue Cross I	Retiree Only	\$ 1,058.08				\$ 1,058.08			\$ 494.02		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 1,058.08	\$ 1,058.08	\$ 827.67		\$ 1,058.08	\$ 1,058.08		\$ 494.02	\$ 494.02	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 1,058.08	\$ 1,058.08	\$ 827.67		\$ 1,058.08	\$ 1,058.08		\$ 494.02	\$ 494.02	
214	Anthem Blue Cross I	Retiree and Children	\$ 1,058.08	\$ 1,058.08	\$ 827.67		\$ 1,058.08			\$ 494.02		
215	Anthem Blue Cross I	Minor Survivor				\$ 827.67			\$ 827.67			\$ 827.67
221	Anthem Blue Cross II	Retiree Only	\$ 1,336.56				\$ 1,336.56			\$ 494.02		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,336.56	\$ 1,336.56	\$ 1,045.51		\$ 1,336.56	\$ 1,336.56		\$ 494.02	\$ 494.02	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,336.56	\$ 1,336.56	\$ 1,045.51		\$ 1,336.56	\$ 1,336.56		\$ 494.02	\$ 494.02	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,336.56	\$ 1,336.56	\$ 1,045.51		\$ 1,336.56			\$ 494.02		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,045.51			\$ 1,045.51			\$ 1,045.51
240	Anthem Blue Cross III	One Medicare					\$ 494.02			\$ 494.02		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02			\$ 494.02	\$ 494.02	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02			\$ 494.02	\$ 494.02	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,477.46	\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,477.46	\$ 1,155.73		\$ 494.02	\$ 494.02		\$ 494.02	\$ 494.02	
301	Cigna Network Model Plan	Retiree Only	\$ 1,526.73				\$ 1,526.73			\$ 344.47		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,526.73	\$ 1,526.73	\$ 1,194.27		\$ 1,526.73	\$ 1,526.73		\$ 344.47	\$ 344.47	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,526.73	\$ 1,526.73	\$ 1,194.27		\$ 1,526.73	\$ 1,526.73		\$ 344.47	\$ 344.47	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,526.73	\$ 1,526.73	\$ 1,194.27		\$ 1,526.73			\$ 344.47		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,194.27			\$ 1,194.27			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 303.52			\$ 303.52		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 303.52	\$ 303.52		\$ 303.52	\$ 303.52	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,527.07							\$ 234.58		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 229.29					
404	Kaiser (CA)	Retiree Excess I					\$ 1,052.58					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 1,099.46					
411	Kaiser (CA)	Family Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53					\$ 234.58	\$ 227.20	

Tier 2

Non Local 1014 Fire Fighters Males

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
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53	\$ 229.29	\$ 221.75		\$ 229.29	\$ 227.20	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53	\$ 1,052.58	\$ 1,041.18		\$ 1,052.58	\$ 227.20	
418	Kaiser (CA)	Two+ Advantage				\$ 229.29	\$ 221.75				
419	Kaiser (CA)	One Excess I, One Advantage				\$ 640.94	\$ 631.47				
420	Kaiser (CA)	Two+ Excess I				\$ 1,052.58	\$ 1,041.18				
421	Kaiser (CA)	Survivor			\$ 1,194.53			\$ 1,194.53			\$ 1,194.53
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,527.07	\$ 1,527.07	\$ 1,194.53	\$ 1,099.46	\$ 1,087.84		\$ 1,099.46	\$ 227.20	
426	Kaiser (CA)	One Advantage, One Excess II - Part B				\$ 664.38	\$ 654.80				
428	Kaiser (CA)	One Excess, One Excess II - Part B				\$ 1,076.02	\$ 1,064.51				
430	Kaiser (CA)	Two Excess II - Part B				\$ 1,099.46	\$ 1,087.84				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,465.51						\$ 237.15		
451	Kaiser - Colorado	Retiree Risk				\$ 237.15					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,465.51	\$ 1,966.36					\$ 237.15	\$ 236.18	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,465.51	\$ 1,966.36	\$ 3,592.51				\$ 237.15	\$ 236.18	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,465.51	\$ 1,611.65		\$ 237.15	\$ 236.18		\$ 237.15	\$ 236.18	
457	Kaiser - Colorado	Two Retiree Risk				\$ 237.15	\$ 236.18				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,465.51	\$ 1,611.65	\$ 4,605.79	\$ 237.15	\$ 236.18		\$ 237.15	\$ 236.18	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,605.79	\$ 237.15	\$ 236.18		\$ 237.15	\$ 236.18	
440	Kaiser - Georgia	One Medicare Member with Part B only				\$ 1,242.29					
441	Kaiser - Georgia	One Medicare Member with Part A only				\$ 1,242.29					
442	Kaiser - Georgia	One Member without Medicare Part A&B				\$ 1,242.29					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				\$ 1,242.29	\$ 327.38				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				\$ 1,242.29	\$ 327.38				
461	Kaiser - Georgia Basic	Basic	\$ 1,739.99						\$ 326.27		
462	Kaiser - Georgia	Retiree Risk				\$ 326.27					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,739.99	\$ 1,915.35	\$ 5,473.71	\$ 326.27	\$ 327.38		\$ 326.27	\$ 327.38	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,739.99	\$ 1,915.35	\$ 5,473.71				\$ 326.27	\$ 327.38	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 456.99	\$ 1,915.35	\$ 5,473.71	\$ 326.27	\$ 327.38		\$ 326.27	\$ 327.38	
466	Kaiser - Georgia	Two Retiree Risk				\$ 326.27	\$ 327.38				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,064.43						\$ 355.80		
472	Kaiser - Hawaii	Retiree Risk				\$ 355.80					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				\$ 1,709.77					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,064.43	\$ 1,167.87					\$ 355.80	\$ 357.60	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,064.43	\$ 1,167.87	\$ 3,337.56				\$ 355.80	\$ 357.60	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,064.43	\$ 1,167.87	\$ 3,337.56	\$ 355.80	\$ 357.60		\$ 355.80	\$ 357.60	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,064.43	\$ 1,167.87	\$ 3,337.56	\$ 1,709.77	\$ 1,743.24		\$ 1,709.77	\$ 1,743.24	
478	Kaiser - Hawaii	Two Retiree Risk				\$ 355.80	\$ 357.60				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B	\$ 498.34	\$ 2,639.81		\$ 355.80	\$ 1,743.24		\$ 355.80	\$ 1,743.24	

Tier 2

Non Local 1014 Fire Fighters Males

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)	\$ 1,456.93								\$ 436.61		
482	Kaiser - Oregon	Retiree Risk					\$ 436.61						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 1,302.14						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,456.93	\$ 1,602.15							\$ 436.61	\$ 440.30	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,456.93	\$ 1,602.15	\$ 4,578.64						\$ 436.61	\$ 440.30	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,456.93	\$ 1,602.15	\$ 4,578.64		\$ 436.61	\$ 440.30			\$ 436.61	\$ 440.30	
488	Kaiser - Oregon	Two Retiree Risk					\$ 436.61	\$ 440.30					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 1,041.21						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 1,041.21	\$ 440.30					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,823.82	\$ 666.75			\$ 1,302.14	\$ 440.30			\$ 436.61	\$ 440.30	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,456.93	\$ 1,602.15			\$ 436.61	\$ 440.30			\$ 436.61	\$ 440.30	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,456.93	\$ 1,602.15	\$ 4,578.64		\$ 436.61	\$ 440.30			\$ 436.61	\$ 440.30	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 1,302.14	\$ 1,326.07					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 1,041.21	\$ 1,059.04					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,456.93	\$ 1,602.15			\$ 1,041.21	\$ 1,059.04			\$ 1,041.21	\$ 1,059.04	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,456.93	\$ 1,602.15			\$ 1,302.14	\$ 1,326.07			\$ 1,302.14	\$ 1,326.07	
393	Kaiser - Washington	Retiree Basic	\$ 2,050.08			\$ 2,050.08					\$ 350.47		\$ 350.47
394	Kaiser - Washington	Retiree Risk (Senior Advantage)					\$ 350.47		\$ 350.47				
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 2,050.08	\$ 1,958.96							\$ 350.47	\$ 352.15	
396	Kaiser - Washington	Retiree Basic Family	\$ 2,050.08	\$ 1,958.96	\$ 8,129.05						\$ 350.47	\$ 352.15	
397	Kaiser - Washington	One Risk, One Basic	\$ 2,050.08	\$ 1,958.96	\$ 5,598.34		\$ 350.47	\$ 352.15			\$ 350.47	\$ 352.15	
398	Kaiser - Washington	Two Retiree Risk					\$ 350.47	\$ 352.15					
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 2,050.08	\$ 1,958.96	\$ 7,273.19		\$ 350.47	\$ 352.15			\$ 350.47	\$ 352.15	
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 8,129.05		\$ 350.47	\$ 352.15			\$ 350.47	\$ 352.15	
611	SCAN Health Plan	Retiree Only					\$ 212.65						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 212.65	\$ 212.65					
620	SCAN Health Plan AZ	Retiree Only					\$ 212.65						
621	SCAN Health Plan AZ	Retiree & 1 Dependent (2 Medicare)					\$ 212.65	\$ 212.65					
622	SCAN Health Plan NV	Retiree Only					\$ 212.65						
623	SCAN Health Plan NV	Retiree & 1 Dependent (2 Medicare)					\$ 212.65	\$ 212.65					
701	United Healthcare	Retiree Only	\$ 1,662.16				\$ 294.63				\$ 294.63		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20		\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20		\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20		\$ 294.63	\$ 294.63			\$ 294.63	\$ 294.63	
706	United Healthcare	Minor Survivor				\$ 1,300.20			\$ 1,300.20				
707	United Healthcare	Single	\$ 1,662.16								\$ 313.81		
708	United Healthcare	Two-Party	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20						\$ 313.81	\$ 313.36	
709	United Healthcare	Family	\$ 1,662.16	\$ 1,662.16	\$ 1,300.20						\$ 313.81	\$ 313.36	

Tier 2

Fire Fighters Local 1014 Males

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,108.50				\$ 739.17			\$ 739.17		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,108.50	\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,108.50	\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 739.17		\$ 739.17	\$ 739.17		\$ 739.17
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,108.50	\$ 1,649.35		\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17	\$ 739.17
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,108.50		\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,108.50	\$ 1,649.35	\$ 2,108.50		\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 739.17	\$ 739.17		\$ 739.17	\$ 739.17

Dental/Vision Males

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 54.37		
502	Cigna Indemnity Dental/Vision	Family	\$ 54.37	\$ 59.30	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 56.27
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.73		
902	Cigna Dental HMO/Vision	Family	\$ 46.73	\$ 55.20	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.36

Tier 2

Non Local 1014 Fire Fighters Females

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	\$ 966.40				\$ 966.40			\$ 482.43		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 966.40	\$ 966.40	\$ 1,015.01		\$ 966.40	\$ 966.40		\$ 482.43	\$ 482.43	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 966.40	\$ 966.40	\$ 1,015.01		\$ 966.40	\$ 966.40		\$ 482.43	\$ 482.43	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 966.40	\$ 966.40	\$ 1,015.01		\$ 966.40			\$ 482.43		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 1,015.01			\$ 1,015.01			
211	Anthem Blue Cross I	Retiree Only	\$ 1,033.26				\$ 1,033.26			\$ 482.43		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 1,033.26	\$ 1,033.26	\$ 1,085.24		\$ 1,033.26	\$ 1,033.26		\$ 482.43	\$ 482.43	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 1,033.26	\$ 1,033.26	\$ 1,085.24		\$ 1,033.26	\$ 1,033.26		\$ 482.43	\$ 482.43	
214	Anthem Blue Cross I	Retiree and Children	\$ 1,033.26	\$ 1,033.26	\$ 1,085.24		\$ 1,033.26			\$ 482.43		
215	Anthem Blue Cross I	Minor Survivor				\$ 1,085.24			\$ 1,085.24			\$ 1,085.24
221	Anthem Blue Cross II	Retiree Only	\$ 1,305.22				\$ 1,305.22			\$ 482.43		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,305.22	\$ 1,305.21	\$ 1,370.87		\$ 1,305.22	\$ 1,305.22		\$ 482.43	\$ 482.43	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,305.22	\$ 1,305.21	\$ 1,370.87		\$ 1,305.22	\$ 1,305.22		\$ 482.43	\$ 482.43	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,305.22	\$ 1,305.21	\$ 1,370.87		\$ 1,305.22			\$ 482.43		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,370.87			\$ 1,370.87			\$ 1,370.87
240	Anthem Blue Cross III	One Medicare					\$ 482.43			\$ 482.43		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43			\$ 482.43	\$ 482.43	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43			\$ 482.43	\$ 482.43	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,442.82	\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,442.82	\$ 1,515.39		\$ 482.43	\$ 482.43		\$ 482.43	\$ 482.43	
301	Cigna Network Model Plan	Retiree Only	\$ 1,490.93				\$ 1,490.93			\$ 336.40		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,490.93	\$ 1,490.93	\$ 1,565.92		\$ 1,490.93	\$ 1,490.93		\$ 336.40	\$ 336.40	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,490.93	\$ 1,490.93	\$ 1,565.92		\$ 1,490.93	\$ 1,490.93		\$ 336.40	\$ 336.40	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,490.93	\$ 1,490.93	\$ 1,565.92		\$ 1,490.93			\$ 336.40		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,565.92			\$ 1,565.92			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 296.41			\$ 296.41		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 296.41	\$ 296.41		\$ 296.41	\$ 296.41	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,491.26							\$ 229.08		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 223.91					
404	Kaiser (CA)	Retiree Excess I					\$ 1,027.90					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 1,073.68					
411	Kaiser (CA)	Family Basic	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27					\$ 229.08	\$ 221.87	

Tier 2

Non Local 1014 Fire Fighters Females

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	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27		\$ 223.91	\$ 216.55		\$ 223.91	\$ 221.87	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27		\$ 1,027.90	\$ 1,016.77		\$ 1,027.90	\$ 221.87	
418	Kaiser (CA)	Two+ Advantage					\$ 223.91	\$ 216.55				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 625.91	\$ 616.66				
420	Kaiser (CA)	Two+ Excess I					\$ 1,027.90	\$ 1,016.77				
421	Kaiser (CA)	Survivor				\$ 1,566.27			\$ 1,566.27			\$ 1,566.27
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,491.26	\$ 1,491.26	\$ 1,566.27		\$ 1,073.68	\$ 1,062.33		\$ 1,073.68	\$ 221.87	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 648.80	\$ 639.44				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 1,050.79	\$ 1,039.55				
430	Kaiser (CA)	Two Excess II - Part B					\$ 1,073.68	\$ 1,062.33				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,431.15							\$ 231.59		
451	Kaiser - Colorado	Retiree Risk					\$ 231.59					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,431.15	\$ 1,920.25						\$ 231.59	\$ 230.64	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,431.15	\$ 1,920.25	\$ 4,710.50					\$ 231.59	\$ 230.64	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,431.15	\$ 1,573.85			\$ 231.59	\$ 230.64		\$ 231.59	\$ 230.64	
457	Kaiser - Colorado	Two Retiree Risk					\$ 231.59	\$ 230.64				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,431.15	\$ 1,573.85	\$ 6,039.12		\$ 231.59	\$ 230.64		\$ 231.59	\$ 230.64	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 6,039.12		\$ 231.59	\$ 230.64		\$ 231.59	\$ 230.64	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 1,213.16					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 1,213.16					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 1,213.16					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 1,213.16	\$ 319.71				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B					\$ 1,213.16	\$ 319.71				
461	Kaiser - Georgia Basic	Basic	\$ 1,699.19							\$ 318.62		
462	Kaiser - Georgia	Retiree Risk					\$ 318.62					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,699.19	\$ 1,870.43	\$ 7,177.14		\$ 318.62	\$ 319.71		\$ 318.62	\$ 319.71	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,699.19	\$ 1,870.43	\$ 7,177.14					\$ 318.62	\$ 319.71	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 446.27	\$ 1,870.43	\$ 7,177.14		\$ 318.62	\$ 319.71		\$ 318.62	\$ 319.71	
466	Kaiser - Georgia	Two Retiree Risk					\$ 318.62	\$ 319.71				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,039.47							\$ 347.45		
472	Kaiser - Hawaii	Retiree Risk					\$ 347.45					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,669.68					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,039.47	\$ 1,140.49						\$ 347.45	\$ 349.22	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,039.47	\$ 1,140.49	\$ 4,376.22					\$ 347.45	\$ 349.22	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,039.47	\$ 1,140.49	\$ 4,376.22		\$ 347.45	\$ 349.22		\$ 347.45	\$ 349.22	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,039.47	\$ 1,140.49	\$ 4,376.22		\$ 1,669.68	\$ 1,702.36		\$ 1,669.68	\$ 1,702.36	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 347.45	\$ 349.22				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B	\$ 486.66	\$ 2,577.91			\$ 347.45	\$ 1,702.36		\$ 347.45	\$ 1,702.36	

Tier 2

Non Local 1014 Fire Fighters Females

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)	\$ 1,422.76									\$ 426.37		
482	Kaiser - Oregon	Retiree Risk					\$ 426.37							
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 1,271.61							
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,422.76	\$ 1,564.58								\$ 426.37	\$ 429.98	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,422.76	\$ 1,564.58	\$ 6,003.52							\$ 426.37	\$ 429.98	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,422.76	\$ 1,564.58	\$ 6,003.52		\$ 426.37	\$ 429.98				\$ 426.37	\$ 429.98	
488	Kaiser - Oregon	Two Retiree Risk					\$ 426.37	\$ 429.98						
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 1,016.80							
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 1,016.80	\$ 429.98						
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,781.05	\$ 651.12			\$ 1,271.61	\$ 429.98				\$ 426.37	\$ 429.98	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,422.76	\$ 1,564.58			\$ 426.37	\$ 429.98				\$ 426.37	\$ 429.98	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,422.76	\$ 1,564.58	\$ 6,003.52		\$ 426.37	\$ 429.98				\$ 426.37	\$ 429.98	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 1,271.61	\$ 1,294.98						
496	Kaiser - Oregon	Two Medicare Part A only					\$ 1,016.80	\$ 1,034.21						
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,422.76	\$ 1,564.58			\$ 1,016.80	\$ 1,034.21				\$ 1,016.80	\$ 1,034.21	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,422.76	\$ 1,564.58			\$ 1,271.61	\$ 1,294.98				\$ 1,271.61	\$ 1,294.98	
393	Kaiser - Washington	Retiree Basic	\$ 2,002.00			\$ 2,002.00						\$ 342.25		\$ 342.25
394	Kaiser - Washington	Retiree Risk (Senior Advantage)					\$ 342.25		\$ 342.25					
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 2,002.00	\$ 1,913.02								\$ 342.25	\$ 343.89	
396	Kaiser - Washington	Retiree Basic Family	\$ 2,002.00	\$ 1,913.02	\$ 10,658.83							\$ 342.25	\$ 343.89	
397	Kaiser - Washington	One Risk, One Basic	\$ 2,002.00	\$ 1,913.02	\$ 7,340.56		\$ 342.25	\$ 343.89				\$ 342.25	\$ 343.89	
398	Kaiser - Washington	Two Retiree Risk					\$ 342.25	\$ 343.89						
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 2,002.00	\$ 1,913.02	\$ 9,536.62		\$ 342.25	\$ 343.89				\$ 342.25	\$ 343.89	
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 10,658.83		\$ 342.25	\$ 343.89				\$ 342.25	\$ 343.89	
611	SCAN Health Plan	Retiree Only					\$ 207.66							
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 207.66	\$ 207.66						
620	SCAN Health Plan AZ	Retiree Only					\$ 207.66							
621	SCAN Health Plan AZ	Retiree & 1 Dependent (2 Medicare)					\$ 207.66	\$ 207.66						
622	SCAN Health Plan NV	Retiree Only					\$ 207.66							
623	SCAN Health Plan NV	Retiree & 1 Dependent (2 Medicare)					\$ 207.66	\$ 207.66						
701	United Healthcare	Retiree Only	\$ 1,623.18				\$ 287.72					\$ 287.72		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83		\$ 287.72	\$ 287.72				\$ 287.72	\$ 287.72	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 287.72	\$ 287.72				\$ 287.72	\$ 287.72	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83		\$ 287.72	\$ 287.72				\$ 287.72	\$ 287.72	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83		\$ 287.72	\$ 287.72				\$ 287.72	\$ 287.72	
706	United Healthcare	Minor Survivor				\$ 1,704.83			\$ 1,704.83					
707	United Healthcare	Single	\$ 1,623.18									\$ 306.45		
708	United Healthcare	Two-Party	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83							\$ 306.45	\$ 306.01	
709	United Healthcare	Family	\$ 1,623.18	\$ 1,623.18	\$ 1,704.83							\$ 306.45	\$ 306.01	

Tier 2

Fire Fighters Local 1014 Females

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,059.06				\$ 721.83			\$ 721.83		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,059.06	\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,059.06	\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 721.83		\$ 721.83	\$ 721.83		\$ 721.83
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,059.06	\$ 2,162.64		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83	\$ 721.83
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,059.06	\$ 2,162.64	\$ 2,059.06		\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 721.83	\$ 721.83		\$ 721.83	\$ 721.83

Dental/Vision Females

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 54.02		
502	Cigna Indemnity Dental/Vision	Family	\$ 54.02	\$ 58.91	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 55.34
901	Cigna Dental HMO/Vision	Retiree Only	\$ 46.42		
902	Cigna Dental HMO/Vision	Family	\$ 46.42	\$ 54.84	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 47.56

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, 2023 valuation, due to updates in the trend models that we use. The medical trend model is based on the Society of Actuaries' (SOA) published report on long-term medical trend. That report includes detailed research performed by a committee of economists and actuaries that uses the "Getzen Model," named after the professor who developed the model, updated in September of 2024. The following website provides more information: <https://www.soa.org/4a7bc5/globalassets/assets/files/resources/research-report/2024/2025-getzen-model-update.pdf>. 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.

Effective with this July 1, 2024 OPEB valuation report, the first-year trend rates for LACERA non-Local 1014 firefighters' medical and dental/vision plans will not be adjusted to reflect the final July 1, 2025 annual medical and dental plan rate renewals. The first five years of trends are our best estimates which reflect the mix of plans and benefits. These grade into the long term Getzen model trends.

The Getzen model uses assumptions about healthcare to model its growth as a share of the U.S. Gross Domestic Product (GDP) in order to develop a long-term medical trend assumption. The premise is that although health costs will continue to grow as a percentage of GDP, that growth will ultimately reach a limit. The major assumptions are as follows:

- *GDP % Share in 2034.* This is the assumed percentage of GDP that is spent on healthcare and is assumed to be 19.0%. This is based on a recent actuarial projection of National Health Expenditures (NHE) from the Centers for Medicare & Medicaid Services (CMS).
- *Inflation (CPI).* This is consistent with the assumption used for the investment earnings rate above.
- *Excess Medical Cost Growth.* This component represents all other sources of excess trend, and it is assumed to be 0.9%, based on the SOA research.
- *GDP Resistance Point.* This is the point at which health care costs as a percentage of GDP are assumed to begin to meet resistance. The assumption used is 18% based on the SOA research.
- *GDP Limit Year.* The model assumes that after 2075, health costs will grow at the rate of GDP growth, equal to the CPI plus real per capita GDP growth.
- *Real GDP Per Capita.* This is the assumed growth in the GDP over inflation. The model uses a 1.4% assumption, which falls within the range of projected scenarios from both the Congressional Budget Office (CBO) and CMS.

We made several adjustments to the base trends obtained from the Getzen model, as discussed below.

- *Aging.* Since the Getzen model projects overall healthcare spending in the U.S., it implicitly includes aging of the population. Since we have an explicit assumption for aging in the OPEB valuation, we have removed the aging factor from the Getzen model, resulting in a 0.4% decrease in the 2024 trend assumption, grading to 0.0% by 2061. We assume the aging reduction is limited such that trend is not reduced below inflation plus GDP growth.
- *Administrative Costs.* A portion of the retiree health premiums (assumed to be 10%) are used for carrier administrative costs. We assume that this portion of the premium will grow at inflation plus 0.75% annually.
- *Rounding.* We rounded the trend assumptions to the nearest 0.10% for each year.

The trend assumption for Medicare Part B premiums was updated based on the long-term projected Medicare Part B costs from the 2024 Medicare Trustees Report from the Centers for Medicare and Medicaid Service

(CMS) dated May 6, 2024. The dental trend assumption was updated based on the same methodology we used in our 2023 OPEB Investigation of Experience Study except that there is no first year trend adjustment from the July 1, 2025 renewal of health plans.

The following table presents the trend assumptions. The weighted average trends are based on the expected payouts from each of the coverages (medical under 65, medical over 65, Part B, and Dental) for the July 1, 2024 valuation.

After fiscal year ending June 30, 2035, selected years are shown in the table. The trend rates for the years not shown generally grade ratably into the next value shown in the table. Occasionally, there are slight drops then increases in trend due to the interaction of the administrative trend, aging adjustments, and rounding. The medical trend for under age 65 remains at 4.20% beginning with the medical trend from fiscal year ending June 30, 2080 to fiscal year ending June 30, 2081. The medical trend for over age 65 remains at 4.20% beginning with the medical trend from fiscal year ending June 30, 2076 to fiscal year ending June 30, 2077.

Fiscal Year Ending		LACERA Medical		Part B	Dental Under	Weighted
From	To	Under 65	Over 65	Premiums	and Over 65	Average
						Trend
6/30/2025	6/30/2026	6.40%	7.50%	6.70%	3.00%	6.75%
6/30/2026	6/30/2027	5.80%	6.40%	6.00%	3.00%	5.94%
6/30/2027	6/30/2028	5.30%	5.70%	7.70%	3.00%	5.67%
6/30/2028	6/30/2029	5.10%	5.30%	6.00%	3.00%	5.20%
6/30/2029	6/30/2030	5.00%	5.20%	6.50%	3.00%	5.19%
6/30/2030	6/30/2031	5.00%	5.10%	6.10%	2.90%	5.09%
6/30/2031	6/30/2032	4.90%	5.00%	6.60%	2.90%	5.08%
6/30/2032	6/30/2033	4.80%	4.90%	7.00%	2.90%	5.07%
6/30/2033	6/30/2034	4.80%	4.80%	6.70%	2.90%	4.99%
6/30/2034	6/30/2035	4.60%	4.60%	6.40%	2.90%	4.79%
6/30/2044	6/30/2045	4.50%	4.50%	4.90%	2.70%	4.50%
6/30/2054	6/30/2055	4.60%	4.60%	4.40%	2.60%	4.49%
6/30/2064	6/30/2065	4.60%	4.60%	4.30%	2.60%	4.46%
6/30/2074	6/30/2075	4.20%	4.20%	4.30%	2.80%	4.18%
6/30/2084	6/30/2085	4.20%	4.20%	4.30%	3.10%	4.19%
6/30/2094	6/30/2095	4.20%	4.20%	4.20%	3.40%	4.18%
6/30/2104	6/30/2105	4.20%	4.20%	4.20%	3.70%	4.19%
6/30/2105	6/30/2106	4.20%	4.20%	4.20%	3.70%	4.19%

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%	10.00%
41	0.00%	0.00%	10.00%
42	0.00%	0.00%	10.00%
43	0.00%	0.00%	10.00%
44	0.00%	0.00%	10.00%
45	0.00%	0.00%	10.00%
46	0.00%	0.00%	10.00%
47	0.00%	0.00%	10.00%
48	0.00%	0.00%	10.00%
49	0.00%	0.00%	10.00%
50	12.00%	0.00%	19.00%
51	5.00%	0.00%	12.00%
52	4.00%	0.00%	12.00%
53	4.00%	0.00%	12.00%
54	6.00%	0.00%	12.00%
55	8.00%	23.00%	16.00%
56	7.00%	6.00%	20.00%
57	7.00%	5.00%	15.00%
58	8.00%	7.00%	15.00%
59	10.00%	5.00%	15.00%
60	11.00%	6.00%	29.00%
61	12.00%	6.00%	29.00%
62	12.00%	9.00%	29.00%
63	16.00%	7.00%	29.00%
64	18.00%	27.00%	29.00%
65	33.00%	38.00%	100.00%
66	22.00%	12.00%	100.00%
67	22.00%	8.00%	100.00%
68	18.00%	8.00%	100.00%
69	28.00%	8.00%	100.00%
70	35.00%	10.00%	100.00%
71	35.00%	20.00%	100.00%
72	35.00%	20.00%	100.00%
73	35.00%	20.00%	100.00%
74	35.00%	20.00%	100.00%
75 or older	100.00%	100.00%	100.00%

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

Appendix B: Summary of Program Provisions

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

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

ELIGIBILITY FOR RETIREE HEALTHCARE AND DEATH BENEFITS

Employees are eligible for the LACERA administered Retiree Healthcare Benefits Program if they are a member of LACERA and retire from the County of Los Angeles or Participating agencies of the County of Los Angeles. Healthcare benefits are also offered to qualifying survivors of deceased active employees who are eligible to retire at the time of death and to qualifying survivors of retired members. Since eligibility for retiree qualifying healthcare and death benefits is dependent on eligibility to receive 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 (sheriff, fire, and other personnel as defined by law) become safety members on the first day of the month after date of hire. Employees who become members on or after January 1, 2013, will enter into Safety Plan C.

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

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

TIER 2 EMPLOYEES

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

https://www.lacera.com/sites/default/files/assets/documents/rhc/exploring_your_healthcare_benefits_09_15_21.pdf

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.

Tier 2 provisions apply to employees hired since June 30, 2014. Most active, vested terminated and retiree members are currently in Tier 1. In the future, the impact of the Tier 2 benefit provisions and assumptions will grow as the Tier 2 population increases and the Tier 1 population decreases.

RETIREMENT PLANS

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

Safety Member Plans:

Plan A: Inception to August 1977

Plan B: September 1977 through December 2012

Plan C: January 2013 to present

General Member Plans:

Plan A: Inception through August 1977

Plan B: September 1977 through September 1978

Plan C: October 1978 through May 1979

Plan D: June 1979 through December 2012

Plan E: January 1982 through December 2012

Plan G: January 2013 to present

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

SERVICE RETIREMENT ELIGIBILITY

Plans A-D:

General Members:

Age 50 with 10 years of County service;
Any age with 30 years of service; or
Age 70 regardless of service.

Non-Contributory

Plan E:

Age 55 with 10 years of service.

Plan G:

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

Plans A-B:

Safety Members:

Age 50 with 10 years of County service;
Any age with 20 years of service.

Plan C:

Safety Members:

Age 50 with 5 years of service.

VESTING REQUIREMENT

Plans A-D, G:

5 years of County and reciprocal service. Member contributions must be left on deposit.

Plan E:

10 years of County and reciprocal service.

SERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G:

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

Plan E:

Not available under Plan E.

NONSERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G:

Any age with 5 years of service and permanently incapacitated for the performance of duty.

Plan E:

Not available under Plan E.

SERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

- Plans A-D, G:** Active members who die in service as a result of injury or disease arising out of and in the course of employment.
- Plan E:** Not available under Plan E.

NONSERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

- Plans A-D, G:** Active members who die while in service or while physically or mentally incapacitated for the performance of duty.
- Plan E:** Not available under Plan E.

ELIGIBLE SURVIVING DEPENDENTS

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

- An eligible surviving spouse or surviving domestic partner, who is eligible to continue to receive retirement benefits and to whom the member was married or registered as a domestic partner for at least one year prior to member's retirement date. If the member was granted a service-connected disability, the one-year rule does not apply. However, the date of marriage or domestic partner registration must precede the date of retirement.
- Surviving unmarried natural children, legally adopted children or stepchildren, up to age 26, if there is also a surviving spouse/eligible domestic partner.
- Surviving unmarried natural children, legally adopted children, or stepchildren, up to age 18 or if a full time student, up to age 22, and receiving retirement pension benefits, without a surviving spouse/domestic partner.
- An eligible surviving spouse or surviving domestic partner who is receiving retiree healthcare, may enroll a new spouse or domestic partner and/or new unmarried natural children, legally adopted children, or stepchildren who are eligible up to age 26.

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTHCARE BENEFITS

Medical

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

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

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

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

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

Dental / Vision

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

Disability

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

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTHCARE BENEFITS

Medical, Dental / Vision, and Disability

Contributions are the same as for the County employees.

DEATH/BURIAL BENEFIT

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

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

Appendix E

Medical Plan Descriptions:

https://www.lacera.com/sites/default/files/assets/documents/rhc/rhc_forms_pub/brochure_rate_tables/Plan_Comparison_2024.pdf

https://www.lacera.com/sites/default/files/assets/documents/rhc/rhc_forms_pub/brochure_rate_tables/Plan_Comparison_Out-of-Area_2024.pdf

https://www.lacera.com/sites/default/files/assets/documents/rhc/rhc_forms_pub/brochure_rate_tables/Plan_Comparison_Medicare_2024.pdf

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

<https://www.local1014medical.org/docs/2024%20SPD.pdf>

Appendix G

Dental and Vision Plan Description:

https://www.lacera.com/sites/default/files/assets/documents/rhc/dental_vision_charts.pdf

Appendix H

Medicare Part B Reimbursement Plan Description:

<https://www.lacera.com/program-basics/parts-and-b>

Appendix C: Valuation Data and Schedules

Data on LACERA's retirement benefit program membership as of June 30, 2024 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2024 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, 2024 for active, vested terminated, and retired members.

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

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

Exhibit C-1: Summary of Active Members

	<u>Members</u>		Annual Salary	Average Age	Average Credited Service
	Tier 1	Tier 2			
County					
General	45,428	35,815	\$ 7,768,547,556	47.4	14.2
Safety	7,463	4,941	1,690,240,560	41.8	14.3
Total	52,891	40,756	\$ 9,458,788,116	46.7	14.2
Superior Court					
General	2,484	2,073	\$ 526,673,124	47.6	16.1
Safety	-	-	-	-	-
Total	2,484	2,073	\$ 526,673,124	47.6	16.1
LACERA					
General	223	211	\$ 54,180,816	47.8	13.0
Safety	-	-	-	-	-
Total	223	211	\$ 54,180,816	47.8	13.0
Outside Districts					
General	6	1	\$ -	50.7	16.5
Safety	-	-	-	-	-
Total	6	1	\$ -	50.7	16.5
Grand Total					
General	48,141	38,100	\$ 8,349,401,496	47.4	14.2
Safety	7,463	4,941	1,690,240,560	41.8	14.3
Total	55,604	43,041	\$ 10,039,642,056	46.7	14.3
Grand Total (Tiers Combined)	98,645				

This excludes 38 active pension members who are receiving retiree healthcare benefits.

Exhibit C-2: Summary of Vested Terminated Members

	<u>Members</u>		<u>Average</u>
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Age</u>
County			
General	7,043	1,336	50.4
Safety	565	144	43.7
Total	7,608	1,480	49.9
Superior Court			
General	509	78	53.6
Safety	-	-	-
Total	509	78	53.6
LACERA			
General	36	7	51.7
Safety	-	-	-
Total	36	7	51.7
Outside Districts			
General	1	-	46.0
Safety	-	-	-
Total	1	-	46.0
Grand Total	8,154	1,565	50.1
Grand Total (Tiers Combined)	9,719		

Pension data includes 11,541 non vested terminated members.
 This excludes 14 vested terminated pension members who are receiving retiree healthcare benefits.

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

Medical

	Count				Total	Average Age		
	Retirees and Survivors		Spouses and Dependents			Retirees and Survivors	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	53,751	33	29,900	8	83,692	73.8	59.5	68.7
Superior Court	2,665	2	1,194	-	3,861	73.2	62.8	70.0
LACERA	189	-	86	-	275	72.5	62.1	69.3
Outside Districts	64	-	24	-	88	85.6	73.6	82.3
Total Medical	56,669	35	31,204	8	87,916	73.8	59.6	68.8
Tiers Combined	56,704		31,212					

Dental/Vision

	Count				Total	Average Age		
	Retirees and Survivors		Spouses and Dependents			Retirees and Survivors	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	55,769	58	32,410	22	88,259	73.8	59.3	68.5
Superior Court	2,752	2	1,315	-	4,069	73.2	63.6	70.1
LACERA	191	-	87	-	278	72.3	62.8	69.3
Outside Districts	60	-	25	-	85	85.6	73.1	81.9
Total Dental/Vision	58,772	60	33,837	22	92,691	73.8	59.5	68.6
Tiers Combined	58,832		33,859					

Death Benefit*

	Count				Total	Average Age		
	Retirees		Spouses and Dependents			Retirees	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	60,727	231	NA	NA	60,958	72.7	NA	72.7
Superior Court	3,365	13	NA	NA	3,378	72.2	NA	72.2
LACERA	220	1	NA	NA	221	71.9	NA	71.9
Outside Districts	80	-	NA	NA	80	82.7	NA	82.7
Total Death Benefit	64,392	245	NA	NA	64,637	72.7	NA	72.7
Tiers Combined	64,637		NA					

* Totals do not include 18 people that are a Survivor and not also a Retiree.

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	12	-	-	-	-	-	-	-	12
20-24	846	-	-	-	-	-	-	-	846
25-29	4,478	624	1	-	-	-	-	-	5,103
30-34	6,046	4,273	393	5	-	-	-	-	10,717
35-39	4,306	5,459	2,324	1,033	26	-	-	-	13,148
40-44	2,818	3,674	2,408	4,141	717	63	1	-	13,822
45-49	1,980	2,349	1,567	3,913	3,039	928	72	-	13,848
50-54	1,371	1,603	1,103	2,777	3,148	2,724	1,024	74	13,824
55-59	1,001	1,221	739	1,949	2,241	2,170	2,172	1,058	12,551
60-64	487	772	627	1,441	1,531	1,230	1,386	1,588	9,062
65-69	140	350	317	768	807	499	421	571	3,873
70-74	36	94	93	268	312	186	134	222	1,345
75-79	6	9	15	84	79	52	45	92	382
80-84	1	1	1	8	21	21	13	24	90
85 & Over	1	-	-	2	1	2	1	15	22
Total Count	23,529	20,429	9,588	16,389	11,922	7,875	5,269	3,644	98,645

This excludes 38 active pension 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	-	1	-	-	-	-	-	-	1
25-29	2	34	-	-	-	-	-	-	36
30-34	88	385	12	-	-	-	-	-	485
35-39	193	706	168	28	1	-	-	-	1,096
40-44	201	741	396	144	16	-	-	-	1,498
45-49	281	691	428	222	76	18	1	-	1,717
50-54	232	605	418	217	110	36	8	-	1,626
55-59	157	417	465	178	102	60	25	18	1,422
60-64	85	223	363	151	74	42	47	58	1,043
65-69	37	104	184	73	25	8	11	10	452
70-74	24	37	148	32	12	5	-	2	260
75-79	2	12	24	12	7	1	1	-	59
80-84	-	2	11	3	1	-	-	-	17
85 & Over	1	2	-	1	-	2	1	-	7
Total Count	1,303	3,960	2,617	1,061	424	172	94	88	9,719

Pension data includes 11,541 non vested terminated members.

This excludes 14 vested terminated pension members who are receiving retiree healthcare benefits.

Exhibit C-6: Age and Service Medical Distributions for Current Retirees, Survivors, Spouses, and Dependents

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	-	-	-	-	2	2	1	12	17
35-39	-	-	-	-	-	-	1	18	19
40-44	-	-	-	-	1	-	-	53	54
45-49	-	-	-	-	10	6	2	123	141
50-54	-	-	20	17	68	135	54	286	580
55-59	2	2	40	106	190	546	811	1,204	2,901
60-64	-	4	107	185	368	1,082	2,227	1,799	5,772
65-69	2	29	288	560	788	1,912	4,297	1,505	9,381
70-74	8	31	518	769	1,001	2,257	5,316	1,307	11,207
75-79	5	27	538	745	987	2,045	5,016	1,616	10,979
80-84	7	28	420	566	743	1,678	3,274	1,287	8,003
85-89	5	11	252	355	470	1,096	1,652	721	4,562
90-94	2	12	133	233	319	564	657	353	2,273
95-99	1	10	64	76	116	175	189	77	708
100 & Over	-	-	11	20	15	17	38	6	107
Total Count	32	154	2,391	3,632	5,078	11,515	23,535	10,367	56,704

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	-	2	98	181	400	1,213	1,832	2,444	6,170
35-39	-	-	2	5	14	33	53	52	159
40-44	-	-	-	5	20	42	63	97	227
45-49	-	-	3	8	21	82	103	186	403
50-54	-	-	12	35	58	206	283	420	1,014
55-59	1	-	24	63	137	459	793	925	2,402
60-64	1	-	79	113	231	742	1,549	1,031	3,746
65-69	-	10	123	198	313	976	1,925	893	4,438
70-74	1	17	202	294	413	939	2,217	667	4,750
75-79	5	14	188	292	351	757	1,811	668	4,086
80-84	-	7	120	178	252	494	996	393	2,440
85-89	1	1	54	96	114	262	362	120	1,010
90-94	-	1	15	25	36	85	98	40	300
95-99	-	-	1	8	6	16	22	2	55
100 & Over	-	1	2	1	-	3	4	1	12
Total Count	9	53	923	1,502	2,366	6,309	12,111	7,939	31,212

Exhibit C-7: Age and Service Dental/Vision Distributions for Current Retirees, Survivors, Spouses, and Dependents

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	-	-	-	-	2	2	-	12	16
35-39	-	-	-	-	-	-	1	29	30
40-44	-	-	-	-	1	-	-	63	64
45-49	-	-	1	-	10	6	2	155	174
50-54	1	2	25	25	66	130	54	320	623
55-59	4	4	60	116	196	549	806	1,273	3,008
60-64	6	9	136	233	373	1,083	2,222	1,872	5,934
65-69	4	44	351	624	830	1,974	4,392	1,616	9,835
70-74	11	48	578	819	1,052	2,331	5,393	1,371	11,603
75-79	10	43	612	810	1,044	2,077	5,101	1,695	11,392
80-84	10	34	445	610	784	1,716	3,331	1,342	8,272
85-89	5	23	240	382	502	1,120	1,697	728	4,697
90-94	3	10	152	247	326	575	675	358	2,346
95-99	1	9	59	84	121	181	199	75	729
100 & Over	-	-	13	18	14	15	41	8	109
Total Count	55	226	2,672	3,968	5,321	11,759	23,914	10,917	58,832

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	6	4	146	215	443	1,249	1,874	2,898	6,835
35-39	-	1	2	7	15	32	55	66	178
40-44	-	1	3	9	21	42	71	110	257
45-49	-	2	7	11	21	83	110	213	447
50-54	2	1	21	39	62	206	281	446	1,058
55-59	1	3	39	70	141	466	802	972	2,494
60-64	4	3	92	131	242	761	1,558	1,090	3,881
65-69	4	16	151	238	351	1,046	2,056	940	4,802
70-74	5	18	227	339	469	1,011	2,423	718	5,210
75-79	4	21	214	347	394	833	1,926	719	4,458
80-84	-	4	137	204	277	540	1,081	406	2,649
85-89	-	3	64	111	150	297	395	126	1,146
90-94	1	1	15	37	42	95	120	47	358
95-99	-	-	3	9	10	21	26	4	73
100 & Over	-	1	1	1	1	4	4	1	13
Total Count	27	79	1,122	1,768	2,639	6,686	12,782	8,756	33,859

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

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
<u>Medical Plans</u>									
Blue Cross I	247	618	865	312	146	458	559	764	1,323
Blue Cross II	2,852	2,819	5,671	3,920	933	4,853	6,772	3,752	10,524
Blue Cross III	312	13,355	13,667	1,134	5,220	6,354	1,446	18,575	20,021
Blue Cross Prudent Buyer Plan	261	528	789	329	159	488	590	687	1,277
CIGNA Healthcare for Seniors	1	63	64	5	24	29	6	87	93
CIGNA Network Model Plan	44	260	304	46	48	94	90	308	398
Kaiser (Other)	63	392	455	62	114	176	125	506	631
Kaiser (CA)	3,946	22,643	26,589	5,145	7,539	12,684	9,091	30,182	39,273
United Healthcare	1,643	3,879	5,522	2,126	1,553	3,679	3,769	5,432	9,201
SCAN Health Plan	4	397	401	2	101	103	6	498	504
Firefighters' Local 1014	883	1,459	2,342	1,469	817	2,286	2,352	2,276	4,628
Total	10,256	46,413	56,669	14,550	16,654	31,204	24,806	63,067	87,873
<u>Medicare Part B Coverage</u>									
All Members									
Receiving Reimbursement	247	39,283	39,530	320	13,898	14,218	567	53,181	53,748
Not Receiving Reimbursement	10,009	7,130	17,139	14,230	2,756	16,986	24,239	9,886	34,125
Total	10,256	46,413	56,669	14,550	16,654	31,204	24,806	63,067	87,873
<u>Dental/Vision Plans</u>									
All Members									
Cigna Indemnity Dental/Vision	8,536	42,834	51,370	12,928	16,657	29,585	21,464	59,491	80,955
Cigna Dental HMO/Vision	2,088	5,314	7,402	2,662	1,590	4,252	4,750	6,904	11,654
Total	10,624	48,148	58,772	15,590	18,247	33,837	26,214	66,395	92,609
<u>Death Benefit*</u>									
Total	13,470	50,922	64,392	NA	NA	NA	13,470	50,922	64,392

* Totals do not include 18 people that are a Survivor and not also a Retiree.

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

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
<u>Medical Plans</u>									
Blue Cross I	-	-	-	-	-	-	-	-	-
Blue Cross II	2	-	2	-	-	-	2	-	2
Blue Cross III	-	4	4	-	1	1	-	5	5
Blue Cross Prudent Buyer Plan	2	-	2	-	-	-	2	-	2
CIGNA Healthcare for Seniors	-	-	-	-	-	-	-	-	-
CIGNA Network Model Plan	1	-	1	-	-	-	1	-	1
Kaiser (Other)	-	-	-	-	-	-	-	-	-
Kaiser (CA)	2	17	19	-	4	4	2	21	23
United Healthcare	3	2	5	-	1	1	3	3	6
SCAN Health Plan	-	1	1	-	1	1	-	2	2
Firefighters' Local 1014	-	1	1	1	-	1	1	1	2
Total	10	25	35	1	7	8	11	32	43
<u>Medicare Part B Coverage</u>									
All Members									
Receiving Reimbursement	1	24	25	-	-	-	1	24	25
Not Receiving Reimbursement	9	1	10	1	7	8	10	8	18
Total	10	25	35	1	7	8	11	32	43
<u>Dental/Vision Plans</u>									
All Members									
Cigna Indemnity Dental/Vision	17	29	46	8	11	19	25	40	65
Cigna Dental HMO/Vision	6	8	14	3	-	3	9	8	17
Total	23	37	60	11	11	22	34	48	82
<u>Death Benefit</u>									
Total	117	128	245	NA	NA	NA	117	128	245

Exhibit C-10: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	557 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 21 years old since the average age of LACERA children under 26 is 21. Half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
2	283 medical 223 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 date of birth was determined according to the marriage age difference assumption.
3	129 medical 131 dental 97 death benefit only	Members were deceased before 7/1/2024.	Removed records from data.
4	6 medical 6 dental	Missing date of birth	The date of birth was replaced with the average of the date of birth for all the records that had this field populated.
5	0 medical 1 dental	This record had a dependent gender of blank, "X" or "B".	This record was assigned Male for dependent gender.
6	19 active members	Missing or non-binary gender code	Members of General plans were assigned Female gender and members of Safety plans were assigned Male gender, consistent with Pension methodology.
7	205 vested terminated members	Missing or non-binary gender code	Members of General plans were assigned Female gender and members of Safety plans were assigned Male gender, consistent with Pension methodology.

Appendix D: Glossary

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

Actuarial Accrued Liability

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

Actuarial Assumptions

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

Actuarial Cost Method

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

Actuarial Gain (Loss)

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

Actuarial Present Value

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

Actuarial Valuation

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

Actuarial Value of Assets

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

Amortization Payment

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

Actuarially Determined Contributions (“ADC”)

This is the employer's periodic required contribution to a defined benefit OPEB plan, calculated in accordance with the set of requirements for calculating actuarially determined OPEB information included in financial reports.

Attribution Period

The period of an employee's service to which the expected postretirement benefit obligation for that employee is assigned. The beginning of the attribution period is the employee's date of hire. The end of the attribution period is the time of assumed exit from OPEB active member status.

Benefit Payments

The monetary or in-kind benefits or benefit coverage to which participants may be entitled under a post employment benefit plan, including health care benefits and life insurance not provided through a retirement program.

GASB 74

The statement that establishes financial reporting standards for postemployment benefit plans other than retirement programs.

GASB 75

The statement that establishes financial reporting standards for employers that sponsor postemployment benefits other than retirement programs.

Net OPEB Obligation

This is the cumulative difference since the effective date of this statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB related debt.

Normal Cost

That portion of the Actuarial Present Value of OPEB plan benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method.

Other Postemployment Benefits (“OPEB”)

This refers to postemployment benefits other than retirement program benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a retirement program, excluding benefits defined as termination benefits or offers.

Present Value of Future Benefits

This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is:

- (a) Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, death, disability, termination of employment, etc.; and
- (b) Discounted at the assumed discount rate.

Projected Benefits

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.

Substantive Plan

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.

Trend Rate

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.

Unfunded Actuarial Accrued Liability

The excess of the Actuarial Accrued Liability over the Actuarial Value of Assets.

Appendix E: Medical Plan Comparisons

Comparisons are from the following areas of the LACERA website:

https://www.lacera.com/sites/default/files/assets/documents/rhc/rhc_forms_pub/brochure_rate_tables/Plan_Comparison_2024.pdf

https://www.lacera.com/sites/default/files/assets/documents/rhc/rhc_forms_pub/brochure_rate_tables/Plan_Comparison_Out-of-Area_2024.pdf

https://www.lacera.com/sites/default/files/assets/documents/rhc/rhc_forms_pub/brochure_rate_tables/Plan_Comparison_Medicare_2024.pdf

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COMPARISON OF MEDICAL PLANS

Effective July 1, 2024

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.

Comparison of Medical Plans

Indemnity Insurance Plans

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

Comparison of Medical Plans

Indemnity continued

HMO

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

HMO continued

Kaiser Permanente	UnitedHealthcare ⁴
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 (up to 100 visits per Accumulation Period)	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
Generic and Brand Drugs: \$7 copay for 100-day supply Specialty Drugs: \$7 copay for 30-day supply	Retail: \$7 copay for 30-day supply; Mail order: \$7 copay for 90-day supply
No charge for an unlimited number of days	No charge; for an unlimited number of days (both Mental Health and Substance Abuse)
\$5 copay per individual and \$2 copay per group for an unlimited number of visits	Mental Health: \$5 copay; for an unlimited number of visits, must be authorized through UnitedHealthcare Behavioral Health Substance Abuse: No charge; for an unlimited number of visits (Includes Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment)
\$5 copay	\$5 copay through PCP ⁵
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	\$5,000 annual benefit maximum per calendar year. Limited to one hearing aid (including repair and replacement) per hearing impaired ear every three years.

Carrier Notes:

Anthem Blue Cross Plans I, II, and Prudent Buyer

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

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

¹ Indicates deductible waived.

Anthem Blue Cross II

² For non-Medicare members only.

Anthem Blue Cross I and II

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

HMOs

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

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

UnitedHealthcare

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

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

COMPARISON OF MEDICAL PLANS

Effective July 1, 2024

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

- Kaiser Permanente – Colorado
- Kaiser Permanente – Georgia
- Kaiser Permanente – Hawaii
- Kaiser Permanente – Oregon
- Kaiser Permanente – Washington
- Cigna Preferred Medicare with Rx (HMO) - Arizona (Service areas available in Maricopa, Pima, and Pinal Counties)
- SCAN Desert Health Plan – Arizona (Service areas available in Maricopa, Pima, and Pinal Counties)
- SCAN Health Plan Nevada – Nevada (Service areas available in Clark and Nye Counties)

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

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

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

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

	Kaiser Permanente – Colorado	Kaiser Permanente – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,000 Family – \$4,500	Individual – \$2,000 Family – \$4,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge Outpatient – \$50 copay	Inpatient – no charge Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	Durable medical equipment covered at 80%
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge up to 120 visits per calendar year (private duty nursing excluded)
Hospice Care	No charge	No charge if authorized
Emergency Benefits		
Inpatient	\$100 copay (waived if admitted)	\$100 (waived if admitted)
Outpatient	\$100 copay	\$100 (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$25 copay for after-hours care; \$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay; limited to 20 visits per year; (physical and occupational therapy limited to 20 visits per year combined)
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay; limited to 20 visits per year
Maternity	No charge	\$15 copay for 1st visit; no charge thereafter

BASIC (UNDER 65 OVER 65 WITHOUT MEDICARE COVERAGE) HMOs

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon	Kaiser Permanente – Washington
None	None	None
Individual – \$2,500 (including prescription drugs) Family (3 or more) – \$7,500 (including prescription drugs)	Individual – \$600 Family – \$1,200	Individual – \$1,500 Family – \$3,000
Unlimited	None	Unlimited
\$50/day	No charge	No charge
Inpatient - no charge Outpatient - \$15 copay	Inpatient – no charge Outpatient – \$5 copay	Inpatient – no charge Outpatient – \$10 copay
No charge	No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician	Authorization required by a Kaiser Permanente physician
No charge; 120 days per accumulated period	No charge; 100 days per year	No charge; 100 days per year
Not covered	Not covered	Not covered
No charge if authorized	No charge if authorized; limited to 130 days	No charge up to 130 visits per calendar year
No charge if authorized	No charge	No charge
\$50/visit within service area; 20% copay outside of service area (waived if admitted)	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)
\$50/visit within service area; 20% copay outside of service area	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)
No charge	\$75 copay	No charge
\$15 copay	\$5 copay	\$10 copay
No charge	No charge for routine/preventive testing; \$50 per department visit for CT, MRI, and PET scans	No charge
No charge	No charge	No charge
No charge	No charge	No charge
No charge	No charge for routine care	No charge
\$15 copay	\$5 copay	\$10 copay
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year	No charge inpatient, \$10 copay outpatient; limited to 60 inpatient days/60 outpatient visits
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year	per calendar year (physical and speech therapy combined)
No charge (after confirmation of pregnancy)	Hospitalization – no charge; doctor's office visit – no charge	No charge inpatient; \$10 copay outpatient; no charge for routine care

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

BASIC (UNDER 65 OVER 65 WITHOUT MEDICARE COVERAGE) HMOs

Kaiser Permanente – Colorado			Kaiser Permanente – Georgia		
Prescription Drug Benefits					
Prescription Drugs	\$10 copay for up to 60-day supply			\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente	
Mental Health Benefits					
Inpatient	\$250 per admission			\$250 copay	
Outpatient	\$5 copay			\$15 copay	
Substance Abuse Benefits					
Inpatient	\$250 per admission			\$250 copay per admission (detox only)	
Outpatient	\$5 copay			\$15 copay	
Residential Day	\$250/admission			Not covered	
Vision/Hearing Care Benefits					
Eye Exams	\$5 copay			\$15 copay	
Lenses	\$150 (adults) or 50% (children) 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 for adults and children through age 18; copays apply to out-of-pocket maximum			\$15 copay (if exam copay applies)	
Hearing Aids	Not covered for adults; one pair covered every 60 months (no cost) for children through age 18			20%, \$3,000/ear/48 months for children through age 18; adults excluded	
Kaiser Permanente – Hawaii		Kaiser Permanente – Oregon		Kaiser Permanente – Washington	
	\$10 copay for up to 30-day supply		\$5 copay for up to 30-day supply		\$10 copay for up to 30-day supply, preferred generic and/or brand
	\$50/day*		No charge		No charge
	\$15 copay*		\$5 copay		No charge
	\$50/day		No charge		No charge
	\$15 copay		\$5 copay		No charge
	No charge		No charge		No charge
	\$15 copay		\$5 copay		\$10 copay
	Not covered		Not covered		Not covered
	Not covered		Not covered		Not covered
	\$15 copay		\$5 copay		\$10 copay (Hearing hardware: \$3,000 per ear every 36 months)
	60% of applicable charges per ear, once every three years		Covered for children only		Not covered

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

RETIREE WITH MEDICARE MA-PD HMOs

	Kaiser Permanente – Colorado	Kaiser Permanente – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,500	Individual – \$2,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge Outpatient – \$50 copay	Inpatient – no charge Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	No charge
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge, unlimited visits (private duty nursing excluded)
Hospice Care	No charge (only home-based hospice care)	No charge
Emergency Benefits		
Inpatient	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient	\$50 copay	\$50 copay (waived if admitted)
Ambulance	20% copay; max. of \$195 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist visit)*	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	Copay varies
Routine Checkups	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Maternity	No charge	No charge
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 per admission
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses Frames	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses and/or frames combined every 2 years
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

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

RETIREE WITH MEDICARE MA-PD HMOs

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon	Kaiser Permanente – Washington
None	None	None
Individual – \$2,500	Individual – \$600	Individual – \$2,500
Unlimited	None	Unlimited
No charge	No charge	No charge
Inpatient – no charge Outpatient – \$15 copay	Inpatient - no charge Outpatient – \$5 copay	Inpatient – no charge Outpatient – \$10 copay
No charge	No charge	No Charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician	Authorization required by a Kaiser Permanente physician
No charge for days 1-20; \$50 copay per day for days 21-100 (per benefit period)	No charge; 100 days for Medicare benefits period	No charge; 100 days per Medicare benefit period
Not covered	Not covered	Not covered
No charge if authorized	No charge; unlimited visits	No charge
No charge if authorized	No charge	No charge
\$50 copay (waived if admitted)	\$50 copay (waived if admitted)	\$75 copay (waived if admitted)
\$50 per visit	\$50 copay (waived if admitted)	\$75 copay (waived if admitted)
No charge	\$50 copay	\$0 – \$150 per one-way trip
\$15 copay	\$5 copay	\$10 copay
No charge	No charge	No charge
No charge	No charge	No charge; annual routine physical exam/ annual wellness visit covered once every 12 months
No charge	No charge	No charge
\$15 copay	\$5 copay	\$10 copay
\$15 copay	\$5 copay; unlimited visits	\$10 copay
\$15 copay	\$5 copay; unlimited visits	\$10 copay
No charge (after confirmation of pregnancy)	No charge	Covered at applicable cost shares
\$10 copay for up to 30-day supply	\$5 copay for a 30-day supply	\$2 preferred generic/\$40 preferred brand copay for up to 30-day supply
\$50/day**	No charge	No charge
\$15 copay**	\$5 copay	\$10 copay
\$50/day	No charge	No charge
\$15 copay	\$5 copay	No charge
\$15 copay	\$5 copay	\$10 copay; one routine exam per calendar year
Not covered	\$150 credit toward the purchase of lenses, frames, and/or contact lenses every 24 months	\$250 combined allowance per calendar year
Not covered	\$5 copay (adults/children)	\$10 copay
\$15 copay	\$5 copay (adults/children)	\$10 copay
60% of applicable charges per ear, once every three years	Not covered	\$1,000 combined allowance per calendar year

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

RETIREE WITH MEDICARE MA-PD HMOs

	SCAN Desert Health Plan – Arizona	SCAN Health Plan Nevada – Nevada
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	\$3,400	\$3,400
Lifetime Maximum Benefits	Unlimited	Unlimited
Hospital Benefits		
Room and Board	No charge	No charge
Surgical Services	No charge	No charge
Hospital Services and Supplies	No charge	No charge
Hospital Admission Authorization Requirements	No charge	No charge
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility
Private Duty Nurses	No charge when medically necessary only, per Medicare guidelines	No charge when medically necessary only, per Medicare guidelines
Home Health Care	No charge for Medicare-covered Home Health	No charge for Medicare-covered Home Health
Hospice Care	No charge, provided care is in accordance with Medicare guidelines	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits		
Inpatient	No charge	No charge
Outpatient	\$25 copay (waived if admitted)	\$25 copay (waived if admitted)
Ambulance	No charge	No charge
Outpatient Benefits		
Doctor's Office Visits	\$5 copay	\$5 copay
Preadmission Diagnostic X-ray and Lab Tests	No charge	No charge
Routine Checkups	\$5 copay	\$5 copay
Immunizations	No charge	No charge
Outpatient Surgical Services	No charge	No charge
Physical Therapy	\$5 copay	\$5 copay
Speech Therapy	\$5 copay	\$5 copay
Maternity	Covered in accordance with Medicare guidelines	Covered in accordance with Medicare guidelines
Prescription Drug Benefits		
Prescription Drugs	Retail: \$7 generic/\$15 brand for 30-day supply; Mail order: \$7 generic/ \$15 brand for 100-day supply; Generic drug discounts at Preferred Network Pharmacies (CVS, Rite-Aid, Costco, Vons, Ralphs): \$2 Retail/\$4 Mail Order; Select Care Brands: \$11	Retail: \$7 generic/\$15 brand for 30-day supply; Mail order: \$7 generic/ \$15 brand for 100-day supply; Generic drug discounts at Preferred Network Pharmacies (CVS, Rite-Aid, Costco, Vons, Ralphs): \$2 Retail/\$4 Mail Order; Select Care Brands: \$11
Mental Health Benefits		
Inpatient	No charge; 90 days per benefit period. 190-day lifetime maximum in Medicare facility	No charge; 90 days per benefit period. 190-day lifetime maximum in Medicare facility
Outpatient	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay for each visit per calendar year. No charge for severe mental illness
Substance Abuse Benefits		
Inpatient	No charge	No charge
Outpatient	\$5 copay; unlimited visits	\$5 copay; unlimited visits
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay for Medicare-covered, medically-necessary eye exam
Lenses	Not covered	Not covered
Frames	Not covered	Not covered
Hearing Exam	\$5 copay	\$5 copay
Hearing Aids	\$600 allowance, every 24 months	\$600 allowance, every 24 months

* 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.

RETIREE WITH MEDICARE MA-PD HMOs

Cigna Preferred Medicare with Rx (HMO) - Arizona
\$0
\$5,500 which applies to in network
None
\$0
\$0 for inpatient stays; outpatient surgery \$12
\$0
\$0
Authorization required
\$0 days 1 - 100; coverage limit of 100 days
Not covered
\$0
\$0; care must be provided by a Medicare-certified hospice program
\$90 (ER copay waived if admitted; \$25 copay for urgent care)
\$12
\$0
\$0
\$12
\$0
\$0
\$12
\$12
\$12
\$12
Covered in accordance with Medicare guidelines
Tier 1 preferred generic drugs \$0 Tier 2 generic drugs \$10 Tier 3 preferred brand drugs \$45 Tier 4 non-preferred drugs \$95 Tier 5 33%
Inpatient psychiatric \$0; partial hospitalization \$12
Mental health outpatient: individual/group therapy - \$0
\$0
\$12
Diabetic retinal exams \$0; all other Medicare-covered \$12
1 every year
1 every year
\$0 copay for 1 exam every year
\$1,400 allowance every 3 years

** 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, 2024

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 ¹	SCAN ²	UnitedHealthcare Medicare Advantage HMO ³	
Calendar Year Deductibles	None	None	None	None
Annual Maximum Out-Of-Pocket Expenses (for most services)	None	For maximum copayment of \$1,000 per calendar year for any one member	\$3,400	\$6,700
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Benefits				
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Nursing Benefits				
Skilled Nursing Facility Care	Plan pays Medicare daily deductible for days 21–100; no coverage beyond 100 days	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility	No charge; 100 days per benefit period in a Medicare-certified facility
Private Duty Nurses	Not covered	No charge if authorized by a Kaiser Permanente physician	No charge when medically necessary only, per Medicare guidelines	No charge when medically necessary only, per Medicare guidelines
Home Healthcare	Plan pays nothing except 20% of the Medicare-approved amount for durable medical equipment only	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 (1) below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser Permanente physician	No charge, provided care is in accordance with Medicare guidelines	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
Outpatient	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

¹ Kaiser Senior Advantage Supplement Benefits Included:

- Silver & Fit: Healthy Aging & Exercise Program (contact Kaiser at (877) 750-2746 for questions)
- Transportation benefit: up to 24 one-way rides to:
 - Lab visits
 - Doctor appointments
 - Pick up medications or medical equipment
 For rideshare, taxi or private transportation service, contact Kaiser at (877) 930-1477. For wheelchair van or gurney van transportation, call (833) 226-6760. Request your ride at least three business days (Monday through Friday) before your appointment.
- Meal Delivery: After an inpatient stay at a hospital or skilled nursing facility, benefit includes:
 - 3 dietitian-designed meals a day, for up to 4 weeks — a total of 84 meals
 - More than 70 entrée options, including heart-healthy, diabetic-friendly, and gluten-free meals
- Over the Counter (OTC) Wellness Benefit: \$70 quarterly benefit limit to get common OTC products from KP's online catalog shipped directly to your home:
 - Pain relievers and fever reducers
 - First aid kits, joint supports, and absorbency products
 - Blood pressure monitors and thermometers
 - Vitamins and minerals
 - Allergy, cough, and cold remedies
 - Antacids, laxatives, and stomach aids
 - Diabetic supplies, such as compression stockings and sharps containers

Contact Kaiser at (833) 569-2360 for questions about OTC Benefit or visit kp.org/otc/ca

(Continued on back page)

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 ¹	SCAN ²	UnitedHealthcare Medicare Advantage HMO ³
Outpatient Benefits				
Doctor's Office Visit	20% of Medicare-approved charges	\$5 copay	\$5 copay	\$5 copay
Preadmission X-ray and Lab Tests	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
Routine Checkups	Not covered	No charge	\$5 copay	No charge
Immunizations	Not covered	No charge	No charge	No charge with an office visit copay
Outpatient Surgical Services	20% of Medicare-approved charges	\$5 copay per procedure	No charge	No charge
Physical Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Speech Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Maternity	Covered the same as an illness for services covered by Medicare	\$5 copay	Covered in accordance with Medicare guidelines	Covered in accordance with Medicare guidelines
Chiropractic Care	20% of Medicare-approved charges	\$5 copay for Medicare-covered services ⁴	\$5 copay for Medicare-covered services ⁴	\$5 copay for Medicare-covered services ⁴
Transportation	Not covered	Up to 24 one-way rides to lab visits, doctor appointments, and to pick up medications or medical equipment ¹	No charge for unlimited number of rides to medical or dental appointments	12 one-way rides to medically-related appointments, up to 30 days following discharge ³
Prescription Drug Benefits				
Prescription Drugs	Retail: 80% in-network, 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply ⁵	\$7 copay for up to 100-day supply; covers dental prescriptions	Retail: \$7 generic/\$15 brand for 30-day supply Mail order: \$7 generic/\$15 brand for 100-day supply Generic drug discounts at Preferred Network Pharmacies (CVS, Rite-Aid, Costco, Vons, Ralphs): \$2 Retail/\$4 Mail-Order; Select Care Brand: \$11	\$7 copay for 30-day supply (or for 90-day mail order supply for maintenance medications only)
Mental Health and Substance Abuse Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; for unlimited number of days	No charge; 90 days per benefit period. 190-day lifetime maximum in Medicare facility. ⁶	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	20% of Medicare-approved charges	\$5 copay per individual visit; \$2 copay per group visit	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
Substance Abuse	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5 per individual visit; \$2 per group visit	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision Benefits				
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/contacts) purchased from plan optical sales every 24 months; \$150 allowance	Not covered	Not covered
Frames	Not covered unless after eye surgery		Not covered	Not covered
Hearing Care Benefits				
Hearing Exams	One per calendar year; 80%	\$5 copay	\$5 copay	\$5 copay
Hearing Aids	50% up to \$300 lifetime maximum	Not covered	\$600 allowance, every 24 months	Not covered

² SCAN includes expanded coverage and new benefit items under its Independent Living Power™ services, which are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties. Qualifying members are eligible for up to \$850 per month of these additional services.

- No charge for personal care coordination via phone
- No copay 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 bathroom durable medical equipment
- 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.
- One Pass fitness program available at no extra cost. The program includes premium gym facilities (Club Pilates, LIFE TIME, Pure Barre, Orangetheory, LA FITNESS, 24 FITNESS and more).

³ UnitedHealthcare's Healthy at Home program includes 28 home-delivered meals, 12 one-way rides to medically-related appointments and pharmacy, and six hours of in-home personal care for up to 30 days following discharge from inpatient and skilled nursing facilities. Referral is required. UnitedHealthcare also includes the Renew Active® fitness program (which replaces Silver Sneakers), and PERS.

⁴ 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.

⁵ Copayment for specialty drugs will be prorated if you receive less than a 90-day supply.

⁶ Note: Visit or day limits do not apply to certain mental healthcare described in the evidence of coverage.



Appendix F: Firefighters Local 1014 Medical Plan

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

<https://www.local1014medical.org/docs/2024%20SPD.pdf>

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

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





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

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

Photo by Dave Mills





2024 SPD: Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

Covered Expense	In-Network	Out-of-Network
Surgery [Providers must request pre-authorization from Anthem Blue Cross for all non-emergency <i>inpatient</i> surgery and any outpatient procedure that might be considered experimental, investigational or cosmetic. Organ and tissue transplants, and weight loss surgery are covered only when performed at an Anthem Blue Cross Center of Expertise (COE)].	90% after deductible	70% after deductible ¹
X-rays and lab tests (excludes periodic preventive exams)	90% after deductible	70% after deductible ¹
Mental health/substance abuse care <ul style="list-style-type: none"> • Outpatient care, including <i>partial programs (PHPs) and intensive outpatient care (IOP)</i>. (All day or partial day treatment requires pre-authorization from Anthem Blue Cross) • <i>Inpatient care</i> (All <i>inpatient care</i> requires pre-authorization from Anthem Blue Cross) 	90% after deductible 90% after deductible	70% after deductible ¹ 70% after deductible ¹
Acupuncture	90% after deductible (up to 30 visits per year).	70% after deductible (up to 30 visits per year)
Chiropractic care	90% after deductible (up to 30 visits per year)	70% after deductible (up to 30 visits per year)
Physical therapy: A <i>physician</i> referral is required beyond the initial 12 visits. When <i>physical therapy</i> treatment extends beyond 30 visits, coverage of additional visits require prior approval by Local 1014's Utilization Management Department)	90% after deductible (up to 30 visits per year)	70% after deductible (up to 30 visits per year) ¹
Occupational therapy (requires referral by a <i>physician</i> ; additional visits require pre-authorization by Local 1014's Utilization Management Department)	90% after deductible (up to 12 visits per year)	70% after deductible (up to 12 visits per year) ¹
Home health care (requires pre-authorization by Local 1014's Utilization Management Department)	90% after deductible (up to 100 visits per year) ¹	
Hospice care (requires pre-authorization by Local 1014's Utilization Management Department)	90% after deductible ¹	
Extended care facility (Providers must request pre-authorization from Anthem Blue Cross)	90% after deductible (up to 70 days per occurrence) ¹	

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



Covered Expense	In-Network	Out-of-Network
Transitional nursing benefit (requires pre-authorization by Local 1014's Utilization Management Department)	90% after deductible (up to 400 hours per lifetime)	70% after deductible (up to \$100 per hour; up to 400 hours per lifetime) ¹
Diabetes self-care instruction (requires pre- authorization by Local 1014's Utilization Management Department)	90% after deductible	70% after deductible ¹
<i>Infertility</i> (includes only diagnostic tests and office visits to determine the existence and underlying cause of <i>infertility</i>)	90% after deductible (benefit limited to \$15,000 per lifetime)	70% after deductible (benefit limited to \$15,000 per lifetime) ¹
<i>Infertility</i> treatment, excluding prescription drugs	90% after deductible (benefit limited to \$50,000 per lifetime)	70% after deductible (benefit limited to \$50,000 per lifetime) ¹
<i>Infertility</i> medication, when dispensed by a <i>physician</i> (requires pre-authorization by Local 1014's Utilization Management Department)	90% after deductible (benefit limited to \$37,500 per lifetime, combined with <i>infertility</i> medications dispensed under the Prescription Drug plan through Express Scripts)	70% after deductible (benefit limited to \$37,500 per lifetime, combined with <i>infertility</i> medications dispensed under the Prescription Drug plan through Express Scripts) ¹
Temporomandibular Joint (TMJ) Disorders	90% after deductible (benefit for non- surgical treatment limited to \$4,000 per lifetime; this limit does not apply to surgical treatment)	70% after deductible ¹ (benefit for non-surgical treatment limited to \$4,000 per lifetime; this limit does not apply to surgical treatment)
Refractive eye surgery (e.g., radial keratotomy, LASIK)	100% of covered expenses up to maximum benefit of \$1,500 per eye per lifetime)	
Medical weight-loss program (may require pre-authorization by Local 1014's Utilization Management Department)	90% after deductible	70% after deductible ¹
Shoe orthotics	90% after deductible (benefit limited to \$4,000 per lifetime)	70% after deductible ¹ (benefit limited to 4,000 per lifetime)
LiveHealth Online®	100% after \$15 <i>copayment</i>	Not covered
Preventive Body Scan	100% for one scan of the torso region by BSI Scan (not affiliated with Anthem Blue Cross). Repeat preventive body scans are covered no more frequently than once every two years; deductible does not apply	Not covered

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

Appendix G: Dental and Vision Plan Description

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

https://www.lacera.com/sites/default/files/assets/documents/rhc/dental_vision_charts.pdf

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L/CERA

Effective July 1, 2024

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:		
Two exams and cleanings per year, not subject to the plan deductible	20%	\$0**
Additional two cleanings are subject to the plan deductible/co-pay	20%*	\$45**
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**
<p>* Cigna network dentists are reimbursed according to a Fee Schedule or Discount Schedule. For non-network dentist, plan will reimburse according to the Maximum Reimbursable Charge for the procedure, in the geographic area. The dentist may balance bill up to their usual fees. Procedure with high noble metal are covered at 50%. Services are subject to the plan deductible and plan maximum.</p> <p>** Member pays this amount, plus additional charges specified in the plan brochure. For post/crown buildup work, the copay amounts apply to different steps in the procedure.</p>		

VISION PLAN

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

Appendix H: Medicare Part B Reimbursement Plan Description

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

<https://www.lacera.com/program-basics/parts-and-b>

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Medicare Parts A and B

Program Basics

Healthcare Eligibility

Paying for Coverage

Manage Your Enrollment

Medicare

Eligibility and Enrollment

▶ Parts A and B

Premium

Reimbursement

Part D Solicitations

Healthcare Resources

Healthcare Legislation

Part A: Hospital Coverage, Cost, and Eligibility

Medicare Part A is hospital insurance. It covers inpatient hospital care and surgery as well as skilled nursing facility, hospice, and home healthcare.

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 in 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. If you are not eligible for free Part A coverage, you may purchase it.

For those not eligible for free coverage, the 2025 Medicare Part A premium amount is \$285 or \$518 per month, depending on how long you or your spouse worked and paid Medicare taxes. See [current income limits and premium amounts](#) on the Medicare website.

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.

For questions about eligibility for enrollment in Medicare Part A, [contact Social Security](#) directly.

Part B: Healthcare Coverage and Premium Structure

Part B Supplemental Medicare Insurance covers physician, lab, testing, and other costs. When you enroll in Medicare Part A, you are automatically enrolled in Medicare Part B unless you decline it. This rule applies to people age 65 or older and 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. Part B coverage is ordinarily deducted from your Social Security benefit.

The standard Medicare Part B monthly premium amount for 2025 is \$185.

If you select a LACERA-administered Medicare plan, the County may reimburse you for the Part B premium amount. This [reimbursement program](#) is subject to annual review by the Board of Supervisors.

If your modified adjusted gross income (MAGI) as reported on your IRS tax return from the previous two years is above a certain amount, you'll pay the standard premium amount plus an income-related monthly adjustment amount (IRMAA), an extra charge added to your premium. See a chart with [current income limits and premium amounts](#) on the Medicare website to see if you are subject to an IRMAA, or [contact Social Security](#) for more information.

Combination Coverage

If you are currently enrolled in Medicare Part A and Part B and your dependent is not, or vice versa, you will need to enroll in corresponding LACERA-administered health plans. See more below.

Medicare Advantage Prescription Drug Plans (MA-PD)

LACERA-Administered Medicare Plan	Corresponding Non-Medicare Plan
Cigna Preferred Medicare with Rx (available in Maricopa County and Apache Junction, Pinal County, Arizona only)	Cigna Network Model Plan
Kaiser Senior Advantage	Kaiser
UnitedHealthcare Medicare Advantage	UnitedHealthcare
SCAN Health Plan	NONE

Medicare Supplement Plan

Anthem Blue Cross Plan III

Anthem Blue Cross Plan I OR

Anthem Blue Cross Plan II

 Appointment Reservations



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Retirement Association

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Thursday.

Appendix I: Historical Information

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

Table I-1: Membership Data

Valuation Date (July 1)	Membership			Payroll (Millions)
	Actives	Vested Terminateds	Retirees and Survivors with Medical	
2006	88,581	7,450	39,078	\$5,307.2
2008	94,415	8,074	40,444	\$6,259.2
2010	94,343	7,917	41,786	\$6,732.7
2012	91,898	7,835	43,897	\$6,630.0
2014	92,393	8,069	45,825	\$6,764.0
2016	95,295	8,207	47,903	\$7,268.6
2017	97,149	8,302	49,109	\$7,743.0
2018	98,415	8,434	50,271	\$7,880.3
2019	99,128	8,593	51,499	\$8,215.4
2020	100,051	8,631	52,589	\$8,682.2
2021	99,044	8,752	53,529	\$8,981.7
2022	96,490	9,222	54,795	\$8,939.4
2023	96,857	9,586	55,735	\$9,441.8
2024	98,645	9,719	56,704	\$9,828.2

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

<u>Valuation Year</u>	<u>Actuarial Accrued Liability</u>	<u>Assets</u>	<u>Unfunded Actuarial Accrued Liability</u>	<u>ARC/ADC¹</u>	<u>Funded Ratio</u>	<u>ARC/ADC as a % of Pay</u>
2006	\$ 21,215.8	\$ -	\$ 21,215.8	\$ 1,630.7	0.00%	30.73%
2008	\$ 21,863.6	\$ -	\$ 21,863.6	\$ 1,737.0	0.00%	27.75%
2010	\$ 24,031.0	\$ -	\$ 24,031.0	\$ 1,938.4	0.00%	28.79%
2012	\$ 26,952.7	\$ -	\$ 26,952.7	\$ 2,126.1	0.00%	32.07%
2014	\$ 28,546.6	\$ 483.8	\$ 28,062.8	\$ 2,152.3	1.69%	31.82%
2016	\$ 25,912.6	\$ 560.8	\$ 25,351.8	\$ 1,964.4	2.16%	27.03%
2017	\$ 26,300.8	\$ 742.9	\$ 25,557.9	\$ 1,979.8	2.82%	25.57%
2018	\$ 21,066.8	\$ 941.0	\$ 20,125.8	\$ 1,620.2	4.47%	20.56%
2019	\$ 20,752.6	\$ 1,238.5	\$ 19,514.1	\$ 1,551.0	5.97%	18.87%
2020	\$ 21,302.7	\$ 1,492.6	\$ 19,810.1	\$ 1,578.6	7.01%	18.18%
2021	\$ 21,157.4	\$ 2,306.8	\$ 18,850.6	\$ 1,505.1	10.90%	16.76%
2022	\$ 23,097.8	\$ 2,394.1	\$ 20,703.7	\$ 1,633.4	10.37%	18.27%
2023	\$ 23,459.7	\$ 3,091.8	\$ 20,367.9	\$ 1,614.9	13.18%	17.10%
2024	\$ 24,735.6	\$ 3,977.9	\$ 20,757.7	\$ 1,664.2	16.08%	16.93%

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

Table I-3: Change History

Valuation Year	Investment Return Assumption		Changes
	Prefunding Agents	Outside Districts	
2006	5.00%	5.00%	Initial OPEB Valuation and Segal actuarial review
2008	5.00%	5.00%	Investigation of Experience Study
2010	5.00%	5.00%	Investigation of Experience Study and Segal actuarial review
2012	4.35%	4.35%	2013 Investigation of Experience Study
2014	3.75%	3.75%	Initial Valuation with OPEB Trust assets
2016	4.50%	4.50%	Initial Valuation reflecting Tier 2, Investigation of Experience Study and Segal actuarial review
2017	4.50%	4.50%	Beginning of annual valuations
2018	6.00%	3.69%	Initial agent Valuation, 2018 Investigation of Experience Study and Cavanaugh Macdonald actuarial review
2019	6.00%	3.69%	ACA Excise Tax and Health Insurer Fee repealed
2020	6.00%	2.30%	2020 Investigation of Experience Study and Cavanaugh Macdonald actuarial review
2021	6.00%	2.30%	There were no changes in this valuation year
2022	6.00%	2.30%	There were no changes in this valuation year
2023	6.25%	3.50%	2023 Investigation of Experience Study and Cavanaugh Macdonald actuarial review
2024	6.25%	3.50%	There were no changes in this valuation year

Appendix J: OPEB Tier 2 Savings for Los Angeles County

The following analysis shows the estimated financial impact of introducing the Retiree Healthcare Tier 2 for Los Angeles County ("County").

- The estimated cash flow savings that the County has already realized between July 1, 2014 and July 1, 2024 due to Tier 2 retirements is \$0.2 million.
- The estimated savings due to Tier 2 on the July 1, 2024 Actuarial Accrued Liability, which consists of future cash flows, is \$599.8 million. Specifically, the Actuarial Accrued Liability is the present value of the accrued portion of future projected cash flows.

Since Tier 2 consists of members with a date of hire on or after July 1, 2014 and it can take decades for these members to retire and receive OPEB benefits, the Tier 2 savings is expected to increase over time.

Prior Savings

For each retiree that was in Tier 2 as of July 1, 2024, we assessed the Tier 2 savings by estimating what LACERA's Medical and Dental portion of the healthcare premium and the Part B reimbursement would have been if they were in Tier 1. In this hypothetical situation, we assumed the retirees would have still selected the same medical and dental plans as their actual selection, and, for members without spouse coverage, we added spouse coverage at rates consistent with the valuation assumptions. The 2024 difference between the expected cost if they were in Tier 1 and the actual cost in Tier 2 was then applied across all years of retirement for each current Tier 2 retiree. Based on this methodology, we estimate the prior savings from the implementation of Tier 2 to be about \$0.2 million. Note, however, that if these retirees had been eligible for Tier 1, they may have selected different plans or had other differences in behavior which would result in savings amounts different than estimated herein.

July 1, 2024 OPEB Valuation Impacts

To estimate the impact of the implementation of Tier 2 on the July 1, 2024 funding valuation results, we treated each future Tier 2 retiree as if they were in Tier 1. We also adjusted the future payments to current Tier 2 retirees to reflect a similar change as was seen in our analysis of future retirees. The County's projected impact of this change on results from our July 1, 2024 valuation is shown in Exhibits J-1 and J-2 below.

Exhibit J-1: OPEB Benefit Liabilities and Costs¹
Summary of Tier 2 Savings based on the July 1, 2024 Valuation
 (all dollar amounts are in millions)

	Study Results with All Members as Tier 1	Valuation Results with Members' Current Tier Designation as 1 or 2	Tier 2 Savings Estimate
1. Present Value of Future Benefits	\$ 33,734.1	\$ 30,894.2	\$ 2,839.9
2. Present Value of Future Normal Costs	9,571.1	7,331.0	2,240.1
3. Actuarial Accrued Liability (1-2)	\$ 24,163.0	\$ 23,563.2	\$ 599.8
4. Assets	3,870.9	3,870.9	-
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 20,292.1	\$ 19,692.3	\$ 599.8
6. ADC ²	\$ 1,743.7	\$ 1,585.7	\$ 158.0
7. ADC expressed as a percentage of payroll			
Normal Cost	7.95%	6.58%	1.37%
UAAL payment	10.53%	10.22%	0.31%
Total	18.48%	16.80%	1.68%

¹ Net of retiree paid premiums

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

In the table below, we show the County's projected impact to benefit payments net of retiree contributions for the first ten years and then at an interval of every ten years through Fiscal Year Ending June 30, 2064. The impact is minimal in the short term and becomes increasingly significant as more Tier 2 participants are expected to retire.

**Exhibit J-2: Projected County Paid Benefits
 Summary of Tier 2 Savings based on the July 1, 2024 Valuation
 (all dollar amounts are in millions)**

Fiscal Year Ending	Study Results with All Members as Tier 1	Valuation Results with Members' Current Tier Designation as 1 or 2	Tier 2 Savings Estimate
6/30/2025	\$ 854.3	\$ 854.1	\$ 0.2
6/30/2026	932.3	931.8	0.5
6/30/2027	1,004.7	1,003.8	0.9
6/30/2028	1,078.6	1,077.2	1.4
6/30/2029	1,151.9	1,149.8	2.1
6/30/2030	1,229.4	1,226.4	3.0
6/30/2031	1,302.9	1,298.8	4.1
6/30/2032	1,385.4	1,379.9	5.5
6/30/2033	1,473.6	1,466.3	7.3
6/30/2034	1,563.8	1,554.3	9.5
6/30/2044	2,611.3	2,512.0	99.3
6/30/2054	3,905.8	3,380.0	525.8
6/30/2064	4,330.5	3,395.4	935.1

All assumptions are met
 No future members are reflected

Actual Versus Expected Analysis

In Exhibit J-3 below, we show a comparison of the July 1, 2023 Tier 2 savings estimates, the expected July 1, 2024 estimates based on a roll forward of the 2023 analysis, and the actual July 1, 2024 estimates.

**Exhibit J-3: Comparison of Actual and Expected Tier 2 Savings
 Based on the July 1, 2024 Valuation**

(all dollar amounts are in millions)

	July 1, 2023 Estimates	Expected July 1, 2024 Estimates Based on 2023 Analysis	Actual July 1, 2024 Estimates	Difference Between Actual and Expected July 1, 2024 Estimates
Valuation date	7/1/2023	7/1/2023	7/1/2024	
Measurement date	7/1/2023	7/1/2024	7/1/2024	
Discount rate	6.25%	6.25%	6.25%	
Prior savings	\$ 0.1	\$ 0.2	\$ 0.2	\$ 0.0
Actuarial Accrued Liability savings	\$ 454.5	\$ 596.7	\$ 599.8	\$ 3.1
Tier 2 member counts ¹				
Active	35,770	34,151 ²	40,756	6,605
Vested terminated	1,143	1,375	1,480	105
Retired (with Medical)	25	74	33	(41)
Projected County paid benefits savings (FYE) ²				
6/30/2024	\$ 0.1	N/A	N/A	N/A
6/30/2025	0.3	\$ 0.3	\$ 0.2	\$ (0.1)
6/30/2026	0.6	0.6	0.5	(0.1)
6/30/2027	1.0	1.0	0.9	(0.1)
6/30/2028	1.5	1.5	1.4	(0.1)
6/30/2029	2.2	2.2	2.1	(0.1)
6/30/2030	3.0	3.0	3.0	0.0
6/30/2031	4.0	4.0	4.1	0.1
6/30/2032	5.4	5.4	5.5	0.1
6/30/2033	7.1	7.1	7.3	0.2
6/30/2043	74.8	74.8	79.9	5.1
6/30/2053	429.2	429.2	470.6	41.4
6/30/2063	784.7	784.7	909.4	124.7

¹ Medical benefits only and excluding spouses

² Consistent with actuarial valuations, these do not include an assumption of future members hired after the valuation date.

Commentary:

- Prior savings came in lower than expected, but the savings amounts are so small that both round to \$0.2 million.
- July 1, 2024 active Tier 2 member counts were higher than the expected July 1, 2024 counts due to the addition of the new members hired in the fiscal year ending June 30, 2024.
- More Tier 2 active members left employment during fiscal year ending June 30, 2024 than anticipated by our July 1, 2023 actuarial assumptions. In addition, more of these terminating members left their contributions in the pension plan and remained eligible for future OPEB benefits than anticipated. These both resulted in more Tier 2 vested terminated members in the 2024 valuation than expected.
- There were fewer retirees than expected due to fewer Tier 2 members retiring and electing medical benefits in the fiscal year ending June 30, 2024 than anticipated by our July 1, 2023 actuarial assumptions.
- Projected County paid benefits savings in the first few years were lower than expected due to fewer Tier 2 members retiring and electing medical benefits in the fiscal year ending June 30, 2024 than anticipated by our July 1, 2023 actuarial assumptions.
- Projected County paid benefits savings in the later years are higher than the expected County paid benefits savings due to the addition of the new members hired in the fiscal year ending June 30, 2024.