



Los Angeles County Other Postemployment Benefits Program

Other Postemployment Benefits Program Actuarial Valuation

July 1, 2020

Prepared by:

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July 16, 2021

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

Re: July 1, 2020 Other Postemployment Benefits (OPEB) Actuarial Valuation

Dear Members 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, 2020, and the retiree health plan premium rates in effect as of July 1, 2020 and July 1, 2021 received from Segal (LACERA's Health Care Benefits Consultant). This is the third OPEB funding valuation presented under an agent structure. OPEB funding valuations prior to the July 1, 2018 OPEB funding valuation were under a cost sharing structure.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate the assumed investment earnings, analysis of OPEB demographic assumptions, retiree health claim costs, and annual trends for retiree health benefits. 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 (ASOP). In addition, the valuation results were developed using models intended for valuations that use standard actuarial techniques.

The models rely on data and information as input to the models. We have relied upon certain data and information listed below for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by the County, LACERA, the 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.

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 including the recent Further Consolidated Appropriations Act, 2020 (H.R. 1865). These fees include

the Patient Centered Outcomes Research Institute (PCORI) Fee and the Health Insurer Fee in calendar year 2020. H.R. 1865 repealed the Excise Tax and the Health Insurer Fee beginning with calendar year 2021. The OPEB assumptions will reflect changes in future valuations as regulations are released.

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 2019 Retirement Investigation of Experience study, dated January 28, 2020, and approved by LACERA's Board of Investments. The OPEB demographic and economic assumptions are based on the results of our 2020 OPEB Investigation of Experience, dated July 8, 2021. 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; Cavanaugh Macdonald, LACERA's reviewing actuary; Segal, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. Types of OPEB specific assumptions include initial enrollment, healthcare plan and tier selection, spouse age difference, and re-enrollment assumptions. These OPEB assumptions are combined for all of LACERA's agents. The investment rate of return 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 2020 OPEB Investigation of Experience was reviewed and approved during LACERA's March 3, 2021 Board of Retirement Meeting.

OPEB specific assumptions that have been updated since the 2020 OPEB Investigation of Experience study include health cost trend rates updated with information from the July 1, 2021 renewals. These assumptions have been identified, evaluated, and agreed upon collaboratively by the actuaries and consultants currently representing the OPEB program stakeholders at the time including: Milliman, LACERA's actuary; Cavanaugh Macdonald, LACERA's reviewing actuary; Segal, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. LACERA's Board of Retirement has the final decision regarding the appropriateness of the assumptions. The assumptions and methods are summarized in Appendix A.

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.

Given the substantial uncertainty regarding the impact of COVID-19 on plan costs, including whether the pandemic will increase or decrease costs during the term of our projections, we have chosen not to make an adjustment in the expected plan costs aside from what was included in the Segal July 1, 2021 renewal. It is possible that the COVID-19 pandemic could have a material impact on the projected costs.

This July 1, 2020 OPEB valuation is for funding purposes. The data, assumptions and methods, OPEB program provisions as described in Appendix B of this report, and the funding goals serve as a basis for the separate GASB 75 disclosure report. Actuarial computations under Government Accounting Standards Board (GASB) Statement Numbers 74 and 75 are for purposes of fulfilling financial accounting requirements for LACERA, Los Angeles County, Superior Court, and SCAQMD (the agents) respectively. The GASB 75 disclosure report needs to meet the requirements of these standards which include but are not limited to a different discount rate and actuarial cost methodology. A discussion of GASB OPEB Statement 75 applicable to OPEB reporting is in Section 8. Determinations for purposes other than funding purposes may be significantly different from the results contained in this report. Accordingly, additional determinations may be needed for other purposes.

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

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

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



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

Sincerely,

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 red ink that reads "Janet Jennings".

Janet O. Jennings, ASA, MAAA
Consulting Actuary

RLS/JOJ/bh

Table of Contents

	Page
Letter of Transmittal	
Section 1: Executive Summary	1
Section 2: Actuarial Valuation as of July 1, 2020.....	6
A. Valuation Methodology	6
B. Liabilities and Costs	7
Section 3: County Liabilities and Costs	9
Section 4: Superior Court Liabilities and Costs.....	16
Section 5: LACERA Liabilities and Costs.....	23
Section 6: County, Superior Court, and LACERA Liabilities and Costs.....	30
Section 7: Total of All Agents Liabilities and Costs	37
Section 8: ACFR Information.....	44
Appendices	
Appendix A Actuarial Procedures and Assumptions	50
Appendix B Summary of OPEB Program Provisions	112
Appendix C Valuation Data and Schedules	118
Appendix D Glossary.....	129
Appendix E Medical Plan Comparisons.....	132
Appendix F Firefighters Local 1014 Medical Plan.....	146
Appendix G Dental and Vision Plan Description	152
Appendix H Medicare Part B Reimbursement Plan Description.....	155
Appendix I Historical Information	158

Section 1: Executive Summary

2020 Valuation Results

Exhibit 1	July 1, 2020	July 1, 2019
Actuarial Accrued Liability (\$ billions)	\$ 21.30	\$ 20.75
Less Assets	1.49	1.24
Unfunded Actuarial Accrued Liability	\$ 19.81	\$ 19.51
Normal Cost Rate	7.33%	7.58%
ADC as a Percentage of Payroll	18.18%	18.87%

Note both years exclude the ACA Excise Tax

Overview

We are pleased to present the results of the July 1, 2020 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 the assumption changes based on our 2020 OPEB Investigation of Experience study, and increases due to the passage of time since our July 1, 2019 valuation. Other factors were claim cost experience gains, trend assumption gains, other experience gains, and asset losses measured as of July 1, 2020.
- The Normal Cost and Actuarially Determined Contribution (ADC) increased as dollar amounts due to the factors mentioned above. These amounts decreased as a percentage of payroll because payroll increased faster than the Normal Cost and ADC.

Analysis of Change

Exhibit 2 illustrates the sources of change between the July 1, 2019 and July 1, 2020 valuations. The dollar figures are expressed in billions of dollars.

Section A: The impact of the 2020 OPEB Experience Study changes caused minor changes in the Actuarial Accrued Liability (AAL) and Normal Cost Rate (NCR). The expected one-year change represents expected changes in the UAAL and 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, 2019 valuation payroll of \$8,215.4 million, increased by 3.25% per year (the payroll increase assumed at the time of the July 1, 2019 valuation) for one year to \$8,482.4 million (projected as of July 1, 2020).

Section B: The claim cost experience gain includes the impact of updated aging factors. The trend assumption gain includes the impact of the July 1, 2021 premiums and the trend assumption changes. The July 1, 2021 premiums are based on premiums received from Segal as of February 19, 2021 and approved by the Board of Retirement on March 3, 2021. The trend assumption reflects the enactment of H.R. 1865 which repeals the Excise Tax and removes the Health Insurer Fee after calendar year 2020. The Patient Centered Outcomes Research Institute (PCORI) Fee was extended to 2029. The "Other Experience" gain includes the impact of all other demographic and economic experience. There is a relatively small asset loss due to the actual investment returns being lower than assumed. The cost percentages in this section are based on the July 1, 2020 valuation payroll of \$8,682.2 million.

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Los Angeles County Employees Retirement Association

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

Sources of Change	Actuarial	(Assets)	Unfunded	Normal	ADC
	Accrued Liability		Actuarial Accrued Liability	Cost Rate	Percentage
A. July 1, 2019 Valuation	\$ 20.75	\$ (1.24)	\$ 19.51	7.58%	18.87%
2020 OPEB Experience Study Changes	0.31	-	0.31	0.18%	0.36%
Expected One-year Change	1.25	(0.33)	0.92	0.00%	0.15%
B. July 1, 2020 Valuation Expected	\$ 22.31	\$ (1.57)	\$ 20.74	7.76%	19.38%
Claim Cost Experience	(0.16)	-	(0.16)	(0.06%)	(0.14%)
Trend Assumption (Gain)/Loss ⁽¹⁾	(0.84)	-	(0.84)	(0.25%)	(0.71%)
Other Experience (Gain)/Loss	(0.01)	-	(0.01)	(0.12%)	(0.39%)
Asset (Gain)/Loss	-	0.08	0.08	0.00%	0.04%
C. July 1, 2020 Valuation	\$ 21.30	\$ (1.49)	\$ 19.81	7.33%	18.18%

¹ Includes impact of July 1, 2021 renewals

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 6.00%. This is OPEB Trust's expected return. The Outside Districts are not prefunding into the OPEB Trust. Their investment earnings assumption is 2.30% 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, 2020.
- The Actuarially Determined Contribution (ADC). At the direction of the plan sponsors, the ADC is based on the County Normal Cost Rate plus an open 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). It should be noted that the amortization does not cover interest on the UAAL; in other words, the UAAL will be expected to increase in the following year if all assumptions are met.

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Los Angeles County Employees Retirement Association

Exhibit 3: OPEB Benefit Liabilities and Costs¹
Summary of July 1, 2020 Valuation Results
(All Dollar Amounts in Millions)

	County	Superior Court	LACERA	Outside Districts	Total
1. Present Value of Future Benefits	\$ 28,132.6	\$ 1,210.1	\$ 94.9	\$ 16.0	\$ 29,453.6
2. Present Value of Future Normal Costs	7,844.9	273.3	30.0	2.7	8,150.9
3. Actuarial Accrued Liability (1-2)	\$ 20,287.7	\$ 936.8	\$ 64.9	\$ 13.3	\$ 21,302.7
4. Assets	1,441.4	45.6	5.6	-	1,492.6
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 18,846.3	\$ 891.2	\$ 59.3	\$ 13.3	\$ 19,810.1
6. ADC ²	\$ 1,508.4	\$ 64.6	\$ 5.0	\$ 0.6	\$ 1,578.6
7. ADC expressed as a percentage of payroll					
Normal Cost	7.38%	6.53%	5.09%	14.29%	7.33%
UAAL payment	10.80%	12.47%	6.48%	71.43%	10.85%
Total	18.18%	19.00%	11.57%	85.72%	18.18%

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, 2020 and July 1, 2019, both without Excise Tax. The July 1, 2020 and July 1, 2019 results are based on an assumed 6.00% investment rate of return (discount rate) for the agents that are prefunding through the LACERA OPEB Trust (County, Superior Court, and LACERA) and an assumed 2.30% investment rate of return for the Outside Districts who are not prefunding through the LACERA OPEB Trust. The investment rate of return reflects the investment policy assumptions described in our 2020 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 5.7% 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 6.4% is less than the previously expected one-year increase of 7.5% due largely to lower than anticipated health care premiums. This is based on Table 6 in Section 7 of the July 1, 2019 valuation, which expected the 2019-2020 payment level of \$678.75 million to increase to \$729.83 million in 2020-2021 (as compared to the new expected 2020-2021 amount of \$722.10 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 2.7% overall increase is lower than expected as a result of the 2020 OPEB experience study changes and lower-than-expected claims and trend.
- The Actuarially Determined Contribution (ADC). The ADC increased by 1.8% from \$1,551.0 to \$1,578.6 million. Since payroll rose faster than ADC, the ratio of ADC to payroll decreased from 18.87% to 18.18%. As seen in the Analysis of Change in Exhibit 2, this percent-of-payroll decrease is primarily due to the lower-than-expected health care trend.

Milliman July 1, 2020 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Exhibit 4: July 1, 2020 Summary of Liabilities and Cost
(All Dollar Amounts in Millions)

	July 1, 2020	July 1, 2019	Percentage Change
A. Total Membership			
1. Active Members	100,051	99,128	0.9%
2. Vested Terminated Members	8,631	8,593	0.4%
3. Retirees and Survivors (Medical Coverage)	52,589	51,499	2.1%
4. Total	<u>161,271</u>	<u>159,220</u>	1.3%
B. Valuation Payroll	\$ 8,682.2	\$ 8,215.4	5.7%
C. Projected Paid First-Year Benefits	\$ 722.1	\$ 678.8	6.4%
D. Present Value of Future Benefits (PVB) ¹	\$ 29,453.6	\$ 28,751.7	2.4%
E. Actuarial Accrued Liability by Member Group ¹			
1. LA County Members	\$ 20,287.7	\$ 19,770.3	2.6%
2. Superior Court Members	936.8	906.3	3.4%
3. LACERA Members	64.9	62.2	4.3%
4. Outside District Members	13.3	13.8	(3.6%)
5. Total	<u>\$ 21,302.7</u>	<u>\$ 20,752.6</u>	2.7%
F. Actuarial Accrued Liability by Member Status ¹			
1. Active Members	\$ 10,706.4	\$ 10,492.7	2.0%
2. Vested Terminated Members	500.3	496.3	0.8%
3. Retired Members	10,096.0	9,763.6	3.4%
4. Total	<u>\$ 21,302.7</u>	<u>\$ 20,752.6</u>	2.7%
G. Actuarial Accrued Liability by Benefit Type ¹			
1. Retiree Medical	\$ 16,714.0	\$ 16,491.7	1.3%
2. Retiree Dental/Vision	1,064.5	1,022.8	4.1%
3. Medicare Part B	3,351.2	3,068.4	9.2%
4. Retiree Death Benefit	173.0	169.7	1.9%
5. Total	<u>\$ 21,302.7</u>	<u>\$ 20,752.6</u>	2.7%
H. Assets	\$ 1,492.6	\$ 1,238.5	20.5%
I. Unfunded Actuarial Accrued Liability	\$ 19,810.1	\$ 19,514.1	1.5%
J. Actuarially Determined Contribution (ADC)			
1. Normal Cost	\$ 636.6	\$ 623.1	2.2%
2. UAAL payment ²	942.0	927.9	1.5%
3. Total	<u>\$ 1,578.6</u>	<u>\$ 1,551.0</u>	1.8%
K. ADC expressed as a percentage of payroll			
1. Normal Cost	7.33%	7.58%	
2. UAAL payment	10.85%	11.29%	
3. Total	<u>18.18%</u>	<u>18.87%</u>	

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 communicated to LACERA on October 28, 2020. 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 absent the ramp up of the OPEB trust contributions.

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

Section 2: Actuarial Valuation as of July 1, 2020

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, 2020 valuation of the LACERA retirement benefit plan. The OPEB demographic and economic assumptions and methods are based on the results of our 2020 OPEB Investigation of Experience, dated TBD. These assumptions were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants at the time representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Segal, LACERA's Health Care Benefits Consultant; Cavanaugh Macdonald, LACERA's reviewing actuary; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721.

The health-related assumptions used in the report were also agreed upon collaboratively by the following actuaries and consultants: Cavanaugh Macdonald, 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.

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, 2019 and July 1, 2020. 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, 2020, the beginning of the 2020/2021 fiscal year.

Fiduciary Net Position

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

Analysis of Change

Table 5 in each agent's section illustrates the source of change between the July 1, 2019 and the July 1, 2020 valuation.

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 ending June 30, 2018. The requirements under GASB 74 and 75 necessitate separate disclosure reports from this funding valuation. Parts of this valuation, including the 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 6.00%. The expected return for the Outside Districts is the investment earnings assumption of the County's general funds expected return of 2.30%.

Section 3: County Liabilities and Costs

The following tables show key results of the July 1, 2020 OPEB funding valuation for the County.

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

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

	<u>July 1, 2020</u>	<u>July 1, 2019</u>	<u>Percentage Change</u>
1. Membership			
Active Members	95,188	94,192	1.1%
Vested Terminated Members	8,004	7,934	0.9%
Retirees and Survivors (Death Benefit)	<u>55,053</u>	<u>53,863</u>	2.2%
Total	158,245	155,989	1.4%
Retirees and Survivors (Medical Coverage)	49,940	48,935	2.1%
Retirees and Survivors (Dental/Vision Coverage)	51,234	50,135	2.2%
Retirees and Survivors (Medicare Part B Coverage)	34,303	33,387	2.7%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 9,634.7	\$ 9,331.8	3.2%
Vested Terminated Members	448.6	441.5	1.6%
Active Members	<u>10,204.4</u>	<u>9,997.0</u>	2.1%
Total	\$ 20,287.7	\$ 19,770.3	2.6%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 15,938.0	\$ 15,729.2	1.3%
Dental/Vision	1,011.2	971.9	4.0%
Medicare Part B	3,175.0	2,909.0	9.1%
Death Benefit	<u>163.5</u>	<u>160.2</u>	2.1%
Total	\$ 20,287.7	\$ 19,770.3	2.6%

Table 2: July 1, 2020 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	\$ 8,160.8	\$ 591.2	\$ 1,431.0	\$ 122.4	\$ 10,305.4
Vested Terminated Members	547.3	32.0	92.9	5.4	677.6
Active Members	8,343.4	469.8	1,651.1	35.7	10,500.0
Total	\$ 17,051.5	\$ 1,093.0	\$ 3,175.0	\$ 163.5	\$ 21,483.0
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 620.7	\$ 50.0	\$ -	\$ -	\$ 670.7
Vested Terminated Members	216.2	12.8	-	-	229.0
Active Members	276.6	19.0	-	-	295.6
Total	\$ 1,113.5	\$ 81.8	\$ -	\$ -	\$ 1,195.3
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 7,540.1	\$ 541.2	\$ 1,431.0	\$ 122.4	\$ 9,634.7
Vested Terminated Members	331.1	19.2	92.9	5.4	448.6
Active Members	8,066.8	450.8	1,651.1	35.7	10,204.4
Total	\$ 15,938.0	\$ 1,011.2	\$ 3,175.0	\$ 163.5	\$ 20,287.7
4. NC					
Total Benefits	\$ 598.5	\$ 29.8	\$ 101.1	\$ 2.2	\$ 731.6
Retiree Paid Premiums	113.4	6.1	-	-	119.5
Net Agent Paid Benefits	\$ 485.1	\$ 23.7	\$ 101.1	\$ 2.2	\$ 612.1

Table 3: 2020-2021 Actuarially Determined Contribution (ADC): County
(All Dollar Amounts in Millions)

	<u>County</u>
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 28,132.6
Present Value of Future Normal Cost (PVFNC)	<u>7,844.9</u>
Actuarial Accrued Liability as of July 1, 2020	\$ 20,287.7
Fund Balance at July 1, 2020	<u>1,441.4</u>
Unfunded Actuarial Accrued Liability	\$ 18,846.3
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 896.3
3. 2020 - 2021 Actuarially Determined Contribution (ADC) on July 1, 2020	
Amortization of UAAL	\$ 896.3
Normal Cost	<u>612.1</u>
Actuarially Determined Contribution (ADC) as of July 1, 2020	\$ 1,508.4
4. July 1, 2020 Valuation Payroll	\$ 8,298.3
5. ADC as a Percentage of Valuation Payroll	18.18%

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

1. Fund Balance as of July 1, 2019	\$	1,189.4
2. Additions:		
Employer Contributions	\$	886.8
Investment and Miscellaneous Income		6.8
Investment Expenses		(0.9)
Total Additions	\$	<u>892.7</u>
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.1)
Benefit Payments ⁽²⁾		(640.6)
Total Deductions	\$	<u>(640.7)</u>
4. Fund Balance as of June 30, 2020	\$	1,441.4

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 ending June 30, 2020) 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.

Milliman July 1, 2020 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: County

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2019 Valuation	\$ 19,770.3	\$ (1,189.4)	\$ 18,580.9	7.63%	18.90%
2020 Experience Study Changes	291.9	0	291.9	0.17%	0.35%
Expected One-year Change	1,185.2	(324.8)	860.4	0.00%	0.15%
B. July 1, 2020 Valuation Expected	\$ 21,247.4	\$ (1,514.2)	\$ 19,733.2	7.80%	19.40%
Claim Cost Experience	(150.7)	-	(150.7)	(0.05%)	(0.14%)
Trend Assumption (Gain)/Loss ⁽³⁾	(799.5)	-	(799.5)	(0.25%)	(0.70%)
Other Experience (Gain)/Loss	(9.5)	-	(9.5)	(0.12%)	(0.42%)
Asset (Gain)/Loss	-	72.8	72.8	0.00%	0.04%
C. July 1, 2020 Valuation	\$ 20,287.7	\$ (1,441.4)	\$ 18,846.3	7.38%	18.18%

- (1) In millions of dollars
- (2) Expressed as a percentage of payroll
- (3) Includes impact of July 1, 2021 renewals

**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
6/30/2021	\$ 605.86	\$ 49.57	\$ 77.33	\$ 8.22	\$ (48.14)	\$ (4.45)	\$ 688.39
6/30/2022	629.31	50.83	87.20	8.46	(52.25)	(4.63)	718.92
6/30/2023	679.47	53.48	94.61	8.71	(57.96)	(4.94)	773.37
6/30/2024	731.35	56.26	102.65	8.96	(63.67)	(5.24)	830.31
6/30/2025	783.94	59.14	111.67	9.21	(69.23)	(5.55)	889.18
6/30/2026	842.90	62.10	121.24	9.47	(75.09)	(5.84)	954.78
6/30/2027	894.03	65.14	131.66	9.74	(80.49)	(6.14)	1,013.94
6/30/2028	951.89	68.24	142.95	10.01	(86.23)	(6.44)	1,080.42
6/30/2029	1,012.51	71.39	154.74	10.28	(92.20)	(6.74)	1,149.98
6/30/2030	1,075.24	74.60	167.63	10.55	(98.50)	(7.05)	1,222.47

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, 2020 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)**

	<u>July 1, 2020</u>	<u>July 1, 2019</u>	<u>Percentage Change</u>
1. Membership			
Active Members	4,455	4,532	(1.7%)
Vested Terminated Members	594	621	(4.3%)
Retirees and Survivors (Death Benefit)	2,935	2,830	3.7%
Total	<u>7,984</u>	<u>7,983</u>	0.0%
Retirees and Survivors (Medical Coverage)	2,397	2,317	3.5%
Retirees and Survivors (Dental/Vision Coverage)	2,439	2,366	3.1%
Retirees and Survivors (Medicare Part B Coverage)	1,657	1,570	5.5%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 419.7	\$ 390.1	7.6%
Vested Terminated Members	49.7	52.6	(5.5%)
Active Members	467.4	463.6	0.8%
Total	<u>\$ 936.8</u>	<u>\$ 906.3</u>	3.4%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 715.5	\$ 702.6	1.8%
Dental/Vision	49.4	47.2	4.7%
Medicare Part B	163.3	147.9	10.4%
Death Benefit	8.6	8.6	0.0%
Total	<u>\$ 936.8</u>	<u>\$ 906.3</u>	3.4%

**Table 2: July 1, 2020 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	\$ 355.1	\$ 26.7	\$ 67.2	\$ 6.2	\$ 455.2
Vested Terminated Members	57.3	3.3	9.6	0.4	70.6
Active Members	362.6	24.0	86.5	2.0	475.1
Total	\$ 775.0	\$ 54.0	\$ 163.3	\$ 8.6	\$ 1,000.9
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 32.8	\$ 2.7	\$ -	\$ -	\$ 35.5
Vested Terminated Members	19.7	1.2	-	-	20.9
Active Members	7.0	0.7	-	-	7.7
Total	\$ 59.5	\$ 4.6	\$ -	\$ -	\$ 64.1
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 322.3	\$ 24.0	\$ 67.2	\$ 6.2	\$ 419.7
Vested Terminated Members	37.6	2.1	9.6	0.4	49.7
Active Members	355.6	23.3	86.5	2.0	467.4
Total	\$ 715.5	\$ 49.4	\$ 163.3	\$ 8.6	\$ 936.8
4. NC					
Total Benefits	\$ 20.7	\$ 1.2	\$ 4.1	\$ 0.1	\$ 26.1
Retiree Paid Premiums	3.7	0.2	-	-	3.9
Net Agent Paid Benefits	\$ 17.0	\$ 1.0	\$ 4.1	\$ 0.1	\$ 22.2

**Table 3: 2020-2021 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)	\$ 1,210.1
Present Value of Future Normal Cost (PVFNC)	<u>273.3</u>
Actuarial Accrued Liability as of July 1, 2020	\$ 936.8
Fund Balance at July 1, 2020	<u>45.6</u>
Unfunded Actuarial Accrued Liability	\$ 891.2
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 42.4
3. 2020 - 2021 Actuarially Determined Contribution (ADC) on July 1, 2020	
Amortization of UAAL	\$ 42.4
Normal Cost	<u>22.2</u>
Actuarially Determined Contribution (ADC) as of July 1, 2020	\$ 64.6
4. July 1, 2020 Valuation Payroll	\$ 340.0
5. ADC as a Percentage of Valuation Payroll	19.00%

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

1. Fund Balance as of July 1, 2019	\$	44.5
2. Additions:		
Employer Contributions	\$	26.8
Investment and Miscellaneous Income		0.1
Investment Expenses		-
Total Additions	\$	<u>26.9</u>
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	-
Benefit Payments ⁽²⁾		<u>(25.8)</u>
Total Deductions	\$	<u>(25.8)</u>
4. Fund Balance as of June 30, 2020	\$	45.6

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 ending June 30, 2020) 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 Superior Court's investment expenses are \$45,638 and administrative expenses are \$32,843 which fall below the rounding.

Milliman July 1, 2020 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: Superior Court

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2019 Valuation	\$ 906.3	\$ (44.5)	\$ 861.8	6.69%	18.99%
2020 Experience Study Changes	16.9	0	16.9	0.18%	0.42%
Expected One-year Change	51.1	(3.7)	47.4	(0.01%)	0.23%
B. July 1, 2020 Valuation Expected	\$ 974.3	\$ (48.2)	\$ 926.1	6.86%	19.64%
Claim Cost Experience	(8.6)	-	(8.6)	(0.06%)	(0.20%)
Trend Assumption (Gain)/Loss ⁽³⁾	(37.6)	-	(37.6)	(0.26%)	(0.77%)
Other Experience (Gain)/Loss	8.7	-	8.7	(0.01%)	0.30%
Asset (Gain)/Loss	-	2.6	2.6	0.00%	0.03%
C. July 1, 2020 Valuation	\$ 936.8	\$ (45.6)	\$ 891.2	6.53%	19.00%

- (1) In millions of dollars
- (2) Expressed as a percentage of payroll
- (3) Includes impact of July 1, 2021 renewals

**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
6/30/2021	\$ 27.09	\$ 2.26	\$ 3.62	\$ 0.40	\$ (2.60)	\$ (0.25)	\$ 30.52
6/30/2022	28.01	2.33	4.13	0.41	(2.78)	(0.26)	31.84
6/30/2023	30.22	2.47	4.51	0.42	(3.05)	(0.27)	34.30
6/30/2024	32.69	2.61	4.92	0.44	(3.28)	(0.29)	37.09
6/30/2025	34.91	2.77	5.41	0.45	(3.51)	(0.30)	39.73
6/30/2026	37.59	2.93	5.96	0.46	(3.77)	(0.31)	42.86
6/30/2027	40.09	3.10	6.51	0.48	(3.98)	(0.33)	45.87
6/30/2028	43.04	3.29	7.13	0.50	(4.26)	(0.34)	49.36
6/30/2029	45.89	3.48	7.84	0.51	(4.53)	(0.35)	52.84
6/30/2030	48.80	3.67	8.60	0.53	(4.77)	(0.37)	56.46

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, 2020 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)**

	<u>July 1, 2020</u>	<u>July 1, 2019</u>	<u>Percentage Change</u>
1. Membership			
Active Members	401	396	1.3%
Vested Terminated Members	33	38	(13.2%)
Retirees and Survivors (Death Benefit)	185	178	3.9%
Total	<u>619</u>	<u>612</u>	1.1%
Retirees and Survivors (Medical Coverage)	158	149	6.0%
Retirees and Survivors (Dental/Vision Coverage)	159	152	4.6%
Retirees and Survivors (Medicare Part B Coverage)	97	90	7.8%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 30.0	\$ 29.1	3.1%
Vested Terminated Members	2.0	2.2	(9.1%)
Active Members	32.9	30.9	6.5%
Total	<u>\$ 64.9</u>	<u>\$ 62.2</u>	4.3%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 50.6	\$ 49.2	2.8%
Dental/Vision	3.2	3.0	6.7%
Medicare Part B	10.6	9.5	11.6%
Death Benefit	0.5	0.5	0.0%
Total	<u>\$ 64.9</u>	<u>\$ 62.2</u>	4.3%

**Table 2: July 1, 2020 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	\$ 26.3	\$ 1.8	\$ 4.3	\$ 0.4	\$ 32.8
Vested Terminated Members	2.6	0.1	0.4	-	3.1
Active Members	26.6	1.7	5.9	0.1	34.3
Total	\$ 55.5	\$ 3.6	\$ 10.6	\$ 0.5	\$ 70.2
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 2.6	\$ 0.2	\$ -	\$ -	\$ 2.8
Vested Terminated Members	1.0	0.1	-	-	1.1
Active Members	1.3	0.1	-	-	1.4
Total	\$ 4.9	\$ 0.4	\$ -	\$ -	\$ 5.3
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 23.7	\$ 1.6	\$ 4.3	\$ 0.4	\$ 30.0
Vested Terminated Members	1.6	-	0.4	-	2.0
Active Members	25.3	1.6	5.9	0.1	32.9
Total	\$ 50.6	\$ 3.2	\$ 10.6	\$ 0.5	\$ 64.9
4. NC					
Total Benefits	\$ 2.2	\$ 0.1	\$ 0.4	\$ -	\$ 2.7
Retiree Paid Premiums	0.5	-	-	-	0.5
Net Agent Paid Benefits	\$ 1.7	\$ 0.1	\$ 0.4	\$ -	\$ 2.2

Table 3: 2020-2021 Actuarially Determined Contribution (ADC): LACERA
(All Dollar Amounts in Millions)

	LACERA
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 94.9
Present Value of Future Normal Cost (PVFNC)	30.0
Actuarial Accrued Liability as of July 1, 2020	\$ 64.9
Fund Balance at July 1, 2020	5.6
Unfunded Actuarial Accrued Liability	\$ 59.3
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 2.8
3. 2020 - 2021 Actuarially Determined Contribution (ADC) on July 1, 2020	
Amortization of UAAL	\$ 2.8
Normal Cost	2.2
Actuarially Determined Contribution (ADC) as of July 1, 2020	\$ 5.0
4. July 1, 2020 Valuation Payroll	\$ 43.2
5. ADC as a Percentage of Valuation Payroll	11.57%

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

1. Fund Balance as of July 1, 2019	\$	4.6
2. Additions:		
Employer Contributions	\$	3.0
Investment and Miscellaneous Income		-
Investment Expenses		-
Total Additions	\$	<u>3.0</u>
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	-
Benefit Payments ⁽²⁾		<u>(2.0)</u>
Total Deductions	\$	<u>(2.0)</u>
4. Fund Balance as of June 30, 2020	\$	5.6

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 ending June 30, 2020) 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 \$7,342 and administrative expenses are \$8,210 which fall below the rounding.

Milliman July 1, 2020 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

Table 5: Analysis of Change: LACERA

Sources of Change	Actuarial Accrued Liability ⁽¹⁾	(Assets) ⁽¹⁾	Unfunded Actuarial Accrued Liability ⁽¹⁾	Normal Cost Rate ⁽²⁾	ADC Percentage ⁽²⁾
A. July 1, 2019 Valuation	\$ 62.2	\$ (4.6)	\$ 57.6	5.39%	12.01%
2020 Experience Study Changes	1.2	-	1.2	0.24%	0.48%
Expected One-year Change	4.1	(1.3)	2.8	0.07%	0.09%
B. July 1, 2020 Valuation Expected	\$ 67.5	\$ (5.9)	\$ 61.6	5.70%	12.58%
Claim Cost Experience	(0.5)	-	(0.5)	0.00%	(0.23%)
Trend Assumption (Gain)/Loss ⁽³⁾	(2.7)	-	(2.7)	(0.47%)	(0.70%)
Other Experience (Gain)/Loss	0.6	0.3	0.9	(0.14%)	(0.08%)
Asset (Gain)/Loss	-	-	-	0.00%	0.00%
C. July 1, 2020 Valuation	\$ 64.9	\$ (5.6)	\$ 59.3	5.09%	11.57%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes impact of July 1, 2021 renewals

**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
6/30/2021	\$ 2.03	\$ 0.15	\$ 0.21	\$ 0.02	\$ (0.19)	\$ (0.02)	\$ 2.20
6/30/2022	2.09	0.15	0.25	0.02	(0.21)	(0.02)	2.28
6/30/2023	2.26	0.16	0.27	0.02	(0.25)	(0.02)	2.44
6/30/2024	2.40	0.17	0.30	0.03	(0.28)	(0.02)	2.60
6/30/2025	2.54	0.19	0.34	0.03	(0.31)	(0.02)	2.77
6/30/2026	2.70	0.20	0.37	0.03	(0.34)	(0.02)	2.94
6/30/2027	2.90	0.21	0.41	0.03	(0.37)	(0.03)	3.15
6/30/2028	3.09	0.22	0.45	0.03	(0.40)	(0.03)	3.36
6/30/2029	3.27	0.23	0.50	0.03	(0.43)	(0.03)	3.57
6/30/2030	3.51	0.25	0.55	0.04	(0.47)	(0.03)	3.85

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, 2020 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, 2020	July 1, 2019	Percentage Change
1. Membership			
Active Members	100,044	99,120	0.9%
Vested Terminated Members	8,631	8,593	0.4%
Retirees and Survivors (Death Benefit)	58,173	56,871	2.3%
Total	<u>166,848</u>	<u>164,584</u>	1.4%
Retirees and Survivors (Medical Coverage)	52,495	51,401	2.1%
Retirees and Survivors (Dental/Vision Coverage)	53,832	52,653	2.2%
Retirees and Survivors (Medicare Part B Coverage)	36,057	35,047	2.9%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 10,084.4	\$ 9,751.0	3.4%
Vested Terminated Members	500.3	496.3	0.8%
Active Members	10,704.7	10,491.5	2.0%
Total	<u>\$ 21,289.4</u>	<u>\$ 20,738.8</u>	2.7%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 16,704.1	\$ 16,481.0	1.4%
Dental/Vision	1,063.8	1,022.1	4.1%
Medicare Part B	3,348.9	3,066.4	9.2%
Death Benefit	172.6	169.3	1.9%
Total	<u>\$ 21,289.4</u>	<u>\$ 20,738.8</u>	2.7%

**Table 2: July 1, 2020 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	\$ 8,542.2	\$ 619.7	\$ 1,502.5	\$ 129.0	\$ 10,793.4
Vested Terminated Members	607.2	35.4	102.9	5.8	751.3
Active Members	8,732.6	495.5	1,743.5	37.8	11,009.4
Total	\$ 17,882.0	\$ 1,150.6	\$ 3,348.9	\$ 172.6	\$ 22,554.1
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 656.1	\$ 52.9	\$ -	\$ -	\$ 709.0
Vested Terminated Members	236.9	14.1	-	-	251.0
Active Members	284.9	19.8	-	-	304.7
Total	\$ 1,177.9	\$ 86.8	\$ -	\$ -	\$ 1,264.7
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 7,886.1	\$ 566.8	\$ 1,502.5	\$ 129.0	\$ 10,084.4
Vested Terminated Members	370.3	21.3	102.9	5.8	500.3
Active Members	8,447.7	475.7	1,743.5	37.8	10,704.7
Total	\$ 16,704.1	\$ 1,063.8	\$ 3,348.9	\$ 172.6	\$ 21,289.4
4. NC					
Total Benefits	\$ 621.4	\$ 31.1	\$ 105.6	\$ 2.3	\$ 760.4
Retiree Paid Premiums	117.6	6.3	-	-	123.9
Net Agent Paid Benefits	\$ 503.8	\$ 24.8	\$ 105.6	\$ 2.3	\$ 636.5

**Table 3: 2020-2021 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)	\$ 29,437.6
Present Value of Future Normal Cost (PVFNC)	<u>8,148.2</u>
Actuarial Accrued Liability as of July 1, 2020	\$ 21,289.4
Fund Balance at July 1, 2020	<u>1,492.6</u>
Unfunded Actuarial Accrued Liability	\$ 19,796.8
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.027
UAAL Amortization Payment	\$ 941.5
3. 2020 - 2021 Actuarially Determined Contribution (ADC) on July 1, 2020	
Amortization of UAAL	\$ 941.5
Normal Cost	<u>636.5</u>
Actuarially Determined Contribution (ADC) as of July 1, 2020	\$ 1,578.0
4. July 1, 2020 Valuation Payroll	\$ 8,681.5
5. ADC as a Percentage of Valuation Payroll	18.18%

**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, 2019	\$	1,238.5
2. Additions:		
Employer Contributions	\$	916.6
Investment and Miscellaneous Income		7.0
Investment Expenses		(0.9)
Total Additions	\$	<u>922.7</u>
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.2)
Benefit Payments ⁽²⁾		(668.4)
Total Deductions	\$	<u>(668.6)</u>
4. Fund Balance as of June 30, 2020	\$	1,492.6

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 ending June 30, 2020) 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.

Milliman July 1, 2020 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

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

Sources of Change	Actuarial Accrued Liability⁽¹⁾	(Assets)⁽¹⁾	Unfunded Actuarial Accrued Liability⁽¹⁾	Normal Cost Rate⁽²⁾	ADC Percentage⁽²⁾
A. July 1, 2019 Valuation	\$ 20,738.8	\$ (1,238.5)	\$ 19,500.3	7.58%	18.87%
2020 Experience Study Changes	310.0	-	310.0	0.18%	0.36%
Expected One-year Change	1,240.4	(329.8)	910.6	0.00%	0.14%
B. July 1, 2020 Valuation Expected	\$ 22,289.2	\$ (1,568.3)	\$ 20,720.9	7.76%	19.37%
Claim Cost Experience	(159.8)	-	(159.8)	(0.05%)	(0.14%)
Trend Assumption (Gain)/Loss ⁽³⁾	(839.8)	-	(839.8)	(0.25%)	(0.71%)
Other Experience (Gain)/Loss	(0.2)	-	(0.2)	(0.12%)	(0.38%)
Asset (Gain)/Loss	-	75.7	75.7	0.00%	0.04%
C. July 1, 2020 Valuation	\$ 21,289.4	\$ (1,492.6)	\$ 19,796.8	7.33%	18.18%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes impact of July 1, 2021 renewals

**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
6/30/2021	\$ 634.95	\$ 51.99	\$ 81.16	\$ 8.65	\$ (50.93)	\$ (4.71)	\$ 721.11
6/30/2022	659.39	53.32	91.58	8.90	(55.24)	(4.91)	753.04
6/30/2023	711.93	56.11	99.39	9.16	(61.25)	(5.23)	810.11
6/30/2024	766.45	59.05	107.87	9.42	(67.24)	(5.55)	870.00
6/30/2025	821.40	62.09	117.42	9.69	(73.05)	(5.87)	931.68
6/30/2026	883.19	65.22	127.58	9.97	(79.20)	(6.18)	1,000.58
6/30/2027	937.02	68.45	138.58	10.25	(84.85)	(6.49)	1,062.96
6/30/2028	998.03	71.74	150.54	10.54	(90.90)	(6.81)	1,133.14
6/30/2029	1,061.67	75.10	163.08	10.83	(97.16)	(7.13)	1,206.39
6/30/2030	1,127.55	78.52	176.77	11.12	(103.73)	(7.45)	1,282.78

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, 2020 OPEB funding valuation for the all agents combined.

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

The following agents are included in this section:

Agencies that are prefunding the liability utilize a 6.00% 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 2.30% 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 0.06% of the total Actuarial Accrued Liability.

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

	<u>July 1, 2020</u>	<u>July 1, 2019</u>	<u>Percentage Change</u>
1. Membership			
Active Members	100,051	99,128	0.9%
Vested Terminated Members	8,631	8,593	0.4%
Retirees and Survivors (Death Benefit)	<u>58,277</u>	<u>56,982</u>	2.3%
Total	166,959	164,703	1.4%
Retirees and Survivors (Medical Coverage)	52,589	51,499	2.1%
Retirees and Survivors (Dental/Vision Coverage)	53,918	52,743	2.2%
Retirees and Survivors (Medicare Part B Coverage)	36,125	35,118	2.9%
2. AAL Summary - Total Paid Benefits by Member Status			
Retirees and Survivors	\$ 10,096.0	\$ 9,763.6	3.4%
Vested Terminated Members	500.3	496.3	0.8%
Active Members	<u>10,706.4</u>	<u>10,492.7</u>	2.0%
Total	\$ 21,302.7	\$ 20,752.6	2.7%
3. AAL Summary - Total Paid Benefits by Coverage			
Medical	\$ 16,714.0	\$ 16,491.7	1.3%
Dental/Vision	1,064.5	1,022.8	4.1%
Medicare Part B	3,351.2	3,068.4	9.2%
Death Benefit	<u>173.0</u>	<u>169.7</u>	1.9%
Total	\$ 21,302.7	\$ 20,752.6	2.7%

**Table 2: July 1, 2020 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	\$ 8,554.4	\$ 620.5	\$ 1,504.5	\$ 129.4	\$ 10,808.8
Vested Terminated Members	607.2	35.4	102.9	5.8	751.3
Active Members	8,733.9	495.6	1,743.8	37.8	11,011.1
Total	\$ 17,895.5	\$ 1,151.5	\$ 3,351.2	\$ 173.0	\$ 22,571.2
2. AAL - Retiree Paid Premiums					
Retirees and Survivors	\$ 659.7	\$ 53.1	\$ -	\$ -	\$ 712.8
Vested Terminated Members	236.9	14.1	-	-	251.0
Active Members	284.9	19.8	-	-	304.7
Total	\$ 1,181.5	\$ 87.0	\$ -	\$ -	\$ 1,268.5
3. AAL - Agent Paid Benefits (1) - (2)					
Retirees and Survivors	\$ 7,894.7	\$ 567.4	\$ 1,504.5	\$ 129.4	\$ 10,096.0
Vested Terminated Members	370.3	21.3	102.9	5.8	500.3
Active Members	8,449.0	475.8	1,743.8	37.8	10,706.4
Total	\$ 16,714.0	\$ 1,064.5	\$ 3,351.2	\$ 173.0	\$ 21,302.7
4. NC					
Total Benefits	\$ 621.5	\$ 31.1	\$ 105.6	\$ 2.3	\$ 760.5
Retiree Paid Premiums	117.6	6.3	-	-	123.9
Net Agent Paid Benefits	\$ 503.9	\$ 24.8	\$ 105.6	\$ 2.3	\$ 636.6

**Table 3: 2020-2021 Actuarially Determined Contribution (ADC): Total
 (All Dollar Amounts in Millions)**

	Total
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 29,453.6
Present Value of Future Normal Cost (PVFNC)	8,150.9
Actuarial Accrued Liability as of July 1, 2020	\$ 21,302.7
Fund Balance at July 1, 2020	1,492.6
Unfunded Actuarial Accrued Liability	\$ 19,810.1
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30.0
Amortization Factor	21.030
UAAL Amortization Payment	\$ 942.0
3. 2020 - 2021 Actuarially Determined Contribution (ADC) on July 1, 2020	
Amortization of UAAL	\$ 942.0
Normal Cost	636.6
Actuarially Determined Contribution (ADC) as of July 1, 2020	\$ 1,578.6
4. July 1, 2020 Valuation Payroll	\$ 8,682.2
5. ADC as a Percentage of Valuation Payroll	18.18%

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

1. Fund Balance as of July 1, 2019	\$	1,238.5
2. Additions:		
Employer Contributions	\$	917.0
Investment and Miscellaneous Income		7.0
Investment Expenses		(0.9)
Total Additions	\$	<u>923.1</u>
3. Deductions:		
Administrative Expenses ⁽¹⁾	\$	(0.2)
Benefit Payments ⁽²⁾		(668.8)
Total Deductions	\$	<u>(669.0)</u>
4. Fund Balance as of June 30, 2020	\$	1,492.6

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 ending June 30, 2020) 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.

Milliman July 1, 2020 OPEB Actuarial Valuation
Los Angeles County Employees Retirement Association

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, 2019 Valuation	\$ 20,752.6	\$ (1,238.5)	\$ 19,514.1	7.58%	18.87%
2020 Experience Study Changes	313.6	-	313.6	0.18%	0.36%
Expected One-year Change	1,240.5	(329.8)	910.7	0.00%	0.15%
B. July 1, 2020 Valuation Expected	\$ 22,306.7	\$ (1,568.3)	\$ 20,738.4	7.76%	19.38%
Claim Cost Experience	(159.5)	-	(159.5)	(0.06%)	(0.14%)
Trend Assumption (Gain)/Loss ⁽³⁾	(840.6)	-	(840.6)	(0.25%)	(0.71%)
Other Experience (Gain)/Loss	(3.9)	-	(3.9)	(0.12%)	(0.39%)
Asset (Gain)/Loss	-	75.7	75.7	0.00%	0.04%
C. July 1, 2020 Valuation	\$ 21,302.7	\$ (1,492.6)	\$ 19,810.1	7.33%	18.18%

(1) In millions of dollars

(2) Expressed as a percentage of payroll

(3) Includes impact of July 1, 2021 renewals

**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
6/30/2021	\$ 635.94	\$ 52.06	\$ 81.31	\$ 8.68	\$ (51.16)	\$ (4.73)	\$ 722.10
6/30/2022	660.30	53.39	91.73	8.93	(55.46)	(4.93)	753.96
6/30/2023	712.81	56.18	99.53	9.19	(61.47)	(5.25)	810.99
6/30/2024	767.30	59.11	108.01	9.45	(67.46)	(5.57)	870.84
6/30/2025	822.21	62.15	117.56	9.72	(73.27)	(5.88)	932.49
6/30/2026	883.99	65.28	127.71	10.00	(79.42)	(6.20)	1,001.36
6/30/2027	937.76	68.51	138.71	10.28	(85.06)	(6.51)	1,063.69
6/30/2028	998.74	71.80	150.66	10.56	(91.10)	(6.82)	1,133.84
6/30/2029	1,062.36	75.15	163.20	10.85	(97.36)	(7.14)	1,207.06
6/30/2030	1,128.22	78.56	176.89	11.14	(103.93)	(7.46)	1,283.42

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 Payroll	UAAL as a Percentage of Covered Employee Payroll
July 1, 2014	\$483,800	\$28,546,600	\$28,062,800	1.7%	N/A	N/A
July 1, 2016	560,800	25,912,600	25,351,800	2.2%	N/A	N/A
July 1, 2017	742,900	26,300,800	25,557,900	2.8%	\$8,544,140	299.1%
July 1, 2018	941,010	21,066,800	20,125,790	4.5%	8,954,417	224.8%
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%

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

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)

	Valuation as of July 1					
	<u>2014</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Prior Valuation Unfunded Actuarial Accrued Liability	\$ 26,953	\$ 28,063	\$ 25,352	\$ 25,558	\$ 20,126	\$ 19,514
Expected Increase (Decrease) from Prior Valuation	3,873	3,240	1,462	1,170	1,005	911
Claim Costs Greater (Less) than Expected ¹	(5,471)	(2,322)	(1,213)	(1,067)	(1,589)	(1,000)
Change in Assumptions ²	3,238	(3,385)	-	(6,936)	(35)	314
Change in Assets	(484)	78	(54)	(28)	1	76
All Other Experience ³	(46)	(322)	11	1,429	6	(5)
Ending Unfunded Actuarial Accrued Liability	\$ 28,063	\$ 25,352	\$ 25,558	\$ 20,126	\$ 19,514	\$ 19,810

¹ This amount Includes the trend assumption change.

² In 2016, this amount includes the impact from Tier 2.

³ In 2018, this amount is mostly the impact of the Excise Tax.

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

(Dollars in Millions)

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

¹ Includes vested former members.

Discussion of the Transition from Cost Sharing to Agent

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

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

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

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

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

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

Discussion of GASB Statements No. 74 and 75

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

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

The effective date for this statement is applicable to LACERA's fiscal year reporting period ending June 30, 2017. Milliman prepared LACERA's first GASB 74 disclosure report issued on September 27, 2017 and was based on the July 1, 2016 OPEB valuation, measurement date of June 30, 2017 and reporting date of June 30, 2017. The second GASB 74 disclosure report was based on the July 1, 2017 OPEB valuation, measurement date of June 30, 2018 and reporting date of June 30, 2018. Due to the change from cost sharing to agent, the GASB 74 report with a reporting date of June 30, 2019 and thereafter 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 valuation will be the basis for the GASB 75 disclosure report with a measurement date of June 30, 2020 and a reporting date of June 30, 2021.

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, 2019, as a result of the 2019 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in January 2020. These assumptions are consistent with the June 30, 2020 retirement funding valuation. The investment earnings assumptions are OPEB specific and were reviewed and changed June 30, 2020 as a result of the 2020 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 December 2017 Board of Investments meeting, which is a different asset allocation from the one used for the retirement benefits plan. LACERA conducts an asset allocation study every three years and a new one is expected to be completed in 2021. 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 2020 OPEB Experience Study. The OPEB specific assumptions other than premiums, claim costs, aging, and trend were changed as a result of the 2020 OPEB Investigation of Experience Study approved in the March 2021 Board of Retirement meeting. The premiums, claim costs, aging, and trend updated with the 2021-2022 annual medical and dental plan rate renewals are updated in this Appendix A.

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

Table A-1 summarizes the assumptions. The general wage increase, inflation, and retirement specific demographic assumptions were developed in the 2019 retirement benefits experience study. Nearly all of the OPEB specific demographic and investment earnings assumptions were developed in the 2020 OPEB experience study report. The claim costs and health cost trend assumptions with the 2021-2022 annual medical and dental plan rate renewals were updated in the July 1, 2020 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 2019 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 2019 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 2019 Retirement Benefit Investigation of Experience Study.

Tables A-6 to A-13 present the rates of separation of active service. These were developed from the experience as measured by the 2019 Retirement Benefit Investigation of Experience Study. The rates are the probabilities a member will leave active employment for various reasons.

OPEB Assumptions

Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2020 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, 2020 premium and claim information.

Table A-22 presents the health cost trend rates for the July 1, 2020 OPEB valuation. These rates reflect the final July 1, 2021 annual medical and dental plan rate renewals. These rates do reflect the impact from the enactment of H.R. 1865 which includes the repeal of the Affordable Care Act (ACA) Excise Tax and the inclusion of the ACA Health Insurer fee for only calendar year 2020.

Table A-23 presents the assumed retirement rates for vested terminated members developed from the 2020 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. We will consider changing the amortization method in the 2023 OPEB Investigation of Experience.

Records and Data

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

Growth in Membership

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

Valuation of Assets

The asset valuation method is market value.

Investment Earnings and Expenses

The investment earnings assumption 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 6.00%. The investment earnings assumption for agents that are not prefunding through the OPEB Trust is the County's general funds expected return of 2.30%. These rates were adopted from the 2020 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. The first-year trends reflect the final July 1, 2021 annual medical and dental plan rate renewals in the July 1, 2020 OPEB Valuation. See the discussion in Table A-22 for more details about the trend assumptions. These trend rates were adopted July 1, 2020.

Future Salaries

The 3.25% per annum rate of increase in the general wage level of membership is in Table A-5. This rate was adopted June 30, 2019.

Retirement

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

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

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, 2019. The terminated vested member's retirement probabilities were adopted July 1, 2020, for purposes of the OPEB program valuation.

Disability

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

Postretirement Mortality – Other Than Disabled Members

The same postretirement mortality rates are used in the valuation for active members, members retired for service, and beneficiaries. These rates are illustrated in Table A-2. 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. Note that these assumptions directly reflect the expected future mortality improvement. These rates were adopted June 30, 2019.

Males	General members: PubG-2010 Healthy Retiree Mortality Table for Males, with MP-2014 Ultimate Projection Scale. Safety members: PubS-2010 Healthy Retiree Mortality Table for Males multiplied by 85%, with MP- 2014 Ultimate Projection Scale.
Females	General members: PubG-2010 Healthy Retiree Mortality Table for Females multiplied by 110%, with MP-2014 Ultimate Projection Scale. Safety members: PubS-2010 Healthy Retiree Mortality Table for Females, with MP-2014 Ultimate Projection Scale.

Postretirement Mortality – Disabled Members

For disabled members, the mortality rates used in the valuation rates are illustrated in Table A-3. Note that these assumptions directly reflect the expected future mortality improvement. These rates were adopted June 30, 2019.

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-2014 Ultimate Projection Scale. Safety members: PubS-2010 Healthy Retiree Mortality Table for Males, with MP-2014 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-2014 Ultimate Projection Scale. Safety members: PubS-2010 Healthy Retiree Mortality Table for Females, with MP-2014 Ultimate Projection Scale.

Mortality While in Active Status

For active members, the mortality rates used in the valuation are illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2019.

Class	Gender	Proposed 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-2014 Ultimate projection scale.

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, 2019.

Terminating employees may withdraw their contributions immediately upon termination of employment and forfeit the right to further retirement, medical, dental/vision, and death benefits, or they may leave their contributions with LACERA. Former contributing members whose contributions are on deposit may later elect to receive a refund, may return to work, or may remain inactive until becoming eligible to receive a retirement benefit under either LACERA or a reciprocal retirement plan. All terminating members who are not eligible for vested benefits are assumed to withdraw their contributions immediately. All terminating members are assumed not to be rehired 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 rates in Table A-4 were adopted June 30, 2019.

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 2020 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, 2020

- I. Economic Assumptions
 - A. General wage increases 3.25%
 - B1. Investment earnings (prefunding in OPEB Trust) 6.00%
 - B2. Investment earnings (no prefunding in OPEB Trust) 2.30%
 - 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 – Current beneficiary mortality is assumed to be the same as for healthy members of the same gender. Future beneficiaries are assumed to be of the opposite gender and have the same mortality as General members.

1. All mortality probabilities are projected using the MP-2014 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 <i>Post</i> 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 Male	Safety Female	General Male	General 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
65 & Less	1.000%
70	1.000%
75	1.000%
80	1.000%
85	1.000%
90	0.930%
95	0.850%
100	0.640%
105	0.430%
110	0.210%
115	0.000%

1. Mortality 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 2020 is 7.0223% calculated as follows:

$$\begin{aligned}
 \text{Age 85 probability in 2020} &= \text{Age 85 probability in 2010 with 10 years improvement} \\
 &= 7.7648\% \times (100.0\% - 1.0\%)^{10} \\
 &= 7.0223\%
 \end{aligned}$$

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	32%	30%
6	32%	30%
7	32%	30%
8	32%	28%
9	31%	26%
10	31%	24%
11	30%	22%
12	30%	20%
13	29%	18%
14	28%	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 & Above	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%	8.00%
3	4.10%	6.00%
4	3.50%	4.50%
5	3.00%	3.25%
6	2.50%	2.50%
7	2.00%	2.00%
8	1.60%	1.50%
9	1.30%	1.35%
10	1.15%	1.20%
11	1.00%	1.05%
12	0.85%	0.95%
13	0.75%	0.85%
14	0.70%	0.75%
15	0.65%	0.70%
16	0.60%	0.65%
17	0.55%	0.60%
18	0.50%	0.55%
19	0.45%	2.25%
20	0.40%	0.50%
21	0.35%	0.50%
22	0.30%	0.50%
23	0.25%	0.50%
24	0.25%	3.00%
25	0.25%	0.50%
26	0.25%	0.50%
27	0.25%	0.50%
28	0.25%	0.50%
29	0.25%	3.00%
30 & Above	0.25%	0.50%

**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 rates needed for each LACERA plan by gender:

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

Table A-6
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	0.32000	0.00500	0.00390	0.00092	N/A	0.00383
61	0.32000	0.00500	0.00420	0.00096	N/A	0.00413
62	0.32000	0.00500	0.00450	0.00100	N/A	0.00445
63	0.32000	0.00500	0.00450	0.00104	N/A	0.00481
64	0.32000	0.00500	0.00450	0.00108	N/A	0.00520
65	0.32000	0.00500	0.00450	0.00112	N/A	0.00562
66	0.25000	0.00500	0.00450	0.00116	N/A	0.00607
67	0.24000	0.00500	0.00450	0.00120	N/A	0.00658
68	0.24000	0.00500	0.00450	0.00124	N/A	0.00713
69	0.24000	0.00500	0.00450	0.00128	N/A	0.00775
70	0.24000	0.00500	0.00450	0.00132	N/A	0.00844
71	0.24000	0.00500	0.00450	0.00136	N/A	0.00920
72	0.24000	0.00500	0.00450	0.00140	N/A	0.01004
73	0.24000	0.00500	0.00450	0.00144	N/A	0.01098
74	0.24000	0.00500	0.00450	0.00148	N/A	0.01201
75	1.00000	0.00000	0.00000	0.00000	N/A	0.01315

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	0.32000	0.00500	0.00222	0.00072	N/A	0.00242
61	0.32000	0.00500	0.00236	0.00076	N/A	0.00264
62	0.32000	0.00500	0.00250	0.00080	N/A	0.00289
63	0.32000	0.00500	0.00250	0.00084	N/A	0.00317
64	0.32000	0.00500	0.00250	0.00088	N/A	0.00350
65	0.32000	0.00500	0.00250	0.00092	N/A	0.00385
66	0.25000	0.00500	0.00250	0.00096	N/A	0.00425
67	0.24000	0.00500	0.00250	0.00100	N/A	0.00471
68	0.24000	0.00500	0.00250	0.00104	N/A	0.00520
69	0.24000	0.00500	0.00250	0.00108	N/A	0.00575
70	0.24000	0.00500	0.00250	0.00112	N/A	0.00636
71	0.24000	0.00500	0.00250	0.00116	N/A	0.00703
72	0.24000	0.00500	0.00250	0.00120	N/A	0.00777
73	0.24000	0.00500	0.00250	0.00124	N/A	0.00859
74	0.24000	0.00500	0.00250	0.00128	N/A	0.00950
75	1.00000	0.00000	0.00000	0.00000	N/A	0.01050

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

Age	Service Retirement Plan D	Service Retirement Plan G	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.00000	0.00000	0.00010	0.00010	N/A	0.00043	0	0.07000
19	0.00000	0.00000	0.00010	0.00010	N/A	0.00046	1	0.05500
20	0.00000	0.00000	0.00010	0.00010	N/A	0.00044	2	0.04000
21	0.00000	0.00000	0.00010	0.00010	N/A	0.00043	3	0.03250
22	0.00000	0.00000	0.00010	0.00010	N/A	0.00040	4	0.02500
23	0.00000	0.00000	0.00010	0.00010	N/A	0.00037	5	0.02330
24	0.00000	0.00000	0.00010	0.00010	N/A	0.00035	6	0.02170
25	0.00000	0.00000	0.00010	0.00010	N/A	0.00034	7	0.02000
26	0.00000	0.00000	0.00010	0.00010	N/A	0.00036	8	0.01900
27	0.00000	0.00000	0.00010	0.00010	N/A	0.00037	9	0.01800
28	0.00000	0.00000	0.00010	0.00010	N/A	0.00040	10	0.01700
29	0.00000	0.00000	0.00010	0.00010	N/A	0.00041	11	0.01600
30	0.00000	0.00000	0.00010	0.00020	N/A	0.00043	12	0.01500
31	0.00000	0.00000	0.00010	0.00020	N/A	0.00046	13	0.01400
32	0.00000	0.00000	0.00010	0.00020	N/A	0.00048	14	0.01300
33	0.00000	0.00000	0.00016	0.00020	N/A	0.00050	15	0.01200
34	0.00000	0.00000	0.00022	0.00020	N/A	0.00053	16	0.01100
35	0.00000	0.00000	0.00028	0.00020	N/A	0.00056	17	0.01000
36	0.00000	0.00000	0.00034	0.00020	N/A	0.00060	18	0.00920
37	0.00000	0.00000	0.00040	0.00020	N/A	0.00064	19	0.00840
38	0.00000	0.00000	0.00048	0.00020	N/A	0.00068	20	0.00760
39	0.00000	0.00000	0.00056	0.00020	N/A	0.00073	21	0.00680
40	0.01500	0.00000	0.00064	0.00020	N/A	0.00079	22	0.00600
41	0.01500	0.00000	0.00072	0.00020	N/A	0.00085	23	0.00560
42	0.01500	0.00000	0.00080	0.00020	N/A	0.00092	24	0.00520
43	0.01500	0.00000	0.00084	0.00024	N/A	0.00100	25	0.00480
44	0.01500	0.00000	0.00088	0.00028	N/A	0.00108	26	0.00440
45	0.01500	0.00000	0.00092	0.00032	N/A	0.00118	27	0.00400
46	0.01500	0.00000	0.00096	0.00036	N/A	0.00128	28	0.00400
47	0.01500	0.00000	0.00100	0.00040	N/A	0.00139	29	0.00400
48	0.01500	0.00000	0.00104	0.00044	N/A	0.00152	30 & Above	0.00000
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	0.02500	0.02000	0.00228	0.00072	N/A	0.00263		
56	0.02500	0.02000	0.00264	0.00076	N/A	0.00283		
57	0.03000	0.02400	0.00300	0.00080	N/A	0.00306		
58	0.03500	0.02800	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	0.08000	0.06400	0.00420	0.00096	N/A	0.00413		
62	0.11000	0.11000	0.00450	0.00100	N/A	0.00445		
63	0.11000	0.11000	0.00450	0.00104	N/A	0.00481		
64	0.16000	0.16000	0.00450	0.00108	N/A	0.00520		
65	0.23000	0.18000	0.00450	0.00112	N/A	0.00562		
66	0.20000	0.18000	0.00450	0.00116	N/A	0.00607		
67	0.19000	0.30000	0.00450	0.00120	N/A	0.00658		
68	0.18000	0.18000	0.00450	0.00124	N/A	0.00713		
69	0.20000	0.20000	0.00450	0.00128	N/A	0.00775		
70	0.23000	0.23000	0.00450	0.00132	N/A	0.00844		
71	0.20000	0.20000	0.00450	0.00136	N/A	0.00920		
72	0.20000	0.20000	0.00450	0.00140	N/A	0.01004		
73	0.20000	0.20000	0.00450	0.00144	N/A	0.01098		
74	0.20000	0.20000	0.00450	0.00148	N/A	0.01201		
75	1.00000	1.00000	0.00000	0.00000	N/A	0.01315		

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

Age	Service Retirement Plan D	Service Retirement Plan G	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	0	0.07000
19	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	1	0.05500
20	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	2	0.04000
21	0.00000	0.00000	0.00015	0.00010	N/A	0.00016	3	0.03250
22	0.00000	0.00000	0.00015	0.00010	N/A	0.00014	4	0.02500
23	0.00000	0.00000	0.00015	0.00010	N/A	0.00013	5	0.02330
24	0.00000	0.00000	0.00015	0.00010	N/A	0.00012	6	0.02170
25	0.00000	0.00000	0.00015	0.00010	N/A	0.00012	7	0.02000
26	0.00000	0.00000	0.00015	0.00010	N/A	0.00013	8	0.01900
27	0.00000	0.00000	0.00015	0.00010	N/A	0.00014	9	0.01800
28	0.00000	0.00000	0.00015	0.00010	N/A	0.00016	10	0.01700
29	0.00000	0.00000	0.00015	0.00010	N/A	0.00017	11	0.01600
30	0.00000	0.00000	0.00015	0.00010	N/A	0.00020	12	0.01500
31	0.00000	0.00000	0.00015	0.00010	N/A	0.00021	13	0.01400
32	0.00000	0.00000	0.00015	0.00010	N/A	0.00023	14	0.01300
33	0.00000	0.00000	0.00020	0.00010	N/A	0.00025	15	0.01200
34	0.00000	0.00000	0.00025	0.00010	N/A	0.00027	16	0.01100
35	0.00000	0.00000	0.00030	0.00010	N/A	0.00030	17	0.01000
36	0.00000	0.00000	0.00035	0.00010	N/A	0.00033	18	0.00920
37	0.00000	0.00000	0.00040	0.00010	N/A	0.00036	19	0.00840
38	0.00000	0.00000	0.00042	0.00014	N/A	0.00039	20	0.00760
39	0.00000	0.00000	0.00044	0.00018	N/A	0.00043	21	0.00680
40	0.01500	0.00000	0.00046	0.00022	N/A	0.00047	22	0.00600
41	0.01500	0.00000	0.00048	0.00026	N/A	0.00052	23	0.00560
42	0.01500	0.00000	0.00050	0.00030	N/A	0.00056	24	0.00520
43	0.01500	0.00000	0.00060	0.00032	N/A	0.00061	25	0.00480
44	0.01500	0.00000	0.00070	0.00034	N/A	0.00066	26	0.00440
45	0.01500	0.00000	0.00080	0.00036	N/A	0.00073	27	0.00400
46	0.01500	0.00000	0.00090	0.00038	N/A	0.00079	28	0.00400
47	0.01500	0.00000	0.00100	0.00040	N/A	0.00086	29	0.00400
48	0.01500	0.00000	0.00110	0.00042	N/A	0.00092	30 & Above	0.00000
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	0.02500	0.02000	0.00168	0.00056	N/A	0.00160		
56	0.02500	0.02000	0.00174	0.00058	N/A	0.00173		
57	0.03000	0.02400	0.00180	0.00060	N/A	0.00187		
58	0.03500	0.02800	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	0.08000	0.06400	0.00236	0.00076	N/A	0.00264		
62	0.11000	0.11000	0.00250	0.00080	N/A	0.00289		
63	0.11000	0.11000	0.00250	0.00084	N/A	0.00317		
64	0.16000	0.16000	0.00250	0.00088	N/A	0.00350		
65	0.23000	0.18000	0.00250	0.00092	N/A	0.00385		
66	0.20000	0.18000	0.00250	0.00096	N/A	0.00425		
67	0.19000	0.30000	0.00250	0.00100	N/A	0.00471		
68	0.18000	0.18000	0.00250	0.00104	N/A	0.00520		
69	0.20000	0.20000	0.00250	0.00108	N/A	0.00575		
70	0.23000	0.23000	0.00250	0.00112	N/A	0.00636		
71	0.20000	0.20000	0.00250	0.00116	N/A	0.00703		
72	0.20000	0.20000	0.00250	0.00120	N/A	0.00777		
73	0.20000	0.20000	0.00250	0.00124	N/A	0.00859		
74	0.20000	0.20000	0.00250	0.00128	N/A	0.00950		
75	1.00000	1.00000	0.00000	0.00000	N/A	0.01050		

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.00000	N/A	N/A	N/A	0.00043	0	0.15000
19	0.00000	N/A	N/A	N/A	0.00046	1	0.08000
20	0.00000	N/A	N/A	N/A	0.00044	2	0.06000
21	0.00000	N/A	N/A	N/A	0.00043	3	0.04500
22	0.00000	N/A	N/A	N/A	0.00040	4	0.03500
23	0.00000	N/A	N/A	N/A	0.00037	5	0.03100
24	0.00000	N/A	N/A	N/A	0.00035	6	0.02700
25	0.00000	N/A	N/A	N/A	0.00034	7	0.02300
26	0.00000	N/A	N/A	N/A	0.00036	8	0.02200
27	0.00000	N/A	N/A	N/A	0.00037	9	0.02100
28	0.00000	N/A	N/A	N/A	0.00040	10	0.02000
29	0.00000	N/A	N/A	N/A	0.00041	11	0.01900
30	0.00000	N/A	N/A	N/A	0.00043	12	0.01800
31	0.00000	N/A	N/A	N/A	0.00046	13	0.01680
32	0.00000	N/A	N/A	N/A	0.00048	14	0.01560
33	0.00000	N/A	N/A	N/A	0.00050	15	0.01440
34	0.00000	N/A	N/A	N/A	0.00053	16	0.01320
35	0.00000	N/A	N/A	N/A	0.00056	17	0.01200
36	0.00000	N/A	N/A	N/A	0.00060	18	0.01160
37	0.00000	N/A	N/A	N/A	0.00064	19	0.01120
38	0.00000	N/A	N/A	N/A	0.00068	20	0.01080
39	0.00000	N/A	N/A	N/A	0.00073	21	0.01040
40	0.00000	N/A	N/A	N/A	0.00079	22	0.01000
41	0.00000	N/A	N/A	N/A	0.00085	23	0.01000
42	0.00000	N/A	N/A	N/A	0.00092	24	0.01000
43	0.00000	N/A	N/A	N/A	0.00100	25	0.01000
44	0.00000	N/A	N/A	N/A	0.00108	26	0.01000
45	0.00000	N/A	N/A	N/A	0.00118	27	0.01000
46	0.00000	N/A	N/A	N/A	0.00128	28	0.01000
47	0.00000	N/A	N/A	N/A	0.00139	29	0.01000
48	0.00000	N/A	N/A	N/A	0.00152	30 & Above	0.01000
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	0.20000	N/A	N/A	N/A	0.00520		
65	0.28000	N/A	N/A	N/A	0.00562		
66	0.19000	N/A	N/A	N/A	0.00607		
67	0.19000	N/A	N/A	N/A	0.00658		
68	0.19000	N/A	N/A	N/A	0.00713		
69	0.19000	N/A	N/A	N/A	0.00775		
70	0.19000	N/A	N/A	N/A	0.00844		
71	0.19000	N/A	N/A	N/A	0.00920		
72	0.19000	N/A	N/A	N/A	0.01004		
73	0.19000	N/A	N/A	N/A	0.01098		
74	0.19000	N/A	N/A	N/A	0.01201		
75	1.00000	N/A	N/A	N/A	0.01315		

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.00000	N/A	N/A	N/A	0.00017	0	0.15000
19	0.00000	N/A	N/A	N/A	0.00017	1	0.08000
20	0.00000	N/A	N/A	N/A	0.00017	2	0.06000
21	0.00000	N/A	N/A	N/A	0.00016	3	0.04500
22	0.00000	N/A	N/A	N/A	0.00014	4	0.03500
23	0.00000	N/A	N/A	N/A	0.00013	5	0.03100
24	0.00000	N/A	N/A	N/A	0.00012	6	0.02700
25	0.00000	N/A	N/A	N/A	0.00012	7	0.02300
26	0.00000	N/A	N/A	N/A	0.00013	8	0.02200
27	0.00000	N/A	N/A	N/A	0.00014	9	0.02100
28	0.00000	N/A	N/A	N/A	0.00016	10	0.02000
29	0.00000	N/A	N/A	N/A	0.00017	11	0.01900
30	0.00000	N/A	N/A	N/A	0.00020	12	0.01800
31	0.00000	N/A	N/A	N/A	0.00021	13	0.01680
32	0.00000	N/A	N/A	N/A	0.00023	14	0.01560
33	0.00000	N/A	N/A	N/A	0.00025	15	0.01440
34	0.00000	N/A	N/A	N/A	0.00027	16	0.01320
35	0.00000	N/A	N/A	N/A	0.00030	17	0.01200
36	0.00000	N/A	N/A	N/A	0.00033	18	0.01160
37	0.00000	N/A	N/A	N/A	0.00036	19	0.01120
38	0.00000	N/A	N/A	N/A	0.00039	20	0.01080
39	0.00000	N/A	N/A	N/A	0.00043	21	0.01040
40	0.00000	N/A	N/A	N/A	0.00047	22	0.01000
41	0.00000	N/A	N/A	N/A	0.00052	23	0.01000
42	0.00000	N/A	N/A	N/A	0.00056	24	0.01000
43	0.00000	N/A	N/A	N/A	0.00061	25	0.01000
44	0.00000	N/A	N/A	N/A	0.00066	26	0.01000
45	0.00000	N/A	N/A	N/A	0.00073	27	0.01000
46	0.00000	N/A	N/A	N/A	0.00079	28	0.01000
47	0.00000	N/A	N/A	N/A	0.00086	29	0.01000
48	0.00000	N/A	N/A	N/A	0.00092	30 & Above	0.01000
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	0.20000	N/A	N/A	N/A	0.00350		
65	0.28000	N/A	N/A	N/A	0.00385		
66	0.19000	N/A	N/A	N/A	0.00425		
67	0.19000	N/A	N/A	N/A	0.00471		
68	0.19000	N/A	N/A	N/A	0.00520		
69	0.19000	N/A	N/A	N/A	0.00575		
70	0.19000	N/A	N/A	N/A	0.00636		
71	0.19000	N/A	N/A	N/A	0.00703		
72	0.19000	N/A	N/A	N/A	0.00777		
73	0.19000	N/A	N/A	N/A	0.00859		
74	0.19000	N/A	N/A	N/A	0.00950		
75	1.00000	N/A	N/A	N/A	0.01050		

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

Age	Service Retirement Plans A-B	Service Retirement Plan C	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.00000	0.00000	0.00200	0.00000	0.00010	0.00037	0	0.03500
19	0.00000	0.00000	0.00200	0.00000	0.00010	0.00040	1	0.02750
20	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	2	0.02000
21	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	3	0.01500
22	0.00000	0.00000	0.00200	0.00000	0.00010	0.00040	4	0.01200
23	0.00000	0.00000	0.00200	0.00000	0.00010	0.00039	5	0.01130
24	0.00000	0.00000	0.00200	0.00000	0.00010	0.00038	6	0.01070
25	0.00000	0.00000	0.00200	0.00000	0.00010	0.00037	7	0.01000
26	0.00000	0.00000	0.00200	0.00000	0.00010	0.00038	8	0.00920
27	0.00000	0.00000	0.00200	0.00000	0.00010	0.00039	9	0.00840
28	0.00000	0.00000	0.00200	0.00000	0.00010	0.00040	10	0.00760
29	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	11	0.00680
30	0.00000	0.00000	0.00200	0.00000	0.00010	0.00041	12	0.00600
31	0.00000	0.00000	0.00200	0.00000	0.00010	0.00042	13	0.00560
32	0.00000	0.00000	0.00200	0.00000	0.00010	0.00043	14	0.00520
33	0.00000	0.00000	0.00210	0.00000	0.00010	0.00044	15	0.00480
34	0.00000	0.00000	0.00220	0.00000	0.00010	0.00045	16	0.00440
35	0.00000	0.00000	0.00230	0.00000	0.00010	0.00047	17	0.00400
36	0.00000	0.00000	0.00240	0.00000	0.00010	0.00049	18	0.00360
37	0.00000	0.00000	0.00250	0.00000	0.00010	0.00050	19	0.00320
38	0.00000	0.00000	0.00260	0.00000	0.00010	0.00053	20	0.00280
39	0.00000	0.00000	0.00270	0.00000	0.00010	0.00056	21	0.00240
40	0.00750	0.00000	0.00280	0.00000	0.00010	0.00059	22	0.00200
41	0.00750	0.00000	0.00290	0.00000	0.00010	0.00062	23	0.00200
42	0.00750	0.00000	0.00300	0.00000	0.00010	0.00067	24	0.00200
43	0.00750	0.00000	0.00310	0.00000	0.00010	0.00071	25	0.00200
44	0.00750	0.00000	0.00320	0.00000	0.00010	0.00076	26	0.00200
45	0.00750	0.00000	0.00330	0.00000	0.00010	0.00082	27	0.00200
46	0.00750	0.00000	0.00340	0.00000	0.00010	0.00088	28	0.00200
47	0.00750	0.00000	0.00350	0.00000	0.00010	0.00095	29	0.00200
48	0.00750	0.00000	0.00400	0.00000	0.00010	0.00102	30 & Above	0.00000
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	0.15000	0.10000	0.02000	0.00000	0.00010	0.00162		
55	0.26000	0.15000	0.07500	0.00000	0.00010	0.00175		
56	0.17000	0.15000	0.07500	0.00000	0.00010	0.00190		
57	0.17000	0.28000	0.10000	0.00000	0.00010	0.00205		
58	0.17000	0.17000	0.10000	0.00000	0.00010	0.00223		
59	0.27000	0.27000	0.10000	0.00000	0.00010	0.00243		
60	0.27000	0.27000	0.10000	0.00000	0.00010	0.00264		
61	0.25000	0.25000	0.05000	0.00000	0.00010	0.00288		
62	0.25000	0.25000	0.05000	0.00000	0.00010	0.00315		
63	0.25000	0.25000	0.05000	0.00000	0.00010	0.00344		
64	0.25000	0.25000	0.05000	0.00000	0.00010	0.00375		
65	1.00000	1.00000	0.00000	0.00000	0.00000	0.00410		

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

Age	Service Retirement Plans A-B	Service Retirement Plan C	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.00000	0.00000	0.00300	0.00000	0.00010	0.00014	0	0.03500
19	0.00000	0.00000	0.00300	0.00000	0.00010	0.00015	1	0.02750
20	0.00000	0.00000	0.00300	0.00000	0.00010	0.00016	2	0.02000
21	0.00000	0.00000	0.00300	0.00000	0.00010	0.00017	3	0.01500
22	0.00000	0.00000	0.00300	0.00000	0.00010	0.00017	4	0.01200
23	0.00000	0.00000	0.00300	0.00000	0.00010	0.00018	5	0.01130
24	0.00000	0.00000	0.00300	0.00000	0.00010	0.00019	6	0.01070
25	0.00000	0.00000	0.00300	0.00000	0.00010	0.00020	7	0.01000
26	0.00000	0.00000	0.00300	0.00000	0.00010	0.00021	8	0.00920
27	0.00000	0.00000	0.00300	0.00000	0.00010	0.00022	9	0.00840
28	0.00000	0.00000	0.00340	0.00000	0.00010	0.00024	10	0.00760
29	0.00000	0.00000	0.00380	0.00000	0.00010	0.00025	11	0.00680
30	0.00000	0.00000	0.00420	0.00000	0.00010	0.00027	12	0.00600
31	0.00000	0.00000	0.00460	0.00000	0.00010	0.00028	13	0.00560
32	0.00000	0.00000	0.00500	0.00000	0.00010	0.00030	14	0.00520
33	0.00000	0.00000	0.00560	0.00000	0.00010	0.00032	15	0.00480
34	0.00000	0.00000	0.00620	0.00000	0.00010	0.00034	16	0.00440
35	0.00000	0.00000	0.00680	0.00000	0.00010	0.00036	17	0.00400
36	0.00000	0.00000	0.00740	0.00000	0.00010	0.00038	18	0.00360
37	0.00000	0.00000	0.00800	0.00000	0.00010	0.00041	19	0.00320
38	0.00000	0.00000	0.00840	0.00000	0.00010	0.00043	20	0.00280
39	0.00000	0.00000	0.00880	0.00000	0.00010	0.00046	21	0.00240
40	0.00750	0.00000	0.00920	0.00000	0.00010	0.00049	22	0.00200
41	0.00750	0.00000	0.00960	0.00000	0.00010	0.00052	23	0.00200
42	0.00750	0.00000	0.01000	0.00000	0.00010	0.00056	24	0.00200
43	0.00750	0.00000	0.01040	0.00000	0.00010	0.00059	25	0.00200
44	0.00750	0.00000	0.01080	0.00000	0.00010	0.00063	26	0.00200
45	0.00750	0.00000	0.01120	0.00000	0.00010	0.00067	27	0.00200
46	0.00750	0.00000	0.01160	0.00000	0.00010	0.00071	28	0.00200
47	0.00750	0.00000	0.01200	0.00000	0.00010	0.00076	29	0.00200
48	0.00750	0.00000	0.01300	0.00000	0.00010	0.00080	30 & Above	0.00000
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	0.15000	0.10000	0.03200	0.00000	0.00010	0.00116		
55	0.26000	0.15000	0.11000	0.00000	0.00010	0.00123		
56	0.17000	0.15000	0.06000	0.00000	0.00010	0.00131		
57	0.17000	0.28000	0.06000	0.00000	0.00010	0.00140		
58	0.17000	0.17000	0.06000	0.00000	0.00010	0.00148		
59	0.27000	0.27000	0.06000	0.00000	0.00010	0.00158		
60	0.27000	0.27000	0.06000	0.00000	0.00010	0.00168		
61	0.25000	0.25000	0.06000	0.00000	0.00010	0.00178		
62	0.25000	0.25000	0.06000	0.00000	0.00010	0.00190		
63	0.25000	0.25000	0.06000	0.00000	0.00010	0.00202		
64	0.25000	0.25000	0.06000	0.00000	0.00010	0.00215		
65	1.00000	1.00000	0.00000	0.00000	0.00000	0.00228		

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	74%
25+	95%
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	0.3%	0.5%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	0.3%	0.1%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	0.9%	0.1%		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children		0.1%		
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.5%	0.4%	0.3%	0.2%
212	Anthem Blue Cross I	Retiree and Spouse		0.3%		
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.5%	0.2%		
214	Anthem Blue Cross I	Retiree and Children		0.1%		
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	4.5%	7.7%	0.8%	1.3%
222	Anthem Blue Cross II	Retiree and Spouse	12.5%	7.0%	2.3%	0.9%
223	Anthem Blue Cross II	Retiree, Spouse and Children	14.9%	3.0%	0.8%	
224	Anthem Blue Cross II	Retiree and Children	1.5%	1.3%	0.3%	
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.3%	7.1%	11.5%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare		0.1%	0.2%	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			5.5%	1.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare		0.2%	7.1%	5.1%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.4%	0.1%
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare		0.3%	1.3%	0.1%
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			0.6%	0.1%
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			0.3%	
301	Cigna Network Model Plan	Retiree Only	0.1%			
302	Cigna Network Model Plan	Retiree and Spouse	0.2%			
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)	11.0%	26.2%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		0.6%	18.0%	38.2%
404	Kaiser (CA)	Retiree Excess I			0.4%	1.0%
405	Kaiser (CA)	Retiree Excess II - Part B			1.3%	2.5%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				
411	Kaiser (CA)	Family Basic	33.0%	32.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			20.8%	5.0%
414	Kaiser (CA)	One Excess I, Others Basic			0.5%	
415	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)				
418	Kaiser (CA)	Two+ Advantage			15.9%	16.5%
419	Kaiser (CA)	One Excess I, One Advantage			0.2%	
420	Kaiser (CA)	Two+ Excess I				
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess II - Part B, One Basic			1.2%	0.5%
423	Kaiser (CA)	One Excess III (MNP), One Basic				
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)				
426	Kaiser (CA)	One Risk, One Excess II - Part B				0.4%
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				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)			0.1%	
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				
452	Kaiser (Other)	Retiree Only				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
456	Kaiser (Other)	Retiree and Spouse				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
460	Kaiser (Other)	Retiree and Spouse				
440	Kaiser - Georgia	One Medicare Member with Part B only				
441	Kaiser - Georgia	One Medicare Member with Part A only				
442	Kaiser - Georgia	One Member without Medicare Part A&B				
443	Kaiser - Georgia	One Medicare Member (Renal Failure)				
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only				
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				
461	Kaiser - Georgia Basic	Basic				
462	Kaiser - Georgia	Retiree Risk				
463	Kaiser - Georgia	Retiree (Two Party)				
464	Kaiser - Georgia	Retiree Basic Family				
465	Kaiser - Georgia	One Retiree Risk, One Basic				
466	Kaiser - Georgia	Two Retiree Risk				
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic				
468	Kaiser - Georgia	Two Retiree Risk, One Basic				
469	Kaiser - Georgia	Three Retiree Risk, One Basic				
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk				
471	Kaiser - Hawaii	Retiree Basic (Under 65)				
472	Kaiser - Hawaii	Retiree Risk				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)				
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)				
476	Kaiser - Hawaii	One Retiree Risk, One Basic				
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic				
478	Kaiser - Hawaii	Two Retiree Risk				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B				
481	Kaiser - Oregon	Retiree Basic (Under 65)				
482	Kaiser - Oregon	Retiree Risk				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B				
484	Kaiser - Oregon	Retiree Basic (Two Party)				
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)				
486	Kaiser - Oregon	One Retiree Risk, One Basic				
487	Kaiser - Oregon	Retiree Cost				
488	Kaiser - Oregon	Two Retiree Risk				
489	Kaiser - Oregon	Retiree w/ Part A only				
490	Kaiser - Oregon	Retiree w/ Part B only				
491	Kaiser - Oregon	One Risk, One Medicare Part A only				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare				
493	Kaiser - Oregon	One Risk, Two Basic				
494	Kaiser - Oregon	Two Risk, One Basic				
495	Kaiser - Oregon	Two Over 65 unassigned Medicare				
496	Kaiser - Oregon	Two Medicare Part A only				
497	Kaiser - Oregon	One Basic, One Medicare Part A only				
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B				
611	SCAN Health Plan	Retiree Only			0.5%	0.8%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.4%
701	United Healthcare Medicare Advantage	Retiree Only		0.2%	3.8%	9.2%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.6%	2.0%	3.9%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.7%	4.1%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)	0.1%	0.5%	1.7%	0.1%
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.5%	
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.5%	8.6%		
708	United Healthcare	Two-Party	7.0%	5.5%		
709	United Healthcare	Family	8.5%	2.7%		
Total			100.0%	100.0%	100.0%	100.0%
Probability of enrolling at least one dependent			80.1%	55.5%	67.8%	35.3%

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	6.5%	6.5%		
802	Firefighters Local 1014	Med-Member +1 under 65	35.0%	35.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	58.5%	58.5%		
804	Firefighters Local 1014	Med-Member with Medicare			12.0%	12.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +2; 2 MDC			28.0%	28.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			60.0%	60.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%
		Probability of enrolling at least one dependent	93.5%	93.5%	88.0%	88.0%

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	0.3%	0.5%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	0.3%	0.1%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	0.9%	0.1%		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children		0.1%		
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.5%	0.4%		
212	Anthem Blue Cross I	Retiree and Spouse		0.3%		
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.5%	0.2%		
214	Anthem Blue Cross I	Retiree and Children		0.1%		
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	4.5%	7.7%		
222	Anthem Blue Cross II	Retiree and Spouse	12.5%	7.0%		
223	Anthem Blue Cross II	Retiree, Spouse and Children	14.9%	3.0%		
224	Anthem Blue Cross II	Retiree and Children	1.5%	1.3%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.3%	8.2%	13.0%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare		0.1%	0.2%	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			7.8%	1.9%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare		0.2%	7.1%	5.1%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.7%	0.1%
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare		0.3%	2.1%	0.1%
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			0.6%	0.1%
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			0.3%	
301	Cigna Network Model Plan	Retiree Only	0.1%			
302	Cigna Network Model Plan	Retiree and Spouse	0.2%			
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)	11.0%	26.2%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)		0.6%	19.7%	41.7%
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	33.0%	32.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			22.6%	5.5%
414	Kaiser (CA)	One Excess I, Others Basic				
415	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)				
418	Kaiser (CA)	Two+ Advantage			16.1%	16.9%
419	Kaiser (CA)	One Excess I, One Advantage				
420	Kaiser (CA)	Two+ Excess I				
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess II - Part B, One Basic				
423	Kaiser (CA)	One Excess III (MNP), One Basic				
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)				
426	Kaiser (CA)	One Risk, One Excess II - Part B				
427	Kaiser (CA)	One Risk, One Excess III (MNP)				
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				

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

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
452	Kaiser (Other)	Retiree Only				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
456	Kaiser (Other)	Retiree and Spouse				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
460	Kaiser (Other)	Retiree and Spouse				
440	Kaiser - Georgia	One Medicare Member with Part B only				
441	Kaiser - Georgia	One Medicare Member with Part A only				
442	Kaiser - Georgia	One Member without Medicare Part A&B				
443	Kaiser - Georgia	One Medicare Member (Renal Failure)				
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only				
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				
461	Kaiser - Georgia Basic	Basic				
462	Kaiser - Georgia	Retiree Risk				
463	Kaiser - Georgia	Retiree (Two Party)				
464	Kaiser - Georgia	Retiree Basic Family				
465	Kaiser - Georgia	One Retiree Risk, One Basic				
466	Kaiser - Georgia	Two Retiree Risk				
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic				
468	Kaiser - Georgia	Two Retiree Risk, One Basic				
469	Kaiser - Georgia	Three Retiree Risk, One Basic				
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk				
471	Kaiser - Hawaii	Retiree Basic (Under 65)				
472	Kaiser - Hawaii	Retiree Risk				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)				
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)				
476	Kaiser - Hawaii	One Retiree Risk, One Basic				
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic				
478	Kaiser - Hawaii	Two Retiree Risk				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B				
481	Kaiser - Oregon	Retiree Basic (Under 65)				
482	Kaiser - Oregon	Retiree Risk				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B				
484	Kaiser - Oregon	Retiree Basic (Two Party)				
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)				
486	Kaiser - Oregon	One Retiree Risk, One Basic				
487	Kaiser - Oregon	Retiree Cost				
488	Kaiser - Oregon	Two Retiree Risk				
489	Kaiser - Oregon	Retiree w/ Part A only				
490	Kaiser - Oregon	Retiree w/ Part B only				
491	Kaiser - Oregon	One Risk, One Medicare Part A only				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare				
493	Kaiser - Oregon	One Risk, Two Basic				
494	Kaiser - Oregon	Two Risk, One Basic				
495	Kaiser - Oregon	Two Over 65 unassigned Medicare				
496	Kaiser - Oregon	Two Medicare Part A only				
497	Kaiser - Oregon	One Basic, One Medicare Part A only				
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B				
611	SCAN Health Plan	Retiree Only			0.5%	0.8%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.4%
701	United Healthcare Medicare Advantage	Retiree Only		0.2%	3.8%	9.2%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.6%	2.0%	3.9%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.7%	4.1%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)	0.1%	0.5%	1.7%	0.1%
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.5%	
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.5%	8.6%		
708	United Healthcare	Two-Party	7.0%	5.5%		
709	United Healthcare	Family	8.5%	2.7%		
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 80.1% 55.5% 67.8% 35.3%

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	6.5%	6.5%		
802	Firefighters Local 1014	Med-Member +1 under 65	35.0%	35.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	58.5%	58.5%		
804	Firefighters Local 1014	Med-Member with Medicare			12.0%	12.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			28.0%	28.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			60.0%	60.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent **93.5%** **93.5%** **88.0%** **88.0%**

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	45.0%	0.0%
	Anthem Blue Cross III	55.0%	100.0%
Anthem Blue Cross II	Anthem Blue Cross II	44.0%	0.0%
	Anthem Blue Cross III	56.0%	100.0%
Anthem Blue Cross Prudent Buyer	Anthem Blue Cross Prudent Buyer	47.0%	0.0%
	Anthem Blue Cross II	4.0%	0.0%
	Anthem Blue Cross III	49.0%	100.0%
Cigna Network Model	Cigna Network Model Plan	36.5%	0.0%
	Cigna Medicare Select Plus Rx (AZ)	6.0%	0.0%
	Anthem Blue Cross II	2.5%	0.0%
	Anthem Blue Cross III	25.0%	25.0%
	UnitedHealthcare Medicare Advantage	18.0%	75.0%
	Senior Advantage	2.0%	0.0%
UnitedHealthcare	SCAN Health Plan	10.0%	0.0%
	UnitedHealthcare Medicare Advantage	80.0%	81.0%
	Cigna Network Model Plan	1.0%	0.0%
	Anthem Blue Cross II	2.0%	0.0%
	Anthem Blue Cross III	9.0%	11.0%
	SCAN Health Plan	2.0%	2.0%
	Senior Advantage	2.0%	6.0%
	Excess II	3.0%	0.0%
Kaiser Retiree Basic	One Excess II, One Basic	1.0%	0.0%
	Senior Advantage	77.5%	98.0%
	Retiree Excess I	3.0%	0.0%
	Retiree Excess II	14.5%	0.0%
	Excess III (MNP)	3.0%	0.0%
Kaiser Family Basic	Anthem Blue Cross III	2.0%	2.0%
	2+ Advantage	80.0%	99.0%
	One Excess I, One Advantage	4.1%	0.0%
	One Advantage, One Excess II	9.0%	0.0%
	One Advantage, One Excess III (MNP)	3.1%	0.0%
	Two+ Excess II - Part B	0.5%	0.0%
	Anthem Blue Cross III	1.6%	1.0%
	UnitedHealthcare Medicare Advantage	0.2%	0.0%
Senior Advantage	1.5%	0.0%	
Firefighters Local 1014	Firefighters Local 1014	100.0%	100.0%

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

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

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

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

Effective January 1, 2007, Medicare Part B premiums vary depending on income status. The County places a cap on the per member monthly Part B reimbursement amount at the standard amount (e.g., \$144.60 for calendar year 2021).

For purposes of this valuation, we assume the average Medicare Part B premium reimbursement from July 1, 2020 through July 1, 2021 is \$140.08 per member per month. This is based on our average of 2020 calendar year Medicare Part B premium rates provided in the census from LACERA of \$131.66 per member per month and the 2021 calendar year Medicare Part B standard premium rate of \$148.50.

Table A-17
Survivor and New Dependent Enrollment

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

Scenario I

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

- We assume 1.0% will enroll a new spouse/domestic partner.
- We assume 2.5% of the retirees will enroll a new dependent.

Scenario II

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

- We assume 90% of the retirees with spouses have a spouse continuance option.
- We assume 2.2% of the surviving spouse/domestic partners with a continuance option will enroll a new spouse.
- Therefore, we assume 2.0% (or 90% of the 2.2%) of the surviving spouses' new spouses will enroll and receive the County subsidy.
- We assume 2.5% of the surviving spouse/domestic partners will enroll a new dependent.

Scenario III

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

Table A-18
Probability of Initial Dental/Vision Enrollment

Males and Females

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	9%
10-14	48%
15-19	70%
20-24	76%
25+	95%
Disabled	93%

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

<u>Tier</u>	<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	18.5%	70.5%	0%	3.0%	8.0%	0%
Female	45.0%	42.7%	0%	7.5%	4.8%	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 per contract monthly administration fee. The per contract monthly administration fee was \$8.00 effective July 1, 2020 and July 1, 2021 and is included in the premium rates.

**Pre and Post Age 65 Monthly Rates Effective July 1, 2020
 UnitedHealthcare is Pre Age 65 Only**

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 1,236.53	\$ 1,236.53	\$ 1,003.87	\$ 1,629.11	
Retiree & Spouse	\$ 2,228.45	\$ 2,228.45	\$ 1,974.83	\$ 2,940.79	
Retiree & Family	\$ 2,628.45	\$ 2,628.45	\$ 2,228.67	\$ 3,472.45	
Retiree & Children	\$ 1,635.70	\$ 1,635.70	\$ 1,290.15	\$ 2,161.46	
Minor Survivor	\$ 410.44	\$ 418.57	\$ 274.07	\$ 515.26	\$ 352.92
UnitedHealthcare Single					\$ 1,233.17
UnitedHealthcare Two-Party					\$ 2,251.48
UnitedHealthcare Family					\$ 2,669.40

**Pre and Post Age 65 Monthly Rates Effective July 1, 2021
 UnitedHealthcare is Pre Age 65 Only**

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 1,273.39	\$ 1,273.39	\$ 883.07	\$ 1,655.81	
Retiree & Spouse	\$ 2,295.06	\$ 2,295.06	\$ 1,736.25	\$ 2,989.10	
Retiree & Family	\$ 2,707.06	\$ 2,707.06	\$ 1,959.30	\$ 3,529.49	
Retiree & Children	\$ 1,684.53	\$ 1,684.53	\$ 1,134.63	\$ 2,196.42	
Minor Survivor	\$ 422.51	\$ 430.89	\$ 241.80	\$ 523.62	\$ 362.92
UnitedHealthcare Single					\$ 1,268.09
UnitedHealthcare Two-Party					\$ 2,315.42
UnitedHealthcare Family					\$ 2,745.25

Post Age 65 Monthly Rates Effective July 1, 2020

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 504.19		
Retiree & Spouse- 1 Medicare	\$ 1,609.58		
Retiree & Spouse- 2 Medicare	\$ 1,002.43		
Retiree & Children- 1 Medicare	\$ 901.94		
Retiree & Family- 1 Medicare	\$ 2,007.20		
Retiree & Family- 2 Medicare	\$ 1,399.97		
Retiree & Family- 3 Medicare	\$ 1,568.82		
Retiree Only		\$ 273.00	\$ 343.15
Retiree & 1 Dependent (1 Medicare)			\$ 1,568.32
Retiree & 1 Dependent (2 Medicare)		\$ 538.00	\$ 678.30
Retiree & 2 + Deps. (1 Medicare)			\$ 1,779.38
Retiree & 2 + Deps. (2 Medicare)			\$ 889.36

Post Age 65 Monthly Rates Effective July 1, 2021

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 519.08		
Retiree & Spouse- 1 Medicare	\$ 1,657.63		
Retiree & Spouse- 2 Medicare	\$ 1,032.26		
Retiree & Children- 1 Medicare	\$ 928.76		
Retiree & Family- 1 Medicare	\$ 2,067.18		
Retiree & Family- 2 Medicare	\$ 1,441.73		
Retiree & Family- 3 Medicare	\$ 1,615.64		
Retiree Only		\$ 283.60	\$ 336.45
Retiree & 1 Dependent (1 Medicare)			\$ 1,596.54
Retiree & 1 Dependent (2 Medicare)		\$ 559.20	\$ 664.90
Retiree & 2 + Deps. (1 Medicare)			\$ 1,813.61
Retiree & 2 + Deps. (2 Medicare)			\$ 881.97

Kaiser California Monthly Rates

Effective Date	July 1, 2020	July 1, 2021
Retiree Basic (Under 65)	\$ 1,087.85	\$ 1,173.13
Retiree Risk (Senior Advantage)	\$ 288.17	\$ 261.84
Retiree Excess I	\$ 1,177.65	\$ 1,177.37
Retiree Excess II - Part B	\$ 1,129.77	\$ 1,176.86
Excess III - Medicare Not Provided (MNP)	\$ 2,027.76	\$ 1,177.37
Family Basic	\$ 2,167.70	\$ 2,338.26
One Advantage, One Basic	\$ 1,368.02	\$ 1,426.97
One Excess I, One Basic	\$ 2,257.50	\$ 2,342.50
One Excess II - Part B, One Basic	\$ 2,209.62	\$ 2,341.99
One Excess III (MNP), One Basic	\$ 3,107.61	\$ 2,342.50
Two+ Advantage	\$ 568.34	\$ 515.68
One Excess I, One Advantage	\$ 1,457.82	\$ 1,431.21
One Advantage, One Excess II - Part B	\$ 1,409.94	\$ 1,430.70
One Advantage, One Excess III (MNP)	\$ 2,307.93	\$ 1,431.21
Two+ Excess I	\$ 2,347.30	\$ 2,346.74
One Excess I, One Excess II - Part B	\$ 2,299.42	\$ 2,346.23
One Excess I, One Excess III (MNP)	\$ 3,197.41	\$ 2,346.74
Two Excess II - Part B	\$ 2,251.54	\$ 2,345.72
One Excess II - Part B, One Excess III (MNP)	\$ 3,149.53	\$ 2,346.23
Two Excess III - Both (MNP)	\$ 4,047.52	\$ 2,346.74
Survivor	\$ 1,087.85	\$ 1,173.13

Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2020
Medical Member Under 65	\$ 1,209.48
Medical Member + 1 Under 65	\$ 2,180.76
Medical Member + 2 Under 65	\$ 2,572.42
Medical Member with Medicare	\$ 1,209.48
Medical Member + 1: 1 Medicare (MDC)	\$ 2,180.76
Medical Member + 1; 2 MDC	\$ 2,180.76
Medical Member + 2; 1 MDC	\$ 2,572.42
Medical Member + 2; 2 MDC	\$ 2,572.42
Medical Surviving Spouse Under 65	\$ 1,209.48
Medical Surviving Spouse + 1 Under 65	\$ 2,180.76
Medical Surviving Spouse + 2 Under 65	\$ 2,572.42
Medical Surviving Spouse with MDC	\$ 1,209.48
Medical Surviving Spouse + 1; 1 MDC	\$ 2,180.76
Medical Surviving Spouse + 2; 1 MDC	\$ 2,572.42
Medical Surviving Spouse + 1; 2 MDC	\$ 2,180.76

July 1, 2021 Firefighter Local 1014 rates were not available in time to include in the valuation.

Dental/Vision Monthly Rates

<u>Effective Date</u>	July 1, 2020		July 1, 2021	
	<u>Cigna Dental HMO/Vision</u>	<u>Cigna Indemnity Dental/Vision</u>	<u>Cigna Dental HMO/Vision</u>	<u>Cigna Indemnity Dental/Vision</u>
<u>Tier</u>				
Retiree Only	\$ 46.51	\$ 51.57	\$ 46.37	\$ 51.43
Retiree & Dependents	\$ 95.26	\$ 107.25	\$ 94.95	\$ 106.94
Minor Survivor	\$ 47.09	\$ 63.40	\$ 46.91	\$ 63.22

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 8% of the spouse's portion. This assumption grades linearly to 20% of the spouse's portion for a retiree with 25+ years of service.

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

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

Dental/Vision

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

Service-Connected Disability

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

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical, Dental/Vision, and Service-Connected Disability

Contributions are the same as for the County employees.

Table A-21 Claim Cost Analysis

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

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

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

For current active members projected to retire in the future, we used the enrollment assumptions in Table A-15A (Tier 1), Table A-15B (Tier 2), and Table A-16 (pre 65 to post 65 election) to develop weighted average claim costs as of July 1, 2020. 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.

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 25% of the age 65 child costs for males and 21% of the age 65 child costs for females.

Tier 1

A. Future Retirees Retiring Before Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 427.28	\$ 635.88	\$ 380.49	\$ 301.81
30	\$ 528.25	\$ 781.16	\$ 351.81	\$ 677.81
35	\$ 657.53	\$ 843.43	\$ 437.91	\$ 674.81
40	\$ 783.56	\$ 1,069.51	\$ 552.78	\$ 725.22
45	\$ 871.06	\$ 1,283.48	\$ 673.09	\$ 821.21
50	\$ 953.72	\$ 1,194.98	\$ 795.23	\$ 926.65
55	\$ 1,037.32	\$ 1,124.68	\$ 961.07	\$ 1,061.66
60	\$ 1,101.04	\$ 1,125.52	\$ 1,213.45	\$ 1,237.23
65 (Pre 65)	\$ 1,266.92	\$ 1,249.55	\$ 1,514.08	\$ 1,465.64
65 (Post 65)	\$ 471.68	\$ 409.17	\$ 375.87	\$ 442.71
70	\$ 576.67	\$ 487.32	\$ 459.53	\$ 527.27
75	\$ 660.00	\$ 539.51	\$ 525.93	\$ 583.74
80	\$ 706.77	\$ 564.51	\$ 563.20	\$ 610.79
85	\$ 741.13	\$ 586.41	\$ 590.58	\$ 634.49
90	\$ 767.37	\$ 603.88	\$ 611.49	\$ 653.39
95	\$ 767.37	\$ 603.88	\$ 611.49	\$ 653.39

B. Future Retirees Retiring After Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	N/A	N/A	\$ 380.89	\$ 303.68
30	N/A	N/A	\$ 352.18	\$ 682.00
35	N/A	N/A	\$ 438.37	\$ 678.98
40	N/A	N/A	\$ 553.35	\$ 729.70
45	N/A	N/A	\$ 673.79	\$ 826.28
50	N/A	N/A	\$ 796.05	\$ 932.36
55	N/A	N/A	\$ 962.06	\$ 1,068.21
60	N/A	N/A	\$ 1,214.70	\$ 1,244.86
65 (Pre 65)	N/A	N/A	\$ 1,515.65	\$ 1,474.67
65 (Post 65)	\$ 335.81	\$ 304.00	\$ 296.27	\$ 324.86
70	\$ 410.55	\$ 362.06	\$ 362.22	\$ 386.90
75	\$ 469.88	\$ 400.84	\$ 414.56	\$ 428.34
80	\$ 503.18	\$ 419.42	\$ 443.94	\$ 448.19
85	\$ 527.65	\$ 435.69	\$ 465.53	\$ 465.58
90	\$ 546.33	\$ 448.67	\$ 482.01	\$ 479.45
95	\$ 546.33	\$ 448.67	\$ 482.01	\$ 479.45

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	\$ 706.19	\$ 1,036.34	\$ 587.86	\$ 468.50
30	\$ 873.06	\$ 1,273.12	\$ 543.55	\$ 1,052.15
35	\$ 1,086.74	\$ 1,374.60	\$ 676.58	\$ 1,047.50
40	\$ 1,295.04	\$ 1,743.06	\$ 854.05	\$ 1,125.75
45	\$ 1,439.66	\$ 2,091.78	\$ 1,039.93	\$ 1,274.76
50	\$ 1,576.29	\$ 1,947.55	\$ 1,228.63	\$ 1,438.43
55	\$ 1,714.46	\$ 1,832.98	\$ 1,484.85	\$ 1,648.01
60	\$ 1,819.78	\$ 1,834.35	\$ 1,874.79	\$ 1,920.54
65 (Pre 65)	\$ 2,093.94	\$ 2,036.50	\$ 2,339.27	\$ 2,275.10
65 (Post 65)	\$ 451.07	\$ 438.69	\$ 451.07	\$ 438.69
70	\$ 551.46	\$ 522.48	\$ 551.46	\$ 522.48
75	\$ 631.15	\$ 578.44	\$ 631.15	\$ 578.44
80	\$ 675.88	\$ 605.25	\$ 675.88	\$ 605.25
85	\$ 708.74	\$ 628.73	\$ 708.74	\$ 628.73
90	\$ 733.83	\$ 647.46	\$ 733.83	\$ 647.46
95	\$ 733.83	\$ 647.46	\$ 733.83	\$ 647.46

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 24.31	\$ 30.36	\$ 26.81	\$ 27.10
30	\$ 27.30	\$ 32.29	\$ 29.25	\$ 34.64
35	\$ 29.15	\$ 33.87	\$ 31.23	\$ 36.33
40	\$ 30.35	\$ 35.46	\$ 32.52	\$ 38.04
45	\$ 32.11	\$ 37.20	\$ 34.41	\$ 39.90
50	\$ 34.97	\$ 39.83	\$ 37.47	\$ 42.72
55	\$ 39.59	\$ 43.53	\$ 42.42	\$ 46.70
60	\$ 45.36	\$ 47.64	\$ 48.60	\$ 51.11
65	\$ 51.97	\$ 51.40	\$ 55.69	\$ 55.14
70	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
75	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
80	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
85	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
90	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
95	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27

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 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 841.99				\$ 841.99			\$ 635.92		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 841.99	\$ 841.99	\$ 692.98		\$ 841.99	\$ 841.99		\$ 635.92	\$ 635.92	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 841.99	\$ 841.99	\$ 692.98		\$ 841.99	\$ 841.99		\$ 635.92	\$ 635.92	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 841.99	\$ 841.99	\$ 692.98		\$ 841.99			\$ 635.92		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 692.98			\$ 692.98			
211	Anthem Blue Cross I	Retiree Only	\$ 607.86				\$ 607.86			\$ 490.21		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 607.86	\$ 607.86	\$ 500.29		\$ 607.86	\$ 607.86		\$ 490.21	\$ 490.21	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 607.86	\$ 607.86	\$ 500.29		\$ 607.86	\$ 607.86		\$ 490.21	\$ 490.21	
214	Anthem Blue Cross I	Retiree and Children	\$ 607.86	\$ 607.86	\$ 500.29		\$ 607.86			\$ 490.21		
215	Anthem Blue Cross I	Minor Survivor				\$ 500.29			\$ 500.29			\$ 500.29
221	Anthem Blue Cross II	Retiree Only	\$ 1,178.61				\$ 1,178.61			\$ 739.20		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,178.61	\$ 1,178.61	\$ 970.03		\$ 1,178.61	\$ 1,178.61		\$ 739.20	\$ 739.20	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,178.61	\$ 1,178.61	\$ 970.03		\$ 1,178.61	\$ 1,178.61		\$ 739.20	\$ 739.20	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,178.61	\$ 1,178.61	\$ 970.03		\$ 1,178.61			\$ 739.20		
225	Anthem Blue Cross II	Minor Survivor				\$ 970.03			\$ 970.03			\$ 970.03
240	Anthem Blue Cross III	One Medicare					\$ 393.96			\$ 393.96		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96			\$ 393.96	\$ 393.96	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96			\$ 393.96	\$ 393.96	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
301	Cigna Network Model Plan	Retiree Only	\$ 1,221.40				\$ 1,221.40			\$ 668.52		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,221.40	\$ 1,221.40	\$ 1,005.25		\$ 1,221.40	\$ 1,221.40		\$ 668.52	\$ 668.39	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,221.40	\$ 1,221.40	\$ 1,005.25		\$ 1,221.40	\$ 1,221.40		\$ 668.52	\$ 668.39	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,221.40	\$ 1,221.40	\$ 1,005.25		\$ 1,221.40			\$ 668.52		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,005.25			\$ 1,005.25			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 329.57					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 329.57	\$ 329.57				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 329.57	\$ 329.57				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,299.00							\$ 385.69		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 225.27					
404	Kaiser (CA)	Retiree Excess I					\$ 920.59					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 883.16					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,585.13					
411	Kaiser (CA)	Family Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11					\$ 296.30	\$ 286.43	



Tier 1

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 225.27	\$ 218.67		\$ 225.27	\$ 286.43	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 920.59	\$ 912.89		\$ 920.59	\$ 286.43	
418	Kaiser (CA)	Two+ Advantage					\$ 225.27	\$ 218.67				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 572.93	\$ 565.78				
420	Kaiser (CA)	Two+ Excess I					\$ 920.59	\$ 912.89				
421	Kaiser (CA)	Survivor				\$ 1,069.11			\$ 1,069.11			\$ 1,069.11
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 883.16	\$ 875.52		\$ 883.16	\$ 286.43	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 1,585.13	\$ 1,576.38		\$ 1,585.13	\$ 286.43	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 554.21	\$ 547.09				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 905.20	\$ 897.52				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 901.87	\$ 894.20				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,252.86	\$ 1,244.63				
430	Kaiser (CA)	Two Excess II - Part B					\$ 883.16	\$ 875.52				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,234.14	\$ 1,225.95				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,585.13	\$ 1,576.38				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,202.57							\$ 265.06		
451	Kaiser - Colorado	Retiree Risk					\$ 265.06					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,202.57	\$ 1,578.56						\$ 265.06	\$ 265.34	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,202.57	\$ 1,578.56	\$ 3,234.01					\$ 265.06	\$ 265.34	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,202.57	\$ 1,293.81			\$ 265.06	\$ 265.34		\$ 265.06	\$ 265.34	
457	Kaiser - Colorado	Two Retiree Risk					\$ 265.06	\$ 265.34				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,202.57	\$ 1,293.81	\$ 3,904.99		\$ 265.06	\$ 265.34		\$ 265.06	\$ 265.34	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,146.14		\$ 265.06	\$ 265.34		\$ 265.06	\$ 265.34	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 841.87					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 841.87					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 841.87					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 841.87	\$ 323.23				
461	Kaiser - Georgia Basic	Basic	\$ 1,269.85							\$ 321.56		
462	Kaiser - Georgia	Retiree Risk					\$ 321.56					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,269.85	\$ 1,366.75	\$ 4,379.88		\$ 321.56	\$ 323.23		\$ 321.56	\$ 323.23	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,269.85	\$ 1,366.75	\$ 4,379.88					\$ 321.56	\$ 323.23	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 485.03	\$ 1,366.75	\$ 4,379.88		\$ 321.56	\$ 323.23		\$ 321.56	\$ 323.23	
466	Kaiser - Georgia	Two Retiree Risk					\$ 321.56	\$ 323.23				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,134.79							\$ 340.37		
472	Kaiser - Hawaii	Retiree Risk					\$ 340.37					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,347.56					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,134.79	\$ 1,220.32						\$ 340.37	\$ 342.50	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,134.79	\$ 1,220.32	\$ 3,910.68					\$ 340.37	\$ 342.50	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,134.79	\$ 1,220.32	\$ 3,910.64		\$ 340.37	\$ 342.50		\$ 340.37	\$ 342.50	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,134.79	\$ 1,220.32	\$ 3,910.64		\$ 1,347.56	\$ 1,374.42		\$ 1,347.56	\$ 1,374.42	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 340.37	\$ 342.50				



Tier 1

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,325.80							\$ 364.00		
482	Kaiser - Oregon	Retiree Risk										
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$ 955.26			
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,325.80	\$ 1,427.42							\$ 364.00	\$ 366.72
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,325.80	\$ 1,427.42	\$ 4,574.28						\$ 364.00	\$ 366.72
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,325.80	\$ 1,427.41	\$ 4,574.27				\$ 364.00	\$ 366.72	\$ 364.00	\$ 366.72
488	Kaiser - Oregon	Two Retiree Risk							\$ 364.00	\$ 366.72		
489	Kaiser - Oregon	Retiree w/ Part A only							\$ 817.12			
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$ 817.12	\$ 366.72		
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,440.89	\$ 585.31					\$ 955.26	\$ 366.72	\$ 364.00	\$ 366.72
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,325.80	\$ 1,427.41					\$ 364.00	\$ 366.72	\$ 364.00	\$ 366.72
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,325.80	\$ 1,427.41	\$ 4,574.27				\$ 364.00	\$ 366.72	\$ 364.00	\$ 366.72
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$ 955.26	\$ 972.49		
496	Kaiser - Oregon	Two Medicare Part A only							\$ 817.12	\$ 830.96		
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,325.80	\$ 1,427.41					\$ 817.12	\$ 830.96	\$ 817.12	\$ 830.96
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,325.80	\$ 1,427.41					\$ 955.26	\$ 972.49	\$ 955.26	\$ 972.49
393	Kaiser - Washington	Retiree Basic	\$ 1,331.06								\$ 331.47	
394	Kaiser - Washington	Retiree Risk (Senior Advantage)							\$ 331.47			
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 1,331.06	\$ 1,243.11							\$ 331.47	\$ 333.39
396	Kaiser - Washington	Retiree Basic Family	\$ 1,331.06	\$ 1,243.11	\$ 5,784.09						\$ 331.47	\$ 333.39
397	Kaiser - Washington	One Risk, One Basic	\$ 1,331.06	\$ 1,243.11	\$ 3,983.66				\$ 331.47	\$ 333.39	\$ 331.47	\$ 333.39
398	Kaiser - Washington	Two Retiree Risk							\$ 331.47	\$ 333.39		
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 1,331.06	\$ 1,243.11	\$ 5,175.22				\$ 331.47	\$ 333.39	\$ 331.47	\$ 333.39
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 5,784.09				\$ 331.47	\$ 333.39	\$ 331.47	\$ 333.39
611	SCAN Health Plan	Retiree Only							\$ 203.97			
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$ 203.97	\$ 203.97		
701	United Healthcare	Retiree Only	\$ 1,417.08						\$ 278.21		\$ 278.21	
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30				\$ 278.21	\$ 278.21	\$ 278.21	\$ 278.21
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)							\$ 278.21	\$ 278.21	\$ 278.21	\$ 278.21
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30				\$ 278.21	\$ 278.21	\$ 278.21	\$ 278.21
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30				\$ 278.21	\$ 278.21	\$ 278.21	\$ 278.21
706	United Healthcare	Minor Survivor					\$ 1,166.30			\$ 1,166.30		
707	United Healthcare	Single	\$ 1,417.08								\$ 337.72	
708	United Healthcare	Two-Party	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30						\$ 337.72	\$ 337.28
709	United Healthcare	Family	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30						\$ 337.72	\$ 337.28



Tier 1

Fire Fighters Local 1014 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,093.94				\$ 451.07			\$ 451.07		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,093.94	\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,093.94	\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 451.07		\$ 451.07	\$ 451.07		\$ 451.07
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
807	Firefighters' Local 1014	Med-Member +2; 1 MDC	\$ 2,093.94		\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65	\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65	\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07	\$ 451.07
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07	\$ 451.07
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC	\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07	\$ 451.07
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC	\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07	\$ 451.07
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07	\$ 451.07

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 52.48		
502	Cigna Indemnity Dental/Vision	Family	\$ 52.48	\$ 56.00	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 54.07
901	Cigna Dental HMO/Vision	Retiree Only	\$ 47.88		
902	Cigna Dental HMO/Vision	Family	\$ 47.88	\$ 52.91	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 49.34



Tier 1

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 818.89				\$ 818.89			\$ 618.47		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 818.89	\$ 818.89	\$ 845.68		\$ 818.89	\$ 818.89		\$ 618.47	\$ 618.47	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 818.89	\$ 818.89	\$ 845.68		\$ 818.89	\$ 818.89		\$ 618.47	\$ 618.47	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 818.89	\$ 818.89	\$ 845.68		\$ 818.89			\$ 618.47		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 845.68			\$ 845.68			
211	Anthem Blue Cross I	Retiree Only	\$ 591.18				\$ 591.18			\$ 476.76		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 591.18	\$ 591.18	\$ 610.52		\$ 591.18	\$ 591.18		\$ 476.76	\$ 476.76	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 591.18	\$ 591.18	\$ 610.52		\$ 591.18	\$ 591.18		\$ 476.76	\$ 476.76	
214	Anthem Blue Cross I	Retiree and Children	\$ 591.18	\$ 591.18	\$ 610.52		\$ 591.18			\$ 476.76		
215	Anthem Blue Cross I	Minor Survivor				\$ 610.52			\$ 610.52			\$ 610.52
221	Anthem Blue Cross II	Retiree Only	\$ 1,146.28				\$ 1,146.28			\$ 718.93		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,146.28	\$ 1,146.28	\$ 1,183.78		\$ 1,146.28	\$ 1,146.28		\$ 718.93	\$ 718.93	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,146.28	\$ 1,146.28	\$ 1,183.78		\$ 1,146.28	\$ 1,146.28		\$ 718.93	\$ 718.93	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,146.28	\$ 1,146.28	\$ 1,183.78		\$ 1,146.28			\$ 718.93		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,183.78			\$ 1,183.78			\$ 1,183.78
240	Anthem Blue Cross III	One Medicare					\$ 383.15			\$ 383.15		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15			\$ 383.15	\$ 383.15	\$ 383.15
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15			\$ 383.15	\$ 383.15	\$ 383.15
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	\$ 383.15
301	Cigna Network Model Plan	Retiree Only	\$ 1,187.89				\$ 1,187.89			\$ 650.18		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,187.89	\$ 1,187.89	\$ 1,226.75		\$ 1,187.89	\$ 1,187.89		\$ 650.18	\$ 650.05	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,187.89	\$ 1,187.89	\$ 1,226.75		\$ 1,187.89	\$ 1,187.89		\$ 650.18	\$ 650.05	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,187.89	\$ 1,187.89	\$ 1,226.75		\$ 1,187.89			\$ 650.18		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,226.75			\$ 1,226.75			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 320.53					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 320.53	\$ 320.53				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 320.53	\$ 320.53				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,263.36							\$ 375.11		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 219.09					
404	Kaiser (CA)	Retiree Excess I					\$ 895.33					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 858.93					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,541.65					
411	Kaiser (CA)	Family Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69					\$ 288.17	\$ 278.57	



Tier 1

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69		\$ 219.09	\$ 212.67		\$ 219.09	\$ 278.57	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69		\$ 895.33	\$ 887.84		\$ 895.33	\$ 278.57	
418	Kaiser (CA)	Two+ Advantage					\$ 219.09	\$ 212.67				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 557.21	\$ 550.26				
420	Kaiser (CA)	Two+ Excess I					\$ 895.33	\$ 887.84				
421	Kaiser (CA)	Survivor				\$ 1,304.69			\$ 1,304.69			\$ 1,304.69
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69		\$ 858.93	\$ 851.50		\$ 858.93	\$ 278.57	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69		\$ 1,541.65	\$ 1,533.13		\$ 1,541.65	\$ 278.57	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 539.01	\$ 532.08				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 880.37	\$ 872.90				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 877.13	\$ 869.67				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,218.49	\$ 1,210.49				
430	Kaiser (CA)	Two Excess II - Part B					\$ 858.93	\$ 851.50				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,200.29	\$ 1,192.32				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,541.65	\$ 1,533.13				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,169.58							\$ 257.79		
451	Kaiser - Colorado	Retiree Risk					\$ 257.79					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,169.58	\$ 1,535.26						\$ 257.79	\$ 258.06	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,169.58	\$ 1,535.26	\$ 3,946.62					\$ 257.79	\$ 258.06	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,169.58	\$ 1,258.32			\$ 257.79	\$ 258.06		\$ 257.79	\$ 258.06	
457	Kaiser - Colorado	Two Retiree Risk					\$ 257.79	\$ 258.06				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,169.58	\$ 1,258.32	\$ 4,765.45		\$ 257.79	\$ 258.06		\$ 257.79	\$ 258.06	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 5,059.74		\$ 257.79	\$ 258.06		\$ 257.79	\$ 258.06	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 818.78					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 818.78					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 818.78					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 818.78	\$ 314.37				
461	Kaiser - Georgia Basic	Basic	\$ 1,235.02							\$ 312.74		
462	Kaiser - Georgia	Retiree Risk					\$ 312.74					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,235.02	\$ 1,329.26	\$ 5,344.98		\$ 312.74	\$ 314.37		\$ 312.74	\$ 314.37	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,235.02	\$ 1,329.26	\$ 5,344.98					\$ 312.74	\$ 314.37	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 471.73	\$ 1,329.26	\$ 5,344.98		\$ 312.74	\$ 314.37		\$ 312.74	\$ 314.37	
466	Kaiser - Georgia	Two Retiree Risk					\$ 312.74	\$ 314.37				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,103.66							\$ 331.03		
472	Kaiser - Hawaii	Retiree Risk					\$ 331.03					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,310.59					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,103.66	\$ 1,186.85						\$ 331.03	\$ 333.11	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,103.66	\$ 1,186.85	\$ 4,772.40					\$ 331.03	\$ 333.11	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,103.66	\$ 1,186.85	\$ 4,772.35		\$ 331.03	\$ 333.11		\$ 331.03	\$ 333.11	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,103.66	\$ 1,186.85	\$ 4,772.35		\$ 1,310.59	\$ 1,336.72		\$ 1,310.59	\$ 1,336.72	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 331.03	\$ 333.11				



Tier 1

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,289.43							\$ 354.02		
482	Kaiser - Oregon	Retiree Risk								\$ 354.02		
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$ 929.06			
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,289.43	\$ 1,388.26						\$ 354.02	\$ 356.66	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,289.43	\$ 1,388.26	\$ 5,582.22					\$ 354.02	\$ 356.66	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,289.43	\$ 1,388.25	\$ 5,582.21				\$ 354.02	\$ 356.66	\$ 354.02	\$ 356.66
488	Kaiser - Oregon	Two Retiree Risk							\$ 354.02	\$ 356.66		
489	Kaiser - Oregon	Retiree w/ Part A only							\$ 794.71			
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$ 794.71	\$ 356.66		
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,401.36	\$ 569.25					\$ 929.06	\$ 356.66	\$ 354.02	\$ 356.66
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,289.43	\$ 1,388.25					\$ 354.02	\$ 356.66	\$ 354.02	\$ 356.66
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,289.43	\$ 1,388.25	\$ 5,582.21				\$ 354.02	\$ 356.66	\$ 354.02	\$ 356.66
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$ 929.06	\$ 945.82		
496	Kaiser - Oregon	Two Medicare Part A only							\$ 794.71	\$ 808.17		
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,289.43	\$ 1,388.25					\$ 794.71	\$ 808.17	\$ 794.71	\$ 808.17
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,289.43	\$ 1,388.25					\$ 929.06	\$ 945.82	\$ 929.06	\$ 945.82
393	Kaiser - Washington	Retiree Basic	\$ 1,294.55								\$ 322.38	
394	Kaiser - Washington	Retiree Risk (Senior Advantage)							\$ 322.38			
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 1,294.55	\$ 1,209.01							\$ 322.38	\$ 324.24
396	Kaiser - Washington	Retiree Basic Family	\$ 1,294.55	\$ 1,209.01	\$ 7,058.61						\$ 322.38	\$ 324.24
397	Kaiser - Washington	One Risk, One Basic	\$ 1,294.55	\$ 1,209.01	\$ 4,861.46				\$ 322.38	\$ 324.24	\$ 322.38	\$ 324.24
398	Kaiser - Washington	Two Retiree Risk							\$ 322.38	\$ 324.24		
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 1,294.55	\$ 1,209.01	\$ 6,315.58				\$ 322.38	\$ 324.24	\$ 322.38	\$ 324.24
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 7,058.61				\$ 322.38	\$ 324.24	\$ 322.38	\$ 324.24
611	SCAN Health Plan	Retiree Only							\$ 198.38			
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$ 198.38	\$ 198.38		
701	United Healthcare	Retiree Only	\$ 1,378.21						\$ 270.58		\$ 270.58	
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29				\$ 270.58	\$ 270.58	\$ 270.58	\$ 270.58
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)							\$ 270.58	\$ 270.58	\$ 270.58	\$ 270.58
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29				\$ 270.58	\$ 270.58	\$ 270.58	\$ 270.58
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29				\$ 270.58	\$ 270.58	\$ 270.58	\$ 270.58
706	United Healthcare	Minor Survivor					\$ 1,423.29			\$ 1,423.29		
707	United Healthcare	Single	\$ 1,378.21								\$ 328.45	
708	United Healthcare	Two-Party	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29						\$ 328.45	\$ 328.03
709	United Healthcare	Family	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29						\$ 328.45	\$ 328.03



Tier 1

Fire Fighters Local 1014 Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,036.50				\$ 438.69			\$ 438.69		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,036.50	\$ 2,036.50	\$ 2,103.12		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,036.50	\$ 2,036.50	\$ 2,103.12		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 438.69		\$ 438.69	\$ 438.69		\$ 438.69
805	Firefighters' Local 1014	Med-Member +1; 1 MDC	\$ 2,036.50	\$ 2,103.12			\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
807	Firefighters' Local 1014	Med-Member +2; 1 MDC	\$ 2,036.50	\$ 2,103.12			\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65			\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69	\$ 438.69
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65	\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65	\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69	\$ 438.69
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69	\$ 438.69
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC	\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC	\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69	\$ 438.69
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69	\$ 438.69

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 51.97		
502	Cigna Indemnity Dental/Vision	Family	\$ 51.97	\$ 55.45	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 52.97
901	Cigna Dental HMO/Vision	Retiree Only	\$ 47.41		
902	Cigna Dental HMO/Vision	Family	\$ 47.41	\$ 52.40	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.33



Tier 2

A. Future Retirees Retiring Before Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 427.28	\$ 635.88	\$ 380.49	\$ 301.81
30	\$ 528.25	\$ 781.16	\$ 351.81	\$ 677.81
35	\$ 657.53	\$ 843.43	\$ 437.91	\$ 674.81
40	\$ 783.56	\$ 1,069.51	\$ 552.78	\$ 725.22
45	\$ 871.06	\$ 1,283.48	\$ 673.09	\$ 821.21
50	\$ 953.72	\$ 1,194.98	\$ 795.23	\$ 926.65
55	\$ 1,037.32	\$ 1,124.68	\$ 961.07	\$ 1,061.66
60	\$ 1,101.04	\$ 1,125.52	\$ 1,213.45	\$ 1,237.23
65 (Pre 65)	\$ 1,266.92	\$ 1,249.55	\$ 1,514.08	\$ 1,465.64
65 (Post 65)	\$ 299.19	\$ 266.56	\$ 259.79	\$ 284.93
70	\$ 365.78	\$ 317.47	\$ 317.61	\$ 339.35
75	\$ 418.64	\$ 351.47	\$ 363.51	\$ 375.70
80	\$ 448.31	\$ 367.76	\$ 389.27	\$ 393.11
85	\$ 470.11	\$ 382.03	\$ 408.20	\$ 408.36
90	\$ 486.75	\$ 393.41	\$ 422.65	\$ 420.52
95	\$ 486.75	\$ 393.41	\$ 422.65	\$ 420.52

B. Future Retirees Retiring After Age 65

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	N/A	N/A	\$ 380.72	\$ 303.57
30	N/A	N/A	\$ 352.02	\$ 681.76
35	N/A	N/A	\$ 438.18	\$ 678.74
40	N/A	N/A	\$ 553.12	\$ 729.44
45	N/A	N/A	\$ 673.51	\$ 825.99
50	N/A	N/A	\$ 795.72	\$ 932.04
55	N/A	N/A	\$ 961.66	\$ 1,067.84
60	N/A	N/A	\$ 1,214.20	\$ 1,244.43
65 (Pre 65)	N/A	N/A	\$ 1,515.02	\$ 1,474.17
65 (Post 65)	\$ 277.80	\$ 259.56	\$ 263.15	\$ 267.01
70	\$ 339.63	\$ 309.13	\$ 321.72	\$ 318.00
75	\$ 388.71	\$ 342.24	\$ 368.21	\$ 352.06
80	\$ 416.26	\$ 358.10	\$ 394.30	\$ 368.37
85	\$ 436.50	\$ 371.99	\$ 413.47	\$ 382.66
90	\$ 451.95	\$ 383.07	\$ 428.11	\$ 394.06
95	\$ 451.95	\$ 383.07	\$ 428.11	\$ 394.06

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	\$ 706.19	\$ 1,036.34	\$ 587.86	\$ 468.50
30	\$ 873.06	\$ 1,273.12	\$ 543.55	\$ 1,052.15
35	\$ 1,086.74	\$ 1,374.60	\$ 676.58	\$ 1,047.50
40	\$ 1,295.04	\$ 1,743.06	\$ 854.05	\$ 1,125.75
45	\$ 1,439.66	\$ 2,091.78	\$ 1,039.93	\$ 1,274.76
50	\$ 1,576.29	\$ 1,947.55	\$ 1,228.63	\$ 1,438.43
55	\$ 1,714.46	\$ 1,832.98	\$ 1,484.85	\$ 1,648.01
60	\$ 1,819.78	\$ 1,834.35	\$ 1,874.79	\$ 1,920.54
65 (Pre 65)	\$ 2,093.94	\$ 2,036.50	\$ 2,339.27	\$ 2,275.10
65 (Post 65)	\$ 451.07	\$ 438.69	\$ 451.07	\$ 438.69
70	\$ 551.46	\$ 522.48	\$ 551.46	\$ 522.48
75	\$ 631.15	\$ 578.44	\$ 631.15	\$ 578.44
80	\$ 675.88	\$ 605.25	\$ 675.88	\$ 605.25
85	\$ 708.74	\$ 628.73	\$ 708.74	\$ 628.73
90	\$ 733.83	\$ 647.46	\$ 733.83	\$ 647.46
95	\$ 733.83	\$ 647.46	\$ 733.83	\$ 647.46

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree		Spouse/Surv Spouse + Dependents	
	Male	Female	Male	Female
25	\$ 24.31	\$ 30.36	\$ 26.81	\$ 27.10
30	\$ 27.30	\$ 32.29	\$ 29.25	\$ 34.64
35	\$ 29.15	\$ 33.87	\$ 31.23	\$ 36.33
40	\$ 30.35	\$ 35.46	\$ 32.52	\$ 38.04
45	\$ 32.11	\$ 37.20	\$ 34.41	\$ 39.90
50	\$ 34.97	\$ 39.83	\$ 37.47	\$ 42.72
55	\$ 39.59	\$ 43.53	\$ 42.42	\$ 46.70
60	\$ 45.36	\$ 47.64	\$ 48.60	\$ 51.11
65	\$ 51.97	\$ 51.40	\$ 55.69	\$ 55.14
70	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
75	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
80	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
85	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
90	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27
95	\$ 58.10	\$ 54.32	\$ 62.26	\$ 58.27

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 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 841.99				\$ 841.99			\$ 393.96		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 841.99	\$ 841.99	\$ 692.98		\$ 841.99	\$ 841.99		\$ 393.96	\$ 393.96	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 841.99	\$ 841.99	\$ 692.98		\$ 841.99	\$ 841.99		\$ 393.96	\$ 393.96	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 841.99	\$ 841.99	\$ 692.98		\$ 841.99			\$ 393.96		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 692.98			\$ 692.98			
211	Anthem Blue Cross I	Retiree Only	\$ 607.86				\$ 607.86			\$ 393.96		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 607.86	\$ 607.86	\$ 500.29		\$ 607.86	\$ 607.86		\$ 393.96	\$ 393.96	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 607.86	\$ 607.86	\$ 500.29		\$ 607.86	\$ 607.86		\$ 393.96	\$ 393.96	
214	Anthem Blue Cross I	Retiree and Children	\$ 607.86	\$ 607.86	\$ 500.29		\$ 607.86			\$ 393.96		
215	Anthem Blue Cross I	Minor Survivor				\$ 500.29			\$ 500.29			\$ 500.29
221	Anthem Blue Cross II	Retiree Only	\$ 1,178.61				\$ 1,178.61			\$ 393.96		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,178.61	\$ 1,178.61	\$ 970.03		\$ 1,178.61	\$ 1,178.61		\$ 393.96	\$ 393.96	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,178.61	\$ 1,178.61	\$ 970.03		\$ 1,178.61	\$ 1,178.61		\$ 393.96	\$ 393.96	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,178.61	\$ 1,178.61	\$ 970.03		\$ 1,178.61			\$ 393.96		
225	Anthem Blue Cross II	Minor Survivor				\$ 970.03			\$ 970.03			\$ 970.03
240	Anthem Blue Cross III	One Medicare					\$ 393.96			\$ 393.96		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
242	Anthem Blue Cross III	Retiree and Spouse 2 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96			\$ 393.96	\$ 393.96	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96			\$ 393.96	\$ 393.96	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,248.00	\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,248.00	\$ 1,027.14		\$ 393.96	\$ 393.96		\$ 393.96	\$ 393.96	
301	Cigna Network Model Plan	Retiree Only	\$ 1,221.40				\$ 1,221.40			\$ 307.14		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,221.40	\$ 1,221.40	\$ 1,005.25		\$ 1,221.40	\$ 1,221.40		\$ 307.14	\$ 307.14	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,221.40	\$ 1,221.40	\$ 1,005.25		\$ 1,221.40	\$ 1,221.40		\$ 307.14	\$ 307.14	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,221.40	\$ 1,221.40	\$ 1,005.25		\$ 1,221.40			\$ 307.14		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,005.25			\$ 1,005.25			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 329.57			\$ 329.57		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 329.57	\$ 329.57		\$ 329.57	\$ 329.57	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,299.00							\$ 228.64		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 225.27					
404	Kaiser (CA)	Retiree Excess I					\$ 920.59					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 883.16					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,585.13					
411	Kaiser (CA)	Family Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11					\$ 226.95	\$ 220.42	



Tier 2

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 225.27	\$ 218.67		\$ 225.27	\$ 220.42	
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 920.59	\$ 912.89		\$ 920.59	\$ 220.42	
418	Kaiser (CA)	Two+ Advantage					\$ 225.27	\$ 218.67				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 572.93	\$ 565.78				
420	Kaiser (CA)	Two+ Excess I					\$ 920.59	\$ 912.89				
421	Kaiser (CA)	Survivor				\$ 1,069.11			\$ 1,069.11			\$ 1,069.11
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 883.16	\$ 875.52		\$ 883.16	\$ 220.42	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,299.00	\$ 1,298.99	\$ 1,069.11		\$ 1,585.13	\$ 1,576.38		\$ 1,585.13	\$ 220.42	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					\$ 554.21	\$ 547.09				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					\$ 905.20	\$ 897.52				
428	Kaiser (CA)	One Excess, One Excess II - Part B					\$ 901.87	\$ 894.20				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					\$ 1,252.86	\$ 1,244.63				
430	Kaiser (CA)	Two Excess II - Part B					\$ 883.16	\$ 875.52				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					\$ 1,234.14	\$ 1,225.95				
432	Kaiser (CA)	Two Excess III - Both (MNP)					\$ 1,585.13	\$ 1,576.38				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,202.57							\$ 265.06		
451	Kaiser - Colorado	Retiree Risk					\$ 265.06					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,202.57	\$ 1,578.56						\$ 265.06	\$ 265.34	
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,202.57	\$ 1,578.56	\$ 3,234.01					\$ 265.06	\$ 265.34	
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,202.57	\$ 1,293.81			\$ 265.06	\$ 265.34		\$ 265.06	\$ 265.34	
457	Kaiser - Colorado	Two Retiree Risk					\$ 265.06	\$ 265.34				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,202.57	\$ 1,293.81	\$ 3,904.99		\$ 265.06	\$ 265.34		\$ 265.06	\$ 265.34	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 4,146.14		\$ 265.06	\$ 265.34		\$ 265.06	\$ 265.34	
440	Kaiser - Georgia	One Medicare Member with Part B only					\$ 841.87					
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 841.87					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 841.87					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 841.87	\$ 323.23				
461	Kaiser - Georgia Basic	Basic	\$ 1,269.85							\$ 321.56		
462	Kaiser - Georgia	Retiree Risk					\$ 321.56					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,269.85	\$ 1,366.75	\$ 4,379.88		\$ 321.56	\$ 323.23		\$ 321.56	\$ 323.23	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,269.85	\$ 1,366.75	\$ 4,379.88					\$ 321.56	\$ 323.23	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 485.03	\$ 1,366.75	\$ 4,379.88		\$ 321.56	\$ 323.23		\$ 321.56	\$ 323.23	
466	Kaiser - Georgia	Two Retiree Risk					\$ 321.56	\$ 323.23				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,134.79							\$ 340.37		
472	Kaiser - Hawaii	Retiree Risk					\$ 340.37					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 1,347.56					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,134.79	\$ 1,220.32						\$ 340.37	\$ 342.50	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,134.79	\$ 1,220.32	\$ 3,910.68					\$ 340.37	\$ 342.50	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,134.79	\$ 1,220.32	\$ 3,910.64		\$ 340.37	\$ 342.50		\$ 340.37	\$ 342.50	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,134.79	\$ 1,220.32	\$ 3,910.64		\$ 1,347.56	\$ 1,374.42		\$ 1,347.56	\$ 1,374.42	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 340.37	\$ 342.50				



Tier 2

Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,325.80								\$ 364.00		
482	Kaiser - Oregon	Retiree Risk					\$ 364.00						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 955.26						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,325.80	\$ 1,427.42							\$ 364.00	\$ 366.72	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,325.80	\$ 1,427.42	\$ 4,574.28						\$ 364.00	\$ 366.72	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,325.80	\$ 1,427.41	\$ 4,574.27		\$ 364.00	\$ 366.72			\$ 364.00	\$ 366.72	
488	Kaiser - Oregon	Two Retiree Risk					\$ 364.00	\$ 366.72					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 817.12						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 817.12	\$ 366.72					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,440.89	\$ 585.31			\$ 955.26	\$ 366.72			\$ 364.00	\$ 366.72	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,325.80	\$ 1,427.41			\$ 364.00	\$ 366.72			\$ 364.00	\$ 366.72	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,325.80	\$ 1,427.41	\$ 4,574.27		\$ 364.00	\$ 366.72			\$ 364.00	\$ 366.72	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 955.26	\$ 972.49					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 817.12	\$ 830.96					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,325.80	\$ 1,427.41			\$ 817.12	\$ 830.96			\$ 817.12	\$ 830.96	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,325.80	\$ 1,427.41			\$ 955.26	\$ 972.49			\$ 955.26	\$ 972.49	
393	Kaiser - Washington	Retiree Basic	\$ 1,331.06								\$ 331.47		
394	Kaiser - Washington	Retiree Risk (Senior Advantage)					\$ 331.47						
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 1,331.06	\$ 1,243.11							\$ 331.47	\$ 333.39	
396	Kaiser - Washington	Retiree Basic Family	\$ 1,331.06	\$ 1,243.11	\$ 5,784.09						\$ 331.47	\$ 333.39	
397	Kaiser - Washington	One Risk, One Basic	\$ 1,331.06	\$ 1,243.11	\$ 3,983.66		\$ 331.47	\$ 333.39			\$ 331.47	\$ 333.39	
398	Kaiser - Washington	Two Retiree Risk					\$ 331.47	\$ 333.39					
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 1,331.06	\$ 1,243.11	\$ 5,175.22		\$ 331.47	\$ 333.39			\$ 331.47	\$ 333.39	
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 5,784.09		\$ 331.47	\$ 333.39			\$ 331.47	\$ 333.39	
611	SCAN Health Plan	Retiree Only					\$ 203.97						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 203.97	\$ 203.97					
701	United Healthcare	Retiree Only	\$ 1,417.08				\$ 278.21				\$ 278.21		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30		\$ 278.21	\$ 278.21			\$ 278.21	\$ 278.21	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 278.21	\$ 278.21			\$ 278.21	\$ 278.21	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30		\$ 278.21	\$ 278.21			\$ 278.21	\$ 278.21	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30		\$ 278.21	\$ 278.21			\$ 278.21	\$ 278.21	
706	United Healthcare	Minor Survivor					\$ 1,166.30			\$ 1,166.30			
707	United Healthcare	Single	\$ 1,417.08								\$ 286.28		
708	United Healthcare	Two-Party	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30						\$ 286.28	\$ 285.88	
709	United Healthcare	Family	\$ 1,417.08	\$ 1,417.08	\$ 1,166.30						\$ 286.28	\$ 285.88	



Tier 2

Fire Fighters Local 1014 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,093.94				\$ 451.07			\$ 451.07		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,093.94	\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,093.94	\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 451.07		\$ 451.07	\$ 451.07		\$ 451.07
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,093.94	\$ 1,723.38		\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07	\$ 451.07
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,093.94	\$ 1,723.38	\$ 2,093.94		\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 451.07	\$ 451.07		\$ 451.07	\$ 451.07

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 52.48		
502	Cigna Indemnity Dental/Vision	Family	\$ 52.48	\$ 56.00	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 54.07
901	Cigna Dental HMO/Vision	Retiree Only	\$ 47.88		
902	Cigna Dental HMO/Vision	Family	\$ 47.88	\$ 52.91	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 49.34

Tier 2

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 818.89				\$ 818.89			\$ 383.15		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 818.89	\$ 818.89	\$ 845.68		\$ 818.89	\$ 818.89		\$ 383.15	\$ 383.15	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 818.89	\$ 818.89	\$ 845.68		\$ 818.89	\$ 818.89		\$ 383.15	\$ 383.15	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 818.89	\$ 818.89	\$ 845.68		\$ 818.89			\$ 383.15		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				\$ 845.68			\$ 845.68			
211	Anthem Blue Cross I	Retiree Only	\$ 591.18				\$ 591.18			\$ 383.15		
212	Anthem Blue Cross I	Retiree and Spouse	\$ 591.18	\$ 591.18	\$ 610.52		\$ 591.18	\$ 591.18		\$ 383.15	\$ 383.15	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 591.18	\$ 591.18	\$ 610.52		\$ 591.18	\$ 591.18		\$ 383.15	\$ 383.15	
214	Anthem Blue Cross I	Retiree and Children	\$ 591.18	\$ 591.18	\$ 610.52		\$ 591.18			\$ 383.15		
215	Anthem Blue Cross I	Minor Survivor				\$ 610.52			\$ 610.52			\$ 610.52
221	Anthem Blue Cross II	Retiree Only	\$ 1,146.28				\$ 1,146.28			\$ 383.15		
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,146.28	\$ 1,146.28	\$ 1,183.78		\$ 1,146.28	\$ 1,146.28		\$ 383.15	\$ 383.15	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,146.28	\$ 1,146.28	\$ 1,183.78		\$ 1,146.28	\$ 1,146.28		\$ 383.15	\$ 383.15	
224	Anthem Blue Cross II	Retiree and Children	\$ 1,146.28	\$ 1,146.28	\$ 1,183.78		\$ 1,146.28			\$ 383.15		
225	Anthem Blue Cross II	Minor Survivor				\$ 1,183.78			\$ 1,183.78			\$ 1,183.78
240	Anthem Blue Cross III	One Medicare					\$ 383.15			\$ 383.15		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15			\$ 383.15	\$ 383.15	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15			\$ 383.15	\$ 383.15	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,213.76	\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,213.76	\$ 1,253.47		\$ 383.15	\$ 383.15		\$ 383.15	\$ 383.15	
301	Cigna Network Model Plan	Retiree Only	\$ 1,187.89				\$ 1,187.89			\$ 298.72		
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,187.89	\$ 1,187.89	\$ 1,226.75		\$ 1,187.89	\$ 1,187.89		\$ 298.72	\$ 298.72	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,187.89	\$ 1,187.89	\$ 1,226.75		\$ 1,187.89	\$ 1,187.89		\$ 298.72	\$ 298.72	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,187.89	\$ 1,187.89	\$ 1,226.75		\$ 1,187.89			\$ 298.72		
305	Cigna Network Model Plan	Minor Survivor				\$ 1,226.75			\$ 1,226.75			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					\$ 320.53			\$ 320.53		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)					\$ 320.53	\$ 320.53		\$ 320.53	\$ 320.53	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,263.36							\$ 222.37		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 219.09					
404	Kaiser (CA)	Retiree Excess I					\$ 895.33					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 858.93					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 1,541.65					
411	Kaiser (CA)	Family Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69					\$ 220.73	\$ 214.37	



Tier 2

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69	\$ 219.09	\$ 212.67		\$ 219.09	\$ 214.37		
414	Kaiser (CA)	One Excess I, One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69	\$ 895.33	\$ 887.84		\$ 895.33	\$ 214.37		
418	Kaiser (CA)	Two+ Advantage				\$ 219.09	\$ 212.67					
419	Kaiser (CA)	One Excess I, One Advantage				\$ 557.21	\$ 550.26					
420	Kaiser (CA)	Two+ Excess I				\$ 895.33	\$ 887.84					
421	Kaiser (CA)	Survivor						\$ 1,304.69			\$ 1,304.69	
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69	\$ 858.93	\$ 851.50		\$ 858.93	\$ 214.37		
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,263.36	\$ 1,263.36	\$ 1,304.69	\$ 1,541.65	\$ 1,533.13		\$ 1,541.65	\$ 214.37		
426	Kaiser (CA)	One Advantage, One Excess II - Part B				\$ 539.01	\$ 532.08					
427	Kaiser (CA)	One Advantage, One Excess III (MNP)				\$ 880.37	\$ 872.90					
428	Kaiser (CA)	One Excess, One Excess II - Part B				\$ 877.13	\$ 869.67					
429	Kaiser (CA)	One Excess, One Excess III (MNP)				\$ 1,218.49	\$ 1,210.49					
430	Kaiser (CA)	Two Excess II - Part B				\$ 858.93	\$ 851.50					
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				\$ 1,200.29	\$ 1,192.32					
432	Kaiser (CA)	Two Excess III - Both (MNP)				\$ 1,541.65	\$ 1,533.13					
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,169.58						\$ 257.79			
451	Kaiser - Colorado	Retiree Risk						\$ 257.79				
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,169.58	\$ 1,535.26					\$ 257.79	\$ 258.06		
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,169.58	\$ 1,535.26	\$ 3,946.62				\$ 257.79	\$ 258.06		
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,169.58	\$ 1,258.32				\$ 257.79	\$ 258.06	\$ 257.79	\$ 258.06	
457	Kaiser - Colorado	Two Retiree Risk						\$ 257.79	\$ 258.06			
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,169.58	\$ 1,258.32	\$ 4,765.45			\$ 257.79	\$ 258.06	\$ 257.79	\$ 258.06	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 5,059.74			\$ 257.79	\$ 258.06	\$ 257.79	\$ 258.06	
440	Kaiser - Georgia	One Medicare Member with Part B only				\$ 818.78						
441	Kaiser - Georgia	One Medicare Member with Part A only				\$ 818.78						
442	Kaiser - Georgia	One Member without Medicare Part A&B				\$ 818.78						
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				\$ 818.78	\$ 314.37					
461	Kaiser - Georgia Basic	Basic	\$ 1,235.02						\$ 312.74			
462	Kaiser - Georgia	Retiree Risk						\$ 312.74				
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,235.02	\$ 1,329.26	\$ 5,344.98	\$ 312.74	\$ 314.37		\$ 312.74	\$ 314.37		
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,235.02	\$ 1,329.26	\$ 5,344.98				\$ 312.74	\$ 314.37		
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 471.73	\$ 1,329.26	\$ 5,344.98	\$ 312.74	\$ 314.37		\$ 312.74	\$ 314.37		
466	Kaiser - Georgia	Two Retiree Risk				\$ 312.74	\$ 314.37					
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,103.66						\$ 331.03			
472	Kaiser - Hawaii	Retiree Risk						\$ 331.03				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				\$ 1,310.59						
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,103.66	\$ 1,186.85					\$ 331.03	\$ 333.11		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,103.66	\$ 1,186.85	\$ 4,772.40				\$ 331.03	\$ 333.11		
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,103.66	\$ 1,186.85	\$ 4,772.35	\$ 331.03	\$ 333.11		\$ 331.03	\$ 333.11		
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,103.66	\$ 1,186.85	\$ 4,772.35	\$ 1,310.59	\$ 1,336.72		\$ 1,310.59	\$ 1,336.72		
478	Kaiser - Hawaii	Two Retiree Risk				\$ 331.03	\$ 333.11					



Tier 2

Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees			
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv	
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,289.43								\$ 354.02		
482	Kaiser - Oregon	Retiree Risk					\$ 354.02						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 929.06						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,289.43	\$ 1,388.26							\$ 354.02	\$ 356.66	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,289.43	\$ 1,388.26	\$ 5,582.22						\$ 354.02	\$ 356.66	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,289.43	\$ 1,388.25	\$ 5,582.21		\$ 354.02	\$ 356.66			\$ 354.02	\$ 356.66	
488	Kaiser - Oregon	Two Retiree Risk					\$ 354.02	\$ 356.66					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 794.71						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 794.71	\$ 356.66					
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,401.36	\$ 569.25			\$ 929.06	\$ 356.66			\$ 354.02	\$ 356.66	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,289.43	\$ 1,388.25			\$ 354.02	\$ 356.66			\$ 354.02	\$ 356.66	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,289.43	\$ 1,388.25	\$ 5,582.21		\$ 354.02	\$ 356.66			\$ 354.02	\$ 356.66	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 929.06	\$ 945.82					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 794.71	\$ 808.17					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,289.43	\$ 1,388.25			\$ 794.71	\$ 808.17			\$ 794.71	\$ 808.17	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,289.43	\$ 1,388.25			\$ 929.06	\$ 945.82			\$ 929.06	\$ 945.82	
393	Kaiser - Washington	Retiree Basic	\$ 1,294.55								\$ 322.38		
394	Kaiser - Washington	Retiree Risk (Senior Advantage)					\$ 322.38						
395	Kaiser - Washington	Retiree Basic (Two Party)	\$ 1,294.55	\$ 1,209.01							\$ 322.38	\$ 324.24	
396	Kaiser - Washington	Retiree Basic Family	\$ 1,294.55	\$ 1,209.01	\$ 7,058.61						\$ 322.38	\$ 324.24	
397	Kaiser - Washington	One Risk, One Basic	\$ 1,294.55	\$ 1,209.01	\$ 4,861.46		\$ 322.38	\$ 324.24			\$ 322.38	\$ 324.24	
398	Kaiser - Washington	Two Retiree Risk					\$ 322.38	\$ 324.24					
399	Kaiser - Washington	One Risk, Two or More Dependents	\$ 1,294.55	\$ 1,209.01	\$ 6,315.58		\$ 322.38	\$ 324.24			\$ 322.38	\$ 324.24	
400	Kaiser - Washington	Two Risk, Two or More Dependents			\$ 7,058.61		\$ 322.38	\$ 324.24			\$ 322.38	\$ 324.24	
611	SCAN Health Plan	Retiree Only					\$ 198.38						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 198.38	\$ 198.38					
701	United Healthcare	Retiree Only	\$ 1,378.21				\$ 270.58				\$ 270.58		
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29		\$ 270.58	\$ 270.58			\$ 270.58	\$ 270.58	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$ 270.58	\$ 270.58			\$ 270.58	\$ 270.58	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29		\$ 270.58	\$ 270.58			\$ 270.58	\$ 270.58	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29		\$ 270.58	\$ 270.58			\$ 270.58	\$ 270.58	
706	United Healthcare	Minor Survivor							\$ 1,423.29		\$ 1,423.29		
707	United Healthcare	Single	\$ 1,378.21								\$ 278.42		
708	United Healthcare	Two-Party	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29						\$ 278.42	\$ 278.04	
709	United Healthcare	Family	\$ 1,378.21	\$ 1,378.21	\$ 1,423.29						\$ 278.42	\$ 278.04	



Tier 2

Fire Fighters Local 1014 Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 2,036.50				\$ 438.69			\$ 438.69		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 2,036.50	\$ 2,036.50	\$ 2,103.12		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 2,036.50	\$ 2,036.50	\$ 2,103.12		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 438.69		\$ 438.69	\$ 438.69		\$ 438.69
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 2,036.50	\$ 2,103.12		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 2,036.50	\$ 2,103.12		\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69	\$ 438.69
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 438.69	\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 2,036.50	\$ 2,103.12	\$ 2,036.50		\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 438.69	\$ 438.69	\$ 438.69		\$ 438.69	\$ 438.69

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$ 51.97		
502	Cigna Indemnity Dental/Vision	Family	\$ 51.97	\$ 55.45	
503	Cigna Indemnity Dental/Vision	Minor Survivor			\$ 52.97
901	Cigna Dental HMO/Vision	Retiree Only	\$ 47.41		
902	Cigna Dental HMO/Vision	Family	\$ 47.41	\$ 52.40	
903	Cigna Dental HMO/Vision	Minor Survivor			\$ 48.33

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, 2019 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 2020. The following website provides more information: <https://www.soa.org/resources/research-reports/2020/getzen-model-update-2021-2030/>. We believe that the research and the model are fundamentally and technically sound and advance the body of knowledge available to actuaries to accurately project long-term medical trends. Milliman uses this model as the foundation for the trend that it recommends to our clients for OPEB valuations.

The first-year trend rates for LACERA non-Local 1014 firefighters' medical and dental/vision plans have been adjusted to reflect the final July 1, 2021 annual medical and dental plan rate renewals. The remaining short-term trends are based on Milliman's *Health Cost Guidelines*TM.

The trend assumption for Medicare Part B premiums was updated based on long-term projected Part B costs from the 2020 Medicare Trustees Report from CMS dated April 22, 2020. The dental trend assumption was updated based on the same methodology we used in our 2020 OPEB Investigation of Experience Study.

The following table presents the trend assumptions with the impact of the ACA and H.R. 1865 including the Patient Centered Outcomes Research Institute (PCORI) Fee and the Health Insurer Fee in calendar year 2020. H.R. 1865 repealed the Excise Tax and the Health Insurer Fee beginning with calendar year 2021. The weighted average trend 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, 2020 valuation.

After fiscal year ending June 30, 2031, 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. The medical trend for both under and over 65 remains at 4.30% beginning with the medical trend from fiscal year ending June 30, 2073 to fiscal year ending June 30, 2074.

Given the substantial uncertainty regarding the impact of COVID-19 on plan costs, including whether the pandemic will increase or decrease costs during the term of our projections, we have chosen not to make an adjustment in the expected plan costs. It is possible that the COVID-19 pandemic could have a material impact on the projected costs.

Fiscal Year Ending		LACERA Medical		Part B	Dental Under	Weighted Average Trend
From	To	Under 65	Over 65	Premiums	and Over 65	
6/30/2021	6/30/2022	4.60%	-1.20%	9.30%	-0.30%	1.88%
6/30/2022	6/30/2023	5.70%	5.40%	5.90%	2.90%	5.40%
6/30/2023	6/30/2024	5.30%	5.20%	5.80%	2.90%	5.16%
6/30/2024	6/30/2025	5.00%	5.00%	6.00%	2.90%	4.99%
6/30/2025	6/30/2026	5.00%	5.00%	5.90%	2.90%	4.99%
6/30/2026	6/30/2027	5.00%	5.00%	5.80%	2.90%	4.98%
6/30/2027	6/30/2028	5.00%	5.00%	5.80%	2.90%	4.98%
6/30/2028	6/30/2029	5.00%	5.00%	5.70%	2.90%	4.97%
6/30/2029	6/30/2030	5.00%	5.00%	5.90%	2.90%	5.00%
6/30/2030	6/30/2031	5.00%	5.00%	5.80%	2.80%	4.99%
6/30/2040	6/30/2041	5.10%	5.10%	5.00%	2.70%	4.97%
6/30/2050	6/30/2051	5.20%	5.20%	4.50%	2.60%	4.98%
6/30/2060	6/30/2061	5.00%	5.00%	4.30%	2.50%	4.78%
6/30/2070	6/30/2071	4.50%	4.50%	4.30%	2.70%	4.41%
6/30/2080	6/30/2081	4.30%	4.30%	4.30%	3.00%	4.27%
6/30/2090	6/30/2091	4.30%	4.30%	4.30%	3.30%	4.28%
6/30/2100	6/30/2101	4.30%	4.30%	4.30%	3.50%	4.28%
6/30/2104	6/30/2105	4.30%	4.30%	4.30%	3.60%	4.28%

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	18.00%	0.00%	29.00%
51	5.00%	0.00%	13.00%
52	6.00%	0.00%	13.00%
53	6.00%	0.00%	13.00%
54	5.00%	0.00%	13.00%
55	10.00%	25.00%	20.00%
56	7.00%	6.00%	20.00%
57	8.00%	4.00%	20.00%
58	7.00%	5.00%	20.00%
59	10.00%	5.00%	20.00%
60	11.00%	6.00%	33.00%
61	12.00%	7.00%	33.00%
62	15.00%	8.00%	33.00%
63	19.00%	7.00%	33.00%
64	20.00%	23.00%	33.00%
65	32.00%	37.00%	100.00%
66	26.00%	12.00%	100.00%
67	22.00%	8.00%	100.00%
68	22.00%	9.00%	100.00%
69	29.00%	10.00%	100.00%
70	35.00%	12.00%	100.00%
71	35.00%	18.00%	100.00%
72	35.00%	18.00%	100.00%
73	35.00%	18.00%	100.00%
74	35.00%	18.00%	100.00%
75	100.00%	100.00%	100.00%
75 or older	100.00%	100.00%	100.00%

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

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/healthcare/RHC-Tier2.html>

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

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

RETIREMENT PLANS

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

Safety Member Plans:

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

General Member Plans:

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

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

SERVICE RETIREMENT ELIGIBILITY

Plans A-D:	General Members: Age 50 with 10 years of County service; Any age with 30 years of service; or Age 70 regardless of service.
Non-Contributory	
Plan E:	Age 55 with 10 years of service.
Plan G:	Age 52 with 5 years of service, or age 70 regardless of service.
Plans A-B:	Safety Members: Age 50 with 10 years of County service; Any age with 20 years of service.
Plan C:	Safety Members: Age 50 with 5 years of service.

VESTING REQUIREMENT

Plans A-D, G:	5 years of County and reciprocal service. Member contributions must be left on deposit.
Plan E:	10 years of County and reciprocal service.

SERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G:	Any age or years of service; disability must result from occupational injury or disease, and member must be permanently incapacitated for the performance of duty.
Plan E:	Not available under Plan E.

NONSERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G:	Any age with 5 years of service and permanently incapacitated for the performance of duty.
Plan E:	Not available under Plan E.

SERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

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

NONSERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

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

ELIGIBLE SURVIVING DEPENDENTS

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

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

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTHCARE BENEFITS

Medical

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

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

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

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

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

Dental / Vision

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

Disability

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

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTHCARE BENEFITS

Medical, Dental / Vision, and Disability

Contributions are the same as for the County employees.

DEATH/BURIAL BENEFIT

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

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

Appendix E

Medical Plan Descriptions:

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

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

<http://www.local1014medical.org/docs/SPD%202019.pdf>

Appendix G

Dental and Vision Plan Description:

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

Appendix H

Medicare Part B Reimbursement Plan Description:

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

Appendix C: Valuation Data and Schedules

Data on LACERA's retirement benefit program membership as of June 30, 2020 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2020 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, 2020 for active, vested terminated, and retired members.

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

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

Exhibit C-1: Summary of Active Members

	Members		Annual Salary	Average Age	Average Credited Service
	Tier 1	Tier 2			
County					
General	57,522	24,490	\$ 6,788,834,424	47.2	14.2
Safety	9,654	3,522	1,590,271,044	41.4	14.4
Total	67,176	28,012	\$ 8,379,105,468	46.4	14.3
Superior Court					
General	3,203	1,252	\$ 347,098,020	49.0	17.4
Safety	-	-	-	-	-
Total	3,203	1,252	\$ 347,098,020	49.0	17.4
LACERA					
General	268	133	\$ 44,123,016	48.2	12.8
Safety	-	-	-	-	-
Total	268	133	\$ 44,123,016	48.2	12.8
Outside Districts					
General	7	-	\$ 666,300	48.6	13.8
Safety	-	-	-	-	-
Total	7	-	\$ 666,300	48.6	13.8
Grand Total					
General	61,000	25,875	\$ 7,180,721,760	47.3	14.4
Safety	9,654	3,522	1,590,271,044	41.4	14.4
Total	70,654	29,397	\$ 8,770,992,804	46.5	14.4
Grand Total (Tiers Combined)	100,051				

This excludes 57 active pension members who are receiving retiree healthcare benefits.

Exhibit C-2: Summary of Vested Terminated Members

	<u>Members</u>		<u>Average Age</u>
	<u>Tier 1</u>	<u>Tier 2</u>	
County			
General	7,139	248	51.4
Safety	584	33	43.9
Total	7,723	281	50.8
Superior Court			
General	572	22	53.1
Safety	-	-	-
Total	572	22	53.1
LACERA			
General	33	-	50.9
Safety	-	-	-
Total	33	-	50.9
Outside Districts			
General	-	-	-
Safety	-	-	-
Total	-	-	-
Grand Total	8,328	303	50.8
Grand Total (Tiers Combined)	8,631		

Pension data includes 7,516 non vested terminated members.
 This excludes 21 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	49,935	5	27,417	3	77,360	73.6	59.7	68.6
Superior Court	2,397	-	1,047	-	3,444	73.0	62.0	69.7
LACERA	158	-	74	-	232	72.2	63.7	69.5
Outside Districts	94	-	34	-	128	84.1	71.4	80.7
Total Medical	52,584	5	28,572	3	81,164	73.6	59.8	68.7
Tiers Combined	52,589		28,575					

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	51,225	9	27,234	2	78,470	73.5	62.0	69.5
Superior Court	2,439	-	1,049	-	3,488	73.0	65.3	70.7
LACERA	159	-	69	-	228	72.0	67.2	70.5
Outside Districts	86	-	33	-	119	84.2	71.8	80.8
Total Dental/Vision	53,909	9	28,385	2	82,305	73.5	62.1	69.6
Tiers Combined	53,918		28,387					

Death Benefit*

	Count				Total	Average Age		
	Retirees		Spouses and Dependents			Retirees	Spouses and Dependents	Total
	Tier 1	Tier 2	Tier 1	Tier 2				
County	55,026	27	NA	NA	55,053	72.4	NA	72.4
Superior Court	2,933	2	NA	NA	2,935	71.6	NA	71.6
LACERA	185	-	NA	NA	185	71.1	NA	71.1
Outside Districts	104	-	NA	NA	104	80.7	NA	80.7
Total Death Benefit	58,248	29	NA	NA	58,277	72.4	NA	72.4
Tiers Combined	58,277		NA					

* Totals do not include 462 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

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

Age	Members' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	
Under 18	-	-	-	-	-	-	-	-	-
18-19	3	-	-	-	-	-	-	-	3
20-24	959	1	-	-	-	-	-	-	960
25-29	5,534	514	6	-	-	-	-	-	6,054
30-34	6,969	3,344	846	15	-	-	-	-	11,174
35-39	4,634	3,313	4,124	739	43	-	-	-	12,853
40-44	2,850	2,082	4,180	2,905	1,148	73	1	-	13,239
45-49	1,954	1,462	2,875	2,919	3,330	946	108	4	13,598
50-54	1,410	1,043	2,125	2,305	3,008	2,935	1,691	159	14,676
55-59	910	876	1,623	1,679	1,941	2,179	2,509	922	12,639
60-64	510	559	1,224	1,281	1,386	1,267	1,517	1,427	9,171
65-69	148	259	609	632	715	529	471	608	3,971
70-74	26	45	209	221	251	180	141	204	1,277
75-79	2	12	41	59	69	54	41	57	335
80-84	-	2	1	7	21	16	17	18	82
85 & Over	-	1	2	1	2	-	3	10	19
Total Count	25,909	13,513	17,865	12,763	11,914	8,179	6,499	3,409	100,051

This excludes 57 active retirement program members who are receiving retiree healthcare benefits.

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

Age	Members' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	
Under 18	-	-	-	-	-	-	-	-	-
18-19	-	-	-	-	-	-	-	-	-
20-24	1	-	-	-	-	-	-	-	1
25-29	42	14	-	-	-	-	-	-	56
30-34	160	171	33	1	-	-	-	-	365
35-39	188	412	196	21	-	-	-	-	817
40-44	248	532	280	77	10	-	-	-	1,147
45-49	258	570	377	182	58	10	1	-	1,456
50-54	194	510	549	215	103	56	13	-	1,640
55-59	140	293	487	194	99	55	39	15	1,322
60-64	67	199	351	154	83	48	60	40	1,002
65-69	51	98	260	69	25	21	8	12	544
70-74	15	34	118	47	7	2	1	-	224
75-79	3	3	15	10	5	-	1	-	37
80-84	4	-	7	3	1	2	1	-	18
85 & Over	1	1	-	-	-	-	-	-	2
Total Count	1,372	2,837	2,673	973	391	194	124	67	8,631

Retirement program data includes 7,516 non vested terminated members.
 This excludes 21 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	-	-	-	1	2	3	1	18	25
35-39	-	-	-	-	-	-	-	14	14
40-44	-	-	-	-	1	3	-	55	59
45-49	-	-	2	2	3	1	4	113	125
50-54	-	-	13	46	54	124	66	300	603
55-59	2	1	51	86	152	546	799	1,068	2,705
60-64	-	6	114	178	304	1,152	1,910	1,388	5,052
65-69	6	21	391	523	709	1,959	4,470	1,253	9,332
70-74	4	30	573	770	960	2,212	5,451	1,675	11,675
75-79	9	32	465	711	852	1,872	3,945	1,568	9,454
80-84	5	15	370	461	660	1,561	2,281	1,076	6,429
85-89	6	20	233	405	547	1,052	1,267	690	4,220
90-94	3	15	149	237	325	489	576	311	2,105
95-99	-	5	78	100	94	137	216	67	697
100 & Over	-	-	10	16	15	12	28	13	94
Total Count	35	145	2,449	3,536	4,678	11,123	21,014	9,609	52,589

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	3	2	112	150	291	1,155	1,732	1,907	5,352
35-39	-	1	-	2	7	18	34	18	80
40-44	-	-	1	6	13	24	50	60	154
45-49	-	-	8	11	18	60	95	121	313
50-54	-	-	11	30	47	217	373	420	1,098
55-59	1	-	34	55	97	514	837	882	2,420
60-64	2	5	62	102	192	787	1,381	866	3,397
65-69	1	12	163	219	308	955	2,044	711	4,413
70-74	4	16	211	309	356	933	2,186	863	4,878
75-79	2	10	160	260	346	677	1,413	566	3,434
80-84	1	3	96	147	213	469	706	265	1,900
85-89	-	2	33	77	86	217	272	123	810
90-94	-	-	10	25	34	67	93	27	256
95-99	-	1	7	10	9	10	25	3	65
100 & Over	1	-	2	1	-	1	-	-	5
Total Count	15	52	910	1,404	2,017	6,104	11,241	6,832	28,575

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	-	-	-	1	2	3	1	20	27
35-39	-	-	-	-	-	-	-	19	19
40-44	-	-	1	-	1	3	-	68	73
45-49	-	-	2	1	2	1	4	131	141
50-54	1	-	19	49	57	122	67	346	661
55-59	4	3	71	104	161	551	801	1,133	2,828
60-64	1	13	149	219	318	1,153	1,905	1,457	5,215
65-69	7	29	450	572	736	1,983	4,485	1,315	9,577
70-74	8	43	634	820	1,004	2,223	5,478	1,755	11,965
75-79	11	37	491	739	877	1,884	3,971	1,622	9,632
80-84	4	26	355	497	693	1,578	2,305	1,094	6,552
85-89	4	25	258	414	556	1,059	1,290	694	4,300
90-94	5	13	155	245	333	493	587	310	2,141
95-99	1	6	85	96	97	136	217	65	703
100 & Over	-	-	7	10	16	11	28	12	84
Total Count	46	195	2,677	3,767	4,853	11,200	21,139	10,041	53,918

All Members

Spouses and Dependents with Dental/Vision Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	3	5	93	119	185	877	1,333	1,550	4,165
35-39	-	1	1	2	6	14	25	16	65
40-44	-	-	2	6	9	22	40	62	141
45-49	-	-	7	12	18	57	92	133	319
50-54	-	1	13	27	50	200	328	401	1,020
55-59	1	2	39	58	105	508	816	812	2,341
60-64	3	6	76	117	206	774	1,376	914	3,472
65-69	2	11	180	249	336	1,001	2,151	790	4,720
70-74	4	20	236	357	389	985	2,273	888	5,152
75-79	1	8	177	270	365	720	1,508	617	3,666
80-84	-	3	104	169	241	510	744	269	2,040
85-89	3	4	38	91	97	235	302	137	907
90-94	-	1	16	33	42	78	101	32	303
95-99	-	1	11	9	11	11	26	4	73
100 & Over	-	-	1	1	-	1	-	-	3
Total Count	17	63	994	1,520	2,060	5,993	11,115	6,625	28,387

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	186	858	1,044	260	188	448	446	1,046	1,492
Blue Cross II	2,393	2,762	5,155	3,232	973	4,205	5,625	3,735	9,360
Blue Cross III	284	12,073	12,357	1,056	4,644	5,700	1,340	16,717	18,057
Blue Cross Prudent Buyer Plan	271	698	969	342	208	550	613	906	1,519
CIGNA Healthcare for Seniors	2	57	59	10	24	34	12	81	93
CIGNA Network Model Plan	46	342	388	65	76	141	111	418	529
Kaiser (Other)	54	347	401	66	117	183	120	464	584
Kaiser (CA)	3,872	21,268	25,140	5,011	7,142	12,153	8,883	28,410	37,293
United Healthcare	1,425	3,228	4,653	1,904	1,254	3,158	3,329	4,482	7,811
SCAN Health Plan	5	400	405	-	97	97	5	497	502
Firefighters' Local 1014	774	1,239	2,013	1,270	633	1,903	2,044	1,872	3,916
Total	9,312	43,272	52,584	13,216	15,356	28,572	22,528	58,628	81,156
<u>Medicare Part B Coverage</u>									
All Members									
Receiving Reimbursement	328	35,795	36,123	420	12,171	12,591	748	47,966	48,714
Not Receiving Reimbursement	8,984	7,477	16,461	12,796	3,185	15,981	21,780	10,662	32,442
Total	9,312	43,272	52,584	13,216	15,356	28,572	22,528	58,628	81,156
<u>Dental/Vision Plans</u>									
All Members									
Cigna Indemnity Dental/Vision	8,351	39,810	48,161	10,561	15,163	25,724	18,912	54,973	73,885
Cigna Dental HMO/Vision	1,367	4,381	5,748	1,391	1,270	2,661	2,758	5,651	8,409
Total	9,718	44,191	53,909	11,952	16,433	28,385	21,670	60,624	82,294
<u>Death Benefit*</u>									
Total	12,216	46,032	58,248	NA	NA	NA	12,216	46,032	58,248

* Totals do not include 462 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

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

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
<u>Medical Plans</u>									
Blue Cross I	-	-	-	-	-	-	-	-	-
Blue Cross II	-	-	-	-	-	-	-	-	-
Blue Cross III	-	1	1	2	-	2	2	1	3
Blue Cross Prudent Buyer Plan	1	-	1	-	-	-	1	-	1
CIGNA Healthcare for Seniors	-	-	-	-	-	-	-	-	-
CIGNA Network Model Plan	-	-	-	-	-	-	-	-	-
Kaiser (Other)	-	-	-	-	-	-	-	-	-
Kaiser (CA)	2	1	3	-	1	1	2	2	4
United Healthcare	-	-	-	-	-	-	-	-	-
SCAN Health Plan	-	-	-	-	-	-	-	-	-
Firefighters' Local 1014	-	-	-	-	-	-	-	-	-
Total	3	2	5	2	1	3	5	3	8
<u>Medicare Part B Coverage</u>									
All Members									
Receiving Reimbursement	-	2	2	-	1	1	-	3	3
Not Receiving Reimbursement	3	-	3	2	-	2	5	-	5
Total	3	2	5	2	1	3	5	3	8
<u>Dental/Vision Plans</u>									
All Members									
Cigna Indemnity Dental/Vision	4	4	8	1	1	2	5	5	10
Cigna Dental HMO/Vision	1	-	1	-	-	-	1	-	1
Total	5	4	9	1	1	2	6	5	11
<u>Death Benefit</u>									
Total	15	14	29	NA	NA	NA	15	14	29

Exhibit C-10: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	524 medical NA 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 20 years old since the average age of LACERA children under 26 is 20; half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
2	1,827 medical 169 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	212 medical 220 dental 98 death benefit only	Members were deceased before 7/1/2020.	Removed records from data.
4	1 medical 1 dental	Records had unusual dates of birth.	Used average of all respective active medical and dental dates of birth.
5	4 medical 6 dental 6 death benefit only	Records had blank gender.	We designated half of the members as male and half as female.

Appendix D: Glossary

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

Actuarial Accrued Liability

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

Actuarial Assumptions

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

Actuarial Cost Method

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

Actuarial Gain (Loss)

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

Actuarial Present Value

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

Actuarial Valuation

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

Actuarial Value of Assets

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

Amortization Payment

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

Actuarially Determined Contributions (“ADC”)

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

Attribution Period

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

Benefit Payments

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

GASB 74

The statement that establishes financial reporting standards for postemployment benefit 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:

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

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

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

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COMPARISON OF MEDICAL PLANS

Effective July 1, 2020

Indemnity Medical Plans

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

Health Maintenance Organizations (HMOs)

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

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

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

Indemnity Insurance Plans

Anthem Blue Cross I

Anthem Blue Cross II

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

Comparison of Medical Plans

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

Kaiser Permanente	UnitedHealthcare⁴
None	None
Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
Unlimited	Unlimited
No charge	No charge
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser Permanente physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating UnitedHealthcare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; up to 100 days per benefit period
No charge if authorized by Kaiser Permanente physician	No charge (if medically necessary)
No charge (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 visit; 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, 2020

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

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
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
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente; \$25 generic/\$40 brand copay for up to 30-day supply at Walgreens
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 copay
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 copay per admission (detox only)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 (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	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

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 - \$5 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	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 per calendar year (physical and speech therapy combined)
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year	
No charge (after confirmation of pregnancy)	Hospitalization – no charge; doctor’s office visit – no charge	No charge inpatient; \$10 copay outpatient; no charge for routine care
\$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	\$10 copay
\$50/day	No charge	No charge
\$15 copay	\$5 copay	\$10 copay
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
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; \$25 generic/\$40 brand copay for 30-day supply at Rite Aid or Walgreens
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 per admission
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses and/or frames combined every 2 years
Frames		
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

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

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon	Kaiser Permanente – Washington
None	None	None
Individual – \$2,500	Individual – \$600	Individual – \$2,500
Unlimited	None	Unlimited
\$50/day	No charge	No charge
No charge	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; 100 days for Medicare benefits 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	\$3 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	\$150 combined allowance per calendar year
Not covered		
\$15 copay	\$5 copay (adults/children)	\$10 copay
60% of applicable charges per ear, once every three years	Not covered	\$250 allowance, every 24 months

**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, 2020

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

Comparison of Medical Plans

(For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

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

¹ SCAN includes expanded coverage for Independent Living Power™ services, which are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties. Qualifying members are eligible for up to \$650 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.
- SilverSneakers by Tivity Health Fitness Program available at no extra cost.

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

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

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

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

⁶ Kaiser Senior Advantage - Silver&Fit Exercise & Healthy Aging available effective July 1, 2019. Contact Kaiser at (877) 750-2746.

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/SPD%202019.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 allowable expenses per person; \$600 maximum per family	
Coinsurance	Once you meet the annual deductible, the Plan pays 90% and you pay 10% of most allowable expenses , up to the annual out-of-pocket limit. Once the annual out-of-pocket limit is reached, the Plan generally pays 100% of allowable expenses .	Once you meet the annual deductible, the Plan pays 70% and you pay 30% of most allowable expenses , up to the annual out-of-pocket limit. Once the annual out-of-pocket limit is reached, the Plan generally pays 100% of allowable expenses . You also remain responsible for all amounts that exceed Reasonable and Customary charges .
Annual Out-of-Pocket Limit The combined In-Network and Out-of-Network limit is \$1,500. (Does not include annual deductibles, prescription drug or other copayments , non-covered expenses and amounts that exceed Reasonable and Customary)	\$1,000 per person or family per year (after you pay the deductible)	\$1,500 per person or family per year ¹ (after you pay the deductible). You remain responsible for all amounts that exceed Reasonable and Customary charges after the out-of-pocket limit is met.

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





Covered Expense	In-Network	Out-of-Network
Well-baby care (up to age 2, including immunizations)	100%; deductible does not apply	100%; deductible does not apply ¹
Immunizations (age 2 and older)	100%; deductible does not apply	100%; deductible does not apply ¹
Wellness benefit (age 2 and older)	100%; annual preventive exam and screenings, including “fit for life” exam, and immunizations; deductible does not apply	100%; annual preventive exam and screenings, including “fit for life” exam, and immunizations; deductible does not apply ¹
Cancer screenings	100% for Pap smear, mammogram, PSA test and colonoscopy covered according to American Cancer Society guidelines; deductible does not apply	100% for Pap smear, mammogram, PSA test and colonoscopy covered according to American Cancer Society guidelines; deductible does not apply ¹
Accidents	100% of 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





Covered Expense	In-Network	Out-of-Network
Surgery [Providers must request pre-authorization from Anthem Blue Cross for all <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		
• Outpatient care (All day or partial day treatment requires pre-authorization from Anthem Blue Cross)	90% after deductible	70% after deductible ¹
• Inpatient care (All <i>inpatient care</i> requires pre-authorization from Anthem Blue Cross)	90% after deductible	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 (Requires referral by a <i>physician</i> ; additional visits require prior approval by Local 1014's Patient Care Coordinator)	90% after deductible (up to 30 visits per year)	70% after deductible (up to 30 visits per year) ¹

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

Photo by Juan Guerra





Covered Expense	In-Network	Out-of-Network
Occupational therapy (Requires referral by a <i>physician</i> ; additional visits require prior approval by Local 1014's Patient Care Coordinator)	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 Patient Care Coordinator)	90% after deductible (up to 100 visits per year) ¹	
Hospice care (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible ¹	
Extended care facility (Providers must request pre-authorization from Anthem Blue Cross)	90% after deductible (up to 70 days per occurrence) ¹	
Transitional nursing benefit (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (up to 400 hours per lifetime)	70% after deductible (up to \$100 per hour; up to 400 hours per lifetime) ¹
Diabetes self care (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible	70% after deductible ¹
Infertility (includes only diagnostic tests and office visits to determine the existence and underlying cause of <i>Infertility</i>)	90% after deductible (benefit limited to \$3,000 per lifetime)	70% after deductible (benefit limited to \$3,000 per lifetime) ¹
Intrauterine Insemination (IUI) (Requires pre-authorization by Local 1014's Patient Care Coordinator)	90% after deductible (benefit limited to \$10,000 per lifetime)	70% after deductible (benefit limited to \$10,000 per lifetime) ¹
Intrauterine Insemination (IUI) Pharmacy (Requires pre-authorization by Local 1014's Patient Care Coordinator)	100% (benefit limited to \$10,000 per lifetime)	
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)	90% after deductible (benefit limited to \$1,500 per eye, \$3,000 per lifetime)	70% after deductible ¹ (benefit limited to \$1,500 per eye, \$3,000 per lifetime)
Medical weight loss program	90% after deductible	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:

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

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DENTAL PLAN

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

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

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

VISION PLAN

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

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

Appendix H: Medicare Part B Reimbursement Plan Description

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

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

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[Medicare Part B Reimbursement](#)

[The Value of Medicare Part B](#)

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART A

(Hospital Insurance Coverage)

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

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

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

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

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

Effective January 2021, the Medicare Part A premium amount increased to \$471.00 per month for people who are not eligible for premium-free hospital insurance and have fewer than 40 quarters of Medicare-covered employment. Visit [Medicare](#) for more information.

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART B

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

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

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

If you select a LACERA-administered Medicare plan, you and/or your eligible dependent **may be reimbursed** by LACERA for the Part B premium amount, up to the standard Medicare part B premium amount only. This reimbursement program is subject to annual review by the Board of Supervisors. **Note: For Tier 2 members, the Medicare Part B premium reimbursement amount applies to the member/survivor only (single-party).**

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

On December 8, 2020, the Board of Supervisors approved continuing the Medicare Part B Premium Reimbursement Program for 2021 for LACERA-administered Medicare Plan enrollees.

[Read more about Part B.](#)

12/14/20

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

Appendix I: Historical Information

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

Table I-1: Membership Data

Valuation Date (July 1)	Membership			Payroll (Millions)
	Actives	Vested Terminateds	Retirees and Survivors with Medical	
2006	88,581	7,450	39,078	\$5,307.2
2008	94,415	8,074	40,444	\$6,259.2
2010	94,343	7,917	41,786	\$6,732.7
2012	91,898	7,835	43,897	\$6,630.0
2014	92,393	8,069	45,825	\$6,764.0
2016	95,295	8,207	47,903	\$7,268.6
2017	97,149	8,302	49,109	\$7,743.0
2018	98,415	8,434	50,271	\$7,880.3
2019	99,128	8,593	51,499	\$8,215.4
2020	100,051	8,631	52,589	\$8,682.2

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

Valuation Year	Actuarial Accrued Liability	Assets	Unfunded Actuarial Accrued Liability	ARC/ADC ¹	Funded Ratio	ARC/ADC as a % of Pay
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%

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