

AGENDA

MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE and BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 NORTH LAKE AVENUE, SUITE 810
PASADENA, CA 91101

THURSDAY, JANUARY 14, 2016 - 9:00 A.M.**

COMMITTEE MEMBERS:

Les Robbins, Chair
Alan Bernstein, Vice Chair
William de la Garza
Vivian H. Gray
Ronald Okum, Alternate

I. APPROVAL OF THE MINUTES

- A. Approval of the minutes of the special meeting of December 2, 2015

II. PUBLIC COMMENT

III. FOR INFORMATION

- A. Retiree Healthcare Division Proposed FYE 2017-2019 Strategic Plan Review
- B. Staff Activities Report for December, 2015
- C. Cigna & Anthem Blue Cross Claims Experience
- D. Federal Legislation
 - Aon Hewitt Washington Report

IV. GOOD OF THE ORDER

(For information purposes only)

V. ADJOURNMENT *and* SET TIME FOR OPERATIONS OVERSIGHT COMMITTEE MEETING

January 14, 2016

Page 2

***The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

****Although the meeting is scheduled for 9:00 a.m., it can start anytime thereafter, depending on the length of the Board of Retirement meeting preceding it. Please be on call.**

Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, Suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday.

Persons requiring an alternative format of this agenda pursuant to Section 202 of the Americans with Disabilities Act of 1990 may request one by calling Cynthia Guider at (626)-564-6000, from 8:30 a.m. to 5:00 p.m. Monday through Friday, but no later than 48 hours prior to the time the meeting is to commence. Assistive Listening Devices are available upon request. American Sign Language (ASL) Interpreters are available with at least three (3) business days notice before the meeting date.

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

GATEWAY PLAZA - 300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

WEDNESDAY, DECEMBER 2, 2015, 3:02 P.M. – 3:06 P.M.

COMMITTEE MEMBERS

PRESENT: Les Robbins, Chair
Alan Bernstein, Vice Chair
William de la Garza
Vivian H. Gray
Ronald Okum, Alternate

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

Anthony Bravo
David L. Muir

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith

The meeting was called to order by Chair Robbins at 3:02 p.m. Due to the absence of Mr. Bernstein, the Chair announced that Mr. Okum, as the alternate, would be a voting member of the Committee.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the special meeting of November 4, 2015

Mr. de la Garza made a motion, Mr. Okum seconded, to approve the minutes of the special meeting of November 4, 2015. The motion passed unanimously.

(Mr. Bernstein arrived after the vote had been taken)

II. PUBLIC COMMENT

III. FOR INFORMATION

A. Staff Activities Report for November, 2015

The staff activities report was discussed.

B. CIGNA & Anthem Blue Cross Claims Experience

The CIGNA & Anthem Blue Cross Claims Experience reports through October 2015 were discussed.

C. Federal Legislation

- Aon Hewitt Washington Report

Submitted for information only.

IV. GOOD OF THE ORDER

(For information purposes only)

V. ADJOURNMENT

The meeting adjourned at 3:06 p.m.


***The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**



FOR INFORMATION ONLY

December 30, 2015

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Alan Bernstein, Vice Chair
William de la Garza
Vivian H. Gray
Ronald Okum, Alternate

FROM: Cassandra Smith, Director 
Retiree Healthcare Division

FOR: January 14, 2016 Insurance, Benefits and Legislative Committee Meeting

**SUBJECT: RETIREE HEALTHCARE DIVISION PROPOSED FYE 2017-2019
STRATEGIC PLAN REVIEW**

EXECUTIVE SUMMARY

At your committee's March 19, 2015 meeting, a timeline was approved for the development of the Retiree Healthcare Division Strategic Plan. Staff is soliciting your input on the strategic direction of the Retiree Healthcare Division as we move forward to finalizing our FYE 2017-2019 Strategic Plan in the coming months.

BACKGROUND

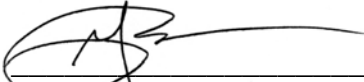
Staff has produced a proposed (FYE 2017-2019) Strategic Plan. It updates the status of our major projects as well as new projects we will be undertaking in the future. We continue to work with this unrefined, changeable document and invite your Committee to review this proposed Strategic Plan. Highlights will be presented and discussion will be welcomed during the Board Offsite on January 20.

CONCLUSION

Your committee approved a development timeline for the Retiree Healthcare Strategic Plan at its March meeting. Staff has produced a proposed (FYE 2017-2019) Strategic Plan for your review and is also welcoming discussion from your committee regarding the proposed FYE 2017-2019 Retiree Healthcare Strategic Plan at the Board Offsite on January 20.

CS:ho

Reviewed and Approved



Gregg Rademacher

Chief Executive Officer

Attachment

RETIREE HEALTHCARE PROGRAM

Proposed Strategic Plan

Yesterday, Today, Tomorrow

FYE 2017-2019

OVERVIEW

LACERA's Board of Retirement administers the Los Angeles County Retiree Healthcare Program. LACERA staff, external consultants, and advisors assist the Board of Retirement's Insurance, Benefits & Legislative Committee in overseeing the Los Angeles County Retiree Healthcare Program.

In 1961 the County Employees Retirement Law of 1937 (CERL) was amended to allow pension systems to provide healthcare to retirees in two ways:

- Board of Supervisors can pay all or part of the cost
- Board of Retirement can pay via excess earnings.

OUR MISSION

To efficiently administer the Healthcare Benefits Program for retired association members and beneficiaries and provide a healthcare program of the highest quality at an affordable cost.

OUR CORE VALUES

PROFESSIONALISM * We take the initiative to develop our skills to get the job done. We are accountable for providing quality service to our members that is efficient and accurate.

RESPECT * Our members and coworkers deserve to be treated with courtesy, patience, and empathy. When we listen to and support each other, we create a nurturing work environment that promotes fairness and trust.

OPEN COMMUNICATIONS * Our frank and straightforward expression of ideas fosters a common understanding of purpose – quality service to our members. We create a healthy work environment by sharing information, listening to each others' ideas, and giving constructive feedback.

FAIRNESS * Our employees are entitled to a clear explanation of performance expectations. Performance evaluations are timely, honest, and impartial; personal improvement plans are reasonable and constructive; and we provide opportunities for professional development and promotion.

INTEGRITY * We inspire confidence by our high standards for member services and sound investment practices. We are reliable, ethical, and honest. Loyalty to LACERA means loyalty to members. Integrity guides all of our work relationships.

TEAMWORK * We are committed to teamwork and we openly share information and ideas. Working together to reach common goals is the essence of success.

OUR OBJECTIVES

PRUDENT FIDUCIARY

To act at all times as prudent fiduciaries, executing our responsibilities exclusively on behalf of our members, beneficiaries, and participating employers.

RESPONSIVE AND QUALITY SERVICES

To provide responsive and consistent quality service using integrated cost effective procedures.

COMMUNICATION

To promote and enhance the understanding of LACERA benefits among members, employers, County officials, and the public.

QUALITY WORKFORCE

To develop a human resources program to recruit, train, develop, and promote qualified staff; provide a quality work environment and enhance the quality of life for our employees.

MANAGE GROWTH AND CHANGE

To manage growth and change through planning, innovation, and the maximum use of available technology.

OUR HISTORY

The 1970s

In January 1971, with the assistance of its healthcare consultant, Johnson & Higgins, LACERA first offered a hospital-medical plan and subsidized the retiree's premium by using excess earnings. At that time, the Board of Retirement offered retirees the choice of remaining in Blue Cross, Kaiser, or Ross-Loos from an active employment status. For those electing not to stay with their "active" plan carrier, Occidental or Kaiser Permanente was made available to them.

The indemnity dental/vision plan became a part of the Los Angeles County Retiree Healthcare Benefit Program effective January 1, 1977; with July 1, 1996, the first offering of the CIGNA Dental Health Plan - pre-paid – HMO plan.

The 1980s

In April 1982, the Board of Retirement negotiated an agreement with the County obligating the County to fund the healthcare program so long as the County provided a healthcare program for active employees

The administration of the Los Angeles County Retiree Healthcare Program has gone through several evolutionary organizational changes. Initially, the insurance processing was handled as a function of the Retiree Member Unit as part of the retirement payroll function. Subsequently, at the recommendation of an independent auditor, the function was decentralized to several benefits processing units (team concept).

The 1990s

In early 1992, a determination was made that the health and dental/vision staff support provided to our members was at an unacceptable level; thus, in May 1992, LACERA established the Insurance Services Section (now known as the Retiree Healthcare Division) to centralize the administration of the healthcare program.

With the establishment of the Retiree Healthcare Division in 1992, came the addition of LACERA's first Medicare Advantage plans (Kaiser Health Pledge, now Senior Advantage; Secure Horizons; FHP Golden Healthcare-*terminated 6/30/94*) and Medicare Supplement plan (Provident III), along with a Medicare Part B Reimbursement Program. This complimented the five medical plans (Kaiser, Blue Cross Prudent Buyer, CIGNA Network Model, Provident I, and Provident II) and one dental/vision plan with Provident already offered to retirees.

Effective August 1994, the 1982 agreement was amended to guarantee the County's obligation to continue providing a program even if the County terminated their health program for active employees.

The Twenty-First Century

Our progression to the future is necessarily focused on our primary goal of providing efficient, accurate and friendly service to members. We want to utilize and develop the skills and expertise of our staff to achieve the highest quality service possible. We continue to explore ways to ensure that we capitalize our human and technological resources to maximum effect.

Prior to 2009, all enrollment forms, correspondence, etc. were delivered directly to the Retiree Healthcare Division. In March 2009, we began scanning enrollment forms and correspondence via the CIB (Client In-Basket) document management system, which provided us the ability to better track and monitor workflow. When scanning of healthcare work objects began, an average of 950 forms were received monthly. With Baby Boomers reaching retirement eligibility, that average has climbed to 1,260 enrollment forms per month, while the number of staff processing those enrollments has decreased due to restructure of the Division and additional staff responsibilities.

In 2013, we reorganized the Division to capitalize on the skills and strengths of staff and to ensure that we provide efficient and effective customer service to our Members. Our Division is currently divided into four

specialized units: Call Center, Operations, Financial/Special Projects and Audits.

OUR STRATEGIC INITIATIVES

Successful Implementation of 2014 RHC Program Changes

In January 2014, Los Angeles County (plan sponsor) informed LACERA of a proposed plan to lower the employer costs for the Retiree Healthcare Program changes for new employees hired on or after July 1, 2014. The adopted plan has been named Los Angeles County Retirees Healthcare Program -Tier 2 (Tier 2). We worked closely with other Divisions, including Communications, Member Services, Claims Processing, and Systems to update processes, information and procedures. Retiree Healthcare staff is in the process of revising our *Exploring Your Healthcare Benefits Through LACERA* booklet and information packet. We are also working with Systems with programming Workspace to calculate the County subsidy at the retiree only premium level to support the new benefits structure and mandated Medicare enrollment for Tier 2 members. The only outstanding item is Modify Information Systems – Enrollment, which is targeted by Systems for completion in FY2015-2016. All staff from our RHC Units (Call Center, Operations, Audits, and Quality Assurance/Special Projects) are fully trained on all aspects of the new healthcare benefits so our members can continue to receive excellent and accurate service.

GOAL	IMPLEMENTATION DATE
Modify Information Systems – Enrollment	FY 2015-2016

Continued Integration of Information Technology

Information technology continues to play a vital role in Retiree Healthcare’s ability to serve our retirees and their dependents. For the past few years, all enrollment processing functions have been integrated into Workspace. This has helped increase the efficiency of our Operations staff and helped the overall member experience. We continue working toward providing our members more electronic options to download forms, carrier-related documents, receive education, and complete enrollment. Already in place is the ability for members to input information into enrollment forms online which can then be printed and submitted for processing. The ultimate goal is for members to complete the enrollment process online, with no need to print or mail forms. We are moving forward with anticipated informational and training videos to be included in the Retiree Healthcare section of LACERA.com that will be produced with the help of the Communications Division. The first of these videos were originally intended to be ready by the end of the 2014-2015 fiscal year, but were delayed due to the reallocation of staff resources to prepare for the implementation of Tier 2 to assist with RDS and ERRP audits, and process an increased number of enrollments.

LACERA.com

GOAL	IMPLEMENTATION DATE
Explanation of Federal Excise Tax	FY 2015-2016
Retiree Wellness Program web video	FY 2016-2017
RHC Enrollment web video	FY 2016-2017
Medicare 101 web video	FY 2016-2017
RHC members' electronic submission of enrollment	FY 2017-2018

Workspace

The focus began with improving the tools available to Retiree Healthcare Specialists by changing the 1960s era computer input screens (Green Screens) with user friendly Windows based input screens. We have fully transitioned to all enrollment functions being processed through Workspace. We are also still looking toward automating transmittal of members' enrollment information to the carriers. We have been working with Systems to create an efficient process to automate the population of imputed income in 1099 forms for affected members. We are now re-evaluating the need for such a system. With the legalization of same sex marriage, the number of members requiring 1099 forms has dropped significantly. It may prove to be a better use of resources to handle the approximately one-hundred forms manually.

GOAL	IMPLEMENTATION DATE
Streamline generation and mailing of confirmation letter upon member election via Workspace	FY 2015-2016
Automate monthly premium reconciliation process	FY 2016-2017
Electronic submission to carriers	FY 2016-2017

Member Interaction and Communication

It is our responsibility to educate our members and assist them while making healthcare choices suitable for their needs. With so many changes in the world of healthcare today coupled with the various options available for our members to choose, our plan is to continue to expand and improve our communication to members by offering a wide variety of user-friendly, updated, informative, and creative educational tools that include print materials and videos. We have made significant strides forward in

automating correspondence to members and continue to look toward making the member's experience as consistent, informative, and efficient as possible.

GOAL	IMPLEMENTATION DATE
Implement new seminar for members becoming Medicare eligible	FY 2015-2016
Make carriers' Explanation of Benefits (or Explanation of Coverage) available on the LACERA website	FY 2016-2017
Develop Medicare 101 Packet	FY 2016-2017
Administrative Guideline Update	FY 2016-2017
Certify member Medicare coverage	FY 2017-2018

Quality Assurance & Special Projects Section

The Quality Assurance and Special Projects Section is responsible for identifying, creating and implementing new efficiencies. They build upon the quality assurance practices we have already put in place to assess needs such as staff training or task allocation. This section will also coordinate and conduct quality control of staff work (both Operations and Call Center) to ensure accuracy and will be responsible for working audits of our insurance carriers. Finally, this section will handle higher level tasks and projects such as Medicare RDS research, EGWP implementation, Affordable Care Act implementation, and accounting and monthly financial reconciliation. Development of guidelines for higher-level functions listed below is in progress.

GOAL	IMPLEMENTATION DATE
Create RHC Billing, Legal Hold, and Death Guidelines	FY 2015-2016
Create RHC Reconciliation Guidelines	FY 2015-2016
Dependent database audit RFP	FY 2016-2017
RHC Operating Information	FY 2017-2018
Dependent database audit completion	FY 2017-2018

Audits Section

The Audits Section is responsible for generating and conducting audits that are both generated based on internal needs (such as the Code 19 project) or based on reports received from different carriers (Kaiser, Cigna and United Healthcare). The staff assigned to this Section is responsible for researching and updating discrepancies found between member's account on LACERA and carrier's systems, including processing of complex premium adjustments and Medicare Part B retrievals. Part of the process is to notify other Divisions at LACERA for eligibility updates for member and beneficiaries. The staff is also responsible for notifying members of any premium adjustments or eligibility changes and will be the ultimate point of contact for any future calls or correspondences regarding the audits they conducted. All guidelines were completed during the 2015-2016 fiscal year.

GOAL	IMPLEMENTATION DATE
Create RHC Audits training and Guidelines	FY 2015-2016

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
 RETIREE HEALTHCARE BENEFITS PROGRAM
 STAFF ACTIVITIES REPORT
 DECEMBER 2015
 FOR INFORMATION ONLY**

**Centers for Medicare and Medicaid Services (CMS) Medicare Part D
 Retiree Drug Subsidy (RDS) Applications Plan Year 7/1/2015 –
 6/30/2016 – Interim Subsidy Payments**

CMS approved LACERA’s RDS interim subsidy payment request in the total amount of \$2.9 Mil for Application Plan Year 7/1/2015 – 6/30/2016, on December 16, 2015. LACERA received the subsidy payments on December 18, 2016 as confirmed by Financial and Accounting Services Department. The chart below illustrates the subsidy payment breakdown per plan:

Plan	Interim Subsidy Amount Received (2015-2016)
Anthem Blue Cross	\$2,399,962
Cigna HMO	\$96,483
Kaiser	\$138,951
LACFF Local 1014	\$301,366
TOTAL:	\$2,936,762

2016 Medicare Part B Premium Reimbursement Program

At their meeting on December 8, 2015, the Board of Supervisors approved continuing the Medicare Part B Premium Reimbursement Program in 2016. As a result, staff conducted a mass mailing on December 22, 2015, (please see attached for copy of the letter) to all members enrolled in a LACERA-administered medical plan informing them of this good news and notification of the need to submit official verification from Social Security of their 2016 Part B premium amount if they were required to pay \$121.80 rather than \$104.90. If it is verified that they are paying the \$121.80 Part B higher premium amount, their Part B premium reimbursement standard amount will be adjusted on a time forward basis, otherwise, the reimbursement amount will be defaulted to \$104.90.

Staff Activities Report
December 2015
Page 2

Staff completed the manual update for the closed group of 35 members who are eligible for the Medicare Part B premium penalty. The Part B reimbursement amounts for Local 1014 were also completed.

Staff updated the LACERA website accordingly. We thank Systems and Communications for their assistance with this project!

Attachment

CS:ivi



December 22, 2015

Dear Member,

**2016 MEDICARE PART B PREMIUM REIMBURSEMENT FOR MEMBERS
CURRENTLY ENROLLED OR ELIGIBLE TO ENROLL IN A LACERA-
ADMINISTERED MA-PD OR MEDICARE SUPPLEMENT PLAN**

Good news! At the Los Angeles County Board of Supervisors' meeting on December 8, 2015, the Board approved to continue the Medicare Part B Premium Reimbursement (standard rate) for 2016.

Effective January 1, 2016 (December 31, 2015 pay period), the Medicare Part B Premium Reimbursement cost amounts will be as follows:

2016 Part B lower premium cost (standard rate)

Your 2016 Part B Premium amount at the lower premium cost is \$104.90 and is reimbursed at \$104.90 (standard rate) (or, \$209.80 two parties), *if*:

- You/your eligible dependent are currently paying \$104.90 via your monthly Social Security retirement benefit
- You/your eligible dependent ARE NOT paying a higher Medicare Part B premium due to higher income (\$85,000 and above), commonly referred to as "means tested" rate

2016 Part B higher premium cost (standard rate)

Your 2016 Part B Premium amount is \$121.80 and is reimbursed at \$121.80 (standard rate) (or \$243.60 for two parties), **provided that verification of higher premium from Social Security is submitted to LACERA, if:**

- You/your eligible dependent will be 65 years of age and Medicare eligible in 2016
- You/your eligible dependent are directly billed by Social Security for your Part B premiums
- You/your eligible dependent do not receive Social Security benefits
- You/your eligible dependent's modified adjusted gross income as reported on your IRS tax return from two years ago is above \$85,000

(PLEASE SEE REVERSE PAGE)



Social Security verification (action needed)

The Social Security Administration (SSA) recently mailed out their annual notification of retirement benefit amount changes for 2016. On this notification, individuals were informed of their Part B premium amount for 2016.

If you/your eligible dependent received this notification and will be paying the new monthly Part B premium standard rate of \$121.80 and are currently enrolled in one of the LACERA-administered Medicare Advantage Prescription Drug Plans (Kaiser Senior Advantage, United Healthcare MA, SCAN, Cigna HealthSpring Preferred with Rx) or Medicare Supplement Plan (Anthem Blue Cross Plan III), **you MUST submit verification** to LACERA such as a copy of the Social Security annual notification letter or written confirmation from the Social Security Office. If you have already submitted the said verification to LACERA, no additional action is needed on your part. Your Part B reimbursement amount will be defaulted at \$104.90 until proper verification is received, at which time the adjusted reimbursement amount of \$121.80 will be issued. **The reimbursement will be time forward from the date of receipt of the confirmation.**

If you/your eligible dependent have Medicare and Medicaid, and Medicaid pays your Part B premiums, you **are not** qualified for the Part B reimbursement; to do so would be "double-dipping."

If you are not yet Medicare-eligible, you may disregard this notice.

If you have questions, please contact:

- Social Security Administration (SSA)
 - Telephone: (800) 772-1213
 - Website: www.ssa.gov

- Centers for Medicare and Medicaid Services (CMS)
 - Telephone: (800) 633-4227
 - Website: www.cms.gov

- LACERA Retiree Healthcare Division
 - Telephone: (800) 786-6464, press 1 or (626) 564-6132
 - Fax: (626) 564-6155
 - E-mail: healthcare@lacera.com
 - Website: www.lacera.com

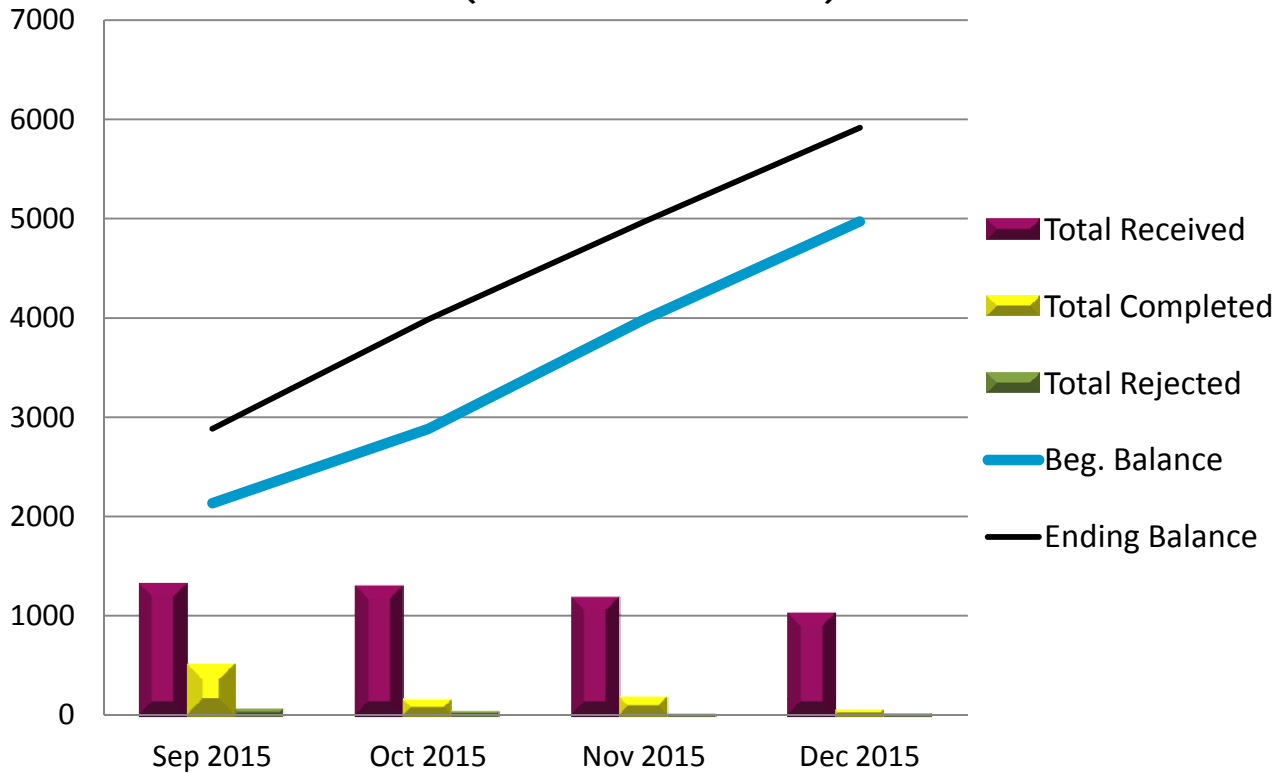
Sincerely,

Retiree Healthcare Division



Retiree Healthcare Division Insurance Status Report Sept. 2015 - Dec. 2015

RETIREE HEALTHCARE ENROLLMENT SUMMARY (ROLLING 4 MONTHS)

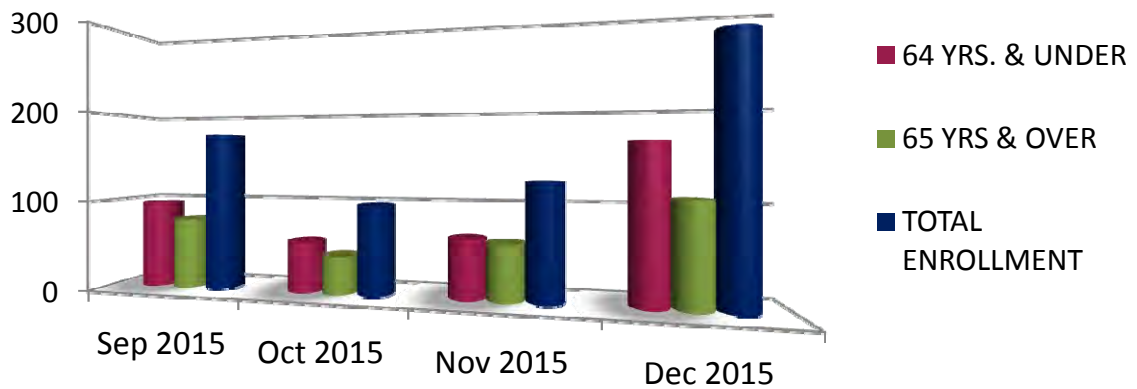


Date	Beg. Balance	Total Received	Total Completed	Total Rejected	Ending Balance
Sep 2015	2134	1311	506	56	2883
Oct 2015	2883	1290	152	36	3985
Nov 2015	3985	1175	180	11	4969
Dec 2015	4969	1013	50	17	5915

Retirees Monthly Age Breakdown Sept. 2015 - Dec. 2015

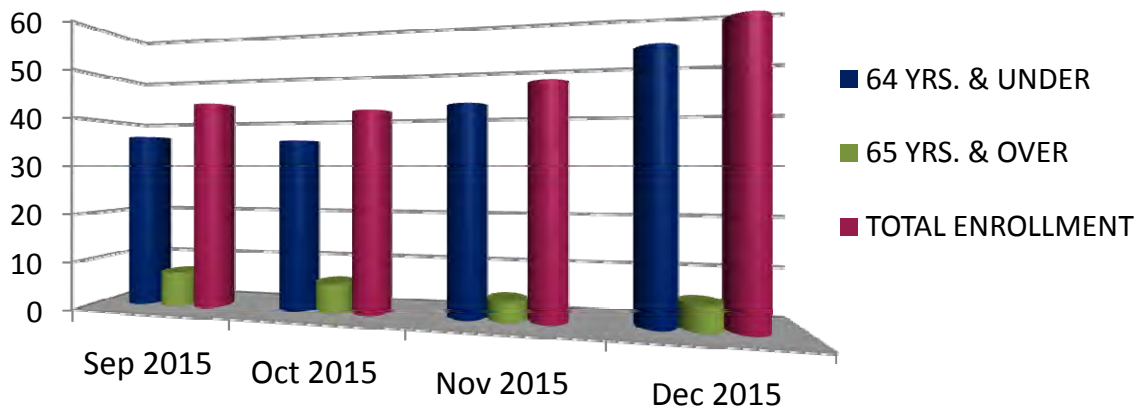
Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Sep 2015	96	78	174
Oct 2015	56	41	97
Nov 2015	64	60	124
Dec 2015	166	108	274



Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Sep 2015	36	7	43
Oct 2015	35	6	41
Nov 2015	42	4	46
Dec 2015	52	5	57



Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 12/31/2015

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
222	1	\$209.80	0	\$0.00
240	6,126	\$644,867.00	11	\$265.90
241	191	\$19,964.80	1	\$62.90
242	852	\$89,858.50	0	\$0.00
243	3,511	\$732,784.20	9	\$551.90
244	14	\$1,468.60	0	\$0.00
245	39	\$4,124.90	0	\$0.00
246	16	\$1,695.30	0	\$0.00
247	75	\$7,867.50	0	\$0.00
248	9	\$1,888.20	1	\$31.50
249	35	\$7,343.00	0	\$0.00
250	13	\$2,727.40	0	\$0.00
Plan Total:	10,882	\$1,514,799.20	22	\$912.20
CIGNA-HEALTHSPRING PREFERRED with RX				
321	23	\$2,412.70	0	\$0.00
322	9	\$1,153.90	0	\$0.00
324	14	\$2,937.20	0	\$0.00
327	2	\$209.80	0	\$0.00
329	1	\$209.80	0	\$0.00
Plan Total:	49	\$6,923.40	0	\$0.00
KAISER SR. ADVANTAGE				
401	1	\$46.61	0	\$0.00
403	9,326	\$982,587.20	6	\$178.50
404	1	(\$104.90)	0	\$0.00
413	1,677	\$173,326.60	1	(\$209.80)
418	4,621	\$968,832.40	5	\$220.50
419	240	\$25,612.50	0	\$0.00
426	199	\$20,980.00	0	\$0.00
427	165	\$17,308.50	0	\$0.00
445	2	\$209.80	0	\$0.00
451	26	\$2,517.60	0	\$0.00
457	12	\$2,098.00	0	\$0.00
462	53	\$5,559.70	0	\$0.00
465	17	\$1,783.30	0	\$0.00
466	20	\$4,196.00	0	\$0.00
472	30	\$3,147.00	0	\$0.00
476	5	\$524.50	0	\$0.00
478	12	\$2,517.60	0	\$0.00
482	75	\$7,867.50	1	\$10.50
486	10	\$1,049.00	0	\$0.00
488	44	\$9,231.20	1	\$10.50
491	1	\$104.90	0	\$0.00
492	1	\$104.90	0	\$0.00
493	1	\$104.90	0	\$0.00
Plan Total:	16,539	\$2,229,604.81	14	\$210.20

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 12/31/2015

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	261	\$27,169.10	0	\$0.00
613	93	\$19,406.50	0	\$0.00
Plan Total:	354	\$46,575.60	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1,431	\$150,859.60	1	\$31.50
702	312	\$33,266.70	0	\$0.00
703	755	\$156,241.70	1	\$10.50
704	61	\$6,432.70	0	\$0.00
705	20	\$4,196.00	0	\$0.00
707	1	(\$104.90)	0	\$0.00
Plan Total:	2,580	\$350,891.80	2	\$42.00
Grand Total:	30,404	\$4,148,794.81	38	\$1,164.40

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 12/31/2015

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
222	1	\$209.80	0	\$0.00
240	6,126	\$644,867.00	11	\$265.90
241	191	\$19,964.80	1	\$62.90
242	852	\$89,858.50	0	\$0.00
243	3,511	\$732,784.20	9	\$551.90
244	14	\$1,468.60	0	\$0.00
245	39	\$4,124.90	0	\$0.00
246	16	\$1,695.30	0	\$0.00
247	75	\$7,867.50	0	\$0.00
248	9	\$1,888.20	1	\$31.50
249	35	\$7,343.00	0	\$0.00
250	13	\$2,727.40	0	\$0.00
Plan Total:	10,882	\$1,514,799.20	22	\$912.20
CIGNA-HEALTHSPRING PREFERRED with RX				
321	23	\$2,412.70	0	\$0.00
322	9	\$1,153.90	0	\$0.00
324	14	\$2,937.20	0	\$0.00
327	2	\$209.80	0	\$0.00
329	1	\$209.80	0	\$0.00
Plan Total:	49	\$6,923.40	0	\$0.00
KAISER SR. ADVANTAGE				
401	1	\$46.61	0	\$0.00
403	9,326	\$982,587.20	6	\$178.50
404	1	(\$104.90)	0	\$0.00
413	1,677	\$173,326.60	1	(\$209.80)
418	4,621	\$968,832.40	5	\$220.50
419	240	\$25,612.50	0	\$0.00
426	199	\$20,980.00	0	\$0.00
427	165	\$17,308.50	0	\$0.00
445	2	\$209.80	0	\$0.00
451	26	\$2,517.60	0	\$0.00
457	12	\$2,098.00	0	\$0.00
462	53	\$5,559.70	0	\$0.00
465	17	\$1,783.30	0	\$0.00
466	20	\$4,196.00	0	\$0.00
472	30	\$3,147.00	0	\$0.00
476	5	\$524.50	0	\$0.00
478	12	\$2,517.60	0	\$0.00
482	75	\$7,867.50	1	\$10.50
486	10	\$1,049.00	0	\$0.00
488	44	\$9,231.20	1	\$10.50
491	1	\$104.90	0	\$0.00
492	1	\$104.90	0	\$0.00
493	1	\$104.90	0	\$0.00
Plan Total:	16,539	\$2,229,604.81	14	\$210.20

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 12/31/2015

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	261	\$27,169.10	0	\$0.00
613	93	\$19,406.50	0	\$0.00
Plan Total:	354	\$46,575.60	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1,431	\$150,859.60	1	\$31.50
702	312	\$33,266.70	0	\$0.00
703	755	\$156,241.70	1	\$10.50
704	61	\$6,432.70	0	\$0.00
705	20	\$4,196.00	0	\$0.00
707	1	(\$104.90)	0	\$0.00
Plan Total:	2,580	\$350,891.80	2	\$42.00
LOCAL 1014				
804	160	\$16,784.00	0	\$0.00
805	170	\$17,833.00	0	\$0.00
806	553	\$116,019.40	0	\$0.00
807	34	\$3,566.60	0	\$0.00
808	10	\$2,098.00	0	\$0.00
812	203	\$21,294.70	0	\$0.00
Plan Total:	1,130	\$177,595.70	0	\$0.00
Grand Total:	31,534	\$4,326,390.51	38	\$1,164.40

Medical and Dental Vision Insurance Premiums

January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	782	\$660,915.96	\$112,490.36	\$546,174.53	\$658,664.89	(\$2,522.58)	\$656,142.31
202	435	\$720,281.70	\$83,055.90	\$635,569.98	\$718,625.88	\$0.00	\$718,625.88
203	114	\$213,051.18	\$49,375.39	\$158,069.18	\$207,444.57	\$0.00	\$207,444.57
204	36	\$38,921.40	\$15,244.11	\$23,677.29	\$38,921.40	\$0.00	\$38,921.40
205	1	\$228.33	\$9.13	\$219.20	\$228.33	\$0.00	\$228.33
SUBTOTAL	1,368	\$1,633,398.57	\$260,174.89	\$1,363,710.18	\$1,623,885.07	(\$2,522.58)	\$1,621,362.49
Anthem Blue Cross I							
211	989	\$1,052,162.10	\$75,904.07	\$983,697.56	\$1,059,601.63	(\$1,062.79)	\$1,058,538.84
212	373	\$714,985.05	\$37,685.18	\$673,466.17	\$711,151.35	\$0.00	\$711,151.35
213	48	\$108,540.48	\$15,150.41	\$91,128.81	\$106,279.22	\$0.00	\$106,279.22
214	17	\$23,910.16	\$5,766.56	\$18,143.60	\$23,910.16	\$0.00	\$23,910.16
215	4	\$1,406.04	\$499.14	\$1,961.43	\$2,460.57	\$0.00	\$2,460.57
SUBTOTAL	1,431	\$1,901,003.83	\$135,005.36	\$1,768,397.57	\$1,903,402.93	(\$1,062.79)	\$1,902,340.14
Anthem Blue Cross II							
221	2,121	\$2,258,428.75	\$142,136.96	\$2,117,354.58	\$2,259,491.54	(\$5,313.95)	\$2,254,177.59
222	1,939	\$3,732,106.95	\$101,521.57	\$3,578,595.93	\$3,680,117.50	(\$1,916.85)	\$3,678,200.65
223	503	\$1,139,675.04	\$47,128.79	\$1,081,786.91	\$1,128,915.70	\$0.00	\$1,128,915.70
224	107	\$150,493.36	\$14,121.06	\$134,965.82	\$149,086.88	\$4,219.44	\$153,306.32
225	2	\$703.02	\$175.75	\$527.27	\$703.02	\$0.00	\$703.02
SUBTOTAL	4,672	\$7,281,407.12	\$305,084.13	\$6,913,230.51	\$7,218,314.64	(\$3,011.36)	\$7,215,303.28

Medical and Dental Vision Insurance Premiums

January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	6,145	\$2,635,218.90	\$428,430.35	\$2,215,152.87	\$2,643,583.22	(\$6,430.30)	\$2,637,152.92
241	190	\$262,160.87	\$32,557.26	\$229,603.61	\$262,160.87	\$0.00	\$262,160.87
242	858	\$1,180,410.20	\$82,134.45	\$1,091,412.90	\$1,173,547.35	(\$1,372.57)	\$1,172,174.78
243	3,520	\$3,017,676.62	\$360,671.93	\$2,621,862.24	\$2,982,534.17	(\$4,273.70)	\$2,978,260.47
244	14	\$10,756.62	\$2,304.98	\$8,451.64	\$10,756.62	\$0.00	\$10,756.62
245	39	\$29,964.87	\$3,457.49	\$26,507.38	\$29,964.87	\$0.00	\$29,964.87
246	16	\$27,393.60	\$4,211.76	\$23,181.84	\$27,393.60	\$0.00	\$27,393.60
247	77	\$131,831.70	\$8,594.75	\$121,524.85	\$130,119.60	\$0.00	\$130,119.60
248	9	\$10,742.31	\$1,193.59	\$9,548.72	\$10,742.31	\$0.00	\$10,742.31
249	35	\$41,775.65	\$4,869.84	\$36,905.81	\$41,775.65	\$0.00	\$41,775.65
250	13	\$17,391.01	\$749.15	\$16,641.86	\$17,391.01	\$0.00	\$17,391.01
SUBTOTAL	10,916	\$7,365,322.35	\$929,175.55	\$6,400,793.72	\$7,329,969.27	(\$12,076.57)	\$7,317,892.70
CIGNA Network Model Plan							
301	393	\$502,485.87	\$106,599.74	\$397,164.72	\$503,764.46	(\$2,557.18)	\$501,207.28
302	180	\$417,950.72	\$78,756.58	\$332,266.78	\$411,023.36	(\$2,309.12)	\$408,714.24
303	28	\$76,332.20	\$20,737.78	\$52,868.27	\$73,606.05	\$0.00	\$73,606.05
304	22	\$37,354.68	\$13,567.20	\$25,485.42	\$39,052.62	\$0.00	\$39,052.62
SUBTOTAL	623	\$1,034,123.47	\$219,661.30	\$807,785.19	\$1,027,446.49	(\$4,866.30)	\$1,022,580.19

Medical and Dental Vision Insurance Premiums January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
CIGNA Healthspring Pref w/ Rx - Phoenix, AZ							
321	23	\$7,702.70	\$1,647.72	\$6,054.98	\$7,702.70	\$0.00	\$7,702.70
322	9	\$12,282.75	\$982.62	\$14,029.63	\$15,012.25	\$0.00	\$15,012.25
324	14	\$9,307.20	\$1,316.31	\$7,990.89	\$9,307.20	\$0.00	\$9,307.20
327	2	\$3,562.60	\$0.00	\$3,562.60	\$3,562.60	\$0.00	\$3,562.60
329	1	\$1,136.12	\$0.00	\$1,136.12	\$1,136.12	\$0.00	\$1,136.12
SUBTOTAL	49	\$33,991.37	\$3,946.65	\$32,774.22	\$36,720.87	\$0.00	\$36,720.87

Medical and Dental Vision Insurance Premiums January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,743	\$1,526,657.30	\$133,663.65	\$1,373,172.85	\$1,506,836.50	\$4,323.96	\$1,511,160.46
403	9,413	\$2,256,552.80	\$251,642.39	\$2,015,934.55	\$2,267,576.94	(\$4,547.32)	\$2,263,029.62
404	478	\$471,511.68	\$15,632.41	\$448,050.34	\$463,682.75	(\$2,934.72)	\$460,748.03
405	869	\$773,540.35	\$20,882.90	\$757,998.35	\$778,881.25	(\$890.15)	\$777,991.10
406	54	\$90,226.64	\$30,780.45	\$53,460.66	\$84,241.11	\$0.00	\$84,241.11
411	1,794	\$3,125,971.20	\$167,233.71	\$2,935,743.47	\$3,102,977.18	\$1,732.80	\$3,104,709.98
413	1,673	\$1,869,329.00	\$83,799.79	\$1,727,881.31	\$1,811,681.10	\$3,310.50	\$1,814,991.60
414	151	\$281,847.42	\$6,189.64	\$277,499.92	\$283,689.56	\$0.00	\$283,689.56
418	4,623	\$2,197,442.80	\$182,889.54	\$2,011,238.86	\$2,194,128.40	(\$3,319.40)	\$2,190,809.00
419	243	\$295,932.96	\$8,489.85	\$286,230.27	\$294,720.12	\$0.00	\$294,720.12
420	122	\$240,032.04	(\$624.48)	\$232,850.60	\$232,226.12	\$0.00	\$232,226.12
421	7	\$6,082.30	\$903.67	\$5,178.63	\$6,082.30	\$0.00	\$6,082.30
422	203	\$359,580.25	\$2,104.85	\$354,231.57	\$356,336.42	(\$1,754.05)	\$354,582.37
423	27	\$71,777.61	\$6,760.03	\$52,642.13	\$59,402.16	(\$2,074.56)	\$57,327.60
426	199	\$223,825.25	\$3,779.15	\$221,170.85	\$224,950.00	\$0.00	\$224,950.00
427	167	\$308,246.93	\$4,060.72	\$304,186.21	\$308,246.93	(\$1,845.79)	\$306,401.14
428	43	\$80,125.77	\$1,788.86	\$87,213.41	\$89,002.27	\$0.00	\$89,002.27
429	5	\$18,091.01	\$3,206.53	\$12,223.56	\$15,430.09	\$0.00	\$15,430.09
430	131	\$232,564.30	\$3,231.04	\$229,333.26	\$232,564.30	\$0.00	\$232,564.30
431	10	\$24,963.40	\$2,350.80	\$22,612.60	\$24,963.40	\$0.00	\$24,963.40
432	9	\$28,956.42	\$7,648.96	\$18,090.08	\$25,739.04	\$0.00	\$25,739.04
SUBTOTAL	21,964	\$14,483,257.43	\$936,414.46	\$13,426,943.48	\$14,363,357.94	(\$7,998.73)	\$14,355,359.21

Medical and Dental Vision Insurance Premiums January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Colorado							
450	6	\$6,357.66	\$1,101.99	\$5,255.67	\$6,357.66	\$0.00	\$6,357.66
451	25	\$8,844.16	\$966.09	\$7,878.07	\$8,844.16	\$0.00	\$8,844.16
453	2	\$4,692.66	\$858.96	\$3,833.70	\$4,692.66	\$0.00	\$4,692.66
454	1	\$3,168.92	\$907.66	\$2,261.26	\$3,168.92	\$0.00	\$3,168.92
457	11	\$8,103.84	\$1,080.51	\$4,997.37	\$6,077.88	\$0.00	\$6,077.88
SUBTOTAL	45	\$31,167.24	\$4,915.21	\$24,226.07	\$29,141.28	\$0.00	\$29,141.28
Kaiser - Georgia							
440	1	\$1,010.58	\$0.00	\$1,010.58	\$1,010.58	\$0.00	\$1,010.58
441	2	\$2,021.16	\$0.00	\$2,021.16	\$2,021.16	\$0.00	\$2,021.16
442	4	\$4,042.32	\$0.00	\$4,042.32	\$4,042.32	\$0.00	\$4,042.32
445	2	\$2,783.56	\$0.00	\$2,783.56	\$2,783.56	\$0.00	\$2,783.56
461	17	\$17,179.86	\$2,445.61	\$13,723.67	\$16,169.28	\$0.00	\$16,169.28
462	55	\$21,241.00	\$3,259.53	\$17,981.47	\$21,241.00	\$0.00	\$21,241.00
463	6	\$12,096.90	\$1,554.22	\$10,542.68	\$12,096.90	\$0.00	\$12,096.90
465	17	\$23,660.26	\$2,226.85	\$21,433.41	\$23,660.26	\$0.00	\$23,660.26
466	20	\$15,348.00	\$859.49	\$14,488.51	\$15,348.00	\$0.00	\$15,348.00
SUBTOTAL	124	\$99,383.64	\$10,345.70	\$88,027.36	\$98,373.06	\$0.00	\$98,373.06

Medical and Dental Vision Insurance Premiums

January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	7	\$6,773.48	\$1,432.11	\$5,341.37	\$6,773.48	\$0.00	\$6,773.48
472	30	\$10,591.20	\$1,878.17	\$8,713.03	\$10,591.20	\$0.00	\$10,591.20
473	2	\$2,851.82	\$853.77	\$1,998.05	\$2,851.82	\$0.00	\$2,851.82
474	3	\$5,190.84	\$830.53	\$4,360.31	\$5,190.84	\$0.00	\$5,190.84
476	5	\$6,078.40	\$2,285.48	\$3,792.92	\$6,078.40	\$0.00	\$6,078.40
478	12	\$8,412.96	\$532.82	\$7,880.14	\$8,412.96	\$0.00	\$8,412.96
SUBTOTAL	59	\$39,898.70	\$7,812.88	\$32,085.82	\$39,898.70	\$0.00	\$39,898.70
Kaiser - Oregon							
481	8	\$8,666.64	\$1,949.80	\$6,716.84	\$8,666.64	\$0.00	\$8,666.64
482	75	\$33,585.00	\$4,701.89	\$28,883.11	\$33,585.00	\$0.00	\$33,585.00
484	4	\$8,646.64	\$887.78	\$5,597.20	\$6,484.98	\$0.00	\$6,484.98
486	10	\$15,261.30	\$1,098.81	\$14,162.49	\$15,261.30	\$0.00	\$15,261.30
488	44	\$39,186.40	\$5,735.48	\$33,450.92	\$39,186.40	\$0.00	\$39,186.40
491	1	\$1,419.46	\$0.00	\$1,419.46	\$1,419.46	\$0.00	\$1,419.46
492	1	\$1,584.47	\$316.89	\$1,267.58	\$1,584.47	\$0.00	\$1,584.47
493	1	\$2,604.46	\$343.20	\$2,261.26	\$2,604.46	\$0.00	\$2,604.46
495	1	\$2,278.34	\$361.49	\$1,916.85	\$2,278.34	\$0.00	\$2,278.34
497	1	\$2,054.99	\$138.14	\$1,916.85	\$2,054.99	\$0.00	\$2,054.99
498	1	\$2,220.00	\$303.15	\$1,916.85	\$2,220.00	\$0.00	\$2,220.00
SUBTOTAL	147	\$117,507.70	\$15,836.63	\$99,509.41	\$115,346.04	\$0.00	\$115,346.04
SCAN Health Plan							
611	262	\$89,683.00	\$18,966.42	\$70,375.58	\$89,342.00	(\$682.00)	\$88,660.00
613	93	\$62,961.00	\$12,781.76	\$50,179.24	\$62,961.00	\$0.00	\$62,961.00
SUBTOTAL	355	\$152,644.00	\$31,748.18	\$120,554.82	\$152,303.00	(\$682.00)	\$151,621.00

Medical and Dental Vision Insurance Premiums January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	1,435	\$451,390.44	\$58,589.02	\$395,628.50	\$454,217.52	(\$314.12)	\$453,903.40
702	314	\$394,181.55	\$21,398.31	\$372,155.11	\$393,553.42	(\$3,754.11)	\$389,799.31
703	754	\$471,792.68	\$54,198.61	\$412,921.97	\$467,120.58	\$0.00	\$467,120.58
704	62	\$87,595.46	\$5,679.59	\$80,503.04	\$86,182.63	\$0.00	\$86,182.63
705	20	\$15,694.00	\$973.02	\$14,720.98	\$15,694.00	\$0.00	\$15,694.00
SUBTOTAL	2,585	\$1,420,654.13	\$140,838.55	\$1,275,929.60	\$1,416,768.15	(\$4,068.23)	\$1,412,699.92
United Healthcare							
707	418	\$395,745.00	\$44,436.39	\$345,655.11	\$390,091.50	\$0.00	\$390,091.50
708	337	\$580,061.25	\$27,677.66	\$550,662.34	\$578,340.00	\$0.00	\$578,340.00
709	209	\$428,601.60	\$33,961.60	\$392,599.04	\$426,560.64	\$0.00	\$426,560.64
SUBTOTAL	964	\$1,404,407.85	\$106,075.65	\$1,288,916.49	\$1,394,992.14	\$0.00	\$1,394,992.14

Medical and Dental Vision Insurance Premiums January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	43	\$42,530.87	\$2,096.87	\$40,434.00	\$42,530.87	\$0.00	\$42,530.87
802	261	\$465,470.01	\$11,699.15	\$461,893.59	\$473,592.74	\$0.00	\$473,592.74
803	209	\$439,671.21	\$13,968.49	\$435,260.33	\$449,228.82	\$0.00	\$449,228.82
804	160	\$158,254.40	\$9,079.80	\$149,174.60	\$158,254.40	(\$16,784.00)	\$141,470.40
805	170	\$303,179.70	\$7,811.32	\$295,368.38	\$303,179.70	(\$17,833.00)	\$285,346.70
806	554	\$988,009.14	\$39,484.62	\$945,946.79	\$985,431.41	(\$116,019.40)	\$869,412.01
807	34	\$71,525.46	\$925.62	\$70,599.84	\$71,525.46	(\$3,566.60)	\$67,958.86
808	10	\$21,036.90	\$168.30	\$20,868.60	\$21,036.90	(\$2,098.00)	\$18,938.90
809	25	\$24,727.25	\$2,532.07	\$22,195.18	\$24,727.25	\$0.00	\$24,727.25
810	4	\$7,133.64	\$1,462.39	\$5,671.25	\$7,133.64	\$0.00	\$7,133.64
811	5	\$10,518.45	\$0.00	\$16,829.52	\$16,829.52	\$0.00	\$16,829.52
812	203	\$200,785.27	\$19,524.52	\$183,238.93	\$202,763.45	(\$23,272.88)	\$179,490.57
SUBTOTAL	1,678	\$2,732,842.30	\$108,753.15	\$2,647,481.01	\$2,756,234.16	(\$179,573.88)	\$2,576,660.28
Medical Plan Total	46,980	\$39,731,009.70	\$3,215,788.29	\$36,290,365.45	\$39,506,153.74	(\$215,862.44)	\$39,290,291.30

Medical and Dental Vision Insurance Premiums

January 2016

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<u>Dental/Vision Plan</u>							
CIGNA Indemnity Dental/Vision							
501	22,208	\$1,035,394.54	\$125,061.20	\$913,705.17	\$1,038,766.37	(\$1,817.73)	\$1,036,948.64
502	20,366	\$2,033,707.36	\$167,223.39	\$1,863,581.82	\$2,030,805.21	(\$1,286.48)	\$2,029,518.73
503	11	\$636.90	\$135.49	\$675.11	\$810.60	\$0.00	\$810.60
SUBTOTAL	42,585	\$3,069,738.80	\$292,420.08	\$2,777,962.10	\$3,070,382.18	(\$3,104.21)	\$3,067,277.97
CIGNA Dental HMO/Vision							
901	3,167	\$133,826.87	\$18,668.87	\$116,745.58	\$135,414.45	(\$420.87)	\$134,993.58
902	2,183	\$195,162.24	\$18,699.44	\$177,515.62	\$196,215.06	(\$89.36)	\$196,125.70
903	4	\$171.20	\$49.65	\$121.55	\$171.20	\$0.00	\$171.20
SUBTOTAL	5,354	\$329,160.31	\$37,417.96	\$294,382.75	\$331,800.71	(\$510.23)	\$331,290.48
Dental/Vision Plan Total	47,939	\$3,398,899.11	\$329,838.04	\$3,072,344.85	\$3,402,182.89	(\$3,614.44)	\$3,398,568.45
GRAND TOTALS	94,919	\$43,129,908.81	\$3,545,626.33	\$39,362,710.30	\$42,908,336.63	(\$219,476.88)	\$42,688,859.75

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
<u>Anthem Blue Cross Prudent Buyer Plan</u>		
\$630.26	201	Retiree Only
\$1,239.88	202	Retiree and Spouse/Domestic Partner
\$1,399.26	203	Retiree, Spouse/Domestic Partner and Children
\$810.01	204	Retiree and Children
\$172.06	205	Survivor Children Only Rates
<u>Anthem Blue Cross Plan I</u>		
\$904.25	211	Retiree Only
\$1,630.31	212	Retiree and Spouse/Domestic Partner
\$1,923.10	213	Retiree, Spouse/Domestic Partner and Children
\$1,196.44	214	Retiree and Children
\$299.58	215	Survivor Children Only Rates
<u>Anthem Blue Cross Plan II</u>		
\$904.25	221	Retiree Only
\$1,630.31	222	Retiree and Spouse/Domestic Partner
\$1,923.10	223	Retiree, Spouse/Domestic Partner and Children
\$1,196.44	224	Retiree and Children
\$299.58	225	Survivor Children Only Rates
<u>Anthem Blue Cross Plan III</u>		
\$365.20	240	Retiree Only with Medicare
\$1,167.61	241	Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross I)
\$1,167.61	242	Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross II)
\$726.87	243	Retiree and Spouse/Domestic Partner - Both with Medicare
\$653.93	244	Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross I)
\$653.93	245	Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross II)
\$1,456.25	246	Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross I)
\$1,456.25	247	Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross II)
\$1,015.45	248	Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross I)
\$1,015.45	249	Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross II)
\$1,138.02	250	Member, Spouse/Domestic Partner, Child (3 with Medicare)

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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CIGNA Network Model Plan

\$1,143.49	301	Retiree Only
\$2,064.71	302	Retiree and Spouse/Domestic Partner
\$2,438.35	303	Retiree, Spouse/Domestic Partner and Children
\$1,517.57	304	Retiree and Children
\$378.87	305	Survivor Children Only Rates

CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)

\$328.00	321	Retiree Only with Medicare
\$1,249.22	322	Retiree and Spouse/Domestic Partner/Domestic Partner - One with Medicare
\$651.00	324	Retiree and Spouse/Domestic Partner -Both with Medicare
\$702.09	325	Retiree and Children
\$1,622.87	327	Retiree, Spouse/Domestic Partner and Children - One with Medicare
\$1,025.09	329	Retiree, Spouse/Domestic Partner and Children - Two with Medicare

Kaiser

\$774.10	401	Retiree Only ("Basic")
N/A	402	Retiree Only ("Supplement")
\$235.64	403	Retiree Only ("Senior Advantage")
\$894.95	404	Retiree Only ("Excess I")
\$795.39	405	Retiree Only - ("Excess II")
\$1,408.39	406	Retiree Only ("Excess III")
\$1,543.20	411	Retiree and Family (All family members are "Basic")
N/A	412	Retiree and Family (One family member is "Supplement"; others are "Basic")
\$1,004.74	413	Retiree and Family (One family member is "Senior Advantage"; others are "Basic")
\$1,664.05	414	Retiree and Family (One family member is "Excess I"; others are "Basic")
N/A	415	Retiree and Family (Two or more family members are "Supplement")
N/A	416	Retiree and Family (One family member is "Senior Advantage"; others are "Supplement")
N/A	417	Retiree and Family (One family member is "Excess I"; others are "Supplement")
\$466.28	418	Retiree and Family (Two or more family members are "Senior Advantage")
\$1,125.59	419	Retiree and Family (One family member is "Excess I"; others are "Senior Advantage")
\$1,784.90	420	Retiree and Family (Two or more family members are "Excess I")
N/A	421	Survivor Children Only Rates
\$1,564.49	422	Retiree and Family (One family member is "Excess II"; others are "Basic")
\$2,177.49	423	Retiree and Family (One family member is "Excess III"; others are "Basic")

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
<u>Kaiser (continued)</u>		
N/A	424	Retiree and Family (One family member is "Supplement"; others are "Excess II")
N/A	425	Retiree and Family (One family member is "Supplement"; others are "Excess III")
\$1,026.03	426	Retiree and Family (One family member is "Senior Advantage"; others are "Excess II")
\$1,639.03	427	Retiree and Family (One family member is "Senior Advantage"; others are "Excess III")
\$1,685.34	428	Retiree and Family (One family member is "Excess I"; others are "Excess II")
\$2,298.34	429	Retiree and Family One family member is "Excess I"; others are "Excess III")
\$1,585.78	430	Retiree and Family (Two or more family members are "Excess II")
\$2,198.78	431	Retiree and Family (One family member is "Excess II"; others are "Excess III")
\$2,811.78	432	Retiree and Family (Two or more family members are "Excess III")
<u>Kaiser Colorado</u>		
\$793.06	450	Retiree Only ("Basic" under age 65)
\$327.27	451	Retiree Only ("Senior Advantage")
\$1,754.57	453	Retiree and Family (Two family members are "Basic")
\$2,369.25	454	Retiree and Family (Three or more family members are "Basic")
\$1,115.33	455	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic")
\$649.55	457	Retiree and Family (Two family members are "Senior Advantage")
\$1,857.56	458	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,437.60	459	Retiree and Family (Two family members are "Senior Advantage"; one or more are "Basic")
<u>Kaiser Georgia</u>		
\$847.24	440	Retiree Only ("Basic" over age 65 with Medicare Part B only)
\$847.24	441	Retiree Only ("Basic over age 65 with Medicare Part A only)
\$847.24	442	Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B)
\$361.11	443	Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure)
\$1,203.35	444	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only)
\$1,203.35	445	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only)
\$1,203.35	446	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B)
\$847.24	461	Retiree Only ("Basic" under age 65)
\$361.11	462	Retiree Only ("Senior Advantage")

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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Kaiser Georgia (continued)

\$1,689.48	463	Retiree and Family (Two family members are "Basic")
\$2,531.72	464	Retiree and Family (Three or more family members are "Basic")
\$1,203.35	465	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$717.22	466	Retiree and Family (Two family members are "Senior Advantage")
\$2,045.59	467	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,559.46	468	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$1,915.57	469	Retiree and Family (Three or more family members are "Senior Advantage"; one is "Basic")
\$2,045.59	470	Retiree and Family (Three or more family members are "Basic"; one is "Senior Advantage")

Kaiser Hawaii

\$795.16	471	Retiree Only ("Basic" under age 65)
\$346.45	472	Retiree Only ("Senior Advantage")
\$1,381.42	473	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,585.31	474	Retiree and Family (Two family members are "Basic")
\$2,375.47	475	Retiree and Family (Three or more family members are "Basic")
\$1,136.61	476	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$2,171.58	477	Retiree and Family (One family member is "Basic" under age 65; one is over age 65 without Medicare Part A or Medicare Part B)
\$687.90	478	Retiree and Family (Two family members are "Senior Advantage")
\$1,722.87	479	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)

Kaiser Oregon

\$806.67	481	Retiree Only ("Basic" under age 65)
\$465.92	482	Retiree Only ("Senior Advantage")
\$1,205.27	483	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,608.34	484	Retiree and Family (Two family members are "Basic")
\$2,410.01	485	Retiree and Family (Three or more family members are "Basic")
\$1,267.59	486	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
N/A	487	Retiree Only (Medicare Cost "Supplement" program)
\$926.84	488	Retiree and Family (Two family members are "Senior Advantage")
\$1,110.84	489	Retiree Only (Over age 65 with Medicare Part A only)
\$1,205.27	490	Retiree Only (Over age 65 with Medicare Part B only)

*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>Kaiser Oregon (continued)</u>		
\$1,571.76	491	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 with Medicare Par A only)
\$1,666.19	492	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)
\$2,069.26	493	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,728.51	494	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$2,405.54	495	Retiree and Family (Two family members are over age 65 without Medicare Part A or Medicare Part B)
\$2,216.68	496	Retiree and Family (Two family members are over age 65 with Medicare Part A only)
\$2,216.68	497	Retiree and Family (One family member is "Basic"; one is over age 65 with Medicare Part A only)
\$2,006.94	498	Retiree and Family (One family member is "Basic"; one is over age 65 without Medicare Part A or Medicare Part B)

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

- Includes people who have both Part A and Part B of Medicare, who were enrolled in Kaiser's Medicare supplement ("M" coverage) before July 1, 1987, and who chose to stay in that Kaiser arrangement.
- It is not open to new enrollments.
- People who have left it cannot return to it.

"Senior Advantage"

- Includes participants who are age 65 or older and who have assigned both Medicare Part A and Part B to Kaiser.

"Excess I"

- Is for participants who have Medicare Part A only.

"Excess II"

- Is for participants in the Excess Plan who either have Medicare Part B only or are not eligible for Medicare.

"Excess III"

- Is for participants in the Excess Plan who either have Medicare Parts A and B and have not assigned their Medicare benefits to Kaiser or have not provided their Medicare status to LACERA. Premium is above the Anthem Blue Cross I and II Benchmark rate and II Benchmark.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>SCAN Health Plan</u>		
\$304.00	611	Retiree Only with SCAN
\$603.00	613	Retiree and 1 Dependent - Both with SCAN (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child. Both Retiree and Dependent must have Medicare.)
<u>United Healthcare Medicare Advantage (UHCMA)</u>		
(For both members and dependents who are enrolled in UHCMA, or a family combination of UHCMA/UHC)		
\$293.62	701	Retiree Only with Secure Horizons
\$1,203.81	702	Retiree and 1 Dependent - One with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
\$582.24	703	Retiree and 1 Dependent - Both with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
\$1,360.59	704	Retiree and 2 or More Dependents - One with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children)
\$739.02	705	Retiree and 2 or More Dependents - Two with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children)
\$261.24	706	Survivor Children Only Rates
<u>United Healthcare (UHC)</u>		
(For members and dependents under age 65 [no Medicare])		
\$915.18	707	Retiree Only
\$1,671.68	708	Retiree and 1 Dependent
\$1,982.16	709	Retiree and 2 Or More Dependents
<u>Local 1014 Firefighters</u>		
\$914.03	801	Member Under 65
\$1,648.06	802	Member + 1 Under 65
\$1,944.04	803	Member + 2 Under 65
\$914.03	804	Member with Medicare
\$1,648.06	805	Member + 1; 1 Medicare
\$1,648.06	806	Member + 1; 2 Medicare
\$1,944.04	807	Member + 2; 1 Medicare
\$1,944.04	808	Member + 2; 2 Medicare

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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Local 1014 Firefighters (continued)

\$914.03	809	Surviving Spouse Under 65
\$1,648.06	810	Surviving Spouse + 1; Under 65
\$1,944.04	811	Surviving Spouse + 2 Under 65
\$914.03	812	Surviving Spouse with Medicare
\$1,648.06	813	Surviving Spouse + 1; 1 Medicare
\$1,944.04	814	Spouse + 1; 1 Medicare
\$1,648.06	815	Surviving Spouse + 1; 2 Medicare

CIGNA Indemnity - Dental/Vision

\$46.55	501	Retiree Only
\$99.61	502	Retiree and Dependent(s)
\$57.81	503	Survivor Children Only Rates

CIGNA HMO - Dental/Vision

\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

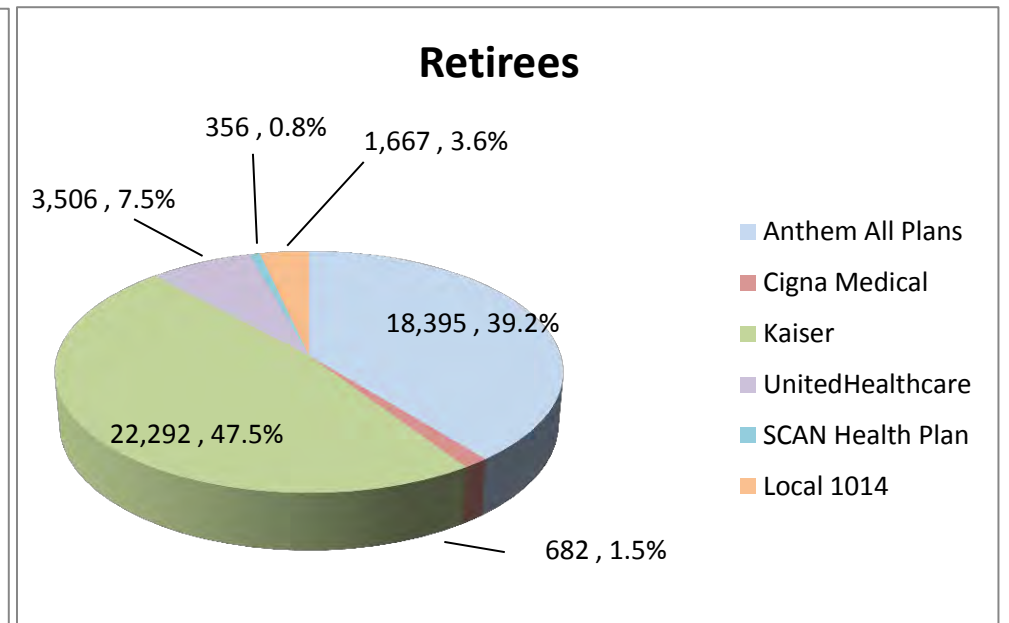
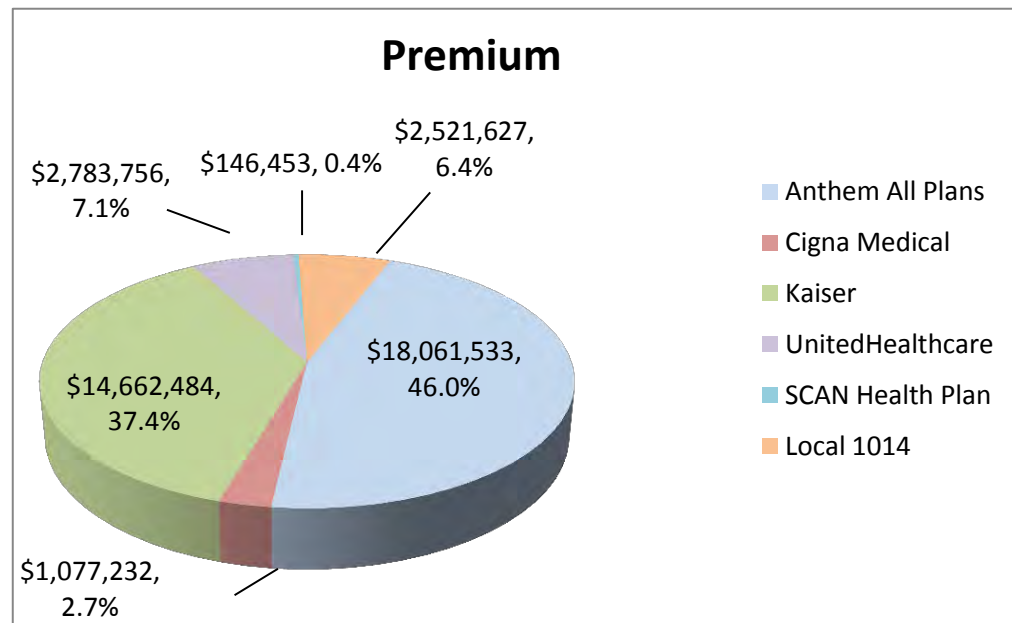
LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Premium and Enrollment

November 2015 Coverage Month

Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$18,061,533	46.0%	18,395	39.2%
Cigna Medical	\$1,077,232	2.7%	682	1.5%
Kaiser	\$14,662,484	37.4%	22,292	47.5%
UnitedHealthcare	\$2,783,756	7.1%	3,506	7.5%
SCAN Health Plan	\$146,453	0.4%	356	0.8%
Local 1014	\$2,521,627	6.4%	1,667	3.6%
Combined Medical	\$39,253,085	100.0%	46,898	100.0%

Cigna Dental & Vision	\$3,389,995	47,841
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LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

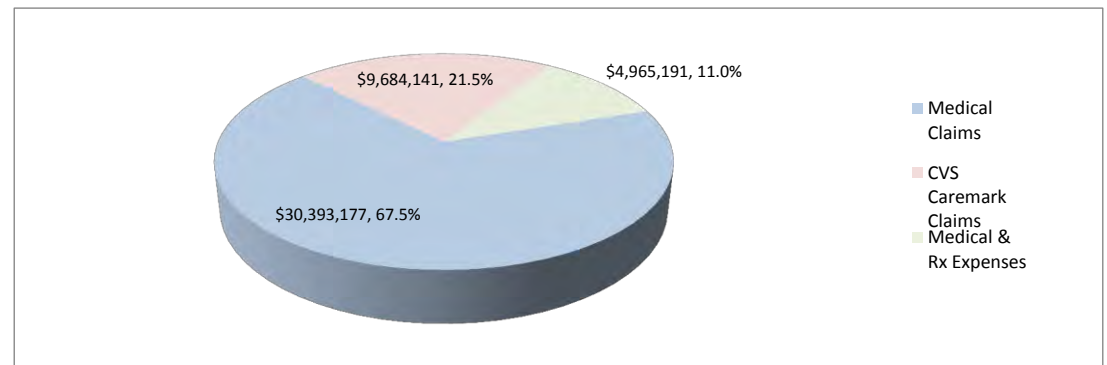
Anthem Plans I and II

Plan Year July 1, 2015 - June 30, 2016

Month	Monthly Enrollment	Monthly Premium	Medical Claims	CVS Caremark Claims	Medical & Rx Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Medical & Rx Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-15	6,158	\$9,170,958	\$6,045,082	\$1,927,509	\$7,972,591	\$1,294.67	86.9%	\$996,885	\$8,969,477	97.8%
Aug-15	6,149	\$9,187,473	\$6,191,520	\$1,848,592	\$8,040,112	\$1,307.55	87.5%	\$995,372	\$9,035,484	98.3%
Sep-15	6,125	\$9,098,082	\$6,547,496	\$2,046,606	\$8,594,101	\$1,403.12	94.5%	\$991,435	\$9,585,537	105.4%
Oct-15	6,128	\$9,169,945	\$6,330,776	\$2,035,800	\$8,366,576	\$1,365.30	91.2%	\$991,837	\$9,358,413	102.1%
Nov-15	6,115	\$9,119,484	\$5,278,304	\$1,825,634	\$7,103,938	\$1,161.72	77.9%	\$989,661	\$8,093,599	88.8%
Dec-15										
Jan-16										
Feb-16										
Mar-16										
Apr-16										
May-16										
Jun-16										

YTD Plan Year	30,675	\$45,745,942	\$30,393,177	\$9,684,141	\$40,077,319	\$1,306.51	87.6%	\$4,965,191	\$45,042,510	98.5%
5 Month Average	6,135	\$9,149,188	\$6,078,635	\$1,936,828	\$8,015,464	\$1,306.51	87.6%	\$993,038	\$9,008,502	98.5%
12 Month Rollup	73,790	\$100,907,179	\$70,887,662	\$22,502,279	\$93,389,941	\$1,265.62	92.6%	\$9,405,698	\$102,795,639	101.9%

Medical Claims reported by Anthem
 CVS Caremark Claims reported by CVS
 Expenses: Anthem Admin, Stop Loss, and Premium Taxes
 Enrollment and Premium Reported by LACERA



LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

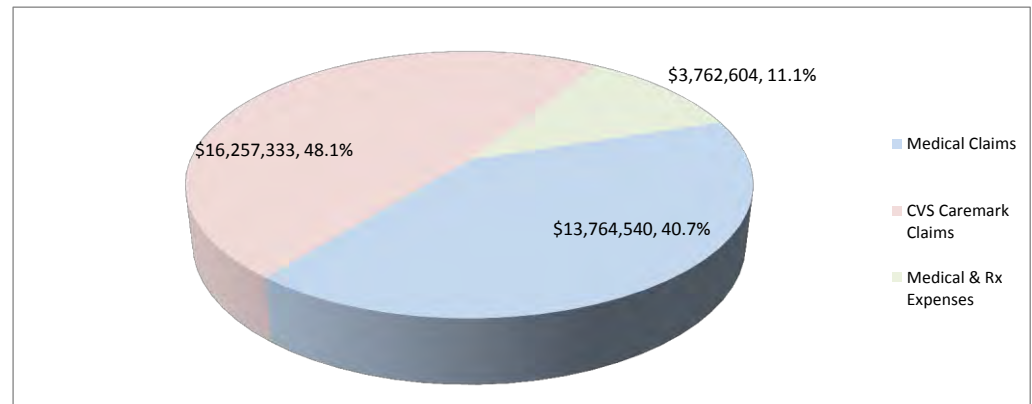
Anthem Plan III

Plan Year July 1, 2015 - June 30, 2016

Month	Monthly Enrollment	Monthly Premium	Medical Claims	CVS Caremark Claims	Medical & Rx Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Medical & Rx Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-15	10,771	\$7,235,374	\$2,953,865	\$3,470,465	\$6,424,330	\$596.45	88.8%	\$748,366	\$7,172,696	99.1%
Aug-15	10,810	\$7,269,627	\$2,599,013	\$3,209,072	\$5,808,085	\$537.29	79.9%	\$751,076	\$6,559,161	90.2%
Sep-15	10,835	\$7,259,484	\$2,785,764	\$3,236,297	\$6,022,061	\$555.80	83.0%	\$752,813	\$6,774,874	93.3%
Oct-15	10,853	\$7,266,152	\$2,695,565	\$3,181,587	\$5,877,152	\$541.52	80.9%	\$754,063	\$6,631,216	91.3%
Nov-15	10,885	\$7,297,436	\$2,730,333	\$3,159,912	\$5,890,245	\$541.13	80.7%	\$756,287	\$6,646,532	91.1%
Dec-15										
Jan-16										
Feb-16										
Mar-16										
Apr-16										
May-16										
Jun-16										

YTD Plan Year	54,154	\$36,328,072	\$13,764,540	\$16,257,333	\$30,021,874	\$554.38	82.6%	\$3,762,604	\$33,784,478	93.0%
5 Month Average	10,831	\$7,265,614	\$2,752,908	\$3,251,467	\$6,004,375	\$554.38	82.6%	\$752,521	\$6,756,896	93.0%
12 Month Rollup	128,860	\$79,744,011	\$34,701,737	\$37,981,087	\$72,682,824	\$564.04	91.1%	\$8,260,021	\$80,942,845	101.5%

Medical Claims reported by Anthem
 CVS Caremark Claims reported by CVS
 Expenses: Anthem Admin and Premium Taxes
 Enrollment and Premium Reported by LACERA



LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

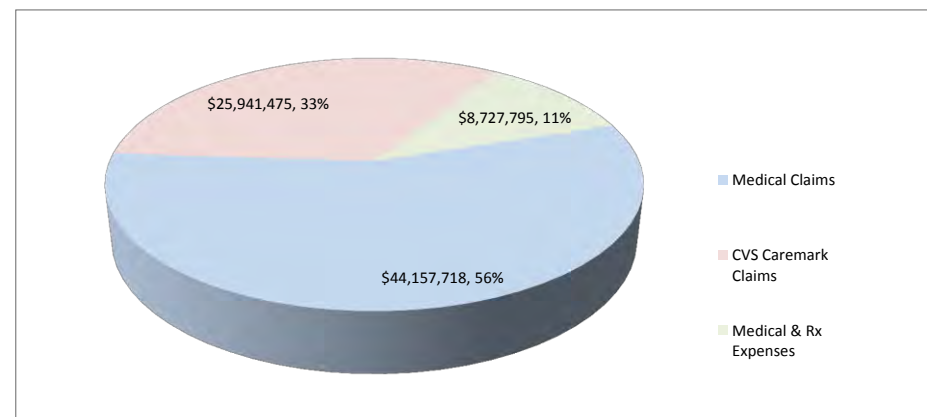
Anthem Plan I, II, and III

Plan Year July 1, 2015 – June 30, 2016

Month	Monthly Enrollment	Monthly Premium	Medical Claims	CVS Caremark Claims	Medical & Rx Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Medical & Rx Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-15	16,929	\$16,406,332	\$8,998,948	\$5,397,974	\$14,396,922	\$850.43	87.8%	\$1,745,251	\$16,142,173	98.4%
Aug-15	16,959	\$16,457,100	\$8,790,532	\$5,057,665	\$13,848,197	\$816.57	84.1%	\$1,746,448	\$15,594,645	94.8%
Sep-15	16,960	\$16,357,566	\$9,333,260	\$5,282,902	\$14,616,162	\$861.80	89.4%	\$1,744,248	\$16,360,410	100.0%
Oct-15	16,981	\$16,436,097	\$9,026,342	\$5,217,387	\$14,243,729	\$838.80	86.7%	\$1,745,900	\$15,989,629	97.3%
Nov-15	17,000	\$16,416,920	\$8,008,636	\$4,985,547	\$12,994,183	\$764.36	79.2%	\$1,745,948	\$14,740,131	89.8%
Dec-15										
Jan-16										
Feb-16										
Mar-16										
Apr-16										
May-16										
Jun-16										

YTD Plan Year	84,829	\$82,074,014	\$44,157,718	\$25,941,475	\$70,099,193	\$826.36	85.4%	\$8,727,795	\$78,826,988	96.0%
5 Month Average	16,966	\$16,414,803	\$8,831,544	\$5,188,295	\$14,019,839	\$826.36	85.4%	\$1,745,559	\$15,765,398	96.0%
12 Month Rollup	202,650	\$180,651,190	\$105,589,398	\$60,483,366	\$166,072,765	\$819.51	91.9%	\$17,665,719	\$183,738,484	101.7%

Medical Claims reported by Anthem
 CVS Caremark Claims reported by CVS
 Expenses: Anthem Admin, Stop Loss, and Premium Taxes
 Enrollment and Premium Reported by LACERA



LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

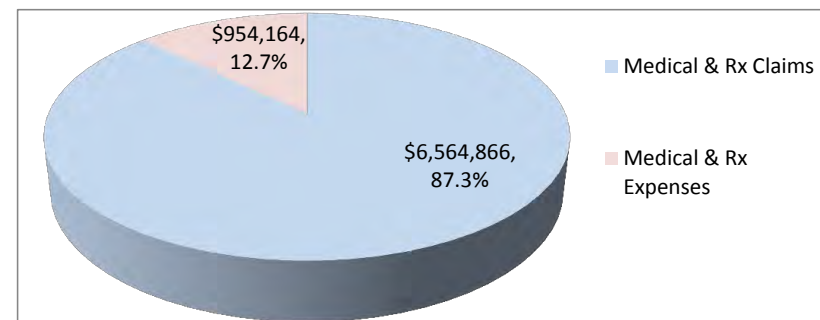
Anthem Prudent Buyer

Plan Year July 1, 2015 – June 30, 2014

Month	Monthly Enrollment	Monthly Premium	Medical & Rx Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Medical & Rx Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-15	1,445	\$1,705,018	\$1,467,346	\$1,015.46	86.1%	\$194,659	\$1,662,005	97.5%
Aug-15	1,428	\$1,675,848	\$1,314,525	\$920.54	78.4%	\$192,368	\$1,506,894	89.9%
Sep-15	1,412	\$1,662,945	\$1,192,123	\$844.28	71.7%	\$190,213	\$1,382,336	83.1%
Oct-15	1,403	\$1,650,974	\$1,390,133	\$990.83	84.2%	\$189,001	\$1,579,133	95.6%
Nov-15	1,395	\$1,644,613	\$1,200,740	\$860.75	73.0%	\$187,923	\$1,388,662	84.4%
Dec-15								
Jan-16								
Feb-16								
Mar-16								
Apr-16								
May-16								
Jun-16								

YTD Plan Year	7,083	\$8,339,399	\$6,564,866	\$926.85	78.7%	\$954,164	\$7,519,030	90.2%
5 Month Average	1,417	\$1,667,880	\$1,312,973	\$926.85	78.7%	\$190,833	\$1,503,806	90.2%
12 Month Rollup	17,347	\$17,934,451	\$15,329,682	\$883.71	85.5%	\$2,319,883	\$17,649,565	98.4%

Monthly Enrollment and Premium Data as reported by LACERA
 Medical Claims reported by Anthem
 Expenses: Anthem Admin, Stop Loss, and Premium Taxes
 Enrollment and Premium Reported by LACERA



LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

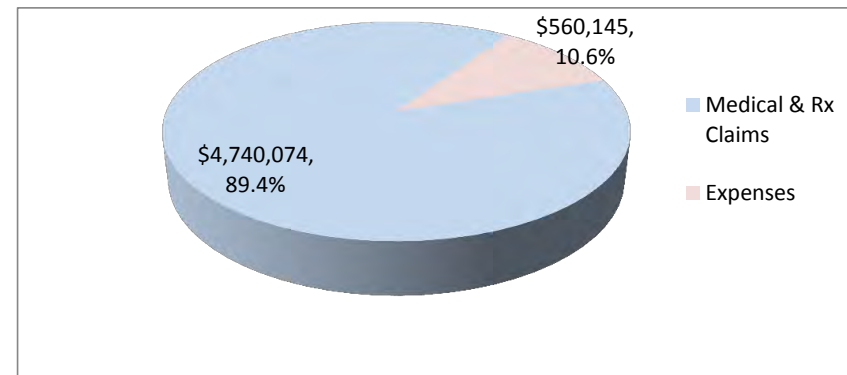
Cigna HMO

Plan Year July 1, 2015 – June 30, 2016

Month	Monthly Enrollment	Monthly Premium	Medical & Rx Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-15	657	\$1,085,738	\$958,557	\$1,458.99	88.3%	\$115,092	\$1,073,649	98.9%
Aug-15	648	\$1,055,975	\$775,934	\$1,197.43	73.5%	\$111,937	\$887,871	84.1%
Sep-15	639	\$1,046,239	\$910,387	\$1,424.71	87.0%	\$110,905	\$1,021,292	97.6%
Oct-15	637	\$1,051,998	\$997,434	\$1,565.83	94.8%	\$111,515	\$1,108,949	105.4%
Nov-15	633	\$1,044,271	\$1,097,762	\$1,734.22	105.1%	\$110,696	\$1,208,458	115.7%
Dec-15								
Jan-16								
Feb-16								
Mar-16								
Apr-16								
May-16								
Jun-16								

YTD Plan Year	3,214	\$5,284,222	\$4,740,074	\$1,474.82	89.7%	\$560,145	\$5,300,219	100.3%
5 Month Average	643	\$1,056,844	\$948,015	\$1,474.82	89.7%	\$112,029	\$1,060,044	100.3%
12 Month Rollup	7,989	\$12,910,412	\$11,204,469	\$1,402.49	86.8%	\$1,770,555	\$12,975,024	100.5%

Monthly Enrollment and Premium Data as reported by LACERA
 Medical Claims reported by Cigna
 Expenses: Cigna Admin Costs and Premium Taxes
 Enrollment and Premium Reported by LACERA



LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

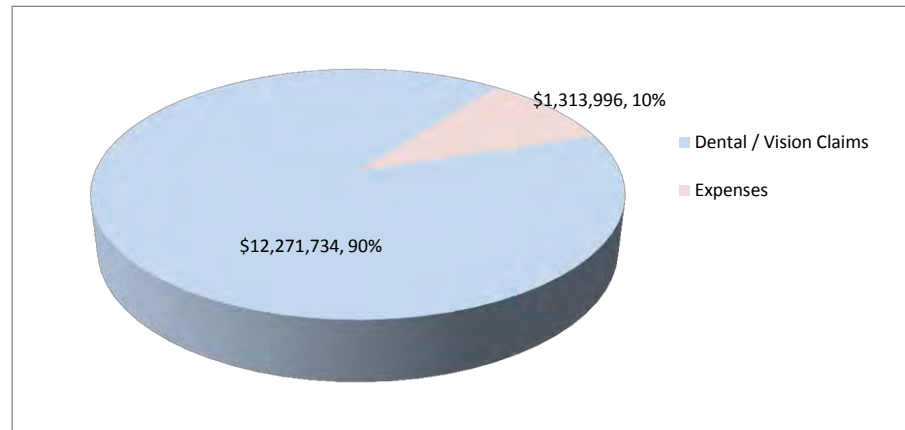
Cigna Dental PPO and Vision

Plan Year July 1, 2015 - June 30, 2016

Month	Monthly Enrollment	Monthly Premium	Dental / Vision Claims	In-Network Dental Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-15	42,187	\$3,040,191	\$2,480,364	47.7%	\$58.79	81.6%	\$261,787	\$2,742,151	90.2%
Aug-15	42,303	\$3,049,180	\$2,439,511	56.4%	\$57.67	80.0%	\$262,561	\$2,702,072	88.6%
Sep-15	42,370	\$3,054,892	\$2,341,973	58.5%	\$55.27	76.7%	\$263,053	\$2,605,026	85.3%
Oct-15	42,428	\$3,054,818	\$2,805,842	57.9%	\$66.13	91.8%	\$263,046	\$3,068,888	100.5%
Nov-15	42,492	\$3,060,671	\$2,204,045	58.8%	\$51.87	72.0%	\$263,550	\$2,467,595	80.6%
Dec-15									
Jan-16									
Feb-16									
Mar-16									
Apr-16									
May-16									
Jun-16									

YTD Plan Year	211,780	\$15,259,752	\$12,271,734	55.8%	\$57.95	80.4%	\$1,313,996	\$13,585,730	89.0%
5 Month Average	42,356	\$3,051,950	\$2,454,347	55.1%	\$57.95	80.4%	\$262,799	\$2,717,146	89.0%
12 Month Rollup	503,949	\$36,252,778	\$31,862,844	49.6%	\$63.23	87.9%	\$3,169,441	\$35,032,286	96.6%

Expenses: Cigna Admin Costs and Premium Taxes
Enrollment and Premium Reported by LACERA





Legislative

Senate Passes Bill Repealing Most of Affordable Care Act; President Vows to Veto

On December 3, 2015, the Senate approved legislation (H.R. 3762) that would repeal most of the Affordable Care Act. The bill passed with a 52-47 vote utilizing the reconciliation process (needing just 51 votes in the Senate, instead of 60). Among other provisions, the bill would include repealing the “Cadillac” tax and eliminating the financial penalty associated with the employer mandate. The bill moves to the House for consideration. The President has promised to veto the legislation if sent to his desk for signature.

H.R. 3762 is available [here](#).

Highway Funding Law Repealed Additional Month for Form 5500 Filing Extension

On December 4, 2015, the President signed the Fixing America’s Surface Transportation Act (H.R. 22) into law. The Act included a provision that repealed the additional month that had been recently added to the automatic extension period for the deadline for filing Form 5500. A short-term transportation funding law enacted on July 31, 2015, provided an additional month for filing (by November 15, instead of October 15). As a result of the repeal, the end of the automatic extension period for filing Form 5500 reverts back to October 15 for calendar year plans.

H.R. 22 is available [here](#).

Cadillac Tax Delayed for Two Years Under Omnibus Appropriations Legislation

The Cadillac excise tax under the Affordable Care Act has been delayed for two years (until 2020) under a merged spending and tax-extender bill (H.R. 2029) that was signed into law by the President on December 18, 2015. The 40% excise tax would have applied to the cost of employer-sponsored health coverage exceeding certain thresholds, beginning in 2018. The omnibus appropriations legislation also funds the government through 2016, suspends the advanced medical device tax for two years, suspends the health insurer tax for one year, permanently extends mass transit parity, and makes a number of changes affecting church retirement plans.

H.R. 2029 is available [here](#).

Presidential State of the Union Address Scheduled for January 12, 2016

President Obama will deliver his final State of the Union address on Tuesday, January 12, 2016.

Additional information is available [here](#).

President Signs Short-Term Funding Bill Into Law; Extends Government Funding Through December 16

On December 11, 2015, President Obama signed into law a short-term funding bill that will fund government operations through Wednesday, December 16, 2015. The House and Senate passed the legislation late last week. Congress has until December 16 to either approve another short-term funding bill or pass a year-long spending package to avoid a shutdown.

Health Care

IRS Releases Notice on Various Provisions of Affordable Care Act Related to Employer-Provided Health Coverage

On December 16, 2015, the Internal Revenue Service (IRS) released Notice 2015-87, which provides further guidance on the application of various provisions of the Affordable Care Act to employer-provided health coverage. The notice reiterates that the IRS and Treasury have provided some relief for reporting under tax code Section 6056 related to coverage offered in the 2015 calendar year, and that the agency “will not impose penalties” under Sections 6721 and 6722 for applicable large employers “that can show that they have made good faith efforts to comply with the information reporting requirements.” The notice also addresses previous IRS guidance (from Notice 2013-54), which focused upon the application of certain provisions of the Affordable Care Act to health reimbursement arrangements, flexible savings accounts, and other employer-sponsored health care arrangements. Additionally, the notice also addresses the application of the 9.5% affordability threshold for employer-provided health care coverage to the safe harbor provisions under the employer mandate, and the employer status of certain entities for the purposes of the mandate. The guidance is applicable for plan years beginning on or after December 16, unless otherwise stated.

Comments on Notice 2015-87 are due by February 18, 2016. IRS Notice 2015-87 is available [here](#).

IRS Issues Final Regulations on Minimum Value of Eligible Employer-Sponsored Plans and Other Rules Regarding Health Insurance Premium Tax Credit

On December 16, 2015, the IRS published final regulations on the health insurance premium tax credit enacted by the Affordable Care Act. The final regulations affect individuals who enroll in qualified health plans through the Exchanges and claim the health insurance premium tax credit, and Exchanges that make qualified health plans available to individuals and employers. The regulations became effective on December 18, 2015. For applicability dates, please refer to applicable sections in the final regulations.

The final regulations are available [here](#).

Retirement

PBGC Updates Table for Calculating Value of Pension Benefits of Terminating Single-Employer Defined Benefit Plans

On December 1, 2015, the Pension Benefit Guaranty Corporation (PBGC) published a final rule amending the agency’s regulation on the allocation of assets in single-employer plans by substituting a new table for determining expected retirement ages for participants in pension plans undergoing distress or involuntary termination with valuation dates falling in 2016. This table is needed in order to compute the value of early retirement benefits and, thus, the total value of benefits under a plan. The final rule is effective on January 1, 2106.

The PBGC final rule is available [here](#).

PBGC Releases Risk Transfer Events Study; One Million People Affected

On December 9, 2015, actuaries from the Pension Benefit Guaranty Corporation (PBGC) released a study of risk transfer events (RTEs) in pension plans. Risk transfer, also known as "de-risking," is how companies eliminate their pension benefit obligations. In a risk transfer, a company either pays off participants with a lump sum or buys annuities from insurance companies to replace the company pension. The study looked at patterns in the data on Forms 5500 that pension plan sponsors filed with the government from 2009–2013. By using those patterns, the actuaries identified companies that had recent risk transfers. The study looked at about 3,600 larger plans. Of those plans, over 500 had RTEs during the five-year period. The study reflects that more than one million participants left the plans as a result of the events. Almost 400 of the events involved lump-sum payments; the remaining involved annuity purchases to replace the company pension.

PBGC Launches New E-Filing Portal

On December 9, 2015, the PBGC upgraded its e-4010 application and renamed it the PBGC e-filing portal. In addition to preparing and submitting 4010 filings via the e-filing portal, practitioners will have the option of filing information required under PBGC's new ERISA 4043 regulation via the portal. The new e-filing portal also has a multiemployer plan module from which various applications and notices may (or in some cases, must) be submitted to PBGC (e.g., applications for financial assistance, annual funding notices, critical and endangered notices). The new e-filing portal has no impact on My PAA. Practitioners who do not already have an e-4010 account will need to set up an account to be able to use the PBGC e-filing portal. Current e-4010 account holders have been informed via email of the minimal ways in which this change affects them. The information included in that email is also available on PBGC's 4010 Web page. The PBGC plans to post additional information about the new e-filing portal in the future.

Information on the new e-filing portal is [here](#).

Additional information for practitioners is available [here](#).

Other HR-Related

USCIS Asks for Comments on Proposed Changes to Form I-93

On November 24, 2015, the United States Citizenship and Immigration Service (USCIS) published a notice to inform the public of proposed changes to Form I-9, Employment Eligibility Verification. (Employers must complete Form I-9 for all newly hired employees to verify their identity and authorization to work in the U.S.) USCIS states that many of the proposed changes to Form I-9 are intended to help reduce technical errors and help customers complete the form on their computer after they have downloaded it from uscis.gov.

Comments on the notice are due by January 25, 2016.

The notice is available [here](#).

The current version of Form I-9 is available on USCIS' online I-9 resource center, available [here](#).
(Employers must continue to use the current version of Form I-9 until the Office of Management and Budget approves the proposed version and USCIS posts it on I-9 Central)

Retirement Plans Not Required to Make Additional Changes After *Obergefell* for Federal Tax Law Purposes

On December 9, 2015, the Internal Revenue Service (IRS) issued guidance (Notice 2015-86) on the impact of the United States Supreme Court's ruling in *Obergefell v. Hodges* on retirement and health plans for purposes of federal tax law.

Retirement plans are not required to make additional changes as a result of *Obergefell* beyond those that were already required by the Court's previous ruling in 2013 in *United States v. Windsor* and the IRS's previous guidance in Notice 2014-19, according to Notice 2015-86. Plan amendments that were required by *Windsor* and Notice 2014-19 were generally required to be made no later than December 31, 2014. The IRS also provided guidance on discretionary retirement plan amendments to provide new rights or benefits for participants with same-sex spouses, retroactive amendments that recognize same-sex marriages prior to *Windsor*, additional plan contributions that may be required, and deadlines for discretionary plan amendments.

In addition, the IRS clarified the impact of *Obergefell* on health plans, including when a change in the coverage of same-sex spouses under a cafeteria plan may result in a permissible election change and plan amendments related to such participant election changes.

Notice 2015-86 is available [here](#)

IRS Announces 2016 Standard Mileage Rates for Business, Medical, and Moving

On December 17, 2015, the Internal Revenue Service (IRS) released Notice 2016-01, which provides the optional 2016 standard mileage rates for taxpayers to use in computing the deductible costs of operating an automobile for business, charitable, medical, or moving expense purposes. This notice also provides the amount taxpayers must use in calculating reductions to basis for depreciation taken under the business standard mileage rate, and the maximum standard automobile cost that may be used in computing the allowance under a fixed and variable rate (FAVR) plan.

Beginning on Jan. 1, 2016, the standard mileage rates for the use of a car (also vans, pickups, or panel trucks) will be:

- 54 cents per mile for business miles driven, down from 57.5 cents for 2015;
- 19 cents per mile driven for medical or moving purposes, down from 23 cents for 2015;
- and 14 cents per mile driven in service of charitable organizations.

IRS Notice 2016-01 is available [here](#).

Aon Publications

2016 Limits for Benefit Plans

Each year, the U.S. government adjusts the limits for retirement plans, Social Security, Medicare, and other benefit programs to reflect price and wage inflation, and changes in the law. As a result, employee benefit plans must be adapted annually to accommodate the new limits. All of the numbers in this report are official unless otherwise indicated.

The Aon Hewitt 2016 *Limits for Benefit Plans* is available [here](#)

IRS Issues Final Hybrid Plan Final Regulations

On November 13, 2015, the Internal Revenue Service (IRS) issued final transition regulations regarding permissible interest crediting rates for cash balance and other statutory hybrid defined benefit plans. These regulations delay most, but not all, of the required amendments for cash balance and other hybrid plans under the Pension Protection Act of 2006 (PPA). The 2015 final regulations similarly delay the effective date of the market rate of return transition rules and certain other rules of the final hybrid plan regulations previously issued in 2010 and 2014 (unless an earlier date is elected by the taxpayer). This delay continues until the day immediately prior to the first day of the first plan year beginning on or after January 1, 2017 (i.e., December 31, 2016, for calendar year plans). A later date may apply for collectively bargained plans, depending on the expiration date of the applicable collective bargaining agreement.

The 2015 final regulations also provide some additional flexibility with regard to how a plan sponsor must change an impermissible interest crediting rate so that it complies with the market rate of return rules.

The regulations do not provide any additional guidance with respect to pension equity plans.

This Aon Hewitt bulletin, which details the IRS final hybrid plan transition regulations, is available [here](#).

Provision in New Law Delays Health Plan “Cadillac Tax” and Advanced Medical Devices Tax

The spending and tax bills passed by Congress and sent to President Obama on December 18, 2015, contain provisions postponing the implementation of two Affordable Care Act taxes—the 40% excise tax on high-cost health care plans (often referred to as the “Cadillac tax”) and the 2.3% tax on advanced medical devices—and suspending for one year the imposition of an Affordable Care Act tax on health insurers.

The Aon Hewitt bulletin on the excise tax delay is available [here](#).

IRS to Employers—*Obergefell* Requires Plan Review, But No Action (Depending on What You Find

The Internal Revenue Service (IRS) announced in Notice 2015-86 that *Obergefell v. Hodges*, last summer’s United States Supreme Court case legalizing same-sex marriage, does not require health and welfare plans to offer any specific rights or benefits to the spouse of a plan participant. However, employers must review the definition of “spouse” in their plan documents to determine whether the terms of the plan include coverage of same-sex spouses after *Obergefell*.

The Aon Hewitt bulletin on Notice 2015-86 is available [here](#).