

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, MARCH 15, 2018 - 9:00 A.M.**

*The Committee may take action on any item on the agenda,
and agenda items may be taken out of order.*

COMMITTEE MEMBERS:

Les Robbins, Chair
Shawn R. Kehoe, Vice Chair
Herman B. Santos
Gina Zapanta-Murphy
Thomas Walsh, Alternate

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of February 15, 2018

II. PUBLIC COMMENT

III. ACTION ITEMS

A. Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer:
That the Committee recommend the Board of Retirement:

1. Approve a visit with Congress by Board members and staff during the week of May 21, 2018 in Washington D.C.;
2. Approve the attached "LACERA Overview and Priorities"; and
3. Approve reimbursement of all travel costs incurred in accordance with LACERA's Education and Travel Policy.

(Memorandum dated March 7, 2018)

B. Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer:
That the Committee recommend the Board of Retirement adopt a "Watch" position on Senate Bill 1270, which relates to the appointment of assistant administrators and chief investment officers. (Memorandum dated March 1, 2018)

IV. FOR INFORMATION

- A. Single-Payer Healthcare Update
Barry W. Lew, Legislative Affairs Officer
- B. Engagement Report for February 2018
Barry W. Lew, Legislative Affairs Officer
- C. Staff Activities Report for February 2018
Cassandra Smith, Director, Retiree Healthcare
- D. LACERA Claims Experience
Stephen Murphy, Segal Consulting
- E. Federal Legislation
Stephen Murphy, Segal Consulting
(for discussion purposes)

V. REPORT ON STAFF ACTION ITEMS

VI. GOOD OF THE ORDER

(For information purposes only)

VII. ADJOURNMENT

***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

THURSDAY, FEBRUARY 15, 2018, 9:40 A.M. – 10:30 A.M.

COMMITTEE MEMBERS

PRESENT: Les Robbins, Chair
Shawn R. Kehoe, Vice Chair
Herman B. Santos
Gina Zapanta-Murphy
Thomas Walsh, Alternate

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

Marvin Adams
Alan Bernstein
Joseph Kelly
William Pryor

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith Barry Lew
Robert Hill Steven Rice

Segal Consulting

Stephen Murphy

The meeting was called to order by Chair Robbins at 9:40 a.m.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of December 14, 2017

Mr. Santos made a motion, Ms. Zapanta-Murphy seconded, to approve the minutes of the regular meeting of December 14, 2017. The motion passed with Mr. Robbins abstaining.

B. Approval of the minutes of the regular meeting of January 11, 2018

Mr. Santos made a motion, Mr. Robbins seconded, to approve the minutes of the regular meeting of January 11, 2018. The motion passed unanimously.

II. PUBLIC COMMENT

III. ACTION ITEMS

- A. Recommendation as submitted by Steven P. Rice, Chief Counsel: That the Committee make a recommendation to the Board of Retirement (Board) that the Board authorize staff to execute Retiree Health Care (RHC) Related Administrative Services Agreements with (1) the Local Agency Formation Commission for the County of Los Angeles (LAFCO), (2) the South Coast Air Quality Management District (SCAQMD), and (3) the Los Angeles County Office of Education (LACOE). (Memorandum dated February 6, 2018)

The motion to be amended to negotiate and execute a similar agreement with the Little Lake Cemetery District without the need for further action by the Board.

Mr. Kehoe made a motion, Mr. Santos seconded, to approve the recommendation as amended. The motion passed unanimously.

- B. Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement adopt the revised Legislative Policy. (Memorandum dated February 6, 2018)

Mr. Kehoe made a motion, Mr. Santos seconded, to approve the recommendation. The motion passed unanimously.

IV. FOR INFORMATION

- A. Single-Payer Healthcare Update
Barry W. Lew, Legislative Affairs Officer

Mr. Lew provided a summary of a recent informational hearing related to Senate Bill 562, which would enact the Healthy California Act and establish a universal single-payer health care system in California.

- B. Engagement Report for January 2018
Barry W. Lew, Legislative Affairs Officer

The engagement report was discussed.

- C. Anthem Blue Cross Benefit Plans – Lifetime Maximum
Cassandra Smith, Director, Retiree Healthcare

Ms. Smith discussed a letter from the Los Angeles County Chief Executive Officer, serving as notification that the County is unable to support removing the lifetime maximum at this time. The Committee directed staff to continue discussions with the County, as there appeared to be some flaws in the assumptions used to arrive at this decision.

- D. Staff Activities Report for January 2018
Cassandra Smith, Director, Retiree Healthcare

The staff activities report was discussed.

- E. LACERA Claims Experience
Stephen Murphy, Segal Consulting

The LACERA Claims Experience reports through December 2017 were discussed.

- F. Federal Legislation
Stephen Murphy, Segal Consulting

(for discussion purposes)

Segal Consulting gave an update on federal legislation.

V. REPORT ON STAFF ACTION ITEMS

Ms. Smith reported on a research company who contacted the Board of Supervisors proposing they could save LACERA money on claims for those individuals under 65 who are on Medicare. Ms. Smith is in contact with a deputy at Supervisor Barger's office with regard to this matter.

February 15, 2018

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VI. GOOD OF THE ORDER

(For information purposes only)

VII. ADJOURNMENT

The meeting adjourned at 10:30 a.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.**

March 7, 2018

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Shawn R. Kehoe, Vice Chair
Herman B. Santos
Gina Zapanta-Murphy
Thomas Walsh, Alternate

FROM: Barry W. Lew 
Legislative Affairs Officer

FOR: March 15, 2018 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **Federal Engagement: Visit with Congress**

RECOMMENDATION

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement:

1. Approve a visit with Congress by Board members and staff during the week of May 21, 2018 in Washington D.C.;
2. Approve the attached "LACERA Overview and Priorities"; and
3. Approve reimbursement of all travel costs incurred in accordance with LACERA's Education and Travel Policy.

LEGAL AUTHORITY

The Board of Retirement's Policy on Engagement for Public Policy Issues Relating to Plan Administration and Retirement and Health Care Benefits provides for engagement to promote LACERA's presence and visibility with the legislative, executive, and judicial branches of state and federal governments.

DISCUSSION

On December 14, 2017, the Board of Retirement conducted interviews with the three finalists on the Federal Legislative Advocacy Services RFP and selected Williams & Jensen as LACERA's Federal Legislative Advocacy Services Firm. Williams & Jensen has worked on legislation before all major Congressional committees. The firm also maintains working relationships with House and Senate committee chairs and ranking members and with Democratic and Republican leadership in both houses. Anthony J. Roda, Principal at William & Jensen, is LACERA's project lead.

The purpose of the visit is to increase LACERA's presence and visibility among members of Congress. It is to provide education and information about LACERA to

members of Congress and, in particular, the members of the Los Angeles County delegation, who will also be contacted in their local offices.

Mr. Roda proposes two days of meetings with Congressional members and staff on May 22-23, 2018 (although these exact days have not been scheduled and may be subject to change). Mr. Roda recommends limiting attendance at the visit to a maximum of 4 representatives from LACERA due to time and space constraints related to the schedule and office sizes of members of Congress. Thus, the four slots can include 1-2 Board members and 2-3 LACERA staff, depending on how the slots are allocated.

Mr. Roda also recommends providing a written overview of LACERA to Congressional members and staff for their reference. Attached is a copy of the proposed overview that provides a profile of LACERA's organization, members, investments, priorities, and positions. Note that this is for general informational purposes only. The purpose of this visit is to introduce LACERA to members of Congress and not to lobby on any particular issue (although the overview does indicate positions that LACERA has adopted in the past). If the Board of Retirement adopts a position to support or oppose any specific proposals in the future, then a more focused strategy on lobbying will be developed and directed to those specific proposals.

IT IS THEREFORE RECOMMENDED THAT YOUR COMMITTEE recommend that the Board of Retirement:

1. Approve a visit with Congress by Board members and staff during the week of May 21, 2018 in Washington D.C.;
2. Approve the attached "LACERA Overview and Priorities"; and
3. Approve reimbursement of all travel costs incurred in accordance with LACERA's Education and Travel Policy.

Reviewed and Approved:



Steven P. Rice, Chief Counsel

Attachment

LACERA Overview and Priorities

cc: Robert Hill
James Brekk
John Popowich
Bernie Buenaflor
Steven P. Rice
Cassandra Smith
Anthony J. Roda, Williams & Jensen
Shane Doucet, Doucet Consulting Solutions

**Los Angeles County Employees Retirement Association
Overview and Priorities
March 2018**

- LACERA
 - Public pension fund established on January 1, 1938
 - Provide retirement allowances and other benefits to members employed by the County of Los Angeles to serve a population of 10 million people
- Membership (as of February 2018)
 - Active: 98,000
 - Retired: 64,000
 - Total: 162,000
- Pension Benefits (FY 2016-17)
 - Members retiring: 3,900
 - Average monthly benefit: \$4,100
 - Payroll: \$3.1 billion
- Retiree Healthcare Program (FY 2016-17)
 - Participants (members, survivors, dependents): 96,000
 - Medical and dental/vision premiums: \$535 million
- Investments (FY 2016-17)
 - Market value of fund: \$53 billion
 - Assumed rate of return: 7.25%
 - Actual rate of return: 12.7% (net of expenses)
 - Funded Ratio: 79.9%
 - Other Post-Employment Benefits Trust Fund: \$743 million
- LACERA Priorities
 - Support protection of vested benefits.
 - Support protection of LACERA's fiduciary authority.
 - Oppose endangering LACERA's tax-exempt status and deferred tax treatment of employer and employee contributions.
 - Oppose unreasonable costs, complexity, or uncertainty in plan administration.
- LACERA Positions
 - LACERA supports full repeal of the Windfall Elimination Provision and the Government Pension Offset.
 - LACERA opposes the Public Employee Pension Transparency Act.
 - LACERA opposes subjecting state and local governmental pension plans to unrelated business income tax (UBIT).

March 1, 2018

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Shawn R. Kehoe, Vice Chair
Herman B. Santos
Gina Zapanta-Murphy
Thomas Walsh, Alternate

FROM: Barry W. Lew 
Legislative Affairs Officer

FOR: March 15, 2018 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **Senate Bill 1270—Assistant Administrators and Chief Investment Officers**

Author: Vidak [R]

Sponsor: Tulare County Employees' Retirement Association

Introduced: February 16, 2018

Status: Introduced (02/16/18)

Staff Recommendation: Watch

RECOMMENDATION

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement adopt a "Watch" position on Senate Bill 1270, which relates to the appointment of assistant administrators and chief investment officers.

LEGISLATIVE POLICY STANDARD

A "Watch" position indicates that the legislative proposal does not affect LACERA and its stakeholders but would be enacted under a law that covers LACERA or other retirement systems operating under the County Employees Retirement Law of 1937 (CERL). SB 1270 would amend sections of CERL but would not apply to LACERA since LACERA has its own provision in CERL that provides for the appointment of assistant administrators, chief investment officers, and other positions.

SUMMARY

SB 1270 would provide authority to the board of retirement or both the board of retirement and board of investments to appoint assistant administrators and chief investment officers who would not be subject to county charter, civil service, or merit system rules. The provision is applicable if the board of supervisors adopts a resolution by majority vote.

ANALYSIS

Background

SB 1270 was originally a proposal by the Tulare County Employees' Retirement Association (TCERA) to the State Association of County Retirement Systems (SACRS) for sponsorship in the 2018 legislative session. TCERA's proposal would have made the authority to appoint assistant administrators and chief investment officers not subject to county charter, civil service, or merit system rules applicable to all counties with retirement systems operating under CERL without the option of local adoption. The proposal was to be considered at the Business Meeting at the SACRS Fall Conference on November 17, 2017. The Board of Retirement directed its voting delegate to vote against sponsorship of the proposal by SACRS. However, TCERA withdrew its proposal for consideration at the SACRS Business Meeting, and the SACRS membership did not vote on the proposal. SB 1270 is currently sponsored by TCERA and may be considered for sponsorship by SACRS at its Spring Conference in May 2018.

Existing Law

Government Code Section 31522.3 currently provides authority to the board of retirement (or to both the board of retirement and board of investments) to appoint assistant administrators and chief investment officers. These positions are not subject to county charter, civil service, or merit system rules; however, the persons appointed to the positions are considered county employees. The appointed assistant administrators and chief investment officers serve at the pleasure of, and may be dismissed at the will of, the board or boards. These requirements do not apply to any assistant administrators or chief investment officers who were included in the county civil service or subject to merit system rules prior to December 31, 1996. Section 31522.3 currently applies to the Counties of San Diego, Sacramento, Kern, San Joaquin, and Marin.

This Bill

SB 1270 would provide that the board of supervisors of any other counties not currently included within Section 31522.3 may adopt a resolution to make Section 31522.3 applicable to that county. SB 1270 is not applicable to LACERA since LACERA currently has its own provision in CERL that provides for the appointment of assistant administrators, chief investment officers, and other positions.

Section 31522.4 applies only to LACERA and authorizes the Board of Retirement or both the Board of Retirement and Board of Investments to appoint assistant administrators, persons next in line of authority to assistant administrators, chief legal officers, chief deputy legal officers, chief investment officers, and investment officers next in line of authority to chief investment officers. The positions are not subject to county charter, civil service, or merit system rules. The persons appointed to these positions are county employees, and their positions are included in the county salary ordinance. The persons appointed serve at the pleasure of, and may be dismissed at the will of, the board or boards. However, Section 31522.4 does not apply to persons in

these positions who were included in the county civil service or subject to merit system rules on December 31, 2001, unless they consented to the application of Section 31522.4.

IT IS THEREFORE RECOMMENDED THAT YOUR COMMITTEE recommend that the Board of Retirement adopt a "Watch" position on Senate Bill 1270, which relates to the appointment of assistant administrators and chief investment officers.

Reviewed and Approved:



Steven P. Rice, Chief Counsel

Attachments

Attachment 1—Board Positions Adopted on Related Legislation

Attachment 2—Support And Opposition

SB 1270 (Vidak) as introduced on February 16, 2018

cc: Robert Hill
James Brekk
John Popowich
Bernie Buenaflor
Steven P. Rice
Joe Ackler, Ackler & Associates

BOARD POSITIONS ADOPTED ON RELATED LEGISLATION

AB 1853 (2016, vetoed) would have authorized the retirement board of any retirement system operating under the County Employees Retirement Law of 1937 to become a district. It would have provided for various administrative requirements and authority related to the implementation of district status by a retirement system. It would have authorized existing retirement systems that are districts to be able to change to any other existing administrative structure. The Board of Retirement adopted an “Oppose” position.

AB 1291 (Chapter 223, Statutes of 2015) included the Ventura County Employees’ Retirement System (VCERA) within the definition of “district” and authorized the VCERA board of retirement to appoint specified personnel as employees of the retirement system. LACERA’s Board of Retirement adopted a “Watch” position.

SB 673 (Chapter 244, Statutes of 2014) included the Contra Costa County Employees’ Retirement System (CCCERA) within the definition of “district” and authorized the CCCERA board of retirement to appoint personnel as employees of the retirement system. LACERA’s Board of Retirement adopted a “Watch” position.

AB 1034 (2009, died in committee) included the Marin County Employees’ Retirement Association (MCERA) within the definition of “district” upon adoption of a resolution by the MCERA board of retirement and authorized the board to appoint specified personnel as employees of the retirement system. LACERA’s Board of Retirement adopted a “Watch” position.

AB 1406 (Chapter 393, Statutes of 2009) expanded the list of positions that the San Bernardino County Employees’ Retirement Association (SBCERA) board of retirement may appoint as employees of the retirement system. LACERA’s Board of Retirement adopted a “Watch” position.

SB 777 (Chapter 369, Statutes of 2006) included the San Bernardino County Employees’ Retirement Association (SBCERA) within the definition of “district” upon adoption of a resolution by the SBCERA board of retirement and authorized the board to appoint specified personnel as employees of the retirement system. LACERA’s Board of Retirement adopted a “Support” position since the bill contained clean-up provisions related to LACERA’s noncontributory Plan E.

AB 1992 (Chapter 74, Statutes of 2002) included the Orange County Employees Retirement System (OCERS) within the definition of “district” and authorized the OCERS board of retirement to appoint specified personnel as employees of the retirement system. LACERA’s Board of Retirement adopted a “Watch” position.

SB 1270

Attachment 1—Board Positions Adopted on Related Legislation

Insurance, Benefits and Legislative Committee

March 1, 2018

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SB 1132 (Chapter 120, Statutes of 2001) authorized the Board of Retirement or both the Board of Retirement and Board of Investments to appoint assistant administrators, persons next in line of authority to assistant administrators, chief legal officers, chief deputy legal officers, chief investment officers, and investment officers next in line of authority to chief investment officers. These positions would not be subject to county charter, civil service, or merit system rules. The appointed persons would be county employees and would serve at the pleasure of, and may be dismissed at the will of, the appointing board or boards. SB 1132 was applicable only to, and sponsored by, LACERA.

SB 1270
Attachment 2—Support And Opposition
Insurance, Benefits and Legislative Committee
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SUPPORT

None

OPPOSITION

None

(Note: The bill has been referred to the Senate Committee on Public Employment and Retirement, but the Committee has not yet released a bill analysis listing officially registered support or opposition by interested parties.)

Introduced by Senator Vidak

February 16, 2018

An act to amend Section 31522.3 of the Government Code, relating to county employees' retirement.

LEGISLATIVE COUNSEL'S DIGEST

SB 1270, as introduced, Vidak. County employees' retirement: system personnel.

The County Employees Retirement Law of 1937 (CERL) authorizes counties to establish retirement systems pursuant to its provisions in order to provide pension benefits to their employees. CERL authorizes the retirement boards of 5 specified counties to appoint assistant administrators and chief investment officers who, following appointment, are outside county charter, civil service, and merit system rules, except as specified. CERL provides that these administrators and officers are employees of the county, as specified, while serving at the pleasure of the appointing boards, and that they may be dismissed without cause.

This bill would apply these provisions to any county if the board of supervisors for that county, by resolution adopted by majority vote, makes those provisions applicable in the county.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 31522.3 of the Government Code is
2 amended to read:

1 31522.3. (a) In a county in which the board of retirement or
2 both the board of retirement and the board of investment have
3 appointed personnel pursuant to Section 31522.1, the respective
4 board or boards may elect to appoint assistant administrators and
5 chief investment officers as provided for in this section. The
6 positions of the assistant administrators and chief investment
7 officers designated by the retirement board shall not be subject to
8 county charter, civil service, or merit system rules. The persons
9 so appointed shall be county employees and shall be included in
10 the salary ordinance or salary resolution adopted by the board of
11 supervisors for the compensation of county officers and employees.
12 The assistant administrators and chief investment officers so
13 appointed shall be directed by, shall serve at the pleasure of, and
14 may be dismissed at the will of, the appointing board or boards.
15 Specific charges, a statement of reasons, or good cause shall not
16 be required as a basis for dismissal of the assistant administrators
17 and chief investment officers by the appointing board or boards.

18 (b) This section shall not apply to any person who was an
19 assistant administrator or a chief investment officer and was
20 included in the county civil service or was subject to merit system
21 rules on December 31, 1996.


22 (c) This section shall only apply to a county of the third class,
23 a county of the eighth class, a county of the 14th class, a county
24 of the 15th class, or a county of the 18th class, as provided by
25 Sections 28020, 28024, 28029, 28035, 28036, and 28039.

26 (d) *Notwithstanding subdivision (c), this section shall also apply*
27 *to any county if the board of supervisors, by resolution adopted*
28 *by majority vote, makes this section applicable in the county.*

March 6, 2018

FOR INFORMATION ONLY

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Shawn R. Kehoe, Vice-Chair
Herman B. Santos
Gina Zapanta-Murphy
Thomas Walsh, Alternate

FROM: Barry W. Lew 
Legislative Affairs Officer

FOR: March 15, 2018 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **Single-Payer Healthcare Update**

This memo summarizes the last informational hearings related to Senate Bill 562, which would enact the Healthy California Act and establish a universal single-payer health care system in California. Staff provides this memo for informational purposes only and not for action. No inference should be drawn as to the impact on LACERA's retiree health care program. The Retiree Healthcare Division will separately, at the appropriate time and as necessary, provide information to the Board on the impact of this legislation on LACERA.

BACKGROUND

SB 562, which would enact the Healthy California Act, was introduced on February 17, 2017 and passed by the Senate on June 1, 2017. When the bill moved to the Assembly, Speaker Anthony Rendon indicated that there were flaws in the bill that needed to be addressed. He made the decision to have the bill remain in the Assembly Rules Committee until further notice and thus have the bill carry over into the 2018 legislative year. He later announced that during the legislative interim, the Assembly Select Committee on Health Care Delivery Systems and Universal Coverage will hold hearings to develop plans for achieving universal health care in California. Although SB 562 discusses accommodation of employer retiree health benefits, the implications on LACERA are unclear with regard to out-of-state retirees, alignment of benefits between SB 562 and the retiree healthcare program, and funding from public sector sponsors of retiree healthcare plans. The Board of Retirement adopted a "Watch" position on SB 562.

On February 5, 2018 and February 7, 2018, the Select Committee held its final informational hearings on universal coverage.

ASSEMBLY SELECT COMMITTEE ON HCDS&UC HEARING ON 2/5/2018

On February 5, 2018, the Assembly Select Committee held its fourth informational hearing on universal coverage entitled “Implementation Considerations for Universal Coverage.” The hearing covered topics related to federal law considerations, state constitutional issues, and financing and revenue considerations. The speakers included representatives from Milliman, Kaiser Family Foundation, Manatt Health, University of Missouri—Kansas City, California Budget & Policy Center, and the Legislative Analyst’s Office.

Overview

The term “single payer” is sometimes conflated with the concept of universal coverage. “Single payer” refers to a single, centralized, publicly organized means of collecting, pooling, and distributing money to pay for the delivery of consistent health care services for all members of a community. In contrast, universal coverage can be achieved by various policy options that range from extending current coverage programs to establishing a single-payer system. Thus, a single-payer system is but one means of achieving universal coverage.

Implementation of a single-payer system comprises several primary questions. Who is eligible? What benefits will be covered? How will it be paid for? Other design considerations include purchasing arrangements, payment methodology, provider participation, governance, and administration.

Federal Law Considerations

In establishing a universal single-payer healthcare program, SB 562 contemplates providing healthcare services that are also covered under federal health programs such as Medicare, the Affordable Care Act, any federally matched public program, and any other programs that provide payment for healthcare services. To that end, SB 562 would seek all federal waivers, approvals, and funding necessary to operate the Healthy California program.

The speakers provided an overview of waivers under Medicare, Medicaid, and the Affordable Care Act (ACA). Federal law permits the Secretary of Health and Human Services to waive certain provisions of Medicare law to conduct demonstration projects and test models of payment and delivery system reform. The federal Medicaid program provides for Section 1115 Medicaid demonstration waivers, which are issued to further the objectives of the Medicaid program and provide authority for a demonstration purpose such as delivery system reform or expansion-related coverage. The Affordable Care Act provides for Section 1332 waivers that relate to four components of the law: individual mandate, employer mandate, benefits and subsidies, and exchanges and qualified health plans. In general, the waivers are discretionary; precedence is respected but not required to support the issuance of a waiver.

One significant implementation consideration under federal law is the role of the Employee Retirement Income Security Act of 1974 (ERISA) in federal preemption of state law. ERISA distinguishes between fully-insured and self-insured health plans. In particular, self-insured plans under ERISA are entirely exempt from state regulation and state law claims. The administrative burden of state regulation and benefit mandates creates an incentive for employers to become self-insured. States are prohibited by ERISA from directly regulating private employer-sponsored health plans, mandating the private employers offer or pay for insurance, taxing private employer-sponsored health plans, and regulating self-insured private employee plan benefits. Employer-sponsored coverage accounts for about 46 percent of health insurance coverage in California and is the largest source of coverage. It is unclear how many employer-sponsored plans in California are self-insured. According to a study by Deloitte,¹ approximately 41 percent of employer-sponsored plans nationally are self-insured.

State Constitutional Issues: Gann Limit & Proposition 98

Proposition 98 provides a minimum funding guarantee for K-14 education. The issue is whether K-14 education would be required to receive a portion of new tax revenues raised to achieve universal coverage, even if the Legislature deposited the revenues into a special fund. There is some ambiguity in Proposition 98 as to whether special fund revenues are distinct from general fund revenues and therefore would not be counted in Proposition 98 calculations. If they are not distinct, then the revenues would be counted in Proposition 98 calculations.

The Gann Limit, an appropriations limit on certain state and local spending, was established by Proposition 4 in 1979 (and later modified by Proposition 98 in 1988 and Proposition 111 in 1990). The issue is whether the tax increases contemplated by SB 562 would cause the state to exceed its Gann Limit. The Gann Limit is based on 1978-79 spending and is adjusted each year based on changes in population and the cost of living. If there are excess revenues remaining after appropriations reach the Gann Limit, such revenues are divided equally between additional Proposition 98 spending and taxpayer rebates.

Financing and Revenue Considerations

The Legislative Analyst's Office (LAO) estimated that in 2017-18, \$400 billion will be spent on healthcare in California from all public and private sources. Roughly \$200 billion comes from public sources such as Medicare, Medi-Cal, and federal subsidies through Covered California. The other \$200 billion comes from private sources such as employer-sponsored insurance premiums, individual market premiums, and out-of-pocket spending.

¹ Panis, C.W.A. & Brien, M.J. (2017). Self-Insured Health Benefit Plans 2017: Based on Filings through Statistical Year 2014. Deloitte Advanced Analytical Consulting Group.

The LAO estimates \$400 billion in total costs to run a publicly financed healthcare program based on a design that covers nearly all Californians by incorporating existing federal and state funding streams, uses a fee-for-service system that pays providers at Medicare rates, provides a comprehensive package of covered benefits, and assumes no cost sharing. About \$200 billion is potentially available in public funding (\$150 billion of which is federal funding that would have to be approved for a publicly financed healthcare program), and the remaining \$200 billion would require raising new state revenue. Financing options include the personal income tax, property tax, sales and use tax, payroll tax, and a gross receipts tax.

ASSEMBLY SELECT COMMITTEE ON HCDS&UC HEARING ON 2/7/2018

On February 7, 2018, the Assembly Select Committee held its final hearing on universal coverage entitled "Options for Universal Coverage." The speakers included representatives from the California Nurses Association (the sponsors of SB 562), Enact Universal Healthcare for CA, Inc., California Physicians Alliance, Health Access California, California Immigrant Policy Center, California Labor Federation, and the Small Business Majority.

California Nurses Association

The California Nurses Association (CNA) provided an overview of the current landscape of healthcare in the U.S. The CNA noted high costs for taxpayers and workers, difficulties among the insured in affording healthcare, and the rate of denials among health insurers. The CNA contended that universal coverage was not the same as guaranteed healthcare. The CNA presented SB 562 as a model for guaranteed healthcare for California residents and workers and cost savings for employers. The CNA also presented the study it commissioned from the Political Economy Research Institute demonstrating how a single-payer healthcare system in California can be financed.

Enact Universal Healthcare for CA, Inc.

The organization discussed the necessity of a constitutional amendment to exempt healthcare funding from the Gann Limit and Proposition 98. For 2018-19, the Gann Limit allows a buffer of \$12 billion before the limit is triggered. In 2017, the funding formula under Proposition 98 guaranteed \$75 billion to K-14 education. Without a constitutional amendment, the Gann Limit and Proposition 98 could constrain the tax revenues needed to fund a publicly financed healthcare system.

California Physicians Alliance

The California Physicians Alliance (CAPA) was founded in 1987 and is dedicated to healthcare reform with the goal of establishing a single-payer healthcare system. CAPA outlined its five core values for a healthcare system: universal, guaranteed, comprehensive, high quality, and affordable. CAPA has engaged in incremental efforts through state legislation to expand coverage. For example, it supported SB 75 (2015),

which established the Health4All Kids program to provide Medi-Cal coverage to undocumented children.

CAPA presented its philosophy behind its support for a single-payer healthcare system. CAPA has spearheaded an initiative that has brought together stakeholders called “Road Map to Single Payer in California.” It intends to release a document by late Spring that will serve as a template for legislation. CAPA envisions a state healthcare system called “Golden State Care.” It intends to establish an all-payer system during an initial phase and then a single-payer system in its final phase. Although CAPA supports SB 562, it recognizes deficiencies in the bill that would prevent its passage.

Health Access California & California Immigrant Policy Center

Health Access California is a health consumer advocacy coalition. It provided an overview of what a repeal to the Affordable Care Act (ACA) would have meant to California and the ongoing threats to Medi-Cal from proposed funding cuts. It argued that state-based reform is difficult without federal partnership in financing and that an intact ACA provides a strong foundation for universal coverage.

Health Access has supported past single-payer legislation in California and outlined the various obstacles to health reform including political forces, public perception, policy decisions, and structural and constitutional barriers. Health Access also discussed current steps that can be taken without federal approval such as expanding coverage and affordability through Medi-Cal and Covered California.

The California Immigrant Policy Center is a nonpartisan, nonprofit advocacy organization on immigrant issues. It provided an overview of statistics on the undocumented population in California: 2.9 million undocumented persons; 1 in 6 children have at least one undocumented parent; 1 in 10 workers are undocumented; the undocumented contribute \$180 billion to the California economy; and half of the undocumented have lived in the U.S. for at least a decade. Of the 3 million uninsured Californians, about 58 percent are undocumented. The Policy Center discussed past legislative efforts such as SB 75 in 2015, which expanded Medi-Cal coverage to undocumented children. Currently in 2018, SB 974 seeks to expand Medi-Cal coverage to undocumented adults.

California Labor Federation

The California Labor Federation offered its support for single-payer healthcare and SB 562. The Labor Federation noted that premiums are rising faster than wages and inflation. Compared to other countries, the U.S. spends almost twice what they spend on healthcare. Although public expenditures are on par with other countries, expenditures in the commercial market are much higher compared to other countries. The Labor Federation noted that what countries with universal healthcare have in common is government regulation of healthcare prices and cost control. The Labor Federation urged policymakers to adopt cost containment measures across the

healthcare industry. It noted that there are current models for cost containment including Medicare, Medicare Advantage, and Maryland's all-payer rate setting system. The Labor Federation outlined its core principles for healthcare that include a universal single-payer system, cost containment, improved health outcomes, financially stable regulated entities, and simplicity and transparency within the healthcare system.

Small Business Majority

The Small Business Majority (SBM) is an advocacy organization that represents 3.8 million small businesses in California. The SBM emphasized the importance of the ACA in providing healthcare coverage to small businesses; about 6 in 10 small business owners support the ACA. The SBM proposed having achievable reforms in the short-term to strengthen the California marketplace while laying the groundwork long-term for universal coverage. The SBM made recommendations to strengthen three areas: market stability, access to coverage, and cost and affordability.

CONCLUSION

The Select Committee will develop a report on the hearings with actionable recommendations, although the development of the report may require additional hearings. The report is expected to be finalized in early Spring. The legislative deadline for SB 562 to pass out of a policy committee is April 27, 2018. The bill is currently held in the Assembly Rules Committee, pending assignment to a policy committee.

Reviewed and Approved:



Steven P. Rice, Chief Counsel

cc: Robert Hill
James Brekk
JJ Popowich
Bernie Buenaflor
Steven P. Rice
Jill Rawal
Cassandra Smith
Leilani Ignacio
Joe Ackler, Ackler & Associates

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
FEBRUARY 2018
FOR INFORMATION ONLY**

League of California Cities Sustainability Study and Findings

The League of California Cities conducted a study of pension liabilities (not including active or other post-employment benefits) of its member cities, which are contract agencies of the California Public Employees' Retirement System (CalPERS). CalPERS currently has a funded status of 68 percent. The study contained three key findings:

1. Rising pension costs will require cities over the next seven years to nearly double the percentage of their General Fund dollars contributed to CalPERS;
2. Pension costs for many cities will dramatically increase to unsustainable levels; and
3. The impact of increasing pension costs as a percentage of General Fund spending will affect cities more than the state since employee costs are a larger proportion of spending for cities.

Recommended options for cities included:

1. Develop and implement plan to pay down city's Unfunded Actuarial Liability.
2. Consider local ballot measures to enhance revenues.
3. Create a Pension Rate Stabilization Program.
4. Change service delivery methods and levels of certain public services.
5. Use procedures and transparent bargaining to increase employee contributions.
6. Issue pension obligation bonds. [\(Source\)](#) [\(Source\)](#)

CalPERS Amortization Period of Pension Liabilities

CalPERS has shortened the amortization period for new pension liabilities from 30 years to 20. Although the shortened period is intended to increase the system's funded ratio, it would also increase the contributions required by local governments during the first few years. The shorter amortization period would be effective in June 2019 and affect contributions by local government in fiscal year 2022. Other policy changes effective June 2019 included amortizing payments of unfunded accrued liability (UAL) using a level dollar amount instead of a level percentage of payroll approach for UAL bases; eliminating the 5-year ramp-up and ramp-down on UAL bases attributable to assumption changes and non-investment gains/losses after the date of the policy change; eliminating the 5-year ramp-down on investment gains/losses after the date of the policy change; and setting a maximum amortization period of 15 years for inactive employers (those with no new members). [\(Source\)](#) [\(Source\)](#)

National Institute on Retirement Security Case Study

The NIRS conducted a case study of the effects resulting from the closure of the Town of Palm Beach's defined benefit plan. The new benefit plan was a hybrid plan that offered lower defined benefit pension benefits with a defined contribution account. The town subsequently experienced a high rate of retirements and attrition of safety members to neighboring towns that offered better pension benefits. The understaffing resulted in increased overtime and training costs. The case study contained four key findings:

1. The closure of the pension plan led to a mass exodus of public safety officers.
2. Neighboring towns benefited from the changes that Palm Beach implemented to its pension plan.
3. The shift away from defined benefits increased costs in other areas.
4. The shift to a defined contribution approach became a failed experiment since it was later abandoned. ([Source](#)) ([Source](#))

CALmatters Review of Pension Debts

CALmatters in collaboration with the Los Angeles Times and Capital Public Radio provided a long-form article discussing retirement debt in California. The article examined the scope and history of retirement debt, current responses by pension systems, the amount of benefits received by retirees, and current court cases involving vested rights. It noted that the debt is composed of \$254 billion in pension liabilities and \$147 billion in retiree health care. Three-quarters of the \$254 billion pension debt comes from CalPERS and CalSTRS; their 2016 unfunded liabilities were \$111 billion and \$76.2 billion, respectively. CALmatters observed that no single agency tracks statewide retiree health care liabilities, and it conducted a review of financial reports of the largest public agencies in California to estimate the \$147 billion amount including the state; the University of California; the cities of Los Angeles, San Diego, and San Francisco; and the counties of Los Angeles and Orange. CALmatters also noted that other states facing large pension and retiree health care liabilities include Illinois, New Jersey, and Connecticut. According to a survey by Pew Charitable Trusts, California's pension funding ranks 26th in the nation.

Los Angeles County was specifically discussed as an example of how broad the range of pension benefits can be. For example, an average employee who had service of 5-9 years would have retired last year with \$1,416 in monthly benefits (\$16,992 annually). A safety member with 30 years of service would have retired with \$11,358 (\$136,296 annually). ([Source](#))

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
RETIREE HEALTHCARE BENEFITS PROGRAM
STAFF ACTIVITIES REPORT
FEBRUARY 2018
FOR INFORMATION ONLY**

Accordant Annual Meeting

On February 6, 2018, staff and representatives from Accordant, Anthem Blue Cross and Segal met to discuss the following topics:

- Partnership Review/LACERA Update/Accordant Strategic Direction
- Current Member Participation
- Clinical and Quality Review
- Program Outcomes

Accordant manages the disease management program for members enrolled in Anthem Blue Cross Plans I, II, and III.

Retiree Wellness Program - Staying Healthy Together Spring Half-Day Workshop

Staff is pleased to announce that the planning stages for the Spring Staying Healthy Together workshop is well underway.

The next Spring workshop will be held in April. The presentation topic is titled "Move More for Diabetes Control" and will be presented by Kristie E. Holt, Health Education and Disease Management Specialist, sponsored by UnitedHealthcare. Below are the workshop details:

Date: Tuesday, April 17, 2018
Time: 9:00 a.m. – 1:00 p.m.
Place: Carson Event Center, 801 E. Carson Street, Carson, CA

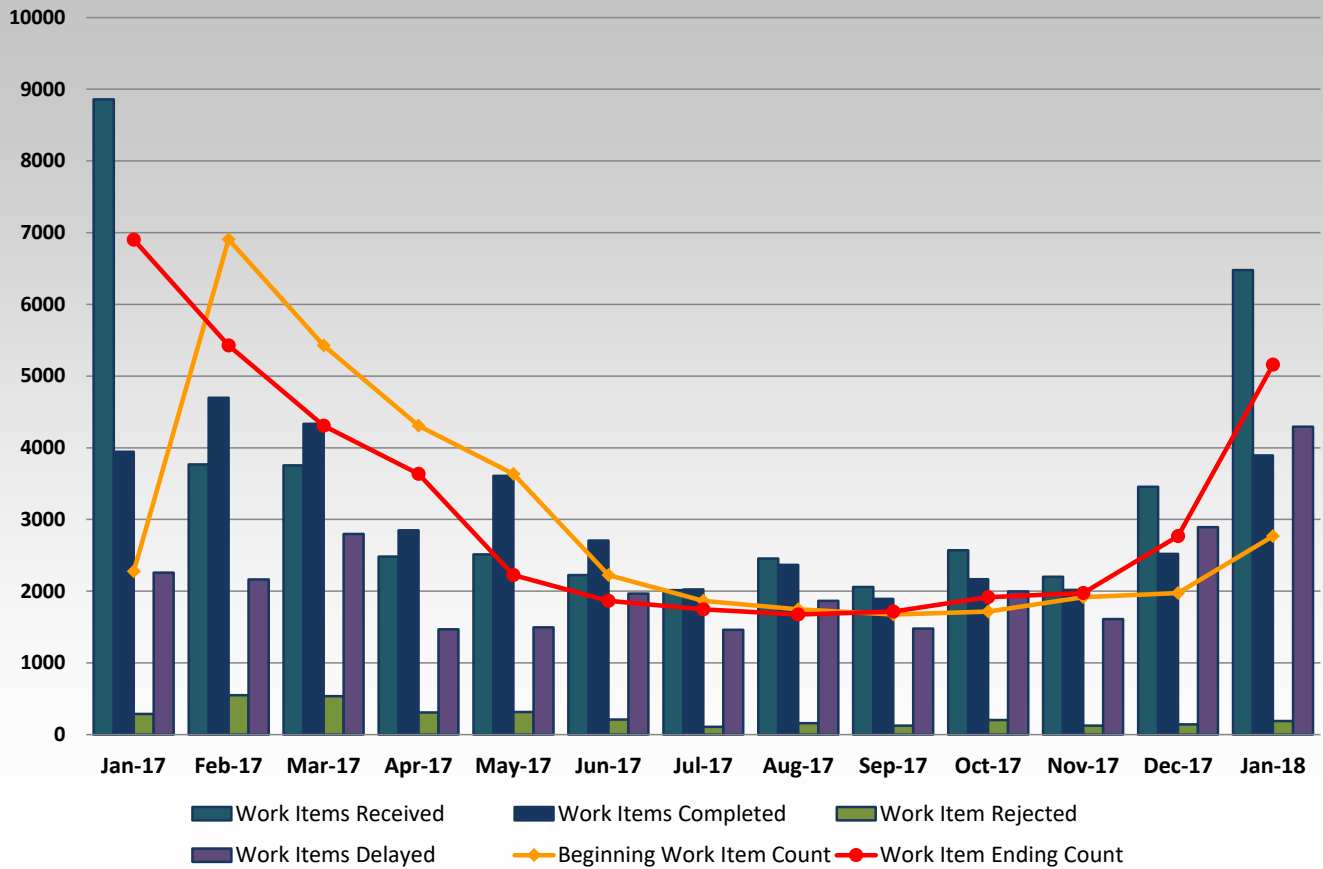
We will provide more details as we receive them. The invitations to members is scheduled to be mailed on March 15, 2018. Please mark your calendars and we hope that you can join us at this special event for our retirees.

Retiree Healthcare Division

Trend Report

JAN. 2017 ~ JAN. 2018

Updated 2/28/2018

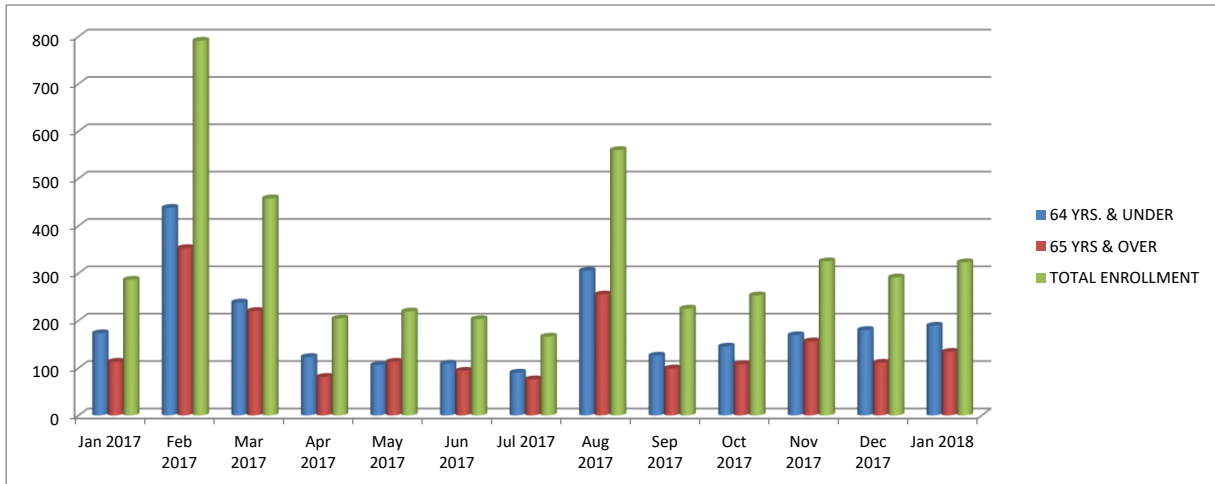


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Jan-17	2276	8859	3944	288	2260	6903
Feb-17	6906	3767	4698	549	2164	5426
Mar-17	5426	3753	4334	537	2798	4308
Apr-17	4308	2484	2848	308	1467	3636
May-17	3636	2513	3609	314	1495	2226
Jun-17	2226	2225	2706	211	1966	1864
Jul-17	1864	2016	2026	108	1460	1746
Aug-17	1746	2457	2368	160	1865	1675
Sep-17	1675	2059	1893	125	1480	1716
Oct-17	1716	2571	2167	205	1999	1915
Nov-17	1915	2202	2018	126	1611	1973
Dec-17	1973	3457	2521	143	2892	2766
Jan-18	2766	6478	3895	190	4293	5159

Retirees Monthly Age Breakdown JAN. 2017 ~ JAN. 2018

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Jan 2017	173	113	286
Feb 2017	438	353	791
Mar 2017	238	220	458
Apr 2017	123	81	204
May 2017	106	113	219
Jun 2017	109	94	203
Jul 2017	90	76	166
Aug 2017	305	255	560
Sep 2017	126	99	225
Oct 2017	145	108	253
Nov 2017	169	156	325
Dec 2017	180	111	291
Jan 2018	189	134	323



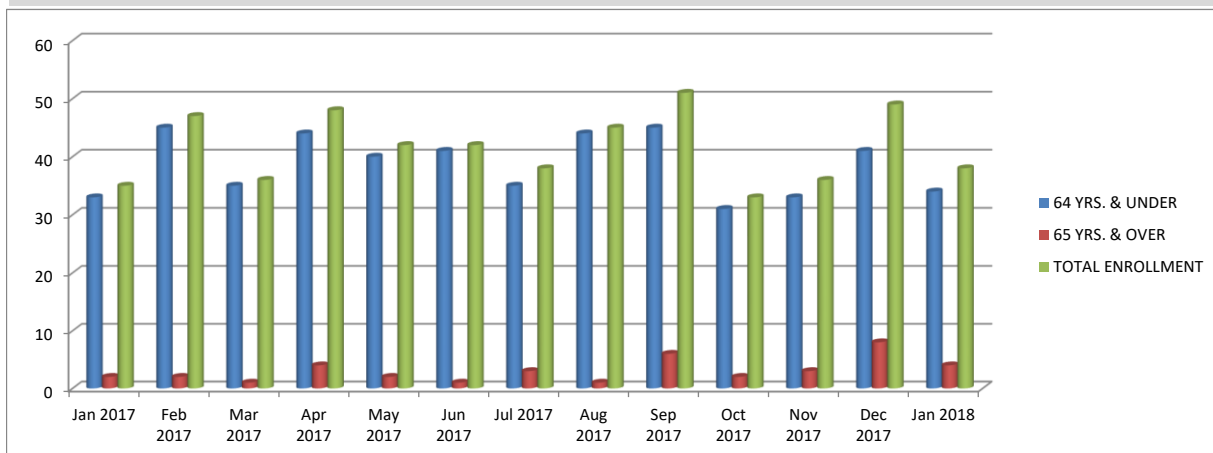
PLEASE NOTE:

- February data (2/2018) is not yet available as data is provided on a full month basis.
- Next Report will include the following dates: February 1, 2017 through February 28, 2018.

Retirees Monthly Age Breakdown JAN. 2017 ~ JAN. 2018

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Jan 2017	33	2	35
Feb 2017	45	2	47
Mar 2017	35	1	36
Apr 2017	44	4	48
May 2017	40	2	42
Jun 2017	41	1	42
Jul 2017	35	3	38
Aug 2017	44	1	45
Sep 2017	45	6	51
Oct 2017	31	2	33
Nov 2017	33	3	36
Dec 2017	41	8	49
Jan 2018	34	4	38



PLEASE NOTE:

- February's data (2/2018) is not yet available as data is provided on a full month basis.
- Next Report will include the following dates: February 1, 2017 through February 28, 2018.

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2018

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
201	1	\$268.00	0	\$0.00
202	1	\$268.00	0	\$0.00
240	6,475	\$738,032.06	8	\$246.50
241	148	\$16,764.00	0	\$0.00
242	865	\$103,036.80	0	\$0.00
243	3,753	\$863,096.90	5	\$449.10
244	20	\$2,317.70	0	\$0.00
245	52	\$6,147.40	0	\$0.00
246	19	\$2,159.60	0	\$0.00
247	103	\$13,196.20	0	\$0.00
248	12	\$2,908.90	1	\$36.50
249	47	\$11,212.90	0	\$0.00
250	15	\$3,538.40	0	\$0.00
Plan Total:	11,511	\$1,762,946.86	14	\$732.10
CIGNA-HEALTHSPRING PREFERRED with RX				
321	31	\$3,285.90	0	\$0.00
322	9	\$1,032.50	0	\$0.00
324	14	\$3,135.90	0	\$0.00
327	2	\$238.90	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	57	\$7,919.90	0	\$0.00
KAISER SR. ADVANTAGE				
403	10,232	\$1,168,663.90	7	\$206.50
413	1,627	\$195,703.30	0	\$0.00
418	5,211	\$1,207,907.93	3	\$175.30
419	280	\$30,314.80	0	\$0.00
426	215	\$24,829.50	0	\$0.00
427	168	\$17,771.70	0	\$0.00
445	2	\$210.90	0	\$0.00
451	33	\$4,036.60	0	\$0.00
455	1	\$134.00	0	\$0.00
457	8	\$1,699.60	0	\$0.00
458	1	\$134.00	0	\$0.00
462	55	\$6,070.70	0	\$0.00
465	10	\$1,087.40	0	\$0.00
466	29	\$6,414.60	0	\$0.00
467	1	\$134.00	0	\$0.00
472	32	\$3,480.40	0	\$0.00
476	4	\$465.60	0	\$0.00
478	13	\$2,942.50	0	\$0.00
482	80	\$8,620.10	0	\$0.00
486	12	\$1,466.00	0	\$0.00
488	43	\$10,143.80	0	\$0.00
491	2	\$209.80	0	\$0.00
492	1	\$104.90	0	\$0.00
Plan Total:	18,060	\$2,692,546.03	10	\$381.80

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2018

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	295	\$34,273.10	0	\$0.00
613	105	\$24,667.50	0	\$0.00
Plan Total:	400	\$58,940.60	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1,605	\$186,287.60	1	\$36.50
702	330	\$40,084.40	0	\$0.00
703	910	\$213,815.20	0	\$0.00
704	68	\$8,104.90	0	\$0.00
705	29	\$6,910.80	0	\$0.00
Plan Total:	2,942	\$455,202.90	1	\$36.50
Grand Total:	32,970	\$4,977,556.29	25	\$1,150.40

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 2/28/2018

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
201	1	\$268.00	0	\$0.00
202	1	\$268.00	0	\$0.00
240	6,475	\$738,032.06	8	\$246.50
241	148	\$16,764.00	0	\$0.00
242	865	\$103,036.80	0	\$0.00
243	3,753	\$863,096.90	5	\$449.10
244	20	\$2,317.70	0	\$0.00
245	52	\$6,147.40	0	\$0.00
246	19	\$2,159.60	0	\$0.00
247	103	\$13,196.20	0	\$0.00
248	12	\$2,908.90	1	\$36.50
249	47	\$11,212.90	0	\$0.00
250	15	\$3,538.40	0	\$0.00
Plan Total:	11,511	\$1,762,946.86	14	\$732.10
CIGNA-HEALTHSPRING PREFERRED with RX				
321	31	\$3,285.90	0	\$0.00
322	9	\$1,032.50	0	\$0.00
324	14	\$3,135.90	0	\$0.00
327	2	\$238.90	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	57	\$7,919.90	0	\$0.00
KAISER SR. ADVANTAGE				
403	10,232	\$1,168,663.90	7	\$206.50
413	1,627	\$195,703.30	0	\$0.00
418	5,211	\$1,207,907.93	3	\$175.30
419	280	\$30,314.80	0	\$0.00
426	215	\$24,829.50	0	\$0.00
427	168	\$17,771.70	0	\$0.00
445	2	\$210.90	0	\$0.00
451	33	\$4,036.60	0	\$0.00
455	1	\$134.00	0	\$0.00
457	8	\$1,699.60	0	\$0.00
458	1	\$134.00	0	\$0.00
462	55	\$6,070.70	0	\$0.00
465	10	\$1,087.40	0	\$0.00
466	29	\$6,414.60	0	\$0.00
467	1	\$134.00	0	\$0.00
472	32	\$3,480.40	0	\$0.00
476	4	\$465.60	0	\$0.00
478	13	\$2,942.50	0	\$0.00
482	80	\$8,620.10	0	\$0.00
486	12	\$1,466.00	0	\$0.00
488	43	\$10,143.80	0	\$0.00
491	2	\$209.80	0	\$0.00
492	1	\$104.90	0	\$0.00
Plan Total:	18,060	\$2,692,546.03	10	\$381.80

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2018

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	295	\$34,273.10	0	\$0.00
613	105	\$24,667.50	0	\$0.00
Plan Total:	400	\$58,940.60	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1,605	\$186,287.60	1	\$36.50
702	330	\$40,084.40	0	\$0.00
703	910	\$213,815.20	0	\$0.00
704	68	\$8,104.90	0	\$0.00
705	29	\$6,910.80	0	\$0.00
Plan Total:	2,942	\$455,202.90	1	\$36.50
LOCAL 1014				
804	172	\$27,691.40	0	\$0.00
805	164	\$24,356.50	0	\$0.00
806	574	\$163,142.30	0	\$0.00
807	37	\$5,761.30	0	\$0.00
808	12	\$3,754.50	0	\$0.00
812	222	\$31,023.70	0	\$0.00
Plan Total:	1,181	\$255,729.70	0	\$0.00
Grand Total:	34,151	\$5,233,285.99	25	\$1,150.40

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	667	\$578,188.95	\$95,439.81	\$483,615.99	\$579,055.80	(\$3,467.40)	\$575,588.40
202	360	\$615,223.42	\$60,159.03	\$548,247.51	\$608,406.54	\$1,704.22	\$610,110.76
203	92	\$176,927.96	\$42,462.63	\$132,542.20	\$175,004.83	\$0.00	\$175,004.83
204	33	\$36,753.42	\$14,322.73	\$22,430.69	\$36,753.42	\$0.00	\$36,753.42
205	1	\$237.47	\$9.50	\$227.97	\$237.47	\$0.00	\$237.47
SUBTOTAL	1,153	\$1,407,331.22	\$212,393.70	\$1,187,064.36	\$1,399,458.06	(\$1,763.18)	\$1,397,694.88
Anthem Blue Cross I							
211	841	\$921,888.96	\$61,116.53	\$868,436.59	\$929,553.12	(\$7,664.16)	\$921,888.96
212	295	\$583,839.28	\$29,428.59	\$544,548.54	\$573,977.13	\$0.00	\$573,977.13
213	56	\$130,273.36	\$18,052.12	\$112,221.24	\$130,273.36	\$0.00	\$130,273.36
214	20	\$28,960.40	\$4,807.43	\$27,049.01	\$31,856.44	\$0.00	\$31,856.44
215	4	\$1,456.16	\$211.14	\$1,245.02	\$1,456.16	\$364.04	\$1,820.20
SUBTOTAL	1,216	\$1,666,418.16	\$113,615.81	\$1,553,500.40	\$1,667,116.21	(\$7,300.12)	\$1,659,816.09
Anthem Blue Cross II							
221	2,118	\$2,321,145.60	\$145,444.44	\$2,191,056.40	\$2,336,500.84	\$2,189.76	\$2,338,690.60
222	1,856	\$3,674,637.09	\$95,662.77	\$3,484,718.32	\$3,580,381.09	\$0.00	\$3,580,381.09
223	614	\$1,433,006.96	\$57,692.37	\$1,354,377.80	\$1,412,070.17	\$2,326.31	\$1,414,396.48
224	146	\$211,410.92	\$20,156.43	\$192,702.51	\$212,858.94	\$0.00	\$212,858.94
225	2	\$728.08	\$182.02	\$546.06	\$728.08	\$0.00	\$728.08
SUBTOTAL	4,736	\$7,640,928.65	\$319,138.03	\$7,223,401.09	\$7,542,539.12	\$4,516.07	\$7,547,055.19

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	6,495	\$2,880,444.95	\$443,561.24	\$2,452,797.71	\$2,896,358.95	(\$7,090.60)	\$2,889,268.35
241	148	\$209,150.64	\$23,232.66	\$185,917.98	\$209,150.64	\$0.00	\$209,150.64
242	870	\$1,235,119.32	\$88,069.45	\$1,132,918.07	\$1,220,987.52	\$0.00	\$1,220,987.52
243	3,757	\$3,319,447.30	\$382,081.03	\$2,893,435.17	\$3,275,516.20	(\$3,521.96)	\$3,271,994.24
244	20	\$15,846.40	\$3,438.68	\$12,407.72	\$15,846.40	\$0.00	\$15,846.40
245	53	\$41,992.96	\$5,356.08	\$35,844.56	\$41,200.64	\$0.00	\$41,200.64
246	19	\$33,478.95	\$2,643.07	\$30,835.88	\$33,478.95	\$0.00	\$33,478.95
247	105	\$185,015.25	\$9,056.95	\$179,482.40	\$188,539.35	\$0.00	\$188,539.35
248	11	\$14,751.36	\$1,966.85	\$12,784.51	\$14,751.36	\$0.00	\$14,751.36
249	47	\$59,005.44	\$4,818.77	\$52,957.39	\$57,776.16	\$0.00	\$57,776.16
250	15	\$20,661.30	\$991.74	\$19,669.56	\$20,661.30	\$0.00	\$20,661.30
SUBTOTAL	11,540	\$8,014,913.87	\$965,216.52	\$7,009,050.95	\$7,974,267.47	(\$10,612.56)	\$7,963,654.91
CIGNA Network Model Plan							
301	335	\$475,669.85	\$127,604.16	\$349,485.60	\$477,089.76	\$0.00	\$477,089.76
302	145	\$374,101.64	\$90,116.60	\$276,298.02	\$366,414.62	\$0.00	\$366,414.62
303	17	\$51,434.18	\$14,443.17	\$30,939.93	\$45,383.10	\$0.00	\$45,383.10
304	24	\$45,208.56	\$17,348.66	\$27,859.90	\$45,208.56	\$0.00	\$45,208.56
SUBTOTAL	521	\$946,414.23	\$249,512.59	\$684,583.45	\$934,096.04	\$0.00	\$934,096.04

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
CIGNA Healthspring Pref w/ Rx - Phoenix, AZ							
321	30	\$11,919.19	\$1,730.21	\$6,159.59	\$7,889.80	\$0.00	\$7,889.80
322	10	\$15,262.40	\$488.40	\$13,247.76	\$13,736.16	\$0.00	\$13,736.16
324	14	\$10,653.72	\$1,293.67	\$9,360.05	\$10,653.72	\$0.00	\$10,653.72
327	2	\$3,976.10	\$397.61	\$3,578.49	\$3,976.10	\$0.00	\$3,976.10
329	1	\$1,297.77	\$0.00	\$1,297.77	\$1,297.77	\$0.00	\$1,297.77
SUBTOTAL	57	\$43,109.18	\$3,909.89	\$33,643.66	\$37,553.55	\$0.00	\$37,553.55

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,515	\$1,421,447.08	\$139,088.00	\$1,289,860.12	\$1,428,948.12	(\$1,875.26)	\$1,427,072.86
403	10,302	\$2,647,291.92	\$275,462.25	\$2,380,645.95	\$2,656,108.20	(\$9,238.32)	\$2,646,869.88
404	543	\$564,429.25	\$17,440.33	\$547,184.96	\$564,625.29	\$44.93	\$564,670.22
405	956	\$938,587.32	\$19,771.94	\$925,680.70	\$945,452.64	\$0.00	\$945,452.64
406	53	\$97,725.60	\$33,794.48	\$49,970.32	\$83,764.80	\$0.00	\$83,764.80
411	1,764	\$3,297,581.16	\$174,438.93	\$3,100,735.11	\$3,275,174.04	\$3,734.51	\$3,278,908.55
413	1,626	\$1,945,450.00	\$93,381.46	\$1,814,166.74	\$1,907,548.20	(\$2,372.50)	\$1,905,175.70
414	141	\$279,069.76	\$4,480.82	\$282,450.06	\$286,930.88	(\$1,965.28)	\$284,965.60
418	5,188	\$2,634,321.36	\$206,685.73	\$2,400,352.67	\$2,607,038.40	(\$3,536.68)	\$2,603,501.72
419	280	\$360,879.87	\$6,883.63	\$356,564.78	\$363,448.41	(\$1,284.27)	\$362,164.14
420	132	\$272,355.60	\$1,485.57	\$270,870.03	\$272,355.60	\$0.00	\$272,355.60
421	8	\$7,501.04	\$712.60	\$6,788.44	\$7,501.04	\$0.00	\$7,501.04
422	220	\$422,196.19	\$1,681.16	\$416,694.25	\$418,375.41	\$0.00	\$418,375.41
423	23	\$66,868.25	\$9,574.91	\$38,570.23	\$48,145.14	\$0.00	\$48,145.14
426	214	\$265,546.08	\$3,663.58	\$265,570.64	\$269,234.22	\$0.00	\$269,234.22
427	167	\$336,938.68	\$3,668.47	\$307,351.85	\$311,020.32	(\$2,498.96)	\$308,521.36
428	57	\$114,479.37	\$1,124.70	\$113,354.67	\$114,479.37	\$0.00	\$114,479.37
429	10	\$27,727.50	\$4,464.40	\$23,263.10	\$27,727.50	\$0.00	\$27,727.50
430	134	\$261,771.68	\$3,477.25	\$258,294.43	\$261,771.68	\$0.00	\$261,771.68
431	16	\$43,485.76	\$6,264.80	\$37,220.96	\$43,485.76	\$0.00	\$43,485.76
432	5	\$17,411.00	\$5,779.45	\$11,631.55	\$17,411.00	\$0.00	\$17,411.00
SUBTOTAL	23,354	\$16,023,064.47	\$1,013,324.46	\$14,897,221.56	\$15,910,546.02	(\$18,991.83)	\$15,891,554.19

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Colorado							
450	6	\$6,029.22	\$884.29	\$5,144.93	\$6,029.22	\$0.00	\$6,029.22
451	33	\$12,098.46	\$1,569.11	\$11,262.59	\$12,831.70	\$0.00	\$12,831.70
453	2	\$4,442.30	\$655.23	\$3,787.07	\$4,442.30	\$0.00	\$4,442.30
455	1	\$1,363.49	\$0.00	\$1,363.49	\$1,363.49	\$0.00	\$1,363.49
457	8	\$5,801.92	\$1,160.38	\$4,641.54	\$5,801.92	(\$725.24)	\$5,076.68
458	1	\$2,302.38	\$0.00	\$2,302.38	\$2,302.38	\$0.00	\$2,302.38
SUBTOTAL	51	\$32,037.77	\$4,269.01	\$28,502.00	\$32,771.01	(\$725.24)	\$32,045.77
Kaiser - Georgia							
441	3	\$3,493.23	\$208.59	\$3,284.64	\$3,493.23	\$0.00	\$3,493.23
442	4	\$4,657.64	\$278.12	\$4,379.52	\$4,657.64	\$0.00	\$4,657.64
445	2	\$3,129.34	\$0.00	\$3,129.34	\$3,129.34	\$0.00	\$3,129.34
461	12	\$13,972.92	\$2,034.89	\$10,773.62	\$12,808.51	\$0.00	\$12,808.51
462	57	\$23,270.82	\$3,110.92	\$20,976.42	\$24,087.34	(\$408.26)	\$23,679.08
463	3	\$6,962.49	\$2,031.41	\$4,931.08	\$6,962.49	\$0.00	\$6,962.49
465	10	\$15,646.70	\$938.80	\$14,707.90	\$15,646.70	\$0.00	\$15,646.70
466	29	\$23,447.08	\$840.86	\$22,606.22	\$23,447.08	\$0.00	\$23,447.08
467	1	\$2,721.09	\$394.78	\$2,326.31	\$2,721.09	\$0.00	\$2,721.09
SUBTOTAL	121	\$97,301.31	\$9,838.37	\$87,115.05	\$96,953.42	(\$408.26)	\$96,545.16

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	6	\$6,019.20	\$561.79	\$5,457.41	\$6,019.20	\$0.00	\$6,019.20
472	32	\$13,744.32	\$2,164.71	\$11,579.61	\$13,744.32	\$0.00	\$13,744.32
473	1	\$1,547.10	\$452.22	\$1,094.88	\$1,547.10	\$0.00	\$1,547.10
474	3	\$5,995.20	\$77.91	\$5,917.29	\$5,995.20	\$0.00	\$5,995.20
476	4	\$5,698.84	\$2,678.45	\$3,020.39	\$5,698.84	\$0.00	\$5,698.84
478	13	\$11,050.26	\$782.02	\$10,268.24	\$11,050.26	\$0.00	\$11,050.26
SUBTOTAL	59	\$44,054.92	\$6,717.10	\$37,337.82	\$44,054.92	\$0.00	\$44,054.92
Kaiser - Oregon							
481	9	\$9,788.67	\$1,892.47	\$7,896.20	\$9,788.67	\$0.00	\$9,788.67
482	79	\$30,180.00	\$4,617.52	\$24,807.98	\$29,425.50	\$0.00	\$29,425.50
484	1	\$2,167.27	\$352.63	\$1,814.64	\$2,167.27	\$0.00	\$2,167.27
486	12	\$17,482.56	\$2,156.18	\$16,783.26	\$18,939.44	\$0.00	\$18,939.44
488	43	\$32,099.50	\$3,911.66	\$28,187.84	\$32,099.50	\$0.00	\$32,099.50
491	2	\$2,759.82	\$0.00	\$2,759.82	\$2,759.82	\$0.00	\$2,759.82
492	1	\$1,544.92	\$308.98	\$1,235.94	\$1,544.92	\$0.00	\$1,544.92
495	2	\$4,686.68	\$741.82	\$3,944.86	\$4,686.68	\$0.00	\$4,686.68
SUBTOTAL	149	\$100,709.42	\$13,981.26	\$87,430.54	\$101,411.80	\$0.00	\$101,411.80
SCAN Health Plan							
611	297	\$88,506.00	\$18,547.52	\$70,010.48	\$88,558.00	(\$298.00)	\$88,260.00
613	105	\$61,740.00	\$10,736.88	\$51,591.12	\$62,328.00	\$0.00	\$62,328.00
SUBTOTAL	402	\$150,246.00	\$29,284.40	\$121,601.60	\$150,886.00	(\$298.00)	\$150,588.00

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	1,605	\$545,563.63	\$67,359.68	\$481,153.40	\$548,513.08	(\$1,695.35)	\$546,817.73
702	331	\$467,422.11	\$27,231.13	\$431,768.96	\$459,000.09	\$0.00	\$459,000.09
703	905	\$610,497.54	\$63,944.77	\$539,181.23	\$603,126.00	(\$2,011.22)	\$601,114.78
704	69	\$112,682.68	\$6,126.14	\$100,208.22	\$106,334.36	\$0.00	\$106,334.36
705	29	\$24,752.95	\$785.27	\$23,967.68	\$24,752.95	\$0.00	\$24,752.95
706	1	\$307.71	\$12.31	\$295.40	\$307.71	\$0.00	\$307.71
SUBTOTAL	2,940	\$1,761,226.62	\$165,459.30	\$1,576,574.89	\$1,742,034.19	(\$3,706.57)	\$1,738,327.62
United Healthcare							
707	428	\$460,145.40	\$44,877.57	\$410,977.43	\$455,855.00	\$1,072.60	\$456,927.60
708	382	\$747,745.90	\$33,276.64	\$710,554.36	\$743,831.00	\$0.00	\$743,831.00
709	295	\$691,538.80	\$37,547.29	\$660,953.31	\$698,500.60	\$0.00	\$698,500.60
SUBTOTAL	1,105	\$1,899,430.10	\$115,701.50	\$1,782,485.10	\$1,898,186.60	\$1,072.60	\$1,899,259.20

Medical and Dental Vision Insurance Premiums March 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	51	\$54,985.65	\$1,725.03	\$53,260.62	\$54,985.65	\$0.00	\$54,985.65
802	282	\$548,205.18	\$13,569.07	\$534,636.11	\$548,205.18	\$0.00	\$548,205.18
803	243	\$557,225.73	\$20,133.46	\$539,943.98	\$560,077.44	\$2,293.11	\$562,370.55
804	172	\$185,441.80	\$8,948.61	\$175,073.22	\$184,021.83	(\$28,424.54)	\$155,597.29
805	164	\$318,814.36	\$10,030.99	\$307,791.47	\$317,822.46	(\$24,356.50)	\$293,465.96
806	574	\$1,115,850.26	\$32,542.39	\$1,083,307.87	\$1,115,850.26	(\$169,985.14)	\$945,865.12
807	37	\$84,845.07	\$1,651.04	\$83,194.03	\$84,845.07	(\$3,754.50)	\$81,090.57
808	12	\$27,517.32	\$183.45	\$27,333.87	\$27,517.32	\$0.00	\$27,517.32
809	23	\$24,797.45	\$3,126.62	\$21,670.83	\$24,797.45	\$0.00	\$24,797.45
810	9	\$17,495.91	\$1,905.11	\$17,534.79	\$19,439.90	\$0.00	\$19,439.90
811	5	\$11,465.55	\$825.52	\$10,640.03	\$11,465.55	\$0.00	\$11,465.55
812	222	\$239,349.30	\$20,118.21	\$220,309.24	\$240,427.45	(\$31,562.78)	\$208,864.67
SUBTOTAL	1,794	\$3,185,993.58	\$114,759.50	\$3,074,696.06	\$3,189,455.56	(\$255,790.35)	\$2,933,665.21
Medical Plan Total	49,198	\$43,013,179.50	\$3,337,121.44	\$39,384,208.53	\$42,721,329.97	(\$294,007.44)	\$42,427,322.53

Medical and Dental Vision Insurance Premiums March 2018

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	23,320	\$1,216,579.84	\$141,031.07	\$1,085,074.51	\$1,226,105.58	(\$3,047.22)	\$1,223,058.36
502	21,477	\$2,337,072.00	\$183,866.59	\$2,138,029.43	\$2,321,896.02	(\$2,276.32)	\$2,319,619.70
503	14	\$898.10	\$182.18	\$780.07	\$962.25	\$0.00	\$962.25
SUBTOTAL	44,811	\$3,554,549.94	\$325,079.84	\$3,223,884.01	\$3,548,963.85	(\$5,323.54)	\$3,543,640.31
CIGNA Dental HMO/Vision							
901	3,239	\$149,655.60	\$19,396.95	\$130,674.36	\$150,071.31	(\$415.71)	\$149,655.60
902	2,281	\$215,978.20	\$19,554.00	\$196,735.92	\$216,289.92	(\$189.04)	\$216,100.88
903	3	\$140.34	\$3.74	\$136.60	\$140.34	\$46.78	\$187.12
SUBTOTAL	5,523	\$365,774.14	\$38,954.69	\$327,546.88	\$366,501.57	(\$557.97)	\$365,943.60
Dental/Vision Plan Total	50,334	\$3,920,324.08	\$364,034.53	\$3,551,430.89	\$3,915,465.42	(\$5,881.51)	\$3,909,583.91
GRAND TOTALS	99,532	\$46,933,503.58	\$3,701,155.97	\$42,935,639.42	\$46,636,795.39	(\$299,888.95)	\$46,336,906.44

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
<u>Kaiser Georgia (continued)</u>		
\$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")
<u>Kaiser Hawaii</u>		
\$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)
<u>Kaiser Oregon</u>		
\$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

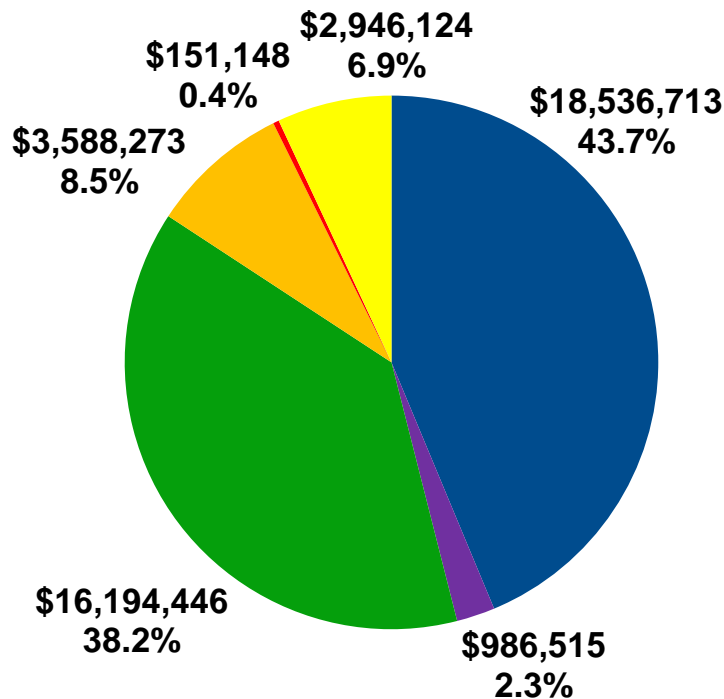
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

Los Angeles County Employees Retirement Association
 Premium & Enrollment
 Coverage Month January 2018

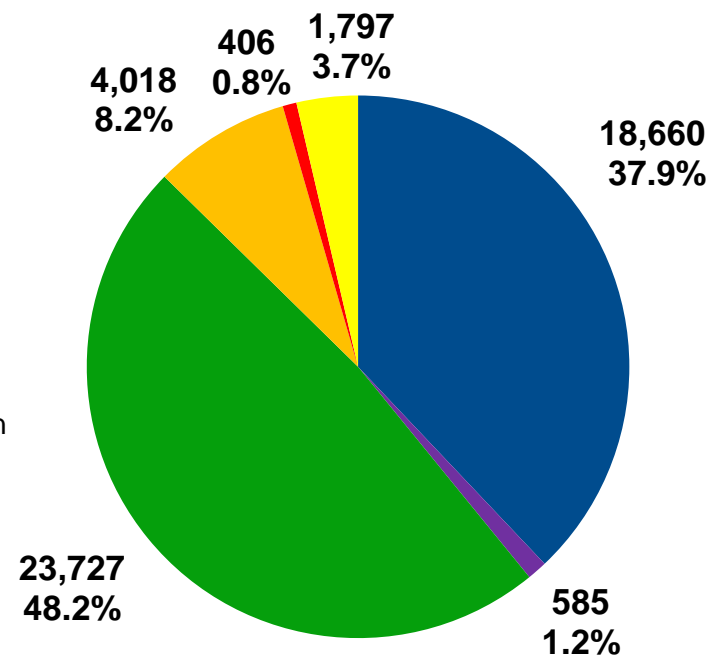
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$18,536,713	43.7%	18,660	37.9%
Cigna Medical	\$986,515	2.3%	585	1.2%
Kaiser	\$16,194,446	38.2%	23,727	48.2%
UnitedHealthcare	\$3,588,273	8.5%	4,018	8.2%
SCAN Health Plan	\$151,148	0.4%	406	0.8%
Local 1014	\$2,946,124	6.9%	1,797	3.7%
Combined Medical	\$42,403,219	100.0%	49,193	100.0%

Cigna Dental & Vision (PPO and HMO)	\$3,907,995	50,309
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Monthly Premium



Retirees

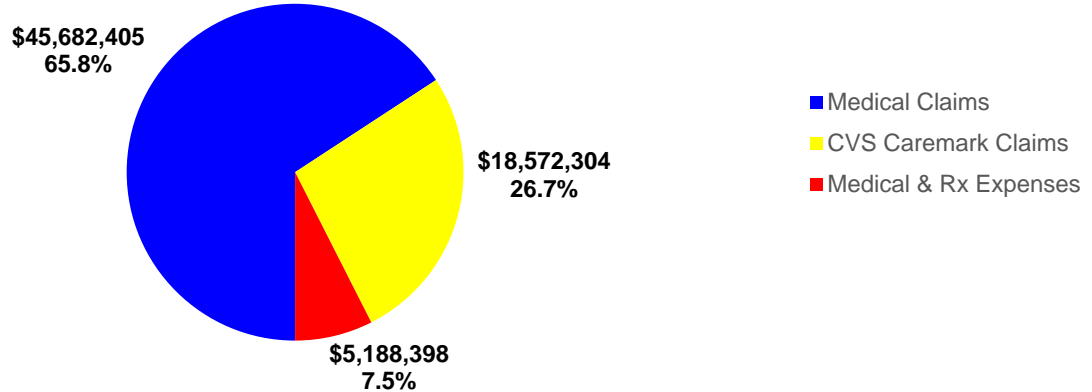


- Anthem All Plans
- Cigna Medical
- Kaiser
- UnitedHealthcare
- SCAN Health Plan
- Local 1014

Los Angeles County Employees Retirement Association
Anthem Plans I & II
Coverage Month January 2018

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-17	6,003	\$9,296,857	\$5,371,906	\$2,613,705	\$7,985,611	\$1,330.27	85.9%	\$742,630	\$8,728,240	93.9%
Aug-17	6,007	\$9,314,660	\$8,829,894	\$2,744,147	\$11,574,041	\$1,926.76	124.3%	\$743,259	\$12,317,300	132.2%
Sep-17	5,994	\$9,275,562	\$5,646,555	\$2,506,725	\$8,153,280	\$1,360.24	87.9%	\$741,988	\$8,895,268	95.9%
Oct-17	5,984	\$9,267,345	\$6,588,991	\$2,773,387	\$9,362,378	\$1,564.57	101.0%	\$740,846	\$10,103,224	109.0%
Nov-17	5,982	\$9,270,299	\$5,962,491	\$2,579,978	\$8,542,469	\$1,428.03	92.1%	\$740,610	\$9,283,079	100.1%
Dec-17	5,975	\$9,260,918	\$6,208,427	\$2,761,049	\$8,969,476	\$1,501.17	96.9%	\$739,774	\$9,709,250	104.8%
Jan-18	5,970	\$9,214,875	\$7,074,142	\$2,593,312	\$9,667,454	\$1,619.34	104.9%	\$739,291	\$10,406,746	112.9%
Feb-18										
Mar-18										
Apr-18										
May-18										
Jun-18										
YTD Plan Year	41,915	\$64,900,516	\$45,682,405	\$18,572,304	\$64,254,709	\$1,532.98	99.0%	\$5,188,398	\$69,443,107	107.0%
12 Month Rollup	72,005	\$110,190,206	\$78,100,991	\$31,505,967	\$109,606,957	\$1,522.21	99.5%	\$11,085,269	\$120,692,226	109.5%

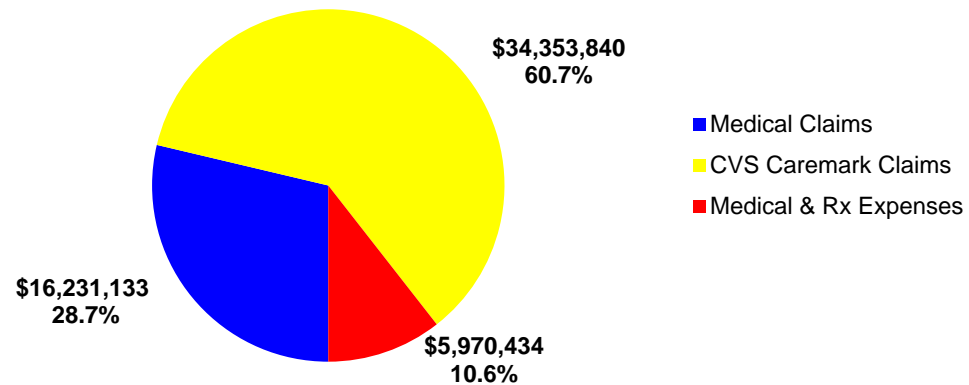
Medical Claims reported by Anthem
 CVS Caremark Claims reported by CVS
 Expenses: Anthem Admin, Stop Loss, and Premium Taxes
 Enrollment and Premium Reported by LACERA



Los Angeles County Employees Retirement Association
Anthem Plan III
Coverage Month January 2018

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-17	11,381	\$7,802,939	\$1,930,103	\$4,624,278	\$6,554,380	\$575.91	84.0%	\$847,547	\$7,401,927	94.9%
Aug-17	11,406	\$7,865,983	\$2,678,326	\$4,777,074	\$7,455,401	\$653.64	94.8%	\$849,408	\$8,304,809	105.6%
Sep-17	11,443	\$7,867,942	\$2,286,704	\$4,713,992	\$7,000,696	\$611.79	89.0%	\$852,164	\$7,852,860	99.8%
Oct-17	11,460	\$7,880,228	\$2,253,007	\$5,010,897	\$7,263,904	\$633.85	92.2%	\$853,430	\$8,117,334	103.0%
Nov-17	11,474	\$7,906,791	\$2,307,058	\$5,014,847	\$7,321,905	\$638.13	92.6%	\$854,472	\$8,176,378	103.4%
Dec-17	11,490	\$7,900,212	\$2,102,584	\$4,741,118	\$6,843,702	\$595.62	86.6%	\$855,664	\$7,699,366	97.5%
Jan-18	11,518	\$7,923,794	\$2,673,352	\$5,471,633	\$8,144,985	\$707.15	102.8%	\$857,749	\$9,002,734	113.6%
Feb-18										
Mar-18										
Apr-18										
May-18										
Jun-18										
YTD Plan Year	80,172	\$55,147,889	\$16,231,133	\$34,353,840	\$50,584,973	\$630.96	91.7%	\$5,970,434	\$56,555,407	102.6%
12 Month Rollup	136,454	\$92,863,331	\$28,740,698	\$58,341,558	\$87,082,256	\$638.18	93.8%	\$10,252,368	\$97,334,624	104.8%

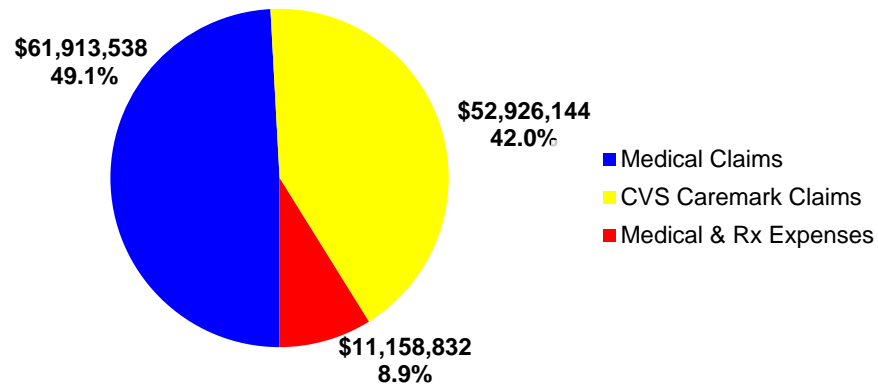
Medical Claims reported by Anthem
 CVS Caremark Claims reported by CVS
 Expenses: Anthem Admin, Stop Loss, and Premium Taxes
 Enrollment and Premium Reported by LACERA



Los Angeles County Employees Retirement Association
Anthem Plans I, II, & III
Coverage Month January 2018

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-17	17,384	\$17,099,797	\$7,302,008	\$7,237,983	\$14,539,991	\$836.40	85.0%	\$1,590,176	\$16,130,167	94.3%
Aug-17	17,413	\$17,180,643	\$11,508,220	\$7,521,222	\$19,029,442	\$1,092.83	110.8%	\$1,592,667	\$20,622,109	120.0%
Sep-17	17,437	\$17,143,504	\$7,933,258	\$7,220,717	\$15,153,976	\$869.07	88.4%	\$1,594,152	\$16,748,127	97.7%
Oct-17	17,444	\$17,147,574	\$8,841,997	\$7,784,284	\$16,626,282	\$953.12	97.0%	\$1,594,276	\$18,220,558	106.3%
Nov-17	17,456	\$17,177,089	\$8,269,549	\$7,594,825	\$15,864,374	\$908.82	92.4%	\$1,595,083	\$17,459,457	101.6%
Dec-17	17,465	\$17,161,130	\$8,311,011	\$7,502,167	\$15,813,178	\$905.42	92.1%	\$1,595,438	\$17,408,616	101.4%
Jan-18	17,488	\$17,138,669	\$9,747,494	\$8,064,945	\$17,812,439	\$1,018.55	103.9%	\$1,597,040	\$19,409,479	113.2%
Feb-18										
Mar-18										
Apr-18										
May-18										
Jun-18										
YTD Plan Year	122,087	\$120,048,405	\$61,913,538	\$52,926,144	\$114,839,682	\$940.64	95.7%	\$11,158,832	\$125,998,514	105.0%
12 Month Rollup	208,459	\$203,053,537	\$106,841,689	\$89,847,525	\$196,689,213	\$943.54	96.9%	\$21,337,637	\$218,026,851	107.4%

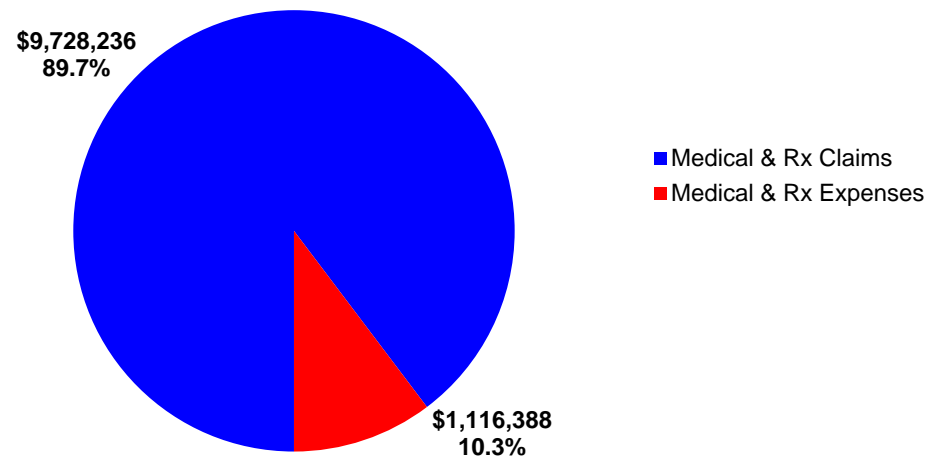
Medical Claims reported by Anthem
 CVS Caremark Claims reported by CVS
 Expenses: Anthem Admin, Stop Loss, and Premium Taxes
 Enrollment and Premium Reported by LACERA



Los Angeles County Employees Retirement Association
Anthem Prudent Buyer
Coverage Month January 2018

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-17	1,232	\$1,492,151	\$1,099,832	\$892.72	73.7%	\$163,756	\$1,263,589	84.7%
Aug-17	1,217	\$1,479,494	\$1,531,310	\$1,258.27	103.5%	\$161,763	\$1,693,072	114.4%
Sep-17	1,205	\$1,465,281	\$1,195,213	\$991.88	81.6%	\$160,168	\$1,355,380	92.5%
Oct-17	1,197	\$1,455,738	\$1,697,487	\$1,418.12	116.6%	\$159,104	\$1,856,591	127.5%
Nov-17	1,193	\$1,447,772	\$1,321,479	\$1,107.69	91.3%	\$158,573	\$1,480,051	102.2%
Dec-17	1,183	\$1,435,833	\$1,535,133	\$1,297.66	106.9%	\$157,243	\$1,692,377	117.9%
Jan-18	1,172	\$1,398,044	\$1,347,782	\$1,149.98	96.4%	\$155,781	\$1,503,563	107.5%
Feb-18								
Mar-18								
Apr-18								
May-18								
Jun-18								
YTD Plan Year	8,399	\$10,174,314	\$9,728,236	\$1,158.26	95.6%	\$1,116,388	\$10,844,624	106.6%
12 Month Rollup	14,705	\$17,615,112	\$15,968,417	\$1,085.92	90.7%	\$2,140,861	\$18,109,278	102.8%

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

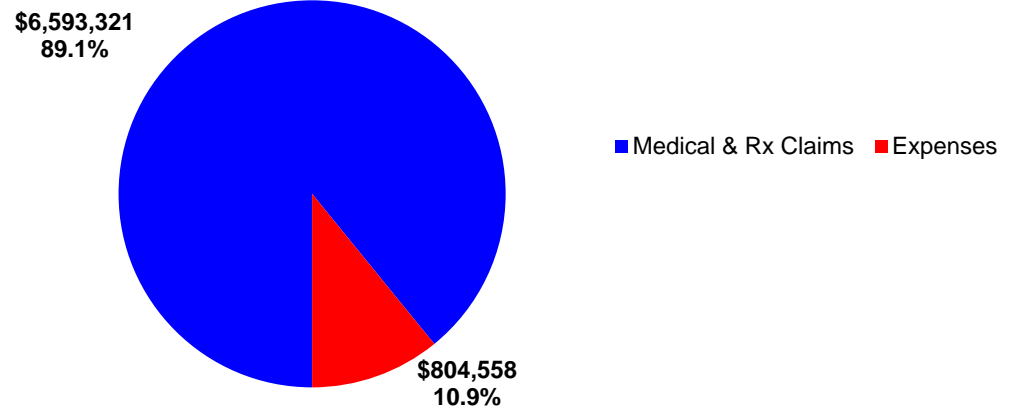
Cigna HMO ⁽¹⁾

Coverage Month January 2018

Month	Monthly Enrollment	Monthly Premium	Medical & Rx Claims	Claims Per Retiree Per Month	Paid Loss Ratio	Expenses	Total Paid Claims & Expenses	Expense Ratio
Jul-17	553	\$975,087	\$966,449	\$1,747.65	99.1%	\$116,133	\$1,082,582	111.0%
Aug-17	551	\$983,796	\$873,851	\$1,585.94	88.8%	\$117,170	\$991,021	100.7%
Sep-17	549	\$984,764	\$939,360	\$1,711.04	95.4%	\$117,285	\$1,056,645	107.3%
Oct-17	539	\$960,763	\$1,273,588	\$2,362.87	132.6%	\$114,427	\$1,388,015	144.5%
Nov-17	536	\$959,687	\$948,237	\$1,769.10	98.8%	\$114,299	\$1,062,535	110.7%
Dec-17	531	\$943,758	\$715,705	\$1,347.84	75.8%	\$112,402	\$828,107	87.7%
Jan-18	528	\$947,463	\$876,131	\$1,659.34	92.5%	\$112,843	\$988,974	104.4%
Feb-18								
Mar-18								
Apr-18								
May-18								
Jun-18								
YTD Plan Year	3,787	\$6,755,317	\$6,593,321	\$1,741.04	97.6%	\$804,558	\$7,397,879	109.5%
12 Month Rollup	6,635	\$11,583,555	\$11,266,198	\$1,698.00	97.3%	\$1,383,462	\$12,649,660	109.2%

⁽¹⁾ Excludes Cigna's HealthSpring Preferred Plan.

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



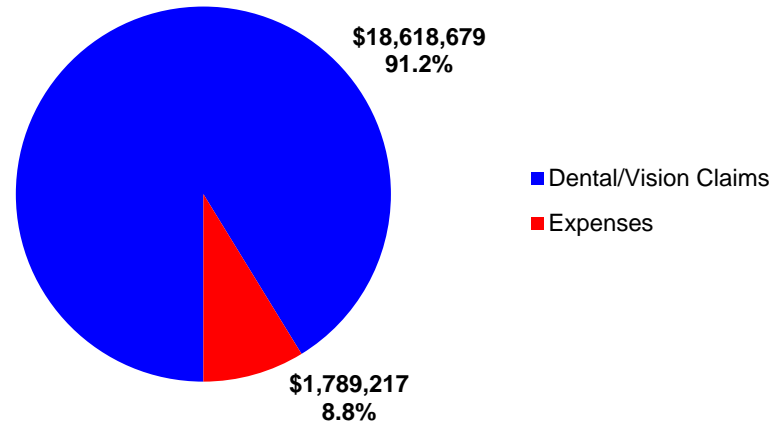
Los Angeles County Employees Retirement Association

Cigna Dental PPO + Vision

Coverage Month January 2018

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-17	44,382	\$3,514,433	\$2,517,042	56.8%	\$56.71	71.6%	\$254,699	\$2,771,742	78.9%
Aug-17	44,439	\$3,509,103	\$2,968,943	56.5%	\$66.81	84.6%	\$254,313	\$3,223,256	91.9%
Sep-17	44,537	\$3,521,546	\$2,618,579	54.8%	\$58.80	74.4%	\$255,215	\$2,873,794	81.6%
Oct-17	44,600	\$3,524,019	\$2,729,264	57.1%	\$61.19	77.4%	\$255,394	\$2,984,659	84.7%
Nov-17	44,669	\$3,536,624	\$2,444,360	57.3%	\$54.72	69.1%	\$256,308	\$2,700,668	76.4%
Dec-17	44,709	\$3,539,802	\$2,482,447	58.1%	\$55.52	70.1%	\$256,538	\$2,738,985	77.4%
Jan-18	44,776	\$3,542,724	\$2,858,043	53.5%	\$63.83	80.7%	\$256,750	\$3,114,793	87.9%
Feb-18									
Mar-18									
Apr-18									
May-18									
Jun-18									
YTD Plan Year	312,112	\$24,688,251	\$18,618,679	56.2%	\$59.65	75.4%	\$1,789,217	\$20,407,897	82.7%
12 Month Rollup	531,787	\$41,708,778	\$33,751,970	55.7%	\$63.47	80.9%	\$3,007,249	\$36,759,219	88.1%

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



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month January 2018

- Kaiser insures approximately 24,000 LACERA retirees, with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 8/1/2016 - 7/31/2017	Prior Period 8/1/2015 - 7/31/2016	Change
Average Members	8,744	8,713	0.36%
Inpatient Claims PMPM	\$196.05	\$201.41	-2.66%
Outpatient Claims PMPM	\$270.17	\$252.72	6.90%
Pharmacy	\$90.64	\$94.09	-3.67%
Other	\$107.63	\$109.97	-2.13%
Total Claims PMPM	\$664.49	\$658.19	0.96%

Total Paid Claims	\$69,722,919	\$68,817,726	1.32%
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Large Claims over \$400,000 Pooling Point			
Number of Claims over Pooling Point	8	5	
Amount over Pooling Point	\$872,808	\$1,667,107	-47.65%
% of Total Paid Claims	1.25%	2.42%	

Inpatient Days / 1000	280.5	348.0	-19.40%
Inpatient Admits / 1000	58.6	73.6	-20.38%
Outpatient Visits / 1000	11,904.8	12,353.0	-3.63%
Pharmacy Scripts PMPY	10.9	11.4	-4.39%