

## 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, AUGUST 9, 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 special meeting of July 17, 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 adopt an  
"Oppose" position on H.R. 6290, which would enact the Public Employee  
Pension Transparency Act (PEPTA). (Memorandum dated July 30, 2018)

#### IV. FOR INFORMATION

A. Engagement Report for July 2018  
Barry W. Lew, Legislative Affairs Officer

B. Staff Activities Report for July 2018  
Cassandra Smith, Director, Retiree Healthcare

- IV. FOR INFORMATION (Continued)
  - C. LACERA Claims Experience  
Stephen Murphy, Segal Consulting
  - D. 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

TUESDAY, JULY 17, 2018, 11:45 A.M. – 12:00 P.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  
JP Harris

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith  
Barry Lew

Segal Consulting

Stephen Murphy

The meeting was called to order by Chair Robbins at 11:45 a.m.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of May 10, 2018

Mr. Kehoe made a motion, Ms. Zapanta-Murphy seconded, to approve the minutes of the regular meeting of May 10, 2018. The motion passed with Mr. Robbins abstaining.

II. PUBLIC COMMENT

III. ACTION ITEMS

A. Recommendation as submitted by Jill P. Rawal, Staff Counsel: That the Insurance, Benefits, and Legislative Committee ("IBLC") recommend that the Board of Retirement ("Board") approve the following Policies created by LACERA on behalf of the Retiree Healthcare Program:

1. Los Angeles County Retiree Healthcare Program HIPAA Privacy Policy
2. Los Angeles County Retiree Healthcare Program HIPAA Security Policy
3. Los Angeles County Retiree Healthcare Program HIPAA Privacy and Security Breach Notification Policy
4. Los Angeles County Retiree Healthcare Program Business Associate Policy
5. Los Angeles County Retiree Healthcare Program Notice of Privacy Practices
6. Los Angeles County Retiree Healthcare Program Policy on Sanctions for Violation of the HIPAA Privacy and Security Rules

The recommendation to be amended that all Policies and the Notice of Privacy Practices will be changed to read "Privacy and Security Official, *or designee*."

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

IV. FOR INFORMATION

A. Engagement Report for June 2018  
Barry W. Lew, Legislative Affairs Officer

The engagement report was discussed.

IV. FOR INFORMATION (Continued)

- B. Staff Activities Report for June 2018  
Cassandra Smith, Director, Retiree Healthcare

The staff activities report was discussed.

- C. LACERA Claims Experience  
Stephen Murphy, Segal Consulting

The LACERA Claims Experience reports through May 2018 were discussed.

- D. Federal Legislation  
Stephen Murphy, Segal Consulting  
*(for discussion purposes)*

Segal Consulting gave an update on federal legislation.

V. REPORT ON STAFF ACTION ITEMS

There was nothing to report on for staff action items.

VI. GOOD OF THE ORDER

(For information purposes only)


VII. ADJOURNMENT

The meeting adjourned at 12:00 p.m.

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July 30, 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: August 9, 2018 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **H.R. 6290—Public Employee Pension Transparency Act**

*Sponsor: Nunes [R]*  
*Introduced: June 28, 2018*  
*Status: Referred to the House Committee on Ways and Means.*  
*(06/28/2018)*

*Staff Recommendation: Oppose*

### **RECOMMENDATION**

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement adopt an “Oppose” position on H.R. 6290, which would enact the Public Employee Pension Transparency Act (PEPTA).

### **LEGISLATIVE POLICY STANDARD**

The Board of Retirement’s legislative policy standard is to oppose proposals that create unreasonable costs or complexity in the administration of retirement benefits (Legislative Policy, page 6). H.R. 6290 would require duplicative reporting and would have the potential of creating confusion among stakeholders as to the financial status of LACERA.

### **SUMMARY**

PEPTA requires the plan sponsor of a state or local government retirement plan to file an annual report no later than 210 days after the end of each plan year beginning on or after January 1, 2019. The report must include a statement of plan liabilities, value of plan assets, and funding percentage of the plan; schedule of contributions by the plan sponsor during the plan year; projections of cash flows; statement of actuarial assumptions; plan participant statistics; statement of investment returns for the current and 5 preceding plan years; explanation of the plan’s funding policy; statement on the amount of outstanding pension obligation bonds; statement of the current cost for the plan year; and statement of the plan’s administrative and investment expenses.

A supplementary report is also required if plan assets are not valued at fair market value, if the interest rate used to determine the value of liabilities is not based on the U.S. Treasury spot rate yield curve, or if the present value of an accrued benefit is not determined based on methods specified in the bill.

If a plan sponsor does not comply with the reporting requirements, then no specified federal tax benefits will be allowed for bonds issued by the plan sponsor during the noncompliance period. H.R. 6290 also requires the Treasury Secretary to create and maintain a searchable public website to post the annual reports.

### **ANALYSIS**

Legislation already exists in California to safeguard the solvency of public retirement systems and funds. Public retirement systems are required to submit annual financial reports and triennial actuarial valuations to the California State Controller. The State Controller establishes an advisory committee that includes enrolled actuaries to assist with the evaluation of each retirement system's funding adequacy, actuarial assumptions, plan participant statistics, and rates of return on total assets. The State Controller compiles and publishes an annual report on the financial condition of all state and local public retirement systems. LACERA's financial reports and actuarial valuations are prepared in accordance with standards established by the Governmental Accounting Standards Board and the Actuarial Standards Board.

The proposal would set a precedent for federal intervention into areas that are the financial responsibility of, and have thus been historically regulated by, the states and its political subdivisions. It would mandate duplicative and costly federal reporting and disclosure requirements on state and local governments related to pension costs.

Although the proposal mandates additional reporting and compliance requirements with respect to the valuation of plan assets, it does not directly infringe upon the actuarial valuation process of a retirement board. Retirement boards continue to have sole and exclusive power to provide for actuarial services in terms of conducting actuarial studies and making recommendations on rates of interest as well as employee and employer contribution rates. However, the proposal requires that plan sponsors also file an annual report based on the specified requirements. Not only would this be duplicative with reporting that is already filed with the State, it also has the potential of creating confusion among stakeholders as to the financial status of LACERA. Ongoing communication and clarification would need to be provided to stakeholders that include LACERA's members, legislators, the general public, the media, and financial and investment institutions. As such, this proposal would create unreasonable costs and complexity in the administration of retirement benefits.

#### *National Conference on Public Employee Retirement Systems*

On June 18, 2018, before the formal introduction of PEPTA, NCPERS alerted its member systems to plans by Representative Devin Nunes (R-CA) to reintroduce

PEPTA during this Congressional session. NCPERS provided a model letter and requested its member systems to send letters to their respective Congressional delegations urging them not to co-sponsor the bill or allow it to be included in any legislation under consideration. Staff coordinated with LACERA's federal legislative advocate to send letters of opposition to the relevant committees of the Senate and House as well as to the respective California delegations. PEPTA was formally introduced on June 28, 2018 as H.R. 6290.

**IT IS THEREFORE RECOMMENDED THAT YOUR COMMITTEE** recommend that the Board of Retirement adopt an "Oppose" position on H.R. 6290, which would enact the Public Employee Pension Transparency Act (PEPTA).

**Reviewed and Approved:**



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**Steven P. Rice, Chief Counsel**

**Attachments**

Attachment 1—Board Positions Adopted on Related Legislation

Attachment 2—Support and Opposition

H.R. 6290 as introduced on June 28, 2018

cc: Robert Hill  
James Brekk  
John Popowich  
Bernie Buenaflor  
Steven P. Rice  
Jonathan Gabel  
Anthony J. Roda, Williams & Jensen



H.R. 6290

Attachment 1—Board Positions Adopted on Related Legislation

Insurance, Benefits and Legislative Committee

July 30, 2018

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### **BOARD POSITIONS ADOPTED ON RELATED LEGISLATION**

H.R. 4822 (Nunes-CA, 2016), also known as the Public Employee Pension Transparency Act, would have required plan sponsors of state and local government pension plans to report specified information with the U.S. Secretary of the Treasury each plan year. The bill died in the House Committee on Ways and Means. The Board of Retirement adopted an “Oppose” position.

H.R. 1628 (Nunes-CA, 2013) / S. 779 (Burr-NC, 2013), also known as the Public Employee Pension Transparency Act, would have required plan sponsors of state and local government pension plans to report specified information with the U.S. Secretary of the Treasury each plan year. H.R. 1628 died in the House Committee on Ways and Means. S. 779 died in the Senate Committee on Finance. The Board of Retirement did not adopt a position.

H.R. 567 (Nunes-CA, 2011) / S. 347 (Burr-NC, 2011), also known as the Public Employee Pension Transparency Act, would have required plan sponsors of state and local government pension plans to report specified information with the U.S. Secretary of the Treasury each plan year. H.R. 567 died in the House Committee on Ways and Means. S. 347 died in the Senate Committee on Finance. The Board of Retirement adopted an “Oppose” position.

H.R. 6484 (Nunes-CA, 2010), also known as the Public Employee Pension Transparency Act, would have required plan sponsors of state and local government pension plans to report specified information with the U.S. Secretary of the Treasury each plan year. The bill died in the House Committee on Ways and Means. The Board of Retirement did not adopt a position.

H.R. 6290  
Attachment 2—Support and Opposition  
Insurance, Benefits and Legislative Committee  
July 30, 2018  
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**SUPPORT**

None

**OPPOSITION**

None

(Note: As reported by staff at the July 17, 2018 meeting of the Board of Retirement, a draft version of PEPTA (before it was introduced as H.R. 6290 on June 28, 2018) was opposed by nearly twenty national associations representing state and local governments, elected and appointed officials, public finance professionals, public employees, and public retirement systems.)

115TH CONGRESS  
2D SESSION

# H. R. 6290

To amend the Internal Revenue Code of 1986 to provide for reporting and disclosure by State and local public employee retirement pension plans.

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IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2018

Mr. NUNES (for himself, Mr. CALVERT, Mr. STEWART, and Mr. McCLINTOCK) introduced the following bill; which was referred to the Committee on Ways and Means

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## A BILL

To amend the Internal Revenue Code of 1986 to provide for reporting and disclosure by State and local public employee retirement pension plans.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Public Employee Pen-  
5 sion Transparency Act”.

1 **SEC. 2. REPORTING REQUIREMENT FOR CERTAIN STATE**  
2 **OR LOCAL GOVERNMENT RETIREMENT**  
3 **PLANS AS CONDITION FOR STATE AND LOCAL**  
4 **BONDS TAX EXEMPTION.**

5 (a) IN GENERAL.—Subpart B of part IV of sub-  
6 chapter B of chapter 1 of the Internal Revenue Code of  
7 1986 is amended by adding at the end the following new  
8 section:

9 **“SEC. 149A. REPORTING WITH RESPECT TO CERTAIN STATE**  
10 **OR LOCAL GOVERNMENT RETIREMENT**  
11 **PLANS.**

12 “(a) IN GENERAL.—In the case of a failure to satisfy  
13 the report requirements of subsection (c) with respect to  
14 any plan maintained with respect to an employee of a  
15 State, a political subdivision of a State, or any agency or  
16 instrumentality of a State or political subdivision of a  
17 State, section 103 shall not apply to the interest on any  
18 bond issued during the noncompliance period by any such  
19 State or political subdivision.

20 “(b) NONCOMPLIANCE PERIOD.—For purposes of  
21 this section, the term ‘noncompliance period’ means, with  
22 respect to any State or political subdivision, the period be-  
23 ginning on the date that the Secretary notifies such State  
24 or political subdivision of a failure to satisfy the require-  
25 ments of subsection (c) with respect to a plan and ending

1 on the date that such failure is corrected (as determined  
2 by the Secretary).

3 “(c) ANNUAL REPORT REQUIREMENTS.—

4 “(1) IN GENERAL.—The requirements of this  
5 subsection shall not be treated as met unless, not  
6 later than 210 days after the end of each plan year  
7 beginning on or after January 1, 2019, the plan  
8 sponsor of a State or local government applicable re-  
9 tirement plan files with the Secretary (in such form  
10 and manner as shall be prescribed by the Secretary)  
11 a report setting forth the following information with  
12 respect to the plan, as determined by the plan spon-  
13 sor as of the last day of such plan year:

14 “(A) A statement (determined according to  
15 the plan’s funding method) of the plan liability,  
16 the value of plan assets, the amount by which  
17 (if any) the plan liability exceeds the value of  
18 plan assets, and the funding percentage of the  
19 plan.

20 “(B) A schedule of all contributions by the  
21 plan sponsor for the plan year that indicates  
22 which contributions are taken into account  
23 under subparagraph (A).

1           “(C) Projections for each of the 60 subse-  
2           quent plan years of the cash flows associated  
3           with the plan liability.

4           “(D) A statement of the actuarial assump-  
5           tions used for the plan year, including the rate  
6           of return on investment of plan assets and as-  
7           sumptions as to such other matters as the Sec-  
8           retary may prescribe by regulation.

9           “(E) The number of each of the following  
10          types of participant:

11                 “(i) Separated from service and re-  
12                 ceiving benefits.

13                 “(ii) Not described in clause (i), sepa-  
14                 rated from service, and entitled to future  
15                 benefits.

16                 “(iii) Accruing and receiving benefits.

17                 “(iv) Not described in clause (iii) and  
18                 accruing benefits.

19           “(F) A statement of the plan’s investment  
20           returns (including the rate of return) for the  
21           plan year and the 5 preceding plan years.

22           “(G) Pursuant to such regulations as the  
23           Secretary shall prescribe, an explanation of the  
24           plan’s funding policy, and a statement of the  
25           degree to which, and manner in which, the plan

1 sponsor expects to eliminate any unfunded plan  
2 liability for the plan year and the extent to  
3 which the plan sponsor has followed the plan's  
4 funding policy for each of the preceding 5 plan  
5 years.

6 “(H) A statement of the amount of any  
7 pension obligation bonds outstanding.

8 “(I) A statement of the current cost of the  
9 plan for the plan year determined according to  
10 the plan's funding method.

11 “(J) A statement of the plan's administra-  
12 tive and investment expenses.

13 “(2) SUPPLEMENT TO REPORT WITH PRE-  
14 SCRIBED VALUATION AND INTEREST RATES.—

15 “(A) IN GENERAL.—In the case of an an-  
16 nual report under which—

17 “(i) plan assets are not valued at fair  
18 market value,

19 “(ii) any interest rate used to deter-  
20 mine the value of plan liabilities under sub-  
21 paragraph (A) or (I) of paragraph (1) is  
22 not an interest rate described in subpara-  
23 graph (B), or

1           “(iii) the present value of an accrued  
2           benefit is not determined as described in  
3           subparagraph (C),

4           the requirements of this subsection shall not be  
5           treated as met unless the plan sponsor also in-  
6           cludes in such annual report the information  
7           described in subparagraphs (A) and (I) of para-  
8           graph (1), determined as of the last day of such  
9           plan year by valuing plan assets at fair market  
10          value, by using the interest rates described in  
11          subparagraph (B) to value liabilities, and by de-  
12          termining the present value of accrued benefits  
13          as described in subparagraph (C).

14           “(B) INTEREST RATES BASED ON TREAS-  
15          URY SPOT RATE YIELD CURVE.—

16           “(i) IN GENERAL.—The interest rates  
17          described in this subparagraph are, with  
18          respect to any day, the rates of interest  
19          which shall be determined by the Secretary  
20          for such day on the basis of the Treasury  
21          spot rate yield curve for such day.

22           “(ii) TREASURY SPOT RATE YIELD  
23          CURVE.—For purposes of this subpara-  
24          graph, the term ‘Treasury spot rate yield  
25          curve’ means, with respect to any day, the



1 spot rate for such day on interest-bearing  
2 obligations of the United States.

3 “(C) DETERMINING PRESENT VALUE OF  
4 ACCRUED BENEFITS.—The present value of an  
5 accrued benefit is determined as described in  
6 this subparagraph if—

7 “(i) it is determined by discounting its  
8 future cash flows in accordance with sub-  
9 paragraph (B), and

10 “(ii) the present value of all benefits  
11 accrued for each participant is calculated  
12 as of the last day of such plan year using  
13 the unit credit funding method.

14 “(d) DEFINITIONS AND SPECIAL RULES.—For pur-  
15 poses of this section—

16 “(1) STATE OR LOCAL GOVERNMENT APPLICA-  
17 BLE RETIREMENT PLAN.—The term ‘State or local  
18 government applicable retirement plan’ means any  
19 plan described in clause (i), (ii), (iii), or (iv) of sec-  
20 tion 219(g)(5)(A) (other than a defined contribution  
21 plan (within the meaning of section 414(i))), which  
22 is maintained by a State, a political subdivision of  
23 a State, or any agency or instrumentality of a State  
24 or political subdivision of a State.

1           “(2) FUNDING PERCENTAGE.—The term ‘fund-  
2           ing percentage’ for a plan year means the ratio (ex-  
3           pressed as a percentage) which—

4                   “(A) the value of plan assets as of the end  
5                   of the plan year, bears to

6                   “(B) the plan liability of the plan for the  
7                   plan year.

8           “(3) PLAN LIABILITY.—The term ‘plan liability’  
9           of a plan for a plan year means the present value  
10           of all benefits accrued or earned under the plan as  
11           of the last day of the plan year.

12           “(4) CURRENT COST.—The term ‘current cost’  
13           of a plan for a plan year means the present value  
14           as of the end of the plan year of all benefits accrued  
15           or earned under the plan during the plan year.

16           “(5) PLAN SPONSOR.—The term ‘plan sponsor’  
17           means, in connection with a State or local govern-  
18           ment applicable retirement plan, the State, political  
19           subdivision of a State, or agency or instrumentality  
20           of a State or a political subdivision of a State which  
21           establishes or maintains the plan. For purposes of  
22           report filing requirements under this section, such  
23           term shall include the administrator of the plan on  
24           behalf of the plan sponsor in the case of a plan  
25           which is not administered by the plan sponsor.

1 “(6) PARTICIPANT.—

2 “(A) IN GENERAL.—The term ‘participant’  
3 means, in connection with a State or local gov-  
4 ernment applicable retirement plan, an indi-  
5 vidual—

6 “(i) who is an employee or former em-  
7 ployee of a State, political subdivision of a  
8 State, or agency or instrumentality of a  
9 State or a political subdivision of a State  
10 which is the plan sponsor of such plan, and

11 “(ii) who is or may become eligible to  
12 receive a benefit of any type from such  
13 plan or whose beneficiaries may be eligible  
14 to receive any such benefit.

15 “(B) BENEFICIARY.—The term ‘bene-  
16 ficiary’ means a person designated by a partici-  
17 pant, or by the terms of the plan, who is or  
18 may become entitled to a benefit thereunder.

19 “(7) PLAN YEAR.—The term ‘plan year’ means,  
20 in connection with a plan, the calendar or fiscal year  
21 on which the records of the plan are kept.

22 “(8) STATE.—The term ‘State’ includes any  
23 State of the United States, the District of Columbia,  
24 the Commonwealth of Puerto Rico, the United  
25 States Virgin Islands, American Samoa, Guam, and

1 the Commonwealth of the Northern Mariana Is-  
2 lands.

3 “(9) FAIR MARKET VALUE.—The term ‘fair  
4 market value’ has the meaning of such term under  
5 section 430(g)(3)(A) (without regard to section  
6 430(g)(3)(B)).

7 “(e) MODEL REPORTING STATEMENT.—The Sec-  
8 retary shall develop model reporting that plan sponsors of  
9 State or local government employee pension plans may  
10 elect to use for purposes of complying with requirements  
11 of such subsections (c).

12 “(f) TRANSPARENCY OF INFORMATION FILED.—Re-  
13 ports filed under this section shall be public records open  
14 to the inspection of the public, and the Secretary shall cre-  
15 ate and maintain a searchable public website on which the  
16 Secretary shall post such reports not later than 60 days  
17 after receipt.”.

18 (b) CLERICAL AMENDMENT.—The table of sections  
19 for subpart B of part IV of subchapter B of chapter 1  
20 of such Code is amended by adding at the end the fol-  
21 lowing new item:

“Sec. 149A. Reporting with respect to certain State or local government retire-  
ment plans.”.

1 **SEC. 3. GENERAL PROVISIONS AND RULES OF CONSTRUC-**  
2 **TION.**

3 (a) **LIMITATIONS ON FEDERAL RESPONSIBILITIES**  
4 **RELATING TO PLAN OBLIGATIONS AND LIABILITIES.—**  
5 The United States shall not be liable for any obligation  
6 related to any current or future shortfall in any State or  
7 local government applicable retirement plan. Nothing in  
8 this Act (or any amendment made by this Act) or any  
9 other provision of law shall be construed to provide Fed-  
10 eral Government funds to diminish or meet any current  
11 or future shortfall in, or obligation of, any State or local  
12 government applicable retirement plan. The preceding sen-  
13 tence shall also apply to the Federal Reserve.

14 (b) **NO FEDERAL FUNDING STANDARDS.—**Nothing  
15 in this Act (or any amendment made by this Act) shall  
16 be construed to alter existing funding standards for State  
17 or local government applicable retirement plans or to re-  
18 quire Federal funding standards for such plans.

19 (c) **DEFINITIONS.—**Terms used in this section which  
20 are also used in section 149A of the Internal Revenue  
21 Code of 1986 shall have the same meaning as when used  
22 in such section.

○

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

**Governor Brown Wants CalPERS Pension Lawsuit Settled in 2018**

The Governor's office this month asked the Chief Justice of the California Supreme Court to accelerate its consideration of *Cal Fire Local 2881 v. California Public Employees' Retirement System*. Governor Brown wants to resolve the lawsuit before he leaves office on January 7, 2019. The *Cal Fire* case aims to restore the ability for public employees to purchase "air time," which the Governor's 2012 pension reform law had prohibited. In October 2017, the Governor's office filed a brief as an intervening respondent in the case and argued against the inflexibility of the "California Rule," which requires that vested benefits cannot be impaired unless an offsetting benefit is provided. It is unclear how the Governor's successor will handle the lawsuit if it carries into 2019. Lt. Gov. Gavin Newsom, the frontrunner in the gubernatorial race, indicated that changes in pensions systems should be done with input and buy-in from workers and not done unilaterally. ([Source](#))

Staff Note: The Board of Retirement has authorized LACERA to file an amicus brief for the *Cal Fire* case.

**CALmatters Report on California Teacher Pension Debt**

According to estimates by the Department of Finance and the Legislative Analyst's Office, over the next three years, schools may need to use over half of all new money they are projected to receive to cover their pension obligations. The California State Teachers' Retirement System currently has an unfunded liability of \$107 billion. Against this structural backdrop are political issues related to budget pressures on programs and resources, increased employer pension contributions, employee bargaining for raises, and improving classroom performance. A future recession could push some districts deeper into the red. CALmatters profiled three school districts whose circumstances are emblematic of what others across the state are experiencing.

Fremont Unified devotes a greater share of its budget to salary than any other district in the state. However, enrollment is also growing, which necessitates more hiring and will lead to higher expected pension and health care costs.

Sacramento City Unified expected larger pension payments and has established reserves for those payments. The extra funds are currently used for raises that teachers say are long overdue and that the county superintendent believes the district cannot afford.

Los Angeles Unified is experiencing declining enrollment due to growing demand for charter schools and a dwindling birth rate. Pension contributions are expected to rise even as the district's state funding shrinks. School officials predict a quarter billion dollar budget deficit in two years.

Staff Note: The October 2017 Engagement Report noted that CALmatters would begin examining the effect of teachers' pension on the state education budget. Previously, CALmatters had partnered with Capitol Public Radio, and the Los Angeles Times to examine the history of the state's funding issues with regard to benefit increases for public employees. In the early half of 2018, teacher walk-outs and protests occurred in several states regarding wages, resources, and working conditions: Kentucky, Oklahoma, West Virginia, Arizona, Colorado, and North Carolina. In particular, a controversial pension reform bill was signed in Kentucky that was recently ruled unconstitutional.

### **Pick-Up Contributions**

A committee report accompanying the Financial Services Appropriations Bill for fiscal year 2019 (H.R. 6258) included a recommendation for the Treasury Secretary and IRS Commissioner to review existing regulatory guidance and issue a revised revenue ruling that allows state and local pension plan sponsors to give existing plan participants the choice to make certain elections between plans or plan tiers without changing the treatment of employer contributions under Section 414(h) of the U.S. Tax Code. (Page 17 of the committee report.) ([Source](#))

Staff Note: Employees may make contributions to state or local pension plans on a pretax basis if the employer picks up the contributions, which are consequently treated as employer contributions. Formal action by the employer must be taken to provide for pick-up contributions, and the employees must not have a cash or deferred election right regarding the contributions. A regulatory approach avoids any unintended consequences of a statutory approach and provides for stakeholder input on the process. This issue regarding pick-up contributions is relevant with respect to LACERA's provisions for plan transfers and service credit purchases.

### **ERISA Industry Committee Guidance on Missing Plan Participants**

The ERISA Industry Committee (ERIC) sent a letter to Assistant Secretary of Labor Preston Rutledge to encourage the Department of Labor (DOL) to develop guidance related to the challenge of employers locating missing retirement plan participants. Employers use many search practices to locate so-called "missing" participants without

official guidance from federal agencies. Employers are also subject to federal audits of these search practices. Official guidance would provide greater certainty to employers in the operation of their retirement plans and provide more support to employer in locating former plan participants.

ERIC cited inconsistent guidance and practices in the DOL regarding its enforcement actions and urged the DOL is stop issuing letters that allege a breach of fiduciary duty by employers until better guidance is provided. [\(Source\)](#) [\(Source\)](#)

Staff Note: ERIC represents larger plan sponsors with 10,000 or more employees and provides policy guidance and advocacy for health, retirement, and compensation plans. Its purview on retirement plans is on those that are subject to ERISA. Although governmental plans such as LACERA are not subject to ERISA, certain standards from ERISA have been adopted into the California Constitution with respect to retirement boards of public pensions (e.g., fiduciary duties related to the exclusive purpose of providing benefits to participants; exercising care, skill, prudence, and diligence; and diversifying investments to minimize risk of large losses). The County Employees Retirement Law of 1937 (CERL) provides for the deposit of contributions into the current pension reserve fund if members do not claim contributions within 10 years after date of notice or if members who are eligible for the required distribution of a retirement allowance cannot be located. Guidance from the DOL may provide information to assist in developing best practices for missing participants in CERL plans.



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

### **UnitedHealthcare Performance Review**

On July 26, 2018, staff, representatives from UnitedHealthcare and Segal met at the LACERA offices. The following performance review topics were discussed:

- Medical and Rx Plan Experience
- Clinical Condition Prevalence
- Services and Solutions

### **Anthem Blue Cross Leadership Meeting**

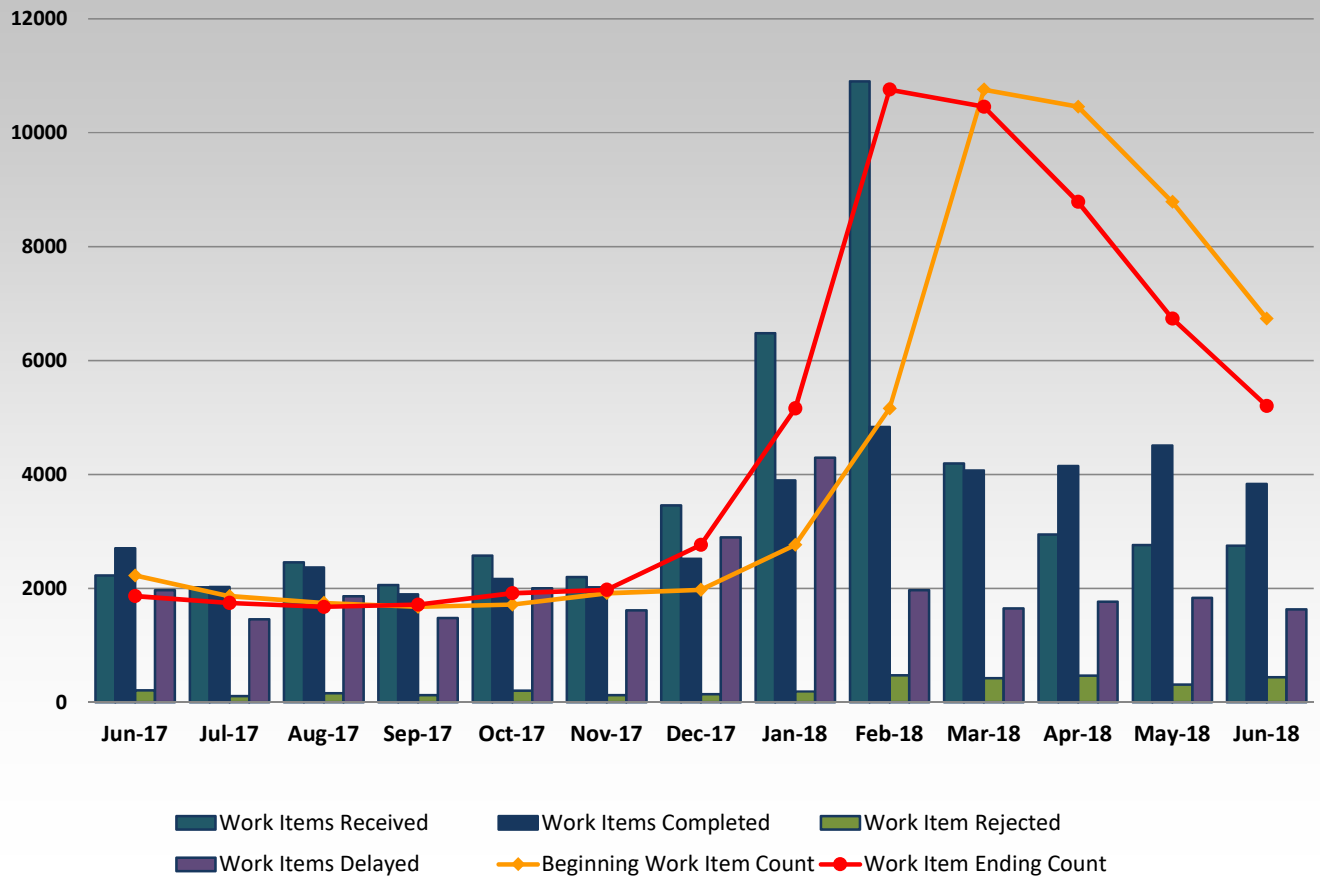
Staff and Segal met with Anthem's President and Vice President-General Manager of Large Groups on July 27, 2018. The meeting was scheduled to address what Anthem is doing and what they project the healthcare landscape to be for the Anthem plans.

# Retiree Healthcare Division

## Trend Report

JUNE 2017 ~ JUNE 2018

Updated 7/27/2018

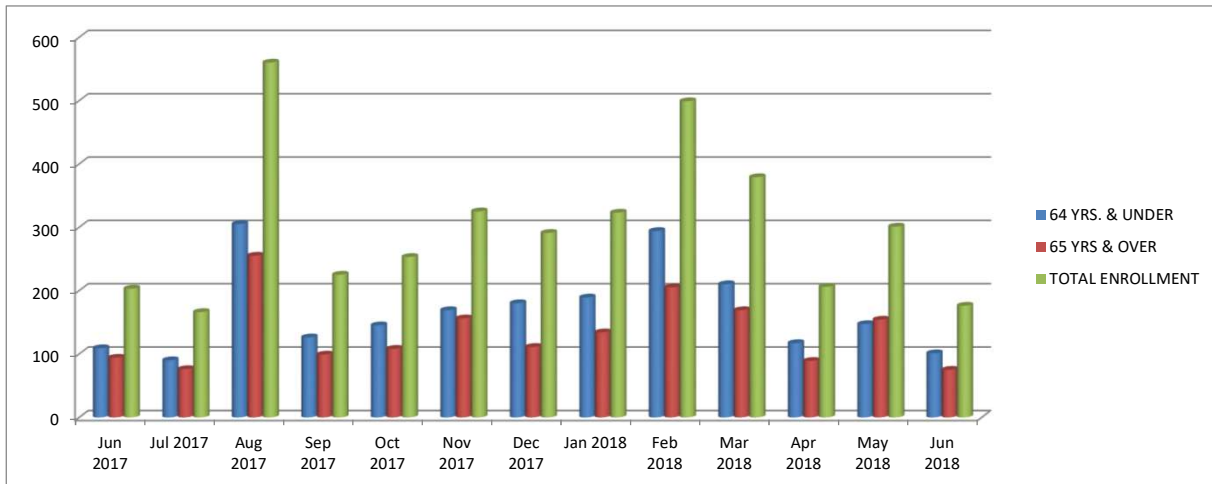


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Jun-17	2226	2225	2706	211	1966	1864
Jul-17	1864	2016	2026	108	1460	1746
Aug-17	1746	2457	2368	160	1865	1675
Sep-17	1675	2059	1893	125	1480	1716
Oct-17	1716	2571	2167	205	1999	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
Feb-18	5159	10900	4834	470	1965	10755
Mar-18	10755	4192	4069	425	1648	10453
Apr-18	10453	2949	4148	468	1764	8786
May-18	8786	2762	4506	309	1835	6733
Jun-18	6733	2746	3834	442	1635	5203

## Retirees Monthly Age Breakdown JUNE 2017 ~ JUNE 2018

### Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
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
Feb 2018	294	205	499
Mar 2018	210	169	379
Apr 2018	117	89	206
May 2018	147	154	301
Jun 2018	101	75	176



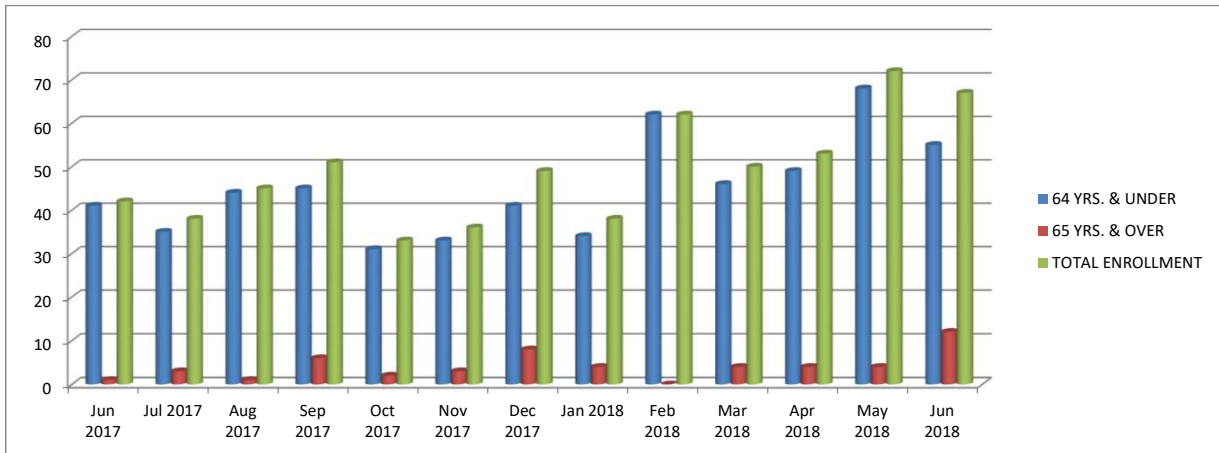
**PLEASE NOTE:**

- July's data (7/2018) is not yet available as data is provided on a full month basis.
- Next Report will include the following dates: July 1, 2017 through July 31, 2018.

## Retirees Monthly Age Breakdown JUNE 2017 ~ JUNE 2018

### Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
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
Feb 2018	62	0	62
Mar 2018	46	4	50
Apr 2018	49	4	53
May 2018	68	4	72
Jun 2018	55	12	67



**PLEASE NOTE:**

- July's data (7/2018) is not yet available as data is provided on a full month basis.
- Next Report will include the following dates: July 1, 2017 through July 31, 2018.

**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 7/24/2018**

<b>Deduction Code</b>	<b>No. of Members</b>	<b>Reimbursement Amount</b>	<b>No. of Penalties</b>	<b>Penalty Amount</b>
<b>ANTHEM BC III</b>				
201	1	-\$268.00	0	\$0.00
240	6580	\$767,577.34	7	\$290.00
241	152	\$17,325.40	0	\$0.00
242	886	\$107,383.30	0	\$0.00
243	3822	\$904,596.90	4	\$151.50
244	22	\$2,712.40	0	\$0.00
245	55	\$6,934.00	0	\$0.00
246	15	\$1,734.00	0	\$0.00
247	110	\$13,695.20	0	\$0.00
248	13	\$3,828.50	1	\$36.50
249	48	\$11,114.80	0	\$0.00
250	17	\$3,942.90	0	\$0.00
<b>Plan Total:</b>	<b>11,721</b>	<b>\$1,840,576.74</b>	<b>12</b>	<b>\$478.00</b>
<b>CIGNA-HEALTHSPRING PREFERRED with RX</b>				
321	30	\$3,193.50	0	\$0.00
322	8	\$927.60	0	\$0.00
324	14	\$3,105.20	0	\$0.00
327	2	\$238.90	0	\$0.00
329	1	\$226.70	0	\$0.00
<b>Plan Total:</b>	<b>55</b>	<b>\$7,691.90</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
403	10378	\$1,206,948.90	7	\$159.20
404	1	-\$268.00	0	\$0.00
413	1604	\$196,739.80	0	\$0.00
418	5343	\$1,257,902.00	2	\$100.60
419	274	\$30,574.60	0	\$0.00
426	209	\$24,114.50	0	\$0.00
427	170	\$18,135.50	0	\$0.00
445	3	\$315.80	0	\$0.00
451	33	\$3,798.20	0	\$0.00
455	1	\$134.00	0	\$0.00
457	7	\$1,472.90	0	\$0.00
458	1	\$134.00	0	\$0.00
462	59	\$6,807.00	0	\$0.00
465	7	\$793.60	0	\$0.00
466	30	\$7,027.50	0	\$0.00
467	1	\$134.00	0	\$0.00
472	31	\$3,644.10	0	\$0.00
476	4	\$465.60	0	\$0.00
478	13	\$3,668.50	0	\$0.00
482	76	\$8,960.60	0	\$0.00
486	10	\$1,238.20	0	\$0.00
488	46	\$10,899.70	0	\$0.00
491	1	\$104.90	0	\$0.00
492	1	\$104.90	0	\$0.00
<b>Plan Total:</b>	<b>18,303</b>	<b>\$2,783,850.80</b>	<b>9</b>	<b>\$259.80</b>

**Medicare Part B Reimbursement and Penalty Report**

**PAY PERIOD 7/24/2018**

<b>Deduction Code</b>	<b>No. of Members</b>	<b>Reimbursement Amount</b>	<b>No. of Penalties</b>	<b>Penalty Amount</b>
<b>SCAN</b>				
611	303	\$36,049.70	0	\$0.00
613	105	\$24,815.00	0	\$0.00
<b>Plan Total:</b>	<b>408</b>	<b>\$60,864.70</b>	<b>0</b>	<b>\$0.00</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	1649	\$192,549.80	1	\$36.50
702	323	\$39,664.10	0	\$0.00
703	945	\$224,968.50	0	\$0.00
704	78	\$9,757.10	0	\$0.00
705	28	\$6,004.10	0	\$0.00
<b>Plan Total:</b>	<b>3,023</b>	<b>\$472,943.60</b>	<b>1</b>	<b>\$36.50</b>
<b>Grand Total:</b>	<b>33,510</b>	<b>\$5,165,927.74</b>	<b>22</b>	<b>\$774.30</b>

**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 7/24/2018**

<b>Deduction Code</b>	<b>No. of Members</b>	<b>Reimbursement Amount</b>	<b>No. of Penalties</b>	<b>Penalty Amount</b>
<b>ANTHEM BC III</b>				
201	1	-\$268.00	0	\$0.00
240	6580	\$767,577.34	7	\$290.00
241	152	\$17,325.40	0	\$0.00
242	886	\$107,383.30	0	\$0.00
243	3822	\$904,596.90	4	\$151.50
244	22	\$2,712.40	0	\$0.00
245	55	\$6,934.00	0	\$0.00
246	15	\$1,734.00	0	\$0.00
247	110	\$13,695.20	0	\$0.00
248	13	\$3,828.50	1	\$36.50
249	48	\$11,114.80	0	\$0.00
250	17	\$3,942.90	0	\$0.00
<b>Plan Total:</b>	<b>11,721</b>	<b>\$1,840,576.74</b>	<b>12</b>	<b>\$478.00</b>
<b>CIGNA-HEALTHSPRING PREFERRED with RX</b>				
321	30	\$3,193.50	0	\$0.00
322	8	\$927.60	0	\$0.00
324	14	\$3,105.20	0	\$0.00
327	2	\$238.90	0	\$0.00
329	1	\$226.70	0	\$0.00
<b>Plan Total:</b>	<b>55</b>	<b>\$7,691.90</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
403	10378	\$1,206,948.90	7	\$159.20
404	1	-\$268.00	0	\$0.00
413	1604	\$196,739.80	0	\$0.00
418	5343	\$1,257,902.00	2	\$100.60
419	274	\$30,574.60	0	\$0.00
426	209	\$24,114.50	0	\$0.00
427	170	\$18,135.50	0	\$0.00
445	3	\$315.80	0	\$0.00
451	33	\$3,798.20	0	\$0.00
455	1	\$134.00	0	\$0.00
457	7	\$1,472.90	0	\$0.00
458	1	\$134.00	0	\$0.00
462	59	\$6,807.00	0	\$0.00
465	7	\$793.60	0	\$0.00
466	30	\$7,027.50	0	\$0.00
467	1	\$134.00	0	\$0.00
472	31	\$3,644.10	0	\$0.00
476	4	\$465.60	0	\$0.00
478	13	\$3,668.50	0	\$0.00
482	76	\$8,960.60	0	\$0.00
486	10	\$1,238.20	0	\$0.00
488	46	\$10,899.70	0	\$0.00
491	1	\$104.90	0	\$0.00
492	1	\$104.90	0	\$0.00
<b>Plan Total:</b>	<b>18,303</b>	<b>\$2,783,850.80</b>	<b>9</b>	<b>\$259.80</b>

**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 7/24/2018**

<b>Deduction Code</b>	<b>No. of Members</b>	<b>Reimbursement Amount</b>	<b>No. of Penalties</b>	<b>Penalty Amount</b>
<b>SCAN</b>				
611	303	\$36,049.70	0	\$0.00
613	105	\$24,815.00	0	\$0.00
<b>Plan Total:</b>	<b>408</b>	<b>\$60,864.70</b>	<b>0</b>	<b>\$0.00</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	1649	\$192,549.80	1	\$36.50
702	323	\$39,664.10	0	\$0.00
703	945	\$224,968.50	0	\$0.00
704	78	\$9,757.10	0	\$0.00
705	28	\$6,004.10	0	\$0.00
<b>Plan Total:</b>	<b>3,023</b>	<b>\$472,943.60</b>	<b>1</b>	<b>\$36.50</b>
<b>LOCAL 1014</b>				
804	171	\$27,610.90	0	\$0.00
805	171	\$25,144.10	0	\$0.00
806	583	\$165,838.20	0	\$0.00
807	37	\$5,573.90	0	\$0.00
808	14	\$4,558.30	0	\$0.00
812	224	\$31,309.20	0	\$0.00
<b>Plan Total:</b>	<b>1,200</b>	<b>\$260,034.60</b>	<b>0</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>34,710</b>	<b>\$5,425,962.34</b>	<b>22</b>	<b>\$774.30</b>



## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Medical Plan</b>							
<b>Anthem Blue Cross Prudent Buyer Plan</b>							
201	656	\$599,557.20	\$92,876.65	\$519,392.31	\$612,268.96	(\$1,775.27)	\$610,493.69
202	335	\$605,565.87	\$58,091.34	\$495,691.05	\$553,782.39	(\$1,786.33)	\$551,996.06
203	92	\$185,457.28	\$44,025.98	\$137,399.62	\$181,425.60	\$0.00	\$181,425.60
204	35	\$40,854.10	\$16,038.11	\$24,815.99	\$40,854.10	\$0.00	\$40,854.10
<b>SUBTOTAL</b>	<b>1,118</b>	<b>\$1,431,434.45</b>	<b>\$211,032.08</b>	<b>\$1,177,298.97</b>	<b>\$1,388,331.05</b>	<b>(\$3,561.60)</b>	<b>\$1,384,769.45</b>
<b>Anthem Blue Cross I</b>							
211	793	\$911,107.06	\$58,407.36	\$860,469.08	\$918,876.44	(\$3,389.86)	\$915,486.58
212	284	\$593,378.24	\$34,651.55	\$536,364.33	\$571,015.88	(\$2,067.52)	\$568,948.36
213	56	\$136,557.68	\$17,557.36	\$119,000.32	\$136,557.68	\$0.00	\$136,557.68
214	21	\$33,390.06	\$5,935.54	\$27,454.52	\$33,390.06	\$0.00	\$33,390.06
215	3	\$1,166.46	\$31.10	\$1,135.36	\$1,166.46	\$0.00	\$1,166.46
<b>SUBTOTAL</b>	<b>1,157</b>	<b>\$1,675,599.50</b>	<b>\$116,582.91</b>	<b>\$1,544,423.61</b>	<b>\$1,661,006.52</b>	<b>(\$5,457.38)</b>	<b>\$1,655,549.14</b>
<b>Anthem Blue Cross II</b>							
221	2,142	\$2,459,071.07	\$145,721.80	\$2,329,509.42	\$2,475,231.22	(\$6,885.24)	\$2,468,345.98
222	1,886	\$3,911,747.84	\$102,796.83	\$3,742,054.11	\$3,844,850.94	(\$2,067.52)	\$3,842,783.42
223	649	\$1,592,360.09	\$62,919.04	\$1,469,824.44	\$1,532,743.48	\$2,438.53	\$1,535,182.01
224	156	\$239,801.34	\$23,069.47	\$235,732.22	\$258,801.69	\$0.00	\$258,801.69
225	1	\$388.82	\$0.00	\$388.82	\$388.82	\$0.00	\$388.82
<b>SUBTOTAL</b>	<b>4,834</b>	<b>\$8,203,369.16</b>	<b>\$334,507.14</b>	<b>\$7,777,509.01</b>	<b>\$8,112,016.15</b>	<b>(\$6,514.23)</b>	<b>\$8,105,501.92</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Anthem Blue Cross III</b>							
240	6,603	\$3,092,190.92	\$474,519.62	\$2,631,192.01	\$3,105,711.63	(\$8,303.34)	\$3,097,408.29
241	151	\$228,505.50	\$25,240.15	\$190,145.13	\$215,385.28	\$0.00	\$215,385.28
242	889	\$1,339,669.50	\$96,096.29	\$1,209,865.27	\$1,305,961.56	(\$8,425.46)	\$1,297,536.10
243	3,828	\$3,573,512.76	\$404,100.95	\$3,130,609.96	\$3,534,710.91	(\$3,721.44)	\$3,530,989.47
244	22	\$18,417.30	\$3,398.81	\$15,810.81	\$19,209.62	\$0.00	\$19,209.62
245	55	\$46,880.40	\$3,173.30	\$40,291.83	\$43,465.13	\$0.00	\$43,465.13
246	15	\$27,934.65	\$1,862.31	\$26,072.34	\$27,934.65	\$0.00	\$27,934.65
247	112	\$210,441.03	\$10,317.20	\$196,399.21	\$206,716.41	\$0.00	\$206,716.41
248	13	\$16,888.17	\$1,299.09	\$19,486.35	\$20,785.44	\$0.00	\$20,785.44
249	48	\$63,655.41	\$4,320.51	\$54,278.16	\$58,598.67	\$0.00	\$58,598.67
250	17	\$24,746.90	\$1,048.10	\$23,698.80	\$24,746.90	\$0.00	\$24,746.90
<b>SUBTOTAL</b>	<b>11,753</b>	<b>\$8,642,842.54</b>	<b>\$1,025,376.33</b>	<b>\$7,537,849.87</b>	<b>\$8,563,226.20</b>	<b>(\$20,450.24)</b>	<b>\$8,542,775.96</b>
<b>CIGNA Network Model Plan</b>							
301	326	\$491,997.66	\$133,767.83	\$353,800.76	\$487,568.59	(\$1,505.48)	\$486,063.11
302	140	\$380,172.80	\$95,295.73	\$279,446.03	\$374,741.76	\$0.00	\$374,741.76
303	17	\$54,509.31	\$15,663.99	\$32,432.46	\$48,096.45	\$0.00	\$48,096.45
304	19	\$37,926.28	\$15,706.68	\$22,219.60	\$37,926.28	\$0.00	\$37,926.28
<b>SUBTOTAL</b>	<b>502</b>	<b>\$964,606.05</b>	<b>\$260,434.23</b>	<b>\$687,898.85</b>	<b>\$948,333.08</b>	<b>(\$1,505.48)</b>	<b>\$946,827.60</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>CIGNA Healthspring Pref w/ Rx - Phoenix, AZ</b>							
321	29	\$11,534.70	\$1,476.45	\$9,673.76	\$11,150.21	\$0.00	\$11,150.21
322	9	\$14,358.87	\$893.44	\$11,870.00	\$12,763.44	\$0.00	\$12,763.44
324	14	\$10,653.72	\$1,293.67	\$9,360.05	\$10,653.72	\$0.00	\$10,653.72
327	2	\$4,174.04	\$417.40	\$3,756.64	\$4,174.04	\$0.00	\$4,174.04
329	1	\$1,323.31	\$0.00	\$1,323.31	\$1,323.31	\$0.00	\$1,323.31
<b>SUBTOTAL</b>	<b>55</b>	<b>\$42,044.64</b>	<b>\$4,080.96</b>	<b>\$35,983.76</b>	<b>\$40,064.72</b>	<b>\$0.00</b>	<b>\$40,064.72</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser/Senior Advantage</b>							
401	1,545	\$1,558,506.60	\$137,315.12	\$1,419,340.07	\$1,556,655.19	(\$1,002.90)	\$1,555,652.29
403	10,451	\$2,867,244.32	\$297,990.56	\$2,583,347.42	\$2,881,337.98	(\$3,858.13)	\$2,877,479.85
404	565	\$639,301.04	\$20,732.13	\$611,995.49	\$632,727.62	(\$2,251.06)	\$630,476.56
405	979	\$1,030,323.00	\$22,393.74	\$1,013,884.41	\$1,036,278.15	\$1,051.35	\$1,037,329.50
406	48	\$89,601.60	\$36,717.51	\$51,017.39	\$87,734.90	\$274.22	\$88,009.12
411	1,845	\$3,705,919.00	\$185,588.54	\$3,470,498.73	\$3,656,087.27	\$0.00	\$3,656,087.27
413	1,607	\$2,052,167.04	\$101,300.72	\$1,941,568.03	\$2,042,868.75	\$1,269.12	\$2,044,137.87
414	135	\$288,378.48	\$3,774.36	\$280,363.26	\$284,137.62	\$0.00	\$284,137.62
418	5,330	\$2,890,813.56	\$221,570.05	\$2,655,626.59	\$2,877,196.64	(\$2,126.56)	\$2,875,070.08
419	274	\$385,514.75	\$6,791.74	\$364,058.64	\$370,850.38	\$0.00	\$370,850.38
420	131	\$293,840.86	\$1,525.27	\$292,315.59	\$293,840.86	\$0.00	\$293,840.86
421	9	\$9,026.10	\$1,444.19	\$8,584.81	\$10,029.00	\$0.00	\$10,029.00
422	221	\$456,313.75	\$2,291.80	\$440,105.78	\$442,397.58	\$0.00	\$442,397.58
423	21	\$62,955.20	\$10,495.72	\$41,386.82	\$51,882.54	\$0.00	\$51,882.54
426	209	\$275,372.13	\$3,293.92	\$272,078.21	\$275,372.13	\$0.00	\$275,372.13
427	168	\$366,862.24	\$3,839.26	\$336,130.22	\$339,969.48	\$0.00	\$339,969.48
428	58	\$125,795.04	\$780.80	\$125,014.24	\$125,795.04	\$0.00	\$125,795.04
429	11	\$32,826.53	\$6,295.32	\$26,531.21	\$32,826.53	\$0.00	\$32,826.53
430	140	\$293,258.00	\$3,812.35	\$289,445.65	\$293,258.00	\$0.00	\$293,258.00
431	11	\$32,010.55	\$5,186.72	\$26,823.83	\$32,010.55	\$0.00	\$32,010.55
432	6	\$22,352.40	\$7,721.22	\$14,631.18	\$22,352.40	\$0.00	\$22,352.40
<b>SUBTOTAL</b>	<b>23,764</b>	<b>\$17,478,382.19</b>	<b>\$1,080,861.04</b>	<b>\$16,264,747.57</b>	<b>\$17,345,608.61</b>	<b>(\$6,643.96)</b>	<b>\$17,338,964.65</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Colorado</b>							
450	4	\$3,878.68	\$853.31	\$3,025.37	\$3,878.68	\$0.00	\$3,878.68
451	33	\$11,987.91	\$1,249.64	\$10,738.27	\$11,987.91	\$0.00	\$11,987.91
453	2	\$4,286.00	\$316.36	\$3,969.64	\$4,286.00	\$0.00	\$4,286.00
454	1	\$2,893.11	\$552.12	\$2,340.99	\$2,893.11	\$0.00	\$2,893.11
455	1	\$1,310.30	\$0.00	\$1,310.30	\$1,310.30	\$0.00	\$1,310.30
457	7	\$5,029.78	\$1,149.66	\$3,880.12	\$5,029.78	\$0.00	\$5,029.78
458	1	\$2,202.25	\$0.00	\$2,202.25	\$2,202.25	\$0.00	\$2,202.25
<b>SUBTOTAL</b>	<b>49</b>	<b>\$31,588.03</b>	<b>\$4,121.09</b>	<b>\$27,466.94</b>	<b>\$31,588.03</b>	<b>\$0.00</b>	<b>\$31,588.03</b>
<b>Kaiser - Georgia</b>							
441	3	\$3,493.23	\$50.76	\$3,442.47	\$3,493.23	\$0.00	\$3,493.23
442	4	\$4,657.64	\$67.68	\$4,589.96	\$4,657.64	\$0.00	\$4,657.64
445	3	\$4,739.64	\$0.00	\$4,739.64	\$4,739.64	\$0.00	\$4,739.64
461	12	\$13,972.92	\$2,039.02	\$11,933.90	\$13,972.92	\$0.00	\$13,972.92
462	61	\$25,831.67	\$3,853.57	\$21,978.10	\$25,831.67	\$1,239.99	\$27,071.66
463	3	\$6,962.46	\$1,793.66	\$5,168.80	\$6,962.46	\$0.00	\$6,962.46
465	7	\$11,059.16	\$947.93	\$10,111.23	\$11,059.16	\$0.00	\$11,059.16
466	30	\$25,168.20	\$604.04	\$24,564.16	\$25,168.20	\$0.00	\$25,168.20
467	1	\$2,736.29	\$297.76	\$2,438.53	\$2,736.29	\$0.00	\$2,736.29
<b>SUBTOTAL</b>	<b>124</b>	<b>\$98,621.21</b>	<b>\$9,654.42</b>	<b>\$88,966.79</b>	<b>\$98,621.21</b>	<b>\$1,239.99</b>	<b>\$99,861.20</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Hawaii</b>							
471	6	\$6,019.20	\$561.79	\$5,457.41	\$6,019.20	\$0.00	\$6,019.20
472	31	\$13,517.24	\$2,092.99	\$11,424.25	\$13,517.24	(\$436.04)	\$13,081.20
473	1	\$1,646.39	\$498.90	\$1,147.49	\$1,646.39	\$0.00	\$1,646.39
474	3	\$5,995.20	\$0.00	\$5,995.20	\$5,995.20	\$0.00	\$5,995.20
476	4	\$5,724.96	\$2,690.74	\$3,034.22	\$5,724.96	\$0.00	\$5,724.96
478	13	\$11,233.04	\$794.95	\$10,438.09	\$11,233.04	\$0.00	\$11,233.04
<b>SUBTOTAL</b>	<b>58</b>	<b>\$44,136.03</b>	<b>\$6,639.37</b>	<b>\$37,496.66</b>	<b>\$44,136.03</b>	<b>(\$436.04)</b>	<b>\$43,699.99</b>
<b>Kaiser - Oregon</b>							
481	7	\$8,288.42	\$1,839.52	\$6,448.90	\$8,288.42	\$0.00	\$8,288.42
482	76	\$32,880.64	\$5,312.81	\$27,567.83	\$32,880.64	\$0.00	\$32,880.64
484	2	\$4,720.22	\$750.58	\$3,969.64	\$4,720.22	\$0.00	\$4,720.22
486	10	\$16,087.00	\$2,380.87	\$13,706.13	\$16,087.00	\$0.00	\$16,087.00
488	46	\$39,434.88	\$4,629.29	\$34,805.59	\$39,434.88	\$0.00	\$39,434.88
489	1	\$1,070.36	\$0.00	\$1,070.36	\$1,070.36	\$0.00	\$1,070.36
491	1	\$1,495.00	\$0.00	\$1,495.00	\$1,495.00	\$0.00	\$1,495.00
492	1	\$1,694.64	\$338.93	\$1,355.71	\$1,694.64	\$0.00	\$1,694.64
495	2	\$5,064.00	\$928.96	\$4,135.04	\$5,064.00	\$0.00	\$5,064.00
<b>SUBTOTAL</b>	<b>146</b>	<b>\$110,735.16</b>	<b>\$16,180.96</b>	<b>\$94,554.20</b>	<b>\$110,735.16</b>	<b>\$0.00</b>	<b>\$110,735.16</b>
<b>SCAN Health Plan</b>							
611	305	\$94,245.00	\$20,047.92	\$74,815.08	\$94,863.00	\$0.00	\$94,863.00
613	105	\$64,050.00	\$10,943.40	\$53,106.60	\$64,050.00	\$0.00	\$64,050.00
<b>SUBTOTAL</b>	<b>410</b>	<b>\$158,295.00</b>	<b>\$30,991.32</b>	<b>\$127,921.68</b>	<b>\$158,913.00</b>	<b>\$0.00</b>	<b>\$158,913.00</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>UHC Medicare Adv.</b>							
701	1,648	\$589,367.52	\$71,899.04	\$515,380.99	\$587,280.03	(\$356.76)	\$586,923.27
702	322	\$490,142.25	\$31,278.71	\$444,304.54	\$475,583.25	\$0.00	\$475,583.25
703	946	\$667,421.92	\$69,056.21	\$598,365.71	\$667,421.92	\$0.00	\$667,421.92
704	81	\$138,225.69	\$9,624.64	\$125,188.07	\$134,812.71	\$0.00	\$134,812.71
705	27	\$25,308.64	\$1,446.23	\$22,054.65	\$23,500.88	\$0.00	\$23,500.88
706	1	\$332.14	\$13.29	\$318.85	\$332.14	\$0.00	\$332.14
<b>SUBTOTAL</b>	<b>3,025</b>	<b>\$1,910,798.16</b>	<b>\$183,318.12</b>	<b>\$1,705,612.81</b>	<b>\$1,888,930.93</b>	<b>(\$356.76)</b>	<b>\$1,888,574.17</b>
<b>United Healthcare</b>							
707	460	\$536,788.31	\$56,295.23	\$482,019.01	\$538,314.24	\$0.00	\$538,314.24
708	405	\$861,354.45	\$57,329.79	\$807,780.66	\$865,110.45	\$0.00	\$865,110.45
709	334	\$838,039.40	\$64,662.08	\$768,547.62	\$833,209.70	\$0.00	\$833,209.70
<b>SUBTOTAL</b>	<b>1,199</b>	<b>\$2,236,182.16</b>	<b>\$178,287.10</b>	<b>\$2,058,347.29</b>	<b>\$2,236,634.39</b>	<b>\$0.00</b>	<b>\$2,236,634.39</b>

## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Local 1014 Firefighters</b>							
801	60	\$67,367.40	\$1,796.44	\$65,615.61	\$67,412.05	\$1,078.15	\$68,490.20
802	287	\$581,022.89	\$15,912.34	\$565,110.55	\$581,022.89	\$11,824.90	\$592,847.79
803	279	\$666,265.95	\$21,540.16	\$658,769.27	\$680,309.43	\$9,267.38	\$689,576.81
804	171	\$191,997.09	\$8,825.12	\$182,270.29	\$191,095.41	(\$27,610.90)	\$163,484.51
805	171	\$346,184.37	\$9,798.42	\$336,385.95	\$346,184.37	(\$25,144.10)	\$321,040.27
806	583	\$1,180,266.01	\$33,808.62	\$1,146,457.39	\$1,180,266.01	(\$165,838.20)	\$1,014,427.81
807	37	\$88,357.85	\$1,719.40	\$86,638.45	\$88,357.85	(\$5,573.90)	\$82,783.95
808	14	\$33,432.70	\$191.04	\$33,241.66	\$33,432.70	(\$4,558.30)	\$28,874.40
809	26	\$29,192.54	\$3,256.07	\$25,936.47	\$29,192.54	\$0.00	\$29,192.54
810	7	\$14,171.29	\$1,983.98	\$12,187.31	\$14,171.29	\$0.00	\$14,171.29
811	5	\$11,940.25	\$859.70	\$11,080.55	\$11,940.25	\$0.00	\$11,940.25
812	224	\$251,504.96	\$21,400.20	\$232,305.70	\$253,705.90	(\$30,186.41)	\$223,519.49
<b>SUBTOTAL</b>	<b>1,864</b>	<b>\$3,461,703.30</b>	<b>\$121,091.49</b>	<b>\$3,355,999.20</b>	<b>\$3,477,090.69</b>	<b>(\$236,741.38)</b>	<b>\$3,240,349.31</b>
<b>Medical Plan Total</b>	<b>50,058</b>	<b>\$46,490,337.58</b>	<b>\$3,583,158.56</b>	<b>\$42,522,077.21</b>	<b>\$46,105,235.77</b>	<b>(\$280,427.08)</b>	<b>\$45,824,808.69</b>



## Medical and Dental Vision Insurance Premiums August 2018

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Dental/Vision Plan</b>							
<b>CIGNA Indemnity Dental/Vision</b>							
501	23,647	\$1,233,531.84	\$141,344.15	\$1,100,126.01	\$1,241,470.16	(\$2,153.91)	\$1,239,316.25
502	22,005	\$2,394,847.20	\$186,908.54	\$2,188,968.42	\$2,375,876.96	(\$490.89)	\$2,375,386.07
503	9	\$577.35	\$35.93	\$541.42	\$577.35	\$0.00	\$577.35
<b>SUBTOTAL</b>	<b>45,661</b>	<b>\$3,628,956.39</b>	<b>\$328,288.62</b>	<b>\$3,289,635.85</b>	<b>\$3,617,924.47</b>	<b>(\$2,644.80)</b>	<b>\$3,615,279.67</b>
<b>CIGNA Dental HMO/Vision</b>							
901	3,286	\$151,780.34	\$19,445.04	\$132,797.20	\$152,242.24	\$0.00	\$152,242.24
902	2,306	\$218,530.24	\$19,616.42	\$197,577.70	\$217,194.12	(\$94.52)	\$217,099.60
903	5	\$233.90	\$46.77	\$233.91	\$280.68	\$0.00	\$280.68
<b>SUBTOTAL</b>	<b>5,597</b>	<b>\$370,544.48</b>	<b>\$39,108.23</b>	<b>\$330,608.81</b>	<b>\$369,717.04</b>	<b>(\$94.52)</b>	<b>\$369,622.52</b>
<b>Dental/Vision Plan Total</b>	<b>51,258</b>	<b>\$3,999,500.87</b>	<b>\$367,396.85</b>	<b>\$3,620,244.66</b>	<b>\$3,987,641.51</b>	<b>(\$2,739.32)</b>	<b>\$3,984,902.19</b>
<b>GRAND TOTALS</b>	<b>101,316</b>	<b>\$50,489,838.45</b>	<b>\$3,950,555.41</b>	<b>\$46,142,321.87</b>	<b>\$50,092,877.28</b>	<b>(\$283,166.40)</b>	<b>\$49,809,710.88</b>

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
<b><u>Anthem Blue Cross Prudent Buyer Plan</u></b>		
\$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
<b><u>Anthem Blue Cross Plan I</u></b>		
<b>\$904.25</b>	211	Retiree Only
<b>\$1,630.31</b>	212	Retiree and Spouse/Domestic Partner
<b>\$1,923.10</b>	213	Retiree, Spouse/Domestic Partner and Children
<b>\$1,196.44</b>	214	Retiree and Children
\$299.58	215	Survivor Children Only Rates
<b><u>Anthem Blue Cross Plan II</u></b>		
<b>\$904.25</b>	221	Retiree Only
<b>\$1,630.31</b>	222	Retiree and Spouse/Domestic Partner
<b>\$1,923.10</b>	223	Retiree, Spouse/Domestic Partner and Children
<b>\$1,196.44</b>	224	Retiree and Children
\$299.58	225	Survivor Children Only Rates
<b><u>Anthem Blue Cross Plan III</u></b>		
\$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
<b><u>Kaiser (continued)</u></b>		
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")
<b><u>Kaiser Colorado</u></b>		
\$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")
<b><u>Kaiser Georgia</u></b>		
\$847.24	440	Retiree Only ("Basic" over age 65 with Medicare Part B only)
\$847.24	441	Retiree Only ("Basic over age 65 with Medicare Part A only)
\$847.24	442	Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B)
\$361.11	443	Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure)
\$1,203.35	444	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only)
\$1,203.35	445	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only)
\$1,203.35	446	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B)
\$847.24	461	Retiree Only ("Basic" under age 65)
\$361.11	462	Retiree Only ("Senior Advantage")

\*Benchmark premiums are bolded.

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

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

**Kaiser Hawaii**

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

**Kaiser Oregon**

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

\*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<b><u>Kaiser Oregon (continued)</u></b>		
\$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
<b><u>SCAN Health Plan</u></b>		
\$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.)
<b><u>United Healthcare Medicare Advantage (UHCMA)</u></b>		
(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
<b><u>United Healthcare (UHC)</u></b>		
(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
<b><u>Local 1014 Firefighters</u></b>		
\$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**

<b>\$46.55</b>	501	Retiree Only
<b>\$99.61</b>	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

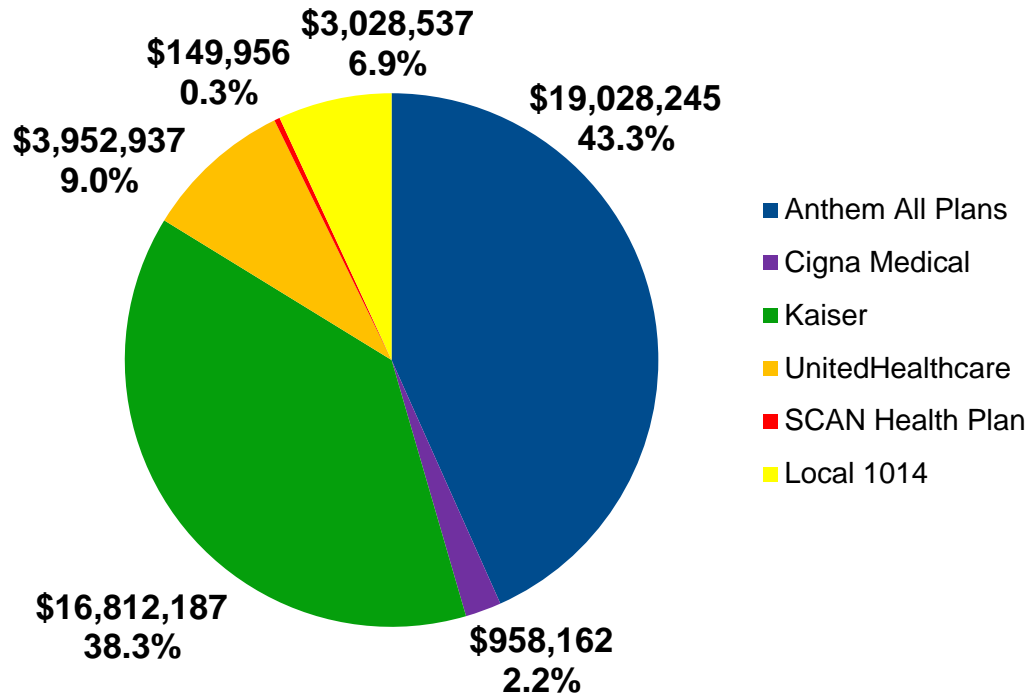


**Los Angeles County Employees Retirement Association**  
**Premium & Enrollment**  
*Coverage Month June 2018*

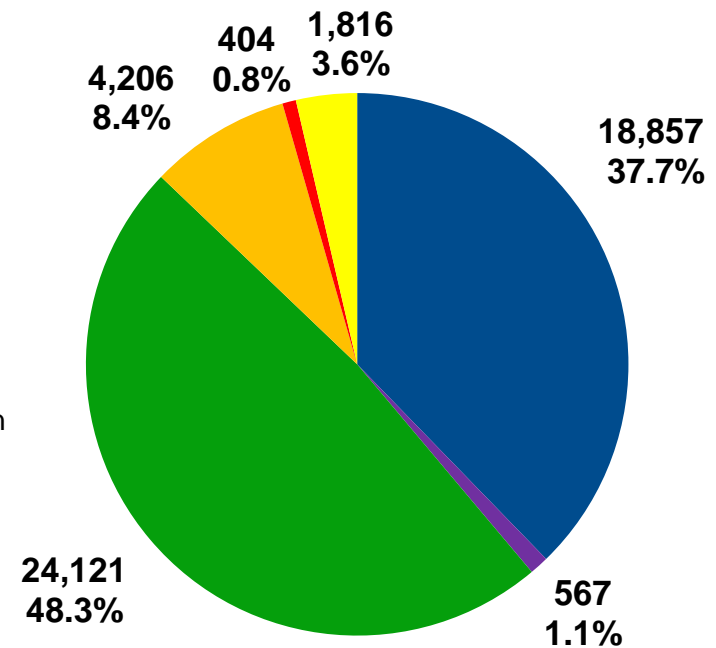
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$19,028,245	43.3%	18,857	37.7%
Cigna Medical	\$958,162	2.2%	567	1.1%
Kaiser	\$16,812,187	38.3%	24,121	48.3%
UnitedHealthcare	\$3,952,937	9.0%	4,206	8.4%
SCAN Health Plan	\$149,956	0.3%	404	0.8%
Local 1014	\$3,028,537	6.9%	1,816	3.6%
<b>Combined Medical</b>	<b>\$43,930,024</b>	<b>100.0%</b>	<b>49,971</b>	<b>100.0%</b>

<b>Cigna Dental &amp; Vision (PPO and HMO)</b>	<b>\$4,026,341</b>	<b>51,155</b>
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**Monthly Premium**



**Retirees**



**Los Angeles County Employees Retirement Association**  
**Anthem Plans I & II**  
*Coverage Month June 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	5,964	\$9,211,920	\$4,674,133	\$2,409,438	\$7,083,571	\$1,187.72	76.9%	\$738,622	\$7,822,193	84.9%
Mar-18	5,952	\$9,206,871	\$7,349,591	\$2,880,206	\$10,229,797	\$1,718.72	111.1%	\$737,303	\$10,967,100	119.1%
Apr-18	5,939	\$9,181,956	\$6,796,190	\$2,675,987	\$9,472,177	\$1,594.91	103.2%	\$735,895	\$10,208,072	111.2%
May-18	5,994	\$9,359,983	\$7,994,054	\$2,879,041	\$10,873,095	\$1,814.00	116.2%	\$743,066	\$11,616,161	124.1%
Jun-18	6,043	\$9,578,465	\$7,661,910	\$2,899,761	\$10,561,672	\$1,747.75	110.3%	\$749,626	\$11,311,297	118.1%
<b>YTD Plan Year</b>	71,807	\$111,439,711	\$80,158,284	\$32,316,737	\$112,475,020	\$1,566.35	100.9%	\$8,892,911	\$121,367,931	108.9%
<b>12 Month Rollup</b>	71,807	\$111,439,711	\$80,158,284	\$32,316,737	\$112,475,020	\$1,566.35	100.9%	\$8,892,911	\$121,367,931	108.9%

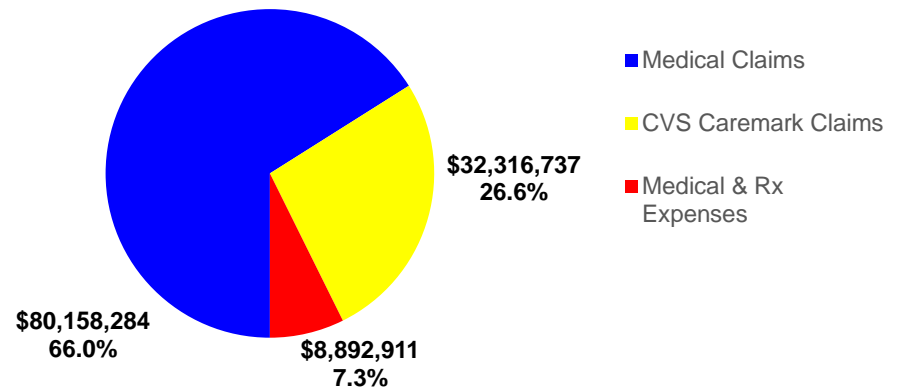
Medical Claims reported by Anthem

June 2018 Medical Claims are adjusted higher by 0.95% due to transition in Anthem reports

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 June 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	11,518	\$7,918,153	\$2,858,770	\$4,762,860	\$7,621,629	\$661.71	96.3%	\$857,749	\$8,479,378	107.1%
Mar-18	11,540	\$7,963,655	\$2,971,371	\$5,095,874	\$8,067,245	\$699.07	101.3%	\$859,387	\$8,926,632	112.1%
Apr-18	11,571	\$7,992,577	\$2,287,339	\$5,345,412	\$7,632,751	\$659.64	95.5%	\$861,696	\$8,494,447	106.3%
May-18	11,615	\$8,008,089	\$2,865,533	\$5,630,628	\$8,496,162	\$731.48	106.1%	\$864,973	\$9,361,134	116.9%
Jun-18	11,675	\$8,068,148	\$2,645,672	\$5,278,672	\$7,924,344	\$678.74	98.2%	\$869,441	\$8,793,785	109.0%
<b>YTD Plan Year</b>	138,091	\$95,098,512	\$29,859,818	\$60,467,286	\$90,327,104	\$654.11	95.0%	\$10,283,680	\$100,610,784	105.8%
<b>12 Month Rollup</b>	138,091	\$95,098,512	\$29,859,818	\$60,467,286	\$90,327,104	\$654.11	95.0%	\$10,283,680	\$100,610,784	105.8%

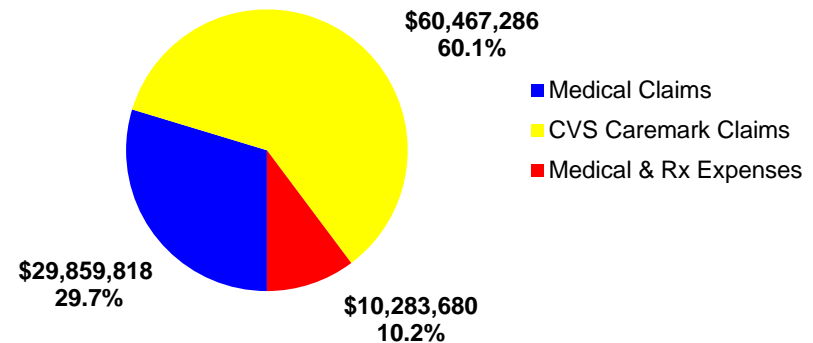
Medical Claims reported by Anthem

June 2018 Medical Claims are adjusted higher by 0.95% due to transition in Anthem reports

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 June 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	17,482	\$17,130,074	\$7,532,902	\$7,172,298	\$14,705,200	\$841.16	85.8%	\$1,596,371	\$16,301,571	95.2%
Mar-18	17,492	\$17,170,526	\$10,320,962	\$7,976,080	\$18,297,042	\$1,046.02	106.6%	\$1,596,690	\$19,893,732	115.9%
Apr-18	17,510	\$17,174,532	\$9,083,529	\$8,021,399	\$17,104,928	\$976.87	99.6%	\$1,597,591	\$18,702,519	108.9%
May-18	17,609	\$17,368,072	\$10,859,588	\$8,509,669	\$19,369,257	\$1,099.96	111.5%	\$1,608,039	\$20,977,296	120.8%
Jun-18	17,718	\$17,646,613	\$10,307,583	\$8,178,433	\$18,486,016	\$1,043.35	104.8%	\$1,619,067	\$20,105,082	113.9%
<b>YTD Plan Year</b>	209,898	\$206,538,222	\$110,018,102	\$92,784,022	\$202,802,124	\$966.19	98.2%	\$19,176,590	\$221,978,714	107.5%
<b>12 Month Rollup</b>	209,898	\$206,538,222	\$110,018,102	\$92,784,022	\$202,802,124	\$966.19	98.2%	\$19,176,590	\$221,978,714	107.5%

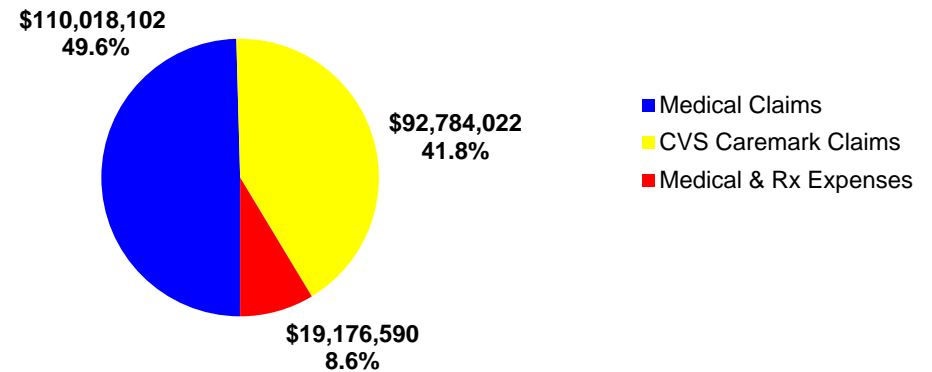
Medical Claims reported by Anthem

June 2018 Medical Claims are adjusted higher by 0.95% due to transition in Anthem reports

CVS Caremark Claims reported by CVS

Expenses: Anthem Admin, Stop Loss, and Premium Taxes

Enrollment and Premium Reported by LACERA

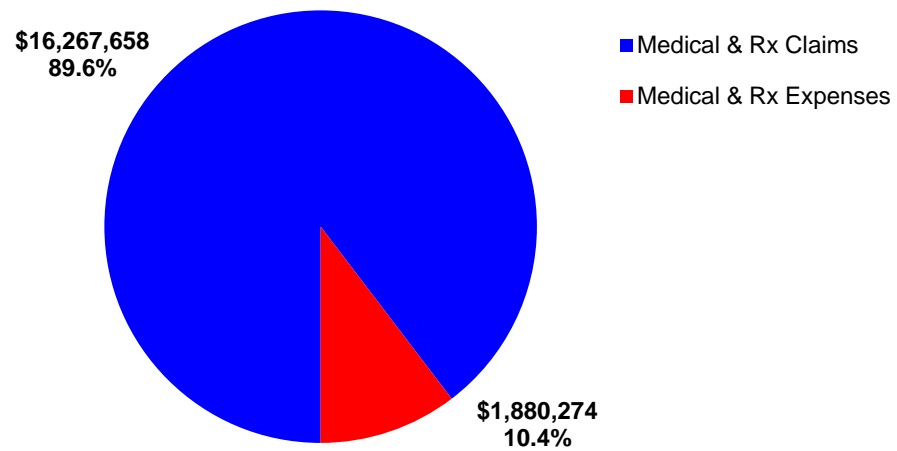


**Los Angeles County Employees Retirement Association**  
**Anthem Prudent Buyer**  
*Coverage Month June 2018*



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	1,161	\$1,409,523	\$1,052,384	\$906.45	74.7%	\$154,319	\$1,206,703	85.6%
Mar-18	1,153	\$1,397,695	\$1,330,735	\$1,154.15	95.2%	\$153,256	\$1,483,991	106.2%
Apr-18	1,149	\$1,391,123	\$1,152,257	\$1,002.83	82.8%	\$152,724	\$1,304,981	93.8%
May-18	1,145	\$1,378,961	\$1,547,208	\$1,351.27	112.2%	\$152,192	\$1,699,400	123.2%
Jun-18	1,139	\$1,381,632	\$1,456,839	\$1,279.05	105.4%	\$151,395	\$1,608,234	116.4%
<b>YTD Plan Year</b>	14,146	\$17,133,249	\$16,267,658	\$1,149.98	94.9%	\$1,880,274	\$18,147,932	105.9%
<b>12 Month Rollup</b>	14,146	\$17,133,249	\$16,267,658	\$1,149.98	94.9%	\$1,880,274	\$18,147,932	105.9%

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



# Los Angeles County Employees Retirement Association

Cigna HMO <sup>(1)</sup>

Coverage Month June 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	524	\$938,078	\$929,128	\$1,773.14	99.0%	\$111,725	\$1,040,853	111.0%
Mar-18	521	\$934,096	\$821,189	\$1,576.18	87.9%	\$111,251	\$932,440	99.8%
Apr-18	517	\$930,237	\$983,002	\$1,901.36	105.7%	\$110,791	\$1,093,793	117.6%
May-18	514	\$920,232	\$943,917	\$1,836.41	102.6%	\$109,600	\$1,053,516	114.5%
Jun-18	512	\$918,874	\$1,037,159	\$2,025.70	112.9%	\$109,438	\$1,146,597	124.8%
<b>YTD Plan Year</b>	6,375	\$11,396,835	\$11,307,716	\$1,773.76	99.2%	\$1,357,363	\$12,665,079	111.1%
<b>12 Month Rollup</b>	6,375	\$11,396,835	\$11,307,716	\$1,773.76	99.2%	\$1,357,363	\$12,665,079	111.1%

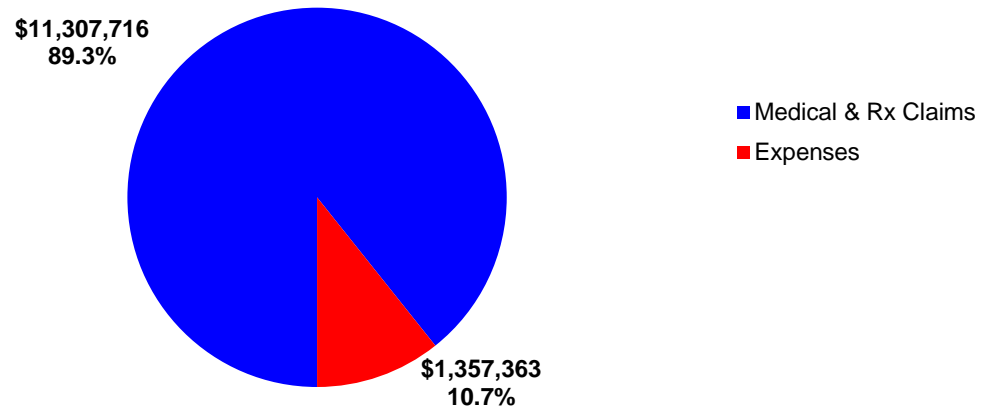
<sup>(1)</sup> Excludes Cigna's HealthSpring Preferred Plan.

Monthly Enrollment and Premium Data as reported by LACERA

Medical Claims reported by Cigna

Expenses: Cigna Admin Costs and Premium Taxes

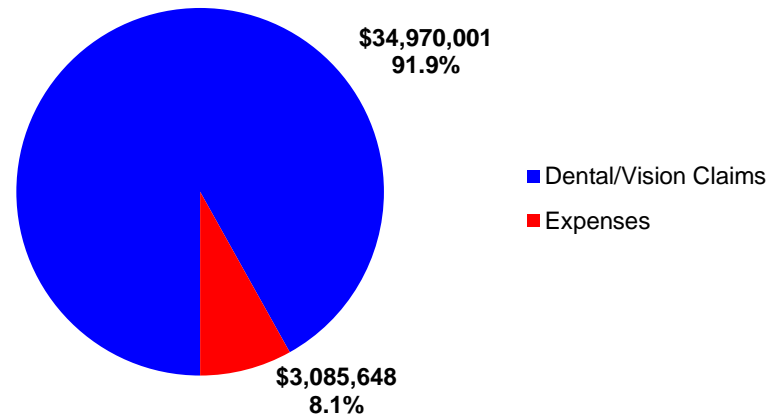
Enrollment and Premium Reported by LACERA



**Los Angeles County Employees Retirement Association**  
**Cigna Dental PPO + Vision**  
*Coverage Month June 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	44,803	\$3,544,236	\$3,487,067	54.4%	\$77.83	98.4%	\$256,859	\$3,743,926	105.6%
Mar-18	44,811	\$3,543,640	\$3,587,229	54.6%	\$80.05	101.2%	\$256,816	\$3,844,045	108.5%
Apr-18	44,903	\$3,562,292	\$3,168,315	55.0%	\$70.56	88.9%	\$258,168	\$3,426,483	96.2%
May-18	45,160	\$3,585,559	\$3,094,087	57.0%	\$68.51	86.3%	\$259,854	\$3,353,942	93.5%
Jun-18	45,560	\$3,652,883	\$3,014,623	58.8%	\$66.17	82.5%	\$264,733	\$3,279,357	89.8%
<b>YTD Plan Year</b>	537,349	\$42,576,862	\$34,970,001	56.1%	\$65.08	82.1%	\$3,085,648	\$38,055,649	89.4%
<b>12 Month Rollup</b>	537,349	\$42,576,862	\$34,970,001	56.1%	\$65.08	82.1%	\$3,085,648	\$38,055,649	89.4%

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



# Los Angeles County Employees Retirement Association

## Kaiser Utilization

### Coverage Month June 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 11/1/2016 - 10/31/2017	Prior Period 11/1/2015 - 10/31/2016	Change
<b>Average Contract Size</b>	<b>2.35</b>	<b>2.31</b>	<b>1.73%</b>
<b>Average Members</b>	<b>8,745</b>	<b>8,738</b>	<b>0.08%</b>
Inpatient Claims PMPM	\$188.88	\$209.50	-9.84%
Outpatient Claims PMPM	\$275.73	\$257.21	7.20%
Pharmacy	\$93.32	\$94.17	-0.90%
Other	\$106.21	\$110.27	-3.68%
<b>Total Claims PMPM</b>	<b>\$664.14</b>	<b>\$671.15</b>	<b>-1.04%</b>

<b>Total Paid Claims</b>	<b>\$69,698,162</b>	<b>\$70,371,008</b>	<b>-0.96%</b>
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<b>Large Claims over \$400,000 Pooling Point</b>			
Number of Claims over Pooling Point	4	10	
Amount over Pooling Point	\$871,694	\$1,834,991	-52.50%
% of Total Paid Claims	<b>1.25%</b>	<b>2.61%</b>	

Inpatient Days / 1000	233.6	385.7	-39.43%
Inpatient Admits / 1000	53.3	72.6	-26.58%
Outpatient Visits / 1000	11,868.5	12,218.7	-2.87%
Pharmacy Scripts PMPY	10.9	11.4	-4.39%