

## 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, FEBRUARY 13, 2020 - 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  
Vivian H. Gray, Vice Chair  
Wayne Moore  
Ronald A. Okum  
Shawn R. Kehoe, Alternate

#### I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of January 9, 2020

#### II. PUBLIC COMMENT

#### III. ACTION ITEMS

A. Recommendation as submitted by Cassandra Smith, Director, Retiree Healthcare: That the Committee recommends that the Board of Retirement approve the fiscal year 2020-2021 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee. (Memorandum dated January 22, 2020)

#### IV. FOR INFORMATION

A. Engagement Report for January 2020  
Barry W. Lew, Legislative Affairs Officer

B. Staff Activities Report for January 2020  
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. ITEMS FOR STAFF REVIEW
- 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 the Board Offices at (626)-564-6000, Ext. 4401/4402, 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, JANUARY 9, 2020, 11:23 A.M. – 11:46 A.M.

**COMMITTEE MEMBERS**

PRESENT: Les Robbins, Chair  
Shawn R. Kehoe, Vice Chair  
Vivian H. Gray  
Ronald Okum  
JP Harris, Alternate

**ALSO ATTENDING:**

BOARD MEMBERS AT LARGE

Keith Knox  
Wayne Moore  
Herman B. Santos  
Thomas Walsh

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare  
Barry W. Lew, Legislative Affairs Officer  
Ted Granger, Interim Chief Financial Officer

Segal Consulting

Stephen Murphy, Vice President

The meeting was called to order by Chair Robbins at 11:23 a.m.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of December 12, 2019

Mr. Kehoe made a motion, Ms. Gray seconded, to approve the minutes of the regular meeting of December 12, 2019. The motion passed unanimously.

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 a "Watch" position on H.R. 3934, which would enact the "Equal Treatment of Public Servants Act of 2019," and H.R. 4540, which would enact the "Public Servants Protection and Fairness Act." (Memorandum dated December 30, 2019)

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

IV. FOR INFORMATION

A. Engagement Report for December 2019  
Barry W. Lew, Legislative Affairs Officer

The engagement report was discussed.

B. Staff Activities Report for December 2019  
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 November 2019 were discussed.

IV. FOR INFORMATION (Continued)

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

Segal Consulting gave an update on federal legislation.

V. ITEMS FOR STAFF REVIEW

There was nothing to report.

VI. GOOD OF THE ORDER

(For information purposes only)

VII. ADJOURNMENT


The meeting adjourned at 11:46 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.**



January 22, 2020

TO: Insurance, Benefits and Legislative Committee  
 Les Robbins, Chair  
 Vivian H. Gray, Vice Chair  
 Wayne Moore  
 Ronald A. Okum  
 Shawn R. Kehoe, Alternate

FROM:  Cassandra Smith, Director  
 Retiree Healthcare Division

FOR: Insurance, Benefits and Legislative Committee Meeting of  
 February 13, 2020

SUBJECT: **2020-2021 PLAN YEAR HEALTH INSURANCE RATE RENEWALS AND  
 BENEFIT CHANGES FOR LACERA'S RETIREE HEALTHCARE  
 BENEFITS PROGRAM**

**RECOMMENDATION**

The Insurance, Benefits and Legislative Committee recommends that the Board of Retirement approve the fiscal year 2020-2021 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee.

**EXECUTIVE SUMMARY**

This year's contract negotiation with LACERA's health insurance carriers concluded with an overall renewal increase of 4.0%. This reflects a 3.2% reduction from the preliminary renewal proposal of 7.2% or approximately \$16.5 million in annual premium savings. In addition, with the repeal of the Health Insurance Tax (HIT), an additional savings of \$4.6 million, for a total savings of \$21.1 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 603,026,000	\$ 649,806,000	\$ 629,322,000	4.4%
Total Dental/Vision	49,442,000	49,537,000	48,934,000	-1.0%
<b>Total Medical/Dental/Vision</b>	<b>\$ 652,468,000</b>	<b>\$ 699,343,000</b>	<b>\$ 678,256,000</b>	<b>4.0%</b>
Negotiated Savings				\$ (16,514,000)
Health Insurer Tax Reduction				(4,573,000)
<b>Total Premium Savings</b>				<b>\$ (21,087,000)</b>

On December 20, 2019, Congress permanently repealed the following Health Care Taxes:

- Excise Tax (“Cadillac Tax”) which would have levied a 40 percent excise tax on health benefits, also known as the “Cadillac Tax”, passed as part of the Affordable Care Act (ACA) in 2010
- Health Insurance tax, also passed as part of the ACA in 2010, was a \$100 billion plus tax on health insurance. The repeal became effective January 1, 2021.

With the repeal of the fore mentioned taxes, the group’s overall medical premiums are increasing by approximately 4.4% while the dental/vision plans are experiencing a 1.0% decrease for the 2020-2021 plan year. The total projected overall annual program cost for the 2020-2021 plan year will be approximately \$678 million. As a result of the repeal, as occurred during our 2019-2020 renewals, all applicable carriers adjusted the HIT tax again this year for the 2020-2021 renewal to include only six-months (July through December) of taxes.

Today’s healthcare landscape continues to be as complex as ever. Therefore, we are continuously and closely monitoring the healthcare related initiatives. Segal and staff will continue discussions and meeting with our carriers to see what it is they are doing as it may affect the healthcare program.

## **RATE RENEWAL AND BENEFIT CHANGE PROPOSALS**

### Anthem Blue Cross Plans I, II, III and Prudent Buyer Plan

- Accept the 5.2% overall renewal increase with the following separate increases:
  - Accept the 5.7% increase for Plans I and II
  - Accept the 5.6% increase for Plan III
  - Accept the 1.2% decrease for Prudent Buyer Plan
  - Accept the mandatory contractual changes for all Anthem Blue Cross Plans as referenced in the Appendix.
- Instruct Anthem Blue Cross to release the year-end 2018-2019 surplus of \$6.6 million including changes in the Claims Stabilization Reserves to reflect the 2019-2020 rate concessions.

### Cigna Medical

- Accept the 0.3% overall renewal increase with the following separate increases:
  - Accept the 0.3% increase for the Cigna Network Model Plan
  - Accept the rate pass for the Cigna Health Spring Preferred with Rx
  - Accept the mandatory contractual changes referenced in the Appendix

### Cigna Dental and Vision

- Accept the overall rate decrease of 1.0% with the following separate plans:
  - Accept the rate decrease of 1.2% for the indemnity dental and vision plan
  - Accept the rate increase of 0.8% for the pre-paid dental and vision plan
  - No mandatory contractual changes for the 2020-2021 plan year

### Kaiser California

- Accept the 3.7% overall renewal increase with the following separate increases:
  - Accept the 5.4% increase for the Basic/Pre-65 plan
  - Accept the 2.6% increase for Senior Advantage plan
  - Accept the 2.5% increase for Kaiser Excess
  - Accept the mandatory contractual changes referenced in the Appendix

### Kaiser - Out of State

- Accept the 1.9% overall renewal increase in Out of State plans with the following separate changes for Medicare and non-Medicare plans listed:
  - Accept the Kaiser Colorado overall rate decrease of 7.6%
  - Accept the Kaiser Georgia rate pass
  - Accept the Kaiser Hawaii overall rate increase of 1.3%
  - Accept the Kaiser Oregon overall rate increase of 1.9%
  - Accept the Kaiser Washington rate pass
  - Accept the mandatory contractual changes referenced in the Appendix



### SCAN

- Accept the 2.3% overall renewal increase.
  - Accept the mandatory contractual changes as referenced in the Appendix

### United HealthCare (UHC)

- Accept the 0.8% overall renewal increase with the following separate increases:
  - Accept the 3.3% increase on the Pre-65 HMO Plan
  - Accept the 3.8% decrease on the Medicare Advantage Plan
  - Accept the mandatory contractual changes as referenced in the Appendix

### **Administrative Fee**

Approve the continuation of the flat monthly fee of \$8.00 per member, per plan, per month to cover LACERA's administrative services (including consulting, vendor fees, and the cost of administering LACERA's healthcare benefits program).

### **CONCLUSION**

The overall increase of 4.0% for our healthcare benefits program is another incredible outcome that resulted in a negotiated overall total premium savings of \$16.5 million annually.

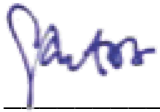
Staff, Segal, and our carrier partners are continuously monitoring the healthcare industry to stay ahead of the many things happening in Washington, D.C., and on a national basis as a whole within the healthcare landscape. With repeal of the Excise Tax, the plan sponsor, LA County, and the Retiree Healthcare Program have received some major financial relief.

Detailed information regarding the renewal proposal can be found in the enclosed 2020-2021 Renewal Evaluation Report prepared by Segal Consulting.

**IT IS THEREFORE RECOMMENDED THAT YOUR BOARD:**

The Insurance, Benefits and Legislative Committee recommends that the Board of Retirement approve the fiscal year 2020-2021 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee.

**REVIEWED AND APPROVED**



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Santos H. Kreimann  
Chief Executive Officer

CS:cs

Attachment



**Los Angeles County Employees  
Retirement Association**

***2020-2021 Renewal Evaluation Report  
Presented on February 13, 2020***

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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*The projections of annual premium in this report are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.*

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

## 2020-2021 Renewal Overview

This report summarizes the final 2020-2021 renewal results for the LACERA-administered Retiree Healthcare Benefits Program (RHCBP).

- The 2020-2021 renewal budget was forecasted to increase by 8.6%, prior to the renewal process.
- Negotiations during the renewal process resulted in a final overall increase of 4.0%.
  - This reflects a 3.2% decrease from the preliminary renewal increase of 7.2%.
- Negotiations and repeal of the Health Insurer Tax resulted in premium savings of approximately \$21.1 million annually.
  - Negotiations resulted in premium savings of approximately \$16.5 million annually.
  - Repeal of the Health Insurer Tax resulted in premium savings of approximately \$4.6 million annually.

### Medical Plans

- The overall negotiated medical renewal increase is 4.4%.

### Dental/Vision Plans

- The overall negotiated dental/vision renewal decrease is 1.0%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 603,026,000	\$ 649,806,000	\$ 629,322,000	4.4%
Total Dental/Vision	49,442,000	49,537,000	48,934,000	-1.0%
<b>Total Medical/Dental/Vision</b>	<b>\$ 652,468,000</b>	<b>\$ 699,343,000</b>	<b>\$ 678,256,000</b>	<b>4.0%</b>
Negotiated Savings				\$ (16,514,000)
Health Insurer Tax Reduction				(4,573,000)
<b>Total Premium Savings</b>				<b>\$ (21,087,000)</b>

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## KEY FINDINGS

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### Anthem Blue Cross Plans

- Anthem initially proposed an overall rate increase of 12.1%. Initial rate increases were 12.7% for Plans I, II, and III, and 4.5% for Prudent Buyer.
- After negotiations with Segal and Staff, Anthem reduced the overall rate increase to 5.2%. Anthem reduced rate increases to 5.7% for Plans I and II, and 5.6% for Plan III. Prudent Buyer rates were reduced to a decrease of 1.2%.
- Concessions represent an estimated savings of \$17.2 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 122,906,000	\$ 138,526,000	\$ 129,878,000	5.7%
Anthem BC Plan III	108,892,000	122,649,000	115,033,000	5.6%
Anthem BC Prudent Buyer	17,062,000	17,822,000	16,850,000	-1.2%
<b>Total</b>	<b>\$ 248,860,000</b>	<b>\$ 278,997,000</b>	<b>\$ 261,761,000</b>	<b>5.2%</b>

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## KEY FINDINGS

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### Cigna - Medical Plans

- Cigna initially proposed an overall increase of 5.1%. The Network Model (HMO) plan received an initial rate increase of 5.5%, while the Cigna Healthsprings Preferred Rx, MAPD plan received a rate pass.
- After negotiations with Segal and Staff, Cigna agreed to reduce the overall rate increase to 0.3%. The rate increase for Network Model (HMO) plan was reduced to 0.3%.
- Concessions represent an estimated savings of \$0.5 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Total Cigna Medical</b>	<b>\$ 10,997,000</b>	<b>\$ 11,563,000</b>	<b>\$ 11,028,000</b>	<b>0.3%</b>

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.



**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## KEY FINDINGS

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### Cigna - Dental/Vision Plans

- Cigna proposed an overall rate increase of 0.2%. Cigna initially proposed a rate pass for the Indemnity Dental/Vision plan, and a rate increase of 2.1% for the Dental/Vision HMO plan.
- After negotiations with Segal and Staff, Cigna agreed to an overall rate decrease of 1.0%. Cigna reduced renewals to a decrease of 1.2% for the Indemnity Dental/Vision plan, and an increase of 0.8% for the Dental/Vision HMO plan.
- Concessions represents an estimated savings of \$0.6 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Total Cigna Dental/Vision</b>	<b>\$ 49,442,000</b>	<b>\$ 49,537,000</b>	<b>\$ 48,934,000</b>	<b>-1.0%</b>

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## KEY FINDINGS

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### Kaiser - California

- Kaiser initially proposed an overall rate increase of 4.0%. The initial rate increase was 5.9% for Basic/Pre-65, 2.6% for Kaiser Senior Advantage rates, and 2.8% for Excess <sup>(1)</sup> rates.
- After negotiations with Segal and Staff, Kaiser agreed to reduce the overall rate increase to 3.7%. The Basic/Pre-65 rate increase was reduced to 5.4%, Excess <sup>(1)</sup> rate increases were reduced to 2.5%, and Kaiser Senior Advantage remained unchanged.
- Concessions represent an estimated savings of \$0.5 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Kaiser California</b>	<b>\$ 219,829,000</b>	<b>\$ 228,538,000</b>	<b>\$ 228,010,000</b>	<b>3.7%</b>

<sup>(1)</sup> Excess premiums apply to participants who do not qualify for Basic/Pre-65 or Kaiser Senior Advantage rates, on account of being 65 or older without Medicare assignment.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## KEY FINDINGS

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### Kaiser - Out of State (OOS)

- The initial overall increase for Kaiser's OOS plans for the 2020-2021 policy period was 2.0%.
- After negotiations with Segal and Staff, the overall increase for Kaiser's OOS plans was reduced to 1.9%.
- Concessions represent an estimated savings of \$1,000 annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
<b>Kaiser OOS</b>	<b>\$ 3,576,000</b>	<b>\$ 3,646,000</b>	<b>\$ 3,645,000</b>	<b>1.9%</b>

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

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## KEY FINDINGS

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### SCAN Health Plan

- SCAN proposed an overall rate increase of 2.3%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
SCAN	\$ 1,646,000	\$ 1,684,000	\$ 1,684,000	2.3%

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## KEY FINDINGS

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### UnitedHealthcare (UHC)

- UHC initially proposed an overall rate increase of 5.0%. Initial rate increases were 5.5% for Pre-65 rates and 3.9% for UnitedHealthcare Medicare Advantage (UHC MA) rates.
- After negotiations with Segal and Staff, UHC reduced the overall rate increase to 0.8%. The Pre-65 rate increase was reduced to 3.3% and the UHC MA received a rate decrease of 3.8%.
- Concessions represent an estimated savings of \$2.2 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
UHC	\$ 52,365,000	\$ 54,970,000	\$ 52,786,000	0.8%

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

## RECOMMENDATIONS

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### Anthem Blue Cross Plans Overall

- Accept the 5.2% overall rate increase, based on the individual plan increase/decrease noted below:
  - 5.7% overall rate increase to Anthem Blue Cross Plans I and II.
  - 5.6% rate increase to Anthem Blue Cross Plan III.
  - 1.2% rate decrease to Anthem Blue Cross Prudent Buyer Plan.
- Instruct Anthem Blue Cross to release year-end 2018-2019 surpluses for all plans. The amount is estimated at \$6.6 million including changes in the Claims Stabilization Reserves to reflect the 2019-2020 rate concessions.
- Accept the mandatory contractual changes included in the appendix.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

## RECOMMENDATIONS

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### Cigna Medical

- Accept the 0.3% overall increase to Cigna medical plans, based on the individual plan increase/rate pass noted below:
  - 0.3% increase to the Network Model Plan HMO.
  - Rate pass to the HealthSpring Preferred with Rx Plan MAPD.
- Accept the mandatory contractual changes included in the appendix.

### Cigna Dental/Vision

- Accept the 1.0% overall decrease to Cigna Dental/Vision plans, based on the individual plan increase/decrease noted below:
  - 1.2% rate decrease to the Cigna Indemnity Dental/Vision Plan
  - 0.8% rate increase to the Cigna Dental/Vision Plan
- No mandatory contractual changes apply for the 2020-2021 policy period.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

## RECOMMENDATIONS

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### Kaiser California

- Accept the 3.7% overall increase, based on the plan increase listed below:
  - 5.4% rate increase to the Basic/Pre-65 Plan.
  - 2.6% rate increase to the Kaiser Senior Advantage Plan.
  - 2.5% rate increase to the Kaiser Excess <sup>(1)</sup> Plan.
- Accept the mandatory contractual changes included in the appendix.

### Kaiser Out of State (OOS)

- Accept the 1.9% overall increase for Non-Medicare and Medicare combined OOS plans, based on the plan increase/decrease listed below:
  - 7.6% overall rate decrease to Kaiser-Colorado Plans.
  - 0.0% overall rate decrease to Kaiser-Georgia Plans.
  - 1.3% overall rate increase to Kaiser-Hawaii Plans.
  - 1.9% overall rate increase to Kaiser-Oregon Plans.
  - 0.0% overall rate increase to Kaiser-Washington Plans.
- Accept the mandatory contractual changes included in the appendix.

<sup>(1)</sup> Excess premiums apply to participants who do not qualify for Basic/Pre-65 or Kaiser Senior Advantage rates, on account of being 65 or older without Medicare assignment.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.



**Renewal Analysis - Effective 7/1/2020**  
**Los Angeles County Employees Retirement Association**

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## **RECOMMENDATIONS**

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### **SCAN Health Plan**

- Accept the 2.3% overall increase.
- Accept the mandatory contractual changes included in the appendix.

### **UnitedHealthcare**

- Accept the 0.8% overall increase, based on the plan increase/decrease listed below:
  - 3.3% increase for the Pre-65 HMO Plan.
  - 3.8% decrease for the MAPD HMO Plan.
- Accept the mandatory contractual changes included in the appendix.

### **LACERA Administrative Fee**

- Segal recommends LACERA maintain its Administrative Fee at \$8.00 per member, per plan, per month for the 2020-2021 policy period.
  - The fee is for administering the Retiree Healthcare Program, based on budget forecast.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

**PREMIUM PROJECTIONS FOR JULY 1, 2020 THROUGH JUNE 30, 2021**

	Retiree Count	Current Premiums	Preliminary		Negotiated	
			Premiums	Change (%)	Premiums	Change (%)
<b>Medical Plans</b>						
Anthem BC Plan I & II	6,069	\$122,906,000	\$138,526,000	12.7%	\$129,878,000	5.7%
Anthem BC Plan III	12,175	108,892,000	122,649,000	12.6%	115,033,000	5.6%
Anthem BC Prudent Buyer	1,000	17,062,000	17,822,000	4.5%	16,850,000	-1.2%
Cigna HMO & MAPD	485	10,997,000	11,563,000	5.1%	11,028,000	0.3%
Kaiser California	24,588	219,829,000	228,538,000	4.0%	228,010,000	3.7%
Kaiser Out of State (OOS)	380	3,576,000	3,646,000	2.0%	3,645,000	1.9%
SCAN Health Plan	413	1,646,000	1,684,000	2.3%	1,684,000	2.3%
United Healthcare	4,444	52,365,000	54,970,000	5.0%	52,786,000	0.8%
Medicare Part B	34,912	65,753,000	70,408,000	7.1%	70,408,000	7.1%
<b>Total Medical</b>	<b>49,554</b>	<b>\$603,026,000</b>	<b>\$649,806,000</b>	<b>7.8%</b>	<b>\$629,322,000</b>	<b>4.4%</b>
<b>Dental / Vision Plans</b>						
Indemnity Dental / Vision	47,169	\$44,935,000	\$44,935,000	0.0%	\$44,393,000	-1.2%
Prepaid Dental / Vision	5,673	4,507,000	4,602,000	2.1%	4,541,000	0.8%
<b>Total Dental/Vision</b>	<b>52,842</b>	<b>\$49,442,000</b>	<b>\$49,537,000</b>	<b>0.2%</b>	<b>\$48,934,000</b>	<b>-1.0%</b>
<b>Total Medical/Dental/Vision</b>		<b>\$652,468,000</b>	<b>\$699,343,000</b>	<b>7.2%</b>	<b>\$678,256,000</b>	<b>4.0%</b>
<b>Total Negotiated Premium Savings</b>					<b>(\$21,087,000)</b>	<b>-3.2%</b>

Note: Premiums and Rate Changes include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2020 THROUGH JUNE 30, 2021**

	Count	Current 2019-2020 Rates	Admin Fee	Total Rate	Preliminary 2020-2021 Rates	Admin Fee	Total Rate	% Change	Final 2020-2021 Rates	Admin Fee	Total Rate	% Change
<b>Anthem BC Plan I&amp;II</b>												
211 Retiree Only	731	\$1,162.28	\$8.00	\$1,170.28	\$1,310.70	\$8.00	\$1,318.70	12.7%	\$1,228.53	\$8.00	\$1,236.53	5.7%
221 Retiree Only	2,187	1,162.28	8.00	1,170.28	1,310.70	8.00	1,318.70	12.7%	1,228.53	8.00	1,236.53	5.7%
212 Retiree & Spouse	268	2,100.71	8.00	2,108.71	2,368.97	8.00	2,376.97	12.7%	2,220.45	8.00	2,228.45	5.7%
222 Retiree & Spouse	1,904	2,100.71	8.00	2,108.71	2,368.97	8.00	2,376.97	12.7%	2,220.45	8.00	2,228.45	5.7%
213 Retiree & Family	56	2,479.14	8.00	2,487.14	2,795.73	8.00	2,803.73	12.7%	2,620.45	8.00	2,628.45	5.7%
223 Retiree & Family	728	2,479.14	8.00	2,487.14	2,795.73	8.00	2,803.73	12.7%	2,620.45	8.00	2,628.45	5.7%
214 Retiree & Children	18	1,539.92	8.00	1,547.92	1,736.57	8.00	1,744.57	12.7%	1,627.70	8.00	1,635.70	5.7%
224 Retiree & Children	173	1,539.92	8.00	1,547.92	1,736.57	8.00	1,744.57	12.7%	1,627.70	8.00	1,635.70	5.7%
215 Survivor	2	380.74	8.00	388.74	429.36	8.00	437.36	12.5%	402.44	8.00	410.44	5.6%
225 Survivor	2	388.43	8.00	396.43	438.03	8.00	446.03	12.5%	410.57	8.00	418.57	5.6%
Total	6,069	\$122,323,008		\$122,905,632	\$137,943,569		\$138,526,193	12.7%	\$129,295,410		\$129,878,034	5.7%
<b>Anthem BC Plan III</b>												
240 One Medicare	6,838	\$469.43	\$8.00	\$477.43	\$529.38	\$8.00	\$537.38	12.6%	\$496.19	\$8.00	\$504.19	5.6%
241 Retiree & Spouse- 1 Medicare	146	1,515.21	8.00	1,523.21	1,708.70	8.00	1,716.70	12.7%	1,601.58	8.00	1,609.58	5.7%
242 Retiree & Spouse- 1 Medicare	858	1,515.21	8.00	1,523.21	1,708.70	8.00	1,716.70	12.7%	1,601.58	8.00	1,609.58	5.7%
243 Retiree & Spouse- 2 Medicare	4,032	940.80	8.00	948.80	1,060.94	8.00	1,068.94	12.7%	994.43	8.00	1,002.43	5.7%
244 Retiree & Children- 1 Medicare	15	845.73	8.00	853.73	953.73	8.00	961.73	12.7%	893.94	8.00	901.94	5.6%
245 Retiree & Children- 1 Medicare	56	845.73	8.00	853.73	953.73	8.00	961.73	12.7%	893.94	8.00	901.94	5.6%
246 Retiree & Family- 1 Medicare	19	1,891.39	8.00	1,899.39	2,132.92	8.00	2,140.92	12.7%	1,999.20	8.00	2,007.20	5.7%
247 Retiree & Family- 1 Medicare	132	1,891.39	8.00	1,899.39	2,132.92	8.00	2,140.92	12.7%	1,999.20	8.00	2,007.20	5.7%
248 Retiree & Family- 2 Medicare	9	1,316.91	8.00	1,324.91	1,485.08	8.00	1,493.08	12.7%	1,391.97	8.00	1,399.97	5.7%
249 Retiree & Family- 2 Medicare	53	1,316.91	8.00	1,324.91	1,485.08	8.00	1,493.08	12.7%	1,391.97	8.00	1,399.97	5.7%
250 Retiree & Family- 3 Medicare	17	1,476.65	8.00	1,484.65	1,665.22	8.00	1,673.22	12.7%	1,560.82	8.00	1,568.82	5.7%
Total	12,175	\$107,723,244		\$108,892,044	\$121,479,777		\$122,648,577	12.6%	\$113,863,924		\$115,032,724	5.6%
<b>Anthem BC Prudent Buyer</b>												
201 Retiree Only	581	\$1,008.48	\$8.00	\$1,016.48	\$1,053.66	\$8.00	\$1,061.66	4.4%	\$995.87	\$8.00	\$1,003.87	-1.2%
202 Retiree & Spouse	304	1,991.73	8.00	1,999.73	2,080.96	8.00	2,088.96	4.5%	1,966.83	8.00	1,974.83	-1.2%
203 Retiree & Family	78	2,248.78	8.00	2,256.78	2,349.53	8.00	2,357.53	4.5%	2,220.67	8.00	2,228.67	-1.2%
204 Retiree & Children	36	1,298.38	8.00	1,306.38	1,356.55	8.00	1,364.55	4.5%	1,282.15	8.00	1,290.15	-1.2%
205 Survivor	1	269.44	8.00	277.44	281.51	8.00	289.51	4.4%	266.07	8.00	274.07	-1.2%
Total	1,000	\$16,965,945		\$17,061,945	\$17,726,027		\$17,822,027	4.5%	\$16,753,830		\$16,849,830	-1.2%
<b>Cigna</b>												
301 Network- Retiree Only	288	\$1,616.26	\$8.00	\$1,624.26	\$1,704.81	\$8.00	\$1,712.81	5.5%	\$1,621.11	\$8.00	\$1,629.11	0.3%
302 Network- Retiree & Spouse	110	2,924.02	8.00	2,932.02	3,076.26	8.00	3,084.26	5.2%	2,932.79	8.00	2,940.79	0.3%
303 Network- Retiree & Family	13	3,454.10	8.00	3,462.10	3,633.88	8.00	3,641.88	5.2%	3,464.45	8.00	3,472.45	0.3%
304 Network- Retiree & Children	16	2,147.02	8.00	2,155.02	2,258.76	8.00	2,266.76	5.2%	2,153.46	8.00	2,161.46	0.3%
305 Network- Survivor	-	505.74	8.00	513.74	546.93	8.00	554.93	8.0%	507.26	8.00	515.26	0.3%
321 Risk- Retiree Only	29	376.49	8.00	384.49	376.49	8.00	384.49	0.0%	376.49	8.00	384.49	0.0%
322 Risk- Retiree & Spouse	9	1,684.25	8.00	1,692.25	1,747.94	8.00	1,755.94	3.8%	1,688.17	8.00	1,696.17	0.2%
324 Risk- Retiree & Spouse (Both Risk)	16	752.98	8.00	760.98	752.98	8.00	760.98	0.0%	752.98	8.00	760.98	0.0%
325 Risk- Retiree & Children	-	907.93	8.00	915.93	931.12	8.00	939.12	2.5%	909.52	8.00	917.52	0.2%
327 Risk- Retiree & Family (1 Medicare)	3	2,215.01	8.00	2,223.01	2,306.24	8.00	2,314.24	4.1%	2,220.52	8.00	2,228.52	0.2%
329 Risk- Retiree & Family (2 Medicare)	1	1,354.53	8.00	1,362.53	1,347.75	8.00	1,355.75	-0.5%	1,326.15	8.00	1,334.15	-2.1%
Total	485	\$10,950,053		\$10,996,613	\$11,516,620		\$11,563,180	5.2%	\$10,981,523		\$11,028,083	0.3%

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**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2020 THROUGH JUNE 30, 2021**

	Count	Current 2019-2020 Rates	Admin Fee	Total Rate	Preliminary 2020-2021 Rates	Admin Fee	Total Rate	% Change	Final 2020-2021 Rates	Admin Fee	Total Rate	% Change
<b>Kaiser California</b>												
401 Retiree Basic (Under 65)	1,471	\$1,024.28	\$8.00	\$1,032.28	\$1,084.76	\$8.00	\$1,092.76	5.9%	\$1,079.85	\$8.00	\$1,087.85	5.4%
403 Retiree Risk (Senior Advantage)	10,921	272.80	8.00	280.80	280.17	8.00	288.17	2.6%	280.17	8.00	288.17	2.6%
404 Retiree Excess	619	1,170.79	8.00	1,178.79	1,169.65	8.00	1,177.65	-0.1%	1,169.65	8.00	1,177.65	-0.1%
405 Retiree Excess - Part B	1,066	1,078.88	8.00	1,086.88	1,126.54	8.00	1,134.54	4.4%	1,121.77	8.00	1,129.77	3.9%
406 Excess - Medicare Not Provided (MNP)	37	1,914.46	8.00	1,922.46	2,019.76	8.00	2,027.76	5.5%	2,019.76	8.00	2,027.76	5.5%
411 Family Basic	1,842	2,048.56	8.00	2,056.56	2,169.52	8.00	2,177.52	5.9%	2,159.70	8.00	2,167.70	5.4%
413 One Advantage, One Basic	1,574	1,297.08	8.00	1,305.08	1,364.93	8.00	1,372.93	5.2%	1,360.02	8.00	1,368.02	4.8%
414 One Excess, One Basic	133	2,195.07	8.00	2,203.07	2,254.41	8.00	2,262.41	2.7%	2,249.50	8.00	2,257.50	2.5%
418 Two+ Advantage	5,601	545.60	8.00	553.60	560.34	8.00	568.34	2.7%	560.34	8.00	568.34	2.7%
419 One Excess, One Advantage	301	1,443.59	8.00	1,451.59	1,449.82	8.00	1,457.82	0.4%	1,449.82	8.00	1,457.82	0.4%
420 Two+ Excess	141	2,341.58	8.00	2,349.58	2,339.30	8.00	2,347.30	-0.1%	2,339.30	8.00	2,347.30	-0.1%
422 One Excess - Part B, One Basic	242	2,103.16	8.00	2,111.16	2,211.30	8.00	2,219.30	5.1%	2,201.62	8.00	2,209.62	4.7%
423 One Excess (MNP), One Basic	17	2,938.74	8.00	2,946.74	3,104.52	8.00	3,112.52	5.6%	3,099.61	8.00	3,107.61	5.5%
426 One Advantage, One Excess - Part B	214	1,351.68	8.00	1,359.68	1,406.71	8.00	1,414.71	4.0%	1,401.94	8.00	1,409.94	3.7%
427 One Advantage, One Excess (MNP)	164	2,187.26	8.00	2,195.26	2,299.93	8.00	2,307.93	5.1%	2,299.93	8.00	2,307.93	5.1%
428 One Excess, One Excess - Part B	63	2,249.67	8.00	2,257.67	2,296.19	8.00	2,304.19	2.1%	2,291.42	8.00	2,299.42	1.8%
429 One Excess, One Excess (MNP)	12	3,085.25	8.00	3,093.25	3,189.41	8.00	3,197.41	3.4%	3,189.41	8.00	3,197.41	3.4%
430 Two Excess - Part B	142	2,157.76	8.00	2,165.76	2,253.08	8.00	2,261.08	4.4%	2,243.54	8.00	2,251.54	4.0%
431 One Excess - Part B, One Excess (MNP)	13	2,993.34	8.00	3,001.34	3,146.30	8.00	3,154.30	5.1%	3,141.53	8.00	3,149.53	4.9%
432 Two Excess - Both (MNP)	6	3,828.92	8.00	3,836.92	4,039.51	8.00	4,047.51	5.5%	4,039.52	8.00	4,047.52	5.5%
421 Survivor	9	1,024.28	8.00	1,032.28	1,084.76	8.00	1,092.76	5.9%	1,079.85	8.00	1,087.85	5.4%
Total	24,588	\$217,468,111		\$219,828,559	\$226,177,875		\$228,538,323	4.0%	\$225,650,050		\$228,010,498	3.7%
<b>Kaiser- Colorado</b>												
450 Retiree Basic	5	\$913.59	\$8.00	\$921.59	\$1,041.93	\$8.00	\$1,049.93	13.9%	\$1,041.93	\$8.00	\$1,049.93	13.9%
451 Retiree Risk (Senior Advantage)	34	351.72	8.00	359.72	341.06	8.00	349.06	-3.0%	341.06	8.00	349.06	-3.0%
453 Retiree Basic (Two Party)	3	2,028.25	8.00	2,036.25	2,313.18	8.00	2,321.18	14.0%	2,313.18	8.00	2,321.18	14.0%
454 Retiree Basic Family	2	2,649.75	8.00	2,657.75	3,125.89	8.00	3,133.89	17.9%	3,125.89	8.00	3,133.89	17.9%
455 One Risk, One Basic	2	1,164.95	8.00	1,172.95	1,382.99	8.00	1,390.99	18.6%	1,382.99	8.00	1,390.99	18.6%
457 Two Retiree Risk	8	703.44	8.00	711.44	682.12	8.00	690.12	-3.0%	682.12	8.00	690.12	-3.0%
458 One Risk, Two or More Dependents	2	1,999.89	8.00	2,007.89	2,364.32	8.00	2,372.32	18.1%	2,364.32	8.00	2,372.32	18.1%
459 Two Risk, Two or More Dependents	-	1,516.67	8.00	1,524.67	1,724.05	8.00	1,732.05	13.6%	1,724.05	8.00	1,732.05	13.6%
Total	56	\$478,415		\$483,791	\$515,383		\$520,759	7.6%	\$515,383		\$520,759	7.6%

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**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2020 THROUGH JUNE 30, 2021**

	Count	Current 2019-2020 Rates	Admin Fee	Total Rate	Preliminary 2020-2021 Rates	Admin Fee	Total Rate	% Change	Final 2020-2021 Rates	Admin Fee	Total Rate	% Change
<b>Kaiser- Georgia</b>												
440	-	\$1,100.67	\$8.00	\$1,108.67	\$1,100.67	\$8.00	\$1,108.67	0.0%	\$1,100.67	\$8.00	\$1,108.67	0.0%
441	4	1,100.67	8.00	1,108.67	1,100.67	8.00	1,108.67	0.0%	1,100.67	8.00	1,108.67	0.0%
442	4	1,100.67	8.00	1,108.67	1,100.67	8.00	1,108.67	0.0%	1,100.67	8.00	1,108.67	0.0%
443	-	415.47	8.00	423.47	415.47	8.00	423.47	0.0%	415.47	8.00	423.47	0.0%
444	-	1,516.14	8.00	1,524.14	1,516.14	8.00	1,524.14	0.0%	1,516.14	8.00	1,524.14	0.0%
445	3	1,516.14	8.00	1,524.14	1,516.14	8.00	1,524.14	0.0%	1,516.14	8.00	1,524.14	0.0%
446	2	1,516.14	8.00	1,524.14	1,516.14	8.00	1,524.14	0.0%	1,516.14	8.00	1,524.14	0.0%
461	15	1,100.67	8.00	1,108.67	1,100.67	8.00	1,108.67	0.0%	1,100.67	8.00	1,108.67	0.0%
462	61	415.47	8.00	423.47	415.47	8.00	423.47	0.0%	415.47	8.00	423.47	0.0%
463	2	2,201.34	8.00	2,209.34	2,201.34	8.00	2,209.34	0.0%	2,201.34	8.00	2,209.34	0.0%
464	-	3,302.01	8.00	3,310.01	3,302.01	8.00	3,310.01	0.0%	3,302.01	8.00	3,310.01	0.0%
465	6	1,516.14	8.00	1,524.14	1,516.14	8.00	1,524.14	0.0%	1,516.14	8.00	1,524.14	0.0%
466	29	830.94	8.00	838.94	830.94	8.00	838.94	0.0%	830.94	8.00	838.94	0.0%
467	1	2,616.81	8.00	2,624.81	2,616.81	8.00	2,624.81	0.0%	2,616.81	8.00	2,624.81	0.0%
468	-	1,931.61	8.00	1,939.61	1,931.61	8.00	1,939.61	0.0%	1,931.61	8.00	1,939.61	0.0%
469	-	1,246.41	8.00	1,254.41	1,246.41	8.00	1,254.41	0.0%	1,246.41	8.00	1,254.41	0.0%
470	-	<u>2,616.81</u>	8.00	<u>2,624.81</u>	<u>2,616.81</u>	8.00	<u>2,624.81</u>	<u>0.0%</u>	<u>2,616.81</u>	8.00	<u>2,624.81</u>	<u>0.0%</u>
Total	127	\$1,181,440		\$1,193,632	\$1,181,440		\$1,193,632	0.0%	\$1,181,440		\$1,193,632	0.0%
<b>Kaiser- Hawaii</b>												
471	5	\$947.23	\$8.00	\$955.23	\$987.32	\$8.00	\$995.32	4.2%	\$982.75	\$8.00	\$990.75	3.7%
472	29	440.03	8.00	448.03	440.24	8.00	448.24	0.0%	440.24	8.00	448.24	0.0%
473	1	1,758.93	8.00	1,766.93	1,766.62	8.00	1,774.62	0.4%	1,766.62	8.00	1,774.62	0.4%
474	3	1,894.46	8.00	1,902.46	1,974.64	8.00	1,982.64	4.2%	1,965.50	8.00	1,973.50	3.7%
475	-	2,841.69	8.00	2,849.69	2,961.95	8.00	2,969.95	4.2%	2,948.26	8.00	2,956.26	3.7%
476	6	1,387.26	8.00	1,395.26	1,427.56	8.00	1,435.56	2.9%	1,422.99	8.00	1,430.99	2.6%
477	-	2,706.16	8.00	2,714.16	2,753.94	8.00	2,761.94	1.8%	2,749.37	8.00	2,757.37	1.6%
478	15	880.06	8.00	888.06	880.48	8.00	888.48	0.0%	880.48	8.00	888.48	0.0%
479	1	<u>2,198.96</u>	8.00	<u>2,206.96</u>	<u>2,206.86</u>	8.00	<u>2,214.86</u>	<u>0.4%</u>	<u>2,206.86</u>	8.00	<u>2,214.86</u>	<u>0.4%</u>
Total	60	\$583,953		\$589,713	\$592,482		\$598,242	1.4%	\$591,550		\$597,310	1.3%

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**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2020 THROUGH JUNE 30, 2021**

	Count	Current 2019-2020 Rates	Admin Fee	Total Rate	Preliminary 2020-2021 Rates	Admin Fee	Total Rate	% Change	Final 2020-2021 Rates	Admin Fee	Total Rate	% Change
<b>Kaiser- Oregon</b>												
481	7	\$1,167.60	\$8.00	\$1,175.60	\$1,154.99	\$8.00	\$1,162.99	-1.1%	\$1,149.52	\$8.00	\$1,157.52	-1.5%
482	72	457.80	8.00	465.80	471.36	8.00	479.36	2.9%	471.36	8.00	479.36	2.9%
483	1	1,241.03	8.00	1,249.03	1,250.00	8.00	1,258.00	0.7%	1,250.00	8.00	1,258.00	0.7%
484	2	2,335.20	8.00	2,343.20	2,309.99	8.00	2,317.99	-1.1%	2,299.05	8.00	2,307.05	-1.5%
485	-	3,502.80	8.00	3,510.80	3,464.98	8.00	3,472.98	-1.1%	3,448.57	8.00	3,456.57	-1.5%
486	8	1,625.40	8.00	1,633.40	1,626.35	8.00	1,634.35	0.1%	1,626.35	8.00	1,634.35	0.1%
488	42	915.60	8.00	923.60	942.72	8.00	950.72	2.9%	942.72	8.00	950.72	2.9%
489	2	1,037.40	8.00	1,045.40	1,068.08	8.00	1,076.08	2.9%	1,068.08	8.00	1,076.08	2.9%
490	-	1,241.03	8.00	1,249.03	1,250.00	8.00	1,258.00	0.7%	1,250.00	8.00	1,258.00	0.7%
491	-	1,495.20	8.00	1,503.20	1,539.44	8.00	1,547.44	2.9%	1,539.44	8.00	1,547.44	2.9%
492	-	1,698.83	8.00	1,706.83	1,721.36	8.00	1,729.36	1.3%	1,721.36	8.00	1,729.36	1.3%
493	-	2,793.00	8.00	2,801.00	2,781.35	8.00	2,789.35	-0.4%	2,781.35	8.00	2,789.35	-0.4%
494	-	2,083.20	8.00	2,091.20	2,097.71	8.00	2,105.71	0.7%	2,097.71	8.00	2,105.71	0.7%
495	2	2,482.06	8.00	2,490.06	2,500.00	8.00	2,508.00	0.7%	2,500.00	8.00	2,508.00	0.7%
496	-	2,074.80	8.00	2,082.80	2,136.16	8.00	2,144.16	2.9%	2,136.16	8.00	2,144.16	2.9%
497	-	2,205.00	8.00	2,213.00	2,223.07	8.00	2,231.07	0.8%	2,223.07	8.00	2,231.07	0.8%
498	1	2,408.63	8.00	2,416.63	2,404.99	8.00	2,412.99	-0.2%	2,404.99	8.00	2,412.99	-0.2%
Total	137	\$1,295,426		\$1,308,578	\$1,320,468		\$1,333,620	1.9%	\$1,319,746		\$1,332,898	1.9%
<b>Kaiser- Washington</b>												
393	-	\$1,154.11	\$8.00	\$1,162.11	\$1,154.11	\$8.00	\$1,162.11	0.0%	\$1,154.11	\$8.00	\$1,162.11	0.0%
394	-	428.52	8.00	436.52	428.52	8.00	436.52	0.0%	428.52	8.00	436.52	0.0%
395	-	2,155.21	8.00	2,163.21	2,155.21	8.00	2,163.21	0.0%	2,155.21	8.00	2,163.21	0.0%
396	-	3,608.76	8.00	3,616.76	3,608.76	8.00	3,616.76	0.0%	3,608.76	8.00	3,616.76	0.0%
397	-	1,429.62	8.00	1,437.62	1,429.62	8.00	1,437.62	0.0%	1,429.62	8.00	1,437.62	0.0%
398	-	857.04	8.00	865.04	857.04	8.00	865.04	0.0%	857.04	8.00	865.04	0.0%
399	-	2,883.17	8.00	2,891.17	2,883.17	8.00	2,891.17	0.0%	2,883.17	8.00	2,891.17	0.0%
400	-	2,310.59	8.00	2,318.59	2,310.59	8.00	2,318.59	0.0%	2,310.59	8.00	2,318.59	0.0%
Total	-	\$0		\$0	\$0		\$0	N/A	\$0		\$0	N/A
<b>SCAN Health Plan</b>												
611	309	\$259.00	\$8.00	\$267.00	\$265.00	\$8.00	\$273.00	2.2%	\$265.00	\$8.00	\$273.00	2.2%
613	104	518.00	8.00	526.00	530.00	8.00	538.00	2.3%	530.00	8.00	538.00	2.3%
Total	413	\$1,606,836		\$1,646,484	\$1,644,060		\$1,683,708	2.3%	\$1,644,060		\$1,683,708	2.3%
<b>UnitedHealthcare</b>												
701	1,736	\$348.76	\$8.00	\$356.76	\$362.71	\$8.00	\$370.71	3.9%	\$335.15	\$8.00	\$343.15	-3.8%
702	354	1,534.33	8.00	1,542.33	1,614.20	8.00	1,622.20	5.2%	1,560.32	8.00	1,568.32	1.7%
703	1,047	697.52	8.00	705.52	725.42	8.00	733.42	4.0%	670.30	8.00	678.30	-3.9%
704	88	1,738.57	8.00	1,746.57	1,829.79	8.00	1,837.79	5.2%	1,771.38	8.00	1,779.38	1.9%
705	31	901.76	8.00	909.76	941.02	8.00	949.02	4.3%	881.36	8.00	889.36	-2.2%
706	1	333.77	8.00	341.77	352.33	8.00	360.33	5.4%	344.92	8.00	352.92	3.3%
707	451	1,185.57	8.00	1,193.57	1,251.49	8.00	1,259.49	5.5%	1,225.17	8.00	1,233.17	3.3%
708	401	2,170.97	8.00	2,178.97	2,291.68	8.00	2,299.68	5.5%	2,243.48	8.00	2,251.48	3.3%
709	335	2,575.38	8.00	2,583.38	2,718.57	8.00	2,726.57	5.5%	2,661.40	8.00	2,669.40	3.3%
Total	4,444	\$51,938,273		\$52,364,897	\$54,543,063		\$54,969,687	5.0%	\$52,359,389		\$52,786,013	0.8%

Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

**GROUP INSURANCE RATES EFFECTIVE JULY 1, 2020 THROUGH JUNE 30, 2021**

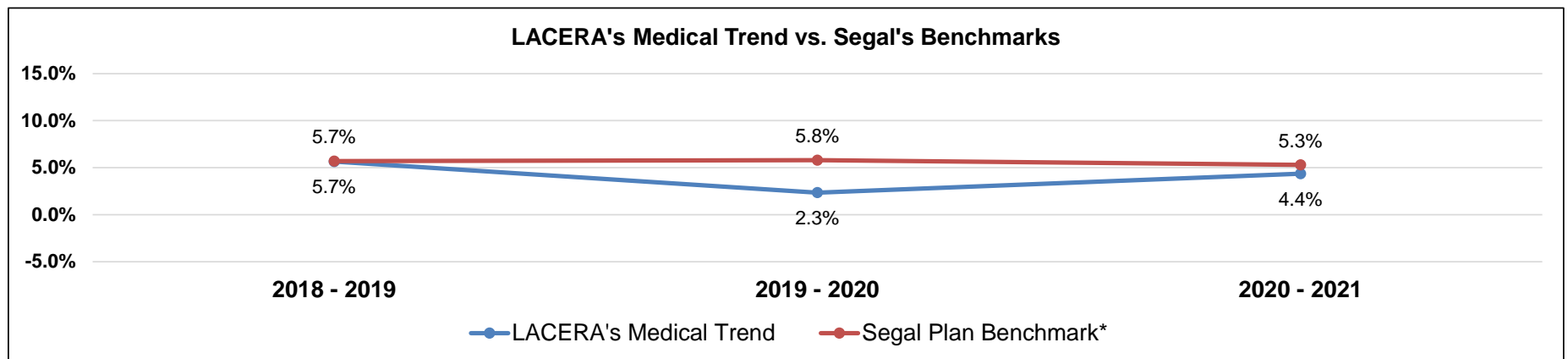
	Count	Current 2019-2020 Rates	Admin Fee	Total Rate	Preliminary 2020-2021 Rates	Admin Fee	Total Rate	% Change	Final 2020-2021 Rates	Admin Fee	Total Rate	% Change
<b>Medicare Part B</b>	<u>34,912</u>	<u>\$156.95</u>	\$0.00	<u>\$156.95</u>	<u>\$168.06</u>	\$0.00	<u>\$168.06</u>	<u>7.1%</u>	<u>\$168.06</u>	\$0.00	<u>\$168.06</u>	<u>7.1%</u>
Total	34,912	\$65,753,261		\$65,753,261	\$70,407,729		\$70,407,729	7.1%	\$70,407,729		\$70,407,729	7.1%
<b>Cigna Dental (Indemnity) / Vision</b>												
501 Retiree Only	24,406	\$44.16	\$8.00	\$52.16	\$44.16	\$8.00	\$52.16	0.0%	\$43.57	\$8.00	\$51.57	-1.1%
502 Retiree & Dependents	22,751	100.60	8.00	108.60	100.60	8.00	108.60	0.0%	99.25	8.00	107.25	-1.2%
503 Survivor / Minor	<u>12</u>	<u>56.15</u>	8.00	<u>64.15</u>	<u>56.15</u>	8.00	<u>64.15</u>	<u>0.0%</u>	<u>55.40</u>	8.00	<u>63.40</u>	<u>-1.2%</u>
Total	47,169	\$40,406,320		\$44,934,544	\$40,406,320		\$44,934,544	0.0%	\$39,864,852		\$44,393,076	-1.2%
<b>Cigna Dental (Prepaid) / Vision</b>												
901 Retiree only	3,321	\$38.19	\$8.00	\$46.19	\$39.10	\$8.00	\$47.10	2.0%	\$38.51	\$8.00	\$46.51	0.7%
902 Retiree & Dependents	2,350	86.52	8.00	94.52	88.58	8.00	96.58	2.2%	87.26	8.00	95.26	0.8%
903 Survivor/ Minor	<u>2</u>	<u>38.78</u>	8.00	<u>46.78</u>	<u>39.69</u>	8.00	<u>47.69</u>	<u>1.9%</u>	<u>39.09</u>	8.00	<u>47.09</u>	<u>0.7%</u>
Total	5,673	\$3,962,743		\$4,507,351	\$4,057,122		\$4,601,730	2.1%	\$3,996,371		\$4,540,979	0.7%

Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

## HISTORICAL AGGREGATE PREMIUMS - MEDICAL <sup>(1)</sup>

Policy Period	2017-2018		2018-2019		2019-2020		2020-2021	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	
Anthem	\$224,461,000	\$238,737,000	6.4%	\$248,860,000	4.2%	\$261,761,000	5.2%	
Cigna	11,992,000	11,486,000	-4.2%	10,997,000	-4.3%	11,028,000	0.3%	
Kaiser	194,812,000	211,917,000	8.8%	223,405,000	5.4%	231,655,000	3.7%	
SCAN	1,814,000	1,907,000	5.1%	1,646,000	-13.7%	1,684,000	2.3%	
UnitedHealthcare	43,215,000	49,211,000	13.9%	52,365,000	6.4%	52,786,000	0.8%	
Medicare Part B	57,124,000	62,642,000	9.7%	65,753,000	5.0%	70,408,000	7.1%	
<b>Total Premium</b>	<b>\$533,418,000</b>	<b>\$575,900,000</b>	<b>8.0%</b>	<b>\$603,026,000</b>	<b>4.7%</b>	<b>\$629,322,000</b>	<b>4.4%</b>	
<b>Total Retirees Insured</b>	<b>47,396</b>	<b>48,434</b>	<b>2.2%</b>	<b>49,554</b>	<b>2.3%</b>	<b>49,554</b>	<b>0.0%</b>	
<b>Premiums per Retiree per Month</b>	<b>\$937.87</b>	<b>\$990.87</b>	<b>5.7%</b>	<b>\$1,014.09</b>	<b>2.3%</b>	<b>\$1,058.31</b>	<b>4.4%</b>	

<sup>(1)</sup> The 2017-2018 and 2018-2019 premiums are projected based on enrollment from LACERA's January 2018 and January 2019 Staff Activity reports, respectively. The 2019-2020 and 2020-2021 premiums are projected based on enrollment from LACERA's January 2020 Staff Activity report.



\*Benchmarks are based on Segal's Annual Trend Surveys, weighted by LACERA's enrollment distribution in Non-Medicare (33%) and Medicare (67%) Plans.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

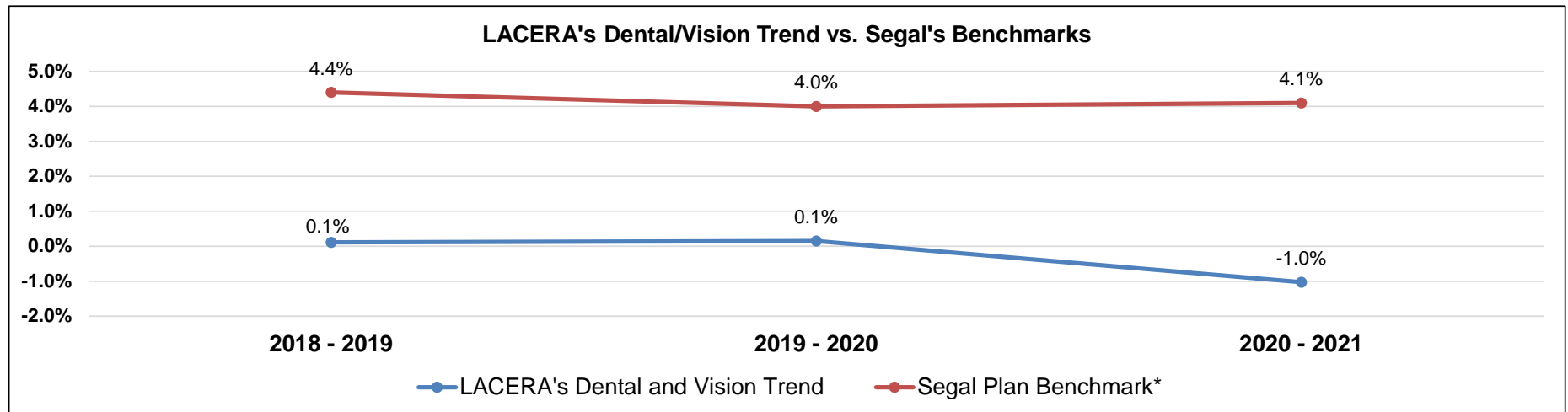


Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

### HISTORICAL AGGREGATE PREMIUMS - DENTAL AND VISION <sup>(1)</sup>

Policy Period	2017-2018			2018-2019		2019-2020		2020-2021	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Cigna Indemnity Dental / Vision	\$42,562,000	\$43,699,000	2.7%	\$44,935,000	2.8%	\$44,393,000	-1.2%		
Cigna Prepaid Dental / Vision	4,388,000	4,449,000	1.4%	4,507,000	1.3%	4,541,000	0.8%		
<b>Total Premium</b>	<b>\$46,950,000</b>	<b>\$48,148,000</b>	<b>2.6%</b>	<b>\$49,442,000</b>	<b>2.7%</b>	<b>\$48,934,000</b>	<b>-1.0%</b>		
<b>Total Retirees Insured</b>	<b>50,309</b>	<b>51,536</b>	<b>2.4%</b>	<b>52,842</b>	<b>2.5%</b>	<b>52,842</b>	<b>0.0%</b>		
<b>Premiums per Retiree per Month</b>	<b>\$77.77</b>	<b>\$77.85</b>	<b>0.1%</b>	<b>\$77.97</b>	<b>0.1%</b>	<b>\$77.17</b>	<b>-1.0%</b>		

<sup>(1)</sup> The 2017-2018 and 2018-2019 premiums are projected based on enrollment from LACERA's January 2018 and January 2019 Staff Activity reports, respectively. The 2019-2020 and 2020-2021 premiums are projected based on enrollment from LACERA's January 2020 Staff Activity report.



\*Benchmarks are based on Segal's Annual Trend Surveys, weight by LACERA's enrollment distribution in Indemnity (90%) and Prepaid (10%) Dental Plans.

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

## RETIREE HEALTHCARE CONTRIBUTIONS

### County Contributions and Benchmark

County contributions are provided for medical and dental/vision insurance premiums based on the completed years of service credit, the plan chosen, and the number of eligible dependents covered.

- Fewer than 10 years of service credit - Not eligible for the County contributions.
- 10 or more years of service credit - Initial 40% County contribution, increasing by 4% for each additional year of service up to a maximum of 100% for 25 years of service credit.

County contribution percentage is applied to the monthly premium of the selected healthcare plan or the monthly premium of the benchmark plan, whichever is less. The retiree is responsible for any premium difference over the benchmark rates.

### Plan(s) Exceeding Benchmark Monthly Premium

Coverage Tier	Benchmark Anthem BC Plan I & II	Cigna Network Model (HMO)	Amount over the Benchmark (Member Portion)
Retiree Only	\$1,236.53	\$1,629.11	\$392.58
Retiree & Spouse	2,228.45	2,940.79	712.34
Retiree & Family	2,628.45	3,472.45	844.00
Retiree & Children	1,635.70	2,161.46	525.76

Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2020  
Los Angeles County Employees Retirement Association

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## RETIREE HEALTHCARE CONTRIBUTIONS

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### LACERA Retiree Healthcare Benefits Program - Tier 1

**Tier 1** applies to all eligible County employees prior to July 1, 2014. Tier 1 County contributions are based on the selected coverage tier (retiree only, retiree and eligible dependents) and years of service credit.

The following **benchmark plans** are used to determine County contributions:

- **Anthem Blue Cross I & II** is used to determine maximum County contribution applied to **all** Non-Medicare and Medicare Medical plans.
- **Cigna Indemnity Dental/Vision** is used to determine maximum County contribution applied to **all** Dental Plans.

### LACERA Retiree Healthcare Benefits Program - Tier 2

**Tier 2** applies to all eligible County employees hired after June 30, 2014. Tier 2 County contributions are based on **retiree-only coverage**, regardless of the selected coverage tier and years of service credit. The County contribution applies to the monthly premiums up to the benchmark plan(s) rate, whichever is less. Any subsidy portion remaining upon the member portion being paid, may be used toward satisfying the dependent premium. Members are responsible for premium amounts above the benchmark plan(s) rates.

The following provisions also apply for Tier 2 County contributions:

- Medicare-eligible retirees and eligible dependents must enroll in Medicare Parts A and B and in a corresponding Medicare health plan.
- Retirees and eligible dependents must be enrolled in the same medical plan.
- Medicare Part B Premium Reimbursement (standard rate) applies to Retiree/Survivor only.

The following **benchmark plans** are used to determine County contribution:

- **Anthem Blue Cross I & II** is used to determine maximum County contribution applied when Retiree is not Medicare-eligible.
- **Anthem Blue Cross III** is used to determine maximum County contribution applied when Retiree is Medicare-eligible.
- **Cigna Indemnity Dental/Vision** is used to determine maximum County contribution for most Dental plans.

## MEDICARE HISTORY

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### LACERA and Medicare

The LACERA-administered Retiree Healthcare Benefits Program (RHCBP) is directly and indirectly impacted by Medicare. In the early 1990s, Medicare Plus Choice HMO plans were introduced to the market. Under these plans, retirees would sign over their Medicare Benefits, and the HMO would provide all benefits. In many cases, the benefits provided by Medicare HMOs were better than those provided by traditional Medicare - often at the same price.

In 1992, with the County Board of Supervisors approval, LACERA implemented the Medicare Part B Premium Reimbursement program. Continuance of the Medicare Part B Premium Reimbursement program, which is limited to the Medicare Part B base rate, is subject to annual Board of Supervisors' approval. The Part B Premium Reimbursement Program included the LACERA-administered Medicare Supplement Plan and Medicare Risk plans now referred to as Medicare Advantage Prescription Drug Plans (MAPD). In addition, LACERA added a Pre-65 HMO product through UnitedHealthcare (UHC).

In 1997, the Balanced Budget Act was passed, which put pressure on Medicare HMOs. Several of the plans reduced their service areas; the largest impact to the LACERA-administered RHCBP was Cigna's exit from the Medicare HMO Market in California.

In 2003, the Medicare Modernization Act (MMA) was passed, which introduced Medicare Part D (prescription drug) benefits. The MMA also established means testing on Part B premiums (higher premiums for higher income individuals).

In 2010, Health Care Reform set forth means testing for the Part D premiums. In addition, there continues to be political pressure for reduction in Medicare's physician reimbursements, as well as on Medicare HMOs (now known as Medicare Advantage Prescription Drug or MAPD plans).

## HEALTHCARE REFORM

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### Recent Developments

As retiree only plans, LACERA's plans are mostly exempt from health care reform requirements with the exception of the few listed below:

- The H.R. 1865 Further Consolidated Appropriations Act, 2020 became law on December 20, 2019. This law repeals the 40% ACA Excise tax completely and removes the Health Insurer Fee permanently beginning January 1, 2021.
- Segal has ensured that negotiated renewal rates for 2020 - 2021 only include six months of the Health Insurer Tax for 2020. The repeal of the Health Insurer Tax represents approximately \$4.6 million in savings for 2020 - 2021. The Health Insurer Tax will be completely eliminated from rates in subsequent renewal periods, with twice the savings of 2020 - 2021 expected assuming level healthcare costs.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Anthem Blue Cross I**

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,236.53	\$2,228.45	\$2,628.45	\$1,635.70
10-11*	\$741.92	\$1,337.07	\$1,577.07	\$981.42
11-12*	\$692.46	\$1,247.93	\$1,471.93	\$915.99
12-13*	\$643.00	\$1,158.79	\$1,366.79	\$850.56
13-14	\$593.53	\$1,069.66	\$1,261.66	\$785.14
14-15	\$544.07	\$980.52	\$1,156.52	\$719.71
15-16	\$494.61	\$891.38	\$1,051.38	\$654.28
16-17	\$445.15	\$802.24	\$946.24	\$588.85
17-18	\$395.69	\$713.10	\$841.10	\$523.42
18-19	\$346.23	\$623.97	\$735.97	\$458.00
19-20	\$296.77	\$534.83	\$630.83	\$392.57
20-21	\$247.31	\$445.69	\$525.69	\$327.14
21-22	\$197.84	\$356.55	\$420.55	\$261.71
22-23	\$148.38	\$267.41	\$315.41	\$196.28
23-24	\$98.92	\$178.28	\$210.28	\$130.86
24-25	\$49.46	\$89.14	\$105.14	\$65.43
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$618.26	\$1,114.22	\$1,314.22	\$817.85
COBRA	\$1,261.26	\$2,273.02	\$2,681.02	\$1,668.41

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,236.53	\$2,228.45	\$2,628.45	\$1,635.70
10-11*	\$741.92	\$1,337.07	\$1,577.07	\$981.42
11-12*	\$692.46	\$1,247.93	\$1,471.93	\$915.99
12-13*	\$643.00	\$1,158.79	\$1,366.79	\$850.56
13-14	\$593.53	\$1,069.66	\$1,261.66	\$785.14
14-15	\$544.07	\$980.52	\$1,156.52	\$719.71
15-16	\$494.61	\$891.38	\$1,051.38	\$654.28
16-17	\$445.15	\$802.24	\$946.24	\$588.85
17-18	\$395.69	\$713.10	\$841.10	\$523.42
18-19	\$346.23	\$623.97	\$735.97	\$458.00
19-20	\$296.77	\$534.83	\$630.83	\$392.57
20-21	\$247.31	\$445.69	\$525.69	\$327.14
21-22	\$197.84	\$356.55	\$420.55	\$261.71
22-23	\$148.38	\$267.41	\$315.41	\$196.28
23-24	\$98.92	\$178.28	\$210.28	\$130.86
24-25	\$49.46	\$89.14	\$105.14	\$65.43
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$618.26	\$1,114.22	\$1,314.22	\$817.85
COBRA	\$1,261.26	\$2,273.02	\$2,681.02	\$1,668.41

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

<b>Years of Service</b>	<b>Retiree Only w/ Medicare 240</b>	<b>Retiree &amp; Spouse - 1 w/ Medicare 241 <sup>(1)</sup></b>	<b>Retiree &amp; Spouse - 1 w/ Medicare 242 <sup>(2)</sup></b>	<b>Retiree &amp; Spouse - Both w/ Medicare 243</b>
Less than 10*	\$504.19	\$1,609.58	\$1,609.58	\$1,002.43
10-11*	\$302.51	\$965.75	\$965.75	\$601.46
11-12*	\$282.35	\$901.36	\$901.36	\$561.36
12-13*	\$262.18	\$836.98	\$836.98	\$521.26
13-14	\$242.01	\$772.60	\$772.60	\$481.17
14-15	\$221.84	\$708.22	\$708.22	\$441.07
15-16	\$201.68	\$643.83	\$643.83	\$400.97
16-17	\$181.51	\$579.45	\$579.45	\$360.87
17-18	\$161.34	\$515.07	\$515.07	\$320.78
18-19	\$141.17	\$450.68	\$450.68	\$280.68
19-20	\$121.01	\$386.30	\$386.30	\$240.58
20-21	\$100.84	\$321.92	\$321.92	\$200.49
21-22	\$80.67	\$257.53	\$257.53	\$160.39
22-23	\$60.50	\$193.15	\$193.15	\$120.29
23-24	\$40.34	\$128.77	\$128.77	\$80.19
24-25	\$20.17	\$64.38	\$64.38	\$40.10
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$252.09	\$804.79	\$804.79	\$501.21
COBRA	\$514.27	\$1,641.77	\$1,641.77	\$1,022.48

<sup>(1)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(2)</sup> Non-Medicare has Anthem Blue Cross II



**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

<b>Years of Service</b>	<b>Retiree &amp; Children 244 <sup>(3)</sup></b>	<b>Retiree &amp; Children 245 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - 1 w/ Medicare 246 <sup>(5)</sup></b>	<b>Retiree, Spouse, &amp; Children - 1 w/ Medicare 247 <sup>(6)</sup></b>	<b>Retiree, Spouse, &amp; Children - 2 w/ Medicare 248 <sup>(7)</sup></b>	<b>Retiree, Spouse, &amp; Children - 2 w/ Medicare 249 <sup>(8)</sup></b>	<b>Retiree, Spouse, &amp; Children - each w/ Medicare 250 <sup>(9)</sup></b>
Less than 10*	\$901.94	\$901.94	\$2,007.20	\$2,007.20	\$1,399.97	\$1,399.97	\$1,568.82
10-11*	\$541.16	\$541.16	\$1,204.32	\$1,204.32	\$839.98	\$839.98	\$941.29
11-12*	\$505.09	\$505.09	\$1,124.03	\$1,124.03	\$783.98	\$783.98	\$878.54
12-13*	\$469.01	\$469.01	\$1,043.74	\$1,043.74	\$727.98	\$727.98	\$815.79
13-14	\$432.93	\$432.93	\$963.46	\$963.46	\$671.99	\$671.99	\$753.03
14-15	\$396.85	\$396.85	\$883.17	\$883.17	\$615.99	\$615.99	\$690.28
15-16	\$360.78	\$360.78	\$802.88	\$802.88	\$559.99	\$559.99	\$627.53
16-17	\$324.70	\$324.70	\$722.59	\$722.59	\$503.99	\$503.99	\$564.78
17-18	\$288.62	\$288.62	\$642.30	\$642.30	\$447.99	\$447.99	\$502.02
18-19	\$252.54	\$252.54	\$562.02	\$562.02	\$391.99	\$391.99	\$439.27
19-20	\$216.47	\$216.47	\$481.73	\$481.73	\$335.99	\$335.99	\$376.52
20-21	\$180.39	\$180.39	\$401.44	\$401.44	\$279.99	\$279.99	\$313.76
21-22	\$144.31	\$144.31	\$321.15	\$321.15	\$224.00	\$224.00	\$251.01
22-23	\$108.23	\$108.23	\$240.86	\$240.86	\$168.00	\$168.00	\$188.26
23-24	\$72.16	\$72.16	\$160.58	\$160.58	\$112.00	\$112.00	\$125.51
24-25	\$36.08	\$36.08	\$80.29	\$80.29	\$56.00	\$56.00	\$62.75
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$450.97	\$450.97	\$1,003.60	\$1,003.60	\$699.98	\$699.98	\$784.41
COBRA	\$919.98	\$919.98	\$2,047.34	\$2,047.34	\$1,427.97	\$1,427.97	\$1,600.20

<sup>(3)</sup> Retiree has Medicare; Children have Anthem Blue Cross I

<sup>(4)</sup> Retiree has Medicare; Children have Anthem Blue Cross II

<sup>(5)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(6)</sup> Non-Medicare has Anthem Blue Cross II

<sup>(7)</sup> Children have Anthem Blue Cross I

<sup>(8)</sup> Children have Anthem Blue Cross II

<sup>(9)</sup> Please note only two parties will qualify for Medicare Part B Premium Reimbursement Program, approved annually by Los Angeles County Board of Supervisors.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Anthem Blue Cross Prudent Buyer Plan**

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$1,003.87	\$1,974.83	\$2,228.67	\$1,290.15
10-11*	\$602.32	\$1,184.90	\$1,337.20	\$774.09
11-12*	\$562.17	\$1,105.90	\$1,248.06	\$722.48
12-13*	\$522.01	\$1,026.91	\$1,158.91	\$670.88
13-14	\$481.86	\$947.92	\$1,069.76	\$619.27
14-15	\$441.70	\$868.93	\$980.61	\$567.67
15-16	\$401.55	\$789.93	\$891.47	\$516.06
16-17	\$361.39	\$710.94	\$802.32	\$464.45
17-18	\$321.24	\$631.95	\$713.17	\$412.85
18-19	\$281.08	\$552.95	\$624.03	\$361.24
19-20	\$240.93	\$473.96	\$534.88	\$309.64
20-21	\$200.77	\$394.97	\$445.73	\$258.03
21-22	\$160.62	\$315.97	\$356.59	\$206.42
22-23	\$120.46	\$236.98	\$267.44	\$154.82
23-24	\$80.31	\$157.99	\$178.29	\$103.21
24-25	\$40.15	\$78.99	\$89.15	\$51.61
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$501.93	\$987.41	\$1,114.33	\$645.07
COBRA	\$1,023.95	\$2,014.33	\$2,273.24	\$1,315.95

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Cigna Network Model Plan**

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$1,629.11	\$2,940.79	\$3,472.45	\$2,161.46
10-11*	\$1,134.50	\$2,049.41	\$2,421.07	\$1,507.18
11-12*	\$1,085.04	\$1,960.27	\$2,315.93	\$1,441.75
12-13*	\$1,035.58	\$1,871.13	\$2,210.79	\$1,376.32
13-14	\$986.11	\$1,782.00	\$2,105.66	\$1,310.90
14-15	\$936.65	\$1,692.86	\$2,000.52	\$1,245.47
15-16	\$887.19	\$1,603.72	\$1,895.38	\$1,180.04
16-17	\$837.73	\$1,514.58	\$1,790.24	\$1,114.61
17-18	\$788.27	\$1,425.44	\$1,685.10	\$1,049.18
18-19	\$738.81	\$1,336.31	\$1,579.97	\$983.76
19-20	\$689.35	\$1,247.17	\$1,474.83	\$918.33
20-21	\$639.89	\$1,158.03	\$1,369.69	\$852.90
21-22	\$590.42	\$1,068.89	\$1,264.55	\$787.47
22-23	\$540.96	\$979.75	\$1,159.41	\$722.04
23-24	\$491.50	\$890.62	\$1,054.28	\$656.62
24-25	\$442.04	\$801.48	\$949.14	\$591.19
25 or more	\$392.58	\$712.34	\$844.00	\$525.76
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,010.84	\$1,826.56	\$2,158.22	\$1,343.61
COBRA	\$1,661.69	\$2,999.61	\$3,541.90	\$2,204.69

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Cigna-HealthSpring Preferred w/ Rx**  
**(available in Maricopa County and Apache Junction, Pinal County, Arizona only)**

<b>Years of Service</b>	<b>Retiree Only with Medicare 321</b>	<b>Retiree &amp; Spouse/Domestic Partner - 1 w/ Medicare 322</b>	<b>Retiree &amp; Spouse/Domestic Partner - Both w/ Medicare 324</b>	<b>Retiree &amp; Children 325</b>	<b>Retiree, Spouse/Domestic Partner &amp; Children - 1 w/ Medicare 327</b>	<b>Retiree, Spouse/Domestic Partner &amp; Children - 2 w/ Medicare 329</b>
Less than 10*	\$384.49	\$1,696.17	\$760.98	\$917.52	\$2,228.52	\$1,334.15
10-11*	\$230.69	\$1,017.70	\$456.59	\$550.51	\$1,337.11	\$800.49
11-12*	\$215.31	\$949.86	\$426.15	\$513.81	\$1,247.97	\$747.12
12-13*	\$199.93	\$882.01	\$395.71	\$477.11	\$1,158.83	\$693.76
13-14	\$184.56	\$814.16	\$365.27	\$440.41	\$1,069.69	\$640.39
14-15	\$169.18	\$746.31	\$334.83	\$403.71	\$980.55	\$587.03
15-16	\$153.80	\$678.47	\$304.39	\$367.01	\$891.41	\$533.66
16-17	\$138.42	\$610.62	\$273.95	\$330.31	\$802.27	\$480.29
17-18	\$123.04	\$542.77	\$243.51	\$293.61	\$713.13	\$426.93
18-19	\$107.66	\$474.93	\$213.07	\$256.91	\$623.99	\$373.56
19-20	\$92.28	\$407.08	\$182.64	\$220.20	\$534.84	\$320.20
20-21	\$76.90	\$339.23	\$152.20	\$183.50	\$445.70	\$266.83
21-22	\$61.52	\$271.39	\$121.76	\$146.80	\$356.56	\$213.46
22-23	\$46.14	\$203.54	\$91.32	\$110.10	\$267.42	\$160.10
23-24	\$30.76	\$135.69	\$60.88	\$73.40	\$178.28	\$106.73
24-25	\$15.38	\$67.85	\$30.44	\$36.70	\$89.14	\$53.37
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$192.24	\$848.08	\$380.49	\$458.76	\$1,114.26	\$667.07
COBRA	\$392.18	\$1,730.09	\$776.20	\$935.87	\$2,273.09	\$1,360.83

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree Only 401	Retiree Only 403	Retiree Only 404	Retiree Only 405	Retiree Only 406
Less than 10*	\$1,087.85	\$288.17	\$1,177.65	\$1,129.77	\$2,027.76
10-11*	\$652.71	\$172.90	\$706.59	\$677.86	\$1,533.15
11-12*	\$609.20	\$161.38	\$659.48	\$632.67	\$1,483.69
12-13*	\$565.68	\$149.85	\$612.38	\$587.48	\$1,434.23
13-14	\$522.17	\$138.32	\$565.27	\$542.29	\$1,384.76
14-15	\$478.65	\$126.79	\$518.17	\$497.10	\$1,335.30
15-16	\$435.14	\$115.27	\$471.06	\$451.91	\$1,285.84
16-17	\$391.63	\$103.74	\$423.95	\$406.72	\$1,236.38
17-18	\$348.11	\$92.21	\$376.85	\$361.53	\$1,186.92
18-19	\$304.60	\$80.69	\$329.74	\$316.34	\$1,137.46
19-20	\$261.08	\$69.16	\$282.64	\$271.14	\$1,088.00
20-21	\$217.57	\$57.63	\$235.53	\$225.95	\$1,038.54
21-22	\$174.06	\$46.11	\$188.42	\$180.76	\$989.07
22-23	\$130.54	\$34.58	\$141.32	\$135.57	\$939.61
23-24	\$87.03	\$23.05	\$94.21	\$90.38	\$890.15
24-25	\$43.51	\$11.53	\$47.11	\$45.19	\$840.69
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$791.23
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$543.92	\$144.08	\$588.82	\$564.88	\$1,409.49
COBRA	\$1,109.61	\$293.93	\$1,201.20	\$1,152.37	\$2,068.32

**Deduct Codes:**

- 401 - "Basic"
- 403 - "Senior Advantage"
- 404 - "Excess I"
- 405 - "Excess II"
- 406 - "Excess III"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 411	Retiree & Family 413	Retiree & Family 414
Less than 10*	\$2,167.70	\$1,368.02	\$2,257.50
10-11*	\$1,300.62	\$820.81	\$1,354.50
11-12*	\$1,213.91	\$766.09	\$1,264.20
12-13*	\$1,127.20	\$711.37	\$1,173.90
13-14	\$1,040.50	\$656.65	\$1,083.60
14-15	\$953.79	\$601.93	\$993.30
15-16	\$867.08	\$547.21	\$903.00
16-17	\$780.37	\$492.49	\$812.70
17-18	\$693.66	\$437.77	\$722.40
18-19	\$606.96	\$383.05	\$632.10
19-20	\$520.25	\$328.32	\$541.80
20-21	\$433.54	\$273.60	\$451.50
21-22	\$346.83	\$218.88	\$361.20
22-23	\$260.12	\$164.16	\$270.90
23-24	\$173.42	\$109.44	\$180.60
24-25	\$86.71	\$54.72	\$90.30
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,083.85	\$684.01	\$1,128.75
COBRA	\$2,211.05	\$1,395.38	\$2,302.65

**Deduct Codes:**

411 - All family members are "Basic"

413 - One family member is "Senior Advantage"; others are "Basic"

414 - One family member is "Excess I"; others are "Basic"

**Definitions:**

"Basic" - includes participants who are under age 65.

"Senior Advantage" - includes participants who are age 65 or over and who have assigned both Medicare Parts A & B to Kaiser.

"Excess I" - participants who have Medicare Part A only.

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

"Excess III" - participants in the Excess Plan who have either Medicare Part A & B and have not assigned their Medicare benefits to Kaiser or have not provided their Medicare status to LACERA.

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 418	Retiree & Family 419	Retiree & Family 420	Retiree & Family 422
Less than 10*	\$568.34	\$1,457.82	\$2,347.30	\$2,209.62
10-11*	\$341.00	\$874.69	\$1,408.38	\$1,325.77
11-12*	\$318.27	\$816.38	\$1,314.49	\$1,237.39
12-13*	\$295.54	\$758.07	\$1,220.60	\$1,149.00
13-14	\$272.80	\$699.75	\$1,126.70	\$1,060.62
14-15	\$250.07	\$641.44	\$1,032.81	\$972.23
15-16	\$227.34	\$583.13	\$938.92	\$883.85
16-17	\$204.60	\$524.82	\$845.03	\$795.46
17-18	\$181.87	\$466.50	\$751.14	\$707.08
18-19	\$159.14	\$408.19	\$657.24	\$618.69
19-20	\$136.40	\$349.88	\$563.35	\$530.31
20-21	\$113.67	\$291.56	\$469.46	\$441.92
21-22	\$90.93	\$233.25	\$375.57	\$353.54
22-23	\$68.20	\$174.94	\$281.68	\$265.15
23-24	\$45.47	\$116.63	\$187.78	\$176.77
24-25	\$22.73	\$58.31	\$93.89	\$88.38
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$284.17	\$728.91	\$1,173.65	\$1,104.81
COBRA	\$579.71	\$1,486.98	\$2,394.25	\$2,253.81

**Deduct Codes:**

- 418 - Two or more family members are "Senior Advantage"
- 419 - One family member is "Excess I"; others are "Senior Advantage"
- 420 - Two or more family members are "Excess I"
- 422 - One family member is "Excess II"; others are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 423	Retiree & Family 426	Retiree & Family 427	Retiree & Family 428
Less than 10*	\$3,107.61	\$1,409.94	\$2,307.93	\$2,299.42
10-11*	\$2,056.23	\$845.96	\$1,384.76	\$1,379.65
11-12*	\$1,951.09	\$789.57	\$1,292.44	\$1,287.68
12-13*	\$1,845.95	\$733.17	\$1,200.12	\$1,195.70
13-14	\$1,740.82	\$676.77	\$1,107.81	\$1,103.72
14-15	\$1,635.68	\$620.37	\$1,015.49	\$1,011.74
15-16	\$1,530.54	\$563.98	\$923.17	\$919.77
16-17	\$1,425.40	\$507.58	\$830.85	\$827.79
17-18	\$1,320.26	\$451.18	\$738.54	\$735.81
18-19	\$1,215.13	\$394.78	\$646.22	\$643.84
19-20	\$1,109.99	\$338.39	\$553.90	\$551.86
20-21	\$1,004.85	\$281.99	\$461.59	\$459.88
21-22	\$899.71	\$225.59	\$369.27	\$367.91
22-23	\$794.57	\$169.19	\$276.95	\$275.93
23-24	\$689.44	\$112.80	\$184.63	\$183.95
24-25	\$584.30	\$56.40	\$92.32	\$91.98
25 or more	\$479.16	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,793.38	\$704.97	\$1,153.96	\$1,149.71
COBRA	\$3,169.76	\$1,438.14	\$2,354.09	\$2,345.41

**Deduct Codes:**

- 423 - One family member is "Excess III"; others are "Basic"
- 426 - One family member is "Senior Advantage"; others are "Excess II"
- 427 - One family member is "Senior Advantage"; others are "Excess III"
- 428 - One family member is "Excess I"; others are "Excess II"



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 429	Retiree & Family 430	Retiree & Family 431	Retiree & Family 432
Less than 10*	\$3,197.41	\$2,251.54	\$3,149.53	\$4,047.52
10-11*	\$2,146.03	\$1,350.92	\$2,098.15	\$2,996.14
11-12*	\$2,040.89	\$1,260.86	\$1,993.01	\$2,891.00
12-13*	\$1,935.75	\$1,170.80	\$1,887.87	\$2,785.86
13-14	\$1,830.62	\$1,080.74	\$1,782.74	\$2,680.73
14-15	\$1,725.48	\$990.68	\$1,677.60	\$2,575.59
15-16	\$1,620.34	\$900.62	\$1,572.46	\$2,470.45
16-17	\$1,515.20	\$810.55	\$1,467.32	\$2,365.31
17-18	\$1,410.06	\$720.49	\$1,362.18	\$2,260.17
18-19	\$1,304.93	\$630.43	\$1,257.05	\$2,155.04
19-20	\$1,199.79	\$540.37	\$1,151.91	\$2,049.90
20-21	\$1,094.65	\$450.31	\$1,046.77	\$1,944.76
21-22	\$989.51	\$360.25	\$941.63	\$1,839.62
22-23	\$884.37	\$270.18	\$836.49	\$1,734.48
23-24	\$779.24	\$180.12	\$731.36	\$1,629.35
24-25	\$674.10	\$90.06	\$626.22	\$1,524.21
25 or more	\$568.96	\$0.00	\$521.08	\$1,419.07
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,883.18	\$1,125.77	\$1,835.30	\$2,733.29
COBRA	\$3,261.36	\$2,296.57	\$3,212.52	\$4,128.47

**Deduct Codes:**

429 - One family member is "Excess I"; others are "Excess III"

430 - Two or more family members are "Excess II"

431 - One family member is "Excess II"; others are "Excess III"

432 - Two or more family members are "Excess III"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Colorado**

Years of Service	Retiree Only 450	Retiree Only 451	*Retiree & Family 453	Retiree & Family 454	*Retiree & Family 455
Less than 10*	\$1,049.93	\$349.06	\$2,321.18	\$3,133.89	\$1,390.99
10-11*	\$629.96	\$209.44	\$1,429.80	\$2,082.51	\$834.59
11-12*	\$587.96	\$195.47	\$1,340.66	\$1,977.37	\$778.95
12-13*	\$545.96	\$181.51	\$1,251.52	\$1,872.23	\$723.31
13-14	\$503.97	\$167.55	\$1,162.39	\$1,767.10	\$667.68
14-15	\$461.97	\$153.59	\$1,073.25	\$1,661.96	\$612.04
15-16	\$419.97	\$139.62	\$984.11	\$1,556.82	\$556.40
16-17	\$377.97	\$125.66	\$894.97	\$1,451.68	\$500.76
17-18	\$335.98	\$111.70	\$805.83	\$1,346.54	\$445.12
18-19	\$293.98	\$97.74	\$716.70	\$1,241.41	\$389.48
19-20	\$251.98	\$83.77	\$627.56	\$1,136.27	\$333.84
20-21	\$209.99	\$69.81	\$538.42	\$1,031.13	\$278.20
21-22	\$167.99	\$55.85	\$449.28	\$925.99	\$222.56
22-23	\$125.99	\$41.89	\$360.14	\$820.85	\$166.92
23-24	\$83.99	\$27.92	\$271.01	\$715.72	\$111.28
24-25	\$42.00	\$13.96	\$181.87	\$610.58	\$55.64
25 or more	\$0.00	\$0.00	\$92.73	\$505.44	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$524.96	\$174.53	\$1,206.95	\$1,819.66	\$695.49
COBRA	\$1,070.93	\$356.04	\$2,367.60	\$3,196.57	\$1,418.81

**Deduct Codes:**

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

455 - One family member is "Senior Advantage"; one is "Basic"

\*Deduct codes 453 & 455 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Colorado**

Years of Service	*Retiree & Family 457	Retiree & Family 458	Retiree & Family 459
Less than 10*	\$690.12	\$2,372.32	\$1,732.05
10-11*	\$414.07	\$1,423.39	\$1,039.23
11-12*	\$386.47	\$1,328.50	\$969.95
12-13*	\$358.86	\$1,233.61	\$900.67
13-14	\$331.26	\$1,138.71	\$831.38
14-15	\$303.65	\$1,043.82	\$762.10
15-16	\$276.05	\$948.93	\$692.82
16-17	\$248.44	\$854.04	\$623.54
17-18	\$220.84	\$759.14	\$554.26
18-19	\$193.23	\$664.25	\$484.97
19-20	\$165.63	\$569.36	\$415.69
20-21	\$138.02	\$474.46	\$346.41
21-22	\$110.42	\$379.57	\$277.13
22-23	\$82.81	\$284.68	\$207.85
23-24	\$55.21	\$189.79	\$138.56
24-25	\$27.60	\$94.89	\$69.28
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$345.06	\$1,186.16	\$866.02
COBRA	\$703.92	\$2,419.77	\$1,766.69

**Deduct Codes:**

457 - Two family members are "Senior Advantage"

458 - One family member is "Senior Advantage"; two or more are "Basic"

459 - Two family members are "Senior Advantage"; one or more are "Basic"

\*Deduct code 457 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree Only 440</b>	<b>Retiree Only 441</b>	<b>Retiree Only 442</b>	<b>Retiree Only 443</b>	<b>*Retiree &amp; Family 444</b>	<b>*Retiree &amp; Family 445</b>	<b>*Retiree &amp; Family 446</b>
Less than 10*	\$1,108.67	\$1,108.67	\$1,108.67	\$423.47	\$1,524.14	\$1,524.14	\$1,524.14
10-11*	\$665.20	\$665.20	\$665.20	\$254.08	\$914.48	\$914.48	\$914.48
11-12*	\$620.86	\$620.86	\$620.86	\$237.14	\$853.52	\$853.52	\$853.52
12-13*	\$576.51	\$576.51	\$576.51	\$220.20	\$792.55	\$792.55	\$792.55
13-14	\$532.16	\$532.16	\$532.16	\$203.27	\$731.59	\$731.59	\$731.59
14-15	\$487.81	\$487.81	\$487.81	\$186.33	\$670.62	\$670.62	\$670.62
15-16	\$443.47	\$443.47	\$443.47	\$169.39	\$609.66	\$609.66	\$609.66
16-17	\$399.12	\$399.12	\$399.12	\$152.45	\$548.69	\$548.69	\$548.69
17-18	\$354.77	\$354.77	\$354.77	\$135.51	\$487.72	\$487.72	\$487.72
18-19	\$310.43	\$310.43	\$310.43	\$118.57	\$426.76	\$426.76	\$426.76
19-20	\$266.08	\$266.08	\$266.08	\$101.63	\$365.79	\$365.79	\$365.79
20-21	\$221.73	\$221.73	\$221.73	\$84.69	\$304.83	\$304.83	\$304.83
21-22	\$177.39	\$177.39	\$177.39	\$67.76	\$243.86	\$243.86	\$243.86
22-23	\$133.04	\$133.04	\$133.04	\$50.82	\$182.90	\$182.90	\$182.90
23-24	\$88.69	\$88.69	\$88.69	\$33.88	\$121.93	\$121.93	\$121.93
24-25	\$44.35	\$44.35	\$44.35	\$16.94	\$60.97	\$60.97	\$60.97
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$554.33	\$554.33	\$554.33	\$211.73	\$762.07	\$762.07	\$762.07
COBRA	\$1,130.84	\$1,130.84	\$1,130.84	\$431.94	\$1,554.62	\$1,554.62	\$1,554.62

**Deduct Codes:**

440 - "Basic" over age 65 with Medicare Part B only

441 - "Basic" over age 65 with Medicare Part A only

442 - "Basic" over age 65 without Medicare Parts A or B

443 - "Basic" over age 65 - Medicare-eligible who is classified as having renal failure

444 - One family member in "Senior Advantage"; one is "Basic" over age 65 with Medicare Part B only

445 - One family member in "Senior Advantage"; one is "Basic" over age 65 with Medicare Part A only

446 - One family member in "Senior Advantage"; one is "Basic" over age 65 without Medicare Parts A & B

\*Deduct codes 444, 445, & 446 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Georgia**

Years of Service	Retiree Only 461	Retiree Only 462	*Retiree & Family 463	Retiree & Family 464	*Retiree & Family 465
Less than 10*	\$1,108.67	\$423.47	\$2,209.34	\$3,310.01	\$1,524.14
10-11*	\$665.20	\$254.08	\$1,325.60	\$2,258.63	\$914.48
11-12*	\$620.86	\$237.14	\$1,237.23	\$2,153.49	\$853.52
12-13*	\$576.51	\$220.20	\$1,148.86	\$2,048.35	\$792.55
13-14	\$532.16	\$203.27	\$1,060.48	\$1,943.22	\$731.59
14-15	\$487.81	\$186.33	\$972.11	\$1,838.08	\$670.62
15-16	\$443.47	\$169.39	\$883.74	\$1,732.94	\$609.66
16-17	\$399.12	\$152.45	\$795.36	\$1,627.80	\$548.69
17-18	\$354.77	\$135.51	\$706.99	\$1,522.66	\$487.72
18-19	\$310.43	\$118.57	\$618.62	\$1,417.53	\$426.76
19-20	\$266.08	\$101.63	\$530.24	\$1,312.39	\$365.79
20-21	\$221.73	\$84.69	\$441.87	\$1,207.25	\$304.83
21-22	\$177.39	\$67.76	\$353.49	\$1,102.11	\$243.86
22-23	\$133.04	\$50.82	\$265.12	\$996.97	\$182.90
23-24	\$88.69	\$33.88	\$176.75	\$891.84	\$121.93
24-25	\$44.35	\$16.94	\$88.37	\$786.70	\$60.97
25 or more	\$0.00	\$0.00	\$0.00	\$681.56	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$554.33	\$211.73	\$1,104.67	\$1,995.78	\$762.07
COBRA	\$1,130.84	\$431.94	\$2,253.53	\$3,376.21	\$1,554.62

**Deduct Codes:**

461 - "Basic" under age 65

462 - "Senior Advantage"

463 - Two family members are "Basic"

464 - Three or more family members are "Basic"

465 - One family member is "Senior Advantage"; one is "Basic"

\*Deduct codes 463 & 465 represent 2-party contract

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 1 - Kaiser Permanente Georgia**

Years of Service	*Retiree & Family 466	Retiree & Family 467	Retiree & Family 468	Retiree & Family 469	Retiree & Family 470
Less than 10*	\$838.94	\$2,624.81	\$1,939.61	\$1,254.41	\$2,624.81
10-11*	\$503.36	\$1,574.89	\$1,163.77	\$752.65	\$1,574.89
11-12*	\$469.81	\$1,469.89	\$1,086.18	\$702.47	\$1,469.89
12-13*	\$436.25	\$1,364.90	\$1,008.60	\$652.29	\$1,364.90
13-14	\$402.69	\$1,259.91	\$931.01	\$602.12	\$1,259.91
14-15	\$369.13	\$1,154.92	\$853.43	\$551.94	\$1,154.92
15-16	\$335.58	\$1,049.92	\$775.84	\$501.76	\$1,049.92
16-17	\$302.02	\$944.93	\$698.26	\$451.59	\$944.93
17-18	\$268.46	\$839.94	\$620.68	\$401.41	\$839.94
18-19	\$234.90	\$734.95	\$543.09	\$351.23	\$734.95
19-20	\$201.35	\$629.95	\$465.51	\$301.06	\$629.95
20-21	\$167.79	\$524.96	\$387.92	\$250.88	\$524.96
21-22	\$134.23	\$419.97	\$310.34	\$200.71	\$419.97
22-23	\$100.67	\$314.98	\$232.75	\$150.53	\$314.98
23-24	\$67.12	\$209.98	\$155.17	\$100.35	\$209.98
24-25	\$33.56	\$104.99	\$77.58	\$50.18	\$104.99
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$419.47	\$1,312.40	\$969.80	\$627.20	\$1,312.40
COBRA	\$855.72	\$2,677.31	\$1,978.40	\$1,279.50	\$2,677.31

**Deduct Codes:**

466 - Two family members are "Senior Advantage"

467 - One family member is "Senior Advantage"; two are "Basic"

468 - Two family members are "Senior Advantage"; one is "Basic"

469 - Three or more family members are "Senior Advantage"; one is "Basic"

470 - Three or more family members are "Basic"; one is "Senior Advantage"

\*Deduct code 466 represents 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Hawaii**

Years of Service	Retiree Only 471	Retiree Only 472	Retiree Only 473	*Retiree & Family 474	Retiree & Family 475
Less than 10*	\$990.75	\$448.24	\$1,774.62	\$1,973.50	\$2,956.26
10-11*	\$594.45	\$268.94	\$1,280.01	\$1,184.10	\$1,904.88
11-12*	\$554.82	\$251.01	\$1,230.55	\$1,105.16	\$1,799.74
12-13*	\$515.19	\$233.08	\$1,181.09	\$1,026.22	\$1,694.60
13-14	\$475.56	\$215.16	\$1,131.62	\$947.28	\$1,589.47
14-15	\$435.93	\$197.23	\$1,082.16	\$868.34	\$1,484.33
15-16	\$396.30	\$179.30	\$1,032.70	\$789.40	\$1,379.19
16-17	\$356.67	\$161.37	\$983.24	\$710.46	\$1,274.05
17-18	\$317.04	\$143.44	\$933.78	\$631.52	\$1,168.91
18-19	\$277.41	\$125.51	\$884.32	\$552.58	\$1,063.78
19-20	\$237.78	\$107.58	\$834.86	\$473.64	\$958.64
20-21	\$198.15	\$89.65	\$785.40	\$394.70	\$853.50
21-22	\$158.52	\$71.72	\$735.93	\$315.76	\$748.36
22-23	\$118.89	\$53.79	\$686.47	\$236.82	\$643.22
23-24	\$79.26	\$35.86	\$637.01	\$157.88	\$538.09
24-25	\$39.63	\$17.93	\$587.55	\$78.94	\$432.95
25 or more	\$0.00	\$0.00	\$538.09	\$0.00	\$327.81
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$495.37	\$224.12	\$1,156.35	\$986.75	\$1,642.03
COBRA	\$1,010.57	\$457.20	\$1,810.11	\$2,012.97	\$3,015.39

**Deduct Codes:**

- 471 - "Basic" under age 65
- 472 - "Senior Advantage"
- 473 - Over age 65 without Medicare Parts A or B
- 474 - Two family members are "Basic"
- 475 - Three or more family members are "Basic"
- \*Deduct code 474 represents 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Hawaii**

Years of Service	*Retiree & Family 476	*Retiree & Family 477	*Retiree & Family 478	*Retiree & Family 479
Less than 10*	\$1,430.99	\$2,757.37	\$888.48	\$2,214.86
10-11*	\$858.59	\$1,865.99	\$533.09	\$1,328.92
11-12*	\$801.35	\$1,776.85	\$497.55	\$1,240.32
12-13*	\$744.11	\$1,687.71	\$462.01	\$1,151.73
13-14	\$686.88	\$1,598.58	\$426.47	\$1,063.13
14-15	\$629.64	\$1,509.44	\$390.93	\$974.54
15-16	\$572.40	\$1,420.30	\$355.39	\$885.94
16-17	\$515.16	\$1,331.16	\$319.85	\$797.35
17-18	\$457.92	\$1,242.02	\$284.31	\$708.76
18-19	\$400.68	\$1,152.89	\$248.77	\$620.16
19-20	\$343.44	\$1,063.75	\$213.24	\$531.57
20-21	\$286.20	\$974.61	\$177.70	\$442.97
21-22	\$228.96	\$885.47	\$142.16	\$354.38
22-23	\$171.72	\$796.33	\$106.62	\$265.78
23-24	\$114.48	\$707.20	\$71.08	\$177.19
24-25	\$57.24	\$618.06	\$35.54	\$88.59
25 or more	\$0.00	\$528.92	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$715.49	\$1,643.14	\$444.24	\$1,107.43
COBRA	\$1,459.61	\$2,812.52	\$906.25	\$2,259.16

**Deduct Codes:**

476 - One family member is "Senior Advantage"; one is "Basic"

477 - One family member is "Basic" under age 65; one is over age 65 without Medicare Parts A or B

478 - Two family members are "Senior Advantage"

479 - One family member is "Senior Advantage"; one is over age 65 without Medicare Parts A or B

\*Deduct codes 476, 477, 478, & 479 represent 2-party contract



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	Retiree Only 481	Retiree Only 482	Retiree Only 483	*Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,157.52	\$479.36	\$1,258.00	\$2,307.05	\$3,456.57
10-11*	\$694.51	\$287.62	\$763.39	\$1,415.67	\$2,405.19
11-12*	\$648.21	\$268.44	\$713.93	\$1,326.53	\$2,300.05
12-13*	\$601.91	\$249.27	\$664.47	\$1,237.39	\$2,194.91
13-14	\$555.61	\$230.09	\$615.00	\$1,148.26	\$2,089.78
14-15	\$509.31	\$210.92	\$565.54	\$1,059.12	\$1,984.64
15-16	\$463.01	\$191.74	\$516.08	\$969.98	\$1,879.50
16-17	\$416.71	\$172.57	\$466.62	\$880.84	\$1,774.36
17-18	\$370.41	\$153.40	\$417.16	\$791.70	\$1,669.22
18-19	\$324.11	\$134.22	\$367.70	\$702.57	\$1,564.09
19-20	\$277.80	\$115.05	\$318.24	\$613.43	\$1,458.95
20-21	\$231.50	\$95.87	\$268.78	\$524.29	\$1,353.81
21-22	\$185.20	\$76.70	\$219.31	\$435.15	\$1,248.67
22-23	\$138.90	\$57.52	\$169.85	\$346.01	\$1,143.53
23-24	\$92.60	\$38.35	\$120.39	\$256.88	\$1,038.40
24-25	\$46.30	\$19.17	\$70.93	\$167.74	\$933.26
25 or more	\$0.00	\$0.00	\$21.47	\$78.60	\$828.12
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$578.76	\$239.68	\$639.73	\$1,192.82	\$2,142.34
COBRA	\$1,180.67	\$488.95	\$1,283.16	\$2,353.19	\$3,525.70

**Deduct Codes:**

- 481 - "Basic" under age 65
- 482 - "Senior Advantage"
- 483 - Over age 65 without Medicare Parts A or B
- 484 - Two family members are "Basic"
- 485 - Three or more family members are "Basic"
- \*Deduct code 484 represents 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 486	*Retiree & Family 488	Retiree Only 489	Retiree Only 490
Less than 10*	\$1,634.35	\$950.72	\$1,076.08	\$1,258.00
10-11*	\$980.61	\$570.43	\$645.65	\$763.39
11-12*	\$915.24	\$532.40	\$602.60	\$713.93
12-13*	\$849.86	\$494.37	\$559.56	\$664.47
13-14	\$784.49	\$456.35	\$516.52	\$615.00
14-15	\$719.11	\$418.32	\$473.48	\$565.54
15-16	\$653.74	\$380.29	\$430.43	\$516.08
16-17	\$588.37	\$342.26	\$387.39	\$466.62
17-18	\$522.99	\$304.23	\$344.35	\$417.16
18-19	\$457.62	\$266.20	\$301.30	\$367.70
19-20	\$392.24	\$228.17	\$258.26	\$318.24
20-21	\$326.87	\$190.14	\$215.22	\$268.78
21-22	\$261.50	\$152.12	\$172.17	\$219.31
22-23	\$196.12	\$114.09	\$129.13	\$169.85
23-24	\$130.75	\$76.06	\$86.09	\$120.39
24-25	\$65.37	\$38.03	\$43.04	\$70.93
25 or more	\$0.00	\$0.00	\$0.00	\$21.47
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$817.17	\$475.36	\$538.04	\$639.73
COBRA	\$1,667.04	\$969.73	\$1,097.60	\$1,283.16

**Deduct Codes:**

486 - One family member is "Senior Advantage"; one is "Basic"

488 - Two family members are "Senior Advantage"

489 - Over age 65 with Medicare Part A only

490 - Over age 65 with Medicare Part B only

\*Deduct codes 486 & 488 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 491	*Retiree & Family 492	Retiree & Family 493	Retiree & Family 494	*Retiree & Family 495
Less than 10*	\$1,547.44	\$1,729.36	\$2,789.35	\$2,105.71	\$2,508.00
10-11*	\$928.46	\$1,037.62	\$1,737.97	\$1,263.43	\$1,616.62
11-12*	\$866.57	\$968.44	\$1,632.83	\$1,179.20	\$1,527.48
12-13*	\$804.67	\$899.27	\$1,527.69	\$1,094.97	\$1,438.34
13-14	\$742.77	\$830.09	\$1,422.56	\$1,010.74	\$1,349.21
14-15	\$680.87	\$760.92	\$1,317.42	\$926.51	\$1,260.07
15-16	\$618.98	\$691.74	\$1,212.28	\$842.28	\$1,170.93
16-17	\$557.08	\$622.57	\$1,107.14	\$758.06	\$1,081.79
17-18	\$495.18	\$553.40	\$1,002.00	\$673.83	\$992.65
18-19	\$433.28	\$484.22	\$896.87	\$589.60	\$903.52
19-20	\$371.39	\$415.05	\$791.73	\$505.37	\$814.38
20-21	\$309.49	\$345.87	\$686.59	\$421.14	\$725.24
21-22	\$247.59	\$276.70	\$581.45	\$336.91	\$636.10
22-23	\$185.69	\$207.52	\$476.31	\$252.69	\$546.96
23-24	\$123.80	\$138.35	\$371.18	\$168.46	\$457.83
24-25	\$61.90	\$69.17	\$266.04	\$84.23	\$368.69
25 or more	\$0.00	\$0.00	\$160.90	\$0.00	\$279.55
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$773.72	\$864.68	\$1,475.12	\$1,052.85	\$1,393.77
COBRA	\$1,578.39	\$1,763.95	\$2,845.14	\$2,147.82	\$2,558.16

**Deduct Codes:**

- 491 - One family member is "Senior Advantage"; one is over age 65 with Medicare Part A only
  - 492 - One family member is "Senior Advantage"; one is over age 65 without Medicare Parts A or B
  - 493 - One family member is "Senior Advantage"; two or more are "Basic"
  - 494 - Two family members are "Senior Advantage"; one is "Basic"
  - 495 - Two family members are over age 65 without Medicare Parts A or B
- \*Deduct codes 491, 492, & 495 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 496	*Retiree & Family 497	*Retiree & Family 498
Less than 10*	\$2,144.16	\$2,231.07	\$2,412.99
10-11*	\$1,286.50	\$1,339.69	\$1,521.61
11-12*	\$1,200.73	\$1,250.55	\$1,432.47
12-13*	\$1,114.96	\$1,161.41	\$1,343.33
13-14	\$1,029.20	\$1,072.28	\$1,254.20
14-15	\$943.43	\$983.14	\$1,165.06
15-16	\$857.66	\$894.00	\$1,075.92
16-17	\$771.90	\$804.86	\$986.78
17-18	\$686.13	\$715.72	\$897.64
18-19	\$600.36	\$626.59	\$808.51
19-20	\$514.60	\$537.45	\$719.37
20-21	\$428.83	\$448.31	\$630.23
21-22	\$343.07	\$359.17	\$541.09
22-23	\$257.30	\$270.03	\$451.95
23-24	\$171.53	\$180.90	\$362.82
24-25	\$85.77	\$91.76	\$273.68
25 or more	\$0.00	\$2.62	\$184.54
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,072.08	\$1,116.84	\$1,298.76
COBRA	\$2,187.04	\$2,275.69	\$2,461.25

**Deduct Codes:**

- 496 - Two family members are over age 65 with Medicare Part A only
  - 497 - One family member is "Basic"; one is over age 65 with Medicare Part A only
  - 498 - One family member is "Basic"; one is over age 65 without Medicare Parts A or B
- \*Deduct codes 496, 497, & 498 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Washington**

Years of Service	Retiree Only 393	Retiree Only 394	*Retiree & Family 395	Retiree & Family 396	*Retiree & Family 397
Less than 10*	\$1,162.11	\$436.52	\$2,163.21	\$3,616.76	\$1,437.62
10-11*	\$697.27	\$261.91	\$1,297.93	\$2,565.38	\$862.57
11-12*	\$650.78	\$244.45	\$1,211.40	\$2,460.24	\$805.07
12-13*	\$604.30	\$226.99	\$1,124.87	\$2,355.10	\$747.56
13-14	\$557.81	\$209.53	\$1,038.34	\$2,249.97	\$690.06
14-15	\$511.33	\$192.07	\$951.81	\$2,144.83	\$632.55
15-16	\$464.84	\$174.61	\$865.28	\$2,039.69	\$575.05
16-17	\$418.36	\$157.15	\$778.76	\$1,934.55	\$517.54
17-18	\$371.88	\$139.69	\$692.23	\$1,829.41	\$460.04
18-19	\$325.39	\$122.23	\$605.70	\$1,724.28	\$402.53
19-20	\$278.91	\$104.76	\$519.17	\$1,619.14	\$345.03
20-21	\$232.42	\$87.30	\$432.64	\$1,514.00	\$287.52
21-22	\$185.94	\$69.84	\$346.11	\$1,408.86	\$230.02
22-23	\$139.45	\$52.38	\$259.59	\$1,303.72	\$172.51
23-24	\$92.97	\$34.92	\$173.06	\$1,198.59	\$115.01
24-25	\$46.48	\$17.46	\$86.53	\$1,093.45	\$57.50
25 or more	\$0.00	\$0.00	\$0.00	\$988.31	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$581.05	\$218.26	\$1,081.60	\$2,302.53	\$718.81
COBRA	\$1,185.35	\$445.25	\$2,206.47	\$3,689.10	\$1,466.37

**Deduct Codes:**

393 - "Basic" under age 65

394 - "Senior Advantage"

395 - Two family members are "Basic"

396 - Three or more family members are "Basic"

397 - One family member is "Senior Advantage"; one is "Basic"

\*Deduct codes 395 & 397 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Kaiser Permanente Washington**

Years of Service	*Retiree & Family 398	Retiree & Family 399	Retiree & Family 400
Less than 10*	\$865.04	\$2,891.17	\$2,318.59
10-11*	\$519.02	\$1,839.79	\$1,391.15
11-12*	\$484.42	\$1,734.65	\$1,298.41
12-13*	\$449.82	\$1,629.51	\$1,205.67
13-14	\$415.22	\$1,524.38	\$1,112.92
14-15	\$380.62	\$1,419.24	\$1,020.18
15-16	\$346.02	\$1,314.10	\$927.44
16-17	\$311.41	\$1,208.96	\$834.69
17-18	\$276.81	\$1,103.82	\$741.95
18-19	\$242.21	\$998.69	\$649.21
19-20	\$207.61	\$893.55	\$556.46
20-21	\$173.01	\$788.41	\$463.72
21-22	\$138.41	\$683.27	\$370.97
22-23	\$103.80	\$578.13	\$278.23
23-24	\$69.20	\$473.00	\$185.49
24-25	\$34.60	\$367.86	\$92.74
25 or more	\$0.00	\$262.72	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$432.52	\$1,576.94	\$1,159.29
COBRA	\$882.34	\$2,948.99	\$2,364.96

**Deduct Codes:**

398 - Two family members are "Senior Advantage"

399 - One family member is "Senior Advantage"; two or more are "Basic"

400 - Two family members are "Senior Advantage"; one or more are "Basic"

\*Deduct code 398 represent 2-party contract

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - SCAN Health Plan**

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 <sup>(1)</sup>
Less than 10*	\$273.00	\$538.00
10-11*	\$163.80	\$322.80
11-12*	\$152.88	\$301.28
12-13*	\$141.96	\$279.76
13-14	\$131.04	\$258.24
14-15	\$120.12	\$236.72
15-16	\$109.20	\$215.20
16-17	\$98.28	\$193.68
17-18	\$87.36	\$172.16
18-19	\$76.44	\$150.64
19-20	\$65.52	\$129.12
20-21	\$54.60	\$107.60
21-22	\$43.68	\$86.08
22-23	\$32.76	\$64.56
23-24	\$21.84	\$43.04
24-25	\$10.92	\$21.52
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$136.50	\$269.00
COBRA	\$278.46	\$548.76

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both Retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020**

**Tier 1 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare**

<b>Years of Service</b>	<b>Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701</b>	<b>Retiree &amp; 1 Dependent - 1 with UnitedHealthcare Group Medicare Advantage HMO 702 <sup>(1)</sup></b>	<b>Retiree &amp; 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 <sup>(1)</sup></b>	<b>Retiree &amp; 2 or More Dependents - 1 with UnitedHealthcare Group Medicare Advantage HMO 704 <sup>(2)</sup></b>	<b>Retiree &amp; 2 or More Dependents - 2 with UnitedHealthcare Group Medicare Advantage HMO 705 <sup>(2)</sup></b>
Less than 10*	\$343.15	\$1,568.32	\$678.30	\$1,779.38	\$889.36
10-11*	\$205.89	\$940.99	\$406.98	\$1,067.63	\$533.62
11-12*	\$192.16	\$878.26	\$379.85	\$996.45	\$498.04
12-13*	\$178.44	\$815.53	\$352.72	\$925.28	\$462.47
13-14	\$164.71	\$752.79	\$325.58	\$854.10	\$426.89
14-15	\$150.99	\$690.06	\$298.45	\$782.93	\$391.32
15-16	\$137.26	\$627.33	\$271.32	\$711.75	\$355.74
16-17	\$123.53	\$564.60	\$244.19	\$640.58	\$320.17
17-18	\$109.81	\$501.86	\$217.06	\$569.40	\$284.60
18-19	\$96.08	\$439.13	\$189.92	\$498.23	\$249.02
19-20	\$82.36	\$376.40	\$162.79	\$427.05	\$213.45
20-21	\$68.63	\$313.66	\$135.66	\$355.88	\$177.87
21-22	\$54.90	\$250.93	\$108.53	\$284.70	\$142.30
22-23	\$41.18	\$188.20	\$81.40	\$213.53	\$106.72
23-24	\$27.45	\$125.47	\$54.26	\$142.35	\$71.15
24-25	\$13.73	\$62.73	\$27.13	\$71.18	\$35.57
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$171.57	\$784.16	\$339.15	\$889.69	\$444.68
COBRA	\$350.01	\$1,599.69	\$691.87	\$1,814.97	\$907.15

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child

<sup>(2)</sup> Retiree & 2 or More Dependents = Retiree, Spouse/Domestic Partner & 1 or More Children or Retiree & 2 or More Children



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - UnitedHealthcare**

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,233.17	\$2,251.48	\$2,669.40
10-11*	\$739.90	\$1,360.10	\$1,618.02
11-12*	\$690.58	\$1,270.96	\$1,512.88
12-13*	\$641.25	\$1,181.82	\$1,407.74
13-14	\$591.92	\$1,092.69	\$1,302.61
14-15	\$542.59	\$1,003.55	\$1,197.47
15-16	\$493.27	\$914.41	\$1,092.33
16-17	\$443.94	\$825.27	\$987.19
17-18	\$394.61	\$736.13	\$882.05
18-19	\$345.29	\$647.00	\$776.92
19-20	\$295.96	\$557.86	\$671.78
20-21	\$246.63	\$468.72	\$566.64
21-22	\$197.31	\$379.58	\$461.50
22-23	\$147.98	\$290.44	\$356.36
23-24	\$98.65	\$201.31	\$251.23
24-25	\$49.33	\$112.17	\$146.09
25 or more	\$0.00	\$23.03	\$40.95
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$616.58	\$1,137.25	\$1,355.17
COBRA	\$1,257.83	\$2,296.51	\$2,722.79

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Cigna Indemnity Dental/Vision**

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$51.57	\$107.25
10-11*	\$30.94	\$64.35
11-12*	\$28.88	\$60.06
12-13*	\$26.82	\$55.77
13-14	\$24.75	\$51.48
14-15	\$22.69	\$47.19
15-16	\$20.63	\$42.90
16-17	\$18.57	\$38.61
17-18	\$16.50	\$34.32
18-19	\$14.44	\$30.03
19-20	\$12.38	\$25.74
20-21	\$10.31	\$21.45
21-22	\$8.25	\$17.16
22-23	\$6.19	\$12.87
23-24	\$4.13	\$8.58
24-25	\$2.06	\$4.29
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$25.78	\$53.62
COBRA	\$52.60	\$109.40

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Cigna Prepaid Dental/Vision**

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.51	\$95.26
10-11*	\$27.91	\$57.16
11-12*	\$26.05	\$53.35
12-13*	\$24.19	\$49.54
13-14	\$22.32	\$45.72
14-15	\$20.46	\$41.91
15-16	\$18.60	\$38.10
16-17	\$16.74	\$34.29
17-18	\$14.88	\$30.48
18-19	\$13.02	\$26.67
19-20	\$11.16	\$22.86
20-21	\$9.30	\$19.05
21-22	\$7.44	\$15.24
22-23	\$5.58	\$11.43
23-24	\$3.72	\$7.62
24-25	\$1.86	\$3.81
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.25	\$47.63
COBRA	\$47.44	\$97.17

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Non-Medicare Surviving Spouse**

<b>Years of Service</b>	<b>Blue Cross Plan I &amp; II</b>	<b>Kaiser</b>	<b>Blue Cross Prudent Buyer</b>	<b>Cigna</b>	<b>UHC HMO</b>	<b>Cigna Indemnity Dental/Vision</b>	<b>Cigna Prepaid Dental/Vision</b>
Less than 10*	\$1,236.53	\$1,087.85	\$1,003.87	\$1,629.11	\$1,233.17	\$51.57	\$46.51
10-11*	\$741.92	\$652.71	\$602.32	\$1,134.50	\$739.90	\$30.94	\$27.91
11-12*	\$692.46	\$609.20	\$562.17	\$1,085.04	\$690.58	\$28.88	\$26.05
12-13*	\$643.00	\$565.68	\$522.01	\$1,035.58	\$641.25	\$26.82	\$24.19
13-14	\$593.53	\$522.17	\$481.86	\$986.11	\$591.92	\$24.75	\$22.32
14-15	\$544.07	\$478.65	\$441.70	\$936.65	\$542.59	\$22.69	\$20.46
15-16	\$494.61	\$435.14	\$401.55	\$887.19	\$493.27	\$20.63	\$18.60
16-17	\$445.15	\$391.63	\$361.39	\$837.73	\$443.94	\$18.57	\$16.74
17-18	\$395.69	\$348.11	\$321.24	\$788.27	\$394.61	\$16.50	\$14.88
18-19	\$346.23	\$304.60	\$281.08	\$738.81	\$345.29	\$14.44	\$13.02
19-20	\$296.77	\$261.08	\$240.93	\$689.35	\$295.96	\$12.38	\$11.16
20-21	\$247.31	\$217.57	\$200.77	\$639.89	\$246.63	\$10.31	\$9.30
21-22	\$197.84	\$174.06	\$160.62	\$590.42	\$197.31	\$8.25	\$7.44
22-23	\$148.38	\$130.54	\$120.46	\$540.96	\$147.98	\$6.19	\$5.58
23-24	\$98.92	\$87.03	\$80.31	\$491.50	\$98.65	\$4.13	\$3.72
24-25	\$49.46	\$43.51	\$40.15	\$442.04	\$49.33	\$2.06	\$1.86
25 or more	\$0.00	\$0.00	\$0.00	\$392.58	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$618.26	\$543.92	\$501.93	\$1,010.84	\$616.58	\$25.78	\$23.25
COBRA	\$1,261.26	\$1,109.61	\$1,023.95	\$1,661.69	\$1,257.83	\$52.60	\$47.44

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - Children Only Rates**

Years of Service	Anthem Plan I & II 215 or 225	Kaiser One Child 421	Kaiser 2 or More 411	Prudent Buyer 205	Cigna 305	UHC HMO 706	Cigna Indemnity Dental/Vision 503	Cigna Prepaid Dental/Vision 903
Less than 10*	\$418.57	\$1,087.85	\$2,167.70	\$274.07	\$515.26	\$352.92	\$63.40	\$47.09
10-11*	\$251.14	\$652.71	\$1,300.62	\$164.44	\$309.16	\$211.75	\$38.04	\$28.25
11-12*	\$234.40	\$609.20	\$1,213.91	\$153.48	\$288.55	\$197.64	\$35.50	\$26.37
12-13*	\$217.66	\$565.68	\$1,127.20	\$142.52	\$267.94	\$183.52	\$32.97	\$24.49
13-14	\$200.91	\$522.17	\$1,040.50	\$131.55	\$247.32	\$169.40	\$30.43	\$22.60
14-15	\$184.17	\$478.65	\$953.79	\$120.59	\$226.71	\$155.28	\$27.90	\$20.72
15-16	\$167.43	\$435.14	\$867.08	\$109.63	\$206.10	\$141.17	\$25.36	\$18.84
16-17	\$150.69	\$391.63	\$780.37	\$98.67	\$185.49	\$127.05	\$22.82	\$16.95
17-18	\$133.94	\$348.11	\$693.66	\$87.70	\$164.88	\$112.93	\$20.29	\$15.07
18-19	\$117.20	\$304.60	\$606.96	\$76.74	\$144.27	\$98.82	\$17.75	\$13.19
19-20	\$100.46	\$261.08	\$520.25	\$65.78	\$123.66	\$84.70	\$15.22	\$11.30
20-21	\$83.71	\$217.57	\$433.54	\$54.81	\$103.05	\$70.58	\$12.68	\$9.42
21-22	\$66.97	\$174.06	\$346.83	\$43.85	\$82.44	\$56.47	\$10.14	\$7.53
22-23	\$50.23	\$130.54	\$260.12	\$32.89	\$61.83	\$42.35	\$7.61	\$5.65
23-24	\$33.49	\$87.03	\$173.42	\$21.93	\$41.22	\$28.23	\$5.07	\$3.77
24-25	\$16.74	\$43.51	\$86.71	\$10.96	\$20.61	\$14.12	\$2.54	\$1.88
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$209.28	\$543.92	\$1,083.85	\$137.03	\$257.63	\$176.46	\$31.70	\$23.54
COBRA	\$426.94	\$1,109.61	\$2,211.05	\$279.55	\$525.57	\$359.98	\$64.67	\$48.03

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 1 - COBRA Rates**

<b>Blue Cross and CIGNA COBRA Rates</b>	<b>Retiree Only</b>	<b>Retiree &amp; Spouse</b>	<b>Retiree, Spouse &amp; Children</b>	<b>Retiree &amp; Children</b>	<b>Spouse Only</b>	<b>Under 26 Child or Children Only</b>	<b>Spouse &amp; Children</b>	<b>Over 26 Child</b>
Plan I & II	\$1,261.26	\$2,273.02	\$2,681.02	\$1,668.41	\$1,261.26	\$426.94	\$1,668.41	\$1,261.26
Blue Cross Prudent Buyer	\$1,023.95	\$2,014.33	\$2,273.24	\$1,315.95	\$1,023.95	\$279.55	\$1,315.95	\$1,023.95
Cigna	\$1,661.69	\$2,999.61	\$3,541.90	\$2,204.69	\$1,661.69	\$525.57	\$2,204.69	\$1,661.69
Cigna Indemnity Dental/Vision	\$52.60	\$109.40	\$109.40	\$109.40	\$52.60	\$64.67	\$109.40	\$52.60
Cigna Prepaid Dental/Vision	\$47.44	\$97.17	\$97.17	\$97.17	\$47.44	\$48.03	\$97.17	\$47.44

<b>UHC Without Medicare COBRA Rates</b>	<b>Retiree Only 707</b>	<b>Retiree &amp; 1 Dependent 708</b>	<b>Retiree &amp; 2 or More Dependents 709</b>	<b>Spouse Only 707</b>	<b>Spouse &amp; 1 Dependent 708</b>	<b>Spouse &amp; 2 or More Dependents 709</b>	<b>Under 26 Child or Children Only 706</b>	<b>Over 26 Child 707</b>
	\$1,257.83	\$2,296.51	\$2,722.79	\$1,257.83	\$2,296.51	\$2,722.79	\$359.98	\$1,257.83

<b>Plan III* COBRA Rates</b>	<b>Retiree Only w/ Medicare 240</b>	<b>Spouse Only w/ Medicare 240</b>	<b>Retiree &amp; Spouse - One w/ Medicare 241/242</b>	<b>Retiree &amp; Spouse - Both w/ Medicare 243</b>	<b>Retiree w/ Medicare &amp; Children 244/245</b>	<b>Spouse w/ Medicare &amp; Children 244/245</b>	<b>Retiree, Spouse &amp; Children - One w/ Medicare 246/247</b>	<b>Retiree, Spouse &amp; Children - Two w/ Medicare 248/249</b>
	\$514.27	\$514.27	\$1,641.77	\$1,022.48	\$919.98	\$919.98	\$2,047.34	\$1,427.97

\*See Plan I & II where no family member has Medicare

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - COBRA Rates - Cigna Medicare Risk**

Cigna Medicare Risk COBRA Rates	Retiree Only w/ Medicare 321	Retiree & Spouse - One w/ Medicare 322	Retiree & Spouse - Both w/ Medicare 324	Retiree & Children 325	Retiree, Spouse & Children - One w/ Medicare 327	Retiree, Spouse & Children - Two w/ Medicare 329
	\$392.18	\$1,730.09	\$776.20	\$935.87	\$2,273.09	\$1,360.83

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - COBRA Rates - UHC MAPD Risk**

UHC MAPD Risk COBRA Rates	Retiree Only w/ Medicare 701	Retiree & 1 Dependent - One w/ Medicare 702	Retiree & 1 Dependent - Both w/ Medicare 703	Retiree & 2 Or More Dependents - One w/ Medicare 704	Retiree & 2 Or More Dependents - Two w/ Medicare 705	Under 26 Child or Children Only 706	Over 26 Child 707
	\$350.01	\$1,599.69	\$691.87	\$1,814.97	\$907.15	\$359.98	\$1,257.83



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - COBRA Rates - SCAN Health Plan**

SCAN COBRA Rates	Retiree Only w/ Medicare Risk 611	Retiree & 1 Dependent - Both w/ Medicare Risk 613
	\$278.46	\$548.76

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 1 - COBRA Rates - Kaiser**

<b>Kaiser - COBRA Rates</b>	
Single "Basic"	\$1,109.61
Single "Senior Advantage"	\$293.93
Single "Excess"	\$1,201.20
All family members are "Basic"	\$2,211.05
One family member is "Senior Advantage"; others are "Basic"	\$1,395.38
One family member is "Excess"; others are "Basic"	\$2,302.65
Two or more family members are "Senior Advantage"	\$579.71
One family member is "Excess"; another is "Senior Advantage"	\$1,486.98
Two family members are "Excess"	\$2,394.25
Child under 26	\$1,109.61
Children under 26	\$2,211.05

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Anthem Blue Cross I**

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,236.53	\$2,228.45	\$2,628.45	\$1,635.70
10-11*	\$741.92	\$1,733.84	\$2,133.84	\$1,141.09
11-12*	\$692.46	\$1,684.38	\$2,084.38	\$1,091.63
12-13*	\$643.00	\$1,634.92	\$2,034.92	\$1,042.17
13-14	\$593.53	\$1,585.45	\$1,985.45	\$992.70
14-15	\$544.07	\$1,535.99	\$1,935.99	\$943.24
15-16	\$494.61	\$1,486.53	\$1,886.53	\$893.78
16-17	\$445.15	\$1,437.07	\$1,837.07	\$844.32
17-18	\$395.69	\$1,387.61	\$1,787.61	\$794.86
18-19	\$346.23	\$1,338.15	\$1,738.15	\$745.40
19-20	\$296.77	\$1,288.69	\$1,688.69	\$695.94
20-21	\$247.31	\$1,239.23	\$1,639.23	\$646.48
21-22	\$197.84	\$1,189.76	\$1,589.76	\$597.01
22-23	\$148.38	\$1,140.30	\$1,540.30	\$547.55
23-24	\$98.92	\$1,090.84	\$1,490.84	\$498.09
24-25	\$49.46	\$1,041.38	\$1,441.38	\$448.63
25 or more	\$0.00	\$991.92	\$1,391.92	\$399.17
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$618.26	\$1,610.18	\$2,010.18	\$1,017.43
COBRA	\$1,261.26	\$2,273.02	\$2,681.02	\$1,668.41

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,236.53	\$2,228.45	\$2,628.45	\$1,635.70
10-11*	\$741.92	\$1,733.84	\$2,133.84	\$1,141.09
11-12*	\$692.46	\$1,684.38	\$2,084.38	\$1,091.63
12-13*	\$643.00	\$1,634.92	\$2,034.92	\$1,042.17
13-14	\$593.53	\$1,585.45	\$1,985.45	\$992.70
14-15	\$544.07	\$1,535.99	\$1,935.99	\$943.24
15-16	\$494.61	\$1,486.53	\$1,886.53	\$893.78
16-17	\$445.15	\$1,437.07	\$1,837.07	\$844.32
17-18	\$395.69	\$1,387.61	\$1,787.61	\$794.86
18-19	\$346.23	\$1,338.15	\$1,738.15	\$745.40
19-20	\$296.77	\$1,288.69	\$1,688.69	\$695.94
20-21	\$247.31	\$1,239.23	\$1,639.23	\$646.48
21-22	\$197.84	\$1,189.76	\$1,589.76	\$597.01
22-23	\$148.38	\$1,140.30	\$1,540.30	\$547.55
23-24	\$98.92	\$1,090.84	\$1,490.84	\$498.09
24-25	\$49.46	\$1,041.38	\$1,441.38	\$448.63
25 or more	\$0.00	\$991.92	\$1,391.92	\$399.17
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$618.26	\$1,610.18	\$2,010.18	\$1,017.43
COBRA	\$1,261.26	\$2,273.02	\$2,681.02	\$1,668.41

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree Only 240	Retiree & Spouse - Retiree w/ Medicare (Plan III Benchmark) 241 <sup>(1)</sup> /242	Retiree & Spouse - Dependent w/ Medicare (Plan I, II Benchmark) 241/242 <sup>(2)</sup>	Retiree & Spouse - Both w/ Medicare (Plan III Benchmark) 243
Less than 10*	\$504.19	\$1,609.58	\$1,609.58	\$1,002.43
10-11*	\$302.51	\$1,407.90	\$1,114.97	\$800.75
11-12*	\$282.35	\$1,387.74	\$1,065.51	\$780.59
12-13*	\$262.18	\$1,367.57	\$1,016.05	\$760.42
13-14	\$242.01	\$1,347.40	\$966.58	\$740.25
14-15	\$221.84	\$1,327.23	\$917.12	\$720.08
15-16	\$201.68	\$1,307.07	\$867.66	\$699.92
16-17	\$181.51	\$1,286.90	\$818.20	\$679.75
17-18	\$161.34	\$1,266.73	\$768.74	\$659.58
18-19	\$141.17	\$1,246.56	\$719.28	\$639.41
19-20	\$121.01	\$1,226.40	\$669.82	\$619.25
20-21	\$100.84	\$1,206.23	\$620.36	\$599.08
21-22	\$80.67	\$1,186.06	\$570.89	\$578.91
22-23	\$60.50	\$1,165.89	\$521.43	\$558.74
23-24	\$40.34	\$1,145.73	\$471.97	\$538.58
24-25	\$20.17	\$1,125.56	\$422.51	\$518.41
25 or more	\$0.00	\$1,105.39	\$373.05	\$498.24
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$252.09	\$1,357.48	\$991.31	\$750.33
COBRA	\$514.27	\$1,641.77	\$1,641.77	\$1,022.48

<sup>(1)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(2)</sup> Non-Medicare has Anthem Blue Cross II

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)**

<b>Years of Service</b>	<b>Retiree with Medicare and Children 244 <sup>(3)</sup>/245 <sup>(4)</sup></b>	<b>Retiree &amp; Children - Dependent w/ Medicare (Plan I &amp; II Benchmark) 244 <sup>(3)</sup>/245 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - Retiree w/ Medicare (Plan III Benchmark) 246 <sup>(3)</sup>/247 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - 1 Dependent w/ Medicare (Plan I, II Benchmark) 246 <sup>(3)</sup>/247 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 248 <sup>(3)</sup>/249 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - Dependent + 1 w/ Medicare (Plan I, II Benchmark) 248 <sup>(3)</sup>/249 <sup>(4)</sup></b>	<b>Retiree, Spouse, &amp; Children - each w/ Medicare (Plan III Benchmark) 250 <sup>(5)</sup></b>
Less than 10*	\$901.94	\$901.94	\$2,007.20	\$2,007.20	\$1,399.97	\$1,399.97	\$1,568.82
10-11*	\$700.26	\$541.16	\$1,805.52	\$1,512.59	\$1,198.29	\$905.36	\$1,367.14
11-12*	\$680.10	\$505.09	\$1,785.36	\$1,463.13	\$1,178.13	\$855.90	\$1,346.98
12-13*	\$659.93	\$469.01	\$1,765.19	\$1,413.67	\$1,157.96	\$806.44	\$1,326.81
13-14	\$639.76	\$432.93	\$1,745.02	\$1,364.20	\$1,137.79	\$756.97	\$1,306.64
14-15	\$619.59	\$396.85	\$1,724.85	\$1,314.74	\$1,117.62	\$707.51	\$1,286.47
15-16	\$599.43	\$360.78	\$1,704.69	\$1,265.28	\$1,097.46	\$658.05	\$1,266.31
16-17	\$579.26	\$324.70	\$1,684.52	\$1,215.82	\$1,077.29	\$608.59	\$1,246.14
17-18	\$559.09	\$288.62	\$1,664.35	\$1,166.36	\$1,057.12	\$559.13	\$1,225.97
18-19	\$538.92	\$252.54	\$1,644.18	\$1,116.90	\$1,036.95	\$509.67	\$1,205.80
19-20	\$518.76	\$216.47	\$1,624.02	\$1,067.44	\$1,016.79	\$460.21	\$1,185.64
20-21	\$498.59	\$180.39	\$1,603.85	\$1,017.98	\$996.62	\$410.75	\$1,165.47
21-22	\$478.42	\$144.31	\$1,583.68	\$968.51	\$976.45	\$361.28	\$1,145.30
22-23	\$458.25	\$108.23	\$1,563.51	\$919.05	\$956.28	\$311.82	\$1,125.13
23-24	\$438.09	\$72.16	\$1,543.35	\$869.59	\$936.12	\$262.36	\$1,104.97
24-25	\$417.92	\$36.08	\$1,523.18	\$820.13	\$915.95	\$212.90	\$1,084.80
25 or more	\$397.75	\$0.00	\$1,503.01	\$770.67	\$895.78	\$163.44	\$1,064.63
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$649.84	\$450.97	\$1,755.10	\$1,388.93	\$1,147.87	\$781.70	\$1,316.72
COBRA	\$919.98	\$919.98	\$2,047.34	\$2,047.34	\$1,427.97	\$1,427.97	\$1,600.20

<sup>(3)</sup> Non-Medicare has Anthem Blue Cross I

<sup>(4)</sup> Non-Medicare has Anthem Blue Cross II

<sup>(5)</sup> Please note only retirees or eligible survivors will qualify for Medicare Part B Premium Reimbursement Program, approved annually by Los Angeles Board of Supervisors

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Anthem Blue Cross Prudent Buyer Plan**

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$1,003.87	\$1,974.83	\$2,228.67	\$1,290.15
10-11*	\$602.32	\$1,480.22	\$1,734.06	\$795.54
11-12*	\$562.17	\$1,430.76	\$1,684.60	\$746.08
12-13*	\$522.01	\$1,381.30	\$1,635.14	\$696.62
13-14	\$481.86	\$1,331.83	\$1,585.67	\$647.15
14-15	\$441.70	\$1,282.37	\$1,536.21	\$597.69
15-16	\$401.55	\$1,232.91	\$1,486.75	\$548.23
16-17	\$361.39	\$1,183.45	\$1,437.29	\$498.77
17-18	\$321.24	\$1,133.99	\$1,387.83	\$449.31
18-19	\$281.08	\$1,084.53	\$1,338.37	\$399.85
19-20	\$240.93	\$1,035.07	\$1,288.91	\$350.39
20-21	\$200.77	\$985.61	\$1,239.45	\$300.93
21-22	\$160.62	\$936.14	\$1,189.98	\$251.46
22-23	\$120.46	\$886.68	\$1,140.52	\$202.00
23-24	\$80.31	\$837.22	\$1,091.06	\$152.54
24-25	\$40.15	\$787.76	\$1,041.60	\$103.08
25 or more	\$0.00	\$738.30	\$992.14	\$53.62
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$501.93	\$1,356.56	\$1,610.40	\$671.88
COBRA	\$1,023.95	\$2,014.33	\$2,273.24	\$1,315.95

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Cigna Network Model Plan**

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$1,629.11	\$2,940.79	\$3,472.45	\$2,161.46
10-11*	\$1,134.50	\$2,446.18	\$2,977.84	\$1,666.85
11-12*	\$1,085.04	\$2,396.72	\$2,928.38	\$1,617.39
12-13*	\$1,035.58	\$2,347.26	\$2,878.92	\$1,567.93
13-14	\$986.11	\$2,297.79	\$2,829.45	\$1,518.46
14-15	\$936.65	\$2,248.33	\$2,779.99	\$1,469.00
15-16	\$887.19	\$2,198.87	\$2,730.53	\$1,419.54
16-17	\$837.73	\$2,149.41	\$2,681.07	\$1,370.08
17-18	\$788.27	\$2,099.95	\$2,631.61	\$1,320.62
18-19	\$738.81	\$2,050.49	\$2,582.15	\$1,271.16
19-20	\$689.35	\$2,001.03	\$2,532.69	\$1,221.70
20-21	\$639.89	\$1,951.57	\$2,483.23	\$1,172.24
21-22	\$590.42	\$1,902.10	\$2,433.76	\$1,122.77
22-23	\$540.96	\$1,852.64	\$2,384.30	\$1,073.31
23-24	\$491.50	\$1,803.18	\$2,334.84	\$1,023.85
24-25	\$442.04	\$1,753.72	\$2,285.38	\$974.39
25 or more	\$392.58	\$1,704.26	\$2,235.92	\$924.93
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,010.84	\$2,322.52	\$2,854.18	\$1,543.19
COBRA	\$1,661.69	\$2,999.61	\$3,541.90	\$2,204.69



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Cigna-HealthSpring Preferred w/ Rx**  
(available in Maricopa County and Apache Junction, Pinal County, Arizona only)

<b>Years of Service</b>	<b>Retiree Only with Medicare 321</b>	<b>Retiree &amp; Spouse/Domestic Partner - Retiree w/ Medicare (Plan III Benchmark) 322</b>	<b>Retiree &amp; Spouse/Domestic Partner - Both w/ Medicare 324</b>	<b>Retiree &amp; Children 325</b>	<b>Retiree, Spouse/Domestic Partner &amp; Children - Retiree w/ Medicare (Plan III Benchmark) 327</b>	<b>Retiree, Spouse/Domestic Partner, &amp; Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 329</b>
Less than 10*	\$384.49	\$1,696.17	\$760.98	\$917.52	\$2,228.52	\$1,334.15
10-11*	\$230.69	\$1,494.49	\$559.30	\$715.84	\$2,026.84	\$1,132.47
11-12*	\$215.31	\$1,474.33	\$539.14	\$695.68	\$2,006.68	\$1,112.31
12-13*	\$199.93	\$1,454.16	\$518.97	\$675.51	\$1,986.51	\$1,092.14
13-14	\$184.56	\$1,433.99	\$498.80	\$655.34	\$1,966.34	\$1,071.97
14-15	\$169.18	\$1,413.82	\$478.63	\$635.17	\$1,946.17	\$1,051.80
15-16	\$153.80	\$1,393.66	\$458.47	\$615.01	\$1,926.01	\$1,031.64
16-17	\$138.42	\$1,373.49	\$438.30	\$594.84	\$1,905.84	\$1,011.47
17-18	\$123.04	\$1,353.32	\$418.13	\$574.67	\$1,885.67	\$991.30
18-19	\$107.66	\$1,333.15	\$397.96	\$554.50	\$1,865.50	\$971.13
19-20	\$92.28	\$1,312.99	\$377.80	\$534.34	\$1,845.34	\$950.97
20-21	\$76.90	\$1,292.82	\$357.63	\$514.17	\$1,825.17	\$930.80
21-22	\$61.52	\$1,272.65	\$337.46	\$494.00	\$1,805.00	\$910.63
22-23	\$46.14	\$1,252.48	\$317.29	\$473.83	\$1,784.83	\$890.46
23-24	\$30.76	\$1,232.32	\$297.13	\$453.67	\$1,764.67	\$870.30
24-25	\$15.38	\$1,212.15	\$276.96	\$433.50	\$1,744.50	\$850.13
25 or more	\$0.00	\$1,191.98	\$256.79	\$413.33	\$1,724.33	\$829.96
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$192.24	\$1,444.07	\$508.88	\$665.42	\$1,976.42	\$1,082.05
COBRA	\$392.18	\$1,730.09	\$776.20	\$935.87	\$2,273.09	\$1,360.83

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree Basic (Under 65) 401	Retiree with Medicare 403
Less than 10*	\$1,087.85	\$288.17
10-11*	\$652.71	\$172.90
11-12*	\$609.20	\$161.38
12-13*	\$565.68	\$149.85
13-14	\$522.17	\$138.32
14-15	\$478.65	\$126.79
15-16	\$435.14	\$115.27
16-17	\$391.63	\$103.74
17-18	\$348.11	\$92.21
18-19	\$304.60	\$80.69
19-20	\$261.08	\$69.16
20-21	\$217.57	\$57.63
21-22	\$174.06	\$46.11
22-23	\$130.54	\$34.58
23-24	\$87.03	\$23.05
24-25	\$43.51	\$11.53
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$543.92	\$144.08
COBRA	\$1,109.61	\$293.93

**Deduct Codes:**

401 - "Basic"

403 - "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree with Family (Basic) 411	Retiree with Medicare 413	Dependent with Medicare 413	Two or more Family members with Medicare 418
Less than 10*	\$2,167.70	\$1,368.02	\$1,368.02	\$568.34
10-11*	\$1,673.09	\$1,166.34	\$873.41	\$366.66
11-12*	\$1,623.63	\$1,146.18	\$823.95	\$346.50
12-13*	\$1,574.17	\$1,126.01	\$774.49	\$326.33
13-14	\$1,524.70	\$1,105.84	\$725.02	\$306.16
14-15	\$1,475.24	\$1,085.67	\$675.56	\$285.99
15-16	\$1,425.78	\$1,065.51	\$626.10	\$265.83
16-17	\$1,376.32	\$1,045.34	\$576.64	\$245.66
17-18	\$1,326.86	\$1,025.17	\$527.18	\$225.49
18-19	\$1,277.40	\$1,005.00	\$477.72	\$205.32
19-20	\$1,227.94	\$984.84	\$428.26	\$185.16
20-21	\$1,178.48	\$964.67	\$378.80	\$164.99
21-22	\$1,129.01	\$944.50	\$329.33	\$144.82
22-23	\$1,079.55	\$924.33	\$279.87	\$124.65
23-24	\$1,030.09	\$904.17	\$230.41	\$104.49
24-25	\$980.63	\$884.00	\$180.95	\$84.32
25 or more	\$931.17	\$863.83	\$131.49	\$64.15
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,549.43	\$1,115.92	\$749.75	\$316.24
COBRA	\$2,211.05	\$1,395.38	\$1,395.38	\$579.71

**Deduct Codes:**

411 - All family members are "Basic"

413 - One family member is "Senior Advantage"; others are "Basic"

418 - Two or more family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Colorado**

Years of Service	Retiree Only 450	Retiree Only 451	Retiree & Family 453	Retiree & Family 454	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 455	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 455
Less than 10*	\$1,049.93	\$349.06	\$2,321.18	\$3,133.89	\$1,390.99	\$1,390.99
10-11*	\$629.96	\$209.44	\$1,826.57	\$2,639.28	\$1,189.31	\$896.38
11-12*	\$587.96	\$195.47	\$1,777.11	\$2,589.82	\$1,169.15	\$846.92
12-13*	\$545.96	\$181.51	\$1,727.65	\$2,540.36	\$1,148.98	\$797.46
13-14	\$503.97	\$167.55	\$1,678.18	\$2,490.89	\$1,128.81	\$747.99
14-15	\$461.97	\$153.59	\$1,628.72	\$2,441.43	\$1,108.64	\$698.53
15-16	\$419.97	\$139.62	\$1,579.26	\$2,391.97	\$1,088.48	\$649.07
16-17	\$377.97	\$125.66	\$1,529.80	\$2,342.51	\$1,068.31	\$599.61
17-18	\$335.98	\$111.70	\$1,480.34	\$2,293.05	\$1,048.14	\$550.15
18-19	\$293.98	\$97.74	\$1,430.88	\$2,243.59	\$1,027.97	\$500.69
19-20	\$251.98	\$83.77	\$1,381.42	\$2,194.13	\$1,007.81	\$451.23
20-21	\$209.99	\$69.81	\$1,331.96	\$2,144.67	\$987.64	\$401.77
21-22	\$167.99	\$55.85	\$1,282.49	\$2,095.20	\$967.47	\$352.30
22-23	\$125.99	\$41.89	\$1,233.03	\$2,045.74	\$947.30	\$302.84
23-24	\$83.99	\$27.92	\$1,183.57	\$1,996.28	\$927.14	\$253.38
24-25	\$42.00	\$13.96	\$1,134.11	\$1,946.82	\$906.97	\$203.92
25 or more	\$0.00	\$0.00	\$1,084.65	\$1,897.36	\$886.80	\$154.46
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$524.96	\$174.53	\$1,702.91	\$2,515.62	\$1,138.89	\$772.72
COBRA	\$1,070.93	\$356.04	\$2,367.60	\$3,196.57	\$1,418.81	\$1,418.81

**Deduct Codes:**

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

455 - One family member is "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Colorado**

Years of Service	Retiree & Family 457	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 458	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 458	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 459	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 459
Less than 10*	\$690.12	\$2,372.32	\$2,372.32	\$1,732.05	\$1,732.05
10-11*	\$488.44	\$2,170.64	\$1,877.71	\$1,530.37	\$1,237.44
11-12*	\$468.28	\$2,150.48	\$1,828.25	\$1,510.21	\$1,187.98
12-13*	\$448.11	\$2,130.31	\$1,778.79	\$1,490.04	\$1,138.52
13-14	\$427.94	\$2,110.14	\$1,729.32	\$1,469.87	\$1,089.05
14-15	\$407.77	\$2,089.97	\$1,679.86	\$1,449.70	\$1,039.59
15-16	\$387.61	\$2,069.81	\$1,630.40	\$1,429.54	\$990.13
16-17	\$367.44	\$2,049.64	\$1,580.94	\$1,409.37	\$940.67
17-18	\$347.27	\$2,029.47	\$1,531.48	\$1,389.20	\$891.21
18-19	\$327.10	\$2,009.30	\$1,482.02	\$1,369.03	\$841.75
19-20	\$306.94	\$1,989.14	\$1,432.56	\$1,348.87	\$792.29
20-21	\$286.77	\$1,968.97	\$1,383.10	\$1,328.70	\$742.83
21-22	\$266.60	\$1,948.80	\$1,333.63	\$1,308.53	\$693.36
22-23	\$246.43	\$1,928.63	\$1,284.17	\$1,288.36	\$643.90
23-24	\$226.27	\$1,908.47	\$1,234.71	\$1,268.20	\$594.44
24-25	\$206.10	\$1,888.30	\$1,185.25	\$1,248.03	\$544.98
25 or more	\$185.93	\$1,868.13	\$1,135.79	\$1,227.86	\$495.52
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$438.02	\$2,120.22	\$1,754.05	\$1,479.95	\$1,113.78
COBRA	\$703.92	\$2,419.77	\$2,419.77	\$1,766.69	\$1,766.69

**Deduct Codes:**

457 - Two family members are "Senior Advantage"

458 - One family member is "Senior Advantage"; two or more are "Basic"

459 - Two family members are "Senior Advantage"; one or more is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Georgia**

<b>Years of Service</b>	<b>Retiree Only 443</b>	<b>Retiree Only 461</b>	<b>Retiree Only 462</b>	<b>Retiree &amp; Family - Retiree w/ Medicare (Plan III Benchmark) 463</b>	<b>Retiree &amp; Family - Dependent w/ Medicare (Plan I, II Benchmark) 463</b>
Less than 10*	\$423.47	\$1,108.67	\$423.47	\$2,209.34	\$2,209.34
10-11*	\$254.08	\$665.20	\$254.08	\$2,007.66	\$1,714.73
11-12*	\$237.14	\$620.86	\$237.14	\$1,987.50	\$1,665.27
12-13*	\$220.20	\$576.51	\$220.20	\$1,967.33	\$1,615.81
13-14	\$203.27	\$532.16	\$203.27	\$1,947.16	\$1,566.34
14-15	\$186.33	\$487.81	\$186.33	\$1,926.99	\$1,516.88
15-16	\$169.39	\$443.47	\$169.39	\$1,906.83	\$1,467.42
16-17	\$152.45	\$399.12	\$152.45	\$1,886.66	\$1,417.96
17-18	\$135.51	\$354.77	\$135.51	\$1,866.49	\$1,368.50
18-19	\$118.57	\$310.43	\$118.57	\$1,846.32	\$1,319.04
19-20	\$101.63	\$266.08	\$101.63	\$1,826.16	\$1,269.58
20-21	\$84.69	\$221.73	\$84.69	\$1,805.99	\$1,220.12
21-22	\$67.76	\$177.39	\$67.76	\$1,785.82	\$1,170.65
22-23	\$50.82	\$133.04	\$50.82	\$1,765.65	\$1,121.19
23-24	\$33.88	\$88.69	\$33.88	\$1,745.49	\$1,071.73
24-25	\$16.94	\$44.35	\$16.94	\$1,725.32	\$1,022.27
25 or more	\$0.00	\$0.00	\$0.00	\$1,705.15	\$972.81
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$211.73	\$554.33	\$211.73	\$1,957.24	\$1,591.07
COBRA	\$431.94	\$1,130.84	\$431.94	\$2,253.53	\$2,253.53

**Deduct Codes:**

- 443 - "Basic" over age 65 - Medicare-eligible who is classified as having renal failure (ESRD)
- 461 - "Basic" under age 65
- 462 - "Senior Advantage"
- 463 - Two family members are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree & Family 464	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 465	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 465
Less than 10*	\$3,310.01	\$1,524.14	\$1,524.14
10-11*	\$2,815.40	\$1,322.46	\$1,029.53
11-12*	\$2,765.94	\$1,302.30	\$980.07
12-13*	\$2,716.48	\$1,282.13	\$930.61
13-14	\$2,667.01	\$1,261.96	\$881.14
14-15	\$2,617.55	\$1,241.79	\$831.68
15-16	\$2,568.09	\$1,221.63	\$782.22
16-17	\$2,518.63	\$1,201.46	\$732.76
17-18	\$2,469.17	\$1,181.29	\$683.30
18-19	\$2,419.71	\$1,161.12	\$633.84
19-20	\$2,370.25	\$1,140.96	\$584.38
20-21	\$2,320.79	\$1,120.79	\$534.92
21-22	\$2,271.32	\$1,100.62	\$485.45
22-23	\$2,221.86	\$1,080.45	\$435.99
23-24	\$2,172.40	\$1,060.29	\$386.53
24-25	\$2,122.94	\$1,040.12	\$337.07
25 or more	\$2,073.48	\$1,019.95	\$287.61
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$2,691.74	\$1,272.04	\$905.87
COBRA	\$3,376.21	\$1,554.62	\$1,554.62

**Deduct Codes:**

464 - Three or more family members are "Basic"

465 - One family member is "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree & Family 466	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 467	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 467	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 468	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 468
Less than 10*	\$838.94	\$2,624.81	\$2,624.81	\$1,939.61	\$1,939.61
10-11*	\$637.26	\$2,423.13	\$2,130.20	\$1,737.93	\$1,445.00
11-12*	\$617.10	\$2,402.97	\$2,080.74	\$1,717.77	\$1,395.54
12-13*	\$596.93	\$2,382.80	\$2,031.28	\$1,697.60	\$1,346.08
13-14	\$576.76	\$2,362.63	\$1,981.81	\$1,677.43	\$1,296.61
14-15	\$556.59	\$2,342.46	\$1,932.35	\$1,657.26	\$1,247.15
15-16	\$536.43	\$2,322.30	\$1,882.89	\$1,637.10	\$1,197.69
16-17	\$516.26	\$2,302.13	\$1,833.43	\$1,616.93	\$1,148.23
17-18	\$496.09	\$2,281.96	\$1,783.97	\$1,596.76	\$1,098.77
18-19	\$475.92	\$2,261.79	\$1,734.51	\$1,576.59	\$1,049.31
19-20	\$455.76	\$2,241.63	\$1,685.05	\$1,556.43	\$999.85
20-21	\$435.59	\$2,221.46	\$1,635.59	\$1,536.26	\$950.39
21-22	\$415.42	\$2,201.29	\$1,586.12	\$1,516.09	\$900.92
22-23	\$395.25	\$2,181.12	\$1,536.66	\$1,495.92	\$851.46
23-24	\$375.09	\$2,160.96	\$1,487.20	\$1,475.76	\$802.00
24-25	\$354.92	\$2,140.79	\$1,437.74	\$1,455.59	\$752.54
25 or more	\$334.75	\$2,120.62	\$1,388.28	\$1,435.42	\$703.08
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$586.84	\$2,372.71	\$2,006.54	\$1,687.51	\$1,321.34
COBRA	\$855.72	\$2,677.31	\$2,677.31	\$1,978.40	\$1,978.40

**Deduct Codes:**

466 - Two family members are "Senior Advantage"

467 - One family member is "Senior Advantage"; two are "Basic"

468 - Two family members are "Senior Advantage"; one is "Basic"



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 469	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 469	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 470	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 470
Less than 10*	\$1,254.41	\$1,254.41	\$2,624.81	\$2,624.81
10-11*	\$1,052.73	\$759.80	\$2,423.13	\$2,130.20
11-12*	\$1,032.57	\$710.34	\$2,402.97	\$2,080.74
12-13*	\$1,012.40	\$660.88	\$2,382.80	\$2,031.28
13-14	\$992.23	\$611.41	\$2,362.63	\$1,981.81
14-15	\$972.06	\$561.95	\$2,342.46	\$1,932.35
15-16	\$951.90	\$512.49	\$2,322.30	\$1,882.89
16-17	\$931.73	\$463.03	\$2,302.13	\$1,833.43
17-18	\$911.56	\$413.57	\$2,281.96	\$1,783.97
18-19	\$891.39	\$364.11	\$2,261.79	\$1,734.51
19-20	\$871.23	\$314.65	\$2,241.63	\$1,685.05
20-21	\$851.06	\$265.19	\$2,221.46	\$1,635.59
21-22	\$830.89	\$215.72	\$2,201.29	\$1,586.12
22-23	\$810.72	\$166.26	\$2,181.12	\$1,536.66
23-24	\$790.56	\$116.80	\$2,160.96	\$1,487.20
24-25	\$770.39	\$67.34	\$2,140.79	\$1,437.74
25 or more	\$750.22	\$17.88	\$2,120.62	\$1,388.28
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,002.31	\$636.14	\$2,372.71	\$2,006.54
COBRA	\$1,279.50	\$1,279.50	\$2,677.31	\$2,677.31

**Deduct Codes:**

469 - Three or more family members are "Senior Advantage"; one is "Basic"

470 - Three or more family members are "Basic"; one is "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Hawaii**

Years of Service	Retiree Only 471	Retiree Only 472	Retiree & Dependent 474	Retiree & Family 475
Less than 10*	\$990.75	\$448.24	\$1,973.50	\$2,956.26
10-11*	\$594.45	\$268.94	\$1,478.89	\$2,461.65
11-12*	\$554.82	\$251.01	\$1,429.43	\$2,412.19
12-13*	\$515.19	\$233.08	\$1,379.97	\$2,362.73
13-14	\$475.56	\$215.16	\$1,330.50	\$2,313.26
14-15	\$435.93	\$197.23	\$1,281.04	\$2,263.80
15-16	\$396.30	\$179.30	\$1,231.58	\$2,214.34
16-17	\$356.67	\$161.37	\$1,182.12	\$2,164.88
17-18	\$317.04	\$143.44	\$1,132.66	\$2,115.42
18-19	\$277.41	\$125.51	\$1,083.20	\$2,065.96
19-20	\$237.78	\$107.58	\$1,033.74	\$2,016.50
20-21	\$198.15	\$89.65	\$984.28	\$1,967.04
21-22	\$158.52	\$71.72	\$934.81	\$1,917.57
22-23	\$118.89	\$53.79	\$885.35	\$1,868.11
23-24	\$79.26	\$35.86	\$835.89	\$1,818.65
24-25	\$39.63	\$17.93	\$786.43	\$1,769.19
25 or more	\$0.00	\$0.00	\$736.97	\$1,719.73
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$495.37	\$224.12	\$1,355.23	\$2,337.99
COBRA	\$1,010.57	\$457.20	\$2,012.97	\$3,015.39

**Deduct Codes:**

471 - "Basic" under age 65

472 - "Senior Advantage"

474 - Two family members are "Basic"

475 - Three or more family members are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Hawaii**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 476	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 476	Retiree & Family 478
Less than 10*	\$1,430.99	\$1,430.99	\$888.48
10-11*	\$1,229.31	\$936.38	\$686.80
11-12*	\$1,209.15	\$886.92	\$666.64
12-13*	\$1,188.98	\$837.46	\$646.47
13-14	\$1,168.81	\$787.99	\$626.30
14-15	\$1,148.64	\$738.53	\$606.13
15-16	\$1,128.48	\$689.07	\$585.97
16-17	\$1,108.31	\$639.61	\$565.80
17-18	\$1,088.14	\$590.15	\$545.63
18-19	\$1,067.97	\$540.69	\$525.46
19-20	\$1,047.81	\$491.23	\$505.30
20-21	\$1,027.64	\$441.77	\$485.13
21-22	\$1,007.47	\$392.30	\$464.96
22-23	\$987.30	\$342.84	\$444.79
23-24	\$967.14	\$293.38	\$424.63
24-25	\$946.97	\$243.92	\$404.46
25 or more	\$926.80	\$194.46	\$384.29
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,178.89	\$812.72	\$636.38
COBRA	\$1,459.61	\$1,459.61	\$906.25

**Deduct Codes:**

476 - One family member is "Senior Advantage"; one is "Basic"

478 - Two family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Oregon**

Years of Service	Retiree Only 481	Retiree Only 482	Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,157.52	\$479.36	\$2,307.05	\$3,456.57
10-11*	\$694.51	\$287.62	\$1,812.44	\$2,961.96
11-12*	\$648.21	\$268.44	\$1,762.98	\$2,912.50
12-13*	\$601.91	\$249.27	\$1,713.52	\$2,863.04
13-14	\$555.61	\$230.09	\$1,664.05	\$2,813.57
14-15	\$509.31	\$210.92	\$1,614.59	\$2,764.11
15-16	\$463.01	\$191.74	\$1,565.13	\$2,714.65
16-17	\$416.71	\$172.57	\$1,515.67	\$2,665.19
17-18	\$370.41	\$153.40	\$1,466.21	\$2,615.73
18-19	\$324.11	\$134.22	\$1,416.75	\$2,566.27
19-20	\$277.80	\$115.05	\$1,367.29	\$2,516.81
20-21	\$231.50	\$95.87	\$1,317.83	\$2,467.35
21-22	\$185.20	\$76.70	\$1,268.36	\$2,417.88
22-23	\$138.90	\$57.52	\$1,218.90	\$2,368.42
23-24	\$92.60	\$38.35	\$1,169.44	\$2,318.96
24-25	\$46.30	\$19.17	\$1,119.98	\$2,269.50
25 or more	\$0.00	\$0.00	\$1,070.52	\$2,220.04
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$578.76	\$239.68	\$1,688.78	\$2,838.30
COBRA	\$1,180.67	\$488.95	\$2,353.19	\$3,525.70

**Deduct Codes:**

- 481 - "Basic" under age 65
- 482 - "Senior Advantage"
- 484 - Two family members are "Basic"
- 485 - Three or more family members are "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Oregon**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 486	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 486	Retiree & Family 488
Less than 10*	\$1,634.35	\$1,634.35	\$950.72
10-11*	\$1,432.67	\$1,139.74	\$749.04
11-12*	\$1,412.51	\$1,090.28	\$728.88
12-13*	\$1,392.34	\$1,040.82	\$708.71
13-14	\$1,372.17	\$991.35	\$688.54
14-15	\$1,352.00	\$941.89	\$668.37
15-16	\$1,331.84	\$892.43	\$648.21
16-17	\$1,311.67	\$842.97	\$628.04
17-18	\$1,291.50	\$793.51	\$607.87
18-19	\$1,271.33	\$744.05	\$587.70
19-20	\$1,251.17	\$694.59	\$567.54
20-21	\$1,231.00	\$645.13	\$547.37
21-22	\$1,210.83	\$595.66	\$527.20
22-23	\$1,190.66	\$546.20	\$507.03
23-24	\$1,170.50	\$496.74	\$486.87
24-25	\$1,150.33	\$447.28	\$466.70
25 or more	\$1,130.16	\$397.82	\$446.53
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,382.25	\$1,016.08	\$698.62
COBRA	\$1,667.04	\$1,667.04	\$969.73

**Deduct Codes:**

486 - One family member is "Senior Advantage"; one is "Basic"

488 - Two family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Oregon**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 493	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 493	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 494	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 494
Less than 10*	\$2,789.35	\$2,789.35	\$2,105.71	\$2,105.71
10-11*	\$2,587.67	\$2,294.74	\$1,904.03	\$1,611.10
11-12*	\$2,567.51	\$2,245.28	\$1,883.87	\$1,561.64
12-13*	\$2,547.34	\$2,195.82	\$1,863.70	\$1,512.18
13-14	\$2,527.17	\$2,146.35	\$1,843.53	\$1,462.71
14-15	\$2,507.00	\$2,096.89	\$1,823.36	\$1,413.25
15-16	\$2,486.84	\$2,047.43	\$1,803.20	\$1,363.79
16-17	\$2,466.67	\$1,997.97	\$1,783.03	\$1,314.33
17-18	\$2,446.50	\$1,948.51	\$1,762.86	\$1,264.87
18-19	\$2,426.33	\$1,899.05	\$1,742.69	\$1,215.41
19-20	\$2,406.17	\$1,849.59	\$1,722.53	\$1,165.95
20-21	\$2,386.00	\$1,800.13	\$1,702.36	\$1,116.49
21-22	\$2,365.83	\$1,750.66	\$1,682.19	\$1,067.02
22-23	\$2,345.66	\$1,701.20	\$1,662.02	\$1,017.56
23-24	\$2,325.50	\$1,651.74	\$1,641.86	\$968.10
24-25	\$2,305.33	\$1,602.28	\$1,621.69	\$918.64
25 or more	\$2,285.16	\$1,552.82	\$1,601.52	\$869.18
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$2,537.25	\$2,171.08	\$1,853.61	\$1,487.44
COBRA	\$2,845.14	\$2,845.14	\$2,147.82	\$2,147.82

**Deduct Codes:**

493 - One family member is "Senior Advantage"; two or more are "Basic"

494 - Two family members are "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Washington**

Years of Service	Retiree Only 393	Retiree Only 394	Retiree & Family 395	Retiree & Family 396	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 397	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 397
Less than 10*	\$1,162.11	\$436.52	\$2,163.21	\$3,616.76	\$1,437.62	\$1,437.62
10-11*	\$697.27	\$261.91	\$1,668.60	\$3,122.15	\$1,235.94	\$943.01
11-12*	\$650.78	\$244.45	\$1,619.14	\$3,072.69	\$1,215.78	\$893.55
12-13*	\$604.30	\$226.99	\$1,569.68	\$3,023.23	\$1,195.61	\$844.09
13-14	\$557.81	\$209.53	\$1,520.21	\$2,973.76	\$1,175.44	\$794.62
14-15	\$511.33	\$192.07	\$1,470.75	\$2,924.30	\$1,155.27	\$745.16
15-16	\$464.84	\$174.61	\$1,421.29	\$2,874.84	\$1,135.11	\$695.70
16-17	\$418.36	\$157.15	\$1,371.83	\$2,825.38	\$1,114.94	\$646.24
17-18	\$371.88	\$139.69	\$1,322.37	\$2,775.92	\$1,094.77	\$596.78
18-19	\$325.39	\$122.23	\$1,272.91	\$2,726.46	\$1,074.60	\$547.32
19-20	\$278.91	\$104.76	\$1,223.45	\$2,677.00	\$1,054.44	\$497.86
20-21	\$232.42	\$87.30	\$1,173.99	\$2,627.54	\$1,034.27	\$448.40
21-22	\$185.94	\$69.84	\$1,124.52	\$2,578.07	\$1,014.10	\$398.93
22-23	\$139.45	\$52.38	\$1,075.06	\$2,528.61	\$993.93	\$349.47
23-24	\$92.97	\$34.92	\$1,025.60	\$2,479.15	\$973.77	\$300.01
24-25	\$46.48	\$17.46	\$976.14	\$2,429.69	\$953.60	\$250.55
25 or more	\$0.00	\$0.00	\$926.68	\$2,380.23	\$933.43	\$201.09
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$581.05	\$218.26	\$1,544.94	\$2,998.49	\$1,185.52	\$819.35
COBRA	\$1,185.35	\$445.25	\$2,206.47	\$3,689.10	\$1,466.37	\$1,466.37

**Deduct Codes:**

393 - "Basic" under age 65

394 - "Senior Advantage"

395 - Two family members are "Basic"

396 - Three or more family members are "Basic"

397 - One family member is "Senior Advantage"; one is "Basic"

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - Kaiser Permanente Washington**

Years of Service	Retiree & Family 398	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 399	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 399	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 400	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 400
Less than 10*	\$865.04	\$2,891.17	\$2,891.17	\$2,318.59	\$2,318.59
10-11*	\$663.36	\$2,689.49	\$2,396.56	\$2,116.91	\$1,823.98
11-12*	\$643.20	\$2,669.33	\$2,347.10	\$2,096.75	\$1,774.52
12-13*	\$623.03	\$2,649.16	\$2,297.64	\$2,076.58	\$1,725.06
13-14	\$602.86	\$2,628.99	\$2,248.17	\$2,056.41	\$1,675.59
14-15	\$582.69	\$2,608.82	\$2,198.71	\$2,036.24	\$1,626.13
15-16	\$562.53	\$2,588.66	\$2,149.25	\$2,016.08	\$1,576.67
16-17	\$542.36	\$2,568.49	\$2,099.79	\$1,995.91	\$1,527.21
17-18	\$522.19	\$2,548.32	\$2,050.33	\$1,975.74	\$1,477.75
18-19	\$502.02	\$2,528.15	\$2,000.87	\$1,955.57	\$1,428.29
19-20	\$481.86	\$2,507.99	\$1,951.41	\$1,935.41	\$1,378.83
20-21	\$461.69	\$2,487.82	\$1,901.95	\$1,915.24	\$1,329.37
21-22	\$441.52	\$2,467.65	\$1,852.48	\$1,895.07	\$1,279.90
22-23	\$421.35	\$2,447.48	\$1,803.02	\$1,874.90	\$1,230.44
23-24	\$401.19	\$2,427.32	\$1,753.56	\$1,854.74	\$1,180.98
24-25	\$381.02	\$2,407.15	\$1,704.10	\$1,834.57	\$1,131.52
25 or more	\$360.85	\$2,386.98	\$1,654.64	\$1,814.40	\$1,082.06
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$612.94	\$2,639.07	\$2,272.90	\$2,066.49	\$1,700.32
COBRA	\$882.34	\$2,948.99	\$2,948.99	\$2,364.96	\$2,364.96

**Deduct Codes:**

398 - Two family members are "Senior Advantage"

399 - One family member is "Senior Advantage"; two or more are "Basic"

400 - Two family members are "Senior Advantage"; one or more is "Basic"



**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - SCAN Health Plan**

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 <sup>(1)</sup>
Less than 10*	\$273.00	\$538.00
10-11*	\$163.80	\$336.32
11-12*	\$152.88	\$316.16
12-13*	\$141.96	\$295.99
13-14	\$131.04	\$275.82
14-15	\$120.12	\$255.65
15-16	\$109.20	\$235.49
16-17	\$98.28	\$215.32
17-18	\$87.36	\$195.15
18-19	\$76.44	\$174.98
19-20	\$65.52	\$154.82
20-21	\$54.60	\$134.65
21-22	\$43.68	\$114.48
22-23	\$32.76	\$94.31
23-24	\$21.84	\$74.15
24-25	\$10.92	\$53.98
25 or more	\$0.00	\$33.81
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$136.50	\$285.90
COBRA	\$278.46	\$548.76

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child. Both retiree & eligible dependent must be enrolled in Medicare Parts A & B.

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020**

**Tier 2 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare**

<b>Years of Service</b>	<b>Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701</b>	<b>Retiree &amp; 1 Dependent - Retiree with UnitedHealthcare Group Medicare Advantage HMO 702 <sup>(1)</sup></b>	<b>Retiree &amp; 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 <sup>(1)</sup></b>	<b>Retiree &amp; 2 or More Dependents - Retiree w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 704 <sup>(2)</sup></b>	<b>Retiree &amp; 2 or More Dependents - Retiree + 1 w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 705 <sup>(2)</sup></b>
Less than 10*	\$343.15	\$1,568.32	\$678.30	\$1,779.38	\$889.36
10-11*	\$205.89	\$1,366.64	\$476.62	\$1,577.70	\$687.68
11-12*	\$192.16	\$1,346.48	\$456.46	\$1,557.54	\$667.52
12-13*	\$178.44	\$1,326.31	\$436.29	\$1,537.37	\$647.35
13-14	\$164.71	\$1,306.14	\$416.12	\$1,517.20	\$627.18
14-15	\$150.99	\$1,285.97	\$395.95	\$1,497.03	\$607.01
15-16	\$137.26	\$1,265.81	\$375.79	\$1,476.87	\$586.85
16-17	\$123.53	\$1,245.64	\$355.62	\$1,456.70	\$566.68
17-18	\$109.81	\$1,225.47	\$335.45	\$1,436.53	\$546.51
18-19	\$96.08	\$1,205.30	\$315.28	\$1,416.36	\$526.34
19-20	\$82.36	\$1,185.14	\$295.12	\$1,396.20	\$506.18
20-21	\$68.63	\$1,164.97	\$274.95	\$1,376.03	\$486.01
21-22	\$54.90	\$1,144.80	\$254.78	\$1,355.86	\$465.84
22-23	\$41.18	\$1,124.63	\$234.61	\$1,335.69	\$445.67
23-24	\$27.45	\$1,104.47	\$214.45	\$1,315.53	\$425.51
24-25	\$13.73	\$1,084.30	\$194.28	\$1,295.36	\$405.34
25 or more	\$0.00	\$1,064.13	\$174.11	\$1,275.19	\$385.17
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$171.57	\$1,316.22	\$426.20	\$1,527.28	\$637.26
COBRA	\$350.01	\$1,599.69	\$691.87	\$1,814.97	\$907.15

<sup>(1)</sup> Retiree & 1 Dependent = Retiree & Spouse/Domestic Partner or Retiree & 1 Child

<sup>(2)</sup> Retiree & 2 or More Dependents = Retiree, Spouse/Domestic Partner & 1 or More Children or Retiree & 2 or More Children

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - UnitedHealthcare**

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,233.17	\$2,251.48	\$2,669.40
10-11*	\$739.90	\$1,756.87	\$2,174.79
11-12*	\$690.58	\$1,707.41	\$2,125.33
12-13*	\$641.25	\$1,657.95	\$2,075.87
13-14	\$591.92	\$1,608.48	\$2,026.40
14-15	\$542.59	\$1,559.02	\$1,976.94
15-16	\$493.27	\$1,509.56	\$1,927.48
16-17	\$443.94	\$1,460.10	\$1,878.02
17-18	\$394.61	\$1,410.64	\$1,828.56
18-19	\$345.29	\$1,361.18	\$1,779.10
19-20	\$295.96	\$1,311.72	\$1,729.64
20-21	\$246.63	\$1,262.26	\$1,680.18
21-22	\$197.31	\$1,212.79	\$1,630.71
22-23	\$147.98	\$1,163.33	\$1,581.25
23-24	\$98.65	\$1,113.87	\$1,531.79
24-25	\$49.33	\$1,064.41	\$1,482.33
25 or more	\$0.00	\$1,014.95	\$1,432.87
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$616.58	\$1,633.21	\$2,051.13
COBRA	\$1,257.83	\$2,296.51	\$2,722.79

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 2 - Cigna Indemnity Dental/Vision**

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$51.57	\$107.25
10-11*	\$30.94	\$86.62
11-12*	\$28.88	\$84.56
12-13*	\$26.82	\$82.50
13-14	\$24.75	\$80.43
14-15	\$22.69	\$78.37
15-16	\$20.63	\$76.31
16-17	\$18.57	\$74.25
17-18	\$16.50	\$72.18
18-19	\$14.44	\$70.12
19-20	\$12.38	\$68.06
20-21	\$10.31	\$65.99
21-22	\$8.25	\$63.93
22-23	\$6.19	\$61.87
23-24	\$4.13	\$59.81
24-25	\$2.06	\$57.74
25 or more	\$0.00	\$55.68
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$25.78	\$81.46
COBRA	\$52.60	\$109.40

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 2 - Cigna Prepaid Dental/Vision**

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.51	\$95.26
10-11*	\$27.91	\$74.63
11-12*	\$26.05	\$72.57
12-13*	\$24.19	\$70.51
13-14	\$22.32	\$68.44
14-15	\$20.46	\$66.38
15-16	\$18.60	\$64.32
16-17	\$16.74	\$62.26
17-18	\$14.88	\$60.19
18-19	\$13.02	\$58.13
19-20	\$11.16	\$56.07
20-21	\$9.30	\$54.00
21-22	\$7.44	\$51.94
22-23	\$5.58	\$49.88
23-24	\$3.72	\$47.82
24-25	\$1.86	\$45.75
25 or more	\$0.00	\$43.69
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.25	\$69.47
COBRA	\$47.44	\$97.17

**Los Angeles County Employees Retirement Association  
Rates Effective July 1, 2020  
Tier 2 - Children Only Rates**

<b>Years of Service</b>	<b>Anthem Plan I &amp; II 215 or 225</b>	<b>Kaiser One Child 421</b>	<b>Kaiser 2 or More 411</b>	<b>Prudent Buyer 205</b>	<b>Cigna 305</b>	<b>UHC HMO 706</b>	<b>Cigna Indemnity Dental/Vision 503</b>	<b>Cigna Prepaid Dental/Vision 903</b>
Less than 10*	\$418.57	\$1,087.85	\$2,167.70	\$274.07	\$515.26	\$352.92	\$63.40	\$47.09
10-11*	\$251.14	\$652.71	\$1,673.09	\$164.44	\$309.16	\$211.75	\$38.04	\$28.25
11-12*	\$234.40	\$609.20	\$1,623.63	\$153.48	\$288.55	\$197.64	\$35.50	\$26.37
12-13*	\$217.66	\$565.68	\$1,574.17	\$142.52	\$267.94	\$183.52	\$32.97	\$24.49
13-14	\$200.91	\$522.17	\$1,524.70	\$131.55	\$247.32	\$169.40	\$30.43	\$22.60
14-15	\$184.17	\$478.65	\$1,475.24	\$120.59	\$226.71	\$155.28	\$27.90	\$20.72
15-16	\$167.43	\$435.14	\$1,425.78	\$109.63	\$206.10	\$141.17	\$25.36	\$18.84
16-17	\$150.69	\$391.63	\$1,376.32	\$98.67	\$185.49	\$127.05	\$22.82	\$16.95
17-18	\$133.94	\$348.11	\$1,326.86	\$87.70	\$164.88	\$112.93	\$20.29	\$15.07
18-19	\$117.20	\$304.60	\$1,277.40	\$76.74	\$144.27	\$98.82	\$17.75	\$13.19
19-20	\$100.46	\$261.08	\$1,227.94	\$65.78	\$123.66	\$84.70	\$15.22	\$11.30
20-21	\$83.71	\$217.57	\$1,178.48	\$54.81	\$103.05	\$70.58	\$12.68	\$9.42
21-22	\$66.97	\$174.06	\$1,129.01	\$43.85	\$82.44	\$56.47	\$10.14	\$7.53
22-23	\$50.23	\$130.54	\$1,079.55	\$32.89	\$61.83	\$42.35	\$7.61	\$5.65
23-24	\$33.49	\$87.03	\$1,030.09	\$21.93	\$41.22	\$28.23	\$5.07	\$3.77
24-25	\$16.74	\$43.51	\$980.63	\$10.96	\$20.61	\$14.12	\$2.54	\$1.88
25 or more	\$0.00	\$0.00	\$931.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$209.28	\$543.92	\$1,549.43	\$137.03	\$257.63	\$176.46	\$31.70	\$23.54
COBRA	\$426.94	\$1,109.61	\$2,211.05	\$279.55	\$525.57	\$359.98	\$64.67	\$48.03

**Los Angeles County Employees Retirement Association**  
**Rates Effective July 1, 2020**  
**Tier 2 - COBRA Rates - Kaiser**

<b>Kaiser - COBRA Rates</b>	
Single "Basic"	\$1,109.61
Single "Senior Advantage"	\$293.93
Single "Excess"	\$1,201.20
All family members are "Basic"	\$2,211.05
One family member is "Senior Advantage"; others are "Basic"	\$1,395.38
One family member is "Excess"; others are "Basic"	\$2,302.65
Two or more family members are "Senior Advantage"	\$579.71
One family member is "Excess"; another is "Senior Advantage"	\$1,486.98
Two family members are "Excess"	\$2,394.25
Child under 26	\$1,109.61
Children under 26	\$2,211.05

**California Mandatory Contract Changes**

Contract Changes checklists are a tool to be utilized in conjunction with the enclosed notice of contract language changes upon renewal. If not already included, the following is the list of changes that will be

**Prudent Buyer**

Product Unit	Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	Grand - fathered	Effective	Does this Change also Apply to Bluecard Plans?
All DMHC PPO		Appeal Telephone Number	Revised the provision regarding contacting the DMHC to list the phone number for Anthem's appeals department in 12-point bold font. This addresses the DMHC Audit dated February 19, 2019, involving grievances and appeals and other.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Bone Anchored Hearing Aids	<i>When Hearing Aids benefits are included in the plan, benefits will also include bone-anchored hearing aids. This is a clarification, and is intended to give bone anchored hearing aids a presence in the EOC.</i>	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Clinical Trials	Revised the Clinical Trials to clarify the intent of the exclusion. The intent is to add clarity and to better reflect medical policy.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Bereavement	Revised the bereavement benefit under Hospice benefit to clarify what is covered. The affect of the change is that more people are eligible for bereavement services, beyond those who are the surviving members of the immediate family, and will include the primary or designated care giver and individuals with significant personal ties.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Cochlear Implants	Removed reference to coverage for cochlear implants under the DME benefit. Benefits for cochlear implants are available under the member's Prosthetics benefit. This is a clarification.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Hearing Aids	<i>Revised the exclusion for Hearing Aids to include bone-anchored hearing aids as excluded services. The intent is to give bone anchored hearing aids a presence in the contract, offering more disclosure.</i>	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Residential Accommodations	<i>Removed Wilderness from the Residential Accommodations exclusion. The changes are intended to better describe the services that are excluded, for purposes of mitigating potential market and provider confusion.</i>	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Educational Services	Revised the exclusion for Educational Services to add details about non-covered services. The changes are intended to better describe the services that are excluded, for purposes of mitigating past market confusion.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Wilderness Camps and/or Programs	<i>Added an exclusion for Wilderness Camps and/or Programs as its own exclusion for clarity and to address potential confusion.</i>	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Notice of Claim	Added a note regarding an extension for claims submission if required by law, to accommodate claims from the Veteran's Administration, which allows for longer filing periods.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Payment to Providers	Revised this provision to clarify how Anthem will pay providers and the member's responsibilities for payment of benefits.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Confidentiality and Release of Information	Revised the Confidentiality and Release of Information provision to better explain Anthem's role in protecting our member's health information.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Infertility Definition	Removed the definition of Infertility to address potential interpretations of discrimination. Certain elements in the definition were thought to be perceived as discriminatory.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Preventive Contraceptives	Revised the Preventive Care Services benefit to indicate covered contraceptive drugs do not need to be any type of brand drug to be covered, if medically necessary.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal	Yes



**California Mandatory Contract Changes**

Contract Changes checklists are a tool to be utilized in conjunction with the enclosed notice of contract language changes upon renewal. If not already included, the following is the list of changes that will be added to contract documents. Effective dates are shown and apply at renewal on or after that date. Please note: Some of the changes below will be or have been submitted to State regulatory agencies and will require approval prior to implementation.

**Prescription Drug**

Product Unit	Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	Grand - fathered	Effective
All Rx		Preventive Prescription Drugs and Other Items	<i>Removed Vitamin D supplements as covered drugs. Additionally, revised the benefit to indicate covered contraceptive drugs do not need to be any type of brand drug to be covered, if medically necessary.</i>	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal
All Rx		Pharmacy Member Services	Revised the reference to Member Services to indicate the member should reach out to Pharmacy Member Services for pharmacy related inquiries. Additionally, any specific phone numbers listed in the EOC were removed as obsolete. Members should use the number listed on the back of the ID Card.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal
All Rx		Growth Hormone Treatment	<i>Added an exclusion for Growth Hormone Treatment. This and other exclusions are being added for clarity, and to provide more contractual support for decision-making.</i>	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal
All Rx		Clinically Equivalent Alternatives	Removed exclusion for Clinically Equivalent Alternatives, as a result of the removal of the National Drug Code (NDC) Block. The NDC Block remains under the medical exclusion.	Company Change	1/1/2020	Non-Pooled	All Plans	At Renewal

**CIGNA-HEALTHSPRING MEDICARE ADVANTAGE & RX PLAN**

**Arizona**

As shown in the 2020 benefit summary, there are a few changes which will be made to the Medicare Select Plan. The benefits that are changing are highlighted. All other benefits remain at their current levels.

*The HealthSpring Medicare Advantage & Rx Plan with Rx (MAPD) renewal rates are included in the HMO/Medical Renewal Package.*

Benefit Changes include the following:

Prescription Drug Plan

	2019	2020
<b>Long-Term Care (1-31 Day Supply)</b>	N/A	New section. Defined in the Pharmacy Caveats, Exclusions and Definitions Section
<b>Coverage Gap</b>	from \$3,820 in Drug Spend up to True Out-of-Pocket of \$5,100	from \$4,020 in Drug Spend up to True Out-of-Pocket of \$6,350
<b>Retail (30 Day Supply); Tier 5 Brand Name and Generic High Cost Specialty Drugs</b>	Generic was 37% and Brand 25%	Generic and Brand are both 25%
<b>Long-Term Care (1-31 Day Supply)</b>	N/A	New section. Defined in the Pharmacy Caveats, Exclusions and Definitions Section
<b>Mail Order (30 Day Supply); Tier 5 Brand Name and Generic High Cost Specialty Drugs</b>	Generic was 37% and Brand 25%	Generic and Brand are both 25%
<b>Catastrophic Phase (True Out-of-Pocket)</b>	\$5,100 Generic Drugs: \$3.40 Brand Drugs: \$8.50	\$6,350 Generic Drug: \$3.60 Brand Drugs: \$8.95

## 2020 RENEWAL PORTFOLIO | CALIFORNIA

# Preliminary changes to 2020 benefits

**This is an overview of recent California benefit changes we're planning to make to:**

- ▶ 2020 Kaiser Foundation Health Plan, Inc. (KFHP), *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2020 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

Unless otherwise noted, these changes apply to all the plans we offer, and they'll become effective as contracts renew starting in January 2020.\*

These changes may be subject to regulatory approval. This summary doesn't include all changes that may be made for 2020, including changes to Medicare coverage. You'll find all the information on the final changes in your:

- ▶ 2020 renewal notice or renewal contract for KFHP coverage
- ▶ 2020 *Summary of Benefit Changes* for KPIC coverage

**Additional tobacco-cessation coverage for Medicare groups**

For all Medicare group plan members, we're now covering prescription and over-the-counter tobacco-cessation products at no cost share for members. Limit 2 cycles per calendar year. This coverage won't include limits for employers with Retiree Drug Subsidy drug benefits.

This no-cost-share benefit has been manually administered by pharmacy operations since January 1, 2019, for Kaiser Permanente Senior Advantage (KPSA) group plans. Our pharmacy operations will continue to manually administer this for KPSA group plans until the policy becomes automated on January 1, 2020.

(continues on next page)

**All medically referred acupuncture will be covered at the primary-care cost share**

Currently, the cost share for medically referred acupuncture is determined based on the provider who performs the service – either a physician specialist or a non-physician specialist. Effective January 1, 2020, all medically referred acupuncture will be subject to only the primary-care cost share.

**Changes to HSA-qualified HDHPs in 2020**

The IRS has announced increases to the minimum deductibles for all HSA-qualified High Deductible Health Plans in 2020. As a result, all Kaiser Permanente HSA-qualified HDHPs with self-only deductibles below \$2,800 (embedded accumulation) must be updated or replaced. All HSA-qualified HDHPs with self-only deductibles below \$1,400 and/or family deductibles below \$2,800 (aggregate accumulation) must also be updated or replaced. This includes grandfathered and nongrandfathered plans. The chart below reflects IRS 2020 HDHP minimum deductible requirements for plans of each accumulation type.

Accumulation Type	2019	2020
Embedded plans with self-only deductibles less than the IRS family minimum	Self-only: \$1,350	Self-only: \$1,400
	Family member: \$2,700	Family member: \$2,800
	Family: \$2,700	Family: \$2,800
Embedded plans with individual deductibles equal to the IRS family minimum	Individual: \$2,700	Individual: \$2,800
	Family: \$2,700	Family: \$2,800
Aggregate plans (grandfathered only)	Individual: \$1,350	Individual: \$1,400
	Family: \$2,700	Family: \$2,800

**For more information, please see your renewal notice, renewal contract, or Summary of Benefit Changes.**

This document includes forward-looking statements. All statements made that are not historical facts are subject to a number of risks and uncertainties, and actual results may differ materially.

The traditional HMO plan, deductible HMO plan, and HMO portion of the point-of-service (POS) plan are underwritten by Kaiser Foundation Health Plan, Inc (KFHP). Kaiser Permanente Insurance Company (KPIC) underwrites the PPO plan, out-of-area indemnity plan, and in-network and out-of-network portions of the POS plan. KPIC is a subsidiary of KFHP.

\*Scheduled dates are subject to change.

# Summary of 2019 to 2020 Plan Changes

The following changes were made to large group standard plan designs for 2020.

## All Plans

### Summary of Changes<sup>1</sup>

A referral is needed for ophthalmology services.

Prescription drug refills may be allowed only at Kaiser Permanente select pharmacies and through mail order.<sup>2</sup>

Some plans offered in the Kaiser Permanente Northwest service area (Oregon and Southwest Washington) align with plans offered in the Kaiser Permanente Washington service area (greater Seattle and other counties). If you offer plans across both regions, contact your sales executive or account manager for information on which plans align.

<sup>1</sup>These changes are provided for summary purposes only. For complete details of coverage, see your Benefit Summary or Evidence of Coverage.

<sup>2</sup>This change does not apply to Added Choice<sup>®</sup> point-of-service plans and PPO Plus<sup>®</sup> plan members getting drugs at a MedImpact pharmacy.

## HDHP Minimum Value Plans

Plans Affected	Summary of Changes	
	OUT-OF-POCKET MAXIMUM (IND/FAM) (INCLUDES DEDUCTIBLE, EMBEDDED ACCUMULATION)	
	CHANGED FROM	CHANGED TO
MV3500 50% HDHP VALUE PLAN	\$6,750/\$13,500	\$6,900/\$13,800
MV4500 40% HDHP VALUE PLAN	\$6,750/\$13,500	\$6,900/\$13,800
MV5500 30% HDHP VALUE PLAN	\$6,750/\$13,500	\$6,900/\$13,800



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.  
500 NE Multnomah St., Suite 100, Portland, OR 97232.

## HSA-Qualified High Deductible Health Plans

Plans Affected	Summary of Changes		
	DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM COMBINATIONS (Individual/Family)	CHANGED FROM	CHANGED TO
Changes to plans based on IRS HSA-qualified plan limits.	Deductible	\$1,350/\$2,700	\$1,400/\$2,800
	Out-of-Pocket Maximum	\$2,700/\$5,400	\$2,800/\$5,600
Male sterilization and male contraception cost sharing subject to the minimum required deductible amounts (WA SB 6219).	Deductible	\$2,700/\$5,400	\$2,800/\$5,600
	Out-of-Pocket Maximum	\$5,400/\$10,800	\$5,600/\$11,200
	Deductible	\$6,750/\$13,500	\$6,900/\$13,800
	Out-of-Pocket Maximum	\$6,750/\$13,500	\$6,900/\$13,800

## HSA-Qualified PPO Plus® High Deductible Plans

Plans Affected	Summary of Changes	
	TIER 1	
	CHANGED FROM	CHANGED TO
DEDUCTIBLE (IND/FAM, PER CALENDAR YEAR), AGGREGATE ACCUMULATION	WAS9	WAS0
	\$2,700/\$5,400	\$2,800/\$5,600

## HSA-Qualified Added Choice® Plans

Plans Affected	Summary of Changes	
	TIER 1	
	CHANGED FROM	CHANGED TO
	2700/10%/4000 POS HDHP EE	2800/10%/4000 POS HDHP EE
2700/10%/5400 POS HDHP EE	2800/10%/5400 POS HDHP EE	
2700/20%/5400 POS HDHP EE	2800/20%/5400 POS HDHP EE	
DEDUCTIBLE (IND/FAM, PER CALENDAR YEAR), EMBEDDED ACCUMULATION	\$2,700/\$5,400	\$2,800/\$5,600

## Added Choice® Point-of-Service Plans and PPO Plus® Plans

Plans Affected	Summary of Changes	
	PPO PLUS	
	CHANGED FROM	CHANGED TO
The financial penalty has been removed from Added Choice® Point-of-Service Plans and PPO Plus® Plans for failure to obtain prior authorization, if authorization is required, for nonparticipating provider services.	WDB9	WDB0
	WDC9	WDC0
	WDE9	WDE0
	WDN9	WDN0
	WDP9	WDP0
	WDR9	WDR0
	WDS9	WDS0
	WDX9	WDX0
	WAS9	WAS0
	WFI9	WFI0

## What's New at Kaiser Permanente

Below are some of the exciting changes over the past year.

### Service area

- Kaiser Permanente Dental at Keizer Station is now open in the Mid-Valley. This newest location offers a state-of-the-art oral surgery suite and 22 exam/operatories to provide general and pediatric dentistry, including hygiene services, specialty dentistry, and orthodontic services.
- Kaiser Permanente Chase Gardens Medical Office is scheduled to open in 2020. All primary care and lab services currently located at Kaiser Permanente Downtown Eugene Medical Office will move to the new 18,697-square-foot location. In addition, Kaiser Permanente Chase Gardens Medical Office will offer members a nurse treatment area, new imaging and pharmacy services, and additional on-site lab services.
- Vision Essentials by Kaiser Permanente brings collaborative ophthalmologists, optometrists, and opticians within an integrated care delivery system and is able to connect to our larger team of medical professionals and services. The 10 Vision Essentials locations are within most Kaiser Permanente medical offices. Saturday hours are available at Beaverton Medical Office, Cascade Park Medical Office, and Clackamas Eye Care.

### kp.org and the Kaiser Permanente app

- E-visits: Get online, on-demand treatment – including prescriptions – from a Kaiser Permanente physician in under an hour. No additional cost through 2020.
- Pay and view medical bills, track payment history, and generate a summary of up to 2 years of past medical payments. Self-scheduling is easier than ever. Schedule primary- and specialty-care appointments at kp.org or on the Kaiser Permanente app.



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3800 Kilroy Airport Way, Suite 100  
Long Beach, CA 90806  
562-989-5106

November 11, 2019  
Mr. Michael Szeto  
Health Benefits Analyst  
Segal Consulting

**Sent Via Email 11.11.19**

**Subject: Los Angeles County Employees Retirement Association 2020/2021 Medical Renewal**

Dear Michael:

SCAN Health Plan appreciates the opportunity to continue to serve the health care needs of Los Angeles County Employees Retirement Association (LACERA). We are excited to inform you, The Centers for Medicare and Medicaid Services (CMS), has once again awarded SCAN Health Plan a 4.5 Star rating for 2020.

As part of the renewal, we are including a Fully-Insured Medicare Advantage Plan inclusive of value-added benefits:

- SCAN Health Plan 2019 Fact Sheet
- Medical Benefits
- Independent Living Power Services (ILP)
- SilverSneakers by TivityHealth
- MDLive (telehealth)

### **Service Area**

SCAN Health Plan Service Area by Counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, Sonoma, Napa, and San Francisco.

Effective January 1, 2020, SCAN has expanded our service area to include Stanislaus County.

At this time, we do not anticipate any additional service area expansions or disruptions. Any service area changes will be communicated in October 2020.

### **Medical Benefits**

SCAN Health Plan medical benefits are comprehensive and inclusive of value-added benefits:

- Independent Living Power Services, a program designed to assist retirees to stay out of nursing homes and keep their independence, as long as they can safely do so in the comfort of their home.
- Routine transportation services. Unlimited rides; 75-mile maximum limit per each ride.

- SilverSneakers, the nation's leading fitness program designed exclusively for retirees.
- Generic drug discounts using our preferred pharmacy network (CVS, Rite-Aid, Costco, Vons, Ralphs and more).
- MDLive (telehealth).

### **What's New Effective July 1, 2020?**

#### **MDLive:**

Members will pay **\$0** per visit/call to speak to a board-certified doctor. Members will be able to access this service either through a computer/tablet, mobile app, or through the telephone.

SCAN has chosen to waive the additional cost to reduce the \$40 copayment to \$0 copayment.

#### **CVS minute clinic + SCAN:**

Members who are traveling outside of SCAN service area can receive urgent care services through CVS minute clinic locations at the standard urgent case copayment.

States not available in: Alabama, Alaska, Arkansas, California, Colorado, Delaware, Idaho, Iowa, Mississippi, Montana, North Dakota, Oregon, South Dakota, Utah, Vermont, Washington, West Virginia, Wyoming

#### **SCAN Travel Assurance:**

Passport Booklet with SCAN travel tags. The booklet has information on what to do in the event of an emergency.

#### **Part D:**

Initial Coverage Limit increase from \$5,100 to \$6,300.

Retirees stay in the Initial Coverage Stage until the yearly out-of-pocket costs reach \$6,300. After the yearly out-of-pocket drug costs reach \$6,300, retirees pay whichever is the larger amount:

– 5% of the cost, or

– \$3.60 copay for generic (including drugs that are treated like a generic) and \$8.95 copay for all other drugs.

#### **Independent Living Power (ILP) Services:**

- Monthly Allowance has been increased from \$600 to \$650
- Personal Emergency Response System from \$15 per month to \$0
- Adding Bathroom Durable Medical Equipment – i.e. grab bars, toilet seat risers and shower hoses.
- SCAN has chosen to waive the additional cost to enhanced the ILP services.

### **Provider Network Changes**

SCAN is now contracted with the following Medical Groups:

- Care More Medical Groups
- PIH Physicians
- PIH Health Hospitals– Whittier and Downey
- Riverside Physician Network
- Korean American Medical Group

## Summary of Medicare and Product Changes for 2020

### Medical

**Take advantage of these options to reduce costs and improve the retiree experience:**

#### *Readmission Prevention*

We will continue to offer a benefit designed to prevent and lower readmission rates that you may choose to add to your plan as a buy-up.

#### *Post-Discharge Meal Delivery*

Nutrition is clinically proven to prevent malnourishment and reduce readmissions, particularly in the senior population. As part of the Post-Discharge Meal Delivery program we offer 84 home-delivered meals to members immediately following a hospital discharge through our national vendor Mom's Meals. Mom's Meals offers fresh-made, refrigerated meals to support 9 different health conditions including breakfast, lunch, dinner and snacks. Members are referred into the program by our transitions case management team providing an integrated approach towards readmission prevention.

Please consider adding this valuable benefit to your plan. Learn more about Mom's Meals at [www.momsmeals.com/](http://www.momsmeals.com/).

#### *Post-Discharge Routine Transportation*

Transportation barriers are associated with poor health care access, missed or delayed medical appointments, and an increased need for emergency care. In order to help mitigate the risk for readmission for our most susceptible members we now offer routine transportation at no additional cost to members. As part of the Post-Discharge Routine Transportation program members are eligible for transportation to medical appointment, pharmacy visits, and more up to 30 days immediately following hospital discharges. Members are referred into the program by our transitions case management team providing an integrated approach towards readmission prevention.

**Don't forget about all of these great things that are already a part of your UnitedHealthcare plan:**

#### *Virtual Doctor Visits*

Don't forget to remind your retirees that UnitedHealthcare Medicare Virtual Visits are here! If desired, we are able to partner with clients on virtual visit education and registration strategies for retirees.

Plan members have the option of seeing and speaking with physicians via secure connection from their homes or anyplace they take a computer, tablet or smartphone. Plan members may use Virtual Visits to obtain a diagnosis and necessary prescriptions (except controlled substances) for minor medical needs including allergies, sinus and bladder infections, bronchitis and more.

Services include initial evaluation, medication management and ongoing counseling.

A Virtual Visit is not a replacement for an in-person visit with a primary care physician, but another way for plan members to access in-network care. Our in-network virtual medical groups are:

Doctor on Demand: [www.doctorondemand.com/](http://www.doctorondemand.com/)

American Well: [www.amwell.com](http://www.amwell.com)

In select markets, we are also piloting primary care telehealth to extend the reach of retirees' own primary care practices.

#### *Member Rewards and Incentives*

Our Renew Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Renew Rewards is based on characteristics shown by research to be effective at providing timely “nudges” to improve member engagement and help retirees make healthy lifestyle choices. Members can receive merchant gift cards for completing an annual wellness visit, accepting a HouseCall or completing certain eligible health care screenings.

#### *HouseCalls*

Our HouseCalls program gives eligible members a yearly visit with an advanced practice clinician right in the privacy of their own home. It's a great opportunity for members to discuss their health care needs, create a plan for prevention and get the personal attention they deserve. During the visit, the clinician will confirm medical history, complete a physical exam, review medications and answer any questions that the member may have. Certain health screenings may also be included.

A HouseCalls visit supports and complements the care of a primary care provider and is available to eligible members at no additional cost.

### **Prescription Drug Coverage**

#### *2020 Member Cost Sharing Thresholds*

In 2020, the cost sharing thresholds or amounts members must pay for Part D have changed. The chart below lists the changes for your reference. ***Please note: many group plans include additional coverage beyond what is shown below.***

	<b>2019</b>	<b>2020</b>
Deductible	\$415	<b>\$435</b>
Initial Coverage Limit	\$3,820	<b>\$4,020</b>
Standard Coverage Gap (your plan may have additional coverage)	Generic Drugs – 63% coverage Brand Drugs – 70% manufacturer discount PLUS 5% plan coverage	<b>Generic Drugs – 75% coverage Brand Drugs – 70% manufacturer discount PLUS 5% plan coverage</b>
Catastrophic Phase Begins	\$5,100 TrOOP	<b>\$6,350 TrOOP</b>
Standard Catastrophic Member Cost Share	The greater of \$3.40 or 5% coinsurance for generic drugs The greater of \$8.50 or 5% coinsurance for brand name drugs	<b>The greater of \$3.60 or 5% coinsurance for generic drugs The greater of \$8.95 or 5% coinsurance for brand name drugs</b>
Maximum copayments		

Tier 1 Generics	\$15*	<b>\$15*</b>
Tier 2 Preferred Brand	\$47	<b>\$47</b>
Tier 3 Non-Preferred Brand	\$100	<b>\$100</b>
Tier 4 Specialty Drugs	\$100	<b>\$100</b>

\*CMS permits cost sharing up to \$20. However, UHC limits member cost sharing at \$15. Requests for Tier 1 cost shares above \$15 must be approved through our exception process.

*Brand over Generic Approaches*

To maintain an affordable and sustainable Part D benefit we may from time to time implement “brand over generic” strategies. While new generic products coming to market are often lower in price than their brand-name equivalents, this is not always the case: sometimes they cost more. Depending on market conditions, we may choose not to add certain new generic medications to our plan formulary until the generic drug’s price falls enough to become the lowest-net-cost product. In these instances, the brand-name medication will remain on the plan formulary at the same or better coverage tier for a period of time.

*5-tier formulary option*

In 2020 we will continue to offer our 5-tier Group Performance formulary that helps optimize cost effectiveness while maintaining prescription drug access for beneficiaries. Please let me know if you are interested in receiving a quote and learning more about a potential change.

*New Generic Launches*

With the goal of reducing member cost share and plan liability, CMS recently issued new guidance to promote the use of lower-cost generics. When a new generic drug launches, the covered brand-name drug may be uptiered or removed from the formulary immediately upon the addition of its generic equivalent to the formulary at the same or lower tier than the brand. In this situation, members will be notified of the formulary change retrospectively.

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE  
ENGAGEMENT REPORT  
JANUARY 2020  
FOR INFORMATION ONLY**

**Examining the Nest Egg: Sources of Retirement Income for Older Americans**

The National Institute on Retirement Security published a report that examined the actual sources of retirement income for older Americans and the extent to which they form the “three-legged stool” of retirement savings. Key findings include—

- Only about 6.8 percent of older Americans receive income from Social Security, a defined benefit plan, and a defined contribution plan.
- About 40.2 percent receive income from only Social Security in retirement.
- Roughly equal numbers receive income from defined benefit plans as from defined contribution plans.
- Defined benefit plans tend to have a greater poverty-reducing effect than defined contribution plans.
- Unmarried older men and women have lower retirement incomes than married older men and women.
- Race and educational attainment play strong roles in determining retirement outcomes.
- Expanding Social Security benefits would be policy tool to reduce elder poverty.

[\(Source\)](#) [\(Source\)](#)

**OPERS Benefit Cuts and Pension Oversight Initiatives**

The Ohio Public Employees Retirement System is implementing two major changes to its benefits. One will reduce health care benefits in 2022 by cutting the monthly allowance paid to Medicare-eligible retirees from between \$225 and \$405 per month to \$178 to \$315 per month and eliminating health care coverage for retirees not eligible for Medicare. The latter group will be given money to buy insurance on the individual market. The changes affect 213,000 current retirees and 304,000 future retirees. The other change involves freezing cost-of-living adjustments for 2022 and 2023 but will require approval from state lawmakers.

Amidst these benefit changes, Ohio lawmakers are proposing increased oversight of the state’s pension systems. These include broadcasting board meetings publicly, prohibiting business with funds run by former pension system employees, and disclosing fee information for alternative investments. Another set of proposals includes capping investment adviser fees and pay increases for top pension system employees and creating a new legislative panel to review all system fees and salaries.

[\(Source\)](#) [\(Source\)](#) [\(Source\)](#) [\(Source\)](#)

### **SECURE Act: Multiple Employer Plans**

The SECURE Act included a provision that provides for multiple employer plans (MEPs), which allow unrelated businesses to join a single shared plan. The rules previously allowed only employers with a common relationship, such as being in the same industry, to join a shared plan. MEPs are intended to create economies of scale that reduce administrative and compliance costs for employers. The success of MEPs will depend on the financial industry to market and sell the plans. However, lower costs by itself may not be sufficient to motivate employers to make a significant effort to establish a plan. In contrast, auto-IRA programs established by states may provide a more frictionless start-up process that simply involves facilitating payroll deductions for employee contributions.

[\(Source\)](#)

### **Maine Secure Choice**

The Assistant Senate Majority Leader of the Maine Legislature is sponsoring a bill that would establish a state-run retirement savings program for workers who do not have access to one through their employers. According to AARP Maine, more than 235,000 private sector workers in Maine do not have access to retirement savings program. Maine would join other states such as California, Connecticut, Illinois, Maryland, Massachusetts, New Jersey, Oregon, and Washington that a state-run program.

[\(Source\)](#)

### **CalSavers Participation Summary**

California's state-run retirement savings program went live on July 1, 2019 after an initial pilot program. Deadlines for employer compliance to register with the program are staggered according to the number of employees in an organization: June 30, 2020 for more than 100 employees, June 30, 2021 for more than 50 employees, and June 30, 2022 for more than 5 employees.

As of December 31, 2019, 628 employers have registered, and 142 have started payroll deductions. There are 3,762 funded accounts and 4,033 accounts with pending first contributions. The opt-out rate is about 30 percent, and 258 accounts had full withdrawals within 120 days of the initial contribution. Assets total about \$1.4 million with an average account balance of \$378 and an average contribution rate of 5 percent. In comparison, OregonSaves, which has been in effect for two years, has assets of \$25 million with increases of about \$2.5 million per month.

[\(Source\)](#) [\(Source\)](#)

### **Indiana's Oldest State Worker Retiring at 102**

Bob Vollmer is retiring at 102 years old after almost 60 years at Indiana's Department of Natural Resources. He works as a land surveyor and began his career at age 45 after serving in the Navy in World War II and later studying engineering. Most of his time has been spent checking department properties in dozens of Indiana counties. He says that

time has started to take its toll, and he can't climb hills and fight the elements as he used to.

[\(Source\)](#)



**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE  
RETIREE HEALTHCARE BENEFITS PROGRAM**

**STAFF ACTIVITIES REPORT  
JANUARY 2020**

**FOR INFORMATION ONLY**

**Domestic Partner Imputed Income Project**

On January 17, 2020, staff completed the 1099-R manual entries for 280 members with Domestic Partner dependents and sent an annual letter to these members.

The federal government does not recognize a domestic partner as a qualified dependent. Therefore, member is responsible for the federal tax portion of their County contribution (referred to as imputed income) applicable to his/her eligible domestic partner and his/her eligible dependent(s).

**Retiree Healthcare Benefits Program Annual Contract Renewal Meeting  
(7/1/2020 – 6/30/2021 Plan Year)**

On January 15, 2020, staff attended an all-day renewal discussions meeting at Segal offices in Glendale, CA. Staff and representatives from all insurance carriers as well as Segal attended. Staff will present the results of the contract renewals at the February meeting of the Insurance and Benefits Legislative Committee.

**National Conference on Public Employees Retirement Systems  
(NCPERS) Legislative Conference**

On January 26-28, 2020, staff attended the NCPERS Conference in Washington, D.C. During the conference, some of the topics discussed were as follows:

- An Outlook on Washington
- NCPERS 2020 Federal Policy Agenda
- House Ways & Means Healthcare Agenda
- 2020 Agenda of U.S. Congress

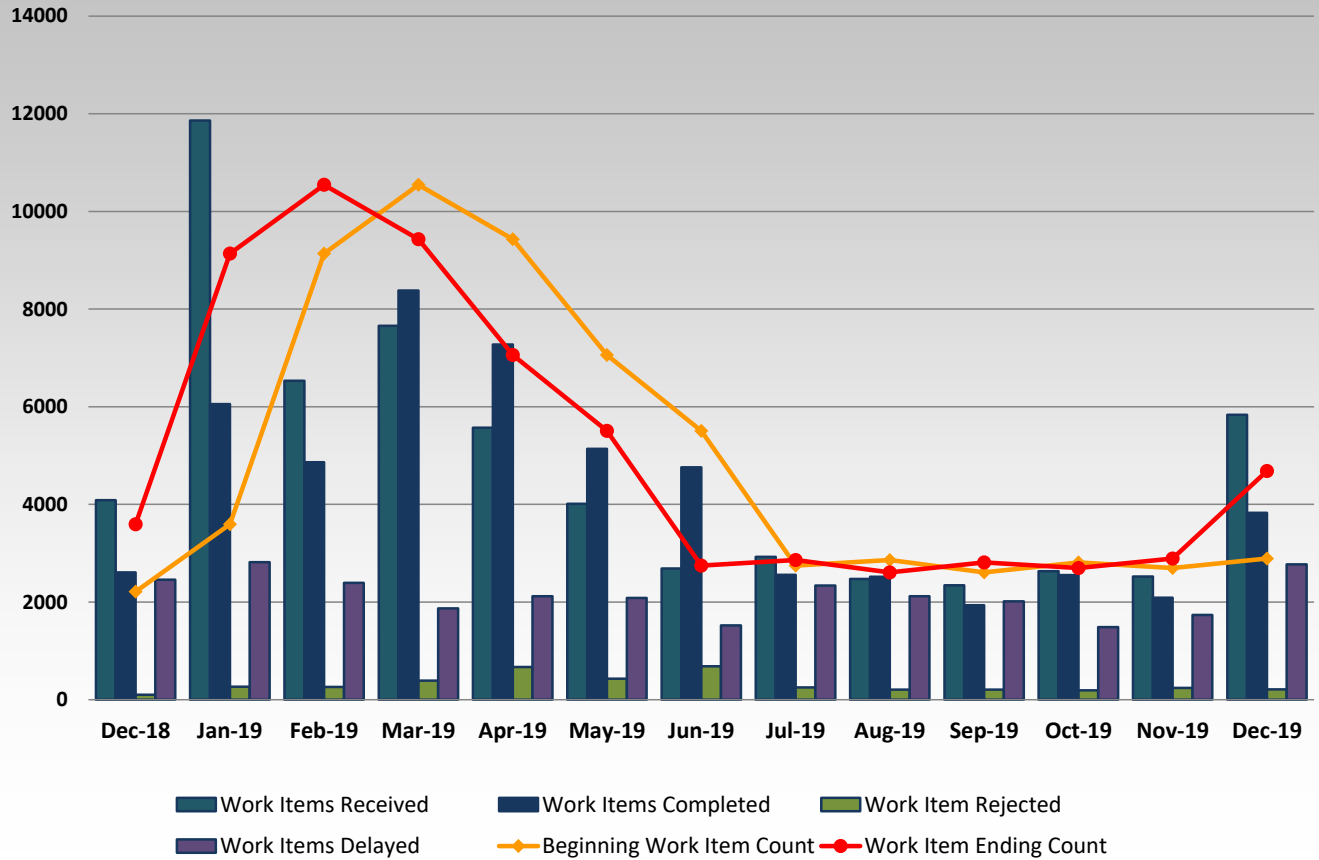
- Update on Social Security Policy
- State Pensions Outlook: State-by-State Analysis

# Retiree Healthcare Division

## Trend Report

DECEMBER, 2018 ~ DECEMBER, 2019

Updated 1/31/2020

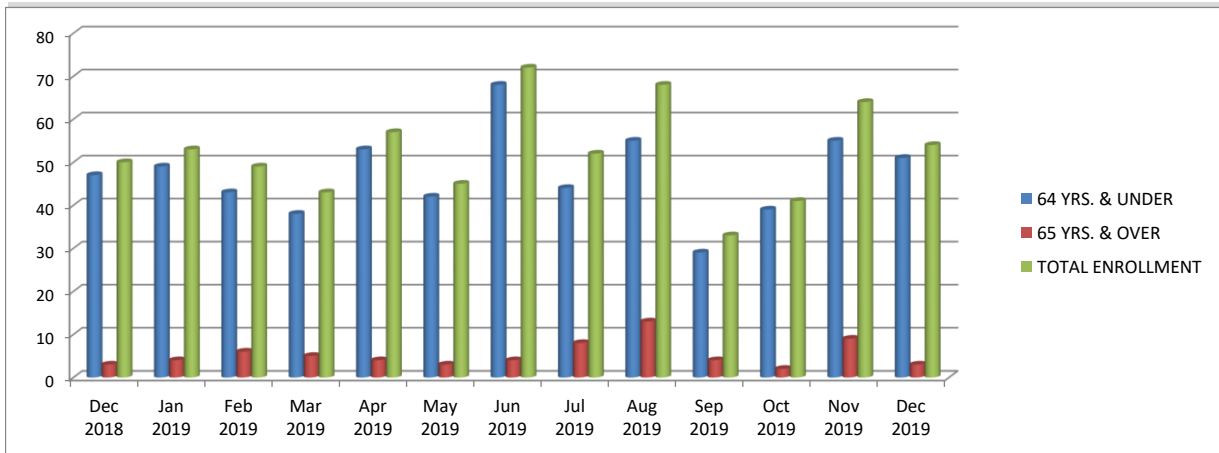


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-18	2213	4087	2606	100	2456	3594
Jan-19	3594	11862	6052	265	2816	9139
Feb-19	9139	6532	4862	264	2392	10545
Mar-19	10545	7658	8380	390	1869	9433
Apr-19	9433	5573	7274	671	2121	7061
May-19	7061	4012	5137	429	2086	5507
Jun-19	5507	2686	4758	687	1520	2748
Jul-19	2748	2927	2560	254	2337	2861
Aug-19	2861	2471	2516	208	2121	2608
Sep-19	2608	2344	1933	205	2016	2814
Oct-19	2814	2631	2553	194	1488	2698
Nov-19	2698	2522	2088	242	1737	2890
Dec-19	2890	5834	3827	214	2774	4683

## Retirees Monthly Age Breakdown DECEMBER, 2018 ~ DECEMBER, 2019

### Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Dec 2018	47	3	50
Jan 2019	49	4	53
Feb 2019	43	6	49
Mar 2019	38	5	43
Apr 2019	53	4	57
May 2019	42	3	45
Jun 2019	68	4	72
Jul 2019	44	8	52
Aug 2019	55	13	68
Sep 2019	29	4	33
Oct 2019	39	2	41
Nov 2019	55	9	64
Dec 2019	51	3	54



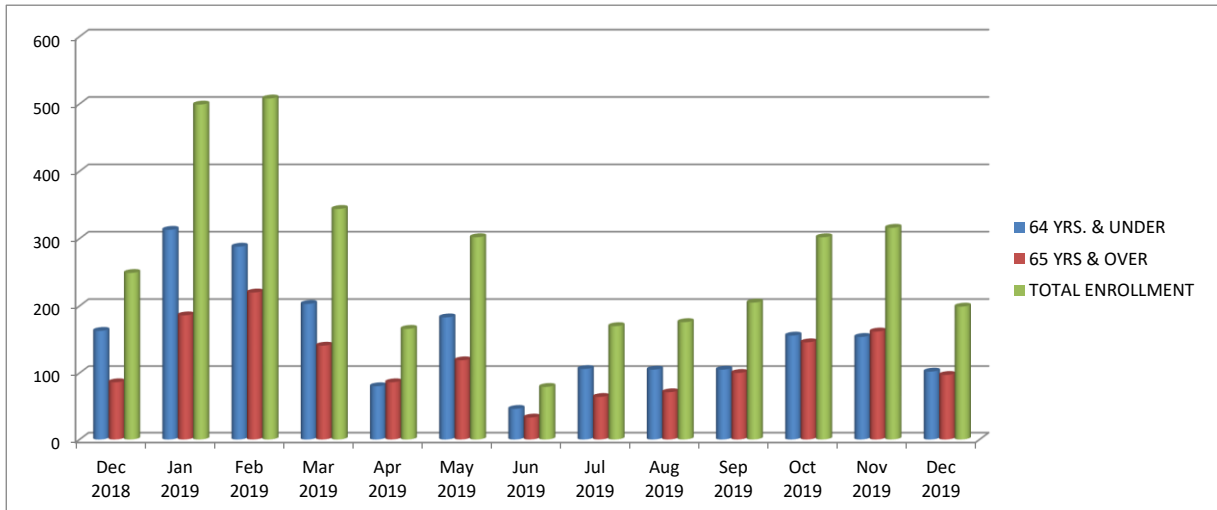
**PLEASE NOTE:**

- January 's data (1/2020) is not yet available as data is provided on a full month basis.
- Next Report will include the following dates: January 1, 2019 through January 31, 2020.

## Retirees Monthly Age Breakdown DECEMBER, 2018 ~ DECEMBER, 2019

### Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Dec 2018	163	86	249
Jan 2019	313	186	499
Feb 2019	288	220	508
Mar 2019	203	141	344
Apr 2019	80	86	166
May 2019	183	119	302
Jun 2019	46	33	79
Jul 2019	106	64	170
Aug 2019	105	71	176
Sep 2019	105	100	205
Oct 2019	156	146	302
Nov 2019	154	162	316
Dec 2019	102	97	199



**PLEASE NOTE:**

- January's data (12/2020) is not yet available as data is provided on a **full month basis**.
- Next Report will include the following dates: January 1, 2019 through January 31, 2020.

**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 1/31/2020**

<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>				
240	6828	848966.6	3	188
241	149	18218	0	0
242	862	107682	0	0
243	4032	1008077.04	1	54.2
244	14	1699.3	0	0
245	56	6800.9	0	0
246	18	2061.1	0	0
247	128	17003.8	0	0
248	10	3025	1	40.7
249	52	13241.2	0	0
250	17	4322.1	0	0
<b>Plan Total:</b>	<b>12,166</b>	<b>\$2,031,097.04</b>	<b>5</b>	<b>\$282.90</b>
<b>CIGNA-HEALTHSPRING PREFERRED with RX</b>				
321	29	3565.6	0	0
322	8	973.8	0	0
324	16	4041.7	0	0
327	3	375.9	0	0
329	1	226.7	0	0
<b>Plan Total:</b>	<b>57</b>	<b>\$9,183.70</b>	<b>0</b>	<b>\$0.00</b>
<b>KAISER SR. ADVANTAGE</b>				
394	2	279.2	0	0
397	4	1019.8	0	0
398	2	1081	0	0
403	10879	1331619.08	6	121.8
406	2	-536	0	0
413	1568	202194.8	0	0
418	5630	1417983.65	1	120.9
419	295	36209	0	0
426	210	26480.6	0	0
427	181	20623.8	0	0
445	3	369.9	0	0
446	2	244	0	0
451	33	4110.5	0	0
455	2	271	0	0
457	8	2010.2	0	0
458	2	268	0	0
462	60	7368.6	0	0
465	6	779.4	0	0
466	30	7260.4	0	0
472	30	3341	0	0
476	6	829.7	0	0
478	15	3640.8	0	0
479	1	134	0	0
482	72	9034.3	0	0
486	8	811.5	0	0
488	42	10549	0	0
<b>Plan Total:</b>	<b>19,093</b>	<b>\$3,087,977.23</b>	<b>7</b>	<b>\$242.70</b>

**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 1/31/2020**

<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	313	39544.3	0	0
613	103	24777	0	0
<b>Plan Total:</b>	<b>416</b>	<b>\$64,321.30</b>	<b>0</b>	<b>\$0.00</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	1748	217554.1	1	36.5
702	356	47043.3	0	0
703	1048	268001.35	0	0
704	88	11520.4	0	0
705	33	7960.9	0	0
<b>Plan Total:</b>	<b>3,273</b>	<b>\$552,080.05</b>	<b>1</b>	<b>\$36.50</b>
<b>Grand Total:</b>	<b>35,005</b>	<b>\$5,744,659.32</b>	<b>13</b>	<b>\$562.10</b>

**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 1/31/2020**

<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>				
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406	2	-536	0	0
413	1568	202194.8	0	0
418	5630	1417983.65	1	120.9
419	295	36209	0	0
426	210	26480.6	0	0
427	181	20623.8	0	0
445	3	369.9	0	0
446	2	244	0	0
451	33	4110.5	0	0
455	2	271	0	0
457	8	2010.2	0	0
458	2	268	0	0
462	60	7368.6	0	0
465	6	779.4	0	0
466	30	7260.4	0	0
472	30	3341	0	0
476	6	829.7	0	0
478	15	3640.8	0	0
479	1	134	0	0
482	72	9034.3	0	0
486	8	811.5	0	0
488	42	10549	0	0
<b>Plan Total:</b>	<b>19,093</b>	<b>\$3,087,977.23</b>	<b>7</b>	<b>\$242.70</b>



**Medicare Part B Reimbursement and Penalty Report**  
**PAY PERIOD 1/31/2020**

<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	313	39544.3	0	0
613	103	24777	0	0
<b>Plan Total:</b>	<b>416</b>	<b>\$64,321.30</b>	<b>0</b>	<b>\$0.00</b>
<b>UNITED HEALTHCARE GROUP MEDICARE ADV. HMO</b>				
701	1748	217554.1	1	36.5
702	356	47043.3	0	0
703	1048	268001.35	0	0
704	88	11520.4	0	0
705	33	7960.9	0	0
<b>Plan Total:</b>	<b>3,273</b>	<b>\$552,080.05</b>	<b>1</b>	<b>\$36.50</b>
<b>LOCAL 1014</b>				
804	183	32081.4	0	0
805	170	27473.7	0	0
806	613	192980.7	0	0
807	40	6969.6	0	0
808	11	3181.2	0	0
812	228	34936.9	0	0
813	1	144.6	0	0
<b>Plan Total:</b>	<b>1,246</b>	<b>\$297,768.10</b>	<b>0</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>36,251</b>	<b>\$6,042,427.42</b>	<b>13</b>	<b>\$562.10</b>

## Medical and Dental Vision Insurance Premiums February 2020

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	580	\$589,558.40	\$91,219.00	\$498,339.40	\$589,558.40	(\$6,098.88)	\$583,459.52
202	303	\$607,917.92	\$51,832.96	\$552,085.50	\$603,918.46	(\$1,999.73)	\$601,918.73
203	78	\$176,028.84	\$43,600.97	\$130,171.09	\$173,772.06	\$0.00	\$173,772.06
204	36	\$47,029.68	\$16,564.92	\$29,158.38	\$45,723.30	\$0.00	\$45,723.30
<b>SUBTOTAL</b>	<b>997</b>	<b>\$1,420,534.84</b>	<b>\$203,217.85</b>	<b>\$1,209,754.37</b>	<b>\$1,412,972.22</b>	<b>(\$8,098.61)</b>	<b>\$1,404,873.61</b>
<b>Anthem Blue Cross I</b>							
211	727	\$851,963.84	\$56,337.23	\$803,818.57	\$860,155.80	(\$2,340.56)	\$857,815.24
212	265	\$560,916.86	\$33,823.69	\$508,114.78	\$541,938.47	(\$5,387.70)	\$536,550.77
213	54	\$134,305.56	\$16,514.63	\$117,790.93	\$134,305.56	\$0.00	\$134,305.56
214	18	\$27,862.56	\$4,705.68	\$23,156.88	\$27,862.56	\$0.00	\$27,862.56
215	2	\$792.86	\$31.72	\$761.14	\$792.86	\$0.00	\$792.86
<b>SUBTOTAL</b>	<b>1,066</b>	<b>\$1,575,841.68</b>	<b>\$111,412.95</b>	<b>\$1,453,642.30</b>	<b>\$1,565,055.25</b>	<b>(\$7,728.26)</b>	<b>\$1,557,326.99</b>
<b>Anthem Blue Cross II</b>							
221	2,178	\$2,554,721.24	\$149,934.34	\$2,411,831.37	\$2,561,765.71	(\$2,340.56)	\$2,559,425.15
222	1,896	\$4,006,549.00	\$103,622.05	\$3,867,078.88	\$3,970,700.93	(\$4,217.42)	\$3,966,483.51
223	732	\$1,823,073.62	\$74,365.49	\$1,711,401.03	\$1,785,766.52	\$0.00	\$1,785,766.52
224	174	\$269,338.08	\$27,212.38	\$242,125.70	\$269,338.08	\$0.00	\$269,338.08
225	1	\$396.43	\$0.00	\$396.43	\$396.43	\$0.00	\$396.43
<b>SUBTOTAL</b>	<b>4,981</b>	<b>\$8,654,078.37</b>	<b>\$355,134.26</b>	<b>\$8,232,833.41</b>	<b>\$8,587,967.67</b>	<b>(\$6,557.98)</b>	<b>\$8,581,409.69</b>

## Medical and Dental Vision Insurance Premiums February 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Anthem Blue Cross III</b>							
240	6,857	\$3,274,214.94	\$481,123.66	\$2,824,155.61	\$3,305,279.27	(\$8,593.74)	\$3,296,685.53
241	150	\$231,527.92	\$23,975.23	\$221,113.03	\$245,088.26	(\$1,523.21)	\$243,565.05
242	857	\$1,322,146.28	\$85,848.03	\$1,189,227.29	\$1,275,075.32	\$0.00	\$1,275,075.32
243	4,028	\$3,845,486.40	\$427,186.45	\$3,351,883.95	\$3,779,070.40	(\$8,539.20)	\$3,770,531.20
244	14	\$11,952.22	\$1,861.12	\$10,091.10	\$11,952.22	\$0.00	\$11,952.22
245	55	\$47,808.88	\$4,815.05	\$42,140.10	\$46,955.15	\$0.00	\$46,955.15
246	17	\$34,189.02	\$3,077.01	\$6,605.34	\$9,682.35	\$0.00	\$9,682.35
247	132	\$250,719.48	\$18,879.91	\$226,141.40	\$245,021.31	\$0.00	\$245,021.31
248	10	\$13,249.10	\$370.97	\$15,527.95	\$15,898.92	\$0.00	\$15,898.92
249	53	\$70,220.23	\$4,769.66	\$64,125.66	\$68,895.32	\$0.00	\$68,895.32
250	17	\$25,239.05	\$772.01	\$24,467.04	\$25,239.05	\$0.00	\$25,239.05
<b>SUBTOTAL</b>	<b>12,190</b>	<b>\$9,126,753.52</b>	<b>\$1,052,679.10</b>	<b>\$7,975,478.47</b>	<b>\$9,028,157.57</b>	<b>(\$18,656.15)</b>	<b>\$9,009,501.42</b>
<b>CIGNA Network Model Plan</b>							
301	283	\$459,665.58	\$142,238.77	\$317,426.81	\$459,665.58	(\$1,624.26)	\$458,041.32
302	108	\$316,658.16	\$91,002.39	\$216,859.71	\$307,862.10	\$0.00	\$307,862.10
303	12	\$41,545.20	\$13,082.37	\$21,538.63	\$34,621.00	\$0.00	\$34,621.00
304	15	\$32,325.30	\$15,298.16	\$17,027.14	\$32,325.30	\$0.00	\$32,325.30
<b>SUBTOTAL</b>	<b>418</b>	<b>\$850,194.24</b>	<b>\$261,621.69</b>	<b>\$572,852.29</b>	<b>\$834,473.98</b>	<b>(\$1,624.26)</b>	<b>\$832,849.72</b>

## Medical and Dental Vision Insurance Premiums February 2020

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	\$11,150.21	\$1,614.87	\$9,535.34	\$11,150.21	\$0.00	\$11,150.21
322	9	\$15,230.25	\$947.66	\$12,590.34	\$13,538.00	\$0.00	\$13,538.00
324	16	\$12,175.68	\$1,674.16	\$10,501.52	\$12,175.68	\$0.00	\$12,175.68
327	3	\$6,669.03	\$444.60	\$6,224.43	\$6,669.03	\$0.00	\$6,669.03
329	1	\$1,362.53	\$0.00	\$1,362.53	\$1,362.53	\$0.00	\$1,362.53
<b>SUBTOTAL</b>	<b>58</b>	<b>\$46,587.70</b>	<b>\$4,681.29</b>	<b>\$40,214.16</b>	<b>\$44,895.45</b>	<b>\$0.00</b>	<b>\$44,895.45</b>

## Medical and Dental Vision Insurance Premiums February 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser/Senior Advantage</b>							
401	1,472	\$1,522,613.00	\$138,800.06	\$1,387,942.06	\$1,526,742.12	(\$2,064.56)	\$1,524,677.56
403	10,907	\$3,074,479.20	\$308,509.75	\$2,749,394.41	\$3,057,904.16	(\$6,490.44)	\$3,051,413.72
404	620	\$732,028.59	\$27,035.44	\$737,892.75	\$764,928.19	(\$2,357.58)	\$762,570.61
405	1,066	\$1,158,614.08	\$21,563.85	\$1,138,137.11	\$1,159,700.96	(\$3,260.64)	\$1,156,440.32
406	44	\$88,433.16	\$32,497.97	\$44,400.43	\$76,898.40	(\$1,922.46)	\$74,975.94
411	1,831	\$3,767,617.92	\$194,632.59	\$3,544,193.49	\$3,738,826.08	\$2,056.56	\$3,740,882.64
413	1,569	\$2,067,246.72	\$100,230.30	\$1,938,304.66	\$2,038,534.96	(\$2,610.88)	\$2,035,924.08
414	132	\$290,805.24	\$3,789.28	\$298,031.31	\$301,820.59	(\$0.63)	\$301,819.96
418	5,614	\$3,119,536.00	\$239,133.00	\$2,852,169.40	\$3,091,302.40	(\$2,214.40)	\$3,089,088.00
419	296	\$429,670.64	\$6,154.71	\$451,096.14	\$457,250.85	\$1,451.59	\$458,702.44
420	139	\$326,591.62	\$1,221.79	\$325,369.83	\$326,591.62	\$0.00	\$326,591.62
421	8	\$8,258.24	\$990.98	\$7,267.26	\$8,258.24	\$0.00	\$8,258.24
422	246	\$521,456.52	\$2,026.72	\$517,318.64	\$519,345.36	\$0.00	\$519,345.36
423	16	\$50,094.58	\$9,966.14	\$31,288.22	\$41,254.36	\$0.00	\$41,254.36
426	210	\$285,532.80	\$3,372.01	\$284,880.15	\$288,252.16	(\$1,359.68)	\$286,892.48
427	180	\$399,537.32	\$5,795.46	\$387,156.08	\$392,951.54	\$0.00	\$392,951.54
428	62	\$139,975.54	\$812.75	\$136,905.12	\$137,717.87	\$0.00	\$137,717.87
429	13	\$40,212.25	\$7,879.43	\$32,332.82	\$40,212.25	\$0.00	\$40,212.25
430	141	\$307,537.92	\$3,595.15	\$299,611.25	\$303,206.40	\$0.00	\$303,206.40
431	16	\$48,021.44	\$8,227.20	\$39,794.24	\$48,021.44	\$0.00	\$48,021.44
432	8	\$30,695.36	\$10,798.24	\$19,897.12	\$30,695.36	\$0.00	\$30,695.36
<b>SUBTOTAL</b>	<b>24,590</b>	<b>\$18,408,958.14</b>	<b>\$1,127,032.82</b>	<b>\$17,223,382.49</b>	<b>\$18,350,415.31</b>	<b>(\$18,773.12)</b>	<b>\$18,331,642.19</b>

## Medical and Dental Vision Insurance Premiums February 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Colorado</b>							
450	5	\$4,607.95	\$368.64	\$4,239.31	\$4,607.95	\$0.00	\$4,607.95
451	33	\$12,230.48	\$1,194.29	\$10,316.75	\$11,511.04	\$0.00	\$11,511.04
453	3	\$6,108.75	\$0.00	\$6,108.75	\$6,108.75	\$0.00	\$6,108.75
454	2	\$5,315.50	\$341.22	\$4,974.28	\$5,315.50	\$0.00	\$5,315.50
455	2	\$2,345.90	\$0.00	\$2,345.90	\$2,345.90	\$0.00	\$2,345.90
457	8	\$5,691.52	\$1,138.31	\$4,553.21	\$5,691.52	\$0.00	\$5,691.52
458	2	\$4,015.78	\$80.32	\$3,935.46	\$4,015.78	\$0.00	\$4,015.78
<b>SUBTOTAL</b>	<b>55</b>	<b>\$40,315.88</b>	<b>\$3,122.78</b>	<b>\$36,473.66</b>	<b>\$39,596.44</b>	<b>\$0.00</b>	<b>\$39,596.44</b>
<b>Kaiser - Georgia</b>							
441	4	\$4,434.68	\$0.00	\$4,434.68	\$4,434.68	\$0.00	\$4,434.68
442	4	\$4,434.68	\$0.00	\$4,434.68	\$4,434.68	\$0.00	\$4,434.68
445	3	\$4,572.42	\$0.00	\$4,572.42	\$4,572.42	\$0.00	\$4,572.42
446	2	\$3,048.28	\$0.00	\$3,048.28	\$3,048.28	\$0.00	\$3,048.28
461	16	\$17,738.72	\$3,858.17	\$14,989.22	\$18,847.39	\$0.00	\$18,847.39
462	61	\$25,831.67	\$3,768.87	\$22,062.80	\$25,831.67	\$0.00	\$25,831.67
463	2	\$4,418.68	\$1,255.61	\$3,163.07	\$4,418.68	\$0.00	\$4,418.68
465	6	\$9,144.84	\$914.48	\$8,230.36	\$9,144.84	\$0.00	\$9,144.84
466	29	\$25,168.20	\$939.62	\$23,389.64	\$24,329.26	\$0.00	\$24,329.26
<b>SUBTOTAL</b>	<b>127</b>	<b>\$98,792.17</b>	<b>\$10,736.75</b>	<b>\$88,325.15</b>	<b>\$99,061.90</b>	<b>\$0.00</b>	<b>\$99,061.90</b>

## Medical and Dental Vision Insurance Premiums February 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Kaiser - Hawaii</b>							
471	5	\$4,776.15	\$114.63	\$4,661.52	\$4,776.15	\$0.00	\$4,776.15
472	29	\$13,440.90	\$1,872.76	\$10,224.05	\$12,096.81	\$0.00	\$12,096.81
473	1	\$1,766.93	\$596.65	\$1,170.28	\$1,766.93	\$0.00	\$1,766.93
474	3	\$5,707.38	\$0.00	\$5,707.38	\$5,707.38	\$0.00	\$5,707.38
476	6	\$8,371.56	\$3,264.90	\$5,106.66	\$8,371.56	\$0.00	\$8,371.56
478	15	\$13,320.90	\$817.02	\$12,503.88	\$13,320.90	\$0.00	\$13,320.90
479	1	\$2,206.96	\$98.25	\$2,108.71	\$2,206.96	\$0.00	\$2,206.96
<b>SUBTOTAL</b>	<b>60</b>	<b>\$49,590.78</b>	<b>\$6,764.21</b>	<b>\$41,482.48</b>	<b>\$48,246.69</b>	<b>\$0.00</b>	<b>\$48,246.69</b>
<b>Kaiser - Oregon</b>							
481	7	\$8,229.20	\$2,073.53	\$6,155.67	\$8,229.20	\$0.00	\$8,229.20
482	72	\$33,537.60	\$5,216.96	\$28,786.44	\$34,003.40	(\$1,397.40)	\$32,606.00
483	1	\$1,249.03	\$78.75	\$1,170.28	\$1,249.03	\$0.00	\$1,249.03
484	2	\$4,686.40	\$637.68	\$4,048.72	\$4,686.40	\$0.00	\$4,686.40
486	7	\$13,067.20	\$1,306.72	\$8,493.68	\$9,800.40	\$0.00	\$9,800.40
488	42	\$38,791.20	\$5,116.76	\$33,674.44	\$38,791.20	\$0.00	\$38,791.20
489	2	\$2,090.80	\$0.00	\$2,090.80	\$2,090.80	\$0.00	\$2,090.80
495	2	\$4,980.12	\$762.70	\$4,217.42	\$4,980.12	\$0.00	\$4,980.12
498	1	\$2,416.63	\$307.92	\$2,108.71	\$2,416.63	\$0.00	\$2,416.63
<b>SUBTOTAL</b>	<b>136</b>	<b>\$109,048.18</b>	<b>\$15,501.02</b>	<b>\$90,746.16</b>	<b>\$106,247.18</b>	<b>(\$1,397.40)</b>	<b>\$104,849.78</b>
<b>SCAN Health Plan</b>							
611	315	\$84,105.00	\$18,166.68	\$67,273.32	\$85,440.00	(\$267.00)	\$85,173.00
613	101	\$54,178.00	\$8,636.92	\$43,437.08	\$52,074.00	(\$526.00)	\$51,548.00
<b>SUBTOTAL</b>	<b>416</b>	<b>\$138,283.00</b>	<b>\$26,803.60</b>	<b>\$110,710.40</b>	<b>\$137,514.00</b>	<b>(\$793.00)</b>	<b>\$136,721.00</b>

## Medical and Dental Vision Insurance Premiums February 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>UHC Medicare Adv.</b>							
701	1,742	\$625,043.52	\$74,041.07	\$548,148.40	\$622,189.47	(\$1,783.80)	\$620,405.67
702	353	\$552,154.14	\$33,759.88	\$513,801.47	\$547,561.35	\$0.00	\$547,561.35
703	1,049	\$740,796.00	\$79,365.58	\$659,576.65	\$738,942.23	(\$705.52)	\$738,236.71
704	91	\$160,684.44	\$7,754.77	\$145,943.39	\$153,698.16	\$0.00	\$153,698.16
705	32	\$30,022.08	\$2,037.86	\$26,164.70	\$28,202.56	\$0.00	\$28,202.56
706	1	\$341.77	\$13.67	\$328.10	\$341.77	\$0.00	\$341.77
<b>SUBTOTAL</b>	<b>3,268</b>	<b>\$2,109,041.95</b>	<b>\$196,972.83</b>	<b>\$1,893,962.71</b>	<b>\$2,090,935.54</b>	<b>(\$2,489.32)</b>	<b>\$2,088,446.22</b>
<b>United Healthcare</b>							
707	443	\$532,332.22	\$59,282.26	\$465,888.54	\$525,170.80	\$0.00	\$525,170.80
708	408	\$891,198.73	\$59,720.38	\$827,120.41	\$886,840.79	\$0.00	\$886,840.79
709	341	\$886,099.34	\$71,663.77	\$811,852.19	\$883,515.96	\$2,583.38	\$886,099.34
<b>SUBTOTAL</b>	<b>1,192</b>	<b>\$2,309,630.29</b>	<b>\$190,666.41</b>	<b>\$2,104,861.14</b>	<b>\$2,295,527.55</b>	<b>\$2,583.38</b>	<b>\$2,298,110.93</b>



## Medical and Dental Vision Insurance Premiums February 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<b>Local 1014 Firefighters</b>							
801	63	\$72,596.16	\$2,281.59	\$71,466.89	\$73,748.48	\$0.00	\$73,748.48
802	320	\$664,867.20	\$18,740.94	\$650,281.68	\$669,022.62	\$0.00	\$669,022.62
803	292	\$715,651.12	\$19,067.69	\$696,583.43	\$715,651.12	\$0.00	\$715,651.12
804	183	\$210,874.56	\$8,181.46	\$202,693.10	\$210,874.56	(\$33,233.72)	\$177,640.84
805	171	\$355,288.41	\$14,253.06	\$334,802.22	\$349,055.28	(\$27,473.70)	\$321,581.58
806	613	\$1,273,636.23	\$28,797.07	\$1,244,839.16	\$1,273,636.23	(\$195,058.41)	\$1,078,577.82
807	40	\$98,034.40	\$294.10	\$97,740.30	\$98,034.40	(\$6,969.60)	\$91,064.80
808	11	\$26,959.46	\$196.07	\$26,763.39	\$26,959.46	(\$3,181.20)	\$23,778.26
809	26	\$29,960.32	\$3,364.77	\$26,595.55	\$29,960.32	\$0.00	\$29,960.32
810	7	\$14,543.97	\$2,036.15	\$12,507.82	\$14,543.97	\$0.00	\$14,543.97
811	4	\$9,803.44	\$980.34	\$8,823.10	\$9,803.44	\$0.00	\$9,803.44
812	228	\$262,728.96	\$21,041.40	\$243,992.20	\$265,033.60	(\$34,936.90)	\$230,096.70
813	1	\$2,077.71	\$0.00	\$2,077.71	\$2,077.71	(\$144.60)	\$1,933.11
<b>SUBTOTAL</b>	<b>1,959</b>	<b>\$3,737,021.94</b>	<b>\$119,234.64</b>	<b>\$3,619,166.55</b>	<b>\$3,738,401.19</b>	<b>(\$300,998.13)</b>	<b>\$3,437,403.06</b>
<b>Kaiser - Washington</b>							
393	3	\$3,486.33	\$0.00	\$5,810.55	\$5,810.55	\$0.00	\$5,810.55
394	2	\$873.04	\$0.00	\$873.04	\$873.04	\$0.00	\$873.04
395	2	\$4,326.42	\$2,326.70	\$6,326.14	\$8,652.84	\$0.00	\$8,652.84
397	4	\$5,750.48	\$460.04	\$11,040.92	\$11,500.96	\$0.00	\$11,500.96
398	2	\$1,730.08	\$1,038.04	\$2,422.12	\$3,460.16	\$0.00	\$3,460.16
<b>SUBTOTAL</b>	<b>13</b>	<b>\$16,166.35</b>	<b>\$3,824.78</b>	<b>\$26,472.77</b>	<b>\$30,297.55</b>	<b>\$0.00</b>	<b>\$30,297.55</b>
<b>Medical Plan Total</b>	<b>51,526</b>	<b>\$48,690,839.03</b>	<b>\$3,689,406.98</b>	<b>\$44,720,358.51</b>	<b>\$48,409,765.49</b>	<b>(\$364,532.85)</b>	<b>\$48,045,232.64</b>

## Medical and Dental Vision Insurance Premiums February 2020

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	24,455	\$1,275,833.60	\$143,750.69	\$1,142,535.01	\$1,286,285.70	(\$3,290.36)	\$1,282,995.34
502	22,767	\$2,475,971.40	\$191,806.99	\$2,270,746.81	\$2,462,553.80	(\$2,853.60)	\$2,459,700.20
503	9	\$577.35	\$35.93	\$541.42	\$577.35	\$0.00	\$577.35
<b>SUBTOTAL</b>	<b>47,231</b>	<b>\$3,752,382.35</b>	<b>\$335,593.61</b>	<b>\$3,413,823.24</b>	<b>\$3,749,416.85</b>	<b>(\$6,143.96)</b>	<b>\$3,743,272.89</b>
<b>CIGNA Dental HMO/Vision</b>							
901	3,318	\$153,258.42	\$19,294.45	\$134,102.54	\$153,396.99	(\$277.14)	\$153,119.85
902	2,351	\$222,405.56	\$19,559.69	\$202,656.83	\$222,216.52	(\$3.00)	\$222,213.52
903	2	\$93.56	\$22.45	\$71.11	\$93.56	\$0.00	\$93.56
<b>SUBTOTAL</b>	<b>5,671</b>	<b>\$375,757.54</b>	<b>\$38,876.59</b>	<b>\$336,830.48</b>	<b>\$375,707.07</b>	<b>(\$280.14)</b>	<b>\$375,426.93</b>
<b>Dental/Vision Plan Total</b>	<b>52,902</b>	<b>\$4,128,139.89</b>	<b>\$374,470.20</b>	<b>\$3,750,653.72</b>	<b>\$4,125,123.92</b>	<b>(\$6,424.10)</b>	<b>\$4,118,699.82</b>
<b>GRAND TOTALS</b>	<b>104,428</b>	<b>\$52,818,978.92</b>	<b>\$4,063,877.18</b>	<b>\$48,471,012.23</b>	<b>\$52,534,889.41</b>	<b>(\$370,956.95)</b>	<b>\$52,163,932.46</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**

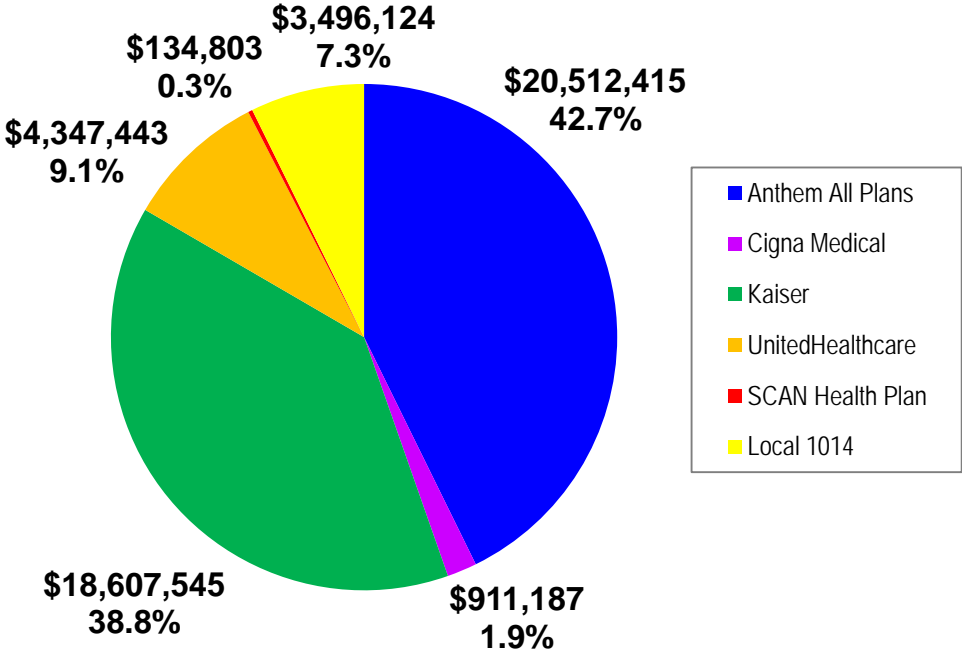
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

**Los Angeles County Employees Retirement Association**  
**Premium & Enrollment**  
*Coverage Month Ending December 2019*

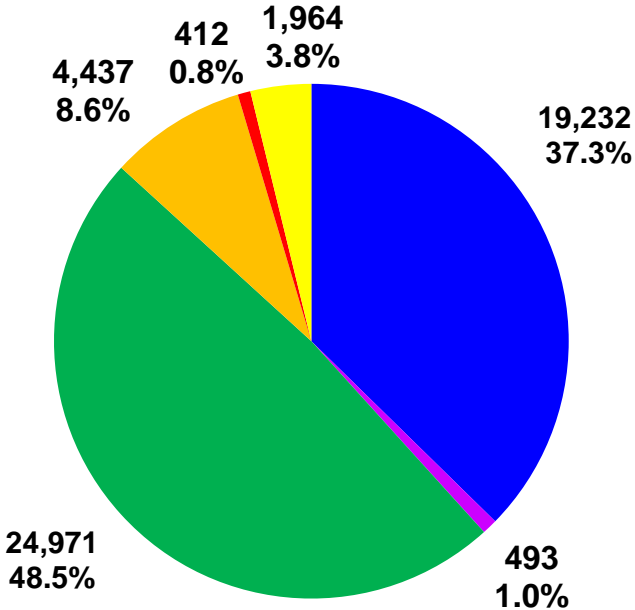
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$20,512,415	42.7%	19,232	37.3%
Cigna Medical	\$911,187	1.9%	493	1.0%
Kaiser	\$18,607,545	38.8%	24,971	48.5%
UnitedHealthcare	\$4,347,443	9.1%	4,437	8.6%
SCAN Health Plan	\$134,803	0.3%	412	0.8%
Local 1014	\$3,496,124	7.3%	1,964	3.8%
<b>Combined Medical</b>	<b>\$48,009,516</b>	<b>100.0%</b>	<b>51,509</b>	<b>100.0%</b>

<b>Cigna Dental &amp; Vision (PPO and HMO)</b>	<b>\$4,111,422</b>	<b>52,828</b>
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**Monthly Premium**

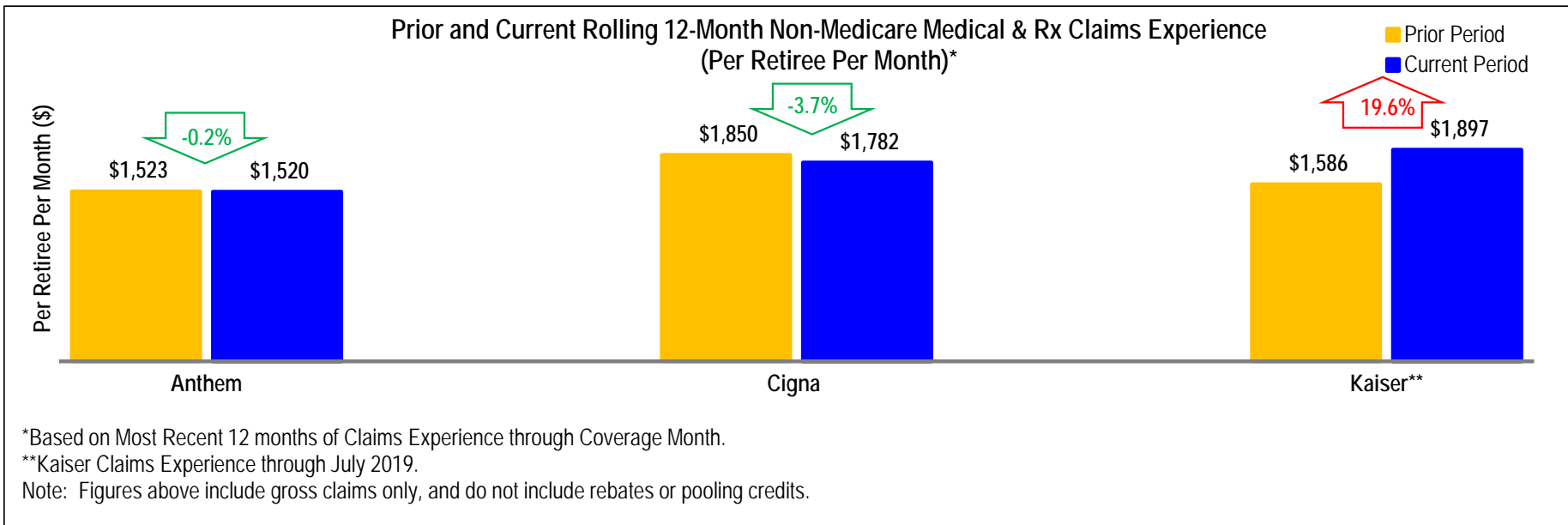
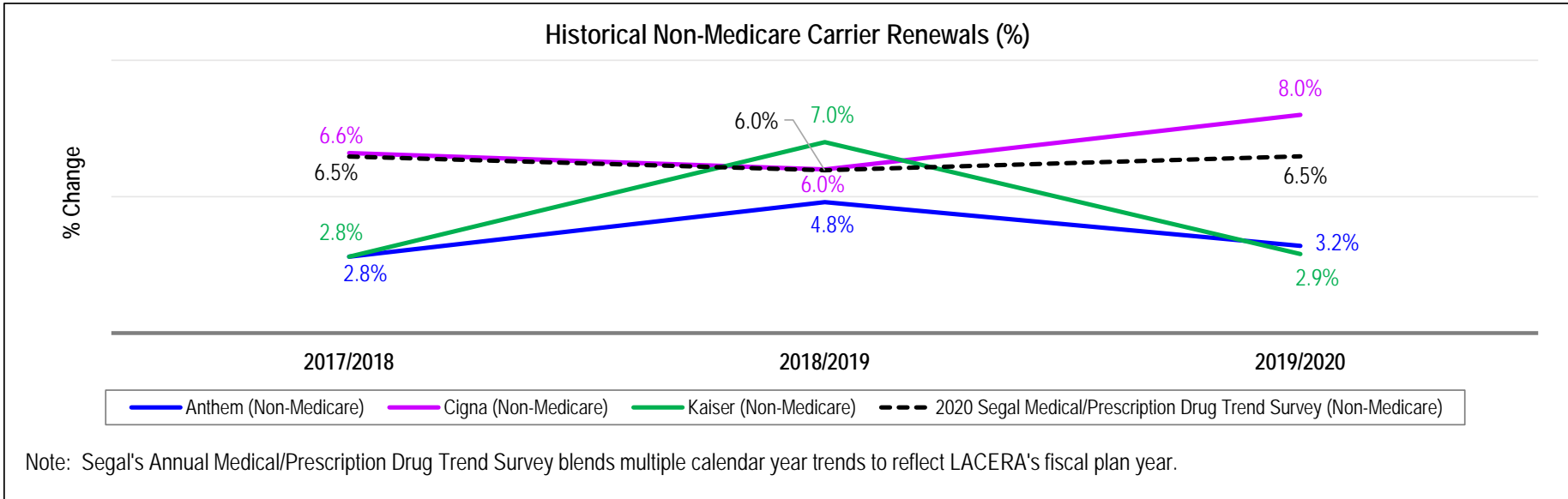


**Retirees**

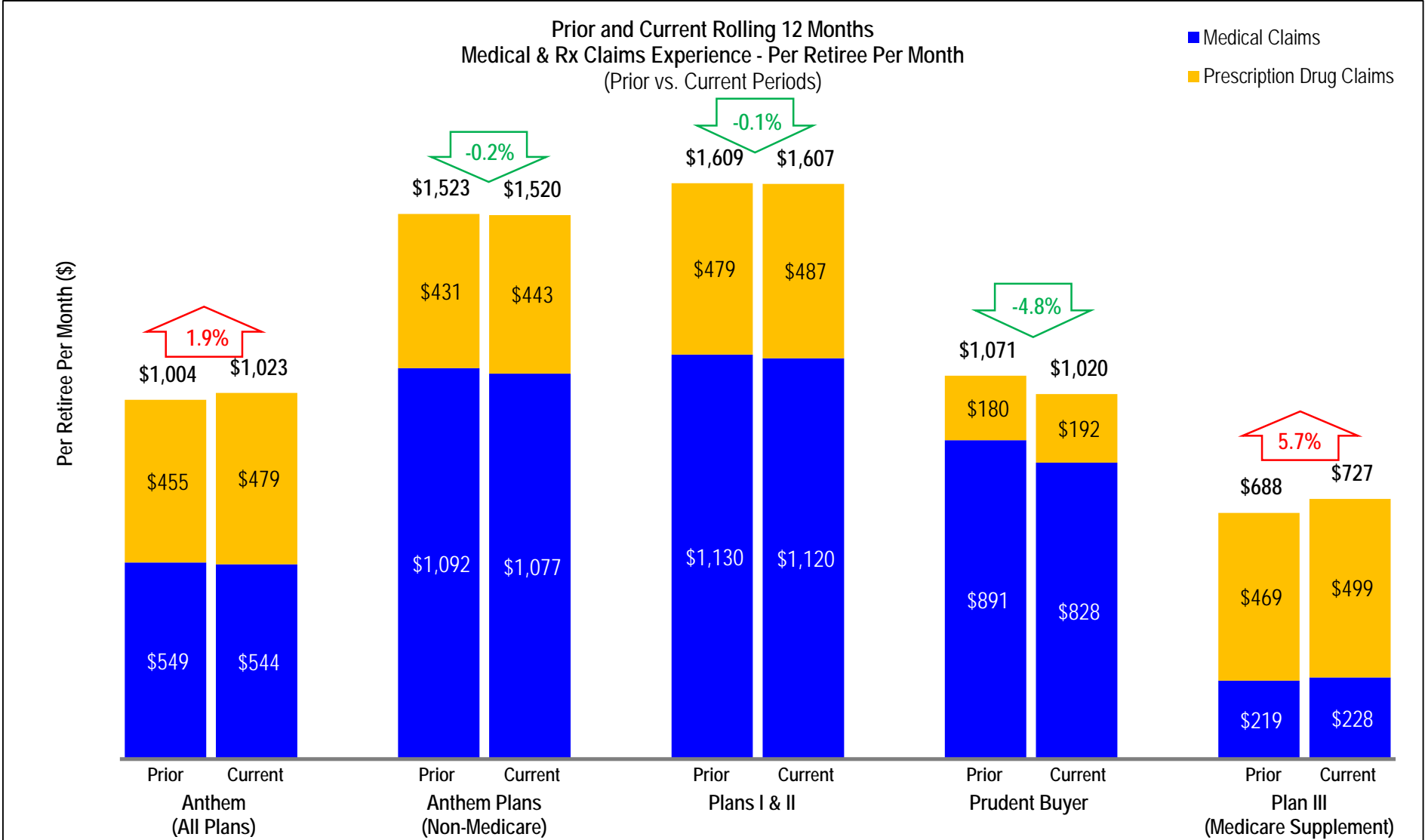


Note: Premiums **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

**Los Angeles County Employees Retirement Association**  
**Claims Experience by Carrier**  
*Coverage Month Ending December 2019*



**Los Angeles County Employees Retirement Association**  
**Anthem Claims Experience By Plan**  
*Coverage Month Ending December 2019*



Note:  
1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.  
2. Figures above include gross claims only, and do not include rebates or pooling credits.

# Los Angeles County Employees Retirement Association

## Kaiser Utilization

### Coverage Month Ending December 2019

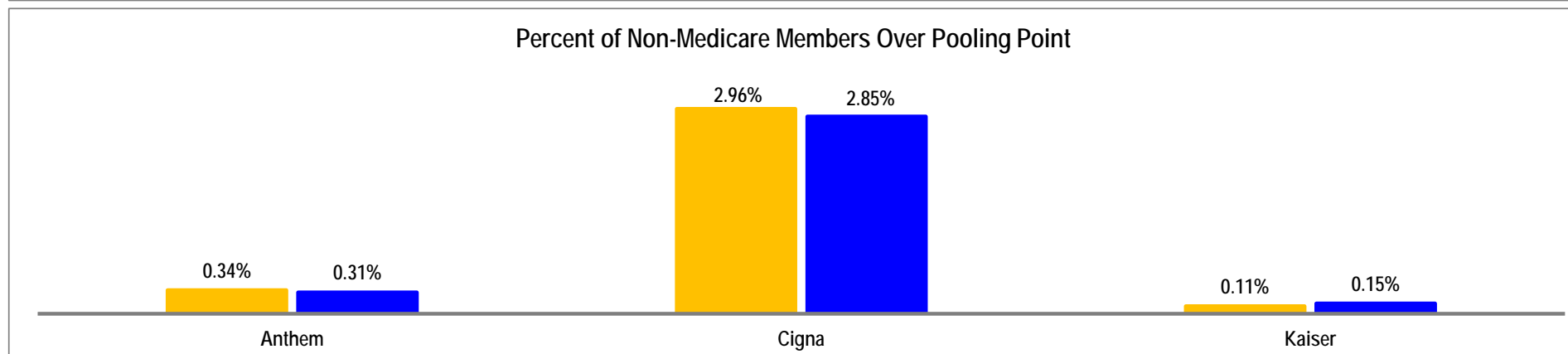
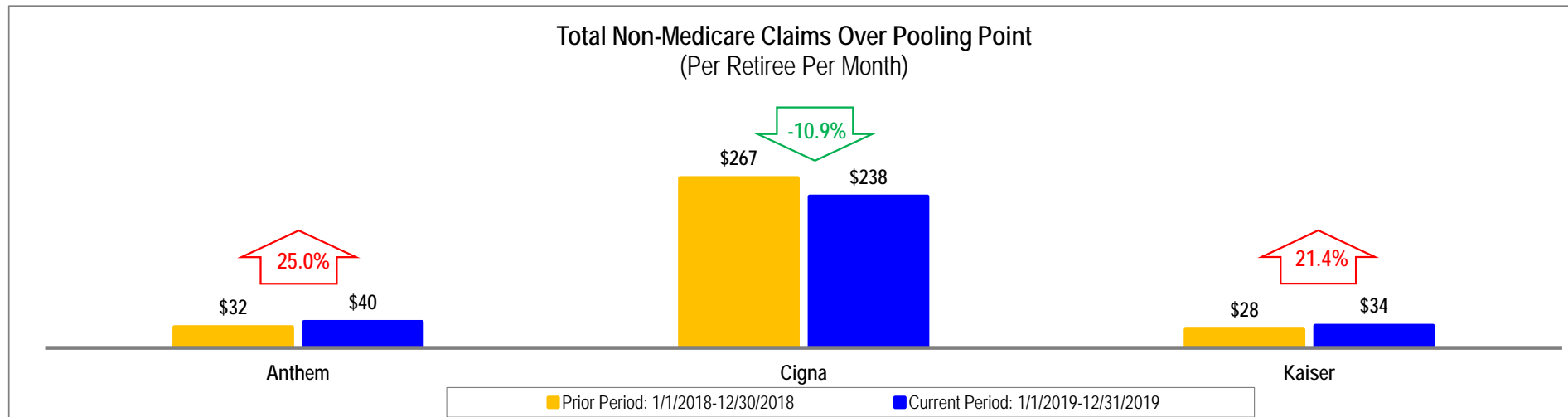
- Kaiser insures approximately 25,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 8/1/2018 - 7/31/2019	Prior Period 8/1/2017 - 7/31/2018	Change
<b>Average Contract Size</b>	<b>2.56</b>	<b>2.35</b>	<b>8.94%</b>
<b>Average Members</b>	<b>8,732</b>	<b>8,737</b>	<b>-0.06%</b>
Inpatient Claims Per Member Per Month	\$203.45	\$188.70	7.82%
Outpatient Claims Per Member Per Month	\$327.43	\$277.39	18.04%
Pharmacy Per Member Per Month	\$96.97	\$101.19	-4.17%
Other Per Member Per Month	\$112.92	\$107.80	4.75%
<b>Total Claims Per Member Per Month</b>	<b>\$740.77</b>	<b>\$675.08</b>	<b>9.73%</b>
<b>Total Paid Claims</b>	<b>\$77,624,971</b>	<b>\$70,780,470</b>	<b>9.67%</b>
Large Claims over \$450,000 Pooling Point			
Number of Claims over Pooling Point	5	4	
Amount over Pooling Point	\$1,385,985	\$1,249,191	10.95%
% of Total Paid Claims	<b>1.79%</b>	<b>1.76%</b>	
Inpatient Days / 1000	370.3	315.2	17.48%
Inpatient Admits / 1000	56.1	57.6	-2.60%
Outpatient Visits / 1000	12,965.6	11,845.6	9.45%
Pharmacy Scripts Per Member Per Year	10.6	10.8	-1.85%

# Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending December 2019



**Stop-Loss & Pooling Points Overview:**

Plan sponsors mitigate the financial risk associated with individual large claimants through reinsurance. Claims exceeding the specified individual pooling threshold are deducted from the carrier's renewal calculation. The pooling credit is offset by the carrier's pooling expense, which is applied to all policyholders.

Anthem and Cigna's figures are based on most recent 12 months of Claims Experience through Coverage Month. Kaiser's figures are based on claims experience period between August through July.

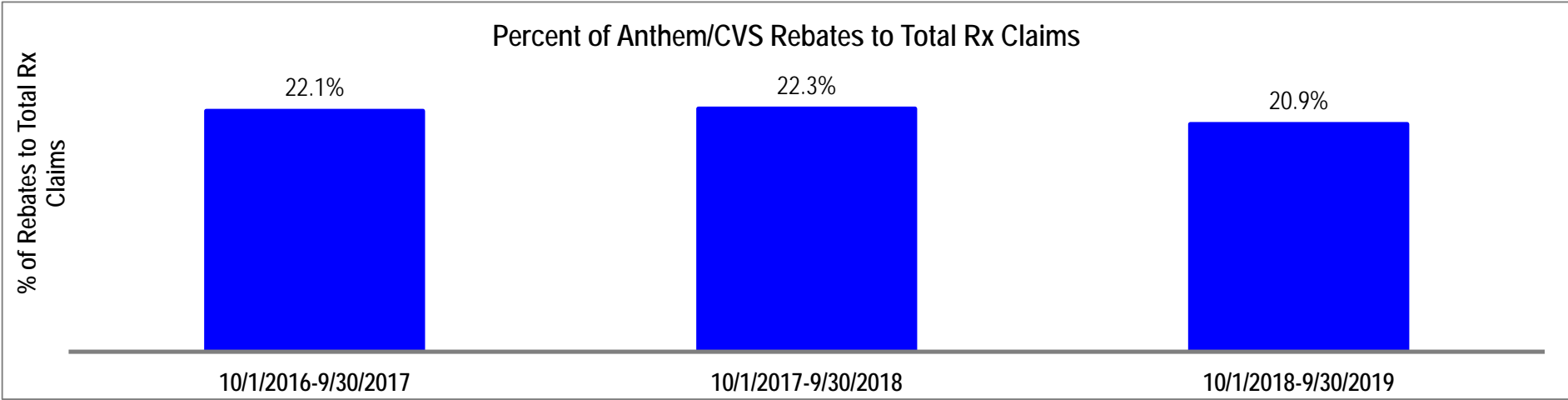
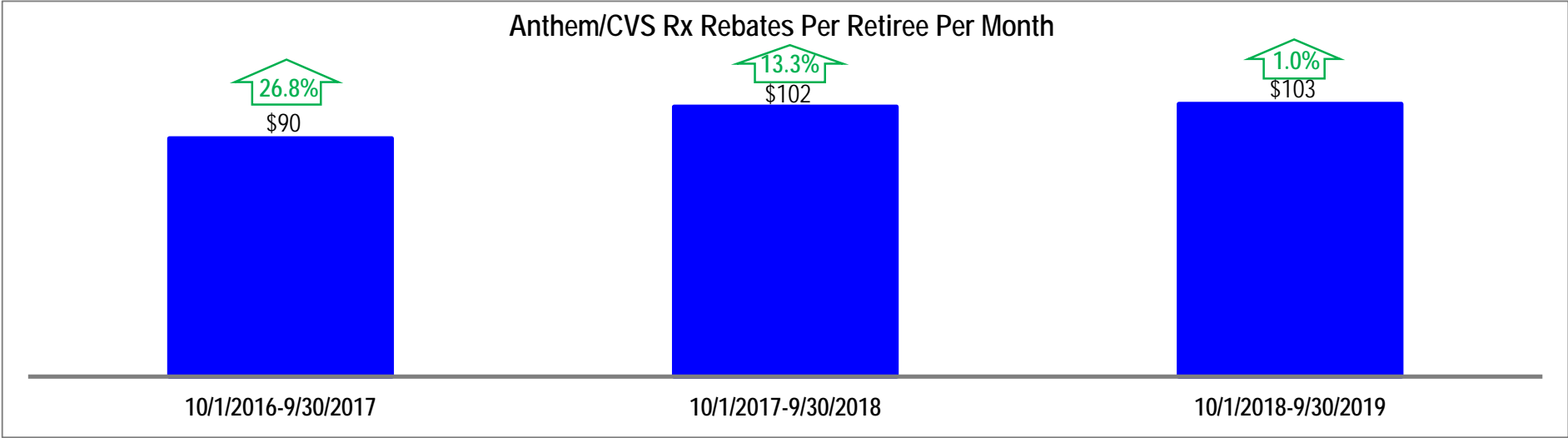
**Pooling Points by Carrier:**

1. Anthem's pooling points are \$300,000 for Plans I & II, and \$250,000 for Prudent Buyer.
2. Cigna's pooling point is \$100,000.
3. Kaiser's pooling point is \$450,000.

# Los Angeles County Employees Retirement Association

## Prescription Drug Rebates (Anthem)

Coverage Month Ending December 2019



**Rebates Overview:**

Pharmacy Benefit Managers negotiate volume-based rebates with drug manufacturers of brand medications. Manufacturer rebates are passed on to plan sponsors and are used to offset pharmaceutical claims expenses.

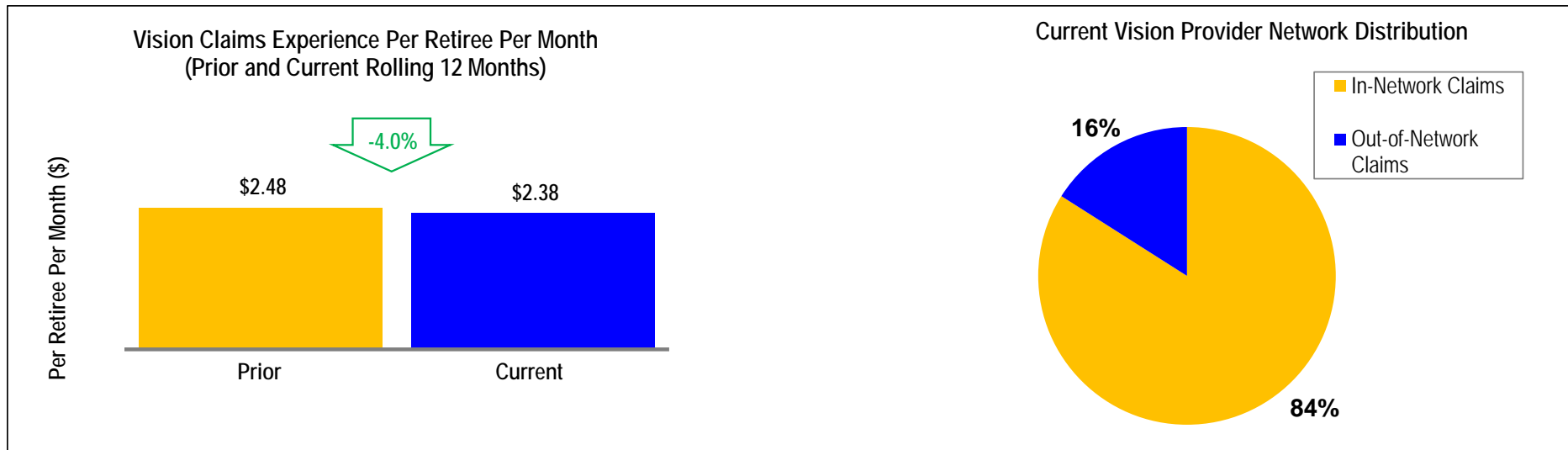
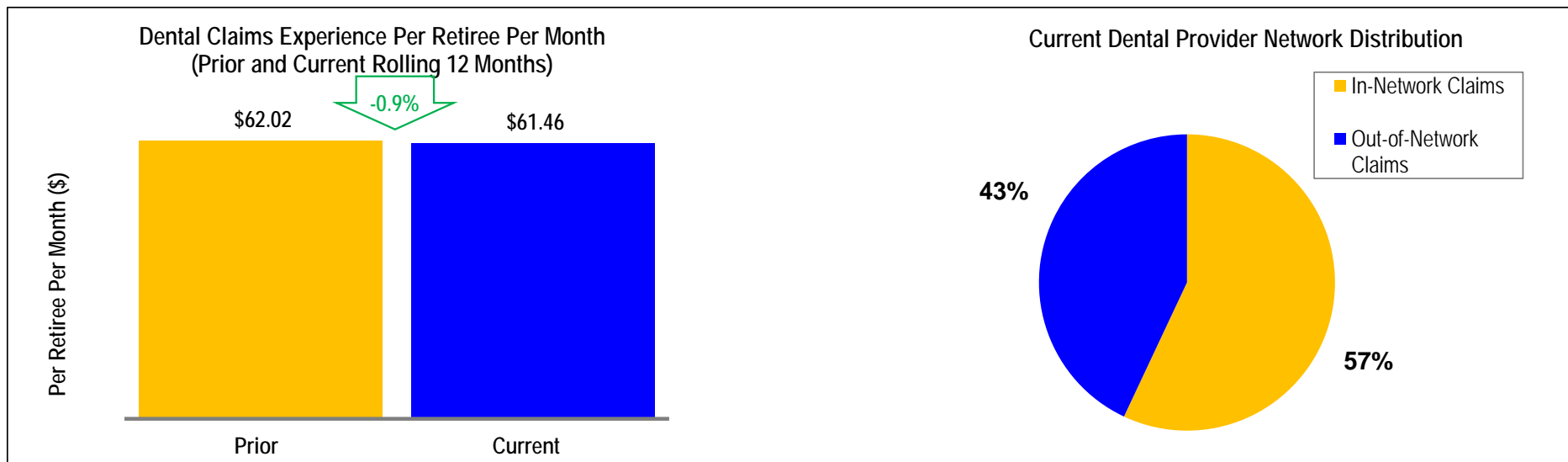
**Note:**

- 1. Prescription Claims and Rebates Data were provided by CVS.
- 2. Anthem Prudent Buyer prescription drugs are provided by Express Scripts Inc. and are not included in the charts above.

# Los Angeles County Employees Retirement Association

Cigna Dental & Vision Claims Experience

Coverage Month Ending December 2019



Notes:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Dental Claims Experience reflects passive use of Cigna's PPO Dental Network.