

AGENDA

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 NORTH LAKE AVENUE, SUITE 810
PASADENA, CA 91101

THURSDAY, MARCH 12, 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 February 13, 2020

II. PUBLIC COMMENT

III. FOR INFORMATION

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

B. Staff Activities Report for February 2020
Cassandra Smith, Director, Retiree Healthcare

C. LACERA Claims Experience
Stephen Murphy, Segal Consulting

D. Federal Legislation
Stephen Murphy, Segal Consulting

(for discussion purposes)

March 12, 2020

Page 2

IV. ITEMS FOR STAFF REVIEW

V. GOOD OF THE ORDER

(For information purposes only)

VI. 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, FEBRUARY 13, 2020, 11:35 A.M. – 12:15 P.M.

COMMITTEE MEMBERS

PRESENT: Les Robbins, Chair
Vivian H. Gray, Vice Chair
Wayne Moore
Ronald Okum

ABSENT: Shawn R. Kehoe, Alternate

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

JP Harris

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare
Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Stephen Murphy, Vice President
Paul Sadro, Senior Actuary

The meeting was called to order by Chair Robbins at 11:35 a.m.

I. APPROVAL OF THE MINUTES

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

Mr. Okum made a motion, Mr. Moore seconded, to approve the minutes of the regular meeting of January 9, 2020. The motion passed unanimously.

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)

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

IV. FOR INFORMATION

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

The engagement report was discussed.

B. Staff Activities Report for January 2020
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 December 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)

Green Folder Information (Information distributed in each Trustee's Green Folder at the beginning of the meeting)

Segal Update Compliance News dated January 28, 2020 – Health and Fringe Benefit Provisions in Consolidated Appropriations Acts

VII. ADJOURNMENT

The meeting adjourned at 12:15 p.m.

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

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

Millennial State & Local Government Employee Views on Their Jobs, Compensation, and Benefits

In 2019, about 22.5 million U.S. workers are government employees with 2.8 million federal, 5.1 million state, and 14.6 million local government workers. Thirty-two percent of state and local employees were Millennials. While employers face challenges in recruiting and retaining employees in a labor market with a low unemployment rate, public workforce needs are predicted to increase by 3.8 percent for state employees and 7.4 percent for local employees from 2016 to 2026. Employee benefits are a traditional tool used to attract and retain employees. Retirement benefits (defined benefit and defined contribution plan) are available to 91 percent of state and local government workers, and 89 percent have access to medical benefits. The National Institute on Retirement Security (NIRS) released a survey in November 2019 entitled “State and Local Employee Views on their Jobs, Pay and Benefits.” The current issue brief provides a deeper analysis to examine views specific to Millennials. The data shows—

- Although they could earn higher salaries in the private sector, Millennials in state and local government are satisfied with their jobs and total compensation.
- State and local government Millennials plan to stay in their jobs until they retire or can no longer work, but benefit changes—in particular, healthcare benefits—might cause them to leave.
- State and local government Millennials have highly favorable views of pensions. Besides lifetime income, Millennials highly rank other features such as allowing them to focus on their jobs rather than worry about retirement, automatic payroll deductions, and death and disability benefits.
- State and local government Millennials are confident about maintaining their standard of living in retirement but worry about cuts or changes to benefits as well as underfunding.
- State and local Millennials believe that eliminating pensions will weaken delivery of public services, public education, and public safety.

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

Alabama Response to Teacher Shortage

The Alabama House of Representatives proposed changes to retirement benefits to recruit and retain teachers as the state faces a shortage of teachers. The bill would reverse some changes to retirement benefits made in 2013 that created a Tier Two plan. A new Tier Three plan would enable employees to retire at any age with 30 years of

service at up to 80 percent of final salary. It would also increase the plan multiplier and allow conversion of unused sick leave. However, employee contributions would also be increased. Tier Two employees are automatically shifted to Tier Three unless they opt out. The bill passed without any dissenting votes and will move to the Alabama Senate. [\(Source\)](#)

Retirement Security for Alaska Teachers

Turnover of teachers in Alaska is 31 percent in rural areas compared to 14 percent in urban areas. Reasons for turnover include having medical needs that require moving to a more populous area, not being a good fit for the lifestyle, and wanting more security in their retirement options. Teachers that were hired before 2006 participate in a defined benefit plan, whereas those who were hired after 2006 are in a defined contribution plan. Moreover, Alaska is one of 15 states that opted out of Social Security in the 1950s. Thus, these teachers have a defined contribution plan as their sole retirement vehicle.

Some teachers have considered withdrawing their fully vested defined contribution benefits and moving to states that offer defined benefit plans, including ones that provide for purchasing their service rendered in Alaska. In an effort to increase retirement security, proposals such as opting back into Social Security or hybrid plans are being explored. However, there are also budgetary pressures for school districts to fund the 6.2 percent of required contributions to Social Security.

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

Wyoming Governor's Concerns about Proposed Solutions to State Pension Crisis

Wyoming Governor Mark Gordon has expressed concerns about a bill that would raise all current state employees' mandatory retirement contributions, considered a quick solution to address a \$1.5 billion funding shortfall that has persisted across several administrations. With employee pay rates stagnant over the last several years and anticipated increases to health insurance premiums, the Governor's Chief of Staff noted it would be a net decrease to the benefits of state employees. The state currently has 1,400 unfilled positions, and the Governor noted in his State of the State that key government jobs are uncompetitive against the private sector. The proposed solution may exacerbate the state hiring and retention issues. Although pay raises may mitigate the proposed increases, its possibility is limited by lack of new revenues as well as a proposal to provide cost-of-living adjustments for current retirees. [\(Source\)](#)

Kentucky Lawmakers Reduce Their Own Pension Benefits

Kentucky lawmakers in the House advanced a bill from committee to the floor that would transfer 45 lawmakers who took office since 2014 as well as those elected in the future to the Kentucky Retirement Systems plan, which is 13-percent funded and has a \$14.2 billion shortfall. For the 336 members in the current legislative pension plan, the plan multiplier for future is being reduced from 2.75 percent to 1.97 percent, which is what

state workers currently get. Another plan feature being eliminated for lawmakers is reciprocity, so that they must use a lower assumed salary rather than their current salary to calculate benefits. Lastly, the bill would prohibit further state funding for the legislative pension plan until its funding level is the same or lower than the state workers' plan.

An actuarial analysis of the bill shows that the legislative pension plan is 103-percent funded. It is on track to be 165-percent funded by 2039. However, if the bill becomes law, it would become 260-percent funded because of the benefit reductions, even though it would not receive further contributions. On the other hand, stopping contributions would create a contribution holiday that might create the same problems for the legislative plan as it did the state workers' plan when it stopped making the recommended contributions 20 years ago.

[\(Source\)](#)

Staff Note: California's Legislators' Retirement System was a plan that was closed to legislators after November 7, 1990 as a result of the passage of Proposition 140. Proposition 33 in 2000 proposed allowing legislators to participate in CalPERS but was defeated.

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
RETIREE HEALTHCARE BENEFITS PROGRAM
STAFF ACTIVITIES REPORT
FEBRUARY 2020
FOR INFORMATION ONLY**

Anthem Blue Cross Meeting

On February 26, 2020, staff and representatives from Anthem Blue Cross met to discuss the following topics:

- Eligibility issues
- Discrepancy reporting

2020-2021 Plan Year Rate Renewals Presented

On February 13, 2020, staff presented the final 2020-2021 plan year health insurance premium renewals to the Insurance Committee for their recommendation to the Board of Retirement for final approval.

Medicare Part B Verifications

As of February 28, 2020, Retiree Healthcare has received approximately over 21,000 verifications of which approximately 9,000 have been completed.

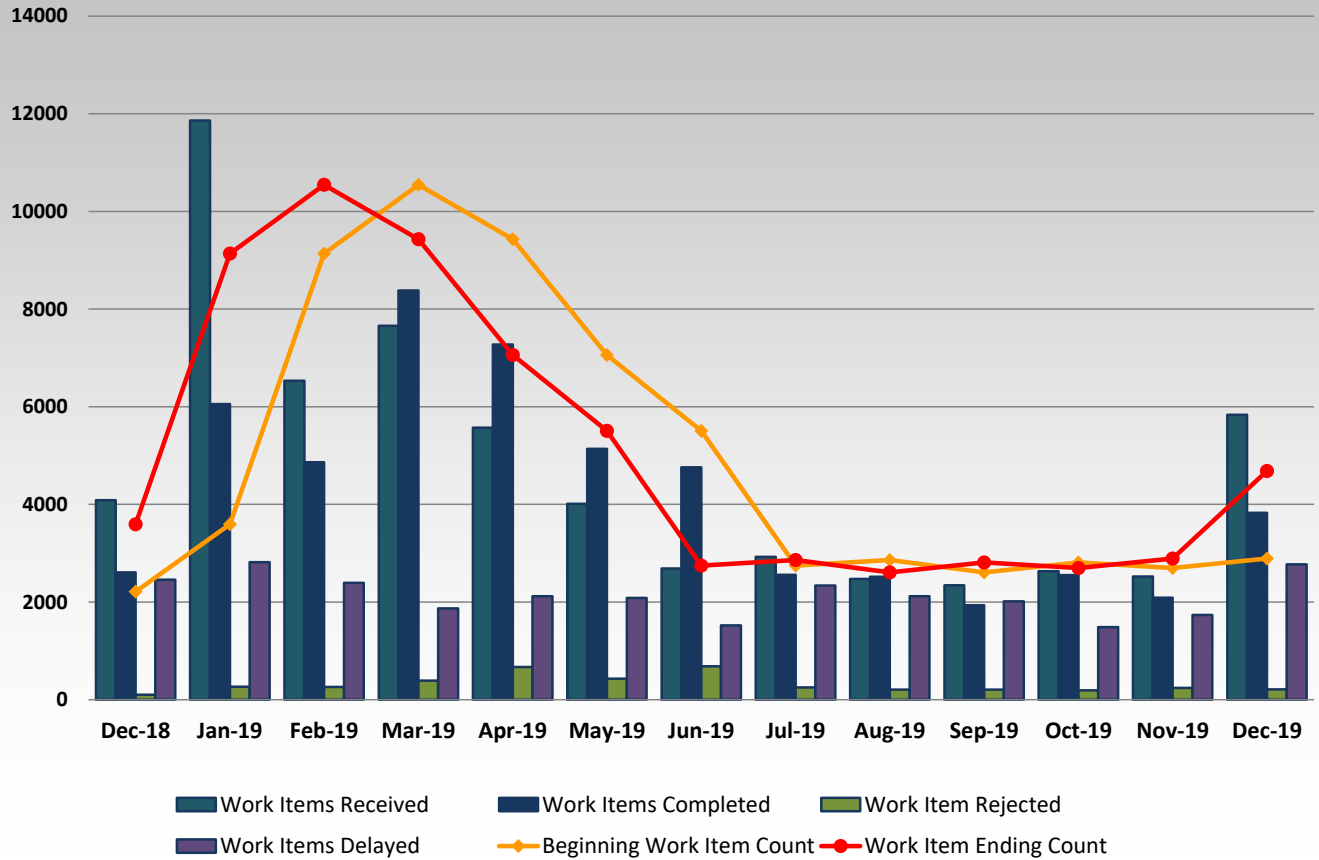
You may recall it was previously announced that annual mass notification mailing to members currently enrolled in one of the LACERA-administered Medicare Advantage or Medicare Supplement plans was conducted on December 23, 2019.

Retiree Healthcare Division

Trend Report

DECEMBER, 2018 ~ DECEMBER, 2019

Updated 2/28/2020

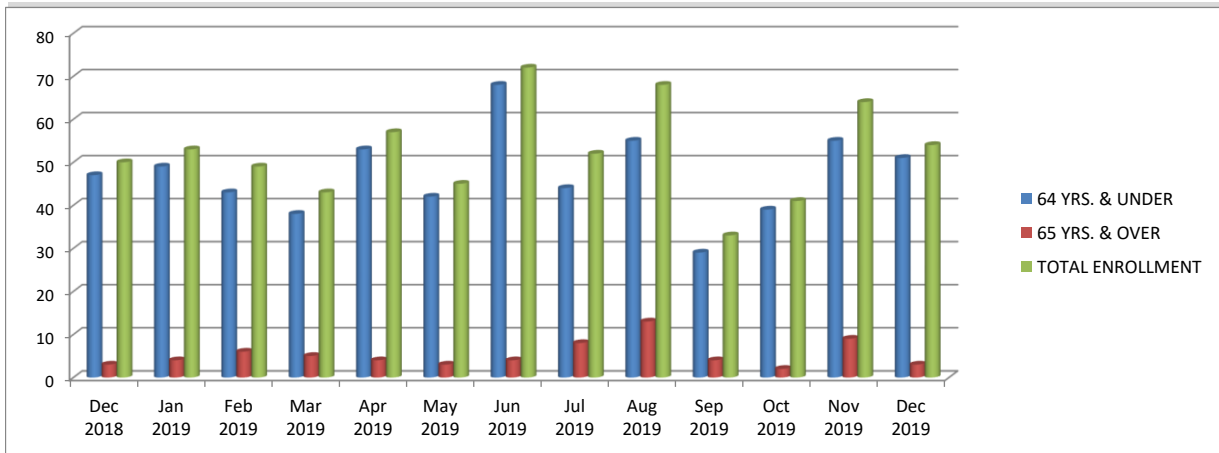


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-18	2213	4087	2606	100	2456	3594
Jan-19	3594	11862	6052	265	2816	9139
Feb-19	9139	6532	4862	264	2392	10545
Mar-19	10545	7658	8380	390	1869	9433
Apr-19	9433	5573	7274	671	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



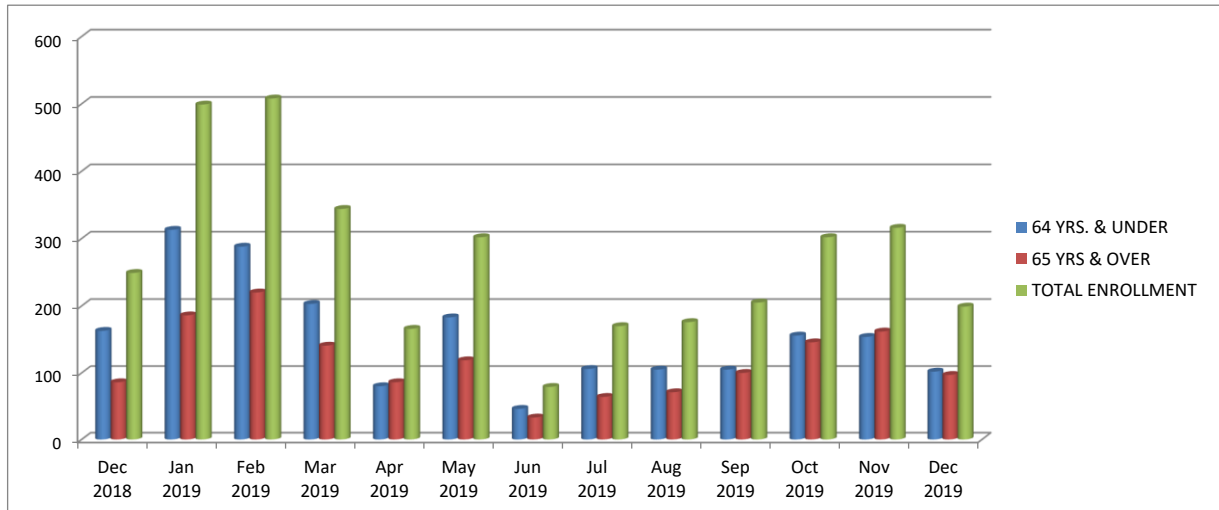
PLEASE NOTE:

- January 's data (01/2020) 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 (01/2020) 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 2/29/2020

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	6841	\$864,751.20	2	\$146.00
241	150	\$18,438.70	0	\$0.00
242	862	\$110,637.90	0	\$0.00
243	4029	\$1,042,133.10	1	\$54.20
244	14	\$1,741.90	0	\$0.00
245	53	\$6,591.20	0	\$0.00
246	17	\$2,041.50	0	\$0.00
247	126	\$17,032.50	0	\$0.00
248	10	\$2,446.60	1	\$40.70
249	52	\$13,488.40	0	\$0.00
250	17	\$4,442.10	0	\$0.00
Plan Total:	12,171	\$2,083,745.10	4	\$240.90
CIGNA-HEALTHSPRING PREFERRED with RX				
321	30	\$3,904.30	0	\$0.00
322	8	\$726.80	0	\$0.00
324	17	\$4,638.70	0	\$0.00
327	3	\$375.90	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	59	\$9,872.40	0	\$0.00
KAISER SR. ADVANTAGE				
394	4	\$559.30	0	\$0.00
397	4	\$509.90	0	\$0.00
398	2	\$540.50	0	\$0.00
403	10893	\$1,371,656.30	6	\$121.80
406	3	(\$209.80)	0	\$0.00
413	1563	\$204,669.70	0	\$0.00
418	5648	\$1,461,185.10	1	\$120.90
419	297	\$37,137.50	0	\$0.00
426	210	\$26,687.45	0	\$0.00
427	180	\$20,901.60	0	\$0.00
445	3	\$369.90	0	\$0.00
446	2	\$244.00	0	\$0.00
451	32	\$3,987.20	0	\$0.00
455	2	\$271.00	0	\$0.00
457	8	\$1,973.80	0	\$0.00
458	2	\$268.00	0	\$0.00
462	60	\$7,014.10	0	\$0.00
465	6	\$779.40	0	\$0.00
466	30	\$7,206.80	0	\$0.00
467	1	\$289.20	0	\$0.00
472	30	\$3,683.00	0	\$0.00
476	6	\$820.60	0	\$0.00
478	15	\$3,212.10	0	\$0.00
479	1	\$134.00	0	\$0.00
482	71	\$8,791.10	0	\$0.00
486	7	\$916.40	0	\$0.00
488	43	\$11,145.60	0	\$0.00
Plan Total:	19,123	\$3,174,743.75	7	\$242.70

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 2/29/2020

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	314	\$38,402.80	0	\$0.00
613	100	\$25,021.40	0	\$0.00
Plan Total:	414	\$63,424.20	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1747	\$221,258.70	1	\$36.50
702	351	\$47,611.30	0	\$0.00
703	1056	\$274,697.55	0	\$0.00
704	92	\$12,795.70	0	\$0.00
705	33	\$8,629.20	0	\$0.00
Plan Total:	3,279	\$564,992.45	1	\$36.50
Grand Total:	35,046	\$5,896,777.90	12	\$520.10

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/29/2020

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	6841	\$864,751.20	2	\$146.00
241	150	\$18,438.70	0	\$0.00
242	862	\$110,637.90	0	\$0.00
243	4029	\$1,042,133.10	1	\$54.20
244	14	\$1,741.90	0	\$0.00
245	53	\$6,591.20	0	\$0.00
246	17	\$2,041.50	0	\$0.00
247	126	\$17,032.50	0	\$0.00
248	10	\$2,446.60	1	\$40.70
249	52	\$13,488.40	0	\$0.00
250	17	\$4,442.10	0	\$0.00
Plan Total:	12,171	\$2,083,745.10	4	\$240.90
CIGNA-HEALTHSPRING PREFERRED with RX				
321	30	\$3,904.30	0	\$0.00
322	8	\$726.80	0	\$0.00
324	17	\$4,638.70	0	\$0.00
327	3	\$375.90	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	59	\$9,872.40	0	\$0.00
KAISER SR. ADVANTAGE				
394	4	\$559.30	0	\$0.00
397	4	\$509.90	0	\$0.00
398	2	\$540.50	0	\$0.00
403	10893	\$1,371,656.30	6	\$121.80
406	3	(\$209.80)	0	\$0.00
413	1563	\$204,669.70	0	\$0.00
418	5648	\$1,461,185.10	1	\$120.90
419	297	\$37,137.50	0	\$0.00
426	210	\$26,687.45	0	\$0.00
427	180	\$20,901.60	0	\$0.00
445	3	\$369.90	0	\$0.00
446	2	\$244.00	0	\$0.00
451	32	\$3,987.20	0	\$0.00
455	2	\$271.00	0	\$0.00
457	8	\$1,973.80	0	\$0.00
458	2	\$268.00	0	\$0.00
462	60	\$7,014.10	0	\$0.00
465	6	\$779.40	0	\$0.00
466	30	\$7,206.80	0	\$0.00
467	1	\$289.20	0	\$0.00
472	30	\$3,683.00	0	\$0.00
476	6	\$820.60	0	\$0.00
478	15	\$3,212.10	0	\$0.00
479	1	\$134.00	0	\$0.00
482	71	\$8,791.10	0	\$0.00
486	7	\$916.40	0	\$0.00
488	43	\$11,145.60	0	\$0.00
Plan Total:	19,123	\$3,174,743.75	7	\$242.70

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/29/2020

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	314	\$38,402.80	0	\$0.00
613	100	\$25,021.40	0	\$0.00
Plan Total:	414	\$63,424.20	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1747	\$221,258.70	1	\$36.50
702	351	\$47,611.30	0	\$0.00
703	1056	\$274,697.55	0	\$0.00
704	92	\$12,795.70	0	\$0.00
705	33	\$8,629.20	0	\$0.00
Plan Total:	3,279	\$564,992.45	1	\$36.50
LOCAL 1014				
804	184	\$32,226.00	0	\$0.00
805	173	\$28,225.60	0	\$0.00
806	614	\$193,906.10	0	\$0.00
807	41	\$7,316.60	0	\$0.00
808	11	\$3,181.20	0	\$0.00
812	230	\$36,192.80	0	\$0.00
813	1	\$144.60	0	\$0.00
Plan Total:	1,254	\$301,192.90	0	\$0.00
Grand Total:	36,300	\$6,197,970.80	12	\$520.10

Medical and Dental Vision Insurance Premiums

March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	573	\$582,443.04	\$90,222.86	\$489,170.74	\$579,393.60	(\$3,049.44)	\$576,344.16
202	304	\$607,917.92	\$55,832.40	\$554,085.25	\$609,917.65	\$0.00	\$609,917.65
203	78	\$178,285.62	\$42,626.81	\$133,659.08	\$176,285.89	\$0.00	\$176,285.89
204	36	\$47,029.68	\$16,564.92	\$29,158.38	\$45,723.30	\$0.00	\$45,723.30
SUBTOTAL	991	\$1,415,676.26	\$205,246.99	\$1,206,073.45	\$1,411,320.44	(\$3,049.44)	\$1,408,271.00
Anthem Blue Cross I							
211	720	\$842,601.60	\$55,752.09	\$799,722.59	\$855,474.68	(\$3,510.84)	\$851,963.84
212	267	\$565,134.28	\$36,101.10	\$522,707.05	\$558,808.15	(\$3,047.14)	\$555,761.01
213	52	\$129,331.28	\$15,221.32	\$114,109.96	\$129,331.28	\$0.00	\$129,331.28
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
SUBTOTAL	1,059	\$1,565,722.58	\$111,811.91	\$1,460,457.62	\$1,572,269.53	(\$6,557.98)	\$1,565,711.55
Anthem Blue Cross II							
221	2,188	\$2,562,913.20	\$150,778.51	\$2,426,086.89	\$2,576,865.40	(\$2,817.99)	\$2,574,047.41
222	1,903	\$4,023,418.68	\$101,808.57	\$3,854,296.15	\$3,956,104.72	\$0.00	\$3,956,104.72
223	752	\$1,870,329.28	\$77,399.81	\$1,787,955.19	\$1,865,355.00	(\$2,487.14)	\$1,862,867.86
224	174	\$269,338.08	\$30,277.26	\$240,608.74	\$270,886.00	\$0.00	\$270,886.00
225	2	\$792.86	\$396.42	\$792.87	\$1,189.29	\$0.00	\$1,189.29
SUBTOTAL	5,019	\$8,726,792.10	\$360,660.57	\$8,309,739.84	\$8,670,400.41	(\$5,305.13)	\$8,665,095.28

Medical and Dental Vision Insurance Premiums March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	6,868	\$3,281,376.39	\$479,270.86	\$2,812,143.66	\$3,291,414.52	(\$9,557.80)	\$3,281,856.72
241	149	\$230,004.71	\$23,548.73	\$198,839.93	\$222,388.66	\$0.00	\$222,388.66
242	862	\$1,322,146.28	\$84,812.23	\$1,214,485.90	\$1,299,298.13	\$0.00	\$1,299,298.13
243	4,035	\$3,841,691.20	\$434,037.85	\$3,356,510.35	\$3,790,548.20	(\$5,692.80)	\$3,784,855.40
244	14	\$11,952.22	\$1,861.12	\$10,091.10	\$11,952.22	\$0.00	\$11,952.22
245	52	\$45,247.69	\$3,790.57	\$40,603.39	\$44,393.96	\$0.00	\$44,393.96
246	17	\$32,289.63	\$3,077.01	\$29,212.62	\$32,289.63	\$0.00	\$32,289.63
247	129	\$246,920.70	\$18,879.91	\$220,443.23	\$239,323.14	\$0.00	\$239,323.14
248	10	\$13,249.10	\$370.97	\$12,878.13	\$13,249.10	\$0.00	\$13,249.10
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
SUBTOTAL	12,206	\$9,120,337.20	\$1,055,190.92	\$7,983,801.01	\$9,038,991.93	(\$15,250.60)	\$9,023,741.33
CIGNA Network Model Plan							
301	281	\$458,041.32	\$141,143.57	\$315,273.49	\$456,417.06	(\$1,624.26)	\$454,792.80
302	104	\$304,930.08	\$88,532.46	\$210,533.58	\$299,066.04	(\$2,932.02)	\$296,134.02
303	11	\$38,083.10	\$12,107.41	\$19,051.49	\$31,158.90	\$0.00	\$31,158.90
304	15	\$32,325.30	\$15,298.16	\$17,027.14	\$32,325.30	\$0.00	\$32,325.30
SUBTOTAL	411	\$833,379.80	\$257,081.60	\$561,885.70	\$818,967.30	(\$4,556.28)	\$814,411.02

Medical and Dental Vision Insurance Premiums March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
CIGNA Healthspring Pref w/ Rx - Phoenix, AZ							
321	30	\$11,534.70	\$1,614.87	\$10,304.32	\$11,919.19	\$0.00	\$11,919.19
322	8	\$15,230.25	\$406.14	\$9,747.36	\$10,153.50	\$0.00	\$10,153.50
324	17	\$12,936.66	\$1,917.68	\$11,779.96	\$13,697.64	\$0.00	\$13,697.64
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
SUBTOTAL	59	\$47,733.17	\$4,383.29	\$39,418.60	\$43,801.89	\$0.00	\$43,801.89

Medical and Dental Vision Insurance Premiums

March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,469	\$1,527,774.40	\$138,345.84	\$1,389,369.80	\$1,527,715.64	(\$5,161.40)	\$1,522,554.24
403	10,940	\$3,077,568.00	\$311,435.26	\$2,775,866.58	\$3,087,301.84	(\$3,095.38)	\$3,084,206.46
404	625	\$740,280.12	\$25,528.32	\$728,897.28	\$754,425.60	\$0.00	\$754,425.60
405	1,072	\$1,165,135.36	\$21,737.75	\$1,152,092.65	\$1,173,830.40	(\$4,347.52)	\$1,169,482.88
406	37	\$84,588.24	\$24,458.05	\$31,293.29	\$55,751.34	\$0.00	\$55,751.34
411	1,841	\$3,808,749.12	\$189,820.23	\$3,557,232.09	\$3,747,052.32	\$2,056.56	\$3,749,108.88
413	1,561	\$2,059,416.24	\$100,621.80	\$1,937,769.32	\$2,038,391.12	\$6,525.40	\$2,044,916.52
414	136	\$299,617.52	\$4,053.64	\$315,391.51	\$319,445.15	\$0.00	\$319,445.15
418	5,631	\$3,128,947.20	\$239,276.90	\$2,872,508.70	\$3,111,785.60	(\$4,428.80)	\$3,107,356.80
419	298	\$434,025.41	\$5,806.35	\$413,942.52	\$419,748.87	\$0.00	\$419,748.87
420	135	\$317,193.30	\$1,127.81	\$316,065.49	\$317,193.30	(\$2,349.58)	\$314,843.72
421	9	\$9,290.52	\$1,073.56	\$9,249.24	\$10,322.80	\$0.00	\$10,322.80
422	244	\$523,567.68	\$2,026.72	\$504,651.68	\$506,678.40	\$0.00	\$506,678.40
423	14	\$44,201.10	\$8,587.34	\$23,826.80	\$32,414.14	\$0.00	\$32,414.14
426	209	\$285,532.80	\$3,045.69	\$275,688.71	\$278,734.40	(\$1,359.68)	\$277,374.72
427	176	\$397,342.06	\$6,410.13	\$368,979.33	\$375,389.46	\$0.00	\$375,389.46
428	62	\$139,975.54	\$812.75	\$136,905.12	\$137,717.87	\$0.00	\$137,717.87
429	11	\$37,119.00	\$6,061.10	\$24,871.40	\$30,932.50	\$0.00	\$30,932.50
430	141	\$309,703.68	\$3,595.15	\$308,274.29	\$311,869.44	\$0.00	\$311,869.44
431	15	\$45,020.10	\$7,713.00	\$37,307.10	\$45,020.10	\$0.00	\$45,020.10
432	9	\$34,532.28	\$12,148.02	\$22,384.26	\$34,532.28	\$0.00	\$34,532.28
SUBTOTAL	24,635	\$18,469,579.67	\$1,113,685.41	\$17,202,567.16	\$18,316,252.57	(\$12,160.40)	\$18,304,092.17

Medical and Dental Vision Insurance Premiums March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Colorado							
450	6	\$5,529.54	\$700.41	\$4,829.13	\$5,529.54	\$0.00	\$5,529.54
451	32	\$11,511.04	\$1,208.68	\$10,302.36	\$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	3	\$7,973.25	\$511.83	\$7,461.42	\$7,973.25	\$0.00	\$7,973.25
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
SUBTOTAL	56	\$43,175.78	\$3,639.55	\$39,536.23	\$43,175.78	\$0.00	\$43,175.78
Kaiser - Georgia							
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	\$3,237.31	\$14,501.41	\$17,738.72	\$0.00	\$17,738.72
462	60	\$25,831.67	\$3,133.68	\$21,427.58	\$24,561.26	\$0.00	\$24,561.26
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
467	1	\$2,624.81	\$275.34	\$4,974.28	\$5,249.62	\$0.00	\$5,249.62
SUBTOTAL	127	\$101,416.98	\$9,756.04	\$92,176.40	\$101,932.44	\$0.00	\$101,932.44

Medical and Dental Vision Insurance Premiums March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	5	\$4,776.15	\$114.63	\$4,661.52	\$4,776.15	\$0.00	\$4,776.15
472	30	\$13,440.90	\$2,231.18	\$11,209.72	\$13,440.90	\$0.00	\$13,440.90
473	1	\$1,766.93	\$596.65	\$1,170.28	\$1,766.93	\$0.00	\$1,766.93
474	4	\$7,609.84	\$0.00	\$7,609.84	\$7,609.84	\$0.00	\$7,609.84
476	6	\$8,371.56	\$3,264.90	\$5,106.66	\$8,371.56	\$0.00	\$8,371.56
478	14	\$13,320.90	\$674.93	\$11,757.91	\$12,432.84	\$0.00	\$12,432.84
479	1	\$2,206.96	\$98.25	\$2,108.71	\$2,206.96	\$0.00	\$2,206.96
SUBTOTAL	61	\$51,493.24	\$6,980.54	\$43,624.64	\$50,605.18	\$0.00	\$50,605.18
Kaiser - Oregon							
481	8	\$9,404.80	\$3,488.51	\$7,091.89	\$10,580.40	\$0.00	\$10,580.40
482	71	\$33,071.80	\$5,123.80	\$27,948.00	\$33,071.80	(\$931.60)	\$32,140.20
483	1	\$1,249.03	\$78.75	\$1,170.28	\$1,249.03	\$0.00	\$1,249.03
484	3	\$7,029.60	\$872.17	\$6,157.43	\$7,029.60	\$0.00	\$7,029.60
486	7	\$11,433.80	\$1,306.72	\$10,127.08	\$11,433.80	\$0.00	\$11,433.80
488	43	\$39,714.80	\$5,116.76	\$35,521.64	\$40,638.40	\$0.00	\$40,638.40
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
SUBTOTAL	138	\$111,391.38	\$17,057.33	\$96,433.25	\$113,490.58	(\$931.60)	\$112,558.98
SCAN Health Plan							
611	314	\$84,372.00	\$16,949.16	\$68,124.84	\$85,074.00	\$0.00	\$85,074.00
613	99	\$52,600.00	\$8,742.12	\$36,683.88	\$45,426.00	\$0.00	\$45,426.00
SUBTOTAL	413	\$136,972.00	\$25,691.28	\$104,808.72	\$130,500.00	\$0.00	\$130,500.00

Medical and Dental Vision Insurance Premiums March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	1,742	\$624,330.00	\$74,112.44	\$547,675.70	\$621,788.14	(\$1,070.28)	\$620,717.86
702	351	\$542,900.16	\$35,226.82	\$509,215.67	\$544,442.49	\$0.00	\$544,442.49
703	1,053	\$745,734.64	\$77,522.40	\$660,451.52	\$737,973.92	\$705.52	\$738,679.44
704	96	\$167,670.72	\$7,754.77	\$159,906.85	\$167,661.62	\$0.00	\$167,661.62
705	33	\$30,022.08	\$2,147.03	\$27,875.05	\$30,022.08	\$0.00	\$30,022.08
706	1	\$341.77	\$13.67	\$328.10	\$341.77	\$0.00	\$341.77
SUBTOTAL	3,276	\$2,110,999.37	\$196,777.13	\$1,905,452.89	\$2,102,230.02	(\$364.76)	\$2,101,865.26
United Healthcare							
707	441	\$532,332.22	\$57,246.54	\$461,956.41	\$519,202.95	\$0.00	\$519,202.95
708	411	\$899,914.61	\$57,850.74	\$824,632.11	\$882,482.85	\$0.00	\$882,482.85
709	335	\$873,182.44	\$70,515.37	\$776,833.27	\$847,348.64	\$0.00	\$847,348.64
SUBTOTAL	1,187	\$2,305,429.27	\$185,612.65	\$2,063,421.79	\$2,249,034.44	\$0.00	\$2,249,034.44

Medical and Dental Vision Insurance Premiums March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	62	\$71,443.84	\$2,281.59	\$68,009.93	\$70,291.52	\$0.00	\$70,291.52
802	318	\$660,711.78	\$18,574.72	\$642,137.06	\$660,711.78	\$0.00	\$660,711.78
803	290	\$710,749.40	\$19,067.69	\$696,583.43	\$715,651.12	\$0.00	\$715,651.12
804	185	\$213,179.20	\$8,181.46	\$203,845.42	\$212,026.88	(\$32,226.00)	\$179,800.88
805	174	\$361,521.54	\$13,380.43	\$346,063.40	\$359,443.83	(\$28,225.60)	\$331,218.23
806	614	\$1,275,713.94	\$29,835.92	\$1,245,878.02	\$1,275,713.94	(\$193,906.10)	\$1,081,807.84
807	41	\$100,485.26	\$1,764.62	\$100,191.16	\$101,955.78	(\$9,767.46)	\$92,188.32
808	11	\$26,959.46	\$196.07	\$26,763.39	\$26,959.46	(\$3,181.20)	\$23,778.26
809	26	\$29,960.32	\$2,996.03	\$22,677.65	\$25,673.68	\$0.00	\$25,673.68
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	230	\$265,033.60	\$24,498.36	\$248,601.48	\$273,099.84	(\$37,345.12)	\$235,754.72
813	1	\$2,077.71	\$0.00	\$2,077.71	\$2,077.71	(\$144.60)	\$1,933.11
SUBTOTAL	1,963	\$3,742,183.46	\$123,793.38	\$3,624,159.57	\$3,747,952.95	(\$304,796.08)	\$3,443,156.87
Kaiser - Washington							
393	3	\$3,486.33	\$0.00	\$3,486.33	\$3,486.33	\$0.00	\$3,486.33
394	4	\$1,746.08	\$0.00	\$2,182.60	\$2,182.60	\$0.00	\$2,182.60
395	1	\$4,326.42	(\$2,163.20)	(\$0.01)	(\$2,163.21)	\$0.00	(\$2,163.21)
397	4	\$5,750.48	\$230.02	\$5,520.46	\$5,750.48	\$0.00	\$5,750.48
398	2	\$1,730.08	\$519.02	\$1,211.06	\$1,730.08	\$0.00	\$1,730.08
SUBTOTAL	14	\$17,039.39	(\$1,414.16)	\$12,400.44	\$10,986.28	\$0.00	\$10,986.28
Medical Plan Total	51,615	\$48,799,321.65	\$3,675,954.43	\$44,745,957.31	\$48,421,911.74	(\$352,972.27)	\$48,068,939.47

Medical and Dental Vision Insurance Premiums

March 2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	24,507	\$1,278,389.44	\$143,761.28	\$1,144,366.96	\$1,288,128.24	(\$2,290.74)	\$1,285,837.50
502	22,827	\$2,482,378.80	\$191,754.88	\$2,278,427.22	\$2,470,182.10	(\$1,846.20)	\$2,468,335.90
503	11	\$705.65	\$105.21	\$728.74	\$833.95	\$0.00	\$833.95
SUBTOTAL	47,345	\$3,761,473.89	\$335,621.37	\$3,423,522.92	\$3,759,144.29	(\$4,136.94)	\$3,755,007.35
CIGNA Dental HMO/Vision							
901	3,322	\$153,489.37	\$19,523.52	\$135,767.26	\$155,290.78	(\$184.76)	\$155,106.02
902	2,348	\$222,405.56	\$18,966.12	\$201,454.52	\$220,420.64	(\$189.04)	\$220,231.60
903	2	\$93.56	\$22.45	\$71.11	\$93.56	\$0.00	\$93.56
SUBTOTAL	5,672	\$375,988.49	\$38,512.09	\$337,292.89	\$375,804.98	(\$373.80)	\$375,431.18
Dental/Vision Plan Total	53,017	\$4,137,462.38	\$374,133.46	\$3,760,815.81	\$4,134,949.27	(\$4,510.74)	\$4,130,438.53
GRAND TOTALS	104,632	\$52,936,784.03	\$4,050,087.89	\$48,506,773.12	\$52,556,861.01	(\$357,483.01)	\$52,199,378.00

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

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
-----------------------------------	-------	----------------------------

CIGNA Network Model Plan

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

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

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

Kaiser

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

*Benchmark premiums are bolded.

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

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
-----------------------------------	-------	----------------------------

Kaiser Georgia (continued)

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

Kaiser Hawaii

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

Kaiser Oregon

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

*Benchmark premiums are bolded.

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

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

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

"Senior Advantage"

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

"Excess I"

- Is for participants who have Medicare Part A only.

"Excess II"

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

"Excess III"

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

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

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
-----------------------------------	-------	----------------------------

Local 1014 Firefighters (continued)

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

CIGNA Indemnity - Dental/Vision

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

CIGNA HMO - Dental/Vision

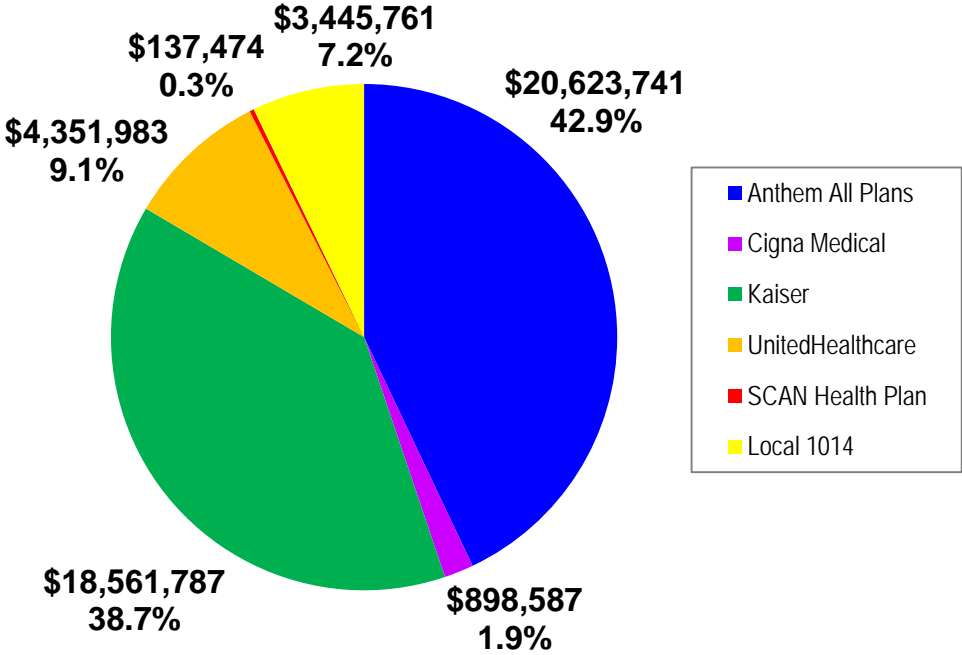
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

Los Angeles County Employees Retirement Association
Premium & Enrollment
Coverage Month Ending January 2020

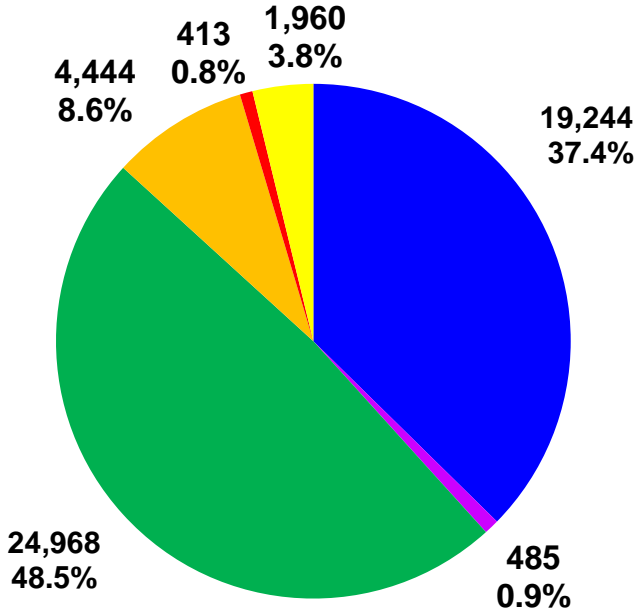
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$20,623,741	42.9%	19,244	37.4%
Cigna Medical	\$898,587	1.9%	485	0.9%
Kaiser	\$18,561,787	38.7%	24,968	48.5%
UnitedHealthcare	\$4,351,983	9.1%	4,444	8.6%
SCAN Health Plan	\$137,474	0.3%	413	0.8%
Local 1014	\$3,445,761	7.2%	1,960	3.8%
Combined Medical	\$48,019,334	100.0%	51,514	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,117,569	52,842
--	--------------------	---------------

Monthly Premium

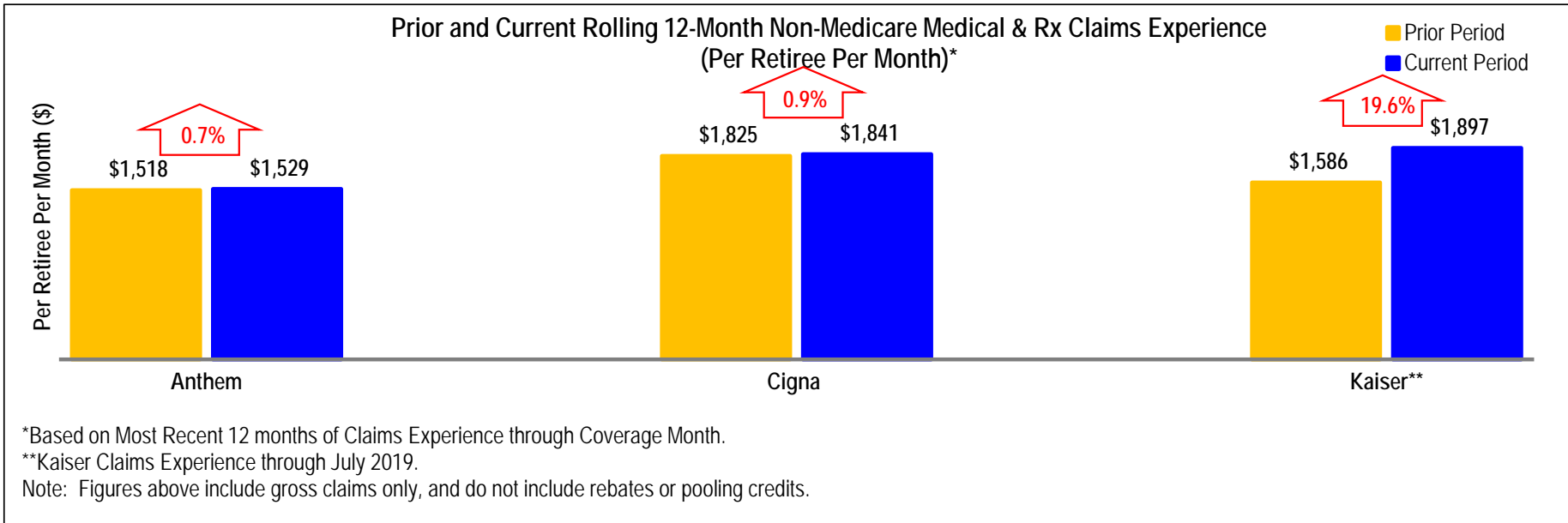
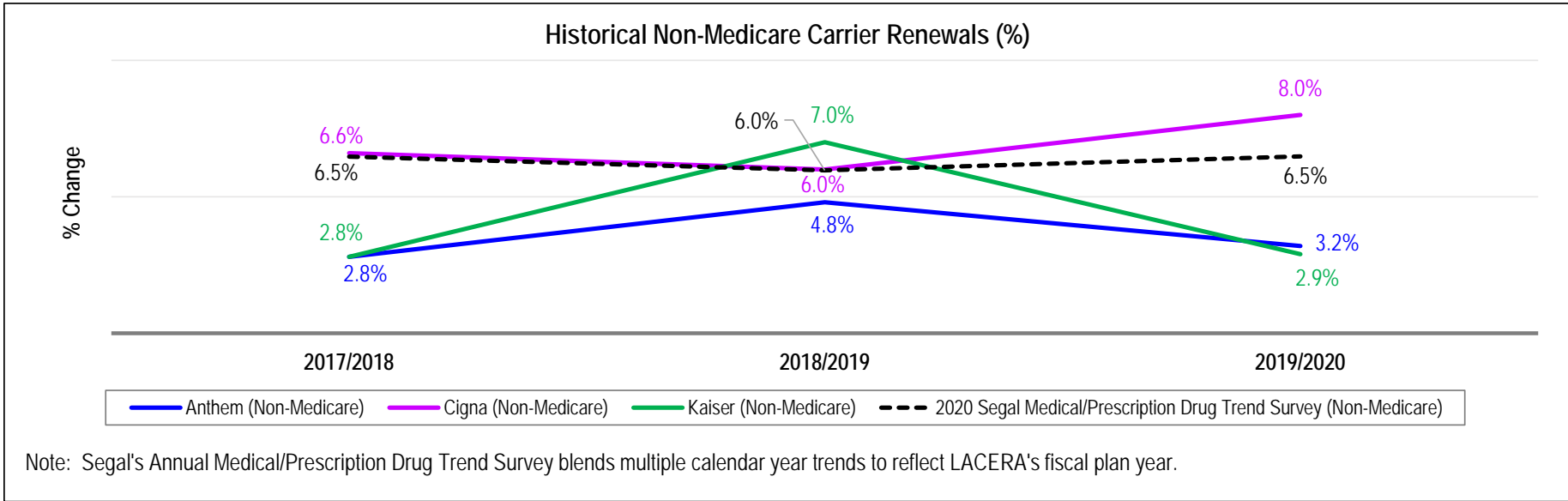


Retirees



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

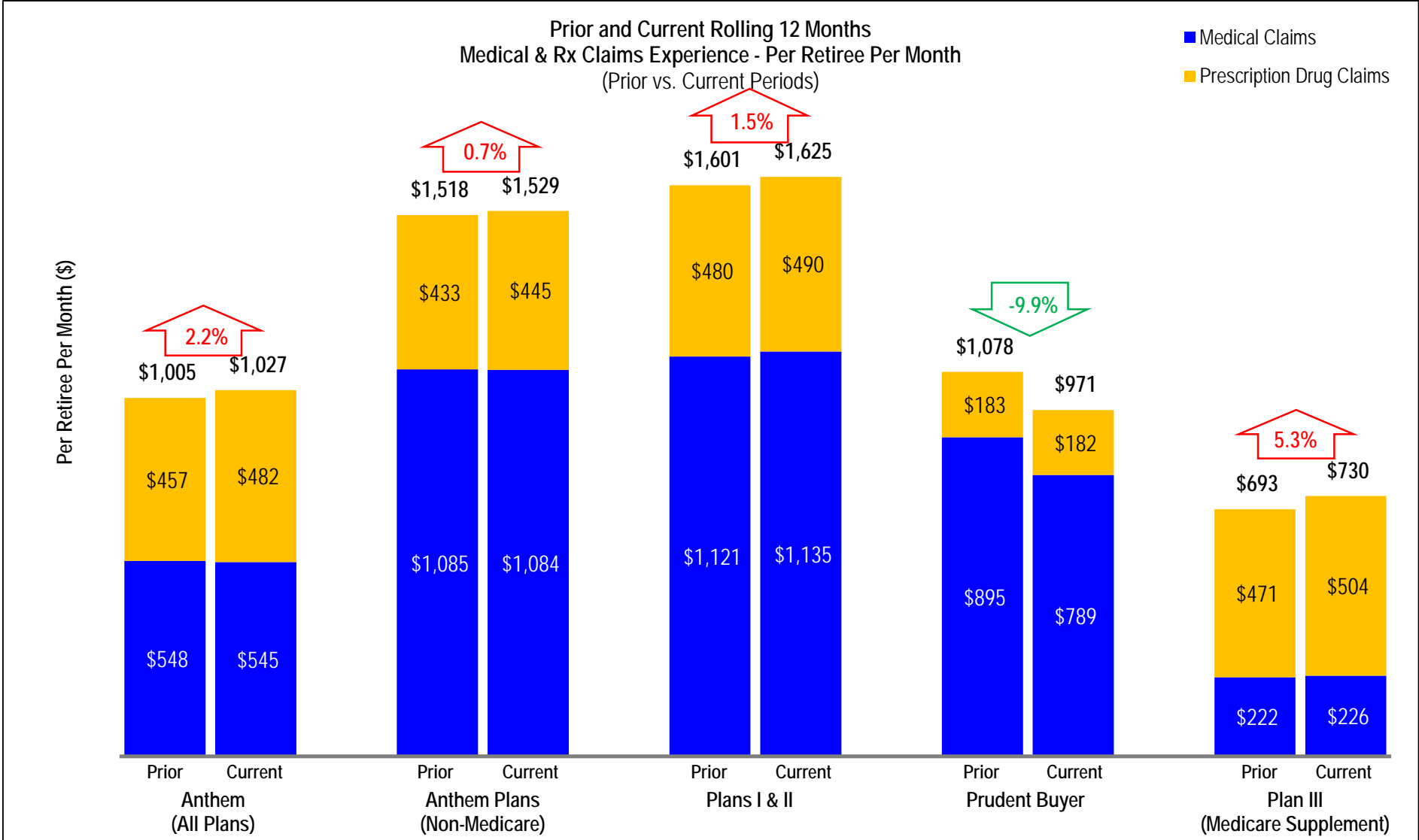
Los Angeles County Employees Retirement Association
Claims Experience by Carrier
Coverage Month Ending January 2020



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending January 2020



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 January 2020

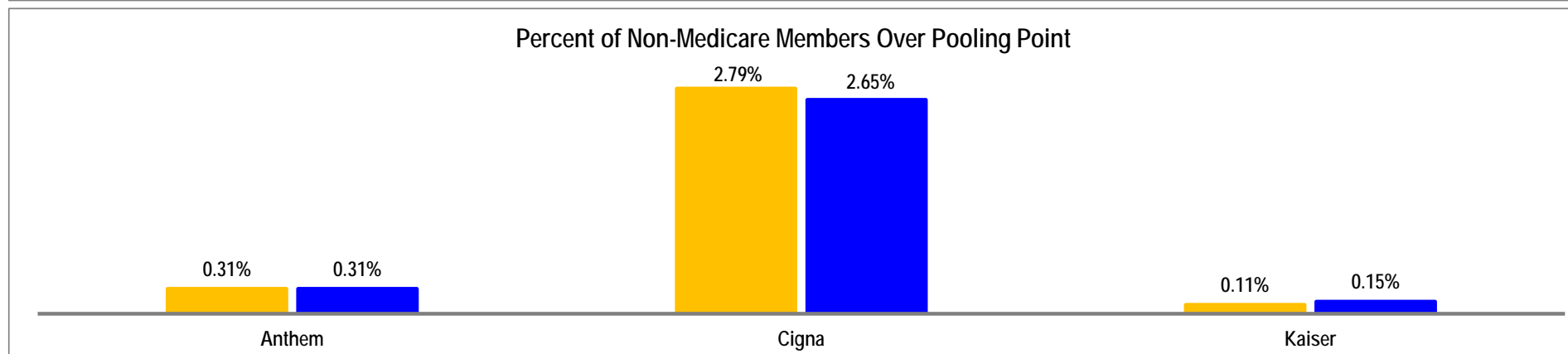
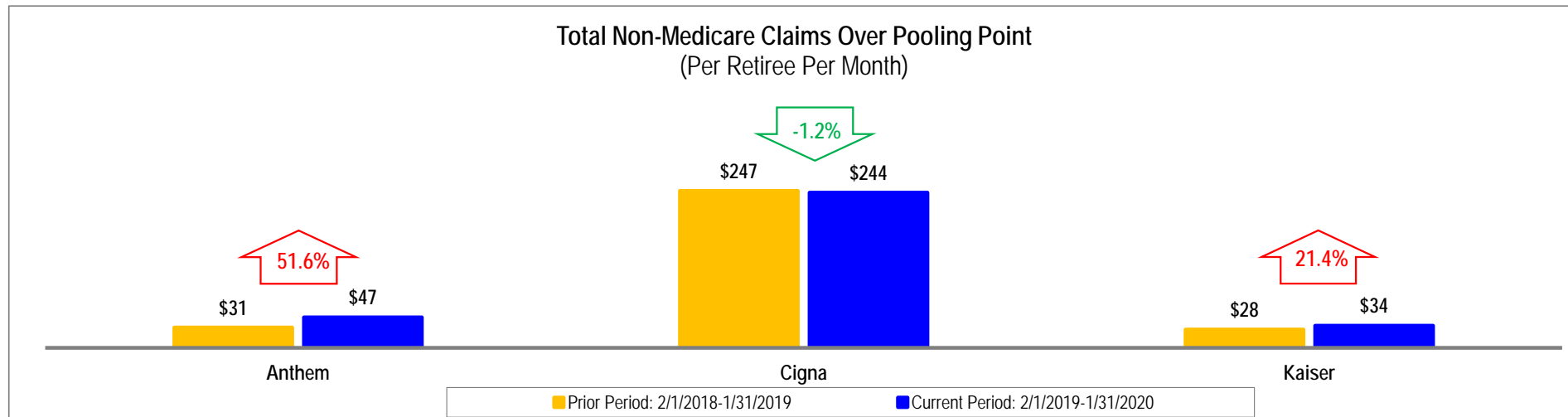
- Kaiser insures approximately 25,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 8/1/2018 - 7/31/2019	Prior Period 8/1/2017 - 7/31/2018	Change
Average Contract Size	2.56	2.35	8.94%
Average Members	8,732	8,737	-0.06%
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%
Total Claims Per Member Per Month	\$740.77	\$675.08	9.73%
Total Paid Claims	\$77,624,971	\$70,780,470	9.67%
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	1.79%	1.76%	
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 January 2020



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.

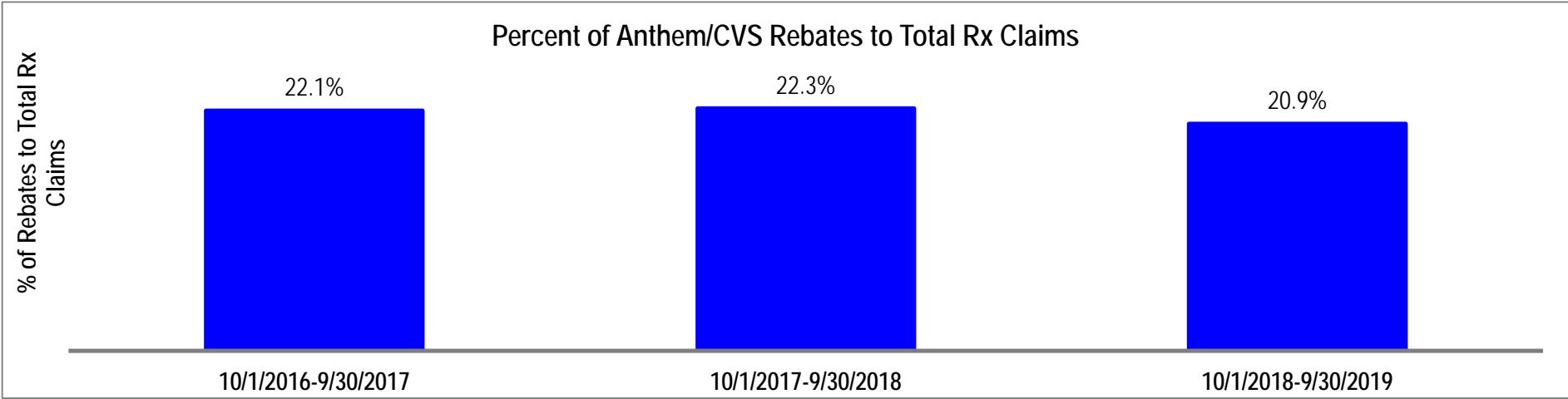
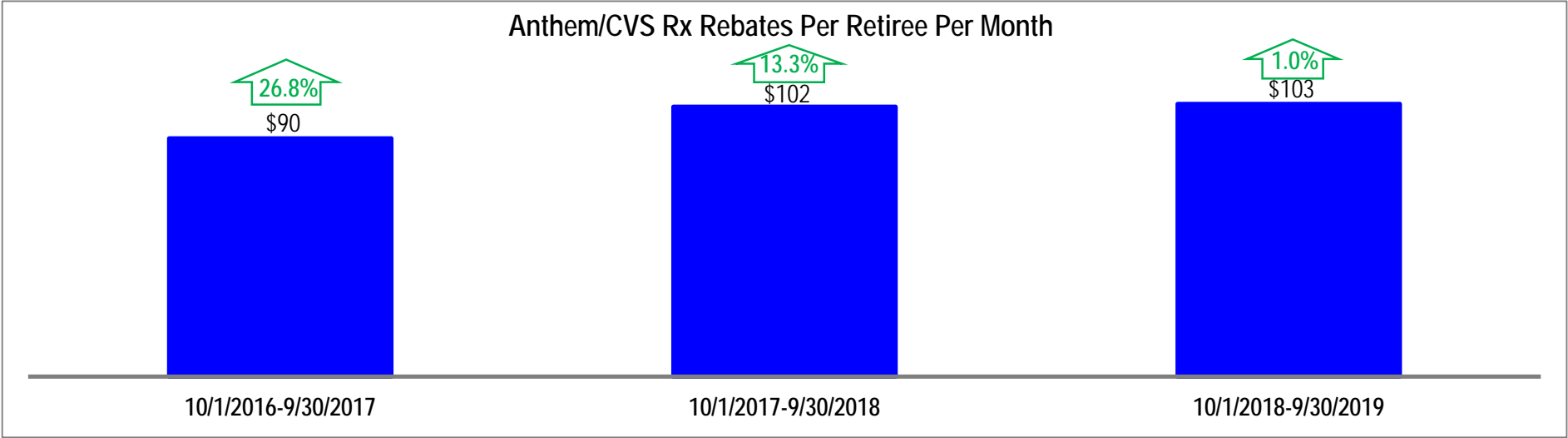
Pooling Points by Carrier:

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 January 2020



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.

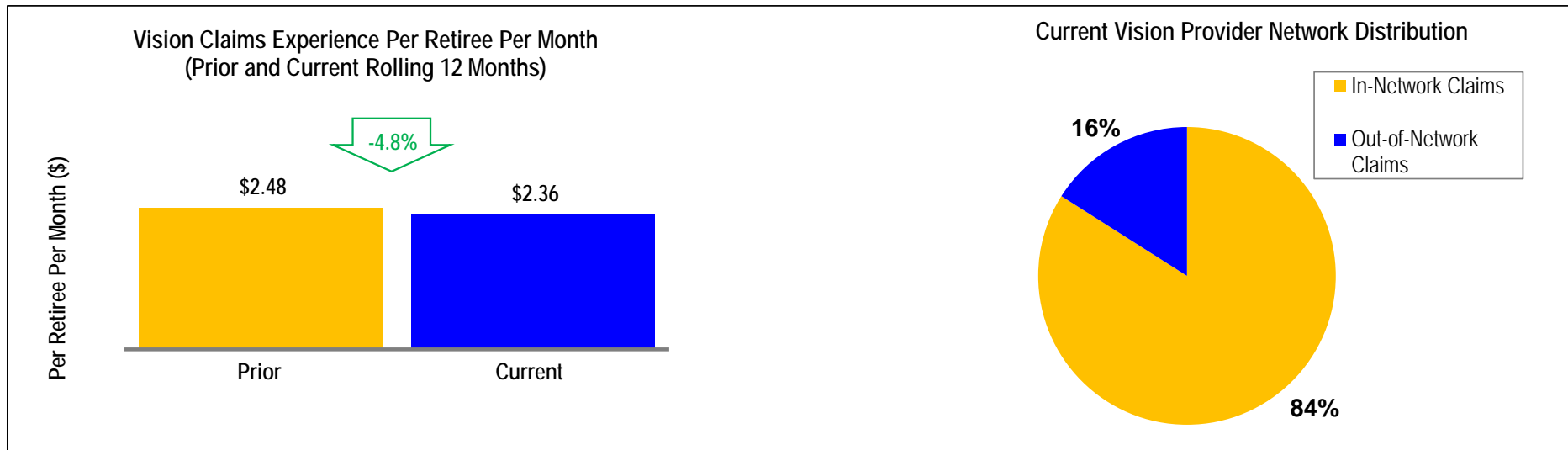
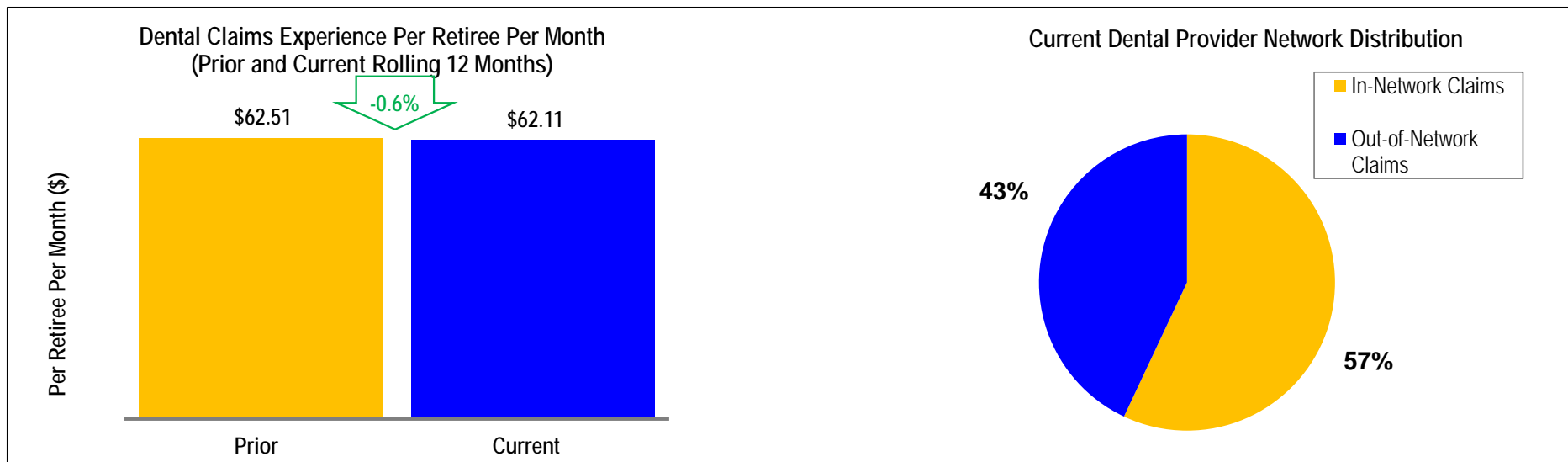
Note:

- 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 January 2020



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.