LIVE VIRTUAL COMMITTEE MEETING



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



TO VIEW VIA WEB



TO LISTEN BY TELEPHONE

Access Code:

Enter the access code when prompted.



TO PROVIDE PUBLIC COMMENT

You may submit written public comments by e-mail to PublicComment@lacera.com.

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION 300 N. LAKE AVENUE, SUITE 650, PASADENA, CA

Attention: Written public comment must be submitted via email to PublicComment@lacera.com no later than 5:00 p.m. the day before the scheduled meeting.

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, MAY 7, 2020 - 9:00 A.M.**

***This meeting will be conducted by teleconference pursuant to the Governor's Executive Order N-29-20. Any person may view the meeting online at <u>https://attendee.gotowebinar.com/register/7203224336292556814</u> or listen to the meeting by dialing (877) 309-2074, Access Code 808-508-787.

> 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 March 12, 2020

II. PUBLIC COMMENT

(***Public comment requests must be submitted via email to <u>PublicComment@lacera.com</u> no later than 5:00 p.m. the day before the scheduled meeting. You may provide a written comment or request the ability to speak. If you are requesting to speak, please include your contact information, agenda item, and meeting date.)

III. ACTION ITEMS

A. Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement adopt a "Support" position on H.R. 6436, which would enact the "Police and Fire Health Care Protection Act of 2020.) (Memorandum dated April 27, 2020) May 7, 2020 Page 2

IV. FOR INFORMATION

- A. <u>LACERA Health Plan Providers Response To Coronavirus (COVID-19)</u> Cassandra Smith, Director, Retiree Healthcare
- B. <u>Engagement Report for April 2020</u> Barry W. Lew, Legislative Affairs Officer
- C. <u>Staff Activities Report for April 2020</u> Cassandra Smith, Director, Retiree Healthcare
- D. <u>LACERA Claims Experience</u> Stephen Murphy, Segal Consulting
- 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.

***Requests for reasonable modification or accommodation of the telephone public access and Public Comments procedures stated in this agenda from individuals with disabilities, consistent with the Americans with Disabilities Act of 1990, may call the Board Offices at (626) 564-6000, Ext. 4401/4402 from 8:30 a.m. to 5:00 p.m. Monday through Friday or email <u>PublicComment@lacera.com</u>, but no later than 48 hours prior to the time the meeting is to commence.

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, March 12, 2020, 12:18 P.M. – 12:21 P.M.

COMMITTEE MEMBERS

- PRESENT: Les Robbins, Chair Wayne Moore Ronald Okum Shawn R. Kehoe, Alternate
- ABSENT: Vivian H. Gray, Vice Chair

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

JP Harris

STAFF, ADVISORS, PARTICIPANTS

Barry W. Lew, Legislative Affairs Officer Kathy Migita

Segal Consulting

Paul Sadro, Senior Actuary

The meeting was called to order by Chair Robbins at 12:18 p.m. Due to the absence of Ms. Gray, the Chair announced that Mr. Kehoe, as the alternate, would be a voting member of the Committee.

March 12, 2020 Page 2

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of February 13, 2020

Mr. Kehoe made a motion, Mr. Robbins seconded, to approve the minutes of the regular meeting of February 13, 2020. The motion passed unanimously.

- II. PUBLIC COMMENT
- III. FOR INFORMATION

Without objection, on a motion by Mr. Kehoe, seconded by Mr. Robbins, the following items were received and filed:

- A. <u>Engagement Report for February 2020</u> Barry W. Lew, Legislative Affairs Officer
- B. <u>Staff Activities Report for February 2020</u> Cassandra Smith, Director, Retiree Healthcare
- C. <u>LACERA Claims Experience</u> Stephen Murphy, Segal Consulting
- D. <u>Federal Legislation</u> Stephen Murphy, Segal Consulting

(for discussion purposes)

IV. ITEMS FOR STAFF REVIEW

There was nothing to report.

V. GOOD OF THE ORDER

Ms. Migita announced that the Spring Staying Healthy Together Workshop has been postponed until September due to the Coronavirus outbreak.

VI. ADJOURNMENT

The meeting adjourned at 12:21 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.

L///CERA

April 27, 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: Barry W. Lew Sm Legislative Affairs Officer
- FOR: May 7, 2020 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: H.R. 6436—Police and Fire Health Care Protection Act of 2020

Author:	Chabot [R-OH]
Sponsor:	Author and 1 co-sponsor
Introduced:	April 3, 2020
Status:	Referred to House Committee on Ways and Means
	(04/03/2020)

Staff Recommendation: Support

RECOMMENDATION

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement adopt a "Support" position on H.R. 6436, which would enact the "Police and Fire Health Care Protection Act of 2020."

LEGISLATIVE POLICY STANDARD

The Board of Retirement's legislative policy standard is to support proposals that provide increased flexibility in administration and operations and enable more efficient and effective service to members and stakeholders (Legislative Policy, page 5).

SUMMARY

H.R. 6436 would repeal the direct payment requirement on exclusion from gross income of distributions from governmental plans for health and long-term care insurance.

ANALYSIS

<u>Existing Law</u>

The Pension Protection Act of 2006 (PPA, Public Law No. 109-280) provides that eligible retired public safety officers may exclude up to \$3,000 per year from gross income for health and long-term care premiums deducted from taxable retirement plan distributions and paid directly to insurance carriers by a governmental plan.

H.R. 6436 Insurance, Benefits and Legislative Committee April 27, 2020 Page 2

The PPA defines a "Public Safety Officer" (PSO) as "an individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, as a firefighter, as a chaplain, or as a member of a rescue squad or ambulance crew." Eligible retired PSO's are those PSO members who retired for disability or who retired for service after attaining normal retirement age.

<u>This Bill</u>

H.R. 6436 would repeal the direct payment requirement for distributions from governmental plans for health and long-term care insurance.

Operations Background

Retired members of LACERA may elect to have payments deducted from their monthly retirement allowances and transmitted to various third-party payees, which include health and long-term care insurance carriers, life insurance carriers, credit unions, employee organizations, and retiree organizations.

Deductions from the monthly retirement allowances that retired PSO members elect to have paid directly to health and long-term care insurance carriers are generally eligible for the \$3,000 tax exclusion. LACERA makes direct payments of premiums for the health care plans that it administers and various long-term care plans.

Staff in Retiree Health Care and Member Services indicates that certain third-party payees do not comply with LACERA's administrative requirements for establishing and processing member deductions. This requires staff on a monthly basis to review the payee's monthly invoices and reconcile the appropriate deduction amounts. Other situations involve the carriers not notifying LACERA on a timely basis of deduction changes. This results in overpayments or underpayments of premiums that consequently require resolution by staff to ensure that the policy's balance remains up to date.

The repeal of the direct payment requirement would provide flexibility to LACERA to determine the payment model that would best serve LACERA's PSO members in terms of efficiency and effectiveness. For those plan administrators who have found the direct payment model to be administratively onerous to implement for certain payees, it would treat all PSOs equally without regard to how they pay their premiums for health and long-term care plans.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE recommend that the Board of Retirement adopt a "Support" position on H.R. 6436, which would enact the "Police and Fire Health Care Protection Act of 2020."

H.R. 6436 Insurance, Benefits and Legislative Committee April 27, 2020 Page 3

Reviewed and Approved:

Strong & Pin

Steven P. Rice, Chief Counsel

Attachments

Attachment 1—Board Positions Adopted on Related Legislation Attachment 2—Support and Opposition H.R. 6436 (Chabot) as introduced on April 3, 2020

cc: Santos H. Kreimann JJ Popowich Steven P. Rice Cassandra Smith Allan Cochran Bernie Buenaflor Anthony J. Roda, Williams & Jensen H.R. 6436 Attachment 1—Board Positions Adopted on Related Legislation Insurance, Benefits and Legislative Committee April 27, 2020 Page 1

BOARD POSITIONS ADOPTED ON RELATED LEGISLATION None

H.R. 6436 Attachment 2—Support and Opposition Insurance, Benefits and Legislative Committee April 27, 2020 Page 1

SUPPORT

National Conference on Public Employee Retirement Systems National Fraternal Order of Police National Association of Police Organizations International Association of Fire Fighters

OPPOSITION

Unknown

^{116TH CONGRESS} 2D SESSION H.R.6436

To amend the Internal Revenue Code of 1986 to repeal the direct payment requirement on the exclusion from gross income of distributions from governmental plans for health and long-term care insurance.

IN THE HOUSE OF REPRESENTATIVES

April 3, 2020

Mr. CHABOT (for himself and Ms. KENDRA S. HORN of Oklahoma) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

- To amend the Internal Revenue Code of 1986 to repeal the direct payment requirement on the exclusion from gross income of distributions from governmental plans for health and long-term care insurance.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

- 4 This Act may be cited as the "Police and Fire Health
- 5 Care Protection Act of 2020".

1	SEC. 2. REPEAL OF DIRECT PAYMENT REQUIREMENT ON
2	EXCLUSION FROM GROSS INCOME OF DIS-
3	TRIBUTIONS FROM GOVERNMENTAL PLANS
4	FOR HEALTH AND LONG-TERM CARE INSUR-
5	ANCE.
6	(a) IN GENERAL.—Section 402(l)(5) of the Internal
7	Revenue Code of 1986 is amended to read as follows:
8	"(5) Aggregation rule.—For purposes of
9	this subsection, all eligible retirement plans of an
10	employer shall be treated as a single plan.".
11	(b) EFFECTIVE DATE.—The amendment made by
12	this section shall apply to distributions made after the
13	date of the enactment of this Act.

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FOR INFORMATION ONLY

April 21, 2020

TO:	Each Trustee Insurance, Benefits & Legislative Committee
FROM:	Cassandra Smith, Director
FOR:	May 7, 2020 Insurance, Benefits & Legislative Committee
SUBJECT:	LACERA Health Plan Providers Response To Coronavirus (COVID-19)

Coronavirus, also referred to as, the COVID-19 pandemic is a constantly evolving situation. Nonetheless, here is what has been shared by our various health plan partners as of April 21, 2020. As everyone continues to manage through the fight against COVID-19, our health plan partners are committed to supporting our retirees while remaining compliant with the Families First Coronavirus Response Act (HR 6201) ("Act").

The Act requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 diagnostic testing and certain COVID-19 testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements. A testing related visit may occur in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit.

This Act became effective March 18, 2020 and will be retroactively applied. This planned approach was to have the guidelines within the Act in place on April 1 and then re-adjust the claims to meet the March 18 effective date.

ANTHEM

Anthem will cover the cost of coronavirus testing with no out-of-pocket cost for COVID-19 treatment and they are recommending the use of telehealth whenever possible to help prevent the spread of the virus. In addition, they are also encouraging its members to talk to their doctor about whether it is appropriate for them to change from a 30-day supply of their regular medications to a 90-day supply.

Anthem is suspending prior authorization requirements for patients as well as for the use of medical equipment critical to COVID-19 treatment. The expansion covers the waiver of cost sharing for COVID-19 treatment received through May 31, 2020.

Anthem is increasing physician availability through its telemedicine service, including encouraging in-network doctors to join the platform, given the surge in demand. This is a safe and helpful way to use Anthem benefits to see a doctor and receive health guidance related to COVID-19, without leaving one's home or work.

<u>Cigna</u>

Cigna has announced it will waive customers' out-of-pocket costs for COVID-19 testingrelated visits with in-network providers, whether at a doctor's office, urgent care clinic, emergency room or via telehealth, through May 31, 2020. This includes customers in the United States who are covered under Cigna employer/union sponsored group insurance plans, Medicare Advantage, Medicaid and the Individual and Family plans. Cigna is making it easier for customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities, through May 31, 2020. Cigna's Express Scripts Pharmacy offers free home delivery of up to 90-day supplies of prescription maintenance medications.

Cigna is waiving prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals to help manage the demands of increasingly high volumes of COVID-19 patients.

Cigna and Express Scripts are working to provide an early intervention screening tool to help customers and members understand their personal risks for COVID-19. The digital tool immediately triages symptoms and recommends next steps for care, while also relieving demand on an over-burdened health care system.

Kaiser Permanente

Kaiser Permanente is not requiring members to pay any costs related to COVID-19 screening or testing when referred by a Kaiser Permanente doctor. They will waive all member out-of-pocket costs for inpatient and outpatient services related to the treatment of COVID-19. This waiver will apply for all dates of service from April 1 through May 31, 2020, unless superseded by government action or extended by Kaiser Permanente.

Kaiser Permanente and Dignity Health will partner with California and Los Angeles County to open the Los Angeles Surge Hospital, a temporary facility in Los Angeles that will expand access to additional beds and expand ICU capacity for patients who contract COVID-19. The facility will be located on the campus of the former St. Vincent Medical Center in central Los Angeles.

<u>SCAN</u>

SCAN has implemented a series of temporary changes to ensure members are able to get needed care should their assigned provider not be available. These include:

- Accessing medically necessary services from any available Medicare-certified provider or facility without obtaining prior authorization.
- Paying the same amount for care from out-of-network Medicare-certified providers and facilities as they do for in-network care.
- Getting medications when needed: using out-of-network pharmacies if they don't have reasonable access to a network pharmacy and getting refills early.
- Telehealth MDLIVE (ongoing)

If a member gets tested and is found to be positive, they should follow their physician's recommendations. In some instances, based on the member's risk and clinical condition, this would involve getting hospitalized, in other cases it may include symptomatic care and follow up.

SCAN is adapting many of their community services from in-person to telephonic, including clinical programs for seniors and caregivers and many volunteer efforts.

They have launched an employee "all hands" effort, which entails proactively calling members to make sure they have what they need to stay healthy at home, focusing first on those who are:

- High-risk, such as those on oxygen or who are homebound
- Socially isolated, because they live alone or don't have a support system

SCAN Health Plan is committing to address a variety of needs for vulnerable seniors and others at risk due to the effects of the COVID-19 pandemic.

The emergency funding will address:

- Delivery of additional services to seniors in need of nutritious meals and other essential supplies;
- Additional financial support to non-profit, senior-focused organizations and provider groups
- Assistance for SCAN employees most impacted by current circumstances.

<u>UHC</u>

UnitedHealthcare is waiving member cost sharing for the treatment of COVID-19 through May 31, 2020 for its fully insured commercial (pre-65), Medicare Advantage, and Medicaid plans. In addition, starting March 31, 2020 until June 18, 2020, UnitedHealth will also waive cost sharing for in-network, non-COVID-19 telehealth visits for its Medicare Advantage, Medicaid, and fully insured individual and group market health plans. These waivers are whether the care is received in a physician's office, an urgent care center or an emergency department.

UnitedHealthcare is also suspending prior authorization requirements in a post-acute care setting through May 31, and suspending them when a member transfers to a new provider through May 31.

We are happy to inform you that all of our LACERA-administered health plan partners have confirmed their compliance to the Act. They are all waiving COVID-19 diagnostic testing and certain COVID-19 testing related items and services such as cost sharing (deductibles, copayments and coinsurance) and prior authorizations as required under the Act. Our LACERA website has been updated to include the various LACERAadministered group health plan contact info. In addition, included on our website is information to the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), and Social Security Administration (SSA) websites where members can obtain the most current information available.

Reviewed and Approved:

Santos H. Kreimann Chief Executive Officer

CS:cs

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

NCPERS Responses to New York Times and Washington Post

The New York Times and Washington Post recently published articles outlining the effects of the coronavirus pandemic on public pension plans. The Washington Post provided a history of the shift from investments in public bonds to stocks, corporate bonds, and private assets. Both articles highlighted the losses that public pension plans have incurred in the current crisis. The articles also explained the state laws and constitutional provisions protecting pension benefits and concluded that options for plans going forward are either to increase taxes or reduce benefits. The National Conference on Public Employee Retirement Systems published responses to both articles that pushed back on the view that public pension plans should continue to invest in public bonds and emphasized the long-term outlook of pensions in providing retirement security, particularly to public servants on the frontlines of the current crisis. (Source) (Source) (Source)

(Source) (Source) (Source) (Source)

Coronavirus and Retirement Security

The coronavirus pandemic has revealed issues with retirement security that have sparked discussions about design and policy needs. Current market losses have reduced the retirement account balances of those who are closest to retirement. Job losses due to business closures have resulted in employees no longer making contributions to defined contribution (DC) plans as well as employers not making matching contributions. For those who are still employed, they may be decreasing or stopping contributions, and their employers may be decreasing or suspending matching contributions. A 2019 retirement confidence survey by the Employee Benefit Research Institute found that two-thirds of American workers felt confident in being able to retire comfortably; it may take next year to fully gauge Covid-19's effect on retirement confidence.

The crisis has also provided mixed messages in that although participants are generally advised not to dip into retirement savings, government responses to crises generally result in loosened requirements for plan loans and hardship withdrawals since individuals tend to lack emergency savings.

The current crisis reveals the need for progress in plan designs and new policies. Current plan designs have evolved to provide for automatic enrollment and contribution increases, and new plan designs may include a guaranteed income component in DC plans. New policies may include again raising the required minimum distribution age, increasing retirement access by allowing more organizational types to create multiple employer plans, and improving Social Security. (Source)

Engagement Report (April 2020) Insurance, Benefits and Legislative Committee Page 2 of 2

Workers Over 50 in Nontraditional Jobs

A study by the Center for Retirement Research at Boston College found that threequarters of Americans age 50 to 62 work in jobs that in the study's "nontraditional" category, meaning those without employer-provided retirement plans and health insurance. That category includes freelancers, consultants, and gig economy workers. The lack of benefits for workers within that age category may result in retirement income 26 percent lower than workers who in that category with full benefit packages. The article details people who chose nontraditional work either by choice or due to circumstance. The National Institute on Retirement Security emphasizes the importance of participating in a retirement program during one's later years as the last chance to build a nest egg. Access is a challenge since only about half of U.S. workplaces offer a retirement plan, but access to retirement plans may make the biggest difference to closing the gap between traditional and nontraditional retirement income. (Source) (Source)

Kentucky Teachers' Fund Suspends Requirement for Notary Signatures

The Kentucky Teachers' Retirement System eliminated notary signatures for its members because of social distancing measures in response to a state emergency order. The system has its plan participants include a written certification for any forms that usually require a witness. Rather than removing the requirement altogether, other states, such as New Jersey, New York, Louisiana, and New Hampshire, passed executive orders to allow remote notarization.

California has not provided authority to its notaries to perform remote online notarizations. However, California notaries are not prohibited from performing notarial acts during the current shelter in place order but must do so within the parameters of the Governor's executive orders for proper social distancing. Document signers who require documents to be notarized can seek out a mobile notary public. (Source) (Source)

<u>Staff Note</u>: In California, AB 199 (Calderon) was introduced in 2019 to provide for online notarization. The bill did not pass its required committees. Currently, SB 1322 (Rubio) was introduced in February 2020 to provide for remote online notarization during a declared state of emergency and is in committee.

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

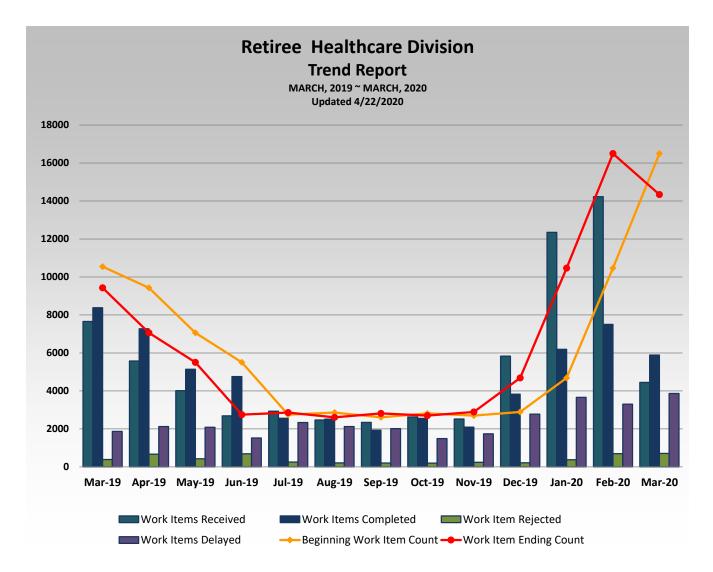
<u>Centers for Medicare and Medicaid Services (CMS) Medicare Part D</u> <u>Retiree Drug Subsidy (RDS) Applications for Plan Year 7/1/2020 –</u> <u>6/30/2021</u>

We are pleased to inform the committee that staff, carriers, and Segal completed the CMS Retiree Drug Subsidy program application process for the new 2020/2021 RDS Applications, for the following plans:

- Anthem Blue Cross
- Cigna Medical
- Kaiser
- Local 1014

We have received confirmation from CMS/RDS that all applications are approved.

As a background, the Retiree Drug Subsidy (RDS) program was authorized by Medicare Part D of the Medicare Modernization Act that permits employers and unions with qualifying prescription drug plans to receive retiree drug subsidy payments from the federal government. Kudos to staff, carriers, and Aon's actuary for their support and assistance in successfully completing this annual project.



	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
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
Jan-20	4683	12350	6189	374	3663	10470
Feb-20	10470	14225	7504	694	3301	16497
Mar-20	16497	4445	5888	709	3864	14345

Retirees Monthly Age Breakdown <u>MARCH, 2019 ~ MARCH, 2020</u>

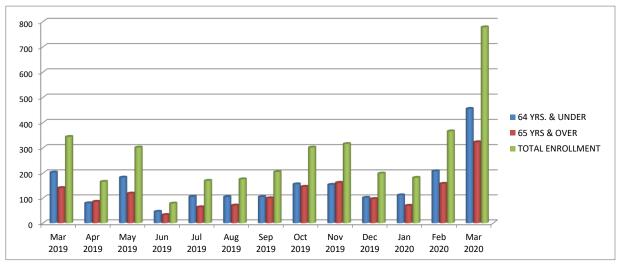
	Disabilit	y Retirement	
MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Mar 2019	38	5	43
Apr 2019	53	4	57
May 2019	42	3	45
Jun 2019	68	4	72
Jul 2019	44	8	52
Aug 2019	55	13	68
Sep 2019	29	4	33
Oct 2019	39	2	41
Nov 2019	55	9	64
Dec 2019	51	3	54
Jan 2020	45	7	52
Feb 2020	48	6	54
Mar 2020	46	5	51
80 70 60 50 40 30 20 Mar Apr May 2019 2019	Jun Jul Aug Sep Oct 2019 2019 2019 2019 2019		

PLEASE NOTE:

• Next Report will include the following dates: April 1, 2019 throught April 30, 2020.

Retirees Monthly Age Breakdown MARCH, 2019 ~ MARCH, 2020

Service Retirement							
MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT				
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				
Jan 2020	112	70	182				
Feb 2020	208	158	366				
Mar 2020	455	323	778				



PLEASE NOTE:

• Next Report will include the following dates: April 1, 2019 through April 30, 2020.

MEDICARE NO LOCAL 1014 043020.xls

PAY PERIOD 4/30/2020							
Deduction Code	No. of Members	Reimbursement	No. of	Penalty			
ANTHEM BC III		Amount	Penalties	Amount			
	6977	¢009 104 70	2	¢146.00			
240 241	6877 149	\$908,194.70		\$146.00			
	_	\$19,360.80	0	\$0.00			
242	876	\$116,406.50	0	\$0.00			
243	4045	\$1,081,641.21	1	\$54.20			
244	14	\$1,792.40	0	\$0.00			
245	52	\$6,762.70	0	\$0.00			
246	17	\$2,069.00	0	\$0.00			
247	123	\$17,090.40	0	\$0.00			
248	10	\$2,464.80	1	\$40.70			
249	56	\$14,310.30	0	\$0.00			
250	17	\$4,507.00	0	\$0.00			
Plan Total:	12,236	\$2,174,599.81	4	\$240.90			
	PRING PREFERE		0	\$0.00			
<u>321</u> 322	30 7	\$3,864.00	0	\$0.00			
322 324	17	\$905.90	0	\$0.00 \$0.00			
324 327	3	\$4,586.20 \$385.00	0	\$0.00			
329	1	\$226.70	0	\$0.00			
Plan Total:	58	\$9,967.80	0	\$0.00 \$0.00			
	50	\$9,907.00	0	\$0.00			
KAISER SR. ADV	ANTAGE						
394	6	\$829.50	0	\$0.00			
397	3	\$383.00	0	\$0.00			
398	3	\$928.20	0	\$0.00			
401	1	(\$104.90) 0		\$0.00			
403	10964	\$1,422,137.90	5	\$89.90			
406	2	(\$477.80)	0	\$0.00			
413	1607	\$217,152.50	0	\$0.00			
418	5659	\$1,496,982.35	1	\$163.70			
419	293	\$35,489.40	0	\$0.00			
426	211	\$27,502.60	0	\$0.00			
427	167	\$19,559.10	0	\$0.00			
445	3	\$387.10	0	\$0.00			
446	2	\$264.50	0	\$0.00			
451	31	\$3,951.20	0	\$0.00			
455	2	\$280.10	0	\$0.00			
457	8	\$2,004.00	0	\$0.00			
458	2	\$278.60	0	\$0.00			
462	60	\$7,751.50	0	\$0.00			
465	6	\$788.50	0	\$0.00			
466	30	\$7,667.40	0	\$0.00			
467	1	\$144.60	0	\$0.00			
472	29	\$3,722.10	0	\$0.00			
476	6	\$586.00	0	\$0.00			
478	15	\$4,437.40	0	\$0.00			
479	1	\$134.00	0	\$0.00			
482	73	\$9,971.60	0	\$0.00			
486	6	\$835.50	0	\$0.00			
488	44	\$13,216.40	0	\$0.00			
Plan Total:	19,235	\$3,276,802.35	6	\$253.60			

Medicare Part B Reimbursement and Penalty Report

MEDICARE NO LOCAL 1014 043020.xls

		PAT PERIOD	4/30/2020	
Deduction Code No. of Members		Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	308	\$39,803.40	0	\$0.00
613	98	\$25,501.50	0	\$0.00
Plan Total:	406	\$65,304.90	0	\$0.00
UNITED HEALTH	CARE GROUP ME	DICARE ADV. HM)	
701	1764	\$232,369.30	1	\$36.50
702	359	\$48,931.30	0	\$0.00
703	1078	\$290,151.55	0	\$0.00
704	92	\$12,854.40	0	\$0.00
705	34	\$8,987.40	0	\$0.00
Plan Total:	3,327	\$593,293.95	1	\$36.50
Grand Total:	35,262	\$6,119,968.81	11	\$531.00

Medicare Part B Reimbursement and Penalty Report PAY PERIOD 4/30/2020

MEDICARE 043020.xls

PAY PERIOD 4/30/2020								
Deduction Code	No. of Members	Reimbursement	No. of Penalties	Penalty Amount				
ANTHEM BC III		Amount	renaities	Amount				
240	6877	\$908,194.70	2	\$146.00				
240	149	\$19,360.80	0	\$0.00				
241	876	\$19,300.80	0	\$0.00				
242	4045	\$1,081,641.21	<u> </u>	\$54.20				
243	14		0					
244 245	52	\$1,792.40	0	\$0.00 \$0.00				
		\$6,762.70						
246	17	\$2,069.00	0	\$0.00				
247	123	\$17,090.40	0	\$0.00				
248	10	\$2,464.80	1	\$40.70				
249	56	\$14,310.30	0	\$0.00				
250	17	\$4,507.00	0	\$0.00				
Plan Total:	12,236	\$2,174,599.81	4	\$240.90				
	PRING PREFERF	PED with RX						
321	30	\$3,864.00	0	\$0.00				
322	7	\$905.90	0	\$0.00				
324	17	\$4,586.20	0	\$0.00				
327	3	\$385.00	0	\$0.00				
329	1	\$226.70	0	\$0.00				
Plan Total:	58	\$9,967.80	0	\$0.00				
		<i>\</i> \\\\\\\\\\\\\	•					
AISER SR. ADV	ANTAGE							
394	6	\$829.50	0	\$0.00				
397	3	\$383.00	0	\$0.00				
398	3	\$928.20	0	\$0.00				
401	1	(\$104.90)	0	\$0.00				
403	10964	\$1,422,137.90	5	\$89.90				
406	2	(\$477.80)	0	\$0.00				
413	1607	\$217,152.50	0	\$0.00				
418	5659	\$1,496,982.35	1	\$163.70				
419	293	\$35,489.40	0	\$0.00				
426	211	\$27,502.60	0	\$0.00				
427	167	\$19,559.10	0	\$0.00				
445	3	\$387.10	0	\$0.00				
446	2	\$264.50	0	\$0.00				
451	31	\$3,951.20	0	\$0.00				
455	2	\$280.10	0	\$0.00				
457	8	\$2,004.00	0	\$0.00				
458	2	\$278.60	0	\$0.00				
462	60	\$7,751.50	0	\$0.00				
465	6	\$788.50	0	\$0.00				
466	30	\$7,667.40	0	\$0.00				
467	1	\$144.60	0	\$0.00				
472	29	\$3,722.10	0	\$0.00				
476	6	\$586.00	0	\$0.00				
478	15	\$4,437.40	0	\$0.00				
479	1	\$134.00	0	\$0.00				
482	73	\$9,971.60	0	\$0.00				
486	6	\$835.50	0	\$0.00				
488	44	\$13,216.40	0	\$0.00				
Plan Total:	19,235	\$3,276,802.35	6	\$253.60				
	13,233	ψ0,210,002.33	U	ψ233.00				

Medicare Part B Reimbursement and Penalty Report

MEDICARE 043020.xls

		PAY PERIOD	4/30/2020	
Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	308	\$39,803.40	0	\$0.00
613	98	\$25,501.50	0	\$0.00
Plan Total:	406	\$65,304.90	0	\$0.00
UNITED HEALTH	CARE GROUP ME	EDICARE ADV. HMC)	
701	1764	\$232,369.30	1	\$36.50
702	359	\$48,931.30	0	\$0.00
703	1078	\$290,151.55	0	\$0.00
704	92	\$12,854.40	0	\$0.00
705	34	\$8,987.40	0	\$0.00
Plan Total:	3,327	\$593,293.95	1	\$36.50
LOCAL 1014				
804	179	\$31,184.90	0	\$0.00
805	175	\$28,225.60	0	\$0.00
806	616	\$194,079.40	0	\$0.00
807	39	\$7,027.40	0	\$0.00
808	11	\$3,181.20	0	\$0.00
812	233	\$36,701.00	0	\$0.00
813	1	\$144.60	0	\$0.00
Grand Total:	35,262	\$6,119,968.81	11	\$531.00

Medicare Part B Reimbursement and Penalty Report PAY PERIOD 4/30/2020

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<u>edical Plan</u>							
Anthem Blue Cross	s Prudent Buye	er Plan					
201	567	\$577,360.64	\$87,641.00	\$489,719.64	\$577,360.64	(\$4,065.92)	\$573,294.72
202	300	\$603,918.46	\$53,032.80	\$540,887.01	\$593,919.81	\$0.00	\$593,919.81
203	78	\$176,028.84	\$41,344.19	\$132,427.87	\$173,772.06	\$0.00	\$173,772.06
204	34	\$44,416.92	\$16,303.64	\$26,806.90	\$43,110.54	\$0.00	\$43,110.54
SUBTOTAL	979	\$1,401,724.86	\$198,321.63	\$1,189,841.42	\$1,388,163.05	(\$4,065.92)	\$1,384,097.13
Anthem Blue Cross	s I						
211	717	\$842,601.60	\$54,769.06	\$787,832.54	\$842,601.60	(\$4,681.12)	\$837,920.48
212	265	\$560,916.86	\$35,763.70	\$518,827.03	\$554,590.73	(\$2,108.71)	\$552,482.02
213	57	\$141,766.98	\$16,813.09	\$129,928.17	\$146,741.26	\$0.00	\$146,741.26
214	19	\$29,410.48	\$4,210.35	\$26,748.05	\$30,958.40	\$0.00	\$30,958.40
215	2	\$792.86	\$31.72	\$761.14	\$792.86	\$0.00	\$792.86
SUBTOTAL	1,060	\$1,575,488.78	\$111,587.92	\$1,464,096.93	\$1,575,684.85	(\$6,789.83)	\$1,568,895.02
Anthem Blue Cross	;						
221	2,220	\$2,606,213.56	\$153,493.54	\$2,447,993.32	\$2,601,486.86	(\$8,191.96)	\$2,593,294.90
222	1,934	\$4,088,788.69	\$105,224.65	\$3,929,990.22	\$4,035,214.87	(\$6,325.13)	\$4,028,889.74
223	802	\$1,997,173.42	\$77,897.23	\$1,884,456.23	\$1,962,353.46	\$0.00	\$1,962,353.46
224	176	\$272,433.92	\$27,955.38	\$244,478.54	\$272,433.92	\$0.00	\$272,433.92
225	2	\$792.86	\$198.21	\$594.65	\$792.86	\$0.00	\$792.86
SUBTOTAL	5,134	\$8,965,402.45	\$364,769.01	\$8,507,512.96	\$8,872,281.97	(\$14,517.09)	\$8,857,764.88

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross I	I						
240	6,902	\$3,295,221.86	\$480,397.61	\$2,833,659.44	\$3,314,057.05	(\$12,413.28)	\$3,301,643.77
241	149	\$228,481.50	\$23,822.92	\$201,612.16	\$225,435.08	\$0.00	\$225,435.08
242	874	\$1,344,994.43	\$90,173.96	\$1,221,309.85	\$1,311,483.81	(\$3,046.42)	\$1,308,437.39
243	4,049	\$3,855,923.20	\$432,595.70	\$3,388,221.90	\$3,820,817.60	(\$6,641.60)	\$3,814,176.00
244	14	\$11,952.22	\$1,861.12	\$10,091.10	\$11,952.22	\$0.00	\$11,952.22
245	51	\$44,393.96	\$3,756.42	\$40,637.54	\$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	127	\$241,222.53	\$17,208.44	\$218,315.92	\$235,524.36	(\$1,899.39)	\$233,624.97
248	10	\$13,249.10	\$370.97	\$12,878.13	\$13,249.10	\$0.00	\$13,249.10
249	56	\$75,519.87	\$5,458.61	\$67,411.44	\$72,870.05	\$0.00	\$72,870.05
250	17	\$25,239.05	\$772.01	\$24,467.04	\$25,239.05	\$0.00	\$25,239.05
SUBTOTAL	12,266	\$9,168,487.35	\$1,059,494.77	\$8,047,817.14	\$9,107,311.91	(\$24,000.69)	\$9,083,311.22
CIGNA Network Mode	el Plan						
301	276	\$448,295.76	\$138,592.80	\$309,702.96	\$448,295.76	\$0.00	\$448,295.76
302	100	\$293,202.00	\$84,733.13	\$202,604.83	\$287,337.96	(\$2,932.02)	\$284,405.94
303	10	\$34,621.00	\$9,938.62	\$17,758.18	\$27,696.80	\$0.00	\$27,696.80
304	15	\$32,325.30	\$15,298.16	\$17,027.14	\$32,325.30	\$0.00	\$32,325.30
SUBTOTAL	401	\$808,444.06	\$248,562.71	\$547,093.11	\$795,655.82	(\$2,932.02)	\$792,723.80

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
IGNA Healthsprin	g Pref w/ Rx - P	hoenix, AZ					
321	31	\$11,919.19	\$1,614.87	\$10,688.81	\$12,303.68	\$0.00	\$12,303.68
322	8	\$13,538.00	\$676.90	\$11,168.85	\$11,845.75	\$0.00	\$11,845.75
324	17	\$12,936.66	\$1,795.92	\$11,140.74	\$12,936.66	\$0.00	\$12,936.66
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	60	\$46,425.41	\$4,532.29	\$40,585.36	\$45,117.65	\$0.00	\$45,117.65

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
aiser/Senior Adv	antage						
401	1,528	\$1,586,614.36	\$138,614.22	\$1,454,193.82	\$1,592,808.04	\$0.00	\$1,592,808.04
403	11,017	\$3,097,504.80	\$312,041.77	\$2,805,667.47	\$3,117,709.24	(\$8,985.64)	\$3,108,723.60
404	622	\$733,207.38	\$25,549.61	\$712,372.93	\$737,922.54	(\$1,178.79)	\$736,743.75
405	1,082	\$1,177,091.04	\$21,389.94	\$1,155,701.10	\$1,177,091.04	\$0.00	\$1,177,091.04
406	33	\$67,286.10	\$26,527.35	\$34,991.37	\$61,518.72	(\$1,086.88)	\$60,431.84
411	1,897	\$3,923,916.48	\$198,704.54	\$3,677,911.06	\$3,876,615.60	\$0.00	\$3,876,615.60
413	1,610	\$2,116,839.76	\$104,670.47	\$1,978,309.13	\$2,082,979.60	(\$6,525.40)	\$2,076,454.20
414	136	\$299,617.52	\$3,524.91	\$298,295.68	\$301,820.59	\$0.00	\$301,820.59
418	5,643	\$3,135,036.80	\$240,550.19	\$2,869,855.47	\$3,110,405.66	(\$6,089.90)	\$3,104,315.76
419	292	\$426,767.46	\$5,806.35	\$413,703.16	\$419,509.51	\$0.00	\$419,509.51
420	136	\$319,542.88	\$1,127.81	\$318,415.07	\$319,542.88	\$0.00	\$319,542.88
421	8	\$8,258.24	\$990.98	\$7,267.26	\$8,258.24	\$0.00	\$8,258.24
422	251	\$529,901.16	\$2,280.06	\$527,621.10	\$529,901.16	\$0.00	\$529,901.16
423	15	\$44,201.10	\$10,425.74	\$33,775.36	\$44,201.10	\$0.00	\$44,201.10
426	211	\$286,892.48	\$3,045.69	\$283,846.79	\$286,892.48	\$0.00	\$286,892.48
427	165	\$373,194.20	\$5,971.08	\$319,052.08	\$325,023.16	(\$23,246.06)	\$301,777.10
428	63	\$142,233.21	\$812.75	\$139,162.79	\$139,975.54	\$0.00	\$139,975.54
429	11	\$34,025.75	\$6,667.21	\$27,358.54	\$34,025.75	\$0.00	\$34,025.75
430	139	\$301,040.64	\$3,595.15	\$297,445.49	\$301,040.64	\$0.00	\$301,040.64
431	14	\$42,018.76	\$7,198.80	\$34,819.96	\$42,018.76	\$0.00	\$42,018.76
432	8	\$30,695.36	\$10,798.24	\$19,897.12	\$30,695.36	\$0.00	\$30,695.36
SUBTOTAL	24,881	\$18,675,885.48	\$1,130,292.86	\$17,409,662.75	\$18,539,955.61	(\$47,112.67)	\$18,492,842.94

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
(aiser - Colorado							
450	7	\$6,451.13	\$700.41	\$7,593.90	\$8,294.31	\$0.00	\$8,294.31
451	31	\$11,151.32	\$1,208.68	\$9,942.64	\$11,151.32	\$0.00	\$11,151.32
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	\$43,737.65	\$3,639.55	\$41,941.28	\$45,580.83	\$0.00	\$45,580.83
(aiser - 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	15	\$17,738.72	\$3,237.31	\$12,284.07	\$15,521.38	\$0.00	\$15,521.38
462	60	\$25,831.67	\$3,303.07	\$21,681.66	\$24,984.73	\$0.00	\$24,984.73
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	\$137.67	\$2,487.14	\$2,624.81	\$0.00	\$2,624.81
SUBTOTAL	126	\$101,416.98	\$9,787.76	\$87,726.00	\$97,513.76	\$0.00	\$97,513.76

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	3	\$3,820.92	(\$114.63)	\$2,025.09	\$1,910.46	\$0.00	\$1,910.46
472	29	\$12,992.87	\$2,302.87	\$10,690.00	\$12,992.87	(\$448.03)	\$12,544.84
473	1	\$1,766.93	\$596.65	\$1,170.28	\$1,766.93	\$0.00	\$1,766.93
474	5	\$9,512.30	\$0.00	\$9,512.30	\$9,512.30	\$0.00	\$9,512.30
476	5	\$8,371.56	\$474.38	\$5,106.66	\$5,581.04	\$0.00	\$5,581.04
478	15	\$13,320.90	\$2,451.05	\$11,757.91	\$14,208.96	\$0.00	\$14,208.96
479	1	\$2,206.96	\$98.25	\$2,108.71	\$2,206.96	\$0.00	\$2,206.96
SUBTOTAL	59	\$51,992.44	\$5,808.57	\$42,370.95	\$48,179.52	(\$448.03)	\$47,731.49
Kaiser - Oregon							
481	7	\$9,404.80	\$2,770.38	\$4,283.22	\$7,053.60	\$0.00	\$7,053.60
482	73	\$34,003.40	\$5,347.38	\$29,121.82	\$34,469.20	\$931.60	\$35,400.80
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	6	\$9,800.40	\$1,306.72	\$8,493.68	\$9,800.40	\$0.00	\$9,800.40
488	44	\$40,638.40	\$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	139	\$111,613.18	\$16,562.78	\$93,165.00	\$109,727.78	\$931.60	\$110,659.38
SCAN Health Plan							
611	308	\$82,503.00	\$17,910.36	\$64,325.64	\$82,236.00	(\$801.00)	\$81,435.00
613	98	\$51,548.00	\$8,742.12	\$42,805.88	\$51,548.00	(\$1,578.00)	\$49,970.00
SUBTOTAL	406	\$134,051.00	\$26,652.48	\$107,131.52	\$133,784.00	(\$2,379.00)	\$131,405.00

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
IHC Medicare Adv.							
701	1,763	\$630,751.68	\$75,168.41	\$553,799.47	\$628,967.88	(\$2,140.56)	\$626,827.32
702	354	\$555,238.80	\$33,005.87	\$508,351.96	\$541,357.83	(\$1,542.33)	\$539,815.50
703	1,077	\$761,256.08	\$80,711.36	\$682,661.28	\$763,372.64	(\$1,411.04)	\$761,961.60
704	96	\$167,670.72	\$7,754.77	\$156,421.81	\$164,176.58	\$0.00	\$164,176.58
705	34	\$31,841.60	\$2,110.64	\$24,272.40	\$26,383.04	\$0.00	\$26,383.04
706	1	\$341.77	\$13.67	\$328.10	\$341.77	\$0.00	\$341.77
SUBTOTAL	3,325	\$2,147,100.65	\$198,764.72	\$1,925,835.02	\$2,124,599.74	(\$5,093.93)	\$2,119,505.81
nited Healthcare							
707	453	\$544,267.92	\$61,972.51	\$477,521.13	\$539,493.64	(\$1,193.57)	\$538,300.07
708	425	\$934,778.13	\$59,973.16	\$846,478.36	\$906,451.52	\$0.00	\$906,451.52
709	372	\$961,017.36	\$76,046.49	\$882,387.49	\$958,433.98	\$0.00	\$958,433.98
SUBTOTAL	1,250	\$2,440,063.41	\$197,992.16	\$2,206,386.98	\$2,404,379.14	(\$1,193.57)	\$2,403,185.57

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
ocal 1014 Firefighters							
801	62	\$71,443.84	\$2,281.59	\$68,009.93	\$70,291.52	\$0.00	\$70,291.52
802	321	\$666,944.91	\$18,200.74	\$654,977.30	\$673,178.04	\$2,077.71	\$675,255.75
803	318	\$779,373.48	\$20,538.21	\$768,246.57	\$788,784.78	\$2,450.86	\$791,235.64
804	179	\$206,265.28	\$7,766.63	\$198,498.65	\$206,265.28	(\$32,337.22)	\$173,928.06
805	175	\$363,599.25	\$14,169.95	\$349,429.30	\$363,599.25	(\$28,225.60)	\$335,373.65
806	617	\$1,281,947.07	\$29,835.92	\$1,252,111.15	\$1,281,947.07	(\$198,234.82)	\$1,083,712.25
807	39	\$95,583.54	\$1,764.62	\$93,818.92	\$95,583.54	(\$7,027.40)	\$88,556.14
808	11	\$26,959.46	\$196.07	\$26,763.39	\$26,959.46	(\$3,181.20)	\$23,778.26
809	24	\$27,655.68	\$2,996.03	\$24,659.65	\$27,655.68	\$0.00	\$27,655.68
810	6	\$12,466.26	\$2,036.15	\$10,430.11	\$12,466.26	\$0.00	\$12,466.26
811	4	\$9,803.44	\$980.34	\$8,823.10	\$9,803.44	\$0.00	\$9,803.44
812	233	\$268,490.56	\$21,525.37	\$252,726.79	\$274,252.16	(\$37,853.32)	\$236,398.84
813	1	\$2,077.71	\$0.00	\$2,077.71	\$2,077.71	(\$144.60)	\$1,933.11
SUBTOTAL	1,990	\$3,812,610.48	\$122,291.62	\$3,710,572.57	\$3,832,864.19	(\$302,475.59)	\$3,530,388.60
aiser - Washington							
393	4	\$4,648.44	\$0.00	\$5,810.55	\$5,810.55	\$0.00	\$5,810.55
394	6	\$2,619.12	\$0.00	\$2,619.12	\$2,619.12	\$0.00	\$2,619.12
395	2	\$4,326.42	\$109.00	\$4,217.42	\$4,326.42	\$0.00	\$4,326.42
397	3	\$4,312.86	\$230.02	\$4,082.84	\$4,312.86	\$0.00	\$4,312.86
398	3	\$2,595.12	\$519.02	\$2,076.10	\$2,595.12	\$0.00	\$2,595.12
SUBTOTAL	18	\$18,501.96	\$858.04	\$18,806.03	\$19,664.07	\$0.00	\$19,664.07

Carrier Codes	Member Count		Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
ental/Vision Plan							
CIGNA Indemnity Denta	I/Vision						
501	24,703	\$1,288,612.80	\$143,586.74	\$1,154,352.46	\$1,297,939.20	(\$4,381.34)	\$1,293,557.86
502	23,133	\$2,516,479.20	\$192,817.05	\$2,311,386.51	\$2,504,203.56	(\$5,538.60)	\$2,498,664.96
503	11	\$705.65	\$70.57	\$635.08	\$705.65	\$0.00	\$705.65
SUBTOTAL	47,847	\$3,805,797.65	\$336,474.36	\$3,466,374.05	\$3,802,848.41	(\$9,919.94)	\$3,792,928.47
CIGNA Dental HMO/Visi	on						
901	3,326	\$153,674.13	\$19,238.05	\$134,805.60	\$154,043.65	(\$224.98)	\$153,818.67
902	2,370	\$224,485.00	\$19,368.76	\$203,698.44	\$223,067.20	(\$189.04)	\$222,878.16
903	1	\$46.78	\$20.58	\$26.20	\$46.78	\$0.00	\$46.78
SUBTOTAL	5,697	\$378,205.91	\$38,627.39	\$338,530.24	\$377,157.63	(\$414.02)	\$376,743.61
ental/Vision Plan Total	53,544	\$4,184,003.56	\$375,101.75	\$3,804,904.29	\$4,180,006.04	(\$10,333.96)	\$4,169,672.08
RAND TOTALS	105,694	\$53,686,949.70	\$4,075,020.62	\$49,245,449.31	\$53,320,469.93	(\$420,410.70)	\$52,900,059.23

Anthem Blue Cross Prudent Buyer Plan

\$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

Anthem Blue Cross Plan I

\$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

Anthem Blue Cross Plan II

\$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

Anthem Blue Cross Plan III

\$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)

CIGNA Network Model Plan

301	Retiree Only
302	Retiree and Spouse/Domestic Partner
303	Retiree, Spouse/Domestic Partner and Children
304	Retiree and Children
305	Survivor Children Only Rates
	302 303 304

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

321	Retiree Only with Medicare
322	Retiree and Spouse/Domestic Partner/Domestic Partner - One with Medicare
324	Retiree and Spouse/Domestic Partner -Both with Medicare
325	Retiree and Children
327	Retiree, Spouse/Domestic Partner and Children - One with Medicare
329	Retiree, Spouse/Domestic Partner and Children - Two with Medicare
	322 324 325 327

<u>Kaiser</u>

\$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")			

CARRIER DEDUCTION PREMIUMS* CODES

Kaiser (continued)

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")

Kaiser Colorado

\$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")

Kaiser Georgia

\$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

CODES

Kaiser Georgia (continued)

PREMIUMS*

\$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.

CARRIER DEDUCTION PREMIUMS* CODES

Kaiser Oregon (continued)

\$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.

SCAN Health Plan

\$304.00611Retiree Only with SCAN\$603.00613Retiree 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.)

United Healthcare Medicare Advantage (UHCMA)

(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

United Healthcare (UHC)

(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

Local 1014 Firefighters

\$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.

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

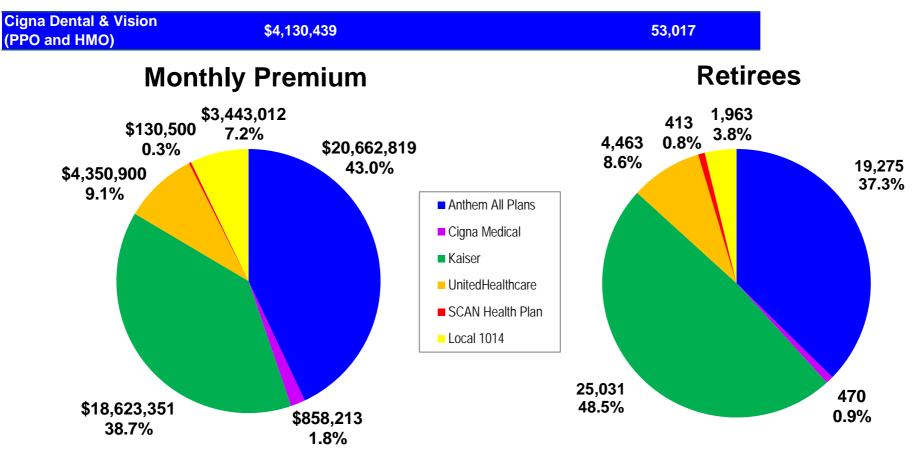
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

Los Angeles County Employees Retirement Association

Premium & Enrollment

Coverage Month Ending March 2020

Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$20,662,819	43.0%	19,275	37.3%
Cigna Medical	\$858,213	1.8%	470	0.9%
Kaiser	\$18,623,351	38.7%	25,031	48.5%
UnitedHealthcare	\$4,350,900	9.1%	4,463	8.6%
SCAN Health Plan	\$130,500	0.3%	413	0.8%
Local 1014	\$3,443,012	7.2%	1,963	3.8%
Combined Medical	\$48,068,795	100.0%	51,615	100.0%

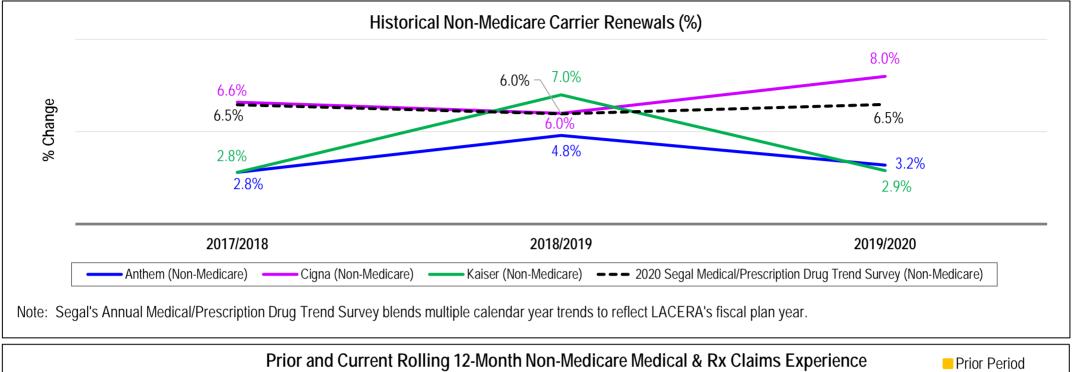


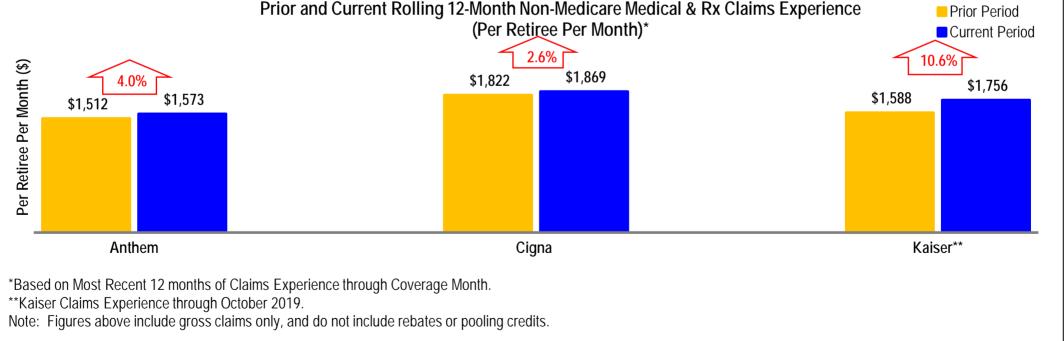
Note: Premiums *include* LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Los Angeles County Employees Retirement Association

Claims Experience by Carrier

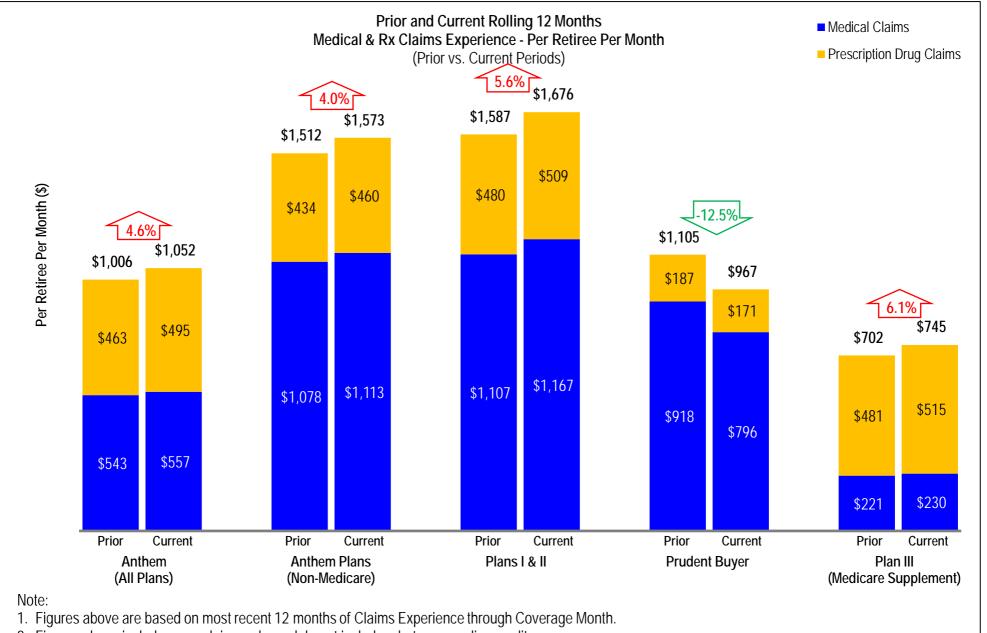
Coverage Month Ending March 2020





Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan Coverage Month Ending March 2020



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 March 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 11/1/2018 - 10/31/2019	Prior Period 11/1/2017 - 10/31/2018	Change
Average Contract Size	2.37	2.35	0.85%
Average Members	8,760	8,727	0.38%
Inpatient Claims Per Member Per Month	\$182.86	\$184.96	-1.14%
Outpatient Claims Per Member Per Month	\$345.49	\$283.85	21.72%
Pharmacy Per Member Per Month	\$99.27	\$97.85	1.45%
Other Per Member Per Month	\$113.10	\$108.93	3.83%
Total Claims Per Member Per Month	\$740.72	\$675.59	9.64%
Total Paid Claims	\$77,865,029	\$70,751,707	10.05%
Large Claims over \$450,000 Pooling Point			
Number of Claims over Pooling Point	5	6	
Amount over Pooling Point	\$1,099,906	\$1,792,063	-38.62%
% of Total Paid Claims	1.41%	2.53%	
Inpatient Days / 1000	299.5	382.7	-21.74%

51.6

10.6

13,122.7

59.6

10.7

12,240.6

Inpatient Admits / 1000

Outpatient Visits / 1000

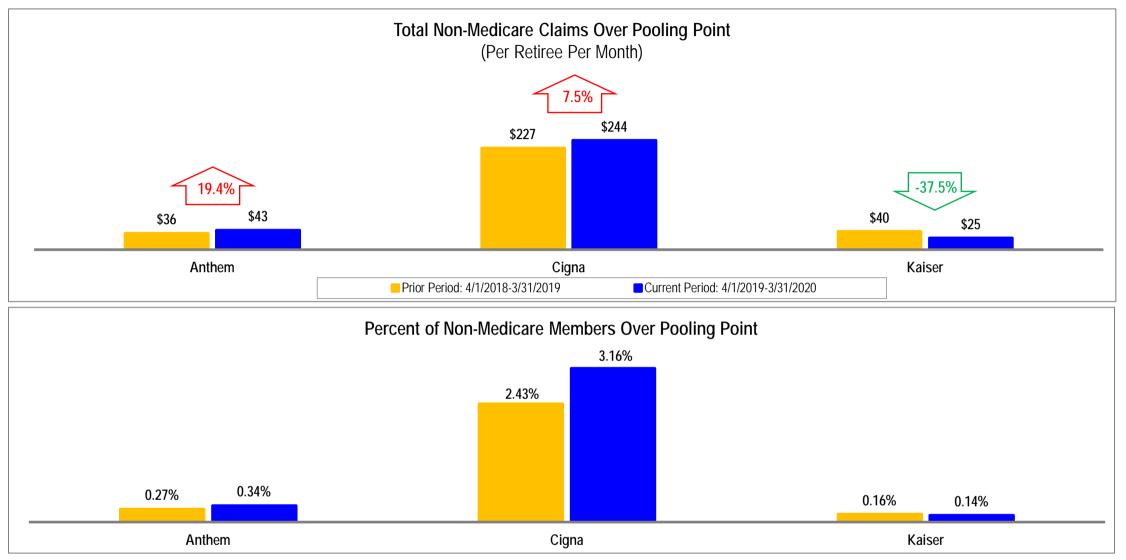
Pharmacy Scripts Per Member Per Year

-13.42% 7.21%

-0.93%

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser) Coverage Month Ending March 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.

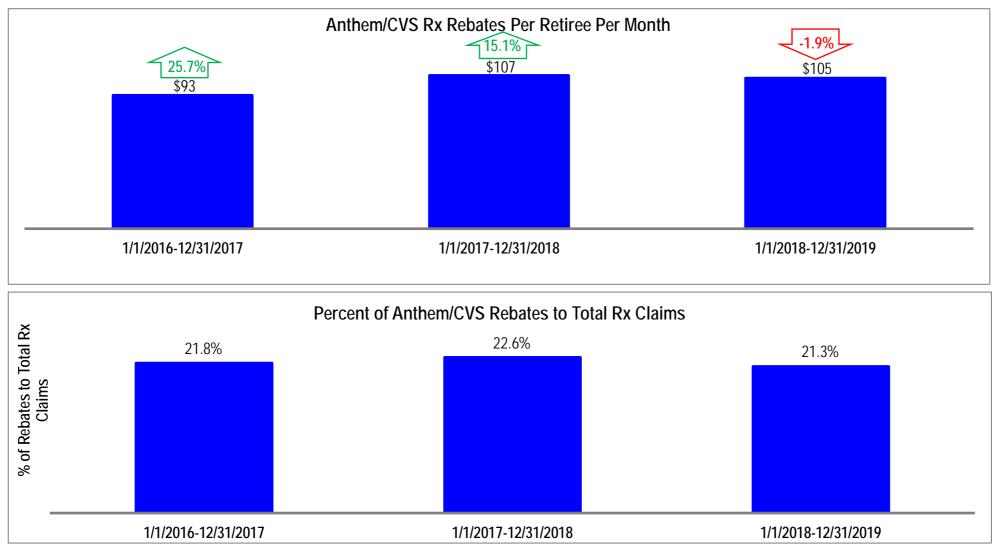
Anthem and Cigna's figures are based on most recent 12 months of Claims Experience through Coverage Month. Kaiser's figures are based on claims experience period between November through October.

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 March 2020



Rebates Overview:

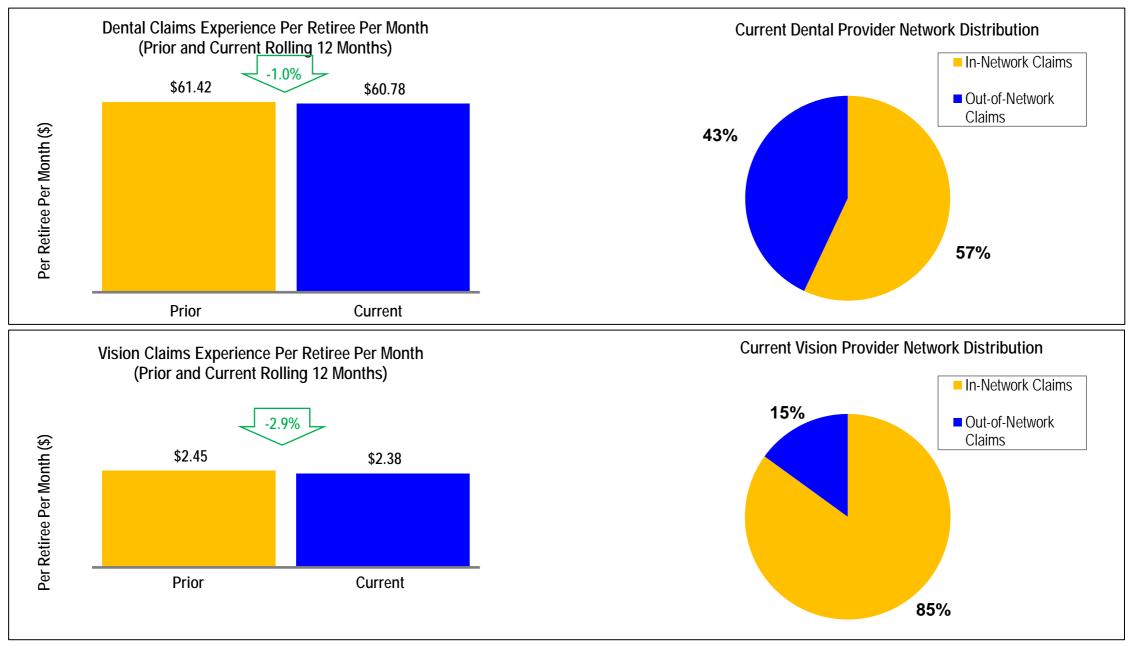
Pharmacy Benefit Managers negotiate volume-based rebates with drug manufacturers of brand medications. Manufacturer rebates are passed on to plan sponsors and are used to offset pharmaceutical claims expenses.

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 March 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.