

LIVE VIRTUAL COMMITTEE MEETING

*The Committee meeting will be held following the Committee meeting scheduled prior.



TO VIEW VIA WEB



TO PROVIDE PUBLIC COMMENT

You may submit a request to speak during Public Comment or provide a written comment by emailing PublicComment@lacera.com. If you are requesting to speak, please include your contact information, agenda item, and meeting date in your request.

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

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

AGENDA

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 NORTH LAKE AVENUE, SUITE 810
PASADENA, CA 91101

THURSDAY, FEBRUARY 11, 2021 - 9:00 A.M.**

This meeting will be conducted by the Insurance, Benefits and Legislative Committee by teleconference under the Governor's Executive Order N-29-20.

Any person may view the meeting online at
https://members.lacera.com/lmpublic/live_stream.xhtml

*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
Shawn R. Kehoe
Ronald A. Okum
Wayne Moore, Alternate

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of January 14, 2021

II. PUBLIC COMMENT

(You may submit written public comments by email to PublicComment@lacera.com. Please include the agenda number and meeting date in your correspondence. Correspondence will be made part of the official record of the meeting. Please submit your written public comments or documentation as soon as possible and up to the close of the meeting.)

You may also request to address the Boards. A request to speak must be submitted via email to PublicComment@lacera.com no later than 5:00 p.m. the day before the scheduled meeting. Please include your contact information, agenda item, and meeting date so that we may contact you with information and instructions as to how to access the Board meeting as a speaker.)

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 2021-2022 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee. (Memorandum dated February 4, 2021)

IV. FOR INFORMATION

- A. Engagement Report for January 2021
Barry W. Lew, Legislative Affairs Officer
- B. Staff Activities Report for January 2021
Cassandra Smith, Director, Retiree Healthcare
- C. LACERA Claims Experience
Stephen Murphy, Segal Consulting
- D. Federal Legislation
Stephen Murphy, Segal Consulting
(for discussion purposes)

V. ITEMS FOR STAFF REVIEW

VI. GOOD OF THE ORDER

(For information purposes only)

VII. ADJOURNMENT

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

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

Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, Suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday.

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 PublicComment@lacera.com, 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

JANUARY 14, 2021, 1:00 P.M. – 1:30 P.M.

This meeting was conducted by the Insurance, Benefits & Legislative Committee by teleconference under the Governor's Executive Order No. N-29-20.

COMMITTEE MEMBERS

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

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

Alan Bernstein
JP Harris
Herman B. Santos

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare
Santos H. Kreimann, Chief Executive Officer
Steven P. Rice, Chief Counsel
Barry W. Lew, Legislative Affairs Officer

Stephen Murphy, Vice President
Segal Consulting

Paul Sadro, Senior Actuary
Segal Consulting

Richard Ward, Senior Vice President
Segal Consulting

The meeting was called to order by Chair Robbins at 1:00 p.m.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of December 10, 2020

Mr. Okum made a motion, Mr. Kehoe seconded, to approve the minutes of the regular meeting of December 10, 2020. The motion passed unanimously.

II. PUBLIC COMMENT

III FOR INFORMATION

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

The engagement report was discussed.

B. Staff Activities Report for December 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 November 2020 were discussed.

D. Federal Legislation
Stephen Murphy, Segal Consulting

(for discussion purposes)

Segal Consulting gave an update on federal legislation.

IV. ITEMS FOR STAFF REVIEW

There was nothing to report.

V. GOOD OF THE ORDER

(For information purposes only)

January 14, 2021

Page 3

VI. ADJOURNMENT

The meeting adjourned at 1:30 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.**

February 4, 2021

TO: Trustees
Insurance, Benefits and Legislative Committee

FROM: Cassandra Smith, Director *CS*
Retiree HealthCare Division

FOR: February 11, 2021 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **2021-2022 PLAN YEAR HEALTH INSURANCE RATE RENEWALS AND BENEFIT CHANGES FOR LACERA'S RETIREE HEALTHCARE BENEFITS PROGRAM**

RECOMMENDATION

Recommend that the Board of Retirement approve the fiscal year 2021-2022 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee.

EXECUTIVE SUMMARY

This year's contract negotiation with LACERA's health insurance carriers concluded with an overall renewal increase of 1.2%. This reflects a 3.0% decrease from the preliminary renewal proposals of 4.2% or approximately \$20.4 million in annual premium cost avoidance.

Annual Premiums	Current	Preliminary	Negotiated	Change (%) from Negotiated to Current
Total Medical	\$635,204,000	\$663,136,000	\$643,758,000	1.3%
Total Dental/Vision	49,860,000	50,756,000	49,718,000	-0.3%
Total Medical/ Dental/Vision	\$685,064,000	\$713,892,000	\$693,476,000	1.2%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal Proposals				(\$20,416,000)

During this year's renewal process, we saw that health plans have experienced varying levels of reduced utilization throughout 2020 due to COVID-19 restrictions.

For 2021/2022 renewals, vendors adjusted renewal projection formulas for reduced utilization by applying greater trends or adjustment factors to claims experience to project normal premium levels. Given the COVID-19 pandemic's unexpected influence on claims activity, staff and Segal concur with the use of this methodology on a temporary basis.

Vendors reimburse for material reductions in utilization due to COVID-19 using premium credits or year-end settlements. Premium credits are either paid out directly (Cigna dental plans) or credited as reductions to 2021/2022 premiums (SCAN and Cigna vision plans). Plans with participating contracts are reimbursed in their year-end settlements, as in the cases of Cigna DPPO and Anthem plans, which are both issuing surplus payments for 2019/2020.

Last year, we reported that Congress had permanently repealed the Affordable Care Act's (ACA) Excise Tax which would have levied a 40 percent excise tax on the program health benefits. This year the ACA Health Insurance tax, a \$100 billion plus tax on health insurance, was repealed effective January 1, 2021. The permanent repeal of the ACA Health Insurance Tax resulted in an estimated premium cost avoidance of \$4.7 million for 2021/2022.

We continuously update you on the complexity of today's healthcare landscape which remains as complex as ever. For that reason, staff with the assistance of our healthcare consultants continuously monitor healthcare related initiatives. We will continue discussions and meeting with our health plan partners to see what it is they are doing in response to these external factors, as it may affect or apply to our healthcare program.

RATE RENEWAL AND BENEFIT CHANGE PROPOSALS

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

- Accept the 2.1% overall renewal increase with the following separate increases:
 - Accept the 3.0% increase for Plans I and II
 - Accept the 3.0% increase for Plan III
 - Accept the 12.1% decrease for Prudent Buyer Plan
 - Accept the mandatory contractual changes as included in the Appendix.

- Instruct Anthem Blue Cross to release the year-end 2019/2020 surplus of \$8.6 million including changes in the Claims Stabilization Reserves to reflect the 2019/2020 rate concessions.

Cigna Medical

- Accept the 1.6% overall renewal increase with the following separate increases:
 - Accept the 1.6% increase for the Cigna Network Model HMO Plan
 - Accept the rate pass for the Cigna Preferred Medicare HMO Plan (formerly referred to as Cigna HealthSpring Preferred with Rx)
 - Accept the mandatory contractual changes included in the Appendix.

Cigna Dental and Vision

- Accept the 0.3% overall decrease with the following separate plans:
 - Accept the 0.3% decrease for the indemnity dental and vision plan
 - Accept the 0.3% decrease for the pre-paid dental and vision plan
 - No mandatory contractual changes apply for the 2021/2022 plan year

Kaiser California

- Accept the 0.5% overall renewal decrease with the following separate results:
 - Accept the 7.8% increase for the Basic/Pre-65 plan
 - Accept the 9.1% decrease for Kaiser Senior Advantage plan
 - Accept the 1.8% increase for Kaiser Excess plan
 - Accept the mandatory contractual changes included in the Appendix

Kaiser - Out of State

- Accept the 0.3% overall renewal increase for Medicare and non-Medicare plans Out of State plans with the following separate changes listed:
 - Accept the Kaiser Colorado overall rate decrease of 6.2%
 - Accept the Kaiser Georgia overall rate increase of 1.0%
 - Accept the Kaiser Hawaii overall rate increase of 2.1%
 - Accept the Kaiser Oregon overall rate increase of 0.4%
 - Accept the Kaiser Washington overall rate increase of 4.7%
 - Accept the mandatory contractual changes included in the Appendix

SCAN

- Accept the 3.9% overall renewal increase.
 - Accept the mandatory contractual changes as included in the Appendix

United HealthCare (UHC)

- Accept the 1.2% overall renewal increase with the following separate increases:
 - Accept the 2.8% increase on the Pre-65 HMO Plan
 - Accept the 2.0% decrease on the Medicare Advantage Plan
 - Accept the mandatory contractual changes as included in the Appendix

Administrative Fee

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

CONCLUSION

The overall increase of 1.2% for our healthcare benefits program resulted in an increase in premiums of \$8.4 million and a negotiated overall total premium cost avoidance of \$20.4 million annually when compared to the preliminary proposals received from various carrier partners.

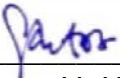
Staff, Segal, and our carrier partners are continuously monitoring the healthcare industry to stay ahead of the many things happening in Washington, D.C., and on a national basis as a whole within the healthcare landscape. With repeal of the ACA's Excise Tax and permanent removal of the Health Insurer Fee beginning January 2021, the plan sponsor, LA County, and the Retiree Healthcare Program have received major financial relief.

Detailed information regarding the renewal proposal can be found in the enclosed 2021/2022 Renewal Evaluation Report prepared by Segal.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE:

Recommend that the Board of Retirement approve the fiscal year 2021-2022 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee.

REVIEWED AND APPROVED



Santos H. Kreimann
Chief Executive Officer

CS:cs

Attachment



**Los Angeles County Employees
Retirement Association**

***2021-2022 Renewal Evaluation Report
Presented on February 11, 2021***

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

Section 1 - 2021-2022 Financial Overview and Key Findings

2021-2022 Renewal Overview.....	3
Key Findings.....	4

Section 2 - Recommendations, 2021-2022 Projected Premium and Rates

Recommendations.....	11
Premium Projections for 2021-2022.....	15
Group Insurance Rates Effective 2021-2022.....	16

Section 3 - Historical Aggregate Premiums for Medical, Dental and Vision Plans

Historical Aggregate Premiums - Medical.....	21
Historical Aggregate Premiums - Dental and Vision.....	22

Section 4 - Retiree Contributions

Retiree Healthcare Contributions.....	23
Medicare History.....	25

Section 5 - Healthcare Reform and Developments

Healthcare Reform And Developments.....	26
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The projections of annual premium in this report are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

Appendices

A: Tier 1 Contributions.....	27
B: Tier 2 Contributions.....	64
C: Anthem Blue Cross Plan Reference Documents.....	93
D: Cigna Plan Reference Documents.....	95
E: Kaiser California and Out-of-State Plan Reference Documents.....	97
F: SCAN Health Plan Reference Documents.....	116
G: UnitedHealthcare (UHC) Plan Reference Documents.....	118

2021-2022 Renewal Overview

This report summarizes the final 2021-2022 renewal results for the LACERA-administered Retiree Healthcare Benefits Program (RHCBP).

- The 2021-2022 renewal budget was forecasted to increase by 4.5%, prior to the renewal process.
- Negotiations during the renewal process resulted in a final overall increase of 1.2%.
 - This reflects a 3.0% decrease from the preliminary renewal increase of 4.2%.
- Negotiations resulted in premium savings of approximately \$20.4 million annually.

Medical Plans

- The overall negotiated medical renewal increase is 1.3%.

Dental/Vision Plans

- The overall negotiated dental/vision renewal decrease is 0.3%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 635,204,000	\$ 663,136,000	\$ 643,758,000	1.3%
Total Dental/Vision	49,860,000	50,756,000	49,718,000	-0.3%
Total Medical/Dental/Vision	\$ 685,064,000	\$ 713,892,000	\$ 693,476,000	1.2%
Total Negotiated Premium Savings from Preliminary Renewal				\$ (20,416,000)

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

Anthem Blue Cross Plans

- Anthem initially proposed an overall rate increase of 8.1%. Initial rate increases were 9.2% for Plans I, II, and III, and a decrease of 8.5% for Prudent Buyer.
- After negotiations with Segal and Staff, Anthem reduced the overall rate increase to 2.1%. Anthem reduced rate increases to 3.0% for Plans I, II, and III. Prudent Buyer rates were reduced to a decrease of 12.1%.
- Concessions represent an estimated savings of \$16.0 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 132,070,000	\$ 144,192,000	\$ 136,014,000	3.0%
Anthem BC Plan III	117,431,000	128,148,000	120,918,000	3.0%
Anthem BC Prudent Buyer	15,796,000	14,450,000	13,891,000	-12.1%
Total	\$ 265,297,000	\$ 286,790,000	\$ 270,823,000	2.1%

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

Cigna - Medical Plans

- Cigna initially proposed an overall increase of 4.7%. The Network Model (HMO) plan received an initial rate increase of 4.9%, while the Cigna Preferred Medicare HMO (formerly called Cigna HealthSpring Preferred), MAPD plan received a rate pass.
- After negotiations with Segal and Staff, Cigna agreed to reduce the overall rate increase to 1.6%. The rate increase for Network Model (HMO) plan was reduced to 1.6%.
- Concessions represent an estimated savings of \$0.3 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Cigna Medical	\$ 9,411,000	\$ 9,852,000	\$ 9,560,000	1.6%

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

Cigna - Dental/Vision Plans

- Cigna proposed an overall rate increase of 1.8%. Cigna initially proposed a rate increase of 2.0% for the Indemnity Dental/Vision plan, and a rate increase of 0.1% for the Dental/Vision HMO plan.
- After negotiations with Segal and Staff, Cigna agreed to an overall rate decrease of 0.3%. Cigna reduced renewals to a decrease of 0.3% for the Indemnity Dental/Vision and Dental/Vision HMO plans, respectively.
- Concessions represents an estimated savings of \$1.0 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Cigna Dental/Vision	\$ 49,860,000	\$ 50,756,000	\$ 49,718,000	-0.3%

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

Kaiser - California

- Kaiser initially proposed an overall rate increase of 0.5%. The rate increases were 7.8% for Basic/Pre-65 and 2.8% for Excess ⁽¹⁾ rates. Kaiser proposed a rate decrease of 9.1% for the Senior Advantage rates.
 - Kaiser Non-Medicare utilization was better than expected based on prior renewal assumptions. The proposed rate increase was largely due to Kaiser's forecasted increases in projected claims.
- After negotiations with Segal and Staff, Kaiser agreed to an overall rate decrease of 0.5%. The Excess ⁽¹⁾ rate increase was reduced to 1.8%, and the Basic/Pre-65 and Kaiser Senior Advantage rates remain unchanged.
- Concessions represent an estimated savings of \$2.1 million annually at current enrollment levels.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser California	\$ 226,902,000	\$ 227,812,000	\$ 225,703,000	-0.5%

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

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

Kaiser - Out of State (OOS)

- The initial overall increase for Kaiser's OOS plans for the 2021-2022 policy period was 1.5%.
- After negotiations with Segal and Staff, the overall increase for Kaiser's OOS plans was reduced to 0.3%.
- Concessions represent an estimated savings of \$49,000 annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser OOS	\$ 4,094,000	\$ 4,157,000	\$ 4,108,000	0.3%

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

SCAN Health Plan

- SCAN proposed an overall rate increase of 7.7%.
- After negotiations with Segal and Staff, SCAN reduced the overall rate increase to 3.9%.
- Concessions represent an estimated savings of \$62,000 annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
SCAN	\$ 1,629,000	\$ 1,755,000	\$ 1,693,000	3.9%

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

KEY FINDINGS

UnitedHealthcare (UHC)

- UHC initially proposed an overall rate increase of 2.8%. The initial rate increase was 5.3% for Pre-65 rates and a rate decrease of 2.0% for UnitedHealthcare Medicare Advantage (UHC MA) rates.
- After negotiations with Segal and Staff, UHC reduced the overall rate increase to 1.2%. The Pre-65 rate increase was reduced to 2.8%.
- Concessions represent an estimated savings of \$0.9 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
UHC	\$ 55,564,000	\$ 57,132,000	\$ 56,233,000	1.2%

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

RECOMMENDATIONS

Anthem Blue Cross Plans Overall

- Accept the 2.1% overall rate increase, based on the individual plan increase/decrease noted below:
 - 3.0% overall rate increase to Anthem Blue Cross Plans I and II.
 - 3.0% rate increase to Anthem Blue Cross Plan III.
 - 12.1% rate decrease to Anthem Blue Cross Prudent Buyer Plan.
- Instruct Anthem Blue Cross to release year-end 2019-2020 surpluses for all plans. The amount is estimated at \$8.6 million including changes in the Claims Stabilization Reserves to reflect the 2019-2020 rate concessions.
- Accept the mandatory contractual changes included in the appendix.

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

RECOMMENDATIONS

Cigna Medical

- Accept the 1.6% overall increase to Cigna medical plans, based on the individual plan increase/rate pass noted below:
 - 1.6% rate increase to the Network Model Plan HMO.
 - Rate pass to the Cigna Preferred Medicare HMO (formerly called Cigna HealthSpring Preferred) Plan, MAPD.
- Accept the mandatory contractual changes included in the appendix.

Cigna Dental/Vision

- Accept the 0.3% overall decrease to Cigna Dental/Vision plans, based on the individual plans noted below:
 - 0.3% rate decrease to the Cigna Indemnity Dental/Vision Plan.
 - 0.3% rate decrease to the Cigna Dental/Vision HMO Plan.
- No mandatory contractual changes apply for the 2021-2022 policy period.

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

RECOMMENDATIONS

Kaiser California

- Accept the 0.5% overall decrease, based on the plan increase listed below:
 - 7.8% rate increase to the Basic/Pre-65 Plan.
 - 9.1% rate decrease to the Kaiser Senior Advantage Plan.
 - 1.8% rate increase to the Kaiser Excess ⁽¹⁾ Plan.
- Accept the mandatory contractual changes included in the appendix.

Kaiser Out of State (OOS)

- Accept the 0.3% overall increase for Non-Medicare and Medicare combined OOS plans, based on the plan increase/decrease listed below:
 - 6.2% overall rate decrease to Kaiser-Colorado Plans.
 - 1.0% overall rate increase to Kaiser-Georgia Plans.
 - 2.1% overall rate increase to Kaiser-Hawaii Plans.
 - 0.4% overall rate increase to Kaiser-Oregon Plans.
 - 4.7% overall rate increase to Kaiser-Washington Plans.
- Accept the mandatory contractual changes included in the appendix.

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

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

SCAN Health Plan

- Accept the 3.9% overall increase.
- Accept the mandatory contractual changes included in the appendix.

UnitedHealthcare

- Accept the 1.2% overall increase, based on the plan increase/decrease listed below:
 - 2.8% increase for the Pre-65 HMO Plan.
 - 2.0% decrease for the MAPD HMO Plan.
- Accept the mandatory contractual changes included in the appendix.

LACERA Administrative Fee

- Segal recommends LACERA maintain its Administrative Fee at \$8.00 per member, per plan, per month for the 2021-2022 policy period.
 - The fee is for administering the Retiree Healthcare Program, based on budget forecast.

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

PREMIUM PROJECTIONS FOR JULY 1, 2021 THROUGH JUNE 30, 2022

	Retiree Count	Current Premiums	Preliminary		Negotiated	
			Premiums	Change (%)	Premiums	Change (%)
Medical Plans						
Anthem BC Plan I & II	6,118	\$132,070,000	\$144,192,000	9.2%	\$136,014,000	3.0%
Anthem BC Plan III	12,438	117,431,000	128,148,000	9.1%	120,918,000	3.0%
Anthem BC Prudent Buyer	935	15,796,000	14,450,000	-8.5%	13,891,000	-12.1%
Cigna HMO & MAPD	428	9,411,000	9,852,000	4.7%	9,560,000	1.6%
Kaiser California	24,947	226,902,000	227,812,000	0.4%	225,703,000	-0.5%
Kaiser Out of State (OOS)	417	4,094,000	4,157,000	1.5%	4,108,000	0.3%
SCAN Health Plan	408	1,629,000	1,755,000	7.7%	1,693,000	3.9%
United Healthcare	4,673	55,564,000	57,132,000	2.8%	56,233,000	1.2%
Medicare Part B	35,854	72,307,000	75,638,000	4.6%	75,638,000	4.6%
Total Medical	50,364	\$635,204,000	\$663,136,000	4.4%	\$643,758,000	1.3%
Dental / Vision Plans						
Indemnity Dental / Vision	48,017	\$45,209,000	\$46,102,000	2.0%	\$45,081,000	-0.3%
Prepaid Dental / Vision	5,814	4,651,000	4,654,000	0.1%	4,637,000	-0.3%
Total Dental/Vision	53,831	\$49,860,000	\$50,756,000	1.8%	\$49,718,000	-0.3%
Total Medical/Dental/Vision		\$685,064,000	\$713,892,000	4.2%	\$693,476,000	1.2%
Total Negotiated Premium Savings from Preliminary Premium					(\$20,416,000)	-3.0%

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022

	Count	Current 2020-2021 Rates	Admin Fee	Total Rate	Preliminary 2021-2022 Rates	Admin Fee	Total Rate	% Change	Final 2021-2022 Rates	Admin Fee	Total Rate	% Change
Anthem BC Plan I&II												
211 Retiree Only	674	\$1,228.53	\$8.00	\$1,236.53	\$1,341.80	\$8.00	\$1,349.80	9.2%	\$1,265.39	\$8.00	\$1,273.39	3.0%
221 Retiree Only	2,198	1,228.53	8.00	1,236.53	1,341.80	8.00	1,349.80	9.2%	1,265.39	8.00	1,273.39	3.0%
212 Retiree & Spouse	255	2,220.45	8.00	2,228.45	2,425.18	8.00	2,433.18	9.2%	2,287.06	8.00	2,295.06	3.0%
222 Retiree & Spouse	1,948	2,220.45	8.00	2,228.45	2,425.18	8.00	2,433.18	9.2%	2,287.06	8.00	2,295.06	3.0%
213 Retiree & Family	55	2,620.45	8.00	2,628.45	2,862.06	8.00	2,870.06	9.2%	2,699.06	8.00	2,707.06	3.0%
223 Retiree & Family	794	2,620.45	8.00	2,628.45	2,862.06	8.00	2,870.06	9.2%	2,699.06	8.00	2,707.06	3.0%
214 Retiree & Children	19	1,627.70	8.00	1,635.70	1,777.77	8.00	1,785.77	9.2%	1,676.53	8.00	1,684.53	3.0%
224 Retiree & Children	172	1,627.70	8.00	1,635.70	1,777.77	8.00	1,785.77	9.2%	1,676.53	8.00	1,684.53	3.0%
215 Survivor	2	402.44	8.00	410.44	439.54	8.00	447.54	9.0%	414.51	8.00	422.51	2.9%
225 Survivor	1	410.57	8.00	418.57	448.42	8.00	456.42	9.0%	422.89	8.00	430.89	2.9%
Total	6,118	\$131,482,293		\$132,069,621	\$143,605,100		\$144,192,428	9.2%	\$135,426,772		\$136,014,100	3.0%
Anthem BC Plan III												
240 One Medicare	6,970	\$496.19	\$8.00	\$504.19	\$541.94	\$8.00	\$549.94	9.1%	\$511.08	\$8.00	\$519.08	3.0%
241 Retiree & Spouse- 1 Medicare	142	1,601.58	8.00	1,609.58	1,749.25	8.00	1,757.25	9.2%	1,649.63	8.00	1,657.63	3.0%
242 Retiree & Spouse- 1 Medicare	885	1,601.58	8.00	1,609.58	1,749.25	8.00	1,757.25	9.2%	1,649.63	8.00	1,657.63	3.0%
243 Retiree & Spouse- 2 Medicare	4,150	994.43	8.00	1,002.43	1,086.12	8.00	1,094.12	9.1%	1,024.26	8.00	1,032.26	3.0%
244 Retiree & Children- 1 Medicare	16	893.94	8.00	901.94	976.36	8.00	984.36	9.1%	920.76	8.00	928.76	3.0%
245 Retiree & Children- 1 Medicare	57	893.94	8.00	901.94	976.36	8.00	984.36	9.1%	920.76	8.00	928.76	3.0%
246 Retiree & Family- 1 Medicare	20	1,999.20	8.00	2,007.20	2,183.53	8.00	2,191.53	9.2%	2,059.18	8.00	2,067.18	3.0%
247 Retiree & Family- 1 Medicare	120	1,999.20	8.00	2,007.20	2,183.53	8.00	2,191.53	9.2%	2,059.18	8.00	2,067.18	3.0%
248 Retiree & Family- 2 Medicare	8	1,391.97	8.00	1,399.97	1,520.31	8.00	1,528.31	9.2%	1,433.73	8.00	1,441.73	3.0%
249 Retiree & Family- 2 Medicare	55	1,391.97	8.00	1,399.97	1,520.31	8.00	1,528.31	9.2%	1,433.73	8.00	1,441.73	3.0%
250 Retiree & Family- 3 Medicare	15	1,560.82	8.00	1,568.82	1,704.73	8.00	1,712.73	9.2%	1,607.64	8.00	1,615.64	3.0%
Total	12,438	\$116,236,842		\$117,430,890	\$126,954,222		\$128,148,270	9.1%	\$119,724,203		\$120,918,251	3.0%
Anthem BC Prudent Buyer												
201 Retiree Only	546	\$995.87	\$8.00	\$1,003.87	\$910.52	\$8.00	\$918.52	-8.5%	\$875.07	\$8.00	\$883.07	-12.0%
202 Retiree & Spouse	289	1,966.83	8.00	1,974.83	1,798.27	8.00	1,806.27	-8.5%	1,728.25	8.00	1,736.25	-12.1%
203 Retiree & Family	73	2,220.67	8.00	2,228.67	2,030.36	8.00	2,038.36	-8.5%	1,951.30	8.00	1,959.30	-12.1%
204 Retiree & Children	27	1,282.15	8.00	1,290.15	1,172.27	8.00	1,180.27	-8.5%	1,126.63	8.00	1,134.63	-12.1%
205 Survivor	-	266.07	8.00	274.07	243.27	8.00	251.27	-8.3%	233.80	8.00	241.80	-11.8%
Total	935	\$15,706,630		\$15,796,390	\$14,360,538		\$14,450,298	-8.5%	\$13,801,397		\$13,891,157	-12.1%
Cigna												
301 Network- Retiree Only	259	\$1,621.11	\$8.00	\$1,629.11	\$1,700.30	\$8.00	\$1,708.30	4.86%	\$1,647.81	\$8.00	\$1,655.81	1.6%
302 Network- Retiree & Spouse	88	2,932.79	8.00	2,940.79	3,076.06	8.00	3,084.06	4.9%	2,981.10	8.00	2,989.10	1.6%
303 Network- Retiree & Family	8	3,464.45	8.00	3,472.45	3,633.63	8.00	3,641.63	4.9%	3,521.49	8.00	3,529.49	1.6%
304 Network- Retiree & Children	14	2,153.46	8.00	2,161.46	2,258.62	8.00	2,266.62	4.9%	2,188.92	8.00	2,196.92	1.6%
305 Network- Survivor	-	507.26	8.00	515.26	532.03	8.00	540.03	4.8%	515.62	8.00	523.62	1.6%
321 Risk- Retiree Only	29	376.49	8.00	384.49	376.49	8.00	384.49	0.0%	376.49	8.00	384.49	0.0%
322 Risk- Retiree & Spouse	7	1,688.17	8.00	1,696.17	1,752.25	8.00	1,760.25	3.8%	1,709.78	8.00	1,717.78	1.3%
324 Risk- Retiree & Spouse (Both Risk)	19	752.98	8.00	760.98	752.98	8.00	760.98	0.0%	752.98	8.00	760.98	0.0%
325 Risk- Retiree & Children	-	909.52	8.00	917.52	935.49	8.00	943.49	2.8%	918.28	8.00	926.28	1.0%
327 Risk- Retiree & Family (1 Medicare)	3	2,220.52	8.00	2,228.52	2,310.50	8.00	2,318.50	4.0%	2,250.85	8.00	2,258.85	1.4%
329 Risk- Retiree & Family (2 Medicare)	1	1,326.15	8.00	1,334.15	1,352.12	8.00	1,360.12	1.9%	1,334.91	8.00	1,342.91	0.7%
Total	428	\$9,370,161		\$9,411,249	\$9,810,419		\$9,851,507	4.7%	\$9,518,606		\$9,559,694	1.6%

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022

	Count	Current 2020-2021 Rates	Admin Fee	Total Rate	Preliminary 2021-2022 Rates	Admin Fee	Total Rate	% Change	Final 2021-2022 Rates	Admin Fee	Total Rate	% Change
Kaiser California												
401 Retiree Basic (Under 65)	1,521	\$1,079.85	\$8.00	\$1,087.85	\$1,165.13	\$8.00	\$1,173.13	7.8%	\$1,165.13	\$8.00	\$1,173.13	7.8%
403 Retiree Risk (Senior Advantage)	11,248	280.17	8.00	288.17	253.84	8.00	261.84	-9.1%	253.84	8.00	261.84	-9.1%
404 Retiree Excess	563	1,169.65	8.00	1,177.65	1,169.37	8.00	1,177.37	0.0%	1,169.37	8.00	1,177.37	0.0%
405 Retiree Excess - Part B	1,115	1,121.77	8.00	1,129.77	1,168.86	8.00	1,176.86	4.2%	1,168.86	8.00	1,176.86	4.2%
406 Excess - Medicare Not Provided (MNP); Terminated 2/1/2021	21	2,019.76	8.00	2,027.76	2,179.32	8.00	2,187.32	7.9%	1,169.37	8.00	1,177.37	-41.9%
411 Family Basic	1,838	2,159.70	8.00	2,167.70	2,330.26	8.00	2,338.26	7.9%	2,330.26	8.00	2,338.26	7.9%
413 One Advantage, One Basic	1,611	1,360.02	8.00	1,368.02	1,418.97	8.00	1,426.97	4.3%	1,418.97	8.00	1,426.97	4.3%
414 One Excess, One Basic	103	2,249.50	8.00	2,257.50	2,334.50	8.00	2,342.50	3.8%	2,334.50	8.00	2,342.50	3.8%
418 Two+ Advantage	5,710	560.34	8.00	568.34	507.68	8.00	515.68	-9.3%	507.68	8.00	515.68	-9.3%
419 One Excess, One Advantage	263	1,449.82	8.00	1,457.82	1,423.21	8.00	1,431.21	-1.8%	1,423.21	8.00	1,431.21	-1.8%
420 Two+ Excess	129	2,339.30	8.00	2,347.30	2,338.74	8.00	2,346.74	0.0%	2,338.74	8.00	2,346.74	0.0%
422 One Excess - Part B, One Basic	252	2,201.62	8.00	2,209.62	2,333.99	8.00	2,341.99	6.0%	2,333.99	8.00	2,341.99	6.0%
423 One Excess (MNP), One Basic; Transitional only. Closed effective 7/1/2021	12	3,099.61	8.00	3,107.61	3,344.45	8.00	3,352.45	7.9%	2,334.50	8.00	2,342.50	-24.6%
426 One Advantage, One Excess - Part B	217	1,401.94	8.00	1,409.94	1,422.70	8.00	1,430.70	1.5%	1,422.70	8.00	1,430.70	1.5%
427 One Advantage, One Excess (MNP); Transitional only. Closed effective 7/1/2021	120	2,299.93	8.00	2,307.93	2,433.16	8.00	2,441.16	5.8%	1,423.21	8.00	1,431.21	-38.0%
428 One Excess, One Excess - Part B	59	2,291.42	8.00	2,299.42	2,338.23	8.00	2,346.23	2.0%	2,338.23	8.00	2,346.23	2.0%
429 One Excess, One Excess (MNP); Transitional only. Closed effective 7/1/2021	5	3,189.41	8.00	3,197.41	3,348.69	8.00	3,356.69	5.0%	2,338.74	8.00	2,346.74	-26.6%
430 Two Excess - Part B	140	2,243.54	8.00	2,251.54	2,337.72	8.00	2,345.72	4.2%	2,337.72	8.00	2,345.72	4.2%
431 One Excess - Part B, One Excess (MNP); Transitional only. Closed effective 7/1/2021	10	3,141.53	8.00	3,149.53	3,348.18	8.00	3,356.18	6.6%	2,338.23	8.00	2,346.23	-25.5%
432 Two Excess - Both (MNP); Terminated 2/1/2021	3	4,039.52	8.00	4,047.52	4,358.64	8.00	4,366.64	7.9%	2,338.74	8.00	2,346.74	-42.0%
421 Survivor	7	1,079.85	8.00	1,087.85	1,165.13	8.00	1,173.13	7.8%	1,165.13	8.00	1,173.13	7.8%
Total	24,947	\$224,506,607		\$226,901,519	\$225,416,867		\$227,811,779	0.4%	\$223,308,092		\$225,703,004	-0.5%
Kaiser- Colorado												
450 Retiree Basic	7	\$1,041.93	\$8.00	\$1,049.93	\$1,020.17	\$8.00	\$1,028.17	-2.1%	\$1,020.17	\$8.00	\$1,028.17	-2.1%
451 Retiree Risk (Senior Advantage)	34	341.06	8.00	349.06	298.96	8.00	306.96	-12.1%	298.96	8.00	306.96	-12.1%
453 Retiree Basic (Two Party)	3	2,313.18	8.00	2,321.18	2,264.89	8.00	2,272.89	-2.1%	2,264.89	8.00	2,272.89	-2.1%
454 Retiree Basic Family	2	3,125.89	8.00	3,133.89	3,060.62	8.00	3,068.62	-2.1%	3,060.62	8.00	3,068.62	-2.1%
455 One Risk, One Basic	2	1,382.99	8.00	1,390.99	1,319.13	8.00	1,327.13	-4.6%	1,319.13	8.00	1,327.13	-4.6%
457 Two Retiree Risk	8	682.12	8.00	690.12	597.92	8.00	605.92	-12.2%	597.92	8.00	605.92	-12.2%
458 One Risk, Two or More Dependents	2	2,364.32	8.00	2,372.32	2,279.97	8.00	2,287.97	-3.6%	2,279.97	8.00	2,287.97	-3.6%
459 Two Risk, Two or More Dependents	-	1,724.05	8.00	1,732.05	1,618.09	8.00	1,626.09	-6.1%	1,618.09	8.00	1,626.09	-6.1%
Total	58	\$540,389		\$545,957	\$506,440		\$512,008	-6.2%	\$506,440		\$512,008	-6.2%

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022

	Count	Current 2020-2021 Rates	Admin Fee	Total Rate	Preliminary 2021-2022 Rates	Admin Fee	Total Rate	% Change	Final 2021-2022 Rates	Admin Fee	Total Rate	% Change
Kaiser- Georgia												
440 One Medicare Member with Part B Only	-	\$1,100.67	\$8.00	\$1,108.67	\$1,177.89	\$8.00	\$1,185.89	7.0%	\$1,124.33	\$8.00	\$1,132.33	2.1%
441 One Medicare Member with Part A only	3	1,100.67	8.00	1,108.67	1,177.89	8.00	1,185.89	7.0%	1,124.33	8.00	1,132.33	2.1%
442 One Member without Medicare Part A&B	4	1,100.67	8.00	1,108.67	1,177.89	8.00	1,185.89	7.0%	1,124.33	8.00	1,132.33	2.1%
443 One Medicare Member (Renal Failure)	-	415.47	8.00	423.47	415.47	8.00	423.47	0.0%	415.47	8.00	423.47	0.0%
444 One Medicare Member + One Medicare with Part B only	-	1,516.14	8.00	1,524.14	1,593.36	8.00	1,601.36	5.1%	1,539.80	8.00	1,547.80	1.6%
445 One Medicare Member + One Medicare with Part A only	4	1,516.14	8.00	1,524.14	1,593.36	8.00	1,601.36	5.1%	1,539.80	8.00	1,547.80	1.6%
446 One Medicare Member + One Medicare without Part A&B	2	1,516.14	8.00	1,524.14	1,593.36	8.00	1,601.36	5.1%	1,539.80	8.00	1,547.80	1.6%
461 Basic, or Over 65 without Medicare A&B	19	1,100.67	8.00	1,108.67	1,177.89	8.00	1,185.89	7.0%	1,124.33	8.00	1,132.33	2.1%
462 Retiree Risk (Senior Advantage)	60	415.47	8.00	423.47	415.47	8.00	423.47	0.0%	415.47	8.00	423.47	0.0%
463 Retiree (Two Party)	2	2,201.34	8.00	2,209.34	2,355.79	8.00	2,363.79	7.0%	2,248.67	8.00	2,256.67	2.1%
464 Retiree Basic Family	-	3,302.01	8.00	3,310.01	3,533.68	8.00	3,541.68	7.0%	3,373.00	8.00	3,381.00	2.1%
465 One Retiree Risk One Basic	5	1,516.14	8.00	1,524.14	1,593.36	8.00	1,601.36	5.1%	1,539.80	8.00	1,547.80	1.6%
466 Two Retiree Risk	27	830.94	8.00	838.94	830.94	8.00	838.94	0.0%	830.94	8.00	838.94	0.0%
467 One Retiree Risk, Two Retiree Basic	1	2,616.81	8.00	2,624.81	2,771.26	8.00	2,779.26	5.9%	2,664.14	8.00	2,672.14	1.8%
468 Two Retiree Risk, One Basic	-	1,931.61	8.00	1,939.61	2,008.83	8.00	2,016.83	4.0%	1,955.27	8.00	1,963.27	1.2%
469 Three Retiree Risk, One Basic	-	1,246.41	8.00	1,254.41	1,246.41	8.00	1,254.41	0.0%	1,246.41	8.00	1,254.41	0.0%
470 Any other Family, at least one Retiree Risk	-	2,616.81	8.00	2,624.81	2,771.26	8.00	2,779.26	5.9%	2,664.14	8.00	2,672.14	1.8%
Total	127	\$1,196,136		\$1,208,328	\$1,235,982		\$1,248,174	3.3%	\$1,208,347		\$1,220,539	1.0%
Kaiser- Hawaii												
471 Retiree Basic (Under 65)	2	\$982.75	\$8.00	\$990.75	\$933.61	\$8.00	\$941.61	-5.0%	\$933.61	\$8.00	\$941.61	-5.0%
472 Retiree Risk (Senior Advantage)	34	440.24	8.00	448.24	460.76	8.00	468.76	4.6%	460.76	8.00	468.76	4.6%
473 Retiree Over 65 without Medicare A&B	1	1,766.62	8.00	1,774.62	1,811.99	8.00	1,819.99	2.6%	1,811.99	8.00	1,819.99	2.6%
474 Retiree Basic (Two Party)	3	1,965.50	8.00	1,973.50	1,867.23	8.00	1,875.23	-5.0%	1,867.23	8.00	1,875.23	-5.0%
475 Retiree Basic Family (Under 65)	-	2,948.26	8.00	2,956.26	2,800.84	8.00	2,808.84	-5.0%	2,800.84	8.00	2,808.84	-5.0%
476 One Retiree Risk, One Basic	4	1,422.99	8.00	1,430.99	1,394.37	8.00	1,402.37	-2.0%	1,394.37	8.00	1,402.37	-2.0%
477 Over 65 without Medicare A&B, One Basic	-	2,749.37	8.00	2,757.37	2,745.60	8.00	2,753.60	-0.1%	2,745.60	8.00	2,753.60	-0.1%
478 Two Retiree Risk	17	880.48	8.00	888.48	921.52	8.00	929.52	4.6%	921.52	8.00	929.52	4.6%
479 One Risk, One Over 65 without Medicare A&B	1	2,206.86	8.00	2,214.86	2,272.75	8.00	2,280.75	3.0%	2,272.75	8.00	2,280.75	3.0%
Total	62	\$569,565		\$575,517	\$581,554		\$587,506	2.1%	\$581,554		\$587,506	2.1%

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022

	Count	Current 2020-2021 Rates	Admin Fee	Total Rate	Preliminary 2021-2022 Rates	Admin Fee	Total Rate	% Change	Final 2021-2022 Rates	Admin Fee	Total Rate	% Change
Kaiser- Oregon												
481 Retiree Basic (Under 65)	6	\$1,149.52	\$8.00	\$1,157.52	\$1,146.66	\$8.00	\$1,154.66	-0.2%	\$1,146.66	\$8.00	\$1,154.66	-0.2%
482 Retiree Risk (Senior Advantage)	76	471.36	8.00	479.36	471.36	8.00	479.36	0.0%	471.36	8.00	479.36	0.0%
483 Retiree Over 65 unassigned Medicare A&B	-	1,250.00	8.00	1,258.00	1,339.32	8.00	1,347.32	7.1%	1,339.32	8.00	1,347.32	7.1%
484 Retiree Basic (Two Party)	4	2,299.05	8.00	2,307.05	2,293.32	8.00	2,301.32	-0.2%	2,293.32	8.00	2,301.32	-0.2%
485 Retiree Basic Family (Under 65)	-	3,448.57	8.00	3,456.57	3,439.98	8.00	3,447.98	-0.2%	3,439.98	8.00	3,447.98	-0.2%
486 One Retiree Risk, One Basic	5	1,620.88	8.00	1,628.88	1,618.02	8.00	1,626.02	-0.2%	1,618.02	8.00	1,626.02	-0.2%
488 Two Retiree Risk	44	942.72	8.00	950.72	942.72	8.00	950.72	0.0%	942.72	8.00	950.72	0.0%
489 Retiree/Part A Only	1	1,068.08	8.00	1,076.08	1,088.82	8.00	1,096.82	1.9%	1,088.82	8.00	1,096.82	1.9%
490 Retiree/Part B Only	-	1,250.00	8.00	1,258.00	1,339.32	8.00	1,347.32	7.1%	1,339.32	8.00	1,347.32	7.1%
491 One Risk, One Medicare Part A Only	1	1,539.44	8.00	1,547.44	1,560.18	8.00	1,568.18	1.3%	1,560.18	8.00	1,568.18	1.3%
492 One Risk, One Over 65 No Medicare	-	1,721.36	8.00	1,729.36	1,810.68	8.00	1,818.68	5.2%	1,810.68	8.00	1,818.68	5.2%
493 One Risk, Two Basic	-	2,770.41	8.00	2,778.41	2,764.68	8.00	2,772.68	-0.2%	2,764.68	8.00	2,772.68	-0.2%
494 Two Risk, One Basic	-	2,092.24	8.00	2,100.24	2,089.38	8.00	2,097.38	-0.1%	2,089.38	8.00	2,097.38	-0.1%
495 Two Over 65 No Medicare	2	2,500.00	8.00	2,508.00	2,678.64	8.00	2,686.64	7.1%	2,678.64	8.00	2,686.64	7.1%
496 Two Medicare Part A Only	-	2,136.16	8.00	2,144.16	2,177.64	8.00	2,185.64	1.9%	2,177.64	8.00	2,185.64	1.9%
497 One Basic, One Medicare Part A Only	-	2,217.60	8.00	2,225.60	2,235.48	8.00	2,243.48	0.8%	2,235.48	8.00	2,243.48	0.8%
498 One Basic, One Over 65 no Medicare A&B	2	2,399.52	8.00	2,407.52	2,485.98	8.00	2,493.98	3.6%	2,485.98	8.00	2,493.98	3.6%
Total	141	\$1,366,888		\$1,380,424	\$1,373,095		\$1,386,631	0.4%	\$1,373,095		\$1,386,631	0.4%
Kaiser- Washington												
393 Retiree Basic	6	\$1,154.11	\$8.00	\$1,162.11	\$1,327.24	\$8.00	\$1,335.24	14.9%	\$1,234.34	\$8.00	\$1,242.34	6.9%
394 Retiree Risk (Senior Advantage)	10	428.52	8.00	436.52	427.70	8.00	435.70	-0.2%	427.70	8.00	435.70	-0.2%
395 Retiree Basic (Two Party)	2	2,155.21	8.00	2,163.21	2,478.49	8.00	2,486.49	14.9%	2,305.00	8.00	2,313.00	6.9%
396 Retiree Basic Family	1	3,608.76	8.00	3,616.76	4,150.15	8.00	4,158.15	15.0%	3,859.64	8.00	3,867.64	6.9%
397 One Risk, One Basic	7	1,429.62	8.00	1,437.62	1,578.95	8.00	1,586.95	10.4%	1,498.36	8.00	1,506.36	4.8%
398 Two Retiree Risk	3	857.04	8.00	865.04	855.40	8.00	863.40	-0.2%	855.40	8.00	863.40	-0.2%
399 One Risk, Two or More Dependents	-	2,883.17	8.00	2,891.17	3,250.61	8.00	3,258.61	12.7%	3,053.00	8.00	3,061.00	5.9%
400 Two Risk, Two or More Dependents	-	2,310.59	8.00	2,318.59	2,527.06	8.00	2,535.06	9.3%	2,410.04	8.00	2,418.04	4.3%
Total	29	\$380,490		\$383,274	\$419,597		\$422,381	10.2%	\$398,489		\$401,273	4.7%
SCAN Health Plan												
611 Retiree Only	316	\$265.00	\$8.00	\$273.00	\$286.00	\$8.00	\$294.00	7.7%	\$275.60	\$8.00	\$283.60	3.9%
613 Retiree & 1 Dependent (2 Medicare)	92	530.00	8.00	538.00	572.00	8.00	580.00	7.8%	551.20	8.00	559.20	3.9%
Total	408	\$1,590,000		\$1,629,168	\$1,716,000		\$1,755,168	7.7%	\$1,653,600		\$1,692,768	3.9%
UnitedHealthcare												
701 Retiree Only	1,807	\$335.15	\$8.00	\$343.15	\$328.45	\$8.00	\$336.45	-2.0%	\$328.45	\$8.00	\$336.45	-2.0%
702 Retiree & 1 Dependent (1 Medicare)	386	1,560.32	8.00	1,568.32	1,618.68	8.00	1,626.68	3.7%	1,588.54	8.00	1,596.54	1.8%
703 Retiree & 1 Dependent (2 Medicare)	1,133	670.30	8.00	678.30	656.90	8.00	664.90	-2.0%	656.90	8.00	664.90	-2.0%
704 Retiree & 2 + Deps. (1 Medicare)	97	1,771.38	8.00	1,779.38	1,840.94	8.00	1,848.94	3.9%	1,805.61	8.00	1,813.61	1.9%
705 Retiree & 2 + Deps. (2 Medicare)	34	881.36	8.00	889.36	879.16	8.00	887.16	-0.2%	873.97	8.00	881.97	-0.8%
706 Survivor (Child only)	1	344.92	8.00	352.92	363.23	8.00	371.23	5.2%	354.92	8.00	362.92	2.8%
707 UnitedHealthcare Single	443	1,225.17	8.00	1,233.17	1,290.23	8.00	1,298.23	5.3%	1,260.09	8.00	1,268.09	2.8%
708 UnitedHealthcare Two-Party	416	2,243.48	8.00	2,251.48	2,362.61	8.00	2,370.61	5.3%	2,307.42	8.00	2,315.42	2.8%
709 UnitedHealthcare Family	356	2,661.40	8.00	2,669.40	2,802.72	8.00	2,810.72	5.3%	2,737.25	8.00	2,745.25	2.8%
Total	4,673	\$55,115,771		\$55,564,379	\$56,683,190		\$57,131,798	2.8%	\$55,784,819		\$56,233,427	1.2%

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2021 THROUGH JUNE 30, 2022

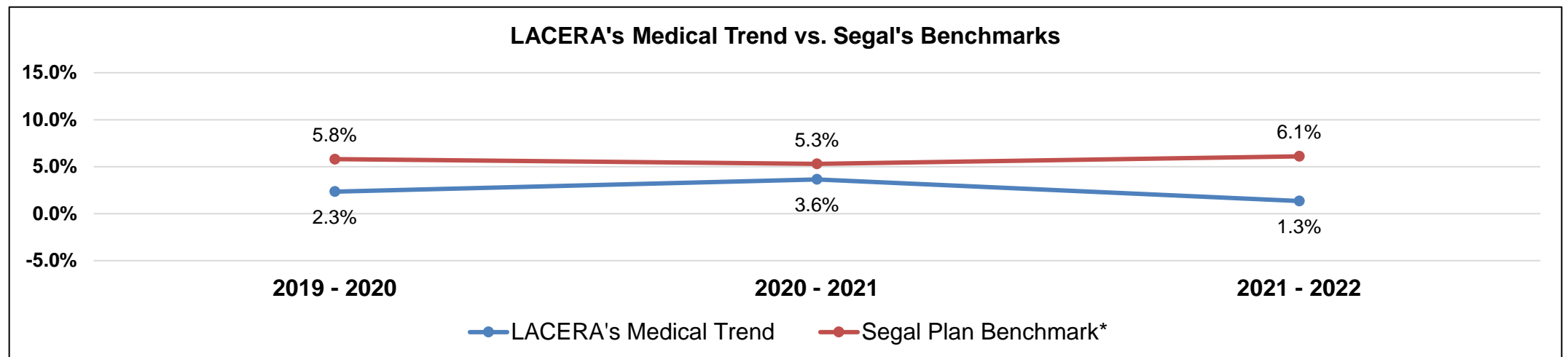
	Count	Current 2020-2021 Rates	Admin Fee	Total Rate	Preliminary 2021-2022 Rates	Admin Fee	Total Rate	% Change	Final 2021-2022 Rates	Admin Fee	Total Rate	% Change
Medicare Part B	35,854	\$168.06	\$0.00	\$168.06	\$175.80	\$0.00	\$175.80	4.6%	\$175.80	\$0.00	\$175.80	4.6%
Total	35,854	\$72,307,479		\$72,307,479	\$75,637,598		\$75,637,598	4.6%	\$75,637,598		\$75,637,598	4.6%
Cigna Dental (Indemnity) / Vision												
501 Retiree Only	24,820	\$43.57	\$8.00	\$51.57	\$44.52	\$8.00	\$52.52	1.8%	\$43.43	\$8.00	\$51.43	-0.3%
502 Retiree & Dependents	23,188	99.25	8.00	107.25	101.44	8.00	109.44	2.0%	98.94	8.00	106.94	-0.3%
503 Survivor / Minor	9	55.40	8.00	63.40	56.62	8.00	64.62	1.9%	55.22	8.00	63.22	-0.3%
Total	48,017	\$40,599,780		\$45,209,412	\$41,492,240		\$46,101,872	2.0%	\$40,471,804		\$45,081,436	-0.3%
Cigna Dental (Prepaid) / Vision												
901 Retiree only	3,409	\$38.51	\$8.00	\$46.51	\$38.53	\$8.00	\$46.53	0.0%	\$38.37	\$8.00	\$46.37	-0.3%
902 Retiree & Dependents	2,404	87.26	8.00	95.26	87.31	8.00	95.31	0.1%	86.95	8.00	94.95	-0.3%
903 Survivor/ Minor	1	39.09	8.00	47.09	39.12	8.00	47.12	0.1%	38.91	8.00	46.91	-0.4%
Total	5,814	\$4,093,113		\$4,651,257	\$4,095,374		\$4,653,518	0.0%	\$4,078,440		\$4,636,584	-0.3%

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - MEDICAL ⁽¹⁾

Policy Period	2018-2019		2019-2020		2020-2021		2021-2022	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	
Anthem	\$238,737,000	\$248,860,000	4.2%	\$265,297,000	6.6%	\$270,823,000	2.1%	
Cigna	11,486,000	10,997,000	-4.3%	9,411,000	-14.4%	9,560,000	1.6%	
Kaiser	211,917,000	223,405,000	5.4%	230,996,000	3.4%	229,811,000	-0.5%	
SCAN	1,907,000	1,646,000	-13.7%	1,629,000	-1.0%	1,693,000	3.9%	
UnitedHealthcare	49,211,000	52,365,000	6.4%	55,564,000	6.1%	56,233,000	1.2%	
Medicare Part B	62,642,000	65,753,000	5.0%	72,307,000	10.0%	75,638,000	4.6%	
Total Premium	\$575,900,000	\$603,026,000	4.7%	\$635,204,000	5.3%	\$643,758,000	1.3%	
Total Retirees Insured	48,434	49,554	2.3%	50,364	1.6%	50,364	0.0%	
Premiums per Retiree per Month	\$990.87	\$1,014.09	2.3%	\$1,051.02	3.6%	\$1,065.18	1.3%	

⁽¹⁾ The 2018-2019 and 2019-2020 premiums are projected based on enrollment from LACERA's January 2019 and January 2020 Staff Activity reports, respectively. The 2020-2021 and 2021-2022 premiums are projected based on enrollment from LACERA's January 2021 Staff Activity report.



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

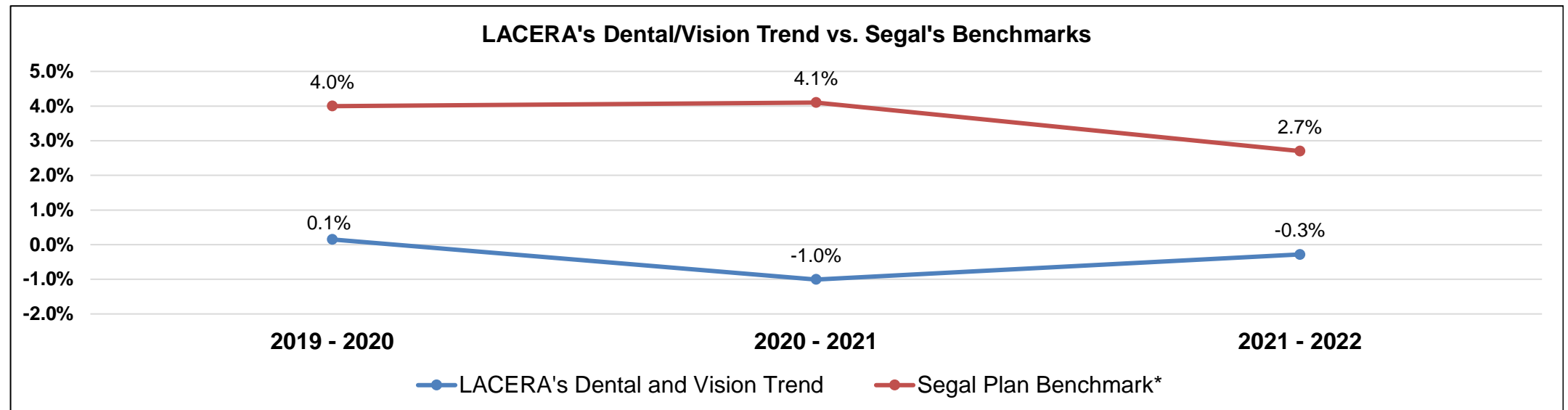
Note: Premiums and Rate Changes **include** LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - DENTAL AND VISION ⁽¹⁾

Policy Period	2018-2019		2019-2020		2020-2021		2021-2022	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	
Cigna Indemnity Dental / Vision	\$43,699,000	\$44,935,000	2.8%	\$45,209,000	0.6%	\$45,081,000	-0.3%	
Cigna Prepaid Dental / Vision	4,449,000	4,507,000	1.3%	4,651,000	3.2%	4,637,000	-0.3%	
Total Premium	\$48,148,000	\$49,442,000	2.7%	\$49,860,000	0.8%	\$49,718,000	-0.3%	
Total Retirees Insured	51,536	52,842	2.5%	53,831	1.9%	53,831	0.0%	
Premiums per Retiree per Month	\$77.85	\$77.97	0.1%	\$77.19	-1.0%	\$76.97	-0.3%	

⁽¹⁾ The 2018-2019 and 2019-2020 premiums are projected based on enrollment from LACERA's January 2019 and January 2020 Staff Activity reports, respectively. The 2020-2021 and 2021-2022 premiums are projected based on enrollment from LACERA's January 2021 Staff Activity report.



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

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

RETIREE HEALTHCARE CONTRIBUTIONS

County Contributions and Benchmark

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

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

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

Plan(s) Exceeding Benchmark Monthly Premium

Coverage Tier	Benchmark Anthem BC Plan I & II	Cigna Network Model (HMO)	Amount over the Benchmark (Member Portion)
Retiree Only	\$1,273.39	\$1,655.81	\$382.42
Retiree & Spouse	2,295.06	2,989.10	694.04
Retiree & Family	2,707.06	3,529.49	822.43
Retiree & Children	1,684.53	2,196.92	512.39

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

Renewal Analysis - Effective 7/1/2021
Los Angeles County Employees Retirement Association

RETIREE HEALTHCARE CONTRIBUTIONS

LACERA Retiree Healthcare Benefits Program - Tier 1

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

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

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

LACERA Retiree Healthcare Benefits Program - Tier 2

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

The following provisions also apply for Tier 2 County contributions:

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

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

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

MEDICARE HISTORY

LACERA and Medicare

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

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

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

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

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

Renewal Analysis - Effective 7/1/2021 Los Angeles County Employees Retirement Association

HEALTHCARE REFORM AND DEVELOPMENTS

HEALTHCARE REFORM

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

- The H.R. 1865 Further Consolidated Appropriations Act, 2020 became law on December 20, 2019. This law repeals the 40% ACA Excise tax completely and removes the Health Insurer Fee permanently beginning January 1, 2021.
- On November 20, 2020, the Department of Health and Human Services (HHS) released a final rule that will eliminate rebates in favor of point-of-sale discounts in the Medicare Part D and Medicaid managed care organization programs. For Part D programs, the final rule is applicable as of January 1, 2022, although the Biden administration could consider postponing the effective date. The final rule is also likely to face legal challenge by the pharmacy benefit management industry. If the final rule is implemented in its current form, plan sponsors that cover retirees will need to review and possibly revise certain contracts, as well as evaluate their benefit design, including drug copayments and coinsurance.

COVID-19 DEVELOPMENTS

Health plans experienced reduced utilization in the spring of 2020 due to suspensions of nonessential care related to COVID-19. LACERA's carriers have reimbursed plans for the period of reduced utilization where appropriate.

- Anthem proposed \$8.6 million in fiscal 2020 surpluses resulting from premiums exceeding costs during the 2019/2020 plan year.
- Cigna credited one month of premiums for all dental and vision plans in addition to a fiscal 2020 surplus for the Dental PPO.
 - Dental PPO - \$3.5 million surplus payment for 2019/2020 and \$3.3 million premium credit
 - Dental HMO - \$0.3 million premium credit
 - Vision – premium credited as an 8% reduction to 2021/2022 renewal rates
- Cigna and UHC medical plans experienced moderate reductions in utilization, which are reflected in the 2021/2022 premium rates.
- Kaiser is an integrated health delivery system functioning as insurer, provider and facility. Kaiser has experienced no measurable reduction in cost, as many costs are fixed in the delivery system. Kaiser is subject to minimum medical loss ratios as required under the ACA and assures that rebates will be provided if lower costs result in a decrease below the minimum.
- SCAN applied a premium credit to the 2021/2022 rates equaling 4.7% of the renewal premium.

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Anthem Blue Cross I

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,273.39	\$2,295.06	\$2,707.06	\$1,684.53
10-11*	\$764.03	\$1,377.04	\$1,624.24	\$1,010.72
11-12*	\$713.10	\$1,285.23	\$1,515.95	\$943.34
12-13*	\$662.16	\$1,193.43	\$1,407.67	\$875.96
13-14	\$611.23	\$1,101.63	\$1,299.39	\$808.57
14-15	\$560.29	\$1,009.83	\$1,191.11	\$741.19
15-16	\$509.36	\$918.02	\$1,082.82	\$673.81
16-17	\$458.42	\$826.22	\$974.54	\$606.43
17-18	\$407.48	\$734.42	\$866.26	\$539.05
18-19	\$356.55	\$642.62	\$757.98	\$471.67
19-20	\$305.61	\$550.81	\$649.69	\$404.29
20-21	\$254.68	\$459.01	\$541.41	\$336.91
21-22	\$203.74	\$367.21	\$433.13	\$269.52
22-23	\$152.81	\$275.41	\$324.85	\$202.14
23-24	\$101.87	\$183.60	\$216.56	\$134.76
24-25	\$50.94	\$91.80	\$108.28	\$67.38
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$636.69	\$1,147.53	\$1,353.53	\$842.26
COBRA	\$1,298.86	\$2,340.96	\$2,761.20	\$1,718.22

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,273.39	\$2,295.06	\$2,707.06	\$1,684.53
10-11*	\$764.03	\$1,377.04	\$1,624.24	\$1,010.72
11-12*	\$713.10	\$1,285.23	\$1,515.95	\$943.34
12-13*	\$662.16	\$1,193.43	\$1,407.67	\$875.96
13-14	\$611.23	\$1,101.63	\$1,299.39	\$808.57
14-15	\$560.29	\$1,009.83	\$1,191.11	\$741.19
15-16	\$509.36	\$918.02	\$1,082.82	\$673.81
16-17	\$458.42	\$826.22	\$974.54	\$606.43
17-18	\$407.48	\$734.42	\$866.26	\$539.05
18-19	\$356.55	\$642.62	\$757.98	\$471.67
19-20	\$305.61	\$550.81	\$649.69	\$404.29
20-21	\$254.68	\$459.01	\$541.41	\$336.91
21-22	\$203.74	\$367.21	\$433.13	\$269.52
22-23	\$152.81	\$275.41	\$324.85	\$202.14
23-24	\$101.87	\$183.60	\$216.56	\$134.76
24-25	\$50.94	\$91.80	\$108.28	\$67.38
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$636.69	\$1,147.53	\$1,353.53	\$842.26
COBRA	\$1,298.86	\$2,340.96	\$2,761.20	\$1,718.22

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree Only w/ Medicare 240	Retiree & Spouse - 1 w/ Medicare 241 ⁽¹⁾	Retiree & Spouse - 1 w/ Medicare 242 ⁽²⁾	Retiree & Spouse - Both w/ Medicare 243
Less than 10*	\$519.08	\$1,657.63	\$1,657.63	\$1,032.26
10-11*	\$311.45	\$994.58	\$994.58	\$619.36
11-12*	\$290.68	\$928.27	\$928.27	\$578.07
12-13*	\$269.92	\$861.97	\$861.97	\$536.78
13-14	\$249.16	\$795.66	\$795.66	\$495.48
14-15	\$228.40	\$729.36	\$729.36	\$454.19
15-16	\$207.63	\$663.05	\$663.05	\$412.90
16-17	\$186.87	\$596.75	\$596.75	\$371.61
17-18	\$166.11	\$530.44	\$530.44	\$330.32
18-19	\$145.34	\$464.14	\$464.14	\$289.03
19-20	\$124.58	\$397.83	\$397.83	\$247.74
20-21	\$103.82	\$331.53	\$331.53	\$206.45
21-22	\$83.05	\$265.22	\$265.22	\$165.16
22-23	\$62.29	\$198.92	\$198.92	\$123.87
23-24	\$41.53	\$132.61	\$132.61	\$82.58
24-25	\$20.76	\$66.31	\$66.31	\$41.29
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$259.54	\$828.81	\$828.81	\$516.13
COBRA	\$529.46	\$1,690.78	\$1,690.78	\$1,052.91

⁽¹⁾ Non-Medicare has Anthem Blue Cross I

⁽²⁾ Non-Medicare has Anthem Blue Cross II

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree & Children 244 ⁽³⁾	Retiree & Children 245 ⁽⁴⁾	Retiree, Spouse, & Children - 1 w/ Medicare 246 ⁽⁵⁾	Retiree, Spouse, & Children - 1 w/ Medicare 247 ⁽⁶⁾	Retiree, Spouse, & Children - 2 w/ Medicare 248 ⁽⁷⁾	Retiree, Spouse, & Children - 2 w/ Medicare 249 ⁽⁸⁾	Retiree, Spouse, & Children - each w/ Medicare 250 ⁽⁹⁾
Less than 10*	\$928.76	\$928.76	\$2,067.18	\$2,067.18	\$1,441.73	\$1,441.73	\$1,615.64
10-11*	\$557.26	\$557.26	\$1,240.31	\$1,240.31	\$865.04	\$865.04	\$969.38
11-12*	\$520.11	\$520.11	\$1,157.62	\$1,157.62	\$807.37	\$807.37	\$904.76
12-13*	\$482.96	\$482.96	\$1,074.93	\$1,074.93	\$749.70	\$749.70	\$840.13
13-14	\$445.80	\$445.80	\$992.25	\$992.25	\$692.03	\$692.03	\$775.51
14-15	\$408.65	\$408.65	\$909.56	\$909.56	\$634.36	\$634.36	\$710.88
15-16	\$371.50	\$371.50	\$826.87	\$826.87	\$576.69	\$576.69	\$646.26
16-17	\$334.35	\$334.35	\$744.18	\$744.18	\$519.02	\$519.02	\$581.63
17-18	\$297.20	\$297.20	\$661.50	\$661.50	\$461.35	\$461.35	\$517.00
18-19	\$260.05	\$260.05	\$578.81	\$578.81	\$403.68	\$403.68	\$452.38
19-20	\$222.90	\$222.90	\$496.12	\$496.12	\$346.02	\$346.02	\$387.75
20-21	\$185.75	\$185.75	\$413.44	\$413.44	\$288.35	\$288.35	\$323.13
21-22	\$148.60	\$148.60	\$330.75	\$330.75	\$230.68	\$230.68	\$258.50
22-23	\$111.45	\$111.45	\$248.06	\$248.06	\$173.01	\$173.01	\$193.88
23-24	\$74.30	\$74.30	\$165.37	\$165.37	\$115.34	\$115.34	\$129.25
24-25	\$37.15	\$37.15	\$82.69	\$82.69	\$57.67	\$57.67	\$64.63
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$464.38	\$464.38	\$1,033.59	\$1,033.59	\$720.86	\$720.86	\$807.82
COBRA	\$947.34	\$947.34	\$2,108.52	\$2,108.52	\$1,470.56	\$1,470.56	\$1,647.95

⁽³⁾ Retiree has Medicare; Children have Anthem Blue Cross I

⁽⁴⁾ Retiree has Medicare; Children have Anthem Blue Cross II

⁽⁵⁾ Non-Medicare has Anthem Blue Cross I

⁽⁶⁾ Non-Medicare has Anthem Blue Cross II

⁽⁷⁾ Children have Anthem Blue Cross I

⁽⁸⁾ Children have Anthem Blue Cross II

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Anthem Blue Cross Prudent Buyer Plan

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$883.07	\$1,736.25	\$1,959.30	\$1,134.63
10-11*	\$529.84	\$1,041.75	\$1,175.58	\$680.78
11-12*	\$494.52	\$972.30	\$1,097.21	\$635.39
12-13*	\$459.20	\$902.85	\$1,018.84	\$590.01
13-14	\$423.87	\$833.40	\$940.46	\$544.62
14-15	\$388.55	\$763.95	\$862.09	\$499.24
15-16	\$353.23	\$694.50	\$783.72	\$453.85
16-17	\$317.91	\$625.05	\$705.35	\$408.47
17-18	\$282.58	\$555.60	\$626.98	\$363.08
18-19	\$247.26	\$486.15	\$548.60	\$317.70
19-20	\$211.94	\$416.70	\$470.23	\$272.31
20-21	\$176.61	\$347.25	\$391.86	\$226.93
21-22	\$141.29	\$277.80	\$313.49	\$181.54
22-23	\$105.97	\$208.35	\$235.12	\$136.16
23-24	\$70.65	\$138.90	\$156.74	\$90.77
24-25	\$35.32	\$69.45	\$78.37	\$45.39
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$441.53	\$868.12	\$979.65	\$567.31
COBRA	\$900.73	\$1,770.98	\$1,998.49	\$1,157.32

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Cigna Network Model Plan

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$1,655.81	\$2,989.10	\$3,529.49	\$2,196.92
10-11*	\$1,146.45	\$2,071.08	\$2,446.67	\$1,523.11
11-12*	\$1,095.52	\$1,979.27	\$2,338.38	\$1,455.73
12-13*	\$1,044.58	\$1,887.47	\$2,230.10	\$1,388.35
13-14	\$993.65	\$1,795.67	\$2,121.82	\$1,320.96
14-15	\$942.71	\$1,703.87	\$2,013.54	\$1,253.58
15-16	\$891.78	\$1,612.06	\$1,905.25	\$1,186.20
16-17	\$840.84	\$1,520.26	\$1,796.97	\$1,118.82
17-18	\$789.90	\$1,428.46	\$1,688.69	\$1,051.44
18-19	\$738.97	\$1,336.66	\$1,580.41	\$984.06
19-20	\$688.03	\$1,244.85	\$1,472.12	\$916.68
20-21	\$637.10	\$1,153.05	\$1,363.84	\$849.30
21-22	\$586.16	\$1,061.25	\$1,255.56	\$781.91
22-23	\$535.23	\$969.45	\$1,147.28	\$714.53
23-24	\$484.29	\$877.64	\$1,038.99	\$647.15
24-25	\$433.36	\$785.84	\$930.71	\$579.77
25 or more	\$382.42	\$694.04	\$822.43	\$512.39
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,019.11	\$1,841.57	\$2,175.96	\$1,354.65
COBRA	\$1,688.93	\$3,048.88	\$3,600.08	\$2,240.86

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021**

**Tier 1 - Cigna Preferred Medicare HMO (formerly called Cigna HealthSpring Preferred w/ Rx)
(available in Maricopa County and Apache Junction, Pinal County, Arizona only)**

Years of Service	Retiree Only with Medicare 321	Retiree & Spouse/Domestic Partner - 1 w/ Medicare 322	Retiree & Spouse/Domestic Partner - Both w/ Medicare 324	Retiree & Children 325	Retiree, Spouse/Domestic Partner & Children - 1 w/ Medicare 327	Retiree, Spouse/Domestic Partner & Children - 2 w/ Medicare 329
Less than 10*	\$384.49	\$1,717.78	\$760.98	\$926.28	\$2,258.85	\$1,342.91
10-11*	\$230.69	\$1,030.67	\$456.59	\$555.77	\$1,355.31	\$805.75
11-12*	\$215.31	\$961.96	\$426.15	\$518.72	\$1,264.96	\$752.03
12-13*	\$199.93	\$893.25	\$395.71	\$481.67	\$1,174.60	\$698.31
13-14	\$184.56	\$824.53	\$365.27	\$444.61	\$1,084.25	\$644.60
14-15	\$169.18	\$755.82	\$334.83	\$407.56	\$993.89	\$590.88
15-16	\$153.80	\$687.11	\$304.39	\$370.51	\$903.54	\$537.16
16-17	\$138.42	\$618.40	\$273.95	\$333.46	\$813.19	\$483.45
17-18	\$123.04	\$549.69	\$243.51	\$296.41	\$722.83	\$429.73
18-19	\$107.66	\$480.98	\$213.07	\$259.36	\$632.48	\$376.01
19-20	\$92.28	\$412.27	\$182.64	\$222.31	\$542.12	\$322.30
20-21	\$76.90	\$343.56	\$152.20	\$185.26	\$451.77	\$268.58
21-22	\$61.52	\$274.84	\$121.76	\$148.20	\$361.42	\$214.87
22-23	\$46.14	\$206.13	\$91.32	\$111.15	\$271.06	\$161.15
23-24	\$30.76	\$137.42	\$60.88	\$74.10	\$180.71	\$107.43
24-25	\$15.38	\$68.71	\$30.44	\$37.05	\$90.35	\$53.72
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$192.24	\$858.89	\$380.49	\$463.14	\$1,129.42	\$671.45
COBRA	\$392.18	\$1,752.14	\$776.20	\$944.81	\$2,304.03	\$1,369.77
Benchmark Rate	\$1,273.39	\$2,295.06	\$2,295.06	\$1,684.53	\$2,707.06	\$2,707.06

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree Only 401	Retiree Only 403	Retiree Only 404	Retiree Only 405
Less than 10*	\$1,173.13	\$261.84	\$1,177.37	\$1,176.86
10-11*	\$703.88	\$157.10	\$706.42	\$706.12
11-12*	\$656.95	\$146.63	\$659.33	\$659.04
12-13*	\$610.03	\$136.16	\$612.23	\$611.97
13-14	\$563.10	\$125.68	\$565.14	\$564.89
14-15	\$516.18	\$115.21	\$518.04	\$517.82
15-16	\$469.25	\$104.74	\$470.95	\$470.74
16-17	\$422.33	\$94.26	\$423.85	\$423.67
17-18	\$375.40	\$83.79	\$376.76	\$376.60
18-19	\$328.48	\$73.32	\$329.66	\$329.52
19-20	\$281.55	\$62.84	\$282.57	\$282.45
20-21	\$234.63	\$52.37	\$235.47	\$235.37
21-22	\$187.70	\$41.89	\$188.38	\$188.30
22-23	\$140.78	\$31.42	\$141.28	\$141.22
23-24	\$93.85	\$20.95	\$94.19	\$94.15
24-25	\$46.93	\$10.47	\$47.09	\$47.07
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$586.56	\$130.92	\$588.68	\$588.43
COBRA	\$1,196.59	\$267.08	\$1,200.92	\$1,200.40

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 411	Retiree & Family 413	Retiree & Family 414
Less than 10*	\$2,338.26	\$1,426.97	\$2,342.50
10-11*	\$1,402.96	\$856.18	\$1,405.50
11-12*	\$1,309.43	\$799.10	\$1,311.80
12-13*	\$1,215.90	\$742.02	\$1,218.10
13-14	\$1,122.36	\$684.95	\$1,124.40
14-15	\$1,028.83	\$627.87	\$1,030.70
15-16	\$935.30	\$570.79	\$937.00
16-17	\$841.77	\$513.71	\$843.30
17-18	\$748.24	\$456.63	\$749.60
18-19	\$654.71	\$399.55	\$655.90
19-20	\$561.18	\$342.47	\$562.20
20-21	\$467.65	\$285.39	\$468.50
21-22	\$374.12	\$228.32	\$374.80
22-23	\$280.59	\$171.24	\$281.10
23-24	\$187.06	\$114.16	\$187.40
24-25	\$93.53	\$57.08	\$93.70
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,169.13	\$713.48	\$1,171.25
COBRA	\$2,385.03	\$1,455.51	\$2,389.35

Deduct Codes:

411 - All family members are "Basic"

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

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

Definitions:

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

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

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 418	Retiree & Family 419	Retiree & Family 420	Retiree & Family 422
Less than 10*	\$515.68	\$1,431.21	\$2,346.74	\$2,341.99
10-11*	\$309.41	\$858.73	\$1,408.04	\$1,405.19
11-12*	\$288.78	\$801.48	\$1,314.17	\$1,311.51
12-13*	\$268.15	\$744.23	\$1,220.30	\$1,217.83
13-14	\$247.53	\$686.98	\$1,126.44	\$1,124.16
14-15	\$226.90	\$629.73	\$1,032.57	\$1,030.48
15-16	\$206.27	\$572.48	\$938.70	\$936.80
16-17	\$185.64	\$515.24	\$844.83	\$843.12
17-18	\$165.02	\$457.99	\$750.96	\$749.44
18-19	\$144.39	\$400.74	\$657.09	\$655.76
19-20	\$123.76	\$343.49	\$563.22	\$562.08
20-21	\$103.14	\$286.24	\$469.35	\$468.40
21-22	\$82.51	\$228.99	\$375.48	\$374.72
22-23	\$61.88	\$171.75	\$281.61	\$281.04
23-24	\$41.25	\$114.50	\$187.74	\$187.36
24-25	\$20.63	\$57.25	\$93.87	\$93.68
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$257.84	\$715.60	\$1,173.37	\$1,170.99
COBRA	\$525.99	\$1,459.83	\$2,393.67	\$2,388.83

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 423	Retiree & Family 426	Retiree & Family 427	Retiree & Family 428
Less than 10*	\$2,342.50	\$1,430.70	\$1,431.21	\$2,346.23
10-11*	\$1,405.50	\$858.42	\$858.73	\$1,407.74
11-12*	\$1,311.80	\$801.19	\$801.48	\$1,313.89
12-13*	\$1,218.10	\$743.96	\$744.23	\$1,220.04
13-14	\$1,124.40	\$686.74	\$686.98	\$1,126.19
14-15	\$1,030.70	\$629.51	\$629.73	\$1,032.34
15-16	\$937.00	\$572.28	\$572.48	\$938.49
16-17	\$843.30	\$515.05	\$515.24	\$844.64
17-18	\$749.60	\$457.82	\$457.99	\$750.79
18-19	\$655.90	\$400.60	\$400.74	\$656.94
19-20	\$562.20	\$343.37	\$343.49	\$563.10
20-21	\$468.50	\$286.14	\$286.24	\$469.25
21-22	\$374.80	\$228.91	\$228.99	\$375.40
22-23	\$281.10	\$171.68	\$171.75	\$281.55
23-24	\$187.40	\$114.46	\$114.50	\$187.70
24-25	\$93.70	\$57.23	\$57.25	\$93.85
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,171.25	\$715.35	\$715.60	\$1,173.11
COBRA	\$2,389.35	\$1,459.31	\$1,459.83	\$2,393.15

Deduct Codes:

423 - One family member is "Excess III"; others are "Basic"; Transitional Only. Closed Effective 7/1/2021

426 - One family member is "Senior Advantage"; others are "Excess II"

427 - One family member is "Senior Advantage"; others are "Excess III"; Transitional Only. Closed Effective 7/1/2021

428 - One family member is "Excess I"; others are "Excess II"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 429	Retiree & Family 430	Retiree & Family 431
Less than 10*	\$2,346.74	\$2,345.72	\$2,346.23
10-11*	\$1,408.04	\$1,407.43	\$1,407.74
11-12*	\$1,314.17	\$1,313.60	\$1,313.89
12-13*	\$1,220.30	\$1,219.77	\$1,220.04
13-14	\$1,126.44	\$1,125.95	\$1,126.19
14-15	\$1,032.57	\$1,032.12	\$1,032.34
15-16	\$938.70	\$938.29	\$938.49
16-17	\$844.83	\$844.46	\$844.64
17-18	\$750.96	\$750.63	\$750.79
18-19	\$657.09	\$656.80	\$656.94
19-20	\$563.22	\$562.97	\$563.10
20-21	\$469.35	\$469.14	\$469.25
21-22	\$375.48	\$375.32	\$375.40
22-23	\$281.61	\$281.49	\$281.55
23-24	\$187.74	\$187.66	\$187.70
24-25	\$93.87	\$93.83	\$93.85
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,173.37	\$1,172.86	\$1,173.11
COBRA	\$2,393.67	\$2,392.63	\$2,393.15

Deduct Codes:

429 - One family member is "Excess I"; others are "Excess III"; Transitional Only. Closed Effective 7/1/2021

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

431 - One family member is "Excess II"; others are "Excess III"; Transitional Only. Closed Effective 7/1/2021

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Colorado

Years of Service	Retiree Only 450	Retiree Only 451	*Retiree & Family 453	Retiree & Family 454	*Retiree & Family 455
Less than 10*	\$1,028.17	\$306.96	\$2,272.89	\$3,068.62	\$1,327.13
10-11*	\$616.90	\$184.18	\$1,363.73	\$1,985.80	\$796.28
11-12*	\$575.78	\$171.90	\$1,272.82	\$1,877.51	\$743.19
12-13*	\$534.65	\$159.62	\$1,181.90	\$1,769.23	\$690.11
13-14	\$493.52	\$147.34	\$1,090.99	\$1,660.95	\$637.02
14-15	\$452.39	\$135.06	\$1,000.07	\$1,552.67	\$583.94
15-16	\$411.27	\$122.78	\$909.16	\$1,444.38	\$530.85
16-17	\$370.14	\$110.51	\$818.24	\$1,336.10	\$477.77
17-18	\$329.01	\$98.23	\$727.32	\$1,227.82	\$424.68
18-19	\$287.89	\$85.95	\$636.41	\$1,119.54	\$371.60
19-20	\$246.76	\$73.67	\$545.49	\$1,011.25	\$318.51
20-21	\$205.63	\$61.39	\$454.58	\$902.97	\$265.43
21-22	\$164.51	\$49.11	\$363.66	\$794.69	\$212.34
22-23	\$123.38	\$36.84	\$272.75	\$686.41	\$159.26
23-24	\$82.25	\$24.56	\$181.83	\$578.12	\$106.17
24-25	\$41.13	\$12.28	\$90.92	\$469.84	\$53.09
25 or more	\$0.00	\$0.00	\$0.00	\$361.56	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$514.08	\$153.48	\$1,136.44	\$1,715.09	\$663.56
COBRA	\$1,048.73	\$313.10	\$2,318.35	\$3,129.99	\$1,353.67

Deduct Codes:

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

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

*Deduct codes 453 & 455 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Colorado

Years of Service	*Retiree & Family 457	Retiree & Family 458	Retiree & Family 459
Less than 10*	\$605.92	\$2,287.97	\$1,626.09
10-11*	\$363.55	\$1,372.78	\$975.65
11-12*	\$339.32	\$1,281.26	\$910.61
12-13*	\$315.08	\$1,189.74	\$845.57
13-14	\$290.84	\$1,098.23	\$780.52
14-15	\$266.60	\$1,006.71	\$715.48
15-16	\$242.37	\$915.19	\$650.44
16-17	\$218.13	\$823.67	\$585.39
17-18	\$193.89	\$732.15	\$520.35
18-19	\$169.66	\$640.63	\$455.31
19-20	\$145.42	\$549.11	\$390.26
20-21	\$121.18	\$457.59	\$325.22
21-22	\$96.95	\$366.08	\$260.17
22-23	\$72.71	\$274.56	\$195.13
23-24	\$48.47	\$183.04	\$130.09
24-25	\$24.24	\$91.52	\$65.04
25 or more	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$302.96	\$1,143.98	\$813.04
COBRA	\$618.04	\$2,333.73	\$1,658.61

Deduct Codes:

457 - Two family members are "Senior Advantage"

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

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

*Deduct code 457 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Georgia

Years of Service	Retiree Only 440	Retiree Only 441	Retiree Only 442	Retiree Only 443	*Retiree & Family 444	*Retiree & Family 445	*Retiree & Family 446
Less than 10*	\$1,132.33	\$1,132.33	\$1,132.33	\$423.47	\$1,547.80	\$1,547.80	\$1,547.80
10-11*	\$679.40	\$679.40	\$679.40	\$254.08	\$928.68	\$928.68	\$928.68
11-12*	\$634.10	\$634.10	\$634.10	\$237.14	\$866.77	\$866.77	\$866.77
12-13*	\$588.81	\$588.81	\$588.81	\$220.20	\$804.86	\$804.86	\$804.86
13-14	\$543.52	\$543.52	\$543.52	\$203.27	\$742.94	\$742.94	\$742.94
14-15	\$498.23	\$498.23	\$498.23	\$186.33	\$681.03	\$681.03	\$681.03
15-16	\$452.93	\$452.93	\$452.93	\$169.39	\$619.12	\$619.12	\$619.12
16-17	\$407.64	\$407.64	\$407.64	\$152.45	\$557.21	\$557.21	\$557.21
17-18	\$362.35	\$362.35	\$362.35	\$135.51	\$495.30	\$495.30	\$495.30
18-19	\$317.05	\$317.05	\$317.05	\$118.57	\$433.38	\$433.38	\$433.38
19-20	\$271.76	\$271.76	\$271.76	\$101.63	\$371.47	\$371.47	\$371.47
20-21	\$226.47	\$226.47	\$226.47	\$84.69	\$309.56	\$309.56	\$309.56
21-22	\$181.17	\$181.17	\$181.17	\$67.76	\$247.65	\$247.65	\$247.65
22-23	\$135.88	\$135.88	\$135.88	\$50.82	\$185.74	\$185.74	\$185.74
23-24	\$90.59	\$90.59	\$90.59	\$33.88	\$123.82	\$123.82	\$123.82
24-25	\$45.29	\$45.29	\$45.29	\$16.94	\$61.91	\$61.91	\$61.91
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$566.16	\$566.16	\$566.16	\$211.73	\$773.90	\$773.90	\$773.90
COBRA	\$1,154.98	\$1,154.98	\$1,154.98	\$431.94	\$1,578.76	\$1,578.76	\$1,578.76

Deduct Codes:

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

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

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

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

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

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

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Georgia

Years of Service	Retiree Only 461	Retiree Only 462	*Retiree & Family 463	Retiree & Family 464	*Retiree & Family 465
Less than 10*	\$1,132.33	\$423.47	\$2,256.67	\$3,381.00	\$1,547.80
10-11*	\$679.40	\$254.08	\$1,354.00	\$2,298.18	\$928.68
11-12*	\$634.10	\$237.14	\$1,263.74	\$2,189.89	\$866.77
12-13*	\$588.81	\$220.20	\$1,173.47	\$2,081.61	\$804.86
13-14	\$543.52	\$203.27	\$1,083.20	\$1,973.33	\$742.94
14-15	\$498.23	\$186.33	\$992.93	\$1,865.05	\$681.03
15-16	\$452.93	\$169.39	\$902.67	\$1,756.76	\$619.12
16-17	\$407.64	\$152.45	\$812.40	\$1,648.48	\$557.21
17-18	\$362.35	\$135.51	\$722.13	\$1,540.20	\$495.30
18-19	\$317.05	\$118.57	\$631.87	\$1,431.92	\$433.38
19-20	\$271.76	\$101.63	\$541.60	\$1,323.63	\$371.47
20-21	\$226.47	\$84.69	\$451.33	\$1,215.35	\$309.56
21-22	\$181.17	\$67.76	\$361.07	\$1,107.07	\$247.65
22-23	\$135.88	\$50.82	\$270.80	\$998.79	\$185.74
23-24	\$90.59	\$33.88	\$180.53	\$890.50	\$123.82
24-25	\$45.29	\$16.94	\$90.27	\$782.22	\$61.91
25 or more	\$0.00	\$0.00	\$0.00	\$673.94	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$566.16	\$211.73	\$1,128.33	\$2,027.47	\$773.90
COBRA	\$1,154.98	\$431.94	\$2,301.80	\$3,448.62	\$1,578.76

Deduct Codes:

461 - "Basic" under age 65

462 - "Senior Advantage"

463 - Two family members are "Basic"

464 - Three or more family members are "Basic"

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

*Deduct codes 463 & 465 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Georgia

Years of Service	*Retiree & Family 466	Retiree & Family 467	Retiree & Family 468	Retiree & Family 469	Retiree & Family 470
Less than 10*	\$838.94	\$2,672.14	\$1,963.27	\$1,254.41	\$2,672.14
10-11*	\$503.36	\$1,603.28	\$1,177.96	\$752.65	\$1,603.28
11-12*	\$469.81	\$1,496.40	\$1,099.43	\$702.47	\$1,496.40
12-13*	\$436.25	\$1,389.51	\$1,020.90	\$652.29	\$1,389.51
13-14	\$402.69	\$1,282.63	\$942.37	\$602.12	\$1,282.63
14-15	\$369.13	\$1,175.74	\$863.84	\$551.94	\$1,175.74
15-16	\$335.58	\$1,068.86	\$785.31	\$501.76	\$1,068.86
16-17	\$302.02	\$961.97	\$706.78	\$451.59	\$961.97
17-18	\$268.46	\$855.08	\$628.25	\$401.41	\$855.08
18-19	\$234.90	\$748.20	\$549.72	\$351.23	\$748.20
19-20	\$201.35	\$641.31	\$471.18	\$301.06	\$641.31
20-21	\$167.79	\$534.43	\$392.65	\$250.88	\$534.43
21-22	\$134.23	\$427.54	\$314.12	\$200.71	\$427.54
22-23	\$100.67	\$320.66	\$235.59	\$150.53	\$320.66
23-24	\$67.12	\$213.77	\$157.06	\$100.35	\$213.77
24-25	\$33.56	\$106.89	\$78.53	\$50.18	\$106.89
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$419.47	\$1,336.07	\$981.63	\$627.20	\$1,336.07
COBRA	\$855.72	\$2,725.58	\$2,002.54	\$1,279.50	\$2,725.58

Deduct Codes:

466 - Two family members are "Senior Advantage"

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

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

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

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

*Deduct code 466 represents 2-party contract

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Hawaii**

Years of Service	Retiree Only 471	Retiree Only 472	Retiree Only 473	*Retiree & Family 474	Retiree & Family 475
Less than 10*	\$941.61	\$468.76	\$1,819.99	\$1,875.23	\$2,808.84
10-11*	\$564.97	\$281.26	\$1,310.63	\$1,125.14	\$1,726.02
11-12*	\$527.30	\$262.51	\$1,259.70	\$1,050.13	\$1,617.73
12-13*	\$489.64	\$243.76	\$1,208.76	\$975.12	\$1,509.45
13-14	\$451.97	\$225.00	\$1,157.83	\$900.11	\$1,401.17
14-15	\$414.31	\$206.25	\$1,106.89	\$825.10	\$1,292.89
15-16	\$376.64	\$187.50	\$1,055.96	\$750.09	\$1,184.60
16-17	\$338.98	\$168.75	\$1,005.02	\$675.08	\$1,076.32
17-18	\$301.32	\$150.00	\$954.08	\$600.07	\$968.04
18-19	\$263.65	\$131.25	\$903.15	\$525.06	\$859.76
19-20	\$225.99	\$112.50	\$852.21	\$450.06	\$751.47
20-21	\$188.32	\$93.75	\$801.28	\$375.05	\$643.19
21-22	\$150.66	\$75.00	\$750.34	\$300.04	\$534.91
22-23	\$112.99	\$56.25	\$699.41	\$225.03	\$426.63
23-24	\$75.33	\$37.50	\$648.47	\$150.02	\$318.34
24-25	\$37.66	\$18.75	\$597.54	\$75.01	\$210.06
25 or more	\$0.00	\$0.00	\$546.60	\$0.00	\$101.78
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$470.80	\$234.38	\$1,183.29	\$937.61	\$1,455.31
COBRA	\$960.44	\$478.14	\$1,856.39	\$1,912.73	\$2,865.02

Deduct Codes:

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Hawaii**

Years of Service	*Retiree & Family 476	*Retiree & Family 477	*Retiree & Family 478	*Retiree & Family 479
Less than 10*	\$1,402.37	\$2,753.60	\$929.52	\$2,280.75
10-11*	\$841.42	\$1,835.58	\$557.71	\$1,368.45
11-12*	\$785.33	\$1,743.77	\$520.53	\$1,277.22
12-13*	\$729.23	\$1,651.97	\$483.35	\$1,185.99
13-14	\$673.14	\$1,560.17	\$446.17	\$1,094.76
14-15	\$617.04	\$1,468.37	\$408.99	\$1,003.53
15-16	\$560.95	\$1,376.56	\$371.81	\$912.30
16-17	\$504.85	\$1,284.76	\$334.63	\$821.07
17-18	\$448.76	\$1,192.96	\$297.45	\$729.84
18-19	\$392.66	\$1,101.16	\$260.27	\$638.61
19-20	\$336.57	\$1,009.35	\$223.08	\$547.38
20-21	\$280.47	\$917.55	\$185.90	\$456.15
21-22	\$224.38	\$825.75	\$148.72	\$364.92
22-23	\$168.28	\$733.95	\$111.54	\$273.69
23-24	\$112.19	\$642.14	\$74.36	\$182.46
24-25	\$56.09	\$550.34	\$37.18	\$91.23
25 or more	\$0.00	\$458.54	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$701.18	\$1,606.07	\$464.76	\$1,140.37
COBRA	\$1,430.42	\$2,808.67	\$948.11	\$2,326.37

Deduct Codes:

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

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

478 - Two family members are "Senior Advantage"

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	Retiree Only 483	*Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,154.66	\$479.36	\$1,347.32	\$2,301.32	\$3,447.98
10-11*	\$692.80	\$287.62	\$837.96	\$1,383.30	\$2,365.16
11-12*	\$646.61	\$268.44	\$787.03	\$1,291.49	\$2,256.87
12-13*	\$600.42	\$249.27	\$736.09	\$1,199.69	\$2,148.59
13-14	\$554.24	\$230.09	\$685.16	\$1,107.89	\$2,040.31
14-15	\$508.05	\$210.92	\$634.22	\$1,016.09	\$1,932.03
15-16	\$461.86	\$191.74	\$583.29	\$924.28	\$1,823.74
16-17	\$415.68	\$172.57	\$532.35	\$832.48	\$1,715.46
17-18	\$369.49	\$153.40	\$481.41	\$740.68	\$1,607.18
18-19	\$323.30	\$134.22	\$430.48	\$648.88	\$1,498.90
19-20	\$277.12	\$115.05	\$379.54	\$557.07	\$1,390.61
20-21	\$230.93	\$95.87	\$328.61	\$465.27	\$1,282.33
21-22	\$184.75	\$76.70	\$277.67	\$373.47	\$1,174.05
22-23	\$138.56	\$57.52	\$226.74	\$281.67	\$1,065.77
23-24	\$92.37	\$38.35	\$175.80	\$189.86	\$957.48
24-25	\$46.19	\$19.17	\$124.87	\$98.06	\$849.20
25 or more	\$0.00	\$0.00	\$73.93	\$6.26	\$740.92
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$577.33	\$239.68	\$710.62	\$1,153.79	\$2,094.45
COBRA	\$1,177.75	\$488.95	\$1,374.27	\$2,347.35	\$3,516.94

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 486	*Retiree & Family 488	Retiree Only 489	Retiree Only 490
Less than 10*	\$1,626.02	\$950.72	\$1,096.82	\$1,347.32
10-11*	\$975.61	\$570.43	\$658.09	\$837.96
11-12*	\$910.57	\$532.40	\$614.22	\$787.03
12-13*	\$845.53	\$494.37	\$570.35	\$736.09
13-14	\$780.49	\$456.35	\$526.47	\$685.16
14-15	\$715.45	\$418.32	\$482.60	\$634.22
15-16	\$650.41	\$380.29	\$438.73	\$583.29
16-17	\$585.37	\$342.26	\$394.86	\$532.35
17-18	\$520.33	\$304.23	\$350.98	\$481.41
18-19	\$455.29	\$266.20	\$307.11	\$430.48
19-20	\$390.24	\$228.17	\$263.24	\$379.54
20-21	\$325.20	\$190.14	\$219.36	\$328.61
21-22	\$260.16	\$152.12	\$175.49	\$277.67
22-23	\$195.12	\$114.09	\$131.62	\$226.74
23-24	\$130.08	\$76.06	\$87.75	\$175.80
24-25	\$65.04	\$38.03	\$43.87	\$124.87
25 or more	\$0.00	\$0.00	\$0.00	\$73.93
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$813.01	\$475.36	\$548.41	\$710.62
COBRA	\$1,658.54	\$969.73	\$1,118.76	\$1,374.27

Deduct Codes:

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

488 - Two family members are "Senior Advantage"

489 - Over age 65 with Medicare Part A only

490 - Over age 65 with Medicare Part B only

*Deduct codes 486 & 488 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 491	*Retiree & Family 492	Retiree & Family 493	Retiree & Family 494	*Retiree & Family 495
Less than 10*	\$1,568.18	\$1,818.68	\$2,772.68	\$2,097.38	\$2,686.64
10-11*	\$940.91	\$1,091.21	\$1,689.86	\$1,258.43	\$1,768.62
11-12*	\$878.18	\$1,018.46	\$1,581.57	\$1,174.53	\$1,676.81
12-13*	\$815.45	\$945.71	\$1,473.29	\$1,090.64	\$1,585.01
13-14	\$752.73	\$872.97	\$1,365.01	\$1,006.74	\$1,493.21
14-15	\$690.00	\$800.22	\$1,256.73	\$922.85	\$1,401.41
15-16	\$627.27	\$727.47	\$1,148.44	\$838.95	\$1,309.60
16-17	\$564.54	\$654.72	\$1,040.16	\$755.06	\$1,217.80
17-18	\$501.82	\$581.98	\$931.88	\$671.16	\$1,126.00
18-19	\$439.09	\$509.23	\$823.60	\$587.27	\$1,034.20
19-20	\$376.36	\$436.48	\$715.31	\$503.37	\$942.39
20-21	\$313.64	\$363.74	\$607.03	\$419.48	\$850.59
21-22	\$250.91	\$290.99	\$498.75	\$335.58	\$758.79
22-23	\$188.18	\$218.24	\$390.47	\$251.69	\$666.99
23-24	\$125.45	\$145.49	\$282.18	\$167.79	\$575.18
24-25	\$62.73	\$72.75	\$173.90	\$83.90	\$483.38
25 or more	\$0.00	\$0.00	\$65.62	\$0.00	\$391.58
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$784.09	\$909.34	\$1,419.15	\$1,048.69	\$1,539.11
COBRA	\$1,599.54	\$1,855.05	\$2,828.13	\$2,139.33	\$2,740.37

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 496	*Retiree & Family 497	*Retiree & Family 498
Less than 10*	\$2,185.64	\$2,243.48	\$2,493.98
10-11*	\$1,311.38	\$1,346.09	\$1,575.96
11-12*	\$1,223.96	\$1,256.35	\$1,484.15
12-13*	\$1,136.53	\$1,166.61	\$1,392.35
13-14	\$1,049.11	\$1,076.87	\$1,300.55
14-15	\$961.68	\$987.13	\$1,208.75
15-16	\$874.26	\$897.39	\$1,116.94
16-17	\$786.83	\$807.65	\$1,025.14
17-18	\$699.40	\$717.91	\$933.34
18-19	\$611.98	\$628.17	\$841.54
19-20	\$524.55	\$538.44	\$749.73
20-21	\$437.13	\$448.70	\$657.93
21-22	\$349.70	\$358.96	\$566.13
22-23	\$262.28	\$269.22	\$474.33
23-24	\$174.85	\$179.48	\$382.52
24-25	\$87.43	\$89.74	\$290.72
25 or more	\$0.00	\$0.00	\$198.92
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,092.82	\$1,121.74	\$1,346.45
COBRA	\$2,229.35	\$2,288.35	\$2,543.86

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Washington

Years of Service	Retiree Only 393	Retiree Only 394	*Retiree & Family 395	Retiree & Family 396	*Retiree & Family 397
Less than 10*	\$1,242.34	\$435.70	\$2,313.00	\$3,867.64	\$1,506.36
10-11*	\$745.40	\$261.42	\$1,394.98	\$2,784.82	\$903.82
11-12*	\$695.71	\$243.99	\$1,303.17	\$2,676.53	\$843.56
12-13*	\$646.02	\$226.56	\$1,211.37	\$2,568.25	\$783.31
13-14	\$596.32	\$209.14	\$1,119.57	\$2,459.97	\$723.05
14-15	\$546.63	\$191.71	\$1,027.77	\$2,351.69	\$662.80
15-16	\$496.94	\$174.28	\$935.96	\$2,243.40	\$602.54
16-17	\$447.24	\$156.85	\$844.16	\$2,135.12	\$542.29
17-18	\$397.55	\$139.42	\$752.36	\$2,026.84	\$482.04
18-19	\$347.86	\$122.00	\$660.56	\$1,918.56	\$421.78
19-20	\$298.16	\$104.57	\$568.75	\$1,810.27	\$361.53
20-21	\$248.47	\$87.14	\$476.95	\$1,701.99	\$301.27
21-22	\$198.77	\$69.71	\$385.15	\$1,593.71	\$241.02
22-23	\$149.08	\$52.28	\$293.35	\$1,485.43	\$180.76
23-24	\$99.39	\$34.86	\$201.54	\$1,377.14	\$120.51
24-25	\$49.69	\$17.43	\$109.74	\$1,268.86	\$60.25
25 or more	\$0.00	\$0.00	\$17.94	\$1,160.58	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$621.17	\$217.85	\$1,165.47	\$2,514.11	\$753.18
COBRA	\$1,267.19	\$444.41	\$2,359.26	\$3,944.99	\$1,536.49

Deduct Codes:

393 - "Basic" under age 65

394 - "Senior Advantage"

395 - Two family members are "Basic"

396 - Three or more family members are "Basic"

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

*Deduct codes 395 & 397 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Kaiser Permanente Washington

Years of Service	*Retiree & Family 398	Retiree & Family 399	Retiree & Family 400
Less than 10*	\$863.40	\$3,061.00	\$2,418.04
10-11*	\$518.04	\$1,978.18	\$1,450.82
11-12*	\$483.50	\$1,869.89	\$1,354.10
12-13*	\$448.97	\$1,761.61	\$1,257.38
13-14	\$414.43	\$1,653.33	\$1,160.66
14-15	\$379.90	\$1,545.05	\$1,063.94
15-16	\$345.36	\$1,436.76	\$967.22
16-17	\$310.82	\$1,328.48	\$870.49
17-18	\$276.29	\$1,220.20	\$773.77
18-19	\$241.75	\$1,111.92	\$677.05
19-20	\$207.22	\$1,003.63	\$580.33
20-21	\$172.68	\$895.35	\$483.61
21-22	\$138.14	\$787.07	\$386.89
22-23	\$103.61	\$678.79	\$290.16
23-24	\$69.07	\$570.50	\$193.44
24-25	\$34.54	\$462.22	\$96.72
25 or more	\$0.00	\$353.94	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$431.70	\$1,707.47	\$1,209.02
COBRA	\$880.67	\$3,122.22	\$2,466.40

Deduct Codes:

398 - Two family members are "Senior Advantage"

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

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

*Deduct code 398 represent 2-party contract

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - SCAN Health Plan**

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$283.60	\$559.20
10-11*	\$170.16	\$335.52
11-12*	\$158.82	\$313.15
12-13*	\$147.47	\$290.78
13-14	\$136.13	\$268.42
14-15	\$124.78	\$246.05
15-16	\$113.44	\$223.68
16-17	\$102.10	\$201.31
17-18	\$90.75	\$178.94
18-19	\$79.41	\$156.58
19-20	\$68.06	\$134.21
20-21	\$56.72	\$111.84
21-22	\$45.38	\$89.47
22-23	\$34.03	\$67.10
23-24	\$22.69	\$44.74
24-25	\$11.34	\$22.37
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$141.80	\$279.60
COBRA	\$289.27	\$570.38

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021**

Tier 1 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701	Retiree & 1 Dependent - 1 with UnitedHealthcare Group Medicare Advantage HMO 702 ⁽¹⁾	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 ⁽¹⁾	Retiree & 2 or More Dependents - 1 with UnitedHealthcare Group Medicare Advantage HMO 704 ⁽²⁾	Retiree & 2 or More Dependents - 2 with UnitedHealthcare Group Medicare Advantage HMO 705 ⁽²⁾
Less than 10*	\$336.45	\$1,596.54	\$664.90	\$1,813.61	\$881.97
10-11*	\$201.87	\$957.92	\$398.94	\$1,088.17	\$529.18
11-12*	\$188.41	\$894.06	\$372.34	\$1,015.62	\$493.90
12-13*	\$174.95	\$830.20	\$345.75	\$943.08	\$458.62
13-14	\$161.50	\$766.34	\$319.15	\$870.53	\$423.35
14-15	\$148.04	\$702.48	\$292.56	\$797.99	\$388.07
15-16	\$134.58	\$638.62	\$265.96	\$725.44	\$352.79
16-17	\$121.12	\$574.75	\$239.36	\$652.90	\$317.51
17-18	\$107.66	\$510.89	\$212.77	\$580.36	\$282.23
18-19	\$94.21	\$447.03	\$186.17	\$507.81	\$246.95
19-20	\$80.75	\$383.17	\$159.58	\$435.27	\$211.67
20-21	\$67.29	\$319.31	\$132.98	\$362.72	\$176.39
21-22	\$53.83	\$255.45	\$106.38	\$290.18	\$141.12
22-23	\$40.37	\$191.58	\$79.79	\$217.63	\$105.84
23-24	\$26.92	\$127.72	\$53.19	\$145.09	\$70.56
24-25	\$13.46	\$63.86	\$26.60	\$72.54	\$35.28
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$168.22	\$798.27	\$332.45	\$906.80	\$440.98
COBRA	\$343.18	\$1,628.47	\$678.20	\$1,849.88	\$899.61

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,268.09	\$2,315.42	\$2,745.25
10-11*	\$760.85	\$1,397.40	\$1,662.43
11-12*	\$710.13	\$1,305.59	\$1,554.14
12-13*	\$659.41	\$1,213.79	\$1,445.86
13-14	\$608.68	\$1,121.99	\$1,337.58
14-15	\$557.96	\$1,030.19	\$1,229.30
15-16	\$507.24	\$938.38	\$1,121.01
16-17	\$456.51	\$846.58	\$1,012.73
17-18	\$405.79	\$754.78	\$904.45
18-19	\$355.07	\$662.98	\$796.17
19-20	\$304.34	\$571.17	\$687.88
20-21	\$253.62	\$479.37	\$579.60
21-22	\$202.89	\$387.57	\$471.32
22-23	\$152.17	\$295.77	\$363.04
23-24	\$101.45	\$203.96	\$254.75
24-25	\$50.72	\$112.16	\$146.47
25 or more	\$0.00	\$20.36	\$38.19
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$634.04	\$1,167.89	\$1,391.72
COBRA	\$1,293.45	\$2,361.73	\$2,800.16

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Cigna Indemnity Dental/Vision

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$51.43	\$106.94
10-11*	\$30.86	\$64.16
11-12*	\$28.80	\$59.89
12-13*	\$26.74	\$55.61
13-14	\$24.69	\$51.33
14-15	\$22.63	\$47.05
15-16	\$20.57	\$42.78
16-17	\$18.51	\$38.50
17-18	\$16.46	\$34.22
18-19	\$14.40	\$29.94
19-20	\$12.34	\$25.67
20-21	\$10.29	\$21.39
21-22	\$8.23	\$17.11
22-23	\$6.17	\$12.83
23-24	\$4.11	\$8.56
24-25	\$2.06	\$4.28
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$25.71	\$53.47
COBRA	\$52.46	\$109.08

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.37	\$94.95
10-11*	\$27.82	\$56.97
11-12*	\$25.97	\$53.17
12-13*	\$24.11	\$49.37
13-14	\$22.26	\$45.58
14-15	\$20.40	\$41.78
15-16	\$18.55	\$37.98
16-17	\$16.69	\$34.18
17-18	\$14.84	\$30.38
18-19	\$12.98	\$26.59
19-20	\$11.13	\$22.79
20-21	\$9.27	\$18.99
21-22	\$7.42	\$15.19
22-23	\$5.56	\$11.39
23-24	\$3.71	\$7.60
24-25	\$1.85	\$3.80
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.18	\$47.47
COBRA	\$47.30	\$96.85

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Non-Medicare Surviving Spouse

Years of Service	Blue Cross Plan I & II	Kaiser	Blue Cross Prudent Buyer	Cigna	UHC HMO	Cigna Indemnity Dental/Vision	Cigna Prepaid Dental/Vision
Less than 10*	\$1,273.39	\$1,173.13	\$883.07	\$1,655.81	\$1,268.09	\$51.43	\$46.37
10-11*	\$764.03	\$703.88	\$529.84	\$1,146.45	\$760.85	\$30.86	\$27.82
11-12*	\$713.10	\$656.95	\$494.52	\$1,095.52	\$710.13	\$28.80	\$25.97
12-13*	\$662.16	\$610.03	\$459.20	\$1,044.58	\$659.41	\$26.74	\$24.11
13-14	\$611.23	\$563.10	\$423.87	\$993.65	\$608.68	\$24.69	\$22.26
14-15	\$560.29	\$516.18	\$388.55	\$942.71	\$557.96	\$22.63	\$20.40
15-16	\$509.36	\$469.25	\$353.23	\$891.78	\$507.24	\$20.57	\$18.55
16-17	\$458.42	\$422.33	\$317.91	\$840.84	\$456.51	\$18.51	\$16.69
17-18	\$407.48	\$375.40	\$282.58	\$789.90	\$405.79	\$16.46	\$14.84
18-19	\$356.55	\$328.48	\$247.26	\$738.97	\$355.07	\$14.40	\$12.98
19-20	\$305.61	\$281.55	\$211.94	\$688.03	\$304.34	\$12.34	\$11.13
20-21	\$254.68	\$234.63	\$176.61	\$637.10	\$253.62	\$10.29	\$9.27
21-22	\$203.74	\$187.70	\$141.29	\$586.16	\$202.89	\$8.23	\$7.42
22-23	\$152.81	\$140.78	\$105.97	\$535.23	\$152.17	\$6.17	\$5.56
23-24	\$101.87	\$93.85	\$70.65	\$484.29	\$101.45	\$4.11	\$3.71
24-25	\$50.94	\$46.93	\$35.32	\$433.36	\$50.72	\$2.06	\$1.85
25 or more	\$0.00	\$0.00	\$0.00	\$382.42	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$636.69	\$586.56	\$441.53	\$1,019.11	\$634.04	\$25.71	\$23.18
COBRA	\$1,298.86	\$1,196.59	\$900.73	\$1,688.93	\$1,293.45	\$52.46	\$47.30

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - Children Only Rates

Years of Service	Anthem Plan I & II 215 or 225	Kaiser One Child 421	Kaiser 2 or More 411	Prudent Buyer 205	Cigna 305	UHC HMO 706	Cigna Indemnity Dental/Vision 503	Cigna Prepaid Dental/Vision 903
Less than 10*	\$430.89	\$1,173.13	\$2,338.26	\$241.80	\$523.62	\$362.92	\$63.22	\$46.91
10-11*	\$258.53	\$703.88	\$1,402.96	\$145.08	\$314.17	\$217.75	\$37.93	\$28.15
11-12*	\$241.30	\$656.95	\$1,309.43	\$135.41	\$293.23	\$203.24	\$35.40	\$26.27
12-13*	\$224.06	\$610.03	\$1,215.90	\$125.74	\$272.28	\$188.72	\$32.87	\$24.39
13-14	\$206.83	\$563.10	\$1,122.36	\$116.06	\$251.34	\$174.20	\$30.35	\$22.52
14-15	\$189.59	\$516.18	\$1,028.83	\$106.39	\$230.39	\$159.68	\$27.82	\$20.64
15-16	\$172.36	\$469.25	\$935.30	\$96.72	\$209.45	\$145.17	\$25.29	\$18.76
16-17	\$155.12	\$422.33	\$841.77	\$87.05	\$188.50	\$130.65	\$22.76	\$16.89
17-18	\$137.88	\$375.40	\$748.24	\$77.38	\$167.56	\$116.13	\$20.23	\$15.01
18-19	\$120.65	\$328.48	\$654.71	\$67.70	\$146.61	\$101.62	\$17.70	\$13.13
19-20	\$103.41	\$281.55	\$561.18	\$58.03	\$125.67	\$87.10	\$15.17	\$11.26
20-21	\$86.18	\$234.63	\$467.65	\$48.36	\$104.72	\$72.58	\$12.64	\$9.38
21-22	\$68.94	\$187.70	\$374.12	\$38.69	\$83.78	\$58.07	\$10.12	\$7.51
22-23	\$51.71	\$140.78	\$280.59	\$29.02	\$62.83	\$43.55	\$7.59	\$5.63
23-24	\$34.47	\$93.85	\$187.06	\$19.34	\$41.89	\$29.03	\$5.06	\$3.75
24-25	\$17.24	\$46.93	\$93.53	\$9.67	\$20.94	\$14.52	\$2.53	\$1.88
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$215.44	\$586.56	\$1,169.13	\$120.90	\$261.81	\$181.46	\$31.61	\$23.45
COBRA	\$439.51	\$1,196.59	\$2,385.03	\$246.64	\$534.09	\$370.18	\$64.48	\$47.85

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - COBRA Rates

Blue Cross and CIGNA COBRA Rates	Retiree Only	Retiree & Spouse	Retiree, Spouse & Children	Retiree & Children	Spouse Only	Under 26 Child or Children Only	Spouse & Children	Over 26 Child
Plan I & II	\$1,298.86	\$2,340.96	\$2,761.20	\$1,718.22	\$1,298.86	\$439.51	\$1,718.22	\$1,298.86
Blue Cross Prudent Buyer	\$900.73	\$1,770.98	\$1,998.49	\$1,157.32	\$900.73	\$246.64	\$1,157.32	\$900.73
Cigna	\$1,688.93	\$3,048.88	\$3,600.08	\$2,240.86	\$1,688.93	\$534.09	\$2,240.86	\$1,688.93
Cigna Indemnity Dental/Vision	\$52.46	\$109.08	\$109.08	\$109.08	\$52.46	\$64.48	\$109.08	\$52.46
Cigna Prepaid Dental/Vision	\$47.30	\$96.85	\$96.85	\$96.85	\$47.30	\$47.85	\$96.85	\$47.30

UHC Without Medicare COBRA Rates	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709	Spouse Only 707	Spouse & 1 Dependent 708	Spouse & 2 or More Dependents 709	Under 26 Child or Children Only 706	Over 26 Child 707
	\$1,293.45	\$2,361.73	\$2,800.16	\$1,293.45	\$2,361.73	\$2,800.16	\$370.18	\$1,293.45

Plan III* COBRA Rates	Retiree Only w/ Medicare 240	Spouse Only w/ Medicare 240	Retiree & Spouse - One w/ Medicare 241/242	Retiree & Spouse - Both w/ Medicare 243	Retiree w/ Medicare & Children 244/245	Spouse w/ Medicare & Children 244/245	Retiree, Spouse & Children - One w/ Medicare 246/247	Retiree, Spouse & Children - Two w/ Medicare 248/249
	\$529.46	\$529.46	\$1,690.78	\$1,052.91	\$947.34	\$947.34	\$2,108.52	\$1,470.56

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - COBRA Rates - Cigna Medicare Risk

Cigna Medicare Risk COBRA Rates	Retiree Only w/ Medicare 321	Retiree & Spouse - One w/ Medicare 322	Retiree & Spouse - Both w/ Medicare 324	Retiree & Children 325	Retiree, Spouse & Children - One w/ Medicare 327	Retiree, Spouse & Children - Two w/ Medicare 329
	\$392.18	\$1,752.14	\$776.20	\$944.81	\$2,304.03	\$1,369.77

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - COBRA Rates - UHC MAPD Risk

UHC MAPD Risk COBRA Rates	Retiree Only w/ Medicare 701	Retiree & 1 Dependent - One w/ Medicare 702	Retiree & 1 Dependent - Both w/ Medicare 703	Retiree & 2 Or More Dependents - One w/ Medicare 704	Retiree & 2 Or More Dependents - Two w/ Medicare 705	Under 26 Child or Children Only 706	Over 26 Child 707
	\$343.18	\$1,628.47	\$678.20	\$1,849.88	\$899.61	\$370.18	\$1,293.45

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - COBRA Rates - SCAN Health Plan

SCAN COBRA Rates	Retiree Only w/ Medicare Risk 611	Retiree & 1 Dependent - Both w/ Medicare Risk 613
	\$289.27	\$570.38

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 1 - COBRA Rates - Kaiser

Kaiser - COBRA Rates	
Single "Basic"	\$1,196.59
Single "Senior Advantage"	\$267.08
Single "Excess"	\$1,200.92
All family members are "Basic"	\$2,385.03
One family member is "Senior Advantage"; others are "Basic"	\$1,455.51
One family member is "Excess"; others are "Basic"	\$2,389.35
Two or more family members are "Senior Advantage"	\$525.99
One family member is "Excess"; another is "Senior Advantage"	\$1,459.83
Two family members are "Excess"	\$2,393.67
Child under 26	\$1,196.59
Children under 26	\$2,385.03

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Anthem Blue Cross I

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,273.39	\$2,295.06	\$2,707.06	\$1,684.53
10-11*	\$764.03	\$1,785.70	\$2,197.70	\$1,175.17
11-12*	\$713.10	\$1,734.77	\$2,146.77	\$1,124.24
12-13*	\$662.16	\$1,683.83	\$2,095.83	\$1,073.30
13-14	\$611.23	\$1,632.90	\$2,044.90	\$1,022.37
14-15	\$560.29	\$1,581.96	\$1,993.96	\$971.43
15-16	\$509.36	\$1,531.03	\$1,943.03	\$920.50
16-17	\$458.42	\$1,480.09	\$1,892.09	\$869.56
17-18	\$407.48	\$1,429.15	\$1,841.15	\$818.62
18-19	\$356.55	\$1,378.22	\$1,790.22	\$767.69
19-20	\$305.61	\$1,327.28	\$1,739.28	\$716.75
20-21	\$254.68	\$1,276.35	\$1,688.35	\$665.82
21-22	\$203.74	\$1,225.41	\$1,637.41	\$614.88
22-23	\$152.81	\$1,174.48	\$1,586.48	\$563.95
23-24	\$101.87	\$1,123.54	\$1,535.54	\$513.01
24-25	\$50.94	\$1,072.61	\$1,484.61	\$462.08
25 or more	\$0.00	\$1,021.67	\$1,433.67	\$411.14
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$636.69	\$1,658.36	\$2,070.36	\$1,047.83
COBRA	\$1,298.86	\$2,340.96	\$2,761.20	\$1,718.22

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Anthem Blue Cross II

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,273.39	\$2,295.06	\$2,707.06	\$1,684.53
10-11*	\$764.03	\$1,785.70	\$2,197.70	\$1,175.17
11-12*	\$713.10	\$1,734.77	\$2,146.77	\$1,124.24
12-13*	\$662.16	\$1,683.83	\$2,095.83	\$1,073.30
13-14	\$611.23	\$1,632.90	\$2,044.90	\$1,022.37
14-15	\$560.29	\$1,581.96	\$1,993.96	\$971.43
15-16	\$509.36	\$1,531.03	\$1,943.03	\$920.50
16-17	\$458.42	\$1,480.09	\$1,892.09	\$869.56
17-18	\$407.48	\$1,429.15	\$1,841.15	\$818.62
18-19	\$356.55	\$1,378.22	\$1,790.22	\$767.69
19-20	\$305.61	\$1,327.28	\$1,739.28	\$716.75
20-21	\$254.68	\$1,276.35	\$1,688.35	\$665.82
21-22	\$203.74	\$1,225.41	\$1,637.41	\$614.88
22-23	\$152.81	\$1,174.48	\$1,586.48	\$563.95
23-24	\$101.87	\$1,123.54	\$1,535.54	\$513.01
24-25	\$50.94	\$1,072.61	\$1,484.61	\$462.08
25 or more	\$0.00	\$1,021.67	\$1,433.67	\$411.14
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$636.69	\$1,658.36	\$2,070.36	\$1,047.83
COBRA	\$1,298.86	\$2,340.96	\$2,761.20	\$1,718.22

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)

Years of Service	Retiree Only 240	Retiree & Spouse - Retiree w/ Medicare (Plan III Benchmark) 241 ⁽¹⁾ /242	Retiree & Spouse - Dependent w/ Medicare (Plan I, II Benchmark) 241/242 ⁽²⁾	Retiree & Spouse - Both w/ Medicare (Plan III Benchmark) 243
Less than 10*	\$519.08	\$1,657.63	\$1,657.63	\$1,032.26
10-11*	\$311.45	\$1,450.00	\$1,148.27	\$824.63
11-12*	\$290.68	\$1,429.23	\$1,097.34	\$803.86
12-13*	\$269.92	\$1,408.47	\$1,046.40	\$783.10
13-14	\$249.16	\$1,387.71	\$995.47	\$762.34
14-15	\$228.40	\$1,366.95	\$944.53	\$741.58
15-16	\$207.63	\$1,346.18	\$893.60	\$720.81
16-17	\$186.87	\$1,325.42	\$842.66	\$700.05
17-18	\$166.11	\$1,304.66	\$791.72	\$679.29
18-19	\$145.34	\$1,283.89	\$740.79	\$658.52
19-20	\$124.58	\$1,263.13	\$689.85	\$637.76
20-21	\$103.82	\$1,242.37	\$638.92	\$617.00
21-22	\$83.05	\$1,221.60	\$587.98	\$596.23
22-23	\$62.29	\$1,200.84	\$537.05	\$575.47
23-24	\$41.53	\$1,180.08	\$486.11	\$554.71
24-25	\$20.76	\$1,159.31	\$435.18	\$533.94
25 or more	\$0.00	\$1,138.55	\$384.24	\$513.18
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$259.54	\$1,398.09	\$1,020.93	\$772.72
COBRA	\$529.46	\$1,690.78	\$1,690.78	\$1,052.91

⁽¹⁾ Non-Medicare has Anthem Blue Cross I

⁽²⁾ Non-Medicare has Anthem Blue Cross II

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)

Years of Service	Retiree with Medicare and Children 244⁽³⁾/245⁽⁴⁾	Retiree & Children - Dependent w/ Medicare (Plan I & II Benchmark) 244⁽³⁾/245⁽⁴⁾	Retiree, Spouse, & Children - Retiree w/ Medicare (Plan III Benchmark) 246⁽³⁾/247⁽⁴⁾	Retiree, Spouse, & Children - 1 Dependent w/ Medicare (Plan I, II Benchmark) 246⁽³⁾/247⁽⁴⁾	Retiree, Spouse, & Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 248⁽³⁾/249⁽⁴⁾	Retiree, Spouse, & Children - Dependent + 1 w/ Medicare (Plan I, II Benchmark) 248⁽³⁾/249⁽⁴⁾	Retiree, Spouse, & Children - each w/ Medicare (Plan III Benchmark) 250⁽⁵⁾
Less than 10*	\$928.76	\$928.76	\$2,067.18	\$2,067.18	\$1,441.73	\$1,441.73	\$1,615.64
10-11*	\$721.13	\$557.26	\$1,859.55	\$1,557.82	\$1,234.10	\$932.37	\$1,408.01
11-12*	\$700.36	\$520.11	\$1,838.78	\$1,506.89	\$1,213.33	\$881.44	\$1,387.24
12-13*	\$679.60	\$482.96	\$1,818.02	\$1,455.95	\$1,192.57	\$830.50	\$1,366.48
13-14	\$658.84	\$445.80	\$1,797.26	\$1,405.02	\$1,171.81	\$779.57	\$1,345.72
14-15	\$638.08	\$408.65	\$1,776.50	\$1,354.08	\$1,151.05	\$728.63	\$1,324.96
15-16	\$617.31	\$371.50	\$1,755.73	\$1,303.15	\$1,130.28	\$677.70	\$1,304.19
16-17	\$596.55	\$334.35	\$1,734.97	\$1,252.21	\$1,109.52	\$626.76	\$1,283.43
17-18	\$575.79	\$297.20	\$1,714.21	\$1,201.27	\$1,088.76	\$575.82	\$1,262.67
18-19	\$555.02	\$260.05	\$1,693.44	\$1,150.34	\$1,067.99	\$524.89	\$1,241.90
19-20	\$534.26	\$222.90	\$1,672.68	\$1,099.40	\$1,047.23	\$473.95	\$1,221.14
20-21	\$513.50	\$185.75	\$1,651.92	\$1,048.47	\$1,026.47	\$423.02	\$1,200.38
21-22	\$492.73	\$148.60	\$1,631.15	\$997.53	\$1,005.70	\$372.08	\$1,179.61
22-23	\$471.97	\$111.45	\$1,610.39	\$946.60	\$984.94	\$321.15	\$1,158.85
23-24	\$451.21	\$74.30	\$1,589.63	\$895.66	\$964.18	\$270.21	\$1,138.09
24-25	\$430.44	\$37.15	\$1,568.86	\$844.73	\$943.41	\$219.28	\$1,117.32
25 or more	\$409.68	\$0.00	\$1,548.10	\$793.79	\$922.65	\$168.34	\$1,096.56
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$669.22	\$464.38	\$1,807.64	\$1,430.48	\$1,182.19	\$805.03	\$1,356.10
COBRA	\$947.34	\$947.34	\$2,108.52	\$2,108.52	\$1,470.56	\$1,470.56	\$1,647.95

⁽³⁾ Non-Medicare has Anthem Blue Cross I

⁽⁴⁾ Non-Medicare has Anthem Blue Cross II

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Anthem Blue Cross Prudent Buyer Plan

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$883.07	\$1,736.25	\$1,959.30	\$1,134.63
10-11*	\$529.84	\$1,226.89	\$1,449.94	\$680.78
11-12*	\$494.52	\$1,175.96	\$1,399.01	\$635.39
12-13*	\$459.20	\$1,125.02	\$1,348.07	\$590.01
13-14	\$423.87	\$1,074.09	\$1,297.14	\$544.62
14-15	\$388.55	\$1,023.15	\$1,246.20	\$499.24
15-16	\$353.23	\$972.22	\$1,195.27	\$453.85
16-17	\$317.91	\$921.28	\$1,144.33	\$408.47
17-18	\$282.58	\$870.34	\$1,093.39	\$363.08
18-19	\$247.26	\$819.41	\$1,042.46	\$317.70
19-20	\$211.94	\$768.47	\$991.52	\$272.31
20-21	\$176.61	\$717.54	\$940.59	\$226.93
21-22	\$141.29	\$666.60	\$889.65	\$181.54
22-23	\$105.97	\$615.67	\$838.72	\$136.16
23-24	\$70.65	\$564.73	\$787.78	\$90.77
24-25	\$35.32	\$513.80	\$736.85	\$45.39
25 or more	\$0.00	\$462.86	\$685.91	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$441.53	\$1,099.55	\$1,322.60	\$567.31
COBRA	\$900.73	\$1,770.98	\$1,998.49	\$1,157.32

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Cigna Network Model Plan

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$1,655.81	\$2,989.10	\$3,529.49	\$2,196.92
10-11*	\$1,146.45	\$2,479.74	\$3,020.13	\$1,687.56
11-12*	\$1,095.52	\$2,428.81	\$2,969.20	\$1,636.63
12-13*	\$1,044.58	\$2,377.87	\$2,918.26	\$1,585.69
13-14	\$993.65	\$2,326.94	\$2,867.33	\$1,534.76
14-15	\$942.71	\$2,276.00	\$2,816.39	\$1,483.82
15-16	\$891.78	\$2,225.07	\$2,765.46	\$1,432.89
16-17	\$840.84	\$2,174.13	\$2,714.52	\$1,381.95
17-18	\$789.90	\$2,123.19	\$2,663.58	\$1,331.01
18-19	\$738.97	\$2,072.26	\$2,612.65	\$1,280.08
19-20	\$688.03	\$2,021.32	\$2,561.71	\$1,229.14
20-21	\$637.10	\$1,970.39	\$2,510.78	\$1,178.21
21-22	\$586.16	\$1,919.45	\$2,459.84	\$1,127.27
22-23	\$535.23	\$1,868.52	\$2,408.91	\$1,076.34
23-24	\$484.29	\$1,817.58	\$2,357.97	\$1,025.40
24-25	\$433.36	\$1,766.65	\$2,307.04	\$974.47
25 or more	\$382.42	\$1,715.71	\$2,256.10	\$923.53
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,019.11	\$2,352.40	\$2,892.79	\$1,560.22
COBRA	\$1,688.93	\$3,048.88	\$3,600.08	\$2,240.86

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021**

**Tier 2 - Cigna Preferred Medicare HMO (formerly called Cigna HealthSpring Preferred w/ Rx)
(available in Maricopa County and Apache Junction, Pinal County, Arizona only)**

Years of Service	Retiree Only with Medicare 321	Retiree & Spouse/Domestic Partner - Retiree w/ Medicare (Plan III Benchmark) 322	Retiree & Spouse/Domestic Partner - Both w/ Medicare 324	Retiree & Children 325	Retiree, Spouse/Domestic Partner & Children - Retiree w/ Medicare (Plan III Benchmark) 327	Retiree, Spouse/Domestic Partner, & Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 329
Less than 10*	\$384.49	\$1,717.78	\$760.98	\$926.28	\$2,258.85	\$1,342.91
10-11*	\$230.69	\$1,510.15	\$553.35	\$718.65	\$2,051.22	\$1,135.28
11-12*	\$215.31	\$1,489.38	\$532.58	\$697.88	\$2,030.45	\$1,114.51
12-13*	\$199.93	\$1,468.62	\$511.82	\$677.12	\$2,009.69	\$1,093.75
13-14	\$184.56	\$1,447.86	\$491.06	\$656.36	\$1,988.93	\$1,072.99
14-15	\$169.18	\$1,427.10	\$470.30	\$635.60	\$1,968.17	\$1,052.23
15-16	\$153.80	\$1,406.33	\$449.53	\$614.83	\$1,947.40	\$1,031.46
16-17	\$138.42	\$1,385.57	\$428.77	\$594.07	\$1,926.64	\$1,010.70
17-18	\$123.04	\$1,364.81	\$408.01	\$573.31	\$1,905.88	\$989.94
18-19	\$107.66	\$1,344.04	\$387.24	\$552.54	\$1,885.11	\$969.17
19-20	\$92.28	\$1,323.28	\$366.48	\$531.78	\$1,864.35	\$948.41
20-21	\$76.90	\$1,302.52	\$345.72	\$511.02	\$1,843.59	\$927.65
21-22	\$61.52	\$1,281.75	\$324.95	\$490.25	\$1,822.82	\$906.88
22-23	\$46.14	\$1,260.99	\$304.19	\$469.49	\$1,802.06	\$886.12
23-24	\$30.76	\$1,240.23	\$283.43	\$448.73	\$1,781.30	\$865.36
24-25	\$15.38	\$1,219.46	\$262.66	\$427.96	\$1,760.53	\$844.59
25 or more	\$0.00	\$1,198.70	\$241.90	\$407.20	\$1,739.77	\$823.83
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$192.24	\$1,458.24	\$501.44	\$666.74	\$1,999.31	\$1,083.37
COBRA	\$392.18	\$1,752.14	\$776.20	\$944.81	\$2,304.03	\$1,369.77

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree Basic (Under 65) 401	Retiree with Medicare 403
Less than 10*	\$1,173.13	\$261.84
10-11*	\$703.88	\$157.10
11-12*	\$656.95	\$146.63
12-13*	\$610.03	\$136.16
13-14	\$563.10	\$125.68
14-15	\$516.18	\$115.21
15-16	\$469.25	\$104.74
16-17	\$422.33	\$94.26
17-18	\$375.40	\$83.79
18-19	\$328.48	\$73.32
19-20	\$281.55	\$62.84
20-21	\$234.63	\$52.37
21-22	\$187.70	\$41.89
22-23	\$140.78	\$31.42
23-24	\$93.85	\$20.95
24-25	\$46.93	\$10.47
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$586.56	\$130.92
COBRA	\$1,196.59	\$267.08

Deduct Codes:

401 - "Basic"

403 - "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree with Family (Basic) 411	Retiree with Medicare 413	Dependent with Medicare 413	Two or more Family members with Medicare 418
Less than 10*	\$2,338.26	\$1,426.97	\$1,426.97	\$515.68
10-11*	\$1,828.90	\$1,219.34	\$917.61	\$309.41
11-12*	\$1,777.97	\$1,198.57	\$866.68	\$288.78
12-13*	\$1,727.03	\$1,177.81	\$815.74	\$268.15
13-14	\$1,676.10	\$1,157.05	\$764.81	\$247.53
14-15	\$1,625.16	\$1,136.29	\$713.87	\$226.90
15-16	\$1,574.23	\$1,115.52	\$662.94	\$206.27
16-17	\$1,523.29	\$1,094.76	\$612.00	\$185.64
17-18	\$1,472.35	\$1,074.00	\$561.06	\$165.02
18-19	\$1,421.42	\$1,053.23	\$510.13	\$144.39
19-20	\$1,370.48	\$1,032.47	\$459.19	\$123.76
20-21	\$1,319.55	\$1,011.71	\$408.26	\$103.14
21-22	\$1,268.61	\$990.94	\$357.32	\$82.51
22-23	\$1,217.68	\$970.18	\$306.39	\$61.88
23-24	\$1,166.74	\$949.42	\$255.45	\$41.25
24-25	\$1,115.81	\$928.65	\$204.52	\$20.63
25 or more	\$1,064.87	\$907.89	\$153.58	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,701.56	\$1,167.43	\$790.27	\$257.84
COBRA	\$2,385.03	\$1,455.51	\$1,455.51	\$525.99

Deduct Codes:

411 - All family members are "Basic"

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Colorado

Years of Service	Retiree Only 450	Retiree Only 451	Retiree & Family 453	Retiree & Family 454	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 455	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 455
Less than 10*	\$1,028.17	\$306.96	\$2,272.89	\$3,068.62	\$1,327.13	\$1,327.13
10-11*	\$616.90	\$184.18	\$1,763.53	\$2,559.26	\$1,119.50	\$817.77
11-12*	\$575.78	\$171.90	\$1,712.60	\$2,508.33	\$1,098.73	\$766.84
12-13*	\$534.65	\$159.62	\$1,661.66	\$2,457.39	\$1,077.97	\$715.90
13-14	\$493.52	\$147.34	\$1,610.73	\$2,406.46	\$1,057.21	\$664.97
14-15	\$452.39	\$135.06	\$1,559.79	\$2,355.52	\$1,036.45	\$614.03
15-16	\$411.27	\$122.78	\$1,508.86	\$2,304.59	\$1,015.68	\$563.10
16-17	\$370.14	\$110.51	\$1,457.92	\$2,253.65	\$994.92	\$512.16
17-18	\$329.01	\$98.23	\$1,406.98	\$2,202.71	\$974.16	\$461.22
18-19	\$287.89	\$85.95	\$1,356.05	\$2,151.78	\$953.39	\$410.29
19-20	\$246.76	\$73.67	\$1,305.11	\$2,100.84	\$932.63	\$359.35
20-21	\$205.63	\$61.39	\$1,254.18	\$2,049.91	\$911.87	\$308.42
21-22	\$164.51	\$49.11	\$1,203.24	\$1,998.97	\$891.10	\$257.48
22-23	\$123.38	\$36.84	\$1,152.31	\$1,948.04	\$870.34	\$206.55
23-24	\$82.25	\$24.56	\$1,101.37	\$1,897.10	\$849.58	\$155.61
24-25	\$41.13	\$12.28	\$1,050.44	\$1,846.17	\$828.81	\$104.68
25 or more	\$0.00	\$0.00	\$999.50	\$1,795.23	\$808.05	\$53.74
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$514.08	\$153.48	\$1,636.19	\$2,431.92	\$1,067.59	\$690.43
COBRA	\$1,048.73	\$313.10	\$2,318.35	\$3,129.99	\$1,353.67	\$1,353.67

Deduct Codes:

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Colorado

Years of Service	Retiree & Family 457	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 458	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 458	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 459	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 459
Less than 10*	\$605.92	\$2,287.97	\$2,287.97	\$1,626.09	\$1,626.09
10-11*	\$398.29	\$2,080.34	\$1,778.61	\$1,418.46	\$1,116.73
11-12*	\$377.52	\$2,059.57	\$1,727.68	\$1,397.69	\$1,065.80
12-13*	\$356.76	\$2,038.81	\$1,676.74	\$1,376.93	\$1,014.86
13-14	\$336.00	\$2,018.05	\$1,625.81	\$1,356.17	\$963.93
14-15	\$315.24	\$1,997.29	\$1,574.87	\$1,335.41	\$912.99
15-16	\$294.47	\$1,976.52	\$1,523.94	\$1,314.64	\$862.06
16-17	\$273.71	\$1,955.76	\$1,473.00	\$1,293.88	\$811.12
17-18	\$252.95	\$1,935.00	\$1,422.06	\$1,273.12	\$760.18
18-19	\$232.18	\$1,914.23	\$1,371.13	\$1,252.35	\$709.25
19-20	\$211.42	\$1,893.47	\$1,320.19	\$1,231.59	\$658.31
20-21	\$190.66	\$1,872.71	\$1,269.26	\$1,210.83	\$607.38
21-22	\$169.89	\$1,851.94	\$1,218.32	\$1,190.06	\$556.44
22-23	\$149.13	\$1,831.18	\$1,167.39	\$1,169.30	\$505.51
23-24	\$128.37	\$1,810.42	\$1,116.45	\$1,148.54	\$454.57
24-25	\$107.60	\$1,789.65	\$1,065.52	\$1,127.77	\$403.64
25 or more	\$86.84	\$1,768.89	\$1,014.58	\$1,107.01	\$352.70
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$346.38	\$2,028.43	\$1,651.27	\$1,366.55	\$989.39
COBRA	\$618.04	\$2,333.73	\$2,333.73	\$1,658.61	\$1,658.61

Deduct Codes:

457 - Two family members are "Senior Advantage"

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree Only 443	Retiree Only 461	Retiree Only 462	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 463	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 463
Less than 10*	\$423.47	\$1,132.33	\$423.47	\$2,256.67	\$2,256.67
10-11*	\$254.08	\$679.40	\$254.08	\$2,049.04	\$1,747.31
11-12*	\$237.14	\$634.10	\$237.14	\$2,028.27	\$1,696.38
12-13*	\$220.20	\$588.81	\$220.20	\$2,007.51	\$1,645.44
13-14	\$203.27	\$543.52	\$203.27	\$1,986.75	\$1,594.51
14-15	\$186.33	\$498.23	\$186.33	\$1,965.99	\$1,543.57
15-16	\$169.39	\$452.93	\$169.39	\$1,945.22	\$1,492.64
16-17	\$152.45	\$407.64	\$152.45	\$1,924.46	\$1,441.70
17-18	\$135.51	\$362.35	\$135.51	\$1,903.70	\$1,390.76
18-19	\$118.57	\$317.05	\$118.57	\$1,882.93	\$1,339.83
19-20	\$101.63	\$271.76	\$101.63	\$1,862.17	\$1,288.89
20-21	\$84.69	\$226.47	\$84.69	\$1,841.41	\$1,237.96
21-22	\$67.76	\$181.17	\$67.76	\$1,820.64	\$1,187.02
22-23	\$50.82	\$135.88	\$50.82	\$1,799.88	\$1,136.09
23-24	\$33.88	\$90.59	\$33.88	\$1,779.12	\$1,085.15
24-25	\$16.94	\$45.29	\$16.94	\$1,758.35	\$1,034.22
25 or more	\$0.00	\$0.00	\$0.00	\$1,737.59	\$983.28
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$211.73	\$566.16	\$211.73	\$1,997.13	\$1,619.97
COBRA	\$431.94	\$1,154.98	\$431.94	\$2,301.80	\$2,301.80

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree & Family 464	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 465	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 465
Less than 10*	\$3,381.00	\$1,547.80	\$1,547.80
10-11*	\$2,871.64	\$1,340.17	\$1,038.44
11-12*	\$2,820.71	\$1,319.40	\$987.51
12-13*	\$2,769.77	\$1,298.64	\$936.57
13-14	\$2,718.84	\$1,277.88	\$885.64
14-15	\$2,667.90	\$1,257.12	\$834.70
15-16	\$2,616.97	\$1,236.35	\$783.77
16-17	\$2,566.03	\$1,215.59	\$732.83
17-18	\$2,515.09	\$1,194.83	\$681.89
18-19	\$2,464.16	\$1,174.06	\$630.96
19-20	\$2,413.22	\$1,153.30	\$580.02
20-21	\$2,362.29	\$1,132.54	\$529.09
21-22	\$2,311.35	\$1,111.77	\$478.15
22-23	\$2,260.42	\$1,091.01	\$427.22
23-24	\$2,209.48	\$1,070.25	\$376.28
24-25	\$2,158.55	\$1,049.48	\$325.35
25 or more	\$2,107.61	\$1,028.72	\$274.41
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$2,744.30	\$1,288.26	\$911.10
COBRA	\$3,448.62	\$1,578.76	\$1,578.76

Deduct Codes:

464 - Three or more family members are "Basic"

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree & Family 466	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 467	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 467	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 468	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 468
Less than 10*	\$838.94	\$2,672.14	\$2,672.14	\$1,963.27	\$1,963.27
10-11*	\$631.31	\$2,464.51	\$2,162.78	\$1,755.64	\$1,453.91
11-12*	\$610.54	\$2,443.74	\$2,111.85	\$1,734.87	\$1,402.98
12-13*	\$589.78	\$2,422.98	\$2,060.91	\$1,714.11	\$1,352.04
13-14	\$569.02	\$2,402.22	\$2,009.98	\$1,693.35	\$1,301.11
14-15	\$548.26	\$2,381.46	\$1,959.04	\$1,672.59	\$1,250.17
15-16	\$527.49	\$2,360.69	\$1,908.11	\$1,651.82	\$1,199.24
16-17	\$506.73	\$2,339.93	\$1,857.17	\$1,631.06	\$1,148.30
17-18	\$485.97	\$2,319.17	\$1,806.23	\$1,610.30	\$1,097.36
18-19	\$465.20	\$2,298.40	\$1,755.30	\$1,589.53	\$1,046.43
19-20	\$444.44	\$2,277.64	\$1,704.36	\$1,568.77	\$995.49
20-21	\$423.68	\$2,256.88	\$1,653.43	\$1,548.01	\$944.56
21-22	\$402.91	\$2,236.11	\$1,602.49	\$1,527.24	\$893.62
22-23	\$382.15	\$2,215.35	\$1,551.56	\$1,506.48	\$842.69
23-24	\$361.39	\$2,194.59	\$1,500.62	\$1,485.72	\$791.75
24-25	\$340.62	\$2,173.82	\$1,449.69	\$1,464.95	\$740.82
25 or more	\$319.86	\$2,153.06	\$1,398.75	\$1,444.19	\$689.88
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$579.40	\$2,412.60	\$2,035.44	\$1,703.73	\$1,326.57
COBRA	\$855.72	\$2,725.58	\$2,725.58	\$2,002.54	\$2,002.54

Deduct Codes:

466 - Two family members are "Senior Advantage"

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Georgia

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 469	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 469	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 470	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 470
Less than 10*	\$1,254.41	\$1,254.41	\$2,672.14	\$2,672.14
10-11*	\$1,046.78	\$752.65	\$2,464.51	\$2,162.78
11-12*	\$1,026.01	\$702.47	\$2,443.74	\$2,111.85
12-13*	\$1,005.25	\$652.29	\$2,422.98	\$2,060.91
13-14	\$984.49	\$602.12	\$2,402.22	\$2,009.98
14-15	\$963.73	\$551.94	\$2,381.46	\$1,959.04
15-16	\$942.96	\$501.76	\$2,360.69	\$1,908.11
16-17	\$922.20	\$451.59	\$2,339.93	\$1,857.17
17-18	\$901.44	\$401.41	\$2,319.17	\$1,806.23
18-19	\$880.67	\$351.23	\$2,298.40	\$1,755.30
19-20	\$859.91	\$301.06	\$2,277.64	\$1,704.36
20-21	\$839.15	\$250.88	\$2,256.88	\$1,653.43
21-22	\$818.38	\$200.71	\$2,236.11	\$1,602.49
22-23	\$797.62	\$150.53	\$2,215.35	\$1,551.56
23-24	\$776.86	\$100.35	\$2,194.59	\$1,500.62
24-25	\$756.09	\$50.18	\$2,173.82	\$1,449.69
25 or more	\$735.33	\$0.00	\$2,153.06	\$1,398.75
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$994.87	\$627.20	\$2,412.60	\$2,035.44
COBRA	\$1,279.50	\$1,279.50	\$2,725.58	\$2,725.58

Deduct Codes:

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Hawaii

Years of Service	Retiree Only 471	Retiree Only 472	Retiree & Dependent 474	Retiree & Family 475
Less than 10*	\$941.61	\$468.76	\$1,875.23	\$2,808.84
10-11*	\$564.97	\$281.26	\$1,365.87	\$2,299.48
11-12*	\$527.30	\$262.51	\$1,314.94	\$2,248.55
12-13*	\$489.64	\$243.76	\$1,264.00	\$2,197.61
13-14	\$451.97	\$225.00	\$1,213.07	\$2,146.68
14-15	\$414.31	\$206.25	\$1,162.13	\$2,095.74
15-16	\$376.64	\$187.50	\$1,111.20	\$2,044.81
16-17	\$338.98	\$168.75	\$1,060.26	\$1,993.87
17-18	\$301.32	\$150.00	\$1,009.32	\$1,942.93
18-19	\$263.65	\$131.25	\$958.39	\$1,892.00
19-20	\$225.99	\$112.50	\$907.45	\$1,841.06
20-21	\$188.32	\$93.75	\$856.52	\$1,790.13
21-22	\$150.66	\$75.00	\$805.58	\$1,739.19
22-23	\$112.99	\$56.25	\$754.65	\$1,688.26
23-24	\$75.33	\$37.50	\$703.71	\$1,637.32
24-25	\$37.66	\$18.75	\$652.78	\$1,586.39
25 or more	\$0.00	\$0.00	\$601.84	\$1,535.45
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$470.80	\$234.38	\$1,238.53	\$2,172.14
COBRA	\$960.44	\$478.14	\$1,912.73	\$2,865.02

Deduct Codes:

471 - "Basic" under age 65

472 - "Senior Advantage"

474 - Two family members are "Basic"

475 - Three or more family members are "Basic"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Hawaii

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 476	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 476	Retiree & Family 478
Less than 10*	\$1,402.37	\$1,402.37	\$929.52
10-11*	\$1,194.74	\$893.01	\$721.89
11-12*	\$1,173.97	\$842.08	\$701.12
12-13*	\$1,153.21	\$791.14	\$680.36
13-14	\$1,132.45	\$740.21	\$659.60
14-15	\$1,111.69	\$689.27	\$638.84
15-16	\$1,090.92	\$638.34	\$618.07
16-17	\$1,070.16	\$587.40	\$597.31
17-18	\$1,049.40	\$536.46	\$576.55
18-19	\$1,028.63	\$485.53	\$555.78
19-20	\$1,007.87	\$434.59	\$535.02
20-21	\$987.11	\$383.66	\$514.26
21-22	\$966.34	\$332.72	\$493.49
22-23	\$945.58	\$281.79	\$472.73
23-24	\$924.82	\$230.85	\$451.97
24-25	\$904.05	\$179.92	\$431.20
25 or more	\$883.29	\$128.98	\$410.44
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,142.83	\$765.67	\$669.98
COBRA	\$1,430.42	\$1,430.42	\$948.11

Deduct Codes:

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

478 - Two family members are "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,154.66	\$479.36	\$2,301.32	\$3,447.98
10-11*	\$692.80	\$287.62	\$1,791.96	\$2,938.62
11-12*	\$646.61	\$268.44	\$1,741.03	\$2,887.69
12-13*	\$600.42	\$249.27	\$1,690.09	\$2,836.75
13-14	\$554.24	\$230.09	\$1,639.16	\$2,785.82
14-15	\$508.05	\$210.92	\$1,588.22	\$2,734.88
15-16	\$461.86	\$191.74	\$1,537.29	\$2,683.95
16-17	\$415.68	\$172.57	\$1,486.35	\$2,633.01
17-18	\$369.49	\$153.40	\$1,435.41	\$2,582.07
18-19	\$323.30	\$134.22	\$1,384.48	\$2,531.14
19-20	\$277.12	\$115.05	\$1,333.54	\$2,480.20
20-21	\$230.93	\$95.87	\$1,282.61	\$2,429.27
21-22	\$184.75	\$76.70	\$1,231.67	\$2,378.33
22-23	\$138.56	\$57.52	\$1,180.74	\$2,327.40
23-24	\$92.37	\$38.35	\$1,129.80	\$2,276.46
24-25	\$46.19	\$19.17	\$1,078.87	\$2,225.53
25 or more	\$0.00	\$0.00	\$1,027.93	\$2,174.59
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$577.33	\$239.68	\$1,664.62	\$2,811.28
COBRA	\$1,177.75	\$488.95	\$2,347.35	\$3,516.94

Deduct Codes:

481 - "Basic" under age 65

482 - "Senior Advantage"

484 - Two family members are "Basic"

485 - Three or more family members are "Basic"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 486	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 486	Retiree & Family 488
Less than 10*	\$1,626.02	\$1,626.02	\$950.72
10-11*	\$1,418.39	\$1,116.66	\$743.09
11-12*	\$1,397.62	\$1,065.73	\$722.32
12-13*	\$1,376.86	\$1,014.79	\$701.56
13-14	\$1,356.10	\$963.86	\$680.80
14-15	\$1,335.34	\$912.92	\$660.04
15-16	\$1,314.57	\$861.99	\$639.27
16-17	\$1,293.81	\$811.05	\$618.51
17-18	\$1,273.05	\$760.11	\$597.75
18-19	\$1,252.28	\$709.18	\$576.98
19-20	\$1,231.52	\$658.24	\$556.22
20-21	\$1,210.76	\$607.31	\$535.46
21-22	\$1,189.99	\$556.37	\$514.69
22-23	\$1,169.23	\$505.44	\$493.93
23-24	\$1,148.47	\$454.50	\$473.17
24-25	\$1,127.70	\$403.57	\$452.40
25 or more	\$1,106.94	\$352.63	\$431.64
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,366.48	\$989.32	\$691.18
COBRA	\$1,658.54	\$1,658.54	\$969.73

Deduct Codes:

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

488 - Two family members are "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 493	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 493	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 494	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 494
Less than 10*	\$2,772.68	\$2,772.68	\$2,097.38	\$2,097.38
10-11*	\$2,565.05	\$2,263.32	\$1,889.75	\$1,588.02
11-12*	\$2,544.28	\$2,212.39	\$1,868.98	\$1,537.09
12-13*	\$2,523.52	\$2,161.45	\$1,848.22	\$1,486.15
13-14	\$2,502.76	\$2,110.52	\$1,827.46	\$1,435.22
14-15	\$2,482.00	\$2,059.58	\$1,806.70	\$1,384.28
15-16	\$2,461.23	\$2,008.65	\$1,785.93	\$1,333.35
16-17	\$2,440.47	\$1,957.71	\$1,765.17	\$1,282.41
17-18	\$2,419.71	\$1,906.77	\$1,744.41	\$1,231.47
18-19	\$2,398.94	\$1,855.84	\$1,723.64	\$1,180.54
19-20	\$2,378.18	\$1,804.90	\$1,702.88	\$1,129.60
20-21	\$2,357.42	\$1,753.97	\$1,682.12	\$1,078.67
21-22	\$2,336.65	\$1,703.03	\$1,661.35	\$1,027.73
22-23	\$2,315.89	\$1,652.10	\$1,640.59	\$976.80
23-24	\$2,295.13	\$1,601.16	\$1,619.83	\$925.86
24-25	\$2,274.36	\$1,550.23	\$1,599.06	\$874.93
25 or more	\$2,253.60	\$1,499.29	\$1,578.30	\$823.99
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$2,513.14	\$2,135.98	\$1,837.84	\$1,460.68
COBRA	\$2,828.13	\$2,828.13	\$2,139.33	\$2,139.33

Deduct Codes:

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Washington

Years of Service	Retiree Only 393	Retiree Only 394	Retiree & Family 395	Retiree & Family 396	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 397	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 397
Less than 10*	\$1,242.34	\$435.70	\$2,313.00	\$3,867.64	\$1,506.36	\$1,506.36
10-11*	\$745.40	\$261.42	\$1,803.64	\$3,358.28	\$1,298.73	\$997.00
11-12*	\$695.71	\$243.99	\$1,752.71	\$3,307.35	\$1,277.96	\$946.07
12-13*	\$646.02	\$226.56	\$1,701.77	\$3,256.41	\$1,257.20	\$895.13
13-14	\$596.32	\$209.14	\$1,650.84	\$3,205.48	\$1,236.44	\$844.20
14-15	\$546.63	\$191.71	\$1,599.90	\$3,154.54	\$1,215.68	\$793.26
15-16	\$496.94	\$174.28	\$1,548.97	\$3,103.61	\$1,194.91	\$742.33
16-17	\$447.24	\$156.85	\$1,498.03	\$3,052.67	\$1,174.15	\$691.39
17-18	\$397.55	\$139.42	\$1,447.09	\$3,001.73	\$1,153.39	\$640.45
18-19	\$347.86	\$122.00	\$1,396.16	\$2,950.80	\$1,132.62	\$589.52
19-20	\$298.16	\$104.57	\$1,345.22	\$2,899.86	\$1,111.86	\$538.58
20-21	\$248.47	\$87.14	\$1,294.29	\$2,848.93	\$1,091.10	\$487.65
21-22	\$198.77	\$69.71	\$1,243.35	\$2,797.99	\$1,070.33	\$436.71
22-23	\$149.08	\$52.28	\$1,192.42	\$2,747.06	\$1,049.57	\$385.78
23-24	\$99.39	\$34.86	\$1,141.48	\$2,696.12	\$1,028.81	\$334.84
24-25	\$49.69	\$17.43	\$1,090.55	\$2,645.19	\$1,008.04	\$283.91
25 or more	\$0.00	\$0.00	\$1,039.61	\$2,594.25	\$987.28	\$232.97
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$621.17	\$217.85	\$1,676.30	\$3,230.94	\$1,246.82	\$869.66
COBRA	\$1,267.19	\$444.41	\$2,359.26	\$3,944.99	\$1,536.49	\$1,536.49

Deduct Codes:

393 - "Basic" under age 65

394 - "Senior Advantage"

395 - Two family members are "Basic"

396 - Three or more family members are "Basic"

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Kaiser Permanente Washington

Years of Service	Retiree & Family 398	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 399	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 399	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 400	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 400
Less than 10*	\$863.40	\$3,061.00	\$3,061.00	\$2,418.04	\$2,418.04
10-11*	\$655.77	\$2,853.37	\$2,551.64	\$2,210.41	\$1,908.68
11-12*	\$635.00	\$2,832.60	\$2,500.71	\$2,189.64	\$1,857.75
12-13*	\$614.24	\$2,811.84	\$2,449.77	\$2,168.88	\$1,806.81
13-14	\$593.48	\$2,791.08	\$2,398.84	\$2,148.12	\$1,755.88
14-15	\$572.72	\$2,770.32	\$2,347.90	\$2,127.36	\$1,704.94
15-16	\$551.95	\$2,749.55	\$2,296.97	\$2,106.59	\$1,654.01
16-17	\$531.19	\$2,728.79	\$2,246.03	\$2,085.83	\$1,603.07
17-18	\$510.43	\$2,708.03	\$2,195.09	\$2,065.07	\$1,552.13
18-19	\$489.66	\$2,687.26	\$2,144.16	\$2,044.30	\$1,501.20
19-20	\$468.90	\$2,666.50	\$2,093.22	\$2,023.54	\$1,450.26
20-21	\$448.14	\$2,645.74	\$2,042.29	\$2,002.78	\$1,399.33
21-22	\$427.37	\$2,624.97	\$1,991.35	\$1,982.01	\$1,348.39
22-23	\$406.61	\$2,604.21	\$1,940.42	\$1,961.25	\$1,297.46
23-24	\$385.85	\$2,583.45	\$1,889.48	\$1,940.49	\$1,246.52
24-25	\$365.08	\$2,562.68	\$1,838.55	\$1,919.72	\$1,195.59
25 or more	\$344.32	\$2,541.92	\$1,787.61	\$1,898.96	\$1,144.65
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$603.86	\$2,801.46	\$2,424.30	\$2,158.50	\$1,781.34
COBRA	\$880.67	\$3,122.22	\$3,122.22	\$2,466.40	\$2,466.40

Deduct Codes:

398 - Two family members are "Senior Advantage"

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - SCAN Health Plan

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$283.60	\$559.20
10-11*	\$170.16	\$351.57
11-12*	\$158.82	\$330.80
12-13*	\$147.47	\$310.04
13-14	\$136.13	\$289.28
14-15	\$124.78	\$268.52
15-16	\$113.44	\$247.75
16-17	\$102.10	\$226.99
17-18	\$90.75	\$206.23
18-19	\$79.41	\$185.46
19-20	\$68.06	\$164.70
20-21	\$56.72	\$143.94
21-22	\$45.38	\$123.17
22-23	\$34.03	\$102.41
23-24	\$22.69	\$81.65
24-25	\$11.34	\$60.88
25 or more	\$0.00	\$40.12
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$141.80	\$299.66
COBRA	\$289.27	\$570.38

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021**

Tier 2 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701	Retiree & 1 Dependent - Retiree with UnitedHealthcare Group Medicare Advantage HMO 702 ⁽¹⁾	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 ⁽¹⁾	Retiree & 2 or More Dependents - Retiree w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 704 ⁽²⁾	Retiree & 2 or More Dependents - Retiree + 1 w/ Medicare UnitedHealthCare Group Medicare Advantage HMO 705 ⁽²⁾
Less than 10*	\$336.45	\$1,596.54	\$664.90	\$1,813.61	\$881.97
10-11*	\$201.87	\$1,388.91	\$457.27	\$1,605.98	\$674.34
11-12*	\$188.41	\$1,368.14	\$436.50	\$1,585.21	\$653.57
12-13*	\$174.95	\$1,347.38	\$415.74	\$1,564.45	\$632.81
13-14	\$161.50	\$1,326.62	\$394.98	\$1,543.69	\$612.05
14-15	\$148.04	\$1,305.86	\$374.22	\$1,522.93	\$591.29
15-16	\$134.58	\$1,285.09	\$353.45	\$1,502.16	\$570.52
16-17	\$121.12	\$1,264.33	\$332.69	\$1,481.40	\$549.76
17-18	\$107.66	\$1,243.57	\$311.93	\$1,460.64	\$529.00
18-19	\$94.21	\$1,222.80	\$291.16	\$1,439.87	\$508.23
19-20	\$80.75	\$1,202.04	\$270.40	\$1,419.11	\$487.47
20-21	\$67.29	\$1,181.28	\$249.64	\$1,398.35	\$466.71
21-22	\$53.83	\$1,160.51	\$228.87	\$1,377.58	\$445.94
22-23	\$40.37	\$1,139.75	\$208.11	\$1,356.82	\$425.18
23-24	\$26.92	\$1,118.99	\$187.35	\$1,336.06	\$404.42
24-25	\$13.46	\$1,098.22	\$166.58	\$1,315.29	\$383.65
25 or more	\$0.00	\$1,077.46	\$145.82	\$1,294.53	\$362.89
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$168.22	\$1,337.00	\$405.36	\$1,554.07	\$622.43
COBRA	\$343.18	\$1,628.47	\$678.20	\$1,849.88	\$899.61

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,268.09	\$2,315.42	\$2,745.25
10-11*	\$760.85	\$1,806.06	\$2,235.89
11-12*	\$710.13	\$1,755.13	\$2,184.96
12-13*	\$659.41	\$1,704.19	\$2,134.02
13-14	\$608.68	\$1,653.26	\$2,083.09
14-15	\$557.96	\$1,602.32	\$2,032.15
15-16	\$507.24	\$1,551.39	\$1,981.22
16-17	\$456.51	\$1,500.45	\$1,930.28
17-18	\$405.79	\$1,449.51	\$1,879.34
18-19	\$355.07	\$1,398.58	\$1,828.41
19-20	\$304.34	\$1,347.64	\$1,777.47
20-21	\$253.62	\$1,296.71	\$1,726.54
21-22	\$202.89	\$1,245.77	\$1,675.60
22-23	\$152.17	\$1,194.84	\$1,624.67
23-24	\$101.45	\$1,143.90	\$1,573.73
24-25	\$50.72	\$1,092.97	\$1,522.80
25 or more	\$0.00	\$1,042.03	\$1,471.86
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$634.04	\$1,678.72	\$2,108.55
COBRA	\$1,293.45	\$2,361.73	\$2,800.16

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Cigna Indemnity Dental/Vision

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$51.43	\$106.94
10-11*	\$30.86	\$86.37
11-12*	\$28.80	\$84.31
12-13*	\$26.74	\$82.25
13-14	\$24.69	\$80.20
14-15	\$22.63	\$78.14
15-16	\$20.57	\$76.08
16-17	\$18.51	\$74.02
17-18	\$16.46	\$71.97
18-19	\$14.40	\$69.91
19-20	\$12.34	\$67.85
20-21	\$10.29	\$65.80
21-22	\$8.23	\$63.74
22-23	\$6.17	\$61.68
23-24	\$4.11	\$59.62
24-25	\$2.06	\$57.57
25 or more	\$0.00	\$55.51
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$25.71	\$81.22
COBRA	\$52.46	\$109.08

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.37	\$94.95
10-11*	\$27.82	\$74.38
11-12*	\$25.97	\$72.32
12-13*	\$24.11	\$70.26
13-14	\$22.26	\$68.21
14-15	\$20.40	\$66.15
15-16	\$18.55	\$64.09
16-17	\$16.69	\$62.03
17-18	\$14.84	\$59.98
18-19	\$12.98	\$57.92
19-20	\$11.13	\$55.86
20-21	\$9.27	\$53.81
21-22	\$7.42	\$51.75
22-23	\$5.56	\$49.69
23-24	\$3.71	\$47.63
24-25	\$1.85	\$45.58
25 or more	\$0.00	\$43.52
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.18	\$69.23
COBRA	\$47.30	\$96.85

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - Children Only Rates**

Years of Service	Anthem Plan I & II 215 or 225	Kaiser One Child 421	Kaiser 2 or More 411	Prudent Buyer 205	Cigna 305	UHC HMO 706	Cigna Indemnity Dental/Vision 503	Cigna Prepaid Dental/Vision 903
Less than 10*	\$430.89	\$1,173.13	\$2,338.26	\$241.80	\$523.62	\$362.92	\$63.22	\$46.91
10-11*	\$258.53	\$703.88	\$1,828.90	\$145.08	\$314.17	\$217.75	\$37.93	\$28.15
11-12*	\$241.30	\$656.95	\$1,777.97	\$135.41	\$293.23	\$203.24	\$35.40	\$26.27
12-13*	\$224.06	\$610.03	\$1,727.03	\$125.74	\$272.28	\$188.72	\$32.87	\$24.39
13-14	\$206.83	\$563.10	\$1,676.10	\$116.06	\$251.34	\$174.20	\$30.35	\$22.52
14-15	\$189.59	\$516.18	\$1,625.16	\$106.39	\$230.39	\$159.68	\$27.82	\$20.64
15-16	\$172.36	\$469.25	\$1,574.23	\$96.72	\$209.45	\$145.17	\$25.29	\$18.76
16-17	\$155.12	\$422.33	\$1,523.29	\$87.05	\$188.50	\$130.65	\$22.76	\$16.89
17-18	\$137.88	\$375.40	\$1,472.35	\$77.38	\$167.56	\$116.13	\$20.23	\$15.01
18-19	\$120.65	\$328.48	\$1,421.42	\$67.70	\$146.61	\$101.62	\$17.70	\$13.13
19-20	\$103.41	\$281.55	\$1,370.48	\$58.03	\$125.67	\$87.10	\$15.17	\$11.26
20-21	\$86.18	\$234.63	\$1,319.55	\$48.36	\$104.72	\$72.58	\$12.64	\$9.38
21-22	\$68.94	\$187.70	\$1,268.61	\$38.69	\$83.78	\$58.07	\$10.12	\$7.51
22-23	\$51.71	\$140.78	\$1,217.68	\$29.02	\$62.83	\$43.55	\$7.59	\$5.63
23-24	\$34.47	\$93.85	\$1,166.74	\$19.34	\$41.89	\$29.03	\$5.06	\$3.75
24-25	\$17.24	\$46.93	\$1,115.81	\$9.67	\$20.94	\$14.52	\$2.53	\$1.88
25 or more	\$0.00	\$0.00	\$1,064.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$215.44	\$586.56	\$1,701.56	\$120.90	\$261.81	\$181.46	\$31.61	\$23.45
COBRA	\$439.51	\$1,196.59	\$2,385.03	\$246.64	\$534.09	\$370.18	\$64.48	\$47.85

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2021
Tier 2 - COBRA Rates - Kaiser

Kaiser - COBRA Rates	
Single "Basic"	\$1,196.59
Single "Senior Advantage"	\$267.08
Single "Excess"	\$1,200.92
All family members are "Basic"	\$2,385.03
One family member is "Senior Advantage"; others are "Basic"	\$1,455.51
One family member is "Excess"; others are "Basic"	\$2,389.35
Two or more family members are "Senior Advantage"	\$525.99
One family member is "Excess"; another is "Senior Advantage"	\$1,459.83
Two family members are "Excess"	\$2,393.67
Child under 26	\$1,196.59
Children under 26	\$2,385.03

California Mandatory Contract Changes

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

Prudent Buyer

Product Unit	Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	Grand - fathered	Effective	Does this Change also Apply to Bluecard Plans?
All PPO		Right of Recovery	Added the following to the Right of Recovery provision to describing Anthem's rights with respect to offsetting: "We reserve the right to deduct or offset, including cross plan offsetting on In-Network claims and on Out-Of-Network claims where the Out-Of-Network Provider agrees to cross plan offsetting, any amounts paid in error from any pending or future claim."	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Inpatient Mental Health and Substance Abuse	Removed the word "education" from text describing residential treatment to more closely match the Residential Treatment exclusion.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Federal / State Taxes / Surcharges / Fees	Added a provision for Federal / State Taxes / Surcharges / Fees.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Member's Cooperation	Revised the Member's Cooperation provision to remove the parenthetical stating "(including if you fail to enroll under Part B of the Medicare program where Medicare is the responsible payer)".	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Clinical Trials	Revised Clinical Trials language to further clarify the benefit.	CA Regulatory Change SB 583	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Out-of-Network Emergency Services	Added statement indicating reimbursement for Out-of-Network Emergency Services outside California is based on the Inter-Plan Arrangements for Out-of-Area Services.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Member Cost Share	Revised provision to indicate Out-of-Network coverage as part of a covered In-Network procedure will be covered at the In-Network level for non-emergency services if received in California.	CA Regulatory Change AB 72	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Investigational Procedures Definition	The definition of Investigational Procedures has been revised to make it consistent with Anthem's medical policy and terminology for these procedures.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	
All PPO		Telehealth	Added note under the Telehealth benefit to indicate benefits are provided on the same basis as if they were provided in-person.	CA Regulatory Change AB 744	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Glucose Monitors	Removed the word "blood" from "Blood Glucose Monitors".	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Prosthetics	Added reference to the coverage of surgical bras under the Prosthetics benefit.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes
All PPO		Infertility Rider	Increased the Infertility treatment benefit maximum to \$10,000 per lifetime.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	
All PPO		Notice of Claim	Revised Notice of Claim provision to provide additional details about Anthem's administrative processes for claims submission.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal	Yes

California Mandatory Contract Changes

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

Prescription Drug

Product Unit	Product Name	Provision	Description of Change	Type of Change	Date of Change	Group Type	Grand - fathered	Effective
All Rx		Split Fill Dispensing Program	Removed specification indicating this provision only applies to a Specialty Pharmacy.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal
All Rx		Home Delivery Choice and Complete	The Home Delivery Choice for Maintenance Drugs and Home Delivery Complete for Maintenance Medications programs have been renamed Opt-Out Home Delivery and Optional Home Delivery, respectively.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal
All Rx		Drug Cost Share Assistance Programs	Added new provision for Drug Cost Share Assistance Programs.	Company Change	1/1/2021	Non-Pooled	All Plans	At Renewal

CIGNA PREFERRED MEDICARE (HMO)

With this renewal there is a name change to our Medicare Advantage plans.

With this renewal the new name will be Cigna Preferred Medicare (HMO). In prior years it was Cigna-HealthSpring Preferred (HMO).

ID cards will be re-issued for all plans due to plan name changes or copay updates (if applicable).

Arizona

Cigna Preferred Medicare (HMO) renewal rates are include in the attached Arizona MAPD Renewal Exhibit.

- With this renewal there will be no change in rates.

Benefit Changes include the following:

Prescription Drug Plan

Part D CMS Defined Standard Benefits	2020	2021
Deductible	\$435	\$445
Initial Coverage Limit (ICL) <ul style="list-style-type: none">• What the enrollee AND the plan have spent...	\$4,020	\$4,130
Out of Pocket Threshold (TrOOP) <ul style="list-style-type: none">• Catastrophic phase begins when <u>enrollee</u> (NOT plan) has spent a total of:	\$6,320	\$6,550
Coverage Gap Cost-Sharing		
<ul style="list-style-type: none">• Generic Drugs & Brand Name Drugs	25%	25%
Catastrophic Coverage Cost-Sharing		
<ul style="list-style-type: none">• Greater of 5% or the following values:		
<ul style="list-style-type: none">• Generic/Preferred multi-source drug	\$3.60	\$3.70
<ul style="list-style-type: none">• Other	\$8.95	\$9.20

Out-of-network Benefits:

- Out-of-network benefits are being updated to match in-network benefits (limited to a 30 day supply) to match industry standard. OON utilization is <1%. OON benefits are limited to certain circumstances only as outlined in the summary. This definition has been added to the rate/benefit template (a.k.a. employer summary).

Formulary Changes:

- Formularies change annually. In the fall, disruption analysis will be completed for existing accounts without major plan changes (i.e. PDP to MAPD). Details will be shared with SRP regarding the number of disruption notifications that will be mailed to affected customers late November/early December.

Medicare Advantage – Benefits

- **ESRD** members will now have the ability to enroll in MA plans, placing greater emphasis on managing this high-cost population.
 - A new **Meals** benefit for customers enrolled in ESRD Case Management has been added.
 - These customers will have the option if they would like to receive 56 meals (14 per week) and meals will be shipped weekly. This is in addition to the hospital discharge meals benefit.
 - GA Foods is the vendor for both meal benefits.
- **COVID-19**-related impacts accelerating telehealth within the national landscape.
 - An additional **telehealth benefit for physical therapy** has been added.
 - Services will be provided by Cigna’s contracted PT providers.
 - Cost share will match PT benefit.
- **Mental Health Benefits:**
 - **Mental Health Outpatient Physician visits** cost share reduced.
 - Cost share is now \$0 for all plans.
 - This is an effort to provide affordable behavioral health coverage for customers to address their mental health concerns especially during these trying times.
- **Acupuncture** - Now a standard Medicare benefit.
 - Copay will match chiro (cannot be higher than \$20)
- **Fitness** – Updated all groups with ability to use multiple facilities in one month
- **Health Education** – Added the vendor Healthwise to all plans
- **Diabetic supplies and shoes** – Updated to 0% on all plans as a business decision.

2021 RENEWAL PORTFOLIO | CALIFORNIA

Preliminary changes to 2021 benefits

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

- ▶ 2021 Kaiser Foundation Health Plan, Inc. (KFHP), *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2021 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

Unless otherwise noted, these changes apply to all the plans we offer, and they'll become effective as contracts renew starting in January 2021.¹

These changes may be subject to regulatory approval. This summary doesn't include all changes that may be made for 2021, including changes to Medicare coverage. You'll find all the information on the final changes in your:

- ▶ 2021 renewal notice or renewal contract for KFHP coverage
- ▶ 2021 *Summary of Benefit Changes* for KPIC coverage

Enhanced coverage for chronic condition management

Starting January 1, 2021, members with certain chronic conditions can get the following services at no cost:

- ▶ A1c testing for diabetes
- ▶ Low-density lipoprotein (LDL) testing for heart disease
- ▶ International normalized ratio (INR) testing for liver disease or bleeding disorders

This change applies to all plans with the National Preventive Care Package.²

In addition, peak flow meters and glucometers (and related supplies) will be available without a deductible on all nongrandfathered deductible plans. Copays will apply. This change will be effective January 1, 2021.

Lacera Retirees, Group #11178

July 1, 2021 Renewal

Now, more than ever, employee health and well-being are vital to the success of every private- and public-sector employer. By providing competitive coverage and convenient access to health care that is recognized nationally for its clinical excellence, Kaiser Permanente helps employers keep their workforces and organizations on the path of continuous success. We thank you for the opportunity to partner with you in helping your clients stay on that path in 2021!

The following renewal proposal reflects Kaiser Permanente's commitment to high-quality care for the employees and their non-Medicare retirees of **Lacera Retirees**.

New and expanded services

Making high-quality care more accessible has always been Kaiser Permanente's focus. Even before the challenges of COVID-19, we were building on already-popular virtual services and adding new ways for members to get the care they need — from home, work, or in person. Here are just a few of the enhancements we've made or that are in the works.

- **Expanded primary and pediatric care hours** to 7 a.m.–7 p.m., Monday through Friday, and 8 a.m.–noon on Saturdays.
- **Added more behavioral medicine specialists and expanded our network of affiliated providers** for increased access to mental health and wellness services.
- **Added HealthONE Medical Center of Aurora** for in-network emergency care, as well as all free-standing HealthONE ERs in the Denver Metro Area. We **contracted with DispatchHealth** to provide in-home urgent care services in Colorado Springs and the Denver Metro Area. We are continuing to explore expansion opportunities with DispatchHealth along the Front Range.
- Opened the **Acero Medical Offices** in Pueblo in 2019, and will open the **Premier Medical Offices**—a multispecialty medical center — in Colorado Springs in early 2021.
- **24/7 on-demand phone and video** provider visits will be available to members starting in July 2020.
- **Chat with a Doctor** service hours will be extended to 6 a.m.–10 p.m., 7 days week.
- **Partnered with Rally Health** to develop a new assessment tool that helps members reach their health goals through a personalized summary and action plan. Available in English and Spanish, the “Total Health Assessment” is accessible via desktop and mobile browsers.
- The **myStrength app** is now available at no cost to all Kaiser Permanente members. It provides personalized, interactive activities to promote emotional health and well-being, including help with depression management, substance abuse, and more.
- The **“Calm” app** is also now available to help members lower stress and reduce anxiety through meditation, mental resilience, and sleep.

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Benefit Changes

Outpatient Surgery Cost Share — Many surgical procedures that once could only be performed in hospitals are now able to be performed just as safely in Kaiser Permanente ambulatory surgery centers (ASC)—and often at a much lower cost. As a nonprofit organization, we are able to pass these savings on to members in the form of lower cost shares for outpatient surgeries performed at our ASCs. It's another way we're helping improve convenience and reduce health care costs.

2021 RENEWAL PORTFOLIO | GEORGIA

Preliminary changes to 2021 benefits



This is an overview of recent Georgia health care legislation and changes we're planning to make to:

- ▶ 2021 Kaiser Foundation Health Plan of Georgia, Inc. (Health Plan) *Group Agreement and Evidence of Coverage*

Unless otherwise noted, these changes apply to all Health Plan's plans which become effective as group contracts renew on or after January 1, 2021.

These changes may be subject to regulatory approval. This summary doesn't include all changes that may be made for your 2021 coverage, including changes to Medicare coverage. You'll find information on the final changes and clarifications in your:

- ▶ 2021 renewal notice or renewal contract for Health Plan.

Overview of select 2021 Georgia state law updates

The following summary provides highlights of recently enacted Georgia legislature.

"Surprise Billing Consumer Protection Act" – House Bill (HB) 888

- ▶ A new Georgia law enacted in 2020 will prohibit out-of-network providers from billing members when a service is provided, and the member does not consent to the service rendered by an out-of-network provider.
- ▶ Effective January 1, 2021.
- ▶ Requires facilities, including out-of-network hospitals, and providers to not balance bill covered Georgians in emergency situations.
- ▶ Requires a non-participating provider who treats a member in an emergency to bill their health care plan directly and the health care plan cannot deny or restrict a member from receiving covered benefits solely because they received emergency treatment from a non-participating provider, retrospectively deny emergency claims, or require prior authorization in an emergency.

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- ▶ Clarifies that if a member chooses to agree to have care provided by an out-of-network provider, the member is financially responsible for the costs of the out-of-network care consistent with the terms of their health plan coverage.¹

¹ Most KP HMO plans do not cover OON non-emergent and non-urgent care.

“Early prescription refills during emergencies act” – Senate Bill (SB) 391

- ▶ Legislation passed in 2020 would require health plan insurers to cover early refills of a 30-day supply of certain prescription medications under certain emergency situations.
- ▶ Effective August 5, 2020.
- ▶ Requires health plan insurers to allow for 30-day prescription refills regardless of refill time restrictions if the member resides in a county or area of the state where a state-of-emergency has been declared by the governor or the county is under a hurricane warning.

Overview of select 2020 changes

Expanded Preventive Services (EPS)

Changes for four specific lab tests: The following tests and screening for specific chronic conditions have been added to Kaiser Permanente’s National Preventive Care package and are now covered with no cost share: (1) Retinopathy Screening for diabetes, (2) A1c preventive labs for diabetes, (3) labs testing Low-Density Lipoprotein (LDL) for heart disease, and (4) International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders.

- ▶ Effective January 1, 2021.
- ▶ Includes all ACA plans (non-grandfathered plans)
- ▶ Including Grandfathered Plans with the Preventive Services Package voluntarily purchased by the group.
- ▶ Does not include FEHB Plans or Self-Funded Plans.

Changes for Glucose Meters (Testing strips, lancets, and control solutions) and Peak Flow

Meters: The following items have been added to Kaiser Permanente’s National Preventive Care package and are not subject to the deductible (but the plan cost share does apply): Glucose Meters (including testing strips, lancets, and control solutions), and Peak Flow Meters.

- ▶ Effective January 1, 2021
- ▶ Includes all ACA Plans (non-grandfathered plans).
Includes Grandfathered plans with the Preventive Services Package voluntarily purchased by the group.
- ▶ Does not include FEHB Plans or Self-Funded Plans.

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National Preventive Services Policy

Changes for Health Resources & Services Administration (HRSA) - Women's Preventive Services

- Anxiety in Women: The Health Resources & Services Administration (HRSA) has updated their Women's Preventive Services policy regarding preventive services to include screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. These services will be included at zero cost sharing.

- ▶ Effective January 1, 2021.
- ▶ Includes all ACA Plans (non-grandfathered plans).
- ▶ Includes Grandfathered plans with the Preventive Services Package voluntarily purchased by the group.
- ▶ Does not include FEHB Plans or Self-Funded Plans.

2021 *Group Agreement* and *Evidence of Coverage* Summary of Changes and Clarifications for Oregon Large Employer Groups

This is a summary of changes and clarifications that we have made to your *Group Agreement*. The *Group Agreement* includes the *Evidence of Coverage (EOC)*, “Benefit Summary,” and any applicable rider and endorsement documents. This summary does not include minor changes and clarifications we are making to improve the readability and accuracy of the *Group Agreement*. These changes and clarifications do not include changes that may occur throughout the remainder of the year as a result of federal or state mandates.

Other Group-specific or product-specific plan design changes (including changes to Copayment or Coinsurance amounts) may apply, such as moving to standard benefits. Refer to the Rate Proposal and/or the Summary of Plan Changes document for information about these types of changes.

To the extent that this summary of changes and clarifications conflicts with, modifies, or supplements the information contained in your *Group Agreement*, the information contained in the *Group Agreement* shall supersede what is set forth below. Unless another date is listed, the changes in this document are effective when your Group renews in 2021. The products named below are offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

Changes and clarifications that apply to Traditional, Deductible, High Deductible, Added Choice®, and PPO Plus® medical plans

Changes to Senior Advantage plans are explained at the end of this summary.

Benefit changes

- For Deductible and High Deductible Health Plans, we have added selected preventive care services to be covered without a deductible for individuals diagnosed with specific chronic conditions, as allowed under the IRS and US Treasury Department Notice 2019-45.
- The “Limited Outpatient Prescription Drugs and Supplies” section of the “Benefit Summary” has been modified to indicate that the cost share for insulin is not subject to Deductible and will not exceed \$100 per 30-day supply.
- The “Maternity and Newborn Care” section of the *EOC* and Benefit Summary has been modified to indicate that newborn nurse home visiting Services are covered as required per Oregon Senate Bill 526. (This change does not apply to PPO Plus plans.)
- Home ultraviolet light therapy equipment for treatment of certain skin conditions has been added to the list of covered DME under the “Outpatient Durable Medical Equipment (DME)” section of the *EOC*.

Benefit clarifications

- The “Post-Stabilization Care” section of *EOC* has been modified to clarify that these benefit provisions apply to covered Services from vendors, such as providers of Durable Medical Equipment (DME).
- The “Preventive Care Services” section of the *EOC* has been modified. A bullet has been added to the list of covered preventive care Services to confirm coverage for any state-required reproductive health preventive Services for all Members.

- The “Chemical Dependency Services” section of the *EOC* has been modified. A statement has been added to confirm that the benefits in this section comply with the federal Mental Health Parity and Addiction Equity Act.
- The term “DME formulary” is being removed from the “Outpatient Durable Medical Equipment (DME)” and “External Prosthetic Devices and Orthotic Devices” sections of the *EOC* for clarity and to reduce confusion with “formulary” in reference to prescription drug benefits.
- The “External Prosthetic Devices and Orthotic Devices” section of the Traditional, Deductible, and High Deductible Health Plan *EOC* has been modified for accuracy and consistency within the contract. Language has been added to specify that Services are covered subject to Utilization Review.
- The “Hearing Aid Services for Dependents” section of the *EOC* has been revised for better alignment with the requirements of ORS 743A.141.
- The following changes have been made in the “Limited Outpatient Prescription Drugs and Supplies” section of the *EOC*:
 - The beginning of the section has been revised for improved readability, and bullet formatting has been removed from the conditions of coverage.
 - A “Covered Drugs and Supplies” subheading has been added above the bulleted list of covered items.
 - The bullet for preventive medications has been modified to confirm coverage of folic acid supplements as required by ORS 743A.067.
 - The sentence regarding coverage of over-the-counter contraceptives without a prescription has been moved to the bullet that describes contraceptive coverage under “Covered Drugs and Supplies.”
 - In the Traditional, Deductible, and High Deductible Health Plan *EOCs*, the exclusion for injectable drugs that are self-administered has been revised for alignment across products. A parenthetical exception has been added to clarify that this exclusion does not apply to insulin.
- The “Mental Health Services” section of the *EOC* and the Benefit Summary have been modified to clarify that partial hospitalization is a covered Service.
- The “Outpatient Durable Medical Equipment” section of the *EOC* has been modified to clarify that both blood glucose monitors and continuous glucose monitors are covered.
- The Low-Vision Aids and Vision Hardware and Optical Services exclusions in the Exclusions and Limitations section of the *EOC* have been modified for clarity to include a cross reference to the “Pediatric Vision Hardware and Optical Services Enhanced Benefit Rider.”
- The “Exclusions and Limitations” section of the *EOC* has been modified. The cosmetic services exclusion has been revised for clarity to confirm that it does not apply to Medically Necessary reconstructive surgery Services, Medically Necessary Gender Affirming Treatment, or any other Services that are Medically Necessary.
- The “Exclusions and Limitations” section of the *EOC* has been modified. The surrogacy limitation clarifies that it applies to both traditional and gestational surrogacy arrangements.

Administrative changes or clarifications

- The *Group Agreement* has been modified to clarify that Company may terminate the *Group Agreement* if there are no Members covered, regardless of whether Members reside or work in the Service Area, as that is not a requirement of eligibility for all products.

- The term Cost Share has been defined and added to the “Definitions” section of the *EOC*. Throughout all documents, the defined term Cost Share replaces some, but not all, instances of Deductible, Copayments, or Coinsurance used for improved readability, accuracy, and administrative purposes.
- The terms Non-Participating Vendor and Participating Vendor have been added to the “Definitions” section of the Traditional, Deductible, and High Deductible Health Plan *EOC* for alignment across products.
- The definition of Non-Participating Provider, specific to the “Alternative Care Services” section of the *EOC*, has been modified for accuracy to reflect that a Non-Participating Provider is an Alternative Care provider who is not a Participating Provider.
- The definition of Spouse has been modified to clarify that the term includes a person who is validly registered as a domestic partner under the laws of another state.
- The definition of Utilization Review has been revised to clarify that prior authorization and concurrent review both fall under the broader category of Utilization Review. Additional related changes have been made in the “Prior Authorization Review Requirements” section of the *EOC* for consistency.
- The “Adding New Dependents to an Existing Account” section of the *EOC* has been modified. The time allowed to submit an enrollment application for a newborn or adopted child has been changed from 30 days to 31 days.
- In the Traditional, Deductible, and High Deductible Health Plan *EOCs*, the “Prior Authorization Review Requirements” section has been modified to reflect that prior authorization determination notices will be provided to both the Member and the requesting provider within two business days of the request and to outline the timelines when additional information is required to make a decision, per Oregon Senate Bill 249. Updates have also been made to clarify that requests for Services submitted by a Member are outlined in the “Grievances, Claims, and Appeals” section.
- The “Out-of-Pocket Maximum” section of the *EOC* has been modified to remove an incorrect reference to payments for Services under the “Alternative Care Services” section of the *EOC* as the *EOC* does not contain this section.
- The “Out-of-Pocket Maximum” section of the *EOC* has been modified for accuracy. The bullets indicating that payments for Services under the “Infertility Services” section and the “Infertility Treatment Services Rider” have been removed. Payments for these Services do apply to the “Out-of-Pocket Maximum.”
- Throughout the *EOC*, references to the U.S. Food and Drug Administration (FDA) have been edited for consistency.
- The “Injuries or Illnesses Alleged to be Caused by Third Parties” section of the *EOC* has been modified for accuracy and clarity. The section has been retitled “Injuries or Illnesses Alleged to be Caused by Other Parties” and references throughout the section to “third parties” have been changed. Language has also been added to clarify that reimbursements due to the Plan are not subject to the Out-of-Pocket Maximum. The address to send notice of claims or legal action has been updated.
- Language in the “Injuries or Illnesses Alleged to be Caused by Third Parties” section of the *EOC* has been revised in accordance with Oregon Senate Bill 421 to address the order in which Company can receive reimbursement or subrogate recovery for the cost of services we cover in the case of a motor vehicle accident.
- The “Surrogacy Arrangements” section of the *EOC* has been modified to clarify that the section applies to both traditional and gestational surrogacy arrangements.

- The “Grievances, Claims, Appeals, and External Review” section of the *EOC* has been revised to align across all product lines to ensure consistency. It has also been updated to comply with Oregon Senate Bill 249.
- The “External Review” section of the *EOC* has been modified for accuracy and alignment with Bulletin No. DFR 2020-15.
- The “Moving to Another Kaiser Foundation Health Plan Service Area” section of the *EOC* has been modified to clarify that a Member may be eligible to enroll in a plan in the other Kaiser Foundation Health Plan Service Area, rather than transferring to another plan, as they would still need to meet the eligibility requirements of the new plan.
- The “Unusual Circumstances” section of the *EOC* has been modified to clarify that, in the event of unusual circumstances that could result in delay or inability to provide covered Services, Kaiser Permanente will make a good faith effort to provide or arrange for Services within the limitations of available personnel and facilities.

Additional changes and clarifications that apply to Added Choice® medical plans only

Benefit changes

- The “Services Subject to Prior Authorization Review under Tier 2 and Tier 3,” “External Prosthetic Devices and Orthotic Devices,” and “Outpatient Durable Medical Equipment (DME)” sections of the *EOC* have been modified to reflect that DME items will now require prior authorization in all tiers.
- The “Failure to Satisfy Prior Authorization Review Requirements,” “Tier 3 Out-of-Pocket Maximum,” and “Tier 2 Out-of-Pocket Maximum” sections of the *EOC* have been modified to specify that if a Member does not obtain the required prior authorization for Services from a Non-Participating Provider, Non-Participating Vendor, or Non-Participating Facility, the claim will be denied and the Member will be responsible for the Charges.

Benefit clarifications

- The “How to Obtain Services - General Information” section of the *EOC* has been modified for accuracy. The language noting Urgent Care as an exception to the Tier 1 requirements has been removed. Only Emergency Services received at a PPO Facility or Non-Participating Facility are covered under Tier 1. Urgent Care Services received at a PPO Facility or Non-Participating Facility are covered under Tier 2 or Tier 3, whichever applies.
- The “Services Subject to Prior Authorization Review under Tier 2 and Tier 3” section of the *EOC* has been modified. The list of Services that do not require prior authorization in Tier 2 and Tier 3 has been revised for clarity and accuracy.
- The “Tier 2 and Tier 3 Urgent Care” section of the *EOC* has been modified to clarify that we cover Urgent Care under Tier 2 or Tier 3. The language indicating that if a Member receives Urgent Care that is not covered under Tier 1 has been removed as Urgent Care is covered under Tier 1. We do not cover Services in Tier 2 or Tier 3 that are not covered under Tier 1.

Administrative changes or clarifications

- Throughout the *EOC*, parenthetical references indicating the Tier under which Services are covered, based on the provider type, have been removed. Language indicating that benefits are subject to the

additional provisions in the applicable tier sections has also been removed. The “How to Obtain Services” section indicates that the type of provider from which Services are received determines under which tier the benefit is covered. Removed language to reduce redundancy and for better clarity and readability.

- The “Tier 1 Prior Authorization Review Requirements” and the “Tier 2 and Tier 3 Prior Authorization Review Requirements” sections of the *EOC* have been modified to reflect that prior authorization determination notices will be provided to both the Member and the requesting provider within two business days of the request and to outline the timelines when additional information is required to make a decision, per Oregon Senate Bill 249. Updates have also been made to clarify that requests for Services submitted by a Member are outlined in the “Grievances, Claims, Appeals, and External Review” section.

Additional changes and clarifications that apply to PPO Plus® medical plans only

Benefit changes

- The “Services Subject to Prior Authorization Review,” “External Prosthetic Devices and Orthotic Devices,” and “Outpatient Durable Medical Equipment (DME)” sections of the *EOC* have been modified to reflect that DME items will now require prior authorization in both tiers.
- The “Failure to Satisfy Prior Authorization Review Requirements” and “Tier 2 Out-of-Pocket Maximum” sections of the *EOC* have been modified to specify that if a Member does not obtain the required prior authorization for Services from a Non-Participating Provider, Non-Participating Vendor, or Non-Participating Facility, the claim will be denied and the Member will be responsible for the Charges.

Benefit clarifications

- The “General Information” subsection under “How to Obtain Services” has been modified for accuracy. The language regarding an exception to the Tier 1 requirements has been revised to clarify that Emergency Services received at a Non-Participating Facility are not subject to these requirements.
- The “Services Subject to Prior Authorization Review” section of the *EOC* has been modified. The list of Services that do not require prior authorization has been revised for clarity and accuracy.

Administrative changes or clarifications

- Throughout the *EOC*, parenthetical references indicating the Tier under which Services are covered, based on the provider type, have been removed. Language indicating that benefits are subject to the additional provisions in the applicable tier sections has also been removed. The “How to Obtain Services” section indicates that the type of provider from which Services are received determines under which tier the benefit is covered. Removed language to reduce redundancy and for better clarity and readability.
- The “Prior Authorization Review Requirements” section of the *EOC* has been modified to reflect that prior authorization determinations will be provided within two business days per Oregon Senate Bill 249. Updates have also been made to clarify that requests for Services submitted by a Member are outlined in the “Grievances, Claims, Appeals, and External Review” section.

Changes and clarifications that apply to medical benefit riders

Benefit changes

- The “Cost Share for Covered Drugs and Supplies” section of the “Outpatient Prescription Drug Rider” used for Added Choice and PPO Plus plans has been modified to reflect a change in how the Member cost share is applied for drugs obtained from MedImpact Pharmacies when a generic equivalent is available, but the Member chooses a brand-name drug. Language stating that the Member would pay the difference between the pharmacy’s retail price for the brand-name drug and the generic drug, in addition to the applicable drug tier cost share, has been removed. Members will now only pay the Copayment or Coinsurance for the brand-name drug.

Benefit clarifications

- The following changes have been made in the “Outpatient Prescription Drug Rider”:
 - The “Covered Drugs and Supplies” section has been revised for improved readability, and bullet formatting has been removed from the conditions of coverage.
 - The “Medication Management Program” section has been revised for clarity.
 - For plans that cover sexual dysfunction drugs, the bullet regarding the limit of eight pills per 30-day supply has been removed from the “Outpatient Prescription Drug Rider Limitations” section. When applicable, this limit is included in the “You Pay” cell of the Sexual Dysfunction drugs row on the Rider Benefit Summary table.

Administrative changes or clarifications

- Throughout the riders, parenthetical references indicating the Tier under which Services are covered, based on the provider type, have been removed.
- The definition of Non-Participating Provider, specific to the “Alternative Care Services Rider,” has been modified for accuracy to reflect that a Non-Participating Provider is an Alternative Care provider who is not a Participating Provider.
- Language has been added to the “Hearing Aid Rider” to clarify that the hearing aid allowance is combined across all tiers under which hearing aids are covered.
- The first paragraph of the “Infertility Treatment Services” section in the “Infertility Treatment Services Rider” has been modified for alignment with other products. Language indicating that Services are covered “only under Tier 1” has been removed as this concept is discussed later in the rider.
- The “Infertility Treatment Services Rider” has been modified. The language indicating that the Lifetime Benefit Maximum is combined across all tiers has been moved from the rider benefit summary table to the text of the rider.
- The Member Services phone number has been removed throughout the “Outpatient Prescription Drug Rider” to align with the *EOC*.
- Throughout the “Outpatient Prescription Drug Rider,” references to the U.S. Food and Drug Administration (FDA) have been edited for consistency.

Changes and clarifications that apply to dental plans

Benefit clarifications

- Minor edits were made for clarity to the exclusion for government agency responsibility in the “Exclusions” section of the *EOC*.
- The exclusion for use of alternative materials in the “Exclusions” section of the *EOC* was modified to improve readability and understanding.
- A new limitation has been added to clarify that routine fillings are limited to amalgam or glass ionomer fillings on posterior teeth and composite fillings on anterior teeth. This limitation does not change how fillings are currently restored.

Administrative changes or clarifications

- The *Group Agreement* has been modified to clarify that Company may terminate the *Group Agreement* if there are no Members covered, regardless of whether Members reside or work in the Service Area, as that is not a requirement of eligibility for all products.
- The column for In and Out-of-Network Benefit Maximum in the PPO *EOCs* was split from one to two columns for administrative ease and clarity.
- Language in various sections throughout the *EOC* has been modified to align with similar sections across products and lines of business. This synchronization did not result in any benefit or administrative changes.
- References to online directories have been updated where applicable to ensure accuracy.
- The definitions of Dentally Necessary and Medically Necessary have been revised to eliminate redundancy when defining Services.
- The definition of Spouse has been modified to clarify that a person who is validly registered as your domestic partner under the laws of another state is defined as a Spouse.
- The reference to “effective date” in the “When Coverage Begins” section has been updated to “membership effective date” and other references throughout the *EOC* to “effective date of coverage” for clarity.
- The “Adding New Dependents to an Existing Account” section of the *EOC* has been modified. The time allowed to submit an enrollment application for a newborn or adopted child has been changed from 30 days to 31 days.
- References to dental claim forms in the “Post-Service Claims - Services Already Received” section have been updated for accuracy.
- The PPO *EOCs* have been revised to clarify that all care and Service must be directed by a Participating or Non-Participating Provider within the United States.
- United States Food and Drug Administration was updated to U.S. Food and Drug Administration (FDA) for consistency and accuracy.
- The term “Calendar” was removed from all limitations referring to “Calendar Year.” The defined term is Year.
- The “Injuries or Illnesses Alleged to be Caused by Third Parties” section of the *EOC* has been modified for accuracy and clarity. The section has been retitled “Injuries or Illnesses Alleged to be Caused by

Other Parties” and references throughout the section to “third parties” have been changed. Language has also been added to clarify that reimbursements due to the Plan are not subject to the Out-of-Pocket Maximum. The address to send notice of claims or legal action has been updated.

- Language in the “Injuries or Illnesses Alleged to be Caused by Third Parties” section of the *EOC* has been revised in accordance with Oregon Senate Bill 421 to address the order in which Company can receive reimbursement or subrogate recovery for the cost of services we cover in the case of a motor vehicle accident.
- The “Grievances, Claims, and Appeals” section of the *EOC* has been revised to align across all product lines to ensure consistency. It has also been updated to comply with Oregon Senate Bill 249.

Changes and clarifications that apply to dental benefit riders

Benefit clarifications

- A note has been added to the “Dental Implant Benefit” section clarifying that pontics are not covered under the Dental Implant Services Rider but under the “Major Restorative Services” section of the *EOC*.
- The first bullet under the “Exclusions” section of the Dental Implant Services Rider has been modified for clarity. An implant or any part of an implant surgically placed prior to a Member’s effective date of Company coverage is not covered. This clarification supports current administration.
- A new limitation has been added to the Implant rider to clarify that removing and reinserting a prosthesis and abutments for cleaning is limited to implants placed by a Permanente Dental Associates Participating Dentist. This will enable Participating Dentists to maintain consistent and high quality of care. This clarification supports current administration.

Administrative changes or clarifications

- The first bullet under the “General Benefit Requirements” section of the Dental Implant Services Rider has been modified to clarify that all care and Service must be directed by a Participating or Non-Participating Provider.
- References to “effective date” have been updated to “effective date of coverage” for clarity.
- References to “charges” in the Dental Implant Services Rider and Orthodontic Services Rider have been removed to accurately reflect the Member’s cost share as “coinsurance.”

Changes and clarifications that apply to all Senior Advantage plans

Benefit changes and clarifications

- The following changes have been made to the Medical Benefits Chart located at the front of the *EOC*:
 - Acupuncture for chronic low back pain has been added. This is a CMS benefit change effective January 21, 2020 and was not previously included in the Chart.
 - More detail about covered services has been added to the “Colorectal cancer screening” section of the Chart to describe cost-sharing for colonoscopies.
 - The “Durable medical equipment (DME) and related supplies” section has been revised to add phototherapy equipment for home use to treat psoriasis to the items covered at \$0 cost sharing, and also to list DME items not covered by Medicare but covered by us when medically necessary.

- The Silver&Fit[®] Healthy Aging and Exercise Program benefit description has been revised. Members who enroll in Silver&Fit may choose all or some of the available options: basic gym membership, two “Home Fitness” kits, and one “Stay Fit” kit.
- More detail has been added to the “Home infusion therapy” section to describe covered services necessary to perform home infusion, including drugs, equipment, supplies, professional services, patient training and education, and monitoring.
- Three specific lab tests for persons with certain chronic conditions have been added to the “Outpatient diagnostic tests and therapeutic services and supplies” section and are covered at \$0 cost-sharing (not subject to deductible, if applicable), for all members.
- Sleep studies have been added as a covered item in the “Outpatient diagnostic tests and therapeutic services and supplies” section.
- The “Physician/practitioner services, including doctor’s office visits” section has been revised. We have added information to explain when the outpatient surgery cost-sharing is applied. The description of covered telehealth services has also been modified for clarity.
- A new Section 8 has been added to Chapter 3 of the *EOC* to describe what oxygen benefits (equipment, supplies and maintenance) a Senior Advantage member is entitled to; what is the cost-sharing; and how coverage is affected if a member leaves our plan and returns to Original Medicare.
- A paragraph has been added to Chapter 4, Section 1 of the *EOC* – “Understanding your out-of-pocket costs for covered services” – to inform members there is no cost-sharing related to COVID-19 testing or treatment for the duration of the public health emergency.
- We have removed genetic testing from the exclusions or limitations chart in Chapter 4 of the *EOC* because genetic testing is covered by Medicare in certain situations.
- Several *EOC* definitions have been revised for clarity and accuracy, including the terms Emergency Medical Condition, Exception, Network Physician, and Plan.

Administrative changes and clarifications

- The Senior Advantage eligibility requirements in Chapter 1, Section 2.1 of the *EOC* have changed to remove enrollment restrictions on beneficiaries with ESRD, in accordance with the 21st Century Cares Act.
- In Chapter 1, Section 2.3 of the *EOC*, we have added Lane County in Oregon to our plan service area for Senior Advantage.
- For Medicare Part D plans, Chapter 1, Section 3.5 of the *EOC* has been revised to explain the additional information provided on the Part D Explanation of Benefits (EOB).
- For Medicare Part D plans, Chapter 2, Section 1 of the *EOC* has been revised to provide new contact information for Part D prescription drugs coverage decisions.
- For Medicare plans that do not include Part D prescription drug coverage, Chapter 2, Section 7 of the *EOC* – “Programs that help pay for prescription drugs” – has been modified to provide additional information about prescription cost-sharing assistance programs for persons with HIV/AIDS.
- For Medicare Part D plans, Chapter 5, Section 10.2 of the *EOC* has been revised to provide additional information about the Drug Management Program and member appeals related to limits or restrictions on opioid medications.

- A new Section 18, “Surrogacy,” has been added to the “Legal Notices” chapter of the *EOC* to explain our right to seek reimbursement of plan charges for covered services that a member receives associated with a surrogacy arrangement.

2021 RENEWAL PORTFOLIO | WASHINGTON

Changes to 2021 benefits

Washington – HMO – Fully Insured

Large employer group changes for contracts renewing on or after January 1, 2021

This document provides an overview of changes Kaiser Foundation Health Plan of Washington is making to the large group HMO health plan offering effective upon a group's 2021 renewal date.

The group may have elected other changes to existing plan design offerings that are not included in this summary, or additional modifications in cost share amounts may occur as a result of changes in employees' plan selection.

The following **EOC language** changes apply to all large group HMO health plans unless otherwise specified.

▶ **Women's Health Care Direct Access Providers – Clarification**

Female Members may see a general and family practitioner, physician's assistant, gynecologist, certified nurse midwife, license midwife, doctor of osteopathy, pediatrician, obstetrician or advanced registered nurse practitioner who is unrestricted contracted by in your KFHPWA Network to provide women's health care services directly. . . with applicable KFHPWA requirements. For a list of KFHPWA providers, contact Member Services or view the Provider Directory located at www.kp.org/wa.

▶ **Nondiscrimination – Change in law**

KFHPWA does not discriminate on the basis of physical or mental disabilities in its employment practices and services. KFHPWA will not refuse to enroll or terminate a Member's coverage on the basis of age, sex, race, religion, national origin, citizenship or immigration status, veteran or military status, occupation or health status.

▶ **Utilization Management – Process change**

All benefits, including travel and lodging reimbursement, are limited. . .

▶ **Chemical Dependency – Change in Law**

Preauthorization is required for Residential Treatment and non-Emergency inpatient hospital services- provided in out-of-state facilities require Preauthorization.

*For more information, please refer to your **Summary of Benefits and Coverage**.*

- ▶ **Devices, Equipment & Supplies (for home use) – Benefit Change**
Annual Deductible does not apply to glucose monitors, test strips, lancets, control solutions, or peak flow meters.
- ▶ **Diabetic Education, Equipment & Pharmacy Supplies – Benefit Change**
Annual Deductible does not apply to glucose monitors, test strips, lancets, control solutions, or peak flow meters.
- ▶ **Diabetic Education, Equipment & Pharmacy Supplies – Benefit Change**
Note: A Member will not pay more than \$100 for a 30-day supply of insulin to comply with state law requirements. Any cost-sharing paid will apply to the annual deductible.
- ▶ **Drugs – Outpatient Prescriptions – Benefit Change**
Note: A Member will not pay more than \$100 for a 30-day supply of insulin to comply with state law requirements. Any cost-sharing paid will apply to the annual deductible.
- ▶ **Drugs – Outpatient Prescriptions – Clarification**
Preferred generic drugs (Tier 1): Member pays xx per 30-days up to a 90-day supply.
Preferred brand drugs (Tier 2): Member pays xx per 30-days up to a 90-day supply.
- ▶ **Drugs – Outpatient Prescriptions – Clarification**
Injections administered by a Network Provider professional in a clinical setting
- ▶ **Drugs – Outpatient Prescription — Clarification**
Drug coverage is subject to utilization management. . . Cost-shares for the initial fill of the medication will be adjusted if the fill is less than the standard quantity. Please contact Member Services for more information. ~~The Member pays one half of the Copayment if a supply for 15 days or less of the prescription is filled. There is no prorated Copayment if 16-30 days supply of the prescription is filled. The Member is charged 1.5 times the Copayment for a supply of more than 30 days.~~
- ▶ **Drugs – Outpatient Prescription — Clarification**
Generic drugs are dispensed whenever available. A generic drug is a drug that is . . . In the event the Member elects to purchase a brand-name drug instead of the generic equivalent (if available), the Member is responsible for paying the difference in cost in addition to the prescription drug Cost Share, which does not apply to the Out-of-pocket Limit.

For more information, please refer to your Summary of Benefits and Coverage.

▶ **Drugs – Outpatient Prescription Exclusions — Clarification**

Exclusions: . . . drugs and injections for anticipated illness while traveling; drugs and injections for cosmetic purposes; replacement of lost-~~or~~, stolen, or damaged drugs or devices; . . .

▶ **Dialysis (Home & Outpatient) — Clarification**

Injections administered by a Network Provider professional in a clinical setting during dialysis.

▶ **Mental Health — Clarification**

Applied behavioral analysis (ABA) therapy, limited to outpatient treatment of an autism spectrum disorder or, has a developmental disability for which there is evidence that ABA therapy is effective, as diagnosed and prescribed by. . .

▶ **Mental Health — Clarification – throughout EOC**

- Mental Health and Wellness
- mental health and wellness services
- mental health and wellness drugs
- mental health and wellness counselors

▶ **Mental Health Exclusions — Clarification**

Exclusions: Academic or career counseling; . . . relationship counseling or phase of life problems (Z code only diagnoses); custodial care: experimental or investigational therapies, such as wilderness therapy

▶ **Nutritional Therapy — Clarification**

Enteral therapy (~~elemental formulas~~) for malabsorption and an eosinophilic gastrointestinal disorder.

▶ **Urgent Care – Clarification**

Outside the KFHPWA Service Area Non-Network Provider: Member pays xx

▶ **Services Related to Non-Covered Services — Clarification**

Services Related to Non-Covered Services: When a service is not covered, . . . shall have coverage for Medically Necessary intervention to resolve-stabilize the acute medical complications.

For more information, please refer to your Summary of Benefits and Coverage.



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

October 29, 2020

Mr. Michael Szeto
Health Benefits Analyst
Segal

Sent Via Email 10.29.2020

Subject: Los Angeles County Employees Retirement Association 2021/2022 Medical Renewal

Dear Michael:

SCAN Health Plan appreciates the opportunity to continue to serve the health care needs of Los Angeles County Employees Retirement Association (LACERA). We are excited to inform you, The Centers for Medicare and Medicaid Services (CMS), has once again awarded SCAN Health Plan 4.5 Star rating for CY 2021 for four consecutive years. We are also proud to inform you SCAN received a 90%-member satisfaction for the third consecutive year.

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

- SCAN Health Plan 2020 Fact Sheet
- Medical Benefits

Service Area

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

At this time, we do not anticipate any additional service area expansions or disruptions. Any service area changes will be communicated in October 2021.

Medical Benefits

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

- Independent Living Power Services, a program designed to assist retirees to stay out of nursing homes and keep their independence, as long as they can safely do so in the comfort of their home.
- Routine transportation services. Unlimited rides; 75-mile maximum limit per each ride.
- SilverSneakers, the nation's leading fitness program designed exclusively for retirees.
- Generic drug discounts using our preferred pharmacy network (CVS, Rite-Aid, Costco, Vons, Ralphs and more).
- MDLive (telehealth).

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

What's New Effective July 1, 2021?

Brain HQ:

A brain fitness program application that strengthens the retirees mind through games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises. \$0 copayment
SCAN has waived the cost to LACERA.

Health Tech:

A technology support line that provides training and education on how to use a computer or tablet to access medical care, Brain HQ and/or information. \$0 copayment
SCAN has waived the cost to LACERA.

Prescriptions:

3-Month Supply extended to 100 days at retail and mail order.

Part D:

Initial Coverage Limit increase from \$6,300 to \$6,550.

Retirees stay in the Initial Coverage Stage until the yearly out-of-pocket costs reach \$6,550. After the yearly out-of-pocket drug costs reach \$6,550, retirees pay whichever is the larger amount:

- 5% of the cost, or
- \$3.70 copay for generic (including drugs that are treated like a generic) and \$9.20 copay for all other drugs.

Provider Network Changes

SCAN is now contracted with PIH Good Samaritan Hospital in Los Angeles, CA.

We regret to inform you that SCAN Health Plan and UCLA Medical Group partnership will end January 1, 2022. In October 2021, SCAN will formally notify LACERA and the impacted plan members. Copies of the letters will be shared with LACERA.

Proposed Rates

Szeto, Michael C.

From: Schubert, Nick <nick.schubert@uhc.com>
Sent: Friday, October 30, 2020 12:37 PM
To: Szeto, Michael C.
Cc: Murphy, Stephen E; Sadro, Paul C; Kuhlman, Jessica; Clare, Wesley A; lignacio@lacera.com; csmith@lacera.com; Young, May; Bohnert, Nicole
Subject: FW: LACERA - 2021/2022 Renewal Request [UHC]
Attachments: 2021 UHC Early Retiree Renewal Cover Letter (10-30-2020).doc; UnitedHealthcare 2021 LACERA Early Retiree Renewal Package.zip

Importance: High

FilingDate: 12/7/2020 5:26:00 PM

CAUTION: External Sender

Michael,

I also wanted to call-out a change that's taking place for both the Early Retiree and Medicare Advantage HMOs. I mention it my cover letter but wanted to reiterate it for you.

The Solutions for Caregivers program will no longer be offered for either plan starting **1/1/21**. However, caregiver support will be embedded as part of our care management model. Members and caregivers can also call customer service for referrals to local community resources and our most vulnerable members will have access to service navigators who can provide caregiver assistance. The reason that we are terminating Solutions for Caregivers is that we literally get no participation in the program on a global basis, let alone by LACERA retirees.

Nicole will be forwarding the Medicare Advantage HMO renewal shortly.

Thanks, and have a great weekend.

Nick Schubert

Strategic Account Executive

UnitedHealthcare Public Sector, Labor & Trust

5701 Katella Avenue

MS: CA120-0530

Cypress, CA 90630

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Office: 714.252.0403

Summary of Medicare and Product Changes for 2021

Medical

2021 CMS In-Network Cost Sharing Limits

In 2021, some of the in-network cost share limits have changed. The chart below lists the changes for your reference. *Please note: these are the maximum in-network cost sharing amounts allowed by CMS. Many group plans have lower cost sharing than what is shown below; your plan benefits are not necessarily changing.*

MOOP Type	2021		2020	
	Voluntary MOOP \$3,450 or less	Mandatory MOOP \$3,451-\$7,550	Voluntary MOOP \$3,400 or less	Mandatory MOOP \$3,401-\$6,700
Inpatient-- 6 day max	\$2,524	\$2,019	\$2,461	\$1,969
Inpatient-- 10 day max	\$2,783	\$2,226	\$2,721	\$2,177
Inpatient-- 60 day max	N/A	\$4,816	N/A	\$4,777
Mental Health Inpatient—15 day max	\$2,339	\$1,871	\$2,204	\$1,763
Mental Health Inpatient—60 day max	\$3,408	\$2,726	\$3,048	\$2,438
Skilled Nursing Facility – Days 1 through 20	\$20/day	\$0/day	\$20/day	\$0/day
Skilled Nursing Facility – Days 21 through 100	\$184/day	\$184/day	\$178/day	\$178/day

Medicare Covered Acupuncture for Chronic Lower Back Pain

CMS has required Medicare Advantage plans to cover acupuncture for chronic lower back pain starting January of 2020. This benefit allows up to 12 visits in 90 days, with an additional 8 visits for patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.

Group plans that have routine acupuncture coverage will have the same cost share for both routine and the new Medicare covered acupuncture for chronic lower back pain. Plans without routine acupuncture coverage will have the same cost share as Medicare covered chiropractic visits.

Our care of our members goes beyond providing medical and pharmacy benefits. We offer the following benefits and services that can be added to your UnitedHealthcare Group Medicare Advantage plan as a buy-up

Readmission Prevention

Preventing and lowering readmission rates is vital and we continue to offer benefits designed to aid in keeping our most vulnerable members at their healthiest. You may choose to add the following programs to your plan as a buy-up:

Post-Discharge Meal Delivery

Nutrition is clinically proven to prevent malnourishment particularly in the senior population. As part of the Post-Discharge Meal Delivery Program we offer 84 home-delivered meals to members immediately following a hospital or skilled nursing facility discharge through our national vendor Mom's Meals when referred by a UnitedHealthcare clinical advocate. Mom's Meals offers freshly-made, refrigerated meals with options to improve nutrition and support different health conditions such as diabetes, heart friendly, gluten free and more. Meals will include breakfast, lunch, dinner and snacks.

Please consider adding this valuable benefit to your plan. Learn more about Mom's Meals at www.momsmeals.com/.

Post-Discharge Routine Transportation

Transportation barriers are associated with poor health care access, missed or delayed medical appointments, and an increased need for emergency care. In order to help mitigate the risk for readmission we offer our post-discharge routine transportation benefit at no additional cost to members. As part of the Post-Discharge Routine Transportation program members are eligible for transportation to medical appointments, pharmacy visits, and more, up to 30 days immediately following inpatient hospital and skilled nursing facility discharges when referred by a clinical advocate.

Trusted Care at Home When You Need It

Our personal care (in-home, non-medical care) program, offered through CareLinx, has a national network of over 300,000 background-checked professional caregivers designed to support members who need help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).



CareLinx caregivers provide a variety of services such as making meals, light housekeeping tasks, medication reminders and even transportation around the community.

This personal care support is focused on providing members with routine, periodic visits to help them with functional limitations and to keep their health on-track. This support is also intended to provide the family caregiver some respite from the support that they provide their loved one. **CareLinx offers this optional benefit exclusively to UHC Group Retiree Medicare Advantage members.**

Additionally, all UnitedHealthcare Group Retiree members are eligible for an exclusive discount on CareLinx services. Members will have access to a one-time offer of 4 hours of free services after the first 10 purchased hours of care, just for being a UnitedHealthcare Group Retiree member.

Expanded Dental Plan Options

We continue to enhance our dental offerings. An expanded portfolio of standard buy up options includes five plans with a wide range of benefits and premiums to meet the needs of your members. Plans include 100% preventative and diagnostic coverage for exams, x-rays, cleanings and periodontal maintenance. The UnitedHealthcare Dental benefit offers our members affordable dental coverage and the resources of UnitedHealthcare. Members receive significant price protection and access with our national network of more than 358,000 contracted providers with the flexibility to see non-network providers if desired.

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

Virtual Doctor Visits

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

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

Services include initial evaluation, medication management and ongoing counseling.

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

Doctor on Demand: www.doctorondemand.com/

American Well: www.amwell.com

Member Rewards and Incentives



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

HouseCalls

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

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

Prescription Drug Coverage

2021 Member Cost Sharing Thresholds

In 2021, the cost sharing thresholds or amounts members must pay for Part D have changed. The chart below lists the changes for your reference. *Please note: many group plans include additional coverage beyond what is shown below; your plan benefits are not necessarily changing.*

	2021	2020
Deductible	\$445	\$435
Initial Coverage Limit	\$4,130	\$4,020
Standard Coverage Gap (your plan may have additional coverage)	Generic Drugs – 75% coverage Brand Drugs – 70% manufacturer discount PLUS 5% plan coverage	Generic Drugs – 75% coverage Brand Drugs – 70% manufacturer discount PLUS 5% plan coverage
Catastrophic Phase Begins	\$6,550 TrOOP	\$6,350 TrOOP
Standard Catastrophic Member Cost Share	The greater of \$3.70 or 5% coinsurance for generic drugs The greater of \$9.20 or 5% coinsurance for brand name drugs	The greater of \$3.60 or 5% coinsurance for generic drugs The greater of \$8.95 or 5% coinsurance for brand name drugs
Maximum copayments		
Tier 1 Generics	\$15*	\$15*

Tier 2 Preferred Brand	\$47	\$47
Tier 3 Non-Preferred Brand	\$100	\$100
Tier 4 Specialty Drugs	\$100	\$100

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

Brand over Generic Approaches

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

Authorized Generics (aka “Authorized Brand Alternatives”)

Several manufacturers have recently launched authorized generics of brand drugs. Contrary to the name, authorized generics are brand drugs. To manage Part D plan cost, we may prefer the originator brand over the authorized generic by either covering the authorized generic at a higher tier or not adding the authorized generic to the formulary.

5-tier formulary option

In 2021 we will continue to offer our 5-tier Group Performance formulary that helps optimize cost effectiveness while maintaining prescription drug access for beneficiaries. Please let me know if you are interested in receiving a quote and learning more about a potential change.

Clinical Transformation

We have redesigned and enhanced our support programs. Using advanced data and analytics, our new approach offers retirees highly personalized support and guidance to address their health concerns.

In addition to our traditional nurse-led telephonic programs, our enriched engagement programs include:

- Resources and interventions based on retiree preferences.
- Digital tools—like remote monitoring for heart failure, diabetes or blood pressure— to better support caregivers and retirees at high or emerging risk.
- Advanced approaches to manage chronic conditions, like diabetes and heart failure in a more robust and holistic way.
- Improved methods to identify and engage retirees in their health.

These changes will lead to improved clinical outcomes and reduced care costs and offer retirees an improved quality of care and life.

Digital

UnitedHealthcare continues to invest in our Medicare and Retirement member portals. Group members can access the UHC member portal as soon as they receive their member ID card (prior to plan start date). In an effort to continue to optimize our members' online digital experience, UHC has significant portal enhancements planned for 2021 and beyond that will help members manage care and utilize their plan. These include:

- New RX marketplace
- Individual Health Record Access
- Claims and EOB Enhancements
- Benefit Page Enhancements
- Cost Transparency Tools
- Integrated Virtual Visits Solution
- Premium Payment enhancement
- Mobile App enhancements

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
JANUARY 2021
FOR INFORMATION ONLY**

VirginiaSaves Program

Virginia is the latest state to establish a state-run retirement program. Virginia's House of Delegates has passed a bill that would require the state's 529 college savings plan board to establish an auto-enroll IRA called the VirginiaSaves Program. Participants would include the self-employed, sole proprietors, and nongovernmental employers with five or more employees that do not provide a qualified retirement plan. The 529 plan board will oversee the program by establishing deferral and escalation rates as well as developing education and outreach about the program. ([Source](#))

Automatic IRAs Becoming More Widely Available

In 2007, there was discussion about promoting universal retirement security through a federal auto-IRA plan. However, the federal legislation never passed, and states began establishing their own plans. Three states are currently running programs: California, Oregon, and Illinois. Four states will start signing up employers in 2021, and about 20 states and cities have introduced legislation to establish programs or form study groups.

Half of private-sector employers in America do not offer a retirement savings vehicle. Half of workers age 25 – 64 in the top 10 percent of earners have access to a retirement plan, but only 23 percent of the bottom 50 percent have access.

A recent New York Times article profiles small business owners who are participating in their state-run retirement programs. The programs use the payroll system to register workers who can opt out at any time. Auto-IRAs are generally Roth IRAs that are funded with after-tax dollars, which allows penalty-free withdrawals of the contributions, an important feature for workers who may need funds for emergencies.

The small business owners have had positive experiences with their state-run programs. They described them as not complicated or bureaucratic, simple to get started and navigate, and fees (which are borne by the participants) are kept low because of a large pool of participants. For one business owner, the program allowed her to participate as well instead of always putting her money back into her business. ([Source](#))

California 401(k) Plan

The SECURE Act, which was enacted in 2019, allows unrelated small employers to form 401(k) multiple-employer plans (MEPs), which are also known as pooled employer plans (PEPs). Previously, MEPs were allowed only for employers with common organizational relationships, such as being in the same industry or trade association.

The California 401(k) Plan, a PEP sponsored by the 401(k) Plan Company, recently launched and provide two options for employers: one plan for employers with 5 to 100 employees and another enterprise plan for employers with more than 100 employees who want to outsource audits and filings. The plan features include higher employee contribution limits, employer matching, and a higher returning default investment option. [\(Source\)](#) [\(Source\)](#)

Ways & Means Committee Agenda on Retirement Security

Ways & Means Committee Chairman Richard Neal released a policy framework called *A Bold Vision for a Legislative Pathway Toward Health and Economic Equity*. Retirement security is a one of the pillars for achieving economic equity and contains several policy approaches:

- Strengthening and improving Social Security benefits, especially for low-wage workers
- Protecting Social Security disability benefits
- Implementing auto-IRAs and 401(k)s and requiring automatic enrollment
- Making the Saver's Credit a refundable tax credit
- Helping families accumulate emergency savings
- Creating child savings accounts
- Enabling more part-time workers to join 401(k) plans
- Enabling military spouses to save within their employer retirement plans
- Proving education to small businesses about advantages and availability of multiple-employer plans
- Assess the impacts of trade policies on the ability of families to plan for and enjoy a secure retirement

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

More CalSTRS Members Retiring

The California State Teachers' Retirement System had about 3,200 retirements in the last six months of 2020, a 26% increase from same period the year before. In an internal survey of 517 respondents, 62% indicated retiring earlier than planned. The top three reasons for early retirement include: challenges teaching during the pandemic (56%), did not want to continue working remotely (35%), and did not want to risk exposure to COVID-19 (35%). CalPERS retirements for the 2020 fiscal year are about the same as in 2019: 34,746 in 2020 compared to 34,643 in 2019. [\(Source\)](#)

COVID-19 Reduced U.S. Life Expectancy

A recent study published in the *Proceedings of the National Academy of Sciences* by USC and Princeton researchers found that pandemic deaths will shorten life expectancy for Americans by 1.13 years to 77.48 years. It is the largest single year decline in 40 years

and the lowest estimated life expectancy since 2003. The study also analyzes the disproportionate impact of the pandemic on different minority populations and the risk factors for the disease that include not only chronic health conditions but also social and economic disadvantages. Prior to the pandemic, life expectancy experienced annual improvements except for reductions of 0.1 years for 2015, 2016, and 2017, which were attributed to deaths of despair related to drug overdoses, alcohol abuse, and suicide. The last major pandemic of the 1918 flu (with an estimated 50 million deaths worldwide and 675,000 in the U.S) reduced life expectancy by 7-12 years. [\(Source\)](#)

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

**STAFF ACTIVITIES REPORT
JANUARY 2021**

FOR INFORMATION ONLY

Domestic Partner Imputed Income Project

On January 14, 2021, staff completed the 1099-R manual entries for 317 members with Domestic Partner dependents for the 2020 Plan Year. Kudos to staff.

Affected members will receive the 2020 1099-R imputed income statement in the mail. The federal government does not recognize a domestic partner as a qualified dependent. Therefore, member is responsible for the federal tax portion of their County contribution (referred to as imputed income) applicable to his/her domestic partner and his/her dependent(s).

Retiree Healthcare Benefits Program Annual Premium Renewal Meeting for 7/1/2021 – 6/30/2022 Plan Year

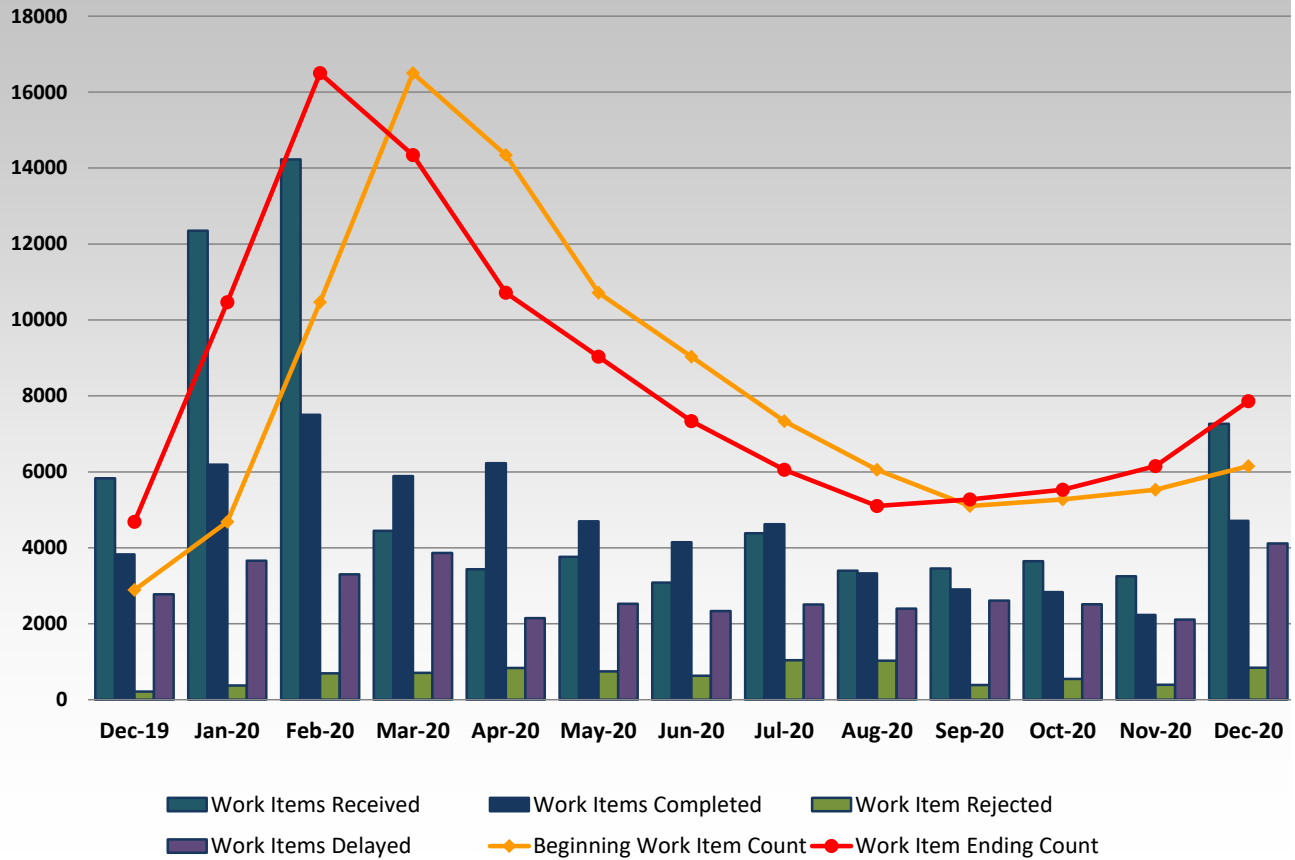
On January 21, 2021, staff attended an all-day virtual healthcare renewal discussions meeting. Staff and representatives from Segal and insurance carriers were in attendance. Staff will present the results of the premium renewals to the Committee at the February 2021 meeting.

Retiree Healthcare Division

Trend Report

DECEMBER, 2019 ~ DECEMBER, 2020

Updated 1/28/2021

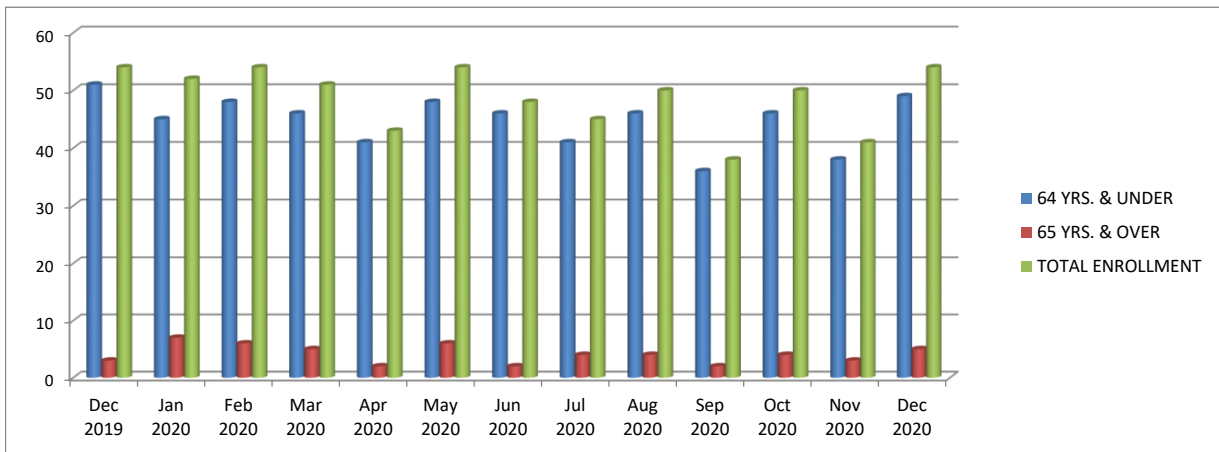


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-19	2890	5834	3827	214	2774	4683
Jan-20	4683	12350	6189	374	3663	10470
Feb-20	10470	14225	7504	694	3301	16497
Mar-20	16497	4445	5888	709	3864	14345
Apr-20	14345	3434	6228	836	2147	10715
May-20	10715	3764	4697	748	2526	9034
Jun-20	9034	3084	4150	633	2334	7335
Jul-20	7335	4382	4623	1038	2510	6056
Aug-20	6056	3397	3324	1027	2400	5102
Sep-20	5102	3458	2903	386	2612	5271
Oct-20	5271	3648	2837	549	2514	5533
Nov-20	5533	3250	2235	396	2110	6152
Dec-20	6152	7263	4709	842	4117	7864

Retirees Monthly Age Breakdown DECEMBER, 2019 ~ DECEMBER, 2020

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Dec 2019	51	3	54
Jan 2020	45	7	52
Feb 2020	48	6	54
Mar 2020	46	5	51
Apr 2020	41	2	43
May 2020	48	6	54
Jun 2020	46	2	48
Jul 2020	41	4	45
Aug 2020	46	4	50
Sep 2020	36	2	38
Oct 2020	46	4	50
Nov 2020	38	3	41
Dec 2020	49	5	54



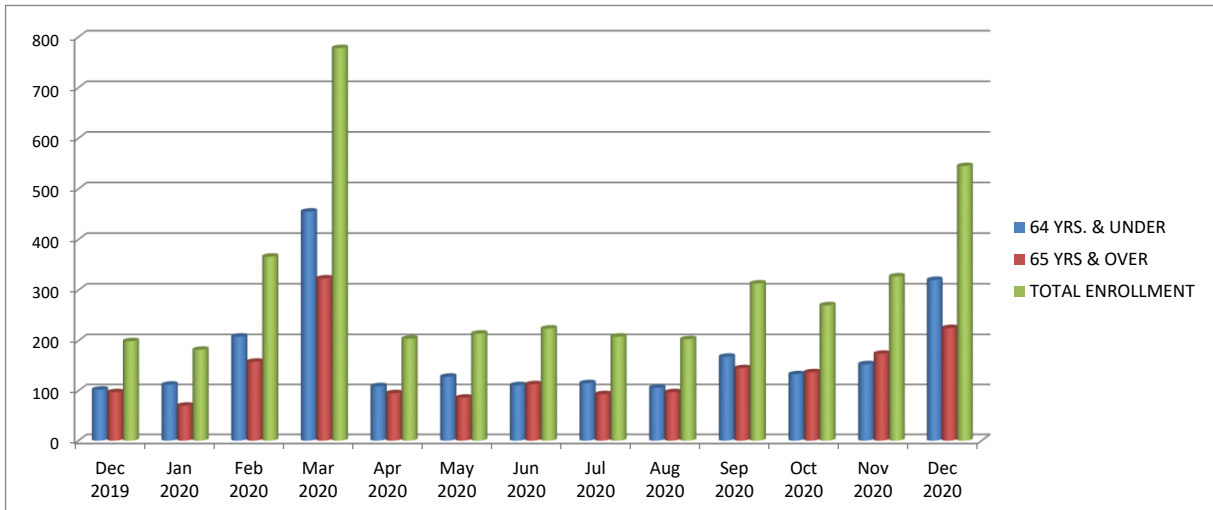
PLEASE NOTE:

- Next Report will include the following dates: January 1, 2020 through January 31, 2021.

Retirees Monthly Age Breakdown DECEMBER, 2019 ~ DECEMBER, 2020

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Dec 2019	102	97	199
Jan 2020	112	70	182
Feb 2020	208	158	366
Mar 2020	455	323	778
Apr 2020	109	95	204
May 2020	128	86	214
Jun 2020	111	113	224
Jul 2020	115	93	208
Aug 2020	106	97	203
Sep 2020	168	145	313
Oct 2020	133	137	270
Nov 2020	153	174	327
Dec 2020	320	225	545



PLEASE NOTE:

- Next Report will include the following dates: January 1, 2010 through January 31, 2021.

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2021

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	6912	\$903,940.90	2	\$148.30
241	141	\$17,913.20	0	\$0.00
242	885	\$119,083.40	0	\$0.00
243	4124	\$1,105,258.15	1	\$54.20
244	17	\$2,312.70	0	\$0.00
245	59	\$7,326.50	0	\$0.00
246	20	\$2,279.70	0	\$0.00
247	118	\$17,037.40	0	\$0.00
248	8	\$1,982.80	1	\$43.00
249	52	\$14,159.80	0	\$0.00
250	15	\$3,947.10	0	\$0.00
Plan Total:	12,351	\$2,195,241.65	4	\$245.50
CIGNA-HEALTHSPRING PREFERRED with RX				
321	29	\$3,769.90	0	\$0.00
322	6	\$764.60	0	\$0.00
324	19	\$4,807.40	0	\$0.00
327	3	\$385.00	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	58	\$9,953.60	0	\$0.00
KAISER SR. ADVANTAGE				
394	10	\$1,377.30	0	\$0.00
397	6	\$856.50	0	\$0.00
398	3	\$849.40	0	\$0.00
403	11197	\$1,451,217.30	3	\$57.90
406	2	(\$480.80)	0	\$0.00
413	1609	\$215,809.60	0	\$0.00
418	5732	\$1,535,678.30	0	\$0.00
419	261	\$32,424.70	0	\$0.00
426	215	\$28,331.70	0	\$0.00
427	97	\$10,441.50	0	\$0.00
445	4	\$531.70	0	\$0.00
446	2	\$248.10	0	\$0.00
451	35	\$4,745.10	0	\$0.00
455	2	\$289.20	0	\$0.00
457	8	\$1,876.90	0	\$0.00
458	2	\$278.60	0	\$0.00
462	60	\$8,118.70	0	\$0.00
465	5	\$674.10	0	\$0.00
466	28	\$6,976.70	0	\$0.00
467	1	(\$289.20)	0	\$0.00
472	34	\$3,808.00	0	\$0.00
476	4	\$537.60	0	\$0.00
478	17	\$4,585.50	0	\$0.00
479	1	\$144.60	0	\$0.00
482	76	\$10,200.40	0	\$0.00
486	5	\$672.70	0	\$0.00
488	44	\$12,035.20	0	\$0.00
491	1	\$134.00	0	\$0.00
494	1	\$297.00	0	\$0.00
Plan Total:	19,462	\$3,332,370.40	3	\$57.90

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2021

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	321	\$42,007.20	0	\$0.00
613	93	\$22,200.10	0	\$0.00
Plan Total:	414	\$64,207.30	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1804	\$233,667.80	1	\$36.50
702	385	\$51,443.30	0	\$0.00
703	1144	\$307,810.70	0	\$0.00
704	92	\$11,962.50	0	\$0.00
705	34	\$10,457.80	0	\$0.00
Plan Total:	3,459	\$615,342.10	1	\$36.50
Grand Total:	35,744	\$6,217,115.05	8	\$339.90

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2021

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445	4	\$531.70	0	\$0.00
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451	35	\$4,745.10	0	\$0.00
455	2	\$289.20	0	\$0.00
457	8	\$1,876.90	0	\$0.00
458	2	\$278.60	0	\$0.00
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479	1	\$144.60	0	\$0.00
482	76	\$10,200.40	0	\$0.00
486	5	\$672.70	0	\$0.00
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491	1	\$134.00	0	\$0.00
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Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2021

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
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703	1144	\$307,810.70	0	\$0.00
704	92	\$11,962.50	0	\$0.00
705	34	\$10,457.80	0	\$0.00
Plan Total:	3,459	\$615,342.10	1	\$36.50
LOCAL 1014				
804	180	\$31,957.20	0	\$0.00
805	187	\$30,472.20	0	\$0.00
806	618	\$202,969.80	0	\$0.00
807	50	\$9,207.00	0	\$0.00
808	12	\$3,564.00	0	\$0.00
812	242	\$39,204.00	0	\$0.00
813	1	\$148.50	0	\$0.00
Plan Total:	1,290	\$317,522.70	0	\$0.00
Grand Total:	37,034	\$6,534,637.75	8	\$339.90

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	538	\$541,085.93	\$84,786.32	\$451,280.26	\$536,066.58	(\$5,019.35)	\$531,047.23
202	285	\$562,826.55	\$51,937.94	\$510,888.61	\$562,826.55	(\$3,949.66)	\$558,876.89
203	73	\$164,921.58	\$36,193.51	\$122,042.06	\$158,235.57	\$0.00	\$158,235.57
204	27	\$34,834.05	\$12,617.61	\$22,216.44	\$34,834.05	\$0.00	\$34,834.05
SUBTOTAL	923	\$1,303,668.11	\$185,535.38	\$1,106,427.37	\$1,291,962.75	(\$8,969.01)	\$1,282,993.74
Anthem Blue Cross I							
211	669	\$827,238.57	\$54,877.04	\$776,071.12	\$830,948.16	(\$7,419.18)	\$823,528.98
212	256	\$570,483.20	\$34,273.54	\$536,209.66	\$570,483.20	(\$4,456.90)	\$566,026.30
213	55	\$144,564.75	\$21,080.14	\$126,113.06	\$147,193.20	\$0.00	\$147,193.20
214	19	\$31,078.30	\$4,350.97	\$26,727.33	\$31,078.30	\$0.00	\$31,078.30
215	2	\$837.14	\$33.48	\$803.66	\$837.14	\$0.00	\$837.14
SUBTOTAL	1,001	\$1,574,201.96	\$114,615.17	\$1,465,924.83	\$1,580,540.00	(\$11,876.08)	\$1,568,663.92
Anthem Blue Cross II							
221	2,197	\$2,721,602.53	\$156,989.63	\$2,562,140.24	\$2,719,129.87	(\$10,930.02)	\$2,708,199.85
222	1,950	\$4,363,305.10	\$111,199.70	\$4,220,907.10	\$4,332,106.80	(\$6,685.35)	\$4,325,421.45
223	796	\$2,097,503.10	\$79,326.57	\$1,991,892.03	\$2,071,218.60	\$2,328.45	\$2,073,547.05
224	174	\$284,611.80	\$31,372.74	\$253,239.06	\$284,611.80	\$3,271.40	\$287,883.20
SUBTOTAL	5,117	\$9,467,022.53	\$378,888.64	\$9,028,178.43	\$9,407,067.07	(\$12,015.52)	\$9,395,051.55

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	6,933	\$3,498,574.41	\$501,870.23	\$2,996,757.74	\$3,498,627.97	(\$20,671.80)	\$3,477,956.17
241	141	\$228,560.36	\$21,986.88	\$203,933.76	\$225,920.64	\$1.00	\$225,921.64
242	884	\$1,438,964.52	\$87,561.26	\$1,327,259.56	\$1,414,820.82	(\$1,609.58)	\$1,413,211.24
243	4,140	\$4,156,074.78	\$466,129.14	\$3,664,992.15	\$4,131,121.29	(\$34,903.09)	\$4,096,218.20
244	17	\$15,332.98	\$3,319.15	\$12,915.77	\$16,234.92	\$0.00	\$16,234.92
245	57	\$53,214.46	\$4,906.55	\$45,602.09	\$50,508.64	\$0.00	\$50,508.64
246	19	\$40,144.00	\$1,244.46	\$34,885.14	\$36,129.60	\$0.00	\$36,129.60
247	120	\$240,864.00	\$17,141.47	\$227,736.93	\$244,878.40	\$0.00	\$244,878.40
248	8	\$11,199.76	\$391.99	\$10,807.77	\$11,199.76	\$0.00	\$11,199.76
249	54	\$75,598.38	\$5,375.88	\$67,423.36	\$72,799.24	\$0.00	\$72,799.24
250	15	\$23,532.30	\$815.79	\$22,716.51	\$23,532.30	(\$1,568.82)	\$21,963.48
SUBTOTAL	12,388	\$9,782,059.95	\$1,110,742.80	\$8,615,030.78	\$9,725,773.58	(\$58,752.29)	\$9,667,021.29
CIGNA Network Model Plan							
301	256	\$418,681.27	\$112,859.49	\$307,450.89	\$420,310.38	(\$3,258.22)	\$417,052.16
302	85	\$249,967.15	\$65,005.81	\$184,961.34	\$249,967.15	(\$5,881.58)	\$244,085.57
303	7	\$27,779.60	\$4,375.80	\$9,515.00	\$13,890.80	\$0.00	\$13,890.80
304	14	\$30,260.44	\$13,903.43	\$16,357.01	\$30,260.44	\$0.00	\$30,260.44
SUBTOTAL	362	\$726,688.46	\$196,144.53	\$518,284.24	\$714,428.77	(\$9,139.80)	\$705,288.97

Medical and Dental Vision Insurance Premiums February 2021

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	\$1,507.21	\$10,027.49	\$11,534.70	\$0.00	\$11,534.70
322	7	\$11,873.19	\$678.47	\$9,498.55	\$10,177.02	\$0.00	\$10,177.02
324	19	\$14,458.62	\$1,795.92	\$12,662.70	\$14,458.62	\$0.00	\$14,458.62
327	3	\$6,685.56	\$445.70	\$6,239.86	\$6,685.56	\$0.00	\$6,685.56
329	1	\$1,334.15	\$0.00	\$1,334.15	\$1,334.15	\$0.00	\$1,334.15
SUBTOTAL	60	\$45,886.22	\$4,427.30	\$39,762.75	\$44,190.05	\$0.00	\$44,190.05

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,520	\$1,668,761.90	\$149,535.40	\$1,498,557.35	\$1,648,092.75	(\$3,264.05)	\$1,644,828.70
403	11,240	\$3,245,658.71	\$319,072.37	\$2,929,290.82	\$3,248,363.19	(\$10,085.95)	\$3,238,277.24
404	560	\$664,194.60	\$12,420.34	\$677,716.24	\$690,136.58	(\$2,355.30)	\$687,781.28
405	1,120	\$1,266,472.17	\$21,510.71	\$1,253,999.61	\$1,275,510.32	(\$1,129.77)	\$1,274,380.55
406	13	\$36,499.68	\$6,948.10	\$9,273.98	\$16,222.08	\$0.00	\$16,222.08
411	1,828	\$3,992,903.40	\$189,803.90	\$3,727,118.86	\$3,916,922.76	\$2,167.70	\$3,919,090.46
413	1,598	\$2,223,032.50	\$105,747.60	\$2,040,675.78	\$2,146,423.38	(\$1,872.21)	\$2,144,551.17
414	101	\$228,007.50	\$2,618.70	\$225,388.80	\$228,007.50	\$0.00	\$228,007.50
418	5,719	\$3,260,566.58	\$252,901.11	\$3,016,832.63	\$3,269,733.74	(\$3,410.04)	\$3,266,323.70
419	261	\$381,948.84	\$4,198.52	\$390,839.55	\$395,038.07	\$0.00	\$395,038.07
420	129	\$302,801.70	\$1,126.70	\$301,675.00	\$302,801.70	\$0.00	\$302,801.70
421	7	\$7,614.95	\$957.30	\$6,657.65	\$7,614.95	\$0.00	\$7,614.95
422	256	\$565,662.72	\$2,297.98	\$563,364.74	\$565,662.72	(\$6,628.86)	\$559,033.86
423	9	\$27,968.49	\$5,889.51	\$22,078.98	\$27,968.49	(\$3,107.61)	\$24,860.88
426	215	\$303,137.10	\$2,707.10	\$300,430.00	\$303,137.10	\$0.00	\$303,137.10
427	90	\$223,869.21	\$4,154.28	\$192,019.77	\$196,174.05	(\$2,307.93)	\$193,866.12
428	59	\$135,665.78	\$827.78	\$134,838.00	\$135,665.78	\$0.00	\$135,665.78
429	4	\$12,789.64	\$2,275.84	\$10,513.80	\$12,789.64	\$0.00	\$12,789.64
430	138	\$312,964.06	\$3,737.54	\$304,723.44	\$308,460.98	\$0.00	\$308,460.98
431	9	\$28,345.77	\$4,689.72	\$23,656.05	\$28,345.77	\$0.00	\$28,345.77
432	2	\$12,142.56	\$1,255.68	\$2,783.84	\$4,039.52	\$0.00	\$4,039.52
SUBTOTAL	24,878	\$18,901,007.86	\$1,094,676.18	\$17,632,434.89	\$18,727,111.07	(\$31,994.02)	\$18,695,117.05

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Colorado							
450	7	\$7,349.51	\$1,259.91	\$6,089.60	\$7,349.51	\$0.00	\$7,349.51
451	35	\$12,217.10	\$1,312.44	\$11,253.72	\$12,566.16	\$0.00	\$12,566.16
453	3	\$6,963.54	\$278.19	\$6,685.35	\$6,963.54	\$0.00	\$6,963.54
454	3	\$9,401.67	\$2,021.76	\$10,513.80	\$12,535.56	\$0.00	\$12,535.56
455	2	\$2,781.98	\$0.00	\$2,781.98	\$2,781.98	\$0.00	\$2,781.98
457	8	\$5,520.96	\$1,104.19	\$4,416.77	\$5,520.96	\$0.00	\$5,520.96
458	2	\$4,744.64	\$94.89	\$4,649.75	\$4,744.64	\$0.00	\$4,744.64
SUBTOTAL	60	\$48,979.40	\$6,071.38	\$46,390.97	\$52,462.35	\$0.00	\$52,462.35
Kaiser - Georgia							
441	3	\$4,434.68	\$0.00	\$1,108.67	\$1,108.67	\$0.00	\$1,108.67
442	4	\$4,434.68	\$0.00	\$4,434.68	\$4,434.68	\$0.00	\$4,434.68
445	4	\$6,096.56	\$0.00	\$6,096.56	\$6,096.56	\$0.00	\$6,096.56
446	2	\$3,048.28	\$0.00	\$3,048.28	\$3,048.28	\$0.00	\$3,048.28
461	19	\$22,173.40	\$2,816.02	\$19,357.38	\$22,173.40	\$0.00	\$22,173.40
462	61	\$25,831.67	\$3,404.69	\$24,967.80	\$28,372.49	(\$1,270.41)	\$27,102.08
463	2	\$4,418.68	\$1,104.67	\$3,314.01	\$4,418.68	\$0.00	\$4,418.68
465	5	\$7,620.70	\$914.48	\$6,706.22	\$7,620.70	\$0.00	\$7,620.70
466	27	\$23,490.32	\$872.50	\$21,778.88	\$22,651.38	\$0.00	\$22,651.38
467	0	\$2,624.81	\$0.00	(\$5,249.62)	(\$5,249.62)	\$0.00	(\$5,249.62)
SUBTOTAL	127	\$104,173.78	\$9,112.36	\$85,562.86	\$94,675.22	(\$1,270.41)	\$93,404.81

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	2	\$1,981.50	\$0.00	\$1,981.50	\$1,981.50	\$0.00	\$1,981.50
472	33	\$15,240.16	\$1,945.36	\$10,605.36	\$12,550.72	\$0.00	\$12,550.72
473	1	\$1,774.62	\$538.09	\$1,236.53	\$1,774.62	\$0.00	\$1,774.62
474	4	\$7,894.00	\$0.00	\$13,814.50	\$13,814.50	\$0.00	\$13,814.50
476	4	\$5,723.96	\$2,547.17	\$3,176.79	\$5,723.96	\$0.00	\$5,723.96
478	17	\$15,104.16	\$1,563.72	\$13,540.44	\$15,104.16	\$0.00	\$15,104.16
479	1	\$2,214.86	\$0.00	\$2,214.86	\$2,214.86	\$0.00	\$2,214.86
SUBTOTAL	62	\$49,933.26	\$6,594.34	\$46,569.98	\$53,164.32	\$0.00	\$53,164.32
Kaiser - Oregon							
481	5	\$6,945.12	\$1,088.07	\$2,384.49	\$3,472.56	\$0.00	\$3,472.56
482	77	\$36,910.72	\$6,442.59	\$31,426.85	\$37,869.44	\$0.00	\$37,869.44
484	4	\$9,228.20	\$581.82	\$8,646.38	\$9,228.20	\$0.00	\$9,228.20
486	5	\$8,144.40	\$1,303.10	\$6,841.30	\$8,144.40	\$0.00	\$8,144.40
488	44	\$41,831.68	\$5,267.01	\$36,564.67	\$41,831.68	\$0.00	\$41,831.68
489	1	\$1,076.08	\$0.00	\$1,076.08	\$1,076.08	\$0.00	\$1,076.08
491	1	\$1,547.44	\$0.00	\$1,547.44	\$1,547.44	\$0.00	\$1,547.44
494	1	\$2,100.24	\$1,008.12	\$1,092.12	\$2,100.24	\$0.00	\$2,100.24
495	2	\$5,016.00	\$559.10	\$4,456.90	\$5,016.00	\$0.00	\$5,016.00
498	2	\$4,815.04	\$358.14	\$4,456.90	\$4,815.04	\$0.00	\$4,815.04
SUBTOTAL	142	\$117,614.92	\$16,607.95	\$98,493.13	\$115,101.08	\$0.00	\$115,101.08
SCAN Health Plan							
611	318	\$87,633.00	\$18,940.74	\$67,873.26	\$86,814.00	\$1,879.00	\$88,693.00
613	89	\$50,034.00	\$7,241.48	\$37,950.52	\$45,192.00	\$0.00	\$45,192.00
SUBTOTAL	407	\$137,667.00	\$26,182.22	\$105,823.78	\$132,006.00	\$1,879.00	\$133,885.00

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	1,787	\$621,101.50	\$71,169.21	\$536,549.44	\$607,718.65	(\$1,372.60)	\$606,346.05
702	377	\$605,371.52	\$36,792.79	\$540,376.77	\$577,169.56	\$1,568.32	\$578,737.88
703	1,136	\$776,653.50	\$76,552.87	\$696,030.83	\$772,583.70	(\$1,356.60)	\$771,227.10
704	95	\$172,599.86	\$8,683.42	\$146,122.64	\$154,806.06	\$0.00	\$154,806.06
705	33	\$30,238.24	\$2,241.18	\$31,554.50	\$33,795.68	\$0.00	\$33,795.68
706	1	\$352.92	\$14.12	\$338.80	\$352.92	\$0.00	\$352.92
SUBTOTAL	3,429	\$2,206,317.54	\$195,453.59	\$1,950,972.98	\$2,146,426.57	(\$1,160.88)	\$2,145,265.69
United Healthcare							
707	446	\$556,159.67	\$52,335.51	\$502,550.99	\$554,886.50	\$0.00	\$554,886.50
708	416	\$943,370.12	\$42,738.50	\$898,377.34	\$941,115.84	\$0.00	\$941,115.84
709	353	\$950,306.40	\$59,541.78	\$874,748.22	\$934,290.00	\$0.00	\$934,290.00
SUBTOTAL	1,215	\$2,449,836.19	\$154,615.79	\$2,275,676.55	\$2,430,292.34	\$0.00	\$2,430,292.34

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	65	\$78,616.20	\$2,636.67	\$72,931.65	\$75,568.32	\$0.00	\$75,568.32
802	313	\$682,577.88	\$17,794.94	\$656,059.90	\$673,854.84	\$2,180.76	\$676,035.60
803	319	\$820,601.98	\$21,762.66	\$803,984.16	\$825,746.82	\$2,572.42	\$828,319.24
804	180	\$217,706.40	\$6,119.98	\$211,586.42	\$217,706.40	(\$33,166.68)	\$184,539.72
805	187	\$407,802.12	\$16,224.82	\$391,577.30	\$407,802.12	(\$30,472.20)	\$377,329.92
806	618	\$1,347,709.68	\$32,580.46	\$1,315,129.22	\$1,347,709.68	(\$216,054.36)	\$1,131,655.32
807	50	\$128,621.00	\$2,675.31	\$125,945.69	\$128,621.00	(\$9,207.00)	\$119,414.00
808	12	\$30,869.04	\$205.79	\$30,663.25	\$30,869.04	(\$3,564.00)	\$27,305.04
809	23	\$27,818.04	\$3,434.92	\$27,140.72	\$30,575.64	\$0.00	\$30,575.64
810	7	\$15,265.32	\$2,486.06	\$12,779.26	\$15,265.32	\$0.00	\$15,265.32
811	3	\$7,717.26	\$1,028.97	\$6,688.29	\$7,717.26	\$0.00	\$7,717.26
812	242	\$292,694.16	\$21,601.32	\$280,768.68	\$302,370.00	(\$39,204.00)	\$263,166.00
813	1	\$2,180.76	\$0.00	\$2,180.76	\$2,180.76	(\$148.50)	\$2,032.26
SUBTOTAL	2,020	\$4,060,179.84	\$128,551.90	\$3,937,435.30	\$4,065,987.20	(\$327,063.56)	\$3,738,923.64
Kaiser - Washington							
393	6	\$6,972.66	\$976.18	\$5,996.48	\$6,972.66	\$0.00	\$6,972.66
394	10	\$4,365.20	\$174.61	\$4,190.59	\$4,365.20	\$0.00	\$4,365.20
395	2	\$4,326.42	\$0.00	\$4,326.42	\$4,326.42	\$0.00	\$4,326.42
396	1	\$3,616.76	\$988.31	\$2,628.45	\$3,616.76	\$0.00	\$3,616.76
397	7	\$10,063.34	\$345.03	\$8,280.69	\$8,625.72	\$0.00	\$8,625.72
398	3	\$2,595.12	\$519.02	\$2,076.10	\$2,595.12	\$0.00	\$2,595.12
SUBTOTAL	29	\$31,939.50	\$3,003.15	\$27,498.73	\$30,501.88	\$0.00	\$30,501.88
Medical Plan Total	52,220	\$51,007,176.52	\$3,631,222.68	\$46,980,467.57	\$50,611,690.25	(\$460,362.57)	\$50,151,327.68

Medical and Dental Vision Insurance Premiums February 2021

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	24,734	\$1,275,790.23	\$140,094.57	\$1,141,526.21	\$1,281,620.78	(\$4,643.40)	\$1,276,977.38
502	23,131	\$2,483,052.00	\$190,865.30	\$2,291,326.81	\$2,482,192.11	(\$7,194.34)	\$2,474,997.77
503	8	\$507.20	\$32.98	\$474.22	\$507.20	\$0.00	\$507.20
SUBTOTAL	47,873	\$3,759,349.43	\$330,992.85	\$3,433,327.24	\$3,764,320.09	(\$11,837.74)	\$3,752,482.35
CIGNA Dental HMO/Vision							
901	3,408	\$158,692.12	\$19,877.91	\$139,558.37	\$159,436.28	(\$372.08)	\$159,064.20
902	2,410	\$229,957.64	\$20,270.39	\$209,973.03	\$230,243.42	(\$75.00)	\$230,168.42
903	1	\$47.09	\$20.72	\$26.37	\$47.09	\$0.00	\$47.09
SUBTOTAL	5,819	\$388,696.85	\$40,169.02	\$349,557.77	\$389,726.79	(\$447.08)	\$389,279.71
Dental/Vision Plan Total	53,692	\$4,148,046.28	\$371,161.87	\$3,782,885.01	\$4,154,046.88	(\$12,284.82)	\$4,141,762.06
GRAND TOTALS	105,912	\$55,155,222.80	\$4,002,384.55	\$50,763,352.58	\$54,765,737.13	(\$472,647.39)	\$54,293,089.74

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

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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CIGNA Network Model Plan

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

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

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

Kaiser

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

*Benchmark premiums are bolded.

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

*Benchmark premiums are bolded.

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

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

Kaiser Hawaii

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

Kaiser Oregon

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

*Benchmark premiums are bolded.

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

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

-Includes people who have both Part A and Part B of Medicare, who were enrolled in Kaiser's Medicare supplement ("M" coverage) before July 1, 1987, and who chose to stay in that Kaiser arrangement.

-It is not open to new enrollments.

-People who have left it cannot return to it.

"Senior Advantage"

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

"Excess I"

-Is for participants who have Medicare Part A only.

"Excess II"

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

"Excess III"

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

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

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS*	CODES	DEDUCTION CODE DEFINITIONS
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Local 1014 Firefighters (continued)

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

CIGNA Indemnity - Dental/Vision

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

CIGNA HMO - Dental/Vision

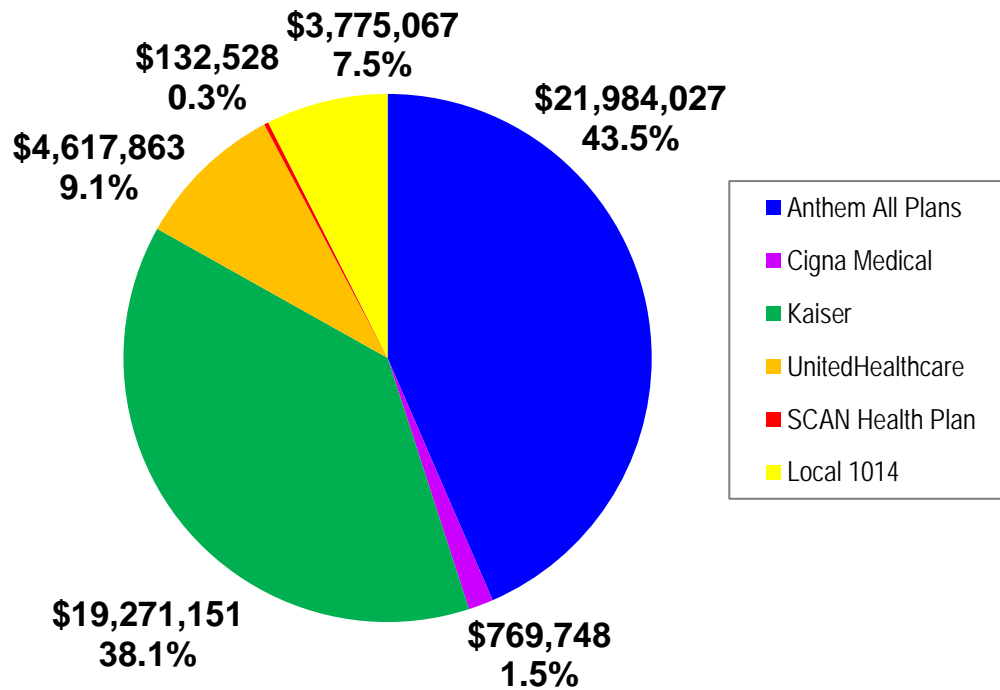
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

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

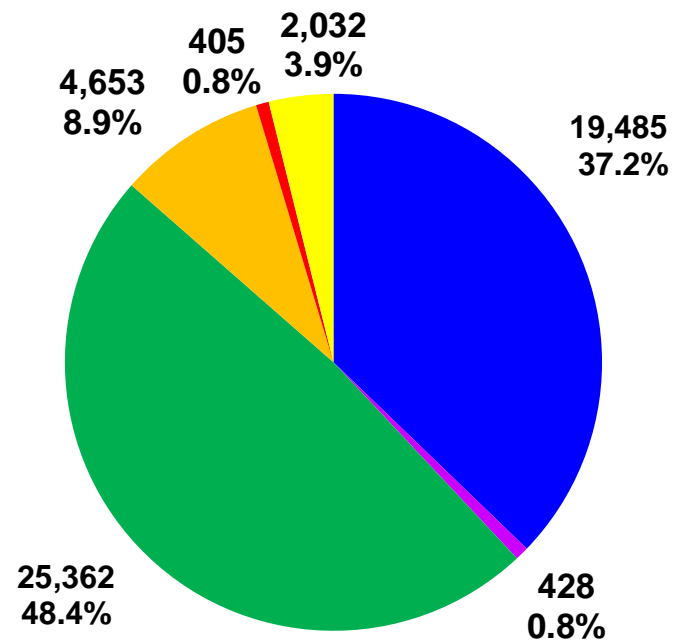
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$21,984,027	43.5%	19,485	37.2%
Cigna Medical	\$769,748	1.5%	428	0.8%
Kaiser	\$19,271,151	38.1%	25,362	48.4%
UnitedHealthcare	\$4,617,863	9.1%	4,653	8.9%
SCAN Health Plan	\$132,528	0.3%	405	0.8%
Local 1014	\$3,775,067	7.5%	2,032	3.9%
Combined Medical	\$50,550,385	100.0%	52,365	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,155,481	53,776
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Monthly Premium



Retirees

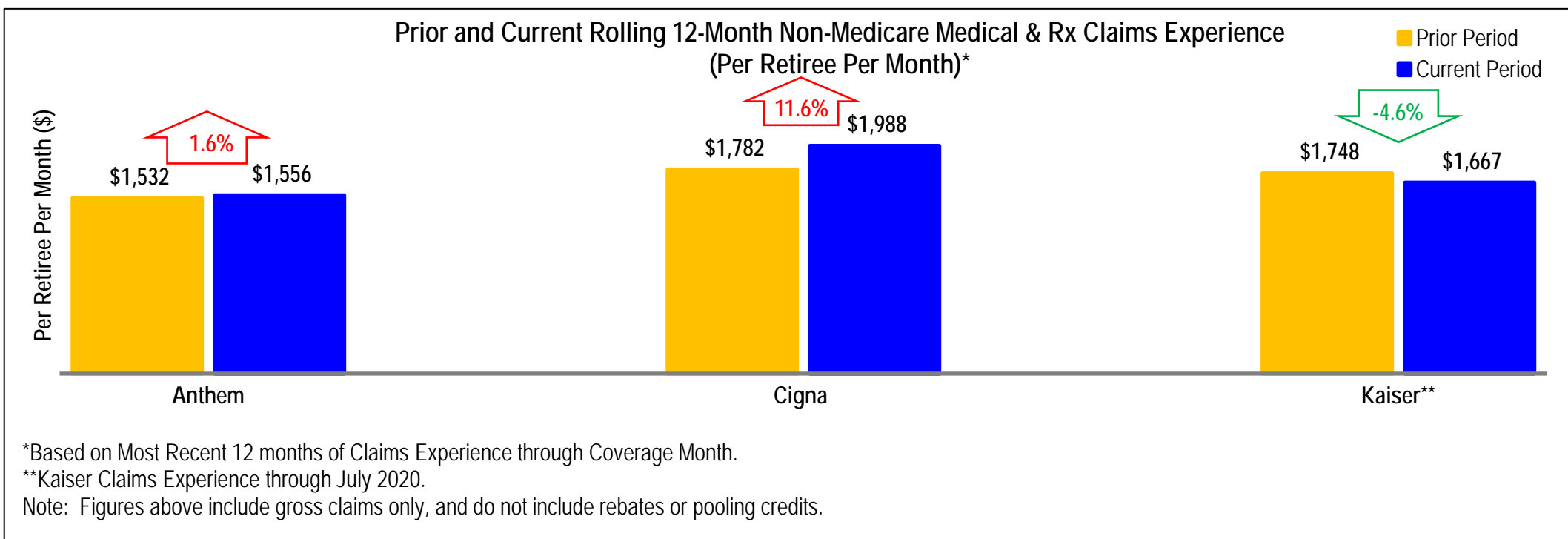
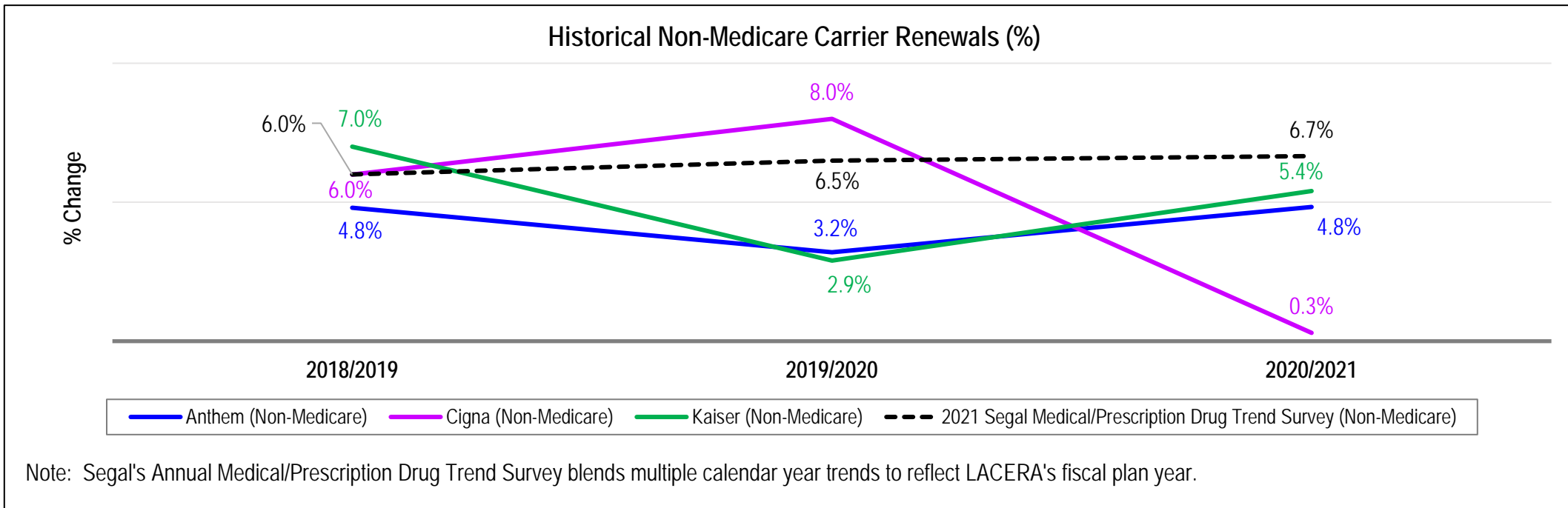


Note: Premiums include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Los Angeles County Employees Retirement Association

Claims Experience by Carrier

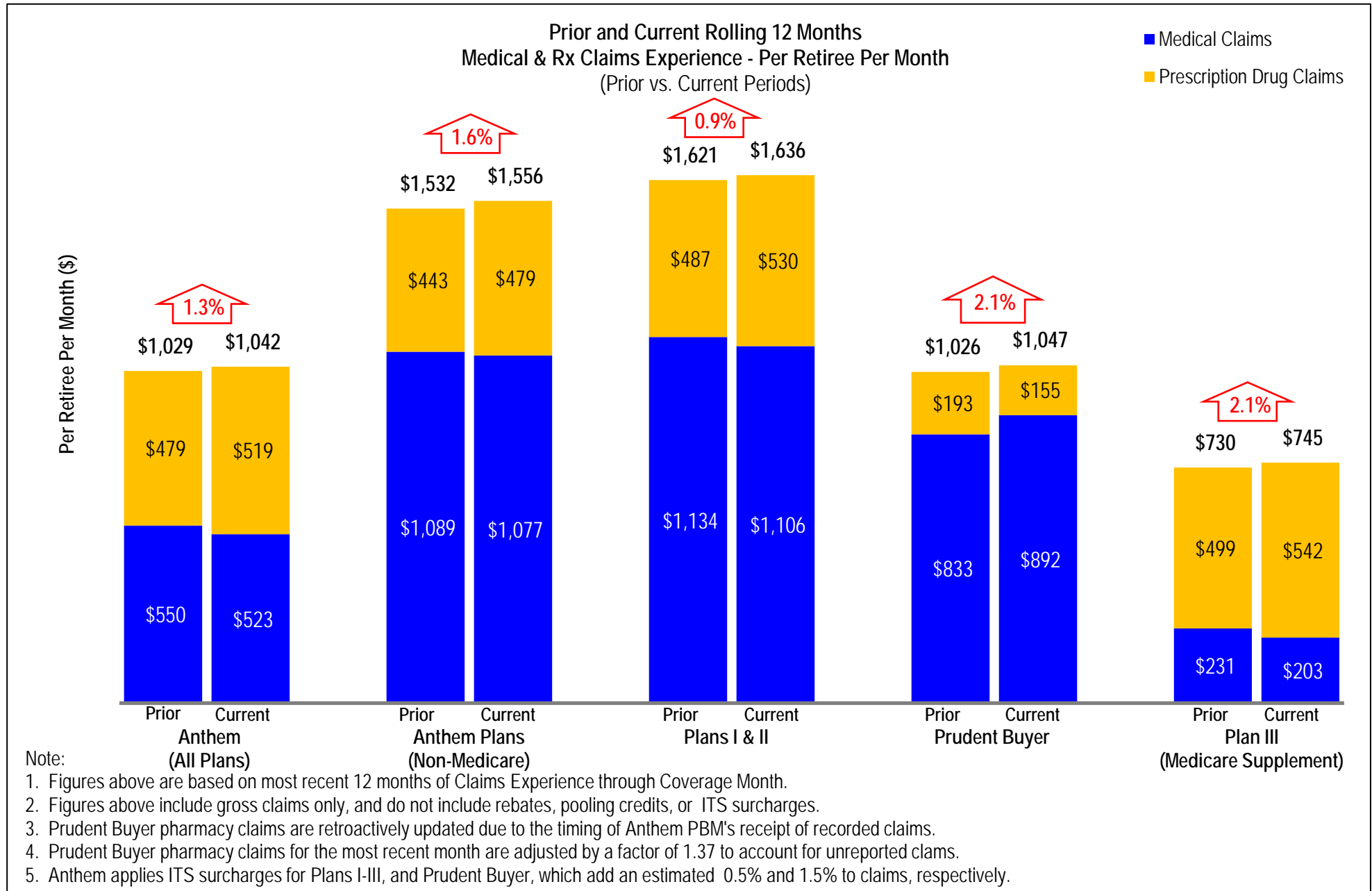
Coverage Month Ending December 2020



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending December 2020



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending December 2020

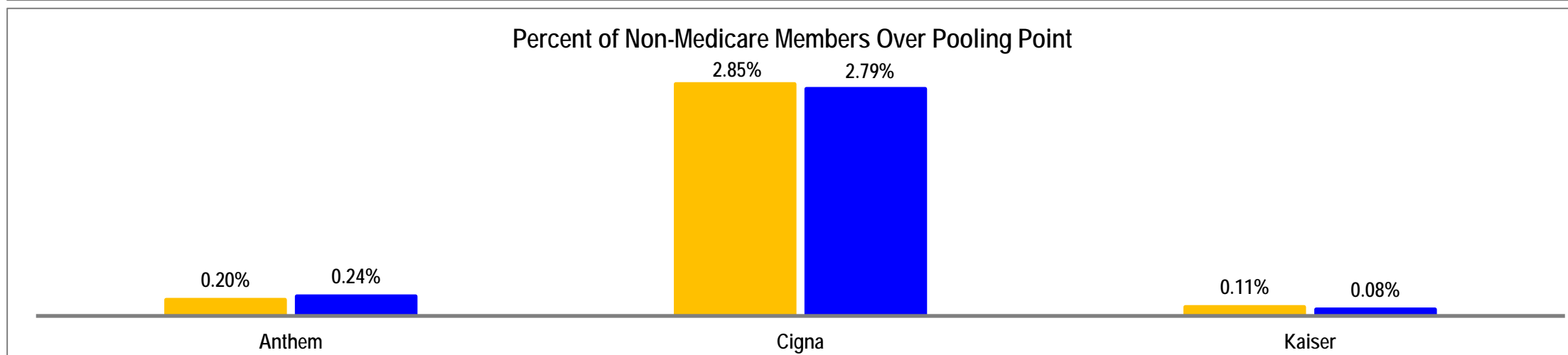
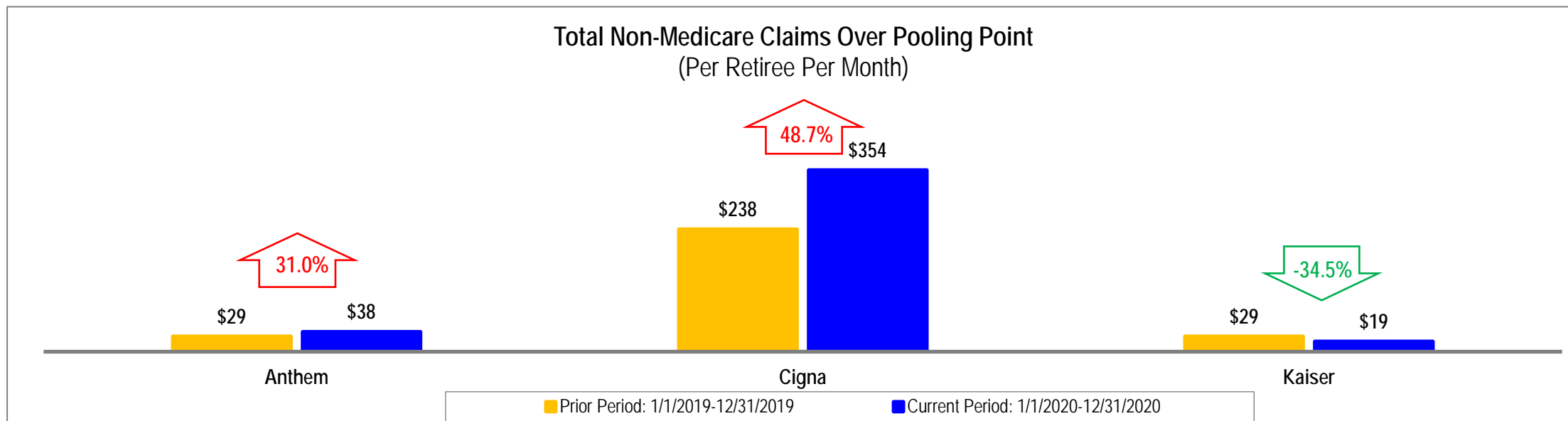
- Kaiser insures approximately 25,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 8/1/2019 - 7/31/2020	Prior Period 8/1/2018 - 7/31/2019	Change
Average Contract Size	2.39	2.36	1.27%
Average Members	8,862	8,734	1.47%
Inpatient Claims Per Member Per Month	\$157.69	\$203.41	-22.48%
Outpatient Claims Per Member Per Month	\$320.59	\$327.37	-2.07%
Pharmacy Per Member Per Month	\$106.78	\$96.95	10.14%
Other Per Member Per Month	\$112.23	\$112.90	-0.59%
Total Claims Per Member Per Month	\$697.29	\$740.63	-5.85%
Total Paid Claims	\$74,150,370	\$77,624,971	-4.48%
Large Claims over \$475,000 Pooling Point			
Number of Claims over Pooling Point	3	4	
Amount over Pooling Point	\$837,136	\$1,271,056	-34.14%
% of Total Paid Claims	1.13%	1.64%	
Inpatient Days / 1000	325.8	370.3	-12.02%
Inpatient Admits / 1000	50.0	56.1	-10.87%
Outpatient Visits / 1000	11,262.0	12,963.1	-13.12%
Pharmacy Scripts Per Member Per Year	10.3	10.6	-2.83%

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending December 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.

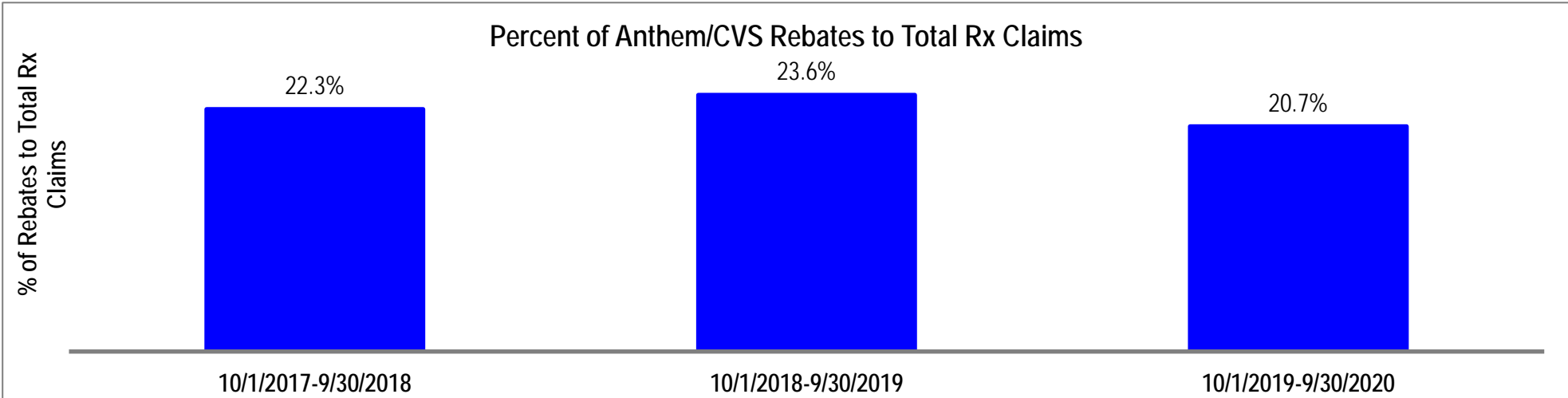
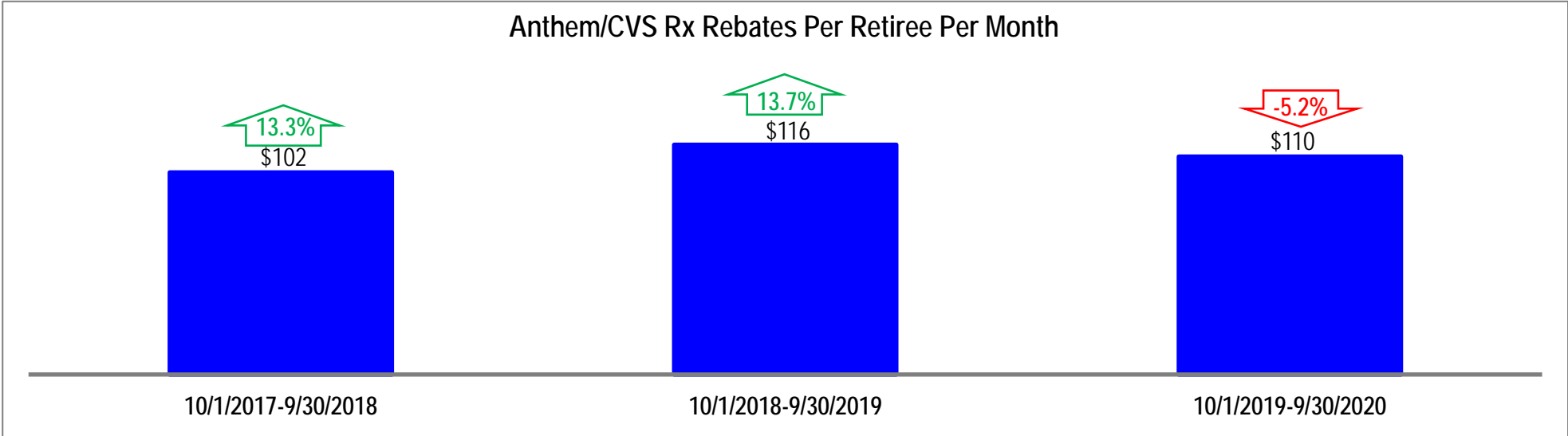
Anthem and Cigna's figures are based on most recent 12 months of Claims Experience through Coverage Month. Kaiser's figures are based on claims experience period between August through July.

Pooling Points by Carrier:

1. Anthem's pooling points are \$350,000 for Plans I & II, and \$300,000 for Prudent Buyer.
2. Cigna's pooling point is \$100,000.
3. Kaiser's pooling point is \$475,000.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)
Coverage Month Ending December 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.

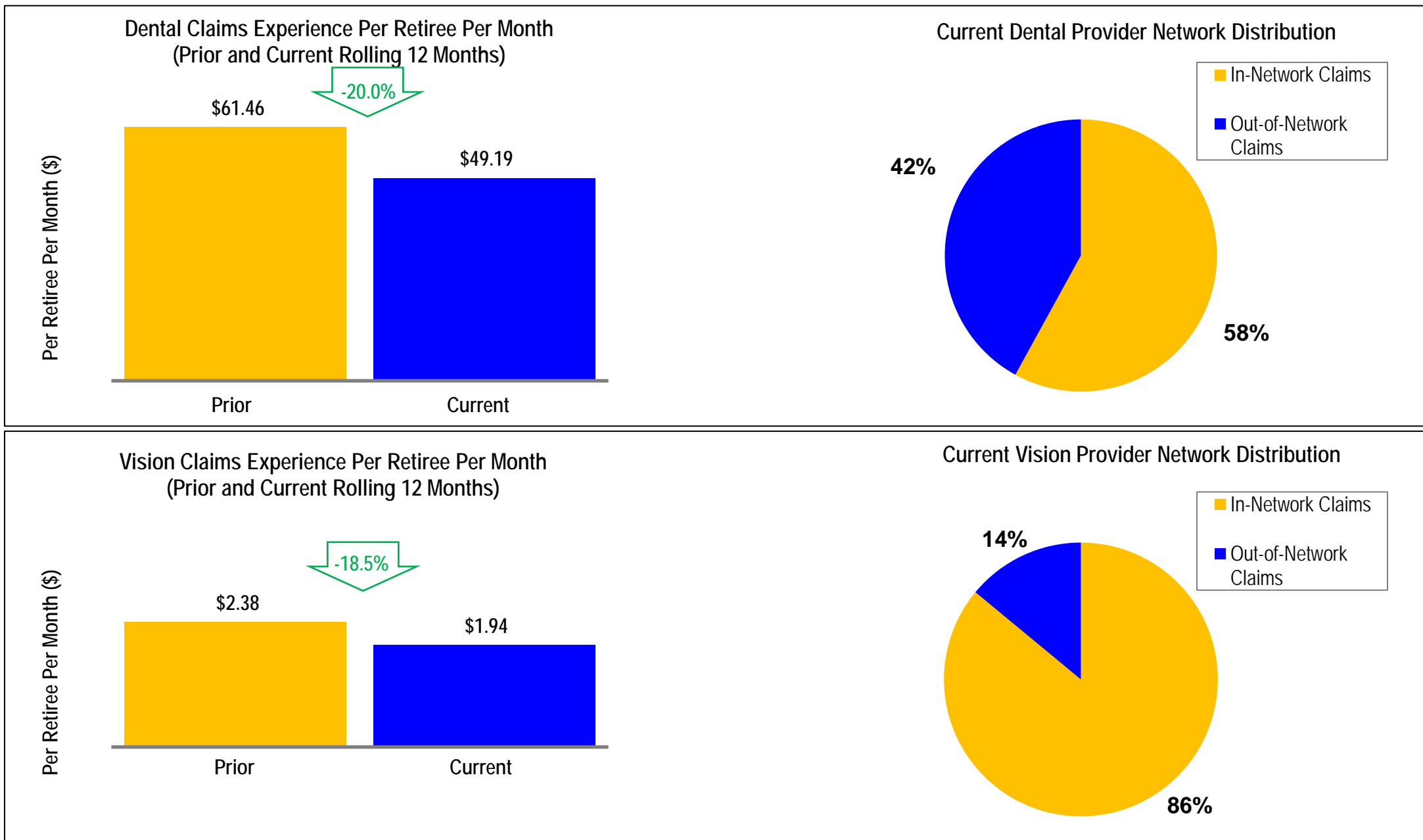
Note:

- 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 December 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.