

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 would like to remain anonymous at the meeting without stating your name, please let us know.

Attention: Public comment requests must be submitted via email to PublicComment@lacera.com.

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

WEDNESDAY, FEBRUARY 2, 2022 - 8:00 A.M.

This meeting will be conducted by the Insurance, Benefits and Legislative Committee by teleconference under California Government Code Section 54953(e).

Any person may view the meeting online at
<http://lacera.com/leadership/board-meetings>

*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
Wayne Moore
Herman B. Santos, Alternate

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of January 5, 2022

II. PUBLIC COMMENT

(Written Public Comment – You may submit written public comments by email to PublicComment@lacera.com. 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.

Verbal Public Comment – You may also request to address the Committee at PublicComment@lacera.com before and during the meeting at any time up to the end of the Public Comment item. We will contact you with information and instructions as to how to access the meeting as a speaker. If you would like to remain anonymous at the meeting without stating your name, please let us know.)

III. ACTION ITEMS

- A. Recommendation as submitted by Cassandra Smith, Director, Retiree Healthcare: That the Committee recommend the Board of Retirement (1) Approve the fiscal year 2022-2023 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee; and (2) Increase LACERA's administrative fee to \$10 per member, per plan, per month. (Memorandum dated January 27, 2022)

IV. FOR INFORMATION

- A. Engagement Report for January 2022
Barry W. Lew, Legislative Affairs Officer
- B. Staff Activities Report for January 2022
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.**

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

WEDNESDAY, JANUARY 5, 2022, 8:30 A.M. – 8:48 A.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 (*arrived at 8:37 a.m.*)
Wayne Moore, Alternate

ABSENT: Shawn R. Kehoe

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

Alan Bernstein
JP Harris
Keith Knox
William Pryor
Antonio Sanchez
Herman B. Santos

STAFF, ADVISORS, PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare
Santos H. Kreimann, Chief Executive Officer
Luis Lugo, Deputy Chief Executive Officer
JJ Popowich, Assistant Executive Officer
Laura Guglielmo, Assistant Executive Officer
Steven Rice, Chief Counsel
Barry W. Lew, Legislative Affairs Officer

Stephen Murphy, Vice President
Segal Consulting

Richard Ward, Sr. Vice President
Segal Consulting

STAFF, ADVISORS, PARTICIPANTS (continued)

Stephanie Messier, Vice President
Segal Consulting

Michael Szeto, Senior Actuarial Associate
Segal Consulting

The meeting was called to order by Chair Robbins at 8:30 a.m. The Chair announced that Mr. Moore, as the alternate, would be a voting member of the Committee.

As there was no quorum until later in the meeting, items I-A.-Approval of the Minutes and III-A.-Consent Items were taken out of order following section IV.-For Information.

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the special meeting of December 1, 2021

Mr. Moore made a motion, Ms. Gray seconded, to approve the minutes of the special meeting of December 1, 2021. The motion passed unanimously.

II. PUBLIC COMMENT

III. CONSENT ITEMS

A. Recommendation as submitted by Steven P. Rice, Chief Counsel: That, under AB 361 and Government Code Section 54953(e)(3) of the Brown Act, the Insurance, Benefits & Legislative Committee (IBLC) consider whether to find that the Governor's COVID-19 State of Emergency continues to directly impact the ability of the IBLC to meet safely in person and that the County of Los Angeles and other agencies still recommend social distancing such that the IBLC shall hold teleconference meetings for the next 30 days, and if so, direct staff to comply with the agenda and public comment requirements of the statute. (Memorandum dated December 27, 2021)

Ms. Gray made a motion, Mr. Moore seconded, to approve the recommendation. The motion passed unanimously.

IV. FOR INFORMATION

- A. Engagement Report for December 2021
Barry W. Lew, Legislative Affairs Officer

The engagement report was discussed.

- B. Staff Activities Report for December 2021
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 2021 were discussed.

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

Segal Consulting gave an update on federal legislation.

V. ITEMS FOR STAFF REVIEW

There was nothing to report.

VI. GOOD OF THE ORDER

(For information purposes only)

VII. ADJOURNMENT

The meeting adjourned at 8:48 a.m.

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



January 27, 2022

TO: Trustees
Insurance, Benefits and Legislative Committee

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

FOR: February 2, 2022 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **2022-2023 PLAN YEAR HEALTH INSURANCE RATE RENEWALS AND BENEFIT CHANGES FOR LACERA'S RETIREE HEALTHCARE BENEFITS PROGRAM**

RECOMMENDATION

That the Committee recommend the Board of Retirement:

1. Approve the fiscal year 2022-2023 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee; and
2. Increase LACERA's administrative fee to \$10 per member, per plan, per month.

EXECUTIVE SUMMARY

This year's contract negotiation with LACERA's health insurance carriers concluded with an overall renewal increase of 1.3%. This reflects a 2.4% decrease from the preliminary renewal proposals of 3.7% or approximately \$16.6 million in annual premium cost avoidance.

Annual Premiums	Current	Preliminary	Negotiated	Change (%) from Negotiated to Current
Total Medical	\$652,198,000	\$677,892,000	\$662,112,000	1.5%
Total Dental/Vision	50,834,000	51,055,000	50,251,000	-1.1%
Total Medical/ Dental/Vision	\$703,032,000	\$728,947,000	\$712,363,000	1.3%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal Proposals				(\$16,584,000)

During this year's renewal process, we saw that health plans continued experiencing varying levels of reduced utilization throughout 2021 due to COVID-19 restrictions.

For 2022/2023 renewals, vendors indicated that utilization of services for non-emergency appointments remained suppressed more so than expected when compared to pre-pandemic times.

Staff and Segal continuously monitor emerging healthcare trends and routinely update you of the healthcare landscape, which is as complex as ever. We will continue to engage with our health plan partners to identify what they are doing in response to external factors, as it may affect or apply to our healthcare program. We are extremely pleased with the results of these negotiations.

RATE RENEWAL AND BENEFIT CHANGE PROPOSALS

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

☐ Accept the overall renewal increase of 0.3% with the following separate increases:

- Accept the overall rate increase of 0.1% for Plans I and II
- Accept the rate increase of 0.2% for Plan III
- Accept the rate increase of 2.1% for Prudent Buyer Plan
- Accept the mandatory contractual changes as included in the Appendix.

☐ Instruct Anthem Blue Cross to release the year-end 2020/2021 surplus of \$25.7 million including changes in the Claims Stabilization Reserves to reflect the 2020/2021 rate concessions.

Cigna Medical

☐ Accept the overall renewal increase of 0.1% with the following separate increases:

- Accept the rate increase of 0.1% for the Cigna Network Model HMO Plan
- Accept the rate increase of 0.5% for the Cigna Preferred Medicare HMO Plan
- Accept the mandatory contractual changes included in the Appendix.

Cigna Dental and Vision

☐ Accept the overall renewal decrease of 1.1% with the following separate results:

- Accept the overall rate decrease of 1.6% for the indemnity dental and vision plan
- Accept the overall rate increase of 3.1% for the pre-paid dental and vision plan
- No mandatory contractual changes apply for the 2022/2023 plan year

Kaiser California

□ Accept the overall renewal decrease of 1.4% with the following separate results:

- Accept the rate decrease of 2.5% for the Basic/Pre-65 plan
- Accept the rate increase of 0.5% for Kaiser Senior Advantage plan
- Accept the 1.6% decrease for Kaiser Excess plan
- Accept the mandatory contractual changes included in the Appendix

Kaiser - Out of State

□ Accept the overall renewal increase of 1.1% for Medicare and non-Medicare plans Out of State plans with the following separate results:

- Accept the Kaiser Colorado overall rate increase of 1.1%
- Accept the Kaiser Georgia overall rate increase of 1.4%
- Accept the Kaiser Hawaii overall rate decrease of 3.0%
- Accept the Kaiser Oregon overall rate increase of 0.1%
- Accept the Kaiser Washington overall rate increase of 10.7%
- Accept the mandatory contractual changes included in the Appendix

SCAN

□ Accept the overall renewal increase of 0.6%:

- Accept the mandatory contractual changes included in the Appendix

United HealthCare (UHC)

□ Accept the overall renewal increase of 1.6% with the following separate increases:

- Accept the rate increase of 2.2% for the Pre-65 HMO Plan
- Accept the rate increase of 0.6% for the Medicare Advantage Plan
- Accept the mandatory contractual changes as included in the Appendix

Administrative Fee

Staff recommends increasing the Retiree Healthcare Benefits Program's (RHCBP) Administrative Fee from \$8 per member, per plan, per month fee to \$10 per member, per plan, per month. The RHCBP operating expenses must be funded by the program and its operations cannot be subsidized by trust funds used to operate the retirement benefit trust. This fee covers the RHCBP's administrative expenses which includes consulting services, vendor fees, audit fees, and benefits administration. The administrative fee is included in the proposed premium rate changes. The current administrative fee was last increased in 2016 from \$5 to \$8.

The Retiree Healthcare (RHC) division prides itself in providing members with best-in-class quality service. Over the last two years, the demand for our services has increased. As a result of the pandemic and corresponding “Great Resignation.” Since last year, RHC saw a year over year increase in the following critical workloads:

Process Name	2019 to 2020			2020 to 2021			Percentage Increase
	Work Items Received	Work Items Completed	Work Items Delayed	Work Items Received	Work Items Completed	Work Items Delayed	
Insurance -- Enrollment Processing Inquiry	1172	1068	299	4723	4177	779	302.99%
Insurance -- Phone Inquiry	2931	2613	811	4453	3640	1393	51.93%
Insurance Correspondence	3013	2809	343	3741	3406	246	24.16%
Insurance Enrollment*	12595	10909	3130	19407	13196	5009	54.08%
Insurance New Enrollments (New Retirees) **	8467	7924	5651	10716	8040	5341	26.56%
Medicare Part B Premium Verification	24972	18647	491	30319	25361	361	21.41%

* Changes (inside and outside plans)/Survivors/New enrollments with wait periods/adding & deleting family members/cancellations

** New enrollments (non-March Madness)

As a result of increase workloads, RHC has also realized constraints on call wait times:

Retiree Healthcare Call Center Comparison - **April 1, 2020 through December 31, 2021			
Process	2020	2021	Percentage Increase
Call Volume	36905	74222	50%
Average Queue Answer Time	11:27	23:43	
Abandoned calls	2778	6267	126%
Service Level	49.86%	36.04%*	

* Service Level dropped 13.82%

** Amazon connect inception date was April 2020.

In responding to increases in workloads and processing times, the division will look to onboard four new hires included in our FY 2021-22 budget. The division will also explore other opportunities to improve service delivery and efficiency, such as automation solutions. Lastly, the development of a division specific quality and training program will also be a priority.

In order to continue meeting the growing demands of our members and continue to provide high quality service, staff request an increase in the monthly administrative fee to \$10 per member, per plan, per month. The administrative fee increase equates to about an additional \$1.6 million increase. RHC's current administrative budget is estimated at \$11,400,000. The increase will provide adequate funding for the RHC and will facilitate program administration as the retiree population continues to increase, federal programs expand and become more complex, and employers seek to mitigate program costs through new benefit tiers. In addition, the Center for Medicaid, and Medicare Services (CMS) is making many changes to the Medicare Program and whatever happens in the Medicare Program becomes mainstream in the healthcare landscape.

CONCLUSION

The overall increase of 1.3% for our healthcare benefits program resulted in an increase in premiums of \$9.3 million and a negotiated overall total premium cost avoidance of \$16.6 million annually when compared to the preliminary proposals received from various carrier partners.

The recommended monthly administrative fee increase from \$8 to \$10 is included the premium rate change and is needed to address the expanding workload and increased demand for retiree healthcare services by our members.

We are continuously monitoring the healthcare industry to stay ahead of the many things happening on a national basis within the healthcare landscape. Detailed information regarding the renewal proposal can be found in the enclosed 2022/2023 Renewal Evaluation Report prepared by Segal.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE:

Recommend the Board of Retirement:

1. Approve the fiscal year 2022-2023 rate renewal proposal and mandatory contractual changes, listed by carrier, and the administrative fee; and
2. Increase LACERA's administrative fee to \$10 per member, per plan, per month

CS:cs

Attachment

REVIEWED AND APPROVED



Santos H. Kreimann
Chief Executive Officer



**Los Angeles County Employees
Retirement Association**

***2022-2023 Renewal Evaluation Report
Presented on February 2, 2022***

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

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

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

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Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

2022-2023 Renewal Overview

This report summarizes the final 2022-2023 renewal results for the LACERA-administered Retiree Healthcare Benefits Program (RHCBP).

- The 2022-2023 renewal budget was forecasted to increase by 2.5%, prior to the renewal process.
- Negotiations during the renewal process resulted in a final overall increase of 1.3%.
 - This reflects a 2.4% decrease from the preliminary renewal increase of 3.7%.
- Negotiations resulted in premium cost avoidance of approximately \$16.6 million annually.

Medical Plans

- The overall negotiated medical renewal increase is 1.5%.

Dental/Vision Plans

- The overall negotiated dental/vision renewal decrease is 1.1%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 652,198,000	\$ 677,892,000	\$ 662,112,000	1.5%
Total Dental/Vision	50,834,000	51,055,000	50,251,000	-1.1%
Total Medical/Dental/Vision	\$ 703,032,000	\$ 728,947,000	\$ 712,363,000	1.3%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal				\$ (16,584,000)

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

KEY FINDINGS

Anthem Blue Cross Plans

- Anthem initially proposed an overall rate increase of 5.6%. Initial rate increases were 5.4% for Plans I and II, 5.5% for Plan III, and 7.9% for Prudent Buyer.
- After negotiations with Segal and Staff, Anthem reduced the overall rate increase to 0.3%. Anthem agreed to reduce the rate increase to 0.1% for Plans I & II, and a rate increase of 0.2% for Plan III. Prudent Buyer rates were reduced to an increase of 2.1%.
- Concessions represent an estimated premium cost avoidance of \$14.7 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 139,779,000	\$ 147,334,000	\$ 139,929,000	0.1%
Anthem BC Plan III	123,545,000	130,359,000	123,851,000	0.2%
Anthem BC Prudent Buyer	12,957,000	13,978,000	13,235,000	2.1%
Total	\$ 276,281,000	\$ 291,671,000	\$ 277,015,000	0.3%

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

KEY FINDINGS

Cigna - Medical Plans

- Cigna initially proposed an overall increase of 4.0%. The Network Model (HMO) plan received an initial rate increase of 4.2%, while the Cigna Preferred Medicare HMO MAPD plan received a 0.5% increase.
- After negotiations with Segal and Staff, Cigna agreed to an overall rate increase of 0.1%. The rate increase for the Network Model (HMO) plan was reduced to 0.1%.
- Concessions represent an estimated premium cost avoidance of \$0.3 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Cigna Medical	\$ 8,922,000	\$ 9,280,000	\$ 8,932,000	0.1%

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

KEY FINDINGS

Cigna - Dental/Vision Plans

- Cigna proposed an overall rate increase of 0.4%. Cigna initially proposed a rate increase of 0.1% for the Indemnity Dental/Vision plan, and a rate increase of 3.3% for the Dental/Vision HMO plan.
- After negotiations with Segal and Staff, Cigna agreed to an overall rate decrease of 1.1%. Cigna reduced renewals to a decrease of 1.6% for the Indemnity Dental/Vision plan and an increase of 3.1% for the Dental/Vision HMO plan.
- Concessions represents an estimated premium cost avoidance of \$0.8 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Cigna Dental/Vision	\$ 50,834,000	\$ 51,055,000	\$ 50,251,000	-1.1%

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

KEY FINDINGS

Kaiser - California

- Kaiser proposed an overall rate decrease of 1.4%. The rate decreases for the Basic/Pre-65 and Excess ⁽¹⁾ rates were 2.5% and 1.6%, respectively. Kaiser proposed a rate increase of 0.5% for the Senior Advantage rates.
 - Kaiser Non-Medicare utilization was better than expected based on prior renewal assumptions. The proposed rate decrease was largely due to favorable plan experience and lower than projected claims.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser California	\$ 225,058,000	\$ 221,995,000	\$ 221,995,000	-1.4%

⁽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: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

KEY FINDINGS

Kaiser - Out of State (OOS)

- The initial overall increase for Kaiser's OOS plans for the 2022-2023 policy period was 1.7%.
- After negotiations with Segal and Staff, the overall increase for Kaiser's OOS plans was reduced to 1.1%.
- Concessions represent an estimated premium cost avoidance of \$26,000 annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser OOS	\$ 4,212,000	\$ 4,283,000	\$ 4,257,000	1.1%

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

KEY FINDINGS

SCAN Health Plan

- SCAN proposed an overall rate increase of 3.1%.
- After negotiations with Segal and Staff, SCAN agreed to an overall increase of 0.6%.
- Concessions represent an estimated premium cost avoidance of \$40,000 annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
SCAN	\$ 1,632,000	\$ 1,682,000	\$ 1,642,000	0.6%

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
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 4.0% for Pre-65 rates and an increase of 0.6% for UnitedHealthcare Medicare Advantage (UHC MA) rates.
- After negotiations with Segal and Staff, UHC reduced the overall rate increase to 1.6%. The Pre-65 rate increase was reduced to 2.2%.
- Concessions represent an estimated premium cost avoidance of \$0.7 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
UHC	\$ 58,610,000	\$ 60,228,000	\$ 59,518,000	1.6%

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

RECOMMENDATIONS

Anthem Blue Cross Plans Overall

- Accept the 0.3% overall rate increase, based on the individual plan increase/decrease noted below:
 - 0.1% overall rate increase to Anthem Blue Cross Plans I and II.
 - 0.2% rate increase to Anthem Blue Cross Plan III.
 - 2.1% rate increase to Anthem Blue Cross Prudent Buyer Plan.
- Instruct Anthem Blue Cross to release year-end 2020-2021 surpluses for all plans. The amount is estimated at \$25.7 million including changes in the Claims Stabilization Reserves to reflect the 2020-2021 rate concessions.
- Accept the mandatory contractual changes included in the appendix.

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

RECOMMENDATIONS

Cigna Medical

- Accept the overall rate increase of 0.1% to Cigna medical plans, based on the individual plan rate pass noted below:
 - 0.1% rate increase to the Network Model Plan HMO.
 - 0.5% rate increase to the Cigna Preferred Medicare HMO Plan (MAPD).
- Accept the mandatory contractual changes included in the appendix.

Cigna Dental/Vision

- Accept the 1.1% overall decrease to Cigna Dental/Vision plans, based on the individual plans noted below:
 - 1.6% overall rate decrease to the Cigna Indemnity Dental/Vision Plan.
 - 3.1% overall rate increase to the Cigna Dental/Vision HMO Plan.
- No mandatory contractual changes apply for the 2022-2023 policy period.

RECOMMENDATIONS

Kaiser California

- Accept the 1.4% overall decrease, based on the plan increase listed below:
 - 2.5% rate decrease to the Basic/Pre-65 Plan.
 - 0.5% rate increase to the Kaiser Senior Advantage Plan.
 - 1.6% rate decrease to the Kaiser Excess ⁽¹⁾ Plan.
- Accept the mandatory contractual changes included in the appendix.

Kaiser Out of State (OOS)

- Accept the 1.1% overall increase for Non-Medicare and Medicare combined OOS plans, based on the plan increase/decrease listed below:
 - 1.1% overall rate increase to Kaiser-Colorado Plans.
 - 1.4% overall rate increase to Kaiser-Georgia Plans.
 - 3.0% overall rate decrease to Kaiser-Hawaii Plans.
 - 0.1% overall rate increase to Kaiser-Oregon Plans.
 - 10.7% 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.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

SCAN Health Plan

- Accept the overall rate increase of 0.6%.
- Accept the mandatory contractual changes included in the appendix.

UnitedHealthcare

- Accept the 1.6% overall increase, based on the plan increase listed below:
 - 2.2% increase for the Pre-65 HMO Plan.
 - 0.6% increase for the MAPD HMO Plan.
- Accept the mandatory contractual changes included in the appendix.

LACERA Administrative Fee

- Segal recommends LACERA increase its Administrative Fee to \$10.00 per member, per plan, per month for the 2022-2023 policy period.
 - The fee is for administering the Retiree Healthcare Program, based on budget forecast.

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

PREMIUM PROJECTIONS FOR JULY 1, 2022 THROUGH JUNE 30, 2023

	Retiree Count	Current Premiums	Preliminary		Negotiated	
			Premiums	Change (%)	Premiums	Change (%)
Medical Plans						
Anthem BC Plan I & II	6,252	\$139,779,000	\$147,334,000	5.4%	\$139,929,000	0.1%
Anthem BC Plan III	12,742	123,545,000	130,359,000	5.5%	123,851,000	0.2%
Anthem BC Prudent Buyer	865	12,957,000	13,978,000	7.9%	13,235,000	2.1%
Cigna HMO & MAPD	413	8,922,000	9,280,000	4.0%	8,932,000	0.1%
Kaiser California	25,346	225,058,000	221,995,000	-1.4%	221,995,000	-1.4%
Kaiser Out of State (OOS)	439	4,212,000	4,283,000	1.7%	4,257,000	1.1%
SCAN Health Plan	397	1,632,000	1,682,000	3.1%	1,642,000	0.6%
United Healthcare	4,875	58,610,000	60,228,000	2.8%	59,518,000	1.5%
Medicare Part B	36,729	77,483,000	88,753,000	14.5%	88,753,000	14.5%
Total Medical	51,329	\$652,198,000	\$677,892,000	3.9%	\$662,112,000	1.5%
Dental / Vision Plans						
Indemnity Dental / Vision	48,844	\$45,815,000	\$45,872,000	0.1%	\$45,075,000	-1.6%
Prepaid Dental / Vision	6,252	5,019,000	5,183,000	3.3%	5,176,000	3.1%
Total Dental/Vision	55,096	\$50,834,000	\$51,055,000	0.4%	\$50,251,000	-1.1%
Total Medical/Dental/Vision		\$703,032,000	\$728,947,000	3.7%	\$712,363,000	1.3%
Total Negotiated Premium Cost Avoidance from Preliminary Premium					(\$16,584,000)	-2.4%

Note: Renewal Premiums and Rate Changes include LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2023

	Count	Current 2021-2022 Rates	Admin Fee	Total Rate	Preliminary 2022-2023 Rates	Admin Fee	Total Rate	% Change	Final 2022-2023 Rates	Admin Fee	Total Rate	% Change
Anthem BC Plan I&II												
211 Retiree Only	630	\$1,265.39	\$8.00	\$1,273.39	\$1,332.71	\$10.00	\$1,342.71	5.4%	\$1,265.39	\$10.00	\$1,275.39	0.2%
221 Retiree Only	2,252	1,265.39	8.00	1,273.39	1,332.71	10.00	1,342.71	5.4%	1,265.39	10.00	1,275.39	0.2%
212 Retiree & Spouse	233	2,287.06	8.00	2,295.06	2,408.73	10.00	2,418.73	5.4%	2,287.06	10.00	2,297.06	0.1%
222 Retiree & Spouse	2,010	2,287.06	8.00	2,295.06	2,408.73	10.00	2,418.73	5.4%	2,287.06	10.00	2,297.06	0.1%
213 Retiree & Family	62	2,699.06	8.00	2,707.06	2,842.65	10.00	2,852.65	5.4%	2,699.06	10.00	2,709.06	0.1%
223 Retiree & Family	852	2,699.06	8.00	2,707.06	2,842.65	10.00	2,852.65	5.4%	2,699.06	10.00	2,709.06	0.1%
214 Retiree & Children	18	1,676.53	8.00	1,684.53	1,765.72	10.00	1,775.72	5.4%	1,676.53	10.00	1,686.53	0.1%
224 Retiree & Children	193	1,676.53	8.00	1,684.53	1,765.72	10.00	1,775.72	5.4%	1,676.53	10.00	1,686.53	0.1%
215 Survivor	2	414.51	8.00	422.51	436.56	10.00	446.56	5.7%	414.51	10.00	424.51	0.5%
225 Survivor	-	422.89	8.00	430.89	445.39	10.00	455.39	5.7%	422.89	10.00	432.89	0.5%
Total	6,252	\$139,178,967		\$139,779,159	\$146,583,285		\$147,333,525	5.4%	\$139,178,967		\$139,929,207	0.1%
Anthem BC Plan III												
240 One Medicare	7,168	\$511.08	\$8.00	\$519.08	\$538.27	\$10.00	\$548.27	5.6%	\$511.08	\$10.00	\$521.08	0.4%
241 Retiree & Spouse- 1 Medicare	131	1,649.63	8.00	1,657.63	1,737.39	10.00	1,747.39	5.4%	1,649.63	10.00	1,659.63	0.1%
242 Retiree & Spouse- 1 Medicare	848	1,649.63	8.00	1,657.63	1,737.39	10.00	1,747.39	5.4%	1,649.63	10.00	1,659.63	0.1%
243 Retiree & Spouse- 2 Medicare	4,263	1,024.26	8.00	1,032.26	1,078.75	10.00	1,088.75	5.5%	1,024.26	10.00	1,034.26	0.2%
244 Retiree & Children- 1 Medicare	16	920.76	8.00	928.76	969.74	10.00	979.74	5.5%	920.76	10.00	930.76	0.2%
245 Retiree & Children- 1 Medicare	59	920.76	8.00	928.76	969.74	10.00	979.74	5.5%	920.76	10.00	930.76	0.2%
246 Retiree & Family- 1 Medicare	20	2,059.18	8.00	2,067.18	2,168.73	10.00	2,178.73	5.4%	2,059.18	10.00	2,069.18	0.1%
247 Retiree & Family- 1 Medicare	153	2,059.18	8.00	2,067.18	2,168.73	10.00	2,178.73	5.4%	2,059.18	10.00	2,069.18	0.1%
248 Retiree & Family- 2 Medicare	11	1,433.73	8.00	1,441.73	1,510.00	10.00	1,520.00	5.4%	1,433.73	10.00	1,443.73	0.1%
249 Retiree & Family- 2 Medicare	56	1,433.73	8.00	1,441.73	1,510.00	10.00	1,520.00	5.4%	1,433.73	10.00	1,443.73	0.1%
250 Retiree & Family- 3 Medicare	17	1,607.64	8.00	1,615.64	1,693.17	10.00	1,703.17	5.4%	1,607.64	10.00	1,617.64	0.1%
Total	12,742	\$122,322,174		\$123,545,406	\$128,829,721		\$130,358,761	5.5%	\$122,322,174		\$123,851,214	0.2%
Anthem BC Prudent Buyer												
201 Retiree Only	498	\$875.07	\$8.00	\$883.07	\$943.06	\$10.00	\$953.06	7.9%	\$892.57	\$10.00	\$902.57	2.2%
202 Retiree & Spouse	266	1,728.25	8.00	1,736.25	1,862.54	10.00	1,872.54	7.8%	1,762.82	10.00	1,772.82	2.1%
203 Retiree & Family	77	1,951.30	8.00	1,959.30	2,102.92	10.00	2,112.92	7.8%	1,990.33	10.00	2,000.33	2.1%
204 Retiree & Children	24	1,126.63	8.00	1,134.63	1,214.17	10.00	1,224.17	7.9%	1,149.16	10.00	1,159.16	2.2%
205 Survivor	-	233.80	8.00	241.80	251.97	10.00	261.97	8.3%	238.48	10.00	248.48	2.8%
Total	865	\$12,873,463		\$12,956,503	\$13,873,733		\$13,977,533	7.9%	\$13,130,943		\$13,234,743	2.1%
Cigna												
301 Network- Retiree Only	261	\$1,647.81	\$8.00	\$1,655.81	\$1,715.32	\$10.00	\$1,725.32	4.2%	\$1,647.81	\$10.00	\$1,657.81	0.1%
302 Network- Retiree & Spouse	73	2,981.10	8.00	2,989.10	3,103.23	10.00	3,113.23	4.2%	2,981.10	10.00	2,991.10	0.1%
303 Network- Retiree & Family	6	3,521.49	8.00	3,529.49	3,665.70	10.00	3,675.70	4.1%	3,521.49	10.00	3,531.49	0.1%
304 Network- Retiree & Children	12	2,188.92	8.00	2,196.92	2,278.56	10.00	2,288.56	4.2%	2,188.92	10.00	2,198.92	0.1%
305 Network- Survivor	-	515.62	8.00	523.62	528.03	10.00	538.03	2.8%	515.62	10.00	525.62	0.4%
321 Risk- Retiree Only	31	376.49	8.00	384.49	376.49	10.00	386.49	0.5%	376.49	10.00	386.49	0.5%
322 Risk- Retiree & Spouse	6	1,709.78	8.00	1,717.78	1,764.40	10.00	1,774.40	3.3%	1,709.78	10.00	1,719.78	0.1%
324 Risk- Retiree & Spouse (Both Risk)	20	752.98	8.00	760.98	752.98	10.00	762.98	0.3%	752.98	10.00	762.98	0.3%
325 Risk- Retiree & Children	-	918.28	8.00	926.28	940.41	10.00	950.41	2.6%	918.28	10.00	928.28	0.2%
327 Risk- Retiree & Family (1 Medicare)	3	2,250.85	8.00	2,258.85	2,327.55	10.00	2,337.55	3.5%	2,250.85	10.00	2,260.85	0.1%
329 Risk- Retiree & Family (2 Medicare)	1	1,334.91	8.00	1,342.91	1,367.04	10.00	1,377.04	1.8%	1,334.91	10.00	1,344.91	0.1%
Total	413	\$8,882,059		\$8,921,707	\$9,230,737		\$9,280,297	4.0%	\$8,882,059		\$8,931,619	0.1%

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2023

	Count	Current 2021-2022 Rates	Admin Fee	Total Rate	Preliminary 2022-2023 Rates	Admin Fee	Total Rate	% Change	Final 2022-2023 Rates	Admin Fee	Total Rate	% Change
Kaiser California												
401 Retiree Basic (Under 65)	1,518	\$1,165.13	\$8.00	\$1,173.13	\$1,133.57	\$10.00	\$1,143.57	-2.5%	\$1,133.57	\$10.00	\$1,143.57	-2.5%
403 Retiree Risk (Senior Advantage)	11,510	253.84	8.00	261.84	253.09	10.00	263.09	0.5%	253.09	10.00	263.09	0.5%
404 Retiree Excess	534	1,169.37	8.00	1,177.37	1,168.97	10.00	1,178.97	0.1%	1,168.97	10.00	1,178.97	0.1%
405 Retiree Excess - Part B	1,204	1,168.86	8.00	1,176.86	1,138.18	10.00	1,148.18	-2.4%	1,138.18	10.00	1,148.18	-2.4%
406 Excess - Medicare Not Provided (MNP); Terminated 2/1/2021	-	1,169.37	8.00	1,177.37	1,168.97	10.00	1,178.97	0.1%	1,168.97	10.00	1,178.97	0.1%
411 Family Basic	1,819	2,330.26	8.00	2,338.26	2,267.14	10.00	2,277.14	-2.6%	2,267.14	10.00	2,277.14	-2.6%
413 One Advantage, One Basic	1,579	1,418.97	8.00	1,426.97	1,386.66	10.00	1,396.66	-2.1%	1,386.66	10.00	1,396.66	-2.1%
414 One Excess, One Basic	84	2,334.50	8.00	2,342.50	2,302.54	10.00	2,312.54	-1.3%	2,302.54	10.00	2,312.54	-1.3%
418 Two+ Advantage	5,980	507.68	8.00	515.68	506.18	10.00	516.18	0.1%	506.18	10.00	516.18	0.1%
419 One Excess, One Advantage	243	1,423.21	8.00	1,431.21	1,422.06	10.00	1,432.06	0.1%	1,422.06	10.00	1,432.06	0.1%
420 Two+ Excess	120	2,338.74	8.00	2,346.74	2,337.94	10.00	2,347.94	0.1%	2,337.94	10.00	2,347.94	0.1%
422 One Excess - Part B, One Basic	248	2,333.99	8.00	2,341.99	2,271.75	10.00	2,281.75	-2.6%	2,271.75	10.00	2,281.75	-2.6%
423 One Excess (MNP), One Basic; Transitional only. Closed effective 7/1/2021	4	2,334.50	8.00	2,342.50	2,302.54	10.00	2,312.54	-1.3%	2,302.54	10.00	2,312.54	-1.3%
426 One Advantage, One Excess - Part B	244	1,422.70	8.00	1,430.70	1,391.27	10.00	1,401.27	-2.1%	1,391.27	10.00	1,401.27	-2.1%
427 One Advantage, One Excess (MNP); Transitional only. Closed effective 7/1/2021	43	1,423.21	8.00	1,431.21	1,422.06	10.00	1,432.06	0.1%	1,422.06	10.00	1,432.06	0.1%
428 One Excess, One Excess - Part B	53	2,338.23	8.00	2,346.23	2,307.15	10.00	2,317.15	-1.2%	2,307.15	10.00	2,317.15	-1.2%
429 One Excess, One Excess (MNP); Transitional only. Closed effective 7/1/2021	3	2,338.74	8.00	2,346.74	2,337.94	10.00	2,347.94	0.1%	2,337.94	10.00	2,347.94	0.1%
430 Two Excess - Part B	147	2,337.72	8.00	2,345.72	2,276.36	10.00	2,286.36	-2.5%	2,276.36	10.00	2,286.36	-2.5%
431 One Excess - Part B, One Excess (MNP); Transitional only. Closed effective 7/1/2021	5	2,338.23	8.00	2,346.23	2,307.15	10.00	2,317.15	-1.2%	2,307.15	10.00	2,317.15	-1.2%
432 Two Excess - Both (MNP); Terminated 2/1/2021	-	2,338.74	8.00	2,346.74	2,337.94	10.00	2,347.94	0.1%	2,337.94	10.00	2,347.94	0.1%
421 Survivor	8	1,165.13	8.00	1,173.13	1,133.57	10.00	1,143.57	-2.5%	1,133.57	10.00	1,143.57	-2.5%
Total	25,346	\$222,624,364		\$225,057,580	\$218,953,385		\$221,994,905	-1.4%	\$218,953,385		\$221,994,905	-1.4%
Kaiser- Colorado												
450 Retiree Basic	4	\$1,020.17	\$8.00	\$1,028.17	\$1,051.33	\$10.00	\$1,061.33	3.2%	\$1,051.33	\$10.00	\$1,061.33	3.2%
451 Retiree Risk (Senior Advantage)	38	298.96	8.00	306.96	289.90	10.00	299.90	-2.3%	289.90	10.00	299.90	-2.3%
453 Retiree Basic (Two Party)	7	2,264.89	8.00	2,272.89	2,334.06	10.00	2,344.06	3.1%	2,334.06	10.00	2,344.06	3.1%
454 Retiree Basic Family	1	3,060.62	8.00	3,068.62	3,154.09	10.00	3,164.09	3.1%	3,154.09	10.00	3,164.09	3.1%
455 One Risk, One Basic	5	1,319.13	8.00	1,327.13	1,341.23	10.00	1,351.23	1.8%	1,341.23	10.00	1,351.23	1.8%
457 Two Retiree Risk	9	597.92	8.00	605.92	579.80	10.00	589.80	-2.7%	579.80	10.00	589.80	-2.7%
458 One Risk, Two or More Dependents	2	2,279.97	8.00	2,287.97	2,331.41	10.00	2,341.41	2.3%	2,331.41	10.00	2,341.41	2.3%
459 Two Risk, Two or More Dependents	-	1,618.09	8.00	1,626.09	1,631.13	10.00	1,641.13	0.9%	1,631.13	10.00	1,641.13	0.9%
Total	66	\$610,715		\$617,051	\$615,614		\$623,534	1.1%	\$615,614		\$623,534	1.1%

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Kaiser- Georgia												
440 One Medicare Member with Part B Only	-	\$1,124.33	\$8.00	\$1,132.33	\$1,210.30	\$10.00	\$1,220.30	7.8%	\$1,155.24	\$10.00	\$1,165.24	2.9%
441 One Medicare Member with Part A only	3	1,124.33	8.00	1,132.33	1,210.30	10.00	1,220.30	7.8%	1,155.24	10.00	1,165.24	2.9%
442 One Member without Medicare Part A&B	7	1,124.33	8.00	1,132.33	1,210.30	10.00	1,220.30	7.8%	1,155.24	10.00	1,165.24	2.9%
443 One Medicare Member (Renal Failure)	-	415.47	8.00	423.47	415.47	10.00	425.47	0.5%	415.47	10.00	425.47	0.5%
444 One Medicare Member + One Medicare with Part B only	-	1,539.80	8.00	1,547.80	1,625.77	10.00	1,635.77	5.7%	1,570.71	10.00	1,580.71	2.1%
445 One Medicare Member + One Medicare with Part A only	2	1,539.80	8.00	1,547.80	1,625.77	10.00	1,635.77	5.7%	1,570.71	10.00	1,580.71	2.1%
446 One Medicare Member + One Medicare without Part A&B	2	1,539.80	8.00	1,547.80	1,625.77	10.00	1,635.77	5.7%	1,570.71	10.00	1,580.71	2.1%
461 Basic, or Over 65 without Medicare A&B	12	1,124.33	8.00	1,132.33	1,210.30	10.00	1,220.30	7.8%	1,155.24	10.00	1,165.24	2.9%
462 Retiree Risk (Senior Advantage)	75	415.47	8.00	423.47	415.47	10.00	425.47	0.5%	415.47	10.00	425.47	0.5%
463 Retiree (Two Party)	3	2,248.67	8.00	2,256.67	2,420.60	10.00	2,430.60	7.7%	2,310.49	10.00	2,320.49	2.8%
464 Retiree Basic Family	-	3,373.00	8.00	3,381.00	3,630.90	10.00	3,640.90	7.7%	3,465.73	10.00	3,475.73	2.8%
465 One Retiree Risk One Basic	7	1,539.80	8.00	1,547.80	1,625.77	10.00	1,635.77	5.7%	1,570.71	10.00	1,580.71	2.1%
466 Two Retiree Risk	29	830.94	8.00	838.94	830.94	10.00	840.94	0.2%	830.94	10.00	840.94	0.2%
467 One Retiree Risk, Two Retiree Basic	-	2,664.14	8.00	2,672.14	2,836.07	10.00	2,846.07	6.5%	2,725.96	10.00	2,735.96	2.4%
468 Two Retiree Risk, One Basic	-	1,955.27	8.00	1,963.27	2,041.24	10.00	2,051.24	4.5%	1,986.18	10.00	1,996.18	1.7%
469 Three Retiree Risk, One Basic	-	1,246.41	8.00	1,254.41	1,246.41	10.00	1,256.41	0.2%	1,246.41	10.00	1,256.41	0.2%
470 Any other Family, at least one Retiree Risk	-	<u>2,664.14</u>	8.00	<u>2,672.14</u>	<u>2,836.07</u>	10.00	<u>2,846.07</u>	<u>6.5%</u>	<u>2,725.96</u>	10.00	<u>2,735.96</u>	<u>2.4%</u>
Total	140	\$1,244,120		\$1,257,560	\$1,284,353		\$1,301,153	3.5%	\$1,258,585		\$1,275,385	1.4%
Kaiser- Hawaii												
471 Retiree Basic (Under 65)	5	\$933.61	\$8.00	\$941.61	\$911.53	\$10.00	\$921.53	-2.1%	\$911.53	\$10.00	\$921.53	-2.1%
472 Retiree Risk (Senior Advantage)	32	460.76	8.00	468.76	439.43	10.00	449.43	-4.1%	439.43	10.00	449.43	-4.1%
473 Retiree Over 65 without Medicare A&B	1	1,811.99	8.00	1,819.99	1,842.78	10.00	1,852.78	1.8%	1,842.78	10.00	1,852.78	1.8%
474 Retiree Basic (Two Party)	4	1,867.23	8.00	1,875.23	1,823.05	10.00	1,833.05	-2.2%	1,823.05	10.00	1,833.05	-2.2%
475 Retiree Basic Family (Under 65)	1	2,800.84	8.00	2,808.84	2,734.58	10.00	2,744.58	-2.3%	2,734.58	10.00	2,744.58	-2.3%
476 One Retiree Risk, One Basic	3	1,394.37	8.00	1,402.37	1,350.96	10.00	1,360.96	-3.0%	1,350.96	10.00	1,360.96	-3.0%
477 Over 65 without Medicare A&B, One Basic	1	2,745.60	8.00	2,753.60	2,754.31	10.00	2,764.31	0.4%	2,754.31	10.00	2,764.31	0.4%
478 Two Retiree Risk	18	921.52	8.00	929.52	878.86	10.00	888.86	-4.4%	878.86	10.00	888.86	-4.4%
479 One Risk, One Over 65 without Medicare A&B	1	<u>2,272.75</u>	8.00	<u>2,280.75</u>	<u>2,282.21</u>	10.00	<u>2,292.21</u>	<u>0.5%</u>	<u>2,282.21</u>	10.00	<u>2,292.21</u>	<u>0.5%</u>
Total	66	\$687,395		\$693,731	\$664,774		\$672,694	-3.0%	\$664,774		\$672,694	-3.0%

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2023

	Count	Current 2021-2022 Rates	Admin Fee	Total Rate	Preliminary 2022-2023 Rates	Admin Fee	Total Rate	% Change	Final 2022-2023 Rates	Admin Fee	Total Rate	% Change
Kaiser- Oregon												
481 Retiree Basic (Under 65)	4	\$1,146.66	\$8.00	\$1,154.66	\$1,121.18	\$10.00	\$1,131.18	-2.0%	\$1,121.18	\$10.00	\$1,131.18	-2.0%
482 Retiree Risk (Senior Advantage)	78	471.36	8.00	479.36	471.92	10.00	481.92	0.5%	471.92	10.00	481.92	0.5%
483 Retiree Over 65 unassigned Medicare A&B	1	1,339.32	8.00	1,347.32	1,373.12	10.00	1,383.12	2.7%	1,373.12	10.00	1,383.12	2.7%
484 Retiree Basic (Two Party)	4	2,293.32	8.00	2,301.32	2,242.36	10.00	2,252.36	-2.1%	2,242.36	10.00	2,252.36	-2.1%
485 Retiree Basic Family (Under 65)	-	3,439.98	8.00	3,447.98	3,363.54	10.00	3,373.54	-2.2%	3,363.54	10.00	3,373.54	-2.2%
486 One Retiree Risk, One Basic	3	1,618.02	8.00	1,626.02	1,593.10	10.00	1,603.10	-1.4%	1,593.10	10.00	1,603.10	-1.4%
488 Two Retiree Risk	42	942.72	8.00	950.72	943.84	10.00	953.84	0.3%	943.84	10.00	953.84	0.3%
489 Retiree/Part A Only	1	1,088.82	8.00	1,096.82	1,122.62	10.00	1,132.62	3.3%	1,122.62	10.00	1,132.62	3.3%
490 Retiree/Part B Only	-	1,339.32	8.00	1,347.32	1,373.12	10.00	1,383.12	2.7%	1,373.12	10.00	1,383.12	2.7%
491 One Risk, One Medicare Part A Only	1	1,560.18	8.00	1,568.18	1,594.54	10.00	1,604.54	2.3%	1,594.54	10.00	1,604.54	2.3%
492 One Risk, One Over 65 No Medicare	-	1,810.68	8.00	1,818.68	1,845.04	10.00	1,855.04	2.0%	1,845.04	10.00	1,855.04	2.0%
493 One Risk, Two Basic	-	2,764.68	8.00	2,772.68	2,714.28	10.00	2,724.28	-1.7%	2,714.28	10.00	2,724.28	-1.7%
494 Two Risk, One Basic	-	2,089.38	8.00	2,097.38	2,065.02	10.00	2,075.02	-1.1%	2,065.02	10.00	2,075.02	-1.1%
495 Two Over 65 No Medicare	-	2,678.64	8.00	2,686.64	2,746.24	10.00	2,756.24	2.6%	2,746.24	10.00	2,756.24	2.6%
496 Two Medicare Part A Only	-	2,177.64	8.00	2,185.64	2,245.24	10.00	2,255.24	3.2%	2,245.24	10.00	2,255.24	3.2%
497 One Basic, One Medicare Part A Only	-	2,235.48	8.00	2,243.48	2,243.80	10.00	2,253.80	0.5%	2,243.80	10.00	2,253.80	0.5%
498 One Basic, One Over 65 no Medicare A&B	2	2,485.98	8.00	2,493.98	2,494.30	10.00	2,504.30	0.4%	2,494.30	10.00	2,504.30	0.4%
Total	136	\$1,247,215		\$1,260,271	\$1,245,161		\$1,261,481	0.1%	\$1,245,161		\$1,261,481	0.1%
Kaiser- Washington												
393 Retiree Basic	6	\$1,234.34	\$8.00	\$1,242.34	\$1,419.49	\$10.00	\$1,429.49	15.1%	\$1,419.49	\$10.00	\$1,429.49	15.1%
394 Retiree Risk (Senior Advantage)	13	427.70	8.00	435.70	439.46	10.00	449.46	3.2%	439.46	10.00	449.46	3.2%
395 Retiree Basic (Two Party)	2	2,305.00	8.00	2,313.00	2,650.75	10.00	2,660.75	15.0%	2,650.75	10.00	2,660.75	15.0%
396 Retiree Basic Family	1	3,859.64	8.00	3,867.64	4,438.60	10.00	4,448.60	15.0%	4,438.60	10.00	4,448.60	15.0%
397 One Risk, One Basic	4	1,498.36	8.00	1,506.36	1,670.72	10.00	1,680.72	11.6%	1,670.72	10.00	1,680.72	11.6%
398 Two Retiree Risk	5	855.40	8.00	863.40	878.92	10.00	888.92	3.0%	878.92	10.00	888.92	3.0%
399 One Risk, Two or More Dependents	-	3,053.00	8.00	3,061.00	3,458.57	10.00	3,468.57	13.3%	3,458.57	10.00	3,468.57	13.3%
400 Two Risk, Two or More Dependents	-	2,410.04	8.00	2,418.04	2,666.77	10.00	2,676.77	10.7%	2,666.77	10.00	2,676.77	10.7%
Total	31	\$380,475		\$383,451	\$420,570		\$424,290	10.7%	\$420,570		\$424,290	10.7%
SCAN Health Plan												
611 Retiree Only	312	\$275.60	\$8.00	\$283.60	\$282.57	\$10.00	\$292.57	3.2%	\$275.60	\$10.00	\$285.60	0.7%
613 Retiree & 1 Dependent (2 Medicare)	85	551.20	8.00	559.20	565.14	10.00	575.14	2.9%	551.20	10.00	561.20	0.4%
Total	397	\$1,594,070		\$1,632,182	\$1,634,385		\$1,682,025	3.1%	\$1,594,070		\$1,641,710	0.6%
UnitedHealthcare												
701 Retiree Only	1,855	\$328.45	\$8.00	\$336.45	\$328.45	\$10.00	\$338.45	0.6%	\$328.45	\$10.00	\$338.45	0.6%
702 Retiree & 1 Dependent (1 Medicare)	374	1,588.54	8.00	1,596.54	1,637.01	10.00	1,647.01	3.2%	1,614.11	10.00	1,624.11	1.7%
703 Retiree & 1 Dependent (2 Medicare)	1,223	656.90	8.00	664.90	656.90	10.00	666.90	0.3%	656.90	10.00	666.90	0.3%
704 Retiree & 2 + Deps. (1 Medicare)	102	1,805.61	8.00	1,813.61	1,862.43	10.00	1,872.43	3.2%	1,835.58	10.00	1,845.58	1.8%
705 Retiree & 2 + Deps. (2 Medicare)	37	873.97	8.00	881.97	882.32	10.00	892.32	1.2%	878.37	10.00	888.37	0.7%
706 Survivor (Child only)	1	354.92	8.00	362.92	369.76	10.00	379.76	4.6%	362.13	10.00	372.13	2.5%
707 UnitedHealthcare Single	473	1,260.09	8.00	1,268.09	1,308.56	10.00	1,318.56	4.0%	1,285.66	10.00	1,295.66	2.2%
708 UnitedHealthcare Two-Party	446	2,307.42	8.00	2,315.42	2,396.18	10.00	2,406.18	3.9%	2,354.24	10.00	2,364.24	2.1%
709 UnitedHealthcare Family	364	2,737.25	8.00	2,745.25	2,842.54	10.00	2,852.54	3.9%	2,792.79	10.00	2,802.79	2.1%
Total	4,875	\$58,141,588		\$58,609,588	\$59,642,620		\$60,227,620	2.8%	\$58,933,384		\$59,518,384	1.6%

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2023

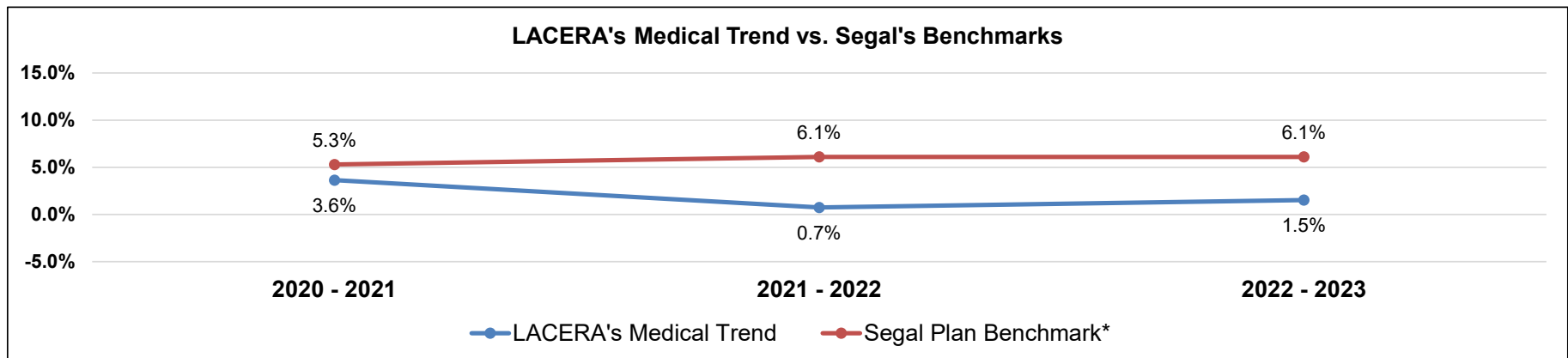
	Count	Current 2021-2022 Rates	Admin Fee	Total Rate	Preliminary 2022-2023 Rates	Admin Fee	Total Rate	% Change	Final 2022-2023 Rates	Admin Fee	Total Rate	% Change
Medicare Part B	36,729	\$175.80	\$0.00	\$175.80	\$201.37	\$0.00	\$201.37	14.5%	\$201.37	\$0.00	\$201.37	14.5%
Total	36,729	\$77,483,498		\$77,483,498	\$88,753,425		\$88,753,425	14.5%	\$88,753,425		\$88,753,425	14.5%
Cigna Dental (Indemnity) / Vision												
501 Retiree Only	25,313	\$43.43	\$8.00	\$51.43	\$42.26	\$10.00	\$52.26	1.6%	\$41.42	\$10.00	\$51.42	0.0%
502 Retiree & Dependents	23,523	98.94	8.00	106.94	96.25	10.00	106.25	-0.6%	94.33	10.00	104.33	-2.4%
503 Survivor / Minor	8	55.22	8.00	63.22	53.74	10.00	63.74	0.8%	52.67	10.00	62.67	-0.9%
Total	48,844	\$41,125,812		\$45,814,836	\$40,010,953		\$45,872,233	0.1%	\$39,213,725		\$45,075,005	-1.6%
Cigna Dental (Prepaid) / Vision												
901 Retiree only	3,608	\$38.37	\$8.00	\$46.37	\$38.49	\$10.00	\$48.49	4.6%	\$38.43	\$10.00	\$48.43	4.4%
902 Retiree & Dependents	2,642	86.95	8.00	94.95	87.23	10.00	97.23	2.4%	87.09	10.00	97.09	2.3%
903 Survivor/ Minor	2	38.91	8.00	46.91	39.08	10.00	49.08	4.6%	38.99	10.00	48.99	4.4%
Total	6,252	\$4,418,864		\$5,019,056	\$4,432,941		\$5,183,181	3.3%	\$4,425,902		\$5,176,142	3.1%

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - MEDICAL ⁽¹⁾

Policy Period	2019-2020		2020-2021		2021-2022		2022-2023	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	
Anthem	\$248,860,000	\$265,297,000	6.6%	\$276,281,000	4.1%	\$277,015,000	0.3%	
Cigna	10,997,000	9,411,000	-14.4%	8,922,000	-5.2%	8,932,000	0.1%	
Kaiser	223,405,000	230,996,000	3.4%	229,270,000	-0.7%	226,252,000	-1.3%	
SCAN	1,646,000	1,629,000	-1.0%	1,632,000	0.2%	1,642,000	0.6%	
UnitedHealthcare	52,365,000	55,564,000	6.1%	58,610,000	5.5%	59,518,000	1.5%	
Medicare Part B	65,753,000	72,307,000	10.0%	77,483,000	7.2%	88,753,000	14.5%	
Total Premium	\$603,026,000	\$635,204,000	5.3%	\$652,198,000	2.7%	\$662,112,000	1.5%	
Total Retirees Insured	49,554	50,364	1.6%	51,329	1.9%	51,329	0.0%	
Premiums per Retiree per Month	\$1,014.09	\$1,051.02	3.6%	\$1,058.85	0.7%	\$1,074.95	1.5%	

⁽¹⁾ The 2019-2020 and 2020-2021 premiums are projected based on enrollment from LACERA's January 2020 and January 2021 Staff Activity reports, respectively. The 2021-2022 and 2022-2023 premiums are projected based on enrollment from LACERA's January 2022 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.

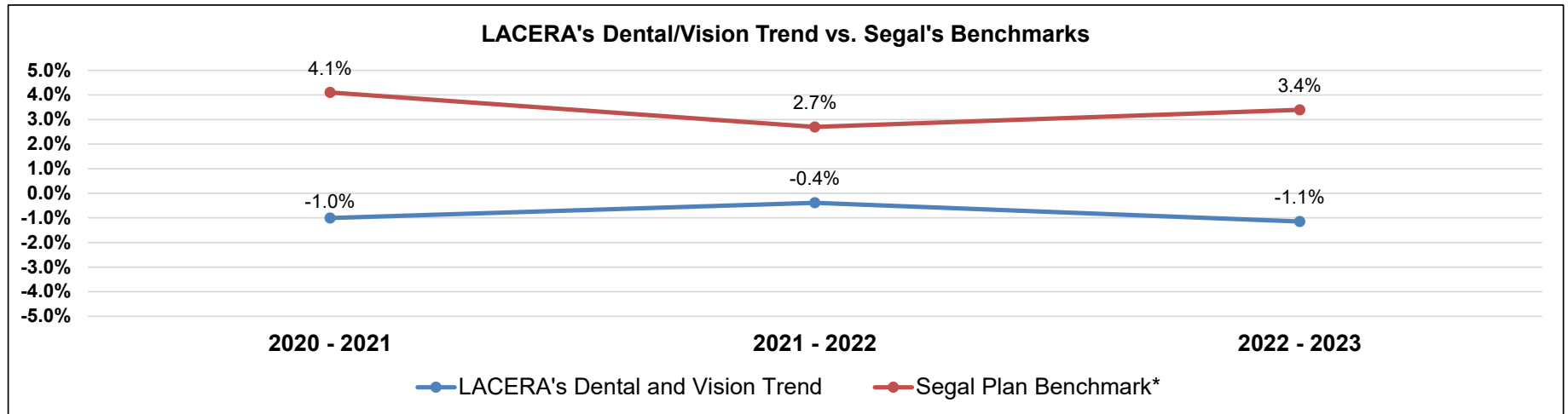
Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - DENTAL AND VISION ⁽¹⁾

Policy Period	2019-2020		2020-2021		2021-2022		2022-2023	
	Aggregate Premium	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	
Cigna Indemnity Dental / Vision	\$44,935,000	\$45,209,000	0.6%	\$45,815,000	1.3%	\$45,075,000	-1.6%	
Cigna Prepaid Dental / Vision	4,507,000	4,651,000	3.2%	5,019,000	7.9%	5,176,000	3.1%	
Total Premium	\$49,442,000	\$49,860,000	0.8%	\$50,834,000	2.0%	\$50,251,000	-1.1%	
Total Retirees Insured	52,842	53,831	1.9%	55,096	2.3%	55,096	0.0%	
Premiums per Retiree per Month	\$77.97	\$77.19	-1.0%	\$76.89	-0.4%	\$76.01	-1.1%	

⁽¹⁾ The 2019-2020 and 2020-2021 premiums are projected based on enrollment from LACERA's January 2020 and January 2021 Staff Activity reports, respectively. The 2021-2022 and 2022-2023 premiums are projected based on enrollment from LACERA's January 2022 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: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
Los Angeles County Employees Retirement Association

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	\$1,275.39	\$1,657.81	\$382.42
Retiree & Spouse	2,297.06	2,991.10	694.04
Retiree & Family	2,709.06	3,531.49	822.43
Retiree & Children	1,686.53	2,198.92	512.39

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$10.00 per member, per plan, per month.

Renewal Analysis - Effective 7/1/2022
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).

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.

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,275.39	\$2,297.06	\$2,709.06	\$1,686.53
10-11*	\$765.23	\$1,378.24	\$1,625.44	\$1,011.92
11-12*	\$714.22	\$1,286.35	\$1,517.07	\$944.46
12-13*	\$663.20	\$1,194.47	\$1,408.71	\$877.00
13-14	\$612.19	\$1,102.59	\$1,300.35	\$809.53
14-15	\$561.17	\$1,010.71	\$1,191.99	\$742.07
15-16	\$510.16	\$918.82	\$1,083.62	\$674.61
16-17	\$459.14	\$826.94	\$975.26	\$607.15
17-18	\$408.12	\$735.06	\$866.90	\$539.69
18-19	\$357.11	\$643.18	\$758.54	\$472.23
19-20	\$306.09	\$551.29	\$650.17	\$404.77
20-21	\$255.08	\$459.41	\$541.81	\$337.31
21-22	\$204.06	\$367.53	\$433.45	\$269.84
22-23	\$153.05	\$275.65	\$325.09	\$202.38
23-24	\$102.03	\$183.76	\$216.72	\$134.92
24-25	\$51.02	\$91.88	\$108.36	\$67.46
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>				
	\$637.69	\$1,148.53	\$1,354.53	\$843.26
COBRA	\$1,300.90	\$2,343.00	\$2,763.24	\$1,720.26

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,275.39	\$2,297.06	\$2,709.06	\$1,686.53
10-11*	\$765.23	\$1,378.24	\$1,625.44	\$1,011.92
11-12*	\$714.22	\$1,286.35	\$1,517.07	\$944.46
12-13*	\$663.20	\$1,194.47	\$1,408.71	\$877.00
13-14	\$612.19	\$1,102.59	\$1,300.35	\$809.53
14-15	\$561.17	\$1,010.71	\$1,191.99	\$742.07
15-16	\$510.16	\$918.82	\$1,083.62	\$674.61
16-17	\$459.14	\$826.94	\$975.26	\$607.15
17-18	\$408.12	\$735.06	\$866.90	\$539.69
18-19	\$357.11	\$643.18	\$758.54	\$472.23
19-20	\$306.09	\$551.29	\$650.17	\$404.77
20-21	\$255.08	\$459.41	\$541.81	\$337.31
21-22	\$204.06	\$367.53	\$433.45	\$269.84
22-23	\$153.05	\$275.65	\$325.09	\$202.38
23-24	\$102.03	\$183.76	\$216.72	\$134.92
24-25	\$51.02	\$91.88	\$108.36	\$67.46
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>				
	\$637.69	\$1,148.53	\$1,354.53	\$843.26
COBRA	\$1,300.90	\$2,343.00	\$2,763.24	\$1,720.26

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$521.08	\$1,659.63	\$1,659.63	\$1,034.26
10-11*	\$312.65	\$995.78	\$995.78	\$620.56
11-12*	\$291.80	\$929.39	\$929.39	\$579.19
12-13*	\$270.96	\$863.01	\$863.01	\$537.82
13-14	\$250.12	\$796.62	\$796.62	\$496.44
14-15	\$229.28	\$730.24	\$730.24	\$455.07
15-16	\$208.43	\$663.85	\$663.85	\$413.70
16-17	\$187.59	\$597.47	\$597.47	\$372.33
17-18	\$166.75	\$531.08	\$531.08	\$330.96
18-19	\$145.90	\$464.70	\$464.70	\$289.59
19-20	\$125.06	\$398.31	\$398.31	\$248.22
20-21	\$104.22	\$331.93	\$331.93	\$206.85
21-22	\$83.37	\$265.54	\$265.54	\$165.48
22-23	\$62.53	\$199.16	\$199.16	\$124.11
23-24	\$41.69	\$132.77	\$132.77	\$82.74
24-25	\$20.84	\$66.39	\$66.39	\$41.37
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>				
	\$260.54	\$829.81	\$829.81	\$517.13
COBRA	\$531.50	\$1,692.82	\$1,692.82	\$1,054.95

⁽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, 2022
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*	\$930.76	\$930.76	\$2,069.18	\$2,069.18	\$1,443.73	\$1,443.73	\$1,617.64
10-11*	\$558.46	\$558.46	\$1,241.51	\$1,241.51	\$866.24	\$866.24	\$970.58
11-12*	\$521.23	\$521.23	\$1,158.74	\$1,158.74	\$808.49	\$808.49	\$905.88
12-13*	\$484.00	\$484.00	\$1,075.97	\$1,075.97	\$750.74	\$750.74	\$841.17
13-14	\$446.76	\$446.76	\$993.21	\$993.21	\$692.99	\$692.99	\$776.47
14-15	\$409.53	\$409.53	\$910.44	\$910.44	\$635.24	\$635.24	\$711.76
15-16	\$372.30	\$372.30	\$827.67	\$827.67	\$577.49	\$577.49	\$647.06
16-17	\$335.07	\$335.07	\$744.90	\$744.90	\$519.74	\$519.74	\$582.35
17-18	\$297.84	\$297.84	\$662.14	\$662.14	\$461.99	\$461.99	\$517.64
18-19	\$260.61	\$260.61	\$579.37	\$579.37	\$404.24	\$404.24	\$452.94
19-20	\$223.38	\$223.38	\$496.60	\$496.60	\$346.50	\$346.50	\$388.23
20-21	\$186.15	\$186.15	\$413.84	\$413.84	\$288.75	\$288.75	\$323.53
21-22	\$148.92	\$148.92	\$331.07	\$331.07	\$231.00	\$231.00	\$258.82
22-23	\$111.69	\$111.69	\$248.30	\$248.30	\$173.25	\$173.25	\$194.12
23-24	\$74.46	\$74.46	\$165.53	\$165.53	\$115.50	\$115.50	\$129.41
24-25	\$37.23	\$37.23	\$82.77	\$82.77	\$57.75	\$57.75	\$64.71
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>							
	\$465.38	\$465.38	\$1,034.59	\$1,034.59	\$721.86	\$721.86	\$808.82
COBRA	\$949.38	\$949.38	\$2,110.56	\$2,110.56	\$1,472.60	\$1,472.60	\$1,649.99

⁽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, 2022
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*	\$902.57	\$1,772.82	\$2,000.33	\$1,159.16
10-11*	\$541.54	\$1,063.69	\$1,200.20	\$695.50
11-12*	\$505.44	\$992.78	\$1,120.18	\$649.13
12-13*	\$469.34	\$921.87	\$1,040.17	\$602.76
13-14	\$433.23	\$850.95	\$960.16	\$556.40
14-15	\$397.13	\$780.04	\$880.15	\$510.03
15-16	\$361.03	\$709.13	\$800.13	\$463.66
16-17	\$324.93	\$638.22	\$720.12	\$417.30
17-18	\$288.82	\$567.30	\$640.11	\$370.93
18-19	\$252.72	\$496.39	\$560.09	\$324.56
19-20	\$216.62	\$425.48	\$480.08	\$278.20
20-21	\$180.51	\$354.56	\$400.07	\$231.83
21-22	\$144.41	\$283.65	\$320.05	\$185.47
22-23	\$108.31	\$212.74	\$240.04	\$139.10
23-24	\$72.21	\$141.83	\$160.03	\$92.73
24-25	\$36.10	\$70.91	\$80.01	\$46.37
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>				
	\$451.28	\$886.41	\$1,000.16	\$579.58
COBRA	\$920.62	\$1,808.28	\$2,040.34	\$1,182.34

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,657.81	\$2,991.10	\$3,531.49	\$2,198.92
10-11*	\$1,147.65	\$2,072.28	\$2,447.87	\$1,524.31
11-12*	\$1,096.64	\$1,980.39	\$2,339.50	\$1,456.85
12-13*	\$1,045.62	\$1,888.51	\$2,231.14	\$1,389.39
13-14	\$994.61	\$1,796.63	\$2,122.78	\$1,321.92
14-15	\$943.59	\$1,704.75	\$2,014.42	\$1,254.46
15-16	\$892.58	\$1,612.86	\$1,906.05	\$1,187.00
16-17	\$841.56	\$1,520.98	\$1,797.69	\$1,119.54
17-18	\$790.54	\$1,429.10	\$1,689.33	\$1,052.08
18-19	\$739.53	\$1,337.22	\$1,580.97	\$984.62
19-20	\$688.51	\$1,245.33	\$1,472.60	\$917.16
20-21	\$637.50	\$1,153.45	\$1,364.24	\$849.70
21-22	\$586.48	\$1,061.57	\$1,255.88	\$782.23
22-23	\$535.47	\$969.69	\$1,147.52	\$714.77
23-24	\$484.45	\$877.80	\$1,039.15	\$647.31
24-25	\$433.44	\$785.92	\$930.79	\$579.85
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>				
	\$1,020.11	\$1,842.57	\$2,176.96	\$1,355.65
COBRA	\$1,690.97	\$3,050.92	\$3,602.12	\$2,242.90

Los Angeles County Employees Retirement Association

Rates Effective July 1, 2022

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*	\$386.49	\$1,719.78	\$762.98	\$928.28	\$2,260.85	\$1,344.91
10-11*	\$231.89	\$1,031.87	\$457.79	\$556.97	\$1,356.51	\$806.95
11-12*	\$216.43	\$963.08	\$427.27	\$519.84	\$1,266.08	\$753.15
12-13*	\$200.97	\$894.29	\$396.75	\$482.71	\$1,175.64	\$699.35
13-14	\$185.52	\$825.49	\$366.23	\$445.57	\$1,085.21	\$645.56
14-15	\$170.06	\$756.70	\$335.71	\$408.44	\$994.77	\$591.76
15-16	\$154.60	\$687.91	\$305.19	\$371.31	\$904.34	\$537.96
16-17	\$139.14	\$619.12	\$274.67	\$334.18	\$813.91	\$484.17
17-18	\$123.68	\$550.33	\$244.15	\$297.05	\$723.47	\$430.37
18-19	\$108.22	\$481.54	\$213.63	\$259.92	\$633.04	\$376.57
19-20	\$92.76	\$412.75	\$183.12	\$222.79	\$542.60	\$322.78
20-21	\$77.30	\$343.96	\$152.60	\$185.66	\$452.17	\$268.98
21-22	\$61.84	\$275.16	\$122.08	\$148.52	\$361.74	\$215.19
22-23	\$46.38	\$206.37	\$91.56	\$111.39	\$271.30	\$161.39
23-24	\$30.92	\$137.58	\$61.04	\$74.26	\$180.87	\$107.59
24-25	\$15.46	\$68.79	\$30.52	\$37.13	\$90.43	\$53.80
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>						
	\$193.24	\$859.89	\$381.49	\$464.14	\$1,130.42	\$672.45
COBRA	\$394.22	\$1,754.18	\$778.24	\$946.85	\$2,306.07	\$1,371.81
Benchmark Rate	\$1,275.39	\$2,297.06	\$2,297.06	\$1,686.53	\$2,709.06	\$2,709.06

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,143.57	\$263.09	\$1,178.97	\$1,148.18
10-11*	\$686.14	\$157.85	\$707.38	\$688.91
11-12*	\$640.40	\$147.33	\$660.22	\$642.98
12-13*	\$594.66	\$136.81	\$613.06	\$597.05
13-14	\$548.91	\$126.28	\$565.91	\$551.13
14-15	\$503.17	\$115.76	\$518.75	\$505.20
15-16	\$457.43	\$105.24	\$471.59	\$459.27
16-17	\$411.69	\$94.71	\$424.43	\$413.34
17-18	\$365.94	\$84.19	\$377.27	\$367.42
18-19	\$320.20	\$73.67	\$330.11	\$321.49
19-20	\$274.46	\$63.14	\$282.95	\$275.56
20-21	\$228.71	\$52.62	\$235.79	\$229.64
21-22	\$182.97	\$42.09	\$188.64	\$183.71
22-23	\$137.23	\$31.57	\$141.48	\$137.78
23-24	\$91.49	\$21.05	\$94.32	\$91.85
24-25	\$45.74	\$10.52	\$47.16	\$45.93
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>				
	\$571.78	\$131.54	\$589.48	\$574.09
COBRA	\$1,166.44	\$268.35	\$1,202.55	\$1,171.14

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 411	Retiree & Family 413	Retiree & Family 414
Less than 10*	\$2,277.14	\$1,396.66	\$2,312.54
10-11*	\$1,366.28	\$838.00	\$1,387.52
11-12*	\$1,275.20	\$782.13	\$1,295.02
12-13*	\$1,184.11	\$726.26	\$1,202.52
13-14	\$1,093.03	\$670.40	\$1,110.02
14-15	\$1,001.94	\$614.53	\$1,017.52
15-16	\$910.86	\$558.66	\$925.02
16-17	\$819.77	\$502.80	\$832.51
17-18	\$728.68	\$446.93	\$740.01
18-19	\$637.60	\$391.06	\$647.51
19-20	\$546.51	\$335.20	\$555.01
20-21	\$455.43	\$279.33	\$462.51
21-22	\$364.34	\$223.47	\$370.01
22-23	\$273.26	\$167.60	\$277.50
23-24	\$182.17	\$111.73	\$185.00
24-25	\$91.09	\$55.87	\$92.50
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>			
	\$1,138.57	\$698.33	\$1,156.27
COBRA	\$2,322.68	\$1,424.59	\$2,358.79

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, 2022
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*	\$516.18	\$1,432.06	\$2,347.94	\$2,281.75
10-11*	\$309.71	\$859.24	\$1,408.76	\$1,369.05
11-12*	\$289.06	\$801.95	\$1,314.85	\$1,277.78
12-13*	\$268.41	\$744.67	\$1,220.93	\$1,186.51
13-14	\$247.77	\$687.39	\$1,127.01	\$1,095.24
14-15	\$227.12	\$630.11	\$1,033.09	\$1,003.97
15-16	\$206.47	\$572.82	\$939.18	\$912.70
16-17	\$185.82	\$515.54	\$845.26	\$821.43
17-18	\$165.18	\$458.26	\$751.34	\$730.16
18-19	\$144.53	\$400.98	\$657.42	\$638.89
19-20	\$123.88	\$343.69	\$563.51	\$547.62
20-21	\$103.24	\$286.41	\$469.59	\$456.35
21-22	\$82.59	\$229.13	\$375.67	\$365.08
22-23	\$61.94	\$171.85	\$281.75	\$273.81
23-24	\$41.29	\$114.56	\$187.84	\$182.54
24-25	\$20.65	\$57.28	\$93.92	\$91.27
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>				
	\$258.09	\$716.03	\$1,173.97	\$1,140.87
COBRA	\$526.50	\$1,460.70	\$2,394.90	\$2,327.39

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, 2022
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*	\$2,312.54	\$1,401.27	\$1,432.06	\$2,317.15
10-11*	\$1,387.52	\$840.76	\$859.24	\$1,390.29
11-12*	\$1,295.02	\$784.71	\$801.95	\$1,297.60
12-13*	\$1,202.52	\$728.66	\$744.67	\$1,204.92
13-14	\$1,110.02	\$672.61	\$687.39	\$1,112.23
14-15	\$1,017.52	\$616.56	\$630.11	\$1,019.55
15-16	\$925.02	\$560.51	\$572.82	\$926.86
16-17	\$832.51	\$504.46	\$515.54	\$834.17
17-18	\$740.01	\$448.41	\$458.26	\$741.49
18-19	\$647.51	\$392.36	\$400.98	\$648.80
19-20	\$555.01	\$336.30	\$343.69	\$556.12
20-21	\$462.51	\$280.25	\$286.41	\$463.43
21-22	\$370.01	\$224.20	\$229.13	\$370.74
22-23	\$277.50	\$168.15	\$171.85	\$278.06
23-24	\$185.00	\$112.10	\$114.56	\$185.37
24-25	\$92.50	\$56.05	\$57.28	\$92.69
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>				
	\$1,156.27	\$700.63	\$716.03	\$1,158.57
COBRA	\$2,358.79	\$1,429.30	\$1,460.70	\$2,363.49

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, 2022
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 429	Retiree & Family 430	Retiree & Family 431
Less than 10*	\$2,347.94	\$2,286.36	\$2,317.15
10-11*	\$1,408.76	\$1,371.82	\$1,390.29
11-12*	\$1,314.85	\$1,280.36	\$1,297.60
12-13*	\$1,220.93	\$1,188.91	\$1,204.92
13-14	\$1,127.01	\$1,097.45	\$1,112.23
14-15	\$1,033.09	\$1,006.00	\$1,019.55
15-16	\$939.18	\$914.54	\$926.86
16-17	\$845.26	\$823.09	\$834.17
17-18	\$751.34	\$731.64	\$741.49
18-19	\$657.42	\$640.18	\$648.80
19-20	\$563.51	\$548.73	\$556.12
20-21	\$469.59	\$457.27	\$463.43
21-22	\$375.67	\$365.82	\$370.74
22-23	\$281.75	\$274.36	\$278.06
23-24	\$187.84	\$182.91	\$185.37
24-25	\$93.92	\$91.45	\$92.69
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>			
	\$1,173.97	\$1,143.18	\$1,158.57
COBRA	\$2,394.90	\$2,332.09	\$2,363.49

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, 2022
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*	\$1,061.33	\$299.90	\$2,344.06	\$3,164.09	\$1,351.23
10-11*	\$636.80	\$179.94	\$1,425.24	\$2,080.47	\$810.74
11-12*	\$594.34	\$167.94	\$1,333.35	\$1,972.10	\$756.69
12-13*	\$551.89	\$155.95	\$1,241.47	\$1,863.74	\$702.64
13-14	\$509.44	\$143.95	\$1,149.59	\$1,755.38	\$648.59
14-15	\$466.99	\$131.96	\$1,057.71	\$1,647.02	\$594.54
15-16	\$424.53	\$119.96	\$965.82	\$1,538.65	\$540.49
16-17	\$382.08	\$107.96	\$873.94	\$1,430.29	\$486.44
17-18	\$339.63	\$95.97	\$782.06	\$1,321.93	\$432.39
18-19	\$297.17	\$83.97	\$690.18	\$1,213.57	\$378.34
19-20	\$254.72	\$71.98	\$598.29	\$1,105.20	\$324.30
20-21	\$212.27	\$59.98	\$506.41	\$996.84	\$270.25
21-22	\$169.81	\$47.98	\$414.53	\$888.48	\$216.20
22-23	\$127.36	\$35.99	\$322.65	\$780.12	\$162.15
23-24	\$84.91	\$23.99	\$230.76	\$671.75	\$108.10
24-25	\$42.45	\$12.00	\$138.88	\$563.39	\$54.05
25 or more	\$0.00	\$0.00	\$47.00	\$455.03	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$530.66	\$149.95	\$1,195.53	\$1,809.56	\$675.61
COBRA	\$1,082.56	\$305.90	\$2,390.94	\$3,227.37	\$1,378.25

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, 2022
Tier 1 - Kaiser Permanente Colorado

Years of Service	*Retiree & Family 457	Retiree & Family 458	Retiree & Family 459
Less than 10*	\$589.80	\$2,341.41	\$1,641.13
10-11*	\$353.88	\$1,404.85	\$984.68
11-12*	\$330.29	\$1,311.19	\$919.03
12-13*	\$306.70	\$1,217.53	\$853.39
13-14	\$283.10	\$1,123.88	\$787.74
14-15	\$259.51	\$1,030.22	\$722.10
15-16	\$235.92	\$936.56	\$656.45
16-17	\$212.33	\$842.91	\$590.81
17-18	\$188.74	\$749.25	\$525.16
18-19	\$165.14	\$655.59	\$459.52
19-20	\$141.55	\$561.94	\$393.87
20-21	\$117.96	\$468.28	\$328.23
21-22	\$94.37	\$374.63	\$262.58
22-23	\$70.78	\$280.97	\$196.94
23-24	\$47.18	\$187.31	\$131.29
24-25	\$23.59	\$93.66	\$65.65
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>			
	\$294.90	\$1,170.70	\$820.56
COBRA	\$601.60	\$2,388.24	\$1,673.95

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, 2022
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*	\$1,165.24	\$1,165.24	\$1,165.24	\$425.47	\$1,580.71	\$1,580.71	\$1,580.71
10-11*	\$699.14	\$699.14	\$699.14	\$255.28	\$948.43	\$948.43	\$948.43
11-12*	\$652.53	\$652.53	\$652.53	\$238.26	\$885.20	\$885.20	\$885.20
12-13*	\$605.92	\$605.92	\$605.92	\$221.24	\$821.97	\$821.97	\$821.97
13-14	\$559.32	\$559.32	\$559.32	\$204.23	\$758.74	\$758.74	\$758.74
14-15	\$512.71	\$512.71	\$512.71	\$187.21	\$695.51	\$695.51	\$695.51
15-16	\$466.10	\$466.10	\$466.10	\$170.19	\$632.28	\$632.28	\$632.28
16-17	\$419.49	\$419.49	\$419.49	\$153.17	\$569.06	\$569.06	\$569.06
17-18	\$372.88	\$372.88	\$372.88	\$136.15	\$505.83	\$505.83	\$505.83
18-19	\$326.27	\$326.27	\$326.27	\$119.13	\$442.60	\$442.60	\$442.60
19-20	\$279.66	\$279.66	\$279.66	\$102.11	\$379.37	\$379.37	\$379.37
20-21	\$233.05	\$233.05	\$233.05	\$85.09	\$316.14	\$316.14	\$316.14
21-22	\$186.44	\$186.44	\$186.44	\$68.08	\$252.91	\$252.91	\$252.91
22-23	\$139.83	\$139.83	\$139.83	\$51.06	\$189.69	\$189.69	\$189.69
23-24	\$93.22	\$93.22	\$93.22	\$34.04	\$126.46	\$126.46	\$126.46
24-25	\$46.61	\$46.61	\$46.61	\$17.02	\$63.23	\$63.23	\$63.23
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>							
	\$582.62	\$582.62	\$582.62	\$212.73	\$790.35	\$790.35	\$790.35
COBRA	\$1,188.54	\$1,188.54	\$1,188.54	\$433.98	\$1,612.32	\$1,612.32	\$1,612.32

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, 2022
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*	\$1,165.24	\$425.47	\$2,320.49	\$3,475.73	\$1,580.71
10-11*	\$699.14	\$255.28	\$1,401.67	\$2,392.11	\$948.43
11-12*	\$652.53	\$238.26	\$1,309.78	\$2,283.74	\$885.20
12-13*	\$605.92	\$221.24	\$1,217.90	\$2,175.38	\$821.97
13-14	\$559.32	\$204.23	\$1,126.02	\$2,067.02	\$758.74
14-15	\$512.71	\$187.21	\$1,034.14	\$1,958.66	\$695.51
15-16	\$466.10	\$170.19	\$942.25	\$1,850.29	\$632.28
16-17	\$419.49	\$153.17	\$850.37	\$1,741.93	\$569.06
17-18	\$372.88	\$136.15	\$758.49	\$1,633.57	\$505.83
18-19	\$326.27	\$119.13	\$666.61	\$1,525.21	\$442.60
19-20	\$279.66	\$102.11	\$574.72	\$1,416.84	\$379.37
20-21	\$233.05	\$85.09	\$482.84	\$1,308.48	\$316.14
21-22	\$186.44	\$68.08	\$390.96	\$1,200.12	\$252.91
22-23	\$139.83	\$51.06	\$299.08	\$1,091.76	\$189.69
23-24	\$93.22	\$34.04	\$207.19	\$983.39	\$126.46
24-25	\$46.61	\$17.02	\$115.31	\$875.03	\$63.23
25 or more	\$0.00	\$0.00	\$23.43	\$766.67	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$582.62	\$212.73	\$1,171.96	\$2,121.20	\$790.35
COBRA	\$1,188.54	\$433.98	\$2,366.90	\$3,545.24	\$1,612.32

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, 2022
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*	\$840.94	\$2,735.96	\$1,996.18	\$1,256.41	\$2,735.96
10-11*	\$504.56	\$1,652.34	\$1,197.71	\$753.85	\$1,652.34
11-12*	\$470.93	\$1,543.97	\$1,117.86	\$703.59	\$1,543.97
12-13*	\$437.29	\$1,435.61	\$1,038.01	\$653.33	\$1,435.61
13-14	\$403.65	\$1,327.25	\$958.17	\$603.08	\$1,327.25
14-15	\$370.01	\$1,218.89	\$878.32	\$552.82	\$1,218.89
15-16	\$336.38	\$1,110.52	\$798.47	\$502.56	\$1,110.52
16-17	\$302.74	\$1,002.16	\$718.62	\$452.31	\$1,002.16
17-18	\$269.10	\$893.80	\$638.78	\$402.05	\$893.80
18-19	\$235.46	\$785.44	\$558.93	\$351.79	\$785.44
19-20	\$201.83	\$677.07	\$479.08	\$301.54	\$677.07
20-21	\$168.19	\$568.71	\$399.24	\$251.28	\$568.71
21-22	\$134.55	\$460.35	\$319.39	\$201.03	\$460.35
22-23	\$100.91	\$351.99	\$239.54	\$150.77	\$351.99
23-24	\$67.28	\$243.62	\$159.69	\$100.51	\$243.62
24-25	\$33.64	\$135.26	\$79.85	\$50.26	\$135.26
25 or more	\$0.00	\$26.90	\$0.00	\$0.00	\$26.90
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$420.47	\$1,381.43	\$998.09	\$628.20	\$1,381.43
COBRA	\$857.76	\$2,790.68	\$2,036.10	\$1,281.54	\$2,790.68

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, 2022
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*	\$921.53	\$449.43	\$1,852.78	\$1,833.05	\$2,744.58
10-11*	\$552.92	\$269.66	\$1,342.62	\$1,099.83	\$1,660.96
11-12*	\$516.06	\$251.68	\$1,291.61	\$1,026.51	\$1,552.59
12-13*	\$479.20	\$233.70	\$1,240.59	\$953.19	\$1,444.23
13-14	\$442.33	\$215.73	\$1,189.58	\$879.86	\$1,335.87
14-15	\$405.47	\$197.75	\$1,138.56	\$806.54	\$1,227.51
15-16	\$368.61	\$179.77	\$1,087.55	\$733.22	\$1,119.14
16-17	\$331.75	\$161.79	\$1,036.53	\$659.90	\$1,010.78
17-18	\$294.89	\$143.82	\$985.51	\$586.58	\$902.42
18-19	\$258.03	\$125.84	\$934.50	\$513.25	\$794.06
19-20	\$221.17	\$107.86	\$883.48	\$439.93	\$685.69
20-21	\$184.31	\$89.89	\$832.47	\$366.61	\$577.33
21-22	\$147.44	\$71.91	\$781.45	\$293.29	\$468.97
22-23	\$110.58	\$53.93	\$730.44	\$219.97	\$360.61
23-24	\$73.72	\$35.95	\$679.42	\$146.64	\$252.24
24-25	\$36.86	\$17.98	\$628.41	\$73.32	\$143.88
25 or more	\$0.00	\$0.00	\$577.39	\$0.00	\$35.52
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$460.76	\$224.71	\$1,215.08	\$916.52	\$1,390.05
COBRA	\$939.96	\$458.42	\$1,889.84	\$1,869.71	\$2,799.47

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, 2022
Tier 1 - Kaiser Permanente Hawaii

Years of Service	*Retiree & Family 476	*Retiree & Family 477	*Retiree & Family 478	*Retiree & Family 479
Less than 10*	\$1,360.96	\$2,764.31	\$888.86	\$2,292.21
10-11*	\$816.58	\$1,845.49	\$533.32	\$1,375.33
11-12*	\$762.14	\$1,753.60	\$497.76	\$1,283.64
12-13*	\$707.70	\$1,661.72	\$462.21	\$1,191.95
13-14	\$653.26	\$1,569.84	\$426.65	\$1,100.26
14-15	\$598.82	\$1,477.96	\$391.10	\$1,008.57
15-16	\$544.38	\$1,386.07	\$355.54	\$916.88
16-17	\$489.95	\$1,294.19	\$319.99	\$825.20
17-18	\$435.51	\$1,202.31	\$284.44	\$733.51
18-19	\$381.07	\$1,110.43	\$248.88	\$641.82
19-20	\$326.63	\$1,018.54	\$213.33	\$550.13
20-21	\$272.19	\$926.66	\$177.77	\$458.44
21-22	\$217.75	\$834.78	\$142.22	\$366.75
22-23	\$163.32	\$742.90	\$106.66	\$275.07
23-24	\$108.88	\$651.01	\$71.11	\$183.38
24-25	\$54.44	\$559.13	\$35.55	\$91.69
25 or more	\$0.00	\$467.25	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$680.48	\$1,615.78	\$444.43	\$1,146.10
COBRA	\$1,388.18	\$2,819.60	\$906.64	\$2,338.05

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, 2022
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*	\$1,131.18	\$481.92	\$1,383.12	\$2,252.36	\$3,373.54
10-11*	\$678.71	\$289.15	\$872.96	\$1,351.42	\$2,289.92
11-12*	\$633.46	\$269.88	\$821.95	\$1,261.32	\$2,181.55
12-13*	\$588.21	\$250.60	\$770.93	\$1,171.23	\$2,073.19
13-14	\$542.97	\$231.32	\$719.92	\$1,081.13	\$1,964.83
14-15	\$497.72	\$212.04	\$668.90	\$991.04	\$1,856.47
15-16	\$452.47	\$192.77	\$617.89	\$900.94	\$1,748.10
16-17	\$407.22	\$173.49	\$566.87	\$810.85	\$1,639.74
17-18	\$361.98	\$154.21	\$515.85	\$720.76	\$1,531.38
18-19	\$316.73	\$134.94	\$464.84	\$630.66	\$1,423.02
19-20	\$271.48	\$115.66	\$413.82	\$540.57	\$1,314.65
20-21	\$226.24	\$96.38	\$362.81	\$450.47	\$1,206.29
21-22	\$180.99	\$77.11	\$311.79	\$360.38	\$1,097.93
22-23	\$135.74	\$57.83	\$260.78	\$270.28	\$989.57
23-24	\$90.49	\$38.55	\$209.76	\$180.19	\$881.20
24-25	\$45.25	\$19.28	\$158.75	\$90.09	\$772.84
25 or more	\$0.00	\$0.00	\$107.73	\$0.00	\$664.48
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$565.59	\$240.96	\$745.42	\$1,126.18	\$2,019.01
COBRA	\$1,153.80	\$491.56	\$1,410.78	\$2,297.41	\$3,441.01

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, 2022
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 486	*Retiree & Family 488	Retiree Only 489	Retiree Only 490
Less than 10*	\$1,603.10	\$953.84	\$1,132.62	\$1,383.12
10-11*	\$961.86	\$572.30	\$679.57	\$872.96
11-12*	\$897.74	\$534.15	\$634.27	\$821.95
12-13*	\$833.61	\$496.00	\$588.96	\$770.93
13-14	\$769.49	\$457.84	\$543.66	\$719.92
14-15	\$705.36	\$419.69	\$498.35	\$668.90
15-16	\$641.24	\$381.54	\$453.05	\$617.89
16-17	\$577.12	\$343.38	\$407.74	\$566.87
17-18	\$512.99	\$305.23	\$362.44	\$515.85
18-19	\$448.87	\$267.08	\$317.13	\$464.84
19-20	\$384.74	\$228.92	\$271.83	\$413.82
20-21	\$320.62	\$190.77	\$226.52	\$362.81
21-22	\$256.50	\$152.61	\$181.22	\$311.79
22-23	\$192.37	\$114.46	\$135.91	\$260.78
23-24	\$128.25	\$76.31	\$90.61	\$209.76
24-25	\$64.12	\$38.15	\$45.30	\$158.75
25 or more	\$0.00	\$0.00	\$0.00	\$107.73
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$801.55	\$476.92	\$566.31	\$745.42
COBRA	\$1,635.16	\$972.92	\$1,155.27	\$1,410.78

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, 2022
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*	\$1,604.54	\$1,855.04	\$2,724.28	\$2,075.02	\$2,756.24
10-11*	\$962.72	\$1,113.02	\$1,640.66	\$1,245.01	\$1,837.42
11-12*	\$898.54	\$1,038.82	\$1,532.29	\$1,162.01	\$1,745.53
12-13*	\$834.36	\$964.62	\$1,423.93	\$1,079.01	\$1,653.65
13-14	\$770.18	\$890.42	\$1,315.57	\$996.01	\$1,561.77
14-15	\$706.00	\$816.22	\$1,207.21	\$913.01	\$1,469.89
15-16	\$641.82	\$742.02	\$1,098.84	\$830.01	\$1,378.00
16-17	\$577.63	\$667.81	\$990.48	\$747.01	\$1,286.12
17-18	\$513.45	\$593.61	\$882.12	\$664.01	\$1,194.24
18-19	\$449.27	\$519.41	\$773.76	\$581.01	\$1,102.36
19-20	\$385.09	\$445.21	\$665.39	\$498.00	\$1,010.47
20-21	\$320.91	\$371.01	\$557.03	\$415.00	\$918.59
21-22	\$256.73	\$296.81	\$448.67	\$332.00	\$826.71
22-23	\$192.54	\$222.60	\$340.31	\$249.00	\$734.83
23-24	\$128.36	\$148.40	\$231.94	\$166.00	\$642.94
24-25	\$64.18	\$74.20	\$123.58	\$83.00	\$551.06
25 or more	\$0.00	\$0.00	\$15.22	\$0.00	\$459.18
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$802.27	\$927.52	\$1,369.75	\$1,037.51	\$1,607.71
COBRA	\$1,636.63	\$1,892.14	\$2,778.77	\$2,116.52	\$2,811.36

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, 2022
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 496	*Retiree & Family 497	*Retiree & Family 498
Less than 10*	\$2,255.24	\$2,253.80	\$2,504.30
10-11*	\$1,353.14	\$1,352.28	\$1,585.48
11-12*	\$1,262.93	\$1,262.13	\$1,493.59
12-13*	\$1,172.72	\$1,171.98	\$1,401.71
13-14	\$1,082.52	\$1,081.82	\$1,309.83
14-15	\$992.31	\$991.67	\$1,217.95
15-16	\$902.10	\$901.52	\$1,126.06
16-17	\$811.89	\$811.37	\$1,034.18
17-18	\$721.68	\$721.22	\$942.30
18-19	\$631.47	\$631.06	\$850.42
19-20	\$541.26	\$540.91	\$758.53
20-21	\$451.05	\$450.76	\$666.65
21-22	\$360.84	\$360.61	\$574.77
22-23	\$270.63	\$270.46	\$482.89
23-24	\$180.42	\$180.30	\$391.00
24-25	\$90.21	\$90.15	\$299.12
25 or more	\$0.00	\$0.00	\$207.24
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,127.62	\$1,126.90	\$1,355.77
COBRA	\$2,300.34	\$2,298.88	\$2,554.39

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, 2022
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*	\$1,429.49	\$449.46	\$2,660.75	\$4,448.60	\$1,680.72
10-11*	\$919.33	\$269.68	\$1,741.93	\$3,364.98	\$1,008.43
11-12*	\$868.32	\$251.70	\$1,650.04	\$3,256.61	\$941.20
12-13*	\$817.30	\$233.72	\$1,558.16	\$3,148.25	\$873.97
13-14	\$766.29	\$215.74	\$1,466.28	\$3,039.89	\$806.75
14-15	\$715.27	\$197.76	\$1,374.40	\$2,931.53	\$739.52
15-16	\$664.26	\$179.78	\$1,282.51	\$2,823.16	\$672.29
16-17	\$613.24	\$161.81	\$1,190.63	\$2,714.80	\$605.06
17-18	\$562.22	\$143.83	\$1,098.75	\$2,606.44	\$537.83
18-19	\$511.21	\$125.85	\$1,006.87	\$2,498.08	\$470.60
19-20	\$460.19	\$107.87	\$914.98	\$2,389.71	\$403.37
20-21	\$409.18	\$89.89	\$823.10	\$2,281.35	\$336.14
21-22	\$358.16	\$71.91	\$731.22	\$2,172.99	\$268.92
22-23	\$307.15	\$53.94	\$639.34	\$2,064.63	\$201.69
23-24	\$256.13	\$35.96	\$547.45	\$1,956.26	\$134.46
24-25	\$205.12	\$17.98	\$455.57	\$1,847.90	\$67.23
25 or more	\$154.10	\$0.00	\$363.69	\$1,739.54	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$791.79	\$224.73	\$1,512.22	\$3,094.07	\$840.36
COBRA	\$1,458.08	\$458.45	\$2,713.97	\$4,537.57	\$1,714.33

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, 2022
Tier 1 - Kaiser Permanente Washington

Years of Service	*Retiree & Family 398	Retiree & Family 399	Retiree & Family 400
Less than 10*	\$888.92	\$3,468.57	\$2,676.77
10-11*	\$533.35	\$2,384.95	\$1,606.06
11-12*	\$497.80	\$2,276.58	\$1,498.99
12-13*	\$462.24	\$2,168.22	\$1,391.92
13-14	\$426.68	\$2,059.86	\$1,284.85
14-15	\$391.12	\$1,951.50	\$1,177.78
15-16	\$355.57	\$1,843.13	\$1,070.71
16-17	\$320.01	\$1,734.77	\$963.64
17-18	\$284.45	\$1,626.41	\$856.57
18-19	\$248.90	\$1,518.05	\$749.50
19-20	\$213.34	\$1,409.68	\$642.42
20-21	\$177.78	\$1,301.32	\$535.35
21-22	\$142.23	\$1,192.96	\$428.28
22-23	\$106.67	\$1,084.60	\$321.21
23-24	\$71.11	\$976.23	\$214.14
24-25	\$35.56	\$867.87	\$107.07
25 or more	\$0.00	\$759.51	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$444.46	\$2,114.04	\$1,338.38
COBRA	\$906.70	\$3,537.94	\$2,730.31

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, 2022
Tier 1 - SCAN Health Plan**

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$285.60	\$561.20
10-11*	\$171.36	\$336.72
11-12*	\$159.94	\$314.27
12-13*	\$148.51	\$291.82
13-14	\$137.09	\$269.38
14-15	\$125.66	\$246.93
15-16	\$114.24	\$224.48
16-17	\$102.82	\$202.03
17-18	\$91.39	\$179.58
18-19	\$79.97	\$157.14
19-20	\$68.54	\$134.69
20-21	\$57.12	\$112.24
21-22	\$45.70	\$89.79
22-23	\$34.27	\$67.34
23-24	\$22.85	\$44.90
24-25	\$11.42	\$22.45
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>		
	\$142.80	\$280.60
COBRA	\$291.31	\$572.42

⁽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, 2022**

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*	\$338.45	\$1,624.11	\$666.90	\$1,845.58	\$888.37
10-11*	\$203.07	\$974.47	\$400.14	\$1,107.35	\$533.02
11-12*	\$189.53	\$909.50	\$373.46	\$1,033.52	\$497.49
12-13*	\$175.99	\$844.54	\$346.79	\$959.70	\$461.95
13-14	\$162.46	\$779.57	\$320.11	\$885.88	\$426.42
14-15	\$148.92	\$714.61	\$293.44	\$812.06	\$390.88
15-16	\$135.38	\$649.64	\$266.76	\$738.23	\$355.35
16-17	\$121.84	\$584.68	\$240.08	\$664.41	\$319.81
17-18	\$108.30	\$519.72	\$213.41	\$590.59	\$284.28
18-19	\$94.77	\$454.75	\$186.73	\$516.76	\$248.74
19-20	\$81.23	\$389.79	\$160.06	\$442.94	\$213.21
20-21	\$67.69	\$324.82	\$133.38	\$369.12	\$177.67
21-22	\$54.15	\$259.86	\$106.70	\$295.29	\$142.14
22-23	\$40.61	\$194.89	\$80.03	\$221.47	\$106.60
23-24	\$27.08	\$129.93	\$53.35	\$147.65	\$71.07
24-25	\$13.54	\$64.96	\$26.68	\$73.82	\$35.53
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>					
	\$169.22	\$812.05	\$333.45	\$922.79	\$444.18
COBRA	\$345.22	\$1,656.59	\$680.24	\$1,882.49	\$906.14

⁽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, 2022
Tier 1 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,295.66	\$2,364.24	\$2,802.79
10-11*	\$785.50	\$1,445.42	\$1,719.17
11-12*	\$734.49	\$1,353.53	\$1,610.80
12-13*	\$683.47	\$1,261.65	\$1,502.44
13-14	\$632.46	\$1,169.77	\$1,394.08
14-15	\$581.44	\$1,077.89	\$1,285.72
15-16	\$530.43	\$986.00	\$1,177.35
16-17	\$479.41	\$894.12	\$1,068.99
17-18	\$428.39	\$802.24	\$960.63
18-19	\$377.38	\$710.36	\$852.27
19-20	\$326.36	\$618.47	\$743.90
20-21	\$275.35	\$526.59	\$635.54
21-22	\$224.33	\$434.71	\$527.18
22-23	\$173.32	\$342.83	\$418.82
23-24	\$122.30	\$250.94	\$310.45
24-25	\$71.29	\$159.06	\$202.09
25 or more	\$20.27	\$67.18	\$93.73
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$657.96	\$1,215.71	\$1,448.26
COBRA	\$1,321.57	\$2,411.52	\$2,858.85

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 1 - Cigna Indemnity Dental/Vision

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$51.42	\$104.33
10-11*	\$30.85	\$62.60
11-12*	\$28.80	\$58.42
12-13*	\$26.74	\$54.25
13-14	\$24.68	\$50.08
14-15	\$22.62	\$45.91
15-16	\$20.57	\$41.73
16-17	\$18.51	\$37.56
17-18	\$16.45	\$33.39
18-19	\$14.40	\$29.21
19-20	\$12.34	\$25.04
20-21	\$10.28	\$20.87
21-22	\$8.23	\$16.69
22-23	\$6.17	\$12.52
23-24	\$4.11	\$8.35
24-25	\$2.06	\$4.17
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	\$52.16
COBRA	\$52.45	\$106.42

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 1 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$48.43	\$97.09
10-11*	\$29.06	\$58.25
11-12*	\$27.12	\$54.37
12-13*	\$25.18	\$50.49
13-14	\$23.25	\$46.60
14-15	\$21.31	\$42.72
15-16	\$19.37	\$38.84
16-17	\$17.43	\$34.95
17-18	\$15.50	\$31.07
18-19	\$13.56	\$27.19
19-20	\$11.62	\$23.30
20-21	\$9.69	\$19.42
21-22	\$7.75	\$15.53
22-23	\$5.81	\$11.65
23-24	\$3.87	\$7.77
24-25	\$1.94	\$3.88
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>		
	\$24.21	\$48.54
COBRA	\$49.40	\$99.03

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,275.39	\$1,143.57	\$902.57	\$1,657.81	\$1,295.66	\$51.42	\$48.43
10-11*	\$765.23	\$686.14	\$541.54	\$1,147.65	\$785.50	\$30.85	\$29.06
11-12*	\$714.22	\$640.40	\$505.44	\$1,096.64	\$734.49	\$28.80	\$27.12
12-13*	\$663.20	\$594.66	\$469.34	\$1,045.62	\$683.47	\$26.74	\$25.18
13-14	\$612.19	\$548.91	\$433.23	\$994.61	\$632.46	\$24.68	\$23.25
14-15	\$561.17	\$503.17	\$397.13	\$943.59	\$581.44	\$22.62	\$21.31
15-16	\$510.16	\$457.43	\$361.03	\$892.58	\$530.43	\$20.57	\$19.37
16-17	\$459.14	\$411.69	\$324.93	\$841.56	\$479.41	\$18.51	\$17.43
17-18	\$408.12	\$365.94	\$288.82	\$790.54	\$428.39	\$16.45	\$15.50
18-19	\$357.11	\$320.20	\$252.72	\$739.53	\$377.38	\$14.40	\$13.56
19-20	\$306.09	\$274.46	\$216.62	\$688.51	\$326.36	\$12.34	\$11.62
20-21	\$255.08	\$228.71	\$180.51	\$637.50	\$275.35	\$10.28	\$9.69
21-22	\$204.06	\$182.97	\$144.41	\$586.48	\$224.33	\$8.23	\$7.75
22-23	\$153.05	\$137.23	\$108.31	\$535.47	\$173.32	\$6.17	\$5.81
23-24	\$102.03	\$91.49	\$72.21	\$484.45	\$122.30	\$4.11	\$3.87
24-25	\$51.02	\$45.74	\$36.10	\$433.44	\$71.29	\$2.06	\$1.94
25 or more	\$0.00	\$0.00	\$0.00	\$382.42	\$20.27	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>							
	\$637.69	\$571.78	\$451.28	\$1,020.11	\$657.96	\$25.71	\$24.21
COBRA	\$1,300.90	\$1,166.44	\$920.62	\$1,690.97	\$1,321.57	\$52.45	\$49.40

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$432.89	\$1,143.57	\$2,277.14	\$248.48	\$525.62	\$372.13	\$62.67	\$48.99
10-11*	\$259.73	\$686.14	\$1,366.28	\$149.09	\$315.37	\$223.28	\$37.60	\$29.39
11-12*	\$242.42	\$640.40	\$1,275.20	\$139.15	\$294.35	\$208.39	\$35.10	\$27.43
12-13*	\$225.10	\$594.66	\$1,184.11	\$129.21	\$273.32	\$193.51	\$32.59	\$25.47
13-14	\$207.79	\$548.91	\$1,093.03	\$119.27	\$252.30	\$178.62	\$30.08	\$23.52
14-15	\$190.47	\$503.17	\$1,001.94	\$109.33	\$231.27	\$163.74	\$27.57	\$21.56
15-16	\$173.16	\$457.43	\$910.86	\$99.39	\$210.25	\$148.85	\$25.07	\$19.60
16-17	\$155.84	\$411.69	\$819.77	\$89.45	\$189.22	\$133.97	\$22.56	\$17.64
17-18	\$138.52	\$365.94	\$728.68	\$79.51	\$168.20	\$119.08	\$20.05	\$15.68
18-19	\$121.21	\$320.20	\$637.60	\$69.57	\$147.17	\$104.20	\$17.55	\$13.72
19-20	\$103.89	\$274.46	\$546.51	\$59.64	\$126.15	\$89.31	\$15.04	\$11.76
20-21	\$86.58	\$228.71	\$455.43	\$49.70	\$105.12	\$74.43	\$12.53	\$9.80
21-22	\$69.26	\$182.97	\$364.34	\$39.76	\$84.10	\$59.54	\$10.03	\$7.84
22-23	\$51.95	\$137.23	\$273.26	\$29.82	\$63.07	\$44.66	\$7.52	\$5.88
23-24	\$34.63	\$91.49	\$182.17	\$19.88	\$42.05	\$29.77	\$5.01	\$3.92
24-25	\$17.32	\$45.74	\$91.09	\$9.94	\$21.02	\$14.89	\$2.51	\$1.96
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>								
	\$216.44	\$571.78	\$1,138.57	\$124.24	\$262.81	\$186.06	\$31.33	\$24.49
COBRA	\$441.55	\$1,166.44	\$2,322.68	\$253.45	\$536.13	\$379.57	\$63.92	\$49.97

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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	\$1,300.90	\$2,343.00	\$2,763.24	\$1,720.26	\$1,300.90	\$441.55	\$1,720.26	\$1,300.90
Blue Cross Prudent Buyer	\$920.62	\$1,808.28	\$2,040.34	\$1,182.34	\$920.62	\$253.45	\$1,182.34	\$920.62
Cigna	\$1,690.97	\$3,050.92	\$3,602.12	\$2,242.90	\$1,690.97	\$536.13	\$2,242.90	\$1,690.97
Cigna Indemnity Dental/Vision	\$52.45	\$106.42	\$106.42	\$106.42	\$52.45	\$63.92	\$106.42	\$52.45
Cigna Prepaid Dental/Vision	\$49.40	\$99.03	\$99.03	\$99.03	\$49.40	\$49.97	\$99.03	\$49.40

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
	\$1,321.57	\$2,411.52	\$2,858.85	\$1,321.57	\$2,411.52	\$2,858.85	\$379.57	\$1,321.57

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
	\$531.50	\$531.50	\$1,692.82	\$1,054.95	\$949.38	\$949.38	\$2,110.56	\$1,472.60

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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
	\$394.22	\$1,754.18	\$778.24	\$946.85	\$2,306.07	\$1,371.81

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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
	\$345.22	\$1,656.59	\$680.24	\$1,882.49	\$906.14	\$379.57	\$1,321.57

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 1 - COBRA Rates - SCAN Health Plan

SCAN COBRA Rates	Retiree Only w/ Medicare Risk 611	Retiree & 1 Dependent - Both w/ Medicare Risk 613
	\$291.31	\$572.42

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 1 - COBRA Rates - Kaiser

Kaiser - COBRA Rates	
Single "Basic"	\$1,166.44
Single "Senior Advantage"	\$268.35
Single "Excess"	\$1,202.55
All family members are "Basic"	\$2,322.68
One family member is "Senior Advantage"; others are "Basic"	\$1,424.59
One family member is "Excess"; others are "Basic"	\$2,358.79
Two or more family members are "Senior Advantage"	\$526.50
One family member is "Excess"; another is "Senior Advantage"	\$1,460.70
Two family members are "Excess"	\$2,394.90
Child under 26	\$1,166.44
Children under 26	\$2,322.68

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,275.39	\$2,297.06	\$2,709.06	\$1,686.53
10-11*	\$765.23	\$1,786.90	\$2,198.90	\$1,176.37
11-12*	\$714.22	\$1,735.89	\$2,147.89	\$1,125.36
12-13*	\$663.20	\$1,684.87	\$2,096.87	\$1,074.34
13-14	\$612.19	\$1,633.86	\$2,045.86	\$1,023.33
14-15	\$561.17	\$1,582.84	\$1,994.84	\$972.31
15-16	\$510.16	\$1,531.83	\$1,943.83	\$921.30
16-17	\$459.14	\$1,480.81	\$1,892.81	\$870.28
17-18	\$408.12	\$1,429.79	\$1,841.79	\$819.26
18-19	\$357.11	\$1,378.78	\$1,790.78	\$768.25
19-20	\$306.09	\$1,327.76	\$1,739.76	\$717.23
20-21	\$255.08	\$1,276.75	\$1,688.75	\$666.22
21-22	\$204.06	\$1,225.73	\$1,637.73	\$615.20
22-23	\$153.05	\$1,174.72	\$1,586.72	\$564.19
23-24	\$102.03	\$1,123.70	\$1,535.70	\$513.17
24-25	\$51.02	\$1,072.69	\$1,484.69	\$462.16
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>				
	\$637.69	\$1,659.36	\$2,071.36	\$1,048.83
COBRA	\$1,300.90	\$2,343.00	\$2,763.24	\$1,720.26

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,275.39	\$2,297.06	\$2,709.06	\$1,686.53
10-11*	\$765.23	\$1,786.90	\$2,198.90	\$1,176.37
11-12*	\$714.22	\$1,735.89	\$2,147.89	\$1,125.36
12-13*	\$663.20	\$1,684.87	\$2,096.87	\$1,074.34
13-14	\$612.19	\$1,633.86	\$2,045.86	\$1,023.33
14-15	\$561.17	\$1,582.84	\$1,994.84	\$972.31
15-16	\$510.16	\$1,531.83	\$1,943.83	\$921.30
16-17	\$459.14	\$1,480.81	\$1,892.81	\$870.28
17-18	\$408.12	\$1,429.79	\$1,841.79	\$819.26
18-19	\$357.11	\$1,378.78	\$1,790.78	\$768.25
19-20	\$306.09	\$1,327.76	\$1,739.76	\$717.23
20-21	\$255.08	\$1,276.75	\$1,688.75	\$666.22
21-22	\$204.06	\$1,225.73	\$1,637.73	\$615.20
22-23	\$153.05	\$1,174.72	\$1,586.72	\$564.19
23-24	\$102.03	\$1,123.70	\$1,535.70	\$513.17
24-25	\$51.02	\$1,072.69	\$1,484.69	\$462.16
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>				
	\$637.69	\$1,659.36	\$2,071.36	\$1,048.83
COBRA	\$1,300.90	\$2,343.00	\$2,763.24	\$1,720.26

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$521.08	\$1,659.63	\$1,659.63	\$1,034.26
10-11*	\$312.65	\$1,451.20	\$1,149.47	\$825.83
11-12*	\$291.80	\$1,430.35	\$1,098.46	\$804.98
12-13*	\$270.96	\$1,409.51	\$1,047.44	\$784.14
13-14	\$250.12	\$1,388.67	\$996.43	\$763.30
14-15	\$229.28	\$1,367.83	\$945.41	\$742.46
15-16	\$208.43	\$1,346.98	\$894.40	\$721.61
16-17	\$187.59	\$1,326.14	\$843.38	\$700.77
17-18	\$166.75	\$1,305.30	\$792.36	\$679.93
18-19	\$145.90	\$1,284.45	\$741.35	\$659.08
19-20	\$125.06	\$1,263.61	\$690.33	\$638.24
20-21	\$104.22	\$1,242.77	\$639.32	\$617.40
21-22	\$83.37	\$1,221.92	\$588.30	\$596.55
22-23	\$62.53	\$1,201.08	\$537.29	\$575.71
23-24	\$41.69	\$1,180.24	\$486.27	\$554.87
24-25	\$20.84	\$1,159.39	\$435.26	\$534.02
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>				
	\$260.54	\$1,399.09	\$1,021.93	\$773.72
COBRA	\$531.50	\$1,692.82	\$1,692.82	\$1,054.95

⁽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, 2022
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*	\$930.76	\$930.76	\$2,069.18	\$2,069.18	\$1,443.73	\$1,443.73	\$1,617.64
10-11*	\$722.33	\$558.46	\$1,860.75	\$1,559.02	\$1,235.30	\$933.57	\$1,409.21
11-12*	\$701.48	\$521.23	\$1,839.90	\$1,508.01	\$1,214.45	\$882.56	\$1,388.36
12-13*	\$680.64	\$484.00	\$1,819.06	\$1,456.99	\$1,193.61	\$831.54	\$1,367.52
13-14	\$659.80	\$446.76	\$1,798.22	\$1,405.98	\$1,172.77	\$780.53	\$1,346.68
14-15	\$638.96	\$409.53	\$1,777.38	\$1,354.96	\$1,151.93	\$729.51	\$1,325.84
15-16	\$618.11	\$372.30	\$1,756.53	\$1,303.95	\$1,131.08	\$678.50	\$1,304.99
16-17	\$597.27	\$335.07	\$1,735.69	\$1,252.93	\$1,110.24	\$627.48	\$1,284.15
17-18	\$576.43	\$297.84	\$1,714.85	\$1,201.91	\$1,089.40	\$576.46	\$1,263.31
18-19	\$555.58	\$260.61	\$1,694.00	\$1,150.90	\$1,068.55	\$525.45	\$1,242.46
19-20	\$534.74	\$223.38	\$1,673.16	\$1,099.88	\$1,047.71	\$474.43	\$1,221.62
20-21	\$513.90	\$186.15	\$1,652.32	\$1,048.87	\$1,026.87	\$423.42	\$1,200.78
21-22	\$493.05	\$148.92	\$1,631.47	\$997.85	\$1,006.02	\$372.40	\$1,179.93
22-23	\$472.21	\$111.69	\$1,610.63	\$946.84	\$985.18	\$321.39	\$1,159.09
23-24	\$451.37	\$74.46	\$1,589.79	\$895.82	\$964.34	\$270.37	\$1,138.25
24-25	\$430.52	\$37.23	\$1,568.94	\$844.81	\$943.49	\$219.36	\$1,117.40
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>							
	\$670.22	\$465.38	\$1,808.64	\$1,431.48	\$1,183.19	\$806.03	\$1,357.10
COBRA	\$949.38	\$949.38	\$2,110.56	\$2,110.56	\$1,472.60	\$1,472.60	\$1,649.99

⁽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, 2022
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*	\$902.57	\$1,772.82	\$2,000.33	\$1,159.16
10-11*	\$541.54	\$1,262.66	\$1,490.17	\$695.50
11-12*	\$505.44	\$1,211.65	\$1,439.16	\$649.13
12-13*	\$469.34	\$1,160.63	\$1,388.14	\$602.76
13-14	\$433.23	\$1,109.62	\$1,337.13	\$556.40
14-15	\$397.13	\$1,058.60	\$1,286.11	\$510.03
15-16	\$361.03	\$1,007.59	\$1,235.10	\$463.66
16-17	\$324.93	\$956.57	\$1,184.08	\$417.30
17-18	\$288.82	\$905.55	\$1,133.06	\$370.93
18-19	\$252.72	\$854.54	\$1,082.05	\$324.56
19-20	\$216.62	\$803.52	\$1,031.03	\$278.20
20-21	\$180.51	\$752.51	\$980.02	\$231.83
21-22	\$144.41	\$701.49	\$929.00	\$185.47
22-23	\$108.31	\$650.48	\$877.99	\$139.10
23-24	\$72.21	\$599.46	\$826.97	\$92.73
24-25	\$36.10	\$548.45	\$775.96	\$46.37
25 or more	\$0.00	\$497.43	\$724.94	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$451.28	\$1,135.12	\$1,362.63	\$579.58
COBRA	\$920.62	\$1,808.28	\$2,040.34	\$1,182.34

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$1,657.81	\$2,991.10	\$3,531.49	\$2,198.92
10-11*	\$1,147.65	\$2,480.94	\$3,021.33	\$1,688.76
11-12*	\$1,096.64	\$2,429.93	\$2,970.32	\$1,637.75
12-13*	\$1,045.62	\$2,378.91	\$2,919.30	\$1,586.73
13-14	\$994.61	\$2,327.90	\$2,868.29	\$1,535.72
14-15	\$943.59	\$2,276.88	\$2,817.27	\$1,484.70
15-16	\$892.58	\$2,225.87	\$2,766.26	\$1,433.69
16-17	\$841.56	\$2,174.85	\$2,715.24	\$1,382.67
17-18	\$790.54	\$2,123.83	\$2,664.22	\$1,331.65
18-19	\$739.53	\$2,072.82	\$2,613.21	\$1,280.64
19-20	\$688.51	\$2,021.80	\$2,562.19	\$1,229.62
20-21	\$637.50	\$1,970.79	\$2,511.18	\$1,178.61
21-22	\$586.48	\$1,919.77	\$2,460.16	\$1,127.59
22-23	\$535.47	\$1,868.76	\$2,409.15	\$1,076.58
23-24	\$484.45	\$1,817.74	\$2,358.13	\$1,025.56
24-25	\$433.44	\$1,766.73	\$2,307.12	\$974.55
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>				
	\$1,020.11	\$2,353.40	\$2,893.79	\$1,561.22
COBRA	\$1,690.97	\$3,050.92	\$3,602.12	\$2,242.90

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022**

**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*	\$386.49	\$1,719.78	\$762.98	\$928.28	\$2,260.85	\$1,344.91
10-11*	\$231.89	\$1,511.35	\$554.55	\$719.85	\$2,052.42	\$1,136.48
11-12*	\$216.43	\$1,490.50	\$533.70	\$699.00	\$2,031.57	\$1,115.63
12-13*	\$200.97	\$1,469.66	\$512.86	\$678.16	\$2,010.73	\$1,094.79
13-14	\$185.52	\$1,448.82	\$492.02	\$657.32	\$1,989.89	\$1,073.95
14-15	\$170.06	\$1,427.98	\$471.18	\$636.48	\$1,969.05	\$1,053.11
15-16	\$154.60	\$1,407.13	\$450.33	\$615.63	\$1,948.20	\$1,032.26
16-17	\$139.14	\$1,386.29	\$429.49	\$594.79	\$1,927.36	\$1,011.42
17-18	\$123.68	\$1,365.45	\$408.65	\$573.95	\$1,906.52	\$990.58
18-19	\$108.22	\$1,344.60	\$387.80	\$553.10	\$1,885.67	\$969.73
19-20	\$92.76	\$1,323.76	\$366.96	\$532.26	\$1,864.83	\$948.89
20-21	\$77.30	\$1,302.92	\$346.12	\$511.42	\$1,843.99	\$928.05
21-22	\$61.84	\$1,282.07	\$325.27	\$490.57	\$1,823.14	\$907.20
22-23	\$46.38	\$1,261.23	\$304.43	\$469.73	\$1,802.30	\$886.36
23-24	\$30.92	\$1,240.39	\$283.59	\$448.89	\$1,781.46	\$865.52
24-25	\$15.46	\$1,219.54	\$262.74	\$428.04	\$1,760.61	\$844.67
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>						
	\$193.24	\$1,459.24	\$502.44	\$667.74	\$2,000.31	\$1,084.37
COBRA	\$394.22	\$1,754.18	\$778.24	\$946.85	\$2,306.07	\$1,371.81

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree Basic (Under 65) 401	Retiree with Medicare 403
Less than 10*	\$1,143.57	\$263.09
10-11*	\$686.14	\$157.85
11-12*	\$640.40	\$147.33
12-13*	\$594.66	\$136.81
13-14	\$548.91	\$126.28
14-15	\$503.17	\$115.76
15-16	\$457.43	\$105.24
16-17	\$411.69	\$94.71
17-18	\$365.94	\$84.19
18-19	\$320.20	\$73.67
19-20	\$274.46	\$63.14
20-21	\$228.71	\$52.62
21-22	\$182.97	\$42.09
22-23	\$137.23	\$31.57
23-24	\$91.49	\$21.05
24-25	\$45.74	\$10.52
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$571.78	\$131.54
COBRA	\$1,166.44	\$268.35

Deduct Codes:

401 - "Basic"

403 - "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$2,277.14	\$1,396.66	\$1,396.66	\$516.18
10-11*	\$1,766.98	\$1,188.23	\$886.50	\$309.71
11-12*	\$1,715.97	\$1,167.38	\$835.49	\$289.06
12-13*	\$1,664.95	\$1,146.54	\$784.47	\$268.41
13-14	\$1,613.94	\$1,125.70	\$733.46	\$247.77
14-15	\$1,562.92	\$1,104.86	\$682.44	\$227.12
15-16	\$1,511.91	\$1,084.01	\$631.43	\$206.47
16-17	\$1,460.89	\$1,063.17	\$580.41	\$185.82
17-18	\$1,409.87	\$1,042.33	\$529.39	\$165.18
18-19	\$1,358.86	\$1,021.48	\$478.38	\$144.53
19-20	\$1,307.84	\$1,000.64	\$427.36	\$123.88
20-21	\$1,256.83	\$979.80	\$376.35	\$103.24
21-22	\$1,205.81	\$958.95	\$325.33	\$82.59
22-23	\$1,154.80	\$938.11	\$274.32	\$61.94
23-24	\$1,103.78	\$917.27	\$223.30	\$41.29
24-25	\$1,052.77	\$896.42	\$172.29	\$20.65
25 or more	\$1,001.75	\$875.58	\$121.27	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$1,639.44	\$1,136.12	\$758.96	\$258.09
COBRA	\$2,322.68	\$1,424.59	\$1,424.59	\$526.50

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, 2022
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*	\$1,061.33	\$299.90	\$2,344.06	\$3,164.09	\$1,351.23	\$1,351.23
10-11*	\$636.80	\$179.94	\$1,833.90	\$2,653.93	\$1,142.80	\$841.07
11-12*	\$594.34	\$167.94	\$1,782.89	\$2,602.92	\$1,121.95	\$790.06
12-13*	\$551.89	\$155.95	\$1,731.87	\$2,551.90	\$1,101.11	\$739.04
13-14	\$509.44	\$143.95	\$1,680.86	\$2,500.89	\$1,080.27	\$688.03
14-15	\$466.99	\$131.96	\$1,629.84	\$2,449.87	\$1,059.43	\$637.01
15-16	\$424.53	\$119.96	\$1,578.83	\$2,398.86	\$1,038.58	\$586.00
16-17	\$382.08	\$107.96	\$1,527.81	\$2,347.84	\$1,017.74	\$534.98
17-18	\$339.63	\$95.97	\$1,476.79	\$2,296.82	\$996.90	\$483.96
18-19	\$297.17	\$83.97	\$1,425.78	\$2,245.81	\$976.05	\$432.95
19-20	\$254.72	\$71.98	\$1,374.76	\$2,194.79	\$955.21	\$381.93
20-21	\$212.27	\$59.98	\$1,323.75	\$2,143.78	\$934.37	\$330.92
21-22	\$169.81	\$47.98	\$1,272.73	\$2,092.76	\$913.52	\$279.90
22-23	\$127.36	\$35.99	\$1,221.72	\$2,041.75	\$892.68	\$228.89
23-24	\$84.91	\$23.99	\$1,170.70	\$1,990.73	\$871.84	\$177.87
24-25	\$42.45	\$12.00	\$1,119.69	\$1,939.72	\$850.99	\$126.86
25 or more	\$0.00	\$0.00	\$1,068.67	\$1,888.70	\$830.15	\$75.84
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$530.66	\$149.95	\$1,706.36	\$2,526.39	\$1,090.69	\$713.53
COBRA	\$1,082.56	\$305.90	\$2,390.94	\$3,227.37	\$1,378.25	\$1,378.25

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, 2022
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*	\$589.80	\$2,341.41	\$2,341.41	\$1,641.13	\$1,641.13
10-11*	\$381.37	\$2,132.98	\$1,831.25	\$1,432.70	\$1,130.97
11-12*	\$360.52	\$2,112.13	\$1,780.24	\$1,411.85	\$1,079.96
12-13*	\$339.68	\$2,091.29	\$1,729.22	\$1,391.01	\$1,028.94
13-14	\$318.84	\$2,070.45	\$1,678.21	\$1,370.17	\$977.93
14-15	\$298.00	\$2,049.61	\$1,627.19	\$1,349.33	\$926.91
15-16	\$277.15	\$2,028.76	\$1,576.18	\$1,328.48	\$875.90
16-17	\$256.31	\$2,007.92	\$1,525.16	\$1,307.64	\$824.88
17-18	\$235.47	\$1,987.08	\$1,474.14	\$1,286.80	\$773.86
18-19	\$214.62	\$1,966.23	\$1,423.13	\$1,265.95	\$722.85
19-20	\$193.78	\$1,945.39	\$1,372.11	\$1,245.11	\$671.83
20-21	\$172.94	\$1,924.55	\$1,321.10	\$1,224.27	\$620.82
21-22	\$152.09	\$1,903.70	\$1,270.08	\$1,203.42	\$569.80
22-23	\$131.25	\$1,882.86	\$1,219.07	\$1,182.58	\$518.79
23-24	\$110.41	\$1,862.02	\$1,168.05	\$1,161.74	\$467.77
24-25	\$89.56	\$1,841.17	\$1,117.04	\$1,140.89	\$416.76
25 or more	\$68.72	\$1,820.33	\$1,066.02	\$1,120.05	\$365.74
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$329.26	\$2,080.87	\$1,703.71	\$1,380.59	\$1,003.43
COBRA	\$601.60	\$2,388.24	\$2,388.24	\$1,673.95	\$1,673.95

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, 2022
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*	\$425.47	\$1,165.24	\$425.47	\$2,320.49	\$2,320.49
10-11*	\$255.28	\$699.14	\$255.28	\$2,112.06	\$1,810.33
11-12*	\$238.26	\$652.53	\$238.26	\$2,091.21	\$1,759.32
12-13*	\$221.24	\$605.92	\$221.24	\$2,070.37	\$1,708.30
13-14	\$204.23	\$559.32	\$204.23	\$2,049.53	\$1,657.29
14-15	\$187.21	\$512.71	\$187.21	\$2,028.69	\$1,606.27
15-16	\$170.19	\$466.10	\$170.19	\$2,007.84	\$1,555.26
16-17	\$153.17	\$419.49	\$153.17	\$1,987.00	\$1,504.24
17-18	\$136.15	\$372.88	\$136.15	\$1,966.16	\$1,453.22
18-19	\$119.13	\$326.27	\$119.13	\$1,945.31	\$1,402.21
19-20	\$102.11	\$279.66	\$102.11	\$1,924.47	\$1,351.19
20-21	\$85.09	\$233.05	\$85.09	\$1,903.63	\$1,300.18
21-22	\$68.08	\$186.44	\$68.08	\$1,882.78	\$1,249.16
22-23	\$51.06	\$139.83	\$51.06	\$1,861.94	\$1,198.15
23-24	\$34.04	\$93.22	\$34.04	\$1,841.10	\$1,147.13
24-25	\$17.02	\$46.61	\$17.02	\$1,820.25	\$1,096.12
25 or more	\$0.00	\$0.00	\$0.00	\$1,799.41	\$1,045.10
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$212.73	\$582.62	\$212.73	\$2,059.95	\$1,682.79
COBRA	\$433.98	\$1,188.54	\$433.98	\$2,366.90	\$2,366.90

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, 2022
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*	\$3,475.73	\$1,580.71	\$1,580.71
10-11*	\$2,965.57	\$1,372.28	\$1,070.55
11-12*	\$2,914.56	\$1,351.43	\$1,019.54
12-13*	\$2,863.54	\$1,330.59	\$968.52
13-14	\$2,812.53	\$1,309.75	\$917.51
14-15	\$2,761.51	\$1,288.91	\$866.49
15-16	\$2,710.50	\$1,268.06	\$815.48
16-17	\$2,659.48	\$1,247.22	\$764.46
17-18	\$2,608.46	\$1,226.38	\$713.44
18-19	\$2,557.45	\$1,205.53	\$662.43
19-20	\$2,506.43	\$1,184.69	\$611.41
20-21	\$2,455.42	\$1,163.85	\$560.40
21-22	\$2,404.40	\$1,143.00	\$509.38
22-23	\$2,353.39	\$1,122.16	\$458.37
23-24	\$2,302.37	\$1,101.32	\$407.35
24-25	\$2,251.36	\$1,080.47	\$356.34
25 or more	\$2,200.34	\$1,059.63	\$305.32
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$2,838.03	\$1,320.17	\$943.01
COBRA	\$3,545.24	\$1,612.32	\$1,612.32

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, 2022
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*	\$840.94	\$2,735.96	\$2,735.96	\$1,996.18	\$1,996.18
10-11*	\$632.51	\$2,527.53	\$2,225.80	\$1,787.75	\$1,486.02
11-12*	\$611.66	\$2,506.68	\$2,174.79	\$1,766.90	\$1,435.01
12-13*	\$590.82	\$2,485.84	\$2,123.77	\$1,746.06	\$1,383.99
13-14	\$569.98	\$2,465.00	\$2,072.76	\$1,725.22	\$1,332.98
14-15	\$549.14	\$2,444.16	\$2,021.74	\$1,704.38	\$1,281.96
15-16	\$528.29	\$2,423.31	\$1,970.73	\$1,683.53	\$1,230.95
16-17	\$507.45	\$2,402.47	\$1,919.71	\$1,662.69	\$1,179.93
17-18	\$486.61	\$2,381.63	\$1,868.69	\$1,641.85	\$1,128.91
18-19	\$465.76	\$2,360.78	\$1,817.68	\$1,621.00	\$1,077.90
19-20	\$444.92	\$2,339.94	\$1,766.66	\$1,600.16	\$1,026.88
20-21	\$424.08	\$2,319.10	\$1,715.65	\$1,579.32	\$975.87
21-22	\$403.23	\$2,298.25	\$1,664.63	\$1,558.47	\$924.85
22-23	\$382.39	\$2,277.41	\$1,613.62	\$1,537.63	\$873.84
23-24	\$361.55	\$2,256.57	\$1,562.60	\$1,516.79	\$822.82
24-25	\$340.70	\$2,235.72	\$1,511.59	\$1,495.94	\$771.81
25 or more	\$319.86	\$2,214.88	\$1,460.57	\$1,475.10	\$720.79
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$580.40	\$2,475.42	\$2,098.26	\$1,735.64	\$1,358.48
COBRA	\$857.76	\$2,790.68	\$2,790.68	\$2,036.10	\$2,036.10

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, 2022
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*	\$1,256.41	\$1,256.41	\$2,735.96	\$2,735.96
10-11*	\$1,047.98	\$753.85	\$2,527.53	\$2,225.80
11-12*	\$1,027.13	\$703.59	\$2,506.68	\$2,174.79
12-13*	\$1,006.29	\$653.33	\$2,485.84	\$2,123.77
13-14	\$985.45	\$603.08	\$2,465.00	\$2,072.76
14-15	\$964.61	\$552.82	\$2,444.16	\$2,021.74
15-16	\$943.76	\$502.56	\$2,423.31	\$1,970.73
16-17	\$922.92	\$452.31	\$2,402.47	\$1,919.71
17-18	\$902.08	\$402.05	\$2,381.63	\$1,868.69
18-19	\$881.23	\$351.79	\$2,360.78	\$1,817.68
19-20	\$860.39	\$301.54	\$2,339.94	\$1,766.66
20-21	\$839.55	\$251.28	\$2,319.10	\$1,715.65
21-22	\$818.70	\$201.03	\$2,298.25	\$1,664.63
22-23	\$797.86	\$150.77	\$2,277.41	\$1,613.62
23-24	\$777.02	\$100.51	\$2,256.57	\$1,562.60
24-25	\$756.17	\$50.26	\$2,235.72	\$1,511.59
25 or more	\$735.33	\$0.00	\$2,214.88	\$1,460.57
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$995.87	\$628.20	\$2,475.42	\$2,098.26
COBRA	\$1,281.54	\$1,281.54	\$2,790.68	\$2,790.68

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, 2022
Tier 2 - Kaiser Permanente Hawaii

Years of Service	Retiree Only 471	Retiree Only 472	Retiree & Dependent 474	Retiree & Family 475
Less than 10*	\$921.53	\$449.43	\$1,833.05	\$2,744.58
10-11*	\$552.92	\$269.66	\$1,322.89	\$2,234.42
11-12*	\$516.06	\$251.68	\$1,271.88	\$2,183.41
12-13*	\$479.20	\$233.70	\$1,220.86	\$2,132.39
13-14	\$442.33	\$215.73	\$1,169.85	\$2,081.38
14-15	\$405.47	\$197.75	\$1,118.83	\$2,030.36
15-16	\$368.61	\$179.77	\$1,067.82	\$1,979.35
16-17	\$331.75	\$161.79	\$1,016.80	\$1,928.33
17-18	\$294.89	\$143.82	\$965.78	\$1,877.31
18-19	\$258.03	\$125.84	\$914.77	\$1,826.30
19-20	\$221.17	\$107.86	\$863.75	\$1,775.28
20-21	\$184.31	\$89.89	\$812.74	\$1,724.27
21-22	\$147.44	\$71.91	\$761.72	\$1,673.25
22-23	\$110.58	\$53.93	\$710.71	\$1,622.24
23-24	\$73.72	\$35.95	\$659.69	\$1,571.22
24-25	\$36.86	\$17.98	\$608.68	\$1,520.21
25 or more	\$0.00	\$0.00	\$557.66	\$1,469.19
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$460.76	\$224.71	\$1,195.35	\$2,106.88
COBRA	\$939.96	\$458.42	\$1,869.71	\$2,799.47

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, 2022
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*	\$1,360.96	\$1,360.96	\$888.86
10-11*	\$1,152.53	\$850.80	\$680.43
11-12*	\$1,131.68	\$799.79	\$659.58
12-13*	\$1,110.84	\$748.77	\$638.74
13-14	\$1,090.00	\$697.76	\$617.90
14-15	\$1,069.16	\$646.74	\$597.06
15-16	\$1,048.31	\$595.73	\$576.21
16-17	\$1,027.47	\$544.71	\$555.37
17-18	\$1,006.63	\$493.69	\$534.53
18-19	\$985.78	\$442.68	\$513.68
19-20	\$964.94	\$391.66	\$492.84
20-21	\$944.10	\$340.65	\$472.00
21-22	\$923.25	\$289.63	\$451.15
22-23	\$902.41	\$238.62	\$430.31
23-24	\$881.57	\$187.60	\$409.47
24-25	\$860.72	\$136.59	\$388.62
25 or more	\$839.88	\$85.57	\$367.78
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,100.42	\$723.26	\$628.32
COBRA	\$1,388.18	\$1,388.18	\$906.64

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, 2022
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,131.18	\$481.92	\$2,252.36	\$3,373.54
10-11*	\$678.71	\$289.15	\$1,742.20	\$2,863.38
11-12*	\$633.46	\$269.88	\$1,691.19	\$2,812.37
12-13*	\$588.21	\$250.60	\$1,640.17	\$2,761.35
13-14	\$542.97	\$231.32	\$1,589.16	\$2,710.34
14-15	\$497.72	\$212.04	\$1,538.14	\$2,659.32
15-16	\$452.47	\$192.77	\$1,487.13	\$2,608.31
16-17	\$407.22	\$173.49	\$1,436.11	\$2,557.29
17-18	\$361.98	\$154.21	\$1,385.09	\$2,506.27
18-19	\$316.73	\$134.94	\$1,334.08	\$2,455.26
19-20	\$271.48	\$115.66	\$1,283.06	\$2,404.24
20-21	\$226.24	\$96.38	\$1,232.05	\$2,353.23
21-22	\$180.99	\$77.11	\$1,181.03	\$2,302.21
22-23	\$135.74	\$57.83	\$1,130.02	\$2,251.20
23-24	\$90.49	\$38.55	\$1,079.00	\$2,200.18
24-25	\$45.25	\$19.28	\$1,027.99	\$2,149.17
25 or more	\$0.00	\$0.00	\$976.97	\$2,098.15
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$565.59	\$240.96	\$1,614.66	\$2,735.84
COBRA	\$1,153.80	\$491.56	\$2,297.41	\$3,441.01

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, 2022
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*	\$1,603.10	\$1,603.10	\$953.84
10-11*	\$1,394.67	\$1,092.94	\$745.41
11-12*	\$1,373.82	\$1,041.93	\$724.56
12-13*	\$1,352.98	\$990.91	\$703.72
13-14	\$1,332.14	\$939.90	\$682.88
14-15	\$1,311.30	\$888.88	\$662.04
15-16	\$1,290.45	\$837.87	\$641.19
16-17	\$1,269.61	\$786.85	\$620.35
17-18	\$1,248.77	\$735.83	\$599.51
18-19	\$1,227.92	\$684.82	\$578.66
19-20	\$1,207.08	\$633.80	\$557.82
20-21	\$1,186.24	\$582.79	\$536.98
21-22	\$1,165.39	\$531.77	\$516.13
22-23	\$1,144.55	\$480.76	\$495.29
23-24	\$1,123.71	\$429.74	\$474.45
24-25	\$1,102.86	\$378.73	\$453.60
25 or more	\$1,082.02	\$327.71	\$432.76
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,342.56	\$965.40	\$693.30
COBRA	\$1,635.16	\$1,635.16	\$972.92

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, 2022
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*	\$2,724.28	\$2,724.28	\$2,075.02	\$2,075.02
10-11*	\$2,515.85	\$2,214.12	\$1,866.59	\$1,564.86
11-12*	\$2,495.00	\$2,163.11	\$1,845.74	\$1,513.85
12-13*	\$2,474.16	\$2,112.09	\$1,824.90	\$1,462.83
13-14	\$2,453.32	\$2,061.08	\$1,804.06	\$1,411.82
14-15	\$2,432.48	\$2,010.06	\$1,783.22	\$1,360.80
15-16	\$2,411.63	\$1,959.05	\$1,762.37	\$1,309.79
16-17	\$2,390.79	\$1,908.03	\$1,741.53	\$1,258.77
17-18	\$2,369.95	\$1,857.01	\$1,720.69	\$1,207.75
18-19	\$2,349.10	\$1,806.00	\$1,699.84	\$1,156.74
19-20	\$2,328.26	\$1,754.98	\$1,679.00	\$1,105.72
20-21	\$2,307.42	\$1,703.97	\$1,658.16	\$1,054.71
21-22	\$2,286.57	\$1,652.95	\$1,637.31	\$1,003.69
22-23	\$2,265.73	\$1,601.94	\$1,616.47	\$952.68
23-24	\$2,244.89	\$1,550.92	\$1,595.63	\$901.66
24-25	\$2,224.04	\$1,499.91	\$1,574.78	\$850.65
25 or more	\$2,203.20	\$1,448.89	\$1,553.94	\$799.63
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$2,463.74	\$2,086.58	\$1,814.48	\$1,437.32
COBRA	\$2,778.77	\$2,778.77	\$2,116.52	\$2,116.52

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, 2022
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*	\$1,429.49	\$449.46	\$2,660.75	\$4,448.60	\$1,680.72	\$1,680.72
10-11*	\$919.33	\$269.68	\$2,150.59	\$3,938.44	\$1,472.29	\$1,170.56
11-12*	\$868.32	\$251.70	\$2,099.58	\$3,887.43	\$1,451.44	\$1,119.55
12-13*	\$817.30	\$233.72	\$2,048.56	\$3,836.41	\$1,430.60	\$1,068.53
13-14	\$766.29	\$215.74	\$1,997.55	\$3,785.40	\$1,409.76	\$1,017.52
14-15	\$715.27	\$197.76	\$1,946.53	\$3,734.38	\$1,388.92	\$966.50
15-16	\$664.26	\$179.78	\$1,895.52	\$3,683.37	\$1,368.07	\$915.49
16-17	\$613.24	\$161.81	\$1,844.50	\$3,632.35	\$1,347.23	\$864.47
17-18	\$562.22	\$143.83	\$1,793.48	\$3,581.33	\$1,326.39	\$813.45
18-19	\$511.21	\$125.85	\$1,742.47	\$3,530.32	\$1,305.54	\$762.44
19-20	\$460.19	\$107.87	\$1,691.45	\$3,479.30	\$1,284.70	\$711.42
20-21	\$409.18	\$89.89	\$1,640.44	\$3,428.29	\$1,263.86	\$660.41
21-22	\$358.16	\$71.91	\$1,589.42	\$3,377.27	\$1,243.01	\$609.39
22-23	\$307.15	\$53.94	\$1,538.41	\$3,326.26	\$1,222.17	\$558.38
23-24	\$256.13	\$35.96	\$1,487.39	\$3,275.24	\$1,201.33	\$507.36
24-25	\$205.12	\$17.98	\$1,436.38	\$3,224.23	\$1,180.48	\$456.35
25 or more	\$154.10	\$0.00	\$1,385.36	\$3,173.21	\$1,159.64	\$405.33
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$791.79	\$224.73	\$2,023.05	\$3,810.90	\$1,420.18	\$1,043.02
COBRA	\$1,458.08	\$458.45	\$2,713.97	\$4,537.57	\$1,714.33	\$1,714.33

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, 2022
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*	\$888.92	\$3,468.57	\$3,468.57	\$2,676.77	\$2,676.77
10-11*	\$680.49	\$3,260.14	\$2,958.41	\$2,468.34	\$2,166.61
11-12*	\$659.64	\$3,239.29	\$2,907.40	\$2,447.49	\$2,115.60
12-13*	\$638.80	\$3,218.45	\$2,856.38	\$2,426.65	\$2,064.58
13-14	\$617.96	\$3,197.61	\$2,805.37	\$2,405.81	\$2,013.57
14-15	\$597.12	\$3,176.77	\$2,754.35	\$2,384.97	\$1,962.55
15-16	\$576.27	\$3,155.92	\$2,703.34	\$2,364.12	\$1,911.54
16-17	\$555.43	\$3,135.08	\$2,652.32	\$2,343.28	\$1,860.52
17-18	\$534.59	\$3,114.24	\$2,601.30	\$2,322.44	\$1,809.50
18-19	\$513.74	\$3,093.39	\$2,550.29	\$2,301.59	\$1,758.49
19-20	\$492.90	\$3,072.55	\$2,499.27	\$2,280.75	\$1,707.47
20-21	\$472.06	\$3,051.71	\$2,448.26	\$2,259.91	\$1,656.46
21-22	\$451.21	\$3,030.86	\$2,397.24	\$2,239.06	\$1,605.44
22-23	\$430.37	\$3,010.02	\$2,346.23	\$2,218.22	\$1,554.43
23-24	\$409.53	\$2,989.18	\$2,295.21	\$2,197.38	\$1,503.41
24-25	\$388.68	\$2,968.33	\$2,244.20	\$2,176.53	\$1,452.40
25 or more	\$367.84	\$2,947.49	\$2,193.18	\$2,155.69	\$1,401.38
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$628.38	\$3,208.03	\$2,830.87	\$2,416.23	\$2,039.07
COBRA	\$906.70	\$3,537.94	\$3,537.94	\$2,730.31	\$2,730.31

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, 2022
Tier 2 - SCAN Health Plan**

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$285.60	\$561.20
10-11*	\$171.36	\$352.77
11-12*	\$159.94	\$331.92
12-13*	\$148.51	\$311.08
13-14	\$137.09	\$290.24
14-15	\$125.66	\$269.40
15-16	\$114.24	\$248.55
16-17	\$102.82	\$227.71
17-18	\$91.39	\$206.87
18-19	\$79.97	\$186.02
19-20	\$68.54	\$165.18
20-21	\$57.12	\$144.34
21-22	\$45.70	\$123.49
22-23	\$34.27	\$102.65
23-24	\$22.85	\$81.81
24-25	\$11.42	\$60.96
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>		
	\$142.80	\$300.66
COBRA	\$291.31	\$572.42

⁽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, 2022**

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*	\$338.45	\$1,624.11	\$666.90	\$1,845.58	\$888.37
10-11*	\$203.07	\$1,415.68	\$458.47	\$1,637.15	\$679.94
11-12*	\$189.53	\$1,394.83	\$437.62	\$1,616.30	\$659.09
12-13*	\$175.99	\$1,373.99	\$416.78	\$1,595.46	\$638.25
13-14	\$162.46	\$1,353.15	\$395.94	\$1,574.62	\$617.41
14-15	\$148.92	\$1,332.31	\$375.10	\$1,553.78	\$596.57
15-16	\$135.38	\$1,311.46	\$354.25	\$1,532.93	\$575.72
16-17	\$121.84	\$1,290.62	\$333.41	\$1,512.09	\$554.88
17-18	\$108.30	\$1,269.78	\$312.57	\$1,491.25	\$534.04
18-19	\$94.77	\$1,248.93	\$291.72	\$1,470.40	\$513.19
19-20	\$81.23	\$1,228.09	\$270.88	\$1,449.56	\$492.35
20-21	\$67.69	\$1,207.25	\$250.04	\$1,428.72	\$471.51
21-22	\$54.15	\$1,186.40	\$229.19	\$1,407.87	\$450.66
22-23	\$40.61	\$1,165.56	\$208.35	\$1,387.03	\$429.82
23-24	\$27.08	\$1,144.72	\$187.51	\$1,366.19	\$408.98
24-25	\$13.54	\$1,123.87	\$166.66	\$1,345.34	\$388.13
25 or more	\$0.00	\$1,103.03	\$145.82	\$1,324.50	\$367.29
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>					
	\$169.22	\$1,363.57	\$406.36	\$1,585.04	\$627.83
COBRA	\$345.22	\$1,656.59	\$680.24	\$1,882.49	\$906.14

⁽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, 2022
Tier 2 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,295.66	\$2,364.24	\$2,802.79
10-11*	\$785.50	\$1,854.08	\$2,292.63
11-12*	\$734.49	\$1,803.07	\$2,241.62
12-13*	\$683.47	\$1,752.05	\$2,190.60
13-14	\$632.46	\$1,701.04	\$2,139.59
14-15	\$581.44	\$1,650.02	\$2,088.57
15-16	\$530.43	\$1,599.01	\$2,037.56
16-17	\$479.41	\$1,547.99	\$1,986.54
17-18	\$428.39	\$1,496.97	\$1,935.52
18-19	\$377.38	\$1,445.96	\$1,884.51
19-20	\$326.36	\$1,394.94	\$1,833.49
20-21	\$275.35	\$1,343.93	\$1,782.48
21-22	\$224.33	\$1,292.91	\$1,731.46
22-23	\$173.32	\$1,241.90	\$1,680.45
23-24	\$122.30	\$1,190.88	\$1,629.43
24-25	\$71.29	\$1,139.87	\$1,578.42
25 or more	\$20.27	\$1,088.85	\$1,527.40
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$657.96	\$1,726.54	\$2,165.09
COBRA	\$1,321.57	\$2,411.52	\$2,858.85

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 2 - Cigna Indemnity Dental/Vision**

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$51.42	\$104.33
10-11*	\$30.85	\$83.76
11-12*	\$28.80	\$81.71
12-13*	\$26.74	\$79.65
13-14	\$24.68	\$77.59
14-15	\$22.62	\$75.53
15-16	\$20.57	\$73.48
16-17	\$18.51	\$71.42
17-18	\$16.45	\$69.36
18-19	\$14.40	\$67.31
19-20	\$12.34	\$65.25
20-21	\$10.28	\$63.19
21-22	\$8.23	\$61.14
22-23	\$6.17	\$59.08
23-24	\$4.11	\$57.02
24-25	\$2.06	\$54.97
25 or more	\$0.00	\$52.91
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$25.71	\$78.62
COBRA	\$52.45	\$106.42

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 2 - Cigna Prepaid Dental/Vision**

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$48.43	\$97.09
10-11*	\$29.06	\$76.52
11-12*	\$27.12	\$74.47
12-13*	\$25.18	\$72.41
13-14	\$23.25	\$70.35
14-15	\$21.31	\$68.29
15-16	\$19.37	\$66.24
16-17	\$17.43	\$64.18
17-18	\$15.50	\$62.12
18-19	\$13.56	\$60.07
19-20	\$11.62	\$58.01
20-21	\$9.69	\$55.95
21-22	\$7.75	\$53.90
22-23	\$5.81	\$51.84
23-24	\$3.87	\$49.78
24-25	\$1.94	\$47.73
25 or more	\$0.00	\$45.67
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$24.21	\$71.38
COBRA	\$49.40	\$99.03

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
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*	\$432.89	\$1,143.57	\$2,277.14	\$248.48	\$525.62	\$372.13	\$62.67	\$48.99
10-11*	\$259.73	\$686.14	\$1,766.98	\$149.09	\$315.37	\$223.28	\$37.60	\$29.39
11-12*	\$242.42	\$640.40	\$1,715.97	\$139.15	\$294.35	\$208.39	\$35.10	\$27.43
12-13*	\$225.10	\$594.66	\$1,664.95	\$129.21	\$273.32	\$193.51	\$32.59	\$25.47
13-14	\$207.79	\$548.91	\$1,613.94	\$119.27	\$252.30	\$178.62	\$30.08	\$23.52
14-15	\$190.47	\$503.17	\$1,562.92	\$109.33	\$231.27	\$163.74	\$27.57	\$21.56
15-16	\$173.16	\$457.43	\$1,511.91	\$99.39	\$210.25	\$148.85	\$25.07	\$19.60
16-17	\$155.84	\$411.69	\$1,460.89	\$89.45	\$189.22	\$133.97	\$22.56	\$17.64
17-18	\$138.52	\$365.94	\$1,409.87	\$79.51	\$168.20	\$119.08	\$20.05	\$15.68
18-19	\$121.21	\$320.20	\$1,358.86	\$69.57	\$147.17	\$104.20	\$17.55	\$13.72
19-20	\$103.89	\$274.46	\$1,307.84	\$59.64	\$126.15	\$89.31	\$15.04	\$11.76
20-21	\$86.58	\$228.71	\$1,256.83	\$49.70	\$105.12	\$74.43	\$12.53	\$9.80
21-22	\$69.26	\$182.97	\$1,205.81	\$39.76	\$84.10	\$59.54	\$10.03	\$7.84
22-23	\$51.95	\$137.23	\$1,154.80	\$29.82	\$63.07	\$44.66	\$7.52	\$5.88
23-24	\$34.63	\$91.49	\$1,103.78	\$19.88	\$42.05	\$29.77	\$5.01	\$3.92
24-25	\$17.32	\$45.74	\$1,052.77	\$9.94	\$21.02	\$14.89	\$2.51	\$1.96
25 or more	\$0.00	\$0.00	\$1,001.75	\$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>								
	\$216.44	\$571.78	\$1,639.44	\$124.24	\$262.81	\$186.06	\$31.33	\$24.49
COBRA	\$441.55	\$1,166.44	\$2,322.68	\$253.45	\$536.13	\$379.57	\$63.92	\$49.97

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2022
Tier 2 - COBRA Rates - Kaiser

Kaiser - COBRA Rates	
Single "Basic"	\$1,166.44
Single "Senior Advantage"	\$268.35
Single "Excess"	\$1,202.55
All family members are "Basic"	\$2,322.68
One family member is "Senior Advantage"; others are "Basic"	\$1,424.59
One family member is "Excess"; others are "Basic"	\$2,358.79
Two or more family members are "Senior Advantage"	\$526.50
One family member is "Excess"; another is "Senior Advantage"	\$1,460.70
Two family members are "Excess"	\$2,394.90
Child under 26	\$1,166.44
Children under 26	\$2,322.68

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	Grand - fathered	Effective
All PPO		Preventive Care	Revised the Preventive Care benefit to clarify the contraceptive coverage. It doesn't add any new benefits - it simply confirms that Anthem is covering contraceptives under all categories required.	Federal Regulatory Change (ACA)	1/1/2022	All Plans	At Renewal
All PPO		Diagnostic Testing for Infertility	Revised the Infertility benefit to remove any exclusions for the diagnostic testing of infertility and to also add descriptions of covered diagnostic tests. Please note, this is not a change in benefits. The EOC was revised to clarify the existing benefit coverage.	Company Change	1/1/2022	All Plans	At Renewal
All PPO		Virtual Visits	<i>Revised the Preferred and Other Online Visits benefit rows in the Office Visits section of the Schedule of Benefits to now define services as Virtual Visits from our Online Provider LiveHealth Online and Virtual Visits for Specialty Care from our Online Provider LiveHealth Online.</i>	Company Change	1/1/2022	All Plans	At Renewal
All PPO		Telehealth	Removed the Telehealth language from the Schedule of Benefits and What's Covered sections of the EOC. Telehealth coverage language has been moved to the Virtual Visit benefit language under What's Covered.	Company Change	1/1/2022	All Plans	At Renewal
All PPO		Human Organ and Tissue Transplant (Bone Marrow / Stem Cell) Services	Revised the Human Organ and Tissue Transplant (Bone Marrow / Stem Cell) Services benefit to clarify the benefit and allowable providers.	Company Change	1/1/2022	All Plans	At Renewal
All PPO		Connect with Us Using Our Mobile App	Added provision called Connect with Us Using Our Mobile App to educate members on its availability as a benefit.	Company Change	1/1/2022	All Plans	At Renewal

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	Grand - fathered	Effective
All Rx		Compound Drugs	Revised the Compound Drug description to remove reference to FDA's Orange Book. It is no longer required to determine what is FDA-approved.	Company Change	1/1/2022	All Plans	At Renewal
All Rx		Exclusion: Clinically-Equivalent Alternatives	<i>Added an exclusion for Clinically-Equivalent Alternatives.</i>	Company Change	1/1/2022	All Plans	At Renewal

CIGNA PREFERRED MEDICARE (HMO)

Arizona

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

- With this 7/1/2022 renewal there will be no change in rates.

Benefit Changes include the following:

- Telehealth for Speech Therapy \$0 copay (Telehealth Speech Therapy was not covered)
- Removing referral requirement to see a specialist
- Adding annual physical as a supplemental benefit
- Hearing Aids \$700 per ear, per device every 3 years (Currently \$200)



LACERA
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits

Plan Type	Standard Option 3
Effective Dates	7/1/2022 - 6/30/2023
Medical Premium Rate	\$239.22
Number of Medicare Beneficiaries	77
Funding Type	Fully Insured
Situs State	Arizona
Benefit Option Code	
Medical Accumulation Period	Contract Year
Benefit Description	What the Member pays
Plan Deductible	\$0
Plan Deductible applies to:	Not applicable
Maximum Out-of-Pocket Cost (MOOP)	\$5,500 which applies to in-network Medicare-covered and in-network non-Medicare-covered benefits
Lifetime Coverage Maximum	None
Annual Maximum	None
Inpatient Hospital	In-Network
Inpatient Hospital Care (inc. Substance Abuse and Rehab)	\$0
Inpatient Hospital Care – Coverage Limit (days)	None
Inpatient Hospital Psychiatric	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190
Skilled Nursing Facility	In-Network
Benefit Period – 1-20 days	\$0
Benefit Period – 21-100 days	\$0
Coverage Limit (days)	100
Hospital Stay Required?	No
Home Health Care	In-Network
Benefit	\$0
Coverage Limit	None
Outpatient Facility Services	In-Network
Outpatient Surgery (includes Ambulatory Surgical Centers)	Colorectal Screenings - \$0, all other \$12
Observation Services	\$12
Outpatient Non-Surgical Services	\$12
Emergency Services	In-Network
Emergency Room (waived if admitted)	\$90
ER-Worldwide Coverage	\$90 copay up to \$50,000 annual benefit maximum
Urgent Care	\$25
Ambulance (ground and air)	\$0
Outpatient Physician Services	In-Network
Primary Care Physician Office Visit, Office Surgery, Xrays, and Allergy Treatment	\$0
Primary Care Physician Lab Services	\$0
Specialist Office Visit, Office Surgery, Xrays, Chemotherapy, Radiation Therapy, Dialysis, and Allergy Treatment	\$12
Specialist Office Lab Services	\$0
Mental Health and Substance Abuse Services	In-Network
Partial Hospitalization	\$12
Mental Health/Psychiatric Specialty-Individual	\$0
Mental Health/Psychiatric Specialty-Group	\$0
Substance Abuse-Individual	\$12
Substance Abuse-Group	\$12
Opioid Treatment Program Services	\$12
Telehealth Services	In-Network
Telehealth Services - MD LIVE	\$0
Preventive Care (Medicare Covered)	In-Network
Annual Wellness Visits	\$0
Annual Physical Exam	\$0
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0
Other Wellness	\$0
Other Wellness Includes:	Abdominal Aortic Aneurysm Screening, Annual Wellness Visits, Barium Enemas, Bone Mass Measurement, Breast Cancer Screening (Mammogram), Cardiovascular Screening, Cervical and Vaginal Cancer Screening, Colorectal Cancer Screening, Diabetes Screening, Diabetes Self-management Training, Medicare Diabetes Prevention Program, Digital Rectal Exams, Kidney Disease Education Services, HIV Screening, Medical Nutrition Therapy Services, Prostate Cancer Screening, Smoking Cessation Counseling, Welcome to Medicare Physical Exam and an EKG following Welcome to Medicare Exam.



LACERA
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits

Benefit Description	What the Member pays
Diagnostic Services, Labs & Imaging	In-Network
Diagnostic Procedures/Tests	\$0
Lab Services (Pathology)	\$0
X-ray Services	\$0
Diagnostic Radiological Services (such as MRIs, CT Scans)	Mammography and Ultrasounds - \$0 Non-Cardiac Nuclear Studies - \$0 Cardiac Nuclear Studies - \$12 Routine Stress Test - \$12 All Other - \$125
Therapeutic Radiological Services	\$12
Foot Care	In-Network
Podiatry Services (Medicare Covered)	\$12
Podiatry Services (Non-Medicare Covered)	\$12
Chiropractic Care	In-Network
Chiropractic Visit (Medicare Covered)	\$12
Chiropractic Visit (Non-Medicare Covered)	\$12 per visit for up to 12 routine visits per year
Acupuncture Care	In-Network
Acupuncture Visit (Medicare Covered)	\$12
Acupuncture Visit (Non-Medicare Covered)	Healthy Rewards Discounts available
Rehabilitation Services	In-Network
Cardiac Rehabilitation	\$10
Pulmonary Rehabilitation	\$10
Short Term Rehabilitation Service - Physical, Occupational, and Speech Language Therapy	\$12
Physical Therapy & Speech Therapy - Additional Telehealth Services	\$0
Medical Equipment, Supplies and Part B Drugs	In-Network
Durable Medical Equipment (DME)	\$0
Medical Supplies	\$0
Prosthetics	\$0
Diabetic Supplies	\$0
Part B Drugs including Chemotherapy drugs - Medicare-covered Part B Drugs may be subject to step therapy requirements.	20%
Dental Services	In-Network
Dental Services (Medicare Covered)	\$12
Dental Services (Non-Medicare Covered)	Not Covered
Vision Services	In-Network
Eye Exams (Medicare Covered)	Diabetic Retinal Exams - \$0 All Other Medicare-Covered - \$12
Eye Wear (Medicare Covered)	\$0
Eye Exams (Routine)	\$0 Copay for 1 exam every year
Eye Wear (Routine)	Contact Lenses: 1 every year, Eye Glass Lenses: 1 every year, Eye Glass Frames: 1 every year, Eyewear annual limit: \$0 up to maximum of \$100
Hearing Services	In-Network
Hearing Exams (Medicare Covered)	\$12
Routine Hearing Exams	\$0 Copay for 1 exam every year
Hearing Aid Evaluation/Fitting	\$0
Hearing Aids	\$700 per ear per device every 3 years
Supplemental Benefits	In-Network
Health Education	Members will be provided with access to video and written content on a variety of health and wellness topics through the Cigna Medicare website.
Health Information Line	\$0 copay. The Health Information Line assists individuals in understanding the right level of treatment at the right time. Nurse advocates are available 24 hours a day, 7 days a week, 365 days a year to provide health and medical information and direction to the most appropriate care and resources.
Meal Benefit	\$0 copay. After discharge from a qualified inpatient hospital stay directly to home (for traumatic or chronic illness), members are eligible to receive a one-time delivery of 14 nutritional meals delivered to their home free of charge. Members are eligible to receive this benefit for up to three qualified hospital stays per year. Benefit only applies to discharge during an acute inpatient stay and does not apply to a behavioral health
Meal Benefit for ESRD members in Case Management	\$0 copay. Plan offers a meal delivery to members diagnosed with ESRD and enrolled in an ESRD-related case management program. Members are eligible for benefit once per year.
Annual Physical Exams (non-Medicare Covered)	\$0 copay
Fitness	\$0 cost to member through Silver & Fit program. Customers can visit multiple facilities in the same month.
Wigs for Hair Loss due to Cancer Treatment	Not Covered
Transportation Services	Not Covered
Over-the-Counter Items	Not Covered



LACERA
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits

Only retirees and their dependents who are entitled to Medicare Part A and enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join a Medicare Advantage plan.

Billing for this product is on a Per Medicare Beneficiary Per Month basis. Each enrollee will be set up on their own eligibility record/ID and charged a single per Medicare beneficiary Per Month premium rate.

Cigna companies reserve the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations.

Benefits we do not cover (exclusions):

Below is a list of services and items that either are not covered under any condition or are covered only under specific conditions.

- 1) Services considered not reasonable and necessary, according to the standards of Original Medicare.
- 2) Experimental medical procedures, surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community. Experimental procedures and items may be covered by Original Medicare under a Medicare approved clinical research study or by our plan.
- 3) Private room charges in a hospital are not covered unless medically necessary.
- 4) Personal items in your room at a hospital or a skilled nursing facility such as a telephone or a television.
- 5) Full-time nursing care in your home.
- 6) Custodial care. Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- 7) Homemaker services. Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
- 8) Fees charged for care by your immediate relatives or customers of your household.
- 9) Cosmetic surgery or procedures. Cosmetic surgery or procedures may be covered in cases of an accidental injury or for improvement of the functioning of a malformed body member. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- 10) Routine foot care. Some limited coverage is provided according to Medicare guidelines, e.g., if you have diabetes.
- 11) Orthopedic shoes. If shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- 12) Supportive devices for the feet. Orthopedic or therapeutic shoes for people with diabetic foot disease.
- 13) Reversal of sterilization procedures and/or non-prescription contraceptive supplies.
- 14) Naturopath services (uses natural or alternative treatments).

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Lacera
Cigna Medicare Advantage Prescription Drug Plan
Summary of Benefits

Plan Type		Custom Rx
Effective Dates		7/1/2022-6/30/2023
Pharmacy Premium Rate		\$137.27
Number of Medicare Beneficiaries		77
Funding Type		Fully Insured
Situs State		Arizona
Benefit Option Code		
Rx Formulary		Basic
Pharmacy Accumulation Period		Calendar Year
Benefit Description		What the Member pays
Deductible Phase		
Individual Deductible		\$0
Individual Deductible Applies to		Not applicable
Initial Coverage Level		
Initial Coverage Level (Total Drug Spend)		\$4,430
Retail (1-30 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$10
	Tier 3 Preferred Brand Drugs	\$45
	Tier 4 Non Preferred Drugs	\$95
	Tier 5 Specialty Drugs	33%
Retail (31-60 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$20
	Tier 3 Preferred Brand Drugs	\$90
	Tier 4 Non Preferred Drugs	\$190
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Retail (61-90 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$30
	Tier 3 Preferred Brand Drugs	\$135
	Tier 4 Non Preferred Drugs	\$285
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Long-Term Care (1-31 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$10
	Tier 3 Preferred Brand Drugs	\$45
	Tier 4 Non Preferred Drugs	\$95
	Tier 5 Specialty Drugs	33%
Mail Order (30 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$10
	Tier 3 Preferred Brand Drugs	\$45
	Tier 4 Non Preferred Drugs	\$95
	Tier 5 Specialty Drugs	33%
Mail Order (31-60 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$20
	Tier 3 Preferred Brand Drugs	\$90
	Tier 4 Non Preferred Drugs	\$190
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Mail Order (61-90 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$30
	Tier 3 Preferred Brand Drugs	\$135
	Tier 4 Non Preferred Drugs	\$285
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Out of Network Coverage (Member Liability) (up to 30 day supply)		Same as in-network retail benefits
Applies to all phases		
Member Out of Pocket Maximum		None
Benefit Description		What the Member pays
Coverage Gap (from \$4,430 in Drug Spend up to True Out-of-Pocket of \$7,050)		
Retail (1-30 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$10
	Tier 3 Preferred Brand Drugs	\$45
	Tier 4 Non Preferred Drugs	\$95
	Tier 5 Specialty Drugs	25%
Retail (31-60 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$20
	Tier 3 Preferred Brand Drugs	\$90
	Tier 4 Non Preferred Drugs	\$190
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Retail (61-90 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$30
	Tier 3 Preferred Brand Drugs	\$135
	Tier 4 Non Preferred Drugs	\$285
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Long-Term Care (1-31 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$10
	Tier 3 Preferred Brand Drugs	\$45
	Tier 4 Non Preferred Drugs	\$95
	Tier 5 Specialty Drugs	25%
Mail Order (30 Day Supply)	Tier 1 Preferred Generic Drugs	\$0



Lacera
Cigna Medicare Advantage Prescription Drug Plan
Summary of Benefits

	Tier 2 Generic Drugs	\$10
	Tier 3 Preferred Brand Drugs	\$45
	Tier 4 Non Preferred Drugs	\$95
	Tier 5 Specialty Drugs	25%
Mail Order (31-60 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$20
	Tier 3 Preferred Brand Drugs	\$90
	Tier 4 Non Preferred Drugs	\$190
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Mail Order (61-90 Day Supply)	Tier 1 Preferred Generic Drugs	\$0
	Tier 2 Generic Drugs	\$30
	Tier 3 Preferred Brand Drugs	\$135
	Tier 4 Non Preferred Drugs	\$285
	Tier 5 Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Catastrophic Phase (True Out-of-Pocket)		\$7,050
Generic Drugs		Standard Part D (the greater of \$3.95 or 5%)
Brand Drugs		Standard Part D (the greater of \$9.85 or 5%)
Benefit Description		What the Member pays
Clinical Management		
The following clinical programs are always included:		
Step Therapy		Included
Prior Authorizations		Included
Quantity Limits		Included
Opioids		
Opioids (all tiers)		Limited to one month supply
Non-Part D Supplemental Coverage		
Are the following non-formulary drugs covered?		
Fertility Drugs		No
Prescription Vitamins		No
Cold & Cough Preps		No
Weight Loss/Weight Gain		No
Erectile Dysfunction		No
Formulary Enhancements		
Approved non-standard?		None
If yes, please specify:		Not applicable

Caveats, Exclusions and Definitions

Only retirees and their dependents who are entitled to Medicare Part A and enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join a Medicare Advantage plan.

Billing for this product is on a Per Medicare Beneficiary Per Month basis. Each enrollee will be set up on their own eligibility record/ID and charged a single per Medicare Beneficiary Per Month premium rate.

Cigna companies reserve the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations.

Drug Exclusions:

A Medicare Prescription Drug Plan can't cover a drug that would be covered under Medicare Part A or Part B. Also, while a Medicare Prescription Drug Plan can cover off label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug, we cover the off-label use only in cases where the use is supported by certain reference book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted (these reference books are: (1) American Hospital Formulary Service Drug Information, (2) the DRUGDEX Information System.

By law, certain types of drugs, or categories of drugs, are not covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Non-prescription drugs (or over-the counter drugs).
- Drugs when used for anorexia, weight loss, or weight gain.
- Drugs when used to promote fertility.
- Drugs when used for cosmetic purposes or hair growth.
- Drugs when used for the symptomatic relief of cough or colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.

In addition, the following exclusions apply to any service that is a Covered Expense under this plan, but is not covered by Medicare:

- Expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- To the extent that payment is unlawful where the person resides when the expenses are incurred.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.

Definitions

1-30 Day Supply for Retail and 1-31 Day Supply for Long-Term Care Facilities (Proration):

Usually, the amount for a covered prescription drug is a one-month supply. However, if the amount is less than a one-month supply for oral solid prescriptions, then the amount paid is prorated based on the actual amount received.



Lacera
Cigna Medicare Advantage Prescription Drug Plan
Summary of Benefits

Retail Example: Plan has a \$10 copay for a 30 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows: \$10 divided by 30 or \$.3333 per day, rounded to \$.33, times the day supply of 10, equals \$3.30 copay owed by member.

Long-Term Care Facility Example: Plan has a \$10 copay for a 31 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows: \$10 divided by 31 or \$.3226 per day, rounded to \$.32, times the day supply of 10, equals \$3.20 copay owed by member.

Coverage Gap:

During the coverage gap stage, Cigna will pay the better of the plan or Medicare Part D Defined Standard.

Employer Group Waiver Plans (EGWP) facilitate the offering of Medicare plans to employer/union group health plan sponsors. Employer/union plan sponsors can contract with an insurer or directly with CMS to provide coverage for medical and/or prescription drug benefits. CMS grants certain program waivers and/or modifications for EGWP plans that do not apply to individual plans.

Non-Part D Drugs:

The following drug categories are excluded from CMS coverage. If a plan deductible applies, any non-Part D coverage added to the plan will not be subject to the plan deductible. These drugs will be paid based on the cost share for generic drugs (tier 1) or brand drugs (tier 2) based on the drug classification.

Non-Part D Drugs automatically included in the Standard and Enhanced Formulary options are:

- **Courtesy Drugs:** refers to drugs normally covered under commercial pharmacy plans but are excluded by CMS.
- **DESI (Drug Efficacy Study Implementation) Drugs:** refers to drugs that were introduced between 1938-1962 and approved for safety but not effectiveness. DESI drugs are not "grandfathered" or generally recognized as safe and effective (GRAS/E).

Additional Non Part D Drug Buy-ups include:

- **Fertility Drugs** - drugs used to promote fertility
- **Prescription Vitamins** - drugs used for prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- **Cold & Cough Preps** - drugs used for symptomatic relief of cough and colds
- **Weight Loss/Weight Gain** - drugs used for anorexia, weight loss, weight gain
- **Erectile Dysfunction** - drugs used for erectile dysfunction

Opioid drugs

Limited to 30 day supply at Retail and Mail Order Pharmacies and 31 day supply at Long Term Care Facilities.

Out-of-Network Coverage:

Generally, we cover drugs filled at an out of network pharmacy only when the plan participant is not able to use a network pharmacy. Here are the circumstances when we would cover prescriptions filled at an out of network pharmacy:

- If the plan participant is unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy within a reasonable driving distances that provides 24-hour service.
- If the plan participant is trying to fill a covered prescription drug that is not regularly stocked at an accessible network retail or mail-order pharmacy (these drugs include orphan drugs or other specialty pharmaceuticals).
- If a covered Part D drug is dispensed by an out of network, institution-based pharmacy to a patient who is in the emergency department, provider based clinic, outpatient surgery or other outpatient surgery or other outpatient settings.
- When the plan participant is away from our service area for an extended period of time (for example, during travel), they may use a participating mail order pharmacy. This will ensure they have a sufficient supply of medication with them at all times.

Prescriptions purchased out-of-network are limited to a one-month supply.

Preventive Drugs at \$0 Copay:

The Cigna Preventive Drug List includes select preventive medications on Tier 1 and Tier 2 from the Standard Medicare Part D formulary in the following usage categories: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, stroke blood thinners, and prenatal nutrient deficiency. These selected drugs are not subject to the Deductible (if applicable), Copay, or Coinsurance.

Tier Labeling

Cigna Medicare Advantage Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Non-Preferred/Specialty Drug (Tier 3) tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier. Cost share shown is for all drugs in the Tier unless otherwise noted.

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LACERA Cigna Medicare Advantage Employer Group Plan Rating Assumptions and Stipulations

The following assumptions and stipulations apply to the Proposal provided. Cigna may revise or withdraw this Proposal if there are discrepancies to any of the below items:

- The quoted rates are valid only for the specified effective date and are offered for the time period specified.
 - In the event the effective date is other than 07/01/2022-06/30/2023, the rates are subject to change.
 - The rates are contingent upon the retiree residing in the service areas of the quoted Medicare Advantage (MA) plan. The enrollment will be based on the retiree's primary residence as defined by CMS.
 - Information provided here is pending CMS approval unless otherwise noted.
 - The premium(s) and plan(s) quoted cannot be altered or adjusted in anyway, up or down, without Cigna's approval.
 - The quoted rates do not include a possible reduction for those eligible for CMS regulated low income subsidy. Once a person is enrolled, CMS will notify Cigna of any customers eligible for Low Income Subsidy premium adjustments. CMS will pass the adjustment onto Cigna and we in turn will pass the adjustment onto the Group via the Employer monthly billing invoice. A separate detailed monthly billing adjustment report will provide the names of the applicable customers and will contain the amount of the Low Income Subsidy premium adjustments. The Group will reduce the premium amount due up to the amount
 - This proposal assumes all retirees are enrolled in Medicare Part A and Part B.
 - This quote is on an incurred basis. Cigna will be responsible for all eligible claims incurred on or after the effective date
 - These rates are based on the assumption there is no secondary plan wrapping around Cigna plan.
 - The benefits presented in the Proposal are a high-level summary. Please consult the summary of benefits for a more detailed list of benefits proposed in this Cigna plan. Due to annual changes in CMS mandated benefits, benefits may differ for certain
 - Although this proposal may include multiple plans/options for the employer sponsored plan, Cigna reserves the right to limit the number of plans/options based on the offering environment and the total number of Medicare eligible retirees. Final plan
 - The information and materials provided for evaluation of this quote were assumed to be correct. If material errors or omissions are found after the quote is issued, Cigna reserves the right to revise or rescind the quote.
 - Cigna requires a minimum of 20 enrolled members per standard product offering to renew an Employer Sponsored plan.
 - To the extent that this proposal includes Medicare Advantage and/or Medicare Part D products, certain administrative services, such as audits and certifications, will be integrated. Account management and implementations are also integrated,
 - Due to regulatory requirements for the Medicare Advantage and/or Medicare Part D products, services and timing may differ. Some areas of difference include, but are not limited to: reporting, web services, disease and wellness management, quality incentives, provider directories and networks, eligibility timing, communication pieces for pre-enrollment and members, billing, pharmacy and medical data integration, customer service, claims and appeals.
-
- Unless otherwise stated, performance guarantees are not applicable to the Medicare products at this time.
 - This proposal is subject to change if there is a change in law, regulation, tax rates, or the application of any of these that
 - This proposal may change if the employer changes its level of contribution toward the cost of the coverage.
 - This proposal may also change if there are less than 70% of total eligible employees enroll in the Plan or if enrollment increases or decreased by 10% or more by product from the enrollment assumptions used to establish the rates and fees.
 - This proposal may change if there is a request to modify Commissions / benefit advisor fees.
 - This proposal may change if Cigna is requested to interface with a third party vendor.
 - This proposal may change if there is a request to provide optional services beyond those being included in the quote.
 - The proposal may change if the census data or experience data provided is deemed inaccurate.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of Colorado, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.

2022 RENEWAL PORTFOLIO | CALIFORNIA

Preliminary changes to 2022 benefits

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

- ▶ 2022 Kaiser Foundation Health Plan, Inc. (KFHP) *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2022 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 2022.

These changes may be subject to regulatory approval. This summary does not include all changes that may be made in 2022, including changes to Medicare coverage. You'll find all the information on the final changes in your:

- ▶ 2022 *Group Agreement Summary of Changes and Clarifications Notice* or renewal contract for KFHP coverage
- ▶ 2022 *Summary of Benefit Changes* for KPIC coverage

Expanded coverage for prosthetics and orthotics

In 2022, coverage of prosthetics and orthotics will expand to the participating and nonparticipating provider tiers on all California large group point-of-service plans. Currently, prosthetics and orthotics are only covered in the HMO tier of these plans.

Maximum cost share for specialty drugs

In 2022, the specialty drug per script maximum will increase from \$200 to \$250 across all standard California large group nongrandfathered Choice plans. The change impacts the out-of-area indemnity plans, the participating provider tier of the PPO plans, and both the HMO and participating provider tiers of the point-of-service plans.

Self-funded employer groups, as the plan sponsors, will have the option to make these changes in their self-funded plans and should do so in consultation with their legal counsel.

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

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658992935 April 2021



2022 RENEWAL PORTFOLIO | CALIFORNIA

2022 plan update preview

Kaiser Permanente Virtual Complete™ plans

We've added 5 new Kaiser Permanente Virtual Complete plans to the 2022 Complete Suite™ portfolio. With a Virtual Complete plan, your employees can get affordable, high-quality, personalized care in a variety of ways. They have flexibility in how they choose to get care – taking full advantage of our many no-cost virtual care options while still having primary care access to in-person care whenever they need it.

Choice product portfolio relaunch

Our Choice product portfolio has been redesigned with new point-of-service and PPO plans that offer incremental rate improvements. The new portfolio includes 6 new PPO plans with deductibles between \$500 and \$2,000, plus a new \$3,000 deductible health savings account (HSA)-qualified PPO plan. We also have 3 new point-of-service options intended to better meet the needs of employers. All 9 plans are available to quote through 2022 Complete Suite.

Our enhanced customer service model supports these new plan designs, providing a personalized member onboarding experience and new designated service support teams to simplify and improve customer and member support.

Groups on certain 2021 point-of-service or PPO plans will renew in 2022 on one of these new plans, unless we hear from you. See “Plan mapping information” on the next page for details.

Other Complete Suite portfolio changes

The following changes were made to Complete Suite plans in 2022:

- ▶ The maximum cost share for specialty drugs has increased from \$200 to \$250 on all plans to maintain affordability.
- ▶ Deductible HMO HO 13872/13873 has been added to provide an additional option for optical coverage.
- ▶ Several plans have higher out-of-pocket maximums, lab cost shares, and X-ray cost shares to maintain affordability.
- ▶ All 2022 Complete Suite plans now cover supplemental durable medical equipment (DME).
- ▶ Deductible HMO XD plans 8800/8801 and 8810/8811 have been updated to eliminate the pharmacy deductible and add an incentive for using mail-order pharmacy.
- ▶ The copay for an office visit has been lowered from \$50 to \$40 (subject to deductible) on HSA-Qualified HDHP HMO 8122/8125. New plan ID is 13877/13878.

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Plan mapping information

Several Complete Suite plans are new in 2022. For some of the 2021 plans listed below, groups will be moved to the 2022 plan listed.* Please refer to the chart below for benefit and plan changes and mapping information effective upon renewal. Note that all 2022 plans have an increased \$250 limit for specialty drugs in the HMO tier.

Plan Type	2021 Complete Suite plan	2022 Complete Suite plan	What changed?*
HMO Low	13058/13059	13058/13059	lab/x-ray copay increase from \$10 to \$15
DHMO HO	8792/8793	8792/8793	lab/x-ray copay increase from \$10 to \$15
DHMO HO	10208/10209	10208/10209	lab/x-ray copay increase from \$10 to \$15
DHMO XD	8800/8801	8800/8801	no change to plan ID; RX ded removed
DHMO XD	8810/8811	8810/8811	no change to plan ID; RX ded removed
DHMO XD	8816/8817	8816/8817	lab/x-ray copay increase from \$10 after ded to \$15 after ded
DHMO XD	8820/8821	8820/8821	lab/x-ray copay increase from \$10 after ded to \$15 after ded
DHMO XD	8822/8823	8822/8823	lab/x-ray copay increase from \$10 after ded to \$15 after ded
DHMO XD	8824/8825	13864/13865	New plan with higher out of pocket maximum, lab/x-ray cost
DHMO XD	11904/11905	13868/13869	New plan with higher out of pocket maximum, lab/x-ray cost
DHMO CDO	9151/9163	13860/13861	New plan with higher out of pocket maximum, covers Supplemental DME
DHMO CDO	9150/9161	13858/13859	New plan with higher out of pocket maximum, covers Supplemental DME
HDHP	8122/8125	13877/13878	New plan with lower OV copay, covers Supplemental DME
HDHP	8126/8127	13854/13855	New plan with higher out of pocket maximum, covers Supplemental DME
HDHP	10160/10161	13850/13851	New plan with higher out of pocket maximum, covers Supplemental DME
DHMO HRA	13054/13055	13822/13823	New plan with higher out of pocket maximum
POS	5681/5682	13886/13887	New plan with updated benefits
POS	5671/5672	13886/13887	New plan with updated benefits
POS	5679/5680	13890/13891	New plan with updated benefits
POS	5675/5676	13894/13895	New plan with updated benefits
PPO	10229/10230	13898/13899	New plan with updated benefits
PPO	10225/10226	13906/13907	New plan with updated benefits

*Groups wishing to retain their current plan upon renewal in 2022 may do so by notifying their Kaiser Permanente Account Representative.

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Plans no longer a part of 2022 Complete Suite

The following plans are no longer a part of Complete Suite in 2022. These plans are still available to quote outside of Complete Suite.

- ▶ DHMO HO 10686/10687; 8788/8789
- ▶ DHMO XD 10694/10695; 10696/10697
- ▶ DHMO XP 9147/9158; 9148/9159
- ▶ All 2021 Complete Suite Choice plans (PPO and point-of-service plans)

Self-funded employer groups, as the plan sponsors, will have the option to make changes in their self-funded plans and should do so in consultation with their legal counsel.

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

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KAISER FOUNDATION HEALTH PLAN OF COLORADO

Preliminary Summary of 2022 Benefit Changes

These are preliminary changes only. They do not include changes that may occur throughout the remainder of the year including, but not limited to, mandated federal and state changes. Any additional benefit changes or clarifications will be provided with your 2022 renewal packet.

Large Group/Non-Medicare

Traditional HMO Plans

(Unless otherwise noted, changes are effective upon Renewal on or after January 1, 2022)

CLARIFICATIONS

Please be informed that any and all references to “**Physical, Occupational, and Speech Therapy and Multidisciplinary Rehabilitation Services**” will be referred to in your Evidence of Coverage (EOC) for Plan Year 2022 as “Physical, Occupational, and Speech Therapy and Inpatient Rehabilitation Services”.

Please be informed that any and all references to “**X-ray, Laboratory, and X-ray Special Procedures**” will be referred to in your Evidence of Coverage (EOC) for Plan Year 2022 as “X-ray, Laboratory, and Advanced Imaging Procedures”.

Please be informed that any and all references to “**Prescribed Supplies**” will be referred to in your Evidence of Coverage (EOC) for Plan Year 2022 as “Diabetic Supplies”.

BASE PLAN CHANGES

Video Visits – Video visits for Physical, Occupational and Speech Therapy will follow the same authorization rules and apply to the visit limits as in person visits. Video visits for ABA therapies will follow the same authorization rules as in person ABA therapy visits.

Drug Manufacturer Coupons – Members may be able to apply approved manufacturer coupons towards their cost share for certain covered drugs and/or items obtained at a pharmacy owned and operated by Health Plan. Members will owe any additional amount if the coupon does not cover the entire amount of cost sharing for the prescription or item.

CHANGES DUE TO LEGISLATION

Colorado SB20-007 Substance Use Disorder Treatment – Carriers must provide coverage for the treatment of substance use disorders in accordance with the American Society of Addiction Medicine (ASAM) criteria for placement, medical necessity, and utilization management determinations. Health benefit plans must have coverage for at least one FDA-approved opiate antagonist for the treatment of a drug overdose. This change is effective for health benefit plans issued or renewed on or after January 1, 2022. Grandfathered health benefit plans are not impacted.

REMINDERS

In accord with the “**WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998,**” and as determined in consultation with the attending physician and the patient, we provide the following coverage after a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance.
- Prostheses (artificial replacements).
- Services for physical complications resulting from the mastectomy.

NOTE: To the extent this Summary of 2022 Benefit Changes conflicts with, modifies or supplements the information contained in your 2022 renewal packet, the information contained in your 2022 renewal packet shall supersede what is set forth above.

KAISER FOUNDATION HEALTH PLAN OF COLORADO

Preliminary Summary of 2022 Benefit Changes*

Group

Senior Advantage

(Effective upon Renewal on or after January 1, 2022)

CLARIFICATIONS

Service Area Expansion – Beginning January 1, 2022, Kaiser Permanente will provide coverage in Park, Teller and Fremont counties.

BASE PLAN CHANGES

No changes at this time.

CHANGES DUE TO LEGISLATION

No changes at this time.

REMINDERS

In accord with the “**WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998**,” and as determined in consultation with the attending physician and the patient, we provide the following coverage after a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance.
- Prostheses (artificial replacements).
- Services for physical complications resulting from the mastectomy.

* These are preliminary changes only. They do not include changes that may occur throughout the remainder of the year including, but not limited to, mandated federal and state changes. Any additional benefit changes or clarifications will be provided with your 2022 renewal packet.

NOTE: To the extent this Summary of 2022 Benefit Changes conflicts with, modifies or supplements the information contained in your 2022 renewal packet, the information contained in your 2022 renewal packet shall supersede what is set forth above.

Summary of 2021 to 2022 Oregon Plan Changes

The following changes were made to large group standard plan designs for 2022.

What's new at Kaiser Permanente

Below are some highlights of changes over the last year.

A new total health care option — our Complete Suite™ portfolio, with NEW Dual Choice PPO™ and Virtual Complete™ plans

Complete Suite refers to our portfolio of health plans available to employer groups with 51–499 eligible employees.

Choose a traditional plan or pair with our new Dual Choice PPO plans. Get a single-carrier solution with network choices your employees want. This means streamlined benefit administration for you, and an expanded network for your employees.

Dual Choice PPO

Dual Choice PPO plans provide you with flexibility to **offer nationwide coverage to employees** — through access to Kaiser Permanente providers, First Choice Health providers, First Health Network providers, other direct-contract providers, or any licensed provider. These plans must be offered alongside a traditional, deductible, or HDHP plan.

Lower cost shares using an enhanced benefit — Some in-network providers, including Kaiser Permanente, have lower cost shares for primary care, urgent care, specialty care, and routine eye exam visits. This is referred to as an enhanced benefit.

Virtual Complete

New Virtual Complete plans are available for both deductible plans and Dual Choice PPO plans. Eight new plans offer members flexibility in how they choose to get care — **taking advantage of our many virtual care options at no additional cost**, while still having primary care access to in-person care whenever they need it.

Members can connect with their care team and specialists they've been referred to by video or phone for \$0.* They can also have a **set number of in-person primary care visits with a copay before meeting their deductible**.

*When appropriate and available. These features are available when you get care from Kaiser Permanente.

Medical plan benefit changes and clarifications

Benefit	Summary of changes	Reason for change
Alternative care	<p>Alternative care benefits (acupuncture, chiropractic, naturopathic, and massage therapy) updated for 2022 plan year. See the alternative care benefit changes table below.</p> <p>Alternative care exclusions list updated for consistency and to remove exclusions that are not specific to alternative care providers and services and/or are addressed in general exclusions or in other benefit sections.</p> <p>Alternative care covered services descriptions in the benefit section of the <i>Evidence of Coverage (EOC)</i> and the riders are standardized.</p>	<p>Simplify benefits, offer easier access for members, and meet market needs with flexible offerings that allow group customers to select the cost and coverage that is right for their needs. The benefit changes also meet the new essential health benefits (EHBs) requirements in Oregon.</p> <p>Benefit description enhancement.</p> <p>Benefit description enhancement.</p>
Bariatric surgery services	<p>Updated the benefit description in the <i>EOC</i> to clarify that the benefit covers the surgery procedures and related pre-surgery and post-surgery and includes two key points about the criteria: services for clinically severe obesity in adults are covered; and the member must receive the surgical services at a facility accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Members may contact Member Services to request our criteria and get a list of the approved surgical procedures covered when criteria are met.</p>	<p>Benefit description enhancement.</p>
Colorectal cancer screening	<p>Expanded the recommended ages for colorectal cancer screening to ages 45 to 75 years, previously the age recommendation was 50 to 75 years. Colorectal cancer screening can include fecal occult blood testing, sigmoidoscopy, or colonoscopy.</p>	<p>Benefit enhancement to comply with US Preventive Service Task Force (USPSTF) updated age recommendations.</p>
Gender-neutral language	<p>Existing contract language that contained he/him/his and she/her/hers has been replaced with they, them, the person.</p>	<p>Further support our inclusive best practices.</p>
Heathy Resources	<p>Added a new “Healthy Resources” section to OR <i>EOCs</i> to explain value-added programs and resources available to members.</p>	<p>In compliance with disclosure requirements under ORS 746.035 and ORS 746.045.</p>

Benefit	Summary of changes	Reason for change
HIV Pre-Exposure Prophylaxis (PrEP) – support services	Added baseline and monitoring services at \$0 cost share: HIV testing, Hepatitis B&C testing, creatinine clearance, pregnancy testing, STI screening & counseling, and adherence counseling.	Benefit enhancement to comply with US Preventive Service Task Force (USPSTF) updated recommendations for coverage of services related to PrEP for HIV.
Insulin for treatment of diabetes	Limits the cost sharing for insulin for the treatment of diabetes to \$75 for a 30-day supply and \$225 for a 90-day supply. Coverage may not be subject to a deductible.	Benefit enhancement to comply with OR HB 2623. Aligns insulin treatment cost shares across both OR and WA.
Medical coverage of dental services for potential transplant recipients	Additional coverage in medical plans for members who are potential transplant recipients. Routine dental services necessary to ensure the oral cavity is clear of infection so the member can be placed on the transplant waitlist will be covered. Dental Therapists included as a qualified provider that may perform these services.	Expanded coverage to remove oral care barriers for transplant patients. Recognize dental therapist as a type of dental provider in compliance with OR HB 2528.
Notice of Nondiscrimination (NDN)	Revised NDN will continue to meet applicable federal and state requirements and be included with essential documents.	Changes in WA state regulation. Continued standardization between OR and WA.
Outpatient prescription drugs — preventive drug tier	Modified prescription drug riders that include a preventive drug tier to include a more comprehensive description of what a preventive drug is and clarified that this drug tier does not include preventive drugs required under ACA.	Benefit clarification.
Pre- and Post-Exposure antiretroviral therapies	Pharmacists may prescribe, dispense, administer pre-exposure (PEP) and post-exposure (PrEP) antiretroviral drugs, and order HIV tests. Includes provisions about prior authorization for PEP, PrEP & opioid meds. Sets out step therapy requirements.	Compliance with OR HB 2958. Benefit clarification.
Prescription – prior authorization and step therapy	Allow coverage of nonformulary/UM restricted drugs until appeals are exhausted for members that appeal and have been stable on the therapy at least 90 days. An approved request for coverage of a prescription drug is binding for one year from the date treatment started.	In compliance with new (and modifies existing) requirements for prescription drug prior-authorization and step therapy under ORS HB 2517. Additional clarifications expected through rulemaking.
Provider definition improvement	Several provider definitions have been modified.	Standardization between OR and WA, and consistency across product types.
Provider networks to replace benefit tiers	Replaced references to benefit “tiers” with language that explains coverage in terms of provider networks, cost shares, and how to obtain services.	Simplified for improved readability and understanding.
Subrogation	Modified the <i>EOC</i> section that addresses other party liability to clarify the member’s role in helping us recover	Clarification of member’s role.

Benefit	Summary of changes	Reason for change
	amounts from a claim settlement, judgment, or award from a third party.	
Telehealth	Telehealth EOC verbiage replaced with Telemedicine. Enhanced descriptions of telemedicine services in the OR EOCs. An additional section in the OR Benefit Summaries will show the cost share for various types of telemedicine services.	In compliance with requirements for telemedicine services under OR HB 2508. Additional clarifications expected through rulemaking. Enhanced benefit description.
Transplant services	Revised benefit description in the EOC to make it clearer that both inpatient and outpatient services related to covered transplants are covered at the cost share applicable to the service/place of service.	Benefit description enhancement.

Alternative care benefit changes

Service type	2021		2022	
	Physician-referred	Self-referred	Physician-referred	Self-referred
Acupuncture care	Specialty office visit cost share, 12-visit limit.	Rider offering.	Not covered.	Rider offering with specific cost share options and visit limit options, and no dollar benefit maximum. Now an essential health benefit (EHB).
Chiropractic care	Specialty office visit cost share.	Rider offering.	Not covered.	Rider offering with specific cost share options and visit limit options, and no dollar benefit maximum. Now an essential health benefit (EHB).
Massage therapy	Not applicable.	Rider offering.	Not applicable.	Rider offering.
Naturopathic care	Specialty office visit cost share.	Rider offering.	Not covered.	Included in base plans at the primary office visit cost share with no visit limit.

Deductible health plans

Summary of changes	Reason for change
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Virtual Complete deductible plans can be offered alongside an aligned Dual Choice PPO offering.		Expand product offering.
In most cases, groups can keep their current plan except where noted.		Reduce marketed plans.
Plans affected	Changed from	Changed to
Virtual Complete deductible plans: DED PLAN VC 2500/40/20%/5500 DED PLAN VC 3000/40/30%/6000 DED PLAN VC 4000/50/30%/7000 DED PLAN VC 5000/50/40%/8000	Plans not offered.	Four new plans offered in Oregon.
DED PLAN AA 150/15/20%/1650 DED LGY 750/20/20%/2250 DED PLAN F 2000/25/20%/5500 DED PLAN J 4000/30/20%/7350 DED PLAN LGY 5000/30/20%/7350 DED PLAN K 5000/30/20%/7500 All deductible value plans: DED PLAN ValueNQ 30% DED PLAN ValueNQ 40% DED PLAN ValueNQ 50% And all related buy-ups	Plans offered.	Plans discontinued. Groups can keep their current plan. If there are any changes to benefits, the group should select a new plan. Please discuss your group's transition needs with your Kaiser Permanente account manager.

High deductible health plans (HSA-qualified)

Summary of changes		Reason for change
Maximum out-of-pocket adjustments to high deductible health plans.		Align with IRS maximums.
In most cases, groups can keep their current plan except where noted.		Reduce marketed plans.
Plans affected	Changed from	Changed to
All HDHP minimum value plans: HDHP PLAN LGY MV \$3500 EE 50% HDHP PLAN MV \$4500 EE 40% HDHP PLAN LGY MV \$5500 EE 30% And all customized variations of these plans	Plans offered.	Plans discontinued. Groups currently on these plans will be asked to move to a new HDHP plan. Please discuss your group's transition needs with your Kaiser Permanente account manager.
HDHP PLAN \$6900/0% HDHP PLAN AA 1400/10%/2800 HDHP PLAN AA 1400/20%/2800 HDHP PLAN A 1500/30%/2500 HDHP PLAN A 1500/10%/3500 HDHP PLAN A 1500/20%/3500 HDHP PLAN A 1500/30%/3500 HDHP PLAN B 2000/10%/4000 HDHP PLAN B 2000/50%/4000 HDHP PLAN C 2500/10%/5000 HDHP PLAN C 2500/50%/5000 HDHP PLAN D 2800/10%/4000 HDHP PLAN D 2800/20%/4000 HDHP PLAN D 2800/30%/4000 HDHP PLAN D 2800/40%/4000 HDHP PLAN D 2800/40%/5600 HDHP PLAN D 2800/50%/5600 HDHP PLAN E 3000/40%/6000 HDHP PLAN E 3000/50%/6000 HDHP PLAN F 3500/40%/6900 HDHP PLAN F 3500/50%/6900 HDHP PLAN G 4000/50%/6900 HDHP PLAN H 5000/50%/6900	Plan offered.	Plans discontinued. Groups can keep their current plan. Any change to benefits will require selecting a new plan from the Complete Suite offering.

HDHP PLAN A 1500/20%/3500	Individual maximum out-of-pocket: \$2,500 Family maximum out-of-pocket: \$5,000 Plan name: HDHP PLAN A 1500/20%/2500	Individual maximum out-of-pocket: \$3,500 Family maximum out-of-pocket: \$7,000 Plan name: HDHP PLAN A 1500/20%/3500
HDHP PLAN F 3500/20%/7000 HDHP PLAN F 3500/30%/7000 HDHP PLAN G 4000/20%/7000 HDHP PLAN G 4000/30%/7000 HDHP PLAN G 4000/40%/7000 HDHP PLAN H 5000/20%/7000 HDHP PLAN H 5000/30%/7000 HDHP PLAN H 5000/40%/7000 HDHP PLAN H 5000/50%/7000	Individual maximum out-of-pocket: \$6,900 Family maximum out-of-pocket: \$13,800 Plan name: Maximum out-of-pocket in plan name was \$6,900.	Individual maximum out-of-pocket: \$7,000 Family maximum out-of-pocket: \$14,000 Plan name: Maximum out-of-pocket in plan name changed to \$7,000. Groups can keep their current plan.

Dual Choice PPO™ plans

Summary of changes		Reason for change
Maximum out-of-pocket adjustments to high deductible health plans.		Comply with IRS change.
Dual Choice Virtual Complete plans added for pairing with standard deductible plans as part of the new Virtual Complete offering.		Expand product offering.
We're removing prior authorization requirements for outpatient rehabilitation therapies. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers for both in-network and out-of-network providers. The therapist's office may still request a referral.		Improve member access to therapies.
Plans affected	Changed from	Changed to
Dual Choice PPO Virtual Complete deductible plans: PPO PLAN VC 2500/40/20%/6500 PPO PLAN VC 3000/40/30%/7000 PPO PLAN VC 4000/50/30%/8150	Plans not offered.	Four new plans offered in Oregon.

PPO PLAN VC 5000/50/40%/8150		
PPO HDHP PLAN A 1500/20%/3500	<p>In-network individual maximum out-of-pocket: \$2,500</p> <p>In-network family maximum out-of-pocket: \$5,000</p> <p>Out-of-network individual maximum out-of-pocket: \$10,500</p> <p>Out-of-network family maximum out-of-pocket: \$21,000</p> <p>Plan name: PPO HDHP PLAN A 1500/20%/2500</p>	<p>In-network individual maximum out-of-pocket: \$3,500</p> <p>In-network family maximum out-of-pocket: \$7,000</p> <p>Out-of-network individual maximum out-of-pocket: \$11,500</p> <p>Out-of-network family maximum out-of-pocket: \$23,000</p> <p>Plan name: PPO HDHP PLAN A 1500/20%/3500</p>
<p>PPO HDHP PLAN F 3500/20%/7000</p> <p>PPO HDHP PLAN F 3500/30%/7000</p> <p>PPO HDHP PLAN G 4000/20%/7000</p> <p>PPO HDHP PLAN G 4000/30%/7000</p> <p>PPO HDHP PLAN G 4000/40%/7000</p> <p>PPO HDHP PLAN H 5000/20%/7000</p> <p>PPO HDHP PLAN H 5000/30%/7000</p> <p>PPO HDHP PLAN H 5000/40%/7000</p>	<p>Individual maximum out-of-pocket: \$6,900</p> <p>Family maximum out-of-pocket: \$13,800</p> <p>Plan name: Maximum out-of-pocket in plan name was \$6,900.</p>	<p>Individual maximum out-of-pocket: \$7,000</p> <p>Family maximum out-of-pocket: \$14,000</p> <p>Plan name: Maximum out-of-pocket in plan name changed to \$7,000.</p> <p>Groups can keep their current plan.</p>

Added Choice® point-of-service plans

Summary of changes		Reason for change
New Dual Choice PPO offering is intended to replace Added Choice point-of-service plans.		Transition to Dual Choice.
We're removing prior authorization requirements for outpatient rehab therapies for services received from PPO and nonparticipating providers. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers. The therapist's office may still request a referral.		Improve member access to therapies.
Plans affected	Changed from	Changed to
All Added Choice point-of-service plans	Plans offered to groups.	Product is being phased out. Groups currently on these plans will be asked to move to a new Dual Choice PPO plan within one renewal cycle. Please discuss your group's transition needs with your Kaiser Permanente account manager.
All Added Choice point-of-service deductible plans — renewals only	PPO network TMD benefit not subject to deductible.	PPO network TMD benefit subject to deductible.

Out-of-area PPO Plus® plans

Summary of changes		Reason for change
Out-of-area PPO Plus plans will continue to be offered alongside Dual Choice PPO plans for out-of-area members.		Continue out-of-area access.
Maximum out-of-pocket adjustments to high deductible health plans to better align with IRS changes and align across products.		Align with IRS changes.
We're removing prior authorization requirements for outpatient rehab therapies for services received from PPO and nonparticipating providers. Members will have direct access to physical therapy, occupational therapy, and speech therapy providers. The therapist's office may still request a referral.		Improve member access to therapies.
Plans affected	Changed from	Changed to
PPO PLUS HDHP AA PLAN WFI 1500/20%/3500	<p>PPO network individual maximum out-of-pocket: \$2,500</p> <p>PPO network family maximum out-of-pocket: \$5,000</p> <p>Nonparticipating provider individual maximum out-of-pocket: \$5,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$10,000</p> <p>Plan name: PPO PLUS HDHP AA PLAN WFI 1500/20%/2500</p>	<p>PPO network individual maximum out-of-pocket: \$3,500</p> <p>PPO network family maximum out-of-pocket: \$7,000</p> <p>Nonparticipating provider individual maximum out-of-pocket: \$6,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$12,000</p> <p>Plan name: PPO PLUS HDHP AA PLAN WFI 1500/20%/3500</p>
PPO PLUS HDHP AA PLAN WAS 2800/20%/4000	<p>Nonparticipating provider individual maximum out-of-pocket: \$5,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$10,000</p>	<p>Nonparticipating provider individual maximum out-of-pocket: \$7,000</p> <p>Nonparticipating provider family maximum out-of-pocket: \$14,000</p>

Senior Advantage benefit plan changes

Benefit	Summary of changes	Reason for change
Kaiser Permanente at Home (acute care at home)* *Not available to members in Lane County	For members who meet criteria, we will cover care at home as an alternative to the member receiving acute care in a hospital.	Enhanced benefit.
Medicare Part B vaccines	Added COVID-19 to the list of covered Medicare Part B vaccines	Enhanced benefit.
Opioid treatment program services	Revised the benefit description to clarify that for members with opioid use disorder, we cover FDA-approved opioid agonist and antagonist medication assisted treatment (MAT), substance use counseling, individual and group therapy, toxicology testing, treatment program intake, and period assessments.	Enhanced benefit description
Outpatient diagnostic tests	Clarified definition as meaning any diagnostic test or special procedure that is provided in an outpatient department of a hospital or ambulatory surgery center or in a hospital operating room.	Enhanced benefit description
Providers for Acupuncture	Providers meeting state requirements to provide acupuncture; PAs, NPs, CNSs meeting state requirements and who have a masters or doctoral degree in acupuncture or Oriental medicine from an ACAOM accredited school, and a license to practice acupuncture.	Added CMS requirements detailing what kinds of providers may furnish Medicare-covered acupuncture.
Silver & Fit Healthy Aging and Exercise Program provided by American Specialty Health Inc (ASH)	Members get both: <ul style="list-style-type: none"> ▪ A standard gym membership from a participating Silver & Fit fitness center. ▪ One home fitness kit per calendar year. There are many kits to choose from including wearable fitness tracker, Pilates, strength, swim, and yoga kit options. 	Enhanced fitness benefit.
Telehealth	Added telehealth services for members with a substance use disorder or co-occurring mental health disorder, regardless of their location, to the list of covered telehealth services.	Enhanced benefit.

Dental benefit plan changes

Benefit	Summary of changes	Reason for change
Dental plans that include coverage for dental implants: modifying implant cleaning and maintenance benefits	<p>We cover routine cleaning of the implant surfaces up to 2 visits per year; and implant maintenance, where the prosthesis is removed and reinserted, once every 2 years.</p> <p>We will cover dental implant maintenance regardless of whether a Kaiser Permanente provider placed the implant system.</p>	Improve dental implant care.
Dental Therapist	Dental Therapists, a new type of dental provider, is now included as a qualified provider. Will pay claims for covered services from a dental therapist acting w/in the scope of license.	Recognize dental therapist as a type of dental provider in compliance with OR HB 2528.
Gender-neutral language	Existing contract language that contained he/him/his and she/her/hers has been replaced with they, them, the person.	Further support our inclusive best practices.
Notice of Nondiscrimination (NDN)	Revised NDN will continue to meet applicable federal and state requirements and be included with essential documents.	Changes in WA state regulation. Continued standardization between OR and WA.
Subrogation	Modified the <i>EOC</i> section that addresses other party liability to clarify the member's role in helping us recover amounts from a claim settlement, judgment, or award from a third party.	Clarification of member's role.

New ways we are providing quality, providing convenience, and serving our mission

Getting care from the comfort of home

Your employees can rest assured knowing they can continue to get the high-quality care they depend on for all their health care needs. For primary care, specialty care, and mental health services, they can connect with their care team with e-visits, video visits, or phone appointments.*

*When appropriate and available. These features apply to care you get at Kaiser Permanente facilities. Applicable cost shares will apply for services or items ordered during an e-visit.

Self-care at your fingertips — at no additional cost to members

We offer 2 digital self-care apps, Calm and myStrength, at no additional cost to members to help support their mental health and emotional well-being.*

*Only available to Kaiser Permanente members with medical coverage. myStrength® is a wholly owned subsidiary of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Finding funding opportunities to manage the uncertainty of the current economic environment

We recently launched the Resilience Compass, a website that helps diverse businesses and employers find the support resources they need to help them succeed, especially in these tough economic times.

Visit resiliencecompass.org to find resources on training, funding, discounts, and more.

Getting dental advice at home

Members can send photos and communicate with their dental team via email through kp.org and the Kaiser Permanente app.*

*When appropriate and available. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

Getting connected to an interpreter, made easier

Members can now call the interpretation services number on the back of their Kaiser Permanente ID card to go through a new flow that connects them directly with an interpreter.

Bringing healing home with virtual cardiac rehabilitation

Kaiser Permanente is home to Oregon's first virtual cardiac rehab program. In its first year, 87% of participants completed Kaiser Permanente's 8-week virtual rehab program using wearable technology, compared with a less than 50% national average completion rate for those attending in-person rehab programs.*

*Randal J. Thomas et al., "Home-Based Cardiac Rehabilitation: A Scientific Statement from the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Heart Association, and the American College of Cardiology," *Circulation*, July 2, 2019, p. e69. pubmed.ncbi.nlm.nih.gov/31097258

Seeking tomorrow's cure, today

Our cancer team is at the forefront of clinical trials, testing immunotherapy and other treatments that give patients more options for leading-edge care. In fact, Kaiser Permanente is a part of one of the largest cancer clinical research groups in the country.*

*Kaiser Permanente Center for Health Research, research.kpchr.org/Research/Research-Areas/Cancer, accessed April 9, 2021.

Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2019 alone, we invested more than \$3.4 billion in the community.*

*2019 Kaiser Permanente Community Health Snapshot, about.kaiserpermanente.org/content/dam/internet/kp/comms/community-health/kp-community-health-snapshot-2019.pdf.

Information may have changed since publication.

Plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager

2022 RENEWAL PORTFOLIO | WASHINGTON

Changes to 2022 benefits

Washington – HMO – Fully Insured

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

Large employer group changes for contracts renewing on or after January 1, 2022

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 2022 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.

▶ **Section II.A.1: Members are entitled to Covered Services from the following: - Clarification**

. . .A listing of Core Network Personal Physicians. . . Information available online includes each physician's location, education, credentials, and specialties. KFHPWA also utilizes Health Care Benefit Managers for certain services. To see a list of Health Care Benefit Managers, go to wa.kaiserpermanente.org and type Health Care Benefit Managers in the search bar.

▶ **Section II.A.2: Primary Care Provider Services - Clarification**

If a personal physician accepting new Members is not available in your area . . .

To find a personal physician, call Member Services or access the KFHPWA website at www.kp.org/wa to view physician profiles. Information available online includes each physician's location, education, credentials, and specialties.

For your personal physician, choose from these specialties:

- Family medicine
- Adult medicine/internal medicine
- Pediatrics/adolescent medicine (for children up to 18)

Be sure to check that the physician you are considering is accepting new patients.

If your choice does not feel right after a few visits, you can change your personal physician at any time, for any reason. If you don't choose a physician when you first become a KFHPWA member, we will match you with a physician to make sure you have one assigned to you if you get sick or injured.

▶ **Section II.A.5: Emergency Services - Clarification**

. . . Coverage for Emergency services at a non-Network Facility is limited to the Allowed Amount. Refer to Section IV. for more information about Emergency services.

Members are covered for Emergency care and Medically Necessary urgent care anywhere in the world. If you think you are experiencing an emergency, go immediately to the nearest emergency care facility or call 911. Go to the closest urgent care center for an illness or injury that requires prompt medical attention but is not an emergency. Examples include, but are not limited to minor injuries, wounds, and cuts needing stitches; minor breathing issues; minor stomach pain. If you are unsure whether urgent care is your best option, call the consulting nurse helpline for advice at 1-800-297-6877 or 206-630-2244.

If you need Emergency care while traveling and are admitted to a non-network hospital, you or a family member must notify us within 48 hours after care begins, or as soon as is reasonably possible. Call the notification line listed on the back of your KFHPWA Member ID card to help make sure your claim is accepted. Keep receipts and other paperwork from non-network care. You'll need to submit them with any claims for reimbursement after returning from travel.

Access to non-Emergency care across the Core network service area: your Plan provides access to all providers in the Core Network, including many physicians and services at Kaiser Permanente medical facilities and Core Network facilities across the state. Find links to providers at kp.org/wa/directory or contact Member Services at 1-888-901-4636 for assistance.

▶ **Section II.A.6: Urgent Care - Clarification**

. . . Outside the KFHPWA Service Area, urgent care is covered at any medical facility. Refer to Section IV. for more information about urgent care.

For urgent care during office hours, you can call your personal physician's office first to see if you can get a same-day appointment. If a physician is not available or it is after office hours, you may speak with a licensed care provider anytime at 1-800-297-6877 or 206-630-2244. You may also check kp.org/wa/directory or call Member Services to find the nearest urgent care facility in your network.

▶ **Section II.A.8: Travel Advisory Service - Clarification**

Our Travel Advisory Service offers recommendations tailored to your travel outside the United States. Nurses certified in travel health will advise you on any vaccines or medications you need based on your destination, activities, and medical history. The consultation is not a covered benefit and there is a fee for a KFHPWA Member using the service for the first time. Travel-related vaccinations and medications are usually not covered. Visit kp.org/wa/travel-service for more details.

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

▶ **Section II.A.9: Process for Medical Necessity Determination - Clarification**

... First Level Review: . . . Data sources for the review include, but are not limited to, referral forms, admission request forms, the Member's medical record, and consultation with qualified health professionals ~~the attending/referring physicians~~ and multidisciplinary health care team members. . . . The reviewer consults with the health care team ~~requesting physician~~ when more clarity is needed to make an informed medical necessity decision.

Second Level (Practitioner) Review: . . . The reviewer consults with the health care team ~~requesting physician~~ when more clarity is needed to make an informed coverage decision.

▶ **Section II.G. Recommended Treatment - Clarification**

. . . Members who obtain care not recommended by KFHPWA's medical director do so with the full understanding that KFHPWA has no obligation for the cost, or liability for the outcome, of such care.

New and emerging medical technologies are evaluated on an ongoing basis by the following committees – the Interregional New Technologies Committee, Medical Technology Assessment Committee, Medical Policy Committee, and Pharmacy and Therapeutics Committee. These physician evaluators consider the new technology's benefits, whether it has been proven safe and effective, and under what conditions its use would be appropriate. The recommendations of these committees inform what is covered on KFHPWA health plans.

▶ **Section IV. Ambulance - Clarification**

Emergency ambulance service is covered only when:

- Ground-or-air Transport is to the nearest any facility that can treat your condition
- Any other type of transport would put your health or safety at risk
- The services is from a licensed ambulance.

Emergency air or sea medical transportation is covered only when:

- The above requirements for ambulance service are met, and
- Geographic restraints prevent ground Emergency transportation to the nearest facility that can treat your condition, or ground Emergency transportation would put your health or safety at risk.

▶ **Section IV. Devices, Equipment & Supplies (for home use) - Clarification**

Annual Deductible does not apply to strip-based blood glucose monitors, test strips, lancets or control solutions.

▶ **Section IV. Diabetic Education, Equipment and Pharmacy Supplies - Clarification**

Annual Deductible does not apply to strip-based blood glucose monitors, test strips, lancets or control solutions.

▶ **Section IV. Diabetic Education, Equipment and Pharmacy Supplies - Clarification**

Diabetic pharmacy supplies: Insulin, lancets, lancet devices, needles, insulin syringes, disposable insulin pens, . . .

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

▶ **Section IV. Drugs – Outpatient Prescription - Clarification**

Prescription drugs, supplies and devices for a supply of 30 days or less including diabetic pharmacy supplies (insulin, lancets, lancet devices, needles, insulin syringes, ~~disposable~~ insulin pens, . . .

▶ **Section IV. Drugs – Outpatient Prescription - Clarification**

Annual Deductible does not apply to ~~strip-based blood~~ glucose monitors, test strips, lancets or control solutions.

▶ **Section IV. ~~Trans~~Gender Health Services - Clarification**

Medically Necessary medical and surgical services for gender reassignment. Consultation and treatment requires Preauthorization.

Exclusions: Cosmetic services and surgery not related to gender affirming treatment, including treatment for complications resulting from cosmetic surgery; cosmetic surgery; complications of non-Covered Services

▶ **Section IV. Hospital – Inpatient and Outpatient - Clarification**

The following inpatient medical and surgical services are covered:

. . .

- ~~Acute-chemical~~ Withdrawal management services (detoxification).

Members receiving the following nonscheduled services . . . acute ~~chemical~~ withdrawal management (detoxification) services, . . .

▶ **Section IV. Infusion Therapy – Benefit Change**

Administration of Medically Necessary infusion therapy in an outpatient setting.

▶ **Section IV. Infusion Therapy – Benefit Change**

Administration of Medically Necessary infusion therapy in the home setting.

To receive benefits for the administration of select infusion medications in the home setting, the drugs must be obtained through KFHPWA's preferred specialty pharmacy and administered by a provider we identify. For a list of these specialty drugs or for more information about KFHPWA's specialty pharmacy network, please go to the KFHPWA website at www.kp.org/wa/formulary or contact Member Services.

▶ **Section IV. Infusion Therapy – Benefit Change**

Associated infused medications. Medically Necessary infusion therapy includes, but is not limited to:

▶ **Section IV. Laboratory and Radiology – Benefit Change**

Urine Drug Screening: No charge Member, pays nothing. Limited to 2 tests per [calendar/contract] year. Benefits are applied in the order claims are received and processed. After allowance, Member pays [Cost shares]

▶ **Section IV. Mental Health - Clarification**

Non-Emergency inpatient and outpatient hospital services, including Residential Treatment and partial hospitalization programs, require Preauthorization.

Exclusions: . . . custodial care ~~not considered Medically Necessary;~~ experimental or investigational . . .

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

▶ **Section IV. Nutritional Therapy - Clarification**

Enteral therapy is covered when Medical Necessity criteria is met and when given through a PEG, J tube or orally, or for malabsorption and an eosinophilic gastrointestinal disorder.

Exclusions: . . . formulas, ~~or~~ medical foods, or oral nutritional supplements that do not meet Medical Necessity criteria or are . . .

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

▶ **Section IV. Rehabilitation and Habilitative Care - Clarification**

Cardiac rehabilitation is covered when clinical criteria is met.

Preauthorization is required after initial visit.

Limited to a combined total of XX inpatient days and XX outpatient visits per calendar year for all Rehabilitation, Habilitative care, cardiac and pulmonary rehabilitation services.

▶ **Section IV. Rehabilitation and Habilitative Care - Clarification**

Pulmonary rehabilitation is covered when clinical criteria is met.

Preauthorization is required after initial visit.

Limited to a combined total of XX inpatient days and XX outpatient visits per calendar year for all Rehabilitation, Habilitative care, cardiac and pulmonary rehabilitation services.

▶ **Section IV. Substance Use Disorder - Clarification**

~~Substance use disorder services must be provided at a KFHPWA approved treatment facility or treatment program.~~

Substance use disorder services are limited to the services . . .

The severity of symptoms designates the appropriate level of care and should be determined through a thorough assessment completed by a licensed provider who recommends treatment based on medical necessity criteria.

Court-ordered substance use disorder. . .

Preauthorization is required for outpatient, intensive outpatient, and partial hospitalization services.

Preauthorization is required for Residential Treatment . . . services provided at ~~in~~ out-of-state facilities.

Preauthorization is not required for Residential Treatment and non-Emergency inpatient hospital services provided in-state. Member is given two days of treatment and is then subject to medical necessity review for continued care. Member or facility must notify KFHPWA within 24 hours of admission, or as soon as possible. Member may request prior authorization for Residential Treatment and non-Emergency inpatient hospital services. Members may contact Member Services to request Preauthorization.

► **Section IV. Substance Use Disorder - Clarification**

Withdrawal Management Services for Alcoholism and Substance Use Disorder.

Withdrawal management services means the management of symptoms and complications of alcohol and/or substance withdrawal. The severity of symptoms designates the appropriate level of care and should be determined through a thorough assessment completed by a licensed provider who recommends treatment based on medical necessity criteria.

Outpatient withdrawal management services means the symptoms resulting from abstinence are of mild/moderate severity and withdrawal from alcohol and/or other drugs can be managed with medication at an outpatient level of care by an appropriately licensed clinician. Subacute withdrawal management means symptoms associated with withdrawal from alcohol and/or other drugs can be managed through medical monitoring at a 24-hour facility or other outpatient facility.

~~Acute chemical withdrawal (detoxification) services for alcoholism and drug abuse.~~
 "Acute ~~chemical~~-withdrawal management services" means the symptoms resulting from abstinence are so severe that withdrawal from of alcohol and/or drugs from a Member for whom consequences of abstinence are so severe that they require medical management/nursing assistance in a hospital setting or behavioral health agency (licensed and certified under RCW 71.24.037), which is needed immediately to prevent serious impairment to the Member's health.

Preauthorization is required for outpatient withdrawal.

Coverage for acute ~~chemical~~-withdrawal (~~detoxification~~) management services are is provided without Preauthorization. If a Member is admitted as an inpatient directly from an emergency department, ...

Member is given two days of treatment and is then subject to medical necessity review for continued care. Member or facility must notify KFHPWA within 24 hours of admission, or as soon as possible. Members may request preauthorization for Residential Treatment and non-Emergency inpatient hospital services by contacting Member Services.

Exclusions: Experimental or investigational therapies, such as wilderness programs or aversion therapy;

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

▶ **Section IV. Temporomandibular Joint (TMJ) - Clarification**

Medical and surgical services and related hospital charges. . .

- Medically Necessary orthognathic procedures surgery for the treatment of severe TMJ disorders which have failed non-surgical intervention.

. . .

Exclusions: Treatment for cosmetic purposes; . . .in the absence of a diagnosis of TMJ, or severe obstructive sleep apnea; . . .

▶ **Section IV. Transplants – Benefit Change**

Transplant services must be provided through locally and nationally contracted or approved transplant centers. All transplant services require Preauthorization. Contact Member Services for Preauthorization.

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, 2021

Mr. Michael Szeto
Senior Actuarial Associate
Segal

Sent Via Email 10.29.2021

Subject: **LACERA Medical Renewal July 1, 2022 – June 30, 2023**

Dear Michael:

SCAN Health Plan appreciates the opportunity to continue to serve the health care needs of the Los Angeles County Employees Retirement Association (LACERA). We are excited to inform you, The Centers for Medicare and Medicaid Services (CMS), has once again awarded SCAN Health Plan a 4.5 Star rating for five consecutive years 2022, 2021, 2020, 2019 and 2018.

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

- SCAN Health Plan 2021 Fact Sheet
- SCAN/LACERA 2021 Summary of Benefits
- Independent Living Power Services (ILP)
- SilverSneakers by TivityHealth
- MDLive (telehealth)
- Transportation – unlimited
- And more...

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.

In California, effective January 1, 2022 SCAN has added San Mateo and Alameda Counties.

Effective January 1, 2022, SCAN has expanded the service area to add Arizona and Nevada States.

Arizona: Maricopa, Pima and Pinal Counties

Nevada: Clark County

If the retiree census warrants, we would like to propose to add SCAN to the LACERA AZ/NV plan options.

Any additional service area expansions and/or disruptions will be communicated by October 1, 2022.

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. The benefits are inclusive of a Personal Care Planner who performs assessments, home visits and/or routine telephonic calls to ensure care is being met and identify gaps in care, Personal Emergency Response device (similar to Life Alert), Caregiving, home delivered meals by Life Spring and/or Meals on Wheels, adult day care, custodial care and respite care.

- Routine transportation services. Unlimited rides; 75-mile max limit per each ride.
- Routine hearing coverage provided by TruHearing.
- 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).
- 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
- SCAN 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.

What's New Effective July 1, 2022:

- Abridge: It helps retirees stay on top of their health with Abridge, a smartphone app that helps retirees remember their doctor's advice. Securely record the doctors' visits, and afterwards receive an interactive transcript of the medical parts of their conversation. Retirees can decide with their health professional what to record. If a family wasn't able to attend the visit, they can securely share a conversation to keep everyone on the same page. Abridge uses HIPAA-compliant servers and products to protect the retirees privacy and abides by HIPAA security principles to safeguard the retiree's data.

Abridge is offered at no cost to SCAN members and LACERA.

- Headspace: Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly, and Headspace is a personal guide. With hundreds of exercises for meditation, sleep, focus, and movement, they'll help retirees start and end the day feeling like their best self.

Headspace is offered at no cost to SCAN members and LACERA

- Caregiver Training: Virtual and in-person skill training and support for caregivers. The 4-week series is designed to fit into a busy schedule and is offered several times throughout the year.

Caregiver training is offered at no cost to SCAN members and LACERA

- Home-Delivered Meals: up to 28 days of home delivered meals available to members with chronic conditions. Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic

conditions. Fully prepared meals delivered to the retiree's doorstep. Health specific menu options (nine health support menus, e.g. lower sodium, diabetic-friendly, etc.)

Home-Delivered Meals are offered at no cost to SCAN members and LACERA

Summary of Medicare and Product Changes for 2022

Medical

2022 CMS In-Network Cost Sharing Limits

In 2022, the only cost sharing limit change will be for the skilled nursing facility days 21 – 100, changing to \$188 per day. The chart below lists the limits 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	2022		2021	
	Voluntary MOOP \$3,450 or less	Mandatory MOOP \$3,451-\$7,550	Voluntary MOOP \$3,450 or less	Mandatory MOOP \$3,451-\$7,550
Inpatient-- 6-day max	\$2,524	\$2,019	\$2,524	\$2,019
Inpatient-- 10-day max	\$2,783	\$2,226	\$2,783	\$2,226
Inpatient-- 60-day max	N/A	\$4,816	N/A	\$4,816
Mental Health Inpatient—15-day max	\$2,339	\$1,871	\$2,339	\$1,871
Mental Health Inpatient—60-day max	\$3,408	\$2,726	\$3,408	\$2,726
Skilled Nursing Facility – Days 1 through 20	\$20/day	\$0/day	\$20/day	\$0/day
Skilled Nursing Facility – Days 21 through 100	\$188/day	\$188/day	\$184/day	\$184/day

Interoperability and Patient Access

CMS has passed several regulations related to enhanced data-exchange across the healthcare system. This allows patients to more openly share their health data. The goal of these regulations is to enhance the visibility not only to patients but administrators of their care and help reduce inefficiencies when patients access new doctors or carriers.

To facilitate this, CMS has provided the Interoperability and Patient Access final rule (CMS-9115-F) as part of the MyHealthEData initiative that applies to all MA/ MAPD members. This rule requires all payers, including health plans, to have the ability to exchange data seamlessly with other payers for timely benefits coordination or transitions, and with providers to facilitate more coordinated and efficient care. Additionally, CMS has taken the additional steps to provide payers and patients opportunities and information to protected data and make informed decisions about sharing patient health with third parties.

These rules began taking effect in 2021 with the following milestones:

7/1/21:

- Health information API (ability for members to share their health data with 3rd party apps)
- Education Beneficiaries (process to educate members on the impact of sharing their health data with 3rd party apps, before they share it)
- Personal Representative Access (ability for a member to designate a personal representative who can share the member's data with 3rd party apps on the member's behalf)

1/1/22:

- Payer to Payer data exchange (requires plans to forward health information to a member's new plan upon a member's request)

UnitedHealthcare is on track to meet or exceed all the above milestones.

UnitedHealthcare Group Medicare Advantage PPO is available nationally with differential plan benefits

Have you considered offering UnitedHealthcare Group Medicare Advantage PPO with a traditional, "differential" benefit design that encourages members to seek care within the plan network?

This plan, which is a lower-cost national health plan offering, is built around a network of doctors and hospitals working together to provide care. Like the non-differential plan, this plan includes all the care covered by Medicare Part A and Part B and includes additional benefits designed to help members stay healthy such as annual check-ups, flu shots, nurse help lines and fitness programs. Members are not required to choose a primary care physician, and referrals are not needed to see a specialist. Members living in areas of UnitedHealthcare network strength will have a differential plan design; members in areas with low network strength will pay the same amount when using either network or non-network health care providers.

Please let me know if you would like to see how you can save with our differential national PPO.

We are excited to introduce UnitedHealthcare Healthy at Home, a new program that is now included in your benefits at no additional cost, designed to help retirees safely transition back home after being discharged from a hospital or skilled nursing facility.

Designed to help members transition back home after an inpatient admission or a convalescent stay, this new unique post-discharge support program delivers needed support, care, and measurable results to the members we serve. Our market leading program UnitedHealthcare Healthy at Home, provides a combination of Meal Delivery, Transportation, and In-Home Personal Care benefits to members in an easy to use comprehensive program:

Our Post-Discharge Meal Delivery benefit administered through Mom's Meals, includes 2 meals per day for 2 weeks, for members following all inpatient or skilled nursing facility discharges when referred by a UnitedHealthcare advocate.

Our Post-Discharge Transportation benefit includes 12 rides to and from medically related appointments and pharmacies for our members, up to 30 days following inpatient or skilled nursing facility discharges.

Our In-home Personal Care benefit administered through our national partner CareLinx, and offered exclusively to UnitedHealthcare Group Medicare Advantage members, includes up to 6 hours of personal care post discharge, provided by a CareLinx professional caregiver. This may include grocery shopping, meal preparation, light housekeeping, personal care, medication reminders and more. CareLinx is our national vendor providing a network of over 300,000 background-checked professional caregivers.

Additionally, all UnitedHealthcare members have access to discounted home-delivered meals and in-home personal care services. Members can receive savings on meals anytime throughout the year by simply calling Mom's Meals at the number provided in their annual plan materials. Members also have access to a one-time offer of 4 hours of free services after the first 10 purchased hours of care through our exclusive vendor CareLinx.

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.

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.

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

Virtual Doctor and Behavioral Health Visits

Virtual Doctor and Behavioral Health Visits continue to be an important part of being able to provide your members care safely, conveniently, and efficiently. While the spike in virtual visits seen during 2020 has decreased, we are still seeing utilization above what we saw pre-COVID.

To support your members' ability to seek care virtually we are adding in 2021; an indicator to our provider search tool that will indicate which in-network local providers can support Virtual Visits, and adding Teladoc as a third national provider, expanding access to members located in the US Virgin Islands and Puerto Rico.

Plan members continue to have the option of seeing and speaking with local physicians and our national provider groups via secure connection from their homes or anyplace they take a computer, tablet or smartphone.

We are the first behavioral health organization to offer a national telemental health network available in all 50 states which is fully integrated with our network clinicals. Our telemental health services offer a real-time, video-based transmission to access behavioral health services and result in:

- 20% faster appointments than in-person sessions
- 60% decrease in missed appointments, meaning better health outcomes and potential savings
- Positive outcomes reported from members with depression and co-morbid conditions through reduced symptoms and improved functioning

If desired, we can partner with clients on virtual visit education and registration strategies for retirees.

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.

Renew Active

In 2022 we will offer our fitness benefit through Renew Active® by UnitedHealthcare.

Renew Active is the gold standard in Medicare fitness programs for body and mind and has the largest Medicare fitness network nationwide.

Renew Active includes:

- A free gym membership at a participating location including access to many premium gyms and fitness locations
- Access to our nationwide network of gyms and fitness locations — the largest of all Medicare fitness programs
- An annual personalized fitness plan
- Allows you to bring a family member or friend to the gym to assist in your workout, at no additional cost
- Access to thousands of on-demand digital workout videos and live streaming fitness classes
- Social activities at local health and wellness classes and events
- An online brain health program from AARP® Staying Sharp®

Additionally, members have access to the Online Fitbit® Community for Renew Active which allows members to participate in fun, friendly step challenges with other health-minded members. Joining the community also provides access to Fitbit Premium™ providing premium content and thousands of workout videos for all levels and intensity. For members to access Fitbit Premium, members must first join the Online Fitbit Community for Renew Active.

The premium content and workout videos include:

- Thousands of workout videos for all levels and intensities
- Guided programs
- Personalized insights
- Mindfulness practices and more!

Please note a Fitbit device is not required to access.



Members can request to have a new gym added to our extensive network of partnering gyms and fitness locations by nominating facilities on the Renew Active website or by calling the Customer Service number found on the back of their health plan member ID card.

Additionally, a member's confirmation code is a key component to accessing the benefit. Once eligible for this benefit, members can visit the health & wellness section of their UnitedHealthcare member website or call the Customer Service number on the back of their health plan member ID card to obtain their code and start using their benefit.

Prior to becoming eligible for Renew Active, members can learn more about the benefit by visiting, www.UHCRenewActive.com

Prescription Drug Coverage

2022 CMS Cost Sharing Thresholds

In 2022, the CMS 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	2022
Deductible	\$445	\$480
Initial Coverage Limit	\$4,130	\$4,430
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	\$7,050 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 \$3.95 or 5% coinsurance for generic drugs The greater of \$9.85 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 product 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 2022 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.

Preferred Pharmacy network option

In 2022 we will continue to offer our Preferred Pharmacy network that helps optimize cost effectiveness while maintaining prescription drug access for beneficiaries. This option does require a reduced copay for Tier 1 drugs at preferred retail pharmacies. 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. In 2021 the group retiree pre-member site at UHCRetiree.com is being upgraded and redesigned to better support group members.

Group members continue to be able access the UHC member portal as soon as they receive their member ID card (prior to plan start date). This allows members to set-up their accounts right away including setting their preferences for e-deliver.

Finally, our efforts to optimize our members' online digital experience continues, UHC has significant portal enhancements planned for 2022 and beyond that will help members manage care and utilize their plan. These include:

- RX marketplace enhancements
- Online chat from dashboard
- Quick access to claims
- Benefit and coverage enhancement
- Virtual care enhancement
- Premium Payment enhancement
- Mobile App enhancements

Fitness for body and mind



Renew Active™ is the gold standard in Medicare fitness programs for body and mind. And it's available with your UnitedHealthcare® Medicare Advantage plan at no additional cost.



Stay Fit

Work out where you want, whether that's at a gym or fitness location or from your home.

- A free gym membership
- Access to our extensive, nationwide network of gyms and fitness locations. It's the largest of all Medicare fitness programs*
- A personalized fitness plan
- Allows you to bring your caregiver to the gym with you, at no additional cost
- Access to thousands of workout videos with Fitbit Premium™ — no Fitbit® device is needed



Stay Focused

An online brain health program from AARP® Staying Sharp® with exclusive content for Renew Active members.

- Online brain health assessment
- Brain health content and tools
- The Brain Health Staycation and Find Your Calm guides

Your code is key

Every Renew Active member has a unique confirmation code.

Write it down and use it to access your gym membership, create an account on AARP® Staying Sharp®, join the Fitbit® Community for Renew Active and gain access to Fitbit Premium™.

How to find your unique Renew Active confirmation code:

1. Sign into your plan website.
2. Click **Health & Wellness** in the upper right-hand corner.
3. Look for **Renew Active** on the right side of the page.
4. Your Renew Active Confirmation Code will start with a letter, followed by 9 digits. You will see it at the bottom of the screen.
5. If you have any questions or to get your confirmation code, please call Customer Service at the number on the back of your member ID card.



Stay Connected

Connect with other health-minded members.

- Social activities at local health and wellness classes and events
- Step challenges with other members through the Fitbit Community for Renew Active — no Fitbit device is needed



Living Healthier with Renew

Renew Active is a key part of Renew, which offers a wide variety of health and wellness resources and activities that help inspire you to take charge of your health every day. Renew includes brain games, healthy recipes, learning courses, fitness activities, *Renew* magazine and more.

*Based on gym and fitness location network size.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp® and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

Renew by UnitedHealthcare is not available in all plans. Resources may vary.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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UnitedHealthcare Healthy at Home



With UnitedHealthcare® Healthy at Home, you are eligible for the following benefits up to 30 days following all inpatient and skilled nursing facility discharges:



28 home-delivered meals through Mom's Meals®* when referred by a UnitedHealthcare Advocate. Contact Mom's Meals for additional details and to place your meal orders if you have been referred into the program: **1-866-204-6111**, TTY **711**, 7 a.m.–6 p.m. CT, Monday–Friday.



12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Advocate. Contact ModivCare™** for additional details and to schedule your trip^o once you have been referred into the program: **1-833-219-1182**, TTY **1-844-488-9724**, 8 a.m.–5 p.m. local time, Monday–Friday, or by visiting www.modivcare.com/BookNow.



6 hours of in-home personal care provided through a CareLinx® professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required. To access your in-home personal care benefit, contact CareLinx at **1-844-383-0411**, TTY **711**, 8 a.m.–7 p.m. CT, Monday–Friday and 10 a.m.–6 p.m. CT, Saturday and Sunday, or by visiting www.carelinx.com/UHC-retiree-post-discharge.



Questions? Or recently discharged and need a referral?

Call **1-800-457-8506**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday, or visit www.UHCRetiree.com

* A new referral is required after every discharge to access your meal and transportation benefit

** ModivCare may subcontract to other vendors or individuals. Subcontracting is at the discretion of ModivCare.

◊ ModivCare does not guarantee urgent requests will be met when scheduled less than 2 days in advance for standard services. ModivCare supports any language the member requires, through a third-party translator service.

The CareLinx services are made available to you from a third party through your UnitedHealthcare® Group Medicare Advantage insurance plan. CareLinx is not a UnitedHealthcare company. UnitedHealthcare and your Plan are not responsible for any services you receive from this third party. This is not an insurance program and may be discontinued at any time. Benefits and features may vary by plan/area. Limitations and exclusions apply

UnitedHealthcare does not make any representations regarding the content or accuracy of the materials on such sites. CareLinx will share only non-identifiable, aggregate information with UnitedHealthcare that is collected through the use of the CareLinx platform. This information may be used by UnitedHealthcare to potentially help develop future programs and services for its insured members. CareLinx is the network administrator of this in-home care service offer. CareLinx does not employ or recommend any care provider or individual seeking services nor is it responsible for the conduct of any care provider or care seeker. The CareLinx website is a venue that provides tools to help care seekers and care providers connect online. Each individual is solely responsible for selecting a care provider or care seeker for themselves or their families and for complying with all laws in connection with any employment relationship they establish. All decisions about medications and care are between you and your health care provider.

Benefits and features vary by plan/area. Limitations and exclusions apply.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, Premium and/or copayments/coinsurance may change on January 1 of each year.

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Lifeline[®]

UnitedHealthcare[®] is working with Lifeline to provide a personal emergency response system at no cost for select **Medicare Advantage** plan members

Lifeline personal emergency response system (PERS) allows you to ask for help whenever you need it, anytime of day or night – 365 days of the year, 24/7. All you need to do is press the help button, worn as a wristband or pendant, and a Trained Care Specialist will assist you to make sure you quickly get the help you need.

Features include:

- Optional AutoAlert fall detection technology automatically provides access to help if it detects a fall – even if wearer is disoriented, immobilized or unconscious and cannot press their help button¹
- Cellular or landline compatible, Lifeline works anywhere in the U.S., where current telephone service is provide²
- Lightweight, waterproof³ help button can be worn on the wrist or as a pendant

Lifeline is the most popular personal emergency response service in the U.S. today,⁴ offering solutions that fit your lifestyle and unique needs.

Members, family members, caregivers and healthcare professionals may enroll a member by:

Calling: 1-855-595-8485, TTY 771

Monday through Friday: 8 am to 8:30 pm ET

Saturday: 10 am to 4 pm ET

Emailing: LifelineCares@Philips.com

Faxing: 1-800-548-7695

Enrolling online: lifeline.philips.com/uhcgroup

Please be sure to have the following information available:

- Member address (where service will be provided)
- Member telephone number⁵ to schedule delivery
- Member date of birth
- Preferred language

**Wherever life goes,
help can be there:**



**So the right support
can be there at home:**



HomeSafe Standard
Landline and Cellular versions available



HomeSafe with AutoAlert
Landline and Cellular versions available



Frequently asked questions

Q Does a member need to meet specific requirements to be eligible for a Lifeline personal emergency response system?

Yes. Only members with plans that include the Lifeline benefit are eligible for a personal emergency response system (PERS).

Q What exactly is included in a personal emergency response system? And is everything covered?

The Lifeline personal emergency response system includes both the equipment and the monitoring service. When the help button is pressed, the communicator acts as a speaker phone and dials the Lifeline Response Center. A Trained Care Specialist quickly accesses the member's profile, assesses the situation and dispatches the help requested. Yes, everything is covered.

Q What if the personal emergency response system button is lost? Can a replacement be ordered?

Lifeline will replace the first lost button. Additional lost buttons may require copays.

Q What if the personal emergency response system stops working?

Any equipment malfunction should be reported to Lifeline customer service at:

1-855-595-8485, TTY 771

Monday through Friday – 8 am to 8:30 pm ET

Saturday – 10 am to 4 pm ET

They will help troubleshoot, and replace any malfunctioning unit or help button that has not been tampered with or altered from its original manufactured state.

Q What type of battery does the personal emergency response system use?

Both the landline and wireless communicators plug into the wall. The landline system has an additional connection through the telephone jack within the home. The help buttons are battery operated. Because they are waterproof³ and can be worn in the shower, battery replacements require factory installation. The Lifeline Response Center periodically sends test signals to communicators and help buttons. A low battery signal results in Lifeline sending a new help button with return postage for the one it replaces.

1. AutoAlert does not detect 100% of falls. If able, users should always press their PERS button when they need help.
2. Coverage outside the home is provided where AT&T wireless coverage is available.
Recharging of the GoSafe Mobile pendant is done by the user as needed when connected to the charger.
3. Up to 1 meter of water for 30 minutes. Refer to IFU for more details.
4. Based on number of subscribers.
5. A customer phone number is required to enroll. Assumes the location of the communicator is in an area with sufficient access to coverage by the AT&T wireless network.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply. You must have a working landline and/or cellular phone coverage to use PERS.

Szeto, Michael C.

From: Bohnert, Nicole <nicole_bohnert@uhc.com>
Sent: Thursday, October 21, 2021 4:08 PM
To: Szeto, Michael C.; Schubert, Nick
Cc: Cassandra Smith; Leilani Ignacio; Murphy, Stephen E; Sadro, Paul C; Kuhlman, Jessica; Clare, Wesley A
Subject: RE: LACERA - 2022/2023 Renewal Request [UHC]
Attachments: Healthy At Home_Member Flyer.pdf; Renew Active flyer.pdf; LF_UHC_GR_Flyer_R2.pdf; 2022-2023 Renewal Packet - LACERA MAPD HMO October 2021.docx; 2022-2023 LACERA MAPD HMO renewal .pdf

FilingDate: 10/22/2021 10:00:00 AM

Good afternoon, attached you will find the 2022/2023 Medicare Advantage HMO renewal and renewal cover letter for LACERA. Nick will be sending the early retiree renewal in a separate email.

We are pleased to offer a rate pass on LACERA's Medicare Advantage HMO plan. We are also pleased to share information on the new programs that will be included in LACERA's Medicare Advantage plan effective 7/1/2022, at no additional cost. Please see the description below, as well as the attached flyers, for more details.

- **Renew Active** – Renew Active is the new fitness program replacing SilverSneakers on July 1, 2022. It is the largest of all Medicare fitness programs and offers members a \$0 membership to our nationwide network of gyms and fitness locations (including many premium gyms), and includes access to live streaming and on demand workouts as well as additional features.
- **Healthy at Home** – this unique post-discharge program delivers needed support and care to members following a hospital or skilled nursing facility discharge, through a combination of Meal Delivery, Transportation, and In-Home Personal Care benefits.
- **PERS (Personal Emergency Response System)** – this system allows members to ask for help any time of day or night – 365 days of the year, 24/7. Members press the help button, worn as a wristband or pendant, and a Trained Care Specialist will assist them to ensure they can quickly get the help they need.

Lastly, the star rating on this Medicare Advantage HMO plan is 4 stars.

Please let us know if you have any questions on this information. We look forward to working with you during this renewal process. Thank you for your continued partnership!

Nicole Bohnert

Strategic Account Executive
UnitedHealthcare Retiree Solutions

O 952-406-3090
M 630-291-0191

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
JANUARY 2022
FOR INFORMATION ONLY**

CalSavers Year in Review 2021

CalSavers is California's state-run auto-IRA savings plan that employers who do not maintain a retirement savings plan must offer to their workers. It released a year in review report that highlights participant and program activity in 2021.

- Employee participation rate is at 70%. The estimated median income of participating workers is \$30,000 per year.
- In January 2021, 95% of savers accepted the automatic escalation of their contribution rate from 5% to 6%.
- Assets in the plan grew fivefold from \$28 million to over \$173 million.
- The number of savers more than doubled from 96,000 to 218,000.
- Savers were contributing \$16 million by the end of the year with an average contribution of \$150 per month. Average account balances rose from \$295 to \$794.
- The program's portability is illustrated by 35% of savers showing contributions from more than one employer.
- The number of registered employers tripled from 7,278 to 23,000 during the year.

There are about 381 employers who have failed to register for the program. Noncompliant employers are subject to penalties of \$250 per employee, which can be raised an additional \$500 per employee after 90 days of noncompliance. [\(Source\)](#) [\(Source\)](#)

State-Run Plans Legislation

The start of 2022 saw more states establishing state-run retirement savings plans.

- On January 6, a bill was introduced in the Mississippi House of Representatives that would establish the Mississippi Secure Choice Savings Program. Enrollment is slated to begin in 2024 and finalized by December 31, 2026.
- On January 6, a bill was introduced in the Missouri House of Representatives to establish the Missouri Workplace Retirement Savings Plan for small employers with no more than 50 employees with participation to start no later than September 1, 2024.
- Also on January 6, the Rhode Island Secure Choice Retirement Savings Program Act was introduced in the Rhode Island Senate for private-sector employers that do not offer a retirement plan.

- On January 12, a Virginia state budget bill was introduced that would provide \$20 million to cover start-up expenses for the VirginiaSaves program. ([Source](#))

Has COVID Affected Pensions for Workers without Social Security?

The Center for Retirement Research at Boston College released an issue brief examining how COVID affected the pensions of noncovered workers. About one-quarter of state and local government workers are not covered by Social Security. The concern was that a prolonged recession, coupled with poor investment returns and government revenue shortfalls, would erode the defined benefit plans for these members—their only source of retirement income. The *Public Plans Database*, which covers 95% of public membership and asset, show 59 noncovered plans, which represent the majority of noncovered workers nationwide. The brief's key findings are—

- At the outset of the pandemic recession, many feared that it would undermine employer-sponsored retirement plans.
- State and local employees not covered by Social Security would have been particularly vulnerable.
- The plans would have been hurt by a long recession with poor investment returns and reduced contributions due to shortfalls.
- However, the plans exceeded their assumed rates, tax revenues held up, government sponsors received stimulus aid, and plan funded ratios improved.
- CRR's projection analysis is that structural headwinds pose little risk to the ability of noncovered plans to pay promised benefits. ([Source](#))

Corporate Pensions Are Nearly 100% Funded

According to Milliman's Pension Funding Index of the 100 largest corporate defined benefit plans, these plans were 99.6% funded at the end of 2021, which is the healthiest they have been since September 2008. Similarly, among the larger pool of Fortune 1000 companies, according to Willis Towers Watson, their pensions were 96% funded. This contrasts with 2008 when Fortune 1000 plans fell from 107% from the prior year to 77%.

Challenges continue to be posed by rising life spans and the pace of baby boomer retirements since retirement plans must ensure they have adequate funding. Although the Pension Benefit Guaranty Corp (PBGC) acts as a backstop if a company is unable to pay promised benefits, the PBGC caps the payments it would pay. Additionally, private sector companies have continued to shift away from pensions to 401(k) plans, and some have begun offloading pension obligations to insurance companies. ([Source](#))

Want to Be an Actuary? Odds Are, You'll Fail the Test

The Wall Street Journal recently reported on the difficulty of passing the tests to be an actuary. About 15% of people taking the tests from the Society of Actuaries pass the multiple tests required to become an Associate. Only 10% pass the Associate's exams and additional tests to become a Fellow, which can afford larger responsibilities and salaries. There is no limit to the number of times a candidate can take the tests. Although it generally takes seven to 10 years to become a Fellow, it took one person 50 years to become one.

Insurers are beginning to hire more data scientists, and some actuarial students are switching to data science, which can have comparable pay without the need to pass actuarial exams. The actuaries society also recognizes the current era of Big Data and is adapting its exams to test for predictive analytics. One such exam required test takers to write code for a data set that would predict rates of injury and defend the modeling methodology. Additionally, they had to write an executive summary, and this was all to be done in five hours.

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

**STAFF ACTIVITIES REPORT
JANUARY 2022**

FOR INFORMATION ONLY

Domestic Partner Imputed Income Project

On January 20, 2022, staff completed the 1099-R manual entries for 293 members with Domestic Partner dependents and sent an annual letter to these members.

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

**Retiree Healthcare Benefits Program Annual Contract Renewal Meeting
(7/1/2022 – 6/30/2023 Plan Year)**

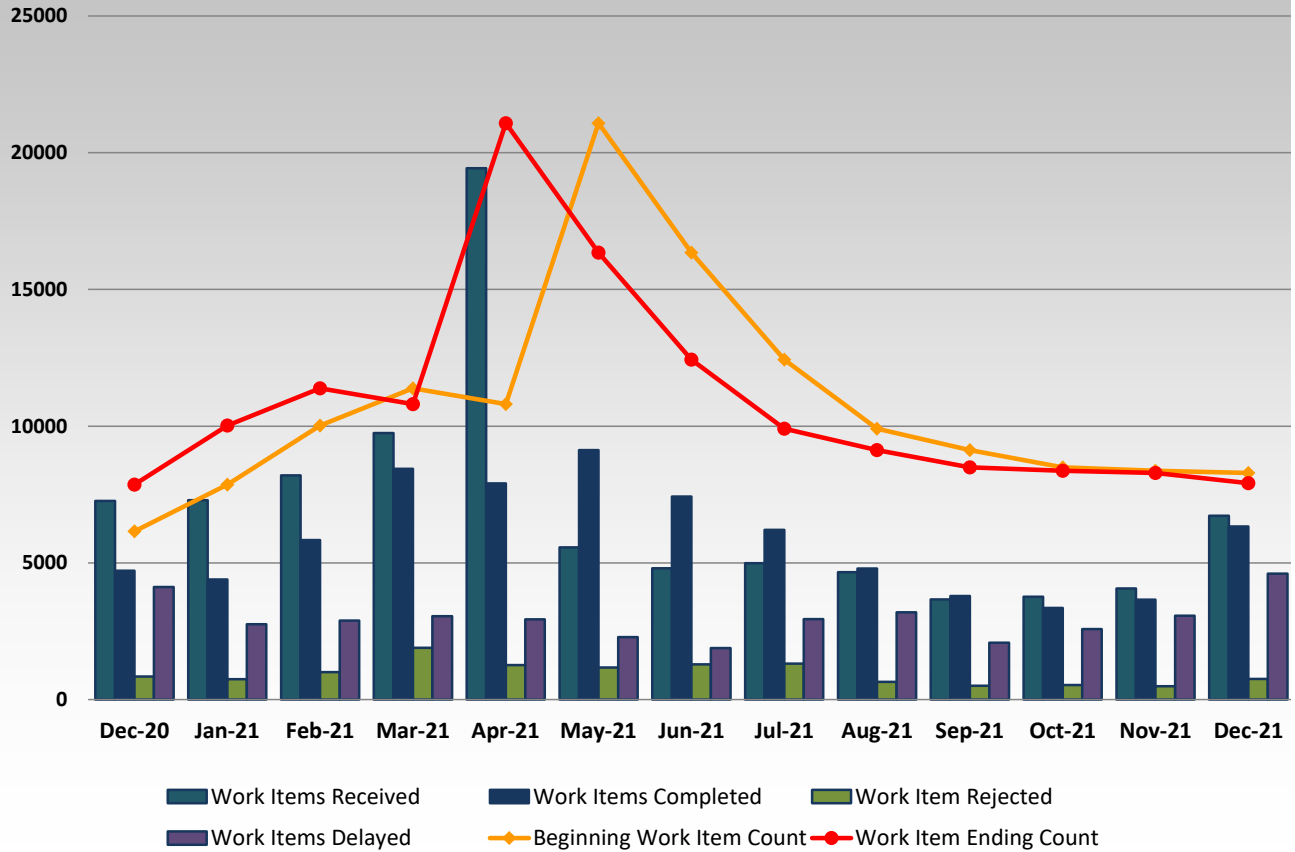
On January 13, 2022, staff attended an all-day renewal meeting held virtually. In attendance were representatives from Segal and our health insurance carriers. Staff will present the results of the contract renewals at the February meeting of the Insurance and Benefits Legislative Committee.

Retiree Healthcare Division

Trend Report

DECEMBER, 2020 ~ DECEMBER, 2021

Updated 1/14/2022

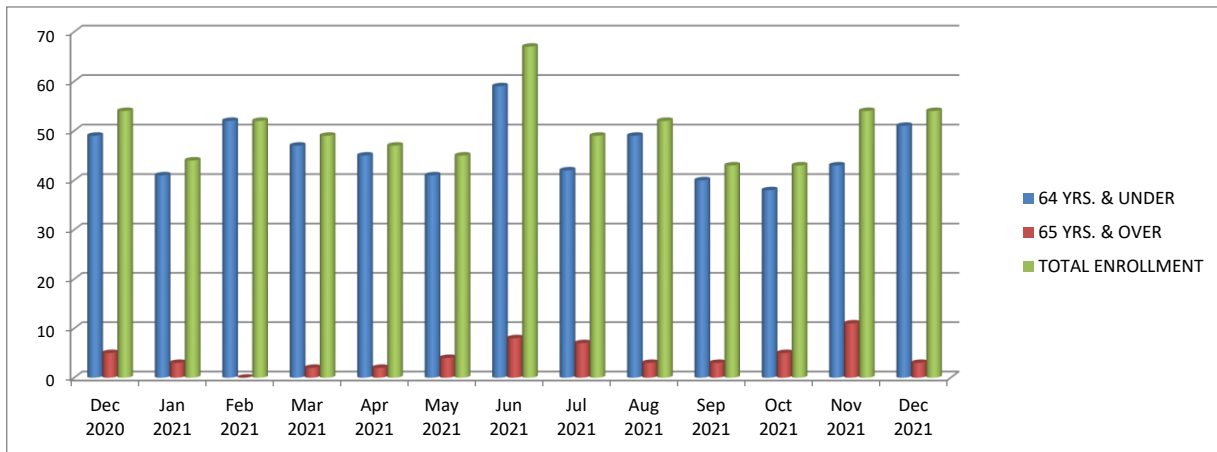


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-20	6152	7263	4709	842	4117	7864
Jan-21	7864	7289	4388	746	2760	10019
Feb-21	10019	8195	5830	999	2885	11385
Mar-21	11385	9749	8436	1890	3046	10808
Apr-21	10808	19437	7902	1262	2932	21081
May-21	21081	5563	9121	1175	2288	16348
Jun-21	16348	4797	7421	1289	1884	12435
Jul-21	12435	4989	6205	1315	2940	9904
Aug-21	9904	4663	4790	649	3193	9128
Sep-21	9128	3659	3789	504	2079	8494
Oct-21	8494	3758	3355	529	2579	8368
Nov-21	8368	4064	3655	487	3068	8290
Dec-21	8290	6721	6335	758	4606	7918

Retirees Monthly Age Breakdown DECEMBER, 2020 ~ DECEMBER, 2021

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Dec 2020	49	5	54
Jan 2021	41	3	44
Feb 2021	52	0	52
Mar 2021	47	2	49
Apr 2021	45	2	47
May 2021	41	4	45
Jun 2021	59	8	67
Jul 2021	42	7	49
Aug 2021	49	3	52
Sep 2021	40	3	43
Oct 2021	38	5	43
Nov 2021	43	11	54
Dec 2021	51	3	54



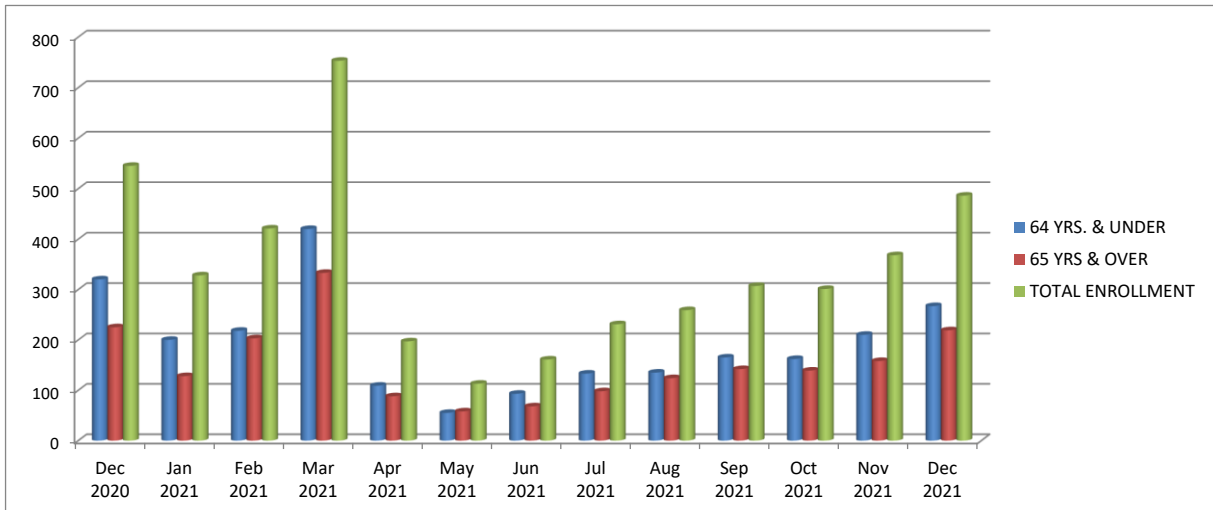
PLEASE NOTE:

- Next Report will include the following dates: January 1, 2022, through January 31, 2022.

Retirees Monthly Age Breakdown DECEMBER, 2020 ~ DECEMBER, 2021

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Dec 2020	320	225	545
Jan 2021	200	128	328
Feb 2021	218	203	421
Mar 2021	420	333	753
Apr 2021	109	88	197
May 2021	55	58	113
Jun 2021	93	68	161
Jul 2021	133	98	231
Aug 2021	135	124	259
Sep 2021	165	142	307
Oct 2021	162	139	301
Nov 2021	210	158	368
Dec 2021	267	219	486



PLEASE NOTE:

- Next Report will include the following dates: January 1, 2022, through January 31, 2022.

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2022

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7141	\$997,881.20	2	\$148.30
241	130	\$17,332.10	0	\$0.00
242	849	\$122,617.70	0	\$0.00
243	4248	\$1,217,831.15	1	\$59.40
244	16	\$2,209.90	0	\$0.00
245	57	\$7,701.00	0	\$0.00
246	20	\$2,725.80	0	\$0.00
247	150	\$23,262.00	0	\$0.00
248	11	\$2,961.30	1	\$43.00
249	54	\$16,523.60	0	\$0.00
250	17	\$4,830.40	0	\$0.00
Plan Total:	12,693	\$2,415,876.15	4	\$250.70
CIGNA - PREFERRED with RX				
321	30	\$4,052.50	0	\$0.00
322	5	\$651.40	0	\$0.00
324	21	\$5,130.40	0	\$0.00
327	3	\$401.90	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	60	\$10,462.90	0	\$0.00
KAISER SR. ADVANTAGE				
394	13	\$1,911.00	0	\$0.00
397	3	\$424.70	0	\$0.00
398	5	\$1,546.70	0	\$0.00
403	11480	\$1,570,265.64	4	\$105.50
413	1571	\$231,334.86	0	\$0.00
418	6006	\$1,697,523.50	0	\$0.00
419	240	\$31,481.70	0	\$0.00
426	246	\$34,674.10	0	\$0.00
427	43	\$5,197.70	0	\$0.00
445	2	\$383.40	0	\$0.00
446	2	\$276.00	0	\$0.00
451	37	\$5,166.40	0	\$0.00
455	5	\$738.60	0	\$0.00
457	9	\$2,391.50	0	\$0.00
458	2	\$297.00	0	\$0.00
462	77	\$9,941.00	0	\$0.00
465	7	\$994.90	0	\$0.00
466	29	\$7,833.90	0	\$0.00
472	32	\$4,467.20	0	\$0.00
476	3	\$393.00	0	\$0.00
478	18	\$5,623.80	0	\$0.00
479	1	\$144.60	0	\$0.00
482	77	\$10,643.80	0	\$0.00
486	3	\$427.10	0	\$0.00
488	42	\$11,882.50	0	\$0.00
491	1	\$148.50	0	\$0.00
Plan Total:	19,954	\$3,636,113.10	4	\$105.50

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2022

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	312	\$42,512.30	0	\$0.00
613	84	\$23,044.60	0	\$0.00
Plan Total:	396	\$65,556.90	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1850	\$260,313.30	1	\$36.50
702	368	\$53,746.80	0	\$0.00
703	1225	\$354,862.10	0	\$0.00
704	97	\$15,096.50	0	\$0.00
705	37	\$10,867.80	0	\$0.00
Plan Total:	3,577	\$694,886.50	1	\$36.50
Grand Total:	36,680	\$6,822,895.55	9	\$392.70

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2022

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7141	\$997,881.20	2	\$148.30
241	130	\$17,332.10	0	\$0.00
242	849	\$122,617.70	0	\$0.00
243	4248	\$1,217,831.15	1	\$59.40
244	16	\$2,209.90	0	\$0.00
245	57	\$7,701.00	0	\$0.00
246	20	\$2,725.80	0	\$0.00
247	150	\$23,262.00	0	\$0.00
248	11	\$2,961.30	1	\$43.00
249	54	\$16,523.60	0	\$0.00
250	17	\$4,830.40	0	\$0.00
Plan Total:	12,693	\$2,415,876.15	4	\$250.70
CIGNA - PREFERRED with RX				
321	30	\$4,052.50	0	\$0.00
322	5	\$651.40	0	\$0.00
324	21	\$5,130.40	0	\$0.00
327	3	\$401.90	0	\$0.00
329	1	\$226.70	0	\$0.00
Plan Total:	60	\$10,462.90	0	\$0.00
KAISER SR. ADVANTAGE				
394	13	\$1,911.00	0	\$0.00
397	3	\$424.70	0	\$0.00
398	5	\$1,546.70	0	\$0.00
403	11480	\$1,570,265.64	4	\$105.50
413	1571	\$231,334.86	0	\$0.00
418	6006	\$1,697,523.50	0	\$0.00
419	240	\$31,481.70	0	\$0.00
426	246	\$34,674.10	0	\$0.00
427	43	\$5,197.70	0	\$0.00
445	2	\$383.40	0	\$0.00
446	2	\$276.00	0	\$0.00
451	37	\$5,166.40	0	\$0.00
455	5	\$738.60	0	\$0.00
457	9	\$2,391.50	0	\$0.00
458	2	\$297.00	0	\$0.00
462	77	\$9,941.00	0	\$0.00
465	7	\$994.90	0	\$0.00
466	29	\$7,833.90	0	\$0.00
472	32	\$4,467.20	0	\$0.00
476	3	\$393.00	0	\$0.00
478	18	\$5,623.80	0	\$0.00
479	1	\$144.60	0	\$0.00
482	77	\$10,643.80	0	\$0.00
486	3	\$427.10	0	\$0.00
488	42	\$11,882.50	0	\$0.00
491	1	\$148.50	0	\$0.00
Plan Total:	19,954	\$3,636,113.10	4	\$105.50

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2022

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	312	\$42,512.30	0	\$0.00
613	84	\$23,044.60	0	\$0.00
Plan Total:	396	\$65,556.90	0	\$0.00
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	1850	\$260,313.30	1	\$36.50
702	368	\$53,746.80	0	\$0.00
703	1225	\$354,862.10	0	\$0.00
704	97	\$15,096.50	0	\$0.00
705	37	\$10,867.80	0	\$0.00
Plan Total:	3,577	\$694,886.50	1	\$36.50
LOCAL 1014				
804	178	\$44,055.60	0	\$0.00
805	195	\$42,796.70	0	\$0.00
806	658	\$258,079.49	0	\$0.00
807	50	\$11,294.60	0	\$0.00
808	16	\$6,102.99	0	\$0.00
812	252	\$48,362.80	0	\$0.00
813	1	\$170.10	0	\$0.00
Plan Total:	1,350	\$410,862.28	0	\$0.00
Grand Total:	38,030	\$7,233,757.83	9	\$392.70

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	496	\$438,002.72	\$65,523.57	\$370,713.01	\$436,236.58	\$0.00	\$436,236.58
202	265	\$461,842.50	\$39,378.06	\$415,519.44	\$454,897.50	\$0.00	\$454,897.50
203	76	\$148,906.80	\$30,369.15	\$118,537.65	\$148,906.80	\$0.00	\$148,906.80
204	24	\$27,231.12	\$9,349.32	\$17,881.80	\$27,231.12	\$0.00	\$27,231.12
SUBTOTAL	861	\$1,075,983.14	\$144,620.10	\$922,651.90	\$1,067,272.00	\$0.00	\$1,067,272.00
Anthem Blue Cross I							
211	626	\$800,962.31	\$47,934.75	\$747,970.86	\$795,905.61	(\$1,273.39)	\$794,632.22
212	234	\$539,339.10	\$27,219.34	\$514,414.82	\$541,634.16	\$4,590.12	\$546,224.28
213	61	\$165,130.66	\$21,764.76	\$143,365.90	\$165,130.66	\$0.00	\$165,130.66
214	19	\$32,006.07	\$4,177.61	\$27,828.46	\$32,006.07	\$0.00	\$32,006.07
215	2	\$861.78	\$34.48	\$827.30	\$861.78	\$0.00	\$861.78
SUBTOTAL	942	\$1,538,299.92	\$101,130.94	\$1,434,407.34	\$1,535,538.28	\$3,316.73	\$1,538,855.01
Anthem Blue Cross II							
221	2,249	\$2,874,041.23	\$154,131.03	\$2,708,449.69	\$2,862,580.72	\$6,366.95	\$2,868,947.67
222	2,021	\$4,647,496.50	\$122,647.76	\$4,517,255.18	\$4,639,902.94	(\$29,302.90)	\$4,610,600.04
223	852	\$2,311,829.24	\$95,126.00	\$2,178,804.40	\$2,273,930.40	\$39,977.02	\$2,313,907.42
224	191	\$321,745.23	\$31,601.69	\$295,197.13	\$326,798.82	(\$1,684.53)	\$325,114.29
SUBTOTAL	5,313	\$10,155,112.20	\$403,506.48	\$9,699,706.40	\$10,103,212.88	\$15,356.54	\$10,118,569.42

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,174	\$3,723,879.92	\$518,996.77	\$3,238,578.24	\$3,757,575.01	(\$14,029.95)	\$3,743,545.06
241	130	\$217,149.53	\$22,742.66	\$189,433.98	\$212,176.64	(\$1,657.63)	\$210,519.01
242	846	\$1,417,273.65	\$86,462.09	\$1,301,070.32	\$1,387,532.41	(\$3,315.26)	\$1,384,217.15
243	4,264	\$4,408,782.46	\$484,457.00	\$3,908,839.56	\$4,393,296.56	(\$1,545.44)	\$4,391,751.12
244	16	\$14,860.16	\$2,489.07	\$12,371.09	\$14,860.16	\$0.00	\$14,860.16
245	57	\$53,868.08	\$6,445.56	\$46,493.76	\$52,939.32	\$0.00	\$52,939.32
246	20	\$41,343.60	\$3,348.83	\$37,994.77	\$41,343.60	\$0.00	\$41,343.60
247	152	\$316,278.54	\$18,521.92	\$297,756.62	\$316,278.54	\$0.00	\$316,278.54
248	11	\$15,859.03	\$403.69	\$15,455.34	\$15,859.03	\$0.00	\$15,859.03
249	56	\$80,736.88	\$5,824.58	\$74,912.30	\$80,736.88	\$0.00	\$80,736.88
250	17	\$27,465.88	\$840.13	\$26,625.75	\$27,465.88	\$0.00	\$27,465.88
SUBTOTAL	12,743	\$10,317,497.73	\$1,150,532.30	\$9,149,531.73	\$10,300,064.03	(\$20,548.28)	\$10,279,515.75
CIGNA Network Model Plan							
301	259	\$432,166.41	\$110,455.54	\$315,087.63	\$425,543.17	(\$4,977.43)	\$420,565.74
302	72	\$215,215.20	\$54,193.79	\$161,021.41	\$215,215.20	\$0.00	\$215,215.20
303	6	\$21,176.94	\$5,790.53	\$11,856.92	\$17,647.45	\$0.00	\$17,647.45
304	12	\$26,363.04	\$12,347.73	\$14,015.31	\$26,363.04	\$0.00	\$26,363.04
SUBTOTAL	349	\$694,921.59	\$182,787.59	\$501,981.27	\$684,768.86	(\$4,977.43)	\$679,791.43

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
CIGNA Preferred w/ Rx - Phoenix, AZ							
321	30	\$11,919.19	\$1,445.69	\$5,475.13	\$6,920.82	\$0.00	\$6,920.82
322	6	\$10,306.68	\$687.11	\$7,901.79	\$8,588.90	\$0.00	\$8,588.90
324	20	\$15,980.58	\$1,917.68	\$13,301.92	\$15,219.60	\$0.00	\$15,219.60
327	3	\$6,776.55	\$451.77	\$6,324.78	\$6,776.55	\$0.00	\$6,776.55
329	1	\$1,342.91	\$0.00	\$1,342.91	\$1,342.91	\$0.00	\$1,342.91
SUBTOTAL	60	\$46,325.91	\$4,502.25	\$34,346.53	\$38,848.78	\$0.00	\$38,848.78

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,513	\$1,781,984.47	\$155,642.60	\$1,628,164.45	\$1,783,807.05	\$4,692.52	\$1,788,499.57
403	11,513	\$3,027,394.08	\$286,039.56	\$2,738,415.77	\$3,024,455.33	\$261.24	\$3,024,716.57
404	529	\$625,183.47	\$13,822.19	\$603,118.85	\$616,941.04	\$1,177.37	\$618,118.41
405	1,210	\$1,424,000.60	\$19,841.83	\$1,405,335.63	\$1,425,177.46	(\$1,176.86)	\$1,424,000.60
406	0	\$2,027.76	(\$2,373.69)	(\$3,709.59)	(\$6,083.28)	\$0.00	(\$6,083.28)
411	1,807	\$4,250,956.68	\$199,221.91	\$4,016,474.31	\$4,215,696.22	\$0.00	\$4,215,696.22
413	1,577	\$2,271,736.24	\$109,450.14	\$2,150,295.71	\$2,259,745.85	(\$1,426.97)	\$2,258,318.88
414	83	\$196,770.00	\$2,436.20	\$196,506.30	\$198,942.50	\$0.00	\$198,942.50
418	5,985	\$3,105,940.64	\$230,003.42	\$2,836,280.34	\$3,066,283.76	(\$3,094.08)	\$3,063,189.68
419	241	\$346,352.82	\$4,264.23	\$341,545.86	\$345,810.09	\$0.00	\$345,810.09
420	120	\$281,608.80	\$1,126.44	\$280,482.36	\$281,608.80	\$0.00	\$281,608.80
421	8	\$9,385.04	\$1,032.36	\$8,352.68	\$9,385.04	\$0.00	\$9,385.04
422	249	\$585,497.50	\$2,716.72	\$582,780.78	\$585,497.50	(\$1,431.21)	\$584,066.29
423	4	\$9,370.00	\$0.00	\$9,370.00	\$9,370.00	\$0.00	\$9,370.00
426	246	\$354,813.60	\$2,632.51	\$342,166.19	\$344,798.70	(\$1,430.70)	\$343,368.00
427	42	\$61,542.03	\$1,660.21	\$58,450.61	\$60,110.82	\$0.00	\$60,110.82
428	52	\$122,003.96	\$844.65	\$121,159.31	\$122,003.96	\$0.00	\$122,003.96
429	3	\$7,040.22	\$0.00	\$7,040.22	\$7,040.22	\$0.00	\$7,040.22
430	146	\$342,475.12	\$3,800.07	\$338,675.05	\$342,475.12	\$0.00	\$342,475.12
431	5	\$11,731.15	\$0.00	\$11,731.15	\$11,731.15	\$0.00	\$11,731.15
SUBTOTAL	25,333	\$18,817,814.18	\$1,032,161.35	\$17,672,635.98	\$18,704,797.33	(\$2,428.69)	\$18,702,368.64

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Colorado							
450	4	\$4,112.68	\$781.41	\$3,331.27	\$4,112.68	\$0.00	\$4,112.68
451	37	\$11,357.52	\$1,252.41	\$10,105.11	\$11,357.52	(\$306.96)	\$11,050.56
453	7	\$15,910.23	\$0.00	\$15,910.23	\$15,910.23	\$0.00	\$15,910.23
454	1	\$3,068.62	\$361.56	\$2,707.06	\$3,068.62	\$0.00	\$3,068.62
455	5	\$6,635.65	\$0.00	\$6,635.65	\$6,635.65	\$0.00	\$6,635.65
457	9	\$5,453.28	\$1,272.44	\$4,180.84	\$5,453.28	\$0.00	\$5,453.28
458	2	\$4,575.94	\$91.52	\$4,484.42	\$4,575.94	\$0.00	\$4,575.94
SUBTOTAL	65	\$51,113.92	\$3,759.34	\$47,354.58	\$51,113.92	(\$306.96)	\$50,806.96
Kaiser - Georgia							
441	3	\$3,396.99	\$0.00	\$3,396.99	\$3,396.99	\$0.00	\$3,396.99
442	7	\$7,926.31	\$0.00	\$7,926.31	\$7,926.31	\$0.00	\$7,926.31
445	2	\$3,095.60	\$0.00	\$3,095.60	\$3,095.60	\$0.00	\$3,095.60
446	2	\$3,095.60	\$0.00	\$3,095.60	\$3,095.60	\$0.00	\$3,095.60
461	12	\$13,587.96	\$1,381.43	\$11,074.20	\$12,455.63	\$0.00	\$12,455.63
462	76	\$33,030.66	\$4,048.36	\$28,982.30	\$33,030.66	\$0.00	\$33,030.66
463	3	\$6,770.01	\$1,128.33	\$7,898.35	\$9,026.68	\$0.00	\$9,026.68
465	7	\$10,834.60	\$928.68	\$9,905.92	\$10,834.60	\$0.00	\$10,834.60
466	29	\$24,329.26	\$872.50	\$23,456.76	\$24,329.26	\$0.00	\$24,329.26
SUBTOTAL	141	\$106,066.99	\$8,359.30	\$98,832.03	\$107,191.33	\$0.00	\$107,191.33

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	5	\$4,708.05	\$263.65	\$4,444.40	\$4,708.05	\$0.00	\$4,708.05
472	32	\$15,000.32	\$2,212.54	\$12,787.78	\$15,000.32	\$0.00	\$15,000.32
473	1	\$1,819.99	\$546.60	\$1,273.39	\$1,819.99	\$0.00	\$1,819.99
474	4	\$7,500.92	\$0.00	\$5,625.69	\$5,625.69	\$0.00	\$5,625.69
475	2	\$5,617.68	\$305.34	\$8,121.18	\$8,426.52	\$0.00	\$8,426.52
476	3	\$4,207.11	\$1,935.26	\$2,271.85	\$4,207.11	\$0.00	\$4,207.11
477	1	\$2,753.60	\$458.54	\$2,295.06	\$2,753.60	\$0.00	\$2,753.60
478	18	\$16,731.36	\$2,528.31	\$15,132.57	\$17,660.88	(\$929.52)	\$16,731.36
479	1	\$2,280.75	\$0.00	\$2,280.75	\$2,280.75	\$0.00	\$2,280.75
SUBTOTAL	67	\$60,619.78	\$8,250.24	\$54,232.67	\$62,482.91	(\$929.52)	\$61,553.39
Kaiser - Oregon							
481	4	\$4,618.64	\$854.45	\$3,764.19	\$4,618.64	\$0.00	\$4,618.64
482	78	\$37,390.08	\$6,615.15	\$30,774.93	\$37,390.08	\$0.00	\$37,390.08
483	1	\$1,347.32	\$73.93	\$1,273.39	\$1,347.32	\$0.00	\$1,347.32
484	4	\$9,205.28	\$300.44	\$8,904.84	\$9,205.28	\$0.00	\$9,205.28
486	3	\$4,878.06	\$650.41	\$4,227.65	\$4,878.06	\$0.00	\$4,878.06
488	42	\$39,930.24	\$5,457.16	\$34,473.08	\$39,930.24	\$0.00	\$39,930.24
489	1	\$1,096.82	\$0.00	\$1,096.82	\$1,096.82	\$0.00	\$1,096.82
491	1	\$1,568.18	\$0.00	\$1,568.18	\$1,568.18	\$0.00	\$1,568.18
498	2	\$4,987.96	\$397.84	\$4,590.12	\$4,987.96	\$0.00	\$4,987.96
SUBTOTAL	136	\$105,022.58	\$14,349.38	\$90,673.20	\$105,022.58	\$0.00	\$105,022.58

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
SCAN Health Plan							
611	306	\$88,483.20	\$19,103.38	\$66,827.42	\$85,930.80	\$567.20	\$86,498.00
613	84	\$47,532.00	\$8,119.62	\$38,293.98	\$46,413.60	\$0.00	\$46,413.60
SUBTOTAL	390	\$136,015.20	\$27,223.00	\$105,121.40	\$132,344.40	\$567.20	\$132,911.60
UHC Medicare Adv.							
701	1,862	\$628,152.15	\$73,238.34	\$556,589.36	\$629,827.70	\$336.45	\$630,164.15
702	369	\$598,702.50	\$32,760.93	\$545,186.55	\$577,947.48	\$0.00	\$577,947.48
703	1,222	\$815,832.30	\$82,181.62	\$733,650.68	\$815,832.30	(\$1,994.70)	\$813,837.60
704	101	\$183,174.61	\$11,425.73	\$171,748.88	\$183,174.61	(\$1,813.61)	\$181,361.00
705	37	\$32,632.89	\$2,046.17	\$30,586.72	\$32,632.89	\$0.00	\$32,632.89
706	1	\$362.92	\$14.52	\$348.40	\$362.92	\$0.00	\$362.92
SUBTOTAL	3,592	\$2,258,857.37	\$201,667.31	\$2,038,110.59	\$2,239,777.90	(\$3,471.86)	\$2,236,306.04
United Healthcare							
707	472	\$606,147.02	\$59,828.38	\$546,283.72	\$606,112.10	\$2,536.18	\$608,648.28
708	451	\$1,051,200.68	\$48,795.03	\$995,459.39	\$1,044,254.42	\$0.00	\$1,044,254.42
709	356	\$985,544.75	\$57,638.01	\$905,944.74	\$963,582.75	\$0.00	\$963,582.75
SUBTOTAL	1,279	\$2,642,892.45	\$166,261.42	\$2,447,687.85	\$2,613,949.27	\$2,536.18	\$2,616,485.45

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	67	\$82,680.01	\$3,405.91	\$76,806.04	\$80,211.95	\$0.00	\$80,211.95
802	317	\$705,334.51	\$21,627.25	\$687,267.31	\$708,894.56	\$2,225.03	\$711,119.59
803	315	\$826,761.60	\$23,201.82	\$799,360.36	\$822,562.18	\$0.00	\$822,562.18
804	178	\$219,657.34	\$5,997.35	\$217,362.08	\$223,359.43	(\$47,757.72)	\$175,601.71
805	196	\$436,105.88	\$11,169.62	\$416,036.14	\$427,205.76	(\$45,021.73)	\$382,184.03
806	658	\$1,464,069.74	\$35,066.35	\$1,429,003.39	\$1,464,069.74	(\$261,906.54)	\$1,202,163.20
807	50	\$131,232.00	\$629.92	\$130,602.08	\$131,232.00	(\$11,294.60)	\$119,937.40
808	16	\$41,994.24	\$209.97	\$41,784.27	\$41,994.24	(\$6,102.99)	\$35,891.25
809	24	\$29,616.72	\$3,702.08	\$27,148.67	\$30,850.75	\$0.00	\$30,850.75
810	12	\$26,700.36	\$3,337.53	\$23,362.83	\$26,700.36	\$0.00	\$26,700.36
811	1	\$2,624.64	\$0.00	\$2,624.64	\$2,624.64	\$0.00	\$2,624.64
812	252	\$310,975.56	\$22,928.14	\$290,324.24	\$313,252.38	(\$48,362.80)	\$264,889.58
813	1	\$2,225.03	\$0.00	\$2,225.03	\$2,225.03	(\$170.10)	\$2,054.93
SUBTOTAL	2,087	\$4,279,977.63	\$131,275.94	\$4,143,907.08	\$4,275,183.02	(\$418,391.45)	\$3,856,791.57
Kaiser - Washington							
393	6	\$7,454.04	\$596.32	\$6,857.72	\$7,454.04	\$0.00	\$7,454.04
394	13	\$5,664.10	\$1,089.25	\$4,574.85	\$5,664.10	\$0.00	\$5,664.10
395	3	\$6,939.00	\$71.76	\$9,180.24	\$9,252.00	\$0.00	\$9,252.00
396	1	\$3,867.64	\$1,160.58	\$2,707.06	\$3,867.64	\$0.00	\$3,867.64
397	4	\$6,025.44	\$0.00	\$4,519.08	\$4,519.08	\$0.00	\$4,519.08
398	5	\$4,317.00	\$552.57	\$3,764.43	\$4,317.00	\$0.00	\$4,317.00
SUBTOTAL	32	\$34,267.22	\$3,470.48	\$31,603.38	\$35,073.86	\$0.00	\$35,073.86
Medical Plan Total	53,390	\$52,320,787.81	\$3,583,857.42	\$48,472,783.93	\$52,056,641.35	(\$429,277.54)	\$51,627,363.81

Medical and Dental Vision Insurance Premiums February 2022

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	25,297	\$1,301,179.00	\$139,933.61	\$1,168,858.88	\$1,308,792.49	(\$205.28)	\$1,308,587.21
502	23,491	\$2,513,410.82	\$191,928.71	\$2,319,441.59	\$2,511,370.30	(\$2,433.52)	\$2,508,936.78
503	8	\$505.76	\$32.88	\$472.88	\$505.76	\$0.00	\$505.76
SUBTOTAL	48,796	\$3,815,095.58	\$331,895.20	\$3,488,773.35	\$3,820,668.55	(\$2,638.80)	\$3,818,029.75
CIGNA Dental HMO/Vision							
901	3,599	\$167,071.11	\$19,668.26	\$147,402.85	\$167,071.11	(\$280.43)	\$166,790.68
902	2,646	\$251,902.35	\$20,307.56	\$231,974.59	\$252,282.15	(\$189.90)	\$252,092.25
903	2	\$93.82	\$20.64	\$73.18	\$93.82	\$0.00	\$93.82
SUBTOTAL	6,247	\$419,067.28	\$39,996.46	\$379,450.62	\$419,447.08	(\$470.33)	\$418,976.75
Dental/Vision Plan Total	55,043	\$4,234,162.86	\$371,891.66	\$3,868,223.97	\$4,240,115.63	(\$3,109.13)	\$4,237,006.50
GRAND TOTALS	108,433	\$56,554,950.67	\$3,955,749.08	\$52,341,007.90	\$56,296,756.98	(\$432,386.67)	\$55,864,370.31

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

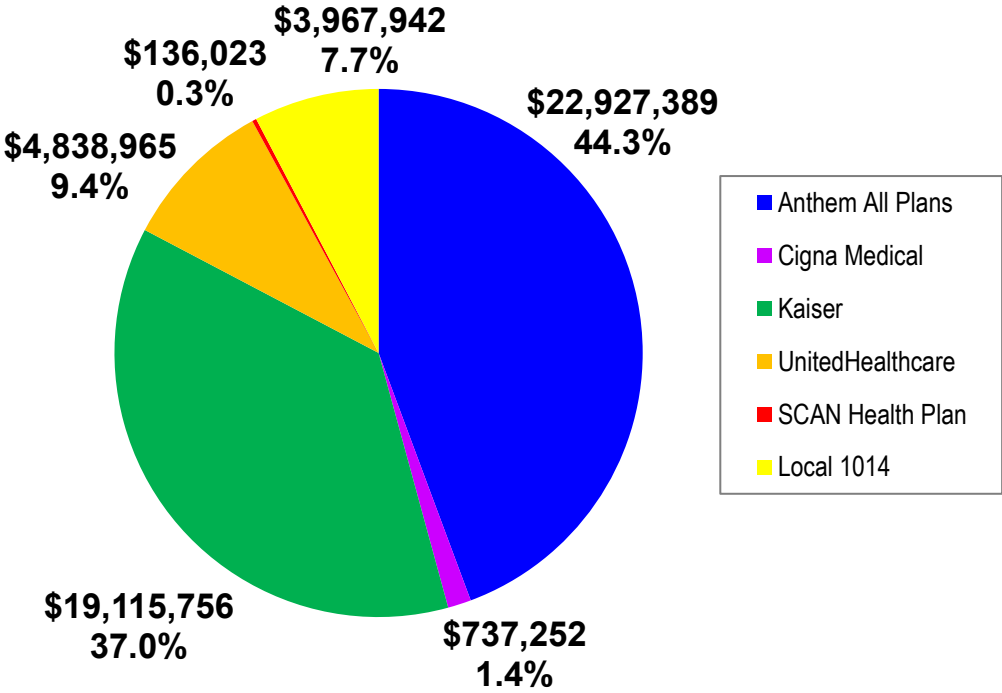
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

Los Angeles County Employees Retirement Association
Premium & Enrollment
Coverage Month Ending December 2021

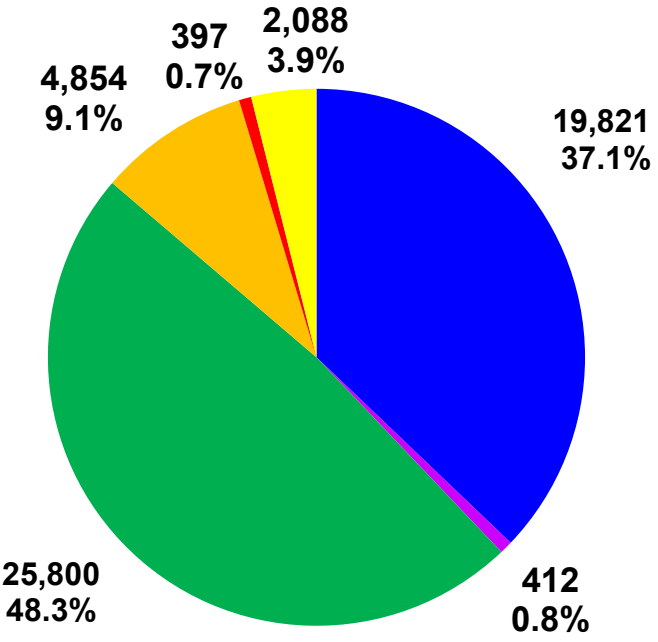
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$22,927,389	44.3%	19,821	37.1%
Cigna Medical	\$737,252	1.4%	412	0.8%
Kaiser	\$19,115,756	37.0%	25,800	48.3%
UnitedHealthcare	\$4,838,965	9.4%	4,854	9.1%
SCAN Health Plan	\$136,023	0.3%	397	0.7%
Local 1014	\$3,967,942	7.7%	2,088	3.9%
Combined Medical	\$51,723,327	100.0%	53,372	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,238,320	54,967
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Monthly Premium

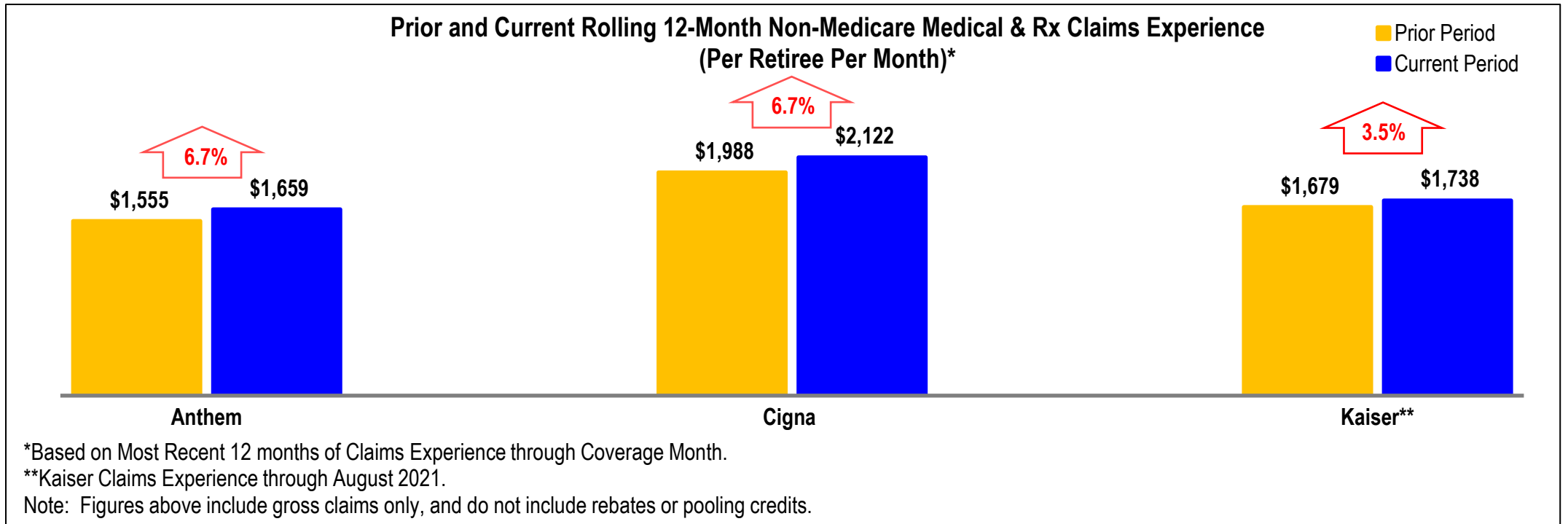
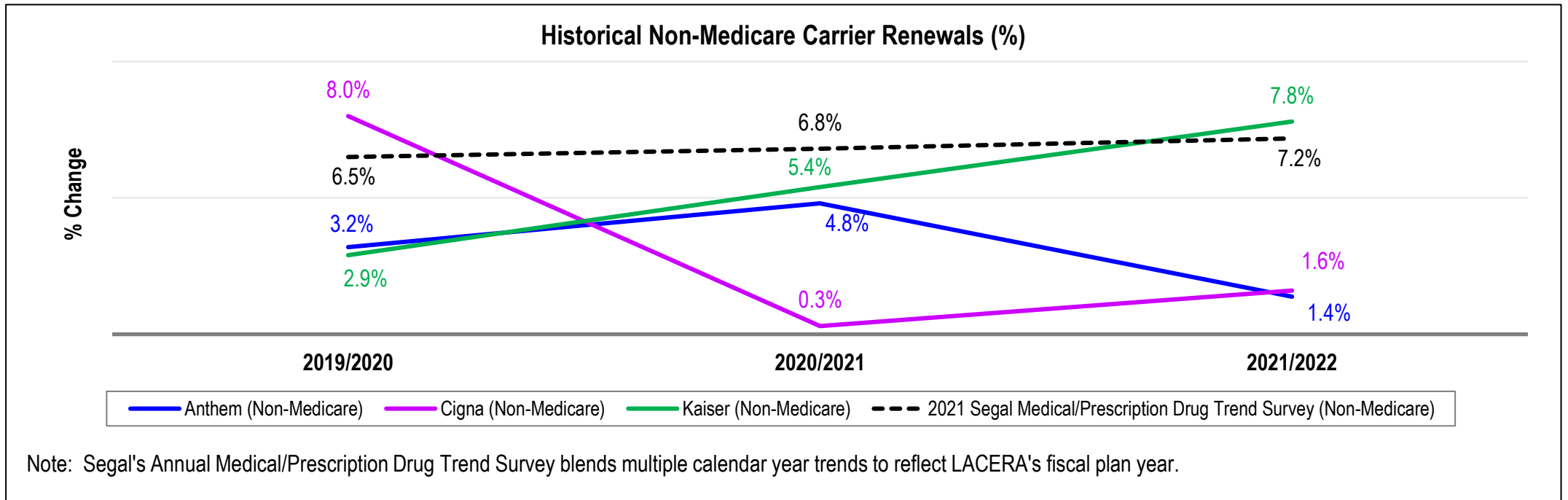


Retirees

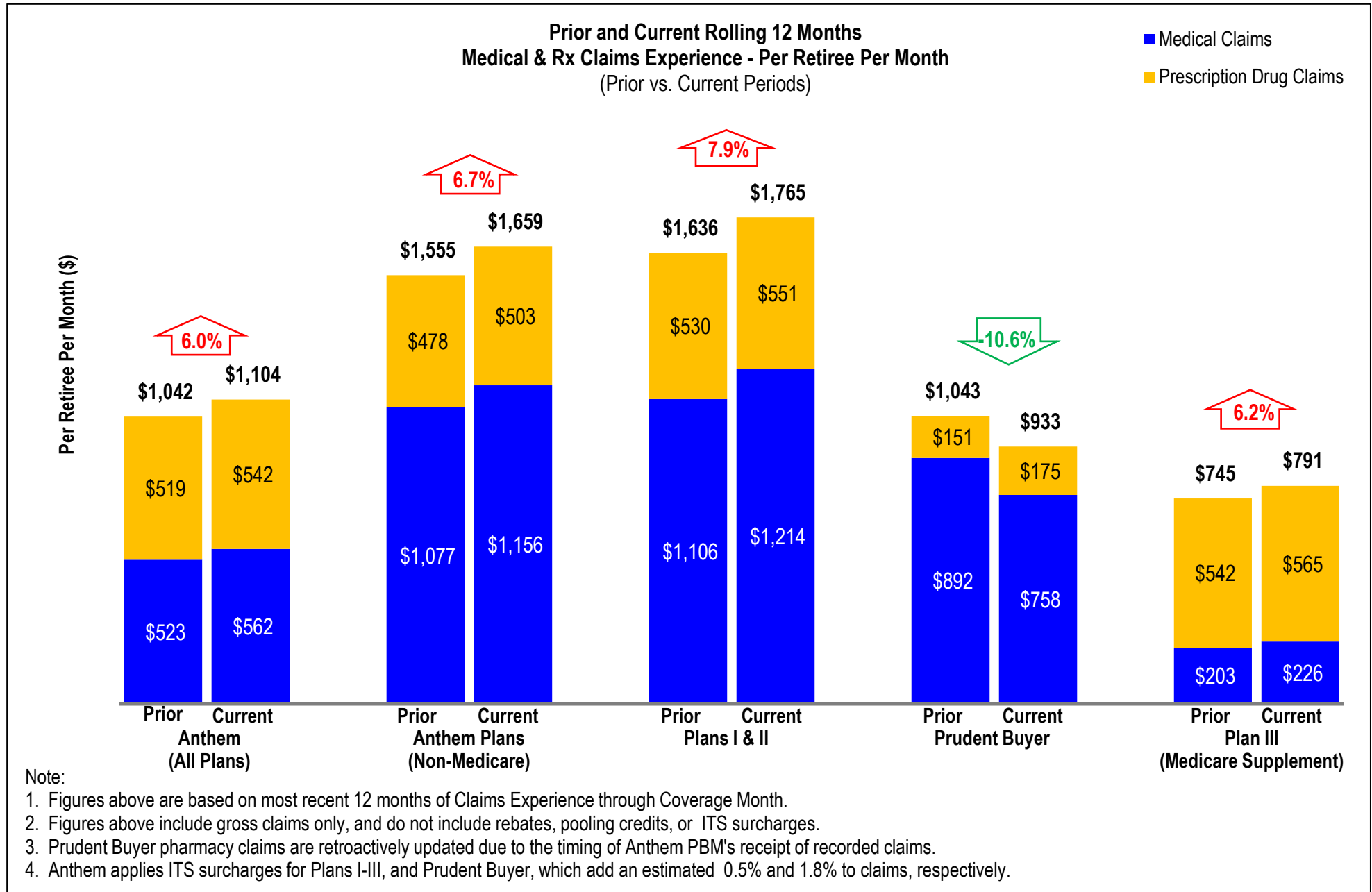


Note: Premiums include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Los Angeles County Employees Retirement Association
Claims Experience by Carrier
Coverage Month Ending December 2021



Los Angeles County Employees Retirement Association
Anthem Claims Experience By Plan
Coverage Month Ending December 2021



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending December 2021

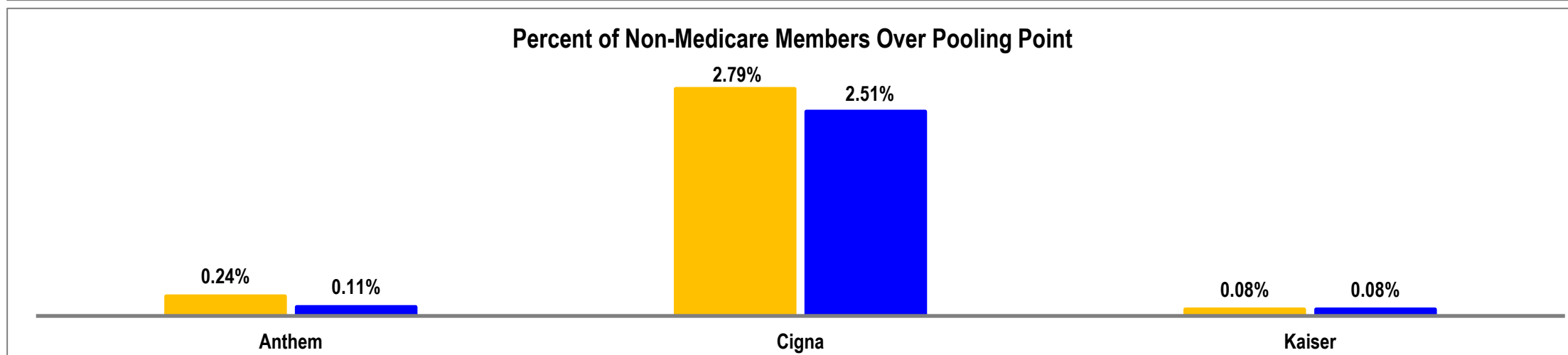
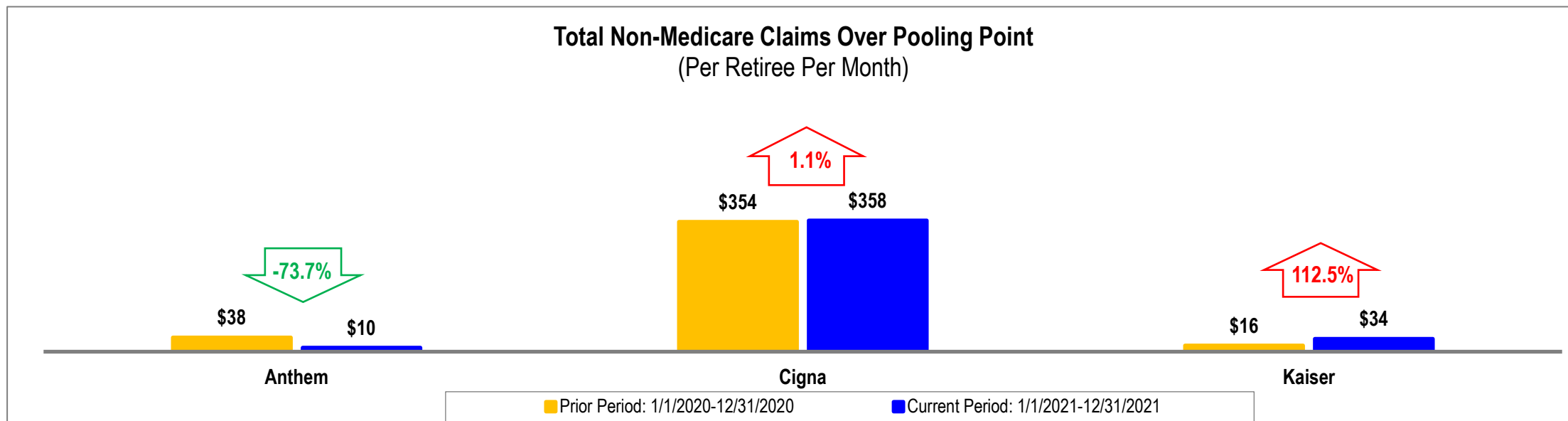
- Kaiser insures approximately 25,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

Category	Current Period 9/1/2020 - 8/31/2021	Prior Period 9/1/2019 - 8/31/2020	Change
Average Contract Size	2.38	2.39	-0.42%
Average Members	8,812	8,874	-0.70%
Inpatient Claims Per Member Per Month	\$167.53	\$162.39	3.17%
Outpatient Claims Per Member Per Month	\$327.65	\$317.03	3.35%
Pharmacy Per Member Per Month	\$114.18	\$109.59	4.19%
Other Per Member Per Month	\$121.52	\$113.09	7.45%
Total Claims Per Member Per Month	\$730.88	\$702.10	4.10%
Total Paid Claims	\$77,287,504	\$74,767,454	3.37%
Large Claims over \$475,000 Pooling Point			
Number of Claims over Pooling Point	3	3	
Amount over Pooling Point	\$1,512,611	\$710,036	113.03%
% of Total Paid Claims	1.96%	0.95%	
Inpatient Days / 1000	327.7	337.3	-2.85%
Inpatient Admits / 1000	45.8	50.7	-9.66%
Outpatient Visits / 1000	13,908.0	11,082.5	25.50%
Pharmacy Scripts Per Member Per Year	10.1	10.5	-3.81%

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending December 2021



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.

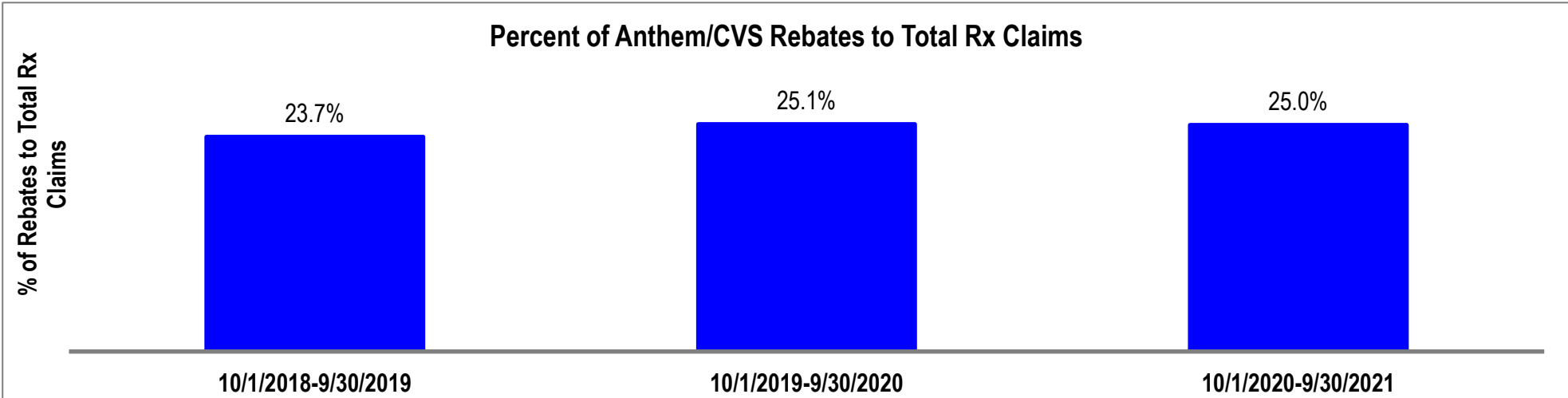
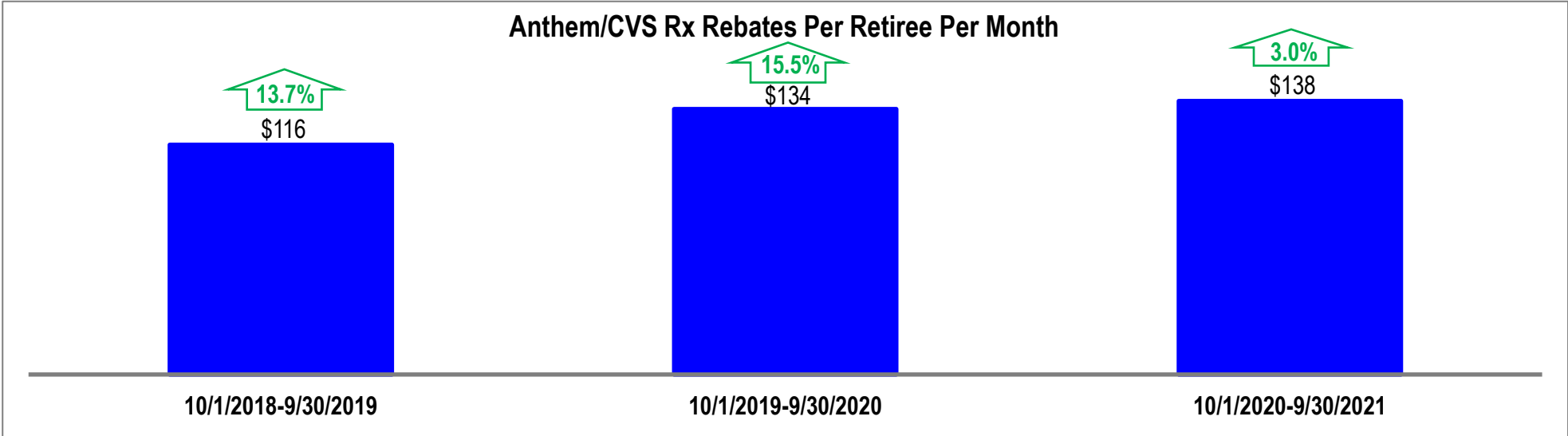
Anthem and Cigna's figures are based on most recent 12 months of Claims Experience through Coverage Month. Kaiser's figures are based on claims experience period between September through August.

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 \$500,000.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)
 Coverage Month Ending December 2021



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.

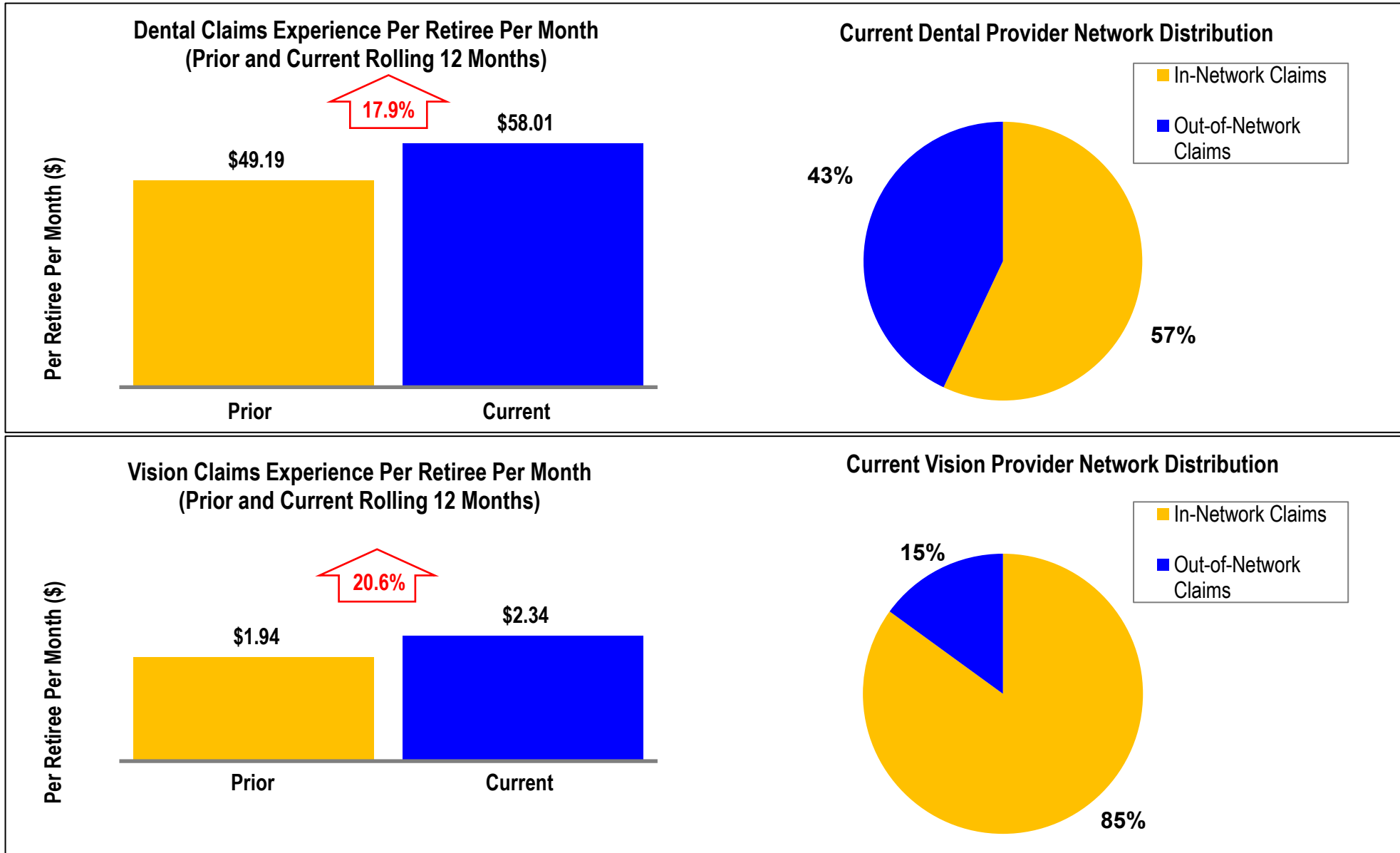
Note:

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 2021



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.