

IN PERSON & VIRTUAL BOARD MEETING



TO VIEW VIA WEB



TO PROVIDE PUBLIC COMMENT

Members of the public may address the Boards orally and in writing. To provide Public Comment, you should visit the above link and complete the request form by selecting whether you will provide oral or written comment from the options located under Options next to the Boards meeting.

Attention: If you have any questions, you may email PublicComment@lacera.com. If you would like to make a public comment during the committee meeting, review the Public Comment instructions.



**EVERY STEP COUNTS TOWARDS
A BETTER TOMORROW**

AGENDA

A SPECIAL MEETING OF THE BOARD OF RETIREMENT AND
BOARD OF INVESTMENTS

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

WESTIN HOTEL | 333 E. OCEAN BLVD., LONG BEACH, CA 90802

9:00 A.M., WEDNESDAY, MAY 29, 2024

This meeting will be conducted by the Board of Retirement and Board of Investments both in person and by teleconference under California Government Code Section 54953(f).

Teleconference Location for Trustees and the Public under California Government Code Section 54953(b).
6527 Whitworth Drive, Los Angeles, CA 90035

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

*The Boards may take action on any item on the agenda,
and agenda items may be taken out of order.*

9:00 a.m. **Call to Order**
Pledge of Allegiance

Procedure for Teleconference Meeting Attendance Under AB 2449, California Government Code Section 54953(f)

- A. Just Cause
- B. Action on Emergency Circumstance Requests
- C. Statement of Persons Present at AB 2449 Teleconference Locations

Public Comment

(Members of the public may address the Board orally and in writing. To provide Public Comment, you should visit <https://LACERA.com/leadership/board-meetings> and complete the request form by selecting whether you will provide oral or written comment from the options located under Options next to the Board meeting.

If you select oral comment, we will contact you via email with information and instruction as to how to access the meeting as a speaker. You will have up to 3 minutes to address the Board. Oral comment request will be accepted up to the close of the Public Comment item on the agenda.

If you select written comment, please input your written public comment or documentation on the above link as soon as possible and up to the close of the meeting. Written comment will be made part of the official record of the meeting. If you would like to remain anonymous at the meeting without stating your name, please select the "I would like to remain anonymous" in the request form. If you have any questions, you may email PublicComment@lacera.com.)

9:05 a.m.

Welcome

Santos H. Kreimann, Chief Executive Officer

9:10 a.m.

Retiree Healthcare 101

Cassandra Smith, Retiree Healthcare Director; Leilani Ignacio, Assistant Division Manager; Letha Williams-Martin, Senior Retirement Benefits Specialist; Tionna Fredericks, Senior Retirement Benefits Specialist

The Retiree Healthcare team will provide an overview of the Retiree Healthcare Benefits Program's history including the 1982 agreement, medical plans available upon a retiree's transition from employment into their retirement journey, eligibility and how Medicare coordinates with our health plans.

10:30 a.m. Break

10:45 a.m. Healthcare Legislative Landscape

Amy Dunn, Vice President and Senior Consultant - Segal Health Compliance Practice; Lara Clower RPh, Senior Clinical Advisor – CVS Health

Amy Dunn will share an update regarding legislation affecting retiree healthcare programs, with an emphasis on the Inflation Reduction Act's impact on Medicare's Part D prescription drug program.

Lara Clower will then share examples of the changing landscape in prescription drug therapies including glucagon-like peptide 1 (GLP-1) agonists used to treat diabetes and new and upcoming specialty products including biosimilar and gene therapy agents to treat complex conditions.

12:00 p.m. Lunch

1:00 p.m. LACERA Healthcare Plan Partners

Nicole Harber - Anthem Blue Cross; Sandra Benevides – CVS Health; Gina Hayley – Kaiser Permanente; Jason Auer – Cigna; Edith Monge – SCAN Health Plan; Nikki Mangnall – United Healthcare

Each of LACERA's health plan vendor partners will introduce their respective health plans, a brief history partnering with LACERA, a summary of the services provided, and the number of LACERA members currently served.

2:30 p.m. Break

2:45 p.m. Alzheimer's and Dementia – What to Know

Dr. Wendy Hileman – United Healthcare

Dr. Wendy Hileman will provide an update regarding current information and research on Alzheimer's disease ("AD") and dementia, spotlight preventative strategies to minimize risks associated with AD and dementia, highlight simple steps to protect your family and assets in case AD or dementia affects you or a loved one, and finally, share resources available to help

those who are experiencing AD disease and dementia within their families.

3:45 p.m. Closing Remarks & Good of the Order

Documents subject to public disclosure that relate to an agenda item for an open session of the Board of Retirement and Board of Investments that are distributed to members of the Boards 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 Board Members at LACERA's offices at 300 N. Lake Avenue, Suite 820, Pasadena, CA 91101, during normal business hours of 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.

Every Step Counts Towards **A Better Tomorrow**

Wednesday | May 29, 2024

L/CERA

Los Angeles County Employees Retirement Association



**Every Step
Counts Towards
A Better Tomorrow**

WELCOME

L/CERA

Los Angeles County Employees Retirement Association

AGENDA AT A GLANCE

| | |
|------------|--|
| Up Next | Retiree Healthcare 101 |
| 10:30 a.m. | Break |
| 10:45 a.m. | Healthcare Legislative Landscape |
| Noon | Lunch |
| 1:00 p.m. | LACERA Healthcare Plan Partners |
| 2:30 p.m. | Break |
| 2:45 p.m. | Alzheimer's and Dementia: What to Know |
| 3:45 p.m. | Closing Remarks & Good of the Order |



Every Step Counts Towards **A Better Tomorrow**

Retiree Healthcare 101

L/CERA

Los Angeles County Employees Retirement Association



Retiree Healthcare 101 Agenda

Retiree Healthcare Program History

Evolution of Retiree Healthcare

1982 Agreement

OPEB Trust

Member Eligibility

Lifetime Maximum Benefit (LMB)

Healthcare Program Overview

Medical Plans

Enrollment Population

Dental/Vision Plans

Enrollment Process

Tier 1 & 2

Cost/Benchmark Subsidy

Medicare Basics

Medicare Part B Premium Reimbursement

Interactive Forms/Sample Forms

RHC Enhancements – Member’s Experience

Evolution of Retiree Healthcare Program

BOR creates Retiree Healthcare Benefits Program - funded by excess earnings

1971

1982
Agreement

County agrees to fund retiree's healthcare premium subsidy. The County agrees to maintain cost and benefit parity between the active employees and retired members. LACERA is to administer the program

County reaffirms '82 agreement and reinforces the cost and benefit parity language even if the County discontinues funding the active employee health plan

1994
Amendment

2013
Amendment

County and unions agree to modify program for future employees

Board of Supervisors approves Tier 2 program

2014
Amendment

1982 Agreement– Active and Retiree Parity

“Recognizing that features of the health insurance available may change in the future County agrees that neither the ratio of County cost per active employee and County cost per retired employee nor the ratio of benefits per active employee and benefits per retired employee will be changed to the detriment of retired employees and their dependents.”



Other Post-Employment Benefits (OPEB)

- OPEB refers to:
 - retiree health benefit
 - dental care benefit
 - death benefit(does not include a retiree's pension benefit)

May 15, 2012

The Board of Supervisors approved establishing an OPEB trust to prefund the LACERA-administered Retiree Healthcare Benefits Program.

Retiree Healthcare Benefits Program – Eligible Participating Agencies

LACERA members who retire from:

- ❖ County of Los Angeles (LACO)

❖ Participating Agencies of the County:

- ❖ Little Lake Cemetery District (LLC)

- ❖ Local Agency Formation Commission (LAFCO)

- ❖ Los Angeles County Employees Retirement Association (LACERA)

- ❖ Los Angeles County Office of Education (LACOE)

CalPERS - July 1, 1971

- ❖ South Coast Air Quality Management District (SCAQMD)

SBCERA - January 1, 1980

LIFETIME MAXIMUM BENEFIT OVERVIEW

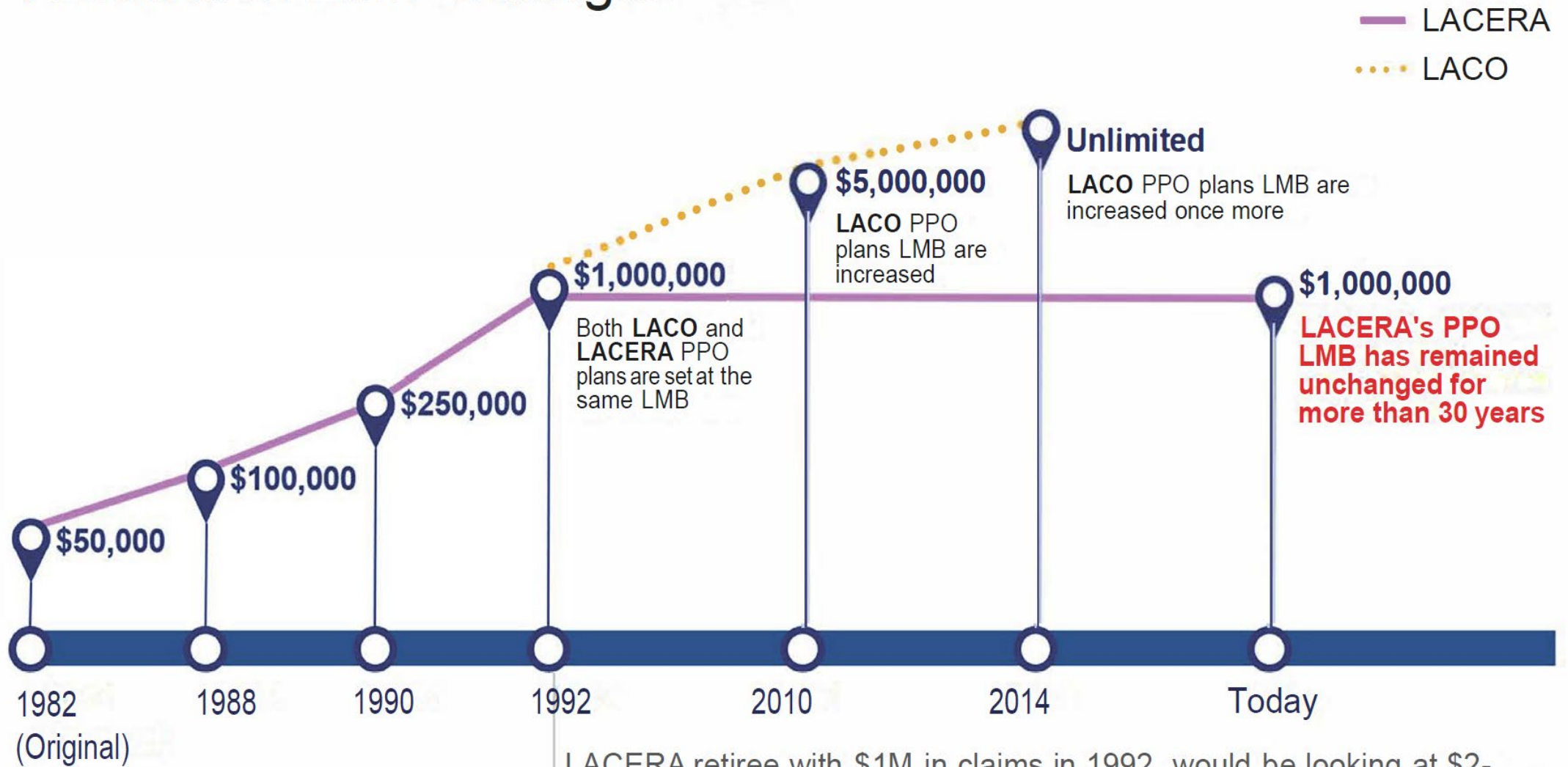


Anthem Blue Cross Plans Lifetime Maximum

LACERA retiree group Anthem Blue Cross Indemnity (PPO - Preferred Provider Option) plans with \$1M Lifetime Maximum Benefit (LMB)

- Plan I (Benchmark), Plan II (Benchmark), and Prudent Buyer
- **Affordable Care Act (ACA)**
 - Removed lifetime maximum for active employees participating in an employer sponsored group plan
 - “Retiree-only” provision did not mandate the elimination of the lifetime maximum benefit cap
 - LACERA is currently in collaboration with the County seeking removal of the LMB

Timeline of LMB Changes



LACERA retiree with \$1M in claims in 1992, would be looking at \$2-\$3M medical bill (using a conservative 3% medical inflation rate)

Who Is Likely To Reach The LMB

Not Eligible for Medicare

- This is a finite and shrinking pool of about 8,700 retirees and employees
- Hired on 01/01/1983 thru 03/31/1986 did not pay Social Security nor Health Insurance Tax (HIT)

Optional Medicare

- Tier I employees (hired prior to 06/30/2014) who paid 10 years or more into Social Security

Mandatory Medicare

- Tier 2 employees impacted prior to reaching Medicare eligibility (Age 65)
- Tier 2 employees mandated to sign up for Medicare
- Tier 2 employees pay into HIT

RETIREE HEALTHCARE PROGRAM OVERVIEW



Retiree Healthcare Benefits Program – Medical Plan Options

Medical Plans

- **Indemnity (PPO) Plans**
 - ❖ Anthem I
 - ❖ Anthem II
 - ❖ Anthem Prudent Buyer
- **Health Maintenance Organizations(HMO) Plans**
 - ❖ Kaiser Permanente
 - ❖ United Healthcare (UHC)
 - ❖ Cigna Network Model Plan

Medicare Plans (Medicare Parts A and B required)

- **Medicare Supplement Plan**
 - ❖ Anthem III
- **Medicare Advantage Plans**
 - ❖ Kaiser Senior Advantage
 - ❖ United Healthcare Medicare Advantage
 - ❖ SCAN (CA, AZ, NV)
 - ❖ Cigna Medicare Select Rx plan (Arizona only)

| MEMBER COUNT PER PLAN** | |
|--------------------------|---------------|
| MEDICAL* | |
| SCAN | 382 |
| SCAN DESERT HP - ARIZONA | 7 |
| SCAN HEALTH PLAN NEVADA | 12 |
| CIGNA NETWORK | 306 |
| CIGNA PREFERRED W/ RX | 63 |
| UNITED HEALTHCARE (UHC) | 1,455 |
| UHC MEDICARE ADV. | 3,979 |
| KAISER/SENIOR ADV. | 26,290 |
| KAISER - COLORADO | 74 |
| KAISER - GEORGIA | 147 |
| KAISER - HAWAII | 59 |
| KAISER - OREGON | 137 |
| KAISER - WASHINGTON | 41 |
| ANTHEM BLUE CROSS | 784 |
| ANTHEM BLUE CROSS I | 858 |
| ANTHEM BLUE CROSS II | 5,627 |
| ANTHEM BLUE CROSS III | 13,592 |
| TOTAL | 53,813 |
| *Excluding Local 1014 | |
| DENTAL/VISION | |
| CIGNA DENTAL/VISION | 50,907 |
| CIGNA DENTAL (HMO) | 7,274 |
| TOTAL | 58,181 |

LACERA Retiree Healthcare Plan Enrollment



****Data as of 4/30/2024**

Retiree Healthcare Benefits Program – Dental Plans

- Cigna Indemnity
Dental/Vision (PPO
plan)
- Cigna HMO
Dental/Vision



Retiree Healthcare Benefits Program – Enrollment Process

- **Members must submit enrollments within 60 days of their retirement date or Board letter date (whichever is later) otherwise, the late enrollment rules apply:**
 - 6 month wait for medical
 - 12 month wait for dental/vision
 - No Annual Open Enrollment Period (Rolling Enrollment)
 - ❖ Once documents are imaged into member's account, an acknowledgement letter will automatically be sent out
 - ❖ Local 1014 – members must contact Local 1014 directly
 - ❖ If member wishes to waive, they can submit a waiver to LACERA

Qualifying Events

- **Birth/Adoption**
- **Marriage/Domestic Partnership**
- **Divorce/Legal Separation/Loss of Domestic Partnership**
- **Death**

* Must submit written notification to LACERA within 30 days of the qualifying event

Retiree Healthcare Enrollment Process

Member Counseling
– MSC



Member's name appears on the Board of Retirement Agenda



RHC sends healthcare enrollment packet



Member submits healthcare enrollment forms within 60 days
If member submits waiver letter, member receives confirmation letter



Forms are processed



Member receives confirmation of enrollment letter



Member Receives ID cards from carriers



Retiree Healthcare Benefits Program – Benchmark Rates – Tier 1 & 2

Tier 1 (hired before June 30, 2014)

- Anthem Blue Cross I & II
- Cigna Indemnity Dental/Vision plan

- ❖ Medicare Enrollment is optional
- ❖ Employees hired 01/01/1983 thru 04/30/1986 did not pay Social Security nor Health Insurance Tax (HIT)

Tier 2 (hired after June 30, 2014)

- Anthem Blue Cross I & II – not eligible for Medicare
 - Anthem Blue Cross III – Medicare eligible
 - Cigna Indemnity Dental/Vision plan
- ❖ Mandatory enrollment in Part A & B if entitled
 - ❖ Part B reimbursement for retiree/survivor only
 - ❖ Premium subsidy applies to retiree/survivor only

Retiree Healthcare Benefits Program – Cost and Benchmark

- County contributes if member has at least 10 years of retirement service credit
 - 40% of benchmark rate (Anthem I & II) for 10 years of service credit
 - 4% of benchmark rate for each additional year up to a maximum of 100% for 25 years or more of service credit
 - Members will be responsible for the premium difference - if plan selected is above benchmark rate even with 25+ years of service

| Years of Service | Member Pays | County Subsidizes |
|--|-------------|-------------------|
| Under 10 | 100% | 0% |
| 10 | 60% | 40% |
| 11 | 56% | 44% |
| 12 | 52% | 48% |
| 13 | 48% | 52% |
| 14 | 44% | 56% |
| 15 | 40% | 60% |
| 16 | 36% | 64% |
| 17 | 32% | 68% |
| 18 | 28% | 72% |
| 19 | 24% | 76% |
| 20 | 20% | 80% |
| 21 | 16% | 84% |
| 22 | 12% | 88% |
| 23 | 8% | 92% |
| 24 | 4% | 96% |
| 25 or more* | 0% | 100% |
| SCD with less than 13 years of service credit. | 50% | 50% |

*County's premium subsidy is up to the benchmark rates only.

LACERA 2023 – 2024

Retiree Healthcare Medical Plans

2023-2024 Monthly Anthem Blue Cross (I & II) Benchmark Premium Cost

| | | |
|------------------|-------------|--|
| Retiree Only | \$ 1,374.62 | *If retirees waives coverage through LACERA, County subsidy is NOT provided if enrollment is not elected. |
| Retiree & Spouse | \$ 2,478.02 | |
| Retiree & Family | \$ 2,922.98 | |

| Medical Plans | Retiree Only | Retiree & Spouse | Retiree & Family |
|----------------------------|-------------------|-------------------|-------------------|
| Anthem Blue Cross PB | \$951.76 | \$1,871.92 | \$2,112.48 |
| Cigna Network Model | \$1,787.58 | \$3,227.48 | \$3,810.99 |
| Kaiser Permanente | \$1,265.81 | \$2,523.62 | \$2,523.62 |
| United Healthcare | \$1,381.50 | \$2,523.09 | \$2,991.61 |
| Waive Medical | \$0.00 | \$0.00 | \$0.00 |

Cigna Network Model and United Healthcare plans exceeds the Anthem Blue Cross I & II benchmark rate.

| Dental Plans | Retiree Only | Retiree & Family |
|------------------------|--------------|------------------|
| Cigna Dental Indemnity | \$52.68 | \$109.81 |
| Cigna Dental HMO | \$46.52 | \$95.28 |
| Waive Dental | \$0.00 | \$0.00 |

MEDICARE 101

Medicare Basics

What is Medicare

- Medicare is a Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS).
- Medicare is a fee-for service plan.

Eligibility Requirements

- Age 65 or older; or
- Under age 65 with certain disabilities; or
- Any age with permanent Kidney failure.

Parts of Medicare

- **Part A (Hospital)**
 - Inpatient care in the hospital, skilled nursing facility, hospice care, and home health care
- **Part B (Medical)**
 - Services from doctors and other providers, outpatient care, home health care, durable medical equipment [wheelchair, walkers, hospital beds, oxygen, and other equipment], and preventive services
- **Part C**
 - Medicare Advantage plans
- **Part D (Drug)**
 - **Cost of prescription drugs**
 - LACERA members informed not to enroll as their LACERA benefits are equal to Medicare Part D (no reimbursement for Part D premiums)

Documents Required by LACERA

- Proof of Medicare Parts A and B enrollment, or Social Security ineligibility letter
- Annual proof of Medicare Part B premium, as needed

Turning Age 65

Documents required for enrollment:

A completed MAPD enrollment form (if enrolling in an MAPD plan) and copy of their Medicare A/B card.

Letter from Social Security stating they do not qualify for Medicare, if applicable

Copy of current Medicare Part B premium verification from Social Security

Letter sent to members 3-4 months prior to their 65th birthday

Member will receive a confirmation of enrollment letter



Members enrolled in HMO plans will receive an MAPD enrollment form

Member's enrollment will be processed

Required Documents

LACERA
Los Angeles County Employees Retirement Association
PO Box 7060 • Pasadena, CA 91109-7060 • www.lacera.com

Please check one of the following boxes: **MEDICAL PLAN**
 New Enrollment Change Cancellation

(FOR LACERA USE ONLY)

| | | | |
|---|------------------|----------------|----------------------|
| Retirement Date | Effective Date | Deduction Code | AME Entry Date: |
| <input type="checkbox"/> SCD <input type="checkbox"/> Tier 1 | Years of Service | Current Med: | Emp Site Entry Date: |
| <input type="checkbox"/> NSCD <input type="checkbox"/> Tier 2 <input type="checkbox"/> PPA Initials | Email/Fax Date | New Med: | Premium Med: \$ |
| Input Date | Initials | | |

Section 1: LACERA MEMBERSHIP INFORMATION

Please check one:
 Completed by Retiree Survivor COBRA Participant COBRA Period (months) 18 29 36

| | | | |
|-------------------|--------------------------|----------------------------|--|
| Last Name (Print) | First Name (Print) | M.I. | Social Security Number |
| Street Address | Apt. | Date of Birth | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City | State | ZIP Code | |
| Email Address | Contact Phone Number () | Alternate Phone Number () | |

Marital Status (check one) Single
 Married, date of marriage _____ Divorced, date of divorce/legal separation _____
 Widowed, date of death _____ Domestic Partner, date of registration _____
 Domestic Partnership Terminated, date of termination _____

Current Medical Plan Coverage is (write in the full name of plan): _____
 Other Medical Plan Coverage: Please provide the name and policy number of any other medical plan that covers you or your dependents.
 Name: _____ Policy No.: _____

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.
 Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.
 No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin
 I choose not to answer

What's your race? Select all that apply.
 American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White
 I choose not to answer

402 - 01/24 (7/000) Page 1 Top Copy - Medical Carrier Bottom Copy - Subscriber

LACERA Medicare Advantage Prescription Drug Plan (MAPD) Universal Enrollment/Election Form
Los Angeles County Employees Retirement Association

(To Be Filled out by LACERA)

| | | | |
|--|-------------------|----------------------|-----------|
| Retirement Date: | Years of Service: | Email/Fax Date: | PPA: |
| Effective Date: | Current Med: | Input Date: | Initials: |
| <input type="checkbox"/> SCD <input type="checkbox"/> NSCD <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 | New Med: | AME Entry Date: | |
| Premium: | | Emp Site Entry Date: | |

Please check all that apply:
 Completed by:
 Retiree Enter retirement date: _____
 Spouse/DP Enter name of retiree: _____
 Survivor Enter name of retiree: _____

Marital Status:
 Single Married, If yes Date of Marriage/DP Registration
 Widowed
 Divorced/ DP Registration
 Terminated DP

SECTION 1: Personal Information
 Medicare Advantage Prescription Drug (MAPD) plan you are requesting enrollment in:

| | | |
|---|---|--|
| Employer Group Name LACERA | Group# | Requested Effective Date (subject to CMS approval) |
| Desired Contracting Medical Group (if applicable) | Desired Contracting Physician (if applicable) | Medical Group/Physician No. (if applicable) |
| Last Name | First Name | MI |
| | | Gender <input type="checkbox"/> M <input type="checkbox"/> F |

Permanent Residence Address (Street Address Only—No P.O. Box, except for individuals experiencing homelessness)
 City _____ State _____ Zip _____ County _____

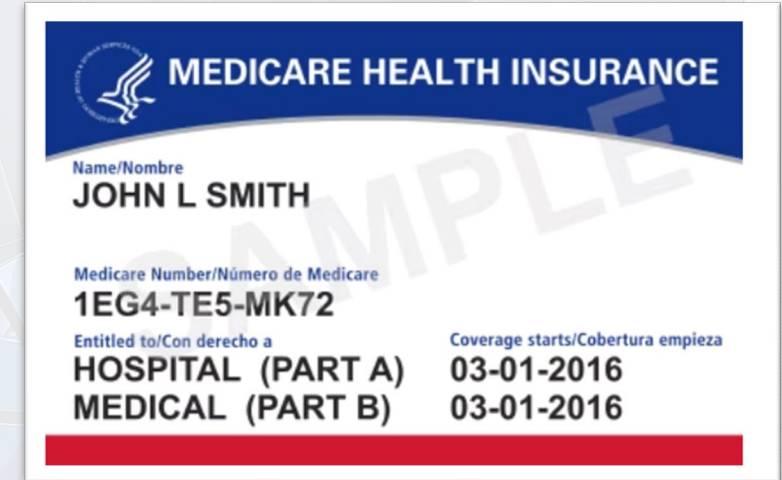
Mailing Address if Different (Street, City, State, Zip)
 Daytime Phone Number (including area code) _____ E-mail address (optional) _____
 Evening Phone Number (including area code) _____
 Social Security Number (SSN) _____ Date of Birth _____

Are you the Subscriber? Yes No
 If no, provide Subscriber Name and Social Security Number (your group may require this information)
 Subscriber Name _____ Subscriber SSN _____

Please Provide Your Medicare Insurance Information
 Please take out your red, white and blue Medicare card to complete this section.
 • Fill out this information as it appears on your Medicare card.
 • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board

Name (as it appears on your Medicare card): _____
 Medicare Number: _____
 Is Entitled To: _____ Effective Date: _____
 HOSPITAL (Part A) _____
 MEDICAL (Part B) _____
 You must have Medicare Parts A and B to join a Medicare Advantage plan.

Page 1 of 6 <SKU#112894096595862216 (10/2023)> DISTRIBUTION: White (Health Plan Copy); Pink (Medicare Beneficiary Copy)



Medicare Enrollment Periods

Initial Enrollment Period (IEP)

- A 7-month period that begins 3 months before the month a person turns 65, their birthday month and ends 3 months after the person turns 65
- Coverage will begin the month after a person enrolls during their IEP

General Enrollment Period (GEP)

- A 3-month period that takes place from January 1 through March 31 of each year.
- Part B and premium Part A coverage will begin the month after a person enrolls during the GEP

Special Enrollment Period (SEP)

- Individuals who do not enroll in Part B or premium Part A when first eligible because they were covered under a group health plan based on their own or a spouse's current employment (or the current employment of a family member, if disabled) may enroll during this SEP
- The individual can enroll at any time while covered under the group health plan based on current employment, or during the 8-month period that begins the month the employment ends or the group health plan coverage ends, whichever comes first.

Medicare Part B Premium Reimbursement Program

Members must meet the following requirements:

- Must pay Part B premiums through Social Security deduction or receive a Medicare billing notice
- Enrolled in a LACERA-administered MAPD or Medicare supplement plan
- Not being reimbursed by any other agency

Note: The Medicare Part B Premium Reimbursement Program (up to the standard rate only) is subject to annual approval by the Board of Supervisors

- Tier 1 members - up to 2-party Part B reimbursement
- Tier 2 members – only retiree/survivor qualifies for the Part B reimbursement

Annual Part B verification is required in order for LACERA to adjust the monthly Part B Premium Reimbursement (automatization with systems in progress)

Retiree Healthcare Benefits Program - Interactive Healthcare Enrollment Forms

All forms, including sample of new enrollment, change and cancellation forms are available at www.lacera.com under RHC-forms-and-publications

- Medical form
- Dental/vision form
- Medicare Advantage –Prescription Drug form (MA-PD)

(To Be Filled out by LACERA)

| | | | |
|--|-------------------------|----------------------------|-----------------|
| Retirement Date: _____ | Years of Service: _____ | Email/Fax Date: _____ | PPA: _____ |
| Effective Date: _____ | Current Med: _____ | Input Date: _____ | Initials: _____ |
| <input type="checkbox"/> SCD <input type="checkbox"/> NSCD <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 | New Med: _____ | AME Entry Date: _____ | |
| <input type="checkbox"/> Premium: _____ | | Emp Site Entry Date: _____ | |

Please check all that apply:

Completed by:

Retiree Enter retirement date: _____

Spouse/DP Enter name of retiree: _____

Survivor Enter name of retiree: _____

Marital Status:

Single Married, _____

Widowed If yes Date of Marriage/ _____

Divorced/ DP Registration _____

Termed DP _____

- 1 Do not complete the gray section. (FOR LACERA USE ONLY)
- 2 Check one "Completed by" box and enter applicable information in the space provided.
- 3 Select your marital status and provide date if applicable. If you are married or part of a registered domestic partnership, select the "Married" box and fill in the date of marriage/ domestic partnership in the space provided.

Section 1

SECTION 1: Personal Information

Medicare Advantage Prescription Drug (MAPD) plan you are requesting enrollment in:

| | | |
|--|--|---|
| Employer Group Name LACERA | Group# | Requested Effective Date (subject to CMS approval) |
| Desired Contracting Medical Group (if applicable) | Desired Contracting Physician (if applicable) | Medical Group/Physician No. (if applicable) |
| Last Name DOE | First Name JANE | MI A |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Permanent Residence Address (Street Address Only—No P.O. Box) PERMANENT ADDRESS | | |
| City PERMANENT ADDRESS | State ADDRESS | Zip ADDRESS |
| Mailing Address if Different (Street, City, State, Zip) MAILING ADDRESS | | |
| Daytime Phone Number (including area code) (XXX) XXX-XXXX | E-mail address (optional) | |
| Evening Phone Number (including area code) (XXX) XXX-XXXX | | |
| Social Security Number (SSN) XX-XX-XXXX | Date of Birth XX/XX/XXXX | |

Are you the Subscriber? Yes No

If no, provide Subscriber Name and Social Security Number (your group may require this information)

Subscriber Name _____ Subscriber SSN _____

- 4 Enter the Medicare Advantage Prescription Drug (MAPD) plan you are requesting enrollment in and your personal information where highlighted, starting with last name/first name and gender. You do not need to complete the medical group and physician information until Section 4.
- 5 The subscriber is the retiree or the survivor.

Highlighted sections to be completed by the member.

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card. **Please provide a copy of retiree and/or dependent Medicare card**
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card): _____ **6**

Medicare Number: _____

Is Entitled To: _____ Effective Date: _____

HOSPITAL (Part A) -----

MEDICAL (Part B) -----

You must have Medicare Parts A and B to join a Medicare Advantage plan.

- 6 Provide your Medicare information as appears on your Medicare card. *Recommended:* Include a copy of the retiree's and/or dependent's Medicare card when you submit your MAPD form.

| | | | |
|-------------------|--------------------|------|------------------------|
| DOE | JANE | A | XXX-XX-XXXX |
| Last Name (Print) | First Name (Print) | M.I. | Social Security Number |

- 7 Fill out name, and Social Security information on the top of page 2.

Section 2

SECTION 2: Medical Information

- Are you the retiree? Yes No
If yes, retirement date (month/date/year): ____ / ____ / ____
If no, name of retiree: _____
- Are you covering a spouse or dependents under this employer plan? Yes No
If yes, name of spouse: _____
Name(s) of dependent(s): _____
- Do you or your spouse work? Yes No
- Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. Will you have other prescription drug coverage? Yes No
If yes, please list your other coverage and your identification(ID) number(s) for this coverage.
Name of other coverage: _____
ID # for coverage: _____
- Are you a resident in a long-term care facility, such as a nursing home? Yes No
If yes, please provide the following information:
Name of Institution: _____
Address of Institution (number and street): _____
Phone Number of Institution: (____) _____ - _____

- 8 Answer questions 1 through 5 and provide any requested information.

RHC ENHANCEMENTS – MEMBER’S EXPERIENCE

- **Call back feature implemented**
- **Members ability to upload documents via Member Portal**
- **Automated letters for Part B verification**
- **Modification to annual Part B verification process**
- **Electronic eligibility data submission to carriers (Kaiser only)**
- **Dependent info displayed on member portal**
- **Working with carriers establishing links to information about plan benefits**

Future plans:

- **Chatbots and integration of AI to assist with training staff and guiding members through the process**

Medical and Dental/Vision Insurance

Coverage Details

LACERA Administered Retiree Healthcare Benefits Program

Coverage Information

Medical

Anthem Blue Cross III (Medicare Supplement Plan)

Retiree and Spouse - Both with Medicare

Effective Date 01/01/2010

Monthly Premium \$1,114.20

Member's Portion \$0.00

Dental/Vision

Cigna Dental HMO/Vision

Children Only Rate

Effective Date 02/01/2023

Monthly Premium \$47.11

Member's Portion \$0.00

Medicare Part B Reimbursement **\$170.10**

Total Part B reimbursement for member/survivor, spouse, and/or dependents.

Los Angeles County Employees Retirement Association

800-786-6464 Send Message Appointments lacera.com

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Member

Three E. Testcase

Medicare: Parts A & B with Reimbursement

Part A Effective Date 02/01/2023

Part B Effective Date 03/01/2023

Eligible Dependents

Four Test-Account

Medical Covered

Medicare: Part A Only

Part A Effective Date 02/01/2023

Testa Louise Case Sixn

Dental/Vision Covered

Dependent information displayed on member portal

Poll #1

Trustees Only

Are you an expert?

Would you feel confident speaking with members about their LACERA-administered Retiree Healthcare benefits?

- A. Yes, I'm an expert now
- B. Somewhat, I think I can answer some questions
- C. Only time will tell
- D. No way, I'll reach out to my lifeline - I keep LACERA's number on speed dial



POLL RESULTS

QUESTIONS?

THANK YOU



Implications of Coming Medicare Part D Changes for Retiree Health Plans

May 29, 2024 / Amy Dunn

New Retiree Health Landscape after the IRA

- The Inflation Reduction Act was signed August 16, 2022
- The Act significantly changes Medicare coverage
 - Medicare will negotiate prices for certain prescription drugs
 - Medicare will receive inflation rebates from manufacturers
 - Part D design changes significantly
 - Additional Medicare coverage for vaccines and insulin



What's Not Included in the Inflation Reduction Act

- No expansion of Medicare to cover vision, dental or hearing
- Medicare eligibility age not lowered
- No change in calculation of affordability for ACA purposes
- No federal paid leave program

The “Build Back Better” Act would have made substantial changes to Medicare and other programs, but was not enacted. Its provisions were scaled back into the Inflation Reduction Act.

LACERA's Medical Plans

Medicare Advantage Prescription Drug (MAPD)

- Cigna Preferred with Rx
- Kaiser Permanente Senior Advantage
- SCAN Health Plan
- UnitedHealthcare Medicare Advantage

Retiree Drug Subsidy (RDS)

- Anthem Blue Cross Prudent Buyer
- Anthem Blue Cross Plan I
- Anthem Blue Cross Plan II
- Anthem Blue Cross Plan III
- Cigna Network Model Plan HMO
- Kaiser Permanente HMO
- LACFF Local 1014

IRA Changes Timeline for Part D Plans



- \$35 Insulin cost cap*
- No cost vaccines
- Manufacturers pay rebates to Medicare for drugs increasing more than inflation

- Cost share eliminated for catastrophic tier
- Low Income Subsidies expanded from 135% of FPL (federal poverty level) to 150%
- Base Beneficiary Premium increases capped at 6% (through 2030)

- \$2,000 annual OOP Max (indexed)
- For catastrophic tier:
 - Medicare share reduced to 20%
 - Plan share increased to 60%
 - Drug manufacturers introduced at 20%
- Allows members to make coinsurance installment payments over a year (Medicare Prescription Payment Plan - M3P)

Medicare negotiates drug prices

- 2026: 10 drugs
- 2027: +15
- 2028: +15
- 2029: +20

Rule that would eliminate rebates delayed until at least 2032

FPL - Federal Poverty Level
OOP - Out of pocket

* Does not apply to group health plans

Medicare Negotiating Prices for 10 Drugs



Beginning in 2026, Medicare will announce maximum fair prices that must be used by Part D plans for 10 drugs, with more to be phased in each year



If the manufacturer refuses to participate in the negotiation program or fails to comply with the maximum fair price, they can face an excise tax



Several manufacturers have filed suit challenging the program; litigation continues



Initial Targeted Drugs

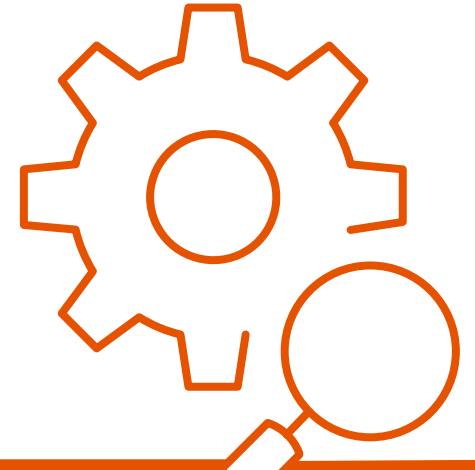
| Drug Name | Commonly Treated Conditions | Total Part D Gross Covered Prescription Drug Costs from June 2022–May 2023 | Manufacturer |
|--|--|--|-----------------------|
| Eliquis | Prevention and treatment of blood clots | \$16,482,621,000 | Bristol Myers Squibb |
| Jardiance | Diabetes; heart failure | \$7,057,707,000 | Boehringer Ingelheim |
| Xarelto | Prevention and treatment of blood clots; reduction of risk for patients with coronary or peripheral artery disease | \$6,031,393,000 | Janssen Pharms |
| Januvia | Diabetes | \$4,087,081,000 | Merck Sharp Dohme |
| Farxiga | Diabetes; heart failure; chronic kidney disease | \$3,268,329,000 | AstraZeneca AB |
| Entresto | Heart failure | \$2,884,877,000 | Novartis Pharms Corp |
| Enbrel | Rheumatoid arthritis; psoriasis; psoriatic arthritis | \$2,791,105,000 | Immunex Corporation |
| Imbruvica | Blood cancers | \$2,663,560,000 | Pharmacyclics LLC |
| Stelara | Psoriasis; psoriatic arthritis; Crohn's disease; ulcerative colitis | \$2,638,929,000 | Janssen Biotech, Inc. |
| Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill | Diabetes | \$2,576,586,000 | Novo Nordisk Inc. |

Note: Numbers are rounded to the nearest thousands.

Medicare Part D Design Changes

– MAPD Plans

- By 2025, Part D will have an annual out-of-pocket maximum of \$2,000
- Beneficiaries in a MAPD will be able to sign up for a payment plan so they don't have to pay full amount at once (Medicare Prescription Payment Plan, or M3P)
- Portion of costs paid by each party (beneficiary, plan, manufacturer, and government) changes significantly
- Manufacturer discount program changed
- Expanded income eligibility for Low Income Subsidy



See our chart for a complete list of changes.

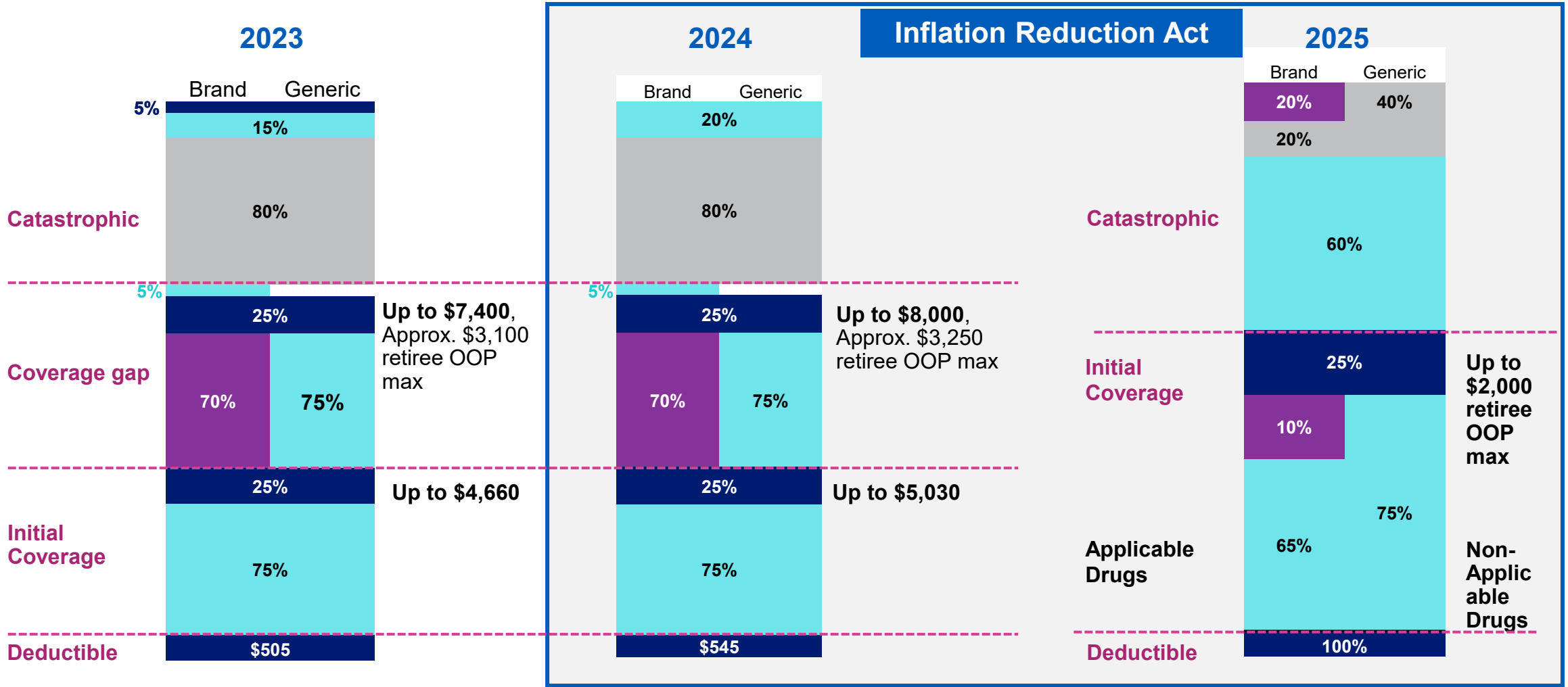
Digging into the Financial Details for 2025

- For Medicare beneficiaries in a MAPD, annual out-of-pocket costs will be capped at \$2,000 (also known as the True Out-of-Pocket amount, or “TrOOP”)
- For the catastrophic tier:
 - Government payments reduced to 20% brand, 40% generic
 - Plan share increased to 60%
 - Drug manufacturers introduced at 20% brand



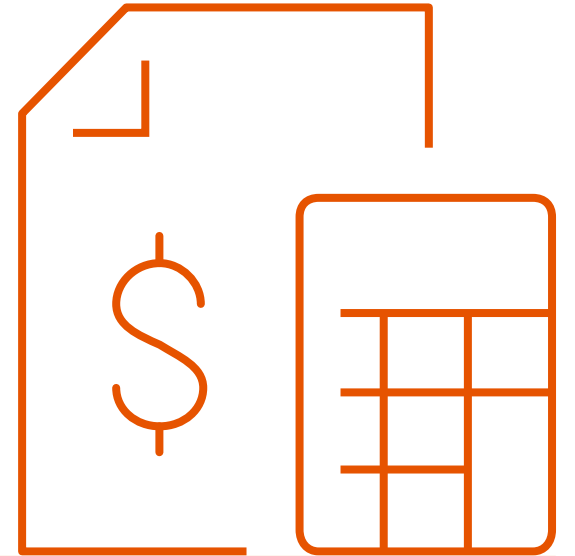
Changes to Medicare Part D Design

■ Member ■ Plan ■ Manufacturer ■ Reinsurance



TrOOP Calculation

- The IRA provides that both the retiree and plan payments count toward the retiree's True Out-of-Pocket (TrOOP) maximum in a MAPD
- This change means that some retirees may meet the \$2,000 TrOOP maximum without actually paying \$2,000 out of pocket



Medicare Prescription Payment Plan (M3P)

- Program is effective January 1, 2025 for all Medicare plans offering Part D coverage
 - For LACERA MAPD plans (Cigna, Kaiser, SCAN, UnitedHealthcare), this is effective July 1, 2025.
- Member must opt into program
- Program allows participants to pay their out-of-pocket prescription drug costs in monthly amounts over the course of the plan year
 - Not needs based, anyone can opt into program
 - Member that opts in to program pays \$0 at the point of service for the Part D drug
 - Plan sponsor is charged 100% of allowed amount
 - Must collect cost sharing from participant up to a maximum monthly cap
 - Part D enrollees incurring high OOP costs earlier in plan year will benefit from this program as it spreads their costs out across plan year
- Does not impact how participant moves through the Part D benefit or what counts toward true out-of-pocket (TrOOP) costs. Does not impact the RDS program.

Medicare Prescription Payment Plan (M3P)

Impact on Insurers

- Requires insurers to manage billing and collection process
- Increased administrative costs
 - Monthly cap could change each month depending upon utilization
 - Billing to members for their monthly payment
 - Reconciliation of payments
- Notices
 - Required communications



What Is Expected to Happen in 2025?

- Part D claims will increase and payments to the plan could decrease
 - The Part D standard benefit is richer
 - The \$2,000 OOP max will lower retiree's cost sharing
 - The shift in payment responsibility means the plan will shoulder more costs and the government less
- Premiums for Part D plans could be volatile
- We will know more in Summer 2024 when Part D plans submit their bids for 2025 plans



Creditable Coverage Testing

Creditable Coverage Testing

- Plans must issue Notices of Creditable Coverage each year, telling Medicare eligible participants whether their drug coverage is equal to or better than the Part D benefit
- Because of the improvement in the Part D benefit, some group health plans that previously had creditable coverage may find the coverage is now not creditable
- Medicare-eligible participants in a drug plan that is not creditable may incur a penalty if they do not enroll in Medicare Part D

LACERA's Medical Plans

Medicare Advantage Prescription Drug (MAPD)

- Cigna Preferred with Rx
- Kaiser Permanente Senior Advantage
- SCAN Health Plan
- UnitedHealthcare Medicare Advantage

Consult with vendors for details of M3P program.

Retiree Drug Subsidy (RDS)

- Anthem Blue Cross Prudent Buyer
- Anthem Blue Cross Plan I
- Anthem Blue Cross Plan II
- Anthem Blue Cross Plan III
- Cigna Network Model Plan HMO
- Kaiser Permanente HMO
- LACFF Local 1014

Confirm with vendors creditable coverage.

Thank You



Changing landscape in prescription drug therapies

Lara Clower, RPh.
Senior Clinical Advisor

May 29, 2024





Agenda

GLP-1 Drugs for Diabetes and Weight Loss

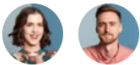
Biosimilars Overview

Gene Therapies Review

GLP-1 Drugs for Diabetes and Weight Loss

Weight management drugs are dominating the headlines

Semaglutide: The First New FDA-Approved Weight Loss Medication Since 2014



Written by [Alyssa Billingsley, PharmD](#) | Reviewed by [Joshua Murdock, PharmD, BCBBS](#)

Updated on January 9, 2023



KAISER HEALTH NEWS

Social Media Is Boosting a Billion-Dollar Market for Weight Loss Drugs



The Washington Post
Democracy Dies in Darkness

BUSINESS

New Weight-Loss Drugs Work, But Who's Paying?

Analysis by Lisa Jarvis | Bloomberg
November 10, 2022 at 5:32 a.m. EST

As weight loss drugs soar in popularity, many who could benefit can't get them

Most health insurance companies won't cover the cost of Ozempic and Wegovy, leaving groups with the highest rates of obesity without access.

Obesity is a common, serious and costly disease

~40%

prevalence of
obesity in the U.S.
2017-2020¹

1 in 2

adults will be
obese by 2030²

>200

diseases are
associated with
obesity³

\$1,861

excess annual medical
costs per person with
obesity⁴

1. www.cdc.gov. 2. www.nejm.org. 3. www.medicaleconomics.com. 4. journals.plos.org.

Link between diabetes and obesity

and potential cost and clinical impact of GLP-1 drugs

~37M

Americans have diabetes and 96M adults have pre-diabetes¹



~90%

of U.S. adults diagnosed with diabetes are overweight or obese²



~7%

of body weight loss can reduce risk of developing diabetes by almost 60%³



Up to

21%

reduction in body weight may be achieved with tirzepatide⁴



20%

reduction in the risk of serious heart problems with semaglutide in the SELECT trial⁵

- ✓ **Over 200 conditions** associated with obesity, including CVD, diabetes, fatty liver disease and cancer⁶
- ✓ **\$260 billion annually** aggregate direct costs of obesity in the U.S.⁷
- ✓ **Weight loss can prevent premature death**
6 out of 10 leading causes of death are exacerbated or caused by obesity⁸

The potential cost and clinical impact of GLP-1 drugs

Addressable Market for GLP-1 Weight Management Drugs¹

70M number
of U.S. adults with
obesity

~\$16K
annual cost of Wegovy in
the United States

\$1.2T annual cost

if every U.S. adult with obesity was prescribed
a GLP-1 agonist

Potential Impact of Weight Management Drugs

Reduced disease burden

Obesity is associated with over 200 conditions,
including CVD, diabetes and cancer²

Weight loss of >5% can decrease costs

Shown to be associated with reduced
medical and pharmacy costs³

Weight loss can prevent premature death

6 out of 10 leading causes of death are exacerbated or
caused by obesity⁴

CVD (Cardiovascular Disease).

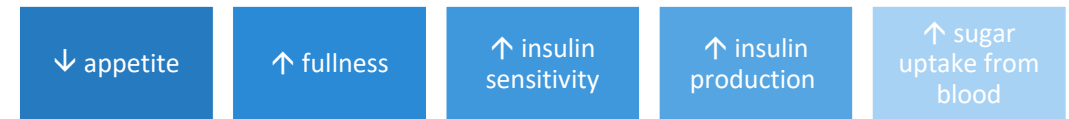
What are GLP-1s and how do they work?

GLP-1s are a class of drugs primarily indicated for the treatment of either type 2 diabetes or obesity*

They increase insulin release, delay digestion and decrease appetite—helping to reduce body weight on average by 15%

GLP-1 therapies

Glucagon-like peptide 1 (GLP-1) agonists tackle both blood sugar control and promote weight loss by mimicking incretin hormones



Different brand names with the same active ingredient are marketed for diabetes vs. weight loss:

Ozempic (diabetes) – Wegovy (weight loss)
Victoza (diabetes) – Saxenda (weight loss)
Mounjaro (diabetes) – *Zepbound* (weight loss)

*GLP-1s are FDA-approved for obesity, type 2 diabetes mellitus, AND cardiovascular disease prevention in patients with type 2 diabetes

What are GLP-1s and how do they work?



GLP-1s are a class of drugs primarily indicated for the treatment of either type 2 diabetes or obesity*

They increase insulin release, delay digestion and decrease appetite—**helping to reduce body weight up to 21%**

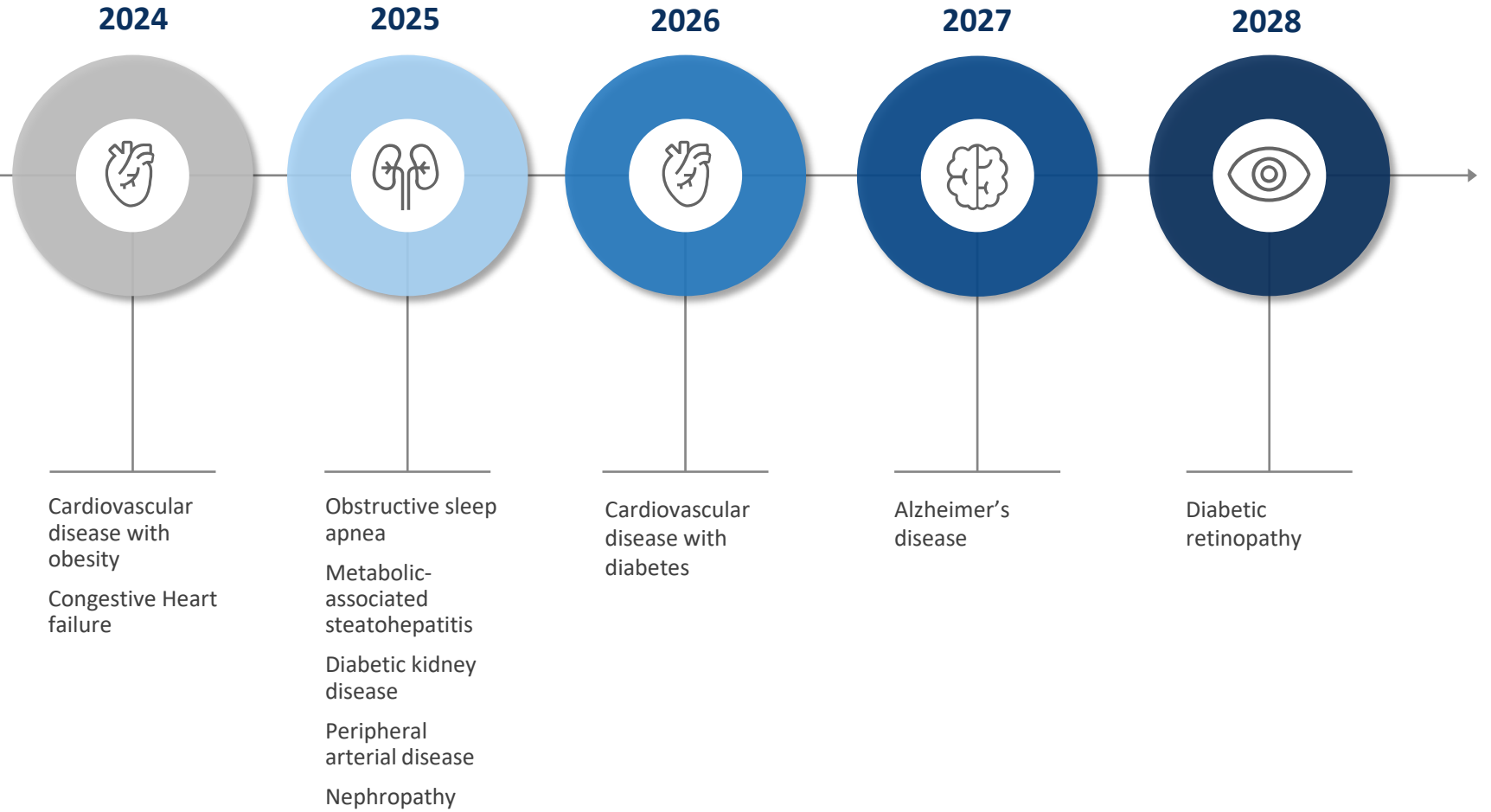
*GLP-1s are FDA-approved for obesity, overweight in the presence of at least one weight-related comorbidity, type 2 diabetes, and cardiovascular disease prevention in patients with type 2 diabetes.

**Tirzepatide activates both the GLP-1 and glucose-dependent insulinotropic polypeptide receptors. Source: RxPipeline, Pipeline Services, February 2024.

| Drug Name | Approved for | Dosage | Who can take it? | Approval date |
|--------------------------------------|-------------------|-----------------------|-----------------------------|---------------|
| Byetta (exenatide) | Type 2 diabetes | twice daily injection | Adults | 4/28/2005 |
| Victoza (liraglutide) | Type 2 diabetes | once daily injection | Children 10 and up + adults | 1/25/2010 |
| Bydureon Bcise (exenatide) | Type 2 diabetes | once weekly injection | Children 10 and up + adults | 1/27/2012 |
| Trulicity (dulaglutide) | Type 2 diabetes | once weekly injection | Children 10 and up + adults | 9/18/2014 |
| Saxenda (liraglutide) | Weight management | once daily orally | Children 12 and up + adults | 12/23/2014 |
| Ozempic (semaglutide) | Type 2 diabetes | once weekly injection | Adults | 12/5/2017 |
| Rybelsus (semaglutide) | Type 2 diabetes | once daily injection | Adults | 9/20/2019 |
| Wegovy (semaglutide) | Weight management | once weekly injection | Children 12 and up + adults | 6/4/2021 |
| Mounjaro ** (tirzepatide) | Type 2 diabetes | once weekly injection | Adults | 5/13/2022 |
| Zepbound ** (tirzepatide) | Weight Management | once weekly injection | Adults | 11/8/2023 |

GLP-1s are being studied

in additional conditions*



CVD (Cardiovascular disease). T2D (Type 2 diabetes). HFpEF (Heart failure with preserved ejection fraction).

*Not a comprehensive list. **PDUFA 3/1/24. Source: RxPipeline, Pipeline Services, February 2024.

Wegovy: cardiovascular risk reduction indication



FDA Approval: March 8, 2024

Supplemental NDA approved based on results from Phase 3 cardiovascular outcomes trial SELECT

First weight loss medication approved to help prevent life-threatening cardiovascular events in adults with cardiovascular disease and either obesity or overweight

Implications for Medicare coverage

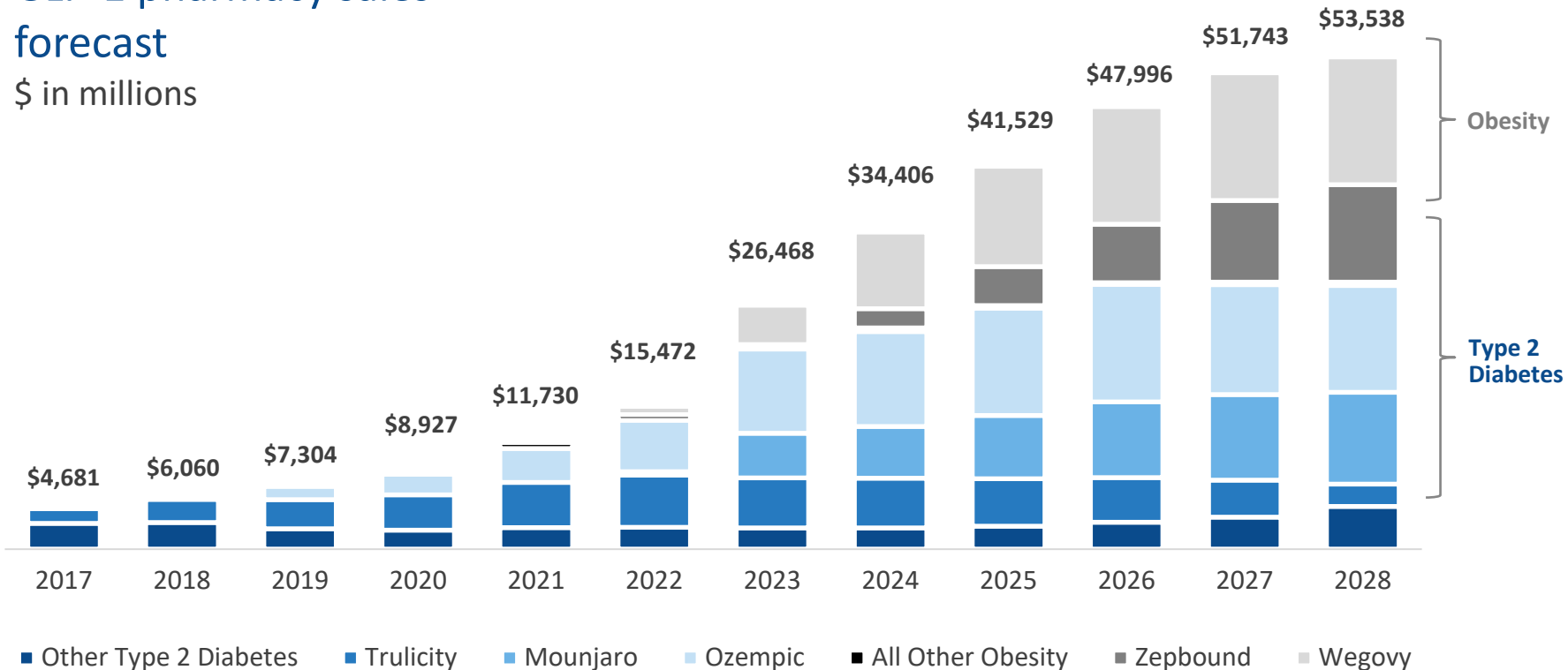


Indication

In combination with reduced-calorie diet and increased physical activity, to reduce risk of **major adverse cardiovascular events** (MACEs), including cardiovascular death, non-fatal myocardial infarction, and non-fatal stroke, in adults with **established cardiovascular disease** (CVD) and who are either obese or overweight

Balancing cost and coverage for GLP-1s will remain a priority

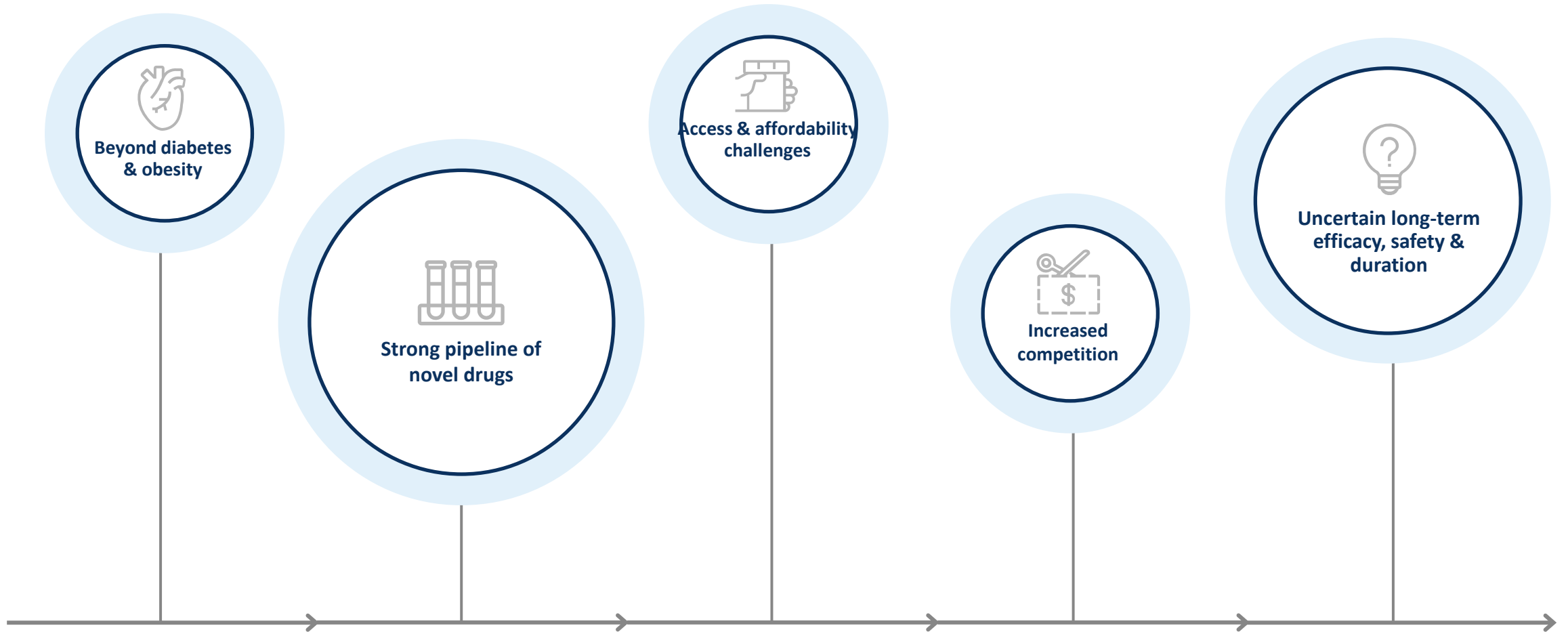
GLP-1 pharmacy sales forecast \$ in millions



Evaluate Pharma, accessed February 20, 2024.

The GLP-1 market continues to be dynamic

Key trends impacting the future of GLP-1s





Biosimilars Overview



Comparison of traditional small molecule drugs and biologic agents

Unlike small molecule generic drugs, biologics cannot be exactly replicated

| Features | Small molecule drugs | Biologic agents |
|------------------------|---|---|
| Example | Acetylsalicylic acid (180 Da) | Monoclonal antibody (~150,000 Da) |
| Entity | Chemical | Protein |
| Structure | Small, simple, well characterized | Large, complex, heterogeneous |
| Stability | Stable | Unstable |
| Mode of Administration | Usually amenable to ingestion | Usually requires injection or infusion |
| Manufacturing Process | Predictable and precise method; identical copies in batches | Living cell-based complex technology; batch-to-batch variation, sensitive to storage and handling |
| Immunogenicity | Usually produces no immune response | Produces immune response |
| Approval Process | NDA (Generics = ANDA) | BLA (Biosimilars = BPCIA) |

NDA (New Drug Application). ANDA (Abbreviated New Drug Application). BLA (Biologics License Applications).

Source: Pharmacy Practice News.



What is a biosimilar?

- **Highly similar to an FDA-approved biological** reference product
- **No clinically meaningful differences** in safety and effectiveness
- **Only minor differences in clinically inactive components** allowable
- **Requires additional clinical proof points for interchangeability**

Examples of approved and launched biosimilars

| | |
|-------------------------|---|
| Avastin | Mvasi, Zirabev, Vegzelma |
| Epogen / Procrit | Retacrit |
| Herceptin | Kanjinti, Ogrivi, Trazimera, Herzuma, Ontruzant |
| Neulasta | Fulphila, Udenyca, Ziextenzo, Nyvepria, Fylnetra, Stimufend |
| Remicade | Inflectra, Renflexis, Avsola |
| Rituxan | Truxima, Ruxience, Riabni |
| Neupogen | Nivestym, Releuko, Zarxio |
| Lucentis | Byooviz, Cimerli* |

Examples of approved, launched, and pending launch biosimilars

| | |
|---------------|---|
| Humira | Amjevita, Hadlima, Cyltezo*, Yusimry, Hulio, Yuflyma, Idacio, Hyrimoz, Abrilada |
| Enbrel | Erelzi, Eticovo |

*Interchangeable product. List may not be all inclusive



What is an interchangeable biosimilar ?

- Biosimilar to an FDA-approved reference product
- Meets additional FDA requirements for interchangeability with reference biological
- May be substituted for the reference product by a pharmacist without intervention of the prescribing provider

Examples of approved biosimilars with interchangeable status

Semglee (interchangeable with Lantus)

Cyltezo (interchangeable with Humira 50mg/ml)

Cimerli (interchangeable with Lucentis)

Since 2015,

49

biosimilars have
been approved

38

are currently on the market,
covering 11 different drugs

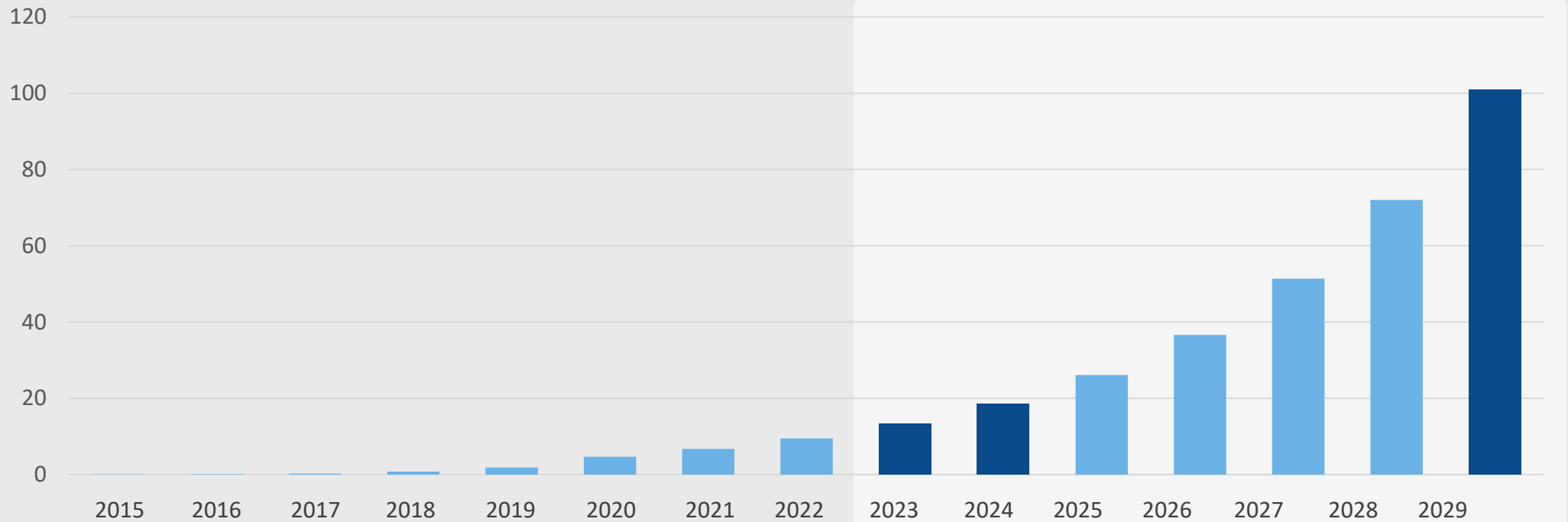
2023 – **HUMIRA** biosimilars launched

2025E – **STELARA** biosimilars

2029E – **ENBREL** biosimilars

U.S. Biosimilars Market Size, 2015-2029 (USD Billions)

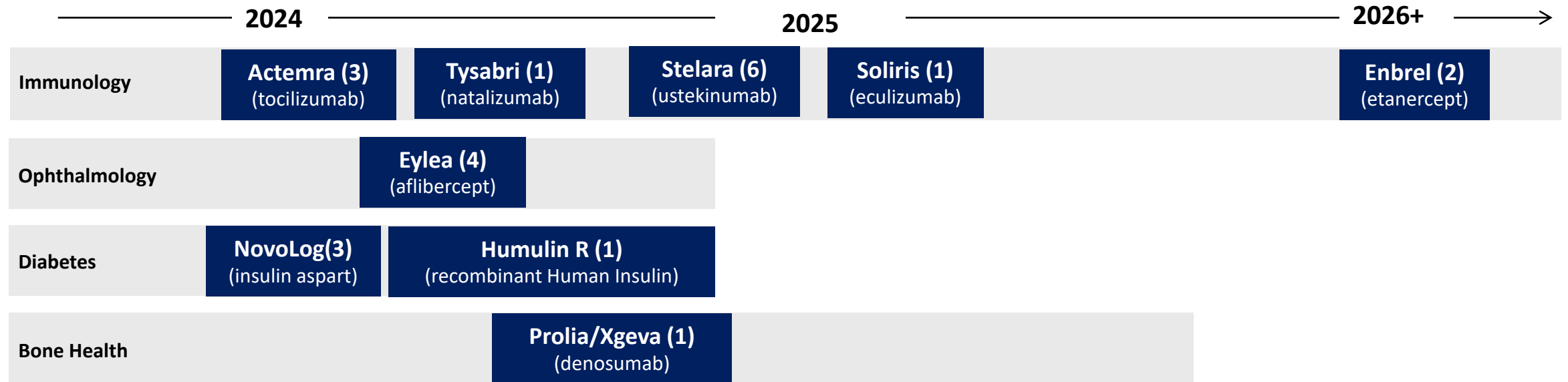
Value sales
(USD, billions)



USD (U.S. dollars).

Sources: FDA, Fortune Business Insights, Drugs.com

The biosimilar pipeline is focused on
areas of highest biologic spend



66% of biologics spending is for oncology, antidiabetics and immunology agents

Additional biosimilars are in development for respiratory agents, anticoagulants and multiple sclerosis products

Note: **the numbers of biosimilars (in parentheses)** are either in Phase III trials, pending U.S. Food and Drug Administration (FDA) approval or FDA approved.

Source: CVS Caremark Pipeline Services, as of 2/2/2024

What to expect

Biosimilars **expected to play critical role** in controlling drug spend

Payers and providers view biosimilars as **cost-saving opportunity**

Near-term growing biosimilar **pipeline will further drive use** and savings

Despite biosimilars slow start in market, they are expected to **drive substantial savings** over several years



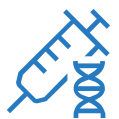


Gene Therapies Review



What are gene therapies?

Gene therapies replace faulty or missing genes within a cell to correct the effects of a disease-causing mutation



These therapies treat or even cure previously untreatable, often fatal, conditions

Source: National Library of Medicine.
The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.

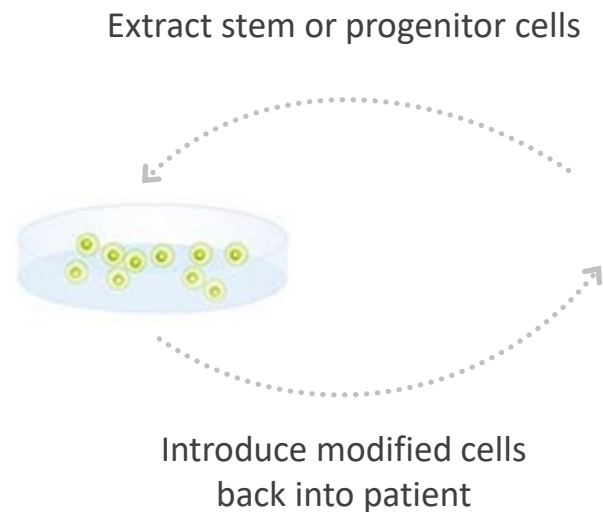
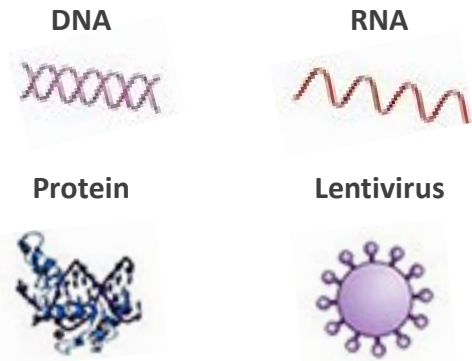


How gene therapies are administered can impact patients in different ways

Ex-vivo

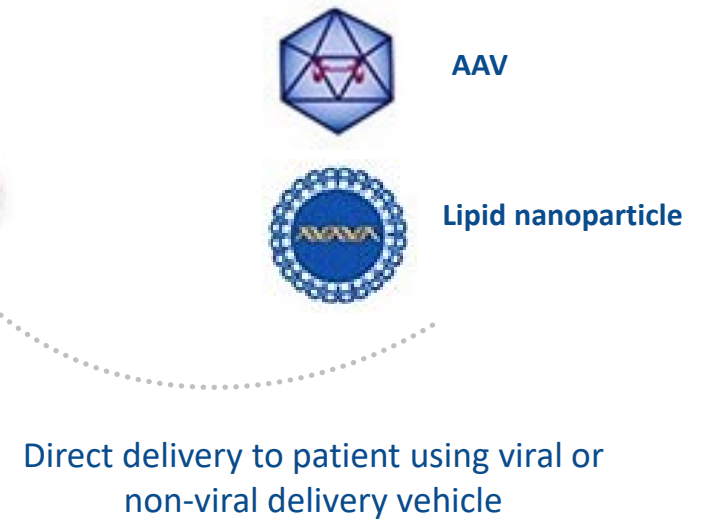
Cells are extracted from the patient's blood, genetically modified and injected back into the patient

Deliver targeted nucleases to cells by physical, chemical or viral methods



In-vivo

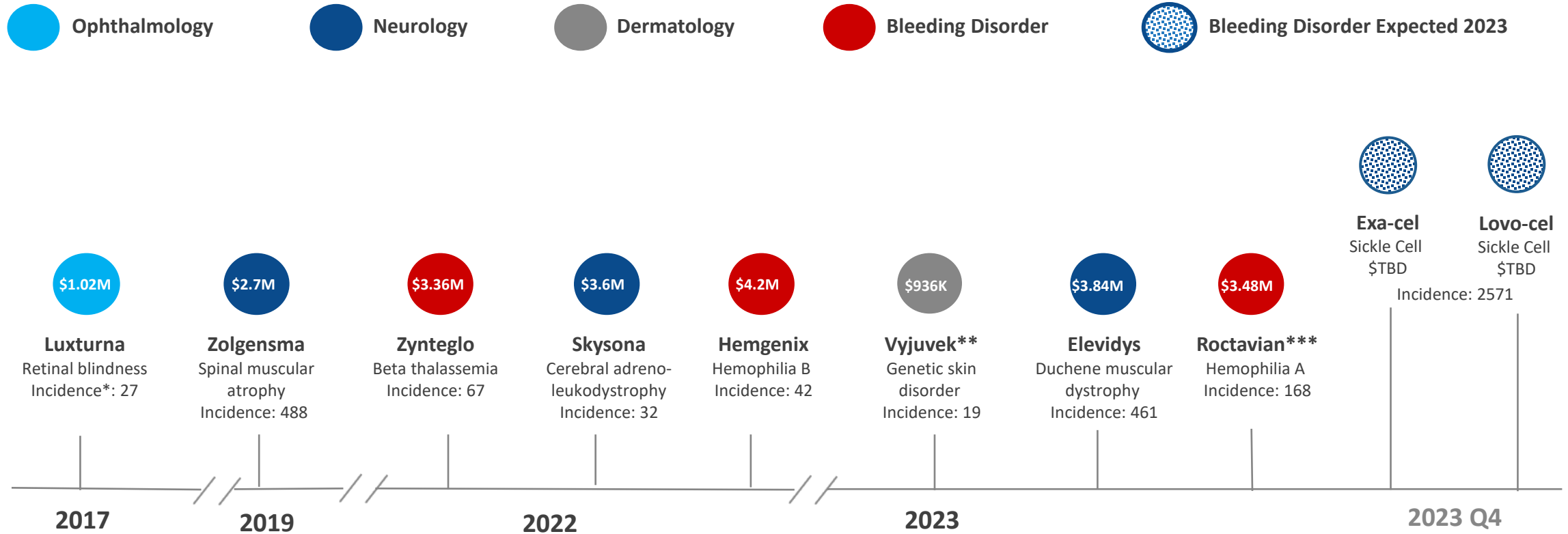
Gene-carrying vector injected directly into patient



DNA (Deoxyribonucleic acid). RNA (Ribonucleic acid). AAV (Adeno-associated virus).

Source: FDA.

Gene therapies are now a reality with multiple products available to patients across multiple condition states



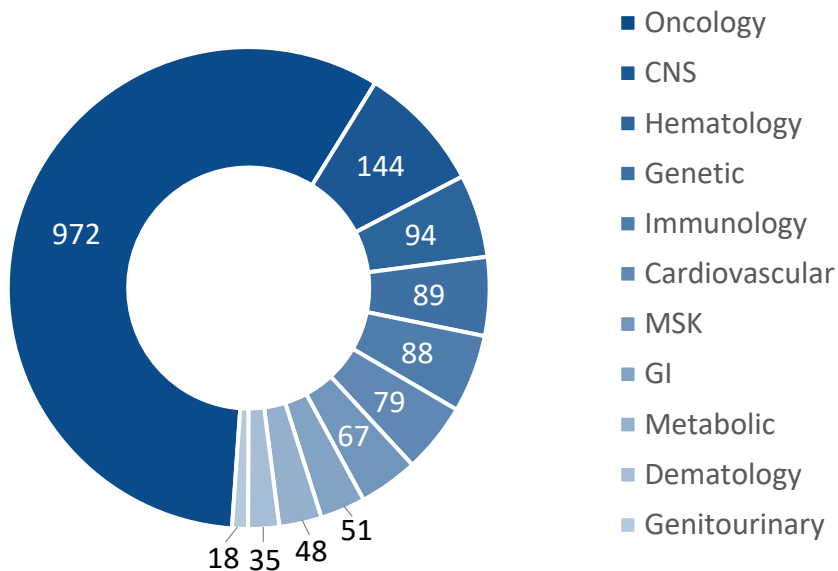
**It took five years for the first five gene therapies to come to market.
Five products are expected in 2023 alone.**

* Incidence represents newly eligible individuals (in US) each year based on FDA label or clinical trial design
 ** Expected annual cost based on an estimated \$18,000 (AWP) per weekly dose.
 *** Cost based on a patient that needs 32 vials at \$108,750 (AWP) per vial. Actual cost will vary based on patient weight.
 Note: CVS Specialty has access to all current FDA approved products except Luxturna and Zolgensma.

The landscape of gene and genetically modified therapies is projected to grow significantly beyond what is already available

The pipeline is robust and expanding into many clinical conditions

Number of Clinical Trials in the Pipeline by Therapeutic Area



[Regenerative Medicine: The Pipeline Momentum Builds - Alliance for Regenerative Medicine \(alliancerm.org\)](https://alliancerm.org)

Growth and cost impacts are significant

10-20

Gene and genetically modified cellular therapies are expected to be approved every year starting 2025¹



\$3M

Price for a single treatment can be as high as \$3-4M



\$74B*

Estimated mid-point cost impact of gene and cellular therapies to the US healthcare industry through end of 2027.



1. [FDA Commissioner press statement, 2019.](#)

*U.S. range of \$39B to \$109B (based on high penetration, likelihood of approval, cost).

Estimated mid-point cost estimates for genetically modified cellular therapies are estimated to add an additional \$23B during same time period based on same modeling assumptions. Source: Aetna Caremark economic modeling Jan/23

**Thank
you**





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LACERA Healthcare Plan Partners

Nicole Harber | Anthem Blue Cross

Sandra Benevides | CVS Health

Gina Hayley | Kaiser Permanente

Jason Auer | Cigna

Edith Monge | SCAN Healthplan

Nikki Mangnall | United Healthcare

Your trusted partner in health



Helping your retirees feel covered, protected, and confident

May 29, 2024

Agenda

1. Anthem overview
2. Plans and Programs
3. Member Tools and Resources

The Anthem difference

Support and Expertise

Proud to have served California for **87 years.**

Access to the largest network across the country

1.7M

providers

92%

of doctors

90%

of hospitals

Source: Internal data, Q3 2021.

1 in 8 Americans or **45M** total medical members in affiliated health plans

More than **9.1 M** members in California

Purpose

Improving the health of humanity.

Vision

To be the most **innovative**, **valuable**, and **inclusive** partner.

Mission

Improving lives and communities. Simplifying healthcare. Expecting more.

Values



Leadership



Community



Integrity



Agility



Diversity

Corporate social responsibility



\$56.5M

donated in open community activity across the country

109,934

employee hours volunteered through Anthem's Dollars for Doers Program

2.2M

Americans given mental health support for COVID-19-related challenges

38M

units of lifesaving personal protective equipment (PPE) distributed through our COVID-19 emergency relief fund

\$16M

in grants directed to 200 food-related organizations

Designated Service Center- Rancho Cordova



Commitment to ongoing education with updated resources, tools and **Annual Cultural Training**

Claims Team has an average tenure of **18 years**

Source: Internal data, 2021.

▶ Anthem Plans and Program Highlights

- **Prudent Buyer Plan***

\$100 ind/\$200 fam deductible

Most physician services

20% In-Network coinsurance

30% Out of Network Coinsurance

Limited hospital benefits

- **Plan I***

\$100 deductible

Most physician services- 20% coinsurance

Limited hospital benefits

- **Plan II***

\$500 ind/\$1,500 fam deductible

Most physician services- 20% coinsurance

Annual Out of Pocket Max: \$2,500

- **Plan III (Medicare Supplement)**

Pays secondary to Medicare

*\$1,000,000 Lifetime Max

Over **33,000**
LACERA
members
covered under
an Anthem Plan

ConditionCare

Virtual Care

Cancer Care
Resources

Digital Tools

24/7 Nurseline

Member Tools and Resources

Behavioral Health Access and Support



Virtual Care Options



Resources and care guidance



Whole Health Approach

Thank you



<Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023>

<Engage is the trade name of Castlight, Inc., a separate and independent company offering care management services on behalf of <Anthem Blue Cross and Blue Shield> plans.>

<In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.>

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In California, Anthem Blue Cross is the trade name of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company. In 11 northeastern counties of New York Anthem Blue Cross is the trade name of Anthem HealthChoice Assurance, Inc., and Anthem Healthchoice HMO, Inc., and Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

A photograph of a woman with dark hair tied back, wearing a light-colored striped shirt, sitting on a brown couch and smiling warmly at a young child. The child, wearing a grey sleeveless shirt with colorful horizontal stripes and red pants, is standing and playing with a colorful stacking toy. The scene is set in a living room with a brown couch and a patterned pillow. A large blue diagonal overlay covers the left side of the image, containing white text.

LACERA BOR

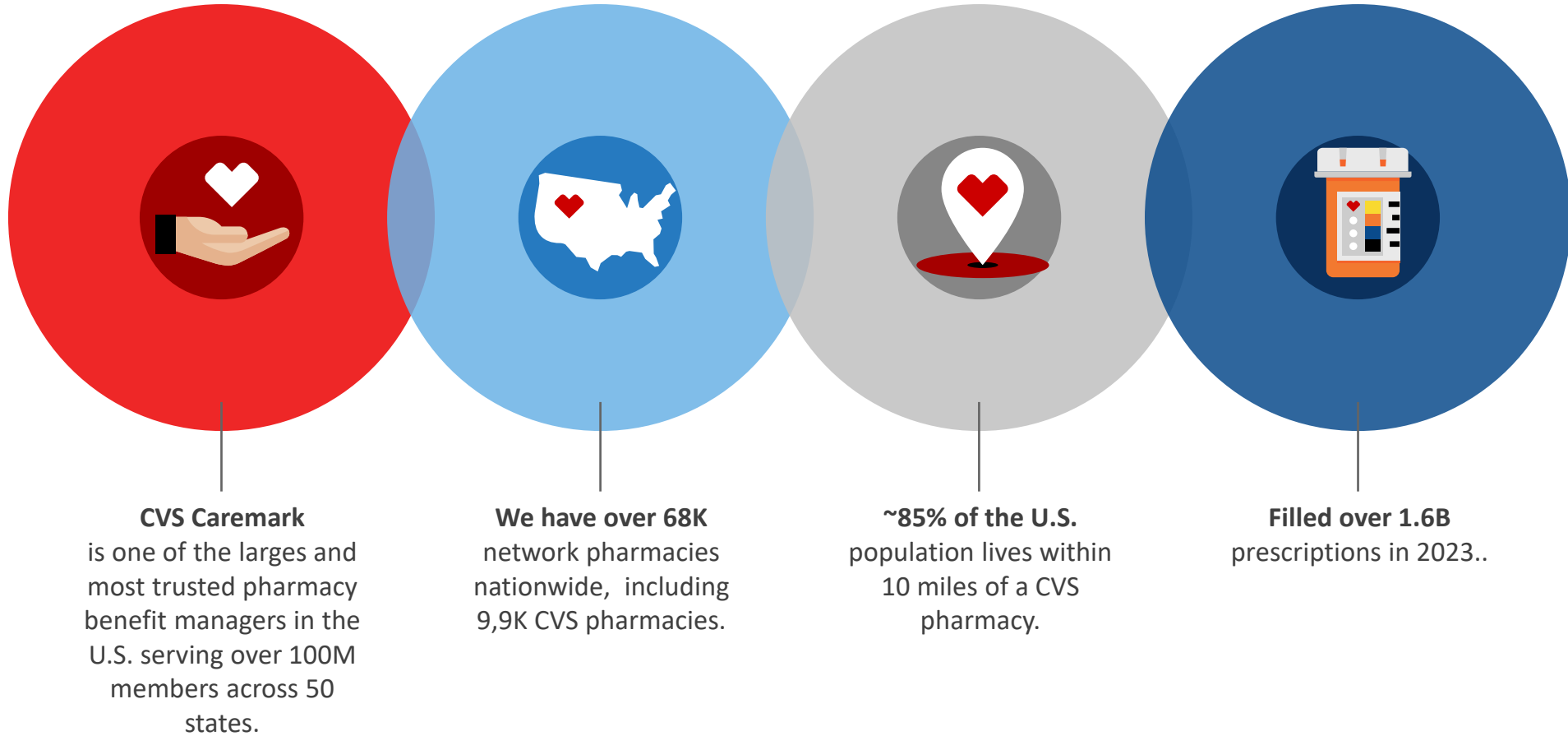
CVS Caremark Overview

Sandra Benevides

Strategic Account Executive

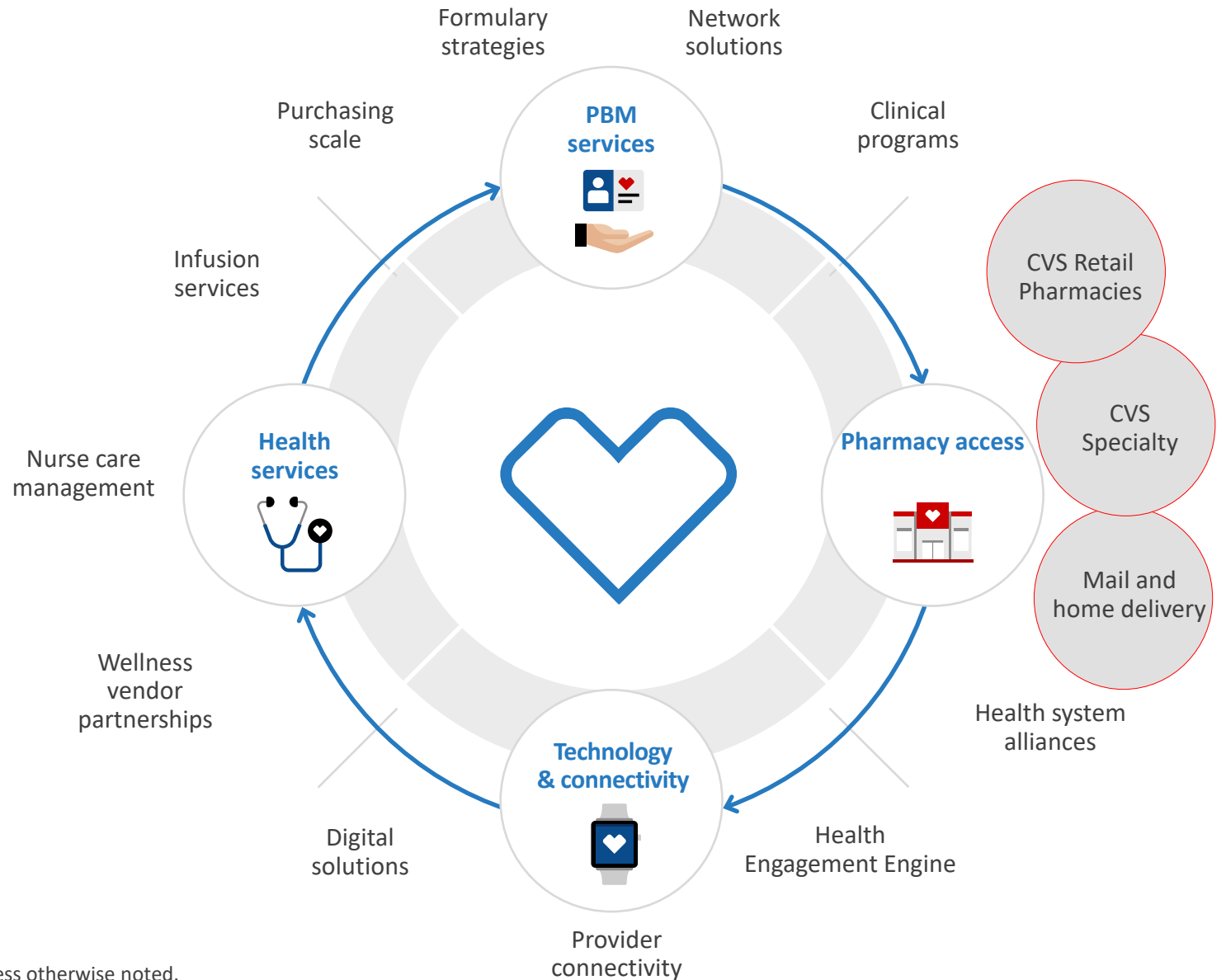
May 29, 2024

CVS Caremark & CVS Pharmacy – Fast Facts



Bringing a world of comprehensive, integrated services

that are trusted by members and convenient for them to use



The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.



Los Angeles County Employees
Retirement Association

2023 Member Activity

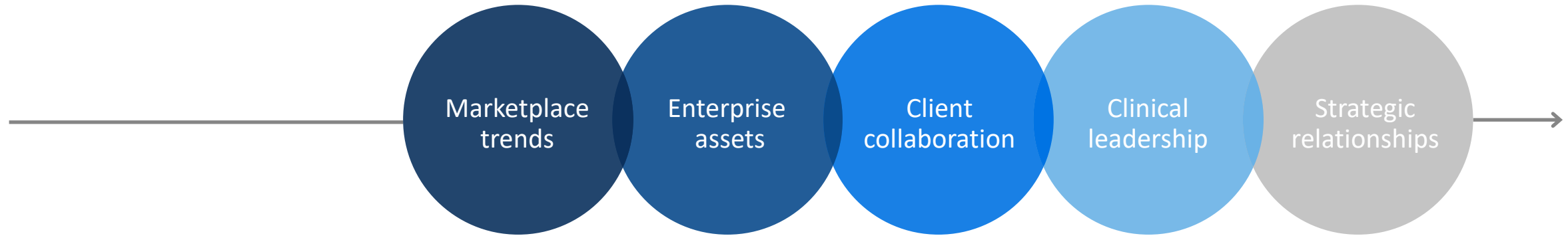
- ✓ **Provided service** for over 32,000 LACERA members.
- ✓ **Engaged** with more than 19K LACERA members at CVS pharmacies.
- ✓ **Supported** 1,200 specialty utilizers with complex care needs with digital tools to help them manage their health condition
- ✓ **Processed** over 780K pharmacy claims across the country.

2023 Plan Activity

- ✓ **Managing networks** with over 65,000 pharmacies across the country to offer members convenient access to their medications.
- ✓ **Leverage** our buying power with pharma to offer LACERA low costs for prescription drug therapies.
- ✓ **Develop solutions that lower costs** to the plan and its members
 - GLP-1 smart logic*
 - Price optionality*
 - Cost Saver*
- ✓ **Continuous innovation** to simplify health care for providers and patients.

Constantly innovating

to uncover new cost savings for LACERA and your members



Manage pharmacy spend
within
**total cost
of care**

Transformative Clinical Solutions –

that address cost, coverage, and promote positive health outcomes

- Weight management
- Diabetes
- Other health conditions

Managing specialty & the biosimilar marketplace:

working with manufacturers to ensure supply quality, reliability and increased competition

Plan Optionality - that aligns with your cost management and member experience priorities

Solutions that promote member affordability

Caremark® Cost Saver®, powered by GoodRx®, to help lower pharmacy out-of-pocket drug costs

Investments in technology that help your members to proactively manage their health care.

*This program is a pilot



CVS Caremark policy statement

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2024 Board Offsite Retreat

Kaiser Permanente
May 29, 2024

The LACERA logo is centered within a large white circle. The logo itself consists of the letters 'LACERA' in a bold, teal-colored, sans-serif font. The 'A' is stylized with three diagonal lines to its left, suggesting a mountain range or a series of steps.

LACERA

Account Team Introduction

Kaiser Presenter: Gina Hayley, Director
Strategic Accounts Private Sector Northern California

Account Management Team:

Justin Cao

Director
Strategic Accounts, Public Sector Southern California

Debbie McConathy

Sr. Executive Account Manager

Diana Nunez

Sr. Client Service Manager

California Group Medicare Team:

Ramiro Salas

Director, California/Hawaii Group Medicare

Terri Lynn

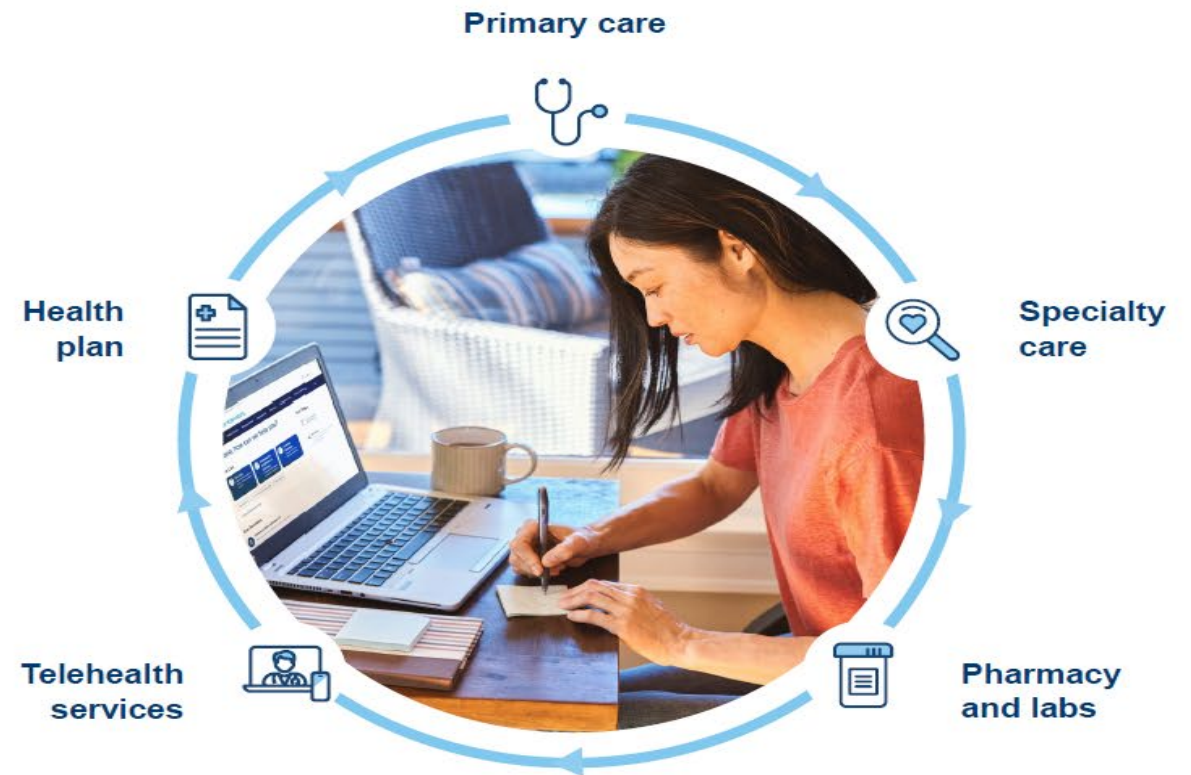
Retiree Solutions Manager

Tamara Stovall

Associate Account Manager

Kaiser Permanente is an integrated care delivery system

- ✓ We provide both care and coverage — unlike network-model health plans.
- ✓ Our health plan, medical facilities, physicians, nurses, and other health care professionals are connected to deliver high-quality care and better outcomes for members.
- ✓ We're structured to excel at eliminating unwarranted clinical variation and inefficiencies.
- ✓ Our budget is developed to ensure the revenue needed to provide care for our members as well as fixed costs for our delivery system.



Confidential and Proprietary

LACERA Plan Fact Sheet

CA Northern & Southern:

Total 38,634 current members for Medicare and Early Retirees

- **Colorado:** 112 Members
- **Hawaii:** 88 Members
- **Washington:** 17 Members
- **Georgia:** 183 Members
- **NW Oregon:** 183 Members

Kaiser Permanente Services

- **Medicare Benefits**

- ✓ Over-the-Counter (OTC) Health & Wellness Benefit
- ✓ Exercise and Healthy Aging Program
- ✓ Post-discharge Meal Delivery and Transportation

- **Spring Workshop**

- ✓ October Fall Event
- ✓ Annual LACERA Wellness Fair Event
- ✓ Screening package (non-fasting): Total Cholesterol, HDL, Glucose and Blood Pressure

- **Webinars**

- ✓ Retiree Health Education & Wellness
- ✓ Managing Stress
- ✓ Taking Care of Yourself

- **KP Resources**

- ✓ Virtual presentation on KP Value adds as a KP member focused on Healthy Balance, Coaching and Ginger
- ✓ Medicare 1:1

- **On-Site Classes**

- ✓ Focused on Wellbeing and Mental Health

- **KP Virtual Platform**

- ✓ Microsite/Custom Portal
- ✓ LACERA microsite geared towards retirees and links to LACERA website.
- ✓ Interactive video experience of KP's Mental Health & Wellness Apps

Kaiser Permanente – Focus on the Future

Convenient telehealth options with Kaiser Permanente care teams:

- ✓ Get 24/7 virtual care
- ✓ Email your care team
- ✓ View most lab results and doctor's notes
- ✓ Refill most prescriptions
- ✓ Check in for appointments
- ✓ Pay bills and view statements

2025 Group Medicare Highlights

- ✓ All Group Medicare contracts will have the Health Fitness Benefit at renewal
- ✓ Brain Cognitive Training will be added to all Group Medicare Plans
- ✓ GLP-1 Medicare Part D plans do not cover GLP-1s for weight loss, unless it is for medically accepted indications (i.e. diabetes, reduce cardiovascular risk).

LACERA

Cigna
Presentation to Board
May 29th, 2024



Offered by Cigna Health and Life Insurance Company, or its affiliates.



Introductions & Roles

Cigna

- Jason Auer
 - National Account Executive
- Susan Cabarloc
 - Client Service Executive
- Kelly Ames
 - V.P. National Acct. Strategy & Bus. Development (Dental & Vision)



Cigna Membership

- **Medical HMO & Exam-Only Vision**
 - 338 Retirees & 103 Dependents (441)
- **Dental PPO**
 - 52,034 Retirees & 30,092 Dependents (82,126)
- **Dental HMO**
 - 7,446 Retirees & 4,310 Dependents (11,756)
- **Vision**
 - 59,403 Retirees & 34,336 Dependents (93,739)
- **Medicare Advantage**
 - 87 Retirees



Cigna Services

- Medical
- Clinical
- Pharmacy
- Behavioral
- Dental
- Vision
- Wellness, Health Improvement & Engagement
- Marketing



Offered by Cigna Health and Life Insurance Company, or its affiliates.



The Path Forward

- **Going Digital...**
- **Expanding Networks...**
- **Potential MA Changes...**
- **Medical, Clinical & Pharmacy Advancements...**





Q & A



LACERA Board Offsite

May 29, 2024

Introduction

- Edith Monge, Manager Employer Group Retiree
- Michael Blea, Chief Growth Officer
- Nicholas Gasdia, Director Sales Performance
- Andrew Chittaphong, Group Retiree Project Manager

History

Senior Care Action Network was founded in Long Beach, California by a group of *passionate* seniors in 1977

Today, we're known as
SCAN Health Plan

The SCAN Story

SCAN has been keeping retirees healthy and independent for 47 years. With quality, low-cost benefits – plus award winning service. SCAN partnered with LACERA in 1996, 28 years of entrusting SCAN to provide the health care coverage for the retiree population.



THE SCAN BRAND QUALITY, SERVICE AND EXPERTISE

QUALITY

89% Satisfaction
(Medicare & You, 2024)



Ranked #1 in customer satisfaction among Medicare Advantage plans in California

SERVICE



Award-winning Service
2022-2024 Stevie for Customer Service



Great Place To Work
93% of employees are proud to tell others they work here!

EXPERTISE



3rd Largest in U.S.
Not-for-profit MAPD



Fortune
Best workplaces for Woman

MAPD

- Fully Insured Medicare Advantage Prescription Drug Plan
- Contract with private doctors, medical groups and hospitals
- Part D (prescription coverage)
- Serving California 300,000+ members
- 2022-2024 Expansion states and Counties:
 - Arizona (Maricopa, Pima and Pinal)
 - Nevada (Clark and Nye)
 - Texas (Bexar and Harris)
 - New Mexico (Bernalillo and Sandoval)

California Service Area

➤ Southern California Counties:

- Los Angeles
- Orange
- Riverside
- San Bernardino
- San Diego
- Ventura

➤ Northern California Counties:

- Santa Clara
- San Francisco
- Alameda
- San Mateo
- Fresno
- Madera

Benefits Beyond Original Medicare

- An array of meaningful supplemental benefits:
 - Comprehensive medical benefits
 - Unlimited transportation
 - Telehealth
 - Hearing aid allowance coverage
 - Travel assurance worldwide coverage in case of an emergency
 - CVS minute clinic for urgent care when traveling out of state
 - SCAN Healthtech
 - ONE PASS Fitness with premium gyms (Club pilates, LIFETIME, Orangetheory, Purebarre, LA Fitness and more)

Independent Living Power Services® (ILP)

- *\$850 Monthly Allowance*
- Personal Care Coordination \$0
- Homemaking \$15 per visit
- Personal Care \$15 per visit
- Home-Delivered Meals \$0
- Adult Day Care \$15 per visit
- Emergency Response System \$0 per month
- Caregiver Relief \$15 per visit
- Inpatient Custodial Care \$0 up to 5 days
- Inpatient Respite \$0 up to 5 days
- Bathroom Durable Medical Equipment \$0

(ILP services available in the following counties: Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties.)

Community Resources

Thank you...

It's a pleasure to continue serve you!



Q&A





LACERA Board Offsite

May 28, 2024

UHC LACERA Team



UHC Team

| Medicare-eligible Retirees | Pre-65 Retirees |
|--|---|
| Nikki Mangnall Strategic Account Executive | May Young Strategic Account Executive |
| Jan Petrella Sr. Client Service Manager | Maria Macias Field Account Manager |
| Claudio (Alex) Espanon Service Consultant | Lan Young Service Consultant |

UnitedHealthcare Partnership

For over 20 years, UHC has provided LACERA's non-Medicare and Medicare-eligible retirees access to HMO plans, with a total of 8,000 retirees.

Medicare-eligible

We have over 5,000 Medicare-eligible retirees.

Key Providers utilized by retirees:

- Optum
- St. Jude Heritage Medical Group
- Bright Health Phys
- PrimeCare Medical Group
- Facey Medical

Non-Medicare

We have over 3,000 Non-Medicare retirees on the commercial HMO Plan.

Key Providers utilized by Non-Medicare retirees:

- Optum
- St. Jude Heritage Medical Group
- Bright Health Phys
- PrimeCare Medical Group
- Facey Medical

LACERA Programs vs LA County



| LACERA Medicare eligible | Los Angeles County Active |
|----------------------------------|----------------------------------|
| House Calls | Real Appeal |
| UHC Hearing Aid Discount program | |
| Fitness program | One Pass |
| Member Rewards program | UHC Rewards |
| Disease Management programs | Cancer Support |
| Nurseline | Able To and Quit for Life |

**Thank
you!**

**Alzheimer's & Dementia:
What to know... a case
management perspective**



Healthy Adventures Foundation's background and mission

Non-profit, specializing in health and wellness programming and development for communities, organizations, groups, and individuals for seniors, adults, employees, and children

We seek to improve quality of life, while seeking balance in healthy behaviors.

We manage the employee wellness programs for school districts, non-profits, public entities, and for-profit organizations.

We also run the recreational youth wellness programs for Polinsky Childrens Center, high-risk after school programs and school-based and library based after-school programs.

My Background

CEO/CFO Healthy Adventures Foundation

Education

Ph.D. in Organizational Psychology, specializing in employee wellness programs and evaluation

Master's Degrees: Organizational Psychology, Public Health and Social Work

BS: Athletic Training/Physical Education

AS: Intelligence Collections

US Air Force Veteran

Co-Owner of a Wellness Software Company

Aging Experience

- CEO of Healthy Adventures Foundation – 27 years in corporate and community-based wellness
- 20+ years teaching in universities and colleges:
 - Adjunct Professor at San Diego State University, teaching in the School of Social Work & Gerontology
 - Adjunct Professor at Southwestern College, School of Arts, Communication & Social Sciences
- 13+ years Home-based case manager, working with medically fragile seniors



Agenda

Introduction

Literature Review

Prevention and
Treatment

Resources



Introduction



Introduction

- Approximately 1 in every 3 seniors die with Alzheimer's disease and dementia present in their diagnoses. In addition, almost 11% of the population 65 years and older in the United States have an Alzheimer's disease and dementia diagnosis (Matthews, Xu, Gaglioti, Holt, Croft, Mack, & McGuire, 2018).
- In addition, these numbers do not include the families that are affected by their loved-one's condition. Information and education are plentiful but tangible resources to deal with the day-to-day impact seems to be a bit more elusive.

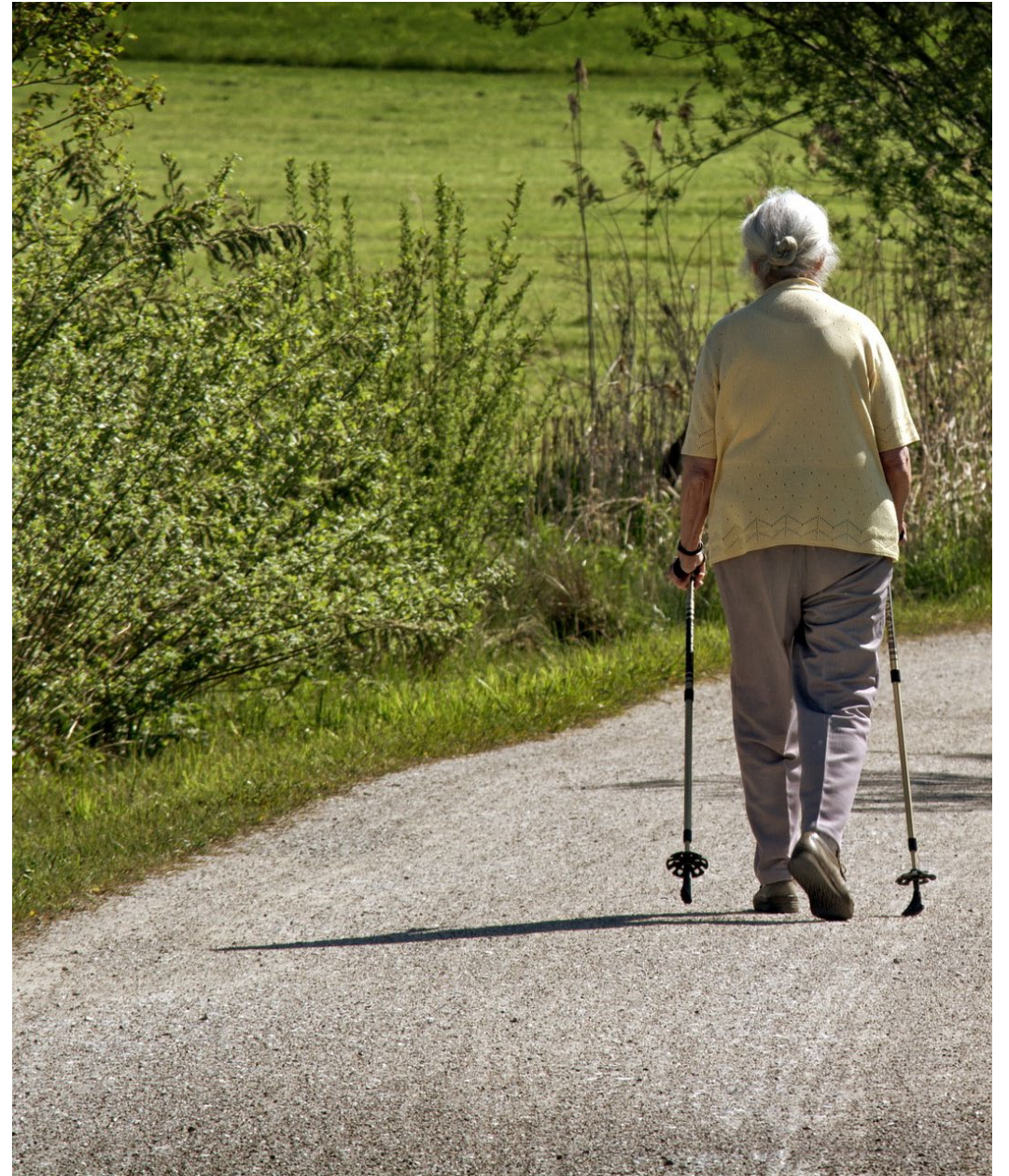
Early signs and symptoms of Alzheimer's disease and dementia

- Experiencing memory loss, poor judgment, and confusion
- Difficulty speaking, understanding and expressing thoughts, or reading and writing
- Wandering and getting lost in a familiar neighborhood
- Trouble handling money responsibly and paying bills
- Repeating questions
- Using unusual words to refer to familiar objects
- Taking longer to complete normal daily tasks
- Losing interest in normal daily activities or events
- Hallucinating or experiencing delusions or paranoia
- Acting impulsively
- Not caring about other people's feelings
- Losing balance and problems with movement

Reference: National Institute on Aging (NIH). What Is Dementia? Symptoms, Types, and Diagnosis. Retrieved from <https://www.nia.nih.gov/health/alzheimers-and-dementia/what-dementia-symptoms-types-and-diagnosis>.



Literature Review



Literature Review:

Difference between Alzheimer's disease and dementia

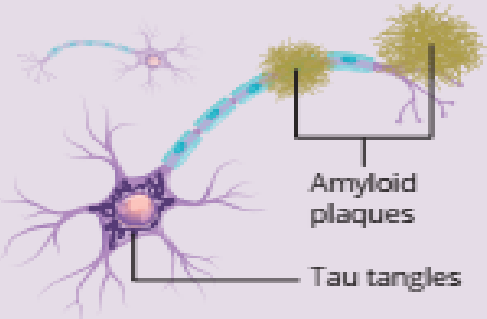
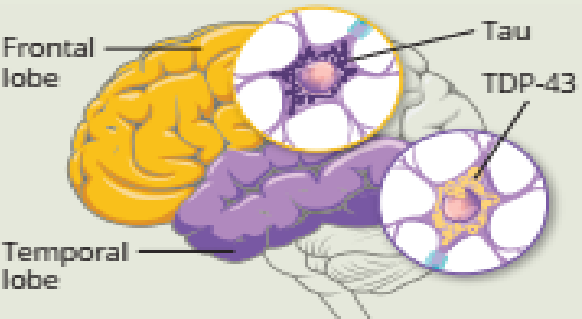
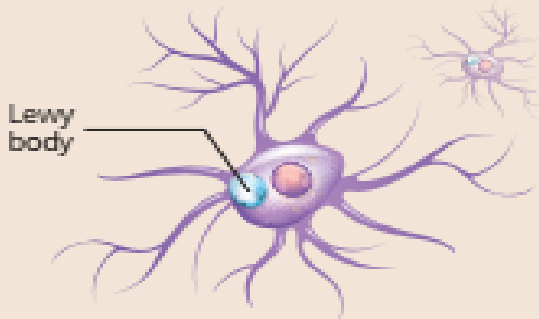
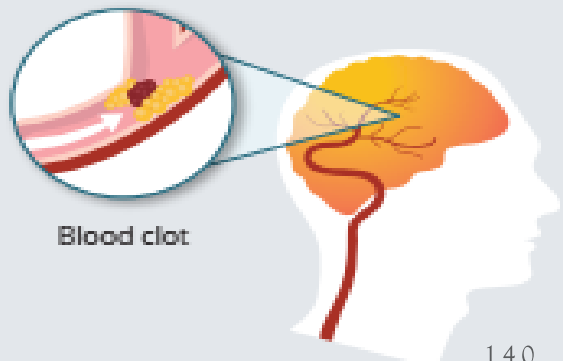
- Review the differences between Alzheimer's disease (AD) and dementia.
 - *Dementia is a general term used to describe a set of symptoms that affect cognitive abilities, memory, thinking, and behavior. It is not a specific disease but rather an umbrella term for a group of symptoms.*
 - *Alzheimer's disease is the most common cause or type of dementia, accounting for the majority of cases. It is a progressive neurodegenerative disorder that primarily affects memory and cognitive functions.*

Reference: Sievert, Diane (June 26, 2023). Health David Geffen School of Medicine (ND). What Is the Difference Between Alzheimer's and Dementia? Retrieved from <https://medschool.ucla.edu/news-article/alzheimers-vs-dementia-what-is-the-difference#:~:text=In%20summary%2C%20dementia%20is%20an,own%20distinct%20causes%20and%20characteristics.>

Literature Review

Different types of dementia.

Reference: National Institute on Aging (NIH). Understanding Different Types of Dementia. Retrieved from <https://www.nia.nih.gov/health/alzheimers-and-dementia/understanding-different-types-dementia>.

| Alzheimer's Disease | Frontotemporal Dementia | Lewy Body Dementia | Vascular Dementia |
|--|---|---|--|
| <p align="center">What Is Happening in the Brain?*</p> | | | |
| <p>Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain.</p>  <p>Amyloid plaques</p> <p>Tau tangles</p> | <p>Abnormal amounts or forms of tau and TDP-43 proteins accumulate inside neurons in the frontal and temporal lobes.</p>  <p>Frontal lobe</p> <p>Temporal lobe</p> <p>Tau</p> <p>TDP-43</p> | <p>Abnormal deposits of the alpha-synuclein protein, called "Lewy bodies," affect the brain's chemical messengers.</p>  <p>Lewy body</p> | <p>Conditions, such as blood clots, disrupt blood flow in the brain.</p>  <p>Blood clot</p> |

Literature Review:

Prevalence of Alzheimer's Disease and dementia

- An estimated 6.9 million Americans age 65 and older are living with Alzheimer's in 2024.
- Seventy-three percent are age 75 or older.
- About 1 in 9 people age 65 and older (10.9%) has Alzheimer's.
- By 2050, the number of people age 65 and older with Alzheimer's may grow to a projected 12.7 million, barring the development of medical breakthroughs to prevent or cure Alzheimer's disease.

Reference: Alzheimer's Association (ND). Alzheimer's Disease Facts and Figures. Retrieved from [https://www.alz.org/alzheimers-dementia/facts-figures#:~:text=Nearly%207%20million%20Americans%20have,older%20\(10.9%25\)%20has%20Alzheimer's.](https://www.alz.org/alzheimers-dementia/facts-figures#:~:text=Nearly%207%20million%20Americans%20have,older%20(10.9%25)%20has%20Alzheimer's.)

Literature Review: Gender / Racial and ethnic disparities

- Almost two-thirds of Americans with Alzheimer's are women.
- Older Black Americans are about twice as likely to have Alzheimer's or other dementias as older Whites.
- Older Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older Whites.

Reference: Alzheimer's Association (ND). Alzheimer's Disease Facts and Figures. Retrieved from [https://www.alz.org/alzheimers-dementia/facts-figures#:~:text=Nearly%207%20million%20Americans%20have,older%20\(10.9%25\)%20has%20Alzheimer's.](https://www.alz.org/alzheimers-dementia/facts-figures#:~:text=Nearly%207%20million%20Americans%20have,older%20(10.9%25)%20has%20Alzheimer's.)

Literature Review: Mortality and morbidity

- 1 in 3 seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer combined.
- Deaths from Alzheimer's have more than doubled between 2000 and 2021, while those from heart disease – the leading cause of death – have decreased.
- At age 70, older Americans living with Alzheimer's are twice as likely to die before age 80 than those who do not have the disease.
- People age 65 and older survive an average of four to eight years after a diagnosis of Alzheimer's, yet some live as long as 20 years with Alzheimer's. This reflects the slow, uncertain progression of the disease.

Reference: Alzheimer's Association (ND). Alzheimer's Disease Facts and Figures. Retrieved from [https://www.alz.org/alzheimers-dementia/facts-figures#:~:text=Nearly%207%20million%20Americans%20have,older%20\(10.9%25\)%20has%20Alzheimer's.](https://www.alz.org/alzheimers-dementia/facts-figures#:~:text=Nearly%207%20million%20Americans%20have,older%20(10.9%25)%20has%20Alzheimer's.)

Literature Review: Known and theoretical causes and risks of developing Alzheimer's Disease and dementia.

- Vascular disease
- Lower delta wave duration during sleep
- Personality?

Personality and Dementia?

- An NIA-funded study supports a predictive link between personality traits and dementia. The study found that conscientiousness, extraversion, and positive affect were associated with a lower risk for dementia while neuroticism and negative affect were associated with an increased risk. However, no associations were found between personality traits and dementia-related brain changes.

Reference: Beck ED, et al. Personality predictors of dementia diagnosis and neuropathological burden: An individual participant data meta-analysis. *Alzheimer's & Dementia*. 2024;20(3):1497-1514. doi: 10.1002/alz.13523.



Prevention and Treatment

Effective Preventative Measures

- In the new study, 304 participants age 65 and older with mild cognitive impairment were split into three groups to participate twice per week in a virtual exercise class in their homes for six months. One group did stretching exercises only; the second, a traditional form of tai chi; and the third, a cognitively enhanced tai chi program. For cognitively enhanced tai chi, instructors engage and challenge participants mentally during their physical movements, having them conduct tasks such as spelling out words forward and backward.
- Both tai chi groups showed higher cognitive test score improvements compared to the stretching-only group. The traditional tai chi group raised test scores by 1.5 points, and the cognitively enhanced tai chi group boosted their scores by nearly three points.
- The tai chi groups also had higher scores on dual-task walking tests than the stretching group. A dual-task walking test measures how much a person's gait slows with shorter strides when they are performing two tasks at the same time. Slower dual-task walking speed is being studied as a possible early warning of age-related cognitive changes.

Reference: Li F, et al. Clinical effectiveness of cognitively enhanced tai ji quan training on global cognition and dual-task performance during walking in older adults with mild cognitive impairment or self-reported memory concerns: A randomized controlled trial. *Annals of Internal Medicine*. 2023;176(11):1498-1507. doi: 10.7326/M23-1603.

Effective Preventative Measures

- Same things that work on your body, work on your mind
 - Exercise
 - Get enough sleep (good quality sleep)
 - Eat more plant-based diet
 - Manage stress
 - Having a pet slows cognitive decline
 - Exercise the brain: hobbies, crossword, reading, etc.

Effective Preventative Measures

- Same things that work on your body, work on your mind
 - Social connections
 - Sudden loss of wealth can cause cognitive decline

Your Choices Matter!

- 50/50 genetics and lifestyle

Early Detection of Rapid Progressive Dementia

- People with potentially treatment-responsive causes of RPD (rapid progressive dementia) (versus nonresponsive) were more likely to have three or more of these following seven clinical features (clinical prediction algorithm (STAM3 P) and a spinal fluid-based panel of biomarkers):
 - *younger than 50 years old*
 - *Seizures*
 - *Tumors*
 - *brain inflammation*
 - *Mania*
 - *movement abnormalities*
 - *increased number of white blood cells in their cerebrospinal fluid (CSF)*

Reference:

Satyadev N, et al. Improving early recognition of treatment-responsive causes of rapidly progressive dementia: The STAM3 P score. *Annals of Neurology*. 2024;95(2):237-248. doi: 10.1002/ana.26812.

Kuchenbecker LA, et al. Diagnostic utility of cerebrospinal fluid biomarkers in patients with rapidly progressive dementia. *Annals of Neurology*. 2024;95(2):299-313. doi: 10.1002/ana.26822.

Early Detection = Early Treatment to Stop Dementia

- The scientists also analyzed the spinal fluid samples of the participants and found there were certain molecules, called biomarkers, which were associated with treatment-responsive causes of RPD. The researchers created a metric based on four different spinal fluid biomarkers that reliably identifies patients with treatment-responsive causes of RPD.

Reference:

Satyadev N, et al. Improving early recognition of treatment-responsive causes of rapidly progressive dementia: The STAM3 P score. *Annals of Neurology*. 2024;95(2):237-248. doi: 10.1002/ana.26812.

Kuchenbecker LA, et al. Diagnostic utility of cerebrospinal fluid biomarkers in patients with rapidly progressive dementia. *Annals of Neurology*. 2024;95(2):299-313. doi: 10.1002/ana.26822.

Promising Treatments

- In Alzheimer's disease, a buildup of sticky amyloid proteins in the brain clump together to form plaques, causing damage that gradually leads to worsening dementia symptoms. A promising way to change the course of this disease is with treatments that clear away damaging amyloid plaques or stop them from forming in the first place.
- The Food and Drug Administration recently approved the first drug for early Alzheimer's that moderately slows cognitive decline by reducing amyloid plaques.

References:

FDA Converts Novel Alzheimer's Disease Treatment to Traditional Approval. U.S. Food and Drug Administration (2023).

Hou J, et al. Antibody-mediated targeting of human microglial leukocyte Ig-like receptor B4 attenuates amyloid pathology in a mouse model . Science Translational Medicine. DOI: 10.1126/scitranslmed.adj9052 (2024).

Promising Treatments

- But the gene encoding the protein is known for its role in influencing a person's risk for developing Alzheimer's, and in the Alzheimer's brain, the protein is a key component of amyloid plaques. The protein can also inactivate microglia by binding to a receptor called LILRB4 found on the immune cells' surfaces.
- Earlier studies in mouse models of Alzheimer's showed that the LILRB4 receptor is expressed at high levels in microglia when amyloid plaques build up. This suggested that treatments targeting this receptor on microglia might hold promise for treating Alzheimer's. In the new study, the research team looked for evidence that an increase in LILRB4 receptors on microglia plays an important role in the brains of people with Alzheimer's.

References:

FDA Converts Novel Alzheimer's Disease Treatment to Traditional Approval. U.S. Food and Drug Administration (2023).

Hou J, et al. Antibody-mediated targeting of human microglial leukocyte Ig-like receptor B4 attenuates amyloid pathology in a mouse model . Science Translational Medicine. DOI: 10.1126/scitranslmed.adj9052 (2024).

New Research on Alzheimer's Disease

- Disruption of a specific molecular pathway may lead to the degeneration seen in late-onset Alzheimer's disease, the non-familial and most common form of the disorder. A team headed by NIA scientists found when a signaling pathway called ApoER2-Dab1 malfunctions in human brain neurons, the neurons accumulate phosphorylated tau – the form that leads to tau tangles – and die during the earliest stages of Alzheimer's.
- The researchers found that five neuron populations that accumulate tau in the earliest stages of Alzheimer's have lots of ApoER2 on their surfaces and that tau is only one of many ApoER2-Dab1 proteins that accumulate during the disease. APOE, beta-amyloid, and other proteins associated with Alzheimer's also build up in these neurons. The data suggests the destabilization of the ApoER2-Dab1 pathway is a plausible, alternative explanation for why specific neurons degenerate in Alzheimer's.

Reference: Ramsden CE, et al. ApoER2-Dab1 disruption as the origin of pTau-associated neurodegeneration in sporadic Alzheimer's disease. *Acta Neuropathologica Communications*. 2023;11(1):197. doi: 10.1186/s40478-023-01693-9.

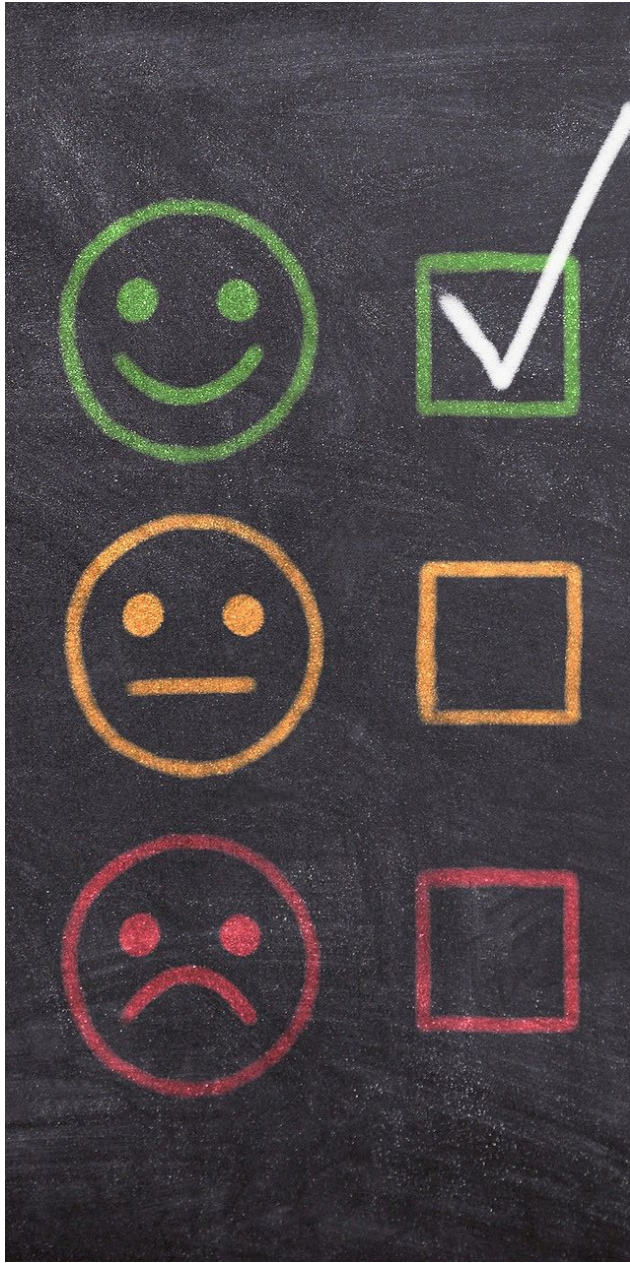
Promising Treatments

- The key component of this strategy is using the brain's built-in cleanup crew for amyloid plaques and other waste products: immune cells known as microglia that naturally help to limit the progression of Alzheimer's.
- Microglia in the brain surround plaques to create a barrier that controls their spread. Microglia can also destroy amyloid plaques directly. But how microglia work in the brain depends on a fine-tuned balance of signals that activate or inhibit them. In people with Alzheimer's, microglia don't do their job well enough.

References:

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Resources

Resources for those Experiencing Alzheimer's disease and Dementia and their Families

- Respite care
- Caregiving
- Nutrition / meal deliver -
welfare check
- Transportation
- Adult Protective Services
(60 years and older)



Respite Care

- Short term relief for family caregivers
- Usually around 4 hours per week, often at no cost
- Paid through non-profits and/or county programs

Caregiving

- Not paid for through Medicare part A or B
- Covered under long-term care insurance - but not the first 90 days under most plans

Adult Day Programs

- Paid for through Medi-Cal

Resources for those Experiencing Alzheimer's disease and Dementia and their Families

- Southern Caregiver Resource Center - price matching for caregivers, respite care, support groups
- Veteran's Administration - VA Aid & Attendance - caregiving for veterans and spouses (eligible for widow's pension), Family caregiving stipends for disabled veterans (70% or more), MSW - social worker case management
- In Home Supportive Services - caregiving for low-income, Medi-Cal eligible
- St. Barnabas Family Caregiver Support Program - This program offers essential support services, education, and resources to family members serving as primary caregivers for parents, grandparents, aunts, uncles, siblings, or other relatives. It aims to assist them in navigating challenging situations, emphasizing the importance of self-care, and enhancing their understanding of their crucial role in the well-being of their loved ones.

Resources for those Experiencing Alzheimer's disease and Dementia and their Families

- Alzheimer's Los Angeles - This organization increases awareness, delivering effective programs and services, providing compassionate support, and advocating for quality care and a cure.
- USC Family Caregiver Support Center - Provides support services, including diagnosis, prognosis, and services that help maintain the care recipient's independence and abilities, helping caregivers care for themselves, and manage their own well-being. Supportive services include: Information, Assessment, Individual Consultations, Respite, Education, Training.
- Jewish Family Services - LA- in-home caregiving, care management, social services, meals
- Case management - VA, carrier (health care), JFS

Meal Delivery (and Welfare Checks)

- St. Vincent's Meals on Wheels
- Salvation Army
- Jewish Family Services
- Home-Delivered Meals Program

Trusts

- Trusts must be in place 5 years prior to onset of dementia

Protection Laws and Rules on Asset Protection and California's Spousal Impoverishment Rule

- May be able to qualify one spouse with Medi-Cal and all services that go along with that, such as IHSS caregiving. This allows married people to separate finances in order to qualify.
- Spouse in need must have significant medical need.
- Intended for aging couples.

DPOA, Advanced Directives, POLST

- Get these in place early, before the first inkling of cognitive impairments
- Once dementia or Alzheimer's disease is formally diagnosed, it is too late to put these in place
- Work arounds:
 - *Put legal representative forms in place: social security, Medicare, VA, IHSS, etc.*
 - *Get documentation from neurologist stating that the family member can no longer make decisions for themselves*

Driving Privileges and Dementia

- The cognitive and physical abilities of drivers who have been diagnosed with moderate or severe dementia will have deteriorated to such an extent that driving would be unsafe, and their driving privilege will be revoked.
- Usually initiated by physician
- Can also be initiated by family members with physician approval

Reference: DMV (ND). Dementia. Retrieved from <https://www.dmv.ca.gov/portal/driver-education-and-safety/medical-conditions-and-driving/dementia/#:~:text=The%20cognitive%20and%20physical%20abilities,driving%20privilege%20will%20be%20revoked.>

Housing / Placement

- Assisted Living Waiver - Medi-Cal recipients for board & care co-pay
- CalVet Homes (San Diego is the nearest one)
- Memory care facilities - only covered by Medicare short-term, can have long-term placement with Medi/Medi

Incontinence Care

- Not covered by Medicare
- Covered under Medi-Cal
- Can be purchased with an over-the-counter benefit through carrier, if eligible

Long-term Care Insurance

- 73% of people who receive long-term care are at home, not in assisted living facilities or nursing homes (Long Term Care Insurance Fact 2022, American Association for Long-Term Care Insurance).
- 66% of caregivers end up using their own retirement and savings funds to pay for care (What is long-term care? Genworth).
- A 65-year-old today has a 70% chance of needing long-term care services at some point during their lifetime (How much care will you need , LongTermCare.gov).

Long-term Care Insurance

- It is expensive
- Usually 90 days out-of-pocket, before payment starts
- May run out of benefit funds



Final tips & takeaways

Get informed

Find out what is available to you before you need it

Put protections in place ahead of time (trusts, DPOA, Advanced Directives, POLST)

Prevention, prevention, prevention / Practice good self-care





Q&A session

- Any questions?





Thank you

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THANK YOU

Closing Remarks & Good of the Order