IN PERSON & VIRTUAL BOARD MEETING

DECEMBER 4, 2024 AT 8:30 AM*

INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE MEETING

*The Committee meeting will be held prior to the Board of Retirement meeting scheduled prior.

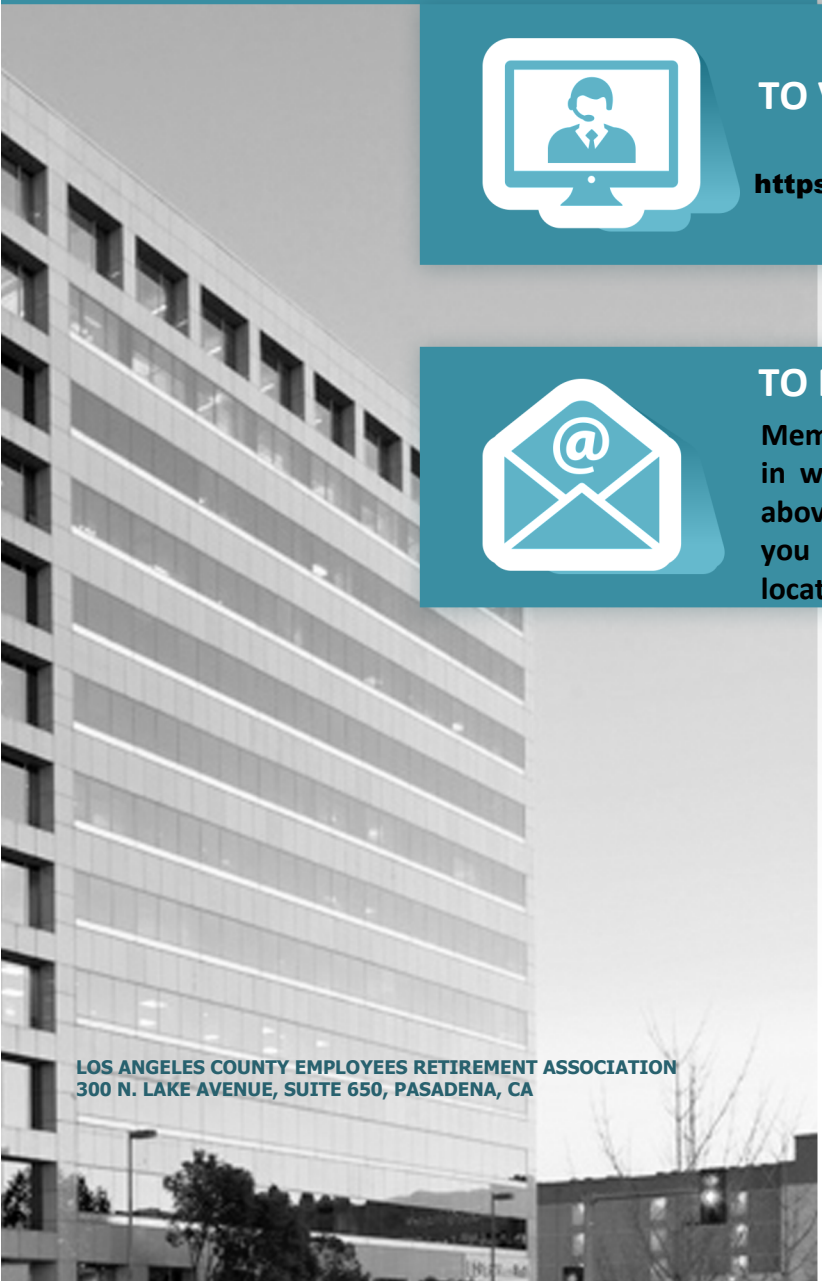
TO VIEW VIA WEB

https://lacera.com/leadership/board-meetings

TO PROVIDE PUBLIC COMMENT

Members of the public may address the Committee 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 Committee 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.



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

AGENDA

A REGULAR MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE

COMMITTEE AND BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:30 A.M., WEDNESDAY, DECEMBER 4, 2024

This meeting will be conducted by the Insurance, Benefits and Legislative Committee and Board of Retirement both in person and by teleconference under California Government Code Sections 54953(f).

Any person may view the meeting in person at LACERA's offices or online at https://LACERA.com/leadership/board-meetings.

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

COMMITTEE TRUSTEES:

Les Robbins, Chair
Vivian H. Gray, Vice Chair
Shawn R. Kehoe, Trustee
Ronald Okum, Trustee
David Ryu, Alternate Trustee

I. CALL TO ORDER

II. 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

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of November 6, 2024

IV. PUBLIC COMMENT

(Members of the public may address the Committee 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 Committee 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 Committee. 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 leave the name field blank in the request form. If you have any questions, you may email PublicComment@lacera.com.)

V. REPORTS

A. **Engagement Report for November 2024**
Barry W. Lew, Legislative Affairs Officer
(For Information Only)

B. **Staff Activities Report for November 2024**
Cassandra Smith, Director, Retiree Healthcare
(For Information Only)

C. **LACERA Claims Experience**
Michael Szeto, Segal Consulting
(Presentation)

D. **Federal Legislation**
Stephen Murphy, Segal Consulting
(For Information Only)

VI. ITEMS FOR STAFF REVIEW
(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agendized item at a future meeting.)

VII. ITEMS FOR FUTURE AGENDAS
(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

VIII. GOOD OF THE ORDER
(For Information Purposes Only)

IX. ADJOURNMENT

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

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

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

MINUTES OF THE REGULAR MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE AND BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:30 A.M. – 8:46 A.M., WEDNESDAY, NOVEMBER 6, 2024

This meeting was conducted by the Insurance, Benefits & Legislative Committee both in person and by teleconference under California Government Code Section 54953(f)

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair

Shawn R. Kehoe, Trustee

Ronald Okum, Trustee

David Ryu, Alternate Trustee *(arrived at 8:38 a.m.)*

ABSENT: Vivian H. Gray, Vice Chair

OTHER BOARD OF RETIREMENT TRUSTEES

Elizabeth Ginsberg, Trustee

JP Harris, Trustee

Wayne Moore, Trustee

Antonio Sanchez, Trustee

STAFF, ADVISORS AND PARTICIPANTS

Santos H. Kreimann, Chief Executive Officer

Luis Lugo, Deputy Chief Executive Officer

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

Leilani Ignacio, Assistant Division Manager, Retiree Healthcare

Segal Consulting
Stephen Murphy, Sr. Vice President
Michael Szeto, Senior Actuarial Associate

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:30 a.m.

II. 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

There were no requests received.

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of October 2, 2024

Trustee Kehoe made a motion, Trustee Okum seconded, to approve the minutes of the regular meeting of October 2, 2024. The motion passed by the following roll call vote:

Yes: Kehoe, Okum

No: None

Abstain: Robbins

Absent: Gray

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

A. **Engagement Report for October 2024**
Barry W. Lew, Legislative Affairs Officer
(For Information Only)

The engagement report was discussed. This item was received and filed.

B. **Staff Activities Report for October 2024**
Leilani Ignacio, Assistant Division Manager, Retiree Healthcare
(For Information Only)

The staff activities report was discussed. This item was received and filed.

V. REPORTS (Continued)

C. **LACERA Claims Experience**
Michael Szeto, Segal Consulting
(Presentation)

The LACERA Claims Experience reports through September were discussed. This item was received and filed.

D. **Federal Legislation**
Stephen Murphy, Segal Consulting
(For Discussion Purposes)

Segal Consulting gave an update on federal legislation.

VI. ITEMS FOR STAFF REVIEW
(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agendized item at a future meeting.)

There was nothing to report.

VII. ITEMS FOR FUTURE AGENDAS
(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

There was nothing to report.

VIII. GOOD OF THE ORDER
(For Information Purposes Only)

There was nothing to report.

IX. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 8:46 a.m.

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

INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
NOVEMBER 2024
FOR INFORMATION ONLY

What Do Americans Think About Pensions for Public Employees?

A National Institute on Retirement Security (NIRS) infographic highlights strong public support for pensions for state and local government employees. Eighty-six percent of Americans believe all workers—not just state and local government workers—should have a pension. This support crosses political party affiliation: Democrats at 89 percent, independents at 86 percent, and Republicans at 83 percent.

Pensions are widely seen as effective for recruiting and retaining qualified public service employees, such as teachers (82%) and public safety workers (84%). Other findings include:

- 82 percent agree public pension benefit levels are either too low or about right. The average retirement benefit for public workers if about $2,428 a month.
- More than three-fourths of Americans say pensions for teachers make sense to compensate for the lower pay of educators. Eighty-two percent agree that public safety workers have risky jobs and should have a pension to provide for retirement security.
- More than three-fourths agree that public employees should receive pension benefits because they finance part of the cost through employee contributions.

According to the Bureau of Labor Statistics, as of September 2024, state and local governments employ about 20.4 million workers, or about 13 percent of the U.S. workforce. A vast majority of these workers have a defined benefit plan, which helps attract and retain public service employees. (Source) (Source)

Retirement Benefits Valued by More Workers Than Last Year

The 2024 Workplace Wellness Survey by the Employee Benefit Research Institute highlights an increased emphasis on retirement benefits among employees. Sixty-two percent of workers now view retirement plans as critical to financial security, up from 56% in 2023, matching health insurance at the top. Paid time off followed at 58%. Health insurance remains the most influential factor for job retention (72%), with retirement plans (55%) and paid leave (47%) also playing key roles.

Most employees (83%) have access to employer-provided health insurance, and 79% can participate in retirement savings plans, with enrollment rates rising to 85% from 79% last year. Despite this, financial anxiety persists, with 33% of workers very concerned about their future and 36% worried about potential retirement benefit cuts. Budget cuts by employers, reported by 32% of respondents, exacerbate this uncertainty.

Retirement savings are the largest financial stressor for 48% of workers. While fewer employees use retirement accounts as emergency funds (50%, down from 55%), financial stability remains a priority. Economic volatility in mid-2024 likely influenced these concerns, with experts emphasizing the role of workplace financial education. In a benefits allocation exercise, employees prioritized retirement accounts, allotting an average of $226 monthly, highlighting their value. (Source)

Alaska Pension's Effect on Legislative Races

Alaska's legislative elections are spotlighting the debate over whether to reinstate defined benefit pensions for public employees, a system the state ended in 2006 due to a $10 billion unfunded liability. Supporters, including labor unions like the Alaska AFL-CIO, argue that a return to pensions is essential to address severe labor shortages in public safety, education, and corrections, as the current 401(k)-style system leaves many retirees financially insecure and drives workers to other states.

Opponents, led by conservative groups like Americans for Prosperity (AFP), warn that reintroducing pensions could create unsustainable financial risks for Alaska. They advocate for defined contribution systems that limit the state's liability and challenge the link between pensions and employee retention. AFP has spent heavily to support candidates opposing pension reform, countering union-backed campaigns favoring the policy.

The debate reflects deeper ideological divides about the role of government in providing long-term financial security for public workers versus managing fiscal responsibility to taxpayers. Proposals like Senate Bill 88, which aimed to reintroduce a risk-managed pension system, remain politically contentious. The bill passed the Senate but was blocked in the Republican-controlled House and illustrates the difficulty in finding bipartisan consensus.

The outcome of key legislative races could determine whether pension reform resurfaces next year. While proponents see reform as a solution to labor challenges, fiscal conservatives and AFP remain significant obstacles, framing pensions as a costly gamble for the state's financial future. (Source)

Are Auto Features Falling Short of Expectations?

Although automatic enrollment and automatic escalation features of defined contribution plans have been promoted as increasing enrollment and savings rate, a new study published by the National Bureau of Economic Research found that the features might not be as impactful as previously estimated.

One of the authors of the paper, a Harvard University economist, indicated that high employee turnover rates, high leakage rates upon job separation, and low acceptance of

auto-escalation defaults diminish some of the effectiveness of automatic features. Auto-enrollment tends to be most beneficial to low-income workers. However, leakage and nonvesting are also impacting them the most due to job turnover. Auto-enrollment tends to be most beneficial to low-income workers, but leakage and nonvesting are also impacting them the most due to job turnover.

When employees have high job turnover, the auto-escalation feature does not have the same "stickiness" in staying with the same employer. Although an employee might have auto-escalated with their current employer from a starting rate of 3%, once they change employers, they are generally defaulted to the starting rate of 3% again. Because of high turnover in the bottom third of employees, it is difficult to ramp up from 3% to, say, 15% and stay there.

Additionally, an increasing number of employees do not continue with the auto-escalation within the same employer. The researchers found about 43% are defaulted into auto-escalation. In the second year, 36% are sticking with it, and in the third year 29% are sticking with it.

One improvement might be to set a higher default than 3% in the 6%-10% range. However, that might not be feasible for those lower on the income scale. An age-based or an income-based default rate might be more effective. Communication and education about what to do with retirement savings when employees change jobs would also address the leakage issue. (Source)

2025 Compensation and Benefits Limitations

The Internal Revenue Service recently released its compensation and benefits limitations for 2025. There are two limits that are important for LACERA's pension plans and are tax qualification requirements.

The 415(b) benefit limit has increased from $275,000 to $280,000. LACERA legacy members whose benefits exceed this limit receive those amounts in the Los Angeles County Replacement Benefit Plan. PEPRA members are not eligible to participate in the Replacement Benefit Plan.

The 401(a)(17) compensation limit increased from $345,000 to $350,000 and applies to members whose membership began on or after July 1, 1996. Members who began membership before this date are not subject to a compensation limit. Although PEPRA members are also subject to the federal compensation limit, in practice they are subject to a lower limit provided in PEPRA. For calendar year 2025, the limit is $155,081 for members of systems that participate in Social Security and $186,096 for members of systems that do not participate in Social Security. (Source) (Source) (Source)

INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
RETIREE HEALTHCARE BENEFITS PROGRAM
STAFF ACTIVITIES REPORT
NOVEMBER 2024
FOR INFORMATION ONLY

2024 Medicare Parts A & B Premiums Announced

The Center for Medicare & Medicaid Services (CMS) finally announced the 2025 Part B Premium and Deductible on November 8, 2024. The standard Part B premium for 2025 will be $185.00, an increase of $10.30 per month from the current standard amount of $174.70.

Both Segal and Cheiron (the County's consultant), have both completed their respective annual analysis required as part of the process seeking continuation of the LACERA-administered Medicare Part B Reimbursement Program. Final approval recommendation will be presented on the December 17, 2024, Board of Supervisor (BOS) agenda. Upon approval by the BOS, the 2025 standard amount is scheduled to be reflected on the eligible retiree's December 31, 2024, pension payment.

Staff would like to thank the CEO office, Segal, and Cheiron for collaboratively working together to get this item prepared and submitted for LACERA's December 31, 2024, payroll given the short turnaround time from the initial announcement.

Anthem – Providence Under Negotiations

Anthem is under negotiation with Providence Health for the contract that expires on January 1, 2025. Both parties are in active negotiations. These discussions are standard and a routine part within the healthcare industry as we have seen before and continue to see.

Anthem has indicated that they are committed to continuing negotiation discussions with Providence. On November 7, 2024, Anthem provided the chart below that reflects the count of Providence provider and facility utilization by LACERA specific plans over the last year.

Plan	FACILITY	PHYSICIAN
Prudent Buyer	117	376
Plan I	91	323
Plan II	653	2,784
Plan III	1,344	5,864
Grand Total	2,205	9,347

It is important to note that as these negotiations continue, there is no impact to Anthem members who continue to enjoy in-network access to Providence facilities and doctors**.**

A few things to keep in mind when reviewing the above counts:

- Many of the in-network and out-of-network member cost share is the same for certain plans.

- These are not unique counts. Members who utilized multiple facilities and or physicians will be counted multiple times.

- Some of the physicians have access to other hospitals and/or medical groups. Hence, it's possible that members may be able to see the provider through another medical group.

If a member is receiving treatment for a serious or complex condition that will continue past December 31, 2024, they may be able to continue care at Providence after that date. If an agreement is not reached as the deadline approaches, members can contact Anthem's member services at the number on their member ID card for assistance with Continuity of Care accommodations.

Anthem will continue to keep staff updated on negotiations. For Anthem members who have questions or need assistance, they can call the toll-free member number listed on their Anthem member ID card.

Anthem Contract Negotiations Update – Sutter Health and Scripps Health

Staff was also informed by our Anthem Blue Cross Executive Account Management team that Anthem is also in negotiations with Sutter Health and Scripps Health. Their contracts also expire on January 1, 2025.

Plan utilization under the Sutter Health (Primarily Northern and Central California) and Scripps Health (Primarily in the San Diego County area) facilities are much lower than that of Providence as reflected above.

LACERA specific plan Sutter and Scripps facility and provider utilization over the last year are reported below:

Sutter Utilization

Plan	FACILITY	PHYSICIAN
Plan I	7	0
Plan II	30	4
Plan III	77	3
Grand Total	**114**	**7**

Scripps Utilization

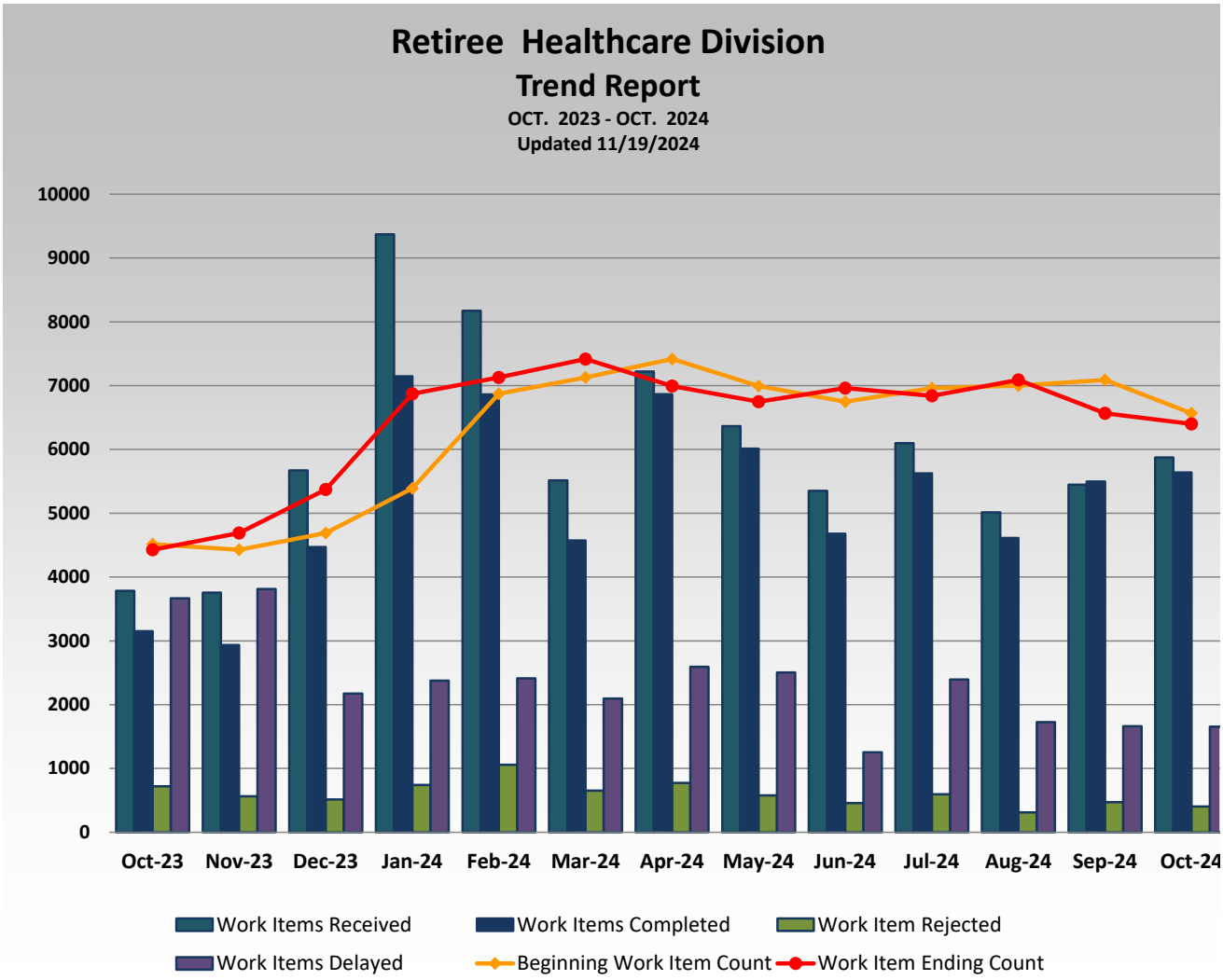
Plan	FACILITY	PHYSICIAN
Plan I	7	4
Plan II	30	10
Plan III	96	231
Grand Total	**133**	**245**

Again, a few things to keep in mind when reviewing the above counts:

- Many of the in-network and out-of-network member cost share is the same for certain plans.

- These are not unique counts. Members who utilized multiple facilities and or physicians will be counted multiple times.

- Some of these physicians have access to other hospitals and/or medical groups. So, it's possible that members may be able to see the provider through another medical group.

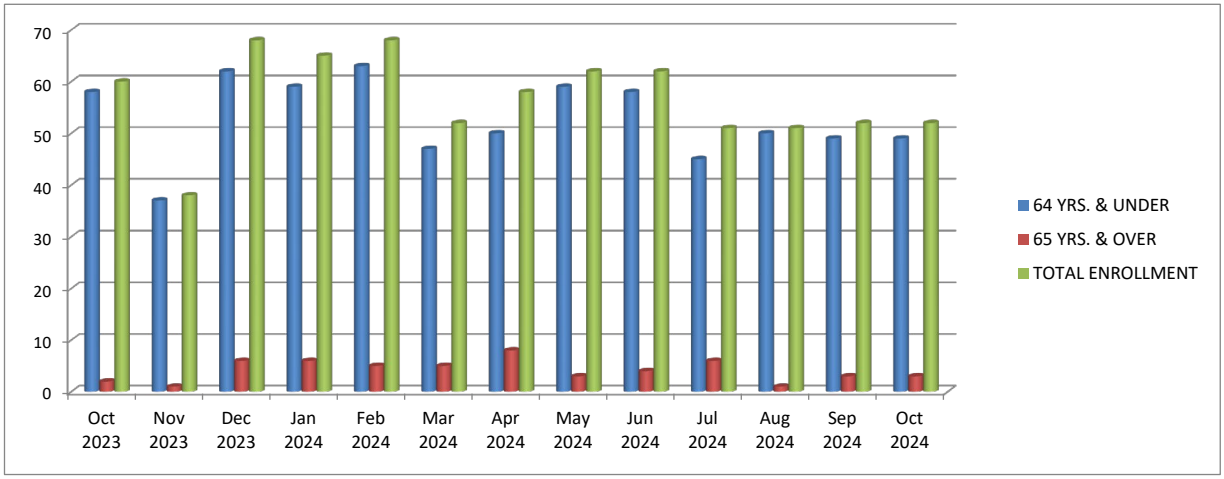


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Oct-23	4515	3784	3151	721	3665	4427
Nov-23	4427	3757	2936	565	3812	4689
Dec-23	4689	5672	4471	516	2175	5374
Jan-24	5390	9371	7145	742	2377	6874
Feb-24	6874	8174	6862	1059	2411	7127
Mar-24	7127	5516	4573	653	2097	7417
Apr-24	7417	7221	6865	775	2593	6994
May-24	6994	6363	6012	579	2504	6749
Jun-24	6749	5351	4681	458	1252	6961
Jul-24	6961	6098	5624	596	2396	6839
Aug-24	7000	5013	4611	313	1725	7089
Sep-24	7089	5447	5498	470	1663	6568
Oct-24	6568	5873	5640	403	1654	6398

Retirees Monthly Age Breakdown
OCT. 2023 - OCT. 2024

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Oct 2023	58	2	60
Nov 2023	37	1	38
Dec 2023	62	6	68
Jan 2024	59	6	65
Feb 2024	63	5	68
Mar 2024	47	5	52
Apr 2024	50	8	58
May 2024	59	3	62
Jun 2024	58	4	62
Jul 2024	45	6	51
Aug 2024	50	1	51
Sep 2024	49	3	52
Oct 2024	49	3	52



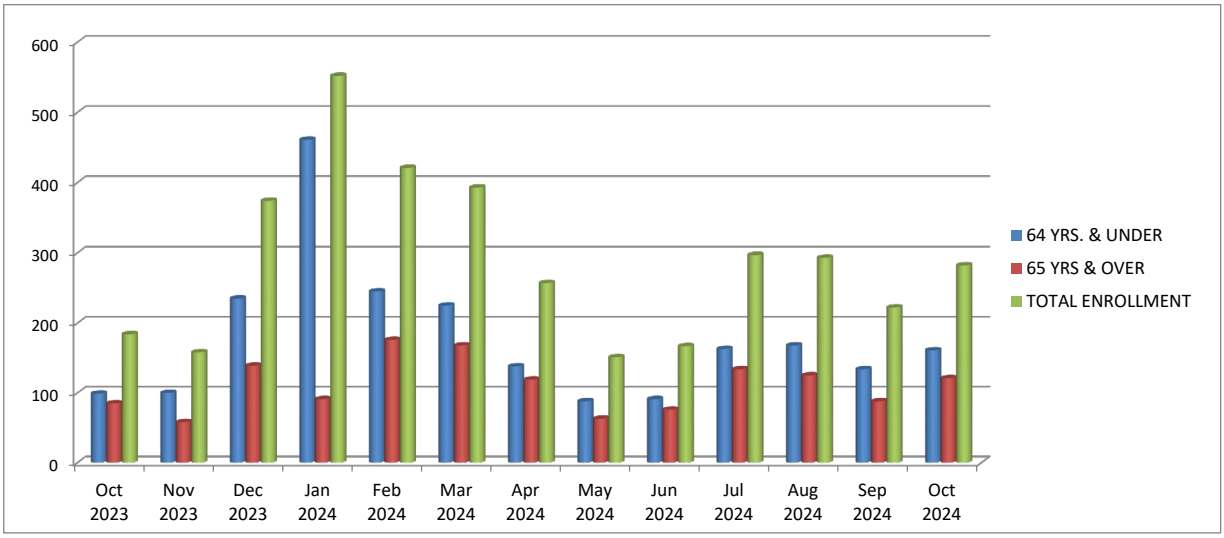
PLEASE NOTE:

- **Next Report will include the following dates: November 1, 2023 - November 30, 2024**

Retirees Monthly Age Breakdown
OCT. 2023 - OCT. 2024

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Oct 2023	99	85	184
Nov 2023	100	58	158
Dec 2023	235	139	374
Jan 2024	461	91	552
Feb 2024	245	176	421
Mar 2024	225	168	393
Apr 2024	138	119	257
May 2024	88	63	151
Jun 2024	91	76	167
Jul 2024	163	134	297
Aug 2024	168	125	293
Sep 2024	134	88	222
Oct 2024	161	121	282



PLEASE NOTE:

- **Next Report will include the following dates: November 1, 2023, through November 31, 2024.**

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 11/30/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7678	$1,237,237.50	0	0
241	133	$20,746.20	0	0
242	934	$154,400.60	0	0
243	4633	$1,513,954.56	0	0
244	14	$2,170.90	0	0
245	59	$9,680.60	0	0
246	18	$3,244.30	0	0
247	172	$30,299.80	0	0
248	14	$4,227.40	0	0
249	77	$25,547.20	0	0
250	17	$5,487.30	0	0
Plan Total:	**13,749**	**$3,006,996.36**	**0**	**$0.00**
CIGNA - PREFERRED with RX				
321	36	$5,309.80	0	0
322	7	$1,027.00	0	0
324	21	$6,555.60	0	0
327	1	$104.90	0	0
Plan Total:	**65**	**$12,997.30**	**0**	**$0.00**
KAISER SR. ADVANTAGE				
394	25	$4,455.50	0	0
397	3	$494.00	0	0
398	8	$2,795.20	0	0
403	12226	$1,938,038.88	0	0
413	1514	$250,230.94	0	0
418	6431	$2,088,389.57	0	0
419	209	$30,666.40	0	0
426	259	$41,874.10	0	0
445	2	$349.40	0	0
451	33	$5,349.60	0	0
455	8	$1,397.60	0	0
457	18	$6,110.00	0	0
459	2	$698.80	0	0
462	86	$13,191.00	0	0
465	3	$524.10	0	0
466	28	$9,160.40	0	0
472	26	$4,236.80	0	0
476	4	$608.40	0	0
478	15	$4,985.10	0	0
479	1	$144.60	0	0
482	84	$13,432.00	0	0
486	3	$524.10	0	0
488	34	$11,204.10	0	0
491	1	$148.50	0	0
492	1	$174.70	0	0
0	0	$0.00	0	0
Plan Total:	**21,024**	**$4,429,183.79**	**0**	**$0.00**

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 11/30/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	279	$44,087.88	0	0
613	103	$31,333.90	0	0
620	8	$2,655.32	0	0
622	15	$2,789.20	0	0
623	2	$559.20	0	0
Plan Total:	**407**	**$81,425.50**	**0**	**0**
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2166	$357,648.60	0	0
702	398	$67,102.50	0	0
703	1402	$467,992.70	0	0
704	99	$17,421.10	0	0
705	51	$17,074.90	0	0
Plan Total:	**4,116**	**$927,239.80**	**0**	**$0.00**
Grand Total:	**39,361**	**$8,457,842.75**	**0**	**$0.00**

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 11/30/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7678	$1,237,237.50	0	$0.00
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242	934	$154,400.60	0	$0.00
243	4633	$1,513,954.56	0	$0.00
244	14	$2,170.90	0	$0.00
245	59	$9,680.60	0	$0.00
246	18	$3,244.30	0	$0.00
247	172	$30,299.80	0	$0.00
248	14	$4,227.40	0	$0.00
249	77	$25,547.20	0	$0.00
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Plan Total:	**65**	**$12,997.30**	**0**	**$0.00**
KAISER SR. ADVANTAGE				
394	25	$4,455.50	0	$0.00
397	3	$494.00	0	$0.00
398	8	$2,795.20	0	$0.00
403	12226	$1,938,038.88	0	$0.00
413	1514	$250,230.94	0	$0.00
418	6431	$2,088,389.57	0	$0.00
419	209	$30,666.40	0	$0.00
426	259	$41,874.10	0	$0.00
445	2	$349.40	0	$0.00
451	33	$5,349.60	0	$0.00
455	8	$1,397.60	0	$0.00
457	18	$6,110.00	0	$0.00
459	2	$698.80	0	$0.00
462	86	$13,191.00	0	$0.00
465	3	$524.10	0	$0.00
466	28	$9,160.40	0	$0.00
472	26	$4,236.80	0	$0.00
476	4	$608.40	0	$0.00
478	15	$4,985.10	0	$0.00
479	1	$144.60	0	$0.00
482	84	$13,432.00	0	$0.00
486	3	$524.10	0	$0.00
488	34	$11,204.10	0	$0.00
491	1	$148.50	0	$0.00
492	1	$174.70	0	$0.00
Plan Total:	**21,024**	**$4,429,183.79**	**0**	**$0.00**

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 11/30/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	279	$44,087.88	0	$0.00
613	103	$31,333.90	0	$0.00
620	8	$2,655.32	0	$0.00
622	15	$2,789.20	0	$0.00
623	2	$559.20	0	$0.00
Plan Total:	**407**	**81,426**	**0**	**0**
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2166	$357,648.60	0	$0.00
702	398	$67,102.50	0	$0.00
703	1402	$467,992.70	0	$0.00
704	99	$17,421.10	0	$0.00
705	51	$17,074.90	0	$0.00
Plan Total:	**4,116**	**$927,239.80**	**0**	**$0.00**
LOCAL 1014				
804	200	$45,072.10	0	$0.00
805	232	$46,400.30	0	$0.00
806	738	$283,084.40	0	$0.00
807	59	$11,530.20	0	$0.00
808	19	$7,686.70	0	$0.00
812	253	$48,706.30	0	$0.00
813	1	$174.70	0	$0.00
Plan Total:	**1,502**	**$442,654.70**	**0**	**$0.00**
Grand Total:	**40,863**	**$8,900,497.45**	**0**	**$0.00**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	430	$482,509.44	$73,109.40	$410,351.80	$483,461.20	$0.00	$483,461.20
202	219	$483,582.00	$39,837.81	$446,835.67	$486,673.48	($2,198.10)	$484,475.38
203	72	$181,095.48	$28,627.90	$131,982.14	$160,610.04	$2,480.76	$163,090.80
204	24	$34,457.04	$8,958.82	$24,062.51	$33,021.33	$0.00	$33,021.33
SUBTOTAL	**745**	**$1,181,643.96**	**$150,533.93**	**$1,013,232.12**	**$1,163,766.05**	**$282.66**	**$1,164,048.71**
Anthem Blue Cross I							
211	524	$776,965.12	$49,719.63	$719,859.89	$769,579.52	($2,954.24)	$766,625.28
212	221	$588,582.67	$30,094.83	$561,151.11	$591,245.94	($5,326.54)	$585,919.40
213	72	$226,195.20	$24,064.65	$202,130.55	$226,195.20	$0.00	$226,195.20
214	21	$41,043.45	$3,518.00	$39,479.90	$42,997.90	$0.00	$42,997.90
215	2	$997.94	$159.67	$838.27	$997.94	$0.00	$997.94
SUBTOTAL	**840**	**$1,633,784.38**	**$107,556.78**	**$1,523,459.72**	**$1,631,016.50**	**($8,280.78)**	**$1,622,735.72**
Anthem Blue Cross II							
221	2,393	$3,539,179.52	$186,648.28	$3,367,302.44	$3,553,950.72	($8,862.72)	$3,545,088.00
222	2,044	$5,462,366.77	$120,166.39	$5,240,996.12	$5,361,162.51	($5,326.54)	$5,355,835.97
223	933	$2,943,679.20	$114,605.51	$2,770,913.63	$2,885,519.14	($6,283.20)	$2,879,235.94
224	242	$472,976.90	$46,672.24	$458,579.71	$505,251.95	$0.00	$505,251.95
SUBTOTAL	**5,612**	**$12,418,202.39**	**$468,092.42**	**$11,837,791.90**	**$12,305,884.32**	**($20,472.46)**	**$12,285,411.86**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,724	$4,647,387.36	$592,873.78	$4,095,199.74	$4,688,073.52	($6,271.30)	$4,681,802.22
241	132	$255,788.26	$20,952.58	$233,587.86	$254,540.44	$0.00	$254,540.44
242	935	$1,813,596.46	$104,700.24	$1,674,278.26	$1,778,978.50	$0.00	$1,778,978.50
243	4,639	$5,577,615.03	$571,573.98	$4,913,076.64	$5,484,650.62	($12,248.66)	$5,472,401.96
244	14	$15,078.00	$1,787.82	$13,290.18	$15,078.00	$0.00	$15,078.00
245	59	$64,620.00	$7,131.82	$56,411.18	$63,543.00	($1,077.00)	$62,466.00
246	18	$43,176.60	$4,605.50	$43,368.50	$47,974.00	$0.00	$47,974.00
247	179	$429,367.30	$23,507.26	$410,657.44	$434,164.70	$0.00	$434,164.70
248	14	$23,415.84	$2,140.87	$21,274.97	$23,415.84	$0.00	$23,415.84
249	77	$130,459.68	$7,058.22	$120,056.34	$127,114.56	$0.00	$127,114.56
250	17	$31,865.99	$2,436.81	$29,429.18	$31,865.99	$0.00	$31,865.99
SUBTOTAL	**13,808**	**$13,032,370.52**	**$1,338,768.88**	**$11,610,630.29**	**$12,949,399.17**	**($19,596.96)**	**$12,929,802.21**
CIGNA Network Model Plan							
301	222	$420,541.26	$105,353.36	$315,187.90	$420,541.26	$0.00	$420,541.26
302	55	$188,133.55	$45,009.41	$143,124.14	$188,133.55	$0.00	$188,133.55
303	7	$28,273.56	$6,264.53	$17,969.95	$24,234.48	$0.00	$24,234.48
304	13	$32,677.71	$11,401.31	$18,762.73	$30,164.04	$0.00	$30,164.04
SUBTOTAL	**297**	**$669,626.08**	**$168,028.61**	**$495,044.72**	**$663,073.33**	**$0.00**	**$663,073.33**
CIGNA Preferred w/ Rx - Phoenix, AZ							
321	36	$12,486.96	$1,540.07	$10,946.89	$12,486.96	$0.00	$12,486.96
322	7	$13,111.98	$749.25	$12,362.73	$13,111.98	$0.00	$13,111.98
324	21	$14,400.12	$1,508.60	$12,891.52	$14,400.12	$0.00	$14,400.12
327	1	$2,492.31	$498.46	$1,993.85	$2,492.31	$0.00	$2,492.31
SUBTOTAL	**65**	**$42,491.37**	**$4,296.38**	**$38,194.99**	**$42,491.37**	**$0.00**	**$42,491.37**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,573	$2,138,870.45	$160,191.98	$2,014,562.14	$2,174,754.12	($1,351.15)	$2,173,402.97
403	12,237	$3,469,001.60	$307,125.57	$3,170,820.07	$3,477,945.64	$1,928.26	$3,479,873.90
404	452	$585,968.28	$8,556.21	$581,301.24	$589,857.45	$0.00	$589,857.45
405	1,443	$1,956,717.85	$18,037.11	$1,933,264.22	$1,951,301.33	($2,708.26)	$1,948,593.07
411	1,915	$5,181,138.90	$221,794.67	$4,910,846.83	$5,132,641.50	$2,694.30	$5,135,335.80
413	1,498	$2,472,461.55	$111,154.98	$2,327,052.56	$2,438,207.54	($1,625.55)	$2,436,581.99
414	46	$121,418.84	$844.65	$120,574.19	$121,418.84	$0.00	$121,418.84
418	6,393	$3,583,008.00	$254,401.80	$3,273,054.52	$3,527,456.32	($847.56)	$3,526,608.76
419	210	$333,007.48	$3,958.36	$319,624.38	$323,582.74	$0.00	$323,582.74
420	99	$255,893.22	$1,240.69	$254,652.53	$255,893.22	$0.00	$255,893.22
421	9	$12,160.35	$1,026.87	$13,835.78	$14,862.65	$0.00	$14,862.65
422	266	$720,173.76	$2,265.71	$723,302.61	$725,568.32	$0.00	$725,568.32
426	261	$428,303.39	$3,713.03	$402,733.42	$406,446.45	$0.00	$406,446.45
428	42	$110,985.84	$528.50	$110,457.34	$110,985.84	$0.00	$110,985.84
430	147	$396,938.22	$3,618.34	$393,319.88	$396,938.22	$0.00	$396,938.22
SUBTOTAL	**26,591**	**$21,766,047.73**	**$1,098,458.47**	**$20,549,401.71**	**$21,647,860.18**	**($1,909.96)**	**$21,645,950.22**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Colorado							
450	3	$3,943.05	$525.74	$3,417.31	$3,943.05	$0.00	$3,943.05
451	35	$10,426.50	$1,459.70	$8,966.80	$10,426.50	$0.00	$10,426.50
453	8	$23,265.76	$1,959.60	$21,306.16	$23,265.76	$0.00	$23,265.76
454	1	$3,927.17	$1,162.56	$2,764.61	$3,927.17	$0.00	$3,927.17
455	8	$12,834.00	$866.29	$11,967.71	$12,834.00	$0.00	$12,834.00
457	18	$10,580.40	$1,058.04	$9,522.36	$10,580.40	$0.00	$10,580.40
459	2	$3,788.30	$75.77	$3,712.53	$3,788.30	$0.00	$3,788.30
SUBTOTAL	**75**	**$68,765.18**	**$7,107.70**	**$61,657.48**	**$68,765.18**	**$0.00**	**$68,765.18**
Kaiser - Georgia							
441	4	$6,242.08	$333.60	$5,908.48	$6,242.08	$0.00	$6,242.08
442	8	$12,484.16	$667.20	$11,816.96	$12,484.16	$0.00	$12,484.16
445	2	$3,924.74	$0.00	$3,924.74	$3,924.74	$0.00	$3,924.74
461	13	$20,286.76	$2,649.94	$17,636.84	$20,286.78	$0.00	$20,286.78
462	86	$35,656.95	$3,991.92	$29,615.78	$33,607.70	$0.00	$33,607.70
463	4	$12,452.16	$3,130.71	$9,321.45	$12,452.16	$0.00	$12,452.16
465	3	$5,887.11	$313.98	$5,573.13	$5,887.11	$0.00	$5,887.11
466	28	$22,727.60	$1,607.17	$21,120.43	$22,727.60	($811.70)	$21,915.90
SUBTOTAL	**148**	**$119,661.56**	**$12,694.52**	**$104,917.81**	**$117,612.33**	**($811.70)**	**$116,800.63**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	5	$4,773.20	$267.30	$4,505.90	$4,773.20	$0.00	$4,773.20
472	26	$11,620.44	$1,591.11	$10,029.33	$11,620.44	$0.00	$11,620.44
473	1	$2,147.75	$670.63	$1,477.12	$2,147.75	$0.00	$2,147.75
474	3	$5,703.84	$0.00	$5,703.84	$5,703.84	$0.00	$5,703.84
475	3	$8,543.76	$0.00	$8,543.76	$8,543.76	$0.00	$8,543.76
476	4	$5,574.32	$1,226.36	$4,347.96	$5,574.32	$0.00	$5,574.32
478	15	$13,288.20	$1,488.28	$11,799.92	$13,288.20	$0.00	$13,288.20
479	1	$2,586.69	$0.00	$2,586.69	$2,586.69	$0.00	$2,586.69
SUBTOTAL	**58**	**$54,238.20**	**$5,243.68**	**$48,994.52**	**$54,238.20**	**$0.00**	**$54,238.20**
Kaiser - Oregon							
481	2	$2,613.30	$653.32	$1,959.98	$2,613.30	$0.00	$2,613.30
482	84	$46,069.80	$7,140.82	$38,928.98	$46,069.80	$0.00	$46,069.80
483	3	$4,907.10	$830.25	$4,076.85	$4,907.10	$0.00	$4,907.10
484	6	$15,631.80	$0.00	$15,631.80	$15,631.80	$0.00	$15,631.80
486	3	$5,541.30	$0.00	$5,541.30	$5,541.30	$0.00	$5,541.30
488	34	$37,022.60	$5,313.82	$32,797.68	$38,111.50	$0.00	$38,111.50
491	1	$1,848.38	$0.00	$1,848.38	$1,848.38	$0.00	$1,848.38
492	1	$2,176.15	$0.00	$2,176.15	$2,176.15	$0.00	$2,176.15
SUBTOTAL	**134**	**$115,810.43**	**$13,938.21**	**$102,961.12**	**$116,899.33**	**$0.00**	**$116,899.33**
SCAN Health Plan							
611	279	$75,027.00	$11,510.80	$58,999.28	$70,510.08	($267.00)	$70,243.08
613	100	$54,178.00	$10,951.32	$39,544.68	$50,496.00	$0.00	$50,496.00
SUBTOTAL	**379**	**$129,205.00**	**$22,462.12**	**$98,543.96**	**$121,006.08**	**($267.00)**	**$120,739.08**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
SCAN Health Plan, AZ							
620	8	$2,136.00	$3,916.46	$3,537.46	$7,453.92	$0.00	$7,453.92
SUBTOTAL	**8**	**$2,136.00**	**$3,916.46**	**$3,537.46**	**$7,453.92**	**$0.00**	**$7,453.92**
SCAN Health Plan, NV							
622	17	$4,539.00	$501.96	$4,304.04	$4,806.00	$0.00	$4,806.00
623	2	$1,052.00	$0.00	$1,052.00	$1,052.00	$0.00	$1,052.00
SUBTOTAL	**19**	**$5,591.00**	**$501.96**	**$5,356.04**	**$5,858.00**	**$0.00**	**$5,858.00**
UHC Medicare Adv.							
701	2,167	$756,484.95	$85,474.75	$680,217.23	$765,691.98	($696.90)	$764,995.08
702	393	$737,452.00	$41,961.09	$675,210.98	$717,172.07	$0.00	$717,172.07
703	1,401	$966,526.70	$91,517.61	$878,453.59	$969,971.20	$0.00	$969,971.20
704	102	$214,321.38	$11,808.67	$204,613.90	$216,422.57	$0.00	$216,422.57
705	51	$48,269.46	$1,779.35	$46,490.11	$48,269.46	$0.00	$48,269.46
706	1	$429.15	$17.17	$411.98	$429.15	$0.00	$429.15
SUBTOTAL	**4,115**	**$2,723,483.64**	**$232,558.64**	**$2,485,397.79**	**$2,717,956.43**	**($696.90)**	**$2,717,259.53**
United Healthcare							
707	564	$853,806.24	$82,060.00	$774,844.85	$856,904.85	$1,381.50	$858,286.35
708	476	$1,309,794.30	$78,864.95	$1,243,990.42	$1,322,855.37	$0.00	$1,322,855.37
709	385	$1,263,296.96	$95,934.28	$1,119,316.81	$1,215,251.09	$0.00	$1,215,251.09
SUBTOTAL	**1,425**	**$3,426,897.50**	**$256,859.23**	**$3,138,152.08**	**$3,395,011.31**	**$1,381.50**	**$3,396,392.81**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	80	$112,648.80	$3,801.89	$106,030.69	$109,832.58	$0.00	$109,832.58
802	337	$855,616.04	$28,334.34	$834,898.46	$863,232.80	$2,538.92	$865,771.72
803	387	$1,159,026.30	$36,118.51	$1,127,939.23	$1,164,057.74	$2,994.90	$1,167,052.64
804	205	$288,662.55	$9,462.46	$294,248.84	$303,711.30	($89,620.10)	$214,091.20
805	235	$596,646.20	$15,440.60	$548,993.80	$564,434.40	($93,569.30)	$470,865.10
806	738	$1,873,722.96	$41,181.25	$1,832,541.71	$1,873,722.96	($568,661.04)	$1,305,061.92
807	60	$179,694.00	$6,648.69	$173,045.31	$179,694.00	($22,117.00)	$157,577.00
808	20	$59,898.00	$239.59	$59,658.41	$59,898.00	($16,072.20)	$43,825.80
809	17	$23,937.87	$2,365.62	$24,388.47	$26,754.09	$0.00	$26,754.09
810	10	$25,389.20	$2,995.92	$22,393.28	$25,389.20	$0.00	$25,389.20
811	4	$11,979.60	$2,755.31	$9,224.29	$11,979.60	$0.00	$11,979.60
812	255	$359,068.05	$22,388.87	$340,734.54	$363,123.41	($93,897.58)	$269,225.83
813	1	$2,538.92	$0.00	$2,538.92	$2,538.92	($349.40)	$2,189.52
SUBTOTAL	**2,349**	**$5,548,828.49**	**$171,733.05**	**$5,376,635.95**	**$5,548,369.00**	**($878,752.80)**	**$4,669,616.20**
Kaiser - Washington							
393	6	$11,031.72	$2,169.00	$8,862.72	$11,031.72	$0.00	$11,031.72
394	25	$11,006.25	$1,505.65	$10,821.35	$12,327.00	$0.00	$12,327.00
395	2	$6,852.98	$1,526.44	$5,326.54	$6,852.98	$0.00	$6,852.98
397	3	$6,084.36	$0.00	$6,084.36	$6,084.36	$0.00	$6,084.36
398	9	$7,852.50	$907.40	$6,945.10	$7,852.50	$0.00	$7,852.50
SUBTOTAL	**45**	**$42,827.81**	**$6,108.49**	**$38,040.07**	**$44,148.56**	**$0.00**	**$44,148.56**
Medical Plan Total	**56,713**	**$62,981,611.24**	**$4,068,859.53**	**$58,531,949.73**	**$62,600,809.26**	**($929,124.40)**	**$61,671,684.86**

Medical and Dental Vision Insurance Premiums
December 2024

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	26,820	$1,451,446.64	$146,358.66	$1,316,381.24	$1,462,739.90	($851.59)	$1,461,888.31
502	24,637	$2,790,094.68	$207,885.51	$2,572,292.39	$2,780,177.90	($2,395.02)	$2,777,782.88
503	10	$666.30	$26.66	$772.90	$799.56	$0.00	$799.56
SUBTOTAL	**51,467**	**$4,242,207.62**	**$354,270.83**	**$3,889,446.53**	**$4,243,717.36**	**($3,246.61)**	**$4,240,470.75**
CIGNA Dental HMO/Vision							
901	4,252	$197,849.56	$20,759.42	$179,043.98	$199,803.40	($93.04)	$199,710.36
902	3,162	$302,132.88	$22,002.81	$279,653.67	$301,656.48	($285.84)	$301,370.64
903	2	$94.22	$33.92	$60.30	$94.22	$0.00	$94.22
SUBTOTAL	**7,416**	**$500,076.66**	**$42,796.15**	**$458,757.95**	**$501,554.10**	**($378.88)**	**$501,175.22**
Dental/Vision Plan Total	**58,883**	**$4,742,284.28**	**$397,066.98**	**$4,348,204.48**	**$4,745,271.46**	**($3,625.49)**	**$4,741,645.97**
GRAND TOTALS	**115,596**	**$67,723,895.52**	**$4,465,926.51**	**$62,880,154.21**	**$67,346,080.72**	**($932,749.89)**	**$66,413,330.83**

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

***Benchmark premiums are bolded.**

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
CIGNA Network Model Plan		
$1,143.49	301	Retiree Only
$2,064.71	302	Retiree and Spouse/Domestic Partner
$2,438.35	303	Retiree, Spouse/Domestic Partner and Children
$1,517.57	304	Retiree and Children
$378.87	305	Survivor Children Only Rates
CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)		
$328.00	321	Retiree Only with Medicare
$1,249.22	322	Retiree and Spouse/Domestic Partner/Domestic Partner - One with Medicare
$651.00	324	Retiree and Spouse/Domestic Partner -Both with Medicare
$702.09	325	Retiree and Children
$1,622.87	327	Retiree, Spouse/Domestic Partner and Children - One with Medicare
$1,025.09	329	Retiree, Spouse/Domestic Partner and Children - Two with Medicare
Kaiser		
$774.10	401	Retiree Only ("Basic")
N/A	402	Retiree Only ("Supplement")
$235.64	403	Retiree Only ("Senior Advantage")
$894.95	404	Retiree Only ("Excess I")
$795.39	405	Retiree Only - ("Excess II")
$1,408.39	406	Retiree Only ("Excess III")
$1,543.20	411	Retiree and Family (All family members are "Basic")
N/A	412	Retiree and Family (One family member is "Supplement"; others are "Basic")
$1,004.74	413	Retiree and Family (One family member is "Senior Advantage"; others are "Basic")
$1,664.05	414	Retiree and Family (One family member is "Excess I"; others are "Basic")
N/A	415	Retiree and Family (Two or more family members are "Supplement")
N/A	416	Retiree and Family (One family member is "Senior Advantage"; others are "Supplement")
N/A	417	Retiree and Family (One family member is "Excess I"; others are "Supplement")
$466.28	418	Retiree and Family (Two or more family members are "Senior Advantage")
$1,125.59	419	Retiree and Family (One family member is "Excess I"; others are "Senior Advantage"
$1,784.90	420	Retiree and Family (Two or more family members are "Excess I")
N/A	421	Survivor Children Only Rates
$1,564.49	422	Retiree and Family (One family member is "Excess II"; others are "Basic")
$2,177.49	423	Retiree and Family (One family member is "Excess III"; others are "Basic")

***Benchmark premiums are bolded.**

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

***Benchmark premiums are bolded.**

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
Kaiser Georgia (continued)		
$1,689.48	463	Retiree and Family (Two family members are "Basic")
$2,531.72	464	Retiree and Family (Three or more family members are "Basic)
$1,203.35	465	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
$717.22	466	Retiree and Family (Two family members are "Senior Advantage")
$2,045.59	467	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
$1,559.46	468	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
$1,915.57	469	Retiree and Family (Three or more family members are "Senior Advantage"; one is "Basic")
$2,045.59	470	Retiree and Family (Three or more family members are "Basic"; one is "Senior Advantage"
Kaiser Hawaii		
$795.16	471	Retiree Only ("Basic" under age 65)
$346.45	472	Retiree Only ("Senior Advantage")
$1,381.42	473	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
$1,585.31	474	Retiree and Family (Two family members are "Basic")
$2,375.47	475	Retiree and Family (Three or more family members are "Basic")
$1,136.61	476	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
$2,171.58	477	Retiree and Family (One family member is "Basic" under age 65; one is over age 65 without Medicare Part A or Medicare Part B)
$687.90	478	Retiree and Family (Two family members are "Senior Advantage"
$1,722.87	479	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)
Kaiser Oregon		
$806.67	481	Retiree Only ("Basic" under age 65)
$465.92	482	Retiree Only ("Senior Advantage")
$1,205.27	483	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
$1,608.34	484	Retiree and Family (Two family members are "Basic")
$2,410.01	485	Retiree and Family (Three or more family members are "Basic")
$1,267.59	486	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
N/A	487	Retiree Only (Medicare Cost "Supplement" program)
$926.84	488	Retiree and Family (Two family members are "Senior Advantage")
$1,110.84	489	Retiree Only (Over age 65 with Medicare Part A only)
$1,205.27	490	Retiree Only (Over age 65 with Medicare Part B only)

***Benchmark premiums are bolded.**

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS

Kaiser Oregon (continued)

$1,571.76	491	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 with Medicare Par A only)
$1,666.19	492	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)
$2,069.26	493	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
$1,728.51	494	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
$2,405.54	495	Retiree and Family (Two family members are over age 65 without Medicare Part A or Medicare Part B)
$2,216.68	496	Retiree and Family (Two family members are over age 65 with Medicare Part A only)
$2,216.68	497	Retiree and Family (One family member is "Basic"; one is over age 65 with Medicare Part A only)
$2,006.94	498	Retiree and Family (One family member is "Basic"; one is over age 65 without Medicare Part A or Medicare Part B)

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

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

"Senior Advantage"

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

"Excess I"

-Is for participants who have Medicare Part A only.

"Excess II"

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

"Excess III"

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

***Benchmark premiums are bolded.**

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS

SCAN Health Plan

$304.00	611	Retiree Only with SCAN
$603.00	613	Retiree and 1 Dependent - Both with SCAN (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child. Both Retiree and Dependent must have Medicare.)

United Healthcare Medicare Advantage (UHCMA)

(For both members and dependents who are enrolled in UHCMA, or a family combination of UHCMA/UHC)

$293.62	701	Retiree Only with Secure Horizons
$1,203.81	702	Retiree and 1 Dependent - One with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
$582.24	703	Retiree and 1 Dependent - Both with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child)
$1,360.59	704	Retiree and 2 or More Dependents - One with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children)
$739.02	705	Retiree and 2 or More Dependents - Two with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children)
$261.24	706	Survivor Children Only Rates

United Healthcare (UHC)

(For members and dependents under age 65 [no Medicare])

$915.18	707	Retiree Only
$1,671.68	708	Retiree and 1 Dependent
$1,982.16	709	Retiree and 2 Or More Dependents

Local 1014 Firefighters

$914.03	801	Member Under 65
$1,648.06	802	Member + 1 Under 65
$1,944.04	803	Member + 2 Under 65
$914.03	804	Member with Medicare
$1,648.06	805	Member + 1; 1 Medicare
$1,648.06	806	Member + 1; 2 Medicare
$1,944.04	807	Member + 2; 1 Medicare
$1,944.04	808	Member + 2; 2 Medicare

***Benchmark premiums are bolded.**

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
Local 1014 Firefighters (continued)		
$914.03	809	Surviving Spouse Under 65
$1,648.06	810	Surviving Spouse + 1; Under 65
$1,944.04	811	Surviving Spouse + 2 Under 65
$914.03	812	Surviving Spouse with Medicare
$1,648.06	813	Surviving Spouse + 1; 1 Medicare
$1,944.04	814	Spouse + 1; 1 Medicare
$1,648.06	815	Surviving Spouse + 1; 2 Medicare
CIGNA Indemnity - Dental/Vision		
$46.55	501	Retiree Only
$99.61	502	Retiree and Dependent(s)
$57.81	503	Survivor Children Only Rates
CIGNA HMO - Dental/Vision		
$39.02	901	Retiree Only
$81.07	902	Retiree and Dependent(s)
$39.56	903	Survivor Children Only Rates

***Benchmark premiums are bolded.**

Los Angeles County Employees Retirement Association

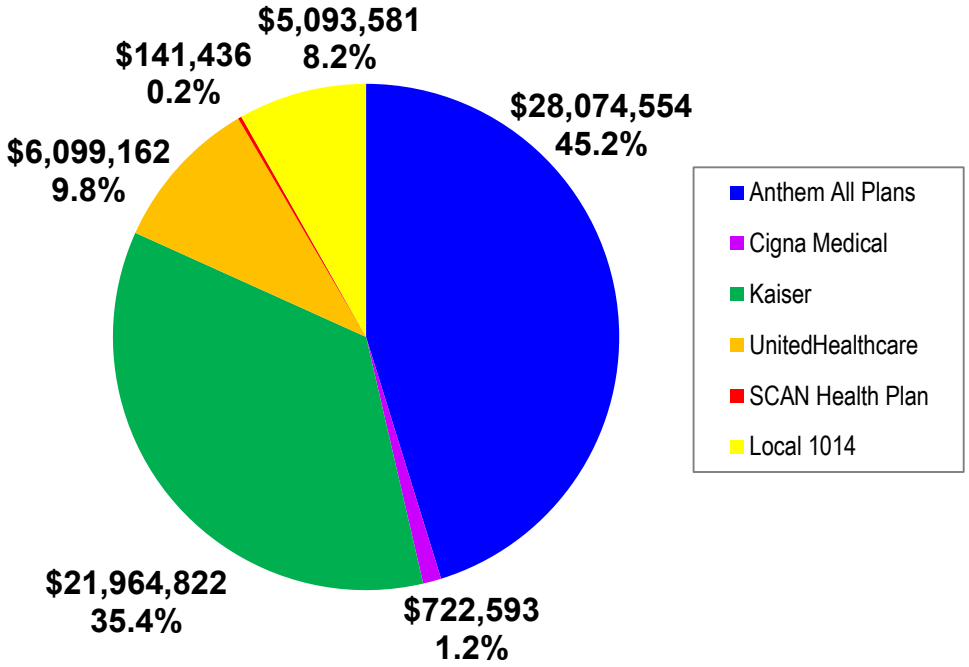
Premium & Enrollment

Coverage Month Ending October 2024

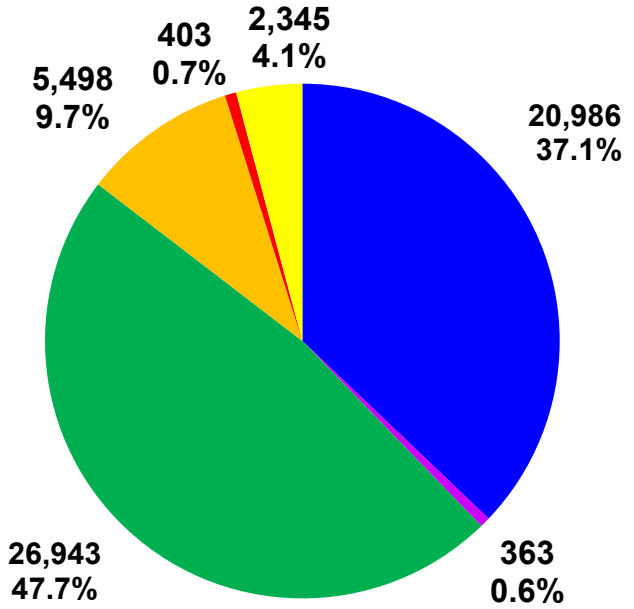
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	$28,074,554	45.2%	20,986	37.1%
Cigna Medical	$722,593	1.2%	363	0.6%
Kaiser	$21,964,822	35.4%	26,943	47.7%
UnitedHealthcare	$6,099,162	9.8%	5,498	9.7%
SCAN Health Plan	$141,436	0.2%	403	0.7%
Local 1014	$5,093,581	8.2%	2,345	4.2%
Combined Medical	**$62,096,147**	**100.0%**	**56,538**	**100.0%**

Cigna Dental & Vision (PPO and HMO)	**$4,723,402**		**58,688**

Monthly Premium



Retirees

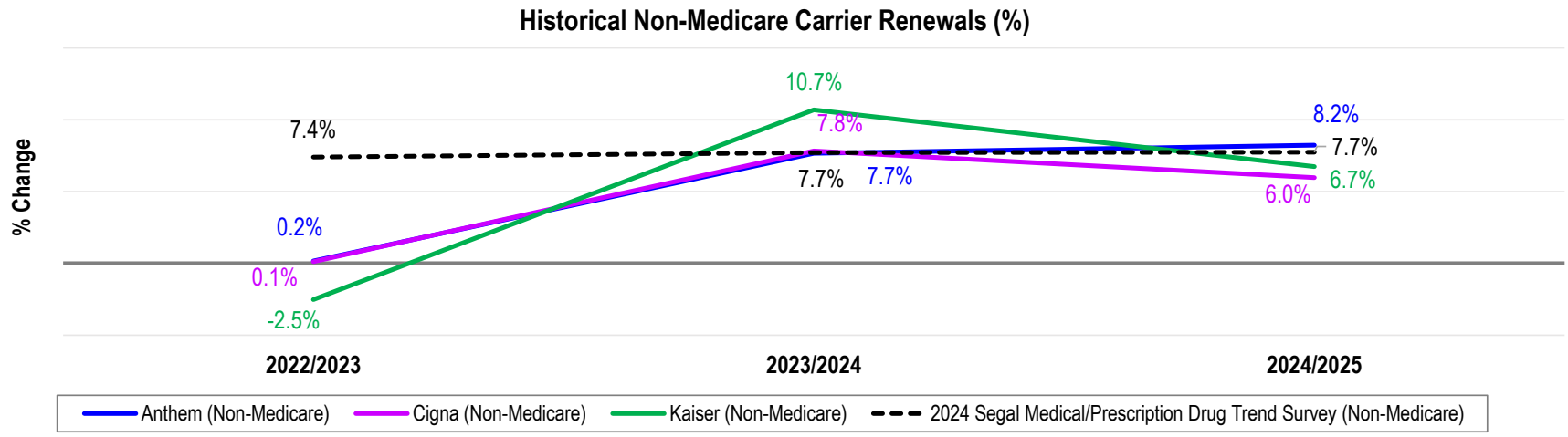


Note: Premiums **include** LACERA's Administrative Fee of $8.00 per member, per plan, per month.

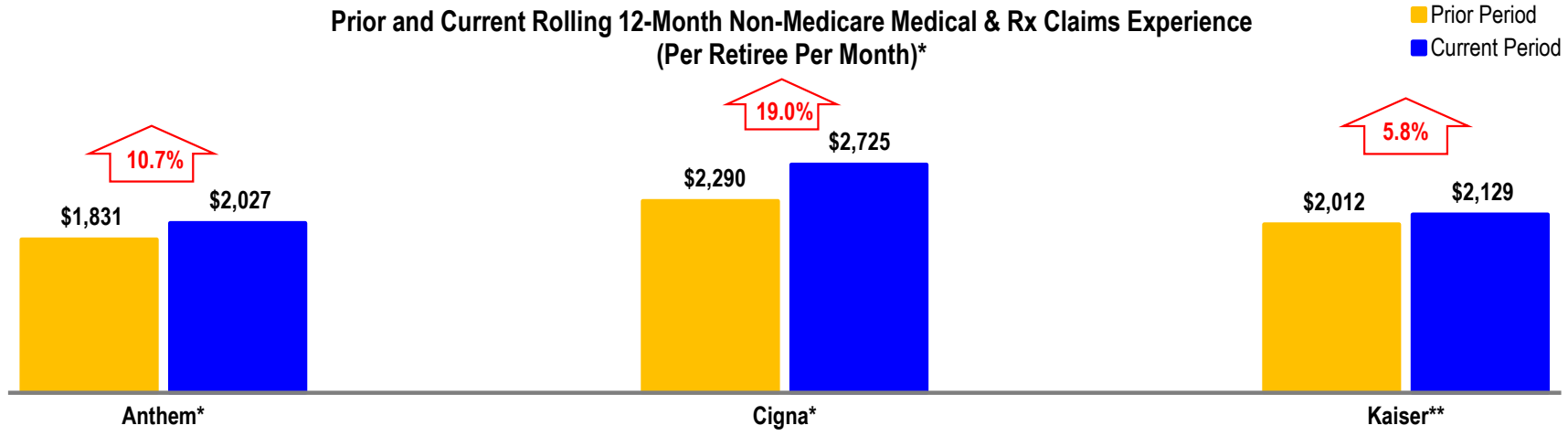
Los Angeles County Employees Retirement Association

Claims Experience by Carrier

Coverage Month Ending October 2024



Note: Segal's Annual Medical/Prescription Drug Trend Survey blends multiple calendar year trends to reflect LACERA's fiscal plan year.



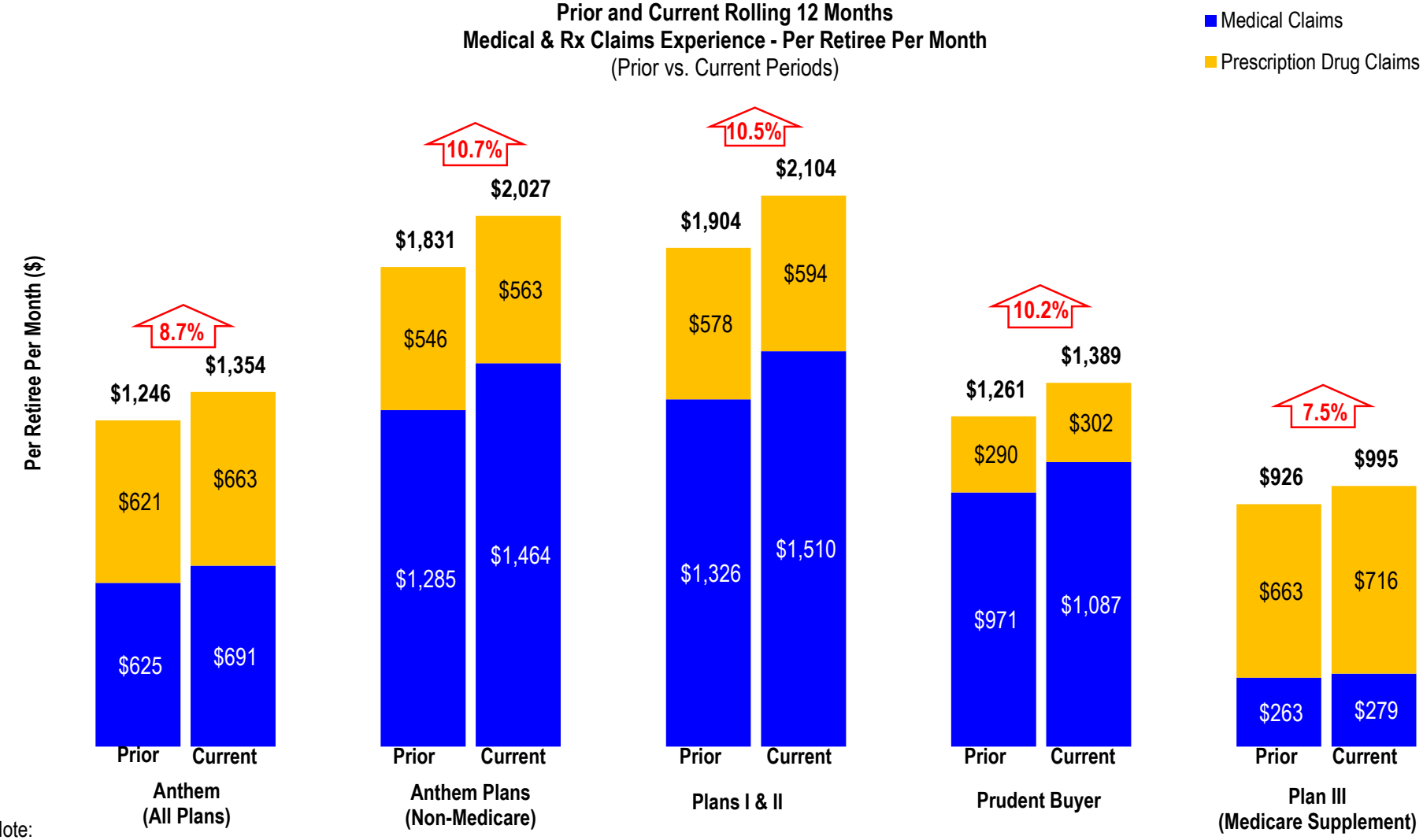
*Based on Most Recent Claims Experience through Coverage Month.
**Kaiser Claims Experience through July 2024.
Note: Figures above include gross claims only, and do not include rebates or pooling credits.

Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending October 2024

Prior and Current Rolling 12 Months
Medical & Rx Claims Experience - Per Retiree Per Month
(Prior vs. Current Periods)



Note:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Figures above include gross claims only, and do not include rebates, pooling credits, or ITS surcharges.
3. Prudent Buyer pharmacy claims are retroactively updated due to the timing of Anthem PBM's receipt of recorded claims.
4. Anthem applies ITS surcharges for Plans I-III, and Prudent Buyer, which historically adds an estimated 0.5% to 0.8% towards claims.

Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending October 2024

- Kaiser insures approximately 26,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

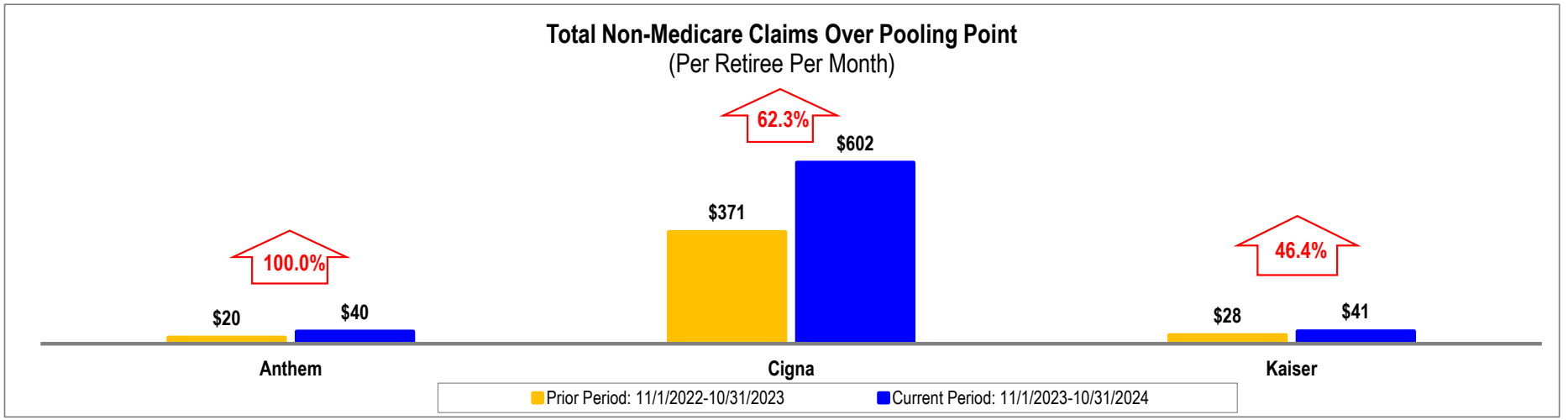
Category	Current Period 8/1/2023 - 7/31/2024	Prior Period 8/1/2022 - 7/31/2023	Change
Average Contract Size	**2.34**	**2.36**	**-0.85%**
Average Members	**8,853**	**8,933**	**-0.90%**
Inpatient Claims Per Member Per Month	$211.62	$243.64	-13.14%
Outpatient Claims Per Member Per Month	$410.99	$346.99	18.44%
Pharmacy Per Member Per Month	$143.95	$133.95	7.47%
Other Per Member Per Month	$144.80	$136.40	6.16%
Total Claims Per Member Per Month	**$911.36**	**$860.98**	**5.85%**
Total Paid Claims	**$96,821,719**	**$92,295,049**	**4.90%**
Large Claims over $550,000 Pooling Point [1]			
Number of Claims over Pooling Point	8	4	
Amount over Pooling Point	$1,864,571	$1,299,404	43.49%
% of Total Paid Claims	**1.93%**	**1.41%**	
Inpatient Days / 1000	338.9	427.7	-20.76%
Inpatient Admits / 1000	52.9	54.9	-3.64%
Outpatient Visits / 1000	14,413.9	14,254.3	1.12%
Pharmacy Scripts Per Member Per Year	11.1	10.5	5.71%

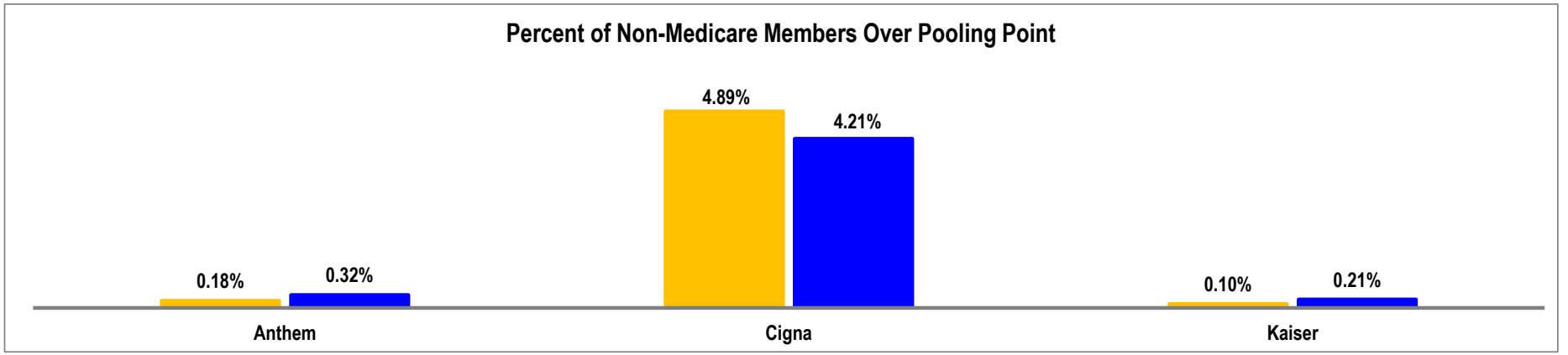
[1] The pooling threshold is $550,000 for the plan year beginning 7/1/2024 through 6/30/2025 .

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending October 2024





Stop-Loss & Pooling Points Overview:

Plan sponsors mitigate the financial risk associated with individual large claimants through reinsurance. Claims exceeding the specified individual pooling threshold are deducted from the carrier's renewal calculation. The pooling credit is offset by the carrier's pooling expense, which is applied to all policyholders.

Anthem and Cigna figures are based on the most recent Claims Experience through Coverage Month. Kaiser's figures are based on Claims Experience period between August through July.

Pooling Points by Carrier:

1. Anthem's pooling points are $400,000 for Plans I & II, and $300,000 for Prudent Buyer.
2. Cigna's pooling point is $100,000.
3. Kaiser's pooling point is $550,000.

LACERA

Los Angeles County Employees Retirement Association

Anthem Lifetime Max Accumulation Status By Plan

Coverage Month Ending October 2024

	Prior Calendar Year: December 2022 [1]			Current Calendar Year: December 2023 [2]		
Lifetime Claim Amount [3]	**Plans I & II**	**Prudent Buyer**	**Combined**	**Plans I & II**	**Prudent Buyer**	**Combined**
$900K-$999K	19	0	**19**	19	1	**20**
$800K-$899K	24	0	**24**	27	2	**29**
$700K-$799K	22	0	**22**	29	3	**32**
$600-$699K	46	0	**46**	53	2	**55**
$500-$599K	*Not available*			82	4	**86**
Total	**111**	**0**	**111**	**210**	**12**	**222**

	Prior Month: September 2024 [4]			Most Recent Month: October 2024 [5]		
Lifetime Claim Amount [3]	**Plans I & II**	**Prudent Buyer**	**Combined**	**Plans I & II**	**Prudent Buyer**	**Combined**
$900K-$999K	12	0	**12**	12	1	**13**
$800K-$899K	19	2	**21**	21	1	**22**
$700K-$799K	32	2	**34**	29	2	**31**
$600-$699K	51	1	**52**	55	1	**56**
$500-$599K	76	7	**83**	76	8	**84**
Total	**190**	**12**	**202**	**193**	**13**	**206**

[1] Based on data provided by Anthem on September 16, 2024.

[2] Based on data provided by Anthem on September 17, 2024.

[3] Members identified by Anthem as terminated were excluded from the counts above.

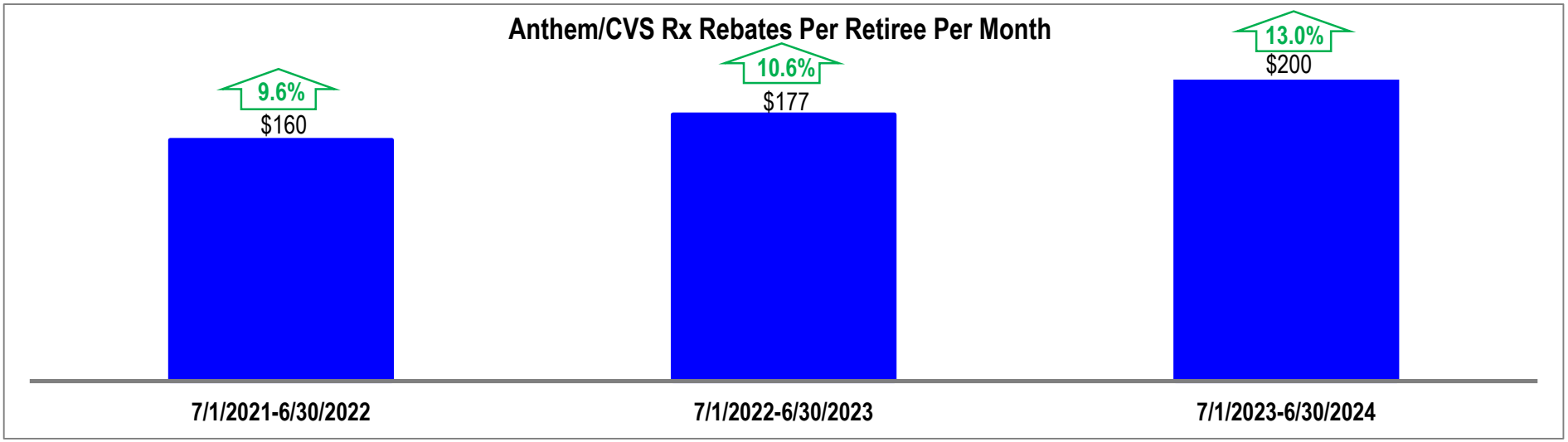
[4] Based on data provided by Anthem on October 14, 2024.

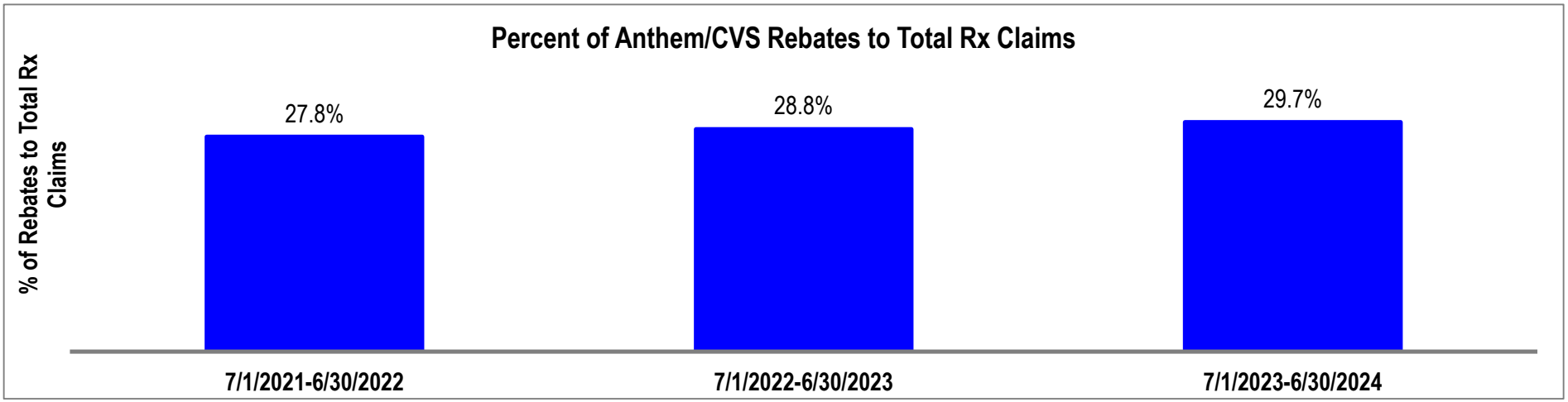
[5] Based on data provided by Anthem on November 22, 2024.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)

Coverage Month Ending October 2024





Rebates Overview:

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

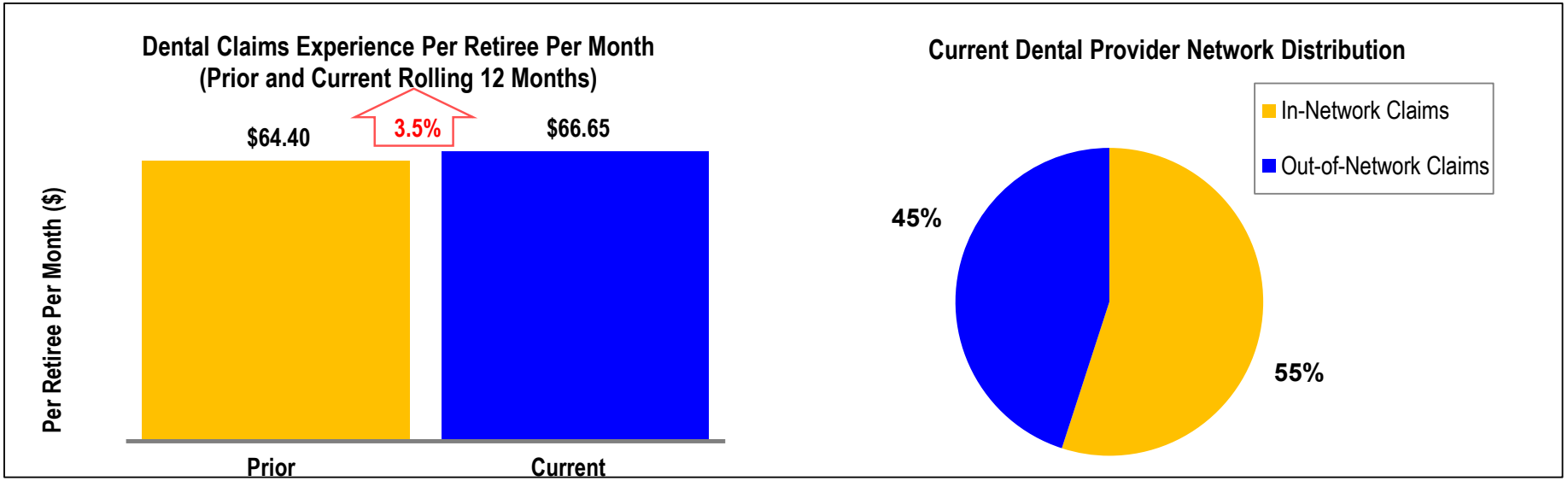
Note:

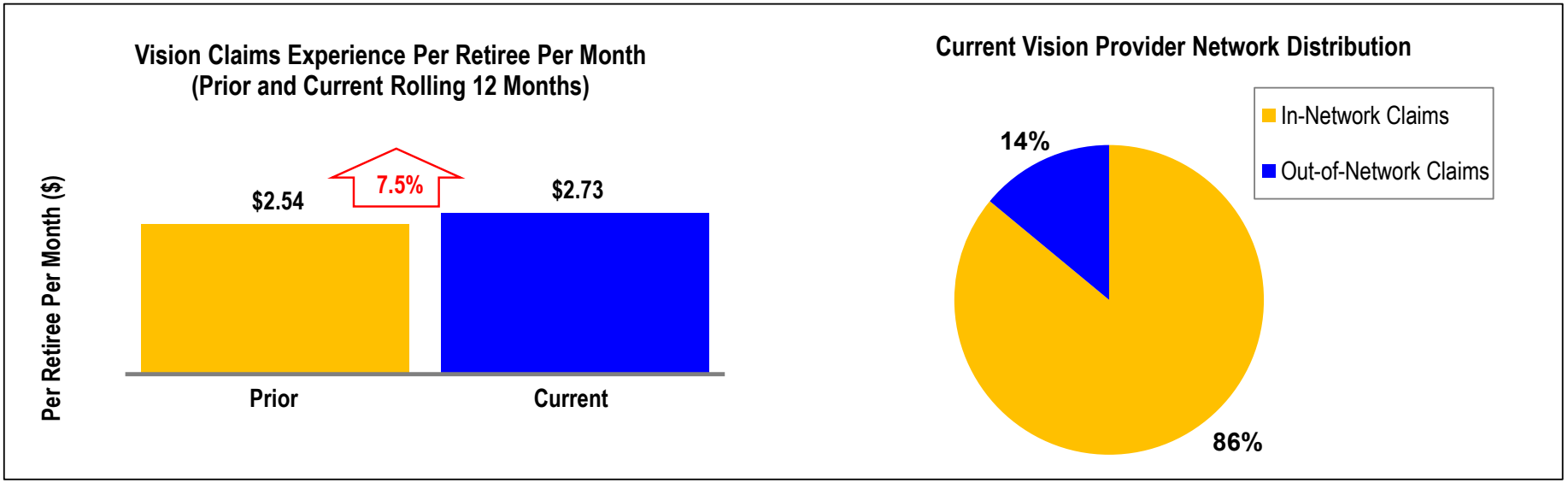
1. Prescription Claims and Rebates Data were provided by CVS.
2. Anthem Prudent Buyer prescription drugs are provided by CarelonRx and are not included in the charts above.

Los Angeles County Employees Retirement Association

Cigna Dental & Vision Claims Experience

Coverage Month Ending October 2024





Notes:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Dental Claims Experience reflects passive use of Cigna's PPO Dental Network.

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Compliance News | October 30, 2024

Proposed Rules Would Expand ACA Contraceptive Mandate

The Departments of Treasury, Labor, and Health and Human Services (collectively, the Departments) are soliciting comments on proposed rules, announced October 21, 2024, that would expand access to coverage of recommended preventive services without cost-sharing.

The proposed rules aim to reduce barriers to coverage of contraceptive services, including over-the-counter (OTC) contraceptives, and would require plans to communicate specific information about contraceptive coverage to participants. These provisions would not apply to plans exempted from contraception coverage based on a religious objection.

Comments are due by December 28, 2024. If finalized as proposed, the OTC contraceptive coverage rule would be effective for plan years beginning on or after January 1, 2026.

Brief background

The proposed rules are the most recent in a series of guidance regarding coverage of recommended preventive services required under the ACA, which requires non-grandfathered group health plans to provide coverage for certain recommended preventive services without imposing any cost-sharing requirements, such as a copayment, coinsurance or deductible. These preventive services include:

- Certain evidence-based items or services recommended by the United States Preventive Services Task Force
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
- Preventive care and screenings for infants, children and adolescents recommended by the Health Resources and Services Administration (HRSA)
- Preventive care and screenings for women as provided for in comprehensive guidelines supported by HRSA

Key changes under the proposed rules

The proposed rules, which were published in the *Federal Register* on October 28, 2024, would require plans to:

- Establish an easily accessible, transparent, and sufficiently expedient exceptions process.
- Cover certain recommended OTC contraceptive items without a prescription.
- Cover certain contraceptive drugs and drug-led combination products.
- Include disclosure on coverage and cost-sharing for OTC contraceptives in their internet-based self-service transparency tools.

Exceptions process for all recommended ACA preventive services

In the absence of a specified recommendation or guideline, current regulations permit plans and insurers to use reasonable medical-management techniques to determine the frequency, method, treatment or setting for coverage of a recommended preventive service. The Departments previously stated that medical management techniques with respect to recommended preventive services are not considered to be reasonable absent the availability of an exceptions process.

Under the proposed rules, a plan using reasonable medical-management techniques in connection with a preventive service would be required to have an easily accessible, transparent, and sufficiently expedient exceptions process that is not unduly burdensome on the individual or a provider. The plan would be required to cover without cost sharing the recommended preventive service according to the frequency, method, treatment or setting determined to be medically necessary with respect to the individual, as determined by the individual's healthcare provider.

Coverage of contraceptive items

In response to consumer complaints that plans have failed to provide coverage of the full range of contraceptive services, the Departments propose the following new rules governing how plans cover contraception and how they communicate information about this coverage to participants:

Coverage of OTC contraceptive items without cost sharing

For contraceptive items that can be lawfully obtained by a participant or enrollee without a prescription and for which the applicable recommendation or guideline does not require a prescription, the proposed rules would require plans to provide coverage for the contraceptive item without requiring a prescription and without imposing any cost-sharing requirements.

Reasonable medical-management techniques for OTC contraceptive services

The proposed rules would allow a plan to adopt reasonable medical-management techniques with respect to OTC contraceptive items, provided the plan makes the required exceptions process available and complies with the therapeutic-equivalence approach described in previous guidance, which we discussed in our February 5, 2024 insight, "New Guidance on How Plans Should Cover Contraceptives." This would require that the plan cover all FDA-approved contraceptive items, other than those items for which there is at least one therapeutic equivalent drug or drug-led combination product for which the plan or issuer provides coverage without imposing any cost-sharing requirements.

Communicating OTC contraceptive coverage requirements

Plans already must disclose an estimate of the cost-sharing liability for all covered items or services furnished by a provider or providers using an internet-based self-service tool. Under current rules, for contraceptive items that are only covered by the plan or coverage for preventive purposes the self-service tool is required only to reflect a zero-dollar cost-sharing liability.

To ensure individuals are aware that OTC contraceptive items are covered consistent with the proposed rules, the Departments would require plans to make an additional cost-sharing information disclosure to participants and enrollees. Specifically, if a participant, beneficiary or enrollee requests cost-sharing information for any covered contraceptive item or service through a self-service tool, the proposed rules would require the response through the

self-service tool to include with the information a statement explaining that OTC contraceptive items are covered without cost sharing and without a prescription. This statement would be required to include a phone number and internet link that a participant or enrollee could use to learn more information about the plan's contraception coverage.

Implications for group health plan sponsors

If made final as proposed, the rules could require significant changes to current plan and insurer operations. For example, plan sponsors would have to revise their current exceptions process for all ACA preventive services to comply with the proposed new standards for being easily accessible, transparent, sufficiently expedient, and not unduly burdensome. Additionally, plans will have to implement procedures for covering non-prescription OTC contraceptives at point-of-service without cost-sharing that are comparable to the procedures in place for other ACA preventive services.

Most challenging may be the establishment of reasonable medical-management techniques that comply with the proposed rules and the guidance set forth in its preamble. This includes the requirement to cover certain recommended contraceptive items that are drugs and drug-led combination products without imposing cost-sharing requirements, unless at least one therapeutic equivalent of the drug or drug-led combination product is covered without cost sharing.

The Departments welcome comments on all aspects of the proposed rules, including whether any additional guidance is needed. As noted above, the comment deadline is December 28, 2024.

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Webinars and Events | November 19, 2024

New Standards for Mental Health Parity Under the Final MHPAEA Rules

The final rules for mental health parity under the Mental Health Parity and Addiction Equity Act (MHPAEA) that were published this fall are notably different from the proposed rules published last year by the Departments of Labor, Health and Human Services and the Treasury.

The final rules amend the longstanding 2013 final rules and establish new standards for nonquantitative treatment limitations (NQTLs), including implementing the additional documented comparative analyses requirements that were added through the Consolidated Appropriations Act of 2020. The final rules contain additional definitions, call for coverage of core treatments for covered mental health and substance use (MH/SUD) conditions and require collection and review of data outcomes.

Watch the webinar to learn the specifics behind the final rules and what they mean for your health plan.

The webinar covers:

- A deeper look into the new MHPAEA rules, including the new standards for imposing NQTLs on MH/SUD conditions
- How the new rules impact your plan
- The first steps plans should take to be in compliance

Webinar Replay

57:01

Get the Slides

Don't have time to watch a video right now? No worries. Here is a copy of the slides from this session.

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Presenter

Elena Lynett, SVP, Health Compliance at Segal

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Compliance News | November 25, 2024

New Guidance on Preventive Services

The Departments of Labor, Health and Human Services, and the Treasury (collectively, the Departments) have published guidance in the form of FAQs on:

- Preventive care coverage for pre-exposure prophylaxis (PrEP) medication taken to prevent human immunodeficiency virus (HIV)
- Coding requirements for preventive services claims
- The scope of breast reconstruction coverage under the ACA and the Women's Health and Cancer Rights Act (WHCRA)

PrEP coverage

FAQs Part 68 states that, for plan years beginning on or after August 31, 2024, plans must cover, without cost sharing, the three formulations of FDA-approved PrEP medications (two oral and one injectable) that the United States Preventive Services Task Force (USPSTF) recommended in 2023 be covered under the ACA: Truvada® (a tablet approved in July 2012), Descovy® (a tablet approved in October 2019) and Apretude (an injectable drug approved in December 2021).

Additionally, FAQs Part 68 clarifies that plans must not be permitted to use medical management techniques to direct individuals prescribed PrEP to use one formulation over another because the 2023 USPSTF recommendation for PrEP specifies three formulations of medications approved by the FDA for PrEP use.

FAQs Part 68 also reaffirms FAQs Part 47, which were issued on July 19, 2021, requiring that plans must cover without cost-sharing specified baseline, follow-up testing and monitoring services that are essential to the efficacy of PrEP. Baseline, follow-up, and monitoring services include HIV testing, Hepatitis B and C testing, creatinine testing and calculated estimated creatine clearance or glomerular filtration rate, pregnancy testing, sexually transmitted infection screening and counseling, and adherence counseling.

Coding for recommended preventive items and services

The new FAQs (FAQs Part 68) note it is critical that appropriate medical service codes identify when items and services are furnished as preventive items or services, and that plans correctly process such claims as claims for recommended preventive items and service.

In-network claims for preventive services

Plans should cover preventive services claims from in-network providers with no cost-sharing when providers submit the claims using industry-standard coding, unless the plan has individualized information that the services were not preventive for the individual. Mere suggestions that a claim was not preventive cannot be used to deny payment as preventive and should be further investigated by the plan. Plans can use their claims and appeals procedures to obtain substantiating information.

High-risk patients

If a provider determines that an individual belongs to a high-risk population and a preventive service recommendation applies to that high-risk population, then the plan is required to cover that service without cost sharing.

Fraud, waste and abuse

When evaluating claims, plans may use programs designed to detect and address fraud, waste and abuse (FWA). However, if a plan's FWA protocols identify an issue with a claim for a recommended preventive item or service, plans and issuers should not impose cost sharing (or deny the claim) without individualized information to establish FWA concerns.

Examples

The FAQs provide examples of how the guidance applies to colonoscopies, injectable contraceptives, screening mammography and kidney function tests for individuals taking PrEP.

Breast reconstruction coverage under the ACA and WHCRA

If a health plan or insurer subject to the WHCRA provides medical and surgical benefits with respect to a mastectomy, the plan must cover all stages of reconstruction of the breast on which the mastectomy was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance, in a manner determined in consultation with the attending physician and the patient.

The FAQs provide further detailed clinical guidance. They clarify that WHCRA requires group health plans and insurers offering group health benefits covering mastectomies to provide coverage for chest wall reconstruction with aesthetic flat closure as a type of breast reconstruction.

Action items

Plan sponsors should contact their pharmacy benefit managers to ensure that they will comply with the new requirements to offer PrEP without steering patients to one version or another.

Plans should review their coding guidelines, claims processing systems, and other relevant internal protocols and make any necessary modifications to ensure that claims for recommended preventive items or services (including items and services that are integral to the furnishing of a recommended preventive item or service) are properly covered without cost sharing.

The Departments did not specify an effective date for the clinical guidance on breast reconstruction coverage, so plan sponsors should implement this requirement immediately.