

IN PERSON & VIRTUAL BOARD MEETING

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



TO VIEW VIA WEB



TO PROVIDE PUBLIC COMMENT

Members of the public may address the Board orally and in writing. To provide Public Comment, please visit the above link and complete the request form.

Attention: If you have any questions, you may email PublicComment@lacera.com.

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, JANUARY 15, 2025

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(b), (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.

*Teleconference Location for Trustees and the Public under California Government Code Section 54953(b)
81433 Camino Los Milagros, Indio, CA 92203*

COMMITTEE TRUSTEES:

Les Robbins, Chair
Shawn R. Kehoe, Trustee
Ronald Okum, Trustee
David Ryu, Alternate Trustee
(One Committee Member Seat is Vacant)

- 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 December 4, 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. **Semi-Annual Report on Approved Engagements**
Barry W. Lew, Legislative Affairs Officer
(For Information Only) (Memo dated December 19, 2024)
- B. **Engagement Report for December 2024**
Barry W. Lew, Legislative Affairs Officer
(For Information Only)
- C. **Staff Activities Report for December 2024**
Cassandra Smith, Director, Retiree Healthcare
(For Information Only)
- D. **LACERA Claims Experience**
Michael Szeto, Segal Consulting
(Presentation)

V. REPORTS (Continued)

E. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Discussion Purposes)

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 agenda 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

8:32 A.M. – 8:49 A.M., WEDNESDAY, DECEMBER 4, 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
Vivian H. Gray, Vice Chair
Shawn R. Kehoe, Trustee
Ronald Okum, Trustee
David Ryu, Alternate Trustee (*arrived at 8:41 a.m.*)

OTHER BOARD OF RETIREMENT TRUSTEES

Elizabeth Ginsberg, Trustee
JP Harris, Trustee (*arrived at 8:36 a.m.*)
Wayne Moore, Trustee
Antonio Sanchez, Trustee

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Santos H. Kreimann, Chief Executive Officer

Luis Lugo, Deputy Chief Executive Officer

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

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 8:32 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 November 6, 2024

Trustee Okum made a motion, Trustee Kehoe seconded, to approve the minutes of the regular meeting of November 6, 2024. The motion passed by the following roll call vote:

Yes: Gray, Kehoe, Okum, Robbins

No: None

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

A. **Engagement Report for November 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 November 2024**

Cassandra Smith, Director, 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 October 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 agenda 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 8:49 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.**

**FOR INFORMATION ONLY**

December 19, 2024

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Vivian H. Gray, Vice Chair
Shawn R. Kehoe
Ronald Okum
David Ryu, Alternate

FROM: Barry W. Lew 
Legislative Affairs Officer

FOR: January 15, 2024 Insurance, Benefits and Legislative Committee Meeting

SUBJECT: **Semi-Annual Report on Approved Engagements**

LEGAL AUTHORITY

The Board of Retirement's (BOR) Policy on Engagement for Public Policy Issues Relating to Plan Administration and Retirement and Health Care Benefits provides that staff will present semi-annual reports to the Insurance, Benefits and Legislative Committee (IBLC) each year as to the status of all approved engagements

ENGAGEMENTS*Meetings with Congress and California State Legislature*

There were no meetings with legislators during the second half of 2024.

Legislative Positions

During the 2024 legislative session, LACERA adopted positions on the following bills.

AB 2284 (Grayson): Authorizes a retirement system to define "grade" for the purposes of determining compensation earnable.

Status: Enacted. (09/28/2024)

BOR Position: Watch.

AB 2474 (Lackey): Authorizes a retirement system to establish a prepaid account for the disbursement of retirement allowances. Defines the account of a retired member or survivor for the purpose of receiving retirement allowances to include a living trust or an income-only trust. Requires that a reemployed retired member who exceeds 960 hours

of employment repay any retirement allowance received during the period in which they are not in compliance with the 960-hour limit.

Status: Enacted. (07/15/2024)

BOR Position: Support, Sponsor.

AB 2770 (Committee on Public Employment and Retirement): Modifies repeal date of presumption for disability retirement for post-traumatic stress disorder from January 1, 2025, to January 1, 2029. Remove requirement for return receipt when a registered or certified letter is required to be sent to a member.

Status: Enacted. (07/15/2024)

BOR Position: Support.

AB 3025 (Valencia): Provides for a correction process to contributions and retirement allowances, if a retirement system determines that the compensation reported for a member by the employer was disallowed compensation.

Status: Enacted. (09/22/2024)

BOR Position: Neutral.

Taxpayer Protection and Government Accountability Act (21-0042A1): Amends the California Constitution to define all state and local levies, charges, and fees as taxes and proposes new voting requirements to approve such taxes.

Status: Removed from ballot. (06/20/2024)

BOR Position: Watch.

HR 957 (Spanberger): Enacts the “Public Safety Retirees Healthcare Protection Act of 2023” and increases the maximum amount that a public safety officer may exclude from gross income for the payment of qualified health insurance premiums from \$3,000 to \$6,000.

Status: Referred to the House Committee on Ways and Means. (02/09/2023)

BOR Position: Watch.

HR 5241 (Murphy): Expands tax-exempt governmental pension plans to include plans maintained by a tax-exempt public safety agency whose employees are emergency response providers performing firefighting services or out-of-hospital emergency medical services.

Status: Referred to the Committee on Education and the Workforce and the Committee on Ways and Means. (08/18/2024)

BOR Position: Watch.

SACRS Legislative Committee

The State Association of County Retirement Systems (SACRS) Legislative Committee continues to meet virtually, and staff participates in monthly virtual meetings of the Committee. The Committee's activities include monitoring current legislation, formulating and advocating legislative proposals, and discussing current events related to public pension plans.

CONCLUSION

Staff will continue to work with its legislative advocates and the SACRS Legislative Committee to monitor and advocate on issues relevant to LACERA.

Reviewed and Approved:



Luis Lugo, Deputy Chief Executive Officer

cc: Board of Investments
Santos H. Kreimann
Luis Lugo
JJ Popowich
Laura Guglielmo
Steven P. Rice
Jon Gabel
Anthony J. Roda, Williams & Jensen
Naomi Padron, MKP Government Relations

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

President Biden Expected to Sign Repeal of WEP-GPO on January 6

The Social Security Fairness Act, H.R. 82, which repeals the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO), was passed by the House on November 12 with a 327-75 vote and by the Senate on December 20 with a 76-20 vote. It now awaits President Joe Biden's signature. The National Fraternal Order of Police confirmed that President Biden will be expected to sign the bill on January 6 and that the bill was also endorsed by President-elect Donald Trump days before the Senate vote.

The Social Security Administration (SSA) is preparing to implement the changes if enacted and issued a message of instructions to its offices regarding public inquiries of the law, if enacted. It specifies that the SSA is evaluating the law and its implementation. It also advises current benefit recipients to ensure that the SSA has their current mailing address and direct deposit information. [\(Source\)](#) [\(Source\)](#) [\(Source\)](#)

Missouri State Pension Board Bans Use of Fund for Political Donations

The Missouri State Employees Retirement System (MOSERS) board voted to prohibit using pension funds for political contributions, ensuring they are solely allocated to retirees' benefits. This decision followed campaign contributions made by two smaller systems, which stirred controversy. The Missouri Sheriffs' Retirement System and the Prosecuting Attorneys and Circuit Attorneys Retirement System collectively donated \$80,000 in 2023 to support Amendment 6, which aimed to impose fees on criminal cases to fund pensions for sheriffs and prosecutors. Voters rejected the measure, but the donations highlighted a concerning precedent.

The new MOSERS policy mandates that the executive director prevents funds from being used to influence ballot measures or elections. State Rep. Dirk Deaton, who sits on the MOSERS board, supported the change and plans to introduce legislation applying this rule to all public pension systems.

MOSERS serves over 56,000 retirees, manages \$8.7 billion in assets, and receives \$700 million annually in contributions. It has never engaged in political spending, a practice Deaton emphasized would continue. Critics of Amendment 6, including the Missouri Supreme Court, have argued that associated funding mechanisms were unconstitutional. [\(Source\)](#)

Illinois Completes Consolidation of 351 Local Police Pension Plans

The Illinois Police Officers' Pension Investment Fund (IPOPIF) has completed the consolidation of 351 local police pension funds, with assets totaling \$12.9 billion as of

November 2023. The consolidation process, initiated in March 2022, transferred approximately \$1.6 billion in the final tranche involving 18 local pension funds, including funds that filed a lawsuit over the constitutionality of the consolidation. This effort was part of a state law passed in 2019 that mandated the merging of police and firefighter pension funds into two centralized funds. The purpose was to pool investments and thereby reduce investment expenses. The local plans continue to retain administrative authority for benefits operations.

The Illinois Firefighters' Pension Investment Fund, created by the same law, completed its \$7 billion consolidation of 297 local firefighter pension funds by mid-2022 and reported \$9.69 billion in assets as of September 30. Leaders of both funds noted the consolidation's scale and complexity as key achievements. [\(Source\)](#)

Insurers Collected Billions from Medicare for Veterans Who Cost Them Almost Nothing

Medicare Advantage insurers have profited significantly from veterans who rely primarily on the Veterans' Administration (VA) for healthcare, with the federal government paying billions for duplicate coverage. The VA provides free or low-cost healthcare to millions of veterans, often covering nearly all their medical needs. Despite this, private Medicare Advantage plans receive payments from the government to cover veterans who rarely use their Medicare benefits.

A Wall Street Journal analysis revealed that from 2018 to 2021, insurers received an estimated \$44 billion in payments for veterans while the VA spent \$46 billion on their care. This dual-payment system arises because the VA cannot bill Medicare Advantage for the services it provides. Insurers enroll veterans by marketing veteran-branded plans with perks like rebates, drawing in members whose primary healthcare needs are met by the VA. For example, an insurer pays a \$100 monthly rebate to a veteran who enrolls in Medicare Advantage, and the government pays the insurer at least \$6,000 to cover him in 2022 when he joined the plan.

Veterans in such plans used significantly fewer Medicare-covered services, yet the government continues to pay insurers based on assumed higher costs. Critics argue this inefficiency burdens taxpayers while straining VA resources, with calls for Congress to coordinate benefits by enabling the VA to bill Medicare insurers directly. Insurers claim they provide valuable supplemental benefits, but many veterans see Medicare Advantage as unnecessary, using it mainly as backup coverage. [\(Source\)](#)

Bipartisan Lawmakers Seek to Break Up Giant Health Care Conglomerates

Senator Elizabeth Warren of Massachusetts with cosponsor Senator Josh Hawley of Missouri have introduced legislation targeting the nation's largest health care conglomerates—UnitedHealth Group, CVS Health, and Cigna—by proposing that companies owning pharmacy benefit managers (PBMs) or health insurers cannot also

own pharmacy businesses. This measure, the most aggressive in recent years, would require divesting pharmacy businesses within three years.

PBMs like CVS's Caremark, Cigna's Express Scripts, and UnitedHealth's Optum Rx manage 80% of U.S. prescriptions. Critics argue these conglomerates use their power to drive up drug prices, disadvantage small pharmacies, and prioritize profits over patients. The legislation seeks to address perceived anti-competitive practices and steer patients toward independent or cost-effective pharmacies.

Previous bipartisan efforts to improve PBM transparency stalled due to resistance from influential health care lobbies. Industry leaders, such as CVS and the Pharmaceutical Care Management Association, defend PBMs, arguing they ensure affordable, accessible prescriptions. They warn the legislation might increase drug costs and bolster the pharmaceutical industry.

If enacted, the bill would force CVS, Cigna, and UnitedHealth to sell off significant pharmacy operations, reshaping the health care landscape while avoiding directly overturning two major 2018 PBM-insurer mergers: CVS Health's purchase of insurer Aetna, and insurer Cigna's purchase of Express Scripts. [\(Source\)](#) [\(Source\)](#) [\(Source\)](#)

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

Anthem – Providence Contract Negotiation Update

In the November SAR, staff reported Anthem Blue Cross and Providence Health were negotiating their contract that was set to expire on January 1, 2025. Since that reporting, notification has been received that Anthem and Providence Health were able to reach an agreement and Anthem Blue Cross members have continued in-network access the Providence doctors, clinics and hospitals.

This successful negotiation ensures that the quality of care and continuity for Anthem Blue Cross members will remain uninterrupted as they continue to access the extensive network of Providence health services. This agreement is pivotal in maintaining the standard of healthcare services that our members have come to rely on and trust.

Anthem – Sutter and Scripps Contract Negotiation Update

Discussions surrounding similar contract negotiations between Anthem Blue Cross with Sutter and Scripps Health are ongoing; these contracts are also set to expire January 1, 2025. At the time of inquiry, no agreement had been reached. Staff was informed that there are roughly fifteen other alternate hospitals for members to utilize today if an agreement is not reached.

However, as negotiations with Sutter and Scripps Health continue, Anthem is also adding a new provider network, Perlman Medical Group, to their provider network. Perlman Medical Group is located within the San Diego area and will provide additional access to members who *may* lose access to Sutter and Scripps Health. This is good news as Scripps Health has quite a large footprint within the San Diego area.

Perlman will add the following services:

- Perlman Clinic has 270+ in-house providers across primary care, urgent care, mental health and specialty care
- Perlman Medical Group has 1,000+ provider network, easy access, with an integrated delivery model

LACERA's Anthem Executive Account team shared that "the successful negotiation with Providence Health and the promising developments with Perlman Medical Group underscore Anthem's dedication to providing uninterrupted, high-quality care for members." See attached additional information regarding Perlman Clinic and Medical Group and Clinic.

Doctor. Friend. Advocate.

Providing

- Primary Care
- Urgent Care
- Pediatrics
- Mental Health & Wellness
- Dermatology
- Sports Medicine
- Endocrinology
- Pain Management
- LGBTQ Health
- Sexual Health



Monica Perlman, M.D.
(La Jolla)



Midori Rivera M.D.
(San Marcos)



Kelsey Abrahamsen PA-C
(Clairemont, Mission Bay / Pacific Beach)



Anh Nguyen PA-C
(Mission Gorge)



Lindsay Larson FNP-C
(La Mesa, North Park)

ABOUT US!

Since 2005, Perlman Clinic has been providing quality primary care in San Diego. Our primary and urgent care providers have a range of backgrounds, specializing in Internal Medicine, Family Medicine, Integrative Medicine and Preventive Medicine.

We want you, our patient, to rediscover the comfort of what was once a visit to the doctor's office. We strive to be your medical home. We want to provide outstanding care in a comfortable environment that embraces technology.

- + 270+ Providers and 29 Locations
- + 4.9 Star Average Rating
- + In-Person and Video Visits Available
- + Same-Day and Next-Day Appointments
- + Extended Open Hours (including weekends)



858-554-1212



info@perلمانclinic.com



perلمانclinic.com



About Us

Perlman Medical Group brings together a network of over 1,000 local providers to create an environment of cooperation and collaboration. We are a San Diego based medical group that bridges the gap between primary, specialty, mental health, and preventative health care. Our goal is to provide exceptional patient care to our members, along with high-quality support to our provider network.

Integrated Delivery Model

Our primary care and medical group operations are all under one roof. This creates a streamlined process for referral processing, getting your patients to the care they need quickly!

Built in San Diego

Perlman Medical Group is headquartered in San Diego and uniquely built for the San Diego Community. We have over 15 years of experience providing healthcare in San Diego and our physician network is built through local market knowledge and experience.

EASY ACCESS!

Primary Care
Specialty Care
Mental Health and Wellness

Benefits of Perlman Medical Group:

- ▶ Local care available 365 days per year, with **same-or-next day appointments**
- ▶ **Patient-facing technology** makes accessing primary care and mental health appointments easy
- ▶ **Referral directory** available online, always up-to-date

Contact Us



Perlman Medical Group
3900 Fifth Ave, Suite 200
San Diego, CA 92103
Phone: (858)-886-8177
Email: pmg@perlmanclinic.com
perlmanmedicalgroup.com

Scan here to access our website!

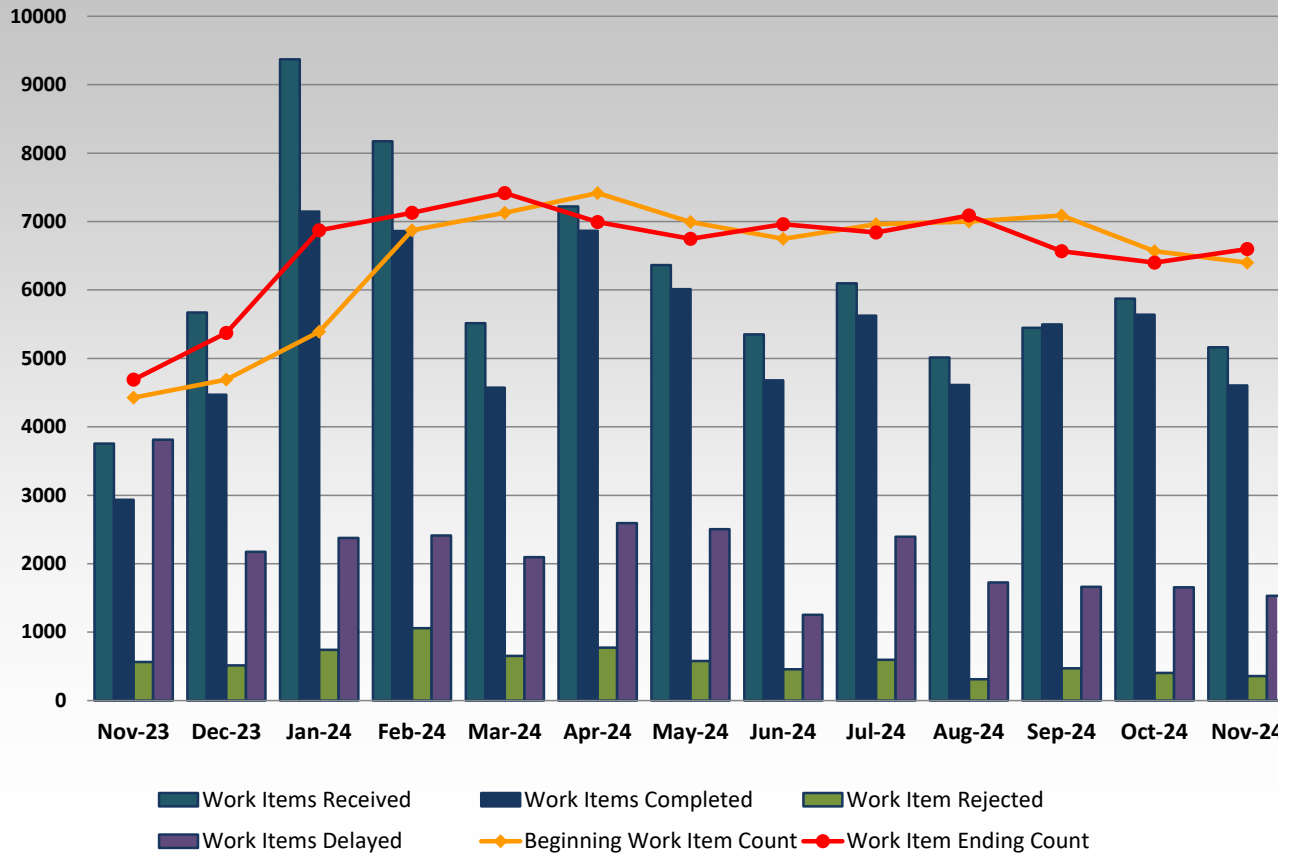


Retiree Healthcare Division

Trend Report

NOV. 2023 - NOV. 2024

Updated 12/19/2024

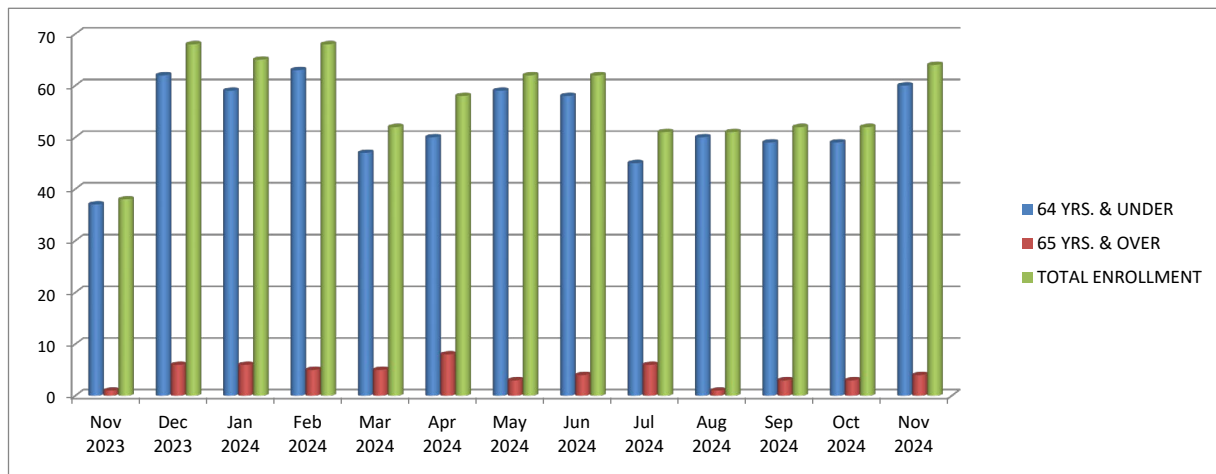


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Nov-23	4427	3757	2936	565	3812	4689
Dec-23	4689	5672	4471	516	2175	5374
Jan-24	5390	9371	7145	742	2377	6874
Feb-24	6874	8174	6862	1059	2411	7127
Mar-24	7127	5516	4573	653	2097	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
Nov-24	6398	5163	4606	358	1530	6597

Retirees Monthly Age Breakdown NOV. 2023 - NOV. 2024

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
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
Nov 2024	60	4	64



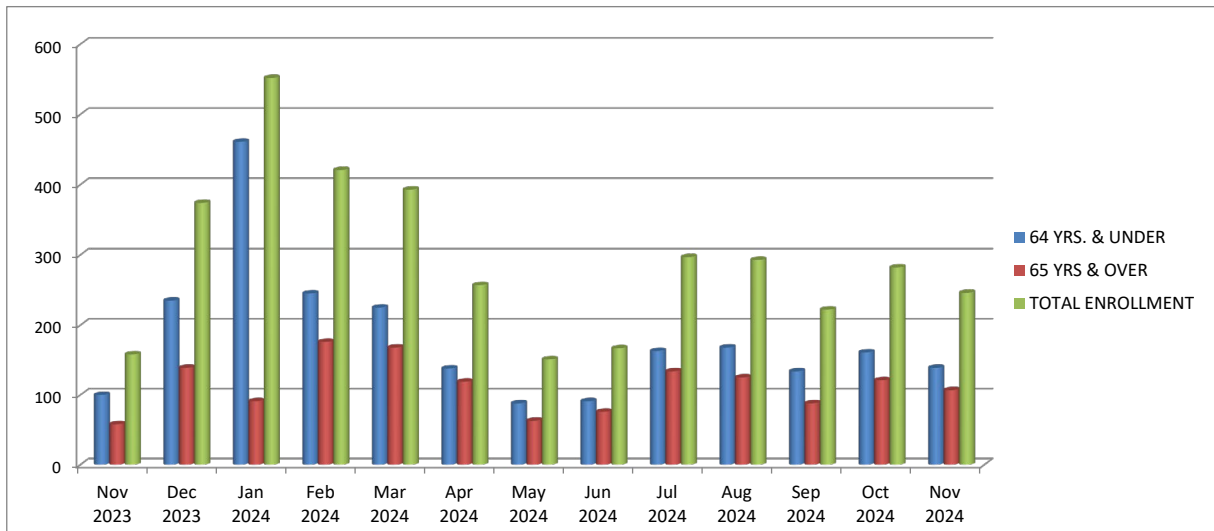
PLEASE NOTE:

- Next Report will include the following dates: December 1, 2023 - December 31, 2024

Retirees Monthly Age Breakdown NOV. 2023 - NOV. 2024

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
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
Nov 2024	139	107	246



PLEASE NOTE:

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

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 12/31/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7686	1293455.1	0	0
241	132	21498.5	0	0
242	944	166212.4	0	0
243	4632	1597280.46	0	0
244	14	2253.3	0	0
245	58	10175	0	0
246	16	2669.1	0	0
247	173	31599	0	0
248	15	4741.6	0	0
249	82	29592.1	0	0
250	17	5734.5	0	0
Plan Total:	13,769	\$3,165,211.06	0	\$0.00
CIGNA - PREFERRED with RX				
321	35	5400.6	0	0
322	7	1057.9	0	0
324	22	7553.1	0	0
327	1	104.9	0	0
Plan Total:	65	\$14,116.50	0	\$0.00
KAISER SR. ADVANTAGE				
394	25	4224.1	0	0
397	3	514.6	0	0
398	9	3679.4	0	0
403	12233	2024892.58	0	0
413	1500	257627.84	0	0
418	6406	2176839.37	0	0
419	207	32356.3	0	0
426	258	43492	0	0
445	2	370	0	0
451	33	5607.1	0	0
455	8	1480	0	0
457	18	6377.8	0	0
459	2	740	0	0
462	84	14343.4	0	0
465	3	555	0	0
466	28	9593	0	0
472	26	4453.1	0	0
476	4	629	0	0
478	15	4523.2	0	0
479	1	144.6	0	0
482	83	14234.2	0	0
486	3	555	0	0
488	34	11215.6	0	0
491	1	148.5	0	0
492	1	185	0	0
0	0	0	0	0
Plan Total:	20,987	\$4,618,780.69	0	\$0.00

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 12/31/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	277	47461.8	0	0
613	103	35787.4	0	0
620	8	1377.3	0	0
622	16	3501.2	0	0
623	2	579.8	0	0
Plan Total:	406	88,708	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2169	370949.2	0	0
702	390	69042.5	0	0
703	1407	491028.8	0	0
704	98	17258.7	0	0
705	53	19099.3	0	0
Plan Total:	4,117	\$967,378.50	0	\$0.00
Grand Total:	39,344	\$8,854,194.25	0	\$0.00

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 12/31/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7686	\$1,293,455.10	0	\$0.00
241	132	\$21,498.50	0	\$0.00
242	944	\$166,212.40	0	\$0.00
243	4632	\$1,597,280.46	0	\$0.00
244	14	\$2,253.30	0	\$0.00
245	58	\$10,175.00	0	\$0.00
246	16	\$2,669.10	0	\$0.00
247	173	\$31,599.00	0	\$0.00
248	15	\$4,741.60	0	\$0.00
249	82	\$29,592.10	0	\$0.00
250	17	\$5,734.50	0	\$0.00
Plan Total:	13,769	\$3,165,211.06	0	\$0.00
CIGNA - PREFERRED with RX				
321	35	\$5,400.60	0	\$0.00
322	7	\$1,057.90	0	\$0.00
324	22	\$7,553.10	0	\$0.00
327	1	\$104.90	0	\$0.00
Plan Total:	65	\$14,116.50	0	\$0.00
KAISER SR. ADVANTAGE				
394	25	\$4,224.10	0	\$0.00
397	3	\$514.60	0	\$0.00
398	9	\$3,679.40	0	\$0.00
403	12233	\$2,024,892.58	0	\$0.00
413	1500	\$257,627.84	0	\$0.00
418	6406	\$2,176,839.37	0	\$0.00
419	207	\$32,356.30	0	\$0.00
426	258	\$43,492.00	0	\$0.00
445	2	\$370.00	0	\$0.00
451	33	\$5,607.10	0	\$0.00
455	8	\$1,480.00	0	\$0.00
457	18	\$6,377.80	0	\$0.00
459	2	\$740.00	0	\$0.00
462	84	\$14,343.40	0	\$0.00
465	3	\$555.00	0	\$0.00
466	28	\$9,593.00	0	\$0.00
472	26	\$4,453.10	0	\$0.00
476	4	\$629.00	0	\$0.00
478	15	\$4,523.20	0	\$0.00
479	1	\$144.60	0	\$0.00
482	83	\$14,234.20	0	\$0.00
486	3	\$555.00	0	\$0.00
488	34	\$11,215.60	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$185.00	0	\$0.00
Plan Total:	20,987	\$4,618,780.69	0	\$0.00

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 12/31/2024

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	277	\$47,461.80	0	\$0.00
613	103	\$35,787.40	0	\$0.00
620	8	\$1,377.30	0	\$0.00
622	16	\$3,501.20	0	\$0.00
623	2	\$579.80	0	\$0.00
Plan Total:	406	88,708	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2169	\$370,949.20	0	\$0.00
702	390	\$69,042.50	0	\$0.00
703	1407	\$491,028.80	0	\$0.00
704	98	\$17,258.70	0	\$0.00
705	53	\$19,099.30	0	\$0.00
Plan Total:	4,117	\$967,378.50	0	\$0.00
LOCAL 1014				
804	202	\$45,508.40	0	\$0.00
805	235	\$49,208.90	0	\$0.00
806	737	\$292,814.00	0	\$0.00
807	58	\$11,839.80	0	\$0.00
808	21	\$8,657.80	0	\$0.00
812	259	\$52,687.10	0	\$0.00
813	1	\$185.00	0	\$0.00
Plan Total:	1,513	\$460,901.00	0	\$0.00
Grand Total:	40,857	\$9,315,095.25	0	\$0.00

Medical and Dental Vision Insurance Premiums January 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	429	\$479,158.68	\$76,263.83	\$416,423.85	\$492,687.68	(\$3,350.76)	\$489,336.92
202	216	\$476,987.70	\$32,137.39	\$416,033.99	\$448,171.38	(\$8,792.40)	\$439,378.98
203	70	\$176,133.96	\$27,536.37	\$146,116.83	\$173,653.20	\$0.00	\$173,653.20
204	25	\$35,892.75	\$9,418.25	\$25,038.79	\$34,457.04	\$0.00	\$34,457.04
SUBTOTAL	740	\$1,168,173.09	\$145,355.84	\$1,003,613.46	\$1,148,969.30	(\$12,143.16)	\$1,136,826.14
Anthem Blue Cross I							
211	525	\$776,965.12	\$49,778.71	\$725,709.29	\$775,488.00	(\$1,477.12)	\$774,010.88
212	217	\$580,592.86	\$29,881.77	\$542,721.28	\$572,603.05	(\$5,326.54)	\$567,276.51
213	75	\$235,620.00	\$24,818.63	\$213,942.97	\$238,761.60	\$0.00	\$238,761.60
214	21	\$41,043.45	\$4,143.42	\$36,900.03	\$41,043.45	\$0.00	\$41,043.45
215	2	\$997.94	\$159.67	\$838.27	\$997.94	\$0.00	\$997.94
SUBTOTAL	840	\$1,635,219.37	\$108,782.20	\$1,520,111.84	\$1,628,894.04	(\$6,803.66)	\$1,622,090.38
Anthem Blue Cross II							
221	2,396	\$3,549,519.36	\$180,539.22	\$3,381,659.22	\$3,562,198.44	\$0.00	\$3,562,198.44
222	2,043	\$5,475,683.12	\$128,156.18	\$5,231,084.06	\$5,359,240.24	\$2,663.27	\$5,361,903.51
223	931	\$2,934,254.40	\$110,647.09	\$2,795,332.91	\$2,905,980.00	(\$3,141.60)	\$2,902,838.40
224	240	\$469,068.00	\$45,343.21	\$425,679.24	\$471,022.45	\$0.00	\$471,022.45
SUBTOTAL	5,610	\$12,428,524.88	\$464,685.70	\$11,833,755.43	\$12,298,441.13	(\$478.33)	\$12,297,962.80

Medical and Dental Vision Insurance Premiums

January 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,730	\$4,650,394.21	\$593,904.23	\$4,087,865.79	\$4,681,770.02	(\$9,621.92)	\$4,672,148.10
241	131	\$255,788.26	\$20,952.58	\$229,741.42	\$250,694.00	\$0.00	\$250,694.00
242	945	\$1,830,905.44	\$102,046.22	\$1,690,929.30	\$1,792,975.52	\$0.00	\$1,792,975.52
243	4,648	\$5,577,615.03	\$572,592.17	\$4,955,405.48	\$5,527,997.65	(\$15,881.74)	\$5,512,115.91
244	14	\$15,078.00	\$1,787.82	\$13,290.18	\$15,078.00	\$0.00	\$15,078.00
245	59	\$63,543.00	\$6,559.97	\$56,983.03	\$63,543.00	\$0.00	\$63,543.00
246	16	\$38,379.20	\$4,605.50	\$33,773.70	\$38,379.20	\$0.00	\$38,379.20
247	177	\$429,367.30	\$23,699.17	\$396,073.33	\$419,772.50	\$0.00	\$419,772.50
248	15	\$25,088.40	\$2,140.87	\$22,947.53	\$25,088.40	\$0.00	\$25,088.40
249	83	\$138,822.48	\$7,258.93	\$131,563.55	\$138,822.48	\$0.00	\$138,822.48
250	17	\$31,865.99	\$2,436.81	\$29,429.18	\$31,865.99	\$0.00	\$31,865.99
SUBTOTAL	13,835	\$13,056,847.31	\$1,337,984.27	\$11,648,002.49	\$12,985,986.76	(\$25,503.66)	\$12,960,483.10
CIGNA Network Model Plan							
301	220	\$416,752.60	\$105,050.70	\$311,701.90	\$416,752.60	(\$5,682.99)	\$411,069.61
302	56	\$194,974.77	\$46,539.85	\$148,821.18	\$195,361.03	\$0.00	\$195,361.03
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	296	\$672,678.64	\$169,256.39	\$497,255.76	\$666,512.15	(\$5,682.99)	\$660,829.16
CIGNA Preferred w/ Rx - Phoenix, AZ							
321	35	\$12,140.10	\$1,359.70	\$10,780.40	\$12,140.10	\$0.00	\$12,140.10
322	7	\$13,111.98	\$749.25	\$12,362.73	\$13,111.98	\$0.00	\$13,111.98
324	22	\$15,085.84	\$2,880.04	\$12,891.52	\$15,771.56	\$0.00	\$15,771.56
327	1	\$2,492.31	\$498.46	\$1,993.85	\$2,492.31	\$0.00	\$2,492.31
SUBTOTAL	65	\$42,830.23	\$5,487.45	\$38,028.50	\$43,515.95	\$0.00	\$43,515.95

Medical and Dental Vision Insurance Premiums January 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,566	\$2,134,817.00	\$152,078.26	\$1,964,917.77	\$2,116,996.03	\$3,998.69	\$2,120,994.72
403	12,256	\$3,471,825.60	\$306,457.38	\$3,176,278.68	\$3,482,736.06	(\$1,572.60)	\$3,481,163.46
404	449	\$582,079.11	\$8,245.07	\$573,834.04	\$582,079.11	(\$3,889.17)	\$578,189.94
405	1,448	\$1,962,134.37	\$18,253.77	\$1,951,919.69	\$1,970,173.46	\$0.00	\$1,970,173.46
411	1,925	\$5,194,610.40	\$217,807.11	\$4,968,379.03	\$5,186,186.14	\$25,943.00	\$5,212,129.14
413	1,488	\$2,446,452.75	\$110,959.92	\$2,279,185.88	\$2,390,145.80	\$4,876.65	\$2,395,022.45
414	46	\$121,418.84	\$844.65	\$120,574.19	\$121,418.84	\$0.00	\$121,418.84
418	6,371	\$3,569,088.00	\$250,837.83	\$3,295,397.75	\$3,546,235.58	(\$5,011.20)	\$3,541,224.38
419	210	\$329,865.90	\$3,958.36	\$325,907.54	\$329,865.90	\$0.00	\$329,865.90
420	98	\$253,308.44	\$1,240.69	\$252,067.75	\$253,308.44	\$0.00	\$253,308.44
421	9	\$12,160.35	\$1,026.87	\$11,133.48	\$12,160.35	\$0.00	\$12,160.35
422	267	\$720,173.76	\$2,265.71	\$715,210.77	\$717,476.48	\$0.00	\$717,476.48
426	258	\$425,046.33	\$3,452.47	\$408,565.62	\$412,018.09	\$0.00	\$412,018.09
428	42	\$110,985.84	\$528.50	\$110,457.34	\$110,985.84	\$0.00	\$110,985.84
430	149	\$402,338.74	\$3,618.34	\$398,720.40	\$402,338.74	\$0.00	\$402,338.74
SUBTOTAL	26,582	\$21,736,305.43	\$1,081,574.93	\$20,552,549.93	\$21,634,124.86	\$24,345.37	\$21,658,470.23

Medical and Dental Vision Insurance Premiums January 2025

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	34	\$10,128.60	\$1,316.71	\$8,811.89	\$10,128.60	(\$297.90)	\$9,830.70
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	74	\$68,467.28	\$6,964.71	\$61,502.57	\$68,467.28	(\$297.90)	\$68,169.38
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	14	\$21,847.28	\$2,733.34	\$19,113.94	\$21,847.28	\$0.00	\$21,847.28
462	85	\$34,837.25	\$4,975.56	\$29,861.69	\$34,837.25	\$0.00	\$34,837.25
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	\$0.00	\$22,727.60
SUBTOTAL	148	\$120,402.38	\$13,761.56	\$106,640.82	\$120,402.38	\$0.00	\$120,402.38

Medical and Dental Vision Insurance Premiums

January 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Hawaii							
471	5	\$4,773.20	\$572.78	\$4,200.42	\$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	14	\$13,288.20	(\$283.48)	\$11,799.92	\$11,516.44	\$0.00	\$11,516.44
479	1	\$2,586.69	\$0.00	\$2,586.69	\$2,586.69	\$0.00	\$2,586.69
SUBTOTAL	57	\$54,238.20	\$3,777.40	\$48,689.04	\$52,466.44	\$0.00	\$52,466.44
Kaiser - Oregon							
481	1	\$1,306.65	\$653.32	\$653.33	\$1,306.65	\$0.00	\$1,306.65
482	84	\$46,069.80	\$6,811.75	\$40,354.95	\$47,166.70	\$0.00	\$47,166.70
483	4	\$6,542.80	\$988.83	\$5,553.97	\$6,542.80	\$0.00	\$6,542.80
484	5	\$15,631.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
486	4	\$7,388.40	\$0.00	\$16,623.90	\$16,623.90	\$0.00	\$16,623.90
488	33	\$37,022.60	\$5,313.82	\$28,442.08	\$33,755.90	\$0.00	\$33,755.90
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	133	\$117,986.58	\$13,767.72	\$95,652.76	\$109,420.48	\$0.00	\$109,420.48
SCAN Health Plan							
611	280	\$74,760.00	\$15,016.08	\$59,743.92	\$74,760.00	\$0.00	\$74,760.00
613	103	\$54,178.00	\$11,435.24	\$43,268.76	\$54,704.00	\$0.00	\$54,704.00
SUBTOTAL	383	\$128,938.00	\$26,451.32	\$103,012.68	\$129,464.00	\$0.00	\$129,464.00

Medical and Dental Vision Insurance Premiums

January 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
SCAN Health Plan, AZ							
620	8	\$2,136.00	\$592.74	\$1,543.26	\$2,136.00	\$0.00	\$2,136.00
SUBTOTAL	8	\$2,136.00	\$592.74	\$1,543.26	\$2,136.00	\$0.00	\$2,136.00
SCAN Health Plan, NV							
622	18	\$4,806.00	\$929.16	\$4,944.84	\$5,874.00	\$0.00	\$5,874.00
623	2	\$1,052.00	\$0.00	\$1,052.00	\$1,052.00	\$0.00	\$1,052.00
SUBTOTAL	20	\$5,858.00	\$929.16	\$5,996.84	\$6,926.00	\$0.00	\$6,926.00
UHC Medicare Adv.							
701	2,171	\$757,878.75	\$86,401.63	\$673,916.27	\$760,317.90	(\$1,742.25)	\$758,575.65
702	390	\$726,390.22	\$42,772.29	\$670,712.52	\$713,484.81	\$0.00	\$713,484.81
703	1,406	\$969,971.20	\$90,911.37	\$880,437.63	\$971,349.00	\$0.00	\$971,349.00
704	100	\$212,220.19	\$11,808.67	\$192,006.76	\$203,815.43	\$0.00	\$203,815.43
705	53	\$50,162.38	\$1,779.35	\$49,329.49	\$51,108.84	\$0.00	\$51,108.84
706	1	\$429.15	\$17.17	\$411.98	\$429.15	\$0.00	\$429.15
SUBTOTAL	4,121	\$2,717,051.89	\$233,690.48	\$2,466,814.65	\$2,700,505.13	(\$1,742.25)	\$2,698,762.88
United Healthcare							
707	563	\$849,296.70	\$78,919.39	\$769,109.22	\$848,028.61	(\$1,503.18)	\$846,525.43
708	476	\$1,318,032.00	\$79,712.41	\$1,232,827.79	\$1,312,540.20	\$0.00	\$1,312,540.20
709	388	\$1,263,296.96	\$97,893.07	\$1,168,659.81	\$1,266,552.88	\$3,255.92	\$1,269,808.80
SUBTOTAL	1,427	\$3,430,625.66	\$256,524.87	\$3,170,596.82	\$3,427,121.69	\$1,752.74	\$3,428,874.43

Medical and Dental Vision Insurance Premiums January 2025

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	332	\$842,921.44	\$27,826.56	\$814,159.69	\$841,986.25	\$2,538.92	\$844,525.17
803	387	\$1,159,026.30	\$36,118.51	\$1,122,907.79	\$1,159,026.30	\$14,974.50	\$1,174,000.80
804	206	\$290,070.66	\$9,462.46	\$297,065.06	\$306,527.52	(\$45,508.40)	\$261,019.12
805	238	\$604,262.96	\$15,745.27	\$553,766.97	\$569,512.24	(\$49,208.90)	\$520,303.34
806	737	\$1,871,184.04	\$40,978.14	\$1,830,205.90	\$1,871,184.04	(\$295,352.92)	\$1,575,831.12
807	59	\$176,699.10	\$6,289.30	\$170,409.80	\$176,699.10	(\$11,839.80)	\$164,859.30
808	21	\$62,892.90	\$598.98	\$62,293.92	\$62,892.90	(\$8,657.80)	\$54,235.10
809	17	\$23,937.87	\$2,365.62	\$21,572.25	\$23,937.87	\$0.00	\$23,937.87
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	259	\$364,700.49	\$22,388.87	\$349,352.17	\$371,741.04	(\$51,278.99)	\$320,462.05
813	1	\$2,538.92	\$0.00	\$2,538.92	\$2,538.92	(\$185.00)	\$2,353.92
SUBTOTAL	2,351	\$5,548,252.28	\$171,326.83	\$5,361,920.73	\$5,533,247.56	(\$444,518.39)	\$5,088,729.17
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	\$9,500.60	\$11,006.25	\$0.00	\$11,006.25
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	\$36,719.32	\$42,827.81	\$0.00	\$42,827.81
Medical Plan Total	56,735	\$62,977,363.03	\$4,047,022.06	\$58,552,406.90	\$62,599,428.96	(\$471,072.23)	\$62,128,356.73

Medical and Dental Vision Insurance Premiums January 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	26,816	\$1,451,176.09	\$146,027.50	\$1,317,313.90	\$1,463,341.40	(\$2,529.38)	\$1,460,812.02
502	24,612	\$2,786,702.88	\$205,795.24	\$2,566,685.52	\$2,772,480.76	(\$1,695.90)	\$2,770,784.86
503	10	\$666.30	\$26.66	\$639.64	\$666.30	\$0.00	\$666.30
SUBTOTAL	51,438	\$4,238,545.27	\$351,849.40	\$3,884,639.06	\$4,236,488.46	(\$4,225.28)	\$4,232,263.18
CIGNA Dental HMO/Vision							
901	4,272	\$198,733.44	\$20,864.53	\$179,357.55	\$200,222.08	\$279.12	\$200,501.20
902	3,174	\$303,180.96	\$22,001.66	\$281,655.70	\$303,657.36	(\$250.52)	\$303,406.84
903	2	\$94.22	\$33.92	\$60.30	\$94.22	\$0.00	\$94.22
SUBTOTAL	7,448	\$502,008.62	\$42,900.11	\$461,073.55	\$503,973.66	\$28.60	\$504,002.26
Dental/Vision Plan Total	58,886	\$4,740,553.89	\$394,749.51	\$4,345,712.61	\$4,740,462.12	(\$4,196.68)	\$4,736,265.44
GRAND TOTALS	115,621	\$67,717,916.92	\$4,441,771.57	\$62,898,119.51	\$67,339,891.08	(\$475,268.91)	\$66,864,622.17

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

*Benchmark premiums are bolded.

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

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

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

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

Kaiser

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

*Benchmark premiums are bolded.

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

*Benchmark premiums are bolded.

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

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

Kaiser Hawaii

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

Kaiser Oregon

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

*Benchmark premiums are bolded.

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

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

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

"Senior Advantage"

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

"Excess I"

- Is for participants who have Medicare Part A only.

"Excess II"

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

"Excess III"

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

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

*Benchmark premiums are bolded.

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

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

CIGNA Indemnity - Dental/Vision

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

CIGNA HMO - Dental/Vision

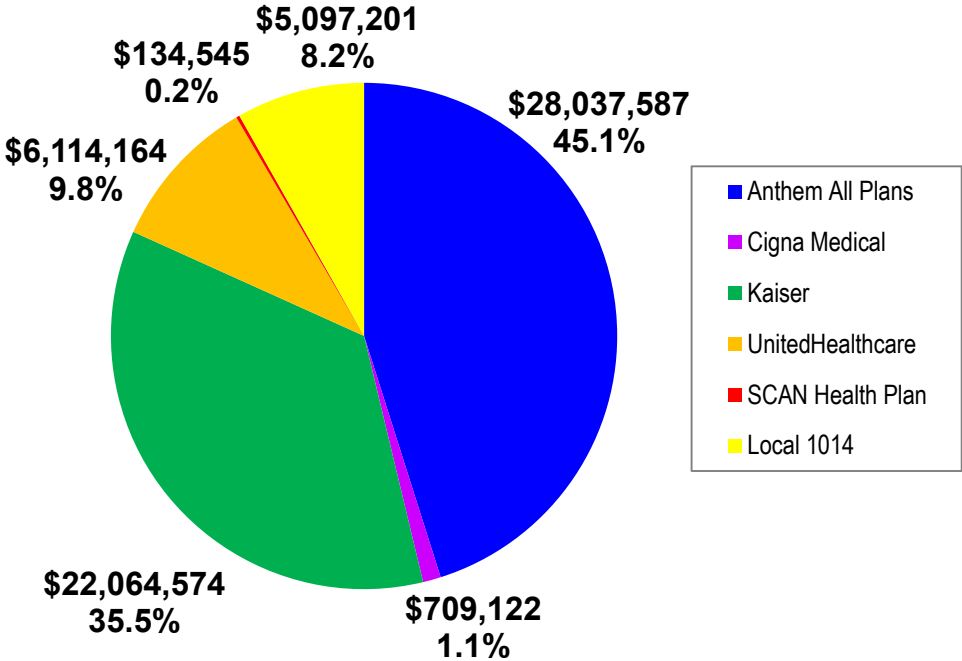
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

Los Angeles County Employees Retirement Association
Premium & Enrollment
Coverage Month Ending November 2024

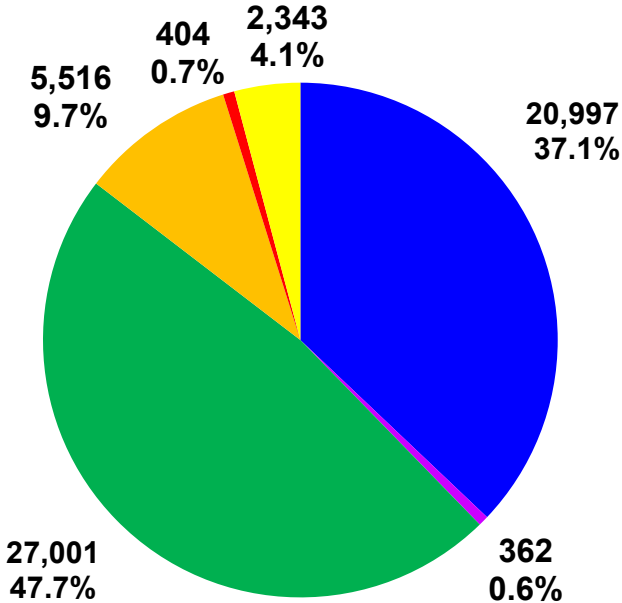
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$28,037,587	45.1%	20,997	37.1%
Cigna Medical	\$709,122	1.2%	362	0.6%
Kaiser	\$22,064,574	35.5%	27,001	47.7%
UnitedHealthcare	\$6,114,164	9.8%	5,516	9.8%
SCAN Health Plan	\$134,545	0.2%	404	0.7%
Local 1014	\$5,097,201	8.2%	2,343	4.1%
Combined Medical	\$62,157,193	100.0%	56,623	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,744,165	58,797
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Monthly Premium

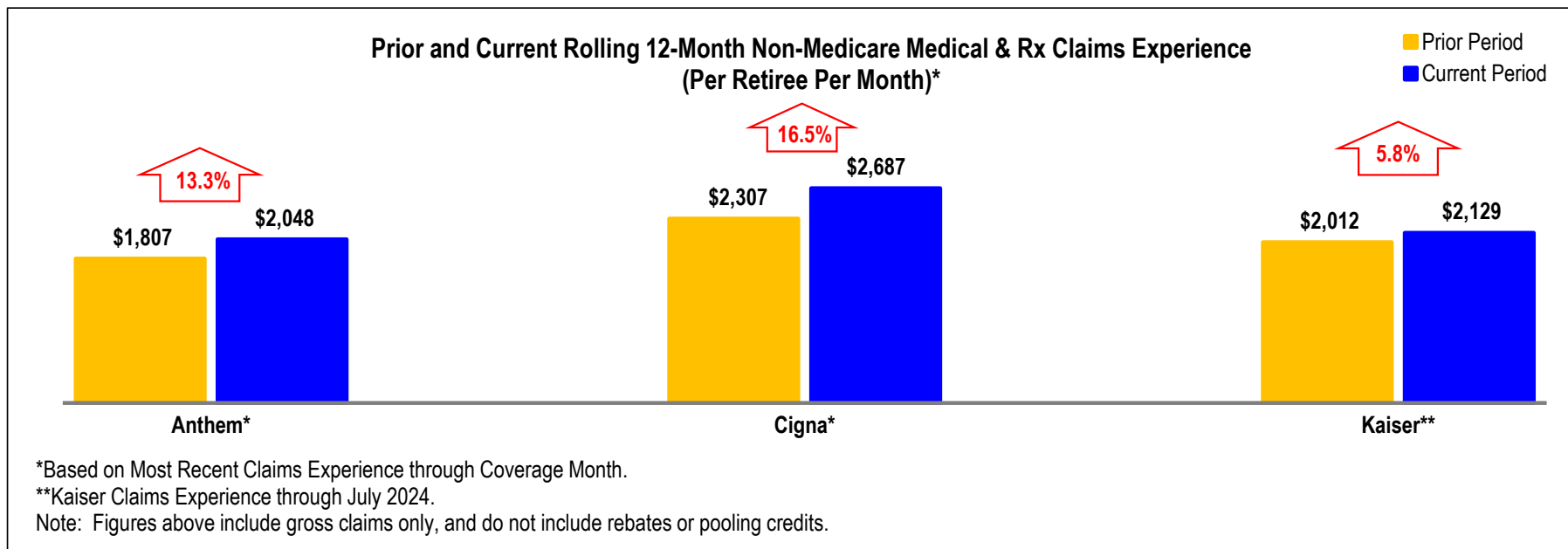
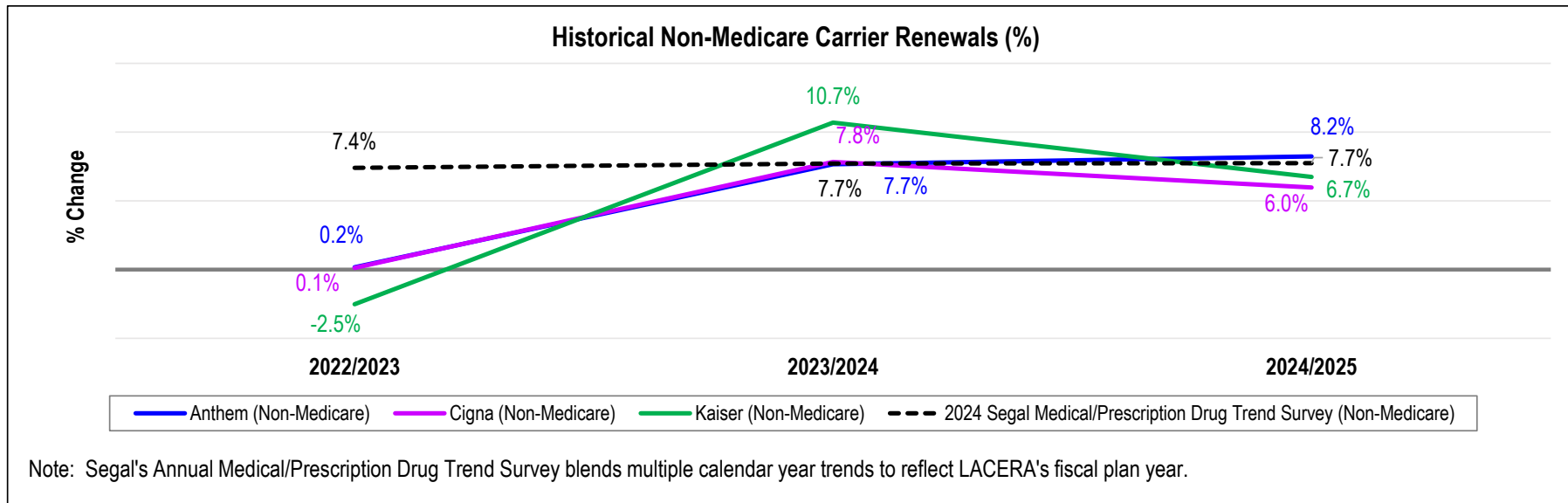


Retirees



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

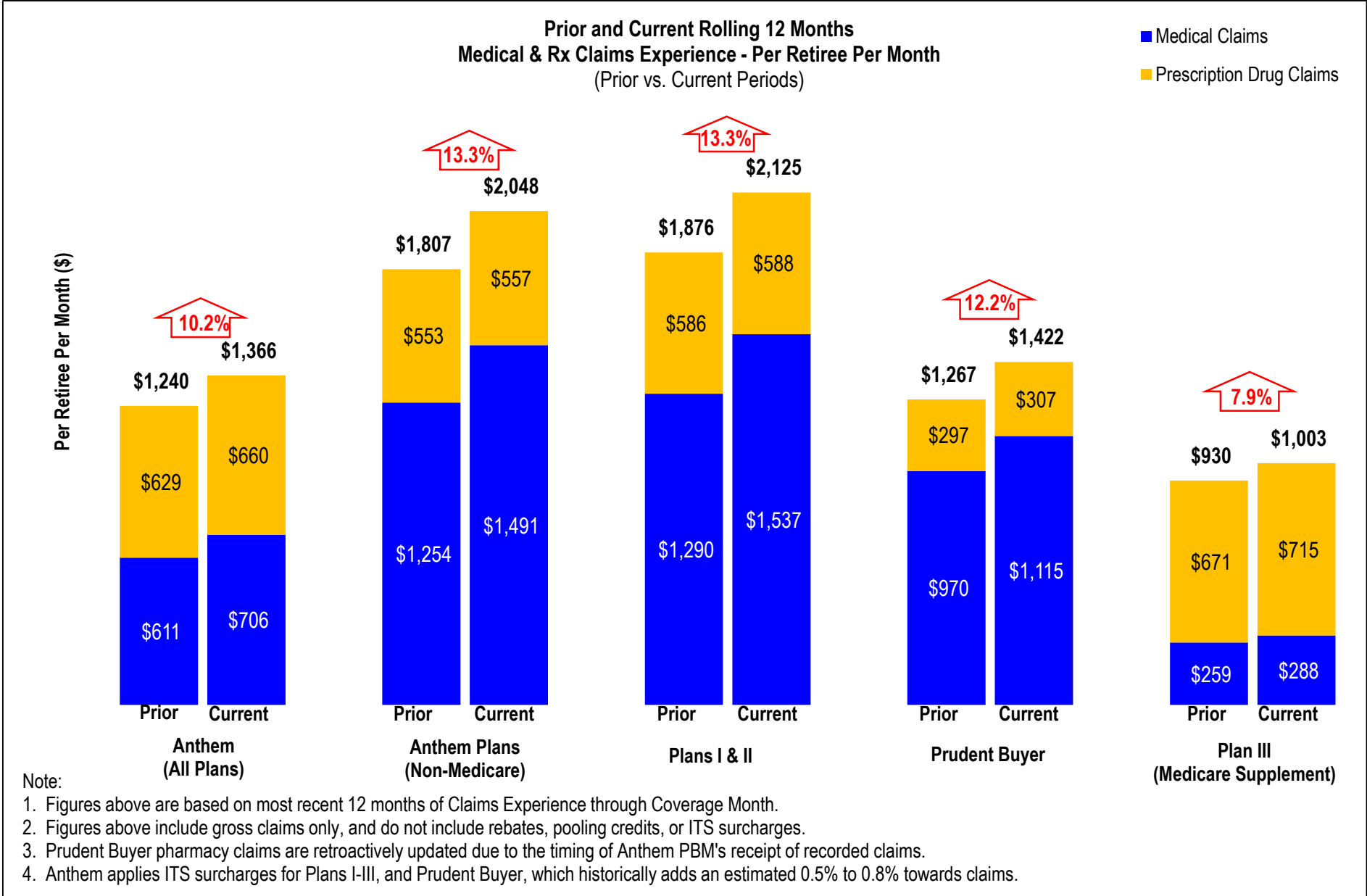
Los Angeles County Employees Retirement Association
Claims Experience by Carrier
Coverage Month Ending November 2024



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending November 2024



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending November 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.

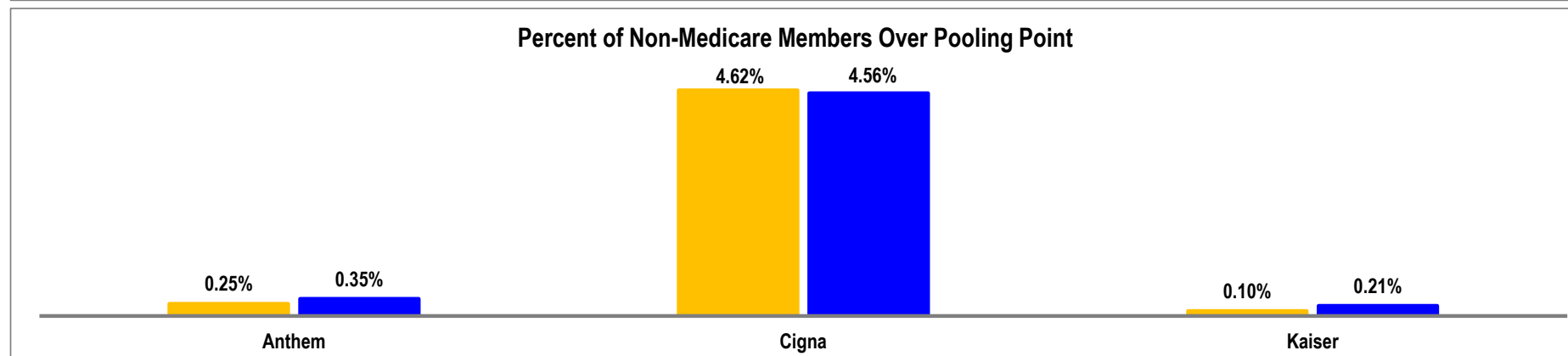
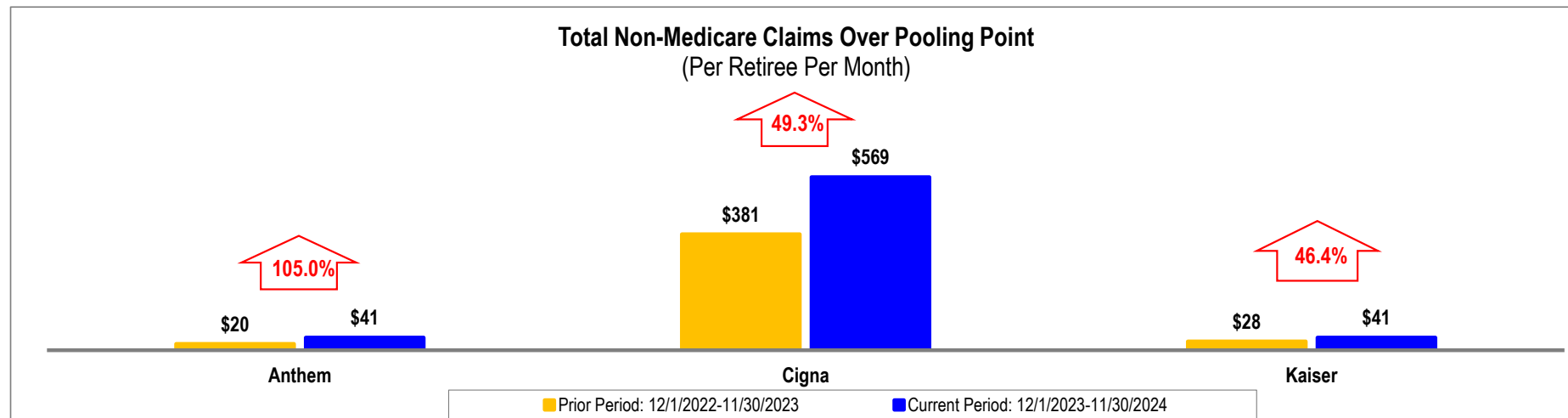
Category	Current Period 8/1/2023 - 7/31/2024	Prior Period 8/1/2022 - 7/31/2023	Change
Average Contract Size	2.34	2.36	-0.85%
Average Members	8,855	8,917	-0.70%
Inpatient Claims Per Member Per Month	\$211.62	\$243.64	-13.14%
Outpatient Claims Per Member Per Month	\$410.99	\$346.99	18.44%
Pharmacy Per 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 November 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 September through August.

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.

Los Angeles County Employees Retirement Association
Anthem Lifetime Max Accumulation Status By Plan
Coverage Month Ending November 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	<i>Not available</i>			82	4	86			
Total	111	0	111	210	12	222			

Prior Month: October 2024 ⁴				Most Recent Month: November 2024 ⁵		
Lifetime Claim Amount ³	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$900K-\$999K	12	1	13	11	1	12
\$800K-\$899K	21	1	22	16	1	17
\$700K-\$799K	29	2	31	20	2	22
\$600-\$699K	55	1	56	45	0	45
\$500-\$599K	76	8	84	63	8	71
Total	193	13	206	155	12	167

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

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

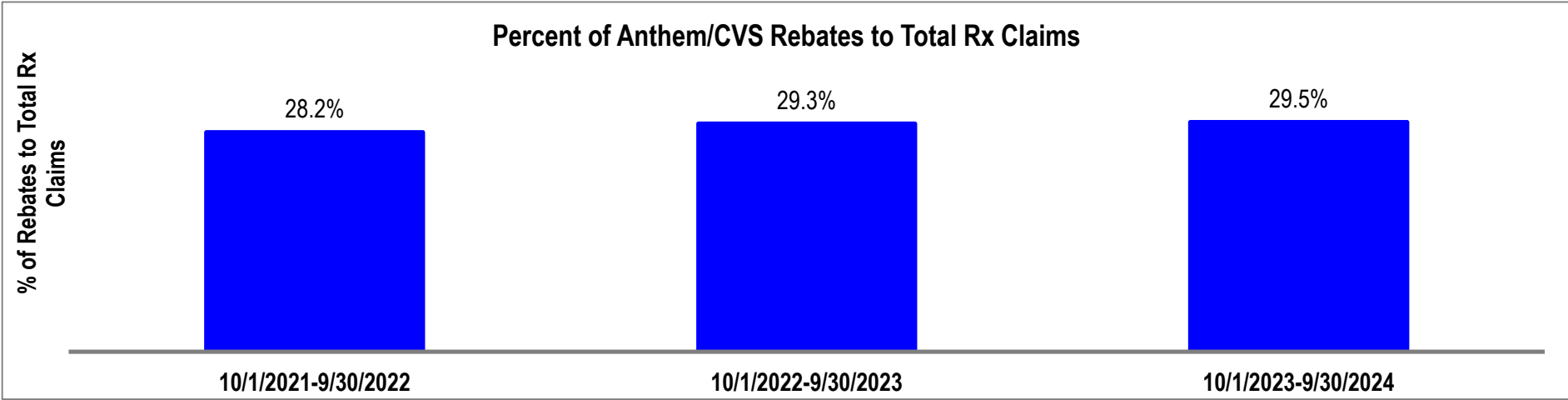
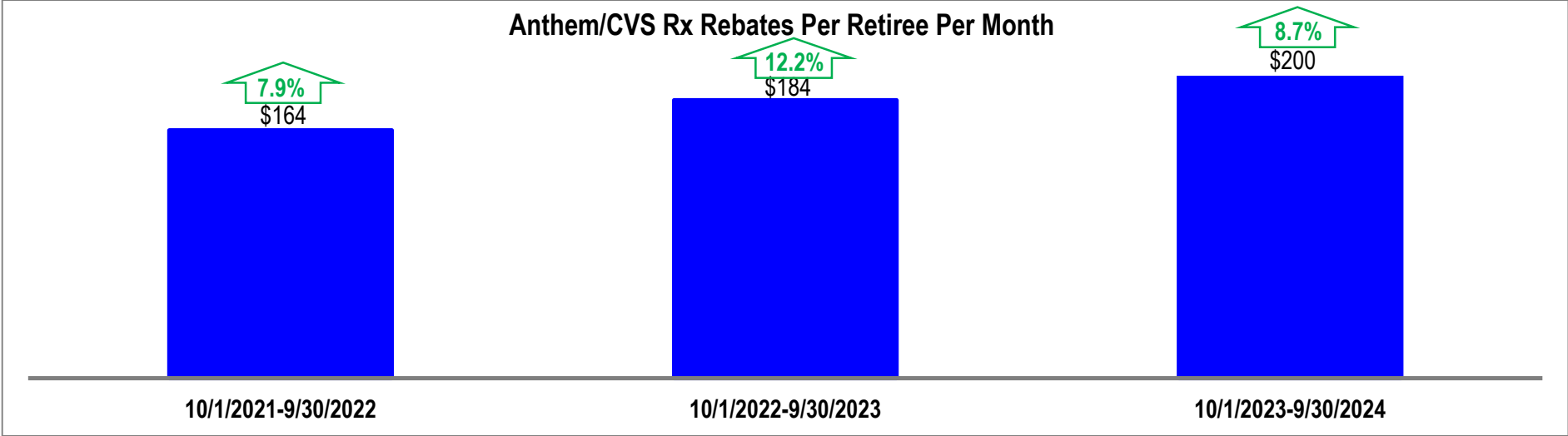
³ Members identified by Anthem as terminated were excluded from the counts above.

⁴ Based on data provided by Anthem on November 22, 2024.

⁵ Based on data provided by Anthem on December 18, 2024.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)
Coverage Month Ending November 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.

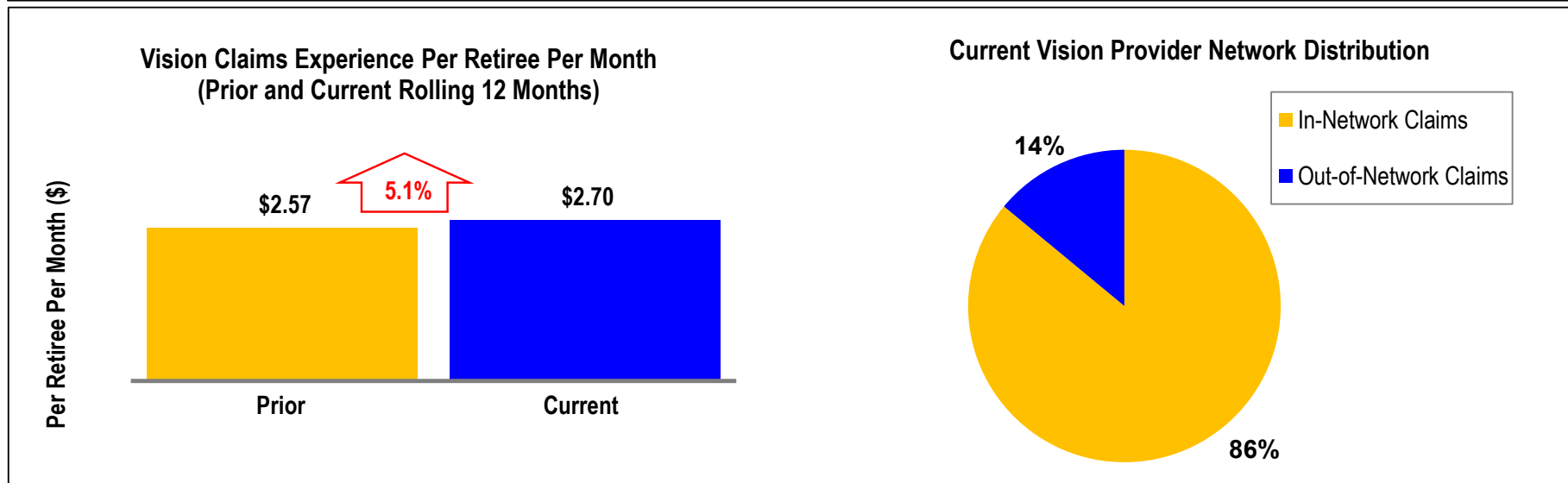
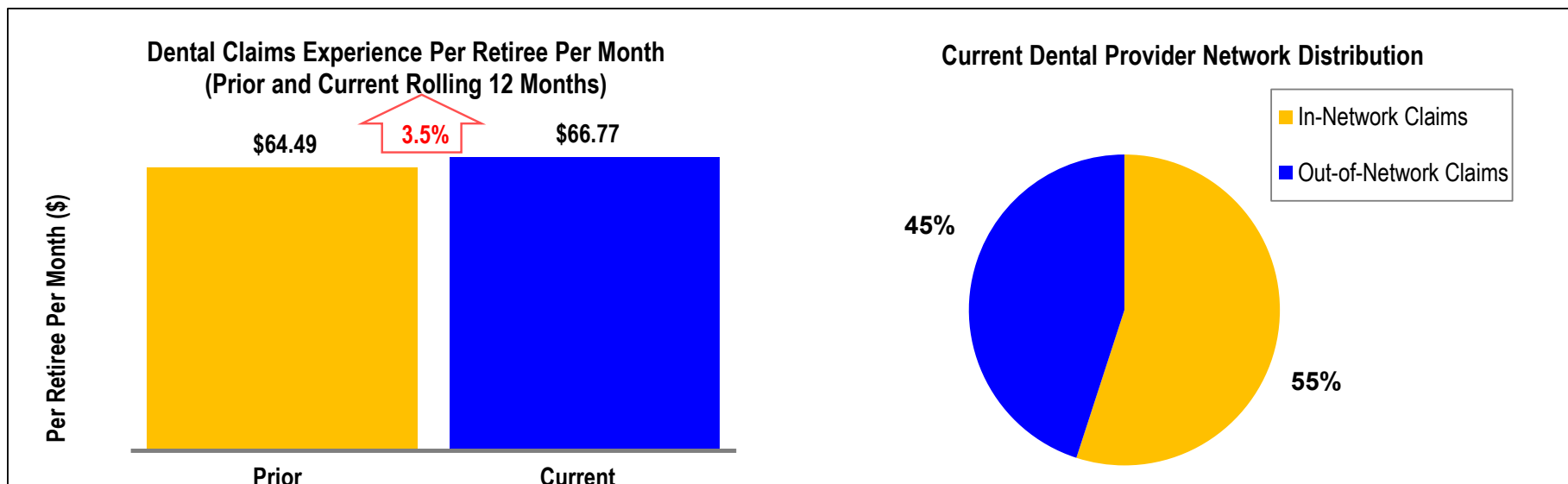
Note:

- 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 November 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.