

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

8:00 A.M., WEDNESDAY, FEBRUARY 5, 2025

This meeting will be conducted in person and by emergency teleconference under California Government Code Section 54953(e) based on the Board of Retirement's action at its meeting on January 15, 2025 following the Governor's Proclamations of a State of Emergency following the Eaton Fire.

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
Ronald Okum, Vice Chair
Aleen Langton, Trustee
Wayne Moore, Trustee
Shawn R. Kehoe, Alternate Trustee

I. CALL TO ORDER

II. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of January 15, 2025

III. 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](#).

If you select oral comment, we will contact you via email with information and instructions as to how to access the meeting as a speaker. You will have up to 3 minutes to address the Committee. Oral comment requests 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 within the form 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.)

IV. NON-CONSENT ITEMS

A. **2025-2026 Plan Year Health Insurance Rate Renewals and Benefit Changes for LACERA's Retiree Healthcare Benefits Program**

Recommendation as submitted by Cassandra Smith, Director, Retiree Healthcare Division:

1. Approve the fiscal year 2025-2026 rate renewal proposal and mandatory contractual changes, listed by carrier; and
2. Maintain LACERA's administrative fee at \$8 per member, per plan, per month.

(Memo dated January 22, 2025)

B. **State Engagement: Visit with California State Legislature**

Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement approve visits during the 2025 legislative year with the California State Legislature by trustees and staff as designated by the Chair of the Board of Retirement and approve reimbursement of travel costs incurred in accordance with LACERA's Trustee Travel Policy.

(Memo dated January 21, 2025)

V. REPORTS

A. **Engagement Report for January 2025**

Barry W. Lew, Legislative Affairs Officer
(For Information Only)

B. **Staff Activities Report for January 2025**

Cassandra Smith, Director, Retiree Healthcare
(For Information Only)

C. **LACERA Claims Experience**

Stephen Murphy, 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 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. – 9:00 A.M., WEDNESDAY, JANUARY 15, 2025

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

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair
Shawn R. Kehoe, Trustee
David Ryu, Alternate Trustee
(Teleconference under CA Govt. Code Section 54953(e))

ABSENT: Ronald Okum, Trustee
(One Committee Member Seat is Vacant)

OTHER BOARD OF RETIREMENT TRUSTEES

Nancy Durazo, Trustee *(arrived at 8:38 a.m.)*
(Teleconference under CA Govt. Code Section 54953(e))

JP Harris, Trustee

Wayne Moore, Trustee
(Teleconference under CA Govt. Code Section 54953(e))

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. In the absence of Trustee Okum, the Chair announced that Trustee Ryu, as the alternate, would be a voting member of the Committee.

Trustee Kehoe made a motion, Trustee Robbins seconded, that, due to the Governor's Proclamations of a State of Emergency in Los Angeles County, the Committee find there is imminent risk to the health and safety of attendees if the meeting was to proceed in person due to LACERA's proximity to the Eaton Fire and Pasadena's Red Flag warnings currently in effect, that the determination is valid for up to 45 days before it needs to be renewed, and that the meeting will be held as an emergency teleconference meeting under California Government Code Section 54953(e) of the Brown Act. The motion passed by the following roll call vote:

Yes: Kehoe, Ryu, Robbins

No: None

Absent: Okum

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 December 4, 2024

Trustee Kehoe made a motion, Trustee Ryu seconded, to approve the minutes of the regular meeting of December 4, 2024. The motion passed by the following roll call vote:

Yes: Kehoe, Ryu, Robbins

No: None

Absent: Okum

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. REPORTS

- A. **Semi-Annual Report on Approved Engagements**

Barry W. Lew, Legislative Affairs Officer
(For Information Only) (Memo dated December 19, 2024)

The semi-annual report on approved engagements was discussed. This item was received and filed.

- B. **Engagement Report for December 2024**

Barry W. Lew, Legislative Affairs Officer
(For Information Only)

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

V. REPORTS (Continued)

C. **Staff Activities Report for December 2024**

Cassandra Smith, Director, Retiree Healthcare
(For Information Only)

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

D. **LACERA Claims Experience**

Michael Szeto, Segal Consulting
(Presentation)

The LACERA Claims Experience reports through November 2024 were discussed. This item was received and filed.

E. **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 9:00 a.m.




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



January 22, 2025

TO: Trustees
Insurance, Benefits, and Legislative Committee

From: Cassandra Smith, Director 
Retiree Healthcare Division

For: February 5, 2025 Insurance, Benefits, and Legislative Committee

Subject: **2025-2026 Plan Year Health Insurance Rate Renewals and Benefit Changes for LACERA’s Retiree Healthcare Benefits Program**

RECOMMENDATION

1. Approve the fiscal year 2025-2026 rate renewal proposal and mandatory contractual changes, listed by carrier; and
2. Maintain LACERA’s administrative fee at \$8 per member, per plan, per month.

EXECUTIVE SUMMARY

This year’s contract negotiation with LACERA’s health insurance carriers concluded with an overall renewal increase of 6.3%. This reflects a 1.7% decrease from the preliminary renewal proposals of 8.0% or approximately \$14.3 million in annual premium cost avoidance.

Annual Premiums	Current	Preliminary	Negotiated	Change (%) from Current to Negotiated
Total Medical	\$789,122,000	\$854,510,000	\$840,205,000	6.5%
Total Dental/Vision	56,825,000	58,930,000	58,930,000	3.7%
Total Medical/ Dental/Vision	\$845,947,000	\$913,440,000	\$899,135,000	6.3%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal				(\$14,305,000)

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

RATE RENEWAL AND BENEFIT CHANGE PROPOSALS

The rate renewal and benefits changes noted below may be viewed in more detail in the attached 2025-2026 Renewal Evaluation Report.

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

- Accept the overall renewal rate increase of 7.2% with the following separate increases, including an increase to the lifetime maximum benefit of \$1.5 million:
 - Accept the overall rate increase of 7.3% for Plans I and II
 - Accept the rate increase of 6.9% for Plan III
 - Accept the rate increase of 9.3% for Prudent Buyer Plan
 - Accept the mandatory contractual changes as included in the Appendix
- Provide Anthem Blue Cross with the year-end 2023/2024 net deficit of \$0.1 million. For reference, the Anthem Blue Cross 2022/2023 net deficit totaled \$7.5 million.

When LACERA's Retiree Healthcare program was established, it was uncommon for insurers to underwrite group health coverage for a retiree-only population, due to the perceived risks associated with such a mature population. To overcome these concerns, LACERA established a Claims Stabilization Reserve ("CSR") that Anthem could draw from to offset adverse claims experience. The CSR has been beneficial for both LACERA and the County by moderating volatile claim activity and contributing to premium rate stability.

The Retiree Healthcare Program will fund the deficit using the Retiree Healthcare Premium (RHP) Reserve Account that operates as a holding account for the separate indemnity plan's premium reserve balances. Balances increase for each individual indemnity plan's premium reserve through the carrier's return of surplus premiums, payment by the carrier for performance guarantee penalty payments, and court case settlements (i.e., pharmaceutical manufacturer settlements), while decreases come from settling deficit balances with the carriers and, in the past, providing a monthly premium contribution holiday to the employer and retirees.

Cigna Medical

- Accept the renewal rate increase of 7.0% for the Cigna Network Model HMO plan and the mandatory contractual changes included in the Appendix. The Cigna Preferred Medicare HMO MAPD plan will terminate effective July 1, 2025.

Cigna Dental and Vision

- Accept the overall renewal rate increase of 3.7% with the following separate results:

- Accept the overall rate increase of 4.1% for the indemnity dental and vision plan
- Accept the overall 0.2% rate change of for the pre-paid dental and vision plan
- No mandatory contractual changes apply for the 2025/2026 plan year

Kaiser California

- Accept the overall renewal rate increase of 4.1% with the following separate results:
 - Accept the rate increase of 4.4% for the Basic/Pre-65 plan
 - Accept the rate increase of 3.3% for Kaiser Senior Advantage plan
 - Accept the rate increase of 4.7% for Kaiser Excess plan
 - Accept the mandatory contractual changes included in the Appendix

Kaiser - Out of State

- Accept the overall renewal rate increase of 4.8% for Medicare and non-Medicare Out-of-State plans with the following separate results:
 - Accept the Kaiser Colorado overall rate increase of 5.3%
 - Accept the Kaiser Georgia overall rate increase of 7.6%
 - Accept the Kaiser Hawaii overall rate increase of 0.7%
 - Accept the Kaiser Oregon overall rate increase of 4.2%
 - Accept the Kaiser Washington overall rate increase of 2.6%
 - Accept the mandatory contractual changes included in the Appendix

SCAN

- Accept the overall renewal rate increase of 7.6%:
 - Accept the mandatory contractual changes included in the Appendix

UnitedHealthcare (UHC)

- Accept the overall renewal rate increase of 12.4% with the following separate increases:
 - Accept the rate increase of 12.9% for the Pre-65 HMO Plan
 - Accept the rate increase of 11.2% for the Medicare Advantage Plan
 - Accept the mandatory contractual changes as included in the Appendix

ADMINISTRATIVE FEE AND RHC ADMINISTRATIVE ACCOUNT

LACERA receives an \$8 per member per plan per month administrative fee which funds the Retiree Healthcare Benefits program and cannot be funded by the pension plan. LACERA projects the administrative fee for the upcoming budget cycle to be \$10.95 per member per plan. LACERA and the County of Los Angeles have agreed to use the RHC

Administrative Account, which has an approximate balance of \$13.4 million as of December 31, 2024, to offset any increases to the administrative fee. This allows the County of Los Angeles cost stabilization when or if the current \$8 per member per plan administrative fee changes.

The administrative fee revenue is dependent upon how many members are enrolled in the medical/dental plans. The administrative cost per member per plan is the total Retiree Healthcare Program administrative expenses divided by the number of members covered. When administrative fee revenue is underspent, it accumulates in the Administrative Fee Account. When administrative expenses exceed revenue, the Administrative Fee Account balance is drawn down to fund the RHC Program expenses.

The table below shows the actual/projected/budgeted/estimated amounts for five fiscal years. The Administrative Fee Account surplus was used to stabilize the administrative fee rate for the members and the County for the last two fiscal years and is projected to fund shortfalls in the administrative fee revenue over the next three fiscal years. As the \$8 fee remains constant, we estimate the Administrative Fee Account to reach a low balance by fiscal year end 2026.

Retiree Healthcare Program						
Fiscal Period	Actual / Estimated	Administrative Fee		Administrative Fee Account		
		[Revenue] Per Mbr / Plan	[Cost] Per Mbr / Plan	(Drawdown)	Balance	
FYE 2023	Actual	\$ 8.00	\$ 8.06	\$ (126,853.00)	\$ 13,855,846.00	
FYE 2024	Actual	\$ 8.00	\$ 8.76	\$ (972,489.12)	\$ 13,690,101.48	
FYE 2025	Projected	\$ 8.00	\$ 9.79	\$ (2,489,404.00)	\$ 11,200,697.48	
FYE 2026	Budgeted	\$ 8.00	\$ 10.95	\$ (6,372,443.81)	\$ 4,828,253.67	
FYE 2027	Estimated	\$ 8.00	\$ 12.24	\$ (16,312,354.34)	\$ (11,484,100.67)	

CONCLUSION

The overall increase of 6.3% for our healthcare benefits program resulted in a projected increase in premiums of \$53.2 million and a negotiated overall total premium cost avoidance of \$14.3 million annually when compared to the preliminary proposals received from various carrier partners.

We are continuously monitoring the healthcare industry to stay ahead of the many things happening on a national basis within the healthcare landscape. Detailed information regarding the renewal proposal can be found in the enclosed 2025/2026 Renewal Evaluation Report prepared by Segal.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE:

1. Approve the fiscal year 2025-2026 rate renewal proposal and mandatory contractual changes, listed by carrier;
2. Maintain LACERA's current administrative fee at \$8 per member, per plan, per month.

NOTED AND REVIEWED:



Santos H. Kreimann
Chief Executive Officer

CS:cs

Attachment



**Los Angeles County Employees
Retirement Association**

***2025-2026 Renewal Evaluation Report
Presented on February 5, 2025***

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

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

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**Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association**

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2025-2026 Renewal Overview

This report summarizes the final 2025-2026 renewal results for the LACERA-administered Retiree Healthcare Benefits Program (RHCBP).

- The 2025-2026 renewal budget was forecasted to increase by 10.0% prior to the renewal process.
- Negotiations during the renewal process resulted in a final overall increase of 6.3%.
 - This reflects a 1.7% decrease from the preliminary renewal increase of 8.0%.
- Negotiations resulted in a premium cost avoidance of approximately \$14.3 million annually.

Medical Plans

- The overall negotiated medical renewal increase is 6.5%.

Dental/Vision Plans

- The overall negotiated dental/vision renewal increase is 3.7%.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Medical	\$ 789,122,000	\$ 854,510,000	\$ 840,205,000	6.5%
Total Dental/Vision	56,825,000	58,930,000	58,930,000	3.7%
Total Medical/Dental/Vision	\$ 845,947,000	\$ 913,440,000	\$ 899,135,000	6.3%
Total Negotiated Premium Cost Avoidance from Preliminary Renewal				\$ (14,305,000)

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

KEY FINDINGS

Anthem Blue Cross Plans

- Anthem initially proposed an overall rate increase of 10.9%. Initial rate increases were 11.0% for Plans I and II, 10.7% for Plan III, and 12.4% for Prudent Buyer.
- 2025-2026 Premium rates reflect an increase in the lifetime maximum benefit from \$1.0 to \$1.5 million for Plans I, II, and Prudent Buyer.
- After negotiations with Segal and Staff, Anthem reduced the overall rate increase to 7.2%. Anthem agreed to reduce the rate increase to 7.3% for Plans I & II, 6.9% for Plan III, and 9.3% for Prudent Buyer.
- Concessions represent an estimated premium cost avoidance of \$12.5 million annually.
- Migration impact from the elimination of the Cigna MAPD Plan results in an additional annualized premium cost of approximately \$204,000 to Anthem BC Plan III.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 168,063,000	\$ 186,615,000	\$ 180,336,000	7.3%
Anthem BC Plan III (Excludes Migration Impact)	156,237,000	172,889,000	167,080,000	6.9%
Anthem BC Prudent Buyer	13,962,000	15,696,000	15,258,000	9.3%
Total	\$ 338,262,000	\$ 375,200,000	\$ 362,674,000	7.2%

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Anthem BC Plan I & II	\$ 168,063,000	\$ 186,615,000	\$ 180,336,000	7.3%
Anthem BC Plan III (Includes Migration Impact)	156,237,000	173,100,000	167,284,000	7.1%
Anthem BC Prudent Buyer	13,962,000	15,696,000	15,258,000	9.3%
Total	\$ 338,262,000	\$ 375,411,000	\$ 362,878,000	7.3%

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.
 KFR - 1

KEY FINDINGS

Cigna - Medical Plans

- Cigna initially proposed an overall increase of 8.9% to the Network Model (HMO) plan. The Cigna Preferred Medicare HMO MAPD plan will terminate effective July 1, 2025.
- After negotiations with Segal and Staff, Cigna agreed to a rate increase of 7.0% to the Network Model (HMO) plan.
- Concessions represent an estimated premium cost avoidance of \$0.2 million annually.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Network Model (HMO) Plan	\$ 8,031,000	\$ 8,749,000	\$ 8,595,000	7.0%
Preferred Medicare HMO MAPD Plan	\$ 514,000	N/A	N/A	N/A

KEY FINDINGS

Cigna - Dental/Vision Plans

- Cigna initially proposed an overall rate increase of 3.7%. Cigna initially proposed rate increases of 4.1% for the Indemnity Dental/Vision plan and 0.2% for the Dental/Vision HMO plan.
- After negotiations with Segal and Staff, Cigna’s aggregate increase remains unchanged.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Total Cigna Dental/Vision	\$ 56,825,000	\$ 58,930,000	\$ 58,930,000	3.7%

KEY FINDINGS

Kaiser - California

- Kaiser proposed an overall rate increase of 4.1%. The rate increases for the Basic/Pre-65 and Excess ⁽¹⁾ rates were 4.4% and 4.7%, respectively. Kaiser proposed a rate increase of 3.3% for the Senior Advantage rate.
- After negotiations with Segal and Staff, Kaiser's aggregate increase remains unchanged.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser California	\$ 259,716,000	\$ 270,351,000	\$ 270,351,000	4.1%

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

KEY FINDINGS

Kaiser - Out of State (OOS)

- The initial overall increase for Kaiser's OOS plans for the 2025-2026 policy period was 4.8%.
- After negotiations with Segal and Staff, the overall increase for Kaiser's OOS plans remains unchanged.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
Kaiser OOS	\$ 4,792,000	\$ 5,021,000	\$ 5,021,000	4.8%

KEY FINDINGS

SCAN Health Plan

- SCAN initially proposed an overall rate increase of 8.1%.
- After negotiations with Segal and Staff, SCAN reduced the overall rate increase to 7.6%.
- Concessions represent an estimated premium cost avoidance of \$7,000 annually.
- Migration impact from the elimination of the Cigna MAPD Plan results in an additional annualized premium cost of approximately \$270,000.
 - There are currently 57 LACERA retirees in the Cigna MAPD plan that are anticipated to migrate to SCAN's MAPD plan effective 7/1/2025.
 - The proposed 2025/2026 premium for the SCAN MAPD plan is 17.6% less than the current premium for the Cigna MAPD plan.

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
SCAN (Excludes Migration Impact)	\$ 1,643,000	\$ 1,776,000	\$ 1,769,000	7.6%

Annual Premiums	Current	Preliminary	Negotiated	Change (%)
SCAN (Includes Migration Impact)	\$ 1,643,000	\$ 2,047,000	\$ 2,039,000	24.1%

KEY FINDINGS

UnitedHealthcare (UHC)

- UHC initially proposed an overall rate increase of 14.6%. The initial rate increases were 14.6% for Pre-65 rate and 14.3% for UnitedHealthcare Medicare Advantage (UHC MA) rate.
- After negotiations with Segal and Staff, UHC reduced the overall rate increase to 12.4%. The Pre-65 rate was reduced to a 12.9% increase and the UHC-MA rate was reduced to a 11.2% increase.
- Concessions represent an estimated premium cost avoidance of \$1.6 million annually.

	Annual Premiums	Current	Preliminary	Negotiated	Change (%)
UHC		\$ 73,457,000	\$ 84,167,000	\$ 82,557,000	12.4%

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

Anthem Blue Cross Plans Overall

- Accept the 7.2% overall rate increase, based on the individual plan increases noted below:
 - 7.3% overall rate increase to Anthem Blue Cross Plans I and II.
 - 6.9% rate increase to Anthem Blue Cross Plan III.
 - 9.3% rate increase to Anthem Blue Cross Prudent Buyer Plan.
- Provide Anthem Blue Cross with the year-end 2023-2024 net deficit for all plans. The amount is estimated at \$0.1 million.
- Accept the mandatory contractual changes included in the appendix.

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

Cigna Medical

- Accept the rate increase of 7.0% to the Cigna Network Model (HMO) Plan.
- Accept the mandatory contractual changes included in the appendix.

Cigna Dental/Vision

- Accept the 3.7% overall increase to Cigna Dental/Vision plans, based on the individual plans noted below:
 - 4.1% overall rate increase to the Cigna Indemnity Dental/Vision Plan.
 - 0.2% overall rate change to the Cigna Dental/Vision HMO Plan.
- No mandatory contractual changes apply for the 2025-2026 policy period.

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

Kaiser California

- Accept the 4.1% overall increase, based on the plan increase listed below:
 - 4.4% rate increase to the Basic/Pre-65 Plan.
 - 3.3% rate increase to the Kaiser Senior Advantage Plan.
 - 4.7% rate increase to the Kaiser Excess ⁽¹⁾ Plan.
- Accept the mandatory contractual changes included in the appendix.

Kaiser Out of State (OOS)

- Accept the 4.8% overall increase for Non-Medicare and Medicare combined OOS plans, based on the plan increase/decrease listed below:
 - 5.3% overall rate increase to Kaiser-Colorado Plans.
 - 7.6% overall rate increase to Kaiser-Georgia Plans.
 - 0.7% overall rate increase to Kaiser-Hawaii Plans.
 - 4.2% overall rate increase to Kaiser-Oregon Plans.
 - 2.6% overall rate increase to Kaiser-Washington Plans.
- Accept the mandatory contractual changes included in the appendix.

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

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

RECOMMENDATIONS

SCAN Health Plan

- Accept the overall rate increase of 7.6%.
- Accept the mandatory contractual changes included in the appendix.

UnitedHealthcare

- Accept the 12.4% overall increase, based on the plan increase listed below:
 - 12.9% increase for the Pre-65 HMO Plan.
 - 11.2% increase for the MAPD HMO Plan.
- Accept the mandatory contractual changes included in the appendix.

LACERA Administrative Fee

- Segal recommends LACERA retain its Administrative Fee at \$8.00 per member, per plan, per month for the 2025-2026 policy period as requested by LACERA.
 - The fee is for administering the Retiree Healthcare Program, based on budget forecast.

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

PREMIUM PROJECTIONS FOR JULY 1, 2025 THROUGH JUNE 30, 2026

	7/1/2024		Current		7/1/2025		Preliminary		Negotiated	
	Retiree Count	Retiree Count	Premiums	Premiums	Retiree Count	Retiree Count	Premiums	Premiums	Premiums	Change (%)
Medical Plans										
Anthem BC Plan I & II	6,450	6,450	\$168,063,000	\$186,615,000	6,450	6,450	\$186,615,000	\$180,336,000	11.0%	7.3%
Anthem BC Plan III ⁽¹⁾	13,835	13,843	156,237,000	173,100,000	13,843	13,843	173,100,000	167,284,000	10.8%	7.1%
Anthem BC Prudent Buyer	740	740	13,962,000	15,696,000	740	740	15,696,000	15,258,000	12.4%	9.3%
Cigna HMO	296	296	8,031,000	8,749,000	296	296	8,749,000	8,595,000	8.9%	7.0%
Cigna MAPD ⁽²⁾	65	0	514,000	0	0	0	0	0	N/A	N/A
Kaiser California	26,582	26,582	259,716,000	270,351,000	26,582	26,582	270,351,000	270,351,000	4.1%	4.1%
Kaiser Out of State (OOS)	457	457	4,792,000	5,021,000	457	457	5,021,000	5,021,000	4.8%	4.8%
SCAN Health Plan ⁽³⁾	411	468	1,643,000	2,047,000	468	468	2,047,000	2,039,000	24.6%	24.1%
United Healthcare	5,548	5,548	73,457,000	84,167,000	5,548	5,548	84,167,000	82,557,000	14.6%	12.4%
Medicare Part B	39,344	39,344	102,707,000	108,764,000	39,344	39,344	108,764,000	108,764,000	5.9%	5.9%
Total Medical	54,384	54,384	\$789,122,000	\$854,510,000	54,384	54,384	\$854,510,000	\$840,205,000	8.3%	6.5%
Dental / Vision Plans										
Indemnity Dental / Vision	51,438	51,438	\$50,810,000	\$52,905,000	51,438	51,438	\$52,905,000	\$52,905,000	4.1%	4.1%
Prepaid Dental / Vision	7,448	7,448	6,015,000	6,025,000	7,448	7,448	6,025,000	6,025,000	0.2%	0.2%
Total Dental/Vision	58,886	58,886	\$56,825,000	\$58,930,000	58,886	58,886	\$58,930,000	\$58,930,000	3.7%	3.7%
Total Medical/Dental/Vision ⁽⁴⁾			\$845,947,000	\$913,440,000			\$913,440,000	\$899,135,000	8.0%	6.3%
Total Negotiated Premium Cost Avoidance from Preliminary Premium							(\$14,305,000)			-1.7%

⁽¹⁾ Renewal premiums effective 7/1/2025 include 8 individuals migrating from Cigna's MAPD plan. Preliminary and negotiated premium increases without the migration assumption are 10.6% and 6.9%, respectively.

⁽²⁾ Cigna MAPD plan will not be renewed effective 7/1/2025. Impacted members are projected to migrate to Anthem Plan III or SCAN Health Plan AZ.

⁽³⁾ Renewal premiums effective 7/1/2025 include 57 individuals migrating from Cigna's MAPD plan. Preliminary and negotiated premium increases without the migration assumption are 8.0% and 7.6%, respectively.

⁽⁴⁾ Preliminary and Negotiated Premiums, excluding the change in Medicare Part B premiums, resulted in an overall premium increases of 8.3% and 6.3%, respectively.

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

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026

	Count	Current 2024-2025 Rates	Admin Fee	Total Rate	Preliminary 2025-2026 Rates	Admin Fee	Total Rate	% Change	Final 2025-2026 Rates	Admin Fee	Total Rate	% Change
Anthem BC Plan I&II												
211 Retiree Only	525	\$1,469.12	\$8.00	\$1,477.12	\$1,631.89	\$8.00	\$1,639.89	11.0%	\$1,576.80	\$8.00	\$1,584.80	7.3%
221 Retiree Only	2,396	1,469.12	8.00	1,477.12	1,631.89	8.00	1,639.89	11.0%	1,576.80	8.00	1,584.80	7.3%
212 Retiree & Spouse	217	2,655.27	8.00	2,663.27	2,949.48	8.00	2,957.48	11.0%	2,849.90	8.00	2,857.90	7.3%
222 Retiree & Spouse	2,043	2,655.27	8.00	2,663.27	2,949.48	8.00	2,957.48	11.0%	2,849.90	8.00	2,857.90	7.3%
213 Retiree & Family	75	3,133.60	8.00	3,141.60	3,480.81	8.00	3,488.81	11.1%	3,363.30	8.00	3,371.30	7.3%
223 Retiree & Family	931	3,133.60	8.00	3,141.60	3,480.81	8.00	3,488.81	11.1%	3,363.30	8.00	3,371.30	7.3%
214 Retiree & Children	21	1,946.45	8.00	1,954.45	2,162.12	8.00	2,170.12	11.0%	2,089.12	8.00	2,097.12	7.3%
224 Retiree & Children	240	1,946.45	8.00	1,954.45	2,162.12	8.00	2,170.12	11.0%	2,089.12	8.00	2,097.12	7.3%
215 Survivor	2	490.97	8.00	498.97	545.37	8.00	553.37	10.9%	526.96	8.00	534.96	7.2%
225 Survivor	-	490.97	8.00	498.97	545.37	8.00	553.37	10.9%	526.96	8.00	534.96	7.2%
Total	6,450	\$167,443,401		\$168,062,601	\$185,996,093		\$186,615,293	11.0%	\$179,716,810		\$180,336,010	7.3%
Anthem BC Plan III*												
240 One Medicare	7,730	\$593.37	\$8.00	\$601.37	\$657.15	\$8.00	\$665.15	10.6%	\$634.90	\$8.00	\$642.90	6.9%
241 Retiree & Spouse-1 Medicare	131	1,915.22	8.00	1,923.22	2,121.11	8.00	2,129.11	10.7%	2,049.29	8.00	2,057.29	7.0%
242 Retiree & Spouse-1 Medicare	945	1,915.22	8.00	1,923.22	2,121.11	8.00	2,129.11	10.7%	2,049.29	8.00	2,057.29	7.0%
243 Retiree & Spouse-2 Medicare	4,648	1,189.17	8.00	1,197.17	1,317.00	8.00	1,325.00	10.7%	1,272.41	8.00	1,280.41	7.0%
244 Retiree & Children-1 Medicare	14	1,069.00	8.00	1,077.00	1,183.92	8.00	1,191.92	10.7%	1,143.93	8.00	1,151.93	6.9%
245 Retiree & Children-1 Medicare	59	1,069.00	8.00	1,077.00	1,183.92	8.00	1,191.92	10.7%	1,143.93	8.00	1,151.93	6.9%
246 Retiree & Family-1 Medicare	16	2,390.70	8.00	2,398.70	2,647.70	8.00	2,655.70	10.7%	2,558.05	8.00	2,566.05	7.0%
247 Retiree & Family-1 Medicare	177	2,390.70	8.00	2,398.70	2,647.70	8.00	2,655.70	10.7%	2,558.05	8.00	2,566.05	7.0%
248 Retiree & Family-2 Medicare	15	1,664.56	8.00	1,672.56	1,843.50	8.00	1,851.50	10.7%	1,781.08	8.00	1,789.08	7.0%
249 Retiree & Family-2 Medicare	83	1,664.56	8.00	1,672.56	1,843.50	8.00	1,851.50	10.7%	1,781.08	8.00	1,789.08	7.0%
250 Retiree & Family-3 Medicare	17	1,866.47	8.00	1,874.47	2,067.11	8.00	2,075.11	10.7%	1,997.12	8.00	2,005.12	7.0%
Total	13,835	\$154,909,055		\$156,237,215	\$171,770,778		\$173,099,706	10.8%	\$165,954,935		\$167,283,863	7.1%
Anthem BC Prudent Buyer												
201 Retiree Only	429	\$1,108.92	\$8.00	\$1,116.92	\$1,247.31	\$8.00	\$1,255.31	12.4%	\$1,212.38	\$8.00	\$1,220.38	9.3%
202 Retiree & Spouse	216	2,190.10	8.00	2,198.10	2,463.43	8.00	2,471.43	12.4%	2,394.44	8.00	2,402.44	9.3%
203 Retiree & Family	70	2,472.76	8.00	2,480.76	2,781.36	8.00	2,789.36	12.4%	2,703.47	8.00	2,711.47	9.3%
204 Retiree & Children	25	1,427.71	8.00	1,435.71	1,605.89	8.00	1,613.89	12.4%	1,560.92	8.00	1,568.92	9.3%
205 Survivor	-	296.28	8.00	304.28	333.25	8.00	341.25	12.1%	323.92	8.00	331.92	9.1%
Total	740	\$13,890,891		\$13,961,931	\$15,624,472		\$15,695,512	12.4%	\$15,186,912		\$15,257,952	9.3%

*Cigna MAPD plan will not be renewed effective 7/1/2025. Impacted members are projected to migrate to Anthem Plan III or SCAN Health Plan AZ.

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026

	Count	Current 2024-2025 Rates	Admin Fee	Total Rate	Preliminary 2025-2026 Rates	Admin Fee	Total Rate	% Change	Final 2025-2026 Rates	Admin Fee	Total Rate	% Change
Cigna												
301 Network- Retiree Only	220	\$1,886.33	\$8.00	\$1,894.33	\$2,055.60	\$8.00	\$2,063.60	8.9%	\$2,019.27	\$8.00	\$2,027.27	7.0%
302 Network- Retiree & Spouse	56	3,412.61	8.00	3,420.61	3,718.83	8.00	3,726.83	9.0%	3,653.10	8.00	3,661.10	7.0%
303 Network- Retiree & Family	7	4,031.08	8.00	4,039.08	4,392.73	8.00	4,400.73	9.0%	4,315.07	8.00	4,323.07	7.0%
304 Network- Retiree & Children	13	2,505.67	8.00	2,513.67	2,730.47	8.00	2,738.47	8.9%	2,682.19	8.00	2,690.19	7.0%
305 Network- Survivor	-	590.21	8.00	598.21	674.35	8.00	682.35	14.1%	662.42	8.00	670.42	12.1%
321 Risk- Retiree Only; Terminated 7/1/2025	35	338.86	8.00	346.86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
322 Risk- Retiree & Spouse; Terminated 7/1/2025	7	1,865.14	8.00	1,873.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
324 Risk- Retiree & Spouse (Both Risk); Terminated 7/1/2025	22	677.72	8.00	685.72	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
325 Risk- Retiree & Children; Terminated 7/1/2025	-	958.90	8.00	966.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
327 Risk- Retiree & Family (1 Medicare); Terminated 7/1/2025	1	2,484.31	8.00	2,492.31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
329 Risk- Retiree & Family (2 Medicare); Terminated 7/1/2025	-	1,339.95	8.00	1,347.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	361	\$8,510,403		\$8,545,059	\$8,720,760		\$8,749,196	2.4%	\$8,566,644		\$8,595,060	0.6%
Kaiser California												
401 Retiree Basic (Under 65)	1,566	\$1,343.15	\$8.00	\$1,351.15	\$1,402.77	\$8.00	\$1,410.77	4.4%	\$1,402.77	\$8.00	\$1,410.77	4.4%
403 Retiree Risk (Senior Advantage)	12,256	274.40	8.00	282.40	283.66	8.00	291.66	3.3%	283.66	8.00	291.66	3.3%
404 Retiree Excess	449	1,288.39	8.00	1,296.39	1,359.03	8.00	1,367.03	5.4%	1,359.03	8.00	1,367.03	5.4%
405 Retiree Excess - Part B	1,448	1,346.13	8.00	1,354.13	1,406.33	8.00	1,414.33	4.4%	1,406.33	8.00	1,414.33	4.4%
411 Family Basic	1,925	2,686.30	8.00	2,694.30	2,805.54	8.00	2,813.54	4.4%	2,805.54	8.00	2,813.54	4.4%
413 One Advantage, One Basic	1,488	1,617.55	8.00	1,625.55	1,686.43	8.00	1,694.43	4.2%	1,686.43	8.00	1,694.43	4.2%
414 One Excess, One Basic	46	2,631.54	8.00	2,639.54	2,761.80	8.00	2,769.80	4.9%	2,761.80	8.00	2,769.80	4.9%
418 Two+ Advantage	6,371	548.80	8.00	556.80	567.32	8.00	575.32	3.3%	567.32	8.00	575.32	3.3%
419 One Excess, One Advantage	210	1,562.79	8.00	1,570.79	1,642.69	8.00	1,650.69	5.1%	1,642.69	8.00	1,650.69	5.1%
420 Two+ Excess	98	2,576.78	8.00	2,584.78	2,718.06	8.00	2,726.06	5.5%	2,718.06	8.00	2,726.06	5.5%
422 One Excess - Part B, One Basic	267	2,689.28	8.00	2,697.28	2,809.10	8.00	2,817.10	4.4%	2,809.10	8.00	2,817.10	4.4%
426 One Advantage, One Excess - Part B	258	1,620.53	8.00	1,628.53	1,689.99	8.00	1,697.99	4.3%	1,689.99	8.00	1,697.99	4.3%
428 One Excess, One Excess - Part B	42	2,634.52	8.00	2,642.52	2,765.36	8.00	2,773.36	5.0%	2,765.36	8.00	2,773.36	5.0%
430 Two Excess - Part B	149	2,692.26	8.00	2,700.26	2,812.66	8.00	2,820.66	4.5%	2,812.66	8.00	2,820.66	4.5%
421 Survivor	9	1,343.15	8.00	1,351.15	1,402.77	8.00	1,410.77	4.4%	1,402.77	8.00	1,410.77	4.4%
Total	26,582	\$257,163,960		\$259,715,832	\$267,799,131		\$270,351,003	4.1%	\$267,799,131		\$270,351,003	4.1%
Kaiser- Colorado												
450 Retiree Basic	3	\$1,306.35	\$8.00	\$1,314.35	\$1,413.80	\$8.00	\$1,421.80	8.2%	\$1,413.80	\$8.00	\$1,421.80	8.2%
451 Retiree Risk (Senior Advantage)	34	289.90	8.00	297.90	289.90	8.00	297.90	0.0%	289.90	8.00	297.90	0.0%
453 Retiree Basic (Two Party)	8	2,900.22	8.00	2,908.22	3,138.79	8.00	3,146.79	8.2%	3,138.79	8.00	3,146.79	8.2%
454 Retiree Basic Family	1	3,919.17	8.00	3,927.17	4,241.55	8.00	4,249.55	8.2%	4,241.55	8.00	4,249.55	8.2%
455 One Risk, One Basic	8	1,596.25	8.00	1,604.25	1,703.70	8.00	1,711.70	6.7%	1,703.70	8.00	1,711.70	6.7%
457 Two Retiree Risk	18	579.80	8.00	587.80	579.80	8.00	587.80	0.0%	579.80	8.00	587.80	0.0%
458 One Risk, Two or More Dependents	-	2,826.62	8.00	2,834.62	3,035.28	8.00	3,043.28	7.4%	3,035.28	8.00	3,043.28	7.4%
459 Two Risk, Two or More Dependents	2	1,886.15	8.00	1,894.15	1,993.60	8.00	2,001.60	5.7%	1,993.60	8.00	2,001.60	5.7%
Total	74	\$814,503		\$821,607	\$858,037		\$865,141	5.3%	\$858,037		\$865,141	5.3%

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026

	Count	Current 2024-2025 Rates	Admin Fee	Total Rate	Preliminary 2025-2026 Rates	Admin Fee	Total Rate	% Change	Final 2025-2026 Rates	Admin Fee	Total Rate	% Change
Kaiser- Georgia												
440 One Medicare Member with Part B Only	-	\$1,552.52	\$8.00	\$1,560.52	\$1,772.87	\$8.00	\$1,780.87	14.1%	\$1,772.87	\$8.00	\$1,780.87	14.1%
441 One Medicare Member with Part A only	4	1,552.52	8.00	1,560.52	1,772.87	8.00	1,780.87	14.1%	1,772.87	8.00	1,780.87	14.1%
442 One Member without Medicare Part A&B	8	1,552.52	8.00	1,560.52	1,772.87	8.00	1,780.87	14.1%	1,772.87	8.00	1,780.87	14.1%
443 One Medicare Member (Renal Failure)	-	401.85	8.00	409.85	405.87	8.00	413.87	1.0%	405.87	8.00	413.87	1.0%
444 One Medicare Member + One Medicare with Part B only	-	1,954.37	8.00	1,962.37	2,178.74	8.00	2,186.74	11.4%	2,178.74	8.00	2,186.74	11.4%
445 One Medicare Member + One Medicare with Part A only	2	1,954.37	8.00	1,962.37	2,178.74	8.00	2,186.74	11.4%	2,178.74	8.00	2,186.74	11.4%
446 One Medicare Member + One Medicare without Part A&B	-	1,954.37	8.00	1,962.37	2,178.74	8.00	2,186.74	11.4%	2,178.74	8.00	2,186.74	11.4%
461 Basic, or Over 65 without Medicare A&B	14	1,552.52	8.00	1,560.52	1,772.87	8.00	1,780.87	14.1%	1,772.87	8.00	1,780.87	14.1%
462 Retiree Risk (Senior Advantage)	85	401.85	8.00	409.85	405.87	8.00	413.87	1.0%	405.87	8.00	413.87	1.0%
463 Retiree (Two Party)	4	3,105.04	8.00	3,113.04	3,545.74	8.00	3,553.74	14.2%	3,545.74	8.00	3,553.74	14.2%
464 Retiree Basic Family	-	4,657.56	8.00	4,665.56	5,318.61	8.00	5,326.61	14.2%	5,318.61	8.00	5,326.61	14.2%
465 One Retiree Risk One Basic	3	1,954.37	8.00	1,962.37	2,178.74	8.00	2,186.74	11.4%	2,178.74	8.00	2,186.74	11.4%
466 Two Retiree Risk	28	803.70	8.00	811.70	811.74	8.00	819.74	1.0%	811.74	8.00	819.74	1.0%
467 One Retiree Risk, Two Retiree Basic	-	3,506.89	8.00	3,514.89	3,951.61	8.00	3,959.61	12.7%	3,951.61	8.00	3,959.61	12.7%
468 Two Retiree Risk, One Basic	-	2,356.22	8.00	2,364.22	2,584.61	8.00	2,592.61	9.7%	2,584.61	8.00	2,592.61	9.7%
469 Three Retiree Risk, One Basic	-	1,205.55	8.00	1,213.55	1,217.61	8.00	1,225.61	1.0%	1,217.61	8.00	1,225.61	1.0%
470 Any other Family, at least one Retiree Risk	-	3,506.89	8.00	3,514.89	3,951.61	8.00	3,959.61	12.7%	3,951.61	8.00	3,959.61	12.7%
Total	148	\$1,430,621		\$1,444,829	\$1,540,787		\$1,554,995	7.6%	\$1,540,787		\$1,554,995	7.6%
Kaiser- Hawaii												
471 Retiree Basic (Under 65)	5	\$946.64	\$8.00	\$954.64	\$954.84	\$8.00	\$962.84	0.9%	\$954.84	\$8.00	\$962.84	0.9%
472 Retiree Risk (Senior Advantage)	26	438.94	8.00	446.94	439.25	8.00	447.25	0.1%	439.25	8.00	447.25	0.1%
473 Retiree Over 65 without Medicare A&B	1	2,139.75	8.00	2,147.75	2,214.50	8.00	2,222.50	3.5%	2,214.50	8.00	2,222.50	3.5%
474 Retiree Basic (Two Party)	3	1,893.28	8.00	1,901.28	1,909.68	8.00	1,917.68	0.9%	1,909.68	8.00	1,917.68	0.9%
475 Retiree Basic Family (Under 65)	3	2,839.92	8.00	2,847.92	2,864.52	8.00	2,872.52	0.9%	2,864.52	8.00	2,872.52	0.9%
476 One Retiree Risk, One Basic	4	1,385.58	8.00	1,393.58	1,394.09	8.00	1,402.09	0.6%	1,394.09	8.00	1,402.09	0.6%
477 Over 65 without Medicare A&B, One Basic	-	3,086.39	8.00	3,094.39	3,169.34	8.00	3,177.34	2.7%	3,169.34	8.00	3,177.34	2.7%
478 Two Retiree Risk	14	877.88	8.00	885.88	878.50	8.00	886.50	0.1%	878.50	8.00	886.50	0.1%
479 One Risk, One Over 65 without Medicare A&B	1	2,578.69	8.00	2,586.69	2,653.75	8.00	2,661.75	2.9%	2,653.75	8.00	2,661.75	2.9%
Total	57	\$634,756		\$640,228	\$639,131		\$644,603	0.7%	\$639,131		\$644,603	0.7%

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026

	Count	Current 2024-2025 Rates	Admin Fee	Total Rate	Preliminary 2025-2026 Rates	Admin Fee	Total Rate	% Change	Final 2025-2026 Rates	Admin Fee	Total Rate	% Change
Kaiser-Oregon												
481 Retiree Basic (Under 65)	1	\$1,298.65	\$8.00	\$1,306.65	\$1,406.96	\$8.00	\$1,414.96	8.3%	\$1,406.96	\$8.00	\$1,414.96	8.3%
482 Retiree Risk (Senior Advantage)	84	540.45	8.00	548.45	557.20	8.00	565.20	3.1%	557.20	8.00	565.20	3.1%
483 Retiree Over 65 unassigned Medicare A&B	4	1,627.70	8.00	1,635.70	1,724.21	8.00	1,732.21	5.9%	1,724.21	8.00	1,732.21	5.9%
484 Retiree Basic (Two Party)	5	2,597.30	8.00	2,605.30	2,813.92	8.00	2,821.92	8.3%	2,813.92	8.00	2,821.92	8.3%
485 Retiree Basic Family (Under 65)	-	3,895.95	8.00	3,903.95	4,220.88	8.00	4,228.88	8.3%	4,220.88	8.00	4,228.88	8.3%
486 One Retiree Risk, One Basic	4	1,839.10	8.00	1,847.10	1,964.16	8.00	1,972.16	6.8%	1,964.16	8.00	1,972.16	6.8%
488 Two Retiree Risk	33	1,080.90	8.00	1,088.90	1,114.40	8.00	1,122.40	3.1%	1,114.40	8.00	1,122.40	3.1%
489 Retiree/Part A Only	-	1,299.93	8.00	1,307.93	1,365.66	8.00	1,373.66	5.0%	1,365.66	8.00	1,373.66	5.0%
490 Retiree/Part B Only	-	1,627.70	8.00	1,635.70	1,724.21	8.00	1,732.21	5.9%	1,724.21	8.00	1,732.21	5.9%
491 One Risk, One Medicare Part A Only	1	1,840.38	8.00	1,848.38	1,922.86	8.00	1,930.86	4.5%	1,922.86	8.00	1,930.86	4.5%
492 One Risk, One Over 65 No Medicare	1	2,168.15	8.00	2,176.15	2,281.41	8.00	2,289.41	5.2%	2,281.41	8.00	2,289.41	5.2%
493 One Risk, Two Basic	-	3,137.75	8.00	3,145.75	3,371.12	8.00	3,379.12	7.4%	3,371.12	8.00	3,379.12	7.4%
494 Two Risk, One Basic	-	2,379.55	8.00	2,387.55	2,521.36	8.00	2,529.36	5.9%	2,521.36	8.00	2,529.36	5.9%
495 Two Over 65 No Medicare	-	3,255.40	8.00	3,263.40	3,448.42	8.00	3,456.42	5.9%	3,448.42	8.00	3,456.42	5.9%
496 Two Medicare Part A Only	-	2,598.86	8.00	2,606.86	2,731.32	8.00	2,739.32	5.0%	2,731.32	8.00	2,739.32	5.0%
497 One Basic, One Medicare Part A Only	-	2,598.58	8.00	2,606.58	2,772.62	8.00	2,780.62	6.7%	2,772.62	8.00	2,780.62	6.7%
498 One Basic, One Over 65 no Medicare A&B	-	2,926.35	8.00	2,934.35	3,131.17	8.00	3,139.17	7.0%	3,131.17	8.00	3,139.17	7.0%
Total	133	\$1,358,741		\$1,371,509	\$1,416,172		\$1,428,940	4.2%	\$1,416,172		\$1,428,940	4.2%
Kaiser-Washington												
393 Retiree Basic	6	\$1,830.62	\$8.00	\$1,838.62	\$2,004.53	\$8.00	\$2,012.53	9.5%	\$2,004.53	\$8.00	\$2,012.53	9.5%
394 Retiree Risk (Senior Advantage)	25	432.25	8.00	440.25	409.91	8.00	417.91	-5.1%	409.91	8.00	417.91	-5.1%
395 Retiree Basic (Two Party)	2	3,418.49	8.00	3,426.49	3,743.26	8.00	3,751.26	9.5%	3,743.26	8.00	3,751.26	9.5%
396 Retiree Basic Family	-	5,724.15	8.00	5,732.15	6,267.96	8.00	6,275.96	9.5%	6,267.96	8.00	6,275.96	9.5%
397 One Risk, One Basic	3	2,020.12	8.00	2,028.12	2,148.64	8.00	2,156.64	6.3%	2,148.64	8.00	2,156.64	6.3%
398 Two Retiree Risk	9	864.50	8.00	872.50	819.82	8.00	827.82	-5.1%	819.82	8.00	827.82	-5.1%
399 One Risk, Two or More Dependents	-	4,325.78	8.00	4,333.78	4,673.34	8.00	4,681.34	8.0%	4,673.34	8.00	4,681.34	8.0%
400 Two Risk, Two or More Dependents	-	3,170.16	8.00	3,178.16	3,344.52	8.00	3,352.52	5.5%	3,344.52	8.00	3,352.52	5.5%
Total	45	\$509,614		\$513,934	\$523,029		\$527,349	2.6%	\$523,029		\$527,349	2.6%
SCAN Health Plan												
611 Retiree Only	280	\$259.00	\$8.00	\$267.00	\$280.40	\$8.00	\$288.40	8.0%	\$279.31	\$8.00	\$287.31	7.6%
613 Retiree & 1 Dependent (2 Medicare)	103	518.00	8.00	526.00	560.80	8.00	568.80	8.1%	558.62	8.00	566.62	7.7%
620 Arizona - Retiree Only*	8	259.00	8.00	267.00	280.40	8.00	288.40	8.0%	279.31	8.00	287.31	7.6%
621 Arizona - Retiree & 1 Dependent (2 Medicare)*	-	518.00	8.00	526.00	560.80	8.00	568.80	8.1%	558.62	8.00	566.62	7.7%
622 Nevada - Retiree Only	18	259.00	8.00	267.00	280.40	8.00	288.40	8.0%	279.31	8.00	287.31	7.6%
623 Nevada - Retiree & 1 Dependent (2 Medicare)	2	518.00	8.00	526.00	560.80	8.00	568.80	8.1%	558.62	8.00	566.62	7.7%
Total	411	\$1,603,728		\$1,643,184	\$2,002,065		\$2,046,993	24.6%	\$1,994,271		\$2,039,199	24.1%

*Cigna MAPD plan will not be renewed effective 7/1/2025. Impacted members are projected to migrate to Anthem Plan III or SCAN Health Plan AZ.

GROUP INSURANCE RATES EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2026

	Count	Current 2024-2025 Rates	Admin Fee	Total Rate	Preliminary 2025-2026 Rates	Admin Fee	Total Rate	% Change	Final 2025-2026 Rates	Admin Fee	Total Rate	% Change
UnitedHealthcare												
701 Retiree Only	2,171	\$340.45	\$8.00	\$348.45	\$390.45	\$8.00	\$398.45	14.3%	\$379.45	\$8.00	\$387.45	11.2%
702 Retiree & 1 Dependent (1 Medicare)	390	1,835.63	8.00	1,843.63	2,105.22	8.00	2,113.22	14.6%	2,068.15	8.00	2,076.15	12.6%
703 Retiree & 1 Dependent (2 Medicare)	1,406	680.90	8.00	688.90	780.90	8.00	788.90	14.5%	758.90	8.00	766.90	11.3%
704 Retiree & 2 + Deps. (1 Medicare)	100	2,093.19	8.00	2,101.19	2,400.61	8.00	2,408.61	14.6%	2,359.05	8.00	2,367.05	12.7%
705 Retiree & 2 + Deps. (2 Medicare)	53	938.46	8.00	946.46	1,076.29	8.00	1,084.29	14.6%	1,049.80	8.00	1,057.80	11.8%
706 Survivor (Child only)	1	421.15	8.00	429.15	483.00	8.00	491.00	14.4%	475.66	8.00	483.66	12.7%
707 UnitedHealthcare Single	563	1,495.18	8.00	1,503.18	1,714.77	8.00	1,722.77	14.6%	1,688.70	8.00	1,696.70	12.9%
708 UnitedHealthcare Two-Party	476	2,737.90	8.00	2,745.90	3,140.01	8.00	3,148.01	14.6%	3,092.27	8.00	3,100.27	12.9%
709 UnitedHealthcare Family	388	3,247.92	8.00	3,255.92	3,724.93	8.00	3,732.93	14.7%	3,668.30	8.00	3,676.30	12.9%
Total	5,548	\$72,924,675		\$73,457,283	\$83,634,824		\$84,167,432	14.6%	\$82,024,263		\$82,556,891	12.4%
Medicare Part B												
Total	39,344	\$217.54	\$0.00	\$217.54	\$230.37	\$0.00	\$230.37	5.9%	\$230.37	\$0.00	\$230.37	5.9%
Cigna Dental (Indemnity) / Vision												
501 Retiree Only	26,816	\$46.11	\$8.00	\$54.11	\$48.20	\$8.00	\$56.20	3.9%	\$48.20	\$8.00	\$56.20	3.9%
502 Retiree & Dependents	24,612	105.06	8.00	113.06	109.86	8.00	117.86	4.3%	109.86	8.00	117.86	4.3%
503 Survivor / Minor	10	58.63	8.00	66.63	61.30	8.00	69.30	4.0%	61.30	8.00	69.30	4.0%
Total	51,438	\$45,871,646		\$50,809,694	\$47,966,771		\$52,904,819	4.1%	\$47,966,771		\$52,904,819	4.1%
Cigna Dental (Prepaid) / Vision												
901 Retiree only	4,272	\$38.52	\$8.00	\$46.52	\$38.60	\$8.00	\$46.60	0.2%	\$38.60	\$8.00	\$46.60	0.2%
902 Retiree & Dependents	3,174	87.28	8.00	95.28	87.45	8.00	95.45	0.2%	87.45	8.00	95.45	0.2%
903 Survivor/ Minor	2	39.11	8.00	47.11	39.21	8.00	47.21	0.2%	39.21	8.00	47.21	0.2%
Total	7,448	\$5,299,949		\$6,014,957	\$5,310,418		\$6,025,426	0.2%	\$5,310,418		\$6,025,426	0.2%

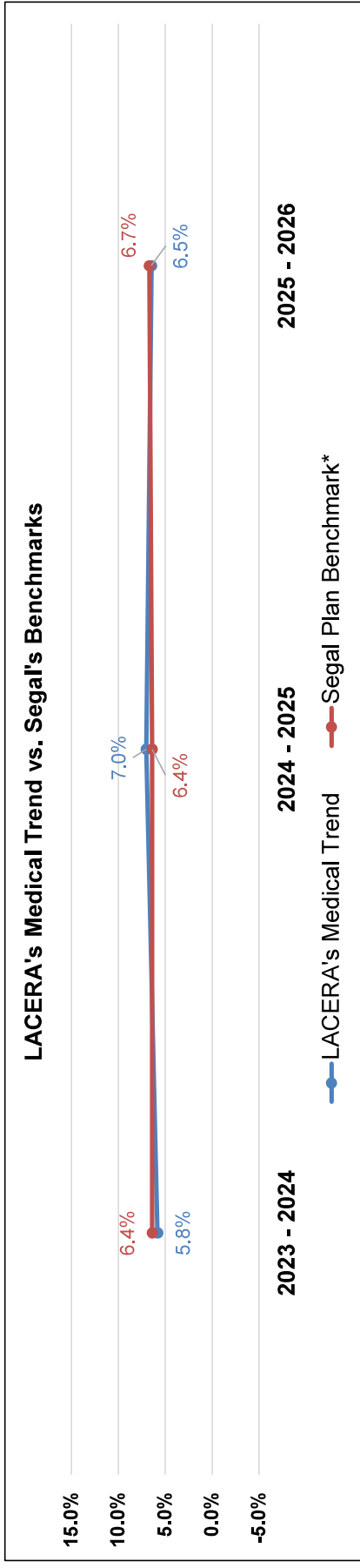
Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - MEDICAL (1)

Policy Period	2022-2023		2023-2024		2024-2025		2025-2026	
	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Anthem (2)	\$283,920,000	9.3%	\$310,316,000	9.3%	\$338,262,000	9.0%	\$362,878,000	7.3%
Cigna	8,490,000	2.3%	8,685,000	2.3%	8,545,000	-1.6%	8,595,000	0.6%
Kaiser	228,128,000	5.1%	239,740,000	5.1%	264,508,000	10.3%	275,372,000	4.1%
SCAN (2)	1,526,000	-4.6%	1,456,000	-4.6%	1,643,000	12.8%	2,039,000	24.1%
UnitedHealthcare	62,190,000	4.2%	64,797,000	4.2%	73,457,000	13.4%	82,557,000	12.4%
Medicare Part B	87,433,000	12.8%	98,646,000	12.8%	102,707,000	4.1%	108,764,000	5.9%
Total Premium	\$671,687,000	7.7%	\$723,640,000	7.7%	\$789,122,000	9.0%	\$840,205,000	6.5%
Total Retirees Insured	52,430	1.8%	53,377	1.8%	54,384	1.9%	54,384	0.0%
Premiums per Retiree per Month	\$1,067.59	5.8%	\$1,129.76	5.8%	\$1,209.18	7.0%	\$1,287.46	6.5%

(1) The 2022-2023 and 2023-2024 premiums are projected based on enrollment from LACERA's January 2023 and January 2024 Staff Activity reports, respectively. The 2024-2025 and 2025-2026 premiums are projected based on enrollment from LACERA's January 2025 Staff Activity report.

(2) Cigna MAPD plan will not be renewed effective 7/1/2025. Impacted members are projected to migrate to Anthem Plan III or SCAN Health Plan AZ.



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

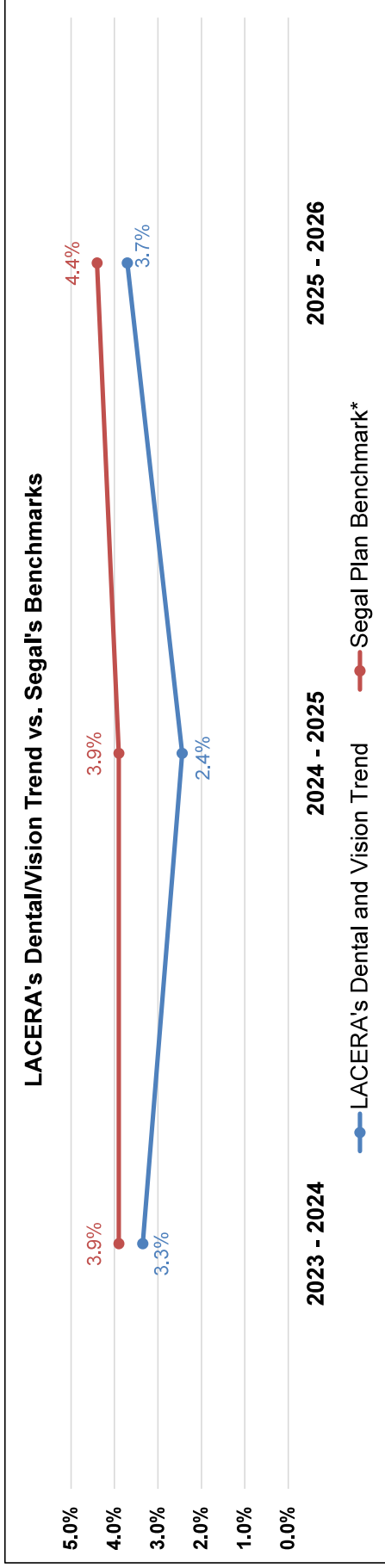
Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.
GRAPH MED - 1

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

HISTORICAL AGGREGATE PREMIUMS - DENTAL AND VISION ⁽¹⁾

Policy Period	2022-2023		2023-2024		2024-2025		2025-2026	
	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)	Aggregate Premium	Change (%)
Cigna Indemnity Dental / Vision	\$45,758,000	6.0%	\$48,501,000	6.0%	\$50,810,000	4.8%	\$52,905,000	4.1%
Cigna Prepaid Dental / Vision	5,631,000	2.7%	5,781,000	2.7%	6,015,000	4.0%	6,025,000	0.2%
Total Premium	\$51,389,000	5.6%	\$54,282,000	5.6%	\$56,825,000	4.7%	\$58,930,000	3.7%
Total Retirees Insured	56,378	2.2%	57,623	2.2%	58,886	2.2%	58,886	0.0%
Premiums per Retiree per Month	\$75.96	3.3%	\$78.50	3.3%	\$80.42	2.4%	\$83.40	3.7%

⁽¹⁾ The 2022-2023 and 2023-2024 premiums are projected based on enrollment from LACERA's January 2023 and January 2024 Staff Activity reports, respectively. The 2024-2025 and 2025-2026 premiums are projected based on enrollment from LACERA's January 2024 Staff Activity report.



*Benchmarks are based on Segal's Annual Trend Surveys, weight by LACERA's enrollment distribution in Indemnity (88%) and Prepaid (12%) Dental Plans.

Note: Renewal Premiums and Rate Changes **include** LACERA's Proposed Administrative Fee of \$8.00 per member, per plan, per month.
GRAPH DEN - 1

Renewal Analysis - Effective 7/1/2025
Los Angeles County Employees Retirement Association

RETIREE HEALTHCARE CONTRIBUTIONS

County Contributions and Benchmark

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

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

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

Plan(s) Exceeding Benchmark Monthly Premium

Coverage Tier	Benchmark Anthem BC Plan I & II	Cigna Network Model (HMO)	Amount over the Benchmark (Member Portion)
Retiree Only	\$1,584.80	\$2,027.27	\$442.47
Retiree & Spouse	2,857.90	3,661.10	803.20
Retiree & Family	3,371.30	4,323.07	951.77
Retiree & Children	2,097.12	2,690.19	593.07

Coverage Tier	Benchmark Anthem BC Plan I & II	UHC Pre-65 HMO Plan	Amount over the Benchmark (Member Portion)
Retiree Only	\$1,584.80	\$1,696.70	\$111.90
Retiree & Spouse	2,857.90	3,100.27	242.37
Retiree & Family	3,371.30	3,676.30	305.00

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

Renewal Analysis - Effective 7/1/2025 Los Angeles County Employees Retirement Association

RETIREE HEALTHCARE CONTRIBUTIONS

LACERA Retiree Healthcare Benefits Program - Tier 1

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

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

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

LACERA Retiree Healthcare Benefits Program - Tier 2

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

The following provisions also apply for Tier 2 County contributions:

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

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

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

MEDICARE HISTORY

LACERA and Medicare

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

In 1992, with the County Board of Supervisors approval, LACERA implemented the Medicare Part B Premium Reimbursement program. Continuance of the Medicare Part B Premium Reimbursement program, which is limited to the Medicare Part B base rate, is subject to annual Board of Supervisors' approval. The Part B Premium Reimbursement Program included the LACERA-administered Medicare Supplement Plan and Medicare Risk plans now referred to as Medicare Advantage Prescription Drug Plans (MAPD). In addition, LACERA added a Pre-65 HMO product through UnitedHealthcare (UHC). In 1997, the Balanced Budget Act was passed, which put pressure on Medicare HMOs. Several of the plans reduced their service areas; the largest impact to the LACERA-administered RHCBP was Cigna's exit from the Medicare HMO Market in California.

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

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

HEALTHCARE REFORM AND DEVELOPMENTS

HEALTHCARE REFORM

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

- The H.R. 1865 Further Consolidated Appropriations Act, 2020 became law on December 20, 2019. This law repeals the 40% ACA Excise tax completely and removes the Health Insurer Fee permanently beginning January 1, 2021.
- On November 20, 2020, the Department of Health and Human Services (HHS) released a final rule that will eliminate rebates in favor of point-of-sale discounts in the Medicare Part D and Medicaid managed care organization programs. For Part D programs, the final rule is applicable as of January 1, 2022, although the Biden administration could consider postponing the effective date. The final rule is also likely to face legal challenge by the pharmacy benefit management industry. If the final rule is implemented in its current form, plan sponsors that cover retirees will need to review and possibly revise certain contracts, as well as evaluate their benefit design, including drug copayments and coinsurance.
- On March 31, 2023, the U.S. Department of Health, and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), released finalized payment policies for the Medicare Advantage (MA) and Part D programs including updates to MA payment growth rates and changes to the MA and Part D payment methodologies (e.g., risk adjustment model, star ratings, etc.). These technical revisions will be implemented by CMS over a period of three years, with the goals of improving the quality and long-term stability of the Medicare program. The impact of these changes may contribute to accelerated MA premium rate increases during this transition period.

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Anthem Blue Cross I**

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,584.80	\$2,857.90	\$3,371.30	\$2,097.12
10-11*	\$950.88	\$1,714.74	\$2,022.78	\$1,258.27
11-12*	\$887.49	\$1,600.42	\$1,887.93	\$1,174.39
12-13*	\$824.10	\$1,486.11	\$1,753.08	\$1,090.50
13-14	\$760.70	\$1,371.79	\$1,618.22	\$1,006.62
14-15	\$697.31	\$1,257.48	\$1,483.37	\$922.73
15-16	\$633.92	\$1,143.16	\$1,348.52	\$838.85
16-17	\$570.53	\$1,028.84	\$1,213.67	\$754.96
17-18	\$507.14	\$914.53	\$1,078.82	\$671.08
18-19	\$443.74	\$800.21	\$943.96	\$587.19
19-20	\$380.35	\$685.90	\$809.11	\$503.31
20-21	\$316.96	\$571.58	\$674.26	\$419.42
21-22	\$253.57	\$457.26	\$539.41	\$335.54
22-23	\$190.18	\$342.95	\$404.56	\$251.65
23-24	\$126.78	\$228.63	\$269.70	\$167.77
24-25	\$63.39	\$114.32	\$134.85	\$83.88
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$792.40	\$1,428.95	\$1,685.65	\$1,048.56
COBRA	\$1,616.50	\$2,915.06	\$3,438.73	\$2,139.06

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,584.80	\$2,857.90	\$3,371.30	\$2,097.12
10-11*	\$950.88	\$1,714.74	\$2,022.78	\$1,258.27
11-12*	\$887.49	\$1,600.42	\$1,887.93	\$1,174.39
12-13*	\$824.10	\$1,486.11	\$1,753.08	\$1,090.50
13-14	\$760.70	\$1,371.79	\$1,618.22	\$1,006.62
14-15	\$697.31	\$1,257.48	\$1,483.37	\$922.73
15-16	\$633.92	\$1,143.16	\$1,348.52	\$838.85
16-17	\$570.53	\$1,028.84	\$1,213.67	\$754.96
17-18	\$507.14	\$914.53	\$1,078.82	\$671.08
18-19	\$443.74	\$800.21	\$943.96	\$587.19
19-20	\$380.35	\$685.90	\$809.11	\$503.31
20-21	\$316.96	\$571.58	\$674.26	\$419.42
21-22	\$253.57	\$457.26	\$539.41	\$335.54
22-23	\$190.18	\$342.95	\$404.56	\$251.65
23-24	\$126.78	\$228.63	\$269.70	\$167.77
24-25	\$63.39	\$114.32	\$134.85	\$83.88
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$792.40	\$1,428.95	\$1,685.65	\$1,048.56
COBRA	\$1,616.50	\$2,915.06	\$3,438.73	\$2,139.06

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree Only w/ Medicare 240	Retiree & Spouse - 1 w/ Medicare 241 ⁽¹⁾	Retiree & Spouse - 1 w/ Medicare 242 ⁽²⁾	Retiree & Spouse - Both w/ Medicare 243
Less than 10*	\$642.90	\$2,057.29	\$2,057.29	\$1,280.41
10-11*	\$385.74	\$1,234.37	\$1,234.37	\$768.25
11-12*	\$360.02	\$1,152.08	\$1,152.08	\$717.03
12-13*	\$334.31	\$1,069.79	\$1,069.79	\$665.81
13-14	\$308.59	\$987.50	\$987.50	\$614.60
14-15	\$282.88	\$905.21	\$905.21	\$563.38
15-16	\$257.16	\$822.92	\$822.92	\$512.16
16-17	\$231.44	\$740.62	\$740.62	\$460.95
17-18	\$205.73	\$658.33	\$658.33	\$409.73
18-19	\$180.01	\$576.04	\$576.04	\$358.51
19-20	\$154.30	\$493.75	\$493.75	\$307.30
20-21	\$128.58	\$411.46	\$411.46	\$256.08
21-22	\$102.86	\$329.17	\$329.17	\$204.87
22-23	\$77.15	\$246.87	\$246.87	\$153.65
23-24	\$51.43	\$164.58	\$164.58	\$102.43
24-25	\$25.72	\$82.29	\$82.29	\$51.22
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$321.45	\$1,028.64	\$1,028.64	\$640.20
COBRA	\$655.76	\$2,098.44	\$2,098.44	\$1,306.02

⁽¹⁾ Non-Medicare has Anthem Blue Cross I

⁽²⁾ Non-Medicare has Anthem Blue Cross II

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree & Children 244 ⁽³⁾	Retiree & Children 245 ⁽⁴⁾	Retiree, Spouse, & Children - 1 w/ Medicare 246 ⁽⁵⁾	Retiree, Spouse, & Children - 1 w/ Medicare 247 ⁽⁶⁾	Retiree, Spouse, & Children - 2 w/ Medicare 248 ⁽⁷⁾	Retiree, Spouse, & Children - 2 w/ Medicare 249 ⁽⁸⁾	Retiree, Spouse, & Children - each w/ Medicare 250 ⁽⁹⁾
Less than 10*	\$1,151.83	\$1,151.83	\$2,566.05	\$2,566.05	\$1,789.08	\$1,789.08	\$2,005.12
10-11*	\$691.10	\$691.10	\$1,539.63	\$1,539.63	\$1,073.45	\$1,073.45	\$1,203.07
11-12*	\$645.02	\$645.02	\$1,436.99	\$1,436.99	\$1,001.88	\$1,001.88	\$1,122.87
12-13*	\$598.95	\$598.95	\$1,334.35	\$1,334.35	\$930.32	\$930.32	\$1,042.66
13-14	\$552.88	\$552.88	\$1,231.70	\$1,231.70	\$858.76	\$858.76	\$962.46
14-15	\$506.81	\$506.81	\$1,129.06	\$1,129.06	\$787.20	\$787.20	\$882.25
15-16	\$460.73	\$460.73	\$1,026.42	\$1,026.42	\$715.63	\$715.63	\$802.05
16-17	\$414.66	\$414.66	\$923.78	\$923.78	\$644.07	\$644.07	\$721.84
17-18	\$368.59	\$368.59	\$821.14	\$821.14	\$572.51	\$572.51	\$641.64
18-19	\$322.51	\$322.51	\$718.49	\$718.49	\$500.94	\$500.94	\$561.43
19-20	\$276.44	\$276.44	\$615.85	\$615.85	\$429.38	\$429.38	\$481.23
20-21	\$230.37	\$230.37	\$513.21	\$513.21	\$357.82	\$357.82	\$401.02
21-22	\$184.29	\$184.29	\$410.57	\$410.57	\$286.25	\$286.25	\$320.82
22-23	\$138.22	\$138.22	\$307.93	\$307.93	\$214.69	\$214.69	\$240.61
23-24	\$92.15	\$92.15	\$205.28	\$205.28	\$143.13	\$143.13	\$160.41
24-25	\$46.07	\$46.07	\$102.64	\$102.64	\$71.56	\$71.56	\$80.20
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:							
	\$575.91	\$575.91	\$1,283.02	\$1,283.02	\$894.54	\$894.54	\$1,002.56
COBRA	\$1,174.87	\$1,174.87	\$2,617.37	\$2,617.37	\$1,824.86	\$1,824.86	\$2,045.22

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

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

⁽⁵⁾ Non-Medicare has Anthem Blue Cross I

⁽⁶⁾ Non-Medicare has Anthem Blue Cross II

⁽⁷⁾ Children have Anthem Blue Cross I

⁽⁸⁾ Children have Anthem Blue Cross II

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Anthem Blue Cross Prudent Buyer Plan**

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$1,220.38	\$2,402.44	\$2,711.47	\$1,568.92
10-11*	\$732.23	\$1,441.46	\$1,626.88	\$941.35
11-12*	\$683.41	\$1,345.37	\$1,518.42	\$878.60
12-13*	\$634.60	\$1,249.27	\$1,409.96	\$815.84
13-14	\$585.78	\$1,153.17	\$1,301.51	\$753.08
14-15	\$536.97	\$1,057.07	\$1,193.05	\$690.32
15-16	\$488.15	\$960.98	\$1,084.59	\$627.57
16-17	\$439.34	\$864.88	\$976.13	\$564.81
17-18	\$390.52	\$768.78	\$867.67	\$502.05
18-19	\$341.71	\$672.68	\$759.21	\$439.30
19-20	\$292.89	\$576.59	\$650.75	\$376.54
20-21	\$244.08	\$480.49	\$542.29	\$313.78
21-22	\$195.26	\$384.39	\$433.84	\$251.03
22-23	\$146.45	\$288.29	\$325.38	\$188.27
23-24	\$97.63	\$192.20	\$216.92	\$125.51
24-25	\$48.82	\$96.10	\$108.46	\$62.76
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$610.19	\$1,201.22	\$1,355.73	\$784.46
COBRA	\$1,244.79	\$2,450.49	\$2,765.70	\$1,600.30

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Cigna Network Model Plan**

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$2,027.27	\$3,661.10	\$4,323.07	\$2,690.19
10-11*	\$1,393.35	\$2,517.94	\$2,974.55	\$1,851.34
11-12*	\$1,329.96	\$2,403.62	\$2,839.70	\$1,767.46
12-13*	\$1,266.57	\$2,289.31	\$2,704.85	\$1,683.57
13-14	\$1,203.17	\$2,174.99	\$2,569.99	\$1,599.69
14-15	\$1,139.78	\$2,060.68	\$2,435.14	\$1,515.80
15-16	\$1,076.39	\$1,946.36	\$2,300.29	\$1,431.92
16-17	\$1,013.00	\$1,832.04	\$2,165.44	\$1,348.03
17-18	\$949.61	\$1,717.73	\$2,030.59	\$1,264.15
18-19	\$886.21	\$1,603.41	\$1,895.73	\$1,180.26
19-20	\$822.82	\$1,489.10	\$1,760.88	\$1,096.38
20-21	\$759.43	\$1,374.78	\$1,626.03	\$1,012.49
21-22	\$696.04	\$1,260.46	\$1,491.18	\$928.61
22-23	\$632.65	\$1,146.15	\$1,356.33	\$844.72
23-24	\$569.25	\$1,031.83	\$1,221.47	\$760.84
24-25	\$505.86	\$917.52	\$1,086.62	\$676.95
25 or more	\$442.47	\$803.20	\$951.77	\$593.07
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$1,234.87	\$2,232.15	\$2,637.42	\$1,641.63
COBRA	\$2,067.82	\$3,734.32	\$4,409.53	\$2,743.99

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree Only 401	Retiree Only 403	Retiree Only 404	Retiree Only 405
Less than 10*	\$1,410.77	\$291.66	\$1,367.03	\$1,414.33
10-11*	\$846.46	\$175.00	\$820.22	\$848.60
11-12*	\$790.03	\$163.33	\$765.54	\$792.02
12-13*	\$733.60	\$151.66	\$710.86	\$735.45
13-14	\$677.17	\$140.00	\$656.17	\$678.88
14-15	\$620.74	\$128.33	\$601.49	\$622.31
15-16	\$564.31	\$116.66	\$546.81	\$565.73
16-17	\$507.88	\$105.00	\$492.13	\$509.16
17-18	\$451.45	\$93.33	\$437.45	\$452.59
18-19	\$395.02	\$81.66	\$382.77	\$396.01
19-20	\$338.58	\$70.00	\$328.09	\$339.44
20-21	\$282.15	\$58.33	\$273.41	\$282.87
21-22	\$225.72	\$46.67	\$218.72	\$226.29
22-23	\$169.29	\$35.00	\$164.04	\$169.72
23-24	\$112.86	\$23.33	\$109.36	\$113.15
24-25	\$56.43	\$11.67	\$54.68	\$56.57
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
COBRA	\$705.38	\$145.83	\$683.51	\$707.16
	\$1,438.99	\$297.49	\$1,394.37	\$1,442.62

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 411	Retiree & Family 413	Retiree & Family 414
Less than 10*	\$2,813.54	\$1,694.43	\$2,769.80
10-11*	\$1,688.12	\$1,016.66	\$1,661.88
11-12*	\$1,575.58	\$948.88	\$1,551.09
12-13*	\$1,463.04	\$881.10	\$1,440.30
13-14	\$1,350.50	\$813.33	\$1,329.50
14-15	\$1,237.96	\$745.55	\$1,218.71
15-16	\$1,125.42	\$677.77	\$1,107.92
16-17	\$1,012.87	\$609.99	\$997.13
17-18	\$900.33	\$542.22	\$886.34
18-19	\$787.79	\$474.44	\$775.54
19-20	\$675.25	\$406.66	\$664.75
20-21	\$562.71	\$338.89	\$553.96
21-22	\$450.17	\$271.11	\$443.17
22-23	\$337.62	\$203.33	\$332.38
23-24	\$225.08	\$135.55	\$221.58
24-25	\$112.54	\$67.78	\$110.79
25 or more	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$1,406.77	\$847.21	\$1,384.90
COBRA	\$2,869.81	\$1,728.32	\$2,825.20

Deduct Codes:

411 - All family members are "Basic"

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

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

Definitions:

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

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

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

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree & Family 418	Retiree & Family 419	Retiree & Family 420	Retiree & Family 422
Less than 10*	\$575.32	\$1,650.69	\$2,726.06	\$2,817.10
10-11*	\$345.19	\$990.41	\$1,635.64	\$1,690.26
11-12*	\$322.18	\$924.39	\$1,526.59	\$1,577.58
12-13*	\$299.17	\$858.36	\$1,417.55	\$1,464.89
13-14	\$276.15	\$792.33	\$1,308.51	\$1,352.21
14-15	\$253.14	\$726.30	\$1,199.47	\$1,239.52
15-16	\$230.13	\$660.28	\$1,090.42	\$1,126.84
16-17	\$207.12	\$594.25	\$981.38	\$1,014.16
17-18	\$184.10	\$528.22	\$872.34	\$901.47
18-19	\$161.09	\$462.19	\$763.30	\$788.79
19-20	\$138.08	\$396.17	\$654.25	\$676.10
20-21	\$115.06	\$330.14	\$545.21	\$563.42
21-22	\$92.05	\$264.11	\$436.17	\$450.74
22-23	\$69.04	\$198.08	\$327.13	\$338.05
23-24	\$46.03	\$132.06	\$218.08	\$225.37
24-25	\$23.01	\$66.03	\$109.04	\$112.68
25 or more	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$287.66	\$825.34	\$1,363.03	\$1,408.55
COBRA	\$586.83	\$1,683.70	\$2,780.58	\$2,873.44

Deduct Codes:

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree & Family 426	Retiree & Family 428	Retiree & Family 430
Less than 10*	\$1,697.99	\$2,773.36	\$2,820.66
10-11*	\$1,018.79	\$1,664.02	\$1,692.40
11-12*	\$950.87	\$1,553.08	\$1,579.57
12-13*	\$882.95	\$1,442.15	\$1,466.74
13-14	\$815.04	\$1,331.21	\$1,353.92
14-15	\$747.12	\$1,220.28	\$1,241.09
15-16	\$679.20	\$1,109.34	\$1,128.26
16-17	\$611.28	\$998.41	\$1,015.44
17-18	\$543.36	\$887.48	\$902.61
18-19	\$475.44	\$776.54	\$789.78
19-20	\$407.52	\$665.61	\$676.96
20-21	\$339.60	\$554.67	\$564.13
21-22	\$271.68	\$443.74	\$451.31
22-23	\$203.76	\$332.80	\$338.48
23-24	\$135.84	\$221.87	\$225.65
24-25	\$67.92	\$110.93	\$112.83
25 or more	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$848.99	\$1,386.68	\$1,410.33
COBRA	\$1,731.95	\$2,828.83	\$2,877.07

Deduct Codes:

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

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

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Colorado**

Years of Service	Retiree Only 450	Retiree Only 451	*Retiree & Family 453	Retiree & Family 454	*Retiree & Family 455
Less than 10*	\$1,421.80	\$297.90	\$3,146.79	\$4,249.55	\$1,711.70
10-11*	\$853.08	\$178.74	\$2,003.63	\$2,901.03	\$1,027.02
11-12*	\$796.21	\$166.82	\$1,889.31	\$2,766.18	\$958.55
12-13*	\$739.34	\$154.91	\$1,775.00	\$2,631.33	\$890.08
13-14	\$682.46	\$142.99	\$1,660.68	\$2,496.47	\$821.62
14-15	\$625.59	\$131.08	\$1,546.37	\$2,361.62	\$753.15
15-16	\$568.72	\$119.16	\$1,432.05	\$2,226.77	\$684.68
16-17	\$511.85	\$107.24	\$1,317.73	\$2,091.92	\$616.21
17-18	\$454.98	\$95.33	\$1,203.42	\$1,957.07	\$547.74
18-19	\$398.10	\$83.41	\$1,089.10	\$1,822.21	\$479.28
19-20	\$341.23	\$71.50	\$974.79	\$1,687.36	\$410.81
20-21	\$284.36	\$59.58	\$860.47	\$1,552.51	\$342.34
21-22	\$227.49	\$47.66	\$746.15	\$1,417.66	\$273.87
22-23	\$170.62	\$35.75	\$631.84	\$1,282.81	\$205.40
23-24	\$113.74	\$23.83	\$517.52	\$1,147.95	\$136.94
24-25	\$56.87	\$11.92	\$403.21	\$1,013.10	\$68.47
25 or more	\$0.00	\$0.00	\$288.89	\$878.25	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$710.90	\$148.95	\$1,717.84	\$2,563.90	\$855.85
COBRA	\$1,450.24	\$303.86	\$3,209.73	\$4,334.54	\$1,745.93

Deduct Codes:

- 450 - "Basic" under age 65
 - 451 - "Senior Advantage"
 - 453 - Two family members are "Basic"
 - 454 - Three or more family members are "Basic"
 - 455 - One family member is "Senior Advantage"; one is "Basic"
- *Deduct codes 453 & 455 represent 2-party contract

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Colorado**

Years of Service	*Retiree & Family 457	Retiree & Family 458	Retiree & Family 459
Less than 10*	\$587.80	\$3,043.28	\$2,001.60
10-11*	\$352.68	\$1,825.97	\$1,200.96
11-12*	\$329.17	\$1,704.24	\$1,120.90
12-13*	\$305.66	\$1,582.51	\$1,040.83
13-14	\$282.14	\$1,460.77	\$960.77
14-15	\$258.63	\$1,339.04	\$880.70
15-16	\$235.12	\$1,217.31	\$800.64
16-17	\$211.61	\$1,095.58	\$720.58
17-18	\$188.10	\$973.85	\$640.51
18-19	\$164.58	\$852.12	\$560.45
19-20	\$141.07	\$730.39	\$480.38
20-21	\$117.56	\$608.66	\$400.32
21-22	\$94.05	\$486.92	\$320.26
22-23	\$70.54	\$365.19	\$240.19
23-24	\$47.02	\$243.46	\$160.13
24-25	\$23.51	\$121.73	\$80.06
25 or more	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$293.90	\$1,521.64	\$1,000.80
COBRA	\$599.56	\$3,104.15	\$2,041.63

Deduct Codes:

- 457 - Two family members are "Senior Advantage"
 - 458 - One family member is "Senior Advantage"; two or more are "Basic"
 - 459 - Two family members are "Senior Advantage"; one or more are "Basic"
- *Deduct code 457 represent 2-party contract

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Georgia**

Years of Service	Retiree Only 440	Retiree Only 441	Retiree Only 442	Retiree Only 443	*Retiree & Family 444	*Retiree & Family 445	*Retiree & Family 446
Less than 10*	\$1,780.87	\$1,780.87	\$1,780.87	\$413.87	\$2,186.74	\$2,186.74	\$2,186.74
10-11*	\$1,146.95	\$1,146.95	\$1,146.95	\$248.32	\$1,312.04	\$1,312.04	\$1,312.04
11-12*	\$1,083.56	\$1,083.56	\$1,083.56	\$231.77	\$1,224.57	\$1,224.57	\$1,224.57
12-13*	\$1,020.17	\$1,020.17	\$1,020.17	\$215.21	\$1,137.10	\$1,137.10	\$1,137.10
13-14	\$956.77	\$956.77	\$956.77	\$198.66	\$1,049.64	\$1,049.64	\$1,049.64
14-15	\$893.38	\$893.38	\$893.38	\$182.10	\$962.17	\$962.17	\$962.17
15-16	\$829.99	\$829.99	\$829.99	\$165.55	\$874.70	\$874.70	\$874.70
16-17	\$766.60	\$766.60	\$766.60	\$148.99	\$787.23	\$787.23	\$787.23
17-18	\$703.21	\$703.21	\$703.21	\$132.44	\$699.76	\$699.76	\$699.76
18-19	\$639.81	\$639.81	\$639.81	\$115.88	\$612.29	\$612.29	\$612.29
19-20	\$576.42	\$576.42	\$576.42	\$99.33	\$524.82	\$524.82	\$524.82
20-21	\$513.03	\$513.03	\$513.03	\$82.77	\$437.35	\$437.35	\$437.35
21-22	\$449.64	\$449.64	\$449.64	\$66.22	\$349.88	\$349.88	\$349.88
22-23	\$386.25	\$386.25	\$386.25	\$49.66	\$262.41	\$262.41	\$262.41
23-24	\$322.85	\$322.85	\$322.85	\$33.11	\$174.94	\$174.94	\$174.94
24-25	\$259.46	\$259.46	\$259.46	\$16.55	\$87.47	\$87.47	\$87.47
25 or more	\$196.07	\$196.07	\$196.07	\$0.00	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:							
	\$988.47	\$988.47	\$988.47	\$206.93	\$1,093.37	\$1,093.37	\$1,093.37
COBRA	\$1,816.49	\$1,816.49	\$1,816.49	\$422.15	\$2,230.47	\$2,230.47	\$2,230.47

Deduct Codes:

- 440 - "Basic" over age 65 with Medicare Part B only
 - 441 - "Basic" over age 65 with Medicare Part A only
 - 442 - "Basic" over age 65 without Medicare Parts A or B
 - 443 - "Basic" over age 65 - Medicare-eligible who is classified as having renal failure
 - 444 - One family member in "Senior Advantage"; one is "Basic" over age 65 with Medicare Part B only
 - 445 - One family member in "Senior Advantage"; one is "Basic" over age 65 with Medicare Part A only
 - 446 - One family member in "Senior Advantage"; one is "Basic" over age 65 without Medicare Parts A & B
- *Deduct codes 444, 445, & 446 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Georgia

Years of Service	Retiree Only 461	Retiree Only 462	*Retiree & Family 463	Retiree & Family 464	*Retiree & Family 465
Less than 10*	\$1,780.87	\$413.87	\$3,553.74	\$5,326.61	\$2,186.74
10-11*	\$1,146.95	\$248.32	\$2,410.58	\$3,978.09	\$1,312.04
11-12*	\$1,083.56	\$231.77	\$2,296.26	\$3,843.24	\$1,224.57
12-13*	\$1,020.17	\$215.21	\$2,181.95	\$3,708.39	\$1,137.10
13-14	\$956.77	\$198.66	\$2,067.63	\$3,573.53	\$1,049.64
14-15	\$893.38	\$182.10	\$1,953.32	\$3,438.68	\$962.17
15-16	\$829.99	\$165.55	\$1,839.00	\$3,303.83	\$874.70
16-17	\$766.60	\$148.99	\$1,724.68	\$3,168.98	\$787.23
17-18	\$703.21	\$132.44	\$1,610.37	\$3,034.13	\$699.76
18-19	\$639.81	\$115.88	\$1,496.05	\$2,899.27	\$612.29
19-20	\$576.42	\$99.33	\$1,381.74	\$2,764.42	\$524.82
20-21	\$513.03	\$82.77	\$1,267.42	\$2,629.57	\$437.35
21-22	\$449.64	\$66.22	\$1,153.10	\$2,494.72	\$349.88
22-23	\$386.25	\$49.66	\$1,038.79	\$2,359.87	\$262.41
23-24	\$322.85	\$33.11	\$924.47	\$2,225.01	\$174.94
24-25	\$259.46	\$16.55	\$810.16	\$2,090.16	\$87.47
25 or more	\$196.07	\$0.00	\$695.84	\$1,955.31	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$988.47	\$206.93	\$2,124.79	\$3,640.96	\$1,093.37
COBRA	\$1,816.49	\$422.15	\$3,624.81	\$5,433.14	\$2,230.47

Deduct Codes:

- 461 - "Basic" under age 65
 - 462 - "Senior Advantage"
 - 463 - Two family members are "Basic"
 - 464 - Three or more family members are "Basic"
 - 465 - One family member is "Senior Advantage"; one is "Basic"
- *Deduct codes 463 & 465 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Georgia

Years of Service	*Retiree & Family 466	Retiree & Family 467	Retiree & Family 468	Retiree & Family 469	Retiree & Family 470
Less than 10*	\$819.74	\$3,959.61	\$2,592.61	\$1,225.61	\$3,959.61
10-11*	\$491.84	\$2,611.09	\$1,555.57	\$735.37	\$2,611.09
11-12*	\$459.05	\$2,476.24	\$1,451.86	\$686.34	\$2,476.24
12-13*	\$426.26	\$2,341.39	\$1,348.16	\$637.32	\$2,341.39
13-14	\$393.48	\$2,206.53	\$1,244.45	\$588.29	\$2,206.53
14-15	\$360.69	\$2,071.68	\$1,140.75	\$539.27	\$2,071.68
15-16	\$327.90	\$1,936.83	\$1,037.04	\$490.24	\$1,936.83
16-17	\$295.11	\$1,801.98	\$933.34	\$441.22	\$1,801.98
17-18	\$262.32	\$1,667.13	\$829.64	\$392.20	\$1,667.13
18-19	\$229.53	\$1,532.27	\$725.93	\$343.17	\$1,532.27
19-20	\$196.74	\$1,397.42	\$622.23	\$294.15	\$1,397.42
20-21	\$163.95	\$1,262.57	\$518.52	\$245.12	\$1,262.57
21-22	\$131.16	\$1,127.72	\$414.82	\$196.10	\$1,127.72
22-23	\$98.37	\$992.87	\$311.11	\$147.07	\$992.87
23-24	\$65.58	\$858.01	\$207.41	\$98.05	\$858.01
24-25	\$32.79	\$723.16	\$103.70	\$49.02	\$723.16
25 or more	\$0.00	\$588.31	\$0.00	\$0.00	\$588.31
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$409.87	\$2,273.96	\$1,296.30	\$612.80	\$2,273.96
COBRA	\$836.13	\$4,038.80	\$2,644.46	\$1,250.12	\$4,038.80

Deduct Codes:

- 466 - Two family members are "Senior Advantage"
 - 467 - One family member is "Senior Advantage"; two are "Basic"
 - 468 - Two family members are "Senior Advantage"; one is "Basic"
 - 469 - Three or more family members are "Senior Advantage"; one is "Basic"
 - 470 - Three or more family members are "Basic"; one is "Senior Advantage"
- *Deduct code 466 represents 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Hawaii

Years of Service	Retiree Only 471	Retiree Only 472	Retiree Only 473	*Retiree & Family 474	Retiree & Family 475
Less than 10*	\$962.84	\$447.25	\$2,222.50	\$1,917.68	\$2,872.52
10-11*	\$577.70	\$268.35	\$1,588.58	\$1,150.61	\$1,723.51
11-12*	\$539.19	\$250.46	\$1,525.19	\$1,073.90	\$1,608.61
12-13*	\$500.68	\$232.57	\$1,461.80	\$997.19	\$1,493.71
13-14	\$462.16	\$214.68	\$1,398.40	\$920.49	\$1,378.81
14-15	\$423.65	\$196.79	\$1,335.01	\$843.78	\$1,263.91
15-16	\$385.14	\$178.90	\$1,271.62	\$767.07	\$1,149.01
16-17	\$346.62	\$161.01	\$1,208.23	\$690.36	\$1,034.11
17-18	\$308.11	\$143.12	\$1,144.84	\$613.66	\$919.21
18-19	\$269.60	\$125.23	\$1,081.44	\$536.95	\$804.31
19-20	\$231.08	\$107.34	\$1,018.05	\$460.24	\$689.40
20-21	\$192.57	\$89.45	\$954.66	\$383.54	\$574.50
21-22	\$154.05	\$71.56	\$891.27	\$306.83	\$459.60
22-23	\$115.54	\$53.67	\$827.88	\$230.12	\$344.70
23-24	\$77.03	\$35.78	\$764.48	\$153.41	\$229.80
24-25	\$38.51	\$17.89	\$701.09	\$76.71	\$114.90
25 or more	\$0.00	\$0.00	\$637.70	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$481.42	\$223.62	\$1,430.10	\$958.84	\$1,436.26
COBRA	\$982.10	\$456.20	\$2,266.95	\$1,956.03	\$2,929.97

Deduct Codes:

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Hawaii**

Years of Service	*Retiree & Family 476	*Retiree & Family 477	*Retiree & Family 478	*Retiree & Family 479
Less than 10*	\$1,402.09	\$3,177.34	\$886.50	\$2,661.75
10-11*	\$841.25	\$2,034.18	\$531.90	\$1,597.05
11-12*	\$785.17	\$1,919.86	\$496.44	\$1,490.58
12-13*	\$729.09	\$1,805.55	\$460.98	\$1,384.11
13-14	\$673.00	\$1,691.23	\$425.52	\$1,277.64
14-15	\$616.92	\$1,576.92	\$390.06	\$1,171.17
15-16	\$560.84	\$1,462.60	\$354.60	\$1,064.70
16-17	\$504.75	\$1,348.28	\$319.14	\$958.23
17-18	\$448.67	\$1,233.97	\$283.68	\$851.76
18-19	\$392.59	\$1,119.65	\$248.22	\$745.29
19-20	\$336.50	\$1,005.34	\$212.76	\$638.82
20-21	\$280.42	\$891.02	\$177.30	\$532.35
21-22	\$224.33	\$776.70	\$141.84	\$425.88
22-23	\$168.25	\$662.39	\$106.38	\$319.41
23-24	\$112.17	\$548.07	\$70.92	\$212.94
24-25	\$56.08	\$433.76	\$35.46	\$106.47
25 or more	\$0.00	\$319.44	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$701.04	\$1,748.39	\$443.25	\$1,330.87
COBRA	\$1,430.13	\$3,240.89	\$904.23	\$2,714.99

Deduct Codes:

- 476 - One family member is "Senior Advantage"; one is "Basic"
 - 477 - One family member is "Basic" under age 65; one is over age 65 without Medicare Parts A or B
 - 478 - Two family members are "Senior Advantage"
 - 479 - One family member is "Senior Advantage"; one is over age 65 without Medicare Parts A or B
- *Deduct codes 476, 477, 478, & 479 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	Retiree Only 483	*Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,414.96	\$565.20	\$1,732.21	\$2,821.92	\$4,228.88
10-11*	\$848.98	\$339.12	\$1,098.29	\$1,693.15	\$2,880.36
11-12*	\$792.38	\$316.51	\$1,034.90	\$1,580.28	\$2,745.51
12-13*	\$735.78	\$293.90	\$971.51	\$1,467.40	\$2,610.66
13-14	\$679.18	\$271.30	\$908.11	\$1,354.52	\$2,475.80
14-15	\$622.58	\$248.69	\$844.72	\$1,241.64	\$2,340.95
15-16	\$565.98	\$226.08	\$781.33	\$1,128.77	\$2,206.10
16-17	\$509.39	\$203.47	\$717.94	\$1,015.89	\$2,071.25
17-18	\$452.79	\$180.86	\$654.55	\$903.01	\$1,936.40
18-19	\$396.19	\$158.26	\$591.15	\$790.14	\$1,801.54
19-20	\$339.59	\$135.65	\$527.76	\$677.26	\$1,666.69
20-21	\$282.99	\$113.04	\$464.37	\$564.38	\$1,531.84
21-22	\$226.39	\$90.43	\$400.98	\$451.51	\$1,396.99
22-23	\$169.80	\$67.82	\$337.59	\$338.63	\$1,262.14
23-24	\$113.20	\$45.22	\$274.19	\$225.75	\$1,127.28
24-25	\$56.60	\$22.61	\$210.80	\$112.88	\$992.43
25 or more	\$0.00	\$0.00	\$147.41	\$0.00	\$857.58
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$707.48	\$282.60	\$939.81	\$1,410.96	\$2,543.23
COBRA	\$1,443.26	\$576.50	\$1,766.85	\$2,878.36	\$4,313.46

Deduct Codes:

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 486	*Retiree & Family 488	Retiree Only 489	Retiree Only 490
Less than 10*	\$1,972.16	\$1,122.40	\$1,373.66	\$1,732.21
10-11*	\$1,183.30	\$673.44	\$824.20	\$1,098.29
11-12*	\$1,104.41	\$628.54	\$769.25	\$1,034.90
12-13*	\$1,025.52	\$583.65	\$714.30	\$971.51
13-14	\$946.64	\$538.75	\$659.36	\$908.11
14-15	\$867.75	\$493.86	\$604.41	\$844.72
15-16	\$788.86	\$448.96	\$549.46	\$781.33
16-17	\$709.98	\$404.06	\$494.52	\$717.94
17-18	\$631.09	\$359.17	\$439.57	\$654.55
18-19	\$552.20	\$314.27	\$384.62	\$591.15
19-20	\$473.32	\$269.38	\$329.68	\$527.76
20-21	\$394.43	\$224.48	\$274.73	\$464.37
21-22	\$315.55	\$179.58	\$219.79	\$400.98
22-23	\$236.66	\$134.69	\$164.84	\$337.59
23-24	\$157.77	\$89.79	\$109.89	\$274.19
24-25	\$78.89	\$44.90	\$54.95	\$210.80
25 or more	\$0.00	\$0.00	\$0.00	\$147.41
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
COBRA	\$986.08	\$561.20	\$686.83	\$939.81
	\$2,011.60	\$1,144.85	\$1,401.13	\$1,766.85

Deduct Codes:

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

488 - Two family members are "Senior Advantage"

489 - Over age 65 with Medicare Part A only

490 - Over age 65 with Medicare Part B only

*Deduct codes 486 & 488 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Oregon

Years of Service	*Retiree & Family 491	*Retiree & Family 492	Retiree & Family 493	Retiree & Family 494	*Retiree & Family 495
Less than 10*	\$1,930.86	\$2,289.41	\$3,379.12	\$2,529.36	\$3,456.42
10-11*	\$1,158.52	\$1,373.65	\$2,030.60	\$1,517.62	\$2,313.26
11-12*	\$1,081.28	\$1,282.07	\$1,895.75	\$1,416.44	\$2,198.94
12-13*	\$1,004.05	\$1,190.49	\$1,760.90	\$1,315.27	\$2,084.63
13-14	\$926.81	\$1,098.92	\$1,626.04	\$1,214.09	\$1,970.31
14-15	\$849.58	\$1,007.34	\$1,491.19	\$1,112.92	\$1,856.00
15-16	\$772.34	\$915.76	\$1,356.34	\$1,011.74	\$1,741.68
16-17	\$695.11	\$824.19	\$1,221.49	\$910.57	\$1,627.36
17-18	\$617.88	\$732.61	\$1,086.64	\$809.40	\$1,513.05
18-19	\$540.64	\$641.03	\$951.78	\$708.22	\$1,398.73
19-20	\$463.41	\$549.46	\$816.93	\$607.05	\$1,284.42
20-21	\$386.17	\$457.88	\$682.08	\$505.87	\$1,170.10
21-22	\$308.94	\$366.31	\$547.23	\$404.70	\$1,055.78
22-23	\$231.70	\$274.73	\$412.38	\$303.52	\$941.47
23-24	\$154.47	\$183.15	\$277.52	\$202.35	\$827.15
24-25	\$77.23	\$91.58	\$142.67	\$101.17	\$712.84
25 or more	\$0.00	\$0.00	\$7.82	\$0.00	\$598.52
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$965.43	\$1,144.70	\$1,693.47	\$1,264.68	\$2,027.47
COBRA	\$1,969.48	\$2,335.20	\$3,446.70	\$2,579.95	\$3,525.55

Deduct Codes:

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Oregon**

Years of Service	*Retiree & Family 496	*Retiree & Family 497	*Retiree & Family 498
Less than 10*	\$2,739.32	\$2,780.62	\$3,139.17
10-11*	\$1,643.59	\$1,668.37	\$1,996.01
11-12*	\$1,534.02	\$1,557.15	\$1,881.69
12-13*	\$1,424.45	\$1,445.92	\$1,767.38
13-14	\$1,314.87	\$1,334.70	\$1,653.06
14-15	\$1,205.30	\$1,223.47	\$1,538.75
15-16	\$1,095.73	\$1,112.25	\$1,424.43
16-17	\$986.16	\$1,001.02	\$1,310.11
17-18	\$876.58	\$889.80	\$1,195.80
18-19	\$767.01	\$778.57	\$1,081.48
19-20	\$657.44	\$667.35	\$967.17
20-21	\$547.86	\$556.12	\$852.85
21-22	\$438.29	\$444.90	\$738.53
22-23	\$328.72	\$333.67	\$624.22
23-24	\$219.15	\$222.45	\$509.90
24-25	\$109.57	\$111.22	\$395.59
25 or more	\$0.00	\$0.00	\$281.27
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$1,369.66	\$1,390.31	\$1,710.22
COBRA	\$2,794.11	\$2,836.23	\$3,201.95

Deduct Codes:

496 - Two family members are over age 65 with Medicare Part A only

497 - One family member is "Basic"; one is over age 65 with Medicare Part A only

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

*Deduct codes 496, 497, & 498 represent 2-party contract

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Washington**

Years of Service	Retiree Only 393	Retiree Only 394	*Retiree & Family 395	Retiree & Family 396	*Retiree & Family 397
Less than 10*	\$2,012.53	\$417.91	\$3,751.26	\$6,275.96	\$2,156.64
10-11*	\$1,378.61	\$250.75	\$2,608.10	\$4,927.44	\$1,293.98
11-12*	\$1,315.22	\$234.03	\$2,493.78	\$4,792.59	\$1,207.72
12-13*	\$1,251.83	\$217.31	\$2,379.47	\$4,657.74	\$1,121.45
13-14	\$1,188.43	\$200.60	\$2,265.15	\$4,522.88	\$1,035.19
14-15	\$1,125.04	\$183.88	\$2,150.84	\$4,388.03	\$948.92
15-16	\$1,061.65	\$167.16	\$2,036.52	\$4,253.18	\$862.66
16-17	\$998.26	\$150.45	\$1,922.20	\$4,118.33	\$776.39
17-18	\$934.87	\$133.73	\$1,807.89	\$3,983.48	\$690.12
18-19	\$871.47	\$117.01	\$1,693.57	\$3,848.62	\$603.86
19-20	\$808.08	\$100.30	\$1,579.26	\$3,713.77	\$517.59
20-21	\$744.69	\$83.58	\$1,464.94	\$3,578.92	\$431.33
21-22	\$681.30	\$66.87	\$1,350.62	\$3,444.07	\$345.06
22-23	\$617.91	\$50.15	\$1,236.31	\$3,309.22	\$258.80
23-24	\$554.51	\$33.43	\$1,121.99	\$3,174.36	\$172.53
24-25	\$491.12	\$16.72	\$1,007.68	\$3,039.51	\$86.27
25 or more	\$427.73	\$0.00	\$893.36	\$2,904.66	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$1,220.13	\$208.95	\$2,322.31	\$4,590.31	\$1,078.32
COBRA	\$2,052.78	\$426.27	\$3,826.29	\$6,401.48	\$2,199.77

Deduct Codes:

- 393 - "Basic" under age 65
 - 394 - "Senior Advantage"
 - 395 - Two family members are "Basic"
 - 396 - Three or more family members are "Basic"
 - 397 - One family member is "Senior Advantage"; one is "Basic"
- *Deduct codes 395 & 397 represent 2-party contract

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Kaiser Permanente Washington**

Years of Service	*Retiree & Family 398	Retiree & Family 399	Retiree & Family 400
Less than 10*	\$827.82	\$4,681.34	\$3,352.52
10-11*	\$496.69	\$3,332.82	\$2,011.51
11-12*	\$463.58	\$3,197.97	\$1,877.41
12-13*	\$430.47	\$3,063.12	\$1,743.31
13-14	\$397.35	\$2,928.26	\$1,609.21
14-15	\$364.24	\$2,793.41	\$1,475.11
15-16	\$331.13	\$2,658.56	\$1,341.01
16-17	\$298.02	\$2,523.71	\$1,206.91
17-18	\$264.90	\$2,388.86	\$1,072.81
18-19	\$231.79	\$2,254.00	\$938.71
19-20	\$198.68	\$2,119.15	\$804.60
20-21	\$165.56	\$1,984.30	\$670.50
21-22	\$132.45	\$1,849.45	\$536.40
22-23	\$99.34	\$1,714.60	\$402.30
23-24	\$66.23	\$1,579.74	\$268.20
24-25	\$33.11	\$1,444.89	\$134.10
25 or more	\$0.00	\$1,310.04	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$413.91	\$2,995.69	\$1,676.26
COBRA	\$844.38	\$4,774.97	\$3,419.57

Deduct Codes:

398 - Two family members are "Senior Advantage"

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

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

*Deduct code 398 represent 2-party contract

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - SCAN Health Plan California

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$287.31	\$566.62
10-11*	\$172.39	\$339.97
11-12*	\$160.89	\$317.31
12-13*	\$149.40	\$294.64
13-14	\$137.91	\$271.98
14-15	\$126.42	\$249.31
15-16	\$114.92	\$226.66
16-17	\$103.43	\$203.98
17-18	\$91.94	\$181.32
18-19	\$80.45	\$158.65
19-20	\$68.95	\$135.99
20-21	\$57.46	\$113.32
21-22	\$45.97	\$90.66
22-23	\$34.48	\$67.99
23-24	\$22.98	\$45.33
24-25	\$11.49	\$22.66
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$143.65	\$283.31
COBRA	\$293.06	\$577.95

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - SCAN Health Plan Arizona

Years of Service	Retiree Only with SCAN 620	Retiree & 1 Dependent - Both with SCAN 621 ⁽¹⁾
Less than 10*	\$287.31	\$566.62
10-11*	\$172.39	\$339.97
11-12*	\$160.89	\$317.31
12-13*	\$149.40	\$294.64
13-14	\$137.91	\$271.98
14-15	\$126.42	\$249.31
15-16	\$114.92	\$226.66
16-17	\$103.43	\$203.98
17-18	\$91.94	\$181.32
18-19	\$80.45	\$158.65
19-20	\$68.95	\$135.99
20-21	\$57.46	\$113.32
21-22	\$45.97	\$90.66
22-23	\$34.48	\$67.99
23-24	\$22.98	\$45.33
24-25	\$11.49	\$22.66
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$143.65	\$283.31
COBRA	\$293.06	\$577.95

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - SCAN Health Plan Nevada

Years of Service	Retiree Only with SCAN 622	Retiree & 1 Dependent - Both with SCAN 623 ⁽¹⁾
Less than 10*	\$287.31	\$566.62
10-11*	\$172.39	\$339.97
11-12*	\$160.89	\$317.31
12-13*	\$149.40	\$294.64
13-14	\$137.91	\$271.98
14-15	\$126.42	\$249.31
15-16	\$114.92	\$226.66
16-17	\$103.43	\$203.98
17-18	\$91.94	\$181.32
18-19	\$80.45	\$158.65
19-20	\$68.95	\$135.99
20-21	\$57.46	\$113.32
21-22	\$45.97	\$90.66
22-23	\$34.48	\$67.99
23-24	\$22.98	\$45.33
24-25	\$11.49	\$22.66
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$143.65	\$283.31
COBRA	\$293.06	\$577.95

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025**

Tier 1 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701	Retiree & 1 Dependent - 1 with UnitedHealthcare Group Medicare Advantage HMO 702 ⁽¹⁾	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 ⁽¹⁾	Retiree & 2 or More Dependents - 1 with UnitedHealthcare Group Medicare Advantage HMO 704 ⁽²⁾	Retiree & 2 or More Dependents - 2 with UnitedHealthcare Group Medicare Advantage HMO 705 ⁽²⁾
Less than 10*	\$387.45	\$2,076.15	\$766.90	\$2,367.05	\$1,057.80
10-11*	\$232.47	\$1,245.69	\$460.14	\$1,420.23	\$634.68
11-12*	\$216.97	\$1,162.64	\$429.46	\$1,325.55	\$592.37
12-13*	\$201.47	\$1,079.60	\$398.79	\$1,230.87	\$550.06
13-14	\$185.98	\$996.55	\$368.11	\$1,136.18	\$507.74
14-15	\$170.48	\$913.51	\$337.44	\$1,041.50	\$465.43
15-16	\$154.98	\$830.46	\$306.76	\$946.82	\$423.12
16-17	\$139.48	\$747.41	\$276.08	\$852.14	\$380.81
17-18	\$123.98	\$664.37	\$245.41	\$757.46	\$338.50
18-19	\$108.49	\$581.32	\$214.73	\$662.77	\$296.18
19-20	\$92.99	\$498.28	\$184.06	\$568.09	\$253.87
20-21	\$77.49	\$415.23	\$153.38	\$473.41	\$211.56
21-22	\$61.99	\$332.18	\$122.70	\$378.73	\$169.25
22-23	\$46.49	\$249.14	\$92.03	\$284.05	\$126.94
23-24	\$31.00	\$166.09	\$61.35	\$189.36	\$84.62
24-25	\$15.50	\$83.05	\$30.68	\$94.68	\$42.31
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$193.72	\$1,038.07	\$383.45	\$1,183.52	\$528.90
COBRA	\$395.20	\$2,117.67	\$782.24	\$2,414.39	\$1,078.96

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

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - UnitedHealthcare**

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,696.70	\$3,100.27	\$3,676.30
10-11*	\$1,062.78	\$1,957.11	\$2,327.78
11-12*	\$999.39	\$1,842.79	\$2,192.93
12-13*	\$936.00	\$1,728.48	\$2,058.08
13-14	\$872.60	\$1,614.16	\$1,923.22
14-15	\$809.21	\$1,499.85	\$1,788.37
15-16	\$745.82	\$1,385.53	\$1,653.52
16-17	\$682.43	\$1,271.21	\$1,518.67
17-18	\$619.04	\$1,156.90	\$1,383.82
18-19	\$555.64	\$1,042.58	\$1,248.96
19-20	\$492.25	\$928.27	\$1,114.11
20-21	\$428.86	\$813.95	\$979.26
21-22	\$365.47	\$699.63	\$844.41
22-23	\$302.08	\$585.32	\$709.56
23-24	\$238.68	\$471.00	\$574.70
24-25	\$175.29	\$356.69	\$439.85
25 or more	\$111.90	\$242.37	\$305.00
<i>*if you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$904.30	\$1,671.32	\$1,990.65
COBRA	\$1,730.63	\$3,162.28	\$3,749.83

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Cigna Indemnity Dental/Vision

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$56.20	\$117.86
10-11*	\$33.72	\$70.72
11-12*	\$31.47	\$66.00
12-13*	\$29.22	\$61.29
13-14	\$26.98	\$56.57
14-15	\$24.73	\$51.86
15-16	\$22.48	\$47.14
16-17	\$20.23	\$42.43
17-18	\$17.98	\$37.72
18-19	\$15.74	\$33.00
19-20	\$13.49	\$28.29
20-21	\$11.24	\$23.57
21-22	\$8.99	\$18.86
22-23	\$6.74	\$14.14
23-24	\$4.50	\$9.43
24-25	\$2.25	\$4.71
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
COBRA	\$28.10	\$58.93
Benchmark Rate	\$57.32	\$120.22
	\$56.20	\$117.86

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.60	\$95.45
10-11*	\$27.96	\$57.27
11-12*	\$26.10	\$53.45
12-13*	\$24.23	\$49.63
13-14	\$22.37	\$45.82
14-15	\$20.50	\$42.00
15-16	\$18.64	\$38.18
16-17	\$16.78	\$34.36
17-18	\$14.91	\$30.54
18-19	\$13.05	\$26.73
19-20	\$11.18	\$22.91
20-21	\$9.32	\$19.09
21-22	\$7.46	\$15.27
22-23	\$5.59	\$11.45
23-24	\$3.73	\$7.64
24-25	\$1.86	\$3.82
25 or more	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.30	\$47.72
COBRA	\$47.53	\$97.36

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Non-Medicare Surviving Spouse**

Years of Service	Blue Cross Plan I & II	Kaiser	Blue Cross Prudent Buyer	Cigna	UHC HMO	Cigna Indemnity Dental/Vision	Cigna Prepaid Dental/Vision
Less than 10*	\$1,584.80	\$1,410.77	\$1,220.38	\$2,027.27	\$1,696.70	\$56.20	\$46.60
10-11*	\$950.88	\$846.46	\$732.23	\$1,393.35	\$1,062.78	\$33.72	\$27.96
11-12*	\$887.49	\$790.03	\$683.41	\$1,329.96	\$999.39	\$31.47	\$26.10
12-13*	\$824.10	\$733.60	\$634.60	\$1,266.57	\$936.00	\$29.22	\$24.23
13-14	\$760.70	\$677.17	\$585.78	\$1,203.17	\$872.60	\$26.98	\$22.37
14-15	\$697.31	\$620.74	\$536.97	\$1,139.78	\$809.21	\$24.73	\$20.50
15-16	\$633.92	\$564.31	\$488.15	\$1,076.39	\$745.82	\$22.48	\$18.64
16-17	\$570.53	\$507.88	\$439.34	\$1,013.00	\$682.43	\$20.23	\$16.78
17-18	\$507.14	\$451.45	\$390.52	\$949.61	\$619.04	\$17.98	\$14.91
18-19	\$443.74	\$395.02	\$341.71	\$886.21	\$555.64	\$15.74	\$13.05
19-20	\$380.35	\$338.58	\$292.89	\$822.82	\$492.25	\$13.49	\$11.18
20-21	\$316.96	\$282.15	\$244.08	\$759.43	\$428.86	\$11.24	\$9.32
21-22	\$253.57	\$225.72	\$195.26	\$696.04	\$365.47	\$8.99	\$7.46
22-23	\$190.18	\$169.29	\$146.45	\$632.65	\$302.08	\$6.74	\$5.59
23-24	\$126.78	\$112.86	\$97.63	\$569.25	\$238.68	\$4.50	\$3.73
24-25	\$63.39	\$56.43	\$48.82	\$505.86	\$175.29	\$2.25	\$1.86
25 or more	\$0.00	\$0.00	\$0.00	\$442.47	\$111.90	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:							
	\$792.40	\$705.38	\$610.19	\$1,234.87	\$904.30	\$28.10	\$23.30
COBRA	\$1,616.50	\$1,438.99	\$1,244.79	\$2,067.82	\$1,730.63	\$57.32	\$47.53

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - Children Only Rates

Years of Service	Anthem Plan I & II 215 or 225	Kaiser One Child 421	Kaiser 2 or More 411	Prudent Buyer 205	Cigna 305	UHC HMO 706	Cigna Indemnity Dental/Vision 503	Cigna Prepaid Dental/Vision 903
Less than 10*	\$534.96	\$1,410.77	\$2,813.54	\$331.92	\$670.42	\$483.66	\$69.30	\$47.21
10-11*	\$320.98	\$846.46	\$1,688.12	\$199.15	\$402.25	\$290.20	\$41.58	\$28.33
11-12*	\$299.58	\$790.03	\$1,575.58	\$185.88	\$375.44	\$270.85	\$38.81	\$26.44
12-13*	\$278.18	\$733.60	\$1,463.04	\$172.60	\$348.62	\$251.50	\$36.04	\$24.55
13-14	\$256.78	\$677.17	\$1,350.50	\$159.32	\$321.80	\$232.16	\$33.26	\$22.66
14-15	\$235.38	\$620.74	\$1,237.96	\$146.04	\$294.98	\$212.81	\$30.49	\$20.77
15-16	\$213.98	\$564.31	\$1,125.42	\$132.77	\$268.17	\$193.46	\$27.72	\$18.88
16-17	\$192.59	\$507.88	\$1,012.87	\$119.49	\$241.35	\$174.12	\$24.95	\$17.00
17-18	\$171.19	\$451.45	\$900.33	\$106.21	\$214.53	\$154.77	\$22.18	\$15.11
18-19	\$149.79	\$395.02	\$787.79	\$92.94	\$187.72	\$135.42	\$19.40	\$13.22
19-20	\$128.39	\$338.58	\$675.25	\$79.66	\$160.90	\$116.08	\$16.63	\$11.33
20-21	\$106.99	\$282.15	\$562.71	\$66.38	\$134.08	\$96.73	\$13.86	\$9.44
21-22	\$85.59	\$225.72	\$450.17	\$53.11	\$107.27	\$77.39	\$11.09	\$7.55
22-23	\$64.20	\$169.29	\$337.62	\$39.83	\$80.45	\$58.04	\$8.32	\$5.67
23-24	\$42.80	\$112.86	\$225.08	\$26.55	\$53.63	\$38.69	\$5.54	\$3.78
24-25	\$21.40	\$56.43	\$112.54	\$13.28	\$26.82	\$19.35	\$2.77	\$1.89
25 or more	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$267.48	\$705.38	\$1,406.77	\$165.96	\$335.21	\$241.83	\$34.65	\$23.60
COBRA	\$545.66	\$1,438.99	\$2,869.81	\$338.56	\$683.83	\$493.33	\$70.69	\$48.15
Benchmark Rate	\$1,584.80	\$1,584.80	\$3,371.30	\$1,584.80	\$1,584.80	\$1,584.80	\$69.30	\$56.20

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - COBRA Rates

Blue Cross and CIGNA COBRA Rates	Retiree Only	Retiree & Spouse	Retiree, Spouse & Children	Retiree & Children	Spouse Only	Under 26 Child or Children Only	Spouse & Children	Over 26 Child
Plan I & II	\$1,616.50	\$2,915.06	\$3,438.73	\$2,139.06	\$1,616.50	\$545.66	\$2,139.06	\$1,616.50
Blue Cross Prudent Buyer	\$1,244.79	\$2,450.49	\$2,765.70	\$1,600.30	\$1,244.79	\$338.56	\$1,600.30	\$1,244.79
Cigna	\$2,067.82	\$3,734.32	\$4,409.53	\$2,743.99	\$2,067.82	\$683.83	\$2,743.99	\$2,067.82
Cigna Indemnity Dental/Vision	\$57.32	\$120.22	\$120.22	\$120.22	\$57.32	\$70.69	\$120.22	\$57.32
Cigna Prepaid Dental/Vision	\$47.53	\$97.36	\$97.36	\$97.36	\$47.53	\$48.15	\$97.36	\$47.53

UHC Without Medicare COBRA Rates	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709	Spouse Only 707	Spouse & 1 Dependent 708	Spouse & 2 or More Dependents 709	Under 26 Child or Children Only 706	Over 26 Child 707
	\$1,730.63	\$3,162.28	\$3,749.83	\$1,730.63	\$3,162.28	\$3,749.83	\$493.33	\$1,730.63

Plan III* COBRA Rates	Retiree Only w/ Medicare 240	Spouse Only w/ Medicare 240	Retiree & Spouse - One w/ Medicare 241/242	Retiree & Spouse - Both w/ Medicare 243	Retiree w/ Medicare & Children 244/245	Spouse w/ Medicare & Children 244/245	Retiree, Spouse & Children - One w/ Medicare 246/247	Retiree, Spouse & Children - Two w/ Medicare 248/249
	\$655.76	\$655.76	\$2,098.44	\$1,306.02	\$1,174.87	\$1,174.87	\$2,617.37	\$1,824.86

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - COBRA Rates - UHC MAPD Risk**

UHC MAPD Risk COBRA Rates									
	Retiree Only w/ Medicare 701	Retiree & 1 Dependent - One w/ Medicare 702	Retiree & 1 Dependent - Both w/ Medicare 703	Retiree & 2 Or More Dependents - One w/ Medicare 704	Retiree & 2 Or More Dependents - Two w/ Medicare 705	Under 26 Child or Children Only 706	Over 26 Child 707		
	\$395.20	\$2,117.67	\$782.24	\$2,414.39	\$1,078.96	\$493.33	\$1,730.63		

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - COBRA Rates - SCAN Health Plan**

SCAN COBRA Rates	Retiree Only w/ Medicare Risk 611	Retiree & 1 Dependent - Both w/ Medicare Risk 613	Retiree Only w/ Medicare Risk 620	Retiree & 1 Dependent - Both w/ Medicare Risk 621	Retiree Only w/ Medicare Risk 622	Retiree & 1 Dependent - Both w/ Medicare Risk 623
	\$293.06	\$577.95	\$293.06	\$577.95	\$293.06	\$577.95

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 1 - COBRA Rates - Kaiser**

Kaiser - COBRA Rates	
Single "Basic"	\$1,438.99
Single "Senior Advantage"	\$297.49
Single "Excess"	\$1,394.37
All family members are "Basic"	\$2,869.81
One family member is "Senior Advantage"; others are "Basic"	\$1,728.32
One family member is "Excess"; others are "Basic"	\$2,825.20
Two or more family members are "Senior Advantage"	\$586.83
One family member is "Excess"; another is "Senior Advantage"	\$1,683.70
Two family members are "Excess"	\$2,780.58
Child under 26	\$1,438.99
Children under 26	\$2,869.81

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Anthem Blue Cross I**

Years of Service	Retiree Only 211	Retiree & Spouse 212	Retiree, Spouse, & Children 213	Retiree & Children 214
Less than 10*	\$1,584.80	\$2,857.90	\$3,371.30	\$2,097.12
10-11*	\$950.88	\$2,223.98	\$2,737.38	\$1,463.20
11-12*	\$887.49	\$2,160.59	\$2,673.99	\$1,399.81
12-13*	\$824.10	\$2,097.20	\$2,610.60	\$1,336.42
13-14	\$760.70	\$2,033.80	\$2,547.20	\$1,273.02
14-15	\$697.31	\$1,970.41	\$2,483.81	\$1,209.63
15-16	\$633.92	\$1,907.02	\$2,420.42	\$1,146.24
16-17	\$570.53	\$1,843.63	\$2,357.03	\$1,082.85
17-18	\$507.14	\$1,780.24	\$2,293.64	\$1,019.46
18-19	\$443.74	\$1,716.84	\$2,230.24	\$956.06
19-20	\$380.35	\$1,653.45	\$2,166.85	\$892.67
20-21	\$316.96	\$1,590.06	\$2,103.46	\$829.28
21-22	\$253.57	\$1,526.67	\$2,040.07	\$765.89
22-23	\$190.18	\$1,463.28	\$1,976.68	\$702.50
23-24	\$126.78	\$1,399.88	\$1,913.28	\$639.10
24-25	\$63.39	\$1,336.49	\$1,849.89	\$575.71
25 or more	\$0.00	\$1,273.10	\$1,786.50	\$512.32
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$792.40	\$2,065.50	\$2,578.90	\$1,304.72
COBRA	\$1,616.50	\$2,915.06	\$3,438.73	\$2,139.06

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Anthem Blue Cross II**

Years of Service	Retiree Only 221	Retiree & Spouse 222	Retiree, Spouse, & Children 223	Retiree & Children 224
Less than 10*	\$1,584.80	\$2,857.90	\$3,371.30	\$2,097.12
10-11*	\$950.88	\$2,223.98	\$2,737.38	\$1,463.20
11-12*	\$887.49	\$2,160.59	\$2,673.99	\$1,399.81
12-13*	\$824.10	\$2,097.20	\$2,610.60	\$1,336.42
13-14	\$760.70	\$2,033.80	\$2,547.20	\$1,273.02
14-15	\$697.31	\$1,970.41	\$2,483.81	\$1,209.63
15-16	\$633.92	\$1,907.02	\$2,420.42	\$1,146.24
16-17	\$570.53	\$1,843.63	\$2,357.03	\$1,082.85
17-18	\$507.14	\$1,780.24	\$2,293.64	\$1,019.46
18-19	\$443.74	\$1,716.84	\$2,230.24	\$956.06
19-20	\$380.35	\$1,653.45	\$2,166.85	\$892.67
20-21	\$316.96	\$1,590.06	\$2,103.46	\$829.28
21-22	\$253.57	\$1,526.67	\$2,040.07	\$765.89
22-23	\$190.18	\$1,463.28	\$1,976.68	\$702.50
23-24	\$126.78	\$1,399.88	\$1,913.28	\$639.10
24-25	\$63.39	\$1,336.49	\$1,849.89	\$575.71
25 or more	\$0.00	\$1,273.10	\$1,786.50	\$512.32
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$792.40	\$2,065.50	\$2,578.90	\$1,304.72
COBRA	\$1,616.50	\$2,915.06	\$3,438.73	\$2,139.06

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree Only 240	Retiree & Spouse - Retiree w/ Medicare (Plan III Benchmark) 241 ⁽¹⁾/242	Retiree & Spouse - Dependent w/ Medicare (Plan I, II Benchmark) 241/242 ⁽²⁾	Retiree & Spouse - Both w/ Medicare (Plan III Benchmark) 243
Less than 10*	\$642.90	\$2,057.29	\$2,057.29	\$1,280.41
10-11*	\$385.74	\$1,800.13	\$1,423.37	\$1,023.25
11-12*	\$360.02	\$1,774.41	\$1,359.98	\$997.53
12-13*	\$334.31	\$1,748.70	\$1,296.59	\$971.82
13-14	\$308.59	\$1,722.98	\$1,233.19	\$946.10
14-15	\$282.88	\$1,697.27	\$1,169.80	\$920.39
15-16	\$257.16	\$1,671.55	\$1,106.41	\$894.67
16-17	\$231.44	\$1,645.83	\$1,043.02	\$868.95
17-18	\$205.73	\$1,620.12	\$979.63	\$843.24
18-19	\$180.01	\$1,594.40	\$916.23	\$817.52
19-20	\$154.30	\$1,568.69	\$852.84	\$791.81
20-21	\$128.58	\$1,542.97	\$789.45	\$766.09
21-22	\$102.86	\$1,517.25	\$726.06	\$740.37
22-23	\$77.15	\$1,491.54	\$662.67	\$714.66
23-24	\$51.43	\$1,465.82	\$599.27	\$688.94
24-25	\$25.72	\$1,440.11	\$535.88	\$663.23
25 or more	\$0.00	\$1,414.39	\$472.49	\$637.51
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$321.45	\$1,735.84	\$1,264.89	\$958.96
COBRA	\$655.76	\$2,098.44	\$2,098.44	\$1,306.02

⁽¹⁾ Non-Medicare has Anthem Blue Cross I

⁽²⁾ Non-Medicare has Anthem Blue Cross II

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Anthem Blue Cross III (Medicare Supplement Plan)**

Years of Service	Retiree with Medicare and Children 244 ⁽³⁾ /245 ⁽⁴⁾	Retiree & Children - Dependent w/ Medicare (Plan I & II Benchmark) 244 ⁽³⁾ /245 ⁽⁴⁾	Retiree, Spouse, & Children - Retiree w/ Medicare (Plan III Benchmark) 246 ⁽³⁾ /247 ⁽⁴⁾	Retiree, Spouse, & Children - 1 Dependent w/ Medicare (Plan I, II Benchmark) 246 ⁽³⁾ /247 ⁽⁴⁾	Retiree, Spouse, & Children - Retiree + 1 w/ Medicare (Plan III Benchmark) 248 ⁽³⁾ /249 ⁽⁴⁾	Retiree, Spouse, & Dependent + 1 w/ Medicare (Plan I, II Benchmark) 248 ⁽³⁾ /249 ⁽⁴⁾	Retiree, Spouse, & Children - each w/ Medicare (Plan III Benchmark) 250 ⁽⁵⁾
Less than 10*	\$1,151.83	\$1,151.83	\$2,566.05	\$2,566.05	\$1,789.08	\$1,789.08	\$2,005.12
10-11*	\$894.67	\$691.10	\$2,308.89	\$1,932.13	\$1,531.92	\$1,155.16	\$1,747.96
11-12*	\$868.95	\$645.02	\$2,283.17	\$1,868.74	\$1,506.20	\$1,091.77	\$1,722.24
12-13*	\$843.24	\$598.95	\$2,257.46	\$1,805.35	\$1,480.49	\$1,028.38	\$1,696.53
13-14	\$817.52	\$552.88	\$2,231.74	\$1,741.95	\$1,454.77	\$964.98	\$1,670.81
14-15	\$791.81	\$506.81	\$2,206.03	\$1,678.56	\$1,429.06	\$901.59	\$1,645.10
15-16	\$766.09	\$460.73	\$2,180.31	\$1,615.17	\$1,403.34	\$838.20	\$1,619.38
16-17	\$740.37	\$414.66	\$2,154.59	\$1,551.78	\$1,377.62	\$774.81	\$1,593.66
17-18	\$714.66	\$368.59	\$2,128.88	\$1,488.39	\$1,351.91	\$711.42	\$1,567.95
18-19	\$688.94	\$322.51	\$2,103.16	\$1,424.99	\$1,326.19	\$648.02	\$1,542.23
19-20	\$663.23	\$276.44	\$2,077.45	\$1,361.60	\$1,300.48	\$584.63	\$1,516.52
20-21	\$637.51	\$230.37	\$2,051.73	\$1,298.21	\$1,274.76	\$521.24	\$1,490.80
21-22	\$611.79	\$184.29	\$2,026.01	\$1,234.82	\$1,249.04	\$457.85	\$1,465.08
22-23	\$586.08	\$138.22	\$2,000.30	\$1,171.43	\$1,223.33	\$394.46	\$1,439.37
23-24	\$560.36	\$92.15	\$1,974.58	\$1,108.03	\$1,197.61	\$331.06	\$1,413.65
24-25	\$534.65	\$46.07	\$1,948.87	\$1,044.64	\$1,171.90	\$267.67	\$1,387.94
25 or more	\$508.93	\$0.00	\$1,923.15	\$981.25	\$1,146.18	\$204.28	\$1,362.22
*if you are on a service connected disability retirement with less than 13 years of service, you pay:							
	\$830.38	\$575.91	\$2,244.60	\$1,773.65	\$1,467.63	\$996.68	\$1,683.67
COBRA	\$1,174.87	\$1,174.87	\$2,617.37	\$2,617.37	\$1,824.86	\$1,824.86	\$2,045.22

⁽³⁾ Non-Medicare has Anthem Blue Cross I

⁽⁴⁾ Non-Medicare has Anthem Blue Cross II

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Anthem Blue Cross Prudent Buyer Plan**

Years of Service	Retiree Only 201	Retiree & Spouse 202	Retiree, Spouse, & Children 203	Retiree & Children 204
Less than 10*	\$1,220.38	\$2,402.44	\$2,711.47	\$1,568.92
10-11*	\$732.23	\$1,768.52	\$2,077.55	\$941.35
11-12*	\$683.41	\$1,705.13	\$2,014.16	\$878.60
12-13*	\$634.60	\$1,641.74	\$1,950.77	\$815.84
13-14	\$585.78	\$1,578.34	\$1,887.37	\$753.08
14-15	\$536.97	\$1,514.95	\$1,823.98	\$690.32
15-16	\$488.15	\$1,451.56	\$1,760.59	\$627.57
16-17	\$439.34	\$1,388.17	\$1,697.20	\$564.81
17-18	\$390.52	\$1,324.78	\$1,633.81	\$502.05
18-19	\$341.71	\$1,261.38	\$1,570.41	\$439.30
19-20	\$292.89	\$1,197.99	\$1,507.02	\$376.54
20-21	\$244.08	\$1,134.60	\$1,443.63	\$313.78
21-22	\$195.26	\$1,071.21	\$1,380.24	\$251.03
22-23	\$146.45	\$1,007.82	\$1,316.85	\$188.27
23-24	\$97.63	\$944.42	\$1,253.45	\$125.51
24-25	\$48.82	\$881.03	\$1,190.06	\$62.76
25 or more	\$0.00	\$817.64	\$1,126.67	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$610.19	\$1,610.04	\$1,919.07	\$784.46
COBRA	\$1,244.79	\$2,450.49	\$2,765.70	\$1,600.30

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Cigna Network Model Plan**

Years of Service	Retiree Only 301	Retiree & Spouse 302	Retiree, Spouse, & Children 303	Retiree & Children 304
Less than 10*	\$2,027.27	\$3,661.10	\$4,323.07	\$2,690.19
10-11*	\$1,393.35	\$3,027.18	\$3,689.15	\$2,056.27
11-12*	\$1,329.96	\$2,963.79	\$3,625.76	\$1,992.88
12-13*	\$1,266.57	\$2,900.40	\$3,562.37	\$1,929.49
13-14	\$1,203.17	\$2,837.00	\$3,498.97	\$1,866.09
14-15	\$1,139.78	\$2,773.61	\$3,435.58	\$1,802.70
15-16	\$1,076.39	\$2,710.22	\$3,372.19	\$1,739.31
16-17	\$1,013.00	\$2,646.83	\$3,308.80	\$1,675.92
17-18	\$949.61	\$2,583.44	\$3,245.41	\$1,612.53
18-19	\$886.21	\$2,520.04	\$3,182.01	\$1,549.13
19-20	\$822.82	\$2,456.65	\$3,118.62	\$1,485.74
20-21	\$759.43	\$2,393.26	\$3,055.23	\$1,422.35
21-22	\$696.04	\$2,329.87	\$2,991.84	\$1,358.96
22-23	\$632.65	\$2,266.48	\$2,928.45	\$1,295.57
23-24	\$569.25	\$2,203.08	\$2,865.05	\$1,232.17
24-25	\$505.86	\$2,139.69	\$2,801.66	\$1,168.78
25 or more	\$442.47	\$2,076.30	\$2,738.27	\$1,105.39
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$1,234.87	\$2,868.70	\$3,530.67	\$1,897.79
COBRA	\$2,067.82	\$3,734.32	\$4,409.53	\$2,743.99

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)**

Years of Service	Retiree Basic (Under 65) 401	Retiree with Medicare 403
Less than 10*	\$1,410.77	\$291.66
10-11*	\$846.46	\$175.00
11-12*	\$790.03	\$163.33
12-13*	\$733.60	\$151.66
13-14	\$677.17	\$140.00
14-15	\$620.74	\$128.33
15-16	\$564.31	\$116.66
16-17	\$507.88	\$105.00
17-18	\$451.45	\$93.33
18-19	\$395.02	\$81.66
19-20	\$338.58	\$70.00
20-21	\$282.15	\$58.33
21-22	\$225.72	\$46.67
22-23	\$169.29	\$35.00
23-24	\$112.86	\$23.33
24-25	\$56.43	\$11.67
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$705.38	\$145.83
COBRA	\$1,438.99	\$297.49

Deduct Codes:

401 - "Basic"

403 - "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente / Kaiser Senior Advantage (California Residents)

Years of Service	Retiree with Family (Basic) 411	Retiree with Medicare 413	Dependent with Medicare 413	Two or more Family members with Medicare 418
Less than 10*	\$2,813.54	\$1,694.43	\$1,694.43	\$575.32
10-11*	\$2,179.62	\$1,437.27	\$1,060.51	\$345.19
11-12*	\$2,116.23	\$1,411.55	\$997.12	\$322.18
12-13*	\$2,052.84	\$1,385.84	\$933.73	\$299.17
13-14	\$1,989.44	\$1,360.12	\$870.33	\$276.15
14-15	\$1,926.05	\$1,334.41	\$806.94	\$253.14
15-16	\$1,862.66	\$1,308.69	\$743.55	\$230.13
16-17	\$1,799.27	\$1,282.97	\$680.16	\$207.12
17-18	\$1,735.88	\$1,257.26	\$616.77	\$184.10
18-19	\$1,672.48	\$1,231.54	\$553.37	\$161.09
19-20	\$1,609.09	\$1,205.83	\$489.98	\$138.08
20-21	\$1,545.70	\$1,180.11	\$426.59	\$115.06
21-22	\$1,482.31	\$1,154.39	\$363.20	\$92.05
22-23	\$1,418.92	\$1,128.68	\$299.81	\$69.04
23-24	\$1,355.52	\$1,102.96	\$236.41	\$46.03
24-25	\$1,292.13	\$1,077.25	\$173.02	\$23.01
25 or more	\$1,228.74	\$1,051.53	\$109.63	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>				
	\$2,021.14	\$1,372.98	\$902.03	\$287.66
COBRA	\$2,869.81	\$1,728.32	\$1,728.32	\$586.83

Deduct Codes:

- 411 - All family members are "Basic"
- 413 - One family member is "Senior Advantage"; others are "Basic"
- 418 - Two or more family members are "Senior Advantage"

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Colorado**

Years of Service	Retiree Only 450	Retiree Only 451	Retiree & Family 453	Retiree & Family 454	Retiree & Family w/ Medicare (Plan III Benchmark) 455	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 455
Less than 10*	\$1,421.80	\$297.90	\$3,146.79	\$4,249.55	\$1,711.70	\$1,711.70
10-11*	\$853.08	\$178.74	\$2,512.87	\$3,615.63	\$1,454.54	\$1,077.78
11-12*	\$796.21	\$166.82	\$2,449.48	\$3,552.24	\$1,428.82	\$1,014.39
12-13*	\$739.34	\$154.91	\$2,386.09	\$3,488.85	\$1,403.11	\$951.00
13-14	\$682.46	\$142.99	\$2,322.69	\$3,425.45	\$1,377.39	\$887.60
14-15	\$625.59	\$131.08	\$2,259.30	\$3,362.06	\$1,351.68	\$824.21
15-16	\$568.72	\$119.16	\$2,195.91	\$3,298.67	\$1,325.96	\$760.82
16-17	\$511.85	\$107.24	\$2,132.52	\$3,235.28	\$1,300.24	\$697.43
17-18	\$454.98	\$95.33	\$2,069.13	\$3,171.89	\$1,274.53	\$634.04
18-19	\$398.10	\$83.41	\$2,005.73	\$3,108.49	\$1,248.81	\$570.64
19-20	\$341.23	\$71.50	\$1,942.34	\$3,045.10	\$1,223.10	\$507.25
20-21	\$284.36	\$59.58	\$1,878.95	\$2,981.71	\$1,197.38	\$443.86
21-22	\$227.49	\$47.66	\$1,815.56	\$2,918.32	\$1,171.66	\$380.47
22-23	\$170.62	\$35.75	\$1,752.17	\$2,854.93	\$1,145.95	\$317.08
23-24	\$113.74	\$23.83	\$1,688.77	\$2,791.53	\$1,120.23	\$253.68
24-25	\$56.87	\$11.92	\$1,625.38	\$2,728.14	\$1,094.52	\$190.29
25 or more	\$0.00	\$0.00	\$1,561.99	\$2,664.75	\$1,068.80	\$126.90
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$710.90	\$148.95	\$2,354.39	\$3,457.15	\$1,390.25	\$919.30
COBRA	\$1,450.24	\$303.86	\$3,209.73	\$4,334.54	\$1,745.93	\$1,745.93

Deduct Codes:

450 - "Basic" under age 65

451 - "Senior Advantage"

453 - Two family members are "Basic"

454 - Three or more family members are "Basic"

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Colorado

Years of Service	Retiree & Family 457	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 458	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 458	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 459	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 459
Less than 10*	\$587.80	\$3,043.28	\$3,043.28	\$2,001.60	\$2,001.60
10-11*	\$352.68	\$2,786.12	\$2,409.36	\$1,744.44	\$1,367.68
11-12*	\$329.17	\$2,760.40	\$2,345.97	\$1,718.72	\$1,304.29
12-13*	\$305.66	\$2,734.69	\$2,282.58	\$1,693.01	\$1,240.90
13-14	\$282.14	\$2,708.97	\$2,219.18	\$1,667.29	\$1,177.50
14-15	\$258.63	\$2,683.26	\$2,155.79	\$1,641.58	\$1,114.11
15-16	\$235.12	\$2,657.54	\$2,092.40	\$1,615.86	\$1,050.72
16-17	\$211.61	\$2,631.82	\$2,029.01	\$1,590.14	\$987.33
17-18	\$188.10	\$2,606.11	\$1,965.62	\$1,564.43	\$923.94
18-19	\$164.58	\$2,580.39	\$1,902.22	\$1,538.71	\$860.54
19-20	\$141.07	\$2,554.68	\$1,838.83	\$1,513.00	\$797.15
20-21	\$117.56	\$2,528.96	\$1,775.44	\$1,487.28	\$733.76
21-22	\$94.05	\$2,503.24	\$1,712.05	\$1,461.56	\$670.37
22-23	\$70.54	\$2,477.53	\$1,648.66	\$1,435.85	\$606.98
23-24	\$47.02	\$2,451.81	\$1,585.26	\$1,410.13	\$543.58
24-25	\$23.51	\$2,426.10	\$1,521.87	\$1,384.42	\$480.19
25 or more	\$0.00	\$2,400.38	\$1,458.48	\$1,358.70	\$416.80
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay.</i>					
COBRA	\$293.90	\$2,721.83	\$2,250.88	\$1,680.15	\$1,209.20
	\$599.56	\$3,104.15	\$3,104.15	\$2,041.63	\$2,041.63

Deduct Codes:

- 457 - Two family members are "Senior Advantage"
- 458 - One family member is "Senior Advantage"; two or more are "Basic"
- 459 - Two family members are "Senior Advantage"; one or more is "Basic"

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree Only 443	Retiree Only 461	Retiree Only 462	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 463	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 463
Less than 10*	\$413.87	\$1,780.87	\$413.87	\$3,553.74	\$3,553.74
10-11*	\$248.32	\$1,146.95	\$248.32	\$3,296.58	\$2,919.82
11-12*	\$231.77	\$1,083.56	\$231.77	\$3,270.86	\$2,856.43
12-13*	\$215.21	\$1,020.17	\$215.21	\$3,245.15	\$2,793.04
13-14	\$198.66	\$956.77	\$198.66	\$3,219.43	\$2,729.64
14-15	\$182.10	\$893.38	\$182.10	\$3,193.72	\$2,666.25
15-16	\$165.55	\$829.99	\$165.55	\$3,168.00	\$2,602.86
16-17	\$148.99	\$766.60	\$148.99	\$3,142.28	\$2,539.47
17-18	\$132.44	\$703.21	\$132.44	\$3,116.57	\$2,476.08
18-19	\$115.88	\$639.81	\$115.88	\$3,090.85	\$2,412.68
19-20	\$99.33	\$576.42	\$99.33	\$3,065.14	\$2,349.29
20-21	\$82.77	\$513.03	\$82.77	\$3,039.42	\$2,285.90
21-22	\$66.22	\$449.64	\$66.22	\$3,013.70	\$2,222.51
22-23	\$49.66	\$386.25	\$49.66	\$2,987.99	\$2,159.12
23-24	\$33.11	\$322.85	\$33.11	\$2,962.27	\$2,095.72
24-25	\$16.55	\$259.46	\$16.55	\$2,936.56	\$2,032.33
25 or more	\$0.00	\$196.07	\$0.00	\$2,910.84	\$1,968.94
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$206.93	\$988.47	\$206.93	\$3,232.29	\$2,761.34
COBRA	\$422.15	\$1,816.49	\$422.15	\$3,624.81	\$3,624.81

Deduct Codes:

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree & Family 464	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 465	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 465
Less than 10*	\$5,326.61	\$2,186.74	\$2,186.74
10-11*	\$4,692.69	\$1,929.58	\$1,552.82
11-12*	\$4,629.30	\$1,903.86	\$1,489.43
12-13*	\$4,565.91	\$1,878.15	\$1,426.04
13-14	\$4,502.51	\$1,852.43	\$1,362.64
14-15	\$4,439.12	\$1,826.72	\$1,299.25
15-16	\$4,375.73	\$1,801.00	\$1,235.86
16-17	\$4,312.34	\$1,775.28	\$1,172.47
17-18	\$4,248.95	\$1,749.57	\$1,109.08
18-19	\$4,185.55	\$1,723.85	\$1,045.68
19-20	\$4,122.16	\$1,698.14	\$982.29
20-21	\$4,058.77	\$1,672.42	\$918.90
21-22	\$3,995.38	\$1,646.70	\$855.51
22-23	\$3,931.99	\$1,620.99	\$792.12
23-24	\$3,868.59	\$1,595.27	\$728.72
24-25	\$3,805.20	\$1,569.56	\$665.33
25 or more	\$3,741.81	\$1,543.84	\$601.94
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$4,534.21	\$1,865.29	\$1,394.34
COBRA	\$5,433.14	\$2,230.47	\$2,230.47

Deduct Codes:

464 - Three or more family members are "Basic"

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree & Family 466	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 467	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 467	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 468	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 468
Less than 10*	\$819.74	\$3,959.61	\$3,959.61	\$2,592.61	\$2,592.61
10-11*	\$562.58	\$3,702.45	\$3,325.69	\$2,335.45	\$1,958.69
11-12*	\$536.86	\$3,676.73	\$3,262.30	\$2,309.73	\$1,895.30
12-13*	\$511.15	\$3,651.02	\$3,198.91	\$2,284.02	\$1,831.91
13-14	\$485.43	\$3,625.30	\$3,135.51	\$2,258.30	\$1,768.51
14-15	\$459.72	\$3,599.59	\$3,072.12	\$2,232.59	\$1,705.12
15-16	\$434.00	\$3,573.87	\$3,008.73	\$2,206.87	\$1,641.73
16-17	\$408.28	\$3,548.15	\$2,945.34	\$2,181.15	\$1,578.34
17-18	\$382.57	\$3,522.44	\$2,881.95	\$2,155.44	\$1,514.95
18-19	\$356.85	\$3,496.72	\$2,818.55	\$2,129.72	\$1,451.55
19-20	\$331.14	\$3,471.01	\$2,755.16	\$2,104.01	\$1,388.16
20-21	\$305.42	\$3,445.29	\$2,691.77	\$2,078.29	\$1,324.77
21-22	\$279.70	\$3,419.57	\$2,628.38	\$2,052.57	\$1,261.38
22-23	\$253.99	\$3,393.86	\$2,564.99	\$2,026.86	\$1,197.99
23-24	\$228.27	\$3,368.14	\$2,501.59	\$2,001.14	\$1,134.59
24-25	\$202.56	\$3,342.43	\$2,438.20	\$1,975.43	\$1,071.20
25 or more	\$176.84	\$3,316.71	\$2,374.81	\$1,949.71	\$1,007.81
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$498.29	\$3,638.16	\$3,167.21	\$2,271.16	\$1,800.21
COBRA	\$836.13	\$4,038.80	\$4,038.80	\$2,644.46	\$2,644.46

Deduct Codes:

466 - Two family members are "Senior Advantage"

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

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Georgia**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 469	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 469	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 470	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 470
Less than 10*	\$1,225.61	\$1,225.61	\$3,959.61	\$3,959.61
10-11*	\$968.45	\$735.37	\$3,702.45	\$3,325.69
11-12*	\$942.73	\$686.34	\$3,676.73	\$3,262.30
12-13*	\$917.02	\$637.32	\$3,651.02	\$3,198.91
13-14	\$891.30	\$588.29	\$3,625.30	\$3,135.51
14-15	\$865.59	\$539.27	\$3,599.59	\$3,072.12
15-16	\$839.87	\$490.24	\$3,573.87	\$3,008.73
16-17	\$814.15	\$441.22	\$3,548.15	\$2,945.34
17-18	\$788.44	\$392.20	\$3,522.44	\$2,881.95
18-19	\$762.72	\$343.17	\$3,496.72	\$2,818.55
19-20	\$737.01	\$294.15	\$3,471.01	\$2,755.16
20-21	\$711.29	\$245.12	\$3,445.29	\$2,691.77
21-22	\$685.57	\$196.10	\$3,419.57	\$2,628.38
22-23	\$659.86	\$147.07	\$3,393.86	\$2,564.99
23-24	\$634.14	\$98.05	\$3,368.14	\$2,501.59
24-25	\$608.43	\$49.02	\$3,342.43	\$2,438.20
25 or more	\$582.71	\$0.00	\$3,316.71	\$2,374.81
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$904.16	\$612.80	\$3,638.16	\$3,167.21
COBRA	\$1,250.12	\$1,250.12	\$4,038.80	\$4,038.80

Deduct Codes:

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Hawaii**

Years of Service	Retiree Only 471	Retiree Only 472	Retiree & Dependent 474	Retiree & Family 475
Less than 10*	\$962.84	\$447.25	\$1,917.68	\$2,872.52
10-11*	\$577.70	\$268.35	\$1,283.76	\$2,238.60
11-12*	\$539.19	\$250.46	\$1,220.37	\$2,175.21
12-13*	\$500.68	\$232.57	\$1,156.98	\$2,111.82
13-14	\$462.16	\$214.68	\$1,093.58	\$2,048.42
14-15	\$423.65	\$196.79	\$1,030.19	\$1,985.03
15-16	\$385.14	\$178.90	\$966.80	\$1,921.64
16-17	\$346.62	\$161.01	\$903.41	\$1,858.25
17-18	\$308.11	\$143.12	\$840.02	\$1,794.86
18-19	\$269.60	\$125.23	\$776.62	\$1,731.46
19-20	\$231.08	\$107.34	\$713.23	\$1,668.07
20-21	\$192.57	\$89.45	\$649.84	\$1,604.68
21-22	\$154.05	\$71.56	\$586.45	\$1,541.29
22-23	\$115.54	\$53.67	\$523.06	\$1,477.90
23-24	\$77.03	\$35.78	\$459.66	\$1,414.50
24-25	\$38.51	\$17.89	\$396.27	\$1,351.11
25 or more	\$0.00	\$0.00	\$332.88	\$1,287.72
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$481.42	\$223.62	\$1,125.28	\$2,080.12
COBRA	\$982.10	\$456.20	\$1,956.03	\$2,929.97

Deduct Codes:

471 - "Basic" under age 65

472 - "Senior Advantage"

474 - Two family members are "Basic"

475 - Three or more family members are "Basic"

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Hawaii**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 476	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 476	Retiree & Family 478
Less than 10*	\$1,402.09	\$1,402.09	\$886.50
10-11*	\$1,144.93	\$841.25	\$629.34
11-12*	\$1,119.21	\$785.17	\$603.62
12-13*	\$1,093.50	\$729.09	\$577.91
13-14	\$1,067.78	\$673.00	\$552.19
14-15	\$1,042.07	\$616.92	\$526.48
15-16	\$1,016.35	\$560.84	\$500.76
16-17	\$990.63	\$504.75	\$475.04
17-18	\$964.92	\$448.67	\$449.33
18-19	\$939.20	\$392.59	\$423.61
19-20	\$913.49	\$336.50	\$397.90
20-21	\$887.77	\$280.42	\$372.18
21-22	\$862.05	\$224.33	\$346.46
22-23	\$836.34	\$168.25	\$320.75
23-24	\$810.62	\$112.17	\$295.03
24-25	\$784.91	\$56.08	\$269.32
25 or more	\$759.19	\$0.00	\$243.60
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>			
	\$1,080.64	\$701.04	\$565.05
COBRA	\$1,430.13	\$1,430.13	\$904.23

Deduct Codes:

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

478 - Two family members are "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree Only 481	Retiree Only 482	Retiree & Family 484	Retiree & Family 485
Less than 10*	\$1,414.96	\$565.20	\$2,821.92	\$4,228.88
10-11*	\$848.98	\$339.12	\$2,188.00	\$3,594.96
11-12*	\$792.38	\$316.51	\$2,124.61	\$3,531.57
12-13*	\$735.78	\$293.90	\$2,061.22	\$3,468.18
13-14	\$679.18	\$271.30	\$1,997.82	\$3,404.78
14-15	\$622.58	\$248.69	\$1,934.43	\$3,341.39
15-16	\$565.98	\$226.08	\$1,871.04	\$3,278.00
16-17	\$509.39	\$203.47	\$1,807.65	\$3,214.61
17-18	\$452.79	\$180.86	\$1,744.26	\$3,151.22
18-19	\$396.19	\$158.26	\$1,680.86	\$3,087.82
19-20	\$339.59	\$135.65	\$1,617.47	\$3,024.43
20-21	\$282.99	\$113.04	\$1,554.08	\$2,961.04
21-22	\$226.39	\$90.43	\$1,490.69	\$2,897.65
22-23	\$169.80	\$67.82	\$1,427.30	\$2,834.26
23-24	\$113.20	\$45.22	\$1,363.90	\$2,770.86
24-25	\$56.60	\$22.61	\$1,300.51	\$2,707.47
25 or more	\$0.00	\$0.00	\$1,237.12	\$2,644.08
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$707.48	\$282.60	\$2,029.52	\$3,436.48
COBRA	\$1,443.26	\$576.50	\$2,878.36	\$4,313.46

Deduct Codes:

481 - "Basic" under age 65

482 - "Senior Advantage"

484 - Two family members are "Basic"

485 - Three or more family members are "Basic"

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Oregon**

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 486	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 486	Retiree & Family 488
Less than 10*	\$1,972.16	\$1,972.16	\$1,122.40
10-11*	\$1,715.00	\$1,338.24	\$865.24
11-12*	\$1,689.28	\$1,274.85	\$839.52
12-13*	\$1,663.57	\$1,211.46	\$813.81
13-14	\$1,637.85	\$1,148.06	\$788.09
14-15	\$1,612.14	\$1,084.67	\$762.38
15-16	\$1,586.42	\$1,021.28	\$736.66
16-17	\$1,560.70	\$957.89	\$710.94
17-18	\$1,534.99	\$894.50	\$685.23
18-19	\$1,509.27	\$831.10	\$659.51
19-20	\$1,483.56	\$767.71	\$633.80
20-21	\$1,457.84	\$704.32	\$608.08
21-22	\$1,432.12	\$640.93	\$582.36
22-23	\$1,406.41	\$577.54	\$556.65
23-24	\$1,380.69	\$514.14	\$530.93
24-25	\$1,354.98	\$450.75	\$505.22
25 or more	\$1,329.26	\$387.36	\$479.50
*If you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$1,650.71	\$1,179.76	\$800.95
COBRA	\$2,011.60	\$2,011.60	\$1,144.85

Deduct Codes:

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

488 - Two family members are "Senior Advantage"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Oregon

Years of Service	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 493	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 493	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 494	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 494
Less than 10*	\$3,379.12	\$3,379.12	\$2,529.36	\$2,529.36
10-11*	\$3,121.96	\$2,745.20	\$2,272.20	\$1,895.44
11-12*	\$3,096.24	\$2,681.81	\$2,246.48	\$1,832.05
12-13*	\$3,070.53	\$2,618.42	\$2,220.77	\$1,768.66
13-14	\$3,044.81	\$2,555.02	\$2,195.05	\$1,705.26
14-15	\$3,019.10	\$2,491.63	\$2,169.34	\$1,641.87
15-16	\$2,993.38	\$2,428.24	\$2,143.62	\$1,578.48
16-17	\$2,967.66	\$2,364.85	\$2,117.90	\$1,515.09
17-18	\$2,941.95	\$2,301.46	\$2,092.19	\$1,451.70
18-19	\$2,916.23	\$2,238.06	\$2,066.47	\$1,388.30
19-20	\$2,890.52	\$2,174.67	\$2,040.76	\$1,324.91
20-21	\$2,864.80	\$2,111.28	\$2,015.04	\$1,261.52
21-22	\$2,839.08	\$2,047.89	\$1,989.32	\$1,198.13
22-23	\$2,813.37	\$1,984.50	\$1,963.61	\$1,134.74
23-24	\$2,787.65	\$1,921.10	\$1,937.89	\$1,071.34
24-25	\$2,761.94	\$1,857.71	\$1,912.18	\$1,007.95
25 or more	\$2,736.22	\$1,794.32	\$1,886.46	\$944.56
*If you are on a service connected disability retirement with less than 13 years of service, you pay:				
	\$3,057.67	\$2,586.72	\$2,207.91	\$1,736.96
COBRA	\$3,446.70	\$3,446.70	\$2,579.95	\$2,579.95

Deduct Codes:

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

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Washington**

Years of Service	Retiree Only 393	Retiree Only 394	Retiree & Family 395	Retiree & Family 396	Retiree & Family w/ Medicare (Plan III Benchmark) 397	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 397
Less than 10*	\$2,012.53	\$417.91	\$3,751.26	\$6,275.96	\$2,156.64	\$2,156.64
10-11*	\$1,378.61	\$250.75	\$3,117.34	\$5,642.04	\$1,899.48	\$1,522.72
11-12*	\$1,315.22	\$234.03	\$3,053.95	\$5,578.65	\$1,873.76	\$1,459.33
12-13*	\$1,251.83	\$217.31	\$2,990.56	\$5,515.26	\$1,848.05	\$1,395.94
13-14	\$1,188.43	\$200.60	\$2,927.16	\$5,451.86	\$1,822.33	\$1,332.54
14-15	\$1,125.04	\$183.88	\$2,863.77	\$5,388.47	\$1,796.62	\$1,269.15
15-16	\$1,061.65	\$167.16	\$2,800.38	\$5,325.08	\$1,770.90	\$1,205.76
16-17	\$998.26	\$150.45	\$2,736.99	\$5,261.69	\$1,745.18	\$1,142.37
17-18	\$934.87	\$133.73	\$2,673.60	\$5,198.30	\$1,719.47	\$1,078.98
18-19	\$871.47	\$117.01	\$2,610.20	\$5,134.90	\$1,693.75	\$1,015.58
19-20	\$808.08	\$100.30	\$2,546.81	\$5,071.51	\$1,668.04	\$952.19
20-21	\$744.69	\$83.58	\$2,483.42	\$5,008.12	\$1,642.32	\$888.80
21-22	\$681.30	\$66.87	\$2,420.03	\$4,944.73	\$1,616.60	\$825.41
22-23	\$617.91	\$50.15	\$2,356.64	\$4,881.34	\$1,590.89	\$762.02
23-24	\$554.51	\$33.43	\$2,293.24	\$4,817.94	\$1,565.17	\$698.62
24-25	\$491.12	\$16.72	\$2,229.85	\$4,754.55	\$1,539.46	\$635.23
25 or more	\$427.73	\$0.00	\$2,166.46	\$4,691.16	\$1,513.74	\$571.84
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>						
	\$1,220.13	\$208.95	\$2,958.86	\$5,483.56	\$1,835.19	\$1,364.24
COBRA	\$2,052.78	\$426.27	\$3,826.29	\$6,401.48	\$2,199.77	\$2,199.77

Deduct Codes:

- 393 - "Basic" under age 65
- 394 - "Senior Advantage"
- 395 - Two family members are "Basic"
- 396 - Three or more family members are "Basic"
- 397 - One family member is "Senior Advantage"; one is "Basic"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Kaiser Permanente Washington

Years of Service	Retiree & Family 398	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 399	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 399	Retiree & Family - Retiree w/ Medicare (Plan III Benchmark) 400	Retiree & Family - Dependent w/ Medicare (Plan I, II Benchmark) 400
Less than 10*	\$827.82	\$4,681.34	\$4,681.34	\$3,352.52	\$3,352.52
10-11*	\$570.66	\$4,424.18	\$4,047.42	\$3,095.36	\$2,718.60
11-12*	\$544.94	\$4,398.46	\$3,984.03	\$3,069.64	\$2,655.21
12-13*	\$519.23	\$4,372.75	\$3,920.64	\$3,043.93	\$2,591.82
13-14	\$493.51	\$4,347.03	\$3,857.24	\$3,018.21	\$2,528.42
14-15	\$467.80	\$4,321.32	\$3,793.85	\$2,992.50	\$2,465.03
15-16	\$442.08	\$4,295.60	\$3,730.46	\$2,966.78	\$2,401.64
16-17	\$416.36	\$4,269.88	\$3,667.07	\$2,941.06	\$2,338.25
17-18	\$390.65	\$4,244.17	\$3,603.68	\$2,915.35	\$2,274.86
18-19	\$364.93	\$4,218.45	\$3,540.28	\$2,889.63	\$2,211.46
19-20	\$339.22	\$4,192.74	\$3,476.89	\$2,863.92	\$2,148.07
20-21	\$313.50	\$4,167.02	\$3,413.50	\$2,838.20	\$2,084.68
21-22	\$287.78	\$4,141.30	\$3,350.11	\$2,812.48	\$2,021.29
22-23	\$262.07	\$4,115.59	\$3,286.72	\$2,786.77	\$1,957.90
23-24	\$236.35	\$4,089.87	\$3,223.32	\$2,761.05	\$1,894.50
24-25	\$210.64	\$4,064.16	\$3,159.93	\$2,735.34	\$1,831.11
25 or more	\$184.92	\$4,038.44	\$3,096.54	\$2,709.62	\$1,767.72
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay.</i>					
COBRA	\$506.37	\$4,359.89	\$3,888.94	\$3,031.07	\$2,560.12
	\$844.38	\$4,774.97	\$4,774.97	\$3,419.57	\$3,419.57

Deduct Codes:

- 398 - Two family members are "Senior Advantage"
- 399 - One family member is "Senior Advantage"; two or more are "Basic"
- 400 - Two family members are "Senior Advantage"; one or more is "Basic"

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - SCAN Health Plan California

Years of Service	Retiree Only with SCAN 611	Retiree & 1 Dependent - Both with SCAN 613 ⁽¹⁾
Less than 10*	\$287.31	\$566.62
10-11*	\$172.39	\$339.97
11-12*	\$160.89	\$317.31
12-13*	\$149.40	\$294.64
13-14	\$137.91	\$271.98
14-15	\$126.42	\$249.31
15-16	\$114.92	\$226.66
16-17	\$103.43	\$203.98
17-18	\$91.94	\$181.32
18-19	\$80.45	\$158.65
19-20	\$68.95	\$135.99
20-21	\$57.46	\$113.32
21-22	\$45.97	\$90.66
22-23	\$34.48	\$67.99
23-24	\$22.98	\$45.33
24-25	\$11.49	\$22.66
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$143.65	\$283.31
COBRA	\$293.06	\$577.95

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - SCAN Health Plan Arizona

Years of Service	Retiree Only with SCAN 620	Retiree & 1 Dependent - Both with SCAN 621 ⁽¹⁾
Less than 10*	\$287.31	\$566.62
10-11*	\$172.39	\$339.97
11-12*	\$160.89	\$317.31
12-13*	\$149.40	\$294.64
13-14	\$137.91	\$271.98
14-15	\$126.42	\$249.31
15-16	\$114.92	\$226.66
16-17	\$103.43	\$203.98
17-18	\$91.94	\$181.32
18-19	\$80.45	\$158.65
19-20	\$68.95	\$135.99
20-21	\$57.46	\$113.32
21-22	\$45.97	\$90.66
22-23	\$34.48	\$67.99
23-24	\$22.98	\$45.33
24-25	\$11.49	\$22.66
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$143.65	\$283.31
COBRA	\$293.06	\$577.95

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - SCAN Health Plan Nevada

Years of Service	Retiree Only with SCAN 622	Retiree & 1 Dependent - Both with SCAN 623 ⁽¹⁾
Less than 10*	\$287.31	\$566.62
10-11*	\$172.39	\$339.97
11-12*	\$160.89	\$317.31
12-13*	\$149.40	\$294.64
13-14	\$137.91	\$271.98
14-15	\$126.42	\$249.31
15-16	\$114.92	\$226.66
16-17	\$103.43	\$203.98
17-18	\$91.94	\$181.32
18-19	\$80.45	\$158.65
19-20	\$68.95	\$135.99
20-21	\$57.46	\$113.32
21-22	\$45.97	\$90.66
22-23	\$34.48	\$67.99
23-24	\$22.98	\$45.33
24-25	\$11.49	\$22.66
25 or more	\$0.00	\$0.00
*If you are on a service connected disability retirement with less than 13 years of service, you pay:		
	\$143.65	\$283.31
COBRA	\$293.06	\$577.95

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

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025**

Tier 2 - United Healthcare Group Medicare Advantage HMO/UnitedHealthcare

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage HMO 701	Retiree & 1 Dependent - Retiree with UnitedHealthcare Group Medicare Advantage HMO 702 ⁽¹⁾	Retiree & 1 Dependent - Both with UnitedHealthcare Group Medicare Advantage HMO 703 ⁽¹⁾	Retiree & 2 or More Dependents - Retiree w/ Medicare UnitedHealthcare Group Medicare Advantage HMO 704 ⁽²⁾	Retiree & 2 or More Dependents - Retiree + 1 w/ Medicare UnitedHealthcare Group Medicare Advantage HMO 705 ⁽²⁾
Less than 10*	\$387.45	\$2,076.15	\$766.90	\$2,367.05	\$1,057.80
10-11*	\$232.47	\$1,818.99	\$509.74	\$2,109.89	\$800.64
11-12*	\$216.97	\$1,793.27	\$484.02	\$2,084.17	\$774.92
12-13*	\$201.47	\$1,767.56	\$458.31	\$2,058.46	\$749.21
13-14	\$185.98	\$1,741.84	\$432.59	\$2,032.74	\$723.49
14-15	\$170.48	\$1,716.13	\$406.88	\$2,007.03	\$697.78
15-16	\$154.98	\$1,690.41	\$381.16	\$1,981.31	\$672.06
16-17	\$139.48	\$1,664.69	\$355.44	\$1,955.59	\$646.34
17-18	\$123.98	\$1,638.98	\$329.73	\$1,929.88	\$620.63
18-19	\$108.49	\$1,613.26	\$304.01	\$1,904.16	\$594.91
19-20	\$92.99	\$1,587.55	\$278.30	\$1,878.45	\$569.20
20-21	\$77.49	\$1,561.83	\$252.58	\$1,852.73	\$543.48
21-22	\$61.99	\$1,536.11	\$226.86	\$1,827.01	\$517.76
22-23	\$46.49	\$1,510.40	\$201.15	\$1,801.30	\$492.05
23-24	\$31.00	\$1,484.68	\$175.43	\$1,775.58	\$466.33
24-25	\$15.50	\$1,458.97	\$149.72	\$1,749.87	\$440.62
25 or more	\$0.00	\$1,433.25	\$124.00	\$1,724.15	\$414.90
*If you are on a service connected disability retirement with less than 13 years of service, you pay:					
	\$193.72	\$1,754.70	\$445.45	\$2,045.60	\$736.35
COBRA	\$395.20	\$2,117.67	\$782.24	\$2,414.39	\$1,078.96

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

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

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - UnitedHealthcare

Years of Service	Retiree Only 707	Retiree & 1 Dependent 708	Retiree & 2 or More Dependents 709
Less than 10*	\$1,696.70	\$3,100.27	\$3,676.30
10-11*	\$1,062.78	\$2,466.35	\$3,042.38
11-12*	\$999.39	\$2,402.96	\$2,978.99
12-13*	\$936.00	\$2,339.57	\$2,915.60
13-14	\$872.60	\$2,276.17	\$2,852.20
14-15	\$809.21	\$2,212.78	\$2,788.81
15-16	\$745.82	\$2,149.39	\$2,725.42
16-17	\$682.43	\$2,086.00	\$2,662.03
17-18	\$619.04	\$2,022.61	\$2,598.64
18-19	\$555.64	\$1,959.21	\$2,535.24
19-20	\$492.25	\$1,895.82	\$2,471.85
20-21	\$428.86	\$1,832.43	\$2,408.46
21-22	\$365.47	\$1,769.04	\$2,345.07
22-23	\$302.08	\$1,705.65	\$2,281.68
23-24	\$238.68	\$1,642.25	\$2,218.28
24-25	\$175.29	\$1,578.86	\$2,154.89
25 or more	\$111.90	\$1,515.47	\$2,091.50
*if you are on a service connected disability retirement with less than 13 years of service, you pay:			
	\$904.30	\$2,307.87	\$2,883.90
COBRA	\$1,730.63	\$3,162.28	\$3,749.83

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Cigna Indemnity Dental/Vision**

Years of Service	Retiree Only 501	Retiree & Dependent(s) 502
Less than 10*	\$56.20	\$117.86
10-11*	\$33.72	\$95.38
11-12*	\$31.47	\$93.13
12-13*	\$29.22	\$90.88
13-14	\$26.98	\$88.64
14-15	\$24.73	\$86.39
15-16	\$22.48	\$84.14
16-17	\$20.23	\$81.89
17-18	\$17.98	\$79.64
18-19	\$15.74	\$77.40
19-20	\$13.49	\$75.15
20-21	\$11.24	\$72.90
21-22	\$8.99	\$70.65
22-23	\$6.74	\$68.40
23-24	\$4.50	\$66.16
24-25	\$2.25	\$63.91
25 or more	\$0.00	\$61.66
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$28.10	\$89.76
COBRA	\$57.32	\$120.22
Benchmark Rate	\$56.20	\$56.20

Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Cigna Prepaid Dental/Vision

Years of Service	Retiree Only 901	Retiree & Dependent(s) 902
Less than 10*	\$46.60	\$95.45
10-11*	\$27.96	\$72.97
11-12*	\$26.10	\$70.72
12-13*	\$24.23	\$68.47
13-14	\$22.37	\$66.23
14-15	\$20.50	\$63.98
15-16	\$18.64	\$61.73
16-17	\$16.78	\$59.48
17-18	\$14.91	\$57.23
18-19	\$13.05	\$54.99
19-20	\$11.18	\$52.74
20-21	\$9.32	\$50.49
21-22	\$7.46	\$48.24
22-23	\$5.59	\$45.99
23-24	\$3.73	\$43.75
24-25	\$1.86	\$41.50
25 or more	\$0.00	\$39.25
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>		
	\$23.30	\$67.35
COBRA	\$47.53	\$97.36

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - Children Only Rates**

Years of Service	Anthem Plan I & II 215 or 225	Kaiser One Child 421	Kaiser 2 or More 411	Prudent Buyer 205	Cigna 305	UHC HMO 706	Cigna Indemnity Dental/Vision 503	Cigna Prepaid Dental/Vision 903
Less than 10*	\$534.96	\$1,410.77	\$2,813.54	\$331.92	\$670.42	\$483.66	\$69.30	\$47.21
10-11*	\$320.98	\$846.46	\$2,179.62	\$199.15	\$402.25	\$290.20	\$41.58	\$28.33
11-12*	\$299.58	\$790.03	\$2,116.23	\$185.88	\$375.44	\$270.85	\$38.81	\$26.44
12-13*	\$278.18	\$733.60	\$2,052.84	\$172.60	\$348.62	\$251.50	\$36.04	\$24.55
13-14	\$256.78	\$677.17	\$1,989.44	\$159.32	\$321.80	\$232.16	\$33.26	\$22.66
14-15	\$235.38	\$620.74	\$1,926.05	\$146.04	\$294.98	\$212.81	\$30.49	\$20.77
15-16	\$213.98	\$564.31	\$1,862.66	\$132.77	\$268.17	\$193.46	\$27.72	\$18.88
16-17	\$192.59	\$507.88	\$1,799.27	\$119.49	\$241.35	\$174.12	\$24.95	\$17.00
17-18	\$171.19	\$451.45	\$1,735.88	\$106.21	\$214.53	\$154.77	\$22.18	\$15.11
18-19	\$149.79	\$395.02	\$1,672.48	\$92.94	\$187.72	\$135.42	\$19.40	\$13.22
19-20	\$128.39	\$338.58	\$1,609.09	\$79.66	\$160.90	\$116.08	\$16.63	\$11.33
20-21	\$106.99	\$282.15	\$1,545.70	\$66.38	\$134.08	\$96.73	\$13.86	\$9.44
21-22	\$85.59	\$225.72	\$1,482.31	\$53.11	\$107.27	\$77.39	\$11.09	\$7.55
22-23	\$64.20	\$169.29	\$1,418.92	\$39.83	\$80.45	\$58.04	\$8.32	\$5.67
23-24	\$42.80	\$112.86	\$1,355.52	\$26.55	\$53.63	\$38.69	\$5.54	\$3.78
24-25	\$21.40	\$56.43	\$1,292.13	\$13.28	\$26.82	\$19.35	\$2.77	\$1.89
25 or more	\$0.00	\$0.00	\$1,228.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>*If you are on a service connected disability retirement with less than 13 years of service, you pay:</i>								
	\$267.48	\$705.38	\$2,021.14	\$165.96	\$335.21	\$241.83	\$34.65	\$23.60
COBRA	\$545.66	\$1,438.99	\$2,869.81	\$338.56	\$683.83	\$493.33	\$70.69	\$48.15

**Los Angeles County Employees Retirement Association
Rates Effective July 1, 2025
Tier 2 - COBRA Rates - Kaiser**

Kaiser - COBRA Rates	
Single "Basic"	\$1,438.99
Single "Senior Advantage"	\$297.49
Single "Excess"	\$1,394.37
All family members are "Basic"	\$2,869.81
One family member is "Senior Advantage"; others are "Basic"	\$1,728.32
One family member is "Excess"; others are "Basic"	\$2,825.20
Two or more family members are "Senior Advantage"	\$586.83
One family member is "Excess"; another is "Senior Advantage"	\$1,683.70
Two family members are "Excess"	\$2,780.58
Child under 26	\$1,438.99
Children under 26	\$2,869.81

Anthem Plan Reference Documents

Pending Receipt from Carrier

Cigna Plan Reference Documents

Pending Receipt from Carrier

Preliminary changes to 2025 benefits

The purpose of this document is to provide an overview of benefit changes we're planning to make to:

- ▶ 2025 Kaiser Foundation Health Plan, Inc. (KFHP), *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2025 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

Unless otherwise noted, these changes apply to all the plans we offer, and they'll become effective as contracts renew starting in January 2025.

This summary doesn't include all changes that may be made in 2025, including changes to Medicare coverage. You'll find all the information on the final changes in your:

- ▶ 2025 *Group Agreement Summary of Changes and Clarifications Notice* or renewal contract for KFHP coverage
- ▶ 2025 *Summary of Benefit Changes* for KPIC coverage

Changes to HSA-qualified plans in 2025

Effective January 1, 2025, the IRS is raising minimum deductible levels for health savings account (HSA)-qualified plans. These will apply upon your 2025 contract renewal.

See below for how this might affect your employees' plans.

Minimum deductible levels:

Self-only	2024: \$1,600	2025: \$1,650
Family	2024: \$3,200	2025: \$3,300

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Kaiser Plan Reference Documents

(continued)

Kaiser Permanente will increase deductibles on 2025 HSA-qualified plans to ensure compliance. Some deductibles and out-of-pocket maximums also may increase beyond the new IRS requirements to maintain current proportionality in plan design.

Doula services

In compliance with California state law, we'll add coverage for doula services to all plans, effective January 1, 2025. This coverage is subject to certain limitations, as described in members' *Evidence of Coverage*.

COVID-19 services

For consistency with federal guidance, nonpreventive COVID-19 tests and therapeutics will be subject to the plan deductible in HSA-qualified high deductible health plans.

Weight-loss medications

Kaiser Permanente's core plans include comprehensive weight management, which may include medical weight management tailored to each individual patient based on their medical history and comorbidities. Evidence-based medication regimens, including GLP-1s and other prescription weight-loss drugs, may be prescribed as part of a patient's care as determined by their physician. Broader use of GLP-1s for patients without comorbidities or increased disease risk that are prescribed solely for the purpose of weight loss can be made available through purchase of an additional weight-loss rider by the employer.

Beginning in 2025 at renewal, medications prescribed solely for the purpose of losing weight are being removed from base Rx coverage, with one exception. In cases where a covered member has morbid obesity, coverage of medications prescribed solely for the purpose of losing weight is required by California state mandate and will be retained in base Rx coverage. For cases in which a covered member does not have morbid obesity, coverage for medications prescribed solely for the purpose of losing weight will only be available when a large group has purchased a weight-loss drug rider. Employers who wish to have this coverage should contact their account team to request pricing for the weight-loss drug rider.



One Pass[®] Fitness Program

Get more from your Kaiser Permanente Medicare health plan

Available to Kaiser Permanente Medicare health plan members

One Pass¹ can help you find a fitness routine that's right for you, whether you work out at home or at a gym.

Work out your way and find your fit



At the gym

Choose from a large nationwide network of gyms and fitness locations. Visit any place in the network and create a routine just for you.



Brain training²

Get a complete brain workout, including an initial cognitive test and an ongoing brain training program featuring a collection of games and activities to keep you engaged.



At home

Work out at home with live, digital fitness classes or on-demand workouts. Plus, use our custom workout builder to create routines tailored to your fitness level and interests.



With new friends

Join a group class or find local clubs and social events that match your interests – there are many great ways to connect with others who share your passions.

How to get started with the One Pass program

Once you're a Kaiser Permanente Medicare health plan member, follow these steps:

1. Visit youronepass.com.
2. Click "Get Started" to register. Enter in your First Name, Last Name, Date of Birth, and Health Plan Member ID.
3. Once you're registered, you'll receive a Member Code. Be sure to write down your code and keep it handy. You will need to enter it each time you register for a new fitness location or other One Pass service.
4. Start searching for gyms by clicking on the "Find a gym" page.

You may also call **1-877-614-0618 (TTY 711)**, Monday through Friday, 6 a.m. to 7 p.m. PST, to receive your Member Code.

(continues on next page)

Kaiser Plan Reference Documents

(continued)

Frequently Asked Questions

Can members use multiple participating fitness locations?

Yes. With One Pass, members can use multiple participating fitness locations during the same month. Members will need to present their Member Code to each new participating fitness location they want to use. The location will enroll the member in the gym, providing access to a standard membership at no additional cost.

Can members visit any participating fitness location while traveling within the United States?

Yes, provided there is a location in the area. With OnePass, members can use multiple participating fitness locations. Members will need to present their Member Code to each new participating location they want to use. The participating fitness location can then enroll the member in the gym, providing access to a standard membership at no additional cost. To find a participating location, enter the address or ZIP code on the fitness location search page.

Do members have to pay for any additional services?

Additional services (such as personal training, fee-based group fitness classes, expanded access hours, or additional classes outside of the standard membership offering) are not included. The member will be responsible for any additional fees associated with the services if they wish to have access to them. Members should contact the specific location(s) they are interested in joining to learn more.



**Questions? Call us at 1-877-614-0618 (TTY 711),
Monday through Friday, 6 a.m. to 7 p.m. PST.**

¹One Pass® is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them.

²Brain training offered through BrainHQ for members in Maryland, Virginia, and Washington, D.C. For more information visit kp.brainhq.com.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Kaiser Plan Reference Documents

Szeto, Michael C.

From: Debbie McConathy <Debbie.T.McConathy@kp.org>
Sent: Friday, November 15, 2024 12:47 PM
To: Szeto, Michael C.
Cc: Cassandra Smith; Leilani Ignacio; Diana G Nunez; Murphy, Stephen E; Ward, Richard; Donaldson, Deborah; Kuhlman, Jessica; Clare, Wesley A
Subject: RE: LACERA - 2025/2026 Renewal Request [Kaiser CO]
Attachments: 2025 Lacera Medicare Rates.xlsx; 2025 Lacera Retirees Customer Packet.pdf

CAUTION: External Sender

Hello Mike:

Please find attached the detailed backup for the 2025 LACERA / Kaiser Permanente Colorado region renewal.

Colorado plan changes

Out-of-area dependent benefit visit limits: Out-of-area dependent benefit visit limits will be increased in HMO plans, deductible HMO plans, and high deductible health plans (HDHPs). There will be no change to current cost-share amounts. Out-of-area dependent benefit visit limits will be:

- Up to 10 office visits
- Up to 10 therapy visits (combined physical, occupational, and speech therapy)
- Up to 10 diagnostic X-rays at 20%
- Up to 12 outpatient prescription drug fills at 50%
- Up to 12 diabetic supplies at 20%

Prosthetic devices for recreational activity: In compliance with House Bill 23-1136, coverage is provided for an additional prosthetic device or devices if the treating physician determines that the additional prosthetic device or devices are necessary to enable the covered person to engage in physical recreational activities, including running, bicycling, swimming, climbing, skiing, snowboarding, and team and individual sports.

Reproductive health care: In compliance with Senate Bill 23-189, coverage for non-grandfathered plans is provided for:

- **Abortion:** All abortion services covered at no charge to members.
- **Sterilization:** Covered at no cost, regardless of sex or gender.
- **Sexually transmitted infection:** Counseling, prevention, screening, and treatment covered at no cost, regardless of sex or gender.

Please let us know if you have any additional questions.

Thank you!

Debbie

Debbie McConathy

CA License #: 0D35268

Senior Executive Account Manager

Strategic Accounts

Kaiser Plan Reference Documents

Szeto, Michael C.

From: Debbie McConathy <Debbie.T.McConathy@kp.org>
Sent: Friday, November 15, 2024 12:48 PM
To: Szeto, Michael C.
Cc: Cassandra Smith; Leilani Ignacio; Diana G Nunez; Murphy, Stephen E; Ward, Richard; Donaldson, Deborah; Kuhlman, Jessica; Clare, Wesley A
Subject: RE: LACERA - 2025/2026 Renewal Request [Kaiser GA]
Attachments: 3221 LACERA - 2025 Customer Packet_GA.pdf; 3221 LACERA - 2025 KPSA Rates_GA.pdf

CAUTION: External Sender

Hello Mike:

Please find attached all of the pertinent information for the 2025 LACERA / Kaiser Permanente Georgia region renewal. There are no benefit changes in the GA region.

Please note since the GA Commercial customer packet does not notate the basic infertility benefits, I've noted what they are below included in this renewal.

- Basic INT (infertility treatment) at 50% coinsurance
- Excludes GIFT/ZIFT and Rx

Please let us know if you have any questions.

Thank you!

Debbie

Debbie McConathy

CA License #: 0D35268

Senior Executive Account Manager

Strategic Accounts

Kaiser Permanente

(c) 510.292.6119

Senior Client Service Manager – Diana Nunez; Diana.G.Nunez@kp.org

Based on law in each state we do business, the producer who is presenting the quote to the group and/or discussing KP rates and benefits, and/or placing the coverage must be licensed in each state for which KP is providing a quote. KP cannot pay commissions to any broker without a license and appointment. Please advise as soon as you are licensed and KP will work to make the appointment.

From: Szeto, Michael C. <mszeto@segalco.com>

Sent: Monday, September 30, 2024 4:29 PM

To: Debbie McConathy <Debbie.T.McConathy@kp.org>

Cc: Cassandra Smith <csmith@lacera.com>; Leilani Ignacio <lignacio@lacera.com>; Diana G Nunez

<Diana.G.Nunez@kp.org>; Murphy, Stephen E <smurphy@segalco.com>; Ward, Richard <rward@segalco.com>;

Kaiser Plan Reference Documents

Donaldson, Deborah <ddonaldson@segalco.com>; Kuhlman, Jessica <jkuhlman@segalco.com>; Clare, Wesley A <wclare@segalco.com>

Subject: LACERA - 2025/2026 Renewal Request [Kaiser]

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

Hi Debbie,

We are requesting the following documents for LACERA's 2025/2026 Renewal by **COB Friday, November 1, 2024.**

- Renewal Packet (California)
 - In addition to the rate packet, please include the following:
 - List of 2025/2026 Benefit changes
- Renewal Packet (Out-of-Area Plans: Colorado, Georgia, Hawaii, Oregon, and Washington)
 - In addition to the rate packet, please include or confirm the following:
 - List of 2025/2026 Benefit changes

In addition to the renewal request above, LACERA will continue to host two Wellness Workshops annually. Based on Kaiser's historical contribution and current enrollment distribution, we are requesting Kaiser to contribute \$55,000 for the 2025/2026 Wellness Workshops. Please confirm Kaiser's financial commitment to future in-person Wellness Workshops by the requested date above.

Please let us know if you have any questions.

Thank you,

Michael Szeto
Senior Actuarial Associate
Segal

500 North Brand Boulevard, Suite 1400 | Glendale, CA 91203-3338

T 818.956.6716 | F 818.484.2767

mszeto@segalco.com

CA License #0K36488

Segal (Western) CA #0647735

Segal, Segal Marco Advisors and Segal Benz
are all members of the Segal family

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Kaiser Plan Reference Documents

Szeto, Michael C.

From: Debbie McConathy <Debbie.T.McConathy@kp.org>
Sent: Friday, November 15, 2024 12:40 PM
To: Szeto, Michael C.
Cc: Cassandra Smith; Leilani Ignacio; Diana G Nunez; Murphy, Stephen E; Ward, Richard; Donaldson, Deborah; Kuhlman, Jessica; Clare, Wesley A
Subject: RE: LACERA - 2025/2026 Renewal Request [Kaiser HI]
Attachments: LACERA 34628 HI 2025 Renewal--AS.pdf

CAUTION: External Sender

Hello Mike:

Please find attached the detailed backup for the 2025 LACERA / Kaiser Permanente Hawaii region renewal.

Here is the rate breakdown for the commercial and KPSA plan.

LOB	2024	2025	% Change
Commercial PMPM	\$946.64	\$954.84	0.87%
Medicare PMPM	\$438.94	\$439.25	0.07%

Hawaii Commercial plan changes

Abortion care: All plans that cover elective abortions are removing the lifetime limit of 2 elective abortions. There will still be a cost share.

Weight loss medications: Coverage for medications prescribed solely for the purpose of losing weight will only be available when a large group has purchased a weight loss drug rider. Employers who wish to have this coverage should contact their account team to request pricing for the weight-loss drug rider.

Please let me know if you have any questions.

Thank you!

Debbie

Debbie McConathy

CA License #: 0D35268

Senior Executive Account Manager

Strategic Accounts

Kaiser Permanente

(c) 510.292.6119

Senior Client Service Manager – Diana Nunez; Diana.G.Nunez@kp.org

Based on law in each state we do business, the producer who is presenting the quote to the group and/or discussing KP rates and benefits, and/or placing the coverage must be licensed in each state for which KP is providing a quote. KP cannot pay commissions to any broker without a license and appointment. Please advise as soon as you are licensed and KP will work to make the appointment.

2025 RENEWAL PORTFOLIO | WASHINGTON

Changes to 2025 benefits

Washington – HMO – Fully Insured

Large employer group changes for contracts renewing on or after January 1, 2025

This document provides an overview of changes Kaiser Foundation Health Plan of Washington (KFHPWA) is making to the large group HMO health plan offering effective upon a group's 2025 renewal date.

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

The following **Evidence of Coverage (EOC) language changes** apply to all large group HMO health plans unless otherwise specified.

▶ **Section II: Preauthorization Clarification**

Aligning the EOCs to Prior Authorization grids.

▶ **Section IV: Advanced Care at Home**

Removing benefit.

▶ **Section IV: Dialysis (Home and Outpatient)**

Adding language to outline coverage and information within 90-day Medicare waiting period and coverage and information for once Member has reached the 90-day waiting period.

▶ **Section IV: Dialysis (Home and Outpatient)**

After the 90-day Medicare waiting period: Dialysis in an outpatient or home setting is covered for Members with acute kidney failure or end-stage renal disease (ESRD). Original Medicare pays for member cost shares. Coordination of Benefit rules apply.

▶ **Section IV: Drugs – Outpatient Prescription (Clarification)**

Based on SB 5300, possible update to language prohibiting requiring substitution of a prescribed nonpreferred drug with a preferred drug or increasing a Member's cost sharing obligation when the prescription is for a refill of an antipsychotic, antidepressant, antiepileptic drug, or any other drug prescribed to treat a serious mental illness. For a refill of a prescription previously covered by KFHPWA as non-transition benefit for a medically stable member that KFHPWA deems medically necessary for serious mental illness, KFHPWA will not require substitution of a non-preferred with a preferred non-interchangeable drug in the therapeutic class mid-plan year and will not increase cost-sharing obligation mid-plan year for the drug.

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

▶ **Section IV: Drugs – Outpatient Prescription (Clarification)**

Provider-Administered Specialty Drugs are covered ~~under this plan only~~ when a Provider-Administered Specialty Drug ~~has been preauthorized and~~ is obtained by the administering Provider through the designated Specialty Pharmacy for Provider-Administered Specialty Drugs. ~~Even~~ If the administering Provider is an In-Network Provider (whose services are otherwise covered ~~in the Other Professional Services benefit~~), it does not guarantee coverage for Provider-Administered Specialty Drugs if they are not obtained through the Specialty Pharmacy for Provider-Administered Specialty Drugs. ~~An exception may be available when the administering Provider obtains a Provider-Administered Specialty Drug from a source other than a Specialty Pharmacy for Provider-Administered Specialty Drugs. Contact Customer Service for further information and guidance.~~

When Provider-Administered Specialty Drugs are received outside the Service Area ~~that We or one of Our Affiliates serves~~, coverage is provided in the Infusion Therapy benefit and not in this Provider-Administered Specialty Drugs benefit.

Provider Administered Specialty Drugs require preauthorization. Contact Member Services for additional information.

▶ **Section IV: Drugs – Outpatient Prescription Clarification (S622HB 1979)**

Note: A Member will not pay more than \$35, not subject to Deductible, for a 30-day supply of insulin, ~~one inhaled corticosteroid, or one inhaled corticosteroid combination~~. Any cost-sharing paid will apply toward the annual Deductible. Please refer to the formulary for additional information.

~~After minimum Deductible~~, a Member will not pay more than \$35 for one 2 pack of epinephrine autoinjectors. Please refer to the formulary for additional information.

▶ **Section IV: Drugs – Outpatient Prescription Clarification (ESSB 6127 HIV PEP Drugs)**

Note: A Member will not pay more than \$35, not subject to Deductible, for a 30-day supply of insulin, asthma inhalers or a 2-pack of epinephrine autoinjectors to comply with state law requirements. Any cost-sharing paid will apply toward the annual deductible. ~~One regimen of human immunodeficiency virus postexposure prophylaxis: After minimum Deductible, Member pays nothing.~~

▶ **Section IV: Hearing Examinations and Hearing Aids Clarification**

Adding variation to allow for grandfathered plans to choose not to cover Initial Assessment: ~~Not covered; Member pays 100% of all charges.~~

▶ **Section IV: Hearing Examinations and Hearing Aids – Clarification**

Exclusions: ~~Except as described above~~, programs or treatments for hearing loss or hearing care including, but not limited to, externally worn hearing or surgically implanted hearing aids and the surgery and services necessary to implant them ~~except as described above~~; hearing screening tests required under Preventive Services; replacement costs of hearing aids due to loss, breakage or theft, unless at the time of such replacement the Enrollee is eligible under the benefit Allowance; repairs; replacement parts; replacement batteries; maintenance costs

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

▶ Section IV: Hospital – Outpatient Services Clarification

Outpatient hospital includes ambulatory surgical centers. See the Outpatient Services section for provider office visits & non-surgical hospital services.

Outpatient services include:

- Outpatient surgical care
- Anesthesia and anesthesia services
- Surgical dressings and supplies
- Facility costs

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

▶ Section IV: Infusion –Clarification

Provider-Administered Specialty Drugs are covered ~~under this plan only~~ when a Provider-Administered Specialty Drug ~~has been preauthorized and~~ is obtained by the administering Provider through the designated Specialty Pharmacy for Provider-Administered Specialty Drugs. ~~Even~~ if the administering Provider is an In-Network Provider (whose services are otherwise covered ~~in the Other Professional Services benefit~~), it does not guarantee coverage for Provider-Administered Specialty Drugs if they are not obtained through the Specialty Pharmacy for Provider-Administered Specialty Drugs. ~~An exception may be available when the administering Provider obtains a Provider-Administered Specialty Drug from a source other than a Specialty Pharmacy for Provider-Administered Specialty Drugs. Contact Customer Service for further information and guidance.~~

▶ Section IV: Optical (vision) –Clarification

Adding note “Cost share based on type of Provider”

▶ Section IV: Preventive Clarification

Pre-Exposure **Prophylaxis** (PrEP) for Members at High risk for HIV infection

▶ Section IV: Rehabilitation and Habilitative Care Clarification

Add Hospital: Outpatient language to Rehabilitation and Habilitative Care for clarification regarding possible costshares

▶ Section IV: Substance Use Disorder Clarification

Preauthorization is not required for Residential Treatment and non-Emergency inpatient hospital services provided in-state. Member is given two days of treatment and then is subject to medical necessity review for continued care, **initial length of care will be no less than 14 days, subsequent authorization will be no less than 7 days.**

▶ Section IV: Substance Use Disorder Clarification

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

▶ Section IV: Substance Use Disorder Clarification

Hospital – Outpatient: After Deductible, Member pays XX% Plan Coinsurance

▶ Section IV: Telehealth (clarification)

Virtual Care – A healthcare service provided via online technology, telephonic, or secure messaging transmission of member-initiated care from a remote location with a provider that is diagnostic- and treatment focused. The member is NOT located at a healthcare site. Examples of online technology include the use of a computer, tablet or smartphone. An example of a remote location includes the member's home or work; a nonclinical location. Services are allowed for commercial members.

▶ **Section XII: Definitions (clarification)**

Members shall be required to pay any difference between a non-Network Provider's charge for services and the Allowed Amount, except for **ground ambulance services and Emergency services**.

▶ **Section XII: Definitions (clarification)**

Member must have had at least one in-person appointment or at least one real-time interactive appointment using both audio and visual technology **within the last 3 years**, with the provider providing audio only telemedicine or with a provider employed at the same medical group, at the same clinic, or by the same integrated delivery system operated by KFHPWA. Or the Member was referred to the provider providing audio-only telemedicine by a provider who they have had an in-person appointment within the past **3 years**.

▶ **Throughout Contract (updates)**

Grammatical and formatting updates

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

Kaiser Plan Reference Documents

Benefit Summary LACERA Retirees & Medicare Group Number: 2066600



Effective Date 7/1/2025	Health Plan Core HMO	Ref RQ-201470
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This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.

In accordance with the Patient Protection and Affordable Care Act of 2010,

- The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and
- Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan.

Kaiser Permanente believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act of 2010. Questions regarding this status may be directed to Member Services (888) 901-4636. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or <http://www.dol.gov/ebsa/healthreform>.

Benefits	Inside Network
Plan deductible	No annual deductible
Individual deductible carryover	Not applicable
Plan coinsurance	No plan coinsurance
Out-of-pocket limit	Individual out-of-pocket limit: \$1,500 Family out-of-pocket limit: \$3,000 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services
Pre-existing condition (PEC) waiting period	No PEC
Lifetime maximum	Unlimited
Outpatient services (Office visits)	\$10 copay
Hospital services	Inpatient services: Covered in full Outpatient surgery: \$10 copay
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Preferred generic/preferred brand \$10 copay per 30 day supply
Prescription mail order	2 x prescription cost share per 90 day supply
Acupuncture	Covered up to 12 visits per calendar year \$10 copay
Ambulance services	Covered in full
Chemical dependency	Inpatient: Covered in full Outpatient: \$10 copay
Devices, equipment and supplies	Covered in full
<ul style="list-style-type: none"> • Durable medical equipment • Orthopedic appliances • Post-mastectomy bras limited to two (2) every six (6) months • Ostomy supplies • Prosthetic devices 	

Kaiser Plan Reference Documents

Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and X-ray services	Inpatient: Covered under Hospital services Outpatient: Covered in full High end radiology imaging services such as CT, MRI and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.
Emergency services (copay waived if admitted)	\$75 copay at a designated facility \$75 copay at a non designated facility
Hearing exams (routine)	\$10 copay
Hearing hardware	\$3,000 per ear every 36 months
Home health services	Covered in full up to 130 visits total per calendar year
Hospice services	Covered in full
Infertility services	Specific diagnostic services, medical and surgical treatment, artificial insemination and drug therapy are covered subject to applicable cost share(s).
Manipulative therapy	Covered up to 10 visits per calendar year without prior authorization \$10 copay
Massage services	See Rehabilitation services
Maternity services	Inpatient: Covered in full Outpatient: \$10 copay. Routine care not subject to outpatient services copay.
Mental Health	Inpatient: Covered in full Outpatient: \$10 copay
Naturopathy	Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$10 copay
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related surgery (bariatric)	Covered at cost shares when medical criteria is met
Organ transplants	Unlimited, no waiting period Inpatient: Covered in full Outpatient: \$10 copay
Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms	Covered in full Women's contraception is covered as preventive, and Men's contraception is covered in full
Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year	Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. Covered in full Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$10 copay
Skilled nursing facility	Covered in full up to 100 days per calendar year
Sterilization (vasectomy, tubal ligation)	Covered in full
Temporomandibular Joint (TMJ) services	Inpatient: Covered in full Outpatient: \$10 copay
Tobacco cessation counseling	Quit for Life Program - covered in full
Routine vision care (1 visit every 12 months)	\$10 copay
Optical hardware Lenses, including contact lenses and frames	Not covered
Virtual Care Including Telemedicine, Telephone Services and Online (E-Visits)	Covered in full

Kaiser Plan Reference Documents

Szeto, Michael C.

From: Debbie McConathy <Debbie.T.McConathy@kp.org>
Sent: Friday, November 15, 2024 12:46 PM
To: Szeto, Michael C.
Cc: Cassandra Smith; Leilani Ignacio; Diana G Nunez; Murphy, Stephen E; Ward, Richard; Donaldson, Deborah; Kuhlman, Jessica; Clare, Wesley A
Subject: RE: LACERA - 2025/2026 Renewal Request [Kaiser WA]
Attachments: KPWA RQ-201470 LACERA 2025 Renewal Benefits UPDATED.pdf; KPWA RQ-201470 LACERA 2025 Renewal Rates.pdf; KPWA LACERA 2025 Customer Packet.pdf; KPWA LRG HMO Revision list 2025.pdf

CAUTION: External Sender

Hello Mike:

Please find attached the detailed backup for the 2025 LACERA / Kaiser Permanente Washington region renewal.

Washington plan changes

Kaiser Permanente Advanced Care at Home: Covered services received at home will now apply to the applicable benefit cost shares based on the service billed (pharmacy, outpatient care, or inpatient care) by qualified providers. This is exclusive to the Advanced Care at Home benefit.

Please let us know if you have any additional questions.

Thank you!

Debbie

Debbie McConathy

CA License #: 0D35268
Senior Executive Account Manager
Strategic Accounts

Kaiser Permanente

(c) 510.292.6119
Senior Client Service Manager – Diana Nunez; Diana.G.Nunez@kp.org

Based on law in each state we do business, the producer who is presenting the quote to the group and/or discussing KP rates and benefits, and/or placing the coverage must be licensed in each state for which KP is providing a quote. KP cannot pay commissions to any broker without a license and appointment. Please advise as soon as you are licensed and KP will work to make the appointment.

From: Szeto, Michael C. <mszeto@segalco.com>
Sent: Monday, September 30, 2024 4:29 PM
To: Debbie McConathy <Debbie.T.McConathy@kp.org>
Cc: Cassandra Smith <csmith@lacera.com>; Leilani Ignacio <lignacio@lacera.com>; Diana G Nunez <Diana.G.Nunez@kp.org>; Murphy, Stephen E <smurphy@segalco.com>; Ward, Richard <rward@segalco.com>;

SCAN Plan Reference Documents



October 25, 2024

Mr. Michael Szeto
Senior Actuarial Associate
Segal

Sent Via Email October 28, 2024

Subject: Los Angeles County Employees Retirement Association Renewal 7/1/2025 – 6/30/2026

Dear Michael:

SCAN Health Plan appreciates the opportunity to continue to serve the healthcare needs of the Los Angeles County Employees Retirement Association (LACERA) retiree population.

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

- SCAN/LACERA 24-2025 Summary of Benefits
- Independent Living Power Services (ILP)
- SCAN Health Plan Awards and Recognition

Service Area by State and Counties:

California:

Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, San Francisco, Stanislaus, San Mateo, Alameda, Fresno, and Madera.

Arizona: Maricopa, Pima, and Pinal

Nevada: Clark and Nye

Supplemental Benefits:

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

- Independent Living Power Services: A program designed to assist retirees to stay out of nursing homes and keep their independence, as long as they can safely do so in the comfort of their home. The benefits are inclusive of a Personal Care Planner who performs assessments, routine telephonic calls to ensure care is being met and identify gaps in care, Personal Emergency Response device (like Life Alert), Caregiving, home delivered meals by Life Spring and/or Meals on Wheels, adult day care, custodial care, and respite care. Services are available in California Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties.
- Routine Transportation: Unlimited rides; 75-mile max limit per ride.
- Routine Hearing: Coverage provided by TruHearing. \$600 allowance every two years.

SCAN Plan Reference Documents



- Gym Fitness
- Generic drug discounts using our preferred pharmacy network (CVS, Rite-Aid, Costco, Vons, and more).
- Telehealth: dr+on demand by Included Health gives retirees 24/7/365 access to medical providers via secure video call using a smartphone, tablet, or computer.
- Brain HQ: A brain fitness program application that strengthens the retiree's mind through games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises.
- SCAN Health Tech: A technology support line that provides training and education on how to use a computer or tablet to access medical care, Brain HQ and/or information.
- Caregiver Training: Virtual and in-person skill training and support for caregivers. The 4-week series is designed to fit into a busy schedule and is offered several times throughout the year.
- Home-Delivered Meals: Up to 28 days of home delivered meals available to members with chronic conditions. Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic conditions. Fully prepared meals delivered to the retiree's doorstep. Health specific menu options (lower sodium, diabetic-friendly, etc.).
- Nurse Advice Line: Available 24/7 days a week.

What's New for July 1, 2025:

We are beyond excited to share with you the great news! The Centers for Medicare and Medicaid Services has awarded SCAN Health Plan 4.5 Stars for 2025.

Independent Living Power Services: Increase of monthly allowance from \$850 to \$1,200.

Behavior Health Telehealth: This benefit allows the retirees to connect with a licensed Psychologist, Master's level therapists, or Psychiatrists via video 7 days a week by appointment. BH Telehealth provided by dr+on demand by Included Health.
\$0 cost

Tier 6 Select Care Drugs: Moving Tier 6 drugs to Tier 3 Brand \$14 copay.

New CMS Part D Mandates:

Part D Redesign: True Out -Of-Pocket (TrOOP) \$2,000. Retirees reaching \$2,000 TrOOP pay \$0 copay for the rest of the year.

Medicare Prescription Payment Plan (M3P): Spread out copay over time within the plan year.



Mind. Body. You.

Make the connection
with Calm Health.



The Calm Health app provides programs and tools to help support your mental health and well-being – all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

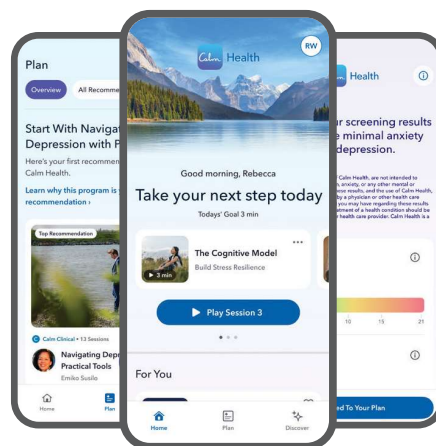
Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.

Tap into tools and support

The Calm Health app brings you a library of support – including mindfulness content and programs created by psychologists – for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being** – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals** – Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body** – Access mental health information and support to help you strengthen the mind-body connection



Scan this code to get started

You'll first need to sign in to your account on myuhc.com® or the UnitedHealthcare® app. If you don't have an account, select Register to create one.

UHC Non-Medicare Plan Reference Documents

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Your health and wellness benefits

You can have confidence in knowing you're not alone in your health journey. Here's an intro to the support program included in your health plan.

Teladoc Health Diabetes Management

The Diabetes Management program is designed to help support people diagnosed with type 1 or type 2 diabetes and may help make living with diabetes easier. The program team works with you to provide personalized action plans that may help you manage diabetes.

To get started, download the app, call **800-835-2362** or visit **teladochealth.com/register**



This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

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If you use tobacco and have thought about quitting, **Quit For Life® on Rally Coach™** may be able to help. Get tools and online resources designed to help you quit – and stay quit – at no additional cost.



Get coach support

Connect with a coach who will help create a personalized Quit Plan and guide you at every step



Access anytime, anywhere

Manage triggers with help from coach-led group sessions, trackers, text support, and more, all at your fingertips



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Get real-life tips and plan your path to quit with recommended daily goals, articles and videos



Stay on track with **24/7** support

Quit For Life®

Get started

Go to [Myuhc.com](https://myuhc.com) > Health & Wellness > My Health & Wellness > Programs > Quit Smoking



This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this program is for informational purposes only as part of your health plan. Wellness coaches, nurses and other program representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided may be right for you. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time.

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Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.

Join today at enroll.realappeal.com or scan this code



Get a Success Kit delivered right to your door.

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

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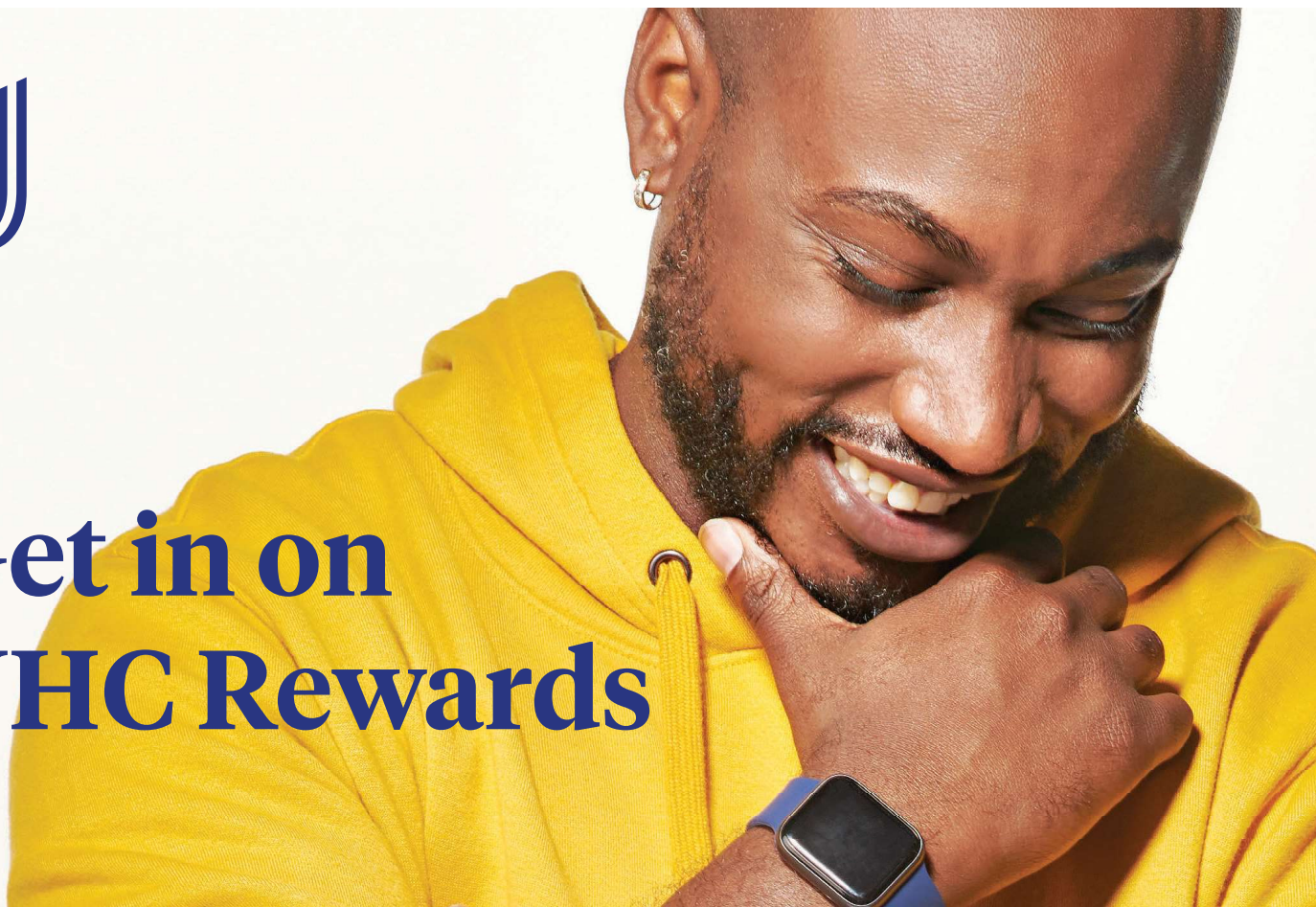
Real
Appeal

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Get in on UHC Rewards



Good news—your health plan comes with a new way to earn up to \$300.*
UnitedHealthcare Rewards is included in your health plan at no additional cost.



There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways to earn rewards being added throughout the year on myuhc.com.

Earn up to
\$300*

United
Healthcare

UHC Non-Medicare Plan Reference Documents

There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to \$300* and use it however you want

* Rewards may have **tax implications**. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. The amount of your reward will be reported on your W-2 for 2024.

Questions?

Call customer service at **1-866-230-2505**.

United Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should it be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with rewards may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to a health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. This program is not available in Hawaii, Kansas, Vermont and Puerto Rico. Components subject to change.

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Pending Receipt from Carrier

January 21, 2025

TO: Insurance, Benefits and Legislative Committee
Les Robbins, Chair
Ronald Okum, Vice Chair
Aleen Langton
Wayne Moore
Shawn R. Kehoe, Alternate

FROM: Barry W. Lew 
Legislative Affairs Officer

FOR: February 5, 2025 Insurance, Benefits, and Legislative Committee Meeting

SUBJECT: **State Engagement: Visit with California State Legislature**

RECOMMENDATION

That the Insurance, Benefits and Legislative Committee recommend that the Board of Retirement approve visits during the 2025 legislative year with the California State Legislature by trustees and staff as designated by the Chair of the Board of Retirement and approve reimbursement of travel costs incurred in accordance with LACERA's Trustee Travel Policy.

LEGAL AUTHORITY

The Board of Retirement's Policy on Engagement for Public Policy Issues Relating to Plan Administration and Retirement and Health Care Benefits provides for engagement to promote LACERA's presence and visibility with the legislative, executive, and judicial branches of state and federal governments.

DISCUSSION

As noted during the legislative update to the Board of Retirement (BOR) on January 15, 2025, by Naomi Padron, LACERA's state legislative advocate, the general election in November 2024 resulted in a 25-percent turnover in the California State Assembly and Senate, which is the highest it has been in the last 10 years.

The Assembly Public Employment and Retirement Committee is chaired by Assemblymember Tina McKinnor, whose district is in Inglewood and with whom LACERA staff has previously met. The Senate Labor, Public Employment and Retirement Committee is chaired by Senator Lola Smallwood-Cuevas, whose district is in West Adams but with whom LACERA staff has not previous met.

Ms. Padron proposes that LACERA staff and interested trustees conduct a visit with members of the Los Angeles County delegation as well as retirement policy committee

chairs and members. This will continue to maintain LACERA's presence and visibility among legislators and staff. The outreach will be an opportunity for LACERA to provide education and information to new legislators about LACERA's history, organization, and operations.

IT IS THEREFORE RECOMMENDED THAT THE COMMITTEE recommend that the Board of Retirement approve visits during the 2025 legislative year with the California State Legislature by trustees and staff as designated by the Chair of the Board of Retirement and approve reimbursement of travel costs incurred in accordance with LACERA's Trustee Travel Policy.

Reviewed and Approved:

A handwritten signature in blue ink that reads "Luis Lugo". The signature is written in a cursive style and is centered within a light gray rectangular box.

Luis Lugo, Deputy Chief Executive Officer

cc: Santos H. Kreimann
Luis Lugo
JJ Popowich
Laura Guglielmo
Steven P. Rice
Naomi Padron, MKP Government Relations

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
ENGAGEMENT REPORT
JANUARY 2025
FOR INFORMATION ONLY**

Chair of House Ways and Means Demands Response from Social Security Administration on Implementation of WEP-GPO Repeal

With the repeal of Social Security's Windfall Elimination Provision (WEP) and Government Pension Offset (GPO) now law, Ways and Means Committee Chairman Jason Smith and Social Security Subcommittee Chairman Ron Estes emphasized in a letter to SSA Acting Commissioner Carolyn Colvin that the Social Security Administration (SSA) must provide clear guidance on delivering immediate relief to those impacted.

Smith and Estes urged the SSA to implement the law swiftly and efficiently, ensuring beneficiaries receive their due benefits without undue burden. They requested detailed guidance for beneficiaries and any additional resources needed for immediate action, especially for those waiting decades for relief. They also requested that the SSA regularly report to Congress on the status of the implementation.

The questions in the letter include:

- What is the SSA's plan to implement the new benefits?
- What action will affected beneficiaries need to take and how will the SSA provide notice to those affected?
- What additional guidance or resources will be provided to assist the public and SSA employees in navigating this process?
- How long it will take SSA to fully implement the new law and what additional administrative costs does the SSA anticipate it will incur?
- What administrative cost savings are anticipated because of implementation since administrative complexity of the WEP and GPO will no longer be a factor?

In an update on its website, the SSA indicated that the repeal did not provide funding to implement the law and that under its current budget it could take more than one year to adjust benefits and pay all retroactive benefits.

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

Alaska Makes Another Attempt to Restore Pension System

Senator Jesse Kiehl of Juneau has pre-filed Senate Bill 27 to reinstate a pension-style retirement system for Alaska's state and local government workers, including teachers. This system was replaced in 2006 by a 401(k)-like program. Kiehl argues that the change has negatively impacted recruitment and retention of employees in state and local

agencies and school districts. He believes reinstating the pension system will benefit employees, the state, and local taxpayers.

The proposal has bipartisan support, but some lawmakers are skeptical about its financial implications. Kiehl's bill is similar to one introduced last session by Senator Cathy Giessel, which passed the Senate but stalled in the House due to financial concerns. Both Kiehl and Giessel have reintroduced their bills, with Kiehl's offering new employees a choice between retirement systems and Giessel's enrolling all new employees in the defined benefit program.

Kiehl is optimistic about gaining the governor's support, despite Gov. Mike Dunleavy's previous skepticism. The new legislative session begins January 20, and both bills will need to move through the committee process again. ([Source](#))

Pensionomics 2025

The National Institute on Retirement Security (NIRS) released Pensionomics 2025 (Measuring the Economic of Defined Benefit Pension Expenditures). The report is based on public finance data in 2022. The report highlights key sectors such as food services, healthcare, and retail on which pension benefits have the largest economic impact.

On a nationwide basis, \$680.6 billion in pension benefits were paid to 26.3 million retired Americans:

- State and local governments: \$371.6 billion paid to 12 million retirees and beneficiaries.
- Federal government: \$91.5 billion paid to 2.7 million retirees and beneficiaries.
- Private sector: \$217.4 billion paid to 11.5 million retirees and beneficiaries.
 - Single-employer plans: \$165.6 billion paid to 7.4 million retirees.
 - Multi-employer plans: \$51.8 billion paid to 11.5 million retirees.

Expenditures from pension benefits supported:

- 7.1 million jobs that paid \$466.2 billion in wages.
- \$1.5 trillion in total economic output nationwide.
- \$871 billion in value added to national economy (GDP)
- \$224.3 billion in federal, state, and local tax revenue.

In California, 1.6 million residents received \$68.4 billion in pension benefits from state and local plans.

- The average monthly benefit was \$3,515 per month (\$42,177 annually).

- Expenditures in California supported:
 - 397,270 jobs that paid \$28.4 billion in wages.
 - \$86.9 billion in total economic output.
 - \$16.6 billion in federal, state, and local tax revenue.
- Each dollar paid out in pension benefits supported \$1.27 in total economic activity.
- Each dollar “invested” by California taxpayers to pension plans supported \$4.30 in total economic activity in the state.

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

What Retirement on a Pension Looks Like in America

The Wall Street Journal has a series on stories on retirement in America. This story looked specifically at pensions and indicated that the pursuit of happiness in retirement is easier with a pension. Retirees with pensions report higher levels of satisfaction than those who rely on 401(k)s. Although a 401(k) can generate more wealth, retirees can be stressed in managing the investment, tax, and withdrawal strategies of defined contribution plans.

The drawbacks to pensions is that it is difficult to amass a sizable benefit unless you stay with an employer for decades and that the benefits are not always adjusted for inflation. However, as Oscar Wilde noted, “It is better to have a permanent income than to be fascinating.”

The story profiles four retirees who receive pensions, both public sector and private sector pensions in terms of their annual incomes and spending, and who say any trade-offs are worth the peace of mind.

One retiree is a 71-year-old Californian who worked for the state for 25 years. Even he said that he did not like most the jobs he held in those 25 years, he worked towards the pension he received when retiring at age 64. He receives \$5,900 after taxes from his pension, \$2,200 in Social Security, and personal savings of \$110,000. He had worked for a private sector company in transportation but lost his pension at that company when it went bankrupt. He then worked for the state in information security. He has had medical issues and has his Medicare supplemented by the state. But ultimately he is happy that he does not have to work anymore. [\(Source\)](#)

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

**STAFF ACTIVITIES REPORT
JANUARY 2025**

FOR INFORMATION ONLY

Domestic Partner Imputed Income Project

On January 15, 2025, staff completed the 2024 1099-R manual entries for 335 members with Domestic Partner dependents. We mailed letters to these members.

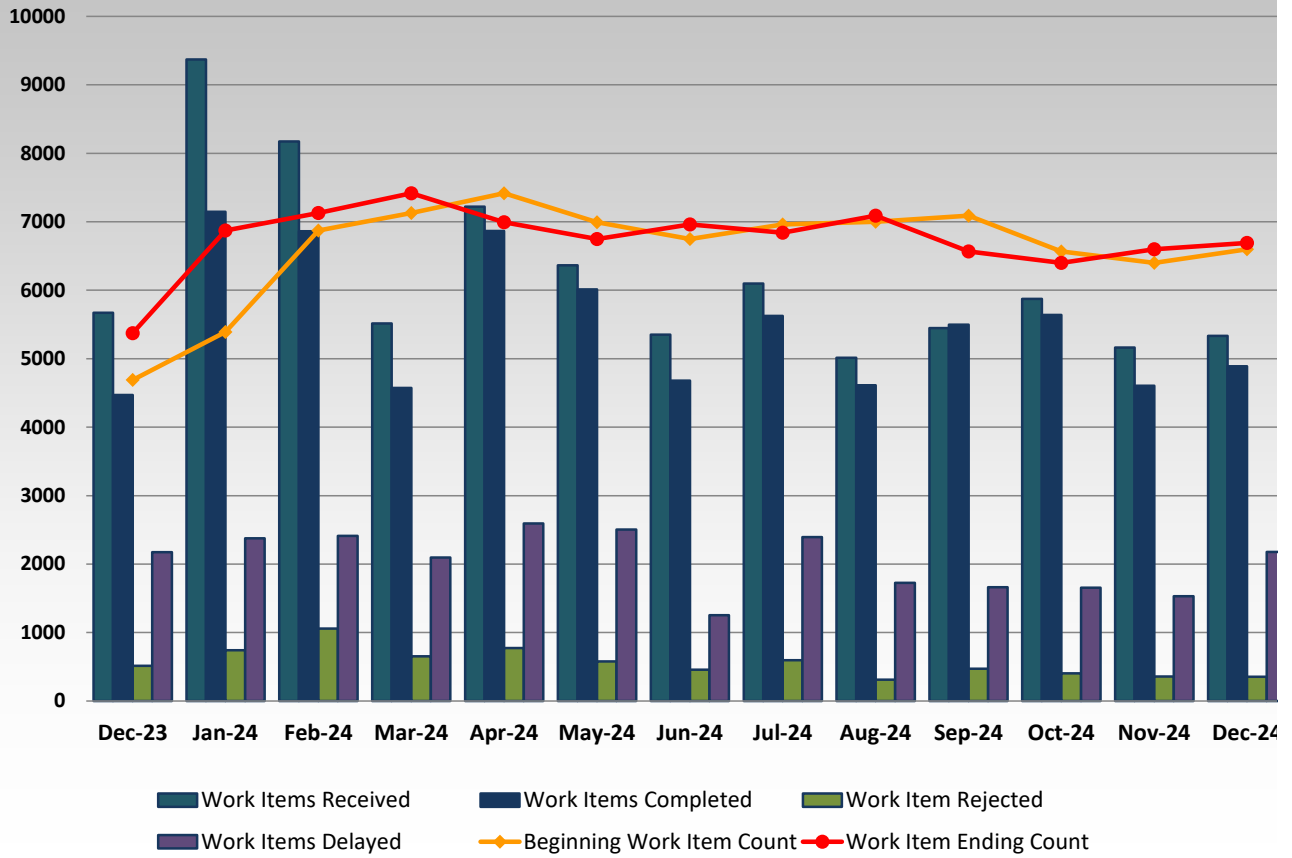
As a background, the federal government does not recognize a domestic partner as a qualified dependent. Therefore, member is responsible for the federal tax portion of their County contribution, which is referred to as imputed income, applicable to the eligible domestic partner.

Retiree Healthcare Division

Trend Report

DEC. 2023 - DEC. 2024

Updated 1/22/2025

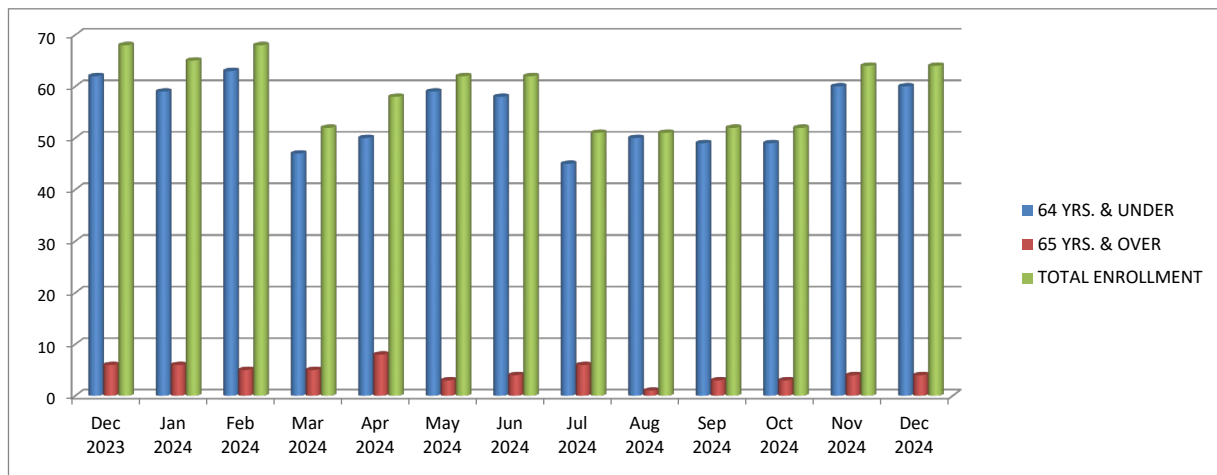


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Dec-23	4689	5672	4471	516	2175	5374
Jan-24	5390	9371	7145	742	2377	6874
Feb-24	6874	8174	6862	1059	2411	7127
Mar-24	7127	5516	4573	653	2097	7417
Apr-24	7417	7221	6865	775	2593	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
Dec-24	6597	5335	4889	353	2177	6690

Retirees Monthly Age Breakdown DEC. 2023 - DEC. 2024

Disability Retirement

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



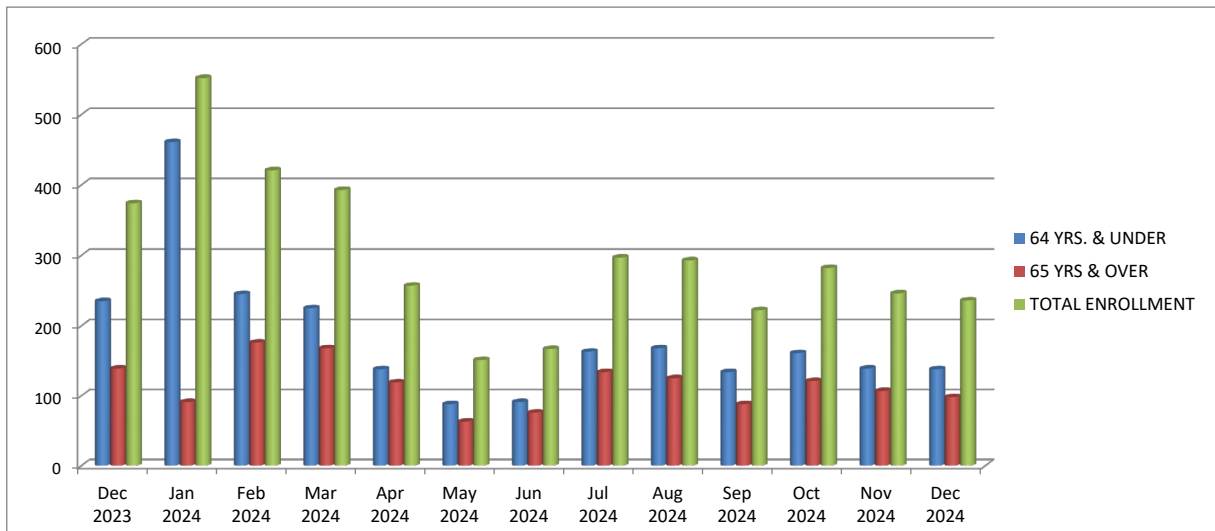
PLEASE NOTE:

- Next Report will include the following dates: January 1, 2024 through January 31, 2025

Retirees Monthly Age Breakdown DEC. 2023 - DEC. 2024

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
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
Dec 2024	138	98	236



PLEASE NOTE:

- Next Report will include the following dates: January 1, 2024, through January 31, 2025.

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 1/31/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7693	1295253.7	0	0
241	131	21303.2	0	0
242	954	164727.9	0	0
243	4629	1595923.26	0	0
244	14	2253.3	0	0
245	56	8574.5	0	0
246	16	2669.1	0	0
247	169	30694.3	0	0
248	15	4741.6	0	0
249	81	28748.3	0	0
250	17	5734.5	0	0
Plan Total:	13,775	\$3,160,623.66	0	\$0.00
CIGNA - PREFERRED with RX				
321	35	5400.6	0	0
322	7	1057.9	0	0
324	22	7203.7	0	0
327	1	104.9	0	0
Plan Total:	65	\$13,767.10	0	\$0.00
KAISER SR. ADVANTAGE				
394	26	4409.1	0	0
397	3	144.6	0	0
398	10	4070	0	0
403	12233	2021199.18	0	0
413	1507	262064.14	0	0
418	6401	2176204.77	0	0
419	207	32362.6	0	0
426	258	45434.3	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	14	4872.6	0	0
479	1	144.6	0	0
482	84	14604.2	0	0
486	3	555	0	0
488	34	11390.3	0	0
491	1	148.5	0	0
492	1	185	0	0
0	0	0	0	0
Plan Total:	20,991	\$4,621,937.29	0	\$0.00

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 1/31/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	279	46783.9	0	0
613	103	34068.6	0	0
620	8	1377.3	0	0
622	16	2907.2	0	0
623	2	579.8	0	0
Plan Total:	408	85,717	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2173	369771.8	0	0
702	397	70304.6	0	0
703	1416	491317.1	0	0
704	96	16596.2	0	0
705	53	18499.8	0	0
Plan Total:	4,135	\$966,489.50	0	\$0.00
Grand Total:	39,374	\$8,848,534.35	0	\$0.00

Medicare Part B Reimbursement and Penalty Report
PAY PERIOD 1/31/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7693	\$1,295,253.70	0	\$0.00
241	131	\$21,303.20	0	\$0.00
242	954	\$164,727.90	0	\$0.00
243	4629	\$1,595,923.26	0	\$0.00
244	14	\$2,253.30	0	\$0.00
245	56	\$8,574.50	0	\$0.00
246	16	\$2,669.10	0	\$0.00
247	169	\$30,694.30	0	\$0.00
248	15	\$4,741.60	0	\$0.00
249	81	\$28,748.30	0	\$0.00
250	17	\$5,734.50	0	\$0.00
Plan Total:	13,775	\$3,160,623.66	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	\$7,203.70	0	\$0.00
327	1	\$104.90	0	\$0.00
Plan Total:	65	\$13,767.10	0	\$0.00
KAISER SR. ADVANTAGE				
394	26	\$4,409.10	0	\$0.00
397	3	\$144.60	0	\$0.00
398	10	\$4,070.00	0	\$0.00
403	12233	\$2,021,199.18	0	\$0.00
413	1507	\$262,064.14	0	\$0.00
418	6401	\$2,176,204.77	0	\$0.00
419	207	\$32,362.60	0	\$0.00
426	258	\$45,434.30	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	14	\$4,872.60	0	\$0.00
479	1	\$144.60	0	\$0.00
482	84	\$14,604.20	0	\$0.00
486	3	\$555.00	0	\$0.00
488	34	\$11,390.30	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$185.00	0	\$0.00
Plan Total:	20,991	\$4,621,937.29	0	\$0.00

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 1/31/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	279	\$46,783.90	0	\$0.00
613	103	\$34,068.60	0	\$0.00
620	8	\$1,377.30	0	\$0.00
622	16	\$2,907.20	0	\$0.00
623	2	\$579.80	0	\$0.00
Plan Total:	408	85,717	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2173	\$369,771.80	0	\$0.00
702	397	\$70,304.60	0	\$0.00
703	1416	\$491,317.10	0	\$0.00
704	96	\$16,596.20	0	\$0.00
705	53	\$18,499.80	0	\$0.00
Plan Total:	4,135	\$966,489.50	0	\$0.00
LOCAL 1014				
804	201	\$47,358.00	0	\$0.00
805	236	\$50,059.80	0	\$0.00
806	744	\$296,957.60	0	\$0.00
807	58	\$11,543.90	0	\$0.00
808	23	\$9,397.80	0	\$0.00
812	263	\$53,797.10	0	\$0.00
813	1	\$185.00	0	\$0.00
Plan Total:	1,526	\$469,299.20	0	\$0.00
Grand Total:	40,900	\$9,317,833.55	0	\$0.00

Medical and Dental Vision Insurance Premiums February 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	425	\$474,691.00	\$71,214.71	\$401,242.45	\$472,457.16	(\$3,350.76)	\$469,106.40
202	215	\$474,789.60	\$38,466.78	\$431,926.62	\$470,393.40	\$0.00	\$470,393.40
203	69	\$171,172.44	\$26,345.61	\$144,826.83	\$171,172.44	\$0.00	\$171,172.44
204	25	\$35,892.75	\$9,418.25	\$25,038.79	\$34,457.04	\$0.00	\$34,457.04
SUBTOTAL	734	\$1,156,545.79	\$145,445.35	\$1,003,034.69	\$1,148,480.04	(\$3,350.76)	\$1,145,129.28
Anthem Blue Cross I							
211	517	\$766,625.28	\$48,124.34	\$708,161.10	\$756,285.44	(\$5,908.48)	\$750,376.96
212	218	\$580,592.86	\$30,414.42	\$547,515.17	\$577,929.59	(\$2,663.27)	\$575,266.32
213	74	\$232,478.40	\$24,441.64	\$208,036.76	\$232,478.40	\$0.00	\$232,478.40
214	23	\$44,952.35	\$4,143.42	\$44,717.83	\$48,861.25	\$0.00	\$48,861.25
215	2	\$997.94	\$159.67	\$838.27	\$997.94	\$0.00	\$997.94
SUBTOTAL	834	\$1,625,646.83	\$107,283.49	\$1,509,269.13	\$1,616,552.62	(\$8,571.75)	\$1,607,980.87
Anthem Blue Cross II							
221	2,413	\$3,574,630.40	\$182,098.70	\$3,419,415.28	\$3,601,513.98	(\$7,385.60)	\$3,594,128.38
222	2,040	\$5,459,703.50	\$129,328.03	\$5,239,824.29	\$5,369,152.32	(\$5,326.54)	\$5,363,825.78
223	931	\$2,927,971.20	\$111,715.24	\$2,791,341.78	\$2,903,057.02	\$9,424.80	\$2,912,481.82
224	239	\$471,022.45	\$45,343.21	\$425,543.44	\$470,886.65	\$0.00	\$470,886.65
SUBTOTAL	5,623	\$12,433,327.55	\$468,485.18	\$11,876,124.79	\$12,344,609.97	(\$3,287.34)	\$12,341,322.63

Medical and Dental Vision Insurance Premiums February 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,743	\$4,658,212.02	\$593,258.66	\$4,098,983.05	\$4,692,241.71	(\$12,628.77)	\$4,679,612.94
241	130	\$251,941.82	\$20,655.41	\$227,439.97	\$248,095.38	\$0.00	\$248,095.38
242	948	\$1,846,291.20	\$104,431.00	\$1,679,062.04	\$1,783,493.04	(\$1,923.22)	\$1,781,569.82
243	4,643	\$5,575,220.69	\$569,323.33	\$4,958,010.56	\$5,527,333.89	(\$13,168.87)	\$5,514,165.02
244	14	\$15,078.00	\$1,787.82	\$13,290.18	\$15,078.00	\$0.00	\$15,078.00
245	56	\$61,389.00	\$6,387.65	\$46,459.93	\$52,847.58	\$0.00	\$52,847.58
246	16	\$38,379.20	\$4,605.50	\$33,773.70	\$38,379.20	\$0.00	\$38,379.20
247	176	\$422,171.20	\$23,315.37	\$391,659.73	\$414,975.10	\$0.00	\$414,975.10
248	15	\$25,088.40	\$2,140.87	\$22,947.53	\$25,088.40	\$0.00	\$25,088.40
249	81	\$137,149.92	\$6,389.20	\$127,415.60	\$133,804.80	\$0.00	\$133,804.80
250	17	\$31,865.99	\$2,436.81	\$29,429.18	\$31,865.99	\$0.00	\$31,865.99
SUBTOTAL	13,839	\$13,062,787.44	\$1,334,731.62	\$11,628,471.47	\$12,963,203.09	(\$27,720.86)	\$12,935,482.23
CIGNA Network Model Plan							
301	220	\$418,646.93	\$108,067.03	\$325,734.54	\$433,801.57	\$0.00	\$433,801.57
302	55	\$191,554.16	\$42,737.39	\$135,134.33	\$177,871.72	\$0.00	\$177,871.72
303	6	\$24,234.48	\$5,367.05	\$14,828.35	\$20,195.40	\$0.00	\$20,195.40
304	13	\$32,677.71	\$11,401.31	\$18,762.73	\$30,164.04	\$0.00	\$30,164.04
SUBTOTAL	294	\$667,113.28	\$167,572.78	\$494,459.95	\$662,032.73	\$0.00	\$662,032.73
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	\$2,194.32	\$12,891.52	\$15,085.84	\$0.00	\$15,085.84
327	1	\$2,492.31	\$498.46	\$1,993.85	\$2,492.31	\$0.00	\$2,492.31
SUBTOTAL	65	\$42,830.23	\$4,801.73	\$38,028.50	\$42,830.23	\$0.00	\$42,830.23

Medical and Dental Vision Insurance Premiums February 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,553	\$2,133,465.85	\$150,842.05	\$1,891,599.00	\$2,042,441.05	(\$2,616.96)	\$2,039,824.09
403	12,246	\$3,473,520.00	\$305,370.47	\$3,166,069.79	\$3,471,440.26	(\$5,011.08)	\$3,466,429.18
404	448	\$580,782.72	\$8,141.36	\$576,530.53	\$584,671.89	(\$3,889.17)	\$580,782.72
405	1,453	\$1,971,613.28	\$18,362.10	\$1,979,476.88	\$1,997,838.98	(\$1,354.13)	\$1,996,484.85
411	1,916	\$5,224,247.70	\$209,400.88	\$4,878,608.20	\$5,088,009.08	(\$2,694.30)	\$5,085,314.78
413	1,495	\$2,462,708.25	\$113,430.76	\$2,307,600.49	\$2,421,031.25	(\$1,625.55)	\$2,419,405.70
414	45	\$118,779.30	\$844.65	\$117,934.65	\$118,779.30	\$0.00	\$118,779.30
418	6,367	\$3,564,633.60	\$246,773.66	\$3,288,242.42	\$3,535,016.08	(\$4,728.80)	\$3,530,287.28
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	(\$2,584.78)	\$250,723.66
421	8	\$10,809.20	\$918.78	\$9,890.42	\$10,809.20	\$0.00	\$10,809.20
422	277	\$752,541.12	\$2,265.71	\$771,682.62	\$773,948.33	\$0.00	\$773,948.33
426	257	\$423,417.80	\$3,452.47	\$424,850.92	\$428,303.39	\$0.00	\$428,303.39
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	26,564	\$21,813,017.74	\$1,069,148.78	\$20,499,638.95	\$21,568,787.73	(\$24,504.77)	\$21,544,282.96

Medical and Dental Vision Insurance Premiums February 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	\$0.00	\$10,128.60
453	9	\$26,173.98	\$3,653.22	\$28,337.20	\$31,990.42	\$0.00	\$31,990.42
454	0	\$3,927.17	(\$2,325.12)	(\$5,529.22)	(\$7,854.34)	\$0.00	(\$7,854.34)
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	\$71,375.50	\$5,170.65	\$60,239.78	\$65,410.43	\$0.00	\$65,410.43
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	3	\$12,452.16	\$2,231.17	\$3,994.91	\$6,226.08	\$0.00	\$6,226.08
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	147	\$120,402.38	\$12,862.02	\$101,314.28	\$114,176.30	\$0.00	\$114,176.30

Medical and Dental Vision Insurance Premiums February 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	\$12,402.32	\$602.40	\$11,799.92	\$12,402.32	\$0.00	\$12,402.32
479	1	\$2,586.69	\$0.00	\$2,586.69	\$2,586.69	\$0.00	\$2,586.69
SUBTOTAL	57	\$53,352.32	\$4,663.28	\$48,689.04	\$53,352.32	\$0.00	\$53,352.32
Kaiser - Oregon							
481	1	\$1,306.65	\$653.32	\$653.33	\$1,306.65	\$0.00	\$1,306.65
482	84	\$46,069.80	\$6,570.43	\$41,144.72	\$47,715.15	\$0.00	\$47,715.15
483	4	\$6,542.80	\$988.83	\$5,553.97	\$6,542.80	\$0.00	\$6,542.80
484	5	\$13,026.50	\$0.00	\$13,026.50	\$13,026.50	\$0.00	\$13,026.50
486	4	\$7,388.40	\$0.00	\$7,388.40	\$7,388.40	\$0.00	\$7,388.40
488	33	\$37,022.60	\$5,313.82	\$30,619.88	\$35,933.70	\$0.00	\$35,933.70
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	\$115,381.28	\$13,526.40	\$102,411.33	\$115,937.73	\$0.00	\$115,937.73
SCAN Health Plan							
611	279	\$75,294.00	\$14,727.72	\$59,765.28	\$74,493.00	\$0.00	\$74,493.00
613	101	\$54,178.00	\$11,435.24	\$40,112.76	\$51,548.00	\$0.00	\$51,548.00
SUBTOTAL	380	\$129,472.00	\$26,162.96	\$99,878.04	\$126,041.00	\$0.00	\$126,041.00

Medical and Dental Vision Insurance Premiums

February 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	\$587.40	\$4,218.60	\$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	20	\$5,858.00	\$587.40	\$5,270.60	\$5,858.00	\$0.00	\$5,858.00
UHC Medicare Adv.							
701	2,169	\$759,621.00	\$84,743.22	\$671,393.48	\$756,136.70	\$1,045.35	\$757,182.05
702	391	\$737,452.00	\$41,371.14	\$679,488.19	\$720,859.33	(\$1,843.63)	\$719,015.70
703	1,410	\$977,549.10	\$89,091.68	\$879,500.72	\$968,592.40	\$0.00	\$968,592.40
704	97	\$208,017.81	\$11,808.67	\$183,602.00	\$195,410.67	\$0.00	\$195,410.67
705	52	\$50,162.38	\$1,590.05	\$44,786.49	\$46,376.54	\$0.00	\$46,376.54
706	2	\$858.30	\$257.48	\$3,175.72	\$3,433.20	\$0.00	\$3,433.20
SUBTOTAL	4,121	\$2,733,660.59	\$228,862.24	\$2,461,946.60	\$2,690,808.84	(\$798.28)	\$2,690,010.56
United Healthcare							
707	571	\$862,825.32	\$83,393.85	\$798,607.77	\$882,001.62	\$0.00	\$882,001.62
708	472	\$1,320,777.90	\$76,171.62	\$1,162,674.90	\$1,238,846.52	\$0.00	\$1,238,846.52
709	389	\$1,273,064.72	\$101,291.24	\$1,145,726.12	\$1,247,017.36	\$0.00	\$1,247,017.36
SUBTOTAL	1,432	\$3,456,667.94	\$260,856.71	\$3,107,008.79	\$3,367,865.50	\$0.00	\$3,367,865.50

Medical and Dental Vision Insurance Premiums February 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	82	\$115,465.02	\$3,801.89	\$104,622.58	\$108,424.47	\$0.00	\$108,424.47
802	324	\$822,610.08	\$26,810.99	\$788,182.33	\$814,993.32	\$2,538.92	\$817,532.24
803	388	\$1,162,021.20	\$37,615.96	\$1,133,389.94	\$1,171,005.90	\$37,838.83	\$1,208,844.73
804	204	\$287,254.44	\$9,462.46	\$274,975.76	\$284,438.22	(\$47,358.00)	\$237,080.22
805	238	\$604,262.96	\$16,151.50	\$585,572.54	\$601,724.04	(\$50,059.80)	\$551,664.24
806	744	\$1,888,956.48	\$41,587.48	\$1,849,907.92	\$1,891,495.40	(\$299,496.52)	\$1,591,998.88
807	58	\$173,704.20	\$4,971.54	\$168,732.66	\$173,704.20	(\$11,543.90)	\$162,160.30
808	23	\$68,882.70	\$1,916.74	\$66,965.96	\$68,882.70	(\$9,397.80)	\$59,484.90
809	16	\$22,529.76	\$2,365.62	\$20,164.14	\$22,529.76	\$0.00	\$22,529.76
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	264	\$371,741.04	\$22,501.52	\$356,167.42	\$378,668.94	(\$52,388.99)	\$326,279.95
813	1	\$2,538.92	\$0.00	\$2,538.92	\$2,538.92	(\$185.00)	\$2,353.92
SUBTOTAL	2,356	\$5,557,335.60	\$172,936.93	\$5,382,837.74	\$5,555,774.67	(\$430,052.26)	\$5,125,722.41
Kaiser - Washington							
393	7	\$12,870.34	\$2,530.50	\$10,339.84	\$12,870.34	\$0.00	\$12,870.34
394	26	\$11,446.50	\$1,593.70	\$9,852.80	\$11,446.50	\$0.00	\$11,446.50
395	2	\$6,852.98	\$1,526.44	\$5,326.54	\$6,852.98	\$0.00	\$6,852.98
397	2	\$6,084.36	\$0.00	\$2,028.12	\$2,028.12	\$0.00	\$2,028.12
398	10	\$8,725.00	\$907.40	\$8,690.10	\$9,597.50	\$0.00	\$9,597.50
SUBTOTAL	47	\$45,979.18	\$6,558.04	\$36,237.40	\$42,795.44	\$0.00	\$42,795.44
Medical Plan Total	56,728	\$63,092,889.65	\$4,030,248.30	\$58,456,404.34	\$62,486,652.64	(\$498,286.02)	\$61,988,366.62

Medical and Dental Vision Insurance Premiums February 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Dental/Vision Plan							
CIGNA Indemnity Dental/Vision							
501	26,845	\$1,452,853.50	\$146,087.95	\$1,321,816.48	\$1,467,904.43	(\$2,866.40)	\$1,465,038.03
502	24,585	\$2,783,763.32	\$205,686.59	\$2,562,804.57	\$2,768,491.16	(\$5,032.64)	\$2,763,458.52
503	9	\$599.67	\$21.33	\$578.34	\$599.67	\$0.00	\$599.67
SUBTOTAL	51,439	\$4,237,216.49	\$351,795.87	\$3,885,199.39	\$4,236,995.26	(\$7,899.04)	\$4,229,096.22
CIGNA Dental HMO/Vision							
901	4,276	\$199,012.56	\$20,681.20	\$180,051.62	\$200,732.82	(\$417.68)	\$200,315.14
902	3,181	\$304,038.48	\$21,737.53	\$280,204.79	\$301,942.32	(\$95.28)	\$301,847.04
903	3	\$141.33	\$60.31	\$363.68	\$423.99	\$0.00	\$423.99
SUBTOTAL	7,460	\$503,192.37	\$42,479.04	\$460,620.09	\$503,099.13	(\$512.96)	\$502,586.17
Dental/Vision Plan Total	58,899	\$4,740,408.86	\$394,274.91	\$4,345,819.48	\$4,740,094.39	(\$8,412.00)	\$4,731,682.39
GRAND TOTALS	115,627	\$67,833,298.51	\$4,424,523.21	\$62,802,223.82	\$67,226,747.03	(\$506,698.02)	\$66,720,049.01

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.

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

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

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

-It is not open to new enrollments.

-People who have left it cannot return to it.

"Senior Advantage"

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

"Excess I"

-Is for participants who have Medicare Part A only.

"Excess II"

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

"Excess III"

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

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

*Benchmark premiums are bolded.

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

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

CIGNA Indemnity - Dental/Vision

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

CIGNA HMO - Dental/Vision

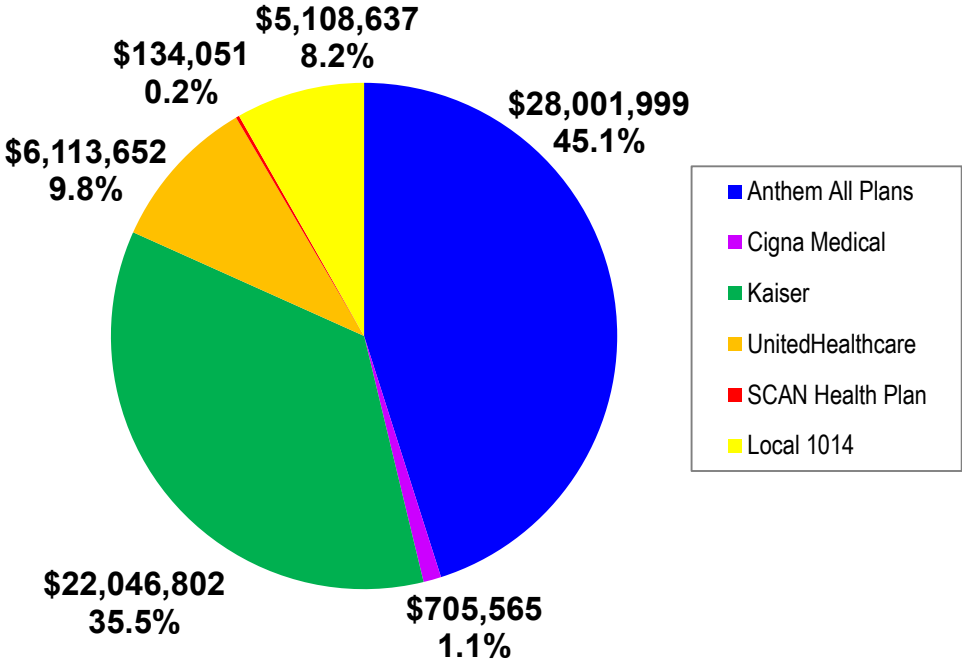
\$39.02	901	Retiree Only
\$81.07	902	Retiree and Dependent(s)
\$39.56	903	Survivor Children Only Rates

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

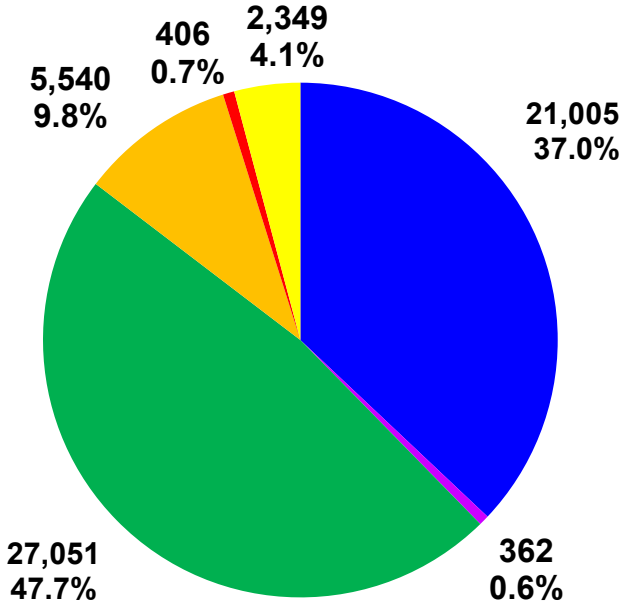
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$28,001,999	45.1%	21,005	37.0%
Cigna Medical	\$705,565	1.1%	362	0.6%
Kaiser	\$22,046,802	35.5%	27,051	47.7%
UnitedHealthcare	\$6,113,652	9.9%	5,540	9.8%
SCAN Health Plan	\$134,051	0.2%	406	0.7%
Local 1014	\$5,108,637	8.2%	2,349	4.2%
Combined Medical	\$62,110,706	100.0%	56,713	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,741,646	58,883
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Monthly Premium

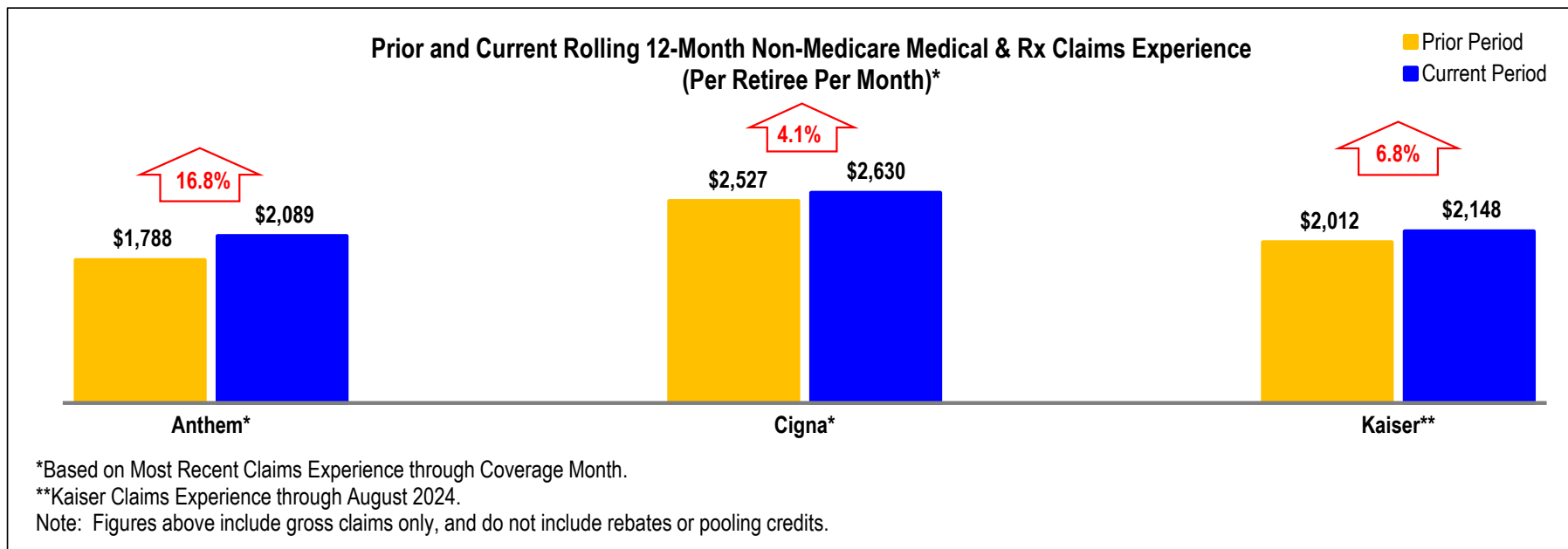
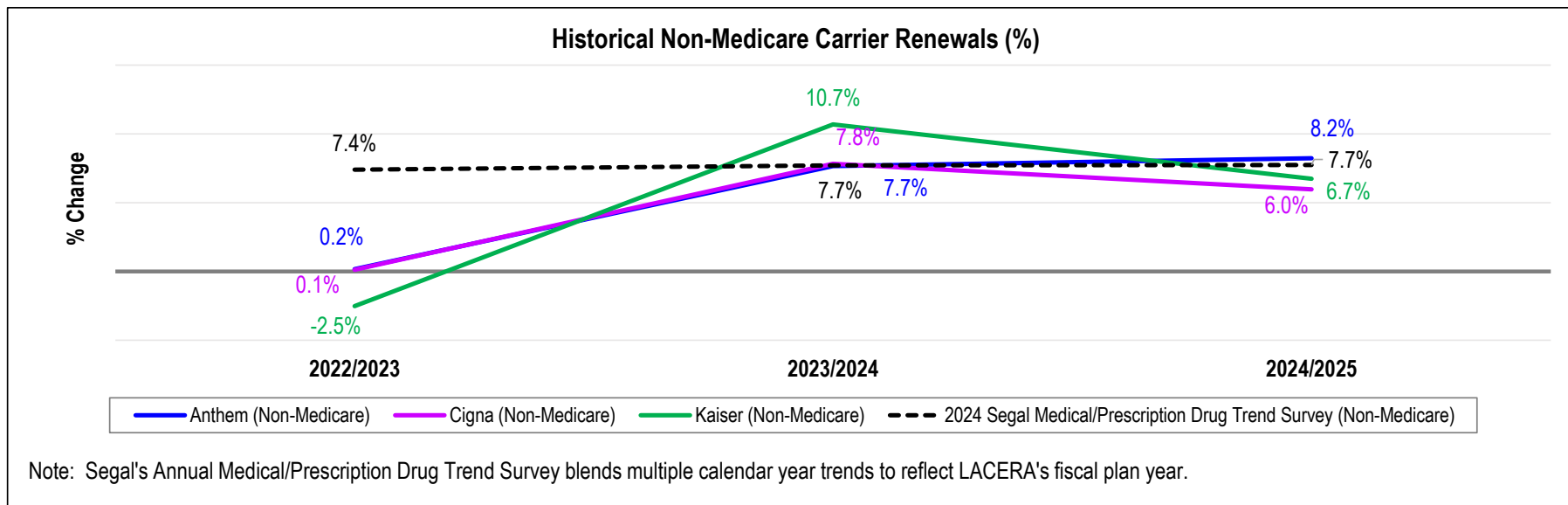


Retirees



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

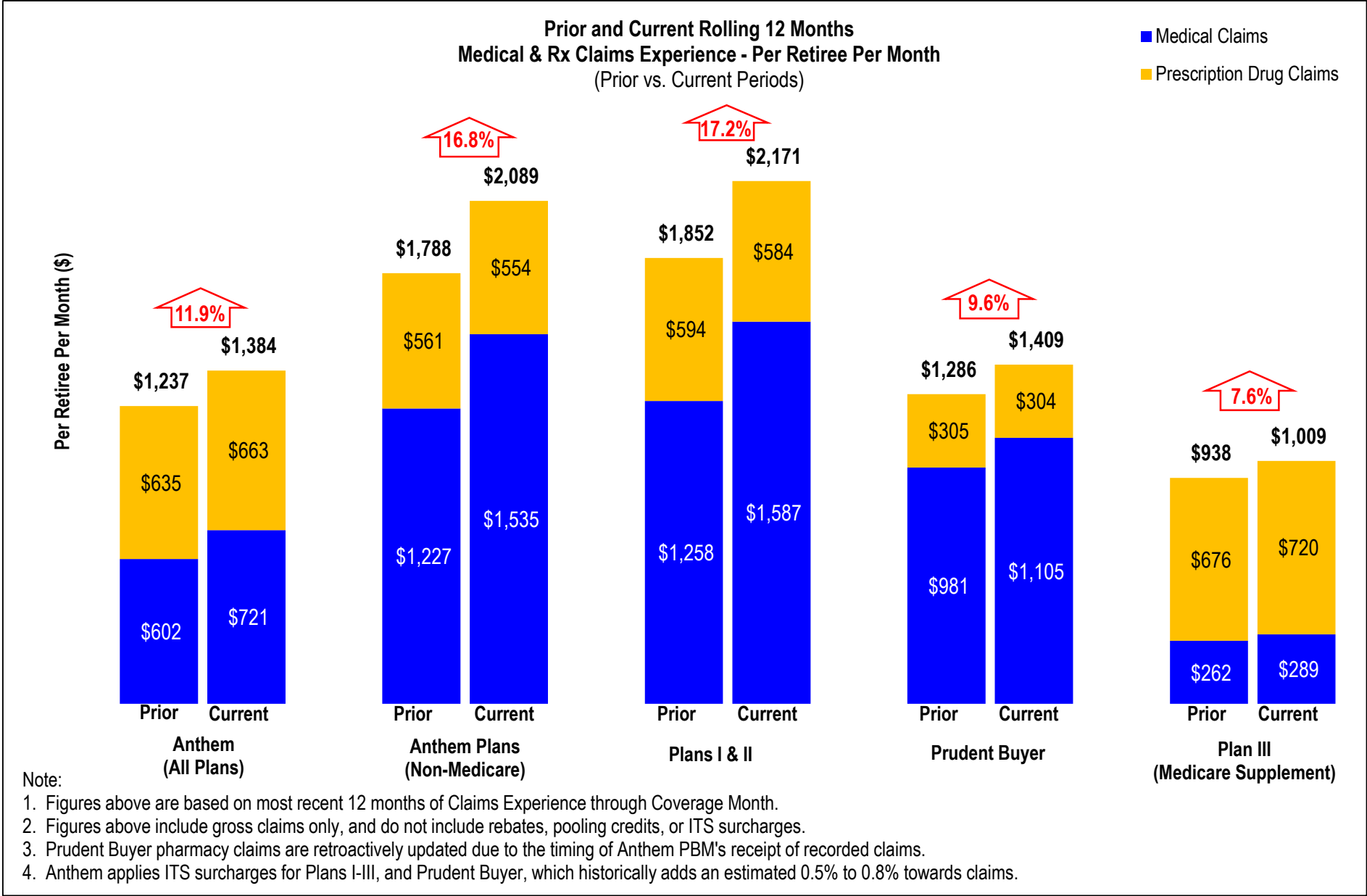
Los Angeles County Employees Retirement Association
Claims Experience by Carrier
Coverage Month Ending December 2024



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending December 2024



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending December 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.

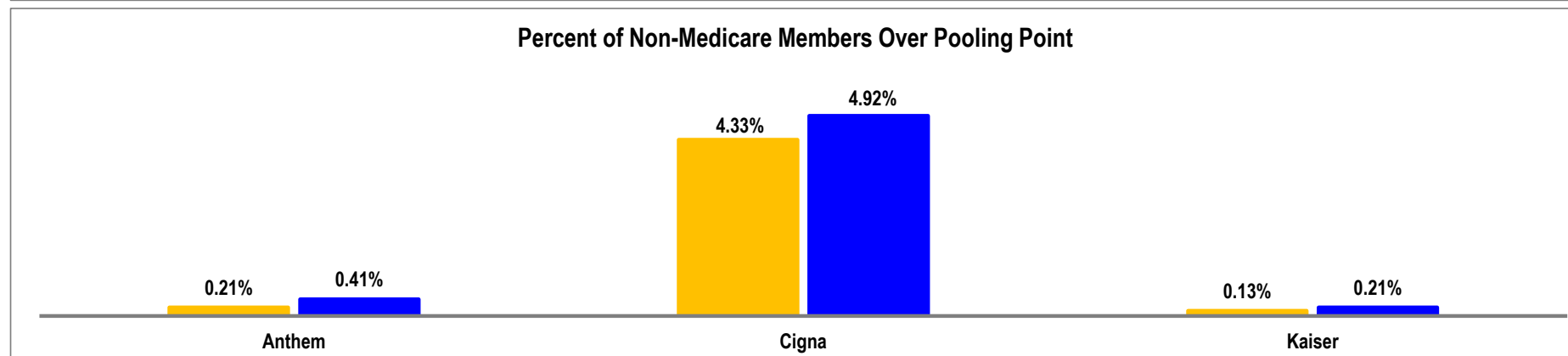
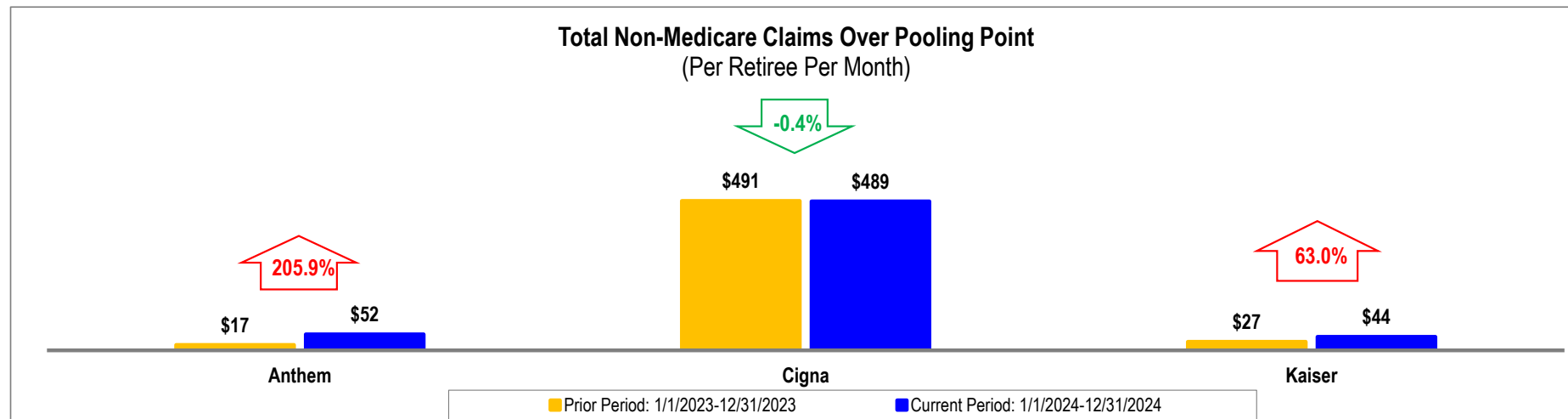
Category	Current Period 9/1/2023 - 8/31/2024	Prior Period 9/1/2022 - 8/31/2023	Change
Average Contract Size	2.34	2.36	-0.85%
Average Members	8,855	8,917	-0.70%
Inpatient Claims Per Member Per Month	\$209.11	\$239.18	-12.57%
Outpatient Claims Per Member Per Month	\$419.32	\$350.29	19.71%
Pharmacy Per Member Per Month	\$145.09	\$135.21	7.31%
Other Per Member Per Month	\$145.53	\$136.79	6.39%
Total Claims Per Member Per Month	\$919.05	\$861.47	6.68%
Total Paid Claims	\$97,658,482	\$92,175,937	5.95%
Large Claims over \$550,000 Pooling Point ¹			
Number of Claims over Pooling Point	8	5	
Amount over Pooling Point	\$2,005,620	\$1,225,669	63.63%
% of Total Paid Claims	2.05%	1.33%	
Inpatient Days / 1000	348.7	409.7	-14.89%
Inpatient Admits / 1000	52.5	52.7	-0.38%
Outpatient Visits / 1000	14,457.1	14,087.7	2.62%
Pharmacy Scripts Per Member Per Year	11.2	10.4	7.69%

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 December 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 December 2024

Prior Calendar Year: December 2023 ¹							Current Calendar Year: December 2024 ²		
Lifetime Claim Amount ³	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined			
\$900K-\$999K	19	1	20	15	1	16			
\$800K-\$899K	27	2	29	18	1	19			
\$700K-\$799K	29	3	32	27	2	29			
\$600-\$699K	53	2	55	61	0	61			
\$500-\$599K	82	4	86	78	8	86			
Total	210	12	222	199	12	211			

Prior Month: November 2024 ⁴				Most Recent Month: December 2024 ²		
Lifetime Claim Amount ³	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$900K-\$999K	11	1	12	15	1	16
\$800K-\$899K	16	1	17	18	1	19
\$700K-\$799K	20	2	22	27	2	29
\$600-\$699K	45	0	45	61	0	61
\$500-\$599K	63	8	71	78	8	86
Total	155	12	167	199	12	211

The number of members reported will fluctuate period to period due to multiple factors including migration from an Anthem plan to another LACERA-administered plan or members passing away.

¹ Based on data provided by Anthem on September 17, 2024.

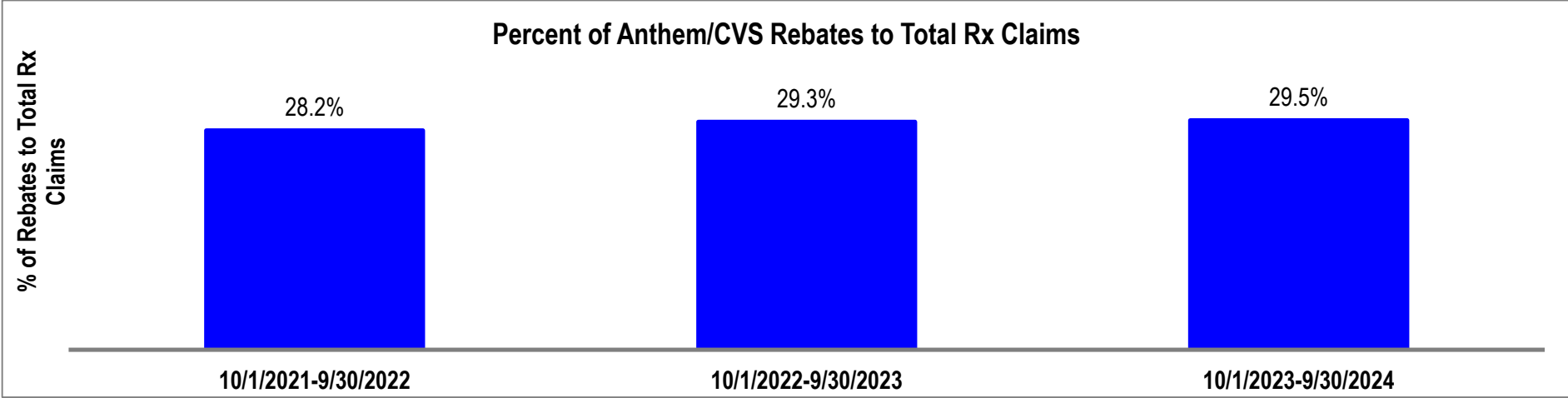
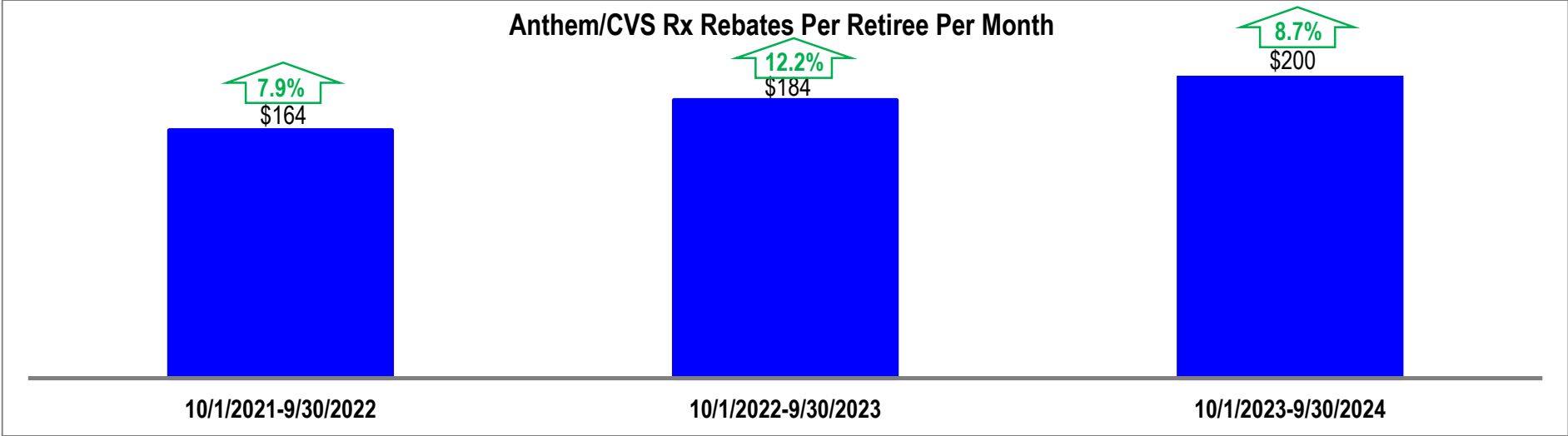
² Based on data provided by Anthem on January 22, 2025.

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

⁴ Based on data provided by Anthem on December 18, 2024.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)
Coverage Month Ending December 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.

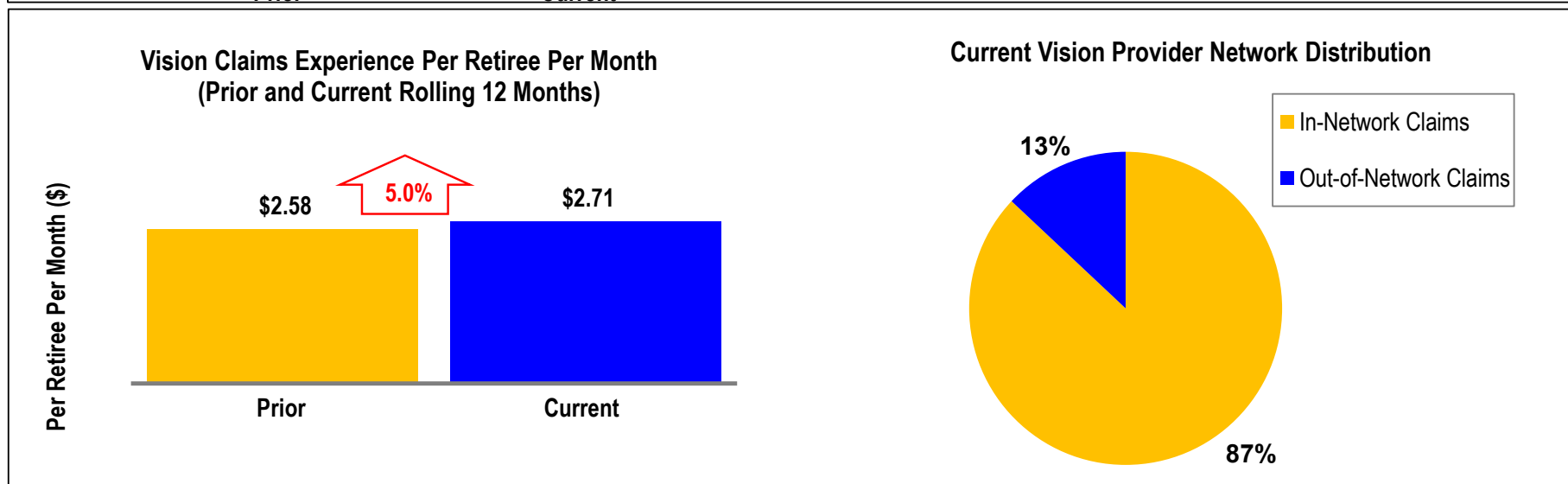
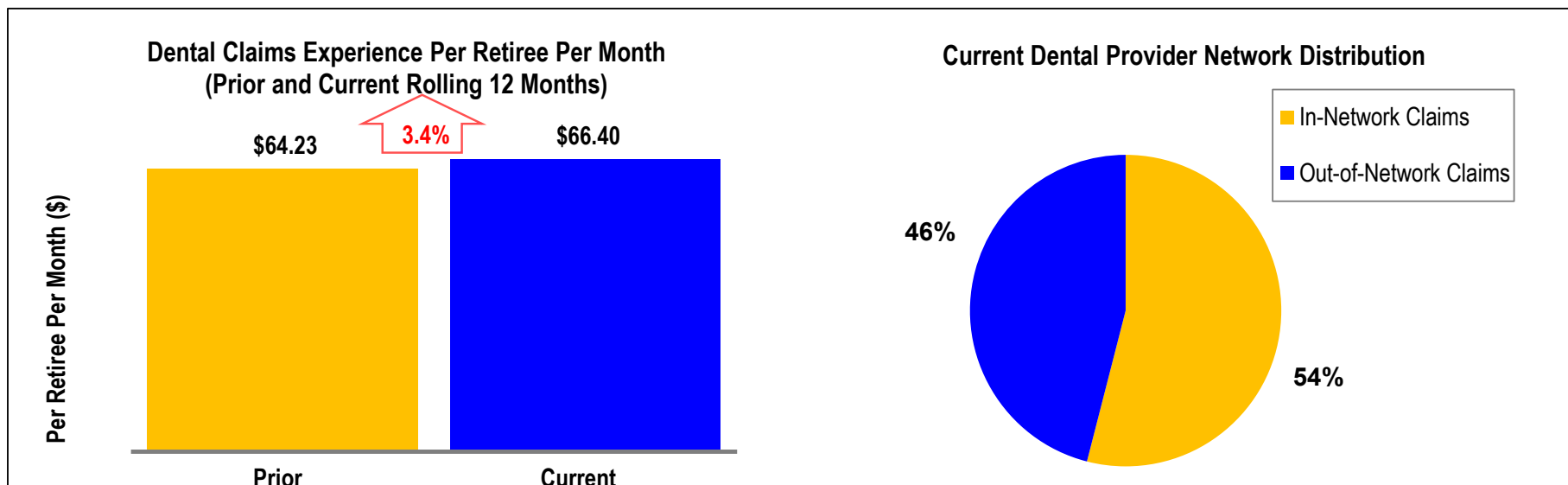
Note:

- 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 December 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.

Articles | January 21, 2025

Group Health Plan Sponsors: What to Watch for in Washington

By [Kathryn Bakich](#)

As a new presidential administration begins, plan sponsors are wondering how legislative and regulatory developments will affect health benefit plans. We anticipate a flurry of activity early in 2025, particularly as Congress will need to enact legislation extending government funding, which expires March 14, 2025.



The impact on health benefit plans may be either direct through regulation of plan operations, or indirect through modifications to the Affordable Care Act, tax code and/or other public insurance programs.

This article explores the potential health policy priorities for the new administration and how both legislative and regulatory activity could impact group health plans.

Tax, spending and the budget will take center stage

Now that the new administration is in office, action will occur in several areas: executive orders, approval of cabinet nominations, potential use of the Congressional Review Act to reverse regulations issued during the previous administration and use of budget reconciliation to pass tax and spending legislation. However, the number one issue for the new Congress will likely be tax policy, because of the December 31, 2025, expiration of the tax cuts in the 2017 Tax Cuts and Jobs Act. Republicans are expected to make those tax cuts permanent, while Democrats have other tax priorities, including extending the ACA enhanced premium assistance tax credits past 2025.

In general, Congress may approach tax reform through a budget reconciliation process. However, the reconciliation process is limited — it can only address tax, spending and budget-related items. To fund tax cuts and other budget priorities, Congress may look to healthcare policies, including seeking cuts to Medicaid, particularly the ACA Medicaid expansion funding, and Medicare.

There are also likely to be renewed discussions about capping the tax exclusion for employment-based health coverage, as a means for paying for other priorities. In 2024, the House Republican Study Committee [recommended](#) capping this tax exclusion. Additional proposals could be made that are reminiscent of the so-called “Cadillac Tax” on high-cost health plans that was passed as part of the ACA and subsequently repealed in 2019. In the context of a high-stakes tax and spending debate, the tax exclusion may be an important item to watch this year.

Pharmacy benefit manager (PBM) transparency efforts may continue

Congress may continue its focus on the PBM industry, including increasing transparency and regulation of PBM arrangements. Significant changes could include requiring PBMs to disclose rebate information, pass through 100 percent of rebates and ban spread pricing. Proposals also include requirements for plan sponsors to ensure that PBM contracts contain certain disclosure requirements. (The American Relief Act of 2025, which funds the government through March 14, 2025, did not ultimately contain new transparency requirements for PBMs despite such requirements in earlier proposals, as we discussed in our [December 24, 2024 insight](#).) States also continue to enact PBM regulations, making compliance difficult for plan sponsors with workers in multiple states.



In addition to congressional activity, the U.S. Federal Trade Commission (FTC) launched an inquiry into PBMs in 2022 and in July 2024 released an interim staff report called *Pharmacy Benefit Managers: The Powerful Middlemen Inflating Drug Costs and Squeezing Main Street Pharmacies*. A second interim report dealing with PBM contracting practices, *Specialty Generic Drugs: A Growing Profit Center for Vertically Integrated Pharmacy Benefit Managers*, was released on January 14, 2025. While it is unclear what policies a Republican-led FTC would pursue, there is bipartisan interest in addressing prescription drug costs.

Ongoing ACA issues need to be addressed

While Congress will focus on tax, spending and prescription drug issues, the administration will have to closely evaluate how it will address the ACA. Despite previous rhetoric, it is unlikely that the administration or Congress will try to completely overturn the ACA because some of its provisions, particularly the elimination of preexisting condition exclusions and extension of coverage to dependents through age 26, are wildly popular. In addition, CMS recently [announced](#) that approximately 24 million people enrolled in Marketplace coverage for 2025 — an all-time record.

However, there are continuing issues regarding ACA implementation that the administration may weigh in on, including coverage of preventive drugs (including contraceptives and PrEP for HIV, which has been challenged in court), coverage of over-the-counter medications and regulations concerning ACA out-of-pocket maximums that affect prescription drug copayment accumulator programs. The U.S. Supreme Court has also agreed to hear the case of *Becerra v. Braidwood Management*, which challenges whether plans have to cover preventive services that are recommended by the U.S. Preventive Services Task Force.

If the administration cannot easily enact policies using executive orders, it may begin notice and comment rulemaking to overturn existing rules. One regulation likely to be revisited and repropounded is the ACA Section 1557 regulation preventing discrimination in healthcare on the basis of race, color, national origin, age, disability, or sex. The current regulation has been stopped by federal courts to the extent it affects discrimination on the basis of gender identity or requires coverage of gender-affirming care.

Medicare Part D and Medicare Advantage

The Inflation Reduction Act has resulted in a significant restructuring of the Medicare Part D prescription drug benefit, including a \$2,000 out-of-pocket maximum. Guidelines for 2026 Part D plans were released January 10, 2025 and will be finalized in April 2025. For plan sponsors, the changing definition of “Creditable Coverage” should be closely watched, as it may affect whether a group health plan’s prescription drug benefit is equal to or better than the Medicare Part D program. It will be important to examine how the new administration addresses the expansion in Part D benefits and continues efforts to ensure that Part D premiums remain affordable.



Similar challenges exist with respect to Medicare Advantage plans, which are popular options. Revisions to reimbursement requirements are possible.

Proposals have included making Medicare Advantage a default enrollment option for Medicare beneficiaries or increasing opportunities for plans to offer supplemental benefits.

For the first time in 2026, Medicare will negotiate prices for certain high-cost drugs. The next set of 15 drugs is set to be announced in February 2025. While the program may not be significantly changed for the first year, the new administration’s policy priorities will likely impact the process for future years.

Options for expanding health coverage

It seems possible that the new administration may revisit issues affecting access to health insurance, including:

- Expanding Association Health Plans
- Increasing the use of short-term limited duration insurance programs
- Expanding Health Savings Accounts and high-deductible health plan coverage

Some proposals could also consider expanding the use of Individual Coverage Health Reimbursement Arrangements (ICHRA), which allow employers to subsidize coverage for employees who enroll in an ACA health insurance Exchange plan. That type of program will require that the ACA exchanges provide affordable and comprehensive health coverage.

The fate of the ACA enhanced premium subsidies, which expire at the end of 2025, will also be key in affecting how individuals obtain health coverage and could affect some group health plan sponsors, particularly those who have considered whether an ICHRA would be beneficial. The subsidies were successful in expanding coverage in the Exchange plans. However, if the enhanced subsidies are not renewed, Marketplace premiums could increase by an average of 79 percent and enrollment could drop from 22.8 million in 2025 to 18.9 million in 2026, according to an [estimate by the Kaiser Family Foundation](#).

Improvements to the No Surprises Act

The No Surprises Act, which limits when a patient can be balance billed for out-of-network care, has faced numerous implementation challenges, including an overburdened Independent Dispute Resolution (IDR) system and multiple lawsuits. Regulations proposed to overhaul the IDR process are not yet finalized.

In addition, the Departments of Health and Human Services, Labor and Treasury (collectively, the Departments) continue to review the multiple court decisions affecting payment methodologies. Other aspects of the law, such as the requirement to issue Advanced Explanation of Benefits forms, have not yet been implemented.

Improving the No Surprises Act so it better functions as intended is likely to be an important policy issue in 2025.

Mental health parity

The current Mental Health Parity and Addiction Equity Act (MHPAEA) regulations were finalized in 2024, with effective dates in 2025 and 2026. Prior to issuance of the final regulations, the proposed rules were subject to robust commentary, including comments from stakeholders raising significant challenges and concerns. The new administration may impact those regulations through executive order or by issuing new or revised proposed rulemaking. However, such activities may be delayed until the relevant agency appointees are in place, including the Assistant Secretary for the Department of Labor's Employee Benefits Security Administration.



With respect to enforcement, it is possible that the new administration might consider providing the requested enforcement relief as plans, issuers and their service providers work to implement the complex requirements under the final regulations. Moreover, the Departments have been expected to issue a report to Congress on MHPAEA implementation. If it is not released before January 20, that report could also be delayed.

Site-neutral payment policies

Congress has considered enacting legislation to create site-neutral payment reform, which aligns payment rates for certain medical services across the physical sites where patients receive outpatient care: hospital outpatient departments, ambulatory surgical centers and freestanding physician offices. Policies that support care delivery in lower-cost settings for both the Medicare population and group health plans are likely to be a significant factor in any proposed health legislation.

Family policies

Issues related to family health coverage and support may also be considered in 2025. Congressional proposals have been made to offer caregivers a nonrefundable tax credit to cover certain qualified long-term care expenses.

The new administration has discussed addressing coverage for in vitro fertilization.

Implications for plan sponsors

Plan sponsors will have a variety of challenges in 2025 as they navigate healthcare policies. An important lodestar for plan sponsors will be to ensure that employment-based healthcare retains its tax-free status. Providing employment-based health coverage is vital to avoid additional tax burdens on workers and to ensure that the purchasing power of group health plans continues to help manage healthcare costs.

When looking at specific healthcare policies, Congress will have a significant role this year. Plan sponsors will need to know whether Congress will take action, for example, in passing PBM regulations, or whether plans will continue to face the confusing patchwork of state PBM legislation. If state laws are not preempted by ERISA, they could require plan sponsors to offer different prescription drug benefit plans to workers based on the state in which they live, rather than providing a uniform network of benefits throughout the workforce.

Affordability and access to healthcare may also affect plan sponsors. The ACA Marketplace/Exchange and Medicaid expansion together cover close to 45 million people. However, if enrollment in the ACA or Medicaid expansion states decreases, an increase in the number of uninsured may affect employer-sponsored coverage, as group health plans may face higher costs. Additionally, the availability of affordable and comprehensive coverage in the Marketplace could affect coverage options for some workers or retirees, such as those in ICHRAs.

Finally, plan sponsors will need to monitor litigation, as there continue to be challenges to laws such as the ACA and the No Surprises Act, which may result in changes to implementation rules.

Moving forward, plan sponsors should keep abreast of healthcare policy and legislative developments and consider them while designing plan benefits and making cost projections.

This page is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.

MHPAEA Lawsuit Filed Same Day Report to Congress Released

On January 17, 2025, the Departments of Labor, Health and Human Services (HHS) and the Treasury (collectively the Departments) released the 2024 MHPAEA Report to Congress on recent Mental Health Parity and Addiction Equity Act (MHPAEA) enforcement activities. Later that day, the ERISA Industry Committee (ERIC) filed suit in the U.S. Court of Appeals for the DC Circuit asking the court to invalidate the 2024 final MHPAEA rules or, at a minimum, invalidate key provisions and prohibit the Departments from implementing or enforcing them.



Background

On December 27, 2020, Congress enacted the Consolidated Appropriations Act, 2021 (CAA), which amended MHPAEA, in part, to require group health plans and health insurers that offer both medical/surgical benefits and mental health/substance use disorder (MH/SUD) benefits and impose nonquantitative treatment limitations (NQTLs) on MH/SUD benefits to perform and document comparative analyses of the design and application of their NQTLs. (We discussed these requirements in our [January 14, 2021 insight](#), which includes examples of NQTLs.)

The comparative analysis requirements became effective on February 10, 2021. Plans and insurers must make their comparative analyses available to the Departments or applicable state authorities, upon request. In addition, participants, beneficiaries and their authorized representatives are also entitled to request comparative analysis information.

On August 3, 2023, the Departments published [proposed rules](#) in the *Federal Register*, which we discussed in our [August 1, 2023 insight](#). The proposed rules generated more than 9,500 comments raising a range of objections, challenges and concerns.

Final MHPAEA rules were published on September 23, 2024, amending the longstanding 2013 final MHPAEA rules and establishing new standards for NQTLs, including implementing the additional documented comparative analyses requirements that were added through the CAA of 2020. We discussed the 2024 final rules in our [September 26, 2024 insight](#). They include staggered applicability dates, with some provisions taking effect for plan years beginning on or after January 1, 2025, and others for plan years beginning on or after January 1, 2026.

The 2024 Report to Congress

Since the CAA of 2020, the Departments are required to provide an annual report to Congress regarding the NQTL comparative analysis requirements in addition to the bi-annual Report to Congress previously required under MHPAEA.

Among other things, the Departments' 2024 MHPAEA Report to Congress highlights that the DOL and the Centers for Medicare & Medicaid Services combined issued over 50 insufficiency letters with respect to responses related to NQTL compliance, over 30 initial determinations of noncompliance and 3 final determinations of noncompliance. This data combined with information provided in prior reports suggest many comparative analysis inquiries remain pending federal review.

The report is overshadowed by the lawsuit, which calls into question the fundamental approach under the 2024 final rules, characterizing it as a departure from longstanding MHPAEA implementation policies established under the 2013 final rules.

MHPAEA litigation

The case challenges the regulatory reach of expansive interpretations of MHPAEA under the 2024 final rules. Key provisions targeted by the lawsuit include:

- The "meaningful benefits" provisions, which added a new requirement for plans to provide "core treatments" for all covered MH/SUD conditions
- The "material differences in access" standard
- The comparative analysis requirements
- The fiduciary certification requirement
- The January 1, 2025 applicability date

The case asserts that the regulations are unlawful because they violate the Administrative Procedure Act, exceed the Departments' statutory authority under MHPAEA and the CAA, violate the Fifth Amendment's due process clause, and are "arbitrary and capricious." The lawsuit seeks to permanently prevent the Departments from implementing, administering, acting upon or enforcing the 2024 final rules or challenged provisions. The suit alleges that the 2024 final regulations "threaten the ability of plan sponsors to offer quality, affordable benefits in compliance with the law."

The new administration is now faced with responding to this lawsuit regarding a regulation that it did not promulgate. Meanwhile, the new administration could take independent actions while the litigation is pending. For example, the new administration could immediately institute enforcement relief by delaying applicability dates or implementing enforcement safe harbors even before resolution of the court action.

Action items for plan sponsors

Sponsors of group health plans should monitor this litigation while remaining mindful of the statutory requirements. Plans may face another period of good-faith statutory compliance while litigation and rulemaking efforts are revisited.

While regulatory details continue to evolve, plan sponsors should continue to work with their service providers to maintain a current version of documented comparative analysis. If a plan has not already done so, it should ensure it has been reviewed for compliance with provisions of MHPAEA that are not in flux, such as the quantitative treatment limitation rules and certain NQTL concepts that have remained consistent.

While the 2024 MHPAEA Report to Congress may provide insights related to the prior administration's approach to guidance and enforcement related to MHPAEA, the recent litigation calls much of those efforts into question.

Meanwhile, plan sponsors seeking to prioritize MH/SUD benefits can continue to do so despite debates around MHPAEA compliance considerations. Reviewing MH/SUD benefits and updating with modern benefit designs, adding benefits that may be valuable and/or removing unnecessary restrictions are positive steps plan sponsors can take.

Proposed Over-the-Counter Contraceptive Rule Withdrawn

In the final days of the Biden administration, the Departments of Labor, Health and Human Services and the Treasury (collectively, the Departments) withdrew a proposed rule that would have expanded access to coverage of ACA-recommended preventive services without cost sharing.



The withdrawn proposed rule

As discussed in our [October 30, 2024 insight](#), the proposed rule would have required non-grandfathered health plans to cover over-the-counter (OTC) contraceptives for individuals without a prescription without cost sharing, as well as increased coverage of certain additional contraceptive drugs. The proposed rule also revisited increasing ease of accessibility through the expansion of the already-required exceptions process and included disclosure requirements related to the availability of OTC contraceptives.

These provisions would not have applied to plans exempted from contraception coverage based on a religious objection.

While the rules would have allowed for reasonable medical management of OTC contraceptives, how such techniques would have been feasible in practice remained unclear.

Reasons for the withdrawal

The Departments indicated that their decision to [withdraw the proposal](#) was based, in part, on the many comments they received that raised important cost and operational considerations. The administration also cited other priorities requiring attention, including:

- Independent Dispute Resolution (IDR) operations and air ambulance requirements under the No Surprises Act
- Cost-sharing regulations that could impact prescription drug copayment accumulator programs
- Requirements related to Advanced Explanation of Benefits
- Provider nondiscrimination requirements

Implications for group health plan sponsors

The withdrawal of the proposed rule alleviated the significant concerns of plan sponsors related to the operational modifications and potential costs that may have been associated with compliance.

The application of existing ACA requirements regarding recommended preventive services, including those regarding coverage of contraceptives, remain in effect.

Plan sponsors should continue to watch for guidance in this area. However, it seems unlikely that this proposed rule will be redeveloped in the new administration.