Milliman OPEB Actuarial Valuation



Los Angeles County Employees Retirement Association

Other Postemployment Benefits Program Actuarial Valuation

July 1, 2016

Prepared by:

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August 11, 2017

Mr. Gregg Rademacher Chief Executive Officer LACERA 300 North Lake Avenue, Suite 820 Pasadena, CA 91101

Re: July 1, 2016 Other Postemployment Benefits (OPEB) Actuarial Valuation

Dear Gregg:

As requested, we have prepared an actuarial valuation of the retiree medical, dental/vision, and death benefits covering the retired Los Angeles County (County) workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) retirement benefits plan. These health-related benefits are collectively referred to in this report as the Los Angeles County (County) Other Postemployment Benefits (OPEB) Program, or the "OPEB program". The major findings of the valuation are contained in this report. This report reflects the benefit provisions in effect as of July 1, 2016, and the retiree health plan premium rates in effect as of July 1, 2017, received from Aon Hewitt (LACERA's Health Care Benefits Consultant at the time of this project).

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by the County, LACERA, and Aon Hewitt. This information includes, but is not limited to: benefit descriptions, membership data, and financial information. We found this information to be reasonably consistent and comparable with data used for other purposes. In some cases, where the census data was incomplete, we made assumptions as noted in Table C-12 of Appendix C. The valuation results depend on the integrity of this information. If any of this information is inaccurate or incomplete, our results may be different and our calculations may need to be revised.

In developing these recommendations, we have reflected an estimate of fees including the Transitional Reinsurance Fee, the Patient Centered Outcomes Research Institute Fee, and the Insurer Fee (including the 2017 calendar year moratorium) associated with the Affordable Care Act (ACA), which was signed into law in March 2010. The OPEB assumptions will reflect changes in future valuations as regulations are released. The Excise Tax is addressed separately in Section 3. This is the first OPEB valuation with Appendix J that shows the impact of Tier 2.



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All costs, liabilities, rates of interest, health cost trend rates, and other factors under the OPEB program have been determined on the basis of actuarial assumptions and methods which are individually reasonable (taking into account the experience of the OPEB program and reasonable expectations); and which, in combination, offer a reasonable estimate of anticipated experience affecting the OPEB program. Further, in our opinion, the actuarial assumptions in the aggregate are reasonable and are related to the experience of the OPEB program and to reasonable expectations and represent a reasonable estimate of anticipated experience under the OPEB program.

We further certify that the assumptions developed in this report satisfy Actuarial Standards Board (ASB) Standards of Practice, in particular, No. 6 (Measuring Retiree Group Benefit Obligations). The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the June 30, 2016 valuation of the LACERA retirement benefits plan. The OPEB demographic and economic assumptions are based on the results of our 2016 OPEB Investigation of Experience, dated July 21, 2017. The assumptions used in the OPEB Investigation of Experience were derived from a combination of assumptions identified during the 2016 LACERA Investigation of Experience for Retirement Benefit Related Assumptions and collaboration among a group of stakeholder representatives. Economic and demographic assumptions from the Retirement Benefit Investigation of Experience, conducted by Milliman and approved by LACERA's Board of Investments, are integrated into the OPEB Investigation of Experience. Assumptions unique to OPEB were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants representing the OPEB program stakeholders at the time including: Milliman, LACERA's actuary; Segal, LACERA's auditing actuary; Aon Hewitt, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. Types of OPEB specific assumptions include: initial enrollment, plan and tier selection, spouse age difference, and reenrollment assumptions. The OPEB Investigation of Experience is reviewed in conjunction with the July 1, 2016 OPEB Valuation by LACERA's Board of Retirement. OPEB specific assumptions that have been updated since the 2016 OPEB Investigation of Experience study include health cost trend rates updated with information from the July 1, 2017 renewals and carrier ACA Health Insurer Fee details and claim costs. These updated assumptions have been identified, evaluated, and agreed upon collaboratively by the actuaries and consultants currently representing the OPEB program stakeholders at the time including: Milliman, LACERA's actuary; Segal, LACERA's auditing actuary; Aon Hewitt, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. LACERA's Board of Retirement has the final decision regarding the appropriateness of the assumptions. The assumptions are summarized in Appendix A.



Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: OPEB program experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period); and changes in OPEB program provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of future measurements.

Actuarial computations under Government Accounting Standards Board (GASB) Statement Numbers 43 and 45 are for purposes of fulfilling financial accounting requirements for LACERA and Los Angeles County (the employer) respectively. LACERA must report under GASB 43 since the benefit payments flow through LACERA's financial accounts. The calculations in the enclosed exhibits have been made on a basis consistent with our understanding of GASB No. 43 and No. 45, the OPEB program provisions as described in Appendix B of this report, as well as the County's funding goals. A discussion of the new GASB OPEB statements 74 and 75 applicable to OPEB reporting is in Section 2, Subsection E, Accounting and CAFR Information. Determinations for purposes other than meeting these financial accounting requirements may be significantly different from the results contained in this report. Accordingly, additional determinations may be needed for other purposes.

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The consultants who worked on this assignment are employee benefit actuaries. Milliman's advice is not intended to be a substitute for qualified legal or accounting counsel.

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On the basis of the foregoing, we hereby certify that, to the best of our knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices. We are members of the American Academy of Actuaries and meet the Qualification Standards to render the actuarial opinion contained herein.

We would like to express our appreciation to LACERA staff members, Los Angeles County, SEIU Local 721, Aon Hewitt, Segal, Rael & Letson, and Cheiron who gave substantial assistance on which this report is based.

We respectfully submit the following report and we look forward to discussing it with you.

Sincerely,

Robert L. Schmidt, FSA, EA, MAAA Principal and Consulting Actuary

RLS/bh

cc: Mr. Robert Hill, LACERA

Janet Jennings

Janet O. Jennings, ASA, MAAA Associate Actuary

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Section 1: Executive Summary



2016 Valuation Results

	Jul	y 1, 2016	Ju	ıly 1, 2014
Actuarial Accrued Liability (\$ billions)	\$	25.91	\$	28.55
Less Assets		0.56		0.48
Unfunded Actuarial Accrued Liability	\$	25.35	\$	28.07
County Normal Cost Rate		13.26%		17.50%
County ARC as a Percentage of Payroll		27.03%		31.82%

Overview

We are pleased to present the results of the July 1, 2016 biennial actuarial valuation. Several key points are summarized as follows:

- The Unfunded Actuarial Accrued Liability (UAAL) decreased due to a combination of several factors, some of which were offsetting. These included the assumption changes based on our 2016 OPEB Investigation of Experience and increases due to the passage of time since our July 1, 2014 valuation. Other factors were Tier 2, trend, and claim cost related experience gains and demographic and asset losses measured as of July 1, 2016.
- The County Normal Cost Rate (NCR) and Annual Required Contribution (ARC) decreased as a percentage of payroll due to the factors mentioned above.

Analysis of Change

The following table illustrates the sources of change between the July 1, 2014 and July 1, 2016 valuations. The dollar figures are expressed in billions of dollars.

Sources of Change	A	ctuarial ccrued iability	(A	ssets)	Ac Ac	funded ctuarial ccrued iability	County Normal Cost Rate	County ARC Percentage
A. July 1, 2014 Valuation	\$	28.55	\$	(0.49)	\$	28.06	17.50%	31.82%
2016 Experience Study Changes Expected Two-year Change		(3.34) 3.39		- (0.15)		(3.34) 3.24	(2.76%) 0.34%	(2.65%) 1.14%
B. July 1, 2016 Valuation Expected	\$	28.60	\$	(0.64)	\$	27.96	15.08%	30.31%
Claim Cost Experience Trend Assumption (Gain)/Loss ¹ Tier 2 Changes (Gain)/Loss Other Experience (Gain)/Loss Asset (Gain)/Loss Methodology Change ²		(2.01) (0.31) (0.05) 0.07 - (0.39)		- - - 0.08 -		(2.01) (0.31) (0.05) 0.07 0.08 (0.39)	(1.19%) (0.14%) (0.63%) 0.52% 0.00% (0.38%)	(2.29%) (0.31%) (0.65%) 0.52% 0.05% (0.60%)
C. July 1, 2016 Valuation	\$	25.91	\$	(0.56)	\$	25.35	13.26%	27.03%

Includes impact of July 1, 2017 renewals and the Health Insurer Fee moratorium

² Includes impact of change in method of valuing Medicare Part B premium reimbursement as described in Table A-14



Analysis of Change (continued)

Section A: The expected two-year change represents expected increases in the UAAL and NCR due to interest and benefit accruals, net of benefits paid. The cost percentages are based on the assumed July 1, 2014 valuation payroll of \$6,764.0 million, increased by 3.50% per year (the payroll increase assumed at the time of the July 1, 2014 valuation) for two years to \$7,245.8 million (projected as of July 1, 2016).

Section B: The claim cost experience gain includes the impact of lower-than-expected increases in health insurance premiums as of July 1, 2016. The trend assumption gain includes the impact of the July 1, 2017 premiums and the trend assumption changes. The July 1, 2017 premiums are based on premiums received from Aon Hewitt as of April 24, 2017. The fees associated with ACA are reflected in the medical and dental trend rates. These fees include the Transitional Reinsurance Fee, the Patient Centered Outcomes Research Institute (PCORI) Fee, and the Insurer Fee. Carriers take different approaches to adjust for the calendar year 2017 Health Insurer Fee moratorium. We received detailed Insurer Fee information from the carriers and reflected adjustments in the trend assumption. The "Other Experience" loss includes the impact of all other demographic and economic experience along with an increase in the expected payroll. The inclusion of OPEB Trust assets beginning in July 1, 2014 lowers the UAAL. There is an asset loss due to the actual investment returns being lower than assumed. The amortization of this change between expected and actual assets is included in the ARC resulting in a 0.05% increase in the County ARC percentage. The methodology change shows the gain from valuing Medicare Part B reimbursement as described in Table A-14. The cost percentages in this section are based on the updated July 1, 2016 valuation payroll of \$7,268.6 million.



Summary Valuation Results

The table on the next page provides a summary of the valuation results by member group. The following key results are included in the table:

- The total Present Value of Future Benefits (PVB). The PVB is based on a projection of all benefits that are expected to be received in the future for all current members (active, vested, and retired) discounted to the valuation date.
- The Present Value of Future Normal Costs. It is the difference between the PVB and the Actuarial Accrued Liability.
- The Actuarial Accrued Liability (AAL). This amount represents the value of the liability that is accrued for periods prior to the valuation date, according to the actuarial cost method used.
- Assets. Since the OPEB program is currently partially funded, this is the asset balance as of July 1, 2016.
- The Annual Required Contribution (ARC). The ARC is based on the County Normal Cost Rate plus a 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). This is the minimum amortization amount allowed for calculating the ARC for accounting purposes under current GASB rules. It should be noted that the amortization does not cover interest on the UAAL; in other words, the UAAL will be expected to increase in the following year if all assumptions are met.



County Costs for OPEB Benefits¹ Summary of July 1, 2016 Valuation Results (all dollar amounts in billions)

			LA	County	Su	perior			
	General		Safety		Subtotal		Court		 Total
 Present Value of Future Benefits Present Value of Future Normal Costs 	\$	27.30 10.44	\$	11.31 3.38	\$	38.61 13.82	\$	1.60 0.48	\$ 40.21 14.30
Actuarial Accrued Liability (1-2)	\$	16.86	\$	7.93	\$	24.79	\$	1.12	\$ 25.91
4. Assets ²		0.37		0.18		0.55		0.01	 0.56
5. Unfunded Actuarial Accrued Liability (3-4)	\$	16.49	\$	7.75	\$	24.24	\$	1.11	\$ 25.35
6. ARC ³	\$	1.31	\$	0.57	\$	1.88	\$	0.08	\$ 1.96
7. ARC expressed as a percentage of payroll									
Normal Cost		11.89%		19.16%		13.33%		11.52%	13.26%
UAAL payment		11.65%		22.21%		13.74%		14.50%	13.77%
Total		23.54%		41.37%		27.07%	2	26.02%	 27.03%

¹ Net of Retiree Paid Premiums. May not match other Tables due to rounding.

² LA County Assets distributed in proportion to the AAL.

³ Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL).



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Comparison of Results to Prior Valuation

Table 1 provides a summary of key valuation results as of July 1, 2016, compared with July 1, 2014, under the Projected Unit Credit Cost Method. The July 1, 2016 results are based on an assumed 4.50% investment rate of return (discount rate) and the July 1, 2014 results are based on an assumed 3.75% investment rate of return. The investment rate of return increased for reasons including a greater commitment to pre-funding, changes in asset allocation, and assumed investment returns. The greater commitment to prefunding is based on a 2015 County budget policy where an additional \$56 million would be added to the prior year's contribution to the OPEB Trust until the ARC is fully funded.

The following key results are included in this table:

- A summary of total membership by type of member as of the valuation date.
- Total payroll as of the valuation date. The two-year increase of 7.5% is higher than the anticipated two-year increase of 7.12% (based on 3.50% compounded annually).
- The expected County paid benefits for the first year following the valuation date. The two-year increase of 13.2% is much less than the previously expected two-year increase of 21.9% due largely to lower than anticipated health care premiums. This is based on Table 6 of the July 1, 2014 valuation, which expected the 2014-2015 payment level of \$503.9 million to increase to \$614.1 million in 2016-2017 (as compared to the new expected amount \$570.6 million).
- The total Present Value of Future Benefits (PVB).
- The Actuarial Accrued Liability (AAL). The changes in AAL varied by member status and benefit type. The 9.2% overall decrease is a result of several factors, including updated claims, trend, and enrollment assumptions, an increased discount rate, and the Tier 2 changes.
- The Annual Required Contribution (ARC). The ARC decreased by 8.7% in dollar terms, and decreased by 15.1% as a percentage of payroll. As seen in the Analysis of Change section on page 1, there were several reasons for these changes, including the passage of time; lower-than-expected health care premiums as of July 1, 2016 and July 1, 2017; the discount rate change; and higher-than-expected payroll increases.



Table 1: July 1, 2016 Summary of County Paid Liabilities and Cost	
(All Dollar Amounts in Millions)	

	July 1, 2016	July 1, 2014	Percentage Change
A. Total Membership			
 Active Members Vested Terminated Members Retirees and Survivors (Medical Coverage) Total 	95,29 8,20 <u>47,90</u> 151,40	78,069345,825	3.1% 1.7% 4.5% 3.5%
B. Valuation Payroll	\$ 7,268.	6 \$ 6,764.0	7.5%
C. Projected County Paid First-Year Benefits	\$ 570.	6 \$ 503.9	13.2%
D. Present Value of Future Benefits (PVB)	\$ 40,212.	9 \$ 46,949.1	(14.3%)
E. Actuarial Accrued Liability by Member Group'			
 LA County Members Superior Court Members Total 	\$ 24,791. 1,120. \$ 25,912.	7 1,258.7	(9.1%) (11.0%) (9.2%)
F. Actuarial Accrued Liability by Member Status ¹			
 Active Members Vested Terminated Members Retired Members Total 	\$ 14,547. 652. 10,712. \$ 25,912.	5 1,033.4 2 10,757.0	(13.2%) (36.9%) (0.4%) (9.2%)
G. Actuarial Accrued Liability by Benefit Type ¹			· · · ·
 Retiree Medical Retiree Dental/Vision Medicare Part B Retiree Death Benefit Total 	\$ 21,269 1,248 3,192 201 \$ 25,912	2 1,138.7 8 3,464.6 7 229.3	(10.3%) 9.6% (7.8%) (12.0%) (9.2%)
H. Assets	\$ 560.	8 \$ 483.8	15.9%
I. Unfunded Actuarial Accrued Liability	\$ 25,351.	8 \$ 28,062.8	(9.7%)
J. Annual Required Contribution (ARC) ²	\$ 1,964.	4 \$ 2,152.3	(8.7%)
 K. ARC expressed as a percentage of payroll 1. Normal Cost 2. UAAL payment 3. Total 	13.26 13.77 27.03	14.32%	(24.2%) (3.8%) (15.1%)

¹ Net of Retiree Paid Premiums

² Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL)



Section 2: Actuarial Valuation as of July 1, 2016

A. Valuation Methodology



This is a valuation of the retiree medical, dental/vision, and death benefits covering the retired Los Angeles County workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) retirement benefits plan. This valuation is performed every two years.

In analyzing the GASB liabilities and ARC, we were asked to divide the results into the following member groups:

- LA County General Members. This is the largest group, covering essentially all LACERA members who are not Safety Members or Superior Court members.
- LA County Safety Members. This group includes members of law enforcement, firefighters, and lifeguards.
- Superior Court Members. This group includes members of the Superior Court, as identified by LACERA's information technology systems.

The tables in this report present the unfunded liabilities, ARC, and projected County benefit payments under the Projected Unit Credit (PUC) cost method separately for each of the three groups identified above. This method is described further in Appendix A.

The actuarial assumptions and methods used in the valuation are summarized in Appendix A. The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the June 30, 2016 valuation of the LACERA retirement benefit plan. The OPEB demographic and economic assumptions are based on the results of our 2016 OPEB Investigation of Experience, dated July 21, 2017. These assumptions were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants at the time representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Segal, LACERA's auditing actuary; Aon Hewitt, LACERA's Health Care Benefits Consultant; Cheiron, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721.



Valuation Methodology (continued)	The health related assumptions and updates to the economic assumptions used in the report were also agreed upon collaboratively by the following actuaries and consultants: Aon Hewitt, Cheiron, Rael & Letson, and Segal and approved by the Board of Retirement. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups. Comprehensive medical benefits, dental/vision benefits, and death benefits are provided to all County employees, including the Superior Court members, who retire and satisfy the eligibility requirements outlined in Appendix B. Retired Local 1014 members are eligible for the Local 1014 Firefighters' retiree medical plan as outlined in Appendix F. Eligibility for the County OPEB program is tied to benefit eligibility under the LACERA retirement benefits plan. Thus, all former County employees receiving OPEB program benefits are also members in the retirement benefit plan.
	The active and vested terminated member census data for each of the OPEB program member groups is summarized by the LACERA retirement benefit program levels in Appendix C. The retiree and dependent data for each health plan and benefit group is also summarized.
	A glossary of terms is provided in Appendix D. Summaries of health benefits are provided in Appendices E, F, G, and H. Additional subtotaling of the liabilities and costs for the South Coast Air Quality Management District (SCAQMD) members are provided in Appendix I.
	Appendix J shows the impact of the Tier 2 program for employees hired after June 30, 2014. A summary of the basic provisions and discussion of the impact to the costs and liabilities are included.
	B. GASB Liabilities and Costs
Key Liability Descriptions	GASB Statements No. 43 and No. 45 cover non-pension postretirement benefits. In summary, the statements hold that benefits should be recognized over the working lifetime of the

GASB Statements No. 43 and No. 45 cover non-pension postretirement benefits. In summary, the statements hold that benefits should be recognized over the working lifetime of the employee, from the date of hire to the last date of employment. A discussion of the new GASB Statements No. 74 and 75 is in Section 2, Subsection E, Accounting and CAFR Information.



Key Liability Descriptions (continued)	Statements No. 43 and 45 define two measures of OPER program liabilities, the Actuarial Present Value of Projected Tota Benefits (PVB) and the Actuarial Accrued Liability (AAL).								
	The PVB is the present value of the future postemployment benefits payable by the County to current active members and retirees. This value is net of future retiree contributions. The PVB is shown in Table 1, D. above.								
	The AAL is the most important measure of liability because it is used to derive the Annual Required Contribution (ARC) and disclosure values. The AAL is the portion of the PVB attributed to periods up to the measurement date. For this report, the AAL is determined under the Projected Unit Credit (PUC) actuarial cost method. The AAL is shown in Table 2 subtotaled by benefit type and member status.								
	Under GASB requirements, post-employment benefits are accrued during employment. This is why the costs are spread over the period from the date of hire to the date of termination or retirement. For current retirees and terminated vested members, the AAL is equal to the PVB, since there is no future service to be rendered. For active members, the AAL is based on the portion of the PVB that is allocated to prior years based on the actuarial cost method. For the PUC method, the allocation basis is pro-rata on years of service between entry age and assumed exit.								
	The portion of the PVB that is anticipated to be earned in the year following the valuation date is the Normal Cost (NC). The NC is shown in Table 3.								
Annual Required Contribution	The ARC is made up of two components: Normal Cost (NC) and amortization of the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is the AAL net of assets. For purposes of this valuation, the UAAL is amortized over 30 years as a level percentage of payroll. Although this method complies with the GASB minimum amortization payment requirements, it is not sufficient to cover interest on the UAAL. The amortization period is assumed to begin on the valuation date. Note this term, the ARC, is an accounting allocation amount, and may or may not reflect the actual employer contributions towards funding the OPEB program benefits.								
	Table 4 details the ARC results as of July 1, 2016, the beginning								

Table 4 details the ARC results as of July 1, 2016, the beginning of the 2016/2017 fiscal year.



Background on Accounting Requirements

GASB issued Statement No. 43 in April of 2004. This statement covers Financial Reporting for Postemployment Benefit Plans Other than Pension Plans. GASB issued Statement No. 45 in June of 2004. This statement covers Accounting and Financial Reporting by Employers for Postemployment Benefits Other than Pensions. LACERA was required to adopt Statement No. 43 for the fiscal year ended June 30, 2007. For the County, Statement No. 45 was required to be adopted for the fiscal year ended June 30, 2008.

This report was prepared for the purposes of meeting these financial accounting and reporting disclosure requirements. The actual funding of the OPEB program benefits may differ from the amounts used for accounting disclosure purposes. Under the GASB rules, if the employer is not prefunding the benefit obligations, then the assumed discount rate or investment return rate cannot exceed the expected return on the employer's general ledger accounts. Since Los Angeles County is now prefunding a portion of the OPEB program benefits, the discount rate was developed based on a blend of the projected return on general ledger assets and the projected return on the assets used for prefunding. Based on this, a 4.50% interest assumption was selected.



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Table 2: July 1, 2016 Actuarial Accrued Liability (AAL) at 4.5%

Retiree Medical Benefits

(All Dollar Amounts in Millions)

	LA County General		A County Safety	LA County Subtotal		Superior Court		Total
1. AAL - Total Medical Benefits								
Retirees	\$	5,732.9	\$ 3,430.0	\$	9,162.9	\$	362.4	\$ 9,525.3
Vested Terminateds		705.4	55.7		761.1		86.1	847.2
Actives		8,374.0	3,903.4		12,277.4		543.9	12,821.3
Total	\$	14,812.3	\$ 7,389.1	\$	22,201.4	\$	992.4	\$ 23,193.8
2. AAL - Retiree Paid Medical Premiums								
Retirees	\$	484.7	\$ 272.2	\$	756.9	\$	35.2	\$ 792.1
Vested Terminateds		281.5	31.8		313.3		31.9	345.2
Actives		571.0	189.8		760.8		25.8	786.6
Total	\$	1,337.2	\$ 493.8	\$	1,831.0	\$	92.9	\$ 1,923.9
3. AAL - County Paid Medical Benefits (1) - (2)								
Retirees	\$	5,248.2	\$ 3,157.8	\$	8,406.0	\$	327.2	\$ 8,733.2
Vested Terminateds		423.9	23.9		447.8		54.2	502.0
Actives		7,803.0	3,713.6		11,516.6		518.1	12,034.7
Total	\$	13,475.1	\$ 6,895.3	\$	20,370.4	\$	899.5	\$ 21,269.9



Table 2 (Cont): July 1, 2016 Actuarial Accrued Liability (AAL) at 4.5% Retiree Dental and Vision Benefits (All Dollar Amounts in Millions)

	LA County General		LA County Safety		LA County Subtotal		Superior Court		Total	
 AAL - Total Dental & Vision Benefits 										
Retirees	\$	450.3	\$	184.2	\$	634.5	\$	26.7	\$	661.2
Vested Terminateds		41.3		2.5		43.8		4.7		48.5
Actives		486.0		142.9		628.9		32.2		661.1
Total	\$	977.6	\$	329.6	\$	1,307.2	\$	63.6	\$	1,370.8
5. AAL - Retiree Paid Dental & Vision Premiums										
Retirees	\$	42.1	\$	15.6	\$	57.7	\$	2.8	\$	60.5
Vested Terminateds		16.7		1.5		18.2		1.8		20.0
Actives		33.7		6.7		40.4		1.7		42.1
Total	\$	92.5	\$	23.8	\$	116.3	\$	6.3	\$	122.6
6. AAL - County Paid Dental & Vision Benefits (4)	- (5)									
Retirees	\$	408.4	\$	168.5	\$	576.9	\$	23.8	\$	600.7
Vested Terminateds	-	24.5	-	1.1		25.6	-	2.9	-	28.5
Actives		452.3		136.2		588.5		30.5		619.0
Total	\$	885.2	\$	305.8	\$	1,191.0	\$	57.2	\$	1,248.2



Table 2 (Cont): July 1, 2016 Actuarial Accrued Liability (AAL) at 4.5% Medicare Part B and Retiree Death Benefit (All Dollar Amounts in Millions)

		A County General		A County Safety		A County Subtotal	Sup	erior Court		Total
7. AAL - County Paid Medicare Part B Premiums Retirees	\$	869.4	\$	318.5	\$	1,187.9	\$	51.8	¢	1,239.7
Vested Terminateds	Φ	009.4 97.5	Φ	5.1	Φ	1,167.9	Φ	51.0 11.1	\$	1,239.7
Actives		1,366.2		382.1		1,748.3		91.1		1,839.4
Total	\$	2,333.1	\$	705.7	\$	3,038.8	\$	154.0	\$	3,192.8
8. AAL - County Paid Retiree Death Benefit										
Retirees	\$	108.8	\$	23.3	\$	132.1	\$	6.5	\$	138.6
Vested Terminateds		7.3		0.4		7.7		0.6		8.3
Actives		44.8		7.1		51.9		2.9		54.8
Total	\$	160.9	\$	30.8	\$	191.7	\$	10.0	\$	201.7
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)										
Retirees	\$	6,634.8	\$	3,668.1	\$	10,302.9	\$	409.3	\$	10,712.2
Vested Terminateds		553.2		30.5		583.7		68.8		652.5
Actives		9,666.3		4,239.0		13,905.3		642.6	_	14,547.9
Total	\$	16,854.3	\$	7,937.6	\$	24,791.9	\$	1,120.7	\$	25,912.6



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Table 3: July 1, 2016 Normal Cost at 4.5% (All Dollar Amounts in Millions)

		A County General		A County Safety		A County Subtotal	Supe	erior Court		Total
 Total Medical Benefits Retiree Paid Medical Premiums Net County Paid Medical Benefits (1) - (2) 	\$	622.2 84.0 538.2	\$	261.1 29.8 231.3	\$	883.3 113.8 769.5	\$	31.3 <u>3.3</u> 28.0	\$	914.6 <u>117.1</u> 797.5
 A. Total Dental/Vision Benefits Retiree Paid Dental/Vision Premiums 	ъ \$	32.6 4.8	э \$	8.8 1.0	ֆ \$	41.4 5.8	Ф \$	20.0 1.8 0.2	ъ \$	43.2 6.0
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$	27.8	\$	7.8	\$	35.6	\$	1.6	\$	37.2
7. County Paid Medicare Part B Premiums	\$	95.7	\$	24.8	\$	120.5	\$	5.1	\$	125.6
8. County Paid Retiree Death Benefit	\$	2.8	\$	0.4	\$	3.2	\$	0.2	\$	3.4
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$	664.5	\$	264.3	\$	928.8	\$	34.9	\$	963.7
10. Valuation Payroll	\$	5,586.5	\$	1,379.2	\$	6,965.7	\$	302.9	\$	7,268.6
11. County Normal Cost as a Percentage of Payroll		11.89%		19.16%		13.33%		11.52%		13.26%



Table 4: 2016-2017 Annual Required Contribution (ARC) at 4.5% (All Dollar Amounts in Millions)

1. Unfunded Actuarial Accrued Liability (UAAL)		A County General	L	A County Safety	A County Subtotal	Sup	erior Court	 Total
Present Value of Benefits (PVB) Present Value of Future Normal Cost (PVFNC)	\$	27,299.7 10,445.4	\$	11,313.4 3,375.8	\$ 38,613.1 13,821.2	\$	1,599.8 479.1	\$ 40,212.9 14,300.3
Actuarial Accrued Liability as of July 1, 2016 Fund Balance at July 1, 2016	\$	16,854.3 375.9	\$	7,937.6 177.0	\$ 24,791.9 552.9	\$	1,120.7 7.9	\$ 25,912.6 560.8
Unfunded Actuarial Accrued Liability 2. Amortization of UAAL (Level % of Pay)	\$	16,478.4	\$	7,760.6	\$ 24,239.0	\$	1,112.8	\$ 25,351.8
Amortization Period (years) Amortization Factor UAAL Amortization Payment	\$	30 25.333 650.5	\$	30 25.333 306.3	\$ 30 25.333 956.8	\$	30 25.333 43.9	\$ 30 25.333 1,000.7
3. 2016 - 2017 Annual Required Contribution (ARC) on	July	1, 2016						
Amortization of UAAL Normal Cost	\$	650.5 664.5	\$	306.3 264.3	\$ 956.8 928.8	\$	43.9 34.9	\$ 1,000.7 963.7
Annual Required Contribution (ARC) (As of July 1, 2016)	\$	1,315.0	\$	570.6	\$ 1,885.6	\$	78.8	\$ 1,964.4
4. July 1, 2016 Valuation Payroll	\$	5,586.5	\$	1,379.2	\$ 6,965.7	\$	302.9	\$ 7,268.6
5. Estimated ARC as a Percentage of Valuation Payroll		23.54%		41.37%	27.07%		26.02%	27.03%
I A County Fund balance distributed in properties to the	٨٨١							

LA County Fund balance distributed in proportion to the AAL



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C. Estimated Pay-As-You-Go Costs

Estimated Pay-As-
You-Go CostsTables 5 and 6 project the estimated annual County OPEB
benefit pay-as-you-go costs, net of expected retiree paid
premiums for the next ten years.Table 5 shows the total projected pay-as-you-go costs
separately for medical, dental/vision, Medicare Part B, and

separately for medical, dental/vision, Medicare Part B, and retiree death benefits. The medical and dental/vision retiree contributions are also summarized. Finally, the net County paid benefits are shown. These are the total projected pay-as-you-go costs minus the retiree contributions.

Table 6 summarizes the projected net County paid benefit costs for each of the three valuation member groups. The total amounts are the same as those in Table 5.



Table 5: Projected County Paid Benefits by Type (All Dellar Amounts in Millions)

(All Dollar Amounts in Millions)

Fiscal Year Ending	Med	ical Total	- •	al/Vision Fotal	 edicare Part B	Death	Benefit	R	ledical etiree htribution	R	al/Vision etiree tribution	al County I Benefits
6/30/2017	\$	508.8	\$	45.9	\$ 55.7	\$	8.1	\$	(43.5)	\$	(4.4)	\$ 570.6
6/30/2018		548.5		48.6	62.2		8.4		(48.7)		(4.7)	614.3
6/30/2019		598.9		51.3	68.7		8.6		(54.5)		(5.1)	667.9
6/30/2020		652.6		55.0	74.7		8.8		(60.4)		(5.5)	725.2
6/30/2021		705.3		57.9	81.2		9.1		(66.2)		(5.8)	781.5
6/30/2022		758.8		60.9	88.5		9.3		(72.0)		(6.1)	839.4
6/30/2023		817.7		64.1	96.1		9.5		(78.0)		(6.5)	902.9
6/30/2024		879.7		67.3	104.4		9.8		(84.2)		(6.8)	970.2
6/30/2025		942.2		70.7	113.3		10.0		(90.2)		(7.1)	1,038.9
6/30/2026		1,009.4		74.1	122.8		10.3		(96.6)		(7.4)	1,112.6

Projection Basis:

All assumptions are met No future members are reflected



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Table 6: Projected County Paid Benefits by Group (All Dollar Amounts in Millions)

Fiscal Year	_	County		County		County	-			
Ending	G	eneral		Safety	S	ubtotal	Super	rior Court		Total
	•		•		•		•	/	•	
6/30/2017	\$	385.6	\$	161.9	\$	547.5	\$	23.1	\$	570.6
6/30/2018		411.8		177.8		589.6		24.7		614.3
6/30/2019		444.8		196.3		641.1		26.8		667.9
6/30/2020		480.0		216.1		696.1		29.1		725.2
6/30/2021		514.8		235.2		750.0		31.5		781.5
6/30/2022		551.1		254.5		805.6		33.8		839.4
6/30/2023		590.5		275.8		866.3		36.6		902.9
6/30/2024		632.7		297.7		930.4		39.8		970.2
6/30/2025		679.0		317.0		996.0		42.9		1,038.9
6/30/2026		726.0		340.3		1,066.3		46.3		1,112.6

Projection Basis:

All assumptions are met

No future members are reflected



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D. Impact of Alternative Trend Rates on AAL and ARC

To analyze the sensitivity of the health cost trend rates, the chart below shows the impact of a 1% increase or decrease in the assumed health cost trend rates on the GASB values. The retiree death benefits are included, but they are unaffected by the health cost trend rates.

	Valuation Trend Rates			ation Trend es Plus 1%	Valuation Trend Rates Minus 1%		
			(ii	n millions)			
July 1, 2016 AAL Percentage Increase/(Decrease)	\$	25,912.6	\$	31,956.8 23%	\$	21,365.7 (18%)	
2016 - 2017 ARC Percentage Increase/(Decrease)	\$	1,964.4	\$	2,549.2 30%	\$	1,542.3 (21%)	



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E. Accounting and CAFR Information

Los Angeles County Other Post Employment Benefits Program Schedule of Funding Progress

(Dollars in Thousands)

Valuation Date	Actuarial Value of Assets	Actuarial Accrued Liabilities	Unfunded Actuarial Accrued Liabilities (UAAL)	Funded Ratio	Covered Payroll ¹	UAAL As A Percentage of Covered Payroll
July 1, 2012	-	\$26,952,700	\$26,952,700	0.0%	\$6,619,816	407.2%
July 1, 2014	\$483,800	\$28,546,600	\$28,062,800	1.7%	\$6,672,228	420.6%
July 1, 2016	\$560,800	\$25,912,600	\$25,351,800	2.2%	\$7,279,091	348.3%

¹ Covered Payroll is consistent with the retirement benefits plan's covered payroll.

Los Angeles County Other Post Employment Benefits Program Schedule of Employer Contributions

(Dollars in Thousands)

Fiscal Year	Annual Required	Act	ons ¹	Percentage		
Ended June 30	Contribution (ARC)	Cash Payment	Transfer from Reserve Account	Total	of ARC Contributed	
2014	\$2,126,100	\$466,788	-	\$466,788	22%	
2015	\$2,152,300	\$470,185	-	\$470,185	22%	
2016	\$2,152,300	\$530,320	-	\$530,320	25%	

¹ Values from Fiscal Year Ended June 30, 2014, 2015, and 2016 are from the LACERA 2016 CAFR. Actual Employer Contributions are not yet available for Fiscal Year Ended June 30, 2017.



Los Angeles County Other Post Employment Benefits Program Demographic Activity of Retired Members and Beneficiaries (OPEB Plan)

(Dollars in Thousands)

	Added	to Rolls	Removed From Rolls Rolls at End of Year						
Valuation Date	Member Count	Annual Allowance	Member Count	Annual Allowance	Member Count	Annual Allowance	Percentage Increase in Retiree Allowance	Α	verage nnual owance
July 1, 2010	-	\$-	-	\$-	43,936	\$ 391,979	-	\$	8,922
July 1, 2012	5,336	56,982	(3,070)	(25,497)	46,202	423,464	8.03%		9,165
July 1, 2014	5,335	89,205	(3,369)	(29,925)	48,168	482,744	14.00%		10,022
July 1, 2016	5,710	103,373	(3,514)	(30,745)	50,364	555,372	15.04%		11,027

Los Angeles County Other Post Employment Benefits Program Actuarial Analysis of Financial Experience - OPEB Program

(Dollars in Millions)		Ņ	Valuation a	is of	July 1	
	 <u>2010</u>		<u>2012</u>		<u>2014</u>	<u>2016</u>
Prior Valuation Unfunded Actuarial Accrued Liability	\$ 21,864	\$	24,031	\$	26,953	\$ 28,063
Expected Increase/(Decrease) from Prior Valuation	3,478		3,771		3,873	3,240
Claim Costs Greater/(Less) than Expected ¹	(1,267)		(3,864)		(5,471)	(2,322)
Change in Assumptions ²	287		3,423		3,238	(3,385)
Asset Return Less/(Greater) than Expected	N/A		N/A		(484)	78
All Other Experience	 (331)		(408)		(46)	(322)
Ending Unfunded Actuarial Accrued Liability	\$ 24,031	\$	26,953	\$	28,063	\$ 25,352

¹ This amount Includes the trend assumption change.

 $^{\rm 2}$ In 2016, this amount includes the impact from Tier 2.

Los Angeles County Other Post Employment Benefits Program Actuary Solvency Test - OPEB Program

(Dollars in Millions)

		Actua	rial Acci	ued Liabilit	ies for						
Actuarial	Active Me			rees and ficiaries ¹	(En Fir	Members nployer anced ortion)	Actuaria of Val			of Actuarial Covered b	
Valuation Date	(A)		Dene	(B)		(C)	Ass		(A)	(B)	(C)
July 1, 2012	\$	-	\$	10,681	\$	16,272	\$	-	N/A	0%	0%
July 1, 2014		-		11,791		16,756		484	N/A	4%	0%
July 1, 2016		-		11,365		14,548		561	N/A	5%	0%

¹ Includes vested former members.



Discussion of GASB Statements No. 74 and 75

On June 2, 2015, GASB approved Statement Numbers 74 and 75.

GASB Statement Number 74, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*, addresses reporting by OPEB plans that administer benefits on behalf of governments and replaces GASB Statement Number 43.

The effective date for this statement is applicable to LACERA's fiscal year reporting period ending June 30, 2017. LACERA plans to implement the new standard at that time based on this July 1, 2016 OPEB valuation.

GASB Statement No. 75, Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions, addresses reporting by governments that provide OPEB to their employees and for governments that finance OPEB for employees of other governments and replaces GASB Statement Number 45. Though the effective date is one year later than GASB Statement Number 74, it will be addressed based on this July 1, 2016 OPEB valuation.

Some of the highlights of the new GASB Statements 74 and 75 are as follows:

- The balance sheet liability will be the full Net OPEB Liability (NOL) rather than the Net OPEB Obligation. The NOL is more closely aligned with the UAAL.
- The annual OPEB expense will likely be more volatile from year to year than the ARC because there will be faster recognition of OPEB expenses.
- The discount rate development will be based on a blended rate equivalent of the long-term expected rate of return on assets and a 20-year tax-exempt municipal bond yield or index rate.
- The Entry Age Normal actuarial cost method will be required.



Section 3: GASB Liabilities and Costs as of July 1, 2016 with Excise Tax

An excise tax for high cost health coverage, or "Cadillac" health plans was included as part of ACA. The provision levies a 40% tax on the value of health plan costs that exceed certain thresholds for single coverage or family coverage. The 2018 annual thresholds are \$10,200 for single coverage and \$27,500 for a family plan. For qualified retirees aged 55 to 64 or workers in "high risk" professions such as firefighters and police officers, the thresholds are \$11,850 for single coverage and \$30,950 for a family plan. If, between 2010 and 2018, the cost of health care insurance rises more than 55%, the threshold for the excise tax will be adjusted.

The Consolidated Appropriations Act of 2016 included a two year delay of the Cadillac tax, allowance of the Cadillac tax to be deductible, and no health insurer fee for calendar year 2017. These changes are reflected in the health cost trend.

As requested, Milliman has calculated the GASB 43/45 Liabilities and Costs as of July 1, 2016 with the impact of the Excise Tax under ACA. A summary of results and the trend reflecting Excise Tax follows.

In order to determine the costs and liabilities with excise tax, the benefit plans, assumptions, and methods in the appendices apply. The medical trend in Appendix A has been updated in the following table to reflect Excise Tax. We assume that there will be no changes to the current laws and that there will be no changes in plan design to help mitigate the impact of the tax.



	ily 1, 2016 with xcise Tax	ily 1, 2016 hout Excise Tax	Percentage Change
A. Total Membership	 		g.
 Active Members Vested Terminated Members Retirees and Survivors (Medical Coverage) Total 	 95,295 8,207 47,903 151,405	 95,295 8,207 47,903 151,405	0.0% 0.0% 0.0%
B. Valuation Payroll	\$ 7,268.6	\$ 7,268.6	0.0%
C. Projected County Paid First-Year Benefits	\$ 570.6	\$ 570.6	0.0%
D. Present Value of Future Benefits (PVB) ¹	\$ 42,907.9	\$ 40,212.9	6.7%
E. Actuarial Accrued Liability by Member Group ¹			
 LA County Members Superior Court Members 	\$ 26,015.2 1,172.6	\$ 24,791.9 1,120.7	4.9% 4.6%
3. Total	\$ 27,187.8	\$ 25,912.6	4.9%
F. Actuarial Accrued Liability by Member Status'			
 Active Members Vested Terminated Members Retired Members 	\$ 15,491.8 683.3 11,012.7	\$ 14,547.9 652.5 10,712.2	6.5% 4.7% 2.8%
4. Total	\$ 27,187.8	\$ 25,912.6	4.9%
G. Actuarial Accrued Liability by Benefit Type ¹			
 Retiree Medical Retiree Dental/Vision Medicare Part B Retiree Death Benefit Total 	\$ 22,545.1 1,248.2 3,192.8 201.7 27,187.8	\$ 21,269.9 1,248.2 3,192.8 201.7 25,912.6	6.0% 0.0% 0.0% 4.9%
H. Assets	\$ 560.8	\$ 560.8	0.0%
I. Unfunded Actuarial Accrued Liability	\$ 26,627.0	\$ 25,351.8	5.0%
J. Annual Required Contribution (ARC) ²	\$ 2,092.3	\$ 1,964.4	6.5%
 K. ARC expressed as a percentage of payroll 1. Normal Cost 2. UAAL payment 3. Total 	 14.32% 14.47% 28.79%	 13.26% 13.77% 27.03%	8.0% 5.1% 6.5%

Table 7: July 1, 2016 Summary of County Paid Liabilities and Cost with Excise Tax (All Dollar Amounts in Millions)

¹ Net of Retiree Paid Premiums

² Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL)



Health Cost Trend Assumptions with Excise Tax *

The medical trend in Appendix A has been modified in the following table to reflect Excise Tax.

Fiscal Year	Ending	LACERA Medi Excise	
From	То	Under 65	Over 65
6/30/2017	6/30/2018	4.40%	4.60%
6/30/2018	6/30/2019	6.70%	6.60%
6/30/2019	6/30/2020	6.90%	7.20%
6/30/2020	6/30/2021	6.10%	6.50%
6/30/2021	6/30/2022	5.50%	5.40%
6/30/2022	6/30/2023	5.50%	5.50%
6/30/2023	6/30/2024	5.50%	5.60%
6/30/2024	6/30/2025	5.60%	5.60%
6/30/2025	6/30/2026	5.70%	5.50%
6/30/2026	6/30/2027	5.80%	5.50%
6/30/2027	6/30/2028	5.90%	5.60%
6/30/2037	6/30/2038	6.20%	5.70%
6/30/2047	6/30/2048	5.70%	5.40%
6/30/2057	6/30/2058	5.50%	5.70%
6/30/2067	6/30/2068	5.10%	5.30%
6/30/2077	6/30/2078	4.50%	4.60%
6/30/2087	6/30/2088	4.50%	4.60%
6/30/2097	6/30/2098	4.50%	4.60%
6/30/2102	6/30/2103	4.50%	4.50%

Note that after fiscal year ending June 30, 2027, selected years are shown in the table. After fiscal year ending June 30, 2074, the pre 65 trend rate remains at 4.50%. After fiscal year ending June 30, 2099, the trend rate remains at 4.50% for post 65 trend.

* The first year trend rates for LACERA medical and dental/vision plans have been adjusted to reflect premium increases effective July 1, 2017. ACA Fees including Transitional Reinsurance Fee and Insurer Fee and the impact from the calendar year 2017 moratorium are also included in the medical and dental/vision trends.



The table below projects the estimated annual County OPEB benefit pay-as-you-go medical costs with and without the Excise Tax, net of expected retiree paid premiums for the next ten years in millions.

	Medi	Total County Medical Paid Benefits		al County lical Paid enefits
Fiscal Year Ending	,	1, 2016 with ise Tax	•	v 1, 2016 out Excise Tax
6/30/2017 6/30/2018 6/30/2020 6/30/2021 6/30/2022 6/30/2023 6/30/2024 6/30/2025	\$	465.3 499.8 544.4 595.9 647.4 696.7 751.8 810.5 870.6	\$	465.3 499.8 544.4 592.2 639.1 686.8 739.7 795.5 852.0

Projection Basis:

All assumptions are met No future members are reflected

The table below shows when each plan is projected to reach the Excise Tax threshold.



Milliman July 1, 2016 OPEB Actuarial Valuation Los Angeles County Employees Retirement Association

Plan Blue Cross I Blue Cross II Blue Cross III Blue Cross Prudent Buyer Cigna Network Model Cigna Healthcare for Seniors Firefighters' Local 1014	First Year Excise Tax Applies (as of 7/1/2014) 2018 2018 2037 2018 2018 2018 2045 2018	First Year Excise Tax Applies (as of 7/1/2016) 2020 2020 2041 2020 2020 2020 2047 2020
Firefighters' Local 1014		-
Kaiser Basic Kaiser Over 65	2019 2046	2021 2050
UnitedHealthcare UnitedHealthcare Medicare Advantage	2018 2049	2020 2049
SCAN	2046	2057



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Appendix A: Actuarial Procedures and Assumptions



The actuarial procedures and assumptions used in this valuation are described in this section. Where applicable, the same assumptions are used for the LACERA postemployment health and death benefit program as for the LACERA retirement benefits. The assumptions that overlap with the LACERA retirement benefits plan assumptions were reviewed and changed June 30, 2016, as a result of the 2016 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2016. The general wage increase, investment earnings, and implied inflation assumptions were also evaluated with the 2016 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2016. We recommend using the inflation and general wage increase from the 2016 Board of Investments decision in December 2016. We recommend an OPEB specific investment earnings assumption because the investment earnings for the OPEB valuation are based on a blend of the expected return from the general assets and the expected return from the OPEB Trust, which is invested with a different asset allocation from the one used for the retirement benefits plan. The OPEB specific assumptions other than premiums, claim costs, and aging were reviewed and changed as a result of the 2016 OPEB Investigation of Experience Study to be approved in a future Board of Retirement meeting. The premiums, claim costs, aging, and trend used for this valuation are updated as of July 1, 2016.

The actuarial assumptions used in both the retirement benefits plan and OPEB program actuarial valuations are intended to estimate the future experience of the members eligible for benefit payments and the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of the benefits.

Table A-1 summarizes the assumptions. The mortality rates are taken from the sources listed. The economic assumptions in this table were evaluated with the June 30, 2016 retirement benefits plan valuation.

Tables A-2 and A-3 show how members are expected to leave retired status due to death.

Table A-4 presents the probability of refund of retirement benefit contributions upon termination of employment while vested.



Table A-5 presents the general wage increase of 3.25% per annum.

Tables A-6 to A-13 present the rates of separation of active service. These were developed from the experience as measured by the 2016 Retirement Benefit Investigation of Experience Study. The rates are the probabilities a member will leave active employment for various reasons.

Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2016 OPEB Investigation of Experience Study to estimate health eligibility and enrollment.

Tables A-20 to A-21 present premium and claim cost assumptions developed from the July 1, 2014 OPEB valuation. These will be updated for the July 1, 2016 OPEB valuation with the OPEB program's premium and claim information.

Table A-22 presents the health cost trend rates for the July 1, 2016 OPEB valuation. These will be updated for the July 1, 2016 OPEB valuation upon receipt of the final July 1, 2017 renewals.

Table A-23 presents the assumed retirement rates for vested terminated members developed from the 2016 OPEB Investigation of Experience study.

Actuarial CostThe actuarial valuation is prepared under the Projected Unit CreditMethod(PUC) actuarial cost method. Under the principles of the PUC
method, the actuarial present value of the projected benefits of
each individual included in the valuation is allocated pro-rata to
each year of service between entry age and assumed exit.

For members who transferred between plans, entry age is based on original entry into the LACERA retirement benefits plan.

The portion of this actuarial present value allocated to a valuation year is called the Normal Cost (NC). The portion of this actuarial present value not provided for at a valuation date by the sum of (a) the actuarial value of the assets (if the benefits are funded), and (b) the actuarial present value of future normal costs is called the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is amortized as a level percentage of the projected salaries of the active members, both present and future, covered by the LACERA retirement benefits plan over a 30-year period from the valuation date; this is commonly referred to as a "rolling 30-year amortization method". This method does not cover interest on the UAAL.



Records and Data	The data used in this valuation consist of medical and dental/vision premiums, financial information, and the age, service, and salary records for active and inactive members and their survivors. All of the information was supplied by LACERA and Aon Hewitt and was accepted for valuation purposes without audit.
Growth in Membership	For benefit valuation purposes, no growth in the active membership of LACERA is assumed. For funding purposes, if amortization is required, the total payroll of covered members is assumed to grow due to the combined effects of future wage increases of current active members and the replacement of the current active members by new employees. No growth in the total number of active members is assumed.
Investment Earnings and Expenses	GASB 45 requires that the discount rate for OPEB benefits be equal to the expected return on assets used to pay ongoing benefits. In the case of an unfunded plan, this would be the expected return on the County's general funds. LACERA is currently partially prefunding OPEB liabilities. Therefore, for the July 1, 2016 valuation, we have incorporated the expected investment return of the OPEB Trust in our development of the discount rate. Based on the expected return on the County's general funds, the expected contributions to the OPEB Trust, and the expected investment return from the OPEB Trust, a discount rate of 4.50% was selected based on the 2016 OPEB Investigation of Experience for use in the July 1, 2016 OPEB valuation.
Health Cost Trend	The rates of the health cost trends for the purposes of the valuation are illustrated in Table A-22. These rates were adopted July 1, 2016. These rates reflect the final July 1, 2017 renewals and the impact from the 2017 calendar year moratorium of the Health Insurer Fee under the Affordable Care Act (ACA).
Future Salaries	The 3.25% per annum rate of increase in the general wage level of membership is in Table A-5. This rate was adopted June 30, 2016.
Retirement	Members in General Plans A-D may retire at age 50 with 10 years of service, or any age with 30 years of service, or age 70 regardless of the number of years of service. General Plan G members are eligible to retire at age 52 with 5 years of service, or age 70 regardless of the number of years of service. Non- contributory Plan E members may retire at age 55 with 10 years of service. Members of Safety Plans A and B may retire at age 50 with 10 years of service, or any age with 20 years of service. Safety Plan C members are eligible to retire at age 50 with 5 years of County service. The retirement rates for active members vary by age and are shown by plan in Tables A-6 through A-13.

Appendix A



Retirement (cont.)	active service a active service a Plan C member	nbers who attain or who have attained age 75 in nd all safety members who have attained age 65 in re assumed to retire immediately (except for Safety s who have not yet attained 5 years of service). All members are assumed to retire according to Table
	retirement, and single set of de example, a gen withdraw from <i>termination of e</i> could still withdr no year during t	ns regarding termination of employment, early unreduced service retirement are treated as a ecrements in regards to a particular member. For heral member hired at age 30 has a probability to LACERA due to death, disability, or <i>other</i> <i>mployment</i> until age 50. After age 50, the member raw due to death, disability, or <i>retirement</i> . Thus, in the member's projected employment would they be a probability of other termination of employment y of retirement.
	June 30, 2016.	embers' retirement probabilities were adopted The term vested member's retirement probabilities July 1, 2016, for purposes of the OPEB program
Disability		ability used in the valuation are illustrated in Tables 3. These rates were adopted June 30, 2016.
Postretirement Mortality – Other Than Disabled Members	for active memb These rates are for beneficiaries General membe assumed to be these assumption	retirement mortality rates are used in the valuation bers, members retired for service, and beneficiaries. a illustrated in Table A-2. The mortality assumption is is the same as the mortality assumption as ers of the same gender. Future beneficiaries are the opposite gender of the future retiree. Note that ons include a margin for expected future mortality hese rates were adopted June 30, 2016.
	Males	General members: RP-2014 Healthy Annuitant Mortality Table for Males multiplied by 105%, with 100% of MP-2014 Ultimate Projection Scale.
		Safety members: RP-2014 Healthy Annuitant Mortality Table for Males multiplied by 95%, with 100% of MP-2014 Ultimate Projection Scale.
	Females	General members: RP-2014 Healthy Annuitant Mortality Table for Females, with 100% of MP- 2014 Ultimate Projection Scale.
		Safety members: Same as General Females.



Mortality – Disabled Members	 For disabled members, the mortality rates used in the valuation rates are illustrated in Table A-3. Note that these assumptions include a margin for expected future mortality improvement. These rates were adopted June 30, 2016. Males General members: Average of RP-2014 Healthy Annuitant Mortality Table for Males multiplied by 105% and RP-2014 Disabled Annuitant Mortality Table for Males, both projected with 100% of MP-2014 Ultimate Projection Scale. 	
		Safety members: RP-2014 Healthy Annuitant Mortality Table for Males, with 100% of MP-2014 Ultimate Projection Scale.
	Females	General members: Average of RP-2014 Healthy Annuitant Mortality Table for Females and RP- 2014 Disabled Annuitant Mortality Table for Females, both projected with 100% of MP-2014 Ultimate Projection Scale.
		Safety members: RP-2014 Healthy Annuitant Mortality Table for Females, with 100% of MP- 2014 Ultimate Projection Scale.
Mortality While in Active Status		nbers, the mortality rates used in the valuation are ables A-6 through A-13. These rates were adopted

Class	Gender	Proposed Table	
General	Male	RP 2014E Male, Generational ⁽¹⁾	-2
General	Female	RP 2014E Female, Generational ⁽¹⁾	-0
Safety	Male	RP 2014E Male, Generational ⁽¹⁾	-6
Safety	Female	RP 2014E Female, Generational ⁽¹⁾	-0

1. Projection using 100% of MP-2014 Ultimate projection scale.

Note that Safety members have an additional service-connected mortality rate of 0.01% per year.

Tables A-6 to A-13 show, for all ages, the rates assumed in this valuation for future termination from active service other than for death, disability, or retirement. These rates do not apply to members eligible for service retirement. These rates were adopted June 30, 2016.



Other Employment

Terminations

Other Employment Terminations (cont.)	Terminating employees may withdraw the immediately upon termination of employment and further retirement, medical, dental/vision and of they may leave their contributions with L contributing members whose contributions are later elect to receive a refund, may return to wo inactive until becoming eligible to receive a return terminating members who are not eligible for versus assumed to withdraw their contributions terminating members are assumed not to be rehimed to be rehimed to be returned to the probabilities that will withdraw their contributions and elect a return to the probability that remain elect a deferred retirement allowance. All non-versions assumed to elect a refund and withdraw their contributions and return to be returned to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions and returned assumed to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions and elect a refund and withdraw their contributions and elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions assumed to elect a refund and withdraw their contributions assumed to elect a refu	forfeit the right to leath benefits, or ACERA. Former on deposit may rk or may remain retirement benefit ement plan. All ested benefits are immediately. All red. vested members fund immediately ing members will sted members are		
Future Transfers	Though a few active members may change per valuation assumes the active members remain in enrolled in at the time of the valuation. Specific there will be no future transfers between retirement	the plan they are cally, we assume		
Retiree Medical and Dental/Vision Eligibility and Enrollment Assumptions	Any retired or vested terminated members who have not yet elected a refund of their member contributions and will receive a pension benefit other than a refund are eligible for retiree medical and dental/vision enrollment.			
	The 2016 OPEB Investigation of Experience report was used to set the following assumptions:			
	Age difference for future retirees and spouses	Table A-1		
	Probability of initial medical enrollment upon retirement	Table A-14		
	Probability of medical plan and tier selection upon retirement for Tier 1	Table A-15A		
	Probability of medical plan and tier selection upon retirement for Tier 2	Table A-15B		
	Probability of medical plan and tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16		



Retiree Medical and Dental/Vision Eligibility and Enrollment Assumptions (cont.)	Probability of survivor and new dependent enrollment	Table A-17
	Probability of dental/vision enrollment upon retirement	Table A-18
	Probability of dental/vision plan and tier selection upon retirement	Table A-19
	Retirement of vested terminated members	Table A-23
	Probability of retirees in group plans who elect Medicare Part D	0%



Table A-1: Summary of Valuation Assumptions as of July 1, 2016

I.	А. В. С D. Е.	onomic Assumptions General wage increase Investment earnings Growth in membership CPI inflation assumption Medical cost trend Dental and vision cost) on	3.25% 4.50% 0.00% 2.75% Table A-22 Table A-22
II.	А. В. С. D.	service retired membe Basis – RP-2014 Heal	o Service employment mbers after termination and	Table A-5 Tables A-6 to A-13 Tables A-6 to A-13 Tables A-6 to A-13 Table A-2
		<u>Class of Members</u> General – males General – females Safety – males Safety – females	Adjustment 105% of rates 100% of rates 95% of rates 100% of rates	
	F.	Disabled Mortality Tab Projection Scale: General – males General – females Basis – RP-2014 Heal	led members P-2014 Healthy Annuitant (multiplied by les for respective genders, with 100% of 100% of Disabled Rates 100% of Disabled Rates thy Mortality Table, for respective MP-2014 Ultimate Projection Scale: 100% of rates 100% of rates	
	G.		ies are assumed to have the same mortality who has taken a service retirement.	Table A-2 / as a general member



	H. Other Terminations of Employment	Tables A-6 to A-13	
	I. Refund of Contributions on Vested Termination	Table A-4	
	J. Future male retirees are assumed to be four years older than their female spouses. Assumption adopted July 1, 2008. Future female retirees are assumed to be one year younger than their male spouses. Assumption adopted July 1, 2016.		
III.	Retiree Medical and Dental/Vision Enrollment Assumptions		
	A. Probability of Initial Medical Enrollment upon Retirement	Table A-14	
	 B. Probability of Medical Plan and Tier Selection Upon Retirement (Pre 65 Male, Pre 65 Female, Post 65 Male, Post 65 Female) 	Table A-15	
	C. Probability of Medical Plan and Tier Selection for Pre 65 Retirees Who become Eligible for a <i>Post</i> 65 Plan	Table A-16	
	D. Probability of Medical Survivor and New Dependent Enrollment	Table A-17	
	E. Probability of Retirees in Group Plans Who Elect Medicare Part D. We have assumed there is no cost impact due to retirees and dependents enrolling in Part D.	0%	
	F. Probability of Dental/Vision Enrollment upon Retirement	Table A-18	
	G. Probability of Dental/Vision Plan and Tier Selection Upon Retirement	Table A-19	
IV.	Premium and Claim Cost Analysis	Tables A-20 to A-21	
V.	Medical and Dental/Vision Trend	Table A-22	
VI.	Retirement of Vested Terminated Members Table A-23		



	Safety	Safety	General	General
Age	Male	Female	Male	Female
20	0.090%	0.041%	0.103%	0.041%
25	0.108%	0.044%	0.122%	0.044%
30	0.101%	0.055%	0.114%	0.055%
35	0.116%	0.072%	0.132%	0.072%
40	0.140%	0.100%	0.159%	0.100%
45	0.217%	0.165%	0.246%	0.165%
50	0.386%	0.277%	0.427%	0.277%
55	0.545%	0.362%	0.602%	0.362%
60	0.738%	0.519%	0.816%	0.519%
65	1.046%	0.805%	1.156%	0.805%
70	1.593%	1.287%	1.761%	1.287%
75	2.548%	2.094%	2.817%	2.094%
80	4.249%	3.484%	4.696%	3.484%
85	7.362%	6.050%	8.137%	6.050%
90	12.911%	10.713%	14.270%	10.713%

Table A-2: Mortality for Members Retired for Service

Annual Projected Mortality Improvement

Age	All Groups
65 & Less	1.100%
70	1.100%
75	1.100%
80	1.100%
85	1.100%
90	1.023%
95	0.935%
100	0.704%
105	0.473%
110	0.231%
115	0.000%

1. Mortality rates are those applicable for the fiscal year beginning in 2014. Annual projected improvements are assumed in the following years under the schedule shown. For example, the annual mortality rate for an 85-year old General male in fiscal year beginning in 2017 is 7.122% calculated as follows:

Age 85 rate in 2017 = Age 85 rate in 2014 with 3 years improvement

= 7.362% x (100.0% - 1.1%) x (100.0% - 1.1%) x (100.0% - 1.1%) = 7.122%



Age	Safety Male	Safety Female	General Male	General Female
20	0.098%	0.041%	0.407%	0.132%
25	0.117%	0.044%	0.485%	0.141%
30	0.109%	0.055%	0.453%	0.178%
35	0.126%	0.072%	0.524%	0.233%
40	0.151%	0.100%	0.629%	0.322%
45	0.234%	0.165%	0.975%	0.535%
50	0.406%	0.277%	1.233%	0.734%
55	0.573%	0.362%	1.470%	0.905%
60	0.777%	0.519%	1.738%	1.109%
65	1.101%	0.805%	2.162%	1.445%
70	1.677%	1.287%	2.898%	2.054%
75	2.683%	2.094%	4.123%	3.099%
80	4.472%	3.484%	6.179%	4.794%
85	7.750%	6.050%	9.734%	7.546%
90	13.591%	10.713%	15.785%	11.989%

Table A-3: Mortality for Members Retired for Disability ⁽¹⁾

1. Mortality rates are those applicable the year fiscal year beginning in 2014. Annual projected improvements are assumed in the following years under the schedule shown on the preceding page.



Years of Service	Safety	General
0	100%	100%
1	100%	100%
2	100%	100%
3	100%	100%
4	100%	100%
5	35%	35%
6	35%	35%
7	35%	35%
8	33%	34%
9	31%	34%
10	29%	33%
11	27%	33%
12	25%	32%
13	22%	31%
14	19%	30%
15	16%	30%
16	13%	29%
17	10%	28%
18	6%	25%
19	2%	23%
20	0%	20%
21	0%	18%
22	0%	15%
23	0%	12%
24	0%	9%
25	0%	6%
26	0%	3%
27	0%	0%
28	0%	0%
29	0%	0%
30 & Up	0%	0%

Table A-4:Immediate Refund of Contributions upon Termination of Employment
(Excludes Plan E)



Table A-5:Annual Increase in Salary

The general wage increase assumption is 3.25% per annum which is used for projecting the total future payroll. The amortization of the UAAL is determined as a level percentage of payroll. General wage increases and individual salary increases due to promotion and longevity do not affect the amount of the OPEB program's benefits.



Appendix A: Rates of Separation from Active Service Tables A-6 to A-13

A schedule of the probabilities of termination of employment due to the following causes can be found on the following pages:

Service Retirement:	Member retires after meeting age and service requirements for reasons other than disability.
Other Terminations:	Member terminates and elects a refund of member contributions or a deferred vested retirement benefit.
Service Disability:	Member receives disability retirement; disability is service related.
Ordinary Disability:	Member receives disability retirement; disability is not service related.
Service Death:	Member dies before retirement; death is service related.
Ordinary Death:	Member dies before retirement; death is not service related.

Each rate represents the probability that a member will separate from service at each age due to the particular cause. For example, a rate of 0.0300 for a member's service retirement at age 50 means we assume that 30 out of 1,000 members who are age 50 will retire at that age.

Each table represents the detailed rates needed for each LACERA plan by gender:

- Table A-6: General Plans A, B, & C Males
 - A-7: General Plans A, B, & C Females
 - A-8: General Plans D & G Males
 - A-9: General Plans D & G Females
- A-10: General Plan E Males
- A-11: General Plan E Females
- A-12: Safety Plans A, B, & C Males
- A-13: Safety Plans A, B, & C Females



Table A-6:	Rate of Separation from Active Service for General Members
	Plans A, B, & C – Male

Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
34 35	0.0000	0.0050	0.0003 0.0003	0.0001 0.0001	N/A N/A	0.0005
35 36	0.0000 0.0000	0.0050 0.0050	0.0003	0.0001	N/A N/A	0.0005 0.0005
30	0.0000	0.0050	0.0004	0.0001	N/A N/A	0.0005
38	0.0000	0.0050	0.0004	0.0001	N/A	0.0005
39	0.0000	0.0050	0.0006	0.0001	N/A	0.0005
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0006
41	0.0300	0.0050	0.0007	0.0002	N/A	0.0006
42	0.0300	0.0050	0.0008	0.0002	N/A	0.0006
43	0.0300	0.0050	0.0008	0.0003	N/A	0.0007
44	0.0300	0.0050	0.0009	0.0003	N/A	0.0007
45	0.0300	0.0050	0.0009	0.0003	N/A	0.0008
46	0.0300	0.0050	0.0010	0.0004	N/A	0.0009
47	0.0300	0.0050	0.0010	0.0004	N/A	0.0010
48	0.0300	0.0050	0.0010	0.0004	N/A	0.0011
49	0.0300	0.0050	0.0011	0.0004	N/A	0.0012
50	0.0300	0.0050	0.0011	0.0004	N/A	0.0014
51	0.0300	0.0050	0.0012	0.0004	N/A	0.0015
52	0.0300	0.0050	0.0012	0.0004	N/A	0.0017
53	0.0300	0.0050	0.0016	0.0005	N/A	0.0019
54	0.0600	0.0050	0.0019	0.0006	N/A	0.0021
55	0.1000	0.0050	0.0023	0.0006	N/A	0.0023
56	0.1200	0.0050	0.0026	0.0007	N/A	0.0025
57	0.1700	0.0050	0.0030	0.0008	N/A	0.0028
58	0.2200	0.0050	0.0035	0.0009	N/A	0.0031
59	0.2400	0.0050	0.0040	0.0010	N/A	0.0034
60	0.2600	0.0050	0.0045	0.0010	N/A	0.0038
61	0.3100	0.0050	0.0050	0.0011	N/A	0.0042
62	0.3500	0.0050	0.0055	0.0012	N/A	0.0047
63	0.2800	0.0050	0.0053 0.0051	0.0014	N/A	0.0052
64 65	0.2800 0.2800	0.0050 0.0050	0.0051	0.0015 0.0017	N/A N/A	0.0059 0.0066
66	0.2800	0.0050	0.0049	0.0017	N/A N/A	0.0074
67	0.2800	0.0050	0.0047	0.0018	N/A N/A	0.0083
68	0.2800	0.0050	0.0045	0.0020	N/A N/A	0.0083
69	0.2800	0.0050	0.0045	0.0022	N/A N/A	0.0092
70	0.2800	0.0050	0.0045	0.0025	N/A	0.0102
70	0.2800	0.0050	0.0045	0.0026	N/A	0.0125
72	0.2800	0.0050	0.0045	0.0028	N/A	0.0125
73	0.2800	0.0050	0.0045	0.0030	N/A	0.0154
74	0.2800	0.0050	0.0045	0.0031	N/A	0.0170
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0189
-						



Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
36	0.0000	0.0050	0.0004	0.0001	N/A	0.0003
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0003
			0.0004	0.0001	N/A N/A	
38	0.0000	0.0050				0.0003
39	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
40	0.0300	0.0050	0.0005	0.0002	N/A	0.0004
41	0.0300	0.0050	0.0005	0.0002	N/A	0.0004
42	0.0300	0.0050	0.0005	0.0002	N/A	0.0005
43	0.0300	0.0050	0.0006	0.0003	N/A	0.0005
44	0.0300	0.0050	0.0007	0.0003	N/A	0.0006
45	0.0300	0.0050	0.0008	0.0003	N/A	0.0007
46	0.0300	0.0050	0.0009	0.0004	N/A	0.0007
47	0.0300	0.0050	0.0010	0.0004	N/A	0.0008
48	0.0300	0.0050	0.0011	0.0004	N/A	0.0009
49	0.0300	0.0050	0.0012	0.0004	N/A	0.0010
50	0.0300	0.0050	0.0013	0.0004	N/A	0.0011
51	0.0300	0.0050	0.0014	0.0004	N/A	0.0012
52	0.0300	0.0050	0.0015	0.0004	N/A	0.0013
53	0.0300	0.0050	0.0016	0.0005	N/A	0.0014
54	0.0600	0.0050	0.0016	0.0006	N/A	0.0015
55	0.1000	0.0050	0.0017	0.0006	N/A	0.0017
56	0.1200	0.0050	0.0017	0.0007	N/A	0.0018
57	0.1700	0.0050	0.0018	0.0008	N/A	0.0019
58	0.2200	0.0050	0.0020	0.0009	N/A	0.0021
59	0.2400	0.0050	0.0023	0.0010	N/A	0.0023
60	0.2600	0.0050	0.0025	0.0010	N/A	0.0024
61	0.3100	0.0050	0.0028	0.0011	N/A	0.0026
62	0.3500	0.0050	0.0030	0.0012	N/A	0.0029
63	0.2800	0.0050	0.0030	0.0014	N/A	0.0031
64	0.2800	0.0050	0.0030	0.0015	N/A	0.0034
65	0.2800	0.0050	0.0030	0.0017	N/A	0.0034
66	0.2800	0.0050	0.0030	0.0018	N/A	0.0037
67	0.2800	0.0050	0.0030	0.0018	N/A N/A	0.0041
68 60	0.2800	0.0050	0.0030	0.0022	N/A	0.0051
69 70	0.2800	0.0050	0.0030	0.0023	N/A	0.0057
70	0.2800	0.0050	0.0030	0.0025	N/A	0.0063
71	0.2800	0.0050	0.0030	0.0026	N/A	0.0070
72	0.2800	0.0050	0.0030	0.0028	N/A	0.0078
73	0.2800	0.0050	0.0030	0.0030	N/A	0.0087
74	0.2800	0.0050	0.0030	0.0031	N/A	0.0097
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0108

Table A-7:Rate of Separation from Active Service for General Members
Plans A, B, & C – Female



Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0003	0	0.0800
19	0.0000	0.0002	0.0001	N/A	0.0003	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0003	2	0.0375
21	0.0000	0.0002	0.0001	N/A	0.0004	3	0.0300
22	0.0000	0.0002	0.0001	N/A	0.0004	4	0.0250
23	0.0000	0.0002	0.0001	N/A	0.0004	5	0.0233
24	0.0000	0.0002	0.0001	N/A	0.0005	6	0.0217
25	0.0000	0.0002	0.0001	N/A	0.0005	7	0.0200
26	0.0000	0.0002	0.0001	N/A	0.0005	8	0.0190
27	0.0000	0.0002	0.0001	N/A	0.0005	9	0.0180
28	0.0000	0.0002	0.0001	N/A	0.0005	10	0.0170
29	0.0000	0.0002	0.0001	N/A	0.0004	11	0.0160
30	0.0000	0.0002	0.0001	N/A	0.0004	12	0.0150
31	0.0000	0.0002	0.0001	N/A	0.0004	13	0.0140
32	0.0000	0.0002	0.0001	N/A	0.0005	14	0.0130
33	0.0000	0.0002	0.0001	N/A	0.0005	15	0.0120
34	0.0000	0.0003	0.0001	N/A	0.0005	16	0.0110
35	0.0000	0.0003	0.0001	N/A	0.0005	17	0.0100
36	0.0000	0.0004	0.0001	N/A	0.0005	18	0.0092
37	0.0000	0.0004	0.0001	N/A	0.0005	19	0.0084
38	0.0000	0.0005	0.0001	N/A	0.0005	20	0.0076
39	0.0000	0.0006	0.0001	N/A	0.0006	21	0.0068
40	0.0150	0.0006	0.0002	N/A	0.0006	22	0.0060
41	0.0150	0.0007	0.0002	N/A	0.0006	23	0.0056
42	0.0150	0.0008	0.0002	N/A	0.0006	24	0.0052
43	0.0150	0.0008	0.0003	N/A	0.0007	25	0.0048
44	0.0150	0.0009	0.0003	N/A	0.0007	26	0.0044
45	0.0150	0.0009	0.0003	N/A	0.0008	27	0.0040
46	0.0150	0.0010	0.0004	N/A	0.0009	28	0.0040
47	0.0150	0.0010	0.0004	N/A	0.0010	29	0.0040
48	0.0150	0.0010	0.0004	N/A	0.0011	30 & Above	0.0000
49	0.0150	0.0011	0.0004	N/A	0.0012		0.0000
50	0.0150	0.0011	0.0004	N/A	0.0014		
51	0.0120	0.0012	0.0004	N/A	0.0015		
52	0.0120	0.0012	0.0004	N/A	0.0017		
53	0.0150	0.0016	0.0005	N/A	0.0019		
54	0.0200	0.0019	0.0006	N/A	0.0021		
55	0.0250	0.0023	0.0006	N/A	0.0023		
56	0.0250	0.0026	0.0007	N/A	0.0025		
57	0.0300	0.0030	0.0008	N/A	0.0028		
58	0.0350	0.0035	0.0009	N/A	0.0031		
59	0.0500	0.0040	0.0010	N/A	0.0034		
60	0.0600	0.0045	0.0010	N/A	0.0038		
61	0.0800	0.0050	0.0011	N/A	0.0042		
62	0.1000	0.0055	0.0012	N/A	0.0047		
63	0.0900	0.0053	0.0012	N/A	0.0052		
64	0.1500	0.0051	0.0015	N/A	0.0059		
65	0.2000	0.0049	0.0017	N/A	0.0066		
66	0.2000	0.0047	0.0018	N/A	0.0074		
67	0.1800	0.0045	0.0020	N/A	0.0083		
68	0.1800	0.0045	0.0022	N/A	0.0092		
69	0.1800	0.0045	0.0022	N/A	0.0102		
70	0.2000	0.0045	0.0025	N/A	0.0113		
70	0.2000	0.0045	0.0025	N/A	0.0125		
72	0.2000	0.0045	0.0028	N/A	0.0139		
72	0.2000	0.0045	0.0028	N/A	0.0154		
73	0.2000	0.0045	0.0030	N/A N/A	0.0170		
75	1.0000	0.0000	0.0000	N/A	0.0189		
15	1.0000	0.0000	0.0000	IN/ <i>P</i> A	0.0109		

Table A-8:Rate of Separation from Active Service for General Members
Plan D & G – Male



Table A-9:Rate of Separation from Active Service for General Members
Plan D and G – Female

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0002	0	0.0800
19	0.0000	0.0002	0.0001	N/A	0.0002	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0002	2	0.0375
21	0.0000	0.0002	0.0001	N/A	0.0002	3	0.0300
22	0.0000	0.0002	0.0001	N/A	0.0002	4	0.0250
23	0.0000	0.0002	0.0001	N/A	0.0002	5	0.0233
24	0.0000	0.0002	0.0001	N/A	0.0002	6	0.0217
25	0.0000	0.0002	0.0001	N/A	0.0002	7	0.0200
26	0.0000	0.0002	0.0001	N/A	0.0002	8	0.0190
27	0.0000	0.0002	0.0001	N/A	0.0002	9	0.0180
28	0.0000	0.0002	0.0001	N/A	0.0002	10	0.0170
29	0.0000	0.0002	0.0001	N/A	0.0002	11	0.0160
30	0.0000	0.0002	0.0001	N/A	0.0002	12	0.0150
31	0.0000	0.0002	0.0001	N/A	0.0002	13	0.0140
32	0.0000	0.0002	0.0001	N/A	0.0002	14	0.0130
33	0.0000	0.0002	0.0001	N/A	0.0003	15	0.0120
34	0.0000	0.0003	0.0001	N/A	0.0003	16	0.0110
35	0.0000	0.0003	0.0001	N/A	0.0003	17	0.0100
36	0.0000	0.0004	0.0001	N/A	0.0003	18	0.0092
37 38	0.0000 0.0000	0.0004 0.0004	0.0001 0.0001	N/A N/A	0.0003 0.0003	19 20	0.0084 0.0076
	0.0000	0.0004	0.0001	N/A N/A	0.0003	20 21	0.0078
39 40	0.0000	0.0004	0.0001	N/A N/A	0.0004	21 22	0.0068
40 41	0.0150	0.0005	0.0002	N/A N/A	0.0004	22	0.0056
41	0.0150	0.0005	0.0002	N/A N/A	0.0004	23 24	0.0056
42	0.0150	0.0005	0.0002	N/A N/A	0.0005	24 25	0.0052
43 44	0.0150	0.0008	0.0003	N/A N/A	0.0005	25 26	0.0048
44 45	0.0150	0.0007	0.0003	N/A N/A	0.0007	20 27	0.0044
45 46	0.0150	0.0009	0.0003	N/A N/A	0.0007	28	0.0040
40	0.0150	0.0009	0.0004	N/A	0.0008	29	0.0040
48	0.0150	0.0010	0.0004	N/A	0.0009	30 & Above	0.0000
49	0.0150	0.0012	0.0004	N/A	0.0010	JU & ADUVE	0.0000
	0.0150	0.0012	0.0004	N/A	0.0011		
51	0.0120	0.0014	0.0004	N/A	0.0012		
52	0.0120	0.0015	0.0004	N/A	0.0012		
53	0.0150	0.0016	0.0005	N/A	0.0014		
54	0.0200	0.0016	0.0006	N/A	0.0015		
55	0.0250	0.0017	0.0006	N/A	0.0017		
56	0.0250	0.0017	0.0007	N/A	0.0018		
57	0.0300	0.0018	0.0008	N/A	0.0019		
58	0.0350	0.0020	0.0009	N/A	0.0021		
59	0.0500	0.0023	0.0010	N/A	0.0023		
60	0.0600	0.0025	0.0010	N/A	0.0024		
61	0.0800	0.0028	0.0011	N/A	0.0026		
62	0.1000	0.0030	0.0012	N/A	0.0029		
63	0.0900	0.0030	0.0014	N/A	0.0031		
64	0.1500	0.0030	0.0015	N/A	0.0034		
65	0.2000	0.0030	0.0017	N/A	0.0037		
66	0.2000	0.0030	0.0018	N/A	0.0041		
67	0.1800	0.0030	0.0020	N/A	0.0046		
68	0.1800	0.0030	0.0022	N/A	0.0051		
69	0.1800	0.0030	0.0023	N/A	0.0057		
70	0.2000	0.0030	0.0025	N/A	0.0063		
71	0.2000	0.0030	0.0026	N/A	0.0070		
72	0.2000	0.0030	0.0028	N/A	0.0078		
73	0.2000	0.0030	0.0030	N/A	0.0087		
74	0.2000	0.0030	0.0031	N/A	0.0097		
75	1.0000	0.0000	0.0000	N/A	0.0108		



Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0003	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0003	1	0.0800
20	0.0000	N/A	N/A	N/A	0.0003	2	0.0600
21	0.0000	N/A	N/A	N/A	0.0004	3	0.0450
22	0.0000	N/A	N/A	N/A	0.0004	4	0.0350
23	0.0000	N/A	N/A	N/A	0.0004	5	0.0310
24	0.0000	N/A	N/A	N/A	0.0005	6	0.0270
25	0.0000	N/A	N/A	N/A	0.0005	7	0.0230
26	0.0000	N/A	N/A	N/A	0.0005	8	0.0220
27	0.0000	N/A	N/A	N/A	0.0005	9	0.0210
28	0.0000	N/A	N/A	N/A	0.0005	10	0.0200
29	0.0000	N/A	N/A	N/A	0.0004	11	0.0190
30	0.0000	N/A	N/A	N/A	0.0004	12	0.0180
31	0.0000	N/A	N/A	N/A	0.0004	13	0.0168
32	0.0000	N/A	N/A	N/A	0.0005	14	0.0156
33 34	0.0000 0.0000	N/A N/A	N/A N/A	N/A N/A	0.0005 0.0005	15 16	0.0144
34 35	0.0000	N/A N/A	N/A N/A	N/A N/A	0.0005	17	0.0132 0.0120
36	0.0000	N/A	N/A	N/A	0.0005	18	0.0120
30	0.0000	N/A	N/A	N/A	0.0005	19	0.0112
38	0.0000	N/A	N/A	N/A	0.0005	20	0.0108
39	0.0000	N/A	N/A	N/A	0.0006	20	0.0100
40	0.0000	N/A	N/A	N/A	0.0006	22	0.0100
41	0.0000	N/A	N/A	N/A	0.0006	23	0.0100
42	0.0000	N/A	N/A	N/A	0.0006	24	0.0100
43	0.0000	N/A	N/A	N/A	0.0007	25	0.0100
44	0.0000	N/A	N/A	N/A	0.0007	26	0.0100
45	0.0000	N/A	N/A	N/A	0.0008	27	0.0100
46	0.0000	N/A	N/A	N/A	0.0009	28	0.0100
47	0.0000	N/A	N/A	N/A	0.0010	29	0.0100
48	0.0000	N/A	N/A	N/A	0.0011	30 & Above	0.0100
49	0.0000	N/A	N/A	N/A	0.0012		
50	0.0000	N/A	N/A	N/A	0.0014		
51	0.0000	N/A	N/A	N/A	0.0015		
52	0.0000	N/A	N/A	N/A	0.0017		
53	0.0000	N/A	N/A	N/A	0.0019		
54	0.0000	N/A	N/A	N/A	0.0021		
55	0.0200	N/A	N/A	N/A	0.0023		
56	0.0200	N/A	N/A	N/A	0.0025		
57	0.0200	N/A	N/A	N/A	0.0028		
58	0.0200	N/A	N/A	N/A	0.0031		
59	0.0300	N/A	N/A	N/A	0.0034		
60	0.0400	N/A	N/A	N/A	0.0038		
61	0.0600	N/A	N/A	N/A	0.0042		
62	0.0900	N/A	N/A	N/A	0.0047		
63	0.0900 0.2000	N/A N/A	N/A N/A	N/A N/A	0.0052		
64 65	0.2500	N/A N/A	N/A N/A	N/A N/A	0.0059 0.0066		
66	0.2500	N/A N/A	N/A N/A	N/A N/A	0.0074		
67	0.1800	N/A	N/A N/A	N/A	0.0083		
68	0.1800	N/A	N/A	N/A	0.0092		
69	0.1800	N/A	N/A	N/A	0.0102		
70	0.2000	N/A	N/A	N/A	0.0113		
70	0.2000	N/A	N/A	N/A	0.0125		
72	0.2000	N/A	N/A	N/A	0.0139		
73	0.2000	N/A	N/A	N/A	0.0154		
74	0.2000	N/A	N/A	N/A	0.0170		
75	1.0000	N/A	N/A	N/A	0.0189		

Table A-10: Rate of Separation from Active Service for General Members Plan E – Male



Table A-11: Rate of Separation from Active Service for General Members Plan E – Female

IB 0.0000 NA NA NA NA 0.0002 0 0 0.1500 20 0.0000 NA NA NA NA 0.0002 1 0.0800 21 0.0000 NA NA NA NA 0.0002 2 0.0600 22 0.0000 NA NA NA NA 0.0002 4 0.0550 23 0.0000 NA NA NA 0.0002 5 0.0310 24 0.0000 NA NA NA NA 0.0002 7 0.0230 25 0.0000 NA NA NA NA 0.0002 10 0.0210 26 0.0000 NA NA NA NA 0.0002 11 0.0210 27 0.0000 NA NA NA NA 0.0022 12 0.0168 30 0.0000 NA NA NA NA 0.0002<	Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
20 0.0000 N/A N/A N/A 0.0002 2 0.0600 21 0.0000 N/A N/A N/A 0.0002 4 0.0350 23 0.0000 N/A N/A N/A 0.0002 5 0.0310 24 0.0000 N/A N/A N/A 0.0002 6 0.0270 25 0.0000 N/A N/A N/A 0.0002 8 0.0220 26 0.0000 N/A N/A N/A 0.002 10 0.0201 28 0.0000 N/A N/A N/A 0.002 11 0.0180 30 0.0000 N/A N/A N/A 0.002 13 0.0116 31 0.0000 N/A N/A N/A 0.0002 13 0.0118 32 0.0000 N/A N/A N/A 0.0003 16 0.0132 33 0.0000 N/A N/A N/A </td <td>18</td> <td>0.0000</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>0.0002</td> <td>0</td> <td>0.1500</td>	18	0.0000	N/A	N/A	N/A	0.0002	0	0.1500
21 0.0000 N/A N/A N/A 0.0002 3 0.0450 22 0.0000 N/A N/A N/A 0.0002 5 0.0310 24 0.0000 N/A N/A N/A 0.0002 6 0.0270 25 0.0000 N/A N/A N/A 0.0002 7 0.0230 26 0.0000 N/A N/A N/A 0.0002 9 0.0210 28 0.0000 N/A N/A N/A 0.0002 10 0.02200 29 0.0000 N/A N/A N/A 0.0002 13 0.01680 31 0.0000 N/A N/A N/A 0.0002 14 0.0168 32 0.0000 N/A N/A N/A 0.0003 15 0.0143 33 0.0000 N/A N/A N/A 0.003 16 0.0133 34 0.0000 N/A N/A N/A 0.003 16 0.0114 35 0.0000 N/A N/A	19	0.0000	N/A	N/A	N/A	0.0002	1	0.0800
22 0.0000 N/A N/A N/A 0.0002 5 0.0310 24 0.0000 N/A N/A N/A 0.0002 7 0.0230 25 0.0000 N/A N/A N/A 0.0002 7 0.0230 26 0.0000 N/A N/A N/A 0.0002 9 0.0210 28 0.0000 N/A N/A N/A 0.0002 10 0.0200 29 0.0000 N/A N/A N/A 0.0002 11 0.0190 30 0.0000 N/A N/A N/A 0.0002 13 0.0168 31 0.0000 N/A N/A N/A 0.0002 14 0.0168 32 0.0000 N/A N/A N/A 0.0003 16 0.0122 34 0.0000 N/A N/A N/A 0.0003 19 0.0112 36 0.0000 N/A N/A N/A 0.0003 19 0.0112 37 0.0000 N/A N/	20	0.0000	N/A	N/A	N/A	0.0002	2	0.0600
23 0.0000 N/A N/A N/A 0.0002 5 0.0310 24 0.0000 N/A N/A N/A 0.0002 7 0.0230 25 0.0000 N/A N/A N/A 0.0002 9 0.0201 26 0.0000 N/A N/A N/A 0.0002 10 0.0200 28 0.0000 N/A N/A N/A 0.0002 11 0.0190 30 0.0000 N/A N/A N/A 0.0002 13 0.0166 31 0.0000 N/A N/A N/A 0.0002 14 0.0166 32 0.0000 N/A N/A N/A 0.0003 16 0.0132 33 0.0000 N/A N/A N/A 0.0003 18 0.0116 35 0.0000 N/A N/A N/A 0.0003 19 0.0112 36 0.0000 N/A N/A N/A 0.0003 19 0.0100 37 0.0000 N/A N		0.0000	N/A			0.0002	3	0.0450
24 0.0000 N/A N/A N/A 0.0002 7 0.0230 25 0.0000 N/A N/A N/A 0.0002 8 0.0230 26 0.0000 N/A N/A N/A 0.0002 9 0.0210 28 0.0000 N/A N/A N/A 0.0002 10 0.0200 30 0.0000 N/A N/A N/A 0.0002 12 0.0168 31 0.0000 N/A N/A N/A 0.0002 13 0.0168 32 0.0000 N/A N/A N/A 0.0003 15 0.0144 34 0.0000 N/A N/A N/A 0.0003 17 0.0120 35 0.0000 N/A N/A N/A 0.0003 19 0.0112 36 0.0000 N/A N/A N/A 0.0003 19 0.0112 37 0.0000 N/A N/A N/A 0.0003 20 0.0104 40 0.0000 N/A N						0.0002		0.0350
25 0.0000 N/A N/A N/A 0.0002 ? 7 0.0230 26 0.0000 N/A N/A N/A 0.0002 9 0.0201 28 0.0000 N/A N/A N/A 0.0002 11 0.0700 29 0.0000 N/A N/A N/A 0.0002 12 0.0180 31 0.0000 N/A N/A N/A 0.0002 14 0.0166 32 0.0000 N/A N/A N/A 0.0003 16 0.0132 33 0.0000 N/A N/A N/A 0.0003 18 0.0161 34 0.0000 N/A N/A N/A 0.0003 18 0.0112 35 0.0000 N/A N/A N/A 0.0003 19 0.0112 37 0.0000 N/A N/A N/A 0.0003 20 0.0100 40 0.0000 N/A N/A N/A 0.0003 20 0.0100 41 0.0000 N/								
26 0.0000 N/A N/A N/A 0.0002 8 0.0220 28 0.0000 N/A N/A N/A 0.0002 10 0.0200 29 0.0000 N/A N/A N/A 0.0002 11 0.0190 30 0.0000 N/A N/A N/A 0.0002 12 0.0180 31 0.0000 N/A N/A N/A 0.0002 14 0.0168 32 0.0000 N/A N/A N/A 0.0003 16 0.0132 34 0.0000 N/A N/A N/A 0.0003 17 0.012 35 0.0000 N/A N/A N/A 0.003 19 0.0112 36 0.0000 N/A N/A N/A 0.0003 19 0.0112 37 0.0000 N/A N/A N/A 0.0003 20 0.0108 41 0.0000 N/A N/A								
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	75	1.0000	N/A	N/A	N/A	0.0108		



Table A-12: Rate of Separation from Active Service for Safety Members Plans A, B, & C – Male

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0020	0.0000	0.0001	0.0002	0	0.0300
19	0.0000	0.0020	0.0000	0.0001	0.0002	1	0.0250
20	0.0000	0.0020	0.0000	0.0001	0.0002	2	0.0200
21	0.0000	0.0020	0.0000	0.0001	0.0002	3	0.0150
22	0.0000	0.0020	0.0000	0.0001	0.0003	4	0.0120
23	0.0000	0.0020	0.0000	0.0001	0.0003	5	0.0113
24	0.0000	0.0020	0.0000	0.0001	0.0003	6	0.0107
25	0.0000	0.0020	0.0000	0.0001	0.0004	7	0.0100
26	0.0000	0.0020	0.0000	0.0001	0.0004	8	0.0092
27	0.0000	0.0020	0.0000	0.0001	0.0004	9	0.0084
28	0.0000	0.0020	0.0000	0.0001	0.0005	10	0.0076
29	0.0000	0.0020	0.0000	0.0001	0.0005	11	0.0068
30	0.0000	0.0020	0.0000	0.0001	0.0005	12	0.0060
31	0.0000	0.0020	0.0000	0.0001	0.0005	13	0.0054
32	0.0000	0.0020	0.0000	0.0001	0.0005	14	0.0048
33	0.0000	0.0021	0.0000	0.0001	0.0004	15	0.0042
34	0.0000	0.0022	0.0000	0.0001	0.0004	16	0.0036
35	0.0000	0.0023	0.0000	0.0001	0.0004	17	0.0030
36	0.0000	0.0024	0.0000	0.0001	0.0005	18	0.0024
37	0.0000	0.0025	0.0000	0.0001	0.0005	19	0.0018
38	0.0000	0.0026	0.0000	0.0001	0.0005	20 & Above	0.0000
39	0.0000	0.0027	0.0000	0.0001	0.0005		
40	0.0100	0.0028	0.0000	0.0001	0.0005		
41	0.0100	0.0029	0.0000	0.0001	0.0005		
42	0.0100	0.0030	0.0000	0.0001	0.0005		
43	0.0100	0.0031	0.0000	0.0001	0.0006		
44	0.0100	0.0032	0.0000	0.0001	0.0006		
45	0.0100	0.0033	0.0000	0.0001	0.0006		
46	0.0100	0.0034	0.0000	0.0001	0.0006		
47	0.0100	0.0035	0.0000	0.0001	0.0007		
48	0.0100	0.0040	0.0000	0.0001	0.0007		
49	0.0100	0.0050	0.0000	0.0001	0.0008		
50	0.0100	0.0100	0.0000	0.0001	0.0009		
51	0.0200	0.0120	0.0000	0.0001	0.0010		
52	0.0250	0.0140	0.0000	0.0001	0.0011		
53	0.0300	0.0300	0.0000	0.0001	0.0012		
54	0.1200	0.0500	0.0000	0.0001	0.0014		
55	0.2400	0.1200	0.0000	0.0001	0.0015		
56	0.1500	0.0900	0.0000	0.0001	0.0017		
57	0.1600	0.1000	0.0000	0.0001	0.0019		
58	0.1800	0.1000	0.0000	0.0001	0.0021		
59	0.2500	0.1000	0.0000	0.0001	0.0023		
60 61	0.3000	0.1000	0.0000	0.0001	0.0025		
61	0.3000	0.1000	0.0000	0.0001	0.0028		
62	0.3000	0.1000	0.0000	0.0001	0.0031		
63	0.3000	0.1000	0.0000	0.0001	0.0034		
64 65	0.3000	0.1000	0.0000	0.0001	0.0038		
65	1.0000	0.0000	0.0000	0.0000	0.0042		



	Fians /	А, Б, & С –	remale				
Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0030	0.0000	0.0001	0.0002	0	0.0300
19	0.0000	0.0030	0.0000	0.0001	0.0002	1	0.0250
20	0.0000	0.0030	0.0000	0.0001	0.0002	2	0.0200
21	0.0000	0.0030	0.0000	0.0001	0.0002	3	0.0150
22	0.0000	0.0030	0.0000	0.0001	0.0002	4	0.0120
23	0.0000	0.0030	0.0000	0.0001	0.0002	5	0.0113
24	0.0000	0.0030	0.0000	0.0001	0.0002	6	0.0107
25	0.0000	0.0030	0.0000	0.0001	0.0002	7	0.0100
26	0.0000	0.0030	0.0000	0.0001	0.0002	8	0.0092
27	0.0000	0.0030	0.0000	0.0001	0.0002	9	0.0084
28	0.0000	0.0034	0.0000	0.0001	0.0002	10	0.0076
29	0.0000	0.0038	0.0000	0.0001	0.0002	11	0.0068
30	0.0000	0.0042	0.0000	0.0001	0.0002	12	0.0060
31	0.0000	0.0046	0.0000	0.0001	0.0002	13	0.0054
32	0.0000	0.0050	0.0000	0.0001	0.0002	14	0.0048
33	0.0000	0.0056	0.0000	0.0001	0.0003	15	0.0042
34	0.0000	0.0062	0.0000	0.0001	0.0003	16	0.0036
35	0.0000	0.0068	0.0000	0.0001	0.0003	17	0.0030
36	0.0000	0.0074	0.0000	0.0001	0.0003	18	0.0024

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Table A-13: Rate of Separation from Active Service for Safety Members Plans A, B, & C – Female

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0.0200

0.0250

0.0300

0.1200

0.2400

0.1500

0.1600

0.1800

0.2500

0.3000

0.3000

0.3000

0.3000

0.3000

1.0000

0.0080

0.0084

0.0088

0.0092

0.0096

0.0100

0.0104

0.0108

0.0112

0.0116

0.0120

0.0130

0.0150

0.0180

0.0200

0.0240

0.0280

0.0320

0.1100

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Table A-14: Probability of Initial Medical Enrollment

Males and Females:

	Assumed
Years of Service	Enrollment %
< 10	8%
10-14	44%
15-19	61%
20-24	81%
25+, Disabled	95%

This applies to the medical benefit. Beginning with the July 1, 2016 valuation, this also applies to the Medicare Part B premium reimbursement benefit.



Table A-15A: Probability of Medical Plan and Tier Selection upon Initial Enrollment forTier 1

Deduction			Pr	e 65	Post 65	
Code	Plan	Tier	Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	0.5%	1.0%	mare	. entraite
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	1.5%	0.5%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.0%			
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.5%	0.5%		0.5%
212 213	Anthem Blue Cross I Anthem Blue Cross I	Retiree and Spouse Retiree, Spouse and Children	0.5%	0.5%		
213	Anthem Blue Cross I	Retiree and Children	0.5%			
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	5.5%	8.0%	1.0%	2.0%
222	Anthem Blue Cross II	Retiree and Spouse	14.0%	7.0%	3.5%	1.0%
223	Anthem Blue Cross II	Retiree, Spouse and Children	10.5%	2.0%	1.0%	
224	Anthem Blue Cross II	Retiree and Children	1.0%	1.0%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.5%	6.5%	10.5%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			6.5%	1.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			6.5%	4.0%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.5%	
245 246	Anthem Blue Cross III Anthem Blue Cross III	Retiree and Children 1 Medicare			0.5%	
246 247		Retiree and Family 1 Medicare				
247	Anthem Blue Cross III Anthem Blue Cross III	Retiree and Family 1 Medicare Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare				
250	Anthem Blue Cross III	Retiree and Family 3 Medicare				
301	Cigna Network Model Plan	Retiree Only				
302	Cigna Network Model Plan	Retiree and Spouse		0.5%		
303	Cigna Network Model Plan	Retiree and Family		,.		
304	Cigna Network Model Plan	Retiree and Children				
305	Cigna Network Model Plan	Minor Survivor				
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only				
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse				
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children				
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)				
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)	10.50/	01.00/		
401 402	Kaiser (CA) Kaiser (CA)	Retiree Basic (Under 65) Retiree Cost ("M" Coverage)	12.5%	31.0%		
402	Kaiser (CA)	Retiree Cost (M Coverage) Retiree Risk (Senior Advantage)			20.0%	39.5%
403	Kaiser (CA)	Retiree Excess I			1.0%	2.0%
405	Kaiser (CA)	Retiree Excess II - Part B			2.0%	3.0%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)			2.070	0.070
411	Kaiser (CA)	Family Basic	36.0%	30.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			19.5%	4.5%
414	Kaiser (CA)	One Excess I, Others Basic			1.0%	
415	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)			44.000	45 50/
418 419	Kaiser (CA)	Two+ Advantage			14.0% 0.5%	15.5%
419	Kaiser (CA) Kaiser (CA)	One Excess I, One Advantage Two+ Excess I			0.5%	0.5%
420	Kaiser (CA)	Survivor			0.3%	
421	Kaiser (CA)	One Excess II - Part B, One Basic			2.0%	0.5%
423	Kaiser (CA)	One Excess III (MNP), One Basic			1.0%	0.070
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)				
426	Kaiser (CA)	One Risk, One Excess II - Part B				
427	Kaiser (CA)	One Risk, One Excess III (MNP)				
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				

Non-Local 1014 Firefighters Retirees



Milliman July 1, 2016 OPEB Actuarial Valuation Los Angeles County Employees Retirement Association

Appendix A

Deduction	n		Pre 6	5	Post 65		
Code	Plan	Tier	Male	Female	Male	Female	
450	Kaiser - Colorado Basic	Retiree Basic			•		
451	Kaiser - Colorado	Retiree Risk					
452 453	Kaiser (Other) Kaiser - Colorado	Retiree Only Retiree Basic (Two Party)					
453	Kaiser - Colorado	Retiree Basic Family					
455	Kaiser - Colorado	One Risk, One Basic					
456	Kaiser (Other)	Retiree and Spouse					
457	Kaiser - Colorado	Two Retiree Risk					
458	Kaiser - Colorado	One Risk, Two or More Dependents					
459	Kaiser - Colorado	Two Risk, Two or More Dependents					
460 440	Kaiser (Other)	Retiree and Spouse					
440	Kaiser - Georgia Kaiser - Georgia	One Medicare Member with Part B only One Medicare Member with Part A only					
442	Kaiser - Georgia	One Member without Medicare Part A&B					
443	Kaiser - Georgia	One Medicare Member (Renal Failure)					
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B					
461	Kaiser - Georgia Basic	Basic Batima Diale					
462 463	Kaiser - Georgia	Retiree Risk Retiree (Two Party)					
463	Kaiser - Georgia Kaiser - Georgia	Retiree (Two Party) Retiree Basic Family					
465	Kaiser - Georgia	One Retiree Risk, One Basic					
466	Kaiser - Georgia	Two Retiree Risk					
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic					
468	Kaiser - Georgia	Two Retiree Risk, One Basic					
469	Kaiser - Georgia	Three Retiree Risk, One Basic					
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk					
471 472	Kaiser - Hawaii Kaiser - Hawaii	Retiree Basic (Under 65) Retiree Risk					
472	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)					
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)					
476	Kaiser - Hawaii	One Retiree Risk, One Basic					
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic					
478	Kaiser - Hawaii	Two Retiree Risk					
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B					
481 482	Kaiser - Oregon	Retiree Basic (Under 65)					
482	Kaiser - Oregon Kaiser - Oregon	Retiree Risk Retiree Over 65 unassigned Medicare A&B					
484	Kaiser - Oregon	Retiree Basic (Two Party)					
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)					
486	Kaiser - Oregon	One Retiree Risk, One Basic					
487	Kaiser - Oregon	Retiree Cost					
488	Kaiser - Oregon	Two Retiree Risk					
489	Kaiser - Oregon	Retiree w/ Part A only					
490 491	Kaiser - Oregon Kaiser - Oregon	Retiree w/ Part B only One Risk, One Medicare Part A only					
491	Kaiser - Oregon	One Risk, One Medicare Part A only One Risk, One Over 65 No Medicare					
493	Kaiser - Oregon	One Risk, Two Basic					
494	Kaiser - Oregon	Two Risk, One Basic					
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					
496	Kaiser - Oregon	Two Medicare Part A only					
497	Kaiser - Oregon	One Basic, One Medicare Part A only					
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B			0.5%	4.000	
611 613	SCAN Health Plan SCAN Health Plan	Retiree Only Retiree & 1 Dependent (2 Medicare)			0.5% 0.5%	1.0% 0.5%	
701	United Healthcare Medicare Advantage	Retiree & T Dependent (2 Medicare)			3.0%	9.5%	
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.0%	3.5%	1.0%	
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.5%	3.5%	
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)		0.5%	1.5%		
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.5%		
706	United Healthcare Medicare Advantage	Minor Survivor					
707	United Healthcare	Single	3.5%	9.0%			
708	United Healthcare	Two-Party	7.0%	5.0%			
709	United Healthcare	Family	5.5% 100.0%	1.0% 100.0%	100.0%	100.0%	
Total							

Probability of enrolling at least one dependent 77.5%



This work product was prepared solely for LACERA for the purposes described herein and may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends that third parties be aided by their own actuary or other qualified professional when reviewing the Milliman work product.

50.0%

66.0%

32.0%

Firefighters Local 1014 Retirees

Deduction			Pre 65		Post 65	
Code	Plan	Tier	Male	Female	Male	Female
801	Firefighters Local 1014	Med-Member under 65	7.0%	7.0%		
802	Firefighters Local 1014	Med-Member +1 under 65	47.0%	47.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	46.0%	46.0%		
804	Firefighters Local 1014	Med-Member with Medicare			7.0%	7.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			47.0%	47.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			46.0%	46.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 93.0% 93.0% 93.0% 93.0%



Table A-15B: Probability of Medical Plan and Tier Selection upon Initial Enrollment forTier 2

Non-Local 1014 Firefighters Retirees

			Pi	re 65	Po	st 65
Deduction Code	Plan	Tier	Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	0.5%	1.0%	Wate	I emale
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	1.5%	0.5%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	1.0%	,.		
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	0.5%	0.5%		
212	Anthem Blue Cross I	Retiree and Spouse		0.5%		
213	Anthem Blue Cross I	Retiree, Spouse and Children	0.5%			
214	Anthem Blue Cross I	Retiree and Children				
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	5.5%	8.0%		
222	Anthem Blue Cross II	Retiree and Spouse	14.0%	7.0%		
223	Anthem Blue Cross II	Retiree, Spouse and Children	10.5%	2.0%		
224	Anthem Blue Cross II	Retiree and Children	1.0%	1.0%		
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		0.5%	7.5%	13.0%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			10.0%	2.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			6.5%	4.0%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare	1			
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			0.5%	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare			1.0%	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare				
250	Anthem Blue Cross III	Retiree and Family 3 Medicare				
301	Cigna Network Model Plan	Retiree Only				
302	Cigna Network Model Plan	Retiree and Spouse		0.5%		
303	Cigna Network Model Plan	Retiree and Family				
304	Cigna Network Model Plan	Retiree and Children				
305	Cigna Network Model Plan	Minor Survivor				
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only				
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse				
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children				
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)				
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)				
401	Kaiser (CA)	Retiree Basic (Under 65)	12.5%	31.0%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			23.0%	44.5%
404	Kaiser (CA)	Retiree Excess I				
405	Kaiser (CA)	Retiree Excess II - Part B				
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				
411	Kaiser (CA)	Family Basic	36.0%	30.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			23.5%	5.0%
414	Kaiser (CA)	One Excess I, Others Basic				
415	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)				
418	Kaiser (CA)	Two+ Advantage	1		15.0%	16.0%
419	Kaiser (CA)	One Excess I, One Advantage				
420	Kaiser (CA)	Two+ Excess I	1			
421	Kaiser (CA)	Survivor	1			
422	Kaiser (CA)	One Excess II - Part B, One Basic				
423	Kaiser (CA)	One Excess III (MNP), One Basic				
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)				
426	Kaiser (CA)	One Risk, One Excess II - Part B	1			
427	Kaiser (CA)	One Risk, One Excess III (MNP)	1			
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)	1			



Milliman July 1, 2016 OPEB Actuarial Valuation

Los Angeles County Employees Retirement Association

Appendix A

32.0%

			Pr	e 65	Po	st 65
Deduction Code	Plan	Tier	Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
452	Kaiser (Other)	Retiree Only				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
456 457	Kaiser (Other) Kaiser - Colorado	Retiree and Spouse Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
460	Kaiser (Other)	Retiree and Spouse				
440	Kaiser - Georgia	One Medicare Member with Part B only				
441	Kaiser - Georgia	One Medicare Member with Part A only				
442	Kaiser - Georgia	One Member without Medicare Part A&B				
443	Kaiser - Georgia	One Medicare Member (Renal Failure)				
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only				
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				
461	Kaiser - Georgia Basic	Basic				
462	Kaiser - Georgia	Retiree Risk				
463	Kaiser - Georgia	Retiree (Two Party)				
464 465	Kaiser - Georgia	Retiree Basic Family				
466	Kaiser - Georgia Kaiser - Georgia	One Retiree Risk, One Basic Two Retiree Risk				
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic				
468	Kaiser - Georgia	Two Retiree Risk, One Basic				
469	Kaiser - Georgia	Three Retiree Risk, One Basic				
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk				
471	Kaiser - Hawaii	Retiree Basic (Under 65)				
472	Kaiser - Hawaii	Retiree Risk				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)				
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)				
476	Kaiser - Hawaii	One Retiree Risk, One Basic				
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic				
478	Kaiser - Hawaii	Two Retiree Risk				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B				
481 482	Kaiser - Oregon	Retiree Basic (Under 65)				
483	Kaiser - Oregon Kaiser - Oregon	Retiree Risk Retiree Over 65 unassigned Medicare A&B				
484	Kaiser - Oregon	Retiree Basic (Two Party)				
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)				
486	Kaiser - Oregon	One Retiree Risk, One Basic				
487	Kaiser - Oregon	Retiree Cost				
488	Kaiser - Oregon	Two Retiree Risk				
489	Kaiser - Oregon	Retiree w/ Part A only				
490	Kaiser - Oregon	Retiree w/ Part B only				
491	Kaiser - Oregon	One Risk, One Medicare Part A only				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare				
493	Kaiser - Oregon	One Risk, Two Basic				
494	Kaiser - Oregon	Two Risk, One Basic				
495 496	Kaiser - Oregon Kaiser - Oregon	Two Over 65 unassigned Medicare Two Medicare Part A only				
496 497	Kaiser - Oregon	One Basic, One Medicare Part A only				
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B				
611	SCAN Health Plan	Retiree Only			0.5%	1.0%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			0.5%	0.5%
701	United Healthcare Medicare Advantage	Retiree Only			3.0%	9.5%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	0.5%	2.0%	3.5%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.5%	3.5%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)		0.5%	1.5%	
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)			0.5%	
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.5%	9.0%		
708	United Healthcare	Two-Party	7.0%	5.0%		
709	United Healthcare	Family	5.5%	1.0%	100.00/	100.00/
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 77.5% 50.0% 66.0%



Appendix A

Firefighters Local 1014 Retirees

			Pre 65		Post 65	
Deduction Code	Plan	Tier	Male	Female	Male	Female
801	Firefighters Local 1014	Med-Member under 65	7.0%	7.0%		
802	Firefighters Local 1014	Med-Member +1 under 65	47.0%	47.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	46.0%	46.0%		
804	Firefighters Local 1014	Med-Member with Medicare			7.0%	7.0%
805	Firefighters Local 1014	Med-Member +1; 1 MDC				
806	Firefighters Local 1014	Med-Member +1; 2 MDC			47.0%	47.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			46.0%	46.0%
809	Firefighters Local 1014	Med-Surv. Sp. Under 65				
810	Firefighters Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighters Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighters Local 1014	Med-Surv. Sp. With MDC				
813	Firefighters Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighters Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighters Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100.0%	100.0%	100.0%	100.0%

Probability of enrolling at least one dependent 93.0% 93.0% 93.0% 93.0%



Table A-16:Probability of Medical Plan and Tier Selection for Pre 65 RetireesWho Become Eligible for a Post 65 Plan

We assume that Pre 65 retirees and dependents will choose Post 65 plans at age 65 according to the following table:

From Pre Age 65	To Post Age 65		
Eligible Plan	Eligible Plan	Tier 1	Tier 2
Anthem Blue Cross I	Anthem Blue Cross I	40%	0%
	Anthem Blue Cross III	60%	100%
Anthem Blue Cross	Anthem Blue Cross II	45%	0%
II	Anthem Blue Cross III	55%	100%
Anthem Blue Cross	Anthem Blue Cross Prudent Buyer	55%	0%
Prudent Buyer	Anthem Blue Cross III	45%	100%
Cigna Network	Cigna Network Model Plan	46%	0%
Model	Cigna Medicare Select Plus Rx (AZ)	6%	0%
	Anthem Blue Cross I	1%	0%
	Anthem Blue Cross II	1%	0%
	Anthem Blue Cross III	18%	20%
	United Healthcare Medicare Advantage	18%	80%
	Senior Advantage	4%	0%
	SCAN Health Plan	6%	0%
United Healthcare	United Healthcare Medicare Advantage	85%	87%
	Cigna Network Model Plan	2%	0%
	Anthem Blue Cross II	2%	0%
	Anthem Blue Cross III	6%	8%
	SCAN Health Plan	2%	2%
	Senior Advantage	2%	3%
	Excess II	1%	0%
Kaiser Retiree Basic	Senior Advantage	81%	98%
	Retiree Excess I	4%	0%
	Retiree Excess II	9%	0%
	Excess III (MNP)	4%	0%
	Anthem Blue Cross III	2%	2%
Kaiser Family Basic	2+ Advantage	82%	99%
	One Excess I, One Advantage	2%	0%
	One Advantage, One Excess II	8%	0%
	One Advantage, One Excess III (MNP)	6%	0%
	Two+ Excess II - Part B	0.5%	0%
	Anthem Blue Cross III	1%	1%
	United Healthcare Medicare Advantage	0.5%	0%
Firefighters Local 1014	Firefighters Local 1014	100%	100%



We assume that 100% of the retirees are eligible for Medicare with Part B Premium Reimbursement for the plans listed below. We assume these Post Medicare Only Plans are for enrollees who are entitled for Medicare Parts A and B:

- Anthem Blue Cross III
- Cigna Medicare Select Plus Rx (AZ)
- Firefighters Local 1014 Post Medicare Plan
- Kaiser Senior Advantage
- SCAN
- UnitedHealthcare Medicare Advantage

We assume all other plans' retirees do not receive Part B Premium Reimbursement.

Tier 2 retirees, employees who are hired after June 30, 2014, are required to enroll in Medicare when eligible.

Effective January 1, 2007, Medicare Part B premiums vary depending on income status. For the non-Local 1014 members, the County does not pay the higher premiums, and we assume that there will be no shift in enrollment.

The Part B reimbursement for Tier 1 is for retiree and any spouse or child(ren), while the Part B reimbursement for Tier 2 is only for retirees and surviving spouses.

For purposes of this valuation, the average Medicare Part B premium reimbursement was \$111.25 per member. This is based on the 2016 calendar year Medicare Part B premium rates provided in the census adjusted for half a year of Medicare Part B trend.



Table A-17: Survivor and New Dependent Enrollment

The valuation methods and assumptions are adjusted with the following considerations from LACERA discussions:

<u>Scenario I</u>

If a dependent or spouse dies, the retiree may enroll a new spouse/domestic partner and/or a new dependent.

- We assume 3% will enroll a new spouse / domestic partner.
- We assume 3% of the retirees will enroll a new dependent.

Scenario II

If a retiree who has a retirement plan option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse has retiree medical, Part B, or dental/vision coverage, the existing spouse or dependent may continue to be enrolled and may also enroll a new spouse/domestic partner and/or a new dependent.

- We assume 50% of the retirees with spouses have a spouse continuance option.
- We assume 10% of the surviving spouse/domestic partners with a continuance option will enroll a new spouse.
- Therefore, we assume 5% (or 50% of the 10%) of the surviving spouses' new spouses will enroll and receive the County subsidy.
- We assume 3% of the surviving spouse/domestic partners will enroll a new dependent.

Scenario III

If a retiree who has a retirement plan option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse does NOT have retiree medical coverage, we assume no additional spouse/domestic partner or dependent will be enrolled.



Table A-18: Probability of Initial Dental/Vision Enrollment

Males and Females

Years of Service	Assumed Enrollment %
< 10	11%
10-14	49%
15-19	64%
20-24	82%
25+	95%
Disabled	94%

Table A-19:Probability of Dental/Vision Plan and Tier Selection Upon
Dental/Vision Retirement Enrollment

	Cigna Indemnity Dental/Vision		Cigna HMO Dental/Vision			
Tier	Retiree Only	Retiree and Dependents	Survivor	Retiree Only	Retiree and Dependents	Survivor
Deduction Code	501	502	503	901	902	903
Percentage Male Female	20% 46%	67% 39%	0% 0%	4% 9%	9% 6%	0% 0%



Table A-20: Premium Information

The following premium information is for retirees living in California who have less than 10 years of service and have to pay the full amount. Members who have more than 10 years of service receive a subsidy from the County. Details can be found in Appendix B. The premium rates in Table A-20 include the carriers' administration fees and LACERA's per retiree monthly administration fee. The per retiree monthly administration fee was \$8.00 effective July 1, 2016 and July 1, 2017, and is included in the premium rates.

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 1,065.79	\$ 1,065.79	\$ 843.86	\$ 1,332.53	
Retiree & Spouse	\$ 1,919.85	\$ 1,919.85	\$ 1,658.82	\$ 2,404.28	
Retiree & Family	\$ 2,264.26	\$ 2,264.26	\$ 1,871.87	\$ 2,838.00	
Retiree & Children	\$ 1,409.48	\$ 1,409.48	\$ 1,084.15	\$ 1,767.64	
Minor Survivor	\$ 354.51	\$ 354.51	\$ 231.33	\$ 443.00	\$ 289.23
UnitedHealthcare Single UnitedHealthcare Two-					\$ 1,006.94
Party					\$ 1,837.24
UnitedHealthcare Family					\$ 2,177.99

Pre and Post Age 65 Monthly Rates Effective July 1, 2016 UnitedHealthcare is Pre Age 65 Only

Pre and Post Age 65 Monthly Rates Effective July 1, 2017 UnitedHealthcare is Pre Age 65 Only

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 1,094.88	\$ 1,094.88	\$ 866.85	\$ 1,419.91	
Retiree & Spouse	\$ 1,972.43	\$ 1,972.43	\$ 1,704.22	\$ 2,562.34	
Retiree & Family	\$ 2,326.31	\$ 2,326.31	\$ 1,923.13	\$ 3,025.54	
Retiree & Children	\$ 1,448.02	\$ 1,448.02	\$ 1,113.74	\$ 1,883.69	
Minor Survivor	\$ 364.04	\$ 364.04	\$ 237.47	\$ 472.39	\$ 307.71
UnitedHealthcare Single UnitedHealthcare Two-					\$ 1,072.60
Party					\$ 1,957.45
UnitedHealthcare Family					\$ 2,320.60



Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 431.70		
Retiree & Spouse- 1 Medicare	\$ 1,375.57		
Retiree & Spouse- 2 Medicare	\$ 857.14		
Retiree & Children- 1 Medicare	\$ 771.33		
Retiree & Family- 1 Medicare	\$ 1,715.10		
Retiree & Family- 2 Medicare	\$ 1,196.59		
Retiree & Family- 3 Medicare	\$ 1,340.77		
Retiree Only		\$ 307.00	\$ 332.58
Retiree & 1 Dependent (1 Medicare)			\$ 1,331.52
Retiree & 1 Dependent (2 Medicare)		\$ 606.00	\$ 657.16
Retiree & 2 + Deps. (1 Medicare)			\$ 1,503.62
Retiree & 2 + Deps. (2 Medicare)			\$ 829.26

Post Age 65 Monthly Rates Effective July 1, 2016

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 443.35		
Retiree & Spouse- 1 Medicare	\$ 1,413.18		
Retiree & Spouse- 2 Medicare	\$ 880.49		
Retiree & Children- 1 Medicare	\$ 792.32		
Retiree & Family- 1 Medicare	\$ 1,762.05		
Retiree & Family- 2 Medicare	\$ 1,229.28		
Retiree & Family- 3 Medicare	\$ 1,377.42		
Retiree Only		\$ 298.00	\$ 339.07
Retiree & 1 Dependent (1 Medicare)			\$ 1,403.67
Retiree & 1 Dependent (2 Medicare)		\$ 588.00	\$ 670.14
Retiree & 2 + Deps. (1 Medicare)			\$ 1,587.08
Retiree & 2 + Deps. (2 Medicare)			\$ 853.55



Effective Date	July 1, 2016	July 1, 2017
Retiree Basic (Under 65)	\$911.95	\$937.63
Retiree Risk (Senior Advantage)	\$242.60	\$256.62
Retiree Excess I	\$990.72	\$1,035.65
Retiree Excess II - Part B	\$952.41	\$980.76
Excess III - Medicare Not Provided (MNP)	\$1,694.50	\$1,745.10
Family Basic	\$1,815.90	\$1,867.26
One Advantage, One Basic	\$1,146.55	\$1,186.25
One Excess I, One Basic	\$1,894.67	\$1,965.28
One Excess II - Part B, One Basic	\$1,856.36	\$1,910.39
One Excess III (MNP), One Basic	\$2,598.45	\$2,674.73
Two+ Advantage	\$477.20	\$505.24
One Excess I, One Advantage	\$1,225.32	\$1,284.27
One Advantage, One Excess II - Part B	\$1,187.01	\$1,229.38
One Advantage, One Excess III (MNP)	\$1,929.10	\$1,993.72
Two+ Excess I	\$1,973.44	\$2,063.30
One Excess I, One Excess II - Part B	\$1,935.13	\$2,008.41
One Excess I, One Excess III (MNP)	\$2,677.22	\$2,772.75
Two Excess II - Part B	\$1,896.82	\$1,953.52
One Excess II - Part B, One Excess III (MNP)	\$2,638.91	\$2,717.86
Two Excess III - Both (MNP)	\$3,381.00	\$3,482.20
Survivor	\$911.95	\$937.63

Kaiser California Monthly Rates



Effective Date	July 1, 2016	July 1, 2017
Medical Member Under 65	\$ 1,034.00	\$ 1,078.15
Medical Member + 1 Under 65	1,864.38	1,943.99
Medical Member + 2 Under 65	2,199.20	2,293.11
Medical Member with Medicare	1,034.00	1,078.15
Medical Member + 1: 1 MDC	1,864.38	1,943.99
Medical Member + 1; 2 MDC	1,864.38	1,943.99
Medical Member + 2; 1 MDC	2,199.20	2,293.11
Medical Member + 2; 2 MDC	2,199.20	2,293.11
Medical Surviving Spouse Under 65	1,034.00	1,078.15
Medical Surviving Spouse + 1 Under 65	1,864.38	1,943.99
Medical Surviving Spouse + 2 Under 65	2,199.20	2,293.11
Medical Surviving Spouse with MDC	1,034.00	1,078.15
Medical Surviving Spouse + 1; 1 MDC	1,864.38	1,943.99
Medical Surviving Spouse + 2; 1 MDC	2,199.20	2,293.11
Medical Surviving Spouse + 1; 2 MDC	1,864.38	1,943.99

Firefighters Local 1014 Monthly Rates

Dental/Vision Monthly Rates

Effective Date	July 1, 2016		July 1, 2017	
<u>Tier</u>	Cigna Dental <u>HMO/Vision</u>	Cigna Indemnity <u>Dental/Vision</u>	Cigna Dental <u>HMO/Vision</u>	Cigna Indemnity <u>Dental/Vision</u>
Retiree Only	\$46.17	\$51.13	\$46.19	\$52.16
Retiree & Dependents	\$94.00	\$106.24	\$94.52	\$108.60
Minor Survivor	\$46.75	\$62.84	\$46.78	\$64.15



COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

If a Tier 1 retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the Tier 1 benchmark plan rate (Anthem Blue Cross Plans I and II), whichever is less. If a Tier 2 retiree has 10 years of retirement service credit, the County contributes 40% of the retiree only health care plan premium or 40% of the Tier 2 retiree only benchmark plan rate whichever is less. The Tier 2 benchmark plan is Anthem Blue Cross Plans I and II for Medicare-ineligible retirees and Anthem Blue Cross Plan III for Medicare eligible retirees. If a Tier 2 retiree selects a family coverage and the retiree rate is less than the Tier 2 benchmark, there is a spouse subsidy. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit. The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate.

Dental/Vision

The contribution percentages follow the same contribution proportions based on years of service as the medical plans where the benchmark plan is the indemnity plan for both Tier 1 and Tier 2. The Tier 2 benchmark is retiree-only premium whereas the Tier 1 benchmark is the indemnity premium based on the selected member coverage (retiree only or retiree and dependents).

Service-Connected Disability

Any retiree with a service-connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental/vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in. If a retiree with service-connected disability retirement has 13 or more years of service, the County subsidy is the same as a retiree with service retirement.

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical, Dental/Vision, and Service-Connected Disability

Contributions are the same as for the County.



Table A-21A: Claim Cost Analysis

All of the plans' premium rates have been determined based on retiree only information. Active premium rates are established independently. Therefore, no implicit subsidy exists between active and retiree rates. However, some plans pooled the Medicare enrolled and non-Medicare enrolled retirees to determine the rates. The following plans did not pool Medicare and non-Medicare retirees (or have an insignificant Medicare enrollment), so we can assume the premium rates are representative of the average claim costs used to develop the age and gender adjusted claim costs:

- Anthem Blue Cross I and II (Combined)
- Anthem Blue Cross III
- Anthem Blue Cross Prudent Buyer
- Cigna Medicare Select Plus Rx (AZ)
- UnitedHealthcare
- UnitedHealthcare Medicare Advantage
- SCAN Health Plan
- Kaiser and Kaiser Interregional
 - o **Basic**
 - o Senior Advantage
 - Medicare Cost Supplement
 - o Excess I
 - o Excess II
 - o Excess III
- Cigna Indemnity Dental/Vision
- Cigna HMO Dental/Vision

The following plans pooled Medicare and non-Medicare retirees to determine premium rates. Therefore, we adjusted the premium rates to compensate for the coordination with Medicare in making our claim cost assumption.

- Cigna Network Model Plan
- Firefighters Local 1014 Plan

For current active members projected to retire in the future, we used the enrollment assumptions in Table A-15A (Tier 1) and Table A-15B (Tier 2) to develop weighted average claim costs as of July 1, 2016. The weighted average claim costs used for future retirees and dependents are shown in the following tables.

Note that the medical claim costs for pre 65 retirees are different than for post 65 retirees due to different plan selection assumptions.



A. Future Retirees Retiring Before Age 65

Age		Retiree			Spouse/S	urv	Spouse + D	eper	ndents
-	<u>Male</u>	<u>Female</u>	Total		Male		<u>Female</u>		<u>Total</u>
25	\$ 305.26	\$ 610.61	\$ 456.42	\$	343.08	\$	473.95	\$	444.18
30	\$ 409.87	\$ 775.18	\$ 590.71	\$	361.86	\$	542.82	\$	501.65
35	\$ 679.82	\$ 900.53	\$ 789.08	\$	369.32	\$	542.25	\$	502.91
40	\$ 952.67	\$ 1,095.10	\$ 1,023.18	\$	445.77	\$	577.57	\$	547.58
45	\$ 877.15	\$ 1,028.16	\$ 951.90	\$	522.38	\$	643.55	\$	615.98
50	\$ 770.51	\$ 887.44	\$ 828.39	\$	606.28	\$	715.80	\$	690.88
55	\$ 812.95	\$ 871.16	\$ 841.77	\$	749.97	\$	815.54	\$	800.62
60	\$ 916.63	\$ 921.55	\$ 919.07	\$	969.70	\$	959.04	\$	961.47
65 (Pre 65)	\$ 1,093.88	\$ 1,085.50	\$ 1,089.73	\$	1,235.37	\$	1,182.28	\$	1,194.36
65 (Post 65)	\$ 389.54	\$ 338.70	\$ 362.32	\$	323.39	\$	369.23	\$	354.75
70	\$ 488.34	\$ 428.70	\$ 456.41	\$	405.41	\$	467.34	\$	447.78
75	\$ 562.57	\$ 492.94	\$ 525.29	\$	467.03	\$	537.37	\$	515.15
80	\$ 602.40	\$ 525.03	\$ 560.98	\$	500.10	\$	572.35	\$	549.53
85	\$ 633.58	\$ 547.13	\$ 587.30	\$	525.98	\$	596.44	\$	574.19
90	\$ 657.30	\$ 561.43	\$ 605.97	\$	545.67	\$	612.03	\$	591.07
95	\$ 657.30	\$ 561.43	\$ 605.97	\$	545.67	\$	612.03	\$	591.07

B. Future Retirees Retiring After Age 65

<u>Age</u>		Retiree		Sp	oous	se/Depender	nts	
	Male	Female	Total	 Male		<u>Female</u>		Total
25	N/A	N/A	N/A	\$ 347.08	\$	487.58	\$	455.62
30	N/A	N/A	N/A	\$ 366.07	\$	558.43	\$	514.67
35	N/A	N/A	N/A	\$ 373.62	\$	557.85	\$	515.94
40	N/A	N/A	N/A	\$ 450.96	\$	594.19	\$	561.60
45	N/A	N/A	N/A	\$ 528.46	\$	662.07	\$	631.67
50	N/A	N/A	N/A	\$ 613.33	\$	736.39	\$	708.39
55	N/A	N/A	N/A	\$ 758.70	\$	839.00	\$	820.73
60	N/A	N/A	N/A	\$ 980.99	\$	986.63	\$	985.35
65 (Pre 65)	N/A	N/A	N/A	\$ 1,249.76	\$	1,216.30	\$	1,223.91
65 (Post 65)	\$ 311.23	\$ 263.73	\$ 285.80	\$ 248.56	\$	311.54	\$	291.65
70	\$ 390.17	\$ 333.80	\$ 359.99	\$ 311.60	\$	394.31	\$	368.19
75	\$ 449.48	\$ 383.82	\$ 414.33	\$ 358.96	\$	453.40	\$	423.57
80	\$ 481.30	\$ 408.81	\$ 442.49	\$ 384.37	\$	482.92	\$	451.79
85	\$ 506.21	\$ 426.02	\$ 463.28	\$ 404.26	\$	503.25	\$	471.98
90	\$ 525.16	\$ 437.16	\$ 478.05	\$ 419.39	\$	516.41	\$	485.77
95	\$ 525.16	\$ 437.16	\$ 478.05	\$ 419.39	\$	516.41	\$	485.77

The Firefighters Local 1014 and dental/vision claim costs are shown in the tables on the following page.



Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age		Retiree		S	Spouse/Sur	rv S	spouse + D	epe	endents
-	Male	Female	Total		Male		Female		Total
25	\$ 430.96	\$ 844.62	\$ 432.46	\$	477.12	\$	669.59	\$	666.67
30	\$ 578.65	\$ 1,072.26	\$ 580.44	\$	503.23	\$	766.89	\$	762.88
35	\$ 959.76	\$ 1,245.64	\$ 960.80	\$	513.61	\$	766.09	\$	762.25
40	\$ 1,344.98	\$ 1,514.77	\$ 1,345.60	\$	619.93	\$	815.99	\$	813.01
45	\$ 1,238.37	\$ 1,422.17	\$ 1,239.04	\$	726.47	\$	909.21	\$	906.43
50	\$ 1,087.81	\$ 1,227.52	\$ 1,088.32	\$	843.14	\$	1,011.28	\$	1,008.73
55	\$ 1,147.73	\$ 1,205.00	\$ 1,147.94	\$	1,042.97	\$	1,152.19	\$	1,150.53
60	\$ 1,294.11	\$ 1,274.70	\$ 1,294.04	\$	1,348.54	\$	1,354.93	\$	1,354.83
65 (Pre 65)	\$ 1,544.34	\$ 1,501.48	\$ 1,544.19	\$	1,718.01	\$	1,670.33	\$	1,671.05
65 (Post 65)	\$ 571.41	\$ 555.55	\$ 571.32	\$	571.41	\$	555.55	\$	555.64
70	\$ 716.34	\$ 703.16	\$ 716.27	\$	716.34	\$	703.16	\$	703.24
75	\$ 825.23	\$ 808.53	\$ 825.14	\$	825.23	\$	808.53	\$	808.63
80	\$ 883.66	\$ 861.17	\$ 883.54	\$	883.66	\$	861.17	\$	861.31
85	\$ 929.40	\$ 897.42	\$ 929.23	\$	929.40	\$	897.42	\$	897.62
90	\$ 964.19	\$ 920.88	\$ 963.96	\$	964.19	\$	920.88	\$	921.15
95	\$ 964.19	\$ 920.88	\$ 963.96	\$	964.19	\$	920.88	\$	921.15

Future Retirees Monthly Dental/Vision Claim Costs

Age		F	Retiree		Sp	ouse/Su	rv Sp	oouse + D	Сере	endents
-	Male	F	emale	Total		Male	F	emale		Total
25	\$ 26.14	\$	32.85	\$ 29.58	\$	28.25	\$	35.59	\$	33.30
30	\$ 29.16	\$	34.15	\$ 31.71	\$	31.51	\$	37.00	\$	35.29
35	\$ 30.43	\$	35.14	\$ 32.84	\$	32.88	\$	38.07	\$	36.45
40	\$ 31.55	\$	36.52	\$ 34.09	\$	34.09	\$	39.57	\$	37.86
45	\$ 33.73	\$	38.64	\$ 36.24	\$	36.45	\$	41.86	\$	40.17
50	\$ 38.13	\$	42.26	\$ 40.24	\$	41.20	\$	45.79	\$	44.36
55	\$ 43.08	\$	45.48	\$ 44.31	\$	46.55	\$	49.28	\$	48.43
60	\$ 47.81	\$	49.00	\$ 48.42	\$	51.66	\$	53.09	\$	52.64
65	\$ 51.68	\$	50.82	\$ 51.24	\$	55.84	\$	55.07	\$	55.31
70	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
75	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
80	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
85	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
90	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
95	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19

For current retired members, spouses, and dependents, the claim costs are based on the actual premiums by deduction code, adjusted for age and gender. The tables that follow show the age 65 adjusted claim costs. Adjustments by age and gender are based on the same methodology used in the tables above.



NONL	ocal 1014 Fire Fighters																				_	
						D						ost 65 Clain				Detimore		-4 65 01-3		sts for Pre	65 B	
Deduct Code	Plan	Tier		Retiree		Pre 65 Cla Spouse	aim (Child	1	Surv		Retiree		Spouse	1 65	Surv		etiree		pouse		Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$	706.94		spouse		Clinia		Juiv	\$	706.94		opouse		Juiv	\$	532.18		pouse		ourv
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ \$	706.94	\$	706.94	\$	918.91			\$ \$	706.94	¢	706.94			ş S	532.18	\$	532.18		
202	Anthem Blue Cross Prudent Buyer	Retiree and Family	э \$	706.94	ф \$	706.94	э \$	918.91			ф \$	706.94	э \$	706.94			э \$	532.18		532.18 532.18		
	,	Retiree and Children	э \$	706.94		706.94	э \$	918.91			э \$		φ	706.94			ֆ Տ		φ	552.16		
204 205	Anthem Blue Cross Prudent Buyer Anthem Blue Cross Prudent Buyer	Minor Survivor	Э	706.94	Ф	706.94	Þ	918.91	\$	918.91	Ф	706.94			\$	918.91	Э	532.18				
205	Anthem Blue Cross Frudent Buyer	Retiree Only	\$	500.44					ð	910.91	\$	500.44			φ	910.91	\$	391.33				
	Anthem Blue Cross I	2	э \$	500.44	\$	500.44	¢	650.49			э \$	500.44 500.44	¢	500.44			э \$		\$	391.33		
212		Retiree and Spouse	ծ Տ				\$				ֆ Տ		•				ծ Տ	391.33				
213	Anthem Blue Cross I	Retiree, Spouse and Children	•	500.44	\$	500.44	\$	650.49			-	500.44	\$	500.44			-	391.33	\$	391.33		
214	Anthem Blue Cross I	Retiree and Children	\$	500.44	\$	500.44	\$	650.49	•	050.40	\$	500.44			•	050.40	\$	391.33			•	050.40
215	Anthem Blue Cross I	Minor Survivor							\$	650.49					\$	650.49	-				\$	650.49
221	Anthem Blue Cross II	Retiree Only	\$	1,013.02							\$	1,013.02					\$	631.09				
222	Anthem Blue Cross II	Retiree and Spouse	\$	1,013.02	\$	1,013.02	\$	1,316.78			\$			1,013.02			\$	631.09		631.09		
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$	1,013.02	\$	1,013.02	\$	1,316.78			\$	1,013.02	\$	1,013.02			\$	631.09	\$	631.09		
224	Anthem Blue Cross II	Retiree and Children	\$	1,013.02	\$	1,013.02	\$	1,316.78			\$	1,013.02					\$	631.09				
225	Anthem Blue Cross II	Minor Survivor							\$	1,316.78					\$	1,316.78					\$	1,316.78
240	Anthem Blue Cross III	One Medicare									\$	318.59					\$	318.59				
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare									\$	318.59	\$	318.59			\$	318.59	\$	318.59		
244	Anthem Blue Cross III	Retiree and Children 1 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59					\$	318.59	\$	318.59		
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59					\$	318.59	\$	318.59		
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
248	Anthem Blue Cross III	Retiree and Family 2 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
301	Cigna Network Model Plan	Retiree Only	\$	1,349.60							\$	959.57					\$	596.55				
302	Cigna Network Model Plan	Retiree and Spouse	\$	1,349.60	\$	1,349.60	\$	1,754.28			\$	959.57	\$	959.57			\$	596.55	\$	596.32		
303	Cigna Network Model Plan	Retiree and Family	\$	1,349.60	\$	1,349.60	\$	1,754.28			\$	959.57	\$	959.57			\$	596.55	\$	596.32		
304	Cigna Network Model Plan	Retiree and Children	\$	1,349.60	\$	1,349.60	\$	1,754.28			\$	959.57					\$	596.55				
305	Cigna Network Model Plan	Minor Survivor							\$	1,754.28					\$	1,754.28						
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only									\$	270.87										
322	Cigna Medicare Select Plus Rx (AZ)										\$	270.87	\$	270.87			\$	270.87	\$	270.87		
324	Cigna Medicare Select Plus Rx (AZ)	•									\$	270.87	•	270.87			*		•			
325	Cigna Medicare Select Plus Rx (AZ)	,									\$	270.87		270.87			\$	270.87	\$	270.87		
327	Cigna Medicare Select Plus Rx (AZ)										\$	270.87	•	270.87			\$	270.87		270.87		
329	Cigna Medicare Select Plus Rx (AZ)										\$	270.87		270.87			Ψ	210.01	Ψ	210.01		
401	Kaiser (CA)	Retiree Basic (Under 65)	\$	1,138.98							¥	2.0.01	¥	2. 0.07			\$	297.21				
401	Kaiser (CA)	Retiree Risk (Senior Advantage)	φ	1,100.00							\$	181.09					Ψ	201.21				
403 404	Kaiser (CA)	Retiree Excess I									ֆ Տ	739.52										
404 405											ֆ Տ	739.52										
405 406	Kaiser (CA)	Retiree Excess II - Part B									\$ \$											
	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)	¢	1 1 2 2 0 2	¢	1 1 2 9 0 9	¢	1 490 54			Э	1,264.86					¢	044 70	¢	228.04		
411	Kaiser (CA)	Family Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51									\$	244.79	\$	238.91		

Non Local 1014 Fire Fighters Male Retirees



Non Local 1014 Fire Fighters Male Retirees

Deduct					_	Pre 65 Cla	aim (-						65 Retirees		Post 65 Cla	-			
Code	Plan	Tier		Retiree		Spouse		Child		Surv	R	etiree	S	oouse	Surv		Retiree		Spous	e	Surv
413	Kaiser (CA)	One Advantage, One Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51			\$	181.09	\$	175.12		\$	181.09	\$	238	3.91	
414	Kaiser (CA)	One Excess I, One Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51			\$	739.52	\$	733.58		\$	739.52	\$	238	3.91	
418	Kaiser (CA)	Two+ Advantage									\$	181.09	\$	175.12							
419	Kaiser (CA)	One Excess I, One Advantage									\$	460.31	\$	454.35							
420	Kaiser (CA)	Two+ Excess I									\$	739.52	\$	733.58							
421	Kaiser (CA)	Survivor							\$	1,480.51					\$ 1,480.51	1				\$	1,480.51
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51			\$	710.93	\$	704.98		\$	710.93	\$	238	3.91	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51			\$	1,264.86	\$	1,258.94		\$	1,264.86	\$	238	3.91	
426	Kaiser (CA)	One Advantage, One Excess II - Part B									\$	446.01	\$	440.05							
427	Kaiser (CA)	One Advantage, One Excess III (MNP)									\$	722.97	\$	717.03							
428	Kaiser (CA)	One Excess, One Excess II - Part B									\$	725.22	\$	719.28							
429	Kaiser (CA)	One Excess, One Excess III (MNP)									\$	1,002.19	\$	996.26							
430	Kaiser (CA)	Two Excess II - Part B									\$	710.93	\$	704.98							
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)									\$	987.89	\$	981.96							
432	Kaiser (CA)	Two Excess III - Both (MNP)									\$	1,264.86	\$	1,258.94							
450	Kaiser - Colorado Basic	Retiree Basic	\$	1,273.52												\$	250.37				
451	Kaiser - Colorado	Retiree Risk									\$	250.37									
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$	1,273.52	\$	1,616.09										\$	250.37	\$	245	5.16	
454	Kaiser - Colorado	Retiree Basic Family	\$	1,273.52	\$	1,616.09	\$	5,129.29								\$	250.37	\$	245	5.16	
455	Kaiser - Colorado	One Risk, One Basic	\$	1,273.52	\$	1,324.57					\$	250.37	\$	245.16		\$	250.37	\$	245	5.16	
457	Kaiser - Colorado	Two Retiree Risk									\$	250.37	\$	245.16							
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$	1,273.52	\$	1,324.57	\$	6,193.57			\$	250.37	\$	245.16		\$	250.37	\$	245	5.16	
459	Kaiser - Colorado	Two Risk, Two or More Dependents					\$	6,576.06			\$	250.37	\$	245.16		\$	250.37	\$	245	5.16	
440	Kaiser - Georgia	One Medicare Member with Part B only									\$	849.56									
441	Kaiser - Georgia	One Medicare Member with Part A only									\$	849.56									
442	Kaiser - Georgia	One Member without Medicare Part A&B									\$	849.56									
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only									\$		\$	292.78							
461	Kaiser - Georgia Basic	Basic	\$	1.395.53							•		·			\$	297.87				
462	Kaiser - Georgia	Retiree Risk	Ť	.,							\$	297.87				+					
463	Kaiser - Georgia	Retiree (Two Party)	\$	1.395.53	\$	1.452.44	\$	7.210.90			\$		\$	292.78		\$	297.87	\$	292	2.78	
464	Kaiser - Georgia	Retiree Basic Family	\$	1,395.53	\$	1,452.44		7,210.84			+		•			\$	297.87			2.78	
465	Kaiser - Georgia	One Retiree Risk. One Basic	\$	489.29	\$	1,452.43		7,210.84			\$	297.87	\$	292.78		\$	297.87			2.78	
466	Kaiser - Georgia	Two Retiree Risk	Ŷ	100.20	Ψ	1, 102.10	Ŷ	1,210.01			\$	297.87		292.78		Ŷ	201.01	Ŷ	201		
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$	1,202.32							Ŧ		Ŧ			\$	275.95				
472	Kaiser - Hawaii	Retiree Risk	Ŷ	1,202.02							\$	275.95				Ŷ	210.00				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B									-	1.091.76									
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$	1,202.32	\$	1,249.95					Ψ	.,				\$	275.95	\$	270).81	
475	Kaiser - Hawaii Basic	Retiree Basic Family (Under 65)	\$ \$	1,202.32	\$		\$	6.205.61								\$	275.95		270		
476	Kaiser - Hawaii	One Retiree Risk. One Basic	\$ \$	1,202.32	\$,	•	6.205.61			\$	275.95	\$	270.81		\$	275.95		270		
470	Kaiser - Hawaii	Over 65 without Medicare A&B. One Basic	-	1,202.32				6,205.61			-	1.091.76	•	1,088.70		э \$	1,091.76				
477	Kaiser - Hawaii	Two Retiree Risk	Ψ	1,202.32	Ψ	1,240.00	Ψ	0,200.01			φ \$	275.95	•	270.81		φ	1,031.70	Ψ	1,000		
4/0	Naisei - Mawali	I WU NEWIEE RISK									φ	210.95	φ	210.01							



Non Local 1014 Fire Fighters Male Retirees

				Pre 65 Cl	 Cento		Po	et 65 Clair	n Co	sts for Post (65 Potiroo		Post 65 Cl	nim (osts for Bra	e 65 Retirees
Deduct Code	Plan	Tier	Retiree	Spouse	Child	 Surv		Retiree		pouse	Surv		Retiree	_	Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,305.52									\$	332.27			
482	Kaiser - Oregon	Retiree Risk					\$	332.27								
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$	843.48								
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,305.52	\$ 1,358.10								\$	332.27	\$	327.27	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,305.52	\$ 2,716.21	\$ 6,742.55							\$	332.27	\$	327.27	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,305.52	\$ 1,358.10	\$ 6,742.55		\$	332.27	\$	327.27		\$	332.27	\$	327.27	
488	Kaiser - Oregon	Two Retiree Risk					\$	332.27	\$	327.27						
489	Kaiser - Oregon	Retiree w/ Part A only					\$	723.09								
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$	723.09	\$	327.27						
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,385.53	\$ 561.94			\$	843.48	\$	327.27		\$	332.27	\$	327.27	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,305.52	\$ 1,358.10			\$	332.27	\$	327.27		\$	332.27	\$	327.27	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,305.52	\$ 1,358.10	\$ 6,742.55		\$	332.27	\$	330.93		\$	332.27	\$	330.93	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$	843.48	\$	839.79						
496	Kaiser - Oregon	Two Medicare Part A only					\$	723.09	\$	719.09						
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,305.52	\$ 1,358.10			\$	723.09	\$	719.09		\$	723.09	\$	719.09	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,305.52	\$ 1,358.10			\$	843.48	\$	839.79		\$	843.48	\$	839.79	
611	SCAN Health Plan	Retiree Only					\$	213.61								
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$	213.61	\$	213.61						
701	United Healthcare	Retiree Only	\$ 1,223.44				\$	257.55				\$	257.55			
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,223.44	\$ 1,223.44	\$ 1,590.29		\$	257.55	\$	257.55		\$	257.55	\$	257.55	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					\$	257.55	\$	257.55		\$	257.55	\$	257.55	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,223.44	\$ 1,223.44	\$ 1,590.29		\$	257.55	\$	257.55		\$	257.55	\$	257.55	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,223.44	\$ 1,223.44	\$ 1,590.29		\$	257.55	\$	257.55		\$	257.55	\$	257.55	
706	United Healthcare	Minor Survivor				\$ 1,590.29				\$	5 1,590.2	29				
707	United Healthcare	Single	\$ 1,223.44									\$	292.49			
708	United Healthcare	Two-Party	\$ 1,223.44	\$ 1,223.44	\$ 1,590.29							\$	292.49	\$	292.31	
709	United Healthcare	Family	\$ 1,223.44	\$ 1,223.44	\$ 1,590.29							\$	292.49	\$	292.31	



Fire Fighters Local 1014 Male Retirees

Deduct				Pre 65 Cla	aim Costs			Post 65 C		Costs fo etirees	or Po	ost 65		Post 65		n Costs f etirees	or P	re 65
Code	Plan	Tier	Retiree	Spouse	Child	Surv	R	etiree	S	pouse		Surv	F	Retiree	S	pouse		Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,544.34				\$	571.41					\$	571.41				I
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,544.34	\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,544.34	\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$	571.41			\$	571.41	\$	571.41			\$	571.41
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC							\$	571.41	\$	571.41			\$	571.41	\$	571.41
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC							\$	571.41	\$	571.41			\$	571.41	\$	571.41

Dental/Vision Male Retirees

Dedu	uction				Age 65 A	١dju	sted Claim	Co	osts
Co	ode	Plan	Tier	F	Retiree		Sp/Dep		Surv
	501	Cigna Indemnity Dental/Vision	Retiree Only	\$	52.35				
	502	Cigna Indemnity Dental/Vision	Family	\$	52.35	\$	56.19		
	503	Cigna Indemnity Dental/Vision	Minor Survivor					\$	52.35
	901	Cigna Dental HMO/Vision	Retiree Only	\$	47.17				
	902	Cigna Dental HMO/Vision	Family	\$	47.17	\$	53.55		
	903	Cigna Dental HMO/Vision	Minor Survivor					\$	47.17



Non Local 1014 Fire Fighters Female Retirees

-																					
Deduct					_	Pre 65 Cl	aim					ost 65 Claim			st 65			Post 65 Cla	_		
Code	Plan	Tier		Retiree		Spouse		Child		Surv		Retiree	S	pouse		Surv		Retiree		Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$	687.31							\$	687.31					\$	517.41			
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$	687.31		687.31		629.01			\$		\$	687.31			\$	517.41	\$	517.41	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$	687.31		687.31		629.01			\$		\$	687.31			\$	517.41	\$	517.41	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$	687.31	\$	687.31	\$	629.01			\$	687.31					\$	517.41			
205	Anthem Blue Cross Prudent Buyer	Minor Survivor							\$	629.01					\$	629.01					
211	Anthem Blue Cross I	Retiree Only	\$	486.55							\$	486.55					\$	380.47			
212	Anthem Blue Cross I	Retiree and Spouse	\$	486.55	\$	486.55	\$	445.27			\$	486.55	\$	486.55			\$	380.47	\$	380.47	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$	486.55	\$	486.55	\$	445.27			\$	486.55	\$	486.55			\$	380.47	\$	380.47	
214	Anthem Blue Cross I	Retiree and Children	\$	486.55	\$	486.55	\$	445.27			\$	486.55					\$	380.47			
215	Anthem Blue Cross I	Minor Survivor							\$	445.27					\$	445.27					\$ 445.27
221	Anthem Blue Cross II	Retiree Only	\$	984.90							\$	984.90					\$	613.57			
222	Anthem Blue Cross II	Retiree and Spouse	\$	984.90	\$	984.90	\$	901.35			\$	984.90	\$	984.90			\$	613.57	\$	613.57	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$	984.90	\$	984.90	\$	901.35			\$	984.90	\$	984.90			\$	613.57	\$	613.57	
224	Anthem Blue Cross II	Retiree and Children	\$	984.90	\$	984.90	\$	901.35			\$	984.90					\$	613.57			
225	Anthem Blue Cross II	Minor Survivor							\$	901.35					\$	901.35					\$ 901.35
240	Anthem Blue Cross III	One Medicare									\$	309.75					\$	309.75			
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$	1,090.31	\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$	1,090.31	\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare									\$	309.75	\$	309.75			\$	309.75	\$	309.75	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare			\$	1,090.31	\$	997.81			\$	309.75					\$	309.75	\$	309.75	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			\$	1,090.31	\$	997.81			\$	309.75					\$	309.75	\$	309.75	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$	1,090.31	\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$	1,090.31	\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare			\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			\$	1,090.31	\$	997.81			\$	309.75	\$	309.75			\$	309.75	\$	309.75	
301	Cigna Network Model Plan	Retiree Only	\$	1,312.14		•	-				\$	932.93	-				\$	579.99			
302	Cigna Network Model Plan	Retiree and Spouse	s.	1,312.14	\$	1,312.14	\$	1,200.83			\$	932.93	\$	932.93			\$	579.99	\$	579.76	
303	Cigna Network Model Plan	Retiree and Family	\$	1.312.14	\$	1,312.14		1,200.83			\$	932.93	\$	932.93			\$	579.99	\$	579.76	
304	Cigna Network Model Plan	Retiree and Children	s	1,312.14		1,312.14					\$	932.93	•				ŝ	579.99	•		
305	Cigna Network Model Plan	Minor Survivor		1-		7-	·	,		1,200.83					\$	1,200.83					
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only							•	,	\$	263.35				,					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse									\$	263.35	\$	263.35			\$	263.35	\$	263.35	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)									\$	263.35		263.35			•		•		
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children									\$	263.35		263.35			\$	263.35	\$	263.35	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)									\$		\$	263.35			\$	263.35	•	263.35	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)									\$	263.35	•	263.35			Ŷ	200.00	Ŷ	200.00	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$	1,107.37							-		-				\$	288.96			
403	Kaiser (CA)	Retiree Risk (Senior Advantage)	Ψ	.,							\$	176.06					Ŷ	200.00			
403	Kaiser (CA)	Retiree Excess I									φ \$	719.00									
405	Kaiser (CA)	Retiree Excess II - Part B									φ \$	691.19									
405	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)									ф \$	1,229.75									
400	Kaiser (CA)	Family Basic	¢	1 107 27	¢	1,107.37	¢	1 012 40			Ψ	1,223.13					\$	237.99	¢	232.28	
411	Naisei (UA)	rainiiy dasic	Þ	1,107.37	Ð	1,107.37	ð	1,013.42									ð	237.99	φ	232.28	

Tier 1



This work product was prepared solely for LACERA for the purposes described herein and may not be appropriate to use for other purposes. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends that third parties be aided by their own actuary or other qualified professional when reviewing the Milliman work product.

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Non Local 1014 Fire Fighters Female Retirees

Deduct					Pre 65 Cl	aim	Costs		Po	ost 65 Clain	n Co	sts for Post	t 65 Reti	irees	P	ost 65 Clai	im (Costs for P	re 65	Retirees
Deduct Code	Plan	Tier	 Retiree	Т	Spouse		Child	Surv		Retiree		Spouse	Sur			Retiree	-	Spouse	T	Surv
413	Kaiser (CA)	One Advantage, One Basic			1,107.37	\$			\$	176.06		170.26			\$	176.06				
414	Kaiser (CA)	One Excess I, One Basic	\$		1,107.37				\$	719.00		713.22			\$	719.00				ľ
418	Kaiser (CA)	Two+ Advantage							\$	176.06	\$	170.26								
419	Kaiser (CA)	One Excess I, One Advantage							\$	447.53	\$	441.74								ľ
420	Kaiser (CA)	Two+ Excess I							\$	719.00	\$	713.22								ľ
421	Kaiser (CA)	Survivor						\$ 1,013.42					\$ 1,0)13.42					\$	1,013.42
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$ 1,107.37	\$	1,107.37	\$	1,013.42		\$	691.19	\$	685.42			\$	691.19	\$	232.28		
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 1,107.37	\$	1,107.37	\$	1,013.42		\$	1,229.75	\$	1,224.00			\$	1,229.75	\$	232.28		ľ
426	Kaiser (CA)	One Advantage, One Excess II - Part B							\$	433.63	\$	427.84								ľ
427	Kaiser (CA)	One Advantage, One Excess III (MNP)							\$	702.91	\$	697.13								ľ
428	Kaiser (CA)	One Excess, One Excess II - Part B							\$	705.09	\$	699.32								ľ
429	Kaiser (CA)	One Excess, One Excess III (MNP)							\$	974.37	\$	968.61								ľ
430	Kaiser (CA)	Two Excess II - Part B							\$	691.19	\$	685.42								ľ
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)							\$	960.47	\$	954.71								ľ
432	Kaiser (CA)	Two Excess III - Both (MNP)							\$	1,229.75	\$	1,224.00								
450	Kaiser - Colorado Basic	Retiree Basic	\$ 1,238.17												\$	243.42				-
451	Kaiser - Colorado	Retiree Risk							\$	243.42										ľ
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 1,238.17	\$	1,571.24										\$	243.42	\$	238.36		ľ
454	Kaiser - Colorado	Retiree Basic Family	\$ 1,238.17	\$	1,571.24	\$	3,511.06								\$	243.42	\$	238.36		ľ
455	Kaiser - Colorado	One Risk, One Basic	\$ 1,238.17	\$	1,287.80				\$	243.42	\$	238.36			\$	243.42	\$	238.36		ľ
457	Kaiser - Colorado	Two Retiree Risk							\$	243.42	\$	238.36								ľ
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 1,238.17	\$	1,287.80	\$	4,239.57		\$	243.42	\$	238.36			\$	243.42	\$	238.36		ľ
459	Kaiser - Colorado	Two Risk, Two or More Dependents				\$	4,501.39		\$	243.42	\$	238.36			\$	243.42	\$	238.36		
440	Kaiser - Georgia	One Medicare Member with Part B only							\$	825.98										
441	Kaiser - Georgia	One Medicare Member with Part A only							\$	825.98										ľ
442	Kaiser - Georgia	One Member without Medicare Part A&B							\$	825.98										ľ
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only							\$	825.98	\$	284.65								
461	Kaiser - Georgia Basic	Basic	\$ 1,356.79												\$	289.60				1
462	Kaiser - Georgia	Retiree Risk							\$	289.60										1
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,356.79	\$	1,412.12	\$	4,935.95		\$	289.60	\$	284.65			\$	289.60	\$	284.65		1
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,356.79	\$	1,412.12	\$	4,935.90								\$	289.60	\$	284.65		1
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 475.71	\$	1,412.11	\$	4,935.90		\$	289.60	\$	284.65			\$	289.60	\$	284.65		1
466	Kaiser - Georgia	Two Retiree Risk							\$	289.60	\$	284.65								
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 1,168.94												\$	268.29				-
472	Kaiser - Hawaii	Retiree Risk							\$	268.29										1
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B							\$	1,061.45										
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 1,168.94	\$	1,215.26										\$	268.29	\$	263.29		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 1,168.94	\$	1,215.26	\$	4,247.81								\$	268.29	\$	263.29		
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 1,168.94	\$	1,215.26	\$	4,247.81		\$	268.29	\$	263.29			\$	268.29	\$	263.29		
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 1,168.94	\$	1,215.26	\$	4,247.81		\$		\$	1,058.48			\$	1,061.45	\$	1,058.48		
478	Kaiser - Hawaii	Two Retiree Risk						 	\$	268.29	\$	263.29								



Non Local 1014 Fire Fighters Female Retirees

Deduct				Pre 65 Cl	aim	Costs		Pos	st 65 Clain	1 Cos	sts for Post (65 Retirees	Р	ost 65 Cla	im Co	osts for Pre	e 65 Retirees
Code	Plan	Tier	Retiree	Spouse		Child	 Surv		etiree		pouse	Surv	_	Retiree	-	pouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 1,269.28										\$	323.05			
482	Kaiser - Oregon	Retiree Risk						\$	323.05								
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B						\$	820.07								
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 1,269.28	\$ 1,320.41									\$	323.05	\$	318.19	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 1,269.28	\$ 2,640.81	\$	4,615.35							\$	323.05	\$	318.19	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 1,269.28	\$ 1,320.41	\$	4,615.35		\$	323.05	\$	318.19		\$	323.05	\$	318.19	
488	Kaiser - Oregon	Two Retiree Risk						\$	323.05	\$	318.19						
489	Kaiser - Oregon	Retiree w/ Part A only						\$	703.02								
491	Kaiser - Oregon	One Risk, One Medicare Part A only						\$	703.02	\$	318.19						
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$ 1,347.07	\$ 546.34				\$	820.07	\$	318.19		\$	323.05	\$	318.19	
493	Kaiser - Oregon	One Risk, Two Basic	\$ 1,269.28	\$ 1,320.41				\$	323.05	\$	318.19		\$	323.05	\$	318.19	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 1,269.28	\$ 1,320.41	\$	4,615.35		\$	323.05	\$	321.74		\$	323.05	\$	321.74	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare						\$	820.07	\$	816.48						
496	Kaiser - Oregon	Two Medicare Part A only						\$	703.02	\$	699.13						
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 1,269.28	\$ 1,320.41				\$	703.02	\$	699.13		\$	703.02	\$	699.13	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 1,269.28	\$ 1,320.41				\$	820.07	\$	816.48		\$	820.07	\$	816.48	
611	SCAN Health Plan	Retiree Only						\$	207.68								
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)						\$	207.68	\$	207.68						
701	United Healthcare	Retiree Only	\$ 1,189.48					\$	250.40				\$	250.40			
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$ 1,189.48	\$ 1,189.48	\$	1,088.57		\$	250.40	\$	250.40		\$	250.40	\$	250.40	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)						\$	250.40	\$	250.40		\$	250.40	\$	250.40	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,189.48	\$ 1,189.48	\$	1,088.57		\$	250.40	\$	250.40		\$	250.40	\$	250.40	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,189.48	\$ 1,189.48	\$	1,088.57		\$	250.40	\$	250.40		\$	250.40	\$	250.40	
706	United Healthcare	Minor Survivor					\$ 1,088.57				ç	5 1,088.57	7				
707	United Healthcare	Single	\$ 1,189.48										\$	284.37			
708	United Healthcare	Two-Party	\$ 1,189.48	\$ 1,189.48	\$	1,088.57							\$	284.37	\$	284.20	
709	United Healthcare	Family	\$ 1,189.48	\$ 1,189.48	\$	1,088.57							\$	284.37	\$	284.20	



Fire Fighters Local 1014 Female Retirees

Deduct				Pre 65 Cla	aim Costs		_	Post 65 C		Costs fo	or Po	ost 65		Post 65 (n Costs f etirees	or P	e 65
	Plan	Tier	Retiree	Spouse	Child	Surv	R	etiree	S	oouse		Surv	F	Retiree	S	pouse		Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,501.48				\$	555.55					\$	555.55				
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,501.48	\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,501.48	\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$	555.55			\$	555.55	\$	555.55			\$	555.55
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC							\$	555.55	\$	555.55			\$	555.55	\$	555.55
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC							\$	555.55	\$	555.55			\$	555.55	\$	555.55

Dental/Vision Female Retirees

Deduction				Age 65 A	١dju	sted Claim	Co	osts
Code	Plan	Tier	R	letiree		Sp/Dep		Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$	51.59				
502	Cigna Indemnity Dental/Vision	Family	\$	51.59	\$	55.38		
503	Cigna Indemnity Dental/Vision	Minor Survivor					\$	51.59
901	Cigna Dental HMO/Vision	Retiree Only	\$	46.48				
902	Cigna Dental HMO/Vision	Family	\$	46.48	\$	52.77		
903	Cigna Dental HMO/Vision	Minor Survivor					\$	46.48



A. Future Retirees Retiring Before Age 65

Age		Retiree			Spouse/S	urv S	Spouse + D	epe	ndents
-	Male	Female	Total		Male		Female		Total
25	\$ 305.26	\$ 610.61	\$ 456.42	\$	343.08	\$	473.95	\$	444.18
30	\$ 409.87	\$ 775.18	\$ 590.71	\$	361.86	\$	542.82	\$	501.65
35	\$ 679.82	\$ 900.53	\$ 789.08	\$	369.32	\$	542.25	\$	502.91
40	\$ 952.67	\$ 1,095.10	\$ 1,023.18	\$	445.77	\$	577.57	\$	547.58
45	\$ 877.15	\$ 1,028.16	\$ 951.90	\$	522.38	\$	643.55	\$	615.98
50	\$ 770.51	\$ 887.44	\$ 828.39	\$	606.28	\$	715.80	\$	690.88
55	\$ 812.95	\$ 871.16	\$ 841.77	\$	749.97	\$	815.54	\$	800.62
60	\$ 916.63	\$ 921.55	\$ 919.07	\$	969.70	\$	959.04	\$	961.47
65 (Pre 65)	\$ 1,093.88	\$ 1,085.50	\$ 1,089.73	\$	1,235.37	\$	1,182.28	\$	1,194.36
65 (Post 65)	\$ 242.87	\$ 217.78	\$ 229.44	\$	214.15	\$	231.77	\$	226.21
70	\$ 304.47	\$ 275.65	\$ 289.04	\$	268.47	\$	293.36	\$	285.50
75	\$ 350.75	\$ 316.96	\$ 332.66	\$	309.28	\$	337.32	\$	328.46
80	\$ 375.58	\$ 337.59	\$ 355.24	\$	331.18	\$	359.28	\$	350.40
85	\$ 395.02	\$ 351.80	\$ 371.88	\$	348.32	\$	374.40	\$	366.16
90	\$ 409.81	\$ 361.00	\$ 383.68	\$	361.36	\$	384.19	\$	376.98
95	\$ 409.81	\$ 361.00	\$ 383.68	\$	361.36	\$	384.19	\$	376.98

B. Future Retirees Retiring After Age 65

Retiree				Sp	ous	e/Depender	nts	
Female		Total		Male		Female		Total
N/A		N/A	\$	349.87	\$	491.07	\$	458.95
N/A		N/A	\$	369.02	\$	562.43	\$	518.43
N/A		N/A	\$	376.63	\$	561.84	\$	519.70
N/A		N/A	\$	454.59	\$	598.44	\$	565.71
N/A		N/A	\$	532.71	\$	666.81	\$	636.30
N/A		N/A	\$	618.27	\$	741.67	\$	713.60
N/A		N/A	\$	764.81	\$	845.01	\$	826.76
N/A		N/A	\$	988.89	\$	993.69	\$	992.60
N/A		N/A	\$	1,259.83	\$	1,225.00	\$	1,232.92
\$ 212.34	\$	218.53	\$	214.22	\$	218.83	\$	217.37
\$ 268.77	\$	275.33	\$	268.55	\$	276.97	\$	274.31
\$ 309.05	\$	316.87	\$	309.37	\$	318.48	\$	315.60
\$ 329.17	\$	338.37	\$	331.27	\$	339.21	\$	336.70
\$ 343.03	\$	354.18	\$	348.42	\$	353.49	\$	351.89
\$ 352.00	\$	365.36	\$	361.46	\$	362.73	\$	362.33
\$ 352.00	\$	365.36	\$	361.46	\$	362.73	\$	362.33
	Female N/A N/A N/A N/A N/A N/A N/A N/A \$ 212.34 \$ 268.77 \$ 309.05 \$ 329.17 \$ 343.03 \$ 352.00	Female N/A S 212.34 \$ 268.77 \$ 309.05 \$ 329.17 \$ 343.03 \$ 352.00	Female Total N/A N/A S 212.34 \$ \$ 268.77 \$ \$ 309.05 \$ \$ 329.17 \$ \$ 343.03 \$ \$ 365.36	Female Total N/A N/A S 212.34 218.53 \$ 309.05 \$ 316.87 \$ 329.17 \$ 338.37 \$ 343.03 \$ 354.18 \$ 352.00 \$ 365.36	Female Total Male N/A N/A \$ 349.87 N/A N/A \$ 369.02 N/A N/A \$ 376.63 N/A N/A \$ 376.63 N/A N/A \$ 532.71 N/A N/A \$ 618.27 N/A N/A \$ 618.27 N/A N/A \$ 1,259.83 \$ 212.34 \$ 218.53 \$ 214.22 \$ 268.77 \$ 275.33 \$ 268.55 \$ 309.05 \$ 316.87 \$ 309.37 \$ 329.17 \$ 338.37 \$ 331.27 \$ 343.03 \$ 354.18 \$ 348.42 \$ 352.00 \$ 365.36 \$ 361.46	Female Total Male N/A N/A \$ 349.87 \$ N/A N/A \$ 369.02 \$ N/A N/A \$ 376.63 \$ N/A N/A \$ 376.63 \$ N/A N/A \$ 376.63 \$ N/A N/A \$ 454.59 \$ N/A N/A \$ 532.71 \$ N/A N/A \$ 618.27 \$ N/A N/A \$ 618.27 \$ N/A N/A \$ 764.81 \$ N/A N/A \$ 1,259.83 \$ N/A N/A \$ 1,259.83 \$ \$ 212.34 \$ 218.53 \$ 214.22 \$ \$ 268.77 \$ 275.33 \$ 268.55 \$ \$ 309.05 \$ 316.87 \$ 309.37 \$ \$ 329.17 \$ 338.37 \$ 331.27 \$ \$ 343.03 \$ 354.18 \$ 348.42 \$ \$ 352.00 \$ 365.36 \$ 361.46 \$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

The Firefighters Local 1014 and dental/vision claim costs are shown in the tables on the following page.



Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age		Retiree		S	Spouse/Su	νS	pouse + D	ep	endents
-	Male	Female	Total		Male		Female		Total
25	\$ 430.96	\$ 844.62	\$ 432.46	\$	477.12	\$	669.59	\$	666.67
30	\$ 578.65	\$ 1,072.26	\$ 580.44	\$	503.23	\$	766.89	\$	762.88
35	\$ 959.76	\$ 1,245.64	\$ 960.80	\$	513.61	\$	766.09	\$	762.25
40	\$ 1,344.98	\$ 1,514.77	\$ 1,345.60	\$	619.93	\$	815.99	\$	813.01
45	\$ 1,238.37	\$ 1,422.17	\$ 1,239.04	\$	726.47	\$	909.21	\$	906.43
50	\$ 1,087.81	\$ 1,227.52	\$ 1,088.32	\$	843.14	\$	1,011.28	\$	1,008.73
55	\$ 1,147.73	\$ 1,205.00	\$ 1,147.94	\$	1,042.97	\$	1,152.19	\$	1,150.53
60	\$ 1,294.11	\$ 1,274.70	\$ 1,294.04	\$	1,348.54	\$	1,354.93	\$	1,354.83
65 (Pre 65)	\$ 1,544.34	\$ 1,501.48	\$ 1,544.19	\$	1,718.01	\$	1,670.33	\$	1,671.05
65 (Post 65)	\$ 571.41	\$ 555.55	\$ 571.32	\$	571.41	\$	555.55	\$	555.64
70	\$ 716.34	\$ 703.16	\$ 716.27	\$	716.34	\$	703.16	\$	703.24
75	\$ 825.23	\$ 808.53	\$ 825.14	\$	825.23	\$	808.53	\$	808.63
80	\$ 883.66	\$ 861.17	\$ 883.54	\$	883.66	\$	861.17	\$	861.31
85	\$ 929.40	\$ 897.42	\$ 929.23	\$	929.40	\$	897.42	\$	897.62
90	\$ 964.19	\$ 920.88	\$ 963.96	\$	964.19	\$	920.88	\$	921.15
95	\$ 964.19	\$ 920.88	\$ 963.96	\$	964.19	\$	920.88	\$	921.15

Future Retirees Monthly Dental/Vision Claim Costs

Age		F	Retiree		Sp	ouse/Su	rv Sp	oouse + [Сере	endents
	Male	F	emale	Total		Male	F	emale		Total
25	\$ 26.14	\$	32.85	\$ 29.58	\$	28.25	\$	35.59	\$	33.30
30	\$ 29.16	\$	34.15	\$ 31.71	\$	31.51	\$	37.00	\$	35.29
35	\$ 30.43	\$	35.14	\$ 32.84	\$	32.88	\$	38.07	\$	36.45
40	\$ 31.55	\$	36.52	\$ 34.09	\$	34.09	\$	39.57	\$	37.86
45	\$ 33.73	\$	38.64	\$ 36.24	\$	36.45	\$	41.86	\$	40.17
50	\$ 38.13	\$	42.26	\$ 40.24	\$	41.20	\$	45.79	\$	44.36
55	\$ 43.08	\$	45.48	\$ 44.31	\$	46.55	\$	49.28	\$	48.43
60	\$ 47.81	\$	49.00	\$ 48.42	\$	51.66	\$	53.09	\$	52.64
65	\$ 51.68	\$	50.82	\$ 51.24	\$	55.84	\$	55.07	\$	55.31
70	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
75	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
80	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
85	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
90	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19
95	\$ 54.24	\$	50.85	\$ 52.51	\$	58.61	\$	55.10	\$	56.19

For current retired members, spouses, and dependents, the claim costs are based on the actual premiums by deduction code, adjusted for age and gender. The tables that follow show the age 65 adjusted claim costs. Adjustments by age and gender are based on the same methodology used in the tables above.



Non Local 1014 Fire Fighters Male Retirees

						Pre 65 Cla	- i	Casta			Ba	ot 65 Clair	n Co	sts for Pos	+ 65	Potiroos	B	act 65 Clai	m C	osts for Pre	. 65 I	Potiroos
Deduct Code	Plan	Tier		Retiree		Spouse		Child		Surv		Retiree		Spouse	1 05	Surv		Retiree		Spouse		Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	s	706.94		pouse		Cillia			\$	706.94		pouse		Surv	\$	318.59		spouse		Juiv
201	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	э S		\$	706.94	¢	918.91			գ Տ	706.94	¢	706.94			э \$	318.59	\$	318.59		
			э S	706.94	э \$	706.94	•	918.91			ֆ Տ	706.94	•	706.94			ծ Տ	318.59	•	318.59		
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	ə S					918.91			ծ Տ		þ	706.94			ծ Տ		Ф	310.59		
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$	706.94	\$	706.94	Þ	918.91	<u>_</u>		\$	706.94			¢	040.04	Ф	318.59				
205	Anthem Blue Cross Prudent Buyer	Minor Survivor		500.44					\$	918.91	*	500 44			\$	918.91	<u> </u>	040 50				
211	Anthem Blue Cross I	Retiree Only	\$	500.44							\$	500.44					\$	318.59				
212	Anthem Blue Cross I	Retiree and Spouse	\$	500.44	\$	500.44	•	650.49			\$		\$	500.44			\$	318.59		318.59		
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$	500.44	\$	500.44	•	650.49			\$	500.44	\$	500.44			\$	318.59	\$	318.59		
214	Anthem Blue Cross I	Retiree and Children	\$	500.44	\$	500.44	\$	650.49			\$	500.44					\$	318.59				
215	Anthem Blue Cross I	Minor Survivor							\$	650.49					\$	650.49					\$	650.49
221	Anthem Blue Cross II	Retiree Only	\$	1,013.02							\$	1,013.02					\$	318.59				
222	Anthem Blue Cross II	Retiree and Spouse	\$	1,013.02	\$	1,013.02	\$	1,316.78			\$	1,013.02	\$	1,013.02			\$	318.59		318.59		
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$	1,013.02	\$	1,013.02	\$	1,316.78			\$	1,013.02	\$	1,013.02			\$	318.59	\$	318.59		
224	Anthem Blue Cross II	Retiree and Children	\$	1,013.02	\$	1,013.02	\$	1,316.78			\$	1,013.02					\$	318.59				
225	Anthem Blue Cross II	Minor Survivor							\$	1,316.78					\$	1,316.78					\$	1,316.78
240	Anthem Blue Cross III	One Medicare									\$	318.59					\$	318.59				
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare									\$	318.59	\$	318.59			\$	318.59	\$	318.59		
244	Anthem Blue Cross III	Retiree and Children 1 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59					\$	318.59	\$	318.59		
245	Anthem Blue Cross III	Retiree and Children 1 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59					\$	318.59	\$	318.59		
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$	1,121.44	\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
249	Anthem Blue Cross III	Retiree and Family 2 Medicare			\$	1,121.44	\$	1.457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
250	Anthem Blue Cross III	Retiree and Family 3 Medicare			\$	1,121.44	\$	1,457.70			\$	318.59	\$	318.59			\$	318.59	\$	318.59		
301	Cigna Network Model Plan	Retiree Only	\$	1,349.60							\$	959.57					\$	269.76				
302	Cigna Network Model Plan	Retiree and Spouse	s.	1.349.60	\$	1.349.60	\$	1.754.28			\$	959.57	\$	959.57			\$	269.76	\$	269.76		
303	Cigna Network Model Plan	Retiree and Family	\$	1.349.60	\$	1,349.60	•	1,754.28			\$	959.57	\$	959.57			ŝ	269.76	\$	269.76		
304	Cigna Network Model Plan	Retiree and Children	ŝ	1,349.60		1,349.60					\$	959.57	*				ŝ	269.76	*			
305	Cigna Network Model Plan	Minor Survivor	•	.,	*	.,	•	.,	\$	1,754.28	•				\$	1,754.28	•					
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only							Ŧ		\$	270.87			Ť	.,						
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse									\$	270.87	¢	270.87			\$	270.87	¢	270.87		
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)									գ Տ	270.87		270.87			Ψ	210.01	Ψ	210.01		
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children									ф \$	270.87		270.87			\$	270.87	\$	270.87		
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)									գ Տ		э \$	270.87			э \$	270.87	э \$	270.87		
329		Risk-Retiree & Family (2 Medicare)									ф \$	270.87		270.87			Ψ	210.01	Ψ	210.01		
401	Kaiser (CA)	Retiree Basic (Under 65)	¢	1,138.98							Ψ	210.01	Ψ	210.01			\$	183.84				
401 403	Kaiser (CA) Kaiser (CA)	Retiree Basic (Under 65) Retiree Risk (Senior Advantage)	Þ	1,130.98							\$	181.09					φ	103.64				
403 404		Retiree Risk (Senior Advantage) Retiree Excess I									ֆ Տ	739.52										
	Kaiser (CA)										¢ ¢											
405	Kaiser (CA)	Retiree Excess II - Part B									Ψ	710.93										
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)	-		•		•				\$	1,264.86					•		•	170 5-		
411	Kaiser (CA)	Family Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51									\$	182.46	\$	176.56		



Non Local 1014 Fire Fighters Male Retirees

						Pre 65 Cl	aim	Costs		P	ost 65 Clair		ets for Pos	t 65 Potiro		Post 65 Cla	im (Costs	for Pre	65 P	otiroos
Deduct Code	Plan	Tier	-	Retiree	T	Spouse		Child	Surv		Retiree		pouse	Surv		Retiree	T	Spo			Surv
413	Kaiser (CA)	One Advantage, One Basic		1.138.98	\$		s		ouit	\$	181.09	-	175.12	C urr		\$ 181.09	\$		176.56		ou. c
414	Kaiser (CA)	One Excess I, One Basic	\$,	•	1,138.98		,		\$	739.52	•	733.58			\$ 739.52			176.56		
418	Kaiser (CA)	Two+ Advantage	Ŷ	1,100.00	Ŷ	1,100.00	Ŷ	1,100101		\$	181.09		175.12			¢ .00.02	. Ψ				
419	Kaiser (CA)	One Excess I, One Advantage								\$	460.31		454.35								
420	Kaiser (CA)	Two+ Excess I								\$	739.52		733.58								
421	Kaiser (CA)	Survivor							\$ 1,480.51					\$ 1,480	.51					\$	1,480.51
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51		\$	710.93	\$	704.98			\$ 710.93	\$		176.56		
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$	1,138.98	\$	1,138.98	\$	1,480.51		\$	1,264.86	\$	1,258.94			\$ 1,264.86	\$		176.56		
426	Kaiser (CA)	One Advantage, One Excess II - Part B								\$	446.01	\$	440.05								
427	Kaiser (CA)	One Advantage, One Excess III (MNP)								\$	722.97	\$	717.03								
428	Kaiser (CA)	One Excess, One Excess II - Part B								\$	725.22	\$	719.28								
429	Kaiser (CA)	One Excess, One Excess III (MNP)								\$	1,002.19	\$	996.26								
430	Kaiser (CA)	Two Excess II - Part B								\$	710.93	\$	704.98								
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)								\$	987.89	\$	981.96								
432	Kaiser (CA)	Two Excess III - Both (MNP)								\$	1,264.86	\$	1,258.94								
450	Kaiser - Colorado Basic	Retiree Basic	\$	1,273.52												\$ 250.37					
451	Kaiser - Colorado	Retiree Risk								\$	250.37										
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$	1,273.52	\$	1,616.09										\$ 250.37	\$: 2	245.16		
454	Kaiser - Colorado	Retiree Basic Family	\$	1,273.52	\$	1,616.09	\$	5,129.29								\$ 250.37	\$: 2	245.16		
455	Kaiser - Colorado	One Risk, One Basic	\$	1,273.52	\$	1,324.57				\$	250.37	\$	245.16			\$ 250.37	\$: 2	245.16		
457	Kaiser - Colorado	Two Retiree Risk								\$	250.37	\$	245.16								
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$	1,273.52	\$	1,324.57	\$	6,193.57		\$	250.37	\$	245.16			\$ 250.37	\$: 2	245.16		
459	Kaiser - Colorado	Two Risk, Two or More Dependents					\$	6,576.06		\$	250.37	\$	245.16			\$ 250.37	\$: 2	245.16		
440	Kaiser - Georgia	One Medicare Member with Part B only								\$	849.56										
441	Kaiser - Georgia	One Medicare Member with Part A only								\$	849.56										
442	Kaiser - Georgia	One Member without Medicare Part A&B								\$	849.56										
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only	,							\$	849.56	\$	292.78								
461	Kaiser - Georgia Basic	Basic	\$	1,395.53												\$ 297.87					
462	Kaiser - Georgia	Retiree Risk								\$	297.87										
463	Kaiser - Georgia	Retiree (Two Party)	\$	1,395.53	\$	1,452.44	\$	7,210.90		\$	297.87	\$	292.78			\$ 297.87	\$; 2	292.78		
464	Kaiser - Georgia	Retiree Basic Family	\$	1,395.53	\$	1,452.44	\$	7,210.84								\$ 297.87	\$; 2	292.78		
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$	489.29	\$	1,452.43	\$	7,210.84		\$	297.87	\$	292.78			\$ 297.87	\$; 2	292.78		
466	Kaiser - Georgia	Two Retiree Risk								\$	297.87	\$	292.78								
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$	1,202.32												\$ 275.95					
472	Kaiser - Hawaii	Retiree Risk								\$	275.95										
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B								\$	1,091.76										
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$	1,202.32	\$	1,249.95										\$ 275.95	\$: 2	270.81		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$	1,202.32	\$	1,249.95	\$	6,205.61								\$ 275.95	\$; 2	270.81		
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$	1,202.32	\$	1,249.95	\$	6,205.61		\$	275.95	\$	270.81			\$ 275.95	\$	1	270.81		
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$	1,202.32	\$	1,249.95	\$	6,205.61		\$	1,091.76	\$	1,088.70			\$ 1,091.76	\$	1,0	088.70		
478	Kaiser - Hawaii	Two Retiree Risk								\$	275.95	\$	270.81								



Non Local 1014 Fire Fighters Male Retirees

Destruct					Pre 65 Cl	aim (` oete		Po	st 65 Clain	n Cos	ts for Post	65 Retirees	Pr	ost 65 Cla	im C	osts for Pre	65 Retirees
Deduct Code	Plan	Tier	F	Retiree	Spouse		Child	 Surv		etiree		pouse	Surv		Retiree		Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$	1,305.52										\$	332.27			
482	Kaiser - Oregon	Retiree Risk							\$	332.27								
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$	843.48								
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$	1,305.52	\$ 1,358.10									\$	332.27	\$	327.27	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$	1,305.52	\$ 2,716.21	\$	6,742.55							\$	332.27	\$	327.27	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$	1,305.52	\$ 1,358.10	\$	6,742.55		\$	332.27	\$	327.27		\$	332.27	\$	327.27	
488	Kaiser - Oregon	Two Retiree Risk							\$	332.27	\$	327.27						
489	Kaiser - Oregon	Retiree w/ Part A only							\$	723.09								
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$	723.09	\$	327.27						
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$	1,385.53	\$ 561.94				\$	843.48	\$	327.27		\$	332.27	\$	327.27	
493	Kaiser - Oregon	One Risk, Two Basic	\$	1,305.52	\$ 1,358.10				\$	332.27	\$	327.27		\$	332.27	\$	327.27	
494	Kaiser - Oregon	Two Risk, One Basic	\$	1,305.52	\$ 1,358.10	\$	6,742.55		\$	332.27	\$	330.93		\$	332.27	\$	330.93	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$	843.48	\$	839.79						
496	Kaiser - Oregon	Two Medicare Part A only							\$	723.09	\$	719.09						
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$	1,305.52	\$ 1,358.10				\$	723.09	\$	719.09		\$	723.09	\$	719.09	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$	1,305.52	\$ 1,358.10				\$	843.48	\$	839.79		\$	843.48	\$	839.79	
611	SCAN Health Plan	Retiree Only							\$	213.61								
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$	213.61	\$	213.61						
701	United Healthcare	Retiree Only	\$	1,223.44					\$	257.55				\$	257.55			
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$	1,223.44	\$ 1,223.44	\$	1,590.29		\$	257.55	\$	257.55		\$	257.55	\$	257.55	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)							\$	257.55	\$	257.55		\$	257.55	\$	257.55	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$	1,223.44	\$ 1,223.44	\$	1,590.29		\$	257.55	\$	257.55		\$	257.55	\$	257.55	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$	1,223.44	\$ 1,223.44	\$	1,590.29		\$	257.55	\$	257.55		\$	257.55	\$	257.55	
706	United Healthcare	Minor Survivor						\$ 1,590.29					\$ 1,590.29					
707	United Healthcare	Single	\$	1,223.44										\$	259.26			
708	United Healthcare	Two-Party	\$	1,223.44	\$ 1,223.44	\$	1,590.29							\$	259.26	\$	259.08	
709	United Healthcare	Family	\$	1,223.44	\$ 1,223.44	\$	1,590.29							\$	259.26	\$	259.08	



Fire Fighters Local 1014 Male Retirees

Deduct				Pre 65 Cla	aim Costs		I	Post 65 C		Costs fo etirees	or Po	st 65		Post 65 (n Costs f etirees	or P	re 65
	Plan	Tier	Retiree	Spouse	Child	Surv	R	etiree	S	pouse		Surv	R	etiree	S	pouse		Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,544.34				\$	571.41					\$	571.41				
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,544.34	\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,544.34	\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$	571.41			\$	571.41	\$	571.41			\$	571.41
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,544.34	\$ 2,007.42		\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41	\$	571.41
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC							\$	571.41	\$	571.41			\$	571.41	\$	571.41
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,544.34	\$ 2,007.42	\$ 1,544.34			\$	571.41	\$	571.41			\$	571.41	\$	571.41
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC							\$	571.41	\$	571.41			\$	571.41	\$	571.41

Dental/Vision Male Retirees

Deduction				Age 65 A	١dju	isted Claim	Co	osts
Code	Plan	Tier	R	etiree		Sp/Dep		Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$	52.35				
502	Cigna Indemnity Dental/Vision	Family	\$	52.35	\$	56.19		
503	Cigna Indemnity Dental/Vision	Minor Survivor					\$	52.35
901	Cigna Dental HMO/Vision	Retiree Only	\$	47.17				
902	Cigna Dental HMO/Vision	Family	\$	47.17	\$	53.55		
903	Cigna Dental HMO/Vision	Minor Survivor					\$	47.17



Non Local 1014 Fire Fighters Female Retirees

Deduct				Pre 65 Cla	aim (Costs		Po	st 65 Clain	n Cos	ts for Pos	t 65 F	Retirees	Po	st 65 Clai	m Co	osts for Pre	65 Retirees
Code	Plan	Tier	Retiree	Spouse		Child	Surv	R	Retiree	S	pouse	;	Surv	R	etiree	5	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 687.31					\$	687.31				•	\$	309.75			
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 687.31	\$ 687.31	\$	629.01		\$	687.31	\$	687.31			\$	309.75	\$	309.75	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 687.31	\$ 687.31	\$	629.01		\$	687.31	\$	687.31			\$	309.75	\$	309.75	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 687.31	\$ 687.31	\$	629.01		\$	687.31					\$	309.75			
205	Anthem Blue Cross Prudent Buyer	Minor Survivor					\$ 629.01					\$	629.01					
211	Anthem Blue Cross I	Retiree Only	\$ 486.55					\$	486.55					\$	309.75			
212	Anthem Blue Cross I	Retiree and Spouse	\$ 486.55	\$ 486.55	\$	445.27		\$	486.55	\$	486.55			\$	309.75	\$	309.75	
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 486.55	\$ 486.55	\$	445.27		\$	486.55	\$	486.55			\$	309.75	\$	309.75	
214	Anthem Blue Cross I	Retiree and Children	\$ 486.55	\$ 486.55	\$	445.27		\$	486.55					\$	309.75			
215	Anthem Blue Cross I	Minor Survivor					\$ 445.27					\$	445.27					\$ 445.2
221	Anthem Blue Cross II	Retiree Only	\$ 984.90					\$	984.90					\$	309.75			
222	Anthem Blue Cross II	Retiree and Spouse	\$ 984.90	\$ 984.90	\$	901.35		\$	984.90	\$	984.90			\$	309.75	\$	309.75	
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 984.90	\$ 984.90	\$	901.35		\$	984.90	\$	984.90			\$	309.75	\$	309.75	
224	Anthem Blue Cross II	Retiree and Children	\$ 984.90	\$ 984.90	\$	901.35		\$	984.90					\$	309.75			
225	Anthem Blue Cross II	Minor Survivor					\$ 901.35					\$	901.35					\$ 901.3
240	Anthem Blue Cross III	One Medicare						\$	309.75					\$	309.75			
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,090.31	\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,090.31	\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare						\$	309.75	\$	309.75			\$	309.75	\$	309.75	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,090.31	\$	997.81		\$	309.75					\$	309.75	\$	309.75	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 1,090.31	\$	997.81		\$	309.75					\$	309.75	\$	309.75	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,090.31	\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,090.31	\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 1,090.31	\$	997.81		\$	309.75	\$	309.75			\$	309.75	\$	309.75	
301	Cigna Network Model Plan	Retiree Only	\$ 1,312.14					\$	932.93					\$	262.27			
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,312.14	\$ 1,312.14	\$	1,200.83		\$	932.93	\$	932.93			\$	262.27	\$	262.27	
303	Cigna Network Model Plan	Retiree and Family	\$ 1,312.14	\$ 1,312.14	\$	1,200.83		\$	932.93	\$	932.93			\$	262.27	\$	262.27	
304	Cigna Network Model Plan	Retiree and Children	\$ 1,312.14	\$ 1,312.14	\$	1,200.83		\$	932.93					\$	262.27			
305	Cigna Network Model Plan	Minor Survivor					\$ 1,200.83					\$	1,200.83					
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only						\$	263.35									
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse						\$	263.35	\$	263.35			\$	263.35	\$	263.35	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)						\$	263.35	\$	263.35							
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children						\$	263.35	\$	263.35			\$	263.35	\$	263.35	
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)						\$	263.35	\$	263.35			\$	263.35	\$	263.35	
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (2 Medicare)						\$	263.35	\$	263.35							
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,107.37											\$	178.74			
403	Kaiser (CA)	Retiree Risk (Senior Advantage)						\$	176.06									
404	Kaiser (CA)	Retiree Excess I						\$	719.00									
405	Kaiser (CA)	Retiree Excess II - Part B						\$	691.19									
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)						\$	1,229.75									
411	Kaiser (CA)	Family Basic	\$ 1,107.37	\$ 1,107.37	\$	1,013.42								\$	177.40	\$	171.66	



Non Local 1014 Fire Fighters Female Retirees

Deduct			Pre 65 Claim Costs		Po	ost 65 Clair	n Cos	ts for Post	65 Ret	irees	Post 65 Claim Costs for Pre 65 Retirees											
Code	Plan	Tier		Retiree	Г	Spouse	<u> </u>	Child	Surv	_	Retiree Spouse Surv		_	Retiree	_	Spous		Su				
413	Kaiser (CA)	One Advantage, One Basic	\$	1,107.37	\$	1,107.37	\$	1.013.42		\$	176.06		170.26			\$	176.06			1.66		
414	Kaiser (CA)	One Excess I, One Basic	\$			1,107.37		1.013.42		\$	719.00		713.22			\$	719.00	\$	17	1.66		
418	Kaiser (CA)	Two+ Advantage		,		,				\$	176.06	\$	170.26									
419	Kaiser (CA)	One Excess I, One Advantage								\$	447.53	\$	441.74									
420	Kaiser (CA)	Two+ Excess I								\$	719.00	\$	713.22									
421	Kaiser (CA)	Survivor							\$ 1,013.42					\$ 1,0	013.42						5 1,	013.42
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$	1,107.37	\$	1,107.37	\$	1,013.42		\$	691.19	\$	685.42			\$	691.19	\$	17	1.66		
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$	1,107.37	\$	1,107.37	\$	1,013.42		\$	1,229.75	\$	1,224.00			\$	1,229.75	\$	17	1.66		
426	Kaiser (CA)	One Advantage, One Excess II - Part B								\$	433.63	\$	427.84									
427	Kaiser (CA)	One Advantage, One Excess III (MNP)								\$	702.91	\$	697.13									
428	Kaiser (CA)	One Excess, One Excess II - Part B								\$	705.09	\$	699.32									
429	Kaiser (CA)	One Excess, One Excess III (MNP)								\$	974.37	\$	968.61									
430	Kaiser (CA)	Two Excess II - Part B								\$	691.19	\$	685.42									
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)								\$	960.47	\$	954.71									
432	Kaiser (CA)	Two Excess III - Both (MNP)								\$	1,229.75	\$	1,224.00									
450	Kaiser - Colorado Basic	Retiree Basic	\$	1,238.17												\$	243.42					
451	Kaiser - Colorado	Retiree Risk								\$	243.42											
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$	1,238.17	\$	1,571.24										\$	243.42	\$	23	8.36		
454	Kaiser - Colorado	Retiree Basic Family	\$	1,238.17	\$	1,571.24	\$	3,511.06								\$	243.42	\$	23	8.36		
455	Kaiser - Colorado	One Risk, One Basic	\$	1,238.17	\$	1,287.80				\$	243.42	\$	238.36			\$	243.42	\$	23	8.36		
457	Kaiser - Colorado	Two Retiree Risk								\$	243.42	\$	238.36									
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$	1,238.17	\$	1,287.80	\$	4,239.57		\$	243.42	\$	238.36			\$	243.42	\$	23	8.36		
459	Kaiser - Colorado	Two Risk, Two or More Dependents					\$	4,501.39		\$	243.42	\$	238.36			\$	243.42	\$	23	8.36		
440	Kaiser - Georgia	One Medicare Member with Part B only								\$	825.98											
441	Kaiser - Georgia	One Medicare Member with Part A only								\$	825.98											
442	Kaiser - Georgia	One Member without Medicare Part A&B								\$	825.98											
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only								\$	825.98	\$	284.65									
461	Kaiser - Georgia Basic	Basic	\$	1,356.79												\$	289.60					
462	Kaiser - Georgia	Retiree Risk								\$	289.60											
463	Kaiser - Georgia	Retiree (Two Party)	\$	1,356.79	\$	1,412.12	\$	4,935.95		\$	289.60	\$	284.65			\$	289.60	\$	28	4.65		
464	Kaiser - Georgia	Retiree Basic Family	\$	1,356.79	\$	1,412.12	\$	4,935.90								\$	289.60	\$	28	4.65		
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$	475.71	\$	1,412.11	\$	4,935.90		\$	289.60	\$	284.65			\$	289.60	\$	28	4.65		
466	Kaiser - Georgia	Two Retiree Risk								\$	289.60	\$	284.65									
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$	1,168.94												\$	268.29					
472	Kaiser - Hawaii	Retiree Risk								\$	268.29											
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B								\$	1,061.45											
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$	1,168.94	\$	1,215.26										\$	268.29	\$	26	3.29		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$	1,168.94	\$	1,215.26	\$	4,247.81								\$	268.29	\$	26	3.29		
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$	1,168.94	\$	1,215.26	\$	4,247.81		\$	268.29	\$	263.29			\$	268.29	\$	26	3.29		
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$	1,168.94	\$	1,215.26	\$	4,247.81		\$	1,061.45	\$	1,058.48			\$	1,061.45	\$	1,05	8.48		
478	Kaiser - Hawaii	Two Retiree Risk								\$	268.29	\$	263.29									



Non Local 1014 Fire Fighters Female Retirees

				Pre 65 Claim Costs			Post 65 Claim Costs for Post 65 Retirees				65 Potiroos		Post 65 Claim Costs for Pre 65 Retirees					
Deduct Code	Plan	Tier	R	etiree	5	Spouse	 Child	 Surv		etiree		ouse	Surv	_	Retiree	_	Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$	1,269.28							-			\$	323.05			
482	Kaiser - Oregon	Retiree Risk							\$	323.05								
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$	820.07								
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$	1,269.28	\$	1,320.41								\$	323.05	\$	318.19	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$	1,269.28	\$	2,640.81	\$ 4,615.35							\$	323.05	\$	318.19	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$	1,269.28	\$	1,320.41	\$ 4,615.35		\$	323.05	\$	318.19		\$	323.05	\$	318.19	
488	Kaiser - Oregon	Two Retiree Risk							\$	323.05	\$	318.19						
489	Kaiser - Oregon	Retiree w/ Part A only							\$	703.02								
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$	703.02	\$	318.19						
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare	\$	1,347.07	\$	546.34			\$	820.07	\$	318.19		\$	323.05	\$	318.19	
493	Kaiser - Oregon	One Risk, Two Basic	\$	1,269.28	\$	1,320.41			\$	323.05	\$	318.19		\$	323.05	\$	318.19	
494	Kaiser - Oregon	Two Risk, One Basic	\$	1,269.28	\$	1,320.41	\$ 4,615.35		\$	323.05	\$	321.74		\$	323.05	\$	321.74	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$	820.07	\$	816.48						
496	Kaiser - Oregon	Two Medicare Part A only							\$	703.02	\$	699.13						
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$	1,269.28	\$	1,320.41			\$	703.02	\$	699.13		\$	703.02	\$	699.13	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$	1,269.28	\$	1,320.41			\$	820.07	\$	816.48		\$	820.07	\$	816.48	
611	SCAN Health Plan	Retiree Only							\$	207.68								
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$	207.68	\$	207.68						
701	United Healthcare	Retiree Only	\$	1,189.48					\$	250.40				\$	250.40			
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	\$	1,189.48	\$	1,189.48	\$ 1,088.57		\$	250.40	\$	250.40		\$	250.40	\$	250.40	
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)							\$	250.40	\$	250.40		\$	250.40	\$	250.40	
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	\$	1,189.48	\$	1,189.48	\$ 1,088.57		\$	250.40	\$	250.40		\$	250.40	\$	250.40	
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	\$	1,189.48	\$	1,189.48	\$ 1,088.57		\$	250.40	\$	250.40		\$	250.40	\$	250.40	
706	United Healthcare	Minor Survivor						\$ 1,088.57					\$ 1,088.57	7				
707	United Healthcare	Single	\$	1,189.48										\$	252.06			
708	United Healthcare	Two-Party	\$	1,189.48	\$	1,189.48	\$ 1,088.57							\$	252.06	\$	251.89	
709	United Healthcare	Family	\$	1,189.48	\$	1,189.48	\$ 1,088.57							\$	252.06	\$	251.89	



Fire Fighters Local 1014 Female Retirees

Deduct			Pre 65 Claim Costs			Post 65 Claim Costs for Post 65 Retirees					st 65	Post 65 Claim Costs for Pre 65 Retirees					re 65	
Code	Plan	Tier	Retiree	Spouse	Child	Surv	R	etiree	Sp	ouse		Surv	R	etiree	S	pouse		Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,501.48				\$	555.55					\$	555.55				
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,501.48	\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,501.48	\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$	555.55			\$	555.55	\$	555.55			\$	555.55
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,501.48	\$ 1,374.10		\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55	\$	555.55
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC							\$	555.55	\$	555.55			\$	555.55	\$	555.55
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,501.48	\$ 1,374.10	\$ 1,501.48			\$	555.55	\$	555.55			\$	555.55	\$	555.55
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC							\$	555.55	\$	555.55			\$	555.55	\$	555.55

Dental/Vision Female Retirees

Deduction				Age 65 A	dju	isted Claim	osts
Code	Plan	Tier	F	Retiree		Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$	51.59			
502	Cigna Indemnity Dental/Vision	Family	\$	51.59	\$	55.38	
503	Cigna Indemnity Dental/Vision	Minor Survivor					\$ 51.59
901	Cigna Dental HMO/Vision	Retiree Only	\$	46.48			
902	Cigna Dental HMO/Vision	Family	\$	46.48	\$	52.77	
903	Cigna Dental HMO/Vision	Minor Survivor					\$ 46.48



Table A-22: **Health Cost Trend Assumptions**

The following table presents the trend assumptions without the impact of the Excise Tax.

	Fiscal Year	Ending	LACERA	Medical	Part B	Dental Under	Weighted Average
	From	То	Under 65	Over 65	Premiums	and Over 65	Trend
2016	6/30/2017	6/30/2018	4.40%	4.60%	6.80%	2.00%	4.57%
2017	6/30/2018	6/30/2019	6.70%	6.60%	7.70%	3.30%	6.50%
2018	6/30/2019	6/30/2020	6.50%	6.40%	5.65%	4.80%	6.24%
2019	6/30/2020	6/30/2021	5.70%	5.60%	5.60%	3.00%	5.45%
2020	6/30/2021	6/30/2022	5.30%	5.30%	5.60%	3.00%	5.18%
2021	6/30/2022	6/30/2023	5.30%	5.30%	5.60%	3.00%	5.18%
2022	6/30/2023	6/30/2024	5.30%	5.30%	5.60%	2.95%	5.18%
2023	6/30/2024	6/30/2025	5.30%	5.30%	5.60%	2.95%	5.18%
2024	6/30/2025	6/30/2026	5.30%	5.30%	5.60%	2.95%	5.19%
2025	6/30/2026	6/30/2027	5.30%	5.30%	5.60%	2.90%	5.19%
2026	6/30/2027	6/30/2028	5.40%	5.40%	5.60%	2.90%	5.27%
2036	6/30/2037	6/30/2038	5.50%	5.50%	5.05%	2.70%	5.31%
2046	6/30/2047	6/30/2048	5.20%	5.20%	4.60%	2.55%	5.02%
2056	6/30/2057	6/30/2058	5.10%	5.10%	4.50%	2.70%	4.94%
2066	6/30/2067	6/30/2068	4.90%	4.90%	4.50%	2.95%	4.80%
2076	6/30/2077	6/30/2078	4.40%	4.40%	4.50%	3.15%	4.39%
2086	6/30/2087	6/30/2088	4.40%	4.40%	4.35%	3.40%	4.37%
2096	6/30/2097	6/30/2098	4.40%	4.40%	4.35%	3.60%	4.38%
2101	6/30/2102	6/30/2103	4.40%	4.40%	4.35%	3.70%	4.38%

Note that after fiscal year ending June 30, 2028, selected years are shown in the table. The trend for the years not shown grade ratably into the next value shown in the table. After fiscal year ending June 30, 2074, the medical trend rate remains at 4.40%.



	Ann	ual Rates	
Age	General Plans A, B, C, D & G	General Plan E	Safety Plans A, B & C
<40	0.00%	0.00%	0.00%
40	0.00%	0.00%	6.00%
41	0.00%	0.00%	6.00%
42	0.00%	0.00%	40.00%
43	0.00%	0.00%	35.00%
44	0.00%	0.00%	25.00%
45	0.00%	0.00%	25.00%
46	0.00%	0.00%	25.00%
47	0.00%	0.00%	25.00%
48	0.00%	0.00%	25.00%
49	0.00%	0.00%	25.00%
40 50	24.00%	0.00%	25.00%
51	7.00%	0.00%	11.00%
52	7.00%	0.00%	16.00%
53	7.00%	0.00%	16.00%
54	7.00%	0.00%	21.00%
55	10.00%	27.00%	30.00%
56	10.00%	7.00%	21.00%
57	10.00%	7.00%	24.00%
58	10.00%	6.00%	26.00%
59	12.00%	6.00%	27.00%
60	13.00%	8.00%	28.00%
61	14.00%	8.00%	29.00%
62	17.00%	10.00%	30.00%
63	20.00%	12.00%	31.00%
64	24.00%	24.00%	32.00%
65	28.00%	37.00%	100.00%
66	26.00%	16.00%	100.00%
67	27.00%	13.00%	100.00%
68	28.00%	12.00%	100.00%
69	28.00%	16.00%	100.00%
70	28.00%	20.00%	100.00%
71	28.00%	23.00%	100.00%
72	29.00%	24.00%	100.00%
73	30.00%	26.00%	100.00%
74	31.00%	31.00%	100.00%
75	100.00%	100.00%	100.00%
75 or older	100.00%	100.00%	100.00%

Table A-23: **Retirement of Vested Terminated Members**



Appendix B: Summary of Program Provisions



The following description of retiree health and death benefits is intended to be only a brief summary. For details, reference should be made to the County and LACERA agreements, and employee booklets.

All actuarial calculations are based on our understanding of the statutes governing LACERA as contained in the County Employees Retirement Law (CERL) of 1937 and the California Public Employees' Pension Reform Act of 2013 (PEPRA), with provisions adopted by the LACERA Board of Retirement, effective through July 1, 2013. The benefit and contribution provisions of this law are summarized briefly below. This summary does not attempt to cover all the detailed provisions of the law.

ELIGIBILITY FOR RETIREE HEALTH AND DEATH BENEFITS

Employees are eligible for the LACERA administered Retiree Healthcare Benefits Program if they are a member of LACERA and retire from the County of Los Angeles or Participating agencies of the County of Los Angeles. Health care benefits are also offered to qualifying survivors of deceased active employees who are eligible to retire at the time of death and to qualifying survivors of retired members. Since eligibility for retiree qualifying health and death benefits is dependent on receipt of a retirement benefit, the eligibility and other aspects of the retirement benefits are applicable for retirement health and death benefits. Participation in the Retiree Healthcare Benefits Program is for life in most instances.

New retirees have 60 days from the date of retirement, to sign up for medical and dental/vision coverage. If a retiree applies for coverage after the 60 day window, there is a waiting period of 6 months for medical enrollment and 1 year for dental/vision enrollment.

If a retiree's spouse or domestic partner is also a LACERA retiree there cannot be dual coverage. If the spouse or domestic partner is covering the retiree under medical or dental/vision, the retiree may not also enroll as a retiree in medical or dental/vision.

LACERA MEMBERSHIP

Permanent employees of Los Angeles County (County) and participating districts who work ³/₄ time or more are eligible for membership in LACERA.

Employees eligible for safety membership (law enforcement, fire fighters and specific lifeguards) become safety members on the first day of the month after date of hire. Employees who become members on or after January 1, 2013, will enter into Safety Plan C.



All other employees become general members on the first day of the month after date of hire, or the first day of the month after they make an election of either Plan D or Plan E, depending on the law in effect at that time. Employees who become members on or after January 1, 2013 will enter into General Plan G.

Elective officers become members on the first day of the month after filing a declaration with the Board of Retirement.

RETIREMENT PLANS

The County has established nine defined benefit plans. The following outlines the dates these plans were available, based on a member's date of entry into LACERA:

Safety Member Plans:

- Plan A: Inception to August 1977
- Plan B: September 1977 through December 2012
- Plan C: January 2013 to present

General Member Plans:

- Plan A: Inception through August 1977
- Plan B: September 1977 through September 1978
- Plan C: October 1978 through May 1979
- Plan D: June 1979 through December 2012
- Plan E: January 1982 through December 2012
- Plan G: January 2013 to present

NOTE: After review of a new member's account, a member with prior membership or reciprocity may be enrolled into one of the pre-PEPRA plans, if they meet eligibility requirements.

SERVICE RETIREMENT ELIGIBILITY

Plans A-D: General Members:

Age 50 with 10 years of County service;

Any age with 30 years of service; or

Age 70 regardless of service.

Non-Contributory

Plan E: Age 55 with 10 years of service.



Plan G:	Age 52 with 5 years of service, or age 70 regardless of service.
Plans A-B:	Safety Members: Age 50 with 10 years of County service; Any age with 20 years of service.
Plan C:	Safety Members: Age 50 with 5 years of service.
VESTING REQUIRE	MENT
Plans A-D, G:	5 years of County and reciprocal service. Member contributions must be left on deposit.
Plan E:	10 years of County and reciprocal service.
SERVICE-CONNEC	TED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D, G:	Any age or years of service; disability must result from
	occupational injury or disease, and member must be
	permanently incapacitated for the performance of duty.

Plan E: Not available under Plan E.

NONSERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

- Plans A-D, G: Any age with 5 years of service and permanently incapacitated for the performance of duty.
- Plan E: Not available under Plan E.

SERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

Plans A-D, G: Active members who die in service as a result of injury or disease arising out of and in the course of employment.

Plan E: Not available under Plan E.



NONSERVICE-CONNECTED PRE-RETIREMENT DEATH ELIGIBILITY

- Plans A-D, G: Active members who die while in service or while physically or mentally incapacitated for the performance of duty.
- Plan E: Not available under Plan E.

ELIGIBLE SURVIVING DEPENDENTS

In order for a survivor of a LACERA active member to receive health benefits, the LACERA active member has to be eligible for retirement at date of death. In order for a survivor of a retired LACERA member to be eligible to receive health benefits, the retired member needed to have had a retirement plan option which qualified as eligible for continuing retirement benefits to the survivor. If one of these requirements is met, the following survivors are eligible for health benefits:

- A surviving spouse or domestic partner
- Surviving children who are unmarried and natural or legally adopted or stepchildren. Must be under age 19 or up to age 22, if enrolled as full-time students
- A new spouse or domestic partner
- A newborn child, or legally adopted children

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

If a retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the benchmark plan rate, whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit. Details of the benchmark plan rate are in the table below. Tier 2 is for County employees who are hired after June 30, 2014 and are eligible for LACERA membership.

	Pre / Post		
<u>Tier</u>	<u>Medicare</u>	<u>Benchmark Plan</u>	Benchmark Amount
1	Pre	Anthem Blue Cross I & II	Same tier that member selects
1	Post	Anthem Blue Cross I & II	Same tier that member selects
2	Pre	Anthem Blue Cross I & II	Retiree only tier
2	Post	Anthem Blue Cross III	Retiree only tier



The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate.

Dental / Vision

The contribution percentages follow the same contribution proportions based on years of service as the medical plans where the benchmark plan is the indemnity plan.

Disability

Any retiree with a service connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental / vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in. If a retiree with service connected disability retirement has 13 or more years of service, the County subsidy is the same as a non-disabled retiree.

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical, Dental / Vision, and Disability

Contributions are the same as for the County employees.

DEATH/BURIAL BENEFIT

There is a one-time lump sum \$5,000 death benefit payable to the designated beneficiary upon the death of retirees. Actives and Vested Terminated Inactives are eligible for this benefit once they retire. Spouses and Dependents are not eligible for this death benefit upon their death. This benefit does not go through the 401(h) or any other funding vehicle; rather, is paid by LACERA and billed directly to the County on a monthly basis.



HEALTH BENEFIT PLAN DESCRIPTIONS ARE IN APPENDIX E, F, G and H

Appendix E

Medical Plan Descriptions:

<u>http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison.pdf</u> <u>http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_ooa.pdf</u> <u>http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_medicare.pdf</u>

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

http://www.local1014medical.org/docs/2012spd_v5%20%283%29.pdf

Appendix G

Dental and Vision Plan Description:

http://www.lacera.com/healthcare/pdf/healthcare charts/dental vision charts.pdf

Appendix H

Medicare Part B Reimbursement Plan Description:

http://www.lacera.com/healthcare/Medicare/medicare_a_b.html



Appendix C: Valuation Data and Schedules



Data on LACERA's retirement benefit program membership as of June 30, 2016 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2016 retirement benefits program valuation. Data for retired members, survivors, and dependents was provided separately for this OPEB valuation. On the following tables, we present a summary of LACERA membership at June 30, 2016 for active, vested terminated, and retired members.

Exhibit C-1:	Summary of Active Members
Exhibit C-2:	Summary of Vested Terminated Members
Exhibit C-3:	Summary of Retired Members, Spouses, and Dependents
Exhibit C-4:	Age and Service Distribution of Active Members
Exhibit C-5:	Age and Service Distribution of Vested Terminated Members
Exhibit C-6:	Age and Service Distributions of Retired Members in Medical Plans
Exhibit C-7:	Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans
Exhibit C-8:	Age and Service Distributions of Retired Members in Dental/Vision Plans
Exhibit C-9:	Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans
Exhibit C-10:	Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 1
Exhibit C-11:	Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 2
Exhibit C-12:	Treatment of Incomplete Data
Note that Exhi	ibits C-1 through C-9 were prepared using an "age

Note that Exhibits C-1 through C-9 were prepared using an "age nearest birthday" basis for calculating ages as used by our valuation system. Exhibit C-10 and C-11 were prepared using an "attained age" basis to reflect when someone becomes 65.



	Mem		bers			Average	Average Credited
	Sex	Tier 1	Tier 2		Annual Salary	Age	Service
General Members- LA Cou	ınty*						
Plan A	М	69	-	\$	7,670,808	68.2	36.8
	F	152	-		12,378,192	66.1	36.1
Plan B	М	22	-		1,842,684	65.4	38.4
	F	59	-		5,301,180	62.1	36.3
Plan C	М	25	-		2,088,756	63.5	37.8
	F	54	-		4,703,988	62.1	36.3
Plan D	Μ	14,762	43		1,239,292,656	48.7	15.7
	F	29,310	50		2,226,923,904	48.1	15.8
Plan E	М	6,389	-		509,692,860	53.1	19.7
	F	13,169	-		868,314,420	52.9	20.7
Plan G	М	1,645	3,170		271,358,088	36.5	1.6
	F	3,140	6,348		489,614,112	35.7	1.6
Total	-	68,796	9,611	\$	5,639,181,648	47.3	14.4
Safety Members- LA Coun	<i>ty</i> * M	4	-	\$	800,184	64.3	41.6
	F	-	-	Ψ	-	-	-
Plan B	M	7,027	17		768,606,060	43.9	17.7
	F	1,550	4		163,602,072	41.8	15.2
Plan C	M	179	560		56,126,580	29.8	1.3
	F	60	114		13,468,368	29.2	1.6
Total	-	8,820	695	\$	1,002,603,264	42.2	15.7
Safety Members- Local 10	14						
Plan A	М	6	-	\$	771,108	61.3	34.4
	F	-	-		-	-	-
Plan B	M	2,643	9		312,220,728	46.1	18.4
Blag C	F	53	-		5,776,212	43.7	16.2
Plan C	M	90	191		18,944,928	31.0	1.7
T ()	F _	3	5	^	563,388	31.8	1.4
Total		2,795	205	\$	338,276,364	44.7	16.8

Exhibit C-1: Summary of Active Members

* LA County does not include Safety Local 1014, Superior Court, and SCAQMD members. LA County includes General Local 1014 members because on retirement they enroll in LA County coverage.



-	Members								
	Sex	Tier 1	Tier 2		Annual Salary	Average Age	Average Credited Service		
General Members- S	uperior Court								
Plan A	М	7	-	\$	817,176	70.6	27.4		
Plan B	F M	7 2	-		806,508 248,100	65.7 65.0	33.5 15.3		
	F	8	-		614,856	60.1	38.7		
Plan C	M F	- 6	-		- 464,436	- 58.8	- 38.3		
Plan D	M	543	5		40,057,872	50.4	19.2		
Plan E	F M	2,024 338	6		144,544,380 24,579,144	50.7 51.9	19.7 21.0		
Plan G	F M	893 18	- 163		58,452,072	52.8 36.9	22.7 1.1		
Flan G	F	45	307		10,291,956 18,203,280	36.8	1.1		
Total	-	3,891	481	\$	299,079,780	49.6	18.2		
General Members- S	CAQMD								
Plan A	М	-	-	\$	-	-	-		
Plan B	F M	-	-		-	-	-		
	F	1	-		28,200	59.0	38.7		
Plan C	M	-	-		-	-	-		
Plan D	M	-	-		-	-	-		
Plan E	F M	-	-		-	-	-		
Plan G	F M	-	-		-	-	-		
Flair G	F	-	-		-	-	-		
Total		1	-	\$	28,200	59.0	38.7		
All General Members	s								
Plan A	М	76	-	\$	8,487,984	68.4	35.9		
Plan B	F M	159 24	-		13,184,700 2,090,784	66.1 65.3	36.0 36.4		
	F	68	-		5,944,236	61.8	36.6		
Plan C	M F	25 60	-		2,088,756	63.5 61.7	37.8		
Plan D	м	15,305	- 48		5,168,424 1,279,350,528	48.7	36.5 15.8		
	F	31,334	56		2,371,468,284	48.3	16.0		
Plan E	М	6,727	-		534,272,004	53.1	19.8		
Plan G	F M	14,062 1,663	- 3,333		926,766,492 281,650,044	52.9 36.5	20.9 1.6		
	F	3,185	6,655		507,817,392	35.7	1.5		
Total		72,688	10,092	\$	5,938,289,628	47.4	14.6		
All Safety Members									
Plan A	M	10	-	\$	1,571,292	62.5	37.3		
Plan B	М	9,670	26		1,080,826,788	44.5	17.9		
Plan C	F	1,603	4		169,378,284	41.8	15.2		
Plan C	M F	269 63	751 119		75,071,508	30.1 29.4	1.4 1.6		
Total	г <u>–</u>	63 11,615	900	\$	14,031,756 1,340,879,628	42.8	16.0		
Grand Total		84,303	10,992	\$	7,279,169,256	46.8	14.8		
		,	-,		,,				

Exhibit C-1 (continued): Summary of Active Members

Grand Total (Tiers Combined) 95,295

This excludes 149 active pension members who are receiving retiree healthcare benefits.



		<u>Mem</u>		s Average		
	Sex	Tier 1	Tier 2	Age		
General Members- LA	County*					
Plan A	М	16	_	69.3		
	F	33	-	66.1		
Plan B	M	4	-	64.3		
	F	14	-	65.7		
Plan C	М	3	-	63.3		
	F	9	-	61.6		
Plan D	Μ	1,253	3	48.6		
	F	2,437	4	46.9		
Plan E	Μ	987	-	56.0		
	F	2,202	-	55.7		
Plan G	М	11	10	33.5		
	F	27	12	36.4		
Total		6,996	29	51.4		
Safety Members- LA (County*					
Plan A	М	3	-	66.3		
	F	-	-	-		
Plan B	Μ	392	-	43.0		
	F	119	1	43.2		
Plan C	Μ	1	-	31.0		
	F	-	-	-		
Total		515	1	43.1		
Safety Members- Loca	al 1014					
Plan A	М	-	-	-		
	F	-	-	-		
Plan B	Μ	39	-	40.4		
	F	10	-	39.7		
Plan C	М	1	-	29.0		
	F	-	-	-		
Total		50	-	40.1		

Exhibit C-2: Summary of Vested Terminated Members

* LA County Group does not include Safety Local 1014, Superior Court, and SCAQMD members.

LA County includes General Local 1014 members because on retirement they enroll in LA County coverage.



Appendix C

Exhibit C-2 (continued): Summary of Vested Terminated Members

General Members- Superior	r Court	. ,		
Plan A	м	2	-	64.0
Plan B	F M	- 8	-	64.1 -
Plan C	F M	2	-	61.5
Plan D	F	1	-	62.0
	F	66 205	-	48.0 48.9
Plan E	M F	97 233	-	53.5 53.5
Plan G	M F	- 1	1	35.0 37.0
Total	·	615	1	51.6
General Members- SCAQM	D			
Plan A	M F	-	-	-
Plan B	М	-	-	-
Plan C	F M	-	-	-
	F	-	-	-
Plan D	M F	-	-	-
Plan E	М	-	-	-
Plan G	F M	-	-	-
Total	F		-	-
All General Members				
Plan A	м	18	-	68.7
Plan B	F M	41 4	-	65.7 64.3
	F	16	-	65.2
Plan C	M F	3 10	-	63.3 61.6
Plan D	M	1,319	3	48.6
Plan E	F M	2,642 1,084	4	47.0 55.8
	F	2,435	-	55.5
Plan G	M F	11 28	11 12	33.6 36.4
Total	·	7,611	30	51.4
All Safety Members				
Plan A	M F	3	-	66.3 -
Plan B	М	431	-	42.7
Plan C	F M	129 2	1 -	42.9 30.0
Total	F	565	- 1	42.9
Grand Total		8,176	31	50.8
Grand Total (Tiers Combine	ed)	8,207		

Pension data includes 5,285 non vested terminated members.

This excludes 33 vested terminated pension members who are receiving retiree healthcare benefits. This also excludes 2 records of members who died before 7/1/2016.



Exhibit C-3: Summary of Retired Members, Spouses, and Dependents

Medical									
			С	ount		Average Age			
		Retirees and Survivors		Spouses and Dependents			Retirees and	Spouses and	
	Gender	Tier 1	Tier 2	Tier 1	Tier 2	Total	Survivors	Dependents	Total
LA County	М	19,363	-	7,483	-	26,846	72.5	62.0	69.6
	F	24,667	-	14,064	-	38,731	73.7	63.0	69.8
	Total	44,030	-	21,547	-	65,577	73.2	62.7	69.7
Local 1014	М	1,476	-	161	-	1,637	69.5	22.6	64.9
	F	248	-	1,405	-	1,653	77.5	60.3	62.9
	Total	1,724	-	1,566	-	3,290	70.7	56.4	63.9
Superior Court	М	556	-	488	-	1,044	74.2	65.3	70.0
	F	1,537	-	352	-	1,889	72.6	62.1	70.6
	Total	2,093	-	840	-	2,933	73.0	64.0	70.4
SCAQMD	М	33	-	4	-	37	82.7	61.0	80.4
	F	23	-	22	-	45	82.8	76.0	79.5
	Total	56	-	26	-	82	82.7	73.7	79.9
Total Medical	М	21,428	-	8,136	-	29,564	72.4	61.4	69.3
	F	26,475	-	15,843	-	42,318	73.7	62.8	69.6
	Total	47,903	-	23,979	-	71,882	73.1	62.3	69.5
Tiers Combined	Total	47,903		23,979					

Dental/Vision

Dental/VISION			С	ount		Average Age			
		Retirees and Survivors Spouses and			Dependents		Retirees and	Spouses and	
	Gender	Tier 1	Tier 2	Tier 1	Tier 2	Total	Survivors	Dependents	Total
LA County	М	19,774	-	8,265	-	28,039	72.3	62.5	69.4
	F	25,270	-	14,637	-	39,907	73.6	62.9	69.7
	Total	45,044	-	22,902	-	67,946	73.0	62.8	69.6
Local 1014	М	1,451	-	136	-	1,587	69.4	24.2	65.5
	F	231	-	1,362	-	1,593	77.3	62.0	64.2
	Total	1,682	-	1,498	-	3,180	70.5	58.6	64.9
Superior Court	М	543	-	552	-	1,095	74.2	66.3	70.2
	F	1,574	-	358	-	1,932	72.5	62.3	70.6
	Total	2,117	-	910	-	3,027	72.9	64.7	70.5
SCAQMD	М	32	-	4	-	36	83.5	61.0	81.0
	F	20	-	22	-	42	82.4	76.0	79.0
	Total	52	-	26	-	78	83.1	73.7	79.9
Total Dental/Vision	М	21,800	-	8,957	-	30,757	72.2	62.2	69.3
	F	27,095	-	16,379	-	43,474	73.6	62.8	69.5
	Total	48,895	-	25,336	-	74,231	72.9	62.6	69.4
Tiers Combined	Total	48,895		25,336					



Appendix C

Death Benefit * Average Age Count Retirees Spouses and Dependents Spouses and Gender Tier 1 Retirees Total Total Tier 2 Tier 1 Tier 2 Dependents LA County M F 23,145 NA NA 23,145 71.7 NA 71.7 25,599 NA NA 25,599 72.3 NA 72.3 Total 48 744 NA NA 48.744 72.0 NA 72.0 1,474 Local 1014 М NA NA 1,474 69.5 NA 69.5 F 7 NA NA 7 70.6 69.5 NA 70.6 Total 1 481 NA NA 1 481 NA 69.5 Superior Court М 685 NA NA 685 NA 72.7 72.7 F 1,847 NA NA 1,847 71.1 NA 71.1 Total 2.532 NA NA 2.532 71.5 NA 71.5 SCAQMD Μ 34 NA NA 34 83.1 NA 83.1 80.2 82.7 F 6 NA NA 6 NA 80.2 Total 40 NA NA 40 NA 82.7 NA NA 25.338 NA Total Death Benefit М 25,338 71.6 71.6 F NA NA 27,459 NA 27,459 72.2 72.2 71.9 Total 52,797 NA NA 52,797 NA **Tiers** Combined Total 52,797 NA

Exhibit C-3 (continued): Summary of Retired Members, Spouses, and Dependents

* Totals do not include 419 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.



	Members' Years of Service								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	Count
Under 18	-	-	-	-	-	-	-	-	-
18-19	4	-	-	-	-	-	-	-	4
20-24	779	-	-	-	-	-	-	-	779
25-29	4,966	628	10	-	-	-	-	-	5,604
30-34	5,085	3,681	945	33	-	-	-	-	9,744
35-39	3,077	3,912	3,297	1,252	68	-	-	-	11,606
40-44	2,004	2,722	3,041	3,894	810	61	-	-	12,532
45-49	1,487	2,043	2,367	3,808	2,689	1,838	169	-	14,401
50-54	1,104	1,466	1,795	2,585	2,298	3,688	1,378	148	14,462
55-59	774	1,193	1,398	2,085	1,526	2,439	1,684	1,163	12,262
60-64	391	795	983	1,498	1,093	1,496	971	1,635	8,862
65-69	102	383	460	732	547	595	289	566	3,674
70-74	13	89	138	206	166	173	68	144	997
75-79	5	8	33	59	46	59	25	38	273
80-84	-	3	11	18	18	9	4	32	95
85 & Over	-	-							
Total Count	19,791	16,923	14,478	16,170	9,261	10,358	4,588	3,726	95,295

Exhibit C-4: Age and Service Distribution of Active Members

This excludes 149 active retirement program members who are receiving retiree healthcare benefits.



	Members' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	Count		
Under 18	-	-	-	-	-	-	-	-	-		
18-19	-	-	-	-	-	-	-	-	-		
20-24	3	-	-	-	-	-	-	-	3		
25-29	40	37	1	-	-	-	-	-	78		
30-34	101	240	36	-	-	-	-	-	377		
35-39	195	434	132	20	-	-	-	-	781		
40-44	227	513	282	86	11	4	-	-	1,123		
45-49	183	513	512	199	73	15	1	-	1,496		
50-54	161	354	593	254	126	59	14	-	1,561		
55-59	87	242	416	189	78	64	27	8	1,111		
60-64	75	188	474	170	63	72	30	62	1,134		
65-69	27	99	211	79	14	5	2	4	441		
70-74	11	10	28	18	7	1	-	-	75		
75-79	5	2	8	3	2	1	1	-	22		
80-84	2	1	-	-	-	1	-	-	4		
85 & Over		1	-						1		
Total Count	1,117	2,634	2,693	1,018	374	222	75	74	8,207		

Exhibit C-5: Age and Service Distribution of Vested Terminated Members

Retirement program data includes 5,282 non vested terminated members.

This table excludes 36 vested terminated retirement members who are receiving retiree healthcare and/or dental benefits.

This table excludes 2 vested terminated retirement members who died before 7/1/2016.



Exhibit C-6: Age and Service Distributions of Retired Members in Medical Plans

LA County

Retirees and Survivors with Medical Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	2	4	2	-	12	20			
35-39	-	-	-	-	-	-	-	11	11			
40-44	-	-	-	-	1	-	1	40	42			
45-49	-	-	4	2	13	5	3	142	169			
50-54	-	-	22	17	47	108	36	359	589			
55-59	-	1	42	65	133	453	574	605	1,873			
60-64	2	2	120	168	325	1,005	1,946	872	4,440			
65-69	3	15	364	497	711	1,703	4,671	1,291	9,255			
70-74	5	27	450	662	819	1,857	4,252	1,447	9,519			
75-79	6	15	420	531	712	1,703	2,614	1,114	7,115			
80-84	5	19	299	472	675	1,315	1,620	777	5,182			
85-89	5	22	243	406	529	799	1,001	493	3,498			
90-94	-	8	175	254	259	338	543	194	1,771			
95-99	1	-	66	73	67	90	145	48	490			
100 & Over		<u> </u>	13	8	11	12	9	3	56			
Total Count	27	109	2,218	3,157	4,306	9,390	17,415	7,408	44,030			

Local 1014

Retirees and Survivors with Medical Coverage

		Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	-	-	-	-	1	1			
35-39	-	-	-	-	-	-	-	-	-			
40-44	-	-	-	-	-	-	-	2	2			
45-49	-	-	-	-	-	1	-	5	e			
50-54	-	-	-	1	1	1	-	11	14			
55-59	-	-	1	2	2	22	64	140	231			
60-64	-	-	1	-	1	35	49	223	309			
65-69	-	-	2	1	3	18	46	192	262			
70-74	-	-	-	-	-	11	46	268	325			
75-79	-	-	-	-	2	9	16	164	191			
80-84	-	-	-	-	3	13	18	160	194			
85-89	-	-	-	1	1	21	33	80	136			
90-94	-	-	1	-	1	8	15	25	50			
95-99	-	-	-	-	-	1	1	1	3			
100 & Over	-	-		-	-				-			
Fotal Count	-	-	5	5	14	140	288	1,272	1,72			



Exhibit C-6 (continued): Age and Service Distributions of Retired Members in Medical Plans

Superior Court

Retirees and Survivors with Medical Coverage

		Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	-	-	-	-	-	-			
35-39	-	-	-	-	-	-	-	1	1			
40-44	-	-	-	-	-	-	-	2	2			
45-49	-	-	-	-	-	-	-	1	1			
50-54	-	-	-	2	3	6	1	6	18			
55-59	-	1	6	6	18	22	18	16	87			
60-64	-	-	14	20	24	64	118	34	274			
65-69	-	2	18	31	39	97	231	37	455			
70-74	1	2	31	41	60	95	181	36	447			
75-79	-	4	14	22	33	71	100	29	273			
80-84	-	2	23	26	43	56	66	24	240			
85-89	-	-	10	26	27	37	54	10	164			
90-94	-	1	10	13	19	20	34	3	100			
95-99	-	1	4	5	4	7	5	1	27			
100 & Over		<u> </u>	-	-	1	1	2		4			
Total Count	1	13	130	192	271	476	810	200	2,093			

SCAQMD

Retirees and Survivors with Medical Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	-	-		
35-39	-	-	-	-	-	-	-	-	-		
40-44	-	-	-	-	-	-	-	-	-		
45-49	-	-	-	-	-	-	-	-	-		
50-54	-	-	-	-	-	-	-	-	-		
55-59	-	-	-	-	-	-	-	-	-		
60-64	-	-	-	-	-	-	-	-	-		
65-69	1	-	-	-	-	1	2	-	4		
70-74	1	1	-	-	-	-	1	2	5		
75-79	-	-	-	-	-	1	5	1	7		
80-84	1	-	-	1	3	2	5	1	13		
85-89	-	-	2	1	4	2	7	-	16		
90-94	-	-	3	2	2	3	-	-	10		
95-99	-	-	-	-	-	-	1	-	1		
100 & Over	<u> </u>			-	<u> </u>	-			-		
Total Count	3	1	5	4	9	9	21	4	56		



Exhibit C-6 (continued): Age and Service Distributions of Retired Members in Medical Plans

All Members

Retirees and Survivors with Medical Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	2	4	2	-	13	21			
35-39	-	-	-	-	-	-	-	12	12			
40-44	-	-	-	-	1	-	1	44	46			
45-49	-	-	4	2	13	6	3	148	176			
50-54	-	-	22	20	51	115	37	376	621			
55-59	-	2	49	73	153	497	656	761	2,191			
60-64	2	2	135	188	350	1,104	2,113	1,129	5,023			
65-69	4	17	384	529	753	1,819	4,950	1,520	9,976			
70-74	7	30	481	703	879	1,963	4,480	1,753	10,296			
75-79	6	19	434	553	747	1,784	2,735	1,308	7,586			
80-84	6	21	322	499	724	1,386	1,709	962	5,629			
85-89	5	22	255	434	561	859	1,095	583	3,814			
90-94	-	9	189	269	281	369	592	222	1,931			
95-99	1	1	70	78	71	98	152	50	521			
100 & Over		-	13	8	12	13	11	3_	60			
Total Count	31	123	2,358	3,358	4,600	10,015	18,534	8,884	47,903			



Exhibit C-7: Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

LA County

Spouses and Dependents with Medical Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	1	-	53	75	165	577	947	765	2,583		
35-39	-	1	1	4	8	16	29	29	88		
40-44	-	-	4	3	13	18	28	39	105		
45-49	-	-	12	9	22	65	104	127	339		
50-54	-	-	15	23	42	212	319	289	900		
55-59	1	-	26	40	97	432	713	455	1,764		
60-64	-	7	68	82	186	666	1,401	542	2,952		
65-69	2	9	143	201	304	788	2,023	702	4,172		
70-74	4	8	145	260	350	749	1,665	631	3,812		
75-79	1	3	133	179	272	602	982	335	2,507		
80-84	1	6	67	135	179	364	480	167	1,399		
85-89	-	3	29	60	84	181	231	75	663		
90-94	-	1	23	30	28	49	75	21	227		
95-99	1	-	4	9	5	7	5	2	33		
100 & Over	<u> </u>	-	-		1		2		3		
Total Count	11	38	723	1,110	1,756	4,726	9,004	4,179	21,547		

Local 1014

Spouses and Dependents with Medical Coverage

				Retirees' Years	s of Service				Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	-	-	1	2	1	30	59	188	281
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	1	-	4	5
45-49	-	-	-	-	-	-	-	3	3
50-54	-	-	1	2	3	15	48	103	172
55-59	-	-	1	-	-	31	50	194	276
60-64	-	-	1	-	1	10	32	166	210
65-69	-	-	1	1	1	11	39	197	250
70-74	-	-	-	-	1	11	19	134	165
75-79	-	-	-	-	3	5	9	94	111
80-84	-	-	-	-	-	10	6	49	65
85-89	-	-	-	-	-	6	9	10	25
90-94	-	-	-	-	-	-	2	-	2
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-			-	-	-			-
Total Count	-	-	5	5	10	130	273	1,143	1,566



Exhibit C-7 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

Superior Court Spouses and Dependents with Medical Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	1	6	3	10	22	34	18	94		
35-39	-	-	1	-	-	-	3	1	5		
40-44	-	-	-	-	1	-	-	1	2		
45-49	-	-	-	2	-	3	3	2	10		
50-54	-	-	1	2	4	4	5	-	16		
55-59	-	-	4	5	4	13	24	6	56		
60-64	-	1	2	6	12	45	48	12	126		
65-69	-	-	7	10	20	60	77	11	185		
70-74	-	2	9	12	23	31	58	13	148		
75-79	-	1	6	2	12	23	40	6	90		
80-84	-	-	5	3	6	20	19	5	58		
85-89	-	-	6	4	6	3	16	1	36		
90-94	-	-	-	4	5	3	1	-	13		
95-99	-	-	-	1	-	-	-	-	1		
100 & Over			-	-							
Total Count	-	5	47	54	103	227	328	76	840		

SCAQMD

Spouses and Dependents with Medical Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	1	1		
35-39	-	-	-	-	-	-	-	-	-		
40-44	-	-	-	-	-	-	-	-	-		
45-49	-	-	-	-	-	-	-	1	1		
50-54	-	-	-	-	-	-	-	-	-		
55-59	-	-	-	-	-	-	1	-	1		
60-64	-	-	-	-	-	-	-	-	-		
65-69	1	1	-	-	-	-	1	1	4		
70-74	-	-	-	1	-	-	4	1	6		
75-79	-	-	-	-	1	2	1	1	5		
80-84	-	-	1	-	-	1	2	-	4		
85-89	-	-	1	-	-	-	1	-	2		
90-94	-	-	1	-	-	-	1	-	2		
95-99	-	-	-	-	-	-	-	-	-		
100 & Over				-	-						
Total Count	1	1	3	1	1	3	11	5	26		



Exhibit C-7 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

All Members

Spouses and Dependents with Medical Coverage

		Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	1	1	60	80	176	629	1,040	972	2,959			
35-39	-	1	2	4	8	16	32	31	94			
40-44	-	-	4	3	14	19	28	44	112			
45-49	-	-	12	11	22	68	107	133	353			
50-54	-	-	17	27	49	231	372	392	1,088			
55-59	1	-	31	45	101	476	788	655	2,097			
60-64	-	8	71	88	199	721	1,481	720	3,288			
65-69	3	10	151	212	325	859	2,140	911	4,611			
70-74	4	10	154	273	374	791	1,746	779	4,131			
75-79	1	4	139	181	288	632	1,032	436	2,713			
80-84	1	6	73	138	185	395	507	221	1,526			
85-89	-	3	36	64	90	190	257	86	726			
90-94	-	1	24	34	33	52	79	21	244			
95-99	1	-	4	10	5	7	5	2	34			
100 & Over	-	-		-	1	-	2		3			
Total Count	12	44	778	1,170	1,870	5,086	9,616	5,403	23,979			



Exhibit C-8: Age and Service Distributions of Retired Members in Dental/Vision Plans

LA County

Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	2	4	2	-	15	23		
35-39	-	-	-	-	-	-	-	16	16		
40-44	-	-	-	-	1	-	1	57	59		
45-49	-	-	5	2	13	5	3	168	196		
50-54	-	2	27	23	51	109	36	412	660		
55-59	-	2	61	77	142	452	572	664	1,970		
60-64	4	10	163	198	335	1,007	1,935	923	4,575		
65-69	4	22	404	543	736	1,711	4,673	1,371	9,464		
70-74	11	39	480	682	847	1,865	4,270	1,512	9,706		
75-79	6	27	411	558	750	1,708	2,621	1,147	7,228		
80-84	3	27	306	491	683	1,326	1,633	790	5,259		
85-89	7	19	248	409	545	806	1,010	500	3,544		
90-94	3	11	192	258	264	343	548	185	1,804		
95-99	1	2	73	68	70	88	145	42	489		
100 & Over	<u> </u>	<u> </u>	9	5	13	12	9	3	51		
Total Count	39	161	2,379	3,316	4,454	9,434	17,456	7,805	45,044		

Local 1014

Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	-	-		
35-39	-	-	-	-	-	-	-	-	-		
40-44	-	-	-	-	-	-	-	2	2		
45-49	-	-	-	-	-	1	-	3	4		
50-54	-	-	-	1	1	1	-	11	14		
55-59	-	-	1	2	2	22	64	139	230		
60-64	-	-	1	-	1	35	47	218	302		
65-69	-	-	2	1	4	17	46	190	260		
70-74	-	-	-	-	-	11	45	265	321		
75-79	-	-	-	-	2	9	16	161	188		
80-84	-	-	-	-	3	12	18	154	187		
85-89	-	-	-	-	1	21	30	76	128		
90-94	-	-	-	-	-	8	14	21	43		
95-99	-	-	-	-	-	1	1	1	3		
100 & Over	-		-								
Total Count	-	-	4	4	14	138	281	1,241	1,682		



Exhibit C-8 (continued): Age and Service Distributions of Retired Members in Dental/Vision Plans

Superior Court

Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	-	-	-	-	-	-			
35-39	-	-	-	-	-	-	-	1	1			
40-44	-	-	-	-	-	-	-	2	2			
45-49	-	-	-	-	-	-	-	2	2			
50-54	-	-	-	2	3	7	1	8	21			
55-59	-	4	8	5	18	21	17	17	90			
60-64	-	1	16	21	23	64	115	37	277			
65-69	-	1	23	32	42	96	231	40	465			
70-74	-	1	31	40	59	97	179	36	443			
75-79	-	4	14	24	33	71	101	31	278			
80-84	-	4	27	22	39	58	66	25	241			
85-89	-	2	14	24	24	37	53	8	162			
90-94	-	1	12	14	19	20	36	3	105			
95-99	-	-	4	5	4	7	5	1	26			
100 & Over	-	<u> </u>	-		1	1	2		4			
Total Count	-	18	149	189	265	479	806	211	2,117			

SCAQMD

Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	-	-	-	-	-	-			
35-39	-	-	-	-	-	-	-	-	-			
40-44	-	-	-	-	-	-	-	-	-			
45-49	-	-	-	-	-	-	-	-	-			
50-54	-	-	-	-	-	-	-	-	-			
55-59	-	-	-	-	-	-	-	-	-			
60-64	-	-	-	-	-	-	-	-	-			
65-69	1	-	-	-	-	1	2	-	4			
70-74	-	1	-	-	-	-	1	2	4			
75-79	-	-	-	-	-	1	5	1	7			
80-84	-	-	-	1	2	2	5	1	11			
85-89	-	-	2	-	3	2	7	-	14			
90-94	-	-	3	2	2	3	-	-	10			
95-99	-	-	-	1	-	-	1	-	2			
100 & Over		-	<u> </u>	-	-	-			-			
Total Count	1	1	5	4	7	9	21	4	52			



Exhibit C-8 (continued): Age and Service Distributions of Retired Members in Dental/Vision Plans

All Members

Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	-	-	2	4	2	-	15	23			
35-39	-	-	-	-	-	-	-	17	17			
40-44	-	-	-	-	1	-	1	61	63			
45-49	-	-	5	2	13	6	3	173	202			
50-54	-	2	27	26	55	117	37	431	695			
55-59	-	6	70	84	162	495	653	820	2,290			
60-64	4	11	180	219	359	1,106	2,097	1,178	5,154			
65-69	5	23	429	576	782	1,825	4,952	1,601	10,193			
70-74	11	41	511	722	906	1,973	4,495	1,815	10,474			
75-79	6	31	425	582	785	1,789	2,743	1,340	7,701			
80-84	3	31	333	514	727	1,398	1,722	970	5,698			
85-89	7	21	264	433	573	866	1,100	584	3,848			
90-94	3	12	207	274	285	374	598	209	1,962			
95-99	1	2	77	74	74	96	152	44	520			
100 & Over			9	5	14	13	11	3	55			
Total Count	40	180	2,537	3,513	4,740	10,060	18,564	9,261	48,895			



Exhibit C-9: Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

LA County

Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	2	4	72	91	175	587	947	890	2,768			
35-39	-	2	1	5	7	19	32	34	100			
40-44	-	1	4	4	13	20	33	43	118			
45-49	-	-	12	12	22	65	103	152	366			
50-54	-	-	19	22	46	213	313	325	938			
55-59	3	1	29	51	99	426	707	481	1,797			
60-64	1	7	86	104	200	669	1,396	589	3,052			
65-69	4	12	166	233	334	835	2,093	762	4,439			
70-74	1	9	170	273	381	798	1,750	659	4,041			
75-79	-	4	129	204	300	650	1,039	359	2,685			
80-84	3	6	83	161	208	402	520	189	1,572			
85-89	1	1	35	77	94	197	251	79	735			
90-94	1	1	24	34	39	48	79	21	247			
95-99	-	1	4	9	7	9	8	1	39			
100 & Over	<u> </u>		-		2	1	2		5			
Total Count	16	49	834	1,280	1,927	4,939	9,273	4,584	22,902			

Local 1014

Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	1	1	2	27	48	163	242		
35-39	-	-	-	-	-	-	-	2	2		
40-44	-	-	-	-	-	-	2	7	9		
45-49	-	-	-	1	1	2	4	17	25		
50-54	-	-	1	1	-	6	25	66	99		
55-59	-	-	2	-	-	22	50	130	204		
60-64	-	-	1	1	1	22	36	200	261		
65-69	-	-	-	-	1	10	34	187	232		
70-74	-	-	-	-	1	15	22	147	185		
75-79	-	-	-	-	3	5	14	94	116		
80-84	-	-	-	-	-	9	10	64	83		
85-89	-	-	-	-	-	9	10	16	35		
90-94	-	-	-	-	-	1	1	2	4		
95-99	-	-	-	-	-	-	1	-	1		
100 & Over	-			-					-		
Total Count	-	-	5	4	9	128	257	1,095	1,498		



Exhibit C-9 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

Superior Court

Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service											
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count			
Under 35	-	2	6	2	7	25	29	21	92			
35-39	-	-	1	-	-	-	3	1	5			
40-44	-	-	-	-	1	-	-	-	1			
45-49	-	-	-	2	-	3	3	2	10			
50-54	-	1	1	-	4	4	6	3	19			
55-59	-	-	4	5	6	14	22	7	58			
60-64	-	1	2	6	16	45	48	12	130			
65-69	-	-	11	13	22	61	82	13	202			
70-74	-	-	13	16	25	33	66	16	169			
75-79	-	-	9	6	11	24	42	9	101			
80-84	-	1	6	3	8	21	21	6	66			
85-89	-	-	6	5	6	3	15	2	37			
90-94	-	-	2	5	5	4	2	-	18			
95-99	-	-	-	1	-	-	-	-	1			
100 & Over	-			-	1				1			
Total Count	-	5	61	64	112	237	339	92	910			

SCAQMD

Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service Total										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	1	1		
35-39	-	-	-	-	-	-	-	-	-		
40-44	-	-	-	-	-	-	-	-	-		
45-49	-	-	-	-	-	-	-	1	1		
50-54	-	-	-	-	-	-	-	-	-		
55-59	-	-	-	-	-	-	1	-	1		
60-64	-	-	-	-	-	-	-	-	-		
65-69	1	1	-	-	-	-	1	1	4		
70-74	-	-	-	1	-	-	4	1	6		
75-79	-	-	-	-	1	2	1	1	5		
80-84	-	-	1	-	-	1	2	-	4		
85-89	-	-	1	-	-	-	1	-	2		
90-94	-	-	1	-	-	-	1	-	2		
95-99	-	-	-	-	-	-	-	-	-		
100 & Over		-	-	-		-			-		
Total Count	1	1	3	1	1	3	11	5	26		



Exhibit C-9 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

All Members

Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service												
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count				
Under 35	2	6	79	94	184	639	1,024	1,075	3,103				
35-39	-	2	2	5	7	19	35	37	107				
40-44	-	1	4	4	14	20	35	50	128				
45-49	-	-	12	15	23	70	110	172	402				
50-54	-	1	21	23	50	223	344	394	1,056				
55-59	3	1	35	56	105	462	780	618	2,060				
60-64	1	8	89	111	217	736	1,480	801	3,443				
65-69	5	13	177	246	357	906	2,210	963	4,877				
70-74	1	9	183	290	407	846	1,842	823	4,401				
75-79	-	4	138	210	315	681	1,096	463	2,907				
80-84	3	7	90	164	216	433	553	259	1,725				
85-89	1	1	42	82	100	209	277	97	809				
90-94	1	1	27	39	44	53	83	23	271				
95-99	-	1	4	10	7	9	9	1	41				
100 & Over					3	1	2		6				
Total Count	17	55	903	1,349	2,049	5,307	9,880	5,776	25,336				



Exhibit C-10: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 1

		Retire	es and Surv	vivors	Spouse	es and Depe	ndents		Total	
Madia d Dia		Pre 65	Post 65	Total	Pre 65	Post 65	<u>Total</u>	Pre 65	Post 65	Total
Medical Plar	IS Blue Cross I	194	1,188	1,382	201	270	471	395	1,458	1,853
	Blue Cross II	1,974	2,755	4,729	2,151	1,020	3,171	4,125	3,775	7,900
	Blue Cross III	234	10,853	11,087	974	4,008	4,982	1,208	14,861	16,069
	Blue Cross Prudent Buyer Plan	399	927	1,326	430	4,008	4,902	829	1,185	2,014
	CIGNA Healthcare for Seniors	1	49	50	430	230	31	12	69	2,014
	CIGNA Network Model Plan	129	43	602	130	123	253	259	596	855
		58	322	380	43	99	255 142	259	421	522
	Kaiser (Other)	4,069	18.448	22,517	-	6,142	10.428	8,355		32,945
	Kaiser (CA)		-, -		4,286		-, -		24,590	
	United Healthcare	1,165	2,582	3,747	1,225	925	2,150	2,390	3,507	5,897
	SCAN Health Plan Firefighters' Local 1014	2 583	357 1,141	359 1,724	2 974	95 592	97 1,566	4 1,557	452 1,733	456 3,290
	-									71.882
	Total Medical	8,808	39,095	47,903	10,427	13,552	23,979	19,235	52,647	71,882
Medicare Pa	I <u>rt B Coverage</u> LA County									
	Receiving Reimbursement	819	28,865	29,684	2,382	10,401	12,783	3,201	39,266	42,467
	Not Receiving Reimbursement	6,995	7,351	14,346	6,733	2,031	8,764	13,728	9,382	23,110
	Total	7,814	36,216	44,030	9,115	12,432	21,547	16,929	48,648	65,577
	Firefighters' Local 1014									
	Receiving Reimbursement	28	1,120	1,148	188	586	774	216	1,706	1,922
	Not Receiving Reimbursement	555	21	576	786	6	792	1,341	27	1,368
	Total	583	1,141	1,724	974	592	1,566	1,557	1,733	3,290
	- Total	000	1,141	1,724	014	002	1,000	1,007	1,700	0,200
	Superior Court									
	Receiving Reimbursement	65	1,345	1,410	102	416	518	167	1,761	1,928
	Not Receiving Reimbursement	346	337	683	232	90	322	578	427	1,005
	Total	411	1,682	2,093	334	506	840	745	2,188	2,933
	SCAQMD									
	Receiving Reimbursement	-	42	42	2	17	19	2	59	61
	Not Receiving Reimbursement	-	14	14	2	5	7	2	19	21
	Total	-	56	56	4	22	26	4	78	82
	All Members									
		010	24.272	22.204	0.074	44 400	11.001	2 500	40 700	40.070
	Receiving Reimbursement	912	31,372	32,284	2,674	11,420	14,094	3,586	42,792	46,378
	Not Receiving Reimbursement	7,896	7,723	15,619	7,753	2,132	9,885	15,649	9,855	25,504
	Grand Total Medicare Part B	8,808	39,095	47,903	10,427	13,552	23,979	19,235	52,647	71,882
Dental/Visio										
	LA County									
	Cigna Indemnity Dental/Vision	6,257	33,632	39,889	7,848	12,624	20,472	14,105	46,256	60,361
	Cigna Dental HMO/Vision	1,242	3,913	5,155	1,291	1,139	2,430	2,533	5,052	7,585
	Total	7,499	37,545	45,044	9,139	13,763	22,902	16,638	51,308	67,946
	Firefighters' Local 1014									
	Cigna Indemnity Dental/Vision	537	1,101	1,638	822	638	1,460	1,359	1,739	3,098
	Cigna Dental HMO/Vision	15	29	44	20	18	38	35	47	82
	Total	552	1,130	1,682	842	656	1,498	1,394	1,786	3,180
	- Total	002	1,100	1,002	042	000	1,400	1,004	1,700	0,100
	Superior Court									
	Cigna Indemnity Dental/Vision	332	1,552	1,884	279	541	820	611	2,093	2,704
	Cigna Dental HMO/Vision	61	172	233	36	54	90	97	226	323
	Total	393	1,724	2,117	315	595	910	708	2,319	3,027
	SCAQMD									
	Cigna Indemnity Dental/Vision	-	50	50	3	23	26	3	73	76
	Cigna Dental HMO/Vision	-	2	2	-				2	2
	Total	-	52	52	3	23	26	3	75	78
	All Members									
	Cigna Indemnity Dental/Vision	7,126	36,335	43,461	8,952	13,826	22,778	16,078	50,161	66,239
	Cigna Dental HMO/Vision	1,318	4,116	5,434	1,347	1,211	2,558	2,665	5,327	7,992
	Grand Total Dental/Vision	8,444	40,451	48,895	10,299	15,037	25,336	18,743	55,488	74,231



Exhibit C-10 (continued): Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 1

		Retirees			Spouses			Total		
Death Benef	:+ *	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Dealin Bener	LA County	10,406	38,338	48,744	NA	NA	NA	10,406	38,338	48,744
	Firefighters' Local 1014	551	930	1,481	NA	NA	NA	551	930	1,481
	Superior Court	637	1,895	2,532	NA	NA	NA	637	1,895	2,532
	SCAQMD		40	40	NA	NA	NA		40	40
	Grand Total Death Benefit	11,594	41,203	52,797	NA	NA	NA	11,594	41,203	52,797

* Totals do not include 419 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.



Exhibit C-11: Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 2

		ees and Sur		Spouse	es and Depe	endents		Total	
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Medical Plans									
Blue Cross I	-	-	-	-	-	-	-	-	-
Blue Cross II	-	-	-	-	-	-	-	-	-
Blue Cross III	-	-	-	-	-	-	-	-	-
Blue Cross Prudent Buyer Plan	-	-	-	-	-	-	-	-	-
CIGNA Healthcare for Seniors	-	-		-	-	-	-	-	
CIGNA Network Model Plan	-	-	-	-	-	-		-	-
Kaiser (Other)	-	-		-	-	-	-		
Kaiser (CA)	-	-		-	-		-	-	
United Healthcare	_	_	_	_	_	_	_		_
SCAN Health Plan	-	_	-	_	-	-	_	-	-
Firefighters' Local 1014	-	-		-	-	-	-	-	
Thenghiers Locar 1014									
Total Medical	-	-	-	-	-	-	-	-	-
Medicare Part B Coverage									
LA County							1		
Receiving Reimbursement	-	-	-	-	-	-		-	-
Not Receiving Reimbursement							<u> </u>	<u> </u>	<u> </u>
Total	-	-	-	-	-	-		-	-
Eirofightoro! Land 4044							1		
Firefighters' Local 1014									
Receiving Reimbursement	-	-	-	-	-	-	· ·	-	-
Not Receiving Reimbursement								<u> </u>	
Total	-	-	-	-	-	-	-	-	-
Superior Court									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement	<u> </u>							<u> </u>	
Total	-	-	-	-	-	-	-	-	-
SCAQMD									
Receiving Reimbursement									
	-	-	-	-	-	-	-	-	
Not Receiving Reimbursement									<u> </u>
Total	-	-	-	-	-	-	-	-	-
All Momboro									
All Members									
Receiving Reimbursement	-	-	-	-	-	-	-	-	-
Not Receiving Reimbursement								<u> </u>	<u> </u>
Grand Total Medicare Part B	-	-	-	-	-	-	-	-	-
Dental/Vision Plans									
LA County									
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision			<u> </u>			<u> </u>		<u> </u>	<u> </u>
Total	-	-	-	-	-	-	-	-	-
Firefighters' Local 1014									
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision	-	-	<u> </u>	-	-	<u> </u>			<u> </u>
Total	-	-	-	-	-	-	-	-	-
Superior Court									
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision							<u> </u>		
Total	-	-	-	-	-	-	-	-	-
							1		
SCAQMD							1		
Cigna Indemnity Dental/Vision	-	-	-	-	-	-	-	-	-
Cigna Dental HMO/Vision			<u> </u>	-			<u> </u>	<u> </u>	<u> </u>
Total	-	-	-	-	-	-	-	-	-
							1		
All Members							1		
Cigna Indemnity Dental/Vision	-	-	-	-	-	-		-	-
Cigna Dental HMO/Vision				<u> </u>			<u> </u>	<u> </u>	<u> </u>
Grand Total Dental/Vision	-	-	-	-	-	-	-	-	-



Exhibit C-11 (continued): Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, Spouses, and Dependents Pre and Post Age 65 for Tier 2

			Retirees			Spouses			Total	
Death Benef	7.e *	Pre 65	Post 65	Total	<u>Pre 65</u>	Post 65	<u>Total</u>	Pre 65	Post 65	<u>Total</u>
Death Bener	LA County	-	-	-	NA	NA	NA	-	-	-
	Firefighters' Local 1014	-	-	-	NA	NA	NA	-	-	-
	Superior Court	-	-	-	NA	NA	NA	-	-	-
	SCAQMD				NA	NA	NA			
	Grand Total Death Benefit	-	-	-	NA	NA	NA	-	-	-

* Totals do not include 419 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.



Exhibit C-12: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	2 medical 0 dental	Retirees had YOS (Years of Service) of zero.	YOS was calculated using DOR (Date of Retirement) minus DOH (Date of Hire).
2	2 medical 8 dental	Retirees did not have a valid gender.	Half of the retirees were designated as males and half as females (based off the distribution of gender amongst retiree records).
3	2 medical 1 dental	Dependent did not have a valid gender.	Dependent was given gender opposite of the retiree.
4	342 medical N/A dental	There were no children listed in Retiree and Family or Retiree and Children deduction codes.	To be consistent with the tier, children were added. Children were designated as 19 years old since the average age of LACERA children under 26 is 19; half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
5	1,587 medical 645 dental	There was no spouse listed in Retiree and Spouse, Retiree & Family, or Retiree +1 deduction codes.	To be consistent with the tier, spouses were added. Even in the Retiree+1 case, a spouse was added rather than a child as this is a more conservative addition. Spouses were given a gender opposite of the retiree and DOB (Date of Birth) was determined according to the marriage age difference assumption.
6	0 medical 1 dental	Retiree did not have a valid DOB	DOB was given to the retiree based off the average DOB of retirees in dental data.
7	0 medical 1 dental	Dependent had DepType (Dependent Type) of "O".	DepType was changed to "C" based on the dependent's DOB.
8	107 medical 111 dental	Members were deceased before 7/1/2016.	Removed records from data.

Appendix D: Glossary



The following definitions are excerpts from other actuarial organizations in the United States. In some cases, the definitions have been modified for specific applicability to LACERA. Defined terms are capitalized throughout this Appendix.

- Actuarial Accrued That portion, as determined by a particular Actuarial Cost Method, of the Actuarial Present Value of postemployment plan benefits and expenses which is not provided for by future Normal Costs.
- Actuarial Assumptions as to the occurrence of future events affecting OPEB costs, such as: mortality, termination of employment, disability, retirement; changes in medical costs; and other relevant items.
- Actuarial Cost A procedure for determining the Actuarial Present Value of OPEB program benefits and expenses and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a Normal Cost and an Actuarial Accrued Liability.
- Actuarial Gain (Loss) A measure of the difference between actual experience and that expected based on a set of Actuarial Assumptions during the period between two Actuarial Valuation dates, as determined in accordance with a particular Actuarial Cost Method.
- Actuarial Present The value of an amount or series of amounts payable or receivable at various times, determined as of a given date by the application of a particular set of Actuarial Assumptions.
- Actuarial Valuation The determination, as of a valuation date, of the Normal Cost, Actuarial Accrued Liability, Actuarial Value of Assets, and related Actuarial Present Values for an OPEB plan.
- Actuarial Value of
AssetsThe value of cash, investments and other property belonging to
an OPEB plan, as used by the actuary for the purpose of an
Actuarial Valuation.
- AmortizationThat portion of the ARC that is designed to recognize interest on
and to amortize the Unfunded Actuarial Accrued Liability.



Annual Required	This is the employer's periodic required contribution to a defined
	benefit OPEB plan, calculated in accordance with the set of
. ,	requirements for calculating actuarially determined OPEB
	information included in financial reports.

- Attribution Period The period of an employee's service to which the expected postretirement benefit obligation for that employee is assigned. The beginning of the attribution period is the employee's date of hire. The end of the attribution period is the time of assumed exit from OPEB active member status.
- **Benefit Payments** The monetary or in-kind benefits or benefit coverage to which participants may be entitled under a post employment benefit plan, including health care benefits and life insurance not provided through a retirement program.
- **GASB 43** The statement that establishes financial reporting standards for postemployment benefit <u>plans</u> other than retirement programs.
- **GASB 45** The statement that establishes financial reporting standards for <u>employers</u> that sponsor postemployment benefits other than retirement programs.
- **Net OPEB Obligation** This is the cumulative difference since the effective date of this statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB related debt.
- **Normal Cost** That portion of the Actuarial Present Value of OPEB plan benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method.

Other Postemployment Benefits ("OPEB") This refers to postemployment benefits other than retirement program benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a retirement program, excluding benefits defined as termination benefits or offers.



Present Value of Future Benefits	This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is:
	(a) Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, death, disability, termination of employment, etc.; and
	(b) Discounted at the assumed discount rate.
Projected Benefits	Those OPEB plan benefit amounts which are expected to be paid at various future times under a particular set of Actuarial Assumptions, taking into account such items as the effect of advancement in age and past and anticipated future compensation and service credits.
Substantive Plan	The terms of the OPEB plan as understood by an employer that provides postretirement benefits and the employees who render services in exchange for those benefits. The substantive plan is the basis for the accounting for the plan.
Trend Rate	The rate of increase in per person health costs paid by a plan as a result of factors such as price increases, utilization of healthcare services, plan design, and technological developments.
Unfunded Actuarial Accrued Liability	The excess of the Actuarial Accrued Liability over the Actuarial Value of Assets.



Appendix E: Medical Plan Comparisons

Comparisons are from the following areas of the LACERA website:

http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison.pdf http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_ooa.pdf http://www.lacera.com/healthcare/pdf/healthcare_charts/plan_comparison_medicare.pdf



COMPARISON OF MEDICAL PLANS

2016

Effective July 1, 2016

Indemnity Medical Plans

- Anthem Blue Cross I
- Anthem Blue Cross II
- Anthem Blue Cross Prudent Buyer Plan

Health Maintenance Organizations (HMOs)

- Cigna Network Model Plan (Arizona and California only)
- Kaiser Permanente (California only)
- UnitedHealthcare

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents that legally govern each plan's operation.

The benefits offered by all LACERA-administered health plans change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area can impact your plan's rates and coverage levels.

	Indemnity Insurance Plans	
	Anthem Blue Cross I	Anthem Blue Cross II
Calendar Year Deductibles/Copayments	\$100 – individual; \$100 – family	\$500 – individual; \$1,500 – family
Annual Maximum Out-of-Pocket Expenses (for most services)	N/A	\$2,500, including deductible (Does not include amounts over allowable charges)
Lifetime Maximum Benefits	\$1,000,000	\$1,000,000
Hospital Benefits		
Room and Board	\$75 per day maximum ¹ ; \$150 per day maximum special care unit ¹	90% for PPO hospital ² ; 80% non-PPO for semi-private room; special care unit up to 2.5 times semi-private room rate
Surgical Services	80%1	80%
Hospital Services and Supplies	100% ¹	90% PPO hospital ² ; 80% non-PPO hospital
Hospital Admission Authorization Requirements	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice	Preadmission authorization required in advance (on first business day following emergency admission) unless covered by Medicare Part A. \$200 deductible for unauthorized hospital admission or late notice
Nursing Benefits		
Skilled Nursing Facility Care	70% (in-network) or 50% (out-of-network) up to \$150 per day for up to 100 days per calendar year ¹	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year ¹
Private Duty Nurses	80% in accordance with requirements	80% in accordance with requirements
Home Healthcare	100% in accordance with requirements ¹	100% in accordance with requirements ¹
Hospice Care	100% up to plan limitations, in accordance with requirements ¹	100% in accordance with requirements ¹
Emergency Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum special care unit ¹	90% PPO hospital ² ; 80% non-PPO hospital
Outpatient	100% at a hospital only ¹	80%
Ambulance	80% for transportation to first hospital where care is given	80% for transportation to first hospital where care is given
Outpatient Benefits		
Doctor's Office Visits	80%	80%
Preadmission X-Ray and Lab Tests Routine Checkups, CA only	100% ¹	100% ¹
—Adult	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250
-Children Under 17 Immunizations	\$25 copay in-network; 80% out-of-network Not covered except for children under age 17	\$25 copay in-network; 80% out-of-network Not covered except for children under age 17
Immunizations Outpatient Surgical Services	100% ¹	100% ¹ (80% hospital facility fees)
Physical Therapy	80% in accordance with requirements	80% in accordance with requirements
Speech Therapy	80% in accordance with requirements	80% in accordance with requirements
Maternity	80% in accordance with requirements	80% in accordance with requirements
Prescription Drug Benefits		
Prescription Drugs	Retail: 80% in-network; 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)	Retail: 80% in-network; 60% out-of-network Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)
Mental Health and Substance Abuse Benefi		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum intensive care ¹	90% PPO; 80% non-PPO
Outpatient	80% of covered expenses	80% of covered expenses
Vision Benefits		
Eye Exams	Covered after accident only ³	Covered after accident only ³
Lenses	Covered after accident ³ and after eye surgery	Covered after accident ³ and after eye surgery
Frames	Covered after accident ³ or eye surgery only	Covered after accident ³ or eye surgery only
Hearing Care Benefits		, , , ,
Hearing Exams	Covered after accident only ³	Covered after accident only ³
Hearing Aids	Covered after accident only ³	Covered after accident only ³

Comparison of Medical Plans

	HMOs
Anthem Blue Cross Prudent Buyer Plan	Cigna Network Model Plan
\$100 – individual; \$200 – family	None
N/A	\$1,500 – individual; \$3,000 – family
\$1,000,000	Unlimited
80% Prudent Buyer; 70% non–Prudent Buyer with \$75 per day maximum; \$150 per day intensive care (for non–Prudent Buyer)	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	No charge for inpatient or outpatient
80% Prudent Buyer; 70% non–Prudent Buyer (up to \$250 per day for non–Prudent Buyer)	No charge
Authorization by a Prudent Buyer physician required. Non–Prudent Buyer physicians must contact Anthem Blue Cross	Authorization by a Cigna HealthCare physician required within 48 hours in case of emergency outside service area
80% of semi-private room rate for up to 100 days per confinement period	No charge; limit 60 days per contract year (limit 100 days per contract year
	for CA only)
80% in accordance with requirements	No charge if authorized by a Cigna HealthCare physician (100 visits per contract year together with Home Healthcare)
100% in accordance with requirements	No charge; limited 60 visits per contract year (100 visits per contract year for CA only) together with Private Duty Nursing
100% up to plan limitations, in accordance with requirements ¹	No charge
200/ Drudent Duyer 700/ nen Drudent Duyer	No charge
80% Prudent Buyer; 70% non–Prudent Buyer	No charge
80% Prudent Buyer; 70% non–Prudent Buyer	\$50 copay; waived if admitted; \$25 copay for urgent care center
	5
80% Prudent Buyer; 70% non–Prudent Buyer	\$50 copay; waived if admitted; \$25 copay for urgent care center
80% Prudent Buyer; 70% non–Prudent Buyer 80%	\$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician
80% Prudent Buyer; 70% non–Prudent Buyer 80% 80% Prudent Buyer; 70% non–Prudent Buyer	\$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay
80% Prudent Buyer; 70% non–Prudent Buyer 80% 80% Prudent Buyer; 70% non–Prudent Buyer 100% Prudent Buyer; 70% non–Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20 Not covered except for children under age 17	\$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge
80% Prudent Buyer; 70% non–Prudent Buyer 80% 80% Prudent Buyer; 70% non–Prudent Buyer 100% Prudent Buyer; 70% non–Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20	\$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge \$5 copay
80% Prudent Buyer; 70% non–Prudent Buyer 80% 80% Prudent Buyer; 70% non–Prudent Buyer 100% Prudent Buyer; 70% non–Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20 Not covered except for children under age 17 100% ¹ Prudent Buyer (Hospital facility fees: 80% Prudent Buyer;	 \$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge \$5 copay No charge (after \$5 office visit copay, if applicable)
80% Prudent Buyer; 70% non–Prudent Buyer 80% 80% Prudent Buyer; 70% non–Prudent Buyer 100% Prudent Buyer; 70% non–Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20 Not covered except for children under age 17 100% ¹ Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non–Prudent Buyer)	 \$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge \$5 copay No charge (after \$5 office visit copay, if applicable) No charge \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only)
80% Prudent Buyer; 70% non–Prudent Buyer 80% 80% Prudent Buyer; 70% non–Prudent Buyer 100% Prudent Buyer; 70% non–Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20 Not covered except for children under age 17 100% ¹ Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non–Prudent Buyer) 80% Prudent Buyer; 70% non–Prudent Buyer	 \$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge \$5 copay No charge (after \$5 office visit copay, if applicable) No charge \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined
80% Prudent Buyer; 70% non-Prudent Buyer 80% 80% Prudent Buyer; 70% non-Prudent Buyer 100% Prudent Buyer; 70% non-Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20 Not covered except for children under age 17 100% 1 Prudent Buyer; (Hospital facility fees: 80% Prudent Buyer; 70% non-Prudent Buyer) 80% Prudent Buyer; 70% non-Prudent Buyer 80% in accordance with requirements 80% Prudent Buyer; 70% Non-Prudent Buyer; in accordance	 \$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge \$5 copay No charge (after \$5 office visit copay, if applicable) No charge \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; for initial visit to confirm pregnancy; no charge for subsequent
80% Prudent Buyer; 70% non-Prudent Buyer 80% 80% Prudent Buyer; 70% non-Prudent Buyer 100% Prudent Buyer; 70% non-Prudent Buyer \$25 copay; covered in-network only; maximum of \$250 \$25 copay in-network; out-of-network covered up to \$20 Not covered except for children under age 17 100% ¹ Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non-Prudent Buyer) 80% Prudent Buyer; 70% non-Prudent Buyer 80% in accordance with requirements 80% Prudent Buyer; 70% Non-Prudent Buyer; in accordance with requirements 80% in-network; out-of network coverage may vary. Contact Anthem Blue Cross for more information. Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty for a 90-day supply /specialty copay prorated	 \$50 copay; waived if admitted; \$25 copay for urgent care center No charge when true emergency authorized by a Cigna HealthCare physician \$5 copay No charge \$5 copay No charge (after \$5 office visit copay, if applicable) No charge \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only) \$5 copay for initial visit to confirm pregnancy; no charge for subsequent maternity visits Retail: \$7 copay for 30-day supply;

Not covered	\$10 copay; limit one exam every 12 months through Cigna Vision
One pair, after eye surgery	Covered after cataract surgery
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered

Kaiser Permanente	
None	None
Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
Unlimited	Unlimited
No charge	No charge
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser Permanente physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating UnitedHealthcare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; up to 100 days per benefit period
No charge if authorized by Kaiser Permanente physician	No charge (if medically necessary)
No charge if authorized by Kaiser Permanente physician	No charge; 100 visits maximum per calendar year
No charge if authorized by Kaiser Permanente physician (up to 100 2-hour visits per calendar year)	No charge when authorized by a UnitedHealthcare participating physician or medical group. Prognosis of life expectancy of one year or less.
No charge	No charge
\$5 at Kaiser Permanente facility; waived if admitted directly to the hospital	\$50; waived on admission
No charge if emergency	No charge when medically necessary
\$5 copay	\$5 copay
No charge	No charge with an office visit
\$5 copay	\$5 copay; no charge for age 2 and under
No charge if generally available	\$5 copay; no charge for age 2 and under
\$5 copay	No charge
\$5 сорау	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	No charge; office visit copays are waived after initial office visit copay
\$7 copay for up to 100-day supply; can be in person, through mail order, by telephone, or online at www.kp.org/myhealthmanager	Retail: \$7 copay for 30-day supply; Mail order: \$7 copay for 90-day supply
No charge; for an unlimited number of days	No charge; for an unlimited number of days (both Mental Health and Substance Abuse)
\$5 copay per visit; for an unlimited number of visits	Mental Health: \$5 copay; for an unlimited number of visits, must be authorized through UnitedHealthcare Behavioral Health ⁵
	Substance Abuse: No charge; for an unlimited number of visit (Includes Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment)
\$5 copay	\$5 copay through PCP ⁵
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	\$5,000 maximum benefit every 3 years. Limited to a single hearing aid (including repair/replacement every 3 years).

Carrier Notes:

Anthem Blue Cross Plans I, II, and Prudent Buyer

Coinsurance payment is the percentage of eligible charges after you meet the plan deductible, unless otherwise noted. All plan reimbursements are based on negotiated rates or usual and customary charges. Usual and Customary charges are the maximum amounts the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

¹ Indicates deductible waived.

Anthem Blue Cross II

² For non–Medicare members only.

Anthem Blue Cross I and II

³ Treatment must be due to an accidental injury while insured and treatment must be received within two years of accident.

HMOs

Medical care must be received from HMO or contracted provider, physician or facility.

Mental Health Benefits for California Base Contracts: refer to evidence of coverage.

UnitedHealthcare

- ⁴ Refer to UnitedHealthcare HMO Schedule of Benefits and Evidence of Coverage for detailed plan information.
- ⁵ Your PCP is your Preferred Care Provider in the UnitedHealthcare HMO.

Effective July 1, 2016

2016

Health Maintenance Organizations (HMOs) and

Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Permanente Colorado
- Kaiser Permanente Georgia
- Kaiser Permanente Hawaii
- Kaiser Permanente Oregon

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents, which legally govern each plan's operation.

The health plans and benefit designs available from the LACERA-administered options change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area will impact your eligibility to be enrolled in the health plan, the benefit designs available and the rates you pay.

Note: The benefit levels contained in this booklet are subject to approval by the Centers for Medicare and Medicaid Services (CMS) and may be adjusted during the plan year.

BASIC (UNDER 65 OR OVER 65 WITHOUT MEDICARE COVERAGE) HMOs

	Kaiser Permanente – Colorado	Kaiser Permanente – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket	Individual – \$2,000	Individual – \$2,000
Expenses (for most services)	Family – \$4,500	Family – \$4,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge	Inpatient – no charge
	Outpatient – \$50 copay	Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	Durable medical equipment covered at 80%
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge if authorized
Hospice Care	No charge	No charge if authorized
Emergency Benefits		-
Inpatient	\$100 copay (waived if admitted)	\$100 (waived if admitted)
Outpatient	\$100 copay	\$100 (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$25 copay for after-hours care; \$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Maternity	\$5 copay	\$15 copay for 1st visit; no charge thereafter
Prescription Drug Benefits		, ,
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente; \$25 generic/\$40 brand copay for up to 30-day supply at Rite Aic or Walgreens
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 copay
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 copay per admission (detox only)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact	\$100 credit toward lenses, contact lenses
Frames	lenses or frames combined every 2 years	or frames combined every 2 years
Hearing Exam	\$5 copay	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon
None	None
Individual – \$2,500 (including prescription drugs) Family (3 or more) – \$7,500 (including prescription drugs)	Individual – \$600 Family – \$1,200
Unlimited	None
\$50/day	No charge
No charge	Inpatient – no charge Outpatient – \$5 copay
Durable medical equipment covered at 80%; diabetes equipment covered at 50%	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 120 days per accumulated period	No charge; 100 days per year
Not covered	Not covered
No charge if authorized	No charge if authorized; limited to 130 days
No charge if authorized	No charge
\$50/visit within service area; 20% copay outside of service area (waived if admitted)	\$75 copay (waived if admitted)
\$50/visit within service area; 20% copay outside of service area	\$75 copay (waived if admitted)
No charge	\$75 copay
\$15 copay	\$5 copay
No charge	No charge
No charge	No charge
No charge	No charge
No charge	No charge for routine
\$15 copay	\$5 copay
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year
\$15 copay	\$5 copay; up to 20 visits per therapy, per calendar year
No charge (after confirmation of pregnancy)	Hospitalization – no charge; doctor's office visit – no charge
	\$5 copay for up to 30-day supply

\$50/day*	No charge
\$15 copay*	\$5 copay
\$50/day	No charge
\$15 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	No charge
\$15 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$15 copay	\$5 copay
Covered at 40%	Covered for children only

*When prescribed by a physician, services for serious mental illness will be provided in accordance with state law.

RETIREE WITH MEDICARE MA-PD HMOs

	Kaiser Permanente – Colorado	Kaiser Permanente – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,500	Individual – \$2,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge; outpatient – \$50 copay	Inpatient – no charge; outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	No charge
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge if authorized
Hospice Care	No charge (only home-based hospice care)	No charge
Emergency Benefits		
Inpatient	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient	\$50 copay	\$50 copay (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist visit)*	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	Copay varies
Routine Checkups		
– Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Maternity	No charge	No charge
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser Permanente; \$25 generic/\$40 brand copay for 30-day supply at Rite Aid or Walgreens
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 per admission
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or	\$100 credit toward lenses and/or frames
Frames	frames combined every 2 years	combined every 2 years
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies. *All office-administered prescription drugs covered by Medicare Part B (except preventive immunizations and diagnostic drugs) will be subject to 20% coinsurance. This coinsurance will apply to the annual maximum out-of-pocket expenses.

Kaiser Permanente – Hawaii	Kaiser Permanente – Oregon	
None	None	
Individual – \$2,500 Family – \$7,500	Individual – \$600	
Unlimited	None	
\$50/day	No charge	
No charge	No charge	
No charge	No charge	
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physici	
No charge; 100 days per year	No charge; 100 days for Medicare benefits period	
Not covered	Not covered	
No charge if authorized	No charge; unlimited visits	
No charge if authorized	No charge	
-	-	
\$50 per visit	\$50 copay (waived if admitted)	
\$50 per visit	\$50 copay (waived if admitted)	
No charge	\$50 copay	
\$15 copay	\$5 copay	
No charge	No charge	
No charge	No charge	
No charge	Not covered	
No charge	No charge	
\$15 copay	\$5 copay	
\$15 copay	\$5 copay; unlimited visits	
\$15 copay	\$5 copay; unlimited visits	
No charge (after confirmation of pregnancy)	No charge	
\$10 copay for up to 30-day supply	\$5 copay for a 30-day supply	
\$50/day**	No charge	
\$15 copay**	\$5 copay	
\$50/day	No charge	
\$15 copay	\$5 copay	
\$15 copay	\$5 copay	
Not covered	\$150 credit toward the purchase of lenses, frames, and/or contact lenses every 24 months	
Not covered		
\$15 copay	\$5 copay (adults/children)	

**When prescribed by a physician, services for serious mental illness will be provided in accordance with state law.

Comparison of Medical Plans

For those enrolled in Medicare Parts A and B

Effective July 1, 2016

Medicare Supplement Plan

Anthem Blue Cross III

Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Permanente Senior Advantage
- UnitedHealthcare Medicare Advantage HMO
- SCAN Health Plan

This chart represents a summary of benefits only. Additional benefit information is provided by each insurance carrier. This chart does not replace or modify the official documents that legally govern each plan's operation. The benefits offered by all LACERA-administered health plans change when an enrolled member permanently moves outside the provider network area. Moving to a location outside the coverage area can impact your plan's rates and coverage levels.

Comparison of Medical Plans (For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

	Medicare Supplement			
	Anthem Blue Cross III	Kaiser Permanente Senior Advantage	SCAN ¹	UnitedHealthcare Medicare Advantage HMO
Outpatient Benefit	S			
Doctor's Office Visit	20% of Medicare-approved charges	\$5 copay	\$5 copay	\$5 copay
Preadmission X-ray and Lab Tests	20% of Medicare-approved charges	No charge	No charge	No charge with an office visit copay
Routine Checkups	Not covered	No charge	\$5 copay	No charge
Immunizations	Not covered	No charge	No charge	No charge with an office visit copay
Outpatient Surgical Services	20% of Medicare-approved charges	\$5 copay per procedure	No charge	No charge
Physical Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Speech Therapy	20% of Medicare-approved charges	\$5 copay	\$5 copay	No charge with an office visit copay
Maternity	Covered the same as an illness for services covered by Medicare	\$5 copay	Covered as any illness	Covered in accordance with Medicare guidelines
Chiropractic Care	20% of Medicare-approved charges	\$5 copay for Medicare- covered services ³	\$5 copay for Medicare-covered services ³	\$5 copay for Medicare- covered services ³
Transportation	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	Not covered
Prescription Drug	Benefits			
Prescription Drugs	Retail: 80% in-network, 60% out-of-network Mail order: \$10 generic/ \$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply ⁴	\$7 copay for up to 100- day supply; covers dental prescriptions	Retail: \$7 generic/\$15 brand Mail order: \$7 generic/ \$15 brand for 90-day supply	\$7 copay for 30-day supply (or for 90-day mail order supply for maintenance medications only)
Mental Health and	Substance Abuse Benefits			
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; for unlimited number of days	No charge; 190-day lifetime maximum in Medicare facility ²	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	20% of Medicare-approved charges; up to 50 professional visits per year	\$5 copay for each visit per calendar year for an unlimited number of visits	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
Substance Abuse	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5 per individual visit; \$2 per group visit	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision Benefits				
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/ contacts) purchased from	Not covered	Not covered
Frames	Not covered unless after eye surgery	plan optical sales every 24 months; \$150 allowance	Not covered	Not covered
Hearing Care Bene	fits			
Hearing Exams	One per calendar year; 80%	\$5 copay	\$5 copay	\$5 copay ⁶
Hearing Aids	50% up to \$300 lifetime maximum	Not covered	\$300 allowance per aid, every 24 months (\$600 total)	Not covered

Comparison of Medical Plans (For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

	Medicare Supplement	Medicare Advantage Prescription Drug (MA-PD) HMOs		
	Anthem Blue Cross III	Kaiser Permanente Senior Advantage	SCAN ¹	UnitedHealthcare Medicare Advantage HMO
Calendar Year Deductibles	None	None	None	None
Annual Maximum Out-Of-Pocket Expenses (for most services)	None	Maximum copayments of \$1,500 – individual \$3,000 – family	\$3,400	\$6,700
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Benefits				
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Nursing Benefits				
Skilled Nursing Facility Care	Plan pays Medicare daily deductible for days 21–100; no coverage beyond 100 days	No charge; 100 days per benefit period in a Medicare- certified facility	No charge; 100 days per benefit period in a Medicare- certified facility	No charge; 100 days per benefit period in a Medicare-certified facility
Private Duty Nurses	Not covered	No charge if authorized by a Kaiser Permanente physician	No charge when medically necessary only, per Medicare guidelines	No charge when medically necessary only, per Medicare guidelines
Home Healthcare	100% of all remaining costs not covered by Medicare	No charge for Medicare-covered Home Health and no charge for part-time intermittent care if authorized by a Kaiser Permanente physician	No charge for Medicare- covered Home Health. See (¹) below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser Permanente physician	No charge	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
Outpatient	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

¹ SCAN includes expanded coverage for Independent Living Power[™] services. Qualifying members are eligible for up to \$500 per month of these additional services.

- No charge for personal care coordination via phone

- \$15 copay per month for emergency response system

- \$15 copay per visit for alternative caregiver visit to a member's home when his or her regular caregiver is not available

- \$15 copay per visit for adult day care to provide relief for regular caregiver

- No copay for up to five days in a facility when regular caregiver is unavailable

- \$15 copay per visit for transportation escort to medical, dental, optometric or other necessary appointments

- \$15 copay per visit for personal care such as assistance with bathing, dressing, eating, getting in and out of bed, moving about/walking and grooming

- \$15 copay per visit for homemaker services such as light cleaning, grocery shopping, laundry and meal preparation

- No copay for home-delivered meals

- No copay for inpatient custodial care up to 5 days in a facility. Medicare will not pay for a stay in a facility if the services received are primarily for those purposes.

— Healthways SilverSneakers[®] Fitness Program available at no extra cost.

² Note: Visit or day limits do not apply to certain mental healthcare described in the evidence of coverage.

³ Manual manipulation of the spine to correct subluxation that can be demonstrated by X-ray, when the manipulation is prescribed by plan physician and performed by plan provider.

⁴ Copayment for specialty drugs will be prorated if you receive less than a 90-day supply

⁵ UnitedHealthcare Medicare Advantage HMO includes coverage for Solutions for Caregiver's services — No charge for advice, information and referrals. See the Caregiver flyer included in the materials received after enrollment in the plan for additional services.

⁶ UnitedHealthcare Medicare Advantage HMO Audiology screenings are offered through contracted audiologists in the Epic network. The Epic network includes all locations in the Newport Audiology network.

Appendix F: Firefighters Local 1014 Medical Plan

The description of the Firefighters Local 1014 Medical Plan is from selected pages of the following website:

http://www.local1014medical.org/docs/2012spd_v5%20%283%29.pdf





Benefits-at-a-Glance

(For Details, Please Turn to What the Plan Covers and What the Plan Does Not Cover)

Annual Deductible	nual Deductible First \$200 of allowable expenses per person; \$600 Maximum per family			
	In-Network	Out-of-Network		
Annual Out-of-Pocket Limit (Amounts for In-Network and Out-of- Network are combined for the Annual Out-of-Pocket Limit)	10% of allowable expenses after satisfaction of the deductible, maximum \$1,000 per person or family per year (after you pay the deductible)	30% of allowable expenses after satisfaction of the deductible, maximum \$1,500 per person or family per year ¹ (after you pay the deductible)		
Preventive Care	In-Network	Out-of-Network		
Well- baby care	100%, no deductible, for the baby's first 2 years	100%, no deductible, for the baby's first 2 years ¹		
Immunizations	100%, no deductible, paid through the wellness benefit for ages 2 and over.	100%, no deductible, paid through the wellness benefit for ages 2 and over. ¹		
Wellness Benefit	100%, no deductible; annual preventive exam and screenings, including "fit for life" exam, and immunizations.	100%, no deductible; annual preventive exam and screenings, including "fit for life" exam, and immunizations. ¹		
Cancer Screenings	100%, no deductible for PAP, mammogram, PSA and colonoscopy covered according to American Cancer Society guidelines	100%, no deductible for PAP, mammogram, PSA and colonoscopy covered according to American Cancer Society guidelines ¹		
Medically Necessary Care	In-Network	Out-of-Network		
Ambulance	90% after deductible, up to annual	out-of-pocket limit, 100% thereafter ¹		
Doctor's office visits	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹		
Emergency room	90% after deductible, up to annual out-of-pocket limit, 100% thereafter; \$50 additional copay per visit (waived if referred by a physician or admitted as an inpatient)	70% after deductible, up to annual out-of-pocket limit, 100% thereafter; \$50 additional copay per visit (waived if referred by a physician or admitted as an inpatient) ¹		
Hospital care (Providers must request Pre-authorization from Anthem Blue Cross)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹		
Maternity (No preauthorization required for uncomplicated obstetrical care)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹		
Surgery (Providers must request Preauthorization from Anthem Blue Cross for all inpatient surgery and any outpatient procedure that might be considered experimental, investigational or cosmetic. Organ and tissue transplants and any weight loss surgery is covered under Anthem Blue Cross Center of Expertise (COE) only.)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹		



Benefits-at-a-Glance

(For Details, Please Turn to What the Plan Covers and What the Plan Does Not Cover)

Medically Necessary Care	In-Network	Out-of-Network	
X-Rays and lab tests	90% after deductible, up to annual out-of-pocket limit, 100% thereafter; (excludes periodic health exams)	70% after deductible, up to annual out-of-pocket limit, 100% thereafter; (excludes periodic health exams) ¹	
Prescription Drugs (outpatient) ²	Short-Term (30-Day Supply) From a Reta	ail Pharmacy or Mail order	
	In-Network	Out-of-Network ¹	
Generic Brand name (when generic is unavailable) Brand name (when generic is available)	 \$10 copay \$20 copay \$30 copay PLUS the cost difference between the brand name drug and the generic drug 	You pay the entire cost of your prescription up front and submit a claim for reimbursement. You may be reimbursed for 100% of the cost minus the copay. Out-of-network copays are the same as the in-network copays. ¹	
	Maintenance (Up t	to a 90-Day Supply)	
	From a Retail Pharmacy	From Medco Home Delivery	
Generic	\$25 copay		
Brand name (when generic is unavailable)	\$50 copay		
Brand name (when generic is available)	\$75 copay PLUS the cost difference between the brand name drug and the generic drug.		
VSP Vision Care	In-Network	Out-of-Network	
Copayment	\$25 when servi	ces are rendered	
Exams	Once every 12 months	Up to \$45 once every 12 months	
Prescription lenses	Covered once every 12 months. Includes lined bifocal, trifocal,or progressive lenses; polycarbonate lenses, anti-reflective coating and tints, including photochromic.	Covered once every 12 months. Up to \$45 single vision lenses, \$65 lined bifocal, \$85 lined trifocal lenses, or \$85 progressive lenses. \$5 for tints.	
Frames	Covered once every 12 months, up to \$175, plus 20% off additional costs.	Up to \$47 once every 12 months	
Contacts	When you choose contacts instead of glasses, a \$200 allowance applies once every 12 months to the cost of contacts. In addition there is a separate benefit to cover the contact lens fitting and	Up to \$105 once every 12 months	



Benefits-at-a-Glance

(For Details, Please Turn to What the Plan Covers and What the Plan Does Not Cover)

Mental Health/Substance Abuse Care	In-Network	Out-of-Network	
Outpatient care	90% after deductible, up to annual out-of-pocket limit, 100% thereafter.	70% after deductible, up to annual out-of-pocket maximum, 100% thereafter. ¹	
Inpatient care (Both in-network and out-of-network requires preauthorization from Anthem Blue Cross)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter.	70% after deductible, up to annual out-of-pocket limit, 100% thereafter. ¹	
Additional Benefits	In-Network	Out-of-Network	
Acupuncture	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of chiropractic and acupuncture visits per calendar year.	70% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of chiropractic and acupuncture visits per calendar year. ¹	
Chiropractic care	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of chiropractic and acupuncture visits per calendar year.	70% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of chiropractic and acupuncture visits per calendar year. ¹	
Physical therapy	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits per calendar year.	70% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits per calendar year. ¹	
Occupational therapy	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 6 visits per calendar year.	70% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 6 visits per calendar year. ¹	
Home health care (Requires preauthorization by Local 1014's Patient Care Coordinator)		out-of-pocket limit; 100% thereafter; ts per calendar year ¹	
Hospice care (Requires preauthorization by Local 1014's Patient Care Coordinator) (per diem rates)	90% after deductible, up to annual out of pocket limit; 100% thereafter. Hospice care limited to 180 days and a \$20,000 lifetime maximum ¹		
Skilled Nursing Facility (Providers must request Preauthorization from Anthem Blue Cross)	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; 70 day limit per occurrence		
Transitional Nursing Benefit (Requires preauthorization by Local 1014's Patient Care Coordinator)	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; 400 hour lifetime limit.	70% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum \$100 per hour and 400 hour lifetime limit. ¹	



Benefits-at-a-Glance

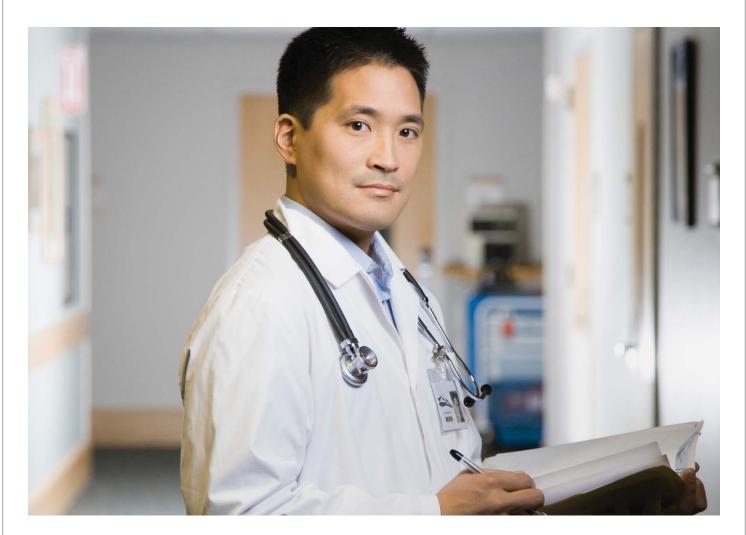
(For Details, Please Turn to What the Plan Covers and What the Plan Does Not Cover)

Dental Benefits	
Adult and Child Orthodontia	100% no deductible, limited to \$2,000 lifetime per individual.
Excess Dental Coverage	100% no deductible, limited to \$1,000 per individual per year for allowable dental expenses after the annual maximum benefit of the underlying indemnity or PPO dental coverage is exceeded. HMO dental plans have no stated annual maximum.
Dental Accident Coverage	100% no deductible, limited to \$10,000 as the result of any one accident for allowable dental expenses within 180 days of the accident.

¹ Allowable expenses for Out-of-Network services are limited to Reasonable and Customary charges, which are defined as the fees and charges customarily accepted as payment for medically necessary health care services and supplies in a specific geographical area.

² The Plan covers prescription drugs only for the treatment of a condition as approved by the Food and Drug Administration. Many infused and injectable drugs as well as some oral medications require preauthorization by Local 1014's Patient Care Coordinator. Your pharmacist will know which drugs need preauthorization.

³ See glossary for definition



Appendix G: Dental and Vision Plan Description

The dental and vision plan description is from the following area of the LACERA website:

http://www.lacera.com/healthcare/pdf/healthcare_charts/dental_vision_charts.pdf



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Effective July 1, 2016

DE	NTAL PLAN	
	Cigna Indemnity Dental	Cigna Dental HMO
Individual annual deductible Family annual deductible	\$25 \$50	None None
Individual annual maximum benefit	\$1,500	Unlimited
Exams & cleanings Amalgam – 1 surface, permanent Amalgam – 2 surface, permanent Amalgam – 3 surface, permanent Amalgam – 4 surface, permanent Resin or composite – anterior Anterior root canal – permanent Scaling/root planing – per quad Simple extraction Surgical extraction Crown – porcelain to high noble metal Crown – stainless steel	20%* 20%* 20%* 20%* 20%* 20%* 20%* 20%*	\$0** \$0** \$0** \$0** \$0** \$10** \$35** \$10** \$15 - \$50** \$220** \$10**
Post – prefab or crown buildup Orthodontic therapy – child Orthodontic therapy – adult	20%* Not covered Not covered	\$40/\$55/\$65** \$2,240** \$2,840**

* Member pays 20% of usual and customary charges (the maximum amount the plan will pay for a service, based on what providers in that geographic area charge for similar services or supplies). The plan pays 80% after deductible. Procedures with **high** noble gold are covered at 50%, after deductible.

** Member pays this amount, plus additional charges specified in the plan brochure. For post/crown buildup work, the copay amounts apply to different steps in the procedure.

VISION PLAN

Benefit	In-Network Benefits	Out-of-Network Benefits
Spectacle exam*** (Once every 12 months)	\$20 copay; then covered in full. For contact lens fitting and professional services, member pays additional charges	\$25 reimbursement maximum
Lenses (Once every 12 months)		
 Single vision Bifocal Trifocal Lenticular Progressive 	\$40 copay; then covered in full \$40 copay; then up to \$70 allowance	 \$35 reimbursement maximum \$45 reimbursement maximum \$70 reimbursement maximum \$130 reimbursement maximum \$70 reimbursement maximum
Frames (Once every 24 months)	\$50 allowance	\$35 reimbursement maximum
Contact lenses (lifetime m	aximum benefit)	
Hard lensesSoft lenses	\$180 allowance \$230 allowance	\$150 reimbursement maximum \$225 reimbursement maximum



Appendix H: Medicare Part B Reimbursement Plan Description

The Medicare Part B reimbursement plan description is from the following area of the LACERA website:

http://www.lacera.com/healthcare/Medicare/medicare_a_b.html



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<u>Search</u>	LACERA - Healthcare Home > Medicare Enrollmer	nt > <u>Medicare Pa</u>	arts A & B Eligibi	lity	
Search by Topic Brochures & Forms	MEDICARE PARTS A & B ELIGIBILITY				
Brochures & Forms	ELIGIBILITY REQUIREMENTS FOR MED		ТА		
HEALTHCARE	(Hospital Insurance Coverage) Medicare Part A is free to any person age 65 or old				
Medicare Parts A & B Eligibility Medicare Part B	 Eligible to receive a monthly Social Security I Eligible based on wages on which sufficient I 		taxes were paid.		MEDICARE PART
Reimbursement ALERT - Medicare Part D	You automatically apply for Medicare Part A when may also qualify for Part A coverage at age 65, bass for Part A, you do not have to enroll in Part B. If you purchase this coverage.	ed on your eligibi	lity for Social Secu	rity. To be eligible	KAUN NEGRIKE IOGAL IEGOLIN AT JOHN D. GOE Kindi campanian Kindi campanian Kindi campanian Kindi campanian
The Value of Medicare Part B	Medicare Part A is free to any person under age 65	5 who is disabled	and has either:		HOMBLETH DERINGE GARTAN L/2/25 HODDILA NOSINKE GARTAN L/2/25 HODDILA NOSINKE FARTAN HODDILA NOSINKE FARTAN
	 Received Social Security disability benefits for child of a retired, disabled, or deceased work Accumulated a sufficient number of Social S the requirements of the Social Security disab 	er; or ecurity credits to		•	<u>County</u> <u>Reimbursements</u>
	Effective January 2017, the Medicare Part A pr (\$411.00 in 2016) for people who are not elig have fewer than 40 quarters of Medicare-cc inform	ible for premiur	n-free hospital in:	surance and	STOP MEDICARE FRAUD Get valuable tips on preventing Medicare fraud.
	ELIGIBILITY REQUIREMENTS FOR MED (Supplementary medical insurance coverage for phy				Retiree Healthcare Brochures & Forms Page
	When you enroll in Medicare Part A, you are autom decline it. This rule applies to persons age 65 or old				Access and download heathcare forms
	If you pay a premium for Plan A, you must enroll in I coverage is ordinarily deducted from your Social Se		desire that covera	ige. The Part B	
	If you select a LACERA-administered Medicare plan premium amount. This reimbursement program is so				
	If you or your spouse has fewer than 40 quarters of monthly premium for Part A.	Medicare-covere	d employment, you	u must pay a	Register or
	On December 13, 2016, the Board of Supervis Premium Reimbursement Program for 201 enro				<u>Sign In</u>
		about Part B.			
				12/13/16	
Member Service Cente	464 (M-F 7 AM - 5:30 PM) • Fax: 626-564-6155 • Em r: (M-F 7 AM - 5 PM) • <u>Appointment and Workshop R</u> Ave. Pasadena, CA 91101 • Mailing Address: PO Bo:	eservation Syste	em	1	

Appendix I: Results for South Coast Air Quality Management District (SCAQMD)



We were asked by LACERA to provide subtotal results for the South Coast Air Quality Management District (SCAQMD). The plan provisions, assumptions, methods, and census are consistent with Appendix A through Appendix H. The census detail in Appendix C is subdivided for SCAQMD. The tables in this appendix are in the same sequence as the main report.

We utilized the SCAQMD percentage provided by LACERA which is determined based on County and SCAQMD years of service. We assume that the SCAQMD obligation is equal to this percentage multiplied by the employer portion of the obligation.



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Table 1: July 1, 2016 Summary of SCAQMD Paid Liabilities and Cost

	Jul	y 1, 2016	Jul	y 1, 2014	Percentage Change
A. Total Membership					
 Active Members Vested Terminated Members 		1 -		1 -	0.0%
 Retirees and Survivors (Medical Coverage) Total 		<u>56</u> 57		<u>60</u> 61	(6.7%) (6.6%)
B. Total Payroll	\$	60,132	\$	59,921	0.4%
C. Expected SCAQMD Paid First-Year Benefits	\$	262,758	\$	267,685	(1.8%)
D. Present Value of Future Benefits (PVB) ¹	\$	3,672,453	\$	4,681,086	(21.5%)
E. Actuarial Accrued Liability by Member Status					
 Active Members Vested Terminated Members 	\$	298,490 -	\$	341,896 -	(12.7%)
3. Retired Members		3,354,855		4,310,575	(22.2%)
4. Total	\$	3,653,345	\$	4,652,471	(21.5%)
F. Actuarial Accrued Liability by Benefit Type ¹					
1. Retiree Medical	\$	2,780,743	\$	3,717,799	(25.2%)
2. Retiree Dental/Vision		198,959		209,913	(5.2%)
3. Medicare Part B		584,218		622,394	(6.1%)
4. Retiree Death Benefit		89,425		102,365	(12.6%)
5. Total	\$	3,653,345	\$	4,652,471	(21.5%)
G. Assets	\$	-	\$	-	
H. Unfunded Actuarial Accrued Liability	\$	3,653,345	\$	4,652,471	(21.5%)
I. Annual Required Contribution (ARC) ²	\$	150,801	\$	168,919	(10.7%)
J. ARC expressed as a percentage of payroll1. Normal Cost		10.96%		13.94%	(21.4%)
2. UAAL payment		239.82%		267.96%	(10.5%)
3. Total		250.78%		281.90%	(11.0%)

¹ Net of County and Retiree Paid Premiums.

² Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). Assumes an unfunded plan.



Table 2: July 1, 2016 Actuarial Accrued Liability (AAL) at 4.5%Retiree Medical Benefits

	SCAQMD
1. AAL - Total Medical Benefits Retirees Vested Terminateds Actives Total	\$ 6,569,934 - 243,474 \$ 6,813,408
 AAL - County and Retiree Paid Medical Premiums Retirees Vested Terminateds Actives 	\$ 4,032,665 _
Total	\$ 4,032,665
3. AAL - SCAQMD Paid Medical Benefits (1) - (2) Retirees Vested Terminateds Actives Total	\$ 2,537,269 - 243,474 \$ 2,780,743



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Table 2 (Cont): July 1, 2016 Actuarial Accrued Liability (AAL) at 4.5%Retiree Dental and Vision Benefits

	S	CAQMD
 4. AAL - Total Dental & Vision Benefits Retirees Vested Terminateds Actives Total 	\$	463,406 - 15,818 479,224
5. AAL - County and Retiree Paid Dental & Vision Premiums Retirees Vested Terminateds Actives Total	\$	280,265 - - 280,265
 6. AAL - SCAQMD Paid Dental & Vision Benefits (4) - (5) Retirees Vested Terminateds Actives Total 	\$	183,141 - 15,818 198,959



Table 2 (Cont): July 1, 2016 Actuarial Accrued Liability (AAL) at 4.5%Medicare Part B and Retiree Death Benefit

		SCAQMD
 AAL - SCAQMD Paid Medicare Part B Premiums Retirees Vested Terminateds 	\$	546,432 -
Actives	\$	37,786
Total	Φ	584,218
 AAL - SCAQMD Paid Retiree Death Benefit Retirees Vested Terminateds Actives 	\$	88,013 - 1,412
Total	\$	89,425
9. AAL - SCAQMD Paid Benefits (3) + (6) + (7) + (8) Retirees Vested Terminateds Actives Total	\$	3,354,855 - 298,490 3,653,345



Table 3: July 1, 2016 Normal Cost at 4.5%

	SC	CAQMD
 Total Medical Benefits County and Retiree Paid Medical Premiums 		5,356 -
3. Net SCAQMD Paid Medical Benefits (1) - (2)	\$	5,356
 4. Total Dental/Vision Benefits 5. County and Retiree Paid DentalVision Premiums 6. Net SCAQMD Paid Dental/Vision Benefits (4) - (5) 		352 -
		352
7. SCAQMD Paid Medicare Part B Premiums	\$	851
8. SCAQMD Paid Retiree Death Benefit	\$	31
9. Total SCAQMD Normal Cost (3) + (6) + (7) + (8)	\$	6,590
10. Valuation Payroll	\$	60,132
11. SCAQMD Normal Cost as a Percentage of Payroll		10.96%



Table 4: 2016-2017 Annual Required Contribution (ARC) at 4.5%

		SCAQMD
1. Unfunded Actuarial Accrued Liability (UAAL)		
Present Value of Benefits (PVB) Present Value of Future Normal Cost (PVFNC)	\$	3,672,453 19,108
Actuarial Accrued Liability as of July 1, 2016 Fund Balance at July 1, 2016 ¹	\$	3,653,345 -
Unfunded Actuarial Accrued Liability	\$	3,653,345
2. Amortization of UAAL (Level % of Pay)		
Amortization Period (years) ²		30
Amortization Factor UAAL Amortization Payment	\$	25.333 144,211
3. 2016 - 2017 Annual Required Contribution (ARC) on July 1, 2016	Ψ	
Amortization of UAAL Normal Cost	\$	144,211 6,590
Annual Required Contribution (ARC) (As of July 1, 2016)	\$	150,801
4. July 1, 2016 Valuation Payroll	\$	60,132
5. Estimated ARC as a Percentage of Valuation Payroll		250.78%

¹ This assumes an unfunded plan.

² As a cost sharing multiple employer OPEB plan, the ARC is calculated using the same methods and assumptions for all participating employer groups. Therefore, the amounts shown above represent a pro-rata allocation of the Program liabilities and costs attributable to SCAQMD member service and their demographic characteristics.



Table 5: Projected SCAQMD Paid Benefits by Type

Fiscal Year Ending	Me	dical Total	Der	ital/Vision Total	 edicare Part B	Dea	th Benefit	С	Medical ounty and Retiree ontribution	Co	ntal/Vision ounty and Retiree ntribution	-	Total CAQMD d Benefits
6/30/2017 6/30/2018 6/30/2019 6/30/2020 6/30/2021 6/30/2022 6/30/2023 6/30/2024	\$	539,165 537,624 538,525 541,296 540,606 523,454 500,096 471,785	\$	47,654 46,223 44,036 43,043 41,496 39,164 37,004 34,907	\$ 44,317 45,047 44,558 44,052 43,876 42,863 42,777 41,533	\$	10,881 10,252 9,579 8,883 8,186 7,506 6,859 6,253	\$	(349,452) (345,198) (341,249) (337,743) (331,645) (319,708) (306,900) (293,355) (320,021)	\$	(29,808) (28,688) (27,139) (26,298) (25,134) (23,565) (22,103) (20,690)	\$	262,758 265,261 268,309 273,232 277,384 269,714 257,733 240,434
6/30/2025 6/30/2026		454,628 436,960		32,875 30,913	40,261 38,967		5,694 5,184		(279,021) (264,331)		(19,324) (18,014)		235,112 229,679

Projection Basis:

All assumptions are met

No future members are reflected



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Table 6: Impact of Alternative Trend Rates on AAL and ARC

SCAQMD

	Valuation Trend Rates			ation Trend	Valuation Trend Rates Minus 1%	
			(in millions)		
July 1, 2016 AAL Percentage Increase/(Decrease)	\$	3,653,345	\$	4,022,498 10%	\$	3,337,634 (9%)
2016 - 2017 ARC Percentage Increase/(Decrease)	\$	150,801	\$	166,599 10%	\$	137,354 (9%)



Appendix J: Impact of Tier 2



New County employees hired after June 30, 2014 who are eligible for LACERA membership may enroll in the Los Angeles County Retiree Healthcare Benefits Program – Tier 2. The County retiree medical and dental/vision subsidy applies to retiree-only coverage for Tier 2 employees, and new benchmark plans also apply. Additional provisions and details can be found after page J-2 and on the following link of the LACERA website:

https://www.lacera.com/healthcare/RHC-Tier2.html

New claims costs and new probabilities of medical plan and tier selection upon initial enrollment were developed for Tier 2 employees. These can be found in Appendix A. We were asked by LACERA to provide a comparison of results both with and without the application of Tier 2 assumptions. The table shown in this section is similar to Table 1 of this report.

As Tier 2 provisions only apply to employees hired since June 30, 2014, most active and vested terminated employees as well as all of the retirees are currently Tier 1 employees. As such the new Tier 2 assumptions have a minimal effect, reducing the AAL of the total membership by just 0.2%. However, the AAL for Tier 2 employees only is reduced by 46.9% when compared to what the AAL would have been if those employees had been in Tier 1. In the future, as the Tier 2 assumptions apply to more employees and the average service of Tier 2 employees also increases, the impact of reducing the AAL of the total membership will be more significant.



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Table 1: July 1, 2016 Summary of County Paid Liabilities and Cost (All Dollar Amounts in Millions)

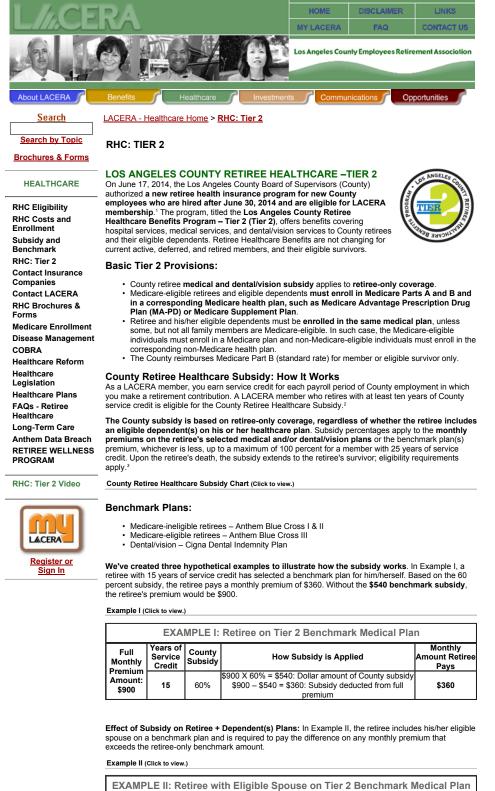
	Ju	ıly 1, 2016	Ju	ily 1, 2016	
		vith Tier 2		hout Tier 2	Percentage
		ovisions ¹		rovisions	Change
A. Total Membership					
 Active Members Vested Terminated Members Retirees and Survivors (Medical Coverage) Total 		95,295 8,207 47,903 151,405		95,295 8,207 47,903 151,405	0.0% 0.0% 0.0% 0.0%
B. Valuation Payroll	\$	7,268.6	\$	7,268.6	0.0%
C. Projected County Paid First-Year Benefits	\$	570.6	\$	570.6	0.0%
D. Present Value of Future Benefits (PVB) ²	\$	40,212.9	\$	41,346.5	(2.7%)
E. Actuarial Accrued Liability by Member Group ²					
 LA County Members Superior Court Members Total 	\$	24,791.9 1,120.7 25,912.6	\$ \$	24,834.1 1,122.0 25,956.1	(0.2%) (0.1%) (0.2%)
F. Actuarial Accrued Liability by Member Status ²					
 Active Members Vested Terminated Members Retired Members Total 	\$	14,547.9 652.5 10,712.2 25,912.6	\$	14,591.3 652.6 10,712.2 25,956.1	(0.3%) (0.0%) 0.0% (0.2%)
G. Actuarial Accrued Liability by Benefit Type ²					
 Retiree Medical Retiree Dental/Vision Medicare Part B Retiree Death Benefit Total 	\$	21,269.9 1,248.2 3,192.8 201.7 25,912.6	\$	21,309.0 1,249.1 3,196.3 201.7 25,956.1	(0.2%) (0.1%) (0.1%) 0.0% (0.2%)
H. Assets	\$	560.8	\$	560.8	0.0%
I. Unfunded Actuarial Accrued Liability	\$	25,351.8	\$	25,395.3	(0.2%)
J. Annual Required Contribution (ARC) ³	\$	1,964.4	\$	2,009.8	(2.3%)
 K. ARC expressed as a percentage of payroll 1. Normal Cost 2. UAAL payment 3. Total 		13.26% 13.77% 27.03%		13.86% 13.79% 27.65%	(4.3%) (0.1%) (2.3%)

¹ Reflects Tier 2 assumptions and plan provisions for Tier 2 employees

² Net of Retiree Paid Premiums

³ Normal cost and 30 year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL)





Spouse only			Spouse
Premium Amount: Amount: \$1,600 \$900 15	60%	\$900 X 60% = \$540: Dollar amount of County subsidy \$1,600 - \$540 = \$1,060: Subsidy deducted from full retiree & spouse premium	\$1,060

Monthly

In Example III, by selecting a lower cost "family" plan for him/herself and eligible spouse, the retiree is able to apply the (higher) benchmark retiree-only subsidy amount to the monthly premium.

Example III (Click to view.)

EXAMPLE III: Retiree with Eligible Spouse on Tier 2 Benchmark Medical Plan								
Full Monthly Retiree &		Years of Service Credit	County Subsidy	How Subsidy is Applied	Monthly Amount Retiree Pays for Self and Spouse			
Spouse Premium Amount: \$1,295			60%	\$650 X 60% = \$390: County subsidy dollar amount for this plan \$900 X 60% = \$540: Maximum County subsidy dollar amount (based on benchmark plan) \$1,295 - \$540 = \$755: Benchmark subsidy deducted from full retiree & spouse premium	\$755			

Retirees Eligible for Medicare

- · Mandatory enrollment in LACERA-administered Medicare Plans
 - Must enroll in Medicare Parts A and B
 Must enroll in Tier 2 Medicare Advantage Prescription Drug Plan (MA-PD) or Medicare
 - supplement plan
- Also applies to eligible dependents who are Medicare-eligible
 County subsidizes the full amount of the retiree's standard self-only Medicare Part B Premium; subsidy is tax-free provided the retiree meets eligibility requirements
- Medical benchmark plan: retiree-only coverage in the Anthem Blue Cross III plan

Retirees Ineligible for Medicare

· Medical benchmark plan: retiree-only coverage in the Anthem Blue Cross I & II plan

Eligible Dependents

Eligible dependents include the member's spouse, domestic partner, minor child(ren), or disabled dependent children who meet the eligibility requirements, as defined by LACERA's Retiree Healthcare Administrative Guidelines.4

County Retiree Healthcare Subsidy: Service-connected Disability Retirement A LACERA member who retires with a service-connected disability (SCD) will receive a County retiree healthcare subsidy equal to the greater of:

50 percent of the cost of the applicable benchmark plan retiree-only premium (members with less

than 13 years of service credit), or • the County healthcare subsidy to which the retiree is otherwise entitled

¹Affected new employees first became eligible for LACERA membership on or after August 1, 2014 and were not eligible for reciprocity with a reciprocal agency based on service prior to August 1, 2014. ²Reciprocal Agency East City Employees' Retirement System (LACERS) service credit also applies to the extent granted under the 2004 Reciprocal Agreement between LA. County and the City of Los Angeles.

³Retiree must have eligible spouse or domestic partner or minor child at retirement and designate him or her to receive a monthly

continuing henefit Frefer to bookiet entitled "Exploring Your Healthcare Benefits Through LACERA," available on the Retiree Healthcare Brochures & Forms page on lacera.com.

For medical and dental/vision premium rates and other retiree healthcare information, visit the Retiree Healthcare section of lacera.com or call 800-786-6464 and press 1. Email: healthcare@lacera.com.

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