



Los Angeles County Employees Retirement Association

2018 Monthly Premium **RATES**

**For the LACERA Group Medical Insurance Plans
and Group Dental/Vision Plans**

TIER 1 AND TIER 2

Effective July 1, 2018

Tier 1

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County of Los Angeles Contribution—Tier 1 (County employees with hire date before July 1, 2014)

The County contributes an amount equal to a percentage of your healthcare plan premium or the benchmark Anthem Blue Cross I, Anthem Blue Cross II indemnity medical plans, and the Cigna indemnity dental/vision plan, whichever is less.

- For members with 10 years of retirement service credit, the County contributes 40% of your healthcare plan premium or 40% of the benchmark plan rate (Anthem Blue Cross Plans I and II for medical and Cigna for dental/vision), whichever is less.
- For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year of your healthcare plan premium or 4% of the benchmark plan rate (Anthem Blue Cross Plans I and II for medical and Cigna for dental/vision), whichever is less, up to a maximum of 100% for a member with 25 years of service credit. You are responsible for any premium difference each month on premiums exceeding the benchmark amounts (including those with 25 years of service).

Tier 1

Anthem Blue Cross I**

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(211)	(212)	(213)	(214)
Less than 10*	\$ 1,147.49	\$ 2,067.52	\$ 2,438.53	\$ 1,517.73
10 to 11*	\$ 688.49	\$ 1,240.51	\$ 1,463.12	\$ 910.64
11 to 12*	\$ 642.59	\$ 1,157.81	\$ 1,365.58	\$ 849.93
12 to 13*	\$ 596.69	\$ 1,075.11	\$ 1,268.04	\$ 789.22
13 to 14	\$ 550.80	\$ 992.41	\$ 1,170.49	\$ 728.51
14 to 15	\$ 504.90	\$ 909.71	\$ 1,072.95	\$ 667.80
15 to 16	\$ 459.00	\$ 827.01	\$ 975.41	\$ 607.09
16 to 17	\$ 413.10	\$ 744.31	\$ 877.87	\$ 546.38
17 to 18	\$ 367.20	\$ 661.61	\$ 780.33	\$ 485.67
18 to 19	\$ 321.30	\$ 578.91	\$ 682.79	\$ 424.96
19 to 20	\$ 275.40	\$ 496.20	\$ 585.25	\$ 364.26
20 to 21	\$ 229.50	\$ 413.50	\$ 487.71	\$ 303.55
21 to 22	\$ 183.60	\$ 330.80	\$ 390.16	\$ 242.84
22 to 23	\$ 137.70	\$ 248.10	\$ 292.62	\$ 182.13
23 to 24	\$ 91.80	\$ 165.40	\$ 195.08	\$ 121.42
24 to 25	\$ 45.90	\$ 82.70	\$ 97.54	\$ 60.71
25 or more	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement				
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:				
	\$ 573.75	\$ 1,033.76	\$ 1,219.27	\$ 758.87

COBRA				
	\$ 1,170.44	\$ 2,108.87	\$ 2,487.30	\$ 1,548.08

**Benchmark Plan (Medical)

Tier 1

Anthem Blue Cross II**

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(221)	(222)	(223)	(224)
Less than 10*	\$ 1,147.49	\$ 2,067.52	\$ 2,438.53	\$ 1,517.73
10 to 11*	\$ 688.49	\$ 1,240.51	\$ 1,463.12	\$ 910.64
11 to 12*	\$ 642.59	\$ 1,157.81	\$ 1,365.58	\$ 849.93
12 to 13*	\$ 596.69	\$ 1,075.11	\$ 1,268.04	\$ 789.22
13 to 14	\$ 550.80	\$ 992.41	\$ 1,170.49	\$ 728.51
14 to 15	\$ 504.90	\$ 909.71	\$ 1,072.95	\$ 667.80
15 to 16	\$ 459.00	\$ 827.01	\$ 975.41	\$ 607.09
16 to 17	\$ 413.10	\$ 744.31	\$ 877.87	\$ 546.38
17 to 18	\$ 367.20	\$ 661.61	\$ 780.33	\$ 485.67
18 to 19	\$ 321.30	\$ 578.91	\$ 682.79	\$ 424.96
19 to 20	\$ 275.40	\$ 496.20	\$ 585.25	\$ 364.26
20 to 21	\$ 229.50	\$ 413.50	\$ 487.71	\$ 303.55
21 to 22	\$ 183.60	\$ 330.80	\$ 390.16	\$ 242.84
22 to 23	\$ 137.70	\$ 248.10	\$ 292.62	\$ 182.13
23 to 24	\$ 91.80	\$ 165.40	\$ 195.08	\$ 121.42
24 to 25	\$ 45.90	\$ 82.70	\$ 97.54	\$ 60.71
25 or more	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement				
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:				
	\$ 573.75	\$ 1,033.76	\$ 1,219.27	\$ 758.87

COBRA				
	\$ 1,170.44	\$ 2,108.87	\$ 2,487.30	\$ 1,548.08

**Benchmark Plan (Medical)

Tier 1

Anthem Blue Cross Prudent Buyer Plan

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(201)	(202)	(203)	(204)
Less than 10*	\$ 908.42	\$ 1,786.33	\$ 2,015.84	\$ 1,167.26
10 to 11*	\$ 545.05	\$ 1,071.80	\$ 1,209.50	\$ 700.36
11 to 12*	\$ 508.72	\$ 1,000.34	\$ 1,128.87	\$ 653.67
12 to 13*	\$ 472.38	\$ 928.89	\$ 1,048.24	\$ 606.98
13 to 14	\$ 436.04	\$ 857.44	\$ 967.60	\$ 560.28
14 to 15	\$ 399.70	\$ 785.99	\$ 886.97	\$ 513.59
15 to 16	\$ 363.37	\$ 714.53	\$ 806.34	\$ 466.90
16 to 17	\$ 327.03	\$ 643.08	\$ 725.70	\$ 420.21
17 to 18	\$ 290.69	\$ 571.63	\$ 645.07	\$ 373.52
18 to 19	\$ 254.36	\$ 500.17	\$ 564.44	\$ 326.83
19 to 20	\$ 218.02	\$ 428.72	\$ 483.80	\$ 280.14
20 to 21	\$ 181.68	\$ 357.27	\$ 403.17	\$ 233.45
21 to 22	\$ 145.35	\$ 285.81	\$ 322.53	\$ 186.76
22 to 23	\$ 109.01	\$ 214.36	\$ 241.90	\$ 140.07
23 to 24	\$ 72.67	\$ 142.91	\$ 161.27	\$ 93.38
24 to 25	\$ 36.34	\$ 71.45	\$ 80.63	\$ 46.69
25 or more	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement				
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:				
	\$ 454.21	\$ 893.17	\$ 1,007.92	\$ 583.63

COBRA				
	\$ 926.59	\$ 1,822.06	\$ 2,056.16	\$ 1,190.61

Tier 1

Tier 1

Anthem Blue Cross III (Medicare Supplement Plan)

Rates Effective July 1, 2018

Years of Service	Retiree Only with Medicare	Retiree and Spouse — 1 with Medicare ¹	Retiree and Spouse — 1 with Medicare ²	Retiree and Spouse — Both with Medicare	Retiree and Children ³	Retiree and Children ⁴	Retiree, Spouse, and Children — 1 with Medicare ⁵	Retiree, Spouse, and Children — 1 with Medicare ⁶	Retiree, Spouse, and Children — 2 with Medicare ⁷	Retiree, Spouse, and Children — 2 with Medicare ⁸	Retiree, Spouse, and Children — each with Medicare ⁹
Deduction Code	(240)	(241)	(242)	(243)	(244)	(245)	(246)	(247)	(248)	(249)	(250)
Less than 10*	\$ 468.23	\$ 1,493.50	\$ 1,493.50	\$ 930.36	\$ 837.15	\$ 837.15	\$ 1,862.31	\$ 1,862.31	\$ 1,299.09	\$ 1,299.09	\$ 1,455.70
10 to 11*	\$ 280.94	\$ 896.10	\$ 896.10	\$ 558.22	\$ 502.29	\$ 502.29	\$ 1,117.39	\$ 1,117.39	\$ 779.45	\$ 779.45	\$ 873.42
11 to 12*	\$ 262.21	\$ 836.36	\$ 836.36	\$ 521.00	\$ 468.80	\$ 468.80	\$ 1,042.89	\$ 1,042.89	\$ 727.49	\$ 727.49	\$ 815.19
12 to 13*	\$ 243.48	\$ 776.62	\$ 776.62	\$ 483.79	\$ 435.32	\$ 435.32	\$ 968.40	\$ 968.40	\$ 675.53	\$ 675.53	\$ 756.96
13 to 14	\$ 224.75	\$ 716.88	\$ 716.88	\$ 446.57	\$ 401.83	\$ 401.83	\$ 893.91	\$ 893.91	\$ 623.56	\$ 623.56	\$ 698.74
14 to 15	\$ 206.02	\$ 657.14	\$ 657.14	\$ 409.36	\$ 368.35	\$ 368.35	\$ 819.42	\$ 819.42	\$ 571.60	\$ 571.60	\$ 640.51
15 to 16	\$ 187.29	\$ 597.40	\$ 597.40	\$ 372.14	\$ 334.86	\$ 334.86	\$ 744.92	\$ 744.92	\$ 519.64	\$ 519.64	\$ 582.28
16 to 17	\$ 168.56	\$ 537.66	\$ 537.66	\$ 334.93	\$ 301.37	\$ 301.37	\$ 670.43	\$ 670.43	\$ 467.67	\$ 467.67	\$ 524.05
17 to 18	\$ 149.83	\$ 477.92	\$ 477.92	\$ 297.72	\$ 267.89	\$ 267.89	\$ 595.94	\$ 595.94	\$ 415.71	\$ 415.71	\$ 465.82
18 to 19	\$ 131.10	\$ 418.18	\$ 418.18	\$ 260.50	\$ 234.40	\$ 234.40	\$ 521.45	\$ 521.45	\$ 363.75	\$ 363.75	\$ 407.60
19 to 20	\$ 112.38	\$ 358.44	\$ 358.44	\$ 223.29	\$ 200.92	\$ 200.92	\$ 446.95	\$ 446.95	\$ 311.78	\$ 311.78	\$ 349.37
20 to 21	\$ 93.65	\$ 298.70	\$ 298.70	\$ 186.07	\$ 167.43	\$ 167.43	\$ 372.46	\$ 372.46	\$ 259.82	\$ 259.82	\$ 291.14
21 to 22	\$ 74.92	\$ 238.96	\$ 238.96	\$ 148.86	\$ 133.94	\$ 133.94	\$ 297.97	\$ 297.97	\$ 207.85	\$ 207.85	\$ 232.91
22 to 23	\$ 56.19	\$ 179.22	\$ 179.22	\$ 111.64	\$ 100.46	\$ 100.46	\$ 223.48	\$ 223.48	\$ 155.89	\$ 155.89	\$ 174.68
23 to 24	\$ 37.46	\$ 119.48	\$ 119.48	\$ 74.43	\$ 66.97	\$ 66.97	\$ 148.98	\$ 148.98	\$ 103.93	\$ 103.93	\$ 116.46
24 to 25	\$ 18.73	\$ 59.74	\$ 59.74	\$ 37.21	\$ 33.49	\$ 33.49	\$ 74.49	\$ 74.49	\$ 51.96	\$ 51.96	\$ 58.23
25 or more	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement											
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:											
	\$ 234.12	\$ 746.75	\$ 746.75	\$ 465.18	\$ 418.58	\$ 418.58	\$ 931.16	\$ 931.16	\$ 649.55	\$ 649.55	\$ 727.85

COBRA											
	\$ 477.59	\$ 1,523.37	\$ 1,523.37	\$ 948.97	\$ 853.89	\$ 853.89	\$ 1,899.56	\$ 1,899.56	\$ 1,325.07	\$ 1,325.07	\$ 1,484.81

¹ Non-Medicare has Anthem Blue Cross I
² Non-Medicare has Anthem Blue Cross II
³ Retiree has Medicare; children have Anthem Blue Cross I
⁴ Retiree has Medicare; children have Anthem Blue Cross II
⁵ Non-Medicare has Anthem Blue Cross I
⁶ Non-Medicare has Anthem Blue Cross II
⁷ Children have Anthem Blue Cross I
⁸ Children have Anthem Blue Cross II
⁹ **Please note:** Only two parties will qualify for the Medicare Part B Premium Reimbursement Program, approved annually by the Los Angeles County Board of Supervisors.

Tier 1

Cigna Network Model Plan

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(301)	(302)	(303)	(304)
Less than 10*	\$ 1,504.58	\$ 2,715.52	\$ 3,206.43	\$ 1,996.12
10 to 11*	\$ 1,045.58	\$ 1,888.51	\$ 2,231.02	\$ 1,389.03
11 to 12*	\$ 999.68	\$ 1,805.81	\$ 2,133.48	\$ 1,328.32
12 to 13*	\$ 953.78	\$ 1,723.11	\$ 2,035.94	\$ 1,267.61
13 to 14	\$ 907.89	\$ 1,640.41	\$ 1,938.39	\$ 1,206.90
14 to 15	\$ 861.99	\$ 1,557.71	\$ 1,840.85	\$ 1,146.19
15 to 16	\$ 816.09	\$ 1,475.01	\$ 1,743.31	\$ 1,085.48
16 to 17	\$ 770.19	\$ 1,392.31	\$ 1,645.77	\$ 1,024.77
17 to 18	\$ 724.29	\$ 1,309.61	\$ 1,548.23	\$ 964.06
18 to 19	\$ 678.39	\$ 1,226.91	\$ 1,450.69	\$ 903.35
19 to 20	\$ 632.49	\$ 1,144.20	\$ 1,353.15	\$ 842.65
20 to 21	\$ 586.59	\$ 1,061.50	\$ 1,255.61	\$ 781.94
21 to 22	\$ 540.69	\$ 978.80	\$ 1,158.06	\$ 721.23
22 to 23	\$ 494.79	\$ 896.10	\$ 1,060.52	\$ 660.52
23 to 24	\$ 448.89	\$ 813.40	\$ 962.98	\$ 599.81
24 to 25	\$ 402.99	\$ 730.70	\$ 865.44	\$ 539.10
25 or more	\$ 357.09	\$ 648.00	\$ 767.90	\$ 478.39

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:	\$ 930.84	\$ 1,681.76	\$ 1,987.17	\$ 1,237.26
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COBRA

\$ 1,534.67	\$ 2,769.83	\$ 3,270.56	\$ 2,036.04
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Tier 1

SCAN Health Plan

Retirees and eligible dependents enrolled in Medicare Parts A and B only

Rates Effective July 1, 2018

Years of Service	Retiree Only with SCAN	Retiree and 1 Dependent – Both with SCAN ¹
Deduction Code	(611)	(613)
Less than 10*	\$ 309.00	\$ 610.00
10 to 11*	\$ 185.40	\$ 366.00
11 to 12*	\$ 173.04	\$ 341.60
12 to 13*	\$ 160.68	\$ 317.20
13 to 14	\$ 148.32	\$ 292.80
14 to 15	\$ 135.96	\$ 268.40
15 to 16	\$ 123.60	\$ 244.00
16 to 17	\$ 111.24	\$ 219.60
17 to 18	\$ 98.88	\$ 195.20
18 to 19	\$ 86.52	\$ 170.80
19 to 20	\$ 74.16	\$ 146.40
20 to 21	\$ 61.80	\$ 122.00
21 to 22	\$ 49.44	\$ 97.60
22 to 23	\$ 37.08	\$ 73.20
23 to 24	\$ 24.72	\$ 48.80
24 to 25	\$ 12.36	\$ 24.40
25 or more	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:	\$ 154.50	\$ 305.00
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COBRA

\$ 315.18	\$ 622.20
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¹ Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child. Both retiree and eligible dependents must be enrolled in Medicare Parts A and B.

Tier 1

UnitedHealthcare

For retirees and dependents under age 65 (no Medicare)

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and 1 Dependent	Retiree and 2 or More Dependents
Deduction Code	(707)	(708)	(709)
Less than 10*	\$ 1,159.37	\$ 2,116.35	\$ 2,509.10
10 to 11*	\$ 700.37	\$ 1,289.34	\$ 1,533.69
11 to 12*	\$ 654.47	\$ 1,206.64	\$ 1,436.15
12 to 13*	\$ 608.57	\$ 1,123.94	\$ 1,338.61
13 to 14	\$ 562.68	\$ 1,041.24	\$ 1,241.06
14 to 15	\$ 516.78	\$ 958.54	\$ 1,143.52
15 to 16	\$ 470.88	\$ 875.84	\$ 1,045.98
16 to 17	\$ 424.98	\$ 793.14	\$ 948.44
17 to 18	\$ 379.08	\$ 710.44	\$ 850.90
18 to 19	\$ 333.18	\$ 627.74	\$ 753.36
19 to 20	\$ 287.28	\$ 545.03	\$ 655.82
20 to 21	\$ 241.38	\$ 462.33	\$ 558.28
21 to 22	\$ 195.48	\$ 379.63	\$ 460.73
22 to 23	\$ 149.58	\$ 296.93	\$ 363.19
23 to 24	\$ 103.68	\$ 214.23	\$ 265.65
24 to 25	\$ 57.78	\$ 131.53	\$ 168.11
25 or more	\$ 11.88	\$ 48.83	\$ 70.57

Service-Connected Disability Retirement			
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:			
	\$ 585.63	\$ 1,082.59	\$ 1,289.84

COBRA			
	\$ 1,182.56	\$ 2,158.68	\$ 2,559.28

Tier 1

UnitedHealthcare® Group Medicare Advantage (HMO)/UnitedHealthcare

For both retirees and eligible dependents who are enrolled in the UnitedHealthcare Group Medicare Advantage (HMO), or a family combination of UnitedHealthcare Group Medicare Advantage (HMO)/UnitedHealthcare

Rates Effective July 1, 2018

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage (HMO)	Retiree and 1 Dependent — 1 with UnitedHealthcare Group Medicare Advantage (HMO) ¹	Retiree and 1 Dependent — Both with UnitedHealthcare Group Medicare Advantage (HMO) ¹	Retiree and 2 or More Dependents — 1 with UnitedHealthcare Group Medicare Advantage (HMO) ²	Retiree and 2 or More Dependents — 2 with UnitedHealthcare Group Medicare Advantage (HMO) ²
Deduction Code	(701)	(702)	(703)	(704)	(705)
Less than 10*	\$ 356.76	\$ 1,508.13	\$ 705.52	\$ 1,706.49	\$ 903.88
10 to 11*	\$ 214.06	\$ 904.88	\$ 423.31	\$ 1,023.89	\$ 542.33
11 to 12*	\$ 199.79	\$ 844.55	\$ 395.09	\$ 955.63	\$ 506.17
12 to 13*	\$ 185.52	\$ 784.23	\$ 366.87	\$ 887.37	\$ 470.02
13 to 14	\$ 171.24	\$ 723.90	\$ 338.65	\$ 819.12	\$ 433.86
14 to 15	\$ 156.97	\$ 663.58	\$ 310.43	\$ 750.86	\$ 397.71
15 to 16	\$ 142.70	\$ 603.25	\$ 282.21	\$ 682.60	\$ 361.55
16 to 17	\$ 128.43	\$ 542.93	\$ 253.99	\$ 614.34	\$ 325.40
17 to 18	\$ 114.16	\$ 482.60	\$ 225.77	\$ 546.08	\$ 289.24
18 to 19	\$ 99.89	\$ 422.28	\$ 197.55	\$ 477.82	\$ 253.09
19 to 20	\$ 85.62	\$ 361.95	\$ 169.32	\$ 409.56	\$ 216.93
20 to 21	\$ 71.35	\$ 301.63	\$ 141.10	\$ 341.30	\$ 180.78
21 to 22	\$ 57.08	\$ 241.30	\$ 112.88	\$ 273.04	\$ 144.62
22 to 23	\$ 42.81	\$ 180.98	\$ 84.66	\$ 204.78	\$ 108.47
23 to 24	\$ 28.54	\$ 120.65	\$ 56.44	\$ 136.52	\$ 72.31
24 to 25	\$ 14.27	\$ 60.33	\$ 28.22	\$ 68.26	\$ 36.16
25 or more	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement					
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:					
	\$ 178.38	\$ 754.07	\$ 352.76	\$ 853.25	\$ 451.94

COBRA					
	\$ 363.90	\$ 1,538.29	\$ 719.63	\$ 1,740.62	\$ 921.96

¹ Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child

² Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner, and 1 or More Children OR Retiree and 2 or More Children

Kaiser Permanente/Kaiser Permanente Senior Advantage for California Residents

Rates Effective July 1, 2018

Years of Service	Retiree Only					Retiree and Family				
	(401)	(403)	(404)	(405)	(406)	(411)	(413)	(414)	(418)	(419)
Under 10*	\$ 1,002.90	\$ 274.22	\$ 1,125.53	\$ 1,051.35	\$ 1,866.70	\$ 1,997.80	\$ 1,269.12	\$ 2,120.43	\$ 540.44	\$ 1,391.75
10 to 11*	\$ 601.74	\$ 164.53	\$ 675.32	\$ 630.81	\$ 1,407.70	\$ 1,198.68	\$ 761.47	\$ 1,272.26	\$ 324.26	\$ 835.05
11 to 12*	\$ 561.62	\$ 153.56	\$ 630.30	\$ 588.76	\$ 1,361.80	\$ 1,118.77	\$ 710.71	\$ 1,187.44	\$ 302.65	\$ 779.38
12 to 13*	\$ 521.51	\$ 142.59	\$ 585.28	\$ 546.70	\$ 1,315.90	\$ 1,038.86	\$ 659.94	\$ 1,102.62	\$ 281.03	\$ 723.71
13 to 14	\$ 481.39	\$ 131.63	\$ 540.25	\$ 504.65	\$ 1,270.01	\$ 958.94	\$ 609.18	\$ 1,017.81	\$ 259.41	\$ 668.04
14 to 15	\$ 441.28	\$ 120.66	\$ 495.23	\$ 462.59	\$ 1,224.11	\$ 879.03	\$ 558.41	\$ 932.99	\$ 237.79	\$ 612.37
15 to 16	\$ 401.16	\$ 109.69	\$ 450.21	\$ 420.54	\$ 1,178.21	\$ 799.12	\$ 507.65	\$ 848.17	\$ 216.18	\$ 556.70
16 to 17	\$ 361.04	\$ 98.72	\$ 405.19	\$ 378.49	\$ 1,132.31	\$ 719.21	\$ 456.88	\$ 763.35	\$ 194.56	\$ 501.03
17 to 18	\$ 320.93	\$ 87.75	\$ 360.17	\$ 336.43	\$ 1,086.41	\$ 639.30	\$ 406.12	\$ 678.54	\$ 172.94	\$ 445.36
18 to 19	\$ 280.81	\$ 76.78	\$ 315.15	\$ 294.38	\$ 1,040.51	\$ 559.38	\$ 355.35	\$ 593.72	\$ 151.32	\$ 389.69
19 to 20	\$ 240.70	\$ 65.81	\$ 270.13	\$ 252.32	\$ 994.61	\$ 479.47	\$ 304.59	\$ 508.90	\$ 129.71	\$ 334.02
20 to 21	\$ 200.58	\$ 54.84	\$ 225.11	\$ 210.27	\$ 948.71	\$ 399.56	\$ 253.82	\$ 424.09	\$ 108.09	\$ 278.35
21 to 22	\$ 160.46	\$ 43.88	\$ 180.08	\$ 168.22	\$ 902.81	\$ 319.65	\$ 203.06	\$ 339.27	\$ 86.47	\$ 222.68
22 to 23	\$ 120.35	\$ 32.91	\$ 135.06	\$ 126.16	\$ 856.91	\$ 239.74	\$ 152.29	\$ 254.45	\$ 64.85	\$ 167.01
23 to 24	\$ 80.23	\$ 21.94	\$ 90.04	\$ 84.11	\$ 811.01	\$ 159.82	\$ 101.53	\$ 169.63	\$ 43.24	\$ 111.34
24 to 25	\$ 40.12	\$ 10.97	\$ 45.02	\$ 42.05	\$ 765.11	\$ 79.91	\$ 50.76	\$ 84.82	\$ 21.62	\$ 55.67
25 or more	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 719.21	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement										
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:										
	\$ 501.45	\$ 137.11	\$ 562.77	\$ 525.68	\$ 1,292.96	\$ 998.90	\$ 634.56	\$ 1,060.22	\$ 270.22	\$ 695.88

COBRA										
	\$ 1,022.96	\$ 279.70	\$ 1,148.04	\$ 1,072.38	\$ 1,904.03	\$ 2,037.76	\$ 1,294.50	\$ 2,162.84	\$ 551.25	\$ 1,419.59

Rate Categories and Deduction Codes

- 401 — Basic
- 403 — Senior Advantage
- 404 — Excess I
- 405 — Excess II
- 406 — Excess III
- 411 — All family members are "Basic"
- 413 — One family member is "Senior Advantage"; others are "Basic"
- 414 — One family member is "Excess I"; others are "Basic"
- 418 — Two or more family members are "Senior Advantage"
- 419 — One family member is "Excess I"; others are "Senior Advantage"

Definitions

- "Basic" includes participants who are under age 65.
- "Senior Advantage" includes participants who are age 65 or older and who have assigned both Medicare Parts A and B to Kaiser Permanente.
- "Excess I" is for participants who have Medicare Part A only.

- "Excess II" is for participants in the Excess Plan who either have Medicare Part B only or are not eligible for Medicare.
- "Excess III" is for participants in the Excess Plan who either have Medicare Parts A and B and have not assigned their Medicare benefits to Kaiser Permanente or have not provided their Medicare status to LACERA.

Tier 1

Tier 1

Kaiser Permanente/Kaiser Permanente Senior Advantage for California Residents

Rates Effective July 1, 2018

Years of Service	Retiree and Family				Retiree and Family					
	(420)	(422)	(423)	(426)	(427)	(428)	(429)	(430)	(431)	(432)
Less than 10*	\$ 2,243.06	\$ 2,046.25	\$ 2,861.60	\$ 1,317.57	\$ 2,132.92	\$ 2,168.88	\$ 2,984.23	\$ 2,094.70	\$ 2,910.05	\$ 3,725.40
10 to 11*	\$ 1,345.84	\$ 1,227.75	\$ 1,886.19	\$ 790.54	\$ 1,279.75	\$ 1,301.33	\$ 2,008.82	\$ 1,256.82	\$ 1,934.64	\$ 2,749.99
11 to 12*	\$ 1,256.11	\$ 1,145.90	\$ 1,788.65	\$ 737.84	\$ 1,194.44	\$ 1,214.57	\$ 1,911.28	\$ 1,173.03	\$ 1,837.10	\$ 2,652.45
12 to 13*	\$ 1,166.39	\$ 1,064.05	\$ 1,691.11	\$ 685.14	\$ 1,109.12	\$ 1,127.82	\$ 1,813.74	\$ 1,089.24	\$ 1,739.56	\$ 2,554.91
13 to 14	\$ 1,076.67	\$ 982.20	\$ 1,593.56	\$ 632.43	\$ 1,023.80	\$ 1,041.06	\$ 1,716.19	\$ 1,005.46	\$ 1,642.01	\$ 2,457.36
14 to 15	\$ 986.95	\$ 900.35	\$ 1,496.02	\$ 579.73	\$ 938.48	\$ 954.31	\$ 1,618.65	\$ 921.67	\$ 1,544.47	\$ 2,359.82
15 to 16	\$ 897.22	\$ 818.50	\$ 1,398.48	\$ 527.03	\$ 853.17	\$ 867.55	\$ 1,521.11	\$ 837.88	\$ 1,446.93	\$ 2,262.28
16 to 17	\$ 807.50	\$ 736.65	\$ 1,300.94	\$ 474.33	\$ 767.85	\$ 780.80	\$ 1,423.57	\$ 754.09	\$ 1,349.39	\$ 2,164.74
17 to 18	\$ 717.78	\$ 654.80	\$ 1,203.40	\$ 421.62	\$ 682.53	\$ 694.04	\$ 1,326.03	\$ 670.30	\$ 1,251.85	\$ 2,067.20
18 to 19	\$ 628.06	\$ 572.95	\$ 1,105.86	\$ 368.92	\$ 597.22	\$ 607.29	\$ 1,228.49	\$ 586.52	\$ 1,154.31	\$ 1,969.66
19 to 20	\$ 538.33	\$ 491.10	\$ 1,008.32	\$ 316.22	\$ 511.90	\$ 520.53	\$ 1,130.95	\$ 502.73	\$ 1,056.77	\$ 1,872.12
20 to 21	\$ 448.61	\$ 409.25	\$ 910.78	\$ 263.51	\$ 426.58	\$ 433.78	\$ 1,033.41	\$ 418.94	\$ 959.23	\$ 1,774.58
21 to 22	\$ 358.89	\$ 327.40	\$ 813.23	\$ 210.81	\$ 341.27	\$ 347.02	\$ 935.86	\$ 335.15	\$ 861.68	\$ 1,677.03
22 to 23	\$ 269.17	\$ 245.55	\$ 715.69	\$ 158.11	\$ 255.95	\$ 260.27	\$ 838.32	\$ 251.36	\$ 764.14	\$ 1,579.49
23 to 24	\$ 179.44	\$ 163.70	\$ 618.15	\$ 105.41	\$ 170.63	\$ 173.51	\$ 740.78	\$ 167.58	\$ 666.60	\$ 1,481.95
24 to 25	\$ 89.72	\$ 81.85	\$ 520.61	\$ 52.70	\$ 85.32	\$ 86.76	\$ 643.24	\$ 83.79	\$ 569.06	\$ 1,384.41
25 or more	\$ 0.00	\$ 0.00	\$ 423.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 545.70	\$ 0.00	\$ 471.52	\$ 1,286.87

Service-Connected Disability Retirement										
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:										
	\$ 1,121.53	\$ 1,023.13	\$ 1,642.34	\$ 658.79	\$ 1,066.46	\$ 1,084.44	\$ 1,764.97	\$ 1,047.35	\$ 1,690.79	\$ 2,506.14

COBRA										
	\$ 2,287.92	\$ 2,087.18	\$ 2,918.83	\$ 1,343.92	\$ 2,175.58	\$ 2,212.26	\$ 3,043.91	\$ 2,136.59	\$ 2,968.25	\$ 3,799.91

Rate Categories and Deduction Codes

- 420 — Two or more family members are "Excess I"
- 422 — One family member is "Excess II"; others are "Basic"
- 423 — One family member is "Excess III"; others are "Basic"
- 426 — One family member is "Senior Advantage"; others are "Excess II"
- 427 — One family member is "Senior Advantage"; others are "Excess III"
- 428 — One family member is "Excess I"; others are "Excess II"
- 429 — One family member is "Excess I"; others are "Excess III"
- 430 — Two or more family members are "Excess II"
- 431 — One family member is "Excess II"; others are "Excess III"
- 432 — Two or more family members are "Excess III"

Definitions

- "Basic" includes participants who are under age 65.
- "Senior Advantage" includes participants who are age 65 or older and who have assigned both Medicare Parts A and B to Kaiser Permanente.
- "Excess I" is for participants who have Medicare Part A only.

- "Excess II" is for participants in the Excess Plan who either have Medicare Part B only or are not eligible for Medicare.
- "Excess III" is for participants in the Excess Plan who either have Medicare Parts A and B and have not assigned their Medicare benefits to Kaiser Permanente or have not provided their Medicare status to LACERA.

Tier 1

Cigna Dental HMO/Vision

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Dependent(s)
Deduction Code	(901)	(902)
Less than 10*	\$ 46.19	\$ 94.52
10 to 11*	\$ 27.71	\$ 56.71
11 to 12*	\$ 25.87	\$ 52.93
12 to 13*	\$ 24.02	\$ 49.15
13 to 14	\$ 22.17	\$ 45.37
14 to 15	\$ 20.32	\$ 41.59
15 to 16	\$ 18.48	\$ 37.81
16 to 17	\$ 16.63	\$ 34.03
17 to 18	\$ 14.78	\$ 30.25
18 to 19	\$ 12.93	\$ 26.47
19 to 20	\$ 11.09	\$ 22.68
20 to 21	\$ 9.24	\$ 18.90
21 to 22	\$ 7.39	\$ 15.12
22 to 23	\$ 5.54	\$ 11.34
23 to 24	\$ 3.70	\$ 7.56
24 to 25	\$ 1.85	\$ 3.78
25 or more	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:	\$ 23.10	\$ 47.26
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COBRA

	\$ 47.11	\$ 96.41
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Tier 1

Cigna Indemnity Dental/Vision**

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Dependent(s)
Deduction Code	(501)	(502)
Less than 10*	\$ 52.16	\$ 108.60
10 to 11*	\$ 31.30	\$ 65.16
11 to 12*	\$ 29.21	\$ 60.82
12 to 13*	\$ 27.12	\$ 56.47
13 to 14	\$ 25.04	\$ 52.13
14 to 15	\$ 22.95	\$ 47.78
15 to 16	\$ 20.86	\$ 43.44
16 to 17	\$ 18.78	\$ 39.10
17 to 18	\$ 16.69	\$ 34.75
18 to 19	\$ 14.60	\$ 30.41
19 to 20	\$ 12.52	\$ 26.06
20 to 21	\$ 10.43	\$ 21.72
21 to 22	\$ 8.35	\$ 17.38
22 to 23	\$ 6.26	\$ 13.03
23 to 24	\$ 4.17	\$ 8.69
24 to 25	\$ 2.09	\$ 4.34
25 or more	\$ 0.00	\$ 0.00

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:	\$ 26.08	\$ 54.30
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COBRA

	\$ 53.20	\$ 110.77
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**Benchmark Plan (Dental/Vision)

2018 Monthly Premium **RATES**

**For the LACERA Group Medical Insurance Plans
and Group Dental/Vision Plans**

**Los Angeles County Retiree Healthcare
Benefits Program – Tier 2**

Effective July 1, 2018



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County of Los Angeles Contribution—Los Angeles County Retiree Healthcare Benefits Program—Tier 2 (County employees with hire date after June 30, 2014)

The County subsidy is based on **retiree-only coverage**, regardless of whether the retiree includes an eligible dependent(s) on his or her healthcare plan. If you enroll eligible dependents, you will pay the difference on any monthly premium amount that exceeds the **retiree-only benchmark amount**.

The County contributes an amount equal to a percentage of your healthcare plan premium or the benchmark (Medical: Anthem Blue Cross Plans I and II (Not eligible for Medicare) and Anthem Blue Cross Plan III (Eligible and enrolled in Medicare Parts A and B) and Dental/Vision: Cigna Indemnity Dental/Vision Plan), whichever is less.

Medicare-eligible retirees and eligible dependents **must** enroll in Medicare Parts A and B and in a corresponding Medicare health plan, such as Medicare Advantage Prescription Drug Plan (MA-PD) or the Medicare Supplement Plan.

- For members with 10 years of retirement service credit, the County contributes 40% of your healthcare plan premium or 40% of the benchmark plan rate (Anthem Blue Cross Plans I, II and III for medical and Cigna Indemnity Dental/Vision Plan for dental/vision), whichever is less.
- For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year of your healthcare plan premium or 4% of the benchmark plan rate (Anthem Blue Cross Plans I, II and III for medical and Cigna Indemnity Dental/Vision Plan for dental/vision), whichever is less, up to a maximum of 100% for a member with 25 years of service credit. You are responsible for any premium difference each month on premiums exceeding the benchmark amounts (including those with 25 years of service).

Anthem Blue Cross I**

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(211)	(212)	(213)	(214)
Less than 10*	\$ 1,147.49	\$ 2,067.52	\$ 2,438.53	\$ 1,517.73
10 to 11*	\$ 688.49	\$ 1,608.52	\$ 1,979.53	\$ 1,058.73
11 to 12*	\$ 642.59	\$ 1,562.62	\$ 1,933.63	\$ 1,012.83
12 to 13*	\$ 596.69	\$ 1,516.72	\$ 1,887.73	\$ 966.93
13 to 14	\$ 550.80	\$ 1,470.83	\$ 1,841.84	\$ 921.04
14 to 15	\$ 504.90	\$ 1,424.93	\$ 1,795.94	\$ 875.14
15 to 16	\$ 459.00	\$ 1,379.03	\$ 1,750.04	\$ 829.24
16 to 17	\$ 413.10	\$ 1,333.13	\$ 1,704.14	\$ 783.34
17 to 18	\$ 367.20	\$ 1,287.23	\$ 1,658.24	\$ 737.44
18 to 19	\$ 321.30	\$ 1,241.33	\$ 1,612.34	\$ 691.54
19 to 20	\$ 275.40	\$ 1,195.43	\$ 1,566.44	\$ 645.64
20 to 21	\$ 229.50	\$ 1,149.53	\$ 1,520.54	\$ 599.74
21 to 22	\$ 183.60	\$ 1,103.63	\$ 1,474.64	\$ 553.84
22 to 23	\$ 137.70	\$ 1,057.73	\$ 1,428.74	\$ 507.94
23 to 24	\$ 91.80	\$ 1,011.83	\$ 1,382.84	\$ 462.04
24 to 25	\$ 45.90	\$ 965.93	\$ 1,336.94	\$ 416.14
25 or more	\$ 0.00	\$ 920.03	\$ 1,291.04	\$ 370.24

Service-Connected Disability Retirement				
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:				
	\$ 573.75	\$ 1,493.78	\$ 1,864.79	\$ 943.99

COBRA				
	\$ 1,170.44	\$ 2,108.87	\$ 2,487.30	\$ 1,548.08

**Benchmark Plan (Medical—Non-Medicare-eligible)

Tier 2

Anthem Blue Cross II**

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(221)	(222)	(223)	(224)
Less than 10*	\$ 1,147.49	\$ 2,067.52	\$ 2,438.53	\$ 1,517.73
10 to 11*	\$ 688.49	\$ 1,608.52	\$ 1,979.53	\$ 1,058.73
11 to 12*	\$ 642.59	\$ 1,562.62	\$ 1,933.63	\$ 1,012.83
12 to 13*	\$ 596.69	\$ 1,516.72	\$ 1,887.73	\$ 966.93
13 to 14	\$ 550.80	\$ 1,470.83	\$ 1,841.84	\$ 921.04
14 to 15	\$ 504.90	\$ 1,424.93	\$ 1,795.94	\$ 875.14
15 to 16	\$ 459.00	\$ 1,379.03	\$ 1,750.04	\$ 829.24
16 to 17	\$ 413.10	\$ 1,333.13	\$ 1,704.14	\$ 783.34
17 to 18	\$ 367.20	\$ 1,287.23	\$ 1,658.24	\$ 737.44
18 to 19	\$ 321.30	\$ 1,241.33	\$ 1,612.34	\$ 691.54
19 to 20	\$ 275.40	\$ 1,195.43	\$ 1,566.44	\$ 645.64
20 to 21	\$ 229.50	\$ 1,149.53	\$ 1,520.54	\$ 599.74
21 to 22	\$ 183.60	\$ 1,103.63	\$ 1,474.64	\$ 553.84
22 to 23	\$ 137.70	\$ 1,057.73	\$ 1,428.74	\$ 507.94
23 to 24	\$ 91.80	\$ 1,011.83	\$ 1,382.84	\$ 462.04
24 to 25	\$ 45.90	\$ 965.93	\$ 1,336.94	\$ 416.14
25 or more	\$ 0.00	\$ 920.03	\$ 1,291.04	\$ 370.24

Service-Connected Disability Retirement				
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:				
	\$ 573.75	\$ 1,493.78	\$ 1,864.79	\$ 943.99

COBRA				
	\$ 1,170.44	\$ 2,108.87	\$ 2,487.30	\$ 1,548.08

**Benchmark Plan (Medical—Non-Medicare-eligible)

Tier 2

Anthem Blue Cross Prudent Buyer Plan

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(201)	(202)	(203)	(204)
Less than 10*	\$ 908.42	\$ 1,786.33	\$ 2,015.84	\$ 1,167.26
10 to 11*	\$ 545.05	\$ 1,327.33	\$ 1,556.84	\$ 708.26
11 to 12*	\$ 508.72	\$ 1,281.43	\$ 1,510.94	\$ 662.36
12 to 13*	\$ 472.38	\$ 1,235.53	\$ 1,465.04	\$ 616.46
13 to 14	\$ 436.04	\$ 1,189.64	\$ 1,419.15	\$ 570.57
14 to 15	\$ 399.70	\$ 1,143.74	\$ 1,373.25	\$ 524.67
15 to 16	\$ 363.37	\$ 1,097.84	\$ 1,327.35	\$ 478.77
16 to 17	\$ 327.03	\$ 1,051.94	\$ 1,281.45	\$ 432.87
17 to 18	\$ 290.69	\$ 1,006.04	\$ 1,235.55	\$ 386.97
18 to 19	\$ 254.36	\$ 960.14	\$ 1,189.65	\$ 341.07
19 to 20	\$ 218.02	\$ 914.24	\$ 1,143.75	\$ 295.17
20 to 21	\$ 181.68	\$ 868.34	\$ 1,097.85	\$ 249.27
21 to 22	\$ 145.35	\$ 822.44	\$ 1,051.95	\$ 203.37
22 to 23	\$ 109.01	\$ 776.54	\$ 1,006.05	\$ 157.47
23 to 24	\$ 72.67	\$ 730.64	\$ 960.15	\$ 111.57
24 to 25	\$ 36.34	\$ 684.74	\$ 914.25	\$ 65.67
25 or more	\$ 0.00	\$ 638.84	\$ 868.35	\$ 19.77

Service-Connected Disability Retirement				
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:				
	\$ 454.21	\$ 1,212.59	\$ 1,442.10	\$ 593.52

COBRA				
	\$ 926.59	\$ 1,822.06	\$ 2,056.16	\$ 1,190.61

Anthem Blue Cross III (Medicare Supplement Plan)**

Rates Effective July 1, 2018

Years of Service	Retiree Only with Medicare	Retiree and Spouse — Retiree with Medicare	Retiree and Spouse — Dependent with Medicare	Retiree and Spouse — Both with Medicare	Retiree with Medicare and Children	Retiree and Children — Dependent with Medicare	Retiree, Spouse, and Children — Retiree with Medicare	Retiree, Spouse, and Children — 1 Dependent with Medicare	Retiree, Spouse, and Children — Retiree + 2 with Medicare	Retiree, Spouse, and Children — Dependent + 2 with Medicare	Retiree, Spouse, and Children — each with Medicare
Deduction Code	(240)	(241 ¹ /242)	(241/242 ²)	(243)	(244 ³ /245)	(244/245 ⁴)	(246 ⁵ /247)	(246/247 ⁶)	(248 ⁷ /249)	(248/249 ⁸)	(250 ⁹)
Less than 10*	\$ 468.23	\$ 1,493.50	\$ 1,493.50	\$ 930.36	\$ 837.15	\$ 837.15	\$ 1,862.31	\$ 1,862.31	\$ 1,299.09	\$ 1,299.09	\$ 1,455.70
10 to 11*	\$ 280.94	\$ 1,306.21	\$ 1,034.50	\$ 743.07	\$ 649.86	\$ 502.29	\$ 1,675.02	\$ 1,403.31	\$ 1,111.80	\$ 840.09	\$ 1,268.41
11 to 12*	\$ 262.21	\$ 1,287.48	\$ 988.60	\$ 724.34	\$ 631.13	\$ 468.80	\$ 1,656.29	\$ 1,357.41	\$ 1,093.07	\$ 794.19	\$ 1,249.68
12 to 13*	\$ 243.48	\$ 1,268.75	\$ 942.70	\$ 705.61	\$ 612.40	\$ 435.32	\$ 1,637.56	\$ 1,311.51	\$ 1,074.34	\$ 748.29	\$ 1,230.95
13 to 14	\$ 224.75	\$ 1,250.02	\$ 896.81	\$ 686.88	\$ 593.67	\$ 401.83	\$ 1,618.83	\$ 1,265.62	\$ 1,055.61	\$ 702.40	\$ 1,212.22
14 to 15	\$ 206.02	\$ 1,231.29	\$ 850.91	\$ 668.15	\$ 574.94	\$ 368.35	\$ 1,600.10	\$ 1,219.72	\$ 1,036.88	\$ 656.50	\$ 1,193.49
15 to 16	\$ 187.29	\$ 1,212.56	\$ 805.01	\$ 649.42	\$ 556.21	\$ 334.86	\$ 1,581.37	\$ 1,173.82	\$ 1,018.15	\$ 610.60	\$ 1,174.76
16 to 17	\$ 168.56	\$ 1,193.83	\$ 759.11	\$ 630.69	\$ 537.48	\$ 301.37	\$ 1,562.64	\$ 1,127.92	\$ 999.42	\$ 564.70	\$ 1,156.03
17 to 18	\$ 149.83	\$ 1,175.10	\$ 713.21	\$ 611.96	\$ 518.75	\$ 267.89	\$ 1,543.91	\$ 1,082.02	\$ 980.69	\$ 518.80	\$ 1,137.30
18 to 19	\$ 131.10	\$ 1,156.37	\$ 667.31	\$ 593.23	\$ 500.02	\$ 234.40	\$ 1,525.18	\$ 1,036.12	\$ 961.96	\$ 472.90	\$ 1,118.57
19 to 20	\$ 112.38	\$ 1,137.65	\$ 621.41	\$ 574.51	\$ 481.30	\$ 200.92	\$ 1,506.46	\$ 990.22	\$ 943.24	\$ 427.00	\$ 1,099.85
20 to 21	\$ 93.65	\$ 1,118.92	\$ 575.51	\$ 555.78	\$ 462.57	\$ 167.43	\$ 1,487.73	\$ 944.32	\$ 924.51	\$ 381.10	\$ 1,081.12
21 to 22	\$ 74.92	\$ 1,100.19	\$ 529.61	\$ 537.05	\$ 443.84	\$ 133.94	\$ 1,469.00	\$ 898.42	\$ 905.78	\$ 335.20	\$ 1,062.39
22 to 23	\$ 56.19	\$ 1,081.46	\$ 483.71	\$ 518.32	\$ 425.11	\$ 100.46	\$ 1,450.27	\$ 852.52	\$ 887.05	\$ 289.30	\$ 1,043.66
23 to 24	\$ 37.46	\$ 1,062.73	\$ 437.81	\$ 499.59	\$ 406.38	\$ 66.97	\$ 1,431.54	\$ 806.62	\$ 868.32	\$ 243.40	\$ 1,024.93
24 to 25	\$ 18.73	\$ 1,044.00	\$ 391.91	\$ 480.86	\$ 387.65	\$ 33.49	\$ 1,412.81	\$ 760.72	\$ 849.59	\$ 197.50	\$ 1,006.20
25 or more	\$ 0.00	\$ 1,025.27	\$ 346.01	\$ 462.13	\$ 368.92	\$ 0.00	\$ 1,394.08	\$ 714.82	\$ 830.86	\$ 151.60	\$ 987.47

Service-Connected Disability Retirement											
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:											
	\$ 234.12	\$ 1,259.39	\$ 919.76	\$ 696.25	\$ 603.04	\$ 418.58	\$ 1,628.20	\$ 1,288.57	\$ 1,064.98	\$ 725.35	\$ 1,221.59

COBRA											
	\$ 477.59	\$ 1,523.37	\$ 1,523.37	\$ 948.97	\$ 853.89	\$ 853.89	\$ 1,899.56	\$ 1,899.56	\$ 1,325.07	\$ 1,325.07	\$ 1,484.81

¹ Non-Medicare has Anthem Blue Cross I
² Non-Medicare has Anthem Blue Cross II
³ Retiree has Medicare; children have Anthem Blue Cross I
⁴ Dependent has Medicare; children have Anthem Blue Cross II
⁵ Non-Medicare has Anthem Blue Cross I
⁶ Non-Medicare has Anthem Blue Cross II
⁷ Children have Anthem Blue Cross I
⁸ Children have Anthem Blue Cross II
⁹ **Please note:** only retirees or eligible survivors will qualify for the Medicare Part B Premium Reimbursement Program, approved annually by the Los Angeles County Board of Supervisors.

**Benchmark Plan (Medicare-eligible enrolled in Medicare Parts A and B)

Tier 2

Cigna Network Model Plan

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Spouse	Retiree, Spouse, and Children	Retiree and Children
Deduction Code	(301)	(302)	(303)	(304)
Less than 10*	\$ 1,504.58	\$ 2,715.52	\$ 3,206.43	\$ 1,996.12
10 to 11*	\$ 1,045.58	\$ 2,256.52	\$ 2,747.43	\$ 1,537.12
11 to 12*	\$ 999.68	\$ 2,210.62	\$ 2,701.53	\$ 1,491.22
12 to 13*	\$ 953.78	\$ 2,164.72	\$ 2,655.63	\$ 1,445.32
13 to 14	\$ 907.89	\$ 2,118.83	\$ 2,609.74	\$ 1,399.43
14 to 15	\$ 861.99	\$ 2,072.93	\$ 2,563.84	\$ 1,353.53
15 to 16	\$ 816.09	\$ 2,027.03	\$ 2,517.94	\$ 1,307.63
16 to 17	\$ 770.19	\$ 1,981.13	\$ 2,472.04	\$ 1,261.73
17 to 18	\$ 724.29	\$ 1,935.23	\$ 2,426.14	\$ 1,215.83
18 to 19	\$ 678.39	\$ 1,889.33	\$ 2,380.24	\$ 1,169.93
19 to 20	\$ 632.49	\$ 1,843.43	\$ 2,334.34	\$ 1,124.03
20 to 21	\$ 586.59	\$ 1,797.53	\$ 2,288.44	\$ 1,078.13
21 to 22	\$ 540.69	\$ 1,751.63	\$ 2,242.54	\$ 1,032.23
22 to 23	\$ 494.79	\$ 1,705.73	\$ 2,196.64	\$ 986.33
23 to 24	\$ 448.89	\$ 1,659.83	\$ 2,150.74	\$ 940.43
24 to 25	\$ 402.99	\$ 1,613.93	\$ 2,104.84	\$ 894.53
25 or more	\$ 357.09	\$ 1,568.03	\$ 2,058.94	\$ 848.63

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:

\$ 930.84	\$ 2,141.78	\$ 2,632.69	\$ 1,422.38
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COBRA

\$ 1,534.67	\$ 2,769.83	\$ 3,270.56	\$ 2,036.04
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Tier 2

SCAN Health Plan

Retirees and eligible dependents enrolled in Medicare Parts A and B only

Rates Effective July 1, 2018

Years of Service	Retiree Only with SCAN	Retiree and 1 Dependent — Both with SCAN
Deduction Code	(611)	(613) ¹
Less than 10*	\$ 309.00	\$ 610.00
10 to 11*	\$ 185.40	\$ 422.71
11 to 12*	\$ 173.04	\$ 403.98
12 to 13*	\$ 160.68	\$ 385.25
13 to 14	\$ 148.32	\$ 366.52
14 to 15	\$ 135.96	\$ 347.79
15 to 16	\$ 123.60	\$ 329.06
16 to 17	\$ 111.24	\$ 310.33
17 to 18	\$ 98.88	\$ 291.60
18 to 19	\$ 86.52	\$ 272.87
19 to 20	\$ 74.16	\$ 254.15
20 to 21	\$ 61.80	\$ 235.42
21 to 22	\$ 49.44	\$ 216.69
22 to 23	\$ 37.08	\$ 197.96
23 to 24	\$ 24.72	\$ 179.23
24 to 25	\$ 12.36	\$ 160.50
25 or more	\$ 0.00	\$ 141.77

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:

\$ 154.50	\$ 375.89
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COBRA

\$ 315.18	\$ 622.20
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¹ Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child. Both retiree and eligible dependent must be enrolled in Medicare Parts A and B.

Tier 2

UnitedHealthcare

For retirees and dependents under age 65 (no Medicare)

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and 1 Dependent	Retiree and 2 or More Dependents
Deduction Code	(707)	(708)	(709)
Less than 10*	\$ 1,159.37	\$ 2,116.35	\$ 2,509.10
10 to 11*	\$ 700.37	\$ 1,657.35	\$ 2,050.10
11 to 12*	\$ 654.47	\$ 1,611.45	\$ 2,004.20
12 to 13*	\$ 608.57	\$ 1,565.55	\$ 1,958.30
13 to 14	\$ 562.68	\$ 1,519.66	\$ 1,912.41
14 to 15	\$ 516.78	\$ 1,473.76	\$ 1,866.51
15 to 16	\$ 470.88	\$ 1,427.86	\$ 1,820.61
16 to 17	\$ 424.98	\$ 1,381.96	\$ 1,774.71
17 to 18	\$ 379.08	\$ 1,336.06	\$ 1,728.81
18 to 19	\$ 333.18	\$ 1,290.16	\$ 1,682.91
19 to 20	\$ 287.28	\$ 1,244.26	\$ 1,637.01
20 to 21	\$ 241.38	\$ 1,198.36	\$ 1,591.11
21 to 22	\$ 195.48	\$ 1,152.46	\$ 1,545.21
22 to 23	\$ 149.58	\$ 1,106.56	\$ 1,499.31
23 to 24	\$ 103.68	\$ 1,060.66	\$ 1,453.41
24 to 25	\$ 57.78	\$ 1,014.76	\$ 1,407.51
25 or more	\$ 11.88	\$ 968.86	\$ 1,361.61

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:			
	\$ 585.63	\$ 1,542.61	\$ 1,935.36

COBRA

	\$ 1,182.56	\$ 2,158.68	\$ 2,559.28
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Tier 2

UnitedHealthcare® Group Medicare Advantage (HMO)/United Healthcare

For both retirees and eligible dependents who are enrolled in the UnitedHealthcare Group Medicare Advantage (HMO), or a family combination of UnitedHealthcare Group Medicare Advantage (HMO)/UnitedHealthcare

Rates Effective July 1, 2018

Years of Service	Retiree Only with UnitedHealthcare Group Medicare Advantage (HMO)	Retiree and 1 Dependent — 1 with UnitedHealthcare Group Medicare Advantage (HMO)	Retiree and 1 Dependent — Both with UnitedHealthcare Group Medicare Advantage (HMO)	Retiree and 2 or More Dependents — Retiree with Medicare and UnitedHealthcare Group Medicare Advantage (HMO)	Retiree and 2 or More Dependents — Retiree + 1 with Medicare and UnitedHealthcare Group Medicare Advantage (HMO)
Deduction Code	(701)	(702 ¹)	(703 ¹)	(704 ²)	(705 ²)
Less than 10*	\$ 356.76	\$ 1,508.13	\$ 705.52	\$ 1,706.49	\$ 903.88
10 to 11*	\$ 214.06	\$ 1,320.84	\$ 518.23	\$ 1,519.20	\$ 716.59
11 to 12*	\$ 199.79	\$ 1,302.11	\$ 499.50	\$ 1,500.47	\$ 697.86
12 to 13*	\$ 185.52	\$ 1,283.38	\$ 480.77	\$ 1,481.74	\$ 679.13
13 to 14	\$ 171.24	\$ 1,264.65	\$ 462.04	\$ 1,463.01	\$ 660.40
14 to 15	\$ 156.97	\$ 1,245.92	\$ 443.31	\$ 1,444.28	\$ 641.67
15 to 16	\$ 142.70	\$ 1,227.19	\$ 424.58	\$ 1,425.55	\$ 622.94
16 to 17	\$ 128.43	\$ 1,208.46	\$ 405.85	\$ 1,406.82	\$ 604.21
17 to 18	\$ 114.16	\$ 1,189.73	\$ 387.12	\$ 1,388.09	\$ 585.48
18 to 19	\$ 99.89	\$ 1,171.00	\$ 368.39	\$ 1,369.36	\$ 566.75
19 to 20	\$ 85.62	\$ 1,152.28	\$ 349.67	\$ 1,350.64	\$ 548.03
20 to 21	\$ 71.35	\$ 1,133.55	\$ 330.94	\$ 1,331.91	\$ 529.30
21 to 22	\$ 57.08	\$ 1,114.82	\$ 312.21	\$ 1,313.18	\$ 510.57
22 to 23	\$ 42.81	\$ 1,096.09	\$ 293.48	\$ 1,294.45	\$ 491.84
23 to 24	\$ 28.54	\$ 1,077.36	\$ 274.75	\$ 1,275.72	\$ 473.11
24 to 25	\$ 14.27	\$ 1,058.63	\$ 256.02	\$ 1,256.99	\$ 454.38
25 or more	\$ 0.00	\$ 1,039.90	\$ 237.29	\$ 1,238.26	\$ 435.65

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:					
	\$ 178.38	\$ 1,274.02	\$ 471.41	\$ 1,472.38	\$ 669.77

COBRA

	\$ 363.90	\$ 1,538.29	\$ 719.63	\$ 1,740.62	\$ 921.96
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¹ Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child

² Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner, and 1 or More Children OR Retiree and 2 or More Children

Kaiser Permanente/Kaiser Permanente Senior Advantage for California Residents

Rates Effective July 1, 2018

Years of Service	Retiree Only		Retiree and Family			
	Retiree Basic (Under 65)	Retiree with Medicare	Retiree with Family Basic	Retiree with Medicare	Dependent with Medicare	Two or More Family Members with Medicare
Deduction Code	(401)	(403)	(411)	(413)	(413)	(418)
Under 10*	\$ 1,002.90	\$ 274.22	\$ 1,997.80	\$ 1,269.12	\$ 1,269.12	\$ 540.44
10 to 11*	\$ 601.74	\$ 164.53	\$ 1,538.80	\$ 1,081.83	\$ 810.12	\$ 353.15
11 to 12*	\$ 561.62	\$ 153.56	\$ 1,492.90	\$ 1,063.10	\$ 764.22	\$ 334.42
12 to 13*	\$ 521.51	\$ 142.59	\$ 1,447.00	\$ 1,044.37	\$ 718.32	\$ 315.69
13 to 14	\$ 481.39	\$ 131.63	\$ 1,401.11	\$ 1,025.64	\$ 672.43	\$ 296.96
14 to 15	\$ 441.28	\$ 120.66	\$ 1,355.21	\$ 1,006.91	\$ 626.53	\$ 278.23
15 to 16	\$ 401.16	\$ 109.69	\$ 1,309.31	\$ 988.18	\$ 580.63	\$ 259.50
16 to 17	\$ 361.04	\$ 98.72	\$ 1,263.41	\$ 969.45	\$ 534.73	\$ 240.77
17 to 18	\$ 320.93	\$ 87.75	\$ 1,217.51	\$ 950.72	\$ 488.83	\$ 222.04
18 to 19	\$ 280.81	\$ 76.78	\$ 1,171.61	\$ 931.99	\$ 442.93	\$ 203.31
19 to 20	\$ 240.70	\$ 65.81	\$ 1,125.71	\$ 913.27	\$ 397.03	\$ 184.59
20 to 21	\$ 200.58	\$ 54.84	\$ 1,079.81	\$ 894.54	\$ 351.13	\$ 165.86
21 to 22	\$ 160.46	\$ 43.88	\$ 1,033.91	\$ 875.81	\$ 305.23	\$ 147.13
22 to 23	\$ 120.35	\$ 32.91	\$ 988.01	\$ 857.08	\$ 259.33	\$ 128.40
23 to 24	\$ 80.23	\$ 21.94	\$ 942.11	\$ 838.35	\$ 213.43	\$ 109.67
24 to 25	\$ 40.12	\$ 10.97	\$ 896.21	\$ 819.62	\$ 167.53	\$ 90.94
25 or more	\$ 0.00	\$ 0.00	\$ 850.31	\$ 800.89	\$ 121.63	\$ 72.21

Service-Connected Disability Retirement						
*If you are on a service-connected disability retirement with less than 13 years of service, you pay:						
	\$ 501.45	\$ 137.11	\$ 1,424.06	\$ 1,035.01	\$ 695.38	\$ 306.33

COBRA						
	\$ 1,022.96	\$ 279.70	\$ 2,037.76	\$ 1,294.50	\$ 1,294.50	\$ 551.25

Rate Categories and Deduction Codes

- 401 – Basic
- 403 – Senior Advantage
- 411 – All family members are “Basic”
- 413 – One family member is “Senior Advantage”; others are “Basic”
- 418 – Two or more family members are “Senior Advantage”

Definitions

- “Basic” includes participants who are under age 65.
- “Senior Advantage” includes participants who are age 65 or older and who have assigned both Medicare Parts A and B to Kaiser Permanente.

Tier 2

Cigna Dental HMO/Vision

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Dependent(s)
Deduction Code	(901)	(902)
Less than 10*	\$ 46.19	\$ 94.52
10 to 11*	\$ 27.71	\$ 73.66
11 to 12*	\$ 25.87	\$ 71.57
12 to 13*	\$ 24.02	\$ 69.48
13 to 14	\$ 22.17	\$ 67.40
14 to 15	\$ 20.32	\$ 65.31
15 to 16	\$ 18.48	\$ 63.22
16 to 17	\$ 16.63	\$ 61.14
17 to 18	\$ 14.78	\$ 59.05
18 to 19	\$ 12.93	\$ 56.96
19 to 20	\$ 11.09	\$ 54.88
20 to 21	\$ 9.24	\$ 52.79
21 to 22	\$ 7.39	\$ 50.71
22 to 23	\$ 5.54	\$ 48.62
23 to 24	\$ 3.70	\$ 46.53
24 to 25	\$ 1.85	\$ 44.45
25 or more	\$ 0.00	\$ 42.36

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:

\$ 23.10	\$ 68.44
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COBRA

\$ 47.11	\$ 96.41
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Tier 2

Cigna Indemnity Dental/Vision**

Rates Effective July 1, 2018

Years of Service	Retiree Only	Retiree and Dependent(s)
Deduction Code	(501)	(502)
Less than 10*	\$ 52.16	\$ 108.60
10 to 11*	\$ 31.30	\$ 87.74
11 to 12*	\$ 29.21	\$ 85.65
12 to 13*	\$ 27.12	\$ 83.56
13 to 14	\$ 25.04	\$ 81.48
14 to 15	\$ 22.95	\$ 79.39
15 to 16	\$ 20.86	\$ 77.30
16 to 17	\$ 18.78	\$ 75.22
17 to 18	\$ 16.69	\$ 73.13
18 to 19	\$ 14.60	\$ 71.04
19 to 20	\$ 12.52	\$ 68.96
20 to 21	\$ 10.43	\$ 66.87
21 to 22	\$ 8.35	\$ 64.79
22 to 23	\$ 6.26	\$ 62.70
23 to 24	\$ 4.17	\$ 60.61
24 to 25	\$ 2.09	\$ 58.53
25 or more	\$ 0.00	\$ 56.44

Service-Connected Disability Retirement

*If you are on a service-connected disability retirement with less than 13 years of service, you pay:

\$ 26.08	\$ 82.52
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COBRA

\$ 53.20	\$ 110.77
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**Benchmark Plan (Dental/Vision)

NON-DISCRIMINATION NOTICE

The LACERA-Administered Retiree Healthcare Benefits Program complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LACERA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The LACERA-Administered Retiree Healthcare Benefits Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Cassandra Smith, Director, or Leilani Ignacio, Retiree Healthcare Division.

If you believe that LACERA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cassandra Smith, Director, Retiree Healthcare, or Leilani Ignacio:
 LACERA
 P.O. Box 7060, Pasadena, CA 91109-7060
 Telephone: (800) 786-6464, then press 1, or (626) 564-6132
 Fax: (626) 564-6799
 Email: healthcare@lacera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Cassandra Smith or Leilani Ignacio are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, DC 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
Language	Message About Language Assistance
1. Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-786-6464, Ext. 1.
2. Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-786-6464, Ext. 1。
3. Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-786-6464, Ext. 1.
4. Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-786-6464, Ext. 1.
5. Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-786-6464, Ext. 1 تماس بگیرید.
6. Hindi	ध्यान दें: यदि आप हकी बोलते ह तो आपके लए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। पर कॉल कर 1-800-786-6464, Ext. 1.
7. Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-786-6464, Ext. 1.
8. Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-786-6464-1, Ext. 1.
9. Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-786-6464, Ext. 1 번으로 전화해 주십시오.
10. Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-786-6464, Ext. 1.
11. Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-786-6464, Ext. 1.
12. Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-786-6464, Ext. 1まで、お電話にてご連絡ください。
13. Armenian	ՈՒՇԱՂԱՐԴՅՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, անվճար կարող եմ տրամադրվել լեզվակազմակերպչական ծառայություններ: 2անգահարեք 1-800-786-6464, Ext. 1:
14. Cambodian	ប្រុងប្រយ័ត្នប្រសិនបើអ្នកនិយាយភាសាខ្មែរអ្នកមានសេវាកម្មជំនួយភាសាសេវាគិតថ្លៃនៅចំពោះមុខអ្នក។ ទូរស័ព្ទមកលេខ 1-800-786-6464, Ext. 1 ។
15. Punjabi	ਧਿਆਨ ਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-786-6464, Ext. 1 'ਤੇ ਕਾਲ ਕਰੋ।



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