LOS ANGELES COUNTY

OTHER POSTEMPLOYMENT BENEFITS PROGRAM

ACTUARIAL VALUATION

July 1, 2014

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June 22, 2015

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

Re: July 1, 2014 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 benefit 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, 2014, and the retiree health plan premium rates in effect as of July 1, 2014, and July 1, 2015, premium rates received from Aon Hewitt (LACERA's Health Care Benefits Consultant).

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 data was incomplete, we made assumptions as noted in Table C-11 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 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.

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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 our 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, 2014 valuation of the LACERA retirement benefit program. The OPEB demographic and economic assumptions are based on the results of our 2013 OPEB Investigation of Experience, dated March 25, 2014. The assumptions used in the OPEB Investigation of Experience were derived from a combination of assumptions identified during the 2013 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; Buck Consultants, Los Angeles County's now former 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 re-enrollment assumptions. The OPEB Investigation of Experience was reviewed by LACERA's Board of Retirement. OPEB specific assumptions that have been updated since the 2013 OPEB Investigation of Experience study include health cost trend rates, claim costs, and economic assumptions. These updated assumptions have been identified, evaluated, and agreed upon collaboratively by the actuaries and consultants currently representing the OPEB program stakeholders including: Milliman, LACERA's 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.

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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.

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.

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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 in supplying the data 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

Janet O. Jennings, ASA, MAAA
Associate Actuary

RLS/pap

cc: Mr. Robert Hill, LACERA

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Los Angeles County Other Post Employment Benefits Program

July 1, 2014 Actuarial Valuation

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Los Angeles County Other Post Employment Benefits Program

July 1, 2014 Actuarial Valuation

Section 1: Executive Summary

2014 Valuation Results

	July 1, 2014	July 1, 2012
Actuarial Accrued Liability ($ billions)	$ 28.55	$ 26.95
County Normal Cost Rate	17.50%	17.55%
County ARC as a Percentage of Payroll	31.82%	32.07%

Overview

We are pleased to present the results of the July 1, 2014 biennial actuarial valuation. Several key points are summarized as follows:

- The Actuarial Accrued Liability (AAL) increased due to a combination of several factors, some of which were offsetting. These included the discount rate change, increases due to the passage of time since our July 1, 2012 valuation, and demographic, trend, and claim cost related experience gains measured as of July 1, 2014.

- 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, 2012 and July 1, 2014 valuations. The AAL figures are expressed in billions of dollars.

Sources of Change	Actuarial Accrued Liability	County Normal Cost Rate	County ARC Percentage
A. July 1, 2012 Valuation	$ 26.95	17.55%	32.07%
2013 Experience Study Changes	(0.19)	(0.43%)	(0.54%)
Expected Two-year Change	3.87	0.40%	1.29%
B. July 1, 2014 Valuation Expected	$ 30.63	17.52%	32.82%
Claim Cost Experience	(4.50)	(3.18%)	(5.55%)
Trend Assumption (Gain)/Loss *	(0.97)	(1.06%)	(1.57%)
General Wage Increase Assumption Change (Gain)/Loss	-	0.00%	0.64%
Discount Rate Change (Gain)/Loss	3.44	2.97%	3.64%
Other Experience (Gain)/Loss	(0.05)	1.25%	2.09%
Inclusion of Assets on 7/1/2014 (Gain)/Loss	-	0.00%	(0.25%)
C. July 1, 2014 Valuation	$ 28.55	17.50%	31.82%

* Includes impact of July 1, 2015 renewal for all plans except Firefighters Local 1014

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Analysis of Change (continued)

Section A: The expected two-year change represents expected increases in the AAL and NCR due to interest and benefit accruals, net of benefits paid. The cost percentages are based on the assumed July 1, 2012 valuation payroll of $6,630.0 million, increased by 3.85% (the payroll increase known at the time of the July 1, 2012 valuation) for two years to $7,150.3 million (projected as of July 1, 2014).

Section B: The claim cost experience gain includes the impact of lower-than-expected increases in health insurance premiums as of July 1, 2014. The trend assumption gain includes the impact of the July 1, 2015 premiums and the trend assumption changes. The July 1, 2015 premiums are based on premiums received from Aon Hewitt as of March 20, 2015. The discount rate changed from 4.35% in the July 1, 2012 OPEB valuation to 3.75% in the July 1, 2014 OPEB valuation resulting in an AAL loss. 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. The "Other Experience" gain includes the impact of all other demographic and economic experience along with a decrease in the expected payroll. The inclusion of OPEB Trust assets on July 1, 2014 lowers the Unfunded Actuarial Accrued Liability (UAAL). The amortization of this change is included in the ARC resulting in a 0.25% gain in the County ARC percentage. The cost percentages in this section are based on the updated July 1, 2014 valuation payroll of $6,764.0 million.

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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, 2014.
- 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 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. We assume that the contributions made by the County equal the benefit payments (a pay-as-you-go-funding approach), and thus a Net OPEB Obligation will continue to accumulate in the future.

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County Costs for OPEB Benefits[1]
Summary of July 1, 2014 Valuation Results
(all dollar amounts in billions)

	LA County			Superior	
	General	Safety	Subtotal	Court	Total
1. Present Value of Future Benefits	$ 32.07	$ 13.05	$ 45.12	$ 1.83	$ 46.95
2. Present Value of Future Normal Costs	13.36	4.47	17.83	0.57	18.40
3. Actuarial Accrued Liability (1-2)	$ 18.71	$ 8.58	$ 27.29	$ 1.26	$ 28.55
4. Assets[2]	0.33	0.15	0.48	-	0.48
5. Unfunded Actuarial Accrued Liability (3-4)	$ 18.38	$ 8.43	$ 26.81	$ 1.26	$ 28.07
6. ARC[3]	$ 1.45	$ 0.62	$ 2.07	$ 0.08	$ 2.15
7. ARC expressed as a percentage of payroll					
Normal Cost	15.80%	25.41%	17.74%	12.74%	17.50%
UAAL payment	12.32%	22.37%	14.35%	13.65%	14.32%
Total	28.12%	47.78%	32.09%	26.39%	31.82%

[1] Net of Retiree Paid Premiums. May not match other Tables due to rounding.
[2] Assets distributed by 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, 2014, compared with July 1, 2012, under the Projected Unit Credit Cost Method. The July 1, 2014 results are based on an assumed 3.75% investment rate of return and the July 1, 2012 results are based on an assumed 4.35% investment rate of return. 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 2.0% is lower than the anticipated two-year increase of 7.85% (based on 3.85% compounded annually).
- The expected County paid benefits for the first year following the valuation date. The two-year increase of 9.7% is much less than the expected two-year increase of 19.4% due largely to lower than anticipated health care premiums. This is based on Table 6 of the July 1, 2012 valuation, which expected the 2012-2013 payment level of $459.3 million to increase to $548.5 million in 2014-2015 (as compared to the new expected amount $503.9 million).
- The total Present Value of Future Benefits (PVB).
- The Actuarial Accrued Liability (AAL). The increases in AAL varied by member status and benefit type. The 10.9% increase for retired members is a result of updated trend assumptions, a reduced discount rate, and an increase in the number of retirees and their spouses and dependents. The increases in medical, dental and Part B benefits are also a result of new retirees, updated claim cost, trend, and discount rate assumptions, some of which are offsetting. Medical benefits have not increased as much partially due to a change in Post 65 migration patterns towards lower cost plans. The 16.2% increase for retiree death benefits is a result of a reduced discount rate.
- The Annual Required Contribution (ARC). The ARC increased by 1.2% in dollar terms, and decreased by 0.8% 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, 2014 and July 1, 2015; the discount rate change; and lower-than-expected payroll increases.

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Los Angeles County Other Post Employment Benefits Program

Table 1: July 1, 2014 Summary of County Paid Liabilities and Cost
(All Dollar Amounts in Millions)

	July 1, 2014	July 1, 2012	Percentage Change
A. Total Membership			
1. Active Members	92,393	91,898	0.5%
2. Vested Terminated Members	8,069	7,835	3.0%
3. Retirees and Survivors (Medical Coverage)	45,825	43,897	4.4%
4. Total	146,287	143,630	1.8%
B. Valuation Payroll	$ 6,764.0	$ 6,630.0	2.0%
C. Projected County Paid First-Year Benefits	$ 503.9	$ 459.3	9.7%
D. Present Value of Future Benefits (PVB)[1]	$ 46,949.1	$ 44,760.5	4.9%
E. Actuarial Accrued Liability by Member Group[1]			
1. LA County Members	$ 27,287.9	$ 25,733.3	6.0%
2. Superior Court Members	1,258.7	1,219.4	3.2%
3. Total	$ 28,546.6	$ 26,952.7	5.9%
F. Actuarial Accrued Liability by Member Status[1]			
1. Active Members	$ 16,756.2	$ 16,272.2	3.0%
2. Vested Terminated Members	1,033.4	983.2	5.1%
3. Retired Members	10,757.0	9,697.3	10.9%
4. Total	$ 28,546.6	$ 26,952.7	5.9%
G. Actuarial Accrued Liability by Benefit Type[1]			
1. Retiree Medical	$ 23,714.0	$ 22,791.9	4.0%
2. Retiree Dental/Vision	1,138.7	1,019.9	11.6%
3. Medicare Part B	3,464.6	2,943.6	17.7%
4. Retiree Death Benefit	229.3	197.3	16.2%
5. Total	$ 28,546.6	$ 26,952.7	5.9%
H. Assets	$ 483.8	$ -	
I. Unfunded Actuarial Accrued Liability	$ 28,062.8	$ 26,952.7	4.1%
J. Annual Required Contribution (ARC)[2]	$ 2,152.3	$ 2,126.1	1.2%
K. ARC expressed as a percentage of payroll			
1. Normal Cost	17.50%	17.55%	(0.3%)
2. UAAL payment	14.32%	14.52%	(1.4%)
3. Total	31.82%	32.07%	(0.8%)

[1] Net of Retiree Paid Premiums

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

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Section 2: Actuarial Valuation as of July 1, 2014

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 benefit program. 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 staff.

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, 2014 valuation of the LACERA retirement benefit plan. The OPEB demographic and economic assumptions are based on the results of our 2013 OPEB Investigation of Experience, dated March 25, 2014. 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; Buck Consultants, Los Angeles County's former actuary; and Rael & Letson, actuary for SEIU Local 721.

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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 benefit program. 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.

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 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.

The statements define two measures of OPEB program liabilities, the Actuarial Present Value of Projected Total 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.

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Key Liability Descriptions (continued)

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, 2014, the beginning of the 2014/2015 fiscal year.

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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 3.75% interest assumption was selected.

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Los Angeles County Other Post Employment Benefits Program

Table 2: July 1, 2014 Actuarial Accrued Liability (AAL) at 3.75%
Retiree Medical Benefits
(All Dollar Amounts in Millions)

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
1. AAL - Total Medical Benefits					
Retirees	$ 6,030.8	$ 3,427.9	$ 9,458.7	$ 388.3	$ 9,847.0
Vested Terminateds	927.4	71.5	998.9	113.4	1,112.3
Actives	9,769.9	4,560.1	14,330.0	639.6	14,969.6
Total	$ 16,728.1	$ 8,059.5	$ 24,787.6	$ 1,141.3	$ 25,928.9
2. AAL - Retiree Paid Medical Premiums					
Retirees	$ 519.4	$ 302.9	$ 822.3	$ 41.7	$ 864.0
Vested Terminateds	381.6	41.8	423.4	44.1	467.5
Actives	627.5	226.1	853.6	29.8	883.4
Total	$ 1,528.5	$ 570.8	$ 2,099.3	$ 115.6	$ 2,214.9
3. AAL - County Paid Medical Benefits (1) - (2)					
Retirees	$ 5,511.4	$ 3,125.0	$ 8,636.4	$ 346.6	$ 8,983.0
Vested Terminateds	545.8	29.7	575.5	69.3	644.8
Actives	9,142.4	4,334.0	13,476.4	609.8	14,086.2
Total	$ 15,199.6	$ 7,488.7	$ 22,688.3	$ 1,025.7	$ 23,714.0

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Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2014 Actuarial Accrued Liability (AAL) at 3.75%
Retiree Dental and Vision Benefits
(All Dollar Amounts in Millions)

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
4. AAL - Total Dental & Vision Benefits					
Retirees	$ 395.0	$ 165.5	$ 560.5	$ 23.1	$ 583.6
Vested Terminateds	44.6	2.6	47.2	5.1	52.3
Actives	444.6	144.7	589.3	29.3	618.6
Total	$ 884.2	$ 312.8	$ 1,197.0	$ 57.5	$ 1,254.5
5. AAL - Retiree Paid Dental & Vision Premiums					
Retirees	$ 37.2	$ 15.2	$ 52.4	$ 2.7	$ 55.1
Vested Terminateds	18.3	1.5	19.8	2.0	21.8
Actives	30.3	7.0	37.3	1.6	38.9
Total	$ 85.8	$ 23.7	$ 109.5	$ 6.3	$ 115.8
6. AAL - County Paid Dental & Vision Benefits (4) - (5)					
Retirees	$ 357.8	$ 150.3	$ 508.1	$ 20.4	$ 528.5
Vested Terminateds	26.3	1.1	27.4	3.1	30.5
Actives	414.3	137.7	552.0	27.7	579.7
Total	$ 798.4	$ 289.1	$ 1,087.5	$ 51.2	$ 1,138.7

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Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2014 Actuarial Accrued Liability (AAL) at 3.75%
Medicare Part B and Retiree Death Benefit
(All Dollar Amounts in Millions)

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
7. AAL - County Paid Medicare Part B Premiums					
Retirees	$ 763.3	$ 288.0	$ 1,051.3	$ 44.2	$ 1,095.5
Vested Terminateds	283.3	34.0	317.3	29.3	346.6
Actives	1,474.7	451.1	1,925.8	96.7	2,022.5
Total	$ 2,521.3	$ 773.1	$ 3,294.4	$ 170.2	$ 3,464.6
8. AAL - County Paid Retiree Death Benefit					
Retirees	$ 116.9	$ 26.0	$ 142.9	$ 7.1	$ 150.0
Vested Terminateds	10.0	0.6	10.6	0.9	11.5
Actives	55.1	9.1	64.2	3.6	67.8
Total	$ 182.0	$ 35.7	$ 217.7	$ 11.6	$ 229.3
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)					
Retirees	$ 6,749.4	$ 3,589.3	$ 10,338.7	$ 418.3	$ 10,757.0
Vested Terminateds	865.4	65.4	930.8	102.6	1,033.4
Actives	11,086.5	4,931.9	16,018.4	737.8	16,756.2
Total	$ 18,701.3	$ 8,586.6	$ 27,287.9	$ 1,258.7	$ 28,546.6

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Los Angeles County Other Post Employment Benefits Program

Table 3: July 1, 2014 Normal Cost at 3.75%
(All Dollar Amounts in Millions)

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
1. Total Medical Benefits	$ 745.3	$ 319.3	$ 1,064.6	$ 35.9	$ 1,100.5
2. Retiree Paid Medical Premiums	81.5	29.6	111.1	2.7	113.8
3. Net County Paid Medical Benefits (1) - (2)	$ 663.8	$ 289.7	$ 953.5	$ 33.2	$ 986.7
4. Total Dental/Vision Benefits	$ 29.9	$ 9.1	$ 39.0	$ 1.6	$ 40.6
5. Retiree Paid DentalVision Premiums	3.5	0.9	4.4	0.1	4.5
6. Net County Paid Dental/Vision Benefits (4) - (5)	$ 26.4	$ 8.2	$ 34.6	$ 1.5	$ 36.1
7. County Paid Medicare Part B Premiums	$ 118.9	$ 32.2	$ 151.1	$ 5.6	$ 156.7
8. County Paid Retiree Death Benefit	$ 3.6	$ 0.5	$ 4.1	$ 0.2	$ 4.3
9. Total County Normal Cost (3) + (6) + (7) + (8)	$ 812.7	$ 330.6	$ 1,143.3	$ 40.5	$ 1,183.8
10. Valuation Payroll	$ 5,144.8	$ 1,301.2	$ 6,446.0	$ 318.0	$ 6,764.0
11. County Normal Cost as a Percentage of Payroll	15.80%	25.41%	17.74%	12.74%	17.50%

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Los Angeles County Other Post Employment Benefits Program

Table 4: 2014-2015 Annual Required Contribution (ARC) at 3.75%
(All Dollar Amounts in Millions)

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
1. Unfunded Actuarial Accrued Liability (UAAL)					
Present Value of Benefits (PVB)	$ 32,064.3	$ 13,053.7	$ 45,118.0	$ 1,831.1	$ 46,949.1
Present Value of Future Normal Cost (PVFNC)	13,363.0	4,467.1	17,830.1	572.4	18,402.5
Actuarial Accrued Liability as of July 1, 2014	$ 18,701.3	$ 8,586.6	$ 27,287.9	$ 1,258.7	$ 28,546.6
Fund Balance at July 1, 2014	331.6	152.2	483.8	-	483.8
Unfunded Actuarial Accrued Liability	$ 18,369.7	$ 8,434.4	$ 26,804.1	$ 1,258.7	$ 28,062.8
2. Amortization of UAAL (Level % of Pay)					
Amortization Period (years)	30	30	30	30	30
Amortization Factor	28.975	28.975	28.975	28.975	28.975
UAAL Amortization Payment	$ 634.0	$ 291.1	$ 925.1	$ 43.4	$ 968.5
3. 2014 - 2015 Annual Required Contribution (ARC) on July 1, 2014					
Amortization of UAAL	$ 634.0	$ 291.1	$ 925.1	$ 43.4	$ 968.5
Normal Cost	812.7	330.6	1,143.3	40.5	1,183.8
Annual Required Contribution (ARC) (As of July 1, 2014)	$ 1,446.7	$ 621.7	$ 2,068.4	$ 83.9	$ 2,152.3
4. July 1, 2014 Valuation Payroll	$ 5,144.8	$ 1,301.2	$ 6,446.0	$ 318.0	$ 6,764.0
5. Estimated ARC as a Percentage of Valuation Payroll	28.12%	47.78%	32.09%	26.38%	31.82%

Fund balance distributed by AAL

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C. Estimated Pay-As-You-Go Costs

Estimated Pay-As-You-Go Costs

Tables 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 retiree death benefits. The medical and dental/vision retiree contributions are also summarized. Finally, the net County paid benefits are shown, which 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.

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Los Angeles County Other Post Employment Benefits Program

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

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental/Vision Retiree Contribution	Total County Paid Benefits
6/30/2015	$ 451.2	$ 39.7	$ 49.3	$ 7.6	$ (40.0)	$ (3.9)	$ 503.9
6/30/2016	509.1	41.6	53.0	7.9	(46.7)	(4.2)	560.7
6/30/2017	561.9	43.9	57.3	8.2	(52.7)	(4.5)	614.1
6/30/2018	617.2	46.3	62.0	8.5	(58.9)	(4.7)	670.4
6/30/2019	675.5	48.8	67.1	8.8	(65.2)	(5.0)	730.0
6/30/2020	731.7	51.4	72.9	9.1	(71.3)	(5.3)	788.5
6/30/2021	790.8	54.1	80.0	9.4	(77.7)	(5.7)	850.9
6/30/2022	853.4	56.9	87.9	9.7	(84.2)	(6.0)	917.7
6/30/2023	913.2	59.8	96.2	10.0	(90.2)	(6.3)	982.7
6/30/2024	984.5	62.8	105.3	10.3	(97.1)	(6.6)	1,059.2

Projection Basis:
All assumptions are met
No future members are reflected

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Los Angeles County Other Post Employment Benefits Program

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

Fiscal Year Ending	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
6/30/2015	$ 346.1	$ 137.5	$ 483.6	$ 20.3	$ 503.9
6/30/2016	381.2	156.9	538.1	22.6	560.7
6/30/2017	415.2	174.1	589.3	24.8	614.1
6/30/2018	450.9	192.4	643.3	27.1	670.4
6/30/2019	488.2	212.4	700.6	29.4	730.0
6/30/2020	525.2	231.5	756.7	31.8	788.5
6/30/2021	564.7	251.8	816.5	34.4	850.9
6/30/2022	607.8	272.7	880.5	37.2	917.7
6/30/2023	650.9	291.5	942.4	40.3	982.7
6/30/2024	700.4	314.9	1,015.3	43.9	1,059.2

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	Valuation Trend Rates Plus 1%	Valuation Trend Rates Minus 1%
		(in millions)	
July 1, 2014 AAL	$ 28,546.6	$ 35,423.3	$ 23,373.6
Percentage Increase/(Decrease)		24%	(18%)
2014 – 2015 ARC	$ 2,152.3	$ 2,820.4	$ 1,671.3
Percentage Increase/(Decrease)		31%	(22%)

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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, 2010	-	$24,031,000	$24,031,000	0.0%	$6,695,439	358.9%
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%

[1] Covered Payroll is consistent with the retirement program's covered payroll.

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

(Dollars in Thousands)

Fiscal Year Ended June 30	Annual Required Contribution (ARC)	Actual Employer Contributions [2]			Percentage of ARC Contributed
		Cash Payment	Transfer from Reserve Account	Total	
2012	$1,938,400	$442,099	-	$442,099	23%
2013	$2,126,100	$460,331	-	$460,331	22%
2014	$2,126,100	$466,788	-	$466,788	22%

[2] Values from Fiscal Year Ended June 30, 2012, 2013, and 2014 are from the LACERA 2014 CAFR. Actual Employer Contributions are not yet available for Fiscal Year Ended June 30, 2015.

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

	Added to Rolls		Removed from Rolls		Rolls at End of Year		% Increase in Retiree	Average Annual
Plan Year Ended	Count	Annual Allowance*	Count	Annual Allowance	Count	Annual Allowance	Allowance	Allowance
June 30, 2010					43,936	$391,979,000		$8,922
June 30, 2012	5,336	$56,982,000	(3,070)	($25,497,000)	46,202	$423,464,000	8.03%	$9,165
June 30, 2014	5,335	$89,205,000	(3,369)	($29,925,000)	48,168	$482,744,000	14.00%	$10,022

*Includes changes for continuing retirees and beneficiaries

Los Angeles County Other Post Employment Benefits Program
Actuarial Analysis of Financial Experience - OPEB Program
(Dollars in Billions)

	Valuation as of July 1			
	2008	2010	2012	2014
Prior Valuation Unfunded Actuarial Accrued Liability	$ 21.22	$ 21.86	$ 24.03	$ 26.95
Expected Increase (Decrease) from Prior Valuation	3.34	3.48	3.77	3.87
Claim Costs Greater (Less) than Expected	(3.13)	(1.27)	(4.60) *	(5.47) *
Change in Assumptions	0.53	0.29	4.15	3.25
All Other Experience	(0.10)	(0.33)	(0.40)	(0.05)
Ending Unfunded Actuarial Accrued Liability	**$ 21.86**	**$ 24.03**	**$ 26.95**	**$ 28.55**

* This amount Includes the trend assumption change.

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 with the 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 with the July 1, 2016 OPEB valuation.

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Section 3: GASB Liabilities and Costs as of July 1, 2014 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.

As requested, Milliman has calculated the GASB 43/45 Liabilities and Costs as of July 1, 2014 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 law and that there will be no changes in plan design to help mitigate the impact of the tax.

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Los Angeles County Other Post Employment Benefits Program

Table 7: July 1, 2014 Summary of County Paid Liabilities and Cost with Excise Tax (All Dollar Amounts in Millions)

	July 1, 2014 with Excise Tax	July 1, 2014 without Excise Tax	Percentage Change
A. Total Membership			
1. Active Members	92,393	92,393	0.0%
2. Vested Terminated Members	8,069	8,069	0.0%
3. Retirees and Survivors (Medical Coverage)	45,825	45,825	0.0%
4. Total	146,287	146,287	0.0%
B. Valuation Payroll	$ 6,764.0	$ 6,764.0	0.0%
C. Projected County Paid First-Year Benefits	$ 503.9	$ 503.9	0.0%
D. Present Value of Future Benefits (PVB)[1]	$ 51,857.9	$ 46,949.1	10.5%
E. Actuarial Accrued Liability by Member Group[1]			
1. LA County Members	$ 29,359.5	$ 27,287.9	7.6%
2. Superior Court Members	1,350.8	1,258.7	7.3%
3. Total	$ 30,710.3	$ 28,546.6	7.6%
F. Actuarial Accrued Liability by Member Status[1]			
1. Active Members	$ 18,409.2	$ 16,756.2	9.9%
2. Vested Terminated Members	1,092.5	1,033.4	5.7%
3. Retired Members	11,208.6	10,757.0	4.2%
4. Total	$ 30,710.3	$ 28,546.6	7.6%
G. Actuarial Accrued Liability by Benefit Type[1]			
1. Retiree Medical	$ 25,877.7	$ 23,714.0	9.1%
2. Retiree Dental/Vision	1,138.7	1,138.7	0.0%
3. Medicare Part B	3,464.6	3,464.6	0.0%
4. Retiree Death Benefit	229.3	229.3	0.0%
5. Total	$ 30,710.3	$ 28,546.6	7.6%
H. Assets	$ 483.8	$ 483.8	0.0%
I. Unfunded Actuarial Accrued Liability	$ 30,226.5	$ 28,062.8	7.7%
J. Annual Required Contribution (ARC)[2]	$ 2,370.3	$ 2,152.3	10.1%
K. ARC expressed as a percentage of payroll			
1. Normal Cost	19.62%	17.50%	12.1%
2. UAAL payment	15.42%	14.32%	7.7%
3. Total	35.04%	31.82%	10.1%

[1] Net of Retiree Paid Premiums

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

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Los Angeles County Other Postemployment Benefits Program

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 Medical Trend with Excise Tax	
From	To	Under 65	Over 65
6/30/2015	6/30/2016	7.05%	9.60%
6/30/2016	6/30/2017	6.40%	8.85%
6/30/2017	6/30/2018	6.55%	9.25%
6/30/2018	6/30/2019	6.30%	8.35%
6/30/2019	6/30/2020	5.90%	6.30%
6/30/2020	6/30/2021	6.00%	5.95%
6/30/2021	6/30/2022	6.00%	5.95%
6/30/2022	6/30/2023	6.00%	5.95%
6/30/2023	6/30/2024	6.10%	5.95%
6/30/2024	6/30/2025	6.25%	6.00%
6/30/2025	6/30/2026	6.30%	6.00%
6/30/2026	6/30/2027	6.30%	6.00%
6/30/2027	6/30/2028	6.35%	6.00%
6/30/2037	6/30/2038	6.65%	6.15%
6/30/2047	6/30/2048	6.05%	6.15%
6/30/2057	6/30/2058	5.85%	6.15%
6/30/2067	6/30/2068	5.30%	5.45%
6/30/2077	6/30/2078	4.90%	5.05%
6/30/2087	6/30/2088	4.90%	4.95%
6/30/2097	6/30/2098	4.85%	4.95%
6/30/2100		4.85%	4.90%

Note that after fiscal year ending June 30, 2027, selected years are shown in the table. After fiscal year ending June 30, 2098, the trend rates remain at 4.85% for pre 65 trend and 4.90% for post 65 trend.

* *The first year trend rates for LACERA medical non-firefighter Local 1014 and dental/vision plans have been adjusted to reflect premium increases effective July 1, 2015. ACA Fees including Transitional Reinsurance Fee and Insurer Fee are also included in the medical and dental/vision trends.*

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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.

Fiscal Year Ending	July 1, 2014 with Excise Tax	July 1, 2014 without Excise Tax
6/30/2015	$ 411.2	$ 411.2
6/30/2016	462.4	462.4
6/30/2017	509.2	509.2
6/30/2018	563.8	558.3
6/30/2019	623.3	610.3
6/30/2020	676.1	660.4
6/30/2021	732.1	713.1
6/30/2022	791.7	769.2
6/30/2023	849.3	823.0
6/30/2024	918.2	887.4

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.

Plan	First Year Excise Tax applies
Blue Cross I	2018
Blue Cross II	2018
Blue Cross III	2037
Blue Cross Prudent Buyer	2018
Cigna Network Model	2018
Cigna Healthcare for Seniors	2045
Firefighters' Local 1014	2018
Kaiser Basic	2019
Kaiser Over 65	2046
UnitedHealthcare	2018
UnitedHealthcare Medicare Advantage	2049
SCAN	2046

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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 plans as for the LACERA retirement benefits. The assumptions that overlap with the LACERA retirement benefits plan assumptions were reviewed and changed June 30, 2013, as a result of the 2013 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2013. The general wage increase, investment earnings, and implied inflation assumptions were evaluated with the June 30, 2014, retirement benefits plan valuation. The OPEB specific assumptions other than premiums, claim costs, aging, and trend, were reviewed and changed as a result of the 2013 OPEB Investigation of Experience Study approved in the April 2014 Board meeting. The premiums, claim costs, aging, and trend used for this valuation are updated as of July 1, 2014.

The actuarial assumptions used in both the retirement benefit 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, 2014 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 3.50% 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 2013 Retirement Benefit Investigation of Experience Study. The rates are the probabilities a member will leave active employment for various reasons.

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Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2013 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 OPEB program's premium and claim information.

Table A-22 presents the health cost trend rates.

Table A-23 presents the assumed retirement rates for vested terminated members developed from the 2013 OPEB Investigation of Experience.

Actuarial Cost Method

The actuarial valuation is prepared under the Projected Unit Credit (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.

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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, it would be the expected return on the County's general funds. In our previous valuations, we used the expected return on the County's general funds to develop the discount rate assumption. For the July 1, 2014 valuation, we have included the OPEB Investment Trust in our analysis to develop the discount rate. Based on the expected return on the County's general funds and the expected return on the OPEB Investment Trust, we have selected a discount rate of 3.75% for use in the July 1, 2014 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, 2014.

Future Salaries

The 3.50% per annum rate of increase in the general wage level of membership is in Table A-5. This rate was adopted June 30, 2014.

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.

All general members who attain or who have attained age 75 in active service and all safety members who have attained age 60 in active service are assumed to retire immediately (except for Safety Plan C members who have not yet attained 5 years of service).

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Retirement (cont.)

All deferred vested members are assumed to retire according to Table A-23.

The assumptions regarding termination of employment, early retirement, and unreduced service retirement are treated as a single set of decrements in regards to a particular member. For example, a general member hired at age 30 has a probability to withdraw from LACERA due to death, disability, or *other termination of employment* until age 50. After age 50, the member could still withdraw due to death, disability, or *retirement*. Thus, in no year during the member's projected employment would they be eligible for both a probability of other termination of employment and a probability of retirement.

The active members' retirement probabilities were adopted June 30, 2013. The term vested member's retirement probabilities were adopted July 1, 2013, for purposes of the OPEB program valuation only.

Disability

The rates of disability used in the valuation are illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2013.

Postretirement Mortality – Other Than Disabled Members

The same postretirement mortality rates are used in the valuation for active members, members retired for service, and beneficiaries. These rates are illustrated in Table A-2. Current beneficiary mortality is assumed to be the same assumption as healthy members of the same gender. Future beneficiaries are assumed to be of the opposite gender and have the same mortality as General members. Note that these assumptions include a margin for expected future mortality improvement. These rates were adopted June 30, 2013.

Males

General members: RP-2000 Combined Mortality Table for Males, projected to 2025 using Projection Scale AA, with ages set back one year.

Safety members: RP-2000 Combined Mortality Table for Males, projected to 2025 using Projection Scale AA, with ages set back two years.

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Females General members: RP-2000 Combined Mortality Table for Females, projected to 2025 using Projection Scale AA, with ages set back one year.

Safety members: RP-2000 Combined Mortality Table for Females, projected to 2025 using Projection Scale AA, with ages set back one year.

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, 2013.

Males General members: Average of RP-2000 Combined and Disabled Mortality Tables for Males, projected to 2025 using Projection Scale AA, with ages set back one year.

Safety members: RP-2000 Combined Mortality Table for Males, projected to 2025 using Projection Scale AA, with no age adjustment.

Females General members: Average of RP-2000 Combined and Disabled Mortality Tables for Females, projected to 2025 using Projection Scale AA, with ages set back one year.

Safety members: RP-2000 Combined Mortality Table for Females, projected to 2025 using Projection Scale AA, with no age adjustment.

Mortality While in Active Status

For active members, the mortality rates used in the valuation are illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2013.

Class	Gender	Proposed Table	
General	Male	RP 2000 Employee Male, Proj. 2025*	+1
General	Female	RP 2000 Employee Female, Proj. 2025*	-2
Safety	Male	RP 2000 Employee Male, Proj. 2025*	-5
Safety	Female	RP 2000 Employee Female, Proj. 2025*	-2

** Static Projection of the RP 2000 tables using Projection Scale AA to 2025.*

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

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Other Employment Terminations

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, 2013.

Terminating employees may withdraw their contributions immediately upon termination of employment and forfeit the right to further retirement, medical, and dental/vision benefits, or they may leave their contributions with LACERA. Former contributing members whose contributions are on deposit may later elect to receive a refund, may return to work or may remain inactive until becoming eligible to receive a retirement benefit under either LACERA or a reciprocal retirement plan. All terminating members who are not eligible for vested benefits are assumed to withdraw their contributions immediately.

All terminating members are assumed to not be rehired. Table A-4 gives the assumed probabilities that vested members will withdraw their contributions and elect a refund immediately upon termination and the probability that remaining members will elect a deferred retirement allowance. All non-vested members are assumed to elect a refund and withdraw their contributions. These rates in Table A-4 were adopted June 30, 2013.

Future Transfers

Though a few active members may change pension plans, this valuation assumes the active members remain in the plan they are enrolled in at the time of the valuation. Specifically, we assume there will be no future transfers between retirement benefit plans.

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.

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Retiree Medical and Dental/Vision Eligibility and Enrollment Assumptions (cont.)

The 2013 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	Table A-15
Probability of medical plan and tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16
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%

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Table A-1: Summary of Valuation Assumptions as of July 1, 2014

I. Economic Assumptions	
A. General wage increases	3.50%, Table A-5
B. Investment earnings	3.75%
C Implied Inflation	3.00%
D. Growth in membership	0.00%
E. Medical cost trend	Table A-22
F. Dental and vision cost trend	Table A-22
II. Demographic Assumptions	
A. Retirement	Tables A-6 to A-13
B. Disablement	Tables A-6 to A-13
C. Mortality for active members after termination and service retired members.	Table A-2

Basis – RP-2000 Combined Mortality Table for respective genders, projected to 2025 using Projection Scale AA, and adjusted as follows:

Class of Members	Age Adjustment
General – males	-1 year
General – females	-1 year
Safety – males	-2 years
Safety – females	-1 year

D. Mortality Among Disabled Members — Table A-3

Basis – Average of RP-2000 Combined and Disabled Mortality Tables projected to 2025 using Projection Scale AA, and adjusted as follows:

General – males	-1 year
General – females	-1 year

Basis – RP-2000 Combined Mortality Table, for respective genders projected to 2025 using Projection Scale AA, and adjusted as follows:

Safety – males	0 years
Safety – females	0 years

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	E. Mortality for Beneficiaries Basis – Beneficiaries are assumed to have the same mortality as a general member of the opposite gender who has taken a service retirement.	Table A-2
	F. Other Terminations of Employment	Tables A-6 to A-13
	G. Refund of Contributions on Vested Termination	Table A-4
	H. Future male retirees are assumed to be four years older than their female spouses. Future female retirees are assumed to be two years younger than their male spouses. Assumption adopted July 1, 2008.	
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 *Post* 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

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Table A-2: Mortality for Members Retired for Service

Age	Safety Male	Safety Female	General Male	General Female
20	0.020%	0.013%	0.020%	0.013%
25	0.026%	0.014%	0.027%	0.014%
30	0.035%	0.018%	0.036%	0.018%
35	0.056%	0.034%	0.062%	0.034%
40	0.083%	0.044%	0.086%	0.044%
45	0.099%	0.071%	0.103%	0.071%
50	0.124%	0.098%	0.130%	0.098%
55	0.176%	0.189%	0.193%	0.189%
60	0.352%	0.392%	0.397%	0.392%
65	0.704%	0.760%	0.793%	0.760%
70	1.256%	1.311%	1.392%	1.311%
75	2.083%	2.136%	2.323%	2.136%
80	3.854%	3.482%	4.393%	3.482%
85	7.340%	5.832%	8.371%	5.832%
90	13.285%	11.053%	14.682%	11.053%

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Table A-3: Mortality for Members Retired for Disability

Age	Safety Male	Safety Female	General Male	General Female
20	0.021%	0.013%	0.709%	0.262%
25	0.029%	0.015%	0.827%	0.262%
30	0.039%	0.021%	1.014%	0.285%
35	0.068%	0.036%	1.027%	0.307%
40	0.088%	0.048%	0.990%	0.277%
45	0.109%	0.075%	0.886%	0.291%
50	0.136%	0.109%	0.967%	0.387%
55	0.224%	0.222%	1.127%	0.697%
60	0.451%	0.446%	1.557%	1.112%
65	0.895%	0.856%	2.094%	1.554%
70	1.522%	1.477%	2.791%	2.214%
75	2.660%	2.299%	3.818%	3.119%
80	5.007%	3.849%	6.117%	4.585%
85	9.292%	6.663%	9.845%	6.850%
90	16.592%	12.215%	14.806%	11.601%

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

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%

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Table A-5: Annual Increase in Salary

The general wage increase assumption is 3.50% 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.

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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-Connected Disability:	Member receives disability retirement; disability is service-connected.
Nonservice-Connected Disability:	Member receives disability retirement; disability is not service-connected.
Service-Connected Pre-Retirement Death:	Member dies before retirement; death is service-connected.
Nonservice-Connected Pre-Retirement Death:	Member dies before retirement; death is not service-connected.

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

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

Age	Service Retirement	Other Terminations	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement 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	0.0003
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
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	0.0005
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0006
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0006
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0007
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0007
36	0.0000	0.0050	0.0004	0.0001	N/A	0.0008
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0008
38	0.0000	0.0050	0.0005	0.0001	N/A	0.0009
39	0.0000	0.0050	0.0005	0.0001	N/A	0.0009
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0009
41	0.0300	0.0050	0.0006	0.0002	N/A	0.0009
42	0.0300	0.0050	0.0007	0.0002	N/A	0.0010
43	0.0300	0.0050	0.0007	0.0003	N/A	0.0010
44	0.0300	0.0050	0.0008	0.0003	N/A	0.0011
45	0.0300	0.0050	0.0009	0.0003	N/A	0.0011
46	0.0300	0.0050	0.0010	0.0004	N/A	0.0012
47	0.0300	0.0050	0.0011	0.0004	N/A	0.0012
48	0.0300	0.0050	0.0012	0.0004	N/A	0.0013
49	0.0300	0.0050	0.0013	0.0004	N/A	0.0014
50	0.0300	0.0050	0.0014	0.0004	N/A	0.0014
51	0.0300	0.0050	0.0015	0.0004	N/A	0.0015
52	0.0300	0.0050	0.0016	0.0004	N/A	0.0016
53	0.0300	0.0050	0.0018	0.0005	N/A	0.0017
54	0.0600	0.0050	0.0020	0.0006	N/A	0.0019
55	0.1000	0.0050	0.0022	0.0006	N/A	0.0021
56	0.1200	0.0050	0.0024	0.0007	N/A	0.0024
57	0.1700	0.0050	0.0026	0.0008	N/A	0.0027
58	0.2200	0.0050	0.0029	0.0009	N/A	0.0029
59	0.2400	0.0050	0.0032	0.0010	N/A	0.0033
60	0.2600	0.0050	0.0036	0.0010	N/A	0.0037
61	0.3100	0.0050	0.0039	0.0011	N/A	0.0041
62	0.3500	0.0050	0.0042	0.0012	N/A	0.0045
63	0.2800	0.0050	0.0042	0.0014	N/A	0.0049
64	0.2800	0.0050	0.0042	0.0015	N/A	0.0053
65	0.2800	0.0050	0.0042	0.0017	N/A	0.0058
66	0.2800	0.0050	0.0042	0.0018	N/A	0.0062
67	0.2800	0.0050	0.0042	0.0020	N/A	0.0064
68	0.2800	0.0050	0.0042	0.0022	N/A	0.0067
69	0.2800	0.0050	0.0042	0.0023	N/A	0.0068
70	0.2800	0.0050	0.0042	0.0025	N/A	0.0071
71	0.2800	0.0050	0.0042	0.0026	N/A	0.0077
72	0.2800	0.0050	0.0042	0.0028	N/A	0.0085
73	0.2800	0.0050	0.0042	0.0030	N/A	0.0094
74	0.2800	0.0050	0.0042	0.0031	N/A	0.0106
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0000

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

Age	Service Retirement	Other Terminations	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
19	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
20	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
21	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
22	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
23	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
24	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
25	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
26	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
27	0.0000	0.0050	0.0001	0.0001	N/A	0.0001
28	0.0000	0.0050	0.0001	0.0001	N/A	0.0002
29	0.0000	0.0050	0.0001	0.0001	N/A	0.0002
30	0.0000	0.0050	0.0001	0.0001	N/A	0.0002
31	0.0000	0.0050	0.0001	0.0001	N/A	0.0002
32	0.0000	0.0050	0.0001	0.0001	N/A	0.0002
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
34	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
36	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
38	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
39	0.0000	0.0050	0.0005	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	0.0006	0.0002	N/A	0.0005
43	0.0300	0.0050	0.0007	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	0.0006
46	0.0300	0.0050	0.0009	0.0004	N/A	0.0007
47	0.0300	0.0050	0.0009	0.0004	N/A	0.0008
48	0.0300	0.0050	0.0010	0.0004	N/A	0.0008
49	0.0300	0.0050	0.0011	0.0004	N/A	0.0008
50	0.0300	0.0050	0.0012	0.0004	N/A	0.0009
51	0.0300	0.0050	0.0012	0.0004	N/A	0.0010
52	0.0300	0.0050	0.0013	0.0004	N/A	0.0011
53	0.0300	0.0050	0.0014	0.0005	N/A	0.0012
54	0.0600	0.0050	0.0015	0.0006	N/A	0.0014
55	0.1000	0.0050	0.0016	0.0006	N/A	0.0016
56	0.1200	0.0050	0.0016	0.0007	N/A	0.0018
57	0.1700	0.0050	0.0017	0.0008	N/A	0.0021
58	0.2200	0.0050	0.0020	0.0009	N/A	0.0024
59	0.2400	0.0050	0.0022	0.0010	N/A	0.0027
60	0.2600	0.0050	0.0024	0.0010	N/A	0.0029
61	0.3100	0.0050	0.0027	0.0011	N/A	0.0032
62	0.3500	0.0050	0.0029	0.0012	N/A	0.0035
63	0.2800	0.0050	0.0031	0.0014	N/A	0.0038
64	0.2800	0.0050	0.0034	0.0015	N/A	0.0041
65	0.2800	0.0050	0.0037	0.0017	N/A	0.0044
66	0.2800	0.0050	0.0040	0.0018	N/A	0.0048
67	0.2800	0.0050	0.0044	0.0020	N/A	0.0051
68	0.2800	0.0050	0.0048	0.0022	N/A	0.0055
69	0.2800	0.0050	0.0052	0.0023	N/A	0.0058
70	0.2800	0.0050	0.0052	0.0025	N/A	0.0061
71	0.2800	0.0050	0.0052	0.0026	N/A	0.0064
72	0.2800	0.0050	0.0052	0.0028	N/A	0.0067
73	0.2800	0.0050	0.0052	0.0030	N/A	0.0068
74	0.2800	0.0050	0.0052	0.0031	N/A	0.0073
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0078

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Table A-8: Rate of Separation From Active Service For General Members Plan D and G – Male

Age	Service Retirement	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	0.0002	0.0001	N/A	0.0002
19	0.0000	0.0002	0.0001	N/A	0.0002
20	0.0000	0.0002	0.0001	N/A	0.0002
21	0.0000	0.0002	0.0001	N/A	0.0002
22	0.0000	0.0002	0.0001	N/A	0.0003
23	0.0000	0.0002	0.0001	N/A	0.0003
24	0.0000	0.0002	0.0001	N/A	0.0003
25	0.0000	0.0002	0.0001	N/A	0.0003
26	0.0000	0.0002	0.0001	N/A	0.0003
27	0.0000	0.0002	0.0001	N/A	0.0003
28	0.0000	0.0002	0.0001	N/A	0.0004
29	0.0000	0.0002	0.0001	N/A	0.0004
30	0.0000	0.0002	0.0001	N/A	0.0004
31	0.0000	0.0002	0.0001	N/A	0.0005
32	0.0000	0.0002	0.0001	N/A	0.0006
33	0.0000	0.0002	0.0001	N/A	0.0006
34	0.0000	0.0003	0.0001	N/A	0.0007
35	0.0000	0.0003	0.0001	N/A	0.0007
36	0.0000	0.0004	0.0001	N/A	0.0008
37	0.0000	0.0004	0.0001	N/A	0.0008
38	0.0000	0.0005	0.0001	N/A	0.0009
39	0.0000	0.0005	0.0001	N/A	0.0009
40	0.0200	0.0006	0.0002	N/A	0.0009
41	0.0200	0.0006	0.0002	N/A	0.0009
42	0.0200	0.0007	0.0002	N/A	0.0010
43	0.0200	0.0007	0.0003	N/A	0.0010
44	0.0200	0.0008	0.0003	N/A	0.0011
45	0.0200	0.0009	0.0003	N/A	0.0011
46	0.0200	0.0010	0.0004	N/A	0.0012
47	0.0200	0.0011	0.0004	N/A	0.0012
48	0.0200	0.0012	0.0004	N/A	0.0013
49	0.0200	0.0013	0.0004	N/A	0.0014
50	0.0200	0.0014	0.0004	N/A	0.0014
51	0.0200	0.0015	0.0004	N/A	0.0015
52	0.0200	0.0016	0.0004	N/A	0.0016
53	0.0200	0.0018	0.0005	N/A	0.0017
54	0.0200	0.0020	0.0006	N/A	0.0019
55	0.0250	0.0022	0.0006	N/A	0.0021
56	0.0250	0.0024	0.0007	N/A	0.0024
57	0.0300	0.0026	0.0008	N/A	0.0027
58	0.0350	0.0029	0.0009	N/A	0.0029
59	0.0500	0.0032	0.0010	N/A	0.0033
60	0.0600	0.0036	0.0010	N/A	0.0037
61	0.0700	0.0039	0.0011	N/A	0.0041
62	0.1000	0.0042	0.0012	N/A	0.0045
63	0.0900	0.0042	0.0014	N/A	0.0049
64	0.1200	0.0042	0.0015	N/A	0.0053
65	0.2000	0.0042	0.0017	N/A	0.0058
66	0.2000	0.0042	0.0018	N/A	0.0062
67	0.1800	0.0042	0.0020	N/A	0.0064
68	0.1600	0.0042	0.0022	N/A	0.0067
69	0.1600	0.0042	0.0023	N/A	0.0068
70	0.2000	0.0042	0.0025	N/A	0.0071
71	0.2000	0.0042	0.0026	N/A	0.0077
72	0.2000	0.0042	0.0028	N/A	0.0085
73	0.2000	0.0042	0.0030	N/A	0.0094
74	0.2000	0.0042	0.0031	N/A	0.0106
75	1.0000	0.0042	0.0000	N/A	0.0119

Years of Service	Other Terminations
0	0.0800
1	0.0550
2	0.0375
3	0.0300
4	0.0250
5	0.0233
6	0.0217
7	0.0200
8	0.0190
9	0.0180
10	0.0170
11	0.0160
12	0.0150
13	0.0140
14	0.0130
15	0.0120
16	0.0110
17	0.0100
18	0.0092
19	0.0084
20	0.0076
21	0.0068
22	0.0060
23	0.0056
24	0.0052
25	0.0048
26	0.0044
27	0.0040
28	0.0040
29	0.0040
30 & Above	0.0000

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

Age	Service Retirement	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	0.0001	0.0001	N/A	0.0001
19	0.0000	0.0001	0.0001	N/A	0.0001
20	0.0000	0.0001	0.0001	N/A	0.0001
21	0.0000	0.0001	0.0001	N/A	0.0001
22	0.0000	0.0001	0.0001	N/A	0.0001
23	0.0000	0.0001	0.0001	N/A	0.0001
24	0.0000	0.0001	0.0001	N/A	0.0001
25	0.0000	0.0001	0.0001	N/A	0.0001
26	0.0000	0.0001	0.0001	N/A	0.0001
27	0.0000	0.0001	0.0001	N/A	0.0001
28	0.0000	0.0001	0.0001	N/A	0.0002
29	0.0000	0.0001	0.0001	N/A	0.0002
30	0.0000	0.0001	0.0001	N/A	0.0002
31	0.0000	0.0001	0.0001	N/A	0.0002
32	0.0000	0.0001	0.0001	N/A	0.0002
33	0.0000	0.0002	0.0001	N/A	0.0003
34	0.0000	0.0002	0.0001	N/A	0.0003
35	0.0000	0.0003	0.0001	N/A	0.0003
36	0.0000	0.0003	0.0001	N/A	0.0003
37	0.0000	0.0004	0.0001	N/A	0.0004
38	0.0000	0.0004	0.0001	N/A	0.0004
39	0.0000	0.0005	0.0001	N/A	0.0004
40	0.0200	0.0005	0.0002	N/A	0.0004
41	0.0200	0.0005	0.0002	N/A	0.0004
42	0.0200	0.0006	0.0002	N/A	0.0005
43	0.0200	0.0007	0.0003	N/A	0.0005
44	0.0200	0.0007	0.0003	N/A	0.0006
45	0.0200	0.0008	0.0003	N/A	0.0006
46	0.0200	0.0009	0.0004	N/A	0.0007
47	0.0200	0.0009	0.0004	N/A	0.0008
48	0.0200	0.0010	0.0004	N/A	0.0008
49	0.0200	0.0011	0.0004	N/A	0.0008
50	0.0200	0.0012	0.0004	N/A	0.0009
51	0.0200	0.0012	0.0004	N/A	0.0010
52	0.0200	0.0013	0.0004	N/A	0.0011
53	0.0200	0.0014	0.0005	N/A	0.0012
54	0.0200	0.0015	0.0006	N/A	0.0014
55	0.0250	0.0016	0.0006	N/A	0.0016
56	0.0250	0.0016	0.0007	N/A	0.0018
57	0.0300	0.0017	0.0008	N/A	0.0021
58	0.0350	0.0020	0.0009	N/A	0.0024
59	0.0500	0.0022	0.0010	N/A	0.0027
60	0.0600	0.0024	0.0010	N/A	0.0029
61	0.0700	0.0027	0.0011	N/A	0.0032
62	0.1000	0.0029	0.0012	N/A	0.0035
63	0.0900	0.0031	0.0014	N/A	0.0038
64	0.1200	0.0034	0.0015	N/A	0.0041
65	0.2000	0.0037	0.0017	N/A	0.0044
66	0.2000	0.0040	0.0018	N/A	0.0048
67	0.1800	0.0044	0.0020	N/A	0.0051
68	0.1600	0.0048	0.0022	N/A	0.0055
69	0.1600	0.0052	0.0023	N/A	0.0058
70	0.2000	0.0052	0.0025	N/A	0.0061
71	0.2000	0.0052	0.0026	N/A	0.0064
72	0.2000	0.0052	0.0028	N/A	0.0067
73	0.2000	0.0052	0.0030	N/A	0.0068
74	0.2000	0.0052	0.0031	N/A	0.0073
75	1.0000	0.0000	0.0000	N/A	0.0078

Years of Service	Other Terminations
0	0.0800
1	0.0550
2	0.0375
3	0.0300
4	0.0250
5	0.0233
6	0.0217
7	0.0200
8	0.0190
9	0.0180
10	0.0170
11	0.0160
12	0.0150
13	0.0140
14	0.0130
15	0.0120
16	0.0110
17	0.0100
18	0.0092
19	0.0084
20	0.0076
21	0.0068
22	0.0060
23	0.0056
24	0.0052
25	0.0048
26	0.0044
27	0.0040
28	0.0040
29	0.0040
30 & Above	0.0000

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

Age	Service Retirement	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	N/A	N/A	N/A	0.0002
19	0.0000	N/A	N/A	N/A	0.0002
20	0.0000	N/A	N/A	N/A	0.0002
21	0.0000	N/A	N/A	N/A	0.0002
22	0.0000	N/A	N/A	N/A	0.0003
23	0.0000	N/A	N/A	N/A	0.0003
24	0.0000	N/A	N/A	N/A	0.0003
25	0.0000	N/A	N/A	N/A	0.0003
26	0.0000	N/A	N/A	N/A	0.0003
27	0.0000	N/A	N/A	N/A	0.0003
28	0.0000	N/A	N/A	N/A	0.0004
29	0.0000	N/A	N/A	N/A	0.0004
30	0.0000	N/A	N/A	N/A	0.0004
31	0.0000	N/A	N/A	N/A	0.0005
32	0.0000	N/A	N/A	N/A	0.0006
33	0.0000	N/A	N/A	N/A	0.0006
34	0.0000	N/A	N/A	N/A	0.0007
35	0.0000	N/A	N/A	N/A	0.0007
36	0.0000	N/A	N/A	N/A	0.0008
37	0.0000	N/A	N/A	N/A	0.0008
38	0.0000	N/A	N/A	N/A	0.0009
39	0.0000	N/A	N/A	N/A	0.0009
40	0.0000	N/A	N/A	N/A	0.0009
41	0.0000	N/A	N/A	N/A	0.0009
42	0.0000	N/A	N/A	N/A	0.0010
43	0.0000	N/A	N/A	N/A	0.0010
44	0.0000	N/A	N/A	N/A	0.0011
45	0.0000	N/A	N/A	N/A	0.0011
46	0.0000	N/A	N/A	N/A	0.0012
47	0.0000	N/A	N/A	N/A	0.0012
48	0.0000	N/A	N/A	N/A	0.0013
49	0.0000	N/A	N/A	N/A	0.0014
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	0.0016
53	0.0000	N/A	N/A	N/A	0.0017
54	0.0000	N/A	N/A	N/A	0.0019
55	0.0300	N/A	N/A	N/A	0.0021
56	0.0250	N/A	N/A	N/A	0.0024
57	0.0250	N/A	N/A	N/A	0.0027
58	0.0250	N/A	N/A	N/A	0.0029
59	0.0300	N/A	N/A	N/A	0.0033
60	0.0450	N/A	N/A	N/A	0.0037
61	0.0600	N/A	N/A	N/A	0.0041
62	0.0900	N/A	N/A	N/A	0.0045
63	0.0900	N/A	N/A	N/A	0.0049
64	0.1600	N/A	N/A	N/A	0.0053
65	0.2500	N/A	N/A	N/A	0.0058
66	0.1800	N/A	N/A	N/A	0.0062
67	0.1700	N/A	N/A	N/A	0.0064
68	0.1600	N/A	N/A	N/A	0.0067
69	0.1600	N/A	N/A	N/A	0.0068
70	0.2000	N/A	N/A	N/A	0.0071
71	0.2000	N/A	N/A	N/A	0.0077
72	0.2000	N/A	N/A	N/A	0.0085
73	0.2000	N/A	N/A	N/A	0.0094
74	0.2000	N/A	N/A	N/A	0.0106
75	1.0000	N/A	N/A	N/A	0.0119

Years of Service	Other Terminations
0	0.1400
1	0.0750
2	0.0550
3	0.0400
4	0.0300
5	0.0277
6	0.0253
7	0.0230
8	0.0220
9	0.0210
10	0.0200
11	0.0190
12	0.0180
13	0.0174
14	0.0168
15	0.0162
16	0.0156
17	0.0150
18	0.0144
19	0.0138
20	0.0132
21	0.0126
22	0.0120
23	0.0116
24	0.0112
25	0.0108
26	0.0104
27	0.0100
28	0.0100
29	0.0100
30 & Above	0.0100

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

Age	Service Retirement	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	N/A	N/A	N/A	0.0001
19	0.0000	N/A	N/A	N/A	0.0001
20	0.0000	N/A	N/A	N/A	0.0001
21	0.0000	N/A	N/A	N/A	0.0001
22	0.0000	N/A	N/A	N/A	0.0001
23	0.0000	N/A	N/A	N/A	0.0001
24	0.0000	N/A	N/A	N/A	0.0001
25	0.0000	N/A	N/A	N/A	0.0001
26	0.0000	N/A	N/A	N/A	0.0001
27	0.0000	N/A	N/A	N/A	0.0001
28	0.0000	N/A	N/A	N/A	0.0002
29	0.0000	N/A	N/A	N/A	0.0002
30	0.0000	N/A	N/A	N/A	0.0002
31	0.0000	N/A	N/A	N/A	0.0002
32	0.0000	N/A	N/A	N/A	0.0002
33	0.0000	N/A	N/A	N/A	0.0003
34	0.0000	N/A	N/A	N/A	0.0003
35	0.0000	N/A	N/A	N/A	0.0003
36	0.0000	N/A	N/A	N/A	0.0003
37	0.0000	N/A	N/A	N/A	0.0004
38	0.0000	N/A	N/A	N/A	0.0004
39	0.0000	N/A	N/A	N/A	0.0004
40	0.0000	N/A	N/A	N/A	0.0004
41	0.0000	N/A	N/A	N/A	0.0004
42	0.0000	N/A	N/A	N/A	0.0005
43	0.0000	N/A	N/A	N/A	0.0005
44	0.0000	N/A	N/A	N/A	0.0006
45	0.0000	N/A	N/A	N/A	0.0006
46	0.0000	N/A	N/A	N/A	0.0007
47	0.0000	N/A	N/A	N/A	0.0008
48	0.0000	N/A	N/A	N/A	0.0008
49	0.0000	N/A	N/A	N/A	0.0008
50	0.0000	N/A	N/A	N/A	0.0009
51	0.0000	N/A	N/A	N/A	0.0010
52	0.0000	N/A	N/A	N/A	0.0011
53	0.0000	N/A	N/A	N/A	0.0012
54	0.0000	N/A	N/A	N/A	0.0014
55	0.0300	N/A	N/A	N/A	0.0016
56	0.0250	N/A	N/A	N/A	0.0018
57	0.0250	N/A	N/A	N/A	0.0021
58	0.0250	N/A	N/A	N/A	0.0024
59	0.0300	N/A	N/A	N/A	0.0027
60	0.0450	N/A	N/A	N/A	0.0029
61	0.0600	N/A	N/A	N/A	0.0032
62	0.0900	N/A	N/A	N/A	0.0035
63	0.0900	N/A	N/A	N/A	0.0038
64	0.1600	N/A	N/A	N/A	0.0041
65	0.2500	N/A	N/A	N/A	0.0044
66	0.1800	N/A	N/A	N/A	0.0048
67	0.1700	N/A	N/A	N/A	0.0051
68	0.1600	N/A	N/A	N/A	0.0055
69	0.1600	N/A	N/A	N/A	0.0058
70	0.2000	N/A	N/A	N/A	0.0061
71	0.2000	N/A	N/A	N/A	0.0064
72	0.2000	N/A	N/A	N/A	0.0067
73	0.2000	N/A	N/A	N/A	0.0068
74	0.2000	N/A	N/A	N/A	0.0073
75	1.0000	N/A	N/A	N/A	0.0078

Years of Service	Other Terminations
0	0.1400
1	0.0750
2	0.0550
3	0.0400
4	0.0300
5	0.0277
6	0.0253
7	0.0230
8	0.0220
9	0.0210
10	0.0200
11	0.0190
12	0.0180
13	0.0174
14	0.0168
15	0.0162
16	0.0156
17	0.0150
18	0.0144
19	0.0138
20	0.0132
21	0.0126
22	0.0120
23	0.0116
24	0.0112
25	0.0108
26	0.0104
27	0.0100
28	0.0100
29	0.0100
30 & Above	0.0100

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

Age	Service Retirement	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	0.0027	0.0000	0.0001	0.0000
19	0.0000	0.0027	0.0000	0.0001	0.0000
20	0.0000	0.0027	0.0000	0.0001	0.0002
21	0.0000	0.0027	0.0000	0.0001	0.0002
22	0.0000	0.0027	0.0000	0.0001	0.0002
23	0.0000	0.0027	0.0000	0.0001	0.0002
24	0.0000	0.0027	0.0000	0.0001	0.0002
25	0.0000	0.0027	0.0000	0.0001	0.0002
26	0.0000	0.0027	0.0000	0.0001	0.0002
27	0.0000	0.0027	0.0000	0.0001	0.0002
28	0.0000	0.0027	0.0000	0.0001	0.0003
29	0.0000	0.0027	0.0000	0.0001	0.0003
30	0.0000	0.0027	0.0000	0.0001	0.0003
31	0.0000	0.0027	0.0000	0.0001	0.0003
32	0.0000	0.0027	0.0000	0.0001	0.0003
33	0.0000	0.0029	0.0000	0.0001	0.0003
34	0.0000	0.0031	0.0000	0.0001	0.0004
35	0.0000	0.0032	0.0000	0.0001	0.0004
36	0.0000	0.0034	0.0000	0.0001	0.0004
37	0.0000	0.0036	0.0000	0.0001	0.0005
38	0.0000	0.0038	0.0000	0.0001	0.0006
39	0.0000	0.0040	0.0000	0.0001	0.0006
40	0.0100	0.0041	0.0000	0.0001	0.0007
41	0.0100	0.0043	0.0000	0.0001	0.0007
42	0.0100	0.0045	0.0000	0.0001	0.0008
43	0.0100	0.0049	0.0000	0.0001	0.0008
44	0.0100	0.0052	0.0000	0.0001	0.0009
45	0.0100	0.0056	0.0000	0.0001	0.0009
46	0.0100	0.0059	0.0000	0.0001	0.0009
47	0.0100	0.0063	0.0000	0.0001	0.0009
48	0.0100	0.0072	0.0000	0.0001	0.0010
49	0.0100	0.0081	0.0000	0.0001	0.0010
50	0.0100	0.0090	0.0000	0.0001	0.0011
51	0.0200	0.0108	0.0000	0.0001	0.0011
52	0.0250	0.0126	0.0000	0.0001	0.0012
53	0.0300	0.0180	0.0000	0.0001	0.0012
54	0.1000	0.0270	0.0000	0.0001	0.0013
55	0.2400	0.0900	0.0000	0.0001	0.0014
56	0.1800	0.0720	0.0000	0.0001	0.0014
57	0.2000	0.1080	0.0000	0.0001	0.0015
58	0.2400	0.1260	0.0000	0.0001	0.0016
59	0.4000	0.1800	0.0000	0.0001	0.0017
60	1.0000	0.0000	0.0000	0.0000	0.0019

Years of Service	Other Terminations
0	0.0300
1	0.0250
2	0.0200
3	0.0150
4	0.0120
5	0.0113
6	0.0107
7	0.0100
8	0.0092
9	0.0084
10	0.0076
11	0.0068
12	0.0060
13	0.0054
14	0.0048
15	0.0042
16	0.0036
17	0.0030
18	0.0024
19	0.0018
20 & Above	0.0000

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

Age	Service Retirement	Service-Connected Disability	Nonservice-Connected Disability	Service-Connected Pre-Retirement Death	Nonservice-Connected Pre-Retirement Death
18	0.0000	0.0033	0.0000	0.0001	0.0001
19	0.0000	0.0033	0.0000	0.0001	0.0001
20	0.0000	0.0033	0.0000	0.0001	0.0001
21	0.0000	0.0033	0.0000	0.0001	0.0001
22	0.0000	0.0033	0.0000	0.0001	0.0001
23	0.0000	0.0033	0.0000	0.0001	0.0001
24	0.0000	0.0033	0.0000	0.0001	0.0001
25	0.0000	0.0033	0.0000	0.0001	0.0001
26	0.0000	0.0033	0.0000	0.0001	0.0001
27	0.0000	0.0033	0.0000	0.0001	0.0001
28	0.0000	0.0038	0.0000	0.0001	0.0002
29	0.0000	0.0041	0.0000	0.0001	0.0002
30	0.0000	0.0046	0.0000	0.0001	0.0002
31	0.0000	0.0050	0.0000	0.0001	0.0002
32	0.0000	0.0054	0.0000	0.0001	0.0002
33	0.0000	0.0060	0.0000	0.0001	0.0003
34	0.0000	0.0067	0.0000	0.0001	0.0003
35	0.0000	0.0072	0.0000	0.0001	0.0003
36	0.0000	0.0078	0.0000	0.0001	0.0003
37	0.0000	0.0085	0.0000	0.0001	0.0004
38	0.0000	0.0088	0.0000	0.0001	0.0004
39	0.0000	0.0091	0.0000	0.0001	0.0004
40	0.0100	0.0095	0.0000	0.0001	0.0004
41	0.0100	0.0097	0.0000	0.0001	0.0004
42	0.0100	0.0101	0.0000	0.0001	0.0005
43	0.0100	0.0104	0.0000	0.0001	0.0005
44	0.0100	0.0108	0.0000	0.0001	0.0006
45	0.0100	0.0111	0.0000	0.0001	0.0006
46	0.0100	0.0114	0.0000	0.0001	0.0007
47	0.0100	0.0118	0.0000	0.0001	0.0008
48	0.0100	0.0122	0.0000	0.0001	0.0008
49	0.0100	0.0135	0.0000	0.0001	0.0008
50	0.0100	0.0203	0.0000	0.0001	0.0009
51	0.0200	0.0237	0.0000	0.0001	0.0010
52	0.0250	0.0270	0.0000	0.0001	0.0011
53	0.0300	0.0338	0.0000	0.0001	0.0012
54	0.1000	0.0405	0.0000	0.0001	0.0014
55	0.2400	0.0473	0.0000	0.0001	0.0016
56	0.1800	0.0810	0.0000	0.0001	0.0018
57	0.2000	0.0810	0.0000	0.0001	0.0021
58	0.2400	0.0810	0.0000	0.0001	0.0024
59	0.4000	0.0810	0.0000	0.0001	0.0027
60	1.0000	0.0000	0.0000	0.0000	0.0029

Years of Service	Other Terminations
0	0.0300
1	0.0250
2	0.0200
3	0.0150
4	0.0120
5	0.0113
6	0.0107
7	0.0100
8	0.0092
9	0.0084
10	0.0076
11	0.0068
12	0.0060
13	0.0054
14	0.0048
15	0.0042
16	0.0036
17	0.0030
18	0.0024
19	0.0018
20 & Above	0.0000

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Table A-14: Probability of Initial Medical Enrollment

Males and Females:

Years of Service	Assumed Enrollment %
< 10	9%
10-14	47%
15-19	66%
20-24	82%
25+, Disabled	95%

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Table A-15: Probability of Medical Plan and Tier Selection Upon Initial Enrollment

Non-Local 1014 Firefighters Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
201	Anthem Blue Cross Prudent Buyer Plan	Retiree Only	1.0%	1.0%		
202	Anthem Blue Cross Prudent Buyer Plan	Retiree and Spouse	2.0%	1.0%		
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		1.0%		1.0%
212	Anthem Blue Cross I	Retiree and Spouse	1.0%	1.0%		
213	Anthem Blue Cross I	Retiree, Spouse and Children				
214	Anthem Blue Cross I	Retiree and Children				
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	6.0%	9.0%	2.0%	3.0%
222	Anthem Blue Cross II	Retiree and Spouse	15.0%	7.0%	5.0%	1.0%
223	Anthem Blue Cross II	Retiree, Spouse and Children	10.0%	1.0%		
224	Anthem Blue Cross II	Retiree and Children				
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		1.0%	7.0%	11.0%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			6.0%	1.0%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			7.0%	4.0%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				
245	Anthem Blue Cross III	Retiree and Children 1 Medicare				
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare				
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				
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)	13.0%	33.0%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			20.0%	36.0%
404	Kaiser (CA)	Retiree Excess I			1.0%	3.0%
405	Kaiser (CA)	Retiree Excess II - Part B			2.0%	4.0%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)				1.0%
411	Kaiser (CA)	Family Basic	37.0%	27.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			18.0%	4.0%
414	Kaiser (CA)	One Excess I, Others Basic			2.0%	
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)				
418	Kaiser (CA)	Two+ Advantage			13.0%	15.0%
419	Kaiser (CA)	One Excess I, One Advantage			1.0%	1.0%
420	Kaiser (CA)	Two+ Excess I			1.0%	
421	Kaiser (CA)	Survivor				
422	Kaiser (CA)	One Excess ll - Part B, One Basic			2.0%	1.0%
423	Kaiser (CA)	One Excess III (MNP), One Basic			1.0%	
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)				

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Deduction Code	Plan	Tier	Pre 65 Male	Pre 65 Female	Post 65 Male	Post 65 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	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	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	Kaiser - Georgia	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	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	Kaiser - Oregon	Retiree Basic (Under 65)				
482	Kaiser - Oregon	Retiree Risk				
483	Kaiser - Oregon	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	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				
611	SCAN Health Plan	Retiree Only			1.0%	1.0%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			1.0%	1.0%
701	United Healthcare Medicare Advantage	Retiree Only			2.5%	7.5%
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)		2.0%	3.5%	1.0%
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)			3.0%	3.5%
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)			1.0%	
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)				
706	United Healthcare Medicare Advantage	Minor Survivor				
707	United Healthcare	Single	3.5%	10.0%		
708	United Healthcare	Two-Party	7.0%	5.0%		
709	United Healthcare	Family	3.5%	1.0%		
Total			100.0%	100.0%	100.0%	100.0%
		Probability of enrolling at least one dependent	**76.5%**	**45.0%**	**64.5%**	**32.5%**

Firefighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			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	57.0%	57.0%		
803	Firefighters Local 1014	Med-Member +2 under 65	36.0%	36.0%		
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			57.0%	57.0%
807	Firefighters Local 1014	Med-Member +2; 1 MDC				
808	Firefighters Local 1014	Med-Member +2; 2 MDC			36.0%	36.0%
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%**

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Table A-16: Probability of Medical Plan and Tier Selection for Pre 65 Retirees Who 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 Eligible Plan	To Post Age 65 Eligible Plan
Anthem Blue Cross I	40% Anthem Blue Cross I 60% Anthem Blue Cross III
Anthem Blue Cross II	40% Anthem Blue Cross II 60% Anthem Blue Cross III
Anthem Blue Cross Prudent Buyer	55% Anthem Blue Cross Prudent Buyer 45% Anthem Blue Cross III
Cigna Network Model	53% Cigna Network Model 2% Cigna Medicare Select Plus Rx (AZ) 1% Anthem Blue Cross II 12% Anthem Blue Cross III 22% UnitedHealthcare – Medicare Advantage 6% Senior Advantage 4% SCAN Health Plan
UnitedHealthcare	85% UnitedHealthcare – Medicare Advantage 4% Cigna Network Model 6% Anthem Blue Cross III 2% SCAN Health Plan 2% Senior Advantage 1% Excess II
Kaiser Permanente Retiree Basic	81% Senior Advantage 4% Retiree Excess I 7% Retiree Excess II- Part B 6% Excess III (MNP) 2% Anthem Blue Cross III
Kaiser Permanente Family Basic	78% Two + Advantage 2% One Excess I, One Advantage 8% One Advantage, One Excess II – Part B 10% One Advantage, One Excess III (MNP) 0.5% Two Excess II - Part B 1% Anthem Blue Cross III 0.5% UnitedHealthcare – Medicare Advantage
Firefighters Local 1014 Pre Age 65 Plan	100% Firefighters Local Post Age 65 Plan

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We assume the following Post Medicare Only Plans are for enrollees who are entitled for Medicare Parts A & B:

- Anthem Blue Cross III
- Cigna Medicare Select Plus Rx (AZ)
- SCAN
- Kaiser Senior Advantage
- UnitedHealthcare – Medicare Advantage

We assume that 100% of the retirees are eligible for Medicare with Part B Premium Reimbursement for the following plans:

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

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

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.

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Table A-17: Survivor and New Dependent Enrollment

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

Scenario I

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 2% 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.

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

Males and Females

Years of Service	Assumed Enrollment %
< 10	11%
10-14	51%
15-19	68%
20-24	83%
25+	95%
Disabled	100%

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	21%	65%	0%	5%	9%	0%
Female	46%	37%	0%	11%	6%	0%

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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 $5.00 effective July 1, 2014 and July 1, 2015.

Pre and Post Age 65 Monthly Rates Effective July 1, 2014
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	$ 918.46	$ 918.46	$ 666.96	$ 1,236.73	
Retiree & Spouse	$ 1,655.99	$ 1,655.99	$ 1,312.37	$ 2,233.40	
Retiree & Family	$ 1,953.41	$ 1,953.41	$ 1,481.10	$ 2,637.64	
Retiree & Children	$ 1,215.26	$ 1,215.26	$ 857.26	$ 1,641.45	
Minor Survivor	$ 304.23	$ 304.23	$ 181.87	$ 409.49	$ 261.24
UnitedHealthcare Single					$915.18
UnitedHealthcare Two-Party					$ 1,671.68
UnitedHealthcare Family					$ 1,982.16

Pre and Post Age 65 Monthly Rates Effective July 1, 2015
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	$ 1,062.79	$ 1,062.79	$ 840.86	$ 1,278.59	
Retiree & Spouse	$ 1,916.85	$ 1,916.85	$ 1,655.82	$ 2,309.12	
Retiree & Family	$ 2,261.26	$ 2,261.26	$ 1,868.87	$ 2,726.15	
Retiree & Children	$ 1,406.48	$ 1,406.48	$ 1,081.15	$ 1,697.94	
Minor Survivor	$ 351.51	$ 351.51	$ 228.33	$ 423.95	$ 268.86
UnitedHealthcare Single					$942.25
UnitedHealthcare Two-Party					$ 1,721.25
UnitedHealthcare Family					$ 2,040.96

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Post Age 65 Monthly Rates Effective July 1, 2014

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	$ 370.89		
Retiree & Spouse- 1 Medicare	$ 1,185.98		
Retiree & Spouse- 2 Medicare	$ 738.28		
Retiree & Children- 1 Medicare	$ 664.18		
Retiree & Family- 1 Medicare	$ 1,479.18		
Retiree & Family- 2 Medicare	$ 1,031.42		
Retiree & Family- 3 Medicare	$ 1,155.92		
Retiree Only		$ 293.00	$ 299.40
Retiree & 1 Dependent (1 Medicare)			$ 1,209.58
Retiree & 1 Dependent (2 Medicare)		$ 581.00	$ 593.80
Retiree & 2 + Deps. (1 Medicare)			$ 1,366.38
Retiree & 2 + Deps. (2 Medicare)			$ 750.60

Post Age 65 Monthly Rates Effective July 1, 2015

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	$ 428.70		
Retiree & Spouse- 1 Medicare	$ 1,372.57		
Retiree & Spouse- 2 Medicare	$ 854.14		
Retiree & Children- 1 Medicare	$ 768.33		
Retiree & Family- 1 Medicare	$ 1,712.10		
Retiree & Family- 2 Medicare	$ 1,193.59		
Retiree & Family- 3 Medicare	$ 1,337.77		
Retiree Only		$ 341.00	$ 314.12
Retiree & 1 Dependent (1 Medicare)			$ 1,251.37
Retiree & 1 Dependent (2 Medicare)		$ 677.00	$ 623.24
Retiree & 2 + Deps. (1 Medicare)			$ 1,412.83
Retiree & 2 + Deps. (2 Medicare)			$ 784.70

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Kaiser California Monthly Rates

Effective Date	July 1, 2014	July 1, 2015
Retiree Basic (Under 65)	$848.36	$868.90
Retiree Risk (Senior Advantage)	$237.06	$239.60
Retiree Excess I	$978.24	$978.24
Retiree Excess II - Part B	$869.06	$890.15
Excess III- Medicare Not Provided (MNP)	$1,534.70	$1,611.19
Family Basic	$1,691.72	$1,732.80
One Advantage, One Basic	$1,080.42	$1,103.50
One Excess I, One Basic	$1,821.60	$1,842.14
One Excess II - Part B, One Basic	$1,712.42	$1,754.05
One Excess III (MNP), One Basic	$2,378.06	$2,475.09
Two+ Advantage	$469.12	$474.20
One Excess I, One Advantage	$1,210.30	$1,212.84
One Advantage, One Excess II - Part B	$1,101.12	$1,124.75
One Advantage, One Excess III (MNP)	$1,766.76	$1,845.79
Two+ Excess I	$1,951.48	$1,951.48
One Excess I, One Excess II - Part B	$1,842.30	$1,863.39
One Excess I, One Excess (MNP) III	$2,507.94	$2,584.43
Two Excess II - Part B	$1,733.12	$1,775.30
One Excess II - Part B, One Excess III (MNP)	$2,398.76	$2,496.34
Two Excess III - Both (MNP)	$3,064.40	$3,217.38
Survivor	$848.36	$868.90

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Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2014 – July 31, 2014	August 1, 2014 – June 30, 2015
Medical Member Under 65	$922.78	$897.30
Medical Member + 1 Under 65	$1,663.85	$1,617.90
Medical Member + 2 Under 65	$1,962.66	$1,908.46
Medical Member with Medicare	$922.78	$897.30
Medical Member + 1: 1 MDC	$1,663.85	$1,617.90
Medical Member + 1; 2 MDC	$1,663.85	$1,617.90
Medical Member + 2; 1 MDC	$1,962.66	$1,908.46
Medical Member + 2; 2 MDC	$1,962.66	$1,908.46
Medical Surviving Spouse Under 65	$922.78	$897.30
Medical Surviving Spouse + 1 Under 65	$1,663.85	$1,617.90
Medical Surviving Spouse + 2 Under 65	$1,962.66	$1,908.46
Medical Surviving Spouse with MDC	$922.78	$897.30
Medical Surviving Spouse + 1; 1 MDC	$1,663.85	$1,617.90
Medical Surviving Spouse + 2; 1 MDC	$1,962.66	$1,908.46
Medical Surviving Spouse + 1; 2 MDC	$1,663.85	$1,617.90

July 1, 2015 Firefighters Local 1014 premium rates are not available for this valuation.

Dental/Vision Monthly Rates

Effective Date	July 1, 2014		July 1, 2015	
Tier	Cigna Dental HMO/Vision	Cigna Indemnity Dental/Vision	Cigna Dental HMO/Vision	Cigna Indemnity Dental/Vision
Retiree Only	$40.80	$46.55	$42.23	$46.61
Retiree & Dependents	$86.11	$99.61	$89.36	$99.76
Minor Survivor	$41.34	$57.81	$42.80	$57.90

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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 (Anthem Blue Cross Plans I and II), 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. 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.

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.

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Table A-21: 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
    - Basic
    - Senior Advantage
    - Medicare Cost Supplement
    - Excess I
    - Excess II
    - 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-15 to develop weighted average claim costs as of July 1, 2014. 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.

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A. Future Retirees Retiring Before Age 65

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	$ 270.91	$ 567.85	$ 421.27	$ 283.16	$ 399.82	$ 374.43
30	$ 430.74	$ 747.16	$ 590.96	$ 310.00	$ 454.53	$ 423.08
35	$ 632.03	$ 827.31	$ 730.91	$ 325.02	$ 454.64	$ 426.43
40	$ 811.38	$ 950.34	$ 881.74	$ 386.14	$ 488.57	$ 466.28
45	$ 754.63	$ 881.39	$ 818.82	$ 441.59	$ 540.78	$ 519.19
50	$ 663.18	$ 771.44	$ 718.00	$ 517.58	$ 600.16	$ 582.19
55	$ 706.66	$ 760.50	$ 733.92	$ 616.82	$ 669.89	$ 658.34
60	$ 866.35	$ 864.99	$ 865.66	$ 758.33	$ 775.11	$ 771.46
65 (Pre 65)	$ 1,093.71	$ 1,069.82	$ 1,081.61	$ 954.65	$ 954.73	$ 954.71
65 (Post 65)	$ 346.90	$ 307.43	$ 326.39	$ 303.43	$ 332.04	$ 323.36
70	$ 436.26	$ 388.92	$ 411.66	$ 381.59	$ 420.06	$ 408.39
75	$ 506.10	$ 450.76	$ 477.35	$ 442.68	$ 486.85	$ 473.45
80	$ 547.51	$ 486.52	$ 515.82	$ 478.90	$ 525.47	$ 511.34
85	$ 575.69	$ 512.59	$ 542.91	$ 503.55	$ 553.62	$ 538.43
90	$ 593.63	$ 530.02	$ 560.58	$ 519.24	$ 572.44	$ 556.30
95	$ 593.63	$ 530.02	$ 560.58	$ 519.24	$ 572.44	$ 556.30

B. Future Retirees Retiring After Age 65

Age	Retiree			Spouse/Dependents		
	Male	Female	Total	Male	Female	Total
25	N/A	N/A	N/A	$ 289.82	$ 416.22	$ 388.71
30	N/A	N/A	N/A	$ 317.29	$ 473.17	$ 439.25
35	N/A	N/A	N/A	$ 332.66	$ 473.29	$ 442.69
40	N/A	N/A	N/A	$ 395.22	$ 508.61	$ 483.93
45	N/A	N/A	N/A	$ 451.97	$ 562.96	$ 538.81
50	N/A	N/A	N/A	$ 529.74	$ 624.78	$ 604.10
55	N/A	N/A	N/A	$ 631.32	$ 697.37	$ 683.00
60	N/A	N/A	N/A	$ 776.15	$ 806.91	$ 800.22
65 (Pre 65)	N/A	N/A	N/A	$ 977.08	$ 993.89	$ 990.23
65 (Post 65)	$ 302.99	$ 272.10	$ 286.94	$ 241.14	$ 303.36	$ 284.49
70	$ 381.05	$ 344.22	$ 361.91	$ 303.26	$ 383.77	$ 359.35
75	$ 442.06	$ 398.95	$ 419.66	$ 351.81	$ 444.79	$ 416.58
80	$ 478.23	$ 430.60	$ 453.48	$ 380.59	$ 480.07	$ 449.89
85	$ 502.84	$ 453.67	$ 477.29	$ 400.18	$ 505.79	$ 473.75
90	$ 518.51	$ 469.09	$ 492.83	$ 412.65	$ 522.99	$ 489.52
95	$ 518.51	$ 469.09	$ 492.83	$ 412.65	$ 522.99	$ 489.52

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

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Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	$ 417.24	$ 853.43	$ 419.00	$ 429.29	$ 618.36	$ 615.55
30	$ 663.39	$ 1,122.91	$ 665.24	$ 469.98	$ 702.97	$ 699.51
35	$ 973.41	$ 1,243.38	$ 974.50	$ 492.75	$ 703.14	$ 700.02
40	$ 1,249.63	$ 1,428.28	$ 1,250.35	$ 585.41	$ 755.61	$ 753.08
45	$ 1,162.22	$ 1,324.65	$ 1,162.87	$ 669.47	$ 836.36	$ 833.88
50	$ 1,021.37	$ 1,159.40	$ 1,021.93	$ 784.67	$ 928.20	$ 926.07
55	$ 1,088.33	$ 1,142.96	$ 1,088.55	$ 935.13	$ 1,036.04	$ 1,034.54
60	$ 1,334.27	$ 1,300.01	$ 1,334.13	$ 1,149.67	$ 1,198.77	$ 1,198.04
65 (Pre 65)	$ 1,684.44	$ 1,607.84	$ 1,684.13	$ 1,447.30	$ 1,476.56	$ 1,476.12
65 (Post 65)	$ 468.00	$ 453.00	$ 467.95	$ 468.00	$ 453.00	$ 453.05
70	$ 588.56	$ 573.07	$ 588.51	$ 588.56	$ 573.07	$ 573.13
75	$ 682.79	$ 664.18	$ 682.73	$ 682.79	$ 664.18	$ 664.25
80	$ 738.65	$ 716.87	$ 738.58	$ 738.65	$ 716.87	$ 716.96
85	$ 776.67	$ 755.28	$ 776.60	$ 776.67	$ 755.28	$ 755.36
90	$ 800.87	$ 780.96	$ 800.80	$ 800.87	$ 780.96	$ 781.04
95	$ 800.87	$ 780.96	$ 800.80	$ 800.87	$ 780.96	$ 781.04

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	$ 25.37	$ 31.23	$ 28.31	$ 27.77	$ 34.27	$ 32.29
30	$ 27.65	$ 32.19	$ 29.92	$ 30.26	$ 35.32	$ 33.78
35	$ 28.36	$ 33.06	$ 30.72	$ 31.04	$ 36.27	$ 34.68
40	$ 29.51	$ 34.51	$ 32.02	$ 32.30	$ 37.87	$ 36.17
45	$ 32.24	$ 36.73	$ 34.49	$ 35.29	$ 40.30	$ 38.77
50	$ 36.36	$ 40.07	$ 38.22	$ 39.79	$ 43.97	$ 42.70
55	$ 40.57	$ 42.88	$ 41.73	$ 44.40	$ 47.05	$ 46.25
60	$ 44.85	$ 45.44	$ 45.15	$ 49.09	$ 49.86	$ 49.62
65	$ 47.61	$ 46.45	$ 47.03	$ 52.10	$ 50.97	$ 51.31
70	$ 48.83	$ 46.21	$ 47.52	$ 53.44	$ 50.71	$ 51.54
75	$ 48.83	$ 46.21	$ 47.52	$ 53.44	$ 50.71	$ 51.54
80	$ 48.83	$ 46.21	$ 47.52	$ 53.44	$ 50.71	$ 51.54
85	$ 48.83	$ 46.21	$ 47.52	$ 53.44	$ 50.71	$ 51.54
90	$ 48.83	$ 46.21	$ 47.52	$ 53.44	$ 50.71	$ 51.54
95	$ 48.83	$ 46.21	$ 47.52	$ 53.44	$ 50.71	$ 51.54

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.

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Non Local 1014 Fire Fighters Male Retirees

Deduct			Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
Code	Plan	Tier	Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	$ 636.02				$ 556.27			$ 428.47		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	$ 636.02	$ 507.00	$ 733.37		$ 556.27	$ 556.27		$ 428.47	$ 428.47	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	$ 636.02	$ 507.00	$ 733.37		$ 556.27	$ 556.27		$ 428.47	$ 428.47	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	$ 636.02	$ 507.00	$ 733.37		$ 556.27			$ 428.47		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				$ 733.37			$ 733.37			
211	Anthem Blue Cross I	Retiree Only	$ 502.04				$ 439.09			$ 339.01		
212	Anthem Blue Cross I	Retiree and Spouse	$ 502.04	$ 400.20	$ 578.89		$ 439.09	$ 439.09		$ 339.01	$ 339.01	
213	Anthem Blue Cross I	Retiree, Spouse and Children	$ 502.04	$ 400.20	$ 578.89		$ 439.09	$ 439.09		$ 339.01	$ 339.01	
214	Anthem Blue Cross I	Retiree and Children	$ 502.04	$ 400.20	$ 578.89		$ 439.09			$ 339.01		
215	Anthem Blue Cross I	Minor Survivor				$ 578.89			$ 578.89			$ 578.89
221	Anthem Blue Cross II	Retiree Only	$ 998.32				$ 873.14			$ 512.63		
222	Anthem Blue Cross II	Retiree and Spouse	$ 998.32	$ 795.81	$ 1,151.14		$ 873.14	$ 873.14		$ 512.63	$ 512.63	
223	Anthem Blue Cross II	Retiree, Spouse and Children	$ 998.32	$ 795.81	$ 1,151.14		$ 873.14	$ 873.14		$ 512.63	$ 512.63	
224	Anthem Blue Cross II	Retiree and Children	$ 998.32	$ 795.81	$ 1,151.14		$ 873.14			$ 512.63		
225	Anthem Blue Cross II	Minor Survivor				$ 1,151.14			$ 1,151.14			$ 1,151.14
240	Anthem Blue Cross III	One Medicare					$ 272.28			$ 272.28		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	$ 1,111.97	$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	$ 1,111.97	$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					$ 272.28	$ 272.28		$ 272.28	$ 272.28	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		$ 886.41	$ 1,282.18		$ 272.28			$ 272.28	$ 272.28	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		$ 886.41	$ 1,282.18		$ 272.28			$ 272.28	$ 272.28	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	$ 1,111.97	$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	$ 1,111.97	$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		$ 886.41	$ 1,282.18		$ 272.28	$ 272.28		$ 272.28	$ 272.28	
301	Cigna Network Model Plan	Retiree Only	$ 1,446.89				$ 897.30			$ 591.30		
302	Cigna Network Model Plan	Retiree and Spouse	$ 1,446.89	$ 1,153.39	$ 1,668.38		$ 897.30	$ 897.30		$ 591.30	$ 591.09	
303	Cigna Network Model Plan	Retiree and Family	$ 1,446.89	$ 1,153.39	$ 1,668.38		$ 897.30	$ 897.30		$ 591.30	$ 591.09	
304	Cigna Network Model Plan	Retiree and Children	$ 1,446.89	$ 1,153.39	$ 1,668.38		$ 897.30			$ 591.30		
305	Cigna Network Model Plan	Minor Survivor				$ 1,668.38			$ 1,668.38			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					$ 261.15					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					$ 261.15	$ 261.15		$ 261.15	$ 261.15	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					$ 261.15	$ 261.15				
401	Kaiser (CA)	Retiree Basic (Under 65)	$ 1,163.05							$ 290.44		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					$ 175.91					
404	Kaiser (CA)	Retiree Excess I					$ 725.91					
405	Kaiser (CA)	Retiree Excess II - Part B					$ 644.89					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					$ 1,138.83					
411	Kaiser (CA)	Family Basic	$ 1,163.05	$ 927.13	$ 1,341.09					$ 251.74	$ 244.92	

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Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	$ 1,163.05	$ 927.13	$ 1,341.09		$ 175.91	$ 172.49		$ 175.91	$ 244.92	
414	Kaiser (CA)	One Excess I, One Basic	$ 1,163.05	$ 927.13	$ 1,341.09		$ 725.91	$ 723.40		$ 725.91	$ 244.92	
418	Kaiser (CA)	Two+ Advantage					$ 175.91	$ 172.49				
419	Kaiser (CA)	One Excess I, One Advantage					$ 450.17	$ 448.69				
420	Kaiser (CA)	Two+ Excess I					$ 725.91	$ 723.40				
421	Kaiser (CA)	Survivor				$ 1,341.09			$ 1,341.09			$ 1,341.09
422	Kaiser (CA)	One Excess II - Part B, One Basic	$ 1,163.05	$ 927.13	$ 1,341.09		$ 644.89	$ 642.25		$ 644.89	$ 244.92	
423	Kaiser (CA)	One Excess III (MNP), One Basic	$ 1,163.05	$ 927.13	$ 1,341.09		$ 1,138.83	$ 1,137.01		$ 1,138.83	$ 244.92	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					$ 409.66	$ 408.11				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					$ 656.63	$ 655.49				
428	Kaiser (CA)	One Excess, One Excess II - Part B					$ 684.66	$ 683.57				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					$ 931.63	$ 930.95				
430	Kaiser (CA)	Two Excess II - Part B					$ 644.89	$ 642.25				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					$ 891.12	$ 890.37				
432	Kaiser (CA)	Two Excess III - Both (MNP)					$ 1,138.83	$ 1,137.01				
450	Kaiser - Colorado Basic	Retiree Basic	$ 1,182.05							$ 240.11		
451	Kaiser - Colorado	Retiree Risk					$ 240.11					
453	Kaiser - Colorado	Retiree Basic (Two Party)	$ 1,182.05	$ 1,350.20						$ 240.11	$ 238.61	
454	Kaiser - Colorado	Retiree Basic Family	$ 1,182.05	$ 1,350.20	$ 4,620.05					$ 240.11	$ 238.61	
455	Kaiser - Colorado	One Risk, One Basic	$ 1,182.05	$ 1,106.64			$ 240.11	$ 238.61		$ 240.11	$ 238.61	
457	Kaiser - Colorado	Two Retiree Risk					$ 240.11	$ 238.61				
458	Kaiser - Colorado	One Risk, Two or More Dependents	$ 1,182.05	$ 1,106.64	$ 5,578.55		$ 240.11	$ 238.61		$ 240.11	$ 238.61	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			$ 5,923.13		$ 240.11	$ 238.61		$ 240.11	$ 238.61	
441	Kaiser - Georgia	One Medicare Member with Part A only					$ 641.02					
442	Kaiser - Georgia	One Member without Medicare Part A&B					$ 641.02					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					$ 641.02	$ 261.92				
461	Kaiser - Georgia Basic	Basic	$ 1,127.38							$ 263.22		
462	Kaiser - Georgia	Retiree Risk					$ 263.22					
463	Kaiser - Georgia	Retiree (Two Party)	$ 1,127.38	$ 1,055.19	$ 5,647.72		$ 263.22	$ 261.92		$ 263.22	$ 261.92	
464	Kaiser - Georgia	Retiree Basic Family	$ 1,127.38	$ 1,055.19	$ 5,647.79					$ 263.22	$ 261.92	
465	Kaiser - Georgia	One Retiree Risk, One Basic	$ 462.93	$ 1,055.19	$ 5,647.72		$ 263.22	$ 261.92		$ 263.22	$ 261.92	
466	Kaiser - Georgia	Two Retiree Risk					$ 263.22	$ 261.92				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	$ 1,133.95							$ 247.63		
472	Kaiser - Hawaii	Retiree Risk					$ 247.63					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					$ 987.76					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	$ 1,133.95	$ 1,061.35						$ 247.63	$ 246.19	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	$ 1,133.95	$ 1,061.35	$ 5,680.79					$ 247.63	$ 246.19	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	$ 1,133.95	$ 1,061.36	$ 5,680.79		$ 247.63	$ 246.19		$ 247.63	$ 246.19	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	$ 1,133.95	$ 1,061.35	$ 5,680.79		$ 987.76	$ 993.01		$ 987.76	$ 993.01	
478	Kaiser - Hawaii	Two Retiree Risk					$ 247.63	$ 246.19				

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Non Local 1014 Fire Fighters Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	$ 1,208.83							$ 329.72		
482	Kaiser - Oregon	Retiree Risk					$ 329.72					
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					$ 829.36					
484	Kaiser - Oregon	Retiree Basic (Two Party)	$ 1,208.83	$ 1,131.85						$ 329.72	$ 329.02	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	$ 1,208.83	$ 2,263.70	$ 6,058.06					$ 329.72	$ 329.02	
486	Kaiser - Oregon	One Retiree Risk, One Basic	$ 1,208.83	$ 1,131.85	$ 6,058.06		$ 329.72	$ 329.02		$ 329.72	$ 329.02	
488	Kaiser - Oregon	Two Retiree Risk					$ 329.72	$ 329.02				
489	Kaiser - Oregon	Retiree w/ Part A only					$ 709.08					
491	Kaiser - Oregon	One Risk, One Medicare Part A only					$ 709.08	$ 329.02				
493	Kaiser - Oregon	One Risk, Two Basic	$ 1,208.83	$ 1,131.85			$ 329.72	$ 329.02		$ 329.72	$ 329.02	
494	Kaiser - Oregon	Two Risk, One Basic	$ 1,208.83	$ 1,131.85	$ 6,058.06		$ 329.72	$ 330.50		$ 329.72	$ 330.50	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					$ 829.36	$ 833.18				
496	Kaiser - Oregon	Two Medicare Part A only					$ 709.08	$ 711.81				
497	Kaiser - Oregon	One Basic, One Medicare Part A only	$ 1,208.83	$ 1,131.85			$ 709.08	$ 711.81		$ 709.08	$ 711.81	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	$ 1,208.83	$ 1,131.85			$ 829.36	$ 833.18		$ 829.36	$ 833.18	
611	SCAN Health Plan	Retiree Only					$ 202.90					
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					$ 202.90	$ 202.90				
701	United Healthcare	Retiree Only	$ 1,230.34				$ 229.23					
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	$ 1,230.34	$ 980.77	$ 1,418.68		$ 229.23	$ 229.23				
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					$ 229.23	$ 229.23				
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	$ 1,230.34	$ 980.77	$ 1,418.68		$ 229.23	$ 229.23				
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	$ 1,230.34	$ 980.77	$ 1,418.68		$ 229.23	$ 229.23				
706	United Healthcare	Minor Survivor				$ 1,418.68			$ 1,418.68			
707	United Healthcare	Single	$ 1,230.34							$ 261.10		
708	United Healthcare	Two-Party	$ 1,230.34	$ 980.77	$ 1,418.68					$ 261.10	$ 261.00	
709	United Healthcare	Family	$ 1,230.34	$ 980.77	$ 1,418.68					$ 261.10	$ 261.00	

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Fire Fighters Local 1014 Male Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	$ 1,684.44				$ 468.00			$ 468.00		
802	Firefighters' Local 1014	Med-Member +1 under 65	$ 1,684.44	$ 1,342.76	$ 1,942.29		$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00
803	Firefighters' Local 1014	Med-Member +2 under 65	$ 1,684.44	$ 1,342.76	$ 1,942.29		$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					$ 468.00		$ 468.00	$ 468.00		$ 468.00
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		$ 1,342.76	$ 1,942.29		$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		$ 1,342.76	$ 1,942.29		$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00	$ 468.00
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				$ 1,342.76		$ 468.00	$ 468.00		$ 468.00	$ 468.00
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		$ 1,342.76	$ 1,942.29	$ 1,342.76		$ 468.00	$ 468.00		$ 468.00	$ 468.00
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		$ 1,342.76	$ 1,942.29	$ 1,342.76		$ 468.00	$ 468.00		$ 468.00	$ 468.00
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						$ 468.00	$ 468.00		$ 468.00	$ 468.00
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		$ 1,342.76	$ 1,942.29	$ 1,342.76		$ 468.00	$ 468.00		$ 468.00	$ 468.00
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		$ 1,342.76	$ 1,942.29	$ 1,342.76		$ 468.00	$ 468.00		$ 468.00	$ 468.00
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						$ 468.00	$ 468.00		$ 468.00	$ 468.00

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	$ 48.48		
502	Cigna Indemnity Dental/Vision	Family	$ 48.48	$ 52.62	
503	Cigna Indemnity Dental/Vision	Minor Survivor			$ 48.48
901	Cigna Dental HMO/Vision	Retiree Only	$ 42.25		
902	Cigna Dental HMO/Vision	Family	$ 42.25	$ 48.40	
903	Cigna Dental HMO/Vision	Minor Survivor			$ 42.25

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Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	$ 607.09				$ 538.43			$ 414.73		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	$ 607.09	$ 517.25	$ 486.47		$ 538.43	$ 538.43		$ 414.73	$ 414.73	
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	$ 607.09	$ 517.25	$ 486.47		$ 538.43	$ 538.43		$ 414.73	$ 414.73	
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	$ 607.09	$ 517.25	$ 486.47		$ 538.43			$ 414.73		
205	Anthem Blue Cross Prudent Buyer	Minor Survivor				$ 486.47			$ 486.47			
211	Anthem Blue Cross I	Retiree Only	$ 479.21				$ 425.01			$ 328.13		
212	Anthem Blue Cross I	Retiree and Spouse	$ 479.21	$ 408.29	$ 384.00		$ 425.01	$ 425.01		$ 328.13	$ 328.13	
213	Anthem Blue Cross I	Retiree, Spouse and Children	$ 479.21	$ 408.29	$ 384.00		$ 425.01	$ 425.01		$ 328.13	$ 328.13	
214	Anthem Blue Cross I	Retiree and Children	$ 479.21	$ 408.29	$ 384.00		$ 425.01			$ 328.13		
215	Anthem Blue Cross I	Minor Survivor				$ 384.00			$ 384.00			$ 384.00
221	Anthem Blue Cross II	Retiree Only	$ 952.92				$ 845.14			$ 496.19		
222	Anthem Blue Cross II	Retiree and Spouse	$ 952.92	$ 811.90	$ 763.59		$ 845.14	$ 845.14		$ 496.19	$ 496.19	
223	Anthem Blue Cross II	Retiree, Spouse and Children	$ 952.92	$ 811.90	$ 763.59		$ 845.14	$ 845.14		$ 496.19	$ 496.19	
224	Anthem Blue Cross II	Retiree and Children	$ 952.92	$ 811.90	$ 763.59		$ 845.14			$ 496.19		
225	Anthem Blue Cross II	Minor Survivor				$ 763.59			$ 763.59			$ 763.59
240	Anthem Blue Cross III	One Medicare					$ 263.55			$ 263.55		
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	$ 1,061.40	$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	$ 1,061.40	$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare					$ 263.55	$ 263.55		$ 263.55	$ 263.55	
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		$ 904.32	$ 850.51		$ 263.55			$ 263.55	$ 263.55	
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		$ 904.32	$ 850.51		$ 263.55			$ 263.55	$ 263.55	
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	$ 1,061.40	$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	$ 1,061.40	$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		$ 904.32	$ 850.51		$ 263.55	$ 263.55		$ 263.55	$ 263.55	
301	Cigna Network Model Plan	Retiree Only	$ 1,381.10				$ 868.52			$ 572.33		
302	Cigna Network Model Plan	Retiree and Spouse	$ 1,381.10	$ 1,176.71	$ 1,106.69		$ 868.52	$ 868.52		$ 572.33	$ 572.13	
303	Cigna Network Model Plan	Retiree and Family	$ 1,381.10	$ 1,176.71	$ 1,106.69		$ 868.52	$ 868.52		$ 572.33	$ 572.13	
304	Cigna Network Model Plan	Retiree and Children	$ 1,381.10	$ 1,176.71	$ 1,106.69		$ 868.52			$ 572.33		
305	Cigna Network Model Plan	Minor Survivor				$ 1,106.69			$ 1,106.69			
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only					$ 252.77					
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse					$ 252.77	$ 252.77		$ 252.77	$ 252.77	
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)					$ 252.77	$ 252.77				
401	Kaiser (CA)	Retiree Basic (Under 65)	$ 1,110.16							$ 281.13		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					$ 170.27					
404	Kaiser (CA)	Retiree Excess I					$ 702.63					
405	Kaiser (CA)	Retiree Excess II - Part B					$ 624.21					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					$ 1,102.31					
411	Kaiser (CA)	Family Basic	$ 1,110.16	$ 945.87	$ 889.59					$ 243.67	$ 237.07	

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Non Local 1014 Fire Fighters Female Retirees

Deduct			Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
Code	Plan	Tier	Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
413	Kaiser (CA)	One Advantage, One Basic	$ 1,110.16	$ 945.87	$ 889.59		$ 170.27	$ 166.96		$ 170.27	$ 237.07	
414	Kaiser (CA)	One Excess I, One Basic	$ 1,110.16	$ 945.87	$ 889.59		$ 702.63	$ 700.20		$ 702.63	$ 237.07	
418	Kaiser (CA)	Two+ Advantage					$ 170.27	$ 166.96				
419	Kaiser (CA)	One Excess I, One Advantage					$ 435.73	$ 434.30				
420	Kaiser (CA)	Two+ Excess I					$ 702.63	$ 700.20				
421	Kaiser (CA)	Survivor				$ 889.59			$ 889.59			$ 889.59
422	Kaiser (CA)	One Excess II - Part B, One Basic	$ 1,110.16	$ 945.87	$ 889.59		$ 624.21	$ 621.65		$ 624.21	$ 237.07	
423	Kaiser (CA)	One Excess III (MNP), One Basic	$ 1,110.16	$ 945.87	$ 889.59		$ 1,102.31	$ 1,100.55		$ 1,102.31	$ 237.07	
426	Kaiser (CA)	One Advantage, One Excess II - Part B					$ 396.52	$ 395.02				
427	Kaiser (CA)	One Advantage, One Excess III (MNP)					$ 635.57	$ 634.47				
428	Kaiser (CA)	One Excess, One Excess II - Part B					$ 662.70	$ 661.65				
429	Kaiser (CA)	One Excess, One Excess III (MNP)					$ 901.75	$ 901.10				
430	Kaiser (CA)	Two Excess II - Part B					$ 624.21	$ 621.65				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)					$ 862.54	$ 861.82				
432	Kaiser (CA)	Two Excess III - Both (MNP)					$ 1,102.31	$ 1,100.55				
450	Kaiser - Colorado Basic	Retiree Basic	$ 1,128.29							$ 232.41		
451	Kaiser - Colorado	Retiree Risk					$ 232.41					
453	Kaiser - Colorado	Retiree Basic (Two Party)	$ 1,128.29	$ 1,377.49						$ 232.41	$ 230.95	
454	Kaiser - Colorado	Retiree Basic Family	$ 1,128.29	$ 1,377.49	$ 3,064.63					$ 232.41	$ 230.95	
455	Kaiser - Colorado	One Risk, One Basic	$ 1,128.29	$ 1,129.01			$ 232.41	$ 230.95		$ 232.41	$ 230.96	
457	Kaiser - Colorado	Two Retiree Risk					$ 232.41	$ 230.96				
458	Kaiser - Colorado	One Risk, Two or More Dependents	$ 1,128.29	$ 1,129.01	$ 3,700.44		$ 232.41	$ 230.96		$ 232.41	$ 230.96	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			$ 3,929.01		$ 232.41	$ 230.96		$ 232.41	$ 230.96	
441	Kaiser - Georgia	One Medicare Member with Part A only					$ 620.46					
442	Kaiser - Georgia	One Member without Medicare Part A&B					$ 620.46					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					$ 620.46	$ 253.52				
461	Kaiser - Georgia Basic	Basic	$ 1,076.11							$ 254.78		
462	Kaiser - Georgia	Retiree Risk					$ 254.78					
463	Kaiser - Georgia	Retiree (Two Party)	$ 1,076.11	$ 1,076.51	$ 3,746.32		$ 254.78	$ 253.52		$ 254.78	$ 253.52	
464	Kaiser - Georgia	Retiree Basic Family	$ 1,076.11	$ 1,076.51	$ 3,746.37					$ 254.78	$ 253.52	
465	Kaiser - Georgia	One Retiree Risk, One Basic	$ 441.88	$ 1,076.51	$ 3,746.32		$ 254.78	$ 253.52		$ 254.78	$ 253.52	
466	Kaiser - Georgia	Two Retiree Risk					$ 254.78	$ 253.52				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	$ 1,082.38							$ 239.69		
472	Kaiser - Hawaii	Retiree Risk					$ 239.69					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					$ 956.08					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	$ 1,082.38	$ 1,082.81						$ 239.69	$ 238.29	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	$ 1,082.38	$ 1,082.81	$ 3,768.26					$ 239.69	$ 238.29	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	$ 1,082.38	$ 1,082.82	$ 3,768.26		$ 239.69	$ 238.29		$ 239.69	$ 238.29	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	$ 1,082.38	$ 1,082.81	$ 3,768.26		$ 956.08	$ 961.16		$ 956.08	$ 961.16	
478	Kaiser - Hawaii	Two Retiree Risk					$ 239.69	$ 238.29				

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Non Local 1014 Fire Fighters Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	$ 1,153.85							$ 319.15		
482	Kaiser - Oregon	Retiree Risk					$ 319.15					
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					$ 802.76					
484	Kaiser - Oregon	Retiree Basic (Two Party)	$ 1,153.85	$ 1,154.73						$ 319.15	$ 318.47	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	$ 1,153.85	$ 2,309.46	$ 4,018.51					$ 319.15	$ 318.47	
486	Kaiser - Oregon	One Retiree Risk, One Basic	$ 1,153.85	$ 1,154.73	$ 4,018.51		$ 319.15	$ 318.47		$ 319.15	$ 318.47	
488	Kaiser - Oregon	Two Retiree Risk					$ 319.15	$ 318.47				
489	Kaiser - Oregon	Retiree w/ Part A only					$ 686.34					
491	Kaiser - Oregon	One Risk, One Medicare Part A only					$ 686.34	$ 318.47				
493	Kaiser - Oregon	One Risk, Two Basic	$ 1,153.85	$ 1,154.73			$ 319.15	$ 318.47		$ 319.15	$ 318.47	
494	Kaiser - Oregon	Two Risk, One Basic	$ 1,153.85	$ 1,154.73	$ 4,018.51		$ 319.15	$ 319.90		$ 319.15	$ 319.90	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					$ 802.76	$ 806.46				
496	Kaiser - Oregon	Two Medicare Part A only					$ 686.34	$ 688.98				
497	Kaiser - Oregon	One Basic, One Medicare Part A only	$ 1,153.85	$ 1,154.73			$ 686.34	$ 688.98		$ 686.34	$ 688.98	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	$ 1,153.85	$ 1,154.73			$ 802.76	$ 806.46		$ 802.76	$ 806.46	
611	SCAN Health Plan	Retiree Only					$ 196.40					
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					$ 196.40	$ 196.40				
701	United Healthcare	Retiree Only	$ 1,174.39				$ 221.87					
702	United Healthcare	Retiree & 1 Dependent (1 Medicare)	$ 1,174.39	$ 1,000.60	$ 941.06		$ 221.87	$ 221.87				
703	United Healthcare	Retiree & 1 Dependent (2 Medicare)					$ 221.87	$ 221.87				
704	United Healthcare	Retiree & 2 + Deps. (1 Medicare)	$ 1,174.39	$ 1,000.60	$ 941.06		$ 221.87	$ 221.87				
705	United Healthcare	Retiree & 2 + Deps. (2 Medicare)	$ 1,174.39	$ 1,000.60	$ 941.06		$ 221.87	$ 221.87				
706	United Healthcare	Minor Survivor				$ 941.06			$ 941.06			
707	United Healthcare	Single	$ 1,174.39							$ 252.72		
708	United Healthcare	Two-Party	$ 1,174.39	$ 1,000.60	$ 941.06					$ 252.72	$ 252.63	
709	United Healthcare	Family	$ 1,174.39	$ 1,000.60	$ 941.06					$ 252.72	$ 252.63	

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Fire Fighters Local 1014 Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	$ 1,607.84				$ 453.00			$ 453.00		
802	Firefighters' Local 1014	Med-Member +1 under 65	$ 1,607.84	$ 1,369.90	$ 1,288.38		$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00
803	Firefighters' Local 1014	Med-Member +2 under 65	$ 1,607.84	$ 1,369.90	$ 1,288.38		$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					$ 453.00		$ 453.00	$ 453.00		$ 453.00
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		$ 1,369.90	$ 1,288.38		$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		$ 1,369.90	$ 1,288.38		$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00	$ 453.00
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				$ 1,369.90		$ 453.00	$ 453.00		$ 453.00	$ 453.00
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		$ 1,369.90	$ 1,288.38	$ 1,369.90		$ 453.00	$ 453.00		$ 453.00	$ 453.00
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		$ 1,369.90	$ 1,288.38	$ 1,369.90		$ 453.00	$ 453.00		$ 453.00	$ 453.00
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						$ 453.00	$ 453.00		$ 453.00	$ 453.00
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		$ 1,369.90	$ 1,288.38	$ 1,369.90		$ 453.00	$ 453.00		$ 453.00	$ 453.00
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		$ 1,369.90	$ 1,288.38	$ 1,369.90		$ 453.00	$ 453.00		$ 453.00	$ 453.00
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						$ 453.00	$ 453.00		$ 453.00	$ 453.00

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	$ 47.49		
502	Cigna Indemnity Dental/Vision	Family	$ 47.49	$ 51.54	
503	Cigna Indemnity Dental/Vision	Minor Survivor			$ 47.49
901	Cigna Dental HMO/Vision	Retiree Only	$ 41.38		
902	Cigna Dental HMO/Vision	Family	$ 41.38	$ 47.41	
903	Cigna Dental HMO/Vision	Minor Survivor			$ 41.38

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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
From	To	Under 65	Over 65	Premiums	and Over 65	Average
6/30/2015	6/30/2016	7.05%	9.60%	2.20%	0.50%	7.41%
6/30/2016	6/30/2017	6.40%	8.85%	4.60%	3.00%	7.31%
6/30/2017	6/30/2018	6.00%	7.90%	4.60%	3.00%	6.71%
6/30/2018	6/30/2019	5.60%	6.90%	4.60%	3.00%	6.06%
6/30/2019	6/30/2020	5.70%	6.05%	4.60%	2.95%	5.63%
6/30/2020	6/30/2021	5.70%	5.65%	5.95%	2.95%	5.53%
6/30/2021	6/30/2022	5.70%	5.70%	5.95%	2.95%	5.57%
6/30/2022	6/30/2023	5.70%	5.70%	5.95%	2.90%	5.57%
6/30/2023	6/30/2024	5.70%	5.70%	5.95%	2.90%	5.57%
6/30/2024	6/30/2025	5.70%	5.70%	5.95%	2.85%	5.57%
6/30/2025	6/30/2026	5.70%	5.70%	5.95%	2.85%	5.58%
6/30/2026	6/30/2027	5.70%	5.70%	5.95%	2.85%	5.58%
6/30/2027	6/30/2028	5.70%	5.70%	5.95%	2.80%	5.58%
6/30/2037	6/30/2038	5.80%	5.80%	5.65%	2.65%	5.66%
6/30/2047	6/30/2048	5.50%	5.50%	5.30%	2.45%	5.38%
6/30/2057	6/30/2058	5.40%	5.40%	5.05%	2.45%	5.28%
6/30/2067	6/30/2068	5.00%	5.00%	5.00%	2.70%	4.96%
6/30/2077	6/30/2078	4.70%	4.70%	4.85%	2.90%	4.70%
6/30/2087	6/30/2088	4.70%	4.70%	4.85%	3.15%	4.70%
6/30/2097	6/30/2098	4.70%	4.70%	4.85%	3.35%	4.71%
6/30/2100		4.70%	4.70%	4.85%	3.35%	4.71%

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, 2078, the medical trend rates remain at 4.70%.

* *The first year trend rates for LACERA medical and dental/vision plans reflect premium increases effective July 1, 2015. Projected changes in Health Care Reform Fees including Transitional Reinsurance Fee and Insurer Fee are also included in the medical and dental/vision trends.*

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Table A-23: Retirement of Vested Terminated Members

	Annual Rates		
Age	General Plans A, B, C & D	General Plan E	Safety Plans A&B
<40	0.0%	0.0%	0.0%
40	0.0%	0.0%	6.0%
41	0.0%	0.0%	6.0%
42	0.0%	0.0%	23.0%
43	0.0%	0.0%	23.0%
44	0.0%	0.0%	23.0%
45	0.0%	0.0%	24.0%
46	0.0%	0.0%	24.0%
47	0.0%	0.0%	24.0%
48	0.0%	0.0%	24.0%
49	0.0%	0.0%	24.0%
50	27.0%	0.0%	23.0%
51	9.0%	0.0%	16.0%
52	9.0%	0.0%	17.0%
53	9.0%	0.0%	18.0%
54	9.0%	0.0%	22.0%
55	10.0%	25.0%	22.0%
56	10.0%	7.0%	22.0%
57	10.0%	7.0%	26.0%
58	10.0%	7.0%	29.0%
59	12.0%	7.0%	29.0%
60	14.0%	8.0%	35.0%
61	16.0%	10.0%	35.0%
62	19.0%	12.5%	35.0%
63	20.0%	15.0%	35.0%
64	27.0%	24.0%	35.0%
65	33.0%	35.0%	100.0%
66	29.0%	21.0%	100.0%
67	30.0%	18.0%	100.0%
68	28.0%	15.0%	100.0%
69	28.0%	16.0%	100.0%
70	28.0%	20.0%	100.0%
71	29.0%	25.0%	100.0%
72	30.0%	28.0%	100.0%
73	31.0%	30.0%	100.0%
74	31.0%	33.0%	100.0%
75 or older	100.0%	100.0%	100.0%

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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 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 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 ¾ 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.

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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.

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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 REQUIREMENT

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-CONNECTED 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.

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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

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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 (Anthem Blue Cross Plans I and II), 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.

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.

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

Appendix E

Medical Plan Descriptions:

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

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_rates/dental_vision_charts.pdf

Appendix H

Medicare Part B Reimbursement Plan Description:

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

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DISCUSSION OF SUBSEQUENT EVENTS

Coverage of Children to age 26

An extension of the dependent children age limit to 26, as a result of CA SB 1088, has been approved by the Plan Sponsor, the County of Los Angeles, retroactive to July 1, 2014. A one-time open enrollment period from April 15, 2015 to June 15, 2015 was conducted. Since this one-time open enrollment period is subsequent to this valuation cycle, this report does not include the change. We believe the addition of this provision will not have a material impact on the valuation results. For more details regarding member coverage, refer to www.lacera.com.

New Benchmark Tier

In June 2014, the Los Angeles County Board of Supervisors (County) authorized a new retiree health insurance program for new County employees who are hired after June 30, 2014 and are eligible for LACERA membership. The program, titled Tier 2, offers benefits covering hospital services, medical services, and dental/vision services to County retirees and their eligible dependents. We will include the new Tier 2 benefit structure as part of the July 1, 2016 valuation. For more details regarding plan benefits, refer to www.lacera.com.

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Appendix C: Valuation Data and Schedules

Data on LACERA's retirement benefit program membership as of June 30, 2014 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2014 retirement benefit 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, 2014 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

Exhibit C-11: Treatment of Incomplete Data

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 was prepared using an "attained age" basis to reflect when someone becomes 65.

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Exhibit C-1: Summary of Active Members

	Sex	Members		Annual Salary	Average Age	Average Credited Service
General Members- LA County*						
Plan A	M	125	$	12,901,788	65.9	36.8
	F	280		21,888,396	64.0	35.8
Plan B	M	34		3,136,368	63.6	36.4
	F	90		7,491,936	60.4	33.9
Plan C	M	37		3,374,964	61.8	36.0
	F	85		6,883,284	60.6	34.5
Plan D	M	16,025		1,213,013,748	47.3	14.0
	F	31,422		2,152,383,048	46.6	14.1
Plan E	M	7,226		527,148,000	51.9	18.2
	F	14,684		893,346,060	51.5	19.3
Plan G	M	1,985		98,725,740	35.8	0.7
	F	3,770		172,568,832	35.0	0.7
Total		75,763	$	5,112,862,164	47.5	14.7
Safety Members- LA County*						
Plan A	M	9	$	1,668,036	62.0	39.9
	F	1		103,464	64.0	43.7
Plan B	M	7,551		755,506,944	42.8	16.6
	F	1,647		158,563,632	40.3	13.8
Plan C	M	212		13,979,400	30.0	0.5
	F	63		4,113,252	28.8	0.3
Total		9,483	$	933,934,728	42.0	15.7
Safety Members- Local 1014						
Plan A	M	13	$	1,567,044	59.5	33.3
	F	-		-	-	-
Plan B	M	2,847		304,662,996	44.9	17.1
	F	51		5,145,192	41.8	14.2
Plan C	M	117		6,092,904	29.9	0.6
	F	4		179,880	29.0	0.3
Total		3,032	$	317,648,016	44.3	16.4

* 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.

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

	Sex	Members		Annual Salary	Average Age	Average Credited Service
General Members- Superior Court						
Plan A	M	11	$	1,525,980	70.6	32.1
	F	14		1,665,384	62.1	32.6
Plan B	M	2		238,416	63.0	13.3
	F	11		1,334,532	58.9	37.4
Plan C	M	-		-	-	-
	F	8		800,580	58.3	34.2
Plan D	M	577		53,672,268	49.3	17.7
	F	2,084		190,820,964	49.5	18.3
Plan E	M	372		34,504,992	50.6	19.2
	F	976		81,680,100	51.5	21.4
Plan G	M	18		1,149,996	41.5	0.3
	F	41		2,478,540	39.5	0.3
Total		4,114	$	369,871,752	50.0	18.9
General Members- SCAQMD						
Plan A	M	-	$	-	-	-
	F	-		-	-	-
Plan B	M	-		-	-	-
	F	1		58,836	57.0	36.7
Plan C	M	-		-	-	-
	F	-		-	-	-
Plan D	M	-		-	-	-
	F	-		-	-	-
Plan E	M	-		-	-	-
	F	-		-	-	-
Plan G	M	-		-	-	-
	F	-		-	-	-
Total		1	$	58,836	57.0	36.7
All General Members						
Plan A	M	136	$	14,427,768	66.3	36.4
	F	294		23,553,780	63.9	35.6
Plan B	M	36		3,374,784	63.5	35.1
	F	102		8,885,304	60.2	34.3
Plan C	M	37		3,374,964	61.8	36.0
	F	93		7,683,864	60.4	34.5
Plan D	M	16,602		1,266,686,016	47.4	14.2
	F	33,506		2,343,204,012	46.8	14.4
Plan E	M	7,598		561,652,992	51.8	18.3
	F	15,660		975,026,160	51.5	19.4
Plan G	M	2,003		99,875,736	35.9	0.7
	F	3,811		175,047,372	35.0	0.7
Total		79,878	$	5,482,792,752	47.6	14.9
All Safety Members						
Plan A	M	22	$	3,235,080	60.5	36.0
	F	1		103,464	64.0	43.7
Plan B	M	10,398		1,060,169,940	43.4	16.7
	F	1,698		163,708,824	40.4	13.8
Plan C	M	329		20,072,304	30.0	0.5
	F	67		4,293,132	28.9	0.3
Total		12,515	$	1,251,582,744	42.6	15.8
Grand Total		92,393	$	6,734,375,496	47.0	15.0

This excludes 73 active pension members who are receiving retiree healthcare benefits.

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Exhibit C-2: Summary of Vested Terminated Members

	Sex	Members	Average Age
General Members- LA County*			
Plan A	M	27	67.5
	F	61	64.0
Plan B	M	5	62.6
	F	16	63.6
Plan C	M	4	62.3
	F	12	60.4
Plan D	M	1,141	48.2
	F	2,167	46.6
Plan E	M	1,055	55.5
	F	2,370	55.1
Plan G	M	1	28.0
	F	5	40.6
Total		6,864	51.5
Safety Members- LA County*			
Plan A	M	4	63.3
	F	-	-
Plan B	M	372	42.7
	F	113	42.0
Plan C	M	-	-
	F	-	-
Total		489	42.7
Safety Members- Local 1014			
Plan A	M	-	-
	F	-	-
Plan B	M	36	40.3
	F	10	35.3
Plan C	M	-	-
	F	-	-
Total		46	39.2

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

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

General Members- Superior Court

Plan A	M	2	62.0
	F	9	61.9
Plan B	M	-	-
	F	2	59.5
Plan C	M	-	-
	F	1	60.0
Plan D	M	72	47.6
	F	243	48.6
Plan E	M	101	52.2
	F	240	52.8
Plan G	M	-	-
	F	-	-
Total		670	50.8

General Members- SCAQMD

Plan A	M	-	-
	F	-	-
Plan B	M	-	-
	F	-	-
Plan C	M	-	-
	F	-	-
Plan D	M	-	-
	F	-	-
Plan E	M	-	-
	F	-	-
Plan G	M	-	-
	F	-	-
Total		-	-

All General Members

Plan A	M	29	67.1
	F	70	63.8
Plan B	M	5	62.6
	F	18	63.1
Plan C	M	4	62.3
	F	13	60.4
Plan D	M	1,213	48.2
	F	2,410	46.8
Plan E	M	1,156	55.2
	F	2,610	54.9
Plan G	M	1	28.0
	F	5	40.6
Total		7,534	51.4

All Safety Members

Plan A	M	4	63.3
	F	-	-
Plan B	M	408	42.5
	F	123	41.5
Plan C	M	-	-
	F	-	-
Total		535	42.4

Grand Total	8,069	50.8

Retirement data includes 4,576 non-vested terminated members.
This excludes 22 vested terminated retirement members who are receiving retiree healthcare benefits.
This excludes 4 vested terminated retirement members who died before 7/1/2014.

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

Medical

		Count			Average Age		
	Gender	Retirees and Survivors	Spouses and Dependents	Total	Retirees and Survivors	Spouses and Dependents	Total
LA County	M	18,899	6,580	25,479	72.1	63.2	69.8
	F	23,221	13,536	36,757	73.4	63.5	69.8
	Total	42,120	20,116	62,236	72.8	63.4	69.8
Local 1014	M	1,401	102	1,503	69.5	22.8	66.3
	F	234	1,284	1,518	76.7	61.5	63.8
	Total	1,635	1,386	3,021	70.5	58.7	65.1
Superior Court	M	540	439	979	73.9	66.1	70.4
	F	1,470	329	1,799	72.4	62.9	70.7
	Total	2,010	768	2,778	72.8	64.7	70.6
SCAQMD	M	36	5	41	81.4	62.4	79.1
	F	24	23	47	81.2	74.5	77.9
	Total	60	28	88	81.3	72.3	78.5
Total Medical	M	20,876	7,126	28,002	72.0	62.8	69.6
	F	24,949	15,172	40,121	73.4	63.3	69.6
	Total	45,825	22,298	68,123	72.7	63.2	69.6

Dental/Vision

		Count			Average Age		
	Gender	Retirees and Survivors	Spouses and Dependents	Total	Retirees and Survivors	Spouses and Dependents	Total
LA County	M	19,271	8,042	27,313	72.0	60.2	68.5
	F	23,671	14,960	38,631	73.3	61.2	68.6
	Total	42,942	23,002	65,944	72.7	60.9	68.6
Local 1014	M	1,372	117	1,489	69.4	22.5	65.7
	F	215	1,332	1,547	76.6	60.9	63.1
	Total	1,587	1,449	3,036	70.4	57.8	64.4
Superior Court	M	531	543	1,074	74.0	63.3	68.6
	F	1,496	378	1,874	72.3	58.5	69.5
	Total	2,027	921	2,948	72.7	61.3	69.2
SCAQMD	M	34	8	42	82.0	46.8	75.3
	F	22	24	46	81.1	74.6	77.7
	Total	56	32	88	81.6	67.7	76.6
Total Dental/Vision	M	21,208	8,710	29,918	71.9	59.9	68.4
	F	25,404	16,694	42,098	73.3	61.1	68.5
	Total	46,612	25,404	72,016	72.6	60.7	68.4

Death Benefit *

		Count			Average Age		
	Gender	Retirees	Spouses and Dependents	Total	Retirees	Spouses and Dependents	Total
LA County	M	22,526	NA	22,526	71.3	NA	71.3
	F	24,033	NA	24,033	71.9	NA	71.9
	Total	46,559		46,559	71.6		71.6
Local 1014	M	1,399	NA	1,399	69.5	NA	69.5
	F	5	NA	5	70.4	NA	70.4
	Total	1,404		1,404	69.5		69.5
Superior Court	M	703	NA	703	72.6	NA	72.6
	F	1,725	NA	1,725	70.8	NA	70.8
	Total	2,428		2,428	71.3		71.3
SCAQMD	M	37	NA	37	81.7	NA	81.7
	F	6	NA	6	78.2	NA	78.2
	Total	43		43	81.2		81.2
Total Death Benefit	M	24,665	NA	24,665	71.3	NA	71.3
	F	25,769	NA	25,769	71.8	NA	71.8
	Total	50,434		50,434	71.5		71.5

* Totals do not include 353 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

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

Age	Members' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	Total Count
Under 18	-	-	-	-	-	-	-	-	-
18-19	1	-	-	-	-	-	-	-	1
20-24	640	7	-	-	-	-	-	-	647
25-29	3,377	1,332	11	-	-	-	-	-	4,720
30-34	3,238	5,232	757	42	-	-	-	-	9,269
35-39	2,041	4,885	3,340	963	64	-	-	-	11,293
40-44	1,375	3,442	3,611	3,123	1,091	82	-	-	12,724
45-49	982	2,494	2,689	2,847	3,390	1,756	152	-	14,310
50-54	842	1,951	2,072	1,991	2,725	3,159	1,306	122	14,168
55-59	566	1,548	1,693	1,543	1,900	2,156	1,667	1,000	12,073
60-64	290	968	1,114	1,087	1,362	1,286	946	1,471	8,524
65-69	77	444	566	506	591	468	263	451	3,366
70-74	18	85	157	163	209	125	53	104	914
75-79	1	18	39	59	58	42	20	49	286
80-84	1	10	8	13	19	10	10	27	98
85 & Over	-	-	-	-	-	-	-	-	-
Total Count	13,449	22,416	16,057	12,337	11,409	9,084	4,417	3,224	92,393

This excludes 73 active retirement program members who are receiving retiree healthcare benefits.

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

Age	Members' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	Total Count
Under 18	-	-	-	-	-	-	-	-	-
18-19	-	-	-	-	-	-	-	-	-
20-24	2	-	-	-	-	-	-	-	2
25-29	31	47	1	-	-	-	-	-	79
30-34	96	205	36	-	-	-	-	-	337
35-39	213	383	125	19	-	-	-	-	740
40-44	197	518	303	75	19	-	-	-	1,112
45-49	159	448	594	223	91	19	1	-	1,535
50-54	131	297	579	259	145	65	17	1	1,494
55-59	79	233	478	180	101	65	17	6	1,159
60-64	76	183	471	182	84	61	53	60	1,170
65-69	21	77	153	66	23	5	2	3	350
70-74	8	8	31	17	4	2	-	-	70
75-79	5	4	4	2	-	2	1	-	18
80-84	1	-	-	-	-	-	-	-	1
85 & Over	-	2	-	-	-	-	-	-	2
Total Count	1,019	2,405	2,775	1,023	467	219	91	70	8,069

Retirement program data includes 4,576 non vested terminated members.
This table excludes 22 vested terminated retirement members who are receiving retiree healthcare benefits.
This table excludes 4 vested terminated retirement members who died before 7/1/2014.

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

LA County
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	-	-	3	2	1	2	8	16
35-39	-	-	-	-	-	-	-	15	15
40-44	-	-	2	-	1	-	1	51	55
45-49	-	-	2	5	13	4	3	174	201
50-54	-	-	17	16	40	83	50	336	542
55-59	-	-	55	73	153	487	596	561	1,925
60-64	2	4	145	174	340	898	2,314	856	4,733
65-69	3	14	332	495	697	1,599	4,504	1,449	9,093
70-74	2	23	457	601	795	1,801	3,647	1,383	8,709
75-79	6	15	354	522	696	1,615	2,310	1,031	6,549
80-84	6	23	309	489	705	1,215	1,425	740	4,912
85-89	2	24	264	412	501	735	912	450	3,300
90-94	1	6	203	242	207	301	493	163	1,616
95-99	2	1	62	63	72	74	95	37	406
100 & Over	-	-	6	8	13	7	10	4	48
Total Count	24	110	2,208	3,103	4,235	8,820	16,362	7,258	42,120

Local 1014
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	-	-	-	-	-	-	1	1
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	1	-	5	6
50-54	-	-	-	1	1	4	2	9	17
55-59	-	-	1	1	2	32	70	120	226
60-64	-	-	-	-	2	29	52	176	259
65-69	-	-	1	-	2	13	44	225	285
70-74	-	-	-	-	-	8	34	246	288
75-79	-	-	-	-	3	10	16	152	181
80-84	-	-	-	-	2	18	30	159	209
85-89	-	-	-	1	3	19	27	70	120
90-94	-	-	1	-	-	4	14	16	35
95-99	-	-	-	-	-	3	1	2	6
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	3	3	15	141	290	1,183	1,635

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

Superior Court
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	-	-	-	2	-	-	-	2
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	2	2
50-54	-	-	3	3	7	5	2	7	27
55-59	-	3	6	8	13	25	31	22	108
60-64	-	1	10	12	25	45	123	33	249
65-69	1	1	18	35	53	90	206	41	445
70-74	3	3	28	33	46	89	150	35	387
75-79	-	4	15	28	43	68	93	28	279
80-84	-	2	22	27	39	52	59	18	219
85-89	-	-	11	23	20	33	62	12	161
90-94	-	2	12	14	14	20	31	6	99
95-99	-	1	3	4	3	5	9	1	26
100 & Over	-	-	-	2	1	-	1	-	4
Total Count	4	17	128	189	266	432	767	207	2,010

SCAQMD
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	-	1	-	1
65-69	2	1	-	-	-	1	1	1	6
70-74	-	-	-	-	-	-	3	1	4
75-79	-	-	-	-	1	2	7	1	11
80-84	-	-	2	2	3	1	6	1	15
85-89	-	-	3	2	3	4	2	-	14
90-94	-	-	3	2	2	1	-	-	8
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	2	1	8	6	9	9	21	4	60

Milliman
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.

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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	-	-	-	3	4	1	2	9	19
35-39	-	-	-	-	-	-	-	17	17
40-44	-	-	2	-	1	-	1	53	57
45-49	-	-	2	5	13	5	3	181	209
50-54	-	-	20	20	48	92	54	352	586
55-59	-	3	62	82	168	544	697	703	2,259
60-64	2	5	155	186	367	972	2,490	1,065	5,242
65-69	6	16	351	530	752	1,703	4,755	1,716	9,829
70-74	5	26	485	634	841	1,898	3,834	1,665	9,388
75-79	6	19	369	550	743	1,695	2,426	1,212	7,020
80-84	6	25	333	518	749	1,286	1,520	918	5,355
85-89	2	24	278	438	527	791	1,003	532	3,595
90-94	1	8	219	258	223	326	538	185	1,758
95-99	2	2	65	67	75	82	106	40	439
100 & Over	-	-	6	10	14	7	11	4	52
Total Count	30	128	2,347	3,301	4,525	9,402	17,440	8,652	45,825

Milliman
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.

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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	1	1	39	58	114	353	667	585	1,818
35-39	-	-	-	1	5	15	22	27	70
40-44	-	-	7	3	12	22	47	66	157
45-49	-	-	9	13	26	73	112	142	375
50-54	-	-	14	18	42	198	332	280	884
55-59	1	3	27	45	109	441	729	427	1,782
60-64	-	5	69	86	190	619	1,529	588	3,086
65-69	2	6	132	207	328	718	1,962	745	4,100
70-74	2	9	139	231	322	710	1,472	556	3,441
75-79	1	8	116	174	258	579	800	319	2,255
80-84	1	7	57	108	158	348	449	162	1,290
85-89	-	2	36	78	89	155	208	59	627
90-94	1	1	20	32	27	39	63	13	196
95-99	-	-	6	7	3	8	3	2	29
100 & Over	-	-	-	-	2	2	2	-	6
Total Count	9	42	671	1,061	1,685	4,280	8,397	3,971	20,116

Local 1014
Spouses and Dependents with Medical 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	23	46	108	178
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	1	-	4	5
45-49	-	-	-	-	-	1	1	7	9
50-54	-	-	-	1	3	27	62	78	171
55-59	-	-	1	-	-	23	41	158	223
60-64	-	-	1	-	2	8	33	166	210
65-69	-	-	-	-	-	9	34	200	243
70-74	-	-	-	-	3	11	9	117	140
75-79	-	-	-	-	1	8	13	104	126
80-84	-	-	-	1	2	15	9	39	66
85-89	-	-	-	-	-	2	8	3	13
90-94	-	-	-	-	-	-	1	1	2
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	2	2	12	128	257	985	1,386

Milliman
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.

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

Age	Retirees' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	2	3	5	8	12	25	16	71
35-39	-	-	1	-	-	-	2	1	4
40-44	-	-	-	1	-	2	-	1	4
45-49	-	-	-	1	1	1	2	1	6
50-54	-	-	2	2	2	4	8	1	19
55-59	-	1	2	2	9	13	17	7	51
60-64	-	-	3	6	11	42	52	11	125
65-69	1	2	8	9	19	42	73	16	170
70-74	-	3	9	7	22	32	47	9	129
75-79	-	-	6	4	12	21	33	4	80
80-84	-	-	6	8	6	14	20	5	59
85-89	-	-	5	4	8	5	13	-	35
90-94	-	-	2	3	4	2	2	-	13
95-99	-	-	-	1	1	-	-	-	2
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	1	8	47	53	103	190	294	72	768

SCAQMD
Spouses and Dependents with Medical Coverage

Age	Retirees' Years of Service 0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Total Count
Under 35	-	-	-	-	-	-	-	1	1
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	1	1
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	1	-	1
60-64	-	1	-	-	-	-	-	-	1
65-69	1	-	-	1	-	-	2	1	5
70-74	-	-	1	-	-	-	3	1	5
75-79	-	-	-	-	1	3	-	1	5
80-84	-	-	2	1	-	1	2	-	6
85-89	-	-	1	-	-	-	1	-	2
90-94	-	-	-	-	-	-	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	1	1	4	2	1	4	10	5	28

Milliman
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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	1	3	42	63	123	388	738	710	2,068
35-39	-	-	1	1	5	15	24	28	74
40-44	-	-	7	4	12	25	47	71	166
45-49	-	-	9	14	27	75	115	151	391
50-54	-	-	16	21	47	229	402	359	1,074
55-59	1	4	30	47	118	477	788	592	2,057
60-64	-	6	73	92	203	669	1,614	765	3,422
65-69	4	8	140	217	347	769	2,071	962	4,518
70-74	2	12	149	238	347	753	1,531	683	3,715
75-79	1	8	122	178	272	611	846	428	2,466
80-84	1	7	65	118	166	378	480	206	1,421
85-89	-	2	42	82	97	162	230	62	677
90-94	1	1	22	35	31	41	67	14	212
95-99	-	-	6	8	4	8	3	2	31
100 & Over	-	-	-	-	2	2	2	-	6
Total Count	11	51	724	1,118	1,801	4,602	8,958	5,033	22,298

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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	-	-	-	3	2	1	2	10	18
35-39	-	-	-	-	-	-	-	22	22
40-44	-	-	2	-	1	-	1	66	70
45-49	-	-	2	5	15	4	2	205	233
50-54	-	1	26	23	42	81	50	379	602
55-59	-	1	71	89	165	487	594	620	2,027
60-64	4	14	168	203	348	899	2,301	901	4,838
65-69	5	23	374	526	735	1,606	4,512	1,533	9,314
70-74	6	31	469	624	823	1,805	3,661	1,431	8,850
75-79	6	26	337	542	714	1,619	2,319	1,047	6,610
80-84	7	25	325	500	707	1,224	1,434	748	4,970
85-89	5	21	277	413	518	741	921	437	3,333
90-94	2	10	212	236	212	303	492	162	1,629
95-99	-	-	58	52	74	71	96	36	387
100 & Over	-	-	3	7	10	6	10	3	39
Total Count	35	152	2,324	3,223	4,366	8,847	16,395	7,600	42,942

Local 1014
Retirees and Survivors 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	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	1	-	4	5
50-54	-	-	-	1	1	4	2	8	16
55-59	-	-	1	1	2	31	68	119	222
60-64	-	-	-	-	2	29	50	172	253
65-69	-	-	1	-	3	12	44	224	284
70-74	-	-	-	-	-	8	33	243	284
75-79	-	-	-	-	3	9	16	147	175
80-84	-	-	-	-	2	18	29	152	201
85-89	-	-	-	-	1	19	25	64	109
90-94	-	-	-	-	-	3	14	13	30
95-99	-	-	-	-	-	3	1	2	6
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	2	2	14	137	282	1,150	1,587

Milliman
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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	-	-	-	-	2	-	-	-	2
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	2	2
50-54	-	-	3	2	7	5	2	11	30
55-59	-	4	7	8	12	26	28	22	107
60-64	-	-	12	12	25	47	120	36	252
65-69	1	-	27	40	52	91	204	43	458
70-74	2	2	26	34	47	90	151	34	386
75-79	-	4	18	26	38	70	93	29	278
80-84	-	4	24	24	36	52	58	19	217
85-89	-	2	15	25	20	33	63	10	168
90-94	-	1	13	14	13	20	31	6	98
95-99	-	-	2	4	3	5	9	1	24
100 & Over	-	-	-	1	1	-	1	-	3
Total Count	3	17	147	190	256	439	760	215	2,027

SCAQMD
Retirees and Survivors 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	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	-	1	-	1
65-69	1	1	-	-	-	1	1	1	5
70-74	-	-	-	-	-	-	3	1	4
75-79	-	-	-	-	1	2	7	1	11
80-84	-	-	1	1	2	1	6	1	12
85-89	-	-	2	2	3	4	2	-	13
90-94	-	-	3	3	2	1	-	-	9
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	1	1	6	6	8	9	21	4	56

Milliman
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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	-	-	-	3	4	1	2	10	20
35-39	-	-	-	-	-	-	-	24	24
40-44	-	-	2	-	1	-	1	68	72
45-49	-	-	2	5	15	5	2	211	240
50-54	-	1	29	26	50	90	54	398	648
55-59	-	5	79	98	179	544	690	761	2,356
60-64	4	14	180	215	375	975	2,472	1,109	5,344
65-69	7	24	402	566	790	1,710	4,761	1,801	10,061
70-74	8	33	495	658	870	1,903	3,848	1,709	9,524
75-79	6	30	355	568	756	1,700	2,435	1,224	7,074
80-84	7	29	350	525	747	1,295	1,527	920	5,400
85-89	5	23	294	440	542	797	1,011	511	3,623
90-94	2	11	228	253	227	327	537	181	1,766
95-99	-	-	60	56	77	79	107	39	418
100 & Over	-	-	3	8	11	6	11	3	42
Total Count	39	170	2,479	3,421	4,644	9,432	17,458	8,969	46,612

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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	4	6	126	148	244	619	1,208	949	3,304
35-39	-	2	2	4	6	25	33	44	116
40-44	-	-	8	5	16	26	57	83	195
45-49	-	-	11	13	31	80	119	175	429
50-54	-	1	18	28	47	200	335	319	948
55-59	2	4	31	54	123	442	738	452	1,846
60-64	1	4	79	108	210	633	1,536	657	3,228
65-69	3	11	164	232	352	767	2,047	807	4,383
70-74	-	4	151	249	361	756	1,573	583	3,677
75-79	1	7	123	199	294	635	850	347	2,456
80-84	3	7	70	135	180	376	491	184	1,446
85-89	1	3	41	88	106	170	230	64	703
90-94	-	2	23	36	36	42	75	14	228
95-99	-	1	6	7	6	11	5	1	37
100 & Over	-	-	-	-	2	2	2	-	6
Total Count	15	52	853	1,306	2,014	4,784	9,299	4,679	23,002

Local 1014
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	-	-	-	-	2	31	50	155	238
35-39	-	-	-	-	-	-	2	3	5
40-44	-	-	-	1	-	1	-	11	13
45-49	-	-	-	-	-	3	3	12	18
50-54	-	-	1	-	1	14	37	53	106
55-59	-	-	1	-	1	25	46	131	204
60-64	-	-	-	-	2	14	38	184	238
65-69	-	-	-	-	-	7	29	192	228
70-74	-	-	-	-	3	14	13	135	165
75-79	-	-	-	-	1	6	18	106	131
80-84	-	-	-	-	1	16	13	48	78
85-89	-	-	-	-	-	3	7	10	20
90-94	-	-	-	-	-	1	2	1	4
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	2	1	11	135	259	1,041	1,449

Milliman
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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	1	2	6	8	16	28	55	32	148
35-39	-	-	1	-	1	-	2	2	6
40-44	-	-	-	1	1	4	1	1	8
45-49	-	-	-	1	1	2	2	2	8
50-54	1	-	2	-	2	4	8	3	20
55-59	-	1	2	2	13	14	17	8	57
60-64	-	-	4	7	12	43	51	11	128
65-69	-	2	14	13	21	45	76	19	190
70-74	-	-	9	10	23	33	54	12	141
75-79	-	1	10	7	12	22	34	6	92
80-84	-	-	8	9	7	14	23	7	68
85-89	-	-	5	4	8	4	12	-	33
90-94	-	-	3	5	5	4	2	-	19
95-99	-	-	-	1	2	-	-	-	3
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	2	6	64	68	124	217	337	103	921

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	1	3
35-39	-	1	-	-	-	-	-	-	1
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	1	1
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	1	-	1
60-64	-	1	-	-	-	-	-	-	1
65-69	1	-	-	1	-	-	2	1	5
70-74	-	-	-	-	-	-	4	1	5
75-79	-	-	-	-	2	3	-	1	6
80-84	-	-	2	1	-	1	2	-	6
85-89	-	-	1	-	-	-	1	-	2
90-94	-	-	-	-	-	-	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	1	2	4	2	2	4	12	5	32

Milliman
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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								Total
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count
Under 35	5	8	133	156	262	678	1,314	1,137	3,693
35-39	-	3	3	4	7	25	37	49	128
40-44	-	-	8	7	17	31	58	95	216
45-49	-	-	11	14	32	85	124	190	456
50-54	1	1	21	28	50	218	380	375	1,074
55-59	2	5	34	56	137	481	802	591	2,108
60-64	1	5	83	115	224	690	1,625	852	3,595
65-69	4	13	178	246	373	819	2,154	1,019	4,806
70-74	-	4	160	259	387	803	1,644	731	3,988
75-79	1	8	133	206	309	666	902	460	2,685
80-84	3	7	80	145	188	407	529	239	1,598
85-89	1	3	47	92	114	177	250	74	758
90-94	-	2	26	41	41	47	80	15	252
95-99	-	1	6	8	8	11	6	1	41
100 & Over	-	-	-	-	2	2	2	-	6
Total Count	18	60	923	1,377	2,151	5,140	9,907	5,828	25,404

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

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Medical Plans									
Anthem Blue Cross I	231	1,390	1,621	220	325	545	451	1,715	2,166
Anthem Blue Cross II	1,995	2,674	4,669	1,944	965	2,909	3,939	3,639	7,578
Anthem Blue Cross III	256	10,250	10,506	937	3,796	4,733	1,193	14,046	15,239
Anthem Blue Cross Prudent Buyer Plan	490	1,054	1,544	477	300	777	967	1,354	2,321
Cigna Medicare Select Plus Rx (AZ)	2	42	44	11	16	27	13	58	71
Cigna Network Model Plan	181	566	747	176	154	330	357	720	1,077
Kaiser (Other)	62	302	364	51	94	145	113	396	509
Kaiser (CA)	4,361	16,725	21,086	4,125	5,514	9,639	8,486	22,239	30,725
United Healthcare	1,046	2,186	3,232	943	771	1,714	1,989	2,957	4,946
SCAN Health Plan	1	376	377	2	91	93	3	467	470
Firefighters' Local 1014	528	1,107	1,635	822	564	1,386	1,350	1,671	3,021
Total Medical	9,153	36,672	45,825	9,708	12,590	22,298	18,861	49,262	68,123
Medicare Part B Coverage									
LA County									
Receiving Reimbursement	294	26,374	26,668	114	8,502	8,616	408	34,876	35,284
Not Receiving Reimbursement	7,894	7,558	15,452	8,471	3,029	11,500	16,365	10,587	26,952
Total	8,188	33,932	42,120	8,585	11,531	20,116	16,773	45,463	62,236
Firefighters' Local 1014									
Receiving Reimbursement	24	1,082	1,106	83	479	562	107	1,561	1,668
Not Receiving Reimbursement	504	25	529	739	85	824	1,243	110	1,353
Total	528	1,107	1,635	822	564	1,386	1,350	1,671	3,021
Superior Court									
Receiving Reimbursement	17	1,216	1,233	3	354	357	20	1,570	1,590
Not Receiving Reimbursement	419	358	777	292	119	411	711	477	1,188
Total	436	1,574	2,010	295	473	768	731	2,047	2,778
SCAQMD									
Receiving Reimbursement	-	44	44	1	15	16	1	59	60
Not Receiving Reimbursement	1	15	16	5	7	12	6	22	28
Total	1	59	60	6	22	28	7	81	88
All Members									
Receiving Reimbursement	335	28,716	29,051	201	9,350	9,551	536	38,066	38,602
Not Receiving Reimbursement	8,818	7,956	16,774	9,507	3,240	12,747	18,325	11,196	29,521
Grand Total Medicare Part B	9,153	36,672	45,825	9,708	12,590	22,298	18,861	49,262	68,123
Dental/Vision Plans									
LA County									
Cigna Indemnity Dental/Vision	6,493	31,506	37,999	8,671	11,862	20,533	15,164	43,368	58,532
Cigna Dental HMO/Vision	1,317	3,626	4,943	1,395	1,074	2,469	2,712	4,700	7,412
Total	7,810	35,132	42,942	10,066	12,936	23,002	17,876	48,068	65,944
Firefighters' Local 1014									
Cigna Indemnity Dental/Vision	482	1,063	1,545	793	611	1,404	1,275	1,674	2,949
Cigna Dental HMO/Vision	16	26	42	29	16	45	45	42	87
Total	498	1,089	1,587	822	627	1,449	1,320	1,716	3,036
Superior Court									
Cigna Indemnity Dental/Vision	325	1,478	1,803	332	492	824	657	1,970	2,627
Cigna Dental HMO/Vision	70	154	224	43	54	97	113	208	321
Total	395	1,632	2,027	375	546	921	770	2,178	2,948
SCAQMD									
Cigna Indemnity Dental/Vision	1	53	54	6	25	31	7	78	85
Cigna Dental HMO/Vision	-	2	2	1	-	1	1	2	3
Total	1	55	56	7	25	32	8	80	88
All Members									
Cigna Indemnity Dental/Vision	7,301	34,100	41,401	9,802	12,990	22,792	17,103	47,090	64,193
Cigna Dental HMO/Vision	1,403	3,808	5,211	1,468	1,144	2,612	2,871	4,952	7,823
Grand Total Dental/Vision	8,704	37,908	46,612	11,270	14,134	25,404	19,974	52,042	72,016

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

	Retirees			Spouses			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Death Benefit *									
LA County	10,647	35,912	46,559	NA	NA	NA	10,647	35,912	46,559
Firefighters' Local 1014	497	907	1,404	NA	NA	NA	497	907	1,404
Superior Court	636	1,792	2,428	NA	NA	NA	636	1,792	2,428
SCAQMD	1	42	43	NA	NA	NA	1	42	43
Grand Total Death Benefit	11,781	38,653	50,434	NA	NA	NA	11,781	38,653	50,434

* Totals do not include 353 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

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Exhibit C-11: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	6 medical 0 dental	Retirees had a spouse or child on the record with a Date of Birth (DOB), but dependent type was not "S" (spouse) or "C" (child).	If dependent DOB was more than 20 years after the retiree's Date of Birth, assigned the dependent as a child. Otherwise, the dependent was designated as a spouse.
2	0 medical 2 dental	Dependent with Dependent Type "S" had DOB as blank or later than 7/1/1992.	These spouses were given a DOB according to the marriage age difference assumption used in this valuation.
3	0 medical 14 dental	Dependents did not have a valid Gender.	All spouses were assigned gender opposite that of the original member. Half of the children were designated as males and half as females.
4	75 medical 74 dental 21 life-only	Retirees have Group IND of "O" (Outside District).	Changed indicator to "N" (General). These are members from outside districts who will have postemployment benefits from LA County.
5	261 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 18 years old since the average age of LACERA children under 24 is 18; half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
6	1,522 medical 887 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 was determined according to the marriage age difference assumption used in this valuation.
7	256 medical 175 dental	Tier is Retiree Only, but a dependent was listed.	Dependents were deleted from the data.
8	162 medical 161 dental	Members were deceased before 7/1/2014.	Removed records from the data.

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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 Liability — 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 — Assumptions as to the occurrence of future events affecting OPEB costs, such as: mortality, withdrawal, disablement, retirement; changes in medical costs; and other relevant items.

Actuarial Cost Method — 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 Value — 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 Assets — The value of cash, investments and other property belonging to an OPEB plan, as used by the actuary for the purpose of an Actuarial Valuation.

Amortization Payment — That portion of the ARC that is designed to recognize interest on and to amortize the Unfunded Actuarial Accrued Liability.

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Annual Required Contributions ("ARC")	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 plans other than retirement programs.
GASB 45	The statement that establishes financial reporting standards for employers 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.

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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.

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Appendix E: Medical Plan Comparisons

Comparisons are from the following areas of the LACERA website:

http://www.lacera.com/healthcare/pdf/healthcare_rates/plan_comparison.pdf

http://www.lacera.com/healthcare/pdf/healthcare_rates/plan_comparison_ooa.pdf

http://www.lacera.com/healthcare/pdf/healthcare_rates/plan_comparison_medicare.pdf

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LACERA

Comparison of Medical Plans

2014

Effective July 1, 2014

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	100%[1]	100%[1]
Routine Checkups, CA only		
—Adult	$25 copay; covered in-network only; maximum of $250	$25 copay; covered in-network only; maximum of $250
—Children Under 17	$25 copay in-network; 80% out-of-network	$25 copay in-network; 80% out-of-network
Immunizations	Not covered except for children under age 17	Not covered except for children under age 17
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 Benefits		
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
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
80%	No charge when true emergency authorized by a Cigna HealthCare physician
80% Prudent Buyer; 70% non–Prudent Buyer	$5 copay
100% Prudent Buyer; 70% non–Prudent Buyer	No charge
$25 copay; covered in-network only; maximum of $250 $25 copay in-network; out-of-network covered up to $20	$5 copay
Not covered except for children under age 17	No charge (after $5 office visit copay, if applicable)
100%[1] Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non–Prudent Buyer)	No charge
80% Prudent Buyer; 70% non–Prudent Buyer	$20 copay; limited 20 days for all therapies combined (unlimited days based on medical necessity for CA only)
80% in accordance with requirements	$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; in accordance with requirements	$5 copay for initial visit to confirm pregnancy; no charge for subsequent maternity visits
Retail: 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 for less than 90-day supply	**Retail:** $7 copay for 30-day supply; **Mail order:** $14 copay for 90-day supply
80% Prudent Buyer; 70% non–Prudent Buyer	No charge for an unlimited number of days
80% Prudent Buyer; 70% non–Prudent Buyer	No charge for an unlimited number of visits
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	UnitedHealthcare[4]
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 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 physician	No charge (if medically necessary)
No charge if authorized by Kaiser physician	No charge; 100 visits maximum per calendar year
No charge if authorized by Kaiser 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 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 copay	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 visits
$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] Solutions for Caregivers – no charge for advice, information and referrals. See the Caregiver flyer in the packet sent to retirees from the carrier for additional services.

[5] Your PCP is your Preferred Care Provider in the UnitedHealthcare HMO.

LACERA

Comparison of Medical Plans

2014

Effective July 1, 2014

Health Maintenance Organizations (HMOs) and Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser – Colorado
- Kaiser – Georgia
- Kaiser – Hawaii
- Kaiser – 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 – Colorado	Kaiser – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – $2,000 Family – $4,500	Individual – $2,000 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 Outpatient – $50 copay	Inpatient – no charge 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; $25 generic/$40 brand copay for up to 30-day supply at Rite Aid 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 lenses or frames combined every 2 years	$100 credit toward lenses, contact lenses or frames combined every 2 years
Frames		
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 – Hawaii	Kaiser – Oregon
None	None
Individual – $2,500 Family (3 or more) – $7,500	Individual – $600 Family – $1,200
Unlimited	None
$50/day	No charge
No charge	Inpatient – no charge Outpatient – $5 copay
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	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	$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
$10 copay for up to 30-day supply	$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
$500 allowance	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 – Colorado	Kaiser – 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; $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 frames combined every 2 years	$100 credit toward lenses and/or frames combined every 2 years
Frames		
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 – Hawaii	Kaiser – 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 physician
No charge; 100 days per year	No charge; 100 days for Medicare benefits period
Not covered	Not covered
No charge if authorized	No charge
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; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
$15 copay	$5 copay; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
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
$500 allowance to purchase hearing aids; provided every 3 years	Not covered

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

LACERA

Comparison of Medical Plans

2014

For those enrolled in Medicare Parts A and B

Effective July 1, 2014

Medicare Supplement Plan

- Anthem Blue Cross III

Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Permanente Senior Advantage
- UnitedHealthcare Group 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	Medicare Advantage Prescription Drug (MA-PD) HMOs		
	Anthem Blue Cross III	**Kaiser Permanente Senior Advantage**	**SCAN[1]**	**UnitedHealthcare Group Medicare Advantage HMO**
Outpatient Benefits				
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	$5 copay
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 31-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 plan optical sales every 24 months; $150 allowance	Not covered	Not covered
Frames	Not covered unless after eye surgery		Not covered	Not covered
Hearing Care Benefits				
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 Group 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 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 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 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 Group 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 Group 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

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Benefits-at-a-Glance

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

Annual 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 Retail 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 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 services 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 evaluation exam.	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)*	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 100 visits 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_rates/dental_vision_charts.pdf

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LACERA

Effective July 1, 2014

DENTAL PLAN

	Cigna Indemnity Dental	Cigna Dental HMO
Individual annual deductible	$25	None
Family annual deductible	$50	None
Individual annual maximum benefit	$1,500	Unlimited
Exams & cleanings	20%*	$0**
Amalgam – 1 surface, permanent	20%*	$0**
Amalgam – 2 surface, permanent	20%*	$0**
Amalgam – 3 surface, permanent	20%*	$0**
Amalgam – 4 surface, permanent	20%*	$0**
Resin or composite – anterior	20%*	$0**
Anterior root canal – permanent	20%*	$10**
Scaling/root planing – per quad	20%*	$35**
Simple extraction	20%*	$10**
Surgical extraction	20%*	$15 – $50**
Crown – porcelain to high noble metal	20%*	$220**
Crown – stainless steel	20%*	$10**
Post – prefab or crown buildup	20%*	$40/$55/$65**
Orthodontic therapy – child	Not covered	$2,240**
Orthodontic therapy – adult	Not covered	$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	$40 copay; then covered in full	$35 reimbursement maximum
■ Bifocal	$40 copay; then covered in full	$45 reimbursement maximum
■ Trifocal	$40 copay; then covered in full	$70 reimbursement maximum
■ Lenticular	$40 copay; then covered in full	$130 reimbursement maximum
■ Progressive	$40 copay; then up to $70 allowance	$70 reimbursement maximum
Frames (Once every 24 months)	$50 allowance	$35 reimbursement maximum
Contact lenses (lifetime maximum benefit)		
■ Hard lenses	$180 allowance	$150 reimbursement maximum
■ Soft lenses	$230 allowance	$225 reimbursement maximum

*** Spectacle exam includes routine exam, including dilation and refraction.

204 – 7,000 – 04/14

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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MEDICARE PARTS A & B ELIGIBILITY

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART A

(Hospital Insurance Coverage)
Medicare Part A is **free** to any person **age 65 or older** who is either:

- Eligible to receive a monthly Social Security benefit, or
- Eligible based on wages on which sufficient Medicare payroll taxes were paid.

You **automatically apply** for Medicare Part A when you apply for Social Security benefits. Your spouse may also qualify for Part A coverage at age 65, based on your eligibility for Social Security. To be eligible for Part A, you **do not** have to enroll in Part B. If you are not eligible for free Part A coverage, you may purchase this coverage.

Medicare Part A is **free** to any person **under age 65** who is **disabled** and has either:

- Received Social Security disability benefits for 24 months as a worker, surviving spouse, or adult child of a retired, disabled, or deceased worker; or
- Accumulated a sufficient number of Social Security credits to be insured for Medicare and meets the requirements of the Social Security disability program.

Effective January 2015, the Medicare Part A premium amount decreased to $407.00 per month ($426.00 in 2014) for people who are not eligible for premium-free hospital insurance and have fewer than 40 quarters of Medicare-covered employment. Visit Medicare for more information.

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART B

(Supplementary medical insurance coverage for physicians, labs, testing)

When you enroll in Medicare Part A, you are **automatically enrolled** in Medicare Part B unless you decline it. This rule applies to persons age 65 or older and also to those who are disabled under age 65.

If you pay a premium for Plan A, you must enroll in Part B if you also desire that coverage. The Part B coverage is ordinarily deducted from your Social Security benefit.

If you select a LACERA-administered Medicare plan, you **may be reimbursed** by LACERA for the Part B premium amount. This reimbursement program is subject to annual review by the Board of Supervisors.

If you or your spouse has fewer than 40 quarters of Medicare-covered employment, you must pay a monthly premium for Part A.

On December 9, 2014, the Board of Supervisors approved the Medicare Part B Premium Reimbursement Program for 2015 for LACERA-administered Medicare Plan enrollees. Read more about Part B.

12/10/14

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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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Los Angeles County Other Post Employment Benefits Program

Table 1: July 1, 2014 Summary of SCAQMD Paid Liabilities and Cost

SCAQMD	July 1, 2014	July 1, 2012	Percentage Change
A. Total Membership			
1. Active Members	1	1	0.0%
2. Vested Terminated Members	-	-	
3. Retirees and Survivors (Medical Coverage)	60	63	-4.8%
4. Total	61	64	-4.7%
B. Total Payroll	$ 59,921	$ 60,063	-0.2%
C. Expected SCAQMD Paid First-Year Benefits	$ 267,685	$ 248,393	7.8%
D. Present Value of Future Benefits (PVB) [1]	$ 4,681,086	$ 4,450,747	5.2%
E. Actuarial Accrued Liability by Member Status [1]			
1. Active Members	$ 341,896	$ 346,560	-1.3%
2. Vested Terminated Members	-	-	
3. Retired Members	4,310,575	4,059,695	6.2%
4. Total	$ 4,652,471	$ 4,406,255	5.6%
F. Actuarial Accrued Liability by Benefit Type [1]			
1. Retiree Medical	$ 3,717,799	$ 3,572,782	4.1%
2. Retiree Dental/Vision	209,913	219,985	-4.6%
3. Medicare Part B	622,394	529,408	17.6%
4. Retiree Life Insurance	102,365	84,080	21.7%
5. Total	$ 4,652,471	$ 4,406,255	5.6%
G. Assets	$ -	$ -	
H. Unfunded Actuarial Accrued Liability	$ 4,652,471	$ 4,406,255	5.6%
I. Annual Required Contribution (ARC) [2]	$ 168,919	$ 166,766	1.3%
J. ARC expressed as a percentage of payroll			
1. Normal Cost	13.94%	15.71%	-11.3%
2. UAAL Payment	267.96%	261.94%	2.3%
3. Total	281.90%	277.65%	1.5%

[1] Net of Retiree Paid Premiums. Decrease is a result of deaths, aging, and data changes.
[2] Normal cost and 30 year level percent of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). Assumes an unfunded plan.

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Los Angeles County Other Post Employment Benefits Program

Table 2: July 1, 2014 Actuarial Accrued Liability (AAL) at 3.75%
Retiree Medical Benefits

		SCAQMD
1. AAL - Total Medical Benefits		
Retirees	$	8,194,749
Vested Terminateds		-
Actives		286,428
Total	$	8,481,177
2. AAL - County and Retiree Paid Medical Premiums		
Retirees	$	4,763,378
Vested Terminateds		-
Actives		-
Total	$	4,763,378
3. AAL - SCAQMD Paid Medical Benefits (1) - (2)		
Retirees	$	3,431,371
Vested Terminateds		-
Actives		286,428
Total	$	3,717,799

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Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2014 Actuarial Accrued Liability (AAL) at 3.75% Retiree Dental and Vision Benefits

		SCAQMD
4. AAL - Total Dental & Vision Benefits		
Retirees	$	480,203
Vested Terminateds		-
Actives		14,866
Total	$	495,069
5. AAL - County and Retiree Paid Dental & Vision Premiums		
Retirees	$	285,156
Vested Terminateds		-
Actives		-
Total	$	285,156
6. AAL - SCAQMD Paid Dental & Vision Benefits (4) - (5)		
Retirees	$	195,047
Vested Terminateds		-
Actives		14,866
Total	$	209,913

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Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2014 Actuarial Accrued Liability (AAL) at 3.75% Medicare Part B and Retiree Life Insurance

		SCAQMD
7. AAL - SCAQMD Paid Medicare Part B Premiums		
Retirees	$	583,433
Vested Terminateds		-
Actives		38,961
Total	$	622,394
8. AAL - SCAQMD Paid Retiree Death Benefit		
Retirees	$	100,724
Vested Terminateds		-
Actives		1,641
Total	$	102,365
9. AAL - SCAQMD Paid Benefits (3) + (6) + (7) + (8)		
Retirees	$	4,310,575
Vested Terminateds		-
Actives		341,896
Total	$	4,652,471

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Los Angeles County Other Post Employment Benefits Program

Table 3: July 1, 2014 Normal Cost at 3.75%

		SCAQMD
1. Total Medical Benefits	$	6,987
2. County and Retiree Paid Medical Premiums		-
3. Net SCAQMD Paid Medical Benefits (1) - (2)	$	6,987
4. Total Dental/Vision Benefits	$	362
5. County and Retiree Paid Dental/Vision Premiums		-
6. Net SCAQMD Paid Dental/Vision Benefits (4) - (5)	$	362
7. SCAQMD Paid Medicare Part B Premiums	$	962
8. SCAQMD Paid Retiree Death Benefit	$	40
9. Total SCAQMD Normal Cost (3) + (6) + (7) + (8)	$	8,351
10. Valuation Payroll	$	59,921
11. SCAQMD Normal Cost as a Percentage of Payroll		13.94%

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Los Angeles County Other Post Employment Benefits Program

Table 4: 2014-2015 Annual Required Contribution (ARC) at 3.75%

		SCAQMD
1. Unfunded Actuarial Accrued Liability (UAAL)		
Present Value of Benefits (PVB)	$	4,681,086
Present Value of Future Normal Cost (PVFNC)		28,615
Actuarial Accrued Liability as of July 1, 2014	$	4,652,471
Fund Balance at July 1, 2010 [1]		-
Unfunded Actuarial Accrued Liability	$	4,652,471
2. Amortization of UAAL (Level % of Pay)		
Amortization Period (years) [2]		30
Amortization Factor		28.975
UAAL Amortization Payment	$	160,568
3. 2014 - 2015 Annual Required Contribution (ARC) on July 1, 2014		
Amortization of UAAL	$	160,568
Normal Cost		8,351
Annual Required Contribution (ARC) (As of July 1, 2014)	$	168,919
4. July 1, 2014 Valuation Payroll	$	59,921
5. Estimated ARC as a Percentage of Valuation Payroll		281.90%

[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.

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Los Angeles County Other Post Employment Benefits Program

Table 5: Projected SCAQMD Paid Benefits by Type

SCAQMD

Fiscal Year Ending	Medical Total	Dental/Vision Total	Medicare Part B	Death Benefit	Medical County and Retiree Contribution	Dental/Vision County and Retiree Contribution	Total SCAQMD Paid Benefits
6/30/2015	$ 539,959	$ 46,719	$ 43,862	$ 10,660	$ (344,833)	$ (28,682)	$ 267,685
6/30/2016	580,740	45,247	43,256	10,375	(365,845)	(27,590)	286,183
6/30/2017	582,402	43,513	43,282	10,033	(366,744)	(26,379)	286,107
6/30/2018	596,841	41,777	41,954	9,537	(371,428)	(25,168)	293,513
6/30/2019	604,051	39,983	40,506	8,967	(370,888)	(23,919)	298,700
6/30/2020	603,375	38,127	38,955	8,363	(364,978)	(22,637)	301,205
6/30/2021	594,260	36,222	38,339	7,705	(355,813)	(21,345)	299,368
6/30/2022	585,440	34,281	37,172	7,069	(344,602)	(20,051)	299,309
6/30/2023	562,020	32,331	37,312	6,460	(331,297)	(18,757)	288,069
6/30/2024	534,614	30,413	38,019	5,875	(316,650)	(17,495)	274,776

Projection Basis:
All assumptions are met
No future members are reflected

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Los Angeles County Other Post Employment Benefits Program

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

SCAQMD

	Valuation Trend Rates	Valuation Trend Rates Plus 1%	Valuation Trend Rates Minus 1%
July 1, 2014 AAL	$ 4,652,471	$ 5,168,801	$ 4,213,873
Percentage Increase/(Decrease)		11%	(9%)
2014 – 2015 ARC	$ 168,919	$ 188,401	$ 152,461
Percentage Increase/(Decrease)		12%	(10%)

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