

IN PERSON & VIRTUAL BOARD MEETING

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



TO VIEW VIA WEB



TO PROVIDE PUBLIC COMMENT

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

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

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION
300 N. LAKE AVENUE, SUITE 650, PASADENA, CA

AGENDA

A REGULAR MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE

COMMITTEE AND BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:30 A.M., WEDNESDAY, MARCH 5, 2025

This meeting will be conducted by the Insurance, Benefits and Legislative Committee and Board of Retirement both in person and by teleconference under California Government Code Sections 54953(b), (f).

*Teleconference Location for Trustees and the Public under California Government Code Section 54953(b)
2618 Newton Street NE, Washington D.C. 20016*

Any person may view the meeting in person at LACERA's offices or online at <https://LACERA.com/leadership/board-meetings>.

The Committee may take action on any item on the agenda, and agenda items may be taken out of order.

COMMITTEE TRUSTEES:

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

- I. CALL TO ORDER
- II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER AB 2449, California Government Code Section 54953(f)
 - A. Just Cause
 - B. Action on Emergency Circumstance Requests
 - C. Statement of Persons Present at AB 2449 Teleconference Locations

III. APPROVAL OF MINUTES

- A. Approval of the Minutes of the Regular Meeting of February 5, 2025

IV. PUBLIC COMMENT

(Members of the public may address the Committee orally and in writing. To provide Public Comment, you should visit <https://LACERA.com/leadership/board-meetings> and complete the request [form](#).

If you select oral comment, we will contact you via email with information and instructions as to how to access the meeting as a speaker. You will have up to 3 minutes to address the Committee. Oral comment requests will be accepted up to the close of the Public Comment item on the agenda.

If you select written comment, please input your written public comment within the form as soon as possible and up to the close of the meeting. Written comment will be made part of the official record of the meeting. If you would like to remain anonymous at the meeting without stating your name, please leave the name field blank in the request form. If you have any questions, you may email PublicComment@lacera.com.)

V. REPORTS

A. **Engagement Report for February 2025**

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

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

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

C. **LACERA Claims Experience**

Michael Szeto, Segal Consulting
(Presentation)

D. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

VI. ITEMS FOR STAFF REVIEW

(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agenda item at a future meeting.)

VII. ITEMS FOR FUTURE AGENDAS

(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

VIII. GOOD OF THE ORDER

(For Information Purposes Only)

IX. ADJOURNMENT

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

Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, Suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday and will also be posted on lacera.com at the same time, [Board Meetings | LACERA](#).

Requests for reasonable modification or accommodation of the telephone public access and Public Comments procedures stated in this agenda from individuals with disabilities, consistent with the Americans with Disabilities Act of 1990, may call the Board Offices at (626) 564-6000, Ext. 4401/4402 from 8:30 a.m. to 5:00 p.m. Monday through Friday or email PublicComment@lacera.com, but no later than 48 hours prior to the time the meeting is to commence.

MINUTES OF THE REGULAR MEETING OF THE INSURANCE, BENEFITS &
LEGISLATIVE COMMITTEE AND BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:00 A.M. – 8:53 A.M., WEDNESDAY, FEBRUARY 5, 2025

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

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair

Ronald Okum, Vice Chair (*arrived at 8:10 a.m.*)
(Teleconference under CA Govt. Code Section 54953(e))

Aleen Langton, Trustee

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

Shawn R. Kehoe, Alternate Trustee (*arrived at 8:10 a.m.*)
(Teleconference under CA Govt. Code Section 54953(e))

OTHER BOARD OF RETIREMENT TRUSTEES

Elizabeth Ginsberg, Trustee

JP Harris, Trustee (*arrived at 8:34 a.m.*)

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Santos H. Kreimann, Chief Executive Officer

Luis Lugo, Deputy Chief Executive Officer

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

Segal Consulting

Stephen Murphy, Sr. Vice President

Debbie Donaldson, Sr. Vice President

United Healthcare

Nikki Mangnall, Sr. Strategic Account Executive

May Young, Strategic Account Executive

Ryan Kuehn, Vice President of Underwriting

Shannon Haas, Regional Account Vice President

Ryan Jones, Vice President

Rich Hogan, Direct of Underwriting

Alison Velarde, Underwriter

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:00 a.m.

II. APPROVAL OF MINUTES

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

Trustee Robbins made a motion, Trustee Langton seconded, to approve the minutes of the regular meeting of January 15, 2025. The motion passed by the following roll call vote:

Yes: Langton, Moore, Robbins

No: None

Absent: Okum

(Trustee Okum arrived after the vote had been taken on the minutes.)

III. PUBLIC COMMENT

There were no requests from the public to speak.

IV. NON-CONSENT ITEMS

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

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

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

(Memo dated January 22, 2025)

Trustee Kehoe made a motion, Trustee Robbins seconded, to approve staff recommendation, amended to allow a one-time temporary waiver of the 6-month waiting period for members currently enrolled in the United Healthcare Pre-65 medical plan. The motion passed by the following roll call vote:

Yes: Okum, Langton, Moore, Robbins

No: None

IV. NON-CONSENT ITEMS (Continued)

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

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

(Memo dated January 21, 2025)

Trustee Robbins made a motion, Trustee Kehoe seconded, to approve staff recommendation. The motion passed by the following roll call vote:

Yes: Okum, Langton, Moore, Robbins

No: None

V. REPORTS

A. **Engagement Report for January 2025**

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

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

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

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

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

C. **LACERA Claims Experience**

Stephen Murphy, Segal Consulting
(Presentation)

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

V. REPORTS (Continued)

D. **Federal Legislation**

Stephen Murphy, Segal Consulting
(For Information Only)

Segal Consulting gave an update on federal legislation. This item was received and filed.

VI. ITEMS FOR STAFF REVIEW

(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agenda item at a future meeting.)

There was nothing to report.

VII. ITEMS FOR FUTURE AGENDAS

(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

There was nothing to report.

VIII. GOOD OF THE ORDER

(For Information Purposes Only)

There was nothing to report.

IX. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 8:53 a.m.

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

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

Social Security at 90: A Bipartisan Roadmap for the Program's Future

The National Academy of Social Insurance along with AARP, the National Institute for Retirement Security, and the U.S. Chamber of Commerce released a survey regarding Americans' preferred approach to addressing Social Security's financing gap.

The survey includes these key findings:

- Social Security is the cornerstone of American's retirement security. Across income and education levels, political lines, and generations, virtually all respondents (81 percent) who are not currently receiving benefits stated that Social Security will be important or very important to their retirement income.
- Americans want to strengthen the program's finances by raising revenues and are willing to contribute more to the program. About 85 percent stated that benefits should not be reduced or that they should be increased, even if it means raising taxes. This preference cuts across political, income, education, and generational lines.
- Americans prefer a package of changes that eliminates the financing gap and makes targeted benefit improvements:
 - Eliminate the payroll tax cap of \$400,000.
 - Gradually raise the payroll tax rate from 6.2 percent to 7.2 percent.
 - Adjust the COLA to more accurately reflect inflation and spending habits of retirees.
 - Provide a caregiving credit for workers who take time off and consequently receive reduced benefits.
 - Provide a bridge benefit for older workers who had physically demanding work that required early retirement and resulted in reduced benefits.
 - Reduce benefits for beneficiaries with higher incomes in retirement: \$60,000 per year or \$120,000 per year for married couples.

[\(Source\)](#)

Mandatory Social Security Coverage

Alicia Munnell of Boston College's Center for Retirement Research criticizes the Social Security Fairness Act, signed by then-President Biden on January 5, for being unfair and financially detrimental. The act eliminates the Windfall Elimination Provision (WEP) and

Government Pension Offset (GPO), which were designed to address equity issues in Social Security.

Critics argue that removing these provisions benefits some state and local workers unfairly and accelerates the depletion of the Social Security trust fund. The act also exacerbates the 75-year financing deficit. The author suggests that the real solution is to extend Social Security coverage to the 25-30% of state and local workers who are currently not covered. This would eliminate the need for WEP and GPO, ensure all workers contribute to the system, and improve retirement income and protections for many state and local workers. Extending coverage would also help reduce the long-term deficit of Social Security.

However, this proposal faces opposition from public employee unions and state/local governments due to the costs involved. The author calls for careful estimates of the potential outcomes and urges Congress to consider extending coverage as part of a broader solution to Social Security's financial challenges. ([Source](#))

Bureau of Labor Statistics Report on Union Membership in 2024

The Bureau of Labor Statistics reports that the union membership rate in 2024 at 9.9 percent (14.3 million workers) was little changed from the prior year. In 1983, the first year of comparable data, the rate was 20.1 percent at 17.7 million members.

Highlights of the 2024 data include:

- Union membership rate for public sector (32.2 percent) is more than five times higher than private sector (5.9 percent). However, the number of employees who belonged to public sector unions (7.0 million) is similar to the private sector (7.2 million).
- The occupations with the highest unionization rates are education, training, and library (32.3 percent) and protective services (29.6 percent).
- Men comprise 10.2 percent of union membership compared to women at 9.5 percent.
- Black workers are more likely to be unionized than White, Asian, and Hispanic workers.
- By age, workers 45 to 54 had the highest membership rate at 12.6 percent, whereas those 16 to 24 had the lowest rate at 4.3 percent.
- Nonunion workers had median weekly earnings that were 85 percent of earnings of union members (\$1,138 versus \$1,337).

- New York (26.5 percent) and Hawaii (20.6) had the highest membership rates, whereas North Carolina (2.4 percent), South Dakota (2.7 percent), and South Carolina (2.8 percent) had the lowest.

[\(Source\)](#)

NCPERS and Society of Actuaries to Collaborate on Mortality Study

The National Conference on Public Employee Retirement Systems (NCPERS) and the Society of Actuaries (SOA) announced a study on U.S. public pension plan mortality data, analyzing data from over 30 pension systems from 2022 to 2026, with findings expected around 2030. The study aims to improve understanding of life expectancy and fiscal health of public pensions, contributing to their long-term sustainability.

The SOA Research Institute is seeking actuaries and NCPERS members to serve on the study's advisory board or as volunteers on its project management committee. [\(Source\)](#)
[\(Source\)](#)

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE
RETIREE HEALTHCARE BENEFITS PROGRAM
STAFF ACTIVITIES REPORT
FEBRUARY 2025
FOR INFORMATION ONLY**

**Centers for Medicare and Medicaid Services (CMS) Medicare Part D
Retiree Drug Subsidy (RDS) Applications for FY 7/1/2025 – 6/30/2026**

Staff began the process of submitting the RDS applications for the FY 2025-2026 for the following healthcare medical plans:

- Anthem Blue Cross
- Cigna Medical
- Kaiser Permanente
- LACFF Local 1014

We are working with our carriers and Segal's actuary to ensure that the application process is completed and submitted to CMS/RDS in a timely manner. We will continue to provide updates.

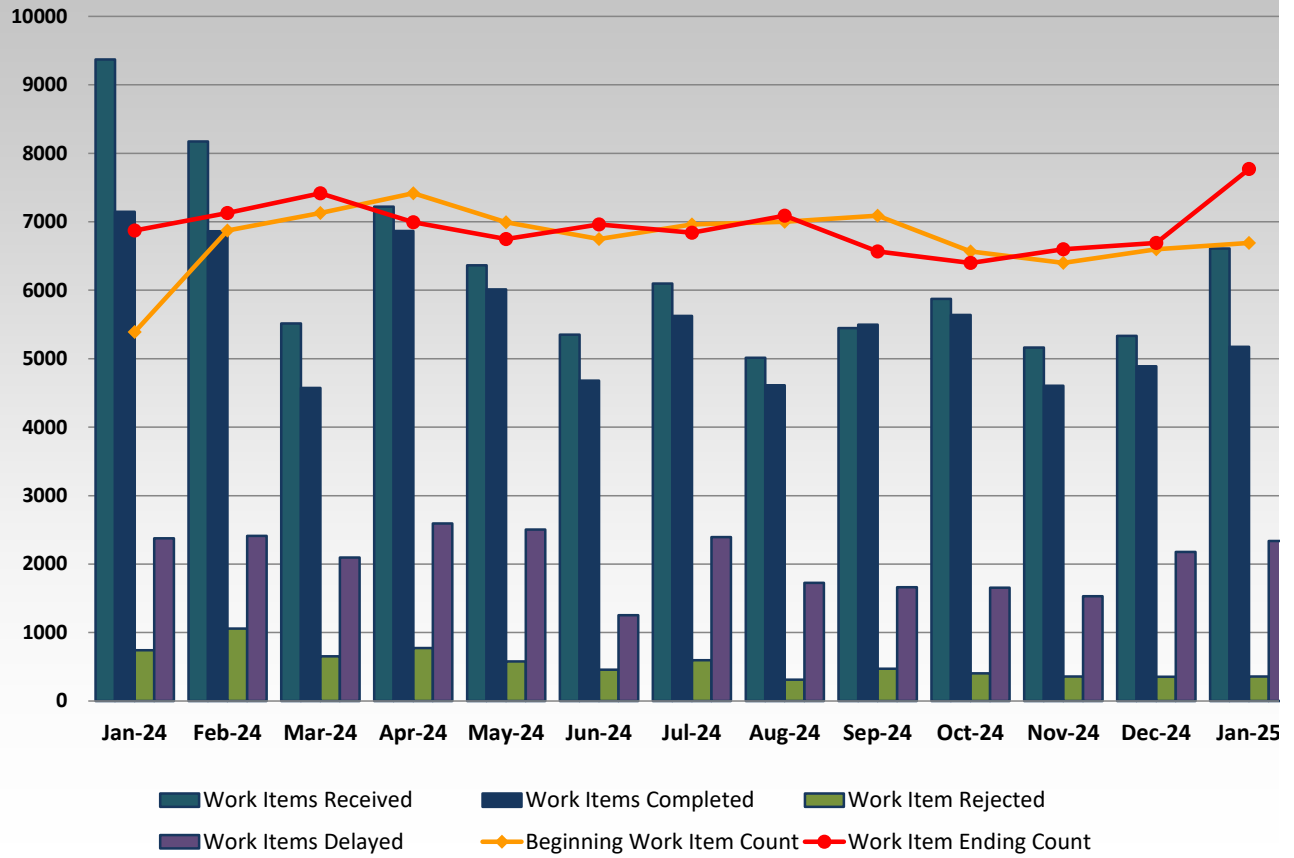
As a background, the Retiree Drug Subsidy (RDS) Program was authorized by the Medicare Prescription Drug, Improvement, and Modernization Act enacted in 2003 that permits employers and unions with qualifying prescription drug plans to receive retiree drug subsidy payments from the federal government.

Retiree Healthcare Division

Trend Report

JAN. 2024 - JAN. 2025

Updated 2/21/2025

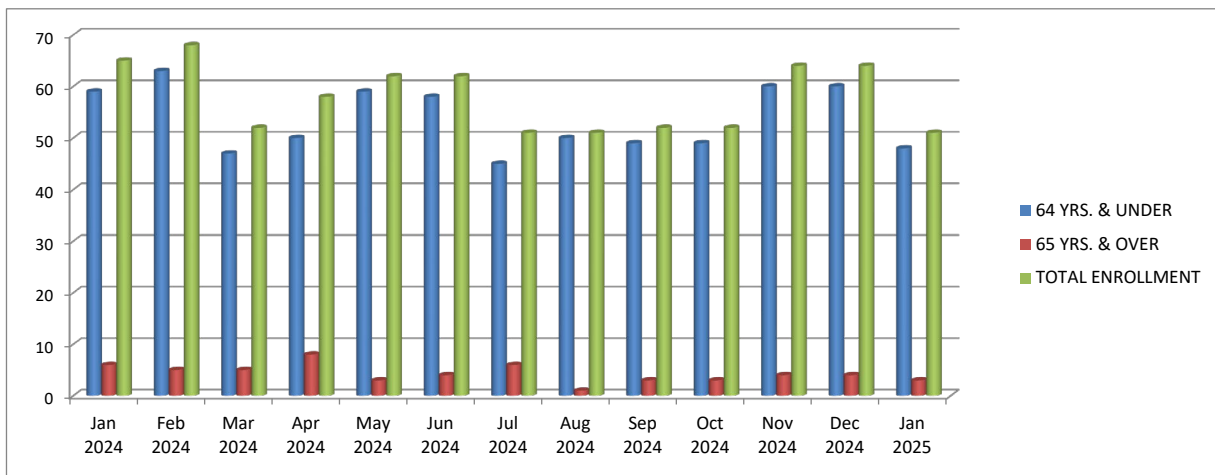


	Beginning Work Item Count	Work Items Received	Work Items Completed	Work Item Rejected	Work Items Delayed	Work Item Ending Count
Jan-24	5390	9371	7145	742	2377	6874
Feb-24	6874	8174	6862	1059	2411	7127
Mar-24	7127	5516	4573	653	2097	7417
Apr-24	7417	7221	6865	775	2593	6994
May-24	6994	6363	6012	579	2504	6749
Jun-24	6749	5351	4681	458	1252	6961
Jul-24	6961	6098	5624	596	2396	6839
Aug-24	7000	5013	4611	313	1725	7089
Sep-24	7089	5447	5498	470	1663	6568
Oct-24	6568	5873	5640	403	1654	6398
Nov-24	6398	5163	4606	358	1530	6597
Dec-24	6597	5335	4889	353	2177	6690
Jan-25	6690	6611	5173	358	2337	7770

Retirees Monthly Age Breakdown JAN. 2024 - JAN. 2025

Disability Retirement

MONTH	64 YRS. & UNDER	65 YRS. & OVER	TOTAL ENROLLMENT
Jan 2024	59	6	65
Feb 2024	63	5	68
Mar 2024	47	5	52
Apr 2024	50	8	58
May 2024	59	3	62
Jun 2024	58	4	62
Jul 2024	45	6	51
Aug 2024	50	1	51
Sep 2024	49	3	52
Oct 2024	49	3	52
Nov 2024	60	4	64
Dec 2024	60	4	64
Jan 2025	48	3	51



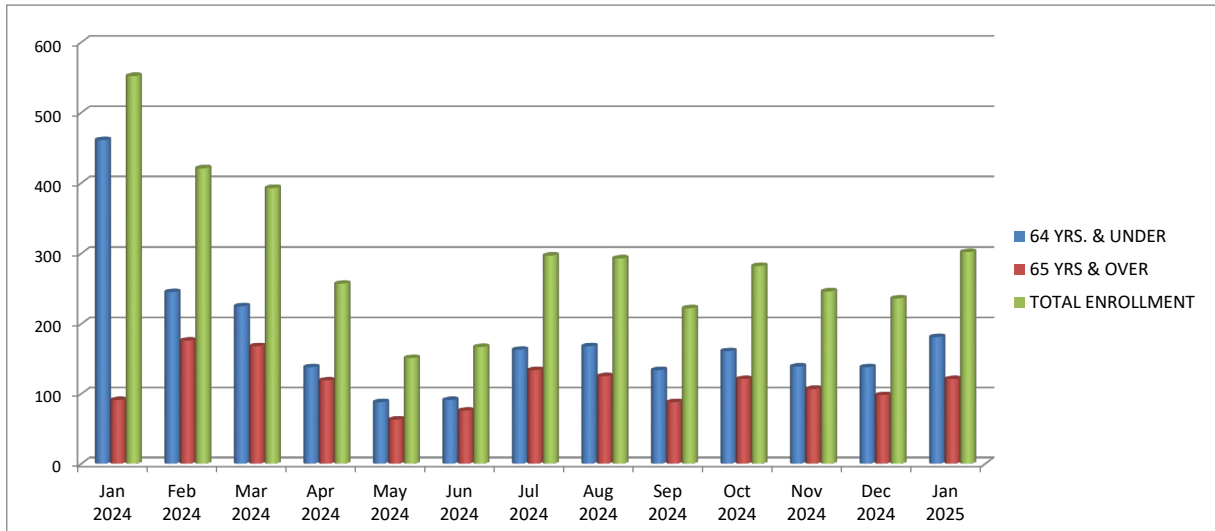
PLEASE NOTE:

- Next Report will include the following dates: February 1, 2024 through February 28, 2025

Retirees Monthly Age Breakdown JAN. 2024 - JAN. 2025

Service Retirement

MONTH	64 YRS. & UNDER	65 YRS & OVER	TOTAL ENROLLMENT
Jan 2024	461	91	552
Feb 2024	245	176	421
Mar 2024	225	168	393
Apr 2024	138	119	257
May 2024	88	63	151
Jun 2024	91	76	167
Jul 2024	163	134	297
Aug 2024	168	125	293
Sep 2024	134	88	222
Oct 2024	161	121	282
Nov 2024	139	107	246
Dec 2024	138	98	236
Jan 2025	181	121	302



PLEASE NOTE:

- Next Report will include the following dates: February 1, 2024, through February 28, 2025.

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7696	1298482.9	0	0
241	130	21118.2	0	0
242	960	167673.9	0	0
243	4649	1610916.96	0	0
244	13	2122.3	0	0
245	56	9025.1	0	0
246	16	2669.1	0	0
247	172	30791	0	0
248	14	4512	0	0
249	83	29573.3	0	0
250	17	5731.5	0	0
Plan Total:	13,806	\$3,182,616.26	0	\$0.00
CIGNA - PREFERRED with RX				
321	36	5748	0	0
322	7	1057.9	0	0
324	22	7203.7	0	0
327	1	104.9	0	0
Plan Total:	66	\$14,114.50	0	\$0.00
KAISER SR. ADVANTAGE				
394	24	3579	0	0
397	2	329.6	0	0
398	10	3700	0	0
403	12271	2044640.68	0	0
413	1512	264704.74	0	0
418	6413	2178158.37	0	0
419	205	30671.4	0	0
426	255	42751.6	0	0
445	2	370	0	0
451	35	6198.6	0	0
455	8	1480	0	0
457	18	6393.7	0	0
459	2	740	0	0
462	85	12836.8	0	0
465	3	555	0	0
466	28	9313.8	0	0
472	26	4453.1	0	0
476	4	813.5	0	0
478	14	6650.5	0	0
479	1	144.6	0	0
482	83	13884.8	0	0
486	3	555	0	0
488	33	11562	0	0
491	1	148.5	0	0
492	1	185	0	0
Plan Total:	21,039	\$4,644,820.29	0	\$0.00

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	277	47239.9	0	0
613	101	34858.2	0	0
620	8	1029.9	0	0
622	15	2758.7	0	0
623	4	1689.8	0	0
Plan Total:	405	87,577	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2172	372492	0	0
702	393	67877.5	0	0
703	1418	494887.4	0	0
704	96	17413.5	0	0
705	53	17863.7	0	0
Plan Total:	4,132	\$970,534.10	0	\$0.00
Grand Total:	39,448	\$8,899,661.65	0	\$0.00

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
ANTHEM BC III				
240	7696	\$1,298,482.90	0	\$0.00
241	130	\$21,118.20	0	\$0.00
242	960	\$167,673.90	0	\$0.00
243	4649	\$1,610,916.96	0	\$0.00
244	13	\$2,122.30	0	\$0.00
245	56	\$9,025.10	0	\$0.00
246	16	\$2,669.10	0	\$0.00
247	172	\$30,791.00	0	\$0.00
248	14	\$4,512.00	0	\$0.00
249	83	\$29,573.30	0	\$0.00
250	17	\$5,731.50	0	\$0.00
Plan Total:	13,806	\$3,182,616.26	0	\$0.00
CIGNA - PREFERRED with RX				
321	36	\$5,748.00	0	\$0.00
322	7	\$1,057.90	0	\$0.00
324	22	\$7,203.70	0	\$0.00
327	1	\$104.90	0	\$0.00
Plan Total:	66	\$14,114.50	0	\$0.00
KAISER SR. ADVANTAGE				
394	24	\$3,579.00	0	\$0.00
397	2	\$329.60	0	\$0.00
398	10	\$3,700.00	0	\$0.00
403	12271	\$2,044,640.68	0	\$0.00
413	1512	\$264,704.74	0	\$0.00
418	6413	\$2,178,158.37	0	\$0.00
419	205	\$30,671.40	0	\$0.00
426	255	\$42,751.60	0	\$0.00
445	2	\$370.00	0	\$0.00
451	35	\$6,198.60	0	\$0.00
455	8	\$1,480.00	0	\$0.00
457	18	\$6,393.70	0	\$0.00
459	2	\$740.00	0	\$0.00
462	85	\$12,836.80	0	\$0.00
465	3	\$555.00	0	\$0.00
466	28	\$9,313.80	0	\$0.00
472	26	\$4,453.10	0	\$0.00
476	4	\$813.50	0	\$0.00
478	14	\$6,650.50	0	\$0.00
479	1	\$144.60	0	\$0.00
482	83	\$13,884.80	0	\$0.00
486	3	\$555.00	0	\$0.00
488	33	\$11,562.00	0	\$0.00
491	1	\$148.50	0	\$0.00
492	1	\$185.00	0	\$0.00
Plan Total:	21,039	\$4,644,820.29	0	\$0.00

Medicare Part B Reimbursement and Penalty Report

PAY PERIOD 2/28/2025

Deduction Code	No. of Members	Reimbursement Amount	No. of Penalties	Penalty Amount
SCAN				
611	277	\$47,239.90	0	\$0.00
613	101	\$34,858.20	0	\$0.00
620	8	\$1,029.90	0	\$0.00
622	15	\$2,758.70	0	\$0.00
623	4	\$1,689.80	0	\$0.00
Plan Total:	405	87,577	0	0
UNITED HEALTHCARE GROUP MEDICARE ADV. HMO				
701	2172	\$372,492.00	0	\$0.00
702	393	\$67,877.50	0	\$0.00
703	1418	\$494,887.40	0	\$0.00
704	96	\$17,413.50	0	\$0.00
705	53	\$17,863.70	0	\$0.00
Plan Total:	4,132	\$970,534.10	0	\$0.00
LOCAL 1014				
804	204	\$48,652.80	0	\$0.00
805	233	\$50,651.70	0	\$0.00
806	745	\$298,659.40	0	\$0.00
807	58	\$11,543.90	0	\$0.00
808	23	\$9,397.80	0	\$0.00
812	260	\$53,427.10	0	\$0.00
813	1	\$185.00	0	\$0.00
Plan Total:	1,524	\$472,517.70	0	\$0.00
Grand Total:	40,972	\$9,372,179.35	0	\$0.00

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Medical Plan							
Anthem Blue Cross Prudent Buyer Plan							
201	424	\$473,574.08	\$71,170.03	\$403,520.97	\$474,691.00	(\$13,859.32)	\$460,831.68
202	215	\$476,987.70	\$41,324.31	\$429,069.09	\$470,393.40	(\$2,198.10)	\$468,195.30
203	69	\$173,653.20	\$24,162.55	\$151,971.41	\$176,133.96	\$0.00	\$176,133.96
204	26	\$37,328.46	\$10,222.25	\$27,106.21	\$37,328.46	\$0.00	\$37,328.46
SUBTOTAL	734	\$1,161,543.44	\$146,879.14	\$1,011,667.68	\$1,158,546.82	(\$16,057.42)	\$1,142,489.40
Anthem Blue Cross I							
211	515	\$762,193.92	\$49,394.67	\$717,230.61	\$766,625.28	\$1,477.12	\$768,102.40
212	215	\$580,592.86	\$29,136.06	\$532,813.91	\$561,949.97	\$0.00	\$561,949.97
213	77	\$241,903.20	\$24,441.64	\$226,886.36	\$251,328.00	\$0.00	\$251,328.00
214	22	\$42,997.90	\$3,518.00	\$39,479.90	\$42,997.90	\$0.00	\$42,997.90
215	2	\$997.94	\$159.67	\$838.27	\$997.94	\$0.00	\$997.94
SUBTOTAL	831	\$1,628,685.82	\$106,650.04	\$1,517,249.05	\$1,623,899.09	\$1,477.12	\$1,625,376.21
Anthem Blue Cross II							
221	2,411	\$3,577,584.64	\$180,503.43	\$3,389,695.61	\$3,570,199.04	\$2,954.24	\$3,573,153.28
222	2,030	\$5,449,050.42	\$108,309.89	\$5,260,101.43	\$5,368,411.32	(\$2,663.27)	\$5,365,748.05
223	936	\$2,946,820.80	\$116,364.81	\$2,817,889.59	\$2,934,254.40	\$0.00	\$2,934,254.40
224	237	\$467,113.55	\$45,734.10	\$429,197.25	\$474,931.35	\$0.00	\$474,931.35
SUBTOTAL	5,614	\$12,440,569.41	\$450,912.23	\$11,896,883.88	\$12,347,796.11	\$290.97	\$12,348,087.08

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Anthem Blue Cross III							
240	7,743	\$4,658,813.39	\$588,495.83	\$4,092,526.85	\$4,681,022.68	(\$13,955.71)	\$4,667,066.97
241	129	\$250,018.60	\$19,732.27	\$226,439.89	\$246,172.16	\$0.00	\$246,172.16
242	946	\$1,853,984.08	\$105,207.30	\$1,691,614.66	\$1,796,821.96	\$0.00	\$1,796,821.96
243	4,667	\$5,599,164.09	\$578,110.55	\$4,990,611.46	\$5,568,722.01	(\$11,223.34)	\$5,557,498.67
244	13	\$14,001.00	\$1,787.82	\$12,213.18	\$14,001.00	\$0.00	\$14,001.00
245	56	\$61,389.00	\$6,172.25	\$49,831.75	\$56,004.00	\$0.00	\$56,004.00
246	16	\$38,379.20	\$4,605.50	\$33,773.70	\$38,379.20	\$0.00	\$38,379.20
247	176	\$426,968.60	\$23,027.53	\$391,947.57	\$414,975.10	\$0.00	\$414,975.10
248	14	\$23,415.84	\$2,140.87	\$21,274.97	\$23,415.84	\$0.00	\$23,415.84
249	83	\$140,495.04	\$7,459.64	\$133,035.40	\$140,495.04	\$1,672.56	\$142,167.60
250	17	\$31,865.99	\$2,436.81	\$29,429.18	\$31,865.99	\$0.00	\$31,865.99
SUBTOTAL	13,860	\$13,098,494.83	\$1,339,176.37	\$11,672,698.61	\$13,011,874.98	(\$23,506.49)	\$12,988,368.49
CIGNA Network Model Plan							
301	215	\$412,963.94	\$99,589.59	\$303,902.70	\$403,492.29	(\$1,894.33)	\$401,597.96
302	55	\$188,133.55	\$45,009.41	\$143,124.14	\$188,133.55	\$0.00	\$188,133.55
303	6	\$24,234.48	\$5,367.05	\$14,828.35	\$20,195.40	\$0.00	\$20,195.40
304	13	\$32,677.71	\$11,401.31	\$18,762.73	\$30,164.04	\$0.00	\$30,164.04
SUBTOTAL	289	\$658,009.68	\$161,367.36	\$480,617.92	\$641,985.28	(\$1,894.33)	\$640,090.95
CIGNA Preferred w/ Rx - Phoenix, AZ							
321	36	\$12,486.96	\$1,609.44	\$11,224.38	\$12,833.82	\$0.00	\$12,833.82
322	7	\$13,111.98	\$749.25	\$12,362.73	\$13,111.98	\$0.00	\$13,111.98
324	22	\$15,085.84	\$2,194.32	\$12,891.52	\$15,085.84	\$0.00	\$15,085.84
327	1	\$2,492.31	\$498.46	\$1,993.85	\$2,492.31	\$0.00	\$2,492.31
SUBTOTAL	66	\$43,177.09	\$5,051.47	\$38,472.48	\$43,523.95	\$0.00	\$43,523.95

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser/Senior Advantage							
401	1,542	\$2,114,549.75	\$148,369.58	\$1,949,966.37	\$2,098,335.95	\$2,702.30	\$2,101,038.25
403	12,269	\$3,482,839.20	\$306,223.17	\$3,190,042.75	\$3,496,265.92	(\$7,496.32)	\$3,488,769.60
404	446	\$579,486.33	\$7,830.22	\$575,545.28	\$583,375.50	(\$1,296.39)	\$582,079.11
405	1,461	\$1,979,738.06	\$18,037.10	\$1,976,596.39	\$1,994,633.49	\$1,354.13	\$1,995,987.62
411	1,912	\$5,202,693.30	\$210,694.17	\$4,911,170.13	\$5,121,864.30	\$18,860.10	\$5,140,724.40
413	1,492	\$2,469,210.45	\$114,939.59	\$2,305,455.75	\$2,420,395.34	\$6,502.20	\$2,426,897.54
414	45	\$118,779.30	\$844.65	\$117,934.65	\$118,779.30	\$0.00	\$118,779.30
418	6,363	\$3,572,428.80	\$246,216.82	\$3,276,656.78	\$3,522,873.60	(\$6,391.20)	\$3,516,482.40
419	206	\$326,724.32	\$3,958.36	\$310,199.64	\$314,158.00	\$0.00	\$314,158.00
420	95	\$245,554.10	\$1,240.69	\$244,313.41	\$245,554.10	\$0.00	\$245,554.10
421	9	\$12,160.35	\$1,026.88	\$12,484.62	\$13,511.50	\$0.00	\$13,511.50
422	280	\$757,935.68	\$2,265.71	\$747,578.13	\$749,843.84	\$0.00	\$749,843.84
426	256	\$421,789.27	\$3,452.47	\$405,308.56	\$408,761.03	\$0.00	\$408,761.03
428	41	\$108,343.32	\$528.50	\$107,814.82	\$108,343.32	\$0.00	\$108,343.32
430	147	\$399,638.48	\$3,618.34	\$385,219.10	\$388,837.44	(\$2,700.26)	\$386,137.18
SUBTOTAL	26,564	\$21,791,870.71	\$1,069,246.25	\$20,516,286.38	\$21,585,532.63	\$11,534.56	\$21,597,067.19
Kaiser - Colorado							
450	3	\$3,943.05	\$525.74	\$3,417.31	\$3,943.05	\$0.00	\$3,943.05
451	36	\$10,724.40	\$1,602.70	\$9,717.50	\$11,320.20	\$0.00	\$11,320.20
453	8	\$23,265.76	\$2,279.19	\$20,986.57	\$23,265.76	\$0.00	\$23,265.76
455	8	\$12,834.00	\$866.29	\$11,967.71	\$12,834.00	\$0.00	\$12,834.00
457	18	\$10,580.40	\$1,058.04	\$9,522.36	\$10,580.40	\$0.00	\$10,580.40
459	2	\$3,788.30	\$75.77	\$3,712.53	\$3,788.30	\$0.00	\$3,788.30
SUBTOTAL	75	\$65,135.91	\$6,407.73	\$59,323.98	\$65,731.71	\$0.00	\$65,731.71

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Georgia							
441	4	\$6,242.08	\$333.60	\$5,908.48	\$6,242.08	\$0.00	\$6,242.08
442	8	\$12,484.16	\$667.20	\$11,816.96	\$12,484.16	\$0.00	\$12,484.16
445	2	\$3,924.74	\$0.00	\$3,924.74	\$3,924.74	\$0.00	\$3,924.74
461	15	\$23,407.80	\$2,816.74	\$20,591.06	\$23,407.80	\$0.00	\$23,407.80
462	83	\$34,837.25	\$1,286.91	\$24,595.48	\$25,882.39	\$0.00	\$25,882.39
463	3	\$9,339.12	\$2,680.94	\$6,658.18	\$9,339.12	\$0.00	\$9,339.12
465	3	\$5,887.11	\$313.98	\$5,573.13	\$5,887.11	\$0.00	\$5,887.11
466	27	\$22,727.60	\$1,607.17	\$17,061.93	\$18,669.10	\$0.00	\$18,669.10
SUBTOTAL	145	\$118,849.86	\$9,706.54	\$96,129.96	\$105,836.50	\$0.00	\$105,836.50
Kaiser - Hawaii							
471	5	\$4,773.20	\$572.78	\$4,200.42	\$4,773.20	\$0.00	\$4,773.20
472	26	\$11,620.44	\$1,591.11	\$10,029.33	\$11,620.44	\$0.00	\$11,620.44
473	1	\$2,147.75	\$670.63	\$1,477.12	\$2,147.75	\$0.00	\$2,147.75
474	3	\$5,703.84	\$0.00	\$5,703.84	\$5,703.84	\$0.00	\$5,703.84
475	3	\$8,543.76	\$0.00	\$8,543.76	\$8,543.76	\$0.00	\$8,543.76
476	4	\$5,574.32	\$1,226.36	\$4,347.96	\$5,574.32	\$0.00	\$5,574.32
478	14	\$12,402.32	\$602.40	\$11,799.92	\$12,402.32	\$0.00	\$12,402.32
479	1	\$2,586.69	\$0.00	\$2,586.69	\$2,586.69	\$0.00	\$2,586.69
SUBTOTAL	57	\$53,352.32	\$4,663.28	\$48,689.04	\$53,352.32	\$0.00	\$53,352.32

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Kaiser - Oregon							
481	1	\$1,306.65	\$653.32	\$653.33	\$1,306.65	\$0.00	\$1,306.65
482	83	\$45,521.35	\$6,241.36	\$39,279.99	\$45,521.35	\$0.00	\$45,521.35
483	4	\$6,542.80	\$988.83	\$5,553.97	\$6,542.80	\$0.00	\$6,542.80
484	5	\$13,026.50	\$0.00	\$13,026.50	\$13,026.50	\$0.00	\$13,026.50
486	4	\$7,388.40	\$0.00	\$7,388.40	\$7,388.40	\$0.00	\$7,388.40
488	33	\$35,933.70	\$5,313.82	\$30,619.88	\$35,933.70	\$0.00	\$35,933.70
491	1	\$1,848.38	\$0.00	\$1,848.38	\$1,848.38	\$0.00	\$1,848.38
492	1	\$2,176.15	\$0.00	\$2,176.15	\$2,176.15	\$0.00	\$2,176.15
SUBTOTAL	132	\$113,743.93	\$13,197.33	\$100,546.60	\$113,743.93	\$0.00	\$113,743.93
SCAN Health Plan							
611	279	\$74,760.00	\$14,882.58	\$59,877.42	\$74,760.00	(\$1,279.77)	\$73,480.23
613	101	\$53,126.00	\$11,435.24	\$41,690.76	\$53,126.00	\$0.00	\$53,126.00
SUBTOTAL	380	\$127,886.00	\$26,317.82	\$101,568.18	\$127,886.00	(\$1,279.77)	\$126,606.23
SCAN Health Plan, AZ							
620	7	\$2,136.00	\$400.50	\$1,201.50	\$1,602.00	\$0.00	\$1,602.00
SUBTOTAL	7	\$2,136.00	\$400.50	\$1,201.50	\$1,602.00	\$0.00	\$1,602.00
SCAN Health Plan, NV							
622	17	\$4,539.00	\$501.96	\$4,037.04	\$4,539.00	(\$267.00)	\$4,272.00
623	4	\$2,104.00	\$0.00	\$2,630.00	\$2,630.00	\$0.00	\$2,630.00
SUBTOTAL	21	\$6,643.00	\$501.96	\$6,667.04	\$7,169.00	(\$267.00)	\$6,902.00

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
UHC Medicare Adv.							
701	2,165	\$759,621.00	\$84,805.73	\$676,805.41	\$761,611.14	(\$3,832.95)	\$757,778.19
702	393	\$730,077.48	\$42,772.30	\$652,863.49	\$695,635.79	\$0.00	\$695,635.79
703	1,410	\$978,238.00	\$90,057.15	\$881,291.85	\$971,349.00	(\$2,755.60)	\$968,593.40
704	98	\$208,017.81	\$11,640.57	\$192,174.86	\$203,815.43	\$0.00	\$203,815.43
705	51	\$50,162.38	\$1,817.21	\$46,452.25	\$48,269.46	\$0.00	\$48,269.46
706	1	\$429.15	\$34.33	\$394.82	\$429.15	\$0.00	\$429.15
SUBTOTAL	4,118	\$2,726,545.82	\$231,127.29	\$2,449,982.68	\$2,681,109.97	(\$6,588.55)	\$2,674,521.42
United Healthcare							
707	573	\$868,838.04	\$83,223.81	\$782,607.87	\$865,831.68	\$1,503.18	\$867,334.86
708	480	\$1,329,015.60	\$78,586.34	\$1,253,175.16	\$1,331,761.50	\$0.00	\$1,331,761.50
709	390	\$1,279,576.56	\$101,108.85	\$1,162,188.11	\$1,263,296.96	\$0.00	\$1,263,296.96
SUBTOTAL	1,443	\$3,477,430.20	\$262,919.00	\$3,197,971.14	\$3,460,890.14	\$1,503.18	\$3,462,393.32

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
Local 1014 Firefighters							
801	81	\$114,056.91	\$3,801.89	\$111,663.13	\$115,465.02	\$0.00	\$115,465.02
802	327	\$832,765.76	\$27,318.77	\$842,493.57	\$869,812.34	\$2,538.92	\$872,351.26
803	396	\$1,197,960.00	\$37,975.35	\$1,106,700.97	\$1,144,676.32	\$5,989.80	\$1,150,666.12
804	206	\$290,070.66	\$10,166.51	\$281,312.27	\$291,478.78	(\$48,652.80)	\$242,825.98
805	235	\$599,185.12	\$13,405.49	\$580,401.10	\$593,806.59	(\$50,651.70)	\$543,154.89
806	745	\$1,891,495.40	\$42,095.26	\$1,849,400.14	\$1,891,495.40	(\$305,267.41)	\$1,586,227.99
807	58	\$176,699.10	\$3,474.09	\$167,235.21	\$170,709.30	(\$11,543.90)	\$159,165.40
808	23	\$68,882.70	\$1,916.74	\$66,965.96	\$68,882.70	(\$9,397.80)	\$59,484.90
809	16	\$22,529.76	\$2,365.62	\$20,164.14	\$22,529.76	\$0.00	\$22,529.76
810	10	\$25,389.20	\$2,995.92	\$22,393.28	\$25,389.20	\$0.00	\$25,389.20
811	4	\$11,979.60	\$2,755.31	\$9,224.29	\$11,979.60	\$0.00	\$11,979.60
812	260	\$367,516.71	\$22,501.52	\$336,566.53	\$359,068.05	(\$53,427.10)	\$305,640.95
813	1	\$2,538.92	\$0.00	\$2,538.92	\$2,538.92	(\$185.00)	\$2,353.92
SUBTOTAL	2,362	\$5,601,069.84	\$170,772.47	\$5,397,059.51	\$5,567,831.98	(\$470,596.99)	\$5,097,234.99
Kaiser - Washington							
393	7	\$12,870.34	\$2,530.50	\$10,339.84	\$12,870.34	\$0.00	\$12,870.34
394	23	\$10,566.00	\$1,188.67	\$8,496.83	\$9,685.50	(\$440.25)	\$9,245.25
395	2	\$6,852.98	\$1,526.44	\$5,326.54	\$6,852.98	\$0.00	\$6,852.98
397	2	\$4,056.24	\$0.00	\$4,056.24	\$4,056.24	\$0.00	\$4,056.24
398	10	\$8,725.00	\$907.40	\$7,817.60	\$8,725.00	\$0.00	\$8,725.00
SUBTOTAL	44	\$43,070.56	\$6,153.01	\$36,037.05	\$42,190.06	(\$440.25)	\$41,749.81
Medical Plan Total	56,742	\$63,158,214.42	\$4,011,449.79	\$58,629,052.68	\$62,640,502.47	(\$505,824.97)	\$62,134,677.50

Medical and Dental Vision Insurance Premiums

March 2025

Carrier Codes	Member Count	Premium Amount	Member Amount	County Subsidy Amount	Total	Adjustments	Total Paid
<u>Dental/Vision Plan</u>							
CIGNA Indemnity Dental/Vision							
501	26,858	\$1,453,773.37	\$145,661.79	\$1,320,862.94	\$1,466,524.73	(\$2,803.63)	\$1,463,721.10
502	24,578	\$2,784,102.50	\$205,088.84	\$2,568,741.45	\$2,773,830.29	(\$3,198.52)	\$2,770,631.77
503	8	\$533.04	\$18.66	\$514.38	\$533.04	\$0.00	\$533.04
SUBTOTAL	51,444	\$4,238,408.91	\$350,769.29	\$3,890,118.77	\$4,240,888.06	(\$6,002.15)	\$4,234,885.91
CIGNA Dental HMO/Vision							
901	4,291	\$200,082.52	\$20,776.21	\$181,353.19	\$202,129.40	\$0.00	\$202,129.40
902	3,194	\$305,467.68	\$21,779.41	\$280,639.31	\$302,418.72	\$666.96	\$303,085.68
903	4	\$188.44	\$41.45	\$194.10	\$235.55	\$0.00	\$235.55
SUBTOTAL	7,489	\$505,738.64	\$42,597.07	\$462,186.60	\$504,783.67	\$666.96	\$505,450.63
Dental/Vision Plan Total	58,933	\$4,744,147.55	\$393,366.36	\$4,352,305.37	\$4,745,671.73	(\$5,335.19)	\$4,740,336.54
GRAND TOTALS	115,675	\$67,902,361.97	\$4,404,816.15	\$62,981,358.05	\$67,386,174.20	(\$511,160.16)	\$66,875,014.04

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

*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>CIGNA Network Model Plan</u>		
\$1,143.49	301	Retiree Only
\$2,064.71	302	Retiree and Spouse/Domestic Partner
\$2,438.35	303	Retiree, Spouse/Domestic Partner and Children
\$1,517.57	304	Retiree and Children
\$378.87	305	Survivor Children Only Rates
<u>CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)</u>		
\$328.00	321	Retiree Only with Medicare
\$1,249.22	322	Retiree and Spouse/Domestic Partner/Domestic Partner - One with Medicare
\$651.00	324	Retiree and Spouse/Domestic Partner -Both with Medicare
\$702.09	325	Retiree and Children
\$1,622.87	327	Retiree, Spouse/Domestic Partner and Children - One with Medicare
\$1,025.09	329	Retiree, Spouse/Domestic Partner and Children - Two with Medicare
<u>Kaiser</u>		
\$774.10	401	Retiree Only ("Basic")
N/A	402	Retiree Only ("Supplement")
\$235.64	403	Retiree Only ("Senior Advantage")
\$894.95	404	Retiree Only ("Excess I")
\$795.39	405	Retiree Only - ("Excess II")
\$1,408.39	406	Retiree Only ("Excess III")
\$1,543.20	411	Retiree and Family (All family members are "Basic")
N/A	412	Retiree and Family (One family member is "Supplement"; others are "Basic")
\$1,004.74	413	Retiree and Family (One family member is "Senior Advantage"; others are "Basic")
\$1,664.05	414	Retiree and Family (One family member is "Excess I"; others are "Basic")
N/A	415	Retiree and Family (Two or more family members are "Supplement")
N/A	416	Retiree and Family (One family member is "Senior Advantage"; others are "Supplement")
N/A	417	Retiree and Family (One family member is "Excess I"; others are "Supplement")
\$466.28	418	Retiree and Family (Two or more family members are "Senior Advantage")
\$1,125.59	419	Retiree and Family (One family member is "Excess I"; others are "Senior Advantage")
\$1,784.90	420	Retiree and Family (Two or more family members are "Excess I")
N/A	421	Survivor Children Only Rates
\$1,564.49	422	Retiree and Family (One family member is "Excess II"; others are "Basic")
\$2,177.49	423	Retiree and Family (One family member is "Excess III"; others are "Basic")

*Benchmark premiums are bolded.

CARRIER DEDUCTION PREMIUMS* CODES		DEDUCTION CODE DEFINITIONS
---	--	----------------------------

Kaiser (continued)

N/A	424	Retiree and Family (One family member is "Supplement"; others are "Excess II")
N/A	425	Retiree and Family (One family member is "Supplement"; others are "Excess III")
\$1,026.03	426	Retiree and Family (One family member is "Senior Advantage"; others are "Excess II")
\$1,639.03	427	Retiree and Family (One family member is "Senior Advantage"; others are "Excess III")
\$1,685.34	428	Retiree and Family (One family member is "Excess I"; others are "Excess II")
\$2,298.34	429	Retiree and Family One family member is "Excess I"; others are "Excess III")
\$1,585.78	430	Retiree and Family (Two or more family members are "Excess II")
\$2,198.78	431	Retiree and Family (One family member is "Excess II"; others are "Excess III")
\$2,811.78	432	Retiree and Family (Two or more family members are "Excess III")

Kaiser Colorado

\$793.06	450	Retiree Only ("Basic" under age 65)
\$327.27	451	Retiree Only ("Senior Advantage")
\$1,754.57	453	Retiree and Family (Two family members are "Basic")
\$2,369.25	454	Retiree and Family (Three or more family members are "Basic")
\$1,115.33	455	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic")
\$649.55	457	Retiree and Family (Two family members are "Senior Advantage")
\$1,857.56	458	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,437.60	459	Retiree and Family (Two family members are "Senior Advantage"; one or more are "Basic")

Kaiser Georgia

\$847.24	440	Retiree Only ("Basic" over age 65 with Medicare Part B only)
\$847.24	441	Retiree Only ("Basic over age 65 with Medicare Part A only)
\$847.24	442	Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B)
\$361.11	443	Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure)
\$1,203.35	444	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only)
\$1,203.35	445	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only)
\$1,203.35	446	Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B)
\$847.24	461	Retiree Only ("Basic" under age 65)
\$361.11	462	Retiree Only ("Senior Advantage")

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
<u>Kaiser Georgia (continued)</u>		
\$1,689.48	463	Retiree and Family (Two family members are "Basic")
\$2,531.72	464	Retiree and Family (Three or more family members are "Basic")
\$1,203.35	465	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$717.22	466	Retiree and Family (Two family members are "Senior Advantage")
\$2,045.59	467	Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic")
\$1,559.46	468	Retiree and Family (Two family members are "Senior Advantage"; one is "Basic")
\$1,915.57	469	Retiree and Family (Three or more family members are "Senior Advantage"; one is "Basic")
\$2,045.59	470	Retiree and Family (Three or more family members are "Basic"; one is "Senior Advantage")
<u>Kaiser Hawaii</u>		
\$795.16	471	Retiree Only ("Basic" under age 65)
\$346.45	472	Retiree Only ("Senior Advantage")
\$1,381.42	473	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,585.31	474	Retiree and Family (Two family members are "Basic")
\$2,375.47	475	Retiree and Family (Three or more family members are "Basic")
\$1,136.61	476	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
\$2,171.58	477	Retiree and Family (One family member is "Basic" under age 65; one is over age 65 without Medicare Part A or Medicare Part B)
\$687.90	478	Retiree and Family (Two family members are "Senior Advantage")
\$1,722.87	479	Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B)
<u>Kaiser Oregon</u>		
\$806.67	481	Retiree Only ("Basic" under age 65)
\$465.92	482	Retiree Only ("Senior Advantage")
\$1,205.27	483	Retiree Only (Over age 65 without Medicare Part A or Medicare Part B)
\$1,608.34	484	Retiree and Family (Two family members are "Basic")
\$2,410.01	485	Retiree and Family (Three or more family members are "Basic")
\$1,267.59	486	Retiree and Family (One family member is "Senior Advantage"; one is "Basic")
N/A	487	Retiree Only (Medicare Cost "Supplement" program)
\$926.84	488	Retiree and Family (Two family members are "Senior Advantage")
\$1,110.84	489	Retiree Only (Over age 65 with Medicare Part A only)
\$1,205.27	490	Retiree Only (Over age 65 with Medicare Part B only)

*Benchmark premiums are bolded.

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

Kaiser Rate Category Definitions

"Basic" - includes those who are under age 65

Medicare Cost ("Supplement")

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

"Senior Advantage"

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

"Excess I"

- Is for participants who have Medicare Part A only.

"Excess II"

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

"Excess III"

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

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

*Benchmark premiums are bolded.

PREMIUMS*	CARRIER DEDUCTION CODES	DEDUCTION CODE DEFINITIONS
-----------	-------------------------------	----------------------------

Local 1014 Firefighters (continued)

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

CIGNA Indemnity - Dental/Vision

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

CIGNA HMO - Dental/Vision

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

Los Angeles County Employees Retirement Association

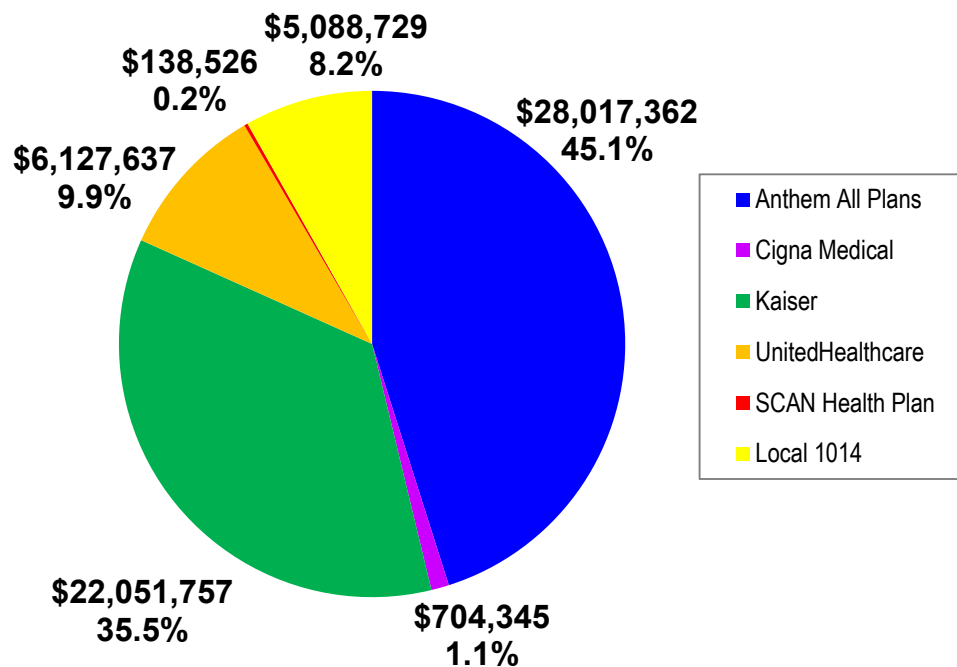
Premium & Enrollment

Coverage Month Ending January 2025

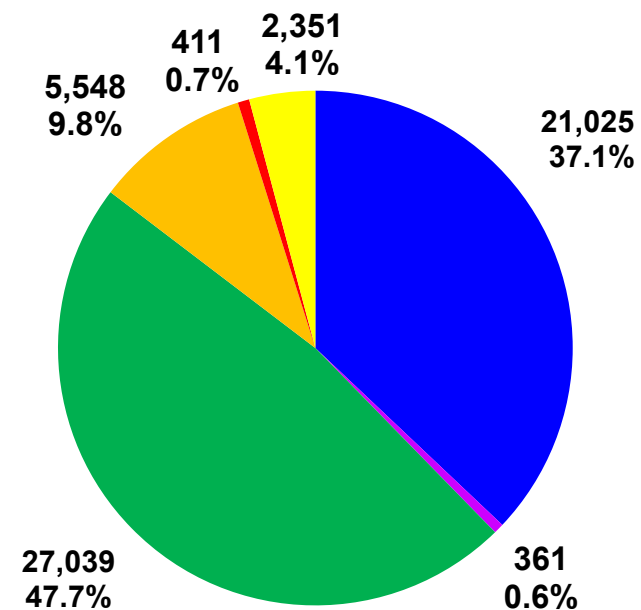
Carrier / Plan	Monthly Premium	Percent of Total	Retirees	Percent of Total
Anthem All Plans	\$28,017,362	45.1%	21,025	37.1%
Cigna Medical	\$704,345	1.1%	361	0.6%
Kaiser	\$22,051,757	35.5%	27,039	47.7%
UnitedHealthcare	\$6,127,637	9.9%	5,548	9.8%
SCAN Health Plan	\$138,526	0.2%	411	0.7%
Local 1014	\$5,088,729	8.2%	2,351	4.1%
Combined Medical	\$62,128,357	100.0%	56,735	100.0%

Cigna Dental & Vision (PPO and HMO)	\$4,736,265	58,886
--	--------------------	---------------

Monthly Premium



Retirees

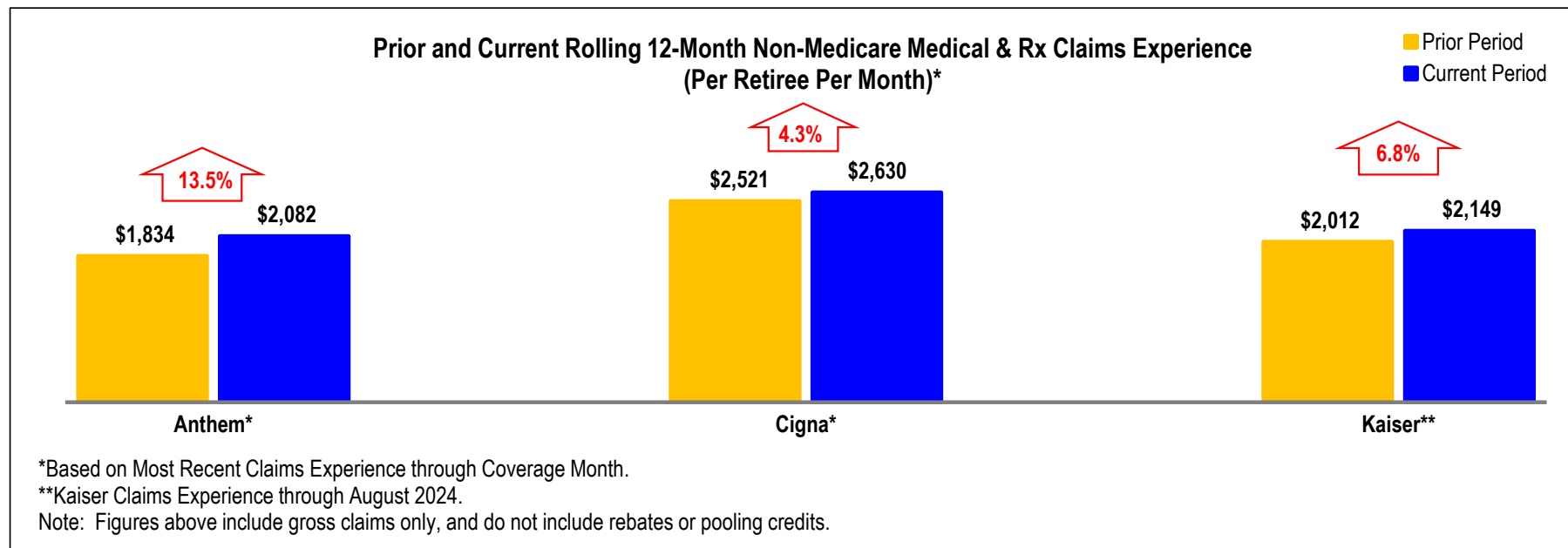
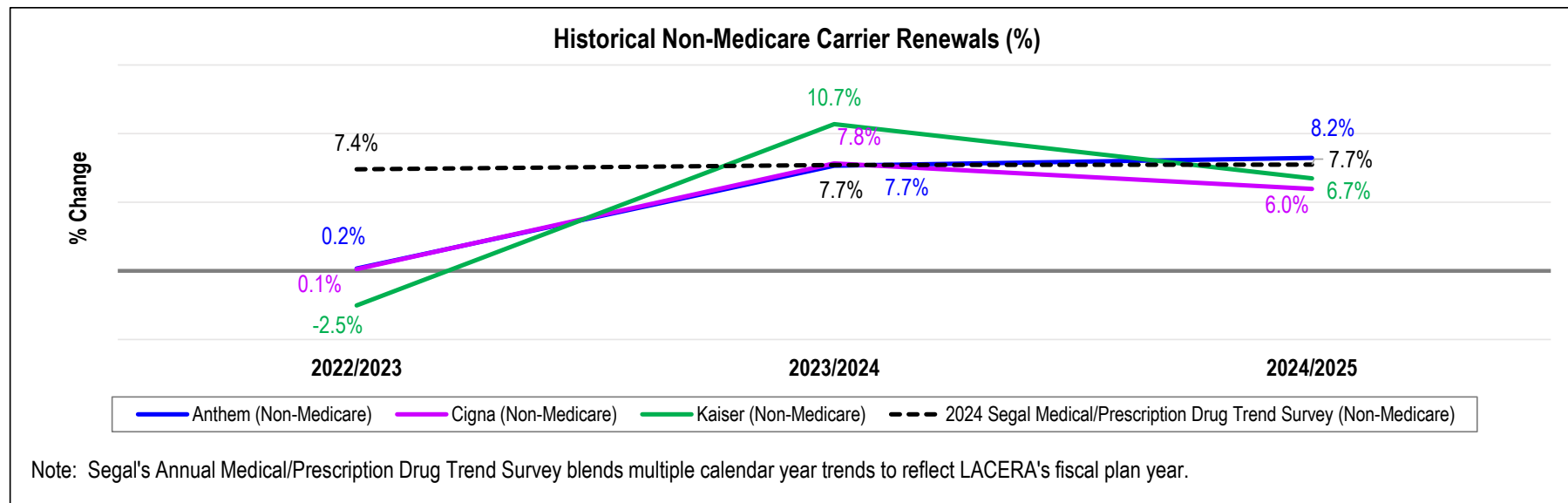


Note: Premiums include LACERA's Administrative Fee of \$8.00 per member, per plan, per month.

Los Angeles County Employees Retirement Association

Claims Experience by Carrier

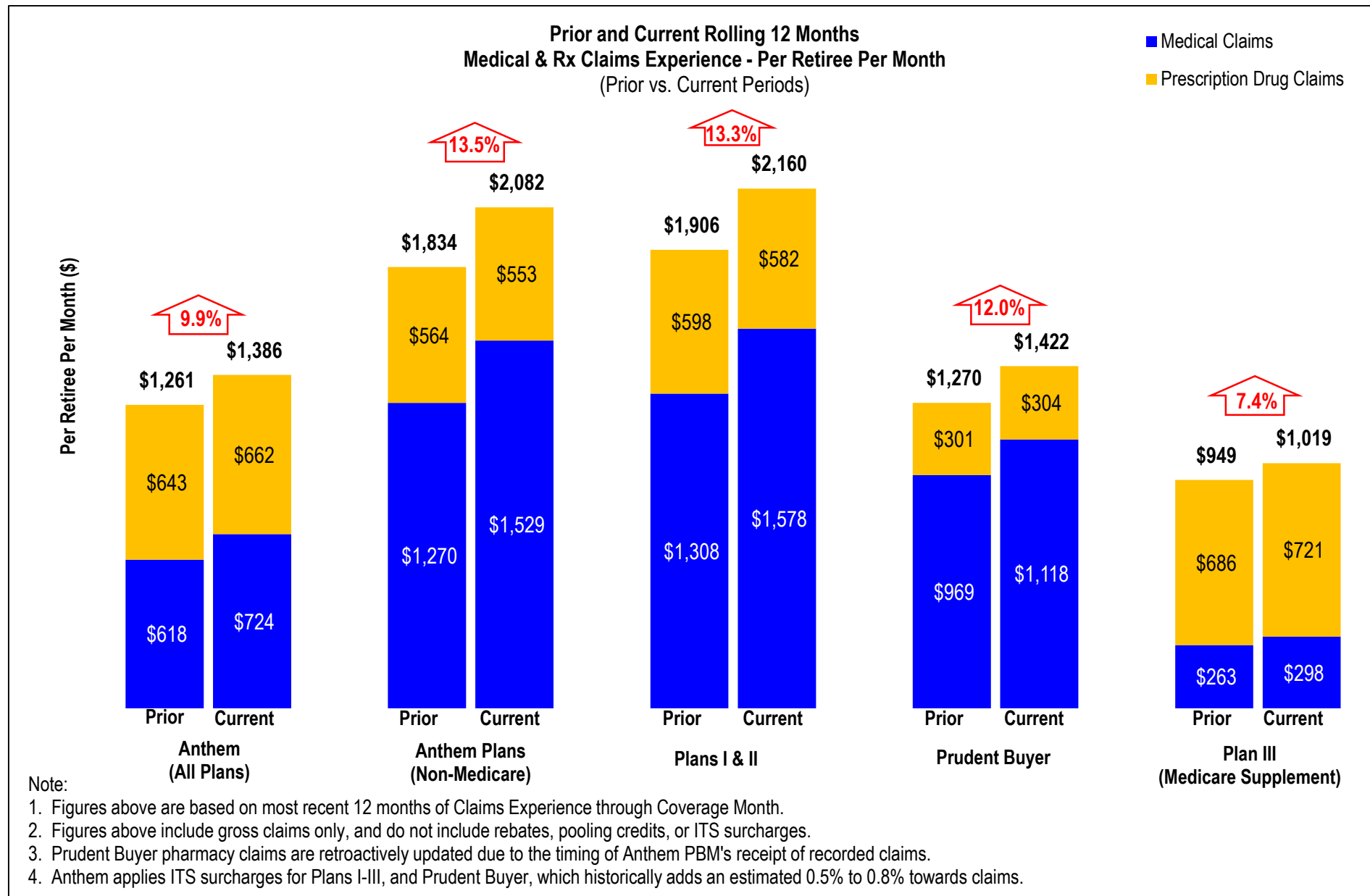
Coverage Month Ending January 2025



Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

Coverage Month Ending January 2025



Los Angeles County Employees Retirement Association

Kaiser Utilization

Coverage Month Ending January 2025

- Kaiser insures approximately 26,000 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in Southern California.

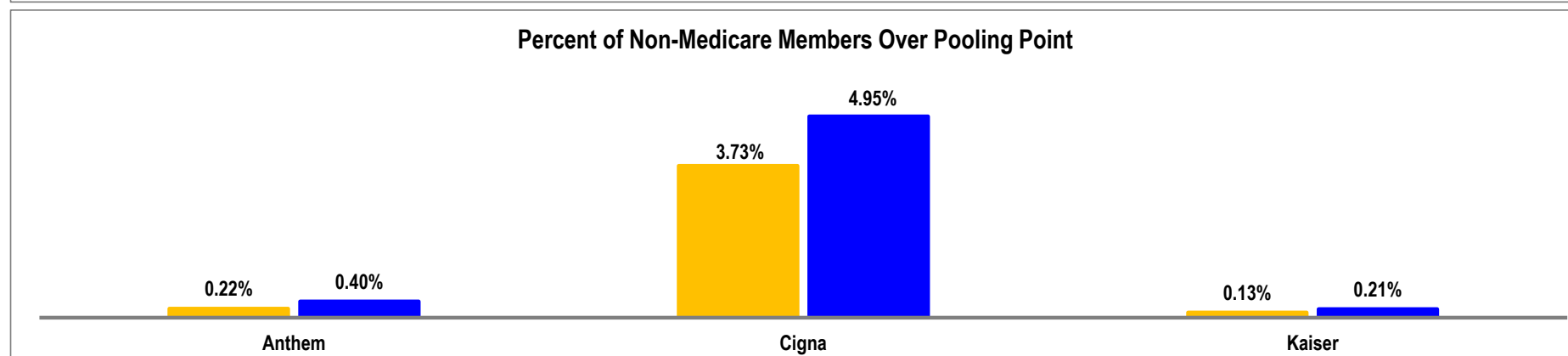
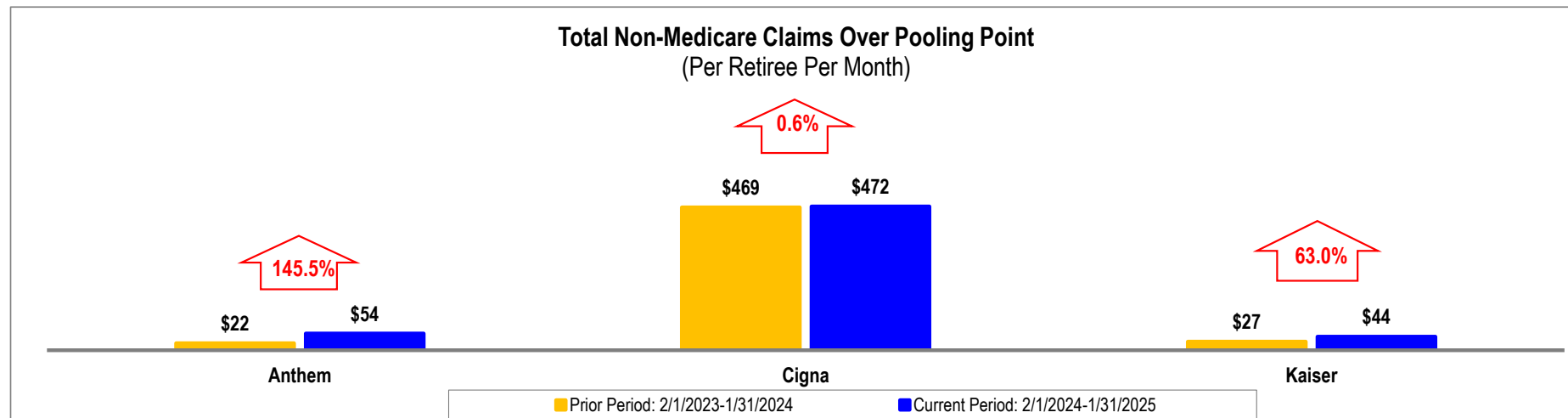
Category	Current Period 9/1/2023 - 8/31/2024	Prior Period 9/1/2022 - 8/31/2023	Change
Average Contract Size	2.34	2.36	-0.85%
Average Members	8,855	8,917	-0.70%
Inpatient Claims Per Member Per Month	\$209.11	\$239.18	-12.57%
Outpatient Claims Per Member Per Month	\$419.32	\$350.29	19.71%
Pharmacy Per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

¹ The pooling threshold is \$550,000 for the plan year beginning 7/1/2024 through 6/30/2025 .

Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

Coverage Month Ending January 2025



Stop-Loss & Pooling Points Overview:

Plan sponsors mitigate the financial risk associated with individual large claimants through reinsurance. Claims exceeding the specified individual pooling threshold are deducted from the carrier's renewal calculation. The pooling credit is offset by the carrier's pooling expense, which is applied to all policyholders.

Anthem and Cigna figures are based on the most recent Claims Experience through Coverage Month. Kaiser's figures are based on Claims Experience period between September through August.

Pooling Points by Carrier:

1. Anthem's pooling points are \$400,000 for Plans I & II, and \$300,000 for Prudent Buyer.
2. Cigna's pooling point is \$100,000.
3. Kaiser's pooling point is \$550,000.

Los Angeles County Employees Retirement Association
Anthem Lifetime Max Accumulation Status By Plan
Coverage Month Ending January 2025

Prior Calendar Year: December 2023 ¹				Current Calendar Year: December 2024 ²		
Lifetime Claim Amount ³	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$900K-\$999K	19	1	20	15	1	16
\$800K-\$899K	27	2	29	18	1	19
\$700K-\$799K	29	3	32	27	2	29
\$600-\$699K	53	2	55	61	0	61
\$500-\$599K	82	4	86	78	8	86
Total	210	12	222	199	12	211
Prior Month: December 2024 ²				Most Recent Month: January 2025 ⁴		
Lifetime Claim Amount ³	Plans I & II	Prudent Buyer	Combined	Plans I & II	Prudent Buyer	Combined
\$900K-\$999K	15	1	16	13	1	14
\$800K-\$899K	18	1	19	18	1	19
\$700K-\$799K	27	2	29	24	3	27
\$600-\$699K	61	0	61	52	0	52
\$500-\$599K	78	8	86	75	9	84
Total	199	12	211	182	14	196

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

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

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

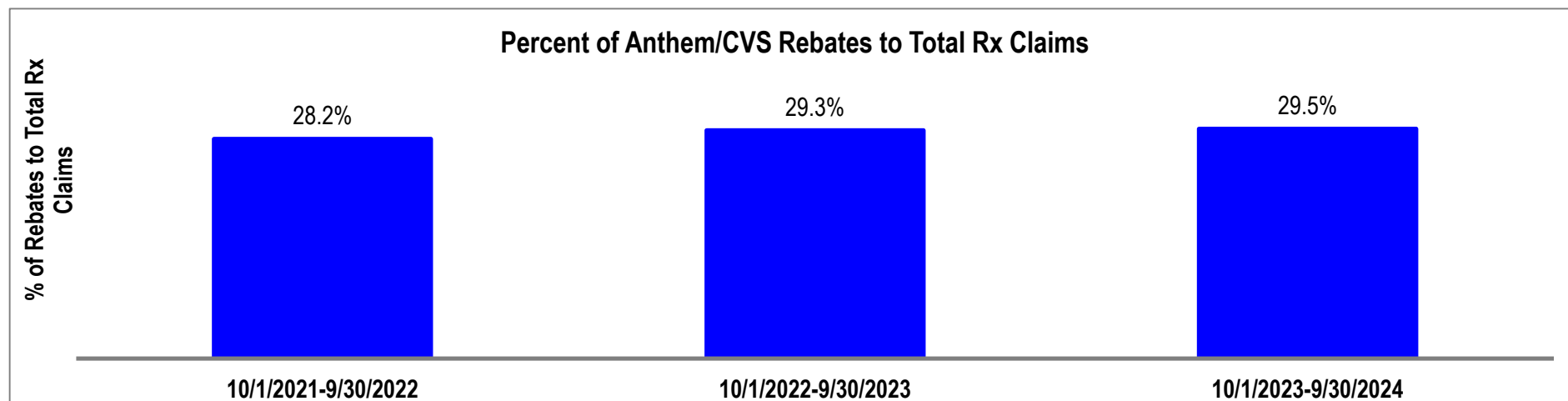
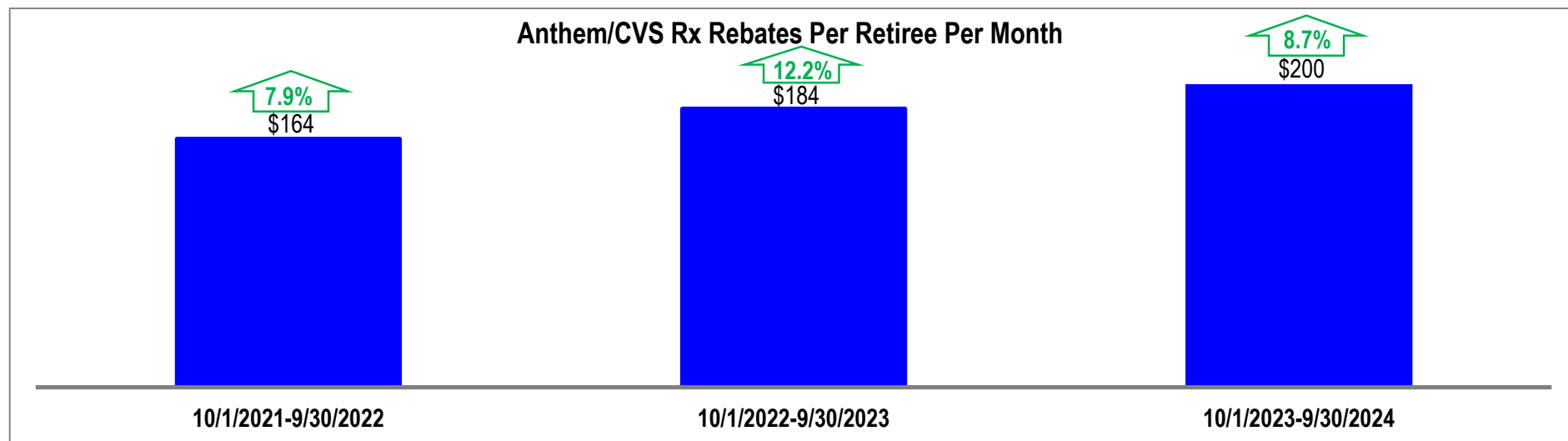
³ Members identified by Anthem as terminated were excluded from the counts above.

⁴ Based on data provided by Anthem on February 21, 2025.

Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)

Coverage Month Ending January 2025



Rebates Overview:

Pharmacy Benefit Managers negotiate volume-based rebates with drug manufacturers of brand medications. Manufacturer rebates are passed on to plan sponsors and are used to offset pharmaceutical claims expenses.

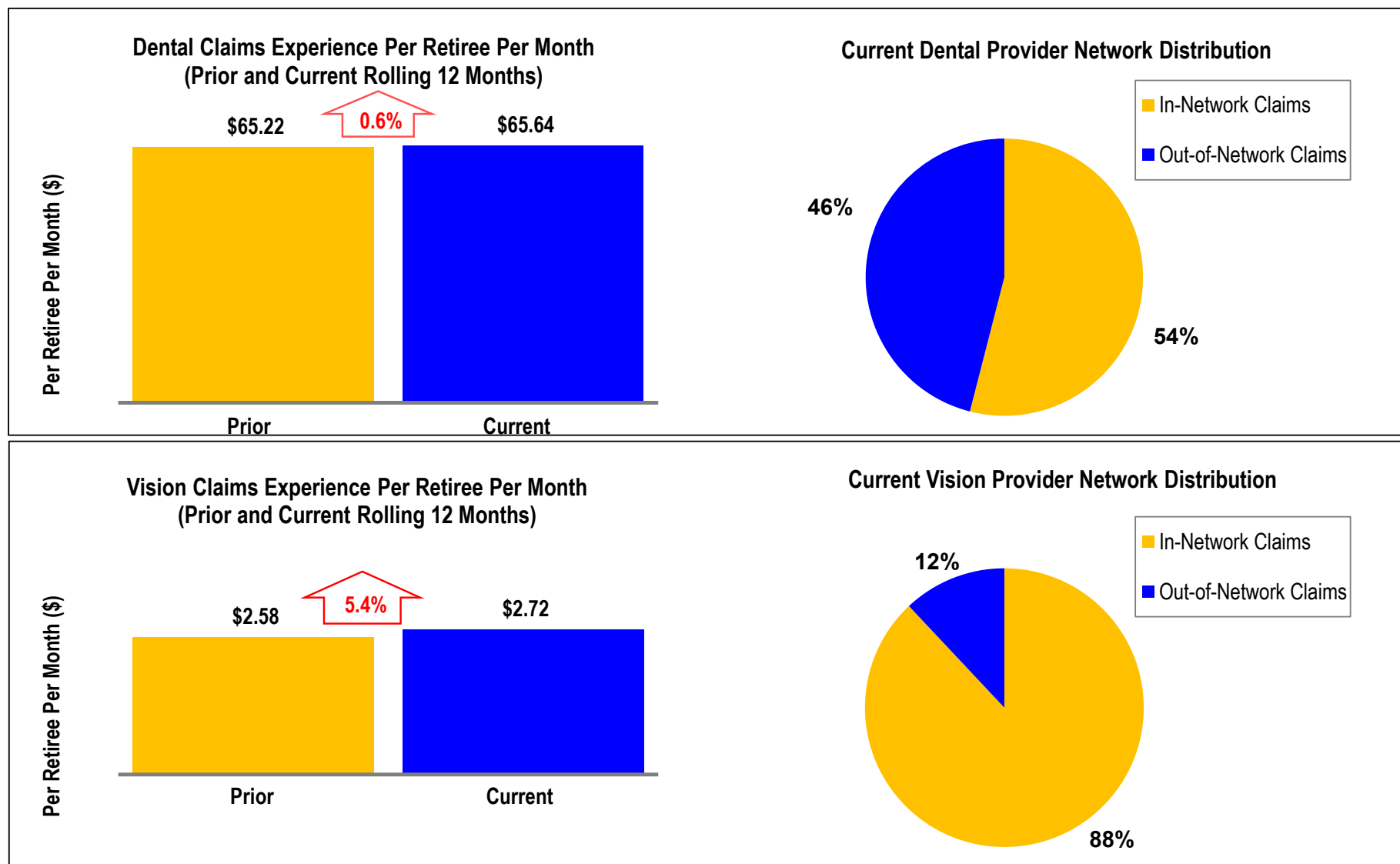
Note:

1. Prescription Claims and Rebates Data were provided by CVS.
2. Anthem Prudent Buyer prescription drugs are provided by CarelonRx and are not included in the charts above.

Los Angeles County Employees Retirement Association

Cigna Dental & Vision Claims Experience

Coverage Month Ending January 2025

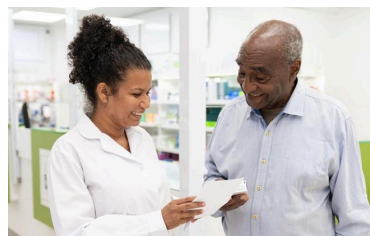


Notes:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Dental Claims Experience reflects passive use of Cigna's PPO Dental Network.

CMS Proposes Simplified Creditable Coverage Determination

The Centers for Medicare & Medicaid Services (CMS) has issued proposed guidance on how group health plans should determine whether their prescription drug coverage meets the Medicare Creditable Coverage standard for calendar year 2026. The guidance would permit a revised simplified determination method that should result in most group health plan coverage remaining creditable.



Background

After they are initially eligible for Part D, Medicare beneficiaries may incur a late enrollment penalty if they experience a continuous period of 63 days during which they are not enrolled in prescription drug coverage that is “creditable,” meaning it has an actuarial value that equals or exceeds the actuarial value of defined standard prescription drug coverage under Part D. Group health plan sponsors must provide plan participants with a Notice of Creditable Coverage informing them whether the plan is creditable.

When testing to determine whether a group health plan is offering creditable coverage, plans have historically been able to use a simplified methodology, rather than performing an actuarial evaluation. This methodology was allowed to be used for 2025 coverage but will be revised for 2026 due to changes made in the Part D benefit by the Inflation Reduction Act.

The Inflation Reduction Act made significant changes to the Part D prescription drug benefit that increased the value of the benefit, meaning generally that group health plan coverage would have to be richer to meet the creditable coverage standard.

Learn More About the Inflation Reduction Act Changes to Medicare Part D

We have several resources:

- September 29, 2022 chart, [“Inflation Reduction Act’s Implications for Medicare Part D”](#)
- February 20, 2024 insight, [“CMS Draft Guidance: Part D Plans, RDS & Creditable Coverage”](#)
- March 19, 2024 webinar, [“Implications of Coming Medicare Part D Changes for Retiree Health Plans”](#)
- April 15, 2024 insight, [“Guidance Clarifies RDS and Creditable Coverage Calculation”](#)

The proposed guidance

In the [proposed guidance](#), which was issued on January 10, 2025, CMS clarifies that plans that cover active employees may use a revised “simplified determination methodology” for determining creditable coverage for 2026. Under the revised simplified determination methodology, group health plan coverage will be creditable if it meets the following standards:

- Provides reasonable coverage for brand-name and generic prescription drugs and biological products
- Provides reasonable access to retail pharmacies
- Is designed to pay, on average, at least 72 percent of participants’ prescription drug expenses (versus 60 percent under the previous methodology)

The proposed guidance does not define what is considered “reasonable.”

Plans that do not receive the Retiree Drug Subsidy (RDS) may use either the simplified determination methodology or an actuarial equivalence determination. The simplified determination methodology may not be used by plans that apply for the RDS.

Key changes to the simplified determination methodology are the increase in value from 60 to 72 percent to reflect the higher-value Part D standard benefit. Also important to watch is the requirement that plans provide coverage for brand-name, generic and biological products. Biological products were added to reflect the changing nature of the prescription drug market. CMS also removed any requirements for certain deductibles, which may be more favorable to high-deductible health plans that may not have met the previous calculation.

Comments sought

CMS sought comments on whether:

- The revised simplified determination methodology will be useful to plan sponsors
- Plans expect to pass the test
- The test will have the impact of allowing more individuals to remain in their employment-based group health plan coverage rather than having to enroll in Medicare Part D, or face a penalty

Implications for plan sponsors

Plans that test for creditable coverage for active employees will be able to use a revised simplified determination methodology for 2026, which means taking a fresh look at their prescription drug benefits, as previous tests will no longer be available. The simplified determination methodology should result in fewer plans being found to not have creditable coverage. Consequently, it is unlikely that participants could be forced to enroll in Medicare to avoid paying a late enrollment penalty.

The revised simplified determination methodology will not affect plan sponsors that receive the RDS or those that provide benefits through a Part D or Medicare Advantage Prescription Drug Plan.

Final guidance is expected in April 2025. Because the proposed guidance was issued before the change in administration, plan sponsors should closely watch whether any changes are made in the final guidance.

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

Executive Order Creates Health Commission

On February 13, 2025, President Trump signed the first executive order of his second administration that directly addresses changes to the U.S. healthcare system and its stakeholders, including health plans, by creating a Make America Healthy Again Commission led by newly confirmed Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr. Although the executive order has a focus on combating chronic disease for all Americans, its initial target will be addressing childhood chronic diseases, including mental healthcare.



To address the federal government's response to the childhood chronic disease crisis, the commission must submit the following:

- A Make Our Children Healthy Again Assessment within 100 days (i.e., by May 24, 2025)
- A Make Our Children Healthy Again Strategy within 180 days (i.e., by August 12, 2025)

Background

HHS Secretary Kennedy has expressed concern over the incidence of chronic disease in adults and children. However, he has also expressed skepticism over current treatment methodologies, such as antidepressants, vaccines and GLP-1 medications for obesity, such as Ozempic®, Wegovy®, Zepbound® and Mounjaro®. The new commission will be his first opportunity to present new issues and recommendations for combatting chronic disease and should shine a light on the administration's key health policy concerns.

The executive order

The [executive order](#) finds that America should redirect its national focus in both the public and private sectors toward understanding and drastically lowering chronic disease rates and ending childhood chronic disease. Segal's [2025 Health Care Plan Cost Trend Survey](#) has found that rising rates of chronic conditions do contribute to overall healthcare spending, including conditions such as cancer, cardiovascular disease, diabetes, musculoskeletal conditions and obesity.

The executive order suggests that fresh thinking is needed on wellness initiatives, such as nutrition, physical activity, healthy lifestyles, overreliance on medications and treatments, the effects of new technology, habits, environmental impacts and food and drug quality and safety.

The executive order states that it will be the policy of the federal government to ensure transparency and open-source data, gold-standard research into the root causes of illness, healthy, abundant and affordable food, and the flexibility for health insurance coverage to provide benefits that support beneficial lifestyle changes and disease prevention.

Executive orders are not self-implementing. Consequently, HHS and other federal departments are likely to issue guidance or proposed rules reflecting the order's policy pronouncements.

The commission

The Assistant to the President for Domestic Policy will serve as Executive Director of the Make America Healthy Again Commission. The Commission will include representatives of the Departments of Agriculture, Housing and Urban Development, Education, Veterans Affairs, the Environmental Protection Agency, Office of Management and Budget, Assistant to the President and Deputy Chief of Staff for Policy, National Economic Council, Council of Economic Advisors, Office of Science and Technology Policy, Food and Drug Administration, the Centers for Disease Control and Prevention and the National Institutes for Health (NIH).

The commission is directed to:

- Study the scope of the childhood chronic disease crisis and any potential contributing causes, including the American diet, absorption of toxic material, medical treatments, lifestyle, environmental factors, government policies, food production techniques, electromagnetic radiation and corporate influence or cronyism.
- Advise and assist the president on informing the American people regarding the childhood chronic disease crisis, using transparent and clear facts.
- Provide government-wide recommendations on policy and strategy related to addressing the identified contributing causes of and ending the childhood chronic disease crisis.

The Commission has a short timeline in which to accomplish its mandate. The Make Our Children Healthy Again Assessment must make a comprehensive review of childhood chronic disease in America, assessing various threats to child health and best practices for health promotion. One aspect of the assessment which may prove controversial is the order to assess the prevalence of and threat posed by the prescription of selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers, stimulants and weight-loss drugs.

After presenting the assessment the Commission must produce a strategy that addresses restructuring the federal government's response to the childhood chronic disease crisis. In the process of developing the strategy, HHS Secretary Kennedy may hold public meetings, roundtables and similar events and receive expert input from leaders in public health and government accountability.

Implications for plan sponsors

The commission will be considering public health issues that have long been a concern for group health plan sponsors. Plan sponsors have continued to support wellness initiatives to increase the health of their populations, including looking at nutrition, physical activity and social determinants of health, such as access to healthy food.

Based on the goals of the commission, it is possible that recommendations could include increased scrutiny of use and approval of medications to children, modifications to the FDA's approval methods for such medication, and consideration of non-traditional treatment methods for chronic disease.

Regarding health insurance flexibility, it is possible that the administration could consider expanding the type of medical expenses that can be covered by health plans, particularly with respect to digital tools, such as fitness trackers or dietary supplements.

Plan sponsors should monitor the ongoing work of the commission and determine whether there are opportunities to present information based on their own experiences. Plan sponsors should work with their professional advisors to ensure that any regulatory developments based on the executive order are implemented.

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

Executive Order on IVF

On February 18, 2025, President Trump signed an executive order directing his administration to produce policy recommendations on protecting access to in vitro fertilization (IVF) and aggressively reducing out-of-pocket and health plan costs for IVF treatment. The order does not require any action by health plan sponsors but may signal efforts to require more expansive coverage options for assisted reproductive technology.



The policy recommendations must be submitted to the White House within 90 days (i.e., by May 20, 2025).

Background

IVF is a type of medical procedure known as assisted reproductive technology (ART). These procedures help couples achieve pregnancy when they are unable to conceive on their own. In IVF, eggs are surgically removed from the ovary, fertilized with sperm outside the body, and then placed in the uterus. Other types of ART include intrauterine insemination, sperm or egg donation and surrogates/gestational carriers.

According to Fertility IQ, the majority of IVF patients will fail on their first cycle and will continue treatment for a second, third or fourth cycle. With IVF costing from \$12,000 to \$25,000 per cycle, the average patient could spend close to \$50,000 in treatment.

According to the [2024 Employee Benefits Survey](#) by the International Foundation of Employee Benefit Plans (IFEBP), 76 percent of group health plans cover IVF treatments, including 50 percent of multiemployer plans. Other types of fertility benefits provided by plans include medications, lab tests and diagnosis, genetic testing and egg harvesting/freezing.

The executive order

The [executive order](#) and accompanying [fact sheet](#) state, in contrast to the IFEBP survey, that only a quarter of employers report coverage of IVF for their employees. The executive order directs the Assistant to the President for Domestic Policy to submit a list of policy recommendations on protecting IVF access and reducing out-of-pocket costs. These recommendations should address:

- Ensuring reliable access to IVF
- Changing any current policies that exacerbate the cost of IVF treatments
- Easing unnecessary statutory or regulatory burdens

While there are no specifics in the executive order, the president said during his campaign that under his administration the government or insurance companies would be mandated to pay for all costs associated with IVF treatment. However, he did not provide specifics.

According to the American Society for Reproductive Medicine, IVF is regulated by a complex and comprehensive network of federal and state regulations and professional oversight. These include the Food and Drug Administration, Clinical Laboratory Improvement Acts, Centers for Disease Control and various state licensure requirements. The executive order does not address any particular regulation but is broad enough that recommendations could be made in any of these regulatory areas.

Implications for plan sponsors

In recent years, benefits to support family-building began shifting beyond traditional coverage of infertility diagnosis. IVF, fertility preservation and egg freezing, gestational surrogacy and adoption are now part of a broader, more inclusive conversation around fertility. Plan sponsors have increasingly recognized that a comprehensive, family-building benefits package can also include a managed fertility benefit that can reduce organizations' healthcare costs and improve outcomes. For some workers, fertility benefits are highly sought after and can be a valuable tool for employers seeking to attract talent.

(For more information, see our June 30, 2021 insight, "[You Need an Inclusive Family-Building Benefits Package.](#)")

Nineteen states have insurance laws regarding infertility treatment coverage, but only 14 either require coverage or an offer of coverage for IVF. The state law requirements vary greatly. Self-insured plans governed by ERISA are not subject to these state insurance laws.

There are currently no federal laws that mandate coverage for infertility treatment or IVF. Moreover, it is unlikely that existing employee benefit laws could be interpreted to require a self-insured group health plan to pay a certain amount for IVF. Consequently, legislation may be necessary to require group health plans to have mandated IVF coverage.

Plan sponsors should look for the policy recommendations from the White House and determine how they can be reflected in their employee benefits strategy.

In addition, plans should continue to evaluate the cost implications related to adding IVF coverage along with cost and value considerations related to comprehensive family-building benefit packages best suited to their population.

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