

Los Angeles County

OTHER POSTEMPLOYMENT BENEFITS PROGRAM

Actuarial Valuation

July 1, 2008

Prepared by:

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June 22, 2009

Mr. Gregg Rademacher
Chief Executive Officer
LACERA
300 North Lake Avenue
Pasadena, CA 91101-4199

Re: July 1, 2008, Other Postemployment Benefits (OPEB) Actuarial Valuation

Dear Gregg:

As requested, we have prepared an actuarial valuation of the retiree medical, dental/vision, and life insurance benefits covering the retired Los Angeles County workers who also participate in the Los Angeles County Employees Retirement Association (LACERA) retirement benefit program. These benefits are collectively referred to in this report as the Los Angeles County OPEB Benefits Program, or the "Program". The major findings of the valuation are contained in this report. This report reflects the benefit provisions in effect as of July 1, 2008, and the retiree health plan premium rates in effect as of July 1, 2008, and July 1, 2009.

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by Los Angeles County, LACERA and Mercer Health & Benefits. This information includes, but is not limited to: benefit descriptions, membership data, and financial information. In our examination of these data, we have found the data 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. Since the valuation results are dependent on the integrity of the data supplied, the results can be expected to differ if the underlying data is incomplete or missing or if our assumptions regarding incomplete data are incorrect. It should be noted that if any data or other information is inaccurate or incomplete, our calculations may need to be revised.

We certify that all costs, liabilities, rates of interest, health cost trend rates, and other factors under the Program have been determined on the basis of actuarial assumptions and methods which are individually reasonable (taking into account the experience of the Program and reasonable expectations) and which, in combination, offer our best estimate of anticipated experience affecting the Program. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions.

The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the July 1, 2008, valuation of the LACERA retirement benefit program. The OPEB demographic and economic assumptions are based on the results of our 2008 OPEB Investigation of Experience, a report that was produced by Milliman as LACERA's actuary, with oversight and approval from Mercer as LACERA's health benefits consultant, Buck Consultants as Los Angeles County's actuary, and Rael & Letson, as the actuary for SEIU Local 721. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups. The assumptions are summarized in Appendix A. The County has the final decision regarding the appropriateness of the assumptions and should adopt them based on the joint consultants' recommendations.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: 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 Program provisions or applicable law. Due to the limited scope of our assignment, we did not perform an analysis of the potential range of future measurements.

Actuarial computations under GASB No. 43 and No. 45 are for purposes of fulfilling financial accounting requirements for LACERA and Los Angeles County (the employer) respectively. LACERA needs to 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, as well as the County's funding goals. 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.

Any distribution of this report must be in its entirety including this cover letter, unless prior written consent from Milliman is obtained. Milliman's work product was prepared exclusively for LACERA under our contract with LACERA for a specific and limited purpose. It is a complex technical analysis that assumes a high level of knowledge concerning LACERA's operations, and uses LACERA's data and other data provided Milliman, which Milliman has not audited. It is not for the use or benefit of any third party for any purpose. Any third party recipient of Milliman's work product, including Los Angeles County or the South Coast Air Quality Management District (SCAQMD), who desires professional guidance should not rely upon Milliman's work product, but should engage qualified professionals for advice appropriate to its own specific needs.

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 information is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices. We are members of the American Academy of Actuaries and meet the Qualification Standards to render the actuarial opinion contained herein.

We would like to express our appreciation to LACERA staff members, Los Angeles County, SEIU Local 721, Mercer, Rael & Letson, and Buck Consultants 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
Consulting Actuary



Karen I. Steffen, FSA, EA, MAAA
Consulting Actuary

RLS/pap

cc: Mr. Robert Hill, LACERA

For your convenience, the TABLE OF CONTENTS is linked.

Los Angeles County Other Post Employment Benefits Program

July 1, 2008, Actuarial Valuation

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Los Angeles County Other Post Employment Benefits Program

July 1, 2008, Actuarial Valuation

Section 1: Executive Summary



2008 Valuation Results

	July 1, 2008	July 1, 2006
Actuarial Accrued Liability (\$ billions)	\$ 21.86	\$ 21.22
County Normal Cost Rate	14.42%	14.96%
County ARC as a Percentage of Payroll	27.75%	30.73%

Overview

We are pleased to present the results of the July 1, 2008, 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 assumption changes from our 2008 OPEB Investigation of Experience, increases due to the passage of time since our July 1, 2006, valuation, and demographic and claim cost related experience gains measured as of July 1, 2008.
- The County Normal Cost Rate and Annual Required Contribution (ARC) decreased as a percentage of payroll, due to the factors mentioned above, plus greater increases than expected in valuation payroll.

Analysis of Change

The following table illustrates the sources of change between the July 1, 2006, and July 1, 2008, 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, 2006 Valuation	\$ 21.22	14.96%	30.73%
Retirement Related Assumption Changes	\$ 0.23	0.15%	(0.19%)
OPEB Assumption Changes	0.30	1.08%	1.30%
B. July 1, 2006 Valuation with Changes	\$ 21.75	16.19%	31.84%
Expected Two-year Change	3.34	0.31%	1.35%
C. July 1, 2008 Valuation Expected	\$ 25.09	16.50%	33.19%
Claim Cost Experience	(3.13)	(2.01%)	(4.10%)
All Other Experience	(0.10)	(0.07%)	(1.34%)
D. July 1, 2008 Valuation	\$ 21.86	14.42%	27.75%

Analysis of Change (continued)

Section A: The retirement benefit related assumptions increased the Actuarial Accrued Liability (AAL) and Normal Cost Rate (NCR), but reduced the Annual Required Contribution (ARC) Percentage, because of an increase in the assumed total wage growth from 3.75% to 4.00%. The cost percentages are based on assumed July 1, 2006, valuation payroll of \$5,307.2 million.

Section B: 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 assumed July 1, 2006, valuation payroll of \$5,307.2 million, increased by 4% for two years to \$5,740.3 million (projected as of July 1, 2008).

Section C: The claim cost experience gain includes the impact of lower than expected increases in health insurance premiums as of July 1, 2008, and July 1, 2009. The percentages in this row are based on assumed July 1, 2008, payroll of \$5,740.3 million. The “all other experience” gain includes the impact of all other demographic and economic experience. The cost percentages in this row are based on the updated July 1, 2008, valuation payroll of \$6,259.2 million.

Summary Valuation Results

The table on the following 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) is included. The PVB is based on a projection of all benefits that will be received in the future for all current members; active, vested, and retired members, discounted to the valuation date.
- The Actuarial Accrued Liability (AAL) is also included. 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.
- The Annual Required Contribution (ARC) is also summarized. The ARC is based on a 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). This is the minimum amortization amount allowed by the GASB rules, and it does not cover interest on the UAAL. 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 accumulate in the future.

County Costs for OPEB Benefits¹
Summary of July 1, 2008 Valuation Results
(all dollar amounts in billions)

	LA County			Superior Court	Total
	General	Safety	Subtotal		
1. Present Value of Benefits	\$ 24.27	\$ 9.39	\$ 33.66	\$ 1.59	\$ 35.25
2. Present Value of Future Normal Costs	9.55	3.21	12.76	0.63	13.39
3. Actuarial Accrued Liability (1-2)	\$ 14.72	\$ 6.18	\$ 20.90	\$ 0.96	\$ 21.86
4. Assets	-	-	-	-	-
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 14.72	\$ 6.18	\$ 20.90	\$ 0.96	\$ 21.86
6. ARC ²	\$ 1.18	\$ 0.48	\$ 1.66	\$ 0.08	\$ 1.74
7. ARC expressed as a percentage of payroll					
Normal Cost	13.11%	20.22%	14.57%	11.85%	14.42%
UAAL payment	11.96%	19.41%	13.49%	10.59%	13.33%
Total	25.07%	39.63%	28.06%	22.44%	27.75%

¹ Net of Retiree Paid Premiums

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

Comparison of Results to Prior Valuation

Table 1 provides a summary of key valuation results as of July 1, 2008, compared with July 1, 2006, under the Projected Unit Credit Cost Method and the assumed 5.0% investment rate. 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 17.9% is well in excess of the anticipated two-year increase of 8.2% (based on 4% compounded annually).
- The expected County paid benefits for the first year following the valuation date. The two-year increase of 11.5% is much less than the expected two-year increase of 30.6% due largely to lower than anticipated health care premiums. This is based on Tables 8 and 9 of the July 1, 2006, valuation, which expected the 2006 payment level of \$347.6 million to increase to \$454.0 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 4.9% decrease for retired members is a result of lower than anticipated health care premiums and trend assumption changes. The 39.7% increase in retiree dental/vision is a result of the trend assumption change from 3% per year to 4.5% per year. Although this is a large increase for dental, it as a relatively small percentage impact on the overall results.
- The Annual Required Contribution (ARC). The ARC increased by 6.5% in dollar terms, but as a percentage of payroll it decreased by 9.7% because of the larger than anticipated payroll increase.

Los Angeles County Other Post Employment Benefits Program

**Table 1: July 1, 2008 Summary of County Paid Liabilities and Cost
(All Dollar Amounts in Millions)**

	July 1, 2008	July 1, 2006	Percentage Change
A. Total Membership			
1. Active Members	94,415	88,581	6.6%
2. Vested Terminated Members	8,074	7,450	8.4%
3. Retirees and Survivors (Medical Coverage)	40,444	39,078	3.5%
4. Total	<u>142,933</u>	<u>135,109</u>	5.8%
B. Total Payroll as of July 1, 2008	\$ 6,259.2	\$ 5,307.2	17.9%
C. Expected County Paid First-Year Benefits	\$ 387.5	\$ 347.6	11.5%
D. Present Value of Future Benefits (PVB)¹	\$ 35,251.2	\$ 32,585.0	8.2%
E. Actuarial Accrued Liability by Member Group¹			
1. LA County Members	\$ 20,901.6	\$ 20,301.8	3.0%
2. Superior Court Members	962.0	914.0	5.3%
3. Total	<u>\$ 21,863.6</u>	<u>\$ 21,215.8</u>	3.1%
F. Actuarial Accrued Liability by Member Status¹			
1. Active Members	\$ 11,871.5	\$ 10,797.6	9.9%
2. Vested Terminated Members	954.0	919.3	3.8%
3. Retired Members	9,038.1	9,498.9	(4.9%)
4. Total	<u>\$ 21,863.6</u>	<u>\$ 21,215.8</u>	3.1%
G. Actuarial Accrued Liability by Benefit Type¹			
1. Retiree Medical	\$ 18,279.7	\$ 17,941.5	1.9%
2. Retiree Dental/Vision	1,019.8	729.8	39.7%
3. Medicare Part B	2,400.6	2,387.9	0.5%
4. Retiree Life Insurance	163.5	156.6	4.4%
5. Total	<u>\$ 21,863.6</u>	<u>\$ 21,215.8</u>	3.1%
H. Assets	\$ -	\$ -	
I. Unfunded Actuarial Accrued Liability	\$ 21,863.6	\$ 21,215.8	3.1%
J. Annual Required Contribution (ARC)²	\$ 1,737.0	\$ 1,630.7	6.5%
K. ARC expressed as a percentage of payroll			
1. Normal Cost	14.42%	14.96%	(3.6%)
2. UAAL payment	13.33%	15.77%	(15.5%)
3. Total	<u>27.75%</u>	<u>30.73%</u>	(9.7%)

¹ Net of Retiree Paid Premiums

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

Los Angeles County Other Post Employment Benefits Program

July 1, 2008, Actuarial Valuation

Section 2: Actuarial Valuation as of July 1, 2008

A. Valuation Methodology



This is a valuation of the retiree medical, dental/vision, and life insurance 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 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 July 1, 2008, valuation of the LACERA retirement benefit program. The OPEB demographic and economic assumptions are based on the results of our 2008 OPEB Investigation of Experience, a report that was produced by Milliman as LACERA's actuary, with oversight and approval from Mercer as LACERA's health benefits consultant, Buck Consultants as Los Angeles County's actuary, and Rael & Letson, as the actuary for SEIU Local 721. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups.

**Report Overview
(continued)**

Comprehensive medical benefits, dental/vision benefits, and life insurance 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 LA County OPEB benefits is tied to benefit eligibility under the LACERA retirement benefit program. Thus, all former LA County employees receiving OPEB benefits are also members in the retirement benefit program.

The active and vested terminated member census data for each of the OPEB 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.

The statements define two measures of 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.

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 subtotalled by benefit type and member status.

Key Liability Descriptions (continued)

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 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 benefits.

Table 4 details the ARC results as of July 1, 2008, the beginning of the 2008/2009 fiscal year.

Background on Accounting Requirements

The Governmental Accounting Standards Board (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 Los Angeles County, Statement No. 45 was required to be adopted for the fiscal year ended June 30, 2008.

This report was prepared for purposes of meeting these financial accounting and reporting disclosure requirements. The actual funding of the OPEB 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 can not exceed the expected return on the employer's general ledger accounts. Since Los Angeles County has historically not been prefunding the OPEB benefits, this report used a 5% interest assumption.

**Background on
Accounting
Requirements
(continued)**

However, the County may decide to start prefunding the OPEB benefits in the future. Depending on the level of funding commitment by the County, a higher interest rate may be used to discount the OPEB benefit obligations for accounting expense purposes.

Los Angeles County Other Post Employment Benefits Program

**Table 2: July 1, 2008 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
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	\$ 5,654.1	\$ 2,872.9	\$ 8,527.0	\$ 311.4	\$ 8,838.4
Vested Terminateds	1,000.1	50.4	1,050.5	91.1	1,141.6
Actives	7,161.5	3,061.0	10,222.5	504.8	10,727.3
Total	\$ 13,815.7	\$ 5,984.3	\$ 19,800.0	\$ 907.3	\$ 20,707.3
2. AAL - Retiree Paid Medical Premiums					
Retirees	\$ 730.5	\$ 378.8	\$ 1,109.3	\$ 38.7	\$ 1,148.0
Vested Terminateds	409.8	33.9	443.7	37.9	481.6
Actives	568.3	192.6	760.9	37.1	798.0
Total	\$ 1,708.6	\$ 605.3	\$ 2,313.9	\$ 113.7	\$ 2,427.6
3. AAL - County Paid Medical Benefits (1) - (2)					
Retirees	\$ 4,923.6	\$ 2,494.1	\$ 7,417.7	\$ 272.7	\$ 7,690.4
Vested Terminateds	590.3	16.5	606.8	53.2	660.0
Actives	6,593.2	2,868.4	9,461.6	467.7	9,929.3
Total	\$ 12,107.1	\$ 5,379.0	\$ 17,486.1	\$ 793.6	\$ 18,279.7



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Los Angeles County Other Post Employment Benefits Program

**Table 2 (Cont): July 1, 2008 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
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	\$ 342.3	\$ 146.3	\$ 488.6	\$ 17.7	\$ 506.3
Vested Terminateds	54.9	2.5	57.4	4.8	62.2
Actives	410.5	138.5	549.0	28.5	577.5
Total	\$ 807.7	\$ 287.3	\$ 1,095.0	\$ 51.0	\$ 1,146.0
5. AAL - Retiree Paid Dental & Vision Premiums					
Retirees	\$ 36.3	\$ 16.9	\$ 53.2	\$ 2.1	\$ 55.3
Vested Terminateds	23.3	1.8	25.1	2.1	27.2
Actives	32.6	9.0	41.6	2.1	43.7
Total	\$ 92.2	\$ 27.7	\$ 119.9	\$ 6.3	\$ 126.2
6. AAL - County Paid Dental & Vision Benefits (4) - (5)					
Retirees	\$ 306.0	\$ 129.4	\$ 435.4	\$ 15.6	\$ 451.0
Vested Terminateds	31.6	0.7	32.3	2.7	35.0
Actives	377.9	129.5	507.4	26.4	533.8
Total	\$ 715.5	\$ 259.6	\$ 975.1	\$ 44.7	\$ 1,019.8



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Los Angeles County Other Post Employment Benefits Program

**Table 2 (Cont): July 1, 2008 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Medicare Part B and Retiree Life Insurance
(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	\$ 549.3	\$ 208.3	\$ 757.6	\$ 27.2	\$ 784.8
Vested Terminateds	214.3	18.5	232.8	18.3	251.1
Actives	998.1	295.5	1,293.6	71.1	1,364.7
Total	\$ 1,761.7	\$ 522.3	\$ 2,284.0	\$ 116.6	\$ 2,400.6
8. AAL - County Paid Retiree Death Benefit					
Retirees	\$ 89.2	\$ 18.4	\$ 107.6	\$ 4.3	\$ 111.9
Vested Terminateds	7.1	0.3	7.4	0.5	7.9
Actives	35.7	5.7	41.4	2.3	43.7
Total	\$ 132.0	\$ 24.4	\$ 156.4	\$ 7.1	\$ 163.5
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)					
Retirees	\$ 5,868.1	\$ 2,850.2	\$ 8,718.3	\$ 319.8	\$ 9,038.1
Vested Terminateds	843.3	36.0	879.3	74.7	954.0
Actives	8,004.9	3,299.1	11,304.0	567.5	11,871.5
Total	\$ 14,716.3	\$ 6,185.3	\$ 20,901.6	\$ 962.0	\$ 21,863.6



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Los Angeles County Other Post Employment Benefits Program

**Table 3: July 1, 2008 Normal Cost at Unfunded Rate (5.00%)
(All Dollar Amounts in Millions)**

	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
1. Total Medical Benefits	\$ 579.6	\$ 245.1	\$ 824.7	\$ 38.1	\$ 862.8
2. Retiree Paid Medical Premiums	82.1	33.8	115.9	4.9	120.8
3. Net County Paid Medical Benefits (1) - (2)	\$ 497.5	\$ 211.3	\$ 708.8	\$ 33.2	\$ 742.0
4. Total Dental/Vision Benefits	\$ 31.7	\$ 10.8	\$ 42.5	\$ 2.1	\$ 44.6
5. Retiree Paid Dental/Vision Premiums	4.6	1.6	6.2	0.3	6.5
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 27.1	\$ 9.2	\$ 36.3	\$ 1.8	\$ 38.1
7. County Paid Medicare Part B Premiums	\$ 88.5	\$ 25.0	\$ 113.5	\$ 5.9	\$ 119.4
8. County Paid Retiree Death Benefit	\$ 2.5	\$ 0.4	\$ 2.9	\$ 0.2	\$ 3.1
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 615.6	\$ 245.9	\$ 861.5	\$ 41.1	\$ 902.6
10. Valuation Payroll	\$ 4,696.1	\$ 1,216.4	\$ 5,912.5	\$ 346.7	\$ 6,259.2
11. County Normal Cost as a Percentage of Payroll	13.11%	20.22%	14.57%	11.85%	14.42%



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Los Angeles County Other Post Employment Benefits Program

**Table 4: 2008-2009 Annual Required Contribution (ARC) at Unfunded Rate (5.00%)
(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)	\$ 24,269.1	\$ 9,390.3	\$ 33,659.4	\$ 1,591.8	\$ 35,251.2
Present Value of Future Normal Cost (PVFNC)	9,552.8	3,205.0	12,757.8	629.8	13,387.6
Actuarial Accrued Liability as of July 1, 2008	\$ 14,716.3	\$ 6,185.3	\$ 20,901.6	\$ 962.0	\$ 21,863.6
Fund Balance at July 1, 2008	-	-	-	-	-
Unfunded Actuarial Accrued Liability	\$ 14,716.3	\$ 6,185.3	\$ 20,901.6	\$ 962.0	\$ 21,863.6
2. Amortization of UAAL (Level % of Pay)					
Amortization Period (years)	30	30	30	30	30
UAAL Amortization Payment	\$ 561.6	\$ 236.1	\$ 797.7	\$ 36.7	\$ 834.4
3. 2008 - 2009 Annual Required Contribution (ARC) on July 1, 2008					
Amortization of UAAL	\$ 561.6	\$ 236.1	\$ 797.7	\$ 36.7	\$ 834.4
Normal Cost	615.6	245.9	861.5	41.1	902.6
Annual Required Contribution (ARC) (As of July 1, 2008)	\$ 1,177.2	\$ 482.0	\$ 1,659.2	\$ 77.8	\$ 1,737.0
4. July 1, 2008 Valuation Payroll					
	\$ 4,696.1	\$ 1,216.4	\$ 5,912.5	\$ 346.7	\$ 6,259.2
5. Estimated ARC as a Percentage of Valuation Payroll					
	25.07%	39.63%	28.06%	22.44%	27.75%



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 life insurance 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.

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
6/30/2009	\$ 361.8	\$ 32.6	\$ 32.9	\$ 6.4	\$ (42.5)	\$ (3.7)	\$ 387.5
6/30/2010	402.7	34.9	36.4	6.7	(49.9)	(4.0)	426.8
6/30/2011	454.9	37.3	40.3	7.0	(54.4)	(4.3)	480.8
6/30/2012	510.3	40.0	45.1	7.3	(59.7)	(4.7)	538.3
6/30/2013	569.8	42.8	50.5	7.6	(66.0)	(5.1)	599.6
6/30/2014	631.7	45.8	56.6	7.9	(73.2)	(5.4)	663.4
6/30/2015	698.6	49.0	63.1	8.2	(81.6)	(5.8)	731.5
6/30/2016	769.6	52.4	70.4	8.5	(90.8)	(6.3)	803.8
6/30/2017	841.3	55.9	78.3	8.8	(100.1)	(6.7)	877.5
6/30/2018	915.8	59.7	87.1	9.0	(110.0)	(7.2)	954.4

Projection Basis:

All assumptions are met

No future members are reflected



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

Fiscal Year Ending	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
6/30/2009	\$ 274.5	\$ 99.3	\$ 373.8	\$ 13.7	\$ 387.5
6/30/2010	301.6	110.0	411.6	15.2	426.8
6/30/2011	339.9	123.6	463.5	17.3	480.8
6/30/2012	380.6	138.1	518.7	19.6	538.3
6/30/2013	423.9	153.6	577.5	22.1	599.6
6/30/2014	468.4	170.4	638.8	24.6	663.4
6/30/2015	514.8	189.3	704.1	27.4	731.5
6/30/2016	563.7	209.6	773.3	30.5	803.8
6/30/2017	613.2	230.6	843.8	33.7	877.5
6/30/2018	664.2	253.1	917.3	37.1	954.4

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 rate, the chart below shows the impact of a 1% increase or decrease in the assumed health cost trend rate on the GASB values. Results are shown on a pay-as-you-go basis for all OPEB benefits. The retiree death benefits are included, but they are unaffected by the health cost trend rate.

	Valuation Medical Inflation Rates	Valuation Medical Inflation Rates Plus 1%	Valuation Medical Inflation Rates Minus 1%
	(in millions)		
July 1, 2008, AAL (Percentage Increase/(Decrease))	\$21,863.6	\$ 26,882.9 23%	\$ 18,035.9 (18%)
2008 – 2009 ARC (Percentage Increase/(Decrease))	\$ 1,737.0	\$ 2,248.0 29%	\$ 1,364.6 (21%)

Los Angeles County Other Post Employment Benefits Program

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 post retirement health and death benefit plans as for the LACERA retirement benefits. The assumptions that overlap with the LACERA retirement plan assumptions were reviewed and changed June 30, 2007, as a result of the 2007 triennial Retirement Benefit Investigation of Experience Study. All assumptions indicated as adopted June 30, 2007, were adopted as a result of this study. The OPEB specific assumptions were reviewed and changed June 30, 2008, as a result of the 2008 OPEB Investigation of Experience Study. All assumptions indicated as adopted June 30, 2008, were adopted as a result of this study.

The actuarial assumptions used in both the Retirement Benefit and OPEB actuarial valuations are intended to estimate the future experience of the members of 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.

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 4.00% 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 2007 Retirement Benefit Investigation of Experience Study. The rates are the probabilities a member will leave active employment for various reasons.

Tables A-14 to A-19 present enrollment assumptions. These were developed from the 2008 OPEB Investigation of Experience Study to determine health eligibility and enrollment.

Tables A-20 to A-21 present premium and claim cost assumptions. These were developed from the Program's premium and claim information.

Table A-22 presents the health cost trend rates, and Table A-23 presents the assumed retirement rates for vested terminated members.

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 LACERA.

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 (or Surplus Funding) is amortized as a level percentage of the projected salaries of the active members, both present and future, covered by the LACERA retirement benefit 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, dental, and vision premiums, financial information and the age, service, and income records for active and inactive members and their survivors. All of the data were supplied by LACERA and are accepted for valuation purposes without audit.

**Growth in
Membership**

For benefit valuation purposes, no growth in the active membership of LACERA is assumed. For funding purposes, if amortization is required, the total payroll of covered members is assumed to grow due to the combined effects of future wage increases of current active members and the replacement of the current active members by new employees. No growth in the total number of active members is assumed.

**Investment Earnings
and Expenses**

Since the plan is not funded, GASB 45 requires that the discount rate for OPEB benefits be equal to the expected return on assets used to pay ongoing benefits. In this case, it would be the expected return on the County's general funds. For purposes of this valuation we have assumed this rate is 5.00%. This assumption was adopted June 30, 2006.

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 June 30, 2008.

Future Salaries

The 4.00% per annum rate of increase in the general wage level of membership is in Table A-5. This rate was adopted June 30, 2007.

Retirement

After members attain age 50 (55 for Plan E members) and have 10 years of service, they may retire with a benefit commencing immediately. All members, except Plan E members, may also retire regardless of age after 20 years of service for safety members and after 30 years of service for general members. The retirement rates 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.

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, 2007. The term vested member's retirement probabilities were adopted June 30, 2006, for purposes of the OPEB valuation only.

Disablement

The rates of disablement used in the valuation are also illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2007.

**Post-Retirement
Mortality – Other Than
Disabled Members**

The same post-retirement 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. These rates were adopted June 30, 2004.

Males General members: RP-2000 Combined Mortality Table for Males, with ages set back two years.
Safety members: RP-2000 Combined Mortality Table for Males, with ages set back three years.

Females General members: RP-2000 Combined Mortality Table for Females, with ages set back two years.
Safety members: RP-2000 Combined Mortality Table for Females, with ages set back two years.

For disabled members, the mortality rates used in the valuation rates are illustrated in Table A-3. These rates were adopted June 30, 2007.

**Mortality – Disabled
Members**

Males General members: RP-2000 Combined Mortality Table for Males, with ages set forward one year.
Safety members: RP-2000 Combined Mortality Table for Males, with ages set back two years.

Females General members: RP-2000 Combined Mortality Table for Females with no age adjustment.
Safety members: RP-2000 Combined Mortality Table for Females with ages set back two years.

**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, 2007.

Class	Sex	Mortality Table	Adjustment
General	Male	RP2000 Employee Male	+0
General	Female	RP2000 Employee Female	-1
Safety	Male	RP2000 Employee Male	-9
Safety	Female	RP2000 Employee Female	-1

**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, 2007.

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 system. 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 the remaining members will elect a deferred vested benefit. All non-vested members are assumed to elect a refund and withdraw their contributions. These rates were adopted June 30, 2007.

**Retiree Medical and
Dental/Vision
Eligibility and
Enrollment
Assumptions**

Any retired or vested terminated members that 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.

Though a few active members may change pension plans, this valuation will assume 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
(continued)**

The 2008 OPEB Investigation of Experience report was used to set the following assumptions:

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 retirees in group plans who elect Medicare Part D	0%
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
Age difference for future retirees and spouses	Table A-1

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Table A-1: Summary of Valuation Assumptions as of July 1, 2008

I.	Economic Assumptions	
	A. General wage increases	4.00%, Table A-5
	B. Unfunded Investment earnings	5.00%
	C. Implied Inflation	3.50%
	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 for general members, as adjusted:	
	<u>Class of Members</u>	<u>Age Adjustment</u>
	General – males	-2 years
	General – females	-2 years
	Safety – males	-3 years
	Safety – females	-2 years
	D. Mortality Among Disabled Members	Table A-3
	Basis – RP-2000 Combined Mortality Table, as adjusted:	
	General – males	+1 years
	General – females	0 years
	Safety – males	-2 years
	Safety – females	-2 years
	E. Mortality for Beneficiaries	Table A-2
	Basis – Beneficiaries are assumed to have the same mortality as a general member of the opposite gender who has taken a service retirement.	
	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 June 30, 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 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	0.030%	0.019%	0.032%	0.019%
25	0.037%	0.020%	0.037%	0.020%
30	0.038%	0.023%	0.039%	0.023%
35	0.056%	0.039%	0.063%	0.039%
40	0.090%	0.060%	0.096%	0.060%
45	0.122%	0.094%	0.130%	0.094%
50	0.173%	0.143%	0.186%	0.143%
55	0.267%	0.221%	0.292%	0.221%
60	0.469%	0.392%	0.527%	0.392%
65	0.876%	0.765%	1.001%	0.765%
70	1.608%	1.345%	1.787%	1.345%
75	2.728%	2.297%	3.039%	2.297%
80	4.691%	3.760%	5.212%	3.760%
85	8.049%	6.251%	8.972%	6.251%
90	13.604%	10.730%	15.059%	10.730%

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Table A-3: Mortality for Members Retired for Disability

Age	Safety Male	Safety Female	General Male	General Female
20	0.032%	0.019%	0.036%	0.019%
25	0.037%	0.020%	0.038%	0.021%
30	0.039%	0.023%	0.050%	0.026%
35	0.063%	0.039%	0.084%	0.048%
40	0.096%	0.060%	0.114%	0.071%
45	0.130%	0.094%	0.162%	0.112%
50	0.186%	0.143%	0.245%	0.168%
55	0.292%	0.221%	0.420%	0.272%
60	0.527%	0.392%	0.768%	0.506%
65	1.001%	0.765%	1.441%	0.971%
70	1.787%	1.345%	2.457%	1.674%
75	3.039%	2.297%	4.217%	2.811%
80	5.212%	3.760%	7.204%	4.588%
85	8.972%	6.251%	12.280%	7.745%
90	15.059%	10.730%	19.977%	13.168%

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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	30%	40%
6	30%	40%
7	30%	40%
8	28%	39%
9	26%	38%
10	24%	36%
11	22%	35%
12	20%	34%
13	16%	33%
14	12%	32%
15	8%	30%
16	4%	29%
17	0%	28%
18	0%	26%
19	0%	25%
20	0%	23%
21	0%	22%
22	0%	20%
23	0%	16%
24	0%	12%
25	0%	8%
26	0%	4%
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 4.00% 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 Program's OPEB benefits.

Los Angeles County Other Post Employment Benefits Program

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.
Withdrawal:	Member terminates and elects a refund of member contributions, or a deferred vested retirement benefit.
Service Disability:	Member receives disability retirement; disability is service related.
Ordinary Disability:	Member receives disability retirement; disability is not service related.
Service Death:	Member dies before retirement; death is service related.
Ordinary Death:	Member dies before retirement; death is not service related.

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

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

Table A-6: General Plan A, B & C Males	A-10: General Plan E Males
A-7: General Plan A, B & C Females	A-11: General Plan E Females
A-8: General Plan D Males	A-12: Safety Plan A & B Males
A-9: General Plan D Females	A-13: Safety Plan A & B 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 Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
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	0.0003	0.0001	N/A	0.0006
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0007
35	0.0000	0.0050	0.0004	0.0001	N/A	0.0008
36	0.0000	0.0050	0.0004	0.0002	N/A	0.0008
37	0.0000	0.0050	0.0005	0.0001	N/A	0.0009
38	0.0000	0.0050	0.0006	0.0002	N/A	0.0010
39	0.0000	0.0050	0.0006	0.0002	N/A	0.0010
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0011
41	0.0300	0.0050	0.0007	0.0003	N/A	0.0011
42	0.0300	0.0050	0.0008	0.0003	N/A	0.0012
43	0.0300	0.0050	0.0009	0.0003	N/A	0.0013
44	0.0300	0.0050	0.0010	0.0004	N/A	0.0014
45	0.0300	0.0050	0.0011	0.0004	N/A	0.0015
46	0.0300	0.0050	0.0012	0.0005	N/A	0.0016
47	0.0300	0.0050	0.0013	0.0005	N/A	0.0017
48	0.0300	0.0050	0.0014	0.0005	N/A	0.0019
49	0.0300	0.0050	0.0016	0.0006	N/A	0.0020
50	0.0300	0.0050	0.0017	0.0006	N/A	0.0021
51	0.0300	0.0050	0.0018	0.0007	N/A	0.0023
52	0.0300	0.0050	0.0020	0.0008	N/A	0.0024
53	0.0300	0.0050	0.0022	0.0008	N/A	0.0026
54	0.0500	0.0050	0.0025	0.0009	N/A	0.0028
55	0.0800	0.0050	0.0027	0.0010	N/A	0.0030
56	0.1000	0.0050	0.0030	0.0011	N/A	0.0033
57	0.1400	0.0050	0.0032	0.0012	N/A	0.0036
58	0.1800	0.0050	0.0036	0.0013	N/A	0.0040
59	0.2000	0.0050	0.0040	0.0015	N/A	0.0044
60	0.2200	0.0050	0.0044	0.0016	N/A	0.0049
61	0.2500	0.0050	0.0048	0.0018	N/A	0.0054
62	0.3500	0.0050	0.0052	0.0019	N/A	0.0059
63	0.2500	0.0050	0.0052	0.0024	N/A	0.0065
64	0.2500	0.0050	0.0052	0.0029	N/A	0.0070
65	0.3000	0.0050	0.0052	0.0034	N/A	0.0076
66	0.2400	0.0050	0.0052	0.0039	N/A	0.0081
67	0.2400	0.0050	0.0052	0.0044	N/A	0.0086
68	0.2400	0.0050	0.0052	0.0049	N/A	0.0091
69	0.2400	0.0050	0.0052	0.0054	N/A	0.0095
70	0.3000	0.0050	0.0052	0.0059	N/A	0.0099
71	0.3000	0.0050	0.0052	0.0064	N/A	0.0104
72	0.3000	0.0050	0.0052	0.0069	N/A	0.0112
73	0.3000	0.0050	0.0052	0.0074	N/A	0.0123
74	0.3000	0.0050	0.0052	0.0079	N/A	0.0137
75	1.0000	0.0000	0.0000	0.0084	N/A	0.0151

Los Angeles County Other Post Employment Benefits Program

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

Age	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
33	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0004
35	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
36	0.0000	0.0050	0.0004	0.0002	N/A	0.0005
37	0.0000	0.0050	0.0005	0.0001	N/A	0.0005
38	0.0000	0.0050	0.0006	0.0002	N/A	0.0006
39	0.0000	0.0050	0.0006	0.0002	N/A	0.0006
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0006
41	0.0300	0.0050	0.0007	0.0003	N/A	0.0007
42	0.0300	0.0050	0.0008	0.0003	N/A	0.0008
43	0.0300	0.0050	0.0009	0.0003	N/A	0.0009
44	0.0300	0.0050	0.0010	0.0004	N/A	0.0009
45	0.0300	0.0050	0.0011	0.0004	N/A	0.0010
46	0.0300	0.0050	0.0012	0.0005	N/A	0.0011
47	0.0300	0.0050	0.0013	0.0005	N/A	0.0012
48	0.0300	0.0050	0.0014	0.0006	N/A	0.0013
49	0.0300	0.0050	0.0014	0.0006	N/A	0.0014
50	0.0300	0.0050	0.0016	0.0006	N/A	0.0016
51	0.0300	0.0050	0.0017	0.0007	N/A	0.0017
52	0.0300	0.0050	0.0018	0.0008	N/A	0.0018
53	0.0300	0.0050	0.0019	0.0009	N/A	0.0020
54	0.0500	0.0050	0.0020	0.0010	N/A	0.0021
55	0.0800	0.0050	0.0022	0.0011	N/A	0.0023
56	0.1000	0.0050	0.0022	0.0011	N/A	0.0025
57	0.1400	0.0050	0.0024	0.0012	N/A	0.0028
58	0.1800	0.0050	0.0027	0.0014	N/A	0.0030
59	0.2000	0.0050	0.0030	0.0015	N/A	0.0033
60	0.2200	0.0050	0.0034	0.0017	N/A	0.0036
61	0.2500	0.0050	0.0037	0.0019	N/A	0.0039
62	0.3500	0.0050	0.0040	0.0020	N/A	0.0043
63	0.2500	0.0050	0.0043	0.0022	N/A	0.0047
64	0.2500	0.0050	0.0047	0.0024	N/A	0.0050
65	0.3000	0.0050	0.0051	0.0026	N/A	0.0054
66	0.2400	0.0050	0.0056	0.0028	N/A	0.0058
67	0.2400	0.0050	0.0061	0.0030	N/A	0.0062
68	0.2400	0.0050	0.0066	0.0032	N/A	0.0066
69	0.2400	0.0050	0.0072	0.0034	N/A	0.0069
70	0.3000	0.0050	0.0072	0.0036	N/A	0.0073
71	0.3000	0.0050	0.0072	0.0038	N/A	0.0076
72	0.3000	0.0050	0.0072	0.0040	N/A	0.0079
73	0.3000	0.0050	0.0072	0.0042	N/A	0.0085
74	0.3000	0.0050	0.0072	0.0044	N/A	0.0093
75	1.0000	0.0000	0.0000	0.0046	N/A	0.0103



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0003	0	0.0900
19	0.0000	0.0002	0.0001	N/A	0.0003	1	0.0650
20	0.0000	0.0002	0.0001	N/A	0.0003	2	0.0500
21	0.0000	0.0002	0.0001	N/A	0.0004	3	0.0400
22	0.0000	0.0002	0.0001	N/A	0.0004	4	0.0300
23	0.0000	0.0002	0.0001	N/A	0.0004	5	0.0283
24	0.0000	0.0002	0.0001	N/A	0.0004	6	0.0267
25	0.0000	0.0002	0.0001	N/A	0.0004	7	0.0250
26	0.0000	0.0002	0.0001	N/A	0.0004	8	0.0236
27	0.0000	0.0002	0.0001	N/A	0.0004	9	0.0222
28	0.0000	0.0002	0.0001	N/A	0.0004	10	0.0208
29	0.0000	0.0002	0.0001	N/A	0.0004	11	0.0194
30	0.0000	0.0002	0.0001	N/A	0.0004	12	0.0180
31	0.0000	0.0002	0.0001	N/A	0.0005	13	0.0168
32	0.0000	0.0002	0.0001	N/A	0.0006	14	0.0156
33	0.0000	0.0003	0.0001	N/A	0.0006	15	0.0144
34	0.0000	0.0003	0.0001	N/A	0.0007	16	0.0132
35	0.0000	0.0004	0.0001	N/A	0.0008	17	0.0120
36	0.0000	0.0004	0.0002	N/A	0.0008	18	0.0112
37	0.0000	0.0005	0.0001	N/A	0.0009	19	0.0104
38	0.0000	0.0006	0.0002	N/A	0.0010	20	0.0096
39	0.0000	0.0006	0.0002	N/A	0.0010	21	0.0088
40	0.0200	0.0006	0.0002	N/A	0.0011	22	0.0080
41	0.0200	0.0007	0.0003	N/A	0.0011	23	0.0076
42	0.0200	0.0008	0.0003	N/A	0.0012	24	0.0072
43	0.0200	0.0009	0.0003	N/A	0.0013	25	0.0068
44	0.0200	0.0010	0.0004	N/A	0.0014	26	0.0064
45	0.0200	0.0011	0.0004	N/A	0.0015	27	0.0060
46	0.0200	0.0012	0.0005	N/A	0.0016	28	0.0060
47	0.0200	0.0013	0.0005	N/A	0.0017	29	0.0060
48	0.0200	0.0014	0.0005	N/A	0.0019	30 & Above	0.0000
49	0.0200	0.0016	0.0006	N/A	0.0020		
50	0.0200	0.0017	0.0006	N/A	0.0021		
51	0.0200	0.0018	0.0007	N/A	0.0023		
52	0.0200	0.0020	0.0008	N/A	0.0024		
53	0.0200	0.0022	0.0008	N/A	0.0026		
54	0.0200	0.0025	0.0009	N/A	0.0028		
55	0.0250	0.0027	0.0010	N/A	0.0030		
56	0.0250	0.0030	0.0011	N/A	0.0033		
57	0.0300	0.0032	0.0012	N/A	0.0036		
58	0.0400	0.0036	0.0013	N/A	0.0040		
59	0.0600	0.0040	0.0015	N/A	0.0044		
60	0.0600	0.0044	0.0016	N/A	0.0049		
61	0.0700	0.0048	0.0018	N/A	0.0054		
62	0.1000	0.0052	0.0019	N/A	0.0059		
63	0.0900	0.0052	0.0024	N/A	0.0065		
64	0.1500	0.0052	0.0029	N/A	0.0070		
65	0.2400	0.0052	0.0034	N/A	0.0076		
66	0.2000	0.0052	0.0039	N/A	0.0081		
67	0.2000	0.0052	0.0044	N/A	0.0086		
68	0.2000	0.0052	0.0049	N/A	0.0091		
69	0.2000	0.0052	0.0054	N/A	0.0095		
70	0.2500	0.0052	0.0059	N/A	0.0099		
71	0.2500	0.0052	0.0064	N/A	0.0104		
72	0.2500	0.0052	0.0069	N/A	0.0112		
73	0.2500	0.0052	0.0074	N/A	0.0123		
74	0.2500	0.0052	0.0079	N/A	0.0137		
75	1.0000	0.0000	0.0084	N/A	0.0151		



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0002	0	0.0900
19	0.0000	0.0002	0.0001	N/A	0.0002	1	0.0650
20	0.0000	0.0002	0.0001	N/A	0.0002	2	0.0500
21	0.0000	0.0002	0.0001	N/A	0.0002	3	0.0400
22	0.0000	0.0002	0.0001	N/A	0.0002	4	0.0300
23	0.0000	0.0002	0.0001	N/A	0.0002	5	0.0283
24	0.0000	0.0002	0.0001	N/A	0.0002	6	0.0267
25	0.0000	0.0002	0.0001	N/A	0.0002	7	0.0250
26	0.0000	0.0002	0.0001	N/A	0.0002	8	0.0236
27	0.0000	0.0002	0.0001	N/A	0.0002	9	0.0222
28	0.0000	0.0002	0.0001	N/A	0.0002	10	0.0208
29	0.0000	0.0002	0.0001	N/A	0.0002	11	0.0194
30	0.0000	0.0002	0.0001	N/A	0.0002	12	0.0180
31	0.0000	0.0002	0.0001	N/A	0.0003	13	0.0168
32	0.0000	0.0002	0.0001	N/A	0.0003	14	0.0156
33	0.0000	0.0003	0.0001	N/A	0.0003	15	0.0144
34	0.0000	0.0003	0.0001	N/A	0.0004	16	0.0132
35	0.0000	0.0004	0.0001	N/A	0.0004	17	0.0120
36	0.0000	0.0004	0.0002	N/A	0.0005	18	0.0112
37	0.0000	0.0005	0.0001	N/A	0.0005	19	0.0104
38	0.0000	0.0006	0.0002	N/A	0.0006	20	0.0096
39	0.0000	0.0006	0.0002	N/A	0.0006	21	0.0088
40	0.0200	0.0006	0.0002	N/A	0.0006	22	0.0080
41	0.0200	0.0007	0.0003	N/A	0.0007	23	0.0076
42	0.0200	0.0008	0.0003	N/A	0.0008	24	0.0072
43	0.0200	0.0009	0.0003	N/A	0.0009	25	0.0068
44	0.0200	0.0010	0.0004	N/A	0.0009	26	0.0064
45	0.0200	0.0011	0.0004	N/A	0.0010	27	0.0060
46	0.0200	0.0012	0.0005	N/A	0.0011	28	0.0060
47	0.0200	0.0013	0.0005	N/A	0.0012	29	0.0060
48	0.0200	0.0014	0.0006	N/A	0.0013	30 & Above	0.0000
49	0.0200	0.0014	0.0006	N/A	0.0014		
50	0.0200	0.0016	0.0006	N/A	0.0016		
51	0.0200	0.0017	0.0007	N/A	0.0017		
52	0.0200	0.0018	0.0008	N/A	0.0018		
53	0.0200	0.0019	0.0009	N/A	0.0020		
54	0.0200	0.0020	0.0010	N/A	0.0021		
55	0.0250	0.0022	0.0011	N/A	0.0023		
56	0.0250	0.0022	0.0011	N/A	0.0025		
57	0.0300	0.0024	0.0012	N/A	0.0028		
58	0.0400	0.0027	0.0014	N/A	0.0030		
59	0.0600	0.0030	0.0015	N/A	0.0033		
60	0.0600	0.0034	0.0017	N/A	0.0036		
61	0.0700	0.0037	0.0019	N/A	0.0039		
62	0.1000	0.0040	0.0020	N/A	0.0043		
63	0.0900	0.0043	0.0022	N/A	0.0047		
64	0.1500	0.0047	0.0024	N/A	0.0050		
65	0.2400	0.0051	0.0026	N/A	0.0054		
66	0.2000	0.0056	0.0028	N/A	0.0058		
67	0.2000	0.0061	0.0030	N/A	0.0062		
68	0.2000	0.0066	0.0032	N/A	0.0066		
69	0.2000	0.0072	0.0034	N/A	0.0069		
70	0.2500	0.0072	0.0036	N/A	0.0073		
71	0.2500	0.0072	0.0038	N/A	0.0076		
72	0.2500	0.0072	0.0040	N/A	0.0079		
73	0.2500	0.0072	0.0042	N/A	0.0085		
74	0.2500	0.0072	0.0044	N/A	0.0093		
75	1.0000	0.0000	0.0046	N/A	0.0103		

Los Angeles County Other Post Employment Benefits Program

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0003	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0003	1	0.0900
20	0.0000	N/A	N/A	N/A	0.0003	2	0.0700
21	0.0000	N/A	N/A	N/A	0.0004	3	0.0550
22	0.0000	N/A	N/A	N/A	0.0004	4	0.0450
23	0.0000	N/A	N/A	N/A	0.0004	5	0.0407
24	0.0000	N/A	N/A	N/A	0.0004	6	0.0363
25	0.0000	N/A	N/A	N/A	0.0004	7	0.0320
26	0.0000	N/A	N/A	N/A	0.0004	8	0.0304
27	0.0000	N/A	N/A	N/A	0.0004	9	0.0288
28	0.0000	N/A	N/A	N/A	0.0004	10	0.0272
29	0.0000	N/A	N/A	N/A	0.0004	11	0.0256
30	0.0000	N/A	N/A	N/A	0.0004	12	0.0240
31	0.0000	N/A	N/A	N/A	0.0005	13	0.0228
32	0.0000	N/A	N/A	N/A	0.0006	14	0.0216
33	0.0000	N/A	N/A	N/A	0.0006	15	0.0204
34	0.0000	N/A	N/A	N/A	0.0007	16	0.0192
35	0.0000	N/A	N/A	N/A	0.0008	17	0.0180
36	0.0000	N/A	N/A	N/A	0.0008	18	0.0174
37	0.0000	N/A	N/A	N/A	0.0009	19	0.0168
38	0.0000	N/A	N/A	N/A	0.0010	20	0.0162
39	0.0000	N/A	N/A	N/A	0.0010	21	0.0156
40	0.0000	N/A	N/A	N/A	0.0011	22	0.0150
41	0.0000	N/A	N/A	N/A	0.0011	23	0.0144
42	0.0000	N/A	N/A	N/A	0.0012	24	0.0138
43	0.0000	N/A	N/A	N/A	0.0013	25	0.0132
44	0.0000	N/A	N/A	N/A	0.0014	26	0.0126
45	0.0000	N/A	N/A	N/A	0.0015	27	0.0120
46	0.0000	N/A	N/A	N/A	0.0016	28	0.0120
47	0.0000	N/A	N/A	N/A	0.0017	29	0.0120
48	0.0000	N/A	N/A	N/A	0.0019	30 & Above	0.0120
49	0.0000	N/A	N/A	N/A	0.0020		
50	0.0000	N/A	N/A	N/A	0.0021		
51	0.0000	N/A	N/A	N/A	0.0023		
52	0.0000	N/A	N/A	N/A	0.0024		
53	0.0000	N/A	N/A	N/A	0.0026		
54	0.0000	N/A	N/A	N/A	0.0028		
55	0.0300	N/A	N/A	N/A	0.0030		
56	0.0300	N/A	N/A	N/A	0.0033		
57	0.0300	N/A	N/A	N/A	0.0036		
58	0.0300	N/A	N/A	N/A	0.0040		
59	0.0350	N/A	N/A	N/A	0.0044		
60	0.0500	N/A	N/A	N/A	0.0049		
61	0.0700	N/A	N/A	N/A	0.0054		
62	0.1000	N/A	N/A	N/A	0.0059		
63	0.0900	N/A	N/A	N/A	0.0065		
64	0.1600	N/A	N/A	N/A	0.0070		
65	0.2500	N/A	N/A	N/A	0.0076		
66	0.1800	N/A	N/A	N/A	0.0081		
67	0.1800	N/A	N/A	N/A	0.0086		
68	0.1800	N/A	N/A	N/A	0.0091		
69	0.1800	N/A	N/A	N/A	0.0095		
70	0.2500	N/A	N/A	N/A	0.0099		
71	0.2500	N/A	N/A	N/A	0.0104		
72	0.2500	N/A	N/A	N/A	0.0112		
73	0.2500	N/A	N/A	N/A	0.0123		
74	0.2500	N/A	N/A	N/A	0.0137		
75	1.0000	N/A	N/A	N/A	0.0151		

Los Angeles County Other Post Employment Benefits Program

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	N/A	N/A	N/A	0.0002	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0002	1	0.0900
20	0.0000	N/A	N/A	N/A	0.0002	2	0.0700
21	0.0000	N/A	N/A	N/A	0.0002	3	0.0550
22	0.0000	N/A	N/A	N/A	0.0002	4	0.0450
23	0.0000	N/A	N/A	N/A	0.0002	5	0.0407
24	0.0000	N/A	N/A	N/A	0.0002	6	0.0363
25	0.0000	N/A	N/A	N/A	0.0002	7	0.0320
26	0.0000	N/A	N/A	N/A	0.0002	8	0.0304
27	0.0000	N/A	N/A	N/A	0.0002	9	0.0288
28	0.0000	N/A	N/A	N/A	0.0002	10	0.0272
29	0.0000	N/A	N/A	N/A	0.0002	11	0.0256
30	0.0000	N/A	N/A	N/A	0.0002	12	0.0240
31	0.0000	N/A	N/A	N/A	0.0003	13	0.0228
32	0.0000	N/A	N/A	N/A	0.0003	14	0.0216
33	0.0000	N/A	N/A	N/A	0.0003	15	0.0204
34	0.0000	N/A	N/A	N/A	0.0004	16	0.0192
35	0.0000	N/A	N/A	N/A	0.0004	17	0.0180
36	0.0000	N/A	N/A	N/A	0.0005	18	0.0174
37	0.0000	N/A	N/A	N/A	0.0005	19	0.0168
38	0.0000	N/A	N/A	N/A	0.0006	20	0.0162
39	0.0000	N/A	N/A	N/A	0.0006	21	0.0156
40	0.0000	N/A	N/A	N/A	0.0006	22	0.0150
41	0.0000	N/A	N/A	N/A	0.0007	23	0.0144
42	0.0000	N/A	N/A	N/A	0.0008	24	0.0138
43	0.0000	N/A	N/A	N/A	0.0009	25	0.0132
44	0.0000	N/A	N/A	N/A	0.0009	26	0.0126
45	0.0000	N/A	N/A	N/A	0.0010	27	0.0120
46	0.0000	N/A	N/A	N/A	0.0011	28	0.0120
47	0.0000	N/A	N/A	N/A	0.0012	29	0.0120
48	0.0000	N/A	N/A	N/A	0.0013	30 & Above	0.0120
49	0.0000	N/A	N/A	N/A	0.0014		
50	0.0000	N/A	N/A	N/A	0.0016		
51	0.0000	N/A	N/A	N/A	0.0017		
52	0.0000	N/A	N/A	N/A	0.0018		
53	0.0000	N/A	N/A	N/A	0.0020		
54	0.0000	N/A	N/A	N/A	0.0021		
55	0.0300	N/A	N/A	N/A	0.0023		
56	0.0300	N/A	N/A	N/A	0.0025		
57	0.0300	N/A	N/A	N/A	0.0028		
58	0.0300	N/A	N/A	N/A	0.0030		
59	0.0350	N/A	N/A	N/A	0.0033		
60	0.0500	N/A	N/A	N/A	0.0036		
61	0.0700	N/A	N/A	N/A	0.0039		
62	0.1000	N/A	N/A	N/A	0.0043		
63	0.0900	N/A	N/A	N/A	0.0047		
64	0.1600	N/A	N/A	N/A	0.0050		
65	0.2500	N/A	N/A	N/A	0.0054		
66	0.1800	N/A	N/A	N/A	0.0058		
67	0.1800	N/A	N/A	N/A	0.0062		
68	0.1800	N/A	N/A	N/A	0.0066		
69	0.1800	N/A	N/A	N/A	0.0069		
70	0.2500	N/A	N/A	N/A	0.0073		
71	0.2500	N/A	N/A	N/A	0.0076		
72	0.2500	N/A	N/A	N/A	0.0079		
73	0.2500	N/A	N/A	N/A	0.0085		
74	0.2500	N/A	N/A	N/A	0.0093		
75	1.0000	N/A	N/A	N/A	0.0103		

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**Table A-12: Rate of Separation From Active Service For Safety Members
Plan A & B - Male**

<u>Age</u>	<u>Service Retirement</u>	<u>Service Disability</u>	<u>Ordinary Disability</u>	<u>Service Death</u>	<u>Ordinary Death</u>	<u>Years of Service</u>	<u>Other Terminations</u>
18	0.0000	0.0050	0.0003	0.0001	0.0002	0	0.0500
19	0.0000	0.0050	0.0003	0.0001	0.0002	1	0.0425
20	0.0000	0.0050	0.0003	0.0001	0.0002	2	0.0350
21	0.0000	0.0050	0.0003	0.0001	0.0002	3	0.0300
22	0.0000	0.0050	0.0003	0.0001	0.0002	4	0.0250
23	0.0000	0.0050	0.0003	0.0001	0.0003	5	0.0217
24	0.0000	0.0050	0.0003	0.0001	0.0003	6	0.0183
25	0.0000	0.0050	0.0003	0.0001	0.0003	7	0.0150
26	0.0000	0.0050	0.0003	0.0001	0.0003	8	0.0132
27	0.0000	0.0050	0.0003	0.0001	0.0003	9	0.0114
28	0.0000	0.0050	0.0003	0.0001	0.0003	10	0.0096
29	0.0000	0.0050	0.0003	0.0001	0.0003	11	0.0078
30	0.0000	0.0050	0.0003	0.0001	0.0004	12	0.0060
31	0.0000	0.0050	0.0003	0.0001	0.0004	13	0.0056
32	0.0000	0.0050	0.0003	0.0001	0.0004	14	0.0052
33	0.0000	0.0052	0.0003	0.0001	0.0004	15	0.0048
34	0.0000	0.0054	0.0003	0.0001	0.0004	16	0.0044
35	0.0000	0.0056	0.0003	0.0001	0.0004	17	0.0040
36	0.0000	0.0058	0.0003	0.0001	0.0004	18	0.0032
37	0.0000	0.0060	0.0003	0.0001	0.0004	19	0.0024
38	0.0000	0.0064	0.0003	0.0001	0.0004	20 & Above	0.0000
39	0.0000	0.0068	0.0003	0.0001	0.0004		
40	0.0100	0.0072	0.0004	0.0001	0.0005		
41	0.0100	0.0076	0.0004	0.0001	0.0006		
42	0.0100	0.0080	0.0004	0.0001	0.0006		
43	0.0100	0.0088	0.0004	0.0001	0.0007		
44	0.0100	0.0096	0.0004	0.0001	0.0008		
45	0.0100	0.0104	0.0005	0.0001	0.0008		
46	0.0100	0.0112	0.0005	0.0001	0.0009		
47	0.0100	0.0120	0.0005	0.0001	0.0010		
48	0.0100	0.0136	0.0005	0.0001	0.0010		
49	0.0100	0.0152	0.0006	0.0001	0.0011		
50	0.0100	0.0168	0.0007	0.0001	0.0011		
51	0.0200	0.0184	0.0007	0.0001	0.0012		
52	0.0250	0.0200	0.0008	0.0001	0.0013		
53	0.0300	0.0300	0.0009	0.0001	0.0014		
54	0.1200	0.0500	0.0010	0.0001	0.0015		
55	0.2400	0.1500	0.0020	0.0001	0.0016		
56	0.1800	0.1500	0.0022	0.0001	0.0017		
57	0.1800	0.1500	0.0024	0.0001	0.0019		
58	0.2000	0.1500	0.0024	0.0001	0.0020		
59	0.3000	0.1500	0.0024	0.0001	0.0021		
60	1.0000	0.0000	0.0000	0.0000	0.0000		

Los Angeles County Other Post Employment Benefits Program

**Table A-13: Rate of Separation From Active Service For Safety Members
Plan A & B - Female**

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0050	0.0006	0.0001	0.0002	0	0.0500
19	0.0000	0.0050	0.0006	0.0001	0.0002	1	0.0425
20	0.0000	0.0050	0.0006	0.0001	0.0002	2	0.0350
21	0.0000	0.0050	0.0006	0.0001	0.0002	3	0.0300
22	0.0000	0.0050	0.0006	0.0001	0.0002	4	0.0250
23	0.0000	0.0050	0.0006	0.0001	0.0002	5	0.0217
24	0.0000	0.0050	0.0006	0.0001	0.0002	6	0.0183
25	0.0000	0.0050	0.0006	0.0001	0.0002	7	0.0150
26	0.0000	0.0050	0.0006	0.0001	0.0002	8	0.0132
27	0.0000	0.0050	0.0006	0.0001	0.0002	9	0.0114
28	0.0000	0.0050	0.0006	0.0001	0.0002	10	0.0096
29	0.0000	0.0050	0.0006	0.0001	0.0002	11	0.0078
30	0.0000	0.0060	0.0006	0.0001	0.0002	12	0.0060
31	0.0000	0.0070	0.0006	0.0001	0.0003	13	0.0056
32	0.0000	0.0080	0.0006	0.0001	0.0003	14	0.0052
33	0.0000	0.0090	0.0006	0.0001	0.0003	15	0.0048
34	0.0000	0.0100	0.0006	0.0001	0.0004	16	0.0044
35	0.0000	0.0110	0.0008	0.0001	0.0004	17	0.0040
36	0.0000	0.0120	0.0008	0.0001	0.0005	18	0.0032
37	0.0000	0.0125	0.0008	0.0001	0.0005	19	0.0024
38	0.0000	0.0130	0.0008	0.0001	0.0006	20 & Above	0.0000
39	0.0000	0.0135	0.0008	0.0001	0.0006		
40	0.0100	0.0140	0.0010	0.0001	0.0006		
41	0.0100	0.0145	0.0010	0.0001	0.0007		
42	0.0100	0.0150	0.0010	0.0001	0.0008		
43	0.0100	0.0155	0.0010	0.0001	0.0009		
44	0.0100	0.0160	0.0012	0.0001	0.0009		
45	0.0100	0.0165	0.0012	0.0001	0.0010		
46	0.0100	0.0170	0.0014	0.0001	0.0011		
47	0.0100	0.0175	0.0014	0.0001	0.0012		
48	0.0100	0.0180	0.0016	0.0001	0.0013		
49	0.0100	0.0185	0.0020	0.0001	0.0014		
50	0.0100	0.0190	0.0022	0.0001	0.0016		
51	0.0200	0.0300	0.0026	0.0001	0.0017		
52	0.0250	0.0350	0.0028	0.0001	0.0018		
53	0.0300	0.0400	0.0034	0.0001	0.0020		
54	0.1200	0.0450	0.0040	0.0001	0.0021		
55	0.2400	0.0700	0.0048	0.0001	0.0023		
56	0.1800	0.1200	0.0054	0.0001	0.0025		
57	0.1800	0.1200	0.0060	0.0001	0.0028		
58	0.2000	0.1200	0.0066	0.0001	0.0030		
59	0.3000	0.1200	0.0072	0.0001	0.0033		
60	1.0000	0.0000	0.0000	0.0000	0.0000		

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Table A-14: Probability of Initial Medical Enrollment

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	14%
10-14	51%
15-19	72%
20-24	86%
25+, Disabled	100%

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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	Blue Cross Prudent Buyer Plan	Retiree Only	1.0%	2.0%		
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	2.0%			
203	Blue Cross Prudent Buyer Plan	Retiree and Family	2.0%			
204	Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Blue Cross Prudent Buyer Plan	Survivor				
211	Blue Cross I	Retiree Only		1.0%		
212	Blue Cross I	Retiree and Spouse	1.0%	1.0%		
213	Blue Cross I	Retiree, Spouse and Children				
214	Blue Cross I	Retiree and Children				
215	Blue Cross I	Survivor				
221	Blue Cross II	Retiree Only	5.0%	9.0%	1.0%	2.0%
222	Blue Cross II	Retiree and Spouse	14.0%	8.0%	3.0%	1.0%
223	Blue Cross II	Retiree, Spouse and Children	7.0%	2.0%		
224	Blue Cross II	Retiree and Children	1.0%	1.0%		
225	Blue Cross II	Survivor				
240	Blue Cross III	One Medicare			8.0%	18.0%
241	Blue Cross III	Retiree and Spouse 1 Medicare				
242	Blue Cross III	Retiree and Spouse 1 Medicare			9.0%	1.0%
243	Blue Cross III	Retiree and Spouse 2 Medicare			10.0%	6.0%
244	Blue Cross III	Retiree and Children 1 Medicare				
245	Blue Cross III	Retiree and Children 1 Medicare				
246	Blue Cross III	Retiree and Family 1 Medicare				
247	Blue Cross III	Retiree and Family 1 Medicare				
248	Blue Cross III	Retiree and Family 2 Medicare				
249	Blue Cross III	Retiree and Family 2 Medicare				
301	CIGNA Network Model Plan	Retiree Only	2.0%	2.0%		2.0%
302	CIGNA Network Model Plan	Retiree and Spouse	4.0%	1.0%	3.0%	
303	CIGNA Network Model Plan	Retiree and Family	2.0%	1.0%		
304	CIGNA Network Model Plan	Retiree and Children		1.0%		
305	CIGNA Network Model Plan	Survivor				
321	CIGNA Healthcare for Seniors	Risk-Retiree Only				
322	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse				
324	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse (Both Risk)				
401	Kaiser (CA) Basic	Retiree Basic (Under 65)	13.0%	33.0%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			14.0%	33.0%
404	Kaiser (CA)	Retiree Excess			2.0%	3.0%
405	Kaiser (CA)	Retiree Excess - Part B			2.0%	5.0%
406	Kaiser (CA)	Excess - Medicare Not Provided (MNP)			1.0%	1.0%
411	Kaiser (CA) Basic	Family Basic	38.0%	24.0%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			14.0%	3.0%
414	Kaiser (CA)	One Excess, 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, One Cost ("M" Coverage)				
418	Kaiser (CA)	Two+ Advantage			14.0%	12.0%
419	Kaiser (CA)	One Excess, One Advantage			1.0%	1.0%
420	Kaiser (CA)	Two+ Excess				
421	Kaiser (CA) Basic	Survivor				
422	Kaiser (CA)	One Excess II, One Basic			2.0%	
423	Kaiser (CA)	One Excess (MNP), One Basic			1.0%	
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess (MNP)				
426	Kaiser (CA)	One Risk, One Excess				
427	Kaiser (CA)	One Risk, One Excess (MNP)				
428	Kaiser (CA)	Two Excess				
429	Kaiser (CA)	Two Excess, One (MNP)				
430	Kaiser (CA)	Two Excess - Part B				
431	Kaiser (CA)	Two Excess - Part B, One (MNP)				
432	Kaiser (CA)	Two Excess - Both (MNP)				

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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
Blue Cross I	50% Blue Cross I 50% Blue Cross III
Blue Cross II	50% Blue Cross II 50% Blue Cross III
Blue Cross Prudent Buyer	50% Blue Cross Prudent Buyer 50% Blue Cross III
CIGNA Network Model	100% CIGNA Network Model
PacifiCare	90% PacifiCare – Secure Horizons 5% CIGNA Network Model 5% Blue Cross III
Kaiser Permanente Retiree Basic	90% Senior Advantage 3% Retiree Excess I 3% Retiree Excess II 4% Excess III (MNP)
Kaiser Permanente Family Basic	65% Two + Advantage 2.5% One Excess I, One Advantage 5% One Advantage, One Excess II 20% One Advantage, One Excess III (MNP) 2.5% One Excess I, Others Excess II 2.5% Two Excess II, Part B 2.5% One Excess II, Others Excess III (MNP)
Firefighters Local 1014 Pre Age 65 Plan	100% Firefighters Local Post Age 65 Plan

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

- Blue Cross III
- CIGNA Healthcare for Seniors (AZ)
- SCAN
- Kaiser Senior Advantage
- PacifiCare – Secure Horizons

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

- PacifiCare Secure Horizons
- Firefighters Local 1014 Post Medicare Plan
- Blue Cross III
- CIGNA Healthcare for Seniors (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. The County does not pay the higher premiums, and we assume that there will be no shift in enrollment.

Los Angeles County Other Post Employment Benefits Program

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 5% 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 pension option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse has retiree medical, Part B, or dental 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 90% 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 90% of the 10% or 9% 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 pension 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.

Los Angeles County Other Post Employment Benefits Program

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

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	18%
10-14	53%
15-19	74%
20-24	84%
25+, Disabled	100%

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

<u>Tier</u>	<u>CIGNA Indemnity Dental / Vision</u>			<u>CIGNA HMO Dental / Vision</u>		
	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Survivor</u>	<u>Retiree Only</u>	<u>Retiree and Dependents</u>	<u>Survivor</u>
Deduction Code	501	502	503	901	902	903
Percentage						
Male	21%	63%	0%	5%	11%	0%
Female	48%	35%	0%	11%	6%	0%

Los Angeles County Other Post Employment Benefits Program

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 \$3.00 per retiree monthly administration fee.

Pre and Post Age 65 Monthly Rates Effective July 1, 2008 PacifiCare is Pre Age 65 Only

Tier	Blue Cross - Plan I	Blue Cross - Plan II	Blue Cross - Prudent Buyer	CIGNA	PacifiCare
Retiree Only	\$818.32	\$818.32	\$485.40	\$830.98	
Retiree & Spouse	\$1,476.63	\$1,476.63	\$955.76	\$1,500.95	
Retiree & Family	\$1,742.10	\$1,742.10	\$1,078.72	\$1,772.69	
Retiree & Children	\$1,083.24	\$1,083.24	\$624.10	\$1,103.04	
Minor Survivor	\$270.09	\$270.09	\$131.89	\$275.05	\$200.76
PacifiCare Single					\$690.10
PacifiCare Two-Party					\$1,301.70
PacifiCare Family					\$1,573.18

Pre and Post Age 65 Monthly Rates Effective July 1, 2009 PacifiCare is Pre Age 65 Only

Tier	Blue Cross - Plan I	Blue Cross - Plan II	Blue Cross - Prudent Buyer	CIGNA	PacifiCare
Retiree Only	\$849.06	\$849.06	\$522.74	\$864.10	
Retiree & Spouse	\$1,532.19	\$1,532.19	\$1,029.50	\$1,560.87	
Retiree & Family	\$1,807.66	\$1,807.66	\$1,161.98	\$1,843.48	
Retiree & Children	\$1,123.97	\$1,123.97	\$672.17	\$1,147.04	
Minor Survivor	\$280.16	\$280.16	\$141.87	\$285.93	\$238.06
PacifiCare Single					\$837.93
PacifiCare Two-Party					\$1,530.94
PacifiCare Family					\$1,807.99

**Table A-20
(continued)**

Post Age 65 Monthly Rates Effective July 1, 2008

Tier	Blue Cross - Plan III	SCAN	Secure Horizons / PacifiCare
One Medicare	\$297.98		
Retiree & Spouse- 1 Medicare	\$955.07		
Retiree & Spouse- 2 Medicare	\$594.14		
Retiree & Children- 1 Medicare	\$534.41		
Retiree & Family- 1 Medicare	\$1,191.43		
Retiree & Family- 2 Medicare	\$830.46		
Retiree Only		\$193.03	\$268.84
Retiree & 1 Dependent (1 Medicare)			\$955.94
Retiree & 1 Dependent (2 Medicare)		\$383.06	\$534.68
Retiree & 2 + Deps. (1 Medicare)			\$1,151.92
Retiree & 2 + Deps. (2 Medicare)			\$730.66

Post Age 65 Monthly Rates Effective July 1, 2009

Tier	Blue Cross - Plan III	SCAN	Secure Horizons / PacifiCare
One Medicare	\$309.69		
Retiree & Spouse- 1 Medicare	\$992.87		
Retiree & Spouse- 2 Medicare	\$617.61		
Retiree & Children- 1 Medicare	\$555.51		
Retiree & Family- 1 Medicare	\$1,238.61		
Retiree & Family- 2 Medicare	\$863.31		
Retiree Only		\$193.03	\$294.63
Retiree & 1 Dependent (1 Medicare)			\$1,129.56
Retiree & 1 Dependent (2 Medicare)		\$383.06	\$586.26
Retiree & 2 + Deps. (1 Medicare)			\$1,264.69
Retiree & 2 + Deps. (2 Medicare)			\$721.39

**Table A-20
(continued)**

Kaiser Monthly Rates

Effective Date	July 1, 2008	July 1, 2009
Retiree Basic (Under 65)	\$611.72	\$657.69
Retiree Cost ("M" Coverage)	\$683.48	\$722.37
Retiree Risk (Senior Advantage)	\$213.42	\$213.42
Retiree Excess	\$776.75	\$836.55
Retiree Excess - Part B	\$654.10	\$701.67
Excess - Medicare Not Provided (MNP)	\$1,108.36	\$1,169.15
Family Basic	\$1,220.44	\$1,312.38
One Cost ("M" Coverage), Others Basic	\$1,292.20	\$1,377.06
One Advantage, Others Basic	\$822.14	\$868.11
One Excess, Others Basic	\$1,385.47	\$1,491.24
Two+ Cost ("M" Coverage)	\$1,363.96	\$1,441.74
One Advantage, One Cost ("M" Coverage)	\$893.90	\$932.79
One Excess, One Cost ("M" Coverage)	\$1,457.23	\$1,555.92
Two+ Advantage	\$423.84	\$423.84
One Excess, One Advantage	\$987.17	\$1,046.97
Two+ Excess	\$1,550.50	\$1,670.10
One Excess, One Basic	\$1,262.82	\$1,356.36
One Excess (MNP), One Basic	\$1,717.08	\$1,823.84
One Cost ("M" Coverage), One Excess	\$1,334.58	\$1,421.04
One Cost ("M" Coverage), One Excess (MNP)	\$1,788.84	\$1,888.52
One Risk, One Excess	\$864.52	\$912.09
One Risk, One Excess (MNP)	\$1,318.78	\$1,379.57
Two Excess	\$1,427.85	\$1,535.22
Two Excess, One (MNP)	\$1,882.11	\$2,002.70
Two Excess - Part B	\$1,305.20	\$1,400.34
Two Excess - Part B, One (MNP)	\$1,759.46	\$1,867.82
Two Excess - Both (MNP)	\$2,213.72	\$2,335.30
Survivor	\$611.72	\$657.69

Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2008	July 1, 2009
Medical Member Under 65	\$785.16	\$823.08
Medical Member + 1 Under 65	\$1,415.70	\$1,484.08
Medical Member + 2 Under 65	\$1,669.94	\$1,750.60
Medical Member with Medicare	\$785.16	\$823.08
Medical Member + 1: 1 MDC	\$1,415.70	\$1,484.08
Medical Member + 1; 2 MDC	\$1,415.70	\$1,484.08
Medical Member + 2; 1 MDC	\$1,669.94	\$1,750.60
Medical Member + 2; 2 MDC	\$1,669.94	\$1,750.60
Medical Surviving Spouse Under 65	\$785.16	\$823.08
Medical Surviving Spouse + 1 Under 65	\$1,415.70	\$1,484.08
Medical Surviving Spouse + 2 Under 65	\$1,669.94	\$1,750.60
Medical Surviving Spouse with MDC	\$785.16	\$823.08
Medical Surviving Spouse + 1; 1 MDC	\$1,415.70	\$1,484.08
Medical Surviving Spouse + 2; 1 MDC	\$1,669.94	\$1,750.60
Medical Surviving Spouse + 1; 2 MDC	\$1,415.70	\$1,484.08

Dental / Vision Monthly Rates

Effective Date	July 1, 2008		July 1, 2009	
	CIGNA Dental HMO/Vision	CIGNA Indemnity Dental/Vision	CIGNA Dental HMO/Vision	CIGNA Indemnity Dental/Vision
Tier				
Retiree Only	\$33.82	\$41.51	\$33.90	\$42.24
Retiree & Dependents	\$72.82	\$90.64	\$72.99	\$92.29
Survivor	\$34.23	\$51.91	\$34.33	\$52.83

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 (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 non-disabled retiree.

FIREFIGHTERS LOCAL 1014 CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical, Dental / Vision, and Service Connected Disability

Contributions are the same as for the County.

Los Angeles County Other Post Employment Benefits Program

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:

- Blue Cross I and II (Combined)
- Blue Cross III
- Blue Cross Prudent Buyer
- CIGNA Healthcare for Seniors (AZ)
- PacifiCare
- PacifiCare Secure Horizons
- 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, 2008. 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.

LACERA Retiree Monthly Medical Claim Costs

A. Future Retirees Retiring Before Age 65

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 124.58	\$ 273.90	\$ 193.31	\$ 133.31	\$ 358.43	\$ 322.51
30	\$ 144.80	\$ 311.10	\$ 221.35	\$ 154.95	\$ 372.44	\$ 337.74
35	\$ 175.60	\$ 320.21	\$ 242.17	\$ 187.91	\$ 362.97	\$ 335.04
40	\$ 216.70	\$ 327.90	\$ 267.89	\$ 231.90	\$ 357.27	\$ 337.27
45	\$ 275.86	\$ 361.05	\$ 315.07	\$ 295.21	\$ 382.07	\$ 368.21
50	\$ 362.42	\$ 429.05	\$ 393.09	\$ 387.84	\$ 447.33	\$ 437.84
55	\$ 483.19	\$ 517.72	\$ 499.08	\$ 517.08	\$ 537.23	\$ 534.02
60	\$ 645.15	\$ 629.93	\$ 638.14	\$ 690.40	\$ 652.42	\$ 658.48
65 (Pre 65)	\$ 822.47	\$ 786.31	\$ 805.83	\$ 880.17	\$ 813.91	\$ 824.48
65 (Post 65)	\$ 370.98	\$ 306.87	\$ 339.49	\$ 347.18	\$ 356.07	\$ 353.61
70	\$ 458.64	\$ 386.93	\$ 423.42	\$ 429.21	\$ 448.96	\$ 443.50
75	\$ 536.44	\$ 452.36	\$ 495.14	\$ 502.02	\$ 524.88	\$ 518.56
80	\$ 585.94	\$ 491.44	\$ 539.53	\$ 548.34	\$ 570.23	\$ 564.18
85	\$ 609.83	\$ 512.40	\$ 561.98	\$ 570.70	\$ 594.55	\$ 587.96
90	\$ 620.54	\$ 522.58	\$ 572.43	\$ 580.73	\$ 606.36	\$ 599.28
95	\$ 620.54	\$ 522.58	\$ 572.43	\$ 580.73	\$ 606.36	\$ 599.28

B. Future Retirees Retiring After Age 65

Age	Retiree			Spouse/Dependents		
	Male	Female	Total	Male	Female	Total
25	N/A	N/A	N/A	\$ 131.36	\$ 361.77	\$ 325.01
30	N/A	N/A	N/A	\$ 152.69	\$ 375.91	\$ 340.30
35	N/A	N/A	N/A	\$ 185.16	\$ 366.35	\$ 337.44
40	N/A	N/A	N/A	\$ 228.50	\$ 360.60	\$ 339.52
45	N/A	N/A	N/A	\$ 290.89	\$ 385.63	\$ 370.51
50	N/A	N/A	N/A	\$ 382.16	\$ 451.50	\$ 440.44
55	N/A	N/A	N/A	\$ 509.52	\$ 542.24	\$ 537.02
60	N/A	N/A	N/A	\$ 680.31	\$ 658.51	\$ 661.99
65 (Pre 65)	N/A	N/A	N/A	\$ 867.30	\$ 821.50	\$ 828.81
65 (Post 65)	\$ 271.22	\$ 235.97	\$ 253.91	\$ 212.16	\$ 258.42	\$ 245.64
70	\$ 335.31	\$ 297.53	\$ 316.75	\$ 262.29	\$ 325.84	\$ 308.28
75	\$ 392.19	\$ 347.84	\$ 370.41	\$ 306.78	\$ 380.94	\$ 360.44
80	\$ 428.38	\$ 377.89	\$ 403.58	\$ 335.09	\$ 413.85	\$ 392.08
85	\$ 445.85	\$ 394.01	\$ 420.39	\$ 348.75	\$ 431.50	\$ 408.63
90	\$ 453.68	\$ 401.84	\$ 428.22	\$ 354.88	\$ 440.07	\$ 416.52
95	\$ 453.68	\$ 401.84	\$ 428.22	\$ 354.88	\$ 440.07	\$ 416.52

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

**Table A-21
(continued)**

Firefighters Local 1014 Plan Monthly Medical Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 192.74	\$ 420.22	\$ 193.25	\$ 198.76	\$ 547.88	\$ 543.40
30	\$ 224.03	\$ 477.29	\$ 224.60	\$ 231.03	\$ 569.30	\$ 564.96
35	\$ 271.67	\$ 491.26	\$ 272.17	\$ 280.17	\$ 554.82	\$ 551.30
40	\$ 335.26	\$ 503.07	\$ 335.64	\$ 345.75	\$ 546.11	\$ 543.54
45	\$ 426.80	\$ 553.94	\$ 427.09	\$ 440.15	\$ 584.02	\$ 582.18
50	\$ 560.72	\$ 658.28	\$ 560.94	\$ 578.26	\$ 683.77	\$ 682.42
55	\$ 747.58	\$ 794.32	\$ 747.69	\$ 770.96	\$ 821.19	\$ 820.55
60	\$ 998.17	\$ 966.48	\$ 998.10	\$ 1,029.38	\$ 997.27	\$ 997.68
65 (Pre 65)	\$ 1,272.53	\$ 1,206.40	\$ 1,272.38	\$ 1,312.32	\$ 1,244.12	\$ 1,244.99
65 (Post 65)	\$ 404.25	\$ 383.24	\$ 404.19	\$ 404.25	\$ 383.24	\$ 383.38
70	\$ 499.77	\$ 483.22	\$ 499.73	\$ 499.77	\$ 483.22	\$ 483.33
75	\$ 584.55	\$ 564.93	\$ 584.50	\$ 584.55	\$ 564.93	\$ 565.06
80	\$ 638.48	\$ 613.74	\$ 638.41	\$ 638.48	\$ 613.74	\$ 613.91
85	\$ 664.52	\$ 639.92	\$ 664.45	\$ 664.52	\$ 639.92	\$ 640.09
90	\$ 676.19	\$ 652.63	\$ 676.13	\$ 676.19	\$ 652.63	\$ 652.79
95	\$ 676.19	\$ 652.63	\$ 676.13	\$ 676.19	\$ 652.63	\$ 652.79

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 24.23	\$ 30.02	\$ 26.93	\$ 25.70	\$ 31.92	\$ 30.38
30	\$ 25.56	\$ 30.31	\$ 27.78	\$ 27.12	\$ 32.22	\$ 30.97
35	\$ 26.38	\$ 31.56	\$ 28.79	\$ 27.98	\$ 33.55	\$ 32.18
40	\$ 28.47	\$ 33.91	\$ 31.01	\$ 30.20	\$ 36.05	\$ 34.61
45	\$ 32.17	\$ 36.75	\$ 34.31	\$ 34.13	\$ 39.07	\$ 37.85
50	\$ 36.03	\$ 39.43	\$ 37.62	\$ 38.21	\$ 41.92	\$ 41.01
55	\$ 38.83	\$ 41.17	\$ 39.92	\$ 41.18	\$ 43.77	\$ 43.13
60	\$ 40.91	\$ 42.86	\$ 41.82	\$ 43.39	\$ 45.57	\$ 45.03
65	\$ 42.05	\$ 42.97	\$ 42.48	\$ 44.60	\$ 45.69	\$ 45.42
70	\$ 42.54	\$ 42.04	\$ 42.31	\$ 45.13	\$ 44.70	\$ 44.80
75	\$ 42.54	\$ 42.04	\$ 42.31	\$ 45.13	\$ 44.70	\$ 44.80
80	\$ 42.54	\$ 42.04	\$ 42.31	\$ 45.13	\$ 44.70	\$ 44.80
85	\$ 42.54	\$ 42.04	\$ 42.31	\$ 45.13	\$ 44.70	\$ 44.80
90	\$ 42.54	\$ 42.04	\$ 42.31	\$ 45.13	\$ 44.70	\$ 44.80
95	\$ 42.54	\$ 42.04	\$ 42.31	\$ 45.13	\$ 44.70	\$ 44.80

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.

**Table A-21
(continued)**

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
201	Blue Cross Prudent Buyer Plan	Retiree Only	\$ 450.77				\$ 450.77			\$ 336.53		
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	\$ 450.77	\$ 450.77	\$ 566.02		\$ 450.77	\$ 450.77		\$ 336.53	\$ 336.53	
203	Blue Cross Prudent Buyer Plan	Retiree and Family	\$ 450.77	\$ 450.77	\$ 566.02		\$ 450.77	\$ 450.77		\$ 336.53	\$ 336.53	
204	Blue Cross Prudent Buyer Plan	Retiree and Children	\$ 450.77	\$ 450.77	\$ 566.02		\$ 450.77			\$ 336.53		
205	Blue Cross Prudent Buyer Plan	Minor Survivor				\$ 566.02			\$ 566.02			
211	Blue Cross I	Retiree Only	\$ 504.73				\$ 504.73			\$ 363.51		
212	Blue Cross I	Retiree and Spouse	\$ 504.73	\$ 504.73	\$ 633.77		\$ 504.73	\$ 504.73		\$ 363.51	\$ 363.51	
213	Blue Cross I	Retiree, Spouse and Children	\$ 504.73	\$ 504.73	\$ 633.77		\$ 504.73	\$ 504.73		\$ 363.51	\$ 363.51	
214	Blue Cross I	Retiree and Children	\$ 504.73	\$ 504.73	\$ 633.77		\$ 504.73			\$ 363.51		
215	Blue Cross I	Minor Survivor				\$ 633.77			\$ 633.77			
221	Blue Cross II	Retiree Only	\$ 867.04				\$ 867.04			\$ 544.67		
222	Blue Cross II	Retiree and Spouse	\$ 867.04	\$ 867.04	\$ 1,088.70		\$ 867.04	\$ 867.04		\$ 544.67	\$ 544.67	
223	Blue Cross II	Retiree, Spouse and Children	\$ 867.04	\$ 867.04	\$ 1,088.70		\$ 867.04	\$ 867.04		\$ 544.67	\$ 544.67	
224	Blue Cross II	Retiree and Children	\$ 867.04	\$ 867.04	\$ 1,088.70		\$ 867.04			\$ 544.67		
225	Blue Cross II	Minor Survivor				\$ 1,088.70			\$ 1,088.70			
240	Blue Cross III	One Medicare					\$ 222.29			\$ 222.29		
241	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 784.67	\$ 784.67	\$ 985.28		\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
242	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 784.67	\$ 784.67	\$ 985.28		\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
243	Blue Cross III	Retiree and Spouse 2 Medicare					\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
244	Blue Cross III	Retiree and Children 1 Medicare		\$ 784.67	\$ 985.28		\$ 222.29			\$ 222.29	\$ 222.29	
245	Blue Cross III	Retiree and Children 1 Medicare		\$ 784.67	\$ 985.28		\$ 222.29			\$ 222.29	\$ 222.29	
246	Blue Cross III	Retiree and Family 1 Medicare	\$ 784.67	\$ 784.67	\$ 985.28		\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
247	Blue Cross III	Retiree and Family 1 Medicare	\$ 784.67	\$ 784.67	\$ 985.28		\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
248	Blue Cross III	Retiree and Family 2 Medicare		\$ 784.67	\$ 985.28		\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
249	Blue Cross III	Retiree and Family 2 Medicare		\$ 784.67	\$ 985.28		\$ 222.29	\$ 222.29		\$ 222.29	\$ 222.29	
301	CIGNA Network Model Plan	Retiree Only	\$ 960.68				\$ 681.18			\$ 681.18		
302	CIGNA Network Model Plan	Retiree and Spouse	\$ 960.68	\$ 960.68	\$ 1,206.28		\$ 681.18	\$ 681.18		\$ 681.18	\$ 681.18	
303	CIGNA Network Model Plan	Retiree and Family	\$ 960.68	\$ 960.68	\$ 1,206.28		\$ 681.18	\$ 681.18		\$ 681.18	\$ 681.18	
304	CIGNA Network Model Plan	Retiree and Children	\$ 960.68	\$ 960.68	\$ 1,206.28		\$ 681.18			\$ 681.18		
305	CIGNA Network Model Plan	Minor Survivor				\$ 1,206.28			\$ 1,206.28			
321	CIGNA Healthcare for Seniors	Risk-Retiree Only					\$ 167.26					
322	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse					\$ 167.26	\$ 167.26		\$ 167.26	\$ 167.26	
324	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse (Both Risk)					\$ 167.26	\$ 167.26				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 800.05							\$ 210.20		
402	Kaiser (CA)	Retiree Cost ("M" Coverage) Supp					\$ 514.31					
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 160.60					
404	Kaiser (CA)	Retiree Excess I					\$ 584.50					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 492.21					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 834.03					
411	Kaiser (CA)	Family Basic	\$ 800.05	\$ 800.05	\$ 1,004.59					\$ 271.83	\$ 271.31	



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**Table A-21
(continued)**

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
412	Kaiser (CA)	One Cost ("M" Coverage) Supp, Others Basic	\$ 800.05	\$ 800.05	\$ 1,004.59		\$ 514.31	\$ 515.37		\$ 514.31	\$ 271.31	
413	Kaiser (CA)	One Advantage, Others Basic	\$ 800.05	\$ 800.05	\$ 1,004.59		\$ 160.60	\$ 159.36		\$ 160.60	\$ 271.31	
414	Kaiser (CA)	One Excess I, Others Basic	\$ 800.05	\$ 800.05	\$ 1,004.59		\$ 584.50	\$ 586.01		\$ 584.50	\$ 271.31	
415	Kaiser (CA)	Two+ Cost ("M" Coverage) Supp					\$ 514.31	\$ 515.37				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage) Supp					\$ 337.46	\$ 337.37				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage) Supp					\$ 549.41	\$ 550.69				
418	Kaiser (CA)	Two+ Advantage					\$ 160.60	\$ 159.36				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 372.55	\$ 372.69				
420	Kaiser (CA)	Two+ Excess I					\$ 584.50	\$ 586.01				
421	Kaiser (CA)	Survivor				\$ 1,004.59			\$ 463.29		\$ 463.29	
422	Kaiser (CA)	One Excess II, One Basic	\$ 800.05	\$ 800.05	\$ 1,004.59		\$ 492.21	\$ 493.12		\$ 492.21	\$ 271.31	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 800.05	\$ 800.05	\$ 1,004.59		\$ 834.03	\$ 837.16		\$ 834.03	\$ 271.31	
424	Kaiser (CA)	One Cost ("M" Coverage) Supp , One Excess II					\$ 503.26	\$ 504.24				
425	Kaiser (CA)	One Cost ("M" Coverage) Supp, One Excs (MNP) III					\$ 674.17	\$ 676.26				
426	Kaiser (CA)	One Advantage, One Excess II					\$ 326.40	\$ 326.24				
427	Kaiser (CA)	One Advantage, One Excess III(MNP)					\$ 497.31	\$ 498.26				
428	Kaiser (CA)	One Excess I, Others Excess II					\$ 538.35	\$ 539.56				
429	Kaiser (CA)	One Excess I, Others Excess III (MNP)					\$ 709.27	\$ 711.58				
430	Kaiser (CA)	Two + Excess II- Part B					\$ 492.21	\$ 493.12				
431	Kaiser (CA)	One Excess II, Others Excess III (MNP)					\$ 663.12	\$ 665.14				
432	Kaiser (CA)	Two Excess - Both III (MNP)					\$ 834.03	\$ 837.16				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 719.09							\$ 182.03		
451	Kaiser - Colorado	Retiree Risk					\$ 182.03					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 719.09	\$ 920.48						\$ 182.03	\$ 183.77	
454	Kaiser - Colorado	Retiree Basic Family	\$ 719.09	\$ 920.48	\$ 4,011.23					\$ 182.03	\$ 183.77	
455	Kaiser - Colorado	One Risk, One Basic					\$ 182.03	\$ 183.77		\$ 182.03	\$ 186.06	
457	Kaiser - Colorado	Two Retiree Risk					\$ 182.03	\$ 183.77				
458	Kaiser - Colorado	One Risk, Two + Basic					\$ 182.03	\$ 186.06		\$ 182.03	\$ 186.06	
459	Kaiser - Colorado	Two Risk, Two or More Basic					\$ 182.03	\$ 587.89		\$ 182.03	\$ 186.06	
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 215.08					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 215.08	\$ 217.55				
461	Kaiser - Georgia Basic	Basic	\$ 1,010.27							\$ 215.08		
462	Kaiser - Georgia	Retiree Risk					\$ 215.08					
463	Kaiser - Georgia	Retiree (Two Party) Basic	\$ 1,010.27	\$ 1,061.66	\$ 7,236.54					\$ 215.08	\$ 215.08	
464	Kaiser - Georgia	Retiree Basic Family								\$ 215.08	\$ 217.55	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 388.98	\$ 1,061.67	\$ 7,236.63		\$ 215.08	\$ 215.08		\$ 215.08	\$ 215.08	
466	Kaiser - Georgia	Two Retiree Risk					\$ 215.08	\$ 217.55				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 527.38							\$ 190.35		
472	Kaiser - Hawaii	Retiree Risk					\$ 190.35					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 801.96					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 527.38	\$ 552.17						\$ 190.35	\$ 192.27	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 527.38	\$ 552.17	\$ 3,763.75					\$ 190.35	\$ 192.27	
476	Kaiser - Hawaii	One Retiree Risk, One Basic					\$ 190.35	\$ 192.27		\$ 190.35	\$ 192.27	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic					\$ 801.96	\$ 817.40		\$ 801.96	\$ 817.40	
478	Kaiser - Hawaii	Two Retiree Risk										



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**Table A-21
(continued)**

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)	\$ 963.86							\$ 266.50		
482	Kaiser - Oregon	Retiree Risk						\$ 266.50				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B						\$ 532.95				
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 959.82	\$ 1,016.97						\$ 266.50	\$ 270.10	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 963.86	\$ 2,025.41	\$ 6,902.86					\$ 266.50	\$ 270.10	
486	Kaiser - Oregon	One Retiree Risk, One Basic						\$ 264.26	\$ 544.73		\$ 264.26	\$ 270.10
488	Kaiser - Oregon	Two Retiree Risk						\$ 266.50	\$ 270.10			
489	Kaiser - Oregon	Retiree w/ Part A only						\$ 530.76				
491	Kaiser - Oregon	One Risk, One Medicare Part A only						\$ 532.95	\$ 451.35			
493	Kaiser - Oregon	One Risk, Two Basic	\$ 959.89	\$ 1,521.15				\$ 530.76	\$ 814.80		\$ 264.26	\$ 270.10
494	Kaiser - Oregon	Two Risk, One Basic	\$ 959.82	\$ 1,012.70	\$ 6,902.86			\$ 266.50	\$ 270.10			
495	Kaiser - Oregon	Two Over 65 unassigned Medicare						\$ 532.95	\$ 542.45			
496	Kaiser - Oregon	Two Medicare Part A only						\$ 708.05	\$ 725.98			
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 963.86	\$ 1,012.70				\$ 710.28	\$ 542.45			
611	SCAN Health Plan	Retiree Only						\$ 132.97				
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)						\$ 132.97	\$ 132.97			
701	PacifiCare	Retiree Only	\$ 948.81					\$ 204.56				
702	PacifiCare	Retiree & 1 Dependent (1 Medicare)	\$ 948.81	\$ 948.81	\$ 1,191.38			\$ 204.56	\$ 204.56			
703	PacifiCare	Retiree & 1 Dependent (2 Medicare)	\$ 948.81	\$ 948.81	\$ 1,191.38			\$ 204.56	\$ 204.56			
704	PacifiCare	Retiree & 2 + Deps. (1 Medicare)	\$ 948.81	\$ 948.81	\$ 1,191.38			\$ 204.56	\$ 204.56			
705	PacifiCare	Retiree & 2 + Deps. (2 Medicare)						\$ 204.56	\$ 204.56			
706	PacifiCare	Minor Survivor				\$ 1,191.38			\$ 1,191.38			
707	PacifiCare	Single	\$ 948.81							\$ 229.28		
708	PacifiCare	Two-Party	\$ 948.81	\$ 948.81	\$ 1,191.38					\$ 229.28	\$ 229.28	
709	PacifiCare	Family	\$ 948.81	\$ 948.81	\$ 1,191.38					\$ 229.28	\$ 229.28	



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**Table A-21
(continued)**

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	\$ 1,272.53				\$ 404.25			\$ 404.25		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,272.53	\$ 1,272.53	\$ 1,597.86		\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,272.53	\$ 1,272.53	\$ 1,597.86		\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 404.25		\$ 404.25	\$ 404.25		\$ 404.25
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,272.53	\$ 1,597.86		\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,272.53	\$ 1,597.86		\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25	\$ 404.25
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,597.86		\$ 404.25	\$ 404.25		\$ 404.25	\$ 404.25
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65			\$ 1,597.86	\$ 1,597.86		\$ 404.25	\$ 404.25		\$ 404.25	\$ 404.25
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		\$ 1,272.53	\$ 1,597.86	\$ 1,597.86		\$ 404.25	\$ 404.25		\$ 404.25	\$ 404.25
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC										
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC										

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age Gender adjusted rates		
			Retiree	Sp/Dep	Surv
501	CIGNA Indemnity Dental/Vision	Retiree Only	\$ 43.40		
502	CIGNA Indemnity Dental/Vision	Family	\$ 43.40	\$ 45.63	
503	CIGNA Indemnity Dental/Vision	Survivor			\$ 43.40
901	CIGNA Dental HMO/Vision	Retiree Only	\$ 34.99		
902	CIGNA Dental HMO/Vision	Family	\$ 34.99	\$ 38.70	
903	CIGNA Dental HMO/Vision	Survivor			\$ 34.99



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**Table A-21
(continued)**

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	Blue Cross Prudent Buyer Plan	Retiree Only	\$ 427.35				\$ 427.35			\$ 319.05		
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	\$ 427.35	\$ 427.35	\$ 193.93		\$ 427.35	\$ 427.35		\$ 319.05	\$ 319.05	
203	Blue Cross Prudent Buyer Plan	Retiree and Family	\$ 427.35	\$ 427.35	\$ 193.93		\$ 427.35	\$ 427.35		\$ 319.05	\$ 319.05	
204	Blue Cross Prudent Buyer Plan	Retiree and Children	\$ 427.35	\$ 427.35	\$ 193.93		\$ 427.35			\$ 319.05		
205	Blue Cross Prudent Buyer Plan	Minor Survivor				\$ 193.93			\$ 193.93			
211	Blue Cross I	Retiree Only	\$ 478.50				\$ 478.50			\$ 344.62		
212	Blue Cross I	Retiree and Spouse	\$ 478.50	\$ 478.50	\$ 217.14		\$ 478.50	\$ 478.50		\$ 344.62	\$ 344.62	
213	Blue Cross I	Retiree, Spouse and Children	\$ 478.50	\$ 478.50	\$ 217.14		\$ 478.50	\$ 478.50		\$ 344.62	\$ 344.62	
214	Blue Cross I	Retiree and Children	\$ 478.50	\$ 478.50	\$ 217.14		\$ 478.50			\$ 344.62		
215	Blue Cross I	Minor Survivor				\$ 217.14			\$ 217.14			\$ 271.54
221	Blue Cross II	Retiree Only	\$ 821.98				\$ 821.98			\$ 516.36		
222	Blue Cross II	Retiree and Spouse	\$ 821.98	\$ 821.98	\$ 373.02		\$ 821.98	\$ 821.98		\$ 516.36	\$ 516.36	
223	Blue Cross II	Retiree, Spouse and Children	\$ 821.98	\$ 821.98	\$ 373.02		\$ 821.98	\$ 821.98		\$ 516.36	\$ 516.36	
224	Blue Cross II	Retiree and Children	\$ 821.98	\$ 821.98	\$ 373.02		\$ 821.98			\$ 516.36		
225	Blue Cross II	Minor Survivor				\$ 373.02			\$ 373.02			\$ 373.02
240	Blue Cross III	One Medicare					\$ 210.74			\$ 210.74		
241	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 743.89	\$ 743.89	\$ 337.58		\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
242	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 743.89	\$ 743.89	\$ 337.58		\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
243	Blue Cross III	Retiree and Spouse 2 Medicare					\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
244	Blue Cross III	Retiree and Children 1 Medicare		\$ 743.89	\$ 337.58		\$ 210.74			\$ 210.74	\$ 210.74	
245	Blue Cross III	Retiree and Children 1 Medicare		\$ 743.89	\$ 337.58		\$ 210.74			\$ 210.74	\$ 210.74	
246	Blue Cross III	Retiree and Family 1 Medicare	\$ 743.89	\$ 743.89	\$ 337.58		\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
247	Blue Cross III	Retiree and Family 1 Medicare	\$ 743.89	\$ 743.89	\$ 337.58		\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
248	Blue Cross III	Retiree and Family 2 Medicare		\$ 743.89	\$ 337.58		\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
249	Blue Cross III	Retiree and Family 2 Medicare		\$ 743.89	\$ 337.58		\$ 210.74	\$ 210.74		\$ 210.74	\$ 210.74	
301	CIGNA Network Model Plan	Retiree Only	\$ 910.75				\$ 645.78			\$ 645.78		
302	CIGNA Network Model Plan	Retiree and Spouse	\$ 910.75	\$ 910.75	\$ 413.30		\$ 645.78	\$ 645.78		\$ 645.78	\$ 645.78	
303	CIGNA Network Model Plan	Retiree and Family	\$ 910.75	\$ 910.75	\$ 413.30		\$ 645.78	\$ 645.78		\$ 645.78	\$ 645.78	
304	CIGNA Network Model Plan	Retiree and Children	\$ 910.75	\$ 910.75	\$ 413.30		\$ 645.78			\$ 645.78		
305	CIGNA Network Model Plan	Minor Survivor				\$ 413.30			\$ 413.30			
321	CIGNA Healthcare for Seniors	Risk-Retiree Only					\$ 158.57			\$ 158.57		
322	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse					\$ 158.57	\$ 158.57		\$ 158.57	\$ 158.57	
324	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse (Both Risk)					\$ 158.57	\$ 158.57		\$ 158.57	\$ 158.57	
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 758.47							\$ 199.28		
402	Kaiser (CA)	Retiree Cost ("M" Coverage) Supp					\$ 487.59					
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 152.25					
404	Kaiser (CA)	Retiree Excess I					\$ 554.12					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 466.63					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 790.69					
411	Kaiser (CA)	Family Basic	\$ 758.47	\$ 758.47	\$ 344.20					\$ 257.70	\$ 257.21	

**Table A-21
(continued)**

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
412	Kaiser (CA)	One Cost ("M" Coverage) Supp, Others Basic	\$ 758.47	\$ 758.47	\$ 344.20		\$ 487.59	\$ 488.59		\$ 487.59	\$ 257.21	
413	Kaiser (CA)	One Advantage, Others Basic	\$ 758.47	\$ 758.47	\$ 344.20		\$ 152.25	\$ 151.08		\$ 152.25	\$ 257.21	
414	Kaiser (CA)	One Excess I, Others Basic	\$ 758.47	\$ 758.47	\$ 344.20		\$ 554.12	\$ 555.56		\$ 554.12	\$ 257.21	
415	Kaiser (CA)	Two+ Cost ("M" Coverage) Supp					\$ 487.59	\$ 488.59				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage) Supp					\$ 319.92	\$ 319.83				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage) Supp					\$ 520.85	\$ 522.07				
418	Kaiser (CA)	Two+ Advantage					\$ 152.25	\$ 151.08				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 353.19	\$ 353.32				
420	Kaiser (CA)	Two+ Excess I					\$ 554.12	\$ 555.56				
421	Kaiser (CA)	Survivor				\$ 344.20			\$ 439.22			\$ 439.22
422	Kaiser (CA)	One Excess II, One Basic	\$ 758.47	\$ 758.47	\$ 344.20		\$ 466.63	\$ 467.49		\$ 466.63	\$ 257.21	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 758.47	\$ 758.47	\$ 344.20		\$ 790.69	\$ 793.65		\$ 790.69	\$ 257.21	
424	Kaiser (CA)	One Cost ("M" Coverage) Supp , One Excess II					\$ 477.11	\$ 478.04				
425	Kaiser (CA)	One Cost ("M" Coverage) Supp, One Excs (MNP) III					\$ 639.14	\$ 641.12				
426	Kaiser (CA)	One Advantage, One Excess II					\$ 309.44	\$ 309.29				
427	Kaiser (CA)	One Advantage, One Excess III(MNP)					\$ 471.47	\$ 472.37				
428	Kaiser (CA)	One Excess I, Others Excess II					\$ 510.37	\$ 511.52				
429	Kaiser (CA)	One Excess I, Others Excess III (MNP)					\$ 672.41	\$ 674.60				
430	Kaiser (CA)	Two + Excess II- Part B					\$ 466.63	\$ 467.49				
431	Kaiser (CA)	One Excess II, Others Excess III (MNP)					\$ 628.66	\$ 630.57				
432	Kaiser (CA)	Two Excess - Both III (MNP)					\$ 790.69	\$ 793.65				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 681.72							\$ 172.57		
451	Kaiser - Colorado	Retiree Risk					\$ 172.57					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 681.72	\$ 872.64						\$ 172.57	\$ 174.22	
454	Kaiser - Colorado	Retiree Basic Family	\$ 681.72	\$ 872.64	\$ 1,374.34					\$ 172.57	\$ 174.22	
455	Kaiser - Colorado	One Risk, One Basic					\$ 172.57	\$ 174.22		\$ 172.57	\$ 176.39	
457	Kaiser - Colorado	Two Retiree Risk					\$ 172.57	\$ 174.22				
458	Kaiser - Colorado	One Risk, Two + Basic					\$ 172.57	\$ 176.39		\$ 172.57	\$ 176.39	
459	Kaiser - Colorado	Two Risk, Two or More Basic					\$ 172.57	\$ 557.34		\$ 172.57	\$ 176.39	
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 203.90					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 203.90	\$ 206.25				
461	Kaiser - Georgia Basic	Basic	\$ 957.77							\$ 203.90		
462	Kaiser - Georgia	Retiree Risk					\$ 203.90					
463	Kaiser - Georgia	Retiree (Two Party) Basic	\$ 957.77	\$ 1,006.48	\$ 2,479.42					\$ 203.90	\$ 203.90	
464	Kaiser - Georgia	Retiree Basic Family								\$ 203.90	\$ 206.25	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 368.77	\$ 1,006.50	\$ 2,479.45		\$ 203.90	\$ 203.90		\$ 203.90	\$ 203.90	
466	Kaiser - Georgia	Two Retiree Risk					\$ 203.90	\$ 206.25				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 499.97							\$ 180.46		
472	Kaiser - Hawaii	Retiree Risk					\$ 180.46					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 760.28					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 499.97	\$ 523.48						\$ 180.46	\$ 182.28	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 499.97	\$ 523.48	\$ 1,289.55					\$ 180.46	\$ 182.28	
476	Kaiser - Hawaii	One Retiree Risk, One Basic					\$ 180.46	\$ 182.28		\$ 180.46	\$ 182.28	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic					\$ 760.28	\$ 774.92		\$ 760.28	\$ 774.92	
478	Kaiser - Hawaii	Two Retiree Risk										



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**Table A-21
(continued)**

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)	\$ 913.77							\$ 252.65		
482	Kaiser - Oregon	Retiree Risk						\$ 252.65				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B						\$ 505.26				
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 909.94	\$ 964.12						\$ 252.65	\$ 256.07	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 913.77	\$ 1,920.15	\$ 2,365.09					\$ 252.65	\$ 256.07	
486	Kaiser - Oregon	One Retiree Risk, One Basic						\$ 250.53	\$ 516.42		\$ 250.53	\$ 256.07
488	Kaiser - Oregon	Two Retiree Risk						\$ 252.65	\$ 256.07			
489	Kaiser - Oregon	Retiree w/ Part A only						\$ 503.17				
491	Kaiser - Oregon	One Risk, One Medicare Part A only						\$ 505.26	\$ 427.89			
493	Kaiser - Oregon	One Risk, Two Basic	\$ 910.00	\$ 1,442.10				\$ 503.17	\$ 772.45	\$ 250.53	\$ 256.07	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 909.94	\$ 960.07	\$ 2,365.09			\$ 252.65	\$ 256.07			
495	Kaiser - Oregon	Two Over 65 unassigned Medicare						\$ 505.26	\$ 514.26			
496	Kaiser - Oregon	Two Medicare Part A only						\$ 671.25	\$ 688.25			
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 913.77	\$ 960.07				\$ 673.37	\$ 514.26			
611	SCAN Health Plan	Retiree Only						\$ 126.06				
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)						\$ 126.06	\$ 126.06			
701	PacifiCare	Retiree Only	\$ 899.50					\$ 193.93				
702	PacifiCare	Retiree & 1 Dependent (1 Medicare)	\$ 899.50	\$ 899.50	\$ 408.19			\$ 193.93	\$ 193.93			
703	PacifiCare	Retiree & 1 Dependent (2 Medicare)	\$ 899.50	\$ 899.50	\$ 408.19			\$ 193.93	\$ 193.93			
704	PacifiCare	Retiree & 2 + Deps. (1 Medicare)	\$ 899.50	\$ 899.50	\$ 408.19			\$ 193.93	\$ 193.93			
705	PacifiCare	Retiree & 2 + Deps. (2 Medicare)						\$ 193.93	\$ 193.93			
706	PacifiCare	Minor Survivor					\$ 408.19		\$ 408.19			
707	PacifiCare	Single	\$ 899.50							\$ 217.36		
708	PacifiCare	Two-Party	\$ 899.50	\$ 899.50	\$ 408.19					\$ 217.36	\$ 217.36	
709	PacifiCare	Family	\$ 899.50	\$ 899.50	\$ 408.19					\$ 217.36	\$ 217.36	

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age Gender adjusted rates		
			Retiree	Sp/Dep	Surv
501	CIGNA Indemnity Dental/Vision	Retiree Only	\$ 44.44		
502	CIGNA Indemnity Dental/Vision	Family	\$ 44.44	\$ 46.73	
503	CIGNA Indemnity Dental/Vision	Survivor			\$ 44.44
901	CIGNA Dental HMO/Vision	Retiree Only	\$ 35.84		
902	CIGNA Dental HMO/Vision	Family	\$ 35.84	\$ 39.63	
903	CIGNA Dental HMO/Vision	Survivor			\$ 35.84



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Los Angeles County Other Post Employment Benefits Program

Table A-22: Health Cost Trend Assumptions *

Fiscal Year Ending		LACERA Medical		Firefighters Local 1014	Part B Premiums	Dental Under and Over 65	Weighted Average Trend
From	To	Under 65	Over 65	Under and Over 65			
6/30/2009	6/30/2010	6.92%	3.93%	4.83%	3.50%	1.66%	4.69%
6/30/2010	6/30/2011	6.75%	11.00%	6.75%	6.25%	4.50%	8.59%
6/30/2011	6/29/2012	6.50%	10.50%	6.50%	6.25%	4.50%	8.31%
6/29/2012	6/30/2013	6.50%	10.00%	6.50%	6.25%	4.50%	8.13%
6/30/2013	6/30/2014	6.50%	8.75%	6.50%	6.25%	4.50%	7.53%
6/30/2014	6/30/2015	6.50%	8.00%	6.50%	6.25%	4.50%	7.16%
6/30/2015	6/29/2016	6.25%	7.50%	6.25%	6.25%	4.50%	6.83%
6/29/2016	6/30/2017	6.00%	6.75%	6.00%	6.25%	4.50%	6.35%
6/30/2017	6/30/2018	6.00%	6.00%	6.00%	6.25%	4.50%	5.94%
6/30/2018	6/30/2019	6.00%	6.00%	6.00%	6.25%	4.50%	5.94%
6/30/2028	6/30/2029	6.00%	6.00%	6.00%	6.25%	4.50%	5.96%
6/30/2038	6/30/2039	5.50%	5.50%	5.50%	6.00%	4.50%	5.52%
6/30/2048	6/30/2049	5.25%	5.25%	5.25%	5.50%	4.50%	5.25%
6/30/2058	6/30/2059	5.00%	5.00%	5.00%	5.25%	4.50%	5.02%
6/30/2068	6/30/2069	5.00%	5.00%	5.00%	5.25%	4.50%	5.02%
6/30/2078 +		5.00%	5.00%	5.00%	5.00%	4.50%	4.99%

* *The first year trend rates for LACERA medical and dental plans were adjusted to reflect actual premium increases effective July 1, 2009. These are different from the 2008 OPEB Investigation of Experience Study rates due to refinements in the premium information that occurred between the experience study and this 2008 OPEB valuation report.*

Los Angeles County Other Post Employment Benefits Program

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%
40	0	0	14
41	0	0	14
42	0	0	14
43	0	0	14
44	0	0	14
45	0	0	14
46	0	0	14
47	0	0	14
48	0	0	14
49	0	0	14
50	25	0	22
51	9	0	22
52	9	0	5
53	9	0	5
54	9	0	5
55	9	25	33
56	9	9	33
57	9	9	18
58	9	9	18
59	9	9	18
60	9	9	100
61	9	9	100
62	30	13	100
63	24	15	100
64	24	20	100
65	24	28	100
66	24	12	100
67	24	12	100
68	24	12	100
69	24	12	100
70	24	25	100
71	24	25	100
72	24	25	100
73	24	25	100
74	24	25	100
75 or older	100	100	100

Los Angeles County Other Post Employment Benefits Program

Appendix B: Summary of Plan 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 the LACERA as contained in the County Employees Retirement Plan (CERL) of 1937, with provisions adopted by the LACERA Board, effective through July 1, 2002. The benefit and contribution provisions of this law are summarized briefly below, along with corresponding references to the State Code. This summary does not attempt to cover all the detailed provisions of the law. In addition to those benefits in effect through July 1, 2003, we have also reflected the new domestic partner provisions in this valuation.

ELIGIBILITY FOR RETIREE HEALTH AND DEATH BENEFITS

Employees are eligible for the LACERA-administered Health Care and Death 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 retired members. Since eligibility for retiree qualifying health and death benefits is dependent on receipt of a pension benefit, the eligibility and other aspects of the pension benefits are applicable for retirement health and death benefits.

New retirees have 60 days to sign up for medical and dental 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 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, the retiree may not enroll again as a retiree in medical or dental.

LACERA MEMBERSHIP

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

Employees eligible for safety membership (law enforcement, fire fighting and lifeguards) become safety members on the first day of the month after date of hire.

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.

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



RETIREMENT PLANS

The County has established seven defined benefit plans (General Plans A, B, C, D and E and Safety Plans A and B) based on a member's date of entry into LACERA.

- Plan A:** General and safety members – prior to September 1977.
- Plan B:** General members – September 1977 through September 1978.
Safety members – September 1977 to present.
- Plan C:** General members – October 1978 through May 1979.
- Plan D:** General members – hired June 1979 through January 3, 1982; and those hired on or after January 4, 1982, and elect Plan D instead of Plan E; or, former Plan E general members who elected to transfer to Plan D.
- Plan E:** General members – hired on or after January 4, 1982, unless they elect Plan D; or, former general members in Plans A-D who elected to transfer to Plan E.

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.
- Safety Members:**
Age 50 with 10 years of County service;
Any age with 20 years of service; or
Age 60 regardless of service (Mandatory retirement age for members hired before April 1, 1997). No mandatory retirement for members hired on or after April 1, 1997.
- Plan E:** Age 55 with 10 years of service;
Age 65 with 10 years of service.

DEFERRED VESTED ELIGIBILITY

Plans A-D: 5 years of county or reciprocal service. Member contributions must be left on deposit.

Plan E: Age 55 with 10 years of service.

SERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

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

Plan E: Not available under Plan E.

NONSERVICE-CONNECTED DISABILITY RETIREMENT ELIGIBILITY

Plans A-D: Any age with 5 years of service and permanently incapacitated for the performance of duty.

Plan E: Not available under Plan E.

SERVICE-CONNECTED DEATH ELIGIBILITY

Plans A-D: 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 DEATH ELIGIBILITY

Plans A-D: 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 an 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 member to be eligible to receive health benefits, the retired member needed to have had a pension option which qualified as eligible for continuing retirement benefits to the survivor. The survivor can be covered independently if they had medical coverage on the date of the retired member's death. 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 23 and enrolled as full-time students and depend on financial support
- A new spouse or domestic partner
- A newborn child, or newly acquired legally adopted children

COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

Medical

If a retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the benchmark plan rate (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.

DEATH BENEFIT PLAN

There is a one time \$5,000 death benefit payable to the designated beneficiary upon the death of retirees in the General Plans A, B, C, D, and E and the Safety Plans A and B. 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, it is billed directly to the County on a monthly basis.

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

Appendix E

Medical Plan Descriptions:

<http://www.lacera.com/communications/PDF/08HealthCareRates/2008PlanComparison.pdf>
<http://www.lacera.com/communications/PDF/08HealthCareRates/2008KaiserOut-ofArea.pdf>
<http://www.lacera.com/communications/PDF/08HealthCareRates/2008PlanComparisonMedicare.pdf>

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

<http://www.local1014medical.org/docs/2009spd.pdf>

Appendix G

Dental and Vision Plan Description:

<http://www.lacera.com/communications/PDF/08HealthCareRates/2008DentalVisionCharts.pdf>

Appendix H

Medicare Part B Reimbursement Plan Description:

http://www.lacera.com/health_care/Medicare_Eligibility/Medicare_B.html

Los Angeles County Other Post Employment Benefits Program

Appendix C: Valuation Data and Schedules



Data on LACERA's Retirement Benefit membership as of June 30, 2008, was supplied to us by the system staff. Active and vested terminated data is used from the 2008 Retirement Benefit valuation. Data for retired members, survivors and dependents was provided separately for this valuation. On the following tables, we present a summary of LACERA membership at June 30, 2008, 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.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-1: Summary of Active Members

	Sex	Members	Annual Salary	Average Age	Average Credited Service
General Members- LA County*					
Plan A	M	753	\$ 69,939,060	60.3	33.8
	F	1,419	102,440,952	58.8	33.6
Plan B	M	104	\$ 9,826,272	58.7	30.7
	F	205	15,037,152	57.6	29.6
Plan C	M	76	\$ 7,137,408	57.6	29.6
	F	155	11,216,160	56.9	29.1
Plan D	M	15,585	\$ 1,026,154,872	44.3	10.0
	F	30,921	1,822,351,920	43.4	9.9
Plan E	M	6,558	\$ 470,391,180	51.4	18.3
	F	20,404	1,119,029,220	47.1	14.8
Total		76,180	\$ 4,653,524,196	45.8	12.8
Safety Members- LA County*					
Plan A	M	166	\$ 23,137,716	56.1	32.7
	F	28	3,575,412	55.3	33.3
Plan B	M	8,217	\$ 731,543,220	39.6	13.1
	F	1,484	128,829,468	37.7	11.2
Total		9,895	\$ 887,085,816	39.6	13.2
General Members- Local 1014					
Plan A	M	4	\$ 403,812	60.5	32.3
	F	2	168,924	57.5	30.8
Plan B	M	-	\$ -	-	-
	F	-	-	-	-
Plan C	M	-	\$ -	-	-
	F	-	-	-	-
Plan D	M	99	\$ 7,492,956	42.9	12.4
	F	70	4,850,256	41.6	12.6
Plan E	M	22	\$ 1,755,792	50.1	13.7
	F	28	1,773,264	41.7	10.0
Total		225	\$ 16,445,004	43.5	12.8
Safety Members- Local 1014					
Plan A	M	130	\$ 16,081,320	54.6	31.0
	F	-	-	-	-
Plan B	M	2,756	\$ 280,164,108	42.9	14.8
	F	38	3,415,572	38.2	8.8
Total		2,924	\$ 299,661,000	43.4	15.4

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

Los Angeles County Other Post Employment Benefits Program

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

	Sex	Members	Annual Salary	Average Age	Average Credited Service
General Members- Superior Court					
Plan A	M	37	\$ 4,687,452	61.8	30.1
	F	109	8,556,396	57.8	31.5
Plan B	M	7	\$ 888,216	62.6	27.3
	F	15	1,245,972	55.7	31.3
Plan C	M	1	\$ 177,048	55.0	29.6
	F	15	1,175,808	54.5	29.4
Plan D	M	680	\$ 48,505,584	45.3	11.5
	F	2,509	162,406,044	44.5	11.5
Plan E	M	355	\$ 24,633,408	48.1	16.9
	F	1,449	89,076,408	46.1	14.9
Total		5,177	\$ 341,352,336	45.8	13.5
General Members- SCAQMD					
Plan A	M	2	\$ 71,184	60.5	36.2
	F	2	88,092	57.5	38.3
Plan B	M	-	\$ -	-	-
	F	1	52,200	51.0	30.7
Plan C	M	-	\$ -	-	-
	F	-	-	-	-
Plan D	M	2	\$ 107,244	61.5	6.1
	F	5	204,240	38.0	6.9
Plan E	M	-	\$ -	-	-
	F	2	59,220	54.5	14.0
Total		14	\$ 582,180	50.6	18.2
All General Members					
Plan A	M	796	\$ 75,101,508	60.3	33.6
	F	1,532	111,254,364	58.7	33.5
Plan B	M	111	\$ 10,714,488	58.9	30.5
	F	221	16,335,324	57.4	29.7
Plan C	M	77	\$ 7,314,456	57.6	29.6
	F	170	12,391,968	56.7	29.2
Plan D	M	16,366	\$ 1,082,260,656	44.4	10.1
	F	33,505	1,989,812,460	43.5	10.0
Plan E	M	6,935	\$ 496,780,380	51.2	18.2
	F	21,883	1,209,938,112	47.0	14.8
Total		81,596	\$ 5,011,903,716	45.8	12.8
All Safety Members					
Plan A	M	296	\$ 39,219,036	55.4	31.9
	F	28	3,575,412	55.3	33.3
Plan B	M	10,973	1,011,707,328	40.4	13.5
	F	1,522	132,245,040	37.8	11.1
Total		12,819	\$ 1,186,746,816	40.5	13.7
Grand Total		94,415	\$ 6,198,650,532	45.1	12.9

This excludes 77 active pension members who are receiving retiree healthcare benefits.



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-2: Summary of Vested Terminated Members

	Sex	Members	Average Age
<i>General Members- LA County*</i>			
Plan A	M	108	61.0
	F	189	58.9
Plan B	M	12	59.1
	F	34	57.1
Plan C	M	3	56.3
	F	13	54.4
Plan D	M	941	45.8
	F	1,773	44.3
Plan E	M	1,187	53.3
	F	2,698	51.9
Total		6,958	49.8
<i>Safety Members- LA County*</i>			
Plan A	M	8	59.4
	F	-	-
Plan B	M	314	39.1
	F	101	39.9
Total		423	39.7
<i>General Members- Local 1014</i>			
Plan A	M	1	60.0
	F	-	-
Plan B	M	-	-
	F	-	-
Plan C	M	-	-
	F	1	50.0
Plan D	M	21	41.8
	F	20	41.3
Plan E	M	4	48.0
	F	18	49.6
Total		65	44.6
<i>Safety Members- Local 1014</i>			
Plan A	M	2	57.5
	F	-	-
Plan B	M	28	40.7
	F	13	33.3
Total		43	39.3

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



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Los Angeles County Other Post Employment Benefits Program

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

General Members- Superior Court

Plan A	M	4	57.8
	F	12	56.8
Plan B	M	-	-
	F	2	53.5
Plan C	M	2	61.0
	F	3	51.3
Plan D	M	60	45.4
	F	188	44.7
Plan E	M	93	49.6
	F	<u>220</u>	<u>48.7</u>
Total		584	47.5

General Members- SCAQMD

Plan A	M	-	-
	F	-	-
Plan B	M	-	-
	F	-	-
Plan C	M	-	-
	F	-	-
Plan D	M	1	50.0
	F	-	-
Plan E	M	-	-
	F	<u>-</u>	<u>-</u>
Total		1	50.0

All General Members

Plan A	M	113	60.9
	F	201	58.8
Plan B	M	12	59.1
	F	36	56.9
Plan C	M	5	58.2
	F	17	53.6
Plan D	M	1,023	45.7
	F	1,981	44.3
Plan E	M	1,284	53.0
	F	<u>2,936</u>	<u>51.6</u>
Total		7,608	49.5

All Safety Members

Plan A	M	10	59.0
	F	-	-
Plan B	M	342	39.2
	F	<u>114</u>	<u>39.1</u>
Total		466	39.6

Grand Total 8,074 49.0

Pension data includes 3,700 non-vested terminated members.
 This excludes eight vested terminated pension members who are receiving retiree healthcare benefits.
 This excludes an additional 52 vested terminated pension members who are entitled to future retiree life insurance coverage.

Los Angeles County Other Post Employment Benefits Program

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

Medical

	Gender	Count			Average Age		
		Retirees and Survivors	Spouses and Dependents	Total	Retirees and Survivors	Spouses and Dependents	Total
LA County	M	17,860	5,744	23,604	70.3	60.3	67.9
	F	19,622	13,525	33,147	72.3	61.9	68.1
	Total	37,482	19,269	56,751	71.3	61.4	68.0
Local 1014	M	1,179	77	1,256	69.2	24.9	66.5
	F	183	1,031	1,214	74.5	63.1	64.8
	Total	1,362	1,108	2,470	69.9	60.4	65.7
Superior Court	M	425	360	785	71.0	63.4	67.5
	F	1,062	301	1,363	69.7	59.6	67.5
	Total	1,487	661	2,148	70.1	61.7	67.5
SCAQMD	M	63	4	67	78.3	70.8	77.9
	F	50	40	90	79.1	71.9	75.9
	Total	113	44	157	78.7	71.8	76.7
Total Medical	M	19,527	6,185	25,712	70.3	60.0	67.8
	F	20,917	14,897	35,814	72.2	62.0	67.9
	Total	40,444	21,082	61,526	71.3	61.4	67.9

Dental/Vision

	Gender	Count			Average Age		
		Retirees and Survivors	Spouses and Dependents	Total	Retirees and Survivors	Spouses and Dependents	Total
LA County	M	18,059	6,146	24,205	70.2	61.2	67.9
	F	19,674	13,833	33,507	72.1	61.9	67.9
	Total	37,733	19,979	57,712	71.2	61.7	67.9
Local 1014	M	1,131	52	1,183	69.2	29.5	67.5
	F	166	1,039	1,205	74.4	62.9	64.5
	Total	1,297	1,091	2,388	69.9	61.3	66.0
Superior Court	M	414	386	800	71.3	64.2	67.9
	F	1,074	293	1,367	69.7	60.4	67.7
	Total	1,488	679	2,167	70.1	62.6	67.8
SCAQMD	M	64	8	72	78.0	71.6	77.3
	F	46	44	90	80.3	71.8	76.1
	Total	110	52	162	79.0	71.8	76.7
Total Dental/Vision	M	19,668	6,592	26,260	70.2	61.1	67.9
	F	20,960	15,209	36,169	72.0	62.0	67.8
	Total	40,628	21,801	62,429	71.1	61.7	67.8

Death Benefit *

	Gender	Count			Average Age		
		Retirees	Survivors, Spouses, and Dependents	Total	Retirees	Survivors, Spouses, and Dependents	Total
LA County	M	21,296	NA	21,296	69.7	NA	69.7
	F	20,591	NA	20,591	71.2	NA	71.2
	Total	41,887		41,887	70.4		70.4
Local 1014	M	1,180	NA	1,180	69.2	NA	69.2
	F	6	NA	6	67.0	NA	67.0
	Total	1,186		1,186	69.2		69.2
Superior Court	M	575	NA	575	70.5	NA	70.5
	F	1,282	NA	1,282	68.6	NA	68.6
	Total	1,857		1,857	69.2		69.2
SCAQMD	M	65	NA	65	78.3	NA	78.3
	F	28	NA	28	78.9	NA	78.9
	Total	93		93	78.5		78.5
Total Death Benefit	M	23,116	NA	23,116	69.7	NA	69.7
	F	21,907	NA	21,907	71.1	NA	71.1
	Total	45,023		45,023	70.4		70.4

* Totals include 137 records who are not in the 7/1/2008 LACERA Pension Valuation.

Los Angeles County Other Post Employment Benefits Program

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

Age	Members' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	
Under 18	-	-	-	-	-	-	-	-	-
18-19	27	-	-	-	-	-	-	-	27
20-24	1,861	5	-	-	-	-	-	-	1,866
25-29	5,981	916	5	-	-	-	-	-	6,902
30-34	5,312	4,163	657	14	-	-	-	-	10,146
35-39	3,781	4,622	2,826	1,210	36	-	-	-	12,475
40-44	2,679	3,344	2,611	3,985	1,382	36	-	-	14,037
45-49	2,241	2,615	1,861	3,244	3,010	1,144	50	-	14,165
50-54	1,715	2,051	1,501	2,363	2,393	2,402	1,002	107	13,534
55-59	1,056	1,482	1,119	1,715	1,556	1,630	1,678	1,194	11,430
60-64	523	894	709	1,073	912	794	785	997	6,687
65-69	121	348	278	434	342	265	187	239	2,214
70-74	43	86	105	142	99	71	54	80	680
75-79	16	12	21	42	35	25	17	25	193
80-84	7	5	3	7	7	14	8	8	59
85 & Over	-	-	-	-	-	-	-	-	-
Total Count	25,363	20,543	11,696	14,229	9,772	6,381	3,781	2,650	94,415

This excludes 77 active pension members who are receiving retiree healthcare benefits.

Los Angeles County Other Post Employment Benefits Program

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

Age	Members' Years of Service							Total Count	
	0-4	5-9	10-14	15-19	20-24	25-29	30-34		35 & Above
Under 18	-	-	-	-	-	-	-	-	-
18-19	-	-	-	-	-	-	-	-	-
20-24	4	-	-	-	-	-	-	-	4
25-29	69	40	-	-	-	-	-	-	109
30-34	170	271	18	-	-	-	-	-	459
35-39	170	431	198	23	1	-	-	-	823
40-44	144	395	493	161	24	1	-	-	1,218
45-49	123	286	601	270	88	34	1	-	1,403
50-54	90	249	710	303	140	76	11	-	1,579
55-59	98	215	617	295	109	61	30	5	1,430
60-64	45	122	322	173	74	38	23	19	816
65-69	16	39	61	38	18	6	4	5	187
70-74	4	11	14	1	2	3	-	1	36
75-79	2	3	1	-	-	-	-	-	6
80-84	1	1	-	1	1	-	-	-	4
85 & Over	-	-	-	-	-	-	-	-	-
Total Count	936	2,063	3,035	1,265	457	219	69	30	8,074

Pension data includes 3,700 non vested terminated members.

This excludes 8 vested terminated pension members who are receiving retiree healthcare benefits.

This excludes an additional 52 vested terminated pension members who are receiving retiree life insurance coverage.

Los Angeles County Other Post Employment Benefits Program

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							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	1	-	4	2	6	7	1	8	29
35-39	-	-	-	-	-	-	1	54	55
40-44	-	-	-	1	2	1	2	153	159
45-49	-	-	1	1	10	7	7	254	280
50-54	-	1	21	26	59	113	64	324	608
55-59	-	3	65	114	158	474	974	666	2,454
60-64	1	11	146	244	348	1,122	2,758	1,421	6,051
65-69	5	13	305	438	584	1,630	3,044	1,362	7,381
70-74	4	19	352	519	734	1,623	2,200	1,089	6,540
75-79	6	33	382	596	800	1,340	1,526	884	5,567
80-84	3	30	379	578	682	938	1,211	628	4,449
85-89	3	12	335	413	398	457	722	293	2,633
90-94	3	6	184	150	168	198	235	90	1,034
95-99	1	2	33	37	40	34	42	30	219
100 & Over	-	-	5	2	6	4	4	2	23
Total Count	27	130	2,212	3,121	3,995	7,948	12,791	7,258	37,482

**Local 1014
Retirees and Survivors with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	1	-	-	1	-	2
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	5	5
50-54	-	-	-	-	1	3	1	14	19
55-59	-	-	-	-	2	10	26	70	108
60-64	-	-	3	-	3	17	43	234	300
65-69	-	-	-	-	-	9	29	233	271
70-74	-	-	-	-	4	9	21	174	208
75-79	-	-	-	-	5	23	30	159	217
80-84	-	-	-	2	4	16	45	89	156
85-89	-	-	2	-	1	7	21	20	51
90-94	-	-	-	-	1	9	9	3	22
95-99	-	-	-	-	1	-	2	-	3
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	5	3	22	103	228	1,001	1,362



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Los Angeles County Other Post Employment Benefits Program

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							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	4	4
45-49	-	-	-	-	-	-	-	4	4
50-54	-	-	-	5	3	7	6	22	43
55-59	-	1	4	2	12	21	43	26	109
60-64	1	-	10	22	27	50	117	36	263
65-69	2	2	21	20	43	79	124	32	323
70-74	-	4	20	34	38	62	82	28	268
75-79	-	1	21	26	37	52	65	16	218
80-84	1	1	16	20	23	25	62	13	161
85-89	-	1	12	19	12	17	16	3	80
90-94	-	-	2	4	-	1	5	-	12
95-99	-	-	-	-	-	1	-	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	4	10	106	152	195	315	520	185	1,487

SCAQMD
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	1	1	-	-	-	2
60-64	1	-	1	-	-	-	2	-	4
65-69	-	-	3	-	-	3	4	1	11
70-74	-	-	3	2	-	1	9	2	17
75-79	-	1	2	4	5	2	9	1	24
80-84	-	1	3	1	2	6	7	3	23
85-89	1	-	2	5	5	2	10	-	25
90-94	-	-	1	1	-	1	1	1	5
95-99	-	-	-	1	-	-	1	-	2
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	2	2	15	15	13	15	43	8	113



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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

All Members
Retirees and Survivors with Medical Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	1	-	4	3	6	7	2	8	31
35-39	-	-	-	-	-	-	1	55	56
40-44	-	-	-	1	2	1	2	157	163
45-49	-	-	1	1	10	7	7	263	289
50-54	-	1	21	31	63	123	71	360	670
55-59	-	4	69	117	173	505	1,043	762	2,673
60-64	3	11	160	266	378	1,189	2,920	1,691	6,618
65-69	7	15	329	458	627	1,721	3,201	1,628	7,986
70-74	4	23	375	555	776	1,695	2,312	1,293	7,033
75-79	6	35	405	626	847	1,417	1,630	1,060	6,026
80-84	4	32	398	601	711	985	1,325	733	4,789
85-89	4	13	351	437	416	483	769	316	2,789
90-94	3	6	187	155	169	209	250	94	1,073
95-99	1	2	33	38	41	35	45	30	225
100 & Over	-	-	5	2	6	4	4	2	23
Total Count	33	142	2,338	3,291	4,225	8,381	13,582	8,452	40,444



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	2	1	39	73	112	336	642	802	2,007
35-39	-	-	3	5	4	6	21	67	106
40-44	-	-	6	8	11	29	50	122	226
45-49	1	-	8	14	31	68	136	211	469
50-54	-	2	21	30	67	208	368	343	1,039
55-59	1	2	42	63	119	423	995	627	2,272
60-64	1	1	74	155	198	675	1,561	764	3,429
65-69	1	7	113	172	284	776	1,388	638	3,379
70-74	2	12	137	184	287	654	936	410	2,622
75-79	1	9	89	157	245	487	587	251	1,826
80-84	1	6	91	143	188	275	396	127	1,227
85-89	1	2	52	75	78	118	155	48	529
90-94	-	-	14	25	22	30	25	11	127
95-99	-	-	1	2	2	2	1	1	9
100 & Over	-	-	-	-	-	1	1	-	2
Total Count	11	42	690	1,106	1,648	4,088	7,262	4,422	19,269

**Local 1014
Spouses and Dependents with Medical Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	2	-	1	7	18	74	102
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	1	1	9	11
50-54	-	-	-	-	-	10	17	44	71
55-59	-	-	2	-	3	12	35	174	226
60-64	-	-	-	-	-	9	32	208	249
65-69	-	-	-	-	3	9	9	117	138
70-74	-	-	-	-	2	12	21	132	167
75-79	-	-	-	1	4	15	28	60	108
80-84	-	-	1	-	-	3	12	11	27
85-89	-	-	-	-	1	2	3	2	8
90-94	-	-	-	-	-	-	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	5	1	14	80	177	831	1,108



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	1	2	6	14	28	29	80
35-39	-	-	-	1	-	1	-	-	2
40-44	-	-	-	-	-	-	1	-	1
45-49	-	-	-	1	-	1	1	1	4
50-54	-	-	1	1	4	9	10	6	31
55-59	-	-	2	2	8	21	30	10	73
60-64	2	2	3	4	21	27	57	14	130
65-69	-	2	5	6	12	25	46	13	109
70-74	-	-	10	5	11	27	34	6	93
75-79	-	-	7	11	8	13	26	3	68
80-84	1	-	7	4	7	9	14	-	42
85-89	-	-	4	4	4	5	5	1	23
90-94	-	-	1	1	1	-	2	-	5
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	3	4	41	42	82	152	254	83	661

**SCAQMD
Spouses and Dependents with Medical Coverage**

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



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	2	1	42	75	119	357	688	905	2,189
35-39	-	-	3	6	4	7	21	67	108
40-44	-	-	6	8	11	30	51	122	228
45-49	1	-	8	15	31	70	138	221	484
50-54	-	2	22	31	72	227	395	393	1,142
55-59	1	2	46	65	130	456	1,060	811	2,571
60-64	3	3	79	160	219	711	1,655	986	3,816
65-69	1	9	119	179	299	811	1,447	769	3,634
70-74	2	12	149	189	301	695	993	548	2,889
75-79	1	9	99	170	257	516	643	314	2,009
80-84	2	6	102	147	195	287	426	139	1,304
85-89	1	2	56	79	84	126	165	51	564
90-94	-	-	15	26	23	30	28	11	133
95-99	-	-	1	2	2	2	1	1	9
100 & Over	-	-	-	-	-	1	1	-	2
Total Count	14	46	747	1,152	1,747	4,326	7,712	5,338	21,082



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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

LA County
Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	1	-	4	2	6	8	3	11	35
35-39	-	-	-	-	-	-	1	46	47
40-44	-	-	-	1	2	1	1	171	176
45-49	-	1	-	-	7	5	7	282	302
50-54	-	4	23	28	52	102	57	374	640
55-59	1	7	73	120	153	465	943	685	2,447
60-64	4	18	177	258	359	1,119	2,759	1,482	6,176
65-69	8	19	328	461	606	1,641	3,063	1,406	7,532
70-74	4	33	332	544	730	1,631	2,213	1,084	6,571
75-79	6	30	386	580	803	1,344	1,537	876	5,562
80-84	7	20	401	558	692	944	1,216	599	4,437
85-89	4	19	343	395	399	453	728	284	2,625
90-94	2	9	161	142	160	191	232	84	981
95-99	1	3	23	27	37	34	41	20	186
100 & Over	-	-	1	2	6	3	4	-	16
Total Count	38	163	2,252	3,118	4,012	7,941	12,805	7,404	37,733

Local 1014
Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	1	-	1
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	5	5
50-54	-	-	-	-	1	4	1	13	19
55-59	-	-	-	-	2	9	23	67	101
60-64	-	-	2	-	2	17	42	231	294
65-69	-	-	-	-	-	9	28	224	261
70-74	-	-	-	-	3	8	21	169	201
75-79	-	-	-	-	5	23	29	148	205
80-84	-	-	-	-	2	16	42	80	140
85-89	-	-	1	-	1	7	20	17	46
90-94	-	-	-	-	1	8	9	3	21
95-99	-	-	-	-	1	-	2	-	3
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	3	-	18	101	218	957	1,297



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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

Superior Court
Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	3	3
45-49	-	-	-	-	-	-	-	8	8
50-54	-	-	-	3	2	5	6	21	37
55-59	-	-	5	2	11	21	40	28	107
60-64	-	-	10	23	25	51	117	36	262
65-69	1	1	20	22	43	79	127	31	324
70-74	-	4	24	33	34	64	82	29	270
75-79	-	3	20	26	34	52	64	15	214
80-84	-	-	19	23	23	26	62	13	166
85-89	-	1	11	22	12	17	16	4	83
90-94	-	-	2	4	-	1	5	-	12
95-99	-	-	-	-	-	1	-	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	1	9	111	158	184	317	519	189	1,488

SCAQMD
Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	1	1	-	-	-	2
60-64	1	-	1	-	-	-	2	-	4
65-69	-	-	3	-	-	3	4	1	11
70-74	-	-	2	2	1	1	9	-	15
75-79	-	2	1	3	4	2	9	2	23
80-84	-	-	4	1	2	6	7	3	23
85-89	-	-	2	5	5	1	10	-	23
90-94	-	-	2	1	-	1	1	1	6
95-99	-	-	-	1	-	-	1	-	2
100 & Over	-	-	1	-	-	-	-	-	1
Total Count	1	2	16	14	13	14	43	7	110



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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

All Members
Retirees and Survivors with Dental/Vision Coverage

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	1	-	4	2	6	8	4	11	36
35-39	-	-	-	-	-	-	1	47	48
40-44	-	-	-	1	2	1	1	174	179
45-49	-	1	-	-	7	5	7	295	315
50-54	-	4	23	31	55	111	64	408	696
55-59	1	7	78	123	167	495	1,006	780	2,657
60-64	5	18	190	281	386	1,187	2,920	1,749	6,736
65-69	9	20	351	483	649	1,732	3,222	1,662	8,128
70-74	4	37	358	579	768	1,704	2,325	1,282	7,057
75-79	6	35	407	609	846	1,421	1,639	1,041	6,004
80-84	7	20	424	582	719	992	1,327	695	4,766
85-89	4	20	357	422	417	478	774	305	2,777
90-94	2	9	165	147	161	201	247	88	1,020
95-99	1	3	23	28	38	35	44	20	192
100 & Over	-	-	2	2	6	3	4	-	17
Total Count	40	174	2,382	3,290	4,227	8,373	13,585	8,557	40,628



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	2	5	40	76	120	318	621	845	2,027
35-39	-	-	5	7	4	7	22	74	119
40-44	-	1	6	6	11	32	51	154	261
45-49	1	-	10	19	27	68	135	225	485
50-54	1	2	20	31	70	196	370	373	1,063
55-59	1	3	49	69	124	417	984	643	2,290
60-64	1	8	82	171	212	673	1,542	816	3,505
65-69	-	7	121	190	301	782	1,419	668	3,488
70-74	3	8	144	204	320	685	939	427	2,730
75-79	2	7	99	179	258	501	614	269	1,929
80-84	1	5	91	166	210	287	421	141	1,322
85-89	1	3	59	88	95	124	170	50	590
90-94	-	2	21	29	28	33	31	11	155
95-99	-	-	2	2	3	3	2	1	13
100 & Over	-	-	-	-	-	1	-	1	2
Total Count	13	51	749	1,237	1,783	4,127	7,321	4,698	19,979

**Local 1014
Spouses and Dependents with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	1	-	-	6	18	62	87
35-39	-	-	-	-	-	-	-	3	3
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	1	-	-	2	6	18	27
50-54	-	-	-	-	-	6	5	52	63
55-59	-	-	-	-	2	12	31	129	174
60-64	-	-	-	-	-	11	30	214	255
65-69	-	-	-	-	3	9	13	134	159
70-74	-	-	-	-	2	12	23	131	168
75-79	-	-	-	-	3	16	31	58	108
80-84	-	-	1	-	-	2	15	13	31
85-89	-	-	-	-	1	4	3	3	11
90-94	-	-	-	-	-	-	3	-	3
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	3	-	11	80	178	819	1,091



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	2	1	4	13	23	31	74
35-39	-	-	-	1	-	1	-	-	2
40-44	-	-	-	-	-	-	1	2	3
45-49	-	-	-	-	-	1	1	1	3
50-54	-	-	1	1	5	9	10	5	31
55-59	-	-	3	-	9	20	30	9	71
60-64	-	2	4	6	19	25	57	11	124
65-69	-	-	5	8	13	27	50	14	117
70-74	-	1	11	6	14	29	35	7	103
75-79	-	1	9	14	10	12	27	4	77
80-84	-	-	8	5	7	9	12	-	41
85-89	-	-	6	5	4	6	5	2	28
90-94	-	-	1	-	1	-	3	-	5
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	4	50	47	86	152	254	86	679

**SCAQMD
Spouses and Dependents with Dental/Vision Coverage**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	1	-	-	1
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	1	-	-	-	1
55-59	-	-	-	1	-	-	-	-	1
60-64	-	-	2	1	-	-	5	-	8
65-69	-	-	1	-	-	1	4	1	7
70-74	-	-	2	-	1	2	3	1	9
75-79	-	1	2	1	1	1	2	-	8
80-84	-	-	4	1	-	1	4	1	11
85-89	-	-	-	-	1	1	3	-	5
90-94	-	-	-	-	-	-	-	-	-
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	1	11	4	4	7	21	4	52



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

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**

Age	Retirees' Years of Service							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	2	5	43	77	124	337	662	938	2,188
35-39	-	-	5	8	4	8	22	78	125
40-44	-	1	6	6	11	33	52	158	267
45-49	1	-	11	19	27	71	142	244	515
50-54	1	2	21	32	76	211	385	430	1,158
55-59	1	3	52	70	135	449	1,045	781	2,536
60-64	1	10	88	178	231	709	1,634	1,041	3,892
65-69	-	7	127	198	317	819	1,486	817	3,771
70-74	3	9	157	210	337	728	1,000	566	3,010
75-79	2	9	110	194	272	530	674	331	2,122
80-84	1	5	104	172	217	299	452	155	1,405
85-89	1	3	65	93	101	135	181	55	634
90-94	-	2	22	29	29	33	37	11	163
95-99	-	-	2	2	3	3	2	1	13
100 & Over	-	-	-	-	-	1	-	1	2
Total Count	13	56	813	1,288	1,884	4,366	7,774	5,607	21,801



This work product was prepared solely for LACERA. It 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.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-10: Medical and Dental/Vision Plan Distributions of Retired Members, 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									
Blue Cross I	507	2,082	2,589	488	561	1,049	995	2,643	3,638
Blue Cross II	2,553	2,047	4,600	2,205	766	2,971	4,758	2,813	7,571
Blue Cross III	288	8,130	8,418	859	3,061	3,920	1,147	11,191	12,338
Blue Cross Prudent Buyer Plan	851	1,360	2,211	881	402	1,283	1,732	1,762	3,494
CIGNA Healthcare for Seniors	3	26	29	3	10	13	6	36	42
CIGNA Network Model Plan	662	867	1,529	624	252	876	1,286	1,119	2,405
Kaiser (Other)	112	229	341	93	79	172	205	308	513
Kaiser (CA)	4,984	11,865	16,849	4,476	4,020	8,496	9,460	15,885	25,345
PacifiCare	864	1,316	2,180	644	464	1,108	1,508	1,780	3,288
SCAN Health Plan	2	334	336	-	86	86	2	420	422
Firefighters' Local 1014	471	891	1,362	674	434	1,108	1,145	1,325	2,470
Total Medical	11,297	29,147	40,444	10,947	10,135	21,082	22,244	39,282	61,526
Medicare Part B Coverage									
LA County									
Receiving Reimbursement	284	19,079	19,363	115	6,252	6,367	399	25,331	25,730
Not Receiving Reimbursement	10,079	8,040	18,119	9,810	3,092	12,902	19,889	11,132	31,021
Total	10,363	27,119	37,482	9,925	9,344	19,269	20,288	36,463	56,751
Firefighters' Local 1014									
Receiving Reimbursement	19	873	892	57	378	435	76	1,251	1,327
Not Receiving Reimbursement	452	18	470	617	56	673	1,069	74	1,143
Total	471	891	1,362	674	434	1,108	1,145	1,325	2,470
Superior Court									
Receiving Reimbursement	14	725	739	4	218	222	18	943	961
Not Receiving Reimbursement	443	305	748	333	106	439	776	411	1,187
Total	457	1,030	1,487	337	324	661	794	1,354	2,148
SCAQMD									
Receiving Reimbursement	-	72	72	1	24	25	1	96	97
Not Receiving Reimbursement	6	35	41	10	9	19	16	44	60
Total	6	107	113	11	33	44	17	140	157
All Members									
Receiving Reimbursement	317	20,749	21,066	177	6,872	7,049	494	27,621	28,115
Not Receiving Reimbursement	10,980	8,398	19,378	10,770	3,263	14,033	21,750	11,661	33,411
Grand Total Medicare Part B	11,297	29,147	40,444	10,947	10,135	21,082	22,244	39,282	61,526
Dental/Vision Plans									
LA County									
CIGNA Indemnity Dental/Vision	8,298	25,368	33,666	8,428	9,397	17,825	16,726	34,765	51,491
CIGNA Dental HMO/Vision	1,525	2,542	4,067	1,322	832	2,154	2,847	3,374	6,221
Total	9,823	27,910	37,733	9,750	10,229	19,979	19,573	38,139	57,712
Firefighters' Local 1014									
CIGNA Indemnity Dental/Vision	396	855	1,251	587	468	1,055	983	1,323	2,306
CIGNA Dental HMO/Vision	24	22	46	24	12	36	48	34	82
Total	420	877	1,297	611	480	1,091	1,031	1,357	2,388
Superior Court									
CIGNA Indemnity Dental/Vision	356	968	1,324	273	337	610	629	1,305	1,934
CIGNA Dental HMO/Vision	62	102	164	35	34	69	97	136	233
Total	418	1,070	1,488	308	371	679	726	1,441	2,167
SCAQMD									
CIGNA Indemnity Dental/Vision	6	100	106	12	39	51	18	139	157
CIGNA Dental HMO/Vision	-	4	4	-	1	1	-	5	5
Total	6	104	110	12	40	52	18	144	162
All Members									
CIGNA Indemnity Dental/Vision	9,056	27,291	36,347	9,300	10,241	19,541	18,356	37,532	55,888
CIGNA Dental HMO/Vision	1,611	2,670	4,281	1,381	879	2,260	2,992	3,549	6,541
Grand Total Dental/Vision	10,667	29,961	40,628	10,681	11,120	21,801	21,348	41,081	62,429

Los Angeles County Other Post Employment Benefits Program

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

	Retirees			Survivors, Spouses, and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
<u>Death Benefit *</u>									
LA County	12,928	28,959	41,887	NA	NA	NA	12,928	28,959	41,887
Firefighters' Local 1014	445	741	1,186	NA	NA	NA	445	741	1,186
Superior Court	644	1,213	1,857	NA	NA	NA	644	1,213	1,857
SCAQMD	<u>6</u>	<u>87</u>	<u>93</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>6</u>	<u>87</u>	<u>93</u>
Grand Total Death Benefit	14,023	31,000	45,023	NA	NA	NA	14,023	31,000	45,023

* Totals include 137 records who are not in the 7/1/2008 LACERA Pension Valuation.

Los Angeles County Other Post Employment Benefits Program

Exhibit C-11: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	23 medical 25 dental	Retirees were age 21 or less or had a retirement age of 21 or less but were marked as "S" (Service Retiree) under Retirement Type.	Assumed to be Retirement type Minor continuance benefit, so Retirement Type changed to "M".
2	34 medical 32 dental	Records did not have a valid retiree gender.	Used gender from previous medical and dental valuation data and pension data. If not found, made half of the records "M" and the rest "F".
3	26 medical 27 dental	Retirees had a spouse or child on the record with a Date of Birth, but dependent type was not "S" (spouse) or "C" (child).	If dependent Date of Birth 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.
4	8 medical 8 dental	Spouse dependent Date of Birth was not provided.	Spouses given Date of Birth according to the marriage age-difference assumption developed in 2008.
5	26 medical 26 dental	Dependent with Dependent Type "S" had Date of Birth as blank or later than 7/1/1986.	If records had retiree tier "Retiree + Children", dependent type changed to "C". The rest were given a Date of Birth according to the marriage age-difference assumption used in this valuation.
6	49 medical 58 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.
7	83 medical 52 dental	Retirees have Group IND of "O" (Outside District).	Changed indicator to "N" (General) since this is not material enough to investigate.
8	230 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.

ID	Size	Situation	Assumption and Resolution
9	1,598 medical 1,362 dental	There were not any spouses listed in Retiree & Spouse, Retiree + 1, or Retiree and Family deduction codes.	To be consistent with the tier, spouses were added. The spouses' age was determined based on the assumption that male retirees are four years older than their female spouses and female retirees are two years younger than their male spouses. The spouses' gender was designated with the assumption that the spouse is a different gender than the retiree.
10	142 medical 19 dental	There were children listed as dependents so that the number of dependents was not congruent with the tier based on deduction codes.	Children deleted as necessary.
11	461 medical 435 dental	Spouses listed as dependents in Retiree and Children and Retiree Only deduction codes.	Spouses deleted to be congruent with tier.

Los Angeles County Other Post Employment Benefits Program

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.

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 pension plan.
GASB 43	The statement that establishes financial reporting standards for postemployment benefit <u>plans</u> other than pension plans.
GASB 45	The statement that establishes financial reporting standards for <u>employers</u> that sponsor postemployment benefits other than pensions
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 pension benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a pension plan, excluding benefits defined as termination benefits or offers.
Present Value of Future Benefits	This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is: (a) Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, death, disability, termination of employment, etc.; and (b) Discounted at the assumed discount rate.

Projected Benefits	Those OPEB plan benefit amounts which are expected to be paid at various future times under a particular set of Actuarial Assumptions, taking into account such items as the effect of advancement in age and past and anticipated future compensation and service credits.
Substantive Plan	The terms of the OPEB plan as understood by an employer that provides postretirement benefits and the employees who render services in exchange for those benefits. The substantive plan is the basis for the accounting for the plan.
Trend rate	The rate of increase in per-person health costs paid by a plan as a result of factors such as price increases, utilization of healthcare services, plan design, and technological developments.
Unfunded Actuarial Accrued Liability	The excess of the Actuarial Accrued Liability over the Actuarial Value of Assets.

Los Angeles County Other Post Employment Benefits Program

Appendix E: Medical Plan Comparisons

Comparisons are from the following areas of the LACERA website:

<http://www.lacera.com/communications/PDF/08HealthCareRates/2008PlanComparison.pdf>

<http://www.lacera.com/communications/PDF/08HealthCareRates/2008KaiserOut-of-Area.pdf>

<http://www.lacera.com/communications/PDF/08HealthCareRates/2008PlanComparisonMedicare.pdf>

COMPARISON OF MEDICAL PLANS

Effective July 1, 2008



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
- Kaiser Permanente (CA only)
- PacifiCare

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

Comparison of Medical Plans

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
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	According to schedule + 80% of balance 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/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 Health Care	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% up to plan limitations, 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 —Adult —Children Under 17	\$25 copay; covered in-network only \$25 copay; maximum of \$250; covered in-network only	\$25 copay; covered in-network only \$25 copay; covered in-network only
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	80% in-network, 60% out-of-network; \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for mail order for 90-day supply (Copay prorated for less than 3-month supply)	80% in-network, 60% out-of-network; \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for mail order for 90-day supply (Copay prorated for less than 3-month supply)
Mental Health Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum intensive care ¹ ; 30 days maximum per calendar year	90% PPO; 80% non-PPO 15 days maximum per calendar year
Outpatient	50% of covered expenses; 20 visits maximum per calendar year	50% of covered expenses; 20 visits maximum per calendar year
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

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, 60 days per contract year
80% in accordance with requirements	No charge if authorized by a CIGNA HealthCare physician, (60 visits per contract year together with Home Health Care)
100% in accordance with requirements	No charge, (60 visits per contract year together with Private Duty Nursing)
100% up to \$2,500 maximum	No charge
80%	No charge
80%	\$50 copay; waived if admitted
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 \$25 copay; maximum of \$250; covered in-network only	\$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; 20 visits maximum per contract year
80% in accordance with requirements	\$20 copay; 20 visits maximum per contract year
Not covered, except for complications	Covered as any other illness; no copay
80%; mail order is not available	\$7 copay for 30-day supply; \$14 copay for 90-day supply mail order
80% Prudent Buyer; 70% non-Prudent Buyer	\$50 copay per day, 30 days maximum per calendar year
50% Prudent Buyer; 50% non-Prudent Buyer 30 visits maximum per calendar year	Member Assistance Program: No copay for up to 3 phone or non-clinical sessions Mental Health — Individual: \$25 copay per visit Substance Abuse — Individual: \$15 copay for first 2 visits; \$25 copay for visits 3-20 Substance Abuse — Group: \$15 copay per visit; 40 visits maximum per calendar year
Not covered	\$10 copay; limit one exam every 24 months
One pair, after eye surgery	Not covered
Not covered	Not covered
Not covered	Covered as part of primary care physician exam only
Not covered	Not covered

Kaiser Permanente	PacifiCare ⁴
None	None
Maximum copays of \$1,500 individual, \$3,000 family	Maximum copays of \$2,000 individual, \$6,000 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 PacifiCare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; limit 100 consecutive days from first treatment per disability
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 PacifiCare participating physician or medical group. Prognosis of life expectancy of one year or less.
No charge	No charge
\$5 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, internet, mail order, telephone	\$7 copay for 30-day supply; \$7 copay for 90-day supply mail order
No charge; 45 days maximum per calendar year	No charge; 30 days maximum per calendar year
\$5 copay	\$5 copay; 30 visits maximum per calendar year; ⁵ must be authorized through PacifiCare Behavioral Health ⁶
\$5 copay	\$5 copay through PCP ⁶
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	Not covered

Carrier Notes:

Anthem Blue Cross Plans I, II and Prudent Buyer

Coinurance 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 is 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 and coverage.

PacifiCare

⁴ Evercare Solutions for Caregivers – no charge for advice, information and referrals. See the Caregiver flyer, in the packet sent to retirees, for additional services.

⁵ \$5 copay and no visit maximum if diagnosed with schizophrenia; schizoaffective disorder; bipolar disorder (manic-depressive illness); major depressive disorders; panic disorder; obsessive-compulsive disorder; pervasive developmental disorder or autism; anorexia nervosa; bulimia nervosa; and severe emotional disturbances of a child as identified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* and meeting the criteria of California law.

⁶ Your PCP is your Preferred Care Provider in the PacifiCare HMO.

COMPARISON OF MEDICAL PLANS

Effective July 1, 2008



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. These do not replace or modify the official documents which legally govern each plan's operation.

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%; \$2,000 max.	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/period	No charge; 100 days/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 in or out of plan (waived if admitted)
Outpatient	\$100 copay	\$100 in or out of plan (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 specialist visit)	\$15 copay
Preadmission Diagnostic X-Ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adult	\$5 copay	\$15 copay
– Children Under 17	\$5 copay	\$15 copay
Immunizations	\$5 copay	\$15 copay
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; \$21 generic/\$36 brand copay for up to 30-day supply at Eckereds
Mental Health Benefits		
Inpatient	\$250/admission up to 45 days per calendar year	\$250 copay; up to 30 days per calendar year
Outpatient	\$5 copay; up to 20 visits annually	\$15 copay (unlimited)
Substance Abuse Benefits		
Inpatient	\$250/admission	\$250 copay (detox only; per admission)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit towards lenses, contact lenses or frames combined every 2 yrs.	Discounts available
Frames		Discounts available
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—\$2,000 Family (3 or more)—\$6,000	Individual—\$600 Family—\$1,200
None	None
No charge	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/year	No charge; 100 days/year
Not covered	No charge when medically necessary and prescribed
No charge if authorized	No charge if authorized; limited to 130 days
No charge if authorized	No charge
\$25/visit	\$75 copay, waived if admitted
\$25/visit	\$75 copay, waived if admitted
No charge	\$75 copay
\$5 copay	\$5 copay
No charge	No charge
\$5 copay	\$5 copay
\$5 copay	\$5 copay; no charge up to two years old
No charge for age 0-18; \$10 copay for age 19 and above	No charge for routine
\$5 copay	\$5 copay
\$5 copay	\$5 copay; the greater of two months or 20 visits per condition for each therapy
\$5 copay	\$5 copay; the greater of 2 months or 20 visits per condition for each therapy
No charge (after confirmation of pregnancy)	Hospitalization—no charge; Doctor's office visit—no charge
\$5 copay for up to 30-day supply	\$5 copay for up to 30-day supply
No charge for up to 30 days/calendar year*	No charge for up to 30 days; Residential: up to 45 days
\$5 copay for up to 24 visits/calendar year	\$5 copay
No charge	No charge
\$5 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	No charge
\$5 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	Not covered

*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	No charge inpatient; \$50 copay outpatient	Inpatient—no charge/Outpatient—\$100 copay
Hospital Services and Supplies	Durable medical equipment 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/period	No charge; 100 days/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) in or out of plan
Outpatient	\$50 copay	\$50 copay (waived if admitted) in or out of plan
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist)	\$15 copay
Preadmission Diagnostic X-Ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adult	\$5 copay	\$15 copay
– Children Under 17	\$5 copay	\$15 copay
Immunizations	\$5 copay	\$15 copay
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; \$21 generic/\$36 brand copay for 30-day supply at Eckereds
Mental Health Benefits		
Inpatient	\$250/admission (190 lifetime days)	\$250 per admission; 190 day lifetime limit
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250/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 towards lenses, contact lenses or frames combined every 2 yrs	No charge for standard lenses
Frames		\$100 credit for vision hardware
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.

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual—\$2,000 Family—\$6,000	Individual—\$600 Family—\$1,200
None	None
No charge	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/year	No charge; 100 days for Medicare benefits period
Not covered	No charge when medically necessary and prescribed
No charge if authorized	No charge
No charge if authorized	No charge
\$25/visit	\$50 copay, waived if admitted
\$25/visit	\$50 copay, waived if admitted
No charge	\$50 copay
\$5 copay	No charge
No charge	No charge
\$5 copay	No charge
\$5 copay	No charge
No charge for age 0-18; \$10 copay for age 19 and above	No charge
\$5 copay	No charge
\$5 copay	No charge; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
\$5 copay	No charge; 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
\$5 copay for up to 30-day supply	\$5 copay for a 30-day supply
No charge; 30 days/calendar year*	No charge; 190-day max. per lifetime
\$5 copay; 24 visits/calendar year*	No charge
No charge	No charge
\$5 copay	No charge
\$5 copay	No charge
Not covered	\$150 credit towards the purchase of lenses, frames, and/or contact lenses every 24 months
Not covered	
\$5 copay	No charge
Not covered	Not covered

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

COMPARISON OF MEDICAL PLANS

For those enrolled in Medicare Parts A and B

Effective July 1, 2008



Medicare Supplement Plan

- Anthem Blue Cross III

Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Senior Advantage
- PacifiCare/Secure Horizons
- SCAN

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

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 Senior Advantage	SCAN ¹	Secure Horizons ⁵
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 except for dependent children under age 17	\$5 copay	\$5 copay	\$5 copay
Immunizations	Not covered except for dependent children under age 17	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 as any other illness for services covered by Medicare	\$5 copay	Covered as any other 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	80% in-network, 60% out-of-network; \$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, 3-month supply	\$7 copay for 30-day supply (or for 90-day mail order supply for maintenance medications only)
Mental Health Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; 190-day lifetime maximum plus additional 45 days per calendar year after the 190-day maximum is exhausted ²	No charge; 190-day lifetime maximum in Medicare facility ²	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	30% of Medicare-approved charges	\$5 copay for each visit per calendar year ²	\$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/visit individual; \$2/visit group	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision Benefits				
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered eye exam once every 12 months	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/contacts) purchased from plan optical sales offices 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	\$0 copay preferred provider \$5 copay non-preferred provider	\$5 copay
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 Advantage Prescription Drug (MA-PD) HMOs			
	Medicare Supplement Anthem Blue Cross III	Kaiser Senior Advantage	SCAN ¹	Secure Horizons ⁵
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	None	None
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 Health Care	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 (!) 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.

- 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 their 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.

² Note: Visit or day limits do not apply to certain mental health care 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 speciality drugs prorated for less than a 3-month supply.

⁵ PacifiCare/Secure Horizons includes coverage for Evercare Solutions for Caregivers services
— No charge for advice, information and referrals. See the Caregiver flyer for additional services.

Los Angeles County Other Post Employment Benefits Program

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/2009spd.pdf>



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)
Lifetime Benefit Maximum	\$4,000,000	
	In-Network	Out-of-Network
Preventative Care		
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 through age 19, \$3,000 lifetime maximum. Immunizations for influenza covered beginning at age 60	100%, no deductible through age 19, \$3,000 lifetime maximum. Immunizations for influenza covered beginning at age 60 ¹
Wellness Benefit	100%, no deductible; routine exams and screenings (up to a \$550 combined annual maximum) per person. Includes immunizations for shingles for individuals age 60 and over.	100%, no deductible; routine exams and screenings (up to a \$550 combined annual maximum) per person ¹ . Includes immunizations for shingles for individuals age 60 and over.
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
	In-Network	Out-of-Network
Medically Necessary Care		
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 co-pay 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 co-pay 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

Continued on Next Page



Benefits-at-a-Glance

Maternity (No pre-authorization required for un-complicated 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 Pre-authorization from Anthem Blue Cross for all inpatient surgery and any outpatient procedure that might be considered, experimental, investigational or cosmetic.)	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
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 Drugs²	Short-term (30-Day Supply) From a Retail Pharmacy or Mail order	
	In-Network	Out-of-Network
Generic	\$10 co-pay	You pay the entire cost of your prescription up front. Then, you submit a claim for reimbursement. You may be reimbursed for 100% of the cost minus the co-pay. Out-of-network co-pays are the same as the in-network co-pays. ¹
Brand name (when generic is unavailable)	\$20 co-pay	
Brand name (when generic is available)	\$30 co-pay PLUS the cost difference between the brand name drug and the generic drug	
	Maintenance (Up to a 90-Day Supply)	
	From a Retail Pharmacy	From Medco Home Delivery
Generic	\$25 co-pay	
Brand name (when generic is available)	\$50 co-pay	
Brand name (when generic is available)	\$75 co-pay PLUS the cost difference between the brand name drug and the generic drug	

Continued on Next Page



Benefits-at-a-Glance

VSP Vision Care	In-Network	Out-of-Network
Co-payment	\$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 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, or \$85 lined trifocal lenses, or \$85 progressive lenses. \$5 for tints.
Frames	Covered once every 12 months, up to \$175, plus 20% off other costs.	Up to \$47 once every 24 months
Contacts	When you choose contacts instead of glasses, a \$120 allowance applies once every 12 months to the cost of contacts, fitting, and exam. This is a separate exam from your regular vision exam.	Up to \$105 once every 12 months

MHN Mental Health Care	In-Network	Out-of-Network
Local 1014 Member's Assistance Program	<p>Assessment: 1-3 visits per individual, per incident, in person or by phone</p> <p>Work/Life Benefits: Legal, financial, tax audit assistance, child care and eldercare referral.</p>	No coverage available
Outpatient care (In-network requires pre-authorization from MHN)	<p>Individual sessions: 1-5 visits (\$0 co-pay) 6-50 visits (\$15 co-pay) Unlimited visits for severe mental illness³</p>	\$20 co-pay per visit (up to UCR ³ allowance) maximum 25 sessions per year. Unlimited visits for severe mental illness ³
Inpatient care (Both in-network and out-of-network requires pre-authorization from MHN)	<p>\$200 co-pay:</p> <ul style="list-style-type: none"> • Combined maximum of 30 days per calendar year for mental health and substance abuse care • Unlimited days for severe mental illness³ 	<p>80% with no deductible:</p> <ul style="list-style-type: none"> • Combined maximum of 30 days (up to UCR³ allowance) per calendar year for mental health and substance abuse care • Unlimited days (up to UCR³ allowance) for severe mental illness

Continued on Next Page



Benefits-at-a-Glance

Additional Benefits	In-Network	Out-of-Network
Acupuncture	After deductible, up to \$50 per visit; paid at 90% up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of acupuncture and chiropractic per calendar year.	After deductible, up to \$50 per visit; paid at 70% up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of acupuncture and chiropractic per calendar year.
Chiropractic care	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; maximum 30 visits combined total of chiropractic and acupuncture per calendar year.	70% after deductible, up to \$100 per visit, up to annual out-of-pocket maximum; 100% thereafter; maximum 30 visits combined total of chiropractic and acupuncture per calendar year.
Home health care (Requires pre-authorization 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 pre-authorization 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	
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
Skilled nursing facility (Providers must request Pre-authorization from Anthem Blue Cross)	90% after deductible, up to annual out-of-pocket limit; 100% thereafter; 70 day limit per occurrence. 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 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 pre-authorization by Local 1014's Patient Care Coordinator. Your pharmacist will know which drugs need pre-authorization.

³ See *glossary* for definition.

Los Angeles County Other Post Employment Benefits Program

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/communications/PDF/08HealthCareRates/2008DentalVisionCharts.pdf>



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G-1

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%*	\$0**
Scaling/root planing—per quad	20%*	\$30**
Single extraction	20%*	\$0**
Surgical extraction erupted tooth	20%*	\$0**
Crown—porcelain to high noble metal	20%*	\$210**
Crown—stainless steel	20%*	\$0**
Post—prefab or crown buildup	20%*	\$40**
Orthodontic therapy—child	Not Covered	\$1,100**
Orthodontic therapy—adult	Not Covered	\$1,700**

* Member pays this percent of usual & customary charges. Member pays 50% for procedures involving gold.

** Member pays this amount, plus additional charges specified in the plan brochure.

VISION PLAN

Benefit	In-Network Benefits	Out-of-Network Benefits
Spectacle Exam*	\$20 copay; then covered in full. For contact lens fitting and professional services, member pays additional charges	\$25 reimbursement
Lenses		
■ 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 \$70 allowance	\$70 reimbursement maximum
Frames	\$50 allowance	\$35 reimbursement maximum
Contact Lenses (lifetime maximum benefit)		
■ Hard Lenses	\$180 allowance	\$150 reimbursement
■ Soft Lenses	\$230 allowance	\$225 reimbursement

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

Los Angeles County Other Post Employment Benefits Program

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/health_care/Medicare_Eligibility/Medicare_B.html



[Search](#)

[LACERA - Health Care Home](#) > Medicare Enrollment > **Medicare B Eligibility**

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HEALTH CARE

[Medicare A Eligibility](#)
[Medicare B Eligibility](#)
[ALERT - Medicare Part D](#)

[Medicare Part B Reimbursement](#)
[The Value of Medicare B](#)

MEDICARE PART B ELIGIBILITY

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.

On December 9, 2008, the Board of Supervisors approved the Medicare Part B Premium Reimbursement Program for 2009 for LACERA-administered Medicare Plan enrollees.

[Click here for more information.](#)

Effective January 2009, the Medicare Part B premium amount remains at \$96.40 (standard rate), the same as in 2008. (12-15-08)

12/15/08



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Los Angeles County Other Post Employment Benefits Program

Appendix I: South Coast Air Quality Management District



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.

Los Angeles County Other Post Employment Benefits Program

Table 1: July 1, 2008 Summary of County Paid Liabilities and Cost

SCAQMD	July 1, 2008
A. Total Membership	
1. Active Members	14
2. Vested Terminated Members	1
3. Retirees and Survivors (Medical Coverage)	113
4. Total	<u>128</u>
B. Total Payroll as of July 1, 2008	\$ 637,389
C. Expected County Paid First-Year Benefits	\$ 950,867
D. Present Value of Future Benefits (PVB) ¹	\$ 18,607,578
E. Actuarial Accrued Liability by Member Status ¹	
1. Active Members	\$ 2,058,325
2. Vested Terminated Members	27,448
3. Retired Members	15,308,205
4. Total	<u>\$ 17,393,978</u>
F. Actuarial Accrued Liability by Benefit Type ¹	
1. Retiree Medical	\$ 14,330,152
2. Retiree Dental/Vision	887,149
3. Medicare Part B	1,789,039
4. Retiree Life Insurance	387,638
5. Total	<u>\$ 17,393,978</u>
G. Assets	\$ -
H. Unfunded Actuarial Accrued Liability	\$ 17,393,978
I. Annual Required Contribution (ARC) ²	\$ 767,176
J. ARC expressed as a percentage of payroll	
1. Normal Cost	16.22%
2. UAAL payment	104.14%
3. Total	<u>120.36%</u>

¹ Net of Retiree Paid Premiums

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

Los Angeles County Other Post Employment Benefits Program

Table 2: July 1, 2008 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Medical Benefits

	SCAQMD
1. AAL - Total Medical Benefits	
Retirees	\$ 15,563,835
Vested Terminateds	25,013
Actives	1,814,653
Total	<u>\$ 17,403,501</u>
2. AAL - Retiree Paid Medical Premiums	
Retirees	\$ 2,949,600
Vested Terminateds	25,013
Actives	98,736
Total	<u>\$ 3,073,349</u>
3. AAL - County Paid Medical Benefits (1) - (2)	
Retirees	\$ 12,614,235
Vested Terminateds	-
Actives	1,715,917
Total	<u>\$ 14,330,152</u>

Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2008 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Dental and Vision Benefits

	SCAQMD
4. AAL - Total Dental & Vision Benefits	
Retirees	\$ 954,652
Vested Terminateds	2,060
Actives	104,822
Total	\$ 1,061,534
5. AAL - Retiree Paid Dental & Vision Premiums	
Retirees	\$ 166,000
Vested Terminateds	2,060
Actives	6,325
Total	\$ 174,385
6. AAL - County Paid Dental & Vision Benefits (4) - (5)	
Retirees	\$ 788,652
Vested Terminateds	-
Actives	98,497
Total	\$ 887,149

Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2008 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Medicare Part B and Retiree Life Insurance

	SCAQMD
7. AAL - County Paid Medicare Part B Premiums	
Retirees	\$ 1,528,140
Vested Terminateds	26,609
Actives	234,290
Total	\$ 1,789,039
8. AAL - County Paid Retiree Death Benefit	
Retirees	\$ 377,178
Vested Terminateds	839
Actives	9,621
Total	\$ 387,638
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)	
Retirees	\$ 15,308,205
Vested Terminateds	27,448
Actives	2,058,325
Total	\$ 17,393,978

Los Angeles County Other Post Employment Benefits Program

Table 3: July 1, 2008 Normal Cost at Unfunded Rate (5.00%)

	SCAQMD	
1. Total Medical Benefits	\$	98,778
2. Retiree Paid Medical Premiums		16,797
3. Net County Paid Medical Benefits (1) - (2)	\$	81,981
4. Total Dental/Vision Benefits	\$	5,736
5. Retiree Paid Dental/Vision Premiums		1,074
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$	4,662
7. County Paid Medicare Part B Premiums	\$	16,122
8. County Paid Retiree Death Benefit	\$	592
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$	103,357
10. Valuation Payroll	\$	637,389
11. County Normal Cost as a Percentage of Payroll		16.22%

Los Angeles County Other Post Employment Benefits Program

Table 4: 2008-2009 Annual Required Contribution (ARC) at Unfunded Rate (5.00%)

	<u>SCAQMD</u>
1. Unfunded Actuarial Accrued Liability (UAAL)	
Present Value of Benefits (PVB)	\$ 18,607,578
Present Value of Future Normal Cost (PVFNC)	<u>1,213,600</u>
Actuarial Accrued Liability as of July 1, 2008	\$ 17,393,978
Fund Balance at July 1, 2008	<u>-</u>
Unfunded Actuarial Accrued Liability	\$ 17,393,978
2. Amortization of UAAL (Level % of Pay)	
Amortization Period (years)	30
UAAL Amortization Payment	\$ 663,819
3. 2008 - 2009 Annual Required Contribution (ARC) on July 1, 2008	
Amortization of UAAL	\$ 663,819
Normal Cost	<u>103,357</u>
Annual Required Contribution (ARC) (As of July 1, 2008)	\$ 767,176
4. July 1, 2008 Valuation Payroll	\$ 637,389
5. Estimated ARC as a Percentage of Valuation Payroll	120.36%

Los Angeles County Other Post Employment Benefits Program

Table 5: Projected County Paid Benefits by Type

SCAQMD

Fiscal Year Ending	Medical Total	Dental / Vision Total	Medicare Part B	Death Benefit	Medical Retiree Contribution	Dental / Vision Retiree Contribution	Total SCAQMD Paid Benefits
6/30/2009	\$ 883,346	\$ 82,127	\$ 109,793	\$ 32,461	\$ (142,530)	\$ (14,330)	\$ 950,867
6/30/2010	911,008	82,877	113,512	32,798	(140,869)	(14,386)	984,940
6/30/2011	981,151	82,371	114,598	32,955	(151,123)	(14,206)	1,045,746
6/30/2012	1,039,762	81,751	116,074	32,907	(159,205)	(14,026)	1,097,263
6/30/2013	1,100,231	80,899	116,854	32,636	(170,518)	(13,808)	1,146,294
6/30/2014	1,141,854	79,811	118,161	32,141	(180,899)	(13,549)	1,177,519
6/30/2015	1,172,061	78,453	120,154	31,430	(189,394)	(13,249)	1,199,455
6/30/2016	1,203,946	76,860	119,833	30,515	(197,899)	(12,921)	1,220,334
6/30/2017	1,221,961	75,161	119,847	29,438	(205,775)	(12,614)	1,228,018
6/30/2018	1,223,607	73,197	119,709	28,193	(210,644)	(12,247)	1,221,815

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 Medical Inflation Rates	Valuation Medical Inflation Rates Plus 1%	Valuation Medical Inflation Rates Minus 1%
Unfunded (5.00%)			
July 1, 2008, AAL (Percentage Increase/(Decrease))	\$ 17,393,978	\$ 19,414,975	\$ 15,693,470
		12%	(10%)
2008 – 2009 ARC (Percentage Increase/(Decrease))	\$ 767,176	\$ 874,865	\$ 679,878
		14%	(11%)