

LOS ANGELES COUNTY
OTHER POSTEMPLOYMENT BENEFITS PROGRAM

ACTUARIAL VALUATION

July 1, 2010

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March 11, 2011

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

Re: July 1, 2010 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 health-related benefits are collectively referred to in this report as the Los Angeles County (County) Other Postemployment Benefits (OPEB) Program, or the "OPEB program". The major findings of the valuation are contained in this report. This report reflects the benefit provisions in effect as of July 1, 2010, and the retiree health plan premium rates in effect as of July 1, 2010, and preliminary July 1, 2011, premium rates received from Mercer on February 1, 2011.

In preparing this report, we relied, without audit, on information (some oral and some in writing) supplied by the County, LACERA and Mercer Health & Benefits. This information includes, but is not limited to: benefit descriptions, membership data, and financial information. We found this information to be reasonably consistent and comparable with data used for other purposes. In some cases, where the data was incomplete, we made assumptions as noted in Table C-11. The valuation results depend on the integrity of this information. If any of this information is inaccurate or incomplete, our results may be different and our calculations may need to be revised.

In developing these recommendations, except for the usage of the 2010 Centers for Medicare and Medicaid Services (CMS) reports on future Medicare costs, we have not reflected any other impact of the Patient Protection and Affordable Care Act (PPACA), which was signed March 23, 2010, and the Health Care and Education Reconciliation Act (HCERA), which amended PPACA, and was signed March 30, 2010. These acts are anticipated to affect the County's future retiree health care liabilities. As the potential impacts become clearer, they will be reflected in the OPEB assumptions.

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

We further certify that the assumptions developed in this report satisfy Actuarial Standards Board (ASB) Standards of Practice, in particular, No. 6 (Measuring Retiree Group Benefit Obligations). The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the July 1, 2010 valuation of the LACERA retirement benefit program. The OPEB demographic and economic assumptions are based on the results of our 2010 OPEB Investigation of Experience, dated January 28, 2011. The assumptions used in the OPEB Investigation of Experience are derived from a combination of assumptions identified during the 2010 LACERA Investigation of Experience for Retirement Benefit Related Assumptions and collaboration among a group of stakeholder representatives. Economic and demographic assumptions from the Retirement Benefit Investigation of Experience, conducted by Milliman and approved by LACERA's Board of Investments, are integrated into the OPEB Investigation of Experience. Assumptions unique to OPEB, are identified, evaluated, and agreed upon collaboratively by the actuaries and consultants representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Mercer, LACERA's Health Care Benefits Consultant; Buck Consultants, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. Types of OPEB specific assumptions include: health cost trend rates, initial enrollment, plan and tier selection, spouse age difference, and re-enrollment assumptions. The OPEB Investigation of Experience is reviewed in conjunction with the approval of the OPEB Valuation by LACERA's Board of Retirement. The assumptions are summarized in Appendix A.

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

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

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

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

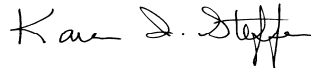
We would like to express our appreciation to LACERA staff members, Los Angeles County, SEIU Local 721, Mercer, Segal, Rael & Letson, and Buck Consultants who gave substantial assistance in supplying the data on which this report is based.

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

Los Angeles County Other Post Employment Benefits Program

July 1, 2010 Actuarial Valuation

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Los Angeles County Other Post Employment Benefits Program

July 1, 2010 Actuarial Valuation

Section 1: Executive Summary



2010 Valuation Results

	July 1, 2010	July 1, 2008
Actuarial Accrued Liability (\$ billions)	\$ 24.03	\$ 21.86
County Normal Cost Rate	15.17%	14.42%
County ARC as a Percentage of Payroll	28.79%	27.75%

Overview

We are pleased to present the results of the July 1, 2010 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 2010 OPEB Investigation of Experience, increases due to the passage of time since our July 1, 2008 valuation, and demographic and claim cost related experience gains measured as of July 1, 2010.
- The County Normal Cost Rate and Annual Required Contribution (ARC) increased as a percentage of payroll due to the factors mentioned above, plus lower than expected valuation payroll.

Analysis of Change

The following table illustrates the sources of change between the July 1, 2008 and July 1, 2010 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, 2008 Valuation	\$ 21.86	14.42%	27.75%
Retirement Related Assumption Changes	\$ 0.04	0.02%	0.05%
OPEB Assumption Changes	0.25	0.45%	0.59%
B. July 1, 2008 Valuation with Changes	\$ 22.15	14.89%	28.39%
Expected Two-year Change	3.48	0.28%	1.23%
C. July 1, 2010 Valuation Expected	\$ 25.63	15.17%	29.62%
Claim Cost Experience (Gain)/Loss	(0.91)	(0.11%)	(0.62%)
July 1, 2011 Renewal (Gain)/Loss	(0.36)	(0.21%)	(0.42%)
Demographic and Other Experience (Gain)/Loss	(0.33)	0.32%	0.21%
D. July 1, 2010 Valuation	\$ 24.03	15.17%	28.79%

Analysis of Change (continued)

Section A: The retirement benefit related assumptions increased the Actuarial Accrued Liability (AAL), Normal Cost Rate (NCR), and the Annual Required Contribution (ARC) Percentage. The cost percentages are based on assumed July 1, 2008 valuation payroll of \$6,259.2 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, 2008 valuation payroll of \$6,259.2 million, increased by 4% for two years to \$6,770.0 million (projected as of July 1, 2010).

Section C: The claim cost experience gain and renewal gain includes the impact of lower than expected increases in health insurance premiums as of July 1, 2010 and July 1, 2011. The July 1, 2011 premiums are based on preliminary premiums received from Mercer as of February 1, 2011. The percentages in these rows are based on assumed July 1, 2010 payroll of \$6,770.0 million. The “demographic and 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, 2010 valuation payroll of \$6,732.7 million. The increase in the NCR and ARC are a result of increases in the average age and service of active members.

Summary Valuation Results

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

- The total Present Value of Future Benefits (PVB) 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 Present Value of Future Normal Costs is included. It is the difference between the PVB and the Actuarial Accrued Liability.
- 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.
- There are no Assets, since the OPEB program is funded on a pay-as-you-go basis.

- The Annual Required Contribution (ARC) is also summarized. The ARC is based on the Normal Cost plus 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, 2010 Valuation Results
(all dollar amounts in billions)

	LA County			Superior Court	Total
	General	Safety	Subtotal		
1. Present Value of Future Benefits	\$ 27.21	\$ 10.81	\$ 38.02	\$ 1.75	\$ 39.77
2. Present Value of Future Normal Costs	11.24	3.84	15.08	0.66	15.74
3. Actuarial Accrued Liability (1-2)	\$ 15.97	\$ 6.97	\$ 22.94	\$ 1.09	\$ 24.03
4. Assets	-	-	-	-	-
5. Unfunded Actuarial Accrued Liability (3-4)	\$ 15.97	\$ 6.97	\$ 22.94	\$ 1.09	\$ 24.03
6. ARC ²	\$ 1.31	\$ 0.55	\$ 1.86	\$ 0.08	\$ 1.94
7. ARC expressed as a percentage of payroll					
Normal Cost	13.71%	21.58%	15.32%	12.44%	15.17%
UAAL payment	11.99%	20.42%	13.71%	11.98%	13.62%
Total	25.70%	42.00%	29.03%	24.42%	28.79%

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, 2010, compared with July 1, 2008, under the Projected Unit Credit Cost Method and the assumed 5.0% investment rate of return. The following key results are included in this table:

- A summary of total membership by type of member as of the valuation date.
- Total payroll as of the valuation date. The two-year increase of 7.6% is lower than 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 9.7% is much less than the expected two-year increase of 24.1% due largely to lower than anticipated health care premiums. This is based on Table 6 of the July 1, 2008 valuation, which expected the 2008 payment level of \$387.5 million to increase to \$480.8 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 2.6% decrease for vested terminated members is a result of fewer vested terminated members. The 13.8% increase in Medicare Part B benefits is a result of higher projected Part B premium trends. Although this is a fairly large increase for Medicare Part B benefits, it as a relatively small percentage impact on the overall results.
- The Annual Required Contribution (ARC). The ARC increased by 11.6% in dollar terms, and as a percentage of payroll it only increased by 3.7% because of the increase in payroll.

Los Angeles County Other Post Employment Benefits Program

**Table 1: July 1, 2010 Summary of County Paid Liabilities and Cost
(All Dollar Amounts in Millions)**

	July 1, 2010	July 1, 2008	Percentage Change
A. Total Membership			
1. Active Members	94,343	94,415	(0.1%)
2. Vested Terminated Members	7,917	8,074	(1.9%)
3. Retirees and Survivors (Medical Coverage)	41,786	40,444	3.3%
4. Total	144,046	142,933	0.8%
B. Total Payroll	\$ 6,732.7	\$ 6,259.2	7.6%
C. Expected County Paid First-Year Benefits	\$ 424.9	\$ 387.5	9.7%
D. Present Value of Future Benefits (PVB) ¹	\$ 39,766.9	\$ 35,251.2	12.8%
E. Actuarial Accrued Liability by Member Group ¹			
1. LA County Members	\$ 22,939.8	\$ 20,901.6	9.8%
2. Superior Court Members	1,091.2	962.0	13.4%
3. Total	\$ 24,031.0	\$ 21,863.6	9.9%
F. Actuarial Accrued Liability by Member Status ¹			
1. Active Members	\$ 13,805.5	\$ 11,871.5	16.3%
2. Vested Terminated Members	929.3	954.0	(2.6%)
3. Retired Members	9,296.2	9,038.1	2.9%
4. Total	\$ 24,031.0	\$ 21,863.6	9.9%
G. Actuarial Accrued Liability by Benefit Type ¹			
1. Retiree Medical	\$ 20,020.9	\$ 18,279.7	9.5%
2. Retiree Dental/Vision	1,110.1	1,019.8	8.9%
3. Medicare Part B	2,731.5	2,400.6	13.8%
4. Retiree Life Insurance	168.5	163.5	3.1%
5. Total	\$ 24,031.0	\$ 21,863.6	9.9%
H. Assets	\$ -	\$ -	
I. Unfunded Actuarial Accrued Liability	\$ 24,031.0	\$ 21,863.6	9.9%
J. Annual Required Contribution (ARC) ²	\$ 1,938.4	\$ 1,737.0	11.6%
K. ARC expressed as a percentage of payroll			
1. Normal Cost	15.17%	14.42%	5.2%
2. UAAL payment	13.62%	13.33%	2.2%
3. Total	28.79%	27.75%	3.7%

¹ Net of Retiree Paid Premiums

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



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Los Angeles County Other Post Employment Benefits Program

July 1, 2010 Actuarial Valuation

Section 2: Actuarial Valuation as of July 1, 2010

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, 2010 valuation of the LACERA retirement benefit program. The OPEB demographic and economic assumptions are based on the results of our 2010 OPEB Investigation of Experience, dated January 28, 2011. These assumptions were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Mercer, LACERA's Health Care Benefits Consultant; Buck Consultants, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups.

**Valuation
Methodology
(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 County OPEB program is tied to benefit eligibility under the LACERA retirement benefit program. Thus, all former County employees receiving OPEB program benefits are also members in the retirement benefit program.

The active and vested terminated member census data for each of the OPEB program member groups is summarized by the LACERA retirement benefit program levels in Appendix C. The retiree and dependent data for each health plan and benefit group is also summarized.

A glossary of terms is provided in Appendix D. Summaries of health benefits are provided in Appendices E, F, G, and H. Additional subtotaling of the liabilities and costs for the South Coast Air Quality Management District (SCAQMD) members are provided in Appendix I.

B. GASB Liabilities and Costs

**Key Liability
Descriptions**

GASB Statements No. 43 and No. 45 cover non-pension postretirement benefits. In summary, the statements hold that benefits should be recognized over the working lifetime of the employee, from the date of hire to the last date of employment.

The statements define two measures of OPEB program liabilities, the Actuarial Present Value of Projected Total Benefits (PVB) and the Actuarial Accrued Liability (AAL).

The PVB is the present value of the future postemployment benefits payable by the County to current active members and retirees. This value is net of future retiree contributions. The PVB is shown in Table 1, D. above.

The AAL is the most important measure of liability because it is used to derive the Annual Required Contribution (ARC) and disclosure values. The AAL is the portion of the PVB attributed to periods up to the measurement date. For this report, the AAL is determined under the Projected Unit Credit (PUC) actuarial cost method. The AAL is shown in Table 2 subtotaled by benefit type and member status.

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 program benefits.

Table 4 details the ARC results as of July 1, 2010, the beginning of the 2010/2011 fiscal year.

Background on Accounting Requirements

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

This report was prepared for purposes of meeting these financial accounting and reporting disclosure requirements. The actual funding of the OPEB program benefits may differ from the amounts used for accounting disclosure purposes. Under the GASB rules, if the employer is not prefunding the benefit obligations, then the assumed discount rate or investment return rate can not exceed the expected return on the employer's general ledger accounts. Since Los Angeles County has historically not been prefunding the OPEB program 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, 2010 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	\$ 5,512.8	\$ 2,876.3	\$ 8,389.1	\$ 342.3	\$ 8,731.4
Vested Terminateds	910.5	52.8	963.3	92.2	1,055.5
Actives	8,198.5	3,678.3	11,876.8	579.7	12,456.5
Total	\$ 14,621.8	\$ 6,607.4	\$ 21,229.2	\$ 1,014.2	\$ 22,243.4
2. AAL - Retiree Paid Medical Premiums					
Retirees	\$ 597.4	\$ 321.3	\$ 918.7	\$ 41.9	\$ 960.6
Vested Terminateds	363.5	32.6	396.1	37.1	433.2
Actives	597.0	194.7	791.7	37.0	828.7
Total	\$ 1,557.9	\$ 548.6	\$ 2,106.5	\$ 116.0	\$ 2,222.5
3. AAL - County Paid Medical Benefits (1) - (2)					
Retirees	\$ 4,915.4	\$ 2,555.0	\$ 7,470.4	\$ 300.4	\$ 7,770.8
Vested Terminateds	547.0	20.2	567.2	55.1	622.3
Actives	7,601.5	3,483.6	11,085.1	542.7	11,627.8
Total	\$ 13,063.9	\$ 6,058.8	\$ 19,122.7	\$ 898.2	\$ 20,020.9

Los Angeles County Other Post Employment Benefits Program

**Table 2 (Cont): July 1, 2010 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	\$ 368.2	\$ 156.2	\$ 524.4	\$ 20.6	\$ 545.0
Vested Terminateds	48.8	2.4	51.2	4.7	55.9
Actives	450.3	151.3	601.6	31.3	632.9
Total	\$ 867.3	\$ 309.9	\$ 1,177.2	\$ 56.6	\$ 1,233.8
5. AAL - Retiree Paid Dental & Vision Premiums					
Retirees	\$ 37.1	\$ 17.1	\$ 54.2	\$ 2.6	\$ 56.8
Vested Terminateds	20.1	1.5	21.6	2.0	23.6
Actives	33.0	8.2	41.2	2.1	43.3
Total	\$ 90.2	\$ 26.8	\$ 117.0	\$ 6.7	\$ 123.7
6. AAL - County Paid Dental & Vision Benefits (4) - (5)					
Retirees	\$ 331.1	\$ 139.1	\$ 470.2	\$ 18.0	\$ 488.2
Vested Terminateds	28.7	0.9	29.6	2.7	32.3
Actives	417.3	143.1	560.4	29.2	589.6
Total	\$ 777.1	\$ 283.1	\$ 1,060.2	\$ 49.9	\$ 1,110.1

Los Angeles County Other Post Employment Benefits Program

**Table 2 (Cont): July 1, 2010 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	\$ 644.9	\$ 242.6	\$ 887.5	\$ 34.7	\$ 922.2
Vested Terminateds	225.9	20.5	246.4	20.6	267.0
Actives	1,123.8	339.0	1,462.8	79.5	1,542.3
Total	\$ 1,994.6	\$ 602.1	\$ 2,596.7	\$ 134.8	\$ 2,731.5
8. AAL - County Paid Retiree Death Benefit					
Retirees	\$ 90.4	\$ 19.3	\$ 109.7	\$ 5.3	\$ 115.0
Vested Terminateds	6.9	0.3	7.2	0.5	7.7
Actives	37.4	5.9	43.3	2.5	45.8
Total	\$ 134.7	\$ 25.5	\$ 160.2	\$ 8.3	\$ 168.5
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)					
Retirees	\$ 5,981.8	\$ 2,956.0	\$ 8,937.8	\$ 358.4	\$ 9,296.2
Vested Terminateds	808.5	41.9	850.4	78.9	929.3
Actives	9,180.0	3,971.6	13,151.6	653.9	13,805.5
Total	\$ 15,970.3	\$ 6,969.5	\$ 22,939.8	\$ 1,091.2	\$ 24,031.0

Los Angeles County Other Post Employment Benefits Program

**Table 3: July 1, 2010 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	\$ 650.4	\$ 273.7	\$ 924.1	\$ 39.6	\$ 963.7
2. Retiree Paid Medical Premiums	80.2	28.6	108.8	4.3	113.1
3. Net County Paid Medical Benefits (1) - (2)	\$ 570.2	\$ 245.1	\$ 815.3	\$ 35.3	\$ 850.6
4. Total Dental/Vision Benefits	\$ 33.5	\$ 10.8	\$ 44.3	\$ 2.1	\$ 46.4
5. Retiree Paid Dental/Vision Premiums	4.2	1.2	5.4	0.2	5.6
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$ 29.3	\$ 9.6	\$ 38.9	\$ 1.9	\$ 40.8
7. County Paid Medicare Part B Premiums	\$ 94.9	\$ 26.1	\$ 121.0	\$ 5.8	\$ 126.8
8. County Paid Retiree Death Benefit	\$ 2.6	\$ 0.3	\$ 2.9	\$ 0.2	\$ 3.1
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$ 697.0	\$ 281.1	\$ 978.1	\$ 43.2	\$ 1,021.3
10. Valuation Payroll	\$ 5,082.7	\$ 1,302.8	\$ 6,385.5	\$ 347.2	\$ 6,732.7
11. County Normal Cost as a Percentage of Payroll	13.71%	21.58%	15.32%	12.44%	15.17%

Los Angeles County Other Post Employment Benefits Program

Table 4: 2010-2011 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)	\$ 27,202.3	\$ 10,812.3	\$ 38,014.6	\$ 1,752.3	\$ 39,766.9
Present Value of Future Normal Cost (PVFNC)	11,232.0	3,842.8	15,074.8	661.1	15,735.9
Actuarial Accrued Liability as of July 1, 2010	\$ 15,970.3	\$ 6,969.5	\$ 22,939.8	\$ 1,091.2	\$ 24,031.0
Fund Balance at July 1, 2010	-	-	-	-	-
Unfunded Actuarial Accrued Liability	\$ 15,970.3	\$ 6,969.5	\$ 22,939.8	\$ 1,091.2	\$ 24,031.0
2. Amortization of UAAL (Level % of Pay)					
Amortization Period (years)	30	30	30	30	30
UAAL Amortization Payment	\$ 609.5	\$ 266.0	\$ 875.5	\$ 41.6	\$ 917.1
3. 2010 - 2011 Annual Required Contribution (ARC) on July 1, 2010					
Amortization of UAAL	\$ 609.5	\$ 266.0	\$ 875.5	\$ 41.6	\$ 917.1
Normal Cost	697.0	281.1	978.1	43.2	1,021.3
Annual Required Contribution (ARC) (As of July 1, 2010)	\$ 1,306.5	\$ 547.1	\$ 1,853.6	\$ 84.8	\$ 1,938.4
4. July 1, 2010 Valuation Payroll	\$ 5,082.7	\$ 1,302.8	\$ 6,385.5	\$ 347.2	\$ 6,732.7
5. Estimated ARC as a Percentage of Valuation Payroll	25.70%	41.99%	29.03%	24.42%	28.79%

July 1, 2010 Actuarial Valuation

LACERA OPEB Program



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

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
6/30/2011	\$ 400.8	\$ 35.2	\$ 36.5	\$ 6.6	\$ (50.4)	\$ (3.8)	\$ 424.9
6/30/2012	448.4	37.6	41.9	6.9	(55.4)	(4.1)	475.3
6/30/2013	495.8	40.2	48.7	7.2	(58.7)	(4.4)	528.8
6/30/2014	547.2	43.0	54.6	7.5	(62.9)	(4.7)	584.7
6/30/2015	603.0	46.0	61.0	7.8	(68.0)	(5.1)	644.7
6/30/2016	661.2	49.2	68.3	8.1	(73.7)	(5.4)	707.7
6/30/2017	724.4	52.7	76.2	8.4	(80.2)	(5.8)	775.7
6/30/2018	791.7	56.3	85.0	8.7	(87.3)	(6.3)	848.1
6/30/2019	864.5	60.1	94.4	8.9	(94.9)	(6.7)	926.3
6/30/2020	943.2	64.2	104.9	9.2	(103.4)	(7.2)	1,010.9

Projection Basis:

All assumptions are met

No future members are reflected

Los Angeles County Other Post Employment Benefits Program

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

Fiscal Year Ending	LA County General	LA County Safety	LA County Subtotal	Superior Court	Total
6/30/2011	\$ 295.4	\$ 112.3	\$ 407.7	\$ 17.2	\$ 424.9
6/30/2012	329.4	126.8	456.2	19.1	475.3
6/30/2013	366.6	140.9	507.5	21.3	528.8
6/30/2014	404.8	156.5	561.3	23.4	584.7
6/30/2015	444.9	174.0	618.9	25.8	644.7
6/30/2016	487.0	192.3	679.3	28.4	707.7
6/30/2017	531.6	212.9	744.5	31.2	775.7
6/30/2018	579.0	234.9	813.9	34.2	848.1
6/30/2019	630.1	258.7	888.8	37.5	926.3
6/30/2020	685.5	284.3	969.8	41.1	1,010.9

Projection Basis:

All assumptions are met

No future members are reflected

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, 2010 AAL	\$ 24,031.0	\$ 29,722.6	\$ 19,723.7
Percentage Increase/(Decrease)		24%	(18%)
2010 – 2011 ARC	\$ 1,938.4	\$ 2,524.9	\$ 1,513.9
Percentage Increase/(Decrease)		30%	(22%)

E. Required Supplementary Information

Schedule of Funding Progress

(Dollars in Thousands)

Valuation Date	Actuarial Value of Assets	Actuarial Accrued Liabilities	Unfunded Actuarial Liabilities (UAAL)	Funded Ratio	Covered Payroll ¹	UAAL As A Percentage of Covered Payroll
July 1, 2006		\$21,215,800	\$21,215,800	0%	\$5,205,804	407.5%
July 1, 2008		21,863,600	21,863,600	0%	6,123,888	357.0%
July 1, 2010		24,031,000	24,031,000	0%	6,695,439	358.9%

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

Schedule of Employer Contributions

(Dollars in Thousands)

Fiscal Year Ended June 30	Annual Required Contribution (ARC)	Actual Employer Contributions ²			Percentage of ARC Contributed
		Cash Payment	Transfer from Reserve Account	Total	
2008	\$1,630,700	\$357,751	\$9,000	\$366,751	22%
2009	1,630,700	381,612		381,612	23%
2010	1,737,000	400,686		400,686	23%

² Values from Fiscal Year Ended June 30, 2008, 2009, and 2010 are from the LACERA 2010 CAFR. Actual Employer Contributions are not yet available for Fiscal Year Ended June 30, 2011.

Los Angeles County Other Postemployment 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 postemployment health and death benefit plans as for the LACERA retirement benefits. The assumptions that overlap with the LACERA retirement benefit program assumptions were reviewed and changed June 30, 2010 as a result of the 2010 triennial Retirement Benefit Investigation of Experience Study, approved by the Board of Investments in December 2010. The OPEB specific assumptions were reviewed and changed June 30, 2010 as a result of the 2010 OPEB Investigation of Experience Study completed in January 2011. All assumptions indicated as adopted for June 30, 2010 valuations were adopted as a result of these studies.

The actuarial assumptions used in both the retirement benefit and OPEB program 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 2010 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 2010 OPEB Investigation of Experience Study to estimate health eligibility and enrollment.

Tables A-20 to A-21 present premium and claim cost assumptions. These were developed from the OPEB 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 the LACERA retirement benefits program.

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 if applicable) is amortized as a level percentage of the projected salaries of the active members, both present and future, covered by the LACERA retirement benefit program over a 30-year period from the valuation date; this is commonly referred to as a "rolling 30-year amortization method". This method does not cover interest on the UAAL.

Records and Data

The data used in this valuation consist of medical and dental/vision premiums, financial information and the age, service, and income records for active and inactive members and their survivors. All of the information was supplied by LACERA and Mercer 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 OPEB program 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, 2010.
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	<p>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.</p> <p>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.</p> <p>All deferred vested members are assumed to retire according to Table A-23.</p> <p>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 <i>other termination of employment</i> until age 50. After age 50, the member could still withdraw due to death, disability or <i>retirement</i>. 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.</p> <p>The active members' retirement probabilities were adopted June 30, 2010. The term vested member's retirement probabilities were adopted June 30, 2010 for purposes of the OPEB program valuation only.</p>
Disablement	The rates of disablement used in the valuation are illustrated in Tables A-6 through A-13. These rates were adopted June 30, 2010.

**Postretirement
Mortality – Other Than
Disabled Members**

The same postretirement mortality rates are used in the valuation for active members, members retired for service, and beneficiaries. These rates are illustrated in Table A-2. Current beneficiary mortality is assumed to be the same assumption as healthy members of the same gender. Future beneficiaries are assumed to be of the opposite gender, and have the same mortality as General members. These rates were adopted June 30, 2010.

<i>Males</i>	<p>General members: RP-2000 Combined Mortality Table for Males, projected to 2020 using Projection Scale AA, with ages set back one year.</p> <p>Safety members: RP-2000 Combined Mortality Table for Males, projected to 2020 using Projection Scale AA, with ages set back two years.</p>
<i>Females</i>	<p>General members: RP-2000 Combined Mortality Table for Females, projected to 2020 using Projection Scale AA, with ages set back one year.</p> <p>Safety members: RP-2000 Combined Mortality Table for Females, with ages set back one year.</p>

**Mortality – Disabled
Members**

For disabled members, the mortality rates used in the valuation rates are illustrated in Table A-3. These rates were adopted June 30, 2010.

<i>Males</i>	<p>General members: RP-2000 Combined and Disabled Mortality Tables for Males, projected to 2020 using Projection Scale AA, with ages set back one year.</p> <p>Safety members: RP-2000 Combined Mortality Table for Males, projected to 2020 using Projection Scale AA, with no age adjustment.</p>
<i>Females</i>	<p>General members: RP-2000 Combined and Disabled Mortality Tables for Females, projected to 2020 using Projection Scale AA, with ages set back one year.</p> <p>Safety members: RP-2000 Combined Mortality Table for Females, projected to 2020 using Projection Scale AA, with no age adjustment.</p>

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, 2010.

Class	Gender	Mortality Table	Adjustment
General	Male	RP 2000 Employee Male, Proj. 2020 *	+3
General	Female	RP 2000 Employee Female, Proj. 2020 *	-1
Safety	Male	RP 2000 Employee Male, Proj. 2020 *	-4
Safety	Female	RP 2000 Employee Female, Proj. 2020 *	-1

* *Static Projection of the RP 2000 tables using Projection Scale AA to 2020*

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, 2010.

Terminating employees may withdraw their contributions immediately upon termination of employment and forfeit the right to further retirement medical and dental/vision benefits, or they may leave their contributions with LACERA. Former contributing members whose contributions are on deposit may later elect to receive a refund, may return to work or may remain inactive until becoming eligible to receive a retirement benefit under either LACERA or a reciprocal retirement plan. Table A-4 gives the assumed probabilities that vested members will withdraw their contributions and elect a refund immediately upon termination. All terminating members are assumed to not be rehired. We assume vested members who do not elect a refund will elect a deferred vested benefit. All non-vested members are assumed to elect a refund and withdraw their contributions. These rates in Table A-4 were adopted June 30, 2010.

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

**Retiree Medical and
Dental/Vision
Eligibility and
Enrollment
Assumptions
(continued)**

The 2010 OPEB Investigation of Experience report was used to set the following assumptions:

Age difference for future retirees and spouses	Table A-1
Probability of initial medical enrollment upon retirement	Table A-14
Probability of medical plan and tier selection upon retirement	Table A-15
Probability of medical plan and tier selection for Pre 65 retirees who become eligible for a Post 65 Plan	Table A-16
Probability of survivor and new dependent enrollment	Table A-17
Probability of dental / vision enrollment upon retirement	Table A-18
Probability of dental/vision plan and tier selection upon retirement	Table A-19
Retirement of vested terminated members	Table A-23
Probability of retirees in group plans who elect Medicare Part D	0%

Los Angeles County Other Postemployment Benefits Program

Table A-1: Summary of Valuation Assumptions as of July 1, 2010

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, projected to 2020 using Projection Scale AA, and adjusted as follows:	
	<u>Class of Members</u>	<u>Age Adjustment</u>
	General – males	-1 years
	General – females	-1 years
	Safety – males	-2 years
	Safety – females	-1 years
	D. Mortality Among Disabled Members	Table A-3
	Basis – Average of RP-2000 Combined and Disabled Mortality Tables projected to 2020 using Projection Scale AA, and adjusted as follows:	
	General – males	-1 years
	General – females	-1 years
	Basis – RP-2000 Combined Mortality Table, for respective genders projected to 2020 using Projection Scale AA, and adjusted as follows:	
	Safety – males	0 years
	Safety – females	0 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

Los Angeles County Other Postemployment Benefits Program

Table A-2: Mortality for Members Retired for Service

<u>Age</u>	<u>Safety Male</u>	<u>Safety Female</u>	<u>General Male</u>	<u>General Female</u>
20	0.022%	0.014%	0.023%	0.014%
25	0.028%	0.015%	0.029%	0.015%
30	0.036%	0.019%	0.037%	0.019%
35	0.057%	0.036%	0.064%	0.036%
40	0.085%	0.048%	0.089%	0.048%
45	0.104%	0.076%	0.110%	0.076%
50	0.135%	0.108%	0.142%	0.108%
55	0.195%	0.198%	0.213%	0.198%
60	0.382%	0.400%	0.431%	0.402%
65	0.755%	0.780%	0.851%	0.780%
70	1.348%	1.344%	1.494%	1.344%
75	2.246%	2.212%	2.506%	2.212%
80	4.094%	3.607%	4.643%	3.607%
85	7.640%	6.041%	8.670%	6.041%
90	13.623%	11.220%	15.055%	11.220%

Los Angeles County Other Postemployment Benefits Program

Table A-3: Mortality for Members Retired for Disability

<u>Age</u>	<u>Safety Male</u>	<u>Safety Female</u>	<u>General Male</u>	<u>General Female</u>
20	0.024%	0.014%	0.011%	0.007%
25	0.031%	0.016%	0.883%	0.283%
30	0.040%	0.022%	1.040%	0.302%
35	0.070%	0.038%	1.053%	0.322%
40	0.092%	0.052%	1.025%	0.299%
45	0.116%	0.081%	0.941%	0.313%
50	0.149%	0.119%	1.053%	0.424%
55	0.247%	0.231%	1.247%	0.733%
60	0.489%	0.457%	1.688%	1.140%
65	0.961%	0.878%	2.247%	1.593%
70	1.641%	1.514%	2.995%	2.270%
75	2.854%	2.393%	4.117%	3.230%
80	5.265%	3.987%	6.465%	4.749%
85	9.624%	6.866%	10.197%	7.095%
90	16.928%	12.400%	15.182%	11.777%

Los Angeles County Other Postemployment Benefits Program

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

Years of Service	Safety	General
0	100%	100%
1	100%	100%
2	100%	100%
3	100%	100%
4	100%	100%
5	35%	40%
6	35%	40%
7	35%	40%
8	33%	39%
9	31%	38%
10	29%	36%
11	27%	35%
12	25%	34%
13	22%	33%
14	19%	32%
15	16%	30%
16	13%	29%
17	10%	28%
18	6%	26%
19	2%	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 OPEB program's benefits.

Los Angeles County Other Postemployment 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

Los Angeles County Other Postemployment Benefits Program

**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	0.0002
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	0.0003
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0004
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	0.0005
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0005
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0006
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0006
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0007
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0008
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0008
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0009
36	0.0000	0.0050	0.0004	0.0001	N/A	0.0009
37	0.0000	0.0050	0.0005	0.0001	N/A	0.0009
38	0.0000	0.0050	0.0005	0.0001	N/A	0.0010
39	0.0000	0.0050	0.0006	0.0001	N/A	0.0010
40	0.0300	0.0050	0.0006	0.0002	N/A	0.0010
41	0.0300	0.0050	0.0007	0.0002	N/A	0.0011
42	0.0300	0.0050	0.0007	0.0002	N/A	0.0012
43	0.0300	0.0050	0.0008	0.0003	N/A	0.0012
44	0.0300	0.0050	0.0009	0.0003	N/A	0.0013
45	0.0300	0.0050	0.0010	0.0003	N/A	0.0013
46	0.0300	0.0050	0.0011	0.0004	N/A	0.0014
47	0.0300	0.0050	0.0012	0.0004	N/A	0.0015
48	0.0300	0.0050	0.0013	0.0004	N/A	0.0016
49	0.0300	0.0050	0.0014	0.0004	N/A	0.0016
50	0.0300	0.0050	0.0016	0.0004	N/A	0.0017
51	0.0300	0.0050	0.0017	0.0004	N/A	0.0019
52	0.0300	0.0050	0.0018	0.0004	N/A	0.0021
53	0.0300	0.0050	0.0020	0.0005	N/A	0.0023
54	0.0500	0.0050	0.0022	0.0006	N/A	0.0026
55	0.0800	0.0050	0.0025	0.0006	N/A	0.0029
56	0.1000	0.0050	0.0027	0.0007	N/A	0.0032
57	0.1400	0.0050	0.0029	0.0008	N/A	0.0035
58	0.1800	0.0050	0.0032	0.0009	N/A	0.0040
59	0.2000	0.0050	0.0036	0.0010	N/A	0.0044
60	0.2200	0.0050	0.0040	0.0010	N/A	0.0049
61	0.2800	0.0050	0.0043	0.0011	N/A	0.0053
62	0.3200	0.0050	0.0047	0.0012	N/A	0.0057
63	0.2400	0.0050	0.0047	0.0014	N/A	0.0062
64	0.2400	0.0050	0.0047	0.0015	N/A	0.0066
65	0.2500	0.0050	0.0047	0.0017	N/A	0.0068
66	0.2500	0.0050	0.0047	0.0018	N/A	0.0072
67	0.2500	0.0050	0.0047	0.0020	N/A	0.0073
68	0.2200	0.0050	0.0047	0.0022	N/A	0.0077
69	0.2200	0.0050	0.0047	0.0023	N/A	0.0083
70	0.2400	0.0050	0.0047	0.0025	N/A	0.0091
71	0.2400	0.0050	0.0047	0.0026	N/A	0.0101
72	0.2400	0.0050	0.0047	0.0028	N/A	0.0114
73	0.2400	0.0050	0.0047	0.0030	N/A	0.0127
74	0.2400	0.0050	0.0047	0.0031	N/A	0.0144
75	1.0000	0.0000	0.0047	0.0000	N/A	0.0164

Los Angeles County Other Postemployment Benefits Program

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

<u>Age</u>	<u>Service Retirement</u>	<u>Other Terminations</u>	<u>Service Disability</u>	<u>Ordinary Disability</u>	<u>Service Death</u>	<u>Ordinary Death</u>
18	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
19	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
21	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
22	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
23	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
24	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
25	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
26	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
27	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
28	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
29	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
30	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
31	0.0000	0.0050	0.0002	0.0001	N/A	0.0002
32	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
34	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0004
36	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
38	0.0000	0.0050	0.0005	0.0001	N/A	0.0004
39	0.0000	0.0050	0.0005	0.0001	N/A	0.0005
40	0.0300	0.0050	0.0005	0.0002	N/A	0.0005
41	0.0300	0.0050	0.0006	0.0002	N/A	0.0005
42	0.0300	0.0050	0.0006	0.0002	N/A	0.0006
43	0.0300	0.0050	0.0007	0.0003	N/A	0.0006
44	0.0300	0.0050	0.0008	0.0003	N/A	0.0007
45	0.0300	0.0050	0.0009	0.0003	N/A	0.0008
46	0.0300	0.0050	0.0010	0.0004	N/A	0.0008
47	0.0300	0.0050	0.0010	0.0004	N/A	0.0009
48	0.0300	0.0050	0.0011	0.0004	N/A	0.0009
49	0.0300	0.0050	0.0012	0.0004	N/A	0.0010
50	0.0300	0.0050	0.0013	0.0004	N/A	0.0011
51	0.0300	0.0050	0.0014	0.0004	N/A	0.0012
52	0.0300	0.0050	0.0014	0.0004	N/A	0.0013
53	0.0300	0.0050	0.0015	0.0005	N/A	0.0015
54	0.0500	0.0050	0.0016	0.0006	N/A	0.0017
55	0.0800	0.0050	0.0017	0.0006	N/A	0.0019
56	0.1000	0.0050	0.0018	0.0007	N/A	0.0022
57	0.1400	0.0050	0.0019	0.0008	N/A	0.0024
58	0.1800	0.0050	0.0022	0.0009	N/A	0.0027
59	0.2000	0.0050	0.0024	0.0010	N/A	0.0030
60	0.2200	0.0050	0.0027	0.0010	N/A	0.0033
61	0.2800	0.0050	0.0029	0.0011	N/A	0.0036
62	0.3200	0.0050	0.0032	0.0012	N/A	0.0039
63	0.2400	0.0050	0.0034	0.0014	N/A	0.0042
64	0.2400	0.0050	0.0038	0.0015	N/A	0.0046
65	0.2500	0.0050	0.0041	0.0017	N/A	0.0049
66	0.2500	0.0050	0.0045	0.0018	N/A	0.0053
67	0.2500	0.0050	0.0049	0.0020	N/A	0.0056
68	0.2200	0.0050	0.0053	0.0022	N/A	0.0060
69	0.2200	0.0050	0.0058	0.0023	N/A	0.0063
70	0.2400	0.0050	0.0058	0.0025	N/A	0.0066
71	0.2400	0.0050	0.0058	0.0026	N/A	0.0069
72	0.2400	0.0050	0.0058	0.0028	N/A	0.0070
73	0.2400	0.0050	0.0058	0.0030	N/A	0.0075
74	0.2400	0.0050	0.0058	0.0031	N/A	0.0081
75	1.0000	0.0000	0.0000	0.0000	N/A	0.0089

Los Angeles County Other Postemployment Benefits Program

**Table A-8: Rate of Separation From Active Service For General Members
Plan D – 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	0.0002	0.0001	N/A	0.0002	0	0.0800
19	0.0000	0.0002	0.0001	N/A	0.0003	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0003	2	0.0375
21	0.0000	0.0002	0.0001	N/A	0.0003	3	0.0300
22	0.0000	0.0002	0.0001	N/A	0.0003	4	0.0250
23	0.0000	0.0002	0.0001	N/A	0.0003	5	0.0233
24	0.0000	0.0002	0.0001	N/A	0.0003	6	0.0217
25	0.0000	0.0002	0.0001	N/A	0.0004	7	0.0200
26	0.0000	0.0002	0.0001	N/A	0.0004	8	0.0190
27	0.0000	0.0002	0.0001	N/A	0.0004	9	0.0180
28	0.0000	0.0002	0.0001	N/A	0.0005	10	0.0170
29	0.0000	0.0002	0.0001	N/A	0.0005	11	0.0160
30	0.0000	0.0002	0.0001	N/A	0.0006	12	0.0150
31	0.0000	0.0002	0.0001	N/A	0.0006	13	0.0140
32	0.0000	0.0002	0.0001	N/A	0.0007	14	0.0130
33	0.0000	0.0002	0.0001	N/A	0.0008	15	0.0120
34	0.0000	0.0003	0.0001	N/A	0.0008	16	0.0110
35	0.0000	0.0003	0.0001	N/A	0.0009	17	0.0100
36	0.0000	0.0004	0.0001	N/A	0.0009	18	0.0092
37	0.0000	0.0005	0.0001	N/A	0.0009	19	0.0084
38	0.0000	0.0005	0.0001	N/A	0.0010	20	0.0076
39	0.0000	0.0006	0.0001	N/A	0.0010	21	0.0068
40	0.0200	0.0006	0.0002	N/A	0.0010	22	0.0060
41	0.0200	0.0007	0.0002	N/A	0.0011	23	0.0056
42	0.0200	0.0007	0.0002	N/A	0.0012	24	0.0052
43	0.0200	0.0008	0.0003	N/A	0.0012	25	0.0048
44	0.0200	0.0009	0.0003	N/A	0.0013	26	0.0044
45	0.0200	0.0010	0.0003	N/A	0.0013	27	0.0040
46	0.0200	0.0011	0.0004	N/A	0.0014	28	0.0040
47	0.0200	0.0012	0.0004	N/A	0.0015	29	0.0040
48	0.0200	0.0013	0.0004	N/A	0.0016	30 & Above	0.0000
49	0.0200	0.0014	0.0004	N/A	0.0016		
50	0.0200	0.0016	0.0004	N/A	0.0017		
51	0.0200	0.0017	0.0004	N/A	0.0019		
52	0.0200	0.0018	0.0004	N/A	0.0021		
53	0.0200	0.0020	0.0005	N/A	0.0023		
54	0.0200	0.0022	0.0006	N/A	0.0026		
55	0.0250	0.0025	0.0006	N/A	0.0029		
56	0.0250	0.0027	0.0007	N/A	0.0032		
57	0.0300	0.0029	0.0008	N/A	0.0035		
58	0.0350	0.0032	0.0009	N/A	0.0040		
59	0.0500	0.0036	0.0010	N/A	0.0044		
60	0.0600	0.0040	0.0010	N/A	0.0049		
61	0.0700	0.0043	0.0011	N/A	0.0053		
62	0.1000	0.0047	0.0012	N/A	0.0057		
63	0.0900	0.0047	0.0014	N/A	0.0062		
64	0.1200	0.0047	0.0015	N/A	0.0066		
65	0.2000	0.0047	0.0017	N/A	0.0068		
66	0.2000	0.0047	0.0018	N/A	0.0072		
67	0.1800	0.0047	0.0020	N/A	0.0073		
68	0.1600	0.0047	0.0022	N/A	0.0077		
69	0.1600	0.0047	0.0023	N/A	0.0083		
70	0.2000	0.0047	0.0025	N/A	0.0091		
71	0.2000	0.0047	0.0026	N/A	0.0101		
72	0.2000	0.0047	0.0028	N/A	0.0114		
73	0.2000	0.0047	0.0030	N/A	0.0127		
74	0.2000	0.0047	0.0031	N/A	0.0144		
75	1.0000	0.0047	0.0000	N/A	0.0164		



Los Angeles County Other Postemployment 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	0.0001	0	0.0800
19	0.0000	0.0002	0.0001	N/A	0.0001	1	0.0550
20	0.0000	0.0002	0.0001	N/A	0.0001	2	0.0375
21	0.0000	0.0002	0.0001	N/A	0.0001	3	0.0300
22	0.0000	0.0002	0.0001	N/A	0.0001	4	0.0250
23	0.0000	0.0002	0.0001	N/A	0.0001	5	0.0233
24	0.0000	0.0002	0.0001	N/A	0.0001	6	0.0217
25	0.0000	0.0002	0.0001	N/A	0.0001	7	0.0200
26	0.0000	0.0002	0.0001	N/A	0.0002	8	0.0190
27	0.0000	0.0002	0.0001	N/A	0.0002	9	0.0180
28	0.0000	0.0002	0.0001	N/A	0.0002	10	0.0170
29	0.0000	0.0002	0.0001	N/A	0.0002	11	0.0160
30	0.0000	0.0002	0.0001	N/A	0.0002	12	0.0150
31	0.0000	0.0002	0.0001	N/A	0.0002	13	0.0140
32	0.0000	0.0002	0.0001	N/A	0.0003	14	0.0130
33	0.0000	0.0002	0.0001	N/A	0.0003	15	0.0120
34	0.0000	0.0003	0.0001	N/A	0.0003	16	0.0110
35	0.0000	0.0003	0.0001	N/A	0.0004	17	0.0100
36	0.0000	0.0004	0.0001	N/A	0.0004	18	0.0092
37	0.0000	0.0004	0.0001	N/A	0.0004	19	0.0084
38	0.0000	0.0005	0.0001	N/A	0.0004	20	0.0076
39	0.0000	0.0005	0.0001	N/A	0.0005	21	0.0068
40	0.0200	0.0005	0.0002	N/A	0.0005	22	0.0060
41	0.0200	0.0006	0.0002	N/A	0.0005	23	0.0056
42	0.0200	0.0006	0.0002	N/A	0.0006	24	0.0052
43	0.0200	0.0007	0.0003	N/A	0.0006	25	0.0048
44	0.0200	0.0008	0.0003	N/A	0.0007	26	0.0044
45	0.0200	0.0009	0.0003	N/A	0.0008	27	0.0040
46	0.0200	0.0010	0.0004	N/A	0.0008	28	0.0040
47	0.0200	0.0010	0.0004	N/A	0.0009	29	0.0040
48	0.0200	0.0011	0.0004	N/A	0.0009	30 & Above	0.0000
49	0.0200	0.0012	0.0004	N/A	0.0010		
50	0.0200	0.0013	0.0004	N/A	0.0011		
51	0.0200	0.0014	0.0004	N/A	0.0012		
52	0.0200	0.0014	0.0004	N/A	0.0013		
53	0.0200	0.0015	0.0005	N/A	0.0015		
54	0.0200	0.0016	0.0006	N/A	0.0017		
55	0.0250	0.0017	0.0006	N/A	0.0019		
56	0.0250	0.0018	0.0007	N/A	0.0022		
57	0.0300	0.0019	0.0008	N/A	0.0024		
58	0.0350	0.0022	0.0009	N/A	0.0027		
59	0.0500	0.0024	0.0010	N/A	0.0030		
60	0.0600	0.0027	0.0010	N/A	0.0033		
61	0.0700	0.0029	0.0011	N/A	0.0036		
62	0.1000	0.0032	0.0012	N/A	0.0039		
63	0.0900	0.0034	0.0014	N/A	0.0042		
64	0.1200	0.0038	0.0015	N/A	0.0046		
65	0.2000	0.0041	0.0017	N/A	0.0049		
66	0.2000	0.0045	0.0018	N/A	0.0053		
67	0.1800	0.0049	0.0020	N/A	0.0056		
68	0.1600	0.0053	0.0022	N/A	0.0060		
69	0.1600	0.0058	0.0023	N/A	0.0063		
70	0.2000	0.0058	0.0025	N/A	0.0066		
71	0.2000	0.0058	0.0026	N/A	0.0069		
72	0.2000	0.0058	0.0028	N/A	0.0070		
73	0.2000	0.0058	0.0030	N/A	0.0075		
74	0.2000	0.0058	0.0031	N/A	0.0081		
75	1.0000	0.0000	0.0000	N/A	0.0089		

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**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	0.0002	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0003	1	0.0750
20	0.0000	N/A	N/A	N/A	0.0003	2	0.0550
21	0.0000	N/A	N/A	N/A	0.0003	3	0.0450
22	0.0000	N/A	N/A	N/A	0.0003	4	0.0350
23	0.0000	N/A	N/A	N/A	0.0003	5	0.0325
24	0.0000	N/A	N/A	N/A	0.0003	6	0.0300
25	0.0000	N/A	N/A	N/A	0.0004	7	0.0275
26	0.0000	N/A	N/A	N/A	0.0004	8	0.0262
27	0.0000	N/A	N/A	N/A	0.0004	9	0.0249
28	0.0000	N/A	N/A	N/A	0.0005	10	0.0236
29	0.0000	N/A	N/A	N/A	0.0005	11	0.0223
30	0.0000	N/A	N/A	N/A	0.0006	12	0.0210
31	0.0000	N/A	N/A	N/A	0.0006	13	0.0200
32	0.0000	N/A	N/A	N/A	0.0007	14	0.0190
33	0.0000	N/A	N/A	N/A	0.0008	15	0.0180
34	0.0000	N/A	N/A	N/A	0.0008	16	0.0170
35	0.0000	N/A	N/A	N/A	0.0009	17	0.0160
36	0.0000	N/A	N/A	N/A	0.0009	18	0.0156
37	0.0000	N/A	N/A	N/A	0.0009	19	0.0152
38	0.0000	N/A	N/A	N/A	0.0010	20	0.0148
39	0.0000	N/A	N/A	N/A	0.0010	21	0.0144
40	0.0000	N/A	N/A	N/A	0.0010	22	0.0140
41	0.0000	N/A	N/A	N/A	0.0011	23	0.0136
42	0.0000	N/A	N/A	N/A	0.0012	24	0.0132
43	0.0000	N/A	N/A	N/A	0.0012	25	0.0128
44	0.0000	N/A	N/A	N/A	0.0013	26	0.0124
45	0.0000	N/A	N/A	N/A	0.0013	27	0.0120
46	0.0000	N/A	N/A	N/A	0.0014	28	0.0120
47	0.0000	N/A	N/A	N/A	0.0015	29	0.0120
48	0.0000	N/A	N/A	N/A	0.0016	30 & Above	0.0120
49	0.0000	N/A	N/A	N/A	0.0016		
50	0.0000	N/A	N/A	N/A	0.0017		
51	0.0000	N/A	N/A	N/A	0.0019		
52	0.0000	N/A	N/A	N/A	0.0021		
53	0.0000	N/A	N/A	N/A	0.0023		
54	0.0000	N/A	N/A	N/A	0.0026		
55	0.0300	N/A	N/A	N/A	0.0029		
56	0.0250	N/A	N/A	N/A	0.0032		
57	0.0250	N/A	N/A	N/A	0.0035		
58	0.0250	N/A	N/A	N/A	0.0040		
59	0.0300	N/A	N/A	N/A	0.0044		
60	0.0450	N/A	N/A	N/A	0.0049		
61	0.0600	N/A	N/A	N/A	0.0053		
62	0.0900	N/A	N/A	N/A	0.0057		
63	0.0900	N/A	N/A	N/A	0.0062		
64	0.1600	N/A	N/A	N/A	0.0066		
65	0.2500	N/A	N/A	N/A	0.0068		
66	0.1800	N/A	N/A	N/A	0.0072		
67	0.1700	N/A	N/A	N/A	0.0073		
68	0.1600	N/A	N/A	N/A	0.0077		
69	0.1600	N/A	N/A	N/A	0.0083		
70	0.2000	N/A	N/A	N/A	0.0091		
71	0.2000	N/A	N/A	N/A	0.0101		
72	0.2000	N/A	N/A	N/A	0.0114		
73	0.2000	N/A	N/A	N/A	0.0127		
74	0.2000	N/A	N/A	N/A	0.0144		
75	1.0000	N/A	N/A	N/A	0.0164		

July 1, 2010 Actuarial Valuation

LACERA OPEB Program



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Los Angeles County Other Postemployment 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	0.0001	0	0.1500
19	0.0000	N/A	N/A	N/A	0.0001	1	0.0750
20	0.0000	N/A	N/A	N/A	0.0001	2	0.0550
21	0.0000	N/A	N/A	N/A	0.0001	3	0.0450
22	0.0000	N/A	N/A	N/A	0.0001	4	0.0350
23	0.0000	N/A	N/A	N/A	0.0001	5	0.0325
24	0.0000	N/A	N/A	N/A	0.0001	6	0.0300
25	0.0000	N/A	N/A	N/A	0.0001	7	0.0275
26	0.0000	N/A	N/A	N/A	0.0002	8	0.0262
27	0.0000	N/A	N/A	N/A	0.0002	9	0.0249
28	0.0000	N/A	N/A	N/A	0.0002	10	0.0236
29	0.0000	N/A	N/A	N/A	0.0002	11	0.0223
30	0.0000	N/A	N/A	N/A	0.0002	12	0.0210
31	0.0000	N/A	N/A	N/A	0.0002	13	0.0200
32	0.0000	N/A	N/A	N/A	0.0003	14	0.0190
33	0.0000	N/A	N/A	N/A	0.0003	15	0.0180
34	0.0000	N/A	N/A	N/A	0.0003	16	0.0170
35	0.0000	N/A	N/A	N/A	0.0004	17	0.0160
36	0.0000	N/A	N/A	N/A	0.0004	18	0.0156
37	0.0000	N/A	N/A	N/A	0.0004	19	0.0152
38	0.0000	N/A	N/A	N/A	0.0004	20	0.0148
39	0.0000	N/A	N/A	N/A	0.0005	21	0.0144
40	0.0000	N/A	N/A	N/A	0.0005	22	0.0140
41	0.0000	N/A	N/A	N/A	0.0005	23	0.0136
42	0.0000	N/A	N/A	N/A	0.0006	24	0.0132
43	0.0000	N/A	N/A	N/A	0.0006	25	0.0128
44	0.0000	N/A	N/A	N/A	0.0007	26	0.0124
45	0.0000	N/A	N/A	N/A	0.0008	27	0.0120
46	0.0000	N/A	N/A	N/A	0.0008	28	0.0120
47	0.0000	N/A	N/A	N/A	0.0009	29	0.0120
48	0.0000	N/A	N/A	N/A	0.0009	30 & Above	0.0120
49	0.0000	N/A	N/A	N/A	0.0010		
50	0.0000	N/A	N/A	N/A	0.0011		
51	0.0000	N/A	N/A	N/A	0.0012		
52	0.0000	N/A	N/A	N/A	0.0013		
53	0.0000	N/A	N/A	N/A	0.0015		
54	0.0000	N/A	N/A	N/A	0.0017		
55	0.0300	N/A	N/A	N/A	0.0019		
56	0.0250	N/A	N/A	N/A	0.0022		
57	0.0250	N/A	N/A	N/A	0.0024		
58	0.0250	N/A	N/A	N/A	0.0027		
59	0.0300	N/A	N/A	N/A	0.0030		
60	0.0450	N/A	N/A	N/A	0.0033		
61	0.0600	N/A	N/A	N/A	0.0036		
62	0.0900	N/A	N/A	N/A	0.0039		
63	0.0900	N/A	N/A	N/A	0.0042		
64	0.1600	N/A	N/A	N/A	0.0046		
65	0.2500	N/A	N/A	N/A	0.0049		
66	0.1800	N/A	N/A	N/A	0.0053		
67	0.1700	N/A	N/A	N/A	0.0056		
68	0.1600	N/A	N/A	N/A	0.0060		
69	0.1600	N/A	N/A	N/A	0.0063		
70	0.2000	N/A	N/A	N/A	0.0066		
71	0.2000	N/A	N/A	N/A	0.0069		
72	0.2000	N/A	N/A	N/A	0.0070		
73	0.2000	N/A	N/A	N/A	0.0075		
74	0.2000	N/A	N/A	N/A	0.0081		
75	1.0000	N/A	N/A	N/A	0.0089		

Los Angeles County Other Postemployment Benefits Program

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0030	0.0002	0.0001	0.0002	0	0.0400
19	0.0000	0.0030	0.0002	0.0001	0.0002	1	0.0300
20	0.0000	0.0030	0.0002	0.0001	0.0002	2	0.0250
21	0.0000	0.0030	0.0002	0.0001	0.0002	3	0.0200
22	0.0000	0.0030	0.0002	0.0001	0.0002	4	0.0150
23	0.0000	0.0030	0.0002	0.0001	0.0002	5	0.0133
24	0.0000	0.0030	0.0002	0.0001	0.0002	6	0.0117
25	0.0000	0.0030	0.0002	0.0001	0.0002	7	0.0100
26	0.0000	0.0030	0.0002	0.0001	0.0003	8	0.0092
27	0.0000	0.0030	0.0002	0.0001	0.0003	9	0.0084
28	0.0000	0.0030	0.0002	0.0001	0.0003	10	0.0076
29	0.0000	0.0030	0.0002	0.0001	0.0003	11	0.0068
30	0.0000	0.0030	0.0002	0.0001	0.0003	12	0.0060
31	0.0000	0.0030	0.0002	0.0001	0.0003	13	0.0054
32	0.0000	0.0030	0.0002	0.0001	0.0004	14	0.0048
33	0.0000	0.0032	0.0002	0.0001	0.0004	15	0.0042
34	0.0000	0.0034	0.0002	0.0001	0.0004	16	0.0036
35	0.0000	0.0036	0.0002	0.0001	0.0005	17	0.0030
36	0.0000	0.0038	0.0002	0.0001	0.0005	18	0.0024
37	0.0000	0.0040	0.0002	0.0001	0.0006	19	0.0018
38	0.0000	0.0042	0.0003	0.0001	0.0006	20 & Above	0.0000
39	0.0000	0.0044	0.0003	0.0001	0.0007		
40	0.0100	0.0046	0.0003	0.0001	0.0008		
41	0.0100	0.0048	0.0003	0.0001	0.0008		
42	0.0100	0.0050	0.0003	0.0001	0.0009		
43	0.0100	0.0054	0.0003	0.0001	0.0009		
44	0.0100	0.0058	0.0004	0.0001	0.0009		
45	0.0100	0.0062	0.0004	0.0001	0.0010		
46	0.0100	0.0066	0.0004	0.0001	0.0010		
47	0.0100	0.0070	0.0004	0.0001	0.0010		
48	0.0100	0.0080	0.0004	0.0001	0.0011		
49	0.0100	0.0090	0.0005	0.0001	0.0012		
50	0.0100	0.0100	0.0005	0.0001	0.0012		
51	0.0200	0.0120	0.0006	0.0001	0.0013		
52	0.0250	0.0140	0.0006	0.0001	0.0013		
53	0.0300	0.0200	0.0007	0.0001	0.0014		
54	0.1000	0.0300	0.0008	0.0001	0.0015		
55	0.2400	0.1000	0.0016	0.0001	0.0016		
56	0.1800	0.0800	0.0018	0.0001	0.0016		
57	0.2000	0.1200	0.0019	0.0001	0.0017		
58	0.2400	0.1400	0.0019	0.0001	0.0019		
59	0.4000	0.2000	0.0019	0.0001	0.0021		
60	1.0000	0.0000	0.0000	0.0000	0.0023		

Los Angeles County Other Postemployment 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	0.0037	0.0005	0.0001	0.0001	0	0.0400
19	0.0000	0.0037	0.0005	0.0001	0.0001	1	0.0300
20	0.0000	0.0037	0.0005	0.0001	0.0001	2	0.0250
21	0.0000	0.0037	0.0005	0.0001	0.0001	3	0.0200
22	0.0000	0.0037	0.0005	0.0001	0.0001	4	0.0150
23	0.0000	0.0037	0.0005	0.0001	0.0001	5	0.0133
24	0.0000	0.0037	0.0005	0.0001	0.0001	6	0.0117
25	0.0000	0.0037	0.0005	0.0001	0.0001	7	0.0100
26	0.0000	0.0037	0.0005	0.0001	0.0002	8	0.0092
27	0.0000	0.0037	0.0005	0.0001	0.0002	9	0.0084
28	0.0000	0.0042	0.0005	0.0001	0.0002	10	0.0076
29	0.0000	0.0047	0.0005	0.0001	0.0002	11	0.0068
30	0.0000	0.0051	0.0005	0.0001	0.0002	12	0.0060
31	0.0000	0.0056	0.0005	0.0001	0.0002	13	0.0054
32	0.0000	0.0060	0.0005	0.0001	0.0003	14	0.0048
33	0.0000	0.0067	0.0005	0.0001	0.0003	15	0.0042
34	0.0000	0.0074	0.0005	0.0001	0.0003	16	0.0036
35	0.0000	0.0080	0.0006	0.0001	0.0004	17	0.0030
36	0.0000	0.0087	0.0006	0.0001	0.0004	18	0.0024
37	0.0000	0.0094	0.0006	0.0001	0.0004	19	0.0018
38	0.0000	0.0098	0.0007	0.0001	0.0004	20 & Above	0.0000
39	0.0000	0.0101	0.0007	0.0001	0.0005		
40	0.0100	0.0105	0.0007	0.0001	0.0005		
41	0.0100	0.0109	0.0008	0.0001	0.0005		
42	0.0100	0.0112	0.0008	0.0001	0.0006		
43	0.0100	0.0116	0.0009	0.0001	0.0006		
44	0.0100	0.0120	0.0009	0.0001	0.0007		
45	0.0100	0.0124	0.0010	0.0001	0.0008		
46	0.0100	0.0128	0.0011	0.0001	0.0008		
47	0.0100	0.0131	0.0011	0.0001	0.0009		
48	0.0100	0.0135	0.0013	0.0001	0.0009		
49	0.0100	0.0150	0.0016	0.0001	0.0010		
50	0.0100	0.0225	0.0018	0.0001	0.0011		
51	0.0200	0.0263	0.0020	0.0001	0.0012		
52	0.0250	0.0300	0.0022	0.0001	0.0013		
53	0.0300	0.0375	0.0028	0.0001	0.0015		
54	0.1000	0.0450	0.0033	0.0001	0.0017		
55	0.2400	0.0525	0.0038	0.0001	0.0019		
56	0.1800	0.0900	0.0043	0.0001	0.0022		
57	0.2000	0.0900	0.0048	0.0001	0.0024		
58	0.2400	0.0900	0.0051	0.0001	0.0027		
59	0.4000	0.0900	0.0054	0.0001	0.0030		
60	1.0000	0.0000	0.0000	0.0000	0.0033		

Los Angeles County Other Postemployment Benefits Program

Table A-14: Probability of Initial Medical Enrollment

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	11%
10-14	46%
15-19	70%
20-24	84%
25+, Disabled	100%

Los Angeles County Other Postemployment Benefits Program

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	2%	2%		
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	2%	1%		
203	Blue Cross Prudent Buyer Plan	Retiree and Family	2%			
204	Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Blue Cross Prudent Buyer Plan	Survivor				
211	Blue Cross I	Retiree Only	1%	1%		1%
212	Blue Cross I	Retiree and Spouse		1%		
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%	9%	2%	4%
222	Blue Cross II	Retiree and Spouse	15%	8%	5%	1%
223	Blue Cross II	Retiree, Spouse and Children	8%	1%		
224	Blue Cross II	Retiree and Children				
225	Blue Cross II	Survivor				
240	Blue Cross III	One Medicare		1%	8%	12%
241	Blue Cross III	Retiree and Spouse 1 Medicare				
242	Blue Cross III	Retiree and Spouse 1 Medicare			7%	1%
243	Blue Cross III	Retiree and Spouse 2 Medicare			7%	4%
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				
250	Blue Cross III	Retiree and Family 3 Medicare				
301	CIGNA Network Model Plan	Retiree Only	2%	2%		2%
302	CIGNA Network Model Plan	Retiree and Spouse	3%	1%	2%	1%
303	CIGNA Network Model Plan	Retiree and Family	2%			
304	CIGNA Network Model Plan	Retiree and Children		1%		
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)				
325	CIGNA Healthcare for Seniors	Risk-Retiree & Children				
327	CIGNA Healthcare for Seniors	Risk-Retiree & Family (1 Medicare)				
329	CIGNA Healthcare for Seniors	Risk-Retiree & Family (2 Medicare)				
401	Kaiser (CA) Basic	Retiree Basic (Under 65)	13%	34%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)				
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			23%	36%
404	Kaiser (CA)	Retiree Excess			1%	3%
405	Kaiser (CA)	Retiree Excess - Part B			2%	4%
406	Kaiser (CA)	Excess - Medicare Not Provided (MNP)				1%
411	Kaiser (CA) Basic	Family Basic	35%	24%		
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic				
413	Kaiser (CA)	One Advantage, Others Basic			15%	4%
414	Kaiser (CA)	One Excess, Others Basic			2%	
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			11%	11%
419	Kaiser (CA)	One Excess, One Advantage				1%
420	Kaiser (CA)	Two+ Excess				1%
421	Kaiser (CA) Basic	Survivor				
422	Kaiser (CA)	One Excess II, One Basic			2%	1%
423	Kaiser (CA)	One Excess (MNP), One Basic			1%	
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			1%	
427	Kaiser (CA)	One Risk, One Excess (MNP)				
428	Kaiser (CA)	Two Excess				1%
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)				

**Table A-15
(continued)**

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
450	Kaiser - Colorado Basic	Retiree Basic				
451	Kaiser - Colorado	Retiree Risk				
452	Kaiser (Other)	Retiree Only				
453	Kaiser - Colorado	Retiree Basic (Two Party)				
454	Kaiser - Colorado	Retiree Basic Family				
455	Kaiser - Colorado	One Risk, One Basic				
456	Kaiser (Other)	Retiree and Spouse				
457	Kaiser - Colorado	Two Retiree Risk				
458	Kaiser - Colorado	One Risk, Two or More Dependents				
459	Kaiser - Colorado	Two Risk, Two or More Dependents				
460	Kaiser (Other)	Retiree and Spouse				
440	Kaiser - Georgia	One Medicare Member with Part B only				
441	Kaiser - Georgia	One Medicare Member with Part A only				
442	Kaiser - Georgia	One Member without Medicare Part A&B				
443	Kaiser - Georgia	One Medicare Member (Renal Failure)				
444	Kaiser - Georgia	One Medicare Member + One Medicare with Part B only				
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only				
446	Kaiser - Georgia	One Medicare Member + One Medicare without Part A&B				
461	Kaiser - Georgia Basic	Basic				
462	Kaiser - Georgia	Retiree Risk				
463	Kaiser - Georgia	Retiree (Two Party)				
464	Kaiser - Georgia	Retiree Basic Family				
465	Kaiser - Georgia	One Retiree Risk, One Basic				
466	Kaiser - Georgia	Two Retiree Risk				
467	Kaiser - Georgia	One Retiree Risk, Two Retiree Basic				
468	Kaiser - Georgia	Two Retiree Risk, One Basic				
469	Kaiser - Georgia	Three Retiree Risk, One Basic				
470	Kaiser - Georgia	Any other Family, at least one Retiree Risk				
471	Kaiser - Hawaii	Retiree Basic (Under 65)				
472	Kaiser - Hawaii	Retiree Risk				
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B				
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)				
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)				
476	Kaiser - Hawaii	One Retiree Risk, One Basic				
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic				
478	Kaiser - Hawaii	Two Retiree Risk				
479	Kaiser - Hawaii	One Risk, One Over 65 without Medicare A&B				
481	Kaiser - Oregon	Retiree Basic (Under 65)				
482	Kaiser - Oregon	Retiree Risk				
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B				
484	Kaiser - Oregon	Retiree Basic (Two Party)				
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)				
486	Kaiser - Oregon	One Retiree Risk, One Basic				
487	Kaiser - Oregon	Retiree Cost				
488	Kaiser - Oregon	Two Retiree Risk				
489	Kaiser - Oregon	Retiree w/ Part A only				
490	Kaiser - Oregon	Retiree w/ Part B only				
491	Kaiser - Oregon	One Risk, One Medicare Part A only				
492	Kaiser - Oregon	One Risk, One Over 65 No Medicare				
493	Kaiser - Oregon	One Risk, Two Basic				
494	Kaiser - Oregon	Two Risk, One Basic				
495	Kaiser - Oregon	Two Over 65 unassigned Medicare				
496	Kaiser - Oregon	Two Medicare Part A only				
497	Kaiser - Oregon	One Basic, One Medicare Part A only				
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B				
611	SCAN Health Plan	Retiree Only			1%	2%
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)			1%	
701	Pacific Care - Secure Horizons	Retiree Only			3%	6%
702	Pacific Care - Secure Horizons	Retiree & 1 Dependent (1 Medicare)			3%	1%
703	Pacific Care - Secure Horizons	Retiree & 1 Dependent (2 Medicare)			2%	2%
704	Pacific Care - Secure Horizons	Retiree & 2 + Deps. (1 Medicare)			1%	
705	Pacific Care - Secure Horizons	Retiree & 2 + Deps. (2 Medicare)				
706	Pacific Care - Secure Horizons	Survivor (Child only)				
707	PacifiCare	Single	2%	7%		
708	PacifiCare	Two-Party	4%	6%		
709	PacifiCare	Family	4%	1%		
Total			100%	100%	100%	100.0%
Probability of enrolling at least one dependent			75%	44%	60%	29%

**Table A-15
(continued)**

Firefighters Local 1014 Retirees

Deduction Code	Plan	Tier	Pre 65		Post 65	
			Male	Female	Male	Female
801	Firefighter's Local 1014	Med-Member under 65	10%	10%		
802	Firefighter's Local 1014	Med-Member +1 under 65	60%	60%		
803	Firefighter's Local 1014	Med-Member +2 under 65	30%	30%		
804	Firefighter's Local 1014	Med-Member with Medicare			10%	10%
805	Firefighter's Local 1014	Med-Member +1; 1 MDC				
806	Firefighter's Local 1014	Med-Member +1; 2 MDC			60%	60%
807	Firefighter's Local 1014	Med-Member +2; 1 MDC				
808	Firefighter's Local 1014	Med-Member +2; 2 MDC			30%	30%
809	Firefighter's Local 1014	Med-Surv. Sp. Under 65				
810	Firefighter's Local 1014	Med-Surv. Sp. +1 Under 65				
811	Firefighter's Local 1014	Med-Surv. Sp. +2 Under 65				
812	Firefighter's Local 1014	Med-Surv. Sp. With MDC				
813	Firefighter's Local 1014	Med-Surv. Sp. +1 1 MDC				
814	Firefighter's Local 1014	Med-Surv. Sp. +2; 1 MDC				
815	Firefighter's Local 1014	Med-Surv. Sp. +1; 2 MDC				
Total			100%	100%		

Probability of enrolling at least one dependent 90% 90% 90% 90%



Los Angeles County Other Postemployment Benefits Program

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	80% Senior Advantage 4% Retiree Excess I 7% Retiree Excess II 8% Excess III (MNP) 1% Blue Cross III
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. For the non Local 1014 members, the County does not pay the higher premiums, and we assume that there will be no shift in enrollment.

Los Angeles County Other Postemployment 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 retirement plan option which qualifies as eligible for continuing retirement benefits to the survivor dies and the spouse has retiree medical, Part B, or dental 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 60% 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 60% of the 10% or 6% of the surviving spouses' new spouses will enroll and receive the County subsidy.
- We assume 2% of the surviving spouse / domestic partners will enroll a new dependent.

Scenario III

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

Los Angeles County Other Postemployment Benefits Program

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

<u>Years of Service</u>	<u>Assumed Enrollment %</u>
< 10	13%
10-14	50%
15-19	70%
20-24	83%
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	22%	63%	0%	5%	10%	0%
Female	46%	35%	0%	12%	7%	0%

Los Angeles County Other Postemployment 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. July 1, 2011 premium rates are preliminary rates received from Mercer on February 1, 2011.

Pre and Post Age 65 Monthly Rates Effective July 1, 2010 PacifiCare is Pre Age 65 Only

Tier	Blue Cross - Plan I	Blue Cross - Plan II	Blue Cross - Prudent Buyer	CIGNA	PacifiCare
Retiree Only	\$ 914.29	\$ 914.29	\$ 577.16	\$ 1,012.21	
Retiree & Spouse	\$ 1,650.09	\$ 1,650.09	\$ 1,136.97	\$ 1,828.82	
Retiree & Family	\$ 1,946.80	\$ 1,946.80	\$ 1,283.33	\$ 2,160.04	
Retiree & Children	\$ 1,210.40	\$ 1,210.40	\$ 742.23	\$ 1,343.81	
Minor Survivor	\$ 301.53	\$ 301.53	\$ 156.41	\$ 334.60	\$ 259.09
PacifiCare Single					\$ 884.10
PacifiCare Two-Party					\$ 1,616.43
PacifiCare Family					\$ 1,917.01

Pre and Post Age 65 Monthly Rates Effective July 1, 2011 PacifiCare is Pre Age 65 Only

Tier	Blue Cross - Plan I	Blue Cross - Plan II	Blue Cross - Prudent Buyer	CIGNA	PacifiCare
Retiree Only	\$ 998.58	\$ 998.58	\$ 698.14	\$ 1,086.89	
Retiree & Spouse	\$ 1,802.45	\$ 1,802.45	\$ 1,375.90	\$ 1,963.93	
Retiree & Family	\$ 2,126.60	\$ 2,126.60	\$ 1,553.10	\$ 2,319.65	
Retiree & Children	\$ 1,322.08	\$ 1,322.08	\$ 897.99	\$ 1,443.03	
Minor Survivor	\$ 329.14	\$ 329.14	\$ 188.73	\$ 359.14	\$ 259.09
PacifiCare Single					\$ 934.88
PacifiCare Two-Party					\$ 1,709.41
PacifiCare Family					\$ 2,027.31

**Table A-20
(continued)**

Post Age 65 Monthly Rates Effective July 1, 2010

Tier	Blue Cross - Plan III	SCAN	Secure Horizons / PacifiCare
One Medicare	\$ 296.78		
Retiree & Spouse- 1 Medicare	\$ 951.20		
Retiree & Spouse- 2 Medicare	\$ 591.73		
Retiree & Children- 1 Medicare	\$ 532.25		
Retiree & Family- 1 Medicare	\$ 1,186.59		
Retiree & Family- 2 Medicare	\$ 827.09		
Retiree & Family- 3 Medicare	\$ 927.06		
Retiree Only		\$ 198.75	\$ 322.33
Retiree & 1 Dependent (1 Medicare)			\$ 1,203.43
Retiree & 1 Dependent (2 Medicare)		\$ 394.50	\$ 641.66
Retiree & 2 + Deps. (1 Medicare)			\$ 1,355.24
Retiree & 2 + Deps. (2 Medicare)			\$ 793.47

Post Age 65 Monthly Rates Effective July 1, 2011

Tier	Blue Cross - Plan III	SCAN	Secure Horizons / PacifiCare
One Medicare	\$ 303.04		
Retiree & Spouse- 1 Medicare	\$ 971.40		
Retiree & Spouse- 2 Medicare	\$ 604.27		
Retiree & Children- 1 Medicare	\$ 543.52		
Retiree & Family- 1 Medicare	\$ 1,211.80		
Retiree & Family- 2 Medicare	\$ 844.64		
Retiree & Family- 3 Medicare	\$ 946.74		
Retiree Only		\$ 370.04	\$ 322.33
Retiree & 1 Dependent (1 Medicare)			\$ 1,254.21
Retiree & 1 Dependent (2 Medicare)		\$ 737.08	\$ 641.66
Retiree & 2 + Deps. (1 Medicare)			\$ 1,414.76
Retiree & 2 + Deps. (2 Medicare)			\$ 802.21

**Table A-20
(continued)**

Kaiser Monthly Rates

Effective Date	July 1, 2010	July 1, 2011
Retiree Basic (Under 65)	\$ 683.10	\$ 735.77
Retiree Cost ("M" Coverage)	\$ 741.15	\$ 761.30
Retiree Risk (Senior Advantage)	\$ 218.68	\$ 223.68
Retiree Excess	\$ 836.60	\$ 871.68
Retiree Excess - Part B	\$ 721.63	\$ 761.33
Excess - Medicare Not Provided (MNP)	\$ 1,233.29	\$ 1,341.79
Family Basic	\$ 1,363.20	\$ 1,468.54
One Cost ("M" Coverage), Others Basic	\$ 1,421.25	\$ 1,494.07
One Advantage, Others Basic	\$ 898.78	\$ 956.45
One Excess, Others Basic	\$ 1,516.70	\$ 1,604.45
Two+ Cost ("M" Coverage)	\$ 1,479.30	\$ 1,519.60
One Advantage, One Cost ("M" Coverage)	\$ 956.83	\$ 981.98
One Excess, One Cost ("M" Coverage)	\$ 1,574.75	\$ 1,629.98
Two+ Advantage	\$ 434.36	\$ 444.36
One Excess, One Advantage	\$ 1,052.28	\$ 1,092.36
Two+ Excess	\$ 1,670.20	\$ 1,740.36
One Excess, One Basic	\$ 1,401.73	\$ 1,494.10
One Excess (MNP), One Basic	\$ 1,913.39	\$ 2,074.56
One Cost ("M" Coverage), One Excess	\$ 1,459.78	\$ 1,519.63
One Cost ("M" Coverage), One Excess (MNP)	\$ 1,971.44	\$ 2,100.09
One Risk, One Excess	\$ 937.31	\$ 982.01
One Risk, One Excess (MNP)	\$ 1,448.97	\$ 1,562.47
Two Excess	\$ 1,555.23	\$ 1,630.01
Two Excess, One (MNP)	\$ 2,066.89	\$ 2,210.47
Two Excess - Part B	\$ 1,440.26	\$ 1,519.66
Two Excess - Part B, One (MNP)	\$ 1,951.92	\$ 2,100.12
Two Excess - Both (MNP)	\$ 2,463.58	\$ 2,680.58
Minor Survivor	\$ 683.10	\$ 735.77

Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2010
Medical Member Under 65	\$876.50
Medical Member + 1 Under 65	\$1,580.40
Medical Member + 2 Under 65	\$1,864.22
Medical Member with Medicare	\$876.50
Medical Member + 1; 1 MDC	\$1,580.40
Medical Member + 1; 2 MDC	\$1,580.40
Medical Member + 2; 1 MDC	\$1,864.22
Medical Member + 2; 2 MDC	\$1,864.22
Medical Surviving Spouse Under 65	\$876.50
Medical Surviving Spouse + 1 Under 65	\$1,580.40
Medical Surviving Spouse + 2 Under 65	\$1,864.22
Medical Surviving Spouse with MDC	\$876.50
Medical Surviving Spouse + 1; 1 MDC	\$1,580.40
Medical Surviving Spouse + 2; 1 MDC	\$1,864.22
Medical Surviving Spouse + 1; 2 MDC	\$1,580.40

July 1, 2011 Firefighters Local 1014 premium rates are not available for this valuation.

Dental / Vision Monthly Rates

<u>Effective Date</u>	July 1, 2010		July 1, 2011	
	<u>CIGNA Dental HMO/Vision</u>	<u>CIGNA Indemnity Dental/Vision</u>	<u>CIGNA Dental HMO/Vision</u>	<u>CIGNA Indemnity Dental/Vision</u>
<u>Tier</u>				
Retiree Only	\$35.55	\$43.93	\$37.34	\$44.85
Retiree & Dependents	\$76.75	\$96.18	\$80.81	\$98.29
Survivor	\$36.10	\$55.02	\$37.92	\$56.19

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 Postemployment 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.

**Table A-21
(continued)**

A. Future Retirees Retiring Before Age 65

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25 \$	145.43	\$ 314.35	\$ 225.79	\$ 154.86	\$ 421.98	\$ 367.69
30 \$	168.87	\$ 360.36	\$ 259.96	\$ 179.82	\$ 440.77	\$ 387.73
35 \$	203.02	\$ 370.69	\$ 282.78	\$ 216.19	\$ 428.03	\$ 384.97
40 \$	249.60	\$ 377.22	\$ 310.31	\$ 265.78	\$ 417.90	\$ 386.98
45 \$	317.83	\$ 416.13	\$ 364.59	\$ 338.44	\$ 447.06	\$ 424.98
50 \$	418.28	\$ 492.56	\$ 453.62	\$ 445.40	\$ 521.15	\$ 505.75
55 \$	555.37	\$ 587.97	\$ 570.88	\$ 591.38	\$ 619.07	\$ 613.44
60 \$	724.63	\$ 701.70	\$ 713.72	\$ 771.62	\$ 737.40	\$ 744.36
65 (Pre 65) \$	920.70	\$ 876.77	\$ 899.80	\$ 980.40	\$ 920.90	\$ 933.00
65 (Post 65) \$	400.36	\$ 330.62	\$ 365.62	\$ 363.90	\$ 384.65	\$ 378.79
70 \$	503.56	\$ 424.41	\$ 464.14	\$ 457.71	\$ 493.76	\$ 483.58
75 \$	594.53	\$ 504.28	\$ 549.58	\$ 540.39	\$ 586.68	\$ 573.60
80 \$	659.89	\$ 559.92	\$ 610.10	\$ 599.80	\$ 651.42	\$ 636.84
85 \$	719.15	\$ 612.86	\$ 666.21	\$ 653.66	\$ 713.01	\$ 696.25
90 \$	768.21	\$ 657.56	\$ 713.10	\$ 698.25	\$ 765.02	\$ 746.16
95 \$	768.21	\$ 657.56	\$ 713.10	\$ 698.25	\$ 765.02	\$ 746.16

B. Future Retirees Retiring After Age 65

Age	Retiree			Spouse/Dependents		
	Male	Female	Total	Male	Female	Total
25	N/A	N/A	N/A	\$ 155.30	\$ 415.60	\$ 362.70
30	N/A	N/A	N/A	\$ 180.33	\$ 434.10	\$ 382.52
35	N/A	N/A	N/A	\$ 216.80	\$ 421.55	\$ 379.94
40	N/A	N/A	N/A	\$ 266.54	\$ 411.57	\$ 382.09
45	N/A	N/A	N/A	\$ 339.41	\$ 440.29	\$ 419.79
50	N/A	N/A	N/A	\$ 446.68	\$ 513.26	\$ 499.73
55	N/A	N/A	N/A	\$ 593.07	\$ 609.69	\$ 606.31
60	N/A	N/A	N/A	\$ 773.83	\$ 726.23	\$ 735.90
65 (Pre 65)	N/A	N/A	N/A	\$ 983.21	\$ 906.96	\$ 922.45
65 (Post 65) \$	281.63	\$ 269.44	\$ 275.56	\$ 272.32	\$ 289.63	\$ 284.74
70 \$	354.23	\$ 345.87	\$ 350.07	\$ 342.52	\$ 371.79	\$ 363.52
75 \$	418.22	\$ 410.96	\$ 414.60	\$ 404.39	\$ 441.75	\$ 431.20
80 \$	464.20	\$ 456.31	\$ 460.27	\$ 448.85	\$ 490.49	\$ 478.73
85 \$	505.89	\$ 499.45	\$ 502.68	\$ 489.16	\$ 536.87	\$ 523.39
90 \$	540.40	\$ 535.88	\$ 538.15	\$ 522.53	\$ 576.03	\$ 560.92
95 \$	540.40	\$ 535.88	\$ 538.15	\$ 522.53	\$ 576.03	\$ 560.92

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	\$ 225.14	\$ 483.01	\$ 225.74	\$ 233.58	\$ 640.47	\$ 635.31
30	\$ 261.43	\$ 553.71	\$ 262.11	\$ 271.23	\$ 668.98	\$ 663.94
35	\$ 314.30	\$ 569.58	\$ 314.90	\$ 326.08	\$ 649.64	\$ 645.54
40	\$ 386.40	\$ 579.61	\$ 386.85	\$ 400.88	\$ 634.26	\$ 631.30
45	\$ 492.03	\$ 639.39	\$ 492.37	\$ 510.47	\$ 678.52	\$ 676.39
50	\$ 647.53	\$ 756.83	\$ 647.79	\$ 671.80	\$ 790.97	\$ 789.46
55	\$ 859.75	\$ 903.43	\$ 859.85	\$ 891.98	\$ 939.58	\$ 938.98
60	\$ 1,121.78	\$ 1,078.19	\$ 1,121.68	\$ 1,163.83	\$ 1,119.18	\$ 1,119.75
65 (Pre 65)	\$ 1,425.31	\$ 1,347.20	\$ 1,425.13	\$ 1,478.73	\$ 1,397.69	\$ 1,398.72
65 (Post 65)	\$ 452.78	\$ 427.97	\$ 452.72	\$ 452.78	\$ 427.97	\$ 428.09
70	\$ 569.50	\$ 549.36	\$ 569.45	\$ 569.50	\$ 549.36	\$ 549.46
75	\$ 672.38	\$ 652.74	\$ 672.33	\$ 672.38	\$ 652.74	\$ 652.83
80	\$ 746.30	\$ 724.77	\$ 746.25	\$ 746.30	\$ 724.77	\$ 724.87
85	\$ 813.32	\$ 793.30	\$ 813.27	\$ 813.32	\$ 793.30	\$ 793.40
90	\$ 868.80	\$ 851.17	\$ 868.76	\$ 868.80	\$ 851.17	\$ 851.25
95	\$ 868.80	\$ 851.17	\$ 868.76	\$ 868.80	\$ 851.17	\$ 851.25

Future Retirees Monthly Dental/Vision Claim Costs

Age	Retiree			Spouse/Surv Spouse + Dependents		
	Male	Female	Total	Male	Female	Total
25	\$ 25.71	\$ 31.65	\$ 28.54	\$ 27.16	\$ 33.55	\$ 31.93
30	\$ 27.12	\$ 31.95	\$ 29.42	\$ 28.66	\$ 33.88	\$ 32.55
35	\$ 27.98	\$ 33.27	\$ 30.50	\$ 29.57	\$ 35.27	\$ 33.82
40	\$ 30.21	\$ 35.75	\$ 32.85	\$ 31.92	\$ 37.90	\$ 36.38
45	\$ 34.13	\$ 38.74	\$ 36.33	\$ 36.06	\$ 41.07	\$ 39.80
50	\$ 38.22	\$ 41.57	\$ 39.82	\$ 40.38	\$ 44.08	\$ 43.14
55	\$ 41.19	\$ 43.40	\$ 42.24	\$ 43.52	\$ 46.01	\$ 45.38
60	\$ 43.40	\$ 45.19	\$ 44.25	\$ 45.85	\$ 47.91	\$ 47.39
65	\$ 44.61	\$ 45.31	\$ 44.94	\$ 47.14	\$ 48.03	\$ 47.81
70	\$ 45.14	\$ 44.32	\$ 44.75	\$ 47.69	\$ 46.99	\$ 47.17
75	\$ 45.14	\$ 44.32	\$ 44.75	\$ 47.69	\$ 46.99	\$ 47.17
80	\$ 45.14	\$ 44.32	\$ 44.75	\$ 47.69	\$ 46.99	\$ 47.17
85	\$ 45.14	\$ 44.32	\$ 44.75	\$ 47.69	\$ 46.99	\$ 47.17
90	\$ 45.14	\$ 44.32	\$ 44.75	\$ 47.69	\$ 46.99	\$ 47.17
95	\$ 45.14	\$ 44.32	\$ 44.75	\$ 47.69	\$ 46.99	\$ 47.17

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	\$ 506.69				\$ 506.69			\$ 359.23		
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	\$ 506.69	\$ 506.69	\$ 661.75		\$ 506.69	\$ 506.69		\$ 359.23	\$ 359.23	
203	Blue Cross Prudent Buyer Plan	Retiree and Family	\$ 506.69	\$ 506.69	\$ 661.75		\$ 506.69	\$ 506.69		\$ 359.23	\$ 359.23	
204	Blue Cross Prudent Buyer Plan	Retiree and Children	\$ 506.69	\$ 506.69	\$ 661.75		\$ 506.69			\$ 359.23		
205	Blue Cross Prudent Buyer Plan	Minor Survivor				\$ 661.75			\$ 661.75			
211	Blue Cross I	Retiree Only	\$ 471.46				\$ 471.46			\$ 341.62		
212	Blue Cross I	Retiree and Spouse	\$ 471.46	\$ 471.46	\$ 615.74		\$ 471.46	\$ 471.46		\$ 341.62	\$ 341.62	
213	Blue Cross I	Retiree, Spouse and Children	\$ 471.46	\$ 471.46	\$ 615.74		\$ 471.46	\$ 471.46		\$ 341.62	\$ 341.62	
214	Blue Cross I	Retiree and Children	\$ 471.46	\$ 471.46	\$ 615.74		\$ 471.46			\$ 341.62		
215	Blue Cross I	Minor Survivor				\$ 615.74			\$ 615.74			\$ 615.74
221	Blue Cross II	Retiree Only	\$ 939.83				\$ 939.83			\$ 575.81		
222	Blue Cross II	Retiree and Spouse	\$ 939.83	\$ 939.83	\$ 1,227.45		\$ 939.83	\$ 939.83		\$ 575.81	\$ 575.81	
223	Blue Cross II	Retiree, Spouse and Children	\$ 939.83	\$ 939.83	\$ 1,227.45		\$ 939.83	\$ 939.83		\$ 575.81	\$ 575.81	
224	Blue Cross II	Retiree and Children	\$ 939.83	\$ 939.83	\$ 1,227.45		\$ 939.83			\$ 575.81		
225	Blue Cross II	Minor Survivor				\$ 1,227.45			\$ 1,227.45			\$ 1,227.45
240	Blue Cross III	One Medicare					\$ 211.78			\$ 211.78		
241	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 792.61	\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
242	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 792.61	\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
243	Blue Cross III	Retiree and Spouse 2 Medicare					\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
244	Blue Cross III	Retiree and Children 1 Medicare		\$ 792.61	\$ 1,035.18		\$ 211.78			\$ 211.78	\$ 211.78	
245	Blue Cross III	Retiree and Children 1 Medicare		\$ 792.61	\$ 1,035.18		\$ 211.78			\$ 211.78	\$ 211.78	
246	Blue Cross III	Retiree and Family 1 Medicare	\$ 792.61	\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
247	Blue Cross III	Retiree and Family 1 Medicare	\$ 792.61	\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
248	Blue Cross III	Retiree and Family 2 Medicare		\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
249	Blue Cross III	Retiree and Family 2 Medicare		\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
250	Blue Cross III	Retiree and Family 3 Medicare		\$ 792.61	\$ 1,035.18		\$ 211.78	\$ 211.78		\$ 211.78	\$ 211.78	
301	CIGNA Network Model Plan	Retiree Only	\$ 1,121.09				\$ 794.92			\$ 794.92		
302	CIGNA Network Model Plan	Retiree and Spouse	\$ 1,121.09	\$ 1,121.09	\$ 1,464.18		\$ 794.92	\$ 794.92		\$ 794.92	\$ 794.92	
303	CIGNA Network Model Plan	Retiree and Family	\$ 1,121.09	\$ 1,121.09	\$ 1,464.18		\$ 794.92	\$ 794.92		\$ 794.92	\$ 794.92	
304	CIGNA Network Model Plan	Retiree and Children	\$ 1,121.09	\$ 1,121.09	\$ 1,464.18		\$ 794.92			\$ 794.92		
305	CIGNA Network Model Plan	Minor Survivor				\$ 1,464.18			\$ 1,464.18			
321	CIGNA Healthcare for Seniors	Risk-Retiree Only					\$ 199.00					
322	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse					\$ 199.00	\$ 199.00		\$ 199.00	\$ 199.00	
324	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse (Both Risk)					\$ 199.00	\$ 199.00				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 889.71							\$ 261.50		
402	Kaiser (CA)	Retiree Cost ("M" Coverage) Supp					\$ 537.61					
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 158.62					
404	Kaiser (CA)	Retiree Excess I					\$ 606.84					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 523.45					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 894.59					
411	Kaiser (CA)	Family Basic	\$ 889.71	\$ 889.71	\$ 1,161.99					\$ 279.99	\$ 278.41	



**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	\$ 889.71	\$ 889.71	\$ 1,161.99		\$ 537.61	\$ 536.59		\$ 537.61	\$ 278.41	
413	Kaiser (CA)	One Advantage, Others Basic	\$ 889.71	\$ 889.71	\$ 1,161.99		\$ 158.62	\$ 156.79		\$ 158.62	\$ 278.41	
414	Kaiser (CA)	One Excess I, Others Basic	\$ 889.71	\$ 889.71	\$ 1,161.99		\$ 606.84	\$ 605.98		\$ 606.84	\$ 278.41	
415	Kaiser (CA)	Two+ Cost ("M" Coverage) Supp					\$ 537.61	\$ 536.59				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage) Supp					\$ 348.12	\$ 346.69				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage) Supp					\$ 572.23	\$ 571.29				
418	Kaiser (CA)	Two+ Advantage					\$ 158.62	\$ 156.79				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 382.73	\$ 381.38				
420	Kaiser (CA)	Two+ Excess I					\$ 606.84	\$ 605.98				
421	Kaiser (CA)	Minor Survivor				\$ 1,161.99			\$ 1,161.99		\$ 1,161.99	
422	Kaiser (CA)	One Excess II, One Basic	\$ 889.71	\$ 889.71	\$ 1,161.99		\$ 523.45	\$ 522.40		\$ 523.45	\$ 278.41	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 889.71	\$ 889.71	\$ 1,161.99		\$ 894.59	\$ 894.35		\$ 894.59	\$ 278.41	
424	Kaiser (CA)	One Cost ("M" Coverage) Supp , One Excess II					\$ 530.53	\$ 529.50				
425	Kaiser (CA)	One Cost ("M" Coverage) Supp, One Excs (MNP) III					\$ 716.10	\$ 715.47				
426	Kaiser (CA)	One Advantage, One Excess II					\$ 341.04	\$ 339.59				
427	Kaiser (CA)	One Advantage, One Excess III(MNP)					\$ 526.61	\$ 525.57				
428	Kaiser (CA)	One Excess I, Others Excess II					\$ 565.15	\$ 564.19				
429	Kaiser (CA)	One Excess I, Others Excess III (MNP)					\$ 750.72	\$ 750.16				
430	Kaiser (CA)	Two + Excess II- Part B					\$ 523.45	\$ 522.40				
431	Kaiser (CA)	One Excess II, Others Excess III (MNP)					\$ 709.02	\$ 708.38				
432	Kaiser (CA)	Two Excess - Both III (MNP)					\$ 894.59	\$ 894.35				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 803.50							\$ 213.41		
451	Kaiser - Colorado	Retiree Risk					\$ 213.41					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 803.50	\$ 1,015.44						\$ 213.41	\$ 213.19	
454	Kaiser - Colorado	Retiree Basic Family	\$ 803.50	\$ 1,015.44	\$ 4,482.94					\$ 213.41	\$ 213.19	
455	Kaiser - Colorado	One Risk, One Basic	\$ 803.50	\$ 832.25			\$ 213.41	\$ 213.19		\$ 213.41	\$ 213.19	
457	Kaiser - Colorado	Two Retiree Risk					\$ 213.41	\$ 213.19				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 803.50	\$ 832.25	\$ 5,413.02		\$ 213.41	\$ 213.19		\$ 213.41	\$ 213.19	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 5,747.29		\$ 213.41	\$ 213.19		\$ 213.41	\$ 213.19	
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 570.32					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 570.32					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 570.32	\$ 232.63				
461	Kaiser - Georgia Basic	Basic	\$ 1,047.63							\$ 232.67		
462	Kaiser - Georgia	Retiree Risk					\$ 232.67					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 1,047.63	\$ 1,086.38	\$ 7,502.20		\$ 232.67	\$ 232.63		\$ 232.67	\$ 232.63	
464	Kaiser - Georgia	Retiree Basic Family	\$ 1,047.63	\$ 1,086.38	\$ 7,502.29					\$ 232.67	\$ 232.63	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 427.38	\$ 1,086.38	\$ 7,502.20		\$ 232.67	\$ 232.63		\$ 232.67	\$ 232.63	
466	Kaiser - Georgia	Two Retiree Risk					\$ 232.67	\$ 232.63				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 618.42							\$ 193.84		
472	Kaiser - Hawaii	Retiree Risk					\$ 193.84					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 833.64					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 618.42	\$ 639.59						\$ 193.84	\$ 193.44	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 618.42	\$ 639.59	\$ 4,416.72					\$ 193.84	\$ 193.44	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 618.42	\$ 639.59	\$ 4,416.81		\$ 193.84	\$ 193.44		\$ 193.84	\$ 193.44	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 618.42	\$ 639.59	\$ 4,416.81		\$ 833.64	\$ 839.17		\$ 833.64	\$ 839.17	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 193.84	\$ 193.44				



**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)	\$ 959.84								\$ 296.35		
482	Kaiser - Oregon	Retiree Risk					\$ 296.35						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B					\$ 845.81						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 959.84	\$ 995.00							\$ 296.35	\$ 296.90	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 959.84	\$ 994.99	\$ 6,871.08						\$ 296.35	\$ 296.90	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 959.84	\$ 994.99	\$ 6,871.08		\$ 296.35	\$ 296.90			\$ 296.35	\$ 296.90	
488	Kaiser - Oregon	Two Retiree Risk					\$ 296.35	\$ 296.90					
489	Kaiser - Oregon	Retiree w/ Part A only					\$ 779.32						
491	Kaiser - Oregon	One Risk, One Medicare Part A only					\$ 779.32	\$ 296.90					
493	Kaiser - Oregon	One Risk, Two Basic	\$ 959.84	\$ 994.99			\$ 296.35	\$ 296.90			\$ 296.35	\$ 296.90	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 959.84	\$ 994.99	\$ 6,871.08		\$ 296.35	\$ 296.90			\$ 296.35	\$ 296.90	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare					\$ 845.81	\$ 851.45					
496	Kaiser - Oregon	Two Medicare Part A only					\$ 779.32	\$ 784.34					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 959.84	\$ 994.99			\$ 779.32	\$ 784.34			\$ 779.32	\$ 784.34	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 959.84	\$ 994.99			\$ 845.81	\$ 851.45			\$ 845.81	\$ 851.45	
611	SCAN Health Plan	Retiree Only					\$ 131.59						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)					\$ 131.59	\$ 131.59					
701	PacifiCare	Retiree Only	\$ 1,168.97				\$ 238.81						
702	PacifiCare	Retiree & 1 Dependent (1 Medicare)	\$ 1,168.97	\$ 1,168.97	\$ 1,526.71		\$ 238.81	\$ 238.81					
703	PacifiCare	Retiree & 1 Dependent (2 Medicare)					\$ 238.81	\$ 238.81					
704	PacifiCare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,168.97	\$ 1,168.97	\$ 1,526.71		\$ 238.81	\$ 238.81					
705	PacifiCare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,168.97	\$ 1,168.97	\$ 1,526.71		\$ 238.81	\$ 238.81					
706	PacifiCare	Minor Survivor				\$ 1,526.71			\$ 1,526.71				
707	PacifiCare	Single	\$ 1,168.97								\$ 265.26		
708	PacifiCare	Two-Party	\$ 1,168.97	\$ 1,168.97	\$ 1,526.71						\$ 265.26	\$ 265.26	
709	PacifiCare	Family	\$ 1,168.97	\$ 1,168.97	\$ 1,526.71						\$ 265.26	\$ 265.26	



**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	\$ 1,425.31				\$ 452.78			\$ 452.78		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,425.31	\$ 1,425.31	\$ 1,861.50		\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,425.31	\$ 1,425.31	\$ 1,861.50		\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 452.78		\$ 452.78	\$ 452.78		\$ 452.78
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,425.31	\$ 1,861.50		\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,425.31	\$ 1,861.50		\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78	\$ 452.78
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,425.31		\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,425.31	\$ 1,861.50	\$ 1,425.31		\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,425.31	\$ 1,861.50	\$ 1,425.31		\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC						\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,425.31	\$ 1,861.50	\$ 1,425.31		\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,425.31	\$ 1,861.50	\$ 1,425.31		\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC						\$ 452.78	\$ 452.78		\$ 452.78	\$ 452.78

Dental/Vision Male Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	CIGNA Indemnity Dental/Vision	Retiree Only	\$ 46.00		
502	CIGNA Indemnity Dental/Vision	Family	\$ 46.00	\$ 48.20	
503	CIGNA Indemnity Dental/Vision	Survivor			\$ 46.00
901	CIGNA Dental HMO/Vision	Retiree Only	\$ 36.76		
902	CIGNA Dental HMO/Vision	Family	\$ 36.76	\$ 40.46	
903	CIGNA Dental HMO/Vision	Survivor			\$ 36.76



**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	\$ 478.92				\$ 478.92			\$ 339.55		
202	Blue Cross Prudent Buyer Plan	Retiree and Spouse	\$ 478.92	\$ 478.92	\$ 221.56		\$ 478.92	\$ 478.92		\$ 339.55	\$ 339.55	
203	Blue Cross Prudent Buyer Plan	Retiree and Family	\$ 478.92	\$ 478.92	\$ 221.56		\$ 478.92	\$ 478.92		\$ 339.55	\$ 339.55	
204	Blue Cross Prudent Buyer Plan	Retiree and Children	\$ 478.92	\$ 478.92	\$ 221.56		\$ 478.92			\$ 339.55		
205	Blue Cross Prudent Buyer Plan	Minor Survivor				\$ 221.56			\$ 221.56			
211	Blue Cross I	Retiree Only	\$ 445.62				\$ 445.62			\$ 322.90		
212	Blue Cross I	Retiree and Spouse	\$ 445.62	\$ 445.62	\$ 206.15		\$ 445.62	\$ 445.62		\$ 322.90	\$ 322.90	
213	Blue Cross I	Retiree, Spouse and Children	\$ 445.62	\$ 445.62	\$ 206.15		\$ 445.62	\$ 445.62		\$ 322.90	\$ 322.90	
214	Blue Cross I	Retiree and Children	\$ 445.62	\$ 445.62	\$ 206.15		\$ 445.62			\$ 322.90		
215	Blue Cross I	Minor Survivor				\$ 206.15			\$ 206.15			\$ 206.15
221	Blue Cross II	Retiree Only	\$ 888.32				\$ 888.32			\$ 544.25		
222	Blue Cross II	Retiree and Spouse	\$ 888.32	\$ 888.32	\$ 410.96		\$ 888.32	\$ 888.32		\$ 544.25	\$ 544.25	
223	Blue Cross II	Retiree, Spouse and Children	\$ 888.32	\$ 888.32	\$ 410.96		\$ 888.32	\$ 888.32		\$ 544.25	\$ 544.25	
224	Blue Cross II	Retiree and Children	\$ 888.32	\$ 888.32	\$ 410.96		\$ 888.32			\$ 544.25		
225	Blue Cross II	Minor Survivor				\$ 410.96			\$ 410.96			\$ 410.96
240	Blue Cross III	One Medicare					\$ 200.17			\$ 200.17		
241	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 749.17	\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
242	Blue Cross III	Retiree and Spouse 1 Medicare	\$ 749.17	\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
243	Blue Cross III	Retiree and Spouse 2 Medicare					\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
244	Blue Cross III	Retiree and Children 1 Medicare		\$ 749.17	\$ 346.58		\$ 200.17			\$ 200.17	\$ 200.17	
245	Blue Cross III	Retiree and Children 1 Medicare		\$ 749.17	\$ 346.58		\$ 200.17			\$ 200.17	\$ 200.17	
246	Blue Cross III	Retiree and Family 1 Medicare	\$ 749.17	\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
247	Blue Cross III	Retiree and Family 1 Medicare	\$ 749.17	\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
248	Blue Cross III	Retiree and Family 2 Medicare		\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
249	Blue Cross III	Retiree and Family 2 Medicare		\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
250	Blue Cross III	Retiree and Family 3 Medicare		\$ 749.17	\$ 346.58		\$ 200.17	\$ 200.17		\$ 200.17	\$ 200.17	
301	CIGNA Network Model Plan	Retiree Only	\$ 1,059.65				\$ 751.36			\$ 751.36		
302	CIGNA Network Model Plan	Retiree and Spouse	\$ 1,059.65	\$ 1,059.65	\$ 490.22		\$ 751.36	\$ 751.36		\$ 751.36	\$ 751.36	
303	CIGNA Network Model Plan	Retiree and Family	\$ 1,059.65	\$ 1,059.65	\$ 490.22		\$ 751.36	\$ 751.36		\$ 751.36	\$ 751.36	
304	CIGNA Network Model Plan	Retiree and Children	\$ 1,059.65	\$ 1,059.65	\$ 490.22		\$ 751.36			\$ 751.36		
305	CIGNA Network Model Plan	Minor Survivor				\$ 490.22			\$ 490.22			
321	CIGNA Healthcare for Seniors	Risk-Retiree Only					\$ 188.09					
322	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse					\$ 188.09	\$ 188.09		\$ 188.09	\$ 188.09	
324	CIGNA Healthcare for Seniors	Risk-Retiree & Spouse (Both Risk)					\$ 188.09	\$ 188.09				
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 840.95							\$ 247.17		
402	Kaiser (CA)	Retiree Cost ("M" Coverage) Supp					\$ 508.15					
403	Kaiser (CA)	Retiree Risk (Senior Advantage)					\$ 149.93					
404	Kaiser (CA)	Retiree Excess I					\$ 573.59					
405	Kaiser (CA)	Retiree Excess II - Part B					\$ 494.76					
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)					\$ 845.56					
411	Kaiser (CA)	Family Basic	\$ 840.95	\$ 840.95	\$ 389.04					\$ 264.64	\$ 263.16	



**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	\$ 840.95	\$ 840.95	\$ 389.04		\$ 508.15	\$ 507.19		\$ 508.15	\$ 263.16	
413	Kaiser (CA)	One Advantage, Others Basic	\$ 840.95	\$ 840.95	\$ 389.04		\$ 149.93	\$ 148.19		\$ 149.93	\$ 263.16	
414	Kaiser (CA)	One Excess I, Others Basic	\$ 840.95	\$ 840.95	\$ 389.04		\$ 573.59	\$ 572.77		\$ 573.59	\$ 263.16	
415	Kaiser (CA)	Two+ Cost ("M" Coverage) Supp					\$ 508.15	\$ 507.19				
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage) Supp					\$ 329.04	\$ 327.69				
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage) Supp					\$ 540.87	\$ 539.98				
418	Kaiser (CA)	Two+ Advantage					\$ 149.93	\$ 148.19				
419	Kaiser (CA)	One Excess I, One Advantage					\$ 361.76	\$ 360.48				
420	Kaiser (CA)	Two+ Excess I					\$ 573.59	\$ 572.77				
421	Kaiser (CA)	Minor Survivor				\$ 389.04			\$ 389.04		\$ 389.04	
422	Kaiser (CA)	One Excess II, One Basic	\$ 840.95	\$ 840.95	\$ 389.04		\$ 494.76	\$ 493.77		\$ 494.76	\$ 263.16	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$ 840.95	\$ 840.95	\$ 389.04		\$ 845.56	\$ 845.34		\$ 845.56	\$ 263.16	
424	Kaiser (CA)	One Cost ("M" Coverage) Supp , One Excess II					\$ 501.45	\$ 500.48				
425	Kaiser (CA)	One Cost ("M" Coverage) Supp, One Excs (MNP) III					\$ 676.85	\$ 676.26				
426	Kaiser (CA)	One Advantage, One Excess II					\$ 322.35	\$ 320.98				
427	Kaiser (CA)	One Advantage, One Excess III(MNP)					\$ 497.75	\$ 496.77				
428	Kaiser (CA)	One Excess I, Others Excess II					\$ 534.17	\$ 533.27				
429	Kaiser (CA)	One Excess I, Others Excess III (MNP)					\$ 709.58	\$ 709.05				
430	Kaiser (CA)	Two + Excess II- Part B					\$ 494.76	\$ 493.77				
431	Kaiser (CA)	One Excess II, Others Excess III (MNP)					\$ 670.16	\$ 669.55				
432	Kaiser (CA)	Two Excess - Both III (MNP)					\$ 845.56	\$ 845.34				
450	Kaiser - Colorado Basic	Retiree Basic	\$ 759.47							\$ 201.71		
451	Kaiser - Colorado	Retiree Risk					\$ 201.71					
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$ 759.47	\$ 959.79						\$ 201.71	\$ 201.51	
454	Kaiser - Colorado	Retiree Basic Family	\$ 759.47	\$ 959.79	\$ 1,500.92					\$ 201.71	\$ 201.51	
455	Kaiser - Colorado	One Risk, One Basic	\$ 759.47	\$ 786.64			\$ 201.71	\$ 201.51		\$ 201.71	\$ 201.51	
457	Kaiser - Colorado	Two Retiree Risk					\$ 201.71	\$ 201.51				
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$ 759.47	\$ 786.64	\$ 1,812.32		\$ 201.71	\$ 201.51		\$ 201.71	\$ 201.51	
459	Kaiser - Colorado	Two Risk, Two or More Dependents			\$ 1,924.23		\$ 201.71	\$ 201.51		\$ 201.71	\$ 201.51	
441	Kaiser - Georgia	One Medicare Member with Part A only					\$ 539.07					
442	Kaiser - Georgia	One Member without Medicare Part A&B					\$ 539.07					
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only					\$ 539.07	\$ 219.88				
461	Kaiser - Georgia Basic	Basic	\$ 990.22							\$ 219.91		
462	Kaiser - Georgia	Retiree Risk					\$ 219.91					
463	Kaiser - Georgia	Retiree (Two Party)	\$ 990.22	\$ 1,026.84	\$ 2,511.79		\$ 219.91	\$ 219.88		\$ 219.91	\$ 219.88	
464	Kaiser - Georgia	Retiree Basic Family	\$ 990.22	\$ 1,026.84	\$ 2,511.82					\$ 219.91	\$ 219.88	
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$ 403.96	\$ 1,026.84	\$ 2,511.79		\$ 219.91	\$ 219.88		\$ 219.91	\$ 219.88	
466	Kaiser - Georgia	Two Retiree Risk					\$ 219.91	\$ 219.88				
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$ 584.53							\$ 183.21		
472	Kaiser - Hawaii	Retiree Risk					\$ 183.21					
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B					\$ 787.96					
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$ 584.53	\$ 604.54						\$ 183.21	\$ 182.84	
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$ 584.53	\$ 604.54	\$ 1,478.75					\$ 183.21	\$ 182.84	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$ 584.53	\$ 604.54	\$ 1,478.78		\$ 183.21	\$ 182.84		\$ 183.21	\$ 182.84	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$ 584.53	\$ 604.54	\$ 1,478.78		\$ 787.96	\$ 793.18		\$ 787.96	\$ 793.18	
478	Kaiser - Hawaii	Two Retiree Risk					\$ 183.21	\$ 182.84				



**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)	\$ 907.23									\$ 280.10		
482	Kaiser - Oregon	Retiree Risk						\$ 280.10						
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B						\$ 799.46						
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 907.23	\$ 940.47								\$ 280.10	\$ 280.63	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 907.23	\$ 940.46	\$ 2,300.49							\$ 280.10	\$ 280.63	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 907.23	\$ 940.46	\$ 2,300.49			\$ 280.10	\$ 280.63			\$ 280.10	\$ 280.63	
488	Kaiser - Oregon	Two Retiree Risk						\$ 280.10	\$ 280.63					
489	Kaiser - Oregon	Retiree w/ Part A only						\$ 736.61						
491	Kaiser - Oregon	One Risk, One Medicare Part A only						\$ 736.61	\$ 280.63					
493	Kaiser - Oregon	One Risk, Two Basic	\$ 907.23	\$ 940.46				\$ 280.10	\$ 280.63			\$ 280.10	\$ 280.63	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 907.23	\$ 940.46	\$ 2,300.49			\$ 280.10	\$ 280.63			\$ 280.10	\$ 280.63	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare						\$ 799.46	\$ 804.79					
496	Kaiser - Oregon	Two Medicare Part A only						\$ 736.61	\$ 741.36					
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 907.23	\$ 940.46				\$ 736.61	\$ 741.36			\$ 736.61	\$ 741.36	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 907.23	\$ 940.46				\$ 799.46	\$ 804.79			\$ 799.46	\$ 804.79	
611	SCAN Health Plan	Retiree Only						\$ 124.38						
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)						\$ 124.38	\$ 124.38					
701	PacifiCare	Retiree Only	\$ 1,104.90					\$ 225.72						
702	PacifiCare	Retiree & 1 Dependent (1 Medicare)	\$ 1,104.90	\$ 1,104.90	\$ 511.15			\$ 225.72	\$ 225.72					
703	PacifiCare	Retiree & 1 Dependent (2 Medicare)						\$ 225.72	\$ 225.72					
704	PacifiCare	Retiree & 2 + Deps. (1 Medicare)	\$ 1,104.90	\$ 1,104.90	\$ 511.15			\$ 225.72	\$ 225.72					
705	PacifiCare	Retiree & 2 + Deps. (2 Medicare)	\$ 1,104.90	\$ 1,104.90	\$ 511.15			\$ 225.72	\$ 225.72					
706	PacifiCare	Minor Survivor				\$ 511.15				\$ 511.15				
707	PacifiCare	Single	\$ 1,104.90									\$ 250.72		
708	PacifiCare	Two-Party	\$ 1,104.90	\$ 1,104.90	\$ 511.15							\$ 250.72	\$ 250.72	
709	PacifiCare	Family	\$ 1,104.90	\$ 1,104.90	\$ 511.15							\$ 250.72	\$ 250.72	



**Table A-21
(continued)**

Fire Fighters Local 1014 Female Retirees

Deduct Code	Plan	Tier	Pre 65 Claim Costs				Post 65 Claim Costs for Post 65 Retirees			Post 65 Claim Costs for Pre 65 Retirees		
			Retiree	Spouse	Child	Surv	Retiree	Spouse	Surv	Retiree	Spouse	Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,347.20				\$ 427.97			\$ 427.97		
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,347.20	\$ 1,347.20	\$ 623.24		\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,347.20	\$ 1,347.20	\$ 623.24		\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare					\$ 427.97		\$ 427.97	\$ 427.97		\$ 427.97
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,347.20	\$ 623.24		\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97
806	Firefighters' Local 1014	Med-Member +1; 2 MDC					\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,347.20	\$ 623.24		\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97
808	Firefighters' Local 1014	Med-Member +2; 2 MDC					\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97	\$ 427.97
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65				\$ 1,347.20	\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,347.20	\$ 623.24	\$ 1,347.20	\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,347.20	\$ 623.24	\$ 1,347.20	\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC					\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,347.20	\$ 623.24	\$ 1,347.20	\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,347.20	\$ 623.24	\$ 1,347.20	\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC					\$ 427.97		\$ 427.97		\$ 427.97	\$ 427.97

Dental/Vision Female Retirees

Deduction Code	Plan	Tier	Age 65 Adjusted Claim Costs		
			Retiree	Sp/Dep	Surv
501	CIGNA Indemnity Dental/Vision	Retiree Only	\$ 47.10		
502	CIGNA Indemnity Dental/Vision	Family	\$ 47.10	\$ 49.35	
503	CIGNA Indemnity Dental/Vision	Survivor			\$ 47.10
901	CIGNA Dental HMO/Vision	Retiree Only	\$ 37.65		
902	CIGNA Dental HMO/Vision	Family	\$ 37.65	\$ 41.44	
903	CIGNA Dental HMO/Vision	Survivor			\$ 37.65



Los Angeles County Other Postemployment Benefits Program

Table A-22: Health Cost Trend Assumptions *

Fiscal Year Ending		LACERA Medical		Firefighters Local 1014	Part B	Dental Under	Weighted
From	To	Under 65	Over 65	Under and Over 65	Premiums	and Over 65	Average Trend
6/30/2011	6/30/2012	8.09%	6.81%	6.55%	8.25%	2.43%	6.97%
6/30/2012	6/30/2013	6.55%	9.05%	6.55%	11.40%	4.50%	8.08%
6/30/2013	6/30/2014	6.55%	8.35%	6.55%	7.10%	4.50%	7.38%
6/30/2014	6/30/2015	6.50%	7.55%	6.50%	7.10%	4.50%	6.97%
6/30/2015	6/30/2016	6.45%	7.15%	6.45%	7.10%	4.50%	6.76%
6/30/2016	6/30/2017	6.40%	6.70%	6.40%	7.10%	4.50%	6.51%
6/30/2017	6/30/2018	6.35%	6.35%	6.35%	7.10%	4.50%	6.31%
6/30/2018	6/30/2019	6.35%	6.30%	6.35%	7.10%	4.50%	6.29%
6/30/2019	6/30/2020	6.20%	6.20%	6.20%	7.10%	4.50%	6.19%
6/30/2020	6/30/2021	6.20%	6.20%	6.20%	5.95%	4.50%	6.08%
6/30/2021	6/30/2022	6.20%	6.20%	6.20%	5.95%	4.50%	6.08%
6/30/2022	6/30/2023	6.15%	6.15%	6.15%	5.95%	4.50%	6.04%
6/30/2023	6/30/2024	6.15%	6.15%	6.15%	5.95%	4.50%	6.04%
6/30/2033	6/30/2034	6.05%	6.05%	6.05%	5.95%	4.50%	5.97%
6/30/2043	6/30/2044	5.75%	5.75%	5.75%	5.60%	4.50%	5.68%
6/30/2053	6/30/2054	5.65%	5.65%	5.65%	5.30%	4.50%	5.57%
6/30/2063	6/30/2064	5.60%	5.60%	5.60%	5.25%	4.50%	5.53%
6/30/2073	6/30/2074	5.50%	5.50%	5.50%	4.95%	4.50%	5.42%
6/30/2083 +		5.05%	5.05%	5.05%	4.95%	4.50%	5.03%

* The first year trend rates for LACERA medical non-firefighter Local 1014 and dental plans have been adjusted from the 2010 OPEB Investigation of Experience Study to reflect preliminary premium increases effective July 1, 2011, from rates received from Mercer as of February 1, 2011.

Los Angeles County Other Postemployment 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%	0.0%	0.0%
40	0.0	0.0	14.0
41	0.0	0.0	14.0
42	0.0	0.0	14.0
43	0.0	0.0	14.0
44	0.0	0.0	14.0
45	0.0	0.0	14.0
46	0.0	0.0	14.0
47	0.0	0.0	14.0
48	0.0	0.0	14.0
49	0.0	0.0	14.0
50	25.0	0.0	22.0
51	9.0	0.0	22.0
52	9.0	0.0	14.0
53	9.0	0.0	14.0
54	9.0	0.0	14.0
55	9.0	25.0	19.0
56	9.0	7.8	22.0
57	9.0	7.8	26.0
58	9.0	7.8	29.0
59	11.0	7.8	34.0
60	14.0	8.0	50.0
61	17.0	10.0	100.0
62	20.0	12.5	100.0
63	22.0	15.0	100.0
64	25.0	24.0	100.0
65	27.0	35.0	100.0
66	27.0	23.0	100.0
67	27.0	20.0	100.0
68	27.0	17.0	100.0
69	27.0	19.0	100.0
70	27.0	23.0	100.0
71	28.0	28.0	100.0
72	29.0	33.0	100.0
73	30.0	33.0	100.0
74	30.0	33.0	100.0
75 or older	100.0	100.0	100.0

Los Angeles County Other Postemployment Benefits Program

Appendix B: Summary of Program Provisions



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

All actuarial calculations are based on our understanding of the statutes governing LACERA as contained in the County Employees Retirement Law (CERL) of 1937, with provisions adopted by the LACERA Board of Retirement, effective through July 1, 2002. The benefit and contribution provisions of this law are summarized briefly below, along with corresponding references to the California Government Code section 31450. 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 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 to qualifying survivors of retired members. Since eligibility for retiree qualifying health and death benefits is dependent on receipt of a retirement benefit, the eligibility and other aspects of the retirement benefits are applicable for retirement health and death benefits. Participation in the Health Care and Death Benefits Program is for life.

New retirees have 60 days from the date of retirement, 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 fighters 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.

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 a LACERA active member to receive health benefits, the LACERA active member has to be eligible for retirement at date of death. In order for a survivor of a retired LACERA member to be eligible to receive health benefits, the retired member needed to have had a retirement plan option which qualified as eligible for continuing retirement benefits to the survivor. 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 employees.

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, is paid by LACERA and billed directly to the County on a monthly basis.

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

Appendix E

Medical Plan Descriptions:

<http://www.lacera.com/communications/PDF/2010HealthCareRates/2010PlanComparison.pdf>
<http://www.lacera.com/communications/PDF/2010HealthCareRates/2010KaiserOut-of-Area.pdf>
<http://www.lacera.com/communications/PDF/2010HealthCareRates/2010PlanComparisonMedicare.pdf>

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

<http://www.local1014medical.org/docs/2011spd.pdf>

Appendix G

Dental and Vision Plan Description:

<http://www.lacera.com/communications/PDF/2010HealthCareRates/2010DentalVisionCharts.pdf>

Appendix H

Medicare Part B Reimbursement Plan Description:

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

Los Angeles County Other Postemployment Benefits Program

Appendix C: Valuation Data and Schedules



Data on LACERA's retirement benefit program membership as of June 30, 2010 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2010 retirement benefit program valuation. Data for retired members, survivors and dependents was provided separately for this OPEB valuation. On the following tables, we present a summary of LACERA membership at June 30, 2010 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 Postemployment Benefits Program

Exhibit C-1: Summary of Active Members

	<u>Sex</u>	<u>Members</u>	<u>Annual Salary</u>	<u>Average Age</u>	<u>Average Credited Service</u>
General Members- LA County*					
Plan A	M	444	\$ 43,205,316	61.8	34.9
	F	957	\$ 73,182,576	60.2	34.8
Plan B	M	74	\$ 7,218,264	59.9	32.8
	F	168	\$ 13,105,668	58.7	31.4
Plan C	M	63	\$ 6,262,932	59.1	31.9
	F	145	\$ 11,570,532	58.3	30.6
Plan D	M	16,612	\$ 1,164,838,800	45.1	11.0
	F	32,067	\$ 2,035,474,752	44.3	11.1
Plan E	M	8,586	\$ 603,444,180	49.6	16.0
	F	17,358	\$ 1,014,980,460	48.9	16.8
Total		76,474	\$ 4,973,283,480	46.5	13.5
Safety Members- LA County*					
Plan A	M	71	\$ 10,590,180	57.6	34.7
	F	17	\$ 2,088,744	56.5	35.2
Plan B	M	8,281	\$ 785,632,296	40.9	14.4
	F	1,683	\$ 154,585,932	38.5	11.8
Total		10,052	\$ 952,897,152	40.7	14.1
Safety Members- Local 1014					
Plan A	M	69	\$ 8,968,104	55.5	32.6
	F	-	\$ -	-	-
Plan B	M	2,832	\$ 291,160,992	43.3	15.2
	F	38	\$ 3,707,124	39.2	10.7
Total		2,939	\$ 303,836,220	43.6	15.6

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

Los Angeles County Other Postemployment Benefits Program

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

	<u>Sex</u>	<u>Members</u>	<u>Annual Salary</u>	<u>Average Age</u>	<u>Average Credited Service</u>
General Members- Superior Court					
Plan A	M	28	\$ 3,452,148	64.4	31.9
	F	71	\$ 5,886,432	59.0	32.0
Plan B	M	4	\$ 522,972	64.3	26.8
	F	15	\$ 1,310,760	57.7	33.1
Plan C	M	1	\$ 176,208	57.0	31.6
	F	14	\$ 1,145,532	56.6	31.4
Plan D	M	666	\$ 48,943,320	46.6	13.5
	F	2,425	\$ 168,943,824	46.3	13.5
Plan E	M	451	\$ 32,054,340	47.6	15.7
	F	1,201	\$ 77,754,912	48.4	17.7
Total		4,876	\$ 340,190,448	47.4	15.3
General Members- SCAQMD					
Plan A	M	1	\$ 67,236	59.0	36.1
	F	-	\$ -	-	-
Plan B	M	-	\$ -	-	-
	F	1	\$ 54,600	53.0	32.7
Plan C	M	-	\$ -	-	-
	F	-	\$ -	-	-
Plan D	M	-	\$ -	-	-
	F	-	\$ -	-	-
Plan E	M	-	\$ -	-	-
	F	-	\$ -	-	-
Total		2	\$ 121,836	56.0	34.4
All General Members					
Plan A	M	473	\$ 46,724,700	61.9	34.7
	F	1,028	\$ 79,069,008	60.1	34.6
Plan B	M	78	\$ 7,741,236	60.1	32.5
	F	184	\$ 14,471,028	58.6	31.6
Plan C	M	64	\$ 6,439,140	59.0	31.9
	F	159	\$ 12,716,064	58.1	30.7
Plan D	M	17,278	\$ 1,213,782,120	45.1	11.1
	F	34,492	\$ 2,204,418,576	44.5	11.2
Plan E	M	9,037	\$ 635,498,520	49.5	16.0
	F	18,559	\$ 1,092,735,372	48.9	16.8
Total		81,352	\$ 5,313,595,764	46.6	13.6
All Safety Members					
Plan A	M	140	\$ 19,558,284	56.6	33.6
	F	17	\$ 2,088,744	56.5	35.2
Plan B	M	11,113	\$ 1,076,793,288	41.5	14.6
	F	1,721	\$ 158,293,056	38.5	11.7
Total		12,991	\$ 1,256,733,372	41.3	14.5
Grand Total		94,343	\$ 6,570,329,136	45.8	13.7

This excludes 67 active pension members who are receiving retiree healthcare benefits.

Los Angeles County Other Postemployment Benefits Program

Exhibit C-2: Summary of Vested Terminated Members

	<u>Sex</u>	<u>Members</u>	<u>Average Age</u>
<i>General Members- LA County*</i>			
Plan A	M	67	62.8
	F	131	60.2
Plan B	M	9	59.9
	F	29	59.4
Plan C	M	4	58.3
	F	13	56.5
Plan D	M	998	47.0
	F	1,839	45.4
Plan E	M	1,147	54.1
	F	<u>2,622</u>	<u>52.9</u>
Total		6,859	50.5
<i>Safety Members- LA County*</i>			
Plan A	M	5	61.8
	F	-	-
Plan B	M	308	40.8
	F	<u>98</u>	<u>40.9</u>
Total		411	41.0
<i>Safety Members- Local 1014</i>			
Plan A	M	1	55.0
	F	-	-
Plan B	M	31	40.6
	F	<u>13</u>	<u>35.3</u>
Total		45	39.4

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

Los Angeles County Other Postemployment Benefits Program

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

General Members- Superior Court

Plan A	M	5	59.6
	F	11	58.4
Plan B	M	-	-
	F	2	55.5
Plan C	M	1	68.0
	F	2	53.5
Plan D	M	67	46.2
	F	180	46.2
Plan E	M	97	50.2
	F	<u>237</u>	<u>50.0</u>
Total		602	48.8

General Members- SCAQMD

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

All General Members

Plan A	M	72	62.5
	F	142	60.1
Plan B	M	9	59.9
	F	31	59.2
Plan C	M	5	60.2
	F	15	56.1
Plan D	M	1,065	46.9
	F	2,019	45.5
Plan E	M	1,244	53.8
	F	<u>2,859</u>	<u>52.7</u>
Total		7,461	50.4

All Safety Members

Plan A	M	6	60.7
	F	-	-
Plan B	M	339	40.7
	F	<u>111</u>	<u>40.2</u>
Total		456	40.9

Grand Total 7,917 49.8

Retirement data includes 4,057 non-vested terminated members.
 This excludes 22 vested terminated retirement members who are receiving retiree healthcare benefits.
 This excludes two vested terminated retirement members who died before 7/1/2010.

Los Angeles County Other Postemployment 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	18,018	5,867	23,885	71.0	61.5	68.7
	F	20,475	13,427	33,902	72.7	62.4	68.6
	Total	38,493	19,294	57,787	71.9	62.1	68.6
Local 1014	M	1,249	68	1,317	69.5	24.2	67.2
	F	196	1,119	1,315	75.7	62.2	64.2
	Total	1,445	1,187	2,632	70.3	60.0	65.7
Superior Court	M	510	389	899	72.6	65.0	69.3
	F	1,272	349	1,621	72.2	60.6	69.7
	Total	1,782	738	2,520	72.3	62.9	69.6
SCAQMD	M	41	5	46	81.3	67.4	79.8
	F	25	25	50	77.6	75.2	76.4
	Total	66	30	96	79.9	73.9	78.0
Total Medical	M	19,818	6,329	26,147	71.0	61.3	68.6
	F	21,968	14,920	36,888	72.7	62.4	68.5
	Total	41,786	21,249	63,035	71.9	62.1	68.6

Dental/Vision

	Gender	Count			Average Age		
		Retirees and Survivors	Spouses and Dependents	Total	Retirees and Survivors	Spouses and Dependents	Total
LA County	M	18,276	6,389	24,665	70.8	62.5	68.7
	F	20,655	13,863	34,518	72.6	62.4	68.5
	Total	38,931	20,252	59,183	71.8	62.4	68.6
Local 1014	M	1,216	56	1,272	69.3	28.0	67.5
	F	173	1,128	1,301	75.8	62.7	64.4
	Total	1,389	1,184	2,573	70.1	61.1	65.9
Superior Court	M	493	423	916	73.4	65.8	69.9
	F	1,285	338	1,623	72.0	62.1	69.9
	Total	1,778	761	2,539	72.4	64.2	69.9
SCAQMD	M	41	5	46	81.8	67.4	80.2
	F	24	27	51	77.6	75.3	76.4
	Total	65	32	97	80.2	74.1	78.2
Total Dental/Vision	M	20,026	6,873	26,899	70.8	62.4	68.7
	F	22,137	15,356	37,493	72.6	62.4	68.4
	Total	42,163	22,229	64,392	71.7	62.4	68.5

Death Benefit *

	Gender	Count			Average Age		
		Retirees	Survivors, Spouses, and Dependents	Total	Retirees	Survivors, Spouses, and Dependents	Total
LA County	M	21,460	NA	21,460	70.4	NA	70.4
	F	21,224	NA	21,224	71.4	NA	71.4
	Total	42,684		42,684	70.9		70.9
Local 1014	M	1,251	NA	1,251	69.3	NA	69.3
	F	3	NA	3	70.0	NA	70.0
	Total	1,254		1,254	69.3		69.3
Superior Court	M	635	NA	635	72.2	NA	72.2
	F	1,483	NA	1,483	70.6	NA	70.6
	Total	2,118		2,118	71.1		71.1
SCAQMD	M	43	NA	43	81.7	NA	81.7
	F	9	NA	9	77.7	NA	77.7
	Total	52		52	81.0		81.0
Total Death Benefit	M	23,389	NA	23,389	70.4	NA	70.4
	F	22,719	NA	22,719	71.4	NA	71.4
	Total	46,108		46,108	70.9		70.9

* Totals do not include 286 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

Los Angeles County Other Postemployment 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	11	-	-	-	-	-	-	-	11
20-24	1,127	12	-	-	-	-	-	-	1,139
25-29	5,547	779	16	-	-	-	-	-	6,342
30-34	5,481	3,292	1,096	10	-	-	-	-	9,879
35-39	3,781	3,439	3,751	679	50	-	-	-	11,700
40-44	2,737	2,793	3,497	3,192	1,727	71	-	-	14,017
45-49	2,098	2,035	2,404	2,831	3,838	1,100	97	-	14,403
50-54	1,682	1,723	1,931	1,971	2,893	2,237	1,205	94	13,736
55-59	1,096	1,221	1,446	1,526	2,043	1,498	1,655	1,267	11,752
60-64	563	774	955	1,103	1,290	740	961	1,297	7,683
65-69	158	299	366	463	481	243	247	326	2,583
70-74	38	76	114	154	176	66	69	87	780
75-79	10	16	32	42	54	22	30	31	237
80-84	12	6	3	13	11	8	14	14	81
85 & Over	-	-	-	-	-	-	-	-	-
Total Count	24,341	16,465	15,611	11,984	12,563	5,985	4,278	3,116	94,343

This excludes 67 active retirement program members who are receiving retiree healthcare benefits.

Los Angeles County Other Postemployment 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	2	-	-	-	-	-	-	-	2
25-29	46	25	-	-	-	-	-	-	71
30-34	153	214	17	1	-	-	-	-	385
35-39	195	420	162	21	-	-	-	-	798
40-44	161	445	488	157	26	1	-	-	1,278
45-49	133	328	588	251	97	18	2	-	1,417
50-54	96	247	615	283	138	65	15	-	1,459
55-59	99	192	591	254	94	76	32	15	1,353
60-64	47	143	354	172	90	45	38	30	919
65-69	18	45	70	48	10	2	1	2	196
70-74	8	6	12	4	1	2	-	1	34
75-79	1	1	2	-	-	-	-	-	4
80-84	-	1	-	-	-	-	-	-	1
85 & Over	-	-	-	-	-	-	-	-	-
Total Count	959	2,067	2,899	1,191	456	209	88	48	7,917

Retirement program data includes 4,057 non vested terminated members.

This table excludes 22 vested terminated retirement members who are receiving retiree healthcare benefits.

This table excludes two vested terminated retirement members who died before 7/1/2010.

Los Angeles County Other Postemployment 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	7	3	2	2	21
35-39	-	-	-	-	1	-	-	26	27
40-44	-	-	-	1	2	-	-	119	122
45-49	-	-	1	-	7	4	5	233	250
50-54	1	-	11	25	45	107	50	304	543
55-59	1	3	65	88	145	419	760	539	2,020
60-64	-	8	145	237	353	1,008	2,882	1,310	5,943
65-69	4	20	298	505	609	1,568	3,557	1,433	7,994
70-74	4	17	363	486	704	1,693	2,475	1,148	6,890
75-79	7	28	360	572	751	1,442	1,706	905	5,771
80-84	6	30	341	521	693	999	1,244	674	4,508
85-89	3	19	310	441	419	584	845	345	2,966
90-94	3	6	193	172	174	197	272	117	1,134
95-99	2	1	40	46	49	47	61	27	273
100 & Over	-	-	8	5	5	1	7	5	31
Total Count	32	132	2,139	3,101	3,964	8,072	13,866	7,187	38,493

**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	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	1	1
50-54	-	-	-	-	-	4	1	17	22
55-59	-	-	-	-	3	25	50	72	150
60-64	-	-	2	-	3	20	48	178	251
65-69	-	-	-	-	-	10	42	270	322
70-74	-	-	-	-	3	10	15	167	195
75-79	-	-	-	-	3	15	26	183	227
80-84	-	-	-	2	6	23	39	109	179
85-89	-	-	2	-	1	8	32	31	74
90-94	-	-	-	-	-	8	6	4	18
95-99	-	-	-	-	-	1	1	1	3
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	4	3	19	124	260	1,035	1,445



Los Angeles County Other Postemployment 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	-	-	-	-	2	1	-	1	4
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	2	2
45-49	-	-	-	-	-	-	-	5	5
50-54	-	1	1	3	5	7	3	16	36
55-59	-	-	5	5	7	22	31	32	102
60-64	1	1	6	18	30	52	137	36	281
65-69	5	1	26	30	38	75	143	33	351
70-74	-	3	15	25	43	84	85	33	288
75-79	-	3	26	30	39	55	71	25	249
80-84	-	-	17	32	32	39	61	19	200
85-89	1	2	15	25	24	30	61	13	171
90-94	-	1	10	15	10	14	19	4	73
95-99	-	-	4	3	4	1	4	1	17
100 & Over	-	-	-	1	-	-	1	-	2
Total Count	7	12	125	187	234	380	616	221	1,782

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	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	1	1	1	3
65-69	-	-	-	-	-	-	2	1	3
70-74	-	-	-	-	1	2	6	-	9
75-79	-	-	1	1	3	1	7	1	14
80-84	-	-	3	1	5	4	3	1	17
85-89	-	-	4	4	3	4	-	1	16
90-94	-	-	-	1	-	1	1	-	3
95-99	-	-	1	-	-	-	-	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	9	7	12	13	20	5	66



Los Angeles County Other Postemployment 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	9	4	2	4	27
35-39	-	-	-	-	1	-	-	27	28
40-44	-	-	-	1	2	-	-	122	125
45-49	-	-	1	-	7	4	5	239	256
50-54	1	1	12	28	50	118	54	337	601
55-59	1	3	70	93	155	466	841	643	2,272
60-64	1	9	153	255	386	1,081	3,068	1,525	6,478
65-69	9	21	324	535	647	1,653	3,744	1,737	8,670
70-74	4	20	378	511	751	1,789	2,581	1,348	7,382
75-79	7	31	387	603	796	1,513	1,810	1,114	6,261
80-84	6	30	361	556	736	1,065	1,347	803	4,904
85-89	4	21	331	470	447	626	938	390	3,227
90-94	3	7	203	188	184	220	298	125	1,228
95-99	2	1	45	49	53	49	66	29	294
100 & Over	-	-	8	6	5	1	8	5	33
Total Count	39	144	2,277	3,298	4,229	8,589	14,762	8,448	41,786

Los Angeles County Other Postemployment 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	1	2	39	65	112	325	637	716	1,897
35-39	-	-	4	2	5	7	14	36	68
40-44	-	-	4	8	8	31	44	110	205
45-49	-	-	6	15	23	73	118	194	429
50-54	1	-	16	21	67	193	361	288	947
55-59	-	4	37	45	118	411	909	520	2,044
60-64	1	3	79	136	205	632	1,698	762	3,516
65-69	2	8	106	191	289	691	1,537	672	3,496
70-74	1	9	131	190	293	674	1,026	431	2,755
75-79	2	12	86	157	212	492	657	272	1,890
80-84	1	8	76	127	193	298	411	152	1,266
85-89	1	4	57	89	81	135	196	52	615
90-94	1	1	13	26	24	35	35	14	149
95-99	-	-	4	2	4	2	4	1	17
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	11	51	658	1,074	1,634	3,999	7,647	4,220	19,294

**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	-	-	1	-	-	12	24	85	122
35-39	-	-	-	-	-	-	-	3	3
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	2	-	7	9
50-54	-	-	-	-	-	22	34	51	107
55-59	-	-	1	-	2	18	37	133	191
60-64	-	-	-	-	-	9	39	222	270
65-69	-	-	-	-	2	9	14	135	160
70-74	-	-	-	-	2	7	12	130	151
75-79	-	-	-	1	5	19	21	73	119
80-84	-	-	-	-	-	5	22	22	49
85-89	-	-	-	-	-	1	2	2	5
90-94	-	-	-	-	-	-	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	2	1	11	104	206	863	1,187



Los Angeles County Other Postemployment 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								Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	
Under 35	-	1	2	2	7	16	28	29	85
35-39	-	-	-	-	-	1	-	2	3
40-44	-	-	-	1	-	2	1	1	5
45-49	-	-	1	1	1	2	2	-	7
50-54	-	-	-	1	2	5	7	5	20
55-59	-	-	2	4	8	22	26	10	72
60-64	1	1	6	6	13	37	57	15	136
65-69	-	2	7	5	21	27	54	10	126
70-74	-	2	5	2	13	22	41	11	96
75-79	-	-	7	11	13	23	22	8	84
80-84	1	-	7	9	8	12	22	-	59
85-89	-	-	7	8	6	6	11	-	38
90-94	-	-	1	2	1	-	3	-	7
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	2	6	45	52	93	175	274	91	738

**SCAQMD
Spouses and Dependents with Medical 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	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	1	-	-	2	-	3
65-69	-	-	-	-	-	-	2	1	3
70-74	-	-	1	-	3	3	2	1	10
75-79	-	-	1	-	-	1	2	-	4
80-84	-	-	3	1	-	1	1	-	6
85-89	-	-	1	-	-	-	1	-	2
90-94	-	-	-	-	-	-	1	-	1
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	6	2	3	5	11	3	30



Los Angeles County Other Postemployment 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	1	3	42	67	119	353	689	830	2,104
35-39	-	-	4	2	5	8	14	41	74
40-44	-	-	4	9	8	33	45	112	211
45-49	-	-	7	16	24	77	120	201	445
50-54	1	-	16	22	69	220	402	344	1,074
55-59	-	4	40	49	128	451	972	663	2,307
60-64	2	4	85	143	218	678	1,796	999	3,925
65-69	2	10	113	196	312	727	1,607	818	3,785
70-74	1	11	137	192	311	706	1,081	573	3,012
75-79	2	12	94	169	230	535	702	353	2,097
80-84	2	8	86	137	201	316	456	174	1,380
85-89	1	4	65	97	87	142	210	54	660
90-94	1	1	14	28	25	35	40	14	158
95-99	-	-	4	2	4	2	4	1	17
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	13	57	711	1,129	1,741	4,283	8,138	5,177	21,249

Los Angeles County Other Postemployment 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	7	3	3	2	22
35-39	-	-	-	-	1	-	-	36	37
40-44	-	-	-	1	2	-	-	142	145
45-49	-	-	1	-	7	4	5	274	291
50-54	1	2	11	30	40	105	50	348	587
55-59	1	8	77	89	146	418	758	574	2,071
60-64	3	17	170	252	360	996	2,879	1,369	6,046
65-69	7	23	325	522	626	1,568	3,572	1,479	8,122
70-74	5	25	362	501	722	1,695	2,478	1,161	6,949
75-79	5	35	367	569	742	1,447	1,722	896	5,783
80-84	10	24	338	516	706	1,001	1,251	660	4,506
85-89	3	16	336	422	425	587	851	341	2,981
90-94	1	10	190	163	176	192	277	104	1,113
95-99	1	2	38	44	44	43	62	22	256
100 & Over	-	-	4	4	5	1	6	2	22
Total Count	38	162	2,223	3,115	4,009	8,060	13,914	7,410	38,931

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	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	1	4	1	17	23
55-59	-	-	-	-	3	27	46	69	145
60-64	-	-	2	-	3	19	48	176	248
65-69	-	-	-	-	-	10	41	266	317
70-74	-	-	-	-	3	9	15	163	190
75-79	-	-	-	-	3	15	26	172	216
80-84	-	-	-	-	4	23	35	102	164
85-89	-	-	1	-	1	7	30	26	65
90-94	-	-	-	-	-	8	6	3	17
95-99	-	-	-	-	-	-	1	1	2
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	3	-	18	122	249	997	1,389

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LACERA OPEB Program



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Los Angeles County Other Postemployment 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							Disableds	Total Count
	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above		
Under 35	-	-	-	-	2	1	-	1	4
35-39	-	-	-	-	-	-	-	1	1
40-44	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	9	9
50-54	-	2	-	2	3	7	3	17	34
55-59	-	-	4	5	8	19	28	32	96
60-64	-	-	9	18	27	51	135	36	276
65-69	3	-	23	34	38	75	145	36	354
70-74	-	3	16	25	40	85	85	33	287
75-79	-	3	30	28	36	56	70	25	248
80-84	-	2	24	33	30	39	61	15	204
85-89	-	2	15	27	24	30	62	12	172
90-94	1	-	10	17	10	14	20	5	77
95-99	-	-	1	1	4	1	4	1	12
100 & Over	-	-	1	1	-	-	1	-	3
Total Count	4	12	133	191	222	378	614	224	1,778

SCAQMD
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	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	-	-	1	1	1	3
65-69	-	-	-	-	-	-	2	1	3
70-74	-	-	-	-	1	2	6	-	9
75-79	-	-	-	1	2	1	7	1	12
80-84	-	-	2	1	5	4	3	1	16
85-89	-	-	5	4	3	4	-	1	17
90-94	-	-	-	2	-	1	1	-	4
95-99	-	-	1	-	-	-	-	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	8	8	11	13	20	5	65

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Los Angeles County Other Postemployment 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	9	4	3	4	27
35-39	-	-	-	-	1	-	-	37	38
40-44	-	-	-	1	2	-	-	144	147
45-49	-	-	1	-	7	4	5	283	300
50-54	1	4	11	32	44	116	54	382	644
55-59	1	8	81	94	157	464	832	675	2,312
60-64	3	17	181	270	390	1,067	3,063	1,582	6,573
65-69	10	23	348	556	664	1,653	3,760	1,782	8,796
70-74	5	28	378	526	766	1,791	2,584	1,357	7,435
75-79	5	38	397	598	783	1,519	1,825	1,094	6,259
80-84	10	26	364	550	745	1,067	1,350	778	4,890
85-89	3	18	357	453	453	628	943	380	3,235
90-94	2	10	200	182	186	215	304	112	1,211
95-99	1	2	40	45	48	44	67	24	271
100 & Over	-	-	5	5	5	1	7	2	25
Total Count	42	174	2,367	3,314	4,260	8,573	14,797	8,636	42,163



Los Angeles County Other Postemployment 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	1	3	33	71	118	304	603	783	1,916
35-39	-	1	5	4	7	9	18	51	95
40-44	-	-	3	9	8	32	46	135	233
45-49	1	1	8	19	23	70	118	234	474
50-54	1	1	18	28	67	193	355	305	968
55-59	1	3	35	53	123	407	897	569	2,088
60-64	2	6	99	151	216	631	1,684	806	3,595
65-69	-	10	114	216	307	717	1,603	696	3,663
70-74	-	7	134	213	318	711	1,063	452	2,898
75-79	2	9	106	178	246	538	690	297	2,066
80-84	2	5	87	152	210	310	443	168	1,377
85-89	1	6	57	96	98	144	210	59	671
90-94	-	3	20	33	33	35	43	13	180
95-99	-	-	6	5	7	3	4	-	25
100 & Over	-	-	-	-	-	2	1	-	3
Total Count	11	55	725	1,228	1,781	4,106	7,778	4,568	20,252

**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	-	1	10	23	70	105
35-39	-	-	-	-	-	-	-	5	5
40-44	-	-	-	-	-	-	-	4	4
45-49	-	-	1	-	-	3	7	19	30
50-54	-	-	-	-	-	17	16	43	76
55-59	-	-	-	-	2	17	37	121	177
60-64	-	-	-	-	-	13	37	206	256
65-69	-	-	-	-	2	13	17	149	181
70-74	-	-	-	-	2	5	17	137	161
75-79	-	-	-	-	4	21	24	77	126
80-84	-	-	-	-	-	4	24	22	50
85-89	-	-	-	-	-	2	3	6	11
90-94	-	-	-	-	-	1	1	-	2
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	2	-	11	106	206	859	1,184

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LACERA OPEB Program



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Los Angeles County Other Postemployment 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	1	2	3	1	4	14	19	34	78
35-39	-	-	-	-	-	1	-	1	2
40-44	-	-	-	1	-	1	1	1	4
45-49	-	-	1	-	-	1	2	4	8
50-54	1	1	-	1	4	4	6	5	22
55-59	-	-	1	4	8	21	25	9	68
60-64	-	1	9	5	11	39	55	13	133
65-69	-	1	4	9	23	27	57	10	131
70-74	-	-	7	5	13	24	43	11	103
75-79	-	2	9	12	14	24	24	8	93
80-84	-	-	9	11	10	11	20	1	62
85-89	-	-	8	9	8	7	11	-	43
90-94	1	-	2	3	2	1	3	1	13
95-99	-	-	-	-	-	-	1	-	1
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	3	7	53	61	97	175	267	98	761

**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	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	1	1
45-49	-	-	-	-	-	-	-	-	-
50-54	-	-	-	-	-	-	-	-	-
55-59	-	-	-	-	-	-	-	-	-
60-64	-	-	-	1	-	-	2	-	3
65-69	-	-	-	-	-	-	3	1	4
70-74	-	-	-	-	3	3	2	1	9
75-79	-	-	1	-	1	1	2	-	5
80-84	-	-	4	1	-	1	1	-	7
85-89	-	-	1	-	-	-	2	-	3
90-94	-	-	-	-	-	-	-	-	-
95-99	-	-	-	-	-	-	-	-	-
100 & Over	-	-	-	-	-	-	-	-	-
Total Count	-	-	6	2	4	5	12	3	32

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LACERA OPEB Program



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Los Angeles County Other Postemployment 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	37	72	123	328	645	887	2,099
35-39	-	1	5	4	7	10	18	57	102
40-44	-	-	3	10	8	33	47	141	242
45-49	1	1	10	19	23	74	127	257	512
50-54	2	2	18	29	71	214	377	353	1,066
55-59	1	3	36	57	133	445	959	699	2,333
60-64	2	7	108	157	227	683	1,778	1,025	3,987
65-69	-	11	118	225	332	757	1,680	856	3,979
70-74	-	7	141	218	336	743	1,125	601	3,171
75-79	2	11	116	190	265	584	740	382	2,290
80-84	2	5	100	164	220	326	488	191	1,496
85-89	1	6	66	105	106	153	226	65	728
90-94	1	3	22	36	35	37	47	14	195
95-99	-	-	6	5	7	3	5	-	26
100 & Over	-	-	-	-	-	2	1	-	3
Total Count	14	62	786	1,291	1,893	4,392	8,263	5,528	22,229



Los Angeles County Other Postemployment Benefits Program

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

	Retirees and Survivors			Spouses and Dependents			Total		
	Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Medical Plans									
Blue Cross I	408	1,812	2,220	372	478	850	780	2,290	3,070
Blue Cross II	2,367	2,235	4,602	2,144	832	2,976	4,511	3,067	7,578
Blue Cross III	276	8,836	9,112	899	3,307	4,206	1,175	12,143	13,318
Blue Cross Prudent Buyer Plan	712	1,227	1,939	736	356	1,092	1,448	1,583	3,031
CIGNA Healthcare for Seniors	2	33	35	6	11	17	8	44	52
CIGNA Network Model Plan	572	880	1,452	581	242	823	1,153	1,122	2,275
Kaiser (Other)	101	268	369	81	83	164	182	351	533
Kaiser (CA)	4,756	13,129	17,885	4,323	4,291	8,614	9,079	17,420	26,499
PacifiCare	878	1,490	2,368	709	521	1,230	1,587	2,011	3,598
SCAN Health Plan	4	352	356	1	85	86	5	437	442
Firefighters' Local 1014	<u>462</u>	<u>986</u>	<u>1,448</u>	<u>727</u>	<u>464</u>	<u>1,191</u>	<u>1,189</u>	<u>1,450</u>	<u>2,639</u>
Total Medical	10,538	31,248	41,786	10,579	10,670	21,249	21,117	41,918	63,035
Medicare Part B Coverage									
LA County									
Receiving Reimbursement	292	20,897	21,189	122	6,687	6,809	414	27,584	27,998
Not Receiving Reimbursement	<u>9,318</u>	<u>7,986</u>	<u>17,304</u>	<u>9,390</u>	<u>3,095</u>	<u>12,485</u>	<u>18,708</u>	<u>11,081</u>	<u>29,789</u>
Total	9,610	28,883	38,493	9,512	9,782	19,294	19,122	38,665	57,787
Firefighters' Local 1014									
Receiving Reimbursement	20	963	983	95	411	506	115	1,374	1,489
Not Receiving Reimbursement	<u>439</u>	<u>23</u>	<u>462</u>	<u>628</u>	<u>53</u>	<u>681</u>	<u>1,074</u>	<u>76</u>	<u>1,150</u>
Total	459	986	1,445	723	464	1,187	1,189	1,450	2,639
Superior Court									
Receiving Reimbursement	19	922	941	6	266	272	25	1,188	1,213
Not Receiving Reimbursement	<u>447</u>	<u>394</u>	<u>841</u>	<u>334</u>	<u>132</u>	<u>466</u>	<u>781</u>	<u>526</u>	<u>1,307</u>
Total	466	1,316	1,782	340	398	738	806	1,714	2,520
SCAQMD									
Receiving Reimbursement	-	47	47	-	19	19	-	66	66
Not Receiving Reimbursement	<u>3</u>	<u>16</u>	<u>19</u>	<u>4</u>	<u>7</u>	<u>11</u>	<u>7</u>	<u>23</u>	<u>30</u>
Total	3	63	66	4	26	30	7	89	96
All Members									
Receiving Reimbursement	331	22,829	23,160	223	7,383	7,606	554	30,212	30,766
Not Receiving Reimbursement	<u>10,207</u>	<u>8,419</u>	<u>18,626</u>	<u>10,356</u>	<u>3,287</u>	<u>13,643</u>	<u>20,570</u>	<u>11,706</u>	<u>32,276</u>
Grand Total Medicare Part B	10,538	31,248	41,786	10,579	10,670	21,249	21,124	41,918	63,042
Dental/Vision Plans									
LA County									
CIGNA Indemnity Dental/Vision	7,745	26,867	34,612	8,070	9,986	18,056	15,815	36,853	52,668
CIGNA Dental HMO/Vision	<u>1,454</u>	<u>2,865</u>	<u>4,319</u>	<u>1,299</u>	<u>897</u>	<u>2,196</u>	<u>2,753</u>	<u>3,762</u>	<u>6,515</u>
Total	9,199	29,732	38,931	9,369	10,883	20,252	18,568	40,615	59,183
Firefighters' Local 1014									
CIGNA Indemnity Dental/Vision	397	948	1,345	628	519	1,147	1,025	1,467	2,492
CIGNA Dental HMO/Vision	<u>21</u>	<u>23</u>	<u>44</u>	<u>25</u>	<u>12</u>	<u>37</u>	<u>46</u>	<u>35</u>	<u>81</u>
Total	418	971	1,389	653	531	1,184	1,071	1,502	2,573
Superior Court									
CIGNA Indemnity Dental/Vision	344	1,239	1,583	275	407	682	619	1,646	2,265
CIGNA Dental HMO/Vision	<u>77</u>	<u>118</u>	<u>195</u>	<u>40</u>	<u>39</u>	<u>79</u>	<u>117</u>	<u>157</u>	<u>274</u>
Total	421	1,357	1,778	315	446	761	736	1,803	2,539
SCAQMD									
CIGNA Indemnity Dental/Vision	3	59	62	4	27	31	7	86	93
CIGNA Dental HMO/Vision	<u>-</u>	<u>3</u>	<u>3</u>	<u>-</u>	<u>1</u>	<u>1</u>	<u>-</u>	<u>4</u>	<u>4</u>
Total	3	62	65	4	28	32	7	90	97
All Members									
CIGNA Indemnity Dental/Vision	8,489	29,113	37,602	8,977	10,939	19,916	17,466	40,052	57,518
CIGNA Dental HMO/Vision	<u>1,552</u>	<u>3,009</u>	<u>4,561</u>	<u>1,364</u>	<u>949</u>	<u>2,313</u>	<u>2,916</u>	<u>3,958</u>	<u>6,874</u>
Grand Total Dental/Vision	10,041	32,122	42,163	10,341	11,888	22,229	20,382	44,010	64,392

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LACERA OPEB Program



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Los Angeles County Other Postemployment Benefits Program

Exhibit C-10 (continued): Medical and Dental/Vision Plan Distributions of Retired Members, Survivors, 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	12,246	30,438	42,684	NA	NA	NA	12,246	30,438	42,684
Firefighters' Local 1014	436	818	1,254	NA	NA	NA	436	818	1,254
Superior Court	640	1,478	2,118	NA	NA	NA	640	1,478	2,118
SCAQMD	<u>1</u>	<u>51</u>	<u>52</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>1</u>	<u>51</u>	<u>52</u>
Grand Total Death Benefit	13,323	32,785	46,108	NA	NA	NA	13,323	32,785	46,108

* Totals do not include 286 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

Los Angeles County Other Postemployment Benefits Program

Exhibit C-11: Treatment of Incomplete Data

ID	Size	Situation	Assumption and Resolution
1	23 medical 21 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	16 medical 14 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.
3	40 medical 24 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". 3 medical records were found in previous data and 1 dental record with Benefit Tier, "Retiree Only", so dependent information was deleted. The rest were given a Date of Birth according to the marriage age difference assumption used in this valuation.
4	12 life-only	Retiree records did not have a valid gender	Gender was not found in the preliminary retirement data for these 12 people. They were assigned gender so that half were male and half female
5	43 medical 53 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.
6	79 medical 38 dental 28 life-only	Retirees have Group IND of "O" (Outside District).	Changed indicator to "N" (General) since this is not material enough to investigate.
7	245 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.

**Exhibit C-11
(continued)**

8	1,452 medical 1,089 dental	There was no spouse listed in Retiree and Spouse, Retiree & Family, or Retiree +1 deduction codes.	To be consistent with the tier, spouses were added. Even in the Retiree+1 case, a spouse was added rather than a child as this is a more conservative addition. Spouses were given a gender opposite of the retiree and DOB was determined according to marriage assumptions.
9	577 medical 420 dental	Tier is Retiree Only, but a dependent was listed.	Dependents were deleted from the data.
10	50 medical 58 dental	Members were deceased before 7/1/2010.	Removed records from the data.

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 retirement program.
GASB 43	The statement that establishes financial reporting standards for postemployment benefit <u>plans</u> other than retirement programs.
GASB 45	The statement that establishes financial reporting standards for <u>employers</u> that sponsor postemployment benefits other than retirement programs.
Net OPEB Obligation	This is the cumulative difference since the effective date of this statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB related debt.
Normal Cost	That portion of the Actuarial Present Value of OPEB plan benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method.
Other Postemployment Benefits ("OPEB")	This refers to postemployment benefits other than retirement program benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a retirement program, excluding benefits defined as termination benefits or offers.
Present Value of Future Benefits	This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is: <ul style="list-style-type: none"> (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/2010HealthCareRates/2010PlanComparison.pdf>

<http://www.lacera.com/communications/PDF/2010HealthCareRates/2010KaiserOut-Of-Area.pdf>

<http://www.lacera.com/communications/PDF/2010HealthCareRates/2010PlanComparisonMedicare.pdf>

COMPARISON OF MEDICAL PLANS

Effective July 1, 2010



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 (California only)
- PacifiCare

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

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

Indemnity Insurance Plans

	Anthem Blue Cross I	Anthem Blue Cross II
Calendar Year Deductibles/Copayments	\$100 – individual; \$100 – family	\$500 – individual; \$1,500 – family
Annual Maximum Out-of-Pocket Expenses (for most services)	N/A	\$2,500, including deductible
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 per day for up to 100 days per calendar year ¹	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year ¹
Private Duty Nurses	80% in accordance with requirements	80% in accordance with requirements
Home 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	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250
—Children Under 17	\$25 copay; covered in-network only; maximum of \$250	\$25 copay; covered in-network only; maximum of \$250
Immunizations	Not covered except for children under age 17	Not covered except for children under age 17
Outpatient Surgical Services	100% ¹	100% ¹ (80% hospital facility fees)
Physical Therapy	80% in accordance with requirements	80% in accordance with requirements
Speech Therapy	80% in accordance with requirements	80% in accordance with requirements
Maternity	80% in accordance with requirements	80% in accordance with requirements
Prescription Drug Benefits		
Prescription Drugs	Retail: 80% in-network, 60% out-of-network; Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)	Retail: 80% in-network, 60% out-of-network; Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty copay for 90-day supply (Copay prorated for less than 90-day supply)
Mental Health and Substance Abuse Benefits		
Inpatient	\$75 per day ¹ maximum; \$150 per day maximum intensive care ¹ ; for an unlimited number of days	90% PPO; 80% non-PPO; for an unlimited number of days
Outpatient	80% of covered expenses; for an unlimited number of visits	80% of covered expenses; for an unlimited number of visits
Vision Benefits		
Eye Exams	Covered after accident only ³	Covered after accident only ³
Lenses	Covered after accident ³ and after eye surgery	Covered after accident ³ and after eye surgery
Frames	Covered after accident ³ or eye surgery only	Covered after accident ³ or eye surgery only
Hearing Care Benefits		
Hearing Exams	Covered after accident only ³	Covered after accident only ³
Hearing Aids	Covered after accident only ³	Covered after accident only ³

Comparison of Medical Plans

HMOs

Anthem Blue Cross Prudent Buyer Plan	CIGNA Network Model Plan
\$100 – individual; \$200 – family	None
N/A	\$1,500 – individual; \$3,000 – family
\$1,000,000	Unlimited
80% Prudent Buyer; 70% non-Prudent Buyer with \$75 per day maximum; \$150 per day intensive care (for non-Prudent Buyer)	No charge
80% Prudent Buyer; 70% non-Prudent Buyer	No charge for inpatient or outpatient
80% Prudent Buyer; 70% non-Prudent Buyer (up to \$250 per day for non-Prudent Buyer)	No charge
Authorization by a Prudent Buyer physician required. Non-Prudent Buyer physicians must contact Anthem Blue Cross	Authorization by a CIGNA HealthCare physician required within 48 hours in case of emergency outside service area
80% of semi-private room rate for up to 100 days per confinement period	No charge; 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 plan limitations, in accordance with requirements ¹	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; maximum of \$250 \$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	\$5 copay for initial visit to confirm pregnancy; no charge for subsequent maternity visits
Retail: 80%; mail order is not available	Retail: \$7 copay for 30-day supply; Mail order: \$14 copay for 90-day supply
80% Prudent Buyer; 70% non-Prudent Buyer; for an unlimited number of days	No charge for an unlimited number of days
80% Prudent Buyer; 70% non-Prudent Buyer; for an unlimited number of visits	No charge for an unlimited number of visits
Not covered	\$10 copay; limit one exam every 12 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	PacifiCare⁴
None	None
Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
Unlimited	Unlimited
No charge	No charge
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating 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 at Kaiser facility; waived if admitted directly to the hospital	\$50; waived on admission
No charge if emergency	No charge when medically necessary
\$5 copay	\$5 copay
No charge	No charge with an office visit
\$5 copay	\$5 copay; no charge for age 2 and under
No charge if generally available	\$5 copay; no charge for age 2 and under
\$5 copay	No charge
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	No charge; office visit copays are waived after initial office visit copay
\$7 copay for up to 100-day supply; can be in person, through mail order, by telephone, or online at www.kp.org/myhealthmanager	Retail: \$7 copay for 30-day supply; Mail order: \$7 copay for 90-day supply
No charge; for an unlimited number of days	No charge; for an unlimited number of days (both Mental Health and Substance Abuse)
\$5 copay per visit; for an unlimited number of visits	Mental Health: \$5 copay; for an unlimited number of visits, must be authorized through PacifiCare Behavioral Health ⁵ Substance Abuse: No charge; for an unlimited number of visits
\$5 copay	\$5 copay through PCP ⁵
Not covered	Not covered
Not covered	Not covered
\$5 copay	\$5 copay
Not covered	\$5,000 maximum benefit every 3 years. Limited to a single hearing aid (including repair/replacement every 3 years).

Carrier Notes:

Anthem Blue Cross Plans I, II, and Prudent Buyer

Coinsurance payment is the percentage of eligible charges after you meet the plan deductible, unless otherwise noted. **All plan reimbursements are based on negotiated rates or usual and customary charges.**

Usual and Customary charges are the maximum amounts the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies.

¹ Indicates deductible waived.

Anthem Blue Cross II

² For non-Medicare members only.

Anthem Blue Cross I and II

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

HMOs

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

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

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

COMPARISON OF MEDICAL PLANS

Effective July 1, 2010



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

- Kaiser – Colorado
- Kaiser – Georgia
- Kaiser – Hawaii
- Kaiser – Oregon

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

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

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

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

	Kaiser – Colorado	Kaiser – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,000 Family – \$4,500	Individual – \$2,000 Family – \$4,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge Outpatient – \$50 copay	Inpatient – no charge Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%; \$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 per period	No charge; 100 days per year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge if authorized
Hospice Care	No charge	No charge if authorized
Emergency Benefits		
Inpatient	\$100 copay (waived if admitted)	\$100 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 for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
– Adults	\$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 per admission	\$250 copay
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 copay per admission (detox only)
Outpatient	\$5 copay	\$15 copay
Residential Day	\$250/admission	Not covered
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses, contact lenses or frames combined every 2 years
Frames		
Hearing Exam	\$5 copay	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

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

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual – \$2,500 Family (3 or more) – \$7,500	Individual – \$600 Family – \$1,200
\$3 million	None
\$50/day	No charge
No charge	Inpatient – no charge Outpatient – \$5 copay
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	No charge; 100 days per year
Not covered	Not covered
No charge if authorized	No charge if authorized; limited to 130 days
No charge if authorized	No charge
\$50/visit	\$75 copay (waived if admitted)
\$50/visit	\$75 copay (waived if admitted)
No charge	\$75 copay
\$15 copay	\$5 copay
No charge	No charge
\$15 copay	\$5 copay
\$15 copay	\$5 copay; no charge up to age two
No charge	No charge for routine
\$15 copay	\$5 copay
\$15 copay	\$5 copay; 2 months or 20 visits per condition for each therapy, whichever is greater
\$15 copay	\$5 copay; 2 months or 20 visits per condition for each therapy, whichever is greater
No charge (after confirmation of pregnancy)	Hospitalization – no charge; Doctor’s office visit – no charge
\$10 copay for up to 30-day supply	\$5 copay for up to 30-day supply
\$50/day*	No charge
\$15	\$5 copay
\$50/day	No charge
\$15 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	No charge
\$15 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$15 copay	\$5 copay
\$500 allowance	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	Inpatient – no charge/Outpatient – \$50 copay	Inpatient – no charge/Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	No charge
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	No charge; 100 days per period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge if authorized
Hospice Care	No charge (only home-based hospice care)	No charge
Emergency Benefits		
Inpatient	\$50 copay (waived if admitted)	\$50 copay in or out of plan (waived if admitted)
Outpatient	\$50 copay	\$50 copay 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 (\$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	Copay varies
Routine Checkups		
– Adults	\$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 per admission	\$250 per admission
Outpatient	\$5 copay	\$15 copay
Substance Abuse Benefits		
Inpatient	\$250 per admission	\$250 per admission; detox and rehab
Outpatient	\$5 copay	\$15 copay
Vision/Hearing Care Benefits		
Eye Exams	\$5 copay	\$15 copay
Lenses	\$150 credit toward lenses, contact lenses or frames combined every 2 years	\$100 credit toward lenses and/or frames combined every 2 years
Frames		
Hearing Exam	\$5 copay	\$15 copay
Hearing Aids	Not covered	Not covered

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

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual – \$2,500 Family – \$7,500	Individual – \$600 Family – \$1,200
\$3 million	None
\$50/day	No charge
No charge	No charge
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	No charge; 100 days for Medicare benefits period
Not covered	Not covered
No charge if authorized	No charge
No charge if authorized	No charge
\$50 per visit	\$50 copay (waived if admitted)
\$50 per visit	\$50 copay (waived if admitted)
No charge	\$50 copay
\$15 copay	\$5 copay
No charge	No charge
\$15 copay	No charge
\$15 copay	No charge
No charge	No charge
\$15 copay	No charge
\$15 copay	\$5 copay; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
\$15 copay	\$5 copay; no limit on number of visits or treatment period. Significant improvement required within a reasonable and generally predictable period
No charge (after confirmation of pregnancy)	No charge
\$10 copay for up to 30-day supply	\$5 copay for a 30-day supply
\$50/day*	No charge
\$15 copay*	\$5 copay
\$50/day	No charge
\$15 copay	No charge
\$15 copay	\$5 copay
Not covered	\$150 credit toward the purchase of lenses, frames, and/or contact lenses every 24 months
Not covered	
\$15 copay	\$5 copay
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, 2010



Medicare Supplement Plan

- Anthem Blue Cross III

Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Senior Advantage
- PacifiCare/Secure Horizons
- SCAN Health Plan

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

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

Comparison of Medical Plans

(For Medicare-Eligible Members Enrolled in Medicare Parts A and B)

Medicare Supplement		Medicare Advantage Prescription Drug (MA-PD) HMOs		
Anthem Blue Cross III	Kaiser 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	No charge
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 the same as an illness for services covered by Medicare	\$5 copay	Covered as any illness	\$5 copay
Chiropractic Care	20% of Medicare-approved charges	\$5 copay for Medicare-covered services ³	\$5 copay for Medicare-covered services ³	\$5 copay for Medicare-covered services ³
Transportation	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	Not covered
Prescription Drug Benefits				
Prescription Drugs	Retail: 80% in-network, 60% out-of-network Mail order: \$10 generic/ \$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply ⁴	\$7 copay for up to 100-day supply; covers dental prescriptions	Retail: \$7 generic/\$15 brand Mail order: \$7 generic/ \$15 brand for 90-day supply	\$7 copay for 31-day supply (or for 90-day mail order supply for maintenance medications only)
Mental Health and Substance Abuse Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days; 190-day lifetime maximum	No charge; for unlimited number of days	No charge; 190-day lifetime maximum in Medicare facility ²	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	30% of Medicare-approved charges	\$5 copay for each visit per calendar year for an unlimited number of visits	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
Substance Abuse	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5 per individual visit; \$2 per group visit	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision Benefits				
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/contacts) purchased from plan optical sales every 24 months; \$150 allowance	Not covered	Not covered
Frames	Not covered unless after eye surgery		Not covered	Not covered
Hearing Care Benefits				
Hearing Exams	One per calendar year; 80%	\$5 copay	\$0 copay preferred provider \$5 copay non-preferred provider	\$5 copay ⁶
Hearing Aids	50% up to \$300 lifetime maximum	Not covered	\$300 allowance per aid, every 24 months (\$600 total)	Not covered

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

Medicare Supplement	Medicare Advantage Prescription Drug (MA-PD) HMOs				
Anthem Blue Cross III	Kaiser 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 ⁽¹⁾ below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines	
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser physician	No charge	No charge, provided care is in accordance with Medicare guidelines	
Emergency Benefits					
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge	
Outpatient	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted	
Ambulance	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)	

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

- No charge for personal care coordination via phone
- \$15 copay per month for emergency response system
- \$15 copay per visit for alternative caregiver visit to a member's home when his or her regular caregiver is not available
- \$15 copay per visit for adult day care to provide relief for regular caregiver
- No copay for up to five days in a facility when regular caregiver is unavailable
- \$15 copay per visit for transportation escort to medical, dental, optometric or other necessary appointments
- \$15 copay per visit for personal care such as assistance with bathing, dressing, eating, getting in and out of bed, moving about/walking and grooming
- \$15 copay per visit for homemaker services such as light cleaning, grocery shopping, laundry and meal preparation
- No copay for home-delivered meals
- No copay for inpatient custodial care up to 5 days in a facility. Medicare will not pay for a stay in a facility if the services received are primarily for those purposes.

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 90-day supply.

⁵ PacifiCare/Secure Horizons includes coverage for Evercare Solutions for Caregiver's services

- No charge for advice, information and referrals. See the Caregiver flyer included in the materials received after enrollment in the plan for additional services.

⁶ PacifiCare/Secure Horizons Audiology screenings are offered through contracted audiologists in the Epic network. The Epic network includes all locations in the Newport Audiology network.

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/2011spd.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)
Preventive Care	In-Network	Out-of-Network
Well- baby care	100%, no deductible, for the baby's first 2 years	100%, no deductible, for the baby's first 2 years ¹
Immunizations	100%, no deductible, paid through the wellness benefit for ages 2 and over.	100%, no deductible, paid through the wellness benefit for ages 2 and over. ¹
Wellness Benefit	100%, no deductible; annual preventive exam and screenings, including "fit for life" exam, and immunizations.	100%, no deductible; annual preventive exam and screenings, including "fit for life" exam, and immunizations. ¹
Cancer Screenings	100%, no deductible for PAP, mammogram, PSA and colonoscopy covered according to American Cancer Society guidelines	100%, no deductible for PAP, mammogram, PSA and colonoscopy covered according to American Cancer Society guidelines ¹
Medically Necessary Care	In-Network	Out-of-Network
Ambulance	90% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹	
Doctor's office visits	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹
Emergency room	90% after deductible, up to annual out-of-pocket limit, 100% thereafter; \$50 additional copay per visit (waived if referred by a physician or admitted as an inpatient)	70% after deductible, up to annual out-of-pocket limit, 100% thereafter; \$50 additional copay per visit (waived if referred by a physician or admitted as an inpatient) ¹
Hospital care (Providers must request Pre-authorization from Anthem Blue Cross)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹
Maternity (No preauthorization required for uncomplicated obstetrical care)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹
Surgery (Providers must request Preauthorization from Anthem Blue Cross for all inpatient surgery and any outpatient procedure that might be considered experimental, investigational or cosmetic. Organ and tissue transplants and any weight loss surgery is covered under Anthem Blue Cross Center of Expertise (COE) only.)	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	70% after deductible, up to annual out-of-pocket limit, 100% thereafter ¹



Benefits-at-a-Glance

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

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



Benefits-at-a-Glance

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

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

Benefits-at-a-Glance

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

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

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

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

³ See glossary for definition



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/2010HealthCareRates/2010DentalVisionCharts.pdf>

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%*	\$40**
Post – prefab or crown buildup	Not covered	\$1,890**
Orthodontic therapy – child	Not covered	\$2,400**
Orthodontic therapy – adult		
<p>* Member pays this percent of usual & customary charges (the maximum amount the plan will pay for a service, based on what providers in that geographic area charge for similar services or supplies.). Member pays 50% for procedures involving gold.</p> <p>** Member pays this amount, plus additional charges specified in the plan brochure.</p>		

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 maximum
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 maximum
■ Soft lenses	\$230 allowance	\$225 reimbursement maximum
<p>*** Spectacle exam includes routine exam, including dilation and refraction.</p>		

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



The header features the LACERA logo on the left. To its right is a navigation grid with links: HOME, DISCLAIMER, LINKS, MY LACERA, FAQ, and CONTACT US. Below the grid is a photo of four people and the text "Los Angeles County Employees Retirement Association". At the bottom of the header is a horizontal menu with buttons for About LACERA, Benefits, Health Care, Investments, Communications, and Opportunities.

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

[Search by Topic](#)

MEDICARE PART B ELIGIBILITY

[Brochures & Forms](#)

ELIGIBILITY REQUIREMENTS FOR MEDICARE PART B

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

HEALTH CARE

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.

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

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

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

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

On December 14, 2010, the Board of Supervisors approved the Medicare Part B Premium Reimbursement Program for 2011 for LACERA-administered Medicare Plan enrollees.

[Click here for more information.](#)

12/22/10



[Register or Sign In](#)

Email: Welcome@LACERA.com - 1-800-786-6464 - 626-564-6132 Fax: 626-564-6155 - Business Hours M-F 8:00 AM - 5:00 PM

Office address: 300 N. Lake Ave., Pasadena, CA 91101-4199 - Mailing address: P.O.Box 7060 Pasadena, CA 91109-7060

Los Angeles County Other Post Employment Benefits Program

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



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

Los Angeles County Other Post Employment Benefits Program

Table 1: July 1, 2010 Summary of SCAQMD Paid Liabilities and Cost

SCAQMD	July 1, 2010	July 1, 2008	Percentage Change
A. Total Membership			
1. Active Members	2	2	0.0%
2. Vested Terminated Members	-	-	
3. Retirees and Survivors (Medical Coverage) ¹	67	57	17.5%
4. Total	69	59	16.9%
B. Total Payroll	\$ 124,377	\$ 118,007	5.4%
C. Expected SCAQMD Paid First-Year Benefits	\$ 241,958	\$ 233,220	3.7%
D. Present Value of Future Benefits (PVB) ²	\$ 4,536,519	\$ 4,766,185	-4.8%
E. Actuarial Accrued Liability by Member Status ²			
1. Active Members	\$ 648,757	\$ 598,038	8.5%
2. Vested Terminated Members	-	-	
3. Retired Members	3,805,767	4,071,011	-6.5%
4. Total	\$ 4,454,524	\$ 4,669,049	-4.6%
F. Actuarial Accrued Liability by Benefit Type ²			
1. Retiree Medical	\$ 3,571,520	\$ 3,833,158	-6.8%
2. Retiree Dental/Vision	245,628	246,430	-0.3%
3. Medicare Part B	549,099	505,169	8.7%
4. Retiree Life Insurance	88,277	84,292	4.7%
5. Total	\$ 4,454,524	\$ 4,669,049	-4.6%
G. Assets	\$ -	\$ -	
H. Unfunded Actuarial Accrued Liability	\$ 4,454,524	\$ 4,669,049	-4.6%
I. Annual Required Contribution (ARC) ³	\$ 187,517	\$ 195,595	-4.1%
J. ARC expressed as a percentage of payroll			
1. Normal Cost	14.08%	14.75%	-4.5%
2. UAAL payment	136.69%	151.00%	-9.5%
3. Total	150.77%	165.75%	-9.0%

¹ Data correction found after main valuation had been completed. One Surviving Spouse moved from LA County to SCAQMD

² Net of Retiree Paid Premiums. Decrease is a result of deaths, aging, and data changes.

³ Normal cost and 30 year level percent of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). Assumes an unfunded plan.

Los Angeles County Other Post Employment Benefits Program

Table 2: July 1, 2010 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Medical Benefits

	SCAQMD
1. AAL - Total Medical Benefits	
Retirees	\$ 8,088,823
Vested Terminateds	-
Actives	631,774
Total	<u>\$ 8,720,597</u>
2. AAL - County and Retiree Paid Medical Premiums	
Retirees	\$ 5,076,701
Vested Terminateds	-
Actives	72,376
Total	<u>\$ 5,149,077</u>
3. AAL - SCAQMD Paid Medical Benefits (1) - (2)	
Retirees	\$ 3,012,122
Vested Terminateds	-
Actives	559,398
Total	<u>\$ 3,571,520</u>

Los Angeles County Other Post Employment Benefits Program

Table 2 (Cont): July 1, 2010 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Retiree Dental and Vision Benefits

	SCAQMD
4. AAL - Total Dental & Vision Benefits	
Retirees	\$ 568,939
Vested Terminateds	-
Actives	33,376
Total	\$ 602,315
5. AAL - County and Retiree Paid Dental & Vision Premiums	
Retirees	\$ 352,889
Vested Terminateds	-
Actives	3,798
Total	\$ 356,687
6. AAL - SCAQMD Paid Dental & Vision Benefits (4) - (5)	
Retirees	\$ 216,050
Vested Terminateds	-
Actives	29,578
Total	\$ 245,628

Los Angeles County Other Post Employment Benefits Program

**Table 2 (Cont): July 1, 2010 Actuarial Accrued Liability (AAL) at Unfunded Rate (5.00%)
Medicare Part B and Retiree Life Insurance**

	SCAQMD	
7. AAL - SCAQMD Paid Medicare Part B Premiums		
Retirees	\$	491,380
Vested Terminateds		-
Actives		57,719
Total	\$	549,099
8. AAL - SCAQMD Paid Retiree Death Benefit		
Retirees	\$	86,215
Vested Terminateds		-
Actives		2,062
Total	\$	88,277
9. AAL - SCAQMD Paid Benefits (3) + (6) + (7) + (8)		
Retirees	\$	3,805,767
Vested Terminateds		-
Actives		648,757
Total	\$	4,454,524

Los Angeles County Other Post Employment Benefits Program

Table 3: July 1, 2010 Normal Cost at Unfunded Rate (5.00%)

	SCAQMD	
1. Total Medical Benefits	\$	16,834
2. County and Retiree Paid Medical Premiums		1,752
3. Net SCAQMD Paid Medical Benefits (1) - (2)	\$	15,082
4. Total Dental/Vision Benefits	\$	889
5. County and Retiree Paid Dental/Vision Premiums		91
6. Net SCAQMD Paid Dental/Vision Benefits (4) - (5)	\$	798
7. SCAQMD Paid Medicare Part B Premiums	\$	1,580
8. SCAQMD Paid Retiree Death Benefit	\$	56
9. Total SCAQMD Normal Cost (3) + (6) + (7) + (8)	\$	17,516
10. Valuation Payroll	\$	124,377
11. SCAQMD Normal Cost as a Percentage of Payroll		14.08%

Los Angeles County Other Post Employment Benefits Program

Table 4: 2010-2011 Annual Required Contribution (ARC) at Unfunded Rate (5.00%)

	SCAQMD	
1. Unfunded Actuarial Accrued Liability (UAAL)		
Present Value of Benefits (PVB)	\$	4,536,519
Present Value of Future Normal Cost (PVFNC)		81,995
Actuarial Accrued Liability as of July 1, 2010	\$	4,454,524
Fund Balance at July 1, 2010 ¹		-
Unfunded Actuarial Accrued Liability	\$	4,454,524
2. Amortization of UAAL (Level % of Pay)		
Amortization Period (years) ²		30
UAAL Amortization Payment	\$	170,001
3. 2010 - 2011 Annual Required Contribution (ARC) on July 1, 2010		
Amortization of UAAL	\$	170,001
Normal Cost		17,516
Annual Required Contribution (ARC) (As of July 1, 2010)	\$	187,517
4. July 1, 2010 Valuation Payroll	\$	124,377
5. Estimated ARC as a Percentage of Valuation Payroll		150.77%

¹ This assumes an unfunded plan.

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

Los Angeles County Other Post Employment Benefits Program

Table 5: Projected SCAQMD Paid Benefits by Type

SCAQMD

Fiscal Year Ending	Medical Total	Dental / Vision Total	Medicare Part B	Death Benefit	Medical County and Retiree Contribution	Dental / Vision County and Retiree Contribution	Total SCAQMD Paid Benefits
6/30/2011	\$ 538,203	\$ 52,610	\$ 36,255	\$ 8,846	\$ (359,768)	\$ (34,188)	\$ 241,958
6/30/2012	559,104	52,524	38,970	8,912	(375,087)	(33,916)	250,507
6/30/2013	580,632	51,726	40,755	8,839	(387,055)	(33,139)	261,758
6/30/2014	601,078	50,874	41,607	8,712	(398,999)	(32,307)	270,965
6/30/2015	618,522	49,850	41,641	8,471	(404,997)	(31,367)	282,120
6/30/2016	633,582	48,650	41,364	8,136	(409,243)	(30,316)	292,173
6/30/2017	636,518	47,307	41,702	7,739	(408,328)	(29,168)	295,770
6/30/2018	640,824	45,827	41,061	7,280	(405,120)	(27,938)	301,934
6/30/2019	643,181	44,226	40,203	6,776	(400,057)	(26,640)	307,689
6/30/2020	642,059	42,532	39,151	6,255	(392,342)	(25,290)	312,365

Projection Basis:

All assumptions are met

No future members are reflected

Los Angeles County Other Post Employment Benefits Program

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

	<u>Valuation Medical Inflation Rates</u>	<u>Valuation Medical Inflation Rates Plus 1%</u>	<u>Valuation Medical Inflation Rates Minus 1%</u>
July 1, 2010 AAL	\$ 4,454,524	\$ 4,980,157	\$ 4,010,556
Percentage Increase/(Decrease)		12%	(10%)
2010 – 2011 ARC	\$ 187,517	\$ 211,345	\$ 167,601
Percentage Increase/(Decrease)		13%	(11%)