## LOS ANGELES COUNTY

## OTHER POSTEMPLOYMENT BENEFITS PROGRAM

## **ACTUARIAL VALUATION**

July 1, 2012

Prepared By:

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and

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May 1, 2013

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

Re: July 1, 2012 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 plan. These health-related benefits are collectively referred to in this report as the Los Angeles County (County) Other Postemployment Benefits (OPEB) Program, or the "OPEB program". The major findings of the valuation are contained in this report. This report reflects the benefit provisions in effect as of July 1, 2012, and the retiree health plan premium rates in effect as of July 1, 2012, and July 1, 2013, premium rates received from Aon Hewitt (LACERA's current Health Care Benefits Consultant).

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

In developing these recommendations, we have reflected an estimate of fees including the Transitional Reinsurance Fee and the Insurer Fee associated with 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 collectively referred to in this report as Affordable Care Act (ACA). The OPEB assumptions will reflect changes in future valuations as regulations are released. The Excise Tax is addressed separately in Section 3.



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, 2012 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 were 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, were identified, evaluated, and agreed upon collaboratively by the actuaries and consultants representing the OPEB program stakeholders at the time including: Milliman, LACERA's actuary; 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: initial enrollment, plan and tier selection, spouse age difference, and reenrollment assumptions. The OPEB Investigation of Experience was reviewed in conjunction with the approval of the July 1, 2010 OPEB Valuation by LACERA's Board of Retirement. OPEB specific assumptions that have been updated since the 2010 OPEB Investigation of Experience study include health cost trend rates, claim costs, and economic assumptions. These updated assumptions have been identified, evaluated, and agreed upon collaboratively by the actuaries and consultants currently representing the OPEB program stakeholders including: Milliman, LACERA's actuary; Aon Hewitt, LACERA's Health Care Benefits Consultant; Buck Consultants, Los Angeles County's actuary; and Rael & Letson, actuary for SEIU Local 721. LACERA's Board of Retirement has the final decision regarding the appropriateness of the assumptions. The assumptions are summarized in Appendix A.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: OPEB program experience differing from that anticipated by the economic or demographic assumptions; 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, Aon Hewitt, 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** 

Janet O. Jennings, ASA, MAAA Associate Actuary

Janet Jennings

RLS/pap

cc: Mr. Robert Hill, LACERA

## July 1, 2012 Actuarial Valuation

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July 1, 2012 Actuarial Valuation

## July 1, 2012 Actuarial Valuation

## **Section 1: Executive Summary**



#### 2012 Valuation Results

	Jul	y 1, 2012	Jul	y 1, 2010
Actuarial Accrued Liability (\$ billions)	\$	26.95	\$	24.03
County Normal Cost Rate		17.55%		15.17%
County ARC as a Percentage of Payroll		32.07%		28.79%

Overview

We are pleased to present the results of the July 1, 2012 biennial actuarial valuation. Several key points are summarized as follows:

- The Actuarial Accrued Liability (AAL) increased due to a combination of several factors, some of which were offsetting. These included the discount rate change, increases due to the passage of time since our July 1, 2010 valuation, ACA fees, and demographic and claim cost related experience gains measured as of July 1, 2012.
- The County Normal Cost Rate (NCR) 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, 2010 and July 1, 2012 valuations. The AAL figures are expressed in billions of dollars.

Sources of Change	Α	ctuarial ccrued iability	County Normal Cost Rate	County ARC Percentage
A. July 1, 2010 Valuation with Changes	\$	24.03	15.17%	28.79%
Expected Two-year Change		3.77	0.30%	1.25%
B. July 1, 2012 Valuation Expected	\$	27.80	15.47%	30.04%
Claim Cost Experience and Trend Assumption (Gain)/Loss * Discount Rate Change (Gain)/Loss Health Care Reform Fee Change (Gain)/Loss Payroll Decline and Other Experience (Gain)/Loss		(4.60) 3.42 0.73 (0.40)	(2.70%) 3.08% 0.48% 1.22%	(5.34%) 4.08% 0.87% 2.42%
C. July 1, 2012 Valuation	\$	26.95	17.55%	32.07%

<sup>\*</sup> Includes impact of July 1, 2013 renewal for all plans except Fire Fighters Local 1014



# Analysis of Change (continued)

**Section A:** The expected two-year change represents expected increases in the AAL and NCR due to interest and benefit accruals, net of benefits paid. The cost percentages are based on the assumed July 1, 2010 valuation payroll of \$6,732.7 million, increased by 4% for two years to \$7,282.1 million (projected as of July 1, 2012).

**Section B:** The claim cost experience gain and renewal gain includes the impact of lower-than-expected increases in health insurance premiums as of July 1, 2012 and July 1, 2013. The July 1, 2013 premiums are based on premiums received from Aon Hewitt as of March 14, 2013. The discount rate changed from 5.00% in the July 1, 2010 OPEB valuation to 4.35% in the July 1, 2012 OPEB valuation resulting in an AAL loss. The fees associated with ACA are reflected in the medical and dental trend rates. These fees include the Transitional Reinsurance The "Payroll Decline and Other Fee and Insurer Fee. Experience" gain includes the impact of all other demographic and economic experience along with a decrease in the expected payroll. The cost percentages in this section are based on the updated July 1, 2012 valuation payroll of \$6,630.0 million. The increase in the NCR and ARC are a result of increases in the average age and service of active members and a decrease in payroll.

## Summary Valuation Results

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

- The total Present Value of Future Benefits (PVB). The PVB is based on a projection of all benefits that are expected to be received in the future for all current members (active, vested, and retired) discounted to the valuation date.
- The Present Value of Future Normal Costs. It is the difference between the PVB and the Actuarial Accrued Liability.
- The Actuarial Accrued Liability (AAL). This amount represents the value of the liability that is accrued for periods prior to the valuation date, according to the actuarial cost method used.
- There are no Assets, since the OPEB program is currently funded on a pay-as-you-go basis.
- The Annual Required Contribution (ARC). The ARC is based on the County Normal Cost Rate plus a 30-year level percentage of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). This is the minimum amortization amount allowed for accounting purposes under current GASB rules. It should be noted that the amortization does not cover interest on the UAAL; in other words, the UAAL will be expected to increase in the following year if all assumptions are met. We assume that the contributions made by the County equal the benefit payments (a pay-as-you-go-funding approach), and thus a Net OPEB Obligation will continue to accumulate in the future.

## County Costs for OPEB Benefits1 Summary of July 1, 2012 Valuation Results (all dollar amounts in billions)

			LA	County		Sι	ıperior		
	C	General	,	Safety		ubtotal	Court		Total
1. Present Value of Future Benefits	\$	30.43	\$	12.42	\$	42.85	\$	1.91	\$ 44.76
2. Present Value of Future Normal Costs		12.74		4.38		17.12		0.69	17.81
3. Actuarial Accrued Liability (1-2)	\$	17.69	\$	8.04	\$	25.73	\$	1.22	\$ 26.95
4. Assets		-		-		-		-	-
5. Unfunded Actuarial Accrued Liability (3-4)	\$	17.69	\$	8.04	\$	25.73	\$	1.22	\$ 26.95
6. ARC <sup>2</sup>	\$	1.42	\$	0.62	\$	2.04	\$	0.09	\$ 2.13
7. ARC expressed as a percentage of payroll									
Normal Cost		15.73%		25.49%		17.72%		14.31%	17.55%
UAAL payment		12.58%		22.33%		14.57%		13.45%	14.52%
Total		28.31%		47.82%		32.29%	- :	27.76%	32.07%

<sup>&</sup>lt;sup>1</sup> Net of Retiree Paid Premiums

<sup>&</sup>lt;sup>2</sup> 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, 2012, compared with July 1, 2010, under the Projected Unit Credit Cost Method. The July 1, 2012 results are based on an assumed 4.35% investment rate of return and the July 1, 2010 results are based on an assumed 5.00% 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 decrease of 1.5% 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 8.1% is much less than the expected two-year increase of 24.5% due largely to lower than anticipated health care premiums. This is based on Table 6 of the July 1, 2010 valuation, which expected the 2010-2011 payment level of \$424.9 million to increase to \$528.8 million in 2012-2013 (as compared to new expected amount \$459.3 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 17.9% increase for active members is a result of updated trend assumptions and a reduced discount rate. The 13.8% increase in medical benefits and 8.1% decrease in dental benefits are also a result of updated trend assumptions. The 17.1% increase for retiree life insurance benefits is a result of a reduced discount rate.
- The Annual Required Contribution (ARC). The ARC increased by 9.7% in dollar terms, and 11.4% as a percentage of payroll. As seen in the Analysis of Change section on page 1, there were several reasons for these increases, including the passage of time; lower-than-expected health care premiums as of July 1, 2012 and July 1, 2013; the discount rate change; and lower-than-expected payroll increases.

Table 1: July 1, 2012 Summary of County Paid Liabilities and Cost (All Dollar Amounts in Millions)

	July	1, 2012	July 1, 2010	Percentage Change
A. Total Membership			•	
<ol> <li>Active Members</li> <li>Vested Terminated Members</li> <li>Retirees and Survivors (Medical Coverage)</li> <li>Total</li> </ol>		91,898 7,835 43,897 143,630	94,343 7,917 41,786 144,046	(2.6%) (1.0%) 5.1% (0.3%)
B. Total Payroll	\$	6,630.0	\$ 6,732.7	(1.5%)
C. Expected County Paid First-Year Benefits	\$	459.3	\$ 424.9	8.1%
D. Present Value of Future Benefits (PVB) <sup>1</sup>	\$	44,760.5	\$ 39,766.9	12.6%
E. Actuarial Accrued Liability by Member Group <sup>1</sup>				
<ol> <li>LA County Members</li> <li>Superior Court Members</li> <li>Total</li> </ol>	\$	25,733.3 1,219.4 26,952.7	\$ 22,939.8 1,091.2 \$ 24,031.0	12.2% 11.7% 12.2%
F. Actuarial Accrued Liability by Member Status <sup>1</sup>				
<ol> <li>Active Members</li> <li>Vested Terminated Members</li> <li>Retired Members</li> <li>Total</li> </ol>	\$	16,272.2 983.2 9,697.3 26,952.7	\$ 13,805.5 929.3 9,296.2 \$ 24,031.0	17.9% 5.8% 4.3% 12.2%
G. Actuarial Accrued Liability by Benefit Type <sup>1</sup>				
<ol> <li>Retiree Medical</li> <li>Retiree Dental/Vision</li> <li>Medicare Part B</li> <li>Retiree Life Insurance</li> <li>Total</li> </ol>	\$	22,791.9 1,019.9 2,943.6 197.3 26,952.7	\$ 20,020.9 1,110.1 2,731.5 168.5 \$ 24,031.0	13.8% (8.1%) 7.8% 17.1% 12.2%
H. Assets	\$	-	\$ -	
I. Unfunded Actuarial Accrued Liability	\$	26,952.7	\$ 24,031.0	12.2%
J. Annual Required Contribution (ARC) <sup>2</sup>	\$	2,126.1	\$ 1,938.4	9.7%
<ul><li>K. ARC expressed as a percentage of payroll</li><li>1. Normal Cost</li><li>2. UAAL payment</li><li>3. Total</li></ul>		17.55% 14.52% 32.07%	15.17% 13.62% 28.79%	15.7% 6.6% 11.4%

<sup>&</sup>lt;sup>1</sup> Net of Retiree Paid Premiums

July 1, 2012 Actuarial Valuation

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

#### July 1, 2012 Actuarial Valuation

## Section 2: Actuarial Valuation as of July 1, 2012

## 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 essentially all LACERA members who are not Safety Members or Superior Court members.
- LA County Safety Members. This group includes members of law enforcement, firefighters, and lifeguards.
- Superior Court Members. This group includes members of the Superior Court, as identified by LACERA staff.

The tables in this report present the unfunded liabilities, ARC, and projected County benefit payments under the Projected Unit Credit (PUC) cost method separately for each of the three groups identified above. This method is described further in Appendix A.

The actuarial assumptions and methods used in the valuation are summarized in Appendix A. The retirement benefit related demographic and economic assumptions used in this report are based on those developed for the June 30, 2012 valuation of the LACERA retirement benefit plan. 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 at the time 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.

## Valuation Methodology (continued)

The health related assumptions and updates to the economic assumptions used in the report were also agreed upon collaboratively by the following actuaries and consultants: Aon Hewitt, Buck Consultants, Rael & Letson, and Segal and approved by the Board of Retirement. Thus, the assumptions were the result of a collaborative effort by these various stakeholder groups.

Comprehensive medical benefits, dental/vision benefits, and 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 plan.

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

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

#### B. GASB Liabilities and Costs

## **Key Liability Descriptions**

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

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.

July 1, 2012 Actuarial Valuation

# Key Liability Descriptions (continued)

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

Under GASB requirements, post-employment benefits are accrued during employment. This is why the costs are spread over the period from the date of hire to the date of termination or retirement. For current retirees and terminated vested members, the AAL is equal to the PVB, since there is no future service to be rendered. For active members, the AAL is based on the portion of the PVB that is allocated to prior years based on the actuarial cost method. For the PUC method, the allocation basis is pro-rata on years of service between entry age and assumed exit.

The portion of the PVB that is anticipated to be earned in the year following the valuation date is the Normal Cost (NC). The NC is shown in Table 3.

## Annual Required Contribution

The ARC is made up of two components: Normal Cost (NC) and amortization of the Unfunded Actuarial Accrued Liability (UAAL). The UAAL is the AAL net of assets. For purposes of this valuation, the UAAL is amortized over 30 years as a level percentage of payroll. Although this method complies with the GASB minimum amortization payment requirements, it is not sufficient to cover interest on the UAAL. The amortization period is assumed to begin on the valuation date. Note this term, the ARC, is an accounting allocation amount, and may or may not reflect the actual employer contributions towards funding the OPEB program benefits.

Table 4 details the ARC results as of July 1, 2012, the beginning of the 2012/2013 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 the purposes of meeting these financial accounting and reporting disclosure requirements. The actual funding of the OPEB program benefits may differ from the amounts used for accounting disclosure purposes. Under the GASB rules, if the employer is not prefunding the benefit obligations, then the assumed discount rate or investment return rate cannot exceed the expected return on the employer's general ledger accounts. Since Los Angeles County has historically not been prefunding the OPEB program benefits, this report used a 4.35% interest assumption.

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.

Table 2: July 1, 2012 Actuarial Accrued Liability (AAL) at Unfunded Rate (4.35%)
Retiree Medical Benefits
(All Dollar Amounts in Millions)

	LA County General		A County Safety	LA County Subtotal		Superior Court		Total	
1. AAL - Total Medical Benefits									
Retirees	\$	5,626.1	\$ 3,075.4	\$	8,701.5	\$	349.3	\$ 9,050.8	
Vested Terminateds		971.9	65.6		1,037.5		110.0	1,147.5	
Actives		9,742.3	4,567.9		14,310.2		684.2	14,994.4	
Total	\$	16,340.3	\$ 7,708.9	\$	24,049.2	\$	1,143.5	\$ 25,192.7	
2. AAL - Retiree Paid Medical Premiums									
Retirees	\$	584.0	\$ 320.6	\$	904.6	\$	43.5	\$ 948.1	
Vested Terminateds		393.5	41.3		434.8		43.2	478.0	
Actives		691.3	243.5		934.8		39.9	974.7	
Total	\$	1,668.8	\$ 605.4	\$	2,274.2	\$	126.6	\$ 2,400.8	
3. AAL - County Paid Medical Benefits (1) - (2)									
Retirees	\$	5,042.1	\$ 2,754.8	\$	7,796.9	\$	305.8	\$ 8,102.7	
Vested Terminateds		578.4	24.3		602.7		66.8	669.5	
Actives		9,051.0	4,324.4		13,375.4		644.3	14,019.7	
Total	\$	14,671.5	\$ 7,103.5	\$	21,775.0	\$	1,016.9	\$ 22,791.9	



Table 2 (Cont): July 1, 2012 Actuarial Accrued Liability (AAL) at Unfunded Rate (4.35%)
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	\$	360.5	\$	148.1	\$ 508.6	\$	20.4	\$	529.0	
Vested Terminateds		40.4		2.0	42.4		4.2		46.6	
Actives		391.0		128.4	519.4		27.0		546.4	
Total	\$	791.9	\$	278.5	\$ 1,070.4	\$	51.6	\$	1,122.0	
5. AAL - Retiree Paid Dental & Vision Premiums										
Retirees	\$	33.0	\$	10.6	\$ 43.6	\$	2.1	\$	45.7	
Vested Terminateds		16.4		1.2	17.6		1.7		19.3	
Actives		28.7		6.7	 35.4		1.7		37.1	
Total	\$	78.1	\$	18.5	\$ 96.6	\$	5.5	\$	102.1	
6. AAL - County Paid Dental & Vision Benefits (4)	- (5)									
Retirees	\$	327.5	\$	137.5	\$ 465.0	\$	18.3	\$	483.3	
Vested Terminateds		24.0		0.8	24.8		2.5		27.3	
Actives		362.3		121.7	484.0		25.3		509.3	
Total	\$	713.8	\$	260.0	\$ 973.8	\$	46.1	\$	1,019.9	



Table 2 (Cont): July 1, 2012 Actuarial Accrued Liability (AAL) at Unfunded Rate (4.35%)

Medicare Part B and Retiree Life Insurance

(All Dollar Amounts in Millions)

	LA County General				LA County Subtotal		Superior Court		Total	
7. AAL - County Paid Medicare Part B Premiums	_	_		_				_		_
Retirees	\$	689.9	\$	251.9	\$	941.8	\$	38.2	\$	980.0
Vested Terminateds		230.9		23.4		254.3		22.7		277.0
Actives		1,225.5		375.5		1,601.0		85.6		1,686.6
Total	\$	2,146.3	\$	650.8	\$	2,797.1	\$	146.5	\$	2,943.6
8. AAL - County Paid Retiree Death Benefit										
Retirees	\$	102.9	\$	22.3	\$	125.2	\$	6.1	\$	131.3
Vested Terminateds		8.3		0.4		8.7		0.7		9.4
Actives		46.0		7.5		53.5		3.1		56.6
Total	\$	157.2	\$	30.2	\$	187.4	\$	9.9	\$	197.3
9. AAL - County Paid Benefits (3) + (6) + (7) + (8)										
Retirees	\$	6,162.4	\$	3,166.5	\$	9,328.9	\$	368.4	\$	9,697.3
Vested Terminateds		841.6		48.9		890.5		92.7		983.2
Actives		10,684.8		4,829.1		15,513.9		758.3		16,272.2
Total	\$	17,688.8	\$	8,044.5	\$	25,733.3	\$	1,219.4	\$	26,952.7



Table 3: July 1, 2012 Normal Cost at Unfunded Rate (4.35%) (All Dollar Amounts in Millions)

	LA County General		LA County Safety		LA County Subtotal		Superior Court		 Total	
Total Medical Benefits     Retiree Paid Medical Premiums	\$	751.3 86.6	\$	324.9 32.2	\$	1,076.2 118.8	\$	43.1 4.0	\$ 1,119.3 122.8	
3. Net County Paid Medical Benefits (1) - (2)	\$	664.7	\$	292.7	\$	957.4	\$	39.1	\$ 996.5	
<ul><li>4. Total Dental/Vision Benefits</li><li>5. Retiree Paid DentalVision Premiums</li></ul>	\$	26.4 3.3	\$	8.1 0.8	\$	34.5 4.1	\$	1.5 0.1	\$ 36.0 4.2	
6. Net County Paid Dental/Vision Benefits (4) - (5)	\$	23.1	\$	7.3	\$	30.4	\$	1.4	\$ 31.8	
7. County Paid Medicare Part B Premiums	\$	98.8	\$	27.4	\$	126.2	\$	5.6	\$ 131.8	
8. County Paid Retiree Death Benefit	\$	3.0	\$	0.4	\$	3.4	\$	0.2	\$ 3.6	
9. Total County Normal Cost (3) + (6) + (7) + (8)	\$	789.6	\$	327.8	\$	1,117.4	\$	46.3	\$ 1,163.7	
10. Valuation Payroll	\$	5,020.3	\$	1,286.2	\$	6,306.5	\$	323.5	\$ 6,630.0	
11. County Normal Cost as a Percentage of Payroll		15.73%		25.49%		17.72%		14.31%	17.55%	



Table 4: 2012-2013 Annual Required Contribution (ARC) at Unfunded Rate (4.35%) (All Dollar Amounts in Millions)

	LA County General		LA County Safety		LA County Subtotal		Superior Court		Total	
Unfunded Actuarial Accrued Liability (UAAL)										
Present Value of Benefits (PVB) Present Value of Future Normal Cost (PVFNC)	\$	30,433.6 12,744.8	\$	12,421.4 4,376.9	\$	42,855.0 17,121.7	\$	1,905.5 686.1	\$	44,760.5 17,807.8
Actuarial Accrued Liability as of July 1, 2012 Fund Balance at July 1, 2012	\$	17,688.8 -	\$	8,044.5 -	\$	25,733.3	\$	1,219.4 -	\$	26,952.7
Unfunded Actuarial Accrued Liability	\$	17,688.8	\$	8,044.5	\$	25,733.3	\$	1,219.4	\$	26,952.7
2. Amortization of UAAL (Level % of Pay)										
Amortization Period (years)		30		30		30		30		30
UAAL Amortization Payment	\$	631.7	\$	287.2	\$	918.9	\$	43.5	\$	962.4
3. 2012 - 2013 Annual Required Contribution (ARC) on	July 1	1, 2012								
Amortization of UAAL	\$	631.7	\$	287.2	\$	918.9	\$	43.5	\$	962.4
Normal Cost		789.6		327.8		1,117.4		46.3		1,163.7
Annual Required Contribution (ARC) (As of July 1, 2012)	\$	1,421.3	\$	615.0	\$	2,036.3	\$	89.8	\$	2,126.1
4. July 1, 2012 Valuation Payroll	\$	5,020.3	\$	1,286.2	\$	6,306.5	\$	323.5	\$	6,630.0
5. Estimated ARC as a Percentage of Valuation Payroll		28.31%		47.82%		32.29%		27.76%		32.07%

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## C. Estimated Pay-As-You-Go Costs

#### **Estimated Pay-As-You-Go Costs**

Tables 5 and 6 project the estimated annual County OPEB benefit pay-as-you-go costs, net of expected retiree paid premiums for the next ten years.

Table 5 shows the total projected pay-as-you-go costs separately for medical, dental/vision, Medicare Part B, and retiree 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. amounts are the same as those in Table 5.

July 1, 2012 Actuarial Valuation

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

Fiscal Year Ending	Med	Medical Total		Dental/Vision Total Total		edicare Part B	Death	n Benefit	R	edical etiree tribution	Re	al/Vision etiree ribution		al County Benefits
6/30/2013	\$	433.0	\$	36.7	\$	41.8	\$	7.2	\$	(55.9)	\$	(3.5)	\$	459.3
6/30/2014	Ψ	456.7	Ψ	39.6	Ψ	46.9	Ψ	7.5	Ψ	(57.5)	Ψ	(3.9)	Ψ	489.3
6/30/2015		513.0		42.3		51.8		7.8		(62.2)		(4.2)		548.5
6/30/2016		563.1		44.7		57.4		8.0		(66.4)		(4.5)		602.3
6/30/2017		618.0		47.2		63.6		8.3		(71.2)		(4.7)		661.2
6/30/2018		677.2		49.9		70.5		8.6		(76.5)		(5.0)		724.7
6/30/2019		742.1		52.6		78.0		8.9		(82.8)		(5.3)		793.5
6/30/2020		811.5		55.4		86.3		9.2		(89.5)		(5.6)		867.3
6/30/2021		8.088		58.3		94.2		9.5		(96.2)		(6.0)		940.6
6/30/2022		960.6		61.3		102.8		9.8		(103.9)		(6.3)		1,024.3

**Projection Basis:** 

All assumptions are met

No future members are reflected

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

Fiscal Year Ending		County eneral		County Safety		County ubtotal	Superior Court			Total
6/30/2013	\$	316.3	\$	124.5	\$	440.8	\$	18.5	\$	459.3
6/30/2014	Ψ	335.1	Ψ	134.7	Ψ	469.8	Ψ	19.5	Ψ	489.3
6/30/2015		373.8		153.0		526.8		21.7		548.5
6/30/2016		408.3		170.2		578.5		23.8		602.3
6/30/2017		445.4		189.6		635.0		26.2		661.2
6/30/2018		486.0		209.9		695.9		28.8		724.7
6/30/2019		529.6		232.3		761.9		31.6		793.5
6/30/2020		576.6		256.0		832.6		34.7		867.3
6/30/2021		624.6		278.1		902.7		37.9		940.6
6/30/2022		678.6		304.1		982.7		41.6		1,024.3

**Projection Basis:** 

All assumptions are met

No future members are reflected



July 1, 2012 Actuarial Valuation

## 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-asyou-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%	
			(i	n millions)		
July 1, 2012 AAL Percentage Increase/(Decrease)	\$	26,952.7	\$	33,585.1 25%	\$	22,054.4 (18%)
2012 – 2013 ARC Percentage Increase/(Decrease)	\$	2,126.1	\$	2,786.4 31%	\$	1,657.2 (22%)

July 1, 2012 Actuarial Valuation

## E. Required Supplementary Information

#### **Schedule of Funding Progress**

(Dollars in Thousands)

Valuation Date	Actuarial Value of Assets	Value of Accrued Liabilities Funded Covered					
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%	
July 1, 2012	-	26,952,700	26,952,700	0%	6,619,816	407.2%	

<sup>&</sup>lt;sup>1</sup> Covered Payroll is consistent with the retirement program's covered payroll.

## **Schedule of Employer Contributions**

(Dollars in Thousands)

Fiscal Year	Annual Required	Actu	ons <sup>2</sup>	. Percentage		
Ended June 30	Contribution (ARC)	Cash Payment	Transfer from Reserve Account	Total	of ARC Contributed	
2010	\$1,737,000	\$400,686	-	\$400,686	23%	
2011	1,938,400	423,032	-	423,032	22%	
2012	1,938,400	442,099	-	442,099	23%	

<sup>&</sup>lt;sup>2</sup> Values from Fiscal Year Ended June 30, 2010, 2011, and 2012 are from the LACERA 2012 CAFR. Actual Employer Contributions are not yet available for Fiscal Year Ended June 30, 2013.



## July 1, 2012 Actuarial Valuation

## Section 3: GASB Liabilities and Costs as of July 1, 2012 with Excise Tax

An excise tax for high cost health coverage, or "Cadillac" health plans was included as part of ACA. The provision levies a 40% tax on the value of health plan costs that exceed certain thresholds for single coverage or family coverage. The 2018 annual thresholds are \$10,200 for single coverage and \$27,500 for a family plan. For qualified retirees aged 55 to 64 or workers in "high risk" professions such as firefighters and police officers, the thresholds are \$11,850 for single coverage and \$30,950 for a family plan. If, between 2010 and 2018, the cost of health care insurance rises more than 55%, the threshold for the excise tax will be adjusted.

As requested, Milliman has calculated the GASB 43/45 Liabilities and Costs as of July 1, 2012 with the impact of the Excise Tax under ACA. A summary of results and the trend reflecting Excise Tax follows.

In order to determine the costs and liabilities with excise tax, the benefit plans, assumptions, and methods in the appendices apply. The medical trend in Appendix A has been updated in the following table to reflect Excise Tax. We assume that there will be no changes to the current law and that there will be no changes in plan design to help mitigate the impact of the tax.

Table 7: July 1, 2012 Summary of County Paid Liabilities and Cost with Excise Tax (All Dollar Amounts in Millions)

	ly 1, 2012 th Excise Tax	lly 1, 2012 without xcise Tax	Percentage Change
A. Total Membership			
<ol> <li>Active Members</li> <li>Vested Terminated Members</li> <li>Retirees and Survivors (Medical Coverage)</li> <li>Total</li> </ol>	 91,898 7,835 43,897 143,630	 91,898 7,835 43,897 143,630	0.0% 0.0% 0.0% 0.0%
B. Total Payroll	\$ 6,630.0	\$ 6,630.0	0.0%
C. Expected County Paid First-Year Benefits	\$ 459.3	\$ 459.3	0.0%
D. Present Value of Future Benefits (PVB) <sup>1</sup>	\$ 48,502.2	\$ 44,760.5	8.4%
E. Actuarial Accrued Liability by Member Group <sup>1</sup>			
<ol> <li>LA County Members</li> <li>Superior Court Members</li> <li>Total</li> </ol>	\$ 27,315.8 1,290.5 28,606.3	\$ 25,733.3 1,219.4 26,952.7	6.1% 5.8% 6.1%
F. Actuarial Accrued Liability by Member Status <sup>1</sup>			
<ol> <li>Active Members</li> <li>Vested Terminated Members</li> <li>Retired Members</li> <li>Total</li> </ol>	\$ 17,576.1 1,028.9 10,001.3 28,606.3	\$ 16,272.2 983.2 9,697.3 26,952.7	8.0% 4.6% 3.1% 6.1%
G. Actuarial Accrued Liability by Benefit Type <sup>1</sup>			
<ol> <li>Retiree Medical</li> <li>Retiree Dental/Vision</li> <li>Medicare Part B</li> <li>Retiree Life Insurance</li> <li>Total</li> </ol>	\$ 24,445.5 1,019.9 2,943.6 197.3 28,606.3	\$ 22,791.9 1,019.9 2,943.6 197.3 26,952.7	7.3% 0.0% 0.0% 0.0% 6.1%
H. Assets	\$ -	\$ -	0.0%
I. Unfunded Actuarial Accrued Liability	\$ 28,606.3	\$ 26,952.7	6.1%
<ul> <li>J. Annual Required Contribution (ARC)<sup>2</sup></li> <li>K. ARC expressed as a percentage of payroll</li> </ul>	\$ 2,298.3	\$ 2,126.1	8.1%
Normal Cost     UAAL payment     Total	 19.26% 15.41% 34.67%	 17.55% 14.52% 32.07%	9.7% 6.1% 8.1%

<sup>&</sup>lt;sup>1</sup> Net of Retiree Paid Premiums

July 1, 2012 Actuarial Valuation

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

#### **Health Cost Trend Assumptions with Excise Tax \***

The medical trend in Appendix A has been updated in the following table to reflect Excise Tax.

Fiscal Year I	Ending	LACERA Medical Trend with Excise Tax		
From	То	Under 65	Over 65	
6/30/2012	6/30/2013	0.30%	0.59%	
6/30/2013	6/30/2014	9.05%	9.75%	
6/30/2014	6/30/2015	6.75%	6.90%	
6/30/2015	6/30/2016	6.55%	6.70%	
6/30/2016	6/30/2017	7.35%	7.70%	
6/30/2017	6/30/2018	7.30%	7.50%	
6/30/2018	6/30/2019	6.70%	6.65%	
6/30/2019	6/30/2020	6.70%	6.70%	
6/30/2020	6/30/2021	6.75%	6.70%	
6/30/2021	6/30/2022	6.90%	6.65%	
6/30/2022	6/30/2023	7.00%	6.60%	
6/30/2023	6/30/2024	6.90%	6.45%	
6/30/2024	6/30/2025	6.90%	6.45%	
6/30/2034	6/30/2035	6.85%	6.35%	
6/30/2044	6/30/2045	6.25%	6.25%	
6/30/2054	6/30/2055	6.05%	6.25%	
6/30/2064	6/30/2065	5.90%	6.05%	
6/30/2074	6/30/2075	5.65%	5.75%	
6/30/2084	6/30/2085	5.20%	5.30%	
6/30/2094 +		5.20%	5.25%	

Note that after fiscal year ending June 30, 2025, selected years are shown in the table. After fiscal year ending June 30, 2087, the trend rates remain at 5.20% for pre 65 trend and 5.25% for post 65 trend.

<sup>\*</sup> The first year trend rates for LACERA medical non-firefighter Local 1014 and dental/vision plans have been adjusted to reflect premium increases effective July 1, 2013. ACA Fees including Transitional Reinsurance Fee and Insurer Fee are also included in the medical and dental/vision trends.

## 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 general wage increase, investment earnings, and implied inflation assumptions are consistent with the June 30, 2012 retirement program valuation. The remaining OPEB benefit assumptions other than premiums, claim costs and trend, were reviewed and changed June 30, 2010 as a result of the 2010 OPEB Investigation of Experience Study completed in January 2011. The premiums, claim costs and trend used for this valuation were updated as of June 30, 2012.

The actuarial assumptions used in both the retirement benefit and OPEB program actuarial valuations are intended to estimate the future experience of the members eligible for benefit payments and the projected benefit flow and anticipated investment earnings. Any variations in future experience from that expected from these assumptions will result in corresponding changes in the estimated costs of the benefits.

Table A-1 summarizes the assumptions. The mortality rates are taken from the sources listed.

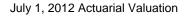
Tables A-2 and A-3 show how members are expected to leave retired status due to death.

Table A-4 presents the probability of refund of retirement benefit contributions upon termination of employment while vested.

Table A-5 presents the general wage increase of 3.85% per annum.

Tables A-6 to A-13 presents 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.



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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 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 Aon Hewitt 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.

July 1, 2012 Actuarial Valuation

# Investment Earnings and Expenses

GASB 45 requires that the discount rate for OPEB benefits be equal to the expected return on assets used to pay ongoing benefits. In the case of an unfunded plan such as this one, it would be the expected return on the County's general funds. For purposes of this valuation we have assumed this rate is 4.35%. This assumption was adopted June 30, 2012.

#### **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, 2012.

#### **Future Salaries**

The 3.85% per annum rate of increase in the general wage level of membership is in Table A-5. This rate was adopted June 30, 2012.

#### Retirement

After members attain age 50 (55 for Plan E members) and have 10 years of service, they may retire with a benefit commencing immediately. All members, except Plan E members, may also retire regardless of age after 20 years of service for safety members and after 30 years of service for general members. The retirement rates vary by age and are shown by plan in Tables A-6 through A-13.

All general members who attain or who have attained age 75 in active service and all safety members who have attained age 60 in active service are assumed to retire immediately.

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

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

The active members' retirement probabilities were adopted June 30, 2010. The term vested member's retirement probabilities were adopted June 30, 2010 for purposes of the OPEB program valuation only.

#### **Disability**

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

Males General members: RP-2000 Combined Mortality

Table for Males, projected to 2020 using Projection

Scale AA, with ages set back one year.

Safety members: RP-2000 Combined Mortality Table for Males, projected to 2020 using Projection

Scale AA, with ages set back two years.

Females General members: RP-2000 Combined Mortality

Table for Females, projected to 2020 using Projection Scale AA, with ages set back one year. Safety members: RP-2000 Combined Mortality

Table for Females, with ages set back one year.

#### Mortality - Disabled **Members**

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

RP-2000 Combined and Males General members:

Disabled Mortality Tables for Males, projected to 2020 using Projection Scale AA, with ages set back

one year.

Safety members: RP-2000 Combined Mortality Table for Males, projected to 2020 using Projection

Scale AA, with no age adjustment.

Females General members: RP-2000 Combined and

> Disabled Mortality Tables for Females, projected to 2020 using Projection Scale AA, with ages set back

one year.

Safety members: RP-2000 Combined Mortality Table for Females, projected to 2020 using

Projection Scale AA, with no age adjustment.



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## **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
ſ	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

<sup>\*</sup> 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 who have not yet elected a refund of their member contributions and will receive a pension benefit other than a refund are eligible for retiree medical and dental/vision enrollment.

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.

July 1, 2012 Actuarial Valuation

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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%



#### Table A-1: **Summary of Valuation Assumptions as of July 1, 2012**

Ι. **Economic Assumptions** 

> A. General wage increases 3.85%, Table A-5

B. Unfunded Investment earnings 4.35% C Implied Inflation 3.35% D. Growth in membership 0.00% Table A-22 E. Medical cost trend 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:

Class of Members Age Adjustment

General – males -1 years General – females -1 years

-2 years Safety – males 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 0 years Safety – females



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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							
	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 adoption 30, 2008.						
III.	Re	tiree 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.	Pr	emium and Claim Cost Analysis	Tables A-20 to A-21					
V.	Me	edical and Dental/Vision Trend	Table A-22					
VI.	Re	tirement of Vested Terminated Members	Table A-23					

E. Mortality for Beneficiaries



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**Mortality for Members Retired for Service** Table A-2:

	Safety	Safety	General	General
Age	Male	<b>Female</b>	Male	Female
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%

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Table A-3: Mortality for Members Retired for Disability

•	Safety	Safety	General	General
Age	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>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%

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

Years of		
Service	Safety	Genera
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%



## Table A-5: Annual Increase in Salary

The general wage increase assumption is 3.85% per annum which is used for projecting the total future payroll. The amortization of the UAAL is determined as a level percentage of payroll. General wage increases and individual salary increases due to promotion and longevity do not affect the amount of the OPEB program's benefits.

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#### Appendix A: Rates of Separation From Active Service Tables A-6 to A-13

A schedule of the probabilities of termination of employment due to the following causes can be found on the following pages:

Service Retirement: Member retires after meeting age and service

requirements for reasons other than disability.

Withdrawal: Member terminates and elects a refund of member

contributions, or a deferred vested retirement

benefit.

Service Disability: Member receives disability retirement; disability is

service related.

Ordinary Disability: Member receives disability retirement; disability is

not service related.

Service Death: Member dies before retirement: death is service

related.

Ordinary Death: Member dies before retirement; death is not

service related.

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

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

Table A-6: General Plan A, B & C Males A-10: General Plan E Males A-7: General Plan A, B & C Females A-11: General Plan E Females A-8: General Plan D Males A-12: Safety Plan A & B Males A-9: General Plan D Females A-13: Safety Plan A & B Females



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

•	Service	Other	Service	Ordinary	Service	Ordinary
Age	Retirement	Terminations	Disability	Disability	Death	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 45	0.0300	0.0050 0.0050	0.0009	0.0003	N/A N/A	0.0013
45 46	0.0300 0.0300	0.0050	0.0010 0.0011	0.0003 0.0004	N/A N/A	0.0013 0.0014
47	0.0300	0.0050	0.0011	0.0004	N/A	0.0014
48	0.0300	0.0050	0.0012	0.0004	N/A	0.0013
49	0.0300	0.0050	0.0013	0.0004	N/A	0.0016
50	0.0300	0.0050	0.0014	0.0004	N/A	0.0017
51	0.0300	0.0050	0.0017	0.0004	N/A	0.0017
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

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

	Camdaa	Other	Camdaa	0	C	0
Ago	Service Retirement	Other Terminations	Service Disability	Ordinary Disability	Service Death	Ordinary Death
<b>Age</b> 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
20	0.0000	0.0050	0.0002	0.0001	N/A	0.0001
22						
22	0.0000	0.0050	0.0002	0.0001	N/A N/A	0.0001
23 24	0.0000	0.0050	0.0002	0.0001	N/A N/A	0.0001
	0.0000	0.0050	0.0002	0.0001		0.0001
25 26	0.0000 0.0000	0.0050 0.0050	0.0002 0.0002	0.0001 0.0001	N/A N/A	0.0001 0.0002
27	0.0000		0.0002		N/A	0.0002
28	0.0000	0.0050 0.0050	0.0002	0.0001 0.0001	N/A	0.0002
26 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	0.0002
33	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
34	0.0000	0.0050	0.0002	0.0001	N/A	0.0003
35	0.0000	0.0050	0.0003	0.0001	N/A	0.0003
36	0.0000	0.0050	0.0003	0.0001	N/A	0.0004
37	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
38	0.0000	0.0050	0.0004	0.0001	N/A	0.0004
39	0.0000	0.0050	0.0005	0.0001	N/A	0.0005
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 75	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

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

Age	Service Retirement	Service Disability	Ordinary Disability	Service Death	Ordinary Death	Years of Service	Other Terminations
18	0.0000	0.0002	0.0001	N/A	0.0002	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	0.0009	20	0.0076
39	0.0000	0.0006	0.0001	N/A	0.0010	21	0.0068
40	0.0200	0.0006	0.0001	N/A	0.0010	22	0.0060
41	0.0200	0.0007	0.0002	N/A	0.0010	23	0.0056
42	0.0200	0.0007	0.0002	N/A	0.0011	24	0.0050
43	0.0200	0.0007	0.0002	N/A N/A	0.0012	25 25	0.0032
43 44	0.0200	0.0008		N/A N/A		26 26	0.0048
			0.0003		0.0013 0.0013		
45	0.0200	0.0010	0.0003	N/A		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		

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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	0.0233
25	0.0000	0.0002	0.0001	N/A	0.0001	7	0.0217
26	0.0000	0.0002	0.0001	N/A	0.0001	8	0.0200
27	0.0000	0.0002	0.0001	N/A		9	
28	0.0000	0.0002	0.0001	N/A	0.0002 0.0002	10	0.0180 0.0170
29	0.0000	0.0002	0.0001	N/A N/A	0.0002	11	0.0170
		0.0002		N/A N/A		12	
30	0.0000		0.0001	N/A N/A	0.0002		0.0150
31	0.0000	0.0002	0.0001		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 29	0.0120
47	0.0000	N/A	N/A	N/A	0.0015		0.0120
48	0.0000	N/A N/A	N/A	N/A	0.0016	30 & Above	0.0120
49	0.0000	N/A N/A	N/A	N/A N/A	0.0016		
50 51	0.0000	N/A N/A	N/A N/A	N/A N/A	0.0017		
51 52	0.0000 0.0000	N/A N/A	N/A N/A	N/A N/A	0.0019 0.0021		
53	0.0000	N/A	N/A	N/A	0.0021		
54	0.0000	N/A	N/A	N/A	0.0023		
55	0.0300	N/A	N/A	N/A	0.0020		
56	0.0250	N/A	N/A	N/A	0.0029		
57	0.0250	N/A	N/A	N/A	0.0032		
58	0.0250	N/A	N/A	N/A	0.0033		
59	0.0300	N/A	N/A	N/A	0.0040		
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		

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

	Service	Service	Ordinary	Service	Ordinary	Years of	Other
Age	Retirement	Disability	Disability	Death	Death	Service	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	N/A N/A	0.0004	18	0.0156
37 38	0.0000 0.0000	N/A N/A	N/A N/A	N/A N/A	0.0004 0.0004	19 20	0.0152 0.0148
39		N/A	N/A	N/A	0.0004	21	
40	0.0000	N/A	N/A	N/A		22	0.0144 0.0140
41	0.0000 0.0000	N/A	N/A	N/A	0.0005 0.0005	23	0.0140
42	0.0000	N/A	N/A	N/A	0.0003	24	0.0130
43	0.0000	N/A	N/A	N/A	0.0006	25	0.0132
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 60	0.1600	N/A	N/A	N/A	0.0060		
69 70	0.1600 0.2000	N/A N/A	N/A N/A	N/A N/A	0.0063 0.0066		
70 71	0.2000	N/A N/A	N/A N/A	N/A N/A	0.0069		
71 72	0.2000	N/A N/A	N/A N/A	N/A N/A	0.0069		
73	0.2000	N/A	N/A	N/A	0.0076		
74	0.2000	N/A	N/A	N/A	0.0073		
75	1.0000	N/A	N/A	N/A	0.0089		

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

	Service	Service	Ordinary	Service	Ordinary	Years of	Other
Age	Retirement	Disability	Disability	Death	Death	Service	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		



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

	Service	Service	Ordinary	Service	Ordinary	Years of	Other
Age	Retirement	Disability	Disability	Death	Death	Service	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		



Table A-14: Probability of Initial Medical Enrollment

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

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

## Non Local 1014 Firefighters Retirees

			Pre 65		Post	65
Deduction Code	Plan	Tier	Male	Female	Male	Female
201		Retiree Only	2%	2%	Maio	1 cinaic
202		Retiree and Spouse	2%	1%		
203	Anthem Blue Cross Prudent Buyer Plan	Retiree and Family	2%			
204	Anthem Blue Cross Prudent Buyer Plan	Retiree and Children				
205	Anthem Blue Cross Prudent Buyer Plan	Minor Survivor				
211	Anthem Blue Cross I	Retiree Only	1%	1%		1%
212	Anthem Blue Cross I	Retiree and Spouse		1%		
213	Anthem Blue Cross I	Retiree, Spouse and Children				
214	Anthem Blue Cross I	Retiree and Children				
215	Anthem Blue Cross I	Minor Survivor				
221	Anthem Blue Cross II	Retiree Only	5%	9%	2%	4%
222	Anthem Blue Cross II	Retiree and Spouse	15%	8%	5%	1%
223	Anthem Blue Cross II	Retiree, Spouse and Children	8%	1%		
224	Anthem Blue Cross II	Retiree and Children				
225	Anthem Blue Cross II	Minor Survivor				
240	Anthem Blue Cross III	One Medicare		1%	8%	12%
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare				
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare			7%	1%
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare			7%	4%
244	Anthem Blue Cross III	Retiree and Children 1 Medicare				
245	Anthem Blue Cross III	Retiree and Children 1 Medicare				
246	Anthem Blue Cross III	Retiree and Family 1 Medicare				
247	Anthem Blue Cross III	Retiree and Family 1 Medicare				
248	Anthem Blue Cross III	Retiree and Family 2 Medicare				
249	Anthem Blue Cross III	Retiree and Family 2 Medicare				
250	Anthem Blue Cross III	Retiree and Family 3 Medicare				
301	Cigna Network Model Plan	Retiree Only	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	2,0	1%		
305	Cigna Network Model Plan	Minor Survivor		.,.		
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only				
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse				
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)				
325	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Children				
327	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)				
329	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Family (1 Medicare)				
401	Kaiser (CA)	Retiree Basic (Under 65)	13%	34%		
402	Kaiser (CA)	Retiree Cost ("M" Coverage)	1376	0470		
403	Kaiser (CA)	Retiree Risk (Senior Advantage)			23%	36%
404	Kaiser (CA)	Retiree Excess I			1%	3%
405	Kaiser (CA)	Retiree Excess II - Part B			2%	4%
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)			270	1%
411	Kaiser (CA)	Family Basic	35%	24%		1 /0
412	Kaiser (CA)	One Cost ("M" Coverage), Others Basic	3376	24 /0		
413	Kaiser (CA)	One Advantage, Others Basic			15%	4%
414	Kaiser (CA)	One Excess I, Others Basic			2%	7/0
414 415	. ,				∠%	
415 416	Kaiser (CA)	Two+ Cost ("M" Coverage)				
416 417	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)				
	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)			11%	11%
418 419	Kaiser (CA)	Two+ Advantage			11%	11%
	Kaiser (CA)	One Excess I, One Advantage				
420	Kaiser (CA)	Two+ Excess I				1%
421	Kaiser (CA)	Survivor			20/	40/
422	Kaiser (CA)	One Excess II - Part B, One Basic			2%	1%
423	Kaiser (CA)	One Excess III (MNP), One Basic			1%	
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B				
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)			461	
426	Kaiser (CA)	One Risk, One Excess II - Part B			1%	
427	Kaiser (CA)	One Risk, One Excess III (MNP)				1%
428	Kaiser (CA)	One Excess I, One Excess II - Part B				
429	Kaiser (CA)	One Excess I, One Excess III (MNP)				
430	Kaiser (CA)	Two Excess II - Part B				
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)				
432	Kaiser (CA)	Two Excess III - Both (MNP)				



# Table A-15 (continued)

451 Kai 452 Kai 453 Kai 454 Kai 455 Kai 456 Kai 457 Kai 458 Kai 459 Kai 460 Kai 441 Kai 442 Kai 444 Kai 444 Kai 444 Kai 444 Kai 444 Kai 446 Kai 446 Kai 466 Kai 466 Kai	siser - Colorado siser (Other) siser - Colorado siser - Georgia	Retiree Basic Retiree Risk Retiree Only Retiree Basic (Two Party) Retiree Basic (Two Party) Retiree Basic Family One Risk, One Basic Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only One Medicare Member + One Medicare with Part A only One Medicare Member + One Medicare without Part A&B	Male	Female	Male	Female
450 Kai 451 Kai 452 Kai 453 Kai 454 Kai 455 Kai 457 Kai 458 Kai 459 Kai 440 Kai 441 Kai 442 Kai 445 Kai 446 Kai 462 Kai 465 Kai 466 Ka	siser - Colorado Basic siser - Colorado siser - Georgia	Retiree Basic Retiree Risk Retiree Only Retiree Basic (Two Party) Retiree Basic (Two Party) Retiree Basic Family One Risk, One Basic Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only	Male	remaie	мане	remaie
451 Kai 452 Kai 453 Kai 454 Kai 455 Kai 456 Kai 457 Kai 460 Kai 441 Kai 442 Kai 445 Kai 446 Kai 446 Kai 462 Kai 452 Kai 4662 Kai 4662 Kai 4662 Kai 4662 Kai 4662 Kai 4663 Kai 4662 Kai 4663 Kai 4664 Kai	siser - Colorado siser (Other) siser - Colorado siser - Georgia	Retiree Risk Retiree Basic (Two Party) Retiree Basic (Two Party) Retiree Basic Family One Risk, One Basic Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only				
452 Kai 453 Kai 454 Kai 455 Kai 456 Kai 457 Kai 458 Kai 459 Kai 440 Kai 440 Kai 441 Kai 442 Kai 444 Kai 4445 Kai 4445 Kai 446 Kai 461 Kai	siser (Other) siser - Colorado siser (Other) siser - Colorado siser - Georgia	Retiree Only Retiree Basic (Two Party) Retiree Basic (Two Party) One Risk, One Basic Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
453 Kai 454 Kai 455 Kai 456 Kai 457 Kai 459 Kai 460 Kai 441 Kai 442 Kai 445 Kai 445 Kai 446 Kai 446 Kai 461 Kai 462 Kai 462 Kai 462 Kai	siser - Colorado siser - Georgia	Retiree Basic (Two Party) Retiree Basic Family One Risk, One Basic Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Medicare Member (Renal Failure) One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only				
454 Kai 455 Kai 456 Kai 457 Kai 458 Kai 459 Kai 460 Kai 441 Kai 442 Kai 445 Kai 444 Kai 445 Kai 446 Kai 461 Kai 462 Kai 462 Kai	siser - Colorado siser - Colorado siser (Other) siser (Otorado siser - Colorado siser - Colorado siser - Colorado siser - Colorado siser - Georgia	Retiree Basic Family One Risk, One Basic Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
456 Kai 457 Kai 458 Kai 459 Kai 460 Kai 440 Kai 441 Kai 442 Kai 444 Kai 445 Kai 446 Kai 461 Kai	siser (Other) siser - Colorado siser - Colorado siser - Colorado siser - Colorado siser (Other) siser - Georgia	Retiree and Spouse Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Medicare Member Part A only One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
457 Kai 458 Kai 459 Kai 460 Kai 440 Kai 441 Kai 442 Kai 444 Kai 445 Kai 446 Kai 461 Kai 462 Kai	iiser - Colorado iiser - Colorado iiser - Colorado iiser - Colorado iiser (Other) iiser - Georgia	Two Retiree Risk One Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
458 Kai 459 Kai 460 Kai 440 Kai 441 Kai 442 Kai 443 Kai 444 Kai 445 Kai 446 Kai 461 Kai 462 Kai	iiser - Colorado iiser - Colorado iiser (Other) iiser - Georgia	One Risk, Two or More Dependents Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
459 Kai 460 Kai 440 Kai 441 Kai 442 Kai 443 Kai 444 Kai 445 Kai 446 Kai 461 Kai	iiser - Colorado iiser (Other) iiser - Georgia	Two Risk, Two or More Dependents Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
460 Kai 440 Kai 441 Kai 442 Kai 443 Kai 444 Kai 445 Kai 446 Kai 461 Kai	iiser (Other) iiser - Georgia	Retiree and Spouse One Medicare Member with Part B only One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
440 Kai 441 Kai 442 Kai 443 Kai 444 Kai 445 Kai 446 Kai 461 Kai	iiser - Georgia	One Medicare Member with Part B only One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
441 Kai 442 Kai 443 Kai 444 Kai 445 Kai 446 Kai 461 Kai	iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia	One Medicare Member with Part A only One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
442 Kai 443 Kai 444 Kai 445 Kai 446 Kai 461 Kai 462 Kai	iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia	One Member without Medicare Part A&B One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
443 Kai 444 Kai 445 Kai 446 Kai 461 Kai 462 Kai	iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia Basic	One Medicare Member (Renal Failure) One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
444 Kai 445 Kai 446 Kai 461 Kai 462 Kai	iiser - Georgia iiser - Georgia iiser - Georgia iiser - Georgia Basic	One Medicare Member + One Medicare with Part B only One Medicare Member + One Medicare with Part A only				
445 Kai 446 Kai 461 Kai 462 Kai	iiser - Georgia iiser - Georgia iiser - Georgia Basic	One Medicare Member + One Medicare with Part A only				
446 Kai 461 Kai 462 Kai	niser - Georgia niser - Georgia Basic					
461 Kai 462 Kai	siser - Georgia Basic					
462 Kai	_					
	user - vieuruia	Basic Retiree Risk				
	_	Retiree Risk Retiree (Two Party)				
	_	Retiree Basic Family				
	_	One Retiree Risk, One Basic				
	_	Two Retiree Risk				
		One Retiree Risk. Two Retiree Basic				
		Two Retiree Risk, One Basic				
	_	Three Retiree Risk, One Basic				
470 Kai	iser - Georgia	Any other Family, at least one Retiree Risk				
471 Kai	iser - Hawaii	Retiree Basic (Under 65)				
472 Kai	iser - Hawaii	Retiree Risk				
473 Kai	iser - Hawaii	Retiree Over 65 without Medicare A&B				
	iser - Hawaii Basic	Retiree Basic (Two Party)				
		Retiree Basic Family (Under 65)				
		One Retiree Risk, One Basic				
		Over 65 without Medicare A&B, One Basic				
		Two Retiree Risk				
		One Risk, One Over 65 without Medicare A&B				
		Retiree Basic (Under 65) Retiree Risk				
		Retiree Over 65 unassigned Medicare A&B				
		Retiree Basic (Two Party)				
		Retiree Basic Family (Under 65)				
		One Retiree Risk, One Basic				
		Retiree Cost				
		Two Retiree Risk				
		Retiree w/ Part A only				
		Retiree w/ Part B only One Rick One Medicare Part A only				
		One Risk, One Medicare Part A only One Risk, One Over 65 No Medicare				
		One Risk, Two Basic				
494 Kai	iser - Oregon	Two Risk, One Basic				
		Two Over 65 unassigned Medicare				
		Two Medicare Part A only				
		One Basic, One Medicare Part A only One Basic, One over 65 unassigned Medicare A&B				
	CAN Health Plan	Retiree Only			1%	2%
	CAN Health Plan	Retiree & 1 Dependent (2 Medicare)			1%	270
	nited Healthcare Medicare Advantage				3%	6%
		Retiree & 1 Dependent (1 Medicare)			3%	1%
	•	Retiree & 1 Dependent (2 Medicare)			2%	2%
		Retiree & 2 + Deps. (1 Medicare)			1%	-/-
		Retiree & 2 + Deps. (2 Medicare)			. 70	
	_	Minor Survivor				
		Single	2%	7%		
		Two-Party	4%	6%		
		Family	4%	1%		
Total		•	100%	100%	100%	100.0%

Probability of enrolling at least one dependent

75%

44%

60%

29%



# Firefighters Local 1014 Retirees

			Pre 65		Pre 65 Post 65		t 65
Deduction							
Code	Plan	Tier	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	1				
Total	-	•	100%	100%			

90%

90%

90%

90%

Milliman

#### Probability of Medical Plan and Tier Selection for Pre 65 Retirees Who Table A-16: 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	То
Eligible Plan	Post Age 65 Eligible Plan
Anthem Blue Cross I	50% Anthem Blue Cross I
	50% Anthem Blue Cross III
Anthem Blue Cross II	50% Anthem Blue Cross II
	50% Anthem Blue Cross III
Anthem Blue Cross	50% Anthem Blue Cross Prudent Buyer
Prudent Buyer	50% Anthem Blue Cross III
Cigna Network Model	100% Cigna Network Model
UnitedHealthcare	90% UnitedHealthcare – Medicare Advantage
	5% Cigna Network Model
	5% Anthem Blue Cross III
Kaiser Permanente	80% Senior Advantage
Retiree Basic	4% Retiree Excess I
	7% Retiree Excess II- Part B
	8% Excess III (MNP)
	1% Anthem Blue Cross III
Kaiser Permanente	65% Two + Advantage
Family Basic	2.5% One Excess I, One Advantage
	5% One Advantage, One Excess II – Part B
	20% One Advantage, One Excess III (MNP)
	2.5% One Excess I, Others Excess II – Part B
	2.5% Two Excess II - Part B
	2.5% One Excess II – Part B, Others Excess III (MNP)
Firefighters Local 1014	100% Firefighters Local Post Age 65 Plan
Pre Age 65 Plan	

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

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



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

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

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

Effective January 1, 2007, Medicare Part B premiums vary depending on income status. For the non Local 1014 members, the County does not pay the higher premiums, and we assume that there will be no shift in enrollment.

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## **Table A-17: Survivor and New Dependent Enrollment**

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

#### Scenario I

If a dependent or spouse dies, the retiree may enroll a new spouse/domestic partner and/or a new dependent.

- We assume 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/vision coverage, the existing spouse or dependent may continue to be enrolled and may also enroll a new spouse/domestic partner and/or a new dependent.

- We assume 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.



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

Years of Service	Assumed Enrollment %
< 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

Cigna Indemnity Dental/Vision

	<u></u>			<u></u>			
Tier	Retiree Only	Retiree and Dependents	Survivor	Retiree Only	Retiree and Dependents	Survivor	
Deduction Code	501	502	503	901	902	903	
Percentage Male Female	22% 46%	63% 35%	0% 0%	5% 12%	10% 7%	0% 0%	

Cigna HMO Dental/Vision

#### Table A-20: Premium Information

The following premium information is for retirees living in California who have less than 10 years of service and have to pay the full amount. Members who have more than 10 years of service receive a subsidy from the County. Details can be found in Appendix B. The premium rates in Table A-20 include the carriers' administration fees and LACERA's per retiree monthly administration fee. The per retiree monthly administration fee was \$3.00 effective July 1, 2012, and \$5.00 effective July 1, 2013. The July 1, 2013 premium rates were received from Aon Hewitt on February 26, 2013 and March 14, 2013.

## Pre and Post Age 65 Monthly Rates Effective July 1, 2012 UnitedHealthcare is Pre Age 65 Only

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 918.17	\$ 918.17	\$ 608.99	\$ 1,100.87	
Retiree & Spouse	\$ 1,657.09	\$ 1,657.09	\$ 1,199.82	\$ 1,989.22	
Retiree & Family	\$ 1,955.07	\$ 1,955.07	\$ 1,354.29	\$ 2,349.53	
Retiree & Children	\$ 1,215.54	\$ 1,215.54	\$ 783.20	\$ 1,461.60	
Minor Survivor	\$ 302.80	\$ 302.80	\$ 164.91	\$ 363.53	\$ 230.06
UnitedHealthcare Single UnitedHealthcare Two-					\$ 913.18
Party					\$ 1,669.68
UnitedHealthcare Family					\$ 1,980.16

## Pre and Post Age 65 Monthly Rates Effective July 1, 2013 UnitedHealthcare is Pre Age 65 Only

Tier	Anthem Blue Cross - Plan I	Anthem Blue Cross - Plan II	Anthem Blue Cross - Prudent Buyer	Cigna	United Healthcare
Retiree Only	\$ 904.25	\$ 904.25	\$ 630.26	\$ 1,143.49	House
Retiree & Spouse	\$ 1,630.31	\$ 1,630.31	\$ 1,249.88	\$ 2,064.71	
Retiree & Family	\$1,923.10	\$1,923.10	\$ 1,399.26	\$ 2,438.35	
Retiree & Children	\$ 1,196.44	\$ 1,196.44	\$810.01	\$ 1,517.57	
Minor Survivor	\$ 299.58	\$ 299.58	\$ 172.06	\$ 378.87	\$ 273.49
UnitedHealthcare Single UnitedHealthcare Two-					\$ 915.18
Party					\$ 1,671.68
UnitedHealthcare Family					\$ 1,982.16

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LACERA OPEB Program

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# Post Age 65 Monthly Rates Effective July 1, 2012

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 369.58		-
Retiree & Spouse- 1 Medicare	\$ 1,186.20		
Retiree & Spouse- 2 Medicare	\$ 737.65		
Retiree & Children- 1 Medicare	\$ 663.42		
Retiree & Family- 1 Medicare	\$ 1,479.95		
Retiree & Family- 2 Medicare	\$ 1,031.34		
Retiree & Family- 3 Medicare	\$ 1,156.08		
Retiree Only		\$ 277.04	\$ 285.96
Retiree & 1 Dependent (1 Medicare)			\$ 1,196.14
Retiree & 1 Dependent (2 Medicare)		\$ 551.08	\$ 568.92
Retiree & 2 + Deps. (1 Medicare)			\$ 1,352.94
Retiree & 2 + Deps. (2 Medicare)			\$ 725.72

# Post Age 65 Monthly Rates Effective July 1, 2013

Tier	Anthem Blue Cross - Plan III	SCAN	United Healthcare Medicare Advantage
One Medicare	\$ 365.20		
Retiree & Spouse- 1 Medicare	\$ 1,167.61		
Retiree & Spouse- 2 Medicare	\$ 1,167.61		
Retiree & Children- 1 Medicare	\$ 653.93		
Retiree & Family- 1 Medicare	\$ 1,456.25		
Retiree & Family- 2 Medicare	\$ 1,015.45		
Retiree & Family- 3 Medicare	\$ 1,138.02		
Retiree Only		\$ 304.00	\$ 293.62
Retiree & 1 Dependent (1 Medicare)			\$ 1,247.31
Retiree & 1 Dependent (2 Medicare)		\$ 603.00	\$ 582.24
Retiree & 2 + Deps. (1 Medicare)			\$ 1,411.60
Retiree & 2 + Deps. (2 Medicare)			\$ 746.53

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# **Kaiser Monthly Rates**

Effective Date	July 1, 2012	July 1, 2013
Retiree Basic (Under 65)	\$765.72	\$ 774.10
Retiree Cost ("M" Coverage)	\$761.17	\$ 763.36
Retiree Risk (Senior Advantage)	\$227.06	\$ 235.64
Retiree Excess I	\$889.90	\$ 894.95
Retiree Excess II - Part B	\$787.25	\$ 795.39
Excess III- Medicare Not Provided (MNP)	\$1,378.87	\$ 1,408.39
Family Basic	\$1,528.44	\$ 1,543.20
One Cost ("M" Coverage), One Basic	\$1,523.89	\$ 1,532.46
One Advantage, One Basic	\$989.78	\$ 1,004.74
One Excess I, One Basic	\$1,652.62	\$ 1,664.05
One Excess II - Part B, One Basic	\$1,549.97	\$ 1,564.49
One Excess III (MNP), One Basic	\$2,141.59	\$ 2,177.49
Two+ Cost ("M" Coverage)	\$1,519.34	\$ 1,521.72
One Advantage, One Cost ("M Coverage)	\$985.23	\$ 994.00
One Excess I, One Cost ("M" Coverage)	\$1,648.07	\$ 1,653.31
One Cost ("M" Coverage), One Excess II Part B	\$1,545.42	\$ 1,553.75
One Cost ("M" Coverage), One Excess III (MNP)	\$2,137.04	\$ 2,166.75
Two+ Advantage	\$451.12	\$ 466.28
One Excess I, One Advantage	\$1,113.96	\$ 1,125.59
One Advantage, One Excess II - Part B	\$1,011.31	\$ 1,026.03
One Advantage, One Excess III (MNP)	\$1,602.93	\$ 1,639.03
Two+ Excess I	\$1,776.80	\$ 1,784.90
One Excess I, One Excess II - Part B	\$1,674.15	\$ 1,685.34
One Excess I, One Excess (MNP) III	\$2,265.77	\$ 2,298.34
Two Excess II - Part B	\$1,571.50	\$ 1,585.78
One Excess II - Part B, One Excess III (MNP)	\$2,163.12	\$ 2,198.78
Two Excess III - Both (MNP)	\$2,754.74	\$ 2,811.78
Survivor	\$765.72	\$ 774.10

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## Firefighters Local 1014 Monthly Rates

Effective Date	July 1, 2012
Medical Member Under 65	\$914.03
Medical Member + 1 Under 65	\$1,648.06
Medical Member + 2 Under 65	\$1,944.04
Medical Member with Medicare	\$914.03
Medical Member + 1: 1 MDC	\$1,648.06
Medical Member + 1; 2 MDC	\$1,648.06
Medical Member + 2; 1 MDC	\$1,944.04
Medical Member + 2; 2 MDC	\$1,944.04
Medical Surviving Spouse Under 65	\$914.03
Medical Surviving Spouse + 1 Under 65	\$1,648.06
Medical Surviving Spouse + 2 Under 65	\$1,944.04
Medical Surviving Spouse with MDC	\$914.03
Medical Surviving Spouse + 1; 1 MDC	\$1,648.06
Medical Surviving Spouse + 2; 1 MDC	\$1,944.04
Medical Surviving Spouse + 1; 2 MDC	\$1,648.06

July 1, 2013 Firefighters Local 1014 premium rates are not available for this valuation.

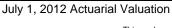
#### **Dental/Vision Monthly Rates**

Effective Date	July	1, 2012	July	1, 2013
<u>Tier</u>	Cigna Dental <u>HMO/Vision</u>	Cigna Indemnity Dental/Vision	Cigna Dental <u>HMO/Vision</u>	Cigna Indemnity Dental/Vision
Retiree Only	\$35.65	\$44.58	\$39.02	\$46.55
Retiree & Dependents	\$76.98	\$97.68	\$81.07	\$99.61
Minor Survivor	\$36.20	\$55.85	\$39.56	\$57.81

#### COUNTY CONTRIBUTIONS TOWARDS RETIREE HEALTH BENEFITS

#### Medical

If a retiree has 10 years of retirement service credit, the County contributes 40% of the health care plan premium or 40% of the benchmark plan rate (Anthem Blue Cross Plans I and II), whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit. The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate.







#### Dental/Vision

The contribution percentages follow the same contribution proportions based on years of service as the medical plans where the benchmark plan is the indemnity plan.

#### **Service Connected Disability**

Any retiree with a service connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental/vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in. If a retiree with service connected disability retirement has 13 or more years of service, the County subsidy is the same as a 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.

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#### Table A-21: Claim Cost Analysis

All of the plans' premium rates have been determined based on retiree only information. Active premium rates are established independently. Therefore, no implicit subsidy exists between active and retiree rates. However, some plans pooled the Medicare enrolled and non-Medicare enrolled retirees to determine the rates. The following plans did not pool Medicare and non-Medicare retirees (or have an insignificant Medicare enrollment), so we can assume the premium rates are representative of the average claim costs used to develop the age and gender adjusted claim costs:

- Anthem Blue Cross I and II (Combined)
- Anthem Blue Cross III
- Anthem Blue Cross Prudent Buver
- Cigna Medicare Select Plus Rx (AZ)
- UnitedHealthcare
- UnitedHealthcare Medicare Advantage
- SCAN Health Plan
- Kaiser and Kaiser Interregional
  - Basic
  - Senior Advantage
  - Medicare Cost Supplement
  - Excess I
  - Excess II
  - Excess III
- Cigna Indemnity Dental/Vision
- Cigna HMO Dental/Vision

The following plans pooled Medicare and non-Medicare retirees to determine premium rates. Therefore, we adjusted the premium rates to compensate for the coordination with Medicare in making our claim cost assumption.

- Cigna Network Model Plan
- Firefighters Local 1014 Plan

For current active members projected to retire in the future, we used the enrollment assumptions in Table A-15 to develop weighted average claim costs as of July 1, 2012. 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.



July 1, 2012 Actuarial Valuation

#### A. Future Retirees Retiring Before Age 65

<u>Age</u>		Retiree		 Spouse/S	urv	Spouse + Do	eper	ndents
-	<u>Male</u>	<u>Female</u>	Total	 <u>Male</u>		<u>Female</u>		Total
25	\$ 280.02	\$ 557.42	\$ 419.09	\$ 290.56	\$	389.25	\$	368.62
30	\$ 432.48	\$ 701.58	\$ 567.39	\$ 308.99	\$	441.09	\$	413.48
35	\$ 627.16	\$ 761.93	\$ 694.72	\$ 320.17	\$	448.36	\$	421.57
40	\$ 809.98	\$ 881.34	\$ 845.75	\$ 382.67	\$	484.48	\$	463.20
45	\$ 762.99	\$ 820.26	\$ 791.70	\$ 443.23	\$	525.33	\$	508.17
50	\$ 662.70	\$ 721.33	\$ 692.09	\$ 513.44	\$	578.65	\$	565.02
55	\$ 703.42	\$ 709.89	\$ 706.66	\$ 609.53	\$	642.11	\$	635.30
60	\$ 854.87	\$ 801.02	\$ 827.87	\$ 742.84	\$	735.79	\$	737.26
65 (Pre 65)	\$ 1,061.90	\$ 993.25	\$ 1,027.49	\$ 920.14	\$	908.22	\$	910.71
65 (Post 65)	\$ 422.67	\$ 348.30	\$ 385.03	\$ 383.74	\$	402.85	\$	397.22
70	\$ 525.01	\$ 444.40	\$ 484.22	\$ 476.66	\$	514.01	\$	503.01
75	\$ 608.99	\$ 521.34	\$ 564.63	\$ 552.91	\$	603.01	\$	588.26
80	\$ 664.77	\$ 570.25	\$ 616.94	\$ 603.55	\$	659.58	\$	643.08
85	\$ 714.82	\$ 614.98	\$ 664.29	\$ 648.99	\$	711.32	\$	692.96
90	\$ 755.55	\$ 651.60	\$ 702.94	\$ 685.97	\$	753.68	\$	733.74
95	\$ 755.55	\$ 651.60	\$ 702.94	\$ 685.97	\$	753.68	\$	733.74

#### B. Future Retirees Retiring After Age 65

<u>Age</u>		Retiree			Sp	ous	se/Dependei	nts	
-	<u>Male</u>	<u>Female</u>	Total	<u></u>	Male		<u>Female</u>		Total
25	N/A	N/A	N/A	\$	300.82	\$	398.25	\$	377.89
30	N/A	N/A	N/A	\$	319.90	\$	451.28	\$	423.82
35	N/A	N/A	N/A	\$	331.47	\$	458.72	\$	432.13
40	N/A	N/A	N/A	\$	396.18	\$	495.68	\$	474.89
45	N/A	N/A	N/A	\$	458.88	\$	537.47	\$	521.05
50	N/A	N/A	N/A	\$	531.57	\$	592.02	\$	579.39
55	N/A	N/A	N/A	\$	631.05	\$	656.94	\$	651.53
60	N/A	N/A	N/A	\$	769.07	\$	752.79	\$	756.19
65 (Pre 65)	N/A	N/A	N/A	\$	952.62	\$	929.21	\$	934.10
65 (Post 65)	\$ 305.05	\$ 289.42	\$ 297.14	\$	294.04	\$	310.13	\$	305.39
70	\$ 378.92	\$ 369.28	\$ 374.04	\$	365.24	\$	395.70	\$	386.73
75	\$ 439.53	\$ 433.22	\$ 436.34	\$	423.67	\$	464.21	\$	452.27
80	\$ 479.79	\$ 473.86	\$ 476.79	\$	462.48	\$	507.76	\$	494.43
85	\$ 515.91	\$ 511.03	\$ 513.44	\$	497.30	\$	547.59	\$	532.78
90	\$ 545.31	\$ 541.46	\$ 543.36	\$	525.64	\$	580.20	\$	564.13
95	\$ 545.31	\$ 541.46	\$ 543.36	\$	525.64	\$	580.20	\$	564.13

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

July 1, 2012 Actuarial Valuation

#### Firefighters Local 1014 Plan Monthly Medical Claim Costs

<u>Age</u>		Retiree		Spouse/Su	ırv S	Spouse + D	Оер	endents
	Male	<u>Female</u>	<u>Total</u>	 <u>Male</u>		<u>Female</u>		Total
25	\$ 441.30	\$ 870.57	\$ 443.23	\$ 448.93	\$	603.65	\$	601.70
30	\$ 681.56	\$ 1,095.72	\$ 683.42	\$ 477.41	\$	684.04	\$	681.44
35	\$ 988.36	\$ 1,189.98	\$ 989.27	\$ 494.68	\$	695.32	\$	692.80
40	\$ 1,276.47	\$ 1,376.47	\$ 1,276.92	\$ 591.25	\$	751.34	\$	749.33
45	\$ 1,202.41	\$ 1,281.07	\$ 1,202.76	\$ 684.82	\$	814.69	\$	813.06
50	\$ 1,044.36	\$ 1,126.56	\$ 1,044.73	\$ 793.29	\$	897.38	\$	896.07
55	\$ 1,108.53	\$ 1,108.69	\$ 1,108.53	\$ 941.74	\$	995.79	\$	995.11
60	\$ 1,347.20	\$ 1,251.01	\$ 1,346.77	\$ 1,147.71	\$	1,141.08	\$	1,141.16
65 (Pre 65)	\$ 1,673.45	\$ 1,551.23	\$ 1,672.90	\$ 1,421.63	\$	1,408.49	\$	1,408.66
65 (Post 65)	\$ 464.95	\$ 437.05	\$ 464.89	\$ 464.95	\$	437.05	\$	437.21
70	\$ 577.53	\$ 557.64	\$ 577.48	\$ 577.53	\$	557.64	\$	557.75
75	\$ 669.91	\$ 654.19	\$ 669.87	\$ 669.91	\$	654.19	\$	654.28
80	\$ 731.27	\$ 715.57	\$ 731.23	\$ 731.27	\$	715.57	\$	715.66
85	\$ 786.33	\$ 771.70	\$ 786.30	\$ 786.33	\$	771.70	\$	771.78
90	\$ 831.14	\$ 817.66	\$ 831.11	\$ 831.14	\$	817.66	\$	817.74
95	\$ 831.14	\$ 817.66	\$ 831.11	\$ 831.14	\$	817.66	\$	817.74

## **Future Retirees Monthly Dental/Vision Claim Costs**

<u>Age</u>		F	Retiree		 Spouse/Su	rv S	pouse + [	Оер	<u>endents</u>
·-	<u>Male</u>	<u> </u>	<u>emale</u>	Total	 <u>Male</u>	<u> </u>	<u>emale</u>		Total
25	\$ 26.74	\$	33.02	\$ 29.82	\$ 28.31	\$	35.08	\$	33.14
30	\$ 28.33	\$	33.28	\$ 30.76	\$ 29.99	\$	35.36	\$	33.83
35	\$ 29.20	\$	34.41	\$ 31.76	\$ 30.91	\$	36.56	\$	34.95
40	\$ 31.31	\$	36.79	\$ 34.00	\$ 33.15	\$	39.09	\$	37.39
45	\$ 35.21	\$	39.67	\$ 37.40	\$ 37.28	\$	42.15	\$	40.75
50	\$ 39.25	\$	42.42	\$ 40.80	\$ 41.55	\$	45.07	\$	44.06
55	\$ 42.08	\$	44.18	\$ 43.11	\$ 44.55	\$	46.94	\$	46.25
60	\$ 44.12	\$	45.85	\$ 44.97	\$ 46.71	\$	48.71	\$	48.14
65	\$ 45.15	\$	45.73	\$ 45.44	\$ 47.80	\$	48.59	\$	48.36
70	\$ 45.54	\$	44.51	\$ 45.04	\$ 48.21	\$	47.29	\$	47.56
75	\$ 45.54	\$	44.51	\$ 45.04	\$ 48.21	\$	47.29	\$	47.56
80	\$ 45.54	\$	44.51	\$ 45.04	\$ 48.21	\$	47.29	\$	47.56
85	\$ 45.54	\$	44.51	\$ 45.04	\$ 48.21	\$	47.29	\$	47.56
90	\$ 45.54	\$	44.51	\$ 45.04	\$ 48.21	\$	47.29	\$	47.56
95	\$ 45.54	\$	44.51	\$ 45.04	\$ 48.21	\$	47.29	\$	47.56

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.



Non Local 1014 Fire Fighters Male Retirees

Dardoni					Pre 65 Clai	im (	`nete		P	ost 65 Clair	n Co	ete for Po	st 65	Retirees	Pos	st 65 Clai	m Cr	osts for P	re 65 I	Retirees
Deduct Code	Plan	Tier	Retiree	T s	Spouse		Child	Surv	_	Retiree		Spouse	1	Surv		etiree	_	Spouse		Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 588.86			_			\$	515.02		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		\$	393.89		рошос		
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 588.86	\$	469.41	\$	548.81		\$	515.02	\$	515.02			\$	393.89	\$	393.89		
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 588.86	\$	469.41	\$	548.81		\$	515.02	\$	515.02			\$	393.89	\$	393.89		
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 588.86	\$	469.41	\$	548.81		\$	515.02					\$	393.89				
205	Anthem Blue Cross Prudent Buyer	Minor Survivor						\$ 548.81					\$	548.81						
211	Anthem Blue Cross I	Retiree Only	\$ 483.09						\$	422.51					\$	347.63				
212	Anthem Blue Cross I	Retiree and Spouse	\$ 483.09	\$	385.09	\$	450.23		\$	422.51	\$	422.51			\$	347.63	\$	347.63		
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 483.09	\$	385.09	\$	450.23		\$	422.51	\$	422.51			\$	347.63	\$	347.63		
214	Anthem Blue Cross I	Retiree and Children	\$ 483.09	\$	385.09	\$	450.23		\$	422.51					\$	347.63				
215	Anthem Blue Cross I	Minor Survivor						\$ 450.23					\$	450.23					\$	450.23
221	Anthem Blue Cross II	Retiree Only	\$ 1,046.76						\$	915.51					\$	594.13				
222	Anthem Blue Cross II	Retiree and Spouse	\$ 1,046.76	\$	834.43	\$	975.57		\$	915.51	\$	915.51			\$	594.13	\$	594.13		
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 1,046.76	\$	834.43	\$	975.57		\$	915.51	\$	915.51			\$	594.13	\$	594.13		
224	Anthem Blue Cross II	Retiree and Children	\$ 1,046.76	\$	834.43	\$	975.57		\$	915.51					\$	594.13				
225	Anthem Blue Cross II	Minor Survivor						\$ 975.57					\$	975.57					\$	975.57
240	Anthem Blue Cross III	One Medicare							\$	272.75					\$	272.75				
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,114.01	\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,114.01	\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare							\$	272.75	\$	272.75			\$	272.75	\$	272.75		
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$	888.04	\$	1,038.25		\$	272.75					\$	272.75	\$	272.75		
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$	888.04	\$	1,038.25		\$	272.75					\$	272.75	\$	272.75		
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,114.01	\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,114.01	\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$	888.04	\$	1,038.25		\$	272.75	\$	272.75			\$	272.75	\$	272.75		
301	Cigna Network Model Plan	Retiree Only	\$ 1,328.26						\$	823.73					\$	823.73				
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,328.26	\$	1,058.83	\$	1,237.93		\$	823.73	\$	823.73			\$	823.73	\$	823.73		
303	Cigna Network Model Plan	Retiree and Family	\$ 1,328.26	\$	1,058.83	\$	1,237.93		\$	823.73	\$	823.73			\$	823.73	\$	823.73		
304	Cigna Network Model Plan	Retiree and Children	\$ 1,328.26	\$	1,058.83	\$	1,237.93		\$	823.73					\$	823.73				
305	Cigna Network Model Plan	Minor Survivor						\$ 1,237.93					\$	1,237.93						
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only							\$	233.51										
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse							\$	233.51	\$	233.51			\$	233.51	\$	233.51		
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse (Both Risk)							\$	233.51	\$	233.51								
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 1,065.37												\$	288.96				
402	Kaiser (CA)	Retiree Cost ("M" Coverage)							\$	569.36										
403	Kaiser (CA)	Retiree Risk (Senior Advantage)							\$	169.84										
404	Kaiser (CA)	Retiree Excess I							\$	665.66										
405	Kaiser (CA)	Retiree Excess II - Part B							\$	588.87										
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)							\$	1,031.41										
411	Kaiser (CA)	Family Basic	\$ 1,065.37	\$	849.26	\$	992.91								\$	310.59	\$	307.49		

Non Local 1014 Fire Fighters Male Retirees

Deduct						Pre 65 CI	aim	Costs		P	ost 65 Claim	ı Co	sts for Pos	st 65 Retire	es	Post 65	Clain	n Cos	ts for Pr	e 65 R	etirees
Code	Plan	Tier		Retiree	П	Spouse		Child	Surv	_	Retiree		Spouse	Surv		Retiree			ouse		Surv
412	Kaiser (CA)	One Cost ("M" Coverage), One Basic	\$	1,065.37	\$	849.26	\$	992.91		\$	569.36	\$	565.54			\$ 569	36	\$	307.49		
413	Kaiser (CA)	One Advantage, One Basic	\$	1,065.37	\$	849.26	\$	992.91		\$	169.84		167.13			\$ 169		\$	307.49		
414	Kaiser (CA)	One Excess I, One Basic	\$	1,065.37		849.26	\$	992.91		\$		\$	661.56				.66	\$	307.49		
415	Kaiser (CA)	Two+ Cost ("M" Coverage)	•	.,	-		*			\$		\$	565.54			•		*			
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)								\$	369.60		366.33								
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)								\$	617.51		613.55								
418	Kaiser (CA)	Two+ Advantage								\$	169.84		167.13								
419	Kaiser (CA)	One Excess I, One Advantage								\$	417.75		414.35								
420	Kaiser (CA)	Two+ Excess I								\$	665.66		661.56								
421	Kaiser (CA)	Survivor							\$ 992.91			*		\$ 992	2.91					\$	992.91
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$	1,065.37	\$	849.26	\$	992.91	002.01	\$	588.87	\$	584.99	Ψ 002		\$ 588	87	\$	307.49	Ψ	002.01
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$	1,065.37				992.91		\$	1,031.41		1,026.29			\$ 1,031			307.49		
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B	•	.,	-		*			\$	579.12		575.26			• .,		*			
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)								\$		\$	795.92								
426	Kaiser (CA)	One Advantage, One Excess II - Part B								\$	379.36		376.06								
427	Kaiser (CA)	One Advantage, One Excess III (MNP)								\$	600.63		596.71								
428	Kaiser (CA)	One Excess I, One Excess II - Part B								\$	627.26		623.28								
429	Kaiser (CA)	One Excess I, One Excess III (MNP)								\$	848.53		843.93								
430	Kaiser (CA)	Two Excess II - Part B								\$	588.87		584.99								
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)								\$	810.14		805.64								
432	Kaiser (CA)	Two Excess III - Both (MNP)								\$	1,031.41										
450	Kaiser - Colorado Basic	Retiree Basic	\$	938.38						Ψ	1,001.41	Ψ	1,020.20			\$ 226	71				
451	Kaiser - Colorado Basic	Retiree Risk	Ψ	330.30						\$	226.71					Ψ 220	, ,				
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$	938.38	\$	1,116.01				Ψ	220.71					\$ 226	71	\$	227.04		
454	Kaiser - Colorado	Retiree Basic Family	\$	938.38			¢	3,174.20									71		227.04		
455	Kaiser - Colorado	One Risk, One Basic	\$	938.38		914.68	Ψ	5,174.20		\$	226.71	\$	227.04				71		227.04		
457	Kaiser - Colorado	Two Retiree Risk	φ	330.30	φ	314.00				\$	226.71		227.04			φ 220	<i>,</i> ,	φ	221.04		
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$	938.38	\$	914.68	\$	3.832.81		\$	226.71		227.04			\$ 226	71	¢.	227.04		
456 459	Kaiser - Colorado	•	Ф	930.30	Ф	914.00		4,069.51		\$	226.71		227.04				71		227.04		
459		Two Risk, Two or More Dependents	—				Ф	4,069.51		\$	589.76	Ф	227.04			<b>Ф</b> 220		Ф	227.04		
	Kaiser - Georgia	One Medicare Member with Part A only																			
442	Kaiser - Georgia	One Member without Medicare Part A&B								\$ \$	589.76	•	00440								
445	Kaiser - Georgia	One Medicare Member + One Medicare with Part A only		4 040 05						Ф	589.76	\$	264.18			<b>c</b> 000	40				
461 462	Kaiser - Georgia Basic	Basic Retiree Risk	\$	1,046.65						\$	263.43					\$ 263	43				
	Kaiser - Georgia		•	4 0 40 05	•	4 000 00	•	454400		-		•	00440					•	00440		
463	Kaiser - Georgia	Retiree (Two Party)	\$	1,046.65		1,020.68	\$	4,541.09		\$	263.43	Ф	264.18				43		264.18		
464	Kaiser - Georgia	Retiree Basic Family	\$	1,046.65		1,020.68	\$	4,541.04		•	000.40	•	00440				43		264.18		
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$	467.51	\$	1,020.67	\$	4,541.04		\$		\$	264.18			\$ 263	43	\$	264.18		
466	Kaiser - Georgia	Two Retiree Risk	<u> </u>							\$	263.43	\$	264.18								
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$	886.10						_						\$ 251.	55				
472	Kaiser - Hawaii	Retiree Risk								\$	251.55										
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B								\$	995.75										
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$	886.10		863.51										\$ 251.		\$	252.17		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$	886.10		863.51		3,841.83									55		252.17		
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$	886.10		863.51	\$	3,841.83		\$		\$	252.17			\$ 251.		\$	252.17		
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$	886.10	\$	863.51	\$	3,841.83		\$	995.75		1,004.78			\$ 995	75	\$ 1	1,004.78		
478	Kaiser - Hawaii	Two Retiree Risk								\$	251.55	\$	252.17								



# Table A-21 (continued)

Non Local 1014 Fire Fighters Male Retirees

Deduct					Pre 65 Cla	aim (	Costs		Po	st 65 Clain	ı Cos	ts for Pos	t 65 Retirees	Po	ost 65 Clai	m Co	sts for Pre	65 Retirees
Code	Plan	Tier	Г	Retiree	Spouse		Child	Surv	F	Retiree	Sı	ouse	Surv	R	Retiree		Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$	1,011.88										\$	319.77			
482	Kaiser - Oregon	Retiree Risk							\$	319.77								ļ
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$	880.92								ļ
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$	1,011.88	\$ 986.63									\$	319.77	\$	321.16	ļ
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$	1,011.88	\$ 1,975.82	\$	4,401.00							\$	319.77	\$	321.16	ļ
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$	1,011.88	\$ 986.63	\$	4,389.61		\$	319.77	\$	321.16		\$	319.77	\$	321.16	ļ
488	Kaiser - Oregon	Two Retiree Risk							\$	319.77	\$	321.16						ļ
489	Kaiser - Oregon	Retiree w/ Part A only							\$	811.65								ļ
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$	811.65	\$	321.16						ļ
493	Kaiser - Oregon	One Risk, Two Basic	\$	1,011.88	\$ 986.63				\$	319.77	\$	321.16		\$	319.77	\$	321.16	ļ
494	Kaiser - Oregon	Two Risk, One Basic	\$	1,011.88	\$ 986.63	\$	4,389.61		\$	319.77	\$	321.16		\$	319.77	\$	321.16	ļ
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$	880.92	\$	888.66						ļ
496	Kaiser - Oregon	Two Medicare Part A only							\$	811.65	\$	818.61						ļ
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$	1,011.88	\$ 986.63				\$	811.65	\$	818.61		\$	811.65	\$	818.61	ļ
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$	1,011.88	\$ 986.63				\$	880.92	\$	888.66		\$	880.92	\$	888.66	
611	SCAN Health Plan	Retiree Only							\$	192.29								
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$	192.29	\$	192.29						J
701	United Healthcare Medicare Advantage	Retiree Only	\$	1,242.90					\$	219.86								
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	\$	1,242.90	\$ 990.78	\$	1,158.38		\$	219.86	\$	219.86						ļ
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)							\$	219.86	\$	219.86						ļ
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)	\$	1,242.90	\$ 990.78	\$	1,158.38		\$	219.86	\$	219.86						ļ
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)	\$	1,242.90	\$ 990.78	\$	1,158.38		\$	219.86	\$	219.86						J
706	United Healthcare	Minor Survivor					,	1,158.38					\$ 1,158.38					
707	United Healthcare	Single	\$	1,242.90										\$	252.69			ļ
708	United Healthcare	Two-Party	\$	1,242.90	\$ 990.78	\$	1,158.38							\$	252.69	\$	252.69	ļ
709	United Healthcare	Family	\$	1,242.90	\$ 990.78	\$	1,158.38							\$	252.69	\$	252.69	



Fire Fighters Local 1014 Male Retirees

Deduct				Pre 65 Cl	aim	Costs		Po	st 65 Clair	n Cos	ts for Pos	st 65	Retirees	Po	ost 65 Clai	m Co	osts for Pr	e 65 F	Retirees
Code	Plan	Tier	Retiree	Spouse		Child	Surv	F	Retiree	S	pouse		Surv	F	Retiree	S	Spouse		Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,673.45					\$	464.95					\$	464.95				
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,673.45	\$ 1,333.99	\$	1,559.64		\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,673.45	\$ 1,333.99	\$	1,559.64		\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare						\$	464.95			\$	464.95	\$	464.95			\$	464.95
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,333.99	\$	1,559.64		\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95
806	Firefighters' Local 1014	Med-Member +1; 2 MDC						\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,333.99	\$	1,559.64		\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95
808	Firefighters' Local 1014	Med-Member +2; 2 MDC						\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95	\$	464.95
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65					\$ 1,333.99			\$	464.95	\$	464.95			\$	464.95	\$	464.95
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,333.99	\$	1,559.64	\$ 1,333.99			\$	464.95	\$	464.95			\$	464.95	\$	464.95
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,333.99	\$	1,559.64	\$ 1,333.99			\$	464.95	\$	464.95			\$	464.95	\$	464.95
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC								\$	464.95	\$	464.95			\$	464.95	\$	464.95
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,333.99	\$	1,559.64	\$ 1,333.99			\$	464.95	\$	464.95			\$	464.95	\$	464.95
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,333.99	\$	1,559.64	\$ 1,333.99			\$	464.95	\$	464.95			\$	464.95	\$	464.95
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC								\$	464.95	\$	464.95			\$	464.95	\$	464.95

#### **Dental/Vision Male Retirees**

Deduction				Age 65 A	٩dju	sted Claim	Со	sts
Code	Plan	Tier	R	Retiree	-	Sp/Dep		Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$	46.64				
502	Cigna Indemnity Dental/Vision	Family	\$	46.64	\$	48.95		
503	Cigna Indemnity Dental/Vision	Minor Survivor					\$	46.64
901	Cigna Dental HMO/Vision	Retiree Only	\$	36.75				
902	Cigna Dental HMO/Vision	Family	\$	36.75	\$	40.57		
903	Cigna Dental HMO/Vision	Minor Survivor					\$	36.75



Non Local 1014 Fire Fighters Female Retirees

Deduct				Pre 65 CI	aim (	Costs		Po	st 65 Clair	n Cos	ts for Pos	st 65	Retirees	Po	ost 65 Clai	m Co	sts for Pi	re 65 F	Retirees
Code	Plan	Tier	Retiree	Spouse	_	Child	Surv		Retiree	S	oouse		Surv	R	Retiree	S	pouse		Surv
201	Anthem Blue Cross Prudent Buyer	Retiree Only	\$ 545.85				•	\$	484.11					\$	370.25				
202	Anthem Blue Cross Prudent Buyer	Retiree and Spouse	\$ 545.85	\$ 465.07	\$	391.69		\$	484.11	\$	484.11			\$	370.25	\$	370.25		
203	Anthem Blue Cross Prudent Buyer	Retiree and Family	\$ 545.85	\$ 465.07	\$	391.69		\$	484.11	\$	484.11			\$	370.25	\$	370.25		
204	Anthem Blue Cross Prudent Buyer	Retiree and Children	\$ 545.85	\$ 465.07	\$	391.69		\$	484.11					\$	370.25				
205	Anthem Blue Cross Prudent Buyer	Minor Survivor					\$ 391.69					\$	391.69						
211	Anthem Blue Cross I	Retiree Only	\$ 447.81					\$	397.16					\$	326.77				
212	Anthem Blue Cross I	Retiree and Spouse	\$ 447.81	\$ 381.54	\$	321.34		\$	397.16	\$	397.16			\$	326.77	\$	326.77		
213	Anthem Blue Cross I	Retiree, Spouse and Children	\$ 447.81	\$ 381.54	\$	321.34		\$	397.16	\$	397.16			\$	326.77	\$	326.77		
214	Anthem Blue Cross I	Retiree and Children	\$ 447.81	\$ 381.54	\$	321.34		\$	397.16					\$	326.77				
215	Anthem Blue Cross I	Minor Survivor					\$ 321.34					\$	321.34					\$	321.3
221	Anthem Blue Cross II	Retiree Only	\$ 970.32					\$	860.57					\$	558.47				
222	Anthem Blue Cross II	Retiree and Spouse	\$ 970.32	\$ 826.72	\$	696.28		\$	860.57	\$	860.57			\$	558.47	\$	558.47		
223	Anthem Blue Cross II	Retiree, Spouse and Children	\$ 970.32	\$ 826.72	\$	696.28		\$	860.57	\$	860.57			\$	558.47	\$	558.47		
224	Anthem Blue Cross II	Retiree and Children	\$ 970.32	\$ 826.72	\$	696.28		\$	860.57					\$	558.47				
225	Anthem Blue Cross II	Minor Survivor					\$ 696.28					\$	696.28					\$	696.28
240	Anthem Blue Cross III	One Medicare						\$	256.38					\$	256.38				
241	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,032.65	\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
242	Anthem Blue Cross III	Retiree and Spouse 1 Medicare	\$ 1,032.65	\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
243	Anthem Blue Cross III	Retiree and Spouse 2 Medicare						\$	256.38	\$	256.38			\$	256.38	\$	256.38		
244	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 879.83	\$	741.02		\$	256.38					\$	256.38	\$	256.38		
245	Anthem Blue Cross III	Retiree and Children 1 Medicare		\$ 879.83	\$	741.02		\$	256.38					\$	256.38	\$	256.38		
246	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,032.65	\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
247	Anthem Blue Cross III	Retiree and Family 1 Medicare	\$ 1,032.65	\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
248	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
249	Anthem Blue Cross III	Retiree and Family 2 Medicare		\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
250	Anthem Blue Cross III	Retiree and Family 3 Medicare		\$ 879.83	\$	741.02		\$	256.38	\$	256.38			\$	256.38	\$	256.38		
301	Cigna Network Model Plan	Retiree Only	\$ 1,231.25					\$	774.29					\$	774.29				
302	Cigna Network Model Plan	Retiree and Spouse	\$ 1,231.25	\$ 1,049.04	\$	883.53		\$	774.29	\$	774.29			\$	774.29	\$	774.29		
303	Cigna Network Model Plan	Retiree and Family	\$ 1,231.25	\$ 1,049.04	\$	883.53		\$	774.29	\$	774.29			\$	774.29	\$	774.29		
304	Cigna Network Model Plan	Retiree and Children	\$ 1,231.25	\$ 1,049.04	\$	883.53		\$	774.29					\$	774.29				
305	Cigna Network Model Plan	Minor Survivor					\$ 883.53					\$	883.53						
321	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree Only						\$	219.50										
322	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse						\$	219.50	\$	219.50			\$	219.50	\$	219.50		
324	Cigna Medicare Select Plus Rx (AZ)	Risk-Retiree & Spouse ( Both Risk)						\$	219.50	\$	219.50								
401	Kaiser (CA)	Retiree Basic (Under 65)	\$ 987.56											\$	271.62				
402	Kaiser (CA)	Retiree Cost ("M" Coverage)						\$	535.19										
403	Kaiser (CA)	Retiree Risk (Senior Advantage)						\$	159.65										
404	Kaiser (CA)	Retiree Excess I						\$	625.71										
405	Kaiser (CA)	Retiree Excess II - Part B						\$	553.53										
406	Kaiser (CA)	Excess III - Medicare Not Provided (MNP)						\$	969.51										
411	Kaiser (CA)	Family Basic	\$ 987.56	\$ 841.41	\$	708.66								\$	291.95	\$	289.03		



Non Local 1014 Fire Fighters Female Retirees

		remaie Remees																			
Deduct						Pre 65 Claim Costs							n Costs for Post 65 Retirees			s		_	n Costs for Pre 6		5 Retirees
Code	Plan	Tier		Retiree		Spouse		Child		Surv	R	etiree		Spouse	Surv		Retiree		Spouse	•	Surv
412	Kaiser (CA)	One Cost ("M" Coverage), One Basic	\$	987.56	\$	841.41	\$	708.66			\$	535.19	\$	531.60			\$ 535.19	\$	289	.03	
413	Kaiser (CA)	One Advantage, One Basic	\$	987.56	\$	841.41	\$	708.66			\$	159.65	\$	157.10			\$ 159.65	\$	289	.03	
414	Kaiser (CA)	One Excess I, One Basic	\$	987.56	\$	841.41	\$	708.66			\$	625.71	\$	621.86			\$ 625.71	\$	289	.03	
415	Kaiser (CA)	Two+ Cost ("M" Coverage)									\$	535.19	\$	531.60							
416	Kaiser (CA)	One Advantage, One Cost ("M" Coverage)									\$	347.42	\$	344.35							
417	Kaiser (CA)	One Excess I, One Cost ("M" Coverage)									\$	580.45	\$	576.73							
418	Kaiser (CA)	Two+ Advantage									\$	159.65	\$	157.10							
419	Kaiser (CA)	One Excess I, One Advantage									\$	392.68	\$	389.48							
420	Kaiser (CA)	Two+ Excess I									\$	625.71	\$	621.86							
421	Kaiser (CA)	Survivor							\$	708.66					\$ 708.	66				\$	708.66
422	Kaiser (CA)	One Excess II - Part B, One Basic	\$	987.56	\$	841.41	\$	708.66			\$	553.53	\$	549.88			\$ 553.53	\$	289	.03	
423	Kaiser (CA)	One Excess III (MNP), One Basic	\$	987.56	\$	841.41	\$	708.66			\$	969.51	\$	964.70			\$ 969.51	\$	289	.03	
424	Kaiser (CA)	One Cost ("M" Coverage), One Excess II - Part B									\$	544.36	\$	540.74							
425	Kaiser (CA)	One Cost ("M" Coverage), One Excess III (MNP)									\$	752.35	\$	748.15							
426	Kaiser (CA)	One Advantage, One Excess II - Part B									\$	356.59	\$	353.49							
427	Kaiser (CA)	One Advantage, One Excess III (MNP)									\$	564.58	\$	560.90							
428	Kaiser (CA)	One Excess I, One Excess II - Part B									\$	589.62	\$	585.87							
429	Kaiser (CA)	One Excess I, One Excess III (MNP)									\$	797.61	\$	793.28							
430	Kaiser (CA)	Two Excess II - Part B									\$	553.53		549.88							
431	Kaiser (CA)	One Excess II - Part B, One Excess III (MNP)									\$	761.52	\$	757.29							
432	Kaiser (CA)	Two Excess III - Both (MNP)									\$	969.51		964.70							
450	Kaiser - Colorado Basic	Retiree Basic	\$	869.85													\$ 213.10	)			
451	Kaiser - Colorado	Retiree Risk	•								\$	213.10									
453	Kaiser - Colorado	Retiree Basic (Two Party)	\$	869.85	\$	1,105.70					*						\$ 213.10	. \$	213	42	
454	Kaiser - Colorado	Retiree Basic Family	\$	869.85		1,105.70	\$	2,265.47									\$ 213.10		213		
455	Kaiser - Colorado	One Risk, One Basic	\$	869.85		906.23	Ψ	2,200			\$	213.10	\$	213.42			\$ 213.10		213		
457	Kaiser - Colorado	Two Retiree Risk	Ψ	000.00	Ψ	300.20					\$	213.10		213.42			Ψ 210.10	Ψ	210		
458	Kaiser - Colorado	One Risk, Two or More Dependents	\$	869.85	\$	906.23	\$	2,735.54			\$	213.10		213.42			\$ 213.10	. \$	213	42	
459	Kaiser - Colorado	Two Risk, Two or More Dependents	Ψ	000.00	Ψ	300.20	\$	2,904.47			\$	213.10		213.42			\$ 213.10		213		
441	Kaiser - Georgia	One Medicare Member with Part A only					Ψ	2,304.47			\$	554.36	Ψ	210.42			ψ 213.10	Ψ	210	.42	
442	Kaiser - Georgia	One Member without Medicare Part A&B									\$	554.36									
442 445	•	One Medicare Member + One Medicare with Part A only									\$		•	248.33							
	Kaiser - Georgia	•		070.00							Ф	554.36	\$	248.33			ф 047.00				
461	Kaiser - Georgia Basic	Basic	\$	970.22							•	0.47.00					\$ 247.62				
462	Kaiser - Georgia	Retiree Risk	•	070.00	•	4 044 05	•	0.044.05			\$	247.62	•	040.00			0.47.00		0.40	00	
463	Kaiser - Georgia	Retiree (Two Party)	\$	970.22		1,011.25		3,241.05			\$	247.62	Ф	248.33			\$ 247.62		248		
464	Kaiser - Georgia	Retiree Basic Family	\$	970.22		1,011.25		3,241.01			•	0.47.00	•	040.05			\$ 247.62		248		
465	Kaiser - Georgia	One Retiree Risk, One Basic	\$	433.37	\$	1,011.24	\$	3,241.01			\$	247.62		248.33			\$ 247.62	\$	248	.33	
466	Kaiser - Georgia	Two Retiree Risk									\$	247.62	\$	248.33							
471	Kaiser - Hawaii	Retiree Basic (Under 65)	\$	821.38													\$ 236.45	,			
472	Kaiser - Hawaii	Retiree Risk									\$	236.45									
473	Kaiser - Hawaii	Retiree Over 65 without Medicare A&B									\$	935.99									
474	Kaiser - Hawaii Basic	Retiree Basic (Two Party)	\$	821.38		855.53											\$ 236.45		237		
475	Kaiser - Hawaii	Retiree Basic Family (Under 65)	\$	821.38	\$	855.53	\$	2,741.97									\$ 236.45	\$	237	.04	
476	Kaiser - Hawaii	One Retiree Risk, One Basic	\$	821.38	\$	855.53	\$	2,741.97			\$	236.45	\$	237.04			\$ 236.45	\$	237	.04	
477	Kaiser - Hawaii	Over 65 without Medicare A&B, One Basic	\$	821.38	\$	855.53	\$	2,741.97			\$	935.99	\$	944.48			\$ 935.99	\$	944	.48	
478	Kaiser - Hawaii	Two Retiree Risk									\$	236.45	\$	237.04							

July 1, 2012 Actuarial Valuation LACERA OPEB Program



Non Local 1014 Fire Fighters Female Retirees

	l	1																
Deduct				Pre 65 CI	aim (	Costs			Post	65 Clain	n Cos	ts for Post	65 Retire	es F	Post 65 Cla	im C	osts for Pre	65 Retirees
Code	Plan	Tier	Retiree	Spouse		Child	Su	ırv	Re	tiree	S	pouse	Surv		Retiree		Spouse	Surv
481	Kaiser - Oregon	Retiree Basic (Under 65)	\$ 937.98											\$	300.58			
482	Kaiser - Oregon	Retiree Risk							\$	300.58								
483	Kaiser - Oregon	Retiree Over 65 unassigned Medicare A&B							\$	828.05								
484	Kaiser - Oregon	Retiree Basic (Two Party)	\$ 937.98	\$ 977.51										\$	300.58	\$	301.89	
485	Kaiser - Oregon Basic	Retiree Basic Family (Under 65)	\$ 937.98	\$ 1,957.56	\$	3,141.06								\$	300.58	\$	301.89	
486	Kaiser - Oregon	One Retiree Risk, One Basic	\$ 937.98	\$ 977.51	\$	3,132.93			\$	300.58	\$	301.89		\$	300.58	\$	301.89	
488	Kaiser - Oregon	Two Retiree Risk							\$	300.58	\$	301.89						
489	Kaiser - Oregon	Retiree w/ Part A only							\$	762.94								
491	Kaiser - Oregon	One Risk, One Medicare Part A only							\$	762.94	\$	301.89						
493	Kaiser - Oregon	One Risk, Two Basic	\$ 937.98	\$ 977.51					\$	300.58	\$	301.89		\$	300.58	\$	301.89	
494	Kaiser - Oregon	Two Risk, One Basic	\$ 937.98	\$ 977.51	\$	3,132.93			\$	300.58	\$	301.89		\$	300.58	\$	301.89	
495	Kaiser - Oregon	Two Over 65 unassigned Medicare							\$	828.05	\$	835.33						
496	Kaiser - Oregon	Two Medicare Part A only							\$	762.94	\$	769.48						
497	Kaiser - Oregon	One Basic, One Medicare Part A only	\$ 937.98	\$ 977.51					\$	762.94	\$	769.48		\$	762.94	\$	769.48	
498	Kaiser - Oregon	One Basic, One over 65 unassigned Medicare A&B	\$ 937.98	\$ 977.51					\$	828.05	\$	835.33		\$	828.05	\$	835.33	
611	SCAN Health Plan	Retiree Only							\$	180.75								
613	SCAN Health Plan	Retiree & 1 Dependent (2 Medicare)							\$	180.75	\$	180.75						
701	United Healthcare Medicare Advantage	Retiree Only	\$ 1,152.13						\$	206.66								
702	United Healthcare Medicare Advantage	Retiree & 1 Dependent (1 Medicare)	\$ 1,152.13	\$ 981.63	\$	826.75			\$	206.66	\$	206.66						
703	United Healthcare Medicare Advantage	Retiree & 1 Dependent (2 Medicare)							\$	206.66	\$	206.66						
704	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (1 Medicare)	\$ 1,152.13	\$ 981.63	\$	826.75			\$	206.66	\$	206.66						
705	United Healthcare Medicare Advantage	Retiree & 2 + Deps. (2 Medicare)	\$ 1,152.13	\$ 981.63	\$	826.75			\$	206.66	\$	206.66						
706	United Healthcare	Minor Survivor	•	•		(	\$ 8	826.75					\$ 826	5.75				
707	United Healthcare	Single	\$ 1,152.13											\$	237.53			
708	United Healthcare	Two-Party	\$ 1,152.13	\$ 981.63	\$	826.75								\$	237.53	\$	237.53	
709	United Healthcare	Family	\$ 1,152.13	\$ 981.63	\$	826.75								\$	237.53	\$	237.53	



Fire Fighters Local 1014 Female Retirees

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Deduct				Pre 65 CI	aim	Costs		Po	ost 65 Clain	Cos	ts for Pos	st 65	Retirees	Po	ost 65 Clai	m Co	osts for Pr	e 65	Retirees
	Plan	Tier	Retiree	Spouse		Child	Surv		Retiree	S	pouse		Surv	F	Retiree	,	Spouse		Surv
801	Firefighters' Local 1014	Med-Member under 65	\$ 1,551.23					\$	437.05					\$	437.05				
802	Firefighters' Local 1014	Med-Member +1 under 65	\$ 1,551.23	\$ 1,321.67	\$	1,113.14		\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05
803	Firefighters' Local 1014	Med-Member +2 under 65	\$ 1,551.23	\$ 1,321.67	\$	1,113.14		\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05
804	Firefighters' Local 1014	Med-Member or Surviving Sp with Medicare						\$	437.05			\$	437.05	\$	437.05			\$	437.05
805	Firefighters' Local 1014	Med-Member +1; 1 MDC		\$ 1,321.67	\$	1,113.14		\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05
806	Firefighters' Local 1014	Med-Member +1; 2 MDC						\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05
807	Firefighters' Local 1014	Med-Member +2; 1 MDC		\$ 1,321.67	\$	1,113.14		\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05
808	Firefighters' Local 1014	Med-Member +2; 2 MDC						\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05	\$	437.05
809	Firefighters' Local 1014	Med-Surv. Sp. Under 65					\$ 1,321.67			\$	437.05	\$	437.05			\$	437.05	\$	437.05
810	Firefighters' Local 1014	Med-Surv. Sp. +1 Under 65		\$ 1,321.67	\$	1,113.14	\$ 1,321.67			\$	437.05	\$	437.05			\$	437.05	\$	437.05
811	Firefighters' Local 1014	Med-Surv. Sp. +2 Under 65		\$ 1,321.67	\$	1,113.14	\$ 1,321.67			\$	437.05	\$	437.05			\$	437.05	\$	437.05
812	Firefighters' Local 1014	Med-Surv. Sp. With MDC								\$	437.05	\$	437.05			\$	437.05	\$	437.05
813	Firefighters' Local 1014	Med-Surv. Sp. +1; 1 MDC		\$ 1,321.67	\$	1,113.14	\$ 1,321.67			\$	437.05	\$	437.05			\$	437.05	\$	437.05
814	Firefighters' Local 1014	Med-Surv. Sp. +2; 1 MDC		\$ 1,321.67	\$	1,113.14	\$ 1,321.67			\$	437.05	\$	437.05			\$	437.05	\$	437.05
815	Firefighters' Local 1014	Med-Surv. Sp. +1; 2 MDC								\$	437.05	\$	437.05			\$	437.05	\$	437.05

#### **Dental/Vision Female Retirees**

Deduction				Age 65 A	Adju	sted Claim	Со	sts
Code	Plan	Tier	F	Retiree	-	Sp/Dep		Surv
501	Cigna Indemnity Dental/Vision	Retiree Only	\$	47.65				
502	Cigna Indemnity Dental/Vision	Family	\$	47.65	\$	50.02		
503	Cigna Indemnity Dental/Vision	Minor Survivor					\$	47.65
901	Cigna Dental HMO/Vision	Retiree Only	\$	37.55				
902	Cigna Dental HMO/Vision	Family	\$	37.55	\$	41.46		
903	Cigna Dental HMO/Vision	Minor Survivor					\$	37.55

Table A-22: Health Cost Trend Assumptions \*

Fiscal Year	Fiscal Year Ending		ng LACERA Medical			Dental Under	Weighted
From	То	Under 65	Over 65	Under and Over 65	Part B Premiums	and Over 65	Average Trend
6/30/2012	6/30/2013	0.30%	0.59%	7.00%	5.90%	3.13%	1.56%
6/30/2013	6/30/2013	9.05%	9.75%	9.05%	6.85%	4.40%	8.84%
6/30/2014	6/30/2015	6.75%	6.90%	6.75%	6.85%	3.35%	6.60%
6/30/2015	6/30/2016	6.55%	6.70%	6.55%	6.85%	3.20%	6.43%
6/30/2016	6/30/2017	6.55%	6.75%	6.55%	6.85%	3.25%	6.47%
6/30/2017	6/30/2018	6.45%	6.45%	6.45%	6.85%	3.00%	6.27%
6/30/2018	6/30/2019	6.40%	6.40%	6.40%	6.85%	2.95%	6.24%
6/30/2019	6/30/2020	6.40%	6.40%	6.40%	5.65%	2.95%	6.12%
6/30/2020	6/30/2021	6.35%	6.35%	6.35%	5.65%	2.95%	6.09%
6/30/2021	6/30/2022	6.35%	6.35%	6.35%	5.65%	2.90%	6.09%
6/30/2022	6/30/2023	6.35%	6.35%	6.35%	5.65%	2.90%	6.10%
6/30/2023	6/30/2024	6.25%	6.25%	6.25%	5.65%	2.90%	6.02%
6/30/2024	6/30/2025	6.25%	6.25%	6.25%	5.65%	2.85%	6.02%
6/30/2034	6/30/2035	6.15%	6.15%	6.15%	5.65%	2.70%	5.98%
6/30/2044	6/30/2045	5.75%	5.75%	5.75%	5.60%	2.55%	5.65%
6/30/2054	6/30/2055	5.70%	5.70%	5.70%	5.40%	2.60%	5.61%
6/30/2064	6/30/2065	5.65%	5.65%	5.65%	5.35%	2.85%	5.58%
6/30/2074	6/30/2075	5.50%	5.50%	5.50%	5.10%	3.10%	5.44%
6/30/2084 +		5.10%	5.10%	5.10%	5.10%	3.40%	5.09%

Note that after fiscal year ending June 30, 2025, selected years are shown in the table. The trend for the years not shown grade ratably into the next value shown in the table. After fiscal year ending June 30, 2082, the medical trend rates remain at 5.10%.

<sup>\*</sup> The first year trend rates for LACERA medical non-firefighter Local 1014 and dental/vision plans have been adjusted to reflect premium increases effective July 1, 2013. Health Care Reform Fees including Transitional Reinsurance Fee and Insurer Fee are also included in the medical and dental/vision trends.

**Table A-23: Retirement of Vested Terminated Members** 

Anni	ادر	Rates
AHH	1711	RAIDS

	General	General	Safety
Age	Plans A, B, C & D	Plan E	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



## **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/vision coverage. If a retiree applies for coverage after the 60 day window, there is a waiting period of 6 months for medical enrollment and 1 year for dental/vision enrollment.

If a retiree's spouse or domestic partner is also a LACERA retiree there cannot be dual coverage. If the spouse or domestic partner is covering the retiree under medical or dental/vision, the retiree may not enroll again as a retiree in medical or dental/vision.

#### LACERA MEMBERSHIP

Permanent employees of Los Angeles County (County) and participating districts who work ¾ time or more are eligible for membership in LACERA.

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



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All other employees become general members on the first day of the month after date of hire, or the first day of the month after they make an election of either Plan D or Plan E, depending on the law in effect at that time.

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:**

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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.



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LACERA OPEB Program



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 F.

#### 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.

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#### 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 (Anthem Blue Cross Plans I and II), whichever is less. For each year of retirement service credit beyond 10 years, the County contributes an additional 4% per year, up to a maximum of 100% for a member with 25 years of service credit.

The County contribution can never exceed the premium of the benchmark plan; this means that if the premium for the chosen plan and coverage option exceeds the benchmark premium, the retiree is required to pay the difference, even if the retiree has 25 years of service. Likewise, if the retiree has 25 years of service and the plan premium is less than the benchmark rate, the County contributes 100% of the plan premium only, not the benchmark plan rate.

#### **Dental / Vision**

The contribution percentages follow the same contribution proportions based on years of service as the medical plans where the benchmark plan is the indemnity plan.

#### Disability

Any retiree with a service connected disability retirement with less than 13 years of service will receive a different County contribution for both medical and dental / vision plans. The County contributes 50% of the lesser of the benchmark plan rate or the premium of the plan the retiree is enrolled in. If a retiree with service connected disability retirement has 13 or more years of service, the County subsidy is the same as a non-disabled retiree.



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LACERA OPEB Program

#### 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/healthcare\_rates/plan\_comparison.pdf http://www.lacera.com/communications/PDF/healthcare rates/plan comparison ooa.pdf http://www.lacera.com/communications/PDF/healthcare\_rates/plan\_comparison\_medicare.pdf

Appendix F

Fire Fighters Local 1014 Medical Description: Selected pages from:

http://local1014medical.org/docs/2012spd v5%20(3).pdf

Appendix G

Dental and Vision Plan Description:

http://www.lacera.com/communications/PDF/healthcare rates/dental vision charts.pdf

Appendix H

Medicare Part B Reimbursement Plan Description:

http://www.lacera.com/healthcare/Medicare/medicare a b.html



B-5

#### **Appendix C: Valuation Data and Schedules**



Data on LACERA's retirement benefit program membership as of June 30, 2012 was supplied to us by LACERA's Systems Division staff. Active and vested terminated data is used from the 2012 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, 2012 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

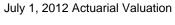
Exhibit C-10: Medical and Dental/Vision Plan Distributions of

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.







**Exhibit C-1: Summary of Active Members** 

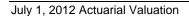
	Sex	Members		Annual Salary	Average Age	Average Credited Service			
General Members- LA County*									
Plan A	M	238	\$	24,144,300	63.9	35.6			
	F	537		40,688,220	61.8	35.3			
Plan B	M	55		5,107,884	61.5	34.9			
DI O	F	122		9,913,284	59.4	33.1			
Plan C	M	54		5,299,308	60.6	34.0			
Dia . D	F	117		9,222,360	59.4	32.4			
Plan D	M	16,761		1,205,518,164	46.0	12.3			
Dian E	F	32,442		2,115,242,700	45.3	12.3			
Plan E	M F	7,920		561,132,288	50.8	17.1			
Total	Г	16,565 74,811	\$	972,486,492 4,948,755,000	49.8 47.3	17.5 14.3			
Safety M	embers-	LA County*							
Plan A	М	33	\$	5,566,692	59.9	36.5			
	F	1		101,532	62.0	41.7			
Plan B	М	7,740		753,982,236	42.1	15.8			
	F	1,633		153,015,480	39.6	12.9			
Total		9,407	\$	912,665,940	41.7	15.4			
Safety M	embers-	Local 1014							
Plan A	M F	29	\$	3,664,920	56.9 -	33.7			
Plan B	M	2,991		307,876,656	43.9	15.9			
· Idii D	F	55		5,344,080	40.1	11.7			
Total	•	3,075	\$	316,885,656	44.0	15.9			

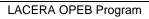
<sup>\*</sup> LA County does not include Safety Local 1014, Superior Court, and SCAQMD members. LA County includes General Local 1014 members because on retirement they enroll in LA County coverage.

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

	Sex	Members		Annual Salary	Average Age	Average Credited Service
General	Members	s- Superior Co	ourt			
Plan A	М	14	\$	1,768,788	67.4	30.6
	F	41		3,363,660	60.8	31.9
Plan B	M	3		351,036	60.3	20.0
	F	14		1,210,872	58.6	35.6
Plan C	M	-		-	-	-
	F	12		1,057,092	57.3	34.0
Plan D	M	630		45,712,668	47.9	15.3
	F	2,338		162,496,044	47.6	15.5
Plan E	M	420		30,054,744	49.1	17.3
	F	1,132		73,034,304	49.7	19.0
Total		4,604	\$	319,049,208	48.6	16.8
General	Members	s- SCAQMD				
Plan A	М	-	\$	-	-	-
	F	-	·	-	-	-
Plan B	M	-		-	-	-
	F	1		58,836	55.0	34.8
Plan C	M	-		-	-	-
	F	-		-	-	-
Plan D	M	-		-	-	-
	F	-		-	-	-
Plan E	M	-		-	-	-
	F			-	-	-
Total		1	\$	58,836	55.0	34.8
All Gene	eral Meml	bers				
Plan A	М	252	\$	25,913,088	64.1	35.4
	F	578		44,051,880	61.7	35.1
Plan B	M	58		5,458,920	61.4	34.1
	F	137		11,182,992	59.3	33.4
Plan C	M	54		5,299,308	60.6	34.0
	F	129		10,279,452	59.2	32.6
Plan D	M	17,391		1,251,230,832	46.1	12.4
	F	34,780		2,277,738,744	45.4	12.5
Plan E	M	8,340		591,187,032	50.7	17.1
	F	17,697		1,045,520,796	49.8	17.6
Total		79,416	\$	5,267,863,044	47.3	14.4
All Safet	ty Membe	ers				
Plan A	М	62	\$	9,231,612	58.5	35.2
	F	1		101,532	62.0	41.7
Plan B	M	10,731		1,061,858,892	42.6	15.8
	F	1,688		158,359,560	39.6	12.9
Total		12,482	\$	1,229,551,596	42.3	15.5
Grand T	otal	91,898	\$	6,497,414,640	46.6	14.6

This excludes 54 active pension members who are receiving retiree healthcare benefits.







## **Exhibit C-2: Summary of Vested Terminated Members**

	Sex	Members	Average Age
General	Members- L	A County*	
Plan A	M	44	64.7
	F	89	62.3
Plan B	M	7	60.6
Dlan C	F	21	61.4
Plan C	M F	4 12	60.3 58.4
Plan D	Г М	1,028	47.4
FIAITD	F	1,028	46.2
Plan E	M	1,087	54.7
IIdiiL	F	2,481	54.0
Total	•	6,725	51.1
Safety M	lembers- LA	A County*	
Plan A	M	4	62.5
Plan B	F M	-	- 41.9
Pian b	F	327 103	41.9
Total	ı	434	42.1
Safety M	lembers- Lo	ocal 1014	
Plan A	M	-	-
Dlan D	F	-	-
Plan B	M F	32	41.2
Total	Г	<u>10</u> 42	34.8
i Olai		72	59.1

<sup>\*</sup> 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.

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

#### General Members- Superior Court

Plan A	М	3	61.0
	F	9	59.9
Plan B	M	-	-
	F	2	57.5
Plan C	M	-	-
	F	1	58.0
Plan D	M	73	46.8
	F	204	47.8
Plan E	M	101	51.3
	F	241	<u>51.5</u>
Total		634	49.9

#### General Members- SCAQMD

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

#### All General Members

Plan A	M	47	64.5
	F	98	62.1
Plan B	M	7	60.6
	F	23	61.1
Plan C	M	4	60.3
	F	13	58.4
Plan D	M	1,101	47.4
	F	2,156	46.4
Plan E	M	1,188	54.5
	F	2,722	53.8
Total		7,359	51.0

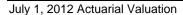
#### All Safety Members

Plan A	M	4	62.5
	F	-	-
Plan B	M	359	41.8
	F	113	41. <u>5</u>
Total		476	41.9
Grand T	otal	7.835	50.4

Retirement data includes 4,224 non-vested terminated members.

This excludes 26 vested terminated retirement members who are receiving retiree healthcare benefits.

This excludes 4 vested terminated retirement members who died before 7/1/2012.

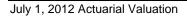




## Exhibit C-3: Summary of Retired Members, Spouses, and Dependents

			Count			Average Age	
		Retirees and	Spouses and		Retirees and	Spouses and	
	Gender	Survivors	Dependents	Total	Survivors	Dependents	Total
LA County	М	18,498	6,256	24,754	71.6	62.4	69.3
	F	21,911	13,544	35,455	73.0	62.9	69.1
	Total	40,409	19,800	60,209	72.4	62.7	69.2
Local 1014	М	1,318	89	1,407	69.7	23.4	66.8
	F	214	1,182	1,396	75.4	62.2	64.2
	Total	1,532	1,271	2,803	70.5	59.5	65.5
Superior Court	М	536	399	935	73.6	65.8	70.3
superior court	F	1,357	358	1,715	72.4	61.7	70.2
	Total	1,893	757	2,650	72.7	63.9	70.2
SCAQMD	М	37	4	41	82.1	68.3	80.8
	F	26	21_	47	79.8	74.1	77.3
	Total	63	25	88	81.2	73.2	78.9
Total Medical	М	20,389	6,748	27,137	71.5	62.1	69.2
	F	23,508	15,105	38,613	73.0	62.8	69.0
	Total	43,897	21,853	65,750	72.3	62.6	69.1
Dental/Vision							
			Count			Average Age	
	0	Retirees and	Spouses and	T	Retirees and	Spouses and	<b>T</b>
	Gender	Survivors	Dependents	Total	Survivors	Dependents	Total
LA County	M	18,801	6,987	25,788	71.4	63.3	69.2
	F	22,271	14,091	36,362	72.9	62.9	69.0
	Total	41,072	21,078	62,150	72.2	63.0	69.1
Local 1014	М	1,279	61	1,340	69.7	28.1	67.8
	F	193	1,196	1,389	75.5	63.2	64.9
	Total	1,472	1,257	2,729	70.5	61.5	66.3
Superior Court	М	527	455	982	73.8	66.7	70.5
	F	1,377	363	1,740	72.3	62.0	70.2
	Total	1,904	818	2,722	72.7	64.6	70.3
SCAQMD	М	37	4	41	82.3	68.3	80.9
	F	24	23	47	79.8	74.2	77.1
	Total	61	27	88	81.3	73.3	78.9
Total Dental/Vision	M	20,644	7,507	28,151	71.4	63.2	69.2
	_F	23,865	15,673	39,538	72.9	62.9	68.9
	Total	44,509	23,180	67,689	72.2	63.0	69.0
Death Benefit *							
			Count			Average Age	
	Gender	Retirees	Spouses and Dependents	Total	Retirees	Spouses and Dependents	Total
LA County	M F	22,026 22,722	NA NA	22,026 22,722	70.8 71.5	NA NA	70.8 71.5
	Total	44,748	INA	44,748	71.2	INA	71.2
Local 1014	М	1,332	NA	1,332	69.9	NA	69.9
LUCAI IU I4	F	1,332 79	NA NA	79	71.1	NA NA	71.1
	Total	1,411		1,411	70.0		70.0
Superior Court	М	661	NA	661	72.3	NA	72.3
capolioi court	F	1,514	NA NA	1,514	70.8	NA NA	70.8
	Total	2,175		2,175	71.3		71.3
SCAQMD	М	38	NA	38	82.4	NA	82.4
	F	7	NA	7	78.6	NA	78.6
	Total	45		45	81.8		
Total Death Benefit		45 24,057	NA NA	45 24,057		NA NA	81.8 70.8

<sup>\*</sup> Totals do not include 290 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.







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

	Members' Years of Service									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	Count	
Under 18	-	_	-	_	_	_	_	-	_	
18-19	9	-	-	-	-	-	_	-	9	
20-24	567	20	-	-	-	-	-	-	587	
25-29	3,532	1,386	16	-	-	-	-	-	4,934	
30-34	3,748	4,370	1,170	23	-	-	-	-	9,311	
35-39	2,590	3,865	4,230	658	32	-	-	-	11,375	
40-44	1,822	2,870	4,465	2,381	1,751	80	-	-	13,369	
45-49	1,258	2,122	3,169	2,146	4,159	1,371	74	-	14,299	
50-54	1,041	1,733	2,580	1,447	3,079	2,588	1,327	67	13,862	
55-59	738	1,272	1,961	1,210	2,157	1,764	1,914	850	11,866	
60-64	401	790	1,284	852	1,475	946	1,116	1,291	8,155	
65-69	115	300	582	388	604	325	279	363	2,956	
70-74	17	74	159	137	191	86	74	87	825	
75-79	4	20	43	46	61	28	21	42	265	
80-84	3	10	5	10	15	7	17	18	85	
85 & Over										
Total Count	15,845	18,832	19,664	9,298	13,524	7,195	4,822	2,718	91,898	

This excludes 54 active retirement program members who are receiving retiree healthcare benefits.



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

	Members' Years of Service									
Age	0-4 5-9	5-9	10-14	15-19	20-24	25-29	30-34	35 & Above	Count	
Under 18	-	-	-	-	-	-	-	-	-	
18-19	-	-	-	-	-	-	-	-	-	
20-24	1	-	-	-	-	-	-	-	1	
25-29	24	25	-	-	-	-	-	-	49	
30-34	128	184	25	-	-	-	-	-	337	
35-39	215	412	113	11	-	-	_	-	751	
40-44	169	479	384	101	19	1	_	-	1,153	
45-49	149	384	625	241	100	11	2	-	1,512	
50-54	115	234	565	262	140	60	17	-	1,393	
55-59	78	222	568	206	101	64	32	14	1,285	
60-64	66	159	399	184	94	59	48	44	1,053	
65-69	15	42	100	62	17	3	2	2	243	
70-74	8	7	17	9	2	2	1	1	47	
75-79	3	2	2	1	-	1	_	-	9	
80-84	-	1	1	-	-	-	_	-	2	
85 & Over										
Total Count	971	2,151	2,799	1,077	473	201	102	61	7,835	

Retirement program data includes 4,224 non vested terminated members.

This table excludes 26 vested terminated retirement members who are receiving retiree healthcare benefits.

This table excludes 4 vested terminated retirement members who died before 7/1/2012.

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

LA County Retirees and Survivors with Medical Coverage

	Retirees' Years of Service									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	-	-	-	3	1	3	14	21	
35-39	-	-	-	-	-	-	-	17	17	
40-44	-	-	2	1	1	-	1	83	88	
45-49	-	-	1	2	16	3	6	206	234	
50-54	-	-	13	17	42	75	55	318	520	
55-59	-	-	56	77	167	462	681	500	1,943	
60-64	-	8	148	216	326	906	2,713	1,004	5,321	
65-69	3	19	310	504	677	1,611	4,137	1,528	8,789	
70-74	6	14	402	551	712	1,763	3,023	1,261	7,732	
75-79	6	22	360	524	754	1,499	1,951	958	6,074	
80-84	7	31	338	503	694	1,099	1,332	711	4,715	
85-89	-	21	278	449	482	664	936	397	3,227	
90-94	3	4	196	217	182	236	362	150	1,350	
95-99	1	2	61	44	72	66	68	28	342	
100 & Over	<u> </u>	<u> </u>	6	8	8	3	7	4	36	
Total Count	26	121	2,171	3,113	4,136	8,388	15,275	7,179	40,409	

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

	Retirees' Years of Service									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	-	-	-	-	-	-	5	5	
35-39	-	-	-	-	-	-	-	1	1	
40-44	-	-	-	-	-	-	1	1	2	
45-49	-	-	-	-	1	-	-	3	4	
50-54	-	-	-	-	-	1	1	9	11	
55-59	-	1	1	1	4	47	68	67	189	
60-64	-	-	1	-	3	17	53	156	230	
65-69	-	-	1	-	1	16	48	255	321	
70-74	-	-	-	-	1	9	25	195	230	
75-79	-	-	-	-	3	11	20	178	212	
80-84	-	-	-	1	4	21	26	130	182	
85-89	-	-	-	1	5	15	41	56	118	
90-94	-	-	1	-	-	5	8	10	24	
95-99	-	-	-	-	-	1	1	1	3	
100 & Over	-		-							
Total Count	-	1	4	3	22	143	292	1,067	1,532	

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C-9

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

Superior Court Retirees and Survivors with Medical Coverage

	Retirees' Years of Service									
Age	0-4 5-9	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	-	-	-	2	1	-	-	3	
35-39	-	-	-	-	-	-	-	1	1	
40-44	-	-	-	-	-	-	-	1	1	
45-49	-	-	-	-	-	-	-	3	3	
50-54	-	1	3	2	4	5	5	10	30	
55-59	-	1	5	6	12	27	27	27	105	
60-64	-	2	13	12	23	47	129	32	258	
65-69	5	-	14	38	50	77	183	35	402	
70-74	1	4	27	20	40	83	114	32	321	
75-79	-	4	18	33	42	62	81	33	273	
80-84	-	-	19	27	34	56	73	16	225	
85-89	1	1	13	21	25	28	57	15	161	
90-94	-	2	10	18	12	18	23	4	87	
95-99	-	-	5	5	2	1	7	1	21	
100 & Over	<u> </u>	<u>-</u> _		2					2	
Total Count	7	15	127	184	246	405	699	210	1,893	

#### SCAQMD

**Retirees and Survivors with Medical Coverage** 

	Retirees' Years of Service									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	-	-	-	-	-	-	-	-	
35-39	-	-	-	-	-	-	-	-	-	
40-44	-	-	-	-	-	-	-	-	-	
45-49	-	-	-	-	-	-	-	-	-	
50-54	-	-	-	-	-	-	-	-	-	
55-59	-	-	-	-	-	-	-	-	-	
60-64	-	-	-	-	-	1	2	-	3	
65-69	-	-	-	-	-	-	1	1	2	
70-74	-	-	-	-	-	1	4	1	6	
75-79	-	-	1	1	2	2	5	1	12	
80-84	-	-	2	1	4	1	8	-	16	
85-89	-	-	5	3	2	5	-	1	16	
90-94	-	-	-	2	3	1	1	-	7	
95-99	-	-	1	-	-	-	-	-	1	
100 & Over				<u> </u>	<u> </u>					
Total Count	-	-	9	7	11	11	21	4	63	



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

All Members
Retirees and Survivors with Medical Coverage

	Retirees' Years of Service									
Age	0-4 5-9	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	-	-	-	5	2	3	19	29	
35-39	-	-	-	-	-	-	-	19	19	
40-44	-	-	2	1	1	-	2	85	91	
45-49	-	-	1	2	17	3	6	212	241	
50-54	-	1	16	19	46	81	61	337	561	
55-59	-	2	62	84	183	536	776	594	2,237	
60-64	-	10	162	228	352	971	2,897	1,192	5,812	
65-69	8	19	325	542	728	1,704	4,369	1,819	9,514	
70-74	7	18	429	571	753	1,856	3,166	1,489	8,289	
75-79	6	26	379	558	801	1,574	2,057	1,170	6,571	
80-84	7	31	359	532	736	1,177	1,439	857	5,138	
85-89	1	22	296	474	514	712	1,034	469	3,522	
90-94	3	6	207	237	197	260	394	164	1,468	
95-99	1	2	67	49	74	68	76	30	367	
100 & Over	<u> </u>	<u>-</u>	6	10	8	3	7	4	38	
Total Count	33	137	2,311	3,307	4,415	8,947	16,287	8,460	43,897	



Exhibit C-7: Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

LA County Spouses and Dependents with Medical Coverage

	Retirees' Years of Service									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	1	1	40	65	117	377	669	623	1,893	
35-39	-	-	-	1	6	14	17	32	70	
40-44	-	-	6	7	16	23	46	81	179	
45-49	-	-	9	19	26	74	119	164	411	
50-54	1	-	14	20	48	196	350	254	883	
55-59	-	5	36	43	118	386	822	442	1,852	
60-64	1	5	82	107	185	615	1,696	679	3,370	
65-69	3	3	113	215	294	711	1,753	736	3,828	
70-74	1	7	137	216	327	707	1,271	467	3,133	
75-79	1	13	99	157	231	516	699	298	2,014	
80-84	1	7	68	117	175	312	436	166	1,282	
85-89	1	3	50	86	91	157	226	67	681	
90-94	1	-	19	22	26	42	56	11	177	
95-99	-	-	5	5	6	4	4	1	25	
100 & Over	-	-				1		1	2	
Total Count	11	44	678	1,080	1,666	4,135	8,164	4,022	19,800	

Local 1014
Spouses and Dependents with Medical Coverage

		Retirees' Years of Service								
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	-	1	-	1	20	49	78	149	
35-39	-	-	-	-	-	-	-	2	2	
40-44	-	-	-	-	-	-	1	2	3	
45-49	-	-	-	-	-	1	-	3	4	
50-54	-	1	1	-	3	33	52	43	133	
55-59	-	-	-	-	-	20	47	122	189	
60-64	-	-	1	-	2	16	37	195	251	
65-69	-	-	-	-	-	9	24	172	205	
70-74	-	-	-	-	3	8	11	118	140	
75-79	-	-	-	-	4	15	14	85	118	
80-84	-	-	-	1	2	10	20	33	66	
85-89	-	-	-	-	-	-	6	4	10	
90-94	-	-	-	-	-	1	-	-	1	
95-99	-	-	-	-	-	-	-	-	-	
100 & Over			<del>-</del> -	<u>-</u>					-	
Total Count	-	1	3	1	15	133	261	857	1,271	



## 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

	Retirees' Years of Service									
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count	
Under 35	-	2	3	3	5	16	29	26	84	
35-39	-	-	-	-	-	-	1	-	1	
40-44	-	-	-	2	-	2	1	1	6	
45-49	-	-	-	-	-	1	2	1	4	
50-54	-	-	2	1	2	3	6	2	16	
55-59	-	1	3	3	8	17	18	7	57	
60-64	1	-	6	5	11	40	66	15	144	
65-69	-	3	5	5	22	32	56	14	137	
70-74	-	3	4	5	16	25	51	9	113	
75-79	-	-	7	6	10	26	29	7	85	
80-84	1	-	6	8	8	7	21	3	54	
85-89	-	-	8	5	6	9	10	-	38	
90-94	-	-	1	2	5	2	4	-	14	
95-99	-	-	-	1	-	-	3	-	4	
100 & Over										
Total Count	2	9	45	46	93	180	297	85	757	

#### SCAQMD

Spouses and Dependents with Medical Coverage

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

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## Exhibit C-7 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Medical Plans

All Members
Spouses and Dependents with Medical Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	1	3	44	68	123	413	747	727	2,126		
35-39	-	-	-	1	6	14	18	34	73		
40-44	-	-	6	9	16	25	48	85	189		
45-49	-	-	9	19	26	76	121	168	419		
50-54	1	1	17	21	53	232	409	299	1,033		
55-59	-	6	39	46	126	423	887	571	2,098		
60-64	2	5	89	112	198	671	1,799	889	3,765		
65-69	3	6	118	221	316	752	1,837	923	4,176		
70-74	1	10	142	221	346	743	1,334	595	3,392		
75-79	1	13	106	163	246	557	745	390	2,221		
80-84	2	7	76	127	185	330	478	202	1,407		
85-89	1	3	59	91	97	166	242	71	730		
90-94	1	-	20	24	31	45	61	11	193		
95-99	-	-	5	6	6	4	7	1	29		
100 & Over	-					1		1	2		
Total Count	13	54	730	1,129	1,775	4,452	8,733	4,967	21,853		



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

LA County
Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	3	1	4	14	22		
35-39	-	-	-	-	-	-	-	23	23		
40-44	-	-	2	1	1	-	1	94	99		
45-49	-	-	1	2	17	3	6	249	278		
50-54	-	-	17	21	42	75	54	361	570		
55-59	2	3	73	99	166	463	679	561	2,046		
60-64	-	15	167	246	335	903	2,705	1,062	5,433		
65-69	8	24	349	517	704	1,608	4,153	1,589	8,952		
70-74	7	26	415	563	742	1,768	3,029	1,302	7,852		
75-79	4	34	340	543	757	1,508	1,957	955	6,098		
80-84	8	30	351	492	701	1,102	1,348	710	4,742		
85-89	2	19	294	443	490	667	942	388	3,245		
90-94	4	6	204	211	191	234	366	141	1,357		
95-99	1	2	59	34	66	63	71	26	322		
100 & Over		1	5	9	6	3	7	2	33		
Total Count	36	160	2.277	3.181	4.221	8.398	15.322	7.477	41.072		

Local 1014
Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	2	2		
35-39	-	-	-	-	-	-	-	1	1		
40-44	-	-	-	-	-	-	1	-	1		
45-49	-	-	-	-	1	-	-	1	2		
50-54	-	-	-	-	-	1	1	9	11		
55-59	-	-	1	1	4	47	66	64	183		
60-64	-	-	1	-	3	17	50	153	224		
65-69	-	-	1	-	1	16	48	252	318		
70-74	-	-	-	-	1	9	24	191	225		
75-79	-	-	-	-	3	10	20	173	206		
80-84	-	-	-	-	4	21	24	118	167		
85-89	-	-	-	-	3	14	40	50	107		
90-94	-	-	-	-	-	5	8	9	22		
95-99	-	-	-	-	-	1	1	1	3		
100 & Over				-							
Total Count	-	-	3	1	20	141	283	1,024	1,472		



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

Superior Court Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	2	1	-	-	3		
35-39	-	-	-	-	-	-	-	1	1		
40-44	-	-	-	-	-	-	-	1	1		
45-49	-	-	-	-	-	-	-	5	5		
50-54	-	1	3	1	4	5	4	13	31		
55-59	-	1	4	5	11	28	26	28	103		
60-64	-	-	14	12	23	47	129	33	258		
65-69	2	-	17	41	49	77	181	38	405		
70-74	1	3	26	22	40	83	115	32	322		
75-79	-	5	24	30	38	64	81	34	276		
80-84	-	2	21	29	31	56	72	12	223		
85-89	-	2	17	22	25	28	58	11	163		
90-94	1	-	11	20	12	18	24	8	94		
95-99	-	-	3	4	2	1	7	1	18		
100 & Over	<u> </u>	<u>-</u>	<u> </u>	1					1		
Total Count	4	14	140	187	237	408	697	217	1,904		

#### SCAQMD Retirees and Survivors with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	-	-		
35-39	-	-	-	-	-	-	-	-	-		
40-44	-	-	-	-	-	-	-	-	-		
45-49	-	-	-	-	-	-	-	-	-		
50-54	-	-	-	-	-	-	-	-	-		
55-59	-	-	-	-	-	-	-	-	-		
60-64	-	-	-	-	-	1	2	-	3		
65-69	-	-	-	-	-	-	1	1	2		
70-74	-	-	-	-	-	1	4	1	6		
75-79	-	-	1	1	1	2	5	1	11		
80-84	-	-	2	-	4	1	8	-	15		
85-89	-	-	4	3	2	5	-	1	15		
90-94	-	-	-	3	3	1	1	-	8		
95-99	-	-	1	-	-	-	-	-	1		
100 & Over			<u> </u>	<u>-</u> _					-		
Total Count	-	-	8	7	10	11	21	4	61		

July 1, 2012 Actuarial Valuation

LACERA OPEB 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

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	_	-	5	2	4	16	27		
35-39	-	-	-	-	-	-	-	25	25		
40-44	-	-	2	1	1	-	2	95	101		
45-49	-	-	1	2	18	3	6	255	285		
50-54	-	1	20	22	46	81	59	383	612		
55-59	2	4	78	105	181	538	771	653	2,332		
60-64	-	15	182	258	361	968	2,886	1,248	5,918		
65-69	10	24	367	558	754	1,701	4,383	1,880	9,677		
70-74	8	29	441	585	783	1,861	3,172	1,526	8,405		
75-79	4	39	365	574	799	1,584	2,063	1,163	6,591		
80-84	8	32	374	521	740	1,180	1,452	840	5,147		
85-89	2	21	315	468	520	714	1,040	450	3,530		
90-94	5	6	215	234	206	258	399	158	1,481		
95-99	1	2	63	38	68	65	79	28	344		
100 & Over	<u> </u>	1_	5	10	6	3	7	2	34		
Total Count	40	174	2,428	3,376	4,488	8,958	16,323	8,722	44,509		



Exhibit C-9: Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

LA County
Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	1	4	42	74	125	358	638	706	1,948		
35-39	-	1	-	2	7	16	22	39	87		
40-44	-	-	8	8	16	25	45	99	201		
45-49	-	-	8	19	31	74	120	208	460		
50-54	1	1	19	29	48	201	348	291	938		
55-59	1	5	40	51	128	386	822	488	1,921		
60-64	2	8	99	132	199	627	1,697	740	3,504		
65-69	1	6	134	233	319	749	1,832	788	4,062		
70-74	-	5	138	228	355	749	1,334	500	3,309		
75-79	2	11	109	181	278	565	744	321	2,211		
80-84	2	5	75	136	184	338	473	183	1,396		
85-89	1	5	56	104	117	167	251	81	782		
90-94	-	2	27	28	36	50	67	12	222		
95-99	-	-	8	5	8	6	8	1	36		
100 & Over						1			1		
Total Count	11	53	763	1,230	1,851	4,312	8,401	4,457	21,078		

Local 1014 Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	1	-	1	16	36	65	119		
35-39	-	-	-	-	-	-	1	-	1		
40-44	-	-	-	-	-	1	3	8	12		
45-49	-	-	-	-	-	3	8	10	21		
50-54	-	-	1	1	2	15	28	35	82		
55-59	-	-	1	-	1	29	43	106	180		
60-64	-	-	-	-	1	18	42	158	219		
65-69	-	-	-	-	-	13	28	191	232		
70-74	-	-	-	-	3	8	9	125	145		
75-79	-	-	-	-	2	13	19	108	142		
80-84	-	-	-	-	3	14	24	38	79		
85-89	-	-	-	-	-	2	10	9	21		
90-94	-	-	-	-	-	1	1	2	4		
95-99	-	-	-	-	-	-	-	-	-		
100 & Over											
Total Count	-	-	3	1	13	133	252	855	1,257		



## Exhibit C-9 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

Superior Court Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	1	2	3	3	4	16	26	30	85		
35-39	-	-	-	-	-	-	1	-	1		
40-44	-	-	-	2	-	2	1	1	6		
45-49	-	-	-	-	-	1	2	4	7		
50-54	1	-	2	-	2	3	6	4	18		
55-59	-	1	2	3	11	17	19	7	60		
60-64	-	-	6	4	12	39	65	17	143		
65-69	-	2	10	9	23	34	61	13	152		
70-74	-	-	6	8	15	27	54	10	120		
75-79	-	2	11	7	13	28	29	8	98		
80-84	-	-	7	9	9	6	22	4	57		
85-89	-	-	8	6	6	10	10	-	40		
90-94	1	-	4	4	6	4	5	1	25		
95-99	-	-	-	1	1	1	3	-	6		
100 & Over	<u> </u>										
Total Count	3	7	59	56	102	188	304	99	818		

#### SCAQMD

Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	-	-	-	-	-	-	-	-	-		
35-39	-	-	-	-	-	-	-	-	-		
40-44	-	-	-	-	-	-	-	1	1		
45-49	-	-	-	-	-	-	-	-	-		
50-54	-	-	-	-	-	-	1	-	1		
55-59	-	-	-	-	-	-	-	-	-		
60-64	-	-	-	-	-	-	-	-	-		
65-69	-	-	-	1	-	-	4	1	6		
70-74	-	-	1	-	-	3	2	1	7		
75-79	-	-	-	-	2	-	3	-	5		
80-84	-	-	2	1	-	1	1	-	5		
85-89	-	-	1	-	-	-	-	-	1		
90-94	-	-	-	-	-	-	1	-	1		
95-99	-	-	-	-	-	-	-	-	-		
100 & Over											
Total Count	-	-	4	2	2	4	12	3	27		



## Exhibit C-9 (continued): Age and Service Distributions of Spouses and Dependents of Retired Members in Dental/Vision Plans

All Members
Spouses and Dependents with Dental/Vision Coverage

	Retirees' Years of Service										
Age	0-4	5-9	10-14	15-19	20-24	25-29	30 & Above	Disableds	Count		
Under 35	2	6	46	77	130	390	700	801	2,152		
35-39	-	1	-	2	7	16	24	39	89		
40-44	-	-	8	10	16	28	49	109	220		
45-49	-	-	8	19	31	78	130	222	488		
50-54	2	1	22	30	52	219	383	330	1,039		
55-59	1	6	43	54	140	432	884	601	2,161		
60-64	2	8	105	136	212	684	1,804	915	3,866		
65-69	1	8	144	243	342	796	1,925	993	4,452		
70-74	-	5	145	236	373	787	1,399	636	3,581		
75-79	2	13	120	188	295	606	795	437	2,456		
80-84	2	5	84	146	196	359	520	225	1,537		
85-89	1	5	65	110	123	179	271	90	844		
90-94	1	2	31	32	42	55	74	15	252		
95-99	-	-	8	6	9	7	11	1	42		
100 & Over	<u> </u>					1			1		
Total Count	14	60	829	1,289	1,968	4,637	8,969	5,414	23,180		



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

Page 52   Post 165			Retire	Retirees and Survivors		Spouses and Dependents			Total		
Anthern Blue Coss   322   1,966   1,918   280   418   689   695   602   2,014   2,765   Anthern Blue Coss   1,74   2,474   4,68   2,046   292   2,75   4,220   3,030   7,623   Anthern Blue Coss   1,661   1,729   588   3,58   3,58   3,58   2,525   1,168   1,147   2,653   Anthern Blue Coss   1,661   1,729   588   3,58   3,58   3,58   2,525   1,156   1,477   2,653   Clana Medicare Select Plus Rx (AZ)   1   1   38   3.9   6   12   18   7   50   67   1,444   Kaser (Ohen)   86   275   1902   1,616   1,475   570   674   1,444   Kaser (Ohen)   86   275   1,592   2,146   4,44   4,77   5,70   67   1,444   Kaser (Ohen)   87   1,492   1,592   1,494   4,47   1,773   2,253   Clana Medicare Select Plus Rx (AZ)   1   1,477			Pre 65	Post 65	Total	Pre 65	Post 65	Total	Pre 65	Post 65	Total
Anthern Blue Cross II			200	4.500	4.040	200	440	000	000	2.044	0.040
Anthern Bluc Cross Pludant Buyer Plan   588   1,61   1,729   1,68   13,277   14,97   2,655   2,616   3,666   3,666   3,667					,					, -	,
Cligan Medicane Select Plus (12)											
Cigna Network Model Plan   286								,			
Maiser (Other)		•	1			6	12	18	7		
Marcial Color   Marcial Colo	Cigna I	Network Model Plan	286	683	969	284	191	475	570	874	1,444
SCAN Health Pin											
SCAON Health Plan									,		
Tread					,						
Medicare Part B Coverage   LA County   Medicare Part B Coverage   Medicare Part B											
Medicare Part B Coverage   LA County   Receiving Reimbursement   8.598   7.766   15.364   8.985   3.127   12.112   17.583   10.893   28.476   15.364   10.400   10.693   19.800   18.032   42.177   60.209   17.561   17.563   10.893   10.				·							
Receiving Reimbursement   327   23,718   24,045   122   7,566   7,688   449   31,284   31,733   101,731	Total Medica	al	9,843	34,054	43,897	10,198	11,655	21,853	20,041	45,709	65,750
Receiving Reimbursement   327   23,718   24,045   122   7,566   7,688   449   31,284   31,733		-									
Not Receiving Reimbursement   8,598   7,766   16,364   40,409   9,107   10,693   19,800   18,032   42,177   60,209			327	23,718	24,045	122	7,566	7,688	449	31,284	31,733
Firefighters: Local 1014   Receiving Reimbursement   450   19   469   672   78   750   1.122   97   1.219   1.215   1.581   1.271   1.584   1.271   1.284   1.271   1.285   1.582   1.271   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.221   1.235   1.588   2.203   1.231   1.241   1.271   1.235   1.588   2.203   1.231   1.241   1.271   1.235   1.588   2.203   1.231   1.241   1.271   1.235   1.588   2.203   1.231   1.241   1.271   1.241   1.241   1.271   1.241		Not Receiving Reimbursement	8,598	7,766	16,364	8,985	3,127	12,112	17,583	10,893	28,476
Receiving Reimbursement	<u>Total</u>		8,925	31,484	40,409	9,107	10,693	19,800	18,032	42,177	60,209
Not Receiving Reimbursement   450	<u>Firefigh</u>										
Total											
Superior Court   Receiving Reimbursement   17   1,073   1,090   7   304   311   24   1,377   1,401   Not Receiving Reimbursement   421   382   803   324   122   446   745   504   1,249   1,2650   1,2		Not Receiving Reimbursement									
Receiving Reimbursement   17   1,073   1,090   7   304   311   24   1,377   1,401	Total		477	1,055	1,532	758	513	1,271	1,235	1,568	2,803
Not Receiving Reimbursement   421   382   803   324   122   446   745   504   1.249	Superio	or Court									
SCAQMD		Receiving Reimbursement	17	1,073	1,090	7	304	311	24	1,377	1,401
SCAQMD   Receiving Reimbursement   -     46   46   -   16   16   -   62   62   62   17   104   17   17   17   18   18   19   19   19   19   19   19		Not Receiving Reimbursement									
Receiving Reimbursement Not Receiving Receiv	Total		438	1,455	1,893	331	426	757	769	1,881	2,650
Not Receiving Reimbursement   3	SCAQI	MD									
Total   3   60   63   2   23   25   5   83   88			-			-			-		
All Members  Receiving Reimbursement Not Receiving Reimbursement Not Receiving Reimbursement Part B  Receiving Reimbursement Not Receiving Reimbursement Part B  Reseiving Reimbursement Reseauch Re	Total	Not Receiving Reimbursement									
Receiving Reimbursement Not Receiving Reimbursement Not Receiving Reimbursement Not Receiving Reimbursement P.4.72	Total		3	00	03		20	25	3	05	00
Not Receiving Reimbursement Grand Total Medicare Part B	All Mer										
Dental/Vision Plans											
Dental/Vision Plans   LA County   Cigna Indemnity Dental/Vision   7,051   29,341   36,392   7,783   11,020   18,803   14,834   40,361   55,195   Cigna Dental HMO/Vision   1,420   3,260   4,680   1,276   999   2,275   2,696   4,259   6,955   7 total   8,471   32,601   41,072   9,059   12,019   21,078   17,530   44,620   62,150	0 1										
LA County	Grand	Total Medicare Part B	9,843	34,054	43,897	10,198	11,655	21,853	20,041	45,709	65,750
Cigna Indemnity Dental/Vision         7,051         29,341         36,392         7,783         11,020         18,803         14,834         40,361         55,195           Total         1,420         3,260         4,680         1,276         999         2,275         2,696         4,259         6,955           Total         8,471         32,601         41,072         9,059         12,019         21,078         17,530         44,620         62,150           Firefighters' Local 1014           Cigna Indemnity Dental/Vision         406         1,022         1,428         612         608         1,220         1,018         1,630         2,648           Cigna Dental HMO/Vision         18         26         44         22         15         37         40         41         81           Total         424         1,048         1,472         634         623         1,257         1,058         1,671         2,729           Superior Court         Cigna Indemnity Dental/Vision         331         1,366         1,697         283         454         737         614         1,820         2,434           Cigna Dental HMO/Vision         71         136         207         37											
Total   Cigna Dental HMO/Vision   1,420   3,260   4,680   1,276   999   2,275   2,696   4,259   6,955	<u>LA COC</u>		7.051	29.341	36.392	7.783	11.020	18.803	14.834	40.361	55.195
Total 8,471 32,601 41,072 9,059 12,019 21,078 17,530 44,620 62,150  Firefighters' Local 1014		•									
Cigna Indemnity Dental/Vision 406 1,022 1,428 612 608 1,220 1,018 1,630 2,648 22 15 37 40 41 81 Total 1,048 1,048 1,472 634 623 1,257 1,058 1,671 2,729    Superior Court Cigna Indemnity Dental/Vision 331 1,366 1,697 283 454 737 614 1,820 2,434 2,000 2,	Total		8,471	32,601	41,072		12,019	21,078		44,620	62,150
Cigna Indemnity Dental/Vision 406 1,022 1,428 612 608 1,220 1,018 1,630 2,648 22 15 37 40 41 81 Total 1,048 1,048 1,472 634 623 1,257 1,058 1,671 2,729    Superior Court Cigna Indemnity Dental/Vision 331 1,366 1,697 283 454 737 614 1,820 2,434 2,000 2,	Firefiah	nters' Local 1014									
Total         424         1,048         1,472         634         623         1,257         1,058         1,671         2,729           Superior Court Cigna Indemnity Dental/Vision         331         1,366         1,697         283         454         737         614         1,820         2,434           Cigna Dental HMO/Vision         71         136         207         37         44         81         108         180         288           Total         402         1,502         1,904         320         498         818         722         2,000         2,722           SCAQMD Cigna Indemnity Dental/Vision         3         56         59         2         25         27         5         81         86           Cigna Dental HMO/Vision         -         2         2         -         -         -         2         2           All Members Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	- 3		406	1,022	1,428	612	608	1,220	1,018	1,630	2,648
Superior Court   Cigna Indemnity Dental/Vision   331   1,366   1,697   283   454   737   614   1,820   2,434		Cigna Dental HMO/Vision	18		44	22	15		40		
Cigna Indemnity Dental/Vision         331         1,366         1,697         283         454         737         614         1,820         2,434           Total         402         1,502         1,904         320         498         818         722         2,000         2,722           SCAQMD           Cigna Indemnity Dental/Vision         3         56         59         2         25         27         5         81         86           Cigna Dental HMO/Vision         3         58         61         2         25         27         5         83         88           All Members         Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	Total		424	1,048	1,472	634	623	1,257	1,058	1,671	2,729
Cigna Dental HMO/Vision         71         136         207         37         44         81         108         180         288           Total         402         1,502         1,904         320         498         818         722         2,000         2,722           SCAQMD             Cigna Indemnity Dental/Vision         3         56         59         2         25         27         5         81         86           Cigna Dental HMO/Vision         -         2         2         -         -         -         2         2           All Members         Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	Superio	or Court									
Total         402         1,502         1,904         320         498         818         722         2,000         2,722           SCAQMD	·	Cigna Indemnity Dental/Vision	331	1,366	1,697	283	454	737	614	1,820	2,434
SCAQMD         Cigna Indemnity Dental/Vision         3         56         59         2         25         27         5         81         86           Cigna Dental HMO/Vision          2         2             2         2           Total         3         58         61         2         25         27         5         83         88           All Members         Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326		Cigna Dental HMO/Vision	71		207	37					
Cigna Indemnity Dental/Vision         3         56         59         2         25         27         5         81         86           Cigna Dental HMO/Vision         -         2         2         -         -         -         2         2           Total         3         58         61         2         25         27         5         83         88           All Members         Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	Total		402	1,502	1,904	320	498	818	722	2,000	2,722
Cigna Dental HMO/Vision         -         2         2         -         -         -         2         2           Total         3         58         61         2         25         27         5         83         88           All Members         Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	SCAQI										
Total         3         58         61         2         25         27         5         83         88           All Members             Cigna Indemnity Dental/Vision             7,791             31,785             39,576             8,680             12,107             20,787             16,471             43,892             60,363             Cigna Dental HMO/Vision             1,509             3,424             4,933             1,335             1,058             2,393             2,844             4,482             7,326       All Members			3			2	25	27	5		
Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	Total	Cigna Dental HMO/Vision	3			2		27			
Cigna Indemnity Dental/Vision         7,791         31,785         39,576         8,680         12,107         20,787         16,471         43,892         60,363           Cigna Dental HMO/Vision         1,509         3,424         4,933         1,335         1,058         2,393         2,844         4,482         7,326	All Mar	mhers									
Cigna Dental HMO/Vision <u>1.509</u> <u>3.424</u> <u>4.933</u> <u>1.335</u> <u>1.058</u> <u>2.393</u> <u>2.844</u> <u>4.482</u> <u>7.326</u>	All IVIE		7 791	31 785	39 576	8 680	12 107	20 787	16.471	43,892	60.363
		g	.,								
		Cigna Dental HMO/Vision	1,509	<u>3,42</u> 4	4,933	1,335	<u>1,05</u> 8	2,393	2,844	4,482	7,326



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

	Retirees			Spouses			Total		
Death Benefit *	<u>Pre 65</u>	Post 65	Total	<u>Pre 65</u>	Post 65	<u>Total</u>	<u>Pre 65</u>	Post 65	<u>Total</u>
LA County	11,444	33,304	44,748	NA	NA	NA	11,444	33,304	44,748
Firefighters' Local 1014	466	945	1,411	NA	NA	NA	466	945	1,411
Superior Court	600	1,575	2,175	NA	NA	NA	600	1,575	2,175
SCAQMD	2	43	45	NA	NA	NA	2	43	45
Grand Total Death Benefit	12,512	35,867	48,379	NA	NA	NA	12,512	35,867	48,379

<sup>\*</sup> Totals do not include 290 people that are both a Retiree and a Survivor, but have elected their Retiree Medical benefits as a Survivor.

**Exhibit C-11: Treatment of Incomplete Data** 

ID	Size	Situation	Assumption and Resolution
1	6 medical 5 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).	· · · · · · · · · · · · · · · · · · ·
2	4 medical 4 dental	Dependent with Dependent Type "S" had Date of Birth as blank or later than 7/1/1988.	Three were given a Date of Birth according to the marriage age difference assumption used in this valuation. One retiree's century of birth was changed from 1800 to 1900.
3	1 medical 3 dental	Dependents did not have a valid Gender.	All spouses were assigned gender opposite that of the original member. Half of the children were designated as males and half as females.
4	79 medical 41 dental 31 life-only	Retirees have Group IND of "O" (Outside District).	Changed indicator to "N" (General). These are members from outside districts who will have postemployment benefits from LA County.
5	275 medical N/A dental	There were no children listed in Retiree and Family or Retiree and Children deduction codes.	To be consistent with the tier, children were added. Children were designated as 18 years old since the average age of LACERA children under 24 is 18; half were listed as male and half as female. Children were not added for Kaiser plans, based on previous discussions with LACERA.
6	1,368 medical 973 dental	There was no spouse listed in Retiree and Spouse, Retiree & Family, or Retiree +1 deduction codes.	
7	445 medical 432 dental	Tier is Retiree Only, but a dependent was listed.	Dependents were deleted from the data.
8	69 medical 221 dental	Members were deceased before 7/1/2012.	Removed records from the data.



#### 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.

July 1, 2012 Actuarial Valuation

LACERA OPEB Program



#### **Attribution Period**

The period of an employee's service to which the expected postretirement benefit obligation for that employee is assigned. The beginning of the attribution period is the employee's date of hire. The end of the attribution period is the time of assumed exit from OPEB active member status.

#### **Benefit Payments**

The monetary or in-kind benefits or benefit coverage to which participants may be entitled under a post employment benefit plan, including health care benefits and life insurance not provided through a retirement program.

**GASB 43** 

The statement that establishes financial reporting standards for postemployment benefit plans other than retirement programs.

**GASB 45** 

The statement that establishes financial reporting standards for employers that sponsor postemployment benefits other than retirement programs.

#### **Net OPEB Obligation**

This is the cumulative difference since the effective date of this statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB related debt.

#### **Normal Cost**

That portion of the Actuarial Present Value of OPEB plan benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method.

#### Other **Postemployment** Benefits ("OPEB")

This refers to postemployment benefits other than retirement program benefits, including healthcare benefits regardless of the type of plan that provides them, and all other postemployment benefits provided separately from a retirement program, excluding benefits defined as termination benefits or offers.

#### **Present Value of Future Benefits**

This is the value, as of the applicable date, of future payments for benefits and expenses under the Plan, where each payment is:

- (a) Multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, death, disability, termination of employment, etc.; and
- (b) Discounted at the assumed discount rate.



July 1, 2012 Actuarial Valuation

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**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** The excess of the Actuarial Accrued Liability over the Actuarial

**Accrued Liability** Value of Assets.

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## **Appendix E: Medical Plan Comparisons**

Comparisons are from the following areas of the LACERA website:

http://www.lacera.com/communications/PDF/healthcare\_rates/plan\_comparison.pdf http://www.lacera.com/communications/PDF/healthcare\_rates/plan\_comparison\_ooa.pdf http://www.lacera.com/communications/PDF/healthcare\_rates/plan\_comparison\_medicare.pdf

July 1, 2012 Actuarial Valuation

# COMPARISON OF MEDICAL PLANS

Effective July 1, 2012

# **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)
- UnitedHealthcare

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

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

201 - TBD - 06/12

	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 <sup>1</sup> ; \$150 per day maximum special care unit <sup>1</sup>	90% for PPO hospital <sup>2</sup> ; 80% non-PPO for semi-private room; special care unit up to 2.5 times semi-private room rate
Surgical Services	80% <sup>1</sup>	80%
Hospital Services and Supplies	100%1	90% PPO hospital <sup>2</sup> ; 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 <sup>1</sup>	70% (in-network) or 50% (out-of-network) up to 100 days per calendar year <sup>1</sup>
Private Duty Nurses	80% in accordance with requirements	80% in accordance with requirements
Home Healthcare	100% in accordance with requirements <sup>1</sup>	100% in accordance with requirements <sup>1</sup>
Hospice Care	100% up to plan limitations, in accordance with requirements <sup>1</sup>	100% in accordance with requirements <sup>1</sup>
Emergency Benefits		
Inpatient	\$75 per day <sup>1</sup> maximum; \$150 per day maximum special care unit <sup>1</sup>	90% PPO hospital <sup>2</sup> ; 80% non-PPO hospital
Outpatient	100% at a hospital only <sup>1</sup>	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% <sup>1</sup>	100% <sup>1</sup>
Routine Checkups, CA only	10070	10070
—Adult —Children Under 17	\$25 copay; covered in-network only; maximum of \$250 \$25 copay; covered in-network only; maximum of \$250	\$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% <sup>1</sup> (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 Benefi	its	
Inpatient	\$75 per day <sup>1</sup> maximum; \$150 per day maximum intensive care <sup>1</sup>	90% PPO; 80% non-PPO
Outpatient	80% of covered expenses	80% of covered expenses
Vision Benefits		
	Covered after accident only <sup>3</sup>	Covered after accident only <sup>3</sup>
Eye Exams		
Lenses	Covered after accident <sup>3</sup> and after eye surgery	Covered after accident <sup>3</sup> and after eye surgery
Lenses	Covered after accident <sup>3</sup> and after eye surgery  Covered after accident <sup>3</sup> or eye surgery only	Covered after accident <sup>3</sup> and after eye surgery  Covered after accident <sup>3</sup> or eye surgery only
Lenses Frames		
Eye Exams  Lenses  Frames  Hearing Care Benefits  Hearing Exams		
Lenses Frames Hearing Care Benefits	Covered after accident <sup>3</sup> or eye surgery only	Covered after accident <sup>3</sup> or eye surgery only

# **Comparison of Medical Plans**

# **HMOs**

	IIIVIOS
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; 100 days per contract year
80% in accordance with requirements	No charge if authorized by a Cigna HealthCare physician (100 visits per contract year together with Home Healthcare)
100% in accordance with requirements	No charge (100 visits per contract year together with Private Duty Nursing)
100% up to plan limitations, in accordance with requirements <sup>1</sup>	No charge
80% Prudent Buyer; 70% non–Prudent Buyer	No charge
80% Prudent Buyer; 70% non–Prudent Buyer	\$50 copay; waived if admitted; \$25 copay for urgent care center
80%	No charge when true emergency authorized by a Cigna HealthCare physician
	4-
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% <sup>1</sup> Prudent Buyer (Hospital facility fees: 80% Prudent Buyer; 70% non–Prudent Buyer)	No charge
80% Prudent Buyer; 70% non–Prudent Buyer	\$20 copay; as medically necessary
80% in accordance with requirements	\$20 copay; as medically necessary
80% Prudent Buyer; 70% Non-Prudent Buyer; in accordance with requirements	\$5 copay for initial visit to confirm pregnancy; no charge for subsequent maternity visits
Retail: 80% in-network; out-of network coverage may vary. Contact Anthem Blue Cross for more information. Mail order: \$10 generic/\$30 brand/\$50 non-preferred brand/ \$150 specialty for a 90-day supply /specialty copay prorated for less than 90-day supply	Retail: \$7 copay for 30-day supply; Mail order: \$14 copay for 90-day supply
80% Prudent Buyer; 70% non–Prudent Buyer	No charge for an unlimited number of days
80% Prudent Buyer; 70% non–Prudent Buyer	No charge for an unlimited number of visits
Not covered	\$10 copay; limit one exam every 24 months
One pair, after eye surgery	Not covered
Not covered	Not covered
Not covered	Covered as part of primary care physician exam only
Not covered	Not covered

Kaiser Permanente	UnitedHealthcare <sup>4</sup>
None	None
Maximum copays of \$1,500 per individual, \$3,000 per family	Maximum copays of \$2,000 per individual, \$6,000 per family
Jnlimited	Unlimited
No charge	No charge
3.	3.
No charge for inpatient; \$5 copay for outpatient	No charge for inpatient or outpatient
No charge	No charge
Authorization by a Kaiser physician required within 24 hours or as soon as reasonably possible in case of emergency outside service area	Authorization by a participating UnitedHealthcare medical group or physician required. Within 24 hours in case of emergency
No charge; limit 100 days per benefit period	No charge; limit 100 consecutive days from first treatment
No charge if authorized by Kaiser physician	per disability  No charge (if medically necessary)
No charge in authorized by Ruiser physician	
No charge if authorized by Kaiser physician  No charge if authorized by Kaiser physician (up to 100 2-hour visits per calendar year)	No charge; 100 visits maximum per calendar year  No charge when authorized by a UnitedHealthcare participating physician or medical group. Prognosis of life expectancy of one year or less.
No charge	No charge
\$5 at Kaiser facility; waived if admitted directly to the hospital	\$50; waived on admission
No charge if emergency	No charge when medically necessary
\$5 copay	\$5 copay
No charge	No charge with an office visit
\$5 copay	\$5 copay; no charge for age 2 and under
No charge if generally available	\$5 copay; no charge for age 2 and under
\$5 copay	No charge
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	Inpatient: no charge; outpatient: \$5 copay
\$5 copay	No charge; office visit copays are waived after initial office visit copay
\$7 copay for up to 100-day supply; can be in person, through mail order, by telephone, or online at www.kp.org/myhealthmanager	Retail: \$7 copay for 30-day supply; Mail order: \$7 copay for 90-day supply
No charge; for an unlimited number of days	No charge; for an unlimited number of days (both Mental Health and Substance Abuse)
\$5 copay per visit; for an unlimited number of visits	Mental Health: \$5 copay; for an unlimited number of visits, me be authorized through UnitedHealthcare Behavioral Health <sup>5</sup>
	Substance Abuse: No charge; for an unlimited number of vis
\$5 copay	\$5 copay through PCP <sup>5</sup>
	Not covered
Not covered  Not covered	Not covered
NOT COVERED	NOT COVERED
\$5 copay	\$5 copay

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.

<sup>1</sup> Indicates deductible waived.

#### Anthem Blue Cross II

<sup>2</sup> For non–Medicare members

#### Anthem Blue Cross I and II

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

#### **HMOs**

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

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

#### **UnitedHealthcare**

- <sup>4</sup> Solutions for Caregivers − no charge for advice, information and referrals. See the Caregiver flyer in the packet sent to retirees from the carrier for additional services.
- <sup>5</sup> Your PCP is your Preferred Care Provider in the UnitedHealthcare HMO.

# COMPARISON OF MEDICAL PLANS

Effective July 1, 2012

# 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	\$250 copay per admission; 100 days per year
Private Duty Nurses	No charge if in service area only and referred by a network provider	No charge if authorized
Home Health Care	No charge if authorized	No charge if authorized
Hospice Care	No charge	No charge if authorized
Emergency Benefits		
Inpatient	\$100 copay (waived if admitted)	\$100 (waived if admitted)
Outpatient	\$100 copay	\$100 (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
<b>Outpatient Benefits</b>		
Doctor's Office Visits	\$5 copay (\$25 copay for after-hours care; \$15 copay for specialist visit)	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	No charge
Routine Checkups		
- Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient; limited to 20 visits per year	\$15 copay
Maternity	\$5 copay	\$15 copay for 1st visit; no charge thereafter
Prescription Drug Benefits		
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser; \$25 generic/\$40 brand copay for up to 30-day supply at Eckereds
Mental Health Benefits		
Inpatient	\$250 per admission	\$250 copay
Outpatient	\$5 copay	\$15 copay
<b>Substance Abuse Benefits</b>		
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	\$100 credit toward lenses, contact lenses
Frames	lenses or frames combined every 2 years	or frames combined every 2 years
Hearing Exam	\$5 copay	\$15 copay (if exam copay applies)
Hearing Aids	Not covered	Not covered

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual – \$2,500 Family (3 or more) – \$7,500	Individual – \$600 Family – \$1,200
Unlimited	None
	TOTAL CONTROLLED
\$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
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
No shares	No shaura
No charge	No charge No charge
No charge No charge	No charge for routine
\$15 copay	\$5 copay
\$15 copay	\$5 copay; up to a combined total of 100 days per condition per
	calendar year for inpatient and outpatient rehabilitation
\$15 copay	\$5 copay; up to a combined total of 100 days per condition per calendar year for inpatient and outpatient rehabilitation
No charge (after confirmation of pregnancy)	Hospitalization – no charge; doctor's office visit – no charge
\$10 copay for up to 30-day supply	\$5 copay for up to 30-day supply
\$50/day*	No charge
\$15 copay*	
ф 15 сорау	\$5 copay
\$50/day	No charge
\$15 copay	\$5 copay
20% of applicable charges up to 60 days per calendar year	No charge
\$15 copay	\$5 copay
Not covered	Not covered
Not covered	Not covered
\$15 copay	\$5 copay
\$500 allowance	Covered for children only

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

## **RETIREE WITH MEDICARE MA-PD HMOs**

	Kaiser – Colorado	Kaiser – Georgia
Calendar Year Deductible/Copayment	None	None
Annual Maximum Out-of-Pocket Expenses (for most services)	Individual – \$2,500	Individual – \$2,000
Lifetime Maximum Benefits	None	None
Hospital Benefits		
Room and Board	\$250 copay per admission	\$250 copay per admission
Surgical Services	Inpatient – no charge/Outpatient – \$50 copay	Inpatient – no charge/Outpatient – \$100 copay
Hospital Services and Supplies	Durable medical equipment covered at 80%	No charge
Hospital Admission Authorization Requirements	No authorization needed when referred by a Kaiser Permanente physician	Authorization required for hospital admissions
Nursing Benefits		
Skilled Nursing Facility Care	No charge; 100 days per period	\$250 copay per admission; 100 days per period
Private Duty Nurses	No charge in service area	No charge if authorized
Home Health Care	No charge in service area	No charge if authorized
Hospice Care	No charge (only home-based hospice care)	No charge
Emergency Benefits		
Inpatient	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient	\$50 copay	\$50 copay (waived if admitted)
Ambulance	20% copay; max. of \$500 per trip	\$100 copay
Outpatient Benefits		
Doctor's Office Visits	\$5 copay (\$15 copay for specialist visit)*	\$15 copay
Preadmission Diagnostic X-ray and Lab Tests	Included in office visit copay	Copay varies
Routine Checkups		
– Adults	No charge	No charge
– Children Under 17	No charge	No charge
Immunizations	\$5 copay; no charge if preventive	\$15 copay; no charge if preventive
Outpatient Surgical Services	\$50 copay	\$100 copay
Physical Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Speech Therapy	\$250 copay inpatient; \$5 copay outpatient	\$15 copay outpatient
Maternity	No charge	No charge
Prescription Drug Benefits	3	3
Prescription Drugs	\$10 copay for up to 60-day supply	\$15 generic/\$30 brand copay for up to 30-day supply at Kaiser; \$25 generic/\$40 brand copay for 30-day supply at 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	\$100 credit toward lenses and/or frames
Frames	frames combined every 2 years	combined every 2 years
<del></del>	¢E consu	\$15 copay
Hearing Exam	\$5 copay	\$15 copay

U & C = Usual and customary: The maximum amount the plan will pay for a service based on what providers in that geographic area charge for similar services or supplies. \*All office-administered prescription drugs covered by Medicare Part B (except preventive immunizations and diagnostic drugs) will be subject to 20% coinsurance. This coinsurance will apply to the annual maximum out-of-pocket expenses.

Kaiser – Hawaii	Kaiser – Oregon
None	None
Individual – \$2,500 Family – \$7,500	Individual – \$600
Unlimited	None
\$50/day	No charge
No charge	No charge
No charge	No charge
Authorization required by a Kaiser Permanente Medical Group physician	Authorization required by a Kaiser Permanente physician
No charge; 100 days per year	No charge; 100 days for Medicare benefits period
Not covered	Not covered
Not covered	Not covered
No charge if authorized	No charge
No charge if authorized	No charge
\$50 per visit	\$50 copay (waived if admitted)
\$50 per visit	\$50 copay (waived if admitted)
No charge	\$50 copay
\$15 copay	\$5 copay
No charge	No charge
No charge	No charge
No charge	Not covered
No charge	No charge
\$15 copay	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
	#3 coμay
\$50/day	No charge
\$15 copay	\$5 copay
\$15 copay	\$5 copay
Not covered	\$150 credit toward the purchase of lenses, frames,
Not covered	and/or contact lenses every 24 months
\$15 copay	\$5 copay
\$500 allowance to purchase hearing aids; provided every 3 years	Not covered

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

# COMPARISON OF MEDICAL PLANS

2012

For those enrolled in Medicare Parts A and B

Effective July 1, 2012

# **Medicare Supplement Plan**

Anthem Blue Cross III

# Medicare Advantage Prescription Drug (MA-PD) HMOs

- Kaiser Senior Advantage
- UnitedHealthcare Group Medicare Advantage HMO (formerly 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 Adva	ntage Prescription Drug	(MA-PD) HMOs
	Anthem Blue Cross III	Kaiser Senior Advantage	SCAN¹	UnitedHealthcare Group Medicare Advantage HMO (formerly PacifiCare, Secure Horizons) <sup>5</sup>
<b>Outpatient Benefit</b>		,		·
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	No charge	\$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 <sup>3</sup>	\$5 copay for Medicare-covered services <sup>3</sup>	\$5 copay for Medicare- covered services <sup>3</sup>
Transportation	Not covered	Not covered	No charge for unlimited number of rides to medical or dental appointments	Not covered
Prescription Drug B	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 <sup>4</sup>	\$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 <sup>2</sup>	No charge; 190-day lifetime maximum if admitted to Medicare-approved psychiatric hospital
Outpatient	30% of Medicare-approved charges; up to 50 professional visits per year	\$5 copay for each visit per calendar year for an unlimited number of visits	\$5 copay for each visit per calendar year. No charge for severe mental illness	\$5 copay; unlimited visits
Substance Abuse	20% of Medicare-approved charges	Inpatient: No charge as per plan limitations; Outpatient: \$5 per individual visit; \$2 per group visit	\$5 copay; unlimited visits	Same as Mental Health Inpatient and Outpatient
Vision Benefits		-		
Eye Exams	Not covered	\$5 copay	\$5 copay for Medicare-covered, medically-necessary eye exam	\$5 copay
Lenses	Not covered unless 1st lens after eye surgery	Eyewear (frames/lenses/ contacts) purchased from	Not covered	Not covered
Frames	Not covered unless after eye surgery	plan optical sales every 24 months; \$150 allowance	Not covered	Not covered
Hearing Care Bene	fits			
Hearing Exams	One per calendar year; 80%	\$5 copay	\$0 copay preferred provider \$5 copay non-preferred provider	\$5 copay <sup>6</sup>
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 Advan	tage Prescription Drug	(MA-PD) HMOs
	Anthem Blue Cross III	Kaiser Senior Advantage	SCAN¹	UnitedHealthcare Group Medicare Advantage HMO (formerly PacifiCare Secure Horizons) <sup>5</sup>
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	\$6,700	\$6,700
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Benefits				
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	No charge	No charge	No charge
Nursing Benefits				
Skilled Nursing Facility Care	Plan pays Medicare daily deductible for days 21–100; no coverage beyond 100 days	No charge; 100 days per benefit period in a Medicare- certified facility	No charge; 100 days per benefit period in a Medicare- certified facility	No charge; 100 days per benefit period in a Medicare-certified facility
Private Duty Nurses	Not covered	No charge if authorized by a Kaiser physician	No charge when medically necessary only, per Medicare guidelines	No charge when medically necessary only, per Medicare guidelines
Home Healthcare	100% of all remaining costs not covered by Medicare	No charge for Medicare- covered Home Health and no charge for part-time intermittent care if authorized by a Kaiser physician	No charge for Medicare- covered Home Health. See (1) below for expanded coverage info	No charge when medically necessary only, per Medicare guidelines
Hospice Care	100% of all remaining costs not covered by Medicare	No charge if authorized by a Kaiser physician	No charge	No charge, provided care is in accordance with Medicare guidelines
Emergency Benefits				
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$5 copay; waived if admitted	No charge	No charge
Outpatient	20% of Medicare-approved charges	\$5 copay; waived if admitted	\$25 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance	20% of Medicare-approved charges	No charge for emergency	No charge	No charge (if medically necessary)

- '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.
- <sup>2</sup> Note: Visit or day limits do not apply to certain mental healthcare described in the evidence of coverage.
- <sup>3</sup> 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.
- <sup>4</sup> Copayment for specialty drugs will be prorated if you receive less than a 90-day supply
- <sup>5</sup> UnitedHealthcare Group Medicare Advantage HMO (formerly PacifiCare/ Secure Horizons) includes coverage for Solutions for Caregiver's services No charge for advice, information and referrals. See the Caregiver flyer included in the materials received after enrollment in the plan for additional services.
- 6 UnitedHealthcare Group Medicare Advantage HMO (formerly 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.

# 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://local1014medical.org/docs/2012spd\_v5%20(3).pdf



(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 <sup>1</sup> (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 <sup>1</sup>
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 <sup>1</sup>
Medically Necessary Care	In-Network	Out-of-Network
Ambulance	90% after deductible, up to annual out-of-pocket limit, 100% thereafter	
Doctor's office visits	90% after deductible, up to annual out-of-pocket limit, 100% thereafter out-of-pocket limit, 100% thereafter	
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) <sup>1</sup>
<b>Hospital care</b> (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 <sup>1</sup>
<b>Maternity</b> (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 <sup>1</sup>
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 <sup>1</sup>



(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) <sup>1</sup>
Prescription Drugs (outpatient) <sup>2</sup>	Short-Term (30-Day Supply) From a Retail Pharmacy or Mail order	
	In-Network	Out-of-Network <sup>1</sup>
Generic  Brand name (when generic is unavailable)  Brand name (when generic is available)	\$10 copay  You pay the entire cost of your prescription up front and submit a claim for reimbursement. You may reimbursed for 100% of the cost me the copay. Out-of-network copays at the same as the in-network copays.  \$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	
<b>Brand name</b> (when generic is unavailable)	\$50 copay	
<b>Brand name</b> (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 servi	ces are rendered
Exams	Once every 12 months	Up to \$45 once every 12 months
Prescription lenses	Covered once every 12 months. Includes lined bifocal, trifocal, or progressive lenses; polycarbonate lenses, anti-reflective coating and tints, including photochromic.	Covered once every 12 months. Up to \$45 single vision lenses, \$65 lined bifocal, \$85 lined trifocal lenses, or \$85 progressive lenses. \$5 for tints.
Frames	Covered once every 12 months, up to \$175, plus 20% off additional costs.  Up to \$47 once every 12 months	
Contacts	When you choose contacts instead of glasses, a \$200 allowance applies once every 12 months to the cost of contacts. In addition there is a separate benefit to cover the contact lens fitting and evaluation exam.	Up to \$105 once every 12 months



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

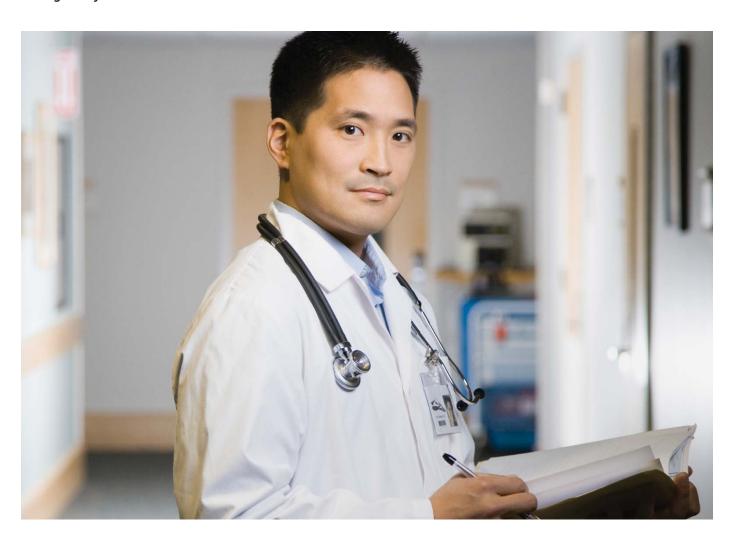


(For Details, Please Turn to What the Plan Covers and What the Plan Does Not Cover)

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.

- <sup>1</sup> 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.
- <sup>2</sup> 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.

#### <sup>3</sup> See glossary for definition



# Appendix G: Dental and Vision Plan Description

The dental and vision plan description is from the following area of the LACERA website:

http://www.lacera.com/communications/PDF/healthcare\_rates/dental\_vision\_charts.pdf



DENTAL PLAN							
	Cigna Indemnity Dental	Cigna Dental HMO					
Individual annual deductible Family annual deductible	\$25 \$50	None None					
Individual annual maximum benefit	\$1,500	Unlimited					
Exams & cleanings Amalgam – 1 surface, permanent Amalgam – 2 surface, permanent Amalgam – 3 surface, permanent Amalgam – 4 surface, permanent Resin or composite – anterior Anterior root canal – permanent Scaling/root planing – per quad Simple extraction Surgical extraction Crown – porcelain to high noble metal Crown – stainless steel Post – prefab or crown buildup	20%* 20%* 20%* 20%* 20%* 20%* 20%* 20%*	\$0** \$0** \$0** \$75** \$0** \$10** \$15 - \$50** \$220** \$40 - \$55**					
Orthodontic therapy – child Orthodontic therapy – adult	Not covered Not covered	\$2,240** \$2,840**					

<sup>\*</sup> 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.

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

VISION PLAN							
Benefit	In-Network Benefits	Out-of-Network Benefits					
Spectacle exam*** (Once every 12 months)	\$20 copay; then covered in full. For contact lens fitting and professional services, member pays additional charges	\$25 reimbursement maximum					
Lenses (Once every 12 months)							
<ul> <li>Single vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Progressive</li> </ul>	\$40 copay; then covered in full \$40 copay; then \$70 allowance	\$35 reimbursement maximum \$45 reimbursement maximum \$70 reimbursement maximum \$130 reimbursement maximum \$70 reimbursement maximum					
Frames (Once every 24 months)	\$50 allowance	\$35 reimbursement maximum					
Contact lenses (lifetime m	naximum benefit)						
<ul><li>■ Hard lenses</li><li>■ Soft lenses</li></ul>	\$180 allowance \$230 allowance	\$150 reimbursement maximum \$225 reimbursement maximum					
*** Spectacle exam includes routine exam, including dilation and refraction.							

## Appendix H: Medicare Part B Reimbursement Plan Description

The Medicare Part B reimbursement plan description is from the following area of the LACERA website:

http://www.lacera.com/healthcare/Medicare/medicare\_a\_b.html

July 1, 2012 Actuarial Valuation



Search

LACERA - Healthcare Home > Medicare Enrollment > Medicare Parts A & B Eligibility

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Medicare Parts A & B Eligibility

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The Value of Medicare Part B

#### MEDICARE PARTS A & B ELIGIBILITY

#### ELIGIBILITY REQUIREMENTS FOR MEDICARE PART A

(Hospital Insurance Coverage)

Medicare Part A is free to any person age 65 or older who is either:

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

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

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

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

Effective January 2013, the Medicare Part A premium amount decreased to \$441.00 per month (\$451.00 in 2012) for people who are not eligible for premium-free hospital insurance and have fewer than 40 quarters of Medicare-covered employment. Visit Medicare for more information.

#### ELIGIBILITY REQUIREMENTS FOR MEDICARE PART B

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

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

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

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

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

On December 18, 2012, the Board of Supervisors approved the Medicare Part B Premium Reimbursement Program for 2013 for LACERA-administered Medicare Plan enrollees. Read more about Part B.

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Location: 300 N. Lake Ave. Pasadena, CA 91101 • Mailing Address: PO Box 7060 Pasadena, CA 91109-7060

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



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

We utilized the SCAQMD percentage provided by LACERA which is determined based on County and SCAQMD years of service. We assume that the SCAQMD obligation is equal to this percentage multiplied by the employer portion of the obligation.



Table 1: July 1, 2012 Summary of SCAQMD Paid Liabilities and Cost

SCAQMD	July 1, 2012	July 1, 2010	Percentage Change
A. Total Membership			
Active Members     Vested Terminated Members     Retirees and Survivors (Medical Coverage)	1 - 63	2 - 67	-50.0% -6.0%
4. Total	 64	 69	-7.2%
B. Total Payroll	\$ 60,063	\$ 124,377	-51.7%
C. Expected SCAQMD Paid First-Year Benefits	\$ 248,393	\$ 241,958	2.7%
D. Present Value of Future Benefits (PVB) 1	\$ 4,450,747	\$ 4,536,519	-1.9%
E. Actuarial Accrued Liability by Member Status <sup>1</sup>			
Active Members     Vested Terminated Members	\$ 346,560 -	\$ 648,757 -	-46.6%
3. Retired Members	 4,059,695	3,805,767	6.7%
4. Total	\$ 4,406,255	\$ 4,454,524	-1.1%
F. Actuarial Accrued Liability by Benefit Type <sup>1</sup>			
Retiree Medical	\$ 3,572,782	\$ 3,571,520	0.0%
2. Retiree Dental/Vision	219,985	245,628	-10.4%
3. Medicare Part B	529,408	549,099	-3.6%
Retiree Life Insurance	 84,080	88,277	-4.8%
5. Total	\$ 4,406,255	\$ 4,454,524	-1.1%
G. Assets	\$ -	\$ -	
H. Unfunded Actuarial Accrued Liability	\$ 4,406,255	\$ 4,454,524	-1.1%
I. Annual Required Contribution (ARC) <sup>2</sup>	\$ 166,766	\$ 187,517	-11.1%
J. ARC expressed as a percentage of payroll			
Normal Cost	15.71%	14.08%	11.6%
2. UAAL Payment	 261.94%	 136.69%	91.6%
3. Total	277.65%	150.77%	84.2%

<sup>&</sup>lt;sup>1</sup> Net of Retiree Paid Premiums. Decrease is a result of deaths, aging, and data changes.



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 $<sup>^{\</sup>rm 2}$  Normal cost and 30 year level percent of payroll amortization of the Unfunded Actuarial Accrued Liability (UAAL). Assumes an unfunded plan.

# Table 2: July 1, 2012 Actuarial Accrued Liability (AAL) at Unfunded Rate (4.35%) Retiree Medical Benefits

	 SCAQMD
AAL - Total Medical Benefits	
Retirees	\$ 7,573,460
Vested Terminateds	-
Actives	 300,153
Total	\$ 7,873,613
2. AAL - County and Retiree Paid Medical Premiums	
Retirees	\$ 4,300,831
Vested Terminateds	-
Actives	-
Total	\$ 4,300,831
3. AAL - SCAQMD Paid Medical Benefits (1) - (2)	
Retirees	\$ 3,272,629
Vested Terminateds	-
Actives	 300,153
Total	\$ 3,572,782

# Table 2 (Cont): July 1, 2012 Actuarial Accrued Liability (AAL) at Unfunded Rate (4.35%) Retiree Dental and Vision Benefits

	S	CAQMD
AAL - Total Dental & Vision Benefits     Retirees     Vested Terminateds	\$	480,009 -
Actives		13,319
Total	\$	493,328
<ol> <li>AAL - County and Retiree Paid Dental &amp; Vision Premiums         Retirees         Vested Terminateds         Actives</li> </ol>	\$	273,343 - -
Total	\$	273,343
AAL - SCAQMD Paid Dental & Vision Benefits (4) - (5)     Retirees     Vested Terminateds     Actives	\$	206,666 - 13,319
Total	\$	219,985

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# Table 2 (Cont): July 1, 2012 Actuarial Accrued Liability (AAL) at Unfunded Rate (4.35%) Medicare Part B and Retiree Life Insurance

		SCAQMD
7. AAL - SCAQMD Paid Medicare Part B Premiums Retirees Vested Terminateds	\$	497,575
Actives Total	\$	31,833 529,408
Total	Φ	529,406
8. AAL - SCAQMD Paid Retiree Death Benefit		
Retirees	\$	82,825
Vested Terminateds		-
Actives		1,255
Total	\$	84,080
9. AAL - SCAQMD Paid Benefits (3) + (6) + (7) + (8)		
Retirees	\$	4,059,695
Vested Terminateds		-
Actives		346,560
Total	\$	4,406,255

#### Table 3: July 1, 2012 Normal Cost at Unfunded Rate (4.35%)

	SC	CAQMD
Total Medical Benefits     County and Retiree Paid Medical Premiums	\$	8,166 -
3. Net SCAQMD Paid Medical Benefits (1) - (2)	\$	8,166
<ul><li>4. Total Dental/Vision Benefits</li><li>5. County and Retiree Paid Dental/Vision Premiums</li></ul>	\$	360 -
6. Net SCAQMD Paid Dental/Vision Benefits (4) - (5)	\$	360
7. SCAQMD Paid Medicare Part B Premiums	\$	874
8. SCAQMD Paid Retiree Death Benefit	\$	33
9. Total SCAQMD Normal Cost (3) + (6) + (7) + (8)	\$	9,433
10. Valuation Payroll	\$	60,063
11. SCAQMD Normal Cost as a Percentage of Payroll		15.71%

Table 4: 2012-2013 Annual Required Contribution (ARC) at Unfunded Rate (4.35%)

		SCAQMD
Unfunded Actuarial Accrued Liability (UAAL)		
Present Value of Benefits (PVB) Present Value of Future Normal Cost (PVFNC)	\$	4,450,747 44,492
Actuarial Accrued Liability as of July 1, 2012 Fund Balance at July 1, 2010 <sup>1</sup>	\$	4,406,255
Unfunded Actuarial Accrued Liability	\$	4,406,255
2. Amortization of UAAL (Level % of Pay)		
Amortization Period (years) <sup>2</sup>		30
UAAL Amortization Payment	\$	157,333
3. 2012 - 2013 Annual Required Contribution (ARC) on July 1, 20	012	
Amortization of UAAL	\$	157,333
Normal Cost	1	9,433
Annual Required Contribution (ARC) (As of July 1, 2012)	\$	166,766
4. July 1, 2012 Valuation Payroll	\$	60,063
5. Estimated ARC as a Percentage of Valuation Payroll		277.65%

<sup>&</sup>lt;sup>1</sup> This assumes an unfunded plan.

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

Table 5: Projected SCAQMD Paid Benefits by Type

#### **SCAQMD**

Fiscal Year Ending	Me	dical Total	Der	ntal/Vision Total	ledicare Part B	Dea	th Benefit	С	Medical ounty and Retiree ontribution	Co	ntal/Vision unty and Retiree ntribution	Total CAQMD d Benefits
6/30/2013	\$	526,163	\$	46,953	\$ 34,812	\$	8,920	\$	(339,381)	\$	(29,074)	\$ 248,393
6/30/2014		519,062		46,996	36,189		8,764		(334,703)		(28,901)	247,407
6/30/2015		541,890		45,728	36,098		8,528		(344,963)		(27,855)	259,426
6/30/2016		552,436		44,010	35,835		8,178		(346,899)		(26,520)	267,040
6/30/2017		549,512		42,189	36,794		7,807		(343,774)		(25,117)	267,411
6/30/2018		554,611		40,347	36,295		7,361		(341,507)		(23,707)	273,400
6/30/2019		556,691		38,380	35,641		6,876		(336,743)		(22,228)	278,617
6/30/2020		555,893		36,391	34,849		6,376		(329,830)		(20,747)	282,932
6/30/2021		549,458		34,406	34,112		5,850		(321,340)		(19,299)	283,187
6/30/2022		542,172		32,317	32,800		5,352		(310,121)		(17,827)	284,693

Projection Basis:

All assumptions are met

No future members are reflected

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

#### **SCAQMD**

	Valuation Medical lation Rates	Valuation Medical lation Rates Plus 1%	Valuation Medical Inflation Rates Minus 1%		
July 1, 2012 AAL Percentage Increase/(Decrease)	\$ 4,406,255	\$ 4,931,729 12%	\$	3,976,156 (10%)	
2012 – 2013 ARC Percentage Increase/(Decrease)	\$ 166,766	\$ 187,584 12%	\$	149,815 (10%)	

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