

Staying the Course



2011 Retired Member
Health Benefits Guide

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LACERS Health Benefits

This booklet is a reference guide of the coverage offered by the Los Angeles City Employees' Retirement System (LACERS)-sponsored medical and dental plans for Retirees. The services to be provided shall be in accordance with agreements between the medical and dental plan carriers and LACERS. As the Program Administrator, the LACERS Board of Administration reserves the right, as provided in Chapter 11, Division 4 of the Los Angeles Administrative Code, to terminate any plan benefits at the beginning of any plan year, or at any time when, in the opinion of the Board, it is necessary for the administration of any individual plan or the medical and dental program. In the event of any discrepancies between this document and the various ordinances governing the receipt of health benefits or reimbursements, the legal text found in the ordinances shall govern at all times.

Health Insurance Portability and Accountability Act (HIPAA)

Effective April 2003, HIPAA, a federal privacy rule for health information, placed strict limits on how your health information can be used. Generally, health plans can only release your health information to you, your health care providers or to those paying for your health care treatment unless you provide written permission stating otherwise. If you ask LACERS to contact your health plan on your behalf, you must provide us your written authorization to do so and, alternately, to allow the health plan to provide LACERS with your health information. Contact LACERS for your plan's authorization form.



Los Angeles City Employees' Retirement System

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Staying The Course

2011 Retired Member Health Benefits Guide

Thank you for your interest in LACERS health benefits for Retired Members and their eligible dependents. Use this booklet as your resource to:

- Familiarize yourself with your benefits
- Help you with your initial enrollment in LACERS-sponsored health plans **AND/OR**
- Change your and your eligible dependents health plan coverage

If you are the eligible Surviving Spouse/Domestic Partner of a LACERS Member and you receive a monthly LACERS Continuance allowance, some health benefits may also be available to you.

We also encourage you to keep this Guide as a reference throughout the year.

Comments?

Tell us what you think about this Health Benefits Guide. Go to WWW.LACERS.ORG/RETIRED to participate in our survey or you may use the survey on page 55. Be sure to provide your email address to receive LACERS health benefits updates, invitations and latest news.

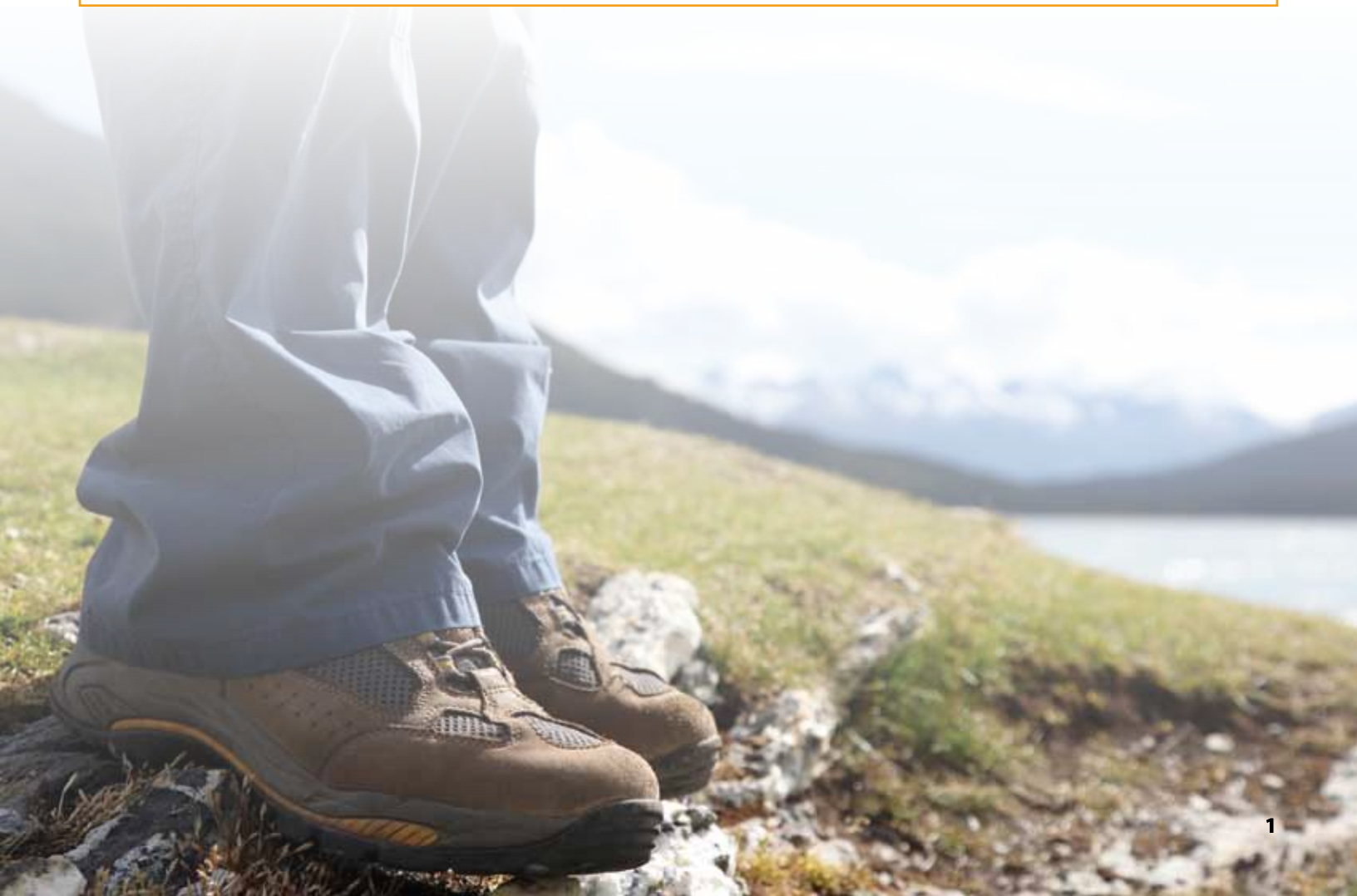


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Retired Member Eligibility

You are eligible to enroll in LACERS health plans if you are a retired City employee who receives a monthly retirement allowance.

An eligible Surviving Spouse/Domestic Partner (S/DP) who receives a Continuance or a survivorship allowance from LACERS is also eligible to enroll in LACERS health plans. Ex-spouses and ex-state registered domestic partners of Retired Members are not eligible.

Eligible Dependents¹

Eligible dependents on your LACERS health plan may be a:

- a) Spouse
- b) Domestic partner (your partnership must be registered with LACERS **AND/OR** your state)
- c) Dependent child who is —
 - Unmarried and under age 19
 - Unable to engage in gainful employment because of a mental or physical disability (disability must have occurred before age 19)**OR**
 - Unmarried, under age 25 and a full-time student at an accredited college
- d) Grandchild — if you or your S/DP are the legal guardians or have legal custody of your grandchild; or if your grandchild is the child of a dependent child as defined in c) above

A “dependent child” includes:

1. One born to you
2. One legally-adopted by you
3. A step-child living with you in a parent-child relationship
4. A child of whom you have legal custody or are the legal guardian and you provide principal financial support
5. Your domestic partner’s child

Eligibility Verification

To verify your dependent’s enrollment eligibility, you will be required to provide LACERS with a copy of your certified marriage certificate or your child’s birth certificate at the time of enrollment. If applicable, you may also be required to provide proof of your child’s disability.

Domestic Partnerships

To enroll your domestic partner and the children of your domestic partner in a LACERS health plan, you must have an *Affidavit of Domestic Partnership Form* on file with LACERS or proof of your legally registered domestic partnership in the State of California.

Health Care Reform and LACERS Dependent Eligibility

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Health Care Act. The Act contains provisions that will be implemented over the next several years. However, because LACERS is a nonfederal governmental Retired Member-only plan, it is exempt from plan design mandates such as:

- Coverage of adult children to age 26
- Elimination of lifetime maximums
- No cost sharing for preventive services

Therefore, the dependent requirements in plan year 2011 will not change.

1. These definitions of dependency are relevant to eligibility for coverage. They may differ from dependency determinations for taxation purposes.

Enrolling in a Health Plan

If you would like to enroll in a LACERS health plan, then you must complete a LACERS health plan enrollment form.

If you are enrolled in a LACERS health plan and would like to change your plan, you must submit a LACERS health plan enrollment form. If you do not submit an enrollment form, then your current LACERS health plan choices will remain in effect for the next plan year.

How to Enroll

To enroll in a LACERS health plan:

- 1) Review the premiums, subsidies and deductions in this Guide to understand any costs you may have
- 2) Make your medical **AND/OR** dental plan selections
- 3) Complete all applicable sections of the LACERS health plan enrollment forms in the back of this Guide
- 4) Mail or deliver your completed form(s) to:

LACERS

360 E. Second St., 2nd Fl.
Los Angeles, CA 90012-4207

The enrollment choices you make will remain in effect from January through December of each plan year (January 1 – December 31).

When to Enroll

Generally, you may enroll in a LACERS health plan:

- Within 60 days of your retirement effective date
- During LACERS annual Open Enrollment period (October 15 – November 15)

You may also enroll within:

- 60 days of turning age 55
- 60 days of turning age 65 (based on your Medicare eligibility)
- 30 days of moving in or out of a LACERS HMO plan zip code service area
- 30 days of a LACERS HMO plan zip code service area becoming available or unavailable
- 30 days of being involuntarily terminated from a non-LACERS medical plan (LACERS requires proof of termination)

When Your Health Plan Coverage Begins

Your health coverage starts:

- The first of the month following your retirement effective date **OR**
- January 1 of the year following your enrollment during LACERS annual Open Enrollment period

Making Health Plan Changes

If you have a family status change, such as a marriage, a domestic partnership or the birth/adoption of a child, you may make changes to your health plan or enroll in another plan without having to wait until Open Enrollment (October 15 – November 15) to do so.

Adding a New Dependent

You have 30 days from the date of your family status change to add a new dependent. Complete a *LACERS Medical/Dental Plan Family Account Change Form* to add a new dependent to your health plan(s). Otherwise, you must wait until the next annual Open Enrollment period.

If your dependent has Medicare, additional forms will be required.

Deleting a Dependent

You may delete a dependent from your LACERS health plan within 60 days of any event that makes your dependent ineligible for LACERS health insurance coverage (e.g., divorce). If you would like to delete a dependent, you must complete *LACERS Medical/Dental Plan Family Account Change Form*.

If You Do Not Notify LACERS within 60 Days to Delete a Dependent

- Your deleted dependent may not be offered an opportunity to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). See page 11 for more information on COBRA.
- You will not be refunded for retroactive coverage

Medicare And LACERS Health Benefits

Medicare Enrollment Requirement

By age 65, you must enroll in Medicare Part B or Medicare Parts A & B, to the extent you are eligible.

In order to qualify for a LACERS medical plan premium subsidy, the Los Angeles Administrative Code (Sec. 4.1103.2) requires that you and your dependents enroll in Medicare Part B when you become eligible. LACERS requests that you enroll within three months of turning age 65. You must present proof of enrollment to LACERS. Also, you and your dependents are required to enroll in Medicare Part A, but only if you are eligible for it premium-free (at no cost to you).

Contact the Social Security Administration (SSA) for a Medicare enrollment appointment at your local office.

If you do not enroll in Medicare by age 65 and maintain your Medicare enrollment, you will lose your medical plan premium subsidy and your existing LACERS medical plan coverage may be terminated. In addition, Social Security may charge late enrollment penalties.

Exception — Living Outside the U.S.

You may not need to enroll in Medicare if you reside permanently outside the U.S. and its territories. However, you may be penalized if you do not enroll in Medicare or allow your Medicare premiums to lapse and later decide to reside in the U.S. Contact the SSA regarding Medicare rules, regulations or penalties that may affect your medical plan coverage.

If you later decide to reside in the U.S., continued coverage of Medicare should be discussed with the SSA in advance.

Medicare Part B Premium Reimbursement

If you, the Retired Member, are covered by both Medicare Parts A & B and are enrolled in a LACERS Senior Plan or participate in the LACERS Medical Premium Reimbursement Program (MPRP), LACERS will reimburse you for the **basic** Part B Medicare premium.

However, if you are enrolled in the Anthem Blue Cross PPO Out-of-Country plan, you will not be reimbursed for any Medicare Part B premiums. See page 13 for more information on the Anthem Blue Cross PPO Out-of-Country Plan.

LACERS does **not** reimburse eligible Surviving Spouses/ Domestic Partners or dependents for their Medicare Part B premium.

Medicare Part D

Do not enroll in Medicare Part D separate from your LACERS plan.

Medicare Part D is already integrated in your LACERS plan. Enrolling in Medicare Part D on your own or through another group plan may cause your LACERS medical coverage to be terminated.

Exception — MPRP

If you are enrolled in the MPRP and your non-LACERS plan does not include Medicare Part D, you may enroll in supplemental Medicare Part D insurance in order to maintain creditable coverage.

Termination of your LACERS plan

If you default on your Medicare Part B premiums and are terminated from your LACERS health plan, your and your dependents' Medicare Part D will also be cancelled. Social Security may assess lifetime penalties when you re-enroll in Medicare Part D.

Single Coverage Insurance Plan

The Centers for Medicare & Medicaid Services (CMS) allows you to have only one Medicare Advantage HMO plan. If you enroll in a Medicare plan outside of your LACERS medical plan, you may lose your LACERS medical coverage, even if you enroll in a plan from the same company but sponsored by a different organization (e.g., the Los Angeles County Employees Retirement Association Kaiser Permanente Senior Advantage plan).

**Consider the Medicare Easy Pay Program
to avoid a lapse in coverage.
1-800-MEDICARE**

Your LACERS Medical Subsidy

Member Subsidy Eligibility

You may be eligible to receive a monthly subsidy from LACERS. A subsidy is a monthly dollar credit applied to the cost of your health plan premium. The premium is the monthly cost of insurance coverage for a LACERS Retired Member and any dependents.

The LACERS Board determines the maximum monthly subsidy amount that you may receive on an annual basis. Your subsidy amount is based on your years of City Service.

Your subsidy may or may not cover the total cost of your monthly premium. If your subsidy is less than your monthly premium, the difference is deducted from your retirement allowance.

$$\boxed{\text{Health Plan Premium}} - \boxed{\text{Subsidy}} = \boxed{\text{Deduction}}$$

If You Retired as a Full-Time Employee

Your subsidy eligibility is based on your age and your whole years of City Service. To be eligible for a subsidy, you must:

- Be at least age 55
- Have a minimum of 10 whole years of City Service*

* Example: If you are age 55+ and worked full-time for the City for 10 years and 11 months, you would have 10 whole years of City Service. (Alternatively, if you worked full-time for the City 9 years and 11 months, you will NOT be eligible for a subsidy.)

If You Retired as a Part-Time Employee¹

If you became a LACERS Member before April 22, 1990, your subsidy for part-time City employment is based on your years of City Service.

If you became a LACERS Member after April 22, 1990, your subsidy for part-time City employment is based on your years of City Service Credit (which is based on the number of actual hours worked).

1. For the purposes of this Guide, subsidy information is based on full-time employment.

How Your Medical Subsidy is Calculated

For Retired Members who are:

- **Under Age 65 OR**
- **Over Age 65 with Medicare Part B only**

You receive 4% of the maximum medical subsidy for each year of your City Service (a minimum of 10 years of Service). Any balance of the subsidy not used for your Retired Member coverage may be applied toward the cost of your dependent's medical plan coverage. Any unused subsidy cannot be received as cash compensation.

Years of Service	% of Maximum Subsidy	2011 Subsidy Amount
10	40%	\$476.00
11	44%	\$523.60
12	48%	\$571.20
13	52%	\$618.80
14	56%	\$666.40
15	60%	\$714.00
16	64%	\$761.60
17	68%	\$809.20
18	72%	\$856.80
19	76%	\$904.40
20	80%	\$952.00
21	84%	\$999.60
22	88%	\$1,047.20
23	92%	\$1,094.80
24	96%	\$1,142.40
25	100%	\$1,190.00

For Retired Members who are:

- **Over Age 65 with Medicare Parts A & B**

If you are enrolled in Medicare Parts A & B, your maximum monthly subsidy amount will be based on your years of City Service and the One-Party premium of the LACERS Senior Plan in which you are enrolled:

Years of Service	% of Maximum Subsidy
10-14	75% of One-Party Monthly Premium
15-19	90% of One-Party Monthly Premium
20+	100% of One-Party Monthly Premium

NOTE: *If you have Medicare Parts A & B and you are covering dependents, the amount of subsidy that will be available for your dependents will be the same as if you were enrolled in an Under-65 Plan. This does **NOT** apply to the Medical Premium Reimbursement Program (MPRP). See page 10 for more information on the MPRP program.*

Taxability of Your Medical Subsidy

Under the Internal Revenue Code, your LACERS medical subsidy is not taxable when used to pay for medical coverage for the following:

1. Yourself
2. An opposite-sex spouse
3. Your child who is under age 19
4. Anyone you claim as a tax dependent on your federal income tax form

Any portion of your medical subsidy that is used to pay for coverage for any other individual may be taxable.

Your LACERS medical subsidy may also be taxable if:

- You are an eligible Surviving Domestic Partner
- It is used to cover a child who is a child of a domestic partner or same-sex spouse

All Retired Members with health plan dependents and eligible Surviving Spouses/Domestic Partners must complete and submit a *Certification of Dependent or Survivor Status for Health Coverage* form. Please view the *Definition of "Tax Dependent" For Purposes of a Health Plan* in the back of this Guide, to help determine the status of your dependents.

LACERS may report to the IRS any portion of a Member's medical subsidy that is used to provide coverage to a non-tax dependent. Consult your tax advisor or the Internal Revenue Service for more information.

Health Reciprocity between LACERS and Los Angeles County Employees Retirement Association (LACERA)

Typically, health reciprocity is not available between public retirement systems. However, LACERS and LACERA have a special agreement that can help you qualify for **AND/OR** increase your Retired Member medical and dental subsidies in either system.

To qualify, you must have earned a combined total of 10 or more years of Service with both LACERS and LACERA and be eligible for either full or limited reciprocal retirement benefits from both retirement systems.

Eligible Surviving Spouse/ Domestic Partner Benefits

Your eligible Surviving Spouse/Domestic Partner (S/DP) may continue receiving LACERS health coverage at the time of your death, if he or she:

- Was covered as a dependent at the time of your death
- Is eligible to receive a LACERS monthly Continuance allowance
- Has a LACERS Continuance check that is enough to pay the monthly medical premiums

Your eligible Surviving S/DP must re-enroll in a health plan(s) within 60 days of your death.

If your eligible Surviving S/DP was not covered by a LACERS health plan at the time of your death, but is receiving a Continuance allowance from LACERS, he or she may enroll in a LACERS health plan during the annual Open Enrollment period (October 15-November 15).

Your Eligible Surviving Spouse/Domestic Partner's Medical Subsidy

Your eligible Surviving S/DP's subsidy is based on:

- Your years of City Service (minimum of 10 years)
- When you would have been age 55
- Your Surviving S/DP's eligibility for Medicare

If you die prior to receiving your medical subsidy (i.e., while working for the City), your eligible Surviving S/DP will be eligible to receive a medical subsidy on the date when you would have become eligible to receive your subsidy.

How A Medical Subsidy is Calculated for the Eligible Surviving Spouse/Domestic Partner

If your eligible Surviving S/DP is:

- **Under Age 65 *OR***
- **Over Age 65 With Medicare Part B Only**

The maximum monthly medical subsidy amount is the Kaiser One-Party Non-Medicare monthly premium. To receive this amount, you must have at least 25 years of City Service. Otherwise, your eligible Surviving S/DP may receive 4% of the maximum subsidy for each year of your City Service (a minimum of 10 years of City Service):

Service	% of Max. Subsidy	2011 Subsidy
10	40%	\$238.24
11	44%	\$262.06
12	48%	\$285.89
13	52%	\$309.71
14	56%	\$333.54
15	60%	\$357.36
16	64%	\$381.18
17	68%	\$405.01
18	72%	\$428.83
19	76%	\$452.66
20	80%	\$476.48
21	84%	\$500.30
22	88%	\$524.13
23	92%	\$547.95
24	96%	\$571.78
25	100%	\$595.60

If your eligible Surviving S/DP is:

- **Over Age 65 With Medicare Part A & B**

The maximum monthly medical subsidy amount is equal to the One-Party monthly premium of the LACERS Senior Plan in which your eligible S/DP is enrolled. To receive this amount, you must have had at least 20 years of City Service. Otherwise, the calculation is as follows:

Years of Service	% of One-Party Monthly Premium for Senior Plan
10-14	75%
15-19	90%
20+	100%

The medical subsidy may only be applied toward the eligible Surviving S/DP participating in a LACERS medical plan or the Medical Premium Reimbursement Program (MPRP). Any unused subsidy cannot be received as cash compensation.

Eligible Surviving Spouses/Domestic Partners do not receive Medicare Part B premium reimbursements.

Please see page 6 for Medicare Enrollment.

Medical Premium Reimbursement Program

LACERS Medical Premium Reimbursement Program (MPRP) is available to you if you:

1. Reside more than three months out of the year (based on your address on file with LACERS) -
 - Outside of California **OR**
 - Within California but outside the authorized zip code service areas of a LACERS HMO or Medicare Advantage Plan
2. Have at least 10 years of full-time City Service
 - Part-time Retired City Employees who became LACERS Members after April 22, 1990 must have at least 10 years of **City Service Credit**

3. Are age 55 or older
4. Are not enrolled in a LACERS medical plan

Under this plan, LACERS may reimburse you up to the amount of your monthly medical subsidy for medical premiums you pay to a federally-qualified or state-regulated non-LACERS medical plan. You may also be reimbursed for vision insurance and Medicare Part D premiums if they are not part of your non-LACERS medical plan. Premium reimbursements are paid on a quarterly basis.

If you are currently enrolled in a LACERS medical plan, you must cancel your coverage by the 10th of your final month of coverage in order to participate in the MPRP. Please note once you cancel your LACERS medical plan you cannot re-enroll until the annual Open Enrollment period or when you have a qualifying event.

If you are not enrolled in a LACERS medical plan, you may enroll in the MPRP at anytime. Contact LACERS for an MPRP Information Packet and the reimbursement schedule.

NOTE: Your eligible Surviving Spouse/Domestic Partner (S/DP) may participate in the MPRP based on your eligibility.

MPRP Maximum Reimbursement	
Medicare Status	Subsidy
Under 65 or Part B only	\$1,190.00
Medicare Parts A & B	\$480.41

If Your Health Plan Coverage Is Terminated

COBRA

In April 1986, Congress passed the Consolidated Omnibus Budget Reconciliation Act (COBRA) which allows your dependents to continue their coverage at their own expense, for up to 36 months after they have been terminated from your LACERS health plans for the following qualifying events:

- Legal separation
- Divorce
- Termination of domestic partnership
- Marriage of dependent child
- Dependent child reaches age limit shown on plan
- Death of Retired Member (dependent not eligible for Continuance)

You must inform LACERS within 60 days of the qualifying event or your dependents will lose their rights to continue their coverage. LACERS will notify your dependents of their rights to continue coverage and payment procedures.

Your dependents will have:

- 60 days from the above notice to choose continuation of coverage
- 45 days after election for continuation of coverage to make the first direct payment to the medical and/or dental carrier

If your dependents do not elect to continue coverage, their health plan (group or individual) may impose pre-existing condition exclusions.

Your dependents will have coverage up to a maximum of 36 months or until one of the following occurs:

- LACERS no longer offers medical or dental coverage;
- The monthly premium is not paid within the 30-day grace period;
- Your dependents enroll as an employee in another group plan;
- Your S/DP remarries or enters into a new domestic partnership and is covered under another group;
- **OR**
- Your eligible S/DP becomes eligible for and selects Medicare

Settling Disputes

LACERS Anthem Blue Cross HMO, Kaiser Permanente HMO and Senior Advantage, SCAN and UHC SecureHorizons medical plans and SafeGuard Dental plan are licensed under the California law, Knox-Keene Care Service Plan Act of 1975, which is administered by the State of California Department of Managed Health Care (DMHC). According to each of LACERS health plans' Evidence of Coverage, if you wish to file a complaint against your health plan with the DMHC, you may do so **ONLY AFTER** you have contacted your health plan and used the plan's grievance process. However, you may immediately file a complaint with the DMHC in an emergency. You may also file a complaint with the DMHC if the health plan has not satisfactorily resolved your grievance within 60 days of filing. See back cover for contact information.

Arbitration

Anthem Blue Cross HMO, Anthem Blue Cross PPO, Kaiser Permanente, Kaiser Permanente Senior Advantage, SCAN and UHC SecureHorizons medical plans use binding arbitration to settle disputes, including claims of medical malpractice and disputes relating to the delivery of service under the plan. This means that any medical malpractice dispute, that is whether or not any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law and not by a lawsuit or a court process, except as California law provides for judicial review of arbitration proceedings.

By enrolling in a LACERS health plan, members may be giving up their right to have any dispute resolved by litigation in court, except for claims within the jurisdiction of the small claims court and instead are accepting the use of binding arbitration, relating to the delivery of service under the plan, and to any claims in tort, contract or otherwise, dependent, enrollee or otherwise (whether a minor or adult) or the heirs-at-law or personal representatives of any such individual(s), as the case may be and the medical plan (including any of their agents, successors-or predecessors-in interest, employees or providers).

Your Medical Plans

Preferred Provider Organization (PPO)

When you choose a LACERS PPO plan, you have the flexibility of receiving all covered services from the physician or facility of your choice, as long as your insurance is accepted. However, you will pay less if you select a physician or facility within the plan's Preferred Provider network.

Health Maintenance Organization (HMO)

When you select a LACERS HMO medical plan, the medical plan contracts with its own network of hospitals, pharmacies and physician groups. You choose your Primary Medical Group or the Primary Care Physician from a list of doctors that the plan has contracted with to provide services and coordinate your care.

You may enroll in a LACERS HMO plan only if you reside in a zip code service area covered by that plan. All our plans, except the Anthem Blue Cross PPO plan, include certain zip code service areas in California. SCAN has service areas in Arizona. UHC SecureHorizons has services areas in Arizona and Nevada.

Please contact the plan of your choice to determine if you reside in an HMO zip code service area.

Retired Member Plans

Under Age 65

Anthem Blue Cross HMO

Resides in CA

Anthem Blue Cross HMO is a prepaid Health Maintenance Organization, which requires you to live within their authorized zip code service area and to use its plan-authorized physicians and hospitals (unless emergency care is required).

You must choose a Primary Care Physician (PCP) for yourself and your enrolled dependents from a network of participating HMO physicians at the time you enroll. You may select a PCP, from a list of participating physicians by contacting Anthem Blue Cross or visiting their website. See back page for contact information. You may choose a different PCP for each person

enrolled in your plan. With the exception of emergency treatment, contact your PCP to provide and arrange the appropriate medical care you need.

Your PCP will:

- Provide care
- Coordinate with a specialist, if needed
- Obtain approval for a hospital stay
- Arrange any necessary pre-certification
- Administer preventive measures and screenings
- Recommend wellness programs and provide health information

Anthem Blue Cross PPO

Resides in the U.S. and Its Territories

With the Anthem Blue Cross PPO, you have the option to choose from their list of in-network physicians and hospitals, or any out-of-network physicians and certified hospitals anywhere in the U.S. and its territories.

Your benefit coverage will depend on whether you choose an in-network doctor/hospital or an out-of-network doctor/hospital. Your benefit coverage may be less if you use an out-of-network doctor/hospital.

Anthem Blue Cross PPO requires that you obtain pre-authorization for all your hospital stays. You will incur significant penalties and benefit reductions for failing to do so. Contact Anthem Blue Cross for details.

Care Management Programs

If you have chronic health issues, LACERS medical plans offer care management and disease management programs. Many of these programs have been recognized by national organizations for excellence and effectiveness. For more information about these services, contact your health plan provider.

Anthem Blue Cross PPO Out-of-Country

Resides Outside the U.S. and Its Territories

The Anthem Blue Cross PPO Out-of-Country medical plan is the only medical plan available to you if you reside permanently outside the U.S.¹

Plan Benefits	<ul style="list-style-type: none"> • Paid by reimbursement only • Claim forms are required • Claims may take up to 30 days to be processed upon receipt by Anthem
Medical Services	<ul style="list-style-type: none"> • Must meet U.S. standards of care²
Prescription Drugs	<ul style="list-style-type: none"> • \$10 copay per 30-day supply (All Anthem Blue Cross approved drugs) • Co-payment will not apply towards your calendar year deductible
Hearing Aids	<ul style="list-style-type: none"> • No deductible • \$2,000 maximum per ear every 3 years
All Others	<ul style="list-style-type: none"> • \$500 deductible/person • 70% reimbursement of UCR³ charges • Up to \$10,000 out-of-pocket maximum per calendar year, 100% reimbursement thereafter • Up to \$2,000,000 lifetime maximum
Other Benefits May Differ	<ul style="list-style-type: none"> • Request a Certificate of Insurance booklet from LACERS for details

1. The Vision Service Plan (VSP), MetLife PPO Dental and Evercare – Solutions for Caregivers are also available outside the U.S.
2. As defined by the American Medical Association (www.ama-assn.org)
3. UCR = Usual and Customary rates as defined by Anthem Blue Cross

Premium and Deduction Amounts

For Members residing outside the U.S., the premium, subsidy and deduction amounts for the LACERS Anthem Blue Cross PPO Out-of-Country Plan are the same as the LACERS non-Medicare Anthem Blue Cross PPO premium, subsidy and deduction amounts for Members under age 65, regardless of the age of the Member residing outside the U.S.

NOTE: *These premium and deduction amounts are more costly than LACERS Anthem Blue Cross Medicare Supplement plan because Medicare does not subsidize services received outside the U.S.*

Medicare

If you live or travel outside the U.S., Medicare does not cover you. This is because the program provides protection against the cost of hospital and medical expenses you incur in the U.S.

You do not need to enroll in Medicare if you reside permanently outside the U.S. and its territories. However, if you decide to reside in the U.S. later, you are required to enroll in Medicare in order to enroll in a LACERS health plan if you are over age 65. Social Security may impose a lifetime penalty for lapsed Medicare coverage.

The Anthem Blue Cross PPO Out-of-Country prescription drug coverage provides creditable coverage equivalent to Medicare Part D benefits, so you will not be penalized for not having Medicare Part D while out of the country.

Contact the Social Security Administration (SSA) regarding Medicare rules, regulations or penalties that may affect your medical plan coverage should you return to the U.S.

LACERS will not reimburse your Medicare Part B premiums while you are enrolled in the Anthem Blue Cross PPO Out-of-Country plan.

Kaiser Permanente HMO

Resides in CA

Kaiser Permanente HMO is a prepaid Health Maintenance Organization, which requires you to use their plan physicians and hospital (unless emergency care is required).

You do not need to choose a Primary Care Physician when you enroll, but you will receive additional information on how to select one once your enrollment is processed.

Your Kaiser Permanente physician will:

- Provide care
- Coordinate with a specialist, if needed
- Obtain approval for a hospital stay (Kaiser may directly admit their patients)
- Arrange any necessary pre-certification
- Administer preventive tests and screenings
- Recommend wellness programs and provide health information

Senior Plans

LACERS offers Senior Plans for members that are Medicare-eligible. Kaiser Permanente Senior Advantage, UHC SecureHorizons and SCAN offer Medicare Advantage HMO Plans. Anthem Blue Cross offers a Medicare Supplement PPO plan.

These Senior Plans may reduce your out-of-pocket expenses for deductibles, copayments and coinsurance. They also cover certain benefits, such as hearing aids, that are not covered by Medicare.

To enroll in these plans, you must complete a LACERS health plan enrollment form. You must also complete a Senior Plan enrollment form. Contact LACERS for a copy.

Anthem Blue Cross PPO Medicare Supplement

Resides in the U.S. and Its Territories

Medicare Parts A & B Medicare Part B

The Anthem Blue Cross PPO Medicare Supplement plan works as follows:

- If you have Medicare Parts A & B, the plan fully supplements Medicare Parts A & B
- If you have Medicare Part B only, the plan supplements Medicare Part B and covers 80%-90% of Medicare Part A expenses

Under the Anthem Blue Cross Medicare Supplement Plan, any portion of your medical expenses that are authorized but not paid for by Medicare will be covered. The plan also covers certain benefits, such as hearing aids, that are not covered by Medicare.

With the Anthem Blue Cross Medicare Supplement Plan, you have the option to choose from their list of in-network physicians and hospitals or any out-of-network physician and certified hospital anywhere in the U.S. and its territories.

Your benefit coverage may be less if you use an out-of-network doctor or hospital.

Kaiser Permanente Senior Advantage

Resides in CA

Medicare Parts A & B

Medicare Part B

SCAN

Resides in CA or Maricopa County, AZ

Medicare Parts A & B

UHC SecureHorizons

Resides in CA, AZ, NV

Medicare Parts A & B

Kaiser Permanente Senior Advantage, SCAN and UHC SecureHorizons are Medicare Advantage Plans that work similarly to a Health Maintenance Organization (HMO). Like an HMO, your care is coordinated through your Primary Care Physician (PCP) whom you choose from a network of participating physicians. With the exception of emergency care, your PCP authorizes, provides and arranges any special care you may need.

The Kaiser Senior Advantage plan is available to Retired Members and their dependents who have Medicare Parts A & B or Part B only. The UHC SecureHorizons and SCAN plans are only available to Retired Members and their dependents who have both Medicare Parts A & B. Instead of receiving benefits from Medicare, you will receive benefits directly from these plans. The networks of doctors and hospitals available under these plans have been approved by Medicare and have agreed to provide service to you.

If you are currently enrolled in a LACERS Senior Plan and are considering switching to SCAN or UHC SecureHorizons, but would like to keep your doctor, make sure your doctor is:

- In the new plan's network of providers
- Accepting new patients

Evercare™ — Solutions for Caregivers

LACERS offers the Evercare™ – Solutions for Caregivers basic program to all Members enrolled in a LACERS medical plan. This program puts you in touch with services nearby or across the country, whether you are giving or receiving care.

Southern California UHC SecureHorizons subscribers are eligible for the Evercare – Solutions for Caregivers Enhanced Benefits (see page 16).

For questions about the service, call (866) 896-1895, or TTY users call 711, 24 hours a day, 7 days a week, or visit www.liveandworkwell.com. Click the button labeled “Click here to enter using only an Access Code” and enter the access code “Evercare.”

The chart below shows the benefits available.

Basic Benefit	Cost
Identify community resources and coordinate services	No charge
Arrange up to six hours of geriatric case management services which could include an onsite assessment, care plan development and consultation	No charge
Preparation of Durable Power of Attorney (POA), Healthcare Durable POA, Financial Durable POA or Healthcare Directive	\$35 per document
Review of up to two existing Durable POAs per eligibility year	No charge
Two hours of legal counseling per eligibility year (up to four topics)	No charge
Review of one legal document (up to six pages) per eligibility year related to the care of an elder	No charge
Preparation of up to four each of Simple Wills or Living Wills per eligibility year	No charge

A California Uniform Statutory Form Power of Attorney is generally sufficient for all LACERS retirement and health benefits decisions.

Enhanced Social Services Programs

SCAN and UHC SecureHorizons offer additional plan benefits that may be right for you if you require temporary support (during recovery from a hospital stay) or long-term assistance. These services depend on individual need, as determined by the respective plans. You and your dependents must be enrolled in Medicare Parts A & B to qualify.

Benefit	UHC SecureHorizons	SCAN Independent Living Power (ILP) ¹
California Counties Served	Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego and Ventura ²	Los Angeles, Orange, Riverside and Bernardino,
Personal Emergency Response System	None	Includes Installation & monthly monitoring \$15 per month fee
Transportation to Provider Visits	Up to 30 one-way rides per year to plan-approved doctor, pharmacy, medical facilities or other treatments No charge	Unlimited taxi rides per year No charge
Transportation Escort	To plan approved doctor, pharmacy, medical facilities or other treatments No charge	To medical appointments \$15 per visit
Caregiver Relief <i>Alternative Caregiver Provides Services When The Regular Caregiver Is Not Available</i>	<ul style="list-style-type: none"> • In-home visits when regular caregiver cannot be there • Services include companionship, assistance with bathing, dressing and light meal preparation • Up to 40 hours of care/year, in-home No charge	<ul style="list-style-type: none"> • In-home visits when regular caregiver cannot be there • Services include same as Personal Care Homemaker Services • Adult day care – physical, social or intellectual exercises & stimulation for senior \$15 per visit
Personal Care and Homemaker Services	Services include light housekeeping, laundry, meal preparation, grocery shopping and companionship, bathing, dressing, grooming, eating, walking and transferring Up to 100 hours/year No charge	Services include light housekeeping, laundry and meal preparation, grocery shopping, companionship, assistance with bathing and dressing \$15 copay per visit
Home Delivered Meals	Up to 30 home delivered meals/year. No charge	Unlimited No charge
Inpatient Custodial & Caregiver Relief	None	Up to 5 days of inpatient custodial care/year No charge

1. \$500 allowance per month for all ILP services combined.

2. These additional UHC SecureHorizons benefits are only available in these counties.

Medical Plan Options

The medical plan choices available to you and your dependents are based on where you live and in which category you **AND/OR** your dependents belong:

- Under Age 65
- Over Age 65 with Medicare Part B Only
- Over Age 65 with Medicare Parts A & B
- Dual Care Households
- Living Outside the U.S. & Its Territories

Medical Plans for Members under Age 65

Location	Anthem Blue Cross HMO	Anthem Blue Cross PPO	Kaiser Permanente HMO
U.S. & Its Territories		✓	
California	✓ ¹	✓	✓ ¹

Medical Plans for Members over Age 65 with Medicare Part B Only

Location	Anthem Blue Cross HMO	Anthem Blue Cross PPO	Kaiser Permanente HMO Senior Advantage
U.S. & Its Territories		✓	
California	✓ ¹	✓	✓ ¹

Medical Plans for Members over Age 65 with Medicare Parts A & B

Location	Anthem Blue Cross PPO Medicare Supplement	Kaiser Permanente HMO Senior Advantage	SCAN HMO	UHC SecureHorizons HMO
U.S. & Its Territories	✓			
California	✓	✓ ¹	✓ ^{1,2}	✓ ¹
Arizona	✓		✓ ^{1,2}	✓ ¹
Nevada	✓			✓ ¹

Dual-Care Plans

One Subscriber with Medicare Parts A & B and One Subscriber under 65 or with Medicare Part B Only

Location	Anthem Blue Cross PPO + Medicare Supplement	Anthem Blue Cross HMO + SCAN HMO	Anthem Blue Cross HMO + UHC SecureHorizons HMO	Kaiser Permanente HMO + Senior Advantage
U.S. & Its Territories	✓			
California	✓	✓ ¹	✓ ¹	✓ ¹

Medical Plan for Members Living Outside the U.S. & Territories

Location	Anthem Blue Cross PPO Out-of-Country Plan
Outside U.S. & Territories	✓ ³

1. Available in authorized zip code service areas only. Contact the medical plan to verify that your zip code is a covered area.
2. Available in Contra Costa, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Francisco, Santa Clara and Ventura, CA counties and Maricopa County, AZ.
3. The Anthem Blue Cross PPO non-Medicare premium rates and deductions apply outside the U.S. Medicare Part B premiums are not reimbursed while residing outside the U.S.

Your Dental Plans

Your Dental Benefits

LACERS offers you two dental plans – MetLife PPO and SafeGuard HMO.

Regardless of your dental plan choice, please contact your plan’s Member Services prior to receiving major dental treatment to ensure that the services are covered under the plan.

MetLife PPO Plan

Under the MetLife PPO plan, you may choose to see any dentist you wish. However, you will receive a greater benefit if you seek care from a dentist who is part of MetLife’s preferred network. MetLife has contracted with these dentists to reduce their fees for you. Not only will you receive a greater benefit, but you will also save more by having lower out-of-pocket costs due to reduced dentist fees.

SafeGuard HMO Plan, a MetLife Company

The SafeGuard HMO Plan is a managed care plan for your dental care. You select a primary dentist from SafeGuard’s network and make an appointment when needed. You must receive non-emergency services or obtain a referral from your primary dentist to receive benefits. You will find specific benefit information about your dental choices in the schedule of benefits. Contact SafeGuard for a current copy (see back cover for contact information).

Location	MetLife PPO	SafeGuard HMO
All U.S. States & Territories	✓	
California and Nevada	✓	✓ ¹
Outside the U.S.	✓	

1. Only available in selected parts of Nevada. Contact SafeGuard for the current SafeGuard Directory of Participating Dentists.

Your Dental Subsidy

Dental Subsidy Eligibility

The maximum subsidy is determined by the LACERS Board each year. Your monthly dental subsidy amount is applied toward the monthly cost of your dental premiums.

To be eligible for a LACERS dental subsidy, you must:

- Be at least age 55
- Have a minimum of 10 whole years of City Service*

If You Retired as a Full Time Employee

To receive the maximum dental subsidy, you must have at least 25 years of City Service. Otherwise, your subsidy is 4% of the maximum subsidy, for each whole year of City Service you earned (minimum of 10 years).

Dental subsidies are not provided for dependents or eligible Surviving Spouses/Domestic Partners (S/DP).

However, you may enroll dependents in a LACERS dental plan and have their premium costs deducted from your retirement allowance. Eligible S/DPs may have their dental premiums deducted from their Continuation allowances.

This subsidy is only available to Retired Members who are enrolled in a LACERS dental plan.

* If you worked part-time and became a LACERS Member after April 22, 1990, your subsidy is based on your years of City Service Credit (based on the number of actual hours worked).

Dental Subsidy

Years of Service	% of Maximum	MetLife Subsidy Amount	SafeGuard Subsidy Amount
10	40%	\$14.46	\$4.95
11	44%	\$15.91	\$5.45
12	48%	\$17.36	\$5.94
13	52%	\$18.80	\$6.44
14	56%	\$20.25	\$6.93
15	60%	\$21.70	\$7.43
16	64%	\$23.14	\$7.92
17	68%	\$24.59	\$8.42
18	72%	\$26.04	\$8.91
19	76%	\$27.48	\$9.41
20	80%	\$28.93	\$9.90
21	84%	\$30.37	\$10.40
22	88%	\$31.82	\$10.89
23	92%	\$33.27	\$11.39
24	96%	\$34.71	\$11.88
25	100%	\$36.16	\$12.38

Your Vision Plans

Vision Benefits

Kaiser Permanente

Members who are enrolled in a Kaiser Permanente medical plan get their vision benefits directly from Kaiser Permanente. Eye exams require a \$20 copay if you are under age 65 and not on Medicare or a \$15 copay if you have Medicare Parts A & B or Medicare Part B only. In addition, you may receive a benefit of up to \$150 every 24 months toward eyeglass frames and lenses, or contact lenses.

Vision services provided outside the Kaiser Permanente network are not covered.

Vision Service Plan

If you are enrolled in a LACERS medical plan (except Kaiser), you and your enrolled dependents will be automatically covered under Vision Service Plan (VSP).

VSP covers a number of services after you satisfy your annual copayment. You can see any licensed eye care specialist you like, but you can save money by choosing to see an optometrist or ophthalmologist who is a participating VSP doctor. Some services are limited to once every 12 or 24 months.

If you receive care from an out-of-network provider, you should send your claims to:

**Out-of-Network Claims Department
Vision Service Plan
P.O. Box 997105
Sacramento, CA 95899-7105**

Your plan covers vision examinations, frames, spectacle lenses (single vision, bifocal, trifocal and lenticular) or contact lenses. See your vision benefits chart for details on page 34 or contact VSP at (800) 877-7195 or visit www.vsp.com.

Vision Plans

	Anthem Blue Cross	SCAN	UHC Secure Horizons	Kaiser Permanente
Kaiser Permanente				✓
Vision Service Plan	✓	✓	✓	

Medical Plan Comparison Charts

Comparison for Retired Members under Age 65

Summary of Benefits		Anthem Blue Cross PPO		Anthem Blue Cross HMO	Kaiser Permanente
		Network Benefits	Non-Network Benefits		
Calendar Year Deductible					
Individual			\$750		
Family		\$1,500; at least one family member must satisfy the \$750 per individual deductible		Not applicable	Not applicable
Out-of-Pocket Maximum					
Individual		Deductible Excluded	\$5,000	\$500	\$500
Family		Not applicable	Not applicable	\$1,500	\$1,500
Lifetime Maximum					
		\$2,000,000		Unlimited	Unlimited
Preventive Care					
Routine Physical Examination		No deductible (may include lab & x-ray)		\$20 copay	\$20 copay
Pap Smear, Pelvic & Breast Annual Exam		No charge		No Charge after \$20 office visit copay	No Charge after \$20 office visit copay
Mammography		90% after deductible			No Charge
Physician Services					
Office Visit				\$20 copay	\$20 copay
Specialist Care					
Inpatient Surgery				No Charge	No charge
Outpatient Surgery					\$20 copay
Inpatient Hospital Room & Board					
				No Charge	No Charge
Other Health Services					
Allergy Tests & Treatments				\$20 copay	No Charge after \$20 office visit copay
Lab and X-ray				No Charge	No charge
Physical & Speech Therapy				\$20 copay	\$20 copay
Dialysis and ESRD Services				No Charge	\$20 copay
Skilled Nursing Facility - <i>limit 100 days/calendar year</i>				No Charge	No Charge ²

Home Health Care	90% after deductible; limit up to 60 days/calendar year	70% UCR ¹ after deductible; limit up to 60 visits/calendar year	No Charge; limit up to 100 visits/year	No Charge ²
Hospice Services	80% after deductible; contact Anthem Blue Cross member services for details		No Charge; limits apply	No Charge
Ambulance	80% of charges to first hospital after deductible			No Charge ³
Durable Medical Equipment	90% after deductible	70% UCR ¹ after deductible	No Charge	No Charge; formulary applies
Chiropractic Services - <i>limit 30 visits/year</i>	\$20 copay (PPO and Non-PPO visits)	70% UCR ¹ after deductible (PPO and Non-PPO visit)	\$20 copay	\$15 copay
Emergency Services				
Emergency Room Visit	90% after deductible	90% after deductible	\$100 copay; waived if admitted	\$100 copay; waived if admitted
Urgent Care Visit			\$20 copay	\$20 copay
Mental Health (MH)²/Chemical Dependency (CD)²				
Inpatient	90% after deductible (MH/CD)	80% UCR ¹ after deductible (MH/CD)	No Charge (MH/CD)	No Charge; unlimited (MH); In acute medical facility (CD)
Outpatient	\$20 copay	50% UCR ¹ after deductible	\$20 copay (MH); No Charge (CD)	\$20 copay (MH/CD); \$7 (MH), \$5 (CD) copay for group; unlimited
Hearing Services				
Hearing Exam	Covered under your Routine Physical Examination Benefit		\$20 copay	\$20 copay
Hearing Aid – every 3 years	No deductible: \$2,000 limit per ear		\$2,000 limit per ear	\$2,000 limit per ear
Retail Prescription Drugs				
Generic	Up to 30-day supply		Up to 30-day supply	Up to 30-day supply
Brand	\$5 copay		\$5 copay	\$10 copay
Non-formulary	\$25 copay	80%; deductible doesn't apply	\$25 copay	\$25 copay
	\$50 copay		\$50 copay	Not Applicable
Mail Order⁴ Prescription Drugs				
Generic	Up to 90-day supply		Up to 90-day supply	Up to 100-day supply
Brand	\$10 copay		\$10 copay	\$20 copay
Non-formulary	\$50 copay	Not Covered	\$50 copay	\$50 copay
	\$100 copay		\$100 copay	Not Applicable

1. UCR = Usual and customary rates
2. Please review your Evidence of Coverage for plan details.
3. No charge per trip when defined as an emergency.
4. You must order your prescriptions through your medical plan's Mail Order vendor. The vendor's contact information is available from your medical plan.

Comparison Chart for Members over Age 65 with Medicare Part B Only

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO	Kaiser Permanente Senior Advantage
	Network Benefits	Non-Network Benefits		
Calendar Year Deductible				
Individual/Family	Medicare Part B deductible		Not Applicable	Not Applicable
Out-of-Pocket Maximum				
Individual	Deductible Excluded	\$5,000	\$500	\$500
Family	Not Applicable		\$1,500	\$1,500
Lifetime Maximum				
		\$2,000,000	Unlimited	Unlimited
Preventive Care				
Routine Physical Examination	No deductible (may include lab & x-ray)		\$20 copay	\$15 copay
Annual Pap Smear, Pelvic & Breast Exam	20% after deductible ¹		No Charge after \$20 office visit copay	No Charge after \$15 office visit copay
Mammography			No Charge	No Charge
Physician Services				
Office Visit			\$20 copay	\$15 copay
Specialist Care			No Charge	No Charge
Inpatient Surgery	20% after deductible ¹		No Charge	\$15 copay
Outpatient Surgery			No Charge	\$15 copay
Inpatient Hospital Room & Board				
	90% after deductible	80% UCR ² after deductible	No Charge	No Charge
Other Health Services				
Allergy Tests & Treatments			\$20 copay	No Charge after \$15 office visit copay
Lab and X-ray		100%	No Charge	No Charge
Physical & Speech Therapy			\$20 copay	\$15 copay
Dialysis and ESRD Services	20% after deductible ¹		No Charge	No Charge ³
Skilled Nursing Facility - <i>limit 100 days/calendar year</i>	90% after deductible	70% UCR ² after deductible	No Charge	No Charge when prescribed by Plan physician (limited to service area)
Home Health Care			No Charge; limit up to 100 visits/year	No Charge
Hospice Services	Contact Anthem Blue Cross member services – Benefits are case specific		No Charge; limits apply	No Charge

Ambulance				No Charge	No Charge when defined as an emergency No Charge; formulary applies
Durable Medical Equipment			20% after deductible ¹	No Charge	No Charge; formulary applies
Chiropractic Services - <i>limit 30 visits/year</i>	Medicare authorized visits: \$15 copay	Medicare authorized visits: 70% UCR ² after deductible		\$20 copay	\$15 copay
Emergency Services					
Emergency Room Visit	20% after deductible ¹ if admitted - 90% for hospital services, 20% after deductible ¹ for professional services			\$100 copay; waived if admitted	\$50 copay; waived if admitted
Urgent Care Visit	20% after deductible			\$20 copay	\$15 copay. \$50 copay Out-of-Area
Mental Health (MH)²/Chemical Dependency² (CD)					
Inpatient	90% after deductible (MH/CD)	80% UCR ² after deductible (MH/CD)		No Charge (MH/CD)	No Charge per admission as covered by Medicare (MH/CD)
Outpatient	50% after deductible ¹ (MH/CD)	50% after deductible (MH/CD)		\$20 copay (MH) No Charge (CD)	\$15 copay; \$7 copay (MH) \$5 copay (CD) for group visits; unlimited
Hearing Services					
Hearing Exam	Covered under your Routine Physical Examination Benefit			\$20 copay	\$15 copay
Hearing Aid – every 3 years	No deductible: \$2,000 limit per ear			\$2,000 limit per ear	\$2,000 limit per ear
Retail Prescription Drugs	<i>Up to 30-day supply</i>			<i>Up to 30-day supply</i>	<i>Up to 100-day supply</i>
Generic	\$5 copay			\$5 copay	\$15 copay
Brand	\$25 copay			\$25 copay	\$15 copay
Non-formulary	\$50 copay	80%; deductible doesn't apply		\$50 copay	Not Applicable
Mail Order⁴ Prescription Drugs	<i>Up to 90-day supply</i>			<i>Up to 90-day supply</i>	<i>Up to 100-day supply</i>
Generic	\$10 copay			\$10 copay	\$15 copay
Brand	\$50 copay	Not Covered		\$50 copay	\$15 copay
Non-formulary	\$100 copay			\$100 copay	Not Applicable

1. UCR = Usual and customary rates
2. Please review your Evidence of Coverage for plan details.
3. No charge per trip when defined as an emergency.
4. You must order your prescriptions through your medical plan's Mail Order vendor. The vendor's contact information is available from your medical plan.

Comparison Chart for Members over Age 65 with Medicare Parts A & B

Summary of Benefits		Anthem Blue Cross PPO Medicare Supplement	Kaiser Permanente Senior Advantage	SCAN	UHC SecureHorizons
Calendar Year Deductible					
Individual/Family	Medicare Part B deductible	Deductible Excluded	Not Applicable	Not Applicable	Not Applicable
Out-of-Pocket Maximum					
Individual	Not Applicable	\$500	\$6,700	\$6,700	\$6,700
Family		\$1,500	Not Applicable	Not Applicable	Not Applicable
Lifetime Maximum					
	\$2,000,000	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care					
Routine Physical Examination	No deductible (may include lab & x-ray)	\$15 copay	No Charge - 1/yr	No Charge - 1/yr	\$0 copay in CA, NV & AZ
Annual Pap Smear, Pelvic & Breast Exam	20% after deductible ¹	No Charge after \$15 office visit copay	No Charge after \$10 office visit copay	No Charge after \$10 office visit copay	No Charge after \$15 office visit copay
Mammography		No Charge	No Charge	No Charge	
Physician Services					
Office Visit		\$15 copay	\$10 copay	\$10 copay	\$15 copay
Specialist Care	20% after deductible ¹	No Charge	No Charge	No Charge	No Charge
Inpatient Surgery		\$15 copay			
Outpatient Surgery					
Inpatient Hospital Room & Board					
	Plan pays Medicare Part A deductible & current per-day deductible from 61st - 90th day	No Charge	No Charge	No Charge	No Charge
Other Health Services					
Allergy Tests & Treatments	100%	No Charge after \$15 office visit copay	No Charge after \$15 office visit copay	No Charge after \$15 office visit copay	No Charge after \$15 office visit copay
Lab and X-ray		No Charge	No Charge	No Charge	No Charge
Physical & Speech Therapy	20% after deductible ¹	\$15 copay	No Charge	No Charge	No Charge after \$15 office visit copay
Dialysis and ESRD Services					
Skilled Nursing Facility	If approved by Medicare, pays per-day deductible from 21st - 100th day	No Charge; limit 100 days/calendar year	No Charge; limit 100 days/calendar year	No Charge; limit 100 days/calendar year	No Charge; limit 100 days/calendar year
Home Health Care	Contact Member Services	No Charge when prescribed by Plan physician (limited to service area)	No Charge	No Charge	No Charge
Hospice Services	Contact Member Services	No Charge	No Charge	No Charge	Per Medicare guidelines

Ambulance	20% after deductible ¹	No Charge when defined as emergency	No Charge	No Charge
Durable Medical Equipment	20% after deductible ¹	No Charge; formulary applies		No Charge after \$15 office visit copay
Chiropractic Services	Network: \$10 copay, 30 visits/year Non-Network: Medicare authorized visits, 70% UCR after deductible	\$15 copay limit 30 visits/year	\$10 copay; limit 20 visits/year	\$15 copay, limit 30 visits/year (CA), limit 12 visits/year (NV & AZ)
Emergency Services				
Emergency Room Visit	20% after deductible w/in U.S. or traveling	\$50 copay, waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Urgent Care Visit	20% after deductible for professional services	\$15 copay; \$50 copay Out-of-Area	\$10 copay	\$15 copay In-Network; \$25 copay Non-Network
Mental Health (MH)²/Chemical Dependency (CD)²				
Inpatient	Plan pays Medicare Part A deductible & current per-day deductible from 61st - 90th day (MH/CD)	No Charge/admission as covered by Medicare; unlimited (MH/CD)	No Charge in a Medicare-approved facility (MH) No charge (CD)	No Charge (MH/CD); unlimited days (MH only)
Outpatient	50% after deductible ¹	\$15 copay; \$7 copay (MH) \$5 copay (CD) group visits; unlimited	No Charge (MH) \$10 copay; unlimited (CD)	\$15 copay; unlimited visits
Hearing Services				
Hearing Exam	Covered under your Routine Physical Examination Benefit	\$15 copay	\$10 copay	No charge
Hearing Aid – every 3 years	No deductible; \$2,000 allowance/ear	\$2,000 allowance/ear	\$2,000 allowance/ear every 2 years	No deductible; limit \$2000/ear (CA); limit \$500 every 2 years (NV & AZ)
Retail Prescription Drugs	Up to 30-day supply	Up to 100-day supply	Up to 30-day supply	Up to 31-day supply
Generic	\$5 copay	\$15 copay	\$10 copay	Tier I generic \$10/unit
Brand	\$25 copay if no generic is available	\$15 copay	\$20 copay	Tier II brand \$20/unit
Non-formulary	\$50 copay	Not Applicable	Not covered	Tier III & IV \$50/unit
Mail Order⁴ Prescription Drugs	Up to 90-day supply	Up to 100-day supply	Up to 90-day supply	Up to 90-day supply
Generic	\$10 copay	\$15 copay	\$20 copay	Tier I generic \$20
Brand	\$50 copay if no generic is available	\$15 copay	\$40 copay	Tier II brand \$40
Non-formulary	\$100 copay	Not Applicable	Not covered	Tier III & IV \$100

1. Of the allowed amount as determined by Anthem Blue Cross and authorized by Medicare.

2. Review your Evidence of Coverage for plan details.

3. All Mail Order prescriptions must be ordered through your medical plan's mail order vendor. Contact your medical plan for mail order vendor contact information.

Medical Plan Premiums

	PPO	HMO/Senior Plans					
	U.S.	CA			NV	AZ	
	Anthem Blue Cross	Kaiser Permanente ¹	SCAN & Anthem Blue Cross HMO	UHC SecureHorizons & Anthem Blue Cross HMO	UHC SecureHorizons	SCAN ²	
Retired Member Only							
	Monthly Premiums						
Under 65 or over 65 w/ Medicare Part B only ¹	\$991.64	\$595.60	\$696.74	\$696.74	N/A	N/A	N/A
65 or older w/Medicare Parts A & B	\$480.41	\$205.25	\$225.86	\$219.09	\$179.29	\$265.14	\$225.86
Retired Member & 1 Dependent							
	Monthly Premiums						
Both under 65 or both 65 or older w/Medicare Part B only ¹	\$1,977.05	\$1,189.22	\$1,387.25	\$1,387.25	N/A	N/A	N/A
Retired Member under 65 & Dependent 65 or older w/ Medicare Parts A & B	\$1,442.30	\$798.87	\$916.37	\$909.60	N/A	N/A	N/A
Retired Member 65 or older w/Medicare Parts A & B & Dependent under 65	\$1,465.82	\$798.87	\$916.37	\$909.60	N/A	N/A	N/A
Retired Member & Dependent both 65 or older, both w/ Medicare Parts A & B	\$931.07	\$408.52	\$445.49	\$433.93	\$354.33	\$526.03	\$445.49
Retired Member & Family³							
	Monthly Premiums						
Retired Member & Family under 65 or 65 or older w/ Medicare Part B only ¹	\$2,329.66	\$1,545.39	\$1,808.39	\$1,808.39	N/A	N/A	N/A
Retired Member under 65, 1 Dependent 65 or older w/ Medicare Parts A & B and at least 1 Dependent w/o Medicare	\$1,794.91	\$1,155.04	\$1,337.51	\$1,330.74	N/A	N/A	N/A
Retired Member 65 or older w/ Medicare Parts A & B & Family w/o Medicare	\$1,818.43	\$1,155.04	\$1,337.51	\$1,330.74	N/A	N/A	N/A
Retired Member & 1 Dependent 65 or older both w/Medicare Parts A & B, & at least 1 Dependent w/o Medicare	\$1,283.68	\$764.69	\$866.63	\$855.07	N/A	N/A	N/A

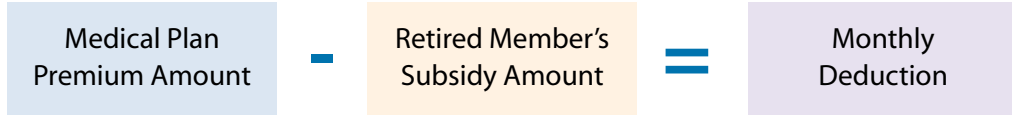
NOTE: Premium rates include Vision and Caregiver benefits. All of the above rates are effective from January 1, 2011 through December 31, 2011.

1. Kaiser Permanente premiums are the same whether the Retired Member or dependent has Medicare Part B only or Medicare Parts A & B.
2. SCAN's only service area in Arizona is Maricopa County.
3. Family = 2 or more dependents

Medical Monthly Allowance Deductions

Retired Member

These are the amounts of monthly deductions charged to the Retired Member. The premium amount has been reduced by the appropriate subsidy amount based on the Retired Member's years of City Service. The balance is paid by deductions taken from the Retired Member's monthly retirement allowance.



Retired Member not on Medicare or with Medicare Part B only

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross HMO
Monthly Premiums	\$991.64	\$595.60	\$696.74
Years of Service	Monthly Allowance Deduction		
10	\$515.64	\$119.60	\$220.74
11	\$468.04	\$72.00	\$173.14
12	\$420.44	\$24.40	\$125.54
13	\$372.84	\$0.00	\$77.94
14	\$325.24	\$0.00	\$30.34
15	\$277.64	\$0.00	\$0.00
16	\$230.04	\$0.00	\$0.00
17	\$182.44	\$0.00	\$0.00
18	\$134.84	\$0.00	\$0.00
19	\$87.24	\$0.00	\$0.00
20	\$39.64	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00
25+	\$0.00	\$0.00	\$0.00

Retired Member with Medicare Parts A & B

	PPO (U.S.)	HMO				
	Anthem Blue Cross	CA – Kaiser Permanente	CA/AZ – SCAN	CA – UHC SecureHorizons	AZ – UHC SecureHorizons	NV – UHC SecureHorizons
Monthly Premiums	\$480.41	\$205.25	\$225.86	\$219.09	\$265.14	\$179.29
Years of Service	Monthly Allowance Deduction					
10 to 14	\$120.10	\$51.31	\$56.46	\$54.77	\$66.28	\$44.82
15 to 19	\$48.04	\$20.52	\$22.59	\$21.91	\$26.51	\$17.93
20 to 24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Retired Member and Dependent not on Medicare or with Medicare Part B only

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross HMO
Monthly Premiums	\$1,977.05	\$1,189.22	\$1,387.25
Years of Service	Monthly Allowance Deduction		
10	\$1,501.05	\$713.22	\$911.25
11	\$1,453.45	\$665.62	\$863.65
12	\$1,405.85	\$618.02	\$816.05
13	\$1,358.25	\$570.42	\$768.45
14	\$1,310.65	\$522.82	\$720.85
15	\$1,263.05	\$475.22	\$673.25
16	\$1,215.45	\$427.62	\$625.65
17	\$1,167.85	\$380.02	\$578.05
18	\$1,120.25	\$332.42	\$530.45
19	\$1,072.65	\$284.82	\$482.85
20	\$1,025.05	\$237.22	\$435.25
21	\$977.45	\$189.62	\$387.65
22	\$929.85	\$142.02	\$340.05
23	\$882.25	\$94.42	\$292.45
24	\$834.65	\$46.82	\$244.85
25+	\$787.05	\$0.00	\$197.25

Retired Member not on Medicare and Dependent with Medicare Parts A & B (Dual Care)

	PPO (U.S.)	HMO/Senior Plan (CA)		
	Anthem Blue Cross	Kaiser Permanente	SCAN & Anthem Blue Cross HMO	UHC SecureHorizons & Anthem Blue Cross HMO
Monthly Premiums	\$1,442.30	\$798.87	\$916.37	\$909.60
Years of Service	Monthly Allowance Deduction			
10	\$966.30	\$322.87	\$440.37	\$433.60
11	\$918.70	\$275.27	\$392.77	\$386.00
12	\$871.10	\$227.67	\$345.17	\$338.40
13	\$823.50	\$180.07	\$297.57	\$290.80
14	\$775.90	\$132.47	\$249.97	\$243.20
15	\$728.30	\$84.87	\$202.37	\$195.60
16	\$680.70	\$37.27	\$154.77	\$148.00
17	\$633.10	\$0.00	\$107.17	\$100.40
18	\$585.50	\$0.00	\$59.57	\$52.80
19	\$537.90	\$0.00	\$11.97	\$5.20
20	\$490.30	\$0.00	\$0.00	\$0.00
21	\$442.70	\$0.00	\$0.00	\$0.00
22	\$395.10	\$0.00	\$0.00	\$0.00
23	\$347.50	\$0.00	\$0.00	\$0.00
24	\$299.90	\$0.00	\$0.00	\$0.00
25+	\$252.30	\$0.00	\$0.00	\$0.00

Retired Member with Medicare Parts A & B and Dependent not on Medicare (Dual Care)

	PPO (U.S.)	HMO (CA)		
	Anthem Blue Cross	Kaiser Permanente	SCAN & Anthem Blue Cross HMO	UHC SecureHorizons & Anthem Blue Cross HMO
Monthly Premiums	\$1,465.82	\$798.87	\$916.37	\$909.60
Years of Service	Monthly Allowance Deduction			
10	\$1,105.51	\$644.93	\$746.97	\$745.28
11	\$1,105.51	\$644.93	\$746.97	\$745.28
12	\$1,105.51	\$644.93	\$746.97	\$745.28
13	\$1,105.51	\$621.73	\$746.97	\$745.28
14	\$1,105.51	\$574.13	\$746.97	\$745.28
15	\$1,033.45	\$495.74	\$695.84	\$695.16
16	\$1,033.45	\$448.14	\$648.24	\$647.56
17	\$1,033.45	\$400.54	\$600.64	\$599.96
18	\$1,033.45	\$352.94	\$553.04	\$552.36
19	\$1,033.45	\$305.34	\$505.44	\$504.76
20	\$985.41	\$237.22	\$435.25	\$435.25
21	\$977.45	\$189.62	\$387.65	\$387.65
22	\$929.85	\$142.02	\$340.05	\$340.05
23	\$882.25	\$94.42	\$292.45	\$292.45
24	\$834.65	\$46.82	\$244.85	\$244.85
25+	\$787.05	\$0.00	\$197.25	\$197.25

Retired Member and Dependent with Medicare Parts A & B

	PPO (U.S.)	HMO				
	Anthem Blue Cross	CA – Kaiser Permanente	CA/AZ – SCAN	CA – UHC SecureHorizons	AZ – UHC SecureHorizons	NV – UHC SecureHorizons
Monthly Premiums	\$931.07	\$408.52	\$445.49	\$433.93	\$526.03	\$354.33
Years of Service	Monthly Allowance Deduction					
10	\$570.76	\$254.58	\$276.09	\$269.61	\$327.17	\$219.86
11	\$570.76	\$254.58	\$276.09	\$269.61	\$327.17	\$219.86
12	\$570.76	\$254.58	\$276.09	\$269.61	\$327.17	\$219.86
13	\$570.76	\$231.38	\$276.09	\$269.61	\$327.17	\$219.86
14	\$570.76	\$183.78	\$276.09	\$269.61	\$327.17	\$219.86
15	\$498.70	\$105.39	\$224.96	\$219.49	\$270.14	\$175.71
16	\$498.70	\$57.79	\$177.36	\$171.89	\$222.54	\$128.11
17	\$498.70	\$20.52	\$129.76	\$124.29	\$174.94	\$80.51
18	\$498.70	\$20.52	\$82.16	\$76.69	\$127.34	\$32.91
19	\$498.70	\$20.52	\$34.56	\$29.09	\$79.74	\$17.93
20	\$450.66	\$0.00	\$0.00	\$0.00	\$5.63	\$0.00
21	\$442.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$395.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$347.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$299.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25+	\$252.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Retired Member with Medicare Parts A & B and Family not on Medicare (Dual Care)

	PPO (U.S.)	HMO (CA)		
	Anthem Blue Cross	Kaiser Permanente	SCAN & Anthem Blue Cross HMO	UHC SecureHorizons & Anthem Blue Cross HMO
Monthly Premiums	\$1,818.43	\$1,155.04	\$1,337.51	\$1,330.74
Years of Service	Monthly Allowance Deduction			
10	\$1,458.12	\$1,001.10	\$1,168.11	\$1,166.42
11	\$1,458.12	\$1,001.10	\$1,168.11	\$1,166.42
12	\$1,458.12	\$1,001.10	\$1,168.11	\$1,166.42
13	\$1,458.12	\$977.90	\$1,168.11	\$1,166.42
14	\$1,458.12	\$930.30	\$1,168.11	\$1,166.42
15	\$1,386.06	\$851.91	\$1,116.98	\$1,116.30
16	\$1,386.06	\$804.31	\$1,069.38	\$1,068.70
17	\$1,386.06	\$756.71	\$1,021.78	\$1,021.10
18	\$1,386.06	\$709.11	\$974.18	\$973.50
19	\$1,386.06	\$661.51	\$926.58	\$925.90
20	\$1,338.02	\$593.39	\$856.39	\$856.39
21	\$1,330.06	\$545.79	\$808.79	\$808.79
22	\$1,282.46	\$498.19	\$761.19	\$761.19
23	\$1,234.86	\$450.59	\$713.59	\$713.59
24	\$1,187.26	\$402.99	\$665.99	\$665.99
25+	\$1,139.66	\$355.39	\$618.39	\$618.39

Eligible Surviving Spouse/Domestic Partner

Eligible Surviving Spouse/Domestic Partner not on Medicare or with Medicare Part B only

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Anthem Blue Cross HMO	Kaiser Permanente
Monthly Premiums	\$991.64	\$696.74	\$595.60
Years of Service	Monthly Allowance Deduction		
10	\$753.40	\$458.50	\$357.36
11	\$729.58	\$434.68	\$333.54
12	\$705.75	\$410.85	\$309.71
13	\$681.93	\$387.03	\$285.89
14	\$658.10	\$363.20	\$262.06
15	\$634.28	\$339.38	\$238.24
16	\$610.46	\$315.56	\$214.42
17	\$586.63	\$291.73	\$190.59
18	\$562.81	\$267.91	\$166.77
19	\$538.98	\$244.08	\$142.94
20	\$515.16	\$220.26	\$119.12
21	\$491.34	\$196.44	\$95.30
22	\$467.51	\$172.61	\$71.47
23	\$443.69	\$148.79	\$47.65
24	\$419.86	\$124.96	\$23.82
25+	\$396.04	\$101.14	\$0.00

Eligible Surviving Spouse/Domestic Partner with Medicare Parts A & B

	PPO (U.S.)	HMO				
	Anthem Blue Cross	CA – Kaiser Permanente	CA/AZ – SCAN	CA – UHC SecureHorizons	AZ – UHC SecureHorizons	NV – UHC SecureHorizons
Monthly Premiums	\$480.41	\$205.25	\$225.86	\$219.09	\$265.14	\$179.29
Years of Service	Monthly Allowance Deduction					
10 to 14	\$120.10	\$51.31	\$56.47	\$54.77	\$66.29	\$44.82
15 to 19	\$48.04	\$20.53	\$22.59	\$21.91	\$26.51	\$17.93
20+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NOTE: In order to qualify for a subsidy, the Retired Member must have had at least 10 years of City Service and have been at least age 55. These are the amounts of monthly deductions charged to the eligible Surviving S/DP. The premium amount has been reduced by the appropriate subsidy amount based on the Retired Member's years of City Service.

Dental Plans Comparison Chart

Dental Benefits	SafeGuard HMO	MetLife PPO ¹	
		In-Network	Non-Network
Calendar year deductible	None	\$25/Person	\$75/Family
Annual Maximum Benefit	None	\$2,000/person ²	\$1,250/person ²
Preventive Care			
Two cleanings/year; Bite-wing x-rays and Exam	100%	100%, no deductible; 100%, after deductible	80% of R & C ³ , after deductible
Basic Services			
Fillings; Extractions; Root canal; Repair crowns	100%, after \$20 copay/ procedure	80%	80% of R & C ³ , after deductible
Major Services			
Crowns ⁴	100%, after \$40-50 copay/procedure	80%	80% of R & C ³
Dentures		50%	50% of R & C ³
Implants	Not Applicable	50%	50%
Orthodontia			
Children under age 19	100%, after \$1,000 copay + retention/ startup fees	50%	50% of R & C ³
Other covered persons	100%, after \$1,350 copay + retention/startup fees	Not covered	\$1,500
Lifetime Maximum	Not Applicable	\$1,500	\$1,500

1. For those Retired Members residing in Texas, Montana, Mississippi and Massachusetts, the out-of-network coinsurance amount for preventive service will be 100% of R & C.
2. If you use network and non-network dentists, your total annual maximum benefit will never be more than the in-network annual maximum.
3. R & C = Reasonable and Customary rates which is the usual charge for specific services in the geographic area where you were treated.
4. Crowns are considered a basic service under the MetLife PPO plan.

Dental Plan Premiums and Deductions

Dental Plan Premium Rates

Coverage Level	MetLife PPO	SafeGuard HMO
Retired Member	\$36.16	\$12.38
Retired Member + 1	\$71.71	\$23.12
Retired Member + Family ¹	\$103.59	\$26.73

1. A family consists of two or more dependents.

Dental Monthly Allowance Deductions

	MetLife	SafeGuard	MetLife	SafeGuard	MetLife	SafeGuard
	Retired Member Only		Retired Member & One Dependent		Retired Member & Family	
Monthly Premiums	\$36.16	\$12.38	\$71.71	\$23.12	\$103.59	\$26.73
Years of Service	Monthly Allowance Deduction					
10	\$21.70	\$7.43	\$57.25	\$18.17	\$89.13	\$21.78
11	\$20.25	\$6.93	\$55.80	\$17.67	\$87.68	\$21.28
12	\$18.80	\$6.44	\$54.35	\$17.18	\$86.23	\$20.79
13	\$17.36	\$5.94	\$52.91	\$16.68	\$84.79	\$20.29
14	\$15.91	\$5.45	\$51.46	\$16.19	\$83.34	\$19.80
15	\$14.46	\$4.95	\$50.01	\$15.69	\$81.89	\$19.30
16	\$13.02	\$4.46	\$48.57	\$15.20	\$80.45	\$18.81
17	\$11.57	\$3.96	\$47.12	\$14.70	\$79.00	\$18.31
18	\$10.12	\$3.47	\$45.67	\$14.21	\$77.55	\$17.82
19	\$8.68	\$2.97	\$44.23	\$13.71	\$76.11	\$17.32
20	\$7.23	\$2.48	\$42.78	\$13.22	\$74.66	\$16.83
21	\$5.79	\$1.98	\$41.34	\$12.72	\$73.22	\$16.33
22	\$4.34	\$1.49	\$39.89	\$12.23	\$71.77	\$15.84
23	\$2.89	\$0.99	\$38.44	\$11.73	\$70.32	\$15.34
24	\$1.45	\$0.50	\$37.00	\$11.24	\$68.88	\$14.85
25+	\$0.00	\$0.00	\$35.55	\$10.74	\$67.43	\$14.35

Vision Plan Benefit Chart

	VSP (Anthem Blue Cross, SCAN & UHC SecureHorizons members)		Kaiser Permanente
Vision Benefits	VSP Doctor	Out-of-Network Provider	
Exam	Every 12 months ¹		\$20 copay under Age 65
	\$20 copay ²	\$20 copay ² ; Up to \$45	\$15 copay Medicare Parts A & B Medicare Part B only
Lenses ⁴	Every 12 months ¹		Every 24 months
Single Vision Bifocal Trifocal Lenticular Progressive Tints Polycarbonate	Paid in full ^{2,3}	Up to \$45 Up to \$65 Up to \$85 Up to \$125 Up to \$85 Up to \$5 Not covered	Up to \$150 for all frames, lenses or contacts
Frames	Every 24 months ¹		
	Up to \$150 (Retail)	Up to \$47	
Contact Lenses^{3,4}	Every 12 months ¹ (Instead of glasses)		
Elective Medically Necessary	Up to \$120 ⁵ Paid in full ^{2,6}	Up to \$105 Up to \$210	

1. Based on your last date of service.
2. Copay applies to eye exam and materials on a combined basis.
3. Patients choosing contacts will be next eligible for lenses in 12 months and a frame in 24 months.
4. Take 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision exam. Or take 20% off these services with any VSP doctor within 12 months of your last WellVision exam.
5. Your plan includes a 15% discount off the VSP doctor's professional services when buying contact lenses. Materials are provided at the customary fees.
6. Medically necessary contact lenses are covered in full when VSP benefit criteria is met and verified by a VSP network doctor for eye conditions that would prohibit the use of glasses.

Beneficiary: Any person or legal entity (such as a living trust) receiving or entitled to receive a benefit provided by LACERS in the event of the Member's death.

Calendar Year: A twelve-month period starting January 1.

Caregiver: A person who gives cares to the chronically ill or injured, who may be a professional, hired helper or family member.

Carrier: A health insurance organization (medical or dental) that LACERS has contracted with to provide health insurance to Retired Members.

Centers for Medicare & Medicaid Services (CMS): The federal agency that administers the Medicare program. CMS works in partnership with the States to administer Medicaid, the State Children's Health Insurance Program (SCHIP) and health insurance portability standards.

City Service: Only those periods during which you were a Member of the Plan and 1) received compensation from the City as an employee or 2) received temporary disability Workers' Compensation benefits and paid contributions to the Plan.

City Service Credit: The component of your benefit calculation based on your hours worked. Full-time employees receive 0.03835 years of City Service Credit per pay period. The Service Credit for part-time employees will be prorated for each pay period.

Claim: A plan participant's request to a benefit plan or insurer for the payment of certain benefits.

CMS: See Centers for Medicare & Medicaid Services

COBRA: See Consolidated Omnibus Budget Reconciliation Act of 1986

Co-Insurance: The percentage amounts that you have to pay for services after you pay the deductible.

Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA): COBRA provides certain former employees, Retired Members, spouses, former spouses and dependent children the right to temporary continuation of health coverage at the group premium rate plus an administrative fee.

Continuance: A lifetime monthly benefit provided to a qualified beneficiary as a result of the death of a Retired Member.

Copayment: The predetermined (flat) fee that an individual pays for certain health care services

Creditable Coverage: Prescription drug coverage that is equivalent to Medicare Part D benefits.

Deductible: The amount an individual must pay for health care expenses before insurance covers costs. Many health plans are based on yearly deductible amounts.

Deduction: An amount taken from a Member's monthly retirement allowance to cover the difference between the plan premium and any available subsidy.

Dependent: A spouse, domestic partner or eligible child or grandchild enrolled in the Member's LACERS health plan.

Domestic Partner: Domestic partners are couples who have filed their Declaration of Domestic Partnership with either LACERS or the State of California. Any qualified couple, same-sex or opposite-sex, can file their domestic partnership with LACERS.

Dual Care: A LACERS medical insurance option available to Members whose households consist of at least one subscriber (Member or dependent) age 65 and covered by both Medicare Parts A and B and at least one subscriber who is under age 65 or over age 65 but covered by Medicare Part B only.

Eligible Surviving Spouse/Domestic Partner (S/DP): The Surviving Spouse/Domestic Partner of a LACERS Member who is eligible for a Continuance or survivorship benefit from LACERS.

Formulary: A listing of prescription medications that is covered by a medical plan.

Full-Time Student: A person who is attending a recognized educational institution and primarily supported by a Retired Member. Full-time is defined by the institution.

Generic Drug: Chemically equivalent copy of a brand-name drug whose patent is expired. Generic drugs typically are less expensive and sold under the common name for the drug, not the brand name.

Health Maintenance Organization (HMO): A prepaid medical group practice plan that provides a comprehensive predetermined medical care benefit package. HMOs are both insurers and providers of health care.

HMO: See Health Maintenance Organization

Maximum Out-of-Pocket Payment: The largest amount of money a person will pay annually in addition to premium payments. The out-of-pocket payment is usually the sum of the deductible and co-insurance payments.

Medicaid: A federally funded program administered by each state to give eligible low-income individuals access to health care. In California, the program is known as Medi-Cal.

Medical Premium Reimbursement Program (MPRP): A LACERS program that reimburses the medical subsidies to Members who have individual insurance plans. These Members must live outside California or reside outside of a LACERS HMO zip code service areas.

Medicare: A federal program run by the Centers for Medicare & Medicaid Services through which people age 65 years or older or under age 65 and disabled receive health care insurance. Medicare Part A covers hospitalization. Medicare Part B covers outpatient services such as doctor's visits. Medicare Part D covers prescription drugs.

Medicare Advantage Plans: A federal program created by the Balanced Budget Act of 1997 that offers Medicare recipients a wider variety of health plan options, including preferred provider organizations and HMOs.

Medicare Supplement: Medicare supplement insurance is a Medigap policy. Private insurance companies sell it to fill "gaps" in Medicare Plan coverage. It includes standardized and pre-standardized plans that cover the deductibles and copayments up to the Medicare allowable charges that are not paid under Medicare Part A and Medicare Part B. LACERS offers Retired Members over age 65 the Anthem Blue Cross Medicare Supplement Plan.

Member: A LACERS Retired Member or an eligible Surviving Spouse/Domestic Partner.

MPRP: See Medical Premium Reimbursement Program

Network: A defined group of providers typically outlined through contractual arrangements, which supply a full range of primary, acute health care services.

PCP: See Primary Care Physician

Power of Attorney (POA): Power to act for another; the legal authority to act for another person in legal and business matters.

PPO: See Preferred Provider Organization

Pre-admission Certification: The process of obtaining certification or authorization from a health plans for hospital admissions, surgery or other procedures; also called pre-certification review or pre-admission review.

Preferred Provider Organization (PPO): Group of hospitals and physicians that contract on a fee-for-service basis with employees, insurance companies or third party administrators to provide comprehensive medical coverage. Using in-network services allows more of an individual's costs to be covered. An individual can go out-of-network to receive care, but usually at a higher cost.

Premium: The monthly cost of insurance coverage for a LACERS Retired Member and any dependents.

Primary Care Physician (PCP): A health care provider in a managed care plan responsible for coordinating all care for an individual patient, including providing direct care services and referring the patient to a specialist and hospital care.

Qualifying Event: A change in a Member's life that may affect his/her eligibility or a dependent's eligibility for benefits. When a qualifying event occurs, the Member is allowed to enroll in or make changes to their LACERS health plan outside of the annual open enrollment period.

Reasonable and Customary (R & C) Fee: Average fee charged by a particular type of health care practitioner within a geographic area. The term is often used by medical plans as the maximum amount of money they will approve for a specific test or procedure. When out-of-network fees are higher than the R & C amount, the individual receiving the service is responsible for paying the difference. However, if an individual questions the fee, the provider may reduce the charge to the amount that the insurance company has defined as reasonable and customary.

Retired Member: A person retired from LACERS on either a service or a disability pension.

Subsidy: A benefit for eligible LACERS Retired Members and their eligible Surviving Spouses/Domestic Partners that assists with the cost of health insurance. It is applied toward the cost of the Member's monthly premium. Only Retired Members may be eligible for dental subsidies (NOT dependents or eligible Surviving Spouses/Domestic Partners).

S/DP: Spouse/Domestic Partner

Instructions for Completing LACERS Medical/Dental Plan Enrollment Forms

Before completing the Medical **AND/OR** Dental Plan Enrollment Forms, you should:

- A. Review the medical plan comparison charts on pages 20-25 and the dental plan comparison chart on page 32 in this Guide.
- B. Determine if you will receive a monthly deduction by using the medical plan premium and deduction charts on pages 26-33 in this guide or the medical and dental calculators on LACERS website at www.LACERS.org.

The monthly premiums, subsidies and deductions may change every calendar year.

- C. If you are enrolling in a LACERS medical or dental HMO plan:
 - Confirm that you live within the authorized zip code service area of your medical/dental HMO plan selection (see the back of this Guide for contact numbers).
 - Before selecting a doctor/medical group under an HMO plan, make sure that the doctor/dentist is accepting new patients.

To complete the Medical **AND/OR** Dental Plan Enrollment Forms:

1. Enter your Subscriber (Retired Member/eligible Surviving Spouse/Domestic Partner) information.
 - Use your full street address – LACERS cannot accept a P.O. Box.
2. Select your medical **AND/OR** dental plan.
3. Enter information about the dependents you are enrolling in your medical plan **AND/OR** dental plan.
 - Include Birth dates and Social Security numbers.
 - On the Medical Plan Enrollment form, enter the Primary Care Physician for yourself and any listed dependents (for all HMOs except Kaiser Permanente).
 - On the Dental Plan Enrollment form, enter the Facility number for the SafeGuard HMO dental provider for you and any listed dependents. Contact your dentist or check your SafeGuard directory for this number. If you need a directory, please contact SafeGuard.

Medical Plan Choices

(*Available only within authorized zip code service areas)

If you are under age 65

- Anthem Blue Cross HMO (CA only)*
- Anthem Blue Cross PPO
- Kaiser Permanente HMO (CA only)*

If you are over age 65 with Medicare Parts A & B

- Anthem Blue Cross PPO Medicare Supplement
- Kaiser Permanente Senior Advantage (CA Only)*
- SCAN (CA & AZ)*
- UHC SecureHorizons (CA, AZ, & NV)*

If you are over age 65 with Medicare Part B only

- Anthem Blue Cross HMO (CA only)*
- Anthem Blue Cross PPO
- Kaiser Permanente Senior Advantage (CA only)*

Dual Care Households (at least one subscriber over age 65 with Medicare Parts A & B and one subscriber under age 65 or over age 65 with Medicare Part B only)

- Anthem Blue Cross PPO + Anthem Blue Cross Medicare Supplement
- Kaiser Permanente + Kaiser Permanente Senior Advantage (CA Only)*
- Anthem Blue Cross HMO + SCAN (CA Only)*
- Anthem Blue Cross HMO + UHC SecureHorizons (CA Only)*

Dental Plan Choices

- MetLife PPO
- SafeGuard HMO (CA & parts of NV only)*

- You must provide proof of student status for dependent children between ages 19-24 years. See page 4 for the definition of “dependent children.”
4. Sign and date your enrollment form.
 5. On the back of the form, answer the eligibility questions.
 6. If adding a dependent age 19 or over, complete the Student Certification section, sign and date. Attach proof of current school enrollment.

Mail to:

**LACERS, Attn: Health Benefits Administration,
360 E. Second St., 2nd Fl., Los Angeles, CA
90012-4207**

LACERS will select the earliest coverage date possible unless you notify us, otherwise.

Reminders

Subsidy Eligibility

If you are under age 55 ***AND/OR*** do not have at least 10 years of full-time City Service, you will not qualify for a LACERS subsidy and must pay the entire cost of your medical and dental plan premiums.

If you are a Surviving Spouse/Domestic Partner of a LACERS Retired Member

You will be eligible to receive a medical subsidy if you:

- Were covered as a dependent on a LACERS plan at the time of the member’s death;
- You receive a monthly Continuance from LACERS;
- Your Continuance is enough to pay your monthly medical premiums.

NOTE: *Eligible Surviving Spouses/Domestic Partners are NOT eligible for a dental subsidy.*

LACERS Medicare Requirement

In order to qualify for a LACERS medical plan premium subsidy, you, the Retired Member, and your dependents must enroll in Medicare Part B by age 65 and present proof of enrollment to LACERS. In addition, you and your dependents must also enroll in Medicare Part A, but only if you are eligible for it premium-free (at no cost to you).

If you are enrolling in a LACERS Senior Plan, you must also complete a Senior Enrollment Form for your medical plan. Contact LACERS for more information.

Termination of your LACERS plan and Medicare Part D

Should you lapse on your Medicare Part B enrollment or otherwise be terminated from your LACERS plan, your Medicare Part D will also be canceled. Unless you have creditable coverage (prescription drug coverage equivalent to Medicare Part D benefits), you may be assessed lifetime penalties when you re-enroll in Medicare Part D later.

1. SUBSCRIBER INFORMATION			
Last Name	First Name, Middle Initial	Birth Date	Daytime Phone Number
Street Address	City	State	Zip Code
E-mail Address:			
Status	Retirement Effective Date	Gender	Social Security Number
<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. MEDICAL PLAN NAME		LACERS DUAL CARE HMO PLANS** (California Only*)
Anthem Blue Cross <input type="checkbox"/> HMO (California only*) <input type="checkbox"/> PPO <input type="checkbox"/> PPO/Medicare Supplement Kaiser Permanente (California Only*) <input type="checkbox"/> HMO <input type="checkbox"/> Senior Advantage	SCAN <input type="checkbox"/> California* <input type="checkbox"/> Arizona* UHC SecureHorizons <input type="checkbox"/> California* <input type="checkbox"/> Arizona* <input type="checkbox"/> Nevada*	<input type="checkbox"/> Anthem Blue Cross HMO & SCAN <input type="checkbox"/> Anthem Blue Cross HMO & UHC SecureHorizons <i>**Anthem Blue Cross HMO will cover the subscriber/dependent who is under age 65 or over age 65 with Medicare Part B only.</i>

*Available only within authorized zip code service areas.

3. LIST SELF AND ANY ADDITIONAL ELIGIBLE DEPENDENTS TO BE ENROLLED IN THE MEDICAL PLAN					
Last Name, First, MI	Social Security Number	Gender	Relationship	Birth Date (mm/dd/yy)	Primary Care Physician Anthem Blue Cross HMO, SCAN, UHC SecureHorizons subscribers
		<input type="checkbox"/> M <input type="checkbox"/> F	Self		
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

4. MEMBER AUTHORIZATION
<p>I understand this election will remain in effect as long as I remain eligible, or until I make another election during the Open Enrollment period. I hereby authorize: 1) LACERS to deduct from my retirement allowance my share of the monthly premiums as may be established from time to time in the service agreement; and 2) any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay claims under the plan selected. I want to enroll myself and those dependents listed above in the plan elected. I understand that it is my responsibility to report any change in the eligibility of my dependents and that the benefits or services of the elected plan are coordinated with those provided by any other group hospital or medical benefit or service plan. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) may be subject to binding arbitration. I understand that LACERS will select the earliest coverage date possible for me unless I notify them otherwise.</p>
<p>MEMBER'S SIGNATURE _____ DATE SIGNED _____</p>

5. ELIGIBILITY CRITERIA

<p>Age 55</p> <ul style="list-style-type: none"> Are you, the Retired Member, at least age 55 and have 10 years (or more) of City Service to qualify for a LACERS medical subsidy? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Surviving Spouse /Domestic Partner</p> <ul style="list-style-type: none"> Are you a Surviving Spouse/Domestic Partner who is receiving a Continuance benefit? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medicare</p> <ul style="list-style-type: none"> Are you enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <input type="checkbox"/> Over Age 65 <input type="checkbox"/> Under Age 65
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6. STUDENT CERTIFICATION

REQUIREMENTS FOR DEPENDENT STUDENT COVERAGE: Full-time student in an accredited institution, dependent on subscriber for financial support, unmarried and under the age of 25. Note: You must attach proof of current enrollment.

Dependent's Full Name:		Birth Date (mm/dd/yy):	
School Name:		Student ID Number:	
School Address (Street, City, State, Zip Code):		Number of Units Carried:	
Dependent's Full Name:		Birth Date (mm/dd/yy):	
School Name:		Student ID Number:	
School Address (Street, City, State, Zip Code):		Number of Units Carried:	
<p>I certify that the dependents shown above meet all of the requirements for coverage in my medical plan as a full-time student. I understand that medical plan coverage for the above-listed dependents will terminate on the first day of the month following the date that any one of the above requirements is no longer in effect.</p>			
MEMBER'S SIGNATURE		DATE SIGNED	

MAIL TO: LACERS, Attn: Health Benefits Administration, 360 E. Second St., 2nd Fl., Los Angeles, CA 90012-4207

FOR OFFICE USE ONLY			
INITIALS	YEARS OF SERVICE	MEDICAL SUB/PART	EFFECTIVE DATE

1. SUBSCRIBER INFORMATION

Last Name	First Name, Middle Initial	Birth Date	Daytime Phone Number
Street Address	City	State	Zip Code
E-mail Address:			
Status	Retirement Effective Date	Gender	Social Security Number
<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. DENTAL PLAN NAME

MetLife PPO **SafeGuard HMO** (California & parts of Nevada only)

3. LIST SELF AND ANY ADDITIONAL ELIGIBLE DEPENDENTS TO BE ENROLLED IN THE DENTAL PLAN

Last Name, First, MI	Social Security Number	Gender	Relationship	Birth Date (mm/dd/yy)	Facility # of SafeGuard Participating Dentist
		<input type="checkbox"/> M <input type="checkbox"/> F	Self		
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

4. MEMBER AUTHORIZATION

I understand this election will remain in effect as long as I remain eligible, or until I make another election during the Open Enrollment period. I hereby authorize: 1) LACERS to deduct from my retirement allowance my share of the monthly premiums as may be established from time to time in the service agreement; and 2) any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay claims under the plan selected. I want to enroll myself and those dependents listed above in the plan elected. I understand that it is my responsibility to report any change in the eligibility of my dependents and that the benefits or services of the elected plan are coordinated with those provided by any other group hospital or medical benefit or service plan. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) may be subject to binding arbitration. I understand that LACERS will select the earliest coverage date possible for me unless I notify them otherwise.

MEMBER'S SIGNATURE _____

DATE SIGNED _____



5. ELIGIBILITY CRITERIA

Age 55

• Are you, the Retired Member, at least age 55 and have 10 years (or more) of City Service to qualify for a LACERS medical subsidy?

Yes No

Surviving Spouse /Domestic Partner

• Are you a Surviving Spouse/Domestic Partner who is receiving a Continuance benefit?

Yes No

6. STUDENT CERTIFICATION

REQUIREMENTS FOR DEPENDENT STUDENT COVERAGE: Full-time student in an accredited institution, dependent on subscriber for financial support, unmarried and under the age of 25. Note: You must attach proof of current enrollment.

Dependent's Full Name:	Birth Date (mm/dd/yy):
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School Name:	Student ID Number:
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School Address (Street, City, State, Zip Code):	Number of Units Carried:
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Dependent's Full Name:	Birth Date (mm/dd/yy):
-------------------------------	-------------------------------

School Name:	Student ID Number:
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School Address (Street, City, State, Zip Code):	Number of Units Carried:
---	--------------------------

I certify that the dependents shown above meet all of the requirements for coverage in my dental plan as a full time student. I understand that dental plan coverage for the above-listed dependents will terminate on the first day of the month following the date that any one of the above requirements is no longer in effect.

MEMBER'S SIGNATURE DATE SIGNED

MAIL TO: LACERS, Attn: Health Benefits Administration, 360 E. Second St., 2nd Fl., Los Angeles, CA 90012-4207

FOR OFFICE USE ONLY			
INITIALS	YEARS OF SERVICE	DENTAL SUB/PART	EFFECTIVE DATE

Instructions for Completing LACERS Medical/Dental Plan Family Account Change Form

If you are completing this form outside the annual Open Enrollment period, October 15-November 15, it must be within 30 days of a family status change, such as a marriage, a newly formed domestic partnership, a birth, or an adoption.

To complete the Medical/Dental Plan Family Account Change (FAC) form:

1. Complete all Subscriber information. Missing information will cause your form to be returned.
 - Use your full street address – LACERS cannot accept a P.O. Box.
2. Select your medical ***AND/OR*** dental plan.
3. Enter information for dependents to be enrolled in your medical/dental plan.
 - Include Birth dates and Social Security numbers.
 - You must provide proof of student status for dependent children between ages 19-24 years. See page 4 for the definition of “dependent children.”
 - Select and enter a doctor/medical group for each dependent if they are enrolling in Anthem Blue Cross HMO, SCAN or UHC SecureHorizons.
 - If enrolling in a LACERS Senior Plan, you must also complete a Senior Plan enrollment form for your medical plan. Contact LACERS for more information.
 - For SafeGuard Dental HMO, enter the Dental Facility Number.
4. Enter information for dependents being deleted from your medical/dental plan.
 - Include Birthdates and Social Security numbers.
 - The reason for the termination must be included (e.g., divorce/legally separated, child no longer qualifies as a dependent, dependent covered by another medical/dental plan, etc.).
 - The address of the dependent must be included.
5. Sign and date your Family Account Change Form.
6. On the back of the form, answer the questions under Eligibility.
7. If adding a dependent age 19 or over, complete the Student Certification section, sign and date. Attach proof of current school enrollment.

Reminders

- **Documentation** such as a marriage certificate, affidavit of domestic partnership, birth certificate, legal guardianship, or other legal document may be required before dependents can be enrolled.
- **Enrollments and deletions** will take effect as soon as possible unless LACERS is otherwise notified.





Medical/Dental Plan Family Account Change Form

PLEASE PRINT

1. SUBSCRIBER INFORMATION

Last Name	First Name, Middle Initial	Birth Date	Daytime Phone Number
Street Address	City	State	Zip Code
E-mail Address:			
Status	Retirement Effective Date	Gender	Social Security Number
<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		<input type="checkbox"/> Male <input type="checkbox"/> Female	

2. MEDICAL/DENTAL PLANS

Anthem Blue Cross <input type="checkbox"/> HMO (California only*) <input type="checkbox"/> PPO <input type="checkbox"/> PPO/Medicare Supplement	Kaiser Permanente (California Only*) <input type="checkbox"/> HMO <input type="checkbox"/> Senior Advantage	SCAN <input type="checkbox"/> California* <input type="checkbox"/> Arizona*	UHC SecureHorizons <input type="checkbox"/> California* <input type="checkbox"/> Arizona* <input type="checkbox"/> Nevada*	Dual Care HMO Plans** Anthem Blue Cross HMO & <input type="checkbox"/> SCAN* <input type="checkbox"/> UHC SecureHorizons* (California Only*)
<input type="checkbox"/> MetLife Dental PPO		<input type="checkbox"/> SafeGuard Dental HMO (California & parts of Nevada)		

*Available only within authorized zip code service areas.

**Anthem Blue Cross HMO will cover the subscriber/dependent who is under age 65 or over age 65 with Medicare Part B only.

3. ADD DEPENDENTS: List Eligible Dependents to Be Enrolled In the Medical/Dental Plan

Last Name, First, MI	Social Security Number	Gender	Relationship	Birth Date (mm/dd/yy)	Primary Care Physician Anthem Blue Cross HMO, SCAN, UHC SecureHorizons subscribers SafeGuard Facility # Participating Dentist
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

4. DELETE DEPENDENTS: List Dependents to Be Deleted In the Medical/Dental Plan

Last Name, First, MI	Social Security Number	Gender	Relationship	Birth Date (mm/dd/yy)	Medical/Dental Plan	Effective Date
		<input type="checkbox"/> M <input type="checkbox"/> F				
Address:					Reason:	
		<input type="checkbox"/> M <input type="checkbox"/> F				
Address:					Reason:	

OVER

5. MEMBER AUTHORIZATION

I understand this election will remain in effect as long as I remain eligible, or until I make another election during the Open Enrollment period. I hereby authorize: 1) LACERS to deduct from my retirement allowance my share of the monthly premiums as may be established from time to time in the service agreement; and 2) any insurance company, organization, employer, hospital, physician, surgeon, or pharmacist to release any information requested to pay claims under the plan selected. I want to enroll myself and those dependents listed above in the plan elected. I understand that it is my responsibility to report any change in the eligibility of my dependents and that the benefits or services of the elected plan are coordinated with those provided by any other group hospital or medical benefit or service plan. I also understand that I must abide by the provisions of the plan in which I enroll and that any controversy between any HMO plan member and such HMO (including its agents, staff physicians, employees and providers) may be subject to binding arbitration. I understand that LACERS will select the earliest coverage date possible for me unless I notify them otherwise.

MEMBER'S SIGNATURE

DATE SIGNED

6. ELIGIBILITY CRITERIA

<p>Age 55</p> <ul style="list-style-type: none"> Are you, the Retired Member, at least age 55 and have 10 years (or more) of City Service to qualify for a LACERS medical subsidy? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Surviving Spouse /Domestic Partner</p> <ul style="list-style-type: none"> Are you a Surviving Spouse/Domestic Partner who is receiving a continuance benefit? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medicare</p> <ul style="list-style-type: none"> Are you enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <input type="checkbox"/> Over Age 65 <input type="checkbox"/> Under Age 65
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7. STUDENT CERTIFICATION

REQUIREMENTS FOR DEPENDENT STUDENT COVERAGE: Full-time student in an accredited institution, dependent on subscriber for financial support, unmarried and under the age of 25. Note: You must attach proof of current enrollment.

Dependent's Full Name:	Birth date (mm/dd/yy):
School Name:	Student ID Number:
School Address (Street, City, State, Zip Code):	Number of Units Carried:
Dependent's Full Name:	Birth date (mm/dd/yy):
School Name:	Student ID Number:
School Address (Street, City, State, Zip Code):	Number of Units Carried:

I certify that the dependents shown above meet all of the requirements for coverage in my dental plan as a full time student. I understand that dental plan coverage for the above-listed dependents will terminate on the first day of the month following the date that any one of the above requirements is no longer in effect.

MEMBER'S SIGNATURE

DATE SIGNED

MAIL TO: LACERS, Attn: Health Benefits Administration, 360 E. Second St., 2nd Fl., Los Angeles, CA 90012-4207

FOR OFFICE USE ONLY			
INITIALS	YEARS OF SERVICE	DENTAL SUB/PART	EFFECTIVE DATE

Taxability of Your Health Benefits

All Retired Members and eligible Surviving Spouses/Domestic Partners with health plan dependents must complete and submit a *Certification of Dependent Status for Health Coverage Form*. The medical subsidy used to provide medical benefits to dependents might be reported as taxable income to the Retired Member or Survivor for Federal tax purposes.

LACERS cannot determine for you if your dependents are eligible to be claimed for federal income tax purposes. The definition of Tax Dependent for purposes of a health plan differs slightly, since certain subsections of the Internal Revenue Code Section 152 do not apply.

Please view the *Definition of "Tax Dependent" for Purposes of a Health Plan*, Appendix page 53, to determine the status of your dependents.

Those who **fail to complete** the *Certification of Dependent or Survivor Status for Health Coverage Form* may have **any portion of their medical subsidy used to cover any persons other than themselves reported to the Internal Revenue Service (IRS) as taxable income.**

Those eligible Surviving Spouses/Domestic Partners who **fail to complete** the certification of dependent status form may have their **entire medical subsidy reported to the IRS as taxable income.**

NOTE: If you have further questions, please contact the IRS *AND/OR* consult a tax professional regarding the annual dependent requirements for federal income tax purposes. Additionally, State regulations are different for each State. Please call your State Income Tax Authority.



CERTIFICATION OF DEPENDENT OR SURVIVOR STATUS FOR HEALTH COVERAGE

The Los Angeles City Employees' Retirement System (LACERS) Healthcare program offers coverage for retired employees, spouses (including same-sex spouses) domestic partners, children and Surviving Spouses/Domestic Partners. In order to ensure that LACERS is providing proper tax treatment of the medical subsidy, we must confirm whether your spouse, same-sex spouse, domestic partner **AND/OR** child(ren) meet the definition of "spouse" or "dependent" under federal tax law. In addition, we must confirm which persons are Surviving Domestic Partners or Surviving same-sex Spouses. If you have any questions, please consult your tax advisor.

*I understand that LACERS must confirm that my spouse, same-sex spouse, domestic partner **AND/OR** child(ren) meet the definition of "spouse" or "dependent" for tax purposes. I also understand that LACERS has a need to confirm the status of any person who is a Surviving Domestic Partner or Surviving Spouse.*

I certify that any individual for whom I have checked the box labeled "Yes" under Tax Dependent is my spouse as defined in Internal Revenue Code Section 7703 and the Defense of Marriage Act, or is my tax dependent as defined in Internal Revenue Code Section 152 (determined without regard to subsections (b)(1), (b)(2) and (d)(1)(B)).

- I certify that I am a (check one):**
- Retired LACERS Member
 - Surviving Opposite-Sex Spouse of a Retired LACERS Member
 - Surviving Same-Sex Spouse of a Retired LACERS Member
 - Surviving Domestic Partner of a Retired LACERS Member

A portion of my health plan subsidy may cover the dependents listed:

<p>1. _____</p> <p>Dependent's Name¹</p> <p>Relationship to self <input type="checkbox"/> Opposite-Sex Spouse <input type="checkbox"/> Same-Sex Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child</p>	<p>_____</p> <p>Dependent's Social Security #</p> <p>Is this person a Tax Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. _____</p> <p>Dependent's Name¹</p> <p>Relationship to self <input type="checkbox"/> Opposite-Sex Spouse <input type="checkbox"/> Same-Sex Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child</p>	<p>_____</p> <p>Dependent's Social Security #</p> <p>Is this person a Tax Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. _____</p> <p>Dependent's Name¹</p> <p>Relationship to self <input type="checkbox"/> Opposite-Sex Spouse <input type="checkbox"/> Same-Sex Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child</p>	<p>_____</p> <p>Dependent's Social Security #</p> <p>Is this person a Tax Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. _____</p> <p>Dependent's Name¹</p> <p>Relationship to self <input type="checkbox"/> Opposite-Sex Spouse <input type="checkbox"/> Same-Sex Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child</p>	<p>_____</p> <p>Dependent's Social Security #</p> <p>Is this person a Tax Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

1. The definition of a Dependent who is eligible to be included on your health plan differs from the definition of a Tax Dependent.

By signing below, you are stating that:

I certify that the information I have listed above is true. I understand that this information will be held confidential and will be subject to disclosure only upon my express written authorization or if otherwise required by law. I understand if any of the information I have provided is false or misleading, it could result in actions, up to and including disenrollment from LACERS Retired Member Healthcare program. I agree to notify LACERS, at 800-779-8328, within 30 days of any change in these circumstances. I understand and agree that it is my responsibility to notify LACERS of changes in the tax status of any of my dependents.

Printed Name

Signature

Social Security Number

Date

DO NOT COMPLETE – FOR LACERS USE ONLY

RECEIVED ON:

RECEIVED BY:

DATE: _____

PRINT NAME _____ SIGNATURE _____

Definition Of “ Tax Dependent” For Purposes Of A Health Plan

	Internal Revenue Code Section 152	
	QUALIFYING CHILD	QUALIFYING RELATIVE
Relationship	The person being claimed as a “dependent” is related to the taxpayer as a: <ul style="list-style-type: none"> • Child (includes Son/Daughter, Stepson/Stepdaughter, Eligible Foster Child¹ or descendant of above)² • Brother/Sister (including by half-blood) • Stepbrother/Stepsister • Descendant of above 	The person being claimed as a “dependent” is related to the taxpayer as a: <ul style="list-style-type: none"> • Child (includes Son/Daughter, Stepson/Stepdaughter, Eligible Foster Child¹ or descendant of above)² • Brother/Sister (including by half-blood) • Stepbrother/Stepsister • Father/Mother or ancestor of either • Stepfather/Stepmother • Nephew/Niece • Uncle/Aunt • In-laws: Son/Daughter, Brother/Sister, Father/Mother • Non-spouse³ Member of taxpayer’s household⁴ who shares principal place of abode
Residence	The person resides at the same principal place of abode as taxpayer for more than ½ of taxable year (Temporary absences do not affect this determination).	N/A (except as noted above for non-spouse, who must be Member of taxpayer’s household and share the taxpayer’s principal place of abode)
Age	The person is younger than the taxpayer is and is less than 19 at end of year (24, if a student ⁵ or is “permanently and totally disabled ⁶ ” at any time during the calendar year.	N/A
Support	The person provides not more than ½ of his/her support for the calendar year. ⁷	The taxpayer provides over ½ of the person’s support for the calendar year. ^{7,8,9}
Income	N/A	The person has a gross income less than \$3,650 for 2009. ¹⁰
Non-Qualifying Child	N/A	The person is not a qualifying child of taxpayer or any other taxpayer
Dependent Of Dependent	If a person is a dependent, that person can have no Qualifying Child. ¹¹	If a person is a dependent, that person can have no Qualifying Relative. ¹¹
No Joint Return	The person does not file a joint return.	The person does not file a joint return
Citizenship Or Residency	The person is a citizen/national/resident of U.S. or a resident of Canada or Mexico (There is an exception for adopted children. ¹²)	The person is a citizen/national/resident of U.S. or a resident of Canada or Mexico (There is an exception for adopted children. ¹²)
Tie-Breaking Rules	If two or more taxpayers may claim a child as a Qualifying Child, the parent may claim the child. If neither is a parent, the taxpayer with the highest adjusted gross income (AGI) may claim the child. If both are parents, the parent with whom the child resided longest during the year or, if the child resided equally with both parents, the parent with the highest AGI may claim the child. If a parent could claim the child but no parent does so, another taxpayer may claim the child if that taxpayer’s AGI is higher than the AGI of any parent.	N/A

Shaded boxes do not apply for purposes of a Health Plan

Special Rule For Divorced Parents

The child of divorced or separated parents is treated as the dependent of both parents if:

1. The child is in the custody of one or both parents for more than ½ of the calendar year;
2. The child receives over ½ of the child's support during the calendar year from the child's parents; and
3. The parents are:
 - Divorced or legally separated under a decree of divorce or separate maintenance;
 - Separated under a written separation agreement; or
 - Living apart at all times during the last six months of the calendar year (July – December).

NOTE: These provisions do not apply if over ½ of the support of the child is treated as being received by the taxpayer under a multiple support agreement.

Federal Law – Definition of Spouse

According to the **DEFENSE OF MARRIAGE ACT:**

1. Marriage = only a legal union between one man and one woman as husband and wife.
2. Spouse = only a person of the opposite sex who is a husband or wife.

United States Code Section 6013(d): Not married if legally separated under decree of divorce or separate maintenance

- 1 An eligible foster child is an individual who is placed with the taxpayer by an authorized placement agency or by judgment, decree or other order of a court of competent jurisdiction.
- 2 For purposes of determining whether an individual is a son, daughter, stepson, stepdaughter, brother or sister, a person who is adopted or legally placed for adoption is treated as related by blood. Code Section 152 does not define "placed for adoption," but regulations under the previous version of the statute, indicated that the child must be "placed with the individual by an authorized placement agency for legal adoption pursuant to a formal application filed by the individual with the agency." A similar definition will likely apply under the new statutory language.
- 3 Whether a person is a spouse or not is determined without regard to Code Section 7703, which provides that (i) the determination is made at the close of the taxable year (or at the time of the spouse's death), (ii) persons who are legally separated pursuant to a decree of divorce or separate maintenance are not considered married and (iii) a person living apart, filing separate returns, maintaining a household which is the principal place of abode for a child which the person can claim a personal exemption deduction and providing more than ½ of the cost of maintaining the household will not be considered married, provided the spouse is not a Member of the household for the last 6 months of the taxable year.
- 4 The person is not a Member of the taxpayer's household if the relationship between the taxpayer and the person is in violation of local law.
- 5 An individual is a student for these purposes if the individual is a full-time student at a Code Section 170(b)(1)(A)(ii) educational organization (or in certain institution on-farm training programs) for at least 5 months of the calendar year. A 170(b)(1)(A)(ii) educational organization is one that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on.
- 6 Permanently and totally disabled = unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.
- 7 Support for these purposes does not include scholarships for study at an educational organization described in Code Section 170(b)(1)(A)(ii) (*see note 5) received by a student child of the taxpayer.*
- 8 Where no one provides over ½ of the person's support for the calendar year, but two or more persons together provided over ½ of the person's support and would otherwise be able to claim the person as a dependent, the taxpayer is treated as providing over ½ of the person's support for the calendar year if the taxpayer did provide over 10% of the person's support and every other person who provided over 10% of the person's support files a written declaration that he/she will not claim the person as a dependent for any tax year beginning in that calendar year.
- 9 Alimony and separate maintenance payments pursuant to Code Section 71 and certain trust income covered by Code Section 682 are not treated as support of a dependent. Where a parent remarries, support received from a parent's spouse is treated as received from the parent.
- 10 The income earned at a sheltered workshop by a person who permanently and totally is disabled at any time during the taxable year will not be included for these purposes if the person attends the workshop primarily due to the availability of medical care and the income arises from activities incidental to such medical care. A sheltered workshop is a school which provides special instruction or training designed to alleviate the disability of the person and which is operated by a State, a possession of the U.S., a political subdivision of either, the U.S., the District of Columbia, or an organization described in Code Section 501(c)(3) and exempt under Code Section 501(a).
- 11 For example, if the taxpayer/employee is a dependent of his father, he can have no Code Section 152 dependents (either as a Qualifying Child or as a Qualifying Relative).
- 12 This requirement will not apply to an adopted child that has the same principal place of abode as the taxpayer and is a Member of the taxpayer's household for the taxable year, provided the taxpayer is a citizen or national of the U.S.

Health Benefits Guide Survey

We are interested in learning how satisfied you are with LACERS Health Benefits materials. Your opinions are important to us and will help us provide the highest level of service to you and your dependents. The survey will only take a few minutes to complete. You may return it with your enrollment form(s) in the prepaid envelope enclosed in the Guide.

As you provide your responses, please answer considering the content of the LACERS 2011 Health Benefits Guide in relation to this year's Open Enrollment period. Please feel free to provide any additional feedback in the Comments section at the end of the survey. Thank you for participation.

Health Benefits Guide – Overall Impression	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Health Benefits Guide helped me make decisions about my health plan choices					
The Health Benefits Guide helped me better understand topics I was unsure of					
The Health Benefits Guide introduced me to benefits I was unaware of					
The Health Benefits Guide was easy to understand					
The Health Benefits Guide is a quality product					
I am satisfied with the information in the Health Benefits Guide					
The Health Benefits Guide has the right amount of information in it					
I was able to find what I needed quickly in the Health Benefits Guide					
I will refer to my Health Benefits Guide throughout the year					

Health Benefits Guide – Specific Topics

Select the publication features you found **MOST** relevant to making your health plan choices:

- | | |
|--|--|
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Medical Plan Premiums |
| <input type="checkbox"/> Enrolling in a Health Plan | <input type="checkbox"/> Medical Monthly Allowance Deductions |
| <input type="checkbox"/> Making Health Plan Changes | <input type="checkbox"/> Dental Plans Comparison Chart |
| <input type="checkbox"/> Medicare and LACERS Health Benefits | <input type="checkbox"/> Dental Plans Premiums& Deductions |
| <input type="checkbox"/> Your LACERS Medical Subsidy | <input type="checkbox"/> Vision Plan Benefit Chart |
| <input type="checkbox"/> Eligible Surviving Spouse/Domestic Partner Benefits | <input type="checkbox"/> Glossary |
| <input type="checkbox"/> Medical Plan Reimbursement Program | <input type="checkbox"/> Instructions for completing Medical/Dental Enrollment Form |
| <input type="checkbox"/> If Your Health Plan Coverage is Terminated | <input type="checkbox"/> Medical and/or Dental Enrollment Form |
| <input type="checkbox"/> Your Medical Plans | <input type="checkbox"/> Certification of Dependent of Survivor Status for Health Coverage |
| <input type="checkbox"/> Evercare – Solutions for Caregivers | <input type="checkbox"/> Definition of Tax Dependent for Purposes of a Health Plan |
| <input type="checkbox"/> Enhanced Social Services Programs | <input type="checkbox"/> Health Plan and Other Important Contact Information |
| <input type="checkbox"/> Medical Plan Options | <input type="checkbox"/> Anthem Blue Cross PPO Out-of-Country Plan |
| <input type="checkbox"/> Your Dental Plans | |
| <input type="checkbox"/> Your Vision Plans | |
| <input type="checkbox"/> Medical Plan Comparison Charts | |

Health Benefits Guide – Specific Topics

Select the publication features you found **LEAST** helpful to making your health plan choices:

- | | |
|--|--|
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Medical Plan Premiums |
| <input type="checkbox"/> Enrolling in a Health Plan | <input type="checkbox"/> Medical Monthly Allowance Deductions |
| <input type="checkbox"/> Making Health Plan Changes | <input type="checkbox"/> Dental Plans Comparison Chart |
| <input type="checkbox"/> Medicare and LACERS Health Benefits | <input type="checkbox"/> Dental Plans Premiums& Deductions |
| <input type="checkbox"/> Your LACERS Medical Subsidy | <input type="checkbox"/> Vision Plan Benefit Chart |
| <input type="checkbox"/> Eligible Surviving Spouse/Domestic Partner Benefits | <input type="checkbox"/> Glossary |
| <input type="checkbox"/> Medical Plan Reimbursement Program | <input type="checkbox"/> Instructions for completing Medical/Dental Enrollment Form |
| <input type="checkbox"/> If Your Health Plan Coverage is Terminated | <input type="checkbox"/> Medical and/or Dental Enrollment Form |
| <input type="checkbox"/> Your Medical Plans | <input type="checkbox"/> Certification of Dependent of Survivor Status for Health Coverage |
| <input type="checkbox"/> Evercare – Solutions for Caregivers | <input type="checkbox"/> Definition of Tax Dependent for Purposes of a Health Plan |
| <input type="checkbox"/> Enhanced Social Services Programs | <input type="checkbox"/> Health Plan and Other Important Contact Information |
| <input type="checkbox"/> Medical Plan Options | <input type="checkbox"/> Anthem Blue Cross PPO Out-of-Country Plan |
| <input type="checkbox"/> Your Dental Plans | |
| <input type="checkbox"/> Your Vision Plans | |
| <input type="checkbox"/> Medical Plan Comparison Charts | |

What improvements would you like to see made to the Health Benefits Guide?

Are there other materials that you would like to accompany the Health Benefits Guide? Yes No

If yes, please explain.

Comments:

Sign-up for our e-newsletter here:

or online at www.LACERS.org.

Health Plan And Other Important Contact Information

Resources	Member Services Phone Numbers		Web Sites
Anthem Blue Cross HMO <i>effective 1/1/2011</i>	(800) 227-3771 (866) 940-8303	TDD (800) 735-2929	www.anthem.com/ca
Anthem Blue Cross PPO <i>effective 1/1/2011</i>	(800) 288-2539 (866) 940-8303	TDD (800) 735-2929	www.anthem.com/ca
California Department of Managed Health Care	(888) 466-2219	TDD (877) 688-9891	www.dmhc.ca.gov
Evercare™ – Solutions for Caregivers	(866) 896-1895	TTY code 711	www.LiveandWorkWell.com Access code: Evercare
Kaiser Permanente HMO	(800) 464-4000	TDD (800) 777-1370	http://my.kp.org/ca/lacers
Kaiser Permanente HMO Senior Advantage	(800) 443-0815	TDD (800) 777-1370	http://my.kp.org/ca/lacers
LACERS Customer Service	(800) 779-8328	TDD (888) 349-3996	www.lacers.org
Medicare	(800) MEDICARE (800) 633-4227	TTY (877) 486-2048	www.medicare.gov
MetLife Dental PPO	(866) 526-0981	TDD (888) 638-4863	www.metlife.com/dental
SafeGuard Dental HMO, a MetLife Company	(800) 880-1800	TTY (800) 880-3165	www.safeguard.net HMO Plan# 0010-D
SCAN	(800) 559-3500 CA (888) 540-7226 AZ	TDD (800) 735-2929 CA TTY (800) 367-8939 AZ	www.scanhealthplan.com
Social Security Administration	(800) 772-1213	TTY (800) 325-0778	www.ssa.gov
UHC SecureHorizons	(888) 867-5548 CA, AZ, NV	TTY 711 CA, AZ, NV	www.uhcretiree.com
Vision Service Plan (VSP)	(800) 877-7195	TDD (800) 428-4833	www.vsp.com