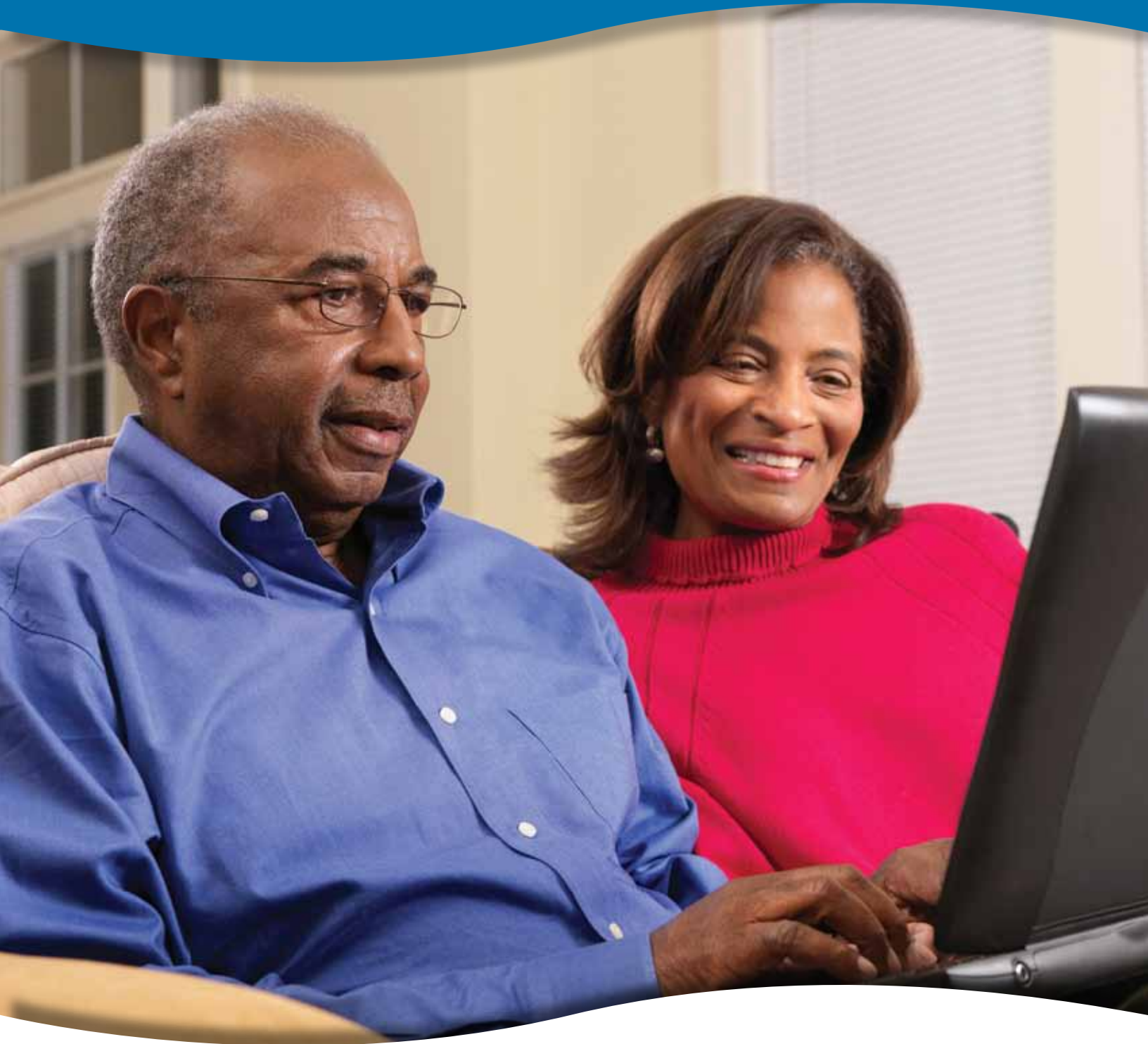


# Take Charge of Your Health



## 2012 Retired Member Health Benefits Guide

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## LACERS Health Benefits

This booklet is a reference guide of the retiree health benefits and health plan options offered by the Los Angeles City Employees' Retirement System (LACERS). The services to be provided shall be in accordance with agreements between the health 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. Contact LACERS if you would like the appropriate Service Agreement, Evidence of Coverage or Certificate of Insurance for a LACERS sponsored plan. 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

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

(800) 779-8328 • (888) 349-3996 TDD • (213) 473-7284 FAX

E-MAIL Health Plan Questions: [LACERS.health@lacity.org](mailto:LACERS.health@lacity.org)

E-MAIL General Questions: [LACERS.services@lacity.org](mailto:LACERS.services@lacity.org)

INTERNET: [www.LACERS.org](http://www.LACERS.org)

# Take Charge of Your Health

## 2012 Retired Member Health Benefits Guide

LACERS health benefits are for Retired Members and their eligible Surviving Spouses/Domestic Partners. Use this booklet as your resource to:

- Familiarize yourself with your eligibility for benefits;
- Help you with your initial enrollment in LACERS-sponsored health plans; and
- Change your and your eligible dependents health plan coverage.

We encourage you to keep this Guide as reference material for the 2012 plan year.



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# Health Plan Eligibility

## 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 from LACERS.

An eligible Surviving Spouse/Domestic Partner who receives a Continuance or a Survivorship allowance from LACERS is also eligible to enroll in LACERS health plans. Former spouses and former state-registered domestic partners of Retired Members are not eligible.

## Eligible Dependents<sup>1</sup>

Eligible dependents on your LACERS health plan may be a:

- a) Spouse
  - b) Domestic partner (your partnership must be registered with LACERS **OR** your state)
  - c) Unmarried, dependent child who is:
    - Under age 19
    - Unable to engage in gainful employment because of a mental or physical disability (disability must have occurred before age 19)
- OR**
- Under age 25 and a full-time student at an accredited college
  - d) Grandchild, if you or your spouse/domestic partner are the legal guardian 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 at the time of enrollment, you will be required to provide LACERS with supporting documents, such as:

- Copy of your certified marriage certificate
- Your child’s birth certificate
- If applicable, proof of your child’s disability

## Domestic Partnership Eligibility

In order for your domestic partner and the children of your domestic partner to be eligible for a LACERS health plan, you must have one of the following: 1) an *Affidavit of Domestic Partnership Form* on file with LACERS or 2) proof of your legally registered domestic partnership in the State of California or 3) proof of a legal union of two persons of the same sex validly formed in another jurisdiction that is substantially equivalent to a domestic partnership, regardless of whether it bears the name *domestic partnership*.

---

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

## Health Plan Enrollment

You must complete and submit a LACERS Medical and/or Dental Plan Enrollment Form if you:

- Would like to enroll in a LACERS health plan
- Are enrolled in a LACERS health plan and would like to change your plan

**If you do not submit an enrollment form, your current LACERS health plan choices will remain in effect for the next plan year.**

## 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 or change plans within:

- 60 days of turning age 55
- 60 days of turning age 65 (based on your Medicare eligibility)
- 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)

## How to Enroll

To enroll in a LACERS health plan:

- 1) Review the premiums, subsidies, deductions, and benefit information to understand how the plans work and 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 take effect on January 1 of the approaching plan year.

## 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.



# Adding or Deleting Dependents

## Adding or Deleting Dependents

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 to your health plan. You may do so by completing a *LACERS Medical/Dental Plan Family Account Change Form*. Otherwise, you must wait until the next annual Open Enrollment period.

If your dependent is Medicare-eligible, additional forms will be required to enroll in a LACERS medical plan.

You must complete a *Certification of Dependent or Survivor Status for Health Coverage* form when adding a dependent. All completed enrollment forms must be submitted to LACERS.

### Deleting a Dependent

You may delete a dependent from your LACERS health plan at any time. If you would like to delete a dependent, you must complete and submit to LACERS a *LACERS Medical/Dental Plan Family Account Change Form*. Your dependent's coverage is terminated on the first day of the month after your form is received.

Be advised you *must* delete a dependent from your LACERS health plan within 60 days of any event that makes your dependent ineligible for LACERS health plan coverage (e.g.; divorce). LACERS reserves the right to terminate your dependent's health plan coverage should LACERS discover your dependent is no longer eligible to participate in a LACERS health plan.

***If you do not notify LACERS within 60 days of your dependent becoming ineligible to participate in a LACERS health plan, your deleted dependent may not be offered an opportunity to continue coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act).***

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

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## Medicare Enrollment Requirement

By age 65, you must enroll in Medicare Part B or Medicare Parts A & B.

In order to qualify for a LACERS medical plan premium subsidy, the Los Angeles Administrative Code (Sec. 4.1103.2) and LACERS Board Rules (HBA 10.0) require that you and your dependents enroll in Medicare Part B when you become eligible for Medicare at age 65. LACERS requests that you enroll three months prior to turning age 65. You must present proof of enrollment to LACERS and you must continue to pay your Medicare Part B premiums. Also, you and your eligible dependents are required to enroll in Medicare Part A, if you are eligible to receive it premium-free (at no cost to you) when you turn age 65.

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 coverage, your medical plan premium subsidy will cease and your existing LACERS medical plan coverage may be terminated. In addition, Social Security may charge you 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 Social Security Administration (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 Medicare enrollment should be discussed with the SSA in advance.

## Medicare Part B Premium Reimbursement

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

### ***Exception — Out-of-Country Retirees***

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.

Please note that upon your death, LACERS does **not** reimburse your Surviving Spouse/Domestic Partner 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 or disenrolling in Medicare Part D on your own or through another group plan may cause your LACERS medical coverage to be terminated.

### ***Exception — Medical Premium Reimbursement Program***

If you are enrolled in the Medical Premium Reimbursement Program 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.

## Medicare Part D Low Income Subsidy

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call CMS (the Centers for Medicare & Medicaid Services) at 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; or SSA at 1-800-772-1213 between 7 a.m. and 7 p.m. Monday through Friday, TTY users should call 1-800-325-0778; or your state Medicaid office.

# Medicare and LACERS Health Benefits

## Income-Related Monthly Adjustment Amount (IRMAA)

As a result of federal legislation in 2007 and 2011, Social Security now assesses higher-income earning Medicare enrollees an Income-Related Monthly Adjustment Amount (IRMAA) in addition to their Medicare Part B and Part D basic premium rates.

**Important:** You must pay any Medicare Part B and Part D IRMAAs assessed by Social Security. Because LACERS requires you to maintain your Medicare enrollment in order to continue receiving your medical plan premium subsidy, failure to pay your IRMAAs will result in the termination of your LACERS medical benefits.

LACERS does not apply your medical subsidy toward or reimburse to you any Medicare-related IRMAA costs.

## 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.

## CMS Medicare Plan Requirement

The Centers for Medicare & Medicaid Services (CMS) allows you to have only one Medicare Advantage plan. If you enroll in a Medicare Advantage plan outside of your LACERS medical plan, you may lose your LACERS medical coverage, even if you enroll in a plan from the same insurance 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 or 1-800-633-4227**



## Member Subsidy Eligibility

You may be eligible to receive a monthly health plan premium 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 pursuant to the authority granted to it in the Los Angeles Administrative Code. 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 balance is deducted from your retirement allowance.

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

### 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 Employee<sup>1</sup>

If you became a LACERS Member on or 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).

## How Your Medical Subsidy is Calculated

### For Retired Members who are:

- **Under Age 65** or
- **Age 65 or older 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 is required). 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	2012 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 those LACERS Members who retired on or after July 1, 2011 and who have not made additional retirement contributions pursuant to Los Angeles Administrative Code Section 4.1031.2(c), please refer to the *2012 Health Benefits Guide Supplement* for your subsidy information and monthly deduction charts. For more information, contact LACERS.

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

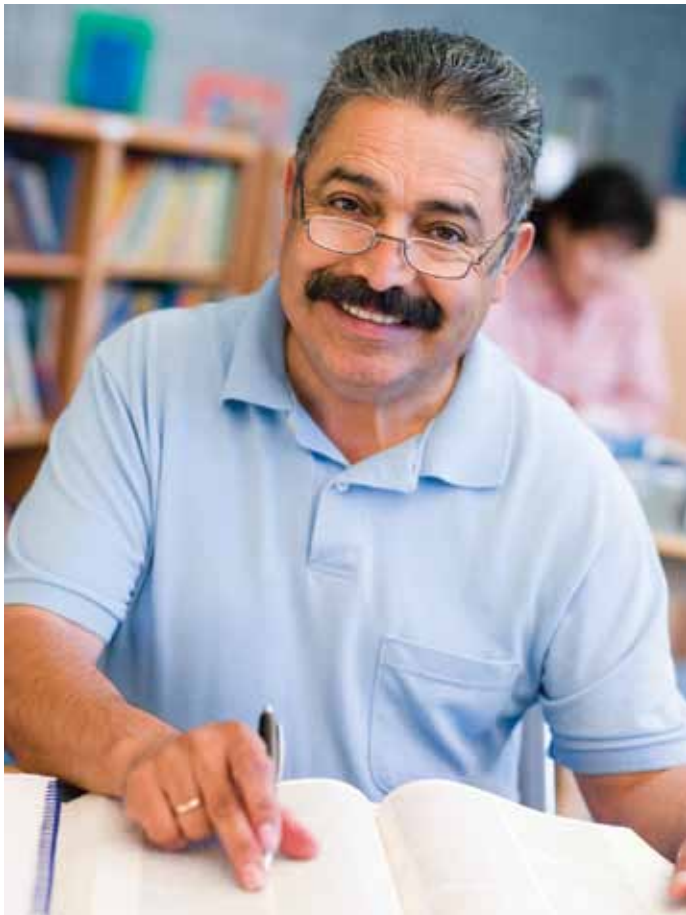
# Your LACERS Medical Subsidy

## For Retired Members who are age 65 or older 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 the corresponding Under-65 Plan. This does **NOT** apply to the Medical Premium Reimbursement Program (MPRP).*



## 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 26
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 will also be taxable if you are an eligible Surviving Domestic Partner.

It may be taxable if 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 when adding health plan dependents.

Consult your tax advisor or the Internal Revenue Service for more information.

# Eligible Surviving Spouse/Domestic Partner Benefits

## Eligible Surviving Spouse/ Domestic Partner Benefits

Your eligible Surviving Spouse/Domestic Partner may continue receiving LACERS medical/dental coverage at the time of your death, if he/she:

- Was covered as a dependent at the time of your death; and
- Is eligible to receive a LACERS monthly Continuance or Survivorship allowance; and
- Has a LACERS Continuance or Survivorship allowance that is enough to pay the monthly medical premiums through payroll deductions; and
- Re-enrolls in a medical/dental plan within 60 days of your death.

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

### Your Eligible Surviving Spouse/Domestic Partner's Medical Subsidy

Your eligible Surviving Spouse/Domestic Partner's subsidy is based on:

- Your years of City Service (minimum of 10 years)
- When you would have been age 55\*
- Your Surviving Spouse/Domestic Partner's eligibility for Medicare

\* If you die prior to becoming eligible for your medical subsidy (e.g., while working for the City), your eligible Surviving Spouse/Domestic Partner will be eligible to receive a medical subsidy on the date when you would have become age 55.

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

If your eligible Surviving Spouse/Domestic Partner is:

- **Under Age 65** or
- **Age 65 or older with Medicare Part B Only**

The maximum monthly medical subsidy amount will be equivalent to the Kaiser One-Party Non-Medicare monthly premium. In order for your eligible Surviving Spouse/Domestic Partner to receive this amount, you must have had at least 25 years of City Service. Otherwise, your eligible Surviving Spouse/Domestic Partner may receive 4% of the maximum subsidy for each year of your City Service (a minimum of 10 years of City Service is required):

Service	% of Max. Subsidy	2012 Subsidy
10	40%	\$237.45
11	44%	\$261.19
12	48%	\$284.94
13	52%	\$308.68
14	56%	\$332.43
15	60%	\$356.17
16	64%	\$379.92
17	68%	\$403.66
18	72%	\$427.41
19	76%	\$451.15
20	80%	\$474.90
21	84%	\$498.64
22	88%	\$522.39
23	92%	\$546.13
24	96%	\$569.88
25+	100%	\$593.62

**Surviving Spouses/Domestic Partners are not eligible for dental subsidies. However, they may enroll and have their premiums deducted from their Continuance or Survivorship allowances. See pages 20-21 for Dental Benefits information.**

# Medical Premium Reimbursement Program (MPRP)

## If your eligible Surviving Spouse/Domestic Partner is age 65 or older with Medicare Parts A & B

The maximum monthly medical subsidy amount will be equal to the One-Party monthly premium of the LACERS Senior Plan in which your eligible Spouse/Domestic Partner is enrolled. In order for your eligible Surviving Spouse/Domestic Partner 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 Spouse/Domestic Partner participating in a LACERS medical plan or the Medical Premium Reimbursement Program (MPRP). Any unused subsidy cannot be received as cash compensation or used to cover the cost of the health plan for a dependent.

**Eligible Surviving Spouses/Domestic Partners are not eligible to receive Medicare Part B premium reimbursements.**

## Medical Premium Reimbursement Program

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

- 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.
- 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**.

- Are age 55 or older
- Are not enrolled in a LACERS medical plan

Under this program, LACERS may reimburse you up to the amount of your monthly medical subsidy for medical premiums you pay to a federally-qualified HMO 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 upon submission of MPRP claim forms.

If you are currently enrolled in a LACERS medical plan, you must cancel your coverage by the 10th of the final month of your coverage in order to participate in the MPRP. Please note that acceptance into this program is not guaranteed and if 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 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	\$423.45

## 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 or Survivorship allowance)

You must inform LACERS within 60 days of the COBRA 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 when notified by LACERS to elect to continue coverage
- 45 days after election to continue coverage to make the first direct payment to the medical and/or dental insurance carrier

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 Spouse/Domestic Partner remarries or enters into a new domestic partnership and is covered under another group; or
- Your Spouse/Domestic Partner becomes eligible for and selects Medicare.

## Settling Disputes

LACERS Anthem Blue Cross HMO, Kaiser Permanente HMO and Senior Advantage, SCAN, and United-Healthcare medical plans, and SafeGuard HMO 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, Kaiser Permanente, Kaiser Permanente Senior Advantage, SCAN, and United-Healthcare 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 may be 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).

# LACERS Medical Plan Options

The medical plan choices available to you and your dependents are based on where you live and the age and Medicare status of you and/or your dependents:

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

## Medical Plan Choices

### If you are under age 65

- Anthem Blue Cross HMO (CA only)<sup>1</sup>
- Anthem Blue Cross PPO
- Kaiser Permanente HMO (CA only)<sup>1</sup>

### If you are age 65 or older with Medicare Part B only

- Anthem Blue Cross HMO (CA only)<sup>1</sup>
- Anthem Blue Cross PPO
- Kaiser Permanente Senior Advantage (CA only)<sup>1</sup>

### If you are age 65 or older with Medicare Parts A & B

- Anthem Blue Cross Medicare Advantage LPPO
- Kaiser Permanente Senior Advantage (CA Only)<sup>1</sup>
- SCAN (CA & AZ)<sup>1,2</sup>
- UnitedHealthcare Medicare Advantage HMO (CA, AZ, & NV)<sup>1</sup>

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

- Anthem Blue Cross PPO + Anthem Blue Cross Medicare Advantage LPPO

- Kaiser Permanente HMO + Kaiser Permanente Senior Advantage (CA only)<sup>1</sup>
- Anthem Blue Cross HMO + SCAN (CA only)<sup>1</sup>
- Anthem Blue Cross HMO + UnitedHealthcare Medicare Advantage HMO (CA only)<sup>1</sup>

### If you are living outside the U.S. & Its Territories

- Anthem Blue Cross PPO Out-of-Country Plan<sup>3</sup>

## Dental Plan Choices

- MetLife PPO
- SafeGuard HMO (CA & parts of NV only)<sup>1</sup>

### Footnotes:

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.

## 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, contact your health plan provider.

## Types of LACERS 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.

With a PPO plan, you have the option to choose from a 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 physician/hospital or an out-of-network physician/hospital. You may receive more benefit coverage and reduce your costs if you use an in-network physician/hospital.

### Health Maintenance Organization (HMO)

When you choose a LACERS HMO medical plan, you receive all your covered services from a network of hospitals, pharmacies, and physician groups that are contracted by the plan. You must live within the plan's authorized zip code service area and use its plan-authorized physicians and hospitals (unless emergency care is required).

You choose your Primary Medical Group or a Primary Care Physician (PCP) from a list of doctors in the plan's network to coordinate your care.

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

## For Members Who Are Under Age 65

### Anthem Blue Cross HMO

#### For Members Residing in California (CA)

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 review a list of participating physicians by contacting Anthem Blue Cross or visiting their website. See the back cover of this guide for contact information. You may choose a different PCP for each person enrolled in your plan.

### Kaiser Permanente HMO

#### For Members Residing in California (CA)

Kaiser Permanente HMO requires you to use Kaiser plan physicians and Kaiser hospitals (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.

### Anthem Blue Cross PPO

#### For Members Residing in the U.S. and Its Territories

The Anthem Blue Cross PPO plan gives you the choice of receiving services from an in-network physician/hospital or an out-of-network physician/hospital. Keep in mind that using an in-network physician/hospital may give you more benefit coverage at a reduced cost compared to an out-of-network physician/hospital.

## For Members Who Are Age 65 or Older (Residing in the U.S. and Its Territories)

LACERS offers Senior Plans for Medicare-eligible Retired Members who reside in the United States and its territories.

For Members enrolled in Medicare Part B only, LACERS offers:

- Anthem Blue Cross HMO (see pg. 15 for description)
- Anthem Blue Cross PPO (see pg. 15 for description)
- Kaiser Permanente Senior Advantage (CA only)

For Members enrolled in Medicare Parts A & B, LACERS offers three Medicare Advantage HMO Plans and one Medicare Advantage LPPO (Local Preferred Provider Organization) Plan:

- Anthem Blue Cross Medicare Advantage LPPO (U.S. and its territories)
- Kaiser Permanente HMO Senior Advantage (CA only)
- SCAN HMO (CA or Maricopa County, AZ)
- UnitedHealthcare Medicare Advantage HMO (CA, AZ, NV)

A Medicare Advantage plan is a health plan with a Medicare contract. Instead of receiving benefits from Medicare, you receive benefits directly from the Medicare Advantage Plan. The physicians and hospitals under these plans are Medicare approved. In some cases, a Medicare Advantage Plan provides more benefits than Medicare Parts A & B offer.

## Medicare Advantage HMO Plans

Kaiser Permanente Senior Advantage, SCAN, and UnitedHealthcare HMO are Medicare Advantage HMO plans. You coordinate your care through a Primary Care Physician (PCP) whom you choose from a network of participating physicians.

Medicare Advantage HMO plans are available in authorized zip code service areas only. Contact the medical plan to verify that your zip code is a covered area.

## Medicare Advantage LPPO Plan

Under the Anthem Blue Cross Medicare Advantage LPPO plan, you can choose any in-network or out-of-network physician/medical facility, as long as the services are covered by Medicare, medically necessary, and the physician/medical facility accepts Medicare.

You receive the same benefits whether you seek care in network or out of network.

The Anthem Blue Cross LPPO plan includes preventive care and additional benefits not offered by Medicare.

## For Dual Care Households (Residing in the U.S. and Its Territories)

For households where at least one person (Member or dependent) is covered by both Medicare Parts A & B and the other person is either under age 65 or at least age 65 with Medicare Part B only, LACERS offers four medical plan combinations:

- Anthem Blue Cross Medicare Advantage LPPO + Anthem Blue Cross PPO (U.S. & its Territories)
- Kaiser Permanente Senior Advantage + Kaiser Permanente HMO (CA only)
- SCAN + Anthem Blue Cross HMO (CA only)
- UnitedHealthcare Medicare Advantage HMO + Anthem Blue Cross HMO (CA only)

## For Members Residing Outside the U.S. and Its Territories

### Anthem Blue Cross PPO Out-of-Country

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

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

1. The Vision Service Plan (VSP) and MetLife PPO Dental are also available outside the U.S.
2. As defined by the American Medical Association ([www.ama-assn.org](http://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 and deduction amounts for the LACERS Anthem Blue Cross PPO Out-of-Country Plan are the same as those for the LACERS non-Medicare Anthem Blue Cross PPO plan for Members under age 65, regardless of the age of the Member residing outside the U.S.

**NOTE:** Anthem Out-of-Country premium and deduction amounts are more costly than LACERS Anthem Blue Cross Medicare Advantage LPPO plan because Medicare does not subsidize the cost of services received outside the U.S.

### Living Abroad and 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 while in the U.S. and its territories.

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, and you are over age 65, you are required to enroll in Medicare in order to enroll in a LACERS health plan. Social Security may impose a lifetime penalty for lapsed Medicare coverage and require you to wait for their Open Enrollment period to enroll in Medicare.

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 by Medicare for not having Medicare Part D while out of the country.

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

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. to reside.

## Enhanced Social Services Programs

UnitedHealthcare HMO and SCAN 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	UnitedHealthcare HMO Solutions for Caregivers	SCAN Independent Living Power (ILP) <sup>1</sup>
<b>California Counties Served</b>	Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego and Ventura <sup>2</sup>	Los Angeles, Orange, Riverside and San Bernardino <sup>3</sup>
<b>Personal Emergency Response System</b>	None	Includes installation & monthly monitoring \$15 per month fee
<b>Transportation to Provider Visits</b>	Up to 30 one-way rides per year to plan-approved doctor, pharmacy, medical facilities, or treatments  No charge	Unlimited taxi rides per year  No charge
<b>Transportation Escort</b>	To plan-approved doctor, pharmacy, medical facilities or treatments  No charge	To medical appointments  \$15 per visit
<b>Caregiver Relief</b> <i>Alternative Caregiver Provides Services When The Regular Caregiver Is Not Available</i>	<ul style="list-style-type: none"> <li>• In-home visits when regular caregiver cannot be there</li> <li>• Services include companionship, assistance with bathing, dressing, and light meal preparation</li> <li>• Up to 40 hours of care/year, in-home</li> </ul> No charge	<ul style="list-style-type: none"> <li>• In-home visits when regular caregiver cannot be there</li> <li>• Services include same as Personal Care Homemaker Services</li> <li>• Adult day care – physical, social or intellectual exercises and stimulation for senior</li> </ul> \$15 per visit
<b>Personal Care and Homemaker Services</b>	Services include light housekeeping, laundry, meal preparation, grocery shopping, 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 per visit
<b>Home Delivered Meals</b>	Up to 30 home delivered meals/year  No charge	Unlimited  No charge
<b>Inpatient Custodial &amp; Caregiver Relief</b>	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 UnitedHealthcare HMO benefits are only available in these counties.
3. These additional SCAN benefits are only available in these counties.

## LACERS Vision Plans

See Vision Plan Comparison Chart on page 28.

### Kaiser Permanente

If you are enrolled in a LACERS Kaiser Permanente medical plan, you receive your vision benefits directly from Kaiser Permanente.

### Kaiser Permanente Vision Benefit Copayment

Age	Copay
Under age 65 and not on Medicare	\$20
If you have Medicare Part B Only	\$15
If you have Medicare Parts A & B	\$15

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

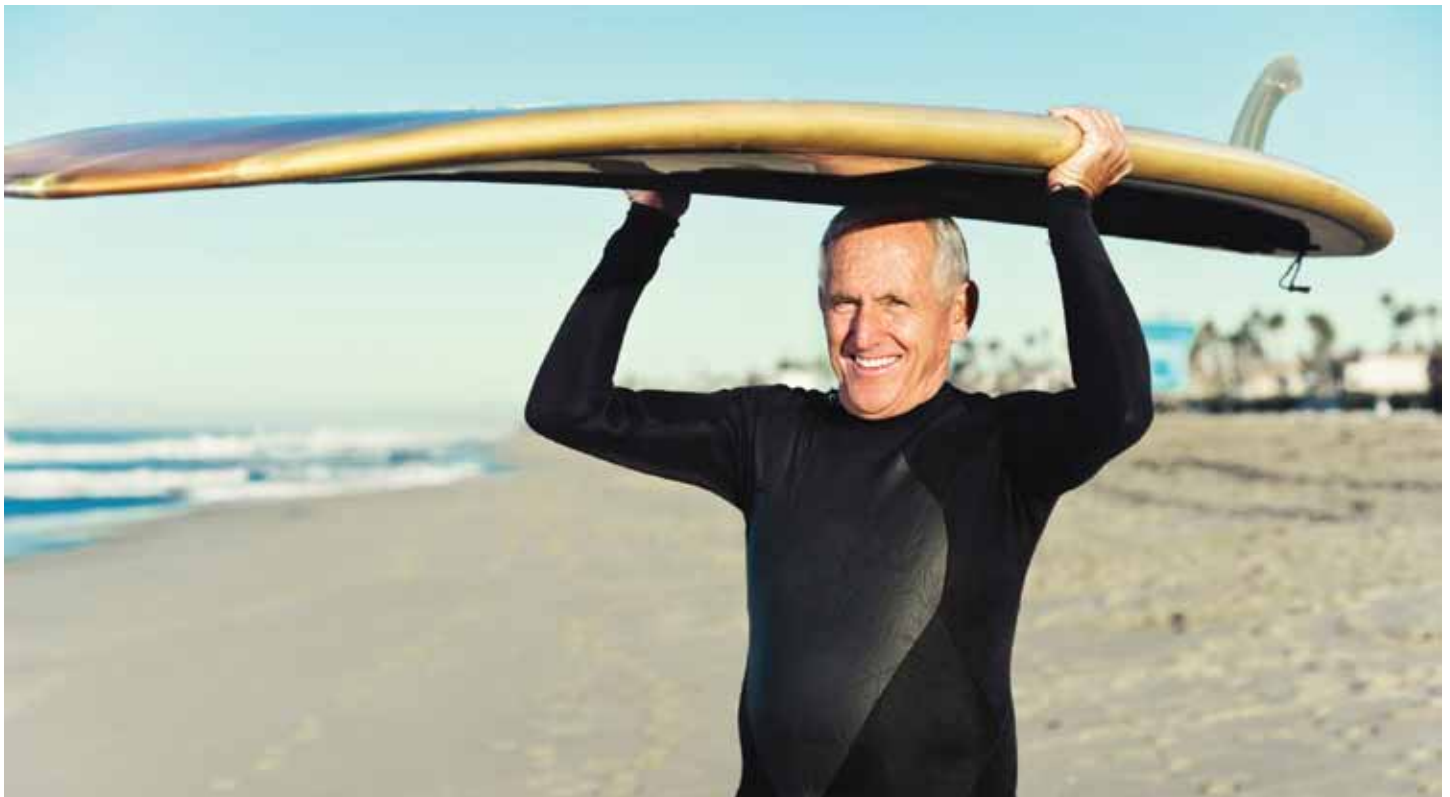
If you are enrolled in a LACERS medical plan other than Kaiser Permanente, you and your enrolled dependents will be automatically covered under Vision Service Plan (VSP).

VSP covers a number of services after you satisfy your annual copayment, such as vision examinations, frames, spectacle lenses (single vision, bifocal, trifocal and lenticular), or contact lenses. 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.

For details, contact VSP at (800) 877-7195 or visit [www.vsp.com](http://www.vsp.com).

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**



## LACERS Dental Plans

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

With the SafeGuard HMO Plan, you select a primary dentist from SafeGuard’s network and make an appointment when needed. For specific benefit information, contact SafeGuard for a schedule of benefits (see back cover for contact information).

Availability	MetLife PPO	SafeGuard HMO
All U.S. States & Its Territories	✓	
California and Nevada	✓	✓ <sup>1</sup>
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 dental subsidy is determined by the LACERS Board each year. The maximum subsidy the Board can adopt is based on the maximum dental subsidy provided to Active Members by The City of Los Angeles. 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 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).

### If You Retired as a Full-Time Employee

Dental subsidies are only available to Retired Members who are enrolled in a LACERS dental plan. 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 (a minimum of 10 years is required).

### Dental subsidies are not provided for dependents or eligible Surviving Spouses/Domestic Partners.

However, you may enroll dependents in a LACERS dental plan and have their premium costs deducted from your retirement allowance. Eligible Surviving Spouses/Domestic Partners may have their dental premiums deducted from their Continuance or Survivorship allowances.

### Dental Subsidy<sup>1</sup>

Years of Service	% of Maximum	MetLife Subsidy Amount	SafeGuard Subsidy Amount
10	40%	\$17.66	\$5.41
11	44%	\$19.42	\$5.95
12	48%	\$21.19	\$6.49
13	52%	\$22.95	\$7.04
14	56%	\$24.72	\$7.58
15	60%	\$26.48	\$8.12
16	64%	\$28.25	\$8.66
17	68%	\$30.02	\$9.20
18	72%	\$31.78	\$9.74
19	76%	\$33.55	\$10.28
20	80%	\$35.31	\$10.82
21	84%	\$37.08	\$11.37
22	88%	\$38.84	\$11.91
23	92%	\$40.61	\$12.45
24	96%	\$42.37	\$12.99
25+	100%	\$44.14	\$13.53

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

# Dental Plan Comparison Chart

Dental Benefits	SafeGuard HMO, a MetLife company	MetLife PPO <sup>1</sup>	
		In-Network	Non-Network
Calendar year deductible	None	\$25/Person	\$75/Family
Annual Maximum Benefit	None	\$2,000/person <sup>2</sup>	\$1,250/person <sup>2</sup>
<b>Preventive Care</b>			
Two cleanings/year; Bite-wing x-rays and Exam	100%	100%, no deductible; 100%, after deductible	80% of R & C <sup>3</sup> , no deductible
<b>Basic Services</b>			
Fillings; Extractions; Root canal; Repair crowns	100%, after \$0-\$20 copay/ procedure	80% after deductible	70% of R & C <sup>3</sup> , after deductible
<b>Major Services</b>			
Crowns <sup>4</sup>	100%, after \$30-\$75 copay/procedure	80% after deductible	70% of R & C <sup>3</sup> , after deductible
Dentures		50% after deductible	50% of R & C <sup>3</sup> , after deductible
Implants	Not Applicable	50% after deductible	50% of R & C <sup>3</sup> , after deductible
<b>Orthodontia</b>			
Children under age 19	100%, after \$1,000 copay + retention/startup fees	50%	50% of R & C <sup>3</sup>
Other covered persons	100%, after \$1,350 copay + retention/startup fees	Not covered	Not covered
Lifetime Maximum	Not Applicable	\$1,500 per child	\$1,500 per child

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<sup>3</sup> and for basic services will be 80% of R & C<sup>3</sup>.
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 treated.
4. Crowns are considered a basic service under the MetLife PPO plan.

## Medical Plan Comparison Charts

### Comparison for Retired Members under Age 65

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. Limitations, copayments and restrictions may apply.

Summary of Benefits		Anthem Blue Cross PPO		Anthem Blue Cross HMO	Kaiser Permanente
		Network Benefits	Non-Network Benefits		
<b>Calendar Year Deductible</b>					
Individual			\$750		
Family		\$1,500; at least one family member must satisfy the \$750 per individual deductible		Not applicable	Not applicable
<b>Annual Out-of-Pocket Maximum</b>					
Individual			Deductible Excluded	\$500	\$500
Family			Not applicable	\$1,500	\$1,500
<b>Lifetime Maximum</b>					
			\$2,000,000	Unlimited	Unlimited
<b>Preventive Care</b>					
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		100% after deductible		70% UCR <sup>1</sup> after deductible	No Charge
<b>Physician Services</b>					
Office Visit		\$20 copay		\$20 copay	\$20 copay
Specialist Care				No Charge	No charge
Inpatient Surgery		90% after deductible			\$20 copay
Outpatient Surgery					
<b>Inpatient Hospital Room &amp; Board</b>					
		90% after deductible		No Charge	No Charge
<b>Other Health Services</b>					
Allergy Tests & Treatments		90% after deductible		\$20 copay	No Charge after \$20 office visit copay
Lab and X-ray		90% after deductible		No Charge	No charge
Physical & Speech Therapy		90% after deductible		\$20 copay	\$20 copay
Dialysis and ESRD Services		90% after deductible		No Charge	No Charge <sup>2</sup>
Skilled Nursing Facility - <i>limit 100 days/calendar year</i>		90% after deductible		No Charge	No Charge

Home Health Care	90% after deductible; limit up to 60 visits/calendar year	70% UCR <sup>1</sup> after deductible; limit up to 60 visits/calendar year	No Charge; limit up to 100 visits/year	No Charge <sup>2</sup>
Hospice Services	80% after deductible; contact Anthem Blue Cross member services for details		No Charge; limits apply	No Charge
Ambulance	90% after deductible	70% UCR <sup>1</sup> after deductible		No Charge <sup>3</sup>
Durable Medical Equipment	90% after deductible	70% UCR <sup>1</sup> after deductible	No Charge	No Charge; formulary applies
Chiropractic Services - <i>limit 30 visits/year</i>	\$20 copay	70% UCR <sup>1</sup> after deductible	\$20 copay	\$15 copay
<b>Emergency Services</b>				
Emergency Room Visit			\$100 copay; waived if admitted	\$100 copay; waived if admitted
Urgent Care Visit	90% after deductible	90% after deductible	\$20 copay	\$20 copay
<b>Mental Health (MH)<sup>2</sup>/Chemical Dependency (CD)<sup>2</sup></b>				
Inpatient	90% after deductible (MH/CD)	80% UCR <sup>1</sup> after deductible (MH/CD)	No Charge (MH/CD)	No Charge; unlimited (MH); In acute medical facility (CD)
Outpatient	\$20 copay	70% UCR <sup>1</sup> after deductible	\$20 copay (MH); No Charge (CD)	\$20 copay (MH/CD); \$10 (MH); \$5 (CD) copay for group; unlimited
<b>Hearing Services</b>				
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
<b>Retail Prescription Drugs</b>	<i>Up to 30-day supply</i>		<i>Up to 30-day supply</i>	<i>Up to 30-day supply</i>
Generic	\$5 copay		\$5 copay	\$10 copay
Brand	\$25 copay		\$25 copay	\$25 copay
Non-formulary	\$50 copay	80%; deductible does not apply	\$50 copay	Not Applicable
<b>Mail Order<sup>4</sup> Prescription Drugs</b>	<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	\$20 copay
Brand	\$50 copay	Not Covered	\$50 copay	\$50 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 Retired Members Age 65 or Older with Medicare Part B Only

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. Limitations, copayments and restrictions may apply.

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

Home Health Care	Contact Anthem Blue Cross member services – Benefits are case specific		No Charge; limit up to 100 visits/year	No Charge when prescribed by Plan physician (limited to service area)
Hospice Services			No Charge; limits apply	No Charge
Ambulance	20% after deductible <sup>2</sup>		No Charge	No Charge when defined as an emergency
Durable Medical Equipment			No Charge	No Charge; formulary applies
Chiropractic Services - limit 30 visits/year	Medicare authorized visits: \$15 copay	Medicare authorized visits: 70% UCR <sup>1</sup> after deductible	\$20 copay	\$15 copay
<b>Emergency Services</b>				
Emergency Room Visit	20% after deductible <sup>2</sup> if admitted - 90% for hospital services, 20% after deductible <sup>2</sup> 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
<b>Mental Health (MH)<sup>2</sup>/Chemical Dependency<sup>2</sup> (CD)</b>				
Inpatient	90% after deductible (MH/CD)	80% UCR <sup>1</sup> after deductible (MH/CD)	No Charge (MH/CD)	No Charge per admission as covered by Medicare (MH/CD)
Outpatient	50% after deductible <sup>2</sup> (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
<b>Hearing Services</b>				
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
<b>Retail Prescription Drugs</b>	Up to 30-day supply		Up to 30-day supply	Up to 100-day supply
Generic	\$5 copay		\$5 copay	\$15 copay
Brand	\$25 copay		\$25 copay	\$15 copay
Non-formulary	\$50 copay	80%; deductible does not apply	\$50 copay	Not Applicable
<b>Mail Order<sup>3</sup> Prescription Drugs</b>	Up to 90-day supply		Up to 90-day supply	Up to 100-day supply
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. 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 Retired Members Age 65 or Older with Medicare Parts A & B

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. Limitations, copayments and restrictions may apply.

Summary of Benefits	Anthem Blue Cross Medicare Advantage LPPO	Kaiser Permanente Senior Advantage	SCAN	UnitedHealthcare Medicare Advantage HMO
<b>Calendar Year Deductible</b>				
Individual/Family	\$100	Not Applicable	Not Applicable	Not Applicable
<b>Out-of-Pocket Maximum</b>				
Individual	\$3,400	Deductible Excluded \$500	\$6,700	\$6,700
Family	Not Applicable	\$1,500	Not Applicable	Not Applicable
<b>Lifetime Maximum</b>				
	Unlimited	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>				
Routine Physical Examination	\$0 copay, deductible waived	\$15 copay	\$0 copay	\$0 copay in CA, NV & AZ
Annual Pap Smear, Pelvic & Breast Exam	\$0 copay, deductible waived	No Charge	\$0 copay	\$0 copay
Mammography	\$0 copay, deductible waived	No Charge	No Charge	\$0 copay
<b>Physician Services</b>				
Office Visit	\$0 copay per visit after deductible	\$15 copay	\$10 copay	\$15 copay
Specialist Care		No Charge	No Charge	No Charge
Inpatient Surgery		\$15 copay		
Outpatient Surgery				
<b>Inpatient Hospital Room &amp; Board</b>				
	\$0 copay per admission after deductible	No Charge	No Charge	No Charge
<b>Other Health Services</b>				
Allergy Tests & Treatments	\$0 copay after deductible	No Charge after \$15 office visit copay		\$15 copay
Lab and X-ray	\$0 copay after deductible	No Charge	No Charge	No Charge
Physical & Speech Therapy	\$0 copay after deductible	\$15 copay		\$15 copay
Dialysis and ESRD Services	\$0 copay, deductible waived			
Skilled Nursing Facility	\$0 copay per admission after deductible	No Charge; limit 100 days/calendar year	No Charge; limit 100 days/calendar year	No Charge; limit 100 days/calendar year
Home Health Care	\$0 copay for Medicare-covered visits after deductible	No Charge when prescribed by Plan physician (limited to service area)		No Charge
Hospice Services	Covered by Medicare at a Medicare certified Hospice	No Charge	No Charge	Per Medicare guidelines

Ambulance	\$0 copay for Medicare-covered ambulance service	No Charge when defined as emergency	No Charge	No Charge
Durable Medical Equipment	\$0 copay after deductible	No Charge; formulary applies	No Charge	\$15 copay
Chiropractic Services	\$10 copay after deductible Unlimited Medicare-covered visits	\$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)
<b>Emergency Services</b>				
Emergency Room Visit	\$0 copay for each deductible Medicare-covered visits does not apply	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Urgent Care Visit	\$0 copay for each Medicare-covered visit. Deductible does not apply.	\$15 copay; \$50 copay Out-of-Area	\$10 copay	\$15 copay In-Network; \$25 in Out-of-Network
<b>Mental Health (MH)<sup>2</sup>/Chemical Dependency (CD)<sup>1</sup></b>				
Inpatient	\$0 copay per admission after deductible	No Charge/admission as covered by Medicare; unlimited (MH/CD)	No charge/admission as covered by Medicare; unlimited (MH/CD)	No Charge (MH/CD); unlimited
Outpatient	\$0 copay after deductible	\$15 copay; \$7 copay (MH) \$5 copay (CD) group visits; unlimited	No charge; unlimited (MH/CD)	\$15 copay; unlimited visits
<b>Hearing Services</b>				
Hearing Exam	\$0 copay. Deductible does not apply.	\$15 copay	\$10 copay	No charge
Hearing Aid – every 3 years	No deductible; \$2,000 allowance/ per 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)
<b>Retail Prescription Drugs</b>	Up to 30-day supply	Up to 100-day supply	Up to 30-day supply	Up to 31-day supply
Generic	\$5 copay ; \$0 copay for select generics	\$15 copay	\$10 copay	Tier I generic \$10/unit
Brand	\$25 copay if no generic is available	Not Applicable	\$20 copay	Tier II brand \$20/unit
Non-formulary	\$50 copay	Up to 100-day supply	Not covered	Tier III & IV \$50/unit
<b>Mail Order<sup>2</sup> Prescription Drugs</b>	Up to 90-day supply	Up to 100-day supply	Up to 90-day supply	Up to 90-day supply
Generic	\$10 copay; \$0 copay for select generics	\$15 copay	\$20 copay	Tier I generic \$20
Brand	\$50 copay if no generic is available	Not Applicable	\$40 copay	Tier II brand \$40
Non-formulary	\$100 copay	Not Applicable	Not covered	Tier III & IV \$100

1. Review your Evidence of Coverage for plan details.

2. All Mail Order prescriptions must be ordered through your medical plan's mail order vendor or participating pharmacy directory. Contact your medical plan for mail order vendor contact information.

# Vision Plan Comparison Chart

	VSP (Anthem Blue Cross, SCAN & UnitedHealthcare members)		Kaiser Permanente
Vision Benefits	VSP Doctor	Out-of-Network Provider	
Exam	Every 12 months <sup>1</sup>		\$20 copay under Age 65
	\$20 copay <sup>2</sup>	\$20 copay <sup>2</sup> ; Up to \$45	\$15 copay Medicare Parts A & B Medicare Part B only
Lenses <sup>4</sup>	Every 12 months <sup>1</sup>		Every 24 months
Single Vision Bifocal Trifocal Lenticular Progressive Tints Polycarbonate	Paid in full <sup>2,3</sup>	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
<b>Frames</b>	Every 24 months <sup>1</sup>		
	Up to \$150 (Retail)	Up to \$47	
<b>Contact Lenses<sup>3,4</sup></b>	Every 12 months <sup>1</sup> (Instead of glasses)		
Elective Medically Necessary	Up to \$120 <sup>5</sup> Paid in full <sup>2,6</sup>	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 20% off additional glasses and sunglasses, including lens options 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.

# Medical Plan Premiums (Includes Vision Benefits)

	PPO	HMO/Senior Plans					
	U.S.	CA			NV	AZ	
	Anthem Blue Cross PPO/LPPO	Kaiser Permanente <sup>1</sup> /Sr. Advantage	SCAN & Anthem Blue Cross HMO <sup>4</sup>	UnitedHealthcare HMO & Anthem Blue Cross HMO <sup>4</sup>	UnitedHealthcare HMO	SCAN <sup>2</sup>	
<b>Retired Member Only</b>							
	<b>Monthly Premiums</b>						
Under 65 or over 65 w/ Medicare Part B only	\$990.15	\$593.62	\$736.47	\$736.47	N/A	N/A	N/A
65 or older w/Medicare Parts A & B	\$423.45	\$208.75	\$223.29	\$242.57	\$203.54	\$291.08	\$223.29
<b>Retired Member &amp; 1 Dependent</b>							
Both under 65 or both 65 or older w/Medicare Part B only <sup>1</sup>	\$1,975.78	\$1,187.24	\$1,468.42	\$1,468.42	N/A	N/A	N/A
Retired Member under 65 and Dependent 65 or older w/Medicare Parts A & B	\$1,409.08	\$802.37	\$955.24	\$974.52	N/A	N/A	N/A
Retired Member 65 or older w/Medicare Parts A & B and Dependent under 65	\$1,409.08	\$802.37	\$955.24	\$974.52	N/A	N/A	N/A
Retired Member & Dependent both 65 or older, both w/Medicare Parts A & B	\$842.38	\$417.50	\$442.05	\$480.62	\$402.56	\$577.64	\$442.05
<b>Retired Member &amp; Family<sup>3</sup></b>							
	<b>Monthly Premiums</b>						
Retired Member & Family under 65 or 65 or older w/ Medicare Part B only <sup>1</sup>	\$2,328.96	\$1,543.41	\$1,914.86	\$1,914.86	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	\$1,762.26	\$1,158.54	\$1,401.68	\$1,420.96	N/A	N/A	N/A
Retired Member 65 or older w/Medicare Parts A & B and Family w/o Medicare	\$1,762.26	\$1,158.54	\$1,401.68	\$1,420.96	N/A	N/A	N/A
Retired Member & 1 Dependent 65 or older both w/Medicare Parts A & B, and at least 1 Dependent w/o Medicare	\$1,195.56	\$773.67	\$888.49	\$927.06	N/A	N/A	N/A

**NOTE: Premium rates include Vision benefits. All of the above rates are effective January 1, 2012 through December 31, 2012.**

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
4. Dual Care Households = one person with Medicare Parts A&B (SCAN or UnitedHealthcare HMO) and one person under 65 or over 65 with Medicare Part B Only (Anthem Blue Cross HMO).

# 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.

For those LACERS Members who retired on or after July 1, 2011 and who have not made additional retirement contributions pursuant to Los Angeles Administrative Code Section 4.1031.2(c), please refer to the *2012 Health Benefits Guide Supplement* for your subsidy information and monthly deduction charts. For more information, contact LACERS.

### Retired Member Only not on Medicare or with Medicare Part B only

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross HMO
<b>Monthly Premiums</b>	<b>\$990.15</b>	<b>\$593.62</b>	<b>\$736.47</b>
Years of Service	Monthly Allowance Deduction		
10	\$514.15	\$117.62	\$260.47
11	\$466.55	\$70.02	\$212.87
12	\$418.95	\$22.42	\$165.27
13	\$371.35	\$0.00	\$117.67
14	\$323.75	\$0.00	\$70.07
15	\$276.15	\$0.00	\$22.47
16	\$228.55	\$0.00	\$0.00
17	\$180.95	\$0.00	\$0.00
18	\$133.35	\$0.00	\$0.00
19	\$85.75	\$0.00	\$0.00
20	\$38.15	\$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 Only with Medicare Parts A & B

	PPO (U.S.)	HMO				
	Anthem Blue Cross LPPO	CA – Kaiser Permanente Sr. Advantage	CA/AZ – SCAN	CA – UnitedHealthcare HMO	AZ – UnitedHealthcare HMO	NV – UnitedHealthcare HMO
<b>Monthly Premiums</b>	<b>\$423.45</b>	<b>\$208.75</b>	<b>\$223.29</b>	<b>\$242.57</b>	<b>\$291.08</b>	<b>\$203.54</b>
Years of Service	Monthly Allowance Deduction					
10 to 14	\$105.86	\$52.19	\$55.82	\$60.64	\$72.77	\$50.88
15 to 19	\$42.34	\$20.87	\$22.33	\$24.26	\$29.11	\$20.35
20+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# Medical Monthly Allowance Deductions\*

\* For those LACERS Members who retired on or after July 1, 2011 and who have not made additional retirement contributions pursuant to Los Angeles Administrative Code Section 4.1031.2(c), please refer to the *2012 Health Benefits Guide Supplement* for your subsidy information and monthly deduction charts.

## 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
<b>Monthly Premiums</b>	<b>\$1,975.78</b>	<b>\$1,187.24</b>	<b>\$1,468.42</b>
Years of Service	Monthly Allowance Deduction		
10	\$1,499.78	\$711.24	\$992.42
11	\$1,452.18	\$663.64	\$944.82
12	\$1,404.58	\$616.04	\$897.22
13	\$1,356.98	\$568.44	\$849.62
14	\$1,309.38	\$520.84	\$802.02
15	\$1,261.78	\$473.24	\$754.42
16	\$1,214.18	\$425.64	\$706.82
17	\$1,166.58	\$378.04	\$659.22
18	\$1,118.98	\$330.44	\$611.62
19	\$1,071.38	\$282.84	\$564.02
20	\$1,023.78	\$235.24	\$516.42
21	\$976.18	\$187.64	\$468.82
22	\$928.58	\$140.04	\$421.22
23	\$880.98	\$92.44	\$373.62
24	\$833.38	\$44.84	\$326.02
25+	\$785.78	\$0.00	\$278.42

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

	PPO (U.S.)	HMO/Senior Plan (CA)		
	Anthem Blue Cross PPO/LPPO	Kaiser Permanente/ Sr. Advantage	SCAN & Anthem Blue Cross HMO	UnitedHealthcare HMO & Anthem Blue Cross HMO
<b>Monthly Premiums</b>	<b>\$1,409.08</b>	<b>\$802.37</b>	<b>\$955.24</b>	<b>\$974.52</b>
Years of Service	Monthly Allowance Deduction			
10	\$933.08	\$326.37	\$479.24	\$498.52
11	\$885.48	\$278.77	\$431.64	\$450.92
12	\$837.88	\$231.17	\$384.04	\$403.32
13	\$790.28	\$183.57	\$336.44	\$355.72
14	\$742.68	\$135.97	\$288.84	\$308.12
15	\$695.08	\$88.37	\$241.24	\$260.52
16	\$647.48	\$40.77	\$193.64	\$212.92
17	\$599.88	\$0.00	\$146.04	\$165.32
18	\$552.28	\$0.00	\$98.44	\$117.72
19	\$504.68	\$0.00	\$50.84	\$70.12
20	\$457.08	\$0.00	\$3.24	\$22.52
21	\$409.48	\$0.00	\$0.00	\$0.00
22	\$361.88	\$0.00	\$0.00	\$0.00
23	\$314.28	\$0.00	\$0.00	\$0.00
24	\$266.68	\$0.00	\$0.00	\$0.00
25+	\$219.08	\$0.00	\$0.00	\$0.00

# Medical Monthly Allowance Deductions\*

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

	PPO (U.S.)	HMO (CA)		
	Anthem Blue Cross LPPO/PPO	Kaiser Permanente/ Sr. Advantage	SCAN & Anthem Blue Cross HMO	UnitedHealthcare HMO & Anthem Blue Cross HMO
<b>Monthly Premiums</b>	<b>\$1,409.08</b>	<b>\$802.37</b>	<b>\$955.24</b>	<b>\$974.52</b>
Years of Service	Monthly Allowance Deduction			
10	\$1,091.49	\$645.81	\$787.77	\$792.59
11	\$1,091.49	\$645.81	\$787.77	\$792.59
12	\$1,091.49	\$645.81	\$787.77	\$792.59
13	\$1,091.49	\$620.63	\$787.77	\$792.59
14	\$1,091.49	\$573.03	\$787.77	\$792.59
15	\$1,027.97	\$494.11	\$754.28	\$756.21
16	\$1,027.97	\$446.51	\$729.15	\$731.08
17	\$1,027.97	\$398.91	\$681.55	\$683.48
18	\$1,027.97	\$351.31	\$633.95	\$635.88
19	\$1,027.97	\$303.71	\$586.35	\$588.28
20	\$985.63	\$235.24	\$516.42	\$516.42
21	\$976.18	\$187.64	\$468.82	\$468.82
22	\$928.58	\$140.04	\$421.22	\$421.22
23	\$880.98	\$92.44	\$373.62	\$373.62
24	\$833.38	\$44.84	\$326.02	\$326.02
25+	\$785.78	\$0.00	\$278.42	\$278.42

## Retired Member and Dependent Both with Medicare Parts A & B

	PPO (U.S.)	HMO				
	Anthem Blue Cross LPPO	CA – Kaiser Permanente/ Sr. Advantage	CA/AZ – SCAN	CA – UnitedHealthcare HMO	AZ – UnitedHealthcare HMO	NV – UnitedHealthcare HMO
<b>Monthly Premiums</b>	<b>\$842.38</b>	<b>\$417.50</b>	<b>\$442.05</b>	<b>\$480.62</b>	<b>\$577.64</b>	<b>\$402.56</b>
Years of Service	Monthly Allowance Deduction					
10	\$524.79	\$260.94	\$274.58	\$298.69	\$359.33	\$249.90
11	\$524.79	\$260.94	\$274.58	\$298.69	\$359.33	\$249.90
12	\$524.79	\$260.94	\$274.58	\$298.69	\$359.33	\$249.90
13	\$524.79	\$235.76	\$274.58	\$298.69	\$359.33	\$249.90
14	\$524.79	\$188.16	\$274.58	\$298.69	\$359.33	\$249.90
15	\$461.27	\$109.24	\$241.09	\$262.31	\$315.67	\$219.37
16	\$461.27	\$61.64	\$215.96	\$237.18	\$290.54	\$194.24
17	\$461.27	\$20.87	\$168.36	\$189.58	\$242.94	\$146.64
18	\$461.27	\$20.87	\$120.76	\$141.98	\$195.34	\$99.04
19	\$461.27	\$20.87	\$73.16	\$94.38	\$147.74	\$51.44
20	\$418.93	\$0.00	\$3.23	\$22.52	\$71.03	\$0.00
21	\$409.48	\$0.00	\$0.00	\$0.00	\$23.43	\$0.00
22	\$361.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$314.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$266.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25+	\$219.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# Medical Monthly Allowance Deductions\*

\* For those LACERS Members who retired on or after July 1, 2011 and who have not made additional retirement contributions pursuant to Los Angeles Administrative Code Section 4.1031.2(c), please refer to the *2012 Health Benefits Guide Supplement* for your subsidy information and monthly deduction charts.

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

	PPO (U.S.)	HMO (CA)		
	Anthem Blue Cross LPPO/PPO	Kaiser Permanente/ Sr. Advantage	SCAN & Anthem Blue Cross HMO	UnitedHealthcare HMO & Anthem Blue Cross HMO
Monthly Premiums	\$1,762.26	\$1,158.54	\$1,401.68	\$1,420.96
Years of Service	Monthly Allowance Deduction			
10	\$1,444.67	\$1,001.98	\$1,234.21	\$1,239.03
11	\$1,444.67	\$1,001.98	\$1,234.21	\$1,239.03
12	\$1,444.67	\$1,001.98	\$1,234.21	\$1,239.03
13	\$1,444.67	\$976.80	\$1,234.21	\$1,239.03
14	\$1,444.67	\$929.20	\$1,234.21	\$1,239.03
15	\$1,381.15	\$850.28	\$1,200.72	\$1,202.65
16	\$1,381.15	\$802.68	\$1,175.59	\$1,177.52
17	\$1,381.15	\$755.08	\$1,127.99	\$1,129.92
18	\$1,381.15	\$707.48	\$1,080.39	\$1,082.32
19	\$1,381.15	\$659.88	\$1,032.79	\$1,034.72
20	\$1,338.81	\$591.41	\$962.86	\$962.86
21	\$1,329.36	\$543.81	\$915.26	\$915.26
22	\$1,281.76	\$496.21	\$867.66	\$867.66
23	\$1,234.16	\$448.61	\$820.06	\$820.06
24	\$1,186.56	\$401.01	\$772.46	\$772.46
25+	\$1,138.96	\$353.41	\$724.86	\$724.86

# Medical Monthly Allowance Deductions\*

\* For those LACERS Members who retired on or after July 1, 2011 and who have not made additional retirement contributions pursuant to Los Angeles Administrative Code Section 4.1031.2(c), please refer to the 2012 Health Benefits Guide Supplement for your subsidy information and monthly deduction charts.

## 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
<b>Monthly Premiums</b>	<b>\$990.15</b>	<b>\$736.47</b>	<b>\$593.62</b>
Years of Service	Monthly Allowance Deduction		
10	\$752.70	\$499.02	\$356.17
11	\$728.96	\$475.28	\$332.43
12	\$705.21	\$451.53	\$308.68
13	\$681.47	\$427.79	\$284.94
14	\$657.72	\$404.04	\$261.19
15	\$633.98	\$380.30	\$237.45
16	\$610.23	\$356.55	\$213.70
17	\$586.49	\$332.81	\$189.96
18	\$562.74	\$309.06	\$166.21
19	\$539.00	\$285.32	\$142.47
20	\$515.25	\$261.57	\$118.72
21	\$491.51	\$237.83	\$94.98
22	\$467.76	\$214.08	\$71.23
23	\$444.02	\$190.34	\$47.49
24	\$420.27	\$166.59	\$23.74
25+	\$396.53	\$142.85	\$0.00

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

	PPO (U.S.)	HMO				
	Anthem Blue Cross LPPO	CA – Kaiser Permanente/ Sr. Advantage	CA/AZ – SCAN	CA – UnitedHealthcare HMO	AZ – UnitedHealthcare HMO	NV – UnitedHealthcare HMO
<b>Monthly Premiums</b>	<b>\$423.45</b>	<b>\$208.75</b>	<b>\$223.29</b>	<b>\$242.57</b>	<b>\$291.08</b>	<b>\$203.54</b>
Years of Service	Monthly Allowance Deduction					
10 to 14	\$105.86	\$52.19	\$55.82	\$60.64	\$72.77	\$50.89
15 to 19	\$42.35	\$20.88	\$22.33	\$24.26	\$29.11	\$20.35
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 ten years of City Service and have been at least age 55. These are the amounts of monthly deductions charged to the eligible Surviving Spouse/Domestic Partner. The premium amount has been reduced by the appropriate subsidy amount based on the Retired Member's years of City Service.

# Dental Plan Premiums and Deductions

## Dental Plan Premium Rates

Coverage Level	MetLife PPO	SafeGuard HMO
Retired Member	\$48.79	\$13.53
Retired Member + 1	\$96.76	\$25.26
Retired Member + Family <sup>1</sup>	\$139.77	\$29.20

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	\$48.79	\$13.53	\$96.76	\$25.26	\$139.77	\$29.20
Years of Service	Monthly Allowance Deduction					
10	\$31.13	\$8.12	\$79.10	\$19.85	\$122.11	\$23.79
11	\$29.37	\$7.58	\$77.34	\$19.31	\$120.35	\$23.25
12	\$27.60	\$7.04	\$75.57	\$18.77	\$118.58	\$22.71
13	\$25.84	\$6.49	\$73.81	\$18.22	\$116.82	\$22.16
14	\$24.07	\$5.95	\$72.04	\$17.68	\$115.05	\$21.62
15	\$22.31	\$5.41	\$70.28	\$17.14	\$113.29	\$21.08
16	\$20.54	\$4.87	\$68.51	\$16.60	\$111.52	\$20.54
17	\$18.77	\$4.33	\$66.74	\$16.06	\$109.75	\$20.00
18	\$17.01	\$3.79	\$64.98	\$15.52	\$107.99	\$19.46
19	\$15.24	\$3.25	\$63.21	\$14.98	\$106.22	\$18.92
20	\$13.48	\$2.71	\$61.45	\$14.44	\$104.46	\$18.38
21	\$11.71	\$2.16	\$59.68	\$13.89	\$102.69	\$17.83
22	\$9.95	\$1.62	\$57.92	\$13.35	\$100.93	\$17.29
23	\$8.18	\$1.08	\$56.15	\$12.81	\$99.16	\$16.75
24	\$6.42	\$0.54	\$54.39	\$12.27	\$97.40	\$16.21
25+	\$4.65	\$0.00	\$52.62	\$11.73	\$95.63	\$15.67

# Instructions for Completing LACERS Health Forms

*Medical/Dental Plan Enrollment Forms* – Use these forms to enroll in a new plan. You do not need to complete and submit these forms if you wish to remain with your current medical/dental plan for the following calendar year.

*Medical/Dental Plan Family Account Change Form* – Use this form to add or delete dependents.

You are required to enroll in Medicare Part B or Medicare Parts A & B if you and/or your dependents are age 65 or older.

## Before completing the Medical/Dental Plan Enrollment Forms, you should:

- A) Review the Medical Plan Comparison Charts and the Dental Plans Comparison Chart.
  - B) Determine if you will receive a monthly deduction by using the Medical Plan Premiums and Medical Monthly Allowance Deduction charts in this guide or the medical and dental calculators on LACERS website at [www.LACERS.org](http://www.LACERS.org).
  - C) If you are enrolling in a LACERS medical or dental HMO plan:
    - Contact the health plan to confirm that you live within their authorized zip code service area (see the back of this Guide for contact numbers).
    - Before selecting a physician/dentist/medical group under an HMO plan, make sure that the physician/dentist/medical group is accepting new patients.
- If adding a dependent to your medical plan, complete the *Certification of Dependent or Survivor Status for Health Coverage* form.
  - *For the Medical Plan Enrollment Form*: Include the Primary Care Physician for yourself and any listed dependents (for all HMOs except Kaiser Permanente).
  - *For the Dental Plan Enrollment Form*: Include 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.
  - *For Student Certification*: You must provide proof of student status for unmarried, dependent children between ages 19-24 years. Complete the Student Certification section and attach proof of current school enrollment.
- 4) Sign and date the forms, where applicable.
  - 5) Mail forms 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.

## To complete the Medical/Dental Plan Enrollment Forms:

- 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.
    - Answer the Eligibility Criteria questions.
  - 2) Select your medical and/or dental plan.
  - 3) Enter information about the dependents you are enrolling/adding/deleting in your health plan(s).
    - Include Birth Dates and Social Security numbers.
- You must complete the *Family Account Change Form* within 30 days of a family status change, such as a marriage, a birth, or an adoption.
  - Follow steps 1-5 for completing a *Medical/Dental Plan Enrollment Form*, where applicable.
  - If deleting a dependent, indicate the reason for the termination and the address of each dependent must be included.
  - Documentation in the form of a marriage certificate, affidavit of domestic partnership, or other legal documents is required before dependents can be enrolled.
  - Deletions will take effect as soon as possible unless you notify LACERS otherwise.

## Taxability of Your Health Benefits

All Retired Members enrolling health plan dependents and all eligible Surviving Spouses/Domestic Partners must complete and submit a *Certification of Dependent or Survivor 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.

An opposite-sex spouse is automatically considered a tax dependent and medical coverage will not result in imputed income. Other than this, LACERS cannot determine for you if your dependents are eligible to be claimed for federal income tax purposes.

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 or Survivor Status for Health Coverage* 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.**

## Helpful Hints

### ***Are you, the Retired Member, at least age 55 and have 10 years (or more) of City Service?***

If not, and 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.

### ***Are you a Surviving Spouse/Domestic Partner?***

You will be eligible to receive a medical subsidy if:

- 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.**

### ***Are you age 65 or older and enrolled in Medicare Part B?***

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 by Social Security when you re-enroll in Medicare Part D later.



## 1. SUBSCRIBER INFORMATION

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

## 2. MEDICAL PLAN NAME

*\*Available only within authorized zip code service areas.*

## LACERS DUAL CARE HMO PLANS\*\* (California Only\*)

<b>Anthem Blue Cross</b> <input type="checkbox"/> HMO (California only*) <input type="checkbox"/> PPO <input type="checkbox"/> Medicare Advantage LPPO <b>Kaiser Permanente (California Only*)</b> <input type="checkbox"/> HMO <input type="checkbox"/> Senior Advantage	<b>SCAN</b> <input type="checkbox"/> California* <input type="checkbox"/> Arizona* <b>UnitedHealthcare HMO</b> <input type="checkbox"/> California* <input type="checkbox"/> Arizona* <input type="checkbox"/> Nevada*	<input type="checkbox"/> <b>Anthem Blue Cross HMO &amp; SCAN</b> <input type="checkbox"/> <b>Anthem Blue Cross HMO &amp; UnitedHealthcare HMO</b> <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>
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## 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, UnitedHealthcare HMO subscribers
		<input type="checkbox"/> M <input type="checkbox"/> F	<b>Self</b>		
		<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 \_\_\_\_\_

### FOR OFFICE USE ONLY

INITIALS	YEARS OF SERVICE	MEDICAL SUB/PART	EFFECTIVE DATE

## 5. 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.

<b>Dependent's Full Name:</b>	<b>Birth Date (mm/dd/yy):</b>
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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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<b>Dependent's Full Name:</b>	<b>Birth Date (mm/dd/yy):</b>
-------------------------------	-------------------------------

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 LACERS health plan as a full-time student. I understand that 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**

## 1. SUBSCRIBER INFORMATION

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

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

### FOR OFFICE USE ONLY

<b>INITIALS</b>	<b>YEARS OF SERVICE</b>	<b>DENTAL SUB/PART</b>	<b>EFFECTIVE DATE</b>

## 5. 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.

<b>Dependent's Full Name:</b>	<b>Birth Date (mm/dd/yy):</b>
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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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<b>Dependent's Full Name:</b>	<b>Birth Date (mm/dd/yy):</b>
-------------------------------	-------------------------------

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 LACERS health plan as a full time student. I understand that 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**



# Medical/Dental Plan Family Account Change Form

**USE THIS FORM TO ADD OR DELETE DEPENDENTS - PLEASE PRINT**

## 1. SUBSCRIBER INFORMATION

Last Name	First Name, Middle Initial	Birth Date	Daytime Phone Number

## 2. MEDICAL/DENTAL PLANS

<b>Anthem Blue Cross</b> <input type="checkbox"/> HMO (California only) <input type="checkbox"/> PPO <input type="checkbox"/> Medicare Advantage LPPO	<b>Kaiser Permanente (California Only)</b> <input type="checkbox"/> HMO <input type="checkbox"/> Senior Advantage	<b>SCAN</b> <input type="checkbox"/> California <input type="checkbox"/> Arizona	<b>UnitedHealthcare HMO</b> <input type="checkbox"/> California <input type="checkbox"/> Arizona <input type="checkbox"/> Nevada	<b>Dual Care HMO Plans</b> <b>Anthem Blue Cross HMO &amp; SCAN</b> <input type="checkbox"/> <b>UnitedHealthcare HMO (California Only)</b>
<input type="checkbox"/> <b>MetLife Dental PPO</b>		<input type="checkbox"/> <b>SafeGuard Dental HMO (California &amp; parts of Nevada)</b>		

## 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, UnitedHealthcare HMO subscribers <b>SafeGuard Facility #</b> 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: _____	

## 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 \_\_\_\_\_

### FOR OFFICE USE ONLY

INITIALS	YEARS OF SERVICE	MED/DENTAL SUB/PART	EFFECTIVE DATE

OVER

## 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.

<b>Dependent's Full Name:</b>	<b>Birth Date (mm/dd/yy):</b>
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School Name:	Student ID Number:
--------------	--------------------

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

<b>Dependent's Full Name:</b>	<b>Birth Date (mm/dd/yy):</b>
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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 LACER health plan as a full time student. I understand that 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**



# 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 regarding these definitions, 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><b>Dependent's Name<sup>1</sup></b></p> <p><b>Relationship to self</b>   <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><b>Dependent's Social Security #</b></p> <p><b>Is this person a Tax Dependent?<sup>2</sup></b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>2. _____</p> <p><b>Dependent's Name<sup>1</sup></b></p> <p><b>Relationship to self</b>   <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><b>Dependent's Social Security #</b></p> <p><b>Is this person a Tax Dependent?<sup>2</sup></b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>3. _____</p> <p><b>Dependent's Name<sup>1</sup></b></p> <p><b>Relationship to self</b>   <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><b>Dependent's Social Security #</b></p> <p><b>Is this person a Tax Dependent?<sup>2</sup></b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>4. _____</p> <p><b>Dependent's Name<sup>1</sup></b></p> <p><b>Relationship to self</b>   <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><b>Dependent's Social Security #</b></p> <p><b>Is this person a Tax Dependent?<sup>2</sup></b>   <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.
2. An opposite-sex spouse or child who is age 26 or younger for the entire tax year is automatically considered a tax dependent and medical coverage will not result in imputed income.

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 \_\_\_\_\_

**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.

**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 LACERS 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.

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

**Deductible:** The amount an individual must pay for health care expenses before insurance covers costs. PPO health plans usually have calendar-year deductible amounts.

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

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

**Dual Care:** A LACERS medical insurance option available to Members whose households consist of at least one enrollee (Member or dependent) 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:** 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.

**LPPO (Local Preferred Provider Organization):** A Medicare Advantage PPO plan offered by Anthem Blue Cross and available to Retired Members with Medicare Parts A and B.

**Maximum Out-of-Pocket Payment:** The largest amount of money a person will pay annually in addition to premium payments and their insurance plan's deductible. The out-of-pocket payment is usually the sum of co-insurance payments made by an enrollee.

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

**MPRP:** See Medical Premium Reimbursement Program.

**Network:** A defined group of providers who have contracted with a health insurance company to 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.

**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.

**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.

**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).

**UCR:** Usual and Customary Rates. See Reasonable and Customary (R & C) Fee.



# Health Plan And Other Important Contact Information

Resources	Member Services Phone Numbers		Web Sites
Anthem Blue Cross HMO	(866) 940-8303	TDD (800) 735-2929	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue Cross PPO	(866) 940-8303	TDD (800) 735-2929	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue Cross Medicare Advantage LPPO	(877) 411-1640	TTY (877) 247-1657	<a href="http://www.anthem.com">www.anthem.com</a>
California Department of Managed Health Care	(888) 466-2219	TDD (877) 688-9891	<a href="http://www.dmhc.ca.gov">www.dmhc.ca.gov</a>
Kaiser Permanente HMO	(800) 464-4000	TDD (800) 777-1370	<a href="http://my.kp.org/ca/lacers">http://my.kp.org/ca/lacers</a>
Kaiser Permanente HMO Senior Advantage	(800) 443-0815	TDD (800) 777-1370	<a href="http://my.kp.org/ca/lacers">http://my.kp.org/ca/lacers</a>
LACERS Customer Service	(800) 779-8328	TDD (888) 349-3996	<a href="http://www.lacers.org">www.lacers.org</a>
Medicare	(800) MEDICARE (800) 633-4227	TTY (877) 486-2048	<a href="http://www.medicare.gov">www.medicare.gov</a>
MetLife Dental PPO	(866) 526-0981	TDD (888) 638-4863	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
SafeGuard Dental HMO, a MetLife Company	(800) 880-1800	TTY (800) 880-3165	<a href="http://www.safeguard.net">www.safeguard.net</a> HMO Plan# 0010-D
SCAN	(800) 559-3500 CA (888) 540-7226 AZ	TDD (800) 735-2929 CA TTY (800) 367-8939 AZ	<a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a> <a href="http://www.scanhealthplan.com/lacers">www.scanhealthplan.com/lacers</a>
Social Security Administration	(800) 772-1213	TTY (800) 325-0778	<a href="http://www.ssa.gov">www.ssa.gov</a>
UnitedHealthcare Medicare Advantage HMO	(800) 457-8506 CA, AZ, NV	TTY 711 CA, AZ, NV	<a href="http://www.uhcretiree.com">www.uhcretiree.com</a>
Vision Service Plan (VSP)	(800) 877-7195	TDD (800) 428-4833	<a href="http://www.vsp.com">www.vsp.com</a>