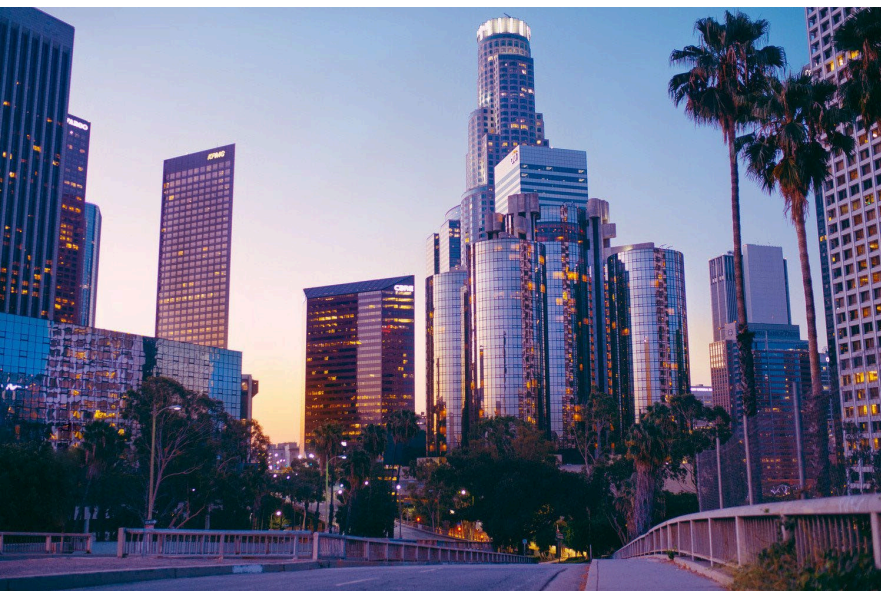


Attention

1. This presentation is intended to provide a summary of the benefits established by the Los Angeles City Charter, Los Angeles Administrative Code, and LACERS Board Rules (referred to as the Plan provisions). In the event of discrepancies in this presentation the Plan provisions will govern at all times.
2. Representatives of LACERS cannot offer financial, legal, or tax advice. Please consult with your financial planner, attorney and/or tax advisor as needed

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities



2022 LACERS' Retiree Medical, Dental, and Vision Benefits





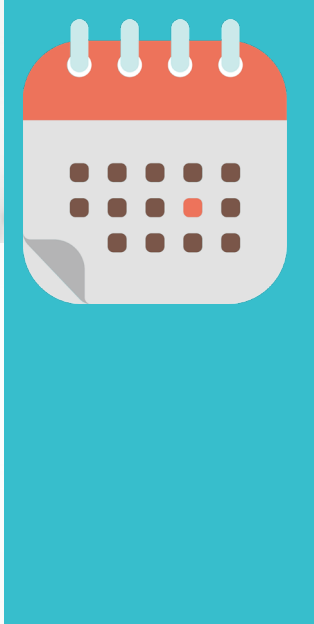
Topics to be discussed

- ❖ **Who** can enroll?
- ❖ **When** and **how** to enroll?
- ❖ **What** is my subsidy and how am I eligible?
- ❖ **How** much will it cost ?
- ❖ **What** medical, dental, and vision plans are offered upon retirement?



Who can enroll?

- **You** are eligible to enroll in a LACERS medical, dental, and vision (as part of medical) plan if you are a retired City employee who receives a monthly allowance from LACERS.
- You may enroll your **eligible dependent(s)** in a LACERS health plan.
- An eligible dependent includes a Spouse, Domestic Partner (registered with LACERS or your state), dependent children under age 26 or 26 or older under certain conditions, and dependent grandchildren.



When to Enroll?

- At the time of retirement, a health counselor will be assigned to you and will contact you directly to discuss your options.
- Within 60 days of your retirement effective date.
- During LACERS Open Enrollment Period (typically October 15 – November 15).
- After experiencing a Qualifying Life Event.

When will my coverage begin?

- The 1st of the month following your retirement effective date.
- The 1st of the month following the processing of your enrollment request.



How to Enroll?

- Review the premiums, subsidies, deductions, and benefits information in the current Health Benefits Guide on our website.
- Obtain health plan enrollment forms from the Retirement Application Portal at retire.lacers.org, our website at lacers.org, email lacers.health@lacers.org, or call (800) 779-8328.
- Complete all applicable sections of the health enrollment forms.
- Submit your completed forms back to LACERS.

Can I cancel my health plan?

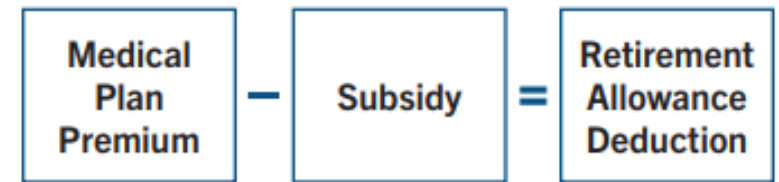
- You may cancel your LACERS medical / dental plan at any time using our Cancellation form.

What is a subsidy, and do I qualify?

- A **subsidy** is a monthly dollar credit applied to the cost of your medical plan premium. The **premium** is the monthly cost of medical coverage for a LACERS member and any dependents.

Eligibility

- Be at least age 55;
- Have a minimum of 10 full years of service;
- Be enrolled in a LACERS-sponsored medical plan or be a participant of the Medical Premium Reimbursement Program (MPRP).



Your LACERS Medical Subsidy for 2022

- This table is applicable for those who are under 65 and or with Medicare Part B only.**
- Any balance of subsidy not used for retiree coverage may be applied toward the cost of the dependent health plan coverage.

*Members with 10 Years of Service qualify for the 40% Minimum Health Subsidy amount.

**Members are required to sign up for Medicare Part B at age 65, or sooner with certain Health Conditions.

Service Credit	% of Maximum Subsidy	2022 Subsidy Amount
10*	40%	\$753.80
11	44%	\$829.18
12	48%	\$904.56
13	52%	\$979.94
14	56%	\$1,055.32
15	60%	\$1,130.70
16	64%	\$1,206.08
17	68%	\$1,281.46
18	72%	\$1,356.84
19	76%	\$1,432.22
20	80%	\$1,507.60
21	84%	\$1,582.98
22	88%	\$1,658.36
23	92%	\$1,733.74
24	96%	\$1,809.12
25+	100%	\$1,884.50

What plans are available?

For those under 65 years of age, not in Medicare:

- Anthem Blue Cross PPO (Nationwide & US Territories)
- Anthem Blue Cross HMO (CA only)
- Kaiser Permanente HMO (CA only)



What is the difference?

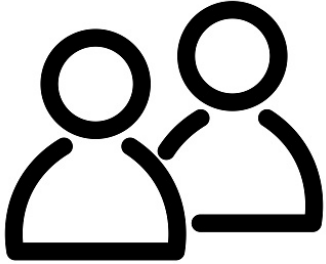
Anthem Blue Cross HMO	Anthem Blue Cross PPO
No Deductible	\$750 Deductible for Individuals
\$20 copay for routine office visits	\$20 Copay for routine office visits
Inpatient/Outpatient Surgery No Charge	Plan pays 90% after the deductible for in network providers
Must use network providers and PCP referrals needed	No PCP referrals needed.



Retired Member Only not in Medicare or with Medicare Part B only 2022

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross HMO
Monthly Premiums	\$1,337.99	\$900.24	\$1,069.05
Service Credit	Monthly Allowance Deduction		
10	\$584.19	\$146.44	\$315.25
11	\$508.81	\$71.06	\$239.87
12	\$433.43	\$0.00	\$164.49
13	\$358.05	\$0.00	\$89.11
14	\$282.67	\$0.00	\$13.73
15	\$207.29	\$0.00	\$0.00
16	\$131.91	\$0.00	\$0.00
17	\$56.53	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00
20	\$0.00	\$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

*Members with 10 Years of Service qualify for the 40% Minimum Health Subsidy amount.



Retired Member and Dependent not in Medicare or with Medicare Part B only for 2022

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross HMO
Monthly Premiums	\$2,670.95	\$1,800.48	\$2,133.07
Service Credit	Monthly Allowance Deduction		
10	\$1,917.15	\$1,046.68	\$1,379.27
11	\$1,841.77	\$971.30	\$1,303.89
12	\$1,766.39	\$895.92	\$1,228.51
13	\$1,691.01	\$820.54	\$1,153.13
14	\$1,615.63	\$745.16	\$1,077.75
15	\$1,540.25	\$669.78	\$1,002.37
16	\$1,464.87	\$594.40	\$926.99
17	\$1,389.49	\$519.02	\$851.61
18	\$1,314.11	\$443.64	\$776.23
19	\$1,238.73	\$368.26	\$700.85
20	\$1,163.35	\$292.88	\$625.47
21	\$1,087.97	\$217.50	\$550.09
22	\$1,012.59	\$142.12	\$474.71
23	\$937.21	\$66.74	\$399.33
24	\$861.83	\$0.00	\$323.95
25+	\$786.45	\$0.00	\$248.57

*Members with 10 Years of Service qualify for the 40% Minimum Health Subsidy amount.



65+

Part B
only

Options for Members 65+ with Medicare Part B ONLY in 2022

- Kaiser Permanente Senior Advantage (CA only)
- Anthem Blue Cross PPO (Nationwide & US Territories)
- Anthem Blue Cross HMO (CA only)



65+

Medicare
A & B

Options for Members 65+ Medicare Part A & B in 2022

LACERS offers four plans for Members who have Medicare Parts A and B

- Anthem Blue Cross Medicare Preferred (PPO) Plan (Nationwide & US Territories)
- Kaiser Permanente Senior Advantage HMO (CA Only)
- SCAN Health Plan (CA Only)
- UnitedHealthcare Medicare Advantage HMO (CA, AZ, & NV)

What if I am 65 or older with Medicare A and B?

65+

Part A & B

- If you are enrolled in Medicare parts A and B with a minimum 10 years of Service, your maximum monthly subsidy will be based on your years of Service Credit and the one-party premium of the LACERS Senior plan of which you are enrolled in.

Service Credit	% 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

*Members with 10 Years of Service qualify for the 75% of one-party premium subsidy



Retired Member Only with Medicare Parts A & B for 2022

*Members with 10 Years of Service qualify for the 75% of one-party premium subsidy

	PPO (U.S.)	HMO/Senior Plans				
	Anthem Blue Cross Medicare Preferred (PPO) Plan	CA – Kaiser Permanente Sr. Advantage	CA – SCAN Health Plan	CA – United-Healthcare HMO	AZ – United-Healthcare HMO	NV – United-Healthcare HMO
Monthly Premiums	\$494.67	\$262.47	\$268.95	\$283.76	\$355.76	\$254.50
Service Credit	Monthly Allowance Deduction					
10* to 14	\$123.67	\$65.62	\$67.24	\$70.95	\$88.94	\$63.62
15 to 19	\$49.47	\$26.25	\$26.89	\$28.38	\$35.58	\$25.45
20 to 24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25+	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

65+

Medicare
A & B

What is the difference?

	Anthem Blue Cross Medicare Preferred PPO	Kaiser Sr. Advantage	SCAN Health Plan Medicare Advantage HMO	UnitedHealthcare Medicare Advantage HMO
Office Visits	\$0	\$15	\$10	\$15
Urgent Care	\$0	\$15	\$10	\$15
Prescriptions	\$5 generic 30-day	\$15 100-day generic	\$10 100-day generic	\$10 30-day Tier 1
Chiropractor	\$0 Limit 30	\$15 limit 30	\$10 limit 20	\$15 limit 30
Surgery	No Charge	No Charge	No Charge	No Charge



65+

Medicare
A & B

Enhanced Services

SCAN Health Plan

- Unlimited taxi rides to and from appointments.
- Unlimited Home Delivered meals.
- \$15 per visit for light housekeeping, laundry, grocery shopping, bathing and dressing.
- \$650 limit per month

Anthem Blue Cross Medicare Preferred PPO

- 12 one-way trips per year to medical visits or pharmacy.
- No charge for up to 14 meals.
- Visits for light housekeeping, laundry, grocery shopping, bathing and dressing these are paid by claims up to \$100 per day.



Free Gym Membership



Anthem, SCAN and UnitedHealthcare Enrollees


- **Silver Sneakers** is a health and fitness program that includes access to gyms and fun exercise classes for all fitness levels.

Kaiser Senior Advantage Enrollees

- **Silver & Fit** provides easy access to fitness centers that have tailored classes for older adults.



Medicare Premiums

- 
- LACERS requires that you enroll and maintain your Medicare Part B enrollment and Part A (if premium free).
 - Members who are enrolled in a LACERS Medical plan and Medicare Parts A and B will receive the basic Medicare Part B premium reimbursement.
 - **You** are responsible for paying your Medicare Part B Premiums.
 - LACERS will **not** pay nor deduct your Medicare Premiums.



Income-Related Monthly Adjustment Amount (IRMAA)

- IRMAA is the amount you may pay in addition to your Part B or Part D premium if your income is above a certain level.
- IRMAAs are determined annually by the income you reported to the Internal Revenue Service.
- You are responsible for paying these additional amounts to remain eligible for your LACERS Health benefits.

LACERS will not reimburse your IRMAA premiums

How do I know what parts of Medicare I qualify for?



CALL

Social Security Administration
(800) 772-1213



GO ONLINE

ssa.gov
medicare.gov



What Dental Plans are available?



Dental

- DeltaCare USA DHMO (CA, NV*)
- Delta Dental PPO (U.S. and its territories)

What is my Dental Subsidy?



- To be eligible for a LACERS dental subsidy, you must:
- Be at least age 55;
- Have a minimum of 10 full years of Service;
- Be enrolled in a LACERS-sponsored dental plan
- **Dental subsidies are not provided for dependents or eligible Survivors.**

Service Credit	% of Maximum Subsidy	Delta Dental PPO 2022 Subsidy Amount	DeltaCare USA DHMO 2022 Subsidy Amount
10*	40%	\$17.84	\$6.04
11	44%	\$19.62	\$6.64
12	48%	\$21.41	\$7.25
13	52%	\$23.19	\$7.85
14	56%	\$24.98	\$8.46
15	60%	\$26.76	\$9.06
16	64%	\$28.54	\$9.66
17	68%	\$30.33	\$10.27
18	72%	\$32.11	\$10.87
19	76%	\$33.90	\$11.48
20	80%	\$35.68	\$12.08
21	84%	\$37.46	\$12.68
22	88%	\$39.25	\$13.29
23	92%	\$41.03	\$13.89
24	96%	\$42.82	\$14.50
25+	100%	\$44.60	\$15.10

*Members with 10 Years of Service qualify for the Minimum 40% Dental Subsidy amount.

Dental Benefits	DeltaCare® USA DHMO	Delta Dental PPO ^{1,2}	
		PPO ^{3,5}	Non-PPO ^{4,5,6}
Calendar year deductible ⁷	None	\$25/person \$75/family	
Annual Maximum Benefit	None	\$2,500/person ²	\$1,750/person ²
Preventive Care			
Two cleanings/year Bite-wing x-rays and Exam	100%	100% 100%	80% 80%
Four periodontal cleanings/year	100%	100%	80%
Basic Services			
Fillings; Extractions; Root canal; Repair crowns	100%, after \$0-\$20 copay/procedure	80%	70%
Major Services			
Crowns	\$40-\$75 copay/procedure ⁸	80% ⁹	70% ⁹
Dentures		50%	50%
Implants	Not covered	50%	50%
Orthodontia			
Children ¹⁰	\$1,000 copay + retention/startup fees ¹¹	50%	50%
Other covered persons	\$1,350 copay + retention/startup fees ¹¹	Adults not covered	Adults not covered
Lifetime Maximum	Not applicable	\$1,500 per child	\$1,500 per child

Dental Monthly Allowance Deductions for 2022

	Retired Member Only		Retired Member & One Dependent		Retired Member & Family	
	Delta Dental PPO	DeltaCare USA DHMO	Delta Dental PPO	DeltaCare USA DHMO	Delta Dental PPO	DeltaCare USA DHMO
Monthly Premiums	\$51.16	\$15.10	\$101.45	\$28.19	\$146.56	\$32.59
Service Credit	Monthly Allowance Deduction					
10	\$33.32	\$9.06	\$83.61	\$22.15	\$128.72	\$26.55
11	\$31.54	\$8.46	\$81.83	\$21.55	\$126.94	\$25.95
12	\$29.75	\$7.85	\$80.04	\$20.94	\$125.15	\$25.34
13	\$27.97	\$7.25	\$78.26	\$20.34	\$123.37	\$24.74
14	\$26.18	\$6.64	\$76.47	\$19.73	\$121.58	\$24.13
15	\$24.40	\$6.04	\$74.69	\$19.13	\$119.80	\$23.53
16	\$22.62	\$5.44	\$72.91	\$18.53	\$118.02	\$22.93
17	\$20.83	\$4.83	\$71.12	\$17.92	\$116.23	\$22.32
18	\$19.05	\$4.23	\$69.34	\$17.32	\$114.45	\$21.72
19	\$17.26	\$3.62	\$67.55	\$16.71	\$112.66	\$21.11
20	\$15.48	\$3.02	\$65.77	\$16.11	\$110.88	\$20.51
21	\$13.70	\$2.42	\$63.99	\$15.51	\$109.10	\$19.91
22	\$11.91	\$1.81	\$62.20	\$14.90	\$107.31	\$19.30
23	\$10.13	\$1.21	\$60.42	\$14.30	\$105.53	\$18.70
24	\$8.34	\$0.60	\$58.63	\$13.69	\$103.74	\$18.09
25+	\$6.56	\$0.00	\$56.85	\$13.09	\$101.96	\$17.49

*Members with 10 Years of Service qualify for the 40% Minimum Dental Subsidy amount.

Vision- Kaiser

Kaiser

- If you are enrolled in a LACERS Kaiser plan you receive benefits directly from Kaiser.

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

- \$150 every 24 months for eyeglasses or contacts.



Vision- Anthem Blue View

Anthem Blue View Vision

- If you are enrolled in a medical plan other than Kaiser, Vision is provided by Anthem Blue View.
- In network coverage includes an annual exam \$20 copay.
- \$150 every 24 months for eyeglasses or contacts.



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Retirees

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Your Benefit Payment +

Health Benefits -

Medical, Dental, Vision Benefits and Plans

Health Benefits Guide

Use the 2022 Health Benefits Guide as your resource to:

- Familiarize yourself with your eligibility for benefits
- Compare medical and dental plans
- Help you with your enrollment in LACERS-sponsored health plans

- Download and access a copy of the LACERS Health Benefits Guide and forms
- Go online to lacers.org → Retirees → Health Benefits → Evidence of coverage

How to Contact LACERS



CALL

(800) 779-8328

RTT (888) 349-3996



MAIL

LACERS

P.O. Box 512218

Los Angeles, CA 90051-0218



EMAIL

Lacers.services@lacers.org

Lacers.health@lacers.org



WEBSITE

LACERS.org



VISIT (visits are via appointment only due to COVID-19)

LACERS (LA Times Building)

202 W. First Street, Suite 500

Los Angeles, CA 90012-4401



YOUTUBE

youtube.com/lacersyoutube



THANK YOU!

Please submit any remaining questions through the Zoom Q/A Feature