

# Health Benefits Guide

SUPPLEMENT

2020



# LACERS 2020 Health Benefits Guide Supplement

This Supplement to the LACERS 2020 Health Benefits Guide contains subsidy and monthly allowance deduction information for those Tier 1 Retired Members whose maximum medical subsidies are capped as a result of changes to the Los Angeles Administrative Code (Administrative Code) which became effective in 2011. Please read this Supplement carefully. The health benefit information provided in this Supplement applies to you and differs from the subsidy and premium deduction information listed in the 2020 Health Benefits Guide.

## Why Did I Receive this Supplement?

You received this 2020 Health Benefits Guide Supplement because our records indicate that your retiree medical subsidy was capped due to changes made to the Administrative Code in 2011.

## What Changes Were Made to the Administrative Code that Capped My Subsidy?

LACERS Members whose bargaining units agreed to contribute an additional 4% of pay toward retiree health care and actually made at least one payment of the 4% additional contribution while an Active Employee continue to be eligible for any annual increases to the LACERS maximum medical subsidy approved by the LACERS Board of Administration. LACERS Members who left City Service before July 1, 2011, and retired later (Deferred Vested) also are eligible for any annual increases to the LACERS maximum medical subsidy approved by the LACERS Board of Administration. The Eligible Survivors of these Members also are eligible for increases to the maximum medical subsidy.

**LACERS Members who retired on or after July 1, 2011, and did not make additional retirement contributions toward retiree health care are not eligible for any annual increases to their LACERS maximum medical subsidy (subsidies are “capped”). The subsidies for the Eligible Survivors of these Members also are capped.**

The subsidies of Tier 1 Members who retired before July 1, 2011, and their Eligible Survivors, are unaffected by these changes.

## What If I Think the Subsidy Cap Should Not Apply to Me?

If you retired as a Deferred Vested Member who had left City employment prior to July 1, 2011, and you received this Supplement, please contact LACERS at (800) 779-8328.

**or**

If you believe you made the additional retirement contributions described above while you were an Active Employee, check your Active Member pay stubs, especially the final pay stub you received from your active City employment. Look in the “Deductions” section for an item labeled “Ret Health Defrayal.” Was a deduction taken from your paycheck under the line item “Ret Health Defrayal” while you were still an Active Employee of the City of Los Angeles? If so, please contact LACERS at (800) 779-8328.

If you cannot find your pay stubs or have other questions, please call LACERS at (800) 779-8328. A LACERS representative will be able to tell you if this Supplement applies to you.

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## For Retired Members Subject to the Medical Subsidy Cap

Medical subsidy **amounts** are detailed on pages 3-5 of this Supplement. For subsidy **eligibility rules**, see page 10 of the 2020 Health Benefits Guide if you are a Retired Member, or page 13 of the 2020 Health Benefits Guide if you are an Eligible Survivor.

## LACERS Dental Subsidy Unaffected by the Administrative Code Changes

To learn more about LACERS' dental plans and subsidies, please refer to pages 48 - 51 of the 2020 Health Benefits Guide. Only Retired Members are eligible for dental plan subsidies. Eligible Survivors of Tier 1 Retired Members enrolled in a LACERS dental plan must pay their entire dental plan premium.

## LACERS Medical Plan Premiums

LACERS medical plan premiums apply to all Retired Members and Eligible Survivors, regardless of retirement date and whether additional contributions were made. Medical plan premiums can be found on pages 36-37 of the LACERS 2020 Health Benefits Guide.



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## Medical Plan Payroll Deductions

Your medical subsidy may or may not cover the total cost of your monthly premium. If your medical subsidy amount is less than your monthly medical plan premium, then the balance is deducted from your retirement allowance.

Medical Plan Premium	-	Medical Subsidy Amount	=	Monthly Allowance Deduction
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## 2020 Maximum Medical Plan Subsidies for Retired Members Subject to the Subsidy Cap

### Member not in Medicare or with Medicare Part B Only:

Member Type	2019 Maximum Subsidy
Retired Member	\$1,190.00
Eligible Survivor	\$593.62

### Member with Medicare Parts A & B:

For Retired Members and Eligible Survivors with Medicare Part A & B subject to the subsidy cap, the 2020 maximum subsidies for all plans will be less than the monthly premiums, resulting in a monthly retirement allowance deduction, regardless of years of Service Credit.

	PPO (U.S.)	HMO				
	Anthem Blue Cross Life & Health Medicare Supplement Plan	CA - Kaiser Permanente Senior Advantage	CA – SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
<b>Monthly Premiums</b>	\$550.57	\$262.47	\$268.20	\$278.26	\$349.20	\$249.43
<b>Maximum Available Subsidy</b>	\$478.43	\$203.27	\$223.88	\$219.09	\$265.14	\$179.29

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## Eligible Survivors Covering Dependents

Subsidies for Eligible Survivors cannot be used toward dependent coverage.

## Medical Plan Subsidy Charts for Retired Members

### Retired Member Only not in Medicare or with Medicare Part B Only:

Service Credit	% of Maximum Subsidy	2019 Subsidy Amount
1-10	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

Service Credit	% of Maximum Subsidy	2019 Subsidy Amount
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

### Retired Member Only with Medicare Parts A & B:

Retired Members with both Parts A & B of Medicare receive the following percentages of the maximum medical subsidy amount based on the 2011 single-party premium of their medical plan.

Service Credit	% Maximum Subsidy
1 to 14 years	75%
15 to 19 years	90%
20+ years	100%

If you are a Retired Member with both Parts A & B of Medicare and are covering dependents, the amount of subsidy that will be available for your dependents will be the subsidy amount available to them if you were enrolled in the corresponding non-Medicare medical plan, up to the amount that was provided for dependent coverage in the corresponding plan in 2011. This may apply to those Members participating in LACERS' Medical Premium Reimbursement Program (MPRP), please contact LACERS for additional information.

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## Medical Plan Subsidy Charts for Eligible Survivors

Medical subsidies may only be applied toward the LACERS medical plan coverage of the Eligible Survivor. Subsidies for Eligible Survivors cannot be used toward dependent coverage. Any unused subsidy cannot be received as cash compensation.

### Eligible Survivor not in Medicare or with Medicare Part B Only:

Service Credit	% of Maximum Subsidy	2019 Subsidy Amount	Service Credit	% of Maximum Subsidy	2019 Subsidy Amount
1-10	40%	\$237.45	18	72%	\$427.41
11	44%	\$261.19	19	76%	\$451.15
12	48%	\$284.94	20	80%	\$474.90
13	52%	\$308.68	21	84%	\$498.64
14	56%	\$332.43	22	88%	\$522.39
15	60%	\$356.17	23	92%	\$546.13
16	64%	\$379.92	24	96%	\$569.88
17	68%	\$403.66	25+	100%	\$593.62

### Eligible Survivor with Medicare Parts A & B

Eligible Survivors with both Parts A & B of Medicare receive the following percentages of the maximum medical subsidy amount based on the 2011 single-party premium of their medical plan.

Service Credit	% Maximum Subsidy
1 to 14 years	75%
15 to 19 years	90%
20+ years	100%

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## Monthly Retirement Allowance Deductions for Retired Members

Once your medical subsidy (based on your years of Service Credit) has been applied to your medical plan's monthly premium, any remaining balance will be subtracted from your monthly retirement allowance as a deduction (monthly allowance deduction).

**Retired Member Only not in Medicare or with Medicare Part B Only:**

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross
<b>Monthly Premiums</b>	<b>\$1,271.56</b>	<b>\$853.39</b>	<b>\$1,039.59</b>
<b>Service Credit</b>	<b>Monthly Allowance Deduction</b>		
1-10	\$795.56	\$377.39	\$563.59
11	\$747.96	\$329.79	\$515.99
12	\$700.36	\$282.19	\$468.39
13	\$652.76	\$234.59	\$420.79
14	\$605.16	\$186.99	\$373.19
15	\$557.56	\$139.39	\$325.59
16	\$509.96	\$91.79	\$277.99
17	\$462.36	\$44.19	\$230.39
18	\$414.76	\$0.00	\$182.79
19	\$367.16	\$0.00	\$135.19
20	\$319.56	\$0.00	\$87.59
21	\$271.96	\$0.00	\$39.99
22	\$224.36	\$0.00	\$0.00
23	\$176.76	\$0.00	\$0.00
24	\$129.16	\$0.00	\$0.00
25+	\$81.56	\$0.00	\$0.00

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## Retired Member Only with Medicare Parts A & B:

	PPO (U.S.)	HMO				
	Anthem Blue Cross Life & Health Medicare Supplement Plan	CA - Kaiser Permanente Senior Advantage	CA - SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
Monthly Premiums	\$550.57	\$262.47	\$268.95	\$278.26	\$349.20	\$249.43
Service Credit	Monthly Allowance Deduction					
1 to 14	\$191.75	\$110.02	\$101.04	\$113.94	\$150.34	\$114.96
15 to 19	\$119.98	\$79.53	\$67.46	\$81.08	\$110.57	\$88.07
20+	\$72.14	\$59.20	\$45.07	\$59.17	\$84.06	\$70.14

**Need help understanding your medical plan subsidy?**

Please don't hesitate to contact LACERS for help at:

**(800) 779-8328, (888) 349-3996 TYY**

or

**LACERS.health@lacers.org**



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## Retired Member and Dependent not in Medicare or with Medicare Part B Only:

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross
<b>Monthly Premiums</b>	<b>\$2,538.09</b>	<b>\$1,706.78</b>	<b>\$2,074.15</b>
<b>Service Credit</b>	<b>Monthly Allowance Deduction</b>		
1-10	\$2,062.09	\$1,230.78	\$1,598.15
11	\$2,014.49	\$1,183.18	\$1,550.55
12	\$1,966.89	\$1,135.58	\$1,502.95
13	\$1,919.29	\$1,087.98	\$1,455.35
14	\$1,871.69	\$1,040.38	\$1,407.75
15	\$1,824.09	\$992.78	\$1,360.15
16	\$1,776.49	\$945.18	\$1,312.55
17	\$1,728.89	\$897.58	\$1,264.95
18	\$1,681.29	\$849.98	\$1,217.35
19	\$1,633.69	\$802.38	\$1,169.75
20	\$1,586.09	\$754.78	\$1,122.15
21	\$1,538.49	\$707.18	\$1,074.55
22	\$1,490.89	\$659.58	\$1,026.95
23	\$1,443.29	\$611.98	\$979.35
24	\$1,395.69	\$564.38	\$931.75
25+	\$1,348.09	\$516.78	\$884.15

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

	PPO (U.S.)	HMO / Senior Plan (CA)		
	Anthem Blue Cross Life & Health Medicare Supplement Plan	Kaiser Permanente/Senior Advantage	Anthem Blue Cross HMO/SCAN Health Plan	Anthem Blue Cross HMO/UnitedHealthcare HMO
Monthly Premiums	\$1,817.10	\$1,115.86	\$1,303.51	\$1,312.82
Service Credit	Monthly Allowance Deduction			
1-10	\$1,341.10	\$639.86	\$827.51	\$836.82
11	\$1,293.50	\$592.26	\$779.91	\$789.22
12	\$1,245.90	\$544.66	\$732.31	\$741.62
13	\$1,198.30	\$497.06	\$684.71	\$694.02
14	\$1,150.70	\$449.46	\$637.11	\$646.42
15	\$1,103.10	\$401.86	\$589.51	\$598.82
16	\$1,055.50	\$354.26	\$541.91	\$551.22
17	\$1,007.90	\$306.66	\$494.31	\$503.62
18	\$960.30	\$259.06	\$446.71	\$456.02
19	\$912.70	\$211.46	\$399.11	\$408.42
20	\$865.10	\$163.86	\$351.51	\$360.82
21	\$817.50	\$116.26	\$303.91	\$313.22
22	\$769.90	\$68.66	\$256.31	\$265.62
23	\$722.30	\$21.06	\$208.71	\$218.02
24	\$674.70	\$0.00	\$161.11	\$170.42
25+	\$627.10	\$0.00	\$113.51	\$122.82

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

	PPO (U.S.)	HMO / Senior Plan (CA)		
	Anthem Blue Cross Life & Health Medicare Supplement Plan	Kaiser Permanente/Senior Advantage	Anthem Blue Cross HMO/SCAN Health Plan	Anthem Blue Cross HMO/UnitedHealthcare HMO
<b>Monthly Premiums</b>	<b>\$1,817.10</b>	<b>\$1,115.86</b>	<b>\$1,303.51</b>	<b>\$1,312.82</b>
<b>Service Credit</b>	<b>Monthly Allowance Deduction</b>			
1-10	\$1,458.28	\$963.41	\$1,135.60	\$1,148.50
11	\$1,458.28	\$963.41	\$1,135.60	\$1,148.50
12	\$1,458.28	\$963.41	\$1,135.60	\$1,148.50
13	\$1,458.28	\$963.41	\$1,135.60	\$1,148.50
14	\$1,458.28	\$963.41	\$1,135.60	\$1,148.50
15	\$1,386.51	\$932.92	\$1,102.02	\$1,115.64
16	\$1,386.51	\$932.92	\$1,102.02	\$1,115.64
17	\$1,386.51	\$932.92	\$1,102.02	\$1,115.64
18	\$1,386.51	\$929.51	\$1,102.02	\$1,115.64
19	\$1,386.51	\$881.91	\$1,102.02	\$1,115.64
20	\$1,338.67	\$813.98	\$1,079.63	\$1,093.73
21	\$1,338.67	\$766.38	\$1,079.63	\$1,093.73
22	\$1,338.67	\$718.78	\$1,072.02	\$1,086.12
23	\$1,338.67	\$671.18	\$1,1024.42	\$1,038.52
24	\$1,338.67	\$623.58	\$976.82	\$990.92
25+	\$1,338.67	\$575.98	\$929.22	\$943.32

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

	PPO (U.S.)	HMO				
	Anthem Blue Cross Life & Health Medicare Supplement Plan	CA - Kaiser Permanente Senior Advantage	CA - SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
Monthly Premiums	\$1,096.11	\$524.94	\$531.80	\$551.49	\$693.37	\$493.83
Service Credit	Monthly Allowance Deduction					
1-10	\$737.29	\$372.49	\$364.96	\$387.17	\$494.51	\$359.36
11	\$737.29	\$372.49	\$364.96	\$387.17	\$494.51	\$359.36
12	\$737.29	\$372.49	\$364.96	\$387.17	\$494.51	\$359.36
13	\$737.29	\$372.49	\$364.96	\$387.17	\$494.51	\$359.36
14	\$737.29	\$372.49	\$364.96	\$387.17	\$494.51	\$359.36
15	\$665.52	\$342.00	\$331.38	\$354.31	\$454.74	\$332.47
16	\$665.52	\$342.00	\$331.38	\$354.31	\$454.74	\$332.47
17	\$665.52	\$342.00	\$331.38	\$354.31	\$454.74	\$332.47
18	\$665.52	\$338.59	\$331.38	\$354.31	\$454.74	\$332.47
19	\$665.52	\$290.99	\$331.38	\$354.31	\$454.74	\$332.47
20	\$617.68	\$223.06	\$308.99	\$332.40	\$428.23	\$314.54
21	\$617.68	\$175.46	\$308.99	\$332.40	\$428.23	\$314.54
22	\$617.68	\$127.86	\$301.38	\$324.79	\$428.23	\$306.93
23	\$617.68	\$118.40	\$253.78	\$277.19	\$373.02	\$259.33
24	\$617.68	\$118.40	\$206.18	\$229.59	\$325.42	\$211.73
25+	\$617.68	\$118.40	\$158.58	\$181.99	\$277.82	\$164.13

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

	PPO (U.S.)	HMO / Senior Plan (CA)		
	Anthem Blue Cross Life & Health Medicare Supplement Plan	Kaiser Permanente/ Senior Advantage	Anthem Blue Cross HMO/ SCAN Health Plan	Anthem Blue Cross HMO/ UnitedHealthcare HMO
<b>Monthly Premiums</b>	<b>\$2,269.37</b>	<b>\$1,627.90</b>	<b>\$1,932.20</b>	<b>\$1,941.51</b>
<b>Service Credit</b>	<b>Monthly Allowance Deduction</b>			
1-10	\$1,910.55	\$1,475.45	\$1,764.29	\$1,777.19
11	\$1,910.55	\$1,475.45	\$1,764.29	\$1,777.19
12	\$1,910.55	\$1,475.45	\$1,764.29	\$1,777.19
13	\$1,910.55	\$1,475.45	\$1,764.29	\$1,777.19
14	\$1,910.55	\$1,475.45	\$1,764.29	\$1,777.19
15	\$1,838.78	\$1,444.96	\$1,730.71	\$1,744.33
16	\$1,838.78	\$1,444.96	\$1,730.71	\$1,744.33
17	\$1,838.78	\$1,444.96	\$1,730.71	\$1,744.33
18	\$1,838.78	\$1,441.55	\$1,730.71	\$1,744.33
19	\$1,838.78	\$1,393.95	\$1,730.71	\$1,744.33
20	\$1,790.94	\$1,326.02	\$1,708.32	\$1,722.42
21	\$1,790.94	\$1,278.42	\$1,708.32	\$1,722.42
22	\$1,790.94	\$1,230.82	\$1,700.71	\$1,714.81
23	\$1,790.94	\$1,183.22	\$1,653.11	\$1,667.21
24	\$1,790.94	\$1,135.62	\$1,605.51	\$1,619.61
25+	\$1,790.94	\$1,088.02	\$1,557.91	\$1,572.01

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## Retired Member and Family not in Medicare or with Medicare Part B Only:

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross
<b>Monthly Premiums</b>	<b>\$2,988.44</b>	<b>\$2,218.82</b>	<b>\$2,476.33</b>
<b>Service Credit</b>	<b>Monthly Allowance Deduction</b>		
1-10	\$2,512.44	\$1,742.82	\$2,000.33
11	\$2,464.84	\$1,695.22	\$1,952.73
12	\$2,417.24	\$1,647.62	\$1,905.13
13	\$2,369.64	\$1,600.02	\$1,857.53
14	\$2,322.04	\$1,552.42	\$1,809.93
15	\$2,274.44	\$1,504.82	\$1,762.33
16	\$2,226.84	\$1,457.22	\$1,714.73
17	\$2,179.24	\$1,409.62	\$1,667.13
18	\$2,131.64	\$1,362.02	\$1,619.53
19	\$2,084.04	\$1,314.42	\$1,571.93
20	\$2,036.44	\$1,266.82	\$1,524.33
21	\$1,988.84	\$1,219.22	\$1,476.73
22	\$1,941.24	\$1,171.62	\$1,429.13
23	\$1,893.64	\$1,124.02	\$1,381.53
24	\$1,846.04	\$1,076.42	\$1,333.93
25+	\$1,798.44	\$1,028.82	\$1,286.33

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## Monthly Retirement Allowance Deductions for Eligible Survivors

Once your medical subsidy (based on the Retired Member's years of Service Credit) has been applied to your plan's monthly premium, any remaining balance will be subtracted from your monthly Continuance/Survivorship as a deduction (monthly allowance deduction).

### Eligible Survivor not in Medicare or with Medicare Part B Only:

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross
<b>Monthly Premiums</b>	<b>\$1,271.56</b>	<b>\$853.39</b>	<b>\$1,039.59</b>
<b>Service Credit</b>	<b>Monthly Allowance Deduction</b>		
1-10	\$1,034.11	\$615.94	\$802.14
11	\$1,010.37	\$592.20	\$778.40
12	\$986.62	\$568.45	\$754.65
13	\$962.88	\$544.71	\$730.91
14	\$939.13	\$520.96	\$707.16
15	\$915.39	\$497.22	\$683.42
16	\$891.64	\$473.47	\$659.67
17	\$867.90	\$449.73	\$635.93
18	\$844.15	\$425.98	\$612.18
19	\$820.41	\$402.24	\$588.44
20	\$796.66	\$378.49	\$564.69
21	\$772.92	\$354.75	\$540.95
22	\$749.17	\$331.00	\$517.20
23	\$725.43	\$307.26	\$493.46
24	\$701.68	\$283.51	\$469.71
25+	\$677.94	\$259.77	\$445.97

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## Eligible Survivor with Medicare Parts A & B:

	PPO (U.S.)	HMO				
	Anthem Blue Cross Life & Health Medicare Supplement Plan	CA - Kaiser Permanente Senior Advantage	CA - SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
Monthly Premiums	\$550.57	\$262.47	\$268.95	\$278.26	\$349.20	\$249.43
Service Credit	Monthly Allowance Deduction					
1 to 14	\$191.75	\$110.02	\$101.04	\$113.94	\$150.34	\$114.96
15 to 19	\$119.98	\$79.53	\$67.46	\$81.08	\$110.57	\$88.07
20+	\$72.14	\$59.20	\$45.07	\$59.17	\$84.06	\$70.14



# Health Plan and Other Important Contact Information

Resources	Member Services Phone Numbers		Websites
Anthem Blue Cross HMO	(866) 940-8303	TTY 711	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue Cross Life & Health Medicare Plan	(866) 940-8303 (866) 470-6265 PDP (Rx)	TTY 711 TTY 711 PDP (Rx)	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue Cross Medicare RX (PDP) with SeniorRx Plus	(866) 470-6265	TTY 711	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue Cross PPO	(866) 940-8303	TTY 711	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
Anthem Blue View Vision	(866) 723-0515	TTY 711	<a href="http://www.anthem.com/ca">www.anthem.com/ca</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>
DeltaCare® USA	(800) 422-4234	TTY 711	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Delta Dental PPO	(800) 765-6003	TTY 711	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Kaiser Permanente HMO	(800) 464-4000	TTY 711	<a href="https://my.kp.org/lacers">https://my.kp.org/lacers</a>
Kaiser Permanente HMO Senior Advantage	(800) 443-0815	TTY 711	<a href="https://my.kp.org/lacers">https://my.kp.org/lacers</a>
LACERS Customer Service	(800) 779-8328	TTY (888) 349-3996	<a href="http://www.LACERS.org">www.LACERS.org</a>
Centers for Medicare & Medicaid Services (CMS)	(800) MEDICARE (800) 633-4227	TTY (877) 486-2048	<a href="http://www.medicare.gov">www.medicare.gov</a>
SCAN Health Plan	(800) 559-3500 CA	TTY 711	<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.uhretiree.com">www.uhretiree.com</a>