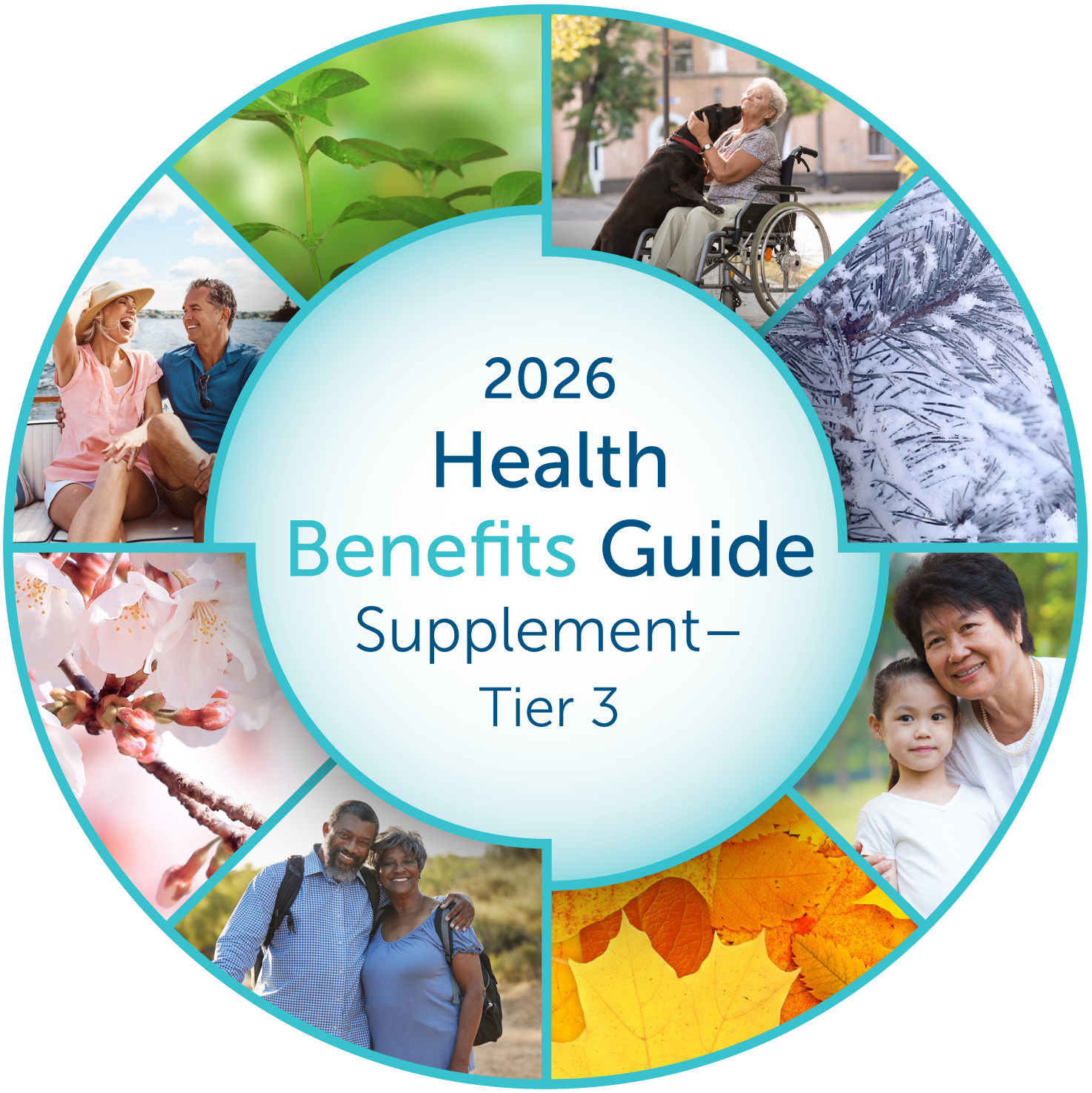
LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM



2026 Health Benefits Guide Supplement– Tier 3

WHY DID I RECEIVE THIS SUPPLEMENT?

The 2026 Health Benefits Guide Supplement - Tier 3 contains medical subsidy and monthly allowance deductions amounts applicable to Tier 3 Members and Eligible Survivors. LACERS Tier 3 Members are those who were hired on or after February 21, 2016.

This Supplemental to the Health Benefits Guide is for you as a Tier 3 Member or Tier 3 Eligible Spouse. The 2026 Health Benefits Guide provides medical and dental **PREMIUMS**, which are the same for Tier 1 and Tier 3 Members, however the **SUBSIDIES** and **DEDUCTION CHARTS** are only for Tier 1 Members and Eligible Spouses.

LACERS MEDICAL AND DENTAL PREMIUMS

The same medical and dental plan premiums apply to all LACERS Retired Members and Eligible Members, regardless of retirement date and membership tier. In the 2026 Health Benefits Guide, see Pages 46-48 for the medical plan premiums and Page 65 for dental plan premiums.

LACERS MEDICAL AND DENTAL SUBSIDY ELIGIBILITY

The same medical subsidy eligibility rules in the 2026 Health Benefits Guide apply: see Pages 14-16 if you are a Retired Member or Pages 17-18 if you are an Eligible Survivor.

The same dental subsidy rules in the 2026 Health Benefits Guide apply to Tier 3 (see Page 63). Only Retired Members are eligible for dental plan subsidies. Dental subsidies are not available to dependents or Eligible Survivors. Eligible Survivors enrolled in a LACERS dental plan pay their entire dental plan premium.

HEALTH PLAN DEDUCTIONS

If your medical subsidy amount is less than the monthly medical plan premium, the balance is deducted from your Retirement, Continuance, or Survivorship Allowance.

Medical Plan Premium	−	Your LACERS Medical Subsidy	=	Monthly Retirement Allowance, Continuance, or Survivorship Deduction

Tier 3 Retired Members

The monthly medical allowance deductions for Tier 3 Retired Members are on Pages 5-12 of this Supplement.

The monthly dental allowance deductions for Retired Members are on Page 65 of the 2026 Health Benefits Guide.

Tier 3 Eligible Survivors

The monthly medical allowance deductions for Tier 3 Eligible Survivors are on Pages 13-14 of this Supplement, or Pages 58-59 in the 2026 Health Benefits Guide.

Because the dental subsidy is not available to Eligible Survivors, the monthly dental premium shown on Page 65 of the 2026 Health Benefits Guide is the monthly dental allowance deduction.

TIER 3 RETIRED MEMBERS MEDICAL SUBSIDY

For how the LACERS Member's medical subsidy is calculated, refer to Pages 15-16 of the 2026 Health Benefits Guide. Please also read the Taxability of Your Medical Subsidy on Page 76 of the 2026 Health Benefits Guide.

Tier 3 Retired Members Under Age 65 or with Medicare Part B only

Service/Service Credit	% of Maximum Subsidy	2026 Subsidy Amount
10	40%	$929.53
11	44%	$1,022.48
12	48%	$1,115.43
13	52%	$1,208.39
14	56%	$1,301.34
15	60%	$1,394.29
16	64%	$1,487.24
17	68%	$1,580.20
18	72%	$1,673.15
19	76%	$1,766.10
20	80%	$1,859.06
21	84%	$1,952.01
22	88%	$2,044.96
23	92%	$2,137.91
24	96%	$2,230.87
25+	100%	$2,323.82

Tier 3 Retired Members with Medicare Parts A & B

Service/Service Credit	% of Maximum Subsidy
10 to 14 years	75% of one-party Monthly Premium
15 to 19 years	90% of one-party Monthly Premium
20+ years	100% of one-party Monthly Premium

If you have Medicare Parts A & B, are enrolled in a LACERS Senior Plan, and are covering dependents, the amount of subsidy available for your dependents will be the same as if you were enrolled in the corresponding Under-65 plan. See also Page 77 of the 2026 Health Benefits Guide. This may apply to Members participating in LACERS' Medical Premium Reimbursement Program (MPRP).

TIER 3 ELIGIBLE SURVIVOR MEDICAL SUBSIDY

The medical subsidy may only be applied toward Eligible Survivors participating in a LACERS medical plan or the Medical Plan Premium Reimbursement Program (MPRP). Subsidies for Eligible Survivors cannot be used toward dependent coverage. Any unused subsidy cannot be received as cash compensation. Eligible Survivors must pay the full cost of their dependents' premiums through deductions from their monthly Continuance or Survivorship Allowances. The medical subsidy will be taxable if you are an eligible surviving domestic partner.

The Tier 3 Eligible Survivor benefits are discussed on Pages 17-18 of the 2026 Health Benefits Guide. Please also read the Taxability of Your Medical Subsidy on Page 76 of the 2026 Health Benefits Guide.

Tier 3 Eligible Survivors Under Age 65 or with Medicare Part B only

Service/Service Credit	% of Maximum Subsidy	2026 Subsidy Amount
10	40%	$464.76
11	44%	$511.24
12	48%	$557.72
13	52%	$604.19
14	56%	$650.67
15	60%	$697.15
16	64%	$743.62
17	68%	$790.10
18	72%	$836.58
19	76%	$883.05
20	80%	$929.53
21	84%	$976.00
22	88%	$1,022.48
23	92%	$1,068.96
24	96%	$1,115.43
25+	100%	$1,161.91

Tier 3 Eligible Survivors with Medicare Parts A & B

Service/Service Credit	% of Maximum Subsidy
10 to 14 years	75% of one-party Monthly Premium
15 to 19 years	90% of one-party Monthly Premium
20+ years	100% of one-party Monthly Premium

MEDICAL MONTHLY ALLOWANCE DEDUCTIONS (RETIRED MEMBERS)

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 whole years of Service Credit, and the remaining balance is deducted from the Retired Member's monthly retirement allowance.

Tier 3 Retired Member Only Under Age 65 or with Medicare Part B Only

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser[1]	Anthem HMO
Monthly Premiums	**$1,874.52**	**$1,161.91**	**$1,496.99**
Service/Service Credit*	**Monthly Allowance Deduction**		
10	$944.99	$232.38	$567.46
11	$852.04	$139.43	$474.51
12	$759.09	$46.48	$381.56
13	$666.13	$0.00	$288.60
14	$573.18	$0.00	$195.65
15	$480.23	$0.00	$102.70
16	$387.28	$0.00	$9.75
17	$294.32	$0.00	$0.00
18	$201.37	$0.00	$0.00
19	$108.42	$0.00	$0.00
20	$15.46	$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

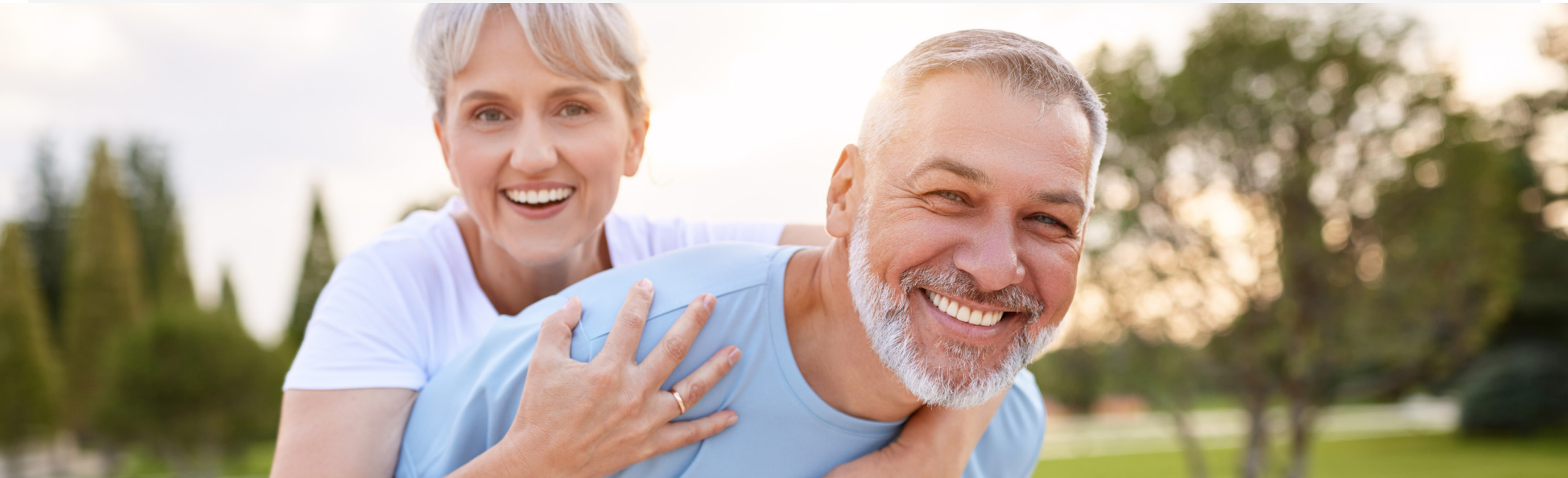
[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Retired Member Only with Medicare Parts A & B

	PPO (U.S.)		HMO (CA)				
	Anthem Medicare Preferred (PPO) Plan	Anthem Life & Health Medicare Plan (Medicare Supp.)	CA		CA	AZ	NV
			Kaiser Sr. Advantage	SCAN Health Plan	UnitedHealthcare HMO		
Monthly Premiums	**$440.13**	**$633.08**	**$263.98**	**$226.93**	**$364.61**	**$397.08**	**$297.40**
Service/ Service Credit*	**Monthly Allowance Deduction**						
10 to 14	$110.03	$158.27	$65.99	$56.73	$91.15	$99.27	$74.35
15 to 19	$44.01	$63.31	$26.40	$22.69	$36.46	$39.71	$29.74
20+	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.



Tier 3 Retired Member and Dependent Under Age 65 or With Medicare Part B Only

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser[1]	Anthem HMO
Monthly Premiums	**$3,744.01**	**$2,323.82**	**$2,988.95**
Service/Service Credit*	**Monthly Allowance Deduction**		
10	$2,814.48	$1,394.29	$2,059.42
11	$2,721.53	$1,301.34	$1,966.47
12	$2,628.58	$1,208.39	$1,873.52
13	$2,535.62	$1,115.43	$1,780.56
14	$2,442.67	$1,022.48	$1,687.61
15	$2,349.72	$929.53	$1,594.66
16	$2,256.77	$836.58	$1,501.71
17	$2,163.81	$743.62	$1,408.75
18	$2,070.86	$650.67	$1,315.80
19	$1,977.91	$557.72	$1,222.85
20	$1,884.95	$464.76	$1,129.89
21	$1,792.00	$371.81	$1,036.94
22	$1,699.05	$278.86	$943.99
23	$1,606.10	$185.91	$851.04
24	$1,513.14	$92.95	$758.08
25+	$1,420.19	$0.00	$665.13

[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Retired Member Under Age 65 or With Medicare Part B Only and Dependent with Medicare Parts A & B (Dual Care)

	PPO (U.S.)		HMO/Senior Plan (CA)		
	Anthem PPO/ Anthem Blue Cross Medicare Preferred (PPO) Plan	Anthem PPO/ Anthem Blue Cross Life & Health Medicare Plan (Med. Supp.)	Kaiser HMO/ Kaiser Sr. Advantage[1]	Anthem HMO/ SCAN Health Plan	Anthem HMO/ UnitedHealthcare HMO
Monthly Premiums	**$2,309.62**	**$2,502.57**	**$1,425.89**	**$1,718.89**	**$1,856.57**
Service/ Service Credit*	**Monthly Allowance Deduction**				
10	$1,380.09	$1,573.04	$496.36	$789.36	$927.04
11	$1,287.14	$1,480.09	$403.41	$696.41	$834.09
12	$1,194.19	$1,387.14	$310.46	$603.46	$741.14
13	$1,101.23	$1,294.18	$217.50	$510.50	$648.18
14	$1,008.28	$1,201.23	$124.55	$417.55	$555.23
15	$915.33	$1,108.28	$31.60	$324.60	$462.28
16	$822.38	$1,015.33	$0.00	$231.65	$369.33
17	$729.42	$922.37	$0.00	$138.69	$276.37
18	$636.47	$829.42	$0.00	$45.74	$183.42
19	$543.52	$736.47	$0.00	$0.00	$90.47
20	$450.56	$643.51	$0.00	$0.00	$0.00
21	$357.61	$550.56	$0.00	$0.00	$0.00
22	$264.66	$457.61	$0.00	$0.00	$0.00
23	$171.71	$364.66	$0.00	$0.00	$0.00
24	$78.75	$271.70	$0.00	$0.00	$0.00
25+	$0.00	$178.75	$0.00	$0.00	$0.00

[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Retired Member with Medicare Parts A & B and Dependent Under Age 65 or with Medicare Part B Only (Dual Care)

	PPO (U.S.)		Senior Plans (CA) / HMO		
	Anthem Medicare Preferred (PPO) Plan/ Anthem PPO	Anthem Life & Health Medicare Plan (Med. Supp.)/Anthem PPO	Kaiser Sr. Advantage[1]/ Kaiser HMO	SCAN Health Plan/Anthem HMO	United-Healthcare HMO/ Anthem HMO
Monthly Premiums	**$2,309.62**	**$2,502.57**	**$1,425.89**	**$1,718.89**	**$1,856.57**
Service/ Service Credit*	**Monthly Allowance Deduction**				
10	$1,979.52	$2,027.76	$1,227.90	$1,548.69	$1,583.11
11	$1,979.52	$2,027.76	$1,227.90	$1,548.69	$1,583.11
12	$1,979.52	$2,027.76	$1,227.90	$1,548.69	$1,583.11
13	$1,979.52	$2,027.76	$1,181.42	$1,548.69	$1,583.11
14	$1,979.52	$2,027.76	$1,088.47	$1,548.69	$1,583.11
15	$1,913.50	$1,932.80	$955.93	$1,514.65	$1,528.42
16	$1,913.50	$1,932.80	$862.98	$1,514.65	$1,528.42
17	$1,913.50	$1,932.80	$770.02	$1,431.44	$1,445.21
18	$1,913.50	$1,932.80	$677.07	$1,338.49	$1,352.26
19	$1,913.50	$1,932.80	$584.12	$1,245.54	$1,259.31
20	$1,869.49	$1,869.49	$464.76	$1,129.89	$1,129.89
21	$1,792.00	$1,792.00	$371.81	$1,036.94	$1,036.94
22	$1,699.05	$1,699.05	$278.86	$943.99	$943.99
23	$1,606.10	$1,606.10	$185.91	$851.04	$851.04
24	$1,513.14	$1,513.14	$92.95	$758.08	$758.08
25+	$1,420.19	$1,420.19	$0.00	$665.13	$665.13

[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Retired Member and Dependent with Medicare Parts A & B

	PPO (U.S.)		HMO Senior Plans				
	Anthem Medicare Preferred (PPO) Plan	Anthem Life & Health Medicare Plan (Medicare Supp.)	CA		CA	AZ	NV
			Kaiser Sr. Advantage	SCAN Health Plan	UnitedHealthcare HMO		
Monthly Premiums	**$875.23**	**$1,261.13**	**$527.96**	**$448.83**	**$724.19**	**$789.13**	**$589.77**
Service/Service Credit*	**Monthly Allowance Deduction**						
10	$545.13	$786.32	$329.97	$278.63	$450.73	$491.32	$366.72
11	$545.13	$786.32	$329.97	$278.63	$450.73	$491.32	$366.72
12	$545.13	$786.32	$329.97	$278.63	$450.73	$491.32	$366.72
13	$545.13	$786.32	$283.49	$278.63	$450.73	$491.32	$366.72
14	$545.13	$786.32	$190.54	$278.63	$450.73	$491.32	$366.72
15	$479.11	$691.36	$58.00	$244.59	$396.04	$431.76	$322.11
16	$479.11	$691.36	$26.40	$244.59	$396.04	$431.76	$322.11
17	$479.11	$691.36	$26.40	$161.38	$312.83	$348.55	$238.90
18	$479.11	$691.36	$26.40	$68.43	$219.88	$255.60	$145.95
19	$479.11	$691.36	$26.40	$22.69	$126.93	$162.65	$53.00
20	$435.10	$628.05	$0.00	$0.00	$0.00	$29.98	$0.00
21	$357.61	$550.56	$0.00	$0.00	$0.00	$0.00	$0.00
22	$264.66	$457.61	$0.00	$0.00	$0.00	$0.00	$0.00
23	$171.71	$364.66	$0.00	$0.00	$0.00	$0.00	$0.00
24	$78.75	$271.70	$0.00	$0.00	$0.00	$0.00	$0.00
25+	$0.00	$178.75	$0.00	$0.00	$0.00	$0.00	$0.00

*Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Retired Member with Medicare Parts A & B and Family Under Age 65 or With Medicare Part B Only (Dual Care)

	PPO (U.S.)		Senior Plans (CA) / HMO		
	Anthem Medicare Preferred (PPO) Plan/Anthem PPO	Anthem Life & Health Medicare Plan (Med. Supp.)/ Anthem PPO	Kaiser Sr. Advantage[1]/ Kaiser HMO	SCAN Health Plan/ Anthem HMO	United-Healthcare HMO/ Anthem HMO
Monthly Premiums	**$2,972.93**	**$3,165.88**	**$2,123.03**	**$2,622.02**	**$2,759.70**
Service/ Service Credit*	**Monthly Allowance Deduction**				
10	$2,642.83	$2,691.07	$1,925.04	$2,451.82	$2,486.24
11	$2,642.83	$2,691.07	$1,925.04	$2,451.82	$2,486.24
12	$2,642.83	$2,691.07	$1,925.04	$2,451.82	$2,486.24
13	$2,642.83	$2,691.07	$1,878.56	$2,451.82	$2,486.24
14	$2,642.83	$2,691.07	$1,785.61	$2,451.82	$2,486.24
15	$2,576.81	$2,596.11	$1,653.07	$2,417.78	$2,431.55
16	$2,576.81	$2,596.11	$1,560.12	$2,417.78	$2,431.55
17	$2,576.81	$2,596.11	$1,467.16	$2,334.57	$2,348.34
18	$2,576.81	$2,596.11	$1,374.21	$2,241.62	$2,255.39
19	$2,576.81	$2,596.11	$1,281.26	$2,148.67	$2,162.44
20	$2,532.80	$2,532.80	$1,161.90	$2,033.02	$2,033.02
21	$2,455.31	$2,455.31	$1,068.95	$1,940.07	$1,940.07
22	$2,362.36	$2,362.36	$976.00	$1,847.12	$1,847.12
23	$2,269.41	$2,269.41	$883.05	$1,754.17	$1,754.17
24	$2,176.45	$2,176.45	$790.09	$1,661.21	$1,661.21
25+	$2,083.50	$2,083.50	$697.14	$1,568.26	$1,568.26

[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Retired Member and Family Under Age 65 or With Medicare Part B Only

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser[1]	Anthem HMO
Monthly Premiums	**$4,407.32**	**$3,020.96**	**$3,892.08**
Service/ Service Credit*	**Monthly Allowance Deduction**		
10	$3,477.79	$2,091.43	$2,962.55
11	$3,384.84	$1,998.48	$2,869.60
12	$3,291.89	$1,905.53	$2,776.65
13	$3,198.93	$1,812.57	$2,683.69
14	$3,105.98	$1,719.62	$2,590.74
15	$3,013.03	$1,626.67	$2,497.79
16	$2,920.08	$1,533.72	$2,404.84
17	$2,827.12	$1,440.76	$2,311.88
18	$2,734.17	$1,347.81	$2,218.93
19	$2,641.22	$1,254.86	$2,125.98
20	$2,548.26	$1,161.90	$2,033.02
21	$2,455.31	$1,068.95	$1,940.07
22	$2,362.36	$976.00	$1,847.12
23	$2,269.41	$883.05	$1,754.17
24	$2,176.45	$790.09	$1,661.21
25+	$2,083.50	$697.14	$1,568.26

[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

MEDICAL MONTHLY ALLOWANCE DEDUCTIONS (ELIGIBLE SURVIVORS)

These are the amounts of monthly deductions charged to the Survivor. The premium amount has been reduced by the appropriate subsidy amount based on Retired Member's or LACERS Member's whole years of Service Credit. The balance is paid by deductions taken from the Survivor's monthly Continuance or Survivorship allowance.

Tier 3 Eligible Survivor Only Under Age 65 or With Medicare Part B Only

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser[1]	Anthem HMO
Monthly Premiums	**$1,874.52**	**$1,161.91**	**$1,496.99**
Service/Service Credit*	**Monthly Allowance Deduction**		
10	$1,409.76	$697.15	$1,032.23
11	$1,363.28	$650.67	$985.75
12	$1,316.80	$604.19	$939.27
13	$1,270.33	$557.72	$892.80
14	$1,223.85	$511.24	$846.32
15	$1,177.37	$464.76	$799.84
16	$1,130.90	$418.29	$753.37
17	$1,084.42	$371.81	$706.89
18	$1,037.94	$325.33	$660.41
19	$991.47	$278.86	$613.94
20	$944.99	$232.38	$567.46
21	$898.52	$185.91	$520.99
22	$852.04	$139.43	$474.51
23	$805.56	$92.95	$428.03
24	$759.09	$46.48	$381.56
25+	$712.61	$0.00	$335.08

[1] Those enrolled in Kaiser Senior Advantage who have only Part B of Medicare are charged the same premiums as those who have both Parts A & B of Medicare.

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Tier 3 Eligible Survivor Only with Medicare Parts A & B

	PPO (U.S.)		HMO (CA)				
	Anthem Medicare Preferred (PPO) Plan	Anthem Life & Health Medicare Plan (Medicare Supp.)	CA		CA	AZ	NV
			Kaiser Sr. Advantage	SCAN Health Plan	UnitedHealthcare HMO		
Monthly Premiums	**$440.13**	**$633.08**	**$263.98**	**$226.93**	**$364.61**	**$397.08**	**$297.40**
Service/Service Credit*	**Monthly Allowance Deduction**						
10 to 14	$110.03	$158.27	$65.99	$56.73	$91.15	$99.27	$74.35
15 to 19	$44.01	$63.31	$26.40	$22.69	$36.46	$39.71	$29.74
20+	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

* Please refer to the 2026 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

LACERS

TYPE AND CONTACT INFORMATION		HOURS
	Phone: (800) 779-8328 RTT: (888) 349-3996 Fax: (213) 473-7284	Mon/Wed/Thur/Fri: 7 a.m. – 3:30 p.m. Tues: 7 a.m. – 3 p.m.
	Mailing Address: 977 N. Broadway, Los Angeles, CA 90012-1728	
	In-Person Appointments / Document Drop-Off: 977 N. Broadway, Los Angeles, CA 90012-1728	Mon-Fri: 8 a.m. – 4 p.m.
	Virtual Appointments: By Appointment, via Zoom	Mon-Fri: 8 a.m. – 4 p.m.
	General questions: LACERS.Services@lacers.org **Health plan questions:** LACERS.Health@lacers.org	
	Website: LACERS.org **MyLACERS Portal:** https://mylacers.lacers.org **Secure Document Upload:** lacers.org/secure-upload **YouTube:** youtube.com/@lacersofficial	Available 24/7

RESOURCES AND CONTACT INFORMATION

RESOURCES	CONTACT INFO	RESOURCES	CONTACT INFO
Anthem Blue Cross HMO	**(866) 940-8303** **TTY 711** anthem.com/ca	Delta Dental PPO	**(800) 765-6003** **TTY 711** deltadentalins.com
Anthem Blue Cross Medicare Preferred (PPO) Plan	**Medical:** **(833) 848-8730** **PDP (Rx):** **(833) 360-3662** **TTY 711** anthem.com/ca/lacerswellness	Kaiser Permanente HMO	**(800) 464-4000** **TTY 711** choose.kp.org/lacers
Anthem Blue Cross Medicare RX (PDP) with SeniorRx Plus	**(833) 285-4636** **TTY 711** anthem.com/ca/lacerswellness	Kaiser Permanente HMO Senior Advantage	**(800) 443-0815** **TTY 711** choose.kp.org/lacers
Anthem Blue Cross Life & Health Medicare Plan (Medicare Supplement) with Medicare Rx (PDP) with Senior Rx Plus	**Medical:** **(866) 940-8303** **Rx:** **(833) 285-4636** **TTY 711** anthem.com/ca	LACERS Well	lacers.org/lacers-well
Anthem Blue Cross PPO	**(866) 940-8303** **TTY 711** anthem.com/ca	Centers for Medicare & Medicaid Services (CMS)	**(800) MEDICARE** **(800) 633-4227** **TTY** **(877) 486-2048** medicare.gov
Anthem Blue View Vision	**(866) 723-0515** **TTY 711** anthem.com/ca	SCAN Health Plan	**(800) 559-3500 CA** **TTY 711** scanhealthplan.com/lacers
California Department of Managed Health Care	**(888) 466-2219** **RTT (877) 688-9891** dmhc.ca.gov	Social Security Administration	**(800) 772-1213** **TTY (800) 325-0778** ssa.gov
DeltaCare® USA HMO	**(800) 422-4234** **TTY 711** deltadentalins.com	UnitedHealthcare Medicare Advantage HMO	**For CA, AZ, NV:** **(800) 457-8506** **TTY 711** retiree.uhc.com