

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.
3. Premiums, subsidies, and deductions are subject to change each plan year. For up-to-date information, please refer to the current Health Benefits Guide.
4. Refer to the plan's Evidence of Coverage for full details and limitations.

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




2025 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 under certain conditions.

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).
- Within 30 days experiencing a Qualifying Life Event.

When will my coverage begin?

- The 1st of the month following your retirement effective date. If your retirement effective date is the first of the month, then your coverage begins that same day.
- The 1st of the month following the processing of your enrollment request.

Steps to Enroll

- Review the premiums, subsidies, deductions, and benefits information in the current Health Benefits Guide on our website <https://www.lacers.org/health-benefits-guide>.
- Complete all applicable sections of the health enrollment forms.
- You can obtain health plan enrollment forms from the Retirement Application Portal at retire.lacers.org, on our website at [lacers.org](https://www.lacers.org), by emailing lacers.health@lacers.org, or by calling (800) 779-8328.
- Submit your completed forms and required documents back to LACERS by mail, fax, email, secure document upload, or in person.
- 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 Retired Member and any dependents.

Eligibility

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

$$\begin{array}{|c|} \hline \text{Medical} \\ \text{Plan} \\ \text{Premium} \\ \hline \end{array} - \begin{array}{|c|} \hline \text{Subsidy} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Retirement} \\ \text{Allowance} \\ \text{Deduction} \\ \hline \end{array}$$

Your LACERS Tier 1* Medical Subsidy for 2025

- 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 dependent(s) on LACERS health plan coverage.
- Members with 10 Years of Service qualify for the 40% Minimum Health Subsidy amount.

*Tier 3 subsidy amount is different. Contact LACERS for details.

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

Service/ Service Credit	% of Maximum Subsidy	2025 Subsidy Amount
10	40%	\$927.43
11	44%	\$1,020.18
12	48%	\$1,112.92
13	52%	\$1,205.66
14	56%	\$1,298.40
15	60%	\$1,391.15
16	64%	\$1,483.89
17	68%	\$1,576.63
18	72%	\$1,669.38
19	76%	\$1,762.12
20	80%	\$1,854.86
21	84%	\$1,947.61
22	88%	\$2,040.35
23	92%	\$2,133.09
24	96%	\$2,225.84
25+	100%	\$2,318.58

What plans are available?

For those under 65 years of age, and 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	Inpatient/Outpatient Surgery - Plan pays 90% after the deductible for in-network providers
Must use network providers, and PCP referrals are needed	No PCP referrals needed.

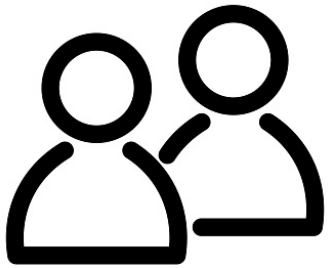


Tier 1 Retired Member Only Not in Medicare or with Medicare Part B Only

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

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser	Anthem HMO
Monthly Premiums	\$1,720.50	\$1,117.28	\$1,374.14
Service/Service Credit*	Monthly Allowance Deduction		
10	\$793.07	\$189.85	\$446.71
11	\$700.32	\$97.10	\$353.96
12	\$607.58	\$4.36	\$261.22
13	\$514.84	\$0.00	\$168.48
14	\$422.10	\$0.00	\$75.74
15	\$329.35	\$0.00	\$0.00
16	\$236.61	\$0.00	\$0.00
17	\$143.87	\$0.00	\$0.00
18	\$51.12	\$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

Tier 1 Retired Member and Dependent Not in Medicare or with Medicare Part B Only



	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser	Anthem HMO
Monthly Premiums	\$3,435.96	\$2,234.56	\$2,743.25
Service/Service Credit*	Monthly Allowance Deduction		
10	\$2,508.53	\$1,307.13	\$1,815.82
11	\$2,415.78	\$1,214.38	\$1,723.07
12	\$2,323.04	\$1,121.64	\$1,630.33
13	\$2,230.30	\$1,028.90	\$1,537.59
14	\$2,137.56	\$936.16	\$1,444.85
15	\$2,044.81	\$843.41	\$1,352.10
16	\$1,952.07	\$750.67	\$1,259.36
17	\$1,859.33	\$657.93	\$1,166.62
18	\$1,766.58	\$565.18	\$1,073.87
19	\$1,673.84	\$472.44	\$981.13
20	\$1,581.10	\$379.70	\$888.39
21	\$1,488.35	\$286.95	\$795.64
22	\$1,395.61	\$194.21	\$702.90
23	\$1,302.87	\$101.47	\$610.16
24	\$1,210.12	\$8.72	\$517.41
25+	\$1,117.38	\$0.00	\$424.67

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

Tier 1 Retired Member and Family Not in Medicare or with Medicare Part B Only

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser**	Anthem HMO
Monthly Premiums	\$4,045.36	\$2,904.92	\$3,572.67
Service/Service Credit*	Monthly Allowance Deduction		
10	\$3,117.93	\$1,977.49	\$2,645.24
11	\$3,025.18	\$1,884.74	\$2,552.49
12	\$2,932.44	\$1,792.00	\$2,459.75
13	\$2,839.70	\$1,699.26	\$2,367.01
14	\$2,746.96	\$1,606.52	\$2,274.27
15	\$2,654.21	\$1,513.77	\$2,181.52
16	\$2,561.47	\$1,421.03	\$2,088.78
17	\$2,468.73	\$1,328.29	\$1,996.04
18	\$2,375.98	\$1,235.54	\$1,903.29
19	\$2,283.24	\$1,142.80	\$1,810.55
20	\$2,190.50	\$1,050.06	\$1,717.81
21	\$2,097.75	\$957.31	\$1,625.06
22	\$2,005.01	\$864.57	\$1,532.32
23	\$1,912.27	\$771.83	\$1,439.58
24	\$1,819.52	\$679.08	\$1,346.83
25+	\$1,726.78	\$586.34	\$1,254.09

*Please refer to Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

** Kaiser B Only Family plan premium and deductions are not included in this chart.

*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 2025

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



65+

Medicare
A & B

Options for Members 65+ Medicare Parts A & B in 2025

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

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

65+

Parts A & B

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

- If you are enrolled in Medicare parts A and B with a minimum of 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 in which you are enrolled.

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



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

RETIRED MEMBER ONLY WITH MEDICARE PARTS A & B							
	PPO (U.S.)		HMO Senior Plans				
	Anthem Medicare Preferred (PPO) Plan	Anthem Life & Health Medicare Plan (Med. Supp.)	CA		CA	AZ	NV
			Kaiser Sr. Advantage	SCAN Health Plan	UnitedHealthcare HMO		
Monthly Premiums	\$435.26	\$581.56	\$262.47	\$226.93	\$274.84	\$344.58	\$237.34
Service/ Service Credit*	Monthly Allowance Deduction						
10 to 14	\$108.81	\$145.39	\$65.62	\$56.73	\$68.71	\$86.14	\$59.33
15 to 19	\$43.53	\$58.16	\$26.25	\$22.69	\$27.48	\$34.46	\$23.73
20 to 24	\$0.00	\$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	\$0.00

65+

Medicare
A & B

What is the difference?

	Kaiser Senior Advantage	SCAN Health Plan Medicare Advantage HMO	UnitedHealthcare Medicare Advantage HMO
Office Visits	\$15	\$10	\$15
Urgent Care	\$15	\$10	\$15
Prescriptions – Mail Order	\$15 100-day generic	\$10-\$20 100-day generic	\$20 90-day Tier 1 generic
Chiropractor	\$15 limit 30	\$10 limit 20	\$15 limit 30, limit 12 in NV & AZ
Inpatient Surgery	No Charge	No Charge	No Charge

What is the difference?

65+

Medicare
A & B

	Anthem Blue Cross Medicare Preferred PPO	Anthem Blue Cross Life & Health (Medicare Supplement)
Office Visits	\$0	Anthem pays 20% after the deductible
Urgent Care	\$0	Anthem pays 20% after the deductible
Prescriptions – Mail Order	\$10 generic 90-day	\$10 generic 90-day
Chiropractor	\$0 Limit 30	\$10 in-network, limit 30, Out-of-network 70% UCR after deductible
Inpatient Surgery	No Charge	Anthem pays Medicare Part A deductible



65+

Medicare
A & B

Enhanced Services

SCAN Health Plan – Independent Living Power (ILP)

- Unlimited taxi rides to and from appointments.
- Up to 84 home-delivered meals.
- \$15 per visit for light housekeeping, laundry, grocery shopping, bathing, and dressing.
- \$1,200 allowance per month for all ILP services combined.

Anthem Blue Cross Medicare Preferred (PPO)

- 12 one-way trips per year to medical visits or the pharmacy.
- No charge for up to 14 meals per qualifying event, up to 56 per year.
- Visits for light housekeeping, bathing, and dressing are paid by claims up to \$100 per day. Limits apply.



Free Gym Membership



Anthem 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 and SCAN Enrollees

- **One Pass** allows enrollees to enjoy fitness membership, digital fitness, social activities, brain health programs, and home kits (One per Member per year) at no additional cost.



Medicare Premiums

- LACERS requires that you enroll and maintain your Medicare Part B enrollment and Part A (if premium-free).
- Retired Members who are receiving a medical subsidy, enrolled in a LACERS Medical plan, and have Medicare Parts A and B will receive the basic Medicare Part B premium reimbursement. Survivors and dependents are not eligible.
- **You** are responsible for paying your Medicare Part B Premiums.
- LACERS will **not** pay or deduct your Medicare Premiums.



Income-Related Monthly Adjustment Amount (IRMAA)

- IRMAA is the amount you may pay in addition to your Medicare 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)

*Select parts of Nevada

What is my Dental Subsidy?



2025 DENTAL SUBSIDY FOR RETIRED MEMBERS

- 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.**

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

Service/ Service Credit*	% of Maximum	Delta Dental PPO Subsidy Amount	DeltaCare USA DHMO Subsidy Amount
10	40%	\$17.17	\$6.28
11	44%	\$18.89	\$6.91
12	48%	\$20.61	\$7.54
13	52%	\$22.32	\$8.16
14	56%	\$24.04	\$8.79
15	60%	\$25.76	\$9.42
16	64%	\$27.48	\$10.05
17	68%	\$29.19	\$10.68
18	72%	\$30.91	\$11.30
19	76%	\$32.63	\$11.93
20	80%	\$34.34	\$12.56
21	84%	\$36.06	\$13.19
22	88%	\$37.78	\$13.82
23	92%	\$39.50	\$14.44
24	96%	\$41.21	\$15.07
25+	100%	\$42.93	\$15.70

LACERS DENTAL PLAN COMPARISON CHARTS

Dental Benefits	Delta Dental PPO ^{1,2}		DeltaCare® USA DHMO
	PPO ^{3,5}	Non-PPO ^{4,5,6}	
Calendar year deductible ⁷	\$25/person \$75/family		None
Annual Maximum Benefit	\$2,500/person ²	\$1,750/person ²	None
Preventive Care			
Two cleanings/year	100%	80%	100%
Bite-wing ¹² x-rays and Exam	100%	80%	100%
Four periodontal cleanings/year	100%	80%	100%
Basic Services			
Fillings; Extractions; Root canal; Repair crowns	80%	70%	100%, after \$0-\$20 copay/procedure
Major Services			
Crowns	80% ⁹	70% ⁹	\$40-\$75 copay/procedure ⁸
Dentures	50%	50%	\$15-\$60 copay
Implants	50%	50%	Not covered
Orthodontia			
Children ¹⁰	50%	50%	\$1,000 copay + retention/startup fees ¹¹
Other covered persons	Adults not covered	Adults not covered	\$1,350 copay + retention/startup fees ¹¹
Lifetime Maximum	\$1,500 per child	\$1,500 per child	Not applicable

This information is a summary. Refer to the plan's Evidence of Coverage for full details and limitations.

Dental Monthly Allowance Deductions for 2025

	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	\$15.70	\$101.45	\$29.31	\$146.56	\$33.89
Service/ Service Credit*	Monthly Allowance Deduction					
10	\$33.99	\$9.42	\$84.28	\$23.03	\$129.39	\$27.61
11	\$32.27	\$8.79	\$82.56	\$22.40	\$127.67	\$26.98
12	\$30.55	\$8.16	\$80.84	\$21.77	\$125.95	\$26.35
13	\$28.84	\$7.54	\$79.13	\$21.15	\$124.24	\$25.73
14	\$27.12	\$6.91	\$77.41	\$20.52	\$122.52	\$25.10
15	\$25.40	\$6.28	\$75.69	\$19.89	\$120.80	\$24.47
16	\$23.68	\$5.65	\$73.97	\$19.26	\$119.08	\$23.84
17	\$21.97	\$5.02	\$72.26	\$18.63	\$117.37	\$23.21
18	\$20.25	\$4.40	\$70.54	\$18.01	\$115.65	\$22.59
19	\$18.53	\$3.77	\$68.82	\$17.38	\$113.93	\$21.96
20	\$16.82	\$3.14	\$67.11	\$16.75	\$112.22	\$21.33
21	\$15.10	\$2.51	\$65.39	\$16.12	\$110.50	\$20.70
22	\$13.38	\$1.88	\$63.67	\$15.49	\$108.78	\$20.07
23	\$11.66	\$1.26	\$61.95	\$14.87	\$107.06	\$19.45
24	\$9.95	\$0.63	\$60.24	\$14.24	\$105.35	\$18.82
25+	\$8.23	\$0.00	\$58.52	\$13.61	\$103.63	\$18.19

*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.
- Up to \$150 every 24 months for frames, lenses, or contacts.

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



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 Vision.
- In-network coverage includes an annual exam \$20 copay.
- Up to \$150 every 24 months for eyeglasses or contacts at in-network providers.
- Additionally, there are also Out-of-Network limits.



2025 Health Benefits Guide



PENSION CHECK MAILED **MAR 25** | DIRECT DEPOSIT **MAR 31**

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Medical, Dental, Vision
Benefits and Plans

Health Benefits Guide

Use the  2025 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 and
- Understand when and how you can change your and/or your eligible dependents' health plan coverage

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



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Drop off paperwork or make an appointment by
phone or online to visit:
977 N. Broadway, Los Angeles, CA 90012-1728



Website: LACERS.org
MyLACERS Portal: <https://mylacers.lacers.org>



General questions: LACERS.services@lacers.org
Health plan questions: LACERS.health@lacers.org



THANK YOU!

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