



# HEALTH BENEFITS SUPPLEMENT

2023



**LACERS**

85 Years of Securing Your Tomorrows

# LACERS 2023 Health Benefits Guide Supplement

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Please read this Supplement carefully as the information provided in this LACERS 2023 Health Benefits Guide Supplement applies to you. This Supplement to the LACERS 2023 Health Benefits Guide contains subsidy and monthly allowance deduction information for Tier 1 Retired Members whose maximum medical subsidies are capped as a result of changes to the Los Angeles Administrative Code (Administrative Code) that became effective in 2011. The subsidy and premium deduction information listed in the 2023 Health Benefits Guide does not apply to you.

## Why Did I Receive this Supplement?

You received this 2023 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.

If you believe you made the additional retirement contributions described 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.

# LACERS 2023 Health Benefits Guide Supplement

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## **For Retired Members Subject to the Medical Subsidy Cap**

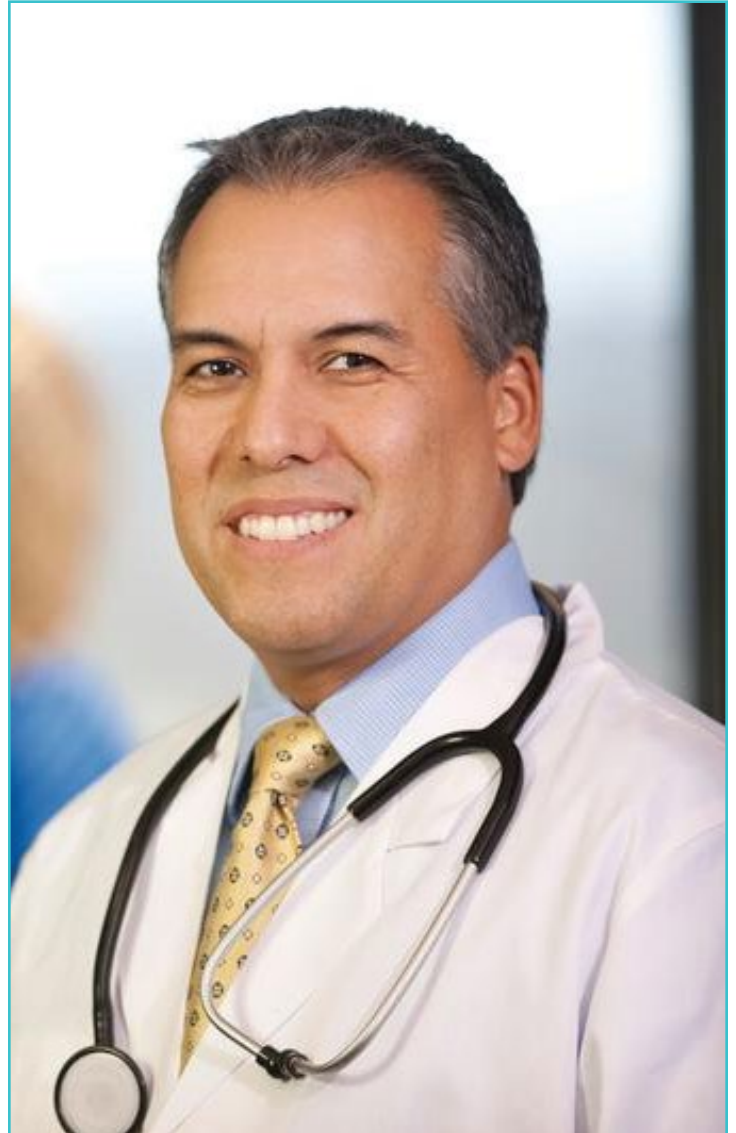
Medical subsidy **amounts** are detailed on pages 4-6 of this Supplement. For subsidy **eligibility rules**, see pages 13-14 of the 2023 Health Benefits Guide if you are a Retired Member, and pages 15-17 of the 2023 Health Benefits Guide if you are an eligible Survivor.

## **LACERS Dental Subsidy (Unaffected by the Administrative Code Changes)**

To learn more about LACERS' dental plans and subsidies, please refer to pages 49-51 of the 2023 Health Benefits Guide. Only Retired Members are eligible for dental plan subsidies. Eligible Survivors enrolled in a LACERS dental plan must pay their entire dental plan premium.

## **LACERS Medical and Dental Plan Premiums**

LACERS medical and dental 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 37-38, and dental plan premiums can be found on page 52 of the LACERS 2023 Health Benefits Guide.



# LACERS 2023 Health Benefits Guide Supplement

## 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 the monthly medical plan premium, then 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
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## 2023 Maximum Medical Plan Subsidies for Retired Members Subject to the Subsidy Cap

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

Member Type	2023 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 2023 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 Medicare Preferred (PPO) Plan	CA - Kaiser Permanente Senior Advantage	CA – SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
<b>Monthly Premiums</b>	\$494.67	\$262.47	\$268.95	\$287.80	\$359.80	\$258.54
<b>Maximum Available Subsidy</b>	\$478.43	\$203.27	\$223.88	\$219.09	\$265.14	\$179.29

# LACERS 2023 Health Benefits Guide Supplement

## Medical Plan Subsidy Charts for Retired Members

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

Service/ Service Credit	% of Maximum Subsidy	2023 Subsidy Amount	Service/ Service Credit	% of Maximum Subsidy	2023 Subsidy Amount
10	40%	\$476.00	18	72%	\$856.80
11	44%	\$523.60	19	76%	\$904.40
12	48%	\$571.20	20	80%	\$952.00
13	52%	\$618.80	21	84%	\$999.60
14	56%	\$666.40	22	88%	\$1,047.20
15	60%	\$714.00	23	92%	\$1,094.80
16	64%	\$761.60	24	96%	\$1,142.40
17	68%	\$809.20	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
10 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 as 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.

# LACERS 2023 Health Benefits Guide Supplement

## 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. For taxability of your medical subsidy, Retired Members should refer to page 13 and eligible Survivors should refer to page 15 of the 2023 Health Benefits Guide.

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

Service/Service Credit	% of Maximum Subsidy	2023 Subsidy Amount
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

Service/Service Credit	% of Maximum Subsidy	2023 Subsidy Amount
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

### 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
10 to 14 years	75%
15 to 19 years	90%
20+ years	100%

# LACERS 2023 Health Benefits Guide Supplement

## Monthly Retirement Allowance Deductions for 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.

### 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>\$1,464.23</b>	<b>\$939.09</b>	<b>\$1,169.74</b>
<b>Service/Service Credit</b>	<b>Monthly Allowance Deduction</b>		
10	\$988.23	\$463.09	\$693.74
11	\$940.63	\$415.49	\$646.14
12	\$893.03	\$367.89	\$598.54
13	\$845.43	\$320.29	\$550.94
14	\$797.83	\$272.69	\$503.34
15	\$750.23	\$225.09	\$455.74
16	\$702.63	\$177.49	\$408.14
17	\$655.03	\$129.89	\$360.54
18	\$607.43	\$82.29	\$312.94
19	\$559.83	\$34.69	\$265.34
20	\$512.23	\$0.00	\$217.74
21	\$464.63	\$0.00	\$170.14
22	\$417.03	\$0.00	\$122.54
23	\$369.43	\$0.00	\$74.94
24	\$321.83	\$0.00	\$27.34
25+	\$274.23	\$0.00	\$0.00



# LACERS 2023 Health Benefits Guide Supplement

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

	PPO (U.S.)	HMO				
	Anthem Blue Cross Medicare Preferred (PPO) Plan	CA – Kaiser Permanente Senior Advantage	CA–SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
Monthly Premiums	\$494.67	\$262.47	\$268.95	\$287.80	\$359.80	\$258.54
Service/Service Credit	Monthly Allowance Deduction					
10 to 14	\$135.85	\$110.02	\$101.04	\$123.48	\$160.94	\$124.07
15 to 19	\$64.08	\$79.53	\$67.46	\$90.62	\$121.17	\$97.18
20+	\$16.24	\$59.20	\$45.07	\$68.71	\$94.66	\$79.25

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

Please contact LACERS for help at:

**(800) 779-8328, RTT (888) 349-3996, or**

**LACERS.health@lacers.org**



# LACERS 2023 Health Benefits Guide Supplement

## 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>\$2,923.43</b>	<b>\$1,878.18</b>	<b>\$2,334.45</b>
<b>Service/Service Credit</b>	<b>Monthly Allowance Deduction</b>		
10	\$2,447.43	\$1,402.18	\$1,858.45
11	\$2,399.83	\$1,354.58	\$1,810.85
12	\$2,352.23	\$1,306.98	\$1,763.25
13	\$2,304.63	\$1,259.38	\$1,715.65
14	\$2,257.03	\$1,211.78	\$1,668.05
15	\$2,209.43	\$1,164.18	\$1,620.45
16	\$2,161.83	\$1,116.58	\$1,572.85
17	\$2,114.23	\$1,068.98	\$1,525.25
18	\$2,066.63	\$1,021.38	\$1,477.65
19	\$2,019.03	\$973.78	\$1,430.05
20	\$1,971.43	\$926.18	\$1,382.45
21	\$1,923.83	\$878.58	\$1,334.85
22	\$1,876.23	\$830.98	\$1,287.25
23	\$1,828.63	\$783.38	\$1,239.65
24	\$1,781.03	\$735.78	\$1,192.05
25+	\$1,733.43	\$688.18	\$1,144.45

# LACERS 2023 Health Benefits Guide Supplement

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

	PPO (U.S.)	HMO / Senior Plan (CA)		
	Anthem Blue Cross Medicare Preferred (PPO) Plan / Anthem Blue Cross PPO	Kaiser Permanente Sr. Advantage / Kaiser HMO	SCAN Health Plan / Anthem Blue Cross HMO	UnitedHealthcare HMO / Anthem Blue Cross HMO
Monthly Premiums	\$1,953.87	\$1,148.55	\$1,433.66	\$1,452.51
Service/Service Credit	Monthly Allowance Deduction			
10	\$1,477.87	\$672.55	\$957.66	\$976.51
11	\$1,430.27	\$624.95	\$910.06	\$928.91
12	\$1,382.67	\$577.35	\$862.46	\$881.31
13	\$1,335.07	\$529.75	\$814.86	\$833.71
14	\$1,287.47	\$482.15	\$767.26	\$786.11
15	\$1,239.87	\$434.55	\$719.66	\$738.51
16	\$1,192.27	\$386.95	\$672.06	\$690.91
17	\$1,144.67	\$339.35	\$624.46	\$643.31
18	\$1,097.07	\$291.75	\$576.86	\$595.71
19	\$1,049.47	\$244.15	\$529.26	\$548.11
20	\$1,001.87	\$196.55	\$481.66	\$500.51
21	\$954.27	\$148.95	\$434.06	\$452.91
22	\$906.67	\$101.35	\$386.46	\$405.31
23	\$859.07	\$53.75	\$338.86	\$357.71
24	\$811.47	\$6.15	\$291.26	\$310.11
25+	\$763.87	\$0.00	\$243.66	\$262.51

# LACERS 2023 Health Benefits Guide Supplement

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

	PPO (U.S.)	HMO / Senior Plan (CA)		
	Anthem Blue Cross Medicare Preferred (PPO) Plan / Anthem Blue Cross PPO	Kaiser Permanente Sr. Advantage / Kaiser HMO	SCAN Health Plan / Anthem Blue Cross HMO	UnitedHealthcare HMO / Anthem Blue Cross HMO
Monthly Premiums	\$1,953.87	\$1,148.55	\$1,433.66	\$1,452.51
Service/Service Credit	Monthly Allowance Deduction			
10	\$1,595.05	\$996.10	\$1,265.75	\$1,288.20
11	\$1,595.05	\$996.10	\$1,265.75	\$1,288.20
12	\$1,595.05	\$996.10	\$1,265.75	\$1,288.20
13	\$1,595.05	\$996.10	\$1,265.75	\$1,288.20
14	\$1,595.05	\$996.10	\$1,265.75	\$1,288.20
15	\$1,523.28	\$965.61	\$1,232.17	\$1,255.33
16	\$1,523.28	\$965.61	\$1,232.17	\$1,255.33
17	\$1,523.28	\$965.61	\$1,232.17	\$1,255.33
18	\$1,523.28	\$965.61	\$1,232.17	\$1,255.33
19	\$1,523.28	\$965.61	\$1,232.17	\$1,255.33
20	\$1,475.44	\$932.37	\$1,209.78	\$1,233.42
21	\$1,475.44	\$884.77	\$1,209.78	\$1,233.42
22	\$1,475.44	\$837.17	\$1,209.78	\$1,233.42
23	\$1,475.44	\$789.57	\$1,209.78	\$1,233.42
24	\$1,475.44	\$742.01	\$1,209.78	\$1,233.42
25+	\$1,475.44	\$742.01	\$1,189.52	\$1,213.16

# LACERS 2023 Health Benefits Guide Supplement

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

	PPO (U.S.)	HMO				
	Anthem Blue Cross Medicare Preferred (PPO) Plan	CA – Kaiser Permanente Senior Advantage	CA – SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
Monthly Premiums	\$984.31	\$524.94	\$532.87	\$570.57	\$714.57	\$512.05
Service/Service Credit	Monthly Allowance Deduction					
10	\$625.49	\$372.49	\$364.96	\$406.25	\$515.71	\$377.58
11	\$625.49	\$372.49	\$364.96	\$406.25	\$515.71	\$377.58
12	\$625.49	\$372.49	\$364.96	\$406.25	\$515.71	\$377.58
13	\$625.49	\$372.49	\$364.96	\$406.25	\$515.71	\$377.58
14	\$625.49	\$372.49	\$364.96	\$406.25	\$515.71	\$377.58
15	\$553.72	\$342.00	\$331.38	\$373.39	\$475.94	\$350.69
16	\$553.72	\$342.00	\$331.38	\$373.39	\$475.94	\$350.69
17	\$553.72	\$342.00	\$331.38	\$373.39	\$475.94	\$350.69
18	\$553.72	\$342.00	\$331.38	\$373.39	\$475.94	\$350.69
19	\$553.72	\$342.00	\$331.38	\$373.39	\$475.94	\$350.69
20	\$505.88	\$308.76	\$308.99	\$351.48	\$449.43	\$332.76
21	\$505.88	\$261.16	\$308.99	\$351.48	\$449.43	\$332.76
22	\$505.88	\$213.56	\$308.99	\$351.48	\$449.43	\$332.76
23	\$505.88	\$165.96	\$308.99	\$351.48	\$449.43	\$332.76
24	\$505.88	\$118.40	\$308.99	\$351.48	\$449.43	\$332.76
25+	\$505.88	\$118.40	\$288.73	\$331.22	\$429.17	\$312.50

# LACERS 2023 Health Benefits Guide Supplement

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

	PPO (U.S.)	HMO / Senior Plan (CA)		
	Anthem Blue Cross Medicare Preferred (PPO) Plan / Anthem Blue Cross PPO	Kaiser Permanente Sr. Advantage / Kaiser HMO	SCAN Health Plan / Anthem Blue Cross HMO	UnitedHealthcare HMO / Anthem Blue Cross HMO
Monthly Premiums	\$2,473.57	\$1,712.00	\$2,140.44	\$2,159.29
Service/Service Credit	Monthly Allowance Deduction			
10	\$2,114.75	\$1,559.55	\$1,972.53	\$1,994.97
11	\$2,114.75	\$1,559.55	\$1,972.53	\$1,994.97
12	\$2,114.75	\$1,559.55	\$1,972.53	\$1,994.97
13	\$2,114.75	\$1,559.55	\$1,972.53	\$1,994.97
14	\$2,114.75	\$1,559.55	\$1,972.53	\$1,994.97
15	\$2,042.98	\$1,529.06	\$1,938.95	\$1,962.11
16	\$2,042.98	\$1,529.06	\$1,938.95	\$1,962.11
17	\$2,042.98	\$1,529.06	\$1,938.95	\$1,962.11
18	\$2,042.98	\$1,529.06	\$1,938.95	\$1,962.11
19	\$2,042.98	\$1,529.06	\$1,938.95	\$1,962.11
20	\$1,995.14	\$1,495.82	\$1,916.56	\$1,940.20
21	\$1,995.14	\$1,448.22	\$1,916.56	\$1,940.20
22	\$1,995.14	\$1,400.62	\$1,916.56	\$1,940.20
23	\$1,995.14	\$1,353.02	\$1,916.56	\$1,940.20
24	\$1,995.14	\$1,305.42	\$1,916.56	\$1,940.20
25+	\$1,995.14	\$1,257.82	\$1,896.30	\$1,919.94

# LACERS 2023 Health Benefits Guide Supplement

## 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>\$3,443.13</b>	<b>\$2,441.63</b>	<b>\$3,041.23</b>
<b>Service/Service Credit</b>	<b>Monthly Allowance Deduction</b>		
10	\$2,967.13	\$1,965.63	\$2,565.23
11	\$2,919.53	\$1,918.03	\$2,517.63
12	\$2,871.93	\$1,870.43	\$2,470.03
13	\$2,824.33	\$1,822.83	\$2,422.43
14	\$2,776.73	\$1,775.23	\$2,374.83
15	\$2,729.13	\$1,727.63	\$2,327.23
16	\$2,681.53	\$1,680.03	\$2,279.63
17	\$2,633.93	\$1,632.43	\$2,232.03
18	\$2,586.33	\$1,584.83	\$2,184.43
19	\$2,538.73	\$1,537.23	\$2,136.83
20	\$2,491.13	\$1,489.63	\$2,089.23
21	\$2,443.53	\$1,442.03	\$2,041.63
22	\$2,395.93	\$1,394.43	\$1,994.03
23	\$2,348.33	\$1,346.83	\$1,946.43
24	\$2,300.73	\$1,299.23	\$1,898.83
25+	\$2,253.13	\$1,251.63	\$1,851.23

# LACERS 2023 Health Benefits Guide Supplement

## Monthly Retirement Allowance Deductions for 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 the Retired Member's or LACERS Members' whole years of Service Credit and the balance is paid by deductions taken from the Survivor's monthly retirement allowance.

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

	PPO (U.S.)	HMO (CA)	
	Anthem Blue Cross	Kaiser Permanente	Anthem Blue Cross
Monthly Premiums	\$1,464.23	\$939.09	\$1,169.74
Service/Service Credit	Monthly Allowance Deduction		
10	\$1,226.78	\$701.64	\$932.29
11	\$1,203.04	\$677.90	\$908.55
12	\$1,179.29	\$654.15	\$884.80
13	\$1,155.55	\$630.41	\$861.06
14	\$1,131.80	\$606.66	\$837.31
15	\$1,108.06	\$582.92	\$813.57
16	\$1,084.31	\$559.17	\$789.82
17	\$1,060.57	\$535.43	\$766.08
18	\$1,036.82	\$511.68	\$742.33
19	\$1,013.08	\$487.94	\$718.59
20	\$989.33	\$464.19	\$694.84
21	\$965.59	\$440.45	\$671.10
22	\$941.84	\$416.70	\$647.35
23	\$918.10	\$392.96	\$623.61
24	\$894.35	\$369.21	\$599.86
25+	\$870.61	\$345.47	\$576.12



# LACERS 2023 Health Benefits Guide Supplement

## Eligible Survivor with Medicare Parts A & B:

	PPO (U.S.)	HMO				
	Anthem Blue Cross Medicare Preferred (PPO) Plan	CA – Kaiser Permanente Senior Advantage	CA - SCAN Health Plan	UnitedHealthcare HMO		
				CA	AZ	NV
Monthly Premiums	\$494.67	\$262.47	\$268.95	\$287.80	\$359.80	\$258.54
Service/Service Credit	Monthly Allowance Deduction					
10 to 14	\$135.85	\$110.02	\$101.04	\$123.48	\$160.94	\$124.07
15 to 19	\$64.08	\$79.53	\$67.46	\$90.62	\$121.17	\$97.18
20+	\$16.24	\$59.20	\$45.07	\$68.71	\$94.66	\$79.25

# Health Plan and Other Important Contact Information

Resources	Phone Numbers and Websites	Resources	Phone Numbers and Websites
Anthem Blue Cross HMO	(866) 940-8303 TTY 711 <a href="http://anthem.com/ca">anthem.com/ca</a>	Kaiser Permanente HMO	(800) 464-4000 TTY 711 <a href="http://my.kp.org/lacers">my.kp.org/lacers</a>
Anthem Blue Cross Medicare Preferred (PPO) Plan	Medical: (833) 848-8730 PDP (Rx): (833) 360-3662 TTY 711 <a href="http://anthem.com/ca/lacerswellness">anthem.com/ca/lacerswellness</a>	Kaiser Permanente HMO Senior Advantage	(800) 443-0815 TTY 711 <a href="http://my.kp.org/lacers">my.kp.org/lacers</a>
Anthem Blue Cross Medicare RX (PDP) with SeniorRx Plus	(833) 285-4636 TTY 711 <a href="http://anthem.com/ca/lacerswellness">anthem.com/ca/lacerswellness</a>	LACERS Well	<a href="http://lacers.org/lacers-well">lacers.org/lacers-well</a>
Anthem Blue Cross PPO	(866) 940-8303 TTY 711 <a href="http://anthem.com/ca">anthem.com/ca</a>	LACERS	(800) 779-8328 RTT (888) 349-3996 <a href="http://LACERS.org">LACERS.org</a>
Anthem Blue View Vision	(866) 723-0515 TTY 711 <a href="http://anthem.com/ca">anthem.com/ca</a>	Centers for Medicare & Medicaid Services (CMS)	(800) MEDICARE (800) 633-4227 TTY (877) 486-2048 <a href="http://medicare.gov">medicare.gov</a>
California Department of Managed Health Care	(888) 466-2219 TDD (877) 688-9891 <a href="http://dmhc.ca.gov">dmhc.ca.gov</a>	SCAN Health Plan	(800) 559-3500 CA TTY 711 <a href="http://scanhealthplan.com/lacers">scanhealthplan.com/lacers</a>
DeltaCare® USA HMO	(800) 422-4234 TTY 711 <a href="http://deltadentalins.com">deltadentalins.com</a>	Social Security Administration	(800) 772-1213 TTY (800) 325-0778 <a href="http://ssa.gov">ssa.gov</a>
Delta Dental PPO	(800) 765-6003 TTY 711 <a href="http://deltadentalins.com">deltadentalins.com</a>	UnitedHealthcare Medicare Advantage HMO	(800) 457-8506 CA, AZ, NV TTY 711 CA, AZ, NV <a href="http://uhcretiree.com">uhcretiree.com</a>

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**Email health plan questions:** [LACERS.health@lacers.org](mailto:LACERS.health@lacers.org)

**Email general questions:** [LACERS.services@lacers.org](mailto:LACERS.services@lacers.org)

**MyLACERS Portal:** [mylacers.lacers.org](http://mylacers.lacers.org)