

The background of the cover features two photographs. The top photograph shows an elderly couple walking through a garden with manicured bushes. The woman is wearing a yellow top and holding a basket of flowers, while the man is wearing a grey shirt and brown pants, holding a white watering can. The bottom photograph shows a man in a white long-sleeved shirt and white pants riding a bicycle on a path, with another person riding a bicycle in the background. The text is overlaid on a dark blue curved shape on the left side of the page.

2024 HEALTH BENEFITS GUIDE SUPPLEMENT



LACERS

LA CITY EMPLOYEES'
RETIREMENT SYSTEM

LACERS 2024 Health Benefits Guide Supplement

Please read this LACERS 2024 Health Benefits Guide Supplement carefully because the information provided applies to you. This Supplement 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 2024 Health Benefits Guide does not apply to you.

Why Did I Receive this Supplement?

You received this 2024 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 Medical Subsidy?

LACERS Members whose bargaining units agreed to contribute an additional 4% of pay toward retiree health care and made at least one actual payment of the 4% additional contribution (Retiree Health Defrayal) while an Active Employee will be eligible for possible annual increase to the LACERS maximum medical subsidy, as set by the Los Angeles Administrative Code (LAAC). This change carries and applies to the Member's eligible Survivor as well.

The change to the Administrative Code resulted in the following:

Effective Retirement Date	Made the Additional 4% Contribution Towards Retiree Health Care	Type of Subsidy	Which Medical Subsidy and Medical Deduction Charts to Refer to
Retired before July 1, 2011	No	Discretionary subsidy: Eligible for possible annual increase to LACERS maximum medical subsidy that are within the LACERS Board of Administration authority.	Health Benefits Guide
Retiring* on or after July 1, 2011	No	Capped subsidy: Not eligible for any annual increase to LACERS maximum medical subsidy. Subsidy is capped at 2011 amounts.	Health Benefits Guide Supplement
Retiring* on or after July 1, 2011	Yes	Vested subsidy: Eligible for possible annual increase to LACERS maximum medical subsidy per the LAAC.	Health Benefits Guide

* Deferred Vested LACERS Members who left City employment before July 1, 2011, and whose separation date is before July 1, 2011, are eligible for the Discretionary Subsidy.

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

If you retired as a Deferred Vested Member who 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.

For Retired Members Subject to the Medical Subsidy Cap

For subsidy **eligibility rules**, see Pages 14-15 of the 2024 Health Benefits Guide if you are a Retired Member, and Pages 16-18 of the 2024 Health Benefits Guide if you are an eligible Survivor. Medical subsidy **amounts** are detailed on Pages 4-6 of this Supplement.

LACERS Dental Subsidy (Unaffected by the Administrative Code Changes)

To learn more about LACERS’ dental plans and subsidies, please refer to Pages 52-54 of the 2024 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 40-41, and dental plan premiums can be found on Page 55 of the LACERS 2024 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 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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2024 Maximum Medical Plan Subsidy Cap

Retired Member/Eligible Survivor not in Medicare or with Medicare Part B Only:

Member Type	2024 Maximum Subsidy
Retired Member	\$1,190.00
Eligible Survivor	\$593.62

Retired Member/Eligible Survivor with Medicare Parts A & B:

For Retired Members and eligible Survivors with Medicare Part A & B subject to the subsidy cap, the 2024 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 Senior Plans				
	Anthem Medicare Preferred (PPO) Plan	Anthem Life & Health Medicare Plan (Med. Supp.)	CA – Kaiser Sr. Advantage	CA – SCAN Health Plan	CA – United-Healthcare HMO	AZ – United-Healthcare HMO	NV – United-Healthcare HMO
Monthly Premiums	\$435.26	\$549.16	\$262.47	\$226.93	\$247.56	\$322.08	\$217.27
Maximum Available Subsidy	\$435.26	\$478.43	\$203.27	\$223.88	\$219.09	\$265.14	\$179.29

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Medical Plan Subsidy Charts for Retired Members

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

Please refer to the 2024 Health Benefits Guide, Page 14 on Taxability of Your Medical Subsidy and Page 15 for How Your Medical Subsidy is Calculated.

Service/ Service Credit	% of Maximum Subsidy	2024 Subsidy Amount
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/ Service Credit	% of Maximum Subsidy	2024 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:

For Retired Members who are enrolled in Medicare Parts A & B, eligible for medical subsidy, **and** enrolled in a senior medical plan, your maximum medical subsidy is based on the 2011 single-party premium of the LACERS Senior Plan in which you are enrolled.

Service Credit*	% of the 2011 Maximum Medical Subsidy
10 to 14 years	75%
15 to 19 years	90%
20+ years	100%

If you are a Retired Member with Medicare Parts A & B, are enrolled in a LACERS Senior Plan, and are covering dependents, the amount of subsidy that will be available for your dependents will be the same 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.

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Medical Plan Subsidy Charts for Eligible Survivors

The medical subsidy may only be applied toward the eligible Survivor 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. See Page 16 of the 2024 Health Benefits Guide for the Eligible Survivor Medical Subsidy.

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

Service/Service Credit	% of Maximum Subsidy	2024 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	2024 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

For eligible Survivors who are Medicare enrollees with Medicare Parts A & B and are eligible for a medical subsidy, your maximum medical subsidy is based on each whole year of the Member's Service Credit (beginning at 10 whole years) and the 2011 single-party premium of the LACERS Senior Plan in which you are enrolled.

Service Credit*	% of the 2011 Maximum Medical Subsidy
10 to 14 years	75%
15 to 19 years	90%
20+ years	100%

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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	Kaiser ¹	Anthem HMO
Monthly Premiums	\$1,593.73	\$1,051.78	\$1,273.03
Service/Service Credit*	Monthly Allowance Deduction		
10	\$1,117.73	\$575.78	\$797.03
11	\$1,070.13	\$528.18	\$749.43
12	\$1,022.53	\$480.58	\$701.83
13	\$974.93	\$432.98	\$654.23
14	\$927.33	\$385.38	\$606.63
15	\$879.73	\$337.78	\$559.03
16	\$832.13	\$290.18	\$511.43
17	\$784.53	\$242.58	\$463.83
18	\$736.93	\$194.98	\$416.23
19	\$689.33	\$147.38	\$368.63
20	\$641.73	\$99.78	\$321.03
21	\$594.13	\$52.18	\$273.43
22	\$546.53	\$4.58	\$225.83
23	\$498.93	\$0.00	\$178.23
24	\$451.33	\$0.00	\$130.63
25+	\$403.73	\$0.00	\$83.03

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.

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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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 – Kaiser Sr. Advantage	CA – SCAN Health Plan	CA – United-Healthcare HMO	AZ – United-Healthcare HMO	NV – United-Healthcare HMO
Monthly Premiums	\$435.26	\$549.16	\$262.47	\$226.93	\$247.56	\$322.08	\$217.27
Service/Service Credit*	Monthly Allowance Deduction						
10 to 14	\$76.44	\$190.34	\$110.02	\$59.02	\$83.24	\$123.22	\$82.80
15 to 19	\$4.67	\$118.57	\$79.53	\$25.44	\$50.38	\$83.45	\$55.91
20+	\$0.00	\$70.73	\$59.20	\$3.05	\$28.47	\$56.94	\$37.98

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

Need help understanding your medical plan subsidy?

Please contact LACERS for help at:

LACERS.Health@lacers.org, or

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

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

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser ¹	Anthem HMO
Monthly Premiums	\$3,182.43	\$2,103.56	\$2,541.03
Service/ Service Credit*	Monthly Allowance Deduction		
10	\$2,706.43	\$1,627.56	\$2,065.03
11	\$2,658.83	\$1,579.96	\$2,017.43
12	\$2,611.23	\$1,532.36	\$1,969.83
13	\$2,563.63	\$1,484.76	\$1,922.23
14	\$2,516.03	\$1,437.16	\$1,874.63
15	\$2,468.43	\$1,389.56	\$1,827.03
16	\$2,420.83	\$1,341.96	\$1,779.43
17	\$2,373.23	\$1,294.36	\$1,731.83
18	\$2,325.63	\$1,246.76	\$1,684.23
19	\$2,278.03	\$1,199.16	\$1,636.63
20	\$2,230.43	\$1,151.56	\$1,589.03
21	\$2,182.83	\$1,103.96	\$1,541.43
22	\$2,135.23	\$1,056.36	\$1,493.83
23	\$2,087.63	\$1,008.76	\$1,446.23
24	\$2,040.03	\$961.16	\$1,398.63
25+	\$1,992.43	\$913.56	\$1,351.03

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.

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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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 PPO / Anthem Medicare Preferred (PPO) Plan	Anthem PPO / Anthem Life & Health Medicare Plan (Med. Supp.)	Kaiser HMO / Kaiser Sr. Advantage ¹	Anthem HMO / SCAN Health Plan	Anthem HMO / UnitedHealthcare HMO
Monthly Premiums	\$2,023.96	\$2,137.86	\$1,288.44	\$1,494.93	\$1,515.56
Service/ Service Credit*	Monthly Allowance Deduction				
10	\$1,547.96	\$1,661.86	\$812.44	\$1,018.93	\$1,039.56
11	\$1,500.36	\$1,614.26	\$764.84	\$971.33	\$991.96
12	\$1,452.76	\$1,566.66	\$717.24	\$923.73	\$944.36
13	\$1,405.16	\$1,519.06	\$669.64	\$876.13	\$896.76
14	\$1,357.56	\$1,471.46	\$622.04	\$828.53	\$849.16
15	\$1,309.96	\$1,423.86	\$574.44	\$780.93	\$801.56
16	\$1,262.36	\$1,376.26	\$526.84	\$733.33	\$753.96
17	\$1,214.76	\$1,328.66	\$479.24	\$685.73	\$706.36
18	\$1,167.16	\$1,281.06	\$431.64	\$638.13	\$658.76
19	\$1,119.56	\$1,233.46	\$384.04	\$590.53	\$611.16
20	\$1,071.96	\$1,185.86	\$336.44	\$542.93	\$563.56
21	\$1,024.36	\$1,138.26	\$288.84	\$495.33	\$515.96
22	\$976.76	\$1,090.66	\$241.24	\$447.73	\$468.36
23	\$929.16	\$1,043.06	\$193.64	\$400.13	\$420.76
24	\$881.56	\$995.46	\$146.04	\$352.53	\$373.16
25+	\$833.96	\$947.86	\$98.44	\$304.93	\$325.56

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.

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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Retired Member with Medicare Parts A & B and Dependent not in Medicare (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	UnitedHealthcare HMO / Anthem HMO
Monthly Premiums	\$2,023.96	\$2,137.86	\$1,288.44	\$1,494.93	\$1,515.56
Service/ Service Credit*	Monthly Allowance Deduction				
10	\$1,665.14	\$1,779.04	\$1,135.99	\$1,327.02	\$1,351.24
11	\$1,665.14	\$1,779.04	\$1,135.99	\$1,327.02	\$1,351.24
12	\$1,665.14	\$1,779.04	\$1,135.99	\$1,327.02	\$1,351.24
13	\$1,665.14	\$1,779.04	\$1,135.99	\$1,327.02	\$1,351.24
14	\$1,665.14	\$1,779.04	\$1,135.99	\$1,327.02	\$1,351.24
15	\$1,593.37	\$1,707.27	\$1,105.50	\$1,293.44	\$1,318.38
16	\$1,593.37	\$1,707.27	\$1,105.50	\$1,293.44	\$1,318.38
17	\$1,593.37	\$1,707.27	\$1,105.50	\$1,293.44	\$1,318.38
18	\$1,593.37	\$1,707.27	\$1,105.50	\$1,293.44	\$1,318.38
19	\$1,593.37	\$1,707.27	\$1,105.50	\$1,293.44	\$1,318.38
20	\$1,545.53	\$1,659.43	\$1,085.17	\$1,271.05	\$1,296.47
21	\$1,545.53	\$1,659.43	\$1,085.17	\$1,271.05	\$1,296.47
22	\$1,545.53	\$1,659.43	\$1,085.17	\$1,271.05	\$1,296.47
23	\$1,545.53	\$1,659.43	\$1,042.15	\$1,271.05	\$1,296.47
24	\$1,545.53	\$1,659.43	\$994.55	\$1,271.05	\$1,296.47
25+	\$1,545.53	\$1,659.43	\$946.95	\$1,271.05	\$1,296.47

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.

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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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 (Med. Supp.)	CA – Kaiser Sr. Advantage	CA – SCAN Health Plan	CA – United-Healthcare HMO	AZ – United-Healthcare HMO	NV – United-Healthcare HMO
Monthly Premiums	\$865.49	\$1,093.29	\$524.94	\$448.83	\$490.08	\$639.12	\$429.51
Service/ Service Credit*	Monthly Allowance Deduction						
10	\$506.67	\$734.47	\$372.49	\$280.92	\$325.76	\$440.26	\$295.04
11	\$506.67	\$734.47	\$372.49	\$280.92	\$325.76	\$440.26	\$295.04
12	\$506.67	\$734.47	\$372.49	\$280.92	\$325.76	\$440.26	\$295.04
13	\$506.67	\$734.47	\$372.49	\$280.92	\$325.76	\$440.26	\$295.04
14	\$506.67	\$734.47	\$372.49	\$280.92	\$325.76	\$440.26	\$295.04
15	\$434.90	\$662.70	\$342.00	\$247.34	\$292.90	\$400.49	\$268.15
16	\$434.90	\$662.70	\$342.00	\$247.34	\$292.90	\$400.49	\$268.15
17	\$434.90	\$662.70	\$342.00	\$247.34	\$292.90	\$400.49	\$268.15
18	\$434.90	\$662.70	\$342.00	\$247.34	\$292.90	\$400.49	\$268.15
19	\$434.90	\$662.70	\$342.00	\$247.34	\$292.90	\$400.49	\$268.15
20	\$387.06	\$614.86	\$321.67	\$224.95	\$270.99	\$373.98	\$250.22
21	\$387.06	\$614.86	\$321.67	\$224.95	\$270.99	\$373.98	\$250.22
22	\$387.06	\$614.86	\$321.67	\$224.95	\$270.99	\$373.98	\$250.22
23	\$387.06	\$614.86	\$278.65	\$224.95	\$270.99	\$373.98	\$250.22
24	\$387.06	\$614.86	\$231.05	\$224.95	\$270.99	\$373.98	\$250.22
25+	\$387.06	\$614.86	\$183.45	\$224.95	\$270.99	\$373.98	\$250.22

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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Retired Member with Medicare Parts A & B and Family not in Medicare (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	\$2,588.99	\$2,702.89	\$1,919.50	\$2,263.68	\$2,284.31
Service/ Service Credit*	Monthly Allowance Deduction				
10	\$2,230.17	\$2,344.07	\$1,767.05	\$2,095.77	\$2,119.99
11	\$2,230.17	\$2,344.07	\$1,767.05	\$2,095.77	\$2,119.99
12	\$2,230.17	\$2,344.07	\$1,767.05	\$2,095.77	\$2,119.99
13	\$2,230.17	\$2,344.07	\$1,767.05	\$2,095.77	\$2,119.99
14	\$2,230.17	\$2,344.07	\$1,767.05	\$2,095.77	\$2,119.99
15	\$2,158.40	\$2,272.30	\$1,736.56	\$2,062.19	\$2,087.13
16	\$2,158.40	\$2,272.30	\$1,736.56	\$2,062.19	\$2,087.13
17	\$2,158.40	\$2,272.30	\$1,736.56	\$2,062.19	\$2,087.13
18	\$2,158.40	\$2,272.30	\$1,736.56	\$2,062.19	\$2,087.13
19	\$2,158.40	\$2,272.30	\$1,736.56	\$2,062.19	\$2,087.13
20	\$2,110.56	\$2,224.46	\$1,716.23	\$2,039.80	\$2,065.22
21	\$2,110.56	\$2,224.46	\$1,716.23	\$2,039.80	\$2,065.22
22	\$2,110.56	\$2,224.46	\$1,716.23	\$2,039.80	\$2,065.22
23	\$2,110.56	\$2,224.46	\$1,673.21	\$2,039.80	\$2,065.22
24	\$2,110.56	\$2,224.46	\$1,625.61	\$2,039.80	\$2,065.22
25+	\$2,110.56	\$2,224.46	\$1,578.01	\$2,039.80	\$2,065.22

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.

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser**	Anthem HMO
Monthly Premiums	\$3,747.46	\$2,734.63	\$3,309.78
Service/ Service Credit*	Monthly Allowance Deduction		
10	\$3,271.46	\$2,258.63	\$2,833.78
11	\$3,223.86	\$2,211.03	\$2,786.18
12	\$3,176.26	\$2,163.43	\$2,738.58
13	\$3,128.66	\$2,115.83	\$2,690.98
14	\$3,081.06	\$2,068.23	\$2,643.38
15	\$3,033.46	\$2,020.63	\$2,595.78
16	\$2,985.86	\$1,973.03	\$2,548.18
17	\$2,938.26	\$1,925.43	\$2,500.58
18	\$2,890.66	\$1,877.83	\$2,452.98
19	\$2,843.06	\$1,830.23	\$2,405.38
20	\$2,795.46	\$1,782.63	\$2,357.78
21	\$2,747.86	\$1,735.03	\$2,310.18
22	\$2,700.26	\$1,687.43	\$2,262.58
23	\$2,652.66	\$1,639.83	\$2,214.98
24	\$2,605.06	\$1,592.23	\$2,167.38
25+	\$2,557.46	\$1,544.63	\$2,119.78

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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

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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 continuance or survivorship allowance.

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

	PPO (U.S.)	HMO (CA)	
	Anthem	Kaiser ¹	Anthem HMO
Monthly Premiums	\$1,593.73	\$1,051.78	\$1,273.03
Service/ Service Credit*	Monthly Allowance Deduction		
10	\$1,356.28	\$814.33	\$1,035.58
11	\$1,332.54	\$790.59	\$1,011.84
12	\$1,308.79	\$766.84	\$988.09
13	\$1,285.05	\$743.10	\$964.35
14	\$1,261.30	\$719.35	\$940.60
15	\$1,237.56	\$695.61	\$916.86
16	\$1,213.81	\$671.86	\$893.11
17	\$1,190.07	\$648.12	\$869.37
18	\$1,166.32	\$624.37	\$845.62
19	\$1,142.58	\$600.63	\$821.88
20	\$1,118.83	\$576.88	\$798.13
21	\$1,095.09	\$553.14	\$774.39
22	\$1,071.34	\$529.39	\$750.64
23	\$1,047.60	\$505.65	\$726.90
24	\$1,023.85	\$481.90	\$703.15
25+	\$1,000.11	\$458.16	\$679.41

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.

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

LACERS 2024 Health Benefits Guide Supplement

Eligible Survivor with Medicare Parts A & B:

	PPO (U.S.)		HMO Senior Plans				
	Anthem Medicare Preferred (PPO) Plan	Anthem Life & Health Medicare Plan (Medicare Supp.)	CA – Kaiser Sr. Advantage	CA – SCAN Health Plan	CA – United-Healthcare HMO	AZ – United-Healthcare HMO	NV – United-Healthcare HMO
Monthly Premiums	\$435.26	\$549.16	\$262.47	\$226.93	\$247.56	\$322.08	\$217.27
Service/Service Credit*	Monthly Allowance Deduction						
10 to 14	\$76.44	\$190.34	\$110.02	\$59.02	\$83.24	\$123.22	\$82.80
15 to 19	4.67	118.57	79.53	25.44	50.38	83.45	55.91
20+	0.00	70.73	59.20	3.05	28.47	56.94	37.98

* Refer to the 2024 Health Benefits Guide, Page 14 for Retired Member Medical Subsidy Eligibility and Page 63 for how subsidy is calculated by employment type.

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 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 my.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 my.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 TDD (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	(800) 457-8506 CA, AZ, NV TTY 711 CA, AZ, NV retiree.uhc.com

LACERS

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Mailing address: P.O. Box 512218, Los Angeles, CA 90051-0218

Visit us at: 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