



LACERS

2025 Health Benefits Guide Supplement



WHY DID I RECEIVE THIS SUPPLEMENT?

This 2025 Health Benefits Guide Supplement informs you of the medical subsidy amounts applicable to you as a Member in the “Capped Subsidy” group who elected not to pay the Retiree Health Defrayal in 2011. See Page 16 for more information.

This Supplement contains subsidy and monthly allowance deduction information for Tier 1 Retired Members whose maximum medical subsidies are capped pursuant to the 2011 collective bargaining agreements codified in the Los Angeles Administrative Code § 4.1003 (c).



If you received this Supplement, the medical subsidy and premium deduction information listed in the 2025 Health Benefits Guide does not apply to you. Instead, the information in this Supplement applies to you. See Pages 6-15 for medical monthly deduction charts.

FOR TIER 1 RETIRED MEMBERS SUBJECT TO THE MEDICAL SUBSIDY CAP

For subsidy eligibility rules, see Page 14 of the 2025 Health Benefits Guide if you are a Retired Member, or Page 17 if you are an Eligible Survivor. The capped medical subsidy amounts are detailed in this Supplement.

LACERS DENTAL SUBSIDY

The LACERS dental subsidy is unaffected by the Retiree Health Defrayal in 2011.

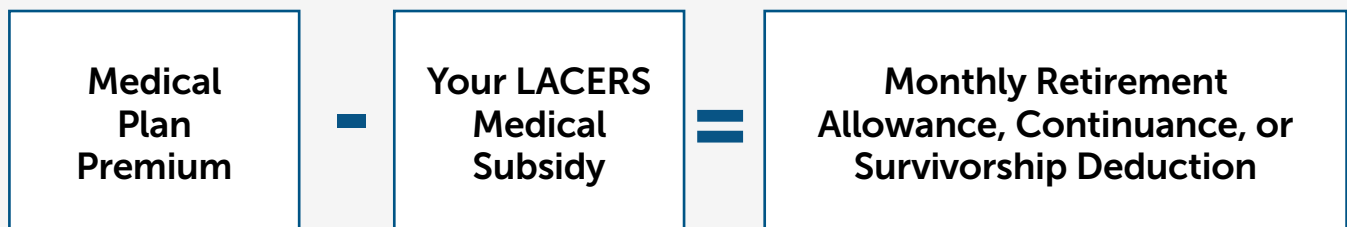
To learn more about LACERS’ dental plans and subsidies, please refer to Pages 62-65 of the 2025 Health Benefits Guide. Only Retired Members are eligible for dental plan subsidies. Eligible Survivors enrolled in a LACERS dental plan must pay their entire dental plan premium.

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 46-48, and dental plan premiums can be found on Page 65 of the LACERS 2025 Health Benefits Guide.

MEDICAL PLAN PAYROLL DEDUCTIONS

Your medical plan payroll deduction is based on the difference in cost of your selected medical plan’s premium and the medical subsidy applicable to you. If your medical subsidy amount is less than the monthly medical plan premium, the balance is deducted from your Retirement, Continuance, or Survivorship Allowance.



2025 MAXIMUM MEDICAL PLAN SUBSIDY CAP

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

MEMBER TYPE	2025 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 Parts A & B subject to the subsidy cap, the 2025 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		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
Maximum Available Subsidy	\$435.26	\$478.43	\$203.27	223.88	\$219.09	\$265.14	\$179.29
Minimum Deduction	\$0.00	\$103.13	\$59.20	\$3.05	\$55.75	\$79.44	\$58.05



MEDICAL PLAN SUBSIDY CHARTS FOR RETIRED MEMBERS

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

Please refer to the 2025 Health Benefits Guide, Page 76 on Taxability of Your Medical Subsidy and Page 15 on How Your Medical Subsidy is Calculated.

SERVICE/ SERVICE CREDIT*	% OF MAXIMUM SUBSIDY	2025 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	2025 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 Members participating in LACERS' Medical Premium Reimbursement Program (MPRP). Please contact LACERS for additional information.

* Refer to the 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

MEDICAL PLAN SUBSIDY CHARTS FOR ELIGIBLE SURVIVORS

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. See Page 18 of the 2025 Health Benefits Guide for the Eligible Survivor Medical Subsidy for additional information.

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

SERVICE/ SERVICE CREDIT	% OF MAXIMUM SUBSIDY	2025 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	2025 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 Only 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 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 choose to enroll.

SERVICE CREDIT*	% OF THE 2011 MAXIMUM MEDICAL SUBSIDY
10 to 14 years	75%
15 to 19 years	90%
20+ years	100%

* Refer to the 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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	\$1,720.50	\$1,117.28	\$1,374.14	
Service/Service Credit*	Monthly Allowance Deduction			
10	\$1,244.50	\$641.28	\$898.14	
11	\$1,196.90	\$593.68	\$850.54	
12	\$1,149.30	\$546.08	\$802.94	
13	\$1,101.70	\$498.48	\$755.34	
14	\$1,054.10	\$450.88	\$707.74	
15	\$1,006.50	\$403.28	\$660.14	
16	\$958.90	\$355.68	\$612.54	
17	\$911.30	\$308.08	\$564.94	
18	\$863.70	\$260.48	\$517.34	
19	\$816.10	\$212.88	\$469.74	
20	\$768.50	\$165.28	\$422.14	
21	\$720.90	\$117.68	\$374.54	
22	\$673.30	\$70.08	\$326.94	
23	\$625.70	\$22.48	\$279.34	
24	\$578.10	\$0.00	\$231.74	
25+	\$530.50	\$0.00	\$184.14	

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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

Retired Member Only 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	\$435.26	\$581.56	\$262.47	\$226.93	\$274.84	\$344.58	\$237.34
Service/ Service Credit*	Monthly Allowance Deduction						
1 to 14	\$76.44	\$222.74	\$110.02	\$59.02	\$110.52	\$145.72	\$102.87
15 to 19	\$4.67	\$150.97	\$79.53	\$25.44	\$77.66	\$105.95	\$75.98
20 to 24	\$0.00	\$103.13	\$59.20	\$3.05	\$55.75	\$79.44	\$58.05
25+	\$0.00	\$103.13	\$59.20	\$3.05	\$55.75	\$79.44	\$58.05

* Refer to the 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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	\$3,435.96	\$2,234.56	\$2,743.25
Service/Service Credit*	Monthly Allowance Deduction		
10	\$2,959.96	\$1,758.56	\$2,267.25
11	\$2,912.36	\$1,710.96	\$2,219.65
12	\$2,864.76	\$1,663.36	\$2,172.05
13	\$2,817.16	\$1,615.76	\$2,124.45
14	\$2,769.56	\$1,568.16	\$2,076.85
15	\$2,721.96	\$1,520.56	\$2,029.25
16	\$2,674.36	\$1,472.96	\$1,981.65
17	\$2,626.76	\$1,425.36	\$1,934.05
18	\$2,579.16	\$1,377.76	\$1,886.45
19	\$2,531.56	\$1,330.16	\$1,838.85
20	\$2,483.96	\$1,282.56	\$1,791.25
21	\$2,436.36	\$1,234.96	\$1,743.65
22	\$2,388.76	\$1,187.36	\$1,696.05
23	\$2,341.16	\$1,139.76	\$1,648.45
24	\$2,293.56	\$1,092.16	\$1,600.85
25+	\$2,245.96	\$1,044.56	\$1,553.25

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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and 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

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	\$2,150.73	\$2,297.03	\$1,362.40	\$1,596.04	\$1,643.95
Service/ Service Credit*	Monthly Allowance Deduction				
10	\$1,674.73	\$1,821.03	\$886.40	\$1,120.04	\$1,167.95
11	\$1,627.13	\$1,773.43	\$838.80	\$1,072.44	\$1,120.35
12	\$1,579.53	\$1,725.83	\$791.20	\$1,024.84	\$1,072.75
13	\$1,531.93	\$1,678.23	\$743.60	\$977.24	\$1,025.15
14	\$1,484.33	\$1,630.63	\$696.00	\$929.64	\$977.55
15	\$1,436.73	\$1,583.03	\$648.40	\$882.04	\$929.95
16	\$1,389.13	\$1,535.43	\$600.80	\$834.44	\$882.35
17	\$1,341.53	\$1,487.83	\$553.20	\$786.84	\$834.75
18	\$1,293.93	\$1,440.23	\$505.60	\$739.24	\$787.15
19	\$1,246.33	\$1,392.63	\$458.00	\$691.64	\$739.55
20	\$1,198.73	\$1,345.03	\$410.40	\$644.04	\$691.95
21	\$1,151.13	\$1,297.43	\$362.80	\$596.44	\$644.35
22	\$1,103.53	\$1,249.83	\$315.20	\$548.84	\$596.75
23	\$1,055.93	\$1,202.23	\$267.60	\$501.24	\$549.15
24	\$1,008.33	\$1,154.63	\$220.00	\$453.64	\$501.55
25+	\$960.73	\$1,107.03	\$172.40	\$406.04	\$453.95

¹Those 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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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	United-Healthcare HMO/ Anthem HMO
MONTHLY PREMIUMS	\$2,150.73	\$2,297.03	\$1,362.40	\$1,596.04	\$1,643.95
Service/ Service Credit*	Monthly Allowance Deduction				
10	\$1,791.91	\$1,938.21	\$1,209.95	\$1,428.13	\$1,479.63
11	\$1,791.91	\$1,938.21	\$1,209.95	\$1,428.13	\$1,479.63
12	\$1,791.91	\$1,938.21	\$1,209.95	\$1,428.13	\$1,479.63
13	\$1,791.91	\$1,938.21	\$1,209.95	\$1,428.13	\$1,479.63
14	\$1,791.91	\$1,938.21	\$1,209.95	\$1,428.13	\$1,479.63
15	\$1,720.14	\$1,866.44	\$1,179.46	\$1,394.55	\$1,446.77
16	\$1,720.14	\$1,866.44	\$1,179.46	\$1,394.55	\$1,446.77
17	\$1,720.14	\$1,866.44	\$1,179.46	\$1,394.55	\$1,446.77
18	\$1,720.14	\$1,866.44	\$1,179.46	\$1,394.55	\$1,446.77
19	\$1,720.14	\$1,866.44	\$1,179.46	\$1,394.55	\$1,446.77
20	\$1,672.30	\$1,818.60	\$1,159.13	\$1,372.16	\$1,424.86
21	\$1,672.30	\$1,818.60	\$1,159.13	\$1,372.16	\$1,424.86
22	\$1,672.30	\$1,818.60	\$1,159.13	\$1,372.16	\$1,424.86
23	\$1,672.30	\$1,818.60	\$1,159.13	\$1,372.16	\$1,424.86
24	\$1,672.30	\$1,818.60	\$1,134.01	\$1,372.16	\$1,424.86
25+	\$1,672.30	\$1,818.60	\$1,086.41	\$1,372.16	\$1,424.86

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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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	\$865.49	\$1,158.09	\$524.94	\$448.83	\$544.65	\$684.13	\$469.65
Service/ Service Credit*	Monthly Allowance Deduction						
10	\$506.67	\$799.27	\$372.49	\$280.92	\$380.33	\$485.27	\$335.18
11	\$506.67	\$799.27	\$372.49	\$280.92	\$380.33	\$485.27	\$335.18
12	\$506.67	\$799.27	\$372.49	\$280.92	\$380.33	\$485.27	\$335.18
13	\$506.67	\$799.27	\$372.49	\$280.92	\$380.33	\$485.27	\$335.18
14	\$506.67	\$799.27	\$372.49	\$280.92	\$380.33	\$485.27	\$335.18
15	\$434.90	\$727.50	\$342.00	\$247.34	\$347.47	\$445.50	\$308.29
16	\$434.90	\$727.50	\$342.00	\$247.34	\$347.47	\$445.50	\$308.29
17	\$434.90	\$727.50	\$342.00	\$247.34	\$347.47	\$445.50	\$308.29
18	\$434.90	\$727.50	\$342.00	\$247.34	\$347.47	\$445.50	\$308.29
19	\$434.90	\$727.50	\$342.00	\$247.34	\$347.47	\$445.50	\$308.29
20	\$387.06	\$679.66	\$321.67	\$224.95	\$325.56	\$418.99	\$290.36
21	\$387.06	\$679.66	\$321.67	\$224.95	\$325.56	\$418.99	\$290.36
22	\$387.06	\$679.66	\$321.67	\$224.95	\$325.56	\$418.99	\$290.36
23	\$387.06	\$679.66	\$321.67	\$224.95	\$325.56	\$418.99	\$290.36
24	\$387.06	\$679.66	\$296.55	\$224.95	\$325.56	\$418.99	\$290.36
25+	\$387.06	\$679.66	\$248.95	\$224.95	\$325.56	\$418.99	\$290.36

*Refer to the 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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	\$2,760.13	\$2,906.43	\$2,032.76	\$2,425.46	\$2,473.37
Service/Service Credit*	Monthly Allowance Deduction				
10	\$2,401.31	\$2,547.61	\$1,880.31	\$2,257.55	\$2,309.05
11	\$2,401.31	\$2,547.61	\$1,880.31	\$2,257.55	\$2,309.05
12	\$2,401.31	\$2,547.61	\$1,880.31	\$2,257.55	\$2,309.05
13	\$2,401.31	\$2,547.61	\$1,880.31	\$2,257.55	\$2,309.05
14	\$2,401.31	\$2,547.61	\$1,880.31	\$2,257.55	\$2,309.05
15	\$2,329.54	\$2,475.84	\$1,849.82	\$2,223.97	\$2,276.19
16	\$2,329.54	\$2,475.84	\$1,849.82	\$2,223.97	\$2,276.19
17	\$2,329.54	\$2,475.84	\$1,849.82	\$2,223.97	\$2,276.19
18	\$2,329.54	\$2,475.84	\$1,849.82	\$2,223.97	\$2,276.19
19	\$2,329.54	\$2,475.84	\$1,849.82	\$2,223.97	\$2,276.19
20	\$2,281.70	\$2,428.00	\$1,829.49	\$2,201.58	\$2,254.28
21	\$2,281.70	\$2,428.00	\$1,829.49	\$2,201.58	\$2,254.28
22	\$2,281.70	\$2,428.00	\$1,829.49	\$2,201.58	\$2,254.28
23	\$2,281.70	\$2,428.00	\$1,829.49	\$2,201.58	\$2,254.28
24	\$2,281.70	\$2,428.00	\$1,804.37	\$2,201.58	\$2,254.28
25+	\$2,281.70	\$2,428.00	\$1,756.77	\$2,201.58	\$2,254.28

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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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

	PPO (U.S.)		HMO (CA)	
	Anthem		Kaiser ¹	Anthem HMO
MONTHLY PREMIUMS	\$4,045.36		\$2,904.92	\$3,572.67
Service/Service Credit*	Monthly Allowance Deduction			
10	\$3,569.36		\$2,428.92	\$3,096.67
11	\$3,521.76		\$2,381.32	\$3,049.07
12	\$3,474.16		\$2,333.72	\$3,001.47
13	\$3,426.56		\$2,286.12	\$2,953.87
14	\$3,378.96		\$2,238.52	\$2,906.27
15	\$3,331.36		\$2,190.92	\$2,858.67
16	\$3,283.76		\$2,143.32	\$2,811.07
17	\$3,236.16		\$2,095.72	\$2,763.47
18	\$3,188.56		\$2,048.12	\$2,715.87
19	\$3,140.96		\$2,000.52	\$2,668.27
20	\$3,093.36		\$1,952.92	\$2,620.67
21	\$3,045.76		\$1,905.32	\$2,573.07
22	\$2,998.16		\$1,857.72	\$2,525.47
23	\$2,950.56		\$1,810.12	\$2,477.87
24	\$2,902.96		\$1,762.52	\$2,430.27
25+	\$2,855.36		\$1,714.92	\$2,382.67

¹The Kaiser B Only Family Plan premium and deductions are not included in this chart. 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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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 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.

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

	PPO (U.S.)		HMO (CA)	
	Anthem	Kaiser ¹	Anthem HMO	
MONTHLY PREMIUMS	\$1,720.50	\$1,117.28	\$1,374.14	
Service/Service Credit*	Monthly Allowance Deduction			
10	\$1,483.05	\$879.83	\$1,136.69	
11	\$1,459.31	\$856.09	\$1,112.95	
12	\$1,435.56	\$832.34	\$1,089.20	
13	\$1,411.82	\$808.60	\$1,065.46	
14	\$1,388.07	\$784.85	\$1,041.71	
15	\$1,364.33	\$761.11	\$1,017.97	
16	\$1,340.58	\$737.36	\$994.22	
17	\$1,316.84	\$713.62	\$970.48	
18	\$1,293.09	\$689.87	\$946.73	
19	\$1,269.35	\$666.13	\$922.99	
20	\$1,245.60	\$642.38	\$899.24	
21	\$1,221.86	\$618.64	\$875.50	
22	\$1,198.11	\$594.89	\$851.75	
23	\$1,174.37	\$571.15	\$828.01	
24	\$1,150.62	\$547.40	\$804.26	
25+	\$1,126.88	\$523.66	\$780.52	

¹Those 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 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

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		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	\$76.44	\$222.74	\$110.02	\$59.02	\$110.52	\$145.72	\$102.87
15 to 19	\$4.67	\$150.97	\$79.53	\$25.44	\$77.66	\$105.95	\$75.98
20+	\$0.00	\$103.13	\$59.20	\$3.05	\$55.75	\$79.44	\$58.05

*Refer to the 2025 Health Benefits Guide, Pages 14-16 for Retired Member Medical Subsidy Eligibility and how subsidy is calculated by employment type.

WHAT CHANGES WERE MADE TO THE ADMINISTRATIVE CODE THAT CAPPED MY MEDICAL SUBSIDY

As set by the Los Angeles Administrative Code, an additional 4% contribution was established toward retiree health care. 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 became eligible for possible annual increases to the LACERS maximum medical subsidy, as set by the Los Angeles Administrative Code. This change applies to Members' Eligible Survivors 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
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
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
On or after July 1, 2011*	Yes	Vested Subsidy: Eligible for possible annual increase to LACERS maximum medical subsidy.	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.

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](tel:8007798328).

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](tel:8007798328).

If you cannot find your pay stubs or have other questions, please call [LACERS at \(800\) 779-8328](tel:8007798328). A LACERS representative can tell you if this Supplement applies to you.



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



(800) 779-8328 • RTT (888) 349-3996
Fax (213) 473-7284



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



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



Website: [LACERS.org](https://lacers.org)
MyLACERS Portal: <https://mylacers.lacers.org>



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



LACERS

