



**Alameda County Employees' Retirement Association  
BOARD OF RETIREMENT**

**RETIREES COMMITTEE/BOARD MEETING  
NOTICE and AGENDA**

**THIS MEETING WILL BE CONDUCTED VIA TELECONFERENCE PER GOV'T CODE § 54953(e)**

**ACERA MISSION:**

**To provide ACERA members and employers with flexible, cost-effective, participant-oriented benefits through prudent investment management and superior member services.**

**Wednesday, April 6, 2022  
10:30 a.m.**

<b>ZOOM INSTRUCTIONS</b>	<b>COMMITTEE MEMBERS</b>	
The public can view the Teleconference and comment via audio during the meeting. To join this Teleconference, please click on the link below. <a href="https://zoom.us/join">https://zoom.us/join</a> Meeting ID: 879 6337 8479 Password: 699406 Call-in Number: 1 669 900 6833 For help joining a Zoom meeting, see: <a href="https://support.zoom.us/hc/en-us/articles/201362193">https://support.zoom.us/hc/en-us/articles/201362193</a>	<b>LIZ KOPPENHAVER, CHAIR</b>	<b>ELECTED RETIRED</b>
	<b>HENRY LEVY, VICE CHAIR</b>	<b>TREASURER</b>
	<b>DALE AMARAL</b>	<b>ELECTED SAFETY</b>
	<b>KEITH CARSON</b>	<b>APPOINTED</b>
	<b>KELLIE SIMON</b>	<b>ELECTED GENERAL</b>

This is a meeting of the Retirees Committee if a quorum of the Retirees Committee attends, and it is a meeting of the Board if a quorum of the Board attends. This is a joint meeting of the Retirees Committee and the Board if a quorum of each attends.

The order of agenda items is subject to change without notice. Board and Committee agendas and minutes, and all documents distributed to the Board or a Committee in connection with a public meeting (unless exempt from disclosure), are available online at [www.acera.org](http://www.acera.org).

*Note regarding public comments:* Public comments are limited to four (4) minutes per person in total.

*Note regarding accommodations:* The Board of Retirement will provide reasonable accommodations for persons with special needs of accessibility who plan to attend Board meetings. Please contact ACERA at (510) 628-3000 to arrange for accommodation.

# ***RETIREEES COMMITTEE/BOARD MEETING***

NOTICE and AGENDA, Page 2 of 3 – Wednesday, April 6, 2022

**Call to Order:** 10:30 a.m.

**Roll Call**

**Public Input (Time Limit: 4 minutes per speaker)**

**Action Items: Matters for Discussion and Possible Motion by the Committee**

There are no action items for discussion.

**Information Items: These items are not presented for Committee action but consist of status updates and cyclical reports**

## **1. Supplemental Retiree Benefit Reserve Financial Status**

Statement of additions and deductions to the Supplemental Retiree Benefit Reserve for the period ending December 31, 2021.

- David Nelsen

## **2. Via Benefits 2021 Year in Review**

Via Benefits will present a year in review report for 2021.

- Kathy Foster  
- Via Benefits

## **3. Report on the Supplemental Retiree Benefit Reserve Benefits Survey Results**

Staff will update the Committee on the results of the recent Supplemental Retiree Benefit Reserve benefits survey provided to the ACERA members.

- Kathy Foster  
- Mike Fara

## **4. Semi-Annual Report on ACERA's Wellness Program**

Staff will provide the semi-annual report on ACERA's Wellness Program.

- Ismael Piña  
- Mike Fara

## **5. Miscellaneous Updates**

Staff will update the Committee on any recent benefit issues affecting ACERA retirees.

- Ismael Piña

# ***RETIREES COMMITTEE/BOARD MEETING***

**NOTICE and AGENDA, Page 3 of 3 – Wednesday, April 6, 2022**

## **Trustee Remarks**

## **Future Discussion Items**

- Approval of Payment for Implicit Subsidy Cost for 2021
- Possible Declaration of Intent to Fund Implicit Subsidy Program for 2023

## **Establishment of Next Meeting Date**

June 1, 2022, at 10:30 a.m.

## **Adjournment**




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MEMORANDUM TO THE OPERATIONS COMMITTEE

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DATE: April 6, 2022

TO: Members of the Operations and Retiree Committee

FROM: David Nelsen, Chief Executive Officer *DN*

SUBJECT: Statement of Reserves and Supplemental Retirees Benefit Reserve (SRBR)  
Status as of December 31, 2021

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**Statement of Reserves**

The Statement of Reserves as of December 31, 2021, is attached for your review. The semi-annual interest crediting as of December 31, 2021, was completed on February 28, 2022.

For the six-month period ended December 31, 2021, approximately \$569.3 million of total interest (\$353.4 million in regular earnings and \$215.9 million in excess earnings) was credited to all the valuation reserve accounts, including the 401(h) account, the advanced UAAL contribution reserve and the SRBR.

- Regular earnings of \$353.4 million were credited to the valuation reserve accounts, the 401(h) account, the advance UAAL contribution reserve and the SRBR at one half of the assumed crediting rate of return of 3.5000%.
- 50% of the \$215.9 million earnings above the assumed rate of return (excess earnings) or \$108.0 million were posted to SRBR at the crediting rate of 10.6810%.
- The remaining 50% of the \$215.9 million earnings above the assumed rate of return (excess earnings) or \$107.9 million were posted to the valuation reserve accounts, the 401(h) account and the advance UAAL contribution reserve. The excess earning crediting rate for the valuation reserve accounts and the 401(h) account was 1.2756%. The excess earning crediting rate for the advance UAAL contribution reserve account was 0.2993%; as it's not eligible to share crediting from earnings that were deferred on or before the June 30, 2021 interest crediting cycle.

The total interest crediting rates were 4.7756% to the valuation reserve accounts and the 401(h) account, 3.7993% to the advance UAAL contribution reserve, and 14.1810% to the SRBR (see table below).

Earnings Classification	Valuation Reserve & 401(h) Accounts		Advance UAAL Contribution Reserve		SRBR	
	Amount	Rate	Amount	Rate	Amount	Rate
Regular Earnings	\$289,541,224	3.5000%	\$28,441,394	3.5000%	\$ 35,376,074	3.5000%
Excess Earnings	105,525,481	1.2756%	2,432,335	0.2993%	107,957,817	10.6810%
<b>Total Interest Credited</b>	<b>\$395,066,705</b>	<b>4.7756%</b>	<b>\$30,873,729</b>	<b>3.7993%</b>	<b>\$143,333,891</b>	<b>14.1810%</b>

<b>Interest Crediting Methodology as of December 31, 2021</b>	
Expected Actuarial Earnings for the period	\$ 397,125,337.23
10 % Amortization of deferred amounts – (Sum of the last 10 periods)	176,890,287.75
<b>Actuarial earnings on a smoothed basis</b>	<b>574,015,624.98</b>
CRA adjustment to 1% of total assets as of 12/31/2021	(4,741,300.19)
<b>Actuarial earnings available for interest crediting</b>	<b>569,274,324.79</b>
Interest credited at the assumed return rate of 3.5000%	353,358,691.56
<b>Excess Earnings - Earnings above the assumed rate of return</b>	<b>\$ 215,915,633.23</b>
50% of Excess Earning credited to the SRBR at the rate of 10.6810%	\$ 107,957,816.62
Excess Earning credited to the other reserves at the rate of 1.2756%	\$ 105,525,481.37
Excess Earning credited to the advance UAAL contribution reserve at the rate of 0.2993%	\$ 2,432,335.24

The process for crediting interest as of December 31, 2021, is presented in the table above. Note that for this semi-annual interest crediting period, the Contingency Reserve Account (CRA) was restored to 1% of total assets, \$120.2 million as of December 31, 2021, and there was no subsequent withdrawal of funds from the CRA to meet interest crediting shortfalls.

There was a market *gain* of approximately \$550.8 million for the six-month period ended December 31, 2021, which was higher than the expected actuarial earnings of approximately \$397.1 million. As a result, \$153.6 million in *gains* were added to the market stabilization reserve (the difference of the actual market gain and the expected actuarial earnings). In addition, \$176.9 million of net *gains* from the previous ten (10) interest crediting cycles were recognized in the current interest crediting period. Thus, the market stabilization reserve decreased from net deferred *gain* of \$1,156.2 million as of June 30, 2021, to \$1,132.9 million in deferred *gains* as of December 31, 2021.

#### **Supplemental Retiree Benefit Reserve (SRBR) Status Report**

The 10-year history of SRBR activity through December 31, 2021, is attached for your review. The December 31, 2021, ending balance of the SRBR account is approximately \$1.1 billion.

The break-down of the December 31, 2021 total interest crediting rate is as follows:

- Regular earnings were credited at the assumed rate of return of 3.5000%.
- Earnings above the assumed rate of return (excess earning) were credited at the rate of 10.6810%.

The total interest credited to the SRBR for the six-month period ended December 31, 2021, was approximately \$35.4 million of regular earning and \$108.0 of excess earnings. For the year ended December 31, 2021 approximately \$69.2 million of regular earnings and \$184.1 excess earnings were credited to the SRBR.

For the six-month period ended December 31, 2021, the net deductions from SRBR were approximately \$23.1 million. These deductions include the net transfer to/from the employer advance reserve for 401(h) contributions of \$22.5 million as well as payments of supplemental COLA and retired death benefits of \$0.6 million. For the year ended December 31, 2021, the net deductions from SRBR were approximately \$53.9 million. These deductions include the net transfer to/from the employer advance reserve for 401(h) contributions of \$45.2 million and \$7.5 million transfer for implicit subsidy as well as payments of supplemental COLA and retired death benefits of \$1.2 million.

Attachments:

- Statement of Reserves as of December 31, 2021
- SRBR Status as of December 31, 2021

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION**  
**STATEMENT OF RESERVES**  
**For the Six Months Ended December 31, 2021**

	Beginning Balances 6/30/2021	Net Contributions Benefits, Refunds & Transfers 7/1 - 12/31/2021	Transfer Employers UAAL Adv Rsrv 7/1 - 12/31/2021	Interest Crediting Process 7/1 - 12/31/2021 (3.5000%)	Allocation of Excess Earnings 7/1 - 12/31/2021 (1.2756%)	Ending Balances 12/31/2021
<b>Member Reserves:</b>						
<b>Active Member Reserves</b>	\$ 1,679,602,849	\$ (3,193,020)	\$ -	\$ 55,873,800 <sup>1</sup>	20,363,627 <sup>1</sup>	\$ 1,752,647,256
Employer Advance Reserve	1,346,611,240	36,323,104	21,624,448	44,546,143	16,235,178	1,465,340,113
401(h) Account - OPEB	9,327,514	(543,674)	-	326,463	118,982	9,229,285
<b>Total Employer Reserves</b>	1,355,938,754	35,779,430	21,624,448	44,872,606 <sup>1</sup>	16,354,160 <sup>1</sup>	1,474,569,398
Retired Member Reserves	5,266,051,365	(116,047,339)	6,786,382	188,794,818 <sup>1</sup>	68,807,694 <sup>1</sup>	5,414,392,920
Supplemental Retiree Benefit Reserve:	1,010,744,983	(23,030,400)		35,376,074 <sup>1</sup>	107,957,817 <sup>1</sup>	1,131,048,474
Contingency Reserve	115,442,293			4,741,300 <sup>2</sup>		120,183,593
Market Stabilization Reserve	1,156,207,289			-	(23,260,183)	1,132,947,106
<b>Total Reserves at Fair Value / Fiduciary Net Position</b>	<b>10,583,987,533</b>	<b>(106,491,329)</b>	<b>28,410,830</b>	<b>329,658,598</b>	<b>190,223,115</b>	<b>11,025,788,747</b>
Advance UAAL Contribution Reserve						
County-Safety UAAL Advance Reserve	800,000,000		(28,065,335)	28,000,000	2,394,587	802,329,252
LARPD-General UAAL Advance Reserve	12,611,250		(345,495)	441,394	37,748	12,744,897
<b>Total Fiduciary Net Position</b>	<b>\$ 11,396,598,783</b>	<b>\$ (106,491,329)</b>	<b>\$ -</b>	<b>\$ 358,099,992</b>	<b>\$ 192,655,450</b>	<b>\$ 11,840,862,896</b>

Notes: 1. Interest credited as of 12/31/21 includes \$353,358,691.56 of regular earnings and \$215,915,633.23 excess earning allocation to the SRBR Reserve, advance UAAL contribution reserves, and all other Non-SRBR reserves.

2. Amount includes an increase of the CRA by \$4,741,300.19 to restore the balance at 1% total assets as of 12/31/21. There was no subsequent withdrawal of funds from the CRA to fund semi-annual interest crediting shortfall.

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION**  
**STATEMENT OF RESERVES**  
**For the Year Ended December 31, 2021**

	Beginning Balances 1/1/2020	Net Contributions Benefits, Refunds & Transfers 1/1 - 12/31/2021	Transfer Employers UAAL Adv Rsrv 1/1 - 12/31/2021	Interest Crediting Process 6/30/21 & 12/31/2021 (3.6250%) & (3.5000%)	Allocation of Excess Earnings 6/30/21 & 12/31/2021 (0.9527%) & (1.2756%)	Ending Balances 12/31/2021
<b>Member Reserves:</b>						
Active Member Reserves	\$ 1,640,497,313	\$ (34,448,997)	\$ -	\$ 111,591,428 <sup>1</sup>	35,007,512 <sup>1</sup>	\$ 1,752,647,256
Employer Advance Reserve	1,268,411,514	60,438,906	21,624,448	87,373,931	27,491,314	1,465,340,113
401(h) Account - OPEB	9,051,620	(682,139)	-	654,584	205,220	9,229,285
Total Employer Reserves	1,277,463,134	59,756,767	21,624,448	88,028,515 <sup>1</sup>	27,696,534 <sup>1</sup>	1,474,569,398
Retired Member Reserves	5,067,782,705	(158,529,855)	6,786,382	379,440,014 <sup>1</sup>	118,913,674 <sup>1</sup>	5,414,392,920
Supplemental Retiree Benefit Reserve:	931,754,157	(53,907,901)	-	69,152,162 <sup>1</sup>	184,050,056 <sup>1</sup>	1,131,048,474
Contingency Reserve	68,984,336		-	51,199,257 <sup>2</sup>		120,183,593
Market Stabilization Reserve	643,285,705				489,661,401	1,132,947,106
<b>Total Reserves at Fair Value / Fiduciary Net Position</b>	<b>9,629,767,350</b>	<b>(187,129,986)</b>	<b>28,410,830</b>	<b>699,411,376</b>	<b>855,329,177</b>	<b>11,025,788,747</b>
Advance UAAL Contribution Reserve						
County-Safety UAAL Advance Reserve	-	800,000,000	(28,065,335)	28,000,000	2,394,587	802,329,252
LARPD-General UAAL Advance Reserve	-	12,611,250	(345,495)	441,394	37,748	12,744,897
<b>Total Fiduciary Net Position</b>	<b>\$ 9,629,767,350</b>	<b>\$ 625,481,264</b>	<b>\$ -</b>	<b>\$ 727,852,770</b>	<b>\$ 857,761,512</b>	<b>\$ 11,840,862,896</b>

Notes: 1. Interest credited as of 06/30/21 and 12/31/21 were \$323,294,820.90 and \$353,358,691.56, respectively. The allocation of earnings above the assumed rate of return were \$152,184,478.49 and \$215,915,633.23 as of 6/30/21 and 12/31/21, respectively.

2. Net amount includes addition to the CRA of \$46,457,957.40 as of 6/30/21 and \$4,741,300.19 as of 12/31/21, to restore the balance at 1% total assets. There were no subsequent withdrawals of funds from the CRA to fund semi-annual interest crediting shortfall. As a result, the CRA balance at 12/31/21 was \$120,183,593.26, which is 1.00% of total assets.

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
SUPPLEMENTAL RETIREES' BENEFIT RESERVE (SRBR)  
For the Ten Years Ended December 31, 2012 - December 31, 2021**

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
<b>Beginning Balance</b>	\$ 602,906,726	\$570,878,929	\$643,056,500	\$ 789,826,877	\$853,842,371	\$874,385,246	\$893,770,614	\$919,488,617	\$924,709,823	\$ 931,754,157
<b>Deductions:</b>										
Transferred to Employers Advance Reserve	33,353,151	32,240,449	34,039,593	36,528,264	33,818,832	38,327,914	43,777,409	44,858,371	45,456,100	46,772,130
Employers Implicit Subsidy	4,411,206	7,370,466	6,992,822	5,320,953	6,021,451	8,787,596	5,800,563	6,899,139	6,446,702	7,484,411
Supplemental Cost of Living	2,345,527	2,067,218	1,849,140	1,555,924	1,350,784	1,231,500	1,134,613	1,181,244	1,116,523	932,177
Death Benefit - Burial - SRBR	791,492	5,525	223,529	213,909	187,081	187,060	196,576	216,834	230,747	256,683
ADEB (Active Death)	426,640	-	-	-	-	-	-	-	-	-
<b>Total Deductions</b>	<u>41,328,016</u>	<u>41,683,658</u>	<u>43,105,084</u>	<u>43,619,050</u>	<u>41,378,148</u>	<u>48,534,070</u>	<u>50,909,161</u>	<u>53,155,588</u>	<u>53,250,072</u>	<u>55,445,401</u>
<b>Additions:</b>										
Interest Credited to SRBR	9,300,219	38,786,516	54,031,947	62,722,797	60,730,023	66,715,938	64,827,682	57,022,294	58,878,406	69,152,162
Excess Earnings Allocation	-	75,074,713 (1)	132,455,002	43,770,247	-	-	10,574,982	-	-	184,050,056
Transferred from Employers Advance Reserve	-	-	3,388,512 (2)	1,141,500	1,191,000	1,203,500	1,224,500	1,354,500	1,416,000	1,537,500
<b>Total Additions</b>	<u>9,300,219</u>	<u>113,861,229</u>	<u>189,875,461</u>	<u>107,634,544</u>	<u>61,921,023</u>	<u>67,919,438</u>	<u>76,627,164</u>	<u>58,376,794</u>	<u>60,294,406</u>	<u>254,739,718</u>
<b>Ending Balance</b>	<u>\$ 570,878,929</u>	<u>\$643,056,500</u>	<u>\$789,826,877</u>	<u>\$ 853,842,371</u>	<u>\$874,385,246</u>	<u>\$893,770,614</u>	<u>\$919,488,617</u>	<u>\$924,709,823</u>	<u>\$931,754,157</u>	<u>\$ 1,131,048,474</u>

**Notes**

(1) The Excess Earnings allocation of \$75,074,713.03 is a total of \$72,013,436.53 from investment earning above the assumed rate of return and \$3,061,276.50 from additional excess earning made available from the dispersal of the Death Benefit-Burial Reserve as of 12/31/13.

(2) These amounts include reclassification of OPEB Administrative Expense contribution reimbursement activities and interest from January 2012 through June 2014; and normal activities for the six month period of July 2014 through December 2014. The SB 1479 reimbursements from the Employer Advance Reserve were inadvertently booked to the 401(h) account instead of SRBR. A total misclassified balance of \$2,649,500 and regular credited interest of \$182,511.54 were transferred from the 401(h) account to SRBR.

Amounts are rounded to the nearest dollar and include <\$1 rounding differences.



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: April 6, 2022

TO: Members of the Retirees Committee

FROM: Kathy Foster, Assistant Chief Executive Officer 

SUBJECT: **Via Benefits 2021 Year in Review**

Via Benefits will review the attached presentation and discuss the following topics.

- Medicare
  - Enrollment Statistics and Activity
  - Call Statistics
  - Website Activity and Enhancements
  - Carrier Enhancements
- Individual and Family Plan/IFP (Pre-65)
  - Plan Statistics
  - Call Statistics
  - Individual Marketplace Expansion
- Voice of the Customer
- Funding Account Activity
  - Funding Account Improvements
  - Funding Mobile App Improvements

Attachment



# 2021 Via Benefits Year in Review

Individual Marketplace

ACERA  
Retirees Committee Meeting

April 6, 2022



# Agenda

- Your Team
- 2021 Year in Review
  - Medicare
  - Individual and Family Plan (Pre-65)
  - Voice of the Customer
  - Funding Account Activity



# Your Team

# ACERA's Team

## EXECUTIVE SPONSOR

**Joe Keyes**

Client Service and Delivery Leader  
Joseph.Keyes@willistowerswatson.com  
1 801 994 9138

**Marcy Grayer**

Client Service and Delivery Leader  
Marcy.Grayer@willistowerswatson.com  
1 312 965 9002

## CLIENT SERVICE MANAGER

**Lisa Starr**

Client Service Manager  
Lisa.Starr@willistowerswatson.com  
1 801 994 9842

## SUPPORT TEAM

**Data**

Reporting, Eligibility Files

[datasupport.retiree@willistowerswatson.com](mailto:datasupport.retiree@willistowerswatson.com)

**Customer Service**

Retiree Inquiry, Resolution

Gateway Portal:

<https://Benefitview.io>

**Reporting**

Service Center metrics and reporting

<https://Benefitview.io>

# ACERA 2021 Year in Review

## Medicare

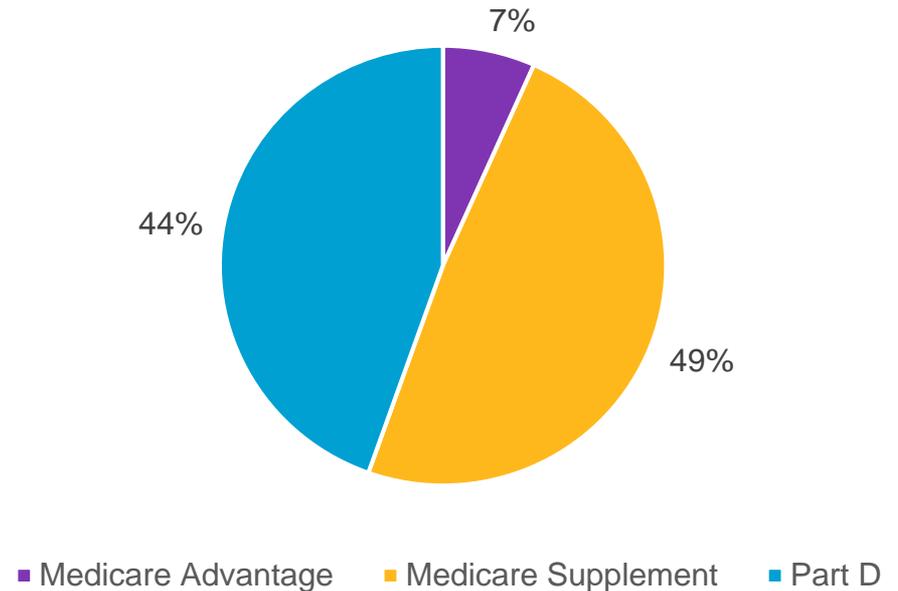
# Medicare Enrollment Statistics

Total Eligible	# of Participants Who Have Elected Plans	Percent Enrolled
11,489	1,737	15.11%

Plan Type	Enrollment
Medicare Advantage	210
Medicare Supplement	1,530
Part D	1,399

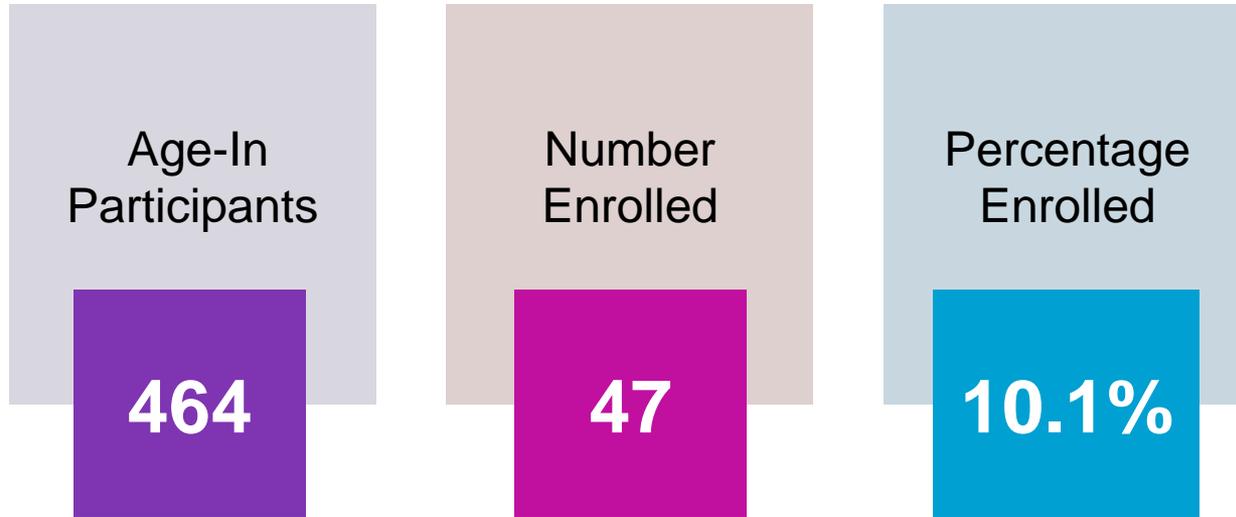
Medicare Advantage	Medicare Supplement
12.06%	87.93%

Enrollment by Plan Type



# Enrollment Activity

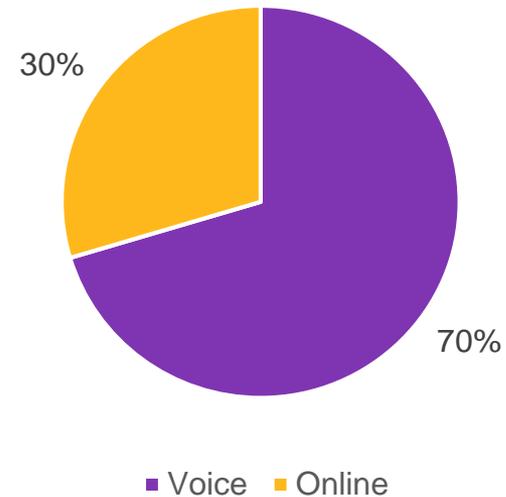
Annual age-in enrollments and plan changes during open enrollment



Original Plan	New Plan	1/1/2021 Changes	1/1/2022 Changes
Medicare Supplement	Medicare Supplement	9	7
Medicare Supplement	Medicare Advantage	2	6
Medicare Advantage	Medicare Advantage	18	17
Medicare Advantage	Medicare Supplement	1	1
Prescription Drug Plan	Prescription Drug Plan	118	286

## Enrollment Channel – Benefit Advisor or Online

Plan Type	Voice	Online
Medicare Advantage	26	20
Medicare Supplement	63	11
Medicare Part D	94	46



- Voice = Enrollment completed through Benefit Advisor over the phone
- Online = Enrollment completed through the Website

# Connecting with Members



**Total  
Inbound  
calls:**

**5,460**



**Total  
Outbound  
calls:**

**1,323**



**Average  
(inbound)  
handle time:**

**19m 14s**



**Average  
speed to  
answer:**

**3m 39s**

Metric	Q1	Q2	Q3	Q4
Total Inbound Calls	1,516	989	800	2,155
Total Outbound Calls	343	325	224	431
Average Handle Time	17m 37s	17m 56s	19m 48s	21m 08s
Average Speed to Answer	1m 39s	11s	1m 14s	8m 30s

# Medicare Website Activity

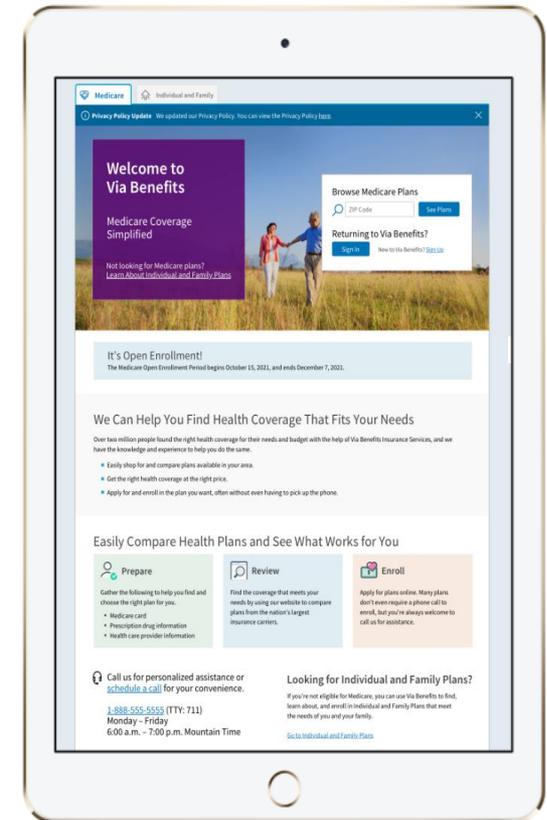
Data	Information
URL	my.Viabenefits.com/ACERA
# of Sessions	1,846
New Users	879
% of New Sessions	47.61%



- Sessions - The period of time a user is active on the site. By default, if a user is inactive for 30 minutes or more, any future activity is attributed to a new session. Users that leave the site and return within 30 minutes are counted as part of the original session.

# Website Enhancements

- Created modern and engaging Landing Page
  - Review and compare plans
  - Enroll from beginning to end online
- New Message Center
  - Messages are driven based on certain events, times of year, enrollment status, and profile information
- Coverage check up tool updates
  - Interactive banner added
  - Now can be also used for MAPD and prescription
- Chat Team
  - Allows participants to chat with trained live representatives to assist with questions



# Carrier Enhancements

- New Plan Offerings and Benefits
  - 100 day fills on certain Medicare Advantage and Rx plans
  - More Over the Counter benefits
  - Food cards
  - New and improved dental options with various Medicare Advantage plans
- Addition of bundled Dental, Vision, Hearing plans
- 100% of carrier partners now offer online enrollment

# Gateway Inquiry Log



# ACERA 2021 Year in Review

Individual and Family Plan – “IFP” (Pre-65)

## IFP Plan Statistics

	<b>2021</b>	<b>2020</b>
Number of Eligible Participants	433	416
Total Enrolled Through Via Benefits	85	70
Top Enrollment State	ID	NV
Enrolled in Qualified Health Plan	77	60
Enrolled in Non-Qualified Health Plan	8	10
Total Opted-In for Funding	150	127

# Connecting with Members



**Inbound  
calls  
handled:**

1,001



**Outbound  
calls  
handled:**

271



**Average  
(inbound)  
handle time:**

20m 34s



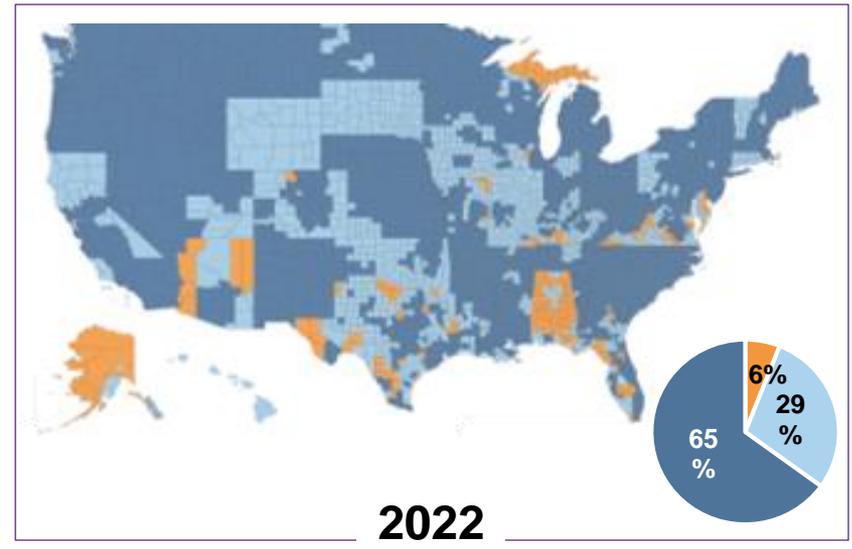
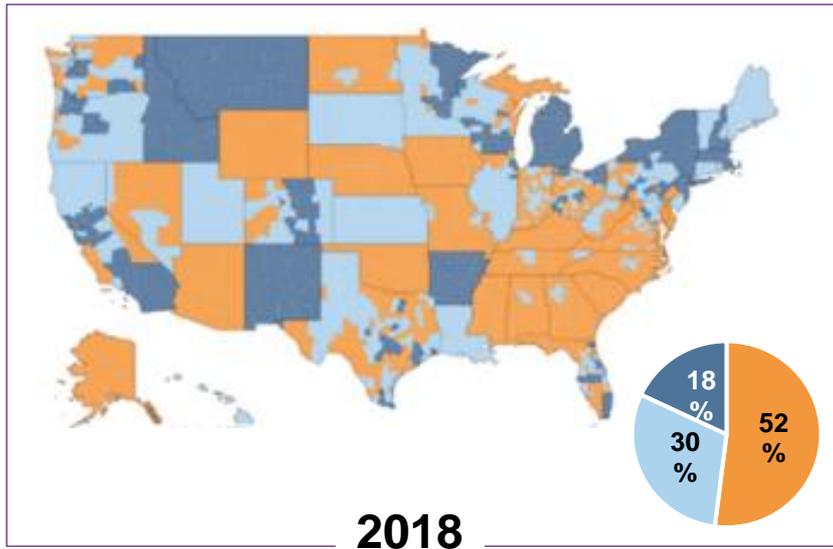
**Average  
speed to  
answer:**

3m 13s

Metric	Q1	Q2	Q3	Q4
Total Inbound Calls	274	202	187	338
Total Outbound Calls	74	84	50	63
Average Handle Time	20m 08s	20m 44 s	20m 43s	20m 51s
Average Speed to Answer	1m 46s	8s	1m 40s	7m 42s

# IFP Expansion – 2018 to 2022

From 2018 to 2022, the percentage of counties with three or more carriers increased from 18% to 65%



**Number of Insurers**

- One
- Two
- Three or More

In 2022, 37% of counties increased the number of carriers available, while fewer than 2% saw a net decrease\* in available carriers. No counties lost more than one carrier on a net basis.

\*Sources: Kaiser Family Foundation, 2018; Vericred, 2022.

# Nationwide Market Expansion in 2022

Largest amount of carrier entries by state since ACA inception

<b>Aetna</b> Re-entering market since exiting 2016/2017	AZ, FL, GA, MO, NV, NC, VA, TX
<b>Bright Health</b>	CA, TX, GA, UT, VA
<b>Friday Health Plans</b>	GA, OK, NC
<b>Medica</b>	AZ
<b>Molina</b>	KY, ID, IL
<b>Oscar</b>	AR, IL, NE
<b>United Healthcare</b>	AL, MI, FL, GA, IL, TX, LA
<b>Cigna</b>	GA, MS, PA
<b>Ambetter</b>	LA, NE, NJ, KS

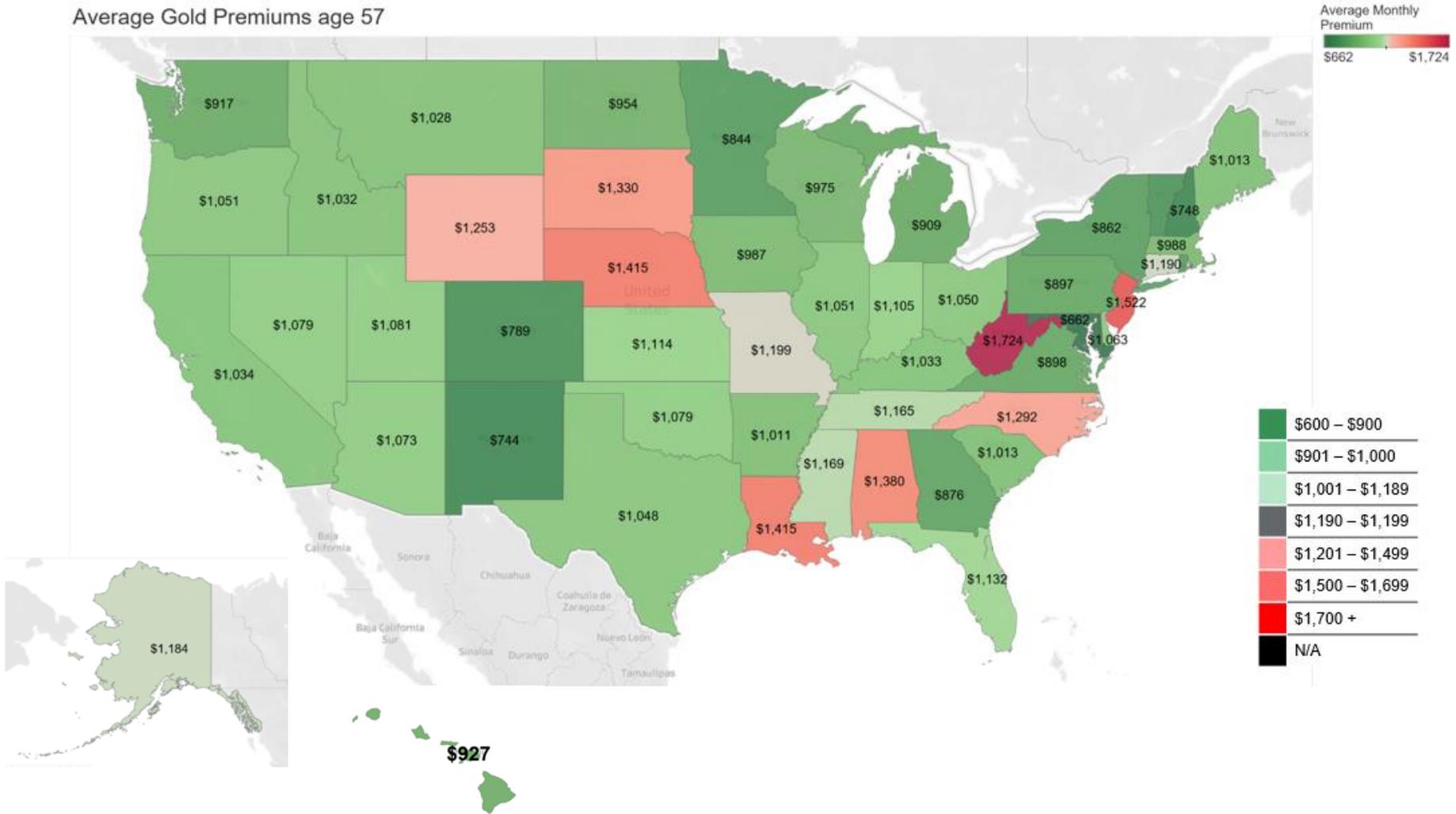


List is not fully inclusive of all new carrier entries

# Individual Market Premiums Show Continued Stability in 2022

National weighted average rate increase is ~ 4%

Average Gold Premiums age 57



# ACERA 2021 Year in Review

Voice of the Customer

# Medicare – Customer Satisfaction (CSAT)

“Overall, how satisfied are you with the service you received from Via Benefits?”

**2021 Average Score – 4.23/5**

**2020 Average Score – 4.35/5**



	2021	2021	2020	2020
CSAT Score	Count	%	Count	%
5	191	62.6%	220	62.5%
4	50	16.4%	78	22.2%
3	28	9.2%	27	7.7%
2	15	4.9%	12	3.4%
1	21	6.9%	15	4.3%
	305	100%	352	100%

**CSAT Scale:**

5 = Very Satisfied

1 = Very Dissatisfied

# IFP – Customer Satisfaction (CSAT)

“Overall, how satisfied are you with the service you received from Via Benefits?”



**2021 Average Score – 3.93/5**

**2020 Average Score – 4.17/5**

	2021	2021	2020	2020
CSAT Score	Count	%	Count	%
5	17	56.7%	19	65.5%
4	3	10%	3	10.3%
3	4	13.3%	3	10.3%
2	3	10%	1	3.4%
1	3	10%	3	10.3%
	30	100%	29	100%

**CSAT Scale:**

5 = Very Satisfied

1 = Very Dissatisfied

# ACERA 2021 Year in Review

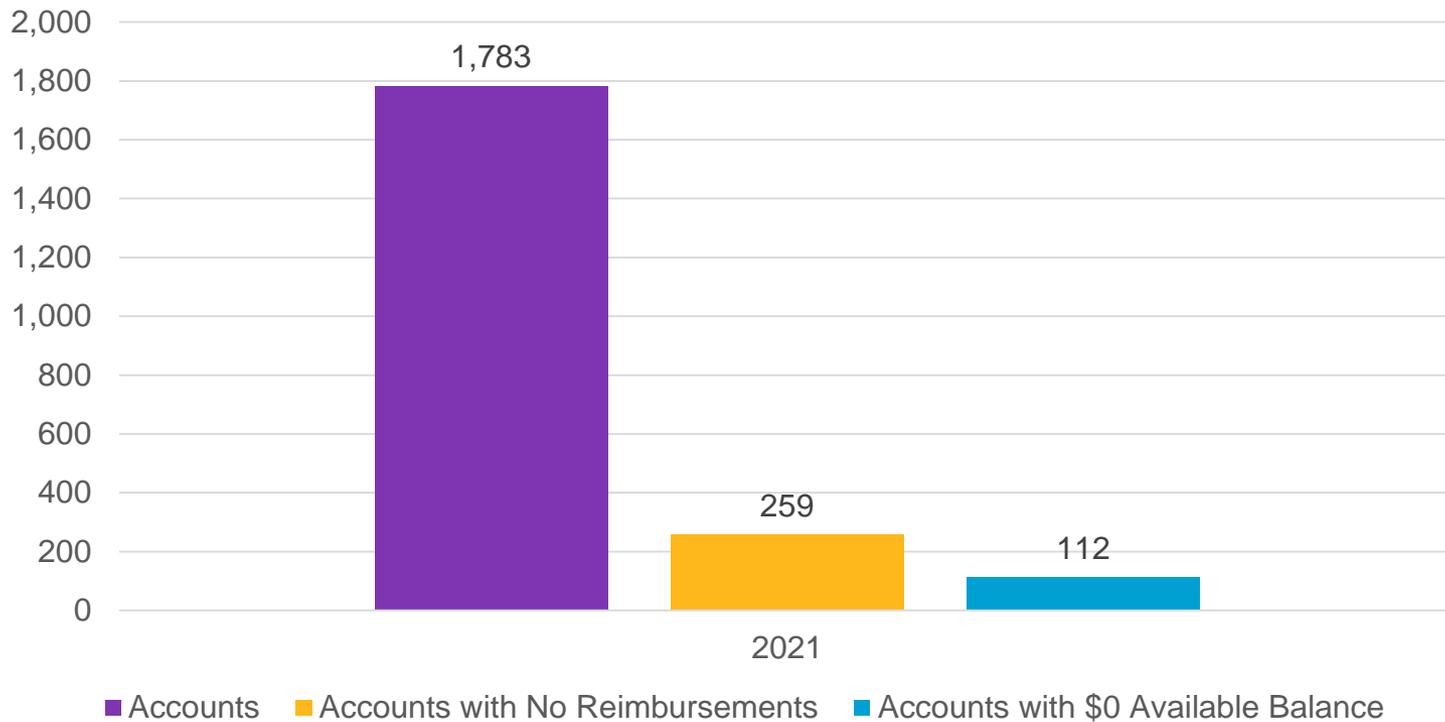
## Funding Account Activity

# 2021 Funding Account Activity

**Total Reimbursements Paid in Calendar Year**

**\$5,377,333**

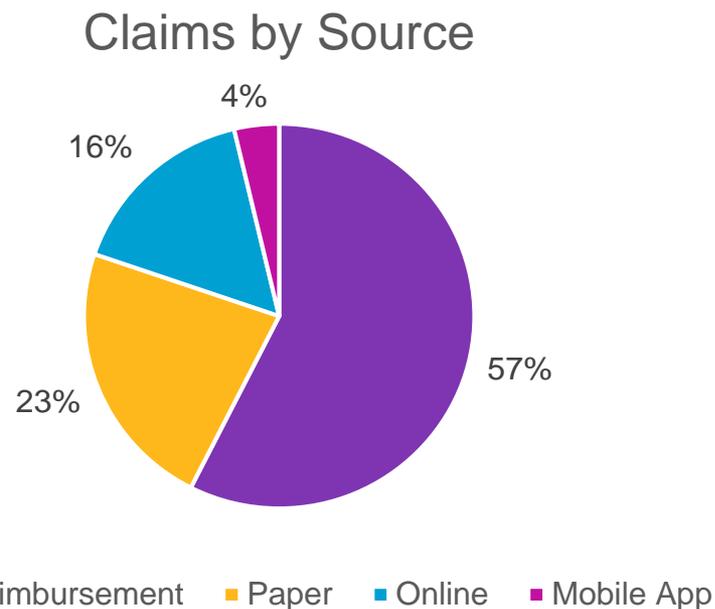
## Reimbursement Activity



## 2021 Funding Account Activity – Direct Deposit and Claims Source

<b>Direct Deposit Activity</b>	<b>2021</b>	<b>2020</b>
Accounts	1,783	1,685
Accounts with direct deposit as of 12/31	1,199	1,087
Accounts with direct deposit as of 12/31	67%	65%

<b>Submission Source</b>	<b>Number of Claims</b>
Auto-reimbursement	26,659
Paper	10,556
Online	7,448
Mobile App	1,723
<b>Total</b>	<b>46,386</b>



# Funding Account Improvements

## Dual funded accounts

- Participants that receive funds from two employer contributions have the ability to update payment routing
  - Drop down menu option will reflect active policies eligible for payment routing
  - Both the participant or a call center representative can request routing
  - Payments already sent to an account for processing, cannot be reconsidered

## Re-queue payments (A/R must be allowed)

- Eligible payments that have been previously blocked may now be re-queued to be considered for reimbursement
  - Alerts will appear for the participants that have past premiums that may be considered for reimbursement
  - Participants have the option to submit for review or dismiss
  - Both the participant or a call center representative can make this request



# Funding Mobile App Improvements

## Bell icon

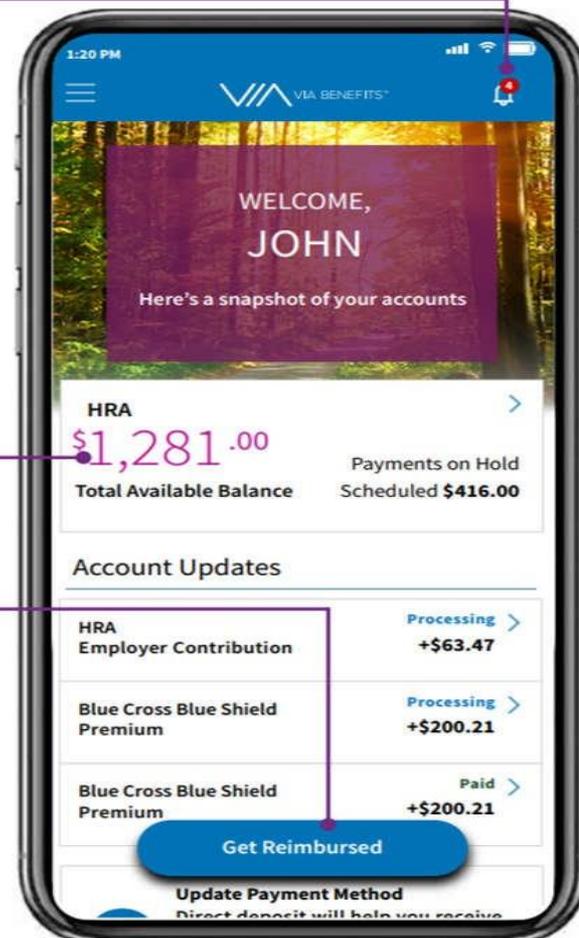
At first glance, participants will see if any alerts are requiring their attention

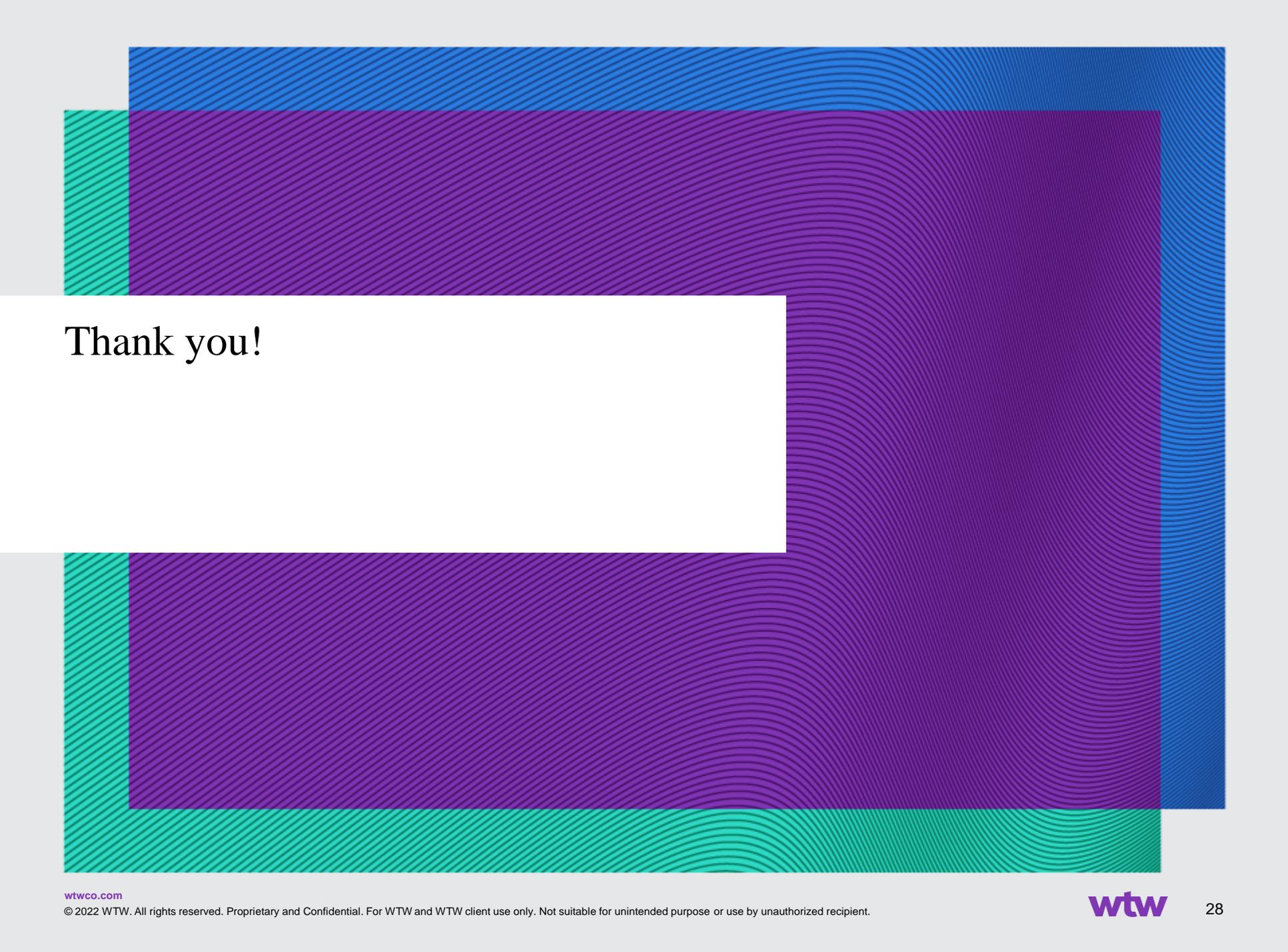
## Check balance

The dashboard displays the HRA account balance

## Submit reimbursements

Use smartphone camera to take a picture of EOB and attach it to the reimbursement request





Thank you!



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: April 6, 2022

TO: Members of the Retirees Committee

FROM: Mike Fara, Communications Manager *mf*

SUBJECT: **Results of Supplemental Retiree Benefit Reserve Benefits Survey**

The 2022 Supplemental Retiree Benefit Reserve (SRBR) benefits survey was opened for responses between March 18 and March 30, 2022. The results will be compiled and presented at the Retirees Committee meeting. The content of the online survey is attached to the memo.

Attachment



# Your Opinion on ACERA's Non-Vested Benefits

ACERA's Board of Retirement would like your opinion on ACERA's non-vested benefit options.

## Question 1

What type of ACERA member are you?

- Active member (actively working for an ACERA participating employer, and not retired yet)
- Deferred member (a former worker for an ACERA participating employer, and not yet retired)
- ACERA retiree, but not Medicare-eligible (under age 65 or not eligible for Medicare)
- Medicare-eligible ACERA retiree (typically age 65 and over)
- Survivor, beneficiary, former spouse/domestic-partner, or other payee of an ACERA member

[If they answer Survivor, they are sent to a disqualification screen: "Thanks for your interest in the survey. Since you're not eligible for ACERA's non-vested benefits, you can stop here."]

## A Short Summary of the Current Benefits

### ACERA Vested Retirement Benefits

As an Alameda County Employees' Retirement Association (ACERA) retiree, you are guaranteed the following vested benefits upon eligibility:

- A monthly service retirement allowance for your lifetime
- An annual Cost of Living Adjustment (COLA) to that allowance

### ACERA Non-Vested Retirement Benefits

ACERA also currently offers retirees a variety of non-vested (non-guaranteed) benefits, based on annual approval by the Board of Retirement and eligibility requirements. These benefits currently are:

#### Healthcare Benefits

- Monthly Medical Allowance (MMA)
- Dental Coverage Subsidy
- Vision Coverage Subsidy
- Medicare Part B Reimbursement Plan
- Implicit Subsidy

## **Non-Healthcare Benefits**

- Lump Sum Death Benefit (vested while funds last)
- Supplemental COLA

## **How ACERA Pays for Non-Vested Benefits**

ACERA maintains a separate reserve account called the Supplemental Retiree Benefits Reserve (SRBR). The Non-Vested Benefits are paid from the SRBR (except for the healthcare benefits, which are paid by the employers, and an equal amount of money is used from the SRBR to pay the employers' mandatory pension contributions).

Consequently, ACERA's ability to maintain these non-vested benefits relates directly to how much money is in the SRBR.

## **How Long Will the Supplemental Retiree Benefits Reserve Last?**

As of December 31, 2021, the Supplemental Retiree Benefits Reserve (SRBR) was valued at \$1.1 billion.

When ACERA's investments earn money, earnings are regularly posted to the SRBR. Additionally, when ACERA's investments earn more money than our annual 7.00% projected earnings rate, half of the additional earnings goes into the SRBR.

ACERA's SRBR Policy states that the Board of Retirement must annually review the SRBR to ensure it will be continually sustainable for at least 15 years into the future. If it is reported that the lifespan of the fund will be less than 15 years, the Board may adjust benefits until the fund again is at 15 years sustainability. Last year, our actuary projected the SRBR's lifespan at 21+ years (if it received no new funds), which is 6 years greater than what the Board considers the SRBR's minimum level of sustainability.

## What Is Each Benefit and How Much Does it Cost the SRBR?

Non-Vested Benefit	Years ACERA Service Credit to Qualify	Cost to SRBR in 2021	% of Total Cost to SRBR
<p><b>Monthly Medical Allowance (MMA)</b> – A medical plan subsidy for retirees enrolled in an ACERA-sponsored medical plan. The amount is based on years of service credit, not to exceed the amount of the premium cost. For 2022, the MMA monthly maximum subsidies to retirees are \$596.73 for over 20 yrs. service, \$447.55 for over 15 yrs. service, and \$298.37 for over 10 yrs. service.*</p>	<p>10 15 20</p>	<p>\$31,063,128</p>	<p>56.9%</p>
<p><b>Medicare Part B Reimbursement Plan</b> – A monthly reimbursement of \$170.10 (the lowest standard premium amount) offsetting most or all of the cost of Medicare Part B.*</p>	<p>10</p>	<p>\$10,245,930</p>	<p>18.8%</p>
<p><b>Dental Coverage Subsidy</b> – The full cost of the monthly premium (\$22.18 or \$44.15 depending on plan selection) is covered for members.*</p>	<p>10</p>	<p>\$4,221,134</p>	<p>7.7%</p>
<p><b>Supplemental Cost of Living Adjustment</b> – Is paid in addition to any basic COLA to keep retirees at least 85% of the original purchasing power at their time of retirement.</p>	<p>0</p>	<p>\$932,177</p>	<p>1.7%</p>
<p><b>Vision Coverage Subsidy</b> – The full cost of the \$3.97 monthly premium is covered for members.*</p>	<p>10</p>	<p>\$386,577</p>	<p>0.7%</p>
<p><b>Lump Sum Death Benefit</b> – Currently a \$1000 lump sum amount paid to a beneficiary upon a retired ACERA member's death. The \$1000 lump sum is considered vested as long as there are funds in the SRBR to pay it.**</p>	<p>0</p>	<p>\$256,683</p>	<p>0.5%</p>
<p><b>Implicit Subsidy</b> – The difference in costs for non-Medicare retirees participating in the County's group medical plans. ACERA reimburses the County for the increased cost. This is a stand-alone item that the Board treats differently, so you won't be asked to rank it in the survey below.</p>	<p>Not Applicable</p>	<p>\$7,484,411</p>	<p>13.7%</p>
<p>Total Cost to SRBR in 2021:</p>		<p>\$54,590,040</p>	<p>100%</p>
<p>* The healthcare benefits are not paid directly out of the SRBR, but rather a 401(h) account funded by the participating employers. The SRBR fully reimburses the employers for the costs incurred to fund the healthcare benefits.</p>			
<p>**This amount is prorated if reciprocity exists with another retirement system and they also pay a similar benefit.</p>			

# What Do You Think?

The Board of Retirement would like to know what you think about these benefits. This survey will aid in setting and potentially adjusting future benefit levels.

Please note that while the Board of Retirement has your interest at heart and values your opinion, final decisions may not be necessarily made on the outcome of this survey.

## Question 2

Please allocate 100 points in a way that reflects how important each non-guaranteed benefit is to you, giving more points to the more important benefits. You must allocate all 100 points.

- Monthly Medical Allowance (MMA) \_\_\_\_\_
  - Medicare Part B Reimbursement Plan \_\_\_\_\_
  - Dental Coverage Subsidy \_\_\_\_\_
  - Vision Coverage Subsidy \_\_\_\_\_
  - Supplemental Cost of Living Adjustment \_\_\_\_\_
  - Lump Sum Death Benefit \_\_\_\_\_
- Total \_\_\_\_\_

## Question 3

In 2011, two prior benefits were reduced or eliminated in order to extend the lifespan of the SRBR. The \$5,000 Lump Sum Death Benefit was reduced to \$1,000, and the Active Death Equity Benefit was eliminated. Please consider the following regarding these two benefits:

### 1. Lump Sum Death Benefit

Prior to 2011, the Lump Sum Death Benefit was a \$5,000 one-time payment to a retiree's beneficiary after the retiree dies. The Lump Sum Death Benefit was reduced to \$1,000 in 2011 and it remains at this amount currently. The \$1,000 amount is considered vested (guaranteed) as long as there are funds available in the SRBR to pay it out.

A rough estimate shows that the total cost to the SRBR for this benefit at the \$1,000 level for 2022 will be about \$202,000 and will cost an additional \$202,000 for every thousand dollars the benefit is increased. For example, if the Board increased the benefit to \$2,000, it would cost the SRBR \$404,000 for 2023.

### 2. Active Death Equity Benefit

Prior to its cancellation in 2011, the Active Death Equity Benefit provided a greater lifetime monthly payment (continuance) to the spouse or state-registered domestic partner of a vested active member who died before retirement. (Vested members are members who have earned at least 5 years of service credit. Active members are members who are currently employed and earning ACERA retirement.)

Currently, if an active member dies, their surviving spouse or state-registered domestic partner can choose to receive a lifetime monthly payment that is approximately 60% of what the member's Unmodified Option retirement allowance would have been had they retired on their date of death. (See [www.acera.org/death](http://www.acera.org/death) for more information.) This monthly payment is paid out of the general pension fund.

What the Active Death Equity Benefit did was provide an additional monthly amount, paid out of the SRBR, that would provide the beneficiary with the highest possible lifetime monthly payment based on Retirement Option 2 rather than the Unmodified Option, increasing the monthly benefit by about 20%. (See [www.acera.org/retiree-death-benefits](http://www.acera.org/retiree-death-benefits) for more information.)

A very rough estimate shows that reinstatement of this benefit would cost the SRBR between \$108,000 and \$936,000 per year. More precise actuarial estimates will be conducted if the Board considers reinstating this benefit.

Considering the possible increase of the Lump Sum Death Benefit and/or the possible reinstatement of the Active Death Equity Benefit, please again allocate 100 points in a way that reflects how important each non-guaranteed benefit is to you, giving more points to the more important benefits. You must allocate all 100 points.

- Monthly Medical Allowance (MMA) \_\_\_\_\_
- Medicare Part B Reimbursement Plan \_\_\_\_\_
- Dental Coverage Subsidy \_\_\_\_\_
- Vision Coverage Subsidy \_\_\_\_\_
- Supplemental Cost of Living Adjustment \_\_\_\_\_
- Lump Sum Death Benefit \_\_\_\_\_
- Active Death Equity Benefit \_\_\_\_\_
  
- Total \_\_\_\_\_

#### Question 4

Do you support an increase in the \$1,000 Lump Sum Death Benefit at the potential cost to the SRBR of an additional \$202,000 (approximately) for every thousand dollars the benefit is increased?

- No
- I support an increase to \$2,000
- I support an increase to \$3,000
- I support an increase to \$4,000
- I support an increase to \$5,000
- I support an increase above \$5,000
- I don't know

#### Question 5

Do you support reinstatement of the Active Death Equity Benefit at the potential cost to the SRBR of between \$108,000 and \$936,000 per year?

- Yes
- No
- I don't know

## Question 6

Have you had a hearing test in the past 3 years?

- Yes
- No

## Question 7

Do you have hearing impairment and/or a need for hearing aids?

- Yes
- No
- Maybe

[If yes or maybe] Do you currently have hearing aids?

- Yes
- No

[If no] If you don't currently have hearing aids, why not? (Check all that apply)

- My hearing impairment is not bad enough yet to where I think I need hearing aids.
- I haven't had a doctor tell me I need hearing aids.
- My family would not be supportive of me getting hearing aids.
- Hearing aids are too expensive.
- My healthcare plans don't cover enough of the cost of hearing aids.
- I'm concerned about the way hearing aids will look in my ears.
- I'm concerned that my social identity will change.
- The process to obtain hearing aids is inconvenient.
- I intend to get hearing aids but haven't gotten around to it yet.
- Other \_\_\_\_\_

[ If yes] If you do currently have hearing aids, what motivated you to get hearing aids? (Check all that apply)

- My hearing became impaired enough, and I wanted to be able to hear better.
- A doctor/physician told me I needed hearing aids.
- My family told me I needed hearing aids.
- My friends told me I needed hearing aids.
- I was concerned about hearing impairment causing cognitive decline.
- I was concerned about hearing impairment causing social isolation.
- I was concerned about hearing impairment increasing the risk of accidents.
- I found that hearing aids were affordable.
- I found that my healthcare plans covered enough of the cost of hearing aids to make them affordable.
- Logistically, it seemed doable to obtain hearing aids.
- Other \_\_\_\_\_

## Question 8

Do you support ACERA adding additional coverage for hearing aids? (Additional hearing aid coverage would likely raise the premium cost of your medical care plan by a few dollars per month. Potential cost to the SRBR has not been calculated yet.)

- Yes
- No
- I don't know

## Question 9

What medical care plan are you enrolled in?

- Kaiser Permanente HMO California (non-Medicare)
- Kaiser Permanente Senior Advantage California (Medicare)
- Kaiser Permanente Individual Plan Outside California (non-Medicare)
- Kaiser Permanente Individual Plan Outside California (Medicare)
- UnitedHealthcare SignatureValue HMO (non-Medicare)
- UnitedHealthcare SignatureValue Advantage HMO (non-Medicare)
- Individual Non-Medicare Plan through Via Benefits
- Individual Medicare Plan through Via Benefits
- Operating Engineers OE3 Union Medical Plan
- None
- A medical care plan not through ACERA
- I don't know

## Question 10

[Only displays for members in group plans] If ACERA's Board of Retirement was going to consider enhancing or adding additional coverage to your group medical plan, what enhancements are you interested in? (Check all that apply.)

- Hearing aid coverage
- Mental health coverage
- Acupuncture
- Chiropractic care
- Post-operation meals and transportation
- Gym membership / gym discounts (some ACERA plans already provide this)
- Other \_\_\_\_\_



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: April 6, 2022

TO: Members of the Retirees Committee

FROM: Ismael Piña, Assistant Benefits Manager  
Mike Fara, Communications Manager

SUBJECT: **Semi-Annual Report on ACERA's Wellness Program**

Handwritten signatures of Ismael Piña and Mike Fara.

Due to the continuation of the COVID-19 pandemic, we have continued our 2021 wellness approach into 2022. We will not be holding any in-person wellness events this year in order to responsibly prevent the spread of COVID-19.

**Wellness Program**

We will continue to offer members an assortment of wellness resources for 2022:

- Communications (postcards, emails, wellness posts) promoting the Silver&Fit program to Kaiser Permanente Senior Advantage members
- Monthly wellness posts / email blasts with links to attend monthly virtual health talks by Kaiser Permanente. Talks are open to everyone; you do not have to be a Kaiser member to attend.
- Wellness posts / email blasts advertising plan features offered by our carriers such as SmileWay by Delta Dental
- Links to Bay Area activities like senior centers and Eastbay Parks activities
- Virtual Health and Wellness Fair

We continue to meet with our vendors regarding chronic conditions and preventative care. During the annual health care planning meeting we will ask the retiree associations for input on what further types of wellness resources they are interested in through the remainder of the pandemic and into the transition into a post-pandemic era.

**Retiree Health and Wellness Fair**

With the uncertainty of continuing COVID-19 variants and the vulnerability of our retiree population, we think it prudent to hold the Retiree Health and Wellness Fair virtually over Zoom like we did in 2020 and 2021. The event will consist of presentations from our healthcare providers and other experts, as well as resources from a myriad of vendors. The virtual event in 2021 was well attended, with about 250 participants in the live event plus hundreds more visiting the virtual expo hall. We hope to return to an in-person event in the near future, though we will likely continue to offer an accompanying virtual event in order to continue to reach members outside the Bay Area.



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: April 6, 2022

TO: Members of the Retirees Committee

FROM: Ismael Piña, Assistant Benefits Manager

A handwritten signature in black ink, appearing to read "Ismael Piña".

SUBJECT: **Miscellaneous Updates**

An oral report will be provided on any recent benefit issues at the Retirees Committee meeting.

# 2022 SRBR Benefits Survey Results



# Administration Method

- Conducted online using SmartSurvey
- Participants were sent there via [www.acera.org/survey](http://www.acera.org/survey)
- Open March 17-30, 2022

# Distribution Method

## Active

- Emails via employers
- Postcard to AHS members
- 2 Mailchimp email blasts

## Deferred

- Postcard

## Web

- Homepage carousel ad

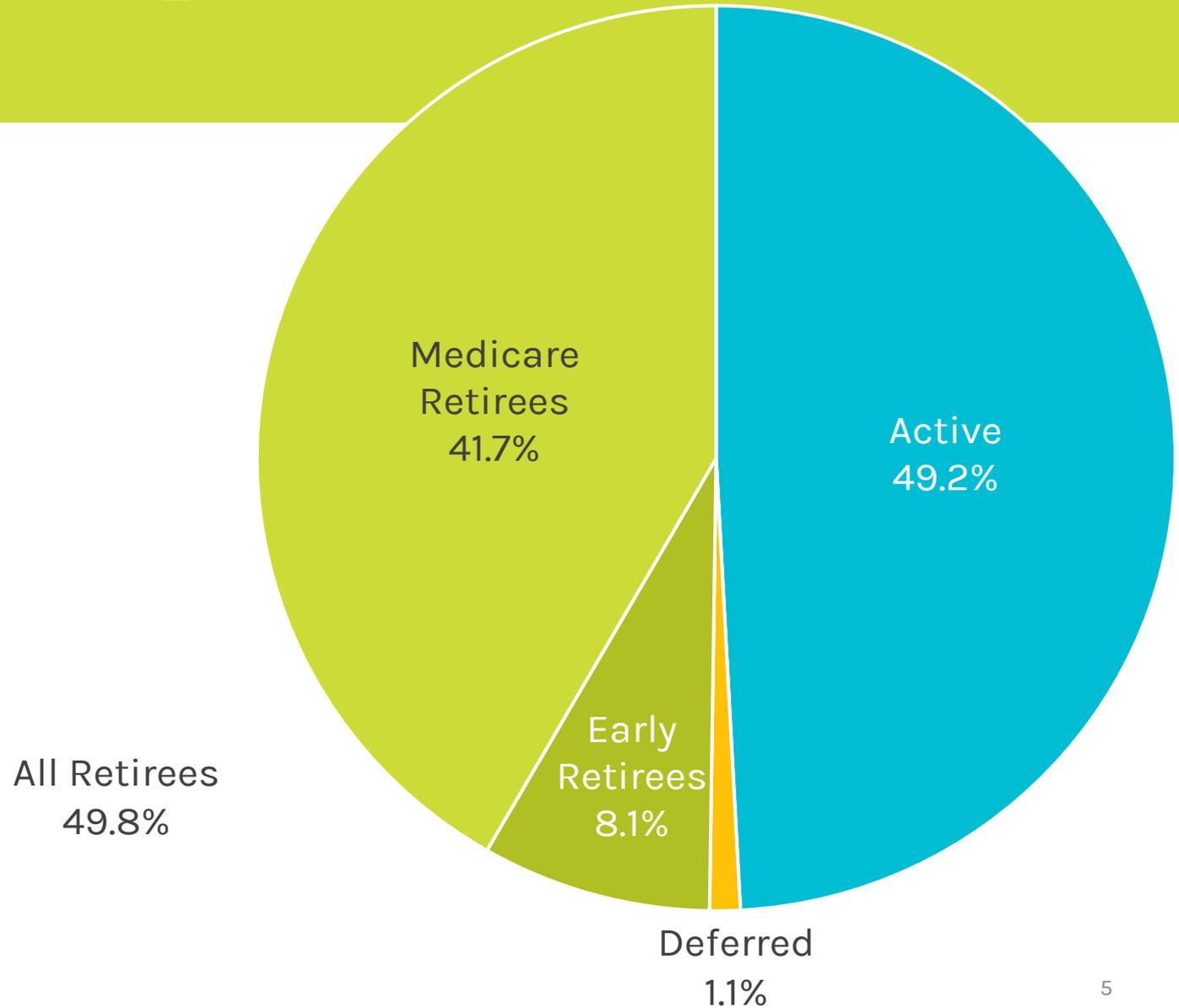
## Retirees

- Postcard
- 2 Mailchimp email blasts

# Response Rate

	<b>Responses</b>	<b>Members</b>	<b>2022 Rate</b>	<b>2019 Rate</b>
Active	1,282	11,291	11.4%	6.6%
Deferred	28	2,910	1.0%	1.5%
Retirees	1,298	10,279	12.6%	8.4%
Overall	2,608	24,480	10.7%	6.7%

# Who Responded?



# Survey Content



## Your Opinion on ACERA's Non-Vested Benefits

ACERA's Board of Retirement would like your opinion on ACERA's non-vested benefit options.

### 1. What type of ACERA member are you? \*

- Active member (actively working for an ACERA participating employer, and not retired yet)
- Deferred member (a former worker for an ACERA participating employer, and not yet retired)
- ACERA retiree, but not Medicare-eligible (under age 65 or not eligible for Medicare)
- Medicare-eligible ACERA retiree (typically age 65 and over)
- Survivor, beneficiary, former spouse/domestic-partner, or other payee of an ACERA member

Next Page

- 1 membership-type question
- A short summary of current benefits
- A table describing each benefit and showing cost to SRBR in 2021 and % of total cost to SRBR
- 2 constant sum questions
- 2 direct questions about lump sum death benefit and ADEB
- 3-5 hearing aid questions
- 2 health plan questions

# Constant Sum Questions:

- Ask participant to allocate 100 points among the options
- Give running total
- Force allocation of 100 points, no more, no less

# Constant Sum Question I

Please allocate 100 points in a way that reflects how important each non-guaranteed benefit is to you, giving more points to the more important benefits. You must allocate all 100 points.

Monthly Medical Allowance (MMA)

Medicare Part B Reimbursement Plan

Dental Coverage Subsidy

Vision Coverage Subsidy

Supplemental Cost of Living Adjustment

Lump Sum Death Benefit

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**Total:**

0

# Constant Sum Question 2

- Began with description and ballpark costs for increase/reinstatement of Lump Sum Death Benefit and Active Death Equity Benefit

# Constant Sum Question 2

Considering the possible increase of the Lump Sum Death Benefit and/or the possible reinstatement of the Active Death Equity Benefit, please again allocate 100 points in a way that reflects how important each non-guaranteed benefit is to you, giving more points to the more important benefits. You must allocate all 100 points.

Monthly Medical Allowance (MMA)

Medicare Part B Reimbursement Plan

Dental Coverage Subsidy

Vision Coverage Subsidy

Supplemental Cost of Living Adjustment

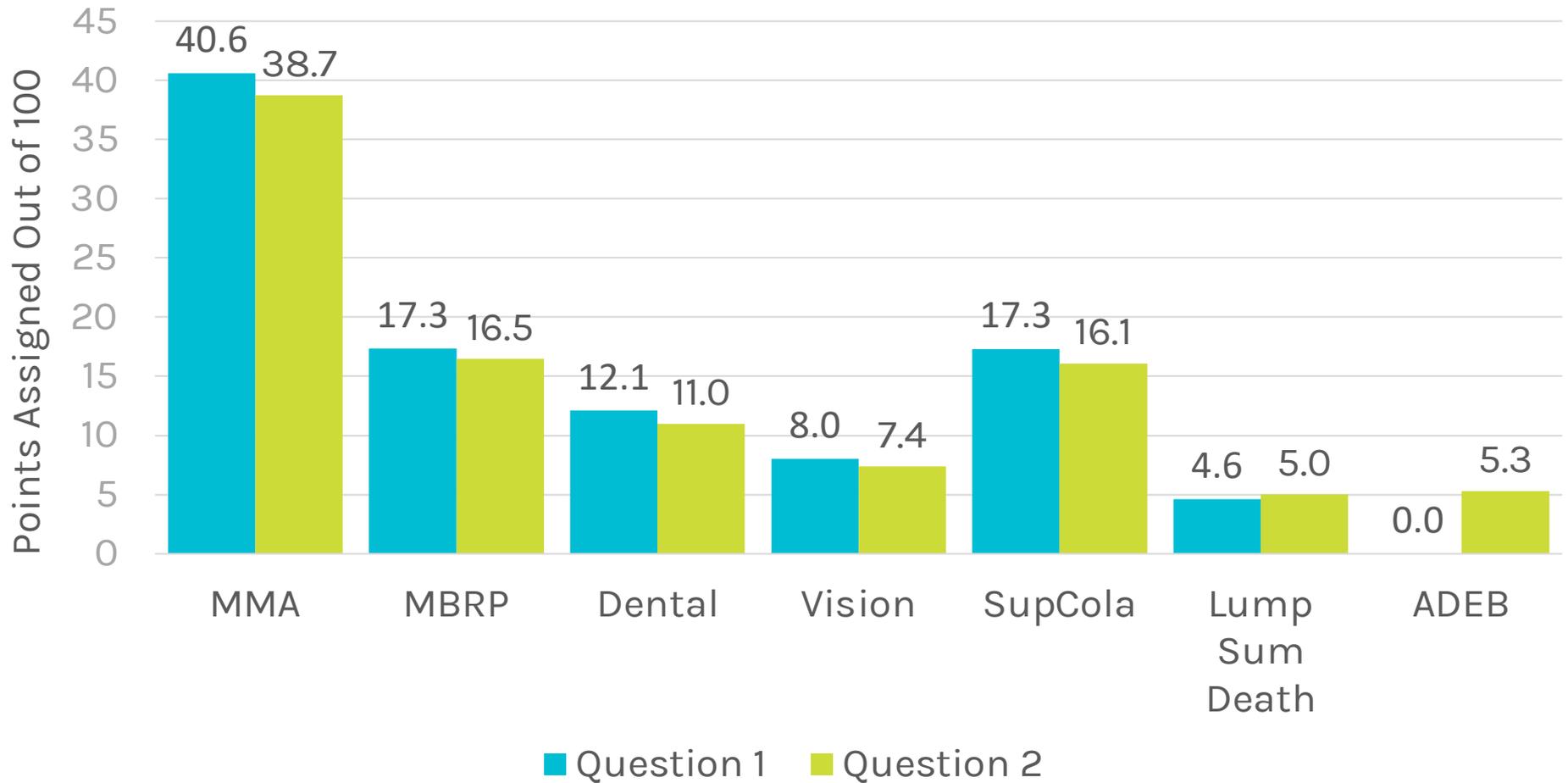
Lump Sum Death Benefit

Active Death Equity Benefit

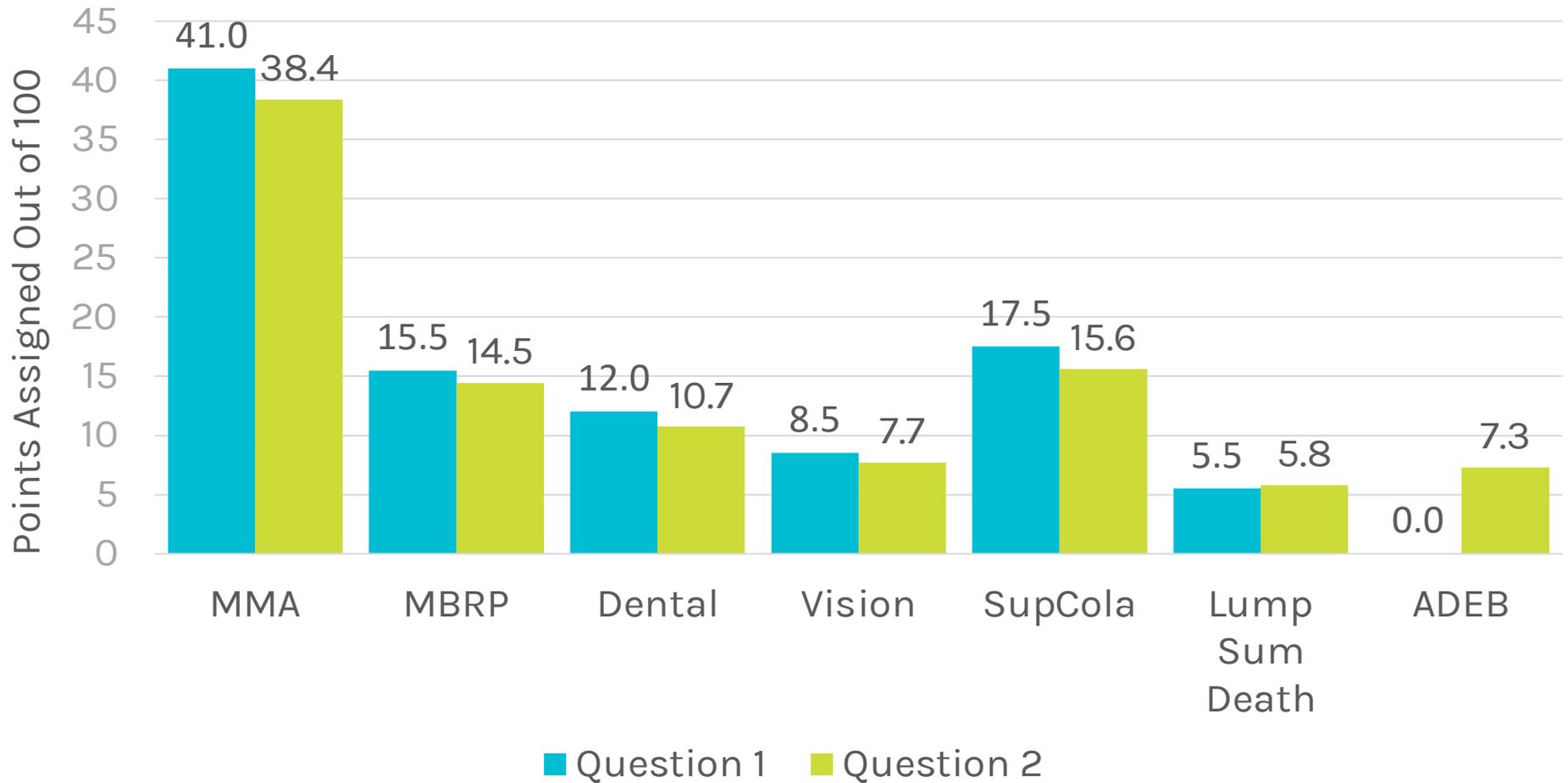
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**Total:**

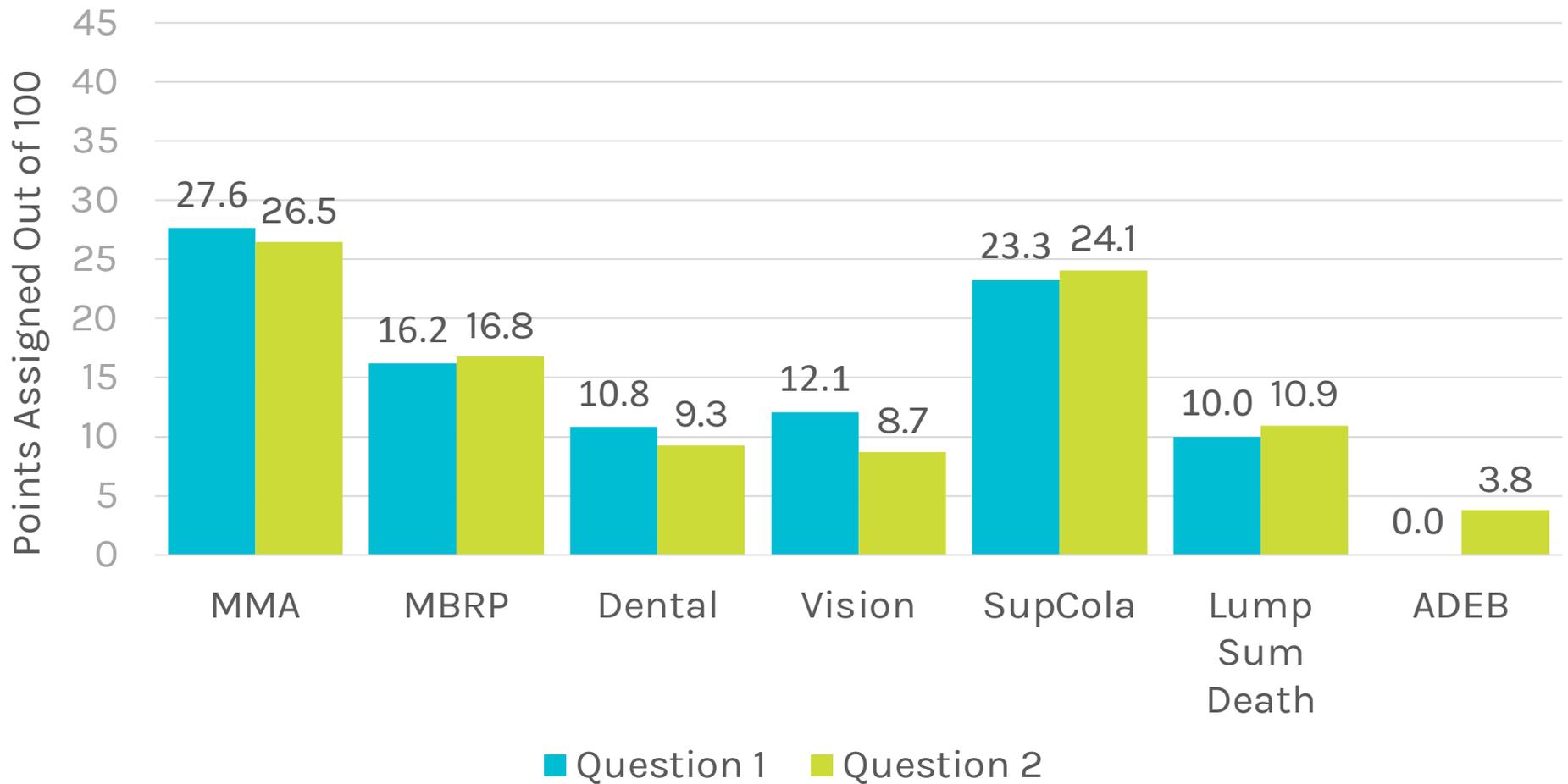
# All Respondents



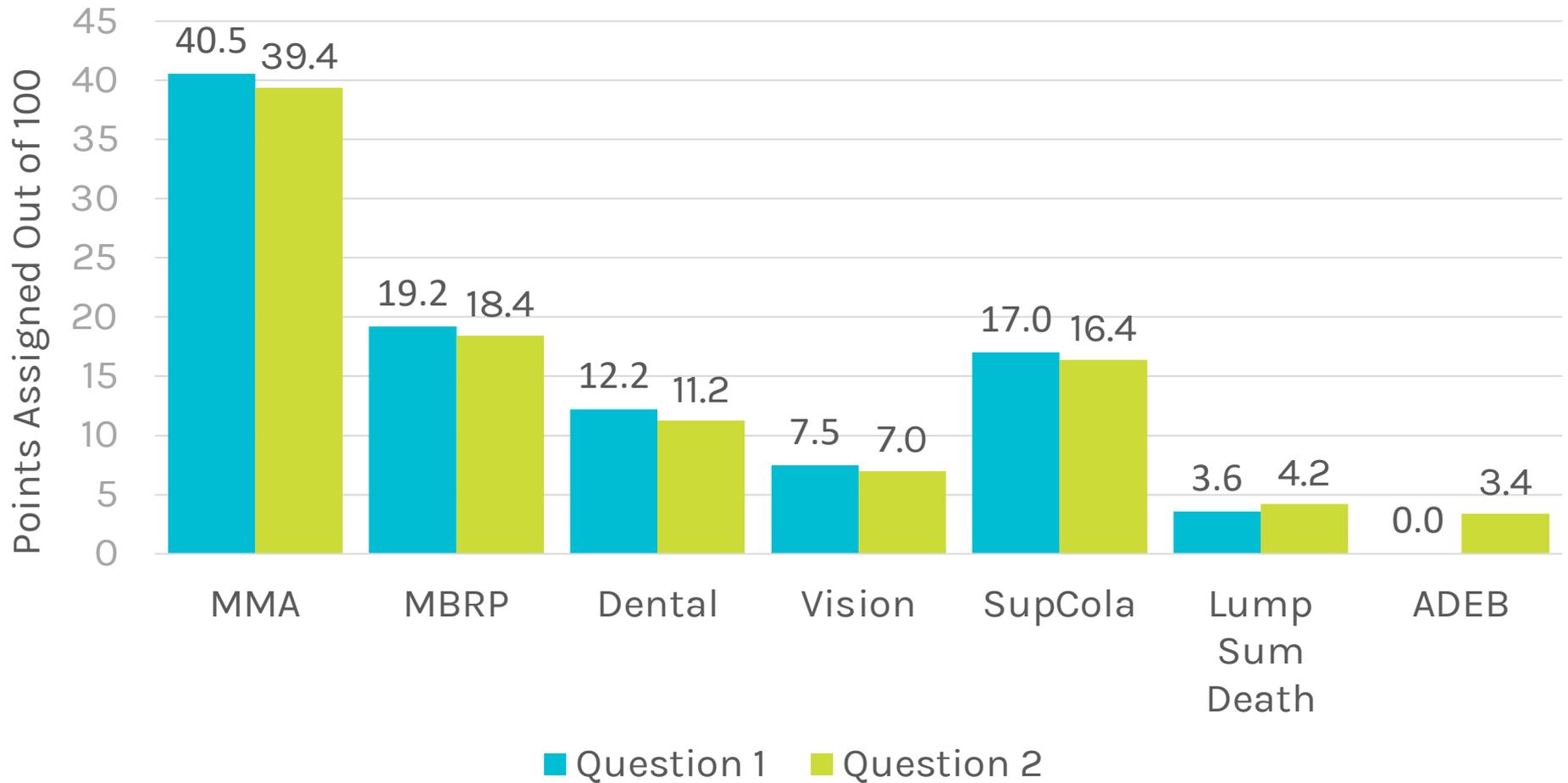
# Active Members



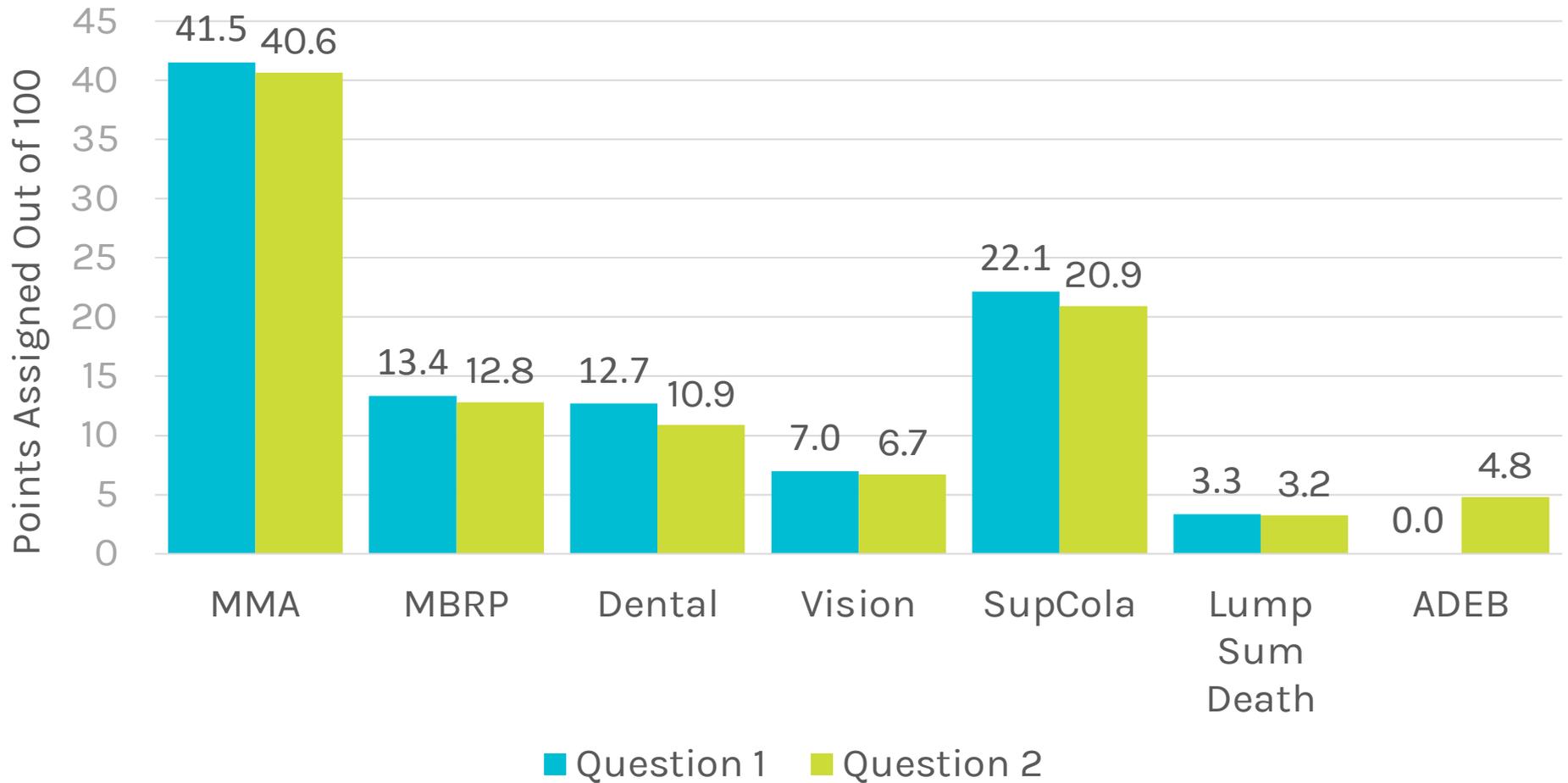
# Deferred Members



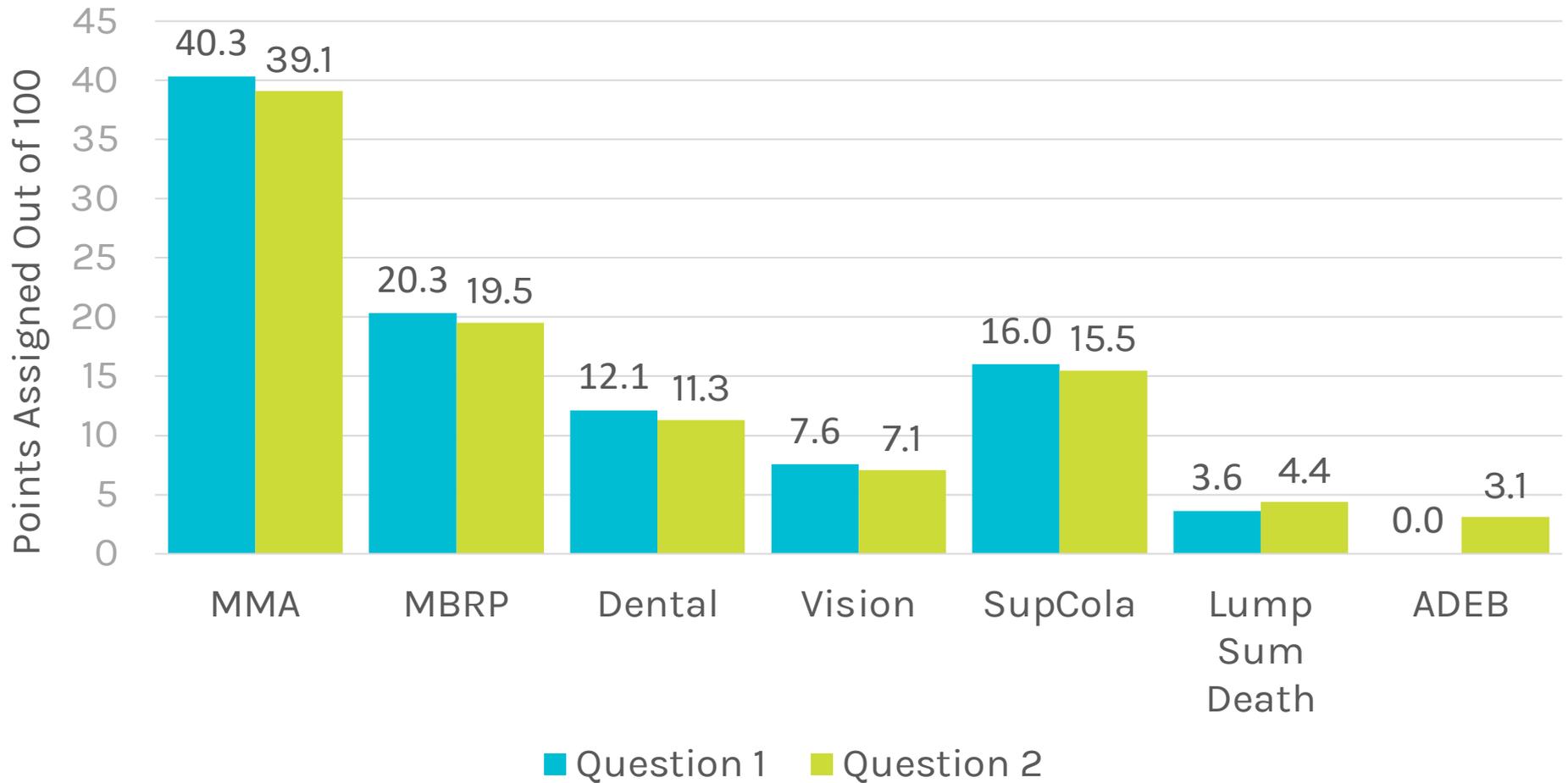
# All Retirees



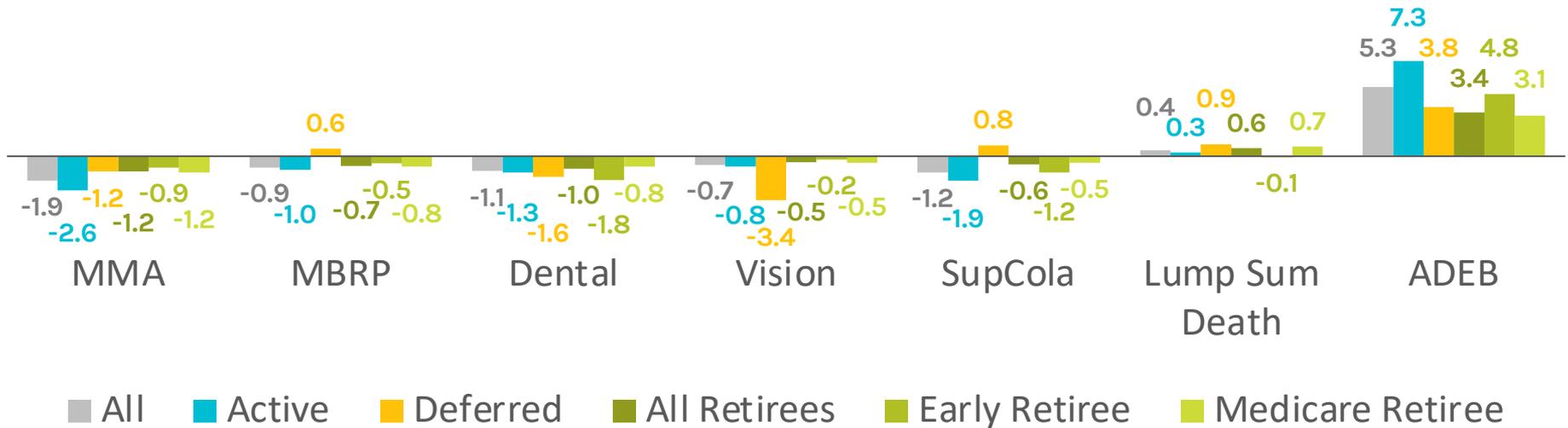
# Early Retirees



# Medicare Retirees



# Point Movement Between Questions 1 and 2

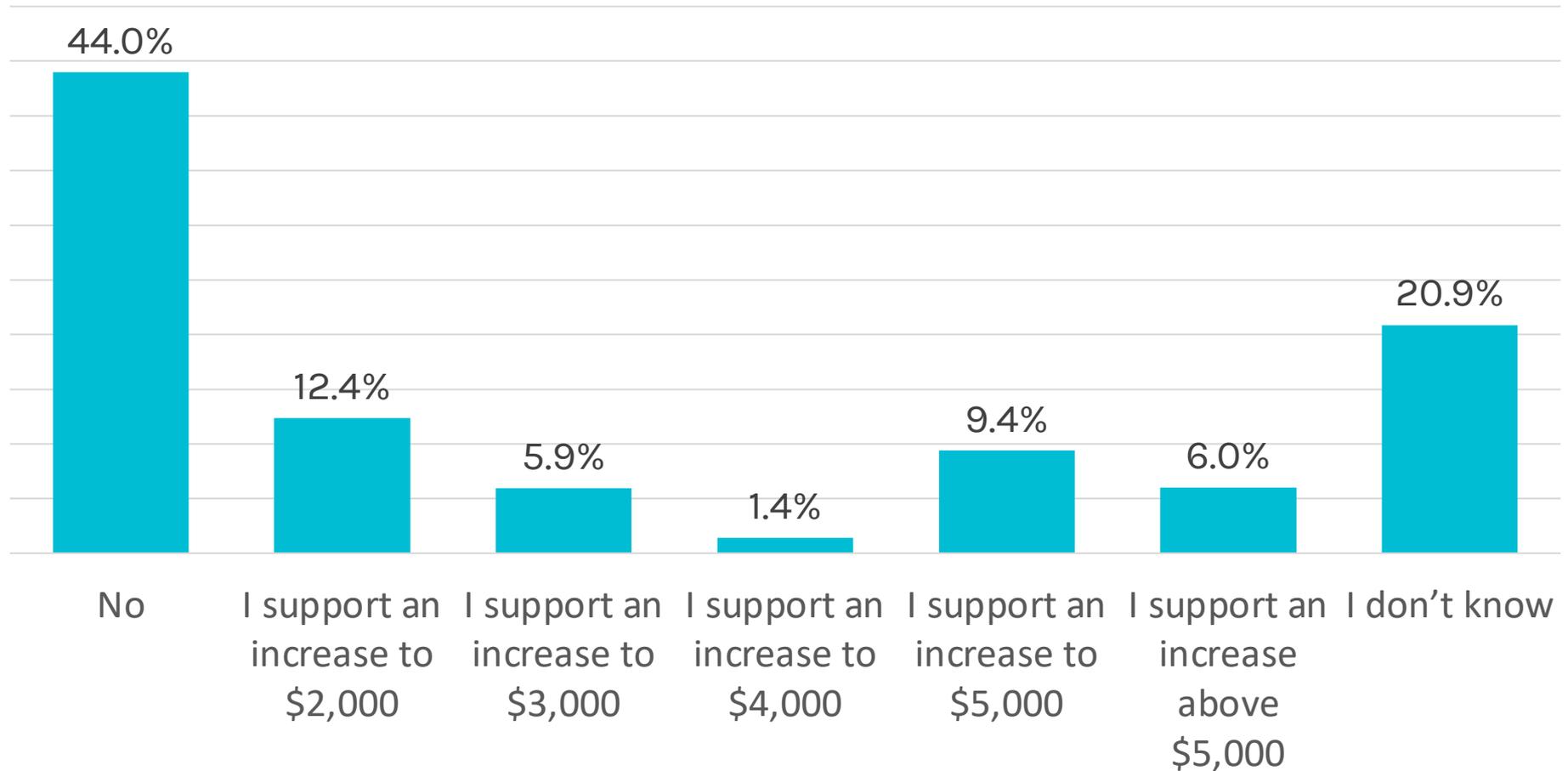


# Question – Lump Sum Death Benefit

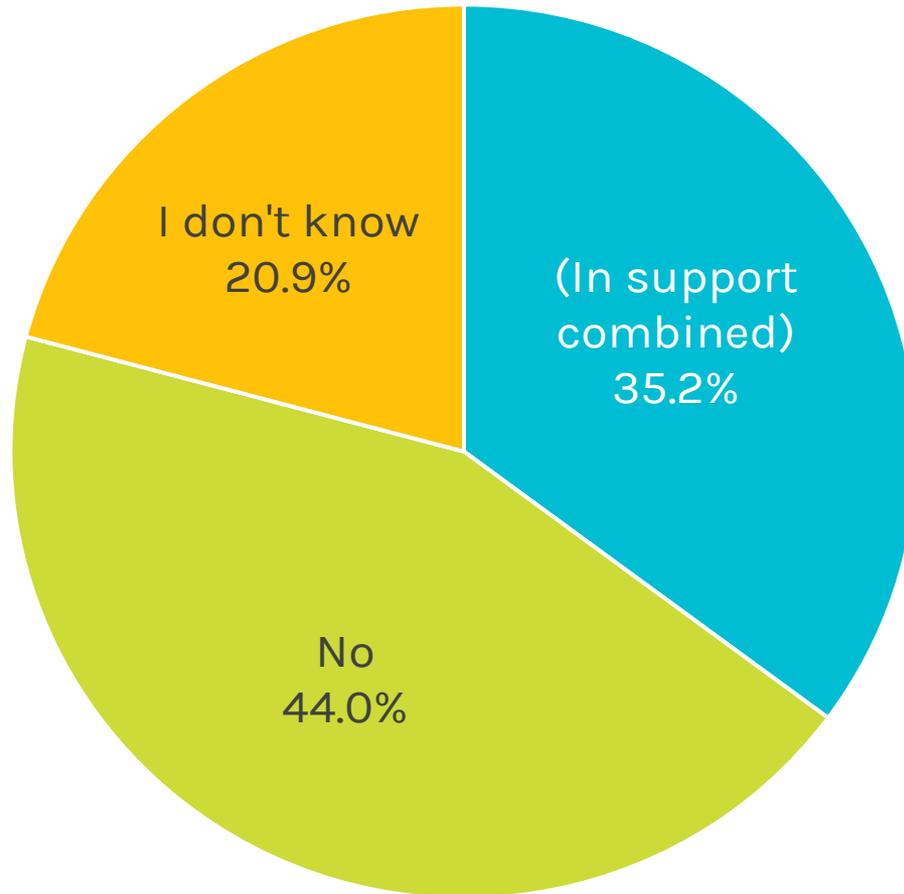
Do you support an increase in the \$1,000 Lump Sum Death Benefit at the potential cost to the SRBR of an additional \$202,000 (approximately) for every thousand dollars the benefit is increased?

- No
- I support an increase to \$2,000
- I support an increase to \$3,000
- I support an increase to \$4,000
- I support an increase to \$5,000
- I support an increase above \$5,000
- I don't know

# Support for Increase in Lump Sum Death Benefit



# Support for Increase in Lump Sum Death Benefit

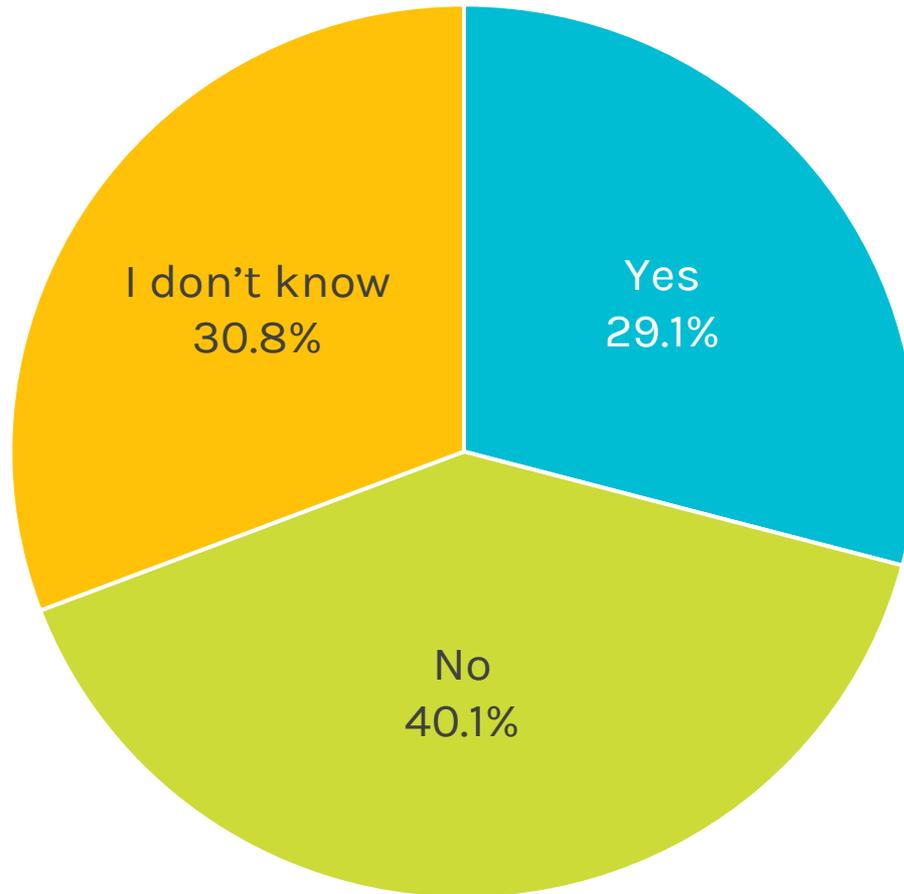


# Question – Active Death Equity Benefit

Do you support reinstatement of the Active Death Equity Benefit at the potential cost to the SRBR of between \$108,000 and \$936,000 per year?

- Yes
- No
- I don't know

# Support for Reinstatement of Active Death Equity Benefit

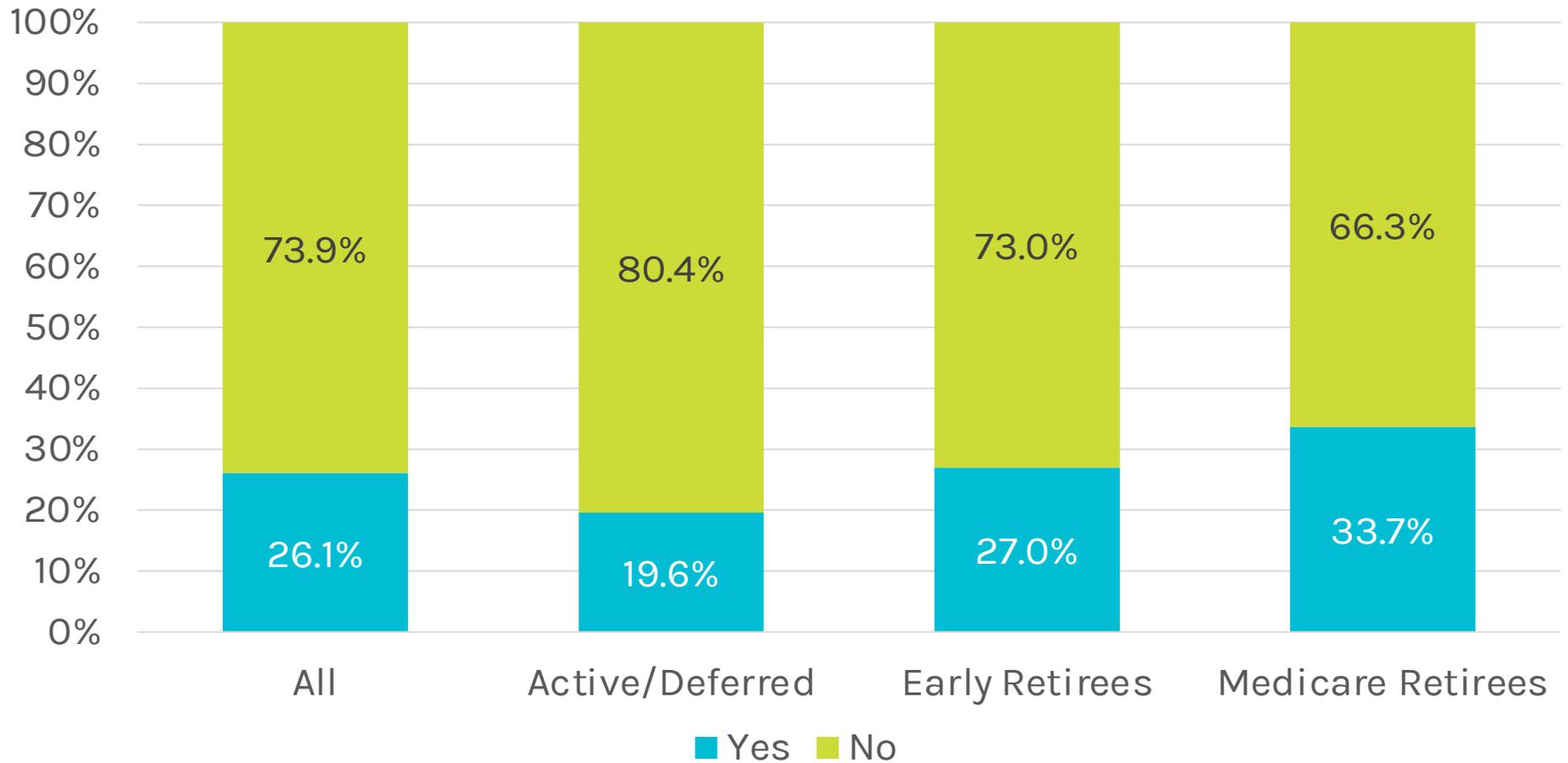


# Question – Hearing Test

Have you had a hearing test in the past 3 years?

- Yes
- No

# Hearing Test in Past 3 Years?

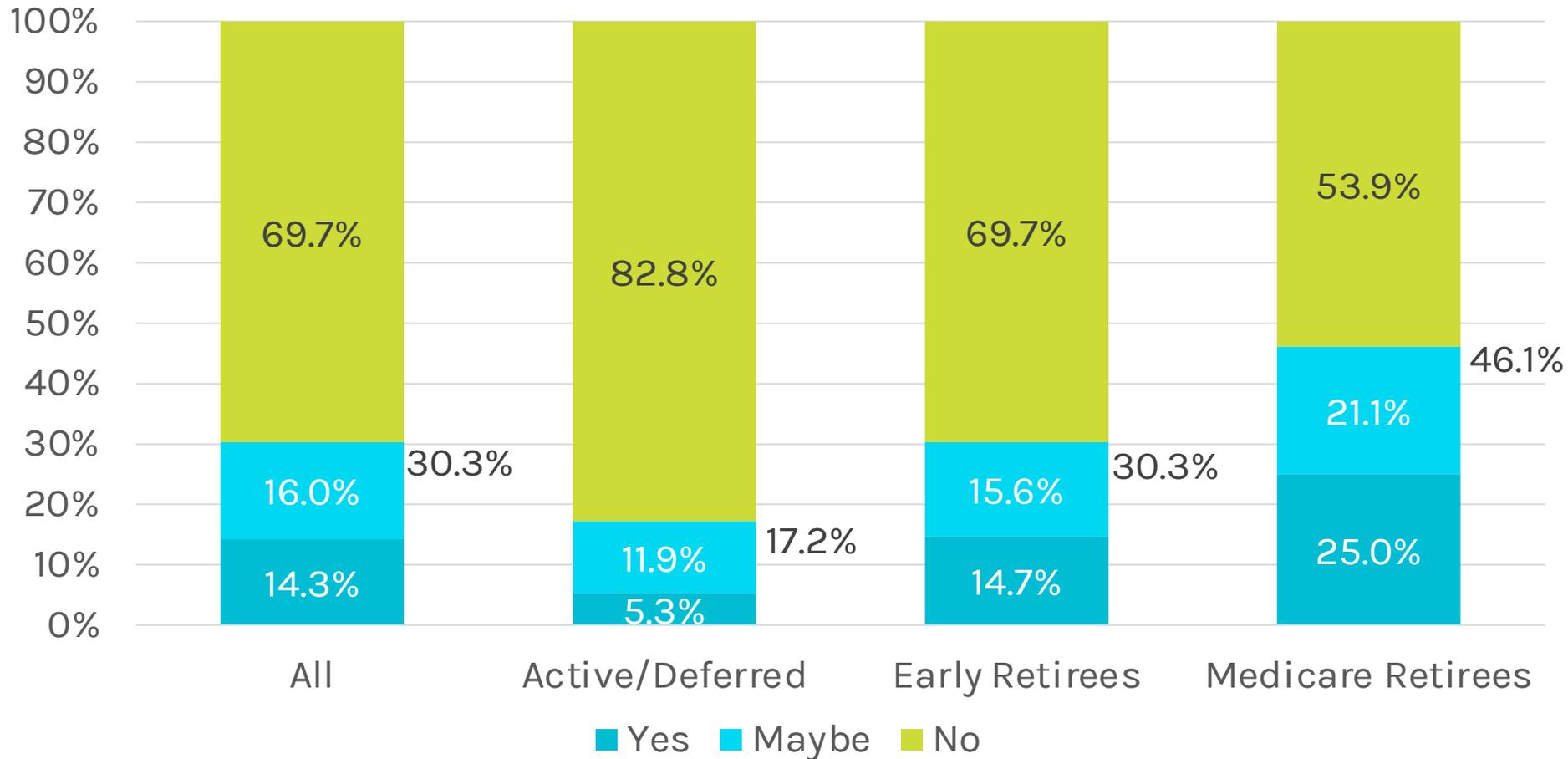


# Question – Hearing Aid Need

Do you have hearing impairment and/or a need for hearing aids?

- Yes
- No
- Maybe

# Hearing Impairment or Need for Hearing Aids



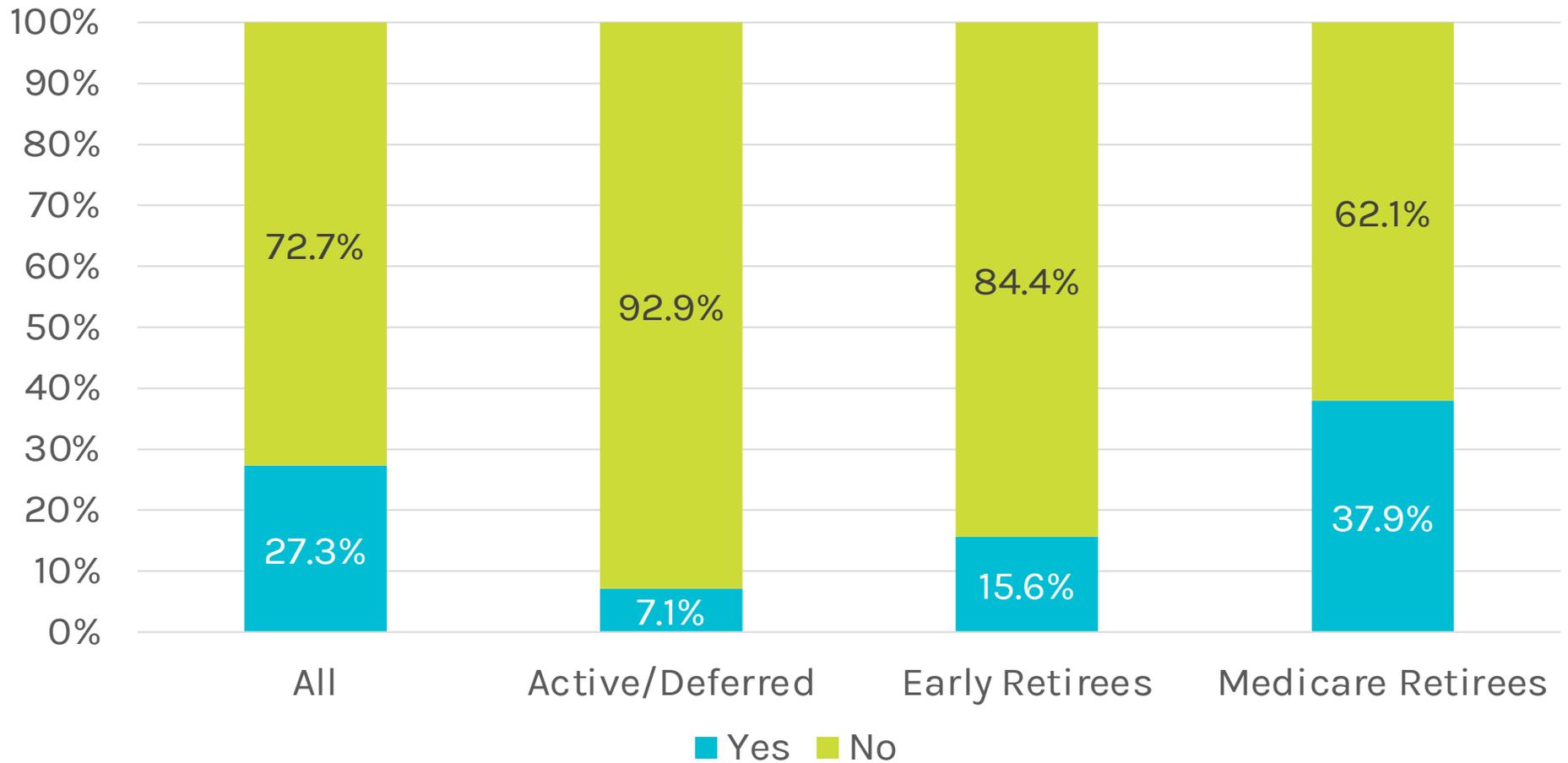
# Question – Have Hearing Aids?

[If yes or maybe]

Do you currently have hearing aids?

- Yes
- No

# Have Hearing Aids?

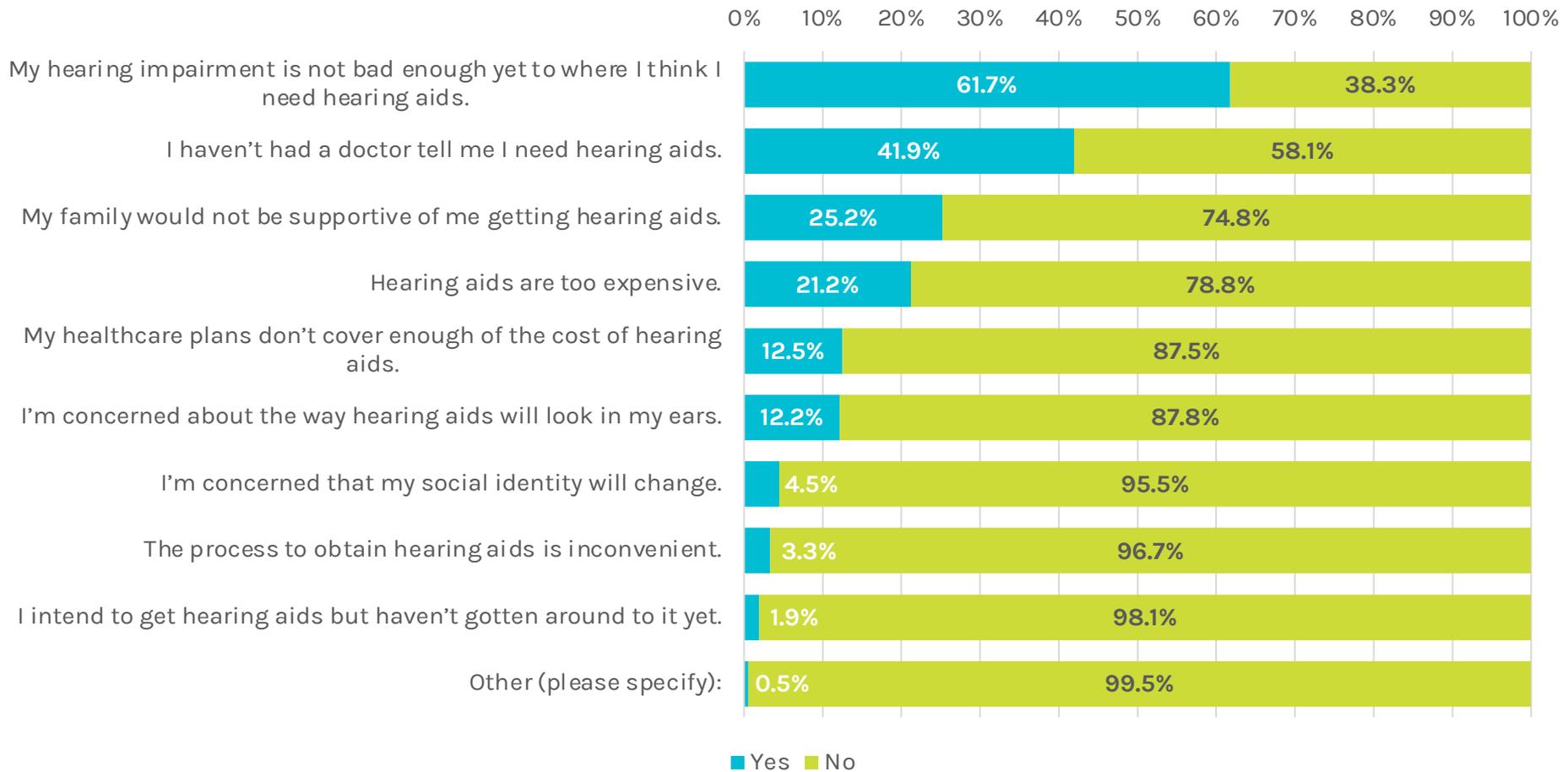


# Question – If Not, Why Not?

[If no] If you don't currently have hearing aids, why not? (Check all that apply)

- My hearing impairment is not bad enough yet to where I think I need hearing aids.
- I haven't had a doctor tell me I need hearing aids.
- My family would not be supportive of me getting hearing aids.
- Hearing aids are too expensive.
- My healthcare plans don't cover enough of the cost of hearing aids.
- I'm concerned about the way hearing aids will look in my ears.
- I'm concerned that my social identity will change.
- The process to obtain hearing aids is inconvenient.
- I intend to get hearing aids but haven't gotten around to it yet.
- Other \_\_\_\_\_

# Why Haven't You Obtained Hearing Aids?

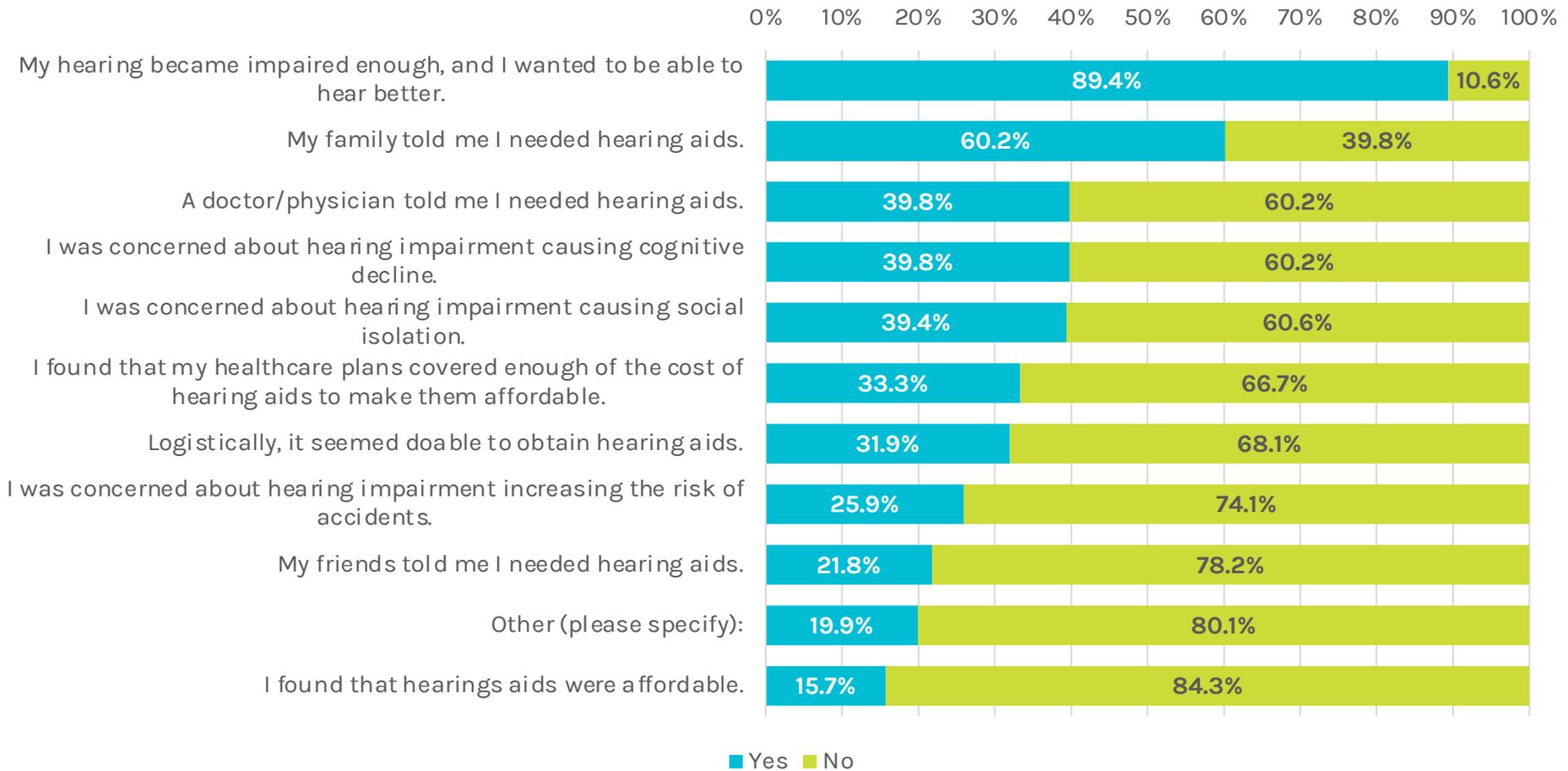


# Question – Hearing Aid Motivation

[ If yes] If you do currently have hearing aids, what motivated you to get hearing aids?  
(Check all that apply)

- My hearing became impaired enough, and I wanted to be able to hear better.
- A doctor/physician told me I needed hearing aids.
- My family told me I needed hearing aids.
- My friends told me I needed hearing aids.
- I was concerned about hearing impairment causing cognitive decline.
- I was concerned about hearing impairment causing social isolation.
- I was concerned about hearing impairment increasing the risk of accidents.
- I found that hearing aids were affordable.
- I found that my healthcare plans covered enough of the cost of hearing aids to make them affordable.
- Logistically, it seemed doable to obtain hearing aids.
- Other \_\_\_\_\_

# What Motivated You to Get Hearing Aids?

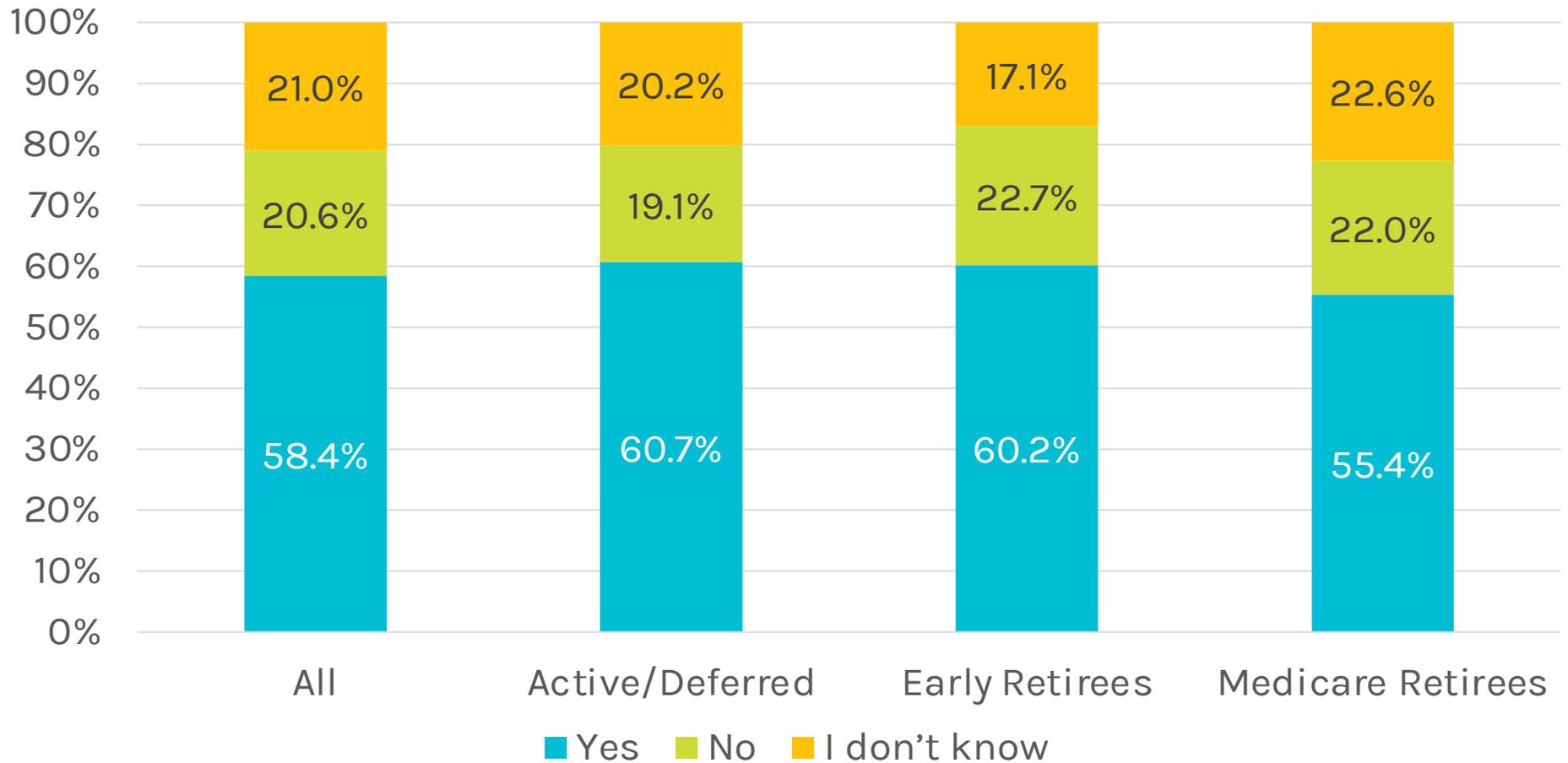


# Question – Hearing Aid Coverage

Do you support ACERA adding additional coverage for hearing aids? (Additional hearing aid coverage would likely raise the premium cost of your medical care plan by a few dollars per month. Potential cost to the SRBR has not been calculated yet.)

- Yes
- No
- I don't know

# Support for Adding Hearing Aid Coverage

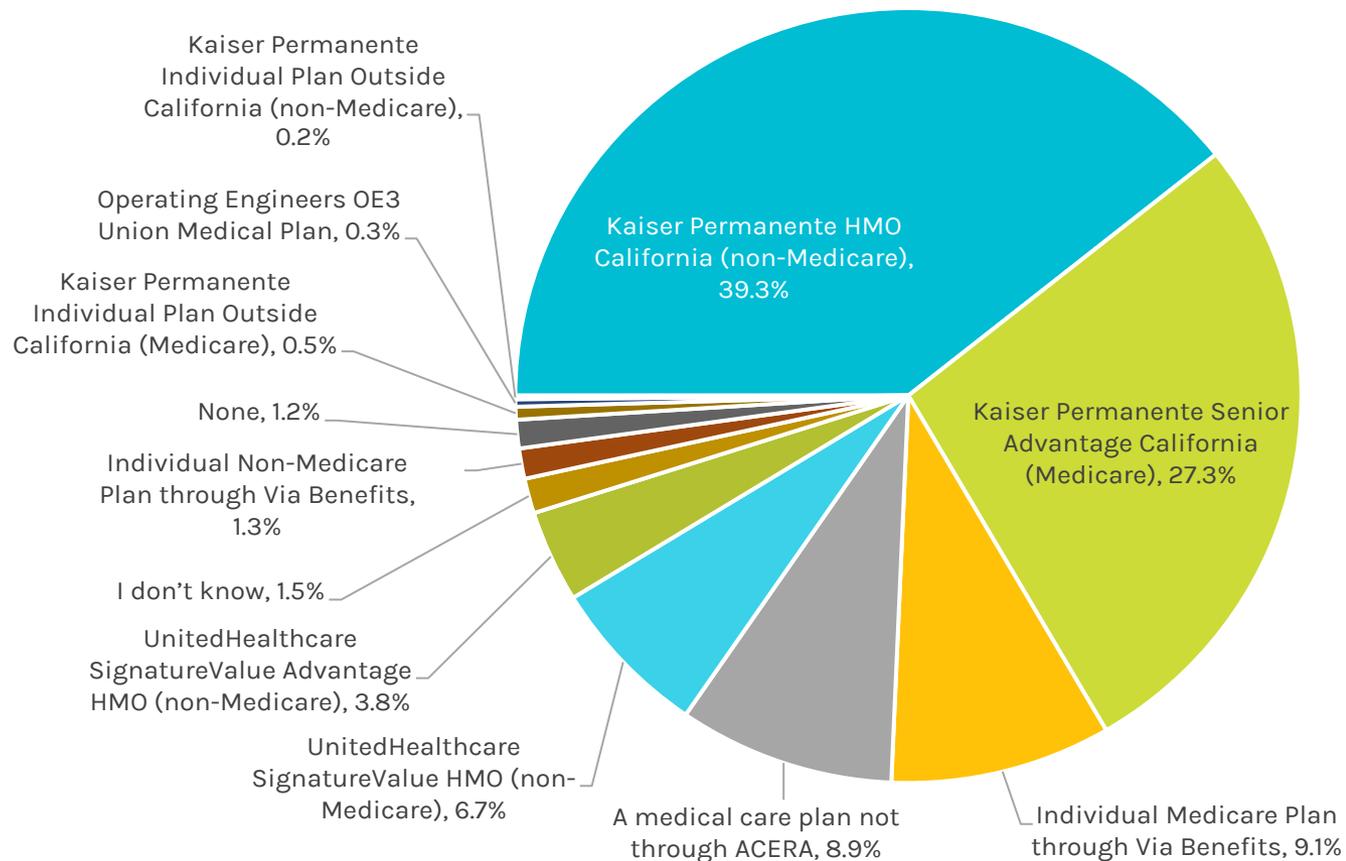


# Question – Health Plan

What medical care plan are you enrolled in?

- Kaiser Permanente HMO California (non-Medicare)
- Kaiser Permanente Senior Advantage California (Medicare)
- Kaiser Permanente Individual Plan Outside California (non-Medicare)
- Kaiser Permanente Individual Plan Outside California (Medicare)
- UnitedHealthcare SignatureValue HMO (non-Medicare)
- UnitedHealthcare SignatureValue Advantage HMO (non-Medicare)
- Individual Non-Medicare Plan through Via Benefits
- Individual Medicare Plan through Via Benefits
- Operating Engineers OE3 Union Medical Plan
- None
- A medical care plan not through ACERA
- I don't know

# Which Medical Plan Are You In?



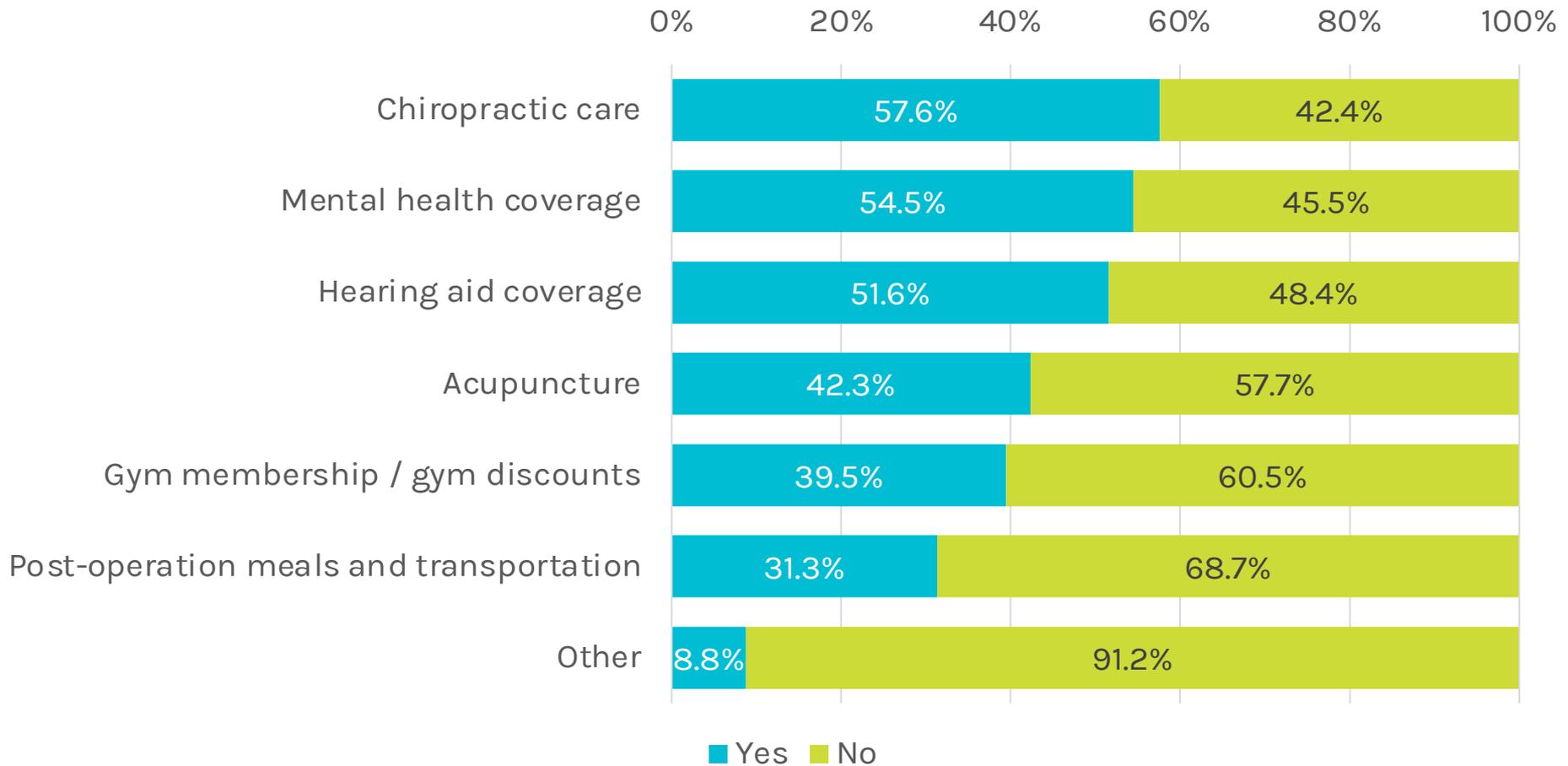
# Question – Enhancements

[Only displays for members in group plans]

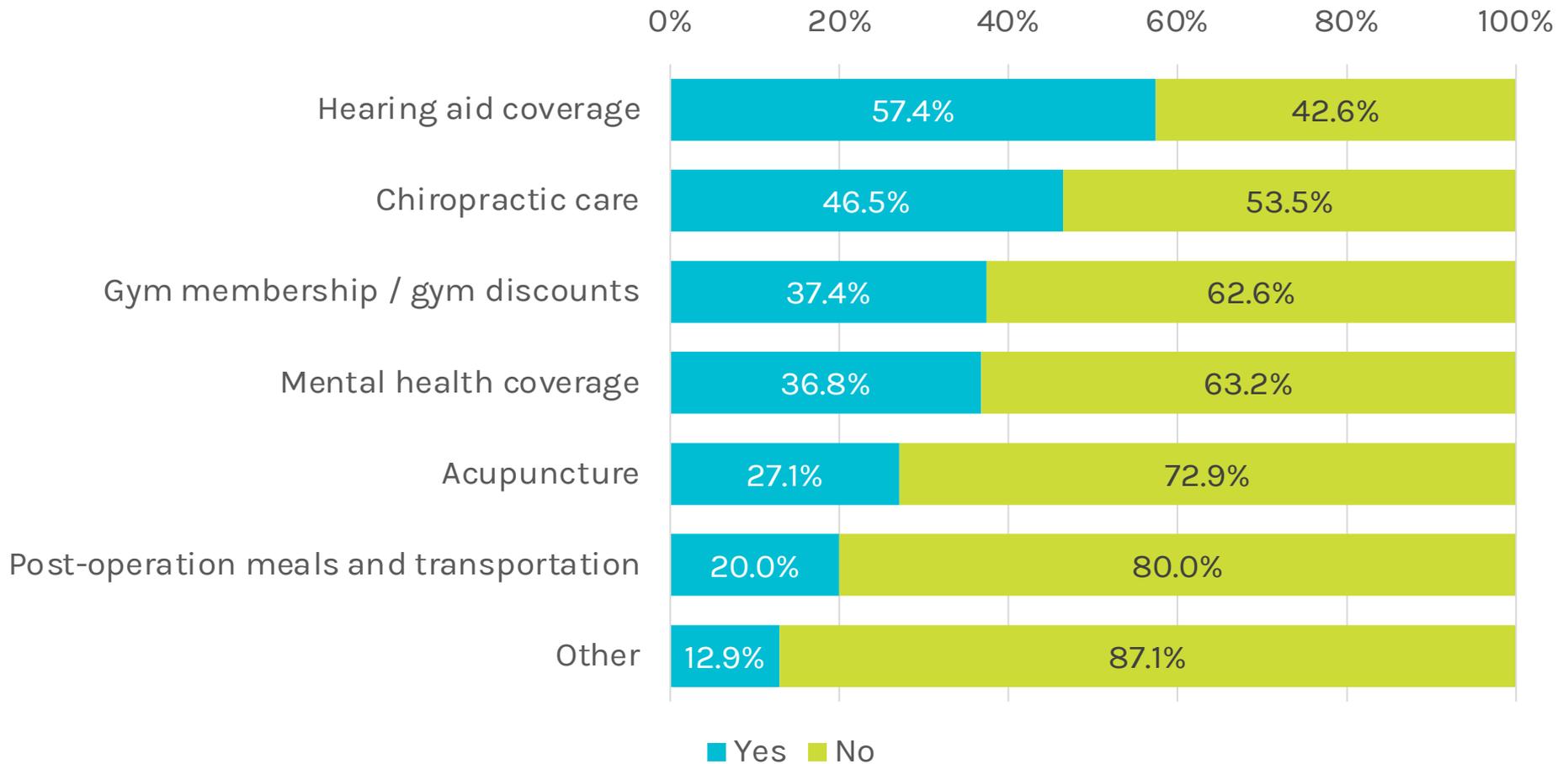
If ACERA's Board of Retirement was going to consider enhancing or adding additional coverage to your group medical plan, what enhancements are you interested in? (Check all that apply.)

- Hearing aid coverage
- Mental health coverage
- Acupuncture
- Chiropractic care
- Post-operation meals and transportation
- Gym membership / gym discounts (some ACERA plans already provide this)
- Other \_\_\_\_\_

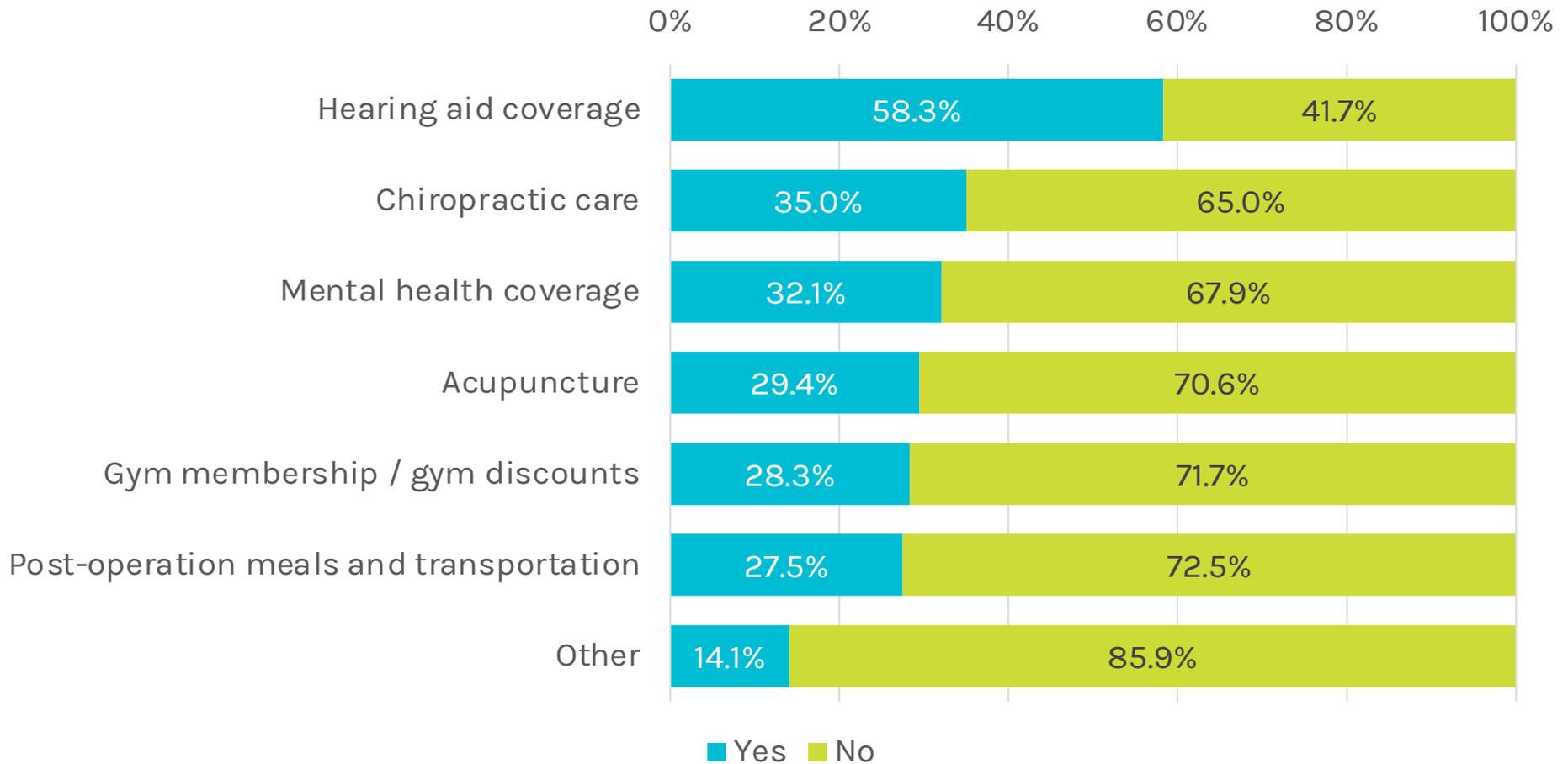
# Enhancements – Active Members



# Enhancements – Early Retirees



# Enhancements – Medicare Retirees



# Enhancements – Other Suggestions

Full list of suggestions in appendix. Some popular suggestions:

- Enhanced dental coverage: 17% of comments mentioned (35 out of 201)
- Massage therapy
- Naturopathic medicine / holistic care
- In-home care
- Cosmetic surgery
- Long term care
- More national and international coverage options
- Mental health
- Acupuncture
- Expanded physical therapy
- Increased medical subsidy
- Nutritionist
- Gym membership

# 2022 SRBR Benefits Survey Appendix

Three of the multiple-choice questions in the survey contained an “Other” selection with an open response field. This appendix contains a list of those responses.

## Question: If you don't currently have hearing aids, why not?

- Almost entirely appearance and ego issues.
- Although I have lost some hearing at the higher frequency levels, I am able to function adequately for the time being. However, I do anticipate needing hearing aids in the future.
- Am in the process of obtaining them.
- Audiologist said I do not need hearing aids yet.
- Didn't have a hearing checkup for more than 5 years
- Do not have coverage for hearing aids and the hearing aids are too expensive.
- Eventually, retirees will have immediate need of hearing aid as their hearing capabilities diminishes as they get older. Providing FREE hearing aids coverage to retirees will be a great financial relief!!!
- haven't been tested
- Hearing Aid equipment is too expensive on my current salary. Our insurance through the court does not cover enough to afford the copayment.
- Hearing aid would not address severity of hearing loss
- Hearing aid would not work for me. I have an acoustic neuroma. I can only hear out of left ear.
- hearing aids did not work for my frequency range of hearing loss.
- Hearing AIDS need to be regulated by the FDA. Many don't work well and need to be tested and compared with each other in terms of effectiveness. They are too expensive and the quality controls haven't been applied by the US government. Buying a hearing aid is like investing in cryptocurrency. ACERA should not invest in subsidizing hearing aids for its members until the industry is regulated by the US government and quality controls are enforced. Also, comparative studies must be done to show the relative effectiveness of each brand. The expense of subsidizing unregulated hearing aids will hurt ACERA members as well as the finances of ACERA.
- Hearing aids needs to be tested by the government. Many are ineffective.
- Hearing test would be great. I don't know if is covered by my insurance.
- Hearing tests were suspended due to Covid-19. Have scheduled a new test and will be working on getting hearing aids in the next few months.
- Hopefully hearing aids will be covered by Medicare soon
- I am currently making an appointment for hearing tests with Kaiser.
- I am due for another hearing check. I had one 5 years ago and it was normal.
- I am having a hearing April 11 2022

- I cannot afford. Medicare does not pay
- I do not need now, but my husband may need later.
- I don't think I need it at this point but will ask to be checked by my primary physician to learn more about it.
- I don't want the hassle of them right now. My hearing is good enough at this time.
- I expect that I will have an accelerated loss of hearing due to my work assignment (Motions 16 years and SRU for 14 years).
- I have an acoustic neuroma. The hearing aids I tried did not work.
- I have an appointment to get hearing aids on March 23rd, 2022
- I have considered getting one, as I have some problem understanding low volume speech.

However, I do not like things in or around my ears. If I had a hearing aid, I probably would not use it.

- I have difficulty managing hearing aids. I fumble and put them in wrong and lose them.
- I have had multiple ear infections due to wearing an earpiece, it is not mandatory however it is needed for the safety of 10-36 information being passed on.
- I have Meniere's disease that destroyed the hearing nerve cells thus hearing aid wouldn't help
- I have not had an exam, but think I might need them.
- I have yet to get my hearing checked by my doctor on a future physical check-up appointment. For now, one ear is 10% hearing impaired.
- I have yet to work with the Worker's Compensation Unit to obtain hearing aids.
- I plan to file a worker comp claim for hearing loss
- I plan to file a worker comp claim for the hearing loss
- I probably don't need them. My difficulties hearing (while I am still under 40 years old) are more distraction related. However, I know several elderly men who need them, some in my family, and I feel they are extremely important.
- I purchased hearing aids three years ago. It cost \$4000.00 and they were inadequate. I stopped wearing them.
- I recently lost hearing in my left ear, will be having further tests.
- I sometimes miss hearing what someone says. This does make me think I should get a current hearing assessment. By virtue of this survey asking makes me inclined to get my hearing checked. Thanks.

The other issue is whether hearing aids would be covered via my Kaiser Senior Advantage plan.

- I think it likely that I will need them in the future.
- I will live with my impairment.
- I will purchase hearing aids in the future when my hearing gets to where I really feel the need outweighs the expense.

The cheapest Kaiser offered me. I feel that could break because they look very fragile. I would probably buy out right and not use Kaiser, if I could find less than \$2,000. what Kaiser would cost me.

- I'm concerned about how they will feel in my ears.
- I'm concerned that hearing aids will be uncomfortable and maybe even hurt my ears.
- I'm lazy!
- I'm having my hearing checked in the next two months. Depending on the outcome, I may need hearing aids. I'll wear them if I need them.
- Just one more thing to mess with.
- Many people I know that use hearing aids are not happy with some aspect of them although they do hear better. They have tried many many different kinds,
- MMA only covers hearing aids if a prescription is written for them. If I would go to some place like Costco, none of the cost would be covered.
- My ear canals are small and with a sharp curve. I have tried several but between my ear canals and fingers that don't do well, I've tried several and cannot insert them properly. I can hear well enough to get by.
- My family says I'm hard of hearing but I'm not sure I am. Doctor has not said I am outside range of hearing.
- My hearing impairment in one ear is such that hearing aids may not help, but I may consider hearing aids if the hearing in my good ear goes bad.
- My hearing is fine at present, but that will eventually change. My husband will need them sooner than I will.
- My hearing loss cannot be improved with a hearing aid
- My hearing tests to date have not indicated a need for hearing aids. It has been over 3 years since my last hearing test but I am planning to have a hearing test in the next few months.
- My particular hearing problem can't be addressed by hearing aids.
- My tinnitus is much worse than my hearing loss and, if I understand correctly, hearing aids don't help much with tinnitus.
- Relatives and friends that have them, including state of the are ones, often complain about the problems they have with them and often only wear them for special occasions.
- Right now I'M DEALING WITH a nerve issue in my R knee, need a new r hip and am still being followed up for endometrial cancer. Do not have the stamina for all these issues.
- Scheduled for a hearing test on May 24, 2022.
- Testing determined level of hearing loss not significant to warrant hearing aids.
- The federal government is talking about coverage for hearing aids, perhaps in the future.
- The last time I had my hearing checked, the technician said I may need a hearing aid when I got my hearing checked next time.
- This is a recent discovery and was surprised that my health coverage covered nothing.
- Tinnitus is not curable with hearing aids.
- While I don't need hearing aids yet, I expect I will and I do think they are too expensive and health care plans should fully cover them with only normal co-pay at most.

- wish it was covered by insurance
- With my hearing impairment there is no way of knowing my hearing will improve if get a hearing aid. I will share my hearing impairment has existed beyond 50 years including my period of service to the county.

## Question: If you do currently have hearing aids, what motivated you to get hearing aids?

- A friend paid for hearing aids
- As a veteran, I get my hearing aid thru the VA
- At this time I have significant hearing loss in only one ear and have only one hearing aid. I bought that hearing aid from Kaiser, but subsequently have heard from friends that Costco offers equally good hearing aids at less cost so I will probably check the out.
- Certain situations like difficult to hear movies prompted me to get hearing aids.
- COSCO Hearing Center had high quality hearing aids, expensive, but better quality than Kaiser. Excellent service plan. I decided to use COSCO and pay for them myself.
- Costco hearing aids became an option.
- Costco Sells hearing aids for \$1400 a pair and I like mine
- Disability rating.
- Drop the hearing benefit offer by Kaiser Senior Advantage and offer a SRBR amount of \$1500 every 3 years
- Employer suggested I needed them.
- Got hearing aids at Costco where they aren't as costly
- Hearing aid cost was very high. reimbursements were terrible, now cost seem to go down or reimbursements better. Still cost high,
- Hearing aid was purchased at Costco for less than cost WITH benefit from ACERA
- Hearing aids are covered by UHC, but that option was still too costly. I bought hearing aids at Costco and paid the full price
- Hearing aids are excessively expensive. Considering our advanced technology, it is difficult to understand how hearing aids remain so expensive.
- Hearing aids are NOT affordable at all.
- I didn't realize hearing aids were covered. You should make sure retirees are aware of the various benefits which are available. Information on the benefits should be short and clear.
- I don't always wear them but do so when I go to the theatre or a movie for soft dialogue.
- I found that my healthcare plan does not cover hearing aids
- I get hearing aids from the VA due to service-connected disability

- I got hearing aids and spent \$6000 only to find out I had a large acoustic neuroma (tumor) in my brain that caused the lost of hearing in my left ear and had brain surgery in May 2021 and a Gamma Knife radiation in Nov 2021 both at UCSF. Hearing aid is useless. Right ear hears perfectly!
- I had the opportunity to purchase hearing aids through my FSA plan (they were very expensive).  
I need to replace them soon and will see if I can use the FSA again.
- I had to pay for the hearing aids myself. I have to pay \$136.00 a month for 12 months
- I have not replaced old hearing aids even though they are not working so well because cost is so high. When they fail totally I will have to replace them. If there was a better subsidy I would replace them now.
- I still am out of pocket &2000.00 for both ears.
- I've been wearing hearing aids since I was an infant and hearing aids aren't affordable.
- Improved quality of life.
- Job related injury.
- My family = My wife
- My healthcare benefits were not helpful for getting hearing aids
- My hearing aids costs are covered by the county. I filed a "green sheet" prior to retirement
- My husband uses hearing aids.
- My plan four years ago did not pay for any part of my hearing aids or test; however I felt it would give me a better quality of life to have them. I went to Costco after a friend told me they were \$2000.00 cheaper but it was like a fast food service. I bought them and returned them and went to a private audiologist and was satisfied.
- One pushy friend told me I needed hearing aids. I didn't hear perfectly at the time and I still don't. The hearing aid people told me I would benefit from hearing aids. I got the hearing aids and wore them for a short period of time. I have not been wearing them for a long time now. I might rethink getting them if my hearing gets worse than it is now or the hearing aid options become better. It seems that less expensive options are starting to become available.
- Received hearing aids thru VA
- The hearing aids I could afford would fall out lying on the floor doing my exercises. They were uncomfortable and not adequate while watching television. Two loud in my good ear and weak in my bad ear.
- The VA takes care of my hearing aids
- VA Benefit
- Was provided by workers comp
- Wearing hearings aids for two years now and I paid \$2000 .It helps but not the same as before.
- Workers comp settlement covered hearing aids.
- Workers Compensation Claim
- Workman's comp claim

Question: If ACERA's Board of Retirement was going to consider enhancing or adding additional coverage to your group medical plan, what enhancements are you interested in?

**Active Members**

- A plan option for outside of the US (those who choose to live abroad)
- Affordable Medication
- Allowance to access medical care outside of USA. I am sick of this country.
- Alternative health medicine and practices in physical therapy, pain management that institutional medicine doesn't cover.
- Assisted living stipend/discount
- Better dental plan other than Delta Dental
- Body stretching to help with arthritis
- Caretaker respite care
- Cost of Living raise (COLA) regarding retirement medical benefits.
- Coverage for orthotics (if not already covered), personal trainers (discounts)
- Critical, Chronic, & terminal illness for free.
- Delta Dental coverage like we do currently with the Alameda County Courts PPO plan free. Vision as we currently have as option with the Alameda County Courts. Cost is \$5.51 per pay check.
- Dental and vision
- Dental coverage - annual maximum increase .
- DENTAL IMPLANTS
- Discount for Forward Health or Carbon Health or similar supplemental health clinic plan, to add to basic HMO coverage for use in urgent case when travelling outside HMO service area.
- Discounted ticket options for entertainments, museums, and amusement parks.
- Elective plastic surgery for medical reasons
- Enough Health Coverage where my co pay won't be so high when I retire
- Expanded vision (including cataract surgery, glasses, eye medicine) and dental coverage
- Fertility
- Fertility IVF
- Foot care.
- footcare when recommended by doctor
- Free AARP membership, free Costco membership for seniors, free Amazon Prime membership (or discount), free Netflix (or discount), free senior assistance coach who

could help find senior resources/tools, free travel planner who can help with planning trips geared for seniors, discounted Amtrak tickets/fares, discounted Ubers/Lyfts for seniors, discounted meal prep companies/restaurants who could provide free delivery to seniors, IHSS provider assistance/resources, additional types of holistic care for seniors, discounted massage centers for seniors, a type of bringing seniors together program to help seniors build social skills and/or their social network, etc.

- free informational classes for daily living in general.
- full coverage for vision and dental.
- Full plan payment
- General medical transportation support
- Glasses
- herbal medicines and natural supplements
- Holistic/Naturopathic care
- Home Health Support; Discounts for Disposable Briefs, Walkers, Wheelchairs, etc.
- Household help - meals, house cleaning, backyard help
- I am currently using the gym membership provided by ACERA but I am not sure that it is permanent. I would like it to be permanent, if it is not already.
- I am interested in more preventive and holistic health being supported with an emphasis on nutrition or meal planning and being able to see a naturopathic doctor and have it covered.
- I am young (35 years old) so hearing aid coverage and post-operation meals & transportation doesn't feel highly applicable to me at this time. Of the three enhancements I checked - mental health coverage, acupuncture, and chiropractic care - mental health coverage ranks the highest priority by far.
- I don't know
- I don't know if physical therapy is currently included.
- I know that some of the items above are already included with Kaiser HMO (mental health coverage, acupuncture with certain providers)
- If 10 years or more of services, more funding needed for Medical Health Care. ACERA should pay at least 70% of Medical care at 10 years, 80% at 15 years of services, 90% for 20 years of service and for 25 or more years of service, ACERA should pay 100%.
- in-home support services when incapacitated
- In-home, short-term coverage for non-medical after-care recovery following hospital discharge (Activities of Daily Living, housekeeping)
- Increase the Monthly Medical Allowance of \$298.37 for over 10 yrs. service.
- It would be nice if those that worked 20 plus years to be fully invested in their medical again
- IVF infertility help
- Larger monthly income if no beneficiary designated.
- lower copay
- Massage
- massage therapy
- Massage Therapy

- Massage therapy
- massage therapy
- massage therapy
- Massage therapy
- Massage Therapy
- Massage therapy from a licensed person, herbal medicine and alternative care modalities. Preventative care like these will help reign in major long term costs.
- massages
- Massages-medical subscribed
- meals provided every month.
- medical coverage for my wife when I retire
- Medical plan enhancement. (lower premium to retiree)
- Mobility aids - power wheelchairs, etc.; Diagnostic devices - continuous glucose monitors, blood pressure monitors, etc.
- more dental coverage
- more dental maximum benefits/allowance per year
- Naturopathic care
- Naturopath
- Naturopathic medicine
- Naturopathic Physician care, vitamin and supplements coverage
- nutritionist (if not already included)
- Orthodontic coverage
- Orthotics
- Other homeopathic treatments/prevention care.
- Pain Management.
- Peloton membership
- Physical Therapy
- Please stop wasting money on unnecessary payrolls for ACERA's over hiring of admin staff and provide 100% health coverage to the retiree of 20+ years of service. The retirement benefits are really not that great compared to CALPERS.
- ppl plan rather than HMO
- prescription cost
- privacy room and attention days for stay if needed
- Procedures that fall under the category of cosmetic surgery.
- RE-IMBURSE ME FOR NOT USING THE MEDICAL PLANS, Like share the savings, but much more money back to the member....
- Reduce co-payments or no co-payments
- Rehabilitation services and geriatric care
- restaurant discounts, travel discounts (airline, hotel)
- Senior care
- Skilled Nursing with a Therapeutic Pool, Retirement Home Coverage with a Therapeutic Pool

- small premium increase option for Cosmetic Surgery discounts
- Something to help staff relax. Maybe a bi-weekly or monthly massage.
- Spouse medical insurance coverage supplement
- Subscription for food services such as : Hello Fresh, Daily Harvest, imperfect foods etc....  
Something that can promote a healthier life style with a reasonable cost expense.
- transportation to & from medical appointments
- Vision
- vision coverage
- vision coverage
- Vision.
- Your county employees who are veterans need mental health coverage for the stuff they experience in war torn countries, and the employees with mental health issues do too. The mental health system in this country is a joke.

### **Early Retirees**

- A gym membership to the gym of my choosing.
- Additional options for coverage out of California.
- At one time ACERA offered a medical plan that provided coverage for most places within the United States. It was expensive for the retiree but it was worth it for those wishing to relocate outside of ACERA's coverage area. I would like to see this option return so those of us wanting to live in less expensive areas can do so without high deductibles and copays.
- Better dental coverage, as we age, our teeth and gums have higher needs and one crown alone can tap all of the coverage for a year, at only 50% cost
- Coverage when out of California for more than a month.
- Dental coverage increase share of cost on dental implants, lower time limits coverage on partials and bridges
- Health care coverage for spouse
- Hearing aids are going through a revolutionary period. The cost will drop dramatically in the next 3-5 years. Better to wait to see the impact of this change. Alzheimer care is not going away anytime soon. One other thing to bear in mind. Increased cost means increased premiums. Is each benefit worth the cost for lower cost subsidies. Better to spend the money on those problems most members may encounter.
- I would add Acupuncture and Chiropractic care only if it was PPO, NOT if it was an acupuncture or chiropractic network that we had to use. These network alternative medical practitioners are usually terrible. I would also support additional coverage for functional medicine doctors, also not in a network, but PPO.
- Increased dental benefits. Delta dental has revised their reimbursement for contractual dentists. The net result is increased fees being paid by the customer.
- Increasing the amount of the MMA to fully cover premiums for 20+ year retirees.
- Life insurance group policy where the group rates are much lower
- Long term care

- Lower premiums and deductibles.
- Massage therapy
- Need More allilance
- Reduced Spousal Medical Costs
- Should increase Dental coverage more . Also allow, whole family shared to used the coverage money. If one “A” can not used all the money, then the other one “B” can used that left over moneys). So family don’t have to pay out of pocket a lot. We are retired, we limited money to used, didn’t have extra money. Everything the price are going up, never. never going down.
- Yoga membership

### **Medicare Retirees**

- add dentures to dental plan.
- additional dental procedures or more generous covered amounts for existing dental procedures. Thanks for offering this survey. I appreciate you asking.
- Adult Orthodontics
- AGING IN PLACE ! In home support care rather than institutional
- Allow me to use my coverage \$ to buy a policy in a foreign country. I currently am enrolled in Kaiser's Medicare Senior Advantage, but am living in Europe. For less than the cost you are paying to Kaiser to cover me, I could cover both my wife and myself in Spain or Portugal. I am only keeping the Kaiser in case something unforeseen arises, but most years it goes unused.
- Assistance with logistics for seniors who can't drive or get around easily
- Assistive mobility devices & in home quality of life equipment/furnishings
- At-Home assistance with activities of daily functions, e.g. cooking and house cleaning.
- Better Delta Dental coverage for dentists that were in network for active members but became out of network for retirees thus decreasing maximum and various percentages of coverage.
- Better dental coverage, most retirees are in the older more expensive teeth related age range and the current coverage is pretty minimal.
- Better Dental plan/ higher benefits
- Better hearing aid coverage.
- CKD meal plans, Gout meal plans
- co-pay for medicine should be \$0
- Cost matters, it should include better personal quality of care.
- Coverage for out of area but still in Calif .
- Dental
- dental coverage
- Dental Coverage. Currently there is a distinction between receiving treatment from a network versus a non-network dental provider. I support doing away with the network/non-network dental provider theory so that everyone will have the same

maximum insurance amount. Yes I know there would be an increase cost though the increased cost would be minimal.

- Dental implants
- Dental Implants.
- dietary supplements like vitamins and herbal supplements
- dietary supplements such as herbal medications and vitamins
- Equity in dental coverage for delta dental dentists and premier delta dental dentists. The benefits should be the same.
- Expand gym coverage to YMCA. Current gyms provide very limited Morning/early afternoon classes targeting seniors.
- Explain Medicare benefits and who pays. When I retired it seems as though I was paying through ACERA's plan and Also Social Security, I was literally "told why do you care".
- Extended physical therapy not covered by medical coverage
- Extra dental yearly dental costs
- Fertility preservation procedures, IVF, Medical second opinion coverage
- Free Medical transportation to my others medical doctors outside my medical plans.
- Full senior YMCA membership.
- Getting gym membership via Kaiser
- Gym membership: Expand the number of participating gyms.
- Home care when needed
- I am not interested in enhancing benefits if it increases premiums to many members who won't benefit.
- I do not know at this time and have to think about it. Keep up your great work!
- I DO NOT SUPPORT ANY OF THE ADDITIONAL ENHANCEMENTS LISTED ABOVE.
- I don't think I need any of these right now. I would consider In the future Acupuncture, Chiropractic and Post op meals and transportation coverage would be a good addition if Kaiser doesn't cover them,
- I'm comfortable with what I have and would not want additional deductions from my pension.
- immediate increase of \$100 to medical cost. an immediate increase to dental to \$1,500 a year, and an increase of at least 3% a year to medical participants cost
- In home care
- in home care and nursing
- In home nurses
- In-home care
- In-home non-medical care if doctor prescribed in order to stay in home.
- Increase Medicare Part B Reimbursement Plan
- Increase reimbursement amount for health insurance covers.
- Increase the yearly maximum for Delta Dental PPO coverage. It's been the same for years. Non-Medical:
  - 1. Increase COLA limit. From what I understood at the meeting, this year Tier 1 gets 3%, and 1% is ""banked for the future, "" rather than giving us the full 4%.

We will lose even more next year, with the very high rate of inflation that we are experiencing now, if the COLA limit isn't increased.

- 2. Restore the Lump Sum Death Benefit back to \$5000 (or more, calculating comparable value based on inflation since 2011).
- Increased dental benefits
- Increasing dental coverage
- Is there any way of doing reimbursement payouts for hearing aids, instead of paying more on each retiree's health insurance? Has anyone done the analysis on this? If so, it should include the cost to ACERA to manage the payouts. My guess is that it may be less costly to do reimbursements. I chose the three above because getting old means pain management for many and both acupuncture and chiropractic care could help with that, Post-op meals and transportation would be nice for those who are alone and can't manage things for themselves.
- Kaiser Medicare Advantage currently offers acupuncture, however it is difficult to get an appointment. Consequently, I also use an outside acupuncture service at a cost of \$80.00 a visit. Please consider improving Kaiser's service or offering a direct referral to an outside provider that can be accessed for the regular co-pay, \$10.00 per visit.
- Keep the gym membership that just started in February!
- Long term care
- long term care
- long term care
- Long Term Care insurance subsidy
- Lower cost prescriptions
- Massage
- Massage
- Massage
- Massage therapy
- Massage therapy
- meal & transportation options for elderly or disabled patients who cannot drive
- Medication coverage
- More comprehensive dental coverage, especially for implant related work and non-routine dental care.
- More dental coverage
- More home health care services
- more information and care for arthritis and nutrition care for medical care.
- My Kaiser membership already offers all of these except for hearing aid coverage and post operation meals and transportation. Both of those are low on my list of priorities.
- None of the above. I briefly had Health Net in the past, and then it was dropped by the County. I liked it a lot better than Kaiser. What is great about Kaiser is low co-pays and no paperwork.
- Note: Kaiser Senior Advantage with Medicare plan has wonderful coverage is some of the above areas listed above. Improved support regarding transitions and treatment

planning would be a plus, as would additional time for in-home and nursing care rehabilitation services.

- Nursing home care
- Paying the full cost for Medicare regardless of their income.
- Physical rehab after falls/accidents, Transportation to & from medical appts.
- Podiatry
- Podiatry foot care, Trim nails please
- Raise dental and health care benefits
- Reimbursement or some assistance with purchase/install of some home safety equipment, such as bars for shower/tub; jetted tub; large print phone; emergency alert or call buttons
- Silver Sneakers exercise program - not available under current Kaiser gym membership
- Since I was diagnosed with diabetes, aren't I supposed to get additional dental cleanings every year?
- Thank you for all that you've done to us retirees!
- The gym benefit is just for a trial year?
- The Silver and Fit plan is of no value to me because my gym will not accept it. It does not cover their costs. I would prefer to get a subsidy towards a gym membership so I can decide on my own if it is worthwhile. Kaiser offers dental, vision, and hearing but we are not given access to those services. This is a duplicate coverage the County pays for. Kaiser captures the Medicare benefit so I cannot use it elsewhere. I cannot submit my Medicare card to any other doctor for service. We should have access to our card. ACERA pays for Kaiser premiums on my behalf, but I still have Medicare premiums deducted from my Social Security. Essentially I am paying twice for medical care.
- Therapeutic massage
- Therapeutic massage.
- Transportation after medical procedures where mandatory.
- Transportation to and from doctors appointment.
- water therapy
- We need more classes to learn how the Health Maintenance Organization work for us? It is beneficial for me to visit a Nutritionist often as possible to help me maintain better health.