



Alameda County Employees' Retirement Association  
BOARD OF RETIREMENT

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

ACERA MISSION:

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

Wednesday, July 1, 2026  
9:30 a.m.

LOCATION AND TELECONFERENCE	COMMITTEE MEMBERS	
<p>ACERA C.G. "BUD" QUIST BOARD ROOM 475 14<sup>TH</sup> STREET, 10<sup>TH</sup> FLOOR OAKLAND, CALIFORNIA 94612-1900 MAIN LINE: 510.628.3000 FAX: 510.268.9574</p> <p>The public can observe the meeting and offer public comment by using the below Webinar ID and Passcode after clicking on the below link or calling the below call-in number.</p> <p>Link: <a href="https://zoom.us/join">https://zoom.us/join</a> Call-In: 1 (669) 900-6833 US Webinar ID: 879 6337 8479 Passcode: 699406 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></p>	ELIZABETH ROGERS, CHAIR	ELECTED RETIRED
	KELLIE SIMON, VICE CHAIR	ELECTED GENERAL
	OPHELIA BASGAL	APPOINTED
	KEITH CARSON	APPOINTED
	STEVEN WILKINSON	APPOINTED

The Alternate Retired Member votes in the absence of the Elected Retired Member, or, if the Elected Retired Member is present, then votes if both Elected General members, or the Safety Member and an Elected General member, are absent.

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.

*Note regarding accommodations:* If you require a reasonable modification or accommodation for a disability, please contact ACERA between 9:00 a.m. and 5:00 p.m. at least 72 hours before the meeting at [accommodation@acera.org](mailto:accommodation@acera.org) or at 510-628-3000.

Public comments are limited to four (4) minutes per person in total. The order of items on the agenda 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 posted online at [www.acera.org](http://www.acera.org) and also may be inspected at 475 14<sup>th</sup> Street, 10<sup>th</sup> Floor, Oakland, CA 94612-1900.

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

NOTICE and AGENDA, Page 2 of 4 – Wednesday, July 1, 2026

**Call to Order:** 9:30 a.m.

**Roll Call**

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

**Action Items: Matters for discussion and possible motion by the Committee**

**1. Adoption of 2027 Monthly Medical Allowance for Group Plans, Early Retiree Individual Plans and Medicare Eligible Retiree Individual Plans**

Discussion and possible motion to recommend that the Board of Retirement adopt the Monthly Medical Allowance (MMA) paid to eligible retirees in Group Plans, qualified early (non-Medicare eligible) retirees enrolled in Individual Plans and qualified Medicare eligible retirees enrolled in Individual Plans through the Medicare Exchange for Plan Year 2027. The MMA for all Plans is stated as a monthly dollar amount which varies by years of service credit and can only be used to pay for ACERA-sponsored health plan premiums. The Group Plan MMA is stated as a monthly dollar amount which varies by years of service credit and can only be used to pay for ACERA-sponsored health plan premiums. For qualified early (non-Medicare eligible) retirees enrolled in Individual Plans and Medicare eligible retirees enrolled in Individual Plans through the Medicare Exchange, the MMA is a suggested dollar limit used for specific medical cost reimbursement through Health Reimbursement Accounts. The MMA is set as a monthly amount which varies by years of service credit.

- Carlos Barrios

**Recommendation**

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to increase the 2027 Group Plan Monthly Medical Allowance (MMA) by 3.75% for eligible retirees in the Group Plans, eligible qualified early (non-Medicare) retirees enrolled in the Individual Plans through the Health Exchange, and qualified Medicare eligible retirees enrolled in the Individual Plans through the Medicare Exchange, in accordance with the substantive plan definition adopted under GASB 43 equal to 50% of the rate of health care inflation assumptions provided by ACERA's actuary, which results in a MMA maximum of \$712.98 for the Plan Year 2027. The MMA contribution is a non-vested benefit subject to possible reduction or elimination if Board policies change or funds are unavailable. This benefit is funded by contributions from ACERA employers to the 401(h) account. After contributions are made, in accordance with the County Employees Retirement Law, ACERA treats an equal amount of Supplemental Retiree Benefit Reserve assets as employer contributions for pensions.

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

NOTICE and AGENDA, Page 3 of 4 – Wednesday, July 1, 2026

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

## **1. Report on Dental and Vision Plans Experience and Utilization**

Segal, ACERA's Benefits Consultant, will report on claims experience and plan utilization for ACERA retirees enrolled in ACERA-sponsored Dental and Vision Plans.

- Carlos Barrios
- Stephen Murphy, Segal
- Michael Szeto, Segal

## **2. Discussion of Monthly Medical Allowance for 2027**

Staff will present for discussion Monthly Medical Allowance for Group and Individual Plans cost comparisons for the 2026 and 2027 Plan Years.

- Carlos Barrios

## **3. Utilization Implementation of Revised Direct Deposit Forms and Trust Procedures for Legislative Compliance**

Staff will provide a report on the implementation of redesigned direct deposit forms, updated service retirement applications, and new standalone trust forms developed to ensure compliance with recent California legislative changes regarding pension disbursements into trust accounts.

- Carlos Barrios
- Mike Fara

## **4. Retirement Estimate Optimization**

Staff will provide a report on the finalized design of the optimized benefit estimate, which standardizes a new letter format across MemberDirect (member-facing) and PensionGold (internal-facing) for direct mailing, incorporates advanced calculation scenarios, and outlines the next steps for system implementation with pension software vendor LRS.

- Mike Fara

## **Trustee Remarks**

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

**NOTICE and AGENDA, Page 4 of 4 – Wednesday, July 1, 2026**

## **Future Discussion Items**

- Deferred Action Item: Proposal to Offer Individual Plans for Early Retirees Living in the Service Area  
Deferred Action Item: Proposal to Offer Individual Plans for Early Retirees Living in the Service Area
- Adoption of Dental Plan Contributions for 2027
- Adoption of Vision Plan Contributions for 2027

## **Establishment of Next Meeting Date**

August 5, 2026, at 9:30 a.m.

## **Adjournment**



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: July 1, 2026

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer 

SUBJECT: **Monthly Medical Allowance for 2027**

This memo provides background information on the Monthly Medical Allowance benefit paid from the Supplemental Retiree Benefit Reserve Policy (SRBR), and the substantive plan definition. Staff will review the attached presentation, which summarizes the information contained in this memo.

Each year, the Retirees Committee recommends to the Board of Retirement (Board) a suggested dollar amount to be contributed towards retiree health care costs. This dollar contribution is known as the Monthly Medical Allowance (MMA). The MMA is a non-vested retiree health benefit provided in agreement with ACERA's Participating Employers through the use of Internal Revenue Code 401(h) accounts. 401(h) benefits are funded by employer contributions. After contributions are made, in accordance with the County Employees Retirement Law of 1937, ACERA treats an equal amount of SRBR assets as employer contributions available for paying pension benefits.

### **GROUP PLAN OPTIONS AND MONTHLY MEDICAL ALLOWANCE**

Non-Medicare eligible retirees (early retirees) have the option of enrolling in Kaiser Permanente or UnitedHealthcare SignatureValue HMO group plans. Medicare eligible retirees have the option of enrolling in the Kaiser Senior Advantage group plan. Group plan premiums are deducted from the retirees' monthly payroll amounts and offset by the MMA subsidy amount, which is based on years of service.

For early retirees, the premium exceeds the current MMA, which results in an out-of-pocket cost (see attached charts). For Medicare eligible retirees, the MMA covers the group plan premium for those with 15 years or more of service. Those with less than 15 years of service pay an out-of-pocket cost (see attached charts).

### **INDIVIDUAL PLAN MONTHLY MEDICAL ALLOWANCE**

In 2012 ACERA offered individual Medicare Exchange plan coverage, replacing a former group plan. Retirees may enroll in an individual plan on the Medicare Exchange and receive an MMA based on years of service. The individual plan MMA provides reimbursement through a Health Reimbursement Arrangement (HRA) for premiums, co-pays and deductibles, but is limited to an annual amount.

Effective January 1, 2016, ACERA offered individual plan coverage to early retirees who live outside ACERA's HMO service areas through the Health Exchange. Also, effective January 1, 2016, ACERA terminated the group multi-site contracts with Kaiser Permanente, and instead provided individual medical coverage for impacted retirees through the Health Exchange, or an individual plan offered directly through Kaiser. Effective February 1, 2026, the United Health Care SignatureValue Advantage HMO Plan (SVA) was discontinued.

The MMA amounts provided through the HRAs are based on years of service. Retirees are reimbursed for premiums, co-pays and deductibles up to their annual MMA amount. Premium amounts depend on the plan chosen by the retiree through Via Benefits. Some retirees will use their entire allotment if they incur higher costs, such as the early retiree plan premiums or high drug costs for Medicare eligible retirees.

### **SUBSTANTIVE PLAN DEFINITION**

To complete ACERA's substantive plan definition under GASB 43, the Board in 2007 adopted a formula which bases future MMA contribution increases on an amount equal to 50% of the rate of health care inflation assumptions provided by ACERA's actuary.

ACERA's Actuary, Segal, has provided ACERA with its recommended assumptions to be used for the December 31, 2025 retiree health plan valuation. These assumptions reset the near-term trend assumption for non-Medicare to 8.00% and Medicare Advantage plans to 7.5% in calendar year 2025. Based on our substantive plan definition under GASB, we would use 3.75% as an increase to the 2027 MMA should an increase be considered. When more than one trend is provided, the lowest number is used.

For Plan Years 2011, 2012, 2013, 2014, 2015, 2017, 2018, and 2021 the Board decided not to increase the MMA. However, for Plan Years 2016, 2019, 2020, 2022, 2023, 2024, 2025 and 2026 the Board decided to follow the substantive plan definition adopted under GASB and increased the MMA by one-half the rate of anticipated health care inflation assumptions.

### **GROUP PLANS COSTS**

Attached are three charts. One provides the current MMA costs and premiums for 2026; another with estimated trend percentage increases to premiums with no increase to the MMA; and a third with projected increases to premiums and a 3.75% increase to the MMA. A summary of total costs is provided below:

<b>Plan Year</b>	<b>Annual Cost Summary</b>	
2026	Current premiums and MMA:	\$26,362,154
2027	Increase in premiums only:	\$27,716,319
2027	Increase in premiums and MMA:	\$28,027,695

If no increase is applied to the MMA, we assume premiums will still increase and the total cost will go up by approximately \$1,354,165. If 3.75% is added to the MMA, we assume the annual cost to provide this benefit will increase by \$1,655,541 (\$1,354,165 due to premium increase and \$311,376 due to 3.75% MMA increase) for 2027.

The above projected annual costs reflect enrollment in the main group plans (Kaiser California and UnitedHealthcare). If we include the Operating Engineers, the additional projected annual cost is \$87,055.44.

**INDIVIDUAL PLAN COSTS – Early (Non-Medicare) Retirees Living Outside ACERA’s HMO Service Area**

The following chart shows the current MMA amounts approved for 2026, and the annual cost summary for current MMA and a potential MMA increase. The actual cost is determined based on the amount reimbursed to each retiree. Based on the actual reimbursements for the 2025 Plan Year (as of May 14, 2026), the total reimbursements were \$872,283.48.

Years of Service Category	Number of Members	Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount
10 - 14 Years	22	\$343.61	\$4,123.32	\$90,713.04
15 - 19 Years	19	\$515.41	\$6,184.92	\$117,513.48
20 + Years	142	\$687.21	\$8,246.52	\$1,171,005.84
<b>Totals</b>	<b>183</b>			<b>\$1,379,232.36</b>

The Board may also consider increasing the reimbursement amounts for the early retirees in the individual plans, which would result in the amounts stated in the chart below.

Years of Service Category	Number of Members	Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount
10 - 14 Years	22	\$356.49	\$4,277.88	\$94,113.36
15 - 19 Years	19	\$534.74	\$6,416.88	\$121,920.72
20 + Years	142	\$712.98	\$8,555.76	\$1,214,917.92
<b>Totals</b>	<b>183</b>			<b>\$1,430,952.00</b>

Based on a 3.75% increase, which is 50% of the medical plan trend, the estimated annual increase would be \$51,719.64.

**INDIVIDUAL PLAN COSTS – Medicare Eligible Retirees**

The following chart shows the current MMA amounts approved for 2026, and estimated costs based on the entire maximum MMA for the current number of enrollments. The actual cost is determined based on the amount reimbursed to each retiree. Based on the actual reimbursements for the 2025 Plan Year (as of May 14, 2026), the total reimbursements were \$6,288,977.56.

Years of Service Category	Number of Members	Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount
10 - 14 Years	242	\$263.23	\$3,158.76	\$764,419.92
15 - 19 Years	250	\$394.85	\$4,738.20	\$1,184,550.00
20 + Years	1,305	\$526.46	\$6,317.52	\$8,244,363.60
<b>Totals</b>	<b>1,797</b>			<b>\$10,193,333.52</b>

At the April 16, 2026 Board of Retirement meeting, the Board adopted to increase the MMA for retirees enrolled in the Medicare Exchange to coincide with MMA of retirees enrolled in the Group Plans effective with the 2027 Healthcare plan year.

Years of Service Category	Number of Members	Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount
10 - 14 Years	242	\$343.61	\$4,123.32	\$997,843.44
15 - 19 Years	250	\$515.41	\$6,184.92	\$1,546,230.00
20 + Years	1,305	\$687.21	\$8,246.52	\$10,761,708.60
<b>Totals</b>	<b>1,797</b>			<b>\$13,305,782.04</b>

The Board may also consider increasing the reimbursement amounts for the Medicare eligible retirees in the individual plans, which would result in the amounts stated in the chart below.

Years of Service Category	Number of Members	Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount
10 - 14 Years	242	\$356.49	\$4,277.88	\$1,035,246.96
15 - 19 Years	250	\$534.74	\$6,416.88	\$1,604,220.00
20 + Years	1,305	\$712.98	\$8,555.76	\$11,165,266.80
<b>Totals</b>	<b>1,797</b>			<b>\$13,804,733.76</b>

Based on a 3.75% increase, which is 50% of the medical plan trend, the estimated annual increase would be \$498,951.72.

## **CONSIDERATIONS FOR SETTING 2027 MMA**

- A history of the MMA amounts for the 10-year period 2017 through 2026 is shown in the attached presentation.
- 2027 health care premium costs are unknown. For reference, a history of the premiums for the 10-year period 2017 through 2026 is shown in the attached presentation.
- In 2025, \$118,305,254 was credited to the SRBR (includes interest credited at the assumed rate of return of 3.500% for regular earnings, and at the rate of 1.9697% for excess earnings).
- On a preliminary basis, Segal projects 18 years of benefits payable from the SRBR assuming the Board increases the MMA by 3.75%, which is a decrease in the sufficiency period by 0.92 years compared to last year's projection. Projections have exceeded the SRBR Policy's 15-year goal since 2013.
- The Implicit Subsidy for 2026 is estimated to be about \$1,822,363 lower than the cost for 2025.
- Annual payee numbers are increasing by about 2.04% on average for the five-year period 2021 through 2025.
- ACERA's overall SRBR costs increased by 1.45% in 2025, compared to a 0.77% decrease in 2024.
- Also attached for informational purposes is a 10-year history of the SRBR (deductions and additions) fund balances.

## **RECOMMENDATIONS TO CONSIDER**

1. Do not increase MMA amount for 2027. Current annual cost, plus potential increase due to premium increase is \$42,401,333.
2. Increase MMA by 50% of health care trend, 3.75% for potential increased cost of \$43,263,381. This is an annual cost difference of \$862,047.

Based on the analysis and information provided, Staff's recommendation is to increase the MMA for 2027 by 3.75%.

### Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to increase the 2027 Group Plan Monthly Medical Allowance (MMA) by 3.75% for eligible retirees in the Group Plans, eligible qualified early (non-Medicare) retirees enrolled in the Individual Plans through the Health Exchange, and qualified Medicare eligible retirees enrolled in the Individual Plans through the Medicare Exchange, in accordance with the substantive plan definition adopted under GASB 43 equal to 50% of the rate of health care inflation assumptions provided by ACERA's actuary, which results in a MMA maximum of \$712.98 for the Plan Year 2027. The MMA contribution is a non-vested benefit subject to possible reduction or elimination if Board policies change or funds are unavailable. This benefit is funded by contributions from ACERA employers to the 401(h) account. After contributions are made, in accordance with the County Employees Retirement Law, ACERA treats an equal amount of Supplemental Retiree Benefit Reserve assets as employer contributions for pensions.

**ACERA**  
**Out-of-Pocket Expenses for Retirees in Group Plans - PLAN YEAR 2026**

*Current Premiums and MMA*

Plan	Years of Service	Under 10 Years	10 - 14 Years	15 - 19 Years	20 + Years	Total Enrolled
	2026 MMA	\$ -	\$ 343.61	\$ 515.41	\$ 687.21	
<b>Early Retirees Plans</b>						
<b>Kaiser Permanente HMO (Early Retirees)</b>	Projected # Enrolled (2026 plan year)	9	39	68	618	734
	Total Premium (2026)	\$ 1,133.80	\$ 1,133.80	\$ 1,133.80	\$ 1,133.80	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 515.41	\$ 687.21	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 1,133.80</b>	<b>\$ 790.19</b>	<b>\$ 618.39</b>	<b>\$ 446.59</b>	
<b>UnitedHealthcare SignatureValue HMO (Early Retirees)</b>	Projected # Enrolled (2026 plan year)	1	3	10	74	88
	Total Premium (2026)	\$ 1,840.00	\$ 1,840.00	\$ 1,840.00	\$ 1,840.00	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 515.41	\$ 687.21	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 1,840.00</b>	<b>\$ 1,496.39</b>	<b>\$ 1,324.59</b>	<b>\$ 1,152.79</b>	
<b>UnitedHealthcare SignatureValue Advantage HMO (Early Retirees)</b>	Plan Discontinued 12/31/2025	0	0	0	0	0
	Total Premium (2026)	\$ -	\$ -	\$ -	\$ -	
	Projected Subsidy Paid by ACERA	\$ -	\$ -	\$ -	\$ -	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>Total Plan Enrollees (Early Retirees)</b>						<b>822</b>
<b>Kaiser Senior Advantage Medicare Plan</b>						
<b>Kaiser Senior Advantage</b>	Projected # Enrolled (2026 plan year)	229	462	561	3306	4558
	Total Premium (2026)	\$ 398.05	\$ 398.05	\$ 398.05	\$ 398.05	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 398.05	\$ 398.05	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 398.05</b>	<b>\$ 54.44</b>	<b>0.00</b>	<b>0.00</b>	
<b>Kaiser Senior Advantage LIS Medicare Plan</b>	Projected # Enrolled (2026 plan year)	2	9	2	29	42
	Total Premium (2026)	\$ 386.05	\$ 386.05	\$ 386.05	\$ 386.05	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 386.05	\$ 386.05	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 386.05</b>	<b>\$ 42.44</b>	<b>0.00</b>	<b>0.00</b>	
<b>Total Kaiser Senior Advantage Medicare Plan Enrollees</b>						<b>4600</b>
<b>Projected Annual Cost by Years of Service</b>			<b>\$2,115,263</b>	<b>\$3,090,578</b>	<b>\$21,156,313</b>	<b>\$26,362,154</b>

**Total Projected Annual Cost:**

**\$26,362,154**

**ACERA**  
**Out-of-Pocket Expenses for Retirees in Group Plans - PLAN YEAR 2027**

*Assumes 0% Increase to MMA and Projected Increase to Premiums*

Plan	Years of Service	Under 10 Years	10 - 14 Years	15 - 19 Years	20 + Years	Total Enrolled
	Projected (2027) MMA	\$ -	\$ 343.61	\$ 515.41	\$ 687.21	
<b>Early Retirees Plans</b>						
<b>Kaiser Permanente HMO (Early Retirees)</b> <i>Assumes 8.00% Increase</i>	Projected # Enrolled (2026 plan year)	9	39	68	618	734
	Total Premium (2027)	\$ 1,224.50	\$ 1,224.50	\$ 1,224.50	\$ 1,224.50	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 515.41	\$ 687.21	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 1,224.50</b>	<b>\$ 880.89</b>	<b>\$ 709.09</b>	<b>\$ 537.29</b>	
<b>UnitedHealthcare SignatureValue HMO (Early Retirees)</b> <i>Assumes 8.00% Increase</i>	Projected # Enrolled (2026 plan year)	1	3	10	74	88
	Total Premium (2027)	\$ 1,987.20	\$ 1,987.20	\$ 1,987.20	\$ 1,987.20	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 515.41	\$ 687.21	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 1,987.20</b>	<b>\$ 1,643.59</b>	<b>\$ 1,471.79</b>	<b>\$ 1,299.99</b>	
<b>UnitedHealthcare SignatureValue Advantage HMO (Early Retirees)</b> <i>Assumes 8.00% Increase</i>	<b>Plan Discontinued 12/31/2025</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Total Premium (2027)	\$ -	\$ -	\$ -	\$ -	
	Projected Subsidy Paid by ACERA	\$ -	\$ -	\$ -	\$ -	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>Total Plan Enrollees (Early Retirees)</b>						<b>822</b>
<b>Kaiser Senior Advantage Medicare Plan</b>						
<b>Kaiser Senior Advantage</b> <i>Assumes 7.50% Increase</i>	Projected # Enrolled (2026 plan year)	229	462	561	3306	4558
	Total Premium (2027)	\$ 427.90	\$ 427.90	\$ 427.90	\$ 427.90	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 427.90	\$ 427.90	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 427.90</b>	<b>\$ 84.29</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
<b>Kaiser LIS Senior Advantage</b> <i>Assumes 7.50% Increase</i>	Projected # Enrolled (2026 plan year)	2	9	2	29	42
	Total Premium (2027)	\$ 415.00	\$ 415.00	\$ 415.00	\$ 415.00	
	Projected Subsidy Paid by ACERA	\$ -	\$ 343.61	\$ 415.00	\$ 415.00	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 415.00</b>	<b>\$ 71.39</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
<b>Total Kaiser Senior Advantage Medicare Plan Enrollees</b>						<b>4600</b>
<b>Projected Annual Cost by Years of Service</b>			<b>\$2,115,263</b>	<b>\$3,286,164</b>	<b>\$22,314,892</b>	<b>\$27,716,319</b>

**Total Projected Annual Cost: \$27,716,319**

**ACERA**  
**Out-of-Pocket Expenses for Retirees in Group Plans - PLAN YEAR 2027**

*Assumes 3.75% Increase to MMA and Projected Increase to Premiums*

Plan	Years of Service	Under 10 Years	10 - 14 Years	15 - 19 Years	20 + Years	Total Enrolled
	Projected (2027) MMA	\$ -	\$ 356.49	\$ 534.74	\$ 712.98	
<b>Early Retirees Plans</b>						
<b>Kaiser Permanente HMO (Early Retirees)</b> <i>Assumes 8.00% Increase</i>	Projected # Enrolled (2026 plan year)	9	39	68	618	734
	Total Premium (2027)	\$ 1,224.50	\$ 1,224.50	\$ 1,224.50	\$ 1,224.50	
	Projected Subsidy Paid by ACERA	\$ -	\$ 356.49	\$ 534.74	\$ 712.98	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 1,224.50</b>	<b>\$ 868.01</b>	<b>\$ 689.76</b>	<b>\$ 511.52</b>	
<b>UnitedHealthcare SignatureValue HMO (Early Retirees)</b> <i>Assumes 8.00% Increase</i>	Projected # Enrolled (2026 plan year)	1	3	10	74	88
	Total Premium (2027)	\$ 1,987.20	\$ 1,987.20	\$ 1,987.20	\$ 1,987.20	
	Projected Subsidy Paid by ACERA	\$ -	\$ 356.49	\$ 534.74	\$ 712.98	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 1,987.20</b>	<b>\$ 1,630.71</b>	<b>\$ 1,452.46</b>	<b>\$ 1,274.22</b>	
<b>UnitedHealthcare SignatureValue Advantage HMO (Early Retirees)</b> <i>Assumes 8.00% Increase</i>	Plan Discontinued 12/31/2025	0	0	0	0	0
	Total Premium (2027)	\$ -	\$ -	\$ -	\$ -	
	Projected Subsidy Paid by ACERA	\$ -	\$ -	\$ -	\$ -	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>Total Plan Enrollees (Early Retirees)</b>						<b>822</b>
<b>Kaiser Senior Advantage Medicare Plan</b>						
<b>Kaiser Senior Advantage</b> <i>Assumes 7.5% Increase</i>	Projected # Enrolled (2026 plan year)	229	462	561	3306	4558
	Total Premium (2027)	\$ 427.90	\$ 427.90	\$ 427.90	\$ 427.90	
	Projected Subsidy Paid by ACERA	\$ -	\$ 356.49	\$ 427.90	\$ 427.90	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 427.90</b>	<b>\$ 71.41</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
<b>Kaiser LIS Senior Advantage</b> <i>Assumes 7.5% Increase</i>	Projected # Enrolled (2026 plan year)	2	9	2	29	42
	Total Premium (2027)	\$ 415.00	\$ 415.00	\$ 415.00	\$ 415.00	
	Projected Subsidy Paid by ACERA	\$ -	\$ 356.49	\$ 415.00	\$ 415.00	
	<b>Projected Premium Paid by Retiree</b>	<b>\$ 415.00</b>	<b>\$ 58.51</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	
<b>Total Kaiser Senior Advantage Medicare Plan Enrollees</b>						<b>4600</b>
<b>Projected Annual Cost by Years of Service</b>			<b>\$2,194,552</b>	<b>\$3,304,257</b>	<b>\$22,528,886</b>	<b>\$28,027,695</b>

**Total Projected Annual Cost: \$28,027,695**



Alameda County  
Employees' Retirement  
Association

# Monthly Medical Allowance for 2027

CARLOS BARRIOS, ASSISTANT CEO  
JULY 1, 2026



# Group Plan Options and Monthly Medical Allowance (MMA)

- Non-Medicare eligible retirees (early retirees)
  - Kaiser Permanente
  - UnitedHealthcare SignatureValue HMO
- Medicare eligible retirees
  - Kaiser Senior Advantage group plan

Plan		10 - 14 Years	15 - 19 Years	20 + Years
		\$ 343.61	\$ 515.41	\$ 687.21
<b>Early Retirees Plans</b>				
<b>Kaiser Permanente HMO (Early Retirees)</b>	Enrollees	39	68	618
	Premiums	\$ 1,133.80	\$ 1,133.80	\$ 1,133.80
	Premium Paid by Retiree	\$ 790.19	\$ 618.39	\$ 446.59
<b>UnitedHealthcare SignatureValue HMO (Early Retirees)</b>	Enrollees	3	10	74
	Premiums	\$ 1,840.38	\$ 1,840.38	\$ 1,840.38
	Premium Paid by Retiree	\$ 1,496.77	\$ 1,324.97	\$ 1,153.17
<b>Kaiser Senior Advantage Medicare Plan</b>				
<b>Kaiser Senior Advantage</b>	Enrollees	462	561	3306
	Premiums	\$ 398.05	\$ 398.05	\$ 398.05
	Premium Paid by Retiree	\$ 54.44	\$ 0.00	\$ 0.00
<b>Kaiser Senior Advantage LIS Medicare Plan</b>	Enrollees	9	2	29
	Premiums	\$ 386.05	\$ 386.05	\$ 386.05
	Premium Paid by Retiree	\$ 42.44	\$ 0.00	\$ 0.00

- Individual Medicare plan coverage
- Individual plan coverage for early retirees who live outside ACERA's HMO service areas

<b>MMA for Individual Plans</b>			
	10-14 yrs	15-19 yrs	20+ yrs
Individual Medicare Plans	\$263.23	\$394.85	\$526.46
Individual Non-Medicare Plans	\$343.61	\$515.41	\$687.21

# Individual Plan MMA

- Monthly premiums depend on chosen individual plan
- MMA is provided through Health Reimbursement Arrangement

# Substantive Plan Definition under GASB 43

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- In 2007, the Board adopted a formula which bases future MMA contribution increases on an amount equal to 50% of the rate of health care inflation assumptions provided by ACERA's actuary
- Segal provided assumptions to be used for the December 31, 2025 retiree health plan valuation. These assumptions reset the near-term trend assumptions in the calendar year 2025:
  - 8.00% for non-Medicare plans
  - 7.50% for Medicare Advantage Plans
- Based on our substantive plan definition, we would use 3.75% as an increase to the 2027 MMA should an increase be considered
  - When more than one trend is provided, the lowest number is used

# Group Plans Costs



- If no increase is applied to the MMA, we assume premiums will still increase and the total cost will go up by approximately \$1,354,165

Plan Year	Annual Cost Summary	
2026	Current premiums and MMA:	\$26,362,154
2027	Increase in premiums only:	\$27,716,319
2027	Increase in premiums and MMA:	\$28,027,695

Note: If we included the Operating Engineers, the additional projected annual cost is \$87,055



# Early Retiree Individual Plan Costs – Outside HMO Service Area

Years of Service Category	Number of Members	2026			2027
		Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount	Maximum Annual MMA Amount with Increase
10 - 14 Years	22	\$ 343.61	\$ 4,123.32	\$ 90,713.04	\$ 94,113.36
15 - 19 Years	19	\$ 515.41	\$ 6,184.92	\$ 117,513.48	\$ 121,920.72
20 + Years	142	\$ 687.21	\$ 8,246.52	\$ 1,171,005.84	\$ 1,214,917.92
<b>Totals</b>	<b>183</b>			<b>\$ 1,379,232.36</b>	<b>\$ 1,430,952.00</b>

The 3.75% increase in the MMA results in an estimated amount of \$51,719.64

Note: Based on the actual reimbursements for the 2025 Plan Year (as of May 14, 2026), the total reimbursements were \$872,283.48.

# Individual Plan Costs – Medicare Eligible Retirees

Years of Service Category	Number of Members	2026		
		Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount
10 - 14 Years	242	\$ 263.23	\$ 3,158.76	\$ 764,419.92
15 - 19 Years	250	\$ 394.85	\$ 4,738.20	\$ 1,184,550.00
20 + Years	1,305	\$ 526.46	\$ 6,317.52	\$ 8,244,363.60
<b>Totals</b>	<b>1,797</b>			<b>\$ 10,193,333.52</b>

Note: Based on the actual reimbursements for the 2025 Plan Year (as of May 14, 2026), the total reimbursements were \$6,288,977.56

# Individual Plan Costs – Medicare Eligible Retirees continued

At the April 16, 2026 Board of Retirement meeting, the Board adopted to increase the MMA for retirees enrolled in the Medicare Exchange to coincide with MMA of retirees enrolled in the Group Plans effective with the 2027 Healthcare plan year.

Years of Service Category	Number of Members	2027			
		Monthly MMA Amount	Annual MMA Amount	Maximum Annual MMA Amount	Maximum Annual MMA Amount with Increase
10 - 14 Years	242	\$ 343.61	\$ 4,123.32	\$ 997,843.44	\$ 1,035,246.96
15 - 19 Years	250	\$ 515.41	\$ 6,184.92	\$ 1,546,230.00	\$ 1,604,220.00
20 + Years	1,305	\$ 687.21	\$ 8,246.52	\$ 10,761,708.60	\$ 11,165,266.80
<b>Totals</b>	<b>1,797</b>			<b>\$ 13,305,782.04</b>	<b>\$ 13,804,733.76</b>

The 3.75% increase in the MMA results in an estimated amount of \$498,951.72

# Considerations for Setting 2027 MMA

## 1. 10-Year History of MMA - 2017 through 2026

Group & Individual Early Retiree* Plan MMA:										
Year	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
10 to 14 Years of Service	\$ 270.22	\$ 270.22	\$ 279.00	\$ 289.33	\$ 289.33	\$ 298.37	\$ 308.06	\$ 317.69	\$ 331.19	\$ 343.61
15 to 19 Years of Service	\$ 405.33	\$ 405.33	\$ 418.50	\$ 433.99	\$ 433.99	\$ 447.55	\$ 462.09	\$ 476.53	\$ 496.78	\$ 515.41
20 or more Years of Service	\$ 540.44	\$ 540.44	\$ 558.00	\$ 578.65	\$ 578.65	\$ 596.73	\$ 616.12	\$ 635.37	\$ 662.37	\$ 687.21
Individual Plan MMA for Medicare Eligible Retirees - Effective 2/1/2013:										
Year	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
10 to 14 Years of Service	\$ 207.00	\$ 207.00	\$ 213.73	\$ 221.64	\$ 221.64	\$ 228.57	\$ 236.00	\$ 243.37	\$ 253.72	\$ 263.23
15 to 19 Years of Service	\$ 310.50	\$ 310.50	\$ 320.59	\$ 332.46	\$ 332.46	\$ 342.85	\$ 353.99	\$ 365.06	\$ 380.57	\$ 394.85
20 or more Years of Service	\$ 414.00	\$ 414.00	\$ 427.46	\$ 443.28	\$ 443.28	\$ 457.13	\$ 471.99	\$ 486.74	\$ 507.43	\$ 526.46

\*Effective 1/1/2016

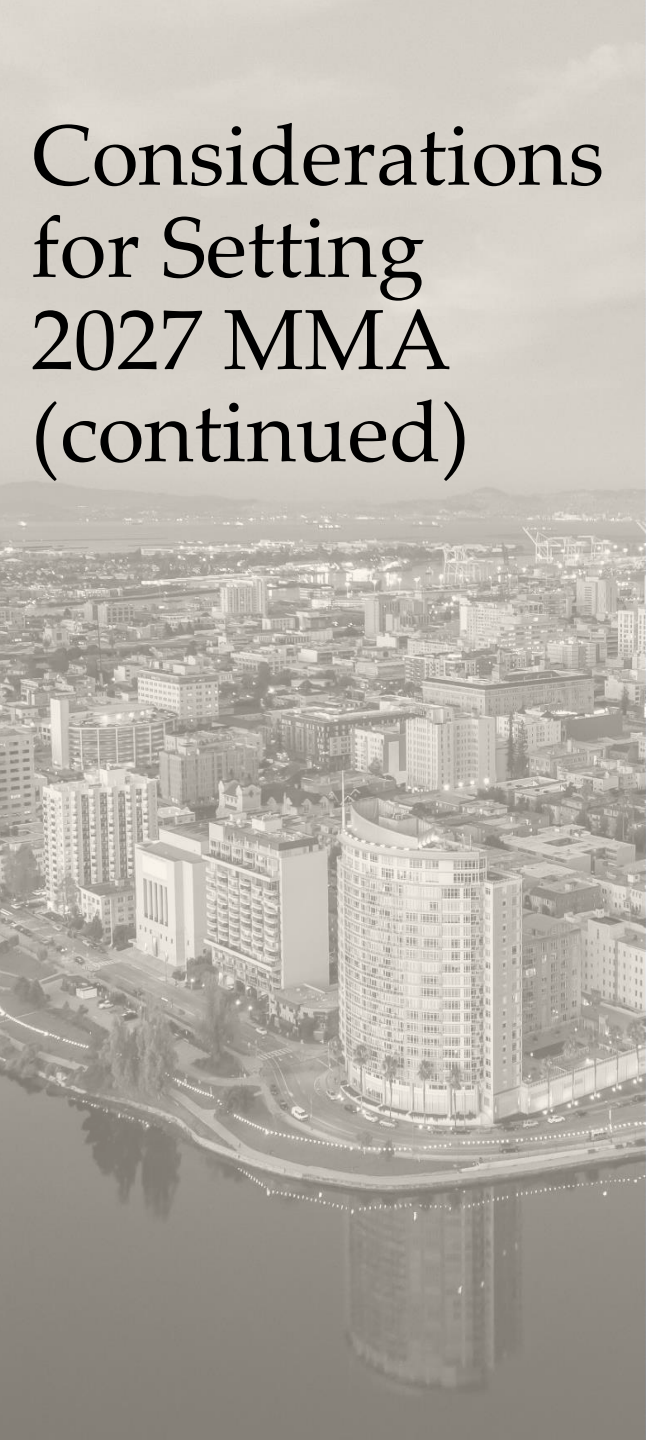
# Considerations for Setting 2027 MMA (continued)

## 2. Ten-Year Premium Rate History - 2017 through 2026

Medical Plans	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Kaiser Permanente HMO (Early Retirees)	\$ 735.64	\$ 765.06	\$ 765.06	\$ 785.44	\$ 810.72	\$ 843.16	\$ 909.74	\$ 1,037.76	\$ 1,097.88	\$ 1,133.80
% Change over Monthly Premium		4.00%	4.00%	2.66%	3.22%	4.00%	7.90%	14.07%	5.79%	3.27%
Kaiser Permanente Senior Advantage	\$ 354.73	\$ 367.23	\$ 394.07	\$ 411.54	\$ 382.21	\$ 344.44	\$ 316.81	\$ 354.31	\$ 375.22	\$398.05
% Change over Monthly Premium		3.52%	7.31%	4.43%	-7.13%	-9.90%	-8.02%	11.84%	5.90%	6.08%
UnitedHealthcare SignatureValue HMO (Early Retiree)	\$ 982.06	\$ 1,047.16	\$ 1,047.16	\$ 1,087.80	\$ 1,150.60	\$ 1,184.32	\$ 1,290.92	\$ 1,464.90	\$ 1,594.36	\$1,840.38
% Change over Monthly Premium		6.63%	0.00%	3.88%	5.77%	2.90%	9.00 %	13.48%	8.84%	15.43%
UnitedHealthcare SignatureValue Advantage HMO (Early Retiree)*	-	-	-	\$ 831.92	\$ 759.16	\$ 781.42	\$ 843.94	\$ 957.68	\$ 1,042.48	N/A
% Change over Monthly Premium		-	-	-	-8.75%	2.90%	8.00%	13.48%	8.85%	N/A

\*Effective 1/1/2019 Plan discontinued in 2026

# Considerations for Setting 2027 MMA (continued)



3. 2027 health care premium costs unknown.
4. In 2025, \$118,305,254 was credited to the SRBR (includes interest credited at the assumed rate of return of 3.500% for regular earnings, and at the rate of 1.9697% for excess earnings).
5. On a preliminary basis, Segal projects 18 years of benefits payable from the SRBR assuming the Board increases the MMA by 3.75%, which is a decrease in the sufficiency period by 0.92 years compared to last year's projection. Projections have exceeded the SRBR Policy's 15-year goal since 2013.
6. The Implicit Subsidy for 2026 is estimated to be about \$1,822,363 lower than the cost for 2025.
7. Annual payee numbers are increasing by about 2.04% on average for the five-year period 2021 through 2025.
8. ACERA's overall SRBR costs increased by 1.45% in 2025, compared to a 0.77% decrease in 2024.

# Recommendations to Consider for July Retirees Committee Meeting

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## 1. Do not increase MMA amount for 2027

- Current annual cost plus potential increase due to premium increase is \$42,401,333

## 2. Increase MMA by 50% of health care trend, 3.75%

- Potential increased cost of \$43,263,381
- An annual cost difference of \$862,047

**History of Payments Made Out of the SRBR**  
2016-2025



Benefit Paid from SRBR	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Payment Made	Payment Made	Payment Made	Payment Made	Payment Made	Payment Made	Payment Made	Payment Made	Payment Made	Payment Made
<b>Monthly Medical Allowance</b>	\$25,385,381.36	\$27,256,486.00	\$28,078,180.27	\$30,163,755.94	\$31,895,818.80	\$31,063,128.66	\$29,978,045.33	\$29,587,083.35	\$31,712,276.50	\$33,254,823.50
<b>% Change over a Year</b>	3.57%	7.37%	3.01%	7.43%	5.74%	-2.61%	-3.49%	-1.30%	7.18%	4.86%
<b>Dental</b>	\$3,310,861.36	\$3,675,572.97	\$3,885,918.92	\$4,058,743.79	\$3,957,491.59	\$4,221,133.93	\$4,304,605.12	\$5,101,325.09	\$5,166,085.26	\$5,166,085.26
<b>% Change over a Year</b>	-0.64%	11.02%	5.72%	4.45%	-2.49%	6.66%	1.98%	18.51%	1.27%	0.00%
<b>Vision</b>	\$361,086.88	\$371,252.25	\$383,148.70	\$395,767.62	\$404,992.08	\$386,577.18	\$395,983.68	\$471,705.47	\$478,225.42	\$484,970.23
<b>% Change over a Year</b>	2.65%	2.82%	3.20%	3.29%	2.33%	-4.55%	2.43%	19.12%	1.38%	1.41%
<b>MBRP</b>	\$5,870,137.63	\$6,600,279.24	\$8,531,422.36	\$8,943,882.71	\$9,762,403.02	\$10,245,929.66	\$12,032,482.94	\$11,912,232.42	\$12,830,265.88	\$13,806,083.44
<b>% Change over a Year</b>	6.91%	12.44%	29.26%	4.83%	9.15%	4.95%	17.44%	-1.00%	7.71%	7.61%
<b>Implicit Subsidy</b>	\$6,021,451.00	\$8,787,596.00	\$5,800,563.00	\$6,899,139.00	\$6,446,702.00	\$7,484,411.00	\$5,593,922.00	\$7,842,215.00	\$4,037,312.00	\$2,453,953.00
<b>% Change over a Year</b>	13.16%	45.94%	-33.99%	18.94%	-6.56%	16.10%	-25.26%	40.19%	-48.52%	-39.22%
<b>Supplemental COLA</b>	\$1,350,784.00	\$1,231,500.00	\$1,134,613.00	\$1,181,244.00	\$1,116,523.00	\$932,177.00	\$943,290.00	\$1,134,334.00	\$1,242,635.00	\$1,300,181.00
<b>% Change over a Year</b>	-13.18%	-8.83%	-7.87%	4.11%	-5.48%	-16.51%	1.19%	20.25%	9.55%	4.63%
<b>Death Benefit</b>	\$187,081.00	\$187,060.00	\$196,576.00	\$216,834.00	\$230,747.00	\$256,683.00	\$240,383.00	\$228,463.00	\$379,459.00	\$192,650.00
<b>% Change over a Year</b>	-12.54%	-0.01%	5.09%	10.31%	6.42%	11.24%	-6.35%	-4.96%	66.09%	-49.23%
<b>TOTAL DEDUCTED FROM SRBR</b>	<b>\$42,486,783.23</b>	<b>\$48,109,746.46</b>	<b>\$48,010,422.25</b>	<b>\$51,859,367.06</b>	<b>\$53,814,677.49</b>	<b>\$54,590,040.43</b>	<b>\$53,488,712.07</b>	<b>\$56,277,358.33</b>	<b>\$55,846,259.06</b>	<b>\$56,658,746.43</b>
<b>% Change over a Year</b>	4.19%	13.23%	-0.21%	8.02%	3.77%	1.44%	-2.02%	5.21%	-0.77%	1.45%

\*As of December 31, 2025

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
SUPPLEMENTAL RETIREE BENEFITS RESERVE (SRBR)  
For the Ten Years Ended December 31, 2016 - December 31, 2025**

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
<b>Beginning Balance</b>	\$ 853,842,371	\$ 874,385,246	\$ 893,770,614	\$ 919,488,617	\$ 924,709,823	\$ 931,754,157	\$ 1,131,048,474	\$ 1,168,608,503	\$ 1,186,387,821	\$ 1,214,317,136
<b>Deductions:</b>										
Transferred to Employers Advance Reserve	33,818,832	38,327,914	43,777,409	44,858,371	45,456,100	46,772,130	47,476,858	49,339,096	51,852,028	53,984,733
Employers Implicit Subsidy	6,021,451	8,787,596	5,800,563	6,899,139	6,446,702	7,484,411	5,593,922	7,842,215	4,037,312	2,453,953
Supplemental Cost of Living	1,350,784	1,231,500	1,134,613	1,181,244	1,116,523	932,177	943,290	1,134,334	1,242,635	1,300,181
Death Benefit - Burial - SRBR	187,081	187,060	196,576	216,834	230,747	256,683	240,383	228,463	379,459	192,650
ADEB (Active Death)	-	-	-	-	-	-	-	-	-	-
<b>Total Deductions</b>	<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>	<u>54,254,453</u>	<u>58,544,108</u>	<u>57,511,434</u>	<u>57,931,517</u>
<b>Additions:</b>										
Interest Credited to SRBR	60,730,023	66,715,938	64,827,682	57,022,294	58,878,406	69,152,162	79,407,948	74,612,926	83,483,749	85,695,486
Excess Earnings Allocation	-	-	10,574,982	-	-	184,050,056	10,749,534	-	-	30,447,266
Transferred from Employers Advance Reserve	1,191,000	1,203,500	1,224,500	1,354,500	1,416,000	1,537,500	1,657,000	1,710,500	1,957,000	2,162,502
<b>Total Additions</b>	<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>	<u>91,814,482</u>	<u>76,323,426</u>	<u>85,440,749</u>	<u>118,305,254</u>
<b>Ending Balance</b>	<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>	<u>\$ 1,168,608,503</u>	<u>\$ 1,186,387,821</u>	<u>\$ 1,214,317,136</u>	<u>\$ 1,274,690,873</u>

**Notes**

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: July 1, 2026

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer 

SUBJECT: **Report on Dental and Vision Plans Experience and Utilization**

Segal, ACERA's Benefits Consultant, will review the attached annual dental and vision plans experience and utilization presentations, and discuss the following topics.

- Enrollment
- Claims
- Premiums
- Utilization
- Dental PPO Annual Maximum by Network
- VSP Plan Loss Ratio by Plan

Attachments (2)



Alameda County Employees'  
Retirement Association (ACERA)

# Delta Dental PPO Plan Experience

**ACERA Retirees Committee  
Meeting**

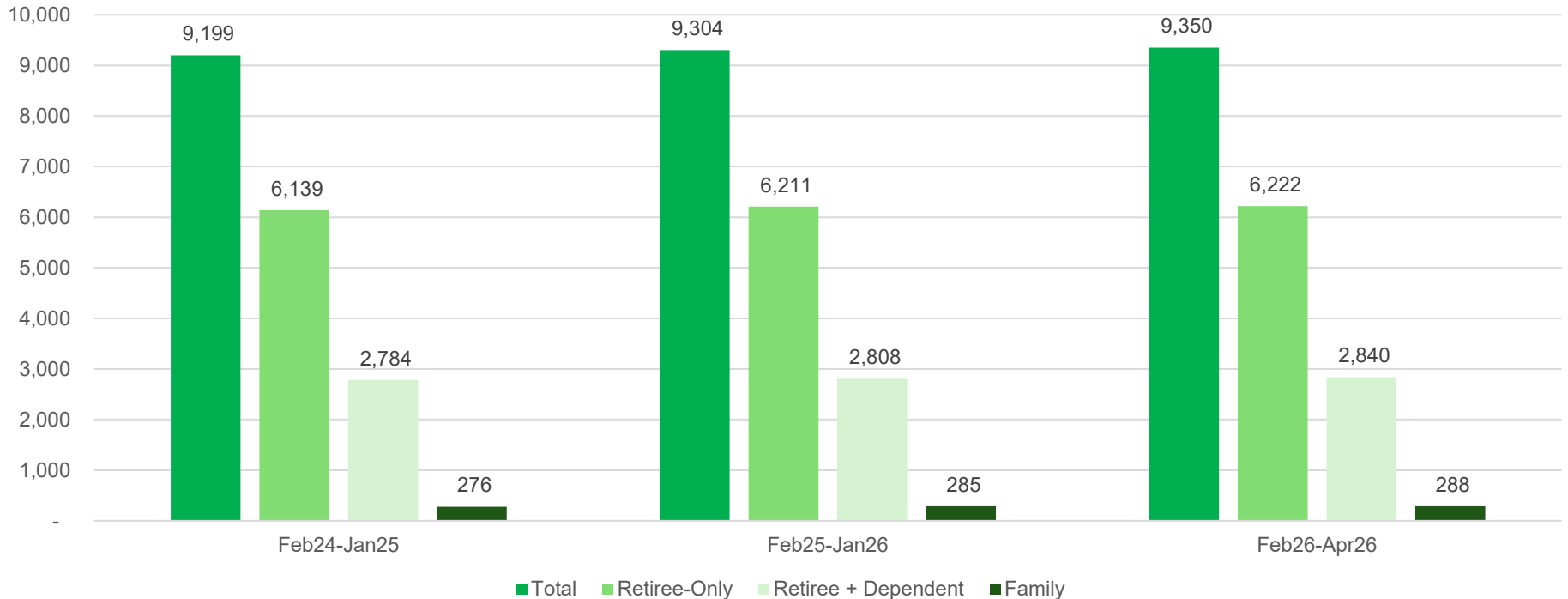
Presented on: July 1, 2026  
Presenter: Michael Szeto



# Delta Dental PPO Plan Experience

## Enrollment

Enrollment by Coverage Tier  
*Per Retiree Per Month*



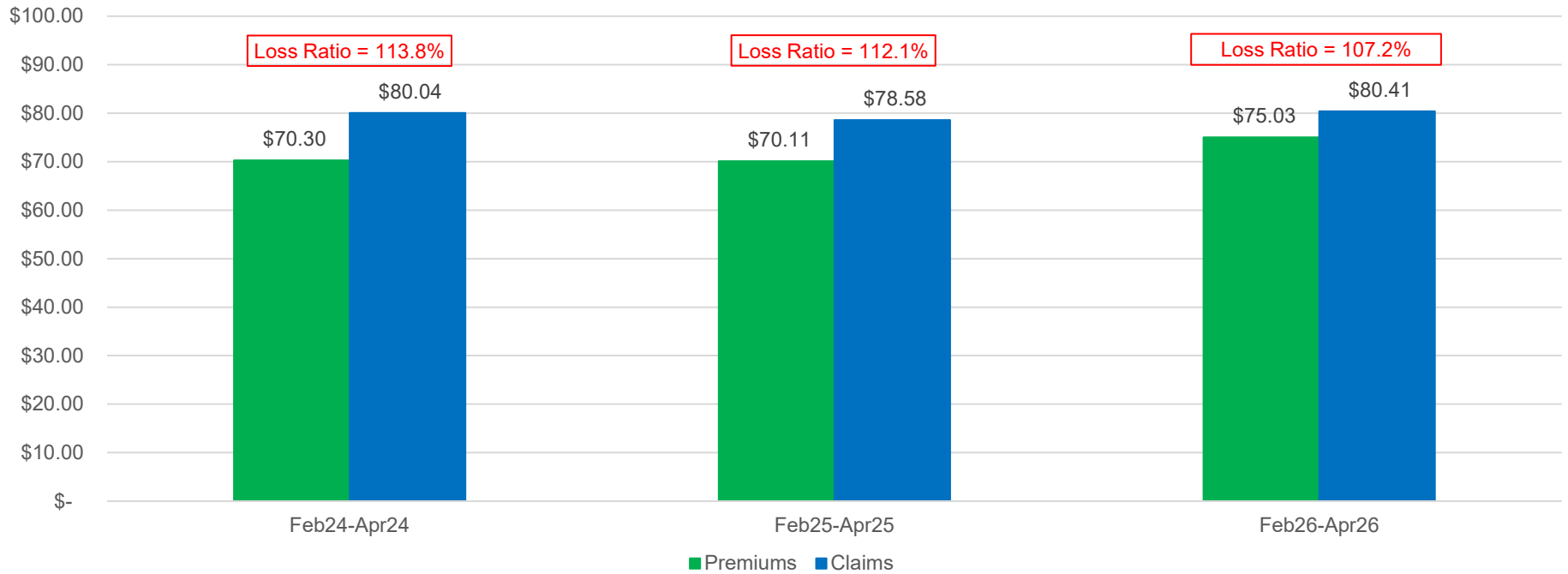
- Period-over-period total enrollment in the Delta Dental PPO plan reflects moderate growth.
- The Retiree-Only coverage tier accounts for the majority of enrollment, as ACERA does not subsidize the dependent portion of premium.

This document was prepared for a presentation given to ACERA on July 1, 2026, and should be read together with the rest of that presentation. Unless the law requires it, please do not share, copy, or quote this document, in whole or in part, without Segal's permission.

# Delta Dental PPO Plan Experience

## *Premiums & Claims – February through April Comparison*

Premiums and Claims (February – April)  
*Per Retiree Per Month*

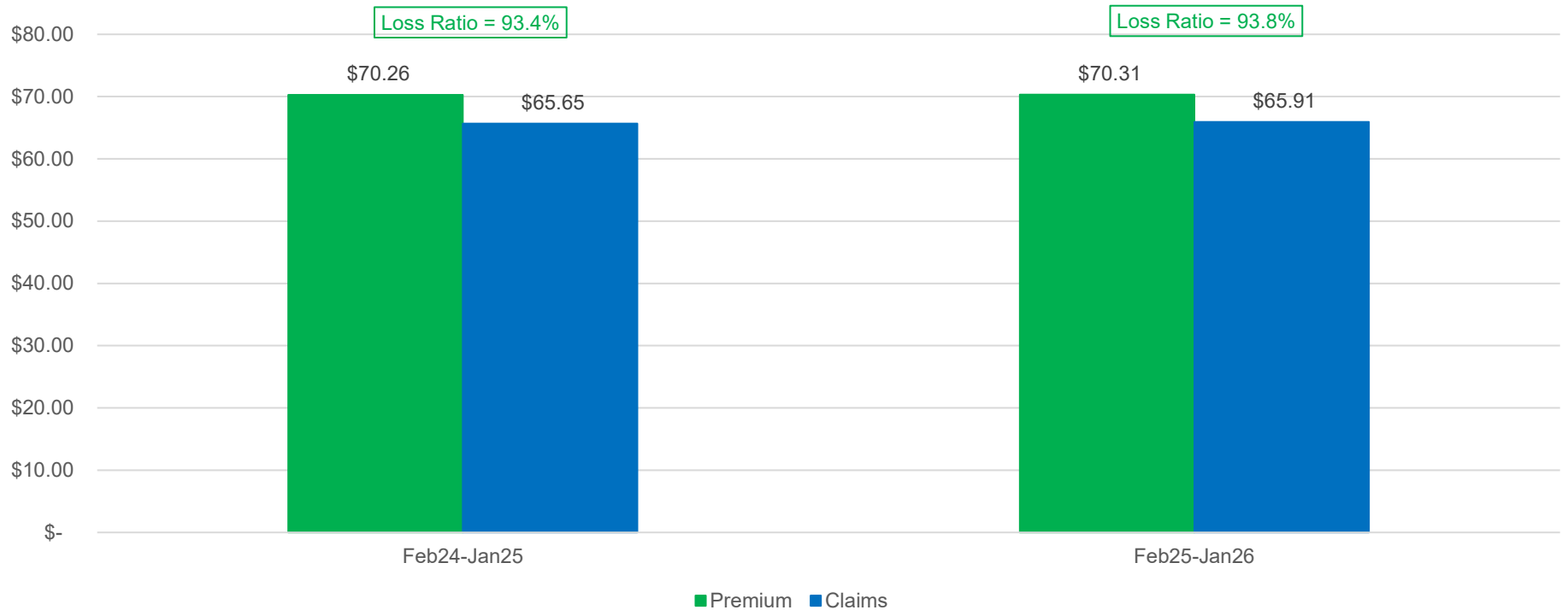


- Seasonal patterns are evident in ACERA’s dental plan experience, with claim activity typically higher during the first quarter when compared to the full plan year.
- As a result of the 2026 Dental RFP, Delta Dental’s rates are guaranteed from 2/1/2026-1/31/2029.

# Delta Dental PPO Plan Experience

## *Premiums & Claims – Plan Year Comparison*

### Premium and Claims Per Retiree Per Month

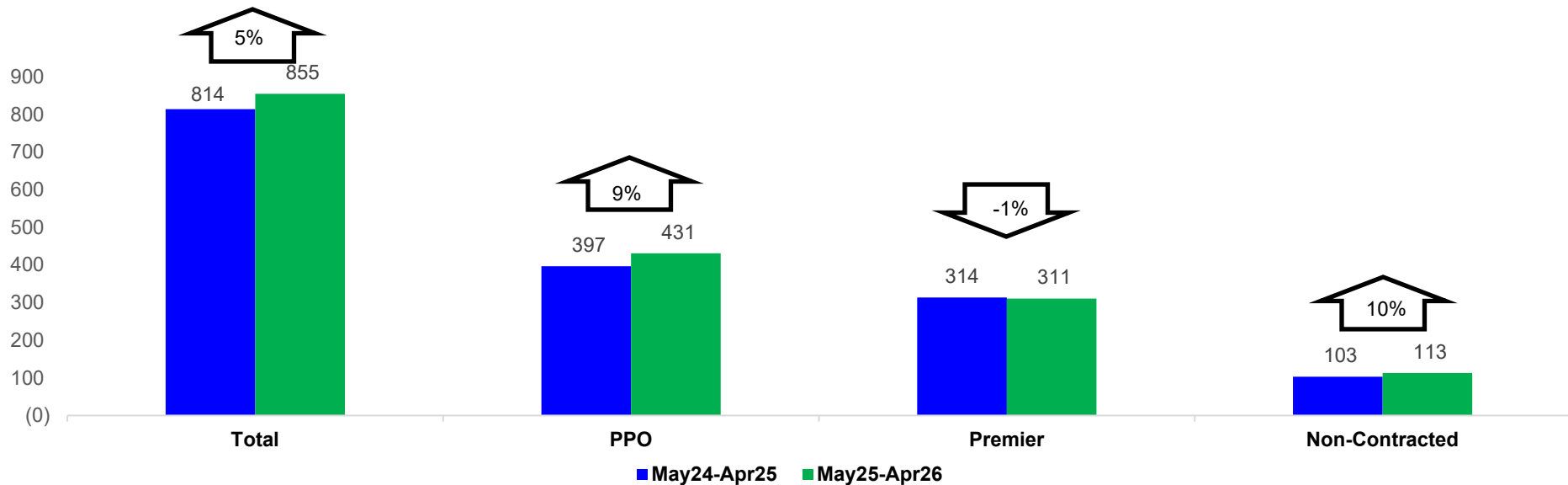


- Loss Ratio remains consistent with the increase of the annual benefit maximum from \$1,300 to \$1,900 beginning 2/1/2024.
- Delta Dental's rates are guaranteed from 2/1/2026-1/31/2029.

# Delta Dental PPO Plan Experience

## *Procedure Utilization by Network*

Monthly Procedure Count by Network  
(Per 1,000 Retirees)



- Period-over-Period utilization of Delta Dental PPO providers has improved, but the utilization of PPO and Premier providers combined remained relatively flat, declining from 87.3% to 86.8%.

# Delta Dental PPO Plan Experience

## *Dollar Grade Utilization (Excludes Orthodontics)*

Dollar Range	Feb24 – Jan25	Feb25 – Jan26	% Change
No Utilization	3,499	3,523	0.7%
<= \$379.99	6,154	6,291	2.2%
\$380.00 to \$759.99	1,078	1,092	1.3%
\$760.00 to \$1,139.99	867	826	-4.7%
\$1,140.00 to \$1,519.99	479	495	3.3%
\$1,520.00 to \$1,899.99	416	407	-2.2%
>= \$1,900.00	655	647	-1.2%
<b>Total Member Count</b>	<b>13,148</b>	<b>13,281</b>	<b>1.0%</b>

- Members without utilization remains consistent with the prior period and represents 26.5% of the covered population.
  - Delta Dental research indicates that members with extended periods of “No Utilization” could require more complex procedures and experience between \$100-\$400 in higher dental expenses.

# Delta Dental PPO Plan Experience

## *Annual Maximum*

	Feb24 – Jan25	Feb25 – Jan26	% Change
<b>Total</b>			
Total Utilizers (Members)	9,670	9,785	1.2%
Utilizers Reaching Maximum (\$1,900)	661	652	-1.4%
<b>% Reaching Maximum</b>	<b>6.8%</b>	<b>6.7%</b>	

- Total Utilizers exclude members with no utilization
  - The number of utilizers was relatively flat compared to the prior period.
  - Utilizers reaching annual maximum of \$1,900 decreased slightly compared to the prior plan year.

# Delta Dental PPO Plan Experience

## Top Utilization Categories

	Feb24– Jan25	Feb25– Jan26	Year over Year % Change
<b>Top Utilization Categories by Approved Claims</b>			
Crowns & Inlays/Onlays	\$3,693,411	\$3,796,530	2.8%
Diagnostic	\$1,950,076	\$2,078,894	6.6%
Implant Services	\$1,918,861	\$1,846,750	-3.8%
Preventive	\$1,693,315	\$1,748,082	3.2%
All Other <sup>1</sup>	\$5,580,006	\$5,544,797	-0.6%
<b>Total DPPO Claims</b>	<b>\$14,835,669</b>	<b>\$15,015,053</b>	<b>1.2%</b>
<b>Top Utilization Categories by Procedure Counts</b>			
Diagnostic	42,367	44,953	6.1%
Preventive	20,392	21,063	3.3%
Periodontics	6,514	6,765	3.9%
Restorative	5,406	5,460	1.0%
All Other <sup>1</sup>	14,438	14,640	1.4%
<b>Total DPPO Procedures</b>	<b>89,117</b>	<b>92,881</b>	<b>4.2%</b>

- The leading four utilization categories by paid claims and procedure volume have shown consistency relative to the prior period.
- Paid claims within the top four defined utilization categories comprise about 63% of all approved claims.
  - Implant services declined by 3.8%, while Diagnostic services increased by 6.6%
- Procedure volume for the top four defined utilization categories comprises about 78% of all approved procedures.
  - Growth was observed across all categories relative to the prior period, with Diagnostic services showing the most significant increase in volume at 6.1%.

<sup>1</sup> Includes Basic and Major dental services that did not make the top three list on a paid and procedure count basis.

<sup>2</sup> Diagnostic and Preventive Maximum Waiver exclude Diagnostic and Preventive services from accumulating towards the annual maximum



Alameda County Employees'  
Retirement Association (ACERA)

# VSP Plan Experience

## ACERA Retirees Committee Meeting

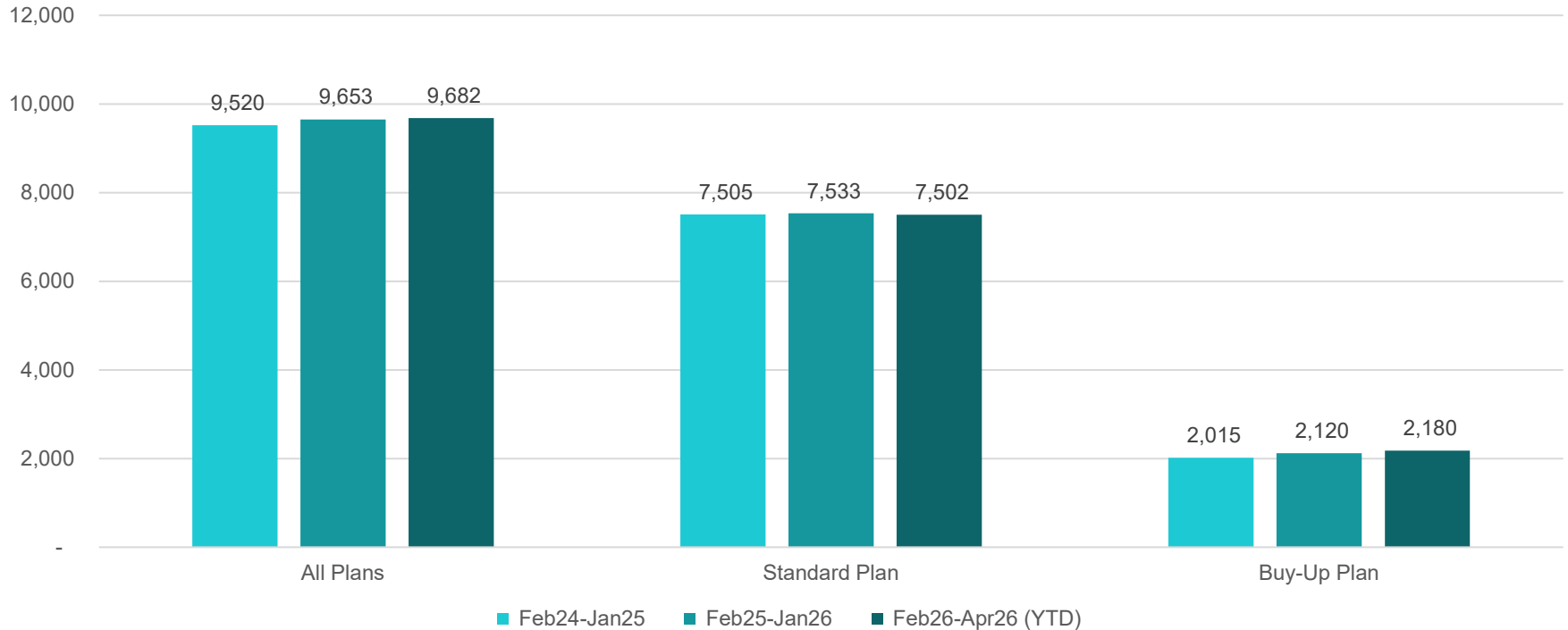
Presented on July 1, 2026  
Presenter: Michael Szeto



# VSP Plan Experience

## *Enrollment by Plan*

Enrollment by Plan  
(Per Retiree Per Month)



- Total average enrollment has remained flat over the experience period.
  - The Standard plan continues to represent the majority (77%) of enrollment.
  - Buy-Up plan participation is up nearly three percent compared to the prior period.

This document was prepared as part of a presentation made to ACERA on July 1, 2026, and is not complete without the remainder of presentation. Except as may be required by law, this document should not be shared, copied or quoted, in whole or in part, without the consent of Segal

# VSP Plan Experience

## *Utilization Metrics (May 2025 through Apr 2026)*

<b>Utilization Benchmarks (Standard &amp; Buy-Up Plans)</b>		
	<b>ACERA</b>	<b>VSP Book of Business</b>
Network Utilization	92%	91%
Exam Utilization	36%	44%
<b>Materials - Top 3 Lens Options (Standard &amp; Buy-Up Plans)</b>		
Rank	<b>ACERA</b>	<b>VSP Book of Business</b>
1	Anti-Reflective Coating	Anti-Reflective Coating
2	High Index	Polycarbonate
3	Progressive Multifocals	UV Protection
<b>Frames</b>		
	<b>Allowance</b>	<b>% with No Out-of-Pocket <sup>(1)</sup></b>
Standard Plan	\$175	35%
Buy-Up Plan	\$250	60%

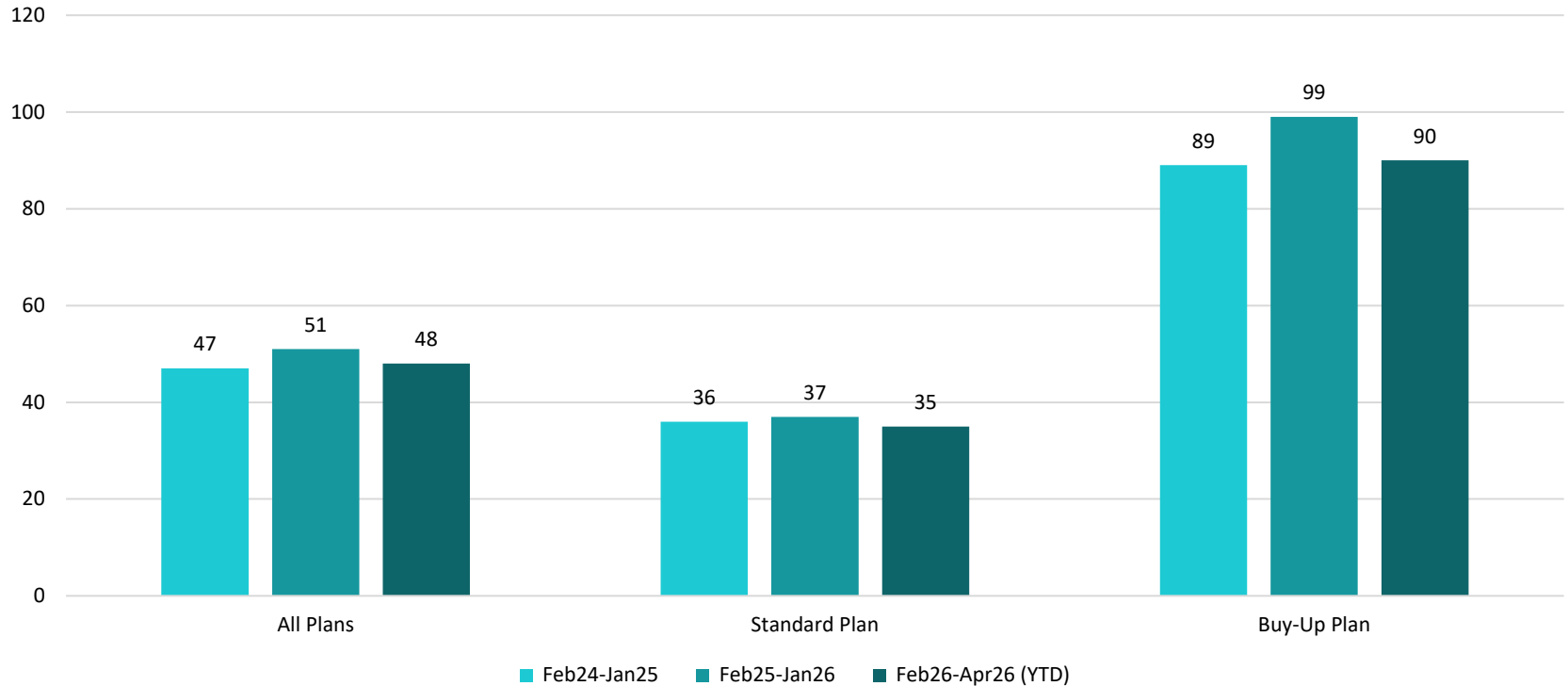
- ACERA members' network utilization increased from the prior period (91%) and is on par with VSP's Book of Business.
- ACERA members' Exam Utilization increased compared to the prior period (35%) but continues to trail VSP's Book of Business benchmark of.
- ACERA's top three Lens Options are consistent with a retiree population
- The percentage of Buy-Up members with an out-of-pocket cost for frames increased from 36% to 40% during the experience period, which could be the result of inflation and frame choices.

<sup>(1)</sup> Includes individuals who selected frames with no out-of-pocket costs.

# VSP Plan Experience

## *Claim Frequency by Plan*

Monthly Claim Frequency  
(Per 1,000 Retirees)

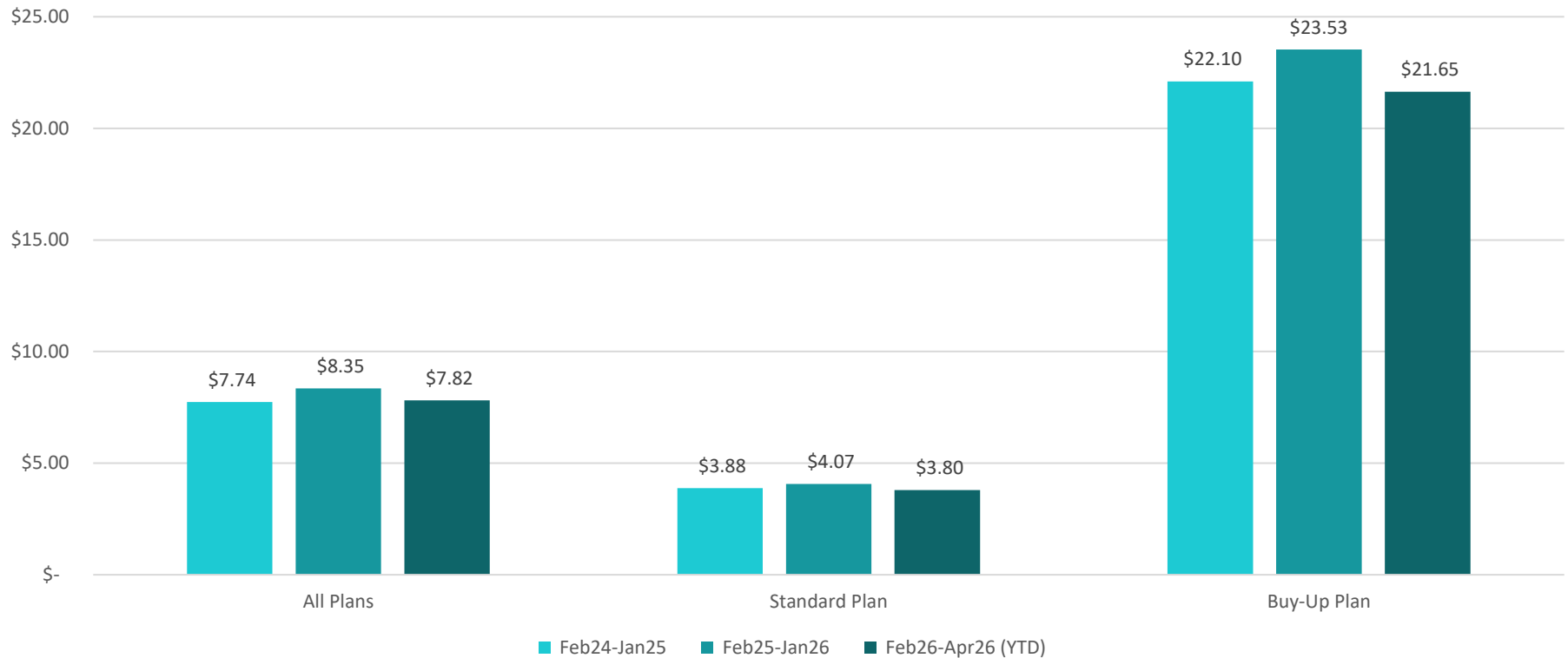


- For the most recent 12-month experience period, Monthly Claim Frequency trended up for both plans. Data for the most recent experience period is only reflective of the first three months of the new plan year.

# VSP Plan Experience

## *Claims by Plan*

Claims by Plan (Per Retiree Per Month)



- Claims on a Per Retiree Per Month basis for All Plans are down 6.3% during the period February 2026 through Apr 2026, when compared to the 2025 plan year.
- For the most recent 12-month experience period, claims for All Plans combined rose 7.9% compared to the prior period. Data for the most recent experience period is only reflective of the first three months of the new plan year.

# VSP Plan Experience

## *Premiums by Plan*

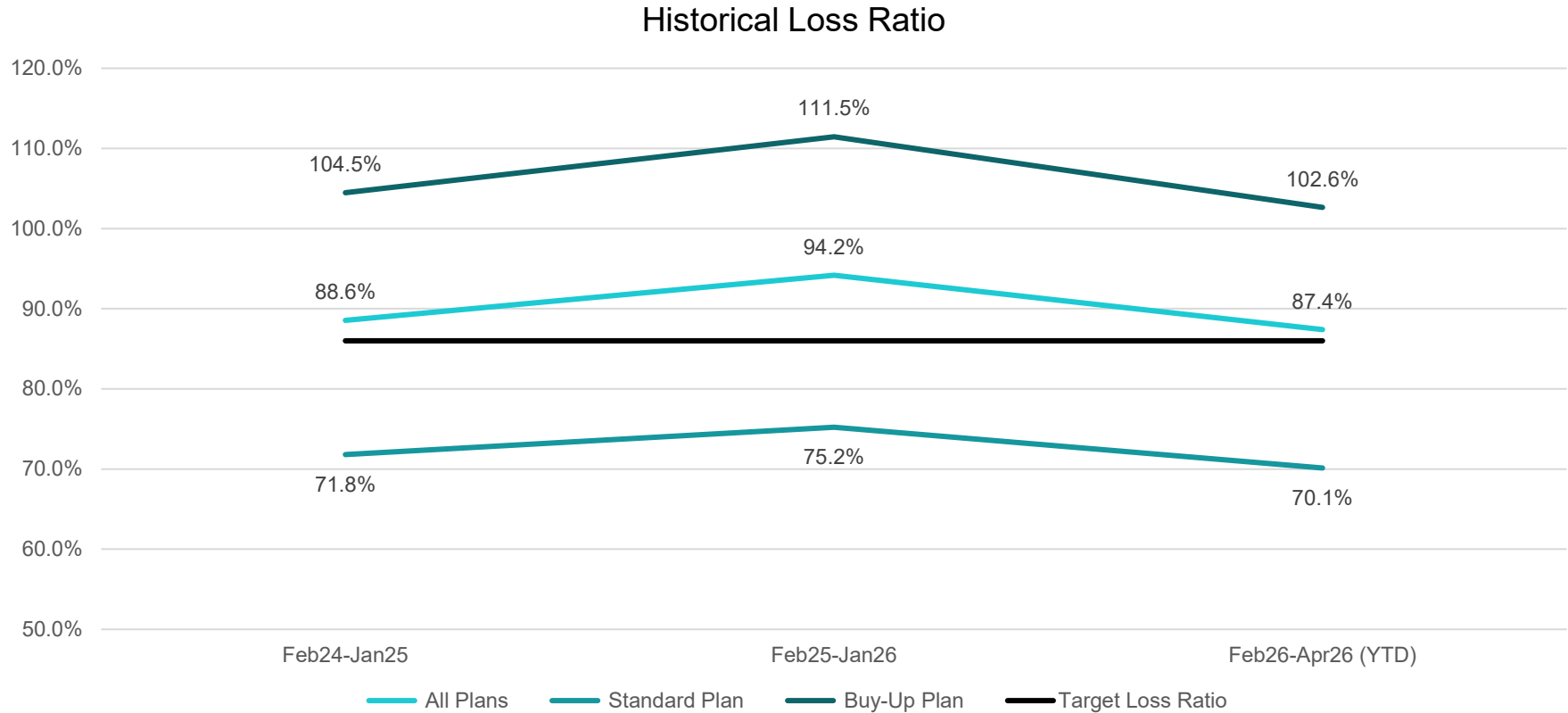
Premiums by Plan (Per Retiree Per Month)



- On a Per Retiree Per Month basis, premium rates for the Standard and Buy-Up plans have remained stable.
- As a result of the 2026 Vision RFP, VSP's premium rates will continue unchanged 2/1/2026-1/31/2031.

# VSP Plan Experience

## Loss Ratio by Plan



- VSP's target loss ratio (i.e., claims divided by premiums) is 86%
  - The Standard plan's loss ratio has consistently trended below VSP target loss ratio while the Buy-Up plan loss ratio has historically trended higher than VSP's target loss
  - The loss ratio will be a consideration when 2/1/2031 premium rates are developed



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: July 1, 2026

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant CEO, Benefits *CB*  
Mike Fara, Communications Manager *MF*

SUBJECT: **Implementation of Revised Direct Deposit Forms and Trust Procedures for Legislative Compliance**

ACERA has launched redesigned direct deposit forms and corresponding updates to the application for service retirement. These updates were implemented to improve the member experience, modernize our standard form layouts, and ensure compliance with recent California legislative changes regarding pension disbursements.

#### **Redesign and Electronic Submission of the Standard Direct Deposit Form**

The standard direct deposit form has been redesigned from the ground up. The primary goals of this overhaul were to clarify the language, make the form more member-friendly, and transition it to our new standard design layout. As a result of this redesign, the standard direct deposit form is now fully integrated into DocuSign, allowing members to complete and submit their deposit instructions electronically.

#### **New Legislative Guidelines and the Trust Direct Deposit Form**

Following the implementation of California Government Code Section 31452.6(d), effective in 2025, ACERA is now permitted to direct deposit a member's pension payments into two specific types of trust accounts:

- Revocable Living Trusts
- Income-Only (Miller) Trusts established for Medi-Cal or Medicaid eligibility

Previously, direct deposits into any type of trust were not permitted. To keep the standard direct deposit form streamlined and member-friendly for the majority of retirees not using trusts, we moved the complex requirements for trust deposits onto a separate, standalone trust form following a thorough legal review.

#### **Updates to the Application for Service Retirement**

The direct deposit section of the Application for Service Retirement has also been updated to seamlessly incorporate these new trust options and procedures.

All updated forms are currently live on the website, fully available for members to use in DocuSign, and sample forms have been included in this packet for your review.

Attachment



# Direct Deposit Authorization Form

510-628-3000 • Email: [www.acera.org/email](http://www.acera.org/email)

Do not complete this form if you are requesting ACERA to send monthly retirement benefit payments to an account held in the name of a trust—either a Revocable Living Trust or an Income-Only (Miller) Trust established for Medi-Cal or Medicaid eligibility. Instead, complete the Trust Form for Direct Deposit at: [www.acera.org/tf](http://www.acera.org/tf)

## Direct Deposit Is Mandatory

## No Foreign Bank Accounts

To comply with NACHA regulations, ACERA cannot direct deposit funds with financial institutions outside of the territorial jurisdiction of the United States (all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries).

## No Business Accounts

## No Investment Accounts

## Trust Accounts Use A Different Form

For Trust Accounts (Living or Miller Trust ONLY), use the Trust Form for Direct Deposit at:

[www.acera.org/tf](http://www.acera.org/tf)

Name Last 4 of SSN

Email Address Date of Birth (mm/dd/yyyy)

Address

City State Zip Country

Home/Cell Phone Number

I hereby authorize the deposit of my retirement benefits to the Financial Institution indicated below, to credit the amounts thereof to the following account:

Bank Name

Bank Address

Select One:

Checking Account  Savings Account

ABA Routing Number (nine digits) Account Number

**Provide Voided Check:** Please provide a voided check (not a deposit slip). If you don't have checks with your account, you may provide a letter from your bank on bank letterhead with your full name, full account number, routing number, and the type of account it is (checking or savings).

**You Are Responsible for Accuracy:** Please ensure that your bank routing number, account number, and account type (checking or savings) are entered correctly. ACERA cannot recover funds if they are deposited into an incorrect account due to inaccurate information provided.

**Payment Recovery:** I understand that benefits are payable only during my lifetime and that ACERA will recover any payments issued after my date of death.

**Authorization:** This authority is to remain in full force and in effect until ACERA receives written notification from me of its termination or change.

Check this box if you are the Power of Attorney or Conservator\*

Signature Date (mm/dd/yyyy)

\*Must have Power of Attorney Documentation in member's file or submission with this form.



## How to Submit Your Form

510-628-3000 • 1-800-838-1932 • email: [www.acera.org/email](mailto:www.acera.org/email)

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### Use One of These Five Options

#### OPTION A: Scan and Upload

1. **Print:** Print your form and sign it.
2. **Scan:** Install the free Adobe Scan app on your smartphone, and use it to create a single PDF of all pages of your form and any attached documents. Visit [www.acera.org/scan](http://www.acera.org/scan) for a tutorial and a link to get the app. (Alternatively, you can use a physical scanner to create a PDF.)
3. **Upload:** Use one of these two secure methods to upload:
  - a. Log in to your account at [www.acera.org/login](http://www.acera.org/login). Click Message Center > Send a New Message > Attach Files to upload your signed, scanned, PDF form. Write the name of the form in the message subject line. Click Send.
  - b. Or visit [www.acera.org/upload](http://www.acera.org/upload), to use DocuSign to upload a file without logging in.

#### OPTION B: Quick Code (QIC)

Print your form and any attached documents, sign it, place it in a county Quick Code (QIC) envelope, and send it to ACERA at 22901.

#### OPTION C: Fax

Fax your printed, signed form and any attached documents to 510-268-9574.

#### OPTION D: Mail

Mail your printed, signed form and any attached documents to:

ACERA  
475 14th Street, Suite 1000  
Oakland, California 94612

#### OPTION E: Drop It In Our Office Drop Box

Print your form, sign it, and submit the original copy and any attached documents in our drop box. Our drop box is in our office elevator lobby on the 10th floor of 475 14th Street in Oakland. The lobby is open during regular business hours, Mon-Fri 9:00am-4:30pm, excluding holidays. You don't need an appointment.



# Trust Form for Direct Deposit

510-628-3000 • Fax: 510-268-9574 • Email: [www.acera.org/email](http://www.acera.org/email)

Complete this form only if you are requesting ACERA to send monthly retirement benefit payments to an account held in the name of a trust—either a Revocable Living Trust or an Income-Only (Miller) Trust established for Medi-Cal or Medicaid eligibility.

## SECTION 1

### Member Information

#### Direct Deposit Is Mandatory

Name		Last 4 of SSN	
Email Address		Date of Birth (mm/dd/yyyy)	
Address			
City	State	Zip	Country
Home/Cell Phone Number			

## SECTION 2

### Direct Deposit Payment Authorization for Trust Account

#### No Foreign Bank Accounts

To comply with NACHA regulations, ACERA cannot direct deposit funds with financial institutions outside of the territorial jurisdiction of the United States (all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries).

I authorize ACERA to direct deposit my monthly benefit payments to a trust account held in the name of:

Name of Trust	
Trust Identification Number (SSN or EIN)	Date Trust Was Executed (dd/mm/yyyy)
Trustee(s)	
Settlor(s)	
Sole Beneficiary(ies) During Lifetime	

#### No Business Accounts

Bank Name
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#### No Investment Accounts

Bank Address
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#### Select One:

- Checking Account     Savings Account

ABA Routing Number (nine digits)	Account Number
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Your Name (First Name, Middle Initial, Last Name)	Date (mm/dd/yyyy)
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**SECTION 3**

### Certification, Attachments, and Signature

**I certify under penalty of perjury that:**

- The trust is a revocable living trust or an income-only trust (Miller trust) that is controlled by me or was established for my benefit (or for the benefit of a deceased retired member’s survivor, if applicable) in order to qualify for Medi-Cal or comparable state Medicaid assistance.
- The trust is currently in effect and has not been revoked, amended, or modified in any way that would make the information in this form inaccurate.

**I further declare that:**

- I will immediately provide an updated Certification of Trust to ACERA if any changes occur to, including changes to the trustee(s), beneficiary(ies), or trust terms.
- I understand that benefits may only be paid to the trust during the lifetime of the retired member (or applicable survivor), and I agree to return any payments issued after the date of death.

#### Required Attachment: Certification of Trust

You must attach a signed Certification of Trust that may include the trust’s name and date, settlor and trustee identity, beneficiaries, powers of trustee, revocability, and tax ID number.

#### Required Attachment: Voided Check

Please provide a voided check (not a deposit slip). If you don’t have checks with your account, you may provide a letter from your bank on bank letterhead with your full name, full account number, routing number, and the type of account it is (checking or savings).

### Notices and Signature

**You Are Responsible for Accuracy:** Please ensure that your bank routing number, account number, and account type (checking or savings) are entered correctly. ACERA cannot recover funds if they are deposited into an incorrect account due to inaccurate information provided.

**Payment Recovery:** I understand that benefits are payable only during my lifetime and that ACERA will recover any payments issued after my date of death.

**Authorization:** This authority is to remain in full force and in effect until ACERA receives written notification from me of its termination or change.

Check this box if you are the Power of Attorney or Conservator\*

Signature	Date (mm/dd/yyyy)
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\*Must have Power of Attorney Documentation in member’s file or submission with this form.



## How to Submit Your Form

510-628-3000 • 1-800-838-1932 • email: [www.acera.org/email](mailto:www.acera.org/email)

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### Use One of These Five Options

#### OPTION A: Scan and Upload

1. **Print:** Print your form and sign it.
2. **Scan:** Install the free Adobe Scan app on your smartphone, and use it to create a single PDF of all pages of your form and any attached documents. Visit [www.acera.org/scan](http://www.acera.org/scan) for a tutorial and a link to get the app. (Alternatively, you can use a physical scanner to create a PDF.)
3. **Upload:** Use one of these two secure methods to upload:
  - a. Log in to your account at [www.acera.org/login](http://www.acera.org/login). Click Message Center > Send a New Message > Attach Files to upload your signed, scanned, PDF form. Write the name of the form in the message subject line. Click Send.
  - b. Or visit [www.acera.org/upload](http://www.acera.org/upload), to use DocuSign to upload a file without logging in.

#### OPTION B: Quick Code (QIC)

Print your form and any attached documents, sign it, place it in a county Quick Code (QIC) envelope, and send it to ACERA at 22901.

#### OPTION C: Fax

Fax your printed, signed form and any attached documents to 510-268-9574.

#### OPTION D: Mail

Mail your printed, signed form and any attached documents to:

ACERA  
475 14th Street, Suite 1000  
Oakland, California 94612

#### OPTION E: Drop It In Our Office Drop Box

Print your form, sign it, and submit the original copy and any attached documents in our drop box. Our drop box is in our office elevator lobby on the 10th floor of 475 14th Street in Oakland. The lobby is open during regular business hours, Mon-Fri 9:00am-4:30pm, excluding holidays. You don't need an appointment.



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: July 1, 2026

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant CEO, Benefits   
Mike Fara, Communications Manager 

SUBJECT: **Retirement Estimate Optimization**

### **Background**

ACERA has finalized the design for an optimized benefit estimate. This project aims to standardize the retirement estimate format across our systems, provide our members with a clearer, more comprehensive tool for retirement planning, and dramatically improve administrative efficiency.

### **Expanded Estimate Capabilities and Enhancements**

To ensure members have the data they need to make informed retirement decisions, the new format incorporates a variety of features and calculations that were previously unavailable or required manual calculations. Members and staff will now be able to:

- **View a Breakout of All Service Credit Items:** The estimate will feature a full breakdown of all specific service credit components used to calculate the overall total.
- **Include or Exclude Sick Leave Conversion:** Users will have the explicit option to include or exclude sick leave conversion amounts to see the exact impact on the estimate.
- **Calculate Cash Vacation Compensation:** Users can enter specific hours of cash vacation compensation to see exactly how it affects their final retirement allowance estimate. This restores a highly requested calculation feature that was previously available to members prior to the launch of MemberDirect.
- **Estimate the Pension Advance:** The system will now calculate estimates for the Pension Advance (currently known on our website as the Temporary Added Annuity, which is being renamed to be more intuitive). This feature provides a temporary increase to the retirement allowance up to age 62 (based on a Social Security estimate) followed by a permanent decrease at age 62 and beyond.
- **Run Complex Option 4 Scenarios:** The update allows users to generate estimates for every permutation of Retirement Allowance Option 4 (Optional Settlement 4), including leaving a lifetime continuance of any available percentage to one or more beneficiaries.

In addition to these functional upgrades, we worked closely with our in-house graphic designer, Bree Ramirez, to present the data in an elegant, intuitive layout using clear, member-friendly language.



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MEMORANDUM TO THE RETIREES COMMITTEE

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**System Standardization and Staff Efficiency**

The new design also transitions the estimate into a unified letter format. This ensures that the estimates generated online by members via MemberDirect are identical to the ones generated by staff through PensionGold.

Currently, when a member requests an estimate from staff, the estimate through PensionGold generates a letter format for only the Unmodified Option. If a member requests figures for any of the other optional settlements, staff must manually edit and format the letter before mailing it out. The new estimate automates this process for all available options, eliminating the need for manual letter manipulation. Whether an estimate is generated by a member online or by staff upon request, the final document will be complete, standardized, and look exactly the same—preventing any subversion of expectations. For staff, it is a significant upgrade in efficiency: they will simply generate the comprehensive estimate, print it out, and pop it directly into a window envelope for mailing.

**Current Status and Next Steps**

With the design phase complete, our next step is to submit the revised user interface mockups, the new estimate design, and the updated input requirements to LRS, our PensionGold vendor, to obtain a project timeline and cost estimate. We wanted to bring this finalized design to the Retirees Committee and the Board to provide an update on our progress, and we have included sample mockups of the new estimate layout in your packet for your review.

Attachment



# Retirement Benefit Estimate

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 14th Street, Suite 1000, Oakland, CA 94612

(800) 838-1932 (510) 628-3000 fax (510) 268-9574

[www.acera.org](http://www.acera.org)

[First name] [Last Name]  
[Address 1]  
[Address 2]  
[City], [ST] [Zip]

[MONTH] [DD], [YYYY]

Dear [First name] [Last name],

This estimate helps you plan for retirement by showing your projected monthly benefits based on your current ACERA records.

**This is only an estimate. Your actual benefit will be based on your actual highest average monthly salary (final average salary), age, and years of service credit on your retirement date.**

**Important Details:** This estimate assumes full payment of any required balances (if applicable) and that any data you provided is accurate. Final benefit amounts may be affected by changes to pension laws or reductions for benefits payable to an alternate payee. Your pension is inflation protected through the COLA ([www.acera.org/cola](http://www.acera.org/cola)) and the Supplemental COLA ([www.acera.org/supcola](http://www.acera.org/supcola)). This estimate is calculated within benefit limits described at [www.acera.org/limits](http://www.acera.org/limits).

**Next Steps:** If you plan to retire, you must submit an Application for Service Retirement, all other required forms, and all required supporting documents within the 90-day period before your retirement date. Visit [www.acera.org/retire](http://www.acera.org/retire) for detailed instructions.

**For More Estimates:** Log into your MemberDirect account at [www.acera.org/login](http://www.acera.org/login).

We wish you the very best in retirement.

Sincerely,  
ACERA Staff

Benefit Formula Information Used in this Estimate			
<b>Age of Retirement</b>	XX.XXXXX	<b>ACERA Service Credit</b>	
<b>Tier 2 Highest Average Monthly Salary ([SalaryCB])<sup>1</sup>:</b>	\$XX,XXX.XX	Service Earned ([ServiceCB]):	XX.XXXXX
Highest Average Salary Date Range:	DD/MM/YYYY-DD/MM/YYYY	Sick Leave Converted:	X.XXXXX
Vacation Hours Previously Sold Within Date Range:	XXX.XXXX	Service Already Purchased:	XX.XXXXX
Additional Vacation Hours You Added:	XXX.XXXX	Service Purchase Pending:	XX.XXXXX
Total Hours of Vacation Compensation Included as Salary in this Estimate <sup>2</sup> :	XXX.XXXX	Divorce Service Subtracted:	-XX.XXXXX
		Total Years of Service Credit:	XX.XXXXX
<b>Employee Contribution Account Balance:</b>	\$X,XXX,XXX.XX		



# Retirement Benefit Estimate

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

Projected Separation Date: DD/MM/YYYY      Projected Retirement Date: DD/MM/YYYY      Pension Advance Selected: Yes

## Estimated Monthly Retirement Benefits

Benefit Option:	Member Monthly Benefit	Continuance Beneficiary	Beneficiary Monthly Benefit
You Choose One Option at Retirement			Paid After Member's Death
<b>Unmodified Option</b> Pays 60% of member's benefit as a monthly continuance to a qualifying survivor <sup>3</sup>	Pre-Age 62 Gross: \$XX,XXX.XX Post-Age 62 Gross: \$XX,XXX.XX	[Beneficiary 1]	\$XX,XXX.XX
<b>Option 1</b> Leaves your beneficiary the remaining balance of your contributions and interest, \$XXX,XXX.XX, minus all monthly annuity payments, \$XX,XXX.XX, and 1/2 of all COLAs that were paid to you.	Pre-Age 62 Gross: \$XX,XXX.XX Post-Age 62 Gross: \$XX,XXX.XX		
<b>Option 2</b> Pays 100% of member's monthly benefit as a lifetime monthly continuance to beneficiary <sup>4</sup> .	Pre-Age 62 Gross: \$XX,XXX.XX Post-Age 62 Gross: \$XX,XXX.XX	[Beneficiary 1]	\$XX,XXX.XX
<b>Option 3</b> Pays 50% of member's monthly benefit as a lifetime monthly continuance to beneficiary.	Pre-Age 62 Gross: \$XX,XXX.XX Post-Age 62 Gross: \$XX,XXX.XX	[Beneficiary 1]	\$XX,XXX.XX
<b>Option 4</b> Pays a lifetime monthly continuance of a percentage you specify to one or more beneficiaries <sup>4</sup> .  Pays XXX% of member's monthly benefit to beneficiary.	Pre-Age 62 Gross: \$XX,XXX.XX Post-Age 62 Gross: \$XX,XXX.XX	[Beneficiary 1]	XXX%      \$X,XXX.XX
		[Beneficiary 2]	XX%      \$X,XXX.XX
		[Beneficiary 3]	XX%      \$X,XXX.XX
		[Beneficiary 4]	XX%      \$X,XXX.XX
		[Beneficiary 5]	XX%      \$X,XXX.XX

- 1 If you sold vacation during the Average Salary Date Range, that vacation payment is already calculated into your Average Monthly Salary for this estimate.
- 2 Other reciprocal agencies may have different rules than ACERA regarding how much vacation pay—if any—is included in your salary. Contact your other agencies to verify the salary figures they will use for your calculation, and remember that you must apply for retirement with each agency separately.
- 3 The unmodified option pays a lifetime continuance of 60% of the member's benefit to a surviving spouse or registered state/county domestic partner (list at [www.acera.org/domestic](http://www.acera.org/domestic)) if married or partnered at least one year prior to retirement. If there is no surviving spouse or domestic partner, the unmodified option pays 60% to a dependent child under 18 (or split among multiple children), or up to 22 if unmarried and registered with an accredited school. [www.acera.org/options](http://www.acera.org/options)
- 4 If the beneficiary is more than 10 years younger than the retiree and they are not the retiree's spouse or registered state/county domestic partner (list at [www.acera.org/domestic](http://www.acera.org/domestic)), the beneficiary's benefit may be less than 100% and will be limited based on the IRS Limit for Non-Spouse Beneficiaries. More info at [www.acera.org/nonspouse](http://www.acera.org/nonspouse).



