Alameda County Employees' Retirement Association

BOARD OF RETIREMENT

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

LOCATION AND TELECONFERENCE	COMMITTEE MEMBERS	
ACERA **C.G. "BUD" QUIST BOARD ROOM** **475 14TH STREET, 10TH FLOOR** **OAKLAND, CALIFORNIA 94612-1900** **MAIN LINE: 510.628.3000** **FAX: 510.268.9574**	**ELIZABETH ROGERS, CHAIR**	**ELECTED RETIRED**
	KELLIE SIMON, VICE CHAIR	**ELECTED GENERAL**
	OPHELIA BASGAL	**APPOINTED**
	KEITH CARSON	**APPOINTED**
	STEVEN WILKINSON	**APPOINTED**
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. **Link: https://zoom.us/join** **Call-In: 1 (669) 900-6833 US** **Webinar ID: 879 6337 8479** **Passcode: 699406** **For help joining a Zoom meeting, see: https://support.zoom.us/hc/en-us/articles/201362193**		

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 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 and also may be inspected at 475 14th Street, 10th Floor, Oakland, CA 94612-1900.

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. **Proposal to Offer Individual Plans for Early Retirees Living in the Service Area (Deferred Item from April 1, 2026 Retirees Committee)**

   Discussion and possible motion to recommend that the Board of Retirement offer individual health plan options for early retirees living within the service area.

   - Carlos Barrios
   - Timothy King, Via Benefits

   Recommendation
   Staff recommend that the Retirees Committee recommend to the Board of Retirement that it adopt the early retiree enrollment into the HRA for retirees living in the group service area starting on November 1, 2026, which would make them eligible for healthcare reimbursements through the HRA for healthcare expenses on or after January 1, 2027.

2. **Adoption of Dental Plan Contributions for 2027**

   Discussion and possible motion to recommend that the Board of Retirement continue dental plan contributions for Plan Year 2027. ACERA currently provides a contribution to cover the single retiree premium for retirees with ten or more years of ACERA service, service connected disability recipients, or grandfathered as of January 31, 2014 non-service connected disability recipients.

   - Carlos Barrios

   Recommendation
   Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to continue the dental plan contributions for Plan Year 2027, which provides a monthly subsidy equal to the single-party dental plan coverage premium of $54.35 for the PPO plan and $19.96 for the DeltaCare USA plan for retirees who are receiving ACERA allowances with ten or more years of ACERA service, are service connected disability retirees, or are non-service connected disability retirees on or before January 31, 2014. This is a non-vested benefit funded by contributions from the 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.

3. Adoption of Vision Plan Contributions for 2027

Discussion and possible motion to recommend that the Board of Retirement continue vision plan contributions for Plan Year 2027. ACERA currently provides a contribution to cover the single retiree premium for retirees with ten or more years of ACERA service, service connected disability recipients, or grandfathered as of January 31, 2014 non-service connected disability recipients.

- Carlos Barrios

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to continue the vision plan contributions for Plan Year 2027, which provides a monthly subsidy equal to the single-party vision plan coverage premium of $4.63 for retirees who are receiving ACERA allowances with ten or more years of ACERA service, are service connected disability retirees, or are non-service connected disability retirees on or before January 31, 2014. This is a non-vested benefit funded by contributions from the 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.

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 Renewal Information for 2027

Segal, ACERA's Benefits Consultant, will report on Dental and Vision Plans premiums for Plan Year 2027 renewals.

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

2. Semi-Annual Report on ACERA's Wellness Program

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

- Mike Fara
- Mario Martinez

Trustee Remarks

Future Discussion Items

Establishment of Next Meeting Date

September 2, 2026, at 9:30 a.m.

Adjournment

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: August 5, 2026

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer

SUBJECT: **Proposal to Offer Individual Plans for Early Retirees Living in the Service Area (Deferred Item from April 1, 2026 Retirees Committee)**

Early retirees (retirees under the age of 65) who live outside of the Group Plans service area may be eligible for reimbursement through the Health Reimbursement Account (HRA) administered through Via Benefits, but early retirees who live inside of the Group Plans service area may not and can only choose to enroll into the Group Plans. This proposal would allow early retirees living in the service area to be eligible for reimbursement through the HRA as an additional choice to the Group Plans.

For the last couple of years some trustees have expressed concerns over the rising cost of medical premiums for early retirees and sought alternatives to relieve some of the cost burden. To add to those concerns, the United Health Care SignatureValue Advantage HMO Plan (SVA Plan) was discontinued after the Canopy Health providers left the SVA network in Northern California, effective February 1, 2026, eliminating access to the lower cost network contracts and rates. Retirees who were in the network were moved into the United Health Care SignatureValue HMO Plan (SV Plan).

In 2026, there were 115 retirees in the SVA Plan who were moved to the SV Plan. The monthly premium was $1,840.38. In 2025, the monthly SVA premium was $1,042.48; therefore, the premium increased for them by 76.57% in 2026. Some retirees chose to enroll into the Kaiser Permanente Plan or leave the Group Plans altogether. The most recent data shows that 812 early retirees are enrolled in the Group Plan. Of those, 725 retirees are enrolled in the Kaiser Permanente HMO Plan and 87 are enrolled in the SV Plan. If the Board were to adopt a recommendation to make the HRA available to early retirees, it could result in those who were moved to the SV Plan migrating to the exchange due to the dramatic increase in the monthly SV Plan premium.

However, it appears some of those retirees may have already left the Group Plan and, therefore, some of the migration may have already occurred. At the June 4, 2025 Retiree Committee meeting (RCM), staff reported that a combined 177 retirees were enrolled in the SV and SVA plans. At the July 1, 2026 RCM, staff reported 87 retirees enrolled in the SV Plan. Although some of those retirees moved to Kaiser, some left the group altogether. Therefore, allowing early retirees who live in the group service area to enroll into the Individual Plan could entice some of those retirees to come back.

One of Via Benefits' services is to assist retirees with comparing Medical Plans to fit their medical needs and wants whenever possible. Importantly, there are Annual Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs) available to help reduce deductibles, copays, coinsurance, which serve to help retirees with overall costs. The APTCs and CSRs are available only up to certain income thresholds and for plans that meet the Affordable Care Act criteria. A retiree must choose between using the HRA or the APTCs and CSRs, but not both. Via Benefits works with retirees to find the more cost-effective choice.

The Monthly Medical Allowance (MMA) for early retirees in the Individual Plans is the same as the Group Plans, $687.21 for retirees with 20 years of service—the MMA is the funding source for the HRA. If the recommendation were adopted, we would not anticipate a cost increase to the Supplemental Retiree Benefits Reserve (SRBR), and, in fact, there could be a small savings to the SRBR if retirees chose to take the tax credits instead of using the HRA. Currently, there are early retirees who live outside the service area who choose to use the tax credits instead of the HRA. The HRA funds that are not used remain in the SRBR.

The County of Alameda Human Resource Services (HRS) staff completed a review and analysis of the proposal to expand early retiree access to individual medical plans through ACERA's private health insurance exchange, Via Benefits. Based on HRS staff analysis, they have a concern that the change could affect the experience underlying the current blended rating methodology and increase costs for active employees expanded enrollment in individual plans through Via Benefits if it alters the composition of retirees participating in the County's group medical plans, with lower-utilizing retirees potentially migrating to individual coverage while higher-utilizing retirees remain in County-sponsored plans. While the County does not oppose ACERA's proposed change they plan to continue to monitor enrollment patterns and any related impacts during the next plan year and share that information with ACERA.

If adopted, early retirees within the service area would be allowed to enroll during the normal open enrollment period for the Via Benefits Non-Medicare Plans starting on November 1, 2026, which would make them eligible for reimbursements through the HRA for healthcare expenses on or after January 1, 2027.

<u>Recommendation</u>
Staff recommend that the Retirees Committee recommend to the Board of Retirement that it adopt the early retiree enrollment into the HRA for retirees living in the group service area starting on November 1, 2026, which would make them eligible for healthcare reimbursements through the HRA for healthcare expenses on or after January 1, 2027.

alameda county
Human Resource Services
Our community. Your purpose.

Lakeside Plaza Building
1401 Lakeside Drive, Suite 500
Oakland, CA 94612-4305

July 27, 2026

ACERA Retirees Committee
Alameda County Employees' Retirement Association
475 14th Street, 10th Floor
Oakland, CA 94612

SUBJECT: **ACERA Proposed Early Retiree Individual Plan Expansion and Potential Medical Rate Structure Changes**

The County of Alameda ("County') Human Resource Services ("HRS") staff completed the review and analysis of the proposals under consideration by Alameda County Employees' Retirement Association ("ACERA") related to expanding early retiree access to individual medical plan options through the ACERA private health insurance exchange, Via Benefits.

The County appreciates ACERA's ongoing efforts to provide retirees with additional healthcare choices and recognizes the potential benefits that expanded individual plan options may offer to certain retirees. As reflected in the County's March 31, 2026, correspondence to the Retirees Committee, the County has been evaluating the operational and financial implications associated with these proposed changes.

As part of this analysis, HRS assessed the potential impact that expanded enrollment in individual plans through Via Benefits could have on the County's existing group medical plans and the current methodology used to establish medical premium rates. Historically, County medical plan rates have been developed using a blended population consisting of active employees and eligible early retirees enrolled in County-sponsored medical plans. This approach has distributed costs across a larger population and helped moderate year-to-year fluctuations in retiree medical rates. The blended rating structure has also been reflected in the County's longstanding administration of early retiree medical benefits.

Based on HRS staff analysis, there is concern that expanded enrollment in individual plans through Via Benefits could alter the composition of retirees participating in the County's group medical plans, with lower-utilizing retirees potentially migrating to individual coverage while higher-utilizing retirees remain in County-sponsored plans. Such changes could affect the experience underlying the current blended rating methodology and increase costs for active employees. Therefore, the County will monitor enrollment patterns and any related impacts during the next plan year and share that information with ACERA.

While we will continue to assess enrollment patterns, the County does not oppose ACERA's proposed change.

We appreciate the Committee's partnership and look forward to continued collaboration.

Sincerely,

Signed by:
Margarita Zamora
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Margarita Zamora
Director of Human Resource Services

cc: Susan S. Muranishi, County Executive
Dave Nelsen, Chief Executive Officer, ACERA
Ava Lavender, HRS Division Manager

MEMORANDUM TO THE RETIREES COMMITTEE

DATE:	August 5, 2026
TO:	Members of the Retirees Committee
FROM:	Carlos Barrios, Assistant Chief Executive Officer CB
SUBJECT:	**Adoption of Dental Plan Contributions for 2027**

Currently, there are two dental plan options available for retiree enrollment: Delta Dental PPO and DeltaCare USA. The dental contracts are managed by ACERA; therefore, they are separate from the County of Alameda. To keep premium amounts at a minimal cost, dental plan enrollment is mandatory for retirees with ten or more years of ACERA service credit, retirees receiving a service connected disability, or retirees receiving a non-service connected disability on or before January 31, 2014. A contribution is provided to cover the single retiree premium for this group. Contracts are reviewed by Staff and ACERA's Benefits Consultant, Segal, as contract terms end or rates need to be negotiated. Presentations are made annually to the Retirees Committee for review and possible recommendation for approval by the Board of Retirement. Retirees with less than 10 years of service may enroll themselves and their dependents as long as the premium cost can be deducted from their monthly retirement allowance.

Segal will review the attached presentation and discuss proposal information and premiums.

Provided below are the current 2026 and 2027 rates for the Delta Dental PPO and DeltaCare USA plans based on the current contract. Delta Dental has proposed no coverage change for the PPO contract and billed rates. Delta Dental has also proposed no coverage change for DeltaCare USA premiums. The rates are guaranteed from February 1, 2026, through January 31, 2029.

2026 and 2027 PREMIUMS

February 1, 2026 through January 31, 2028:

	Delta Dental (PPO) Single		DeltaCare USA Single	
	Less than Ten Years	Ten or More Years	Less than Ten Years	Ten or More Years
Contract Rates	N/A	$57.85	N/A	N/A
Billed Rates	$79.60	**$54.35**	$27.95	**$19.96**

Based on the July 2026 enrollment numbers (9,444), the estimated annual cost to provide the dental benefit with this enhancement, based on the estimated contract rate, for retirees enrolled in the PPO plan (9,101) is approximately $5,935,672. The annual cost to provide the subsidized dental benefit for retirees enrolled in the DeltaCare USA plan (343) is approximately $82,155, resulting in a total estimated cost for both plans of approximately $6,017,828.

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to continue the dental plan contributions for Plan Year 2027, which provides a monthly subsidy equal to the single-party dental plan coverage premium of $54.35 for the PPO plan and $19.96 for the DeltaCare USA plan for retirees who are receiving ACERA allowances with ten or more years of ACERA service, are service connected disability retirees, or are non-service connected disability retirees on or before January 31, 2014. This is a non-vested benefit funded by contributions from the 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.

Attachment

Segal

Alameda County Employees' Retirement Association (ACERA)

Delta Dental Renewal Effective February 1, 2027

ACERA Retirees Committee Meeting

Presented on August 5, 2026
Presented by: Michael Szeto

Agenda

DPPO Funding Arrangement

Renewal Monthly Premiums

Annualized 2027 Premiums

DPPO Funding Arrangement

Subscriber Only Premium (10+ Years of Service)	Renewal Monthly Premium 2/1/2027-1/31/2028
Contract Rate	$57.85
Subsidy from Premium Stabilization Reserve	($3.50)
Billed Rate	**$54.35**

- Premium Stabilization Reserves (PSR) are designed to minimize fluctuation in renewal premiums when plan experience is higher than projected claims
  - Increased membership and utilization contributed to a decrease in the PSR from $2.82 million as of January 31, 2026, to $2.49 million as of June 30, 2026.
- Subsidy from the PSR is applied towards premiums for Retirees with 10+ Years of Service
- ACERA contributes towards the Subscriber Only Premium for the DPPO and DHMO plans for Retirees with 10+ Years of Service

Renewal Monthly Premiums DPPO and DHMO Plans

Dental PPO Rates	Subscriber Enrollment [1]	Current Rates 2/1/2026-1/31/2027	Renewal Rates [2] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized				
Subscriber Only	243	$79.60	$79.60	0.0%
Subscriber + 1	117	$129.98	$129.98	0.0%
Subscriber and 1 or more dependents	7	$209.07	$209.07	0.0%
10+ Years of Service - Subsidized				
Contract Rates				
Subscriber Only	6,064	$57.85	$57.85	0.0%
Subscriber + 1	2,743	$109.04	$109.04	0.0%
Subscriber and 1 or more dependents	294	$189.50	$189.50	0.0%
Billed Rates [3], [4]				
Subscriber Only	6,064	$54.35	$54.35	0.0%
Subscriber + 1	2,743	$105.54	$105.54	0.0%
Subscriber and 1 or more dependents	294	$186.00	$186.00	0.0%

DHMO Rates	Subscriber Enrollment [1]	Current Rates 2/1/2026-1/31/2027	Renewal Rates [2] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service				
Subscriber Only	16	$27.95	$27.95	0.0%
Subscriber + 1	2	$40.96	$40.96	0.0%
Subscriber and 1 or more dependents	0	$56.70	$56.70	0.0%
10+ Years of Service				
Contract Rates [3]				
Subscriber Only	239	$19.96	$19.96	0.0%
Subscriber + 1	75	$32.98	$32.98	0.0%
Subscriber and 1 or more dependents	29	$48.72	$48.72	0.0%

(1) Subscriber enrollment was provided by ACERA for the month of July 2026.

(2) Rates are guaranteed from February 1, 2026, through January 31, 2029.

(3) ACERA contributes towards the Subscriber Only premium for the DPPO and DHMO plans for Retirees with 10+ Years of Service.

(4) Premiums for all coverage tiers receives a monthly subsidy of $3.50 from the Premium Stabilization Reserve.

Annualized 2027 Premiums
DPPO and DHMO Plans

DPPO Plan	Current Rates 2/1/2026-1/31/2027	Renewal Rates [1] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized			
Retiree Contribution	$432,200	$432,200	0.0%
ACERA Contribution [2]	$0	$0	N/A
Total Annualized Premium	**$432,200**	**$432,200**	**0.0%**
10+ Years of Service - Subsidized			
Retiree Contribution	$2,149,400	$2,149,400	0.0%
ACERA Contribution [2]	$5,935,700	$5,935,700	0.0%
Total Annualized Premium	**$8,085,100**	**$8,085,100**	**0.0%**
All Retirees			
Retiree Contribution	$2,581,600	$2,581,600	0.0%
ACERA Contribution [2]	$5,935,700	$5,935,700	0.0%
Total Annualized Premium	**$8,517,300**	**$8,517,300**	**0.0%**

DHMO Plan	Current Rates 2/1/2026-1/31/2027	Renewal Rates [1] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized			
Retiree Contribution	$6,300	$6,300	0.0%
ACERA Contribution [2]	$0	$0	N/A
Total Annualized Premium	**$6,300**	**$6,300**	**0.0%**
10+ Years of Service - Subsidized			
Retiree Contribution	$21,700	$21,700	0.0%
ACERA Contribution [2]	$82,200	$82,200	0.0%
Total Annualized Premium	**$103,900**	**$103,900**	**0.0%**
All Retirees			
Retiree Contribution	$28,000	$28,000	0.0%
ACERA Contribution [2]	$82,200	$82,200	0.0%
Total	**$110,200**	**$110,200**	**0.0%**

[1] Rates are guaranteed from February 1, 2026, through January 31, 2029.

[2] ACERA contributes towards the Subscriber Only premium for the DPPO and DHMO plans for Retirees with 10+ Years of Service.

The projections in this report are estimates of future costs and are based on unaudited information available to Segal Consulting at the time the projections were made. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, changes in group demographics, overall inflation rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.

Annualized 2027 Premiums DPPO and DHMO Plans (Combined)

DPPO & DHMO Plans	Current Rates 2/1/2026-1/31/2027	Renewal Rates [1] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized			
Retiree Contribution	$438,500	$438,500	0.0%
ACERA Contribution [2]	$0	$0	N/A
Total Annualized Premium	**$438,500**	**$438,500**	**0.0%**
10+ Years of Service - Subsidized			
Retiree Contribution	$2,171,100	$2,171,100	0.0%
ACERA Contribution [2]	$6,017,900	$6,017,900	0.0%
Total Annualized Premium	**$8,189,000**	**$8,189,000**	**0.0%**
All Retirees			
Retiree Contribution	$2,609,600	$2,609,600	0.0%
ACERA Contribution [2]	$6,017,900	$6,017,900	0.0%
Total	**$8,627,500**	**$8,627,500**	**0.0%**

[1] Rates are guaranteed from February 1, 2026, through January 31, 2029.
[2] ACERA contributes towards the Subscriber Only premium for the DPPO and DHMO plans for Retirees with 10+ Years of Service.

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: August 5, 2026

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer CB

SUBJECT: **Adoption of Vision Plan Contributions for 2027**

ACERA currently provides vision coverage to retirees through the Vision Service Plan (VSP). The vision plan contract is managed by ACERA; therefore, it is separate from the County of Alameda. To keep premium amounts at a minimal cost, VSP enrollment is mandatory for retirees with ten or more years of ACERA service credit, retirees receiving a service connected disability, or retirees receiving a non-service connected disability on or before January 31, 2014. A contribution is provided to cover the single retiree premium for this group. The contract is reviewed by Staff and ACERA's Benefits Consultant, Segal, as contract terms end or rates need to be negotiated. Presentations are made annually to the Retirees Committee for review and possible recommendation for approval by the Board of Retirement. Retirees with less than 10 years of service may enroll themselves and their dependents as long as the premium cost can be deducted from their monthly retirement allowance.

Segal will review the attached presentation and discuss renewal information and premiums.

Provided below are the current 2026 and 2027 rates for VSP based on the current contract, and the 2026 premiums without any coverage changes. Since VSP provided a five-year premium rate guarantee, there are no changes in the premiums. Rates are guaranteed from February 1, 2026 through January 31, 2031.

2026 and 2027 PREMIUMS

February 1, 2026 through January 31, 2028:

	Single	
	Less than Ten Years	Ten or More Years
Contract Rates	$6.69	$4.63

Based on the July 2026 enrollment numbers (9,381), the annual cost to provide the subsidized vision benefit is approximately $521,208.

VOLUNTARY BUY UP PLAN OPTION

In addition, ACERA offers a Voluntary Buy Up plan option in which retirees would pay the difference in premiums to enroll in a richer plan. The following is a breakdown of the premiums for the current 2026 and 2027 Voluntary Buy Up plan. VSP also provided a proposed five-year monthly premium rate guarantee for the Voluntary Buy-up plan, so there are no changes in the premiums. Below are the total premiums for the Voluntary Buy-up plan. Those retirees with 10+ years of service will receive the vision plan subsidy towards their premiums.

2026 and 2027 VOLUNTARY BUY UP PLAN PREMIUMS

February 1, 2026, through January 31, 2031:

Retiree Groups	Total 2027 Proposed Rates
10 + Years	$16.63 / $24.15 / $43.36
Under 10 Years	$18.43 / $26.77 / $48.07

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to continue the vision plan contributions for Plan Year 2027, which provides a monthly subsidy equal to the single-party vision plan coverage premium of $4.63 for retirees who are receiving ACERA allowances with ten or more years of ACERA service, are service connected disability retirees, or are non-service connected disability retirees on or before January 31, 2014. This is a non-vested benefit funded by contributions from the 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.

Attachment

Alameda County Employees'
Retirement Association (ACERA)

VSP Renewal Effective February 1, 2027

ACERA Retirees Committee Meeting

Presented on August 5, 2026
Presented by Michael Szeto

Agenda

Proposed Monthly Premiums

Annualized 2027 Premiums

Proposed Monthly Premiums Standard and Buy-Up Plans

Standard Plan	Subscriber Enrollment [1]	Current Rates 2/1/2026-1/31/2027	Renewal Rates [2] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized				
Subscriber Only	208	$6.69	$6.69	0.0%
Subscriber + 1	91	$9.70	$9.70	0.0%
Subscriber + 2 or more dependents	3	$17.42	$17.42	0.0%
10+ Years of Service - Subsidized [3]				
Subscriber Only	5,342	$4.63	$4.63	0.0%
Subscriber + 1	1,773	$6.73	$6.73	0.0%
Subscriber + 2 or more dependents	151	$12.08	$12.08	0.0%

Buy-Up Plan	Subscriber Enrollment [1]	Current Rates 2/1/2026-1/31/2027	Renewal Rates [2] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized				
Subscriber Only	54	$18.43	$18.43	0.0%
Subscriber + 1	54	$26.77	$26.77	0.0%
Subscriber + 2 or more dependents	1	$48.07	$48.07	0.0%
10+ Years of Service - Subsidized [3]				
Subscriber Only	1,167	$16.63	$16.63	0.0%
Subscriber + 1	832	$24.15	$24.15	0.0%
Subscriber + 2 or more dependents	116	$43.36	$43.36	0.0%

(1) Subscriber enrollment was provided by ACERA for the month of July 2026.
(2) Rates are guaranteed from February 1, 2026, through January 31, 2031.
(3) ACERA contribute towards the Standard Plan's Subscriber Only premium for Retirees with 10+ Years of Service.

Annualized 2027 Premiums
Standard and Buy-Up Plans

Standard Plan	Current Rates 2/1/2026-1/31/2027	Renewal Rates [1] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized			
Retiree Contribution	$28,000	$28,000	0.0%
ACERA Contribution [2]	$0	$0	N/A
Total Annualized Premium	**$28,000**	**$28,000**	**0.0%**
10+ Years of Service - Subsidized			
Retiree Contribution	$58,000	$58,000	0.0%
ACERA Contribution [2]	$404,000	$404,000	0.0%
Total Annualized Premium	**$462,000**	**$462,000**	**0.0%**
All Retirees			
Retiree Contribution	$86,000	$86,000	0.0%
ACERA Contribution [2]	$404,000	$404,000	0.0%
Total	**$490,000**	**$490,000**	**0.0%**

Buy-Up Plan	Current Rates 2/1/2026-1/31/2027	Renewal Rates [1] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized			
Retiree Contribution	$30,000	$30,000	0.0%
ACERA Contribution [2]	$0	$0	N/A
Total Annualized Premium	**$30,000**	**$30,000**	**0.0%**
10+ Years of Service - Subsidized			
Retiree Contribution	$416,000	$416,000	0.0%
ACERA Contribution [2]	$118,000	$118,000	0.0%
Total Annualized Premium	**$534,000**	**$534,000**	**0.0%**
All Retirees			
Retiree Contribution	$446,000	$446,000	0.0%
ACERA Contribution [2]	$118,000	$118,000	0.0%
Total	**$564,000**	**$564,000**	**0.0%**

(1) Rates are guaranteed from February 1, 2026, through January 31, 2031.

(2) ACERA contribute towards the Standard Plan's Subscriber Only premium for Retirees with 10+ Years of Service.

The projections in this report are estimates of future costs and are based on unaudited information available to Segal at the time the projections were made. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, changes in group demographics, overall inflation rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.

Annualized 2027 Premiums
Standard and Buy-Up Plans (Combined)

Standard & Buy-Up Plans	Current Rates 2/1/2026-1/31/2027	Proposed Rates [1] 2/1/2027-1/31/2028	% Change from Current
<10 Years of Service - Unsubsidized			
Retiree Contribution	$58,000	$58,000	0.0%
ACERA Contribution [2]	$0	$0	N/A
Total Annualized Premium	**$58,000**	**$58,000**	**0.0%**
10+ Years of Service - Subsidized			
Retiree Contribution	$474,000	$474,000	0.0%
ACERA Contribution [2]	$522,000	$522,000	0.0%
Total Annualized Premium	**$996,000**	**$996,000**	**0.0%**
All Retirees			
Retiree Contribution	$532,000	$532,000	0.0%
ACERA Contribution [2]	$522,000	$522,000	0.0%
Total	**$1,054,000**	**$1,054,000**	**0.0%**

[1] Rates are guaranteed from February 1, 2026, through January 31, 2031.
[2] ACERA contribute towards the Standard Plan's Subscriber Only premium for Retirees with 10+ Years of Service.

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: August 5, 2026

TO: Members of the Retirees Committee

FROM: Mike Fara, Communications Manager MF
Mario Martinez, Retirement Assistant Benefits Manager MM

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

As reported in February 2026, focus remains on addressing chronic conditions through virtual resources. This approach allows us to leverage wellness messages and content provided by our insurance carriers and reach retirees regardless of their location. We continue to promote One Pass and the Kaiser Permanente Virtual Health Talks.

2026 Wellness Email Campaign

Messages that are highlighted in gray have already been emailed to members and posted at www.acera.org/well.

Month	Kaiser Permanente	Delta Dental	VSP and Other
Feb	Health Talk: Be Heart Smart: Millennials to Baby Boomers		How the Common Cold Can Affect Your Eyes
Mar		7 vitamins and minerals your mouth needs	Healthy Heart, Healthy Eyes
Apr	Health Talk: Wellness Unfiltered. Hype or Health?	The link between migraines and oral bacteria	4 Health Conditions That Can Lead to Vision Loss
May	• Health Talk: Glow Up: Secrets to Radiant Skin, Lush Hair & Cosmetic Confidence • Stay Active for Free: One Pass for Kaiser Senior Advantage Members	How to stop tooth enamel erosion	Eye Safety at Home: How to Avoid Eye Injuries
Jun	• Health Talk: Reproductive Health for Women • Your Free Gym Membership Awaits: One Pass for Kaiser Senior Advantage Members	What you need to know about oral cancer	Everything You Need to Know to Protect Your Eyes from UV Rays
Jul	• Health Talk: Self-Care Across Your Lifespan	5 Reasons to Floss Every Day PLUS How to Floss in 1 Minute	Retinal Screenings: What You Need to Know

Month	Kaiser Permanente	Delta Dental	VSP and Other
Aug	A Free Gym Membership Might Be Fun? Kaiser Senior Advantage Members Should Try Out One Pass	What causes bad breath	Eye Strain: What It Is and How to Find Relief
Sep	Health Talk: Power of Social Connections	The truth about adult cavities	• Eye Floaters: What Are They and What Causes Them? • Health Fair
Oct		Menopause and oral health	• Health Fair • Open Enrollment Packet
Nov	Balance Holiday Fun & Fitness—Enjoy Free Workouts with One Pass!		• How an Eye Exam Can Reveal Signs of Diabetes • Open Enrollment x4
Dec	170+ Local Gyms, Brain Training & More—All Free for Kaiser Senior Advantage Members	Holiday sweets can be tough on teeth	8 Signs You Might Need an Eye Exam

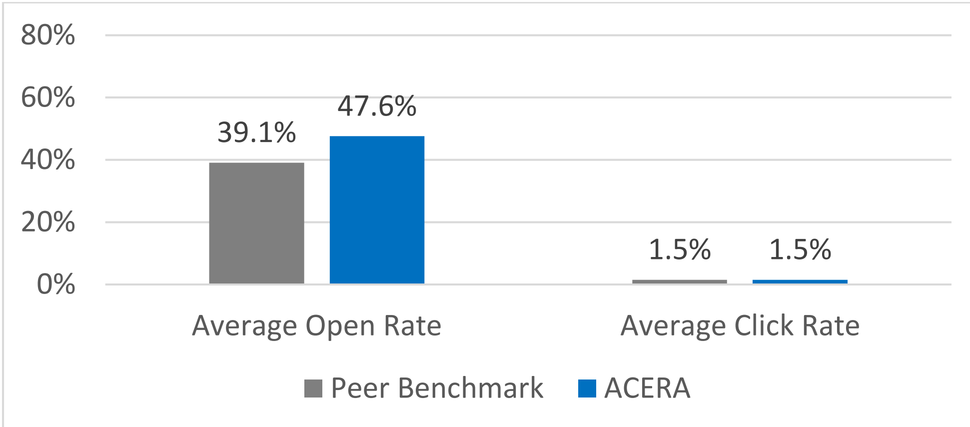
Wellness Email Campaign Performance

Our wellness email campaign utilizes the online marketing automation tool Mailchimp to distribute timed wellness messages and content provided by our insurance carriers to approximately 7,500 retirees, representing 66% of our retiree population. ACERA's wellness campaign metrics surpassed 3 of 4 industry benchmarks and matched the remaining benchmark.

Key Metrics

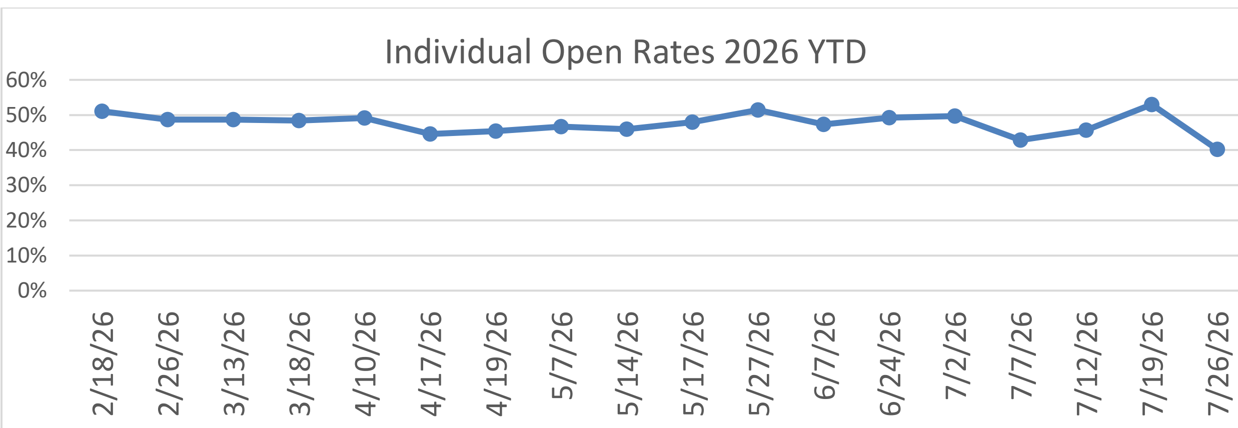
Average Open Rate and Average Click Rate:

- ACERA retirees are actively engaging with the wellness emails, with an 8.5% greater Open Rate than the Government Sector industry benchmark by Mailchimp.
- Over 5,700 retirees, on average, are opening each wellness email.
- Our Average Click Rate matched the benchmark. Notably, Mailchimp recently updated its analytics engine to strip out automated IT security scanners (bot clicks). This adjusted the Government sector peer benchmark from 6.0% down to 1.5% to reflect true human interactions.
    - This year we piloted call-to-action framing at the beginning and end of emails to encourage optional deeper engagement and assess its impact on click behavior. It had no effect on the click rate. Although our Average Click Rate remains modest, it aligns with our wellness goals, as each email contains the full educational content and does not require members to click to be fully informed.
    - In the second half of the year, we will pilot occasional Spotlight Emails that require members to click to access additional content, allowing us to gauge click response without reducing access to information.



Email Engagement (Open Rate) Over Time:

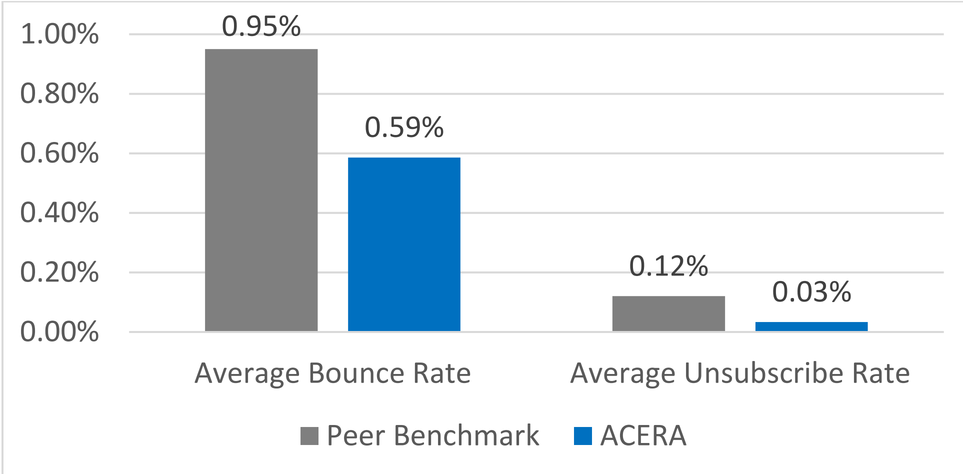
- The Open Rate for each email remained fairly consistent over time, varying based on individual interest in the subject matter.



Average Bounce and Unsubscribe Rates:

- The minimal Average Bounce Rate for undeliverable emails reflects a well-maintained email list. This aligns with the fact that our retirees willingly shared their email addresses with us.

- Our remarkably low Average Unsubscribe Rate of 0.03%, which is one quarter of the peer benchmark, indicates a strong preference among our members to maintain their subscription and a willingness to stay connected with our resources.



In summary, the high average open rate that has remained consistent through the year so far and the exceptionally low unsubscribe rate collectively suggest that the frequency and content of our wellness emails are well-received and enjoyed by the majority of recipients.

2026 Hybrid Health and Wellness Fair

Building on the strong engagement and positive feedback from last year's event, ACERA will once again host a hybrid Health and Wellness Fair on Thursday, October 22, 2026, returning to the DoubleTree by Hilton Hotel Pleasanton at the Club. This format ensures our venue provides ample space for member movement and an expanded lineup of exhibitors while continuing to offer seamless online access to presentations and resources for retirees outside the local area. Planning is well underway, with our team actively finalizing interactive features—such as popular wellness stations—and collaborating closely with our health carriers and vendors to secure tailored educational materials, newly offered programs, and key resources to support member well-being.