

Alameda County Employees' Retirement Association BOARD OF RETIREMENT

RETIREES COMMITTEE/BOARD MEETING NOTICE and AGENDA

ACERA MISSION:

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

Wednesday, October 1, 2025 9:30 a.m.

| LOCATION AND | COMMITTEE MEMBERS | |
|---|--------------------------|-----------------|
| TELECONFERENCE | | |
| ACERA | ELIZABETH ROGERS, CHAIR | ELECTED RETIRED |
| C.G. "BUD" QUIST BOARD ROOM | | |
| 475 14 TH STREET, 10 TH FLOOR | KEITH CARSON, VICE CHAIR | APPOINTED |
| OAKLAND, CALIFORNIA 94612-1900 | | |
| MAIN LINE: 510.628.3000 | HENRY LEVY | TREASURER |
| FAX: 510.268.9574 | | |
| | STEVEN WILKINSON | APPOINTED |
| The public can observe the meeting and | anan an waan | TI DOWN CHURN I |
| offer public comment by using the below | GEORGE WOOD | ELECTED GENERAL |
| 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.

The Alternate Safety Member votes in the absence of the Elected Safety Member, either of the two Elected General Members, or both the Retired and Alternate Retired members.

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.

RETIREES COMMITTEE/BOARD MEETING

NOTICE and AGENDA, Page 2 of 3 – Wednesday, October 1, 2025

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. Presentation and Acceptance of Supplemental Retiree Benefit Reserve Funding Report/Valuation

Discussion and possible motion to recommend that the Board of Retirement accept Segal's Actuarial Valuation of the OPEB and Non-OPEB Benefits provided by the Supplemental Retiree Benefit Reserve, Including Sufficiency of Funds, as of December 31, 2024.

- Carlos Barrios

Andy Yeung, Segal

- Eva Yum, Segal

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to accept the December 31, 2024 Supplemental Retiree Benefit Reserve Actuarial Valuation prepared by Segal.

2. Supplemental Retiree Benefit Reserve Policy Update

Review, discussion and possible motion to recommend that the Board of Retirement adopt the amendments, if any, to the Supplemental Retiree Benefit Reserve Policy.

- Carlos Barrios

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement that it adopt the Supplemental Retiree Benefit Reserve Policy without revisions.

<u>Information Items: These items are not presented for Committee action but consist of status updates and cyclical reports</u>

1. Supplemental Retiree Benefit Reserve Financial Status

Statement of additions and deductions to the Supplemental Retiree Benefit Reserve for the period ending June 30, 2025.

Erica Haywood

RETIREES COMMITTEE/BOARD MEETING

NOTICE and AGENDA, Page 3 of 3 – Wednesday, October 1, 2025

2. Final Report on Open Enrollment Preparation and Communications Materials, and Retiree Health and Wellness Fair Arrangements

Report on the final stages of preparing the communications pieces for ACERA's annual Open Enrollment for the Plan Year 2026 as well as the hybrid Retiree Health and Wellness Fair.

- Mike Fara

Jessica Huffman

3. Report on Medicare Part D Certificate of Creditable Coverage and Updates for 2026

Staff will update the Committee on the annual Medicare Part D Certificate of Coverage Notice mailing and posting to ACERA'S website.

Jessica Huffman

4. Via Benefits Updates

Staff will update the Committee on Via Benefits' mailing of the newsletters and balance reminder statements for the Health Reimbursement Accounts.

Jessica Huffman

Trustee Remarks

Future Discussion Items

- Adoption of Medicare Part B Reimbursement Plan Benefit for 2026
- Adoption of Updates to Appendix A of 401(h) Account Resolutions

Establishment of Next Meeting Date

December 3, 2025, at 9:30 a.m.

Adjournment



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: October 1, 2025

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer

Actuarial Valuation of the OPEB and Non-OPEB Benefits Provided by the

SUBJECT: Supplemental Retiree Benefit Reserve, Including Sufficiency of Funds, as of

December 31, 2024

Attached is the Supplemental Retiree Benefit Reserve (SRBR) Valuation prepared by Segal, ACERA's actuary. This valuation is based on projections using substantive plan and medical inflation trends, as well as other assumptions consistent with our pension valuation. It conforms to the disclosure requirements of Government Accounting Standards Board (GASB) Statement 74, which establishes accounting standards for "Other Post-Employment Benefit" (OPEB) plans of state and local governments.

Last year it was reported that the SRBR fund for OPEB benefits would exhaust in 2048 and Non-OPEB benefits in 2047. The results of the December 31, 2024 valuation indicate that the terminal year of OPEB benefits is projected to be 2045, with full benefits paid through 2044 for a total of 20 full years and one partial year. The terminal year for non-OPEB benefits is projected to be 2048, with full benefits paid through 2047, again for a total of 23 full years and one partial year

Segal reported during their preliminary presentation in June that the terminal year of OPEB benefits was projected to be 2045, and the terminal year for the non-OPEB benefits was projected to be 2048, which is the same as this final valuation.

Andy Yeung and Eva Yum, with Segal, will present this information in detail at the meeting.

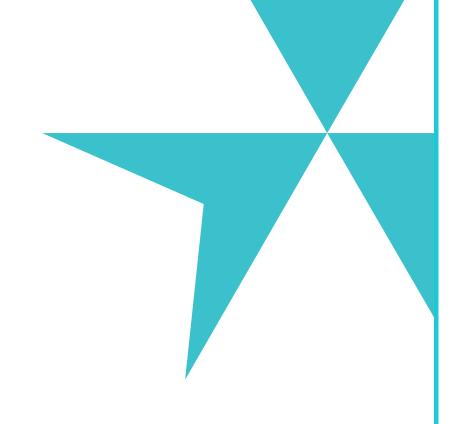
Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to accept the December 31, 2024 Supplemental Retiree Benefit Reserve Actuarial Valuation prepared by Segal.

Attachment

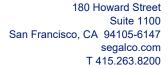
Alameda County Employees' Retirement Association

Actuarial Valuation of the OPEB and Non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve Including Sufficiency of Funds as of December 31, 2024



This valuation report should only be copied, reproduced or shared with other parties in its entirety as necessary for the proper administration of the Plan.

Segal





September 19, 2025

Board of Retirement Alameda County Employees' Retirement Association 475 14th Street, Suite 1000 Oakland, CA 94612

Dear Board Members:

We are pleased to submit this report on our actuarial valuation of the sufficiency of funds for benefits provided by the Supplemental Retiree Benefits Reserve (SRBR) as of December 31, 2024. ACERA's accounting disclosures required under Statement No. 74 of the Governmental Accounting Standards Board (GASB) for retiree health benefits provided by the SRBR were included in our GASB 74 report dated May 23, 2025. ACERA's accounting disclosures required under GASB Statement No. 67 for non-vested supplemental COLA and retired member death benefits provided by the SRBR were included in our GASB 67 report dated May 23, 2025, together with the statutory pension benefits.

The current year census and financial information used in preparing this report was prepared by ACERA. We gratefully acknowledge that assistance. The actuarial projections were based on the assumptions and methods described in Exhibit 1 and on the plan of benefits as summarized in Exhibit 2.

The actuarial calculations were completed under the supervision of Eva Yum, FSA, MAAA, Enrolled Actuary and Mehdi Riazi, FSA, MAAA, EA, FCA. The undersigned are members of the American Academy of Actuaries and collectively meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of our knowledge, the information supplied in this actuarial valuation is complete and accurate. The assumptions used in this actuarial valuation were selected by the Board of Retirement based upon our analysis and recommendations. In our opinion, the assumptions are reasonable and take into account the experience of the Plan and reasonable expectations. In addition, in our opinion, the combined effect of these assumptions is expected to have no significant bias.

Segal makes no representation or warranty as to the future status of the Plan and does not guarantee any particular result. This document does not constitute legal, tax, accounting or investment advice or create or imply a fiduciary relationship. The Board is

encouraged to discuss any issues raised in this report with the Plan's legal, tax and other advisors before taking, or refraining from taking, any action.

We look forward to reviewing this report at your next meeting and to answering any questions.

Sincerely,

Segal

Andy Yeung, ASA, MAAA, FCA, EA Vice President and Actuary

Eva Yum, FSA, MAAA, EA Vice President and Actuary

Mehdi Riazi, FSA, MAAA, FCA, EA Vice President and Actuary

Todd Tauzer, FSA, MAAA, FCA, CERA Senior Vice President and Actuary

DNA/jl

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Table of Contents

| Section 1: Introduction | |
|---|----------|
| Purpose | 5 |
| Important information about actuarial valuations | 7 |
| Section 2: Valuation Results | <u>c</u> |
| Valuation highlights | 9 |
| Summary of OPEB valuation results | 14 |
| Summary of non-OPEB valuation results | 15 |
| Projected cash flow | 16 |
| Present value of projected benefits | 17 |
| Actuarial certification | 18 |
| Section 3: Valuation Details | 19 |
| Exhibit A: Table of plan coverage — members receiving SRBR benefits as of December 31, 2024 | 19 |
| Exhibit B: Determination of actuarial value of assets | 20 |
| Section 4: Supporting Information | 21 |
| Exhibit 1: Actuarial assumptions and actuarial cost method | 21 |
| Exhibit 2: Summary of benefits | 41 |
| Exhibit 3: Assumptions about the "substantive plan" | 44 |

Purpose

Other postemployment benefits (OPEB)

This report presents the results of our actuarial valuation as of December 31, 2024 of the Alameda County Employees' Retirement Association (ACERA) postretirement medical, dental and vision benefits provided through ACERA's 401(h) account. ACERA has allocated a portion of the Supplemental Retiree Benefits Reserve (SRBR) to be treated as pension contributions if the employers make contributions to the 401(h) account.¹ The results of this report have been prepared with the goal of determining sufficiency of funds. Actuarial calculations for other purposes may differ significantly from the results reported here.

The actuarial calculations used to prepare this report have been made on a basis consistent with our understanding of the "substantive plan designs" of the OPEB Plan provided by ACERA using guidelines provided by the Board. The most important plan design assumption incorporated in our valuation is that the future monthly medical allowance (MMA) will increase at one-half of our anticipated medical trend assumptions for all years after 2026. However, the SRBR OPEB Plan will reimburse the fully indexed premium required for dental, vision, and enrollment in the Medicare Part B program.

In Section 2 of this report, we show the unlimited OPEB liabilities (i.e., the liabilities not limited by the current SRBR assets). The unlimited liabilities in this report will be used as the basis when we roll forward the liabilities for the next GASB 74 valuation report as of December 31, 2025.

Non-OPEB benefits

The SRBR currently provides benefits in addition to those that qualify as OPEB. These "non-OPEB" benefits include supplemental COLAs and death benefits related to the underlying statutory defined benefit pension plan.²

In Section 2 of this report, we show the unlimited non-OPEB liabilities. The unlimited liabilities in this report will be used as the basis when we roll forward the liabilities for the next GASB 67 valuation report as of December 31, 2025.

It is our understanding that GASB requires such benefits to be reported under GASB Statement No. 67 together with the underlying statutory defined benefit pension plan and, accordingly, they have been included in our December 31, 2024 GASB 67 report dated May 23, 2025.



¹ It is our understanding that GASB requires such benefits to be reported under GASB Statement No. 74 and, accordingly, they have been included in our December 31, 2024 GASB 74 report dated May 23, 2025.

Special note pertaining to OPEB and non-OPEB benefits

The calculation of benefit obligations pursuant to prescribed accounting requirements included in the above mentioned GASB reports does not, in and of itself, imply that ACERA has any legal liability to provide the benefits valued.

Actuarial valuations involve estimates of benefit amounts and assumptions about the probability of their payment far into the future, and the actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.

Important information about actuarial valuations

An actuarial valuation is a budgeting tool with respect to the financing of future projected obligations of a OPEB and non-OPEB Plan. It is an estimated forecast – the actual long-term cost of the plan will be determined by the actual benefits and expenses paid and the actual investment experience of the plan.

In order to prepare a valuation, Segal relies on a number of input items. These include:

| Input Item | Description |
|-----------------------|--|
| Plan provisions | Plan provisions define the rules that will be used to determine benefit payments, and those rules, or the interpretation of them, may change over time. Even where they appear precise, outside factors may change how they operate. It is important to keep Segal informed with respect to plan provisions and administrative procedures, and to review the plan summary in this report to confirm that Segal has correctly interpreted the plan of benefits. |
| Member information | An actuarial valuation for a plan is based on data provided to the actuary by the Association. Segal does not audit such data for completeness or accuracy, other than reviewing it for obvious inconsistencies compared to prior data and other information that appears unreasonable. It is important for Segal to receive the best possible data and to be informed about any known incomplete or inaccurate data. |
| Financial information | The valuation is based on the fair value of assets as of the valuation date, typically reported by the Association. The Association uses an "actuarial value of assets" that differs from fair value to gradually reflect six-month changes in the fair value of assets in determining the sufficiency of funds to pay the benefits provided by the SRBR. |
| Actuarial assumptions | In preparing an actuarial valuation, Segal starts by developing a forecast of the benefits to be paid to existing plan members for the rest of their lives and the lives of their beneficiaries. This requires actuarial assumptions as to the probability of death, disability, withdrawal, and retirement of members in each year, as well as forecasts of the plan's benefits for each of those events. In addition, the benefits forecasted for each of those events in each future year reflect actuarial assumptions as to health care trends and member enrollment in retiree health benefits for the OPEB Plan, and actuarial assumptions as to salary increases and cost-of-living adjustments for the non-OPEB Plan. The forecasted benefits are then discounted to a present value, typically based on an estimate of the rate of return that will be achieved on the plan's assets. All of these factors are uncertain and unknowable. Thus, there will be a range of reasonable assumptions, and the results may vary materially based on which assumptions are selected within that range. That is, there is no right answer (except with hindsight). It is important for any user of an actuarial valuation to understand and accept this constraint. The actuarial model may use approximations and estimates that will have an immaterial impact on our results. In addition, the actuarial assumptions may change over time, and while this can have a significant impact on the reported results, it does not mean that the previous assumptions or results were unreasonable or wrong. |

| Input Item | Description |
|------------|---|
| Models | Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary. |
| | Our claims costs assumptions are based on proprietary modeling software as well as models that were developed by others. These models generate per capita claims cost calculations that are used in our valuation software. Our Health Technical Services Unit, comprised of actuaries and programmers, is responsible for the initial development and maintenance of our health models. They are also responsible for testing models that we purchase from other vendors for reasonableness. The client team inputs the paid claims, enrollments, plan provisions and assumptions into these models and reviews the results for reasonableness, under the supervision of the responsible actuary. |

The user of Segal's actuarial valuation (or other actuarial calculations) should keep the following in mind:

- The actuarial valuation is prepared at the request of the Association to determine sufficiency of funds related to the payments of OPEB and non-OPEB benefits out of the SRBR. Segal is not responsible for the use or misuse of its report, particularly by any other party.
- An actuarial valuation is a measurement at a specific date it is not a prediction of a plan's future financial condition. Accordingly, Segal did not perform an analysis of the potential range of financial measurements, except where otherwise noted.
- If the Association is aware of any event or trend that was not considered in this valuation that may materially change the results of the valuation, Segal should be advised, so that we can evaluate it.
- Critical events for a plan include, but are not limited to, decisions about changes in benefits and contributions. The basis for such decisions needs to consider many factors such as the risk of changes in plan enrollment, emerging claims experience, health care trend, and investment losses, not just the current valuation results.
- Segal does not provide investment, legal, accounting or tax advice and is not acting as a fiduciary to the Plan. This valuation is based on Segal's understanding of applicable guidance in these areas and of the Plan's provisions, but they may be subject to alternative interpretations. The Association should look to their other advisors for expertise in these areas.
- While Segal maintains extensive quality assurance procedures, an actuarial valuation involves complex computer models and numerous inputs. In the event that an inaccuracy is discovered after presentation of Segal's valuation, Segal may revise that valuation or make an appropriate adjustment in the next valuation.
- Segal's report shall be deemed to be final and accepted by the Association upon delivery and review. The Association should notify Segal immediately of any questions or concerns about the final content.



Valuation highlights

Assumptions and substantive plan

- The actuarial assumptions used in this study are consistent with those assumptions approved by the Retirement Board for the December 31, 2024 pension valuation, including the use of a 7.00% investment return assumption.
- In the last SRBR valuation, we utilized the following medical trend assumptions:
 - All non-Medicare plans: starting at 8.50% in 2024,¹ then reduced by 1.00% in 2025 and 0.50% in 2026, then reduced by 0.25% each year for 10 years until an ultimate rate of 4.50%.
 - All Medicare Advantage plans: starting at 16.47% in 2024,¹ then 7.00% in 2025, then reduced by 0.25% each year for 10 years until it reaches 4.50%.
 - Medicare Part B premiums: 4.50% per year.

For this valuation, we recommended to the Board in our letter dated March 21, 2025 that the medical trend assumptions be changed as follows:

- All non-Medicare plans: starting at 7.75% in 2025,² then grading down by 0.25% each year for 13 years until an ultimate rate of 4.50%.
- All Medicare Advantage plans: starting at 7.50% in 2025,² then grading down by 0.25% each year 12 years until reaching an ultimate rate of 4.50%.
- Medicare Part B premiums: trend assumptions will be increased to 6.20% for calendar years 2025 through 2033, 5.75% for calendar year 2034, then grading down by 0.25% per year until an ultimate rate of 4.50%.
- The Board approved an increase in the 2026 Monthly Medical Allowance (MMA) on July 2, 2025. The maximum MMA for ACERA sponsored plans and individual (out-of-area) non-Medicare plans has been increased from \$662.37 to \$687.21 and the maximum MMA for individual Medicare plans has been increased from \$507.43 to \$526.46 for 2026.

² After we released our preliminary high-level summary letter dated May 27, 2025, the Association approved premiums for 2026. We have used those actual 2026 premiums in this study in lieu of estimating those premiums by using the 7.75% assumption for non-Medicare plans and the 7.50% assumption for Medicare plans.



After we released our preliminary high-level summary letter dated May 24, 2024, the Association approved premiums for 2025. We have used those actual 2025 premiums in this study in lieu of estimating those premiums by using the 8.50% assumption for non-Medicare plans and the 16.47% assumption for Medicare plans.

- Health plan election assumptions were updated to incorporate migration assumption change for members enrolled in the UHC SVA plan, terminated effective February 1, 2026. This change had a very minor impact on the valuation results.
- The methodology Segal uses to estimate the implicit subsidy was modified this year to develop a more stable estimate of the long-term average. Key considerations behind this methodology change include:
 - The change from a downward trend for implicit subsidy reimbursements in 2023 and 2024 to a much larger estimate in 2025;
 and
 - An increase in volatility compared to the prior year (refer to page 35 for more details).

The impact of this methodology change on the sufficiency period is discussed on page 11.

- For years after 2026 we have assumed that the MMA will increase with 50% of the lowest medical trend for the non-Medicare and Medicare plans.
- These and the other OPEB assumptions are provided in Exhibit 1.
- The determination of the "substantive plan" underlying ACERA's OPEB was based upon prior directions provided by ACERA, its auditors, as well as the administrative staff, auditors and consultants representing the County of Alameda, along with changes to the plan adopted by the Board on July 19, 2012 to allow retirees to select medical benefits available through the Medicare Exchange. These directions are provided in Exhibit 3.
- Based on action taken by the Board in February 2014, we continue to exclude the non-OPEB lump sum retiree death benefit from the pension valuation and have included this death benefit in the results presented herein.

Assets

• For this valuation, the Association has continued to provide to us the breakdown of the OPEB and non-OPEB assets as of December 31, 2024.

Sufficiency period

The terminal year of the SRBR was determined by projecting how long the SRBR can provide for all OPEB and non-OPEB benefits under the substantive plan outlined in Exhibits 2 and 3. OPEB benefits can be paid through 2045,¹ while non-OPEB benefits can be paid through 2048.¹ Last year, it was projected that OPEB benefits could be paid through 2048 and non-OPEB benefits could be paid through 2047.

Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve



Assets would only be sufficient to pay benefits for a part of the year indicated.
Alameda County Employees' Retirement Association – December 31, 2024

Note that the OPEB sufficiency period included in this report of through 2045 is the same as that provided in our May 27, 2025 preview letter. Our preview letter estimated medical plan premiums and subsidies for 2026 and future years using our trend assumption. Subsequent to our issuing the preview letter, ACERA reported the 2026 medical plan premium renewals and subsidies and we have used the actual 2026 premiums and subsidies in our updated projection shown herein.

There is an approximate three-year decrease in the sufficiency period to pay OPEB benefits between the last study and current study mainly due to the following factors:

The new implicit subsidy estimate decreased the sufficiency period for the OPEB SRBR by 23 months. As previously noted, this year's implicit subsidy methodology was modified to provide a more stable estimate of the long-term costs. If the methodology had remained the same as the prior year, the sufficiency period would have decreased by roughly 42 months due to the new implicit subsidy estimate.

As shown in the table below, the implicit subsidy provided by the County's health consultant increased from \$2.5 million in 2024 to \$9.4 million in 2025 (an increase of roughly 280%). Under the prior methodology, the initial implicit subsidy modeled in the valuation would have been based solely on the 2025 amount of \$9.4 million. Based on the new methodology, which incorporates a 3-year weighted average of the plan's unblended retiree premiums, the projected future implicit subsidies begin with \$5.7 million for 2025.

| Calendar Year | County's Implicit Subsidy |
|---------------|---------------------------|
| 2021 | \$5,652,613 |
| 2022 | 7,981,476 |
| 2023 | 4,116,000 |
| 2024 | 2,472,346 |
| 2025 | 9,390,686 |

- The new trend assumptions described in the March 21, 2025 trend assumptions letter decreased the sufficiency period by 17 months. Key changes include higher anticipated increases to Part B premiums and prescription drug costs. Reflecting the actual 2026 premium renewals and including assumed migration for retirees enrolled in the UHC SVA plan increased the sufficiency period by approximately 2 months. The combined impact of these updates decreased the sufficiency period by about 15 months.
- The demographic and investment experience produced actuarial gains which increased the sufficiency period by 3 months.

- The main reason the terminal year of the SRBR for non-OPEB benefits is projected to be one year later than it was in last year's study is the somewhat low actual inflation of 2.38%¹ (before it is rounded to 2.50% at the nearest 0.50% increment) in the Bay Area for 2024 (versus the COLA assumption of 2.75%), which decreased the supplemental COLA costs.
- The funded ratio of the OPEB liabilities is 82.0% and the funded ratio of the non-OPEB liabilities is 56.4% as of December 31, 2024. The comparable funded ratios were 91.2% and 56.7% for the OPEB and non-OPEB liabilities, respectively, as of December 31, 2023.
- The funded ratio for the non-OPEB benefits is lower than for OPEB benefits because the Actuarial Value of Assets was initially allocated based on the benefit outflows for the OPEB and non-OPEB benefits. The benefit outflows for non-OPEB (in particular, the supplemental COLA) are "back loaded", i.e., they are expected to be larger in later years than in earlier years. This results in a smaller asset allocation relative to liabilities for the non-OPEB benefits. That difference in funded ratio is somewhat reduced after the asset transfer from OPEB SRBR assets to non-OPEB SRBR assets as of December 31, 2023 to equalize the sufficiency period.

Future expectation

• The terminal years the SRBR can be paid as well as the funded ratios have been developed to reflect only the actuarial value of assets allocated to the SRBR through December 31, 2024. As we indicated on page 24 of our December 31, 2024 actuarial valuation report for the Pension Plan, the Association had a deferred investment loss of \$82.6 million that was not yet recognized in determining the combined actuarial value of assets for the Pension Plan and the SRBR Plan as of that date. The deferred loss of \$82.6 million represents 0.7% of the market value of assets as of December 31, 2024. After offsetting this loss by the balance in the Contingency Reserve, the residual loss is \$51.3 million. If a proportion of the net deferred loss that is commensurate with the size of the SRBR reserves were recognized immediately in the valuation value of assets, there would be a decrease in the SRBR Reserve of approximately \$3.2 million to pay OPEB benefits and \$0.3 million to pay non-OPEB benefits.²

Administrative expense

Note that in preparing the 401(h) contribution letter for 2025/2026, we had included an additional allocation for expense related to
the administration of the health benefits for retirees. However, as we previously demonstrated to the Association during our
discussion with the Board on SB 1479, the values in both the employer reserves and the SRBR would remain unchanged relative

It is important to note that this actuarial valuation is based on plan assets as of December 31, 2024. The Plan's actuarial status does not reflect short-term fluctuations of the market, but rather is based on the market values on the last day of the Plan Year. Segal is available to prepare projections of potential outcomes of market conditions and other demographic experience upon request.



¹ Based on a comparison of the December 2024 Consumer Price Index (CPI) to the December 2023 CPI for the San Francisco-Oakland-Hayward Area, as published by the Bureau of Labor Statistics.

to the values prior to that allocation, through the operation of SB 1479. For that reason, we have not included the explicit payment of administrative expense out of the 401(h) in preparing the cash flow requirements of the SRBR.

GASB

 As stated earlier in this report, it is our understanding that GASB requires the OPEB benefits to be reported under GASB Statement No. 74 and accordingly they have been included in our GASB 74 report dated May 23, 2025. Similarly, we understand that GASB requires the non-OPEB benefits to be reported under GASB Statement No. 67 together with the underlying statutory defined benefit pension plan and accordingly they have been included in our GASB 67 report dated May 23, 2025.

Summary of OPEB valuation results

| Without Limiting Liabilities to Current Assets | December 31, 2024 | December 31, 2023 |
|--|--------------------------|--------------------------|
| Actuarial present value of projected benefits | | |
| Medical | \$1,548,154,000 | \$1,328,877,000 |
| Dental and vision | 154,484,000 | 143,987,000 |
| – Total | \$1,702,638,000 | \$1,472,864,000 |
| Actuarial accrued liability ¹ | | |
| Medical ² | \$1,223,389,000 | \$1,070,582,000 |
| Dental and vision ³ | 123,165,000 | 115,053,000 |
| – Total | \$1,346,554,000 | \$1,185,635,000 |
| Actuarial value of assets (Exhibit B) | \$1,104,808,000 | \$1,081,108,000 |
| Unfunded actuarial accrued liability | 241,746,000 | 104,527,000 |
| Funded ratio | 82.0% | 91.2% |
| Year current assets will be exhausted ⁴ | 2045 | 2048 |

Note: The above results have been calculated using our understanding of the "substantive plan" as described in Exhibits 2 and 3. The liabilities provided in this report will have to be revised if our understanding of the "substantive plan" is inaccurate.



¹ These results will be used as the basis for the next GASB 74 valuation report based on a measurement date of December 31, 2025.

² Of the amount shown, \$681.0 million is attributable to members currently receiving the benefit as of December 31, 2024 and \$614.2 million is attributable to members receiving the benefit as of December 31, 2023. For treatment of implicit subsidy, see page 35.

³ Of the amount shown, \$72.9 million is attributable to members currently receiving the benefit as of December 31, 2024 and \$68.3 million is attributable to members receiving the benefit as of December 31, 2023.

⁴ Full benefits will be paid through the year prior to the year shown in the table. Full benefits will be paid for part of the year indicated.

Summary of non-OPEB valuation results

| \$224,912,000 | \$211,852,000 |
|---------------|---|
| \$224,912,000 | \$211.852.000 |
| | ¥=::,00=,000 |
| 5,169,000 | 5,034,000 |
| \$230,081,000 | \$216,886,000 |
| | |
| \$203,633,000 | \$191,796,000 |
| 4,742,000 | 4,617,000 |
| \$208,375,000 | \$196,413,000 |
| \$117,558,000 | \$111,280,000 |
| 90,817,000 | 85,133,000 |
| 56.4% | 56.7% |
| 2048 | 2047 |
| | 5,169,000 \$230,081,000 \$203,633,000 4,742,000 \$208,375,000 \$117,558,000 90,817,000 56.4% |



¹ These results will be used as the basis for the next GASB 67 valuation report based on a measurement date of December 31, 2025.

² Of the amount shown, \$29.6 million is attributable to members currently receiving the benefit as of December 31, 2024 and \$13.7 million is attributable to members receiving the benefit as of December 31, 2023.

³ Full benefits will be paid through the year prior to the year shown in the table. Full benefits will be paid for part of the year indicated.

Projected cash flow

Provided by the Supplemental Retiree Benefits Reserve as of December 31, 2024

| Year Ending December 31 | Medical ¹ Annual Benefit Cash Flows | Dental and Vision Annual Benefit Cash Flows | Non-OPEB ² Annual Benefit Cash Flows |
|----------------------------|---|--|--|
| 2025 | \$53,442,990 | \$6,045,522 | \$1,606,454 |
| 2026 | 57,812,279 | 6,510,208 | 1,896,344 |
| 2027 | 62,656,915 | 6,924,298 | 2,420,913 |
| 2028 | 67,595,798 | 7,315,957 | 3,224,314 |
| 2029 | 72,582,454 | 7,677,708 | 4,199,271 |
| 2030 | 77,903,874 | 8,053,227 | 5,249,385 |
| 2031 | 83,438,268 | 8,438,594 | 6,369,965 |
| 2032 | 88,867,879 | 8,835,849 | 7,514,176 |
| 2033 | 94,582,114 | 9,238,987 | 8,725,363 |
| 2034 | 100,095,113 | 9,645,430 | 10,074,842 |
| 2035 | 105,597,325 | 10,061,201 | 11,364,668 |
| 2036 | 110,419,951 | 10,461,595 | 12,581,387 |
| 2037 | 115,100,345 | 10,869,536 | 13,840,361 |
| 2038 | 119,606,965 | 11,266,729 | 15,499,023 |
| 2039 | 124,070,692 | 11,674,379 | 17,043,467 |
| 2040 | 128,256,028 | 12,063,445 | 18,534,667 |
| 2041 | 132,432,966 | 12,458,429 | 20,041,564 |
| 2042 | 136,491,764 | 12,844,041 | 21,388,595 |
| 2043 | 140,563,906 | 13,221,103 | 22,557,072 |
| 2044 | 144,547,536 | 13,594,382 | 23,621,818 |
| 2045 | 74,431,278 ³ | 7,006,313 ³ | 24,684,639 |
| 2046 | 0 | 0 | 25,858,995 |
| 2047 | 0 | 0 | 27,074,594 |
| 2048 | 0 | 0 | 18,436,938 ³ |

¹ Includes Medicare Part B and Implicit Subsidy Reimbursement made to the County.



² Includes Supplemental COLA and \$1,000 Lump Sum Death Benefit.

³ Benefits will be paid through the year prior to the year shown in the table. Full benefits will be paid for part of the year indicated.

Present value of projected benefits

Provided by the Supplemental Retiree Benefits Reserve as of December 31, 2024

| Year Ending December 31 | OPEB ¹ Present Value as of December 31, 2024 of Projected Benefits through Year End | Non-OPEB Present Value as of December 31, 2024 of Projected Benefits through Year End | Total Present Value as of December 31, 2024 of Projected Benefits through Year End |
|----------------------------|---|--|---|
| 2025 | \$57,509,715 | \$1,553,018 | \$59,062,733 |
| 2026 | 115,624,571 | 3,266,349 | 118,890,920 |
| 2027 | 174,377,909 | 5,310,532 | 179,688,441 |
| 2028 | 233,494,142 | 7,854,983 | 241,349,125 |
| 2029 | 292,687,507 | 10,952,024 | 303,639,531 |
| 2030 | 351,935,137 | 14,570,266 | 366,505,403 |
| 2031 | 411,120,130 | 18,673,653 | 429,793,783 |
| 2032 | 469,941,184 | 23,197,450 | 493,138,634 |
| 2033 | 528,356,068 | 28,106,770 | 556,462,838 |
| 2034 | 586,062,101 | 33,404,531 | 619,466,632 |
| 2035 | 642,901,305 | 38,989,581 | 681,890,886 |
| 2036 | 698,420,935 | 44,768,081 | 743,189,016 |
| 2037 | 752,492,569 | 50,708,953 | 803,201,522 |
| 2038 | 804,994,027 | 56,926,561 | 861,920,588 |
| 2039 | 855,887,173 | 63,316,448 | 919,203,621 |
| 2040 | 905,053,684 | 69,810,806 | 974,864,490 |
| 2041 | 952,500,848 | 76,373,758 | 1,028,874,606 |
| 2042 | 998,204,177 | 82,919,610 | 1,081,123,787 |
| 2043 | 1,042,190,141 | 89,371,439 | 1,131,561,580 |
| 2044 | 1,084,463,167 | 95,685,803 | 1,180,148,970 |
| 2045 | 1,104,808,157 | 101,852,596 | 1,206,660,753 |
| 2046 | 1,104,808,157 | 107,890,141 | 1,212,698,298 |
| 2047 | 1,104,808,157 | 113,797,957 | 1,218,606,114 |
| 2048 | 1,104,808,157 | 117,557,803 | 1,222,365,960 |

¹ Includes Medical, Dental and Vision.

Actuarial certification

September 19, 2025

This is to certify that Segal has conducted an actuarial valuation of certain benefit obligations of the Alameda County Employees' Retirement Association provided by the Supplemental Retiree Benefits Reserve for the year ending December 31, 2024, in accordance with generally accepted actuarial principles and practices. The actuarial valuation is based on the plan of benefits verified by ACERA and on participant, claims and expense data provided by ACERA.

The actuarial computations made are for purposes of determining sufficiency of funds. Determinations for other purposes may be significantly different from the results reported here. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at plan termination.

To the best of our knowledge, this report is complete and accurate and in our opinion presents the information necessary to determine the sufficiency of funds with respect to the benefit obligations addressed. The undersigned are members of the American Academy of Actuaries and meet the qualification standards of the American Academy of Actuaries to render the actuarial opinion herein.

Eva Yum, FSA, MAAA, EA Vice President and Actuary

Mehdi Riazi, FSA, MAAA, FCA, EA Vice President and Actuary

Section 3: Valuation Details

Exhibit A: Table of plan coverage — members receiving SRBR benefits as of December 31, 2024

| Category | Current Retirees |
|--|-------------------------|
| Category 1 — Medical | |
| • Number | 6,909 |
| Average in force monthly medical reimbursements for 2025 (excluding Medicare Part B) | \$432 |
| Average maximum (based on service at retirement) monthly medical reimbursements for 2025 (excluding Medicare Part B) | \$570 |
| Monthly Medicare Part B premium reimbursements for 2025 | \$185 |
| Category 1 — Supplemental COLA ¹ | |
| • Number | 1,192 |
| Average monthly supplemental COLA for 2025 ² | \$87 |
| Category 2 — Dental and vision | |
| • Number | 8,537 |
| Average monthly medical reimbursements for 2025 | \$56 |
| Category 2 — Retiree death benefit | |
| • Number ³ | Not Available |
| Average lump sum benefits for 2025 | \$1,000 |

Beneficiaries who received the \$1,000 lump sum retiree death benefit were not separately identified in the data provided for the pension valuation.



¹ The number of retirees receiving supplemental COLA as of December 31, 2024 increased from last year's count of 501 mainly because there is a group of Tiers 2, 2C, and 2D retirees who first became eligible for the supplemental COLA effective April 1, 2024. These retirees have retirement dates between April 2, 2001 and April 1, 2007 and their supplemental COLA effective April 1, 2024 is equal to 0.5% of their statutory plan benefit. Accordingly, the average monthly supplemental COLA decreased from \$195 for 2024 to \$87 for 2025.

² Estimate of supplemental COLA payable as of December 31, 2024. The average benefit does not take into account any adjustments to the members' COLA banks as of April 2025.

Section 3: Valuation Details

Exhibit B: Determination of actuarial value of assets

Reserves Supporting SRBR Benefits

| Reserve | December 31, 2024 | December 31, 2023 |
|---------------------------------------|------------------------------|-------------------|
| 401(h) account (allocated to OPEB) | \$10,521,000 | \$10,117,000 |
| Supplemental Retiree Benefits Reserve | | |
| • OPEB | \$1,094,287,000 ¹ | \$1,070,991,0002 |
| Non-OPEB | 117,558,000 | 111,280,000 |
| - SRBR total | \$1,211,845,000 | \$1,182,271,000 |
| Total | \$1,222,366,000 | \$1,192,388,000 |

Total Present Value of Projected SRBR Benefits Payable Through Terminal Year of the SRBR

| Category | December 31, 2024 | December 31, 2023 |
|---|--------------------------|--------------------------|
| Present value of projected OPEB payable through terminal year of the SRBR | | |
| Medical | \$1,004,508,000 | \$975,628,000 |
| Dental and vision | 100,300,000 | 105,480,000 |
| - OPEB total | \$1,104,808,000 | \$1,081,108,000 |
| Present value of projected non-OPEB payable through terminal year of the SRBR | | |
| Supplemental COLA | \$113,393,000 | \$107,234,000 |
| Retiree death benefit | 4,165,000 | 4,046,000 |
| - Non-OPEB total | \$117,558,000 | \$111,280,000 |
| Grand total | \$1,222,366,000 | \$1,192,388,000 |

¹ Adjusted to reflect estimated transfer of \$2,472,000 (provided by ACERA) from SRBR to employer advance reserve for reimbursement of implicit retiree health benefit subsidy for

² Adjusted to reflect estimated transfer of \$4,116,000 (provided by ACERA) from SRBR to employer advance reserve for reimbursement of implicit retiree health benefit subsidy for calendar year 2023.



Exhibit 1: Actuarial assumptions and actuarial cost method

Data

Detailed census data and summary plan descriptions for postretirement benefits were provided by ACERA.

Rationale for assumptions

The information and analysis used in selecting each assumption that has a significant effect on this actuarial valuation is shown in the December 1, 2019 through November 30, 2022 Actuarial Experience Study report dated January 8, 2024, the non-trend retiree health assumption letter dated April 30, 2025, and the health trend assumptions letter dated March 21, 2025. Unless otherwise noted, all actuarial assumptions and methods shown below apply to all tiers. These assumptions were adopted by the Board.

Measurement date

December 31, 2024

Discount rate

7.00%

Consumer price index (CPI or inflation)

Increase of 2.50% per year.

Retiree cost of living increases

The actual COLA granted by ACERA on April 1, 2025 has been reflected in the December 31, 2024 valuation for nonactive members.

General Tier 1, General Tier 3, and Safety Tier 1

For tiers with a 3.00% maximum COLA, retiree COLA increases of 2.75% per year.

For members with a sufficient COLA bank, withdrawals from the bank can be made to increase the retiree COLA up to 3% per year.

General Tier 2, General Tier 4, Safety Tier 2, Safety Tier 2C, Safety Tier 2D, and Safety Tier 4 For tiers with a 2.00% maximum COLA, retiree COLA increases of 2.00% per year.

Increase in Internal Revenue Code Section 401(a)(17) compensation limit Increase of 2.50% per year from the valuation date.

Increase in California Government Code Section 7522.10 compensation limit Increase of 2.50% per year from the valuation date.

Salary increases

The annual rate of compensation increase includes:

- Inflation at 2.50%, plus
- "Across-the-board" real salary increases of 0.50% per year, plus
- The following merit and promotion increases:

| Years of Service | General | Safety |
|------------------|---------|--------|
| Less than 1 | 5.00% | 8.40% |
| 1–2 | 5.00% | 8.40% |
| 2–3 | 4.40% | 8.40% |
| 3–4 | 3.00% | 5.40% |
| 4–5 | 2.10% | 4.00% |
| 5–6 | 1.60% | 2.50% |
| 6–7 | 1.50% | 1.80% |
| 7–8 | 1.50% | 1.60% |
| 8–9 | 1.20% | 1.20% |
| 9–10 | 1.00% | 1.20% |
| 10–11 | 0.85% | 1.00% |
| 11 and over | 0.45% | 1.00% |

Additional cashout assumptions

Additional pay elements are expected to be received during a member's final average earnings period. The percentages, added to the final average salary, used in this valuation are:

| Tier | Service Retirement | Disability Retirement |
|----------------|-----------------------|--------------------------|
| General Tier 1 | 5.0% | 4.0% |
| General Tier 2 | 2.7% | 1.0% |
| General Tier 3 | 5.0% | 4.0% |
| General Tier 4 | N/A | N/A |
| Safety Tier 1 | 6.0% | 5.0% |
| Safety Tier 2 | 2.3% | 2.2% |
| Safety Tier 2C | 2.3% | 2.2% |
| Safety Tier 2D | 2.3% | 2.2% |
| Safety Tier 4 | N/A | N/A |

Post-retirement mortality rates

The Pub-2010 mortality tables and adjustments as shown below reasonably reflect the mortality experience as of the measurement date. These mortality tables were adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

Healthy

- **General members**: Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Tables (separate tables for males and females), projected generationally with the two-dimensional mortality improvement scale MP-2021.
- **Safety members**: Pub-2010 Safety Healthy Retiree Amount-Weighted Above-Median Mortality Tables (separate tables for males and females), with rates increased by 5% for males and unadjusted for females, projected generationally with the two-dimensional mortality improvement scale MP-2021.

Disabled

- **General members**: Pub-2010 Non-Safety Disabled Retiree Amount-Weighted Mortality Tables (separate tables for males and females) with rates unadjusted for males and decreased by 10% for females, projected generationally with the two-dimensional mortality improvement scale MP-2021.
- **Safety members**: Pub-2010 Safety Disabled Retiree Amount-Weighted Mortality Tables (separate tables for males and females) with rates increased by 5% for males and unadjusted for females, projected generationally with the two-dimensional mortality improvement scale MP-2021.

Beneficiaries

- Beneficiaries not currently in pay status: Pub-2010 General Healthy Retiree Amount-Weighted Above-Median Mortality Tables (separate tables for males and females), projected generationally with the two-dimensional mortality improvement scale MP-2021.
- Beneficiaries currently in pay status: Pub-2010 General Contingent Survivor Amount-Weighted Above-Median Mortality Tables (separate tables for males and females) with rates increased by 5% for males and unadjusted for females, projected generationally with the two-dimensional mortality improvement scale MP-2021.

The above tables are used for the projection of non-OPEB benefits. The headcount weighted instead of the benefit (or amount) weighted mortality tables were used in the projections of OPEB benefits.

Pre-retirement mortality rates

- **General members:** Pub-2010 General Employee Amount-Weighted Above-Median Mortality Tables (separate tables for males and females), projected generationally with the two-dimensional mortality improvement scale MP-2021.
- Safety members: Pub-2010 Safety Employee Amount-Weighted Above-Median Mortality Tables (separate tables for males and females), projected generationally with the two-dimensional mortality improvement scale MP-2021.

| Age | General Male | General Female | Safety Male | Safety Female |
|-----|-----------------|-------------------|----------------|------------------|
| 20 | 0.04% | 0.01% | 0.04% | 0.01% |
| 25 | 0.02% | 0.01% | 0.03% | 0.02% |
| 30 | 0.03% | 0.01% | 0.04% | 0.02% |
| 35 | 0.04% | 0.02% | 0.04% | 0.03% |
| 40 | 0.06% | 0.03% | 0.05% | 0.04% |
| 45 | 0.09% | 0.05% | 0.07% | 0.06% |
| 50 | 0.13% | 0.08% | 0.10% | 0.08% |
| 55 | 0.19% | 0.11% | 0.15% | 0.11% |
| 60 | 0.28% | 0.17% | 0.23% | 0.14% |
| 65 | 0.41% | 0.27% | 0.35% | 0.20% |

Note that generational projections beyond the base year (2010) are not reflected in the above mortality rates.

All pre-retirement deaths are assumed to be non-service connected.

The above tables are used for the projection of non-OPEB benefits. The headcount weighted instead of the benefit (or amount) weighted mortality tables were used in the projections of OPEB benefits.

Disability incidence rates

| Age | General | Safety |
|-----|---------|--------|
| 20 | 0.00% | 0.00% |
| 25 | 0.01% | 0.03% |
| 30 | 0.02% | 0.38% |
| 35 | 0.05% | 0.96% |
| 40 | 0.08% | 1.50% |
| 45 | 0.13% | 1.70% |
| 50 | 0.21% | 2.33% |
| 55 | 0.31% | 3.62% |
| 60 | 0.35% | 4.44% |
| 65 | 0.44% | 0.00% |
| 70 | 0.62% | 0.00% |

70% of General disabilities are assumed to be service-connected disabilities. The other 30% are assumed to be non-serviceconnected disabilities.

100% of Safety disabilities are assumed to be service-connected disabilities.

Termination rates

| Years of Service | General | Safety |
|------------------|---------|--------|
| Less than 1 | 12.25% | 5.20% |
| 1–2 | 9.25% | 4.20% |
| 2–3 | 8.00% | 4.20% |
| 3–4 | 6.25% | 4.00% |
| 4–5 | 6.25% | 4.00% |
| 5–6 | 6.25% | 4.00% |
| 6–7 | 5.75% | 4.00% |
| 7–8 | 5.00% | 2.40% |
| 8–12 | 4.00% | 2.00% |
| 12–15 | 3.25% | 2.00% |
| 15–16 | 3.25% | 1.50% |
| 16–17 | 3.00% | 1.40% |
| 17–18 | 3.00% | 1.30% |
| 18–19 | 3.00% | 1.20% |
| 19–20 | 2.75% | 1.10% |
| 20 or more | 2.75% | 1.00% |

For members with less than five years of service, 55% of all terminated members are assumed to choose a refund of contributions and the other 45% are assumed to choose a deferred vested benefit.

For members with five or more years of service, 25% of all terminated members are assumed to choose a refund of contributions and the other 75% are assumed to choose a deferred vested benefit.

No termination is assumed after a member is eligible for retirement.

Retirement rates

General Retirement Rates

| Age | Tier 1 | Tier 2 Less than 30 Years of Service | Tier 2 30 or More Years of Service | Tier 3 | Tier 4 Less than 30 Years of Service | Tier 4 30 or More Years of Service |
|-------------|--------|--|--|--------|--|--|
| 50 | 2.0% | 1.5% | 3.0% | 10.0% | 0.0% | 0.0% |
| 51 | 4.0% | 1.5% | 3.0% | 10.0% | 0.0% | 0.0% |
| 52 | 4.0% | 2.0% | 3.0% | 10.0% | 3.0% | 3.0% |
| 53 | 5.0% | 2.0% | 3.0% | 10.0% | 2.0% | 2.0% |
| 54 | 5.0% | 2.5% | 3.0% | 10.0% | 2.0% | 2.0% |
| 55 | 6.0% | 3.0% | 5.0% | 12.0% | 2.0% | 5.0% |
| 56 | 10.0% | 3.5% | 5.0% | 14.0% | 2.0% | 2.5% |
| 57 | 14.0% | 4.0% | 5.0% | 16.0% | 2.0% | 3.5% |
| 58 | 14.0% | 4.5% | 7.0% | 18.0% | 4.0% | 4.0% |
| 59 | 14.0% | 5.0% | 10.0% | 20.0% | 4.0% | 4.5% |
| 60 | 25.0% | 7.5% | 12.0% | 20.0% | 4.0% | 5.0% |
| 61 | 25.0% | 9.5% | 12.0% | 20.0% | 4.0% | 5.0% |
| 62 | 30.0% | 15.0% | 23.0% | 30.0% | 12.0% | 18.0% |
| 63 | 26.0% | 15.0% | 25.0% | 25.0% | 12.0% | 15.0% |
| 64 | 26.0% | 17.0% | 28.0% | 25.0% | 12.0% | 17.0% |
| 65 | 26.0% | 27.0% | 35.0% | 50.0% | 23.0% | 25.0% |
| 66 | 26.0% | 27.0% | 35.0% | 50.0% | 23.0% | 30.0% |
| 67 | 26.0% | 27.0% | 35.0% | 50.0% | 23.0% | 30.0% |
| 68 | 26.0% | 30.0% | 35.0% | 50.0% | 23.0% | 30.0% |
| 69 | 31.0% | 30.0% | 35.0% | 50.0% | 20.0% | 30.0% |
| 70 | 36.0% | 30.0% | 30.0% | 60.0% | 20.0% | 25.0% |
| 71 | 36.0% | 30.0% | 30.0% | 60.0% | 20.0% | 25.0% |
| 72 | 36.0% | 30.0% | 30.0% | 60.0% | 20.0% | 25.0% |
| 73 | 36.0% | 30.0% | 30.0% | 60.0% | 20.0% | 25.0% |
| 74 | 36.0% | 30.0% | 30.0% | 60.0% | 20.0% | 25.0% |
| 75 and over | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

The retirement rates only apply to members that are eligible to retire at the age shown.



Safety Retirement Rates

| Age | Tier 1 | Tier 2, 2D Less than 30 Years of Service | Tier 2, 2D 30 or More Years of Service | Tier 2C | Tier 4 Less than 30 Years of Service | Tier 4 30 or More Years of Service |
|-------------|--------|--|--|---------|--|--|
| 45 | 0.0% | 2.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 46 | 0.0% | 2.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 47 | 0.0% | 2.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 48 | 0.0% | 4.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 49 | 0.0% | 10.0% | 18.0% | 0.0% | 0.0% | 0.0% |
| 50 | 35.0% | 14.0% | 18.0% | 4.0% | 4.0% | 4.0% |
| 51 | 30.0% | 10.0% | 24.0% | 2.0% | 2.0% | 2.0% |
| 52 | 25.0% | 10.0% | 24.0% | 2.0% | 2.0% | 2.0% |
| 53 | 35.0% | 10.0% | 25.0% | 3.0% | 3.0% | 3.0% |
| 54 | 45.0% | 11.0% | 27.0% | 6.0% | 6.0% | 6.0% |
| 55 | 45.0% | 11.0% | 29.0% | 10.0% | 10.0% | 10.0% |
| 56 | 45.0% | 12.0% | 32.0% | 12.0% | 12.0% | 12.0% |
| 57 | 45.0% | 12.0% | 32.0% | 20.0% | 20.0% | 20.0% |
| 58 | 45.0% | 14.0% | 37.0% | 10.0% | 10.0% | 10.0% |
| 59 | 45.0% | 14.0% | 37.0% | 15.0% | 15.0% | 15.0% |
| 60 | 45.0% | 30.0% | 37.0% | 40.0% | 40.0% | 60.0% |
| 61 | 45.0% | 30.0% | 37.0% | 40.0% | 40.0% | 60.0% |
| 62 | 45.0% | 30.0% | 37.0% | 40.0% | 40.0% | 60.0% |
| 63 | 45.0% | 30.0% | 37.0% | 40.0% | 40.0% | 60.0% |
| 64 | 45.0% | 30.0% | 37.0% | 40.0% | 40.0% | 60.0% |
| 65 and over | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

The retirement rates only apply to members that are eligible to retire at the age shown.

For Safety Tiers 1 and 2C, the retirement rate is 100% after a member accrues a benefit of 100% of final average earnings.

Retirement age and benefit for deferred vested members

| General Non-Reciprocal Retirement Age | 62 |
|---------------------------------------|----|
| General Reciprocal Retirement Age | 61 |
| Safety Non-Reciprocal Retirement Age | 56 |
| Safety Reciprocal Retirement Age | 55 |

Current and future deferred vested non-reciprocal members who terminate with less than five years of service and are not vested are assumed to retire at age 70 for both General and Safety if they decide to leave their contributions on deposit. For OPEB purposes, only the reciprocal retirement age assumptions are used.

20% of future General and 45% of future Safety deferred vested members are assumed to continue to work for a reciprocal employer. For reciprocal members, 3.45% and 4.00% compensation increases are assumed per annum for General and Safety members, respectively.

Future benefit accruals

1.0 year of service per year of employment, plus 0.003 years of additional service for General members and 0.006 years of additional service for Safety members, to anticipate conversion of unused sick leave for each year of employment.

Unknown data for members

Same as those exhibited by members with similar known characteristics. If not specified, members are assumed to be male. If not provided, salary is assumed to be equal to the average salary of the membership group.

Inclusion of deferred vested members

All deferred vested members to the extent they are reported by ACERA for this particular valuation are included.

Data adjustment

Data as of November 30 has been adjusted to December 31 by adding one month of age and, for active members, one month of service.

Form of pension payment

All active and inactive vested members are assumed to elect the unmodified option at retirement.

Percent married for pension

For all active and inactive members, 70% of male members and 50% of female members are assumed to be married at preretirement death or retirement.

Age and gender of spouse for pension

For all active and inactive members, male members are assumed to have a female spouse who is 3 years younger than the member and female members are assumed to have a male spouse who is 2 years older than the member.

Pre-retirement death optional form election

All active members with five or more years of service are assumed to elect the optional settlement 2 allowance that leaves a 100% continuance to their beneficiary upon the member's non-service-connected pre-retirement death.

| Beneficiary Type | Percentage | Age Difference with Active Member |
|------------------|------------|--------------------------------------|
| Child | 50% | 30 years younger |
| Sibling | 25% | Same age |
| Parent | 25% | 30 years older |

Note: We made the simplifying assumption that the beneficiary is of the opposite sex of the member.

Actuarial cost method

Entry Age Actuarial Cost Method.

Per capita health costs

The combined monthly per capita dental and vision claims cost for plan year 2025 was assumed to be \$55.68. The monthly Medicare Part B premium reimbursement for 2025 is \$185.00. For calendar year 2025, medical costs and health plan election rates for retirees are assumed as follows:

| Medical Plan ¹ | Election Assumption | Monthly Premium | Maximum Monthly Medical Allowance ² |
|---|------------------------|---------------------|---|
| Under age 65 ³ | | | |
| Kaiser HMO | 69% | \$1,097.88 | \$662.37 |
| Via Benefits Individual Insurance Exchange ⁴ | 16% | N/A | 662.37 |
| United Healthcare HMO Current Network | 6% | 1,594.36 | 662.37 |
| United Healtcare HMO SVA Network ⁵ | 9% | 1,042.48 | 662.37 |
| Age 65 and older | | | |
| Kaiser Senior Advantage | 72% | \$375.22 | \$662.37 |
| Via Benefits Individual Insurance Exchange | 28% | 380.77 ⁶ | 507.43 |

² The Maximum Monthly Medical Allowance of \$662.37 (\$507.43 for retirees purchasing individual insurance from the Medicare exchange) is subject to the following subsidy schedule:

| Completed Years of Service | Percentage Subsidized |
|----------------------------|-----------------------|
| 10–14 | 50% |
| 15–19 | 75% |
| 20+ | 100% |

³ Current retirees under age 65 as well as future retirees are assumed to elect medical plans in the same proportion upon age 65 as current retirees who are age 65 and over.

Derivation of the amount expected to be paid in 2025 from the Health Reimbursement Account for members with 20 plus years of service is shown in the table on the following page. We have also derived the amount expected to be paid for members with 10-14 and 15-19 years of service.



¹ There are other plans available to retirees under age 65 and age 65 and older that have a range of premiums. We have assumed the same costs as Kaiser HMO and Kaiser Senior Advantage for current non-Medicare and Medicare retirees, respectively.

⁴ Via Benefits individual insurance coverage is available to retirees under age 65 residing outside of ACERA medical plans' coverage area. We have assumed that these current retirees under 65 will draw the Maximum Monthly Subsidy (\$662.37).

⁵ Terminated effective February 2026. We have assumed that members in the UHC SVA plan will migrate to Kaiser and UHC Current Network in proportions of 92% and 8%, respectively.

Derivation of Via Benefits monthly per capita costs

| | Line Description | 10–14 Years of Service | 15–19 Years of Service | 20+ Years of Service |
|----|--|---------------------------|---------------------------|-------------------------|
| 1. | Maximum MMA for 2024 | \$243.37 | \$365.06 | \$486.74 |
| 2. | Total of Maximum MMA (From Jan. 2024 to Dec. 2024) | \$643,821 | \$1,016,467 | \$6,849,183 |
| 3. | Total of Actual Reimbursement (From Jan. 2024 to Dec. 2024) | \$463,913 | \$681,366 | \$4,182,062 |
| 4. | Ratio of Actual Reimbursement to Maximum 2024 MMA: (3) ÷ (2) | 72.06% | 67.03% | 61.06% |
| 5. | Average Monthly Per Capita Cost for 2024: (1) × (4) | \$175.37 | \$244.70 | \$297.20 |
| 6. | Maximum MMA for 2025 | \$253.72 | \$380.57 | \$507.43 |
| 7. | Increase for Expected Medical Trend (16.47%) from 2024 to 2025: (5) × 1.1647 | \$204.25 | \$285.00 | \$346.15 |
| 8. | Increase for Additional 10% Margin for 2024 Expenses Incurred in 2024 but Reimbursed after December 2024: (7) × 1.10 | \$224.68 | \$313.50 | \$380.77 |

Implicit subsidy — retirees under age 65

We have estimated the average per capita premium for retirees under age 65 to be \$13,529 per year. Because premiums for retirees under age 65 include active participants for purposes of underwriting, the retirees receive an implicit subsidy from the actives. Had the retirees under age 65 been underwritten as a separate group, their age-based premiums would be higher for most individuals. The excess of the age-based premium over the per capita premium charged makes up the implicit subsidy. Below is a sample of the average 2025 annual medical and prescription age-based claims costs for retirees and spouses under age 65.

Average Medical and Rx Costs

| Age | Male | Female |
|-----|----------|----------|
| 50 | \$14,270 | \$15,068 |
| 55 | 16,102 | 16,357 |
| 60 | 18,540 | 17,731 |
| 64 | 22,531 | 19,249 |

The methodology Segal uses to estimate the implicit subsidy was modified this year to develop a more stable estimate of the long-term average. In prior years, we developed our estimates using the plan's unblended retiree rates and then we adjusted our estimate to match the projection provided by the County's health care consultant. Key features of our new approach include:

- The use of unblended retiree premiums and retiree demographics for the prior three years;
- A 7.88% assumption for trending the 2023 and 2024 experience forward to 2025; and
- The use of participant headcounts for determining the three-year weighted average. Note that as we developed our new methodology, we also considered using the County's blended premium, which might be viewed as more credible than the unblended retiree rates due to the inclusion of the active employee experience. However, after reviewing both approaches, we chose to include additional years of retiree experience, instead of incorporating the active claims experience, to increase the credibility of the calculation. We will continue to closely monitor the plan's implicit subsidy reimbursements and will report to the Board if we believe other changes are warranted.

Age-based claims costs for retirees age 65 and over

2025 medical and prescription drug age-based claims costs for retirees age 65 and over are shown below at selected ages. Spouses are only eligible for the implicit subsidy while under age 65.

Kaiser Senior Advantage

| Age | Male | Female |
|-----|---------|---------|
| 65 | \$4,247 | \$3,527 |
| 70 | 4,770 | 3,946 |
| 75 | 5,269 | 4,149 |
| 80+ | 5,517 | 4,428 |

Via Benefits

| Age | Male | Female |
|-----|---------|---------|
| 65 | \$4,250 | \$3,530 |
| 70 | 4,773 | 3,949 |
| 75 | 5,273 | 4,152 |
| 80+ | 5,521 | 4,431 |

Participation and coverage election — retired members and beneficiaries

MMA

| MMA Status | Under Age 65 | Upon Attaining Age 65 |
|--|--------------|--|
| MMA on Record | | |
| Current retirees under 65 on valuation date | 100% | 100% and assumed to choose carrier in same proportion as future retirees |
| Current retirees 65 and over on valuation date | N/A | 100% |

| MMA Status | Under Age 65 | Upon Attaining Age 65 |
|---|--------------|-----------------------|
| No MMA on Record | | |
| Less than 10 years of service | 0% | 0% |
| 10+ years of service | | |
| Current retirees under 65 on valuation date | 0% | 60% |
| Current retirees 65 and over on valuation date | N/A | 0% |

Medicare Part B Premium Subsidy

| MMA Status | Under Age 65 | Upon Attaining Age 65 |
|---|--------------|--|
| MMA on Record | | |
| Current retirees under 65 on valuation date | N/A | 100% |
| Current retirees 65 and over on valuation date | N/A | 100% if Part B reimbursement on record or purchasing individual insurance from the Medicare exchange |
| No MMA on Record | | |
| Less than 10 years of service | N/A | 0% |
| 10+ years of service | | |
| Current retirees under 65 on valuation date | N/A | 60% |
| Current retirees 65 and over on valuation date | N/A | 0% |

Implicit subsidy

Current retirees, married dependents and surviving beneficiaries under age 65 and enrolled in an ACERA non-Medicare plan are assumed to have an implicit subsidy liability.

Dental and vision subsidy

Current retirees not self-paying ("Voluntary" or "Under 10 YOS" dental or vision code) are assumed to receive the dental and vision subsidy.

Participation and coverage election — active and inactive vested members

Medical plan subsidy (i.e., MMA)

| Under Age 65 | Upon Attaining Age 65 |
|--|------------------------------|
| 75% of eligible members | 90% of eligible members |
| Medicare Part B P | remium Subsidy |
| Under Age 65 | Upon Attaining Age 65 |
| 75% of eligible members (disabled only) | 90% of eligible members |

Implicit subsidy

63.00% of eligible members under age 65 are assumed to have an implicit subsidy liability. In other words, 84% of the non-Medicare retirees who receive a Medical Plan Subsidy were assumed to enroll in an ACERA sponsored health plan.

Dental and vision subsidy

100% of eligible members are assumed to receive the dental and vision subsidy.

Health care cost trend rates (%)

Health care trend measures the anticipated overall rate at which health plan costs are expected to increase in future years. The rates shown below are "net" and are applied to the net per capita costs shown above. The trend shown for a particular plan year is the rate that is to be applied to that year's cost to yield the next year's projected cost. For example, the projected 2026 calendar year premium for Kaiser (under age 65) is \$1,133.80 per month (\$1,097.88 increased by 3.27%).

| Calendar Year | United Healthcare HMO & Kaiser HMO Early Retiree ¹ | Via Benefits & Kaiser Senior Advantage ² | Dental ³ | Vision ⁴ | Medicare Part B |
|----------------|--|---|---------------------|---------------------|-----------------|
| 2025 | 7.75% ⁵ | 7.50% ⁵ | 6.00% ⁵ | 3.00%5 | 6.20% |
| 2026 | 7.50 | 7.25 | 5.00 | 3.00 | 6.20 |
| 2027 | 7.25 | 7.00 | 4.50 | 3.00 | 6.20 |
| 2028 | 7.00 | 6.75 | 4.00 | 3.00 | 6.20 |
| 2029 | 6.75 | 6.50 | 4.00 | 3.00 | 6.20 |
| 2030 | 6.50 | 6.25 | 4.00 | 3.00 | 6.20 |
| 2031 | 6.25 | 6.00 | 4.00 | 3.00 | 6.20 |
| 2032 | 6.00 | 5.75 | 4.00 | 3.00 | 6.20 |
| 2033 | 5.75 | 5.50 | 4.00 | 3.00 | 6.20 |
| 2034 | 5.50 | 5.25 | 4.00 | 3.00 | 5.75 |
| 2035 | 5.25 | 5.00 | 4.00 | 3.00 | 5.50 |
| 2036 | 5.00 | 4.75 | 4.00 | 3.00 | 5.25 |
| 2037 | 4.75 | 4.50 | 4.00 | 3.00 | 5.00 |
| 2038 | 4.50 | 4.50 | 4.00 | 3.00 | 4.75 |
| 2039 and later | 4.50 | 4.50 | 4.00 | 3.00 | 4.50 |

⁵ The actual trends are shown below for ACERA-sponsored plans, based on premium renewals for 2026 as reported by ACERA.

| Kaiser HMO Early Retiree | UHC HMO Signature Value Early Retiree | UHC HMO Signature Value Advantage Early Retiree | Kaiser Senior Advantage | Dental | Vision |
|-----------------------------|---|---|----------------------------|--------|--------|
| 3.27% | 15.43% | N/A | 6.08% | 6.46% | 0.00% |

¹ Non-Medicare plans.

² Medicare plans.

³ We are aware of the 3-year rate guarantee of the 2026 dental premium, but for the purpose of the long term measurement, we will focus on the underlying trend.

⁴ We are aware of the 5-year rate guarantee of the 2026 vision premium, but for the purpose of the long term measurement, we will focus on the underlying trend.

Assumed increase in annual maximum benefits

For the "substantive plan design" shown in this report, we have assumed:

- 1. Maximum medical allowance for ACERA sponsored plans and individual out-of-area non-Medicare plans for 2026 will increase to \$687.21 per month (\$526.46 for individual Medicare plans), then increase with 50% of trend for medical plans, or 3.625%, graded down to the ultimate rate of 2.25% over 11 years. If different types of medical plans have different initial trend rates, we assume that the future increase in MMA will be linked to the plan with the lowest projected medical trend.
- 2. Dental and vision premium reimbursement will increase with full trend.
- 3. Medicare B premium reimbursement will increase with full trend.

Dependents

Demographic data was available for spouses of current retirees. For future retirees, male members are assumed to have a female spouse who is 3 years younger than the member and female members are assumed to have a male spouse who is 1 year older than the member. Of the future retirees who elect to continue their medical coverage at retirement, 35% males and 15% females were assumed to have an eligible spouse who also opts for health coverage at that time.

Please note that these assumptions are only used to determine the cost of the implicit subsidy.

Plan design

An administrative expense load was not added to projected incurred claim costs in developing per capita health costs.

Administrative expenses

An administrative expense load was not added to projected incurred claim costs in developing per capita health costs.

Exhibit 2: Summary of benefits

This exhibit summarizes the major benefit provisions as included in the valuation. To the best of our knowledge, the summary represents the substantive plan provisions as of the measurement date. It is not intended to be, nor should it be interpreted as, a complete statement of all benefit provisions.

Eligibility

Service retirees

Retired with at least 10 years of service (including deferred vested members who terminate employment and receive a retirement benefit from ACERA).

Disabled retirees

A minimum of 10 years of service is required for non-duty disability. The 10 years of service requirement is only used for determining eligibility for health benefits. For pension benefits, the eligibility requirement is 5 years of service. There is no minimum service requirement for duty disability.

Other postemployment benefits (OPEB)

Monthly Medical Allowance

Service retirees

For retirees not purchasing individual insurance through the Medicare exchange, a Maximum Monthly Medical Allowance of \$662.37 per month is provided, effective January 1, 2025 and through December 31, 2025. For the period January 1, 2026 through December 31, 2026, the maximum allowance will increase to \$687.21 per month.

For those purchasing individual insurance through the Medicare exchange, the Monthly Medical Allowance is \$507.43 per month for 2025 and will increase to \$526.46 per month in 2026. These Allowances are subject to the following subsidy schedule:

| Completed Years of Service | Percentage Subsidized |
|----------------------------|-----------------------|
| 10–14 | 50% |
| 15–19 | 75% |
| 20+ | 100% |



Disabled retirees

Non-duty disabled retirees receive the same Monthly Medical Allowance as service retirees. Duty disabled retirees receive the same Monthly Medical Allowance as those service retirees with 20 or more years of service.

Medicare Benefit Reimbursement Plan

The SRBR reimburses the full Medicare Part B premium to qualified retired members.

To qualify for reimbursement, a retiree must:

- Have at least 10 years of ACERA service,
- · Be eligible for Monthly Medical Allowance,
- Provide proof of enrollment in Medicare Part B.

Dental and vision plans

The SRBR provides dental and vision benefits for retirees only. The maximum combined monthly dental and vision premiums are \$55.68 in 2025 and \$58.98 in 2026. The eligibility for these premiums is as follows.

Service retirees

Retired with at least 10 years of service.

Disabled retirees

For non-duty disabled retirees, 10 years of service is required. For grandfathered non-duty disabled retirees (with effective retirement dates on or before January 31, 2014), there is no minimum service requirement.

For duty disabled retirees, there is no minimum service requirement.

Note about Monthly Medical Allowance

The maximum levels of subsidy are reviewed by the Board annually and are not indexed to increase automatically.

In addition, the Monthly Medical Allowance can only be used to pay for retiree medical benefits. There is no benefit payable to beneficiaries, current spouses, former spouses, or dependents.

If the actual cost of coverage is less than the Monthly Medical Allowance, the difference is not paid in cash or applied towards the coverage for beneficiaries, current spouses, former spouses, or dependents.

Deferred benefit

Members who terminate employment with 10 or more years of service before reaching Pension eligibility commencement age may elect deferred MMA and/or dental/vision benefits.

Death benefit

Surviving spouses/domestic partners of members who die before the member commences retiree health benefits may enroll in an ACERA group medical plan on the date that the member would have been eligible to commence benefits. The surviving spouse/domestic partner must pay 100% of the premium. Because premiums for surviving spouses/domestic partners under age 65 include active participants for purposes of underwriting, the surviving spouses/domestic partners receive an implicit subsidy from the actives, which creates a liability for the SRBR.

Non-OPEB benefits

Supplemental COLA

When inflation is higher than the ACERA cost of living allowance for a year, the excess of inflation over the cost of living allowance (3% for Tier 1 and Tier 3, and 2% for Tier 2, Tier 2C, Tier 2D, and Tier 4) is banked for future years when inflation may be less than the cost of living allowance. In 1998, the Board of Retirement approved a supplemental COLA payable through the SRBR for members whose COLA banks exceeded 15%. The supplemental COLA for a year is equal to the percentage of excess of the member's COLA bank over 15% times the member's current annual retirement allowance.

The cost of living adjustment and any supplemental COLA must be approved yearly by the ACERA Board of Retirement. For this valuation, we have assumed the Board will maintain its current level of supplemental COLA (i.e., COLA banks will not exceed 15%) during the projection period.

Retired member death benefit

A one-time \$1,000 lump sum retiree death benefit is payable to the beneficiary of a retiree. This benefit is only paid upon the death of a retiree; it is not paid upon the death of a beneficiary.



Exhibit 3: Assumptions about the "substantive plan"

The determination of the "substantive plan" underlying ACERA's OPEB was based upon prior directions provided by ACERA, its auditors, as well as the administrative staff, auditors and consultants representing the County of Alameda. Those directions are provided below.

1. Commitment to provide benefits currently paid out of the SRBR

We understand that health and other supplemental benefits currently paid out of the SRBR will continue to be paid as long as there are assets available in the SRBR. However, when the assets in the SRBR are fully depleted, no additional health and other supplemental benefits will be paid by the Association and the employer. To our knowledge, the employer has not made any implicit or explicit commitment to continue those benefits.

2. Continuation of coverage in the employer's active employee medical plans for the Association's retirees

Currently, the Association's retirees are enrolled in the same medical plans as the employer's active employees. The retiree experience is pooled and used in setting the medical plan premium rates for active employee. The Association has begun in 2007 to reimburse the County for the adverse premium experience created by the retirees.

In this study, for purposes of determining sufficiency of funds we have included the liability associated with reimbursing the County for the adverse premium experience but only through the period up to the exhaustion of assets in the SRBR. In other words, there may be a residual liability to the employer if the Association's retirees continue to participate and are rated together in the employer's active employee medical plans.

3. Fully indexed subsidies for dental, vision and Medicare Part B premium and increase at one-half of the rate of increase for monthly medical allowance (MMA)

Following guidelines provided by the Board and ACERA, we have assumed in this study that the OPEB Plan will reimburse the fully indexed premium required for dental, vision and for a retiree to enroll in Medicare Part B. In addition, we have assumed in this study that future MMA will increase at one-half of the rate of our anticipated medical inflation assumptions.

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MEMORANDUM TO THE RETIREES COMMITTEE

DATE: October 1, 2025

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer

SUBJECT: Supplemental Retiree Benefit Reserve Policy Update

The Supplemental Retiree Benefit Reserve Policy (Policy) is reviewed by the Retirees Committee at least every two years to ensure that it remains relevant, accurate and appropriate, and provides the Committee with the opportunity to discuss potential revisions. The Policy was last revised by the Board of Retirement on June 18, 2025.

After review of the Policy, Staff does not recommend any changes to the Policy. However, Staff welcomes any suggestions from the Committee. Attached is the current Policy for your reference.

Recommendations

Staff recommends that the Retirees Committee recommend to the Board of Retirement that it adopt the Supplemental Retiree Benefit Reserve Policy without revisions.

Attachment



Supplemental Retiree Benefit Reserve (SRBR) Policy

I. Purpose

The purpose of this policy is to set forth the Alameda County Employees' Retirement Association (ACERA) Board of Retirement's (the Board) overall strategy regarding management of the Supplemental Retiree Benefit Reserve (SRBR). The SRBR is a reserve established pursuant to Article 5.5 of the County Employees Retirement Law of 1937 (CERL). The CERL allows the sequential distributions of retirement earnings to employers, employees and retired members.

The Board has the sole and exclusive authority and discretion to distribute funds in the SRBR to provide benefits. The distribution of these funds shall be determined solely by the Board and shall be used only for the benefit of retired members and their beneficiaries.

All benefits funded by the SRBR are non-vested. They are individually reviewed annually for appropriateness, eligibility, and to ensure they can be adequately funded. Only the Retired Member Death Benefit is considered vested, per Government Code Section 31789.12, as long as there are funds available in the SRBR.

Through specific programs such as medical, dental and vision insurance, Medicare Part B reimbursement, supplemental cost-of-living adjustments and death benefits, the Board may provide benefits to eligible retired members and their beneficiaries.

In designing and administering these programs, the Board may provide adequate funding, maximize the tax-efficiency of benefits to recipients in accordance with 401(h) regulations, provide participants' access to medical care, and minimize the impact of inflation on retirement allowances over time.

II. Program Objectives

- A. Through the achievement of long term investment goals, provide for the long-term consistent payment and adequate funding of all SRBR benefits.
- B. Annually assess, review, analyze and determine the ability to provide each benefit, at the discretion of the Board. Generally, benefits are subject to modification or elimination by the Board at any time with adequate notice. Should Objective A. not be met and the SRBR ever be depleted, benefits will cease.
- C. Determine eligibility for benefits, and make benefits available to eligible retired members. This does not mean that benefits will be distributed on a "per capita" basis, but simply that access to SRBR benefits will not be denied on the basis of protected status (e.g., race, sex, etc.) or place of residence.
- D. Determine and administer payments made on behalf of eligible retired members to ACERA medical insurance coverage programs on a basis that is proportional to service with ACERA. The maximum contribution will be paid to those retired members with 20 years or more of qualified ACERA service credit, and members awarded a service connected disability retirement.

- E. Structure dental and vision programs to minimize adverse selection through the mandatory enrollment of all eligible retired members.
- F. Structure supplemental cost-of-living programs so as to benefit those members who have suffered the greatest erosion of their purchasing power, in a manner that sustains the ability to do so projected into the future.
- G. Administer the SRBR program in accordance with the provisions of the applicable laws. Net earnings, account crediting, benefit costing and funding adequacy are to be determined according to law and using the same assumptions utilized by the Board for account administration and actuarial purposes or assumptions consistent with those activities.

III. Supplemental Cost-of-Living

ACERA provides two different cost-of-living (COLA) allowances: 1) the Basic COLA, which is based on statute and is paid from the pension fund; and 2) the Supplemental COLA, which is paid for from the SRBR. Any changes made to the Basic COLA, which require no further approval, shall be effective April 1 and payable with the warrant issued at the end of April.

In addition to the statutory Basic COLA, ACERA may pay a Supplemental COLA, which provides a supplemental monthly payment designed to preserve 85% of the purchasing power of ACERA retired members and beneficiaries as calculated by the actuary pursuant to the methodology described in Government Code Section 31870.

The Board shall review the ACERA COLA program each year and shall normally make any adjustments or recommendations at its February meeting.

IV. Implicit Subsidy

The Board believes that the ability of retired members to continue to participate in the County of Alameda (County)-sponsored medical benefit plans following retirement is a critical factor in maintaining a reasonable post-retirement quality of life.

The Board recognizes that continued retired member participation increases the cost to the plan sponsors and members. In times of fiscal difficulty, this additional cost may create pressures which may impact the participation of retired members in County-sponsored medical insurance plans.

The Board finds that the use of SRBR funds to support the ability of retired members to participate in the County-sponsored medical insurance plans is an appropriate use of the reserve benefiting retired members, dependents, and beneficiaries.

v. Current Benefit Guidelines

In allocating the funds available through the SRBR, the Board will be guided by the following program guidelines:

A. Medical Insurance Benefits

The Board shall review the ACERA retired member medical insurance program each year and shall, at the appropriate meeting, make any adjustments. Any change in medical insurance contribution amounts, out-of-area reimbursement amounts or Medicare Part B premium reimbursement amounts will be effective with the warrants issued at the end of the next January.

- To the extent possible, all medical insurance benefits will be paid through a 401(h) account exchange with participating employers in order to minimize the tax consequences for ACERA members.
- B. Any Board changes to the current ACERA SRBR benefit levels will take into consideration the advice of ACERA's actuary, legal counsel, tax counsel, active and retired employees and their representatives, employers and/or consultants as may be advisable.
- C. The Board retains the authority to add or delete programs or modify this Policy or these guidelines at any time, following public notice.

VI. Long Term Goal Funding Policy

It is the intent of the Board to closely monitor the expenditures and contributions to the SRBR.

The Board will monitor the long-term funding implications of all of the existing programs, which provide benefits outlined in this Policy and any others that may be appropriate.

In managing the relationship between assets and liabilities, the Board shall manage approved SRBR benefits with a goal towards meeting the projected liabilities of the fund over a 15-year period, as determined by the actuary. If it is reported that current SRBR programs, which provide benefits, will not sustain for 15 years, benefit adjustments may be made based on the amount of funds needed in order to attain a prolonged lifespan of the fund without causing undue harm to beneficiaries.

VII. Priority of Funding

In the event the Board, in its opinion, determines that the assets available in the SRBR are, at any point, insufficient to fund the projected liabilities of all of the benefits approved by the Board, then available SRBR assets shall be used to fund benefits in accordance with the following priorities:

A. Category I

First priority for funding shall be given to the following Category I benefits:

- 1. Retired Member Death Benefit
- 2. ACERA Monthly Medical Allowance
- 3. Supplemental Cost-of-Living Benefit
- 4. Medicare Part B Premium Reimbursement
- 5. Employer Reimbursement for Implicit Subsidy

If it becomes necessary to prioritize or allocate funds among Category I or Category II benefits, the Board shall make that determination when required.

B. Category II

Category II benefits shall be funded only when the Board, in its opinion, believes that adequate assets are available to fund the projected liabilities of all Category I benefits and additional assets remain to fund some or all of the following Category II benefits:

- 1. Dental Care Coverage Contribution
- 2. Vision Care Coverage Contribution

If it becomes necessary to prioritize or allocate funds among Category I or Category II benefits, the Board shall make that determination when required.

VIII. Policy Review

The Retirees Committee shall review the SRBR Policy at least every two years to ensure it remains relevant, accurate and appropriate.

Current Benefits

The following benefits have been approved by the Board provided that sufficient funds are available. This is a general description of the benefit elements including eligibility requirements for each benefit. If there is any conflict with the CERL or formal Board actions, the CERL or those actions prevail.

Category I

RETIRED MEMBER DEATH BENEFIT

Eligibility: Beneficiaries of ACERA retired members. There is no minimum ACERA

service credit requirement for this benefit.

Benefit Amount: A one-time payment of \$1,000 will be paid upon the death of an ACERA

retired member, if that member retired from ACERA as their last employer.

If a reciprocal agency was the last employer and that agency pays less than a

\$1,000 death benefit, ACERA will supplement that benefit at a level which

ensures the reciprocal retired member will receive a \$1,000 death benefit

when considering the amount of death benefit paid by all reciprocal

retirement systems combined.

Effective Date: January 1, 2013¹

MONTHLY MEDICAL ALLOWANCE

Eligibility: Retired members with 10 or more years of ACERA service credit or

members retired based on service connected disability benefits. See chart on

page 9 for years of service structure.

^{&#}x27;The Board adopted Government Code Section 31789.12 in 1992

Benefit Amount:

GROUP PLANS

A Monthly Medical Allowance (MMA) is paid towards a retired member's medical plan premium when enrolled in an ACERA-sponsored group medical plan. The MMA is based on an amount determined by the Board. The maximum MMA amount is limited to the single-party premium or one hundred percent (100%) of the MMA amount, whichever is lower, for a retired member with 20 or more years of ACERA service credit or a retired member receiving service connected disability benefits. The amount is prorated for retired members with less than 20 years of ACERA service credit. Plan premium costs that exceed the contribution are deducted from the retired member's monthly retirement allowance. Premium costs for enrolled dependents are deducted from the retired member's monthly allowance.

INDIVIDUAL PLANS FOR EARLY (NON-MEDICARE) RETIREES LIVING OUTSIDE THE HMO SERVICE AREA (Effective January 1, 2016)

A Monthly Medical Allowance (MMA) is provided to eligible retired members as reimbursement for medical plan costs when they are enrolled in an Individual Plan through the Health Exchange and for medical costs that qualify under section 213(d) of the Internal Revenue Code. The reimbursement is paid to the eligible retired member by the Exchange through a Health Reimbursement Account (HRA). The MMA is set as a monthly amount based on years of ACERA service credit. Reimbursements may be made for premiums, co-pays, deductibles, and medical expenses that qualify under section 213(d) of the Internal Revenue Code.

In order to be eligible to receive this category of MMA, the retiree must live outside the ACERA-sponsored medical plan HMO service areas.

Retired members who return to work for a participating employer lose eligibility for reimbursements during the period of employment unless their employment complies with Government Code Section 7522.56, such that they are entitled to continue receiving a retirement allowance and related benefits.

INDIVIDUAL PLANS FOR MEDICARE ELIGIBLE RETIREES

A Monthly Medical Allowance (MMA) is provided to eligible retired members as reimbursement for medical plan costs when they are enrolled in an Individual Plan through the Medicare Exchange and for medical costs that qualify under section 213(d) of the Internal Revenue Code. The reimbursement is paid to the eligible retired member by the Exchange through a Health Reimbursement Account (HRA). The MMA is set as a monthly amount based on years of ACERA service credit. Reimbursements may be made for premiums, co-pays, deductibles, and medical expenses that qualify under section 213(d) of the Internal Revenue Code.

Retired members who return to work for a participating employer lose eligibility for reimbursements during the period of employment unless their employment complies with Government Code Section 7522.56, such that they are entitled to continue receiving a retirement allowance and related benefits.

YEARS OF ACERA SERVICE CREDIT STRUCTURE FOR MMA

The chart below demonstrates the percentage of MMA provided to eligible retired members in group plans and individual plans. Service connected disability recipients are eligible for the 20 + years of ACERA service credit contribution level.

| YEARS OF ACERA SERVICE CREDIT | CONTRIBUTION PERCENTAGE UP TO |
|----------------------------------|-------------------------------|
| 20 + | 100% |
| 15 through 19 | 75% |
| 10 through 14 | 50% |
| Under 10 | 0% |

SUPPLEMENTAL COST-OF-LIVING BENEFIT

Eligibility: Retired members of ACERA or their surviving beneficiaries who are

receiving an ACERA allowance, and whose purchasing power, as measured

by the Consumer Price Index (CPI), has eroded by 15% or more as defined

by the CERL. There is no minimum ACERA service credit requirement for

this benefit.

Benefit Amount: As determined by the above formula.

Effective Date: April 1, 1999 for 1999 COLA Year

(To be paid with the warrant issued at the end of April)

MEDICARE PART B PREMIUM REIMBURSEMENT

Eligibility: Retired members with 10 years or more of ACERA service credit or

members retired based on service connected disability who are enrolled in

Medicare Part B.

Benefit Amount: Lowest Standard Medicare Part B premium amount

Effective Date: January 1, 1999

(Requires proof of Medicare Part B enrollment to be provided to ACERA)

EMPLOYER REIMBURSEMENT FOR IMPLICIT SUBSIDY

Eligibility: Any ACERA employer providing medical benefits coverage to ACERA

retired members or beneficiaries through County-sponsored active employee

medical benefit plans.

Benefit Amount: To be determined each year by the Board based on the cost of retired

member participation and the availability of funding.

Effective Date: April 21, 2005

Funding Policy: In March of each year, ACERA staff shall independently verify the cost

associated with retired member participation. The Board shall review the

program in May and determine the amount, if any, of employer

reimbursement based on the funding available and the overall SRBR program goals. Any reimbursement established by the Board shall be implemented as a credit against employer retirement contributions due

ACERA.

Category II

DENTAL CARE COVERAGE CONTRIBUTION

Eligibility: Retired members of ACERA who are receiving ACERA allowances with ten

or more years of ACERA service credit, members retired based on service connected disability, or members retired based on non-service connected disability with effective retirement dates on or before Japuary 31, 2014

disability with effective retirement dates on or before January 31, 2014.

Benefit Amount: Retired member-only Dental plan premium in accordance with the

established 401(h) account mechanism.

Effective Date: February 1, 2014

VISION CARE COVERAGE CONTRIBUTION

Eligibility: Retired members of ACERA who are receiving ACERA allowances with ten

or more years of ACERA service credit, members retired based on service

connected disability, or members retired based on non-service connected

disability with effective retirement dates on or before January 31, 2014.

Benefit Amount: Retired member-only Vision plan premium in accordance with the

established 401(h) account mechanism.

Effective Date: February 1, 2014

Closed Benefit Plans

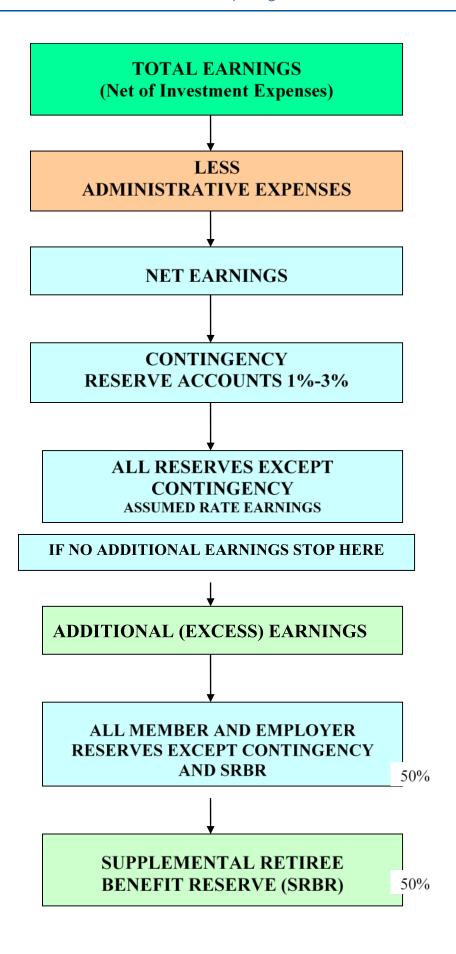
The following benefit plans are closed to new recipients.

- Emergency Subsidy July 1, 1997 to March 1, 2001
- Health Equity Location Plan (HELP) July 1, 1997 to March 1, 2001
- Retired Member Death Benefit August 20, 1998 to December 31, 2012; benefit amount of \$5,000.
- Active Death Equity Benefit (ADEB) July 1, 1999 to December 31, 2012
- Dental Care Coverage Contribution February 1, 1999 to January 31, 2013 for retired members with less than ten years of ACERA service credit, unless a member retired based on service connected disability, or a member retired based on non-service connected disability with an effective retirement date on or before January 31, 2014.
- Vision Care Coverage Contribution February 1, 1999 to January 31, 2013 for retired members with less than ten years of ACERA service credit, unless a member retired based on service connected disability, or a member retired based on non-service connected disability with an effective retirement date on or before January 31, 2014.

IX. Policy History

A. The Board revised this policy on June 18, 2025.²

² Previous amendment dates all with revisions: September 16, 2010; May 19, 2011; September 20, 2012; February 21, 2013; September 19, 2013; April 17, 2014; September 17, 2015; May 25, 2017; and October 21, 2021, and affirmed without revisions October 17, 2019, October 19, 2023 and December 19, 2024.





MEMORANDUM TO THE RETIREES COMMITTEE AND BOARD OF RETIREMENT

DATE: October 01, 2025

TO: Members of the Retirees Committee and Board of Retirement

FROM: Erica Haywood, Fiscal Services Officer

SUBJECT: Statement of Reserves and Supplemental Retiree Benefits Reserve (SRBR) Status as of

June 30, 2025

The Statement of Reserves as of June 30, 2025, is attached for your review. The semi-annual interest crediting as of June 30, 2025, was completed on August 21, 2025.

For the six-month period ended June 30, 2025, approximately \$429.7 million of total interest (\$417.4 million in regular earnings and \$12.3 million in excess earnings) was credited to all the valuation reserve accounts, including the 401(h) account, the advanced UAAL contribution reserve and the SRBR.

- Regular earnings of \$417.4 million were credited to the valuation reserve accounts, the 401(h) account, and the SRBR at crediting rate of 3.5000% and the advance UAAL contribution reserve was credited at rate of 2.8369%; a lower rate compared to all other reserves due to the exclusion of \$190.0 million in available earnings deferred prior to June 30, 2021.
- 50% of the \$12.3 million earnings above the assumed rate of return (excess earnings) or \$6.2 million were posted to SRBR at the crediting rate of 0.5055%.
- The remaining 50% of the earnings above the assumed rate of return (excess earnings) or \$6.1 million were posted to the valuation reserve accounts and the 401(h) account at a crediting rate of 0.0603%. There was no excess earning crediting to the advance UAAL contribution reserve as the reserve is not eligible to share crediting from earnings that were deferred on or before June 30, 2021, interest crediting cycle.

The total interest crediting rates were 3.5603% to the valuation reserve accounts and the 401(h) account, 4.0055% to the SRBR and 2.8369% to the advance UAAL contribution reserve (see table below).

| Earnings | Valuation Re | eserve & | | | Advance | UAAL |
|----------------------------|---------------|----------|---------------|---------|---------------|-----------|
| Classification | 401(h) Ac | counts | SRB | R | Contribution | n Reserve |
| | Amount | Rate | Amount | Rate | Amount | Rate |
| Regular Earnings | \$356,258,901 | 3.5000% | \$ 42,501,100 | 3.5000% | \$ 18,624,177 | 2.8369% |
| Excess Earnings | 6,138,906 | 0.0603% | 6,138,906 | 0.5055% | 1 | 0.0000% |
| Total Interest Credited | \$362,397,807 | 3.5603% | \$ 48,640,006 | 4.0055% | \$ 18,624,177 | 2.8369% |

The process for crediting interest as of June 30, 2025, is presented in the table below. Note that for this semi-annual interest crediting period, the Contingency Reserve Account (CRA) was adjusted to 1% of total assets, \$133.4 million as of June 30, 2025. There were no subsequent withdrawals from the CRA.

| Interest Crediting Methodology as of June 30, 2025 | |
|---|----------------------|
| Expected Actuarial Earnings for the period | \$ 419,144,829.39 |
| 10 % Amortization of deferred amounts – (Sum of the last 10 periods) | 112,664,280.99 |
| Actuarial earnings on a smoothed basis | 531,809,110.38 |
| CRA adjustment to 1% of total assets as of 6/30/2025 | (102,147,120.14) |
| Actuarial earnings available for interest crediting @ 3.5000% & 2.8369% | 429,661,990.24 |
| CRA usage to cover the interest crediting shortfall | 0.00 |
| Total amount available for interest crediting @ 3.5000% & 2.8369% | \$ 429,661,990.24 |
| Interest credited at a rate of 3.5000% to Valuation Reserves and 401(h) Account | 356,258,900.94 |
| Interest credited at a rate of 3.5000% to SRBR | 42,501,099.76 |
| Interest credited at the rate of 2.8369% to the advance UAAL Contribution Reserve | 18,624,176.93 |
| | |
| Excess Earnings - Earnings above the assumed rate of return | \$ 12,277,812.61 |
| 50% of Excess Earning credited to the SRBR at the rate of 0.5055% | \$ 6,138,906.31 |
| Excess Earning credited to the other reserves at the rate of 0.0603% | \$ 6,138,906.30 |
| Excess Earning credited to the advance UAAL contribution reserve at the rate of 0.0000% | \$ 0.00 |

There was a market *gain* of approximately \$874.5 million for the six-month period ended June 30, 2025, which was higher than the expected actuarial earnings of approximately \$419.1 million. As a result, \$455.4 million in *gains* were added to the market stabilization reserve (the difference between the actual market gain/loss and the expected actuarial earnings). In addition, \$112.7 million in net *gains* from the previous ten (10) interest crediting cycles were recognized in the current interest crediting period. Thus, the market stabilization reserve increased from net deferred *losses* of \$82.6 million as of December 31, 2024, to \$260.1 million in deferred *gains* as of June 30, 2025. On June 27, 2025, ACERA received advance UAAL contribution of \$400 million from Alameda County to pay down the General membership UAAL. The \$400 million will be eligible to receive interest beginning with the December 31, 2025, interest crediting cycle.

Supplemental Retiree Benefits Reserve (SRBR)

The interest credited to the SRBR for the six-month period ended June 30, 2025, was approximately \$42.5 million in regular earning and \$6.1 million in excess earnings.

• For the six-month period ended June 30, 2025, the net deductions from SRBR were approximately \$28.8 million. These deductions include the net transfer to/from the employer advance reserve for 401(h) contributions of \$25.6 million, transfer to the employer advance reserve for implicit subsidy of \$2.4 million, and payments of supplemental COLA and retired death benefits of \$0.8 million.

Attachments:

- Statement of Reserves as of June 30, 2025
- SRBR Status as of June 30, 2025

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION STATEMENT OF RESERVES For the Six Months Ended June 30, 2025

| | Beginning Balances 1/1/2025 | Net Contributions Benefits, Refunds & Transfers 1/1 - 6/30/2025 | Transfer Employers UAAL Adv Rsrv | Interest Crediting Process 1/1 - 6/30/2025 (3.5000%) | Allocation of | Ending Balances 6/30/2025 |
|---|-----------------------------------|---|--|--|-------------------|--|
| Member Reserves: Active Member Reserves | \$ 2,008,299,722 | \$ (27,546,702) | s. | 8 65,715,301 | 1,132,379 1 \$ | 2,047,600,700 |
| Employer Advance Reserve 401(h) Account - OPEB | $2,070,631,690\\10,521,170$ | (11,951,103) | 32,835,779 | 67,387,443 368,241 | 1,161,193 | 2,160,065,002 10,099,430 |
| Total Employer Reserves | 2,081,152,860 | (12,747,429) | 32,835,779 | 67,755,684 | 1,167,538 1 | 2,170,164,432 |
| Retired Member Reserves | 6,125,424,668 | (51,145,040) | 10,315,766 | 222,787,916 | 3,838,989 1 | 6,311,222,300 |
| Supplemental Retiree Benefits Reserve | 1,214,317,136 | (28,831,817) | | 42,501,100 | 6,138,906 | 1,234,125,325 |
| Contingency Reserve | 31,267,714 | | | 102,147,120 ² | | 133,414,834 |
| Market Stabilization Reserve | (82,595,530) | (| | | 342,642,777 | 260,047,247 |
| Total All Other Reserves and SRBR | 11,377,866,570 | (120,270,988) | 43,151,545 | 500,907,121 | 354,920,590 | 12,156,574,838 |
| Advance UAAL Contribution Reserve County-Safety UAAL Advance Reserve LARPD-General UAAL Advance Reserve County-General UAAL Advance Reserve | 645,338,735 11,149,742 | 400,000,000 | (42,653,430) (498,115) | 18,307,866 ¹ 316,311 ¹ | | 620,993,171 10,967,938 400,000,000 |
| Total Reserves at Fair Value / Fiduciary Net Position | \$ 12,034,355,047 | \$ 279,729,012 | ٠ ج | \$ 519,531,298 | \$ 354,920,590 \$ | 13,188,535,947 |

Notes: 1. Interest credited as of 6/30/25 includes \$417,384,178 of regular earnings allocation at crediting rates of 3.500% to the SRBR and all other non-SRBR reserves; and at 2.8369% to the UAAL advance reserves. Excess earnings of \$12,277,813 were allocated at a rate of 0.5055% and 0.0603% to the SRBR and all other non-SRBR reserves, respectively. There was no excess earnings allocation to the UAAL advance reserves.

2. Amount includes an increase of the CRA by \$102,147,120 to adjust the balance at 1% total assets as of 6/30/25. After CRA was restored to 1% total assets, there was no subsequent withdrawal of funds from the CRA.

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION SUPPLEMENTAL RETIREE BENEFITS RESERVE (SRBR)
For the Ten Years Ended December 31, 2015 - December 31, 2024 and Six Months Ended June 30, 2025

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 6/30/2025 |
|---|----------------|---------------|---------------|---------------|---------------|---------------|-----------------|-----------------|-----------------|------------------|------------------|
| Beginning Balance | \$ 789,826,877 | \$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 |
| Deductions: Transferred to Employers Advance Reserve | 36,528,264 | 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 | 26,671,452 |
| Employers Implicit Subsidy | 5,320,953 | 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 | 1,555,924 | 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 | 628,441 |
| Death Benefit - Burial - SRBR | 213,909 | 187,081 | 187,060 | 196,576 | 216,834 | 230,747 | 256,683 | 240,383 | 228,463 | 379,459 | 132,471 |
| ADEB (Active Death) | • | | ı | • | • | 1 | • | 1 | ı | 1 | 1 |
| Total Deductions | 43,619,050 | 41,378,148 | 48,534,070 | 50,909,161 | 53,155,588 | 53,250,072 | 55,445,401 | 54,254,453 | 58,544,108 | 57,511,434 | 29,886,317 |
| Additions: Interest Credited to SRBR | 62,722,797 | 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 | 42,501,100 |
| Excess Earnings Allocation | 43,770,247 | | ı | 10,574,982 | | 1 | 184,050,056 | 10,749,534 | 1 | • | 6,138,906 |
| Transferred from Employers Advance Reserve | 1,141,500 | 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 | 1,054,500 |
| Total Additions | 107,634,544 | 61,921,023 | 67,919,438 | 76,627,164 | 58,376,794 | 60,294,406 | 254,739,718 | 91,814,482 | 76,323,426 | 85,440,749 | 49,694,506 |
| Ending Balance | \$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 | \$ 1,234,125,325 |

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



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: October 1, 2025

TO: Members of the Retirees Committee

FROM: Jessica Huffman, Retirement Benefits Manager

Mike Fara, Communications Manager

SUBJECT: Final Report on Open Enrollment Preparation and Communications

Materials, and Retiree Health and Wellness Fair Arrangements

ACERA's Open Enrollment period is approaching for our group plans. The attached presentation will be reviewed at the Retirees Committee meeting.

Attachment

Open Enrollment Preparations

STATUS REPORT

Retirees Committee Meeting October 1, 2025



Open Enrollment Communications

- Sep 19 OE packet materials sent to printer
- Sep 22 Health Fair postcard mailed
- Sep 26 Health Fair email blast
- Oct 6 Health Fair email blast
- Oct 15 OE packet mailed www.acera.org/OE
- Oct 16 Health Fair email blast
- Oct 22 Health Fair email blast

Open Enrollment Schedule

Oct 15-Dec 15 Via Benefits OE period

Oct 15-Dec 7 Medicare OE

Nov 1-Dec 15 Non-Medicare OE

Oct 23 Hybrid Health & Wellness Fair

Nov 1-30 Group plan OE period

Jan 1 Via Benefits plans effective date

Feb 1 ACERA group plans effective date

ACERA Hybrid Retiree Health and Wellness Fair

Thursday, October 23, 2025

In-Person Event: 8:30 AM
DoubleTree by Hilton Hotel
Pleasanton

Virtual Event: 8:50 AM

Livestream on Zoom

Presentation videos available later for on-demand viewing

www.acera.org/healthfair

Open Enrollment Packet

- Envelope
- Intro letter
- Retiree Enrollment Guide
- Making Your Via Benefits Reimbursements Easier flyer
- Getting Your Affairs in Order end-of-life planning flyer
- Health Fair flyer
- Kaiser flyer
- Delta Dental flyer
- VSP flyer



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

Dear ACERA Member,

This is your annual opportunity to review your healthcare options provided by ACERA. In this packet, you'll find the ACERA 2026 Retiree Enrollment Guide containing information about the ACERA-sponsored healthcare plans. Review the new monthly healthcare premiums for the next year starting on page 2. The Monthly Medical Allowance will increase for the 2026 plan year.

Timeline to Make Changes

Annual benefit enrollment decisions can only be made during the Open Enrollment period outlined on the back of this letter unless you experience a qualifying event. For qualifying events, you must notify ACERA in writing within 30 days of the event. To find out more about qualifying events, visit www.acera.org/enrollment.

Check out the back of this letter for a quick start guide. Detailed instructions on how to make changes are contained in the enclosed Enrollment Guide. We hope you find this packet of information a useful resource throughout 2026.



(800) 838-1932 (510) 628-3000 fax: (510) 268-9574 www.acera.org

Sincerely,

Dave Nelsen

Chief Executive Officer

October 2025



How to Make Changes

Review the instructions under Electing Your Healthcare Coverage starting on page 4 of the Retiree Enrollment Guide.

For group healthcare plan enrollment forms, visit www.acera.org/enroll.

Quick Start Guide

Who DOES need to take action?

- ACERA members who want to make changes to their medical, dental, and/or vision plan(s).
- Members in the UnitedHealthcare SignatureValue Advantage
 HMO plan: your plan is ending and you need to elect either the
 Kaiser Permanente HMO or the UnitedHealthcare SignatureValue
 HMO plan. See page 3 of the Retiree Enrollment Guide for details.
- Members turning 65 in the next year: Review <u>page 7</u> of the Retiree Enrollment Guide.

Who MAY WANT to take action?

- Newly Medicare-eligible members with 10+ years ACERA service credit should enroll in the Medicare Part B Reimbursement Plan for help with your Medicare costs—see page 24.
- Medicare-eligible members in a Via Benefits plan should review whether their drug plan still meets their needs and budget—see page 14.

Who DOES NOT need to take action?

Members who don't want to make changes to their medical, dental, and/or vision plan(s).

Open Enrollment Periods and Plan Years

| ACERA Healthcare Plans | Open Enrollment Period | Plan Year | |
|--|----------------------------|-------------------------------|--|
| Kaiser Permanente HMO California (non-Medicare) | Nov 1, 2025 - Nov 30, 2025 | Feb 1, 2026 - Jan 31, 2027 | |
| Kaiser Permanente Senior Advantage California (Medicare) | | | |
| UnitedHealthcare SV HMO (non-Medicare) | | | |
| Delta Dental | | | |
| Vision Service Plan (VSP) | | | |
| Via Benefits Non-Medicare Plans | Nov 1, 2025 - Dec 15, 2025 | Jan 1, 2026 - Dec 31, 2026 | |
| Kaiser Permanente Individual Non-Medicare Plans (outside California) | | | |
| Via Benefits Medicare Plans | Oct 15, 2025 - Dec 7, 2025 | | |
| Kaiser Permanente Individual Medicare Plans (outside California) | | | |



Quick Start Guide

Who DOES need to take action?

- ACERA members who want to make changes to their medical, dental, and/or vision plan(s)
- Members in the UnitedHealthcare SignatureValue Advantage HMO plan: your plan is ending and you need to elect either the Kaiser Permanente HMO or the UnitedHealthcare SignatureValue HMO plan. See page-3 for details.
- Members turning 65 in the next year: Review the info on page 7.

Who MAY WANT to take action?

- Newly Medicare-eligible members with 10+ years ACERA service credit should enroll in the Medicare Part B Reimbursement Plan for help with your Medicare costs—see page 24.
- Medicare-eligible members in a Via Benefits plan should review whether their drug plan still meets their needs and budget—see page 14.

Who DOES NOT need to take action?

Members who don't want to make changes to their medical, dental, and/or vision plan(s).

HOW TO take action

- Review the instructions under Electing Your Healthcare Coverage starting on page 4.
- For group healthcare plan enrollment forms, visit www.acera.org/enroll.

Open Enrollment Periods and Plan Years

| ACERA Healthcare Plans | Open Enrollment Period | Plan Year | |
|--|---|--|--|
| Kaiser Permanente HMO California (non-Medicare) | November 1, 2025 - November 30, 2025 | February 1, 2026 - January 31, 2027 | |
| Kaiser Permanente Senior Advantage California (Medicare) | | | |
| UnitedHealthcare SV HMO (non-Medicare) | | | |
| Delta Dental | | | |
| Vision Service Plan (VSP) | | | |
| Via Benefits Non-Medicare Plans | November 1, 2025 - | January 1, 2026 - | |
| Kaiser Permanente Individual Non-Medicare Plans (outside California) | December 15, 2025 | December 31, 2026 | |
| Via Benefits Medicare Plans | October 15, 2025 - | | |
| Kaiser Permanente Individual Medicare Plans (outside California) | December 7, 2025 | | |



Table of Contents

- 1 Introduction
- 2 What's New For 2026
- 4 Electing Your Healthcare Coverage
- 7 Medicare and Your ACERA Coverage
- 8 Enrolling Your Eligible Dependents
- 10 Medical Plans
- 14 Prescription Drugs
- 16 Hearing Aids
- 17 Dental & Vision Plans
- 22 Health Plan Costs
- 29 Wellness Tools
- 32 Important Notices

Introduction

Health Plan Information You Need to Know

This annual guide provides information about the ACERA-sponsored health plans available to retired members, non-member payees (e.g., surviving spouses/domestic partners), and their eligible dependents. It includes details about medical, dental, and vision plan premiums and subsidies, changes to coverage options, dependent documentation requirements, as well as information about the 2026 plan year Open Enrollment period, process, and deadlines.

Review Your Materials— It's Up to You

We encourage you to take the time to carefully review this guide and share it with your family as you consider your benefit needs for the coming year. It's up to you to understand your benefits, how they work, and how to take action. Keep it for ongoing reference about your health plan benefits should you have questions or need information. Also, be sure to refer to the <u>back page</u> of this guide—it lists ACERA's and our health plan providers' contact information.

Open Enrollment for Plan Year 2026

ACERA's Open Enrollment period provides retirees, eligible dependents, and COBRA participants the annual opportunity to enroll in a health plan or change coverage for medical, prescription drug (with Medicare), dental, and/or vision plans for the upcoming plan year. Review the inside cover of the guide to see what the Open Enrollment period dates are for each healthcare plan.

Additionally, review the inside cover of the guide to see if you need to take action. If you're enrolled in an individual Medicare plan through Via Benefits, you may want to take this time to review how well your Medicare Part D plan covers your prescription drugs and review any changes in coverage or cost for 2026. You may also take the opportunity to change Medicare supplement plans.

Instructions on how to take action and whether you need to submit enrollment forms are on page 5.

What's New For 2026

Dental and Vision Premium Changes

| Dental and Vision Monthly Premiums (Retiree Only) | | | | | | |
|---|--|------------------|----------|--|----------|----------|
| Dental & Vision Plans | 0-9 Yrs. of ACERA Service (Voluntary Enrollment) | | | 10+ Yrs. of ACERA Service (Mandatory Enrollment) | | |
| | 2025 | 2026 | % Change | 2025 | 2026 | % Change |
| Delta Dental PPO | \$ <i>7</i> 4.60 | \$ <i>7</i> 9.60 | 6.7% | \$51.05 | \$54.35 | 6.5% |
| DeltaCare USA | \$31.05 | \$ 27.95 | -10.0% | \$ 22.18 | \$ 19.96 | -10.0% |
| VSP Standard | \$ 6.69 | \$ 6.69 | 0.0% | \$ 4.63 | \$ 4.63 | 0.0% |
| VSP Premium (Buy-Up) | \$18.43 | \$18.43 | 0.0% | \$16.63 | \$16.63 | 0.0% |

Medical Monthly Premium Changes

Between 2020 and 2023, the County negotiated three rate decreases to the Kaiser Permanente Senior Advantage (KPSA) plan, totaling a 23.0% reduction from the 2020 premium of \$411.54. Premiums increased in 2024 and 2025, and will rise again in 2026. However, the new 2026 premium of \$398.05 is still 3.3% lower than what members paid in 2020—six years ago.

| Medical Monthly Premiums (Retiree Only) | | | | | |
|---|--|-------------|----------|--|--|
| Plans | 2025 | 2026 | % Change | | |
| Kaiser HMO | \$ 1,097.88 | \$ 1,133.80 | 3.3% | | |
| Kaiser Senior Advantage | \$ 375.22 | \$ 398.05 | 6.1% | | |
| UHC SV HMO | \$ 1,594.36 | \$ 1,840.38 | 15.4% | | |
| Via Benefits plans | Premiums for individual plans through Via Benefits depend on which plan you select. | | | | |

The new premiums for group plans will be withheld from your January 2026 retirement check. See pages 26-28 for more premium information.

Monthly Medical Allowance Will Increase

The Monthly Medical Allowance (MMA) will increase by 3.75% for 2026. See page 22-23 for the MMA amounts.

One Pass: Premier Fitness Access for Kaiser Senior Advantage Members

ACERA retirees enrolled in the Kaiser Permanente Senior Advantage (KPSA) Medicare Plan have access to fitness resources through the One Pass program at no additional cost.

One Pass Offers Versatile Fitness Options

- Gym Access: Free membership to over 26,000 participating fitness centers nationwide, including YMCAs, Orangetheory, Club Pilates, and Pure Barre.
- Home Workouts: Over 23,000 ondemand and live digital fitness classes, plus a custom workout builder tailored to your fitness level and interests.
- Brain Training: Cognitive exercises to support mental wellness.
- Social Engagement: Opportunities to join group classes and connect with others through an online community.
- Bold: Doctor-approved program designed to improve balance, support bladder control, and build strength and well-being, offering personalized routines and live and on-demand classes.

 www.acera.org/bold

How to Get Started

To enroll, visit <u>youronepass.com</u> and follow the registration process. For assistance, call 1-877-614-0618 (TTY 711), Mon -Fri, 6am - 7pm PST.

For more information, visit www.acera.org/onepass.

Kaiser Members: Save on Chiropractic, Massage, & Acupuncture

Kaiser Permanente members can now access discounts on chiropractic, massage, and acupuncture services through the Optum Affinity Musculoskeletal Program. These therapies can help with back, neck, and joint pain, arthritis, migraines, anxiety, insomnia, and more. Members receive 20% off visits with participating providers when they show their Kaiser Permanente ID card, and can use Optum's provider directory to find in-network specialists near them. More info at www.accra.org/affinity.

UHC Signature Value Advantage Plan Ending

Alameda County is updating its health plan offerings, and the UnitedHealthcare SignatureValue Advantage Plan will no longer be available in 2026. The plan will officially end on January 31, 2026. Because ACERA retirees are included in the County's active employee plans, we follow the County's contract agreements with the carriers.

If you are currently enrolled in the Signature Value Advantage Plan, you will need to select a plan from the continuing options during open enrollment. If you do not choose a new plan, you will be automatically enrolled in the UnitedHealthcare Signature Value HMO plan.

Early Retiree Plans Continuing in 2026

(Early retirees are those not yet eligible for Medicare)

- UnitedHealthcare SignatureValue HMO continues to be available
- Kaiser Permanente HMO now the lowestcost option for early retirees

Updated Instructions for Delta Dental SmileWay Wellness Benefits

Delta Dental's SmileWay Wellness Benefits provide eligible Delta Dental PPO retirees and covered dependents with qualifying chronic conditions extra dental cleanings and one deep cleaning per quadrant each year to support gum and overall health. ACERA has created a new webpage with a benefit overview, eligibility criteria, step-by-step enrollment instructions, and a detailed FAQ: www.acera.org/smileway.

Delta Dental Cost Planning Tool

ACERA has published a new webpage with instructions for using Delta Dental's online cost planning tool, available through their member portal. This tool helps retirees estimate out-of-pocket costs, compare fees among dentists, and make informed decisions about their dental care: www.acera.org/dentalcost.

ACERA Benefit Recipient Certification for Retirees

ACERA periodically sends Benefit Recipient Certification notices to verify contact information and ensure uninterrupted benefits. If you receive a notice, it is legitimate and should be completed promptly. For details on how to respond, see the full section on page 32 or visit: www.acera.org/certification.

Electing Your Healthcare Coverage

When Can I Enroll or Make Changes?

Open Enrollment is your annual opportunity to consider your benefit needs and make changes. For ACERA group plans, Open Enrollment runs November 1 – November 30, 2025. During this period, you may change your Kaiser or UnitedHealthcare medical plan, dental plan, or vision plan, or add/drop coverage for eligible dependents. Open Enrollment for individual medical plans through Via Benefits is listed in the chart below.

Outside of Open Enrollment, you may enroll in or change coverage only within 30 days of retirement or a qualifying event. See www.acera.org/enrollment for a list of events.

When Will My Enrollment or Changes Be Effective?

- If you enroll during Open Enrollment, coverage starts on the first day of the plan year, either January 1 or February 1.
- For enrollment outside of Open Enrollment due to a qualifying event, contact ACERA for your effective date at www.acera.org/email or 510-628-3000.

| ACERA Healthcare Plans | Open Enrollment Period | Plan Year | |
|---|--------------------------------|--------------------|--|
| Kaiser Permanente HMO California (non-Medicare) | November 1 – 30, 2025 | February 1, 2026 – | |
| Kaiser Permanente Senior Advantage California (Medicare) | | January 31, 2027 | |
| UnitedHealthcare SV HMO (non-Medicare) | | | |
| Delta Dental | | | |
| Vision Service Plan (VSP) | | | |
| Via Benefits Non-Medicare Plans | November 1 – December 15, 2025 | January 1, 2026 – | |
| Kaiser Permanente Individual Non-Medicare Plans (outside California) | | December 31, 2026 | |
| Via Benefits Medicare Plans | October 15 – December 7, 2025 | | |
| Kaiser Permanente Individual Medicare Plans (outside California) | | | |



Making Your Via Benefits Reimbursements Easier

IF YOU'RE ENROLLED in a medical insurance or prescription plan through Via Benefits, you pay a monthly premium for your plan to your insurance company. If you use your coverage to go to the doctor or get a prescription, you may have to pay deductibles or copays to the doctor or pharmacy.

You can get reimbursed for eligible medical expenses if you qualify for ACERA's Monthly Medical Allowance (MMA)*—up to the amount you're eligible for.

There are two ways to request reimbursement:

- ONLINE: The fastest and easiest way is to log into your Via Benefits account and follow the instructions to set up automatic or recurring premium reimbursements and direct deposit. You can also submit individual claims for out-of-pocket medical expenses online. Visit www.acera.org/reimburse for helpful tips and video walk-throughs.
- BY FORM: You can use the traditional forms provided by Via Benefits. Follow the instructions in this brochure.

How do I know if I am eligible for the Monthly Medical Allowance (MMA)?

Eligibility for the Monthly Medical Allowance is based on how many years of ACERA service credit you earned before you retired:

| | | Non-Medicare Plans | | Medicare Plans | | |
|---------------------------|-------------------|-----------------------|--------------------|-----------------------------|-----------------------|-----------------------------|
| Years ACERA Service | Portion of MMA | M |)26 MA mount | Annual Total for 2026 | 2026 MMA Amount | Annual Total for 2026 |
| 0-9 yrs. | No MMA | | - | - | - | - |
| 10-14 yrs. | 1/2 | \$ | 343.61 | \$ 4,123.32 | \$ 263.23 | \$ 3,158.76 |
| 15-19 yrs. | 3/4 | \$ | 515.41 | \$ 6,184.92 | \$ 394.85 | \$ 4,738.20 |
| 20+ yrs. | Full | \$ | 687.21 | \$8,246.52 | \$ 526.46 | \$ 6,317.52 |

^{*} Just a reminder, the MMA is a non-guaranteed (non-vested) benefit that may be adjusted or eliminated at any time by the Board of Retirement to ensure sustainability of non-vested benefits.

The dollar amount you're eligible for every month can be used for premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan (if you're in a separate prescription drug plan). Dependents such as your spouse or domestic partner are not eligible for the MMA.

How do I pay my monthly premiums?

There are two ways to pay your monthly premiums:

- 1. DIRECT PAY Pay it directly from your bank account automatically each month. You probably set this up already when you called Via Benefits to enroll. If you didn't, but want to set it up now, there's a "coupon" in the "coupon book" your insurance carrier sent you that is called something similar to "Auto Pay Form." You simply mail the completed form with a voided check to your insurance carrier. Alternatively, you may be able to set up automatic payments by logging into your insurance carrier's website and navigating to their billing or payment settings.
- 2. MAIL A CHECK TO YOUR INSURANCE CARRIER EACH MONTH. If you didn't set up direct pay from your bank account, you received a "coupon book" from your insurance carrier; the "coupons" are monthly reminders of the premium amount you owe that you need to mail to your insurance carrier each month to continue your insurance coverage. Some carriers don't provide coupon books, but simply provide a statement every month. Don't forget to mail your payment in each month to your carrier, or they may drop your coverage.

Getting Your Affairs in Order





While it's not easy to think about end-of-life planning, preparing in advance can give you peace of mind and help your loved ones make decisions with clarity during a difficult time.

Review Beneficiaries

Ensure your beneficiary information is up to date by reviewing your ACERA account at acera.org/login.

Start a Conversation

Talk about your wishes for end-of-life care with your loved ones. This conversation can provide a shared understanding of what matters most to you. Visit The Conversation Project at acera.org/conversation for a Conversation Starter Kit and other resources.*

Review Finances

Review your debts and assets with your loved ones. Make sure they know where to find key documents. Include digital accounts, online banking, and passwords in your planning.

Discuss Burial Wishes

Let your family know your preferred funeral and burial arrangements, or share any arrangements you've already made.

Set Up a Trust

A trust can help your loved ones avoid the delays, costs, and public nature of probate, which is the court process for settling an estate. A trust also gives you more control over how and when your assets are distributed. Speak with an estate planning attorney to explore whether a trust is right for you.

Make a Will

Every adult should have a will to ensure their wishes are carried out. Even if you have a trust, a will serves as a backup for anything not included. For simpler estates, you can make a free will at www.doyourownwill.com; * for more complex situations, consult an estate planning attorney.

Complete an Advance Healthcare Directive

Fill out an Advance Healthcare Directive so loved ones can make healthcare decisions if you cannot. Many states also use the term "Health Care Power of Attorney" for similar documents. Find state-specific forms through AARP at acera.org/advance.*

^{*}Third-party website not affiliated with ACERA

Make a Life Planning File

Get a folder, manila envelope, or secure digital file, and let your loved ones know where to find it:

- 1. Personal documents birth certificates, passports, Social Security info, marriage/divorce papers, military discharge papers, naturalization papers, wills, advance directives, powers of attorney, trust agreements, adoption papers, prepaid funeral arrangements, and burial instructions.
- Retirement and death benefit info ACERA's phone number (510-628-3000) and website (acera.org), plus details and contact info for other pension plans and any organizations that owe survivor benefits based on your employment or membership.
- **3.** Income tax information copies of the last two years of state and federal returns plus supporting tax documents (1099s, W-2s, property tax records, etc.).
- **4. Property information** titles and deeds, property tax bills, mortgage documents, liens, and burial plot deeds.
- **5. Insurance policies** life, auto, home, property, liability, accident, and health policies.
- 6. Bank and financial accounts checking, savings, CDs, brokerage accounts, deferred compensation accounts, savings bonds, stocks, bonds, safe deposit boxes, and other securities
- 7. Credit cards, utilities, and bills account numbers, websites, login information, and contact details.
- **8.** Important Contacts family, friends, professionals (attorney, accountant, financial planner, insurance agent), executor of your will, and organizations of which you are a member.
- 9. Survivor Checklist Include ACERA's Survivor Checklist to help your beneficiaries know what to do. acera.org/checklist

Review ACERA's Survivor Checklist

Our Survivor Checklist helps ensure your beneficiaries receive benefits smoothly and with less stress. The checklist also highlights documents you can provide to ACERA in advance to help ensure efficient payment of death benefits. acera.org/checklist



Hybrid Health Fair: In Person & Online

Health & Harmony

Register Now • www.acera.org/healthfair

2025 ACERA
Hybrid Retiree Health
& Wellness Fair

Join us in person to explore the Expo Hall and presentations, or tune in virtually over Zoom for a simulcast of live presentations.

Thu, October 23, 2025

DoubleTree by Hilton Hotel Pleasanton

7050 Johnson Dr, Pleasanton, CA

Free Parking

In-Person • 8:30 AM

Virtual on Zoom • 8:50 AM

Event Ends • 12:20 PM

Visit Later

Drop by the virtual space anytime during Open Enrollment to:

- Watch session replays
- · Find useful tools & info

www.acera.org/healthfair









































MEMORANDUM TO THE RETIREES COMMITTEE

DATE: October 1, 2025

TO: Members of the Retirees Committee

FROM: Jessica Huffman, Retirement Benefits Manager

SUBJECT: Annual Medicare Part D Certificate of Coverage Notice

The Medicare Modernization Act (MMA) requires entities to annually notify Medicare eligible policyholders whether their prescription drug coverage is "creditable coverage", which means the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. The Centers for Medicare and Medicaid Services (CMS) requires all plan sponsors, such as ACERA, of health plans that provide prescription drug benefits to provide a Certificate of Creditable Coverage Notice to all plan participants prior to the Part D enrollment period.

Due to the Patient Protection and Affordable Care Act (PPACA), the open enrollment period for Medicare Part D is from October 15th through December 7th. This Notice will be mailed and received prior to the October 15th deadline. A PDF copy of the Certificate of Creditable Coverage Notice will also be available for download from ACERA's website prior to the October 15th deadline. Retirees enrolled in individual medical plans through Via Benefits will also receive this Notice directly from their individual medical carriers.



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: October 1, 2025

TO: Members of the Retirees Committee

FROM: Jessica Huffman, Retirement Benefits Manager

SUBJECT: Via Benefits Updates

This memo is to provide the Retirees Committee with information on the Via Benefits updates.

- The Via Benefits Medicare Fall Newsletters were mailed between September 24th and October 2nd, along with email blasts sent to Medicare enrollees.
- Balance Reminder Statements for Health Reimbursement Account holders were mailed between September 5th and September 16th
- The Pre-65 Fall Newsletters will be mailed in phases starting in mid-October and distributed in waves.
- Tim King has replaced Lisa Starr as ACERA's Via Benefits Account Manager. Lisa retired in June 2025.
- Via Benefits will participate in ACERA's 2025 Health and Wellness Fair with in-person representation and will staff an educational table to provide resources and answer member questions.