



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

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

**ACERA MISSION:**

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

**Wednesday, October 3, 2018  
10:30 a.m.**

<b>LOCATION</b>	<b>COMMITTEE MEMBERS</b>	
<b>ACERA C.G. "BUD" QUIST BOARD ROOM 475 14<sup>TH</sup> STREET, 10<sup>TH</sup> FLOOR OAKLAND, CALIFORNIA 94612-1900 MAIN LINE: 510.628.3000 FAX: 510.268.9574</b>	<b>LIZ KOPPENHAVER, CHAIR</b>	<b>ELECTED RETIRED</b>
	<b>GEORGE WOOD, VICE CHAIR</b>	<b>ELECTED GENERAL</b>
	<b>DALE AMARAL</b>	<b>ELECTED SAFETY</b>
	<b>KEITH CARSON</b>	<b>APPOINTED</b>
	<b>JAIME GODFREY</b>	<b>APPOINTED</b>

Should a quorum of the Board attend this meeting, this meeting shall be deemed a joint meeting of the Board and Committee.

The order of agenda items is subject to change without notice. Board and Committee agendas and minutes are available online at [www.acer.org](http://www.acer.org).

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

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

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

NOTICE and AGENDA, Page 2 of 3 – October 3, 2018

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

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

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

Segal Consulting, ACERA's Actuary, will present the annual Actuarial Valuation of the OPEB and Non-OPEB Benefits Provided by the Supplemental Retiree Benefit Reserve, Including Sufficiency of Funds, as of December 31, 2017.

- Dave Nelsen
- Segal Consulting

#### **Recommendation**

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to accept the December 31, 2017 Supplemental Retiree Benefit Reserve Actuarial Valuation prepared by Segal Consulting.

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

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

Statement of additions and deductions to the Supplemental Retiree Benefit Reserve for the period ending June 30, 2018.

- Margo Allen

### **2. Final Report on Open Enrollment Preparation and Communication Material, 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 2019 as well as the Retiree Health and Wellness Fair.

- Ismael Piña
- Mike Fara

### **3. Miscellaneous Updates**

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

- Ismael Piña
- Keenan & Associates

## **Trustee Remarks**

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

## **Future Discussion Items**

- Adoption of Medicare Part B Reimbursement Plan Benefit for 2019
- Adoption of Updates to Appendix A of 401(h) Account Resolutions

***RETIRES COMMITTEE/BOARD MEETING***

**NOTICE and AGENDA, Page 3 of 3 – October 3, 2018**

**Establishment of Next Meeting Date**

December 5, 2018, at 10:30 a.m.

**Adjournment**



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: October 3, 2018

TO: Members of the Retirees Committee

FROM: Kathy Foster, Assistant Chief Executive Officer 

SUBJECT: **Actuarial Valuation of the OPEB and Non-OPEB Benefits Provided by the Supplemental Retiree Benefit Reserve, Including Sufficiency of Funds, as of December 31, 2017**

Attached is the Supplemental Retiree Benefit Reserve (SRBR) Valuation prepared by Segal Consulting (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 2039 and Non-OPEB benefits in 2034. The results of this December 31, 2017 valuation indicate that the terminal year of OPEB benefits is again projected to be 2039, with full benefits paid through 2038 for a total of 21 full years and one partial year. The terminal year of Non-OPEB benefits is projected to be 2038, with full benefits paid through 2037 for a total of 20 full years and one partial year.

As Segal reported during their preliminary presentation in May, the projected terminal year for the OPEB benefits is the same as last year mainly because the combined experience of the OPEB plan did not change significantly from the prior valuation's assumptions. The four year increased projection for the Non-OPEB's is mainly due to the change in the actuarial assumptions, specifically, the decrease in the inflation assumption from 3.25% to 3.00% per year.

Andy Yeung, with Segal, will present this information in detail at the October 3<sup>rd</sup> Retirees Committee meeting.

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement a motion to accept the December 31, 2017 Supplemental Retiree Benefit Reserve Actuarial Valuation prepared by Segal Consulting.

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, 2017**

This report has been prepared at the request of the Board of Retirement to assist in administering the Fund. This valuation report may not otherwise be copied or reproduced in any form without the consent of the Board of Retirement and may only be provided to other parties in its entirety unless expressly authorized by Segal. The measurements shown in this actuarial valuation may not be applicable for other purposes.

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September 24, 2018

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

Dear Members of the Board:

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, 2017. ACERA's accounting disclosure requirements 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 June 12, 2018. ACERA's accounting disclosure requirements 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 June 12, 2018, together with the statutory pension benefits.

The December 31, 2017 census and financial information was prepared by ACERA. We gratefully acknowledge that assistance. The actuarial projections were based on the assumptions and methods described in Exhibit I and on the plan of benefits as summarized in Exhibit II.

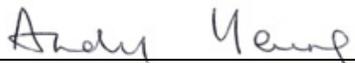
The actuarial calculations were completed under the supervision of Eva Yum, FSA, MAAA, Enrolled Actuary and Thomas Bergman, ASA, MAAA, Enrolled Actuary. The undersigned are members of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein.

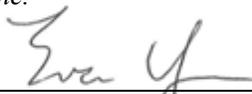
We look forward to discussing this material with you at your convenience.

Sincerely,

Segal Consulting, a Member of The Segal Group, Inc.

By:

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

  
\_\_\_\_\_  
Eva Yum, FSA, MAAA, EA  
Associate Actuary

  
\_\_\_\_\_  
Thomas Bergman, ASA, MAAA, EA  
Retiree Health Actuary

DNA/bbf

## SECTION 1

### INTRODUCTION

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**SECTION 1: Introduction for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**PURPOSE**

**I. Other Postemployment Benefits (OPEB)**

This report presents the results of our actuarial valuation as of December 31, 2017 of the Alameda County Employees' Retirement Association (ACERA) postretirement medical, dental and vision benefits provided through ACERA's 401(h) account.<sup>1</sup> 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. 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 2019. 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, 2018.

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<sup>1</sup> 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, 2017 GASB 74 report dated June 12, 2018.

**II. 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.<sup>2</sup>

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, 2018.

**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.

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<sup>2</sup> 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, 2017 GASB 67 report dated June 12, 2018.

**SECTION 1: Introduction for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Important Information about Actuarial Valuations**

An actuarial valuation is a budgeting tool with respect to the financing of future projected obligations of an 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 an actuarial valuation, Segal Consulting (“Segal”) relies on a number of input items. These include:

- **Plan of benefits** 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 (as well as the plan summary included in our funding valuation report) to confirm that Segal has correctly interpreted the plan of benefits.
- **Participant data** 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.
- **Assets** This valuation is based on the market value of assets as of the valuation date, as provided by the Association.
- **Actuarial assumptions** In preparing an actuarial valuation, Segal projects the benefits to be paid to existing plan participants for the rest of their lives and the lives of their beneficiaries. This projection requires actuarial assumptions as to the probability of death, disability, termination, and retirement of each participant for each year. In addition, the benefits projected to be paid 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 projected benefits are then discounted to a present value, based on the assumed rate of return that is expected to be achieved on the plan’s assets. There is a reasonable range for each assumption used in the projection and the results may vary materially based on which assumptions are selected. It is important for any user of an actuarial valuation to understand this concept. Actuarial assumptions are periodically reviewed to ensure that future valuations reflect emerging plan experience. While future changes in actuarial assumptions may have a significant impact on the reported results, that does not mean that the previous assumptions were unreasonable.

**SECTION 1: Introduction for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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

- The valuation is prepared at the request of the Board to determine sufficiency of funds related to the OPEB and non-OPEB Plan. Segal is not responsible for the use or misuse of its report, particularly by any other party.
- An actuarial valuation is a measurement of the plan's assets and liabilities at a specific date. Accordingly, except where otherwise noted, Segal did not perform an analysis of the potential range of future financial measures. 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.
- 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.
- Segal does not provide investment, legal, accounting, or tax advice. Segal's valuation is based on our understanding of applicable guidance in these areas and of the plan's provisions, but they may be subject to alternative interpretations. The Board should look to their other advisors for expertise in these areas.

As Segal Consulting has no discretionary authority with respect to the management or assets of the Plan, it is not a fiduciary in its capacity as actuaries and consultants with respect to the Retirement Association.

## SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve

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### HIGHLIGHTS OF THE VALUATION

- The actuarial assumptions used in this study are consistent with those assumptions applied by the Retirement Board for the December 31, 2017 pension valuation, including the use of a 7.25% investment return assumption.
- In the last SRBR valuation, we utilized the following medical trend assumptions:
  - All non-Medicare plans and Medicare Advantage plans: starting at 6.50% for 2017 to 2018, reduced by 0.25% for each year until it reaches 4.50%.

For this valuation, we have recommended to the Board in our letter dated March 27, 2018 that the medical trend assumptions be revised to the following:

  - All non-Medicare plans: starting at 7.00% for 2018 to 2019<sup>3</sup>, reduced by 0.25% for each year until it reaches 4.50%.
  - All Medicare Advantage plans: starting at 6.50% for 2018 to 2019<sup>3</sup>, reduced by 0.25% for each year until it reaches 4.50%.
- The Board acted to increase the 2018 MMA for 2019. The maximum MMA for ACERA sponsored plans and individual (out-of-area) non-Medicare plans becomes \$558.00 and the maximum MMA for individual Medicare plans becomes \$427.46, for 2019.
- For years after 2019, we have assumed that the MMA will increase with 50% of medical trend.
- These and the other OPEB assumptions are provided in Exhibit I.
- 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 III.
- 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.
- For this valuation, the Association has continued to provide to us the breakdown of the OPEB and non-OPEB assets as of December 31, 2017.
- The terminal year of the SRBR was determined by projecting how long the SRBR can provide for all non-OPEB and OPEB benefits under the substantive plan outlined in Exhibit III. OPEB benefits can be paid through 2039<sup>4</sup>, while non-OPEB benefits can be paid through 2038<sup>4</sup>. Last year, it was projected that OPEB benefits could be paid through 2039 and non-OPEB benefits could be paid through 2034.

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<sup>3</sup> After we released our preliminary high-level summary letter dated May 2, 2018, the Association approved premiums for 2019. We have used those actual 2019 premiums in this study in lieu of estimating those premiums by using the 7.00% assumption for non-Medicare plans and the 6.50% assumption for Medicare plans.

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<sup>4</sup> Assets would only be sufficient to pay benefits for a part of the year indicated.

**SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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The main reason that the terminal year of the SRBR for OPEB benefits is projected to be the same as it was in last year's study is that the combined experience of the OPEB Plan, in aggregate, did not deviate significantly from the prior valuation's assumptions.

Note that the OPEB sufficiency period also did not change from that shown in our May 2, 2018 preview letter. Our preview letter estimated medical plan premiums for 2019 and future years using our trend assumption. Subsequent to our issuing of the preview letter, ACERA reported the 2019 medical plan premium renewals and we have used the actual 2019 premiums in our updated projection shown herein. On average, the premium increases for non-Medicare plans were lower than our expected 7.00% increase from 2018 to 2019, and the premium increases for Medicare plans were slightly higher than our expected 6.50% increase from 2018 to 2019.

- The main reason the terminal year of the SRBR for non-OPEB benefits is projected to be four years later than it was in last year's study is the change in the actuarial assumptions, in particular the decrease in the inflation assumption from 3.25% to 3.00% per year. For supplemental COLA benefits, the excess of inflation over the cost of living allowance (i.e., 3% for Tiers 1 and 3, and 2% for Tiers 2, 2C, 2D, and 4) is banked for future years when inflation may be less than the cost of living allowance. A supplemental COLA benefit would be paid when a member's COLA bank exceeds 15%. By reducing the assumed inflation rate, it is expected to take longer for members in Tiers 2, 2C, 2D, and 4 to accumulate a COLA bank in excess of 15%, which results in a decrease

in the present value of providing supplemental COLA benefits.

- The funded ratio of the OPEB liabilities is 85.7%. The funded ratio of the non-OPEB liabilities is 25.1%. The comparable funded ratios were 92.0% and 19.1% for the OPEB and non-OPEB liabilities, respectively, as of December 31, 2016.
- The terminal years the SRBR can be paid as well as the funding ratios have been developed to reflect only the actuarial value of assets allocated to the SRBR through December 31, 2017. As we indicated on page 6 of our December 31, 2017 actuarial valuation report for the Pension Plan, the Association had deferred investment gains of \$309.1 million that were 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 gains of \$309.1 million represent 3.8% of the market value of assets as of December 31, 2017.
- The funding 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.
- Note that in preparing the 401(h) contribution letter for 2018/2019, 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

**SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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with the Board on SB 1479, the values in both the employer reserves and the SRBR would remain unchanged relative 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.

- The projected payments do not include any excise tax that may be imposed by the Affordable Care Act and related statutes. Under these acts, health plans that provide a subsidy above certain thresholds beginning in 2022 may be subject to a 40% excise tax. We have not included any excise tax because the MMA subsidy is expressed in terms of a dollar amount (and not as a percent of the premium required to obtain medical coverage) and the future MMA, when adjusted by 50% of medical trend, would result in an amount that would fall below the cost thresholds for a “Cadillac” plan (i.e., a plan subject to the excise tax) for all future years.
- 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 June 12, 2018. 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 June 12, 2018.

**SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**SUMMARY OF OPEB VALUATION RESULTS**

	<b>December 31, 2017<sup>(1)</sup></b>	<b>December 31, 2016</b>
<b><u>Without Limiting Liabilities to Current Assets</u></b>		
<b>Actuarial Present Value of Projected Benefits</b>		
Medical	\$1,127,803,000	\$1,004,652,000
Dental and Vision	<u>121,183,000</u>	<u>110,010,000</u>
Total	\$1,248,986,000	\$1,114,662,000
<b>Actuarial Accrued Liability</b>		
Medical <sup>(2)</sup>	\$905,269,000	\$821,416,000
Dental and Vision <sup>(3)</sup>	<u>96,373,000</u>	<u>88,940,000</u>
Total	\$1,001,642,000	\$910,356,000
<b>Actuarial Value of Assets (Exhibit B)</b>	858,005,000	837,185,000
<b>Unfunded Actuarial Accrued Liability</b>	143,637,000	73,171,000
<b>Funded Ratio</b>	85.7%	92.0%
<b>Year Current Assets will be Exhausted<sup>(4)</sup></b>	2039	2039

<sup>(1)</sup> These results will be used as the basis for the next GASB 74 valuation report based on a measurement date of December 31, 2018.

<sup>(2)</sup> Of the amount shown, \$505.5 million is attributable to members currently receiving this benefit as of December 31, 2017 and \$470.7 million is attributable to members receiving this benefit as of December 31, 2016. For treatment of implicit subsidy, see page 22.

<sup>(3)</sup> Of the amount shown, \$53.4 million is attributable to members currently receiving this benefit as of December 31, 2017 and \$49.6 million is attributable to members receiving this benefit as of December 31, 2016.

<sup>(4)</sup> 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.

Note: The above results have been calculated using our understanding of the “substantive plan” as described in Exhibit III. The liabilities provided in this report will have to be revised if our understanding of the “substantive plan” is inaccurate.

**SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**SUMMARY OF NON-OPEB VALUATION RESULTS**

	<b>December 31, 2017<sup>(1)</sup></b>	<b>December 31, 2016</b>
<b><u>Without Limiting Liabilities to Current Assets</u></b>		
<b>Actuarial Present Value of Projected Benefits</b>		
Supplemental COLA	\$184,005,000	\$235,100,000
Retiree Death Benefit	<u>4,400,000</u>	<u>4,088,000</u>
Total	\$188,405,000	\$239,188,000
<b>Actuarial Accrued Liability</b>		
Supplemental COLA <sup>(2)</sup>	\$145,601,000	\$185,782,000
Retiree Death Benefit	<u>4,020,000</u>	<u>3,761,000</u>
Total	\$149,621,000	\$189,543,000
<b>Actuarial Value of Assets (Exhibit B)</b>	37,517,000	36,162,000
<b>Unfunded Actuarial Accrued Liability</b>	112,104,000	153,381,000
<b>Funded Ratio</b>	25.1%	19.1%
<b>Year Current Assets will be Exhausted<sup>(3)</sup></b>	2038	2034

<sup>(1)</sup> These results will be used as the basis for the next GASB 67 valuation report based on a measurement date of December 31, 2018.

<sup>(2)</sup> Of the amount shown, \$6.0 million is attributable to members currently receiving this benefit as of December 31, 2017 and \$6.6 million is attributable to members receiving this benefit as of December 31, 2016.

<sup>(3)</sup> 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.

**SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**PROJECTED CASH FLOW AND PRESENT VALUE OF PROJECTED BENEFITS PROVIDED BY THE SUPPLEMENTAL RETIREE BENEFITS RESERVE AS OF DECEMBER 31, 2017**

Year Ending December 31	Annual Benefit Cash Flows			Present Value as of December 31, 2017 of Projected Benefits through Year End		
	Medical <sup>(1)</sup>	Dental and Vision	Non-OPEB <sup>(2)</sup>	OPEB <sup>(3)</sup>	Non-OPEB	Total
2018	\$ 44,123,476	\$ 4,456,536	\$ 1,237,155	\$ 46,909,302	\$ 1,194,608	\$ 48,103,910
2019	47,242,602	4,611,717	1,175,792	93,595,551	2,253,215	95,848,766
2020	50,490,054	4,922,355	1,133,341	140,112,774	3,204,624	143,317,398
2021	54,048,154	5,245,177	1,112,089	186,523,172	4,075,084	190,598,256
2022	57,712,554	5,585,883	1,107,481	232,719,253	4,883,339	237,602,592
2023	61,768,509	5,942,360	1,119,243	278,795,090	5,644,961	284,440,051
2024	65,602,405	6,310,861	1,140,478	324,422,578	6,368,571	330,791,149
2025	69,222,733	6,689,087	1,167,435	369,331,191	7,059,213	376,390,404
2026	72,831,277	7,076,286	1,198,748	413,408,069	7,720,440	421,128,509
2027	76,335,496	7,472,997	1,462,441	456,511,682	8,472,589	464,984,271
2028	79,804,717	7,881,310	1,949,740	498,560,979	9,407,575	507,968,554
2029	83,232,715	8,288,796	2,820,522	539,482,731	10,668,707	550,151,438
2030	86,818,831	8,708,365	4,093,792	579,308,188	12,375,416	591,683,604
2031	90,329,725	9,126,352	5,491,922	617,968,715	14,510,234	632,478,949
2032	93,706,025	9,543,832	6,944,120	655,390,853	17,027,078	672,417,931
2033	97,153,362	9,966,827	8,413,704	691,591,236	19,870,420	711,461,656
2034	100,112,642	10,381,097	10,042,676	726,407,503	23,034,839	749,442,342
2035	102,837,347	10,787,821	11,792,665	759,790,227	26,499,488	786,289,715
2036	105,302,143	11,191,539	13,667,397	791,702,101	30,243,487	821,945,588
2037	107,543,402	11,588,610	15,666,667	822,130,640	34,245,046	856,375,686
2038	109,784,088	11,975,144	13,737,368 <sup>(4)</sup>	851,127,918	37,516,636	888,644,554
2039	27,887,818 <sup>(4)</sup>	3,086,105 <sup>(4)</sup>	-	858,005,793	37,516,636	895,522,429

<sup>(1)</sup> Includes Medicare Part B and Implicit Subsidy Reimbursement made to the County. For treatment of implicit subsidy, see page 22.

<sup>(2)</sup> Includes Supplemental COLA and \$1,000 Lump Sum Death Benefit.

<sup>(3)</sup> Includes Medical, Dental, and Vision.

<sup>(4)</sup> 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.

**SECTION 2: Valuation Results for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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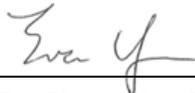
**ACTUARIAL CERTIFICATION**

September 24, 2018

This is to certify that Segal Consulting 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, 2017, in accordance with generally accepted actuarial principles and practices. The actuarial valuation is based on the plan of benefits verified by the ACERA and on participant, claims and expense data provided by the ACERA.

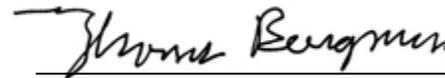
The actuarial computations made are for purposes of determining sufficiency of funds. Determinations for other purposes may be significantly different from the results reported here. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at plan termination.

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.



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Eva Yum, FSA, MAAA, EA  
Associate Actuary



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Thomas Bergman, ASA, MAAA, EA  
Retiree Health Actuary

**SECTION 3: Valuation Details for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**EXHIBIT A**

**Table of Plan Coverage – Members Receiving SRBR Benefits as of December 31, 2017**

	<b>Current Retirees</b>
<b>Category 1 – Medical</b>	
Number	6,225
Average in force monthly medical reimbursements for 2018 (excluding Medicare Part B)	\$392
Average maximum (based on service at retirement) monthly medical reimbursements for 2018 (excluding Medicare Part B)	\$469
Monthly Medicare Part B premium reimbursements for 2018	\$134
<b>Category 1 - Supplemental COLA</b>	
Number	315
Average monthly supplemental COLA for 2018 <sup>(1)</sup>	\$313
<b>Category 2 – Dental and Vision</b>	
Number	7,270
Average monthly medical reimbursements for 2018	\$48
<b>Category 2 – Retiree Death Benefit</b>	
Number <sup>(2)</sup>	Not Available
Average lump sum benefits for 2018	\$1,000

<sup>(1)</sup> Estimate of supplemental COLA payable as of December 31, 2017. The average benefit does not take into account any adjustments to the members' COLA banks as of April 2018.

<sup>(2)</sup> Beneficiaries who received the \$1,000 lump sum retiree death benefit were not separately identified in the data provided for the pension valuation.

**SECTION 3: Valuation Details for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**EXHIBIT B**

**Determination of Actuarial Value of Assets**

	<u>December 31, 2017</u>	<u>December 31, 2016</u>
<b>Reserves Supporting SRBR Benefits</b>		
401(h) Account (Allocated to OPEB)	\$ 7,582,000	\$ 7,827,000
Supplemental Retiree Benefits Reserve		
OPEB	\$850,423,000 <sup>(1)</sup>	\$829,358,000 <sup>(2)</sup>
Non-OPEB	<u>37,517,000</u>	<u>36,162,000</u>
SRBR Total	<u>\$887,940,000</u>	<u>\$865,520,000</u>
Total	<b>\$895,522,000</b>	<b>\$873,347,000</b>
<b>Present Value of Projected OPEB Payable Through Terminal Year of the SRBR</b>		
Medical	\$779,989,000	\$758,539,000
Dental and Vision	<u>78,016,000</u>	<u>78,646,000</u>
Total	\$858,005,000	\$837,185,000
<b>Present Value of Projected Non-OPEB Payable Through Terminal Year of the SRBR</b>		
Supplemental COLA	\$ 34,214,000	\$ 33,426,000
Retiree Death Benefit	<u>3,303,000</u>	<u>2,736,000</u>
Total	\$ 37,517,000	\$ 36,162,000
<b>Total Present Value of Projected SRBR Benefits Payable Through Terminal Year of the SRBR</b>	<b>\$895,522,000</b>	<b>\$873,347,000</b>

<sup>(1)</sup> Adjusted to reflect estimated transfer of \$5,830,283 (provided by ACERA) from SRBR to employer advance reserve for reimbursement of implicit retiree health benefit subsidy for calendar year 2017.

<sup>(2)</sup> Adjusted to reflect estimated transfer of \$8,865,275 (provided by ACERA) from SRBR to employer advance reserve for reimbursement of implicit retiree health benefit subsidy for calendar year 2016.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**EXHIBIT I**

**Actuarial Assumptions and Actuarial Cost Method**

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

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**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, 2013 through November 30, 2016 Actuarial Experience Study report dated September 6, 2017, and in our letters dated March 27, 2018 regarding the health trend assumptions and April 25, 2018 regarding the recommended parameters to reflect the demographic driven changes, for the December 31, 2017 SRBR retiree health actuarial valuation. Unless otherwise noted, all actuarial assumptions and methods shown below apply to all tiers. These assumptions were adopted by the Board.

**Post-Retirement Mortality Rates - Healthy**

*General Members and All Beneficiaries:*

Headcount-Weighted RP-2014 (RPH-2014) Healthy Annuitant Mortality Tables, with no setback for males and females, projected generationally with the two-dimensional MP-2016 projection scale.

*Safety Members:*

Headcount-Weighted RP-2014 (RPH-2014) Healthy Annuitant Mortality Tables, with no setback for males and females, projected generationally with the two-dimensional MP-2016 projection scale.

**Post-Retirement Mortality Rates - Disabled**

*General Members:*

Headcount-Weighted RP-2014 (RPH-2014) Healthy Annuitant Mortality Tables, set forward seven years for males and set forward four years for females, projected generationally with the two-dimensional MP-2016 projection scale.

*Safety Members:*

Headcount-Weighted RP-2014 (RPH-2014) Healthy Annuitant Mortality Tables, set forward two years for males and with no set forward for females, projected generationally with the two-dimensional MP-2016 projection scale.

The RPH-2014 mortality tables and adjustments as shown above reflect the mortality experience as of the measurement date. The generational projection is a provision for future mortality improvement.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Pre-Retirement Mortality Rates**

*General and Safety Members:* Headcount-Weighted RP-2014 (RPH-2014) Employee Mortality Tables times 80%, projected generationally with the two-dimensional MP-2016 projection scale.

**Termination Rates Before Retirement<sup>(1)</sup>:**

Age	Rate (%)			
	Mortality			
	General <sup>(2)</sup>		Safety <sup>(2)</sup>	
	Male	Female	Male	Female
25	0.05	0.02	0.05	0.02
30	0.05	0.02	0.05	0.02
35	0.05	0.03	0.05	0.03
40	0.06	0.04	0.06	0.04
45	0.10	0.07	0.10	0.07
50	0.17	0.11	0.17	0.11
55	0.27	0.17	0.27	0.17
60	0.48	0.24	0.45	0.24
65	0.78	0.36	0.78	0.36

<sup>(1)</sup> Note that generational projections beyond the base year (2014) are not reflected in the above mortality rates. All pre-retirement deaths are assumed to be non-service connected.

<sup>(2)</sup> Based on the Headcount-Weighted RP-2014 (RPH-2014) Employee Mortality Tables times 80%, projected generationally with the two-dimensional MP-2016 projection scale.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Termination Rates Before Retirement (continued):**

<b>Age</b>	<b>Rate (%)</b>	
	<b>Disability</b>	
	<b>General<sup>(1)</sup></b>	<b>Safety<sup>(2)</sup></b>
20	0.00	0.00
25	0.01	0.03
30	0.03	0.26
35	0.05	0.58
40	0.08	0.73
45	0.19	0.78
50	0.31	1.52
55	0.38	2.00
60	0.43	2.60

<sup>(1)</sup> 60% of General disabilities are assumed to be service connected disabilities. The other 40% are assumed to be non-service connected disabilities.

<sup>(2)</sup> 100% of Safety disabilities are assumed to be service connected disabilities.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Termination Rates Before Retirement (continued):**

<b>Years of Service</b>	<b>Rate (%)</b>	
	<b>Termination (&lt; 5 Years of Service)<sup>(1)</sup></b>	
	<b>General</b>	<b>Safety</b>
0	11.00	4.00
1	9.00	3.50
2	8.00	3.50
3	6.00	2.50
4	6.00	2.00

<b>Age</b>	<b>Termination (5+ Years of Service)<sup>(2)</sup></b>	
	<b>General</b>	<b>Safety</b>
	20	6.00
25	6.00	2.00
30	5.40	2.00
35	4.40	1.70
40	3.40	1.20
45	3.00	1.00
50	3.00	1.00
55	3.00	1.00
60	3.00	0.40

(1) 60% of terminated members will choose a refund of contributions and 40% will choose a deferred vested benefit.

(2) 35% of terminated members will choose a refund of contributions and 65% will choose a deferred vested benefit. No termination is assumed after a member is eligible for retirement (as long as a retirement rate is present).

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**Retirement Rates:**

Age	Rate (%)							
	General Tier 1	General Tier 2	General Tier 3	General Tier 4	Safety Tier 1 <sup>(1)</sup>	Safety Tier 2, 2D <sup>(1)</sup>	Safety Tier 2C <sup>(1)</sup>	Safety Tier 4
49	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00
50	4.00	2.00	6.00	0.00	35.00	15.00	4.00	4.00
51	4.00	2.00	3.00	0.00	30.00	15.00	2.00	2.00
52	4.00	2.00	5.00	4.00	25.00	15.00	2.00	2.00
53	4.00	2.00	6.00	1.50	35.00	15.00	3.00	3.00
54	4.00	2.00	6.00	1.50	45.00	15.00	6.00	6.00
55	6.00	2.00	12.00	2.00	45.00	15.00	10.00	10.00
56	8.00	3.00	13.00	2.50	45.00	15.00	12.00	12.00
57	10.00	4.00	13.00	3.50	45.00	15.00	20.00	20.00
58	12.00	4.00	14.00	3.50	45.00	20.00	10.00	10.00
59	14.00	5.00	16.00	4.50	45.00	20.00	15.00	15.00
60	20.00	7.00	21.00	6.00	45.00	30.00	60.00	60.00
61	20.00	9.00	20.00	8.00	45.00	30.00	60.00	60.00
62	35.00	15.00	30.00	18.00	45.00	30.00	60.00	60.00
63	30.00	16.00	25.00	15.00	45.00	30.00	60.00	60.00
64	30.00	18.00	25.00	17.00	45.00	50.00	60.00	60.00
65	35.00	25.00	30.00	22.00	100.00	100.00	100.00	100.00
66	35.00	25.00	25.00	25.00	100.00	100.00	100.00	100.00
67	30.00	25.00	25.00	25.00	100.00	100.00	100.00	100.00
68	30.00	30.00	25.00	30.00	100.00	100.00	100.00	100.00
69	35.00	35.00	50.00	35.00	100.00	100.00	100.00	100.00
70	65.00	50.00	65.00	50.00	100.00	100.00	100.00	100.00
71	65.00	50.00	65.00	50.00	100.00	100.00	100.00	100.00
72	65.00	50.00	65.00	50.00	100.00	100.00	100.00	100.00
73	65.00	50.00	65.00	50.00	100.00	100.00	100.00	100.00
74	65.00	50.00	65.00	50.00	100.00	100.00	100.00	100.00
75	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

<sup>(1)</sup> Retirement rate is 100% after a member accrues a benefit of 100% of final average earnings.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Retirement Age and Benefit for Deferred Vested Members:**

For deferred vested members, retirement age assumptions are as follows:

General Age:	61
Safety Age:	56

For future deferred vested members who terminate with less than five years of service and who are not vested, we assume that they will retire at age 70 for both General and Safety if they decide to leave their contributions on deposit.

We assume that 30% of future General and 60% of future Safety deferred vested members will continue to work for a reciprocal employer. For reciprocals, we assume 3.90% and 4.30% compensation increases per annum for General and Safety, respectively.

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**Measurement Date:** December 31, 2017

**Discount Rate:** 7.25%

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**Future Benefit Accruals:** 1.0 year of service per year of employment plus 0.003 year of additional service for General members and 0.006 year 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.

**Inclusion of Deferred Vested Members:**

All deferred vested members are included in the valuation.

**Consumer Price Index:**

Increase of 3.00% per year, retiree COLA increases due to CPI subject to a 3% maximum change per year for General Tier 1, General Tier 3, and Safety Tier 1 and 2% maximum change per year for General Tier 2, General Tier 4, Safety Tier 2, Safety Tier 2C, Safety Tier 2D, and Safety Tier 4.

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**Actuarial Cost Method:** Entry Age Cost Method.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Salary Increases:**

<u>Annual Rate of Compensation Increase (%)</u>		
Inflation: 3.00%; an additional 0.50% “across the board” salary increases (other than inflation); plus the following Merit and Promotional increases based on service.		
Service	General	Safety
0-1	4.80%	7.80%
1-2	4.80	7.80
2-3	3.90	7.00
3-4	2.40	4.40
4-5	1.90	3.50
5-6	1.60	2.30
6-7	1.50	1.60
7-8	1.10	1.00
8-9	0.80	1.00
9-10	0.80	0.90
10-11	0.50	0.80
11+	0.40	0.80

**Terminal Pay Assumptions:**

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

	<u>Service Retirement</u>	<u>Disability Retirement</u>
General Tier 1	8.0%	6.5%
General Tier 2	3.0%	1.4%
General Tier 3	8.0%	6.5%
General Tier 4	N/A	N/A
Safety Tier 1	8.5%	6.4%
Safety Tier 2	3.5%	2.1%
Safety Tier 2C	3.5%	2.1%
Safety Tier 2D	3.5%	2.1%
Safety Tier 4	N/A	N/A

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**Per Capita Health Costs:**

The combined monthly per capita dental and vision claims cost for plan year 2018 was assumed to be \$47.91. The monthly Medicare Part B premium reimbursement for 2018 is \$134.00. For calendar year 2018, medical costs for a retiree were assumed to be as follows:

<b>Medical Plan<sup>(1)</sup></b>	<b>Election Assumption</b>	<b>Monthly Premium</b>	<b>Maximum Monthly Medical Allowance<sup>(2)</sup></b>
<b>Under Age 65<sup>(3)</sup></b>			
Kaiser HMO	90%	\$735.64	\$540.44
United Healthcare HMO	10%	\$1,047.16	\$540.44
<b>Age 65 and Older</b>			
Kaiser Senior Advantage	70%	\$367.23	\$540.44
OneExchange Individual Insurance Exchange	30%	\$291.39 <sup>(4)</sup>	\$414.00

<sup>(1)</sup> There are other plans available to retirees under 65 that have a range of premiums and include OneExchange individual insurance coverage for retirees residing outside of ACERA medical plans' coverage area. We have assumed that these current retirees will draw the Maximum Monthly Subsidy (\$540.44) and 0% of future retirees will enroll in these other plans.

<sup>(2)</sup> The Maximum Monthly Medical Allowance of \$540.44 (\$414.00 for retirees purchasing individual insurance from the Medicare exchange) is subject to the following subsidy schedule:

<b>Completed Years of Service</b>	<b>Percentage Subsidized</b>
10-14	50%
15-19	75%
20+	100%

<sup>(3)</sup> Current retirees under 65 are assumed to elect medical plans in the same proportion as future retirees upon age 65.

<sup>(4)</sup> The derivation of amount expected to be paid out in 2018 from the Health Reimbursement Account for members with 20 or more years of service is provided in the table on the following page. In the table, we have also provided the amount expected to be paid for members with 10-14 and 15-19 years of service.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Per Capita Health Costs (continued):**

Derivation of OneExchange Monthly Per Capita Costs

	(Years of Service Category)	<u>10-14</u>	<u>15-19</u>	<u>20+</u>
1.	Maximum MMA for 2017	\$207.00	\$310.50	\$414.00
2.	Total of Maximum MMA (From Jan. 2017 to Dec. 2017)	\$424,764	\$708,026	\$4,423,203
3.	Total of Actual Reimbursement (From Jan. 2017 to Dec. 2017)	\$317,422	\$503,498	\$2,657,446
4.	Ratio of Actual Reimbursement to Maximum 2017 MMA [(3) / (2)]	74.73%	71.11%	60.08%
5.	Average Monthly Per Capita Cost for 2017 [(1) x (4)]	\$154.69	\$220.80	\$248.73
6.	Increased for Expected Medical Trend (6.50%) from 2017 to 2018 [(5) x 1.065]	\$164.74	\$235.16	\$264.90
7.	Increased for Additional 10% Margin for 2017 Expenses Incurred in 2017 but Reimbursed after December 2017 [(6) x 1.10]	<b>\$181.22</b>	<b>\$258.67</b>	<b>\$291.39</b>

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Per Capita Health Costs (continued): Implicit Subsidy**

We have estimated the average per capita premium for retirees under age 65 to be \$9,202 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 subsidy. Below is a sample of the age-based costs for the retirees under age 65.

Age	Average Medical			
	Retiree		Spouse	
	Male	Female	Male	Female
50	\$10,099	\$11,504	\$7,054	\$9,237
55	11,994	12,383	9,440	10,692
60	14,244	13,348	12,637	12,400
64	16,342	14,160	15,953	13,957

Not all ACERA employers are receiving an implicit subsidy reimbursement from the Association. For SRBR sufficiency purposes, we have adjusted (by about a 12% reduction of the costs shown above) our projected implicit subsidy payments to account for this fact, based on data provided by the County of Alameda's health consultant.

For calculating the Actuarial Present Value of Projected Benefits and Actuarial Accrued Liability, we have not applied the adjustment.

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**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Participation and Coverage Election:**

Retired members and beneficiaries as of valuation date:

<b>MMA</b>	<b>Under Age 65</b>	<b>Upon Attaining Age 65</b>
<u>MMA on Record</u>		
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%
<u>No MMA on Record</u>		
Less than 10 Years of Service	0%	0%
10+ Years of Service		
Current Retirees Under 65 on Valuation Date	0%	50%
Current Retirees 65 and Over on Valuation Date	N/A	0%
<b>Medicare Part B Premium Subsidy</b>		
<u>MMA on Record</u>		
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
<u>No MMA on Record</u>		
Less than 10 Years of Service	N/A	0%
10+ Years of Service		
Current Retirees Under 65 on Valuation Date	N/A	50%
Current Retirees 65 and Over on Valuation Date	N/A	0%

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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<b>Implicit Subsidy</b>	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.	
<b>Dental and Vision Subsidy</b>	Current retirees not self-paying ("Voluntary" or "Under 10 YOS" dental or vision code).	
Active and inactive vested members as of the valuation date:		
<b>Medical Plan Subsidy (i.e., MMA)</b>	<u><b>Under Age 65</b></u>	<u><b>Upon Attaining Age 65</b></u>
	80% of eligible members.	90% of eligible members.
<b>Part B Subsidy</b>	<u><b>Under Age 65</b></u>	<u><b>Upon Attaining Age 65</b></u>
	80% of eligible members.	90% of eligible members.
<b>Implicit Subsidy</b>	80% of eligible members under age 65 are assumed to have an implicit subsidy liability.	
<b>Dental and Vision Subsidy</b>	100% of eligible members.	

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**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

**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 the premium for the shown calendar year to calculate the next calendar year’s projected premium. For example, the projected 2019 calendar year premium for Kaiser (under age 65) is \$765.06 per month (\$735.64 increased by 4.0%).

Calendar Year	Non-Medicare Plans	Medicare Advantage Plan	Dental, Vision and Medicare Part B	
	United Healthcare HMO & Kaiser HMO Early Retiree	OneExchange & Kaiser Senior Advantage	Dental and Vision	Medicare Part B
2018	7.00% <sup>(1)</sup>	6.50% <sup>(1)</sup>	4.50% <sup>(1)</sup>	4.50% <sup>(2)</sup>
2019	6.75	6.25	4.50	4.50
2020	6.50	6.00	4.50	4.50
2021	6.25	5.75	4.50	4.50
2022	6.00	5.50	4.50	4.50
2023	5.75	5.25	4.50	4.50
2024	5.50	5.00	4.50	4.50
2025	5.25	4.75	4.50	4.50
2026	5.00	4.50	4.50	4.50
2027	4.75	4.50	4.50	4.50
2028 & Later	4.50	4.50	4.50	4.50

<sup>(1)</sup> The actual trends are shown below, based on premium renewals for 2019 as reported by ACERA.

Kaiser HMO Early Retiree	United Healthcare HMO Early Retiree	Kaiser Senior Advantage	Dental and Vision
4.00%	0.00%	8.13%	1.00%

<sup>(2)</sup> Based on the 3.00% inflation assumption used in the pension valuation, we expect the Social Security COLA from 2018 to 2019 will be large enough to cover the dollar increases in the Medicare Part B premium for most retirees. We assume that the standard premium for all retirees in 2019 will be \$140 (\$134 in 2018 increased by 4.50%) per month.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**Assumed Increase in Annual Maximum Benefits:**

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

- a) Maximum medical allowance for 2019 will increase to \$558.00 per month, then increase with 50% of trend for medical plans, or 3.125%, graded down to the ultimate rate of 2.25% over 7 years.
- b) Dental and vision premium reimbursement will increase with full trend.
- c) Medicare B premium reimbursement will increase with full trend.

**Dependents:**

Demographic data was available for spouses of current retirees. For future retirees, husbands were assumed to be three years older than their wives. 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:**

Development of plan liabilities was based on the plan of benefits in effect as described in Exhibit III.

**Administrative Expenses:**

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

**Missing Participant Data:**

Any missing census items for a given participant was set to equal to the average value of that item over all other participants of the same membership status for whom the item is known.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**EXHIBIT II**

**Summary of Benefits**

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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<sup>1</sup> years of service is required for non-duty disability.

There is no minimum service requirement for duty disability.

**Other Postemployment Benefits (OPEB):**

1. Monthly Medical Allowance

*Service Retirees:* For retirees, a Maximum Monthly Medical Allowance of \$540.44 per month is provided, effective January 1, 2018 and through December 31, 2018. For the period January 1, 2019 through December 31, 2019, the maximum allowance will increase to \$558.00 per month for retirees who are not purchasing individual insurance through the Medicare exchange. For those purchasing individual insurance through the Medicare exchange, the Monthly Medical Allowance will be \$414.00 per month for 2018 and will increase to \$427.46 per month for 2019. These Allowances are subject to the following subsidy schedule:

<b>Completed Years of Service</b>	<b>Percentage Subsidized</b>
10-14	50%
15-19	75%
20+	100%

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<sup>1</sup> 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.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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*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.

**2. 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.

**3. Dental and Vision Plans:**

The SRBR provides dental and vision benefits for retirees only. The maximum combined monthly dental and vision premiums will be \$47.91 in 2018 and \$48.39 in 2019. 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.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**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:**

1. 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.

2. 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.

**SECTION 4: Supporting Information for the Alameda County Employees' Retirement Association - Actuarial Valuation of the OPEB and non-OPEB Benefits Provided by the Supplemental Retiree Benefits Reserve**

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**EXHIBIT III**

**Assumptions About the "Substantive Plan"**

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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 employer 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 employer 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

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DATE: October 3, 2018

TO: Members of the Retirees Committee

FROM: Margo Allen, Fiscal Services Officer 

SUBJECT: Supplemental Retirees Benefit Reserve (SRBR) Status as of June 30, 2018

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**Executive Summary**

The 10-year history of SRBR activity through December 31, 2017, and the six months ended June 30, 2018, is attached for your review. The June 30, 2018, ending balance of the SRBR account is approximately \$911.5 million.

The semi-annual interest crediting as of June 30, 2018 was completed on August 29, 2018. The total interest crediting rate to SRBR was 4.9832%.

The break-down of the total interest crediting rate is as follows:

- Regular earnings of more than \$33.9 million were credited at the assumed rate of return of 3.80%; and
- Excess earnings, that is, 50% of earnings above the assumed rate of return totaling over \$10.5 million were credited at rate of 1.1832%.

The total interest credited to the SRBR for the six-month period ended June 30, 2018, was slightly more than \$44.5 million.

For the six-month period, ended June 30, 2018, the deductions from SRBR were approximately \$27.4 million. These deductions include the transfer to the employer advance reserve for 401(h) contributions of \$20.9 million and the implicit subsidy of \$5.8 million, as well as payments of supplemental COLA and retired death benefits of \$0.7 million. Additions to the SRBR were reimbursement of \$0.6 million for the 401(h) administrative expense. Total deductions from the SRBR net of the 401(h) administrative expense reimbursement were \$26.8 million.

For more information on the interest crediting process and the status of the market stabilization reserve, please see attached memo dated October 3, 2018, the Statement Reserves addressed to the Operations Committee.

**Attachments:**

- SRBR Status as of June 30, 2018
- Cover Letter dated October 3, 2018, the Statement of Reserves as of June 30, 2018

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION**  
**SUPPLEMENTAL RETIREES' BENEFIT RESERVE (SRBR)**  
**For the Ten Years Ended December 31, 2008 - December 31, 2017 and the Six Months Ended June 30, 2018**

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>6/30/2018</u>
<b>Beginning Balance</b>	\$686,967,496	\$ 677,383,980	\$ 658,702,779	\$624,166,664	\$ 602,906,726	\$570,878,929	\$ 643,056,500	\$ 789,826,877	\$ 853,842,371	\$ 874,385,246	\$ 893,770,614
<b>Deductions:</b>											
Transferred to Employers Advance Reserve	28,547,108	27,934,980	29,459,690	31,858,291	33,353,151	32,240,449	34,039,593	36,528,264	33,818,832	38,327,914	20,921,346
Employers Implicit Subsidy	3,091,493	4,149,463	5,287,767	4,402,603	4,411,206	7,370,466	6,992,822	5,320,953	6,021,451	8,787,596	5,800,563
Supplemental Cost of Living	4,135,288	3,534,754	2,984,499	2,556,221	2,345,527	2,067,218	1,849,140	1,555,924	1,350,784	1,231,500	575,792
Death Benefit - Burial - SRBR	760,801	747,163	810,675	746,102	791,492	5,525	223,529	213,909	187,081	187,060	105,663
ADEB (Active Death)	527,526	107,544	828,274	936,133	426,640	-	-	-	-	-	-
<b>Total Deductions</b>	<u>37,062,216</u>	<u>36,473,903</u>	<u>39,370,904</u>	<u>40,499,351</u>	<u>41,328,016</u>	<u>41,683,658</u>	<u>43,105,084</u>	<u>43,619,050</u>	<u>41,378,148</u>	<u>48,534,070</u>	<u>27,403,364</u>
<b>Additions:</b>											
Interest Credited to SRBR	27,478,700	17,792,703	4,834,790	19,239,412	9,300,219	38,786,516	54,031,947	62,722,797	60,730,023	66,715,938	33,963,284
Excess Earnings Allocation	-	-	-	-	-	75,074,713 (1)	132,455,002	43,770,247	-	-	10,574,982
Transferred from Employers Advance Reserve	-	-	-	-	-	-	3,388,512 (2)	1,141,500	1,191,000	1,203,500	597,500
<b>Total Additions</b>	<u>27,478,700</u>	<u>17,792,703</u>	<u>4,834,790</u>	<u>19,239,412</u>	<u>9,300,219</u>	<u>113,861,229</u>	<u>189,875,461</u>	<u>107,634,544</u>	<u>61,921,023</u>	<u>67,919,438</u>	<u>45,135,766</u>
<b>Ending Balance</b>	<u>\$677,383,980</u>	<u>\$ 658,702,779</u>	<u>\$ 624,166,664</u>	<u>\$602,906,726</u>	<u>\$ 570,878,929</u>	<u>\$643,056,500</u>	<u>\$ 789,826,877</u>	<u>\$ 853,842,371</u>	<u>\$ 874,385,246</u>	<u>\$ 893,770,614</u>	<u>\$ 911,503,016</u>

**Notes**

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

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

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



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MEMORANDUM TO THE OPERATIONS COMMITTEE

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DATE: October 3, 2018  
TO: Members of the Operations Committee  
FROM: Margo Allen, Fiscal Services Officer   
SUBJECT: Statement of Reserves as of June 30, 2018

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**Executive Summary**

The Statement of Reserves as of June 30, 2018, is attached for your review. The semi-annual interest crediting as of June 30, 2018 was completed on August 29, 2018.

For the six-month period ended June 30, 2018, approximately \$314.7 million of total interest was credited to all the valuation reserve accounts, including the 401(h) account and the SRBR.

- Regular earnings of \$293.6 million were credited to the valuation reserve accounts, the 401(h) account and the SRBR at the assumed rate of return of 3.80%.
- The first 50% of \$21.1 million (\$10.6 million) in earnings above the assumed rate of return (excess earnings) were posted to the valuation reserve accounts and the 401(h) account at crediting rate of 0.1548%.
- The remaining 50% of the \$21.1 million (\$10.6 million) earnings above the assumed rate of return (excess earnings) were posted to SRBR at the crediting rate of 1.1832%.

The total interest crediting rate to the valuation reserve accounts and the 401(h) account was 3.9546% and the total interest crediting rate to SRBR was 4.9819% (see table below).

	Valuation Reserve & 401(h) Accounts		SRBR	
	Amount	Rate	Amount	Rate
Regular Earnings	\$259,621,377	3.8000%	\$33,963,283	3.8000%
Excess Earnings	10,574,982	0.1548%	10,574,982	1.1832%
<b>Total Interest Credited</b>	<b>\$270,196,359</b>	<b>3.9548%</b>	<b>\$44,538,265</b>	<b>4.9832%</b>

The process for crediting interest as of June 30, 2018, is presented in the table below. Note that for this semi-annual interest crediting period, the Contingency Reserve Account (CRA) was restored to 1% of total assets as of June 30, 2018, and there was no subsequent withdrawal of funds from the CRA to meet interest crediting shortfalls.

<b>Interest Crediting Methodology as of June 30, 2018</b>	
Expected Actuarial Earnings for the period	\$ 306,788,549.92
10 % Amortization of deferred amounts – (Sum of the last 10 periods)	15,337,369.91
<b>Actuarial earnings on a smoothed basis</b>	<b>322,125,919.83</b>
CRA adjustment to 1% of total assets as of 06/30/2018	(7,391,294.62)
<b>Actuarial earnings available for interest crediting</b>	<b>314,734,625.21</b>
Interest credited at the assumed return rate of 3.8000%	293,584,660.68
<b>Excess Earnings - Earnings above the assumed rate of return</b>	<b>\$ 21,149,964.53</b>
50% of Excess Earning credited to the SRBR at the rate of 1.1832%	\$ 10,574,982.27
50% of Excess Earning credited to the other reserves at the rate of 0.1548%	\$ 10,574,982.26

There was a market *gain* of approximately \$86.3 million for the six-month period ended June 30, 2018, which was lower than the expected actuarial earnings of approximately \$306.8 million. As a result, \$220.5 million in *losses* were added to the market stabilization reserve (the difference of the actual market gain and the expected actuarial earnings). In addition, \$15.3 million of net *gains* from the previous ten (10) interest crediting cycles were recognized in the current interest cycle period. Thus, the market stabilization reserve deferred *gains* decreased from \$309.1 million as of December 31, 2017 to \$73.3 million in deferred *gains* as of June 30, 2018.

#### Supplemental Retiree Benefit Reserve (SRBR)

The SRBR received the interest credit of \$44.5 million for the six-month period ended June 30, 2018. Please see the attached separate memorandum dated October 3, 2018, and the SRBR status for further details.

#### Attachments:

- Statement of Reserves as of June 30, 2018.
- Memorandum dated October 3, 2018, SRBR Status as of June 30, 2018.

**ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION**  
**STATEMENT OF RESERVES**  
**For the Six Months Ended June 30, 2018**

	Beginning Balances 1/1/2018	Net Contributions Benefits, Refunds & Transfers 1/1 - 6/30/2018	Interest Crediting Process 1/1 - 6/30/2018 (3.8000%)	Allocation of Excess Earnings 1/1 - 6/30/2018 (0.1548%)	Ending Balances 6/30/2018
<b>Member Reserves:</b>					
Active Member Reserves	1,462,720,919	(28,825,135)	52,113,484 <sup>1</sup>	2,122,703 <sup>1</sup>	1,488,131,971
Employer Advance Reserve	916,408,841	15,069,442	32,034,566	1,304,842	964,817,691
401(h) Account - OPEB	7,582,098	207,290	288,119	11,736	8,089,243
<b>Total Employer Reserves</b>	<b>923,990,939</b>	<b>15,276,732</b>	<b>32,322,685 <sup>1</sup></b>	<b>1,316,578 <sup>1</sup></b>	<b>972,906,934</b>
Retired Member Reserves	4,445,419,417	(38,821,293)	175,185,208 <sup>1</sup>	7,135,701 <sup>1</sup>	4,588,919,033
Supplemental Retiree Benefit Reserve:	893,770,614	(26,805,864)	33,963,284 <sup>1</sup>	10,574,982 <sup>1</sup>	911,503,016
Contingency Reserve	77,124,340		7,391,295 <sup>2</sup>		84,515,635
Market Stabilization Reserve	309,073,327			(235,779,682)	73,293,645
<b>Total Reserves at Fair Value</b>	<b>8,112,099,556</b>	<b>(79,175,560)</b>	<b>300,975,956</b>	<b>(214,629,718)</b>	<b>8,119,270,234</b>

Notes: 1. Interest credited as of 6/30/18 includes \$293,584,660.68 of regular earnings and \$21,149,964.53 excess earning allocation.

2. Amount includes \$7,391,294.62 addition to restore the CRA to 1% total assets at 6/30/18.



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: October 3, 2018

TO: Members of the Retirees Committee

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

SUBJECT: **Final Report on Open Enrollment Preparation and Communication Materials, and 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.

Attachments

# OPEN ENROLLMENT AND RETIREE HEALTH AND WELLNESS FAIR

## STATUS REPORT

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Retirees Committee Meeting

October 3, 2018

# Open Enrollment Details

- Aug. 31 – Health Fair “Save the Date” payroll insert
- Sep. 25 – OE Packet materials finalized and sent to printer
- Sep. 28, Oct. 10, Oct. 24 – Health Fair email blasts/web news release
- Oct. 12 – Open enrollment packets targeted mailing date
  - Visit [www.acera.org/OE](http://www.acera.org/OE) for e-copies of full packet
  - Enrollment forms (medical, dental, vision) at [www.acera.org](http://www.acera.org)
- Oct. 15 – Dec. 15 – Via Benefits open enrollment period
  - 10/15–12/7 Medicare OE | 11/1–12/15 Non-Medicare OE
  - Representatives ready for influx of calls
  - Forms use barcodes to protect sensitive information
- Oct. 25 – Retiree Health and Wellness Fair
- Nov. 1–30 – Group plan open enrollment period
- Jan. 1 – Via Benefits plan effective date
- Feb. 1 – ACERA group plan effective date

# Open Enrollment Packet

- Envelope
- Intro Letter
- Retiree Enrollment Guide
  - Includes wellness tools callouts and Wellness Tools section
- Health and Wellness Fair Pamphlet
- Making Your Via Benefits Reimbursements Easier Pamphlet
- 3 Carrier Flyers (Kaiser, Delta Dental, VSP)

# ACERA Retiree Health and Wellness Fair

- When: Thursday, October 25, 2018
- Time: 9:00 AM – 2:00 PM
- Location: Albert H. DeWitt Officers' Club

641 West Redline Ave  
Alameda, CA 94501



# Retiree Health and Wellness Fair

- Vendors are confirmed and excited
- Attend Kaiser's presentation and be changed
- Meet Bryant Cortright M.D. to brighten your minds
- Rita Akpan will provide the latest on Medicare
- Learn safe exercises from Qigong instructors
- Short wellness walk (weather permitting)
- Raffle prizes
- Plenty of photo opportunities with friends
- Relax in your Hawaiian attire
- Special giveaway for completing the ACERA survey



475 14th Street, Suite 1000  
Oakland, CA 94612

**ATTN: Open Enrollment**

Presorted Standard  
U.S. Postage  
PAID  
Oakland, CA  
Permit NO. 2285

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# 2019 Healthcare Enrollment Packet

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## Open Immediately to:

- Check out our new reduced-price UHC HMO for early retirees
  - See if you need to make changes to your healthcare plan
  - Read through our healthcare changes for 2019
  - Make arrangements to drop by our 2018 Health Fair
-



ALAMEDA COUNTY EMPLOYEES'  
RETIREMENT ASSOCIATION

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 2019 Retiree Enrollment Guide containing information about the ACERA-sponsored healthcare plans. Review the new monthly healthcare premiums for the next year starting on [page 5](#). The Monthly Medical Allowance will increase by 3.25% for the 2019 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/when-to-enroll](http://www.acera.org/when-to-enroll).

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 useful and a resource throughout 2019.



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

Sincerely,

A handwritten signature in black ink that reads "Dave Nelsen".

**Dave Nelsen**

Chief Executive Officer  
October 2018



# 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).

## Who MAY WANT to take action?

- UnitedHealthcare SignatureValue HMO members: a new network called the SignatureValue Advantage network, which is a select group of high-quality and cost-effective providers, will be offered for a reduced monthly premium, so you may want to change to this plan—see [page 5](#).
- Newly Medicare-eligible members with 10+ years ACERA service credit: you will probably want to enroll in the Medicare Part B Reimbursement Plan for help with your Medicare costs—see [page 26](#).
- Medicare-eligible members in a Via Benefits plan who want to review whether their drug plan is still the best option based on changes in cost and their current needs—see [page 16](#).

## 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)	November 1, 2018 - November 30, 2018	February 1, 2019 - January 31, 2020
Kaiser Permanente Senior Advantage California (Medicare)		
UnitedHealthcare SV HMO and SVA HMO (non-Medicare)		
Delta Dental		
Vision Service Plan (VSP)		
Via Benefits Non-Medicare Plans	November 1, 2018 - December 15, 2018	January 1, 2019 - December 31, 2019
Via Benefits Medicare Plans	October 15, 2018 - December 7, 2018	

## Skip the Line

RSVP at  
[www.acera.org/fair](http://www.acera.org/fair)  
for expedited entrance.

**Exhibitors:**  
Giveaways, Snacks,  
& Expert Knowledge

## Join Us Hawaiian Theme

We encourage you, your spouse/domestic partner, and your caregivers to attend this social, informative event. Representatives from all of our medical, dental, and vision plans will be there to answer all of your wellness questions. Wear your Hawaiian regalia or a Hawaiian shirt for extra mirth, but don't feel obligated.

**October 25<sup>th</sup>, 2018**

**Thursday, 9:00 am — 2:00 pm**

### Albert H. DeWitt Officer's Club

641 West Red Line Ave \* Alameda, CA 94501

Plenty of **Free Parking** in lot on the corner of W Red Line Ave. and Pam Am Way

### Directions from the Webster Street Tube:

1. Right on Willie Stargell Ave. and go 1 mi.
2. Straight at Main St. where Stargell becomes W Midway Ave.
3. Right at Pam Am Way
4. Enter parking lot at corner of W Red Line Ave. across from the blue awning

### Your Healthcare Plans

- Kaiser Permanente
- UnitedHealthcare
- Via Benefits
- Delta Dental
- Vision Service Plan (VSP)

### Your Financial Wellness

- 1<sup>st</sup> United Services Credit Union
- County Deferred Compensation Plan
- Social Security Administration
- Wells Fargo Advisors

### Programs, Opportunities, & Fun

- AC Transit
- Alice Home Care
- Alameda Co. Retired Employees (ACRE) Local 1021 SEIU
- Blick Art Supplies (Art Programs)
- California Telephone Access Program
- Qigong (Chi Gong) with WudangWenWu of Oakland
- Connect Hearing
- Costco
- Dignity Memorial
- Food and Drug Administration (FDA)
- Health Insurance Counseling & Advocacy Program (HICAP)
- Meals on Wheels
- Medicare & Medicaid
- PG&E Energy Resource Center
- Retired Employees of Alameda County (REAC)
- And Much More!



2018

## Retiree Health Fair



ALAMEDA COUNTY EMPLOYEES'  
RETIREMENT ASSOCIATION

## Breakfast With Retired Colleagues

Over 400 ACERA retirees attend our health fair each year. Reunite with colleagues you haven't seen in a long time, while enjoying a complimentary continental breakfast.



## Speak Directly to ACERA Staff

Take this opportunity to ask all of your questions directly to ACERA Retirement Specialists who can access our database with your healthcare information and can answer detailed questions. Bring your picture ID to ensure confidentiality.

## Talk to Your Healthcare Providers in Person

Open Enrollment Packets will be mailed in mid-October. Representatives of all of ACERA's healthcare plans will be present to answer your in-depth questions.

## Seminars and Activities

### 9:30 – 10:15 **Change Your Sleep, Change your Life**

PRESENTED BY: **Kaiser Permanente**

Learn cutting edge tips to change your sleeping patterns and feel like the best you.

### 9:30 – 10:30 **Casual ¾ Mile Wellness Walk (weather permitting)**

### 10:45 – 12:00 **The Neurogenesis Diet & Lifestyle**

Upgrade Your Brain, Upgrade Your Life

PRESENTED BY: **Dr. Brant Cortright**

Recent discoveries in the emerging field of neurogenesis reveal the secrets to radically improve your brain's health at any age!

### 12:00 – 1:00 **Medicare 101 and Beyond!**

PRESENTED BY: **Medicare**

Learn about Medicare Parts A, B, C, & D, eligibility, costs, subsidies, drugs, your options, and much more.

### 1:15 – 2:00 **Change Your Sleep, Change your Life**

PRESENTED BY: **Kaiser Permanente**

Learn cutting edge tips to change your sleeping patterns and feel like the best you.

## Get Your Health Screened For Free!

Everyone who drops by the Wellness Center at the Health Fair will receive a free health screening from Kaiser Permanente (even if you're not a Kaiser enrollee).

### Tests include:

- Blood Pressure & Pulse
- Body Mass Index (BMI)
- Total Cholesterol
- HDL Numbers

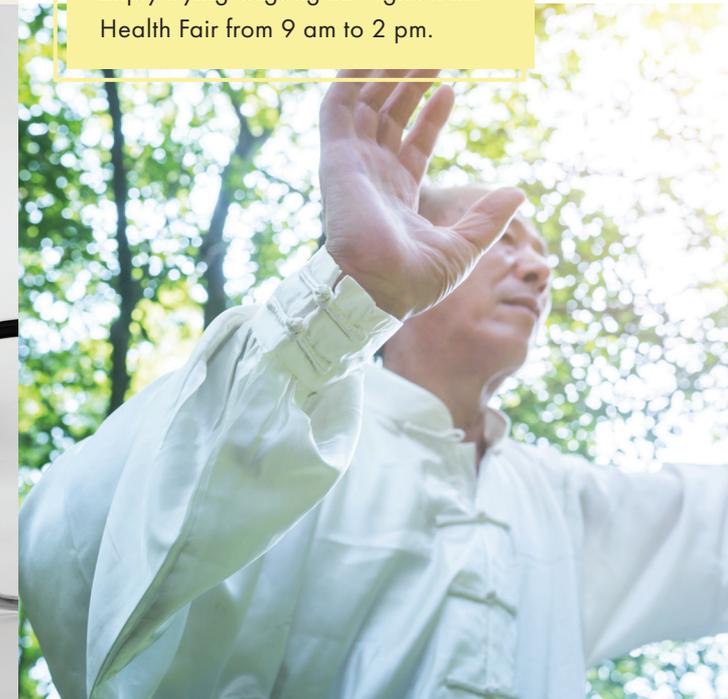
## Bring Your Old Glasses

Donate your old glasses to VSP's Eyes of Hope campaign. VSP will refurbish them for people in need.



## Qigong Makes You Feel Great!

Enjoy trying Qigong throughout the Health Fair from 9 am to 2 pm.





2019

# Retiree Enrollment

**Guide**



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# 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 2019 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 [back page](#) of this guide—it lists ACERA's and our health plan providers' contact information.

## Open Enrollment for Plan Year 2019

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 (formerly OneExchange), 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 2019. 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 is on [page 7](#).

# What's New For 2019

## Dental and Vision Premium Changes

Dental and Vision Monthly Premiums (Retiree Only)				
Dental & Vision	0-9 Yrs. of ACERA Service (Voluntary Enrollment)		10+ Yrs. of ACERA Service (Mandatory Enrollment)	
	2018	2019	2018	2019
Delta Dental PPO	\$62.03	\$63.69	\$43.67	\$44.15
DeltaCare USA	\$31.05	\$31.05	\$22.18	\$22.18
VSP Standard	\$4.70	\$6.12	\$4.24	\$4.24
VSP Premium (Buy-Up)	\$12.60	\$16.38	\$11.36	\$14.78

The new premiums will be withheld from your January 2019 retirement check if you are enrolled in one of these plans. See [page 30](#) for more premium information.

## Medical Monthly Premium Changes

Medical Monthly Premiums (Retiree Only)			
Plans	2018	2019	% Change
Kaiser HMO	\$735.64	\$765.06	4.00%
Kaiser Senior Advantage	\$367.23	\$394.07	7.31%
UHC SV HMO	\$1,047.16	\$1,047.16	0.00%
UHC SVA HMO (new!)	-	\$980.94	-
Via Benefits (formerly OneExchange) 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 2019 retirement check. See [pages 28-29](#) for more premium information.

## Monthly Medical Allowance Will Increase

The Monthly Medical Allowance (MMA) is increasing by 3.25% for all plans. See [pages 24-25](#) for the MMA amounts.

### Reminder:

Delta Dental PPO Maximum Renewals February 1, 2019 (NOT January 1, 2019). See [page 19](#) for more information.

### Check Your Service Credit

To see the amount of ACERA service credit you earned during your career, use Web Member Services by visiting [www.acera.org](http://www.acera.org) and clicking on the Account Login button.



# Wellness Tools

You want to feel like a million dollars. You want to breathe easy. You want to move. Yes, finding the motivation to make healthy choices can be challenging. The single best thing you can do to find motivation is to find help—establish relationships with communities that inspire and sustain hope, and use those relationships to help you to learn, practice, and master the new ways of thinking, habits, and skills that you need to thrive.

## Resources Available Right Now

Your healthcare providers offer a ton of resources to help you find some of those new ways of thinking, discover the information you need, and connect with others.

It may seem hard, but you are really successful in a lot of other areas of your life, so you absolutely have wellness success within you.

### All Kaiser Members Get \$25 Gym Memberships

[www.choosehealthy.com](http://www.choosehealthy.com)

\$25 memberships at select gyms through Kaiser's Active & Fit. Create a login to search for gyms by zip code.



## Easy Meditation Podcasts; Just Click and Listen

[www.acera.org/kp-podcast](http://www.acera.org/kp-podcast)

Guided imagery meditations to help you deal with common conditions like anger, grief, anxiety, stress, quitting smoking, weight loss, menopause, pain, cancer, and many more.

## Healthier You Toolkit

[www.acera.org/kp-toolkit](http://www.acera.org/kp-toolkit)

Toolkit to help you lose weight, quit smoking, eat better, and feel better.

## Healthier You Video Library

[www.acera.org/kp-videos](http://www.acera.org/kp-videos)

Check out these short videos and watch your health improve.

## How Stressed Am I? Take the Quiz

[www.acera.org/stress-quiz](http://www.acera.org/stress-quiz)

Gauge your stress level based on the number of life changes you've had recently.

## Am I Depressed? Take the Quiz

[www.acera.org/dep-quiz](http://www.acera.org/dep-quiz)

Depression is a real—and common—medical illness that can affect your mind, body and spirit. It isn't always easy to recognize, but depression has certain symptoms that are different from the “blues,” which everyone gets from time to time. Take the quiz to find out if you might be depressed.

## Kaiser Wellness Central

[www.acera.org/kp-health](http://www.acera.org/kp-health)

Kaiser Permanente's comprehensive website with all of their health and wellness resources for Kaiser members.

## Kaiser \$25 Gym Memberships

[www.choosehealthy.com](http://www.choosehealthy.com)

\$25 memberships at select gyms through Kaiser's Active & Fit. Create a login to search for gyms by zip code.

## Kaiser Healthy Living Classes

[www.acera.org/kp-classes](http://www.acera.org/kp-classes)

Over 1,400 classes for Kaiser members in the Bay Area including yoga, acupuncture, diabetes management, fall prevention, headache management, qigong, and weight management. Some are free and others have a discounted fee.

## Kaiser Discounts

[www.choosehealthy.com](http://www.choosehealthy.com)

Provider discounts on fitness clubs, acupuncture, chiropractic, massage therapy, physical therapy, products, and more.

## UHC Real Appeal Weight Loss Program

[www.realappeal.com](http://www.realappeal.com)

Free weight loss program for UnitedHealthcare members. Based on clinical weight loss research. Provides you a personalized weight loss coach, 24/7 online support, mobile app, goal trackers, fun and easy streaming workout videos and DVDs, recipes, group support, and more.

## UHC Rally App

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

App and online health tracker for UnitedHealthcare members. Monitor weight loss, physical activity, and more. Connect with online health communities. Get sent on personal exercise missions. Earn up to \$200 with SimplyEngaged.

## UHC Live and Work Well Mental Health Support Program

[www.liveandworkwell.com](http://www.liveandworkwell.com)

Gives UnitedHealthcare members access to personalized support services to help you take steps toward feeling healthier, happier, and more in control of your life, finances, and well-being. Get private appointments from the comfort of home through video-calling.



# Making Your Via Benefits Reimbursements Easier

**IF YOU'RE ENROLLED** in a medical insurance plan—and often a prescription drug coverage plan—through Via Benefits, you pay a monthly premium for each plan to each 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.

If you're eligible for ACERA's Monthly Medical Allowance (MMA), you can get reimbursed for some or all of those premiums, deductibles, and copays, depending on how much MMA you're eligible for. Instructions and reimbursement forms are available from Via Benefits, but here are some helpful hints from ACERA, as well as some frequently asked questions.

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

Eligibility for the Medicare Exchange 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	2019 MMA Amount	Annual Total for 2019	2019 MMA Amount	Annual Total for 2019
0-9 yrs.	No MMA	-	-	-	-
10-14 yrs.	1/2	\$279.00	\$3,348.00	\$213.73	\$2,564.76
15-19 yrs.	3/4	\$418.50	\$5,022.00	\$320.59	\$3,847.08
20+ yrs.	Full	\$558.00	\$6,696.00	\$427.46	\$5,129.52

The dollar amount you're eligible for every month can be used for medical 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.
- 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.

# How do I get reimbursed for the money I'm paying for premiums, deductibles, and copays?

If you're eligible for the MMA, you can get reimbursed for medical premiums, deductibles, and copays for both your medical insurance plan and prescription drug plan up to your annual limit. Reimbursements are paid to you out of a Health Reimbursement Account (HRA) at Via Benefits. Via Benefits manages your HRA because they have the administrative capability to work with hundreds of types of healthcare plans. ACERA provides the funds for your HRA.

There are two types of payments: recurring reimbursements and one-time reimbursements.

## Recurring Reimbursements

You are responsible for paying the insurance carrier each month for your healthcare coverage (your medical and prescription drug plans). If you're eligible for the MMA, you can get reimbursed for those premium payments automatically each month by setting up a recurring payment. Simply fill out a **Via Benefits Recurring Premium Reimbursement Request Form**, attach backup documentation, and mail or fax it to Via Benefits.

**Backup documentation** can be your bank statement showing you made a payment to your insurance carrier, or a statement from your insurance carrier showing that you paid a monthly premium.



VIA BENEFITS™



Account ID: 1234567890  
Alameda County  
Employees Retirement  
Association (ACERA)

### Recurring Premium Reimbursement Request Form

Exclusively for the account of:  
First Name Last Name  
Address Line 1  
Address Line 2  
City, State ZIP Code



Mail to:  
PO BOX 981155  
El Paso, TX 79998-1155



Fax to:  
1-855-321-2605  
Total pages:



Phone number:  
1-888-427-8730



**Save Time and Money!**  
Go Online to correct  
personal information or  
call Via Benefits.  
[My.ViaBenefits.com/Funds](http://My.ViaBenefits.com/Funds)

**What I Need To Do:**

Verify account holder information

Complete reimbursement form

Prepare supporting documentation

Read Certification

Sign and date form

Mail or fax your completed form and supporting documentation

**Your supporting documentation must contain these five items:**

Covered participant (e.g., John Doe)

Premium type (e.g., medical)

Date of service (e.g., 01/01/XXXX through 12/31/XXXX)

Monthly amount (e.g., \$XXX.XX)

Proof of premium (e.g., AARP)

Action (New)	Covered Participant (John Doe)	Relationship (Self, Spouse)	Premium Type (Medical)	Start Date (01/01/XXXX)	End Date (12/31/XXXX)	Reimbursement (\$XXX.XX)

**Certification:**  
By signing below, I certify that the information provided on this Recurring Premium Reimbursement Request Form is correct and that the premiums for which I am requesting or for which I am providing validation: were incurred for premiums for the covered participant while eligible under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement. Upon receiving notice of a change in premium or a cancellation of coverage, I will notify Via Benefits within a suitable time period.

Account Holder Signature
Date

180920 100164 921000-180206-Recurring Premium Form

### How to Get Forms

Get all of these personalized, barcoded forms by logging into your Via Benefits account:

**Early Retirees:**

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

**Medicare Retirees:**

[www.acera.org/via-med](http://www.acera.org/via-med)

**Or call: 1-888-427-8730**

- ①
**Action:** Enter "New Policy", "Premium Change", or "End of Policy".
- ②
**Covered Participant:** Always write "Self" here. ACERA does not cover spouses.
- ③
**Relationship:** Write "N/A" here. ACERA does not cover spouses.
- ④
**Premium Type:** Write "Medical" or "Prescription" here.



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MEMORANDUM TO THE RETIREES COMMITTEE

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DATE: October 3, 2018

TO: Members of the Retirees Committee

FROM: Ismael Piña, Assistant Benefits Manager 

SUBJECT: **Miscellaneous Updates**

This memo is to provide the Retirees Committee information on various monthly topics, which impact both retirees and ACERA Staff. This month's report provides an update regarding: 1) the annual Medicare Part D Certification of Coverage Notice mailing and posting to ACERA's website; 2) individual plans new Medicare Advantage open enrollment period, and expanded capabilities to enroll online; 3) requests for reimbursement claim forms from Via Benefits; and 4) Via Benefits newsletters and Balance Reminder Statements.

#### **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 15<sup>th</sup> through December 7<sup>th</sup>. This Notice will be mailed and received prior to the October 15<sup>th</sup> 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 15<sup>th</sup> deadline. Retirees enrolled in individual medical plans through Via Benefits will receive this Notice directly from their individual medical carriers.

#### **Via Benefits Updates**

- Effective in 2019, a new Medicare Advantage open enrollment period (test drive period) will take place from January 1 through March 31, as an additional safeguard to participants who feel they enrolled in the wrong plan during the regular enrollment period.
- Online enrollment for Medicare retirees has been expanded; approximately 70% of plans will have online enrollment capabilities available during the open enrollment period.
- Participants can now request reimbursement claim forms via the IVR (phone system).
- For open enrollment, participants can request the Recurring Premium Reimbursement claim forms via the IVR (phone system).
- The Via Benefits Medicare Fall Newsletters were mailed starting mid-August and was completed the week ending September 22<sup>nd</sup>. The Pre-65 Fall Newsletters will be mailed starting mid-October.
- Balance Reminder Statements for Health Reimbursement Account holders were mailed in waves starting late September.