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

LOCATION AND TELECONFERENCE	COMMITTEE MEMBERS	
ACERA **C.G. "BUD" QUIST BOARD ROOM** **475 14TH STREET, 10TH FLOOR** **OAKLAND, CALIFORNIA 94612-1900** **MAIN LINE: 510.628.3000** **FAX: 510.268.9574** **The public can observe the meeting and offer public comment by using the below Webinar ID and Passcode after clicking on the below link or calling the below call-in number.** **Link: https://zoom.us/join** **Call-In: 1 (669) 900-6833 US** **Webinar ID: 879 6337 8479** **Passcode: 699406** **For help joining a Zoom meeting, see: https://support.zoom.us/hc/en-us/articles/201362193**	**ELIZABETH ROGERS, CHAIR**	**ELECTED RETIRED**
	KEITH CARSON, VICE CHAIR	**APPOINTED**
	HENRY LEVY	**TREASURER**
	STEVEN WILKINSON	**APPOINTED**
	GEORGE WOOD	**ELECTED GENERAL**

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

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

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

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

Public comments are limited to four (4) minutes per person in total. The order of items on the agenda is subject to change without notice. Board and Committee agendas and minutes and all documents distributed to the Board or a Committee in connection with a public meeting (unless exempt from disclosure) are posted online at www.acera.org and also may be inspected at 475 14th Street, 10th Floor, Oakland, CA 94612-1900.

Call to Order: 9:30 a.m.

Roll Call

Public Input (Time Limit: 4 minutes per speaker)

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

1. Adoption of Medicare Part B Reimbursement Plan Benefit for 2026

Discussion and possible motion to recommend that the Board of Retirement continue to provide Medicare Part B Reimbursement Plan (MBRP) benefits to current eligible retirees at the lowest standard monthly premium rate.

- Carlos Barrios
- Michael Szeto, Segal

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement to continue to provide the Medicare Part B Reimbursement Plan (MBRP) benefit to eligible retirees in 2026, and approve the reimbursement based on the lowest standard monthly Medicare Part B premium at the rate of $202.90. MBRP benefit is a non-vested benefit funded by contributions from ACERA Employers to the 401(h) account. After contributions are made, in accordance with the County Employees Retirement Law, ACERA treats an equal amount of Supplemental Retiree Benefit Reserve assets as employer contributions for pensions.

2. Adoption of Updates to Appendix A of 401(h) Account Resolutions

Discussion and possible motion to recommend that the Board of Retirement adopt revisions to 401(h) Account Resolution 07-29, Appendix A, amended to reflect Plan Year 2026 benefit amounts.

- Carlos Barrios

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement (Board) to adopt the revised and updated Appendix A to Resolution No. 07-29, which reflects the changes approved by the Board to the Monthly Medical Allowance amounts for Group and Individual Plans as well as the Retiree Health Benefit contribution amounts for Plan Year 2026.

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

1. Annual Retired Member (Lump Sum) Death Benefit Report

Staff will provide a report on the $1,000 Retired Member (lump sum) Death Benefits paid in 2025. This benefit is funded by the Supplemental Retiree Benefit Reserve and is considered a vested benefit, as long as there are funds available.

- Jessica Huffman

2. Retiree Health and Wellness Fair Results and Open Enrollment Activity

Staff will provide results of the hybrid Retiree Health and Wellness Fair and Open Enrollment activity for Plan Year 2026.

- Jessica Huffman
- Mike Fara

Trustee Remarks

Future Discussion Items

- Annual Supplemental Cost of Living Adjustment (COLA)

Establishment of Next Meeting Date

February 4, 2026, at 9:30 a.m.

Adjournment

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 3, 2025

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer

SUBJECT: **Adoption of Medicare Part B Reimbursement Plan Benefits for 2026**

The Centers for Medicare & Medicaid Services (CMS) announced the 2026 Medicare Part B premiums on November 14, 2025. Based on the Supplemental Retiree Benefit Reserve (SRBR) Policy, ACERA reimburses eligible retirees with the lowest standard premium amount. Currently, ACERA is paying $185.00 to eligible retirees as this was the lowest standard premium for all eligible recipients. The standard monthly premium for Medicare Part B enrollees will be $202.90 for 2026, which is an increase of about 10%.

The reason for the increase in the 2026 Part B premium provided from the CMS website states: "The increase in the 2026 Part B standard premium and deductible is mainly due to projected price changes and assumed utilization increases that are consistent with historical experience."

Attached is a letter from Deborah Donaldson with Segal, ACERA's Benefits Consultant, which provides additional information regarding the 2026 Medicare Parts A and B premiums and deductibles. In addition, the table beginning on page 2 of Segal's letter regarding the number of retirees at the CMS income levels is provided to give Trustees a sense of the impact of setting the Medicare Part B Reimbursement Plan (MBRP) amount at the lowest standard premium. Note that the income is only based on ACERA benefit amounts (for 2024) but provides figures reflecting out-of-pocket numbers the higher income groups may incur for their Medicare Part B premiums.

The number of current retirees receiving the MBRP benefit as of November 2025 is 6,258. If ACERA pays the MBRP benefit of $202.90 for all retirees currently receiving this benefit, the estimated annual cost for 2026 is $15,236,978. The estimated annual cost based on the same number of retirees and the 2025 benefit amount of $185.00 is $13,892,760. The difference in the estimated annual cost is $1,344,218. These amounts will change for 2026 based on the number of eligible retirees receiving this benefit each payroll.

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement to continue to provide the Medicare Part B Reimbursement Plan (MBRP) benefit to eligible retirees in 2026, and approve the reimbursement based on the lowest standard monthly Medicare Part B premium at the rate of $202.90 The MBRP benefit is a non-vested benefit funded by contributions from ACERA Employers to the 401(h) account. After contributions are made, in accordance with the County Employees Retirement Law, ACERA treats an equal amount of Supplemental Retiree Benefit Reserve assets as employer contributions for pensions.

Attachment

Deborah Donaldson
Senior Vice President
M 303.882.5521
Ddonaldson@segalco.com

7951 E Maplewood Avenue
Suite 327
Greenwood Village, CO 80111-4774
segalco.com

Memorandum

To: Carlos Barrios
ACERA

From: Deborah Donaldson, FSA, FCA, MAAA

Date: November 18, 2025

Re: Medicare Part A and B Premiums and Deductibles

Medicare Part A Premiums

Medicare Part A covers inpatient hospital, skilled nursing facility, and some home health care services. About 99% of Medicare beneficiaries do not pay a Part A premium since they have at least 40 quarters of Medicare-covered employment. If retirees need to purchase Part A, they will pay up to $565 each month in 2026 versus up to $518 in 2025.

Medicare Part A Deductibles

Part A Deductible and Coinsurance Amounts for Calendar Years 2025 and 2026 Type of Cost Sharing

Year	2025	2026
Inpatient hospital deductible	$1,676.00	$1,736.00
Daily coinsurance for 61st – 90th Day	$419.33	$434.00
Daily coinsurance for lifetime reserve days	$838.33	$868.00
Skilled Nursing Facility coinsurance (Days 21-100)	$209.50	$217.00

Medicare Part B Premiums

Retirees pay a premium each month for Medicare Part B medical insurance, which covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and certain other items not covered by Part A. The final rates for Medicare Part B were announced by CMS on November 14, 2025 and will take effect January 1, 2026.

CMS announced the annual deductible for all Part B beneficiaries will be $283 in 2026, an increase of $26. from the annual deductible of $257 in 2025. Premiums for Medicare Advantage and Medicare Prescription Drug plans are already finalized and unaffected by this announcement.

In years where the Social Security Cost of Living Adjustment (COLA) is less than the dollar increase in Medicare Part B Premium there is a statutory "hold harmless" provision meant to

protect retirees from the full increase of Part B premiums. Medicare Part B standard premiums are increasing by $17.90 from $185.00 in 2025 to $202.90 in 2026, about a 9.7% increase. The COLA increase is 2.8% for 2026, averaging $56 per month nationally, as reported by the Social Security National Press Office. The average monthly COLA increase is over 3 times the standard Part B premium increase for 2026.

Since 2007, beneficiaries with higher incomes have paid higher Part B monthly premiums. These income-related monthly adjustment amounts (IRMAA) affect roughly 7% of people nationally with Medicare. The 2026 Part B total premiums for high income beneficiaries are shown in the following table.

2024 File Individual Tax Return	2024 File Joint Tax Return	2024 File Married & Separate Tax Return	2026 Monthly Premium
$109,000 or less	$218,000 or less	$106,000 or less	$202.90
Above $109,000 to $137,000	Above $218,000 to $274,000	N/A	$284.10
Above $137,000 to $171,000	Above $274,000 to $342,000	N/A	$405.80
Above $171,000 to $205,000	Above $342,000 to $410,000	N/A	$527.50
Above $205,000 and less than $500,000	Above $410,000 and less than $750,000	Above $109,000 and less than $391,000	$649.20
$500,000 or above	$750,000 and above	$391,000 and above	$689.90

Impact on ACERA Retirees

ACERA retirees enrolled in Kaiser Senior Advantage have their entire insurance premium covered by the Monthly Medical Allowance (MMA) if they have 20 years of service. The majority of retirees will not pay out of pocket for Medicare premiums in 2026. Most retirees have 40 quarters required for fully subsidized Part A. If continued in 2026, ACERA's Medicare Part B Reimbursement Plan reimburses Part B premiums up to the standard amount, which covers the entire Part B premium for most retirees. A smaller proportion of retirees are required to pay the IRMAA.

The following table summarizes out of pocket costs to retirees based on income, using ACERA retirement income as Individual Taxable Income.

2024 File Individual Tax Return	Medicare Eligible Retirees	% of Retirees	2026 Monthly Premium	Cost to Retiree*
$109,000 or less	7,542	85%	$202.90	$0.00
Above $109,000 to $137,000	617	7%	$284.10	$81.20

2024 File Individual Tax Return	Medicare Eligible Retirees	% of Retirees	2026 Monthly Premium	Cost to Retiree*
Above $137,000 to $171,000	367	4%	$405.80	$202.90
Above $171,000 to $205,000	149	2%	$527.50	$324.60
Above $205,000 and less than $500,000	166	2%	$649.20	$446.30
$500,000 or above	0	0%	$689.90	$487.00

**The cost to the retiree is the IRMAA, which is the difference between the Part B premium and ACERA's reimbursement of the standard premium amount of $202.90 per month.*

Under the Medicare Part B Reimbursement Plan, the majority of ACERA's Medicare retirees will be able to avoid paying out of pocket to cover premiums in 2026 by enrolling in Kaiser Senior Advantage if they have 20 years of service.

By comparison, ACERA's Non-Medicare Kaiser retirees with at least 20 years of service will have a single retiree monthly premium of $1,133.80 beginning February 1, 2026, resulting in a member out-of-pocket cost of $446.59 net of the MMA.

Please feel free to call or email us with any questions or concerns you may have.

Sincerely,

Deborah Donaldson FSA, FCA, MAAA
Senior Vice President
West Region Health Practice Leader

cc: Jessica Huffman, ACERA
Eva Hardy, ACERA
Stephen Murphy, Segal
Jessica Kuhlman, Segal
Michael Szeto, Segal

Segal

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 3, 2025

TO: Members of the Retirees Committee

FROM: Carlos Barrios, Assistant Chief Executive Officer

SUBJECT: **Revision of Resolution No. 07-29, Appendix A**

In February 2007, the ACERA Board of Retirement (Board) passed Resolution No. 07-29 - 401(h) (Resolution). That Resolution set forth the legal requirements and procedural operations of the 401(h) accounts managed by ACERA. The Resolution consists of a detailed recitation of the requirements under the Internal Revenue Code that ACERA and its Participating Employers must satisfy to properly operate the 401(h) accounts.

Attached to Resolution No. 07-29 is Appendix A, which sets forth the cost and eligibility requirements for the Retiree Health Benefits (RHBs) paid to ACERA retirees through the 401(h) accounts. Those benefits include:

1. Monthly Medical Allowance
2. Medicare Part B Premium Reimbursement
3. Dental Care Contribution
4. Vision Care Contribution

Throughout the course of calendar year 2025, as is done each year, the Retirees Committee (Committee) and the Board have evaluated and approved changes to the Monthly Medical Allowance (MMA) and the contribution amounts associated with the RHBs for Plan Year 2026. The Board approved increasing the MMA for Group Plans and Individual Plans through the Health Exchange for early (non-Medicare) retirees living outside the HMO service area from its 2025 maximum amount of $662.37 to $687.21. The Board also approved increasing the MMA for Individual Plans through the Medicare Exchange from its 2025 maximum amount of $507.43 to $526.46. The pro-rated MMA distributions were also increased accordingly. The Board approved setting the cost of the Delta Dental Care DPO plan at $54.35 (a 6.5% increase from 2025), and the cost of the Delta Dental DMO plan at $19.96 (a 10.0% decrease from 2025). The Board approved a $4.63 premium (the same amount as 2025) for the Vision Service Plan. Lastly, we anticipate the Board will approve the Medicare Part B Reimbursement Plan (MBRP) benefit of $202.90 (the lowest standard monthly Medicare Part B premium rate) for 2026 (an increase in the premium rate) at the December 18, 2025, Board meeting.

Accordingly, in order for Resolution No. 07-29 to remain current for the upcoming 2026 Plan Year, Appendix A must be amended to reflect the decision regarding the MMA, Medicare Part B premium reimbursement, and dental and vision premium amounts as adopted by the Board for 2026. Staff has revised Appendix A and requests that the Board adopt the suggested changes.

Attached to this memorandum for your review is a revised version of Resolution 07-29, Appendix A, that reflects the changes described above to the MMA and RHB premiums for Plan Year 2026.

Annually, Staff will request that the Committee and the Board approve modification of Appendix A so that the 401(h) Resolution accurately reflects the eligibility requirements and contributions for the upcoming Plan Year.

Recommendation

Staff recommends that the Retirees Committee recommend to the Board of Retirement (Board) to adopt the revised and updated Appendix A to Resolution No. 07-29, which reflects the changes approved by the Board to the Monthly Medical Allowance amounts for Group and Individual Plans as well as the Retiree Health Benefit contribution amounts for Plan Year 2026.

Attachment

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

RESOLUTION # 07-29

401(h) ACCOUNT

APPENDIX A - AMOUNT OF BENEFITS FROM 401(h) ACCOUNT

FOR PLAN YEAR 2026

1. Monthly Medical Allowance

- Group Plans

The Monthly Medical Allowance ("MMA") is a subsidy amount covering all or a portion of the eligible retiree's health plan premiums when enrolled in an ACERA-sponsored health plan. Premium costs for an enrolled surviving spouse and dependents are not paid by ACERA and are deducted from the retiree's monthly retirement allowance. Premium costs that exceed the MMA are paid by the retiree and are deducted from the retiree's monthly retirement allowance. If premium costs for any retiree are less than the maximum MMA, no additional cash or other benefit shall be paid to the retiree.

- Individual Plans – Early (non-Medicare) Retirees Living Outside the HMO Service Area

The MMA is provided as a reimbursement for premiums, co-pays and deductibles for Individual Plans for retirees enrolled in a plan through the Health Exchange. The reimbursement amount will not exceed the total annual MMA amount.

- Individual Plans – Medicare Eligible Retirees

The MMA is provided as a reimbursement for premiums, co-pays and deductibles for Individual Plans for retirees enrolled in a Medicare plan through the Medicare Exchange. The reimbursement amount will not exceed the total annual MMA amount.

For the health Plan Year beginning February 1, 2026 for Group Plans and January 1, 2026 for Individual Plans and for all later years (unless and until amended by the Board of Retirement), the maximum MMA for Group Plans and Individual Plans provided through the Health Exchange for early (non-Medicare) retirees living outside the HMO service area is $687.21 per month. The maximum MMA for Individual Plans for Medicare eligible retirees provided through the Medicare Exchange is $526.46 per month. The MMA amounts that are paid to retirees based on years of service are set out below:

YEARS OF SERVICE	**AMOUNT OF MONTHLY MEDICAL ALLOWANCE BENEFIT**		
	Group Plans	***Individual Plans – Out-of-Service Area Early Retirees***	***Individual Plans – Medicare Eligible Retirees***
20 or more years or retired on service connected disability	$687.21	$687.21	$526.46
15 through 19	$515.41	$515.41	$394.85
10 through 14	$343.61	$343.61	$263.23
Under 10	$0	$0	$0

As a result of the Affordable Care Act, in 2014 ACERA's plans are required to be "retiree only plans" to provide reimbursement through a Health Reimbursement Account (HRA). In order to comply with this federal law, retirees who return to work for an ACERA Participating Employer for any amount of time on or after January 1, 2014, will not be eligible for medical plan and prescription drug plan reimbursements through a HRA during the time period they are working. This is because retirees who return to work (including retired annuitants) are considered "active employees" as defined by the Affordable Care Act and therefore cause ACERA's plans to not meet the "retiree only" plan qualifications for benefits.

2. Medicare Part B Premium

The Medicare Part B premium that will be reimbursed for the calendar year beginning on January 1, 2026, is $202.90 per month. ACERA shall reimburse only the lowest standard monthly Medicare Part B premium and will not make any reimbursement of the income-related monthly adjustment amount of the Medicare Part B premium. No premium will be reimbursed to a retiree unless he or she provides proof to ACERA of enrollment in Medicare Part B. Premiums will only be reimbursed for retirees and not for spouses, dependents or survivors.

No Medicare Part D premiums will be reimbursed to retirees enrolled in Group Plans.

3. Dental Care

The dental care contribution is payment of the eligible retiree's Delta Dental premium when enrolled in the Delta Dental plan. Premium costs for an enrolled spouse and dependents are not paid by ACERA and are deducted from the retiree's monthly retirement allowance.

For the health Plan Year beginning February 1, 2026, and for all later years (unless and until amended by the Board), the monthly Delta Dental premiums paid by ACERA are as follows: for retirees enrolled in the Delta Dental DPO Plan, $54.35; and for retirees enrolled in the Delta Dental DMO Plan, $19.96.

4. Vision Care

The vision care contribution is payment of the eligible retiree's Vision Service Plan (VSP) premium when enrolled in the VSP plan. Premium costs for an enrolled spouse and dependents are not paid by ACERA and are deducted from the retiree's monthly retirement allowance.

For the health Plan Year beginning February 1, 2026, and for all later years (unless and until amended by the Board), the monthly VSP premium paid by ACERA is $4.63.

5. Spouse, Dependents and Surviving Beneficiaries

ACERA shall not provide payment for any health or medical or other retiree health benefits to any spouse, dependent, or surviving beneficiary of a retired member. However, to the extent available from the applicable health plan or carrier, ACERA will allow the retired member to purchase for his or her spouse and dependents the same coverage as the member has through ACERA by paying the full premium cost of such coverage. A surviving beneficiary may purchase coverage available from the applicable health plan or carrier by paying the full premium cost of such coverage.

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 3, 2025

TO: Members of the Retirees Committee

FROM: Jessica Huffman, Retirement Benefits Manager

SUBJECT: **Retired Member Lump Sum Death Benefits Paid in 2025**

In July 1992, the Board of Retirement adopted Government Code Section 31789.12 to provide a one-time Retired Member (lump sum) Death Benefit payment of $1,000 to beneficiaries of retirees. For reciprocal members who did not render their last active service with an ACERA employer before retiring, ACERA will consider the death benefit payable by the reciprocal agency. If that agency pays less than $1,000, ACERA will supplement that amount up to $1,000. This is considered a vested benefit, per Government Code Section 31789.12, as long as there are funds available in the Supplemental Retiree Benefit Reserve (SRBR). This Code Section states:

> *Notwithstanding Section 31789.1, the board may increase the sum payable pursuant to Section 31789.1 to one thousand dollars ($1,000).*
>
> *Upon adoption by any county providing benefits pursuant to this section, of Article 5.5 (commencing with Section 31610) of this chapter, the board of retirement shall, instead, pay those benefits from the Supplemental Retiree Benefits Reserve established pursuant to Section 31618.*

Over the twelve-month period December 1, 2024 through November 30, 2025, there were 250 retired member deaths with a total of 219 retired member lump sum death benefits paid. Out of this total, there were 9 retirees with reciprocity who did not render their last active service with an ACERA employer before retiring. The total amount of retired member lump sum death benefits paid from the SRBR was $182,546.69. This total considers that for multiple beneficiary elections, ACERA will pay a pro-rated portion of the $1,000 lump sum death benefit to each beneficiary based on the designated benefit percentages. The reciprocal agencies paid a total of $12,500.00 for the 9 retirees with reciprocity. The attached tables show the breakdown of the total number of death benefits paid and the amounts paid by month for this reporting period as well as a five-year comparison of death benefits paid in previous years.

Attachment

Total Death Benefits Paid
for Period December 1, 2024 through November 30, 2025

MONTH	TOTAL LUMP SUM BENEFITS PAID	TOTAL LUMP SUM BENEFITS PAID WITH RECIPROCITY	ACERA PAID DEATH BENEFIT	RECIPROCAL AGENCY PAID DEATH BENEFIT
December - 2024	19	1	**$15,501.23**	**$2,000.00**
January - 2025	5	-	**$4,666.70**	**$0.00**
February - 2025	16	2	**$11,766.66**	**$0.00**
March - 2025	18	-	**$17,250.00**	**$0.00**
April - 2025	12	1	**$9,450.00**	**$5,000.00**
May - 2025	29	-	**$24,600.00**	**$0.00**
June - 2025	22	1	**$20,000.00**	**$2,000.00**
July - 2025	32	2	**$24,573.58**	**$500.00**
August - 2025	24	-	**$20,089.40**	**$3,000.00**
September - 2025	13	-	**$10,803.99**	**$0.00**
October - 2025	19	2	**$15,345.13**	**$0.00**
November - 2025	10	-	**$8,500.00**	**$0.00**
GRAND TOTAL	219	9	**$182,546.69**	**$12,500.00**

Five-Year Comparison - Total Death Benefits Paid

YEAR	TOTAL LUMP SUM BENEFITS PAID	TOTAL LUMP SUM BENEFITS PAID WITH RECIPROCITY	ACERA PAID DEATH BENEFIT	RECIPROCAL AGENCY PAID DEATH BENEFIT	TOTAL RETIREE DEATHS
2021 - Dec 2020 to Nov 2021	207	12	**$201,990.33**	**$44,000.00**	386
2022 - Dec 2021 to Nov 2022	230	7	**$186,038.33**	**$25,000.00**	312
2023 - Dec 2022 to Nov 2023	216	10	**$180,100.25**	**$18,400.00**	303
2024 - Dec 2023 to Nov 2024	258	12	**$220,297.37**	**$27,500.00**	285

MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 3, 2025

TO: Members of the Retirees Committee

FROM: Jessica Huffman, Retirement Benefits Manager
Mike Fara, Communications Manager

SUBJECT: **Hybrid Retiree Health and Wellness Fair Results and Open Enrollment Activity**

The annual Retiree Health and Wellness Fair was held on Thursday, October 23, 2025, as our second hybrid event, allowing members to attend either in person or online via Zoom. This year's fair featured engaging presentations from First United Credit Union on fraud prevention, Kaiser Permanente on featured benefits and beginner-friendly meditation, and the Alameda County Deferred Compensation Program on financial wellness.

All presentations were recorded and are available for on-demand viewing at www.acera.org/healthfair, which will stay live through the end of open enrollment and beyond. The site also hosts informational flyers and helpful links.

We were also pleased to welcome the Pleasanton Senior Center as a new participant, offering a glimpse into their wide range of programs and services for older adults. Carriers and vendors at the event provided updates on plan enhancements, wellness programs, and support services at their exhibit tables.

The following table provides a side-by-side comparison of attendance figures from this year's Health Fair and last year's, including both in-person and virtual participation.

	2024	**2025**	**Difference**
In-Person	193	234	41
Zoom	200	183	-17
Total	**393**	**417**	**24**

A short presentation on the health fair survey results is attached.

A report on open enrollment forms received, and status of processing will be provided at the February Retirees Committee meeting.

Attachment

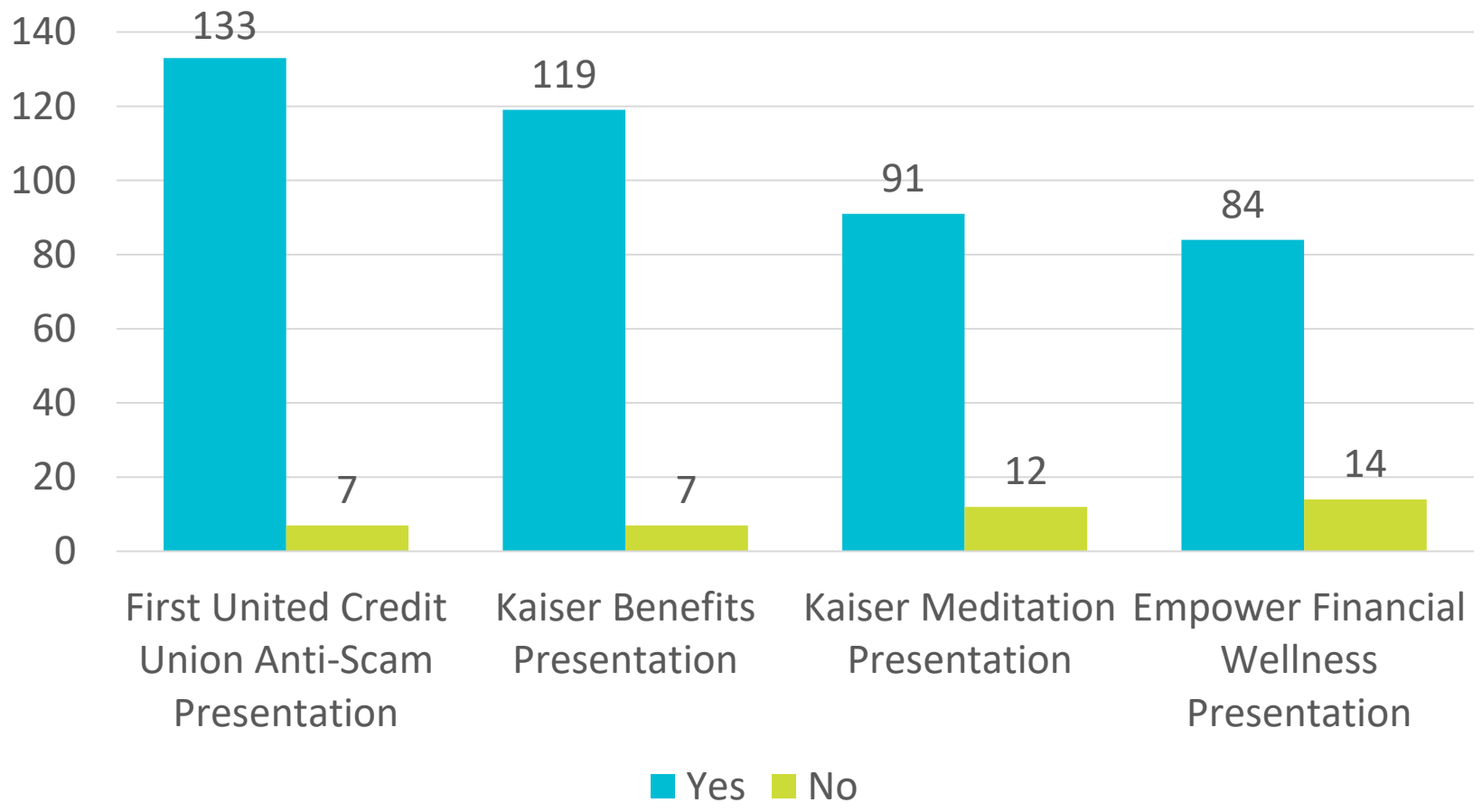
2025 Health Fair Survey Results

CERA

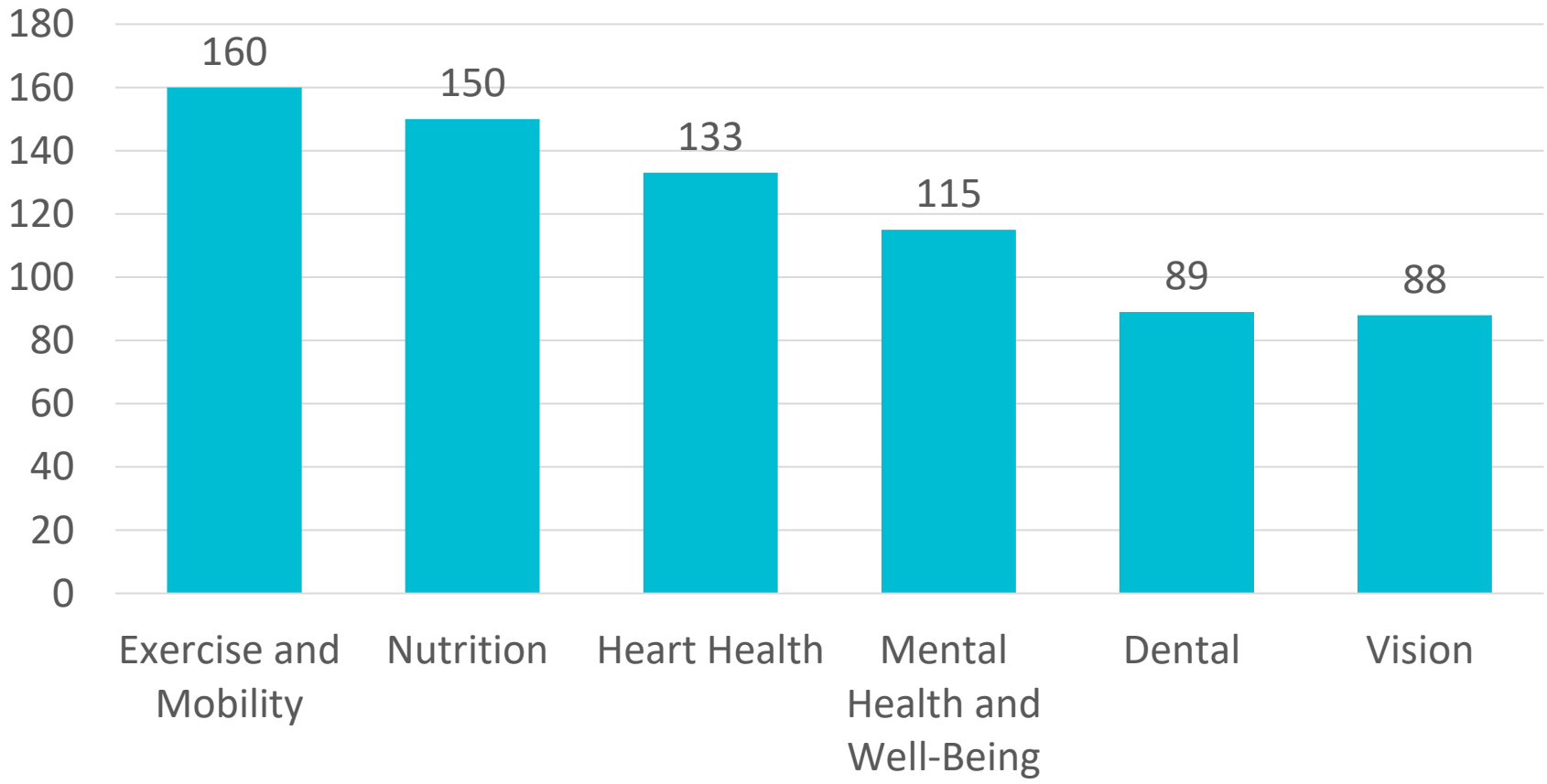
Attendees and Survey Responses

	Attendees	Survey Responses	Response Rate
In-Person	234	199	85%
Zoom	183	27	15%
All	417	226	54%

Did you find the content of the presentations helpful?



What types of wellness presentations would you like to see next year?

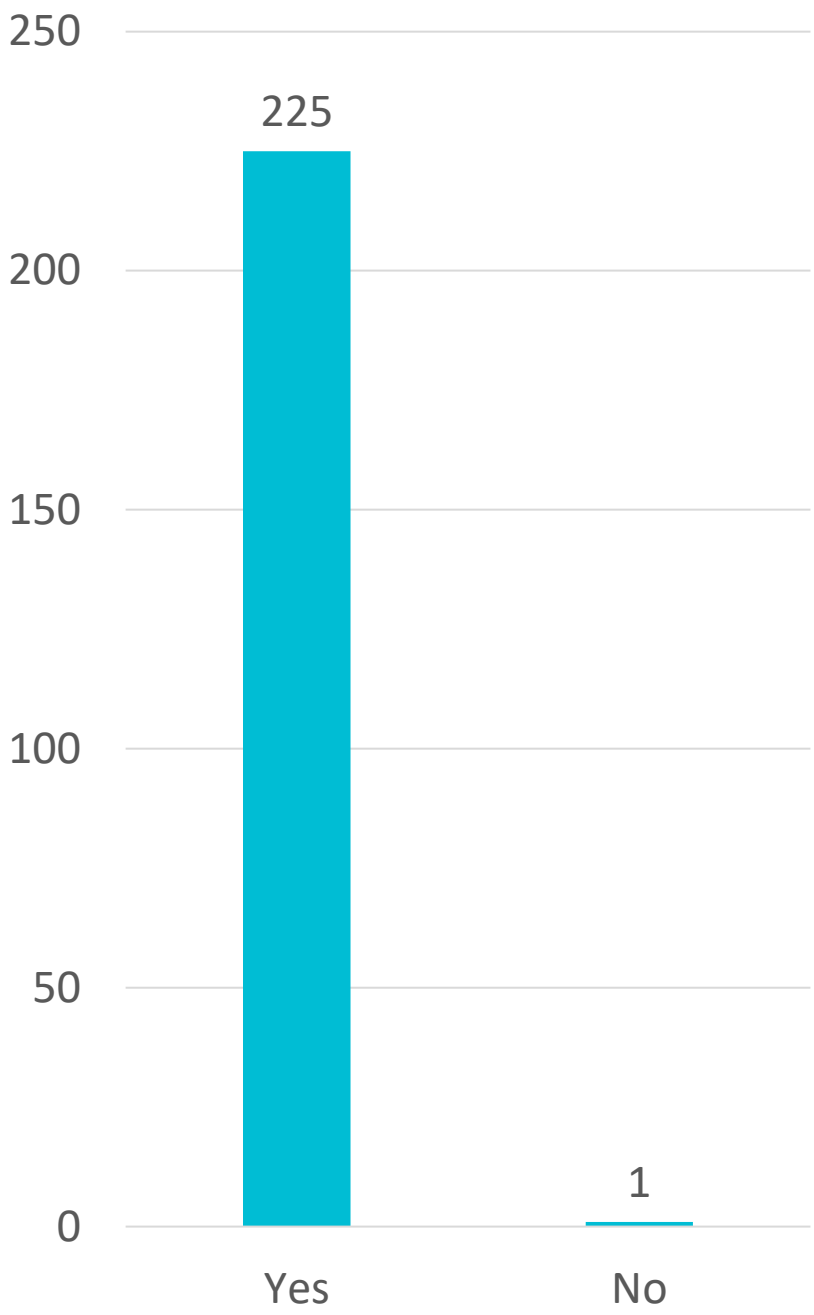


Other Comments: Summarized Themes

- Strong appreciation for ACERA and the event overall
- High praise for presentations, vendors, and staff helpfulness
- Hybrid format (Zoom + in-person) was valued and should continue
- Pleasanton venue appreciated, but many prefer Oakland or more central locations
- Requests for more mental health, exercise, and balance-focused sessions
- Interest in long-term care, Social Security, and financial wellness topics
- Suggestions for more seating, snacks, and accessible refreshments
- Support for more demonstrations (e.g., stretching, yoga, mobility aids)
- Preference for staggered presentations to allow vendor visits
- Requests for earlier start times and better session flow
- Continued interest in one-on-one help from ACERA reps
- Overall: informative, well-organized, and highly valued by attendees

KPI Data:

Overall Experience with ACERA



Questions?