



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

***RETIREEES 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 5, 2018
10:30 a.m.**

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

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.acera.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 – December 5, 2018

Call to Order: 10:30 a.m.

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

1. Adoption of Medicare Part B Reimbursement Plan Benefit for 2019

Motion to continue to provide Medicare Part B Reimbursement Plan (MBRP) benefits to current eligible retirees at the lowest standard monthly premium rate.

- Kathy Foster

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 2019, and approve the reimbursement based on the lowest standard monthly Medicare Part B premium at the rate of \$135.50. 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 Employee 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

Motion to adopt revisions to 401(h) Account Resolution 07-29, Appendix A, amended to reflect Plan Year 2019 benefit amounts.

- Kathy Foster

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 2019.

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

1. Annual Report on Retired Member (Lump Sum) Death Benefits Paid in 2018

Staff will provide a report on the \$1,000 Retired Member (lump sum) Death Benefits paid in 2018. This benefit is funded by the Supplemental Retiree Benefit Reserve and is a vested benefit, as long as there are funds available.

- Kathy Foster

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

Staff will provide results of the Retiree Health and Wellness Fair and Open Enrollment activity for Plan Year 2019.

- Ismael Piña

RETIREES COMMITTEE/BOARD MEETING

NOTICE and AGENDA, Page 3 of 3 – December 5, 2018

3. Miscellaneous Updates

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

- Ismael Piña

Trustee Remarks

Public Input (Time Limit: 4 minutes per speaker)

Establishment of Next Meeting Date

January 2, 2018, at 10:30 a.m.


Adjournment



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 5, 2018

TO: Members of the Retirees Committee

FROM: Kathy Foster, Assistant Chief Executive Officer 

SUBJECT: **Medicare Part B Reimbursement Plan Benefits for 2019**

The Centers for Medicare & Medicaid Services (CMS) announced the 2019 Medicare Part B premiums on October 12, 2018. Based on the Supplemental Retiree Benefit Reserve (SRBR) Policy, ACERA reimburses eligible retirees the lowest standard premium amount. Currently, ACERA is paying \$134.00 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 \$135.50 for 2019, which is an increase of about 1.1%.

Attached is a letter from Peter McNamara with Keenan & Associates, ACERA's Benefits Consultant, which provides additional information regarding the 2019 Medicare Parts A and B premiums and deductibles.

The number of current retirees receiving this benefit as of November 2018 is 5,371. If ACERA increases the MBRP benefit to \$135.50 for all retirees currently receiving this benefit, the estimated annual cost for 2019 is \$8,733,246. The estimated annual cost based on the same number of retirees and the 2018 benefit amount of \$134.00 is \$8,636,568. The difference in the estimated annual cost is \$96,678. These amounts will change for 2019 based on the number of eligible retirees receiving this benefit each payroll.

The attached information regarding the number of retirees at the CMS income levels is provided to give Trustees a sense of the impact of setting the MBRP amount at the lowest standard premium. Note that the income is only based on ACERA benefit amounts, but provides figures reflecting out-of-pocket numbers the higher income groups may incur for their Medicare Part B premiums.

Recommendation

Staff recommends that the Retirees Committee recommend to Board of Retirement to continue to provide the Medicare Part B Reimbursement Plan (MBRP) benefit to eligible retirees in 2019, and approve the reimbursement based on the lowest standard monthly Medicare Part B premium at the rate of \$135.50. 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 Employee Retirement Law, ACERA treats an equal amount of Supplemental Retiree Benefit Reserve assets as employer contributions for pensions.

Attachments

November 9, 2018

Kathy Foster
Assistant Chief Executive Officer
ACERA
475 14th Street, Suite 1000
Oakland, CA 94612

RE: Medicare Part A and B Premiums and Deductibles

Dear Kathy:

Part A Premiums/Deductibles

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 \$437 each month in 2019 versus up to \$422 in 2018.

Deductibles and Coinsurance for 2018 and 2019

Part A Deductible and Coinsurance Amounts for Calendar Years 2018 and 2019		
Type of Cost Sharing		
Year	2018	2019
Inpatient hospital deductible	\$1,340	\$1,364
Daily coinsurance for 61 st -90 th Day	\$335	\$341
Daily coinsurance for lifetime reserve days	\$670	\$682
Skilled Nursing Facility coinsurance (Days 21-100)	\$167.50	\$170.50

Medicare Part B Premium

Retirees pay a premium each month for Medicare Part B medical insurance. The final rates for Medicare Part B (which covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items) were announced by CMS on October 12, 2018 and will take effect January 1, 2019.

CMS announced that the annual deductible for all Part B beneficiaries will be \$185.00 in 2019, an increase of \$2.00 from the annual deductible of \$183.00 in 2018. 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 is less than the increase in Medicare Part B Premium there is a statutory "hold harmless" provision meant to protect retirees by preventing the full increase of Part B premiums.

In 2019, Medicare Part B premiums are increasing by about 1.1% from \$134.00 to \$135.50. An estimated 2 million Medicare beneficiaries (about 3.5%) will pay less than the full Part B standard monthly premium in 2019 due to the statutory hold harmless provision.

Since 2007, beneficiaries with higher incomes have paid higher Part B monthly premiums. These income-related monthly adjustment amounts (IRMAA) affect about 5% of people with Medicare. Under the Part B section of the Bipartisan Budget Act of 2015, high income beneficiaries pay an additional amount.

Individual Taxable Income	Joint Taxable Income	2019 Monthly Premium
\$85,000 or less	\$170,000 or less	\$135.50
Above \$85,000 to \$107,000	Above \$170,000 to \$214,000	\$189.60
Above \$107,000 to \$133,500	Above \$214,000 to \$267,000	\$270.90
Above \$133,500 to \$160,000	Above \$267,000 to \$320,000	\$352.20
Above \$160,000 and less than \$500,000	Above \$320,000 and less than \$750,000	\$433.40
\$500,000 or above	\$750,000 and above	\$460.50

Married and file separate tax return	2019 Monthly Premium
\$85,000 or less	\$135.50
Above \$85,000 and less than \$415,000	\$433.40
\$415,000 or above	\$460.50

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

Sincerely,



E. Peter McNamara
Senior Consultant/Public Agency Specialist

cc: Sandra Dueñas-Cuevas, ACERA
Ismael Piña, ACERA
Briana Overgaard, Keenan & Associates

**Medical Premium / Medicare Part B Premium
Out-of-Pocket Costs Based on 20-Year Maximum Monthly Medical Allowance**

Medicare Part B 2019 Premiums:

Filed individual tax return	Filed joint tax return	2019 Premium
\$85,000 or less (lowest standard premium)	\$170,000 or less	\$135.50
Above \$85,000 up to \$107,000	Above \$170,000 up to \$214,000	\$189.60
Above \$107,000 up to \$133,500	Above \$214,000 up to \$267,000	\$270.90
Above \$133,500 up to \$160,000	Above \$267,000 up to \$320,000	\$352.20
Above \$160,000 and less than \$500,000	Above \$320,000 and less than \$750,000	\$433.40
\$500,000 and above	\$750,000 and above	\$460.50

Kaiser Permanente Senior Advantage (KSA) 2019 Premium: \$394.07

Yearly Income of \$85,000 or Less:

Premium/Subsidy	Amount
KSA Premium	\$394.07
Part B Premium	\$135.50
20 Year MMA	<\$394.07>
MBRP	<\$135.50>
Total Out-of-Pocket:	\$0.00

Number of Retirees: 4,328 Percent of Total: 80.58%

Yearly Income Above \$85,000 up to \$107,000

Premium/Subsidy	Amount
KSA Premium	\$394.07
Part B Premium	\$189.60
20 Year MMA	<\$394.07>
MBRP	<\$135.50>
Total Out-of-Pocket:	\$54.10

Number of Retirees: 445 Percent of Total: 8.29%

Yearly Income Above \$107,000 up to \$133,500

Premium/Subsidy	Amount
KSA Premium	\$394.07
Part B Premium	\$270.90
20 Year MMA	<\$394.07>
MBRP	<\$135.50>
Total Out-of-Pocket:	\$135.40

Number of Retirees: 309 Percent of Total: 5.75%

Yearly Income Above \$133,500 up to \$160,000

Premium/Subsidy	Amount
KSA Premium	\$394.07
Part B Premium	\$352.20
20 Year MMA	<\$394.07>
MBRP	<\$135.50>
Total Out-of-Pocket:	\$216.70

Number of Retirees: 131 Percent of Total: 2.44%

Yearly Income Above \$160,000 and Less than \$500,000

Premium/Subsidy	Amount
KSA Premium	\$394.07
Part B Premium	\$433.40
20 Year MMA	<\$394.07>
MBRP	<\$135.50>
Total Out-of-Pocket:	\$297.90

Number of Retirees: 158 Percent of Total: 2.94%

Yearly Income of \$500,000 and Above

Premium/Subsidy	Amount
KSA Premium	\$394.07
Part B Premium	\$460.50
20 Year MMA	<\$394.07>
MBRP	<\$135.50>
Total Out-of-Pocket:	\$325.00

Number of Retirees: 0 Percent of Total: 0.00%

Early Retiree Cost – Kaiser Non-Medicare, No Part B Cost or MBRP:

Premium/Subsidy	Amount
Kaiser Premium	\$765.06
20 Year MMA	<\$558.00>
Total Out-of-Pocket:	\$207.06


Income levels are based on retirees' ACERA retirement allowances only. Income levels may be different based on other income retirees may be receiving (e.g., Social Security benefit, income from other sources, etc.)



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 5, 2018

TO: Members of the Retirees Committee

FROM: Kathy Foster, 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 2018, 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 2019. 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 2018 maximum amount of \$540.44 to \$558.00. The Board also approved increasing the MMA for Individual Plans through the Medicare Exchange from its 2018 maximum amount of \$414.00 to \$427.46. The pro-rated MMA distributions were also increased accordingly. The Board approved setting the cost of the Delta Dental Care DPO plan at \$44.15 (an increase in the premium), and the cost of the Delta Dental DMO plan at \$22.18 (the same amount as 2018). The Board approved a \$4.24 premium (the same amount as 2018) for the Vision Service Plan. Lastly, we anticipate the Board will approve the Medicare Part B Reimbursement Plan (MBRP) benefit of \$135.50 (the lowest standard monthly Medicare Part B premium rate) for 2019 (an increase in the premium rate) at the December 20, 2018 Board meeting.

Accordingly, in order for Resolution No. 07-29 to remain current for the upcoming 2019 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 2019. 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 2019.

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 2019.

Attachment

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
RESOLUTION # 07-29
401(h) ACCOUNT
APPENDIX A - AMOUNT OF BENEFITS FROM 401(h) ACCOUNT
FOR PLAN YEAR 2019

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, 2019 for Group Plans and January 1, 2019 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 \$558.00 per month. The maximum MMA for Individual Plans for Medicare eligible retirees provided through the Medicare Exchange is \$427.46 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		
	<i>Group Plans</i>	<i>Individual Plans – Out-of-Service Area Early Retirees</i>	<i>Individual Plans – Medicare Eligible Retirees</i>
20 or more years or retired on service connected disability	\$558.00	\$558.00	\$427.46
15 through 19	\$418.50	\$418.50	\$320.59
10 through 14	\$279.00	\$279.00	\$213.73
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" in order 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, 2019 is \$135.50 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 spouse, 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, 2019 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, \$44.15; and for retirees enrolled in the Delta Dental DMO Plan, \$22.18.

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, 2019 and for all later years (unless and until amended by the Board), the monthly VSP premium paid by ACERA is \$4.24.

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 5, 2018

TO: Members of the Retirees Committee

FROM: Kathy Foster, Assistant Chief Executive Officer 

SUBJECT: **Retired Member Lump Sum Death Benefit Paid in 2018**

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 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, 2017 through November 30, 2018, a total of 204 death benefits have been paid. Out of this total, there were nine 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 \$194,000.00. The reciprocal agencies paid a total of \$37,800.00 for the nine retirees with reciprocity. The attached table shows the breakdown of the total number of deaths and the amounts paid by month.

Attachment

Total Death Benefits Paid
for Period December 1, 2017 through November 30, 2018


MONTH	TOTAL DEATH COUNTS	TOTAL DEATH COUNTS WITH RECIPROCITY	ACERA PAID DEATH BENEFIT	RECIPROCAL AGENCY PAID DEATH BENEFIT
December - 2017	16	0	\$16,000.00	\$0.00
January - 2018	12	1	\$11,000.00	\$2,000.00
February - 2018	15	2	\$13,000.00	\$10,000.00
March - 2018	9	1	\$8,000.00	\$4,000.00
April -2018	19	0	\$19,000.00	\$0.00
May -2018	22	2	\$20,000.00	\$4,000.00
June -2018	16	0	\$16,000.00	\$0.00
July-2018	22	1	\$21,000.00	\$5,000.00
August - 2018	18	1	\$16,000.00	\$7,800.00
September - 2018	20	0	\$20,000.00	\$0.00
October - 2018	19	1	\$18,000.00	\$5,000.00
November - 2018	16	0	\$16,000.00	\$0.00
GRAND TOTAL	204	9	\$194,000.00	\$37,800.00



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 5, 2018

TO: Members of the Retirees Committee

FROM: Ismael Piña, Assistant Benefits Manager 

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

This year's Retiree Health and Wellness Fair was held on October 25, 2018 at the Albert H. DeWitt Officer's Club in Alameda, California.

The attendees had the opportunity to talk with the vendors including Kaiser Permanente, UnitedHealthcare, VSP, Delta Dental, and Via Benefits regarding ACERA sponsored benefits. Other vendors were also available providing information in areas ranging from volunteerism to Qigong. Presentations were well attended, which included Kaiser's Wendy Hausotter on changing sleep patterns, and Brant Cortright, Ph.D. on improving memory by regenerating brain cells. The Wellness Team of Kaiser Nurses provided health screenings for 90 members, staying a little past our shutdown time to accommodate our members.

This year, ACERA implemented online pre-registration for the Health and Wellness Fair via ACERA'S website. Final counts show we received 142 online RSVPs, of which 93 retirees checked in upon arriving at the event. In addition, there were 235 walk-up registrants the day of the Health and Wellness Fair.

Prior to the Committee meeting packet distribution, 125 forms have been received for Open Enrollment.

A report on Open Enrollment forms received, and status of processing will be provided at the January Retirees Committee meeting.



MEMORANDUM TO THE RETIREES COMMITTEE

DATE: December 5, 2018

TO: Members of the Retirees Committee

FROM: Ismael Piña, Assistant Benefits Manager

SUBJECT: **Miscellaneous Updates**

A handwritten signature in black ink, appearing to read "Ismael Piña", is placed to the right of the "FROM:" line.

An oral report will be provided on any recent benefit issues at the Retirees Committee meeting.