



ISSUE 4  
JULY / AUGUST

# RETIRED PUBLIC EMPLOYEES' ASSOCIATION OF CALIFORNIA

**2024**

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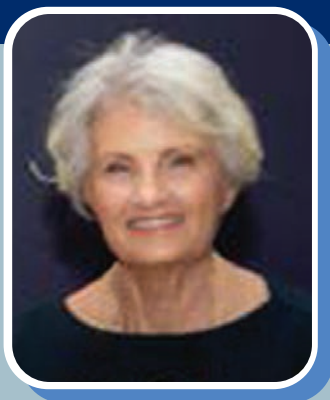
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**Rosemary Knox**

RPEA PRESIDENT



# RPEA

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### RPEA NEWSLETTER

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**"Opinions expressed in articles are those of the writer and not necessarily those of RPEA."** Send suggestions and comments to RPEA

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Waiting.... Waiting.... at the CalPERS Off-site meeting of July 15, 16, 17th 2024, I find myself reflecting on the numerous times I have attended these meetings and the evolving expectations placed on the current CalPERS Board member.

For one, CEO Marcie Frost expects the Board to reacquaint themselves with the intricacies of their Fiduciary responsibilities for the work ahead in the coming year. Hmmm... where have I heard that before? Not much has changed except for a new and expensive venue funded by our hard-earned benefits.

The highlight of this meeting was the introduction of the newly appointed Chief Investment Officer (CIO), Stephen Gilmore, whose term began this July. Mr. Gilmore previously served as CIO of the New Zealand Superannuation Fund (NZ Super Fund), a sovereign wealth fund valued at more than \$73 billion (NZD). Mr. Gilmore stated, "I'm grateful to CalPERS's leaders for the trust they've put in me to help shape the pension fund's next chapter."

The educational topics discussed at this off-site meeting addressed many issues that concern us, such as sustainable investments regarding climate and other matters you can access in the current Board Meeting video. What was particularly concerning was the absence of several Board Members during the crucial session on their fiduciary duties.

The Annual Stakeholder Perception Survey findings highlighted several key points:

PBI Data Security Breach, Investment Performance, New Chief Investment Officer, increased private equity investment, ESG and climate change polarizing topics, Renewed calls for fossil fuel divestment, Geopolitical risks, California budget deficit, and Rising health care costs.

Regarding health care, the approved 2025 Health Maintenance Organization Premiums (HMO) and Preferred Provider Organization (PPO) premiums were introduced and approved. Overall, the

premiums for the 2025 plan year will increase employee health premium contributions. Please take a moment to review this current newsletter for important information on the 2025 healthcare premiums for our members receiving CalPERS healthcare benefits.

The Vice President's article addresses several key points on current issues we are monitoring. The Director of Legislation shares information on RPEA-sponsored Bills that have had success! The Director of Membership highlights the camaraderie members enjoy at various chapter meetings!

The GA committee with the help of RPEA Officer Manager Corey Saeteurn and the staff at headquarters looks forward to meeting all those attending the General Assembly in San Diego this September.

All in all, it has been a busy summer for the RPEA Board.

*Rosemary Knox*

RPEA President



**Rosemary Knox at Alameda County Fire Department Recruitment**



I'm going to diverge from my usual focus which is investment policy at CalPERS and talk a little bit about health care cost issues that are contributing to significant escalation in health care expense for Americans who have coverage. I

mention 'those who have coverage' because many do not. In the US, in 2022, annual per capita health care cost was \$12,500 for the entire population while other developed countries provide health care for all citizens for under \$7,000 per capita per year. Quality of healthcare in the US is better for some types of care but poorer for others like infant mortality. Fortunately, almost all persons in the US who are 65 or older are covered by Medicare, but there are some gaps in coverage in this segment of the population as well. Medicare is a single payer system in which private companies deliver health care (e.g. HMO's, Kaiser, individual doctors and hospitals ) which is the most common form of health care delivery in developed countries - a few have socialized medicine systems where the government controls and operates health care outpatient and inpatient (hospital) care.

In the US, insurance companies or major health care providers (like Kaiser) collect premiums from individuals or companies to support their care facilities and practitioners. Medicare covers those over age 65 by taxes on individuals and companies. Medicare administration eliminates the 'for profit' element in health care and dramatically reduces cost. Many persons on Medicare receive some additional medical cost assistance from their former employer in the form of supplemental support. Persons under age 65 usually have health care coverage, fully or partially paid for by their employer, but some lack coverage and must seek individual insurance plans. If single payer became the system in the US, and the 'for profit' insurance company no longer existed, a less costly and more even availability of health care would prevail in the US.

I say all of this because a disturbing trend is immersing in the US that is causing health care to rise at a rapid rate. Private equity (PE) intrusion into health care is causing disruption in hospital cost and hospital availability. Additionally, care has been reduced and specialty doctors are even more difficult to access. Some health care provider systems are abusing Medicare Advantage Plans and other benefit components that raises cost. Pharmacy Benefit Manager systems are causing drug prices to escalate. The huge difference between health care cost in the US and other developed countries (now almost twice as much in the US) strongly suggests a serious reevaluation of our system. Many families are experiencing huge health care cost increases along with other insurance cost increases that are devastating to their budgets.

Turning to CalPERS investment performance, it was announced at the Off-site meeting in Monterey in July that our pension fund has grown to the level of 75% funded. Return on Investment (ROI) was 9.3% - 2.5% above the current discount rate of 6.8%. The improvement from 72% to 75% in funded status is good but it is still underperforming

based on stock market advances over the past two years in which we saw the S&P 500 index go from 3200 to over 5000 – a gain of more than 50%. Over the long term, it is the stock market that has improved the pension fund status and often, in the past, was the main factor in causing the fund to be 100% or more funded on many occasions prior to 2008. The investment unit at CalPERS has consistently reduced the public equities (stocks) allocation from near 60% back then to 45% today – a confounding practice that has expanded the private equities allocation – an investment category that has poorer returns on its investment (ROI) now than public equities. Somehow, the CalPERS investment team is convinced that PE is where better ROI will be realized – it hasn't quite worked that way so far and there is a growing body of evidence (several articles in financial publications) that confirms the decline of ROI in PE.

We also learned, at the Offsite meeting, that CalPERS is very serious about investing in companies that will reduce climate change practices such as CO2 reduction and other climate change mitigating actions. At the same time, CalPERS resists divestiture of some climate change corporations that are slow to adopt practices favorable to reaching more desirable emission levels. CalPERS is experiencing similar resistance to its Diversity, Ethnicity, and Inclusion (DEI) efforts. Both Climate Change and DEI are facing growing 'push back' from companies due to many economic and political factors - perhaps an overload component is operating here after intensive efforts by large institutional investors and environmental organizations. CalPERS has an aggressive program to influence corporations at stockholder meetings along with proxy voting to elect more friendly Boards of Directors who will be more favorable to ESG and DEI. Resistance to CalPERS aspirations around ESG and DEI has grown a bit lately but CalPERS remains steadfast in its commitment to these noble endeavors.

We learned a couple of other tidbits of information that relates to private equity performance since 2016. What has been observed by experts is that ROI has diminished and fewer deals are being made. CalPERS remains bullish on PE and continues to seek coinvesting opportunities but fewer 'buyout' deals (the deals that often result in higher cost to consumers and lower customer service – as we see in the health care arena). Private loans are a popular CalPERS PE component – its growth continues within the CalPERS PE allocation.

Finally, the new death index firm, Socure, is now fully functioning and found 154 unreported CalPERS annuitant deaths in one month. CalPERS claims that data transmission between it and Socure is safer than PBI (the data breach occurred within the PBI system). Using a manual system, CalPERS found 187 unreported deaths over four months and has collected about 80% of the undeserved funds. Socure will be doing this work in the future which will result in much more efficient identification of unreported deaths and any fraudulent payments and recovery of these funds.

*Al Darby*

RPEA Vice President



Dear RPEA members,

As we bask in the warmth and vibrancy of the summer months, I am delighted to connect with each of you through this edition of our newsletter. July and August are both a time for relaxation and enjoying the beautiful weather. Still, they also present us with excellent opportunities to reflect on our achievements and look forward to the future with renewed vigor.

During these summer months, seize the opportunity to reconnect with old friends, make new ones, and actively participate in our association's various activities. Your involvement is what makes RPEA vibrant and resilient.

If you have not yet noticed the RPEA membership application on the website has been updated! It is now possible to refer a friend or prospective member via the RPEA website at [www.rpea.com](http://www.rpea.com) Recruiting new members using the online application has made it even easier for people to join us. Also, there is now a place on the application for you to insert your name so that we may recognize you for having assisted with recruiting the new member!

Also, just a friendly reminder that if you have changed the address for delivery of your mail, please notify RPEA Headquarters at 300 T Street, Sacramento, CA, 95811 of the change of address or contact them at (916) 441-7732.

On June 7 and June 8, RPEA volunteers attended the San Luis Obispo CalPERS Educational Event (CBEE) recruiting new members. Attendees expressed interest in learning more about our organization and the benefits of joining RPEA and others signed up on the spot.



Vice President Al Darby, Membership Director Elena Yuasa, President Rosemary Knox

Also, on June 23, Assistant Area Director for Area VIII; Estela Merkosky, Rani Kusto (Chapter 1), and I attended the Health and Wellness Resource Fair in Cerritos. An estimated 2,000 persons attended this event, including public employees from nearby cities and counties. Thank you for your volunteering at this resource fair. A fun time was had by all.



Chapter 043 Volunteers working RPEA information table at Senior Resource Fair. Pictured L to R: Back row- Linda Koontz; Lorán Vetter; Chuck Kolb. Second row- Renee Craig and Matt Geisert.

Let's work together to make our chapter meetings and activities this summer memorable and fulfilling for all Retired Public Employees Association members! Your involvement makes a big difference in helping us protect our pensions and health benefits. Please consider supporting your chapter by taking on a leadership position or filling in the gaps or vacancies as needed.

I look forward to sharing more exciting news with you soon. If you have any questions or want to contact me, please email me at [rpeahq@rpea.com](mailto:rpeahq@rpea.com). Thank you for your continued support.

Best regards,

*Elena Yuasa*

RPEA Director of Membership

# GENERAL ASSEMBLY INFORMATION

**GENERAL ASSEMBLY 2024**

**SEPT. 9 TO SEPT. 12, 2024**

**HARD ROCK HOTEL SAN DIEGO**

To all our delegates, alternates and guests,

The GA committee wishes to welcome you to our biennial meeting to undertake the business of our association and to enjoy the opportunity of meeting old friends and making new ones. Our hope is for a smooth transition of officers and learning new ideas for enhancing our retirement and benefits.

We want to give you a few reminders before you leave home for GA. Please plan your trip to arrive at the hotel in time to register and be seated by 2:00 p.m. on Monday, Sept. 9. Also, pack a light jacket or sweater to bring with you as we cannot accommodate everyone with the perfect temperature.

We have tried to plan for fun things as well. We will be entertained by a mariachi band one evening at dinner and wonderful entertainment at our banquet the next evening. Since the hotel is in downtown San Diego, we

felt it would be great for our members and guests to be able to explore more of San Diego by giving them an evening to themselves to do what they want. There is so much to see and explore in San Diego and the Gaslamp District is right next door with lots of restaurants, pubs, art galleries and more.

We want you to leave feeling fulfilled with pride for your work and happiness with what you gained in friendships, knowledge and comradery.

Thank you for volunteering to be a part of the governing body of RPEA!

Enjoy yourselves and don't hesitate to ask questions.

Sincerely,

Norma Rose, Chair, GA committee

Nancy Santos

Lorne Merkosky

Corey Saeteurn



# Get more with a Kaiser Permanente Medicare health plan

Kaiser Permanente has more Medicare health plan options for CalPERS retirees to choose from - with the addition of Summit.

- Get high-quality care from a connected team of doctors and specialists.
- Whether it's mental health support, cancer care, heart health, and beyond – you have access to expert physicians, cutting-edge technology, and the latest evidence-based care.

## 2024 benefit highlights



Rides to and from your doctor visits at no cost<sup>1</sup>



Meals delivered to your home after a hospital stay at no cost<sup>2</sup>



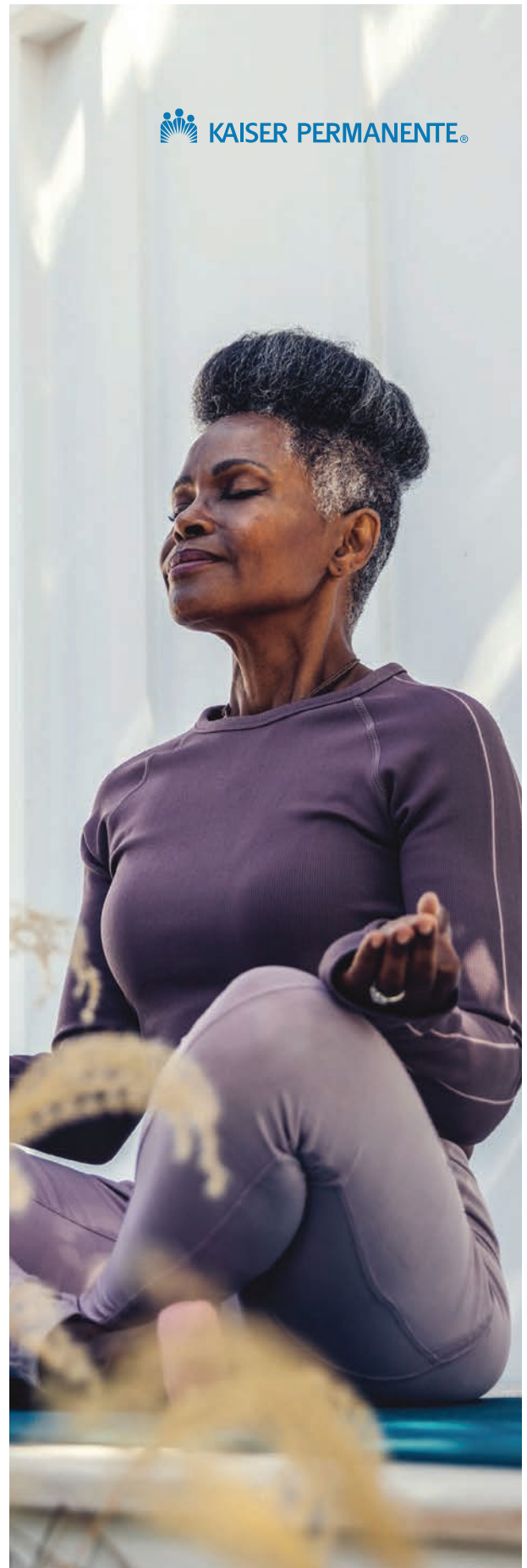
Quarterly over-the-counter (OTC) health-and-wellness benefit

To learn more, call us toll-free: **1-855-717-9598** (TTY **711**), Monday - Friday, 8 a.m. to 8 p.m.



1. If you have a medical emergency, call **911**. 2. Meal service is for 4 weeks and is available only once per benefit year immediately following an inpatient stay at a hospital or nursing facility. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Please recycle. 1281118888\_RPEA March 2024





## End of Session Nears

The California legislature is drawing to a close. August 31 is the last day for both houses to pass legislation and send it to the Governor, who has till September 30th to sign, veto or

walk away from a bill.

RPEA's legislative team, which not only includes our dedicated committee members and guests but Aaron Reed and Pat Moran our lobbyist, who in my opinion our two of the best in the Capitol, has had some successes and some set backs.

### Some successes:

AB 1246 (Nguyen, Stephanie D) RPEA Co-sponsored. Public employees 'retirement: Public Employees 'Retirement System optional settlements. Allows a divorced CalPERS retiree whose former spouse was awarded half their pension to leave the remaining half to a new spouse. This is on the way to the Governor.

AB 2207 (Reyes D) RPEA strongly support, State boards and commissions: representatives of older adults. This bill would require state boards and commissions to include seniors on all boards dealing with senior issues. This is also on the way to the Governor.

AB 2200 (Kalra D) Guaranteed Health Care for All. RPEA opposed this bill. This bill is better known as the single payer healthcare bill which is designed to provide healthcare to all Californians. RPEA opposed this bill because: (1). It eliminated the CalPERS healthcare program which would eliminate out of state CalPERS members' healthcare. (2). It would also eliminate CalPERS subsidies for those members that SSA cuts to their entitlements in Medicare. (3). It could not take affect until California could afford such a program in the state budget. With help from our members contacting their legislators this bill died in Assembly Appropriations Committee.

### Set back:

SB 1260 (Niello R) RPEA Sponsored Inspector General for CalPERS. This bill would create the office of an Inspector General at CalPERS to deal with issues that seem to happen on a regular basis. This bill was stripped of the language and a new bill was created after the author received a lot of criticism from CalPERS and a certain public employee union. RPEA will ask to have this bill re-introduced next session.

The Legislative Committee working with Aaron Reed and Pat Moran review bills that may affect CalPERS retirees and seniors. The Committee votes to support or oppose bills

based on what their intentions are. When you see the bills in the newsletter you will see S1, S2, and S.

"S1" is Aaron and Pat write a letter of support and testify in committees expressing our support. Sometimes members testify. "S2" we send a letter and let the author know we are in support. "S" we send a letter. "W" is a bill we keep an eye on to make sure that no harmful language is amended into the bill. "O" of course is we oppose and testify as well as send a letter of opposition.

We will most likely see a major makeover of the legislature in January as there are a number of open seats in both houses and some current legislators may lose their re-election.

As for the November ballot currently there are ten initiatives that have qualified in addition to the one Senate Constitutional Amendment and the three Assembly Constitutional Amendments put on by the legislature. I will be giving you a pros and cons on these in a later issue.

I sometimes get calls, emails, or am asked at chapter meetings about certain bills, legislative issues and other issues. If you have any topic of interest such as the WEP/GPO legislation or CalPERS issues you have concerns about, drop me a line and I will print your inquiry and answer in this column. If I don't know the answer I will seek out help from my fellow RPEA members and other sources. I look forward to your emails.

As always stay safe and healthy and happy trails till we meet again.

*Randall Cheek*

RPEA Director of Legislation



**RPEA Legislative Director Randy Cheek visiting a Southern California Chapter!**

# LEGISLATIVE TRACKING



Aaron Read



## 2024 RPEA LEGISLATIVE TRACKING & POSITION

State Legislation - 2024-2025



Pat Moran

July 11, 2024

BILL NUMBER & AUTHOR	LEGISLATIVE INTENT	CURRENT STATUS	RPEA POSITION
<p><b>AB 820</b></p> <p><b>(Reyes D) State boards and commissions: seniors.</b></p>	<p><b>Summary:</b> Current law provides for the Governor and every other appointing authority to, in making appointments to state boards and commissions, be responsible for nominating a variety of persons of different backgrounds, abilities, interests, and opinions in compliance with the policy that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women. This bill would require the composition of various advisory groups and bodies to include a state agency official responsible for administering programs that serve, or state commission official that advocates on behalf of, older adults, as defined, or a representative from an organization that serves or advocates on behalf of older adults.</p>	<p><b>Introduced:</b> 2/13/2023  <b>Last Amend:</b> 7/3/2023  <b>Status:</b> 9/1/2023</p> <p>Failed Deadline pursuant to Rule 61(a)(11). (Last location was AAPR. SUSPENSE FILE on 8/14/2023) (May be acted upon Jan 2024)  <b>Location:</b> 9/1/2023-S. 2 YEAR</p>	<p>S<sub>2</sub></p>
<p><b>AB 1246</b></p> <p><b>(Nguyen, Stephanie D) Public Employees' Retirement System optional settlements: Judges' Retirement System II monthly allowance adjustments.</b></p>	<p><b>Summary:</b> Current law permits a member of the Public Employees' Retirement System (PERS) who retires on or before December 31, 2017, to elect from among several optional settlements for the purpose of structuring the member's retirement allowance. Current law also permits a member of PERS who retires on or after January 1, 2018, to elect from among several other optional settlements for the purpose of structuring their retirement allowance. Current law prohibits a member who elects to receive specified optional settlements from changing the member's optional settlement and designated beneficiary after election of an optional settlement unless a specified event occurs, including the death of a beneficiary who predeceased the member, a dissolution of marriage or a legal separation in which the judgment dividing the community property awards the total interest in the retirement system to the retired member, or in an annulment of marriage in which the court confirms the annulment. This bill would, commencing January 1, 2025, permit a member who elected to receive a specified optional settlement at retirement, if the member's former spouse was named as beneficiary and a legal judgment awards only a portion of the interest in the retirement system to the retired member, to elect to add their new spouse as the beneficiary of the member's interest, subject to meeting certain conditions.</p>	<p><b>Introduced:</b> 2/16/2023  <b>Last Amend:</b> 6/18/2024  <b>Status:</b> 6/19/2024-Read second time. Ordered to third reading.  <b>Location:</b> 6/19/2024-S. THIRD READING</p>	<p>S<sub>1</sub></p> <p>CO-SPONSOR</p>
<p><b>AB 1993</b></p>	<p><b>Summary:</b> The California Residential Care Facilities for the Elderly Act (act), requires the State Department of</p>	<p><b>Current Text:</b></p>	

# LEGISLATIVE TRACKING

<p><b>(Kalra D)</b></p> <p><b>Residential care facilities for the elderly: maximum number of residents</b></p>	<p>Social Services to license, inspect, and regulate residential care facilities for the elderly, as defined, and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates and rule or regulation adopted under the act. Under current law, whether or not unrelated persons are living together, a residential care facility for the elderly that serves 6 or fewer persons is considered a residential use of property, as specified. This bill would increase the maximum number of residents served for purposes of those provisions from 6 to 8.</p>	<p>Amended 5/16/2024  <b>Introduced:</b> 1/30/2024  <b>Last Amend:</b> 5/16/2024  <b>Status:</b> 7/2/2024- From committee. Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) July 1. Re-referred to Com on APPR.  <b>Location:</b> 7/2/2024-S. APPR.  <b>Calendar:</b> 8/5/2024 10 a.m. 1021 O Street, Room 2200 SENATE APPROPRIATIONS, Caballero, Anna, Chair</p>	<p><b>W</b></p>
<p><b>AB 2075</b></p> <p><b>(Alvarez D)</b>  <b>Resident Access Protection Act.</b></p>	<p><b>Summary:</b> Would enact the Resident Access Protection Act. The act would provide a resident of a long-term care facility with the right to in-person, onsite access to a visitor or a health care and social services provider during a public health emergency in which visitation rights of residents are curtailed by a state or local order, as specified. The act would prescribe how a resident may leave their long-term care facility on outings during a public health emergency. The act would require a long-term care facility, among other things, to provide safety protocols required of care staff, visitors, and health and social services providers during a public health emergency to the residents, resident representatives, and visitors in writing. A violation of the act would be a crime and subject to civil penalties. By creating a new crime, this bill would impose a state-mandated local program.</p>	<p><b>Current Text:</b> Amended: 6/24/2024  <b>Introduced:</b> 2/5/2024  <b>Last Amend:</b> 6/24/2024  <b>Status:</b> 7/2/2024- From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (July 1). Re-referred to Com. on APPR.  <b>Location:</b> 7/2/2024-S. APPR.  <b>Calendar:</b> 8/5/2024- 10a.m.- 1021 O Street, Room 2200 SENATE APPROPRIATIONS, Anna Caballero, Chair</p>	<p><b>S<sub>2</sub></b></p>

# LEGISLATIVE TRACKING

<p><b>AB 2207</b></p> <p><b>(Reyes D) State boards and commissions: representatives of older adults.</b></p>	<p><b>Summary:</b> Current law establishes the California Commission on Aging composed of 25 persons, as specified, and requires the commission to hire an executive director. Current law also establishes the California Department of Aging and provides for a director of that department. Existing law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public. This bill would expand the membership of the Alzheimer’s Disease and Related Disorders Advisory Committee, the California Health Workforce Education and Training Council, the California Workforce Development Board, the California Behavioral Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and the Interagency Council on Homelessness to include the Executive Director of the California Commission on Aging, the Director of the California Department of Aging, or both, or other persons that serve or advocate for older adults, as specified.</p>	<p><b>Current Text:</b>  <b>Introduced:</b> 2/7/2024  <b>Status :</b> 7/3/2024-From committee : Do pass and re-refer to Com. On APPR with recommendati on : To Consent Calendar. (Ayes 11. Noes 0) (July 3). Re-referred to Com. On APPR.  <b>Location :</b> 7/3/2024-S. APPR.  <b>Calendar:</b> 8/5/2024 10 a.m. – 1021 O Street, Room 2200 SENATE APPROPRIATI ONS, Caballero, Anna, Chair</p>	<p><b>S</b><sub>1</sub></p>
<p><b>ACA 22</b></p> <p><b>(Jones-Sawyer D) Legislature: retirement.</b></p>	<p><b>Summary:</b> Would authorize a Member of the Legislature who is first elected to the Legislature for a term commencing on or after December 3, 2024, to elect to participate in the Public Employees’ Retirement System in any state retirement plan in which a majority of the employees of the state may participate. The measure would provide that retirement credit earned by a person through service in another state or local government agency may qualify for credit in that state retirement plan. The measure would permit the State to pay only the employer’s contribution necessary for participation in the Public Employees’ Retirement System.</p>	<p><b>Current Text:</b> 3/14/2024  <b>Introduced:</b> 3/14/2024  <b>Status:</b> 3/14/2024-Read first time. To print.  <b>Location:</b> 3/14/2024-A. PRINT</p>	<p><b>S</b></p>

# LEGISLATIVE TRACKING

<p><b>SB 1352</b></p> <p><b>(Wahab D)</b>  <b>Continuing care retirement communities.</b></p>	<p><b>Summary:</b> Current law provides that all residents in residential living units, as defined to mean a living unit in a continuing care retirement community, shall have certain specified rights, such as the right to live in an environment that enhances personal dignity, maintains independence, and encourages self-determination, and the right to participate in activities that meet individual physical, intellectual, social, and spiritual needs. Under current law, in addition to any statutory or regulatory bill of rights required to be provided to residents of residential care facilities for the elderly or skilled nursing facilities, a provider of continuing care retirement services is required to provide a copy of the rights specified for residents in residential living units to each resident at the time or before the resident signs a continuing care contract, and at anytime when the resident is proposed to be moved to a different level of care. A violation of these provisions is subject to a civil penalty. This bill would revise those provisions to expressly require a continuing care retirement community provider, at the time of before a resident signs a continuing care contract , and when the resident is proposed to be moved to a different level of care, to provide the resident with a copy of the above-described rights, a copy of the residential care facility for the elderly bill of rights, or, if the resident is moving into the continuing care retirement community’s skilled nursing unit, a copy of the rights applicable to residents of skilled nursing facilities.</p>	<p><b>Current Text:</b>  Amended: 6/19/2024  <b>Introduced:</b> 2/16/2024  <b>Last Amend:</b> 6/19/2024  <b>Status:</b> 7/3/2024 – Read second time. Ordered to consent calendar.  <b>Location:</b> 7/2/2024-A. CONCENT CALENDAR</p>	<p><b>W</b></p>
<p><b>SB 1406</b></p> <p><b>(Allen D)</b>  <b>Residential care facilities for the elderly: resident services.</b></p>	<p><b>Summary:</b> The California Residential Care Facilities for the Elderly Act (act), requires the State Department of Social Services to license, inspect, and regulate residential care facilities for the elderly, as defined, and imposes criminal penalties on a person who violates the act or who willfully or repeatedly violates any rule or regulation adopted under the act. Current law gives residents of those facilities specified rights, including, but not limited to, the right to be accorded dignity in their personal relationships with staff, residents, and other persons, and the right to reasonable accommodation of individual needs and preferences in all aspects of life in the facility, except when the health or safety of the individual or other residents would be endangered. This bill would add to those rights the right to request, refuse, or discontinue a service.</p>	<p><b>Current Text:</b>  Amended: 6/10/2024  <b>Introduced:</b> 2/16/2024  <b>Last Amend:</b> 6/26/2024  <b>Status:</b> 6/26/2024 – From committee: Do pass and re-refer to Com. on APPR, (Ayes 4. Noes 0.)  <b>Location:</b> 6/25/2024-A. APPR.</p>	<p><b>W</b></p>

**LEGISLATIVE SUPPORT POSITIONS:** The following categories are used in your legislative summary reports:

**SPONSOR** – This is a sponsored or co-sponsored bill.

**SUPPORT 1 (S1)** – This is the highest priority support bill. We send a letter of support to the author, a letter of support to committee members considering the bill and undertake full lobbying to assure passage of the bill. We also closely monitor all amendments and constantly reevaluate our position.

**SUPPORT 2 (S2)** – This level of support is moderate. A letter is sent to the author and committee considering the bill, but there is usually less lobbying or testifying before committee. We also closely monitor all amendments and constantly reevaluate our position.

**SUPPORT 3 (S3)** – This is the lowest level of support. A letter of support is sent to the author. We closely monitor the bill for amendments.

**OPPOSE (O)** – Only those bills which are judged to be detrimental are given an oppose position. Such bills require aggressive opposition lobbying, often accompanied by efforts to gain amendments, in an effort to make the bill acceptable to RPEA, and therefore to remove our opposition.

**WATCH 1 (W1)** – This is a bill of more than casual interest. We actively monitor such bills and often communicate with the author, the author's staff, the legislative committee members and staff. We frequently seek clarifying amendments to bills in this category.

**WATCH 2 (W2)** – This is a bill of interest or concern on which we keep close tabs. It appears in the summary report.

**?** – This is a bill that will show up in our screening from time to time. It is important that we discuss the bill so that we are able to remove the question mark by either deleting the bill or by assigning one of the above positions.

# Beat the heat!

Extreme heat can be dangerous for your heart. You may be at higher risk of heatstroke and heat exhaustion because aging makes our bodies less able to withstand hot weather. Here are some tips to keep you cool this summer:

- Stay away from direct sun exposure
- Hydrate and apply sunscreen often
- Open windows at night
- Keep shades, blinds, and curtains closed during the hottest parts of the day
- Get plenty of rest, and avoid strenuous activities during the day.

Safeguard your heart health this summer.

**Blue Shield Medicare (PPO) plan offers benefits to keep you protected:**

- 24/7 access to phone and video consultations with doctors
- See any doctor that accepts Medicare
- Nationwide coverage
- Worldwide coverage for emergency services and urgent care
- \$0 deductible



To learn more, visit [blueshieldca.com/calpersmedicare](https://blueshieldca.com/calpersmedicare) or call (888) 802-4599 (TTY: 711), 7 a.m. to 8 p.m., seven days a week.

Blue Shield of California is a PPO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal. Blue Shield of California offers individual and employer group retiree plans to Medicare beneficiaries who have Part A and Part B. Individual plans are open to all Medicare beneficiaries who reside within a plan's specific service area. Employer group retiree plans are open only to Medicare beneficiaries who are eligible group retirees and who reside within a plan's specific service area. Individual and employer group retiree plans have different service areas, benefits, and provider networks.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

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Blue Shield of California is an independent member of the Blue Shield Association

A53468CLP\_0724

# 2025-HEALTH PLAN COST TABLES

The CalPERS Board of Administration has approved health plan premiums for calendar year 2025 at it's July offsite meeting.

Below are the approved tables.

## July Board of Administration Offsite

### Statewide 2025 Premiums Per Subscriber Per Month (PSPM)

State & California State University Members

Basic Plans	2024			2025			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
Anthem Blue Cross Select HMO	\$925.57	\$1,851.14	\$2,406.48	\$1,021.71	\$2,043.42	\$2,656.45	10.39%
Anthem Blue Cross Traditional HMO	\$1,197.94	\$2,395.88	\$3,114.64	\$1,309.07	\$2,618.14	\$3,403.58	9.28%
Blue Shield Access+ HMO	\$892.49	\$1,784.98	\$2,320.47	\$965.86	\$1,931.72	\$2,511.24	8.22%
Blue Shield Trio HMO	\$810.24	\$1,620.48	\$2,106.62	\$909.10	\$1,818.20	\$2,363.66	12.20%
Health Net Salud y Más	\$656.96	\$1,313.92	\$1,708.10	\$753.72	\$1,507.44	\$1,959.67	14.73%
Kaiser Permanente	\$964.15	\$1,928.30	\$2,506.79	\$1,045.20	\$2,090.40	\$2,717.52	8.41%
Kaiser Permanente Out of State	\$1,312.45	\$2,624.90	\$3,412.37	\$1,422.26	\$2,844.52	\$3,697.88	8.37%
Sharp Performance Plus	\$833.24	\$1,666.48	\$2,166.42	\$868.45	\$1,736.90	\$2,257.97	4.23%
UnitedHealthcare SignatureValue Alliance	\$882.98	\$1,765.96	\$2,295.75	\$961.35	\$1,922.70	\$2,499.51	8.88%
UnitedHealthcare SignatureValue Harmony	\$763.70	\$1,527.40	\$1,985.62	\$820.13	\$1,640.26	\$2,132.34	7.39%
Western Health Advantage HMO	\$807.23	\$1,614.46	\$2,098.80	\$914.27	\$1,828.54	\$2,377.10	13.26%
<b>Basic HMO Weighted Average</b>							<b>8.72%</b>
PERS Gold	\$859.31	\$1,718.62	\$2,234.21	\$943.70	\$1,887.40	\$2,453.62	9.82%
PERS Platinum	\$1,215.87	\$2,431.74	\$3,161.26	\$1,335.30	\$2,670.60	\$3,471.78	9.82%
<b>Basic PPO Weighted Average</b>							<b>9.82%</b>

Total Basic Weighted Average

**9.08%**

## July Board of Administration Offsite

### Statewide 2025 Premiums Per Subscriber Per Month (PSPM)

State, Public Agencies, and Schools Members

Medicare Plans	2024			2025			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
Anthem Medicare Preferred PPO	\$405.83	\$811.66	\$1,217.49	\$487.56	\$975.12	\$1,462.68	20.14%
Blue Shield Medicare PPO (Nationwide)	\$392.68	\$785.36	\$1,178.04	\$448.28	\$896.56	\$1,344.84	14.16%
Kaiser Permanente Senior Advantage	\$324.79	\$649.58	\$974.37	\$343.08	\$686.16	\$1,029.24	5.63%
Kaiser Permanente Senior Advantage Summit	\$386.55	\$773.10	\$1,159.65	\$408.31	\$816.62	\$1,224.93	5.63%
Kaiser Permanente Senior Advantage Out of State	\$318.43	\$636.86	\$955.29	\$336.72	\$673.44	\$1,010.16	5.74%
Kaiser Permanente Senior Advantage Summit Out of State	\$380.21	\$760.42	\$1,140.63	\$401.97	\$803.94	\$1,205.91	5.72%
Sharp Direct Advantage HMO	\$256.53	\$513.06	\$769.59	\$272.44	\$544.88	\$817.32	6.20%
UnitedHealthcare Group Medicare Advantage PPO (Nationwide)	\$341.72	\$683.44	\$1,025.16	\$442.25	\$884.50	\$1,326.75	29.42%
<b>Medicare Advantage Weighted Average</b>							<b>12.58%</b>
PERS Gold	\$406.60	\$813.20	\$1,219.80	\$546.13	\$1,092.26	\$1,638.39	34.32%
PERS Platinum (Nationwide)	\$448.15	\$896.30	\$1,344.45	\$584.70	\$1,169.40	\$1,754.10	30.47%
<b>Medicare Supplement Weighted Average</b>							<b>30.59%</b>

Total Medicare Weighted Average

**22.55%**

# 2025-HEALTH PLAN COST TABLES

## July Board of Administration Offsite

### Regional 2025 Premiums Per Subscriber Per Month (PSPM)

#### Public Agency & School Members

Basic Plans	2024			2025			Percent Change
	Single	2-Party	Family	Single	2-Party	Family	
<b>Basic Premiums - Region 1</b>							
Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba							
Anthem Blue Cross Select HMO	\$1,138.86	\$2,277.72	\$2,961.04	\$1,256.65	\$2,513.30	\$3,267.29	10.34%
Anthem Blue Cross Traditional HMO	\$1,339.70	\$2,679.40	\$3,483.22	\$1,500.40	\$3,000.80	\$3,901.04	12.00%
Blue Shield Access+ HMO	\$1,076.84	\$2,153.68	\$2,799.78	\$1,170.17	\$2,340.34	\$3,042.44	8.67%
Blue Shield Trio HMO	\$946.84	\$1,893.68	\$2,461.78	\$1,134.79	\$2,269.58	\$2,950.45	19.85%
Kaiser Permanente	\$1,021.41	\$2,042.82	\$2,655.67	\$1,112.90	\$2,225.80	\$2,893.54	8.96%
PERS Gold	\$914.82	\$1,829.64	\$2,378.53	\$1,013.70	\$2,027.40	\$2,635.62	10.81%
PERS Platinum	\$1,314.27	\$2,628.54	\$3,417.10	\$1,476.10	\$2,952.20	\$3,837.86	12.31%
UnitedHealthcare SignatureValue Alliance	\$1,091.13	\$2,182.26	\$2,836.94	\$1,184.58	\$2,369.16	\$3,079.91	8.56%
UnitedHealthcare SignatureValue Harmony	\$937.39	\$1,874.78	\$2,437.21	\$1,005.02	\$2,010.04	\$2,613.05	7.21%
Western Health Advantage HMO	\$807.23	\$1,614.46	\$2,098.80	\$914.27	\$1,828.54	\$2,377.10	13.26%
<b>Basic Premiums - Region 2</b>							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare and Ventura							
Anthem Blue Cross Select HMO	\$807.71	\$1,615.42	\$2,100.05	\$919.00	\$1,838.00	\$2,389.40	13.78%
Anthem Blue Cross Traditional HMO	\$1,034.38	\$2,068.76	\$2,689.39	\$1,110.97	\$2,221.94	\$2,888.52	7.40%
Blue Shield Access+ HMO	\$869.14	\$1,738.28	\$2,259.76	\$948.53	\$1,897.06	\$2,466.18	9.13%
Blue Shield Trio HMO	\$810.24	\$1,620.48	\$2,106.62	\$909.10	\$1,818.20	\$2,363.66	12.20%
Health Net Salud y Más	\$684.77	\$1,369.54	\$1,780.40	\$823.49	\$1,646.98	\$2,141.07	20.26%
Kaiser Permanente	\$904.95	\$1,809.90	\$2,352.87	\$944.34	\$1,888.68	\$2,455.28	4.35%
PERS Gold	\$799.44	\$1,598.88	\$2,078.54	\$864.75	\$1,729.50	\$2,248.35	8.17%
PERS Platinum	\$1,151.50	\$2,303.00	\$2,993.90	\$1,258.76	\$2,517.52	\$3,272.78	9.31%
Sharp Performance Plus	\$833.24	\$1,666.48	\$2,166.42	\$868.45	\$1,736.90	\$2,257.97	4.23%
UnitedHealthcare SignatureValue Alliance	\$837.88	\$1,675.76	\$2,178.49	\$890.66	\$1,781.32	\$2,315.72	6.30%
UnitedHealthcare SignatureValue Harmony	\$792.65	\$1,585.30	\$2,060.89	\$819.64	\$1,639.28	\$2,131.06	3.41%
<b>Basic Premiums - Region 3</b>							
Los Angeles, Riverside and San Bernardino							
Anthem Blue Cross Select HMO	\$841.13	\$1,682.26	\$2,186.94	\$916.88	\$1,833.76	\$2,383.89	9.01%
Anthem Blue Cross Traditional HMO	\$1,012.67	\$2,025.34	\$2,632.94	\$1,065.46	\$2,130.92	\$2,770.20	5.21%
Blue Shield Access+ HMO	\$756.65	\$1,513.30	\$1,967.29	\$828.48	\$1,656.96	\$2,154.05	9.49%
Blue Shield Trio HMO	\$704.69	\$1,409.38	\$1,832.19	\$738.11	\$1,476.22	\$1,919.09	4.74%
Health Net Salud y Más	\$630.13	\$1,260.26	\$1,638.34	\$714.40	\$1,428.80	\$1,857.44	13.37%
Kaiser Permanente	\$865.41	\$1,730.82	\$2,250.07	\$926.52	\$1,853.04	\$2,408.95	7.06%
PERS Gold	\$785.28	\$1,570.56	\$2,041.73	\$868.15	\$1,736.30	\$2,257.19	10.55%
PERS Platinum	\$1,131.47	\$2,262.94	\$2,941.82	\$1,263.73	\$2,527.46	\$3,285.70	11.69%
UnitedHealthcare SignatureValue Alliance	\$826.44	\$1,652.88	\$2,148.74	\$866.40	\$1,732.80	\$2,252.64	4.84%
UnitedHealthcare SignatureValue Harmony	\$734.76	\$1,469.52	\$1,910.38	\$756.28	\$1,512.56	\$1,966.33	2.93%
<b>Basic Premiums - Out of State</b>							
Kaiser Permanente Out of State	\$1,312.45	\$2,624.90	\$3,412.37	\$1,422.26	\$2,844.52	\$3,697.88	8.37%
PERS Platinum	\$1,146.86	\$2,293.72	\$2,981.84	\$1,244.55	\$2,489.10	\$3,235.83	8.52%

# SPOTLIGHT ON AREA VII: Greater Delta Region

**Area VII Area Director Kenneth Brown and volunteer Chapter Leaders** have been busy attending various outreach events to represent RPEA to the greater Delta Region. Recently they exhibited at the El Dorado County Fair (June 13-16); The El Dorado County Chamber of Commerce mixer in Placerville (June 28th); and the CalPERS Benefits Education Event (CBEE) in Sacramento (July 12-13).

At these events RPEA volunteers interacted with potential new members who expressed interest in joining. The RPEA materials distributed at the exhibit booths contains

information about RPEA's advocacy efforts and the legislation we support to protect our members pensions and health benefits.

The greater Delta Region consists of Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Sutter Yolo and Yuba (Chapters 003, 004, 030, 043, 078, 082, 084, 095 (Reno, NV).



**El Dorado Chamber of Commerce Mixer**



**CalPERS CBEE Event:  
Area VII Area Director Ken Brown & Diane Buffington  
Chapter 4 Membership Chair**



**El Dorado Fair**

# GENERAL ASSEMBLY 2024

## Statement of Candidacy

*Margaret Brown*

For RPEA President



My name is Margaret Brown, and I would be honored to serve as President of RPEA.

Leading the Retired Public Employees' Association requires a specialized set of leadership skills, honed during my 28-year career in planning, financing, and constructing K-12 public schools in California. Serving on the C.A.S.H. Board and as State Facilities Chair for CASBO, I acquired invaluable experience in legislative advocacy. I spearheaded

campaigns for Statewide School Bonds and regularly provided testimony in Sacramento concerning bills and regulations affecting school district facility programs.

During my tenure on the CalPERS Board, I learned firsthand the crucial significance of transparency and accountability in safeguarding retirement benefits. It was alarming to observe a noticeable lack of transparency, dwindling accountability, and disregard for fiduciary responsibility among several Board colleagues and CalPERS executives. In response, I vocally opposed questionable or politically motivated investment decisions and ardently called attention to governance rules that exacerbated the decline in accountability and transparency. Despite the challenges, I persisted in advocating for retirees' interests.

As RPEA President, I promise to bring this same dedication, resilience, and positive outlook to serve our members.

Your vote is crucial, and I am grateful for your support.

Sincerely,  
Margaret E. Brown

*Al Darby*

For RPEA Vice President

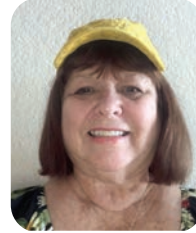


I am asking for your vote to re-elect me as your Vice President for the next two years. As most of you know, I have served in this role since 2014 and continuously represented RPEA at CalPERS Committee and Board meetings. On many occasions, I make public comment on investment matters and policy proposals that affect RPEA retirees. The work that I do along with other RPEA officers has resulted in many changes to

CalPERS plans that could have been detrimental to our members. In addition, I have just obtained a new prospect list of 294,000 CalPERS retirees who will be contacted in new RPEA recruiting campaigns. For twelve years, I have been engaged in recruiting efforts at statewide and chapter level and will continue these efforts in the coming months. This new RPEA recruiting effort will augment AMBA recruiting. I was responsible for AMBA becoming one of RPEA's recruiting arms in 2014. As VP and President of RPEA, I worked to build the reserve fund which now stands above \$1.5 million. Finally, I will work to transfer my knowledge of RPEA administration, operations, and advocacy at CalPERS and the legislature to the new RPEA President.

*Catherine Jeppson*

For Secretary/Treasurer



I am Cathy Jeppson, CPA, It would be my privilege to continue serving as the RPEA Secretary/Treasurer.

Safeguarding our CalPERS pensions and health benefits is paramount. Over the past 17 years, I have diligently attended CalPERS Board meetings, steadfastly advocating for retirees.

I'm currently RPEA's Secretary/Treasurer and an active member of Chapter 64. I'm a retired emeritus faculty member with 37 years of Accounting teaching experience at CSU Northridge. Additionally, I fulfill the role of Chief Financial Officer for the CSUN, Northridge Chapter of the California Faculty Association. Moreover, I am honored to serve as the elected representative for all 23 CSU campuses as the California Faculty Association - Statewide delegate for Retirement and Health Benefits.

I have been honored with three Presidential Awards for Service, received from both Republican and Democratic administrations. As a licensed active CPA in California, I bring a wealth of expertise to my work. Throughout my career at CSUN, I was awarded the Visionary Service Award by the University and have garnered recognition at the local, state, and federal levels for my outstanding advocacy on behalf of taxpayers.

Your vote is invaluable to me. Thank you sincerely for your consideration.

*Elena Yuasa*

For Director of Membership



• Retired Public Employees Association (RPEA) member since 2013.

• 33 years of experience as an Administrator at the Department of Tax & Fee Administration.

• 12 years as a Statewide Board Member at a State Supervisor Association.

• 2 years as RPEA Director of Membership.

Throughout my tenure, I have advocated tirelessly for our members, with key accomplishments including:

• Redesigned and distributed marketing materials for new member recruitment at CalPERS events. Delivered recruitment presentations to the Board of Directors and chapters, significantly increasing our understanding of chapters and members' needs.

• Attended employer benefit fairs and seniors' events to enhance our presence and name recognition, assisting Area Directors and chapters in implementing these initiatives.

• Contributed to the Member Services Committee by suggesting additional web services AMBIA provides to serve our members better.

• Submitted articles for our headquarters newsletter to keep our members informed.

I am fully committed to RPEA's mission and dedicated to working closely with chapters, the Board of Directors, and all members. I welcome your ideas and am always available to discuss how we can improve our service to our members.

# GENERAL ASSEMBLY 2024

## Statement of Candidacy

*Randall Check*  
For Director of  
Legislation



I am honored to serve as the Legislative Director for the Retired Public Employees Association of California (RPEA), representing CalPERS retired public employees. At RPEA, I have championed transparency within CalPERS and defended against legislative threats to our members' benefits.

My career spans over two decades in public service, including roles with the California Legislature and as Legislative Liaison for the California Lottery under Governor Gray Davis. As a Legislative Advocate with SEIU Local 1000, I successfully lobbied for improved benefits and working conditions for public employees.

Raised as a military dependent, I value the opportunities afforded to Americans. I hold a Certificate in Radio/TV from Michigan State University, an Associate of Arts from Merced Community College, and a Bachelor of Arts from Sacramento State University. I also pursued graduate studies in Education at Chapman University.

During the Vietnam Era, I proudly served in the United States Army as an Information Specialist. Currently, I serve as Vice-President and Legislative Representative for RPEA Chapter 4.

I am committed to safeguarding CalPERS pensions, enhancing Social Security benefits, and ensuring retirees can live with financial security. Your vote for Legislative Director would be greatly appreciated.



**BENEFITS STILL FIT?**

### CONSIDER ADDITIONAL INSURANCE COVERAGE

As your life changes, consider some of these benefits and discounts from **RPEACA & AMBA**:

- Dental & Vision Plans
- Long Term Care & Home Health Care Insurance
- Medical Air Services Association (MASA)
- Cancer, Heart & Stroke, Accident, and Disability Insurances
- Medicare Solutions
- Final Expenses Whole Life & Guaranteed Acceptance Life Insurance
- Annuity
- Start Hearing, Inc.
- Hospital Stay Coverage
- Discounts on Travel, Dining & more

Learn More: **1-877-556-4582**

[myambabenefits.info/rpeaca](https://myambabenefits.info/rpeaca)

RPEA of CA - Retired Public Employees' Association of California



# VOLUNTEERISM – LORAN VETTER



## The Annual Budget War Dance

I have watched with interest as the Annual Budget dance was choreographed by all concerned. The headlines about the State's deficit were alarming to the average citizen of CA. What was more alarming was that nobody seemed to agree on just how much the budget deficit was. It definitely makes one wonder who is minding the store and paying the bills. Speaking of bills, there are a number of options being cut or postponed. I have listened to various groups proclaim that their piece of the budget is crucial to the welfare of the state and should not be cut. My particular focus is retirees, so I tend to agree that any mention of decrease in funding to CalPERS or diversion of intended funds is scary to retirees. I guess we all feel that way about the items in the budget that will affect all of us individually.

I found myself surprised by some of the presentations and protestations on why something should not be cut. Everyone focused on the good results the money would bring and the number of people who would be helped. I think that what I was most surprised about was that few to none of the arguments included the level of volunteerism, also known as public support that was generated by the program. Without a doubt, most of these programs have public support (or at least I hope so) but it is not advertised as a resource they depend on to stretch dollars and serve more of the public. Now those of you who have been reading my thoughts over the last couple of years know that I have a different opinion.

Our pensions and benefits (a defined benefit plan) are owed to Retired Public Employees through their employment contract. Public Employees often work for less money than they would get in the private sector and the promise of a secure pension was their payment for this sacrifice. The defined benefits plan concept has been under attack for over 30 years. Again, this is not a tax on the state; it is an ongoing commitment to retirees. The interesting piece of the equation is that most people retire close to home. That is important to keep in mind because that is where they spend their money and spare time.

As we learned during the COVID 19 debacle, many people were required to stay at home. Businesses and other non-essential programs were required to shut down. People and schools eventually got creative and started using the computer for schoolwork and/or their employment. Unfortunately, many people could not use a computer for work, were laid off and had to rely on Federal, State, and local community programs for assistance. On the other hand, Public retirees continued to meet their financial requirements because they continued to receive their defined benefit payments. According to one study(1), those benefits may have supported and sustained the California

economy. The other piece that contributed to the economy was what retirees did and continued to do in their spare time.

They volunteered their time and expertise in many ways and developed new ways to get their public service accomplished.

The State of CA established a Program called Californians for All to supplement volunteer assistance in many areas considered unsafe for vulnerable seniors. The Californians For All Program is still operating and of course retired public employees are still volunteering in their communities. I have gone this long way to point out that the programs fighting for their funding are not using all of their own resources to make their case. Retired Public Employees receive what they are owed and return it tenfold through their contribution to the economy and even more importantly through their volunteering. This fiscal year, Retired Public Employees of California contributed more than 2.7 million dollars in value to the economy. It is important to keep in mind that there are numerous retiree organizations who are also putting in their time as Volunteers to keep this state and the local communities humming.

It seems to me that when you are trying to legitimize your program's need and use of public funds in lean years, it would be to your advantage to report program results and the level of support received (in-kind benefits) that sustains state and local communities.

As always, I will close with a quote from Erma Bombeck which says it all: *"Volunteers are the only human beings on the face of the earth who reflect this nation's compassion, unselfish caring, patience, and just plain loving one another"*

(1) Economic, Fiscal, and Social Impacts of LACERA Pensioners September 2022 by Beacon Economics

*Loran Vetter*

Community Involvement Chair



Chapter 043 Volunteers working RPEA information table at Senior Resource Fair. Pictured L to R: Back row- Linda Koontz; Loran Vetter; Chuck Kolb. Second row- Renee Craig and Matt Geisert.

# VOLUNTEERISM HOURS TRACKING FORM

## COMMUNITY PARTICIPATION (Volunteers for Public Service)

In counting volunteer hours, include any of the following:

- Meals on Wheels or other Nutrition Programs
- Care Car or other transportation services for neighbors, family, friends, voters
- Hospital, blood bank, nursing home, child care volunteer
- Visiting or caring for ill or handicapped in your home or away, errands, telephone calls, shopping, yard work, mail, etc.
- Library assistance, Volunteer tutoring at the library, school, or assistance in the Classroom
- Teaching English, as a second language, to children and adults who are non-English speaking.
- Assistance with IRS, SNAP, Utility Discount on the basis of income or medical exemption forms
- Interaction and assistance with youth activities including, but not limited to, after school programs, girls and boys clubs, YMCA, YWCA, Boy Scouts, Girl Scouts museum volunteer
- Community Service organizations such as: Rotary, Elks, Lions Clubs, community theater, fairs, community activities such as street fairs, county fairs, political campaigns
- Religious activities: Choir, Sunday school teaching, Church nursery oversight, Vestry, Helping Hands, preparing and serving food, music, Church Commissions, distribution of literature, and helping in service
- Charity work or assistance programs for the Homeless, Battered Women, Abused Children, Court Appointed Special Advocates Program (CASA)
- Helping with food distribution, bazaars, craft fairs
- Helping with grandchildren and other family members who need assistance while a parent is employed



## RPEA-CA Gives Back

Volunteer organizations include (but not limited to): Hospitals, Law Enforcement, Churches, Unpaid Caregiving, Community Services, Meals on Wheels, Elks, etc.

Name of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Chapter: \_\_\_\_\_

Area: \_\_\_\_\_

State Residing: \_\_\_\_\_

Name of Organization Volunteered:

Hours Donated:      Frequency:

\_\_\_\_\_

\_\_\_\_\_

- Monthly
- Quarterly
- Annually
- Monthly
- Quarterly
- Annually
- Monthly
- Quarterly
- Annually
- Monthly
- Quarterly
- Annually

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rev. 6/6/23

Please send your completed forms to RPEA Headquarters, 300 T Street, Sacramento, CA 95811.

**Savvy Senior,**

## **Paying for Nursing Home Care with Medicaid**

*Dear Savvy Senior,*

*If my mother needs to move into a nursing home, what are the eligibility requirements to get Medicaid coverage?*

*Caretaking Son*

**Dear Caretaking,**

The rules and requirements for Medicaid eligibility for nursing home care are complicated and will vary according to the state your mother lives in. With that said, here's a general, simplified rundown of what it takes to qualify.

### **Medicaid Eligibility**

Medicaid, the joint federal and state program that covers health care for the poor, is also the largest single payer of America's nursing home bills for seniors who don't have the resources to pay for their own care. (Note that some states have different names for their Medicaid program.)

Most people who enter nursing homes don't qualify for Medicaid at first but pay for care either through long-term care insurance or out-of-pocket until they deplete their savings and become eligible for Medicaid.

To qualify for Medicaid, your mother's income and assets will need to be under a certain level that's determined by your state. Most states (except California) require that a single person have no more than about \$2,000 in countable assets (\$3,000 for a married couple) that includes cash, savings, investments or other financial resources that can be turned into cash.

Assets that aren't counted for eligibility include your mother's home if it's valued under \$713,000 (this limit is higher – up to \$1,071,000 – in some states), her personal possessions and household goods, one vehicle, prepaid funeral plans and a small amount of life insurance.

But be aware that while her home is not considered a countable asset to determine eligibility, if she can't return home, Medicaid can go after the proceeds of her house to help reimburse her nursing home costs, unless a spouse or other dependent relative lives there. (There are some other exceptions to this rule.)

After qualifying, all sources of your mother's income such as Social Security and pension checks must be

turned over to Medicaid to pay for her care, except for a small personal needs allowance – usually between \$30 and \$160.

You also need to be aware that your mother can't give away her assets to qualify for Medicaid faster. Medicaid officials will look at their financial records going back five years (except in California which has a 30-month look-back rule) to root out suspicious asset transfers. If they find one, her Medicaid coverage will be delayed a certain length of time, according to a formula that divides the transfer amount by the average monthly cost of nursing home care in their state.

So, for example, if your mom lives in a state where the average monthly nursing home cost is \$8,000 and she gave away cash or other assets worth \$160,000, she would be ineligible for benefits for 20 months ( $\$160,000 \div \$8,000 = 20$ ).

### **Spousal Protection**

Medicaid also has special rules (known as the community spouse resource allowance) for married couples when one spouse enters a nursing home, and the other spouse remains at home. In these cases, the healthy spouse can keep one half of the couple's assets up to \$154,140 (this amount varies by state), the family home, all the furniture and household goods and one automobile. The healthy spouse is also entitled to keep a portion of the couple's monthly income – between \$2,465 and \$3,854. Any income above that goes toward the cost of the nursing home recipient's care.

### **What about Medicare?**

Medicare, the federal health insurance program for seniors 65 and older, and some younger people with disabilities, does not pay for long-term care. It only helps pay up to 100 days of rehabilitative nursing home care, which must occur after a three-day hospital stay.

For more information, contact your state Medicaid office. You can also get help from your State Health Insurance Assistance Program (see [ShipHelp.org](http://ShipHelp.org)), which provides free counseling on Medicare and Medicaid issues.

*Send your senior questions to: Savvy Senior, P.O. Box 5443, Norman, OK 73070, or visit [SavvySenior.org](http://SavvySenior.org). Jim Miller is a contributor to the NBC Today show and author of "The Savvy Senior" book.*

Savvy Senior,

## Best Walk-In Bathtubs for 2024

*Dear Savvy Senior,*

*Because of my back pain and mobility problems, I'm interested in getting a walk-in bathtub that's safe and easy to get in and out of. What all can you tell me about walk-in tubs, and can you recommend some top options?*

*Old and Achy*

**Dear Old,**

For mobility challenged seniors, a walk-in bathtub can be a terrific option to consider because they're much easier to get into and out of than a standard tub, which also helps prevent falls. Here's what you should know, along with a reliable resource to help you choose one.

### Age-Friendly Tubs

Walk-in bathtubs are uniquely designed tubs that have a watertight, hinged door built into the side of the tub that provides a much lower threshold to step over (usually 3 to 7 inches) versus a standard tub that's around 15 inches.

Most walk-in tubs have high sidewalls, usually between three and four feet high, and are between 28 and 32 inches wide, but will fit into the same 60-inch-long space as your standard tub without having to reconfigure the room.

In addition to the low threshold, most walk-in tubs also have a built-in seat, grab bars, anti-slip floors and anti-scald valves. Some tubs also come with handheld showerheads and quick drains (that drain the tub in under a minute), and many higher-end models offer therapeutic spa-like features that are great for seniors with arthritis and other ailments.

The best kind of tub for you will depend on your needs, preferences and budget, and the size and layout of your bathroom. But be aware that walk-in bathtubs are not cheap. Prices range anywhere from \$3,000 to \$10,000 or more for the tub and installation costs.

### Insurance and Aid

Because walk-in tubs are not considered durable medical equipment, original Medicare does not typically cover them nor do Medicare supplemental (Medigap) policies, but some Medicare Advantage plans may help pay.

If you're receiving Medicaid, many states have Home and Community Based Services that may provide

some assistance. Or, if you're a disabled veteran, the VA has some home modification grants that may help pay.

There are also grants and loans available through the U.S. Department of Agriculture that help elderly, low-income residents of rural areas make home modifications, which may be used to pay for a walk-in bathtub. And, depending on where you live, there may be local programs that can help like Habitat for Humanity or Rebuilding Together.

To find out if these options are available in your area, contact your Area Aging Agency (call 800-677-1116) or nearby center for independent living (see [ilru.org](http://ilru.org)).

If, however, you can't locate any financial assistance and you can't afford to pay upfront for a walk-in tub, most manufacturers offer financing so you can make monthly payments. You should also know that if you're using a walk-in tub for a specific medical condition, you may also be able to deduct the costs of the tub from your taxes as a medical expense (see [irs.gov/pub/irs-pdf/p502.pdf](https://irs.gov/pub/irs-pdf/p502.pdf)).

### Best Walk-In Bathtubs

To help you choose a walk-in bathtub the National Council on Aging, which is a national nonprofit organization that advocates for older Americans, put together a review team to research the different companies and tubs. Their list of best walk-in bathtubs of 2024 includes:

- Best Walk-in Tub Overall: Ella Ultimate Walk-In Tub
- Best Walk-in Tub with Shower: Kohler Walk-In Tub with Shower Package
- Most Affordable Walk-in Tub: Ariel Walkin 3052 Soaker
- Best Soaking Tub: American Standard Gelcoat Entry Series
- Best Wheelchair-Accessible Tub: Ella Transfer
- Best Walk-in Tub for Small Spaces: AmeriGlide Sanctuary 2646 WIT

See [NCOA.org/adviser/walk-in-tubs/best-walk-in-tubs](https://ncoa.org/adviser/walk-in-tubs/best-walk-in-tubs) for detailed reviews and product links.

To get started, you should contact a few walk-in bathtub retailers who can send a professional to your home to assess your bathroom and give you product options and estimates. Lowe's and Home Depot also offer free evaluations and a wide range of walk-in tub options.

# Not Yet A Member of RPEA? JOIN NOW!



## STAY CONNECTED

**RPEA MEMBERS!  
WE NEED TO STAY CONNECTED NOW  
MORE THAN EVER! PLEASE UPDATE US  
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E-MAIL OR PHONE NUMBER OR  
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RETIRED PUBLIC EMPLOYEES' ASSOCIATION OF CALIFORNIA

# Membership Application



Have a scanner app on your smart phone?

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Join online!



## Become a Member in Three Easy Steps!

### STEP 1: Tell Us About Yourself

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 M  F  
 Spouse Name: \_\_\_\_\_  M  F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Is your spouse an additional applicant?  Y  N  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_  
 Retired From: \_\_\_\_\_ Retirement Date: \_\_\_\_\_  
 RPEA Chapter Number or Name if Known: \_\_\_\_\_  
 Referred By: \_\_\_\_\_

### STEP 2: Select One Membership Type

- Retiree (CalPERS Annuitant)  Beneficiary (Beneficiary of a CalPERS retiree)  
 Affiliate (Still working for a Public Agency)  Associate Member Statewide (Supporter of RPEA's goals)

### STEP 3: Select One Payment Method

**Option 1: MONTHLY CALPERS DEDUCTION:** I authorize the California Public Employees Retirement System (CalPERS) to deduct for each applicant on this form \$5.00 per month from my retirement allowance until revoked by me in writing. **Only available if one applicant is receiving a CalPERS retirement payment.**  
 \_\_\_\_\_  
 Signature Social Security Number or CalPERS ID + Last 4 of SSN

**Option 2: CHECK OR MONEY ORDER:** As payment for the first year's dues, I have attached a check or money order for \$60.00 (\$30.00 for affiliate membership) for each applicant on this form. I will be billed annually for subsequent renewals.

**Option 3: CREDIT CARD AUTHORIZATION:** As payment for the first year's dues, I authorize \$60.00 for each applicant on this form (\$30.00 for affiliate membership) to be charged on my credit card. I will be billed annually for subsequent renewals.  
 Card Number: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]  
 Expiration Date: [ ][ ] / [ ][ ] CVV/CVC: (3 Digit code on the back of card) [ ][ ][ ]  
 Automatic Renewal \_\_\_\_\_  
 Signature

### Why Join RPEA?

RPEA protects the interests of retirees at the state level to ensure your retirement remains secure. We retain a professional lobbyist who represents our interests before the Governor, Legislators and CalPERS Board. We also have access to a federal lobbyist who keeps us informed on federal retiree issues.

RPEA continues an active and ongoing relationship with CalPERS by serving on their Advisory Committee concerning CalPERS plans and proposals. We also monitor every CalPERS committee and frequently testify at these meetings on behalf of our members.

Every RPEA member receives a bi-monthly statewide newsletter with general information as well as legislative and health care updates.

Members also gain access to numerous member-only benefits including dental and vision plans and a wide array of merchant discount programs. For only \$5.00 a month you get even more back in benefit savings!

**RPEA**  
**Headquarters Office:**  
**(800-443-7732)**

## THANK YOU for Joining RPEA!

Information collected on application will be used for membership purposes only. For details, contact HQ at 800-443-7732.

**Return your completed application to:**  
**RPEA • 300 T Street • Sacramento, CA 95811-6912**



RPEA/August/2024



# RETIRED PUBLIC EMPLOYEES' ASSOCIATION OF CALIFORNIA

300 T Street Sacramento California 95811

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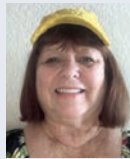
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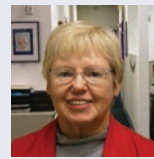
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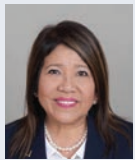
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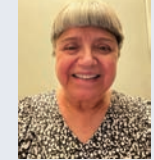
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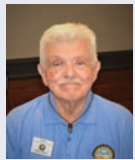
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