



TRUCKEE MEADOWS WATER AUTHORITY
Section §115 Other Post-Employment Benefit Plan & Trust
Trustee Meeting
AGENDA
Tuesday, October 15, 2019 at 12:30 p.m.
Independence Room
1355 Capital Boulevard, Reno, NV 89502

1. Roll call*
2. Public comment — limited to no more than three minutes per speaker*
3. Approval of the agenda **(For Possible Action)**
4. Approval of the July 16, 2019 minutes. **(For Possible Action)**
5. Review and consideration for approval of request of reimbursement of premiums for Medicare supplement through Mutual of Omaha paid for through Social Security – Rosalinda Rodriguez **(For possible Action)**
6. Review of Retirement Benefits Investment Fund (RBIF) performance review—Michele Sullivan*
7. Discussion and possible Trustee direction regarding meeting times and dates for 2020—Jessica Atkinson **(For Possible Action)**
8. Trustee comments and requests for future agenda items*
9. Public comment — limited to no more than three minutes per speaker*
10. Adjournment **(For Possible Action)**

NOTES:

1. The announcement of this meeting has been posted at the following locations: Truckee Meadows Water Authority (1355 Capital Blvd., Reno), Reno City Hall (1 E. First St., Reno), Sparks City Hall (431 Prater Way, Sparks), Sparks Justice Court (1675 E. Prater Way, Sparks), Washoe County Courthouse (75 Court St., Reno), Washoe County Central Library (301 South Center St., Reno), Washoe County Administration (1001 East Ninth St., Reno), and at <http://www.tmwa.com>.
2. In accordance with NRS 241.020, this agenda closes three working days prior to the meeting. We are pleased to make reasonable accommodations for persons who are disabled and wish to attend meetings. If you require special arrangements for the meeting, please call 834-8002 before the meeting date.
3. The Board may elect to combine agenda items, consider agenda items out of order, remove agenda items, or delay discussion on agenda items. Arrive at the meeting at the posted time to hear item(s) of interest.
4. Asterisks (*) denote non-action items.
5. Public comment is limited to three minutes and is allowed during the public comment periods. The public may sign-up to speak during the public comment period or on a specific agenda item by completing a “Request to Speak” card and submitting it to the clerk. In addition to the public comment periods, the Chairman has the discretion to allow public comment on any agenda item, including any item on which action is to be taken.



Section 115 Post-Retirement Medical Plan & Trust

*a single employer plan sponsored by
Truckee Meadows Water Authority*

DRAFT July 16, 2019 MINUTES

The meeting of the TMWA Section 115 Post-Retirement Medical Plan and Trust (Trust) Trustees was held on Tuesday, July 16, 2019 in the Truckee Meadows Water Authority Independence Room, 1355 Capital Blvd., Reno, Nevada.

Michele Sullivan, Chairman, called the meeting to order at 12:30 p.m.

1. ROLL CALL AND DETERMINATION OF PRESENCE OF A QUORUM.

A quorum was present.

Voting Members Present:

Michele Sullivan
Sandra Tozi
Charles Atkinson
Randall Van Hoozer

Voting Members Absent:

Members Present

Rosalinda Rodriguez
Jessica Atkinson
Mike Venturino
Gus Rossi

Members Absent:

2. PUBLIC COMMENT

There was no public comment.

3. APPROVAL OF THE AGENDA

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the agenda.

4. APPROVAL OF THE APRIL 16, 2019 MINUTES

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved the April 16, 2019 meeting minutes.

5. REVIEW OF CURRENT PEBS SUBSIDY CALCULATIONS

Ms. Atkinson advised that Trustees have in the past used the subsidy schedules published by Public Employee Benefit System (PEBS) of Nevada to establish the subsidy rates for Tier II retirees under TMWA's §115 OPEB Trust. PEBS published a rate schedule titled "Medicare Exchange Retiree HRA Contribution" for plan year 2020 (July 1, 2019-June 30, 2020). As approved in prior years, Ms. Atkinson recommends that these updated HRA contribution amounts be adopted as published and used to calculate the Tier II subsidy for retirees who have attained age 65 based on years of service.

Each fiscal year, PEBS also publishes a State and Non-State Retiree Years of Service Subsidy Schedule, which Trustees have adopted and used to calculate subsidy amounts for Tier II retirees who have not yet attained 65. This subsidy table, as published for plan year 2020 (July 1, 2019-June 30, 2020), considers a base subsidy and supplemental subsidy (SB552) dependent on which statewide plan a retiree is enrolled in. In the past, Trustees have approved to use the base and supplemental subsidy amounts associated with the Statewide EPO/HMO Plan as this is the plan that most closely matches plans offered by TMWA. As approved in prior years, Ms. Atkinson Recommends that trustees adopt the proposed subsidy table for Tier II retirees who are under the age of 65.

Upon motion made and seconded, and carried by unanimous consent of the Trustees present, the Trustees approved to approve the proposed subsidy rate calculations for pre and post 65 Tier II retirees based on information published by the PEBS.

6. REVIEW OF RETIREMENT BENEFITS INVESTMENT FUND (RBIF) PERFORMANCE REVIEW

Ms. Sullivan advised that last quarter the fiscal year to date was reviewed and reflected the markets performance in December which had been poor. Currently reviewing the first quarter of the year through March and the market has improved. A 6% assumption has been used on the investment and historically we have seen about a 6% return and we are back on track with that.

For informational purposes only, no action required.

7. REVIEW OF AUDIT

Ms. Sullivan advised that the audit had been completed and the letter from the Auditors states there were no findings, everything is in order. Because of the negative market return on the investments, the contribution for the upcoming year has increased to account for the market's performance. The actuary's calculation determined that \$107,945 should be contributed to cover upcoming recurring expenses, such as benefits and administrative fees.

For informational purposes only, no action required.

8. TRUSTEE COMMENTS AND REQUESTS FOR FUTURE AGENDA ITEMS

RBIF investment

9. PUBLIC COMMENT – LIMITED TO NO MORE THAN THREE MINUTES PER SPEAKER

There was no public comment.

10. ADJOURNMENT

With no further business to discuss, Chairperson Sullivan adjourned the meeting at 12:42 p.m.

Minutes were approved by the Trustees in session on _____.

Respectfully Submitted,

Rosalinda Rodriguez, Recording Secretary

\$115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

RETRIEVE INFORMATION:

DATE RANGE From 01/01/2019 To 06/30/2019

Name:

Employee #: 50424

Address:

Phone #

Expenses

Date Paid	Description (example: Monthly Premium)	Name of Provider (example: Anthem Blue Cross)	Cost	Total
2-10-19	Medicare Part B	Social Security Admin	135.50	135.50
1-15-19	Medicare Supplement Plan G	Mutual of Omaha	115.24	115.24
3-10-19	Medicare Part B	SSA	135.50	135.50
2-15-19	Medicare Sup Plan G	Mutual of Omaha	115.24	115.24
4-10-19	Medicare Part B	SSA	135.50	135.50
3-15-19	Medicare Sup Plan G	Mutual of Omaha	115.24	115.24
5-10-19	Medicare Part B	SSA	135.50	135.50
4-15-19	Medicare Sup Plan G	Mutual of Omaha	115.24	115.24
6-10-19	Medicare Part B	SSA	135.50	135.50
5-15-19	Medicare Sup Plan G	Mutual of Omaha	115.24	115.24
7-10-19	Medicare Part B	SSA	135.50	135.50
6-17-19	Medicare Sup Plan G	Mutual of Omaha	115.24	115.24
1-10-19	Medicare Part B	SSA		
			\$0.00	
Total				<u>1504.44</u>

Medicare Eligible?

YES NO

Attach copies of Proof of Insurance and Payment of Premium. See back of form for examples of acceptable documentation.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation or failed to maintain coverage. I further understand that if I receive reimbursement for premiums for which I was not eligible or did not meet eligibility criteria, the Trust may recover these payments from my future benefit award(s) and I will be liable for all related taxes. I also authorize the Trust, and its designees to contact the insurance company I have listed above to verify coverage and premium amounts paid. I certify that all expenses for which reimbursement or payment is claimed were incurred by myself while eligible to receive benefits under the trust. I also certify as follows: 1.) The premium expenses have not been reimbursed or will not be reimbursed by any other plan, 2.) The premium expenses were not paid by an employer of a participant or an employer of a participant's spouse on a "pre-tax" basis, including, without limitation, a policy or plan offered by an employer under a Code Section 125 plan (commonly referred to as a "Cafeteria Plan"). I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this reimbursement request.

Retiree Signature: _____

Date: _____

OPEB Approval*: _____

Date: _____

Accounting Approval**:

Date: _____

* Indicates the reimbursement request & back up are sufficient and expenses qualify as eligible for reimbursement under the trust.

** Indicates the trust accountant has ensured any amounts reimbursed are within the participants available trust balance.

Return completed form to: OPEB c/o TMWA Human Resources, PO Box 30013, Reno, NV 89520

§115 OPEB Trust - Medical and/or Vision Premium Expense Reimbursement Request

In order for an eligible recipient to receive reimbursement of medical insurance premiums from the Post Retirement Medical Plan & Trust, the eligible participant must submit at least one of the following as proof of payment for the medical insurance premiums:

- A copy of the invoice from the insurance company and copy of the receipt of payment;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a pay stub if the pay stub clearly shows a deduction for medical insurance on a post-tax basis;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages on a post-tax basis;
- A copy of a bank statement showing deductions for medical insurance if the statement clearly indicates payment to a company that provides only medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- Other documentation which the Trust, or its designees, determines is sufficient to prove payment for medical insurance.



Social Security Administration

Date: July 18, 2019

[REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly Social Security benefit before any deductions is [REDACTED]

We deduct \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment is [REDACTED]
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is [REDACTED]

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2018.

You are entitled to medical insurance under Medicare beginning June 2018.

Your Medicare number is 2HN9-KW3-UK17. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log onto Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 888-808-5481. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1170 HARVARD WAY
RENO, NV 89502

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2019**

Payment Details

Date Processed 01/15/2019

Amount Paid **\$115.24**

Generated: 07/18/2019 03:34 PM



Mutual of Omaha

Policy Info

Policy Payor



Issue Date

09/01/2018

Paid to Date

08/01/2019

Payment Details

Date Processed

02/15/2019

Amount Paid

\$115.24

Generated: 07/18/2019 03:33 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2019**

Payment Details

Date Processed 03/15/2019

Amount Paid **\$115.24**

Generated: 07/18/2019 03:33 PM



Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2019**

Payment Details

Date Processed 04/15/2019

Amount Paid **\$115.24**

Generated: 07/18/2019 03:32 PM



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2019**

Payment Details

Date Processed 05/15/2019

Amount Paid **\$115.24**

Generated: 07/18/2019 03:32 PM



Mutual of Omaha

Policy Info

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2019**

Payment Details

Date Processed 06/17/2019

Amount Paid **\$115.24**

Generated: 07/18/2019 03:30 PM

Payment History

MEDICARE SUPPLEMENT PLAN G

ACTIVE



The payments listed do not include unprocessed payments, returned checks, or adjustments. Please allow 2 business days for online payments to process.

Policy Payor



Issue Date **09/01/2018**

Paid to Date **08/01/2019**

Payment history search uses the Coverage Period Start Date.

Start Date

MM/DD/YYYY

End Date

MM/DD/YYYY

Search

[Reset](#)

Payments

Total: \$1,267.64

Date Processed ▼	Coverage Period	Amount Paid
1 - 11 of 11		

Date Processed ▼	Coverage Period	Amount Paid
07/15/2019	07/01/2019 - 08/01/2019	\$115.24 View Receipt
06/17/2019	06/01/2019 - 07/01/2019	\$115.24 View Receipt
05/15/2019	05/01/2019 - 06/01/2019	\$115.24 View Receipt
04/15/2019	04/01/2019 - 05/01/2019	\$115.24 View Receipt
03/15/2019	03/01/2019 - 04/01/2019	\$115.24 View Receipt
02/15/2019	02/01/2019 - 03/01/2019	\$115.24 View Receipt
01/15/2019	01/01/2019 - 02/01/2019	\$115.24 View Receipt
12/17/2018	12/01/2018 - 01/01/2019	\$115.24 View Receipt
11/15/2018	11/01/2018 - 12/01/2018	\$115.24 View Receipt
10/15/2018	10/01/2018 - 11/01/2018	\$115.24 View Receipt
1 - 11 of 11		

Retirement Benefits Investment Fund

June 30, 2019

Performance

Asset Class	Market Value	Target Allocation	Actual Allocation	FYTD Return	One Year	3 Years	5 Years	10 Years	Since Inception (2008)
U.S. Stocks- S&P 500 Index	\$ 269,877,170	50.5%	50.5%	10.4%	10.4%	14.2%	10.7%	14.7%	9.2%
Market Return				10.4%	10.4%	14.2%	10.7%	14.7%	9.2%
Int'l Stocks- MSCI World x US Index	\$ 114,354,987	21.5%	21.4%	1.4%	1.4%	9.4%	2.5%	7.3%	2.6%
Market Return				1.8%	1.8%	9.4%	2.4%	7.0%	2.5%
U.S. Bonds- U.S. Bond Index	\$ 143,650,736	28.0%	26.9%	7.3%	7.3%	1.4%	2.4%	3.4%	3.4%
Market Return				7.2%	7.2%	1.3%	2.5%	3.1%	3.2%
	\$ 6,381,669	0.0%	1.2%						
Total RBIF Fund	\$ 534,264,562	100.0%	100.0%	8.0%	8.0%	9.5%	6.7%	9.9%	6.5%
Market Return				7.9%	7.9%	9.4%	6.6%	9.9%	6.6%



STAFF REPORT

TO: Trustees of the §115 Other Post Employment Benefits (OPEB) Trust
FROM: Jessica Atkinson, TMWA Human Resources Administrator
DATE: October 15, 2019
SUBJECT: **Discussion and direction regarding meeting times and dates for 2020**

Recommendation

TMWA staff recommends that the Board of Trustees provide input on the schedule proposed for the TMWA Other Post-Employment Benefits §115 Trust meetings as well as confirmation of meeting times.

Discussion

The regular schedule for the TMWA Other Post-Employment Benefits §115 Trust meetings has traditionally been quarterly on the third Tuesday of the month.

Staff recommends continuing with the current reoccurring schedule as follows:

2020 Trustee Meeting Dates Proposed

Tuesday, January 21	12:30 p.m.
Tuesday, April 21	12:30 p.m.
Tuesday, July 21	12:30 p.m.
Tuesday, October 20	12:30 p.m.