

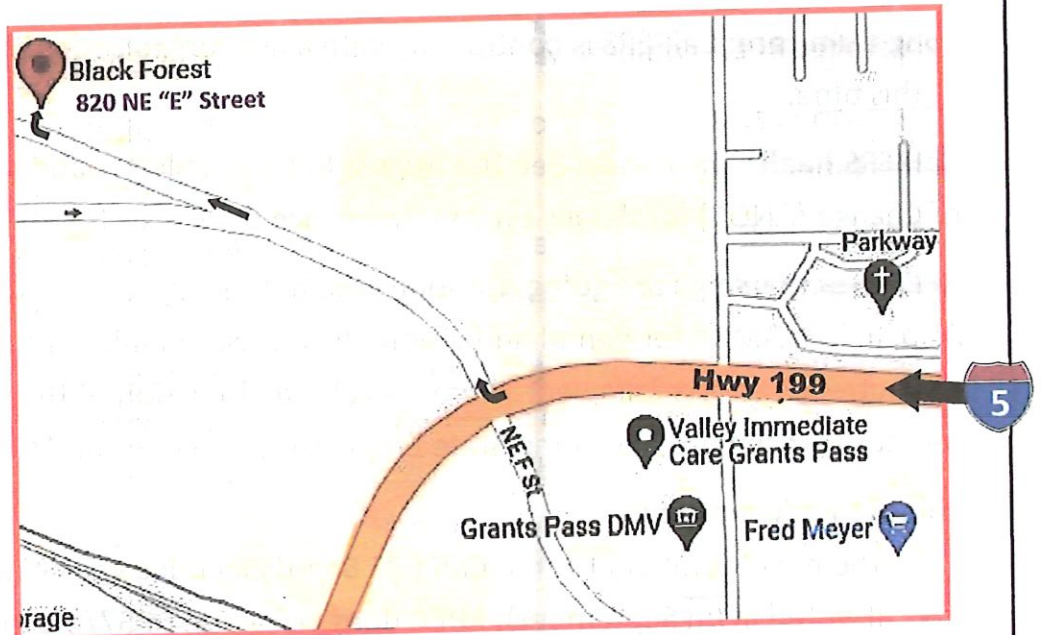
# The Next RPEA Meeting

Wednesday, September 23, 2026  
10:00 am

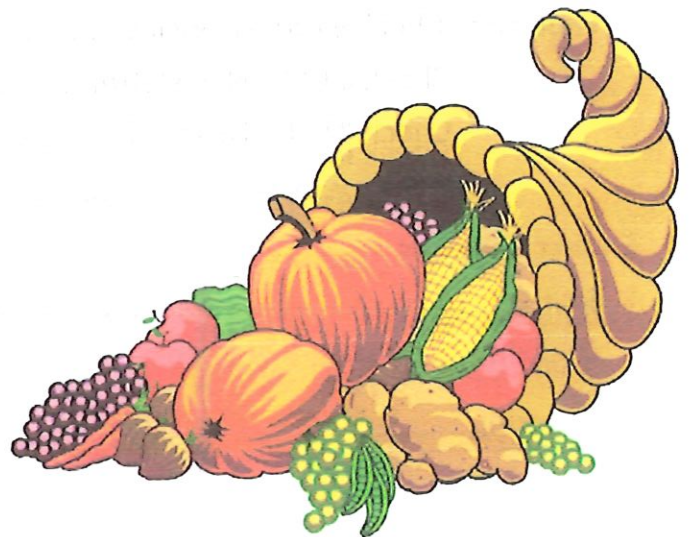
**The Black Forest  
Family Restaurant**  
820 NE E Street  
Grants Pass,  
OR 97526

**2026 Meeting**  
December 9

**2027 Meetings**  
March 24  
June 23  
September 22  
December 8



Retired Public Employees of California  
PO Box 1992  
Cave Junction, OR 97523-1992



CalPERS fund shortfalls and liability? And Does the state have the ability to sue local government or take government assets to mitigate the local government's failure to pay their share into the CalPERS pension fund? A difficult topic that should be looked into further.

**September RPEA conference:** Marc is attending on our Chapter's behalf.

**Long term care:** CalPERS is contracting with a new organization, but no new enrollments at this time.

**CalPERS health insurance:** See the August RPEA newsletter and your own Annual Notice of Change (ANOC) for details on your insurance plan rates for 2027.

**RPEA memberships are going up:** John credited the increased outreach and information. Also, to join AMBA for dental and vision, RPEA membership is required. A discussion of the outreach efforts followed. There was also a discussion of the various California retirees associations, including State Employees, Teachers, and CHP/police.

**Things to take note of:**

- The next Member at Large CalPERS Board Elections will be in 2028
- IF voted in (in September), RPEA dues will go up to \$7/mo in January.

The meeting was adjourned at 11:30.

### **Treasurer's Report**

**Beginning Savings and Checking Balance—June 1..... \$17807.64**

**Income:** June .....\$264.36

July.....\$249.17

August.....\$216.87

**Total Income ..... 730.40**

**Expenses:** Check #190—Housing .....\$154.44

Check #189—Newsletter .....\$234.68

Check #191—Hospitality.....\$127.30

**Total Expenses .....\$515.74**

**Ending Balances**

**Savings ..... 1939.24**

**Checking..... 16083.16**

## Minutes - Chapter #102 Grants Pass, OR

### June 24, 2026

The June meeting was called order at 9:58 am by President Ruth de Jauregui. A quorum was present. The minutes and last month's treasurer's report were approved.

Area Director John Frank reported on the PERS Board presentation. Items presented included:

- 150% pay raise for Board members to "meet minimum standards." John pointed out the CalPERS shortfall/underfunding and certain Board member's lack of the required qualifications for the job. Also, four of the Board make over \$1M/year. (Note: the Board did not take it well.)
  - ◊ John is working on adding information about the private equity investments to his article. Of note: We pay for private equity management of non-producing funds, IE "zombie accounts." In addition, previously we paid private equity firms \$900M, but this has increased to \$2.2 billion.
  - ◊ John's next step is to look into CalPERS investments in private debt.
- A new computer has been purchased for zoom presentations.
- As an example of CalPERS underfunding, the city of Chico fund is \$180M short. As retirees, we can't afford for our pensions to be underfunded. When the city of Stockton went under, their retirees lost 42% of their pensions.
- The RPEA independent forensic investigation report is available online at <https://www.rpea.com/view/download.php/news/calpers-investigation-report>.

#### ***Key Findings of the Report:***

- ◊ Underperformance and Costs: The document claims CalPERS' investment returns landed in the bottom 15% of roughly 230 U.S. public pension funds over five- and ten-year periods, criticizing heavy allocations into expensive private equity and alternative assets.
- ◊ Transparency and Governance: It highlights alleged secrecy, structural conflicts of interest, and executive compensation tied to custom benchmarks rather than net returns.
- ◊ Calls for Oversight: Authored largely with findings compiled by financial investigator Ted Siedle, the report urges California to establish an independent Inspector General with subpoena power to oversee the massive fund.
- Questions and discussion: Is there a way for local government to mitigate the

support measures to be attempted if your heartbeat and breathing stop. Sometimes this document is referred to as a do not attempt resuscitation (DNR) order or an allow natural death (AND) order. Even though a living will might state that CPR is not wanted, it is helpful to have a DNR order as part of your medical file if you go to a hospital. Posting a DNR next to your hospital bed might avoid confusion in an emergency. Without a DNR order, medical staff will attempt every effort to restore your breathing and the normal rhythm of your heart.

***Do not intubate (DNI) order:*** A similar document, a DNI informs medical staff in a hospital or nursing facility that you do not want to be on a ventilator.

***Do not hospitalize (DNH) order:*** A DNH indicates to long-term care providers, such as nursing home staff, that you prefer not to be sent to a hospital for treatment at the end of life.

***Out-of-hospital DNR order:*** An out-of-hospital DNR alerts emergency medical personnel to your wishes regarding measures to restore your heartbeat or breathing if you are not in a hospital.

***Physician orders for life-sustaining treatment (POLST) and medical orders for life-sustaining treatment (MOLST) forms:*** These forms provide guidance about your medical care that health care professionals can act on immediately in an emergency. They serve as a medical order in addition to your advance directive. Typically, you create a POLST or MOLST when you are near the end of life or critically ill and understand the specific decisions that might need to be made on your behalf. These forms may also be called portable medical orders or physician orders for scope of treatment (POST). Check with your state department of health to find out if these forms are available where you live.

You may also want to document your wishes about organ and tissue donation and brain donation. As well, learning about care options such as palliative care and hospice care can help you plan ahead.

### **Links**

***The National Institutes of Health - National Institute on Aging:*** <https://www.nia.nih.gov/health/advance-care-planning/advance-care-planning-advance-directives-health-care>

***Organ and tissue donation:*** <https://www.nia.nih.gov/health/frequently-asked-questions-about-organ-donation-older-adults>

***Brain donation:*** <https://www.nia.nih.gov/health/brain-donation-gift-future-generations>

***Palliative care and hospice care:*** <https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care>

more supported when deciding the types of care and treatments the person would want.

For more information, go to: <https://www.nia.nih.gov/health/legal-and-financial-planning-people-alzheimers>

### ***What happens if you do not have an advance directive?***

If you do not have an advance directive and you are unable to make decisions on your own, the state laws where you live will determine who may make medical decisions on your behalf. This is typically your spouse, your parents if they are available, or your children if they are adults. If you are unmarried and have not named your partner as your proxy, it's possible they could be excluded from decision-making. If you have no family members, some states allow a close friend who is familiar with your values to help. Or they may assign a physician to represent your best interests. To find out the laws in your state, contact your state legal aid office or state bar association.

### ***Will an advance directive guarantee your wishes are followed?***

An advance directive is legally recognized but not legally binding. This means that your health care provider and proxy will do their best to respect your advance directives, but there may be circumstances in which they cannot follow your wishes exactly. For example, you may be in a complex medical situation where it is unclear what you would want. This is another key reason why having conversations about your preferences is so important. Talking with your loved ones ahead of time may help them better navigate unanticipated issues.

There is the possibility that a health care provider refuses to follow your advance directives. This might happen if the decision goes against:

- The health care provider's conscience
- The health care institution's policy
- Accepted health care standards

In these situations, the health care provider must inform your health care proxy immediately and consider transferring your care to another provider.

---

## ***Other Advance Care Planning Forms and Orders***

You might want to prepare documents to express your wishes about a single medical issue or something else not already covered in your advance directives, such as an emergency. For these types of situations, you can talk with a doctor about establishing the following orders:

***Do not resuscitate (DNR) order:*** A DNR becomes part of your medical chart to inform medical staff in a hospital or nursing facility that you do not want CPR or other life-

## **Advance Care Planning and Advance Directives**

Speaking of changes in your healthplan, it's also a good time to review your advance care planning and advance directives (if any).

***Copied from the National Institutes of Health - National Institute on Aging website:***

Advance directives are legal documents that provide instructions for medical care and only go into effect if you cannot communicate your own wishes.

The two most common advance directives for health care are the living will and the durable power of attorney for health care.

***Living will:*** A living will is a legal document that tells doctors how you want to be treated if you cannot make your own decisions about emergency treatment. In a living will, you can say which common medical treatments or care you would want, which ones you would want to avoid, and under which conditions each of your choices applies. Learn more about preparing a living will.

***Durable power of attorney for health care:*** A durable power of attorney for health care is a legal document that names your health care proxy, a person who can make health care decisions for you if you are unable to communicate these yourself. Your proxy, also known as a representative, surrogate, or agent, should be familiar with your values and wishes. A proxy can be chosen in addition to or instead of a living will. Having a health care proxy helps you plan for situations that cannot be foreseen, such as a serious car accident or stroke. Learn more about choosing a health care proxy.

Think of your advance directives as living documents that you review at least once each year and update if a major life event occurs such as retirement, moving out of state, or a significant change in your health.

### ***Who needs an advance care plan?***

Advance care planning is not just for people who are very old or ill. At any age, a medical crisis could leave you unable to communicate your own health care decisions. Planning now for your future health care can help ensure you get the medical care you want and that someone you trust will be there to make decisions for you.

### ***Advance care planning for people with dementia***

Many people do not realize that Alzheimer's disease and related dementias are terminal conditions and ultimately result in death. People in the later stages of dementia often lose their ability to do the simplest tasks. If you have dementia, advance care planning can give you a sense of control over an uncertain future and enable you to participate directly in decision-making about your future care. If you are a loved one of someone with dementia, encourage these discussions as early as possible. In the later stages of dementia, you may wish to discuss decisions with other family members, your loved one's health care provider, or a trusted friend to feel

## CalPERS Open Enrollment

It's that time of year again. Already.

Open enrollment runs from September 14 through October 9. While the costs are going up (again), you can access the Open Enrollment information online at [my.calpers.ca.gov](http://my.calpers.ca.gov). Use the Search Health Plans tool to research:

- Health plans in your area
- Monthly premiums and satisfaction ratings
- Side-by-side comparisons of the health plans, benefits, and copays

To see if there are any changes between your 2026 and 2027 plan, watch your mail for your Annual Notice of Change (ANOC). Any changes, whether to your current plan or if you change your plan, will take effect on January 1, 2027.

Please carefully review all the materials provided by CalPERS to ensure that you are signed up for the Healthcare plan of your choice.

If you have questions or concerns regarding Open Enrollment, your health plan, and/or the 2027 changes, call CalPERS at 1-888-225-7377, or log into your myCalPERS account to send a secure message.

---

### ***Open Enrollment is also Open Season on Retirees!***

While most of us already have our CalPERS health plans in place and will cruise into 2027, that doesn't mean that the sales pitches for a variety of Medicare Advantage healthplans won't flood our mailboxes and voicemails from October 1 through the end of the year. And maybe beyond. Yes, tis the season of sales pitches.

As you know, once you retire, CalPERS becomes your health benefits officer. As a retiree, you may make changes to your health plan in any of the following ways:

- Online through myCalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov)
- By calling us toll-free at 888 CalPERS (or 888-225-7377)
- By faxing or writing to us at: CalPERS Health Account Management Division P.O. Box 942715 Sacramento, CA 94229-2715 Fax: (800) 959-6545



So, while I'm never going to tell you to not look into all of your healthcare options, please don't let any "too good to be true" sales pitches unduly influence your choices. And, of course, keep your Medicare and Social Security cards in safe places. Not in your wallet!

For more information, go to the CalPERS website: <https://www.calpers.ca.gov/retirees/health-and-medicare/medicare>.

# **Retired Public Employees of California Grants Pass Chapter #102 September 2026**

## **Message from the President**

Where did the summer go?

Unfortunately, I won't be able to attend the September meeting, as I have started a new job. I've just finished seven weeks of training, and still have two weeks of supervised phone training as of this writing.

Hopefully things will have settled out by December, but we shall see how it goes.

There's a lot of info in this month's newsletter, I hope you find it useful.

*Ruth de Jauregui*

