



Retiree  
**Enrollment**  
Guide 2012

HEALTH IS WEALTH



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- Open Enrollment runs November 1 through November 30, 2011

This Guide provides information about the ACERA-sponsored health plans available to retired members, non-member payees (e.g., surviving spouses/domestic partners), and their eligible dependents. It includes details about your medical, dental, and vision plan coverage, as well as information about the 2012 Open Enrollment period and process.

We encourage you to review this Guide and share it with your family as you consider your benefit needs for the coming year. Keep it for ongoing reference as you have questions or need information about your health plan benefits. Also, be sure to refer to the back cover of this Guide—it lists ACERA's and our health plan providers' contact information.

If you have questions as you review the information in this Guide, please contact the ACERA Call Center at 1-800-838-1932 (press 1) or 1-510-628-3000 (press 1).

Open Enrollment runs from November 1 through November 30, 2011. The elections you make during Open Enrollment are effective February 1, 2012 through January 31, 2013.

## Review Your Materials

Please take the time to review the contents of your Open Enrollment packet carefully. It's up to you to understand your benefits and how they work, and to return your enrollment form(s) to ACERA, postmarked by December 1, 2011, if you want to make changes with an effective date of February 1, 2012.

- Enrollment Packet Checklist
  - 2011 Retiree Annual Statement
  - 2012 Retiree Enrollment Guide (this Booklet)



## Medical & Dental Premiums Increase

### Non-Medicare Plan Premiums

There are significant reasons why the UnitedHealthcare SignatureValue HMO Plan rates increased by over 18%. Claims increased by 40.5% and hospital claims (length of time spent in the hospital, as well as the cost of the procedure(s) while in the hospital) in particular increased by 48.8%. The Delta Dental PPO monthly rates will increase slightly from \$40.88 to \$41.94, while the DeltaCare USA dental rates will go unchanged.

## Prescription Copay Change for UnitedHealthcare Group Medicare Advantage Plan (formerly named the Secure Horizons MedicareComplete Plan)

This year in 2011, the prescription copay for generic medication is \$7 and for brand medications is \$14. These prescription copays will be increasing to \$10 and \$20, respectively, beginning February 1, 2012 for members enrolled in the UnitedHealthcare Group Medicare Advantage Plan. By making the prescription copays the same for both the UnitedHealthcare Senior Supplement Plan and UnitedHealthcare Group Medicare Advantage Plan, ACERA is able to take advantage of a Healthcare Reform initiative as well as provide some premium relief for members with less than 20 years of service and/or if they are covering a dependent under this plan. Instead of a 9.0% premium increase for the UHC Group Medicare Advantage Plan, we were able to secure a reduced premium increase of 4.82%.

## UnitedHealthcare Pharmacy Saver

If you enroll in the UnitedHealthcare Group Medicare Advantage plan or the UnitedHealthcare Senior Supplement plan, you are also eligible for the Pharmacy Saver program. Members can purchase certain medications at participating pharmacies like Target or Safeway for as little as \$2 for a 30-day supply. Medications include Lisinopril, Simvastatin, Hydrochlorothiazide, Metformin HCL, Levothyroxine Sodium, Atenolol, Zolpidem Tartrate, and more. There is no special Rx card or enrollment, and this program does not jeopardize your enrollment in ACERA's Medicare Part D Drug program. To find out if your medication is less expensive, go to [www.unitedpharmacysaver.com](http://www.unitedpharmacysaver.com), enter your zip code, and then enter the name of your medication. It will give you the participating pharmacies in your area, the price of the medication, the dose, and the quantity.

- Reminder:  
Delta Dental PPO  
Maximum Renewals  
February 1, 2012  
NOT January 1, 2012



# WHAT'S NEW FOR 2012 (CONTINUED)

- The back of this Guide provides the phone numbers and website addresses for each of our plans. Contact the plans directly to find providers for you and your family members.

## UnitedHealthcare Name Changes

These name changes will require a new ID card to be issued to members enrolled in this plan.

2011 Plan Name	2012 Plan Name
PacifiCare SignatureValue HMO	UnitedHealthcare SignatureValue HMO
UnitedHealthcare Secure Horizons MedicareComplete Plan	UnitedHealthcare Group Medicare Advantage Plan

## VSP's Expanded Relationship with Costco and Other Retail Affiliations

Effective February 1, 2012, ACERA's VSP members will have the ability to use their VSP vision plan to purchase glasses and contacts through a newly formed VSP/Costco partnership. When having your prescription for glasses or contacts filled at Costco, just mention you are a VSP member. Costco will handle the submission of the necessary paperwork to VSP on your behalf. VSP has also expanded their relationship with other retail affiliations so mention you are a VSP member to see if you can receive our plan discount.

We recommend and encourage our members to get their eyes examined once every 12 months from a VSP provider. This is important because your eyes can show signs of other health conditions such as diabetes, glaucoma, hypertension, and high cholesterol. Out of the 2,227 VSP eye exams performed last year, 97 of our members were identified as having diabetes and 223 as having hypertension.

If you decide to get your eye exam and glasses from your ACERA Medicare medical carrier such as Kaiser Permanente Senior Advantage or UnitedHealthcare Group Medicare Advantage, you can submit a claim to VSP for the \$10 copay for an eye exam and up to \$70 on the frames (once every 24 months). Go to [www.acera.org/downloads](http://www.acera.org/downloads) for a VSP Claim Form.

## ACERA's Wellness Initiative

At the beginning of 2011, ACERA embarked on a Wellness Initiative and Disease Management Program for our retirees. Our goal has been to improve the health of ACERA retirees, eligible dependents, and especially our diabetic population by providing awareness through our What's Up? Newsletter articles, through our Retiree Seminars ("Healthy Teeth, Eyes & You" and "Defeat Diabetes with a 1-2 Punch") and through our Wellness Center (free screenings for cholesterol, glucose,

blood pressure, and BMI) at the Retiree Health Fair. Diabetes is the most prevalent chronic disease among our members. It can lead to other conditions like heart disease and high blood pressure. We're focusing on Type 2 diabetes since it is largely preventable through exercise and healthy eating.

## HealthCare Reform

Insurance companies will begin to be charged a fee of \$1 per member per year for the Annual Clinical Effectiveness Research. The fees collected will be used to sponsor "patient-centered outcomes research" on evidence-based treatments, medications, etc. for specific illnesses. Another item will require medical carriers to provide each retiree 60 days advance notice of any required change. This notice now has to be "uniform" among carriers.

You may hear about employers needing to report health coverage on Form W-2 or automatic enrollment applying to full-time active employees, but these requirements do not apply for retirees.



# ELECTING YOUR COVERAGE

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- Only submit enrollment forms if you are enrolling in or changing health plan coverage.

Open Enrollment is your annual opportunity to consider your benefit needs and options and to make changes, if needed. You can change your medical and dental plan elections and add or drop medical, dental, and vision coverage for your eligible dependents.

This Guide explains this year's Open Enrollment process and deadlines. Refer to the ACERA Retired Member Benefits Handbook for information about eligibility for plan coverage, enrolling in plan coverage at retirement, changing your coverage mid-year, or cancelling your coverage.

You **ONLY** need to submit an enrollment form during Open Enrollment if you want to change your current health plan and dependent coverage elections.

This is also a good time to review your enrollment in other ACERA-sponsored benefits, such as the Medicare Part B Reimbursement Plan (MBRP), and your participation in retiree associations such as ACRE and REAC.

Contact ACERA if you have questions about Open Enrollment. You can reach us at 1-800-838-1932 (press 1) or 1-510-628-3000 (press 1).

## To Take Action During Open Enrollment

- Review your current benefits, which are listed on your 2011 Retiree Annual Statement (included with your Open Enrollment packet).
- Review your health plan coverage options explained in this Guide, and determine your health care needs for 2012.
- **New:** if you want to make changes for 2012 or enroll in coverage for the first time, complete the ACERA Medical, Dental, and/or Vision Enrollment Form(s) **found on ACERA's website at [www.acera.org](http://www.acera.org). You can also request the forms from the ACERA Call Center.**
- If you are enrolling dependents in coverage for 2012, provide the dependent verification documentation listed on page 8 of this Guide.
- If any of the personal information included on your 2011 Retiree Annual Statement is stated incorrectly, contact the ACERA Call Center.
- Return your completed forms and applicable dependent verification documentation to ACERA, postmarked by **December 1, 2011**.

- Open Enrollment runs from November 1 through November 30, 2011. The elections you make are effective February 1, 2012 through January 31, 2013. Download enrollment forms at [www.acera.org](http://www.acera.org).

**IMPORTANT:** The benefits you elect during Open Enrollment are effective from February 1, 2012 through January 31, 2013—ACERA's plan year. **You and your dependents will be required to remain enrolled in dental and vision coverage for the entire plan year.** In most cases, you cannot change your benefit elections or add/delete dependent coverage outside of ACERA's annual Open Enrollment period, unless you experience a status change event or special enrollment event.

Refer to page 25 of this Guide or to the ACERA Retired Member Handbook for information about changing your benefit elections outside of Open Enrollment. The Handbook also describes your rights to continue coverage under COBRA. A copy of the Handbook is available through the ACERA website at [www.acera.org/downloads](http://www.acera.org/downloads).

Contact ACERA if you have questions about Open Enrollment. You can reach us at 1-800-838-1932 (press 1) or 1-510-628-3000 (press 1).



# ENROLLING YOUR ELIGIBLE DEPENDENTS

If you are enrolled in an ACERA-sponsored health plan, you may also choose to cover your eligible dependents. Your eligible dependents include:

- Your legal spouse or domestic partner
- Your or your domestic partner’s children under age 26 (married or unmarried), including your:
  - Biological children
  - Adopted children, from the date of placement
  - Stepchildren
  - Dependents under a guardianship/conservatorship
  - Dependents for whom plan coverage has been court-ordered through a Qualified Medical Child Support Order (QMCSO) or through a National Medical Child Support Notice (NMCSN)
- Your or your domestic partner’s child(ren) over age 26 who are incapable of supporting themselves due to a mental or physical handicap they incurred prior to age 26 must provide proof of child’s incapacity prior to age 26.

To enroll your dependents for 2012, you need to provide the following documentation to ACERA:

- Contact the ACERA Call Center if you have questions about the documentation required for enrolling your eligible dependents. You can reach us at 1-800-838-1932 (press 1) or 1-510-628-3000 (press 1).

First Time Dependent Enrollment Documentation	
If you enroll your spouse/domestic partner	<p><b>Spouse:</b></p> <ul style="list-style-type: none"> <li>• Certified marriage certificate or license</li> </ul> <p><b>Domestic partner:</b></p> <ul style="list-style-type: none"> <li>• ACERA-filed Affidavit of Domestic Partnership</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Copy of State-filed domestic partner registration</li> </ul>
If you enroll your children under age 19	<p><b>One of the following documents:</b></p> <ul style="list-style-type: none"> <li>• Certified copy of birth certificate</li> <li>• Original church baptismal certificate with mother/father listed</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Court-filed guardianship/adoption papers</li> </ul>
If you enroll your children age 19 to age 26 or children over age 26 if incapacitated	<p><b>One of the following documents:</b></p> <ul style="list-style-type: none"> <li>• Certified copy of birth certificate</li> <li>• Original church baptismal certificate with mother/father listed</li> <li>• Court-filed guardianship/adoption papers</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• ACERA Affidavit of Dependent Eligibility (available through <a href="http://www.acera.org/downloads">www.acera.org/downloads</a> or by request from the ACERA Call Center)</li> </ul>

ACERA offers a range of sponsored medical plan options to retired members, nonmember payees (e.g., surviving or former spouses/domestic partners), and their eligible dependents.

The charts on pages 10 to 11 provide a brief summary of each plan's benefits and key features. Each medical plan includes prescription drug coverage for retail pharmacy and mail order services. Refer to page 12 for a summary of this coverage.

The premium costs for all plans, effective February 1, 2012, begin on page 20.

## Medical Plan Options

ACERA offers the following **Non-Medicare plans** to individuals who are not yet eligible for Medicare (generally, those under age 65):

- Kaiser Permanente HMO
- UnitedHealthcare SignatureValue HMO
- UnitedHealthcare Choice Plus PPO

We also offer the following **Medicare plans** to individuals who are eligible for Medicare (generally, those over age 65):

- Kaiser Permanente Senior Advantage (Medicare Advantage HMO)
- UnitedHealthcare Group Medicare Advantage Plan
- UnitedHealthcare Senior Supplement Plan (Medicare Supplement Insurance)

To enroll in an ACERA-sponsored Medicare plan, you must first sign up for and maintain enrollment in Medicare Parts A and B. The ACERA Retired Member Benefits Handbook explains how the ACERA-sponsored plans work with Medicare.

As you choose the medical plan that best meets your health care and budget needs, **it's important to understand where it is offered in the U.S.**, how each plan works, the benefits provided, and the costs you may incur under each plan (monthly premiums and out-of-pocket expenses at the point of care).

Generally, you must live in a plan's specific service area to enroll. **Before you consider moving outside California, or to a rural part of California, it is strongly recommended that you call the plan's customer service number or visit its website** to verify that your residence is within its service area, and to verify access to providers, including doctors, specialists, and hospitals that participate in each plan's network.

- You and your dependents must be enrolled in coverage provided through the same ACERA medical plan carrier (e.g., if you enroll in Kaiser, you may enroll your dependents in Kaiser).
- The back cover of this Guide lists the phone numbers and website addresses for each plan carrier.
- When you enroll in an ACERA-sponsored Medicare plan, your prescription drug coverage is included with that plan. **You should not enroll in a stand-alone Medicare Part D plan.** In doing so, you will jeopardize your medical coverage through ACERA. Refer to the ACERA Retired Member Benefits Handbook for a discussion of how ACERA's plans work with Medicare Part D.



## ACERA-Sponsored Medical Plan Highlights – Non-Medicare Plans

Plan Benefits	Kaiser Permanente HMO	UnitedHealthcare SignatureValue HMO	UnitedHealthcare Choice Plus PPO (In-Network)
Annual Deductible	None	None	\$2,000/individual; \$4,000/family
PCP/Specialist Office Visits	\$15 copay	\$15 copay	\$25 copay primary care; \$50 copay specialist
Annual Physical Exam	\$15 copay	Preventive Care covered at 100%	Preventive Care covered at 100%
Ambulance Services	No charge	No charge	80% after deductible
Emergency Services	\$50 copay; waived if admitted \$15 copay urgent care visit	\$50 copay; waived if admitted	\$250 copay/visit
Hospitalization	No charge	No charge	\$500 copay/occurrence, then 80% after annual deductible
Skilled Nursing Care	No charge; up to 100 days/benefit period	Paid in full	80% after deductible; up to 60 visits/cal. year
Hearing Services	\$15 copay/exam	\$15 copay; Hearing Aid: Paid in full, up to \$5,000; limited to one per three years	\$25 copay/primary care; \$50 copay/specialist screening Hearing Aid: 80% after deductible; up to \$2,500; limited to one per three years
Other Important Plan Features	<p><b>Focus on Your Well-Being</b> Take advantage of in-person health classes and personalized online programs</p> <p><b>Focus on Your Health</b> Preventive care benefits and 24 hour nurse advice</p> <p><b>Network Doctor Collaboration</b> Your PCP coordinates your care and works collaboratively with Kaiser specialists</p> <p><b>Worldwide Urgent or Emergency Coverage</b> In the event of an emergency or need for urgent care, you are covered worldwide</p> <p><b>Kaiser Permanente Website</b> Through <a href="http://www.kp.org">www.kp.org</a>, you can e-mail your physician and access health and drug information, online appointment scheduling, pharmacy orders, articles on health topics, and personalized wellness tools</p>	<p><b>24-Hour Health Information</b> You have access to a nurse line as a supplement to your physician's care and to answer your general questions</p> <p><b>HealthCredits</b> This online health management program provides credits that can be redeemed for prizes and discounts on health-related products; the program also provides access to health and wellness topics and a health risk assessment</p> <p><b>Finding a Doctor</b> UnitedHealthcare's online provider directory allows you to search for providers that meet your specific needs (e.g., specialty or location)</p> <p><b>UnitedHealthcare Perks</b> The program offers savings on a wide range of activities, products and services that help you to live a healthier lifestyle</p>	<p><b>24-Hour Health Information</b> You have access to a nurse line as a supplement to your physician's care and to answer your general questions</p> <p><b>Finding a Doctor</b> UnitedHealthcare's online provider directory allows you to search for providers that meet your specific needs (e.g., specialty or location); register on <a href="http://www.myuhc.com">www.myuhc.com</a> for your benefit plan specifics, claims, ID cards, and many other services</p>

## ACERA-Sponsored Medical Plan Highlights – Medicare Plans

Plan Benefits	Kaiser Permanente Senior Advantage	UnitedHealthcare Group Medicare Advantage	UnitedHealthcare Senior Supplement
PCP/Specialist Office Visits	\$10 copay	\$10 copay	No charge for Medicare-approved services
Ambulance Services	No charge when medically necessary and authorized by a plan physician	No charge when medically necessary	No charge
Emergency Services	\$25 copay	\$50 copay, waived if admitted	No charge for in-area and out-of-area
Hospitalization	No charge	No charge	No charge for Medicare-approved expenses up to 365 days; beyond 365 days no coverage
Durable Medical Equipment	No charge when prescribed (provided only within Kaiser's service area)	No charge	No charge for Medicare-approved services
Skilled Nursing Care	No charge up to 100 days/benefit period	No charge up to 100 days/benefit period as defined by Medicare	No charge for Medicare-approved expenses up to 100 days/benefit period
Vision Care	\$10 copay/eye exam \$150 allowance every 24 months	\$10 copay for eye exam (\$130 eye allowance; \$175 contact lenses allowance every 24 months)	Medicare benefit only
Hearing Services	\$10 copay for exam Hearing Aid: \$1,000 hearing aid allowance/device (aid) per three years	\$0 copay for exam Hearing Aid: \$500 hearing aid maximum allowance every two years	No charge for Medicare-covered hearing exam
Other Important Plan Features	<p><b>Focus on Your Well-Being.</b> Take advantage of in-person health classes and personalized online programs.</p> <p><b>Focus on Your Health.</b> Preventive care benefits and 24 hour nurse advice.</p> <p><b>Network Doctor Collaboration.</b> Your PCP coordinates your care and works collaboratively with Kaiser specialists.</p> <p><b>Worldwide Urgent or Emergency Coverage.</b> In the event of an emergency or need for urgent care, you are covered worldwide.</p> <p><b>Kaiser Permanente Website.</b> Through <a href="http://www.kp.org">www.kp.org</a>, you can e-mail your physician and access health and drug information, online appointment scheduling, pharmacy orders, articles on health topics, and personalized wellness tools.</p>	<p><b>A Solution for Caregivers.</b> Provides resources and access to the services you need to provide care for a loved one, or for someone to provide you with care. Services include:</p> <p><b>Care Resources Center Telephone Support,</b> which provides information on community and government funded programs, meal delivery, transportation and housekeeping, and toll-free access to geriatric specialists.</p> <p><b>Professional Care Managers,</b> who provide an in-home needs assessment, coordination of local services and alternative living facilities, and advice on home accommodations and support following hospital discharge.</p> <p><b>Elder Law Counsel and Service,</b> which provides counseling services, preparation of wills or living wills, and assistance with durable powers of attorney for health care and financial issues.</p> <p><b>Silver Sneakers.</b> This is a free fitness program provided through contracted fitness centers.</p>	<p><b>Visit Any Provider.</b> You have the option to choose any doctor or specialist who accepts Medicare.</p> <p><b>No Referrals.</b> You do not need to have a referral to see a specialist.</p> <p><b>Travel Away from Home.</b> Your coverage goes with you wherever you travel throughout the United States.</p> <p><b>Cost Sharing.</b> In general, Medicare pays 80% and the Senior Supplement Plan pays 20% of the usual and customary charges for Medicare-approved health care services.</p> <p><b>A Solution for Caregivers.</b> Provides resources and access to the services you need to provide care for a loved one, or for someone to provide you with care. Services include:</p> <ul style="list-style-type: none"> <li>Care Resources Center Telephone Support</li> <li>Professional Care Managers</li> <li>Elder Law Counsel and Service</li> </ul> <p><b>Silver Sneakers.</b> This is a free fitness program provided through contracted fitness centers.</p>



# PRESCRIPTION DRUGS

Each medical plan's benefits include prescription drug coverage for retail pharmacy and mail order services. Highlights of the plans' benefits are included in the table below. **The United Healthcare Group Medicare Advantage copays have increased from \$7/14 to \$10/20.**

Prescription Drug Coverage Highlights		
Plan	Retail Pharmacy	Mail Order
<b>ACERA-Sponsored Non-Medicare Plans</b>		
<b>Kaiser Permanente HMO</b>		
• Generic, Brand Non-Formulary	\$15 copay; 100-day supply	\$15 copay; 100-day supply
<b>UnitedHealthcare SignatureValue HMO</b>		
• Tier 1 Preferred Generic	\$10 copay; 30-day supply	\$20 copay; 90-day supply
• Tier 2 Preferred Brand	\$25 copay; 30-day supply	\$50 copay; 90-day supply
• Tier 3 Non-Preferred Drugs	\$35 copay; 30-day supply	\$70 copay; 90-day supply
<b>UnitedHealthcare Choice Plus PPO (In-Network)</b>		
• Tier 1 Preferred Generic	\$10 copay; 31-day supply	\$25 copay; 90-day supply
• Tier 2 Preferred Brand	\$30 copay; 31-day supply	\$75 copay; 90-day supply
• Tier 3 Non-Preferred Drugs	\$50 copay; 31-day supply	\$125 copay; 90-day supply
<b>ACERA-Sponsored Medicare Plans</b>		
<b>Kaiser Permanente Senior Advantage</b>		
• Generic, Brand Non-Formulary	\$10 copay; 100-day supply	\$10 copay; 100-day supply
<b>UHC Group Medicare Advantage</b>		
• Tier 1 Preferred Generic	\$10 copay; 31-day supply	\$20 copay; 90-day supply
• Tier 2 Preferred Brand	\$20 copay; 31-day supply	\$40 copay; 90-day supply
• Tier 3 Non-Preferred Drugs	\$20 copay; 31-day supply	\$40 copay; 90-day supply
• Tier 4 Specialty	\$20 copay; 31-day supply	\$40 copay; 90-day supply
<b>UnitedHealthcare Senior Supplement Plan</b>		
• Tier 1 Preferred Generic	\$10 copay; 31-day supply	\$20 copay; 90-day supply
• Tier 2 Preferred Brand	\$20 copay; 31-day supply	\$40 copay; 90-day supply
• Tier 3 Non-Preferred Drugs	\$20 copay; 31-day supply	\$40 copay; 90-day supply
• Tier 4 Specialty	\$20 copay; 31-day supply	\$40 copay; 90-day supply

ACERA's dental and vision plans, offered through Delta Dental and Vision Service Plan (VSP) respectively, provide participants with access to coverage through a nationwide network of providers. Contact the carriers for a complete list of participating dental and eye care professionals in your area. The back cover of this Guide includes all of ACERA's health plan carriers' contact information.

Retired members must enroll in dental and vision coverage, regardless of their years of service. Currently, ACERA subsidizes the premium costs for this coverage. This enrollment is mandatory to help keep premium costs down.

Enrollment is voluntary for ACERA non-member payees (e.g., surviving or former spouses/domestic partners) and eligible dependents. You are responsible for 100% of the premium for this coverage. The premium is deducted from your monthly retirement allowance, which must be greater than the amount of the premium.

## Dental Coverage

You may choose from one of two Delta Dental plans: 1) the Delta Dental PPO Plan, or 2) the DeltaCare USA Plan, depending on where you live. A summary of each plan option follows. Premium costs effective February 1, 2012, are listed on pages 21 and 24.

- You and your dependents are required to remain enrolled in the dental and vision plan for the entire plan year (February 1, 2012 through January 31, 2013) unless you experience a family status change or special enrollment event.

Dental Plan Highlights	
Plan	Key Features
Delta Dental PPO Plan	Under the <b>Delta Dental PPO Plan</b> , you may visit any licensed dentist within the United States or internationally. However, you receive a higher level of coverage and will pay no deductible and lower out-of-pocket costs when you utilize an in-network Delta Dental PPO dentist.
DeltaCare USA (available to CA residents only)	<p><b>DeltaCare USA</b> contracts with a network of private dental offices and covers reasonable and customary dental care (subject to the plan's contract provisions, limitations, and exclusions) when care is received by a DeltaCare USA panel dentist. You pay set copayments for services and procedures. There are no claim forms and no annual maximum dollar limits.</p> <p>When you enroll in this plan, you select a panel dental office from the list provided by Delta Dental, which serves as the center for your dental needs. You may change your selected panel office in writing or by phone to DeltaCare USA by the 21st day of each month. Changes take effect the first day of the following month.</p> <p>After you enroll, DeltaCare USA will send you a membership card and a complete description of your dental plan benefits. This will include the address and telephone number of the panel dentist you selected. To receive all necessary dental care covered by the plan, simply call your selected panel dentist to make an appointment.</p>



# DENTAL AND VISION (CONTINUED)

Benefits Coverage*	Delta Dental PPO Plan		DeltaCare USA
	In-Network	Out-of-Network**	
Plan Year Benefit Maximum	\$1,200	\$1,000	None
Plan Year Deductible			
• Single	No deductible	\$50	None
• Family	No deductible	\$150	None
<b>Diagnostic</b>			
• Oral Exams	100%	100%; no deductible	100%
• X-Rays	100%	100%; no deductible	100%
<b>Preventive</b>			
• Routine Cleanings	100%	100%; no deductible	100%
• Fluoride Treatment	100%	100%; no deductible	100%
• Sealants	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
<b>Restorative</b>			
• Fillings	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Crowns	60%	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts
• Inlays/Onlays	60%	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts
<b>Prosthodontics</b>			
• Bridges, Partial and Full Dentures, Implants	60%	50% after deductible	Copay varies; see Schedule of Benefits for specific amounts; implants not covered
<b>Endodontics</b>			
	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
<b>Periodontics</b>			
	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
<b>TMJ Benefits</b>			
	50%; \$500 lifetime max	50% after deductible; \$500 lifetime max	Not covered
<b>Oral Surgery</b>			
	80%	70% after deductible	Copay varies; see Schedule of Benefits for specific amounts
<b>Orthodontia</b>			
	Not covered	Not covered	Under age 19: \$1,600 lifetime max; Adults: \$1,800 lifetime max

\* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to the plans' Evidence of Coverage or Schedule of Benefits for waiting periods and a list of benefit limitations and exclusions.

\*\* Fees are based on PPO fees for in-network dentists and the maximum plan allowance (MPA) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

Contact Delta Dental if you have questions about the benefits covered under these plans. Delta Dental's customer service number and website address are included on the Contact Information page of this Guide. Also, you can get a copy of the DeltaCare USA Schedule of Benefits by contacting the ACERA Call Center.

## Your Dental Cleanings

Under both the Delta Dental PPO and DeltaCare USA plans, Delta Dental pays for the first two cleanings you receive during the plan year, **February 1 through January 31**. If you receive more than two cleanings during this 12-month period, the cost of the additional cleanings is your responsibility.

Here is an example of how a number of cleanings would be paid during a plan year.

Date of Cleaning	Covered by Delta Dental?	Who Pays for this Cleaning?
March 10, 2012	Yes	Delta Dental
June 10, 2012	Yes	Delta Dental
September 10, 2012	No	You
January 10, 2013	No	You
February 10, 2013	Yes	Delta Dental (because a new plan year began on February 1)

## Important Delta Dental Plan Rules

### The Delta Dental “Plan Year”

ACERA’s Delta Dental plans work on a “plan year” basis, which is different than a “calendar year.” Your plan year is the 12-month period that begins on February 1 and ends on January 31.

During the plan year, the benefits covered by Delta Dental apply to treatment you receive between February 1 and January 31. Under the Delta Dental PPO, the maximum amount payable for treatment provided by an in-network PPO Delta Dental dentist is \$1,200. Treatment provided by an out-of-network dentist is \$1,000.

If you are an active employee with Delta Dental coverage, and you retire during the plan year, you will most likely move from your active Delta Dental PPO dental plan to the ACERA retiree PPO dental plan. When this occurs, the maximum amount that Delta Dental will pay for your dental care does not “start over” when you retire. The amount of the maximum you’ve spent carries over into retirement.

- For comprehensive plan descriptions, contact the ACERA Call Center to request Evidence of Coverage (EOC) booklet(s).



# DENTAL AND VISION (CONTINUED)

Here is an example of how dental treatment would be paid during a year when you are an active employee who retires within the same year. (This example applies for coverage under the Delta Dental PPO.)

Your Status	Month(s) Dental Treatment Obtained	Delta Dental PPO Pays*	Maximum Annual Amount Remaining*
Active	March and April 2012	\$700	\$500
Retired	June 2012	\$500	\$0
Retired	October 2012	\$0	\$0
Retired	March 2013	\$200	\$1,000 (because a new plan year begins February 1, 2012)

\* Sample amounts are based on a \$1,200 yearly maximum when visiting an in-network PPO Delta Dental dentist.

## Delta Dental PPO – The Plan Year Deductible for Dental Treatment from Out-of-Network Dentist

Under the Delta Dental PPO, if you visit an in-network PPO Delta Dental dentist, you do not need to satisfy a plan year deductible before Delta Dental pays its portion toward your dental care. However, if you visit an out-of-network dentist, you need to satisfy a \$50 per person (\$150 per family) deductible before Delta Dental begins paying its portion toward your dental care.

If you retire during the plan year and move from an active Delta Dental plan to the ACERA retiree dental PPO plan, the deductible amount does not change or “start over” when you retire. Because you carry your plan with you into retirement, your deductible won’t exceed \$50 per person (\$150 per family) for dental care provided between February 1 and January 31 of any year.

Here is an example of how your plan year deductible would apply during a year when you are an active employee who then retires within the same year.

Your Status	Month(s) Dental Treatment Obtained	Amount of Deductible* You Pay	Remaining Deductible* You Must Pay Before Delta Dental PPO Pays
Active	March and April 2012	\$35	\$15
Retired	June 2012	\$15	\$0
Retired	October 2012	\$0	\$0
Retired	March 2013	\$35	\$15 (because a new plan year begins February 1, 2012)

\* Sample amounts are based on a \$50 per person (\$150 per family) plan year deductible when visiting an out-of-network dentist. Diagnostic and preventive services (such as cleanings, x-rays, and examinations) are exempt from the deductible.

## Vision Coverage

Comprehensive vision coverage is provided through Vision Service Plan (VSP). Retired members must enroll in vision coverage regardless of their years of service. Currently, ACERA subsidizes the premium costs for this coverage. The VSP Plan covers a variety of vision care services, including eye exams, eyeglasses, and contact lenses.

VSP offers plan participants access to a national network of vision care providers. When you visit a provider in the VSP network, you receive a higher level of benefits and pay lower out-of-pocket costs. To find an in-network VSP provider, call VSP at 1-800-877-7195, or visit the VSP website at [www.vsp.com](http://www.vsp.com).

Premium costs effective February 1, 2012 are listed on pages 21 and 24.

There is no ID card for this plan. When you visit an in-network provider, you will need to provide your Social Security number. The provider will then process the claim for your service directly with VSP.

Note: If you visit an out-of-network provider, you will need to pay the bill in full and submit a claim to VSP for reimbursement. Contact VSP for instructions on submitting a claim. Claim forms are available through the VSP website at [www.vsp.com](http://www.vsp.com), or by request from the ACERA Call Center. **You must file claims within six months of the service.**

- Contact VSP if you have questions about the benefits covered under this plan. VSP's customer service number and website address are included on the back page of this Guide.

### Summary of VSP Vision Plan Benefits

Benefit Description	VSP Network Provider	Non-VSP Network Provider
Exam (once every 12 months)	100%	Up to \$50
Prescription Glasses		
• Lenses		
– Single Vision		Up to \$50
– Lined Bifocal	\$25 copay, then plan pays 100%, every 12 months	Up to \$75
– Lined Trifocal		Up to \$100
• Frames (once every 24 months)	\$120 allowance with 20% discount on amount above allowance	Up to \$70
Contact Lenses	\$105 allowance for contacts and contact lens exam and fitting	Up to \$105



- Dental, Vision, the Monthly Medical Allowance (MMA), and the Medicare Part B Reimbursement Plan (MBRP) are non-vested benefits. They are reviewed and subject to funding approval annually by the ACERA Board of Retirement. Continuance of these benefits is based on available funds.

The premiums for medical, dental, and vision coverage effective February 1, 2012 are based on the plan and coverage level you select. Your monthly retirement allowance must be sufficient to cover your plan premium costs. The premiums for the vision plan as well as the DeltaCare USA dental plan are remaining the same for 2012 and 2013, while both the medical and Delta Dental PPO premiums have increased.

## Monthly Medical Allowance

Retirees with 10 or more years of creditable ACERA service or service-connected disability, who are enrolled in an ACERA-sponsored medical plan, receive a Monthly Medical Allowance (MMA) to partially offset their monthly medical premium costs. The offset is based on ACERA years of service and a contribution amount determined annually by the ACERA Board of Retirement.

The maximum MMA amount is limited to your self-only medical premium or highest allowable benefit under the MMA, whichever is lower. Plan premium costs exceeding the MMA contribution are deducted from your monthly retirement allowance.

**This benefit is only available for payment toward an ACERA-sponsored medical plan; the cost of private insurance is not covered.**

The MMA is prorated according to your years of ACERA service. The MMA amounts for 2012 remain unchanged (i.e., equal to the 2011 MMA) and are noted in the table below:

Years of ACERA Service	Percent of MMA	MMA Amount
0-9 years	0%	\$0
10-14 years	50%	\$261.08
15-19 years	75%	\$391.62
20+ years	100%	\$522.16

There is no MMA offset provided to:

- Retirees with less than 10 years of service
- Non-member payees (i.e., surviving or former spouses/domestic partners and/or beneficiaries)
- Dependents

You are responsible for 100% of the premium costs associated with covering these individuals, which are deducted from your monthly retirement allowance. Your monthly retirement allowance must be sufficient enough to cover the cost of your dependent's premiums or you are not able to add them.

## ACERA Medicare Part B Reimbursement Plan (MBRP)

Once you become Medicare-eligible, to continue your enrollment in an ACERA-sponsored Medicare plan, you are required to pay your monthly Medicare Part B premium. To help offset this cost, ACERA currently provides eligible retired members (not their dependents) with a reimbursement amount for their Medicare Part B premium. This benefit, provided through the ACERA Medicare Part B Reimbursement Plan (MBRP), is based on the lowest Medicare Part B premium that Medicare charges. The monthly Medicare Part B Reimbursement to participating ACERA members for 2012 is \$96.40. To qualify and apply for the MBRP, you must:

1. Be eligible for the ACERA Monthly Medical Allowance.
2. Contact ACERA for the MBRP Application Form (the form is also available through the ACERA website at [www.acera.org/downloads](http://www.acera.org/downloads)).
3. Complete and submit the MBRP Application Form to ACERA along with your proof of Medicare Part B enrollment.
4. Remain enrolled in Medicare Part B.

ACERA pays this non-vested benefit **only if you apply**. MBRP benefits begin the month following ACERA's receipt of your application. **ACERA does not pay this benefit retroactively.**

### Frequently Asked Questions about Health Plan Premiums

*My medical plan premiums have increased this year, and I don't have enough in my retirement allowance to cover the cost of the premium. Can I continue coverage?*

If you are already enrolled in a medical, dental, and/or vision plan and the new premiums exceed your retirement allowance, you may continue coverage. You will be required to submit payment for the entire cost of the premium on a monthly basis to ACERA. Contact the ACERA Call Center for more information.

*I'd like to newly enroll my dependents in medical and dental coverage this year, and I don't have enough in my retirement allowance to cover the premium amount. Can I choose this coverage?*

No. Your retirement allowance must be sufficient to cover the cost for covering your dependent premium costs.

- **How does Medicare charge me for my Medicare Part B Premium?** Medicare may either deduct the premium from your Social Security check, or bill you directly on a quarterly basis.



# HEALTH PLAN COSTS (CONTINUED)

## Non-Medicare Eligible

### Monthly Medical Plan Premiums and Costs

Medical Plans	0 - 9 Years of Service			10 - 14 Years of Service		
	Self	Self + 1	Family	Self	Self + 1	Family
Kaiser Permanente HMO Premium	\$593.86	\$1,187.82	\$1,680.62	\$593.86	\$1,187.82	\$1,680.62
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	<u>\$593.86</u>	<u>\$1,187.82</u>	<u>\$1,680.62</u>	<u>\$332.78</u>	<u>\$926.74</u>	<u>\$1,419.54</u>
UnitedHealthcare HMO Premium	\$827.84	\$1,655.64	\$2,342.72	\$827.84	\$1,655.64	\$2,342.72
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	<u>\$827.84</u>	<u>\$1,655.64</u>	<u>\$2,342.72</u>	<u>\$566.76</u>	<u>\$1,394.56</u>	<u>\$2,081.64</u>
UnitedHealthcare Choice Plus PPO Premium	\$1,994.48	\$3,869.22	\$5,465.60	\$1,994.48	\$3,869.22	\$5,465.60
• MMA Contribution	\$0	\$0	\$0	\$261.08	\$261.08	\$261.08
• Cost to Retiree	<u>\$1,994.48</u>	<u>\$3,869.22</u>	<u>\$5,465.60</u>	<u>\$1,733.40</u>	<u>\$3,608.14</u>	<u>\$5,204.52</u>

Medical Plans	15 - 19 Years of Service			20 or More Years of Service		
	Self	Self + 1	Family	Self	Self + 1	Family
Kaiser Permanente HMO Premium	\$593.86	\$1,187.82	\$1,680.62	\$593.86	\$1,187.82	\$1,680.62
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	<u>\$202.24</u>	<u>\$796.20</u>	<u>\$1,289.00</u>	<u>\$71.70</u>	<u>\$665.66</u>	<u>\$1,158.46</u>
UnitedHealthcare HMO Premium	\$827.84	\$1,655.64	\$2,342.72	\$827.84	\$1,655.64	\$2,342.72
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	<u>\$436.22</u>	<u>\$1,264.02</u>	<u>\$1,951.10</u>	<u>\$305.68</u>	<u>\$1,133.48</u>	<u>\$1,820.56</u>
UnitedHealthcare Choice Plus PPO Premium	\$1,994.48	\$3,869.22	\$5,465.60	\$1,994.48	\$3,869.22	\$5,465.60
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$522.16	\$522.16	\$522.16
• Cost to Retiree	<u>\$1,602.86</u>	<u>\$3,477.60</u>	<u>\$5,073.98</u>	<u>\$1,472.32</u>	<u>\$3,347.06</u>	<u>\$4,943.44</u>

## Non-Medicare Eligible

### Monthly Dental and Vision Plan Premiums and Costs

Dental and Vision Plans	0 - 9 Years of Service			10 - 14 Years of Service		
	Self	Self + 1	Family	Self	Self + 1	Family
<b>DENTAL PLANS</b>						
Delta Dental PPO Premium	\$41.94	\$80.65	\$141.46	\$41.94	\$80.65	\$141.46
• ACERA Contribution	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94
• Cost to Retiree	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>
DeltaCare USA Premium	\$22.45	\$37.08	\$54.79	\$22.45	\$37.08	\$54.79
• ACERA Contribution	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45
• Cost to Retiree	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>
<b>VISION PLAN</b>						
Vision Service Plan Premium	\$5.52	\$8.01	\$14.39	\$5.52	\$8.01	\$14.39
• ACERA Contribution	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52
• Cost to Retiree	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>

Dental and Vision Plans	15 - 19 Years of Service			20 or More Years of Service		
	Self	Self + 1	Family	Self	Self + 1	Family
<b>DENTAL PLANS</b>						
Delta Dental PPO Premium	\$41.94	\$80.65	\$141.46	\$41.94	\$80.65	\$141.46
• ACERA Contribution	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94
• Cost to Retiree	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>
DeltaCare USA Premium	\$22.45	\$37.08	\$54.79	\$22.45	\$37.08	\$54.79
• ACERA Contribution	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45
• Cost to Retiree	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>
<b>VISION PLAN</b>						
Vision Service Plan Premium	\$5.52	\$8.01	\$14.39	\$5.52	\$8.01	\$14.39
• ACERA Contribution	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52
• Cost to Retiree	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>



# HEALTH PLAN COSTS (CONTINUED)

## Medicare-Eligible

### Monthly Medical Plan Premiums and Costs

Medical Plans	0 - 9 Years of Service				
	Self with Medicare	Self + 1 (both with Medicare)	Self + 1 (one with Medicare *)	Self + 1 + Family (two with Medicare *)	Self + 1 + Family (one with Medicare *)
<b>MEDICARE SUPPLEMENT INSURANCE PLAN</b>					
UnitedHealthcare Senior Supplement Plan	\$493.18	\$986.36	\$1,321.02	\$1,814.20	\$2,148.82
• MMA Contribution	\$0	\$0	\$0	\$0	\$0
• Cost to Retiree	<b>\$493.18</b>	<b>\$986.36</b>	<b>\$1,321.02</b>	<b>\$1,814.20</b>	<b>\$2,148.82</b>
<b>MEDICARE ADVANTAGE PLANS</b>					
Kaiser Permanente Senior Advantage	\$298.74	\$597.48	\$892.60	\$1,090.38	\$1,385.50
• MMA Contribution	\$0	\$0	\$0	\$0	\$0
• Cost to Retiree	<b>\$298.74</b>	<b>\$597.48</b>	<b>\$892.60</b>	<b>\$1,090.38</b>	<b>\$1,385.50</b>
UnitedHealthcare Group Medicare Advantage	\$424.83	\$849.66	\$1,252.67	\$1,677.50	\$2,080.47
• MMA Contribution	\$0	\$0	\$0	\$0	\$0
• Cost to Retiree	<b>\$424.83</b>	<b>\$849.66</b>	<b>\$1,252.67</b>	<b>\$1,677.50</b>	<b>\$2,080.47</b>

Medical Plans	10 - 14 Years of Service				
	Self with Medicare	Self + 1 (both with Medicare)	Self + 1 (one with Medicare *)	Self + 1 + Family (two with Medicare *)	Self + 1 + Family (one with Medicare *)
<b>MEDICARE SUPPLEMENT INSURANCE PLAN</b>					
UnitedHealthcare Senior Supplement Plan	\$493.18	\$986.36	\$1,321.02	\$1,814.20	\$2,148.82
• MMA Contribution	\$261.08	\$261.08	\$261.08	\$261.08	\$261.08
• Cost to Retiree	<b>\$232.10</b>	<b>\$725.28</b>	<b>\$1,059.94</b>	<b>\$1,553.12</b>	<b>\$1,887.74</b>
<b>MEDICARE ADVANTAGE PLANS</b>					
Kaiser Permanente Senior Advantage	\$298.74	\$597.48	\$892.60	\$1,090.38	\$1,385.50
• MMA Contribution	\$261.08	\$261.08	\$261.08	\$261.08	\$261.08
• Cost to Retiree	<b>\$37.66</b>	<b>\$336.40</b>	<b>\$631.52</b>	<b>\$829.30</b>	<b>\$1,124.42</b>
UnitedHealthcare Group Medicare Advantage	\$424.83	\$849.66	\$1,252.67	\$1,677.50	\$2,080.47
• MMA Contribution	\$261.08	\$261.08	\$261.08	\$261.08	\$261.08
• Cost to Retiree	<b>\$163.75</b>	<b>\$588.58</b>	<b>\$991.59</b>	<b>\$1,416.42</b>	<b>\$1,819.39</b>

\* Not all premium combinations are shown on this page. The UHC Senior Supplement Plan Self+1 (one with Medicare) uses the UHC SignatureValue HMO premium for the person without Medicare vs. the UHC Choice Plus PPO premium. Please contact ACERA's Call Center for more information.

## Medicare-Eligible (continued)

### Monthly Medical Plan Premiums and Costs

Medical Plans	15 - 19 Years of Service				
	Self with Medicare	Self + 1 (both with Medicare)	Self + 1 (one with Medicare *)	Self + 1 + Family (two with Medicare *)	Self + 1 + Family (one with Medicare *)
<b>MEDICARE SUPPLEMENT INSURANCE PLAN</b>					
UnitedHealthcare Senior Supplement Plan	\$493.18	\$986.36	\$1,321.02	\$1,814.20	\$2,148.82
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$391.62	\$391.62
• Cost to Retiree	<u>\$101.56</u>	<u>\$594.74</u>	<u>\$929.40</u>	<u>\$1,422.58</u>	<u>\$1,757.20</u>
<b>MEDICARE ADVANTAGE PLANS</b>					
Kaiser Permanente Senior Advantage	\$298.74	\$597.48	\$892.60	\$1,090.38	\$1,385.50
• MMA Contribution	\$298.74	\$298.74	\$298.74	\$298.74	\$298.74
• Cost to Retiree	<u>\$0</u>	<u>\$298.74</u>	<u>\$593.86</u>	<u>\$791.64</u>	<u>\$1,086.76</u>
UnitedHealthcare Group Medicare Advantage	\$424.83	\$849.66	\$1,252.67	\$1,677.50	\$2,080.47
• MMA Contribution	\$391.62	\$391.62	\$391.62	\$391.62	\$391.62
• Cost to Retiree	<u>\$33.21</u>	<u>\$458.04</u>	<u>\$861.05</u>	<u>\$1,285.88</u>	<u>\$1,688.85</u>
Medical Plans	20 or More Years of Service				
	Self with Medicare	Self + 1 (both with Medicare)	Self + 1 (one with Medicare *)	Self + 1 + Family (two with Medicare *)	Self + 1 + Family (one with Medicare *)
<b>MEDICARE SUPPLEMENT INSURANCE PLAN</b>					
UnitedHealthcare Senior Supplement Plan	\$493.18	\$986.36	\$1,321.02	\$1,814.20	\$2,148.82
• MMA Contribution	\$493.18	\$493.18	\$493.18	\$493.18	\$493.18
• Cost to Retiree	<u>\$0</u>	<u>\$493.18</u>	<u>\$827.84</u>	<u>\$1,321.02</u>	<u>\$1,655.64</u>
<b>MEDICARE ADVANTAGE PLANS</b>					
Kaiser Permanente Senior Advantage	\$298.74	\$597.48	\$892.60	\$1,090.38	\$1,385.50
• MMA Contribution	\$298.74	\$298.74	\$298.74	\$298.74	\$298.74
• Cost to Retiree	<u>\$0</u>	<u>\$298.74</u>	<u>\$593.86</u>	<u>\$791.64</u>	<u>\$1,086.76</u>
UnitedHealthcare Group Medicare Advantage	\$424.83	\$849.66	\$1,252.67	\$1,677.50	\$2,080.47
• MMA Contribution	\$424.83	\$424.83	\$424.83	\$424.83	\$424.83
• Cost to Retiree	<u>\$0</u>	<u>\$424.83</u>	<u>\$827.84</u>	<u>\$1,252.67</u>	<u>\$1,655.64</u>

\* Not all premium combinations are shown on this page. The UHC Senior Supplement Plan Self+1 (one with Medicare) uses the UHC SignatureValue HMO premium for the person without Medicare vs. the UHC Choice Plus PPO premium. Please contact ACERA's Call Center for more information.



# HEALTH PLAN COSTS (CONTINUED)

## Medicare-Eligible

### Monthly Dental and Vision Plan Premiums and Costs

Dental and Vision Plans	0 - 9 Years of Service			10 - 14 Years of Service		
	Self	Self + 1	Family	Self	Self + 1	Family
<b>DENTAL PLANS</b>						
Delta Dental PPO	\$41.94	\$80.65	\$141.46	\$41.94	\$80.65	\$141.46
• ACERA Contribution	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94
• Cost to Retiree	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>
DeltaCare USA	\$22.45	\$37.08	\$54.79	\$22.45	\$37.08	\$54.79
• ACERA Contribution	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45
• Cost to Retiree	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>
<b>VISION PLAN</b>						
Vision Service Plan	\$5.52	\$8.01	\$14.39	\$5.52	\$8.01	\$14.39
• ACERA Contribution	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52
• Cost to Retiree	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>

Dental and Vision Plans	15 - 19 Years of Service			20 or More Years of Service		
	Self	Self + 1	Family	Self	Self + 1	Family
<b>DENTAL PLANS</b>						
Delta Dental PPO	\$41.94	\$80.65	\$141.46	\$41.94	\$80.65	\$141.46
• ACERA Contribution	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94	\$41.94
• Cost to Retiree	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>	<u>\$0</u>	<u>\$38.71</u>	<u>\$99.52</u>
DeltaCare USA	\$22.45	\$37.08	\$54.79	\$22.45	\$37.08	\$54.79
• ACERA Contribution	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45	\$22.45
• Cost to Retiree	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>	<u>\$0</u>	<u>\$14.63</u>	<u>\$32.34</u>
<b>VISION PLAN</b>						
Vision Service Plan	\$5.52	\$8.01	\$14.39	\$5.52	\$8.01	\$14.39
• ACERA Contribution	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52	\$5.52
• Cost to Retiree	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>	<u>\$0</u>	<u>\$2.49</u>	<u>\$8.87</u>

## ACERA Policy

The information contained in this Guide describes general ACERA policies and procedures that affect ACERA retirees and the benefits offered. The policies and procedures are general; each benefit may have more specific rules, especially regarding eligibility. Please keep this in mind as you use this Guide to make your medical, dental, and vision plan decisions. In addition, if there is a discrepancy between the information outlined in this Guide and actual plan documents, the plan documents will govern.

## Declining Coverage and Special Enrollment Periods

If you decline coverage in an ACERA-sponsored health plan(s) due to participation in other health plan coverage (e.g., coverage offered through your spouse), you may enroll in an ACERA-sponsored plan during the next Open Enrollment period or in accordance with a “special enrollment” event.

Under a “special enrollment” event, you may be able to enroll in an ACERA-sponsored plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing toward that other coverage. You must request enrollment in writing to ACERA within 30 days of these events.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of these events.

Also, as required under the Children’s Health Insurance Program Reauthorization Act of 2009, ACERA must permit members and dependents who are eligible for ACERA-sponsored coverage to enroll in the plan if they lose eligibility for Medi-Cal/Medicaid or SCHIP coverage or become eligible for a premium assistance program through Medi-Cal/Medicaid or SCHIP. In these cases, you must request special enrollment within 60 days of the event.

To request special enrollment or obtain more information, contact the ACERA Call Center or review ACERA’s Retired Member Benefits Handbook.

## Confidentiality of Health Care Information

ACERA’s health care plans are required to protect the confidentiality of your private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules issued by the U.S. Department of Health and Human Services. The official HIPAA Privacy Notice, which is distributed to all participants of ACERA’s health care plans, is summarized here.

- All prescription drug benefits offered through the ACERA-sponsored medical plans are considered “creditable coverage” by Medicare. This means the coverage provided by these plans is equal to or better than the prescription drug benefits you would receive through a stand-alone Medicare Part D Plan.

Each year, ACERA provides covered retirees, non-member payees, and their enrolled dependents with a Notice of Creditable Coverage regarding their prescription drug benefit. Be sure to keep a copy of this notice. If you discontinue your ACERA-sponsored medical coverage, you may need to provide this notice if you enroll in a standalone Medicare Part D Plan in the future.



# IMPORTANT NOTICES (CONTINUED)

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The intent of HIPAA is to make sure that private health information that identifies (or could be used to identify) you is kept private. This individually identifiable health information is known as “protected health information” (PHI). Your medical and dental plans will not use or disclose your protected health information without your written authorization except as necessary for treatment, payment, plan operations and plan administration, or as permitted or required by law. In particular, the plans will not, without your written authorization, use or disclose protected health information for employment-related actions and decisions or in connection with any benefits provided under another employee benefit plan.

Our plans also hire professionals and other companies to advise the plans and help administer and provide health care benefits. The plans require these individuals and organizations, called “Business Associates,” to comply with HIPAA’s privacy rules. In some cases, you may receive a separate notice from one of the plan’s Business Associates (for example, your medical plan’s claims administrator). That notice will describe your rights with respect to benefits administered by that individual/organization.

Under federal law, you have certain rights where your protected health information is concerned, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, change or correct the information. You have the right to request reasonable restrictions on disclosure of information about you, and to request confidential communications. You also have the right to file a complaint with the plan or with the Secretary of the Department of Health and Human Services if you believe your rights have been violated.

If you have questions about the privacy of your health information, contact the ACERA Call Center.

## **Newborns and Mothers Health Protection**

Group health plans and health insurance issuers generally may not, under Federal Laws, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal Law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal Law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Our plans comply with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending physicians to provide care inconsistent with these requirements. Call ACERA's Call Center for more information or a copy of the summary plan description.

### Grievance/Appeals

You have a right to two levels of appeal with our carriers, and a right to a response within a reasonable amount of time. However, also know that if a claim is not submitted within a reasonable time, the carriers have a right to deny that claim. The California Department of Managed Health Care (DMHC) is responsible for regulating health care plans. If you have a grievance against your health plan, you should first telephone your health plan and use your plan's appeal process before contacting the DMHC. Please review each contract for specific procedures on how to submit an appeal to a claim. This does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency or that has not been satisfactorily resolved by your health plan, or that has remained unresolved for more than 30 days, you may call the DMHC for assistance. You may also be eligible for Independent Medical Review for an impartial review of medical decisions made by a health plan related to medical necessity, coverage decisions for treatments that are experimental in nature, and payment disputes for emergency or urgent medical services. The DMHC can be reached at 1-888-HMO-2219 (TDD 1-877-688-9891) or [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov).



# Contact Information

www.acera.org  
 1-800-838-1932 Press 1  
 or 1-510-628-3000 Press 1

Plan	ACERA Group No.	Customer Service No.	New Membership	Provider Directories	Website	ID Cards Issued
Medical						
<ul style="list-style-type: none"> <li>• Kaiser Permanente</li> </ul>						
<ul style="list-style-type: none"> <li>– HMO</li> </ul>	7668	1-800-464-4000	1-800-464-4000	1-800-464-4000	<a href="http://my.kp.org/ca/acera/">my.kp.org/ca/acera/</a>	Yes Medical/Prescription ID
<ul style="list-style-type: none"> <li>– Senior Advantage</li> </ul>	7668	1-800-443-0815	1-800-443-0815	1-800-443-0815	<a href="http://my.kp.org/ca/acera/">my.kp.org/ca/acera/</a>	Yes Medical/Prescription ID
<ul style="list-style-type: none"> <li>• UnitedHealthcare</li> </ul>						
<ul style="list-style-type: none"> <li>– SignatureValue HMO</li> </ul>	149659	1-800-624-8822	1-800-624-8822	1-800-624-8822	<a href="http://www.uhwest.com">www.uhwest.com</a>	Yes Medical/Prescription ID
<ul style="list-style-type: none"> <li>– Choice Plus PPO</li> </ul>	717829	1-866-633-2474	1-866-633-2474	1-866-633-2474	<a href="http://www.myuhc.com">www.myuhc.com</a>	Yes Medical/Prescription ID
<ul style="list-style-type: none"> <li>– Group Medicare Advantage Plan</li> </ul>	149662	1-888-867-5548	1-800-610-2660	1-888-867-5548	<a href="http://www.uhretiree.com">www.uhretiree.com</a>	Yes - Medical ID Yes - Prescription ID
	05260 (Texas 05261)	1-800-851-3802			<a href="http://www.uhretiree.com">www.uhretiree.com</a>	Yes - Medical ID 1-800-851-3802 Yes - Prescription ID 1-888-556-6648
<ul style="list-style-type: none"> <li>– Senior Supplement Plan</li> </ul>	1522 (Rx)					
Dental						
<ul style="list-style-type: none"> <li>• DeltaCare USA</li> </ul>	103-0001	1-800-422-4234	1-800-422-4234	1-800-422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	Yes
<ul style="list-style-type: none"> <li>• Delta Dental PPO</li> </ul>	703-0001	1-800-765-6003	1-800-765-6003	1-800-765-6003	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	No
Vision						
<ul style="list-style-type: none"> <li>• Vision Service Plan (VSP)</li> </ul>	12110712	1-800-877-7195	1-800-877-7195	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	No



**Alameda County Employees' Retirement Association**  
 475 14th Street, Suite 1000  
 Oakland, CA 94612

1-800-838-1932 or 1-510-628-3000 Press 1  
[www.acera.org](http://www.acera.org)

**Medicare**  
 1-800-633-4227  
[www.medicare.gov](http://www.medicare.gov)

**Social Security Administration**  
 1-800-772-1213  
[www.ssa.gov](http://www.ssa.gov)